

Subject Access Request



Patient	Mr Graeme McAuley
Date of birth	23-July-1966 (age 59)
Gender	M
NHS number	S501/66/561
Patient's address	11 Nairn St DALMUIR Clydebank G81 4EY
Date range selected	Full record
Organisation	Aiker Legal Ltd
Reference	2307666133

Problems

Active

15-Apr-2024 Mrs Nicola Hales (NJ)

Revision of penile prosthesis

23-Dec-2022 Mrs Nicola Hales (NJ)

Closed fracture distal phalanx, toe (Left)
Great

20-July-2022 Mrs Nicola Hales (NJ)

Superficial injury of foot and toe(s) (Bilateral)
Sunburn

27-Aug-2019 Ms Anne McDougall (ANNEM_13414)

Implantation of inflatable penile prosthesis

07-Dec-2018 Ms Anne McDougall (ANNEM_13414)

Implantation of unspecified penile prosthesis
Removed 27/08/19

05-Dec-2018 Ms Anne McDougall (ANNEM_13414)

Magnetic resonance imaging
Penis

04-Dec-2018 Dr Alex W Potter (POTTER_13414)

Distal shunt for priapism
Unsuccessful

03-Dec-2018 Ms Anne McDougall (ANNEM_13414)

Priapism

10-Apr-2018 Mrs Nicola Hales (NJ)

DEXA - Dual energy X-ray photon absorptiometry
Normal

14-Sept-2017 Ms Anne McDougall (ANNEM_13414)

Alcohol detoxification

21-Jun-2017 Ms Linda Wilson (LINDA WILS13414)

Fracture of nasal bones

21-Jun-2017 Ms Linda Wilson (LINDA WILS13414)

CT scan brain - normal

22-Mar-2016 Dr Alex W Potter (POTTER_13414)

In debt

27-Mar-2015 Dr Alex W Potter (POTTER_13414)

Vitamin D deficiency

27-Mar-2015 Dr Alex W Potter (POTTER_13414)

Magnetic resonance imaging of lumbar spine abnormal

27-Mar-2015 Dr Alex W Potter (POTTER_13414)

Cervical spondylosis

27-Mar-2015 Dr Alex W Potter (POTTER_13414)

Lumbar spondylosis

03-Mar-2015 Ms Linda Wilson (LINDA WILS13414)

Lumbar DXA scan result normal

13-Jan-2015 Dr Jessica Lynas (JL)

Anterior uveitis

27-Nov-2014 Dr Alex W Potter (POTTER_13414)

Anti-nuclear factor positive
1/160 HENA -ve

05-Nov-2014 Dr Alex W Potter (POTTER_13414)

Closed fracture thoracic vertebra, wedge
T7

07-Jun-2010 linda (linda_13414)Overdose of drug
cocodamol**03-Nov-2008 Dr Alex W Potter (POTTER_13414)**

Anxiety with depression

11-Oct-2008 Dr Andrew Seagrave (ATS)

[D]Chronic intractable pain

03-Oct-2008 Dr Janice M McCall (MCCALL_13414)

Alcohol dependence syndrome

27-Mar-2006 Dr Alex W Potter (POTTER_13414)

Separation

06-Dec-2005 elaine (elaine_13414)

Low mood

07-Jun-1998 Dr Alex W Potter (POTTER_13414)

Alcohol problem drinking

12-Apr-1998 elaine (elaine_13414)[X]RTA - Road traffic and other transport accidents
head injury**12-Apr-1998 elaine (elaine_13414)**

Minor head injury

23-Feb-1993 elaine (elaine_13414)

Mechanical low back pain

13-Nov-1984 elaine (elaine_13414)Excision of lipoma
Knee**20-Aug-1982 elaine (elaine_13414)**Partial division flexor tendon wrist
Right**20-Aug-1982 elaine (elaine_13414)**Complete division extensor tendon hand
Right little finger**20-Aug-1982 elaine (elaine_13414)**Primary repair of tendon
FCU**27-Mar-1982 Dr Alex W Potter (POTTER_13414)**Nondependent cannabis abuse
16-19yo**27-Mar-1980 Dr Alex W Potter (POTTER_13414)**Approved school
List D**27-Mar-1978 Dr Alex W Potter (POTTER_13414)**

Behaviour disorder

27-Mar-1978 Dr Alex W Potter (POTTER_13414)

Socialised childhood truancy

21-Dec-1972 elaine (elaine_13414)Viral pneumonia NOS
Right**27-Mar-1971 Dr Alex W Potter (POTTER_13414)**

Parents separated

Significant Past

01-Jan-2016 Dr Alex W Potter (POTTER_13414)

Chronic alcoholism in remission

16-Jan-2013 Dr Alex W Potter (POTTER_13414)Anterior uveitis
L

Minor Past

23-Feb-2024 Dr Lyndsey Borland (LB1)

ASSIGN score

08-Feb-2024 Dr Lyndsey Borland (LB1)

Lower resp tract infection

09-Sept-2022 DR Rachael Bowman (RB)

Verruca plantaris (Left)

01-Jun-2021 DR Mark Penton (MP)

Throat soreness

24-Aug-2020 Dr Scott Queen (QUEEN_13414)

Bleeding PR

24-Aug-2020 Dr Scott Queen (QUEEN_13414)
Haemorrhoids

24-Aug-2020 Dr Scott Queen (QUEEN_13414)
Arm pain

08-Apr-2019 Dr Alison M Wilding (WILDING_13414)
Chest infection

13-Sept-2017 Dr Deborah Stenhouse (DS)
Chest infection

30-Jun-2017 Dr Deborah Stenhouse (DS)
Abdominal pain

30-Jun-2017 Dr Scott Queen (QUEEN_13414)
Did not attend - no reason

26-Oct-2016 Dr Alex W Potter (POTTER_13414)
Personal Independence Payment claim form completed

22-Mar-2016 Dr Alex W Potter (POTTER_13414)
Acute conjunctivitis (Left)

29-Oct-2014 Dr Jessica Lynas (JL)
Low back pain

30-Sept-2014 Dr David R Bell (DRBELL_13414)
Low back pain

23-Sept-2013 Dr June Campbell (JC)
Low back pain
acute

27-Aug-2013 Dr Alison M Wilding (WILDING_13414)
Acute back pain - lumbar

27-Jun-2013 Dr Alex W Potter (POTTER_13414)
Did not attend - no reason

24-Nov-2011 Dr Alex W Potter (POTTER_13414)
Cellulitis and abscess of thigh (Left)

18-Aug-2011 Dr Patricia I Harper (HARPER_13414)
Failed encounter

17-Aug-2011 Dr Patricia I Harper (HARPER_13414)
Back pain, unspecified

Consultations

01-Oct-2025 Ms Chloe Murphy (CM1) Data Entry

History	History SR
Comment	Comment In place of etodolac whilst oos, eGFR>60, BP appropriate, not under gastro, PPI on repeats
Medication	Medication Naproxen Tablets 500 mg 56 tablet ONE TO BE TAKEN TWICE A DAY DISPENSE WEEKLY
Read Code	Medication requested Acute Rx Issued

30-Sept-2025 Ms Anne McDougall (ANNEM_13414) Administration

Comment	Comment SR For Naproxen
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24-Sept-2025 Mrs Nicola Hales (NJ) Red Wing Clydebank Health & Care CentreMain Surgery

Comment	Comment Info only -removed from Dexa recall. received report from 10/4/18 - no follow up required.
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14-Aug-2025 Ms Ariane Murphy (AEM) Administration

Comment	Comment INFO 14/08 No reply from Dalmuir. Email sent to advise Etodolac changed to Naproxen whilst there are stock issues
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14-Aug-2025 Dr Scott Queen (QUEEN_13414) Medicine Management

History	History Pharm rext " In place of Etodolac whilst unavailable"
Medication	Medication Naproxen Tablets 500 mg 56 tablet ONE TO BE TAKEN TWICE A DAY DISPENSE WEEKLY

14-Aug-2025 Ms Ariane Murphy (AEM) Administration

Comment Comment SR 14/08 Email from ***** at Dalmuir - Above patient gets Etodolac 600mg which is out of stock and we have been told end of month before its back in. Looking to see if we can get an alternative for the patient for one month just to cover this cycle of boxes. Another patient was given Naproxen as an alternative if this is any use if so we could get a script.

27-May-2025 Miss Stephanie Parry (SP2) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment Info 27.05.25 - Pt advised suspected chest infection -cough bringing up phelgm wheeze in chest - advised to come for F2F pt declined due to being on a bus to stirling advised to call back

16-May-2025 Ms Karen Conlin (KCONLIN_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment Patient did not participate in the BCSP. It is possible to request another screening kit by calling the Scottish Bowel Screening help line on 0141 572 5800

23-Feb-2024 Dr Lyndsey Borland (LB1) Administration

Problem	ASSIGN score	15.26 %
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23-Feb-2024 Dr Lyndsey Borland (LB1) Red Wing Clydebank Health & Care Centre

Read Code	ASSIGN Score	15.26
Read Code	ASSIGN Score	15.26

15-Feb-2024 Ms Kirsty O'Donnell (KO) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment bloods taken as requested - BP 88/69 69/78 HR 85reg. - Patient states chest feels better with antibiotics, no headache or dizziness today, however, sudden onset headache two weeks ago with a nose bleed. Discussed with Dr Stenhouse, happy there is no headache today and to await bloods. Please note alcohol intake, Graeme states he has around 8 cans of beer everyday.

Examination	Systolic blood pressure	96 mm Hg
Examination	Diastolic blood pressure	78 mm Hg
Examination	O/E - height	176 cm
Examination	O/E - weight	94 Kg
Examination	Body Mass Index	30.35
Social	Current smoker	
Social	Cigarette smoker	12 cigarettes/day
Social	Alcohol consumption	112 units/week

08-Feb-2024 Dr Lyndsey Borland (LB1) Telephone Consultation

Problem Lower resp tract infection
 History History Chest infection 2 weeks Yellow phlegm Sore throat with coughing Nose congested Hears crackles in L side chest in bed No fever No pain Breathing ok E+D Currently out and about

Examination Examination No respir distress on phone
 Comment Comment Keen for ABx rather than app Try below and WSG Note not had BP/bloods done in a while on NSAID Booked in
 Read Code Medication review done
 Medication Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

08-Feb-2024 Ms Karen Conlin (KCONLIN_13414) Administration

Comment Comment SPEC REQ 8/2; Pt requesting abx for chest infection, cough, sore throat, high temp, dirty spit, no allergies. Mobile confirmed

20-Apr-2023 Ms Angela Mclveney (AMI) Telephone Call

Comment Comment Pharm Tech- Colecalciferol 800unit capsules switched to Stexerol-D3 tablets as NHS GGC preferred formulary choice as agreed.
 Comment Comment T/C to Llyods Dalmuir-spoke with ***** to inform of switch to dosette box
 Comment Other medication management
 Read Code Medication review done by pharmacy technician
 Read Code Drug therapy discontinued Colecalciferol 800 unit capsule-One daily
 Read Code New medication commenced Stexerol-D3 1000unit- One tablet daily
 Read Code Discussed with pharmacist
 Read Code Uses monitored dosage system

15-Feb-2023 Mrs Emma Gravil (EG1) Admin

Comment **Comment** Patient did not participate in the BCSP. It is possible to request another screening kit by calling the Scottish Bowel Screening help line on 0141 572 5800

28-Dec-2022 Mrs Nicola Hales (NJ) Data Entry

Comment **Comment** A&E 23/12/22 D/charged # (L) distal phalanx great toe.

09-Sept-2022 DR Rachael Bowman (RB) Telephone Consultation

History **History** Something inbetween toes. Had just before lockdown. Thought was verucca - buying OTC medicatinos but not helping, using bazuca. Between 4-5th toe. No acute change today/last couple of days. Yes is red and swloen in area but this is not new. Patient himself says it has been present for 3 years so feels can wait to see podiatrist next week. Doens't need seen today. Worsening advice given re spreading erythema/swelling/fever etc.

Problem **Verruca plantaris (Left)**

09-Sept-2022 Ms Amanda Maxwell (AM2) Data Entry

Comment **Comment** Urgent care on call gp 09/09-via pt advised as below by podiatrist to contact gp for abx,has upcoming appointment with podiatry,for veruca/bunion,MOB pls

07-Sept-2022 Ms Amanda Maxwell (AM2) Data Entry

Comment **Comment** Info only 07/09-via pt veruca between wee toe another one coming and sore walking on ball of foot,sign posyed to chemist advised been there twice tried bazzuka that verruca not helped,gave podiatry self referral number

22-July-2022 Mrs Nicola Hales (NJ) Data Entry

Comment **Comment** A&E 20/7/22 D/charged - sunburn on feet - infected

16-Mar-2022 Dr Alex W Potter (POTTER_13414) Data Entry

Problem **Vitamin D deficiency**

History **History** Not clear what happened to Referrals 2017, 18 ? Dna

Read Code **Medication review done**

Problem **Closed fracture thoracic vertebra, wedge**

08-Mar-2022 Ms Elaine Archer (ELAINE ARC13414) Data Entry

Comment **Comment** Dexa ref please; DD moved 12m - letter sent

03-Jun-2021 DR Mark Penton (MP) Telephone Consultation

Problem **Throat soreness**

History **History** COVID 19 Telephone Triage
See entry below. Throat soreness essentially resolved. No other systemic/ENT/Resp/infective features. Apyrexial. E+D OK. Well in self. Discussed C19 swab - made very clear given symptoms should get one and should in future if has infective ENT/Resp symptoms even after being vaccinated. Reassured common to feel a bit unwell post vaccine but if after 48hrs post vaccine then needs checked. No acute medical issue today.

01-Jun-2021 DR Mark Penton (MP) Telephone Consultation

History **History** Phoned pt to discuss C19 swab as per suggestion by GM given had cough duration >24hrs. No answer, no other number to try. VM left re: swab. F/U Thursday - will reiterate if ongoing.

01-Jun-2021 DR Mark Penton (MP) Data Entry

History *History* COVID 19 Telephone Triage
See entry below. Had C19 vaccine Friday. Pyrexial overnight Friday then stopped and on Saturday had chesty cough but stopped within 24 hrs. Woke on Monday morning and had sore throat. Coughing and having post tussive vomit ?had streak blood in one vomit - not definitely sure if blood. No further pyrexia. No cough after Saturday. Still has sore/tight throat - feels swollen, not looked in mirror - looked in mirror whilst on phone, R tonsillar bed a bit red, no pus et al seen. No unwell contacts. No other ENT symptoms. E+D OK. BO and PU as normal. No further blood being brought up. No difficulty with breathing. Swallowing own saliva OK. Pt keen for FTF assessment.

Problem Throat soreness

Comment *Comment* Likely viral sore throat. Advised simple analgesia, antiseptic throat spray and should settle by self. If not swallowing, more unwell, any concerns, to recontact.

01-Jun-2021 DR Mark Penton (MP) Telephone Consultation

History *History* COVID 19 Telephone Triage
See entry below. NO answer on mobile, no other number. VM left. Will retry at end of surgery.

01-Jun-2021 Ms Margaret Fitzsimmons (MF) Data Entry

Comment *Comment* Tele Triage MP- Patient had COVID vaccine on Friday, says he has a sore throat and coughed up blood on Sunday. He says he feels as though something is stuck down his nasal passage.

31-May-2021 Mr Anonymous User (ANON)

27-May-2021 Vaccination Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By S *****) PV46691/ AZ/IM/LUA/C-19 (By S *****)

15-Sept-2020 Dr Scott Queen (QUEEN_13414) Telephone Consultation

History *History* Phoned Pt. Discussed Bloods abd below ad -ve qFIT. Has been using the scheriproct. "Much better" " feels back to normal down there". No further blood on wing and no pain on defaecation. BO 1x per day formed motions, no blood, no mucous no tenesmus. No abdo pain weight stable.

Comment *Comment* Aqreed WW but knows to seek review if ant ABH or further bleeding. Adv re diet, fluids, fibre intake etc. Hasppy c plan.

02-Sept-2020 Dr Scott Queen (QUEEN_13414) Data Entry

History *History* FBC and ESR Normal. U+Es, LFTs, GGT, Bone profile, TFTs and CRP all normal. CRP 3. TTG negative. Glucose normal qFIT -ve at &lt; 9.

Comment *Comment* Phoned pt to discuss results ad options. Blood/qFIT reassuring but Hx of seom alteration in bowel habit too over 4-5 months ? Colorecta/Gastro No reply x2. Try phoning over next 1-2/52

24-Aug-2020 Dr Scott Queen (QUEEN_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Bleeding PR
History	History FTF assessment as below. COVID 19 precautions/PPE.
Examination	Examination Apyrexial. 81reg, SpO2 98%. Undistressed, does not appear flushed not toxic. Not clinically anaemic. Abdo-> Soft, BS+, non tender, no palp masses. No renal angle percussion tenderness. PR-> Haemorrhoidal cushions 8-9 o'clock. No active bleeding. Normal tone No pal masses empty rectum. No Blood.
Comment	Comment Imp. PR blood in wiping 4-5/12. Certainly evidence of haemorrhoids but also gives longstanding Hx of alternating/erratic bowel habit, Try Scheriproct, adv re. dist. Check bloods nad qFIT. Tel review c results. ?? Colorectal.
Problem	Haemorrhoids
Problem	Cervical spondylosis
Examination	Examination Reduced RoM neck. No C. Spine tenderness, some tenderness over both Trapezi. No Gross UL Neurology. CRT<2a.
Comment	Comment Likley C. Spondylosis c radicular doscomfort. No Weakness. On Pregabalin and Etodolac. Can use P'Mol too. Discussed findings, adv SR Physio. Strong worsening advice.
Problem	Arm pain
Medication	Medication Scheriproct Suppositories 12 SUPPOSITORY INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT. DO NOT USE FOR MORE THAN 7 DAYS
Medication	Medication Scheriproct Ointment 30 GRAM APPLY SPARINGLY MORNING AND NIGHT AND AFTER EACH BOWEL MOVEMENT (MAX FOUR TIMES DAILY) FOR UP TO 7 DAYS

24-Aug-2020 Dr Scott Queen (QUEEN_13414) Telephone Consultation

History	History COVID 19 Telephone Triage . I note background of Previous alcohol problems, chronic intractable pain, Lumbar and Cx Spondylosis, ANA +ve and prev Uveitis. Phoned Pt-> Describes issues c PR Bleeding. Has noticed over past 4-5 months. traces of blood on wiping. Not dripping into pan, nott mixed c stools. Stool consistency can be a bit variate hard/firm at times, mushy at other times. BO ~ 1x per day, no change. Has not noticed ant PR Mucous, occasional sensation incomplet evacuation but no consistent tenesmus. Weight stable/^.
Examination	Examination Undistressed and appropriate on phone.
Comment	Comment Agreed FTF appr fpr abdo exam. PR ets. likley bloods and qFIT ? haemorrhoidal. Could examine arm/neck too but sounds radicaulr and likely PT assessment/input appropriate initially.

24-Aug-2020 Ms Karen Conlin (KCONLIN_13414) Data Entry

Comment	Comment TRIAGE; Pt looking for advice regarding rectal bleding, mobile confirmed
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18-May-2020 Dr Andrew Davis (AD) Telephone Consultation

Comment	Comment Note below. Did not get acute script issued last week due to manufacture issue. This week's dossette box started 15/5/20 containing pregabalin 300mg BD. Pain under control. Acute script 13/5/20 can be destroyed. Spoke with ***** at LD who will destroy script.
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18-May-2020 Ms Rachelle Paton (RP) Red Wing Clydebank Health & Care CentreMain Surgery

Comment	Comment mesg AD - phone call from ***** at LD re px that was issued acutely on Wed for Pregabalin 150mg l bd. This px has still to be given out as manuf prob with 150mg tabs. They wish to highlight that pt was given his next months supply of all meds on Frid (back to DW), as they were due. Do you therefore wish for this px to be destroyed? They are also asking if you have reduced the strength of his Pregabalin as he is on 300mg l bd?
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13-May-2020 Dr Andrew Davis (AD) Telephone Consultation

Comment **Comment** SR- 4 weeks meds dispensed 23/5/20, 3 weeks ago. Due to increased pain and boredom he has taken extra pregabalin tablets and has none left for this week before he collects his next 4 week supply in 1 week. 1 week pregabalin issued as an acute. Encouraged to take medications as prescribed.

Medication **Medication** Pregabalin Capsules 150 mg 14 capsule 1 CAP TWICE DAILY

13-May-2020 Ms Rose Beattie (ROSE_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Comment **Comment** SPEC REQ - patient phoned to say he has run out of Pregabalin, I said he must be taking more than he should he said because he is sitting about the house his neck gets sore and he has been taking more daily. Have changed mobile number.

11-May-2020 Ms Rachelle Paton (RP) Red Wing Clydebank Health & Care CentreMain Surgery

Comment **Comment** info only - pc from pt, says has no meds left, said couldn't remember when last got px?. Told him I would phone LD and phone him back. Pt couldn't confirm no. I phoned LD said they gave pt x 4 weeks px on 23/4 due to COVID 19 situation. Tried to phone pt but number not available?

12-Apr-2019 Ms Marion Jennings (MARIONJ_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Comment **Comment** Patient's request for access to copies of his full medical records has been completed by AW. I phoned patient and he will collect these today

11-Apr-2019 Ms Marion Jennings (MARIONJ_13414) Data Entry

Comment **Comment** Received letter from patient requesting copies of his full medical records. He requests that he receives these copies by Wed 17th April if possible? (AW to check + sign)

08-Apr-2019 Dr Alison M Wilding (WILDING_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem **Problem** Chest infection

History **History** bloods, wil contact me abou DWP forms, not sure what is needed at present

Comment **Comment** wishes print out of all his medical records,

Medication **Medication** Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY

08-Apr-2019 Dr Alison M Wilding (WILDING_13414) Red Wing Clydebank Health & Care CentreMain Surgery

History **History** Emergency. In pain, left ant chest , helluva pain for 4 days jaggy constant worse with movement, doesn't get out much walks with stick due to back and neck problems, keeps him awake, smells of alcohol, drinks , was drinking yesterday 1 bottle vodka, no heartburn indigestion, no vomiting, no shakes, will not drink today, runny nose for a few years, takes all tabs, doesn't miss them , coughing very sore and phlegm clear, smoker, no leg swelling

Examination **Examination** smells alcohol +++++, walking with stick,

Examination **Examination** O/E - BP reading apyrexial spo2 94 p 99

Examination **Examination** 126/90

Examination **Examination** HS 1+11+0 abdo soft non tender

Examination **Examination** chest clear

Comment **Comment** ECG and rev

Examination **Examination** Systolic blood pressure 132 mm Hg

Examination **Examination** Diastolic blood pressure 94 mm Hg

08-Apr-2019 Dr Kwaku Owusu-Achaw (KA) Telephone Consultation

History **History** PI CP for 3/7..no haemoptysis. no calf pain. Feels it's related to longstanding disc prolapse. in a lot of pain. Also has c-spine pain. no recent trauma Appt given.

08-Apr-2019 Ms Rachelle Paton (RP) Red Wing Clydebank Health & Care CentreMain Surgery

Comment **Comment** info only - 2nd call today from patient, sounded a bit confused, says just had surgery on his penis and needed to spk to a dr. Told him already in for a tel triage and can discuss then

08-Apr-2019 Ms Karen Conlin (KCONLIN_13414) Data Entry

Comment **Comment** TRIAGE; Chest pain, radiating to back, arm and neck, pt has been advised to call ambulance, declined would rather speak to GP.

28-Mar-2019 Ms Laura Davis (LD2) Data Entry

Comment **Comment** Pharm Tech - Review of all patients prescribed pregabalin/gabapentin due to reclassification to schedule 3 CD status as of 1st April 2019. Instalment text updated to state dispense 14 weekly. LD.

30-Aug-2018 Dr Gillian J McGeoch (GMC GEOCH_13414) Data Entry

History **History** DNAd pain clinic.

14-Jun-2018 Dr Deborah Stenhouse (DS) Data Entry

Problem **Problem** d/c from CAT

06-Jun-2018 Dr Deborah Stenhouse (DS) Data Entry

Problem **Problem** missed few appts with CAT planning to discharge if not opted in 10/7. note below mentioning memory probs identified by CAT

26-Apr-2018 Dr Deborah Stenhouse (DS) Data Entry

Problem **Problem** will refer - not able to give date of referral as will be allocated from hospital - pt will need to give appt letter to ***** to prompt.

25-Apr-2018 Ms Elsa MacNeil (EM) Data Entry

Comment **Comment** INF DS ***** case manager (CAT) has requested Graeme be re-referred to the pain clinic, patient currently doing well in relation to addiction so feels would attend appointment. Can this be done without seeing the patient? If so can ***** have cc of the referral so that she can remind him as he does have memory issues.

21-Feb-2018 Dr Deborah Stenhouse (DS) Data Entry

Problem **Problem** DNAed Dr Mullen - further appt sent.

11-Dec-2017 Ms Marie McLean (MCLEAN_13414) Data Entry

Comment **Comment** Info Patient called to say that the DHSS had not received his sick line which he did post off to them, a duplicate requested, and printed off.

Attachment eMED3 (2010) duplicate issued, not fit for work
FitNote.pdf, (Diagnosis: Alcohol problem drinking, head injury; Duration: 25/11/2017 - 07/01/2018)

04-Dec-2017 Dr Jack Pugh (JP2) Data Entry

Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Alcohol problem drinking, head injury; Duration: 25/11/2017 - 07/01/2018)

04-Dec-2017 Ms Josephine Cassidy (JOEC) Data Entry

Comment **Comment** SICK NOTE continuation: Pt requesting sick note continued.

25-Oct-2017 Dr Jack Pugh (JP2) Data Entry

Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Head injury and alcohol problem drinking; Duration: 25/10/2017 - 25/11/2017)

23-Oct-2017 Ms Karen Conlin (KCONLIN_13414) Data Entry

Comment **Comment** SICK LINE: Pt requesting continuous sick line dated from 25/10 please, still in Kershaw Unit, requesting a few months.

09-Oct-2017 Ms Linda Wilson (LINDA WILS13414) Data Entry

Comment **Comment** Lloyds Dalmuir have just started new px will start dosette box in four weeks time

06-Oct-2017 Dr Deborah Stenhouse (DS) Data Entry

Problem **Problem** happy to try and get dosette box if possible.

06-Oct-2017 Ms Margaret Fitzsimmons (MF) Data Entry

Comment Comment Info Mess DS- Dawn fro Kerrshaw Clinic at Gartnavel Royal called to say Dr feels patient would benefit with a Dosset Box, advised (after speaking to *****) that I will put message to Dr but it is difficult at moment to get a chemist to take on DB.

29-Sept-2017 Dr Frances Buckle (FB) Red Wing Clydebank Health & Care CentreMain Surgery

Problem Alcohol dependence syndrome
 History History In for sick line. Just underwent detox in Kershaw Unit. Has number of weeks of courses + supportive therapy ahead of him but feeling positive about getting the help.
 Comment Comment General discussion around positive move to detox, importance of keeping it up when goes home, avoiding triggers + people. Teary when talking about how alcohol has ruined his life. Stay positive, doing well.
 Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Head injury + alcohol problem drinking; Duration: 25/08/2017 - 08/10/2017)

13-Sept-2017 Dr Deborah Stenhouse (DS) Red Wing Clydebank Health & Care CentreMain Surgery

Problem Alcohol dependence syndrome
 History History engaging with CAT - cutting back and doing well. Needs info for benefits - summary given.
 Comment Comment Plan med3 given.
 Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: head injury and alcohol dependence syndrome; Duration: 25/08/2017 - 25/10/2017)
 Problem Chest infection
 History History fell last week out walking into bush hurt ribs R ant chest now cough with green sputum.
 Examination Examination sats 98% chest creps R base tender chest wall
 Comment Comment Plan add amoxil and c/w painkillers rv if not settling.
 Medication Medication Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY

07-Aug-2017 Ms Anne McDougall (ANNEM_13414) Data Entry

Comment Comment SR from chemist for mirtazapine.

24-July-2017 Ms Josephine Cassidy (JOEC) Externally Entered

Attachment EMIS attachment reference code
 Action - repeat bloods 6 weeks

20-July-2017 Dr Deborah Stenhouse (DS) Red Wing Clydebank Health & Care CentreMain Surgery

Problem Fracture of nasal bones
 History History went to the wrong hospital - has the number to rebook
 Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: head injury and alcohol problem drinking; Duration: 07/07/2017 - 25/08/2017)
 Problem Alcohol dependence syndrome
 History History still drinking a bit this week. Has CAT tomorrow
 Examination Examination not drunk today,
 Comment Comment Plan encouraged to attend CAT - med3 given
 Problem [D]Chronic intractable pain
 History History not improving note physio saw last yr and recommended referral to pain mgt programme - pt agrees
 Comment Comment Plan refer pain team.
 Problem Anxiety with depression
 History History no ses with mirtaz - no really benefit yet
 Comment Comment Plan increase to 30mg rv 1/12
 Medication Medication Mirtazapine Tablets 30 mg 28 tablet ONE TO BE TAKEN AT NIGHT -DISPENSE WEEKLY TO SUPERCEDE PREVIOUS SCRIPT

18-July-2017 Dr Gillian J McGeoch (GMCGECH_13414) Data Entry

History History DNAd ENT.Assault # nasal bones june 2017.

06-July-2017 Ms Margaret Fitzsimmons (MF) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment Chemist informed as below

06-July-2017 Dr Louise Dytch (LD) Data Entry

History History Happy for chemist to do so.

06-July-2017 Ms Margaret Fitzsimmons (MF) Data Entry

Comment **Comment** Info Mess LD- Lloyds Dalmuir asking if disp weekly repeats can be given a day early, they have been chopping and changing px handouts for patient the past few weeks and want to sort it out by giving patient meds today and to get back on track!

06-July-2017 Dr Deborah Stenhouse (DS) Red Wing Clydebank Health & Care CentreMain Surgery

Problem Alcohol dependence syndrome
 History **History** contacted CAT - seeing ***** downie. last binge sunday. Going to stay with sister in Balloch for few weeks to get fed up. Using too many pregabalin - feels helps free his mind
 Examination **Examination** not drunk today. Engaged with consultation trying hard
 Comment **Comment** Plan tx room for sutures out, 2 pregab to do til next script - once off only, swap sertraline to mitraz and rv 2/52 encouraged re CAT and alcohol so far.
 Medication **Medication** Mirtazapine Tablets 15 mg 28 tablet ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY
 Medication **Medication** Pregabalin Capsules 300 mg 2 capsule 1 CAP TWICE DAILY

30-Jun-2017 Dr Deborah Stenhouse (DS) Red Wing Clydebank Health & Care CentreMain Surgery

Attachment **eMED3** (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: head injury and alcohol problem drinking 2/52; Duration: 30/06/2017 - 07/07/2017)*
 Problem Abdominal pain
 History **History** came in drunk - had 1/2 bottle and drinks every day - seen AA in past not recently. Only taking pregabalin - frees his mind - stopped PPI and ADs. Abdo pain shooting and PR bleeding. not in stools in toilet and when wiping. Difficult hx as frequently distracted and morose re situation.
 Examination **Examination** abdo soft slight tender epigastic region no masses BS++ PR nad
 Comment **Comment** Plan start PPI, bloods taken and rv with results - if worse here/AE. Discussed alcohol - numbers given re DACA - encouraged
 Problem Anxiety with depression
 History **History** low and tearful
 Comment **Comment** Plan rv without alcohol advised re depressant nature of alcohol and hopefully restart ADs.
 Problem Alcohol dependence syndrome

30-Jun-2017 Ms Josephine Cassidy (JOEC) Data Entry

Comment **Comment** Pt missed appt this morning. States he is suffering from concussion.

30-Jun-2017 Dr Scott Queen (QUEEN_13414) Data Entry

Problem Did not attend - no reason

06-Feb-2017 Dr Fiona O'Reilly (FOR) Data Entry

History **History** SR as below, Rachele clarified.
 Medication **Medication** Pregabalin Capsules 300 mg 6 capsule 1 CAP TWICE DAILY

06-Feb-2017 Ms Michelle Henry (MICHELLE_13414) Data Entry

Comment **Comment** SR for 6 pregablin 300mg pt takes 2 daily and threw these out by mistake.

09-Jan-2017 Ms Elsa MacNeil (EM) Data Entry

Comment **Comment** N/R to Blood review invite letters sent. to have Bone profile and Vit D check. Default recall.

13-Dec-2016 Ms Margaret Walsh (WALSH_13414) Data Entry

Comment **Comment** patient didn't respond to bowel screening invitation

13-Dec-2016 Ms Margaret Walsh (WALSH_13414) Data Entry

Comment **Comment** patient did not participate in the BCSP. It is possible to request another screening kit by calling the scottish Bowel Screening helpline on 08000 1218333 5094

26-Oct-2016 Dr Alex W Potter (POTTER_13414) Data Entry

Problem Personal Independence Payment claim form completed
 Problem Lumbar spondylosis
 Problem Alcohol problem drinking
 Problem [D]Chronic intractable pain

18-Oct-2016 Dr Alex W Potter (POTTER_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem [D]Chronic intractable pain
 History History "Sanctioned left, right and centre of social." Went back on JSA R side CPs since fell against Garden fence
 Examination Examination Smells of alcohol Stoopd In pain Odd affect and gait
 Problem Chronic alcoholism in remission
 Problem Alcohol problem drinking
 Problem Lumbar spondylosis
 Result Result Lumbar spondylosis
Multiple Medical probs
Alcohol abuse
Anxiety/Depression
Sanctioned 6w ago because of above
 Attachment eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Lumbar spondylosis Multiple Medical probs Alcohol abuse Anxiety/Depression Sanctioned 6w a...; Duration: 01/09/2016 - 20/12/2016)*

07-Oct-2016 Dr Gillian J McGeoch (GMCGECH_13414) Data Entry

History History A+E attendance with a 3month old arm and backpain. Left. info.

27-Jun-2016 Ms Sarah Potter (SARAH_13414) Data Entry

Comment Comment checked with AP and this is ok. Will phone chemist

27-Jun-2016 Ms Sarah Potter (SARAH_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment info: pt going through to stirling for dad's funeral and is requesting medication early. Let me know if ok and I can phone chemist. Px already at chemist

26-Mar-2016 Dr Alex W Potter (POTTER_13414) Data Entry

History Computer summary updated
 Comment Comment See notes by JL and AS when file reviewed prev.

23-Mar-2016 Dr Alex W Potter (POTTER_13414) Data Entry

History History See PT letter Rv next time seen whether he wants to attend Pain Opd

22-Mar-2016 Dr Alex W Potter (POTTER_13414) Data Entry

Comment Comment Check file re HCA Bloods and if any stone unturned.. Rv

22-Mar-2016 Dr Alex W Potter (POTTER_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem [D]Chronic intractable pain
History **History** "Gathering evidence." ESA appeal failed Feb 2015 No money since 5/1/16 Does not seee self being able to get back to work Sister been subsidising him Debt ++ Memory loss Struggles c Numbers and calculations
Examination **Examination** In pain OPale Has to stand awkwardly..
Comment **Comment** TCA re ?MMSE Needs Welfare Right's Advise Agreed stay off alcohol cc Note for Appeal See new Med 3 Cumulative effect is that currently I would have thought he is unfit for work..
Attachment eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Chronic intractable pain Anxiety Depression Memory loss ?Alcohol related Brain damage; Duration: 01/01/2016 - 30/05/2016)*
Problem Chronic alcoholism in remission
History **History** Off alcohol 3m Pain worse off
Comment **Comment** Apologises re previous interactions..
Problem Anxiety with depression
Problem Anterior uveitis
Problem Acute conjunctivitis (Left)
Examination **Examination** Sticky eye sl inj
Problem In debt
Medication **Medication** Capsaicin Cream 0.025 % 45 gram APPLY SPARINGLY 3 TIMES DAILY PRN
Medication **Medication** Lidocaine Medicated Plaster 5 % 30 patch APPLY 12H ON 12H OFF AS DIRECTED. TRY 1W APART TO BE ABLE TO TELL WHAT HELPS
Medication **Medication** Chloramphenicol Eye drops 0.5 % 10 ML APPLY ONE DROP EVERY TWO HOURS INITIALLY THEN REDUCE FREQUENCY AS INFECTION IS CONTROLLED AND CONTINUE FOR 48 HOURS AFTER HEALING

26-Feb-2016 Dr Jessica Lynas (JL) Red Wing Clydebank Health & Care CentreMain Surgery

Problem [D]Chronic intractable pain
History **History** needs another sick line, usual issues with job centre says no money since beginning of jan, not accepting lines though did accept the last one still hasn't been paid he has chased this up.. annoyed with everything says medical report from Dr Gupta for medical ESA had incorrect info and the conversation he had with him is different to what he wrote down and unsupportive for his claim.. got his job wrong - said steel factory worker but he was a steel fixer, never in a factory.. geenrally unhappy with everything, saw physio here 2 weeks ago and says they are referring him on to pain management physio
Comment **Comment** he looks better than when I last saw him, gained weight looks healthier. says sister feeding him and going to food banks
Attachment eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: [D]Chronic intractable pain; Duration: 26/02/2016 - 20/05/2016)*

18-Feb-2016 Ms Gillian Belshaw (GB) Data Entry

Comment **Comment** as below, chemist informed

18-Feb-2016 Dr Carolyn Buchanan (CB) Data Entry

History **History** that's fine to authorise dosette early

18-Feb-2016 Ms Michelle Henry (MICHELLE_13414) Data Entry

Comment **Comment** CB telc cons 18/2 - patient is due to collect dosset box tomorrow but is going to stirling, can we phone Lloyds Kilbowie and autherise him to collect it this afternoon please 952 9510, if you leave a message here I will call chemist

12-Feb-2016 Dr Carolyn Buchanan (CB) Red Wing Clydebank Health & Care CentreMain Surgery

History **History** comes for sick line, for ESA, has a lot of fractures to spine, JSA isn't accepting sick notes as they are saying fit for work, went to Cadogan St last year, seeing physio and pain team soon 18th feb, lives alone, tried to work a few years ago and working on the new forth road bridge, had to give up after a few days, on no benefits, no financial input at all, sister brings him food, housing assoc flat, they are taking him to court re rent arrears, would like to get back into work eventually, see how pain clinic/PT goes,

Problem **[D]Chronic intractable pain**

Comment **Comment** states not sleeping well, wondering if anything can be changed, awaits the pain team input, don't think sleeping tabs are the answer, discussed

Attachment **eMED3 (2010) new statement issued, not fit for work**
FitNote.pdf, (Diagnosis: back pain and worsening symptoms; Duration: 12/02/2016 - 26/02/2016)

13-Jan-2016 Ms Elsa MacNeil (EM) Data Entry

Comment **Comment** N/R to blood review due Bone profile , Vit D check as per Docman July 15. Default recall.

18-Dec-2015 Dr Alex W Potter (POTTER_13414) Telephone Consultation

History **History** In fact been getting from LK on Tue. Explained looks like 2 Chemists in Tillicoultry and no Fax numbers on web site. Suggested he choose which one he wants and phone us through Fax number and we will Fax Px through. If he had given us more notice could have organised via LK. He then tells me he is going to change Practice.. I reply Why, he says Bye.. ?Misheard.. Wondered if he has moved, see SQ below..

18-Dec-2015 Ms Sarah Potter (SARAH_13414) Data Entry

Comment **Comment** spec req: going to Tillicoultry from today until 05/01/16. would like medicine dispensed from chemist in Tillicoultry Lloyds (didn't know details of chemist but says there is only 1 chemist there?)

11-Dec-2015 Dr Scott Queen (QUEEN_13414) Red Wing Clydebank Health & Care CentreMain Surgery

History **History** Phoned LCK. Dosette box not issued by then and no meds issued since September. Also checked c Lloyds Kilbowie-> not aware of patient. Last Px issued 24/11 ? has put in Px elsewhere etc.

Comment **Comment** Please clarify c patient if call back. He may need to speak to chemist. If unabel to clarify what is going on please arrange appt for early next week.

11-Dec-2015 Ms Gillian Belshaw (GB) Data Entry

Comment **Comment** SQ tel cons 11/12 - looking for authorisation for lloyds Clan to give him next weeks dosset box today, picked up box yesterday and left it on the train, has tried contacting scotrail but they havn't had anything found/handed in, patient will call back later as he dropped his mobile down the toilet, LCK - 952 3417

24-Nov-2015 Dr Scott Queen (QUEEN_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem **[D]Chronic intractable pain**

History **History** Here for prescription.Chronic intractable pain. Maintained on Etodolac, Sertrelina, Pregabalin and Omeprazole, Colecalciferol gets Dispense weekly but says when phoned up around 1-2 weeks ago told by chemist none there and needed further Px. last Px for 28/7 dobe 20/10 for all meds.

Comment **Comment** Phoned Chemist-> Says They had not received last Px issued 20/10. New Px issued. Now saying Med 3 issued by AP below has wrong date. Says need further line to cover 16/10- 20/10. Wanted a copy of Mr Alakandy's letter-> Provided with copy.

Attachment **eMED3 (2010) new statement issued, not fit for work**
FitNote.pdf, (Diagnosis: [D]Chronic intractable pain; Duration: 16/10/2015 - 20/10/2015)

Medication **Medication** Colecalciferol Capsules 800 units 28 CAPSULE 1 CAP DAILY DISPENSE WEEKLY

Medication **Medication** Etodolac M/R tablets 600 mg 28 TABLET ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

Medication **Medication** Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY DISPENSE WVEKLY

Medication **Medication** Pregabalin Capsules 300 mg 56 capsule 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

Medication **Medication** Sertraline Hydrochloride Tablets 100 mg 28 tablet 1 Tab In the morning DISPENSE WEEKLY

20-Oct-2015 Dr Alex W Potter (POTTER_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem [D]Chronic intractable pain
 History History Difficult consultation "Wants a 2nd Opinion." Feels will end up paralysed.. Fairly dismissive re prev contacts with virtually all HCPs esp Dr Gupta and Mr Alakhandy
 Examination Examination Bent over Couch Aggressive..
 New Referral Referral . Referral Type: Outpatient
 Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Chronic intractable pain; Duration: 20/10/2015 - 20/10/2016)
 Problem Alcohol problem drinking
 Problem Anterior uveitis
 Medication Medication Sertraline Hydrochloride Tablets 100 mg 28
 tablet 1 Tab In the morning DISPENSE WEEKLY

02-Oct-2015 Dr Scott Queen (QUEEN_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem [D]Chronic intractable pain
 History History Chronic Pain. Has Apprt c Neurosurgeons 08/10 which hs sats he will attend. Here today as says "got dated wing" c last line and needs like to cover period below.
 Comment Comment Agreed below, advised of inportance of attending Neurosurgical appt and can Self refer back to PT if wishes (Missed several previous appts)
 Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Chronic Intractable Pain; Duration: 06/09/2015 - 10/09/2015)

25-Sept-2015 Dr Carolyn Buchanan (CB) Red Wing Clydebank Health & Care CentreMain Surgery

Problem [D]Chronic intractable pain
 Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: chronic intractable pain; Duration: 11/09/2015 - 16/10/2015)
 History History attends for meds, no ca/vid t d since april, no sert either, discussed this, too sore to come for meds, asking about other meds, discussed DNA physio, stated couldn't make appt, discussed their specialist interest in back pain and their management of this, not keen on attending, has neurosurg appt Oct - ??disc, discharged rheum
 Comment Comment keen to try anti inflamm, stated felt stomach bloated, try with PPI
 Medication Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 56 CAPSULE ONE TO BE TAKEN EACH DAY

28-May-2015 Dr Jessica Lynas (JL) Red Wing Clydebank Health & Care CentreMain Surgery

Problem [D]Chronic intractable pain
 History History ongoing , feels better with sertraline, looks a lot brighter and well presented, less limping, been seen by theum and suggested add amitriptyline also could switch lodeine to diclofenac. Takes 3 pregab some day.. advised can't do this on max daily dose at 300mg bd already cut back alcohol, says social ripped up his sick line and said invalid as DWP said fit for work, signed on brew then missed appt so taken off again doesn't feel fit for work yet
 Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Chronic intractable pain Depression under Folow up with rheumatology ? inflammatory; Duration: 18/05/2015 - 29/06/2015)
 Medication Medication Amitriptyline Hydrochloride Tablets 10 mg 56
 TABLET 1 or 2 Tabs At night INCREASE BY 1 PER WEEK AS TOLERATED UNTIL PAIN RELIEF OR SIDE EFFECTS
 Medication Medication Etodolac M/R tablets 600 mg 56 TABLET
 ONE TO BE TAKEN EACH DAY
 Medication Medication Sertraline Hydrochloride Tablets 50 mg 56
 TABLET ONE TO BE TAKEN EACH DAY
 Medication Medication Cetirizine Hydrochloride Tablets 10 mg 28
 tablet ONE TO BE TAKEN EACH DAY

01-Apr-2015 Dr Jessica Lynas (JL) Red Wing Clydebank Health & Care CentreMain Surgery

Problem [D]Chronic intractable pain
 History **History** awful.. taking off the sick by WCA.. can't cope, can't work, back agony, scatica.. had MRI shows slipped disc lumbar and c spine and wear and tear. Stressed with no money, sister bringing him evening meals, sits in house all day bored, stares, mind blank, feels depressed, not sleeping well, thought about ending it all, Erskine Bridge but hasn't been and too scared to actually do it.. says 2 cans beer sat/ sun if neighbour brings it up. Wants sick line, pain meds altered, taking pregabalin sometimes 3-4 a day then has none for some days, didn't start lodeine as worried might cause heart problems based on PIL Denies drugs

Examination **Examination** tearful eye contact limping walks slowly
 Comment **Comment** Pain team after outcome from rheum , anti depressant inc alangeslia - try lodeine this time to go to CAB re finances, rent arrears etc

Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: [D]Chronic intractable pain; Duration: 04/03/2015 - 04/05/2015)

New Referral **Referral** . *Referral Type: Outpatient*

Medication **Medication** Sertraline Hydrochloride Tablets 50 mg 56 TABLET ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

Medication **Medication** Etodolac M/R tablets 600 mg 56 TABLET ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

16-Feb-2015 Dr Jessica Lynas (JL) Red Wing Clydebank Health & Care CentreMain Surgery

Problem [D]Chronic intractable pain
 History **History** wondering about increasing pregabalin, not helping enough.. on lodeine no response yet, seemed unclear re outcome from rheum clinic, awaiting MRI and DEXA has FU appt in May. Willing to try physio again. Sister brought him up today helping with shopping etc Needs note of medical problems for medical tomorrow.

Comment **Comment** inc to max dose. print out of brief summary given encouraged PT

Medication **Medication** Pregabalin Capsules 300 mg 56 capsule 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

06-Feb-2015 Dr Jessica Lynas (JL) Telephone Consultation

Problem [D]Chronic intractable pain
 Comment **Comment** Been to rheum, suggested lodeine instead of naproxen cont pregab, start vit D as low, for DEXA and MRI. await results.. pleased something is happening..

Read Code Medication review done

Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: [D]Chronic intractable pain; Duration: 06/02/2015 - 06/04/2015)

Medication **Medication** Etodolac M/R tablets 600 mg 28 TABLET ONE TO BE TAKEN EACH DAY

Medication **Medication** Colecalciferol Capsules 800 units 56 capsule 1 CAP DAILY

05-Feb-2015 Ms Marie McLean (MCLEAN_13414) Data Entry

Comment **Comment** Telecon Please call patient regarding hospital scan.

13-Jan-2015 Dr Jessica Lynas (JL) Red Wing Clydebank Health & Care CentreMain Surgery

History **History** Back pain ongoing sciatica L side ran out of pregabalin, didn't know they were at chemist. Helps when he has them, sometimes spasms. Note A+E via ambulance 2/1/15, bad that day, also had been drinking, friend brought beers round, denies drinking otherwise "no money"; on sick, little left after child support etc. Rheum appt 2/2/15 stressed importance of attending. Did attend ophth after last seen by me, further L uveitis, given tx and settled.

Problem [D]Chronic intractable pain
 Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: low back pain; Duration: 13/01/2015 - 13/02/2015)

Problem Anterior uveitis

09-Jan-2015 Ms Anne McDougall (ANNEM_13414) Data Entry

Comment **Comment** SPEC REQ for pregabalin and gabapentin

17-Dec-2014 Dr Jessica Lynas (JL) Red Wing Clydebank Health & Care CentreMain Surgery

History	History pregab helping at 150mg bd feels a bit better mood and anxiety wise too.. hasn't ran out.. denying alcohol, no appt from rheum yet , eye sore L few days, says always flares when "back goes" "back clicks out of place" spasm and can't move.. all a bit strange.. says eye same as last Jan when diag ant uveitis, pain, photophobia, watering, blurred vision lasts few days then settle,s is settling again now.. gets it every few weeks maybe.. eyes checked 8 m ago short sighted glasses doesn't have with him today
Problem	Low back pain
Examination	Examination L eye sl conjunctival injection, pearl, normal eye movements, says sl sore with light shone L eye not right, sl watery normal red reflex, fundus N
Comment	Comment same hx as with uveitis..seems like settling though.. strange hx of eye going every time gets back ache.. needs ophth rv, phoned eye hosp spoke with nurse doc not available she spoke with on call ophth who says will see tomorrow am 930, give cyclopentolate 1% as before od now. hold steroids until tomorrow. continue pregab weekly dispense
Attachment	eMED3 (2010) new statement issued, not fit for work <i>FitNote.pdf, (Diagnosis: Low back pain; Duration: 17/12/2014 - 14/01/2015)</i>
Problem	Anterior uveitis
Medication	Medication Cyclopentolate Hydrochloride Eye drops 1 % 5 ml 1 DROP BE ONCE DAILY
Medication	Medication Pregabalin Capsules 150 mg 56 capsule 1 TWICE DAILY
Medication	Medication Pregabalin Capsules 150 mg 56 capsule 1 CAP BD DISP WEEKLY

17-Dec-2014 Dr Jessica Lynas (JL) Red Wing Clydebank Health & Care Centre

Read Code	Smoking cess drug therapy decl
Read Code	Smoking cessation advice

15-Dec-2014 Dr Jessica Lynas (JL) Data Entry

Comment	Did not attend - no reason
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03-Dec-2014 Dr Jessica Lynas (JL) Telephone Consultation

Problem	Alcohol dependence syndrome
Problem	Low back pain
History	History Gabapentin, ibuprofen, occ neighbour in with joint doesn't help, denies other drugs, last alcohol 1w ago. says before that was few days before saw me - note last entry he says last drank 5/11 so not accurate what he is telling me. Taking too many gabapentin 300mg x7-8 a day.Ran out. Not helping, help sleep a little. Strongly denies using other drugs/ selling/ buying. Unaware that dangerous if takes more than prescribed but now frightened by this. Note has not taken more than recommended amounts but too quick dose titration. Mood low, fallen out with sister, out today getting shoping in, bored. awaiting rheum review and seems very thankful for referral "waiting years for someone to listen"... Discussed switch to pregabalin, dispense weekly, not to take more than prescribed. Not to stop suddenly. Not to take ibuprofen when drinking/ bingeing. Review two weeks appt given. RV sooner if any issues.
Medication	Medication Pregabalin Capsules 75 mg 42 capsule 1 CAPSULE TWICE DAILY FOR ONE WEEK THEN 2 CAPSULES TWICE DAILY FOR ONE WEEK THEN REVIEW DISPENSE WEEKLY

03-Dec-2014 Ms Maureen McGinley (MMCG) Data Entry

Comment	Comment Special req - pt requesting Gabapentin taking more than normal hence early req
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24-Nov-2014 Dr Jessica Lynas (JL) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Low back pain
History	History gabapentin helping, taking 6 per day +. In hosp since, knocked over by a "thief" in Asda, attended A+E x ray ? t8 wedge fracture, fed up, wants to see specialist ? cause of all pain, L sided, pelvis, feels like clicking, stiff, mid throacic too, minimal movement. Stopped alcohol since 5th nov " ; 3 halves vodka then"
Examination	Examination antalgic gait, pale, tender mid thoracic region, around t6-8, tender tense bilateral lumbar muscles, no SIJ tenderness today
Comment	Comment check bloods, inc to 300mg tds, ? rheum ref ? chronic pain ? cause of T8 fracture
Attachment	eMED3 (2010) new statement issued, not fit for work <i>FitNote.pdf, (Diagnosis: Low back pain; Duration: 24/11/2014 - 24/12/2014)</i>
Medication	Medication Gabapentin Capsules 300 mg 84 capsule 1 CAPSULE THREE TIMES PER DAY

12-Nov-2014 Dr Scott Queen (QUEEN_13414) Data Entry

History	History As Below.
Medication	Medication Gabapentin Capsules 100 mg 100 capsule 1 CAP 3 TIMES DAILY INCREASE BY 1 CAP EVERY 4 DAYS AS TOLERATED

12-Nov-2014 Ms Margaret Walsh (WALSH_13414) Data Entry

Comment	Comment SR - gabapentin
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29-Oct-2014 Dr Jessica Lynas (JL) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Low back pain
History	History no better, describes chronic pain 15 y after hit by car travelling 70mph. Pain all down L side, pelvis/ hips, low back, L shoulder. Stiffness am too.. note prev uveitis. Neg RH factor and ESR. No FHx. No saddle anaesthesia/ bladder/ bowel dysfunction. Awaiting Pt self referred after ladst appt. Stopped naproxen as read on PIL might increase BP and his BP prev borderline. Denies alcohol being an issue - says 2-3 pints once a month, discussed that looks like prev was an issue - denies this.. impression that possibly dfrinking more than sayig, asked re family, says sees sister, she helps with shopping, "shakes her head at me" ;.. then became tearful.. thinks mood ok. didn't like amitriptyline
Examination	Examination pale, walks with limp, sl tender L SIJ, pain on forward flexion > 45 degrees, sits with relative ease.
Comment	Comment Try below Review end of Nov, will have a look at history ? rheum referral with episode of uveitis. He will chase up PT appt
Attachment	eMED3 (2010) new statement issued, not fit for work <i>FitNote.pdf, (Diagnosis: low back pain; Duration: 29/10/2014 - 12/11/2014)</i>
Medication	Medication Gabapentin Capsules 100 mg 100 capsule 1 CAP 3 TIMES DAILY INCREASE BY 1 CAP EVERY 4 DAYS AS TOLERATED

30-Sept-2014 Dr David R Bell (DRBELL_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Low back pain
History	History Recurrent Chronic LBP as before Flare up of symptoms as before No PID/red flag symptoms No parasthaesia
Examination	Examination SLR L=R =90 Power, tone etc NAD Good ROM of back - sl restricted -> L Pt also known to have Uveitis in past ? Inflammatory disease
Comment	Comment try naproxen 500mg Bd + advised re contacting physio again Check bloods
Attachment	eMED3 (2010) new statement issued, not fit for work <i>FitNote.pdf, (Diagnosis: Low back pain; Duration: 30/09/2014 - 14/10/2014)</i>
Medication	Medication Naproxen Tablets 500 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY

23-Sept-2013 Dr Gillian J McGeoch (GMC GEOCH_13414) Data Entry

History	History not taking analgesia REGULARLY cancelled PT ? capacity to work ??
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23-Sept-2013 Dr June Campbell (JC) Red Wing Clydebank Health & Care CentreMain Surgery

Problem MED3 issued to patient
 History History for ongoing low back pain. L eye looked normal and reacted normally . Note Ophthalmology had Dx ant uveitis earlier this year.
 Attachment eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Acute low back pain .; Duration: 13/09/2013 - 13/10/2013)*
 Medication Medication Chloramphenicol Eye drops 0.5 % 10 ML APPLY ONE DROP EVERY TWO HOURS INITIALLY THEN REDUCE FREQUENCY AS INFECTION IS CONTROLLED AND CONTINUE FOR 48 HOURS AFTER HEALING

23-Sept-2013 Dr June Campbell (JC) Red Wing Clydebank Health & Care CentreMain Surgery

Problem Low back pain acute
 History History Patient states that another episode of back pain has occurred cancelled PT last week - he couldn't make it. Thinks that his Co-codamol has helped. Not taking Ibuprofen. No loss of perneal sensation , but feels pain radiation from R hip down leg. Initial injury occurred 14 yrs ago.
 Comment Comment Advised to attend PT and to move normally.
 Problem Problem L eye problem
 History History visual acuqity preserved , no evidnec of blood shot eyes
 Examination Examination PEARL fundoscopy normal.
 Medication Medication Co-Codamol 30/500 Tablets 100 TABLET TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

11-Sept-2013 Ms Elaine Archer (ELAINE ARC13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem Acute back pain - lumbar
 Examination Nursing care blood sample taken
 Comment Comment Bloods taken as requested.

02-Sept-2013 Dr Scott Queen (QUEEN_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem Acute back pain - lumbar
 History History Low back pain. Bothering him for 2 weeks. Has had similar episodes previously. No LL wakness. No sphineteric disturbance or perineal numbness. No Sciatic radiation. Taking Cocodamol. Works as steel fixer. Off work at present due to back. DSS have told him he needs a sick line. saw Phsio for initial assessment, awaitingf urther review. NB Episode Ant Uveitis.
 Examination Examination Apyrexial, Still degree lumbar scoliosis apex- > L. No Lumbar spinal tenderness but some bilateral Lumboscaral paraspinal tenderness. No LL Neurology. SLT L 70, R 60.
 Comment MED3 issued to patient Imp. Acute on chronic LBP. Likley Mechanical. P. Check bloods-> Given forms, Cont Cocodamol, Add in NSAID, Continue to engage c Phsio. Worsening adv/SNA. (c 3/52 from 27/08 LBP)
 Medication Medication Ibuprofen Tablets 400 mg 84 TABLET ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

27-Aug-2013 Dr Alison M Wilding (WILDING_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem Acute back pain - lumbar
 History History Sore back for weeks and weeks and ongoing for years not on any meds , steel fixer was working on new forth road bridge lasted 3 days , stopped alcohol 4m ago , no leg pain, bladder and bowel OK
 Examination Examination left sided scoliosis and muscle spasm can nearly straighten up
 Medication Medication Diazepam Tablets 5 mg 21 TABLET ONE TO BE TAKEN THREE TIMES A DAY
 Medication Medication Co-Codamol 30/500 Tablets 100 TABLET TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

27-Jun-2013 Dr Alex W Potter (POTTER_13414) Data Entry

Problem Did not attend - no reason
 History History Dna Made 30/5

16-Jan-2013 Dr Alex W Potter (POTTER_13414) Data Entry

Problem Anterior uveitis L
 History History See Ophth letter Rv

02-Dec-2011 Ms Allison McAllister (ALLISONS_13414) Externally Entered

Attachment EMIS attachment reference code
letter to patient

01-Dec-2011 Dr Andrew Seagrave (ATS) Data Entry

History Did not attend - no reason

24-Nov-2011 Dr Alex W Potter (POTTER_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem Cellulitis and abscess of thigh (Left)
History **History** E Dysfunctional consultation Clearly angry and under influence of alcohol Wants me to read his file and dredging up the injustices of previous contacts..Will not answer any Qs directly Med 3 does not seem to be ppt for attendance Fairly dismissive and insulting about my efforts Blood results and -ve wound swab L Groin on Sci Says still pus ++ Not sure source of wound but says smell ++
Examination **Examination** Pale Smells of alcohol Angry Infected wound Groin
Comment **Comment** Rx RxR Rv
Medication **Medication** Co-Amoxiclav 250/125 Tablets 21 tablet 1 Tab 3 times daily
Problem Alcohol dependence syndrome

19-Oct-2011 Dr Andrew Seagrave (ATS) Data Entry

History **History** Pls phn ***** Benefits Ag, C/bank 249 4382 re med 3 missing.
History **History** has missing period of cover between 14/9/11 and 11/10/11.
History **History** Gap completely due to him failing to collect medical certificate when due. Chronic pain issues however also issues regarding his fitness to work discussed in notes from previous practice.
History **History** *** RTA 'at 70mph' in 1998 - due to him being intoxicated. Minor head injury and concussion, kept in overnight as intoxicated. No on-going follow-up.
Comment **Comment** MED3 issued to patient 14/9 - 11/10 chronic pain.
Comment **Comment** NEEDS TO ATTEND ON TIME FOR HIS SICK-NOTES.
Comment **Comment** ***** will let me know if he is due an ESA assessment.

11-Oct-2011 Dr Andrew Seagrave (ATS) Red Wing Clydebank Health & Care CentreMain Surgery

Problem [D]Chronic intractable pain
History **History** Pain in pelvis and LBP for years. Hit by car 1998 at 70mph, but also from notes acute LBP 2008. Disc problem in middle of back. Had steroid injection in back years ago.. Takes tramadol for pain. Back at work 4-5months ago but didn't last a week. Unable to lift anything heavy. Steel fixer by trade. Mood low, little motivation, very little enjoyment and tearful easily. Lives alone
Examination **Examination** Reduced RoM in lower back. No acute spinal tenderness. No bladder/bowel Sx. No neurological Sx in LL.
Social **Social** Weekend binges of alcohol. Used to drink daily but has reduced.
Comment **Comment** MED3 issued to patient 4 weeks chronic pain.
Comment **Comment** Try below. Warned re alcohol and AMT. Try to gradually reduce Tramadol use. I will look at old noted re injury.

11-Oct-2011 Dr Andrew Seagrave (ATS) Data Entry

History **History** Review of notes. Hit by car 12/4/1998. Sustained head injury+concussion. No mention of any other injury, kept in one night (intoxicated). On-going pain issues over the next few years involving left wrist, Rt groin and Lt hip. Has DNA's many orthopaedic appts re wrist. Seen in Stirling pain management clinic in 2004 - had Rt lumbar facet joint injection.

