GLASGOW MICROBIOLOGY SERVICES · NHS GREATER GLASGOW & CLYDE · SOUTH SECTOR MICROBIOLOGY
Enquiries 0141 354 9132

Patient / Specimen details

EGAN DANIEL
Flat 3.1 98 Montague Street
Rothesay PA20 0HJ
CHI/Hosp. No. 1202543472 1202543472

D.O.B. 12.02.1954
Sex M

Cons/GP Dr Kate Canavan
Loc. Rothesay HC Bute
Coll'd 24.06.2026 11:21
Rec'd 24.06.2026 16:08
Senders ref. No.

Copy to:
Rothesay HC Bute

Urine Culture Order No. IS30031351
Mid Stream Urine

* FINAL REPORT *

RESULT: Growth of >100,000 cfu/ml

a) Escherichia coli
b)
c)
d)
e)
f)

ANTIBIOTIC	a)	b)	c)	d)	e)	f)
Amp/Amoxicillin	R					
Trimethoprim	S					
Nitrofurantoin	S					
Co-amoxiclav	R					
Pivmecillinam	R					
Gentamicin	S					
Temocillin	R					

Nitrofurantoin is inappropriate therapy for Upper UTI.

How to interpret antimicrobial sensitivity if reported:
S = Sensitive, R = Resistant
I = Sensitive ONLY if increased dose used.

Tests included in UKAS Accreditation (8078) Scope.

Authorised by Tracy Docherty MIC QEUH
Date/Time authorised 26.06.2026 10:59

Lab No. M,26.5158056.H

NHS Confidential: Personal data about a patient

SPECIMEN HAND IN FORM

Please note specimens may NOT be processed if this form is not completed

WHITE TOP BOTTLE – URINE SPECIMEN ONLY
BLUE TOP BOTTLE – STOOL SPECIMEN ONLY
SILVER TOP CONTAINER – SPUTUM OR NAIL CLIPPINGS ONLY
QFIT SPECIMEN KITS WILL BE HANDED OUT ON AN INDIVIDUAL BASIS

NAME	DANIEL. EGAN
DATE OF BIRTH	Flat 3.1 98 Montague Stre
TELEPHONE NUMBER	Rothesay Isle Of Bute
TYPE OF SPECIMEN	PA20 0HJ
WHO REQUESTED SAMPLE?	Got a letter / Self / Carer / District Nurse / Doctor (Please specify name)

See Consult 23/06

PLEASE ONLY COMPLETE THE NEXT BOX IF YOU HAVE SYMPTOMS OF URINARY TRACT INFECTION

Urinary Symptom	Tick if Present	Systemic features	Tick if Present
Pain passing urine		Pelvic pain	
Frequent passing of urine		Back/loin pain	
Need to rush		Fever/sweating	
Blood in urine		Nausea/vomiting	
Leaking of urine/accidents		OTHER (PLEASE SPECIFY)	

FOR PRACTICE USE ONLY

Urinalysis	
Glucose	
Bilirubin	
Ketones	
Specific Gravity	
Blood	
pH	
Protein	
Urobilinogen	
Nitrite	
Leucocytes	TRACE

Recent antibiotics	None
Sample retained	
Sample sent to labs	✓
Sample discarded	

GLASGOW MICROBIOLOGY SERVICES NHS GREATER GLASGOW & CLYDE SOUTH SECTOR MICROBIOLOGY
Enquiries 0141 354 9132

Patient / Specimen details

EGAN DANIEL D.O.B. 12.02.1954 Cons/GP Dr Kate Canavan
Flat 3.1 98 Montague Street Sex M Loc. Rothesay HC Bute
Rothesay PA20 0HJ Coll'd 21.10.2025 15:52
CHI/Hosp. No. 1202543472 1202543472 Rec'd 22.10.2025 16:11
Senders ref. No.

Urine Culture Order No. IS27854144
Mid Stream Urine Copy to:
Rothesay HC Bute

* FINAL REPORT *

RESULT: Growth of >100,000 cfu/ml

		ANTIBIOTIC	a) b) c) d) e) f)
a)	Escherichia coli		
b)		Amp/Amoxicillin	R
c)		Trimethoprim	S
d)		Nitrofurantoin	S
e)		Co-amoxiclav	R
f)		Gentamicin	S

How to interpret antimicrobial sensitivity if reported:
S = Sensitive, R = Resistant
I = Sensitive ONLY if increased dose used.

Tests included in UKAS Accreditation (8078) Scope.

Authorised by Laura Minty MIC QEUH
Date/Time authorised 24.10.2025 08:49

Lab No. M,25.5199754.W

NHS Confidential: Personal data about a patient

SPECIMEN HAND IN FORM

Please note specimens may NOT be processed if this form is not completed

WHITE TOP BOTTLE – URINE SPECIMEN ONLY
BLUE TOP BOTTLE – STOOL SPECIMEN ONLY
SILVER TOP CONTAINER – SPUTUM OR NAIL CLIPPINGS ONLY
QFIT SPECIMEN KITS WILL BE HANDED OUT ON AN INDIVIDUAL BASIS

NAME	DANIEL EGAN
DATE OF BIRTH	12 FEB 1954
TELEPHONE NUMBER	07927740272
TYPE OF SPECIMEN	Urine
WHO REQUESTED SAMPLE?	Got a letter / (Self) / Carer / District Nurse / Doctor (Please specify name)

PLEASE ONLY COMPLETE THE NEXT BOX IF YOU HAVE SYMPTOMS OF URINARY TRACT INFECTION

Urinary Symptom	Tick if Present	Systemic features	Tick if Present
Pain passing urine		Pelvic pain	
Frequent passing of urine	✓	Back/loin pain	
Need to rush		Fever/sweating	
Blood in urine		Nausea/vomiting	
Leaking of urine/accidents		OTHER (PLEASE SPECIFY)	

FOR PRACTICE USE ONLY

Urinalysis	
Glucose	
Bilirubin	
Ketones	
Specific Gravity	
Blood	+++
pH	
Protein	+
Urobilinogen	
Nitrite	+VE
Leucocytes	+++

Recent antibiotics	Doxy 2/10/25 Nitro 6/10/25 Doxy 4/9/25
Sample retained	
Sample sent to labs	✓
Sample discarded	

GLASGOW MICROBIOLOGY SERVICES NHS GREATER GLASGOW & CLYDE SOUTH SECTOR MICROBIOLOGY
Enquiries 0141 354 9132

Patient / Specimen details

EGAN DANIEL D.O.B. 12.02.1954 Cons/GP Dr Roop Bains
Flat 3.1 98 Montague Street Sex M Loc. Rothesay HC Bute
Rothesay PA20 0HJ Coll'd 06.10.2025 17:29
CHI/Hosp. No. 1202543472 1202543472 Rec'd 07.10.2025 20:00
Senders ref. No.

Urine Culture Order No. IS27716051
Mid Stream Urine Copy to:
Rothesay HC Bute

* FINAL REPORT *

RESULT: Growth of 50,000 to 100,000 cfu/ml

a) Escherichia coli

	ANTIBIOTIC	a) b) c) d) e) f)
b)	Amp/Amoxicillin	R
c)	Trimethoprim	S
d)	Nitrofurantoin	S
e)	Co-amoxiclav	R
f)	Gentamicin	S

How to interpret antimicrobial sensitivity if reported:
S = Sensitive, R = Resistant
I = Sensitive ONLY if increased dose used.

Tests included in UKAS Accreditation (8078) Scope.

Authorised by Nicola Higgins QEUH MIC
Date/Time authorised 10.10.2025 08:52 Lab No. M,25.5194510.G

RB Actioned Scan to Notes

SPECIMEN HAND IN FORM

Please note specimens may NOT be processed if this form is not completed

WHITE TOP BOTTLE – URINE SPECIMEN ONLY
BLUE TOP BOTTLE – STOOL SPECIMEN ONLY
SILVER TOP CONTAINER – SPUTUM OR NAIL CLIPPINGS ONLY
QFIT SPECIMEN KITS WILL BE HANDED OUT ON AN INDIVIDUAL BASIS

NAME	Daniel Egan
DATE OF BIRTH	12/2/54
TELEPHONE NUMBER	
TYPE OF SPECIMEN	
WHO REQUESTED SAMPLE?	Got a letter / Self / Carer / District Nurse / Doctor (Please specify name)

PLEASE ONLY COMPLETE THE NEXT BOX IF YOU HAVE SYMPTOMS OF URINARY TRACT INFECTION

Urinary Symptom	Tick if Present	Systemic features	Tick if Present
Pain passing urine	✓	Pelvic pain	
Frequent passing of urine		Back/loin pain	
Need to rush		Fever/sweating Cold Shivers	✓
Blood in urine		Nausea/vomiting	
Leaking of urine/accidents		OTHER (PLEASE SPECIFY)	

FOR PRACTICE USE ONLY

Urinalysis	
Glucose	
Bilirubin	
Ketones	
Specific Gravity	
Blood	+++
pH	
Protein	+
Urobilinogen	
Nitrite	
Leucocytes	+++

Recent antibiotics	
Sample retained	
Sample sent to labs	✓
Sample discarded	

GLASGOW MICROBIOLOGY SERVICES NHS GREATER GLASGOW & CLYDE SOUTH SECTOR MICROBIOLOGY
Enquiries 0141 354 9132

Patient / Specimen details

EGAN DANIEL D.O.B. 12.02.1954 Cons/GP Dr Scott Samuel
Flat 3.1 98 Montague Street Sex M Loc. Rothesay HC Bute
Rothesay PA20 0HJ Coll'd 03.09.2025 15:22
CHI/Hosp. No. 1202543472 1202543472 Rec'd 04.09.2025 16:45
Senders ref. No.

Urine Culture Order No. IS27425291
Mid Stream Urine

Copy to:
Rothesay HC Bute

* FINAL REPORT *

RESULT: Growth of >100,000 cfu/ml

		ANTIBIOTIC	a) b) c) d) e) f)
a)	Escherichia coli		
b)		Amp/Amoxicillin	S
c)		Trimethoprim	S
d)		Nitrofurantoin	S
e)		Gentamicin	S
f)			

How to interpret antimicrobial sensitivity if reported:
S = Sensitive, R = Resistant
I = Sensitive ONLY if increased dose used.

Tests included in UKAS Accreditation (8078) Scope.

Authorised by Jacqueline Hill QEUH MIC
Date/Time authorised 06.09.2025 08:43

Lab No. M,25.5182669.B

SPECIMEN HAND IN FORM

Please note specimens may NOT be processed if this form is not completed

WHITE TOP BOTTLE – URINE SPECIMEN ONLY
BLUE TOP BOTTLE – STOOL SPECIMEN ONLY
SILVER TOP CONTAINER – SPUTUM OR NAIL CLIPPINGS ONLY
QFIT SPECIMEN KITS WILL BE HANDED OUT ON AN INDIVIDUAL BASIS

NAME	DANIEL EGAN
DATE OF BIRTH	21.2.54
TELEPHONE NUMBER	
TYPE OF SPECIMEN	URINE
WHO REQUESTED SAMPLE?	Got a letter / Self / Carer / District Nurse / Doctor (Please specify name) GP Reg VISION Post ABX

PLEASE ONLY COMPLETE THE NEXT BOX IF YOU HAVE SYMPTOMS OF URINARY TRACT INFECTION

Urinary Symptom	Tick if Present	Systemic features	Tick if Present
Pain passing urine		Pelvic pain	
Frequent passing of urine		Back/loin pain	
Need to rush		Fever/sweating	
Blood in urine		Nausea/vomiting	
Leaking of urine/accidents		OTHER (PLEASE SPECIFY)	

FOR PRACTICE USE ONLY

Urinalysis	
Glucose	
Bilirubin	
Ketones	+
Specific Gravity	
Blood	++
pH	
Protein	
Urobilinogen	
Nitrite	Pos
Leucocytes	Trace

Recent antibiotics	Nitrofurantoin 25/8/25 11/8/25 Trimethoprim
Sample retained	
Sample sent to labs	✓
Sample discarded	

GLASGOW MICROBIOLOGY SERVICES NHS GREATER GLASGOW & CLYDE NORTH SECTOR MICROBIOLOGY
Enquiries 0141 201 8551

Patient / Specimen details
EGAN DANIEL
Flat 3.1 98 Montague Street
Rothesay PA20 0HJ
CHI/Hosp. No. 1202543472 1202543472

D.O.B. 12.02.1954
Sex M

Cons/GP Dr Manja Leban
Loc. Rothesay HC Bute
Coll'd 25.08.2025 21:30
Rec'd 27.08.2025 10:48
Senders ref. No.

Urine Culture Order No.
Urine Urine

Copy to:
Rothesay HC Bute

* FINAL REPORT *

RESULT: No growth

Microbiology guidance/contact/eReferral details here:
https://rightdecisions.scot.nhs.uk/ggc-microbiology/

Tests included in UKAS Accreditation (8078) Scope.

Authorised by Automatic release by system
Date/Time authorised 28.08.2025 11:08

Lab No. M,25.1071890.E

NHS Confidential: Personal data about a patient

ARGYLL & BUTE CHP
Accident / Emergency Form

Islay
Rothesay
Dunoon
Campbeltown
Lochgilphead

Health Visitor
Name .....
Address .....

CH1 D02543472

Hospital: AUC 25 / 384

Surname	Forenames	Birth Surname
EGAN	DANNY	EGAN

Address	Patient's Own Occupation
98 MONTAGUE ST	RETIRED

Postcode	Telephone No.	Date of Birth	Sex	Marital status	Religion
	07927740272	12.02.54 (71)	M	SINGLE	R C

[redacted]

Family Doctor: Surname | Initials

Address

Postcode	Telephone No.	Postcode	Telephone No.
CB8 9EN			

Accident / Emergency: Date of Attendance	Previous Attendance at this Hospital Yes / No	In / Out Patient	Year
25-8-25			

Time of Attendance: 2108
Reason for Attendance: URINE INFECTION

Date of Injury or Illness	Time of Injury	Type (Code)	Source of Referral
			GP____ Self____ Police____ Other (Code)____

Road Traffic Accident Place | Details

Home Accident Probable Cause

To be completed by Medical Officer after seeing Patient

Dear Doctor Recurrence of UTI sx tonight: frequency, urgency, dysuria

The above named patient attended Accident and Emergency Department today

Diagnosis Had trimethoprim on 11/8/25 → sx improved, though urine culture was negative (A) c VPU

X-Ray film / ECG shows Was only able to pass small amount of urine ↓ in ARE, so bladder scan done → 198ml. Recent PSA & UBE normal. Urine dip: prot, blood 4+, leucocytes 3+

Treat with nitrofurantoin 7/7, sample sent for

NEWS = 0
BP = 122/87
RR = 20
SpO2 = 97%
HR = 87
T = 36.5

Drugs days supply of CBS, will try to arrange flu has been given.

