BASRiS

Patient

Surname	Sinclair
Other names	Theresa
Date of birth	13/08/1963
CHI number	1308636407
Address	90a Main Street, Lennoxtown, G66 7DA

The Condition

What is the diagnosis?	lung cancer cT1b N2a upper left lobe adenocarcinoma lung cancer cT1b N2a upper right lobe adenocarcinoma
Other relevant diagnosis	COPD AF Type 2 Diabetes
Is the patient aware of their condition?	Yes
Is the patient aware of their prognosis?	Yes
Is the patient a child?	No
Is the patient an adult with a legal representative?	No
Name	
Relationship	
Address	
Phone number	
Email if available	

Clinical Indicators

Clinical Indicators which support your clinical judgement	locally advanced lung cancer in both lungs, radical treatment not possible for her (as per respiratory team). Under the care of

	Respiratory at GRI Dr B Choo-Kang Multiple co-morbidities
Is there any other intervention or treatment planned which may significantly alter the progression of the condition?	nil
Declaration	
I have sought and obtained valid consent from the patient and or their legal representative to share the information included in this form with Social Security Scotland. This has been noted in the patient's clinical records	Yes
I have not obtained consent because disclosure of information included in this form would be likely to cause serious mental and / or physical harm to the patient or a child's parent / individual with legal parental responsibilities, if they were to become aware of it. This has been noted in the patient's clinical records	
I have not disclosed the information included in this form to the patient's legal representative	
It would be likely to cause serious mental	

and / or physical harm to the patients legal representative	
For any other reason (for example I have not spoken to them)	
This has been noted in the patient's clinical records	

Registered Medical Practitioner or Registered Nurse

Name	Dr Zdenka Carruthers
GMC No	5197392
NMC No	
Work Phone Number	01360327300
Work Email Address	ggc.gp43261clinical@nhs.scot
Work Address	46 Main Street, Lennoxtown, G66 7JJ
Date of clinical judgement of terminal illness	03/06/2026

BASRiS

Patient

Surname	Sinclair
Other names	Theresa
Date of birth	13/08/1963
CHI number	1308636407
Address	90a Main Street, Lennoxtown, G66 7DA

The Condition

What is the diagnosis?	lung cancer cT1b N2a upper left lobe adenocarcinoma lung cancer cT1b N2a upper right lobe adenocarcinoma
Other relevant diagnosis	COPD AF Type 2 Diabetes
Is the patient aware of their condition?	Yes
Is the patient aware of their prognosis?	Yes
Is the patient a child?	No
Is the patient an adult with a legal representative?	No
Name	
Relationship	
Address	
Phone number	
Email if available	

Clinical Indicators

Clinical Indicators which support your clinical judgement	locally advanced lung cancer in both lungs, radical treatment not possible for her (as per respiratory team). Under the care of Respiratory at GRI Dr B Choo-Kang Multiple co-morbidities
Is there any other intervention or treatment planned which may significantly alter the progression of the condition?	nil

Declaration

I have sought and obtained valid consent from the patient and or	Yes

BASRiS

Patient

Surname	Sinclair
Other names	Theresa
Date of birth	13/08/1963
CHI number	1308636407
Address	90a Main Street, Lennoxtown, G66 7DA

The Condition

What is the diagnosis?	lung cancer cT1b N2a upper left lobe adenocarcinoma lung cancer cT1b N2a upper right lobe adenocarcinoma
Other relevant diagnosis	COPD AF Type 2 Diabetes
Is the patient aware of their condition?	Yes
Is the patient aware of their prognosis?	Yes
Is the patient a child?	No
Is the patient an adult with a legal representative?	No
Name	
Relationship	
Address	
Phone number	
Email if available	

Clinical Indicators

Clinical Indicators which support your clinical judgement	locally advanced lung cancer in both lungs, radical treatment not possible for her (as per respiratory team). Under the care of Respiratory at GRI Dr B Choo-Kang Multiple co-morbidities
Is there any other intervention or treatment planned which may significantly alter the progression of the condition?	nil

Declaration

I have sought and obtained valid consent from the patient and or	Yes

obtained valid consent from the patient and or their legal representative to share the information included in this form with Social Security Scotland. This has been noted in the patient's clinical records	
I have not obtained consent because disclosure of information included in this form would be likely to cause serious mental and / or physical harm to the patient or a child's parent / individual with legal parental responsibilities, if they were to become aware of it. This has been noted in the patient's clinical records	
I have not disclosed the information included in this form to the patient's legal representative	
It would be likely to cause serious mental and / or physical harm to the patients legal representative	
For any other reason (for example I have not spoken to them)	
This has been noted in the patient's clinical records	

Registered Medical Practitioner or Registered Nurse

Name	Dr Zdenka Carruthers
GMC No	5197392
NMC No	
Work Phone Number	01360327300
Work Email Address	ggc.gp43261clinical@nhs.scot
Work Address	46 Main Street, Lennoxtown, G66 7JJ
Date of clinical judgement of terminal illness	03/06/2026

obtained valid consent from the patient and or their legal representative to share the information included in this form with Social Security Scotland. This has been noted in the patient's clinical records	
I have not obtained consent because disclosure of information included in this form would be likely to cause serious mental and / or physical harm to the patient or a child's parent / individual with legal parental responsibilities, if they were to become aware of it. This has been noted in the patient's clinical records	
I have not disclosed the information included in this form to the patient's legal representative	
It would be likely to cause serious mental and / or physical harm to the patients legal representative	
For any other reason (for example I have not spoken to them)	
This has been noted in the patient's clinical records	

Registered Medical Practitioner or Registered Nurse

Name	Dr Zdenka Carruthers
GMC No	5197392
NMC No	
Work Phone Number	01360327300
Work Email Address	ggc.gp43261clinical@nhs.scot
Work Address	46 Main Street, Lennoxtown, G66 7JJ
Date of clinical judgement of terminal illness	03/06/2026