11-Oct-2011 Ms Elaine Archer (ELAINE_ARC13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Adult health exam.	
Examination	Nursing care blood sample taken	
Examination	Diastolic blood pressure	78 mm Hg
Examination	Systolic blood pressure	122 mm Hg
Examination	O/E - pulse rhythm regular	
Examination	O/E - height	176 cm
Examination	O/E - weight	88 Kg
Examination	O/E - pulse rate NOS	73
Examination	Body Mass Index	28.41
Examination	Wants to lose weight	2
Comment	Comment excessive drinking. FAST scored 16, has tried AA, didn't like it. will phone for results.	
Family History	No FH: Ischaemic heart disease	
Family History	No FH: Stroke/TIA	
History	Chest pain not present	
History	Number of portions of fruit and vegetables daily	2 /day
Social	Not interested in stopping smoking	
Social	Current smoker	
Social	Cigarette consumption	30 cigs/day
Social	Rolls own cigarettes	
Social	Patient initiated diet NOS	3
Social	Exercise grading	3
Social	Declined referral to physical exercise programme	
Social	Alcohol consumption unknown	
Social	Alcohol units per week	90 U/week
Social	Unemployed	
Read Code	Interpreter not needed	
Read Code	Smoking cessation advice	
Read Code	Refuses stop smoking monitor	
Read Code	Health ed. - diet	
Read Code	Health ed. - exercise	
Read Code	Excepted from depression quality indicators: Patient unsuita	

03-Oct-2011 Dr David R Bell (DRBELL_13414) Data Entry

History	History tramadol - see below - make appointment please
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23-Sept-2011 Dr Alison M Wilding (WILDING_13414) Data Entry

History	History Tramadol please, if want more subsequently make appointment
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18-Aug-2011 Dr Patricia I Harper (HARPER_13414) Data Entry

Problem	Failed encounter
History	History DNA appt made by PH during last consultation

17-Aug-2011 Dr Patricia I Harper (HARPER_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Back pain, unspecified
History	History 5 minute appt. hit by car which was moving at 70mph in 1998. Injury to leg, hip and lower back. Drinks at weekends. Claims that has bad pain all the time. has missed appt at "social" missed signing on and needs sick line from 27/7/11. prolonged circuitous consultation where patient wanted long term back pain solved in 5 minute appt. Also required back dated sick line and pain-killers. Smells of alcohol. I became "cross" but apologised for having "lost my cool". given appt for tomorrow's surgery for further assessment.
Problem	Problem med3 4 weeks back pain + backdated line to cover 27/7/11

13-Apr-2011 Ms Angela Pollock (ANGELA_13414) Dr Jaberoo and PartnersData Entry

History	Primary prevention of ischaemic heart disease priority=2
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29-Mar-2011 elaine (elaine_13414) Dr Jaberoo and PartnersData Entry

History	History Level 1 medication review done EA. priority=2
History	Rep.presc. monitoring NOS priority=2
History	Equivalent quantities for all medication checked MM-Les priority=2
History	Medication review

06-Dec-2010 Dr David R Bell (DRBELL_13414) Dr Jaberoo and PartnersData Entry

History	History DNA priority=2
History	Did not attend - no reason priority=2

06-Aug-2010 Dr Dr DW Jaberoo (jaberoo_13414) Dr Jaberoo and Partners

History History chronic pain as before drinking ++ trying to stop needs sick note priority=2
 History MED3 issued to patient 8/52 chronic pain alcohol problem from 14/7 priority=2
 History Chronic low back pain priority=2
 History Alcohol dependence syndrome priority=2
 History Medication review

18-Jun-2010 linda (linda_13414) Dr Jaberoo and PartnersData Entry

07-Jun-2010 Problem Overdose of drug cocodamol

09-Jun-2010 Dr David R Bell (DRBELL_13414) Dr Jaberoo and PartnersData Entry

History History pat req chlordiazepoxide as before,ans machine. priority=2

07-Jun-2010 Dr Alex W Potter (POTTER_13414) Dr Jaberoo and Partners

History History E Alcohol related seizure Sat pm No alcohol since then 1-2L Vodka pd ?2-3m Plans AA LBP Hip pain ++ Eating pain killers like sweetsies ??10 strips Needs Urgent Pcm level cc note Phys WIG friend will take up priority=2
 History Nondependent alcohol abuse priority=2
 History Accidental poisoning by paracetamol priority=2
 History Chronic low back pain priority=2
 07-Jun-1998 Problem Alcohol problem drinking

20-May-2010 Dr Alison M Wilding (WILDING_13414) Dr Jaberoo and Partners

History History 5mins accident 10 yrs ago ongoing back shoulder neck amd left leg constant ache, wants sick line, looking to get job in hosp domestic discussed DSS retraining whil eon benefit can't do labouring , ni schooling since primary priority=2
 History Chronic low back pain priority=2
 History MED3 issued to patient 8/52 chronic pain priority=2

26-Apr-2010 Dr Alex W Potter (POTTER_13414) Dr Jaberoo and Partners

History History E Flare LBP ++ ->Hips and ^Chronic L Sciatica Onset c bending over blowing up car tyre Little relief c otc ibup In pain H LoM LSp F to Ks and rest dec ++ ?+ve Act Abdo nad Cns LLs nad SLR 70 L&R SRPT info Rx Advise Rv prn priority=2
 History Low back pain priority=2

25-Mar-2010 Dr Janice M McCall (MCCALL_13414) Dr Jaberoo and Partners

History History Came in cos lines run out Still drinking as before and still issues c low mood and pain as before Cant make full assessment when drunk- discussed priority=2
 History Alcohol dependence syndrome priority=2
 History MED3 issued to patient 8/52 depression priority=2
 History Chronic low back pain priority=2

18-Jan-2010 Ms Maureen Campbell (MAUREEN_13414) Dr Jaberoo and PartnersData Entry

History HAD scale: anxiety score 15 priority=2
 History HAD scale: depression score 15 priority=2

13-Jan-2010 Dr Janice M McCall (MCCALL_13414) Dr Jaberoo and Partners

History History Was back drinking again asking for cdz Felt amt no use wants something to help sleep try lofepramine

2nd hads priority=2
 History MED3 issued to patient 8/52 depression priority=2
 History Alcohol dependence syndrome priority=2

17-Dec-2009 Dr Janice M McCall (MCCALL_13414) Dr Jaberoo and Partners

History History Clearly drunk has been at funeral Though cdz helped

Feels drinking stems from chronic back and pelvis pain and low mood Try amt and rv priority=2
 History Alcohol dependence syndrome priority=2
 History Chronic low back pain priority=2
 History Low mood priority=2

10-Dec-2009 Dr Janice M McCall (MCCALL_13414) Dr Jaberoo and Partners

History History Declared fit for work from 05/11 feels unfit re alcohol and chest and neck pains from rta

Longstanding xs alcohol vodka 1 bottle a day priority=2

History Alcohol dependence syndrome priority=2

History MED3 issued to patient 8/52 chest back pain and alcohol xs priority=2

02-Aug-2009 Dr Alex W Potter (POTTER_13414) Dr Jaberoo and PartnersData Entry

History History A4 Rv Dna Ortho on 2 occasions and PT too. No mention of scoliosis prev though. priority=2

27-July-2009 Dr Alex W Potter (POTTER_13414) Dr Jaberoo and Partners

History History E "It's my back" onset after lifting TV unit 3d ago Usually lasts 1w No loss control bowel bladder Part of reason re AA 26u pd** OE In pain Scoliosis concave to L LoL ++ H RoM Mid T Hs Ks nad SLR n Check file PT Rx Rv priority=2

History Health ed. - smoking priority=2

History Low back pain priority=2

History Alcohol dependence syndrome priority=2

History Health ed. - alcohol priority=2

History Heavy smoker - 20-39 cigs/day Smoker\$\$ Status.clm - Repeat after an Interval

17-Mar-2009 Ms Allison McAllister (ALLISONS_13414) Dr Jaberoo and PartnersData Entry

History White Scottish priority=2

16-Mar-2009 Dr Patricia I Harper (HARPER_13414) Dr Jaberoo and Partners

History History pain upper rt chest passing thro to back, pain across shoulders. was in RTA 1993. probs off and on since then. O/e chest clear. Tender lower c spine. heavy smoker. CXR, C spine. then physio. priority=2

History [D]Chest pain NOS priority=2

History MED3 issued to patient 8 weeks chest and neck pain priority=2

History Current smoker priority=2

History Health ed. - smoking priority=2

History Smoking cessation advice priority=2

History Systolic blood pressure 120

History Diastolic blood pressure 70

History O/E - BP reading normal B P Screening\$\$.clm - Repeat after an Interval
In GP care

04-Dec-2008 Dr GP Registrar 2 (mthomas_13414) Dr Jaberoo and Partners

History History Attended CAT. Feeling a bit better on SSRI.

Last drank 2/7 ago. Asking for more librium. Cut down to 20 this time. Not heard back yet re job interview as hospital porter. priority=2

History Alcohol dependence syndrome priority=2

History Smoking cessation advice priority=2

History MED3 issued to patient 6/52 Depression. priority=2

02-Dec-2008 Dr GP Registrar 2 (mthomas_13414) Dr Jaberoo and PartnersData Entry

History History **DNA priority=2

History Did not attend - no reason priority=2

18-Nov-2008 Dr GP Registrar 2 (mthomas_13414) Dr Jaberoo and Partners

History History Down to 2-3 bottles of vodka a week; feels librium very helpful here - cut dose. Talking about getting back to work as a porter.

Discussed CAT again and encouraged. Continue fluoxetine.

R/v 2/52. priority=2

History MED3 issued to patient 2/52 depression priority=2

History Alcohol dependence syndrome priority=2

03-Nov-2008 Dr GP Registrar 2 (mthomas_13414) Dr Jaberoo and Partners

History History Feeling alot better and has managed to cut down alcohol intake from regularly having a bottle of vodka a day to around 50% of this and some days completely abstaining. Feels Librium are very helpful - req more.

Admits to underlying depressive symptoms. Encouraged to attend CAT. Had avoided group scenario. HADs.

Note bloods.

Keen to try SSRI. Keen on BZ to cont cut down. priority=2

History Alcohol dependence syndrome priority=2

History MED3 issued to patient 2/52 depression priority=2

History HAD scale: anxiety score 15 priority=2

History HAD scale: depression score 14 priority=2

Problem Anxiety with depression

28-Oct-2008 Dr David R Bell (DRBELL_13414) Dr Jaberoo and Partners

History History No alcohol for 4/7. Taking CDP 2 caps TID Has appt with Dr Simpson on 3/11/08 CT

2) Back pain settled priority=2

History Alcohol dependence syndrome priority=2

16-Oct-2008 Dr GP Registrar 2 (mthomas_13414) Dr Jaberoo and Partners

History History Reports is managing to cut down alcohol intake with librium to 50% normal ie half bottle of vodka a day now instead of a full bottle.

Has returned to AA and sat at the back. Agrees to contact CAT team.

Reoports undelying problems are not clear, but that pt feels like a 'lost sole'. Encouraged to maintain positive momentum. Will consider antidepressants.

Ongoing back pain. Off work still.

Bloods. priority=2

History Alcohol dependence syndrome priority=2

History Heavy drinker - 7-9u/day Alcohol Intake\$.clm - No Action Required

03-Oct-2008 Dr Janice M McCall (MCCALL_13414) Dr Jaberoo and Partners

History History Asking for painkillre re back and physio leaflet

Alchol depedecy had 1/2 bottle vodka already today usually full bottle per day past -? 18/12 Usualy starts at midday Attends AA Keen for help c withdrawal rx cdz rv

Asking for line med 3 4/52 back pain and alcohol priority=2

History Mechanical low back pain priority=2

Problem Alcohol dependence syndrome

History MED3 issued to patient 4/52 back pain alcohol abuse priority=2

09-Sept-2008 Dr GP Registrar 2 (mthomas_13414) Dr Jaberoo and Partners

History History Low back pain since past 2/52. C/o radiation to R groin. H/o similar problems. BO/PU as norm. Reduced extension. Co-cod.

Low mood and alcohol usage increased recently. Previous att at AA.

Wants to think over options ie CBT/antiDep etc. CAT number given along with Bibliotherapy directions. priority=2

History MED3 issued to patient 2/52 back pain priority=2

History Nondependent alcohol abuse priority=2

History Low mood priority=2

Problem Labourer NOS UE priority=1

06-Feb-2008 Dr GP Registrar (halliday_13414) Dr Jaberoo and Partners

History History labourer, acute back pain on lifting 2/7 ago, recurring problem, doesnt like taking pain killers no paraest pu and bo o/e taught paravertebral rt very good forward and sideways flexion slr 90 bilat, encouraged to mobilise brufen physio priority=2

History Mechanical low back pain priority=2

13-Apr-2007 elaine (elaine_13414) Dr Jaberoo and PartnersData Entry

	History	Notes summary on computer	priority=2
	History	White Scottish	priority=2
06-Dec-2005	Problem	Low mood	
12-Apr-1998	Problem	[X]RTA - Road traffic and other transport accidents	head injury
12-Apr-1998	Problem	Minor head injury	
23-Feb-1993	Problem	Mechanical low back pain	
13-Nov-1984	Problem	Excision of lipoma	Knee
20-Aug-1982	Problem	Partial division flexor tendon wrist	Right
20-Aug-1982	Problem	Complete division extensor tendon hand	Right little finger
20-Aug-1982	Problem	Primary repair of tendon	FCU
21-Dec-1972	Problem	Viral pneumonia NOS	Right

09-Mar-2007 CMR (CMR_13414) Dr Jaberoo and PartnersData Entry

	History	History	Automatically generated by transaction	priority=2
	Problem	Patient MRE received from HB		priority=1

20-Feb-2007 Dr David R Bell (DRBELL_13414) Dr Jaberoo and Partners

	History	History	Moved back from Alloa. 5/12 h/o erythematous penile rash -> torso. Girlfriend unfaithful with ? multiple partners at the time. Concerned re STD. Refer Sandyford Initiative	priority=2
	History	Current smoker		priority=2
	History	Smoking cessation advice		priority=2
	Problem	Penile disorders NOS	1st rash	priority=1
	History	Current smoker	Smoker\$\$ Status.clm - Repeat after an Interval	
	History	Systolic blood pressure		120
	History	Diastolic blood pressure		70
	History	O/E - BP reading normal	B P Screening\$\$.clm - Repeat after an Interval
In GP care	
	History	Medication review		

07-Feb-2007 JEAN (JEAN_13414) Dr Jaberoo and PartnersData Entry

06-Feb-2007 Problem White Scottish priority=1

07-Feb-2007 UnknownUser (UnknownUse13414) Dr Jaberoo and PartnersData Entry

	History	History	Automatically generated by transaction	priority=2
	Problem	Pat. GP7B/GP8B card from HB		priority=1

06-Feb-2007 JEAN (JEAN_13414) Dr Jaberoo and PartnersData Entry

	History	History	Automatically generated by transaction	priority=2
	Problem	Patient reg. form sent to HB		priority=1

Medications (inc. issues)

Acute

25-Sept-2015 Etodolac M/R tablets 600 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

25-Sept-2015 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY

Repeat

27-Oct-2025 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

27-Oct-2025 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

27-Oct-2025 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

27-Oct-2025 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

27-Oct-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

27-Oct-2025 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

30-Sept-2025 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

30-Sept-2025 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

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01-Sept-2025 Etodolac M/R tablets 600 mg
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28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

04-Aug-2025 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

04-Aug-2025 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

04-Aug-2025 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

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13-May-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

13-May-2025 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

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56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

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15-Apr-2025 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

15-Apr-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
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17-Mar-2025 Thiamine Hydrochloride Tablets 100 mg
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17-Feb-2025 Stexerol-D3 Tablets 1,000 units
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28 tablet - 1 TAB DAILY DISPENSE WEEKLY

20-Dec-2024 Etodolac M/R tablets 600 mg
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28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

25-Nov-2024 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

28-Oct-2024 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

28-Oct-2024 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

28-Oct-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

28-Oct-2024 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

28-Oct-2024 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

28-Oct-2024 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

27-Sept-2024 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

27-Sept-2024 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

27-Sept-2024 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

27-Sept-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

27-Sept-2024 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

27-Sept-2024 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

02-Sept-2024 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

02-Sept-2024 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

02-Sept-2024 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

02-Sept-2024 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

02-Sept-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

02-Sept-2024 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

02-Aug-2024 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

02-Aug-2024 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

02-Aug-2024 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

02-Aug-2024 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

02-Aug-2024 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

02-Aug-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

05-July-2024 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

05-July-2024 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

05-July-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

05-July-2024 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

05-July-2024 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

05-July-2024 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

10-Jun-2024 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

10-Jun-2024 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

10-Jun-2024 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

10-Jun-2024 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

10-Jun-2024 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

10-Jun-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

13-May-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

13-May-2024 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

13-May-2024 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

13-May-2024 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

13-May-2024 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

13-May-2024 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

15-Apr-2024 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

15-Apr-2024 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

15-Apr-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

15-Apr-2024 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

15-Apr-2024 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

15-Apr-2024 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

18-Mar-2024 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

18-Mar-2024 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

18-Mar-2024 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

18-Mar-2024 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

18-Mar-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

18-Mar-2024 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

07-Mar-2024 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

16-Feb-2024 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

16-Feb-2024 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

16-Feb-2024 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

16-Feb-2024 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

16-Feb-2024 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

16-Feb-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

22-Jan-2024 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

22-Jan-2024 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

22-Jan-2024 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

22-Jan-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

22-Jan-2024 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

22-Jan-2024 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

27-Dec-2023 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

27-Dec-2023 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

27-Dec-2023 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

27-Dec-2023 Stexerol-D3 Tablets 1,000 units
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27-Dec-2023 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

27-Dec-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

28-Nov-2023 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

28-Nov-2023 Etodolac M/R tablets 600 mg
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28-Nov-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

28-Nov-2023 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

28-Nov-2023 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

28-Nov-2023 Stexerol-D3 Tablets 1,000 units
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28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

10-Nov-2023 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

10-Nov-2023 Etodolac M/R tablets 600 mg
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28 tablet - 1 TAB DAILY DISPENSE WEEKLY

10-Nov-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

10-Nov-2023 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

27-Oct-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

27-Oct-2023 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

27-Oct-2023 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

27-Oct-2023 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

27-Oct-2023 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

27-Oct-2023 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

05-Sept-2023 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

05-Sept-2023 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

05-Sept-2023 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

05-Sept-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

05-Sept-2023 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

05-Sept-2023 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

08-Aug-2023 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

08-Aug-2023 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

08-Aug-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

08-Aug-2023 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

08-Aug-2023 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

08-Aug-2023 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

20-July-2023 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

20-July-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

20-July-2023 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

20-July-2023 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

20-July-2023 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

20-July-2023 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

20-Jun-2023 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

20-Jun-2023 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

20-Jun-2023 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

20-Jun-2023 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

20-Jun-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

20-Jun-2023 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

17-May-2023 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

17-May-2023 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

17-May-2023 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

17-May-2023 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

17-May-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

17-May-2023 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

25-Apr-2023 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

27-Oct-2025 Stexerol-D3 Tablets 1,000 units
28 TABLET - TAKE ONE TABLET DAILY-DISPENSE WEEKLY

19-Apr-2023 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

19-Apr-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

19-Apr-2023 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

19-Apr-2023 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

19-Apr-2023 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

22-Mar-2023 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

22-Mar-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

22-Mar-2023 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

22-Mar-2023 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

22-Mar-2023 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

22-Feb-2023 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

22-Feb-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

22-Feb-2023 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

22-Feb-2023 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

22-Feb-2023 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

24-Jan-2023 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

24-Jan-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

24-Jan-2023 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

24-Jan-2023 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

24-Jan-2023 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

28-Dec-2022 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

28-Dec-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

28-Dec-2022 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

28-Dec-2022 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

28-Dec-2022 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

28-Nov-2022 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

28-Nov-2022 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

28-Nov-2022 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

28-Nov-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

28-Nov-2022 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

02-Nov-2022 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

02-Nov-2022 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

02-Nov-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

02-Nov-2022 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

02-Nov-2022 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

05-Oct-2022 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

05-Oct-2022 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

05-Oct-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

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84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

05-Oct-2022 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

07-Sept-2022 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

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28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

07-Sept-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

07-Sept-2022 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

07-Sept-2022 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

10-Aug-2022 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

10-Aug-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

10-Aug-2022 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

10-Aug-2022 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

10-Aug-2022 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

14-July-2022 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

14-July-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

14-July-2022 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

14-July-2022 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

14-July-2022 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

16-Jun-2022 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

16-Jun-2022 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

16-Jun-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

16-Jun-2022 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

16-Jun-2022 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

19-May-2022 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

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28 tablet - 1 TAB DAILY DISPENSE WEEKLY

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25-Mar-2022 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

24-Feb-2022 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

24-Feb-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

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27-Jan-2022 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

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24-Dec-2021 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

24-Dec-2021 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

02-Dec-2021 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

02-Dec-2021 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

02-Dec-2021 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

02-Dec-2021 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

02-Dec-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

04-Nov-2021 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

04-Nov-2021 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

04-Nov-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

04-Nov-2021 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

04-Nov-2021 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

08-Oct-2021 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

08-Oct-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

08-Oct-2021 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

08-Oct-2021 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

08-Oct-2021 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

10-Sept-2021 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

10-Sept-2021 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

10-Sept-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

10-Sept-2021 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

10-Sept-2021 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

13-Aug-2021 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

13-Aug-2021 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

13-Aug-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

13-Aug-2021 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

13-Aug-2021 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

16-July-2021 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

16-July-2021 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

16-July-2021 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

16-July-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

16-July-2021 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

18-Jun-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

18-Jun-2021 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

18-Jun-2021 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

18-Jun-2021 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

18-Jun-2021 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

21-May-2021 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

21-May-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

21-May-2021 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

21-May-2021 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

21-May-2021 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

23-Apr-2021 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

23-Apr-2021 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

23-Apr-2021 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

23-Apr-2021 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

23-Apr-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

26-Mar-2021 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

26-Mar-2021 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

26-Mar-2021 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

26-Mar-2021 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

26-Mar-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

26-Feb-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

26-Feb-2021 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

26-Feb-2021 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

26-Feb-2021 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

26-Feb-2021 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

29-Jan-2021 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

29-Jan-2021 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

29-Jan-2021 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

29-Jan-2021 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

29-Jan-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

31-Dec-2020 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

31-Dec-2020 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

31-Dec-2020 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

31-Dec-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

31-Dec-2020 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

04-Dec-2020 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

04-Dec-2020 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

04-Dec-2020 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

04-Dec-2020 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

04-Dec-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

06-Nov-2020 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

06-Nov-2020 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

06-Nov-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

06-Nov-2020 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

06-Nov-2020 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

13-Oct-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

13-Oct-2020 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

13-Oct-2020 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

13-Oct-2020 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

13-Oct-2020 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

14-Sept-2020 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

14-Sept-2020 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

14-Sept-2020 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

14-Sept-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

14-Sept-2020 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

14-Aug-2020 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

14-Aug-2020 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

14-Aug-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

14-Aug-2020 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

14-Aug-2020 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

17-July-2020 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

17-July-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

17-July-2020 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

17-July-2020 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

17-July-2020 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

19-Jun-2020 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

19-Jun-2020 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

19-Jun-2020 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

19-Jun-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

19-Jun-2020 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

21-May-2020 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

21-May-2020 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

21-May-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

21-May-2020 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

21-May-2020 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

01-May-2020 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

01-May-2020 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

01-May-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

01-May-2020 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

01-May-2020 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

06-Apr-2020 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

06-Apr-2020 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

06-Apr-2020 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

06-Apr-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

06-Apr-2020 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

10-Mar-2020 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

10-Mar-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

10-Mar-2020 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

10-Mar-2020 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

10-Mar-2020 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

12-Feb-2020 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

12-Feb-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

12-Feb-2020 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

12-Feb-2020 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

12-Feb-2020 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

14-Jan-2020 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

14-Jan-2020 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

14-Jan-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

14-Jan-2020 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

14-Jan-2020 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

10-Dec-2019 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

10-Dec-2019 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

10-Dec-2019 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

10-Dec-2019 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

10-Dec-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

20-Nov-2019 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

20-Nov-2019 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

20-Nov-2019 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

20-Nov-2019 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

20-Nov-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

23-Oct-2019 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

23-Oct-2019 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

23-Oct-2019 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

23-Oct-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

23-Oct-2019 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

24-Sept-2019 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

24-Sept-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

24-Sept-2019 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

24-Sept-2019 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

24-Sept-2019 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

27-Aug-2019 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

27-Aug-2019 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

27-Aug-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

27-Aug-2019 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

27-Aug-2019 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

30-July-2019 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

30-July-2019 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

30-July-2019 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

30-July-2019 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

30-July-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

02-July-2019 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

02-July-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

02-July-2019 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

02-July-2019 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

02-July-2019 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

07-Jun-2019 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

07-Jun-2019 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

07-Jun-2019 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

07-Jun-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

07-Jun-2019 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

08-May-2019 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

08-May-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

08-May-2019 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

08-May-2019 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

08-May-2019 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

09-Apr-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

09-Apr-2019 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

09-Apr-2019 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

09-Apr-2019 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

09-Apr-2019 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

13-Mar-2019 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

13-Mar-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

13-Mar-2019 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

13-Mar-2019 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

13-Mar-2019 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

12-Feb-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

12-Feb-2019 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

12-Feb-2019 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

12-Feb-2019 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

12-Feb-2019 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

15-Jan-2019 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

15-Jan-2019 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

15-Jan-2019 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

15-Jan-2019 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

15-Jan-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

11-Dec-2018 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

11-Dec-2018 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

11-Dec-2018 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

11-Dec-2018 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

11-Dec-2018 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

20-Nov-2018 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

20-Nov-2018 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

20-Nov-2018 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

20-Nov-2018 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

20-Nov-2018 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

23-Oct-2018 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

23-Oct-2018 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

23-Oct-2018 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

23-Oct-2018 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

23-Oct-2018 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

26-Sept-2018 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

26-Sept-2018 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

26-Sept-2018 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

26-Sept-2018 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

26-Sept-2018 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

28-Aug-2018 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

28-Aug-2018 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

28-Aug-2018 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

28-Aug-2018 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

28-Aug-2018 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

31-July-2018 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

31-July-2018 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

31-July-2018 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

31-July-2018 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

31-July-2018 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

04-July-2018 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

04-July-2018 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

04-July-2018 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

04-July-2018 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

04-July-2018 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

06-Jun-2018 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

06-Jun-2018 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

06-Jun-2018 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

06-Jun-2018 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

06-Jun-2018 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

09-May-2018 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

09-May-2018 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

09-May-2018 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

09-May-2018 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

09-May-2018 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

10-Apr-2018 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

10-Apr-2018 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

10-Apr-2018 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

10-Apr-2018 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

10-Apr-2018 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

15-Mar-2018 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

15-Mar-2018 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

15-Mar-2018 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

15-Mar-2018 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

15-Mar-2018 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

13-Feb-2018 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

13-Feb-2018 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

13-Feb-2018 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

13-Feb-2018 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

13-Feb-2018 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

16-Jan-2018 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

16-Jan-2018 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

16-Jan-2018 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

16-Jan-2018 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

16-Jan-2018 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

19-Dec-2017 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

19-Dec-2017 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

19-Dec-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

19-Dec-2017 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

19-Dec-2017 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

20-Nov-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

20-Nov-2017 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

20-Nov-2017 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

20-Nov-2017 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

20-Nov-2017 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

01-Nov-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

01-Nov-2017 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

01-Nov-2017 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

01-Nov-2017 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

01-Nov-2017 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

04-Oct-2017 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

04-Oct-2017 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

04-Oct-2017 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

04-Oct-2017 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

04-Oct-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

07-Sept-2017 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

07-Sept-2017 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

27-Oct-2025 Thiamine Hydrochloride Tablets 100 mg
84 tablet - 1 TAB 3 TIMES DAILY DISPENSE WEEKLY

27-Oct-2025 Folic Acid Tablets 5 mg
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

04-Sept-2017 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

04-Sept-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

04-Sept-2017 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

07-Aug-2017 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

07-Aug-2017 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

07-Aug-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

30-Jun-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

29-Jun-2017 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

29-Jun-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

29-Jun-2017 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

12-Jun-2017 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

12-Jun-2017 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

12-Jun-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

19-May-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

19-May-2017 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

19-May-2017 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

18-Apr-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

18-Apr-2017 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

18-Apr-2017 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

21-Mar-2017 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

21-Mar-2017 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

21-Mar-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

17-Feb-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

17-Feb-2017 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

17-Feb-2017 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

20-Jan-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

20-Jan-2017 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

20-Jan-2017 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

21-Dec-2016 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

21-Dec-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

21-Dec-2016 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

22-Nov-2016 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

22-Nov-2016 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

22-Nov-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

24-Oct-2016 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

24-Oct-2016 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

24-Oct-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

23-Sept-2016 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

23-Sept-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

23-Sept-2016 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

24-Aug-2016 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

24-Aug-2016 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

24-Aug-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

25-July-2016 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

25-July-2016 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

25-July-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

04-July-2016 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

04-July-2016 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

04-July-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

03-Jun-2016 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

03-Jun-2016 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

03-Jun-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

03-May-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

03-May-2016 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

03-May-2016 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

04-Apr-2016 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

04-Apr-2016 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

04-Apr-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

26-Feb-2016 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

26-Feb-2016 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

26-Feb-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WVEKLY

04-Feb-2016 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

04-Feb-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WVEKLY

04-Feb-2016 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

18-Dec-2015 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

18-Dec-2015 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WVEKLY

18-Dec-2015 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

24-Nov-2015 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

24-Nov-2015 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

24-Nov-2015 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WVEKLY

20-Oct-2015 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

20-Oct-2015 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

20-Oct-2015 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

25-Sept-2015 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

27-Oct-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

27-Oct-2025 Etodolac M/R tablets 600 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

28-Aug-2015 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

24-July-2015 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

29-Jun-2015 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

11-May-2015 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

01-Apr-2015 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

26-Feb-2015 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

19-Feb-2015 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

27-Oct-2025 Pregabalin Capsules 300 mg
56 CAPSULE - 1 CAP MORNING AND NIGHT DISPENSE 14 WEEKLY

16-Feb-2015 Pregabalin Capsules 300 mg
56 capsule - 1 CAP MORNING AND NIGHT DISPENSE WEEKLY

Past

01-Oct-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY DISPENSE WEEKLY

01-Oct-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY DISPENSE WEEKLY

14-Aug-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY DISPENSE WEEKLY

14-Aug-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY DISPENSE WEEKLY

14-Nov-2024 Colecalciferol Tablets 1,000 units Acute Medication (Past)
28 tablet - TAKE ONE IN THE MORN - CPUS ON 09.10.24

14-Nov-2024 Colecalciferol Tablets 1,000 units Acute Medication (Past)
28 tablet - TAKE ONE IN THE MORN - CPUS ON 09.10.24

26-Sept-2024 Colecalciferol Tablets 1,000 units Acute Medication (Past)
28 tablet - TAKE ONE TABLET - CPUS ON 11.09.24

26-Sept-2024 Colecalciferol Tablets 1,000 units Acute Medication (Past)
28 tablet - TAKE ONE TABLET - CPUS ON 11.09.24

08-Feb-2024 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

08-Feb-2024 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

19-Apr-2023 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

22-Mar-2023 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

22-Feb-2023 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

24-Jan-2023 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

28-Dec-2022 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

28-Nov-2022 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

02-Nov-2022 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

05-Oct-2022 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

07-Sept-2022 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

10-Aug-2022 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

14-July-2022 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

16-Jun-2022 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

19-May-2022 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

21-Apr-2022 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

25-Mar-2022 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

24-Feb-2022 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

27-Jan-2022	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
24-Dec-2021	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
02-Dec-2021	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
04-Nov-2021	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
08-Oct-2021	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
10-Sept-2021	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
13-Aug-2021	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
16-July-2021	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
18-Jun-2021	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
21-May-2021	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
23-Apr-2021	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
26-Mar-2021	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
26-Feb-2021	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
29-Jan-2021	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
31-Dec-2020	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
04-Dec-2020	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
06-Nov-2020	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
13-Oct-2020	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
14-Sept-2020	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
24-Aug-2020	Scheriproct Suppositories	Acute Medication (Past)
12 SUPPOSITORY - INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT. DO NOT USE FOR MORE THAN 7 DAYS		
24-Aug-2020	Scheriproct Ointment	Acute Medication (Past)
30 GRAM - APPLY SPARINGLY MORNING AND NIGHT AND AFTER EACH BOWEL MOVEMENT (MAX FOUR TIMES DAILY) FOR UP TO 7 DAYS		
24-Aug-2020	Scheriproct Ointment	Acute Medication (Past)
30 GRAM - APPLY SPARINGLY MORNING AND NIGHT AND AFTER EACH BOWEL MOVEMENT (MAX FOUR TIMES DAILY) FOR UP TO 7 DAYS		
24-Aug-2020	Scheriproct Suppositories	Acute Medication (Past)
12 SUPPOSITORY - INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT. DO NOT USE FOR MORE THAN 7 DAYS		
14-Aug-2020	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
17-July-2020	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
19-Jun-2020	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
21-May-2020	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
18-May-2020	Pregabalin Capsules 150 mg	Acute Medication (Past)
14 capsule - 1 CAP TWICE DAILY		
18-May-2020	Pregabalin Capsules 150 mg	Acute Medication (Past)
14 capsule - 1 CAP TWICE DAILY		
01-May-2020	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
06-Apr-2020	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
10-Mar-2020	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
12-Feb-2020	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
14-Jan-2020	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		

10-Dec-2019	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
20-Nov-2019	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
23-Oct-2019	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
24-Sept-2019	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
27-Aug-2019	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
30-July-2019	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
02-July-2019	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
07-Jun-2019	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
08-May-2019	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
09-Apr-2019	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
08-Apr-2019	Amoxicillin Capsules 500 mg	Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY		
08-Apr-2019	Amoxicillin Capsules 500 mg	Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY		
13-Mar-2019	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
12-Feb-2019	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
15-Jan-2019	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
11-Dec-2018	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
20-Nov-2018	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
23-Oct-2018	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
26-Sept-2018	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
28-Aug-2018	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
31-July-2018	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
04-July-2018	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
06-Jun-2018	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
09-May-2018	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
10-Apr-2018	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
15-Mar-2018	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
13-Feb-2018	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
16-Jan-2018	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
09-Jan-2018	Capsaicin Cream 0.075 %	Acute Medication (Past)
45 gram - APPLY THINLY AS DIRECTED TO LOWER LEG		
09-Jan-2018	Capsaicin Cream 0.075 %	Acute Medication (Past)
45 gram - APPLY THINLY AS DIRECTED TO LOWER LEG		
19-Dec-2017	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
20-Nov-2017	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
01-Nov-2017	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		
04-Oct-2017	Colecalciferol Capsules 800 units	Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY		

13-Sept-2017 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

13-Sept-2017 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

04-Sept-2017 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT -DISPENSE WEEKLY TO SUPERCEDE PREVIOUS SCRIPT

04-Sept-2017 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

07-Aug-2017 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

07-Aug-2017 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT -DISPENSE WEEKLY TO SUPERCEDE PREVIOUS SCRIPT

20-July-2017 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT -DISPENSE WEEKLY TO SUPERCEDE PREVIOUS SCRIPT

04-Sept-2017 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT -DISPENSE WEEKLY TO SUPERCEDE PREVIOUS SCRIPT

06-July-2017 Pregabalin Capsules 300 mg Acute Medication (Past)
2 capsule - 1 CAP TWICE DAILY

06-July-2017 Pregabalin Capsules 300 mg Acute Medication (Past)
2 capsule - 1 CAP TWICE DAILY

06-July-2017 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY

06-July-2017 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY

29-Jun-2017 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
28 tablet - 1 Tab In the morning DISPENSE WEEKLY

29-Jun-2017 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

12-Jun-2017 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
28 tablet - 1 Tab In the morning DISPENSE WEEKLY

12-Jun-2017 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

19-May-2017 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
28 tablet - 1 Tab In the morning DISPENSE WEEKLY

19-May-2017 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

18-Apr-2017 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

18-Apr-2017 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
28 tablet - 1 Tab In the morning DISPENSE WEEKLY

21-Mar-2017 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

21-Mar-2017 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
28 tablet - 1 Tab In the morning DISPENSE WEEKLY

17-Feb-2017 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

17-Feb-2017 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
28 tablet - 1 Tab In the morning DISPENSE WEEKLY

06-Feb-2017 Pregabalin Capsules 300 mg Acute Medication (Past)
6 capsule - 1 CAP TWICE DAILY

06-Feb-2017 Pregabalin Capsules 300 mg Acute Medication (Past)
6 capsule - 1 CAP TWICE DAILY

20-Jan-2017 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
28 tablet - 1 Tab In the morning DISPENSE WEEKLY

20-Jan-2017 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

21-Dec-2016 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

21-Dec-2016 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
28 tablet - 1 Tab In the morning DISPENSE WEEKLY

22-Nov-2016 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

22-Nov-2016 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
28 tablet - 1 Tab In the morning DISPENSE WEEKLY

24-Oct-2016 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

24-Oct-2016 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
28 tablet - 1 Tab In the morning DISPENSE WEEKLY

23-Sept-2016 Colecalciferol Capsules 800 units Repeat Medication (Past) 28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY
23-Sept-2016 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past) 28 tablet - 1 Tab In the morning DISPENSE WEEKLY
24-Aug-2016 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past) 28 tablet - 1 Tab In the morning DISPENSE WEEKLY
24-Aug-2016 Colecalciferol Capsules 800 units Repeat Medication (Past) 28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY
25-July-2016 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past) 28 tablet - 1 Tab In the morning DISPENSE WEEKLY
25-July-2016 Colecalciferol Capsules 800 units Repeat Medication (Past) 28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY
04-July-2016 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past) 28 tablet - 1 Tab In the morning DISPENSE WEEKLY
04-July-2016 Colecalciferol Capsules 800 units Repeat Medication (Past) 28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY
04-July-2016 Capsaicin Cream 0.025 % Acute Medication (Past) 45 gram - APPLY SPARINGLY 3 TIMES DAILY PRN
04-July-2016 Capsaicin Cream 0.025 % Acute Medication (Past) 45 gram - APPLY SPARINGLY 3 TIMES DAILY PRN
03-Jun-2016 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past) 28 tablet - 1 Tab In the morning DISPENSE WEEKLY
03-Jun-2016 Colecalciferol Capsules 800 units Repeat Medication (Past) 28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY
03-May-2016 Colecalciferol Capsules 800 units Repeat Medication (Past) 28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY
03-May-2016 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past) 28 tablet - 1 Tab In the morning DISPENSE WEEKLY
04-Apr-2016 Colecalciferol Capsules 800 units Repeat Medication (Past) 28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY
04-Apr-2016 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past) 28 tablet - 1 Tab In the morning DISPENSE WEEKLY
22-Mar-2016 Capsaicin Cream 0.025 % Acute Medication (Past) 45 gram - APPLY SPARINGLY 3 TIMES DAILY PRN
22-Mar-2016 Lidocaine Medicated Plaster 5 % Acute Medication (Past) 30 patch - APPLY 12H ON 12H OFF AS DIRECTED. TRY 1W APART TO BE ABLE TO TELL WHAT HELPS
22-Mar-2016 Capsaicin Cream 0.025 % Acute Medication (Past) 45 gram - APPLY SPARINGLY 3 TIMES DAILY PRN
22-Mar-2016 Chloramphenicol Eye drops 0.5 % Acute Medication (Past) 10 ML - APPLY ONE DROP EVERY TWO HOURS INITIALLY THEN REDUCE FREQUENCY AS INFECTION IS CONTROLLED AND CONTINUE FOR 48 HOURS AFTER HEALING
22-Mar-2016 Chloramphenicol Eye drops 0.5 % Acute Medication (Past) 10 ML - APPLY ONE DROP EVERY TWO HOURS INITIALLY THEN REDUCE FREQUENCY AS INFECTION IS CONTROLLED AND CONTINUE FOR 48 HOURS AFTER HEALING
22-Mar-2016 Lidocaine Medicated Plaster 700 mg (5 %) Acute Medication (Past) 30 patch - APPLY 12H ON 12H OFF AS DIRECTED. TRY 1W APART TO BE ABLE TO TELL WHAT HELPS
26-Feb-2016 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past) 28 tablet - 1 Tab In the morning DISPENSE WEEKLY
26-Feb-2016 Colecalciferol Capsules 800 units Repeat Medication (Past) 28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY
04-Feb-2016 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past) 28 tablet - 1 Tab In the morning DISPENSE WEEKLY
04-Feb-2016 Colecalciferol Capsules 800 units Repeat Medication (Past) 28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY
18-Dec-2015 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past) 28 tablet - 1 Tab In the morning DISPENSE WEEKLY
18-Dec-2015 Colecalciferol Capsules 800 units Repeat Medication (Past) 28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY
24-Nov-2015 Colecalciferol Capsules 800 units Repeat Medication (Past) 28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY
24-Nov-2015 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past) 28 tablet - 1 Tab In the morning DISPENSE WEEKLY
20-Oct-2015 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past) 28 tablet - 1 Tab In the morning DISPENSE WEEKLY
20-Oct-2015 Colecalciferol Capsules 800 units Repeat Medication (Past) 28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY
29-Jun-2017 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past) 28 tablet - 1 Tab In the morning DISPENSE WEEKLY

20-Oct-2015 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY

25-Sept-2015 Colecalciferol Capsules 800 units Repeat Medication (Past)
56 capsule - 1 CAP DAILY

25-Sept-2015 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY

28-May-2015 Etodolac M/R tablets 600 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY

28-May-2015 Etodolac M/R tablets 600 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY

28-May-2015 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY

28-May-2015 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY

28-May-2015 Cetirizine Hydrochloride Tablets 10 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

28-May-2015 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
56 TABLET - 1 or 2 Tabs At night INCREASE BY 1 PER WEEK AS TOLERATED UNTIL PAIN RELIEF OR SIDE EFFECTS

28-May-2015 Cetirizine Hydrochloride Tablets 10 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

28-May-2015 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
56 TABLET - 1 or 2 Tabs At night INCREASE BY 1 PER WEEK AS TOLERATED UNTIL PAIN RELIEF OR SIDE EFFECTS

12-May-2015 Pregabalin Capsules 300 mg Acute Medication (Past)
14 capsule - 1 CAP MORNING AND NIGHT (CPUS LLOYDS DALMUIR 11/05/15)

12-May-2015 Pregabalin Capsules 300 mg Acute Medication (Past)
14 capsule - 1 CAP MORNING AND NIGHT (CPUS LLOYDS DALMUIR 11/05/15)

01-Apr-2015 Etodolac M/R tablets 600 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

01-Apr-2015 Colecalciferol Capsules 800 units Repeat Medication (Past)
56 capsule - 1 CAP DAILY

01-Apr-2015 Etodolac M/R tablets 600 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

01-Apr-2015 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

01-Apr-2015 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

19-Feb-2015 Etodolac M/R tablets 600 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

19-Feb-2015 Colecalciferol Capsules 800 units Repeat Medication (Past)
56 capsule - 1 CAP DAILY

06-Feb-2015 Colecalciferol Capsules 800 units Repeat Medication (Past)
56 capsule - 1 CAP DAILY

19-Feb-2015 Etodolac M/R tablets 600 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

19-Apr-2023 Colecalciferol Capsules 800 units Repeat Medication (Past)
28 CAPSULE - 1 CAP DAILY DISPENSE WEEKLY

06-Feb-2015 Etodolac M/R tablets 600 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

06-Feb-2015 Pregabalin Capsules 150 mg Repeat Medication (Past)
56 capsule - 1 CAP BD DISP WEEKLY

09-Jan-2015 Pregabalin Capsules 150 mg Acute Medication (Past)
56 capsule - 1 CAP BD DISP WEEKLY

17-Dec-2014 Cyclopentolate Hydrochloride Eye drops 1 % Acute Medication (Past)
5 ml - 1 DROP BE ONCE DAILY

17-Dec-2014 Pregabalin Capsules 150 mg Acute Medication (Past)
56 capsule - 1 TWICE DAILY

17-Dec-2014 Pregabalin Capsules 150 mg Acute Medication (Past)
56 capsule - 1 TWICE DAILY

17-Dec-2014 Cyclopentolate Hydrochloride Eye drops 1 % Acute Medication (Past)
5 ml - 1 DROP BE ONCE DAILY

17-Dec-2014 Pregabalin Capsules 150 mg Acute Medication (Past)
56 capsule - 1 CAP BD DISP WEEKLY

06-Feb-2015 Pregabalin Capsules 150 mg Repeat Medication (Past)
56 capsule - 1 CAP BD DISP WEEKLY

03-Dec-2014 Pregabalin Capsules 75 mg Acute Medication (Past)
42 capsule - 1 CAPSULE TWICE DAILY FOR ONE WEEK THEN 2 CAPSULES TWICE DAILY FOR ONE WEEK THEN REVIEW DISPENSE WEEKLY

03-Dec-2014 Pregabalin Capsules 75 mg Acute Medication (Past)
42 capsule - 1 CAPSULE TWICE DAILY FOR ONE WEEK THEN 2 CAPSULES TWICE DAILY FOR ONE WEEK THEN REVIEW DISPENSE WEEKLY

24-Nov-2014 Gabapentin Capsules 300 mg Acute Medication (Past)
84 capsule - 1 CAPSULE THREE TIMES PER DAY

24-Nov-2014 Gabapentin Capsules 300 mg Acute Medication (Past)
84 capsule - 1 CAPSULE THREE TIMES PER DAY

12-Nov-2014 Gabapentin Capsules 100 mg Acute Medication (Past)
100 capsule - 1 CAP 3 TIMES DAILY INCREASE BY 1 CAP EVERY 4 DAYS AS TOLERATED

12-Nov-2014 Gabapentin Capsules 100 mg Acute Medication (Past)
100 capsule - 1 CAP 3 TIMES DAILY INCREASE BY 1 CAP EVERY 4 DAYS AS TOLERATED

29-Oct-2014 Gabapentin Capsules 100 mg Acute Medication (Past)
100 capsule - 1 CAP 3 TIMES DAILY INCREASE BY 1 CAP EVERY 4 DAYS AS TOLERATED

30-Sept-2014 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

30-Sept-2014 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

23-Sept-2013 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

23-Sept-2013 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

23-Sept-2013 Chloramphenicol Eye drops 0.5 % Acute Medication (Past)
10 ML - APPLY ONE DROP EVERY TWO HOURS INITIALLY THEN REDUCE FREQUENCY AS INFECTION IS CONTROLLED AND CONTINUE FOR 48 HOURS AFTER HEALING

23-Sept-2013 Chloramphenicol Eye drops 0.5 % Acute Medication (Past)
10 ML - APPLY ONE DROP EVERY TWO HOURS INITIALLY THEN REDUCE FREQUENCY AS INFECTION IS CONTROLLED AND CONTINUE FOR 48 HOURS AFTER HEALING

02-Sept-2013 Ibuprofen Tablets 400 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

02-Sept-2013 Ibuprofen Tablets 400 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

27-Aug-2013 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

27-Aug-2013 Diazepam Tablets 5 mg Acute Medication (Past)
21 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

27-Aug-2013 Diazepam Tablets 5 mg Acute Medication (Past)
21 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

27-Aug-2013 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

24-Nov-2011 Co-Amoxiclav 250/125 Tablets Acute Medication (Past)
21 tablet - 1 Tab 3 times daily

24-Nov-2011 Co-Amoxiclav 250/125 Tablets Acute Medication (Past)
21 tablet - 1 Tab 3 times daily

11-Oct-2011 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 tablet - 1 Tab At night

11-Oct-2011 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 tablet - 1 Tab At night

03-Oct-2011 Thiamine Hydrochloride Tablets 100 mg Repeat Medication (Past)
84 TABS - 1 Tab 3 times daily

23-Sept-2011 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 CAP TID PRN

23-Sept-2011 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 1 CAP TID PRN

17-Aug-2011 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - 1 OR 2 CAPS 3 TIMES DAILY PRN

17-Aug-2011 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - 1 OR 2 CAPS 3 TIMES DAILY PRN

06-Aug-2010 Thiamine Hydrochloride TABS 100MG Repeat Medication (Past)
84 TABS - 1 Tab 3 times daily

06-Aug-2010 Chlordiazepoxide Hydrochloride Capsules 10 mg Acute Medication (Past)
20 CAPS - 1 QID PRN AND REDUCE

03-Oct-2011 Thiamine Hydrochloride Tablets 100 mg Repeat Medication (Past)
84 TABS - 1 Tab 3 times daily

06-Aug-2010 Chlordiazepoxide CAPS 10MG Acute Medication (Past)
20 CAPS - 1 QID PRN AND REDUCE

09-Jun-2010 Chlordiazepoxide Hydrochloride Capsules 10 mg Acute Medication (Past)
12 CAPS - 1 - 2 QID PRN AND REDUCE

09-Jun-2010 Chlordiazepoxide CAPS 10MG Acute Medication (Past)
12 CAPS - 1 - 2 QID PRN AND REDUCE

07-Jun-2010 Chlordiazepoxide CAPS 10MG Acute Medication (Past)
12 CAPS - 1 - 2 QID PRN AND REDUCE

07-Jun-2010 Chlordiazepoxide Hydrochloride Capsules 10 mg Acute Medication (Past)
12 CAPS - 1 - 2 QID PRN AND REDUCE

20-May-2010 Co-Codamol 30mg/500mg CAPS Acute Medication (Past)
100 CAPS - 1 or 2 Caps qid prn

20-May-2010 Co-Codamol 30/500 Capsules Acute Medication (Past)
100 CAPS - 1 or 2 Caps qid prn

26-Apr-2010 Co-Dydramol 10/500 Tablets Acute Medication (Past)
100 TABS - 1 TO 2 TABS UP TO QID PRN

26-Apr-2010 Ibuprofen TABS 400MG Acute Medication (Past)
100 TABS - 1 or 2 tabs THREE TIMES DAILY PRN

26-Apr-2010 Omeprazole CAPS 20MG Acute Medication (Past)
28 CAPS - 1 Cap Daily If Nsaid required

26-Apr-2010 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPS - 1 Cap Daily If Nsaid required

26-Apr-2010 Ibuprofen Tablets 400 mg Acute Medication (Past)
100 TABS - 1 or 2 tabs THREE TIMES DAILY PRN

26-Apr-2010 Co-Dydramol 10mg/500mg TABS Acute Medication (Past)
100 TABS - 1 TO 2 TABS UP TO QID PRN

25-Mar-2010 Polytar LIQ Acute Medication (Past)
150 LIQ - Apply as shampoo

25-Mar-2010 Chlordiazepoxide CAPS 5MG Acute Medication (Past)
42 CAPS - 1 or 2 Caps 3 times daily

25-Mar-2010 Chlordiazepoxide Hydrochloride Capsules 5 mg Acute Medication (Past)
42 CAPS - 1 or 2 Caps 3 times daily

25-Mar-2010 Polytar Liquid Acute Medication (Past)
150 LIQ - Apply as shampoo

13-Jan-2010 Lofepamine Tablets 70 mg Acute Medication (Past)
28 TABS - 1 Tab At night

13-Jan-2010 Polytar Liquid Acute Medication (Past)
150 LIQ - Apply as shampoo

13-Jan-2010 Chlordiazepoxide CAPS 5MG Acute Medication (Past)
42 CAPS - 1 or 2 Caps 3 times daily

13-Jan-2010 Polytar LIQ Acute Medication (Past)
150 LIQ - Apply as shampoo

13-Jan-2010 Lofepamine TABS 70MG Acute Medication (Past)
28 TABS - 1 Tab At night

13-Jan-2010 Chlordiazepoxide Hydrochloride Capsules 5 mg Acute Medication (Past)
42 CAPS - 1 or 2 Caps 3 times daily

17-Dec-2009 Chlordiazepoxide CAPS 5MG Acute Medication (Past)
42 CAPS - 1 or 2 Caps 3 times daily

17-Dec-2009 Amitriptyline Hydrochloride TABS 10MG Acute Medication (Past)
56 TABS - 1 or 2 Tabs At night

17-Dec-2009 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
56 TABS - 1 or 2 Tabs At night

17-Dec-2009 Chlordiazepoxide Hydrochloride Capsules 5 mg Acute Medication (Past)
42 CAPS - 1 or 2 Caps 3 times daily

10-Dec-2009 Thiamine Hydrochloride TABS 100MG Acute Medication (Past)
90 TABS - 1 TAB 3 times daily

10-Dec-2009 Vitamin B Compound Strong TABS Acute Medication (Past)
100 TABS - 1 OR 2 TABS UP TO TID

10-Dec-2009 Chlordiazepoxide CAPS 5MG Acute Medication (Past)
42 CAPS - 1 or 2 Caps 3 times daily

10-Dec-2009 Chlordiazepoxide Hydrochloride Capsules 5 mg Acute Medication (Past)
42 CAPS - 1 or 2 Caps 3 times daily

10-Dec-2009 Thiamine Hydrochloride Tablets 100 mg Acute Medication (Past)
90 TABS - 1 TAB 3 times daily

10-Dec-2009 Vitamin B Compound Strong Tablets Acute Medication (Past)
100 TABS - 1 OR 2 TABS UP TO TID

27-July-2009 Ibuprofen TABS 400MG Acute Medication (Past)
100 TABS - 1 or 2 tabs THREE TIMES DAILY PRN

27-July-2009 Ibuprofen Tablets 400 mg Acute Medication (Past)
100 TABS - 1 or 2 tabs THREE TIMES DAILY PRN

27-July-2009 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPS - 1 Cap Daily prn with NSAID

27-July-2009 Omeprazole CAPS 20MG Acute Medication (Past)
28 CAPS - 1 Cap Daily prn with NSAID

27-July-2009 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABS - 1 or 2 Tabs 4 times daily prn

27-July-2009 Diazepam TABS 5MG Acute Medication (Past)
5 TABS - 1/2-1 tab PRN

27-July-2009 Co-Codamol 30mg/500mg TABS Acute Medication (Past)
100 TABS - 1 or 2 Tabs 4 times daily prn

27-July-2009 Diazepam Tablets 5 mg Acute Medication (Past)
5 TABS - 1/2-1 tab PRN

16-Mar-2009 Co-Codamol 15mg/500mg Caplet TABS Acute Medication (Past)
100 TABS - 1 or 2 Tabs 4 times daily

16-Mar-2009 Co-Codamol 15/500 Tablets Acute Medication (Past)
100 TABS - 1 or 2 Tabs 4 times daily

04-Dec-2008 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
28 CAPS - 1 Cap In the morning

04-Dec-2008 Chlordiazepoxide CAPS 5MG Acute Medication (Past)
20 CAPS - 1 or 2 Caps 3 times daily prn

04-Dec-2008 Fluoxetine CAPS 20MG Acute Medication (Past)
28 CAPS - 1 Cap In the morning

04-Dec-2008 Chlordiazepoxide Hydrochloride Capsules 5 mg Acute Medication (Past)
20 CAPS - 1 or 2 Caps 3 times daily prn

04-Dec-2008 Diprosalic Scalp APPL Acute Medication (Past)
100 ml - APPLY A FEW DROPS ONCE OR TWICE DAILY

04-Dec-2008 Diprosalic Scalp application 0.05 % + 2 % Acute Medication (Past)
100 ml - APPLY A FEW DROPS ONCE OR TWICE DAILY

18-Nov-2008 Chlordiazepoxide Hydrochloride Capsules 5 mg Acute Medication (Past)
30 CAPS - 1 or 2 Caps 3 times daily prn

18-Nov-2008 Vitamin B Compound Strong TABS Acute Medication (Past)
100 TABS - 1 OR 2 TABS UP TO TID

18-Nov-2008 Thiamine Hydrochloride Tablets 100 mg Acute Medication (Past)
90 TABS - 1 TAB 3 times daily

18-Nov-2008 Chlordiazepoxide CAPS 5MG Acute Medication (Past)
30 CAPS - 1 or 2 Caps 3 times daily prn

18-Nov-2008 Thiamine Hydrochloride TABS 100MG Acute Medication (Past)
90 TABS - 1 TAB 3 times daily

18-Nov-2008 Vitamin B Compound Strong Tablets Acute Medication (Past)
100 TABS - 1 OR 2 TABS UP TO TID

03-Nov-2008 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
28 CAPS - 1 Cap In the morning

03-Nov-2008 Chlordiazepoxide CAPS 5MG Acute Medication (Past)
42 CAPS - 1 or 2 Caps 3 times daily

03-Nov-2008 Chlordiazepoxide Hydrochloride Capsules 5 mg Acute Medication (Past)
42 CAPS - 1 or 2 Caps 3 times daily

03-Nov-2008 Fluoxetine CAPS 20MG Acute Medication (Past)
28 CAPS - 1 Cap In the morning

28-Oct-2008 Chlordiazepoxide Hydrochloride Capsules 5 mg Acute Medication (Past)
42 CAPS - 1 or 2 Caps 3 times daily

28-Oct-2008 Chlordiazepoxide CAPS 5MG Acute Medication (Past)
42 CAPS - 1 or 2 Caps 3 times daily

16-Oct-2008 Vitamin B Compound Strong Tablets Acute Medication (Past)
100 TABS - 1 OR 2 TABS UP TO TID

16-Oct-2008 Thiamine Hydrochloride Tablets 100 mg Acute Medication (Past)
90 TABS - 1 TAB 3 times daily

16-Oct-2008 Vitamin B Compound Strong TABS Acute Medication (Past)
100 TABS - 1 OR 2 TABS UP TO TID

16-Oct-2008 Co-Codamol 15mg/500mg Caplet TABS Acute Medication (Past)
56 TABS - 1 or 2 Tabs 4 times daily

16-Oct-2008 Thiamine Hydrochloride TABS 100MG Acute Medication (Past)
90 TABS - 1 TAB 3 times daily

16-Oct-2008 Co-Codamol 15/500 Tablets Acute Medication (Past)
56 TABS - 1 or 2 Tabs 4 times daily

16-Oct-2008 Chlordiazepoxide CAPS 5MG Acute Medication (Past)
42 CAPS - 1 or 2 Caps 3 times daily

16-Oct-2008 Chlordiazepoxide Hydrochloride Capsules 5 mg Acute Medication (Past)
42 CAPS - 1 or 2 Caps 3 times daily

03-Oct-2008 Co-Codamol 8mg/500mg TABS Acute Medication (Past)
100 TABS - 2 Tabs every 4 to 6 hours

03-Oct-2008 Co-Codamol 8/500 Tablets Acute Medication (Past)
100 TABS - 2 Tabs every 4 to 6 hours

03-Oct-2008 Chlordiazepoxide CAPS 5MG Acute Medication (Past)
42 CAPS - 1 or 2 Caps 3 times daily

03-Oct-2008 Chlordiazepoxide Hydrochloride Capsules 5 mg Acute Medication (Past)
42 CAPS - 1 or 2 Caps 3 times daily

09-Sept-2008 Co-Codamol 8mg/500mg CAPS Acute Medication (Past)
56 CAPS - 2 Caps 4 times daily

09-Sept-2008 Co-Codamol 8/500 Capsules Acute Medication (Past)
56 CAPS - 2 Caps 4 times daily

06-Feb-2008 Diazepam Tablets 2 mg Acute Medication (Past)
5 TABS - 1 TO 2 UP TO QID REDUCE WITH IMPROVEMENT

06-Feb-2008 Diazepam TABS 2MG Acute Medication (Past)
5 TABS - 1 TO 2 UP TO QID REDUCE WITH IMPROVEMENT

Allergies

This section is empty.

Vaccinations

27-May-2021 Mr Anonymous User (ANON)

Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By S *****)
PV46691/ AZ/IM/LUA/C-19 (By S *****)

Referrals

09-May-2018 Dr Deborah Stenhouse (DS)

8H69.: Refer to pain clinic (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

24-July-2017 Dr Deborah Stenhouse (DS)

8H69.: Refer to pain clinic (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

25-Oct-2015 Dr Alex W Potter (POTTER_13414)

8H77.: Refer to physiotherapist (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

20-Oct-2015 Dr Alex W Potter (POTTER_13414)

. Referral Type: Outpatient

01-Apr-2015 Dr Jessica Lynas (JL)

. Referral Type: Outpatient

24-Nov-2014 Dr Jessica Lynas (JL)

8H4B.: Referred to rheumatologist (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

17-Jan-2013 Dr David R Bell (DRBELL_13414)

EMISSPR130: Ophthalmology referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

Test Requests

This section is empty.