Tetanus / Prophylaxis has / has not been administered. TT Course TT Booster HATI (Please tick)

Would you please arrange bladder scan and asked to submit a urine sample in 2 weeks to check for haematuria

Discharge Codes: Please circle

1. Admission
2. Discharge
3. Refer to GP
4. Transfer to Other Hospital (see below)
5. Died
6. Refer to CP clinic (see below)
7. Irregular Discharge
8. DOA

~~Ward No.~~ (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow up	Not arranged	Arranged	To be arranged

Clinic referred to	A&E	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others specify

Medical Officers Name (in block capitals): M. LEGAN

Signature of Medical Officer

Cons SR Reg SHO / JHO Clin Assist (Please circle)

GP Copy Pink - Medical records copy Yellow - Health Visitors copy Blue - Treatment card copy White

STY0441D

GLASGOW MICROBIOLOGY SERVICES NHS GREATER GLASGOW & CLYDE SOUTH SECTOR MICROBIOLOGY
Enquiries 0141 354 9132

Patient / Specimen details

EGAN DANIEL
Flat 3.1 98 Montague Street
Rothesay PA20 0HJ
CHI/Hosp. No. 1202543472 1202543472

D.O.B. 12.02.1954
Sex M

Cons/GP Dr Manja Leban
Loc. Rothesay HC Bute
Coll'd 12.08.2025 16:31
Rec'd 13.08.2025 20:00
Senders ref. No.

Urine Culture Order No. IS27208875
Mid Stream Urine

Copy to:
Rothesay HC Bute

* FINAL REPORT *

RESULT: No growth

Microbiology guidance/contact/eReferral details here:
https://rightdecisions.scot.nhs.uk/ggc-microbiology/

Tests included in UKAS Accreditation (8078) Scope.

Authorised by Automatic release by system
Date/Time authorised 15.08.2025 08:34

Lab No. M,25.5174805.Q

SPECIMEN HAND IN FORM

Please note specimens may NOT be processed if this form is not completed

WHITE TOP BOTTLE – URINE SPECIMEN ONLY
BLUE TOP BOTTLE – STOOL SPECIMEN ONLY
SILVER TOP CONTAINER – SPUTUM OR NAIL CLIPPINGS ONLY
QFIT SPECIMEN KITS WILL BE HANDED OUT ON AN INDIVIDUAL BASIS

NAME	DANIEL EGAN
DATE OF BIRTH	19.2.54
TELEPHONE NUMBER	07927740272
TYPE OF SPECIMEN	URINE
WHO REQUESTED SAMPLE?	Got a letter / Self / Carer / District Nurse / (Doctor) (Please specify name)

PLEASE ONLY COMPLETE THE NEXT BOX IF YOU HAVE SYMPTOMS OF URINARY TRACT INFECTION

Urinary Symptom	Tick if Present	Systemic features	Tick if Present
Pain passing urine		Pelvic pain	
Frequent passing of urine		Back/loin pain	
Need to rush	✓	Fever/sweating	
Blood in urine		Nausea/vomiting	
Leaking of urine/accidents		OTHER (PLEASE SPECIFY)	

FOR PRACTICE USE ONLY

Urinalysis	
Glucose	
Bilirubin	
Ketones	
Specific Gravity	
Blood	++
pH	
Protein	TRACE
Urobilinogen	
Nitrite	
Leucocytes	++

Recent antibiotics	TRIMETHOPRIM 11/08/25
Sample retained	
Sample sent to labs	✓
Sample discarded	

NHS Confidential: Personal data about a patient

DANIEL EGAN
1202543472
98 Montague Stret

Patient Specific Direction (PSD)

Checklist for Authorised Clinicians to Assess by HSA1/IGW

Name of Patient

Rothesay
PA20 0HJ
07827740272
Dr K. Canavan

CHI

I authorise for the above named patient to receive the following vaccination:

Name of Vaccination:	Seasonal Flu Individuals aged 65 years and over adjuvanted Quadrivalent Inactivated Vaccine (aQIV) (Fluad®) Individuals aged 18-64 years with "at-risk" conditions cell based Quadrivalent Inactivated Vaccine (QIVc) (Flucelvax Tetra®) In some cases individuals aged 65 years and over may require to be given cell based Quadrivalent Inactivated Vaccine (QIVc) (Flucelvax Tetra®)	
Strength of Vaccination	N/A	dose 0.5MLs
Frequency & Duration	Yearly	Site of injection/method of administration **Deltoid Muscle / Intra muscular**

and that this can be administrated by the Practice Nurse/Health Care Professional who is suitably qualified to do so and is employed by this practice

Signed

Print Name Dr Gordon Wallace
Qualifications MB/ChB Aberdeen 1998 MRCGP
Date «SYSTEM_Date»

Expiry date of this PSD 31/08/2025

To be completed by Practice Nurse/Health Care professional upon completion of vaccination

Name of Vaccine administered	Seasonal Flu
Batch Number	As per Vision/VMT entry
Expiry Date	As per Vision/VMT entry
Strength of Vaccination	N/A
Dose	0.5mls
Site of injection/method of administration	As per Vision/VMT entry
Date vaccine administered	As per Vision/VMT entry

Administered by:
Signed _____ Batch no:_____

Print Name _____ Date___

Please ask the person presenting for vaccination these questions and record that they have received appropriate counselling as to the purpose of the vaccine and side effects		
Have you had any vaccination in the last 7 days?	No ☐	Yes ☐
Are you currently unwell with fever?	No ☑	Yes ☐
*Have you ever had any serious allergic reaction?	No ☑	Yes ☐
*Have you ever been prescribed an adrenaline autoinjector such as an epipen?	No ☐	Yes ☐
Are you, or could you be pregnant, breastfeeding or planning to become pregnant in the next three months?	No ☑	Yes ☐
# Are you or have you been in a trial of a potential coronavirus vaccine?	No ☑	Yes ☐
Are you taking anticoagulant medication, or do you have a bleeding disorder	No ☐	Yes ☑

If any of the boxes in red are ticked, then a further review by the prescriber must take place. If you or the person presenting are uncertain as to the response or counselling, they receive they must be brought to the attention of the prescriber. See later for specific advice.

Exclusion criteria individuals who:

- have had a confirmed anaphylactic reaction to a previous dose of COVID-19 vaccine.
- have had a confirmed anaphylactic reaction to any component of the vaccine or residual products from manufacture, these include polyethylene glycol (PEG). Practitioners must check the marketing authorisation holder's SmPC for details of vaccine components.
- have a history of immediate anaphylaxis to multiple, different drug classes, with the trigger unidentified (this may indicate PEG allergy) unless the advice from relevant specialist, local immunisation or health protection team is that vaccination should proceed.
- have a history of anaphylaxis to a vaccine, injected antibody preparation or a medicine likely to contain PEG (e.g. depot steroid injection, laxative) unless the advice from relevant specialist, local immunisation or health protection team is that vaccination should proceed.
- have a history of idiopathic (unexplained) anaphylaxis unless the advice from relevant specialist, local immunisation or health protection team is that vaccination should proceed.
- are under 12 years of age.
- have evidence of current deterioration of COVID-19 symptoms: deferral of vaccination may be considered to avoid incorrect attribution of any change in the person's underlying condition to the vaccine.
- are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation).
- are bone marrow and peripheral blood stem cell donors who have commenced GCSF: the vaccination (first or second dose) must be delayed at least until 72 UNCONTROLLED This is a precautionary advice to avoid vaccination when receiving Granulocyte-colony stimulating factor (GCSF) and allow for postdonation recovery period.
- have developed myocarditis or pericarditis following a previous dose of COVID19 vaccination.

Signature D ____ Date: 13/11 Site Administered R

Batch number_____

NHS Confidential: Personal data about a patient

Name of Patient

CHI

CHECKLIST FOR
ADMINISTRATION OF INFLUENZA IMMUNISATION
TO ADULTS BY A HCSW

NHS Highland

Name of patient..... Date of Birth. .....

Is there a valid prescription for the above patient? Yes ☐ No ☐

Is the patient aged 65 years of age or older, or in a risk group? Yes ☐ No ☐

If the answer to these two questions is yes, proceed to ask the patient:

Do you have a temperature today? Yes ☐ No ☐

Have you ever had any reactions to the flu vaccine or any other injection before? Yes ☐ No ☐

Are you allergic to eggs or egg products? Yes ☐ No ☐

If answer to the above three questions is **no** then the HCSW can administer influenza immunisation as per Protocol.

If the answer to any of the questions is yes the HCSW will refer to the patient's doctor.

Patient has been given the patient information leaflet to read? Yes ☐ No ☐

Action Taken:
a) Influenza immunisation administered Yes ☐ No ☐
b) Patient referred to doctor Yes ☐ No ☐

Signature of HCSW who administered Vaccine

..... **Date:**.....

Site administered.....

Batch number given ..... **Expiry date of product given**.....

Patient Specific Direction (PSD)

Name of Patient

CHI

I authorise for the above named patient to receive the following vaccination:

Name of Vaccination:	**Comirnaty JN.1 30micrograms/dose dispersion for injection COVID-19 mRNA Vaccine. Multidose vial that contains 6 doses of 0.3mL.** **One dose (0.3mL) contains 30micrograms of bretovameran, a COVID-19 mRNA Vaccine (embedded in lipid nanoparticles)**	
Strength of Vaccination	N/A	dose 0.3MLs
Frequency & Duration	Yearly	**Site of injection/method of administration** **Deltoid Muscle / Intra muscular**

and that this can be administrated by the Practice Nurse/Health Care Professional who is suitably qualified to do so and is employed by this practice

Signed

Print Name Dr Gordon Wallace
Qualifications MB/ChB Aberdeen 1998 MRCGP
Date «SYSTEM_Date»

Expiry date of this PSD 31/12/2024

To be completed by Practice Nurse/Health Care professional upon completion of vaccination

Name of Vaccine administered	**Comirnaty JN.1 30micrograms/dose dispersion for injection COVID-19 mRNA Vaccine.**
Batch Number	As per Vision/VMT entry
Expiry Date	As per Vision/VMT entry
Strength of Vaccination	N/A
Dose	0.3mls
Site of injection/method of administration	As per Vision/VMT entry
Date vaccine administered	As per Vision/VMT entry

Administered by:
Signed _____ Batch no:_____

Print Name _____ _____ Date___«SYSTEM_Date»

NHS Confidential: Personal data about a patient

GLASGOW MICROBIOLOGY SERVICES · NHS GREATER GLASGOW & CLYDE · SOUTH SECTOR MICROBIOLOGY
Enquiries 0141 354 9132

Patient / Specimen details
EGAN DANIEL
Flat 3.1 98 Montague Street
Rothesay PA20 0HJ
CHI/Hosp. No. 1202543472 1202543472

D.O.B. 12.02.1954
Sex M

Cons/GP Dr Roop Bains
Loc. Rothesay HC Bute
Coll'd 07.10.2024 16:41
Rec'd 08.10.2024 18:00
Senders ref. No.

Urine Culture Order No. IS24524919
Mid Stream Urine

Copy to:
Rothesay HC Bute

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* FINAL REPORT *

RESULT: Growth of >100,000 cfu/ml

a) Enterococcus faecalis
b)
c)
d)
e)
f)

ANTIBIOTIC	a)	b)	c)	d)	e)	f)
Amp/Amoxicillin	S					
Nitrofurantoin	S					

How to interpret antimicrobial sensitivity if reported:
S = Sensitive, R = Resistant
I = Sensitive ONLY if increased dose used.

Tests included in UKAS Accreditation (8078) Scope.

Authorised by Joshua Graham QEUH MIC
Date/Time authorised 10.10.2024 12:32

Lab No. M,24.5191574.E

GLASGOW MICROBIOLOGY SERVICES NHS GREATER GLASGOW & CLYDE SOUTH SECTOR MICROBIOLOGY
Enquiries 0141 354 9132

Patient / Specimen details

EGAN DANIEL
Flat 3.1 98 Montague Street
Rothesay PA20 0HJ
CHI/Hosp. No. 1202543472 1202543472

D.O.B. 12.02.1954
Sex M

Cons/GP Dr Roop Bains
Loc. Rothesay HC Bute
Coll'd 12.07.2024 16:47
Rec'd 16.07.2024 20:00
Senders ref. No.

Urine Culture Order No. IS23817980
Mid Stream Urine

Copy to:
Rothesay HC Bute

* FINAL REPORT *

RESULT: Growth of >100,000 cfu/ml

a) Escherichia coli
b)
c)
d)
e)
f)

ANTIBIOTIC	a) b) c) d) e) f)
Amp/Amoxicillin	R
Trimethoprim	S
Nitrofurantoin	S
Co-amoxiclav	R
Gentamicin	S

How to interpret antimicrobial sensitivity if reported:
S = Sensitive, R = Resistant
I = Sensitive ONLY if increased dose used.

Tests included in UKAS Accreditation (8078) Scope.

Authorised by Amanda Wilson QEUH MIC
Date/Time authorised 19.07.2024 08:36

Lab No. M,24.5163914.E

DANIEL. EGAN
1202543472

Direction (PSD)

Name of Patient Flat 3.1 98 Montague Stre

CHI
Rothesay
PA20 0HJ
07927740272
Peter Campbell

I authorise for the above named patient to receive the following vaccination:

Name of Vaccination:	Comirnaty® bivalent Omicron XBB.1.5 (15/15 micrograms) (Pfizer COVID-19) vaccine dispersion for injection multi dose vial. Multidose vial that contains 6 doses of 0.3 mL One dose (0.3 ml) contains 15 micrograms of tozinameran and 15 micrograms of famtozinameran, a COVID-19 mRNA Vaccine (embedded in lipid nanoparticles). **Comirnaty® bivalent Omicron XBB.1.5 (15/15 micrograms) (Pfizer COVID-19) vaccine should be offered in accordance with the recommendations in Green Book Chapter 14a.**	
Strength of Vaccination	N/A	dose 0.3MLs
Frequency & Duration	Yearly	**Site of injection/method of administration** **Deltoid Muscle / Intra muscular**

and that this can be administrated by the Practice Nurse/Health Care Professional who is suitably qualified to do so and is employed by this practice

Signed

Print Name Dr Gordon Wallace
Qualifications MB/ChB Aberdeen 1998 MRCGP
Date

Expiry date of this PSD 31/12/2023

To be completed by Practice Nurse/Health Care professional upon completion of vaccination

Name of Vaccine administered	Comirnaty® bivalent Omicron XBB.1.5 (15/15 micrograms)
Batch Number	As per Vision/VMT entry
Expiry Date	As per Vision/VMT entry
Strength of Vaccination	N/A
Dose	0.3mls
Site of injection/method of administration	As per Vision/VMT entry
Date vaccine administered	As per Vision/VMT entry

Administered by:
Signed KColeman Batch no:_____

Print Name KATRINA COLEMAN Date 30th November 2023

Checklist for Administration of Corona Virus immunisation to Adults by HCA/HCSW

Name of Patient

CHI

Please ask the person presenting for vaccination these questions and record that they have received appropriate counselling as to the purpose of the vaccine and side effects				
Have you had any vaccination in the last 7 days?	No	☑	Yes	☐
Are you currently unwell with fever?	No	☑	Yes	☐
* Have you ever had any serious allergic reaction?	No	☑	Yes	☐
*Have you ever been prescribed an adrenaline autoinjector such as an epipen?	No	☑	Yes	☐
Are you, or could you be pregnant, breastfeeding or planning to become pregnant in the next three months?	No	☑	Yes	☐
# Are you or have you been in a trial of a potential coronavirus vaccine?	No	☑	Yes	☐
Are you taking anticoagulant medication, or do you have a bleeding disorder	No	☐	Yes	☑

Clopidogrel

If any of the boxes in red are ticked, then a further review by the prescriber must take place. If you or the person presenting are uncertain as to the response or counselling, they receive they must be brought to the attention of the prescriber. See later for specific advice.

Exclusion criteria Individuals who:

- have had a confirmed anaphylactic reaction to a previous dose of COVID-19 vaccine.
- have had a confirmed anaphylactic reaction to any component of the vaccine or residual products from manufacture, these include polyethylene glycol (PEG). Practitioners must check the marketing authorisation holder's SmPC for details of vaccine components.
- have a history of immediate anaphylaxis to multiple, different drug classes, with the trigger unidentified (this may indicate PEG allergy) unless the advice from relevant specialist, local immunisation or health protection team is that vaccination should proceed.
- have a history of anaphylaxis to a vaccine, injected antibody preparation or a medicine likely to contain PEG (e.g. depot steroid injection, laxative) unless the advice from relevant specialist, local immunisation or health protection team is that vaccination should proceed.
- have a history of idiopathic (unexplained) anaphylaxis unless the advice from relevant specialist, local immunisation or health protection team is that vaccination should proceed.
- are under 12 years of age.
- have evidence of current deterioration of COVID-19 symptoms: deferral of vaccination may be considered to avoid incorrect attribution of any change in the person's underlying condition to the vaccine.
- are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation).
- are bone marrow and peripheral blood stem cell donors who have commenced GCSF: the vaccination (first or second dose) must be delayed at least until 72 UNCONTROLLED This is a precautionary advice to avoid vaccination when receiving Granulocyte-colony stimulating factor (GCSF) and allow for postdonation recovery period.
- have developed myocarditis or pericarditis following a previous dose of COVID19 vaccination.

Signature [redacted] Date: Site Administered L

Batch number HQ2292. D 2gr

Orthopaedics
Corsebar Road
Paisley
PA2 9PN

30/11/2023

Dr KE Canavan
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Dear Dr KE Canavan

Patient Name: Daniel Egan
CHI Number: 1202543472
Referral Date: 29/11/2023

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

( ) Please refer to the referral guidance directory for referral criteria for this service.

https://www.nhsggc.scot/hospitals-services/services-a-to-z/referral-guidelines/

( ) Insufficient clinical information to allow specialty to triage this referral.

Enter free text here

(x) Other

The heel spur is tiny and unlikely to be the source of the pain, please exhaust local podiatry and orthotic input in the first instance. if this fails to improve, please re-refer. Many thanks.

Yours sincerely

Podiatrist Kirsten Baird1

User ID Kirsten Baird1

SCGC Opwl Rem Ref Hosp Req V1

Trauma & Orthopaedic - Knee
Larkfield Rd
Greenock
PA16 0XN

28/11/2023

Dr KE Canavan
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Dear Dr KE Canavan

Patient Name: Daniel Egan
CHI Number: 1202543472
Referral Date: 22/11/2023

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

( ) Please refer to the referral guidance directory for referral criteria for this service.

https://www.nhsggc.scot/hospitals-services/services-a-to-z/referral-guidelines/

( ) Insufficient clinical information to allow specialty to triage this referral.

Enter free text here

(x) Other

Foot and Ankle is accessed via GGC pathway and nor Clyde

Yours sincerely

Mr Andrew Martin Chappell

User ID Andrew Chappell

SCGC Opwl Rem Ref Hosp Req V1

NHS Confidential: Personal data about a patient

EW ebonys world <duffcdavid@gmail.com>

To: gpbute

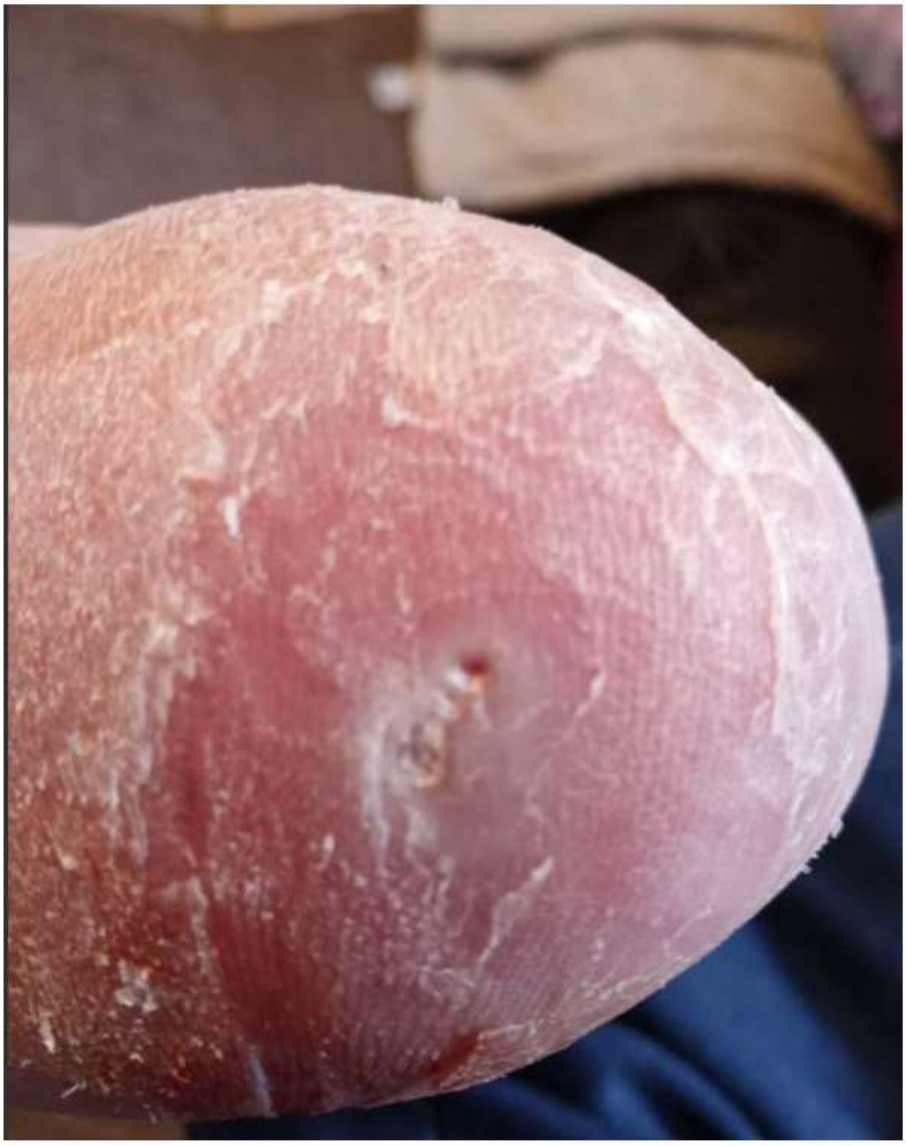
Thu 23/11/2023 14:37

You don't often get email from duffcdavid@gmail.com. Learn why this is important

On Thu, 23 Nov 2023, 14:36 ebonys world, <duffcdavid@gmail.com> wrote:

Dr Thorne , Dr canavan.
Hi there ,
I'm sending this photo for your reference of Mr Daniel Egans foot!
It's obvious Mr Egans been in agony and used the creme you prescribed and this is the upshot of him having to try and fix it himself. Can a doctor please give me Egan a call , thanks.
Kind regards
D. Duff

NHS Confidential: Personal data about a patient



EGAN, DANIEL
FLAT3.1, 98 MONTAGUE STREET, ROTHESAY, ISLE OF BUTE, BUTESHIRE, PA20 0HJ
Ref. Locn. : **General Practitioner**
Referrer : **William Thorne**

DoB : **12/02/1954**
Hosp. No. : **VHI009839**
CRIS No. : **20404614**
CHI No. : **1202543472**

SYNTAX CHECKED by : 4Ways Diagnostics 29/10/23
Report By : 4WAYS Diagnostics (Outsourced Reporting)
Typed By : 4Ways Diagnostics 29/10/23

Clinical History :

Radiology Report
Report Date: 27/10/2023
Patient Name: DANIEL EGAN
D.O.B: 12/02/1954
NHS No. /Unique Identifier:1202543472
Referring Hospital: VICTORIA HOSPITAL ROTHESAY
Referring Consultant: WILLIAM THORNE
Examination Date: 17/10/2023

Date: 17/10/2023 15:06

Title & Technique: CR Right foot

Clinical Indications:
10 months of heel pain query foreign body

Findings:
No radiopaque foreign body is seen in the soft tissues overlying the right calcaneum.
There is a very small calcaneal spur.

Conclusion:
As above

4ways Reporting Radiologist: Dr Jessica Stroudley - GMC 2593340 on 27/10/2023 11:58

If the referring clinician has any queries regarding this report, please contact Helpline: 0844 736 0306.

NHS Confidential: Personal data about a patient

Radiology Referral Form

Appt. Details .....

NHS Highland

DANIEL. EGAN 1202543472 Flat 3.1 98 Montague Stre Rothesay PA20 0HJ 07927740272 Dr W. Thorne	CHI DOB ☐☐☐☐☐☐ / ☐☐☐☐ Tel : Patients preferred method of contact. Details : Ward	Transport	✔	Patient type	✔
		Bed		NHS	
		Trolley		PP	
		Wheelchair		Cat 2	
		Walking		Research	
		Portable		Medico-legal	
		O2			
Male ☑ Female ☐	OP ☐ AE ☐ GP ☑	Hospital transport required Y / N			

INVESTIGATION REQUESTED :

Right foot xray

GP Stamp here please

Consultant :

Clinical Summary / Question to be answered

10 months unexplained heal pain

Painful lump on pdaction ? evidence of foreign body

Urgent ☐
Routine ☑
Cancer Tracking Tool ☐

Infection Status Y / (N) If YES to infection - Type? :

Pregnant Y (N) Significant Disability Y / N Description :

Please indicate if patient weight is over 24 stone / 150 kg :

Previous Examinations

Safety Questionnaire for CT, IVU, Barium, Angio.		**MRI Safety Questionnaire - CONSULTANT REFERRAL ONLY**	
Please complete for all contrast exams by circling **Y** or **N**		Please complete, if the patient has any of the following, by circling **Y** or **N**	
Previous Contrast Reaction	Y N	Pacemaker or automatic defibrillator	Y N
Known Allergies / Severe Asthma	Y N	Surgical clips, aneurysm clips, intacranial or vascular clips	Y N
Diabetes	Y N	A middle ear implant	Y N
On Metformin	Y N	Metal implants eg. hip joint, Harrington rods	Y N
On Anti-coagulant/Anti-platelet drug	Y N	A nerve stimulator	Y N
For invasive procedures, last coagulation results : Platelets ..... PT.....PTT.....Fibrinogen..... Date :		Artificial heart valve	Y N
		Has the patient had an operation in the last 6 weeks	Y N
Renal Function **eGFR**..... Date :		Has the patient ever had metal fragments in the eye?	Y N
		Does the patient suffer from claustrophobia?	Y N
If eGFR < 60 have you considered stopping nephrotoxic drugs for 48 hrs?		If Yes to any of the above, give details :	

Please tick if medical or non-medical. Signature and printed name mandatory

Medical Referrers ✔		Non-Medical Referrer ✔	Tel/Ext No
Signature : WL ..... and		**Print Name** Thorne	Bleep No
			Date 11/
Practitioner			Date

Protocol (for radiology use only) :

PCampbell

Spirometry Examination Report

Patient Details

Name:	DANIEL EGAN	**MRC Dypsnoea Score:**	____
Patient ID:	1202543472	**Height:**	157 cm
Birth Sex:	Male	**Weight:**	80 kg
Date Of Birth:	1954-02-12 (Age: 69)	**BMI:**	32.5
Smoker:	<15 (Pack Years: 45)	**BSA:**	1.9
Ethnic Origin:	Caucasian		

Predicted Value Set

GLI Quanjer (2012) 3-95 years [PEF: ECCS/Polgar]

Acceptance Criteria (ATS/ERS 2019):

Base: Criteria Met (Relaxed Test)
Base: Criteria Not Met: The two largest FVC values must not differ by more than 150 mL

Variability:

Base: VC: 3% (120mL)
Base: FEV1: 4% (90mL), FVC: 12% (480mL)

Relaxed Tests Summary

	VC	Variability	Time	Date
Base (Best)	4.63 L	0 % (0 mL)	16:00	2023-08-15
Base	4.51 L	-3 % (-120 mL)	16:00	2023-08-15
Base	4.13 L	-11 % (-500 mL)	16:01	2023-08-15

Forced Best Test Criteria

FEV1 + FVC

Exam Grade

Base: FEV1: A, FVC: E

Forced Tests Summary

	FEV1	FVC	PEF	Quality	Var (FEV1, FVC)	Time	Date
Base	2.26 L	3.49 L	6.14 L/s	Slow Filling, Low Final Inspiration	-4 % (-100 mL), -12 % (-480 mL)	16:04	2023-08-15
Base	2.27 L	3.59 L	6.41 L/s	No Plateau, Slow Filling, Low Final In	-4 % (-90 mL), -10 % (-380 mL)	16:05	2023-08-15
Base (Best)	2.36 L	3.97 L	6.87 L/s	Slow Filling, Low Final Inspiration	0 % (0 mL), 0 % (0 mL)	16:06	2023-08-15
Base	2.27 L	3.36 L	6.42 L/s	Slow Filling, Low Final Inspiration, Lo	-4 % (-90 mL), -15 % (-610 mL)	16:06	2023-08-15