Test Results

15-Feb-2024 Mr Anonymous User (ANON)

Result:(Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10 ⁹ /l	(No range available)
Basophils, 0	0 x10 ⁹ /l	(No range available)
Eosinophils	0.18 x10 ⁹ /l	(Range: 0.02 - 0.5)
Monocytes	0.6 x10 ⁹ /l	(Range: 0.2 - 1)
Lymphocytes	1.6 x10 ⁹ /l	(Range: 1.1 - 5)
Neutrophils	4.5 x10 ⁹ /l	(Range: 2 - 7)
Platelet Count	313 x10 ⁹ /l	(Range: 150 - 410)
MCH	32.2 pg	(Range: 27 - 32)
Mean Cell Volume	95.8 fl	(Range: 83 - 101)
Haematocrit	0.482 l/l	(Range: 0.4 - 0.54)
Haemoglobin	162 g/l	(Range: 130 - 180)
Red Cell Count	5.03 x10 ¹² /l	(Range: 4.5 - 6.5)
White Blood Count	6.9 x10 ⁹ /l	(Range: 4 - 10)

15-Feb-2024 Mr Anonymous User (ANON)**Result:** Haemoglobin A1c level - IFCC standardised

HbA1c (IFCC) 39 mmol/mol (Range: 20 - 41)

15-Feb-2024 Mr Anonymous User (ANON)**Result:** (Non Coded Event - Thyroid funct test)Total T3 (No range available)
Free T4 12.7 pmol/L (Range: 9 - 21)
TSH 0.87 mU/L (Range: 0.35 - 5)**15-Feb-2024 Mr Anonymous User (ANON)****Result:** (Non Coded Event - Lipid profile)Chol/HDL ratio 5.9 (No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd)) 1.9 mmol/L (No range available)
LDL-Cholest (calc'd) 3.5 mmol/L (No range available)
HDL Cholesterol 1.1 mmol/L (No range available)
Triglycerides **4.1 mmol/L** (Range: 0.2 - 2.3)
Cholesterol 6.5 mmol/L (No range available)**15-Feb-2024 Mr Anonymous User (ANON)****Result:** (Non Coded Event - Liver Function Tests)Albumin 37 g/L (Range: 35 - 50)
Alkaline Phosphatase 101 U/L (Range: 30 - 130)
AST 23 U/L (No range available)
ALT 21 U/L (No range available)
Total Bilirubin 4 umol/L (No range available)**15-Feb-2024 Mr Anonymous User (ANON)****Result:** Urea and electrolytesEstimated GFR > 60 (No range available)
Creatinine 83 umol/L (Range: 40 - 130)
Urea 4.8 mmol/L (Range: 2.5 - 7.8)
Chloride **109 mmol/L** (Range: 95 - 108)
Potassium 4.5 mmol/L (Range: 3.5 - 5.3)
Sodium 141 mmol/L (Range: 133 - 146)**15-Feb-2024 Mr Anonymous User (ANON)****Result:** (Non Coded Event - Bone Profile)Alkaline Phosphatase 101 U/L (Range: 30 - 130)
Albumin 37 g/L (Range: 35 - 50)
Phosphate 1.03 mmol/L (Range: 0.8 - 1.5)
Calcium (adjusted) 2.47 mmol/L (Range: 2.2 - 2.6)
Calcium 2.38 mmol/L (Range: 2.2 - 2.6)**22-Feb-2021 Ms Karen Conlin (KCONLIN_13414)****Result:** Bowel Cancer Screening Result

BCSP faecal occult blood test normal - Negative (No range available)

24-Aug-2020 Mr Anonymous User (ANON)**Result:** (Non Coded Event - ESR)

ESR 2 mm/hr (No range available)

24-Aug-2020 Mr Anonymous User (ANON)**Result:** (Non Coded Event - Full Blood Count)Nucleated RBC, 0 0 x10⁹/l (No range available)
Basophils, 0 0 x10⁹/l (No range available)
Eosinophils 0.06 x10⁹/l (Range: 0.02 - 0.5)
Monocytes 0.6 x10⁹/l (Range: 0.2 - 1)
Lymphocytes 2.5 x10⁹/l (Range: 1.1 - 5)
Neutrophils 6.8 x10⁹/l (Range: 2 - 7)
Platelet Count 239 x10⁹/l (Range: 150 - 410)
MCH 31.1 pg (Range: 27 - 32)
Mean Cell Volume 94.2 fl (Range: 83 - 101)
Haematocrit 0.506 l/l (Range: 0.4 - 0.54)
Haemoglobin 167 g/l (Range: 130 - 180)
Red Cell Count 5.37 x10¹²/l (Range: 4.5 - 6.5)
White Blood Count **10.1 x10⁹/l** (Range: 4 - 10)**24-Aug-2020 Mr Anonymous User (ANON)****Result:** (Non Coded Event - Thyroid funct test)Total T3 (No range available)
Free T4 12.5 pmol/L (Range: 9 - 21)
TSH 1.12 mU/L (Range: 0.35 - 5)**24-Aug-2020 Mr Anonymous User (ANON)****Result:** (Non Coded Event - Liver Function Tests)Albumin 39 g/L (Range: 35 - 50)
Alkaline Phosphatase 98 U/L (Range: 30 - 130)
AST 22 U/L (No range available)
ALT 15 U/L (No range available)
Total Bilirubin 5 umol/L (No range available)

24-Aug-2020 Mr Anonymous User (ANON)**Result:**(Non Coded Event - GGT)

Gamma-GT 16 U/L (No range available)

24-Aug-2020 Mr Anonymous User (ANON)**Result:**Urea and electrolytes

Estimated GFR > 60 (No range available)

Creatinine 92 umol/L (Range: 40 - 130)

Urea 4.7 mmol/L (Range: 2.5 - 7.8)

Chloride 104 mmol/L (Range: 95 - 108)

Potassium 4.4 mmol/L (Range: 3.5 - 5.3)

Sodium 139 mmol/L (Range: 133 - 146)

24-Aug-2020 Mr Anonymous User (ANON)**Result:**(Non Coded Event - C-reactive Protein)

C Reactive Protein 3 mg/L (No range available)

24-Aug-2020 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Bone Profile)

Alkaline Phosphatase 98 U/L (Range: 30 - 130)

Albumin 39 g/L (Range: 35 - 50)

Phosphate 1.33 mmol/L (Range: 0.8 - 1.5)

Calcium (adjusted) 2.48 mmol/L (Range: 2.2 - 2.6)

Calcium 2.48 mmol/L (Range: 2.2 - 2.6)

24-Aug-2020 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Glucose)

Glucose 4.1 mmol/L (Range: 3.5 - 6)

24-Aug-2020 Mr Anonymous User (ANON)**Result:**(Non Coded Event - I Coeliac Serol (Dx))

TTG Ab (IgA) 0.5 U/mL (No range available)

24-Aug-2020 Mr Anonymous User (ANON)**Result:**(Non Coded Event - QFIT)

qFIT (Non Coded Event - qFIT) < 9 (No range available)

08-Apr-2019 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Glucose)

Glucose 3.9 mmol/L (Range: 3.5 - 6)

08-Apr-2019 Mr Anonymous User (ANON)**Result:**(Non Coded Event - D-Dimer (IL DDHS))

D-Dimer 133 ng/ml (No range available)

08-Apr-2019 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Coagulation Screen)

TCT ratio (Non Coded Event - TCT ratio) 1.1 (No range available)

Thrombin time (Non Coded Event - Thrombin time) 14 s (Range: 11 - 15)

APTT Ratio 1.2 (Range: 0.8 - 1.2)

APTT 38 s (Range: 27 - 38)

PT Ratio (Non Coded Event - PT Ratio) 0.9 (No range available)

Prothrombin Time 10 s (Range: 9 - 13)

08-Apr-2019 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Full Blood Count)Nucleated RBC, 0 0 x10⁹/l (No range available)Basophils 0.1 x10⁹/l (No range available)Eosinophils 0.1 x10⁹/l (Range: 0.02 - 0.5)Monocytes 0.6 x10⁹/l (Range: 0.2 - 1)Lymphocytes 2.7 x10⁹/l (Range: 1.1 - 5)Neutrophils 5.8 x10⁹/l (Range: 2 - 7)Platelet Count 272 x10⁹/l (Range: 150 - 410)MCH **32.7 pg** (**Range: 27 - 32**)

Mean Cell Volume 95.6 fl (Range: 83 - 101)

Haematocrit 0.477 l/l (Range: 0.4 - 0.54)

Haemoglobin 163 g/l (Range: 130 - 180)

Red Cell Count 4.99 x10¹²/l (Range: 4.5 - 6.5)White Blood Count 9.2 x10⁹/l (Range: 4 - 10)**08-Apr-2019 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Thyroid funct test)

Total T3 (No range available)

Free T4 12.2 pmol/L (Range: 9 - 21)

TSH 0.47 mU/L (Range: 0.35 - 5)

08-Apr-2019 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Total Proteins)

Globulins 35 g/L (Range: 23 - 38)

Albumin 39 g/L (Range: 35 - 50)

Total Protein 74 g/L (Range: 60 - 80)

08-Apr-2019 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Lipid profile)

Chol/HDL ratio	6.2	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd))	1.6 mmol/L	(No range available)
LDL-Cholest (calc'd)	4.1 mmol/L	(No range available)
HDL Cholesterol	1.1 mmol/L	(No range available)
Triglycerides	3.5 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	6.8 mmol/L	(No range available)

08-Apr-2019 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Liver Function Tests)

Albumin	39 g/L	(Range: 35 - 50)
Alkaline Phosphatase	101 U/L	(Range: 30 - 130)
AST	18 U/L	(No range available)
ALT	13 U/L	(No range available)
Total Bilirubin	4 umol/L	(No range available)

08-Apr-2019 Mr Anonymous User (ANON)**Result:**(Non Coded Event - GGT)

Gamma-GT	19 U/L	(No range available)
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08-Apr-2019 Mr Anonymous User (ANON)**Result:**Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	83 umol/L	(Range: 40 - 130)
Urea	4.4 mmol/L	(Range: 2.5 - 7.8)
Chloride	112 mmol/L	(Range: 95 - 108)
Potassium	4.9 mmol/L	(Range: 3.5 - 5.3)
Sodium	141 mmol/L	(Range: 133 - 146)

08-Apr-2019 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Bone Profile)

Alkaline Phosphatase	101 U/L	(Range: 30 - 130)
Albumin	39 g/L	(Range: 35 - 50)
Phosphate	1.12 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.36 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.36 mmol/L	(Range: 2.2 - 2.6)

08-Apr-2019 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Amylase)

Amylase	54 U/L	(No range available)
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10-Apr-2018 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Bone Densitometry DXA)

Bone Densitometry DXA (Non Coded Event - Bone Densitometry DXA)		(No range available)
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20-July-2017 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Coagulation Screen)

TCT ratio (Non Coded Event - TCT ratio)	1	(No range available)
Thrombin time (Non Coded Event - Thrombin time)	13 s	(Range: 11 - 15)
APTT Ratio	1.2	(Range: 0.8 - 1.2)
APTT	40 s	(Range: 27 - 38)
PT Ratio (Non Coded Event - PT Ratio)	0.8	(No range available)
Prothrombin Time	9 s	(Range: 9 - 13)

30-Jun-2017 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Coagulation Screen)

TCT ratio (Non Coded Event - TCT ratio) NA		(No range available)
Thrombin time (Non Coded Event - Thrombin time) NA		(No range available)
APTT Ratio NA		(No range available)
APTT NA		(No range available)
PT Ratio (Non Coded Event - PT Ratio) NA		(No range available)
Prothrombin Time NA		(No range available)

30-Jun-2017 Mr Anonymous User (ANON)**Result:**(Non Coded Event - ESR)

ESR	5 mm/hr	(Range: 1 - 10)
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30-Jun-2017 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10 ⁹ /l	(No range available)
Basophils, 0	0 x10 ⁹ /l	(No range available)
Eosinophils	0.14 x10 ⁹ /l	(No range available)
Monocytes	0.7 x10 ⁹ /l	(Range: 0.2 - 0.8)
Lymphocytes	2.8 x10 ⁹ /l	(Range: 1.5 - 4)
Neutrophils	6.2 x10 ⁹ /l	(Range: 2 - 7.5)
Platelet Count	255 x10 ⁹ /l	(Range: 150 - 400)
MCH	31.7 pg	(Range: 27 - 32)
Mean Cell Volume	92.6 fl	(Range: 80 - 100)
Haematocrit	0.45 l/l	(Range: 0.4 - 0.54)
Haemoglobin	154 g/l	(Range: 130 - 180)
Red Cell Count	4.86 x10 ¹² /l	(Range: 4.5 - 6.5)
White Blood Count	9.8 x10 ⁹ /l	(Range: 4 - 11)

30-Jun-2017 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Glucose)

Glucose	4.8 mmol/L	(Range: 3.5 - 6)
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30-Jun-2017 Mr Anonymous User (ANON)**Result:**(Non Coded Event - GGT)

Gamma-GT	16 U/L	(No range available)
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30-Jun-2017 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Amylase)

Amylase	51 U/L	(No range available)
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30-Jun-2017 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Liver Function Tests)

Albumin	38 g/L	(Range: 35 - 50)
Alkaline Phosphatase	102 U/L	(Range: 30 - 130)
AST	49 U/L	(No range available)
ALT	44 U/L	(No range available)
Total Bilirubin	7 umol/L	(No range available)

30-Jun-2017 Mr Anonymous User (ANON)**Result:**Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	82 umol/L	(Range: 40 - 130)
Urea	2.5 mmol/L	(Range: 2.5 - 7.8)
Chloride	107 mmol/L	(Range: 95 - 108)
Potassium NA		(No range available)
Sodium	138 mmol/L	(Range: 133 - 146)

30-Jun-2017 Mr Anonymous User (ANON)**Result:**(Non Coded Event - C-reactive Protein)

C Reactive Protein	2 mg/L	(No range available)
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30-Jun-2017 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Bone Profile)

Alkaline Phosphatase	102 U/L	(Range: 30 - 130)
Albumin	38 g/L	(Range: 35 - 50)
Phosphate NA		(No range available)
Calcium (adjusted)	2.35 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.33 mmol/L	(Range: 2.2 - 2.6)

24-Nov-2014 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Glucose)

Glucose	5 mmol/L	(Range: 3.5 - 6)
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24-Nov-2014 Mr Anonymous User (ANON)**Result:**(Non Coded Event - ESR)

ESR	5 mm/hr	(Range: 1 - 10)
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24-Nov-2014 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10 ⁹ /l	(No range available)
Basophils	0.1 x10 ⁹ /l	(No range available)
Eosinophils	0.1 x10 ⁹ /l	(No range available)
Monocytes	1 x10⁹/l	(Range: 0.2 - 0.8)
Lymphocytes	2.6 x10 ⁹ /l	(Range: 1.5 - 4)
Neutrophils	10.2 x10⁹/l	(Range: 2 - 7.5)
Platelet Count	368 x10 ⁹ /l	(Range: 150 - 400)
MCH	31.2 pg	(Range: 27 - 32)
Mean Cell Volume	90.9 fl	(Range: 80 - 100)
Haematocrit	0.44 l/l	(Range: 0.4 - 0.54)
Haemoglobin	151 g/l	(Range: 130 - 180)
Red Cell Count	4.84 x10 ¹² /l	(Range: 4.5 - 6.5)
White Blood Count	14 x10⁹/l	(Range: 4 - 11)

24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I Rheumatoid Factor) Rheumatoid Factor < 10		(No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ANA Titre) ANA pattern (Non Coded Event - ANA pattern) Nucleolar ANA titre (Non Coded Event - ANA titre) 1/160		(No range available) (No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ANA/Centromere Abs) ANA screen		(No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ANCA) ANCA Screen Negative		(No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ENA Request (int)) ENA Request (Non Coded Event - ENA Request) See comment		(No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ANA Titre) ANA pattern (Non Coded Event - ANA pattern) Nucleolar ANA titre (Non Coded Event - ANA titre) 1/160		(No range available) (No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ANA/Centromere Abs) ANA screen		(No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ANCA) ANCA Screen Negative		(No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ENA Screen (Elia)) ENA Screen by Elia Negative		(No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ENA Request (int)) ENA Request (Non Coded Event - ENA Request) See comment		(No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ANA Titre) ANA pattern (Non Coded Event - ANA pattern) Nucleolar ANA titre (Non Coded Event - ANA titre) 1/160		(No range available) (No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ANA/Centromere Abs) ANA screen		(No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ANCA) ANCA Screen Negative		(No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ENA Screen (Elia)) ENA Screen by Elia Negative		(No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ENA Request (int)) ENA Request (Non Coded Event - ENA Request) See comment		(No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ANA Titre) ANA pattern (Non Coded Event - ANA pattern) Nucleolar ANA titre (Non Coded Event - ANA titre) 1/160		(No range available) (No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ANA/Centromere Abs) ANA screen		(No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ANCA) ANCA Screen Negative		(No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ENA Screen (Elia)) ENA Screen by Elia Negative		(No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ENA Request (int)) ENA Request (Non Coded Event - ENA Request) See comment		(No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ANA Titre) ANA pattern (Non Coded Event - ANA pattern) Nucleolar ANA titre (Non Coded Event - ANA titre) 1/160		(No range available) (No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ANA/Centromere Abs) ANA screen		(No range available)
24-Nov-2014 Mr Anonymous User (ANON) Result:(Non Coded Event - I ANCA) ANCA Screen Negative		(No range available)
02-Sept-2013 Mr Anonymous User (ANON) Result:(Non Coded Event - Total Proteins) Globulins Albumin Total Protein	38 g/L 43 g/L 81 g/L	(Range: 23 - 38) (Range: 35 - 50) (Range: 60 - 80)

02-Sept-2013 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Liver Function Tests)

Albumin	43 g/L	(Range: 35 - 50)
Alkaline Phosphatase	91 U/L	(Range: 30 - 130)
AST	18 U/L	(No range available)
ALT	17 U/L	(No range available)
Total Bilirubin	6 umol/L	(No range available)

02-Sept-2013 Mr Anonymous User (ANON)**Result:**(Non Coded Event - GGT)

Gamma-GT	21 U/L	(No range available)
----------	--------	----------------------

02-Sept-2013 Mr Anonymous User (ANON)**Result:**Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	73 umol/L	(Range: 40 - 130)
Urea	5 mmol/L	(Range: 2.5 - 7.8)
Chloride	107 mmol/L	(Range: 95 - 108)
Potassium	4.7 mmol/L	(Range: 3.5 - 5.3)
Sodium	141 mmol/L	(Range: 133 - 146)

02-Sept-2013 Mr Anonymous User (ANON)**Result:**(Non Coded Event - C-reactive Protein)

C Reactive Protein	13 mg/L	(No range available)
--------------------	---------	----------------------

02-Sept-2013 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Bone Profile)

Alkaline Phosphatase	91 U/L	(Range: 30 - 130)
Albumin	43 g/L	(Range: 35 - 50)
Phosphate	1.03 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.57 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.57 mmol/L	(Range: 2.2 - 2.6)

02-Sept-2013 Mr Anonymous User (ANON)**Result:**(Non Coded Event - ESR)

ESR	39 mm/hr	(Range: 1 - 10)
-----	----------	-----------------

02-Sept-2013 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10 ⁹ /l	(No range available)
Basophils, 0	0 x10 ⁹ /l	(No range available)
Eosinophils	0.2 x10 ⁹ /l	(Range: 0.1 - 1)
Monocytes	1 x10 ⁹ /l	(Range: 0.2 - 1)
Lymphocytes	3.1 x10 ⁹ /l	(Range: 1 - 4.8)
Neutrophils	9.5 x10 ⁹ /l	(Range: 1.8 - 7.7)
Platelet Count	384 x10 ⁹ /l	(Range: 150 - 410)
Mean Cell Hgb	31 pg	(Range: 26 - 34)
Mean Cell Volume	90.6 fl	(Range: 80 - 100)
Haematocrit	0.454 l/l	(Range: 0.4 - 0.54)
Haemoglobin	156 g/l	(Range: 130 - 180)
Red Cell Count	5.01 x10 ¹² /l	(Range: 4.5 - 5.9)
White Blood Count	13.8 x10 ⁹ /l	(Range: 4 - 11)

02-Sept-2013 Mr Anonymous User (ANON)**Result:**(Non Coded Event - I Rheumatoid Factor)

Rheumatoid Factor	10 IU/mL	(Range: 1 - 15)
-------------------	----------	-----------------

02-Sept-2013 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Immunoglobulins)

IgM	3.43 g/L	(Range: 0.4 - 2.4)
IgG	10 g/L	(Range: 6 - 18)
IgA	1.88 g/L	(Range: 0.8 - 4)

02-Sept-2013 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Total Proteins)

Globulins	38 g/L	(Range: 23 - 38)
Albumin	43 g/L	(Range: 35 - 50)
Total Protein	81 g/L	(Range: 60 - 80)

02-Sept-2013 Mr Anonymous User (ANON)**Result:**(Non Coded Event - Liver Function Tests)

Albumin	43 g/L	(Range: 35 - 50)
Alkaline Phosphatase	91 U/L	(Range: 30 - 130)
AST	18 U/L	(No range available)
ALT	17 U/L	(No range available)
Total Bilirubin	6 umol/L	(No range available)

02-Sept-2013 Mr Anonymous User (ANON)**Result:**(Non Coded Event - GGT)

Gamma-GT	21 U/L	(No range available)
----------	--------	----------------------

02-Sept-2013 Mr Anonymous User (ANON)**Result:** Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	73 umol/L	(Range: 40 - 130)
Urea	5 mmol/L	(Range: 2.5 - 7.8)
Chloride	107 mmol/L	(Range: 95 - 108)
Potassium	4.7 mmol/L	(Range: 3.5 - 5.3)
Sodium	141 mmol/L	(Range: 133 - 146)

02-Sept-2013 Mr Anonymous User (ANON)**Result:** (Non Coded Event - C-reactive Protein)

C Reactive Protein	13 mg/L	(No range available)
--------------------	----------------	-----------------------------

02-Sept-2013 Mr Anonymous User (ANON)**Result:** (Non Coded Event - Bone Profile)

Alkaline Phosphatase	91 U/L	(Range: 30 - 130)
Albumin	43 g/L	(Range: 35 - 50)
Phosphate	1.03 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.57 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.57 mmol/L	(Range: 2.2 - 2.6)

02-Sept-2013 Mr Anonymous User (ANON)**Result:** (Non Coded Event - I ANA/Centromere Abs)

ANA screen Negative		(No range available)
---------------------	--	----------------------

02-Sept-2013 Mr Anonymous User (ANON)**Result:** (Non Coded Event - I Rheumatoid Factor)

Rheumatoid Factor	10 IU/mL	(Range: 1 - 15)
-------------------	----------	-----------------

02-Sept-2013 Mr Anonymous User (ANON)**Result:** (Non Coded Event - Serum Immunofixation)

Serum Immunofixation Undetected		(No range available)
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02-Sept-2013 Mr Anonymous User (ANON)**Result:** (Non Coded Event - Protein EP)

Paraprotein 2		(No range available)
Paraprotein 1		(No range available)
Globulins	38 g/L	(Range: 23 - 38)
Albumin	43 g/L	(Range: 35 - 50)
Total Protein	81 g/L	(Range: 60 - 80)

02-Sept-2013 Mr Anonymous User (ANON)**Result:** (Non Coded Event - Immunoglobulins)

IgM	3.43 g/L	(Range: 0.4 - 2.4)
IgG	10 g/L	(Range: 6 - 18)
IgA	1.88 g/L	(Range: 0.8 - 4)

02-Sept-2013 Mr Anonymous User (ANON)**Result:** (Non Coded Event - Total Proteins)

Globulins	38 g/L	(Range: 23 - 38)
Albumin	43 g/L	(Range: 35 - 50)
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02-Sept-2013 Mr Anonymous User (ANON)**Result:** Urea and electrolytes

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Potassium	4.7 mmol/L	(Range: 3.5 - 5.3)
Sodium	141 mmol/L	(Range: 133 - 146)

02-Sept-2013 Mr Anonymous User (ANON)**Result:** (Non Coded Event - C-reactive Protein)

C Reactive Protein	13 mg/L	(No range available)
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02-Sept-2013 Mr Anonymous User (ANON)

Result: (Non Coded Event - Bone Profile)

Alkaline Phosphatase	91 U/L	(Range: 30 - 130)
Albumin	43 g/L	(Range: 35 - 50)
Phosphate	1.03 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.57 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.57 mmol/L	(Range: 2.2 - 2.6)

Other Items

16-May-2025	Read Code	No response to bowel cancer screening programme invitation	Non-Responder
15-Feb-2025	Recall	No response to bowel cancer screening programme invitation	<i>Bowel Cancer Screening Exclusion</i>
08-Feb-2025	Recall	Medication review	
14-Nov-2024	Read Code	Supply of urgent rpt medicatn by Community Pharmacy via PGD	
26-Sept-2024	Read Code	Supply of urgent rpt medicatn by Community Pharmacy via PGD	
15-Apr-2024	Read Code	Revision of penile prosthesis	
16-May-2023	Read Code	No response to bowel cancer screening programme invitation	Non-Responder
23-Dec-2022	Read Code	Closed fracture distal phalanx, toe (Left)	Great
20-July-2022	Read Code	Superficial injury of foot and toe(s) (Bilateral)	Sunburn
13-May-2020	Read Code	Supply of urgent rpt medicatn by Community Pharmacy via PGD	
27-Mar-2020	Read Code	Medication review done	
27-Aug-2019	Read Code	Implantation of inflatable penile prosthesis	
07-Dec-2018	Read Code	Implantation of unspecified penile prosthesis	Removed 27/08/19
05-Dec-2018	Read Code	Magnetic resonance imaging	Penis
04-Dec-2018	Read Code	Distal shunt for priapism	Unsuccessful
03-Dec-2018	Read Code	Priapism	
21-Oct-2018	Read Code	No response to bowel cancer screening programme invitation	Non-Responder
05-Sept-2018	Read Code	Letter sent to solicitor ***** Whyte Law (records for last 10 years)	
10-Apr-2018	Read Code	DEXA - Dual energy X-ray photon absorptiometry	Normal
02-Feb-2018	Read Code	Equivalent quantities for all medication checked	MM LES
02-Feb-2018	Read Code	Rep.presc. monitoring NOS	MM LES
14-Sept-2017	Read Code	Alcohol detoxification	
21-Jun-2017	Read Code	Fracture of nasal bones	
21-Jun-2017	Read Code	CT scan brain - normal	
21-Oct-2016	Read Code	No response to bowel cancer screening programme invitation	Non-Responder
21-Sept-2016	Read Code	No response to bowel cancer screening programme invitation	
31-Mar-2016	Read Code	Equivalent quantities for all medication checked	MM LES
31-Mar-2016	Read Code	Rep.presc. monitoring NOS	MM LES
01-Jan-2016	Read Code	Chronic alcoholism in remission	

27-Mar-2015	Read Code	Vitamin D deficiency
27-Mar-2015	Read Code	Magnetic resonance imaging of lumbar spine abnormal
27-Mar-2015	Read Code	Cervical spondylosis
27-Mar-2015	Read Code	Lumbar spondylosis
03-Mar-2015	Read Code	Hip DXA scan result normal
03-Mar-2015	Read Code	Lumbar DXA scan result normal
27-Nov-2014	Read Code	Anti-nuclear factor positive 1/160 H ENA -ve
05-Nov-2014	Read Code	Closed fracture thoracic vertebra, wedge T7
29-Oct-2011	Read Code	JBS cardiovascular disease risk 10-20% over next 10 years
29-Oct-2011	Read Code	Assessing cardiovascular risk using SIGN score 18 %
11-Oct-2011	Read Code	Scottish - ethnic category 2001 census
11-Oct-2008	Read Code	[D]Chronic intractable pain
27-Mar-2006	Read Code	Separation
27-Mar-1982	Read Code	Nondependent cannabis abuse 16-19yo
27-Mar-1980	Read Code	Approved ***** List D
27-Mar-1978	Read Code	Behaviour disorder
27-Mar-1978	Read Code	Socialised childhood truancy
27-Mar-1971	Read Code	***** separated
01-Jan-1899	Read Code	Marital Status: Separated

Attachments

Scanned Document
 19-Nov-2025 KAREN_13414
 Additional:Scanned Document

Filename: iGPRDA_96.pdf
 Extension:.tif
 Pages:

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BOARD OF MANAGEMENT
FOR
YORKHILL AND ASSOCIATED HOSPITALS

Telephone: 041-339 8888

ROYAL HOSPITAL FOR SICK CHILDREN
YORKHILL
GLASGOW, G3 8SJ

RAS/JSD

3rd January, 1973.

Dr. McLeish,
Milldam Road,
Faifley.

Hosp. No. 167820.

Dear Dr. McLeish,

Re: Graham McAulay, D. of B. 23.7.66.
26, Ottawa Crescent, Dalmuir West.

Your patient, Graham McAulay, who was admitted to my wards on 21.12.72 with pneumonia, made a good recovery and was dismissed home well on 28.12.72. I hope there will be no further trouble.

Yours sincerely,

Ruth A Shanks

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4596
ADMISSION No.

GREATER GLASGOW HEALTH BOARD (WESTERN DISTRICT)

Short Stay Ward, Western Infirmary, Glasgow
CONSULTANT IN CHARGE Mr Semple

PATIENT	Graham McAulay	AGE	HOSP. No.	748219
ADDRESS	26 Ottawa Crescent	DATE OF BIRTH	23.7.66	
ADMITTED	20.8.82	DISCHARGED	22.8.82	
DIAGNOSIS	1st Partial division FCU right forearm, division of extensor	OPERATION	1st Repair of FCU and extensor tendon right ring finger	
DIAGNOSIS	2nd tendon right ring finger	OPERATION	2nd	
DIAGNOSIS	3rd	OPERATION	3rd	
DIAGNOSIS	4th	OPERATION	4th	

23rd August 1982

CASE SUMMARY

Dr McLean
Clydebank Health Centre
Kilbowie Road
Clydebank

Dear Dr McLéan,

Your patient sustained a laceration to his right hand and right forearm with glass. He partially divided FCU in his right forearm and divided the extensor expansion of his right pinkie and the central and ulnar slip of the extensor tendons of his right ring finger. These structures were repaired and he was allowed home to be followed up as an out-patient in the Hand clinic.

Yours sincerely,

I.W.R. Anderson
I.W.R. Anderson F.R.C.S.
Senior Registrar

RECEIVED 10 NOV 1982

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GREATER GLASGOW HEALTH BOARD - WESTERN DISTRICT

4596

NAME	748219M
MCAULAY GRAHAM	
26 OTTAWA CRES:	M/S
GALMUIR	23.7.66
PHYS/SURG.	DEPT. WD. NT H.MCK/63

ORTHOPAEDIC DEPT. NOTES

DATE	MR SEMPLE'S HAND CLINIC	CONS.
3.9.82	<p>Further to Mr Anderson's letter of 23.8.82 this gentleman appears to be progressing satisfactorily. At review today the wounds appear to have healed satisfactorily and I have removed the sutures and re-applied the volar slab. He will be seen again towards the middle of next week at which point the Kirschner wires will be removed and he will hopefully be commenced on physiotherapy.</p> <p>✓ cc Dr McLean Clydebank Health Centre GS1 cc Mr Tanner Canniesburn Hospital</p>	GH/BR

Hamilton

GORDON HAMILTON
REGISTRAR

J.McC/485488

RECEIVED 10 NOV

THIRD PARTY COPY

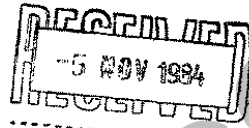
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GARTNAVEL GENERAL HOSPITAL, GLASGOW G12 0YN 4596

Telephone: 041-334 8122

FK/TS	FROM	MR. KENNEDY'S CLINIC	DEPT.	SURGICAL O.P.
	PATIENT	MCAULAY, Graham	HOSP. No.	748219
	ADDRESS	22 Craighanzo, St. Faifley	DATE	31.10.84

Dr. I.S. McLeish
Health Centre
Kilbowie Road
CLYDEBANK G81 2TQ



Dear Dr. McLeish,

Thank you for referring Mr. McAulay with a lump on his leg which I think is a lipoma. I have arranged for its excision under general anaesthesia in the near future.

Yours sincerely,


FRANK KENNEDY
Consultant Surgeon

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4596

GREATER GLASGOW HEALTH BOARD - WESTERN DISTRICT

IMMEDIATE DISCHARGE LETTER

GENERAL PRACTITIONER

Dear Dr. *McLeith* HOSPITAL *CBH* DATE *13/11/84*
 Your Patient *Graham McAuley* Hospital No. *788919*
 of *92 CRAIGBAR ST. C/PO* Date of Birth *23/7/66* Admitted in the care
 of *Mr Kennedy* was discharged on *13.11.1984* with a diagnosis of:-
Excision of lipoma from R knee

ESSENTIAL I USE BIRO PEN AND PRESSURE WHEN COMPLETING THIS FORM

PLEASE CONTINUE THE FOLLOWING THERAPY:-

FOR PHARMACIST

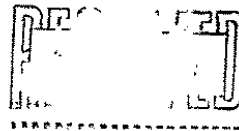
MEDICINE	BLOCK CAPITALS	DOSE	FREQUENCY	DURATION	QUANTITY ISSUED
<i>PARALIN</i>	<i>CO</i>	<i>2 tabs</i>	<i>up to 4 times a day</i>		<i>40</i>

OTHER MEDICAL COMMENTS:

PHARMACIST SIGNATURE *[Signature]*

DATE: *13/11/84*

No Complications



A follow-up appointment has been given. PLEASE TICK AS APPLICABLE
 A follow-up appointment is not necessary.

DRs. NAME IN BLOCK CAPITALS *J.S. RAN* WARD *4A*

Yours sincerely *[Signature]*

THIRD PARTY COPY

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45-96
G.P. COPY

ACCIDENT/EMERGENCY DEPT. **GREATER GLASGOW HEALTH BOARD**
 ACCIDENT/EMERGENCY FORM AE No. C/ 771351

ACCINN WGGOW
 C/ 6NT
 TEL: 041 39 8822

HOSPITAL CODE **601.**

SURNAME **Mc AULAY** FORENAMES **GRAHAM** BIRTH SURNAME

ADDRESS **11 13 CASTLE ST DALMUIR** PATIENT'S OWN OCCUPATION **EMP. TRAINING**

POSTCODE **G81** TELEPHONE No. DATE OF BIRTH **23/7/66** SEX **1** MARITAL STATUS **1** RELIGION

NAME OF KIN. NAME **HEATHER ALISON** RELATIONSHIP **(GIRLFRIEND)** FAMILY DOCTOR: SURNAME INITIALS

ADDRESS **SLA** **CLYDEBANK H/C**

POSTCODE TELEPHONE No. **SLA** POSTCODE **G81.** TELEPHONE No.

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE **12/9/90** PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO **No.** IN/OUT PATIENT YEAR

TIME OF ATTENDANCE **21.00.** REASON FOR ATTENDANCE **INS. (L) ANKLE**

DATE OF INJURY OR ILLNESS **12/9/90** TIME OF INJURY TYPE (CODE) SOURCE OF REFERRAL **AMB. FROM HOME.**

GP **7** SELF POLICE OTHER (CODE)

ROAD TRAFFIC ACCIDENT PLACE DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis **Bad sprain @ ankle.**

X-Ray film/ECC shows **NR!**

Treatment given **EPS.**

Drugs _____ days supply of _____ has been given.

Tetanus Prophylaxis **has** has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)

Would you please arrange _____

DISCHARGE CODES: Please Circle
 1. Admission 3. Refer to G.P. 5. Died 7. Irregular Discharge
 2. Discharge 4. Transfer to other hospital (see below) 6. Refer to O.P. Clinic (see below) 8. D.O.A.

Ward No. (if admitted) Transfer to Hospital Consultant (if admitted)

Follow Up Not arranged Arranged _____ To be arranged _____

Clinic Referred to AE Hand Fracture Ortho Medical Surgical Skin ENT Gyn. Others Specify

Medical Officers Name (In Block Letters) **MOLTON** Signature of Medical Officer **[Signature]**

Cons SR Reg SHO/JHO **Clin Assis** (please circle)

PN052 0944

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Hinders: 9. No
8.

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LOMOND HEALTHCARE NHS TRUST
ACCIDENT/EMERGENCY FORM

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
VALE OF LEVEN DISTRICT GENERAL HOSPITAL
ALEXANDRIA
GB3 0UA
TEL: 01389 754121

AE No. C/

HOSPITAL No. _____

P A T I E N T	Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
	MCAULAY	GRAEME	29	23/07/1966	05/08/95	16:29	000398/95
	Address		Sex	Religion	Date of Inc	Time	
	26 OTTOWA CRESCENT DALMUIR		MALE		05/08/95	16:15	
G P	Name		Address		Referred by		
	JABEROO		CLYDEBANK HEALTH CENTRE KILBOWIE ROAD CLYDEBANK		SELF REFERRAL		
NEXT OF KIN	Name		Address		Complaint		
	WILLIAM		S/A		INJURY NOS		
	Relat.	FATHER			L FOOT		
	Tel. No.						

ROAD TRAFFIC ACCIDENT PLACE	DETAILS
HOME ACCIDENT PROBABLE CAUSE	

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,
The above-named patient attended Accident & Emergency Department today.

Diagnosis Laceration to L foot

X-Ray film/ECG shows _____

Treatment given Antibiotics

Drugs _____ days supply of _____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)

Would you please arrange _____

DISCHARGE CODES: Please Circle

1. Discharge Home	4. Did not wait	7. Fracture Clinic	10. Admit Ward (see below)
2. Refer to G.P.	5. Ret A/E as advised	8. Refer to O.P. Clinic (see below)	11. Trans. other Hospital (see below)
3. Irregular Discharge	6. Ret A/E as necessary	9. Social Worker	12. Died in dept.
			13. Dead on arrival

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)
------------------------	----------------------	--------------------------

Follow up	Not arranged	Arranged	To be arranged
-----------	--------------	----------	----------------

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify
--------------------	----	------	----------	-------	---------	----------	------	-----	------	----------------

Medical Officers Name (in Block Letters) W. Brown Signature of Medical Officer _____

Cons SR Reg SHO/SHO Clin Assist (please circle) _____ 16 AUG 1995

DB
PH
FP
A

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Dr Jeffrey Scott
Dr Kenneth Scott
Dr Elizabeth Scott
Dr Richard Foster
Dr Joanna Peacock
Dr Andrew Baxter
Dr Robert Campbell

75 Bank Street 4596
Alexandria G83 ONB
Tel. No. 52626

.....10.11.....86.

Dear Dr M'LEISH

PATIENT'S NAME: GRAHAM M'AUAY ADDRESS: 109 ABBEYLANE'S L DOB 23.4.66
Name of Employer: Tarmac Construction Address: c/o Faslane Contract GARROCHHEAD Post Office GARROCHHEAD

Your patient has recently been examined under the medical requirements of the Asbestos (Licensing) Regulations 1983.

The subject has given his consent to this summary being sent to you.

Providing that your patient remains in work subject to these Regulations, he will be re-examined biennially. You will be notified about your patient's health in relation to his asbestos exposure and occupation.

If you have any enquiries please do not hesitate to contact me.

HISTORY: nil relevant

QUESTIONNAIRE: Smoker 20 Cigarettes (2) Non smoker
Other

SPIROMETRY FEV 5.5 litres FVC 6.6 litres 86 %
dicted value for age and height (5.1 / 5.9)

CHEST X-RAY: normal

In my opinion there is therefore no reason for him not to work as before in asbestos area

Yours sincerely

S RICHARD FOSTER (APPOINTED DOCTOR)
MA MB B.Chir. D.H.

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9.50 am on 22/11/95
TMM

COMMUNITY PHYSIOTHERAPY REFERRAL

CLINIC _____ DATE: / /

PRACTICE DETAILS Code

PATIENT REGISTRATION DETAILS

Patient Surname McAULAY

Name & Address (or Practice Stamp)

Name DR. D.W. JARVIS OF G.P. 110

Address DR. A. W. WOODS

Clydebank Road, Canth
Kilbowie Road
Clydebank G81 2TC

Patient First Name GLAENE

G
P

CHI NUMBER

Address 26 OTTAWA CRE

PC 8/a

Post Code _____ Tel. (Day): _____

Assessment and Treatment

Appliance/Aid Only

Domiciliary Visit

Urgent Appointment

Main Diagnosis

muscular injury - back
- chest wall

RELEVANT HISTORY
MEDICATION

injury fell out of tree 2 months ago - no bony
fractures bricelayer pari on minimal
lifting on Voltrol - cadyromed
2015 of benefit

X-RAY REPORTS

GP SIGNATURE: [Signature]

NO.

Date Received

Date of Assessment

C
P

CLINICAL
DIAGNOSIS

Appliance(s) Provided: _____ Number of Units _____ Number of Rx _____

	Problem	Treatment/Outcome
1		
2		
3		
4		

Discharge - This patient failed to keep her initial appointment
she has not contacted the department regarding a further
appointment. This patient has now been discharged

DJ
 DS
 PH
 AP
 AW

PHYSIOTHERAPIST SIGNATURE: T. M^c Carr

DISCHARGE DATE 5/10/95

0195160

6th OCT 1995

PHYS4/93

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G.P. COPY

ACCIDENT & EMERGENCY DEPT. GREATER GLASGOW HEALTH BOARD AE No. C/ 865254
 WESTERN INFIRMARY
 GLASGOW
 G11 6NT
 TEL: 041-339 8822

ACCIDENT/EMERGENCY FORM

K11

HOSPITAL CODE 851614

SURNAME <u>McAULAY</u>		FORENAMES <u>GRAHAM</u>		BIRTH SURNAME	
ADDRESS <u>26 OTTOWA CRES DANMUIK BLACKSMITH</u>					
POSTCODE <u>881</u>	TELEPHONE No.	DATE OF BIRTH <u>23.6.66</u>	SEX <u>M</u>	MARITAL STATUS <u>1</u>	RELIGION <u>NONE</u>
NEXT OF KIN: NAME		RELATIONSHIP <u>FATHER</u>	FAMILY DOCTOR: SURNAME <u>M. WEISH</u>		INITIALS
ADDRESS <u>SA</u>			ADDRESS <u>CBHC</u>		
POSTCODE	TELEPHONE No.	POSTCODE	TELEPHONE No.		
ACCIDENT/EMERGENCY: DATE OF ATTENDANCE <u>9-6-92</u>		PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO <u>YES</u>	IN/OUT PATIENT <u>A/E</u>	YEAR	
TIME OF ATTENDANCE <u>00.20</u>		REASON FOR ATTENDANCE <u>FB L EYE</u>			
DATE OF INJURY OR ILLNESS <u>7.6.92</u>	TIME OF INJURY	TYPE (CODE) <u>7</u>	SOURCE OF REFERRAL		
ROAD TRAFFIC ACCIDENT PLACE		DETAILS			
HOME ACCIDENT PROBABLE CAUSE					

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis FB (metal) X2 (L) eye

X-Ray film/ECG shows Removed.

Treatment given P+B

DJ
DB
PH
AP
AH

15 JUN 1992

Drugs _____ days supply of _____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle

1. Admission	3. Refer to G.P.	5. Died	7. Irregular Discharge
2. Discharge	4. Transfer to other hospital (see below)	6. Refer to O.P. Clinic (see below)	8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)
Follow Up: Not arranged _____ Arranged <input checked="" type="checkbox"/>	To be arranged _____	
Clinic Referred to: AE Hand Fracture Ortho Medical Surgical Skin ENT Gyn. Other (specify) <u>EYE</u>		
Medical Officers Name (In Block Letters) <u>M. J. ...</u>	Signature of Medical Officer: <u>[Signature]</u>	
Cons SR Reg <input checked="" type="checkbox"/> SHO/BHO Clin Assist (please circle)		

NHS Confidential: Personal data about a patient

COMMUNITY PHYSIOTHERAPY REFERRAL

BASIC

CLINIC CHCP DATE: 9 / 11 / 95

PRACTICE DETAILS Code 40040

PATIENT REGISTRATION DETAILS

Patient Surname McAulay

Name & Address (or Practice Stamp)

Name DR. D. W. JAMESON DR. D. R. BELL
DR. P. J. HARPER DR. A. W. POTTER
 Address DR. & G. WILDING
Physiotherapy Centre
Chryse Road
Cherryhatch BT21 2TG

Patient First Name Graeme

CHI NUMBER 2307666133

Address 38 Langden IT

Whitefoot

Post Code GL1 1NR Tel. (Day): 941 1328

Main Diagnosis

Fall out of tree 4/12 ago saw c/o

muscle back + nb pain

Assessment and Treatment ✓
 Appliance/Aid Only
 Domiciliary Visit
 Urgent Appointment mm

RELEVANT HISTORY
 MEDICATION

X-RAY REPORTS

GP SIGNATURE: [Signature] NO.

Date Received 9 / 11 / 95 Date of Assessment / /

CLINICAL DIAGNOSIS

Appliance(s) Provided: Number of Units Number of Rx

	Problem	Treatment/Outcome
1		
2		
3		
4		

DJ
 DE
 PH
 AP
 AW

Discharge -

This patient failed to attend for initial assessment
28 NOV 1995

PHYSIOTHERAPIST SIGNATURE:

[Signature]

DISCHARGE DATE 23/11/95

0155150

PHYS4/93

NHS Confidential: Personal data about a patient

MEDIC-CALL

TIME RECEIVED 09:15	TIME COMPLETED 10:25.	DATE 11/06/95	MEDIC 44
NAME GRAHAM Mr. M. J.		D.O.B. 23/11/46	
ADDRESS 1/2 PEMBERTON 173 FAIRVIEW Ln		REVISIT	HOSPITAL
COMPLAINT & HISTORY Fall factory Tarsal pain		TEMPERATURE	
CLINICAL FINDINGS Fall 15' on Friday and landed on back on concrete slabs - very hard surface. Up in room - concerned by neck pain. Pain in neck - X-rayed - all clear. Fall -> back -> instructions. Pain in neck & back. Rx: Diclofenac 75mg (100) Suprofen 300 tabs (150)		PULSE 80	BP 130/72
G.P. Jalawa			

AUGMENTIN

FAMVIR

NHS Confidential: Personal data about a patient

CLACKMANNANSHIRE DOCTORS OUT OF HOURS CO-OPERATIVE

Ref. No. 29969

Date: 14/04/98 Time: 23-42 Co-op Doctor: ABEL

Name: Graham McAuley M F Date of Birth: 23/07/66

Address: 17 Hutton Park, Alloa

Registered Doctor: Stirling

Cipher No.

Post Code:

Tel. Visit Surgery

TIME COMPLETED: 23-47

HISTORY
 in R.T.A at weekend.
 in Dugfarnlie Hosp
 discharged yesterday.
 - sore leg. pain - 1 wt.
 heavy today
 on no analgesia.

EXAMINATION

DIAGNOSIS / MANAGEMENT
 - Advised analgesia
 has Paracetamol
 - seen by own GP on
 14/4/98

OUTCOME
 Referral to hospital: Hospital: Speciality:
 Follow up by G.P. required: Place: Date:
 pt. to phone.

EMERGENCY TREATMENT

DRUG	Form	Strength	Number

PRESCRIPTION

DRUG	Form	Strength	Dosage	Number

NHS Confidential: Personal data about a patient



Queen Margaret Hospital NHS Trust

Whitefield Road, Dunfermline, Fife, KY12 0SU Tel: 01383 623623

Fax:

DEPARTMENT OF ORTHOPAEDICS
Consultant Mr T I S Brown **Direct Dial:**

Our Ref PS/GW
Enquiries Mrs Young
Ext 3541

Discharge Summary

Dr McInness
Health Centre
ALLOA

Dear Dr McInness

Graeme McAulay 17 Hutton Park Alloa 23.7.67 D589715

Admission 12.4.98


Discharge 13.4.98

Diagnosis RTA - head injury, concussion.

Xrays skull and c spine did not show any recent bony injury. After a period of satisfactory mobilisation he was discharged home. No follow up given.

I have done this dictation from the case notes, I have not actually seen the patient.

Yours sincerely


P Satyan
Staff Grade Orthopaedic Surgeon

RECEIVED	
22 APR 1998	
<input checked="" type="checkbox"/>	KS
<input checked="" type="checkbox"/>	CHIEF CLERK
<input checked="" type="checkbox"/>	SECRETARY
<input type="checkbox"/>	RECEPTIONIST
<input type="checkbox"/>	ADMINISTRATOR
<input type="checkbox"/>	CLERK



Awarded for excellence

MS1200

NHS Confidential: Personal data about a patient

Queen Margaret Hospital NHS Trust Whitefield Road, Dunfermline, Fife, KY12 0SU		INTERIM DISCHARGE AND PRESCRIPTION FORM		
Dear Doctor		DATE OF ADMISSION 12/4/98		
Your Patient		DATE OF DISCHARGE 13/4/98		
Address (including Post Code)		C.R.N. 1E1		
Date of Birth		COCHRANE		
was admitted to hospital under the care of		Graeme McCawley		
and is now being discharged/transferred to		17 Huton Park		
Reason for Admission		Alloa 23/7/67		
Principal Diagnosis Main Condition		Mr Brown in ward 1A		
Other Conditions and/or complications - to include external causes		Home		
Operations/Procedures		RTA (under the influence of alcohol, stepped off on the road + got clipped by a car.)		
A discharge letter will follow		Head injury; multiple grazing		
Comments		1. / 2. / 3. / 4. / 5. /		
Arrangements for review		1. X-rays 2. Neurological observations		
The following medicines are recommended:-		No follow up arranged		
MEDICINE FORM AND STRENGTH	DOSE	DIRECTIONS FOR ADMINISTRATION	RECOMMENDED DURATION OF TREATMENT	QUANTITY SUPPLIED
/				
Yours sincerely		Date: 13/4/98		Dispensed By:
Name in Capitals				Pharmacist:
Designation				Date:
Consultant <input type="checkbox"/> Clinical Assistant <input type="checkbox"/> Registrar <input type="checkbox"/>				1st White Copy - General Practitioner
Senior House Officer <input type="checkbox"/> House Officer <input checked="" type="checkbox"/>				2nd Pink Copy - Pharmacy
Copies should be sent to Pharmacy Department and separated on return to				3rd Yellow Copy - Patient's Records
				4th Blue Copy - Coding Section

NHS Confidential: Personal data about a patient

MS 142 / 1

FIFE HEALTHCARE NHS TRUST
NURSING TRANSFER LETTER

33571
CONFIDENTIAL

To: Practice Nurse From: WD14 QMTH Patient's Name (in full): Graham McAsley Home Address: 17 Holton Park, Alloa Date of Birth: 23/7/67 / Religion: Date of Transfer: G.P.: Address: Discharge Address (if different from home address):	PERSON CONTACTED RE DISCHARGE: Name: Address: Telephone No.: Relationship: Key Holder YES <input type="checkbox"/> (If no, please give further details) NO <input type="checkbox"/> SOCIAL REPORT Does patient live alone: YES <input type="checkbox"/> NO <input type="checkbox"/> SERVICES Indicate any of the following services required and date ordered. Home Help <input type="checkbox"/> Date: Physiotherapy <input type="checkbox"/> Date: Occupational Therapy <input type="checkbox"/> Date: District Nurse <input type="checkbox"/> Date: Meals on Wheels <input type="checkbox"/> Date: McMillan <input type="checkbox"/> Date:
---	---

NURSING CARE DETAILS (Tick appropriate box)

Is mentally alert <input type="checkbox"/> Becomes confused at times <input type="checkbox"/> Ambulant <input type="checkbox"/> Ambulant with assistance <input type="checkbox"/> Ambulant with mobilising equipment <input type="checkbox"/> Complete bed rest <input type="checkbox"/> Has been sitting out of bed for e.g. 0 - 30 mins <input type="checkbox"/> 30 - 60 mins <input type="checkbox"/>	Baths in bed with help <input type="checkbox"/> Bath / Shower with help <input type="checkbox"/> Bath / Shower unaided <input type="checkbox"/> Pressure areas <input type="checkbox"/> Requires feeding with all meals <input type="checkbox"/> Requires some help with feeding <input type="checkbox"/>	Is incontinent - faeces <input type="checkbox"/> urine <input type="checkbox"/> Requires bed pans / urinals <input type="checkbox"/> Up for lavatory with help <input type="checkbox"/> without help <input type="checkbox"/>	Indicate any special problems (e.g. sight, hearing, allergic reactions)
--	--	---	--

CURRENT MEDICATION

Example: Antibiotic <input type="checkbox"/>	Steroid <input type="checkbox"/>
Anticoagulant Therapy <input type="checkbox"/>	Is the patient self medicating <input type="checkbox"/>

CLINICAL DETAILS
 Admitted after RTA with head injury and facial abrasions to face and scalp. Lt calf pain? Compartmental Syndrome, no further swelling pain circulation + sensation satisfactory.
 Reviewed by Registrar no follow up required.
 Polyfax cream given to apply to abrasions to help promote good healing and minimise scarring. Betadine shampoo used on ward. No sutures.
 Specialised Nursing Care (e.g. dressings, ostomy care, catheters, etc.)
 Could you please assess healing to scalp abrasions. Thankyou. as they were quite extensive.

FURTHER INFORMATION Is a follow up appointment being arranged: YES NO

WD14 QMTH 01383 to 27014.
 CONSULT: MR BROWN.

Signature of Nurse: Jata Designation: SS Date: 13/4/98

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THIRD PARTY COPY

RECEIVED 1 NOV 1998

NHS Confidential: Personal data about a patient

STIRLING ROYAL INFIRMARY NHS TRUST - ACCIDENT & EMERGENCY

P A T I E N T	SURNAME <i>McANLAY</i>	A&E NO <i>11994</i>	DATE <i>14-5-88</i>	ARRIVAL TIME <i>1907</i>
	FORENAME <i>Greene</i>	CHI NO	SEX <i>M</i>	COMPLAINT <i>R foot</i>
I N F O R M A T I O N	ADDRESS <i>1 North St Clackmannan</i>	DOB <i>23-7-66</i>	AGE <i>32</i>	DATE OF INCIDENT <i>14-5-88</i>
	POST CODE <i>FK10</i>	RELIGION		TIME OF INCIDENT <i>1100</i>
TEMPORARY ADDRESS		OCCUPATION/SCHOOL <i>UE</i>		REFERRED BY
POST CODE		RTA <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PREV ATTEND <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	GP NAME <i>Moses</i>
TEL NUMBER		X-RAY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	X-RAY NO	ADDRESS <i>H/c</i>
N O T I F I E D	NAME <i>V. Beattie</i>	ADDRESS <i>71 Hunter Pk</i>	MODE OF ARRIVAL <i>Car</i>	POST CODE <i>allow</i>
O R I G I N A L	RELATIONSHIP	POST CODE		
T E L N O T I F I E D	TEL NUMBER <i>012792</i>	NOTIFIED Y/N		
TIME SEEN <i>30</i>	DOCTOR <i>LADA</i>	TEMP	BP	PULSE
				RESPS
				TETANUS COVERED/BOOSTER/COURSE

HISTORY

*- kicked wooden studs -
- clo pen in den
- Able to wt bear*

EXAMINATION

*o/k. Swollen toes 1-4. + bruising
+ tenderness of toes
Knee normal
axillary clinal*

TREATMENT

*XR foot:-
- No # seen.
- 8mg 2nd/3rd
- own analgesic.*

HB	
WCC	
PLATES	
NA	
K	
CR	
UREA	
GLUCOSE	
H+	
PCO ₂	
HCO ₃	
PO ₂	
AMYLASE	
GREAT	
PARA	
SAL	

DIAGNOSIS

S.I.I

DISPOSAL

5

CONSULTANT - Miss Brenda Fleming A & E

DR'S SIGNATURE *[Signature]*

NHS Confidential: Personal data about a patient

RECEIVED 15 MAY 1998

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

FILE COPY

Dr Walter D Walters
Dr Robert W J Webster
Dr David P Kirk
Dr Linda A Sime
Dr Jennifer E W. Greig
Dr Adrian L Ward

The Health Centre
Marshall
ALLOA
Tel. 01259 212088
Fax. 01259 724788

29 September, 1998

Practice Code V25027

Mr. Graeme McAulay,
1 North Street,
CLACKMANAN.

Dear Mr. McAulay,

We should like to bring to your attention that you have missed appointments on 6.7.98 and 29.9.98.

We have checked with our receptionist staff and we find no record of any notification from you to cancel your intended visit to the surgery.

You will understand that this misuse of our time leads to us not being able to see patients who may have more serious conditions and great inconvenience to patients who cannot see us due to appointment time already booked but not being kept.

We currently lose about 155 appointments per month due to poor attendance, which is equivalent to a doctor doing 7 surgeries.

While we appreciate that there are circumstances when an appointment cannot be kept, and notification of cancellation is impossible, it is more difficult to envisage the consistent failure of attendance that has been current in this instance.

If this situation persists, it will be necessary for us to ask you to leave our list and seek a practice who may be more accommodating to your use of an appointment system.

Yours sincerely

On behalf of the practice

\\NTSERVER\Common\FG DTF\29.09.98.doc

NHS Confidential: Personal data about a patient

Adastra 2.18.8: CEDOC

Date: 13-Dec-1998 Time: 13:30 Call Number: 34126
 Co-op Doctor: Maclean, Irene..... Time called Back: _

Name: Graham Mcauley Sex: Male
 Current DOB: 23-Jul-1966 (Age: 32 years)
 Address: 17 Hutton Park Alloa Own GP: Macgregor, James WAKO
 Alloa Surgery (3)
 Cipher No: 55671
 Origin: Same Address
 L Tel: -
 Type: Advice
 Tel: 01259 212992
 Priority: Urgent
 Home address: 17 Hutton Park Alloa
 Tel [] Surgery [] Visit [] Night visit []

Time completed: _:_. By Dr.

History / Message: Pyrexial Adenocarcinoma 4/4
 Adv to attend at Surgery and if unable to get
 transport - to please book

14 DEC 1998

Examination

DNA by 19.26.

FILE	<input checked="" type="checkbox"/>	AGP	<input type="checkbox"/>
RESULT OK	<input type="checkbox"/>	JM	<input checked="" type="checkbox"/>
MAKE APPT.	<input type="checkbox"/>	DSB	<input type="checkbox"/>
SCHEM. NO.	<input type="checkbox"/>	CBL	<input type="checkbox"/>
T.G.O.C.	<input type="checkbox"/>	PG	<input type="checkbox"/>
NOTES PLEASE	<input type="checkbox"/>		

Diagnosis / Management

Outcome: Referral to hospital YES / NO Hospital

Follow up by G.P. required YES / NO PlaceDate

Emergency Treatment/Prescription

ET or P	Drug	Form	Strength	Dosage	Quantity

NHS Confidential: Personal data about a patient

*Dr Walter D Walters
Dr Robert W J Webster
Dr David P Kirk
Dr Linda A Sime
Dr Jennifer E W Greig
Dr Adrian L Ward*

*The Health Centre
Marshall
ALLOA
FK10 1AB*

*Tel 01259 212088
Fax 01259 724788*

02 April 1999

Practice Code V25027

RWJW/VM

Mr I Ritchie
Consultant Orthopaedic Surgeon
Stirling Royal Infirmary NHS Trust
Livilands
STIRLING

Dear Mr Ritchie

GRAHAM MCAULAY, 17 HUTTON PARK, ALLOA FK10 2RN
DOB - 23.7.65 (Tel 01259 212792)

This gentleman is an unemployed steel erector who has been complaining of shooting pains and pins and needles down his right forearm, originating at the lateral epicondyle and going down the radial side of his arm. He was hit by a car while under the influence of alcohol and taken to QMH, Dunfermline on 12.4.98. He had sustained a head injury and multiple grazes and claims that his arm was injured at that particular time. I cannot see any reference to this in the notes at the time.

He has a small exostosis on the dorsum of his right wrist which seems to give him a lot of concern but there is full range of movement at the wrist and no convincing objective signs. I would be grateful for your opinion in case he may have some mild nerve entrapment.

Yours sincerely

R W J Webster

WGPS25027SERV\COMMON\VM DTP2.4.99.doc **FILE COPY**

NHS Confidential: Personal data about a patient

NHS IN SCOTLAND

On comp. 25/12/99 XAB

G P R

Application to Register with a General Medical Practitioner

Please complete in **block capitals** and tick relevant boxes

Patient details

Surname **MCAULEY** Address 1
 Forename **GRAHAM** NORTH STREET
 Previous Surname ALLOA
 Date of birth
230766 Male Female
 I wish the child named above to be registered at the practice for Child Health Surveillance Post code
 I will be in the area for more than three months

Relationship to patient

Patient's / Patient's representative signature *R. McAuley* Date **090499**

Voluntary consent to organ donation

If you wish to register on the NHS Organ Donor Register as someone whose organs can be used for transplantation purposes after your death, please tick relevant box(es) below:

Any Organ Kidneys Liver Lungs Heart Corneas Pancreas

Patient's signature _____ Date _____

Please help us to trace your previous medical records by providing the following information if known

NHS No. (not National Insurance No.) _____ Community Health Index (CHI) No. _____

Previous address in U.K. _____ Name and address of previous doctor in U.K. _____

Town _____

County _____ Post code _____

If returning from abroad _____ If returning from HM Forces _____

Date of departure from U.K. _____ Date enlisted _____ Service / Personnel No. _____

Date of return to U.K. _____

If none of the above information is known then please complete the following:

Town of birth _____ Reg. district of birth (see birth certificate) _____

County of birth _____ Mother's maiden name _____

Doctor's agreement

Enter 'D' if supplying drugs Mileage claim road water footpath

CHS acceptance yes no Enter date if registration examination completed **090499**

I accept this patient on my list and I claim payment in accordance with the Regulations. CHS Ref No. of GP providing service if different from below

Doctor's signature *[Signature]* Date **090499** Doctor's name *[Signature]* GP Ref. No. **V5739**

Printed for The Stationery Office 6/97

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FG/MB
STIRLING ROYAL

SOON
27 May, 1999
ORTHOPAEDICS CLINIC
McAULEY
GRAHAM
1 NORTH STREET
ALLOA

Mr. RITCHIE

23.07.66

01259-212792

New Patient

Dear Mr Ritchie,

This gentleman had been referred to you by his previous G.P. on the 2nd April for an ongoing wrist problem following a R.T.A.

He has been back to see me complaining of further problems as he is now unable to work with this, as such, I wonder if you would be able to see him soon rather than on the routine list.

Thank you for your help.

Yours sincerely

DR FERGUS GREEN

NHS Confidential: Personal data about a patient

Housing and Social Services

Criminal Justice Service, 6 Marshall, Alloa, Scotland. FK10 1AB
Telephone: 01259 721069 Fax: 01259 723998



To:

Our Ref:

Direct Tel:

Your Ref:

Date:

I, Graham McAuley, grant permission for Ruth Gibson, Community Service Officer to obtain a report with regards my medical condition from my general practitioner, Dr Green, Alloa Health Centre.

Signed: *G McAuley* Date: *5/8/99*

THIRD PARTY COPY

The Access to Personal Files Act 1987 obliges Social Services to make information, recorded after 1st April 1983, accessible to the subject of the information unless there are good reasons for withholding it. In revealing information, the Service will assume that it can be disclosed, without further reference to the source, unless the information contains a clear indication to the contrary.



NHS Confidential: Personal data about a patient

Housing and Social Services

Criminal Justice Service, 6 Marshall, Alloa, Scotland. FK10 1AB
Telephone: 01259 721069 Fax: 01259 723998



To:
Dr Green
Alloa Health Centre
ALLOA

Our Ref: RG/SJN
Direct Tel:
Your Ref: Ext 2
Date: 11.8.1999

Dear Dr Green

Re: Graeme McAuley (dob: 23rd July 1966)
1 North street, Clackmannan

Mr McAuley is the subject of a Community Service Order of 200 hours imposed by Dunfermline Sheriff Court on 9th March 1999. Mr McAuley has been absent from Community Service due to a medical condition since 1st April 1999. Medical certificates have been provided. As Mr McAuley is no longer fit to complete his Community Service work, I have no alternative but to return his Order to court on Review. In doing so I would ask that you provide me with a medical report relative to his current illness. Enclosed is written permission from Mr McAuley.

I look forward to hearing from you.

Yours sincerely

RUTH GIBSON
COMMUNITY SERVICE OFFICER
CRIMINAL JUSTICE SERVICE

FILE	<input type="checkbox"/>	AGP	<input type="checkbox"/>
RESULT OK	<input type="checkbox"/>	JM	<input type="checkbox"/>
MAKE APPT.	<input type="checkbox"/>	DSB	<input type="checkbox"/>
SCRIPT TO COLLECT	<input type="checkbox"/>	CSL	<input type="checkbox"/>
T.G.O.C.	<input type="checkbox"/>	PS	<input checked="" type="checkbox"/>
NOTE PLEASE	<input checked="" type="checkbox"/>		

Enc

17 AUG 1999

The Access to Personal Files Act 1987 obliges Social Services to make information, recorded after 1st April 1989, accessible to the subject of the information unless there are good reasons for withholding it. In releasing information, the Service will assume that it can be disclosed, without further reference to the source, unless the information contains a clear indication to the contrary.



NHS Confidential: Personal data about a patient

FG/AB

16 August, 1999

F.A.O.
RUTH GIBSON
Community Service Officer Criminal Justice Service
6 Marshall
ALLOA

Dear Ms Gibson,

Re:- Graeme McAulay 1 North Street Alloa D.O.B. 23.07.66

Thank you for your letter about Graeme McAulay. I was not aware that this gentleman was having a Community service order. He complains of pain in his right wrist following an injury in a traffic accident last year, at the time he was tracked by a motor vehicle while intoxicated and was detained in hospital for head injuries. There was no comment about wrist injury at the time. He had been sent for referral by Dr Webster who was his G.P. back in May for Orthopaedic assessment. I have since written asking for him to be seen sooner I believe that his wrist injuries are fairly minor. I believe he could do some form of work and this is the main thinking behind this.

However we are still waiting for the appointment to come through as far as I am aware. Every time we see him there is not a lot to find on examination, but however having one arm out of action especially the dominate arm makes it rather difficult to do community service. In short he has no bony injury to his arm but may have a soft tissue injury which I believe he is maximising in order not to have to work. He is on no treatment for this at present but is awaiting assessment for it. I hope this is helpful to you.

Yours sincerely,

DR FERGUS GREEN

Enc. Fee

NHS Confidential: Personal data about a patient

Fee Medical Report £20.00

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

87



**STIRLING ROYAL
INFIRMARY**

Stirling Royal Infirmary, Livlands, Stirling FK8 2AU.
Telephone: 01786 434000 Fax: 01786 450588

**Department of Orthopaedics & Trauma
Consultant - Mr I K Ritchie**

IKR/SJC/S354769
Mr Ritchie's Clinic: 23.8.99
Typed: 25.8.99

Dr F G Green,
Alloa Health Centre,
Marshall,
Alloa.
FK10 1AB

Dear Dr Green,

GRAHAM MCAULEY - 23.07.65
1 NORTH STREET, ALLOA FK10 2DP

Your patient failed to attend for an out patient appointment today. I will send him no further review appointment. If his symptoms should persist I would be happy to see him again at your request.

Yours sincerely,

I K RITCHIE,
CONSULTANT ORTHOPAEDIC SURGEON

FILE	<input checked="" type="checkbox"/>	AGP	<input type="checkbox"/>
RESULT OK	<input type="checkbox"/>	JM	<input type="checkbox"/>
MAKE APPT.	<input type="checkbox"/>	DSS	<input type="checkbox"/>
SCRIPT TO COLLECT	<input type="checkbox"/>	CSL	<input checked="" type="checkbox"/>
N.G.O.C.	<input type="checkbox"/>	PS	<input checked="" type="checkbox"/>
NOTES PLEASE	<input type="checkbox"/>		

26 AUG 1999

STL023

Forth Valley Acute Hospitals NHS Trust

NHS Confidential: Personal data about a patient

AGP/AB

20 September, 1999

F.A.O.
Mr I Ritchie
Orthopaedic Consultant
Stirling Royal Infirmary
STIRLING

Dear Mr Ritchie,

Re:- Graeme McAulay 1 North Street Alloa D.O.B. 23.07.66

Please find enclosed the initial referral for the above patient. He states that he never received an appointment for your clinic. I would appreciate your assistance in this matter.

Yours sincerely,

DR ANDREW G PATRICK

Enc. 1

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

IB113-D

1000
Lady Lawson Street
Edinburgh
EH3 0QL

Incapacity for work

DR GREG
HEALTH CENTRE
MARSHILL
ALVA
FK10 1AB

Our phone number is **0131-222-5919**

Code	Number	Ext
------	--------	-----

If you have textphone, you can call on

Code	Number
------	--------

If you get in touch with us, tell us this reference number

NM 19 58 70 D.