* For FEV1 & FVC: GREEN = Acceptable, ORANGE = Usable, RED = Not Usable*

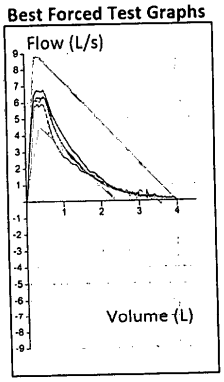
Best Results

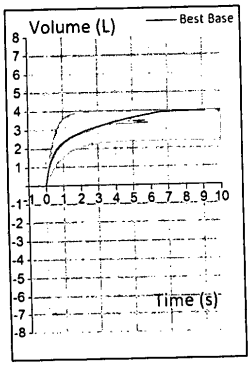
Param	Base	%Pred	Z-score	Post1	%Pred	Chg from Base	Z-score	Post2	%Pred	Chg from Base	Z-score	Predicted	LLN	SD
VC	4.63 L	146 %	2.89									3.18 L	2.36 L	0.50
FVC	3.97 L	125 %	1.59									3.18 L	2.36 L	0.50
FEV1	2.36 L	96 %	-0.27									2.47 L	1.79 L	0.41
FEV1/FVC	59 %	-	-2.16									78 %	64 %	8.59
PEF	6.87 L/s	101 %	0.04									6.82 L/s	4.83 L/s	1.21
Lung Age	73 Years	-										-	-	-

Interpretation (ATS/ERS 2019):

Base: Mild Obstruction

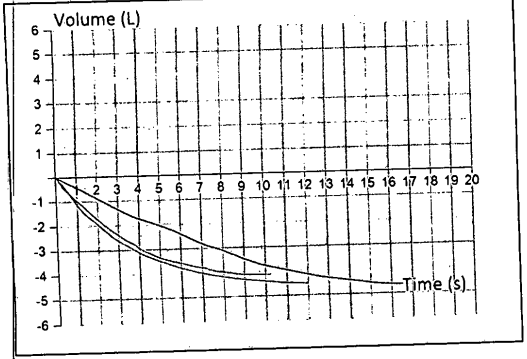
Best Forced Test Graphs



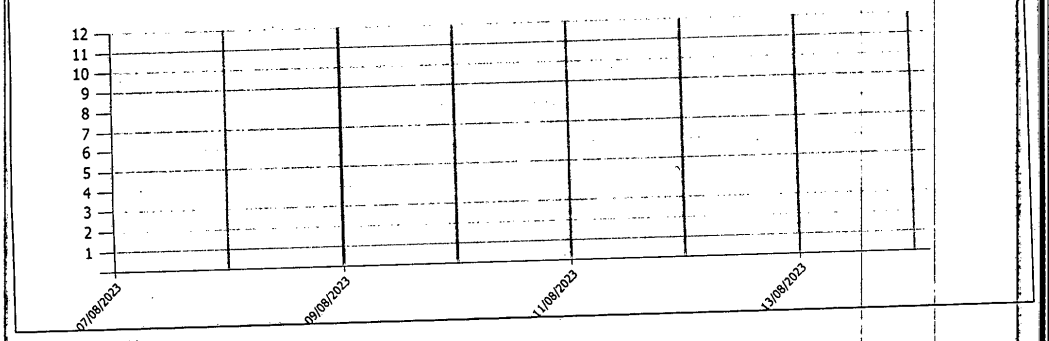


Name: DANIEL EGAN Patient ID: 1202543472

Best Relaxed Test Graphs



Trend Graph



Examination Notes

Relaxed Base: Serial Number SN02224 Last Calibration Check: 26 May 2023 09:11:18 - Calibration OK
Forced Base: Serial Number SN02224 Last Calibration Check: 26 May 2023 09:11:18 - Calibration OK

Patient Specific Direction (PSD)

Name of Patient **Mr Daniel Egan**

CHI **1202543472**

Address
Flat 3.1 98 Montague Street
Rothesay
Isle Of Bute
PA20 0HJ

The supply/administration of salbutamol for reversibility testing in primary care by a designated healthcare professional

Define situation/condition:	Registered healthcare professionals in primary care may administer salbutamol MDI in the manner outlined below without medical prescription
Criteria for inclusion	1. For the purpose of assessing bronchodilator reversibility 2. For use in spirometry for reversibility testing in accordance with reversibility testing protocol
Criteria for exclusion	Patients who are excluded from lung function testing as per spirometry exclusion criteria
Action if excluded	Refer to GP and rearrange appointment
Action if patient declines	Refer to GP

Characteristics of staff

Qualifications required	Registered healthcare professional authorised to use this PGD as shown on page 1
Additional requirements/further advice	1. Knowledge of the local COPD guidelines and/or National Institute for health and Clinical Excellence (NICE) Management of COPD Guideline 2010 (http://www.nice.org.uk/guidance/CG12) 2. Knowledge of British Thoracic Society (BTS)/Scottish Intercollegiate Guideline Network (SIGN) guideline for the management of asthma (2008) http://www.sign.ac.uk/guidelines/fulltext/101/index.html 3. **Must be trained and competent in the use of spirometry and be informed of current best practice** Levy ML, Quanjer PH, Booker R, Cooper BG, Holmes S, Small I. Diagnostic Spirometry in Primary Care: Proposed standards for general practice compliant with American Thoracic Society and European Respiratory Society recommendations. A General Practice Airways Group (GPIAG) document, in association with the Association for Respiratory Technology & Physiology (ARTP) and Education for Health. Primary Care Respiratory Journal 2009;18(3):130-147 DOI: http://dx.doi.org/10.4104/pcrj.2009.00054 http://www.pcrs-uk.org/resources/os1_spirometry.pd f http://www.pcrs-uk.org/resources/protocol1_spirometry.pdf
Continued training requirements	Evidence of training related to the use of spirometry and the use of this drug

Description of treatment

Name of medicine	Salbutamol 100 micrograms (mcg)
POM/P/GSL POM	POM
Dose/s	Aerosol inhalation - adults 400mcg
Route/method	Inhalation from inhaler via a large volume spacer device (please note spacer device is for single patient use only)
Frequency	Once only
Total dose/number	Once only
Specify method of recording supply/administration sufficient to include audit	The healthcare professional must record the administration of salbutamol in the clinical record The name of the drug, dose given and batch number of the drug used must also be recorded
Written/verbal advice for patient/carer before/after treatment	As above
Information on immediate follow-up treatment	Advise patient on future therapy including referral to

	doctor or nurse-led respiratory clinic as appropriate
Arrangements for referral / follow-up	

The supply/administration of salbutamol for reversibility testing in primary care by a designated healthcare professional and that this can be administered by the Practice Nurse/Health Care Professional who is suitably qualified to do so and is employed by this practice

Approval by the appropriate manager for the healthcare professional listed below to administer salbutamol MDI where reversibility testing is indicated:

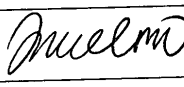
Signed

Print Name Dr Gordon Wallace
Qualifications MB/ChB Aberdeen 1998 MRCGP
Date 15 August 2023
Expiry date of this PSD 31/08/2025

To be completed by Practice Nurse/Health Care professional upon completion of administration

Agreement by healthcare professional to administer the medicine in accordance with the PGD.

I hereby confirm that I have read and agree to administer the medicine in accordance with this directive and I have the relevant and appropriate competencies in which to do so.

Health Professional Name	Position	Signature	Date
JULIE-ANNE MCDERMID	HCA		15 August 2023

GLASGOW MICROBIOLOGY SERVICES NHS GREATER GLASGOW & CLYDE SOUTH SECTOR MICROBIOLOGY
Enquiries 0141 354 9132

Patient / Specimen details

EGAN DANIEL	D.O.B. 12.02.1954	Cons/GP	Dr Peter Kellam
Flat 3.1 98 Montague Street	Sex M	Loc.	Rothesay HC Bute
Rothesay PA20 0HJ		Coll'd	04.04.2023 11:38
CHI/Hosp. No. 1202543472 1202543472		Rec'd	04.04.2023 18:09
			Senders ref. No.

Urine Culture Order No. IS20043521
Mid Stream Urine

Copy to:
Rothesay HC Bute

* FINAL REPORT *

RESULT: No growth

Tests included in UKAS Accreditation (8078) Scope.

Authorised by Automatic release by system
Date/Time authorised 05.04.2023 12:30

Lab No. M,23.5132052.C

SPECIMEN HAND IN FORM

Please note specimens may NOT be processed if this form is not completed

WHITE TOP BOTTLE – URINE SPECIMEN ONLY
BLUE TOP BOTTLE – STOOL SPECIMEN ONLY
SILVER TOP CONTAINER – SPUTUM OR NAIL CLIPPINGS ONLY
QFIT SPECIMEN KITS WILL BE HANDED OUT ON AN INDIVIDUAL BASIS

NAME	DANIEL EGAN
DATE OF BIRTH	12/2/54
TELEPHONE NUMBER	07927 740272
TYPE OF SPECIMEN	URINE
WHO REQUESTED SAMPLE?	Got a letter / Self / Carer / District Nurse / Doctor (Please specify name)

PLEASE ONLY COMPLETE THE NEXT BOX IF YOU HAVE SYMPTOMS OF URINARY TRACT INFECTION

Urinary Symptom	Tick if Present	Systemic features	Tick if Present
Pain passing urine		Pelvic pain	
Frequent passing of urine	✓	Back/loin pain	
Need to rush	✓	Fever/sweating	
Blood in urine		Nausea/vomiting	
Leaking of urine/accidents		OTHER (PLEASE SPECIFY)	

FOR PRACTICE USE ONLY

Urinalysis	
Glucose	
Bilirubin	
Ketones	++
Specific Gravity	
Blood	
pH	
Protein	
Urobilinogen	
Nitrite	
Leucocytes	

Recent antibiotics	14/3/23 – nitrofurantoin ~~27~~ 27/3/23 – nitrofurantoin
Sample retained	
Sample sent to labs	✓
Sample discarded	

NHS Confidential: Personal data about a patient

GLASGOW MICROBIOLOGY SERVICES NHS GREATER GLASGOW & CLYDE SOUTH SECTOR MICROBIOLOGY
Enquiries 0141 354 9132

Patient / Specimen details

EGAN DANIEL
Flat 3.1 98 Montague Street
Rothesay PA20 0HJ
CHI/Hosp. No. 1202543472 1202543472

D.O.B. 12.02.1954
Sex M

Cons/GP Dr Mark Paffey
Loc. Rothesay HC Bute
Coll'd 14.03.2023 10:58
Rec'd 14.03.2023 16:44
Senders ref. No.

Urine Culture Order No. IS19867024
Mid Stream Urine

Copy to:
Rothesay HC Bute

* FINAL REPORT *

RESULT: Growth of >100,000 cfu/ml

a) Enterococcus faecalis
b) Escherichia coli
c)
d)
e)
f)

ANTIBIOTIC	a)	b)	c)	d)	e)	f)
Amp/Amoxicillin	S	R				
Nitrofurantoin	S	S				
Trimethoprim		S				
Co-amoxiclav		R				
Gentamicin		S				
Pivmecillinam		S				

How to interpret antimicrobial sensitivity if reported:
S = Sensitive, R = Resistant
I = Sensitive ONLY if increased dose used.

Tests included in UKAS Accreditation (8078) Scope.

Authorised by Dr. Ashutosh Deshpande
Date/Time authorised 17.03.2023 09:55

Lab No. M,23.5124842.K

NHS Confidential: Personal data about a patient

SPECIMEN HAND IN FORM

Please note specimens may NOT be processed if this form is not completed

WHITE TOP BOTTLE – URINE SPECIMEN ONLY ✓
BLUE TOP BOTTLE – STOOL SPECIMEN ONLY
SILVER TOP CONTAINER – SPUTUM OR NAIL CLIPPINGS ONLY
QFIT SPECIMEN KITS WILL BE HANDED OUT ON AN INDIVIDUAL BASIS

NAME	DANIEL EGAN
DATE OF BIRTH	12/2/54
TELEPHONE NUMBER	
TYPE OF SPECIMEN	URINE
WHO REQUESTED SAMPLE?	Got a letter / Self / Carer / District Nurse / Doctor (Please specify name) MP.

PLEASE ONLY COMPLETE THE NEXT BOX IF YOU HAVE SYMPTOMS OF URINARY TRACT INFECTION

Urinary Symptom	Tick if Present	Systemic features	Tick if Present
Pain passing urine		Pelvic pain	
Frequent passing of urine		Back/loin pain	
Need to rush		Fever/sweating	
Blood in urine		Nausea/vomiting	
Leaking of urine/accidents		OTHER (PLEASE SPECIFY)	

FOR PRACTICE USE ONLY

Urinalysis	
Glucose	
Bilirubin	
Ketones	
Specific Gravity	
Blood	+++
pH	
Protein	
Urobilinogen	
Nitrite	
Leucocytes	

Recent antibiotics	Nil
Sample retained	
Sample sent to labs	✓
Sample discarded	

EGAN, DANIEL DoB : **12/02/1954**
FLAT3.1, 98 MONTAGUE STREET, ROTHESAY, ISLE OF BUTE, BUTESHIRE, PA20 0HJ Hosp. No. : **VHI009839**
Ref. Locn. : **General Practitioner** CRIS No. : **20404614**
Referrer : **Gordon Wallace** CHI No. : **1202543472**

VERIFIED Verified By : External Radiologist 24/02/23
and : External Radiologist
Typed By : External Secretary 24/02/23

THIS REPORT WAS COMPLETED AS PART OF THE SCOTTISH NATIONAL REPORTING SERVICE (SNRRS)

Clinical Indications
Persistent productive cough 6 weeks. Haemoptysis. Smoker. _

XR Chest

Cardiothoracic ratio is normal. No focal lesion or pulmonary consolidation visualised. Changes of COPD noted.

_

Reported by
Dr Munir Ahmad
GMC: 6145215
Consultant Radiologist
NHS Lanarkshire
Email: snrrs@gjnh.scot.nhs.uk

Event Number : E-21729520 Examination Date : **20/02/23**
Ref. Source : Gordon Wallace, The Bute Practice, Rothesay Health Centre, High Street, ROTHESAY, PA20 9JL
Examinations : **XR Chest**

NHS Confidential: Personal data about a patient

Radiology Referral Form

Appt. Details .....

NHS Highland

DANIEL. EGAN
1202543472
Flat 3.1 98 Montague Stree
Rothesay
PA20 0HJ
07927740272
Dr G.Wallace

CHI DOB / /

Tel : 07927 740272
Patients preferred method of contact.
Details :

Ward .....

Transport	✓	Patient type	✓
Bed		NHS	✓
Trolley		PP	
Wheelchair		Cat 2	
Walking	✓	Research	
Portable		Medico-legal	
O2			

Male ☑ Female ☐ OP ☐ AE ☐ GP ☑

Hospital transport required Y (N)

Dr Gordon Wallace
GP Stamp below please
The Bute Practice
High Street
Rothesay, Bute PA20 9JL
T 01700 501521/24/27/32
F 01700 501530

INVESTIGATION REQUESTED :

Chest X-Ray.

Consultant :

Clinical Summary / Question to be answered

Persistent productive cough ~6/52. Haemoptysis
Smoker.
Responds to abs but then worsens.
? LRTI ? Cause.

Urgent ☐
Routine ☑
Cancer Tracking Tool ☐

Infection Status Y (N) If YES to infection - Type? :

Pregnant Y (N) Significant Disability Y (N) Description :

Please indicate if patient weight is over 24 stone / 150 kg :

Previous Examinations

Safety Questionnaire for CT, IVU, Barium, Angio. Please complete for all contrast exams by circling Y or N		MRI Safety Questionnaire - CONSULTANT REFERRAL ONLY Please complete, if the patient has any of the following, by circling Y or N	
Previous Contrast Reaction	Y N	Pacemaker or automatic defibrillator	Y N
Known Allergies / Severe Asthma	Y N	Surgical clips, aneurysm clips, intacranial or vascular clips	Y N
Diabetes	Y N	A middle ear implant	Y N
On Metformin	Y N	Metal implants eg: hip joint, Harrington rods	Y N
On Anti-coagulant/Anti-platelet drug	Y N	A nerve stimulator	Y N
For invasive procedures, last coagulation results : Platelets ..... PT.....PTT.....Fibrinogen..... Date :		Artificial heart valve	Y N
		Has the patient had an operation in the last 6 weeks	Y N
Renal Function eGFR..... Date :		Has the patient ever had metal fragments in the eye?	Y N
		Does the patient suffer from claustrophobia?	Y N
If eGFR < 60 have you considered stopping nephrotoxic drugs for 48 hrs?		If Yes to any of the above, give details :	

Please tick if medical or non-medical. Signature and printed name mandatory

Medical Referrers ✓	✓	Non-Medical Referrer ✓	Tel/Ext No
Signature : ..... and	Print Name		Bleep No
Practitioner			Date 13/2/23.
Protocol (for radiology use only) :			Date

Checklist for Administration of Corona Virus Immunisation to Adults by HCA/HCSW

Name of Patient D. Egan

Date of birth 12/2/54

This is an unlicensed product for which the government have given special dispensation to be used during the pandemic.

Please ask the person presenting for vaccination these questions and record that they have received appropriate counselling as to the purpose of the vaccine and side effects				
Have you had any vaccination in the last 7 days?	No	☑	Yes	☐
Are you currently unwell with fever?	No	☑	Yes	☐
Have you ever had any serious allergic reaction?	No	☑	Yes	☐
Have you ever been prescribed an adrenaline autoinjector such as an epipen?	No	☑	Yes	☐
Are you, or could you be pregnant, breastfeeding or planning to become pregnant in the next three months?	No	☑	Yes	☐
# Are you or have you been in a trial of a potential coronavirus vaccine?	No	☑	Yes	☐
Are you taking anticoagulant medication, or do you have a bleeding disorder	No	☑	Yes	☐

If any of the boxes in red are ticked, then a further review by the prescriber must take place. If you or the person presenting are uncertain as to the response or counselling, they receive they must be brought to the attention of the prescriber. See later for specific advice.

Contraindications

There are very few individuals who cannot receive COVID-19 vaccine. Where there is doubt, rather than withholding vaccination, appropriate advice should be sought from the relevant specialist, or from the local immunisation or health protection team.

COVID-19 Vaccine AstraZeneca should not be given to those who have had a previous systemic allergic reaction (including immediate-onset anaphylaxis) to:

- a previous dose of this COVID-19 vaccine
- any components of this vaccine

Booster + flu (yes)

Public Health Scotland | NHS Education for Scotland

Signature FH4751 Date: «SYSTEM_Date» Site Administered L [illegible] x2

Batch number D Egan 8642AJA 1202543472

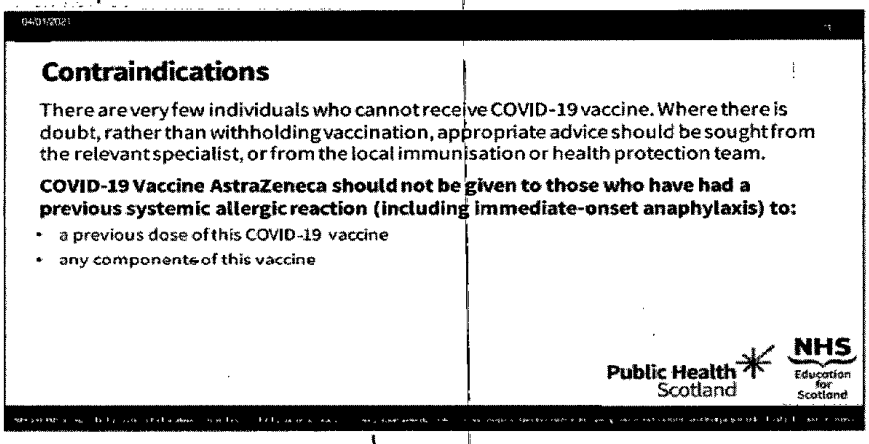
Checklist for Administration of Corona Virus immunisation to Adults by HCA/HCSW

Name of Patient **Mr Daniel Egan**
CHI **1202543472**

This is an unlicensed product for which the government have given special dispensation to be used during the pandemic.

Please ask the person presenting for vaccination these questions and record that they have received appropriate counselling as to the purpose of the vaccine and side effects				
Have you had any vaccination in the last 7 days?	No	☑	Yes	☐
Are you currently unwell with fever?	No	☑	Yes	☐
* Have you ever had any serious allergic reaction?	No	☑	Yes	☐
*Have you ever been prescribed an adrenaline autoinjector such as an epipen?	No	☑	Yes	☐
Are you, or could you be pregnant, breastfeeding or planning to become pregnant in the next three months?	No	☑	Yes	☐
# Are you or have you been in a trial of a potential coronavirus vaccine?	No	☑	Yes	☐
Are you taking anticoagulant medication, or do you have a bleeding disorder	No	☑	Yes	☐

If any of the boxes in red are ticked, then a further review by the prescriber must take place. If you or the person presenting are uncertain as to the response or counselling, they receive they must be brought to the attention of the prescriber. See later for specific advice.



04/01/2021

Contraindications

There are very few individuals who cannot receive COVID-19 vaccine. Where there is doubt, rather than withholding vaccination, appropriate advice should be sought from the relevant specialist, or from the local immunisation or health protection team.

COVID-19 Vaccine AstraZeneca should not be given to those who have had a previous systemic allergic reaction (including immediate-onset anaphylaxis) to:

- a previous dose of this COVID-19 vaccine
- any components of this vaccine

Public Health Scotland

NHS Education for Scotland

Signature M Rowshan Date: 22 April 2021 Site Administered Left Deltoid

Batch number RU46674

Patient Specific Direction (PSD)

Name of Patient **Mr Daniel Egan**

CHI **1202543472**

I authorise for the above named patient to receive the following vaccination:

Name of Vaccination:	Corona Virus Vaccination COVID-19 Vaccine AstraZeneca solution for injection COVID-19 Vaccine (ChAdOx1 S [recombinant]) This medicinal product has been given authorisation for temporary supply by the UK Department of Health and Social Care and the Medicines and Healthcare products Regulatory Agency. It does not have a marketing authorisation, but this temporary authorisation grants permission for the medicine to be used for active immunisation of individuals aged 18 years and older for the prevention of coronavirus disease 2019 (COVID-19)	
Strength of Vaccination	N/A	dose 0.5MLs
Frequency & Duration	Yearly	Site of injection/method of administration **Deltoid Muscle / Intra muscular**

and that this can be administrated by the Practice Nurse/Health Care Professional who is suitably qualified to do so and is employed by this practice

Signed

Print Name Dr Gordon Wallace
Qualifications MB/ChB Aberdeen 1998 MRCGP
Date 22 April 2021

Expiry date of this PSD 7 days from Date of Issue

To be completed by Practice Nurse/Health Care professional upon completion of vaccination

Name of Vaccine administered	Corona Virus Vaccination
Batch Number	As per Vision entry
Expiry Date	As per Vision entry
Strength of Vaccination	N/A
Dose	0.5mls
Site of injection/method of administration	As per Vision entry
Date vaccine administered	As per Vision entry

Signed M Bradshaw

Print Name MAUREEN BRADSHAW Date 22 April 2021

file copy

THE BUTE PRACTICE

Dr. R. Bains
Dr B.Calvo-til
Dr .K.Canavan
Dr S.Samuel
Dr.G.Wallace
Dr.H.Nakum
Dr.W.Thorne

Health Centre
High Street
Rothesay
PA20 9JL

Telephone: 01700 501521/24/27/32 Fax: 01700 501530
Nhsh.gpbute@nhs.scot

Mr Daniel Egan
Flat 3.1 98 Montague Street
Rothesay
Isle Of Bute
PA20 0HJ

21 April 2021

Dear Daniel,

I am writing because I have not been able to contact you by telephone over the past few weeks. I hope that all is well with you and that I have merely missed you at my time of call.

If you wish to continue with smoking cessation appointments could you call and make an appointment. If, at this time, you do not wish to engage in a quit program, please remember we are here and happy to help when you do feel ready.

Best Regards,

MANDY ALLISON
Smoking Cessation Advisor

The Bute Practice now offers an online prescription service and an SMS service. Please contact the reception team if you would like us to set up either of these services for you.

Patient Specific Direction (PSD)

Name of Patient **Mr Daniel Egan**

CHI **1202543472**

I authorise for the above named patient to receive the following vaccination:

Name of Vaccination:	Corona Virus Vaccination COVID-19 Vaccine AstraZeneca solution for injection COVID-19 Vaccine (ChAdOx1 S [recombinant]) This medicinal product has been given authorisation for temporary supply by the UK Department of Health and Social Care and the Medicines and Healthcare products Regulatory Agency. It does not have a marketing authorisation, but this temporary authorisation grants permission for the medicine to be used for active immunisation of individuals aged 18 years and older for the prevention of coronavirus disease 2019 (COVID-19)	
Strength of Vaccination	N/A	dose 0.5MLs
Frequency & Duration	Yearly	Site of injection/method of administration **Deltoid Muscle / Intra muscular**

and that this can be administrated by the Practice Nurse/Health Care Professional who is suitably qualified to do so and is employed by this practice

Signed

Print Name Dr Gordon Wallace
Qualifications MB/ChB Aberdeen 1998 MRCGP
Date 23 February 2021

Expiry date of this PSD 7 days from Date of Issue

To be completed by Practice Nurse/Health Care professional upon completion of vaccination

Name of Vaccine administered	Corona Virus Vaccination
Batch Number	As per Vision entry
Expiry Date	As per Vision entry
Strength of Vaccination	N/A
Dose	0.5mls
Site of injection/method of administration	As per Vision entry
Date vaccine administered	As per Vision entry

Signed M Bradshaw

Print Name MAUREEN BRADSHAW Date 23 February 2021

Checklist for Administration of Corona Virus immunisation to Adults by HCA/HCSW

Name of Patient **Mr Daniel Egan**
CHI 1202543472

This is an unlicensed product for which the government have given special dispensation to be used during the pandemic.

Please ask the person presenting for vaccination these questions and record that they have received appropriate counselling as to the purpose of the vaccine and side effects				
Have you had any vaccination in the last 7 days?	No	☑	Yes	☐
Are you currently unwell with fever?	No	☑	Yes	☐
* Have you ever had any serious allergic reaction?	No	☑	Yes	☐
*Have you ever been prescribed an adrenaline autoinjector such as an epipen?	No	☑	Yes	☐
Are you, or could you be pregnant, breastfeeding or planning to become pregnant in the next three months?	No	☑	Yes	☐
# Are you or have you been in a trial of a potential coronavirus vaccine?	No	☑	Yes	☐
Are you taking anticoagulant medication, or do you have a bleeding disorder	No	☑	Yes	☐

If any of the boxes in red are ticked, then a further review by the prescriber must take place. If you or the person presenting are uncertain as to the response or counselling, they receive they must be brought to the attention of the prescriber. See later for specific advice.

Contraindications

There are very few individuals who cannot receive COVID-19 vaccine. Where there is doubt, rather than withholding vaccination, appropriate advice should be sought from the relevant specialist, or from the local immunisation or health protection team.

COVID-19 Vaccine AstraZeneca should not be given to those who have had a previous systemic allergic reaction (including immediate-onset anaphylaxis) to:

- a previous dose of this COVID-19 vaccine
- any components of this vaccine

Public Health Scotland ✳ NHS Education for Scotland

Signature M Rowlatt Date: 23 February 2021 Site Administered Left Deltoid

Batch number PV46664

Inverclyde Royal Hospital: Clinical Report

Patient: **EGAN, Daniel** DOB: **12-Feb-1954**

Referrer: Dr Katie Canavan
Ref Loc: Rothesay Out Patient
Ref Src: Victoria Hospital, High Street, Rothesay, PA20 9JJ,

CHI No: 1202543472
CRIS No: 5478551

Clinical History :
Several months history of lower leg swelling with marked bilateral pitting oedema. Abdominal distension. Sacral oedema. Breathless on exertion. Finger clubbing. BNP negative. Bloods unremarkable.

CT Thorax and abdomen with contrast :

IV contrast enhanced study. No previous CT imaging for comparison.

Chest: No significant lymphadenopathy. No evidence of central endobronchial lesion or focal pulmonary parenchymal mass. There is an emphysematous bulla medially at the right apex with further scattered centrilobular and paraseptal emphysema. There is some bronchitic change at the right base posteriorly with slightly thickened and mucus/fluid filled bronchi. No features of cardiac decompensation. No pleural or pericardial effusion.

Abdomen: The pancreas appears somewhat atrophic with fatty replacement. No focal parenchymal abnormality in the liver. There is prominence of the central intrahepatic bile ducts and dilatation of the CBD which measures up to 13 mm in maximum diameter, cause unclear. Correlation with LFTs is advised. Normal appearance of spleen, adrenals and kidneys. No upper abdominal lymphadenopathy.

Skeleton: No evidence of focal aggressive bone lesions.

Conclusion: Biliary tree dilatation - correlation with LFTs advised. No other significant abnormality is seen on this examination. A cause for presentation is unclear.

VERIFIED

Reported By: **Dr Shiva Koteeswaran**
2nd Reporter:
Verified By: **Dr Shiva Koteeswaran**

E-34700499 Exam Date: 28-Sep-2020
Exams: **CT Thorax and abdomen with contrast**

Rothesay Victoria Hospital: Clinical Report

EGAN, DANIEL
FLAT 3/1, 98 MONTAGUE ST, ROTHESAY, ISLE OF BUTE,
Ref. Locn. : **General Practitioner**
Referrer : **Gordon Wallace**

DoB : **12/02/1954**
Hosp. No. : **VHI009839**
CRIS No. : **20404614**
CHI No. : **1202543472**

VERIFIED Verified By : Dr Maggie Brooks (Radiologist) 27/04/20
Typed By : Dr Maggie Brooks (Radiologist) 27/04/20

Clinical History : Smoker with persistent productive cough for 12 weeks. Dyspnoea.