Date

27.10.99.

About your patient

Surname	MC AULAY	Address	90 NORTH STREET.
Other names	CRAIG		CLACKMANNAN.
NI number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Date of birth	25-07-66	Postcode	FK10

Dear Doctor

Your patient has claimed benefit due to incapacity and we now have to assess their capacity to perform any work, not just their own job, using the All work Test procedures. People with certain severe medical conditions can be accepted as incapable of all work without undergoing the All Work Test or, if the test has to be applied, a medical examination.

From the information you have provided on a medical statement (for example form Med 3), or information otherwise available to a Medical Services doctor, it appears that this may be such a case. In order to advise the adjudication officer on this issue in accordance with the law, the Medical Services doctor requires further factual information. We would be obliged if you would answer the Medical Services doctor's questions overleaf clearly indicating any medical evidence that you think may be harmful to the patient's health. An example of what may be harmful information is a diagnosis that is not known to your patient such as malignancy, progressive neurological conditions or major mental illness. **Your patient has given written consent on their claim form to allow us to approach you for this information.**

If you have agreed to treat this patient under the NHS (General Medical Services) Regulations 1992 and have issued, or refused to issue, a medical certificate to them, you are obliged by your terms of service to supply clinical information to a Medical Services doctor. A similar obligation applies to most hospital and community doctors working within the NHS. You are not obliged to do this if you have not agreed to treat the patient under the NHS but any information you are willing to provide would be much appreciated. Unfortunately, we would be unable to pay you for it.

A reply within 7 days would be appreciated and a business reply envelope is enclosed for your use. If you have any queries about this form please contact the Medical Advisor at your local Medical Services Unit, see leaflet IB204 *Guide for registered medical practitioners*.

Thank you for your assistance.

Yours sincerely

On behalf of the Manager
For the Medical Officer

For official use	
DO	Ref type
2611	SD
First day of incapacity	
/	/



MEDICAL SERVICES PROVIDED BY SEMA GROUP ON BEHALF OF THE BENEFITS AGENCY



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About your patient - continued**■ Your reply to the Medical Services doctor**

Please answer the following questions from information which is currently available to you.

1. Date patient was last seen or examined for the condition(s) causing incapacity.

20 9 99

2. Diagnosis of all relevant conditions and date(s) of onset.

Pain @ forearm ? cause 12 4 98

3. Factual details of patient's condition.

Where possible, please include brief details of:

- present medical condition
- medication and other treatments (eg attendance at day care centre, hospital outpatient)
- outlook for your patient and any proposals for future management.

in RTA 12 4 98 sustained head injury. Later he had persisting pain in his arm. There is little on examination. He was referred to orthopaedics but not DVAid. He says he did not receive the appointment. He has been re-referred but the waiting time is in excess of 1 year at present!

He is a steel fixer and needs to be fully fit, but he is clearly could do many other activities.

NHS Confidential: Personal data about a patient

4. Where available to you, please give brief details of what the patient has been told about the likely clinical course of their condition(s), and any future treatment.

Condition stable for 1yr or more.

5. **Any other information**

- If you have evidence which indicates that, as a result of their medical condition your patient would not be able to attend an examination by using public transport or by taxi please include this here.
- Any additional information about the effects of medical conditions on daily living (self care, indoor mobility, judgement and compliance with medication) would be very helpful.

(Blank box with a diagonal line)

Only complete the section below if you have diagnosed a psychiatric condition at question 2.

6. Where available to you, please give brief details of any history of recent or serious attempts at suicide or other self injury, or any history of threatening or violent behaviour towards others.

(Blank box with a diagonal line)

Declaration

I understand that in certain circumstances a copy of the information I have given here will be sent to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit.

I further understand that certain information may be withheld if it appears to the adjudicating authority that its disclosure would be harmful to my patient's health. I have indicated any medical evidence I think may be harmful to my patient's health.

■ **Your signature**

Signature

(Handwritten signature)

Name

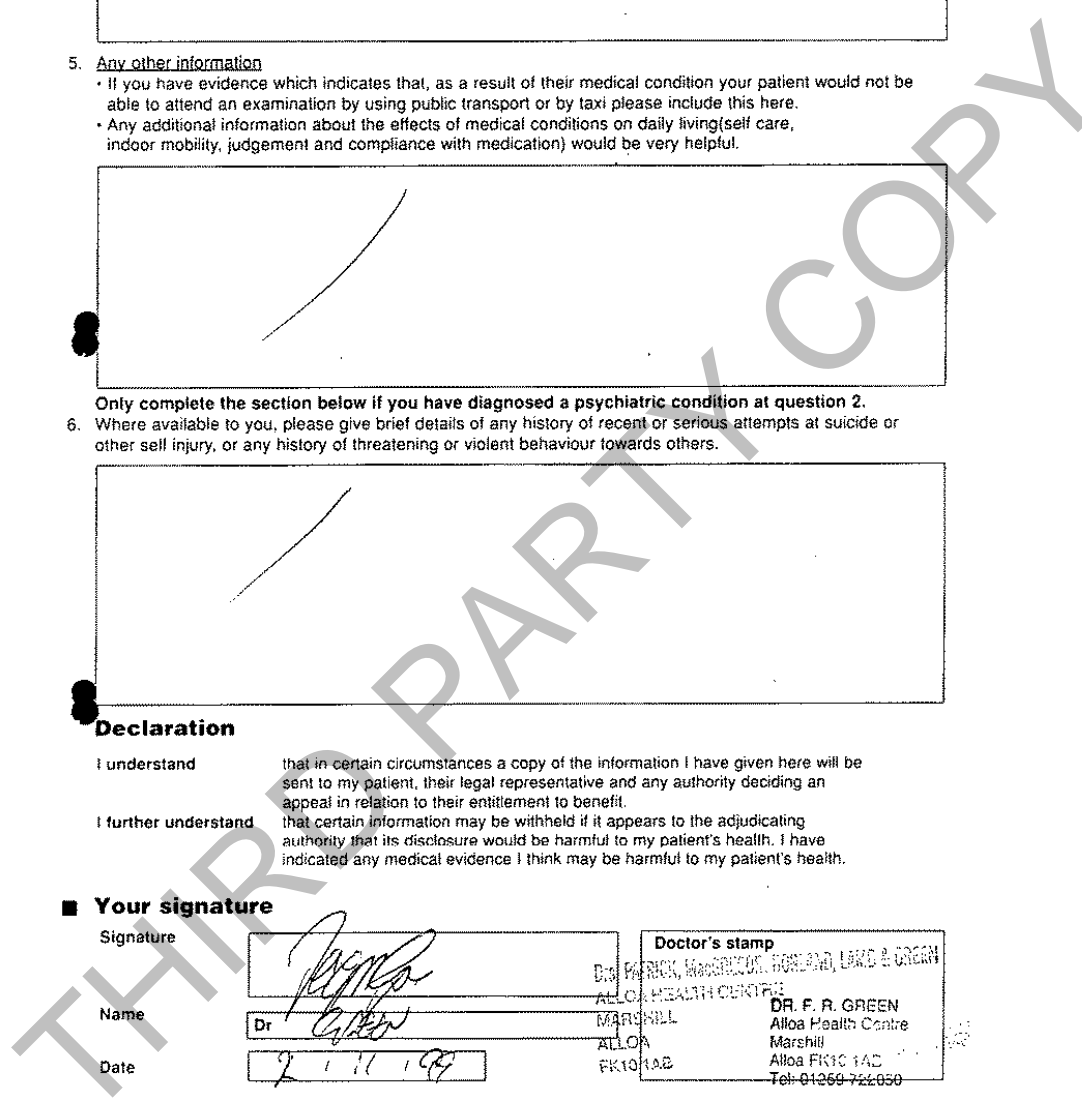
Dr *(Handwritten name)*

Date

2.11.99

Doctor's stamp

DR. F. R. GREEN, MRSCB(D), HON. LINDA A. GREEN
 ALLOA HEALTH CENTRE
 DR. F. R. GREEN
 Alloa Health Centre
 Marshill
 Alloa FK10 1AD
 Tel: 01259 722050



NHS Confidential: Personal data about a patient

05 NOV 1999



STIRLING ROYAL INFIRMARY

Stirling Royal Infirmary, Livilands, Stirling FK8 2AU.
Telephone: 01786 434000 Fax: 01786 450588

DEPARTMENT OF ORTHOPAEDICS & TRAUMA
CONSULTANT - MR I K RITCHIE

Dictated - 1.11.99
Typed - 3.11.99

DK/MKH/354769

Dr F G Green
Health Centre
Marshall
ALLOA

FILE	<input checked="" type="checkbox"/>	AGP	<input type="checkbox"/>
RESULT OK	<input type="checkbox"/>	JM	<input type="checkbox"/>
MAKE APPT.	<input type="checkbox"/>	DSB	<input type="checkbox"/>
SCRIPT TO COLLECT	<input type="checkbox"/>	CBL	<input type="checkbox"/>
T.G.O.C.	<input type="checkbox"/>	PS	<input checked="" type="checkbox"/>
NOTES PLEASE	<input type="checkbox"/>		

Dear Dr Green

Graham McAuley, dob - 23.7.65
1 North Street, Alloa

This man failed to attend Mr Ritchie's Clinic today. I assume his symptoms have resolved and no further appointment has been arranged.

Yours sincerely

Miss D Kneif
Orthopaedic SHOIII

Forth Valley Acute Hospitals NHS Trust

01102X c

NHS Confidential: Personal data about a patient

22 October 2001	REFERRAL
PRACTICE CODE: 25031	RC/AB
PATIENT NAME:	GRAEME MCAULAY
PATIENT ADDRESS:	1 NORTH STREET ALLOA
D.O.B.	23.07.1965
TELEPHONE NO:	01259.212792
UNIT NO:	5354769
HOSPITAL:	STIRLING ROYAL INFIRMARY
CLINIC:	ORTHOAEDICS
CONSULTANT:	MR RITCHIE

Dear Mr Ritchie,

This 36 year old man was referred to you a couple of years ago but failed to attend your clinic. I saw him today in my surgery complaining of essentially the same problems, namely pain radiating from the left hip down the outer aspect of his left leg to the knee and pain in the right wrist. The symptoms originated from the 12th of April 1998 when he was hit by a car whilst under the influence of alcohol. He tells me that on occasions his leg locks due to the pain and he encounters difficulties descending stairs having to lead with his right leg. On examination he had full range of movement of both the left hip and knee joint but experiences pain throughout this range. I noted that on extending his hip joint from a position of flexion there was a loud and palpable clunk in the left hip. Examination of the knee was otherwise unremarkable.

I have arranged for him to have an X-ray of his left hip today although I will doubt it will show anything of note. Although he has failed to attend on two previous occasions (He lives in bed and breakfast accommodation and says he has difficulties receiving his mail) I would be grateful if you could see him to assess his symptoms which have troubled him for three years now. Many thanks.

Yours sincerely,

DR RICHARD COC

NHS Confidential: Personal data about a patient

Forth Valley Acute Hospitals NHS Trust

Stirling Royal Infirmary
Livlands
Stirling
FK8 2AU
Telephone 01786 434000
Fax 01786 450588
www.shaw.scot.nhs.uk/nhsfv



Department of Orthopaedics & Trauma
Consultant - Mr I K Ritchie

IKR/SJC/354769
Dictated: 15.4.02
Typed: 16.4.02

Mr Graham McAulay,
1 North Street,
Alloa
FK10 2DP

Dear Mr McAulay,

I was expecting to see you at the Out-Patient Clinic today but obviously the arrangements have not been satisfactory. If you still have a problem that you wish me to see you about please contact the Orthopaedic Out Patient Clinic (Ex 4055) for a further appointment. If the condition has resolved itself then you need take no further action.

Yours sincerely,

I K RITCHIE,
CONSULTANT ORTHOPAEDIC SURGEON

19 APR 2002

cc

Dr Richard Coc,
Alloa Health Centre,
Marshall,
Alloa
FK10 1AB

Comments	
Make Appt	<input checked="" type="checkbox"/> Contacted
TGCC	<input checked="" type="checkbox"/> Done
Notes Please	<input checked="" type="checkbox"/> Done
H.V.	<input checked="" type="checkbox"/> Tell Patient
D.N.	<input checked="" type="checkbox"/> Initials
P.N.	<input checked="" type="checkbox"/> CL
DS	<input checked="" type="checkbox"/> GR
FG	

Forth Valley Acute Hospitals NHS Trust
Trust Headquarters Westburn Avenue Falkirk FK1 5SU
Telephone 01324 678532 Fax 01324 617421

Chairman Ian Mullen
Chief Executive Jim Currie

NHS Confidential: Personal data about a patient

NOT STIRLING

DEPARTMENT OF GENERAL SURGERY
Fax No 01786 434473

4th December, 2002

MM/MD/354769

Dr. S. Proctor,
Health Centre,
Marshall,
Alloa, FK10 1AB

BE 22/12/02

Dear Dr. Proctor,

Make App	PT Checked
TGOX	Script Done
Motus Pleas	FAC
H V	Normal
D.N	Initial
PN	
DB	CL
ES	GN

Graeme McAulay (23.07.65)
17 Hutton Park, Alloa.

Admission: 21.11.02
Discharge: 23.11.02
Diagnosis: non-specific abdominal pain
Investigations: (1) routine blood investigations including amylase and White cell count were normal
(2) radiological investigations – no specific abnormality
Treatment: conservative and supportive treatment
Follow-up: no formal follow-up.

This gentleman was admitted as an emergency with lower abdominal pain mainly in the left iliac fossa associated with a degree of nausea but no vomiting.

On examination he was afebrile, haemodynamically stable and well rehydrated. His pain settled down with simple analgesia and following which he was able to tolerate fluids and diet fully.

He was subsequently discharged home with no further follow-up.

19 FEB 2003

Yours sincerely,

[Signature]
Mr. M. Mitghani,
Trust Grade Surgeon

KS		RECEIVED - 9 DEC 2002	TELL OK
GH	✓		COLLECT PA
PM	✓		MAKE APPT
SP			DRS TO DOC
BD	<i>M</i>		COMPUTER
JM			PAT KNOWS

NHS Confidential: Personal data about a patient

2503

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

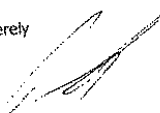
REFERRAL MEDICAL IN CONFIDENCE

General Surgery S354769 CHI NO: 2307666133	Routine	Stirling Royal Infirmary Livilands Road STIRLING
SURNAME: McAuley FIRST NAME: Graeme Title: Mr D.O.B. 23/07/66		17 Hutton Park ALLOA FK10 2RN 01259-212792
Dr G Riddle/MB 24 October 2003		The Health Centre Marshall Alloa Tel: 01259-722050/216701 Fax: 01259 724790

Dear Doctor

I would be grateful if you could see this man who has presented with right groin comfort for many months now which initially thought to be a groin strained. This has not improved and on examination he has a direct cough impulse. I think he has an inguinal hernia and would appreciate your opinion in this case.

Yours sincerely



DR G RIDDLE

NHS Confidential: Personal data about a patient

Forth Valley Acute Hospitals

Stirling Royal Infirmary
 Livitands
 Stirling
 FK8 2AU
 Telephone 01786 434000
 Fax 01786 430388
 www.show.scot.nhs.uk/nhsfv



DEPARTMENT OF GENERAL SURGERY
Fax No. 01786 434473
ALLOA HEALTH CENTRE

DBB/IT/354769
 24th November 2003

Mr. Graham McAulay
 1 North Street
 Alloa
 FK10 2DP

Dear Mr. McAulay

I was expecting to see you for review at my Alloa Health Centre clinic this afternoon (24th November). You did not keep the appointment, nor have you been in touch with us requesting an alternative date. I quite appreciate you may feel a further appointment was no longer required. I am concerned however that arrangements may have gone awry and you were unaware you were expected today. If you wish a further appointment sent out to you, please contact the records department at Stirling Royal.

Yours sincerely

[Handwritten Signature]
 D. B. BOOTH, M.B., F.R.C.S.,
 CONSULTANT SURGEON

cc: Dr. Riddle, Health Centre, Alloa ✓

28 NOV 2003

Make App	DTF Contacted
YPOC	Script Done
Notes-Phone	File
AM	Initials
DN	
PN	

Forth Valley Acute Hospitals
 Trust Headquarters Westburn Avenue Falkirk FK1 5SU

Chairman Graeme M Simmers CBE
 Interim Chief Executive Margaret C Duffy

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Forth Valley Acute Hospitals

Stirling Royal Infirmary
 Livlands
 Stirling
 FK8 2AU
 Telephone 01786 434000
 Fax 01786 450588
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NHS
 Forth Valley

DEPARTMENT OF GENERAL SURGERY
FAX NO. 01786 434473
ALLOA HEALTH CENTRE CLINIC

DBB/DMCK/354769
 Clinic 19th January 2004
 Typed 21st January 2004

Dr R McKinlay
 Consultant Anaesthetist
 Pain Clinic
 SRI

Alloa Appr	Longwood
1700C	1700C
Notes Please	Notes Please
KV	KV
GM	GM
PW	PW
1700B	1700B
1700A	1700A

27-1 auw

Copy to Dr G Riddle, Alloa Health Centre, Marshall, Alloa

Dear Robin *Riddle*,

GRAHAM MCAULAY (23 07 66)
17 HUTTON PARK, ALLOA FK10 3RN

I wonder if you would be good enough to see this young man.

He has presented to me with discomfort around the pubic tubercle in the right groin, which has been present for some time, but perhaps gradually getting worse.

His family doctor wondered if there was a hernia present. I could feel nothing at all.

He is in regular gainful employment. That employment is quite physically demanding and despite the discomfort he continues to work and does not take any time off.

I could see nothing that I thought I could correct surgically to improve this man's discomfort and I wondered what you would think about either injection or tens or something of that ilk.

Yours sincerely

DB Booth
DB BOOTH, M.B., F.R.C.S.,
CONSULTANT SURGEON

1 JAN 2004

Forth Valley Acute Hospitals
 Trust Headquarters Westburn Avenue Falkirk FK1 5SU

Chairman Graeme M Simmers CBE
 Interim Chief Executive Margaret C. Duffy

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Forth Valley Acute Hospitals

Stirling Royal Infirmary
Livlands
Stirling
FK8 2AU
Telephone 01786 434000
Fax 01786 450588
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PAIN MANAGEMENT CLINIC

Dictated - 6.4.04
Typed - 7.4.04

RMcK/MKH/354769

Mr D Booth
Consultant Surgeon
Stirling Royal Infirmary

14-4
aw

Dear Dudley

Graham McAulay, dob - 23.7.66
17 Hutton Park, Alloa

Thank you for referral of this scaffolder. He has had right groin pain for the past year or so which he feels radiates from the groin towards the right hip region and down the back of the thigh as far as the mid-thigh. He has no left sided symptoms. He has a history of a major fall off scaffolding many years ago and of a car accident 3 years ago when he was hit by a vehicle at 70 mph. He has quite an extensive history of back pain and always feels that he has an ache particularly on the right side. This occurs on a daily basis. In his job as steel fixer he does a lot of heavy lifting. He doesn't take any medicines and has had no recent physiotherapy input. He is a smoker taking 10 - 15 a day. I note his past medical history of hospital admission for left iliac fossa pain.

On examination he was a fit man who had a relatively mobile spine. He had excellent spinal flexion however forced extension did give him localised pain over his right lower lumbar facets and on pressure over this area I could quite definitely reproduce the pain in the right groin. As you mentioned really there is nothing to find in the right groin region physically at all.

My strong impression is that this is lumbo-sacral referred pain probably from his right LS/S1 facet joint. I agree with him that it would be unwise for him to take medicines especially when he is doing a job at heights and using heavy equipment. I would be quite keen to try simple injections of his lumbar facets and I have arranged for him to come in for this using X-ray screening. At that time I can actually look and see how much wear and tear he has in this region. If this is incomplete or inadequate then I will follow it with a course of acupuncture.

13 APR 2004

Forth Valley Acute Hospitals
Trust Headquarters Westburn Avenue Falkirk FK1 5SU

Chairman Graeme M Simmers CBE
Interim Chief Executive Margaret C Duffy

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Forth Valley Acute Hospitals

Sirling Royal Infirmary
Livilands
Sirling
FK8 2AU
Telephone 01786 434000
Fax 01786 450588
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-2-

RMcK/MKH/354769, Graham McAulay, cont...

I hope that we can improve the situation here however I have warned him well that none of these things will be curative but will be simply damping down the symptoms somewhat. We will see how things progress.

Kindest regards,
Yours sincerely

A handwritten signature in black ink, appearing to read 'Robin M. K.' with a flourish at the end.

R G C McKinlay
Consultant in Anaesthesia & Pain Management

cc:- Dr Riddle, Alloa Health Centre, Marshall, ALLOA, FK10 1AB ✓

Forth Valley Acute Hospitals
Trust Headquarters Westburn Avenue Falkirk FK1 5SU
Chairman Graeme M Simmers CBE
Interim Chief Executive Margaret C Duffy

NHS Confidential: Personal data about a patient

Forth Valley Acute Hospitals

PAIN MANAGEMENT CLINIC

Dictated - 16.4.04
Typed - 16.4.04

RMcK/MKH/354769

Stirling Royal Infirmary
Livelihoods
Stirling
FK8 2AU
Telephone 01786 434000
Fax 01786 450588
www.show.scot.nhs.uk/nhsfv



Dr Riddle
Alloa Health Centre
Marshall
ALLOA
FK10 1AB

Dear Dr Riddle

Graham McAulay, dob - 23.7.66
17 Hutton Park, Alloa

Further to past correspondence I carried out right lumbar facet injections using the image intensifier. We will see how things develop.

Yours sincerely

R G C McKinlay
Consultant in Anaesthesia & Pain Management

Waste Area	PT Completion
TBCK	Scope Done
Necky Phac.	Flu
U	Normas
J.N	16298
HW	
DS	
SR	

MRB

26 APR 2004

Forth Valley Acute Hospitals
Trust Headquarters Westburn Avenue Falkirk FK1 5SU
Chairman Graeme M Simmers CBE
Interim Chief Executive Margaret C Duffy

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Forth Valley Acute Hospitals NHS Trust
Stirling Royal Infirmary
Livilands, Stirling FK8 2AU



Falkirk Royal Infirmary
Majors Loan, Falkirk FK1 5QE

NOT DR STRELLANS
Not Kirk
Consultant: Dr G. N. Olverman

Consultant: Mrs U. Mackintosh

CRN

P	SURNAME	McQualey	DATE	12/5/04	TIME OF ARRIVAL	19.40	A&E NO.	12717
	FORENAME	Greene	SEX	M	MARITAL STATUS	S	DATE OF INCIDENT	1/52
A	MAIDEN NAME		DOB	23-7-66	LOCATION OF INCIDENT			
I	ADDRESS	17 Hutten Park Alloa	AGE	37	COMPLAINT			
	POST CODE	FK10 3RN	OCCUPATION/SCHOOL	Blacksmith	GP			
E	TEL	212752	PREVIOUS ATTENDANCE		NAME			
	TEMPORARY ADDRESS		RTA	(Y) N	ADDRESS			
N	NAME	Valare Reddie	REFERRED BY	self	ARRIVAL: AMBULANCE			
	ADDRESS	A1A	ARRIVAL	AMBULANCE	XRAY NO.			
O	NOTIFIED	N/Y	RELATIONSHIP					
				Y (N)				

TO BE COMPLETED BY DOCTOR AFTER SEEING PATIENT

Dear Doctor, _____
the above named patient attended the Accident & Emergency Department today
DIAGNOSIS _____

X RAY / ECG / INVESTIGATIONS SHOW _____
Declined to wait

TREATMENT GIVEN _____

KS	GH	PM	SP	BO	JM
			✓		
14 MAY 2004					
OK	Fx	APPT	NOTES	CONP	SHOWS

DRUGS _____
TETANUS PROPHYLAXIS COVERED / HAS BEEN GIVEN _____ ADT COURSE _____ ADT BOOSTER _____ IMMUNOGLOBULIN _____

OUTCOME
ADMITTED TO _____ OP CLINIC _____
DISCHARGED TO _____ TIME OF DISCHARGE _____
DOCTORS / ENP NAME (print) _____ SIGNATURE _____

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Forth Valley Acute Hospitals NHS Trust
 Stirling Royal Infirmary
 Livlands, Stirling FK8 2AU



Falkirk Royal Infirmary
 Majors Loan, Falkirk FK1 5QE

* Mr. BEGGIS 15/9/04 9.55am
 Consultant: Mrs U. Mackintosh
 Consultant: Mr P. ...

CRN

Consultant: Dr G. N. Olverman

P	SURNAME	MC Auley	DATE	11. 9. 04	TIME OF ARRIVAL	14.20	A&E NO.	25200
	FORENAME	Graeme	SEX	M	MARITAL STATUS	S	DATE OF INCIDENT	9. 9. 04
A	MAIDEN NAME		DOB	23. 7. 1966	LOCATION OF INCIDENT	WALK	COMPLAINT	(L) Hand by
T	ADDRESS	17 Hutten Park	AGE		OCCUPATION/SCHOOL		GP	
I	POST CODE	FC10 3RN	PREVIOUS ATTENDANCE	Blacksmith	NAME	D. Beinel	ADDRESS	Auld Hic
	TEL	01259 212792	RTA	<input checked="" type="checkbox"/>				
E	TEMPORARY ADDRESS		REFERRED BY	self	ARRIVAL:	AMBULANCE	XRAY NO.	
	TEL		NOTIFIED	<input checked="" type="checkbox"/>	RELATIONSHIP			
N	NAME	V. Pectore	ADDRESS	AAA				
O								
K								

TO BE COMPLETED BY DOCTOR AFTER SEEING PATIENT

Dear Doctor, _____
 the above named patient attended the Accident & Emergency Department today
 DIAGNOSIS soft tissue injury left wrist & A&E
 X RAY / ECG / INVESTIGATIONS SHOW tenderness -> already seen @
Edinburgh Royal A&E
 TREATMENT GIVEN -> for # clinic appt.

15 SEP 2004

Make Appt	PT Extended
RGOC	Short Date
Notes Please	Full
HLV	Normal
PAI	Abnormal
PN	
HS	
EG	GA

DRUGS _____
 TETANUS PROPHYLAXIS COVERED / HAS BEEN GIVEN _____ ADT COURSE _____ ADT BOOSTER _____ IMMUNOGLOBULIN _____

OUTCOME
 ADMITTED TO _____ OP CLINIC _____
 DISCHARGED TO Home TIME OF DISCHARGE 15³⁰
 DOCTORS / ~~ENP~~ NAME (print) N. MacInnes SIGNATURE [Signature]

NHS Confidential: Personal data about a patient

Directorate of
Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITALS NHS TRUST



THE ROYAL INFIRMARY OF EDINBURGH
Old Dalkeith Road,
Edinburgh EH16 4SU
Telephone: 0131 242 1300
Fax: 0131 242 1344



Consultants:

Dr. A. Gray
Dr. R. Mitchell
Dr. C. E. Robertson
Mr. D. J. Steedman
Dr. Gregor Campbell-Hewson
Dr. Angela Oglesby

A/E no. 04136547

Previous no.

UHPI no. C900983457

General Practitioner	
Name	DS Borland
Address	Alloa Health Centre Marshall Alloa FK10 1AB

PATIENT INFORMATION	
Surname	McAuley
Forenames	Graeme
Address	17 Hutton Park Alloa Clackmannanshire
Post Code	FK10 3RN
Telephone	01259 212 792
D.O.B.	23/07/1966
Age	38
Sex	Male
Telephone Number	H 01259 212 792 W

Date and Time of Attendance	10/09/2004 10:05
Mode of Arrival	Private Transport
Source of Referral	Self referral

Contact Address	Peny, Ms 17 Hutton Park Alloa Clackmannanshire FK10 3RN
Telephone Number	H 01259 212 792 W

CLINICAL NOTES

Left hand and wrist crushed between scaffolding poles yesterday, painful and swollen. RHD.

OE: Moderate swelling dorsum left hand. Tender left index MCPJ. Tender left ASB. Tender left distal ulna, no deformity. Left distal radius NAD. Left fingers NAD, NV intact.

Xray left hand, wrist and scaphoid: NAD.

Plan: Cocodamol. Ice. Fracture Clinic Stirling RI in view of ASB tenderness, make appt via GP. Given xrays.

Dr R Martin MacFarlane Doctor
Authorised By:

Consultants	
Make Appt	PT Confirmed
Make Please	Stops Done
M.V	File
GN	Normal
PN	Initials
OB	CL
FG	GR

14 SEP 2004

NHS Confidential: Personal data about a patient

Acute Operating Division

ORTHOPAEDIC TRAUMA AND
LOWER LIMB SURGERY

Consultant - Mr R.D. Briggs

Secretary - Mrs Jane McMahon - Tel 01786 434063

Stirling Royal Infirmary
Livilands
Stirling
FK8 2AU
Telephone 01786 434000
Fax 01786 450588
www.show.scot.nhs.uk/nhsfv

RDB/RR/354769

Dictated: 15.09.2004

Typed: 16.09.2004

Dr. Riddle,
Health Centre,
Marshall,
Alloa,
FK10 1AB

Make Appt	BY Consultant
- BCL	Script Done
Notes Placed	File
H V	Normal
DN	Initials
PN	
DB	CL
FB	GR

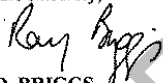
Dear Dr. Riddle,

Graham McAulay, dob 23.07.1966
17 Hutton Park, Alloa

This gentleman was referred for review following a soft tissue injury to his left hand.

On examination he has old bruising affecting most of the palm and dorsum of the left hand. He has tenderness at the base of the metacarpal of the thumb on the left. There is no evidence clinically of a fracture and radiographs taken in Edinburgh were normal. I have accordingly advised him to mobilise fully and have discharged him.

Yours sincerely,



R.D. BRIGGS
Consultant Orthopaedic Surgeon

Acute Operating Division Headquarters
Westburn Avenue Falkirk FK1 5SUChairman Dr Campbell Christie CBE
Chief Executive Margaret C Duffy MA(Hons), CA

NHS Confidential: Personal data about a patient

Dr D S Borland
 Dr C B Lamb
 Dr F Green
 Dr G Riddle

ALLOA HEALTH CENTRE
 Marshall
 ALLOA
 FK10 1AB
 Telephone No: 01259-216701
 Fax No: 01259-724790



REFERRAL MEDICAL IN CONFIDENCE

06 December 2005 Routine Dr F Green/AB Community Mental Health Team Clackmannan County Day Hospital Ashley Terrace Alloa	Mr Graeme McAuley 17 Hutton Park ALLOA FK10 3RN D.O.B. 23/07/1966 01259-212792 SS354769 CHI NO: 2307666133
--	--

Dear Team,

I wonder if you could see this gentleman. He has a one-year history of increasing depressive thoughts, paranoia and low mood. He has been dealing with his problems through use of alcohol but on advice has now stopped this entirely. Unfortunately his moods have not improved but his sleep is rather worse. He complains of early morning waking, poor concentration and paranoia. He has requested referral to yourselves as he does not really want to go onto an antidepressant at present. He is a steel fixer by trade and finds it difficult at present to go to work although he is still working. Thanks for your help with this matter.

Yours sincerely,


 DR FERGUS GREEN

McAuley, Graeme, 2307666133, 23/07/1966 -- Community Mental Health Team (E) Clackmannan
 County Day Hospital Routine
 AB \\Gps25031serv1\Documents\Dr F Green\McAuley, Graeme 2005 12 06 #1.doc

NHS Confidential: Personal data about a patient

Primary Care Operating Division

Day Unit
 Clackmannan County Hospital
 Ashley Terrace
 Alloa
 FK10 2BE
 Telephone (01259) 727374
 Fax (01259) 724740
 www.show.scot.nhs.uk/nhsfv



Ref: OT/RL/P116324

23rd January 2006MEDICAL IN CONFIDENCE

Dr F Green
 Alloa Health Centre
 Marshall
 ALLOA
 FK10 1AB

Dear Dr Green

Graeme McAuley, 17 Hutton Park, Alloa - dob 23/07/1966

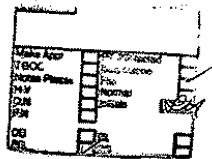
Thank you for your referral of the above gentleman. His case was reviewed and he was offered an appointment at the Day Unit which he both failed to attend or confirm.

Therefore, after discussion between Dr Collins and the Team, it has been agreed to discharge your client from the Day Unit at present.

However, if you feel a future referral is appropriate, don't hesitate to do so.

Yours sincerely

Owen Taylor
 Student Nurse



Primary Care Headquarters
 Old Denny Road Larbert FK5 4SD
 Telephone 01324 578700 Fax 01324 562367

Chairman Doris Littlejohn
 Chief Executive Anne Hawkins

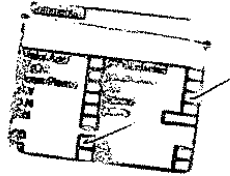
25 JAN 2006

25 JAN 2006

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Emergency Department
Stirling Royal Infirmary
Livlands
Stirling

Dr GREEN
ALLOA HEALTH CENTRE
MARSHILL
ALLOA
FK10 1AB



December 4,
2006

Dear Dr Green,

Re. GRAEME MCAULEY, 17 HUTTON PARK, ALLOA, CLACKMANNANSHIRE, FK10 3RN. Date of Birth 23.07.66 Hospital Number: 2307666133

Your patient attended the Stirling Royal Infirmary on the 4 DEC 2006 10:35.

The presenting complaint was: **RASH ON BODY**

The following investigations were carried out:

The A&E diagnosis was: **FV_PP_TR_OBJECT**

The following treatment was given:

At the conclusion of treatment the patient was: **DID NOT WAIT. Departure Ready Date/Time: 4 DEC 2006 10:59, Actual Departure Date/Time: 4 DEC 2006 10:59**

Follow-up:

Additional Information:

Yours sincerely,
IAIN DRUMMOND
SENIOR HOUSE OFFICER

4 DEC 2006

Consultants:

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NHS
Confidential

MCAULEY, Graeme
173 Faifley Road, Clydebank, Dunbartonshire, G81 5BQ
Referrer: DR PJ HARPER - GP PRACTICE

DoB: 23/07/1966
Chi No: 2307666133
CRIS No: 6302297
Hosp No:

VERIFIED Verified By: DR ND RABY 23/03/09 0924.

Clinical History : Pain right upper chest and across shoulders. RTA 1993. Smoker.

XR Chest : Heart is not enlarged. Lung fields are clear with no evidence of focal active disease. Normal mediastinal contours.

XR Cervical spine : There is straightening of the normal cervical lordosis which may be due to some muscle spasm. Normal bone and disc space alignment.

North Glasgow Hospitals

Ref. Src: Clydebank Health Centre, Kilbowie Road, Clydebank, G81 2TQ
Exams: XR Chest, XR Cervical spine
Exam Date: 16/03/09 Event: E-11598614



Page 1 of 1

88886

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EC1
sent 11.12.82

GREATER GLASGOW HEALTH BOARD - WESTERN DISTRICT

NAME <i>Franklin McAnally</i>	HOSPITAL NO. 4596
22 Craigkerrig St	AGE 23.7.66
PHYSI SMBG. R.W.L. McLaugh.	DEPT. WARD

OUT-PATIENT HISTORY

DATE	
22/6/82	DONT
30/8/82	Hand & forearm injuries (cut tendon - replaced WI) 2/52 (EC1 completed)
7/9/82	I 4/52
13.9.82	DONT
20/9/82	4/52
20/10/82	4/52 for knee to show up physio dept. G.H.B. Can't close fist yet (Dk + 5/26)
30/10/82	RMD Report - Can't you flex grip Presents physio
16/11/82	F 22/11/82
22/11/82	Injury DIP Jt 3rd (D) 3/52 ago - by sticky tapeput xray 7 27/11/82
12.10.82	? Cyst minor side @ knee (1 yr) (Fluorostat) Refer G.H.B. removed from pulmonary history
11/8/82	Quellads
11/8/82	V acute bullous sinus
18/1/85	Pulm lobe of broader lobes
13.11.82	DNT
7.12.82	ANA
9/11/82	Fractured helandis of Carpal III vol
23/4/93	Mechanical LBP and sci for 2 years since accident producing a carpal. Several times severe entrapment Xray - 2 Prof. sci, 7/10 (100) + follow up severe / Anesthetics
17/5/83	DNT

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Date	HISTORY (Use other side first)
0/12/95	Passport form
2/6/95	Fell out of tree 15/6/95 → Neck & chest injury w/DE FEE CE w/6 + Medicall C2/32 (2/6/95) + G-prox and @ + Drucker retinal (100)
12/7/95	DNA
13/7/95	C3/52 5/7/95 Back injury Full a lot of pain. Ct. Bupren + Co. Hydrocodone (100)
19/7/95	Dup str C3/52 5/7/95 dated 13/7/95
24/7/95	DNA
8/8/95	Still pain on lifting can't go back to work Med 3 3/52 (backdated 25/7/95) Voltard 50mg (34) ref physio
15.8.95	DNA
30/8/95	C3/52 Back injury still pain on lifts, hands Physio of Voltard Retinal 100, 70 + Deprenol (100)
9/11/95	4hr back injury pain worse at night, worse duration for 2/12, worse got physio not attending follow up, impression of an emergency Med 3 4/52 physio.
10/11/95	P/c was back dated sickline from 18/9/95. Reason given 1) "I thought the last one was a 3 month one" 2) "I had a 2 month back pain one" 3) "I was in prison for the past 2 months" Failed to attend physio not attending follow up. Decline certificate
15/12/95	DNA Med 3 4/52 (LBP) Taken up swimming to continue by the parker used long
25/1/96	Still complaints of pain anterior chest and lower ribs (can't take a deep breath) X-ray chest. DVT & Duplex X2. No fixed address P 4/52 9/1/96 Back Pain
9/2/96	c.x.x. No #. ribs lump ok c 4/52 up

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NP 11.11.97

National Health Service Number		Tel. 212792.	
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)	
	Address		Date of Birth
	1 NORTH ST FK10 4JD CLACKMANNAN		23.7.65

Date	
17/11/97	Screening appointment given for Monday 17th November at 11.30am ✓ 8.20
17/4/98 ✓	S-OPN Rashes done 1st week 1st Cgobul - Add: D. Chapman 23/10/98
6/7/98	DNA 24/1/88 - DNA
13/12/98	Cdr
3/2/99	DNA
22 MAR 1999	<p>Go painful (R) wrist (L) ankle -</p> <p>(1) history of trauma due to RTA in May 1998 (F-10). No smell initially on torso lateral border</p> <p>(2) wrist leads electric shock at work.</p> <p>(3) From work - has small abrasions at base of wrist - no pain - Says the worst was worse @ time of accident.</p> <p>(4) Rashes on (L) foot no going to sleep was pain @ base of St. MT - has scar at (L) mid foot - fibral area - history of skin cancer - says he felt warts on (L) foot</p>
12/12/99	DNA
18/3/99	DNA - Says he turned up on time @ 16.50. Came up to desk @ 17.20 saying he had waited

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient

Date	
	<p>Appt sheet checked & told appt at 16.50 & Dr Ward had left. Got annoyed & swearing was offered to be seen by Dr Webster (Worrells on home call) would know how long. asked to make another appt. Told this would be a week on Monday. Was offered to see Dr Webster but walked off. 10 mins later a woman phoned to make an appt which given & seemed satisfied. She asked for name of receptionist.</p>
28 Jan 1999	<p>Dr Fort - NBI. wrote -</p>
	<p>Swearing pain from needles - @ forearm. Leg working above surgery. Refer. Still exceter.</p>
113 APR 1999	<p>JNA</p>

* This column has been provided for doctors to enter A, V or C at their discretion

Printed by The Stationery Office Scotland

NHS Confidential: Personal data about a patient

		National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)	
	McAULTY		GRAEME
	Address	Date of Birth	
			23/7/67

Date		
15/4/98	(X) NP	GP ✓
	Pres reg - Dr Moses	
	RTA last weekend - hit by a car - see discharge from A&E Dimpentine	
	OF facial abrasion (R) chest + neck abrasion	
	limping - was shot	
	Reassured	
	RTA injuries	2 per 100 Review RJS
	(Registration examination to be completed)	
17/4/98	Requested home call from Dr Moses' practice	
	→ we will not take him on our list RJS	

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP511F
355 2095

NHS Confidential: Personal data about a patient

(NP) 01259-212792 National Health Service Number

Surname (Block Letters) MCAULEY Forenames (Block Letters) GRAHAM

Address 1 NORTH ST, AXLEDA 17 Hutton Park Assoc. Date of Birth 23/7/66.

Date	Notes
9/4/99	steed. stee fixed. Smile. Smoker 15/yr. Mental few joints of wrist Mxipis L nil. DMRT Pneumonia as child. Lungs removed for Cx. RTA 1995. + elbow injury DH. Nil (L) Cx. injury to #. Gp. was painful (L) wrist had several months. Had xray of wrist 6/12/90. 6/12 - wrist injury Referral and Opnd. Dr. Richard Orthopaedics. 25/5/99 Severe. Wrist. Wrist M. B. S. Wrist. RTA. Wrist. 20/7/99 No word yet. Chad apt new M. B. S. 20/8/99 Wrist no better - but wishes to return to work. Referral Orthopaedics based on 27/5/99. States he never received offer of help. 15/8/01 DNA 22/10/01 Orthopaedic problems unresolved. Persistent pain (L) hip radi. -> (L) knee. Leg locks (i pain). also w. pain (R) wrist on sup/pronation.

*This column has been provided for doctors to enter A, V or C at their discretion.
o/E Check (L) hip on ext? from flexion.
Deep pain in joint.

FORM GP111F
355 2095

Plan x.R.
- Re-mp (DNA prev.) - living in B113 accommodation -
16.11.11. Wrist. (L) hand

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Date	
13/12/01	Penicillin Hush -> Clostramycin 1% cr. (20) BD. RC
24/03	Penicillin (R) given 20mg to bend - looks at worry all day. P. 81 below in hip Good pulses - no heave...
30/11/03 29/9/03	Pain (R) given EMV
22-11-03	Pain (R) given again. Roughly upline - Direct heave. - Ht 5'11 - wt 135lb - Spleen 10cm - Anchoel - v. recently
31/5/05	DVA
21/2/05	2 depressed. Thinking more Gut sound. Feet pale. are talking about his - 1/2 left the - building up low mood off alert 2mm. Low Resp GmW. up Poor concentration. was on Diet/meal. Lines up lines wants to be referred. cancel
14/7/06	Probable folliculitis. Oxyth 250 (112) bid. 11/7/06. Smokes. Advised. 1.78m. 80kg.

* This column has been provided for doctors to enter A, V or C at their discretion

Printed for ISO, Od J17460, 03/98, R.P.(S3791)

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McAuley, Graeme
DoB: 23/07/1966

Report Valid On 19/02/07 11:29

Dr Borland and Partners
Page number 1

Registration

Mr Graeme McAuley
17 Hutton Park
ALLOA
Clackmannanshire
FK10 3RN

Telephone: 212792

Contact: ?

Email: ?

CHI Number: 2307666133

Patient ID:

Occupation:

Registered GP: Dr F Green

Repeat Consultation: ?

Registered: 09/04/1999

BMI: 25.2

Parity: 0

Contact/Relship: ?

NHS Number: S50166561

Confirmed: ?

Height: 1.78 m

Gravida: 0

Weight: 60 kg

Service Code: Permanent

DoB: 23/07/1966

Age: 40

Dispensing: No

Road: 0 Water: 0 FootPath: 0

Marital Status: Unknown

Seen By GP: Dr F Green

Acute Consultation: 14/07/2006

Records Received: ?

BP: 110/70

Priority Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
---------------	------------	----------	-------------	----------

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Pres.	Review	Interval
------------------	-------------------------	-------	------	-------	--------	----------

Adverse Reactions

Read Code	Description
-----------	-------------

Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
---------------	------------	----------	-------------	----------

06/02/2007	None	Medium	GP22-moved out of area	
14/07/2006	None	Low	Current smoker	
14/07/2006	None	Low	Smoking cessation advice	
13/02/2006	None	Low	Notes summary on computer	
06/04/2004	None	Low	[SO]Facet joint of lumbar spine	
Freetext: pain				
21/11/2002	None	Low	[D]Abdominal pain	
Freetext: admitted				
09/04/1999	None	Low	Patient signed reg. form	
12/04/1998	None	Low	[X]RTA - Road traffic and other transport accidents	
12/04/1998	None	Low	Concussion	
12/04/1998	None	Low	Head injury	
20/08/1982	None	Low	Laceration of arm	
Freetext: right hand				
20/08/1982	None	Low	Primary repair of tendon	
Freetext: right hand				
21/12/1972	None	Low	Influenza with pneumonia	

Summary Sheet: Data Protection

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McAuley, Graeme
DoB: 23/07/1966

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Dr Borland and Partners
 Page number 2

Freestext: admitted

Screening

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		Reason For Referral	Referred By	Attendance Type	
22/10/2001	Low	Stirling Royal Infirmary Locum	Orthopaedic Surgery	See 1st Visit	Out Patient
24/10/2003	Low	Stirling Royal Infirmary Dr G Riddle	General Surgery	See 1st Visit	Out Patient
06/12/2005	Low	Clackmannan County Hospital Dr F Green	Community Mental Health Team	See 1st Visit	Out Patient

Acute Prescriptions

Drug/Preparation	Quantity/Dose/Frequency	Date
Erythromycin Ec TABS 250MG	112 2 Tabs Twice daily	14/07/2006
Zineryt LOT	30	02/04/2003
Ibuprofen TABS 400MG	100 1 Tab 3 times daily	22/10/2001
Clotrimazole CREAM 1%	20 Apply Twice daily	22/10/2001

Inactive Repeat Drugs

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Pres.	Review	Intervals
------------------	-------------------------	-------	------	-------	--------	-----------

Last Encounter

Automatically generated by transaction

Clinical / User Markers:

GP22-moved out of area - -

=====
 Dr D S Borland

Date: Jul 14 2006 10:00AM

Clinical / User Markers:

Current smoker - -

Smoking cessation advice - -

Acute Prescriptions:

Erythromycin - Ec TABS 250MG	2 Tabs - Twice daily	112
------------------------------	----------------------	-----

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McAuley, Graeme
DoB: 23/07/1966

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Dr Borland and Partners
Page number 3

=====

Clinical / User Markers:

Influenza with pneumonia - - admitted
{X}RTA - Road traffic and other transport accidents - -
Head injury - -
Concussion - -
Laceration of arm - - right hand
Primary repair of tendon - - right hand
{D}Abdominal pain - - admitted
{SO}Facet joint of lumbar spine - - pain
Notes summary on computer - -

=====

Referrals:

Clackmannan County Hospital(NHS) Community Mental Health Team Out Patient

Dr F Green Date: Dec 2 2005 4:10PM

=====

Referrals:

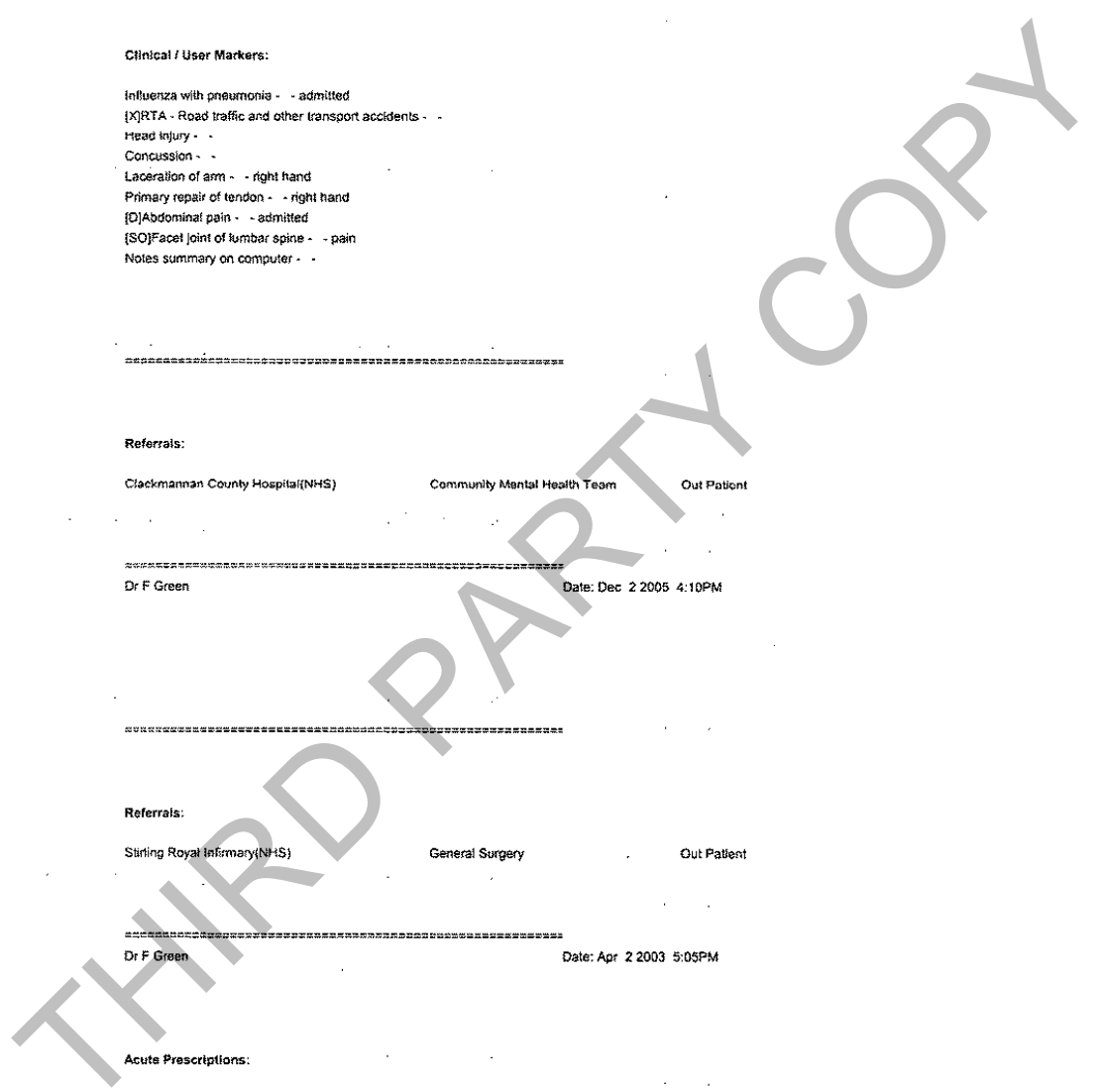
Stirling Royal Infirmary(NHS) General Surgery Out Patient

Dr F Green Date: Apr 2 2003 5:05PM

Acute Prescriptions:

Summary Sheet: Data Protection

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McAuley, Graeme
DoB: 23/07/1966

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Dr Borland and Partners
Page number 4

Zineryl - LOT 30

Referrals:

Sliding Royal infirmary(NHS) Orthopaedic Surgery Out Patient

Locum Date: Oct 22 2001 8:35AM

Acute Prescriptions:

Ibuprofen - TABS 400MG 1 Tab - 3 times daily 100
Clotrimazole - CREAM 1% Apply - Twice daily 20

Migrated Data

Clinical / User Markers:

Patient signed reg. form - -

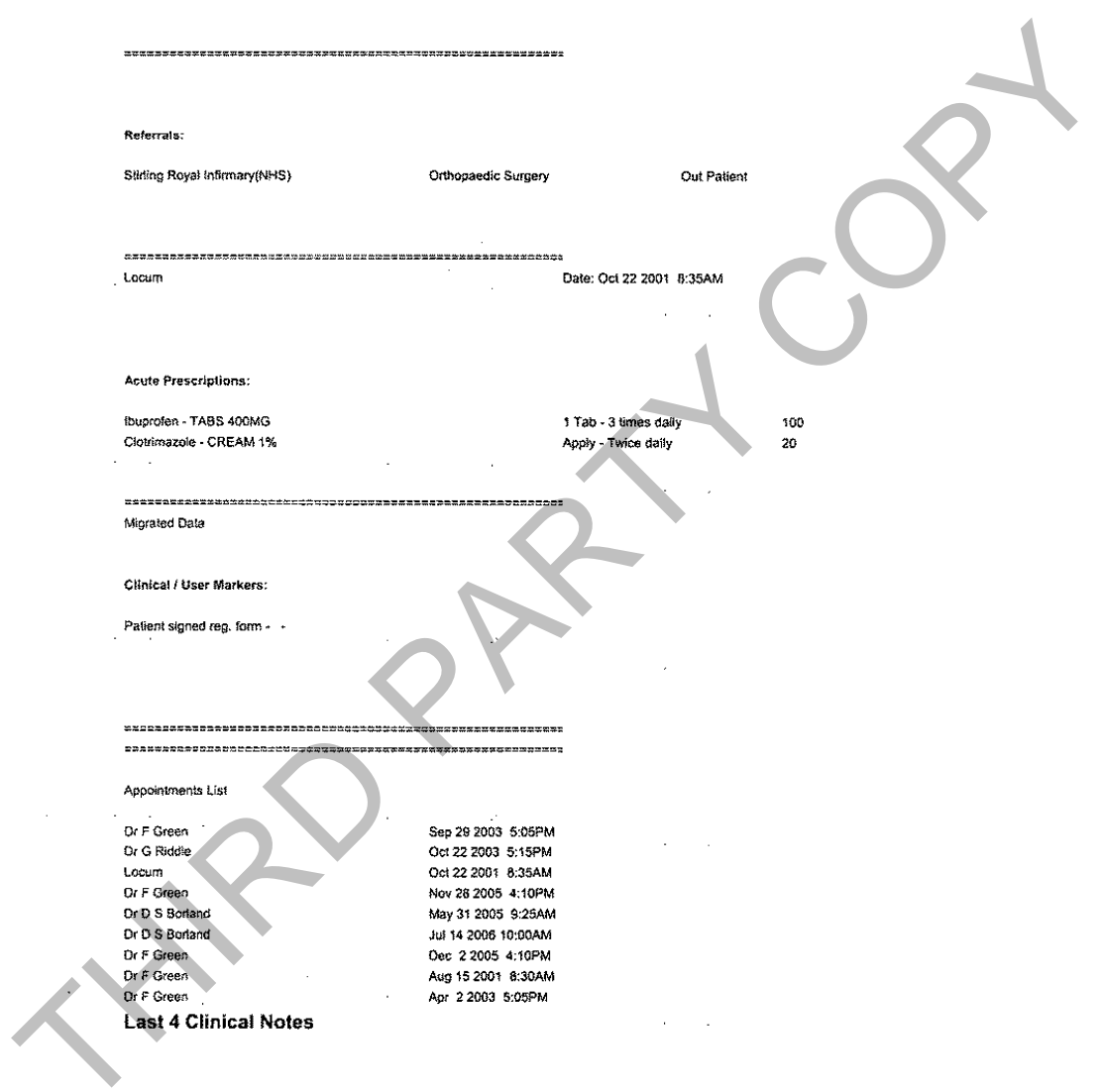
Appointments List

Dr F Green Sep 29 2003 5:05PM
Dr G Riddle Oct 22 2003 5:15PM
Locum Oct 22 2001 8:35AM
Dr F Green Nov 28 2005 4:10PM
Dr D S Borland May 31 2005 9:25AM
Dr D S Borland Jul 14 2006 10:00AM
Dr F Green Dec 2 2005 4:10PM
Dr F Green Aug 15 2001 8:30AM
Dr F Green Apr 2 2003 5:05PM

Last 4 Clinical Notes

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McAuley, Graeme
DoB: 23/07/1966

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Dr Borland and Partners
Page number 5

Date	Clinical Notes
06/02/2007	Automatically generated by transaction
24/02/2000	Migrated Data

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Emergency Department
 Western Infirmary
 Dumbarton Road
 Glasgow

Dr D Jaberoo
 Clydebank Health Centre
 Kilbowie Road
 Clydebank

G81 2TQ

8 June 2010

Dear Dr Jaberoo *for me*

Re: **GRAEME MCAULEY, 11 NAIRN STREET, CLYDEBANK, G81 4EY**
 Date of Birth: 23.07.66 Hospital Number: 706521198 CHI Number: 2307666133

Your patient attended Western Infirmary on the 7 JUN 2010 at 13:24 pm.

The presenting complaint was: **Gp Ref Unwell Adult**

Triage Information: **Lethargic And Generally Unwell. Not Sleeping. Admits To Heavy Drinking Recently. No Pain Reported. Pt Suspects That He May Have Overdosed On Cocodamol But Is Vague When Asked About This.Pt Was In Accident And Emergency On Friday And Self Discharged After Being Unco-Operative And Abusive Towards Staff. Difficult Triage. • Prob. Started Or Acutely Worsened Within Week**

The following investigations were carried out: **Nil**

The A&E diagnosis was: **Patient For Specialty Take-Gp Referral - Medical**

The following treatment was given: **Nil**

At the conclusion of treatment the patient was: **Admitted**

Follow-up: **Admitted**

Additional Information: **Nil**

Yours sincerely,

Consultants
 :

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Emergency Department
Western Infirmary
Dumbarton Road
Glasgow

Dr D Jaberoo
Clydebank Health Centre
Kilbowie Road
Clydebank

G81 2TQ

6 June 2010

Dear Dr Jaberoo *D. Jaberoo*

Re: **GRAEME MCAULEY, 11 NAIRN STREET, CLYDEBANK, G81 4EY**
Date of Birth: 23.07.66 Hospital Number: 70652119B CHI Number: 2307666133

Your patient attended Western Infirmary on the 5 JUN 2010 at 18:16 pm.

The presenting complaint was: **Collapsed Adult**

Triage Information: **Biba-Found Collapsed in Block Of Flats Reduced Gcs Has Been Drinking Denies Drugs, Now Gcs 14. Temp 35.1. Pearl Size 3.**

The following investigations were carried out: **Nil**

The A&E diagnosis was: **Nil**

The following treatment was given: **Nil**

At the conclusion of treatment the patient was: **Patient Left Before Assessment Complete**


Follow-up: **Not Known**

Additional Information: **Nil**

Yours sincerely,

Consultants

NHS Confidential: Personal data about a patient


 NHS: 2307666133
 COULEY, Graeme Edward 23-07-1956
 11 Ruffin St GB1 4EY
 Name: Date: 18.01.10
 Dr McCall GMC 3486227
 Lydebank H.C
 13-01/2013 10 HS Practice 40046

Clinicians are aware that emotions play an important part in most illnesses. If your clinician knows about these feelings she or he will be able to help you more. This questionnaire is designed to help your clinician to know how you feel. Read each item and **underline** the reply which comes closest to how you have been feeling in the past week. Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.



<p>I feel tense or 'wound up': Most of the time A lot of the time From time to time, occasionally Not at all</p>	<p>I feel as if I am slowed down: Nearly all the time Very often Sometimes Not at all</p>
<p>I still enjoy the things I used to enjoy: Definitely as much Not quite so much Only a little Hardly at all</p>	<p>I get a sort of frightened feeling like 'butterflies' in the stomach: Not at all Occasionally Quite often Very often</p>
<p>I get a sort of frightened feeling as if something awful is about to happen: Very definitely and quite badly Yes, but not too badly A little, but it doesn't worry me Not at all</p>	<p>I have lost interest in my appearance: Definitely I don't take as much care as I should I may not take quite as much care I take just as much care as ever</p>
<p>I can laugh and see the funny side of things: As much as I always could Not quite so much now Definitely not so much now Not at all</p>	<p>I feel restless as if I have to be on the move: Very much indeed Quite a lot Not very much Not at all</p>
<p>Worrying thoughts go through my mind: A great deal of the time A lot of the time From time to time but not too often Only occasionally</p>	<p>I look forward with enjoyment to things: As much as ever I did Rather less than I used to Definitely less than I used to Hardly at all</p>
<p>I feel cheerful: Not at all Not often Sometimes Most of the time</p>	<p>I get sudden feelings of panic: Very often indeed Quite often Not very often Not at all</p>
<p>I can sit at ease and feel relaxed: Definitely Usually Not often Not at all</p>	<p>I can enjoy a good book or radio or TV programme: Often Sometimes Not often Very seldom</p>

Now check that you have answered all the questions

A 15 D 15

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IMMEDIATE DISCHARGE LETTER**NHS**Greater
Glasgow

Western infirmary

Dumbarton Road
Glasgow
G11 6NT

Telephone : 0141 - 211 - 2000

GP COPY

First issued: 08/06/2010 18:48

Printed:

Admitted: 07/06/2010

Discharged: 08/06/2010

Discharged to: Home

Ward: F1 Winter Ward

Consultant: DR BICKNELL, General Medicine

Hospital No: 70652119B

Date of birth: 23/07/1966

CHI: 2307666133

REGISTERED GPDr ~~Dr Jaberoo~~ ^{Dr Jaberoo}
CLYDEBANK HEALTH CENTRE
KILBOWIE ROAD
CLYDEBANK
G81 2TQ**PATIENT**GRAEME MCAULEY
11 NAIRN STREET
CLYDEBANK
DUNBARTONSHIRE
G81 4EY**DIAGNOSES**

1. Self-poisoning (unspecified), 07/06/2010

ICD10

T36-T50

PROCEDURES

1. ECG, c

OPCS4

Uncoded

MEDICATION

Drug Name	Format	Route	Dose	Admin Times				PRN/Comment	Course Length	Quantity Dispensed
				8	12	14	18			
Thiamine	Tab	Oral	100mg	X	X	X			Indefinite	21

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

Outpatient Investigations	Date
No arrangements made	

Community Care	Date	Reason
No arrangements made		

GENERAL COMMENTS

Final discharge letter to follow

Dear Dr. Jaberoo,

This pleasant 43 year old who unfortunately is afflicted with chronic pain in his right hip, back and left shoulder from a previous RTA, depression and issues with alcohol excess/dependence, had presented to ourselves following an overdose with Co-codamol. He has been taking about 12 tabs of Co-codamol /day. He had taken an overdose as a result of uncontrolled pain and denies any suicidal ideation. He does admit to

His paracetamol levels were raised 102 and for this, he was commenced on IV Parvolex. His Salicylate levels were <50. ECG showed some T wave inversion in V1- V3, rhythm was sinus. He was started on a CIWA scale and given Pabrinex as well.

He has been seen by Liaison Psychiatry and the Addictions team. He will be followed up by the community addictions team, which Mr. McCauley himself as agreed for this. He recognises his alcohol intake as an issue. He has been commenced on oral Thiamine.

He has settled in hospital and is fit for discharge.

Thanking you,

E.Narasingham
FY1

NHS Confidential: Personal data about a patient

IMMEDIATE DISCHARGE LETTER : GP COPY

Page 2 of 2



Patient: CRAME MAH EV
Admitted: 07/06/2010 Discharged: 08/06/2010

D.O.B: 23/07/1966 Hosp. No: 706521199
Printed: 09/06/2010 10:46

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Signed:

Designation: F41

Contact: Eliyanachii Narasinghan

Pager Number: 4671

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Emergency Department
Western Infirmary
Dumbarton Road
Glasgow

Dr D Jaberoo
Clydebank Health Centre
Kibbowie Road
Clydebank

G81 2TQ

16 June 2010

Dear Dr Jaberoo *Dr Jaberoo*

Re: GRAEME MCAULEY, 11 NAIRN STREET, CLYDEBANK, G81 4EY
Date of Birth: 23.07.86 Hospital Number: 70652119B CHI Number: 2307666133

Your patient attended Western Infirmary on the 15 JUN 2010 at 18:46 pm.

The presenting complaint was:

Triage Information: **Wishes To Be Admitted For Rehab**

The following investigations were carried out: **Nil**

The A&E diagnosis was: **Nil**

The following treatment was given: **Nil**

At the conclusion of treatment the patient was: **Patient Left Before Assessment Complete**

Follow-up: **Not Known**

Additional Information: **Nil**

Yours sincerely,

Consultants

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AP

Mental Health Service

Dr Porter
 Consultant Physician
 F1
 Western Infirmary
 Dumbarton Road
 Glasgow
 G11 6NT

Glasgow Liaison Psychiatry Service
 Western Infirmary
 Dumbarton Road
 Glasgow
 G11 6NT

Date: 14th June 2010
 Date Typed: 16th June 2010

Ref: RK/SS/1440072

Direct Line: 0141 211 2131
 Fax: 0141 232 9442
 Email: Scott.Stewart@ggc.scot.nhs.uk

Dear Dr Porter

Re: Graeme McAuley, DOB 23.07.66 – CHI 2307666133
 11 Nairn Street, Clydebank G81 4EY

Thank you for referring Mr McAuley to our service. I have assessed Mr McAuley as part of Liaison Psychiatry assessment following his admission to F1 ward after he has taken an overdose.

Mr McAuley is a 43 year old gentleman who was admitted to the Western Infirmary on 07.06.10 at around lunchtime after he had taken an overdose of 16 tablets of cocodamol which were prescribed to him for the pain in his leg and hip. He was prescribed 8 tablets per day. After the overdose he went to see his GP who arranged the admission.

Mr McAuley stated that he has been thinking about suicide for a few weeks due to the pain in his hip and also worry about bills that he has to pay. He also has debts up to £6000. he was quite frustrated as he could not get a job. He took tablets impulsively as he felt like ending his life but after that he changed his mind and himself went to the GP asking for help.

Past Psychiatric History

There is no history of overdose in the past however he tried to cut his wrists at the age of 15. he saw a psychiatrist when he was younger because he was not attending school. He left the mainstream school after primary and joined the St Andrew's List D school for children with difficult behaviours and left the school at 16 years of age without qualifications.

Past Medical History

Back pain and hip pain as described before.

Treatment History

Co-codamol 500mg up to 8 tablets per day. He denied any allergy to medication.

Drug and Alcohol History

Mr McAuley stated that he smoked hash between the ages of 16 to 19 years and stopped it. He denied using any other substances. Mr McAuley stated that he drinks up to one litre of vodka per day and described all the symptoms of alcohol dependence.

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Graeme McAuley
CHI 2307666133

Forensic History

Mr McAuley stated that he was charged for breach of peace, drunk and Disorderly and for attempted murder.

Background and Social Circumstances

Mr McAuley was born and brought up in Glasgow. He was born after full term normal delivery and he was not aware of any complications around his birth. He suffered pneumonia at the age of 7. He stated that he had a difficult parentage when he was young as his parents separated therefore he suffered poverty and physical abuse from his dad. He attended school between the age of 3 to 16 years and left school without any qualifications. As mentioned earlier he attended St Andrew's List D school. He was a loner at school and had difficulties with spelling at school. After school he did odd jobs and settled in construction job for nearly 22 years. He was in a relationship and broke up 4 years ago. He denied having any children.

Family History

He denied any psychiatric history in the family. He stated that he doesn't get on well with his family members.

Social History

He doesn't have much of a social life and he spends most of his time drinking alcohol.

Mental State Examination

At the interview Mr McAuley was unkempt and untidy. He was cooperative and maintained reasonable eye contact and rapport. His speech was normal. His mood was low and he rated it as 0 out of 10 however he stated that if he is drinking alcohol he feels his mood pretty fine and rated it as 10 out of 10. he has poor energy and is not able to enjoy anything apart from alcohol. He described alcohol blackouts. He has normal appetite. He denied feeling helpless, hopeless or worthless. He stated that life was worth living and denied any thoughts of self harm. He has reasonable insight and he wants to get better and find a job. He denied any ongoing thoughts of self harm or suicide and stated that he will call for help if he is feeling like self harming.

Impression

Alcohol dependence syndrome with impulsive overdose. No ongoing suicidal ideas.

Plan

1. Discharge home when deemed medically fit.
2. Self refer to the Community Addictions Team.

Yours sincerely



Dr Ravi Karri
ST3 in Liaison Psychiatry

cc Dr Jaberoo, Clydebank Health Centre, Kilbowie Road, Clydebank G81 2TQ

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NHS Confidential: Personal data about a patient

Acute Medical Receiving Unit, F1 Ward
 Western Infirmary, Glasgow G11 6NT.
 Tel No. 0141-211-2192

REF: BM/SK
 CHI: 2307666133

Date Dictated: 30/06/2010
 Date Typed: 14/07/2010

Date of Admission: 07/06/2010 Date of Discharge: 08/06/2010

Chronic Pain Team
 Secretary's Office
 Stobhill Hospital

C.c. Dr Dhia Jaberoo
 Clydebank Health Centre
 Kibbowie Road
 Clydebank
 G81 2TQ

Dear Doctors, *mccann*

Graeme McAuley - 23/07/1966 - CRN: 706521198
 11 Nairn Street, Clydebank, G81 4EY

Diagnosis 1. Chronic pain following a road traffic accident
 2. Depression
 3. Alcohol excess

I would be grateful if you would consider seeing this gentleman in your Chronic Pain clinic. He presented to The Western Infirmary in early June with an unintentional paracetamol overdose which required treatment with Parvolex. This was on a background of excessive alcohol intake of approximately one litre of vodka a day, and depression.

As a consequence from his inpatient stay, he has agreed to see the outpatient community addictions team and attend Alcoholics Anonymous; however his pain still remains an issue. As I understand, Mr McAuley has had pain issues ever since 1998 when he was involved in a road traffic accident and this resulted in chronic pain in his right hip, back and left shoulder, and then consequentially depression and alcohol excess. He is quite non specific with the description of pain and described it as a constant dull pain. His GP had been trying him on co-codamol and ibuprofen.

I understand on the morning of admission this was insufficient and he claimed that the only thing that tends to take the pain away was indeed the alcohol in addition to the co-codamol, which I am sure you would appreciate, is not an advisable regime. Having spoken to the gentleman he recognises that his alcohol intake is inappropriate and that he requires some other method of controlling his pain, and therefore was agreeable to be referred to the chronic pain team. He was discharged on co-codamol and ibuprofen however I would be grateful for your input in this gentleman, given that he also has depression in addition to the alcohol excess and clearly he is not coping with the pain.

Yours sincerely,



Brendan McCann
 FY2 in Medicine

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NHS Confidential: Personal data about a patient

Emergency Department
 * Stirling Royal Infirmary *
 Livilands
 Stirling

Dr G McGeoch
 Clydebank Health Centre
 Kibowie Road
 Clydebank

G81 2TQ

13 May 2011

Dear Dr McGeoch

Re: GRAEME MCAULEY, 11 NAIRN ST, CLYDEBANK, G81 4EY
 Date of Birth: 23.07.66 Hospital Number: 2307666133 CHI Number: 2307666133

Your patient attended Stirling Royal Infirmary on the 13 MAY 2011 at 20:23 pm.

The presenting complaint was:

L Hip Pain

Triage Information:

No Trauma - Been To Gp Numerous Times With Long Standing Pain In Lower Back + Left Hip + Left Leg + Left Side Of Groin - Yesterday Turned Around Pain Became Severe - Pain Eased Since + Constant - Pt Took Paracetamol @ 08.00 This Morning - None Since - Still In Pain + Able To Weight Bear

The following investigations were carried out:

Nil

The A&E diagnosis was:

Musculo-Skeletal (Non Trauma) - Low Back Pain

The following treatment was given:

Nil

At the conclusion of treatment the patient was:

1 Left By Own Means

Follow-up:

1 General Practitioner

Additional Information:

Nil

Yours sincerely,


**George Olverman
 Consultant**

Consultants
 :

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NHS Confidential: Personal data about a patient



 CHI: 2307666133 23/07/1988

 MCAULEY Greene Edward

 111 North St, GB1 4EY



 Dr Seagrave 6143107

 Red King GB1 2TG

 11/10/2011 14:30 Practice 4004 (FAST) FOR THE DETECTION OF

 PROBABLE ALCOHOL PROBLEMS

For the following questions please circle the answer which best applies.

1 unit = 1 pint of beer or 1 glass of wine or 1 single spirit

1. MEN: How often do you have EIGHT or more units on one occasion?
WOMEN: How often do you have SIX or more units on one occasion?

Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	SCORE 4
------------	------------------------	--------------	-------------	--	------------

Only ask Questions 2, 3 & 4 if the response to Question 1 is 'less than monthly' or 'weekly'

2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	SCORE 4
------------	------------------------	--------------	-------------------------	--	------------

3. How often during the last year have you failed to do what was normally expected of you because of drink?

Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	SCORE 4
------------	------------------------	--------------	-------------	--	------------

4. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

Never 0	Yes, on one occasion 2	Yes, on more than one occasion 4	SCORE 2
------------	---------------------------	---	------------

TOTAL
16

If the person scores 3 or above, ask two consumption Questions to record levels of alcohol use:

1. On average how many days of the week do you drink?
2. On average how many units of alcohol do you consume?

FAST POSITIVE
(Score of 3 or more)

YES ✓	NO
----------	----

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Acute Services Division

Emergency Care and
 Medical Services Directorate

Acute Medical Receiving Unit, F1 Ward
 Western Infirmary, Glasgow G11 6NT.
 Tel No. 0141-211-2192

NHS
 Greater Glasgow
 and Clyde

REF: BM/SK
 CHI: 2307666133

Date Dictated: 30/06/2010
 Date Typed: 14/07/2010

Date of Admission: 07/06/2010 Date of Discharge: 08/06/2010

Dr Dhia Jaberoo
 Clydebank Health Centre
 Kilbowie Road
 Clydebank
 G81 2TQ

Dear Dr Jaberoo,

Graeme McAuley - 23/07/1966 - CRN: 70652119B
 11 Nairn Street, Clydebank, G81 4EY

Diagnosis

1. Paracetamol overdose
2. Depression
3. Alcohol excess
4. Chronic pain following a road traffic accident

This 43-year-old gentleman was admitted on 10th June after taking about five co-codamol tablets on a background of drinking approximately one litre of vodka a day. He unfortunately has a history of chronic pain in his right hip, back and left shoulder following a road traffic accident a number of years ago.

On admission he had a raised paracetamol level above the treatment line and was therefore commenced on IV Parvolex. He was also commenced on a CIWA scale and given Pabrinex in addition to this. His liver function tests and coagulation were normal the following day, and he was fit for discharge.

He was also seen by our liaison psychiatry and addiction teams who realised this gentleman had little intention of committing suicide but did suffer from an alcohol problem. He has since been referred to the community addictions team and he also plans to attend AA meetings. No further input is required from our point of view. I have also referred him to the outpatient chronic pain team.

Yours sincerely,



Brendan McCann
 FY2 in Medicine

Delivering better health

www.nhs.uk

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NHS Confidential: Personal data about a patient

Emergency Department
Forth Valley Royal Hospital
Stirling Road
Larbert FK5-4WR

Dr G Mcgeoch
Clydebank Health Centre
Kilbowie Road
Clydebank

G81 2TQ

18 November 2011

Dear Dr. ~~Mcgeoch~~ *AP*

Re: GRAEME MCAULEY, 11 NAIRN ST, CLYDEBANK, G81 4EY
Date of Birth: 23.07.66 Hospital Number: 2307666133 CHI Number: 2307666133

Your patient attended Forth Valley Royal Hospital on the 18 NOV 2011 at 11:37 am.

The presenting complaint was: **L Thigh Problem**

Triage Information: **Nil**

The following investigations were carried out: **Wound Swab**

The A&E diagnosis was: **Laceration - Thigh - Left Proximal**

The following treatment was given: **Nil**

At the conclusion of treatment the patient was: ***8 No Alcohol-Admitted**

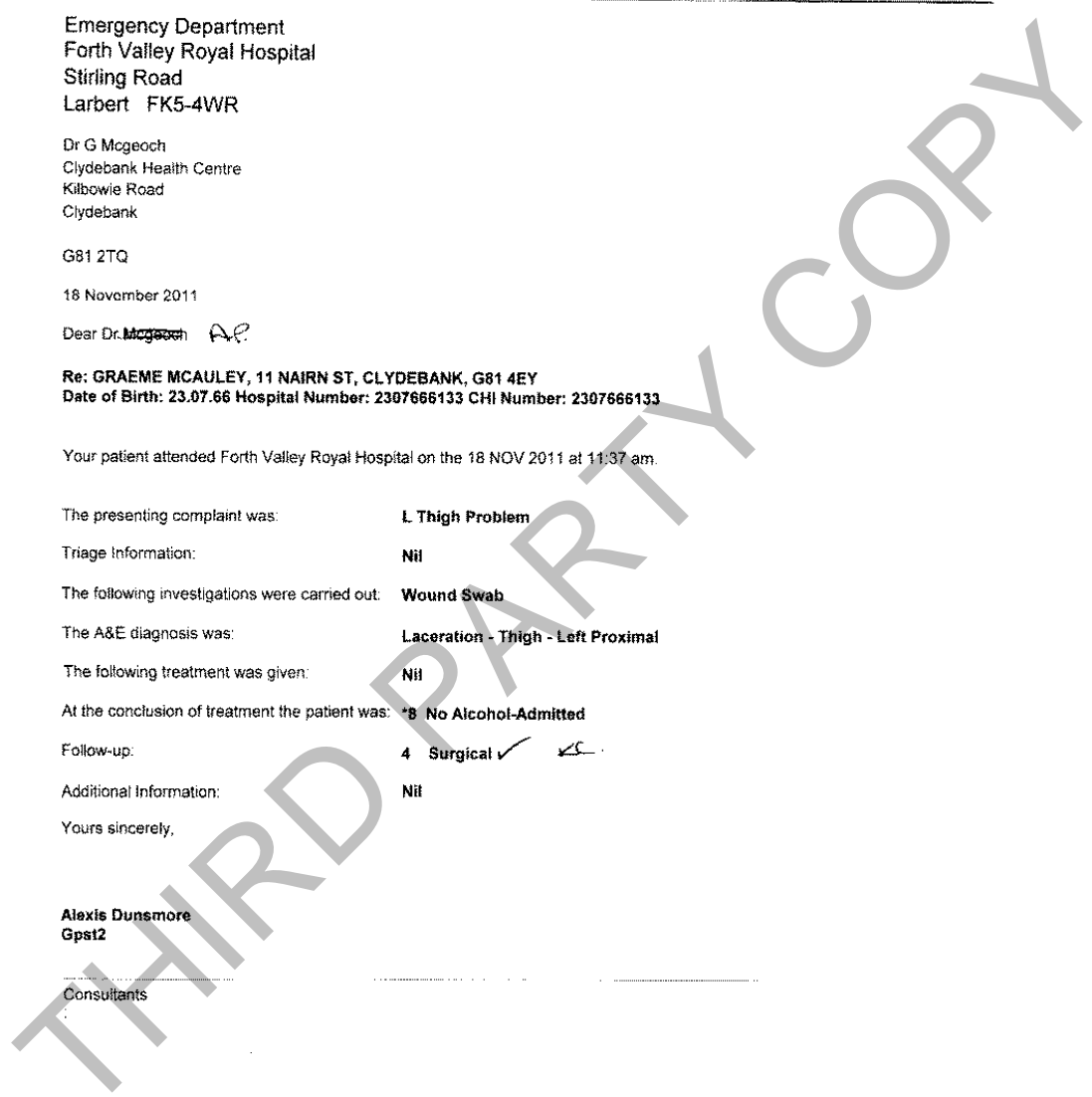
Follow-up: **4 Surgical** ✓ *AP*

Additional Information: **Nil**

Yours sincerely,

Alexis Dunsmore
Gp12

Consultants



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Estimate the risk - ASSIGN Score -- prioritising prevention of cardiovascular disease Page 1 of 1

ASSIGN Score -- prioritising prevention of cardiovascular disease

ASSIGN score is 18GRAEME McAULEY
DOB = 23/07/66**Estimate the Risk: NHS Scotland clinical use**

Failure of the 'calculate' option to produce the ASSIGN score is most likely because it is being blocked by your local security settings. You may like to check these before notifying us of a problem.

Current age	45
Sex	<input checked="" type="radio"/> M <input type="radio"/> F
Scottish Postcode	G81 4EY
Family history of CHD/Stroke	<input checked="" type="radio"/> N <input type="radio"/> Y
Diabetes	<input checked="" type="radio"/> N <input type="radio"/> Y
Cigarettes smoked daily	40
Systolic Blood Pressure	122
Total cholesterol	6.8
HDL Cholesterol	1.2

ASSIGN Score: 18

ASSIGN score below 20 is not currently high risk, implying general preventive measures (nobody is free of risk) Repeat the scoring in 5 years or earlier, depending how high the current score is.

CODED IN EMIS

<http://assign-score.com/estimate-the-risk/>

29/10/2011

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DOB 23/7/66

Framingham risk prediction (1)

sex (0=m, 1=f)	<input type="text" value="0"/>
age (years)	<input type="text" value="45"/>
systolic BP (mmHg)	<input type="text" value="122"/>
diastolic BP (mmHg)	<input type="text" value="78"/>
1 if smoker (current or quit within past year), 0 otherwise	<input type="text" value="1"/>
total cholesterol mmol/l	<input type="text" value="6.8"/>
HDL cholesterol (mmol/l)	<input type="text" value="1.2"/>
diabetes (1=y, 0=no)	<input type="text" value="0"/>
time to event (years) (usually set to 10 years)	<input type="text" value="10"/>
TC/HDL ratio of the values entered above	5.67
predicted risk of CHD event (systolic based estimate)	11.9%
predicted risk of stroke event (systolic based estimate)	1.1%
JBS2 (sum of stroke and CHD): systolic based estimate	13.1%
predicted risk of CHD event (diastolic based estimate)	11.8%
predicted risk of stroke event (diastolic based estimate)	1.0%
JBS2 (sum of stroke and CHD): diastolic based estimate	12.8%
JBS2 score	<input type="text" value="13.1%"/>
+10yrs = 22.1%	

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NOT U-Lo-Lady
 STIRLING
 Not R Same

AD

Multiple

Immediate Discharge Letter



Hospital: Forth Valley Royal Hospital, Larbert Tel: 01324 588000
 Consultant: Ritchie, Mr Ian Discharging Ward: FVRH - Ward B23
 Speciality: Trauma and Orthopaedic Surgery

GP Details	Patient Details	Admission Details
Practice Code: 25031	Patient CHI No: 2307666133	Admission Date: 18/11/2011
GP Name: Dr Catriona B Lamb	Patient Hospital No: S354769	Admission Type: Emergency - Type Not Known
Address: Health Centre Practice 3, Hallpark Road, Sauchie, FK10 3JQ	Forename: Graham	Presenting Complaint: Wound
	Date of Birth: 23/07/1968	Discharge Date: 19/11/2011
	Address: 17 Hutton Park, Alloa, FK10 3RN	Discharge To: Private Residence - Living with Relatives or Friends

Diagnosis/Problem List

SA0.. - Open wound of hip and thigh

Additional comment (Progress, investigations, Procedures, Complications etc)

Dear Doctor,

This 45 year old gentleman fell onto a spiked fence whilst intoxicated on 26/10/11. He sustained a puncture injury to his left thigh but did not seek medical advice at that time. He presented on 18/11 with an open wound which was discharging serous fluid. This was managed as an infected wound haematoma. The wound was explored, washed out and he was commenced on IV antibiotics. His inflammatory markers were not raised. he is well, apyrexial and mobilising independantly. The wound was reviewed by the orthopaedic consultant the following morning and is not considered infected. He is fit for discharge and will be reviewed as an outpatient in the tissue viability clinic. Appointment to be arranged on Monday and will follow.

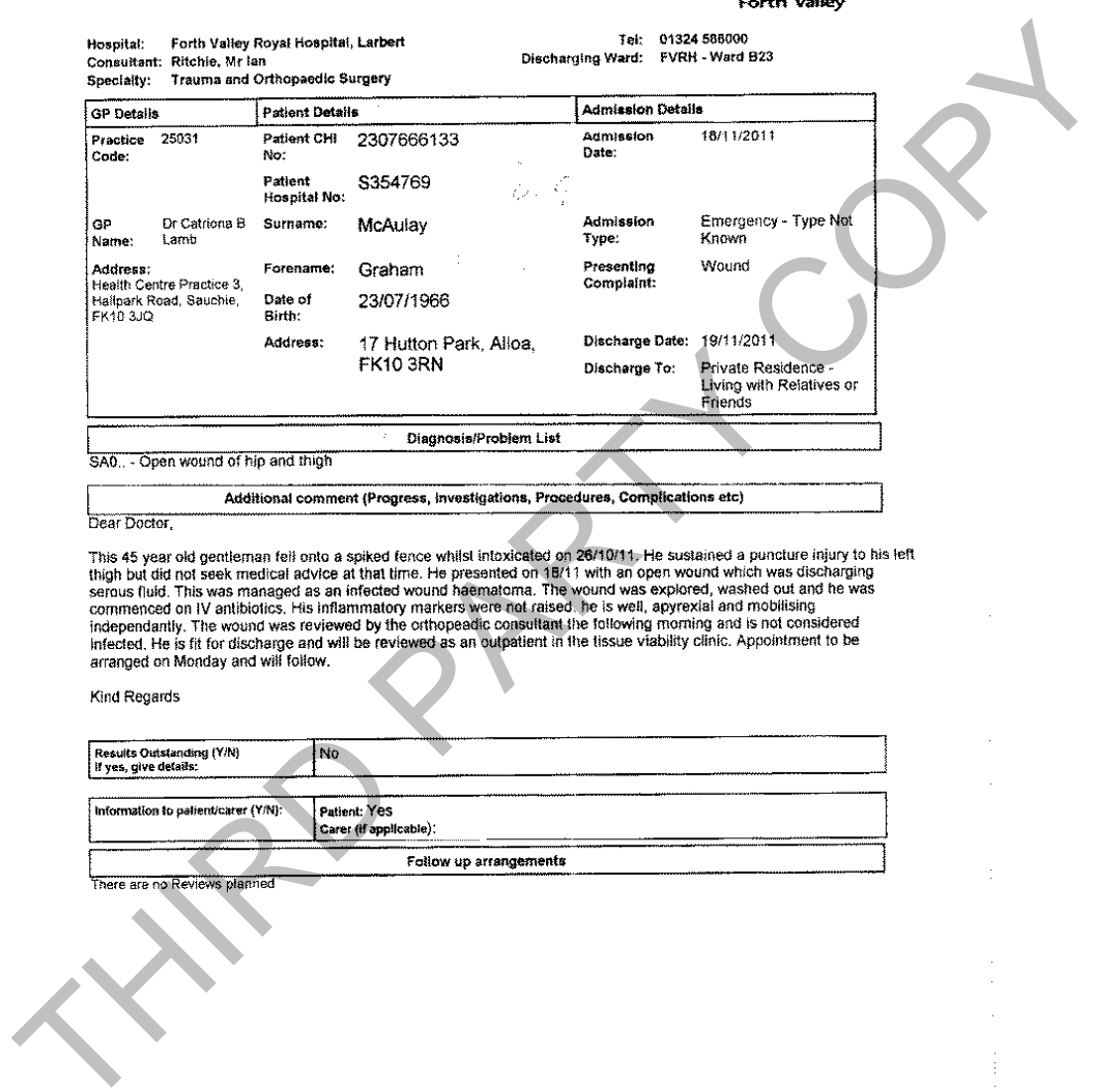
Kind Regards

Results Outstanding (Y/N) If yes, give details:	No
--	----

Information to patient/carer (Y/N):	Patient: YES Carer (if applicable):
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Follow up arrangements

There are no Reviews planned



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Authoriser's name: Dr K Marshall	Authoriser's Signature:
Authoriser's grade: FY1	
Read/Approved by:	
Date: 19/11/2011	
Discharge Ward Nurse:	

Validation/Contact Name: Ritchie, Mr Ian

THIS IS THE FINAL DOCUMENT
CHJ: 2307668133

Name: Mr Graham McAulay

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Multiple

Forth Valley Acute Hospitals Acute Division Medications Discharge Summary			
Name:	Mr Graham McAulay	Patient's Tel No:	
Address:	17 Hutton Park, Alloa, FK10 3RN	Patient's Tel	01259212792
		Eve:	
Admission Date:	18/11/2011	Discharge Date:	19/11/2011
PATIENT ALERTS			
Alert Group	Alert	Alert Comment	When Added Added By
PATIENT DRUG REACTIONS			
CURRENT PRESCRIPTION (all medicines currently prescribed)		<i>e.g. clinical indication for prescription monitoring</i>	
MEDICINES DISCONTINUED			
** Prescription Not Requested For Discharge **			
No Regular Medication on Admission			
Nurse check on discharge:			
Signature 1:		Signature 2:	
Name: Mr Graham McAulay			CHI: 230/666133

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Emergency Department
Forth Valley Royal Hospital
Stirling Road
Larbert FK5-4WR

Dr D Bell
Clydebank Health Centre
Kilbowie Road
Clydebank

G81 2TQ

3 January 2013

Dear Dr Bell

Re: GRAEME MCAULEY, 11 NAIRN ST, CLYDEBANK, G81 4EY
Date of Birth: 23.07.66 Hospital Number: 2307666133 CHI Number: 2307666133

Your patient attended Forth Valley Royal Hospital on the 3 JAN 2013 at 17:37 pm.

The presenting complaint was: **Fb In Eye**
Triage Information: **Prob. Started Or Acutely Worsened Within Week • Mild Pain
5 Day History Of Sharp Pain Behind Eye And Altered Vision.
"Like Looking Through Steam"
Red Eye, No Fb History**

The following investigations were carried out: **Nil**

The A&E diagnosis was: **Eye - Corneal Abrasion**

The following treatment was given: **Eye - Topical Anaesthetic
Fluorescein
Chloramphenicol Eye Ointment 1% 4g**

At the conclusion of treatment the patient was: ***7 No Alcohol-Left By Own Means**

Follow-up: **1 General Practitioner**

Additional Information: **Nil**

Yours sincerely,

Heather Lyon
Emergency Nurse Practitioner

Consultants

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Tissue Viability Service
Specialist Nurse: **Geraldine Young**
Tel: 01324 673747
Fax: 01324 6673748

Falkirk Community Hospital
Major's Loan
Falkirk
FK1 5QE



Ref: GY//S354769
CHI: 2307666133

Clinic Date: 22 November 2011
Date: 24 November 2011

Dr Gillian McGeoch
Dr Bell & Partners
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Dear Dr McGeoch

GRAEME MCAULEY 23/07/1966
11 NAIRN ST CLYDEBANK G81 4EY

Mr McAuley was referred to the Tissue Viability Service by the trauma and orthopaedic team at Forth Valley Royal Hospital with a wound on his left thigh. He had an appointment for the clinic today but unfortunately he did not attend. We have not sent him another appointment at this time but would be happy to see him if required.

Yours sincerely

Yvonne Johnston
PP **Geraldine Young**
Specialist Nurse



INVESTOR IN PEOPLE

Chairman Ian Mullen OBE BSc MRPharmS DL
Chief Executive Fiona Mackenzie MA(Hons) MBA CHM DipHSM

Forth Valley NHS Board is the crown name for Forth Valley Health Board
Registered Office: Carrowsview House, Castle Business Park, Stirling, FK9 4SW

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Emergency Department
Western Infirmary
Dumbarton Road
Glasgow G11 6NT

Dr D Jaberoo
Clydebank Health Centre
Kilbowie Road
Clydebank

G81 2TQ

22 November 2011

Dear Dr ~~James~~ NS

Re: GRAEME MCAULEY, 11 NAIRN STREET, CLYDEBANK, DUNBARTONSHIRE, G81 4EY
Date of Birth: 23.07.66 Hospital Number: 70852119B CHI Number: 2307666133

Your patient attended Western Infirmary on the 21 NOV 2011 at 16:59 pm.

The presenting complaint was: **infected Wound On Leg**

Triage Information: **Nil**

The following investigations were carried out: **Group + Save
Wound Swab C+S
Ae11-Fbc/Glucose/Profile/Coag/Crp**

The A&E diagnosis was: **Infection/Inflammation - Other Infection-Specify In G P Letter**

The following treatment was given: **Nil**

At the conclusion of treatment the patient was: **Discharged**

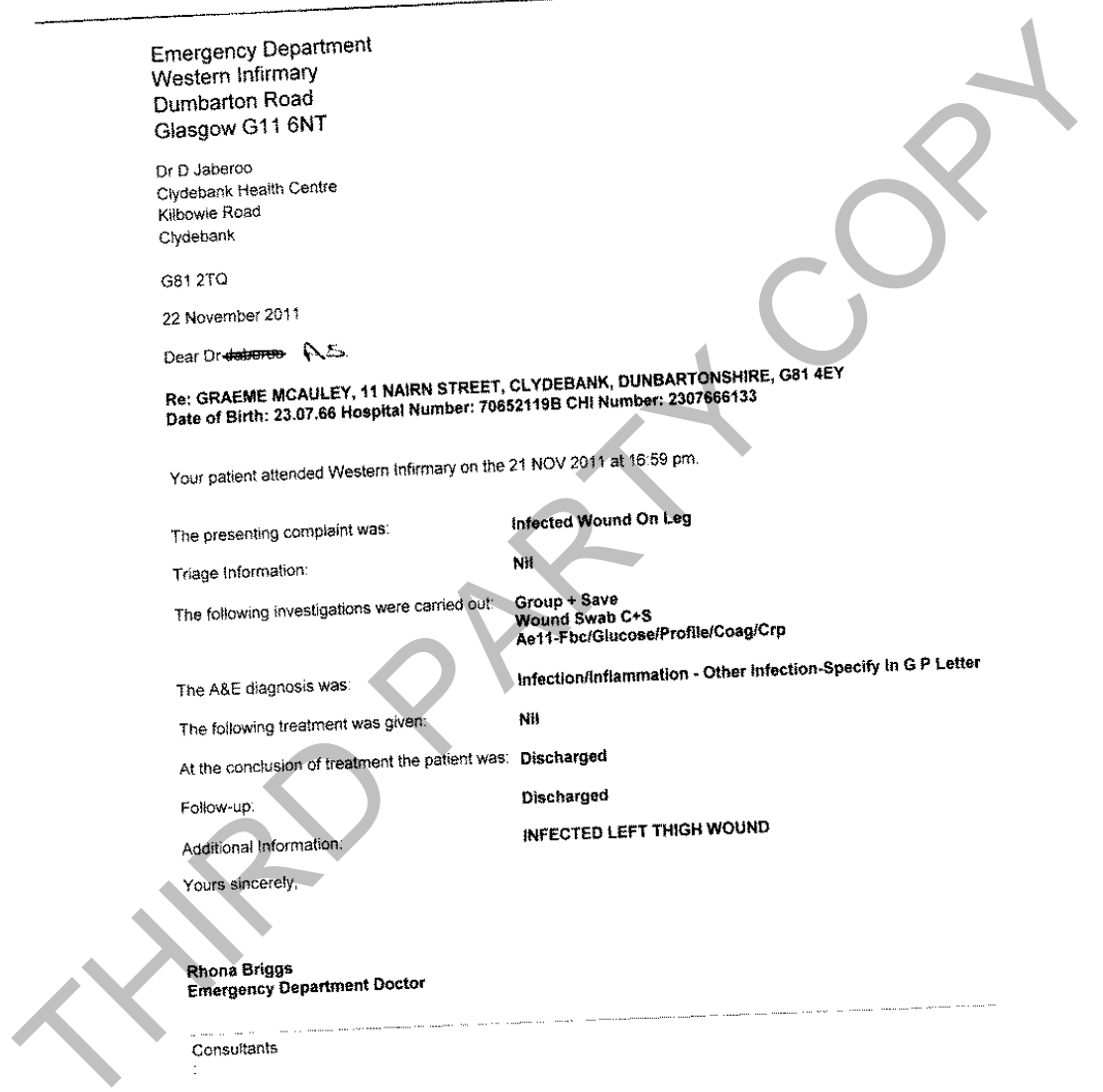
Follow-up: **Discharged**

Additional Information: **INFECTED LEFT THIGH WOUND**

Yours sincerely,

**Rhona Briggs
Emergency Department Doctor**

Consultants
:



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Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER**MEDICAL IN CONFIDENCE**

GGC Ophthalmology - Request for Information (Glasgow, vR15.0)

REFERRAL TO	
Ophthalmology - Request for Information GGC Ophthalmology	— Consultant / receiving practitioner and/or specialty clinic
Ophthalmology - Request for Information (GG&C) NHS GG&C	— Hospital and hospital address
	Hospital location code: G039G
	Email address: -
Urgency of referral	Not applicable
Date of referral	17-Jan-2013
Date sent	17-Jan-2013

PATIENT DETAILS		Patient's address
Surname	McAuley	11 Nairn St DALMUIR Clydebank G81 4EY Contact number(s) Voice: 07870285899
Forename(s)	Graeme	
Title	Mr	
Sex	Male	
Date of birth	23-Jul-1966	
CHI no.	2307666133	
Area of Residence	-	

101004760722N Unique Care Pathway Number: 101004760722N

REGISTERED GP DETAILS		Practice address
Name	Dr David Bell	Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ Contact number(s) Voice: 0141 531 6475 Facsimile: 0141 531 6478
GMC code	2551498	
GP code	G01970	
Practice name	Red Wing - Clydebank Medical Centre (13414)	
Practice code	40046	

REFERRING GP DETAILS		Practice address
Name	Dr. David Bell	Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ Contact number(s) Voice: 0141 531 6475
GMC code	2551498	
GP code	01970	
Practice name	Dr Bell & Partners (40046)	
Practice code	40046	

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Ophthalmology - Request for additional information

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Anterior uveitis	L	16-Jan-2013	16-Jan-2013
Overdose of drug	cocodamol	07-Jun-2010	07-Jun-2010
Anxiety with depression	-	03-Nov-2008	03-Nov-2008
[D]Chronic intractable pain	-	11-Oct-2008	11-Oct-2008
Alcohol dependence syndrome	-	03-Oct-2008	03-Oct-2008
Low mood	-	06-Dec-2005	06-Dec-2005
Alcohol problem drinking	-	07-Jun-1998	07-Jun-1998
Minor head injury	-	12-Apr-1998	12-Apr-1998
[X]RTA - Road traffic and other transport accidents	head injury	12-Apr-1998	12-Apr-1998
Mechanical low back pain	-	23-Feb-1993	23-Feb-1993
Partial division flexor tendon wrist	Right	20-Aug-1982	20-Aug-1982
Complete division extensor tendon hand	Right little finger	20-Aug-1982	20-Aug-1982
Viral pneumonia NOS	Right	21-Dec-1972	21-Dec-1972

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Excision of lipoma	Knee	13-Nov-1984	13-Nov-1984
Primary repair of tendon	FCU	20-Aug-1982	20-Aug-1982

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

No recent medications recorded

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Not interested in stopping smoking:		11-Oct-2011
Alcohol consumption unknown:		11-Oct-2011
Exercise grading, 3:		11-Oct-2011

Clinical warnings**Additional relevant information****Administrative information**

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) **Date**

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

OPTOMETRIST GENERAL OPHTHALMIC REFERRAL FORM
 PLEASE SEND TO



<input type="checkbox"/> Inverclyde Royal Hospital	<input type="checkbox"/> Royal Alexandra Hospital	<input type="checkbox"/> Vale of Leven Hospital
<input checked="" type="checkbox"/> Glasgow General Hospital	<input type="checkbox"/> Glasgow Royal Infirmary	<input type="checkbox"/> Stobhill Hospital
<input type="checkbox"/> Royal Hospital for Sick Children	<input type="checkbox"/> Southern General Hospital	<input type="checkbox"/> Victoria Hospital

Patient Details Name: <u>Graeme McAuley</u> Address: <u>11 Nairn Street</u> <u>Clydebank</u> Postcode: <u>G81 4EY</u> DOB: <u>23.7.66</u> Ethnic Background: <u>ALL</u> Telephone No: <u>0759 1087877</u>	General Practitioner Details Practice: <u>Dr Bell</u> Address: <u>Clydebank H.C.</u> <u>Kilborne Road</u> <u>Clydebank</u> Postcode: <u>G81 2TQ</u> Practice Code: _____ Telephone No: <u>0144 531 6300</u>	Optometry Practice Details Practice: <u>Specsavers Opticians</u> Address: <u>475 Sylvania Way</u> <u>Clydebank</u> Postcode: <u>G81 2ER</u> Optometrist Name: <u>Emma Lennie</u> Optometrist Signature: _____ Date of Referral: <u>8.1.15</u> Telephone No: <u>0141 5951882</u>
---	---	--

TYPE OF REFERRAL

<input type="checkbox"/> ARMD	<input type="checkbox"/> Acute Red Eye	<input type="checkbox"/> Cyst / Infection	<input type="checkbox"/> Sudden Vision Loss
<input type="checkbox"/> Corneal	<input type="checkbox"/> Cataract	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Retinal
<input type="checkbox"/> Paediatric	<input type="checkbox"/> Neurological	<input type="checkbox"/> Uveoloplastic (Lids/Lacrimal)	<input type="checkbox"/> Squint

Other please, specify: _____

Unaided V	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA
R	6/10	-0.75	+0.50	30		6/5	+1.75	N5
L	6/10-2	+0.50	ps			6/10-2	+1.75	N14 Juv

Primary Patient Complaint: Red, sore LE
Mucus discharge
Photophobia

Primary / Provisional Diagnosis: ? LE Uveitis

Secondary Diagnosis / Other Conditions: _____

Past Ocular History: Nil

Duration of Signs / Symptoms: 4 days

Additional Information / Clinical Findings:

- Anterior Chamber moderate-severe cells + flare.
- Bulbar conjunctiva diffuse hyperaemia + chemosis

Repeat fields Y/N: _____ Dilated Fundoscopy Y/N

IOP 240pm		Attached files	
mmHg	NCT	Fields	<input type="checkbox"/>
1	11	Photograph	<input type="checkbox"/>
time	7	OCT	<input type="checkbox"/>
2	11	Medical Info	<input type="checkbox"/>
time	7	Other	_____
Pachymetry	1		
B	L		

Cornea or Disc: Dull ret reflex + slightly hazy view of fundus.
ARC appt made for them Wed 9th Jan for appropriate
Ophthalmological assessment + management.

Many Thank

FOR ACTION

FOR INFORMATION ONLY

FOR ATTENTION OF GENERAL PRACTITIONER
 Referral to Ophthalmology completed by Optometrist. Please send past medical history and drug history via SCI Gateway to the Hospital indicated above.
 No action required. Patient referred as emergency to Eye Casualty by Optometrist

NHS Confidential: Personal data about a patient

Department of Ophthalmology
Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN



Glasgow Ophthalmology Acute Referral Centre

GP Details
Clydebank Health Centre
G81 2TQ

P
706521:BB
MCANLEY
OSCARME 23/07/1966 M
11 NAIRN STREET
CLYDEBANK
DUNBARTONSHIRE G81 4BY
CHI: 2307666133
Hospital No:

Dear Dr. P. Bell
Date of attendance: 9/1/13

Diagnosis (please print clearly)
(L) anterior uveitis - (1st episode)

Treatment (please print clearly)
g. Predforte 1% (48hr), 2% (1/2), qds (1/2), tds (1/2), bd (1/2), od (1/2) | LE
g. Cyclopentolate 1% tds (1/2)
Issued by (Nurse): [Signature]

Follow up: Discharge Clinic General clinic 2/12

Comments: Please investigate as appropriate for Spondylitis

Examining Ophthalmologist:
Print Name: CHIA Grade: Consultant / Reg / ST 1 3
Signature: [Signature]

Top copy to GP, Second copy for case notes, Third copy for audit

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Department of Ophthalmology
Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN



Glasgow Ophthalmology Acute Referral Centre

GP Details Clydebank Health Centre G81 2TQ	P A 706521198 MCAULBY GRAEME M 23/07/1968 11 HALPIN STREET CLYDEBANK DUNBARTONSHIRE G81 4BT CHI-2307666133 Hospital No:
--	---

Dear Dr. P. Bell
Date of attendance: 9/1/13

Diagnosis (please print clearly)
 anterior uveitis - (1st episode)

Treatment (please print clearly)
 g. Predforte 1^o (4hrs), 2^o (1/2), qds (1/2), tds (1/2), bd (1/2), od (1/2) | LE
 g. Cyclopentolate 1% tds (1/2)
 Issued by (Nurse): [Signature]

Follow up: Discharge Clinic General clinic 2/12

Comments: Please investigate as appropriate for? Antylosing Spondylitis

Examining Ophthalmologist:
 Print Name: CHIA Grade: Consultant / Reg / ST 1 3
 Signature: [Signature]

Top copy to GP, Second copy for case notes, Third copy for audit

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER**MEDICAL IN CONFIDENCE**

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO	
Rheumatology GGC General Referral	— Consultant / receiving practitioner and/or specialty clinic
Western Infirmary/Gartnavel General Dumbarton Road Glasgow G11 6NT	— Hospital and hospital address
	Hospital location code. G516H
	Email address -
Urgency of referral ROUTINE	
Date of referral 24-Nov-2014	Date sent 06-Dec-2014

PATIENT DETAILS		Patient's address
Surname McAuley		11 Nairn St DALMUIR Clydebank G81 4EY
Forename(s) Graeme		
Title Mr		
Sex Male		Contact number(s)
Date of birth 23-Jul-1966		Voice: 07591087877
CHI no. 2307666133		
Area of Residence -		

101008286033L	Unique Care Pathway Number: 101008286033L
-----------------	---

REGISTERED GP DETAILS		Practice address
Name Dr Gillian J McGeoch		Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ
GMC code 4444802	GP code 07013	
Practice name Red Wing - Clydebank Medical Centre (13414)		Contact number(s)
Practice code 40046		Voice: 0141 531 6475 Facsimile: 0141 531 6478

REFERRING GP DETAILS		Practice address
Name Dr. Jessica Lynas		Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ
GMC code 7036828	GP code 99999	
Practice name Dr Bell & Partners (40046)		Contact number(s)
Practice code 40046		Voice: 0141 531 6475

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CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: low back pain, episode of anterior uveitis

Comment: I wonder if you would see this 48 year old man who presents with chronic back pain and stiffness and had an episode of left anterior uveitis last January.

Mr McAuley has a complex history of pain which he relates back to an accident in 1993 where he was hit by a moving vehicle travelling at speed. He has presented on and off with exacerbations of low back pain which have been managed with simple analgesia and physio with minimal relief.

Last year when he developed uveitis he had ANA, ANCA, RH factor checked which were all normal although his ESR was elevated at 39. Currently on examination he walks with an antalgic gait and is tender over left SIJ with reduced forward flexion to 45 degrees at best. He attended A+E earlier in the month having been knocked to the ground by a passerby and underwent x ray of thoracic spine. This showed an T8 anterior wedge fracture for which the cause is currently unexplained.

Mr McAuley is significantly troubled by his symptoms describing a complete change in his life. He previously enjoyed active work as a mechanic and is now unable to work. He has admitted to bingeing on alcohol in the past but tells me he is currently teetotal.

I wondered whether he might have an underlying inflammatory cause for this current pain and would appreciate your further evaluation. I also wondered whether you might consider further imaging e.g. DEXA considering his thoracic fracture? I have updated all his bloods today.

Many thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Closed fracture thoracic vertebra, wedge	T8	05-Nov-2014	05-Nov-2014
Anterior uveitis	L	16-Jan-2013	16-Jan-2013
Overdose of drug	cocodamol	07-Jun-2010	07-Jun-2010
Anxiety with depression	-	03-Nov-2008	03-Nov-2008
[D]Chronic intractable pain	-	11-Oct-2008	11-Oct-2008
Alcohol dependence syndrome	-	03-Oct-2008	03-Oct-2008
Low mood	-	06-Dec-2005	06-Dec-2005
Alcohol problem drinking	-	07-Jun-1998	07-Jun-1998
[X]RTA - Road traffic and other transport accidents	head injury	12-Apr-1998	12-Apr-1998
Minor head injury	-	12-Apr-1998	12-Apr-1998
Mechanical low back pain	-	23-Feb-1993	23-Feb-1993
Partial division flexor tendon wrist	Right	20-Aug-1982	20-Aug-1982
Complete division extensor tendon hand	Right little finger	20-Aug-1982	20-Aug-1982
Viral pneumonia NOS	Right	21-Dec-1972	21-Dec-1972

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Excision of lipoma	Knee	13-Nov-1984	13-Nov-1984
Primary repair of tendon	FCU	20-Aug-1982	20-Aug-1982

Family conditions (All priorities)

Description	Date of Onset
No FH: Stroke/TIA	11-Oct-2011
No FH: Ischaemic heart disease	11-Oct-2011

Current medication (Active Repeat medication issued within the last 12 months)

file:///P:/PCTI/DOCMAN7/DATA_S1/Document/DMEDOC01/00016500/00765381.... 19/11/2025

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Gabapentin Capsules 300 mg	84	84 capsule	1 CAPSULE THREE TIMES PER DAY	-	24-Nov-2014	24-Nov-2014
Gabapentin Capsules 100 mg	100	100 capsule	1 CAP 3 TIMES DAILY INCREASE BY 1 CAP EVERY 4 DAYS AS TOLERATED	-	29-Oct-2014	12-Nov-2014
Naproxen Tablets 500 mg	56	56 TABLET	ONE TO BE TAKEN TWICE A DAY	-	30-Sep-2014	30-Sep-2014

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Not interested in stopping smoking:		11-Oct-2011
Alcohol consumption unknown:		11-Oct-2011
Exercise grading, 3 :		11-Oct-2011

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
 Patient has disability or requires wheelchair access:No
 Referred By:Referring GP
 Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

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West Dunbartonshire

Community Health & Care Partnership

Director: Keith Redpath

Self Referral to Physiotherapy

Discharge Summary

Physiotherapy Department
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Direct Line:
Fax:

0141 531 6324
0141 531 6336

Dear Dr Bell
Practice: Red Ning

Regarding: Graeme McAuley
Address: 11 Nairn St, Dalmeir

CHI: 2307666133

The above patient self referred to physiotherapy on 27/8/13

Reporting of: Lx / Thoracic pain - flare up of chronic sx.

- He / She:
- Received treatment
 - Was given advice/exercises
 - Failed to attend initial review appointment 17/9/13
 - Was to contact us if further help required, and has not
 - Was put on the waiting list but failed to contact us for an appointment
 - Was given an appliance

Physiotherapy Comments:

Attended for assessment and was given extension exercises. cancelled review x 2 and said we would contact us for another appointment - No contact - dlc.

Yours sincerely

Deanna Greaves

Physiotherapist

Date: 9.11.13

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Filename: iGPRDA_69.pdf
 Extension:.tif
 Pages:

NHS Confidential: Personal data about a patient

Lab Report ID : B,14.3657065.A Coding Status : Part Read Coded
 Filed By User : File Status : Not Filed
 Assigned to : Dr Jessica Lynas Task Status : No Tasks

Patient Details : (14021) Graeme Edward McAuley DOB : 23/07/1966 CHI : 2307666133 SEX : M
 ADR : 11 Hain St DALMUIR Clydebank
 SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R I ANCA					
ANCA Screen		Negative			NK
R I ANA/Centromere Abs					
-					
ANA screen					NK
-See titration result (to follow)					
R I ANA Titre					
-Weak positive ANA - titre 1/160					
-Pattern - nucleolar					
-May be associated with a range of autoimmune, -inflammatory and infective disorders. -Also found in a proportion of the healthy population.					
R ANA titre		1/160			NK
R ANA pattern		Nucleolar			NK
R I ENA Request (int)					
-ENA screen to follow					
R ENA Request		See comment			NK
R I ENA Screen (Elia)					
-Screen includes anti-Ro, La, Sm, RNP, Scl-70, Jo-1 -and centromere antibodies -These negative results do not provide any -additional evidence of connective tissue disease -However they do not exclude this since these -antibodies are only found in a proportion of -affected individuals					
ENA Screen by Elia		Negative			NK

Sample Collected Date : 24/11/2014
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 25/11/2014 08:50:00
 Received Date : 17/12/2014 11:00:23
 Requestor : LYNAS, JESSICA
 Requestor GMC Code : 7036828

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Filename: iGPRDA_71.pdf
Extension: .tif
Pages:

NHS Confidential: Personal data about a patient



West Dunbartonshire
Community Health & Care Partnership

Director: Keith Redpath

Self Referral to Physiotherapy

Discharge Summary

Physiotherapy Department
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Direct Line: 0141 531 6324
Fax: 0141 531 6336

Dear Dr Bell
Practice: Red Wing

Regarding: Graeme McAuley
Address: 11 Nawn St, Dalmuir

CHI: 2307666133

The above patient self referred to physiotherapy on 27/8/13

Reporting of: Lx / Thoracic pain - flare up of chronic sx.

- He / She:
- Received treatment
 - Was given advice/exercises
 - Failed to attend initial review appointment 17/9/13
 - Was to contact us if further help required, and has not
 - Was put on the waiting list but failed to contact us for an appointment
 - Was given an appliance

Physiotherapy Comments:

Attended for assessment and was given extension exercises. cancelled review x 2 and said we would contact us for another appointment - No contact - dlc.

Yours sincerely

Deanna Greaves

Physiotherapist

Date: 9.11.13

www.wdchcp.org.uk

NHS Confidential: Personal data about a patient



Musculoskeletal Physiotherapy Discharge Summary

Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ
Tel No. 0141 531 6324

Date 12/12/14

Dear Dr Bell

Patient's name: Graeme McArthur

CHI: 2307/66

Address: 11 Nairn St
G81 4EY

GP Action required Yes No

Details of action required:

Presenting condition: back pain

Referred via: Self-referral Hospital referral GP referral Other on

Discharge outcome:

- Failed to respond to opt in letter requesting contact to arrange an appointment
- Failed to attend First/ review appointment on
- Provided with a walking aid or appliance
- Condition improving and was to contact us if further help was required and has not
- Patient cancelled further treatment
- Completed course of treatment: Fully resolved significantly improved
- Partially resolved Unchanged
- Worse
- Has an exercise programme for self management
- Referred elsewhere:

This patient has been discharged from Physiotherapy.

Additional physiotherapy comments:

Yours sincerely,

Melissa Jack Admin Assistant

Filename: iGPRDA_70.pdf

Extension: .tif

Pages:

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McAuley Graeme

CHI: 2307666133

Emergency Attendance Letter

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow
Lanarkshire
G11 6NT

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 05/11/2014

Consultant: Dr Amit Roy

GJ McGeoch
Dr Bell & Partners
Clydebank Health Centre
Kilbowie Road
Clydebank
Clydebank
G81 2TQ

Dear GJ McGeoch

Re: **McAuley Graeme**
11 NAIRN STREET
Clydebank G81 4EY

DOB: 23/07/1966

CHI: 2307666133

Attended on: 05/11/2014 at 18:32 hrs.

Departed on: 05/11/2014 at 20:50 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 0

Presenting complaint

BIBA-falls

Nursing Assessment:

**BIBA Passer by ran into left side whilst in Asda today. C/o pain left side difficulty weightbearing.
Mobility issues left side following RTC several years ago.**

Investigations in ED:

1. XR Thoracic spine

NHS Confidential: Personal data about a patient

McAuley Graeme CH#: 2307666133

Diagnosis:

Diagnosis	Side	Site
Thoracic back pain		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Attended due to fall with an increase in his chronic pain. Complaining of back in upper back and hip. Full ROM in hip with no reduction in power. Neurologically intact throughout. Also complaining of thoracic back pain - tender over T6/T7. Xray showed a ?wedge fracture around T9. Discharged home with analgesia.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Alison Law
Doctor

Copies to:

1. GJ McGeoch (GP)

School Address:

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

McAuley Graeme

CHI: 2307666133

Emergency Attendance Letter

Emergency Department
 Western Infirmary
 Dumbarton Road
 Glasgow
 Lanarkshire
 G11 6NT

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 02/01/2015

Consultant: Dr Alan Whitelaw

GJ McGeoch
 Dr Bell & Partners
 Clydebank Health Centre
 Kilbowie Road
 Clydebank
 Clydebank
 G81 2TQ

Dear GJ McGeoch

Re: **McAuley Graeme**
 11 NAIRN STREET
 Clydebank G81 4EY

DOB: 23/07/1966

CHI: 2307666133

Attended on: 02/01/2015 at 04:59 hrs.

Departed on: 02/01/2015 at 07:00 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 1

Presenting complaint

BIBA...BACK PAIN

Nursing Assessment:

Chronic back pain on pregabalin not working over last 4/7. SAS noted BM 3.4 pt claims he has not eaten for 4/7 as he has no money

Investigations in ED:

None

NHS Confidential: Personal data about a patient

McAuley Graeme

CHI: 2307666133

Diagnosis:

Diagnosis	Side	Site
Low back pain		

Procedures: **None**Immunisations: **None**

Dispensed Medication:

Dispensed Medicine	Formulation	Dose	UOM	Route	Frequency	Duration
Cocodamol 30/500 2 tabs QID PREPACKED ONLY	Tablets (PP)	2	TABS	Oral	FOUR Times a Day	No duration defined

Clinician Notes:

Patient attended A&E with chronic back pain for the last 21 years. There was no new obvious pathology. He'd had been drinking alcohol and was quite tearful upon arrival, he was given reassurance, co-codamol 30/500 and is to be followed up by rheumatology on the 2/2/15.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Charles Knoery
Doctor

Copies to:

1. GJ McGeoch (GP)

School Address:

Page 2 of 2

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McAuley Graeme

CHI: 2307666133

Emergency Attendance Letter

Emergency Department
 Western Infirmary
 Dumbarton Road
 Glasgow
 Lanarkshire
 G11 6NT

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 23/01/2015

Consultant: Dr Samantha Perry

GJ McGeoch
 Dr Bell & Partners
 Clydebank Health Centre
 Kilbowie Road
 Clydebank
 Clydebank
 G81 2TQ

Dear GJ McGeoch

Re: **McAuley Graeme**
 11 NAIRN STREET
 Clydebank G81 4EY

DOB: 23/07/1966

CHI: 2307666133

Attended on: 13/01/2015 at 22:56 hrs.

Departed on: 14/01/2015 at 02:53 hrs.

Discharge Type: 01b - Discharge with follow up by
 primary care team

Destination: Private residence

Previous ED Attendance in last 12 months: 2

Presenting complaint
BIBA - back pain

Nursing Assessment:

pt biba, c/o chronic back/pelvic pain, passerby phoned sas as pt states to have been having ?spasm
 to back, pt states to have had whisky tonight.

Investigations in ED: None

NHS Confidential: Personal data about a patient

McAuley Graeme CHI: 2307666133

Diagnosis:

Diagnosis	Side	Site
Low back pain		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
attended after passerby phoned ambulance as he felt Mr McAuley may have hurt himself. Mr McAuley described chronic back pain symptoms. No new pathology was identified and there was no neurology on exam. Mr McAuley was discharged and has rheumatology follow up in February.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
 Laura Hamilton
 Doctor

Copies to:
 1. GJ McGeoch (GP)

School Address:

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

Clinic Letter

Dr. GJ McGeoch
 Dr Bell & Partners
 Clydebank Health Centre
 Kilbowie Road
 Clydebank
 G81 2TQ

Main Switchboard:
 Department:
 Contact Tel:
 Enquiries to:
 Letter Date:
 Reference:
 Dictated Date:
 Transcribed Date:

NHS
 Greater Glasgow
 and Clyde
 Gartnavel General Hospital
 1053 Great Western Road
 Glasgow
 G12 0YN
 0141 211 3000
 Rheumatology Department
 0141 211 3254
 Dr Gupta's Secretary
 02/02/2015
 MG/LM
 02/02/2015
 04/02/2015

Dear Dr. GJ McGeoch,

Graeme McAulay; D.O.B: 23 Jul 1966; CHI: 2307666133
11 NAIRN STREET, Clydebank, Dunbartonshire, G81 4EY

Attendance: Specialty - Rheumatology; Clinic - GGMGURH2-RHEUM DR M GUPTA MONDAY PM
 Date and Time of Appointment - 02/02/2015 15:10

Clinical Comments:**Diagnoses:**

1. Anterior uveitis - 2 episodes in 12 months
2. Chronic back pain
3. Alcohol excess
4. Smoker
5. Unexplained atypical chest pain
6. Unexplained wedge fracture T8 - post traumatic ?
7. Deficiency of Vitamin D

Current medication - Naproxen 500 mg bd

Suggested change - Suggest try Lodine SR 600 mg as he feels Naproxen no longer helps.

Investigation - HLA B27, full blood count, ESR, CRP, biochemistry, antinuclear antibody, rheumatoid factor, Vitamin D, testosterone, thyroid function tests, immunoglobulins and protein electrophoresis.

Plain x-ray pelvis, hands and chest, STIR sequence MRI spine and sacroiliac joint/hips. Referred today to OT and Physio. DEXA scan requested.

Follow-up - First return clinic in about 3 months' time or first available.

Thank you very much for asking me to see this 48 year old man who was seen as a new patient in the Rheumatology Clinic with the following problems:

NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

OPCL 02/02/2015 v1

1. Two episodes of anterior uveitis - in January 2013 and December 2014, long history of back pain.

This man had a road traffic accident when he was knocked over by a car travelling at 70 miles per hour. Since then he has had pain around the left shoulder blade and the lower back with stiffness in the neck. He fell down the stairs about a month ago and he felt his hip had come out. He feels this right hip is higher than the left and that it swells.

He was incidentally found to have a T8 dorsal fracture. He says he has had pain in the dorsal spine certainly since his road traffic accident and the age of this is therefore uncertain. He doesn't have any personal family history of psoriasis, inflammatory bowel disease or urethral discharge.

He has had 2 episodes of anterior uveitis in the last year. On both occasions he was given Pred Forte and on the first occasion he was given Cycloptolate by Ophthalmology and on the second occasion by you with good effect. No further episodes.

He gave up working 6 years ago because of his back pain and because he couldn't lift anything.

He denies any peripheral joint symptoms. On examination he was a muscular, tattooed man. There was no evidence of psoriasis in the skin or the nails. There was tenderness over the right sacroiliac joint and lower lumbar spine and also the mid dorsal spine. There was marked reduction in lateral flexion in the lumbar spine and forward flexion was slightly decreased also. The cervical spine was stiff in all directions of movement. There was crepitus in both knees but no peripheral synovitis. The eyes looked quiet today.

In summary this man has had 2 episodes of uveitis and has long-standing back pain which he thinks may have come on after a road traffic accident. You have noted his ESR previously to be elevated - when he first attended Ophthalmology in January 2013. This was unexplained.

Today I have requested investigations as above. I have referred him to OT and Physio. Interestingly Naproxen initially helped but it is no longer effective and I would be grateful if you could try an alternative as above as per my hand-written note.

The wedge fracture is not entirely explained and could be post traumatic following the road traffic accident. Nonetheless I have arranged an osteoporosis screen as above and I have referred him for a DEXA scan as well as for vertebral morphometry.

2. Excess alcohol - He has cut down from previous levels of drinking but still confesses to at least one bottle of vodka and 4 cans of super strength lager each weekend. Please could I leave this with you? He smokes 10 cigarettes a day and has done since he was 14. I have arranged a chest x-ray.

He lives alone. He last worked 6 years ago as a construction worker but has stopped because of his back problems.

3. Atypical chest pain - Over 3 years or so he has had left mammary pain whenever he is anxious, not related to exercise. I have requested an ECG.

With kind regards.

Printed on 05/02/2015 08:48 by Linda MacLean

Page 2 of 3

NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

OPCL 02/02/2015 v1

Yours sincerely

Dr Monica Gupta

Consultant Physician and Rheumatologist

Honorary Clinical Senior Lecturer

PS Vitamin D deficient, 24. Please give fultium D3 3 tablets daily for 3 months. Thank you.

Electronically Signed: Dr Monica Gupta, Consultant

cc.

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NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

Clinical letter - GP:

Dr. GJ McGeoch
Dr Bell & Partners
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

NHS
Greater Glasgow
and Clyde
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000
Rheumatology
0141 211 3254
18/02/2015
MG/CAB
16/02/2015
17/02/2015

Dear Dr McGeoch,,

**Graeme McAulay; D.O.B: 23/07/1966; CHI: 2307666133
11 NAIRN STREET, Clydebank, Dunbartonshire, G81 4EY**

This man's vitamin D level was deficient at 24. I would be grateful if you could given him
Fultium D3, 3 tablets daily for 3 months please. Thank you.

With kind regards and many thanks.

Yours sincerely

Dr Monica Gupta
Consultant Rheumatologist

Electronically Signed: Dr Monica Gupta, Consultant

cc.

Printed on 18/02/2015 14:36 by Carol Anne Burnett

Page 1 of 1

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19-Nov-2025 KAREN_13414
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Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER
 MEDICAL IN CONFIDENCE
 GGC General Referral Protocol (Glasgow, vR17.0)

REFERRAL TO	
West - Clydebank Health Centre GGC General Referral	— Consultant / receiving practitioner and/or specialty clinic
Physiotherapy MSK GG&C SCI Gateway Virtual Location Code NHS GG&C	— Hospital and hospital address
	Hospital location code: G049G
	Email address: -
Urgency of referral ROUTINE	Date of referral 25-Oct-2015
	Date sent 25-Oct-2015

PATIENT DETAILS		Patient's address
Surname McAuley		11 Nairn St
Forename(s) Graeme		DALMUIR
Title Mr		Clydebank
Sex Male		G81 4EY
Date of birth 23-Jul-1966		Contact number(s)
CHI no. 2307666133		Voice: 07591087877
Area of Residence -		

101010194482Q Unique Care Pathway Number: 101010194482Q

REGISTERED GP DETAILS		Practice address
Name Dr Gillian J McGeoch		Clydebank Health Centre
GMC code 4444802	GP code 07013	Kilbowie Road
Practice name Red Wing - Clydebank Medical Centre (13414)		Clydebank
Practice code 40046		G81 2TQ
		Contact number(s)
		Voice: 0141 531 6475
		Facsimile: 0141 531 6478

REFERRING GP DETAILS		Practice address
Name Dr. Alexander Potter		Clydebank Health Centre
GMC code 2558897	GP code 03701	Kilbowie Road
Practice name Dr Bell & Partners (40046)		Clydebank
Practice code 40046		G81 2TQ
		Contact number(s)
		Voice: 0141 531 6475
		Facsimile: 0141 531 6478

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CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Chronic Back Pain

Comment: GGCBPS please

Thank you for seeing the above 49yo Man who has requested a "2nd Opinion" about his Back pain.

As you will be able to see on the CP he has seen Rheumatology and Neurosurgery already and they do not feel surgical intervention is indicated. His problems date to an RTA in 1998.

His concern is that he will become paralysed. He has defaulted from yourselves on a number of occasions too.

I find consultations with him challenging. Happy to discuss further as required but suspect he may not opt in to any appointments.