XR Chest : Normal heart and mediastinum. The lungs are hyperinflated with emphysematous changes but no focal abnormalities.

Event Number : E-21660577 Examination Date : **23/04/20**
Ref. Source : Gordon Wallace, The Bute Practice, Rothesay Health Centre, High Street, ROTHESAY, PA20 9JL
Examinations : **XR Chest**

NHS Confidential: Personal data about a patient

Radiology Referral Form

Appt. Details .....

NHS Highland

DANIEL. EGAN 1202543472 Flat 3.1 98 Montague Stree Rothesay PA20 0HJ 07927 740 272 Dr G.Wallace	CHI DOB ☐☐☐☐☐☐ / ☐☐☐☐ Tel: 07927 740 272 Patients preferred method of contact. Details : Ward	Transport	✓	Patient type	✓
		Bed		NHS	✓
		Trolley		PP	
		Wheelchair		Cat 2	
		Walking	✓	Research	
		Portable		Medico-legal	
		O2			
Male ☐ Female ☐	OP ☐ AE ☐ GP ☐	Hospital transport required Y / N			

INVESTIGATION REQUESTED :
Chest XRay - Urgent.

GP Stamp here please

Consultant :

Clinical Summary / Question to be answered

Persistent cough 12+ weeks Productive
haemoptysis. No improvement c antibiotics.
SOB
Smoker.

Urgent ☑
Routine ☐
Cancer Tracking Tool ☐

Infection Status Y / N If YES to infection - Type? :

Pregnant Y / N Significant Disability Y / N Description :

Please indicate if patient weight is over 24 stone / 150 kg :

Previous Examinations

Safety Questionnaire for CT, IVU, Barium, Angio.		**MRI Safety Questionnaire - CONSULTANT REFERRAL ONLY**	
Please complete for all contrast exams by circling Y or N		Please complete, if the patient has any of the following, by circling Y or N	
Previous Contrast Reaction	Y N	Pacemaker or automatic defibrillator	Y N
Known Allergies / Severe Asthma	Y N	Surgical clips, aneurysm clips, intacranial or vascular clips	Y N
Diabetes	Y N	A middle ear implant	Y N
On Metformin	Y N	Metal implants eg: hip joint, Harrington rods	Y N
On Anti-coagulant/Anti-platelet drug	Y N	A nerve stimulator	Y N
For invasive procedures, last coagulation results : Platelets ..... PT.....PTT.....Fibrinogen..... Date :		Artificial heart valve	Y N
		Has the patient had an operation in the last 6 weeks	Y N
Renal Function eGFR..... Date :		Has the patient ever had metal fragments in the eye?	Y N
		Does the patient suffer from claustrophobia?	Y N
If eGFR < 60 have you considered stopping nephrotoxic drugs for 48 hrs?		If Yes to any of the above, give details :	

Please tick if medical or non-medical. Signature and printed name mandatory

Medical Referrers ✓	Non-Medical Referrer ✓	Tel/Ext No
Signature : ..... and Print Name WALLACE		Bleep No
		Date 21/4/2020
Practitioner		Date

Protocol (for radiology use only) :

NHS Confidential: Personal data about a patient

GLASGOW MICROBIOLOGY SERVICES NHS GREATER GLASGOW & CLYDE SOUTH SECTOR MICROBIOLOGY
Enquiries 0141 354 9132

Patient / Specimen details
EGAN DANIEL
Flat 3.1 98 Montague Street
Rothesay PA20 0HJ
CHI/Hosp. No. 1202543472 1202543472

D.O.B. 12.02.1954
Sex M

Cons/GP Peter Campbell PHAR
Loc. Rothesay HC Bute
Coll'd 09.12.2019 14:32
Rec'd 12.12.2019 09:18
Senders ref. No.

Copy to:
Rothesay HC Bute

Urine Culture Order No. IS11695991
Mid Stream Urine

* FINAL REPORT *

RESULT: Growth of >100,000 cfu/ml

a) Escherichia coli
b)
c)
d)
e)
f)

ANTIBIOTIC	a)	b)	c)	d)	e)	f)
Amp/Amoxicillin	S					
Trimethoprim	S					
Nitrofurantoin	S					
Gentamicin	S					

Tests included in UKAS Accreditation (8078) Scope.

Authorised by Cheryl Nicholls QEUH MIC
Date/Time authorised 14.12.2019 09:18

Lab No. M,19.5231439.S

Result Details

Greater Glasgow & Clyde SCI Store - Patient Result Report

Report ID: M,19.5231439.S

Sample Collected: 09/12/2019 14:32:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
DANIEL EGAN	1202543472	12/02/1954	65	CANAVAN, KATIE	The Bute Practice	

Name Changed

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
PHAR, Peter Campbell	The Bute Practice	M,19.5231439.S	Microbiology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Mid Stream Urine	09/12/2019 14:32:00	12/12/2019 09:18:00	14/12/2019 09:22:47	Active

Report

Mid Stream Urine

```
Report issued by NHS GG&C Microbiology South Sector
                        Enquiries 0141 354 9132
** FINAL REPORT **

INVESTIGATION: Urine Culture
SPECIMEN TYPE: Mid Stream Urine

CONS/GP: Peter Campbell PHAR  Order No:IS11695991
LOCATION: Rothesay HC Bute
-----------------------------------------------------

RESULT:    Growth of >100,000 cfu/ml

a) Escherichia coli
b)
c)
d)
e)
f)

          ANTIBIOTIC  a) b) c) d) e) f)
 Amp/Amoxicillin      S
 Trimethoprim         S
 Nitrofurantoin       S
 Gentamicin           S

Tests included in UKAS Accreditation (8078) Scope.

-----------------------------------------------------
Senders ref. no.

Authorised by: Cheryl Nicholls QEUH MIC
Date/Time authorised: 14.12.2019  09:18
** END OF REPORT **
```

Last 1 users to access this result

Name	System	Location	Time
WS Test App	Test App	SG033827	15/12/2019 04:34:16

Printed By: Peter Campbell on 17/12/2019 15:09:27

NHS Confidential: Personal data about a patient

ID:
Name: EGAN
Age: 65 yr

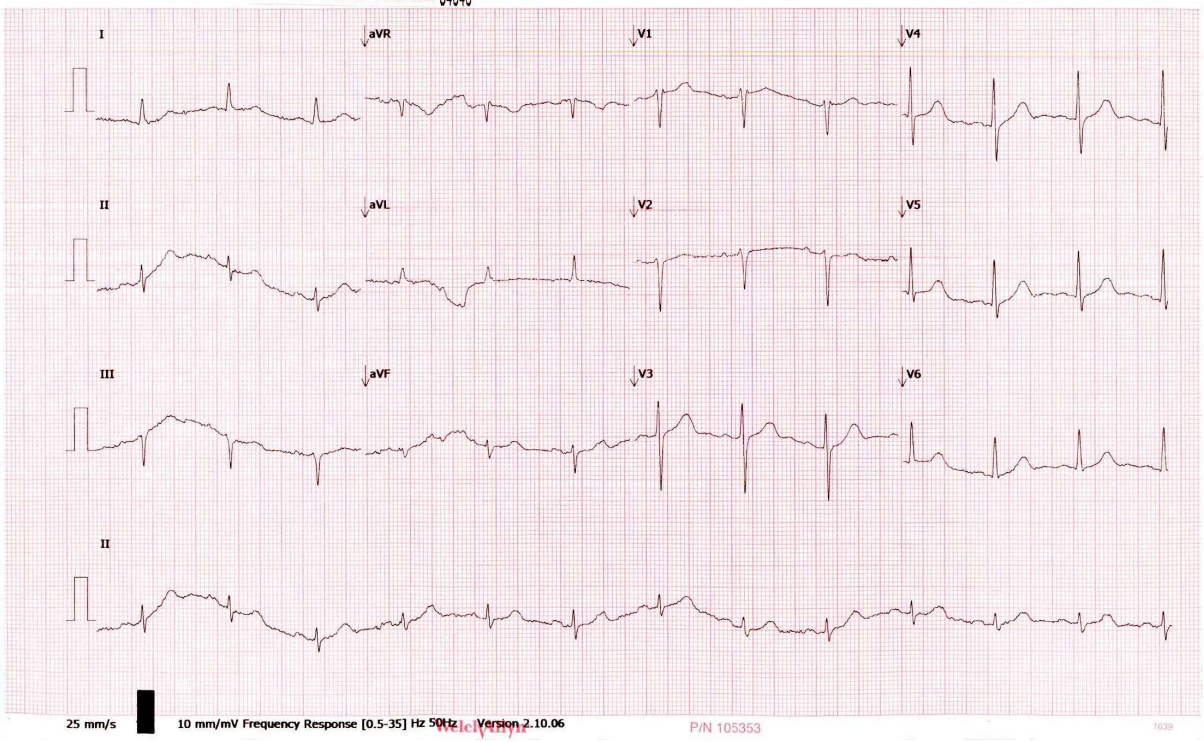
On Methadone
Routine ECG
SCREEN

Gender: Male

CHI: 1202543472 12/02/1954 M
EGAN, DANIEL
t: 07927 740 272
Flat 3.1 98 Montague Stre, PA20 0HJ
Dr R Clark, 34592
Rothesay Health Cann, PA20 9JN
30/04/2019 15:10 Practice: 84646

30/04/2019 03:27:09PM
P/PR: 126/170 ms
QRS: 108 ms
QT/QTc: 410/461 ms
P/QRS/T axis: 81/-33/41 deg
Heart rate: 76 bpm

sinus rhythm
left axis deviation
ECG without significant abnormalities
Unconfirmed Report



25 mm/s [redacted] 10 mm/mV Frequency Response [0.5-35] Hz 50Hz Version 2.10.06

P/N 105353

1639

NHS Confidential: Personal data about a patient

Scottish Abdominal Aortic Aneurysm Screening Programme

NHS Highland
AAA Screening Office
Ward 5B Area
Raigmore Hospital
Inverness
IV2 3UJ

NHS SCOTLAND

1065997785

P10382244/003825/1/1

THE BUTE PRACTICE
HEALTH CENTRE
HIGH STREET
ROTHESAY
PA20 9JL

309\727153NA00025

Date 13 January 2019
Your ref 1202543472

Office phone number 01463 704067

Dear Dr Canavan

Patient Details	
Name:	DANIEL EGAN
CHI:	1202543472
Address:	FLAT 3/1 98 MONTAGUE ST, ROTHESAY, ISLE OF BUTE, PA20 0HJ

Your patient (details above) was sent an invitation to attend an Abdominal Aortic Aneurysm (AAA) Screening Programme appointment.

He did not attend this appointment and was sent another letter asking him to contact his local screening office to make a new appointment. As he did not get in touch to make another appointment, he has now been discharged from the Screening Programme and informed of this. He can self-refer into the Programme at any point, should he change his mind.

Please contact us if you have any questions. Our phone number is at the top of this letter.

Yours sincerely

PROF JOHN L DUNCAN CONSULTANT SURGEON

If you would like more information about the condition and AAA screening, you can contact NHS Inform. Visit the website https://www.nhsinform.scot/aaascreening.

THE BUTE PRACTICE

Dr .K.Canavan
Dr. R. Clark
Dr.G.Wallace
Dr. R. Bains
Dr. L.Janson
Dr.B.O'Neill
Dr. S.Samuel

Health Centre
High Street
Rothesay
PA20 9JL

Telephone: 01700 501521/24/27/32 Fax: 01700 501530

Mr Daniel Egan
Flat 3.1 98 Montague Street
Rothesay
Isle Of Bute
PA20 0HJ

17 May 2018

Dear Daniel,

I am writing to you because you recently expressed interest in stopping smoking when you completed an updated records form at the surgery.

My name is Mandy Allison and I am the Smoking Cessation Advisor here in the Bute Practice. I would be delighted to provide both information and support to enable you to stop smoking. We have a variety of options available which can be tailored to your specific needs.

If you would like further information or wish to make an appointment to see me, please call any of the above numbers and either ask for myself or book an appointment directly in my clinic.

I look forward to being of assistance in your attempt to stop smoking.

Best regards,

MANDY ALLISON
SMOKING CESSATION ADVISOR

UPDATE RECORDS

Name DANIEL EGAN Date of Birth 12-2-54

Address 98 MONTAGUE ST 3/1.

ROTHESAY

Home telephone number ..... Mobile number 07927 740272

E-Mail..... Date.....

Do you wish to use our online prescription service **YES/NO** ✓

Do you wish to be contacted by E-Mail **YES/NO** ✓

Do you wish to be contacted by text message **YES/NO**

SMOKING Do you smoke? No ☐ Yes ☑

Never ☐ Ex Smoker ☐

If yes and you wish to stop would you like to be contacted by our smoking cessation advisor? No ☐ Yes ☑

How soon after you wake up do you smoke your first cigarette?

< 5 mins ☐ 6 - 30 mins ☑ 31 - 60 mins ☐ over 1 hour ☐

How many cigarettes do you smoke per day?

10 or less ☐ 11 – 20 ☐ 21 – 30 ☑ over 30 ☐

How easy or difficult would you find it to go without smoking for a whole day?

Very easy ☐ Fairly easy ☐ Fairly difficult ☐ Very difficult ☑

Any quit attempts in the last year?

None ☐ 1 ☐ 2 or 3 ☐ 4 or more ☐

NHS
Highland

Rothesay Victoria Hospital
High Street
Isle of Bute PA20 9JJ

RD Clark
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Reference: OPDNAGP
Date: 05/01/2017

Dear Dr RD Clark

Patient Name: Mr Daniel Egan
Flat 3/1,98 Montague Street
Rothesay
Isle of Bute
PA20 0HJ

Date of Birth: 12/02/1954
CHI Number: 1202543472

The above named patient has not attended any booked appointments made for them recently for the **Physiotherapy** team. As a result, we have removed them from the waiting list.

If an appointment is still required, please submit another referral for this patient.