Yours

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Anterior uveitis	-	13-Jan-2015	13-Jan-2015
Closed fracture thoracic vertebra, wedge	T8	05-Nov-2014	05-Nov-2014
Anterior uveitis	L	16-Jan-2013	16-Jan-2013
Overdose of drug	cocodamol	07-Jun-2010	07-Jun-2010
Anxiety with depression	-	03-Nov-2008	03-Nov-2008
[D]Chronic intractable pain	-	11-Oct-2008	11-Oct-2008
Alcohol dependence syndrome	-	03-Oct-2008	03-Oct-2008
Low mood	-	06-Dec-2005	06-Dec-2005
Alcohol problem drinking	-	07-Jun-1998	07-Jun-1998
[X]RTA - Road traffic and other transport accidents	head injury	12-Apr-1998	12-Apr-1998
Minor head injury	-	12-Apr-1998	12-Apr-1998
Mechanical low back pain	-	23-Feb-1993	23-Feb-1993
Partial division flexor tendon wrist	Right	20-Aug-1982	20-Aug-1982
Complete division extensor tendon hand	Right little finger	20-Aug-1982	20-Aug-1982
Viral pneumonia NOS	Right	21-Dec-1972	21-Dec-1972

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Lumbar DXA scan result normal	-	03-Mar-2015	03-Mar-2015
Excision of lipoma	Knee	13-Nov-1984	13-Nov-1984
Primary repair of tendon	FCU	20-Aug-1982	20-Aug-1982

Family conditions (All priorities)

Description	Date of Onset
No FH: Stroke/TIA	11-Oct-2011
No FH: Ischaemic heart disease	11-Oct-2011

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Sertraline Hydrochloride Tablets 100 mg	28	28 tablet	1 Tab In the morning	-	20-Oct-2015	20-Oct-2015
Etodolac M/R tablets 600 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	25-Sep-2015	20-Oct-2015
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	25-Sep-2015	20-Oct-2015
Pregabalin Capsules 300	56	56 capsule	1 CAP MORNING AND NIGHT	-	16-Feb-	20-Oct-

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mg			WEEKLY		2015	2015
Colecalciferol Capsules 800 units	28	28 CAPSULE	1 CAP DAILY DISPENSE WEEKLY	-	06-Feb-2015	20-Oct-2015

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Sertraline Hydrochloride Tablets 50 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	25-Sep-2015	20-Oct-2015
Amitriptyline Hydrochloride Tablets 10 mg	56	56 TABLET	1 or 2 Tabs At night INCREASE BY 1 PER WEEK AS TOLERATED UNTIL PAIN RELIEF OR SIDE EFFECTS	-	28-May-2015	28-May-2015
Etodolac M/R tablets 600 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	28-May-2015	28-May-2015
Sertraline Hydrochloride Tablets 50 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	28-May-2015	28-May-2015
Cetirizine Hydrochloride Tablets 10 mg	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	28-May-2015	28-May-2015
Pregabalin Capsules 300 mg	14	14 capsule	1 CAP MORNING AND NIGHT (CPUS LLOYDS DALMUIR 11/05/15)	-	12-May-2015	12-May-2015

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Not interested in stopping smoking:		11-Oct-2011
Rolls own cigarettes:		11-Oct-2011
Current smoker:		11-Oct-2011
Cigarette consumption, 30 cigs/day:		11-Oct-2011
Heavy smoker - 20-39 cigs/day:	Smoker\$\$ Status.cfm - Repeat after an Interval	27-Jul-2009
Alcohol consumption unknown:		11-Oct-2011
Alcohol units per week, 90 U/week:		11-Oct-2011
Heavy drinker - 7-9u/day:	Alcohol Intake\$\$.cfm - No Action Required	16-Oct-2008
Exercise grading, 3 :		11-Oct-2011
Declined referral to physical exercise programme:		11-Oct-2011

Clinical warnings**Additional relevant information****Administrative information**

OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
 Patient has disability or requires wheelchair access:No
 Referred By:Referring GP
 Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) **Date**

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Acute Services Division



PHYSIOTHERAPY DEPARTMENT
GARTNAVEL GENERAL HOSPITAL
☎ 0141 211 3021

DISCHARGE SUMMARY

Dr Lyras
Consultant: Gupta

Hospital No: CHI:

Dear Mr/Dr Gupta



2307966133
MCAULAY M
GRAEME 23/07/1966 B
11 NAIRN STREET
Clydebank, Dunbartonshire
G81 4EY

Regarding
Address:

This patient accessed physiotherapy via:
Self Referral Hospital Referral GP Referral On

The reason for referral was... Back pain

- was triaged and given: advice / exercises / other (see below)
- received full assessment/treatment
- was given advice / exercises / other (see below)
- failed to attend first/ review appointment on 20.3.15
- was to contact us if further help was required and has not
- was put on the waiting list but failed to contact us for an appointment
- was given an appliance

PHYSIOTHERAPY COMMENTS

This patient has now been discharged from our care.

Yours sincerely

Physiotherapy Department

Date: 16.4.15

Delivering better health

www.nhsggc.org.uk

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CHI: 2307666133, Graeme McAulay, DOB 23/07/1966, Telephone

Acute Services Division

Emergency Care and
 Medical Services Directorate

Western Infirmary Secondary Care DXA Service

Consultant: Dr Chris Sainsbury
 Osteoporosis Nurse Specialists: Mayrine Fraser, Margaret French & Lisa Harper
 Appointments: 0141-211-2135

NHS
 Greater Glasgow
 and Clyde

Ref: LH/LH/2307666133
 04-Mar-2015

Dr M Gupta
 Consultant Rheumatologist
 Rheumatology Dept
 Gartnavel General Hospital
 GLASGOW

Dr. GILLIAN MCGEOCH
 CLYDEBANK HEALTH CENTRE
 KILBOWIE ROAD
 CLYDEBANK
 G81 2TQ

Dear Dr Gupta,

Graeme McAulay, DOB: 23-Jul-1966
 11 Nairn Street
 Clydebank
 Dunbartonshire
 G81 4EY

Thank you for referring this patient. DXA scanning with osteoporosis & fracture risk assessment was performed on 03-Mar-2015.

Scan Date: 03-Mar-2015

Spine			
L2-L4	BMD: 1.080	TScore: -0.098	ZScore: 0.111
Scan Conclusions: Normal BMD			
Left Hip			
Neck of femur	BMD: 0.968	TScore: 0.281	ZScore: 0.906
Total hip	BMD: 0.999	TScore: -0.222	ZScore: 0.030
Scan Conclusions: Normal BMD			

Osteoporosis Risk Factors

Past hx of fragility fracture(s)
 Alcohol excess
 History in past 5 years of smoking \geq 10 cigarettes/day

Falls and Fracture Risk Factors

History of previous fracture
 History in past 5 years of smoking \geq 10 cigarettes/day
 On feet \leq 4 hours/day

Fracture History

TV7 (Aged 48)

Page 1 of 2

Delivering better health

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40372

NHS Confidential: Personal data about a patient

CHI:2307666133, Graeme McAulay, DOB 23/07/1966, Telephone

Treatment Recommendations

Continue Fullium D3

Lifestyle Recommendations

Advise regular weight-bearing exercise appropriate to general health

Advise to reduce alcohol consumption

Advise to stop smoking

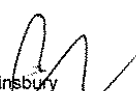
Follow Up:


Suggest refer for further DXA in 2 years.

Vertebral fracture assessment performed: TV6 to LV4 visualised – fracture as above. This gentleman was involved in a RTA in 1993 and it was reported that he had a fracture at TV8. This measures normally today and fracture identified at TV7. There also appears to be minimal loss of height at TV10.

BMD is approximately average for age at hip and spine. Fracture risk at current age & BMD level is insufficient to necessitate bisphosphonate treatment.

Yours sincerely,


Dr Chris Sainsbury
Consultant Endocrinologist


Sr Lisa Harper
Osteoporosis Nurse Specialist

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Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN

16/06/2015

Dr GJ McGeoch
Dr Bell & Partners
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Dear Dr GJ McGeoch

Re: Mr Graeme McAulay
Address: 11 NAIRN STREET
Clydebank
G81 4EY

CHI Number: 2307666133

Speciality: Physiotherapists

It would appear from our records that:

- Your patient has not responded to our recent letters inviting them to arrange an appointment.
- Your patient has indicated that they no longer require an appointment.

We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with NHS Greater Glasgow and Clyde's Did Not Attend Policy.

If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

User ID Frances Muckle

SCGC Opwif Removal to GP V1

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NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

Clinical letter - GP:

Dr. GJ McGeoch
 Dr Bell & Partners
 Clydebank Health Centre
 Kilbowie Road
 Clydebank
 G81 2TQ

Main Switchboard:
 Department:
 Contact Tel:
 Enquiries to:
 Letter Date:
 Reference:
 Dictated Date:
 Transcribed Date:

NHS
 Greater Glasgow
 and Clyde
 Gartnavel General Hospital
 1053 Great Western Road
 Glasgow
 G12 0YN
 0141 211 3000
 Rheumatology
 0141-211 3254
 Dr Gupta's Secretary
 16/06/2015
 MG/KC
 18/05/2015
 22/05/2015

Dear Dr McGeoch,

Graeme McAulay; D.O.B: 23/07/1966; CHI: 2307666133
11 NAIRN STREET, Clydebank, Dunbartonshire, G81 4EY

I saw this gentleman again in the Return Clinic on 18/5/15. Diagnosis:-

1. CHRONIC BACK PAIN. Degenerative.
2. ANTERIOR UVEITIS.
3. EXCESS ALCOHOL.
4. TRAUMATIC FRACTURE T7.
5. SMOKER.
6. NORMAL DEXA SCAN - REPEAT NEEDED IN 2 YEARS VIA THE DADS SYSTEM.

CURRENT MEDICATION. PREGABALIN, ANTI-DEPRESSANT, LODINE SR, FULTIUM D3.

1. CHRONIC BACK PAIN. MRI of the spine has shown degenerative changes. In the cervical spine the C6/C7 left exit neural foramen is narrowed by disc osteophyte bar causing impingement of the left C7 exiting nerve root. There is minimal indentation on the ventral surface of the spinal cord at C4/5 and 5/6 levels but no evidence of cervical myelopathy. There is a chronic anterior wedge fracture secondary to trauma of the T7 vertebral body and minimal compression of the superior end plate of T4 and T10. Degenerative changes in multiple lower thoracic vertebrae with posterior annular disc bulges at T7/8, T8/9, T9/10 and T10/11.

Degenerative changes also in the lower lumbar spine with osteophytes and degenerative changes particularly at L4/5 and L5/S1. Minimal impingement on bilateral L5 traversing nerve roots and a disc osteophyte bar at L5/S1 causing impingement on bilateral L5 exiting nerve roots. However there is no convincing evidence of an active inflammatory

NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

GCL 18/05/2015 v1

spondyloarthropathy, and Dr Ritchie, Consultant Musculoskeletal Radiologist has confirmed this.

I have explained this to Mr McAulay who tells me he has intermittent numbness of the hands and also of both legs particularly when bending over. Given this I will write to Mr Alakandy asking if he wishes to see Mr McAulay. In the meantime I would be grateful if he could start Amitriptyline as per my handwritten note to see if we can help his symptoms. He didn't attend for Physiotherapy so I have re-referred him today.

2. LOW VITAMIN D. Thank you for starting Fulfium D3. Please could you recheck his bone profile and Vitamin D levels in 2 or 3 months please. Thank you.

I have discharged him today from Rheumatology follow up as there doesn't appear to be a rheumatological problem.

With kind regards.

Yours sincerely

DR MONICA GUPTA

CONSULTANT PHYSICIAN & RHEUMATOLOGIST

HONORARY CLINICAL SENIOR LECTURER

Electronically Signed: Dr Monica Gupta, Consultant

cc. Mr Likhith Alakandy
Consultant Neurosurgeon
INS
SOUTHERN GENERAL HOSPITAL

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NHS Confidential: Personal data about a patient



Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN

03/08/2015

Dr GJ McGeoch
Dr Bell & Partners
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Dear Dr GJ McGeoch

Re: Mr Graeme McAulay
Address: 11 NAIRN STREET
Clydebank
G81 4EY

CHI Number: 2307666133

Speciality: Physiotherapists

It would appear from our records that:

- Your patient has not responded to our recent letter inviting them to arrange an appointment.
- Your patient has indicated that they no longer require an appointment.

We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with NHS Greater Glasgow and Clyde's Did Not Attend Policy.

If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

User ID: Frances Muckle

SCGC Opwl Removal to GP V1

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McAulay Graeme

CHI: 2307666133

Clinical letter - Others: Clinic Letter

Dr Queen

Dr M Gupta
 Consultant Rheumatologist
 Gartnavel General Hospital
 1053 Great Western Road
 Glasgow
 G12 0YN

Main Switchboard:
 Department:
 Contact Tel:
 Enquiries to:
 Letter Date:
 Reference:
 Dictated Date:
 Transcribed Date:

NHS
 Greater Glasgow
 and Clyde

Queen Elizabeth University Hospital
 1345 Govan Road
 Glasgow
 G51 4TF
 0141 201 1100
 Neurosurgery
 0141-232-7872
 Nicola Callaghan
 12/10/2015
 LA/NC
 08/10/2015
 09/10/2015

Dear Dr Gupta,

Graeme McAulay; D.O.B: 23/07/1966; CHI: 2307666133
11 Nairn Street, Clydebank, Dunbartonshire, G81 4EY

Thank you for asking me to see this patient who is a 49-year-old gentleman working in a heavy duty steel factory. Currently he is avoiding physical labour and is in lighter duties. He told me about an accident several years ago when he was hit by a car at high speed that resulted in injuries to his leg but it does not appear that he has any specific injury to the spinal cord. He presents with a history of chronic back pain, which is quite restrictive and bothersome. The pain is confined to the lower back with very little radiation into his legs. He complains of some aching pain in the upper spine with tingling sensation in his arms. There are no neurological symptoms in the lower limbs.

On examination he appeared to have stiffness in his lumbar spine and restricted forward flexion. Straight leg raising test was negative for root tension. Motor examination of the lower limbs did not identify any deficits. Both knee and ankle jerks were present and symmetrical. Sensory examination also was unremarkable.

I reviewed the MRI scan and went through the findings with him. MRI scan of the cervical spine shows evidence of multi level degenerative changes. There is a chronic anterior wedge fracture of T7 vertebra at the cervico-thoracic level and is not causing any compression of the neural elements. In the lumbar spine he has quite extensive degenerative changes at L3/4, L4/5 and L5/S1 levels. As a result of this there is end plate erosion, loss of disc height and disc protrusions, which is narrowing the recess in the foramen but not causing obvious compression of the nerve roots.

We had a detailed discussion about his condition and various therapeutic options. In the absence of any neural compression I don't think surgery is indicated at this stage. Moreover symptoms are of a mechanical back pain, which poorly responds to surgical treatment. I have therefore recommended that he should be managed with physiotherapy and appropriate analgesics. From a neurosurgical point of view there is nothing more I can offer and I have therefore discharged him from my care.

Printed on 12/10/2015 08:25 by Nicola Callaghan

Page 1 of 2

NHS Confidential: Personal data about a patient



McAulay Graeme

CHI: 2307666133

GCL 08/10/2015 v1

Kind regards,

Yours sincerely

Mr L Alakandy

Consultant Neurosurgeon

Electronically Signed: Mr Likhith Alakandy, Consultant

cc. Dr Bell & Partners
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

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Page 2 of 2



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McAulay Graeme

CHI: 2307666133

Clinical letter - GP: MSK Physiotherapy Discharge Letter

Dr. GJ McGeoch
 Dr Bell & Partners
 Clydebank Health Centre
 Kilbowie Road
 Clydebank
 G81 2TQ

Main
 Switchboard:
 Department:
 Contact Tel:
 Enquiries to:
 Letter Date:
 Reference:
 Dictated
 Date:
 Transcribed
 Date:

NHS
 Greater Glasgow
 and Clyde
 Gartnavel General Hospital
 1053 Great Western Road
 Glasgow
 G12 0YN
 0141 211 3000
 Clydebank HC
 0141 531 6324
 Susan Smith
 22/03/2016

Dear Dr Potter,

Graeme McAulay; D.O.B: 23/07/1966; CHI: 2307666133
11 Nairn Street, Clydebank, Dunbartonshire, G81 4EY

GP Action Required: This gentleman has had chronic pain for the past 18 years following a road accident in 1998. He reports that police and paramedics pronounced him dead and that he was unconscious for a period of time following the accident. He also c/o an increase in bladder frequency for the past year, getting up to the toilet 3-4 times per night, this is unchanging. For the past 18 years, he c/o LBP, left buttock pain, left lateral lower leg and foot pain, he denies any paraesthesia or anaesthesia in the lower limbs. Neurological testing was very limited due to the patient being in so much pain, Sensation testing revealed a sensitivity in the left shin and left lateral foot. He declined testing of motor and SLR, we were unable to carry out reflex testing as he was unable to sit down. Lumbar movements are very limited. You will be aware that he was s/b Rheumatology and referred for a whole spine and pelvic MRI, where the main finding was L5/S1 disc/osteophyte bar, encroaching on bilateral exit foramina and impinging on bilateral L5 Nerve Roots. He was then referred to Mr Alakandy who felt surgery would not be helpful in this instance.

Physiotherapy Recommendations: Graeme is requesting an additional appointment with Mr Alakandy to further explain why surgery is not an option, he is really frustrated that there is "nothing else they can do". However Mr Alakandy's letter October 2015, reports this explanation has already been done. I also think a referral to Pain Clinic would be beneficial, specifically for the Pain Management Programme, for a MDT approach. I don't think 1:1 physiotherapy would be of benefit due to the long standing nature of his pain.

Referred to Physiotherapy via GP Referral 25.10.15

Patient attended 2 treatments (including assessment) from 18.02.16 to 2.03.16

The patient was provided with a walking stick

Printed on 22/03/2016 10:00 by Susan Smith1

Page 1 of 2

NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

GCL v1

This patient has now been discharged from our care.

Yours sincerely

Susan Smith

Clinical Specialist Physiotherapist, Greater Glasgow & Clyde Back Pain Service (GGCBPS),

Clydebank HC Tues Thurs

Maryhill HC Mon Wed

Electronically Signed: Physiotherapist Susan Smith1, Physiotherapist

cc.

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File Status	Not Filled.	Tasks	No Tasks.
Assigned User	Unassigned.	Filed By User	Not Filled
Patient Matched	Yes.	BOSS Message Type	Exclusion

electronic Notification of Bowel Screening Results Service
New Exclusion

CHI Number	2307666133
Name	MCAULEY, GRAEME
Date Of Birth	23/ 07/ 1966
Registered GP	G0701
Practice Code	G40046

Report Date	21 Oct 2016
Letter ID	310218860761
Exclusion Reason	Non-Responder
Report Comments	No response to bowel cancer screening programme invitation (90wZ.)
Invitation Date	23 Jul 2016

Emis PCS

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Page 2 of 2

Clinical Assessment Details:

Started-

Finished-

Initial Assessment

History

Examination

Diagnosis

Treatment

Clinical Coding

Prescription Details

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Report Statistics:

Report produced by Adastral Version 3 - 02/05/2016 14:50:33

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McAulay Graeme

CHI: 2307666133

Emergency Attendance Letter

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 13/06/2017

Consultant: Mr Alistair Ireland

GJ McGeoch
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
Clydebank
G81 2TQ

Dear GJ McGeoch

Re: **McAulay Graeme**
11 Nairn Street
Clydebank G81 4EY

DOB: 23/07/1966

CHI: 2307666133

Attended on: 13/06/2017 at 11:29 hrs.

Departed on: 13/06/2017 at 13:59 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Temporary residence

Previous ED Attendance in last 12 months: 1

Presenting complaint
head and hand injury

Nursing Assessment:

Left wrist injury. In police custody, cuffs to tonight and patient states man handled. Today c/o pain to wrist. Wrist swollen, abrasions to both wrists. Custody officers state patient has already been assessed for head injury last night.

Investigations in ED:

1. XR Wrist Lt

2. XR Thumb Lt

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McAulay Graeme

CHI: 2307666133

Diagnosis:		
Diagnosis	Side	Site
Sprain and Strain of finger(s) and thumb		

Procedures: **None**Immunisations: **None**Dispensed Medication: **None**

Clinician Notes:

Attended with history of pain and swelling of wrists and thumbs from handcuffs. No obvious fracture on x ray. Discharged with thumb splint for possible sprain.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Amy Proctor
Doctor

Copies to:

1. GJ McGeoch (GP)

School Address:

Page 2 of 2

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NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

Emergency Attendance Letter

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 06/10/2016

Consultant: Dr Fraser Denny

GJ McGeoch
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
Clydebank
G81 2TQ

Dear GJ McGeoch

Re: **McAulay Graeme**
11 Nairn Street
Clydebank G81 4EY

DOB: 23/07/1966

CHI: 2307666133

Attended on: 06/10/2016 at 17:49 hrs.

Departed on: 06/10/2016 at 20:44 hrs.

Discharge Type: 04a - incomplete: left before
assessment completed

Destination: Private residence

Previous ED Attendance in last 12 months: 1

Presenting complaint
Back and L. Arm Pain

Nursing Assessment:
has hx spinal injuries, states pain going down right arm, been ongoing for 3 MONTHS

Investigations in ED: None

NHS Confidential: Personal data about a patient

McAulay Graeme CHI: 2307666133

Diagnosis:

Diagnosis	Side	Site
No Injury or Abnormality Detected		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Did not wait to be seen for back/arm pain.

Followup:

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Jamie Hunter
Doctor

Copies to:

1. GJ McGeoch (GP)

School Address:

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER**MEDICAL IN CONFIDENCE**

GGC Chronic Pain Protocol (Glasgow, vR15.0)

REFERRAL TO	
Anaesthetics - Pain Clinic GGC Chronic Pain	— Consultant / receiving practitioner and/or specialty clinic
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	— Hospital and hospital address Hospital location code: G207H Email address: -
Urgency of referral Routine	Date sent 31-Jul-2017
Date of referral 24-Jul-2017	

PATIENT DETAILS		Patient's address
Surname McAuley		11 Nairn St DALMUIR Clydebank G81 4EY
Forename(s) Graeme		
Title Mr		
Sex Male		Contact number(s)
Date of birth 23-Jul-1966		Voice: 07591087877
CHI no. 2307666133		
Area of Residence -		

101014117383V Unique Care Pathway Number: 101014117383V

REGISTERED GP DETAILS		Practice address
Name Dr Gillian J McGeoch		Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ
GMC code 4444802	GP code 07013	
Practice name Red Wing - Clydebank Medical Centre (13414)		Contact number(s)
Practice code 40046		Voice: 0141 531 6475 Facsimile: 0141 531 6478

REFERRING GP DETAILS		Practice address
Name Dr. Deborah Stenhouse		Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ
GMC code 4541187	GP code 02941	
Practice name Red Wing Medical Practice (40046)		Contact number(s)
Practice code 40046		Voice: 0141 531 6475

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CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Chronic intractable pain since a road traffic accident back in 1998

Comment: I would be grateful if you would review this gentleman who has had chronic intractable pain since back in 1998 following a road traffic accident. This sounded quite a traumatic episode and he had a head injury at this time. Unfortunately complicating things is that Mr McAuley has alcoholic problem drinking and he has been dependent on alcohol on and off during this time which has caused him to find it very difficult to engage with services. I note that he had an MRI scan back in 2015 showing lumbar spondylosis and cervical spondylosis. He was referred on to the Physiotherapist at this time and I have enclosed a copy of their letter from March 2016. At this time they felt perhaps a more multi-disciplinary team approach would be helpful for this patient and I would have to agree having seen him recently. Mr McAuley presented to myself just at the end of June and at his first contact he had clearly been drinking heavily, and after a long discussion with regards his health, he returned to see me sober. He tells me that he drinks because of his poor pain control and that he is still struggling to control this despite being on medications including Pregabalin 300mg BD, Etodolac M/R 600mg daily, and Mirtazapine 30mg nocte. He is now engaging with the CAT Team and is trying his best to keep off the alcohol and turn his life around. We have had a chat with regards his chronic pain and he is agreeable to a referral to yourselves.

Many thanks for seeing him.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Abdominal pain	-	30-Jun-2017	30-Jun-2017
Fracture of nasal bones	-	21-Jun-2017	21-Jun-2017
In debt	-	22-Mar-2016	22-Mar-2016
Chronic alcoholism in remission	-	01-Jan-2016	01-Jan-2016
Vitamin D deficiency	-	27-Mar-2015	27-Mar-2015
Cervical spondylosis	-	27-Mar-2015	27-Mar-2015
Lumbar spondylosis	-	27-Mar-2015	27-Mar-2015
Anterior uveitis	-	13-Jan-2015	13-Jan-2015
Closed fracture thoracic vertebra, wedge	T7	05-Nov-2014	05-Nov-2014
Anterior uveitis	L	16-Jan-2013	16-Jan-2013
Overdose of drug	cocodamol	07-Jun-2010	07-Jun-2010
Anxiety with depression	-	03-Nov-2008	03-Nov-2008
[D]Chronic intractable pain	-	11-Oct-2008	11-Oct-2008
Alcohol dependence syndrome	-	03-Oct-2008	03-Oct-2008
Separation	-	27-Mar-2006	27-Mar-2006
Low mood	-	06-Dec-2005	06-Dec-2005
Alcohol problem drinking	-	07-Jun-1998	07-Jun-1998
[X]RTA - Road traffic and other transport accidents	head injury	12-Apr-1998	12-Apr-1998
Minor head injury	-	12-Apr-1998	12-Apr-1998
Mechanical low back pain	-	23-Feb-1993	23-Feb-1993
Complete division extensor tendon hand	Right little finger	20-Aug-1982	20-Aug-1982
Partial division flexor tendon wrist	Right	20-Aug-1982	20-Aug-1982
Nondependent cannabis abuse	16-19yo	27-Mar-1982	27-Mar-1982
Approved school	List D	27-Mar-1980	27-Mar-1980
Behaviour disorder	-	27-Mar-1978	27-Mar-1978
Socialised childhood truancy	-	27-Mar-1978	27-Mar-1978
Viral pneumonia NOS	Right	21-Dec-1972	21-Dec-1972
Parents separated	-	27-Mar-1971	27-Mar-1971

Past procedures (High and medium priority - all)

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<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
CT scan brain - normal	-	21-Jun-2017	21-Jun-2017
Magnetic resonance imaging of lumbar spine abnormal	-	27-Mar-2015	27-Mar-2015
Lumbar DXA scan result normal	-	03-Mar-2015	03-Mar-2015
Anti-nuclear factor positive	1/160 H ENA -ve	27-Nov-2014	27-Nov-2014
Excision of lipoma	Knee	13-Nov-1984	13-Nov-1984
Primary repair of tendon	FCU	20-Aug-1982	20-Aug-1982

Family conditions (All priorities)

<u>Description</u>	<u>Date of Onset</u>
No FH: Stroke/TIA	11-Oct-2011
No FH: Ischaemic heart disease	11-Oct-2011

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Etodolac M/R tablets 600 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY	-	25-Sep-2015	29-Jun-2017
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY	-	25-Sep-2015	30-Jun-2017
Pregabalin Capsules 300 mg	56	56 capsule	1 CAP MORNING AND NIGHT DISPENSE WEEKLY	-	16-Feb-2015	29-Jun-2017
Colecalciferol Capsules 800 units	28	28 CAPSULE	1 CAP DAILY DISPENSE WEEKLY	-	06-Feb-2015	29-Jun-2017

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT - DISPENSE WEEKLY TO SUPERCEDE PREVIOUS SCRIPT	-	20-Jul-2017	20-Jul-2017
Mirtazapine Tablets 15 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY	-	06-Jul-2017	06-Jul-2017
Pregabalin Capsules 300 mg	2	2 capsule	1 CAP TWICE DAILY	-	06-Jul-2017	06-Jul-2017
Pregabalin Capsules 300 mg	6	6 capsule	1 CAP TWICE DAILY	-	06-Feb-2017	06-Feb-2017
Sertraline Hydrochloride Tablets 100 mg	28	28 tablet	1 Tab In the morning DISPENSE WEEKLY	-	20-Oct-2015	29-Jun-2017

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
11-Oct-2011	122	78
16-Mar-2009	120	70
20-Feb-2007	120	70

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
11-Oct-2011	176	88	28.41

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Not interested in stopping smoking:		11-Oct-2011
Alcohol consumption unknown:		11-Oct-2011
Exercise grading, 3 :		11-Oct-2011

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) **Date**

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McAulay Graeme

CHI: 2307666133

Emergency Attendance Letter

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 13/06/2017

Consultant: Mr Alistair Ireland

GJ McGeoch
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
Clydebank
G81 2TQ

Dear GJ McGeoch

Re: **McAulay Graeme**
11 Nairn Street
Clydebank G81 4EY

DOB: 23/07/1966

CHI: 2307666133

Attended on: 13/06/2017 at 11:29 hrs.

Departed on: 13/06/2017 at 13:59 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Temporary residence

Previous ED Attendance in last 12 months: 1

Presenting complaint
head and hand injury

Nursing Assessment:

Left wrist injury. In police custody, cuffs to tonight and patient states man handled. Today c/o pain to wrist. Wrist swollen, abrasions to both wrists. Custody officers state patient has already been assessed for head injury last night.

Investigations in ED:

1. XR Wrist Lt

2. XR Thumb Lt

NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

Diagnosis:

Diagnosis	Side	Site
Sprain and Strain of finger(s) and thumb		

Procedures: **None**Immunisations: **None**Dispensed Medication: **None**

Clinician Notes:

Attended with history of pain and swelling of wrists and thumbs from handcuffs. No obvious fracture on x ray. Discharged with thumb splint for possible sprain.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Amy Proctor
Doctor

Copies to:

1. GJ McGeoch (GP)

School Address:

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West Dunbartonshire
Health & Social Care Partnership

Mr Graeme McAulay
11 Nairn Street
Clydebank
G81 4EY

CHI: 2307666133
PIMS: 2727094

West Dunbartonshire Addiction Services
120 Dumbarton Road
Clydebank G81 1UG
Tel: 0141 562 2311
Fax: 0141 562 2399

Our Ref: MM/EH
Enquiries to: Maria Mair

Date: 28 July 2017

Dear Mr McAulay

Unfortunately, you have failed to attend appointments offered to you. Please contact the service by **Tuesday 8 August 2017** if you still wish to be seen. If we do not hear from you by this time we will assume you no longer require the service and you will be discharged from West Dunbartonshire Addiction Services.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M. Mair', is written over the 'Yours sincerely' line.

Maria Mair
Senior Addiction Worker

C.c. Dr. Wilding, Clydebank Health Centre ✓

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**West Dunbartonshire
Health & Social Care Partnership**

Chief Officer: Keith Redpath

**Dr Wilding
Red Wing
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ**

West Dunbartonshire Addiction Services
120 Dumbarton Road
Clydebank
G81 1UG
Tel: 0141 562 2311
Fax: 0141 562 2399

Our Ref: MM/CD
Enquiries to: Maria Mair

Date: 11 July 2017

CHI: 2307666133
PIMS: 2727094

Dear Dr Wilding

Re: Graeme McAulay, 11 Nairn Street Clydebank g81 4EY

This is by way of an update on the above named patient who self referred to our service on 6 July 2017 for support to address issues with alcohol misuse.

I have issued an appointment for 21 July 2017 for initial assessment. I will update you with the outcome of this assessment.

Kind regards.

Yours sincerely


Maria Mair
Senior Addiction Worker

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Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
12/07/2017

Dr GJ McGeoch
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank G81 2TQ

Dear Dr GJ McGeoch

Re Patient

Mr Graeme McAulay
11 Nairn Street
Clydebank G81 4EY

CHI Number: 2307666133
Consultant: Ms Kerry Lang
Specialty: Ear, Nose & Throat (ENT)
Date and time: 12/07/2017, at 10:40

It would appear from our records that your patient did not keep the above appointment and did not notify us that they would not be attending.

Your patient has been informed of the missed appointment and no further appointment will be offered without further request from the patient or yourself. Your patient has been provided with the hospital contact details to use to request a further appointment. If on consideration of the clinical or social circumstances of the patient you feel it is appropriate to request a further appointment on the patient's behalf please resend the gateway referral.

Yours sincerely

Martha Cowan Referral Management Centre North.

User ID Carolyn Jeffrey

SCGC Op DNA Removal to GP V1

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McAulay Graeme

CHI: 2307666133

Emergency Attendance Letter


NHS
Greater Glasgow
and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 21/06/2017

Consultant: Dr Cieran McKiernan

GJ McGeoch
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
Clydebank
G81 2TQ

Dear GJ McGeoch

Re: **McAulay Graeme**
11 Nairn Street
Clydebank G81 4EY

DOB: 23/07/1966

CHI: 2307666133

Attended on: 21/06/2017 at 04:21 hrs.

Departed on: 21/06/2017 at 09:01 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 2

Presenting complaint
fall/head inj

Nursing Assessment:

BIBA- KNOCKED TO GROUND DURING AN ALTERCATION, HIT FACE ON GROUND ? LOC, INTOXICATED. REFUSING ALL OBSERVATIONS ON ARRIVAL, KICKED OUT AT NURSING STAFF AND WAS VERBALLY ABUSIVE. CUT TO NOSE AND MULTIPLE ABRASIONS TO FACE HEAD, HANDS AND KNEES.

Investigations in ED:

1. Gamma GT	2. Glucose	3. LFT
4. Urea and Electrolytes	5. Coagulation screen	6. Full Blood Count
7. Ethanol	8. CT Head	

Page 1 of 2

NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

Diagnosis:

Diagnosis	Side	Site
Fracture of nasal bones, open		

Procedures: **None**Immunisations: **None**Dispensed Medication: **None**

Clinician Notes:

Fell after another person accidentally ran into him. Sustained laceration over nose with underlying nasal bone fracture. Very intoxicated with alcohol and difficult to assess initially. CT head demonstrated fracture of nasal bones but nil else acute. Wound over nasal fracture closed with 4 non-absorbable sutures which I have advised he have removed in 5 days. ENT follow up will be arranged in around 1-14 days.

Followup:

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
 Claire McGroarty
 Consultant

Copies to:

1. G.J McGeoch (GP)

School Address:

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NHS Confidential Personal data about a patient



**West Dunbartonshire
 Health & Social Care Partnership**

Chief Officer: Keith Redpath

Mr Graeme McAulay
 11 Nairn Street
 Clydebank
 G81 4EY

West Dunbartonshire Addiction Services
 120 Dumbarton Road
 Clydebank
 G81 1UG
 Tel: 0141 562 2311
 Fax: 0141 562 2399

CHI: 2307666133
 PIMS: 2727094

Our Ref: MM/CD
 Enquiries to: Maria Mair

Date: 11 July 2017

Dear Mr McAulay

You self-referred to West Dunbartonshire Addiction Services on 6 July 2017.

An initial appointment has been arranged for you to be seen by Maria Mair as follows:

Date: 21 July 2017

Time: 11:30 am

Venue: 120 Dumbarton Road

This appointment is for a full assessment and may take up to an hour to complete therefore we would ask that you attend on time. If you would like to be accompanied or supported by a family member/carer/advocate, then please contact us in advance to help arrange this.

If the date or time is not suitable to you please do not hesitate to contact us to arrange a more convenient time. Enclosed is a leaflet for your information.

Yours sincerely


 Maria Mair
 Senior Addiction Worker

Cc: Dr Wilding, Red Wing CHC

Encl.

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West Dunbartonshire
Health & Social Care Partnership

Dr Wilding
Red Wing
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

West Dunbartonshire Addiction Services
120 Dumbarton Road
Clydebank
G81 1UG
Tel: 0141 562 2311
Fax: 0141 562 2399

Our Ref: GJ/CD
Enquiries to: Dr Gary Johnson

CHI: 2307666133
PIMS: 2727094

Date: 24 August 2017

Dear Dr Wilding

Re: Graeme McAulay, 11 Nairn Street Clydebank G81 4EY

I met this 51 year old man with an alcohol use disorder at West Dunbartonshire Addiction Services today for general assessment and consideration of medically assisted detox options. It is unclear from the history offered, whether he is currently drinking dependently or harmfully. He reports regular consumption of 1 litre of vodka but is vague on the frequency of his drinking and the duration of drinking binges. Interestingly full liver function on 22 August 2017 is normal (though he has a low serum folate level at 2.3). There does however seem to be a good deal of forensic harm and I note an attendance at A&E in police custody on 13 June 2017 because of wrist pain after being handcuffed. He has a court appearance upcoming in September 2017 but is uncertain of the charge. He claims to have been imprisoned on ten occasions in the past for crimes committed under the influence of alcohol but cannot remember any details, he reports. He attended A&E on 21 June 2017 with a head injury and nasal fracture, at which point CT head was normal. He reports no medically assisted detoxes in the past but has attended AA, he says.

In his mental health history, he has been treated for depression and is currently taking Mirtazepine 30mg daily. An overdose of co-codamol is documented in June 2010, and self harm by cutting his wrists when aged 16 years. He reports current fleeting ideas of self harm and suicide but feels too fearful to act on these.

In his past medical history, he was involved in a road traffic accident as a very young man (walking into the road whilst intoxicated) and has endured chronic low back pain since. I note recent pain clinic referral.

He is prescribed Pregablin, Etodolac and Omeprazole in addition to his Mirtazepine. Whilst he has used Cannabis in the past, he denies current use.

In his current situation he lives alone and appears to be very socially isolated from social contacts. His father died in institutional care last year. He recounts enduring physical abuse by his father and attended a "List D" school and becomes tearful when referring to abuse he experienced there.

NHS Confidential Personal Data about a patient



West Dunbartonshire
Health & Social Care Partnership

At physical assessment, weight is 83.4kg; pulse 103 bpm; blood pressure 142/110 mmHg and breath alcohol 6 units.

Graeme expresses motivation to deal with his alcohol use difficulties. In view of his relative complexities which include his depression, chronic pain syndrome and social isolation, he is willing to be considered for detox as a Kershaw Unit day patient and we will let you know how things progress.
Kindest regards.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Dr Gary Johnson'.

Dr Gary Johnson
Medical Officer

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Filename: iGPRDA_43.pdf
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Pages:

NHS Confidential: Personal data about a patient



**West Dunbartonshire
Health & Social Care Partnership**

Mr Graeme McAuley
11 Nairn Street
Clydebank
G81 4EY

West Dunbartonshire Addiction Services
120 Dumbarton Road
Clydebank
G81 1UG
Tel: 0141 562 2311
Fax: 0141 562 2399

Our Ref: GJ/CD
Enquiries to: Dr Gary Johnson

Date: 1 September 2017

CHI: 2307666133
PIMS: 1440072

Dear Graeme

Your blood results have returned to me and I am happy to say show no major abnormality. You have a low level of the vitamin Folic Acid which is normally gained from eating green leafy vegetables, and I would suggest you try to improve your diet in this regard.

It would also be worthwhile offering you a two month course of vitamin supplementation. I have written to your GP requesting Folic Acid 5mg be prescribed at a dose of one daily for two months and I would be grateful if you could contact your surgery one week after receiving this letter to check that pick up is available.

Best wishes.

Yours sincerely

A handwritten signature in black ink, appearing to read 'G. Johnson', written over a large, faint 'THIS IS A DRAFT COPY' watermark.

Dr Gary Johnson
Medical Officer

P.S. Serum Folate is 2.3. Many thanks for prescribing Folic Acid 5mg daily for two months.

DS

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Chief Officer
David Williams
MA (Hons) CQSW

Alcohol and Drug Recovery Services
The Kershaw Unit
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 0XH
Tel: 0141 211 3546
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www.glasgow.gov.uk
www.nhs.gov.uk

Dr Stenhouse

CHI: 2307666133
PIMS: T/2727094
Ref: NC/TS

Dictated: 17 October 2017
Typed: 17 October 2017

Dr Mullen
Consultant Psychiatrist
Alcohol and Drug Recovery Services
Dumbarton Joint Hospital
Cardross Road
Dumbarton
G82 5JA

Dear Dr Mullen

Graeme McAulay – DOB 23.07.66
11 Nairn Street, Clydebank, G81 4EY

Please find enclosed a recent Occupational Therapy initial assessment report completed for the above gentleman for your information.

Please do not hesitate to contact me should you wish to discuss any aspect of this further.

Yours sincerely

Nancy Clark

Nancy Clark
Specialist Occupational Therapist
Kershaw Day Unit

cc Maria Mair, Clydebank Community Addiction Team, 120 Dumbarton Road, Clydebank, G81 1UG

Dr Bell, Clydebank Health Centre

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and Clyde



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Chief Officer
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MA (Hons) CQSW

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**Glasgow Addiction Services
OCCUPATIONAL THERAPY SERVICE**

INITIAL ASSESSMENT

NAME:	Graeme McAulay	WARD / BASE:	Kershaw Day Service
D.O.B:	23/07/1966	GP:	Dr Wilding, Red Wing, Clydebank Health Centre, Kilbowie Road, Clydebank, G81 2TQ
CHI / PIMS:	2307666133/2727094	CONSULTANT:	Dr Mullen
ADDRESS :	11 Nairn Street, Clydebank, G81 4EY		
CAT / CASE MANAGER:	Maria Mair, Clydebank Community Addiction Team		

DATE / TIME OF ASSESSMENT:

09/10/2017 at 11.00 am, subsequently 17/10/2017 at 1pm.

THOSE PRESENT AT ASSESSMENT:

Graeme McAulay – Patient
Nancy Clark – Occupational Therapist

REASON FOR ASSESSMENT:

Graeme was referred to Occupational Therapy by Staff Nurse Robert Henderson at Kershaw Day Unit for assessment and possible intervention around structured use of time and activity planning.

PRESENTING PROBLEMS (difficulties identified by patient):

At the time of the assessment Graeme identified the following difficulties:-

- **Alcohol**
Graeme stated "I'm still thinking about it all the time". Graeme also stated "I can't walk past an off-sales without going in and buying alcohol".
- **Low mood**
Graeme stated he feels his mood is particularly low, specifically he is struggling with motivation to carry out daily tasks and feels generally 'miserable'. He denied any suicidal ideation.

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Chronic pain

Graeme spoke of many difficulties he experiences as a result of injuries he sustained from a road traffic accident 18 years ago. Graeme stated he had walked out on to a dual carriageway whilst intoxicated and was hit by a car. This resulted in a broken back and damage to his spinal chord from which he has ongoing nerve pain and neck pain. Graeme identified chronic pain and low mood as triggers to his longstanding difficulty with alcohol. Graeme also identified the deaths of his best friend and also his father's last year as factors contributing to low mood at this time. Graeme stated that due to his difficulty with physical limitations and pain, he is unable to manage his home environment. He described living in 'a mess' with lots of unwanted broken furniture.

CURRENT ALCOHOL / SUBSTANCE USE:

Graeme stated he has maintained abstinence since completing his detox at Kershaw Day Unit although acknowledged he had one recent lapse lasting 2 days. Graeme appeared to have difficulty identifying how long he has been abstinent for, stating he thinks approximately 2 weeks. From his nursing notes it appears to be 5 days. Graeme stated this is the longest period of abstinence he has achieved to date. He was unable to identify any benefits from stopping drinking other than financial. Graeme denied using any illicit substances although did state he smokes cannabis as this assists with managing pain.

ALCOHOL / SUBSTANCE USE HISTORY:

Graeme stated he started drinking at the age of 10. He described being brought up by his father as his mother had left the family home when he was 4 years old. Graeme described his father as 'a violent alcoholic' who beat him regularly. Graeme stated he would often steal alcohol from his father. Graeme reported drinking heavily throughout his life from that time and stated he has been sacked from several jobs due to drinking whilst at work. Graeme reflected on a period when he was enjoying his work as a blacksmith and would drink at weekends only; he stated he wishes he could go back to that type of social drinking. Following a road traffic accident 18 years ago, Graeme stated that he has also used alcohol to cope with pain in his back and neck due to broken vertebrae and a trapped nerve. Graeme stated he would typically drink on his own at home and often experience anxiety when out of the house without alcohol in his system. He stated when he has alcohol he feels much more confident and will 'go off wandering'. Graeme also spoke of having frequent blackouts and being unaware of what he has done or said or where he has been. He described this as a factor contributing to anxiety. Graeme stated he has often got into trouble with the police as he has difficulty with authority figures, however, this is always linked to intoxication.

MENTAL HEALTH / PHYSICAL HEALTH (include medication):

Graeme described struggling with low mood and unhappiness throughout his life. He alluded to a very unhappy period when he was sent to a residential List D school and related difficulties throughout his life to this and other events in his childhood. Graeme also identified anxiety as a problem and stated finds being around other people difficult. Graeme spoke of cognitive problems such as poor memory and concentration. He stated he had wondered if he sustained a brain injury from the RTA however had been told this was not the case.

In terms of his physical health, Graeme described constant pain in his neck and back from the RTA. He is unable to carry out several tasks such as sitting at a desk or a computer, bending over to pick things off the floor due to back pain.

RELATIONSHIPS / ROLES (family, friends, supports)

Graeme described being very isolated socially. He stated he has one friend Tony who lives nearby and has been abstinent from alcohol for 10 years. Graeme has a brother John and 2 sisters Sharon and Gail, however, stated he doesn't see much of his family.

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LIFESTYLE / DAILY ROUTINE:

This was not discussed in any detail during the assessment. Graeme stated, however, he finds attendance at the Kershaw Unit helpful and that it fills his time and he enjoys having some company. Graeme stated *'the days are long'* and that he finds managing his time difficult.

PERSONAL / DOMESTIC ADL ABILITY (initial observations):

Graeme stated he struggles to manage some domestic tasks such as hoovering, changing beds, doing laundry, and as a result his home environment is *'a mess'*. He stated that he doesn't do dishes and described having bits of furniture and broken items cluttering up his flat. Graeme stated he has a walking stick, however, doesn't like to use this as he feels embarrassed and *'vulnerable'*. He stated he doesn't feel it is particularly helpful anyway.

VOCATIONAL/EDUCATIONAL LEISURE

Graeme has no academic qualifications. He stated he feels embarrassed about his poor spelling and has gaps in his education due to being sent to a List D school and truanting a lot. Despite this he also described working for several years for 2 companies; first after training as a blacksmith and subsequently as a metal / steel worker. He described *'loving it'* in particular the blacksmith job and at one point was stated he was responsible for managing a team of 10 men. Graeme spoke proudly also of receiving a glowing report from the Ministry of Defence following work he had completed at Faslane.

In terms of interests he stated he used to enjoy football and horse riding, however, this is no longer possible due to physical health limitations. Graeme stated he occasionally goes swimming, however, doesn't find this particularly enjoyable.

ACCOMMODATION / ENVIRONMENT (including home supports):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Flat | <input type="checkbox"/> Homeowner |
| <input type="checkbox"/> House | <input checked="" type="checkbox"/> Housing Association |
| <input type="checkbox"/> Hostel | <input type="checkbox"/> Private Landlord |
| <input type="checkbox"/> Supported Accommodation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other | |

OTHER AGENCIES INVOLVED:

1. Clydebank Community Addiction Team – Maria Mair

AREAS FOR CHANGE (Identified by patient):

Graeme struggled initially to identify areas of his life he would like to work on. He identified

- *'just live a normal life'*
- *'get back to work'*

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STRENGTHS AND ENABLING FACTORS:

Graeme stated he is highly motivated to maintain abstinence from alcohol long-term and to engage with services to support him with this. Graeme spoke proudly of achievements in his employment in the past and described himself as a capable and hard working person. Graeme was well presented, pleasant and co-operative throughout the session.

THERAPISTS PERCEPTION OF NEED:

Graeme spoke intently of the daily struggle he feels in order to maintain abstinence from alcohol. He may benefit from motivational input and input around relapse prevention skills.

Graeme identified difficulties with memory and concentration. He may benefit from a functional assessment, i.e. AMPS assessment to look at possible deficits in motor and process skills.

Graeme may benefit from a home assessment and consideration of home supports to assist him in maintaining his home environment.

Graeme may benefit from support to explore options in his community to identify vocational goals and support him with motivation, e.g. Galgael.

Graeme may benefit from input around managing low mood and introduction to CBT Spirit resources.

EVALUATION (presentation, communication, mood):

Graeme was well presented, pleasant and open in discussing past and present issues. He gave the impression of being quite low in mood; tending to avoid eye contact much of the time and demonstrated a negative outlook and perception of his life in general.

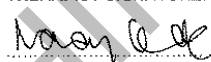
Graeme stated he felt unsure whether he would like to engage with Occupational Therapy treatment at this time. It was established he would reflect for several days and we would meet in due course to discuss further potential Occupational Therapy input.

On second meeting, Graeme stated he would like to engage with occupational therapy, particularly for support with managing his time and relapse prevention.

Is there a current risk assessment held for client: Yes No

PLANNED ACTION:

1. Home visit scheduled for 24/10/2017
2. Functional assessment to be carried out (AMPS) in light of identified cognitive problems.
3. 1:1 motivational input and support to develop relapse prevention skills.
4. 1:1 activity planning and goal setting; in due course vocational exploration and goal setting.
5. Explore community projects and resources for longer-term support.
6. Introduce CBT Spirit self help resources to support Graeme with managing low mood.

THERAPIST SIGNATURE:

DESIGNATION:

sp. O.T.

DATE:

17/10/17

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Chief Officer
David Williams
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CHI: 2307666133
PIMS: T/1440072
Ref: NC/TS

Dictated: 13 November 2017
Typed: 13 November 2017

Dr Mullen
Consultant Psychiatrist
Alcohol and Drug Recovery Services
Dumbarton Joint Hospital
Cardross Road
Dumbarton
G82 5JA

Dear Dr Mullen

Graeme McAuley – DOB 23.07.66
11 Nairn Street, Clydebank, G81 4EY

Please find enclosed a recent AMPS (assessment of motor and process skills) completed for the above gentleman.

As indicated in the report Graeme is experiencing difficulty managing personal and domestic ADL tasks due to significant physical limitations, chronic pain and to a lesser extent memory problems.

Recommendations:

Graeme would benefit from routine structured support to assist with heavy domestic tasks such as shopping, hoovering, laundry and changing beds. He would also benefit from support with specific tasks such as removal of unwanted furniture in his flat and decorating.

I have referred Graeme to West Dunbartonshire social work (10/11/2017) for a review of his benefits and a home assessment in relation to adapting his bathroom to a level access shower.

As we discussed, no further occupational therapy input is identified at this time and Graeme will be discharged from my caseload.

I hope this has been helpful.

Yours sincerely

Nancy Clark
Specialist Occupational Therapist
Kershaw Day Unit

cc: Dr Bell, Clydebank Health Centre, Kilbowie Road, Clydebank, G81 2TQ *
Maria Mair, Clydebank Community Addiction Team, 120 Dumbarton Road,
Clydebank, G81 1UG

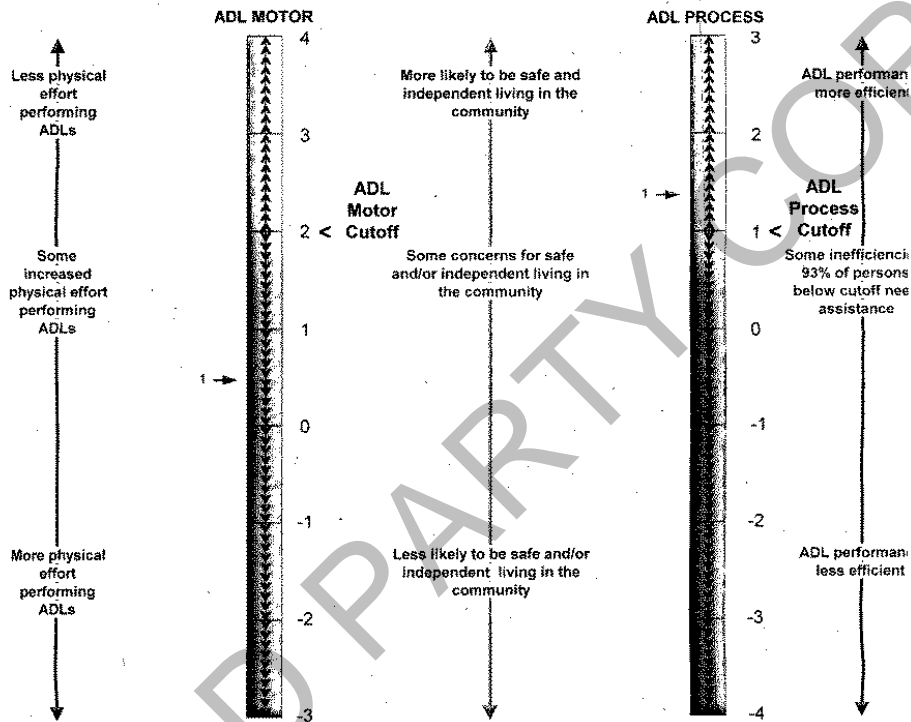
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ASSESSMENT OF MOTOR AND PROCESS SKILLS (AMPS) GRAPHIC REPORT

Client:	Mr. Graeme McAulay	DATE	MOTOR	PROCESS
Occupational therapist:	Nancy K. Clark	Evaluation 1 03/11/2017	0.50	1.40



The numbers on the ADL motor and ADL process scales are units of ADL ability (logits). The results are reported as ADL motor and ADL process measures plotted in relation to the AMPS scale cutoffs. Measures below the cutoffs indicate that there was diminished quality or effectiveness of performance of instrumental and/or personal activities of daily living (ADL). See the AMPS Narrative Report for further information regarding the interpretation of a single AMPS evaluation.

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OCCUPATIONAL THERAPY EVALUATION OF ADL ABILITY

Results and Interpretation of an Assessment of Motor and Process Skills (AMPS) Evaluation

Therapist: Nancy K. Clark, BSc O.T.
Client: Mr. Graeme McAulay
Age: 51
Date of Evaluation: 03/11/2017

AMPS EVALUATION

The Assessment of Motor and Process Skills (AMPS) was administered to Mr. Graeme McAulay as a means of evaluating his ability to perform activities of daily living (ADL) tasks. As part of the AMPS assessment, the occupational therapist conducted an interview to gain a better understanding of the everyday tasks (occupations) that have been presenting a challenge for him, as well as those everyday tasks that he has been performing with little difficulty. He was offered a choice of familiar and relevant tasks that he had identified as presenting problems in everyday life. He chose to perform 2 of the tasks that were offered: "Toast and instant coffee, tea, instant soup, or hot chocolate", and "Beans and toast." When the AMPS was administered, the occupational therapist assessed the amount of effort, independence, efficiency, and safety that he exhibited during the performance of these tasks.

OVERALL QUALITY OF PERFORMANCE

Graeme showed evidence of safe, moderately effortful, and minimally inefficient ADL task performance and he was at risk for needing assistance to complete the 2 ADL tasks.

SPECIFIC SKILLS THAT MOST IMPACTED PERFORMANCE

More specifically, Graeme's performance of the above noted ADL tasks was limited by:

- Needing to persistently prop or support himself on furniture or external objects during task performance (Aligns)
- Increased effort when bending to reach task objects (Bends and Reaches)
- Increased effort and/or instability when pushing or pulling task objects along a supporting surface (Moves)
- Increased effort when lifting task objects (Lifts)
- Instability when walking in the task environment (Walks)
- Difficulty completing tasks without obvious evidence of physical fatigue (Endures)
- Asking questions related to information that was previously clarified (Inquires)
- Difficulty searching for and locating task items within a familiar environment (Searches/Locates)

OVERALL ADL MOTOR ABILITY

ADL motor ability is an overall measure of a person's observed skill when moving oneself or task objects as needed for ADL task performance. Graeme's ADL motor ability measure of 0.50 logits is plotted in relationship to the AMPS motor cutoff measure on the AMPS Graphic Report. His ADL motor ability is below the AMPS motor cutoff. This indicates that he has increased effort when he performs ADL tasks. To put this in perspective, approximately 95% of well, healthy persons of Graeme's age have ADL motor ability measures between 1.59 and 3.51 logits. This indicates that his ADL motor performance is lower than age expectations.

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OVERALL ADL PROCESS ABILITY

ADL process ability is a global measure of a person's observed skill in efficiently (a) selecting, interacting with, and using task tools and materials; (b) carrying out individual task actions and steps; and (c) modifying task performance when problems are encountered. On the AMPS Graphic Report, Graeme's ADL process ability measure of 1.40 logits is above AMPS process scale cutoff. This indicates that he is safe, independent, and efficient when he performs familiar ADL tasks. As a basis for comparison, 95% of well, healthy persons of Graeme's age have ADL process ability measures between 0.87 and 2.63 logits, thus his ADL process ability measure is within age expectations.

SUMMARY OF MAIN FINDINGS

- Graeme's ADL motor ability measure is both below the AMPS motor cutoff and below age expectations, indicating that he is experiencing increased effort and possibly decreased safety and/or the need for assistance when performing chosen, familiar, and life relevant ADL tasks.
- Graeme's process ability measure is both within age expectations and above the process cutoff measure, indicating that he is performing ADL tasks in an efficient manner.

If there are any questions regarding this evaluation, please do not hesitate to contact me.

Nancy K. Clark, BSc O.T.

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DIRECT ACCESS DXA SERVICE (DADS) BONE DENSITOMETRY REFERRAL FORM

Send to Bone Densitometry Department, WEST GLASGOW ACH, YORKHILL Hospital (enter appropriate Hospital)

PATIENT DETAILS		GP DETAILS (or Stamp)	
Name	CHI: 2307665133 23/07/1965	Name	Dr A.W. Potter, A.M. Wilding
Address	McAULEY, Graeme Edward	Address	Dr. Stenhouse & GP Registrar Red Wing Practice Clydebank Health Centre G81 2TQ
Hospital	Dr A. Potter, Red Wing, G81 2TQ 2558697	Tel No	0141 531 0364/2556477/4774
D.O.B.	09/11/2017 17:45. Practice: 40046	Transport Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
CHI No.		Car	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pregnant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ambulance	Yes <input type="checkbox"/> No <input type="checkbox"/>

INDICATE REASON FOR REFERRAL

Men and women over 50 with a fracture at any site (not attributable to RTA or a skull fracture nor a fall from above head height)	<input type="checkbox"/>
Site of fracture Date of fracture.....	
Steroids >5mg of prednisolone or equivalent per day for more than 3 months	<input type="checkbox"/>
Indication	
Age >60 years + menopause aged less than 45 years	<input type="checkbox"/>
Age >60 years + acquired kyphosis	<input type="checkbox"/>
Age >60 years + significant self-reported height loss	<input type="checkbox"/>
Age >60 years + family history of a first-degree relative with fracture	<input type="checkbox"/>
Age >60 years + family history of a first-degree relative with kyphosis	<input type="checkbox"/>
Age >60 years + family history of a first-degree relative with DXA confirmed osteoporosis	<input type="checkbox"/>
Depo-Provera for > 5 years (if DXA result will influence use of the drug)	<input type="checkbox"/>
Monitoring as recommend by DADS or Bone Mineral Metabolism Clinic or Fracture Liaison Nurse Service (usually 5 years from previous scan).	<input checked="" type="checkbox"/>

Other current health problems	Current medication
<i>See attached summary</i>	

Referrer (Signature) [Signature] (Print Name)

Designation Date of referral

Address if not GP

MEDRL5GH:276321

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Chief Officer
 David Williams
 MA (Hons) CQSW

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 Gartnavel Royal Hospital
 1055 Great Western Road
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 Tel: 0141 211 3546
 Fax: 0141 211 3554

www.glasgow.gov.uk
www.nhs.gov.uk

**KERSHAW UNIT DAY SERVICES
 DISCHARGE SUMMARY INFORMATION**

PATIENT DETAILS	
Patient's name:	Graeme McAulay
Address:	11 Nairn Street Clydebank Dunbartonshire G81 4EY
Date of birth:	23/07/1966
Case Record Number:	T/2727094
CHI Number:	2307666133
Referral Date:	08/09/2017
Admission Date:	14/09/2017
Discharge Date:	27/11/2017
Patient Contact Tel No:	07549527247

Referral Contact History:	
	Referred for alcohol detoxification. Admitted on 14/09/2017.

Reason for admission:	Alcohol detox
Ward admitted to:	Kershaw Day Unit
Legal status on admission:	Informal
Summary of treatment received during admission:	
<p>Mr McAulay completed a course of alcohol detoxification and IM Pabrinex without incident. He continued to have strong cravings for alcohol, so was prescribed Acamprosate. He has ongoing problems with severe back pain, which caused several breaks in his attendance. During these times he relapsed several times.</p> <p>It was noted that Mr McAulay has some memory and concentration difficulties, so he had an ACE-R Test administered, on which he scored 76/100. He was referred to the ARBD team, but he has still to be discussed regarding possible allocation at time of discharge.</p>	

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GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION	
<p>Mr McAulay had Occupational Therapy input, and a home visit identified the need for aids and adaptations to help him to use the bath. These are now in place. Mr McAulay's accommodation is unsuitable as he lives on the first floor. When his back pain is very severe he is unable to use the stairs. He has also had problems moving old furniture from his flat, which has become cluttered.</p> <p>Mr McAulay has been unable to attend for well over a week due to back pain, and has relapsed during this time. It was decided that he would be discharged if he did not attend by today. I have spoken to him today, and he knows he has been discharged. Dr Mullen's secretary could not give a definite date for an outpatient's appointment, but said it is likely to be the second week of February 2018.</p>	
Consultants name:	Dr Mullen
Discharge Information	
Name of hospital:	Gartnavel Royal Hospital
Hospital telephone number:	0141 211 3546
Legal status on discharge	informal
Discharged against medical advice: (if yes give details)	No
Ward discharged from:	Kershaw Day Unit
Ward telephone number:	0141 211 3546
Follow – up arrangements (As known at time of discharge)	
Discharge from Outpatient Clinic	
To be arranged by ...	
Further Outpatient Appointment	To be arranged
Outpatient appointment details:	
Venue:	Clydebank Community Addiction Team
GP contact details:	Dr Wilding Red Wing Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ
Telephone number:	0141 531 6475
C.A.T Worker Contact details:	Maria Mair West Dunbartonshire Community Addiction Team 120 Dumbarton Road Clydebank G81 1UG
Telephone number:	0141 562 2311
Medication on discharge:	

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Additional information provided: <i>(information leaflets, personal planning information, guidance notes, travel info etc)</i>	
Staff member:	Robert Henderson
Date:	27/11/2017

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McAulay Graeme

CHI: 2307666133

Clinic Letter

Dr. GJ McGeoch
 Red Wing Medical Practice
 Clydebank Health Centre
 Kilbowie Road
 Clydebank
 G81 2TQ

Main
 Switchboard:
 Department:
 Contact Tel:
 Enquiries to:
 Letter Date:
 Reference:
 Dictated
 Date:
 Transcribed
 Date:

NHS
 Greater Glasgow
 and Clyde

Stobhill Hospital
 133 Balornock Road
 Glasgow
 G21 3UW
 0141 201 3000

Pain Management Clinic
 0141 355 1491/2/4
 www.paindaa.org
 08/12/2017
 PG/CH/2307666133
 08/12/2017

Dear Dr. GJ McGeoch,

21/12/2017

Graeme McAulay; D.O.B: 23 Jul 1966; CHI: 2307666133
11 Nairn Street, Clydebank, Dunbartonshire, G81 4EY

Attendance: Specialty - Pain Relief; Clinic - STLGPR9-PAIN ACH L GREEN FRIDAY AM
 Date and Time of Appointment - 08/12/2017 09:00

Clinical Comments:

I saw this 51 year old male in the Pain Clinic. He was referred to the Clinic with chronic intractable pain since a car accident 18 years ago. Since this accident he has had progressively increasing pains in his lumbar spine, cervical spine, arms and hips. He also reported left sided chest pain into his shoulder and left arm. On further questioning he reported that this had also been present since his accident 18 years ago. He has been investigated through Rheumatology and Neurosurgery in the past and has had MRI scan 3 years ago. Neurosurgery explained to the patient that surgery was not a good option at this time and at this moment in time he appeared to have a good understanding of this and acceptance of why this is the case.

He reports that standing static for a minute increases his pain in his lumbar spine and leg. He also reports intermittent sharp pains particularly notable after coughing when he feels difficulty in moving and reports it feels as though if he were to move he would be paralysed. He reports difficulty with sleep in terms of getting to sleep and is woken through the night 5-6 times although feels that Gabapentin helps this. He describes waking with numbness in both his hands but after giving them a shake, this resolves. Although this has become more frequent during the day as well as on waking. He describes his left leg pain as being a constant ache with intermittent pins and needles in the left lateral border of the foot and his back pain being constant. He uses pain descriptors which are both nociceptive and neuropathic.

His past medical history includes surgery to remove a lump from his leg and a tendon injury aged 16 in both wrists after a suicide attempt. He also had an accidental overdose on Co-Codamol 5 years ago but he has had no further thoughts of overdose.

Printed on 05/01/2018 13:02 by Pam Gavin

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McAulay Graeme

CHI: 2307666133

OPCL 08/12/2017 v1

In the past he reports that he has tried a variety of different pain medications. He believes he has tried Amitriptyline with no benefit and didn't like the feeling, Gabapentin with no benefit and patches which he was not quite sure of. He is currently taking Pregabalin 300mg bd which he reports is helping with his sleeping. He takes Etodolac 600mg, Thiamine Hydrochloride 100mg 3x daily and Folic Acid 5mg.

He currently lives on his own. His family live nearby but he is not in contact with them. He smokes 10-20 cigarettes per day. Most significantly is that he is currently drinking half bottle of vodka up to 4x per day most days of the week. He has been attending the Kershaw Unit for the past 3 months but due to struggling with abstinence from alcohol they have planned an inpatient stay which he currently has no date for. He is keen to abstain from alcohol and this is his priority at the moment.

He reported difficulty with bending and with preparing meals. He has been assessed by Occupational therapists in the past through Rheumatology which he was provided with perching stools.

On examination he had full range of cervical spine movement with increased pain end of range flexion down his whole spine. Both his shoulders were restricted to approximately 120 degrees flexion both being restricted by pain. His myotomes were equal, lower limb bilaterally. He had good sensation on the lateral border of his left foot to pinprick.

My impression is this gentleman has widespread pain which is a combination of neuropathic and nociceptive pain. His current main focus is with detoxing from alcohol therefore full engagement with the multidisciplinary team at this point in time may be difficult for this patient.

This patient's management plan was therefore agreed with Dr Green and the patient and is as follows:

1. Patient was provided with a TENS machine which was explained and suggested for use over the lumbar spine and cervical spine areas.
2. A trial of Capsaicin 0.075% cream may be useful in the first instance in the lateral lower leg.
3. The patient was provided with information on opting in to the patient information sessions with the Pain Specialist Nurses. This may be suitable for when he is ready.
4. Physiotherapy may be of benefit once he has completed his detox.

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McAulay Graeme

CHI: 2307666133

OPCL 08/12/2017 v1

He has been appointed for a review with the Nurse Specialist in 4 months to review the trial of the TENS and Capsaicin use. This will give the opportunity to assess if he is ready to engage with the wider service.

Yours sincerely

Pamela Gavin

Specialist Physiotherapist

Electronically Signed: ,

cc.

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West Dunbartonshire
Health & Social Care Partnership

Dr Wilding
Red Wing
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

West Dunbartonshire Addiction Services
120 Dumbarton Road
Clydebank
G81 1UG
Tel: 0141 562 2311
Fax: 0141 562 2399

Our Ref: MM/CD
Enquiries to: Maria Mair

Date: 14 December 2017

CHI: 2307666133

Dear Dr Wilding

Re: Graeme McAulay, 11 Nairn Street Clydebank G81 4EY

This is by way of an update on your patient. Mr McAulay has been discharged from the Kershaw Day unit due to non attendance. We have some concerns regarding Mr McAulay's memory. I have carried out domiciliary visits and it would seem that he is not coping well. He has returned to drinking alcohol and his diet is very poor.

I have arranged to visit him at home on 18 December 2017 with a view to initiating support from the Richmond Fellowship. We are also awaiting further assessments from the ARBD team. I will keep you update on the situation.

Yours sincerely


Maria Mair
Senior Addiction Worker

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West Dunbartonshire
 Health & Social Care Partnership

TO BE OPENED BY ADDRESSEE ONLY

Dr Bell
 Health Centre
 Kilbowie Road
 Clydebank
 G81 2TQ

CHI: 2307666133

DS

Dear Dr Bell

Re: **Graeme McAuley, 11 Nairn Street, Clydebank, G814EY**
 Addiction Services Case Manager - Maria Mair

The above named patient failed to attend his assessment appointment for my addictions psychiatry outpatient clinic on 30 January 2018 at Clydebank. He will be offered a further appointment as a matter of routine and we will keep you informed of his progress

Yours sincerely

Dr Donna Mullen
 Consultant Psychiatrist in Addictions

C.c. Maria Mair

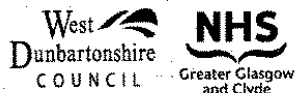
West Dunbartonshire Addiction Services
 120 Dumbarton Road
 Clydebank
 G81 1UG
 Tel: 0141 562 2311
 Fax: 0141 562 2399
 Our Ref: DM/AD
 Enquiries to: Angela Docherty

Date dictated: 30 January 2018
 Date typed: 12 February 2018

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**West Dunbartonshire
Health & Social Care Partnership**

Graeme McAuley
11 Najm Street
Clydebank
G81 4EY

West Dunbartonshire Addiction Services
120 Dumbarton Road
Clydebank
G81 1UG
Tel: 0141 562 2311
Fax: 0141 562 2399

Our Ref: MM/CB
Enquiries to: Maria Mair

Date: 22 January 2018

CHI: 2307666133

Dear Mr McAuley

An appointment has been arranged for you with Maria Mair as follows:

DATE: Tuesday 6 February 2018

TIME: 11 am

VENUE: 120 Dumbarton Road, Clydebank G81 1UG

We appreciate prompt attendance for this appointment.

If the date or time is unsuitable please do not hesitate to contact us to re-arrange.

Yours sincerely



Maria Mair
Senior Addiction Worker

✓ C.c. Dr. Wilding, Red Wing, Clydebank Health Centre

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Chief Officer
David Williams
MA (Hons) CQSW

Glasgow City Health and Social Care
Partnership
ARBD Team
55 Hunter Street
Glasgow
G4 0UP

www.glasgow.gov.uk
www.nhs.gov.uk

CHI: 2307666133
PIMS: 2727094
Ref: DC/LT

Date dictated: 19/01/2018
Date typed: 23/01/2018

Robert Henderson
Addiction Nurse
Kershaw Day Service
Gartnavel Hospital
1055 Great Western Road
Glasgow
G12 0XH

Dear Robert

Name: **Graeme McAulay** DOB: **23.07.1966**
Address: **11 Nairn Street, Clydebank, Dunbartonshire, G81 4EY**

Thank you for your referral of the above named gentleman on the 10/11/17. At the time of your referral Mr Graeme McAulay was reported that Mr McAulay was drinking on an irregular basis and was engaging with addiction services and a recent Occupational therapy assessment highlighted that he had reported he was having difficulty with his memory.

As you are aware after discussing Mr McAulay present situation you informed me that he has return to drinking on a daily basis and he engaging with your service sporadically.

After discussing his case at the ARBD MDT allocation meeting it was decided that under the present circumstances it would difficult to engage Mr McAulay in the process of cognitive assessment, as result we have no other option but to discharge Mr McAulay from the ARBD Caseload, however, if the circumstances should change please do not hesitate to re-refer or if you wish to discuss this further please feel free to contact us.

Yours sincerely

David Cameron

Smoking is banned on NHS Greater Glasgow and Clyde property, including all buildings, all vehicles and grounds.

ARBD Team 55 Hunter Street, Glasgow, G4 0UP
Tel: 0141 553 2937 OR 0141 553 2858
Fax 0141 553 2916

NHS Confidential: Personal data about a patient

Senior Addiction Nurse
Cc: Maria Mair, Care Manger, West Dunbartonshire Community Addiction Team, 120
Dumbarton Road, Clydebank, G81 1UG
Cc: Dr. Wilding, Red wing, Clydebank Health Centre, Kilbowie Road, Clydebank, G81
[2TQ]

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Smoking is banned on NHS Greater Glasgow and Clyde property, including all buildings, all vehicles and grounds.

ARBD Team 55 Hunter Street, Glasgow, G4 0UP
Tel: 0141 553 2937 OR 0141 553 2858
Fax 0141 553 2916

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**West Dunbartonshire
Health & Social Care Partnership**

Mr Graeme McAuley
11 Nairn Street
Clydebank
G81 4EV

J.P.

CHI: 2307666133

West Dunbartonshire Addiction Services
120 Dumbarton Road
Clydebank
G81 1UG
Tel: 0141 562 2311
Fax: 0141 562 2399

Our Ref: MM/HS
Enquiries to: Maria Mair

Date: 7th February 2018

Dear Mr McAuley,

An appointment has been arranged for you with **Maria Mair** as follows:

DATE: 26th February 2018

TIME: 9.30 a.m.

VENUE: 120 Dumbarton Road, Clydebank G81 1UG

We appreciate prompt attendance for this appointment.

If the date or time is unsuitable please do not hesitate to contact us to re-arrange.

Yours sincerely

Maria Mair
pp **Maria Mair**
Senior Addiction Worker

C.C. Dr Bell, Red Wing, Clydebank Health Centre

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BONE DENSITOMETRY REFERRAL FORM

Greater Glas and Clyde

Send to Bone Densitometry Department, West Glasgow ACH Yorkhill Hospital (enter appropriate Hospital)

PATIENT ID		GP DETAILS (or scan) (ind)	
Name	CHI: 2307666133 25/07/1955 McQUEEN Graeme Edward	Name	Dr A. W. Forster G.J. McGeoch, S.P. Queen, D. Sterrhouse & GP Registrar
Address	14 Nelson St, GB1 6EY	Address	Red Wing Practice Clydebank Health Centre GB1 2TQ 0141 531 (3)6475/6477 Fax 0478
Hospital No. (if in)	Dr A. Potter Red Wing, GB1 2TQ 05762/2018 11:52. Practice: 40046	Tel No	Practice No G40046 Fax No GCHLHB GP40046@nhs.net
D.O.B.	Tel No.	Transported	<input type="checkbox"/> No <input type="checkbox"/> Yes
CHI No.		Car	<input type="checkbox"/> Ambulance <input type="checkbox"/>
Pregnant	Yes <input type="checkbox"/> No <input type="checkbox"/>		

INDICATE REASON FOR REFERRAL

Men and women over 50 with a fracture at any site (not attributable to RTA or a skull fracture nor a fall from above head height)	<input type="checkbox"/>
Site of fracture Date of fracture.....	
Steroids >5mg of prednisolone or equivalent per day for more than 3 months	<input type="checkbox"/>
Indication.....	
Age >60 years + menopause aged less than 45 years	<input type="checkbox"/>
Age >60 years + acquired kyphosis	<input type="checkbox"/>
Age >60 years + significant self-reported height loss: 1-	<input type="checkbox"/>
Age >60 years + family history of a first-degree relative with fracture	<input type="checkbox"/>
Age >60 years + family history of a first-degree relative with kyphosis	<input type="checkbox"/>
Age >60 years + family history of a first-degree relative with DXA confirmed osteoporosis	<input type="checkbox"/>
Depo-Provera for > 5 years (if DXA result will influence use of the drug)	<input type="checkbox"/>
Monitoring as recommend by DADS or Bone Mineral Metabolism Clinic or Fracture Liaison Nurse Service (usually 5 years from previous scan).	<input checked="" type="checkbox"/>

Other current health problems:

See attached summary

Current medication:

(Signature)

Referrer (Signature) *(Signature)* (Print Name)

Designation Date of referral

Address if not GP

MEDRL.SOH.3770/14

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER
 MEDICAL IN CONFIDENCE
 GGC Chronic Pain Protocol (Glasgow, vR15.0)

REFERRAL TO	
Anaesthetics - Pain Clinic GGC Chronic Pain	— Consultant / receiving practitioner and/or specialty clinic
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	— Hospital and hospital address
	Hospital location code. G207H
	Email address -
Urgency of referral	Routine
Date of referral	09-May-2018
Date sent	10-May-2018

PATIENT DETAILS		Patient's address
Surname	McAuley	11 Nairn St DALMUIR Clydebank G81 4EY
Forename(s)	Graeme	
Title	Mr	
Sex	Male	
Date of birth	23-Jul-1966	
CHI no.	2307666133	
Area of Residence	-	Contact number(s) Voice: 07591087877

101016071718B	Unique Care Pathway Number: 101016071718B
-----------------	---

REGISTERED GP DETAILS		Practice address
Name	Dr Gillian J McGeoch	Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ
GMC code	4444802	
GP code	07013	
Practice name	Red Wing - Clydebank Medical Centre (13414)	
Practice code	40046	
		Contact number(s) Voice: 0141 531 6475 Facsimile: 0141 531 6478

REFERRING GP DETAILS		Practice address
Name	Dr. Deborah Stenhouse	Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ
GMC code	4541187	
GP code	02941	
Practice name	Red Wing Medical Practice (40046)	
Practice code	40046	
		Contact number(s) Voice: 0141 531 6475

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Chronic intractable pain since car accident 18 years ago

Comment: I am writing with regards Mr McAuley who was known to the Pain Team in December 2017. At that time he had chronic intractable pain from a previous car accident. At that time he was given a TENS machine and some Capsaicin Cream to use and was due to be reviewed after a few months. Unfortunately concurrently Graeme has suffered from alcohol dependence syndrome and during this period he has managed to undergo a detox through The Kershaw Unit and is still being followed up regularly through the CAT Team. He now has a Case Manager, Maria, who feels that he is doing really well and would now be able to engage with therapy with regards his chronic pain and I would be grateful if you could re-appoint him.

Also of note is that he has been having memory issues and if you could also send a copy of any administration to the patient but also to Maria at the CAT Team, this would be very helpful. Maria Mair, CAT Team, West Dunbartonshire Addiction Services, 120 Dumbarton Road, Clydebank G81 1UG.

Many thanks for your help.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Fracture of nasal bones	-	21-Jun-2017	21-Jun-2017
In debt	-	22-Mar-2016	22-Mar-2016
Chronic alcoholism in remission	-	01-Jan-2016	01-Jan-2016
Vitamin D deficiency	-	27-Mar-2015	27-Mar-2015
Lumbar spondylosis	-	27-Mar-2015	27-Mar-2015
Cervical spondylosis	-	27-Mar-2015	27-Mar-2015
Anterior uveitis	-	13-Jan-2015	13-Jan-2015
Closed fracture thoracic vertebra, wedge	T7	05-Nov-2014	05-Nov-2014
Anterior uveitis	L	16-Jan-2013	16-Jan-2013
Overdose of drug	cocodamol	07-Jun-2010	07-Jun-2010
Anxiety with depression	-	03-Nov-2008	03-Nov-2008
[D]Chronic intractable pain	-	11-Oct-2008	11-Oct-2008
Alcohol dependence syndrome	-	03-Oct-2008	03-Oct-2008
Separation	-	27-Mar-2006	27-Mar-2006
Low mood	-	06-Dec-2005	06-Dec-2005
Alcohol problem drinking	-	07-Jun-1998	07-Jun-1998
[X]RTA - Road traffic and other transport accidents	head injury	12-Apr-1998	12-Apr-1998
Minor head injury	-	12-Apr-1998	12-Apr-1998
Mechanical low back pain	-	23-Feb-1993	23-Feb-1993
Partial division flexor tendon wrist	Right	20-Aug-1982	20-Aug-1982
Complete division extensor tendon hand	Right little finger	20-Aug-1982	20-Aug-1982
Nondependent cannabis abuse	16-19yo	27-Mar-1982	27-Mar-1982
Approved school	List D	27-Mar-1980	27-Mar-1980
Behaviour disorder	-	27-Mar-1978	27-Mar-1978
Socialised childhood truancy	-	27-Mar-1978	27-Mar-1978
Viral pneumonia NOS	Right	21-Dec-1972	21-Dec-1972
Parents separated	-	27-Mar-1971	27-Mar-1971

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Alcohol detoxification	-	14-Sep-2017	14-Sep-2017
CT scan brain - normal	-	21-Jun-2017	21-Jun-2017

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Magnetic resonance imaging of lumbar spine abnormal	-	27-Mar-2015	27-Mar-2015
Lumbar DXA scan result normal	-	03-Mar-2015	03-Mar-2015
Anti-nuclear factor positive	1/160 H ENA -ve	27-Nov-2014	27-Nov-2014
Excision of lipoma	Knee	13-Nov-1984	13-Nov-1984
Primary repair of tendon	FCU	20-Aug-1982	20-Aug-1982

Family conditions (All priorities)

Description	Date of Onset
No FH: Stroke/TIA	11-Oct-2011
No FH: Ischaemic heart disease	11-Oct-2011

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Thiamine Hydrochloride Tablets 100 mg	84	84 tablet	1 TAB 3 TIMES DAILY	-	07-Sep-2017	10-Apr-2018
Folic Acid Tablets 5 mg	28	28 tablet	1 TAB DAILY DISPENSE WEEKLY	-	07-Sep-2017	10-Apr-2018
Etodolac M/R tablets 600 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY	-	25-Sep-2015	10-Apr-2018
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY	-	25-Sep-2015	10-Apr-2018
Pregabalin Capsules 300 mg	56	56 capsule	1 CAP MORNING AND NIGHT DISPENSE WEEKLY	-	16-Feb-2015	10-Apr-2018
Colecalciferol Capsules 800 units	28	28 CAPSULE	1 CAP DAILY DISPENSE WEEKLY	-	06-Feb-2015	10-Apr-2018

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Capsaicin Cream 0.075 %	45	45 gram	APPLY THINLY AS DIRECTED TO LOWER LEG	-	09-Jan-2018	09-Jan-2018

Blood Pressure

Date Recorded	Systolic	Diastolic
11-Oct-2011	122	78
16-Mar-2009	120	70
20-Feb-2007	120	70

Body Measurements

Date Recorded	Height	Weight	BMI
11-Oct-2011	176	88	28.41

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Not interested in stopping smoking:		11-Oct-2011
Alcohol consumption unknown:		11-Oct-2011
Exercise grading, 3 :		11-Oct-2011

Clinical warnings**Additional relevant information****Administrative information**

OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) **Date**

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**West Dunbartonshire
Health & Social Care Partnership**

Graeme McAuley
11 Nairn Street
Clydebank
Dunbartonshire
G81 4EY

West Dunbartonshire Addiction Services
120 Dumbarton Road
Clydebank
G81 1UG
Tel: 0141 562 2311
Fax: 0141 562 2399

Our Ref: MM/KS
Enquiries to: Fiona White

Date: 10th April 2018

CHI: 2307666133

Dear Graeme

An appointment has been arranged for you with **Maria Mair** as follows:

DATE: Tuesday 24th April 2018

TIME: 3.30pm

VENUE: 120 Dumbarton Road, Clydebank G81 1UG

We appreciate prompt attendance for this appointment.

If the date or time is unsuitable please do not hesitate to contact us to re-arrange.

Yours sincerely

A handwritten signature in black ink, appearing to read 'MM', is written over a large, diagonal watermark that says 'THIRD PARTY COPY'.

Maria Mair
Senior Addiction Worker

C.c. **Dr Wilding**
Clydebank Health Centre
Red Wing

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**West Dunbartonshire
Health & Social Care Partnership.**

Graeme McAuley
11 Nairn Place
Clydebank
G81 4EY

West Dunbartonshire Addiction Services
120 Dumbarton Road
Clydebank
G81 1UG
Tel: 0141 562 2311
Fax: 0141 562 2399

Our Ref: MM /KS
Enquiries to: Maria Mair

Date: 5th April 2018

CHI: 2307666133

Dear Graeme

An appointment has been arranged for you with **Maria Mair** as follows:

DATE: Friday 13th April 2018

TIME: 9.30am

VENUE: 120 Dumbarton Road, Clydebank G81 1UG

We appreciate prompt attendance for this appointment.

If the date or time is unsuitable please do not hesitate to contact us to re-arrange.

Yours sincerely

Maria Mair
Senior Addiction Worker

CC: Dr Wilding
Clydebank Health Centre
Red Wing

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1 of 2

**West Dunbartonshire
Health & Social Care Partnership**

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Dr Bell
Red Wing
Health Centre
Kilbowie Road
Clydebank
G81 2TQ

DS

West Dunbartonshire Addiction Services
120 Dumbarton Road
Clydebank
G81 1UG
Tel: 0141 562 2311
Fax: 0141 562 2399
Our Ref: DM/AD
Enquiries to: Angela Docherty

CHI: 2307666133

Date dictated: 27 February 2018
Date typed: 28 March 2018

Dear Dr Bell

**Re: Graeme McAuley, 11 Nairn Street, Clydebank, G81 4EY
Addiction Services Case Manager – Maria Mair**

Date of Assessment: 27 February 2018

Type of Assessment: Addictions psychiatry outpatient clinic

Diagnosis: Mental and behavioural disorder due to the use of alcohol, dependence syndrome, currently abstinent (F10.20); alcohol related brain damage (F10.6)

Current Medication: Colecalciferol 800iu daily; Pregabalin 300mg bd; Etodolac MR 600mg daily; Omeprazole 20mg mane; Folic Acid 5mg daily; Thiamine hydrochloride 100mg tid.

Medication Changes: None. For work up and commencement of Disulfiram via the community addiction team.

Follow Up: Addictions Psychiatry Outpatient clinic in 8 - 10 weeks time

I reviewed Mr McAuley on the above date at my Addictions Psychiatry Outpatient Clinic, Clydebank. He appeared well and I was happy to hear that he had stopped drinking approximately one week ago. He had stopped himself after gradually reducing and had experienced minimal withdrawal symptoms of shakes only.

He reported that he had started a new relationship with a woman and this had prompted him to address his alcohol use. His new partner does drink alcohol but is not a heavy drinker. He is still in a lot of pain from his back, hips and legs. You will

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**West Dunbartonshire
Health & Social Care Partnership**

be aware that he has diagnosis of cervical and lumbar spondylitis. He has had a crushed fracture of T7 vertebrae and has a history of a serious head injury in 1998 following a road traffic accident.

He described his mood as up and down. He is experiencing anxiety symptoms but these had improved since he had stopped drinking. He continues to worry excessively about everything. His appetite is good. Sleep is poor secondary to pain. He often can not get to sleep at night because of this. He tends to nap when he can during the day.

He admitted that he had been struggling to do his own housework. He was doing more since he stopped drinking. He tends to get his food delivered from Iceland.

He has a significant debt of over £900 to his gas supplier. He has arranged to pay this at £6 per week. They had recently burst his door open as he had not been letting them in and then they charged him for the repairs. He was quite annoyed about this but was dealing with it in a reasonable manner.

He attended the pain clinic in December and is due for review on 19 March. I believe they had suggested that they may offer him physiotherapy if he was abstinent for that appointment.

Impression

My overall impression was that Mr McAuley is currently doing well. He was motivated to maintain abstinence and was keen to be considered for Disulfiram in order to improve his chances of prolonged abstinence.

I offered him attendance at the day unit for support and have Disulfiram initiated but he declined this. I will therefore ask for him to undergo assessment for disulfiram and to have this initiated by the community team.

He has recently been discharged from the ARBT team as he was dinking and they felt there was no role for them. He has declined the Richmond Fellowship support in the past. I will ask his addiction worker Ms Maria Mair to keep this under review and to refer if she feels he may benefit from the increased support. I will review him myself in clinic in about 8 weeks times and will keep you informed of his progress.

Yours sincerely

Dr Donna Mullen
Consultant Psychiatrist in Addictions

C.c. Maria Mair, Case Manager

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NHS
Greater Glasgow
and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow G21 3UW

17/08/2018

Dr GJ McGeoch
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Dear Dr GJ McGeoch

Re: Graeme McAulay
Address: 11 Nairn Street
Clydebank
G81 4EY

CHI Number: 2307666133

Speciality: Pain Relief

It would appear from our records that:

- Your patient has not responded to our recent letters inviting them to arrange an appointment.
- Your patient has indicated that they no longer require an appointment.
- Your patient has refused two reasonable offers of appointment.

We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with NHS Greater Glasgow and Clyde's Did Not Attend Policy.

If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

User ID: Fiona Paul

SCGC OpwI Removal to GP V1

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West Dunbartonshire
Health & Social Care Partnership

Dr Bell
Red Wing
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

DS

West Dunbartonshire Addiction Services
120 Dumbarton Road
Clydebank
G81 1UG
Tel: 0141 562 2311
Fax: 0141 562 2399

Our Ref: MM/AD
Enquiries to: Maria Mair

Date: 5th June 2018

CHI: 2307666133

Dear Dr Bell,

Re: Graeme McAuley, 11 Nairn Street, Clydebank, G81 4EY

Mr McAuley has failed to attend for appointments or respond to the opt in letter sent. In view of this and following discussing the case at our MDT, the case will now be closed to West Dunbartonshire Addiction Services.

Yours sincerely,

Angela Berlin

PP Maria Mair
Senior Addiction Worker

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Filename: iGPRDA_20.pdf
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McAulay Graeme

CHI: 2307666133

Emergency Attendance Letter

NHS
Greater Glasgow
and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 03/12/2018

Consultant: Dr Susan Daisley

GJ McGeoch
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
Clydebank
G81 2TQ

Dear GJ McGeoch

Re: **McAulay Graeme**
11 Nairn Street
Clydebank G81 4EY

DOB: 23/07/1966

CHI: 2307666133

Attended on: 03/12/2018 at 16:13 hrs.
Discharge Type: 02 - Admitted
Previous ED Attendance in last 12 months: 0

Departed on: at hrs.
Destination: Admission to this Hospital

Presenting complaint
personal

Nursing Assessment:
had erection on sat , c/o ongoing erection since

Investigations in ED: **None**

NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

Diagnosis:

Diagnosis	Side	Site
Priapism		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
states 48 hours of priapism. very painful referred to urology for tx

Followup:
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Stuart McLaren
Doctor

Copies to:
1. GJ McGeoch (GP)

School Address:

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NHS Confidential: Personal data about a patient

CHI: 2307666133, Graeme McAulay, DOB 23/07/1966, Telephone

**Gartnavel General Hospital
Direct Access DXA Service**

Consultant: Dr Chris Sainsbury

Osteoporosis Nurse Specialists: Margaret French, Leigh Robertson & Mayrine Fraser

Enquiries: 0141 201 0105

Dr. GILLIAN MCGEOCH
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
Glasgow
G81 1BS

Ref: LR/LR/2307666133

10-Apr-2018

Dear Dr. MCGEOCH

Graeme McAulay
11 Nairn Street
Clydebank
Dunbartonshire
G81 4EY

Thank you for referring your patient to the Direct Access DXA Service. Your patient underwent DXA scanning with an osteoporosis and fracture risk assessment on 10-Apr-2018; these results have been discussed with them. Please see below for any treatment, lifestyle and follow up recommendations.

Scan Date: 10-Apr-2018

Spine

L2-L4 BMD: 1.167 TScore: 0.694 ZScore: 1.039

Scan Conclusions:

Normal BMD

Left Hip

Neck of femur BMD: 0.962 TScore: 0.239 ZScore: 0.974

Total hip BMD: 1.002 TScore: -0.206 ZScore: 0.112

Scan Conclusions:

Normal BMD

Osteoporosis Risk Factors

Past hx of fragility fracture(s)

Alcohol excess

History in past 5 years of smoking \geq 10 cigarettes/day**Falls and Fracture Risk Factors**

History of previous fracture

History in past 5 years of smoking \geq 10 cigarettes/day

NHS Confidential: Personal data about a patient

CHI: 2307666133, Graeme McAulay, DOB 23/07/1966, Telephone

On feet <= 4 hours/day

Fracture History

TV7 (Aged 48)

Treatment / Investigation Recommendations

Continue Fultium D3

Lifestyle Recommendations

Advise to stop smoking

- Advise to reduce alcohol consumption to within Government recommendations of 14 units/week

Comments

Vertebral fracture assessment performed: TV9 to LV5 visualised – therein no obvious vertebral fractures were seen. The previously identified fracture at TV7 is outwith the visual field on today's assessment.

There has been no decline in bone mineral density since the last DXA scan in 2015. BMD is average for age at the hip and 11% above average for age at the lumbar spine. Current potential fracture risk is perceived to be relatively low and does not merit bone protective treatment. Lifestyle advice as above to optimise future bone health.

Follow Up:

None

Yours sincerely

Sr Leigh Robertson
Osteoporosis Nurse Specialist

Dr Chris Sainsbury
Consultant Endocrinologist

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**West Dunbartonshire
Health & Social Care Partnership**

Graeme McAulay
11 Nairn Street
Clydebank
G81 4EY

West Dunbartonshire Addiction Services
120 Dumbarton Road
Clydebank G81 1UG
Tel: 0141 562 2311
Fax: 0141 562 2399

Our Ref: MM/KS
Enquiries to: Maria Mair

CHI: 2307666133

Date: 30th May 2018

Dear Graeme

Unfortunately, you have failed to attend appointments offered to you.

Please contact the service by **Friday 8th June 2018** if you still wish to be seen.

If we do not hear from you by this time we will assume you no longer require the service and you will be discharged from West Dunbartonshire Addiction Services.

Yours sincerely

Maria Mair
Senior Addiction Worker

C.c. Dr Bell, Red Wing Clydebank Health Centre

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**West Dunbartonshire
Health & Social Care Partnership**

Dr Bell
Red Wing ^{DS}
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

West Dunbartonshire Addiction Services
120 Dumbarton Road
Clydebank
G81 1UG
Tel: 0141 562 2311
Fax: 0141 562 2399

Our Ref: MM /KS
Enquiries to: Maria Mair

CHI: 2307666133

Date: 30th May 2018

Dear Dr Bell

Re: Graeme McAulay, 11 Nairn Street, Clydebank G81 4EY

This is by way of update on the above named patient.

Mr McAulay has failed to attend for his last two appointments with me. He has also defaulted on his last appointment with Dr Donna Mullen. I discussed the case at our M.D.T meeting today and the outcome was to send Mr McAulay a 10 day opt in.

If he fails to respond we will be discharging him from the service.

Yours sincerely

A handwritten signature in black ink, appearing to be 'MM' or 'Maria Mair', written over the typed name.

**Maria Mair
Senior Addiction Worker**

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Pages:

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West Dunbartonshire
Health & Social Care Partnership

TO BE OPENED BY ADDRESSEE ONLY

Dr Bell *DS*
Health Centre
Kilbowie Road
Clydebank
G81 2TQ

West Dunbartonshire Addiction Services
120 Dumbarton Road
Clydebank
G81 1UG
Tel: 0141 562 2311
Fax: 0141 562 2399
Our Ref: DM/AD
Enquiries to: Angela Docherty

CHI: 2307666133

Date dictated: 1 May 2018
Date typed: 21 May 2018

Dear Dr Tennick

Dear Dr Bell

Re: **Graeme McAuley, 11 Nairn Street, Clydebank, G814EY**
Addiction Services Case Manager - Maria Mair

The above named patient failed to attend his review appointment for my addictions psychiatry outpatient clinic on 1 May 2018 at Clydebank. He will be offered a further appointment as a matter of routine and we will keep you informed of his progress

Yours sincerely

A handwritten signature in black ink, appearing to read 'Donna Mullen', is written over a large, diagonal watermark that says 'THIS IS A PARTIAL COPY'.

Dr Donna Mullen
Consultant Psychiatrist in Addictions

C.c. Maria Mair

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NHS Confidential. Personal data about a patient

CHI:2307666133, Graeme McAulay, DOB 23/07/1966, Telephone



**West Glasgow Ambulatory Care Hospital
 Direct Access DXA Service**

Consultants: Dr Chris Sainsbury
 Osteoporosis Nurse Specialists: Sr Margaret French, Sr Deborah Nelson
 & Sr Leigh Robertson
 Appointments: 0141 201 0105

Ref: LR/LR/2307666133
 10-Apr-2018

Dr GILLIAN MCGEOCH
 CLYDEBANK HEALTH CENTRE
 KILBOWIE ROAD
 CLYDEBANK
 G81 2TQ

Dear Dr. MCGEOCH,

Graeme McAulay, DOB: 23-Jul-1966
 11 Nairn Street
 Clydebank
 Dunbartonshire
 G81 4EY

Thank you for referring your patient to DADS. DXA scanning & fracture risk assessment were performed on 10-Apr-2018.

Scan Date: 10-Apr-2018.

Spine			
L2-L4	BMD: 1.167	TScore: 0.694	ZScore: 1.039
Scan Conclusions: Normal BMD			
Left Hip			
Neck of femur	BMD: 0.962	TScore: 0.239	ZScore: 0.974
Total hip	BMD: 1.002	TScore: -0.206	ZScore: 0.112
Scan Conclusions: Normal BMD			

Osteoporosis Risk Factors

Past hx of fragility fracture(s)
 Alcohol excess
 History in past 5 years of smoking \geq 10 cigarettes/day

Falls and Fracture Risk Factors

History of previous fracture
 History in past 5 years of smoking \geq 10 cigarettes/day
 On feet \leq 4 hours/day

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Page 1 of 2

CGC0030

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CHI:2307666133, Graeme McAuloy, DOB 23/07/1966, Telephone

Fracture History
TV7 (Aged 48)

Treatment Recommendations
Continue Fultium D3

Lifestyle Recommendations
Advise to stop smoking
Advise to reduce alcohol consumption to within Government recommendations of 14 units/week

Follow Up:
None

Vertebral fracture assessment performed: TV9 to LV5 visualised – therein no obvious vertebral fractures were seen. The previously identified fracture at TV7 is outwith the visual field on today's assessment.

There has been no decline in bone mineral density since the last DXA scan in 2015. BMD is average for age at the hip and 11% above average for age at the lumbar spine. Current potential fracture risk is perceived to be relatively low and does not merit bone protective treatment. Lifestyle advice as above to optimise future bone health.

Yours sincerely,



Sr Leigh Robertson
Osteoporosis Nurse Specialist



Dr Chris Sainsbury
Consultant Endocrinologist

NHS Confidential: Personal data about a patient

MCAULAY GRAEME CHI: 2307666133 DoB: 23-Jul-1966

Immediate Discharge Letter

Highly Sensitive: No
 Consent for Sharing Withheld: No
 GILLIAN MCGEOCH Red Wing Medical Practice Clydebank Health
 Centre, Kiltowie Road, Clydebank, G81 2TQ



Glasgow Royal Infirmary, 84 Castle St G4 0SF
 Main Switchboard: 0141 2114000
 Date of Completion: 08-Dec-2018

Dear GILLIAN MCGEOCH,

Name	CHI	DoB	Address
GRAEME MCAULAY	2307666133	23-Jul-1966	11 NAIRN STREET, Clydebank, Dunbartonshire, G81 4EY

Admitted	Type	Discharged	Destination
03-Dec-2018 22:23	IP	08-Dec-2018	Private Residence - living with relatives or friends

Speciality	Consultant	Ward	Telephone
Urology	Fraser	GRI Ward 70 Urology	0141 2114000

Primary Diagnosis:
 There is no data to display.

Secondary Diagnosis:
 There is no data to display.

Significant Operations / Procedures:
 There is no data to display.

Last Discharge Review: Kinds Al-Hourani (Kinds Al-Hourani - FY1 Aug 18) on 08 Dec 2018 12:47

Discharge Medication:

NHS Confidential: Personal data about a patient

MCAULAY GRAEME CHI: 2307666133 DoB: 23-Jul-1966

Active Drug Name	Route	Dose	Disp.	Reason	Further Details	ECS	Since Admission
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required . Fixed Period 1 Week(s) from 08 Dec 2018	No	Previously Dispensed	Dispensing Details: ward 70 pre-pack supply		Added
Folic acid 5mg tablets	oral	1 TAB DAILY DISPENSE WEEKLY.	No	Patient's own drug returned on discharge		Y	
Omeprazole 20mg gastro-resistant capsules	oral	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY.	No	Patient's own drug returned on discharge		Y	
Pregabalin 300mg capsules	oral	1 CAP MORNING AND NIGHT DISPENSE WEEKLY.	No	Patient's own drug returned on discharge		Y	
Thiamine 100mg tablets	oral	1 TAB 3 TIMES DAILY DISPENSE WEEKLY.	No	Patient's own drug returned on discharge		Y	

Added means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments:
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints: No data available
Admission Category: No data available

Clinical Comments: Background: chronic neck and back pain; prolapsed disc
 Diagnosis: priapism

NHS Confidential: Personal data about a patient

MCAULAY GRAEME

CHI: 2307666133

DoB: 23-Jul-1966

Procedure: insertion of penile implant	
Dear Doctor:	
Mr McAulay was admitted to the QEUH on 03/12/2018 with a 48h of rigid priapism associated with serosal pain but with the ability to pass urine intact. An aspirate of 10ml, dark, clotted blood was performed under a penile local block; following this phenylephrine was administered to nil effect. Following an unsuccessful distal T-shunt at the QEUH on 03/12/2018, Mr McAulay was transferred to the Glasgow Royal Infirmary for review by Mr Fraser. Throughout his admission, Mr McAulay remained apyrexial and haemodynamically stable. His inflammatory markers were initially raised on admission but these settled to normal range following transfer.	
An MRI penis performed on 05/12/18 showed non-enhancement of the distal corpora cavernosa suspicious of infarction with more normal appearance proximally; with overall greater than 50% of the cavernosa demonstrating enhancement with contrast. On 07/12/2018, Mr McAulay underwent insertion of a semi-rigid penile implant. This procedure was uncomplicated.	
Mr McAulay has been discharged home following a successful trial of void. Mr Fraser will arrange his OP follow-up. Corporal smooth muscle biopsies have been sent for histopathology.	
Thank you for your continued care of Mr McAulay.	
Yours faithfully,	
Dr Kinds Al-Hourel FY1 Ward 70 GR1	
Follow Up:	Yes Mr Fraser OP (operation note specifies Mr Fraser to arrange)
Results Awaited:	Yes Corporal (smooth) muscle biopsies
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

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MCAULAY GRAEME CHI: 2307666133 DoB: 23-Jul-1988

Yours sincerely,

Khnda Al-Hourani

Prescription Review
Checked by: Khnda Al-Hourani (FY1 Aug 18)
Nurse discharging patient: Khnda Al-Hourani (FY1 Aug 18)

Page 4 of 4

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McAulay Graeme

CHI: 2307666133

Final Discharge Letter

Dr. GJ McGeoch
 Red Wing Medical Practice
 Clydebank Health Centre
 Kilbowie Road
 Clydebank
 G81 2TQ

Main
 Switchboard:
 Department:
 Contact Tel:
 Enquiries to:
 Letter Date:
 Reference:
 Dictated
 Date:
 Transcribed
 Date:

NHS
 Greater Glasgow
 and Clyde

Glasgow Royal Infirmary
 Alexandra Parade
 Glasgow
 G31 2ER
 0141 211 4000

Urology
 Department:
 0141 211 5492
 Ruth.Dickson@ggc.scot.nhs.uk
 17/12/2018
 MF/RR
 17/12/2018
 17/12/2018

Dear Dr. GJ McGeoch,

Graeme McAulay; D.O.B: 23/07/1966; CHI: 2307666133
11 Nairn Street, Clydebank, Dunbartonshire, G81 4EY

Admission: Specialty - Urology; Ward - GRI Ward 70 Urology
 Consultant - Mr Michael Fraser; Date of Admission - 03/12/2018
 Date of Discharge - 08/12/2018; Discharged to - Private Residence - no additional detail added

Diagnosis:

Priapism (ICD10: N48.3)

Clinical Comments:

Diagnosis: Acute ischaemic priapism

Procedure:

1. Failed distal shunt
2. Insertion of semi-rigid penile prosthesis (Coloplast Genesis)

This gentleman was admitted via A&E to QEUH on 3.12.18 with an ischaemic priapism of over 48 hours duration. This was associated with ingestion of unknown pharmaceutical agents.

Penile aspiration and injection of adrenergic agonist was unsuccessful. He was taken to theatre the same night and a distal T-shunt was carried out. This did not result in detumescence and he was transferred over to GRI under my care.

We undertook an MRI which was suggestive of corporal fibrosis, and after discussion we inserted a semi-rigid penile prosthesis. I have explained to Mr McAulay this is necessary to retain penile length and sexual function, which would rapidly deteriorate without intervention. This was carried out uneventfully on 7.12.18 and he was discharged the following day. I will see him for review shortly

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McAulay Graeme

CHI: 2307666133

FDL 08/12/2018 v1

in the clinic. Biopsies from the corpora show evidence of thrombosis within the blood vessels with developing fibrosis.

Yours sincerely

Mr Michael Fraser

Consultant Urologist

Electronically Signed: Mr Michael Fraser, Consultant

cc.

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McAulay Graeme

CHI: 2307666133

Final Discharge Letter

Dr. GJ McGeoch
 Red Wing Medical Practice
 Clydebank Health Centre
 Kilbowie Road
 Clydebank
 G81 2TQ

Main
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 Department:
 Contact Tel:
 Enquiries to:
 Letter Date:
 Reference:
 Dictated
 Date:
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 Date:

NHS
 Greater Glasgow
 and Clyde
 Glasgow Royal Infirmary
 Alexandra Parade
 Glasgow
 G31 2ER
 0141 211 4000

Urology
 0141 211 5492
 Ruth.Dickson@ggc.scot.nhs.uk
 17/12/2018
 MF/RR
 17/12/2018
 17/12/2018

Dear Dr. GJ McGeoch,

Graeme McAulay; D.O.B: 23/07/1966; CHI: 2307666133
11 Nairn Street, Clydebank, Dunbartonshire, G81 4EY

Admission: Speciality - Urology; Ward - GRI Ward 70 Urology
 Consultant - Mr Michael Fraser; Date of Admission - 03/12/2018
 Date of Discharge - 08/12/2018; Discharged to - Private Residence - no additional detail added

Diagnosis:

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NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

FDL 08/12/2018 v1

in the clinic. Biopsies from the corpora show evidence of thrombosis within the blood vessels with developing fibrosis.

Yours sincerely

Mr Michael Fraser

Consultant Urologist

Electronically Signed: Mr Michael Fraser, Consultant

cc.

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McAulay Graeme

CHI: 2307666133

Clinic Letter

Dr. GJ McGeoch
Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Main
Switchboard
Department
Contact Tel:
Enquiries to: Janice.Pauley@ggc.scot.nhs.uk
Letter Date: 11/01/2019
Reference: MF/RR
Dictated 11/01/2019
Date:
Transcribed 30/01/2019
Date:

NHS
Greater Glasgow
and Clyde
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Urology
0141 211 5492

Dear Dr. GJ McGeoch,

Graeme McAulay; D.O.B: 23 Jul 1966; CHI: 2307666133
11 Nairn Street, Clydebank, Dunbartonshire, G81 4EY

Attendance: Specialty - Urology; Clinic - GRMFUR9-MR FRASER URO FRI AM
Date and Time of Appointment - 11/01/2019 10:55

Clinical Comments:

I saw this gentleman today. We inserted a semi-rigid implant following an episode of acute priapism presenting several days. All looks well with no infection. Clearly as most patients do he finds this difficult to conceal, and we probably will revise this to an inflatable device in another few months. He will come back and see me for review.

Yours sincerely

Mr Michael Fraser

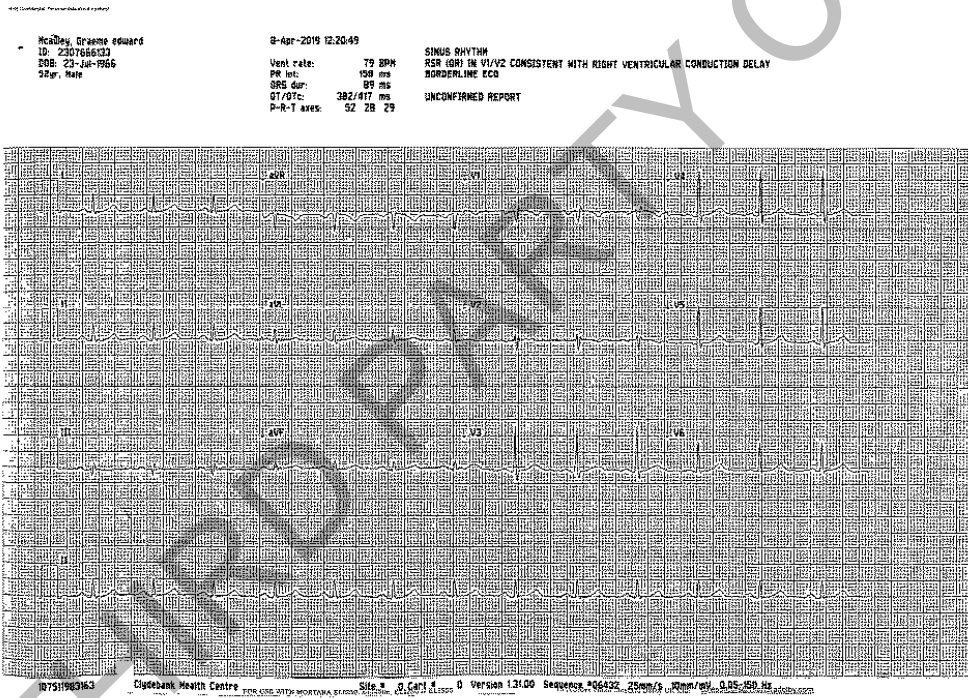
Consultant Urologist

Electronically Signed: Mr Michael Fraser, Consultant

cc.

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McAulay Graeme CHI: 2307666133

Clinic Letter

Dr. GJ McGeoch
 Red Wing Medical Practice
 Clydebank Health Centre
 Kilbowie Road
 Clydebank
 G81 2TQ

Main
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 Enquiries to:
 Letter Date:
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Glasgow Royal Infirmary
 Alexandra Parade
 Glasgow
 G31 2ER
 0141 211 4000
 Urology
 0141 211 5492
 Janice.Pauley@ggc.scot.nhs.uk
 12/04/2019
 MF/RR
 12/04/2019
 30/04/2019

Dear Dr. GJ McGeoch,

Graeme McAulay; D.O.B: 23 Jul 1966; CHI: 2307666133
11 Nairn Street, Clydebank, Dunbartonshire, G81 4EY

Attendance: Specialty - Urology; Clinic - GRMFUR9-MR FRASER URO FRI AM
 Date and Time of Appointment - 12/04/2019 10:35

Clinical Comments:

I saw Graeme back in the clinic today. He is overall happy with his implant. As you are aware a semi-rigid device was inserted on the face of acute low flow priapism. He is able to have satisfactory sex, but does find concealment of the device difficult. We have discussed revision to an inflatable device and I have put his name on the waiting list.

Yours sincerely

Mr Michael Fraser

Consultant Urologist

Electronically Signed: Mr Michael Fraser, Consultant

cc.

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McAulay Graeme

CHI: 2307666133

Final Discharge Letter

Dr. GJ McGeoch
 Red Wing Medical Practice
 Clydebank Health Centre
 Kilbowie Road
 Clydebank
 G81 2TQ

Main
 Switchboard:
 Department:
 Contact Tel:
 Enquiries to:
 Letter Date:
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 Date:
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NHS
 Greater Glasgow
 and Clyde
 Stobhill Hospital
 133 Balornock Road
 Glasgow
 G21 3UW
 0141 201 3000

Urology
 0141 211 5492
 Ruth.Dickson@ggc.scot.nhs.uk
 05/11/2019
 MF/MJM
 16/10/2019
 01/11/2019

Dear Dr. GJ McGeoch,

Graeme McAulay; D.O.B: 23/07/1966; CHI: 2307666133
11 Nairn Street, Clydebank, Dunbartonshire, G81 4EY

Admission: Specialty - Urology; Ward - STO WDA - 23HR Ward
 Consultant - Mr Michael Fraser; Date of Admission - 26/08/2019
 Date of Discharge - 27/08/2019; Discharged to - Private Residence - no additional detail added

Clinical Comments:**Date of Admission**

26 August 2019

Date of Discharge

27 August 2019

Diagnosis

1. Previous ischaemic priapism
2. Semi-rigid penile implant in situ

Procedure

Revision of semi-rigid to inflatable implant

Graeme underwent elective revision of his semi-rigid to inflatable penile implant. All was satisfactory with no issues.

NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

FDL 27/08/2019 v1

Yours sincerely

Mr Michael Fraser

Consultant Urological Surgeon

Electronically Signed: Mr Michael Fraser, Consultant

cc.

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NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

Clinic Letter

Dr. GJ McGeoch
 Red Wing Medical Practice
 Clydebank Health Centre
 Kilbowie Road
 Clydebank
 G81 2TQ

Main
 Switchboard
 Department: Urology
 Contact Tel: 01412013538
 Enquiries to: ruth.dickson@nhs.scot.nhs.uk
 Letter Date: 02/02/2022
 Reference: MFRC
 Dictated: 02/02/2022
 Date:
 Transcribed: 09/02/2022
 Date:

NHS
 Greater Glasgow
 and Clyde
 Glasgow Royal Infirmary
 Alexandra Parade
 Glasgow
 G31 2ER
 0141 211 4000

Dear Dr. GJ McGeoch,

Graeme McAulay; D.O.B: 23 Jul 1966; CHI: 2307666133
11 Nairn Street, Clydebank, Dunbartonshire, G81 4EY

Attendance: Specialty - Urology; Clinic - GRMFUR6-MR M FRASER ANDROLOGY CLINIC WED PM
 Date and Time of Appointment - 02/02/2022 15:10

Clinical Comments:

I saw Mr McAulay today. He is delighted with his implant and has no worries. I have discharged him but I have explained that if he has any problems at any time then he should contact us directly.

Kind regards,

yours sincerely,

Mr Michael Fraser
 Consultant Urologist

Electronically Signed: Mr Michael Fraser, Consultant

cc.

Printed on 16/02/2022 13:48 by Joan Milroy

Page 1 of 1

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NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

Clinic Letter

Dr. GJ McGeoch
 Red Wing Medical Practice
 Clydebank Health Centre
 Kilbowie Road
 Clydebank
 G81 2TQ

Main
 Switchboard:
 Department:
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NHS
 Greater Glasgow
 and Clyde
 Glasgow Royal Infirmary
 Alexandra Parade
 Glasgow
 G31 2ER
 0141 211 4000

Urology
 0141 211 5492
 Ruth.Dickson@ggc.scot.nhs.uk
 16/10/2019
 MF/MJM
 16/10/2019
 01/11/2019

Dear Dr. GJ McGeoch,

Graeme McAulay; D.O.B: 23 Jul 1966; CHI: 2307666133
11 Nairn Street, Clydebank, Dunbartonshire, G81 4EY

Attendance: Specialty - Urology; Clinic - GRMFURG-MR FRASER ANDROLOGY CLINIC
 Date and Time of Appointment - 16/10/2019 15:00

Clinical Comments:

Diagnosis

1. Previous ischaemic priapism
2. Semi-rigid penile implant in situ

Procedure

Revision of semi-rigid to inflatable implant - 26 August 2019

I reviewed Mr McAulay in clinic today. All has healed well and I have tutored him in inflation and deflation of the device. He can use this for sexual activity whenever he feels able and I will see him for review. If he has any problems I would be happy to hear from him directly.

Yours sincerely

Mr Michael Fraser

Consultant Urological Surgeon

Printed on 06/11/2019 08:20 by Lynne Melville

Page 1 of 2

NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

OPCL 16/10/2019 v1

Electronically Signed: Mr Michael Fraser, Consultant

cc.

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Page 2 of 2

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19-Nov-2025 KAREN_13414
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Filename: iGPRDA_10.pdf
Extension:.tif
Pages:

HIS Confidential: Personal data about a patient

Patient Name: MCAULAY, Graham

DOB: 23-Jul-1966

CHI No: 2307666133

**Emergency Discharge Letter
(Authorised)**

SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
Clydebank
G811BS

SCH Minor injuries
Livlands Gate
Stirling
Stirling
Stirlingshire
FK8 2AU

Dept. Contact Details:

CHI Barcode:



Date of Completion: 20-Jul-2022

GP Practice

GP Name:	SP Queen	GP GMC:	4312026
GP Practice Address:	Red Wing Medical Practice Clydebank Health & Care Centre Queens Quay Main Avenue Clydebank Clydebank G811BS	GP Practice Code:	4312026/40046
		GP Clinic Code:	40046/3
		GP Telephone:	0141 531 6475

Patient Demographics

Patient Name:	MCAULAY, Graham	Date Of Birth:	23-Jul-1966
Patient Address:	11 Naim Street Clydebank Dunbartonshire G81 4EY	Gender:	Male
Telephone No:	07544014626	CHI No:	2307666133

Admission Details

Patient Location:	SCH Minor Injuries	Admission Date:	20-Jul-2022
Admission Care Provider:	Dr Emma Elliott	Admission Time:	14:49
Source Of Admission:	Self referral		

Presenting Complaint

*Sunburn to both feet - 1 week

Diagnosis

Diagnosis	Site	Laterality
ED injury - burn - 2nd degree/partial thickness		

Procedures

No Procedure Results

Medications

Nil records exist

Discharge Details

Discharge Type:	With no follow up	Discharge Date:	20-Jul-2022
		Discharge Time:	16:34

ENXXDIS_477395_1.pdf
Printed on 20-Jul-2022 16:34

Page 1 of 2

HRH Confidential: Personal data about a patient

Patient Name: MCAULAY, Graham

DOB: 23-Jul-1966

CHI No: 2307666133

Discharge Destination: Private Residence - Usual place of residence

Referred To:

Notes for GP

1. P/C -Sunburn

2. H/P/C -Pt was kayaking and in / out water 1/52 ago. Noted sunburn to both lower legs and feet following day. Blistering initially which naturally derroofed. Concerned as area to R lower leg does not appear to be healing and feels more painful.

3. Relevant PMH/Meds - neck / back pain. NKDA.

4. O/E -Walked into dept. Erythema to anterior aspect both lower legs and dorsal aspects feet. Small amount dry / flaky skin at original blister edges only. x1 area to R anteriomedial foot / ankle ~2cm x 2cm dry / circular / scabbed area with small amount slough. Minimal surrounding swelling. All other skin intact. No obvious sign infection due to widespread erythema.

- Minimally tender over all erythema, more tender around scabbed area. NV intact.

- FROM both feet / ankles.

- Pt systemically well. T 36.1.

6. Dx -Sunburn / likely infection

7. Tx - Topical honey dressing for scabbed area

Aftersun / E45 or similar to widespread superficial burn

Advice

Flucloxacillin 500mg TTD

DC home.

Person completing record

Name: Ms Angela Cunningham
Designation or role: Emergency Nurse Practitioner

Specialty:
Date completed: 20-Jul-2022

Distribution List

Recipient Name	Recipient Type	Recipient Organisation
SP Queen	GP	Red Wing Medical Practice

ENXXDIS_477395_1.pdf

Printed on 20-Jul-2022 16:34

Page 2 of 2

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19-Nov-2025 KAREN_13414
Additional:Scanned Document

Filename: iGPRDA_9.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

Clinic Letter

Dr. SP Queen
 Red Wing Medical Practice
 Clydebank Health & Care Centre
 Queens Quay Main Avenue
 Clydebank
 G81 1BS

Main
 Switchboard:
 Department:
 Contact Tel:
 Enquiries to:
 Letter Date:
 Reference:
 Dictated
 Date:
 Transcribed
 Date:

NHS
 Greater Glasgow
 and Clyde
 William St Clinic
 130 William Street
 Glasgow
 G3 8UR
 Podiatry
 Kirsty.Tamburrini@ggc.scot.nhs.uk
 08/09/2022
 08/09/2022
 08/09/2022

Dear Dr. SP Queen,

Graeme McAulay; D.O.B: 23 Jul 1966; CHI: 2307666133
11 Nairn Street, Clydebank, Dunbartonshire, G81 4EY

Attendance: Specialty - Podiatry; Clinic - WSP1R17-GENERAL PODIATRY 1 THURSDAY AM
 Date and Time of Appointment - 08/09/2022 09:00

Follow Up: None

Clinical Comments:

Emergency telephone triage

S - I have what I think is a verruca between my toes, I've tried using the acids to get rid of it but its all red and swollen and painful just now.

O - Telephone appointment.

A - Advised patient to stop use of topical treatments, advised to contact GP for possible antibiotic cover - explained this could just be irritation from the acid making contact with healthy tissue. Advised to keep area clean and cover with dry dressing and podiatry will review next week. If any deterioration or concerns then patient must contact podiatry, GP or NHS24/attend A&E immediately as required.

P - Face-to-face for treatment of irritated issue - verrucae pedis or possible corn due to location described.

E - Irritated? Infected? Patient to contact GP for possible antibiotic cover as above.

R - 15/9/22 @ CHC.

Printed on 08/09/2022 09:10 by Kirsty Tamburrini

Page 1 of 2

NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

OPCL 08/09/2022 v1

Kirsty Tamburrini,

Podiatrist.

Electronically Signed: ,

cc. GP

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Printed on 08/09/2022 09:10 by Kirsty Tamburrini

Page 2 of 2

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19-Nov-2025 KAREN_13414
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Filename: iGPRDA_8.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

Clinic Letter

Dr. SP Queen
 Red Wing Medical Practice
 Clydebank Health & Care Centre
 Queens Quay Main Avenue
 Clydebank
 G81 1BS

Main
 Switchboard:
 Department:
 Contact Tel:
 Enquiries to:
 Letter Date:
 Reference:
 Dictated
 Date:
 Transcribed
 Date:

NHS
 Greater Glasgow
 and Clyde
 Clydebank Health and Care Centre
 Queens Quay Main Avenue
 Clydebank
 G81 1BS
 Podiatry
 0141 347 8909
 Sharon.mcfedries@ggc.scot.nhs.uk
 15/09/2022
 15/09/2022
 15/09/2022

Dear Dr. SP Queen,

Graeme McAulay; D.O.B: 23 Jul 1966; CHI: 2307666133
11 Nairn Street, Clydebank, Dunbartonshire, G81 4EY

Attendance: Specialty - Podiatry; Clinic - CBPDR178-PODIATRY DRESSING CLINIC THURSDAY
 Date and Time of Appointment - 15/09/2022 14:50

Follow Up: None

Clinical Comments:

s - patient attended today with lesions on left foot

o - on examination left 1st medial metatarsal phalangeal joint eschar present. left 5th medial toe heloma molle present with surrounding maceration, 5th toe slightly underlies 4th. patient has been using bazooka medicament. footwear slightly narrow at toe box.

a- patient consent gained. eschar debrided, underlying skin intact. left 5th heloma molle reduced and enucleated, autoform k interdigital wedge manufactured for between left 4/5th patient advised to remove this at night and if/when uncomfortable. patient advised on footwear. patient advised to discontinue using bazooka and to file any skin that builds up on the left 1st medial metatarsal phalangeal joint

p - conservative management with sharp debridement. long term - filing any callus and wearing accommodative footwear and interdigital wedges.

e - left 5th heloma molle.

r - discharged Sharon McFedries Band 5 Podiatrist

Printed on 15/09/2022 15:14 by Sharon McFedries

Page 1 of 2

NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

OPCL 15/09/2022 v1

Electronically Signed: ,

cc. GP

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Printed on 15/09/2022 15:14 by Sharon McFedries

Page 2 of 2

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Filename: iGPRDA_7.pdf
Extension: .tif
Pages:

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	6836574	Receive Date:	23-Dec-2022 11:45
Patient's Name:	Graeme McAuley		
Date of birth:	23-Jul-1966 (56 years)	Gender:	M
Address:	11 Nairn Street Clydebank G81 4EY	Current Address:	11 Nairn Street Clydebank G81 4EY
Return Contact No:			
Tel No:	07544 014626		07544 014626
Mobile No:			
Priority:	within 4 hours	Call Origin:	
Received:	23-Dec-2022 11:45	Calltype:	MIU Telephone / Remote Consultation
Advised:	11:53	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Gillian McGeoch

CHI Number:
2307666133

NHSD details:

Receptionist:

FOOT INJURY 1 DAY

MIU4 Patient suitable for MIU 4Hr - Flow Hub to arrange

Clinical summary created by: Amy Mcfadyen (Call Taker Si) () [23/12/2022

11:53:39] Reason for call: FOOT INJURY 1 DAYConfirmed Symptom(s):

Foot injury Injured area bent or misshaped Additional details of

problem(s): Clinical Supervisor: Injuries up to 5 - 7 days can be referred to

MIU if required Associated Features/Red Flags: Injured area paler in

colour Symptom(s) not found: No fever Risk Factor(s): No travel

outside Europe in last 21 days or to an affected country Call Detail(s):

Clinical supervisor: JEN MILLAR 23:12:2022 11:46:32 MCFADYENA.. 2 TON

CHERRY PICKER RAN OVER FOOT YESTERDAY. TOE NAIL STARTING

TO COME OFF... CAN STAND BUT HOBBLING. BADLY SWOLLEN. LUMPS

NHS Confidential: Personal data about a patient

OVER TOE. LOOKS AS IF HAS BEEN PUSHED IN. TOE IS BLACK. FOOT LOOKS PALE... DW CS J MILLAR - L FOOT INJURY. WAS RUN OVER BY CHERRY PICKER 1/7. BIG TOE BRUISED. SWELLING. PAINFUL. ADVICE GIVEN. WORSENING. OUTCOME A&E / MIU, FNC 4... Outcome: Patient suitable for MIU 4Hr - Flow Hub to arrange

Followups:

None

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Additional:Scanned Document

Filename: iGPRDA_6.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

Emergency Attendance Letter

Emergency Department
Vale of Leven Hospital
Main St
Alexandria
Dunbartonshire
G83 0UA

Dept. Contact Details:
Tel: 01389 817240(MIU)817345(Reception)
Fax: 01389 817274
Email:

Date Completed: 23/12/2022

Consultant: Dr Gordon McNaughton

SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
Clydebank
G81 1BS

Dear SP Queen

Re: **McAulay Graeme**
11 Nairn Street
Clydebank G81 4EY

DOB: 23/07/1966

CHI: 2307666133

Attended on: 23/12/2022 at 15:01 hrs.
Discharge Type: 01a - Discharge with no follow up
Previous ED Attendance in last 12 months: 1

Departed on: 23/12/2022 at 16:40 hrs.
Destination: Private residence

Presenting complaint
FNC. 1600. L great to einjury

Nursing Assessment:

Investigations in ED:
1. XR Toe great Lt

NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

Diagnosis:

Diagnosis	Side	Site
Closed Fracture of Great Toe		

Procedures: **None**Immunisations: **None**Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Attended MIU with a painful (L) toe. 2 tonne cherry picker ran over his toe. Large subungual haematoma which has been trephined X-ray shows an undisplaced comminuted # distal phalanx. Refer to the virtual clinic.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Jane Fuller¹

Emergency Nurse Practitioner

Copies to:

1. SP Queen (GP)

School Address:

Page 2 of 2

Scanned Document
19-Nov-2025 KAREN_13414
Additional:Scanned Document

Filename: iGPRDA_5.pdf
Extension: .tif
Pages:

NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

Emergency Attendance Letter

Emergency Department
 Queen Elizabeth University Hospital
 1345 Govan Road
 Glasgow
 Lanarkshire
 G51 4TF

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 23/12/2022

Consultant: GGC ED Virtual Consultant

SP Queen
 Red Wing Medical Practice
 Clydebank Health & Care Centre
 Queens Quay Main Avenue
 Clydebank
 Clydebank
 G81 1BS

Dear SP Queen

Re: **McAulay Graeme**
 11 Nairn Street
 Clydebank G81 4EY

DOB: 23/07/1966

CHI: 2307666133

Attended on: 23/12/2022 at 13:19 hrs.
 Discharge Type: 01c - Discharge with referral

Departed on: 23/12/2022 at 13:21 hrs.
 Destination: Admission to ED/MiU following a
 Virtual Consultation

Previous ED Attendance in last 12 months: 1

Presenting complaint
ED Virtual Referral NHS 4 FOOT INJURY 1 DAY

Nursing Assessment:

Investigations in ED: None

NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

Diagnosis:

Diagnosis	Side	Site
Counselling, Unspecified		

Procedures: **None**Immunisations: **None**Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Patient presented for virtual consultation by telephone - video call not working on mobile phone. Graeme had his L foot run over by a cherry picker yesterday, caused pain, swelling and bruising to his great toe and partial nail removal. No improvement today, struggling to weight bear on it. Toe tender to touch. No neurovascular concerns. PMH/DH - nil. NKDA. I advised MIU attendance. Patient is the Victoria catchment, however patient states he doesn't drive and public transport easier for him to get to the Vale of Leven with mobility issues. Will attend Vale of Leven for 1600.