Thank you

NHS Highland

Form: CIGLU Run: 551

CLYDE HOSPITALS
BIOCHEMISTRY REPORT

Surname:	EGAN	Location:	Rothesay Health Centre
Forename:	DANIEL		High St
DOB/Age:	12.02.54 Sex: Male		Rothesay, Isle of Bute
CHI/Unit No:	1202543472		Highland Health Board
Address:	FLAT3/1 98 MONTAGUE STREET	Requestor:	Dr Kate Canavan
Details:	Cardiovascular Disease	Ext Labno:	

Lab Number	Date/Time collected	Date/Time received	Glucose mmol/L (3.5-6.0)	HbA1c (IFCC) mmol/mol (20-42)
B,15.9353003.G	19.06.15 10:56	19.06.15 14:21		37
B,14.9131069.K	31.01.14 11:03	31.01.14 15:35		36

Result Comments:

Date reported: 19.06.15 Authorised by: Automatic release by system

Form: CIA Run551

CLYDE HOSPITALS
BIOCHEMISTRY REPORT

Surname:	EGAN	Location:	Rothesay Health Centre
Forename:	DANIEL		High St
DOB/Age:	12.02.54 Sex: Male		Rothesay, Isle of Bute
CHI/Unit No:	1202543472		Highland Health Board
Address:	FLAT3/1 98 MONTAGUE STREET	Requestor:	Dr Kate Canavan
Details:	Cardiovascular Disease	Ext Labno:	

			[[CURRENT]]	
Lab Number			B,15.9038608.V	B,14.9005863.T
Date/Time collected			19.06.15 10:56	31.01.14 11:03
Date/Time received			19.06.15 14:21	31.01.14 14:41
Sodium	mmol/L	(133-146)	139	143
Potassium	mmol/L	(3.5-5.3)	4.1	3.9
Chloride	mmol/L	(95-108)	101	102
Bicarbonate	mmol/L	(22-29)		
Urea	mmol/L	(2.5-7.8)	5.6	7.3
Creatinine	umol/L	(40-130)	68	67
GFR (est'd)	ml/min	(>60)	>60	>60
CRP	mg/L	(0-10)		
Magnesium	mmol/L	(0.70-1.00)		
Calcium	mmol/L	(2.20-2.60)		
Adj Calcium	mmol/L	(2.20-2.60)		
Phosphate	mmol/L	(0.80-1.50)		
Albumin	g/L	(35-50)	42	40
Alk Phos	U/L	(30-130)	82	102
Tot Bilirubin	umol/L	(<20)	11	9
Conj Bilirubin	umol/L			
AST	U/L	(<40)	16	25
gGT	U/L	(<70)		
ALT	U/L	(<50)	14	33
Amylase	U/L	(<100)		
CK	U/L	(40-320)		
Total Protein	g/L	(60-80)		
Globulins	g/L	(23-38)		
Urate	mmol/L	(0.20-0.43)		
Cholesterol	mmol/L		4.6	4.5
Triglyceride	mmol/L	(0.2-2.3)	1.0	2.1
VLDL Chol	mmol/L		0.5	NA
LDL Chol	mmol/L		3.1	NA
HDL Chol	mmol/L		1.0	1.0
Chol/HDL			4.6	4.5
TSH	mU/L	(0.35-5.00)	0.85	1.69
Free T4	pmol/L	(9.0-21.0)	13.6	12.5
Total T3	nmol/L	(0.9-2.5)		

Result Comments:

Date reported: 19.06.15 Authoriser: Automatic release by system

Date reported: 19.06.15 Authoriser: Colleen Ross CLY BIO

Egan Daniel CHI: 1202543472

Clinic Letter

NHS
Greater Glasgow and Clyde

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777
Department:
Contact Tel: 01475 64327
Enquiries to: jane.donachie@ggc.scot.nhs.uk

Dr. KE Canavan
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Letter Date: 27/02/2015
Reference: JC/HR
Dictated Date: 03/03/2015
Transcribed Date: 11/03/2015

Dear Dr. KE Canavan,

Daniel Egan; D.O.B: 12 Feb 1954; CHI: 1202543472
Flat3/1 98 Montague Street, ROTHESAY, Isle of Bute, PA20 0HJ

Attendance: Specialty - Ophthalmology; Clinic - IRRVEY0-OPHTHALMOLOGY CLINIC FRI PM
Date and Time of Appointment - 27/02/2015 14:10

Clinical Comments:
Diagnosis:
Previously detected left eye peripheral visual field defect
Right eye small superior temporal field defect
MRI brain done 23/07/14 - normal

Visual Acuity:
6/5 right with glasses and 6/6 left with glasses

Ocular Medication:
Nil

Follow up:
6 months with repeat visual field

This is the first time we have seen Mr Egan back in the eye clinic since Apr 2014. Since his last visit he had a routine MRI scan of the head done in July 2014 which I am pleased to say has come back showing no evidence of an infarct though there are some signs of possible scattered ischemia. There was no evidence of a space occupying lesion. We planned to do visual field testing with Mr Egan in clinic today but unfortunately due to other commitments he was unable to stay for this test. On examination however his eye exam remains unchanged from previous with healthy anterior segments and fundus examination. Intraocular pressures of both eyes are within normal limits. We will keep Mr Egan under observation at present and will see him back for a visual field test in 6 months.

Yours sincerely,

Egan Daniel CHI: 1202543472 OPCL 27/02/2015 v1

DR J CONNOLLY

ST4 in Ophthalmology

Electronically Signed: Dr Julie Connolly, Doctor

cc.

Inverclyde Royal Hospital: Clinical Report

410034

Patient: **EGAN, Daniel** DOB: **12/02/1954**

Referrer: Dr Ram Prem Venkatesh HospNo: CHI No: 1202543472
Ref Loc: IRH Outpatients Dept CRIS No: 5478551
Ref Src: Inverclyde Royal Hospital, Larkfield Road, Greenock, PA16 0XN,

Clinical History :

SAFETY QUESTIONS ALL NO

MRI Head :

Routine sequences obtained including diffusion weighted imaging.
The ventricular system and CSF spaces are patent.
No hydrocephalus or midline shift.
Prominent perivascular spaces are noted bilaterally.
There are numerous scattered, sub cm foci of T2 and FLAIR high signal within the deep white matter bilaterally. These are nonspecific in nature and the usual aetiologies should be

VERIFIED Reported By: **Dr Trudy Coyle**
2nd Reporter:
Verified By: **Dr Trudy Coyle**

E-28435748 Exam Date: 23/07/14
Exams: **MRI Head**

Copy to GP & file
29/7/14

Inverclyde Royal Hospital: Clinical Report

Patient: **EGAN, Daniel** DOB: **12/02/1954**

Referrer: Dr Ram Prem Venkatesh HospNo: CHI No: 1202543472
Ref Loc: IRH Outpatients Dept CRIS No: 5478551
Ref Src: Inverclyde Royal Hospital, Larkfield Road, Greenock, PA16 0XN,

considered including ischaemia, vasculitis and granulomatous disease. Given the patient's age perhaps ischaemia is most likely.

No large territorial infarct demonstrated.
Normal flow voids are present within the major intracranial vessels.

The cranial cervical junction lies at a normal level and the posterior cranial fossa structures appear grossly unremarkable.

VERIFIED Reported By: **Dr Trudy Coyle**
2nd Reporter:
Verified By: **Dr Trudy Coyle**

E-28435748 Exam Date: 23/07/14
Exams: **MRI Head**

Egan Daniel CHI: 1202543472

Clinic Letter

NHS
Greater Glasgow and Clyde

Dr. KE Canavan
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN

Main Switchboard: 01475 633777
Email Inquiries to: jane.donachie@ggc.scot.nhs.uk
Contact Tel Details: 01475 64327

Dictated Date: 24/04/2014
By: DR M EDINGTON
Transcribed Date: 06/05/2014
By: Heather Russell1

Dear Dr. KE Canavan,

Patient

Name:	Egan Daniel
CHI:	1202543472
DOB:	12 Feb 1954
Address:	Flat3/1 98 Montague Street Isle of Bute PA20 0HJ

Attendance

Attended:	24/04/2014 13:30
New/Return:	RETURN
Referral Source:	Consultant at this Health Board/ Health Care Provider
Consultant:	Mr Prem Venkatesh
Specialty:	Ophthalmology
Clinic:	IRRVEY8-DR VENKATESH IRH THUR PM

Clinical Comments:

Diagnosis	Left visual field defect likely related to previous TIA
Visual Acuity	6/6 right eye and 6/9 left eye
Intraocular pressures	15 mmHg right eye and 14 mmHg left eye

This gentleman suffered a TIA approximately 1 year ago and reports that since then he has had intermittent left visual field disturbance. He now feels the vision in his left eye has become suddenly worse and he is having difficulty focusing. He can definitely feel that that part of his vision in the left

eye is missing but he is not sure whether this has been getting worse since the TIA or whether it has always been there. He denies any headaches, numbness or weakness.
On examination, he had very early cataract in both eyes but, otherwise, the anterior segment was normal. Dilated fundus examination revealed healthy macula and a cup disc ratio of 0.8 in both eyes. His retina were flat. Goldman's visual field reveals gross restriction in the left eye, especially nasally. I note on previous CT he had bilateral lacunar infarcts but no acute changes. The visual field defect is likely related to his previous TIA, but as the patient is unsure whether is vision in actually deteriorating and we don't have any previous visual fields for comparison, I feel we should investigate this further with an MRI scan. I will book this routinely and see him back in clinic in approximately 3 months.

Yours sincerely,

DR M EDINGTON

ST1 Registrar of Ophthalmology

Electronically Signed: Dr Magdalena Edington, Doctor

cc.

[IRH]

CLYDE HOSPITALS
HAEMATOLOGY REPORT

Surname: **EGAN**
Forename: **DANIEL**
DOB/Age: **12.02.54**
Address: **FLAT 3/1 98 MONTAGUE ST**
Location: **Rothesay HC Bute**
Diagnosis: **Change of BH**

CHI/Unit No: **1202543472**
Sex: **Male**
Requestor: **Dr Roger Clark**

[[CURRENT]]

Lab Number			B,14.9217538.J
Date/Time collected			26.03.14 11:00
Date/Time received			26.03.14 14:31
Haemoglobin	g/L	(130-180)	NA
WBC	x10^9/L	(4.0-11.0)	NA
Platelet Cnt	x10^9/L	(150-400)	NA
RBC	x10^12/L	(4.50-6.50)	NA
Haematocrit	R	(0.400-0.540)	NA
MCV	fl	(80.0-100.0)	NA
MCH	pg	(27.0-32.0)	NA
Neutrophils	x10^9/L	(2.0-7.5)	NA
Lymphocytes	x10^9/L	(1.5-4.0)	NA
Monocytes	x10^9/L	(0.2-0.8)	NA
Eosinophils	x10^9/L	(0.0-0.4)	NA
Basophils	x10^9/L	(0.0-0.1)	NA
Myelocytes	x10^9/L		
Blasts	x10^9/L		
Others	x10^9/L		
Nucleated RBC	x10^9/L		NA
ESR	mm/hr	(1-10)	
Retics	x10^9/L	(10-90)	
Glandular Fever Scr			
Blood Film			

Result Comments:

26.03.14 FBC: no fbc specimen received with this request.
Test results not available.

Date reported:**26.03.14** Authoriser: **Wendy Robertson CLY** Run No: **312**

CLYDE SECTOR MICROBIOLOGY NHS GREATER GLASGOW & CLYDE Enquiries 0141 314 6172

Patient / Specimen details

EGAN DANIEL	CHI No.	1202543472	Cons/GP	Dr Roger Clark
FLAT 3/1 98 MONTAGUE ST	Hosp.no		Loc.	Rothesay HC Bute
ROTHESAY	D.O.B	12.02.1954	Coll'd	Not known
PA20 0HJ	Sex	M	Rec'd	27.03.2014 16:26
				Senders ref. no.
Enteric Pathogens	HISS No:			
				Copy to:
Faeces				Rothesay HC Bute

Appearance: Non diarrhoeal

Cryptosporidium: NO OOCYSTS OF CRYPTOSPORIDIUM SEEN

Salmonella culture:	NEGATIVE	Shigella culture:	NEGATIVE
Campylobacter culture:	NEGATIVE	E.coli 0 157:	NEGATIVE

Authorised by Audrey Scott RAH MIC
Reported 29.03.2014 12:25

* FINAL REPORT *
Lab No. M,14.3403778.M

Egan Daniel CHI: 1202543472

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Dr. KE Canavan
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777

Department: Stroke
Tel: 01475 505005
Enquiries to: julie.jackson3@ggc.scot.nhs.uk

Letter Date: 24/03/2014
Reference:
Dictated Date: 23/03/2014
Transcribed Date: 24/03/2014

Dear Dr Canavan,

Name:	**Egan Daniel**
CHI:	**1202543472**
DOB:	**12/02/1954**
Address:	**Flat3/1 98 Montague Street**
	ROTHESAY
	Isle of Bute
	PA20 0HJ

Mr Egan has been reviewed in the out patient clinic today. He had an ophthalmology appointment earlier and they put some drops in his eyes so his vision was slightly blurred. His eye symptoms still persist intermittently. He had carotid doppler done in November which was normal and his CT scan of the brain was also reported normal apart from lacunar infarcts which were established.

Today his blood pressure was 139/83 sitting and 139/80 standing and he told me that you have added another medication to his blood pressure control which seems to be working.

His current medications are Clopidogrel, Zopiclone, Amlodipine, Perindopril, Indapamide and Simvastatin.

I am not planning any further tests at the moment. The outcome of today's ophthalmology appointment is awaited. I have discharged him from the clinic.
Yours sincerely

J Akhter

Consultant Physician in Stroke/Geriatric Medicine

Electronically Signed: Dr Kadamanpathalil Mathew, Doctor

cc.