Followup:

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Kirsty Limeira Thomson
Nurse

Copies to:

1. SP Queen (GP)

School Address:

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 19-Nov-2025 KAREN_13414
 Additional:Scanned Document

Filename: iGPRDA_4.pdf
 Extension:.tif
 Pages:

NHS Confidential: Personal data about a patient

McAulay Graeme

CHI: 2307666133

Clinic Letter

Dr. SP Queen
 Red Wing Medical Practice
 Clydebank Health & Care Centre
 Queens Quay Main Avenue
 Clydebank
 G81 1BS

Main
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 Department:
 Contact Tel:
 Enquiries to:
 Letter Date:
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 Transcribed
 Date:

NHS
 Greater Glasgow
 and Clyde
 Glasgow Royal Infirmary
 Alexandra Parade
 Glasgow
 G31 2ER
 0141 211 4000
 Urology
 01412013538
 RUTH DICKSON
 21/02/2024
 MF/JP
 21/02/2024
 28/02/2024

Dear Dr. SP Queen,

Graeme McAulay; D.O.B: 23 Jul 1966; CHI: 2307666133
11 Nairn Street, Clydebank, Dunbartonshire, G81 4EY

Attendance: Specialty - Urology; Clinic - GRMFUR5-MR FRASER WEDNESDAY AM
 Date and Time of Appointment - 21/02/2024 11:00

Follow Up: WL

Clinical Comments:

I saw this gentleman today. We inserted a penile prosthesis in 2019, and more recently he has found that it has stopped working. There appears to be air in the system and therefore a presumed fluid leak. He will require a complete revision and I have listed him for this. He is most agreeable to this.

Yours sincerely

Michael Fraser

Consultant Urological Surgeon

Electronically Signed: Mr Michael Fraser, Consultant

cc.

Printed on 04/03/2024 13:55 by Ann Marie Kelly

Page 1 of 1

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 19-Nov-2025 KAREN_13414
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NHS Confidential: Personal data about a patient

McAuley Graeme Edward

CHI: 2307666133

Final Discharge Letter

Dr. GJ McGeoch
 Red Wing Medical Practice
 Clydebank Health & Care Centre
 Queens Quay Main Avenue
 Clydebank
 G81 1BS

Main
 Switchboard:
 Department:
 Contact Tel:
 Enquiries to:
 Letter Date:
 Reference:
 Dictated
 Date:
 Transcribed
 Date:

NHS
 Greater Glasgow
 and Clyde
 Stobhill Hospital
 133 Balornock Road
 Glasgow
 G21 3UW
 0141 201 3000

Urology Unit
 0141 201 3529
 Janice Pauley
 08/10/2024
 MF/JP
 17/09/2024
 18/09/2024

Dear Dr. GJ McGeoch,

Graeme Edward McAuley; D.O.B: 23/07/1966; CHI: 2307666133
11 NAIRN ST, Clydebank, Dunbartonshire, G81 4EY

Admission: Specialty - Urology; Ward - STO WDA - 23HR Ward
 Consultant - Mr Michael Fraser; Date of Admission - 15/04/2024
 Date of Discharge - 15/04/2024; Discharged to - Private Residence - living with relatives or friends

Procedures:

15/04/2024 ATTENTION TO PROSTHESIS IN PENIS
 15/04/2024 REVISIONAL OPERATIONS NOC

Follow Up: OPC**Clinical Comments:**

Date of admission: 15.4.24

Diagnosis: Mechanical failure penile prosthesis

Procedure: Revision of penile prosthesis

Graeme McAuley underwent revision of his penile implant. It appeared that only revision of the pump was required. He was allowed home and will be followed up in the clinic.

Yours sincerely

NHS Confidential: Personal data about a patient

McAuley Graeme Edward

CHI: 2307666133

FDL 15/04/2024 v1

Michael Fraser

Consultant Urological Surgeon

Electronically Signed: Mr Michael Fraser, Consultant

cc.

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NHS Confidential: Personal data about a patient

McAuley Graeme Edward

CHI: 2307666133

Clinic Letter

Dr. GJ McGeoch
 Red Wing Medical Practice
 Clydebank Health & Care Centre
 Queens Quay Main Avenue
 Clydebank
 G81 1BS

Main
 Switchboard
 Department:
 Contact Tel:
 Enquiries to:
 Letter Date:
 Reference:
 Dictated
 Date:
 Transcribed
 Date:

NHS
 Greater Glasgow
 and Clyde
 Glasgow Royal Infirmary
 Alexandra Parade
 Glasgow
 G31 2ER
 0141 211 4000
 Urology
 0141 201 3629
 Janice Paulley
 09/10/2024
 mf/sn
 09/10/2024
 30/10/2024

Dear Dr. GJ McGeoch,

Graeme Edward McAuley; D.O.B: 23 Jul 1966; CHI: 2307666133
11 NAIRN ST, Clydebank, Dunbartonshire, G81 4EY

Attendance: Specialty - Urology; Clinic - GRMFUR501D-MR FRASER WEDNESDAY AM
 Date and Time of Appointment - 09/10/2024 09:25

Clinical Comments:

I saw Graeme today. His bladder is now working satisfactorily and I have discharged him.

Yours sincerely

Mr M Fraser

Consultant Urological Surgeon

Electronically Signed: Mr Michael Fraser, Consultant

cc.

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 19-Nov-2025 KAREN_13414
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Filename: iGPRDA_2.pdf
 Extension: .tif
 Pages:

NHS Confidential: Personal data about a patient

Acute Services Division

Diagnostics Directorate

Bone Metabolism Unit
 Gartnavel General Hospital
 1053 Great Western Road
 Glasgow
 G12 0YN



Dr Lyndsey Borland
 Red Wing Medical Practice
 Clydebank Health & Care Centre
 Queens Quay Main Avenue
 Clydebank
 G81 1BS

Tel: 0141 201 0105
Date: 09-Sep-2025
CHI No: 2307666133
Hosp Ref: G504H
Page No: Page 1 of 1

Dear Dr Lyndsey Borland,

The following radiology request has been **RETURNED** for the reason below:

Patient: Mr Graeme Edward McAuley
Date of birth: 23-Jul-1966
CHI No: 2307666133
Date of Request: 29-Aug-2025

Examination(s) Requested: Bone Densitometry DXA

Reason for Returning

Rejected: Insufficient clinical information provided to justify inline with IR(ME)R. Last Dexa scan of 2018 did not recommend follow up or monitoring. To justify this request under IRMER, the patient

In many cases additional information is all that is required. Can you please therefore review this patient and either submit another referral form, giving additional information or contact a Consultant Radiologist for guidance.

Yours sincerely

Diagnostics Administrator



EMIS attachment reference code

03-Mar-2022 Ms Elaine Archer (ELAINE ARC13414)

Additional:EMIS attachment reference code

DEXA due

Filename: Dexa Letter.doc

Extension:.tif

Pages:

Mr Graeme McAuley
11 Naim St
DALMUIR
Clydebank
G81 4EY

Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS
0141-531-6475

Date as Postmark

Dear Mr McAuley

Re: DEXA Scan

When you had your last DEXA scan (a bone density scan), the hospital identified that you were in the 'at risk' category and recommended that you have your scan repeated.

We have now sent the hospital a reminder that your scan is due and you should hear from them directly advising you of your appointment.

However, due to the Covid pandemic there is a backlog of approximately 2 years + for these scans. Your name is on the waiting list and you will be sent an appointment directly from the hospital.

Yours sincerely

Dr Gillian J McGeoch

EMIS attachment reference code
13-Nov-2018 Ms Linda Wilson (LINDA WILS13414)
Additional:EMIS attachment reference code

Filename: Dexa Letter.doc
Extension:.tif
Pages:

Mr Graeme McAuley
11 Nairn St
DALMUIR
Clydebank
G81 4EY

Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ
0141-531-6475

Date as Postmark

Dear Mr McAuley

Re: Dexa Scan

When you had your last Dexa scan, the hospital identified that you were in the 'at risk' category and recommended that you have your scan repeated.

We have now sent the hospital a reminder that your scan is due and you should hear from them directly advising you of your appointment.

Yours sincerely

Dr Gillian J McGeoch

THIRD PARTY COPY

EMIS attachment reference code
18-May-2018 Ms Linda Wilson (LINDA WILS13414)
Additional:EMIS attachment reference code
Dexa
Filename: Dexa Letter.doc
Extension:.tif
Pages:

Mr Graeme McAuley
11 Nairn St
DALMUIR
Clydebank
G81 4EY

Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ
0141-531-6475

Date as Postmark

Dear Mr McAuley

Re: Dexa Scan

When you had your last Dexa scan, the hospital identified that you were in the 'at risk' category and recommended that you have your scan repeated.

We have now sent the hospital a reminder that your scan is due and you should hear from them directly advising you of your appointment.

Yours sincerely

Dr Gillian J McGeoch

eMED3 (2010) duplicate issued, not fit for work
 11-Dec-2017 Ms Marie McLean (MCLEAN_13414)

Additional:eMED3 (2010) duplicate issued, not fit for work

FitNote.pdf, (Diagnosis: Alcohol problem drinking, head injury; Duration: 25/11/2017 - 07/01/2018)

Filename: FitNote.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name:

I assessed your case on:

and, because of the following condition(s):

I advise you that: you are not fit for work.
 you may be fit for work taking account of the following advice---

If available, and with your employer's agreement, you may benefit from:
 a phased return to work amended duties---
 altered hours--- workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for or from to

I will not need to assess your fitness for work again at the end of this period.
 (Please delete as applicable)

Doctor's signature:

Date of statement:

Doctor's address:

Unique ID: Med 3 04/10- 3C260F17-2D94-4305-A8C0-B23B061716E9

For the patient – what to do now
 Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
 Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
 Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
 If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
 If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:

- download a claim form at www.direct.gov.uk/benefits, or
- phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname:

Other names:

Address:

Date of birth:

National Insurance (NI) number:

Declaration – for social security benefit claimants only
 I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature:

Date: / /

If you have signed this form for someone else, please tick here:

THIRD PARTY

eMED3 (2010) new statement issued, not fit for work

04-Dec-2017 Dr Jack Pugh (JP2)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Alcohol problem drinking, head injury; Duration: 25/11/2017 - 07/01/2018)

Filename: FitNote.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name:

I assessed your case on:

and, because of the following condition(s):

I advise you that: you are not fit for work.
 you may be fit for work taking account of the following advice.

If available, and with your employer's agreement, you may benefit from:
 a phased return to work amended duties
 altered hours workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for or from to

I will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)

Doctor's signature:

Date of statement:

Doctor's address:

Unique ID: Med 3 04/10- 3C260F17-2D94-4305-A8C0-B23B061716E9

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.
If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.
Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.
If you want to make a new claim to social security benefits you can:

- download a claim form at www.direct.gov.uk/benefits, or
- phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname:

Other names:

Address:

Date of birth:

National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature:

Date:

If you have signed this form for someone else, please tick here:

THIRD PARTY

eMED3 (2010) new statement issued, not fit for work

25-Oct-2017 Dr Jack Pugh (JP2)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Head injury and alcohol problem drinking; Duration: 25/10/2017 - 25/11/2017)

Filename: FitNote.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name:

I assessed your case on:

and, because of the following condition(s):

I advise you that: you are not fit for work.
 you may be fit for work taking account of the following advice.

If available, and with your employer's agreement, you may benefit from:
 a phased return to work amended duties
 altered hours workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for
 or from to

I will not need to assess your fitness for work again at the end of this period.
 (Please delete as applicable)

Doctor's signature:

Date of statement:

Doctor's address:

Unique ID: Med 3 04/10- 75AFAAF8-7DBF-4D51-B46C-0D8306BD753D

For the patient – what to do now
 Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
 Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
 Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.
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 • phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname:

Other names:

Address:

Date of birth:

National Insurance (NI) number:

Declaration – for social security benefit claimants only
 I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature:

Date:

If you have signed this form for someone else, please tick here:

THIRD PARTY

eMED3 (2010) new statement issued, not fit for work

29-Sept-2017 Dr Frances Buckle (FB)


Additional:eMED3 (2010) new statement issued, not fit for work

(Diagnosis: Head injury and alcohol problem drinking; Duration: 29/09/2017 - 10/11/2017)

Filename: FitNote_dcab86ec-2309-4b77-8ca2-46348a455b97.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay					
Patient's name	Mr, Mrs, Miss, Ms- Graeme Edward McAuley				
I assessed your case on:	29 / 09 / 2017				
and, because of the following condition(s):	Head injury and alcohol problem drinking				
I advise you that:	<input checked="" type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice:				
If available, and with your employer's agreement, you may benefit from: <table border="0"> <tr> <td><input type="checkbox"/> a phased return to work</td> <td><input type="checkbox"/> amended duties</td> </tr> <tr> <td><input type="checkbox"/> altered hours</td> <td><input type="checkbox"/> workplace adaptations</td> </tr> </table>		<input type="checkbox"/> a phased return to work	<input type="checkbox"/> amended duties	<input type="checkbox"/> altered hours	<input type="checkbox"/> workplace adaptations
<input type="checkbox"/> a phased return to work	<input type="checkbox"/> amended duties				
<input type="checkbox"/> altered hours	<input type="checkbox"/> workplace adaptations				
Comments, including functional effects of your condition(s):					
This will be the case for 6 Week(s) or from / / to / /					
I will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)					
Doctor's signature					
Date of statement	29 / 09 / 2017				
Doctor's address	Red Wing Clydebank Health Centre Kilbowie Road Clydebank, G81 2TQ Telephone: 0141 531 6475				
Unique ID: Med 3 04/10- DCAB86EC-2309-4B77-8CA2-46348A455B97 					
For the patient – what to do now Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.					
What your doctor's advice means Not fit for work: Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.					
May be fit for work taking account of the following advice: Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.					
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Social security benefit claimants If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.					
If you want to make a new claim to social security benefits you can: <ul style="list-style-type: none"> download a claim form at www.direct.gov.uk/benefits, or phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888. 					
Your details – Please use BLOCK CAPITALS					
Surname	Mr, Mrs, Miss, Ms- MCAULEY				
Other names	GRAEME EDWARD				
Address	11 NAIRN ST DALMUIR CLYDEBANK Postcode G81 4EY				
Date of birth	23 / 07 / 1966				
National Insurance (NI) number					
Declaration – for social security benefit claimants only I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.					
Signature					
Date	/ /				
If you have signed this form for someone else, please tick here: <input type="checkbox"/>					

eMED3 (2010) new statement issued, not fit for work

29-Sept-2017 Dr Frances Buckle (FB)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Head injury + alcohol problem drinking; Duration: 25/08/2017 - 08/10/2017)

Filename: FitNote.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name:

I assessed your case on:

and, because of the following condition(s):

I advise you that: you are not fit for work.
 you may be fit for work taking account of the following advice.

If available, and with your employer's agreement, you may benefit from:
 a phased return to work amended duties
 altered hours workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for
 or from to

I will not need to assess your fitness for work again at the end of this period.
 (Please delete as applicable)

Doctor's signature:

Date of statement:

Doctor's address:

Unique ID: Med 3 04/10- 5B52ADE6-F6F1-48C0-A55E-4048735B0B33

For the patient – what to do now
 Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
 Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
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If you want to make a new claim to social security benefits you can:
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 • phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname:

Other names:

Address:

Date of birth:

National Insurance (NI) number:

Declaration – for social security benefit claimants only
 I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature:

Date:

If you have signed this form for someone else, please tick here:

THIRD PARTY

eMED3 (2010) new statement issued, not fit for work

13-Sept-2017 Dr Deborah Stenhouse (DS)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: head injury and alcohol dependence syndrome; Duration: 25/08/2017 - 25/10/2017)

Filename: FitNote.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's name	Mr, Mrs, Miss, Ms- Graeme Edward McAuley
I assessed your case on:	13 / 09 / 2017
and, because of the following condition(s):	head injury and alcohol dependence syndrome
I advise you that:	<input checked="" type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice:
If available, and with your employer's agreement, you may benefit from:	
<input type="checkbox"/> a phased return to work	<input type="checkbox"/> amended duties
<input type="checkbox"/> altered hours	<input type="checkbox"/> workplace adaptations
Comments, including functional effects of your condition(s):	
This will be the case for	
or from	25 / 08 / 2017 to 25 / 10 / 2017
I will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Doctor's signature	
Date of statement	13 / 09 / 2017
Doctor's address	Red Wing Clydebank Health Centre Kilbowie Road Clydebank, G81 2TQ Telephone: 0141 531 6475
Unique ID: Med 3 04/10- CD2052D7-E214-48F8-912D-696830505B91	
For the patient – what to do now Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.	
What your doctor's advice means Not fit for work: Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.	
May be fit for work taking account of the following advice: Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.	
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If you want to make a new claim to social security benefits you can: <ul style="list-style-type: none"> download a claim form at www.direct.gov.uk/benefits, or phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888. 	
Your details – Please use BLOCK CAPITALS	
Surname	Mr, Mrs, Miss, Ms- MCAULEY
Other names	GRAEME EDWARD
Address	11 NAIRN ST DALMUIR CLYDEBANK Postcode G81 4EY
Date of birth	23 / 07 / 1966
National Insurance (NI) number	
Declaration – for social security benefit claimants only I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.	
Signature	
Date	/ /
If you have signed this form for someone else, please tick here: <input type="checkbox"/>	

EMIS attachment reference code

28-Aug-2017 Ms Elsa MacNeil (EM)

Additional:EMIS attachment reference code

Blood monitoring

Filename: BLOOD REVIEW.doc

Extension:.tif

Pages:

Mr Graeme McAuley
11 Nairn St
DALMUIR
Clydebank
G81 4EY

Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ
0141-531-6475

Date As Postmark

Dear Mr McAuley

Your check is now due.

This is for Blood Pressure / Blood Test / Weight / Other as advised
by your doctor to monitor your prescribed medications or requested via a hospital clinic.

Can you please phone and arrange a _____ minute appointment with the
Phlebotomist / Health Care Assistant / Practice Nurse.

Please bring a urine sample with you. YES/NO.

Yours sincerely

RedWing Medical Practice
Could you please bring this letter along with you to your appointment.

THIRD PARTY COPY

EMIS attachment reference code
28-July-2017 Ms Elsa MacNeil (EM)
Additional:EMIS attachment reference code
blood monitoring
Filename: BLOOD REVIEW.doc
Extension:.tif
Pages:

Mr Graeme McAuley
11 Nairn St
DALMUIR
Clydebank
G81 4EY

Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ
0141-531-6475

Date As Postmark

Dear Mr McAuley

Your check is now due.

This is for Blood Pressure / Blood Test / Weight / Other as advised
by your doctor to monitor your prescribed medications or requested via a hospital clinic.

Can you please phone and arrange a _____ minute appointment with the

Phlebotomist / Health Care Assistant / Practice Nurse.

Please bring a urine sample with you. YES/NO.

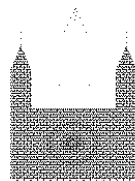
Yours sincerely

RedWing Medical Practice
Could you please bring this letter along with you to your appointment.

EMIS attachment reference code**24-July-2017 Ms Josephine Cassidy (JOEC)****Additional:** EMIS attachment reference code*Action - repeat bloods 6 weeks***Filename:** Document1.doc**Extension:** .tif**Pages:**

Alex W. Potter, DRCOG, MRCP
Alison M. Wilding, DRCOG, MRCP
Gillian J. McGeoch, DRCOG, MRCP
Scott P. Queen, AFRCS (Ed), MRCP (UK),
MRCGP, DRCOG
Deborah Stenhouse, MRCP (UK), MRCP,
DRCOG

Practice Manager:
Karen McElwee

**RED WING**

Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Tel: 0141 531 6475/6477

Fax: 0141 531 6478

GG-UHB.GP40046@nhs.net

Our Ref: 23/07/1966

Mr Graeme Edward McAuley
11 Nairn St
DALMUIR
Clydebank
G81 4EY

19 November 2025

Dear Mr McAuley

We have been unsuccessful in contacting you by telephone.

Dr McGeoch has asked that we contact you to let you know she would like you to have your bloods repeated in six weeks time. Please contact the clinic to book an appointment with a Health Care Assistant.

The GP has also requested that you try to refrain from, or cut down, your alcohol intake.

If you have any queries regarding this please phone 0141 531 6475 and ask for Action Filing.

If you have changed your telephone number, please let us know in order to update our records.

Yours sincerely

The Red Wing

eMED3 (2010) new statement issued, not fit for work

20-July-2017 Dr Deborah Stenhouse (DS)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: head injury and alcohol problem drinking; Duration: 07/07/2017 - 25/08/2017)

Filename: FitNote.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's name	Mr, Mrs, Miss, Ms- Graeme Edward McAuley
I assessed your case on:	20 / 07 / 2017
and, because of the following condition(s):	head injury and alcohol problem drinking
I advise you that:	<input checked="" type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice:
If available, and with your employer's agreement, you may benefit from:	
<input type="checkbox"/> a phased return to work	<input type="checkbox"/> amended duties
<input type="checkbox"/> altered hours	<input type="checkbox"/> workplace adaptations
Comments, including functional effects of your condition(s):	
This will be the case for	
or from	07 / 07 / 2017 to 25 / 08 / 2017
I will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Doctor's signature	
Date of statement	20 / 07 / 2017
Doctor's address	Red Wing Clydebank Health Centre Kilbowie Road Clydebank, G81 2TQ Telephone: 0141 531 6475
Unique ID: Med 3 04/10- ESFAFFE7-EF7D-4862-85DB-F5D300662252	
For the patient – what to do now Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.	
What your doctor's advice means Not fit for work: Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.	
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Your details – Please use BLOCK CAPITALS	
Surname	Mr, Mrs, Miss, Ms- MCAULEY
Other names	GRAEME EDWARD
Address	11 NAIRN ST DALMUIR CLYDEBANK Postcode G81 4EY
Date of birth	23 / 07 / 1966
National Insurance (NI) number	
Declaration – for social security benefit claimants only I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.	
Signature	
Date	/ /
If you have signed this form for someone else, please tick here: <input type="checkbox"/>	

EMIS attachment reference code

06-July-2017 Ms Margaret Walsh (WALSH_13414)

Additional:EMIS attachment reference code

action filing

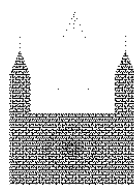
Filename: action filing.doc

Extension:.tif

Pages:

Alex W. Potter, DRCOG, MRCGP
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Gillian J. McGeoch, DRCOG, MRCGP
Scott P. Queen, AFRCS (Ed), MRCP (UK),
MRCGP, DRCOG
Deborah Stenhouse, MRCP (UK), MRCGP,
DRCOG

Practice Manager:
Karen McElwee



RED WING

Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Tel: 0141 531 6475/6477
Fax: 0141 531 6478

GG-UHB.GP40046@nhs.net

Our Ref: 23/07/1966

Mr Graeme Edward McAuley
11 Nairn St
DALMUIR
Clydebank
G81 4EY

19 November 2025

Dear Mr McAuley

We have been unsuccessful in contacting you regarding

Dr Stenhouse would like you to arrange repeat blood test with health care assistant

If you have any queries regarding this please phone 0141 531 6475 and ask for Action Filing.

If you have changed your telephone number, please let us know in order to update our records.

Yours sincerely

The Red Wing

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work

30-Jun-2017 Dr Deborah Stenhouse (DS)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: head injury and alcohol problem drinking 2/52; Duration: 30/06/2017 - 07/07/2017)

Filename: FitNote.pdf

Extension:.tif

Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, Mrs, Miss, Ms- Graeme Edward McAuley

I assessed your case on: 30 / 06 / 2017

and, because of the following condition(s): head injury and alcohol problem drinking 2/52

I advise you that: you are not fit for work.
 you may be fit for work taking account of the following advice--

If available, and with your employer's agreement, you may benefit from:
 a phased return to work amended duties
 altered hours-- workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for: []
 or from 30 / 06 / 2017 to 07 / 07 / 2017

I will not need to assess your fitness for work again at the end of this period.
 (Please delete as applicable)

Doctor's signature: []

Date of statement: 30 / 06 / 2017

Doctor's address: Red Wing Clydebank Health Centre, Kilbowie Road, Clydebank, G81 2TQ, Telephone: 0141 531 6475

Unique ID: Med 3 04/10- B5395B8C-B752-43AB-87D9-44B539B67D86

For the patient – what to do now
 Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
 Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
 Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.
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If you want to make a new claim to social security benefits you can:
 • download a claim form at www.direct.gov.uk/benefits, or
 • phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname: Mr, Mrs, Miss, Ms- MCAULEY

Other names: GRAEME EDWARD

Address: 11 NAIRN ST, DALMUIR, CLYDEBANK, Postcode G81 4EY

Date of birth: 23 / 07 / 1966

National Insurance (NI) number: [] [] [] [] [] [] [] [] [] []

Declaration – for social security benefit claimants only
 I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature: []

Date: [] / [] / []

If you have signed this form for someone else, please tick here:

EMIS attachment reference code

14-Jun-2017 Ms Elsa MacNeil (EM)

Additional:EMIS attachment reference code

Blood Monitoring invite

Filename: BLOOD REVIEW.doc

Extension:.tif

Pages:

Mr Graeme McAuley
11 Nairn St
DALMUIR
Clydebank
G81 4EY

Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ
0141-531-6475

Date As Postmark

Dear Mr McAuley

Your check is now due.

This is for Blood Pressure / Blood Test / Weight / Other as advised
by your doctor to monitor your prescribed medications or requested via a hospital clinic.

Can you please phone and arrange a _____ minute appointment with the
Phlebotomist / Health Care Assistant / Practice Nurse.

Please bring a urine sample with you. YES/NO.

Yours sincerely

RedWing Medical Practice
Could you please bring this letter along with you to your appointment.

THIRD PARTY COPY

EMIS attachment reference code

29-Nov-2016 Ms Elsa MacNeil (EM)

Additional:EMIS attachment reference code

Blood/Misc monitoring invite letter

Filename: BLOOD REVIEW.doc

Extension:.tif

Pages:

Mr Graeme McAuley
11 Nairn St
DALMUIR
Clydebank
G81 4EY

Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ
0141-531-6475

Date As Postmark

Dear Mr McAuley

Your check is now due.

This is for Blood Pressure / Blood Test / Weight / Other as advised
by your doctor to monitor your prescribed medications or requested via a hospital clinic.

Can you please phone and arrange a _____ minute appointment with the

Phlebotomist / Health Care Assistant / Practice Nurse.

Please bring a urine sample with you. YES/NO.

Yours sincerely

RedWing Medical Practice

Could you please bring this letter along with you to your appointment.

eMED3 (2010) new statement issued, not fit for work

18-Oct-2016 Dr Alex W Potter (POTTER_13414)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Lumbar spondylosis Multiple Medical probs Alcohol abuse Anxiety/Depression Sanctioned 6w ago because of above; Duration: 01/09/2016 - 20/12/2016)

Filename: FitNote.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's name	Mr, Mrs, Miss, Ms- Graeme Edward McAuley
I assessed your case on:	18 / 10 / 2016
and, because of the following condition(s):	Lumbar spondylosis Multiple Medical probs Alcohol abuse Anxiety/Depression Sanctioned 6w ago because of above
I advise you that:	<input checked="" type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice:-
If available, and with your employer's agreement, you may benefit from:	
<input type="checkbox"/> a-phased return to work	<input type="checkbox"/> amended duties---
<input type="checkbox"/> altered hours---	<input type="checkbox"/> workplace adaptations
Comments, including functional effects of your condition(s):	
This will be the case for	
or from	01 / 09 / 2016 to 20 / 12 / 2016
I will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Doctor's signature	
Date of statement	18 / 10 / 2016
Doctor's address	RedWing Clydebank Medical Centre Kilbowie Road Clydebank, G81 2TQ Telephone: 0141 531 6475
Unique ID: Med 3 04/10- F812BF96-9E2A-431B-B179-4DD41F0FF227	
For the patient – what to do now Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.	
What your doctor's advice means	
Not fit for work: Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.	
May be fit for work taking account of the following advice: Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.	
If you are employed If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.	
Social security benefit claimants If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.	
If you want to make a new claim to social security benefits you can: • download a claim form at www.direct.gov.uk/benefits , or • phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.	
Your details – Please use BLOCK CAPITALS	
Surname	Mr, Mrs, Miss, Ms- MCAULEY
Other names	GRAEME EDWARD
Address	11 NAIRN ST DALMUIR CLYDEBANK Postcode G81 4EY
Date of birth	23 / 07 / 1966
National Insurance (NI) number	
Declaration – for social security benefit claimants only I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.	
Signature	
Date	/ /
If you have signed this form for someone else, please tick here: <input type="checkbox"/>	

EMIS attachment reference code

04-Oct-2016 Ms Elsa MacNeil (EM)

Additional:EMIS attachment reference code

Blood monitoring invite letter

Filename: BLOOD REVIEW.doc

Extension:.tif

Pages:

Mr Graeme McAuley
11 Nairn St
DALMUIR
Clydebank
G81 4EY

Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ
0141-531-6475

Date As Postmark

Dear Mr McAuley

Your check is now due.

This is for Blood Pressure / Blood Test / Weight / Other as advised
by your doctor to monitor your prescribed medications or requested via a hospital clinic.

Can you please phone and arrange a _____ minute appointment with the
Phlebotomist / Health Care Assistant / Practice Nurse.

Please bring a urine sample with you. YES/NO.

Yours sincerely

RedWing Medical Practice
Could you please bring this letter along with you to your appointment.

THIRD PARTY COPY

EMIS attachment reference code
22-Aug-2016 Ms Elsa MacNeil (EM)
Additional:EMIS attachment reference code
Blood Monitoring
Filename: BLOOD REVIEW.doc
Extension:.tif
Pages:

Mr Graeme McAuley
11 Nairn St
DALMUIR
Clydebank
G81 4EY

Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ
0141-531-6475

Date As Postmark

Dear Mr McAuley

Your check is now due.

This is for Blood Pressure / Blood Test / Weight / Other as advised
by your doctor to monitor your prescribed medications or requested via a hospital clinic.

Can you please phone and arrange a _____ minute appointment with the

Phlebotomist / Health Care Assistant / Practice Nurse.

Please bring a urine sample with you. YES/NO.

Yours sincerely

RedWing Medical Practice
Could you please bring this letter along with you to your appointment.

THIRD PARTY COPY

EMIS attachment reference code
08-July-2016 Ms Elsa MacNeil (EM)
Additional:EMIS attachment reference code
Blood/Misc monitoring invites
Filename: BLOOD REVIEW.doc
Extension:.tif
Pages:

Mr Graeme McAuley
11 Nairn St
DALMUIR
Clydebank
G81 4EY

Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ
0141-531-6475

Date As Postmark

Dear Mr McAuley

Your check is now due.

This is for Blood Pressure / Blood Test / Weight / Other as advised
by your doctor to monitor your prescribed medications or requested via a hospital clinic.

Can you please phone and arrange a _____ minute appointment with the

Phlebotomist / Health Care Assistant / Practice Nurse.

Please bring a urine sample with you. YES/NO.

Yours sincerely

RedWing Medical Practice
Could you please bring this letter along with you to your appointment.

EMIS attachment reference code
06-Jun-2016 Ms Elsa MacNeil (EM)
Additional:EMIS attachment reference code
Blood/Misc monitoring
Filename: BLOOD REVIEW.doc
Extension:.tif
Pages:

Mr Graeme McAuley
11 Nairn St
DALMUIR
Clydebank
G81 4EY

Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ
0141-531-6475

Date As Postmark

Dear Mr McAuley

Your check is now due.

This is for Blood Pressure / Blood Test / Weight / Other as advised
by your doctor to monitor your prescribed medications or requested via a hospital clinic.

Can you please phone and arrange a _____ minute appointment with the

Phlebotomist / Health Care Assistant / Practice Nurse.

Please bring a urine sample with you. YES/NO.

Yours sincerely

RedWing Medical Practice
Could you please bring this letter along with you to your appointment.

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work

22-Mar-2016 Dr Alex W Potter (POTTER_13414)

Additional: eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Chronic intractable pain Anxiety Depression Memory loss ?Alcohol related Brain damage; Duration: 01/01/2016 - 30/05/2016)

Filename: FitNote.pdf

Extension: .tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name:

I assessed your case on:

and, because of the following condition(s):

I advise you that: you are not fit for work.
 you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

a-phased return to work amended duties---
 altered hours--- workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for or from to

I will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)

Doctor's signature:

Date of statement:

Doctor's address:

Unique ID: Med 3 04/10- 5174E438-1731-48D2-A373-22819C633746

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.
If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.
Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.
If you want to make a new claim to social security benefits you can:
• download a claim form at www.direct.gov.uk/benefits, or
• phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname:

Other names:

Address:

Date of birth:

National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature:

Date:

If you have signed this form for someone else, please tick here:

THIRD PARTY

eMED3 (2010) new statement issued, not fit for work

26-Feb-2016 Dr Jessica Lynas (JL)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: [D]Chronic intractable pain; Duration: 26/02/2016 - 20/05/2016)

Filename: FitNote.pdf

Extension:.tif

Pages:

**Statement of Fitness for Work
For social security or Statutory Sick Pay**

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that: you are not fit for work.
 you may be fit for work taking account of the following advice--

If available, and with your employer's agreement, you may benefit from:

- a phased return to work
- amended duties----
- altered hours----
- workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for

or from to

I will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement

Doctor's address

Unique ID: Med 3 04/10- 74773D6D-848F-493D-9F62-0C5DC9D72D24



For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:

Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:

Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed

If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants

If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:

- download a claim form at www.direct.gov.uk/benefits, or
- phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname

Other names

Address

Postcode G81 4EY

Date of birth

National Insurance (NI) number

Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature

Date

If you have signed this form for someone else, please tick here:

THIRD PARTY

eMED3 (2010) new statement issued, not fit for work

12-Feb-2016 Dr Carolyn Buchanan (CB)

Additional:eMED3 (2010) new statement issued, not fit for work

(Diagnosis: chronic intractable pain; Duration: 12/02/2016 - 26/02/2016)

Filename: FitNote_7ebc4350-8a82-4ad2-9d4a-f921849e215e.pdf

Extension:.tif

Pages:

**Statement of Fitness for Work
For social security or Statutory Sick Pay**

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that: you are not fit for work.
 you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

- a-phased-return-to-work
- amended-duties----
- altered-hours----
- workplace-adaptations

Comments, including functional effects of your condition(s):

This will be the case for

or from to

I will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement

Doctor's address

Unique ID: Med 3 04/10- 7EBC4350-8A82-4AD2-9D4A-F921849E215E



For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:

Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:

Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed

If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants

If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:

- download a claim form at www.direct.gov.uk/benefits, or
- phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname

Other names

Address

Postcode G81 4EY

Date of birth

National Insurance (NI) number

Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature

Date

If you have signed this form for someone else, please tick here:

THIRD PARTY

eMED3 (2010) new statement issued, not fit for work

12-Feb-2016 Dr Carolyn Buchanan (CB)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: back pain and worsening symptoms; Duration: 12/02/2016 - 26/02/2016)

Filename: FitNote.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name:

I assessed your case on:

and, because of the following condition(s):

I advise you that: you are not fit for work.
 you may be fit for work taking account of the following advice--

If available, and with your employer's agreement, you may benefit from:
 a phased return to work amended duties
 altered hours-- workplace adaptations

Comments, including functional effects of your condition(s):


This will be the case for
 or from to

I will not need to assess your fitness for work again at the end of this period.
 (Please delete as applicable)

Doctor's signature:

Date of statement:

Doctor's address:



Unique ID: Med 3 04/10- 77BEC967-8C73-4A53-B204-E51B559D908C

For the patient – what to do now
 Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
 Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
 Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.
If you are employed
 If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.
Social security benefit claimants
 If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.
If you want to make a new claim to social security benefits you can:
 • download a claim form at www.direct.gov.uk/benefits, or
 • phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname:

Other names:

Address:

Date of birth:

National Insurance (NI) number:

Declaration – for social security benefit claimants only
 I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature:

Date:

If you have signed this form for someone else, please tick here:

THIRD PARTY

eMED3 (2010) new statement issued, not fit for work

24-Nov-2015 Dr Scott Queen (QUEEN_13414)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: [D]Chronic intractable pain; Duration: 16/10/2015 - 20/10/2015)

Filename: FitNote.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's name	Mr, Mrs, Miss, Ms- Graeme Edward McAuley
I assessed your case on:	24 / 11 / 2015
and, because of the following condition(s):	[D]Chronic intractable pain
I advise you that:	<input checked="" type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice---
If available, and with your employer's agreement, you may benefit from:	
<input type="checkbox"/> a phased return to work	<input type="checkbox"/> amended duties---
<input type="checkbox"/> altered hours---	<input type="checkbox"/> workplace adaptations
Comments, including functional effects of your condition(s):	
This will be the case for _____	
or from 16 / 10 / 2015 to 20 / 10 / 2015	
I will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Doctor's signature	
Date of statement	24 / 11 / 2015
Doctor's address	RedWing Clydebank Medical Centre Kilbowie Road Clydebank, G81 2TQ Telephone: 0141 531 6475
Unique ID: Med 3 04/10- C4EABD05-E3A1-4AC2-9032-0E505AE496FF	
For the patient – what to do now Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.	
What your doctor's advice means	
Not fit for work: Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.	
May be fit for work taking account of the following advice: Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.	
If you are employed If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.	
Social security benefit claimants If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.	
If you want to make a new claim to social security benefits you can:	
<ul style="list-style-type: none"> download a claim form at www.direct.gov.uk/benefits, or phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888. 	
Your details – Please use BLOCK CAPITALS	
Surname	Mr, Mrs, Miss, Ms- MCAULEY
Other names	GRAEME EDWARD
Address	11 NAIRN ST DALMUIR CLYDEBANK Postcode G81 4EY
Date of birth	23 / 07 / 1966
National Insurance (NI) number	
Declaration – for social security benefit claimants only	
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.	
Signature	
Date	/ /
If you have signed this form for someone else, please tick here: <input type="checkbox"/>	

EMIS attachment reference code

23-Nov-2015 Ms Elsa MacNeil (EM)

Additional:EMIS attachment reference code

Blood monitoring invite letter

Filename: BLOOD REVIEW.doc

Extension:.tif

Pages:

Mr Graeme McAuley
11 Nairn St
DALMUIR
Clydebank
G81 4EY

Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ
0141-531-6475

Date As Postmark

Dear Mr McAuley

Your check is now due.

This is for Blood Pressure / Blood Test / Weight / Other as advised
by your doctor to monitor your prescribed medications or requested via a hospital clinic.

Can you please phone and arrange a _____ minute appointment with the
Phlebotomist / Health Care Assistant / Practice Nurse.

Please bring a urine sample with you. YES/NO.

Yours sincerely

RedWing Medical Practice
Could you please bring this letter along with you to your appointment.

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work

20-Oct-2015 Dr Alex W Potter (POTTER_13414)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Chronic intractable pain; Duration: 20/10/2015 - 20/10/2016)

Filename: FitNote.pdf

Extension:.tif

Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, Mrs, Miss, Ms- Graeme Edward McAuley

I assessed your case on: 20 / 10 / 2015

and, because of the following condition(s): Chronic intractable pain

I advise you that: you are not fit for work.
 you may be fit for work taking account of the following advice--

If available, and with your employer's agreement, you may benefit from:
 a phased return to work amended duties---
 altered hours--- workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for 12 Month(s)
 or from / / to / /

I will not need to assess your fitness for work again at the end of this period.
 (Please delete as applicable)

Doctor's signature: [Signature Box]

Date of statement: 20 / 10 / 2015

Doctor's address: RedWing Clydebank Medical Centre, Kilbowie Road, Clydebank, G81 2TQ, Telephone: 0141 531 6475

Unique ID: Med 3 04/10- F1083377-6F3B-4F0B-8F94-870B16D8A9A8

For the patient – what to do now
 Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
 Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
 Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.
If you are employed
 If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.
Social security benefit claimants
 If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.
If you want to make a new claim to social security benefits you can:
 • download a claim form at www.direct.gov.uk/benefits, or
 • phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname: Mr, Mrs, Miss, Ms- MCAULEY

Other names: GRAEME EDWARD

Address: 11 NAIRN ST, DALMUIR, CLYDEBANK Postcode G81 4EY

Date of birth: 23 / 07 / 1966

National Insurance (NI) number: [] [] [] [] [] [] [] [] [] []

Declaration – for social security benefit claimants only
 I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature: [Signature Box]

Date: / /

If you have signed this form for someone else, please tick here:

EMIS attachment reference code

07-Oct-2015 Ms Elsa MacNeil (EM)

Additional:EMIS attachment reference code

Blood monitoring invite letter

Filename: BLOOD REVIEW.doc

Extension:.tif

Pages:

Mr Graeme McAuley
11 Nairn St
DALMUIR
Clydebank
G81 4EY

Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ
0141-531-6475

Date As Postmark

Dear Mr McAuley

Your annual check is now due.

This is for Blood Pressure / Blood Test / Weight / Other as advised
by your doctor to monitor your prescribed medications.

Can you please phone and arrange a _____ minute appointment with the
Phlebotomist / Health Care Assistant / Practice Nurse.

Please bring a urine sample with you. YES/NO.

Yours sincerely

RedWing Medical Practice
Could you please bring this letter along with you to your appointment.

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work

02-Oct-2015 Dr Scott Queen (QUEEN_13414)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Chronic Intractable Pain; Duration: 06/09/2015 - 10/09/2015)

Filename: FitNote.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name:

I assessed your case on:

and, because of the following condition(s):

I advise you that: you are not fit for work.
 you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:
 a phased return to work amended duties
 altered hours workplace adaptations

Comments, including functional effects of your condition(s):


This will be the case for or from to

I will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)

Doctor's signature:

Date of statement:

Doctor's address:



Unique ID: Med 3 04/10- FD7852E8-3149-4B93-BAD2-978B21809030

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.
If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.
Social security benefit claimants
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If you want to make a new claim to social security benefits you can:

- download a claim form at www.direct.gov.uk/benefits, or
- phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname:

Other names:

Address:

Date of birth:

National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature:

Date:

If you have signed this form for someone else, please tick here:

THIRD PARTY

eMED3 (2010) new statement issued, not fit for work

25-Sept-2015 Dr Carolyn Buchanan (CB)


Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: chronic intractable pain; Duration: 11/09/2015 - 16/10/2015)

Filename: FitNote.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's name	Mr, Mrs, Miss, Ms- Graeme Edward McAuley
I assessed your case on:	25 / 09 / 2015
and, because of the following condition(s):	chronic intractable pain
I advise you that:	<input checked="" type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice:-
If available, and with your employer's agreement, you may benefit from:	
<input type="checkbox"/> a phased return to work	<input type="checkbox"/> amended duties----
<input type="checkbox"/> altered hours----	<input type="checkbox"/> workplace adaptations
Comments, including functional effects of your condition(s):	
This will be the case for _____	
or from 11 / 09 / 2015 to 16 / 10 / 2015	
I will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Doctor's signature	
Date of statement	25 / 09 / 2015
Doctor's address	RedWing Clydebank Medical Centre Kilbowie Road Clydebank, G81 2TQ Telephone: 0141 531 6475
	
	Unique ID: Med 3 04/10- 87BF1741-FF15-44B4-BFF3-5F26E707E642
For the patient – what to do now Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.	
What your doctor's advice means	
Not fit for work: Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.	
May be fit for work taking account of the following advice: Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.	
If you are employed If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.	
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If you want to make a new claim to social security benefits you can: • download a claim form at www.direct.gov.uk/benefits , or • phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.	
Your details – Please use BLOCK CAPITALS	
Surname	Mr, Mrs, Miss, Ms- MCAULEY
Other names	GRAEME EDWARD
Address	11 NAIRN ST DALMUIR CLYDEBANK Postcode G81 4EY
Date of birth	23 / 07 / 1966
National Insurance (NI) number	
Declaration – for social security benefit claimants only I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.	
Signature	
Date	/ /
If you have signed this form for someone else, please tick here: <input type="checkbox"/>	

EMIS attachment reference code

17-Aug-2015 Ms Elsa MacNeil (EM)

Additional:EMIS attachment reference code

Blood monitoring invite letter

Filename: BLOOD REVIEW.doc

Extension:.tif

Pages:

Mr Graeme McAuley
11 Nairn St
DALMUIR
Clydebank
G81 4EY

Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ
0141-531-6475

Date As Postmark

Dear Mr McAuley

Your annual check is now due.

This is for Blood Pressure / Blood Test / Weight / Other as advised
by your doctor to monitor your prescribed medications.

Can you please phone and arrange a _____ minute appointment with the
Phlebotomist / Health Care Assistant / Practice Nurse.

Please bring a urine sample with you. YES/NO.

Yours sincerely

RedWing Medical Practice
Could you please bring this letter along with you to your appointment.

THIRD PARTY COPY

EMIS attachment reference code
06-July-2015 Ms Elsa MacNeil (EM)
Additional:EMIS attachment reference code
Blood monitoring invite
Filename: BLOOD REVIEW.doc
Extension:.tif
Pages:

Mr Graeme McAuley
11 Nairn St
DALMUIR
Clydebank
G81 4EY

Red Wing Medical Practice
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ
0141-531-6475

Date As Postmark

Dear Mr McAuley

Your annual check is now due.

This is for Blood Pressure / Blood Test / Weight / Other as advised
by your doctor to monitor your prescribed medications.

Can you please phone and arrange a _____ minute appointment with the
Phlebotomist / Health Care Assistant / Practice Nurse.

Please bring a urine sample with you. YES/NO.

Yours sincerely

RedWing Medical Practice
Could you please bring this letter along with you to your appointment.

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
 28-May-2015 Dr Jessica Lynas (JL)

Additional: eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Chronic intractable pain Depression under Folow up with rheumatology ? inflammatory; Duration: 18/05/2015 - 29/06/2015)

Filename: FitNote.pdf

Extension: .tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that: you are not fit for work.
 you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

a-phased return to work amended duties---
 altered hours--- workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for

or from to


I will not need to assess your fitness for work again at the end of this period.
 (Please delete as applicable)

Doctor's signature

Date of statement

Doctor's address

Unique ID: Med 3 04/10- 3BC9A7FA-8187-497D-B8F4-5A056D2912D7



For the patient – what to do now
 Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
 Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
 Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
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Social security benefit claimants
 If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:

- download a claim form at www.direct.gov.uk/benefits, or
- phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname

Other names

Address

Date of birth

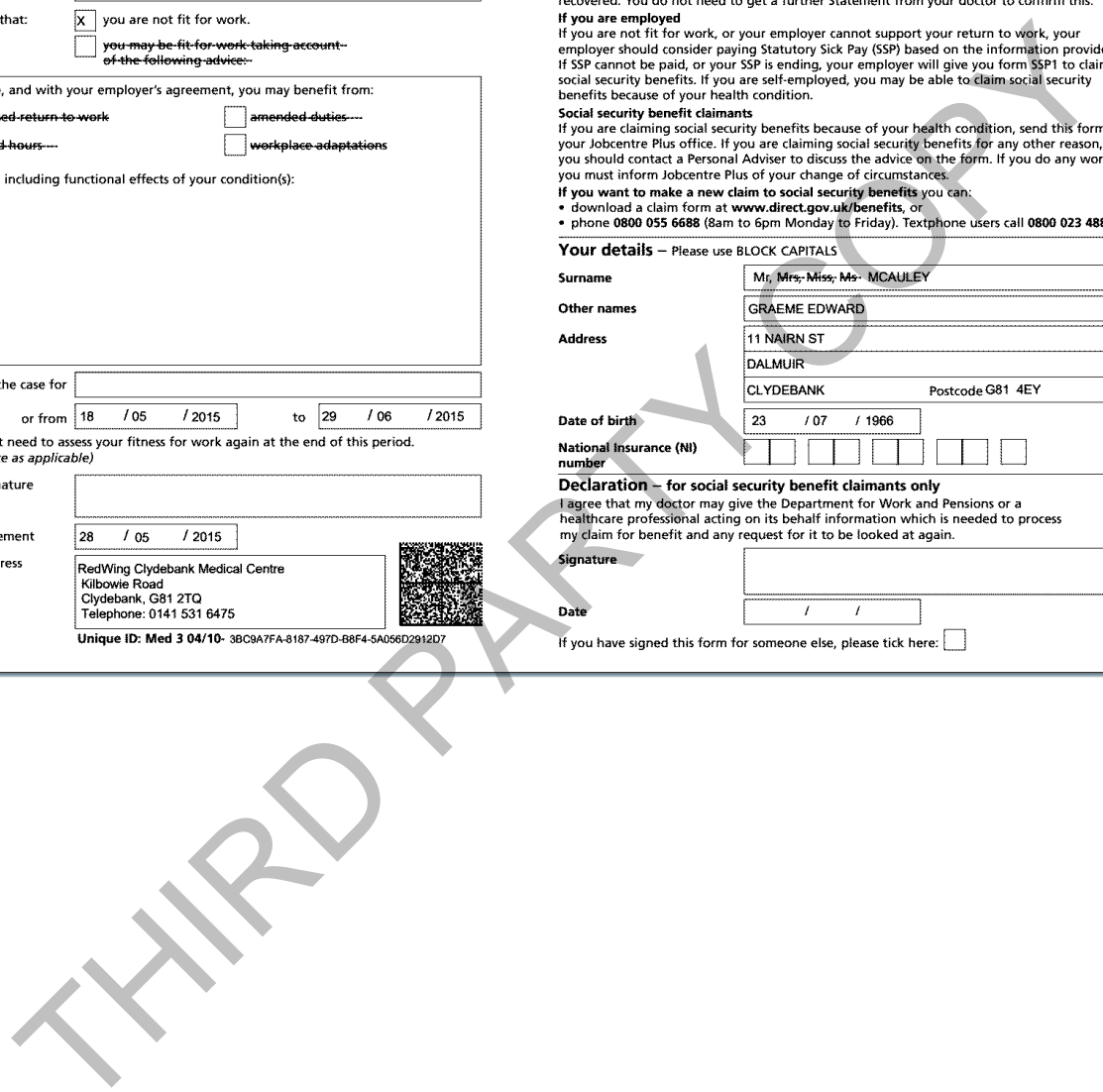
National Insurance (NI) number

Declaration – for social security benefit claimants only
 I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature

Date

If you have signed this form for someone else, please tick here:



eMED3 (2010) new statement issued, not fit for work

01-Apr-2015 Dr Jessica Lynas (JL)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: [D]Chronic intractable pain; Duration: 04/03/2015 - 04/05/2015)

Filename: FitNote.pdf

Extension:.tif

Pages:

**Statement of Fitness for Work
For social security or Statutory Sick Pay**

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that: you are not fit for work.
 you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:

- a phased return to work
- amended duties
- altered hours
- workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for

or from to

I will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement

Doctor's address

Unique ID: Med 3 04/10- EDA700B1-1080-4895-80B6-2914DBF2FB30



For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:

Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:

Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed

If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants

If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:

- download a claim form at www.direct.gov.uk/benefits, or
- phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname

Other names

Address

Postcode

Date of birth

National Insurance (NI) number

Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature

Date

If you have signed this form for someone else, please tick here:

THIRD PARTY

eMED3 (2010) new statement issued, not fit for work

06-Feb-2015 Dr Jessica Lynas (JL)


Additional: eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: [D]Chronic intractable pain; Duration: 06/02/2015 - 06/04/2015)

Filename: FitNote.pdf

Extension: .tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's name	Mr, Mrs, Miss, Ms- Graeme Edward McAuley
I assessed your case on:	06 / 02 / 2015
and, because of the following condition(s):	[D]Chronic intractable pain
I advise you that:	<input checked="" type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice:-
If available, and with your employer's agreement, you may benefit from:	
<input type="checkbox"/> a phased return to work	<input type="checkbox"/> amended duties----
<input type="checkbox"/> altered hours----	<input type="checkbox"/> workplace adaptations
Comments, including functional effects of your condition(s):	
This will be the case for 2 Month(s)	
or from / / to / /	
I will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Doctor's signature	
Date of statement	06 / 02 / 2015
Doctor's address	RedWing Clydebank Medical Centre Kilbowie Road Clydebank, G81 2TQ Telephone: 0141 531 6475
	
	Unique ID: Med 3 04/10- D40CC7F5-9A7F-4AEA-8A08-210B91F17A72
For the patient – what to do now Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.	
What your doctor's advice means	
Not fit for work: Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.	
May be fit for work taking account of the following advice: Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.	
If you are employed If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.	
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If you want to make a new claim to social security benefits you can:	
<ul style="list-style-type: none"> download a claim form at www.direct.gov.uk/benefits, or phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888. 	
Your details – Please use BLOCK CAPITALS	
Surname	Mr, Mrs, Miss, Ms- MCAULEY
Other names	GRAEME EDWARD
Address	11 NAIRN ST DALMUIR CLYDEBANK Postcode G81 4EY
Date of birth	23 / 07 / 1966
National Insurance (NI) number	
Declaration – for social security benefit claimants only	
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.	
Signature	
Date	/ /
If you have signed this form for someone else, please tick here: <input type="checkbox"/>	

eMED3 (2010) new statement issued, not fit for work

13-Jan-2015 Dr Jessica Lynas (JL)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: low back pain; Duration: 13/01/2015 - 13/02/2015)

Filename: FitNote.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name:

I assessed your case on:

and, because of the following condition(s):

I advise you that: you are not fit for work.
 you may be fit for work taking account of the following advice--

If available, and with your employer's agreement, you may benefit from:
 a phased return to work amended duties--
 altered hours-- workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for
 or from to

I will not need to assess your fitness for work again at the end of this period.
 (Please delete as applicable)

Doctor's signature:

Date of statement:

Doctor's address:

Unique ID: Med 3 04/10- 5EFC2852-5343-41F9-A0C4-90722D725BD0

For the patient – what to do now
 Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
 Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
 Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.
If you are employed
 If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.
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If you want to make a new claim to social security benefits you can:
 • download a claim form at www.direct.gov.uk/benefits, or
 • phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname:

Other names:

Address:

Date of birth:

National Insurance (NI) number:

Declaration – for social security benefit claimants only
 I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature:

Date:

If you have signed this form for someone else, please tick here:

THIRD PARTY

eMED3 (2010) new statement issued, not fit for work

17-Dec-2014 Dr Jessica Lynas (JL)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Low back pain; Duration: 17/12/2014 - 14/01/2015)

Filename: FitNote.pdf

Extension:.tif

Pages:

**Statement of Fitness for Work
For social security or Statutory Sick Pay**

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that: you are not fit for work.
 you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:

- a phased return to work
- amended duties
- altered hours
- workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for

or from to

I will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement

Doctor's address

Unique ID: Med 3 04/10- 29B19C28-5AB0-4AF6-8FFD-B6489A98BB70



For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:

Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:

Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed

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- download a claim form at www.direct.gov.uk/benefits, or
- phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname

Other names

Address

Postcode G81 4EY

Date of birth

National Insurance (NI) number

Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature

Date

If you have signed this form for someone else, please tick here:

THIRD PARTY

eMED3 (2010) new statement issued, not fit for work

29-Oct-2014 Dr Jessica Lynas (JL)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: low back pain; Duration: 29/10/2014 - 12/11/2014)

Filename: FitNote.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name:

I assessed your case on:

and, because of the following condition(s):

I advise you that: you are not fit for work.
 ~~you may be fit for work taking account of the following advice.~~

If available, and with your employer's agreement, you may benefit from:

a-phased-return-to-work amended-duties----

altered-hours---- workplace-adaptations

Comments, including functional effects of your condition(s):

This will be the case for or from to

I ~~will~~ will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)

Doctor's signature:

Date of statement:

Doctor's address:

Unique ID: Med 3 04/10- BF231072-CC50-4670-86D7-CA0F7035905A

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.
If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.
Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.
If you want to make a new claim to social security benefits you can:
• download a claim form at www.direct.gov.uk/benefits, or
• phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname:

Other names:

Address:

Date of birth:

National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature:

Date:

If you have signed this form for someone else, please tick here:

THIRD PARTY

eMED3 (2010) new statement issued, not fit for work

30-Sept-2014 Dr David R Bell (DRBELL_13414)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Low back pain; Duration: 30/09/2014 - 14/10/2014)

Filename: FitNote.pdf

Extension:.tif

Pages:

**Statement of Fitness for Work
For social security or Statutory Sick Pay**

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that: you are not fit for work.
 you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

- a phased return to work
- amended duties
- altered hours
- workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for

or from to

I will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)

Doctor's signature

Date of statement

Doctor's address



Unique ID: Med 3 04/10- B001D354-A413-4059-8A33-CD25DFD6E86E

For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:

Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:

Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed

If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants

If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:

- download a claim form at www.direct.gov.uk/benefits, or
- phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname

Other names

Address

Postcode G81 4EY

Date of birth

National Insurance (NI) number

Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature

Date

If you have signed this form for someone else, please tick here:

THIRD PARTY

eMED3 (2010) new statement issued, not fit for work

23-Sept-2013 Dr June Campbell (JC)


Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Acute low back pain .; Duration: 13/09/2013 - 13/10/2013)

Filename: FitNote.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's name	Mr, Mrs, Miss, Ms- Graeme Edward McAuley
I assessed your case on:	23 / 09 / 2013
and, because of the following condition(s):	Acute low back pain .
I advise you that:	<input checked="" type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice---
If available, and with your employer's agreement, you may benefit from:	
<input type="checkbox"/> a-phased-return-to-work	<input type="checkbox"/> amended-duties----
<input type="checkbox"/> altered-hours----	<input type="checkbox"/> workplace-adaptations
Comments, including functional effects of your condition(s):	
This will be the case for _____	
or from 13 / 09 / 2013 to 13 / 10 / 2013	
I will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Doctor's signature	
Date of statement	23 / 09 / 2013
Doctor's address	RedWing Clydebank Medical Centre Kilbowie Road Clydebank, G81 2TQ Telephone: 0141 531 6475
	
	Unique ID: Med 3 04/10- C76A889D-2218-4081-993B-18D57D316A24
For the patient – what to do now Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.	
What your doctor's advice means	
Not fit for work: Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.	
May be fit for work taking account of the following advice: Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.	
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Social security benefit claimants If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.	
If you want to make a new claim to social security benefits you can:	
<ul style="list-style-type: none"> • download a claim form at www.direct.gov.uk/benefits, or • phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888. 	
Your details – Please use BLOCK CAPITALS	
Surname	Mr, Mrs, Miss, Ms- MCAULEY
Other names	GRAEME EDWARD
Address	11 NAIRN ST DALMUIR CLYDEBANK Postcode G81 4EY
Date of birth	23 / 07 / 1966
National Insurance (NI) number	
Declaration – for social security benefit claimants only	
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.	
Signature	
Date	/ /
If you have signed this form for someone else, please tick here: <input type="checkbox"/>	

EMIS attachment reference code

19-Sept-2013 Ms Margaret Walsh (WALSH_13414)

Additional:EMIS attachment reference code

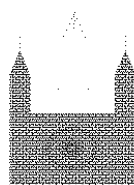
action filing

Filename: action filing.doc

Extension:.tif

Pages:

David R. Bell, DRCOG
Patricia I. Harper, DRCOG, MRCGP
Alex W. Potter, DRCOG, MRCGP
Alison M. Wilding, DRCOG, MRCGP
Gillian J. McGeoch, DRCOG, MRCGP
Scott P. Queen, AFRCS (Ed), MRCP (UK),
MRCGP, DRCOG



RED WING

Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Tel: 0141 531 6475/6477
Fax: 0141 531 6478

Practice Manager:
Karen McElwee

GG-UHB.GP40046@nhs.net

Our Ref: 23/07/1966

Mr Graeme Edward McAuley
11 Nairn St
DALMUIR
Clydebank
G81 4EY

19 November 2025

Dear Mr McAuley

We have been unsuccessful in contacting you due to the reasons below:-

No reply

The Doctor has asked us to contact you in relation to:

Message from GP could you please telephone surgery ask for action filing nothing to worry about

If you have any queries regarding this please phone 0141 531 6475 and ask for Action Filing.

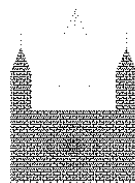
If you have changed your telephone number, please let us know in order to update our records.

Yours sincerely

The Red Wing

EMIS attachment reference code
17-Jan-2013 Ms Margaret Walsh (WALSH_13414)
Additional:EMIS attachment reference code
action letter
Filename: action letter.doc
Extension:.tif
Pages:

David R. Bell, DRCOG
Patricia I. Harper, DRCOG, MRCGP
Alex W. Potter, DRCOG, MRCGP
Alison M. Wilding, DRCOG, MRCGP
Janice M. McCall, DFP, MRCGP
Gillian J. McGeoch, DRCOG, MRCGP
Scott P. Queen, AFRCS (Ed), MRCP (UK),
MRCGP, DRCOG



RED WING

Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Tel: 0141 531 6475/6477
Fax: 0141 531 6478

GG-UHB.GP40046@nhs.net

Practice Manager:
Karen McElwee

Our Ref: 23/07/1966

Mr Graeme Edward McAuley
11 Nairn St
DALMUIR
Clydebank
G81 4EY

19 November 2025

Dear Mr McAuley

We have been unsuccessful in contacting you due to the reasons below:-

No reply

The Doctor has asked us to contact you in relation to:

Message from GP could you please make appointment for dr potter

If you have any queries regarding this please phone 0141 531 6475 and ask for Action Filing.

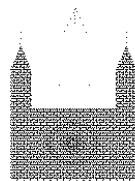
If you have changed your telephone number, please let us know in order to update our records.

Yours sincerely

The Red Wing

EMIS attachment reference code
 02-Dec-2011 Ms Allison McAllister (ALLISONS_13414)
 Additional:EMIS attachment reference code
letter to patient
 Filename: McAuley, Graeme 2011 12 03 .doc
 Extension:.tif
 Pages:

David R. Bell, DRCOG
 Patricia I. Harper, DRCOG, MRCP
 Alex W. Potter, DRCOG, MRCP
 Alison M. Wilding, DRCOG, MRCP
 Janice M. McCall, DFP, MRCP
 Gillian J. McGeoch, DRCOG, MRCP
 Scott P. Queen, AFRCS (Ed), MRCP (UK),
 MRCP, DRCOG



RED WING

Clydebank Health Centre
 Kilbowie Road
 Clydebank
 G81 2TQ

Tel: 0141 531 6475/6477
 Fax: 0141 531 6478

GG-UHB.GP40046@nhs.net

Practice Manager:
 Karen McElwee

Our Ref: AWP/AS/23/07/1966

Private & Confidential

Mr Graeme Edward McAuley
 11 Nairn Street
 Dalmuir
 CLYDEBANK
 G81 4EY

2 December 2011

Dear Mr McAuley

Patient: Mr Graeme Edward McAuley
Address: 11 Nairn St, DALMUIR, Clydebank, G81 4EY
Date of Birth: 23/07/1966 **CHI Number: 2307666133**

Further to your recent consultation with myself, I am writing to clarify several matters. Despite my attempts to elicit the nature of your problem, you were obstructive throughout the consultation and appeared angry. You raised your voice on several occasions and made several inappropriate remarks. You admitted to being under the influence of alcohol which clearly made your consultation far more difficult than it needed to be. We are willing to help you address any mental or physical difficulties you have but we need you to engage with us in doing so. I would suggest that in future you do not consult when under the influence of alcohol.

Yours sincerely

Dr Alex W Potter