[SC1 Run: 419]

CLYDE HOSPITALS
BIOCHEMISTRY REPORT

Surname: **EGAN**
Forename: **DANIEL**
DOB/Age: **12.02.54**
Address: **FLAT 3/1 98 MONTAGUE ST**
Location: **Rothesay HC Bute**
Diagnosis: **CVD**
Details:

CHI/Unit No: **1202543472**
Sex: **Male**
Requestor: **Dr Roger Clark**

Lab No: **B,14.9131069.K**
Collected: **31.01.14 11:03**
Authorised: **31.01.14**

Received: **31.01.14 15:35**
Authorised by: **Automatic release by sys**

HbA1c (IFCC)	36	mmol/mol	
	(20-42)		

Comments:
HbA1C (IFCC): NOTE: Correction of HbA1c units to mmol/mol

Date reported: 31.01.14

Form: SA Run: 418

CLYDE HOSPITALS
BIOCHEMISTRY REPORT

Surname: **EGAN**
Forename: **DANIEL**
DOB/Age: **12.02.54**
Address: **FLAT 3/1 98 MONTAGUE ST**
Location: **Rothesay HC Bute**
Diagnosis: **CVD**

CHI/Unit No: **1202543472**
Sex: **Male**
Requestor: **Dr Roger Clark**

[[CURRENT]]

Lab Number			B,14.9005863.T
Date/Time collected			31.01.14 11:03
Date/Time received			31.01.14 14:41
Sodium	mmol/L	(133-146)	143
Potassium	mmol/L	(3.5-5.3)	3.9
Chloride	mmol/L	(95-108)	102
Bicarbonate	mmol/L	(22-29)	
Urea	mmol/L	(2.5-7.8)	7.3
Creatinine	umol/L	(40-130)	67
GFR (est'd)	ml/min	(>60)	>60
Glucose	mmol/L	(3.5-6.0)	
CRP	mg/L	(0-10)	
Magnesium	mmol/L	(0.70-1.00)	
Calcium	mmol/L	(2.20-2.60)	
Adj Calcium	mmol/L	(2.20-2.60)	
Phosphate	mmol/L	(0.80-1.50)	
Albumin	g/L	(35-50)	40
Alk Phos	U/L	(30-130)	102
Tot Bilirubin	umol/L	(<20)	9
Conj Bilirubin	umol/L		
AST	U/L	(<40)	25
gGT	U/L	(<70)	
ALT	U/L	(<50)	33
Amylase	U/L	(<100)	
CK	U/L	(40-320)	
Troponin I	ug/L	(<0.04)	
Total Protein	g/L	(60-80)	
Globulins	g/L	(23-38)	
Urate	mmol/L	(0.20-0.43)	
Osmolality	mOsm/Kg	(275-295)	
Cholesterol	mmol/L		4.5
Triglyceride	mmol/L	(0.2-2.3)	2.1
VLDL Chol	mmol/L		NA
LDL Chol	mmol/L		NA
HDL Chol	mmol/L		1.0
Chol/HDL			4.5

Result Comments:

Date reported: **31.01.14** Authoriser: **Automatic release by system**

Form: SB Run: 418

CLYDE HOSPITALS
BIOCHEMISTRY REPORT

Surname: **EGAN**
Forename: **DANIEL**
DOB/Age: **12.02.54**
Address: **FLAT 3/1 98 MONTAGUE ST**
Location: **Rothesay HC Bute**
Diagnosis: **CVD**

CHI/Unit No: **1202543472**
Sex: **Male**
Requestor: **Dr Roger Clark**

			[[CURRENT]]
Lab Number			B,14.9005863.T
Date/Time collected			31.01.14 11:03
Date/Time received			31.01.14 14:41
TSH	mU/L	(0.35-5.00)	1.69
Free T4	pmol/L	(9.0-21.0)	12.5
T3	nmol/L	(0.90-2.50)	
TPO	U/mL	(<6.0)	
TRAB	U/L	(0-15)	
LH	U/L		
FSH	U/L		
Oestradiol	pmol/L		
Prolactin	mU/L	(<400)	
Progesterone	nmol/L		
Testosterone	nmol/L	(10.0-36.0)	
SHBG	nmol/L	(13-70)	
FAI			
Free Testo	pmol/L	(>200)	
AFP	kU/L	(<6)	
HCG	U/L	(<5)	
CEA	ug/L	(<5.0)	
CA125	kU/L	(0-35)	
PSA	ug/L	(<3.0)	
LDH	U/L	(80-240)	

Result Comments:

Date reported: **31.01.14** Authoriser: **Automatic release by system**

[TOXDOA Run: 410]

CLYDE HOSPITALS
BIOCHEMISTRY REPORT

Surname: **EGAN**
Forename: **DANIEL**
DOB/Age: **12.02.54**
Address: **FLAT 3/1 98 MONTAGUE ST**
Location: **Rothesay HC Bute**
Diagnosis:
Details: **fds**
Spec. Comm:
External No:

CHI/Unit No: **1202543472**
Sex: **Male**
Requestor: **Dr Roger Clark**

Screening Tests

	[[CURRENT]]		
Lab No	B,14.7705041.N	B,12.1199035.L	B,12.1190190.Z
Date/Time collected	28.01.14 08:06	13.11.12 15:31	12.06.12 15:30
Date/Time received	30.01.14 10:07	21.11.12 13:59	18.06.12 17:00
Urine Amphetamines	Negative	Negative	Negative
Urine Benzodiazepine	Negative	Negative	Negative
Urine Cocaine	Negative	Negative	Negative
Urine Methadone	Positive	Positive	Positive
Urine Opiates	Negative	Negative	Negative
Urine Cannabinoids		Negative	Positive
Urine Barbiturates			
Urine Alcohol			
Urine Buprenorphine			
Ur T/cyclic Antideps			
Urine Creatinine (mmol/L)	31.0	6.6	7.3

Result Comments:

Reported: **30.01.14** Authorised by:

Tel: **0141 354 9060 Option 4**

Egan Daniel CHI: 1202543472

Clinical letter - GP:

NHS Greater Glasgow and Clyde

Dr. KE Canavan
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777

Department: Stroke
Tel: 01475 505005
Enquiries to: julie.jackson3@ggc.scot.nhs.uk

Letter Date: 11/12/2013
Reference: 410034
Dictated Date: 03/12/2013
Transcribed Date: 03/12/2013

Dear Dr Canavan,

Name:	**Egan Daniel**
CHI:	**1202543472**
DOB:	**12/02/1954**
Address:	**Flat3/1 98 Montague Street**
	ROTHESAY
	Isle of Bute
	PA20 0HJ

Mr Egan had carotid doppler done on 12.11.13 which showed thickening of the intimal media within both common carotid arteries within both carotid bulbs were was a moderate amount of type 2/4 plaque. There is, however, no haemodynamically significant stenosis demonstrated on either side and normal vertebral flow was seen bilaterally.

Electronically Signed: Dr Javed Akhter, Consultant

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

General Surgery
GGC General Referral

——— **Consultant / receiving practitioner** and/or **specialty clinic**

Inverclyde Royal Hospital
Larkfield Road
Greenock
PA16 0XN

——— **Hospital** and **hospital address**

Hospital location code.
C313H

Email address
-

Urgency of referral ROUTINE
Date of referral 26-Mar-2014 **Date sent** 27-Mar-2014

PATIENT DETAILS

Surname	EGAN
Forename(s)	DANIEL
Title	MR
Sex	Male
Date of birth	12-Feb-1954
CHI no.	1202543472
Area of Residence	-

Patient's address

FLAT 3/1 98 MONTAGUE STREET
ROTHESAY
ISLE OF BUTE
PA20 0HJ

Contact number(s)

Voice:07747893124

101006958030S Unique Care Pathway Number: 101006958030S

REGISTERED GP DETAILS

Name	Dr Kate Canavan		
GMC code	6103000	GP code	69426
Practice name	The Bute Practice		
Practice code	84646		

Practice address

THE HEALTH CENTRE
HIGH STREET
ROTHESAY
BUTE
PA20 9JL

Contact number(s)

Voice:01700501527
Facsimile:01700 501530

REFERRING GP DETAILS

Name	Dr. Roger Clark		
GMC code	3479618	GP code	34592
Practice name	The Bute Practice (84646)		
Practice code	84646		

Practice address

The Health Centre
High Street
Rothesay
PA20 9JL

Contact number(s)

Voice:01700 502290
Facsimile:01700 501530

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Change of bowel habit

Comment: This 60-year old man has a 7 week history of diarrhoea. He is going between 2 and 3 times a day and denies the passage of any blood or slime. There is no associated abdominal pain. His health is otherwise unchanged and there has been no unexplained weight loss.

Rectal examination was unremarkable. I am requesting a stool specimen for culture and also a full blood count.

Many thanks for seeing him.

LETTER DICTATED IN FRONT OF PATIENT

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Modifier	Date of onset	Date recorded
Essential hypertension	-	-	31-Oct-2013	31-Oct-2013
Transient cerebral ischaemia	-	First ever	31-Oct-2013	31-Oct-2013
Fracture of clavicle	fracture of mid shaft of calvicle.	-	22-Jul-2013	22-Jul-2013
[X]Depressive episode	-	-	16-Sep-2008	16-Sep-2008
[X]Depressive episode	-	-	10-Apr-2008	10-Apr-2008
[X]Specific (isolated) phobia	Needle phobia	-	01-Sep-2005	01-Sep-2005
Drug dependence	Heroin	-	01-Nov-2002	01-Nov-2002
Neurotic (reactive) depression	-	-	01-Mar-2001	01-Mar-2001
Cls # ankle, medial malleolus	left	-	01-Sep-2000	01-Sep-2000
[V]Drug abuse counsel surveiln	-	-	01-Jan-1998	01-Jan-1998
Wrist fracture - closed	left	-	01-Jan-1997	01-Jan-1997
Clsd # scaphoid	Left	-	01-Jan-1992	01-Jan-1992
Poisoning	Aspirin	-	01-Jan-1975	01-Jan-1975

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Drug addictn therap-methadone	04-Nov-2003	04-Nov-2003

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amlodipine 5mg tablets	28	tablet	TAKE ONE IN THE MORNING	-	18-Mar-2014	18-Mar-2014
Perindopril erbumine 8mg tablets	30	tablet	1 TABLET ONCE A DAY	-	05-Feb-2014	18-Mar-2014
Indapamide 2.5mg tablets	28	tablet	TAKE ONE IN THE MORNING	-	31-Oct-2013	18-Mar-2014
Clopidogrel 75mg tablets	28	tablet	TAKE ONE DAILY	-	07-Oct-2013	18-Mar-2014
Simvastatin 40mg tablets	28	tablet	TAKE ONE AT NIGHT	-	07-Oct-2013	18-Mar-2014
Lansoprazole 15mg gastro-resistant capsules	28	capsule	TAKE ONE IN THE MORNING	-	07-Oct-2013	18-Mar-2014

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date	Date last

					started	issued
Zopiclone 7.5mg tablets	7	tablet	TAKE ONE TABLET AT NIGHT	-	18-Mar-2014	18-Mar-2014
Methadone 1mg/ml oral solution	110	ml	10ML TEN DAILY	-	07-Mar-2014	07-Mar-2014
Methadone 1mg/ml oral solution	250	ml	10ML TEN DAILY	-	20-Feb-2014	20-Feb-2014
Methadone 1mg/ml oral solution	170	ml	10ML TEN DAILY	-	05-Feb-2014	05-Feb-2014
Methadone 1mg/ml oral solution	280	ml	10ML TEN DAILY	-	22-Jan-2014	22-Jan-2014
Methadone 1mg/ml oral solution	340	ml	10ML TEN DAILY	-	18-Dec-2013	18-Dec-2013
Methadone 1mg/ml oral solution	220	ml	10ML TEN DAILY	-	28-Nov-2013	28-Nov-2013
Perindopril erbumine 4mg tablets	30	tablet	TAKE ONE IN THE MORNING	-	31-Oct-2013	22-Jan-2014
Methadone 1mg/ml oral solution	420	ml	15ML FIFTEEN DAILY	-	31-Oct-2013	31-Oct-2013

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	Smoking status on date of event: Smoker, Ounces of tobacco smoked per day: 0.	05-Feb-2014
Current smoker:	Smoking status on date of event: Smoker.	31-Oct-2013
Current smoker:	Smoking status on date of event: Smoker.	28-Oct-2013
Current smoker:	Smoking status on date of event: Smoker.	07-Feb-2013
Cigarette smoker:	Smoking status on date of event: Smoker.	21-Dec-2011

Clinical warnings

Allergies

Description	Comment	Date recorded
AR - amitriptyline	Drug code for allergy: Amitriptyline 25mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: Tachycardia and excessive sweating.	02-Aug-2006

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

Signature of referring doctor (or other professional) **Date**

Egan Daniel CHI: 1202543472

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Dr. KE Canavan
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777

Department: Stroke
Tel: 01475 505005
Enquiries to: julie.jackson3@ggc.scot.nhs.uk

Letter Date: 14/11/2013
Reference: 410034
Dictated Date: 11/11/2013
Transcribed Date: 11/11/2013

Dear Dr Canavan,

Name:	**Egan Daniel**
CHI:	**1202543472**
DOB:	**12/02/1954**
Address:	**Flat3/1 98 Montague Street**
	ROTHESAY
	Isle of Bute
	PA20 0HJ

Mr Egan had CT scan of the head done on 24.10.13 which showed small low attenuation lesion within the right lentiform nucleus which likely reflects a small established lacunar infarct. There are further tiny areas within the left lentiform nucleus in keeping with a further established lacunar infarct. No evidence of acute territorial infarct.

Electronically Signed: Dr Javed Akhter, Consultant

cc.

NHS Confidential: Personal data about a patient

ROYAL ALEXANDRA HOSPITAL **BIOCHEMISTRY DEPARTMENT** **0141 314 6157** RCDRUI 60

CHI Number **1202543472**
CRN VHI009839
Surname **EGAN** Sex **Male**
Forename **DANIEL** Date of Birth **12/02/1954**

Patient Address: FLAT 31 98 MONTAGUE ROTHESAY ISLE OF BUTE PA200HJ

Clinician: **DR ROGER CLARK**
Address: **Rothesay Health Centre**
ROTHESAY HEALTH CENTRE
HIGH STREET
ROTHESAY
ISLE OF BUTE, PA20 9JL

Clinical Details: FDS DATE ON FORM 31/10/13

Laboratory Ref. **BC274777Y**
Page **1 of 1**

Amphetamines	Negative		
Benzodiazepine	Positive		
Methadone	Positive		
Opiates	Negative		
Cocaine	Negative		
Urine Creat.	14.40	mmol/L	(0.30 - 15.0

Authorised by Duty Clinician/Scientist
Normal Adult Reference Ranges are for Guidance Only. They do not take into account age difference.

Date / Time Received 13/11/2013 10:06
Date / Time Reported 15/11/2013 09:30

BIOCHEMISTRY	DRUG REPORT	Date / Time Collected 13/11/2013 u/k	Page 1 of 1

Egan Daniel CHI: 1202543472

Clinical letter - GP:

NHS Greater Glasgow and Clyde

Dr. KE Canavan
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777

Department: Stroke
Tel: 01475 505005
Enquiries to: julie.jackson3@ggc.scot.nhs.uk

Letter Date: 29/10/2013
Reference: 410034
Dictated Date: 28/10/2013
Transcribed Date: 28/10/2013

Dear Dr Mather,

Name:	**Egan Daniel**
CHI:	**1202543472**
DOB:	**12/02/1954**
Address:	**Flat3/1 98 Montague Street**
	ROTHESAY
	Isle of Bute
	PA20 0HJ

Mr Egan had echocardiogram done on 18.10.13 which showed good LV systolic function, valves appear normal, both atria were of normal dimensions, no ASD or PFO was detected. Blood tests showed ESR 12, haemoglobin 155, platelets 235, MCV 99.4, random blood glucose 5.0, total cholesterol 5.2, triglycerides 2.0, eGFR more than 60.

Electronically Signed: Dr Javed Akhter, Consultant

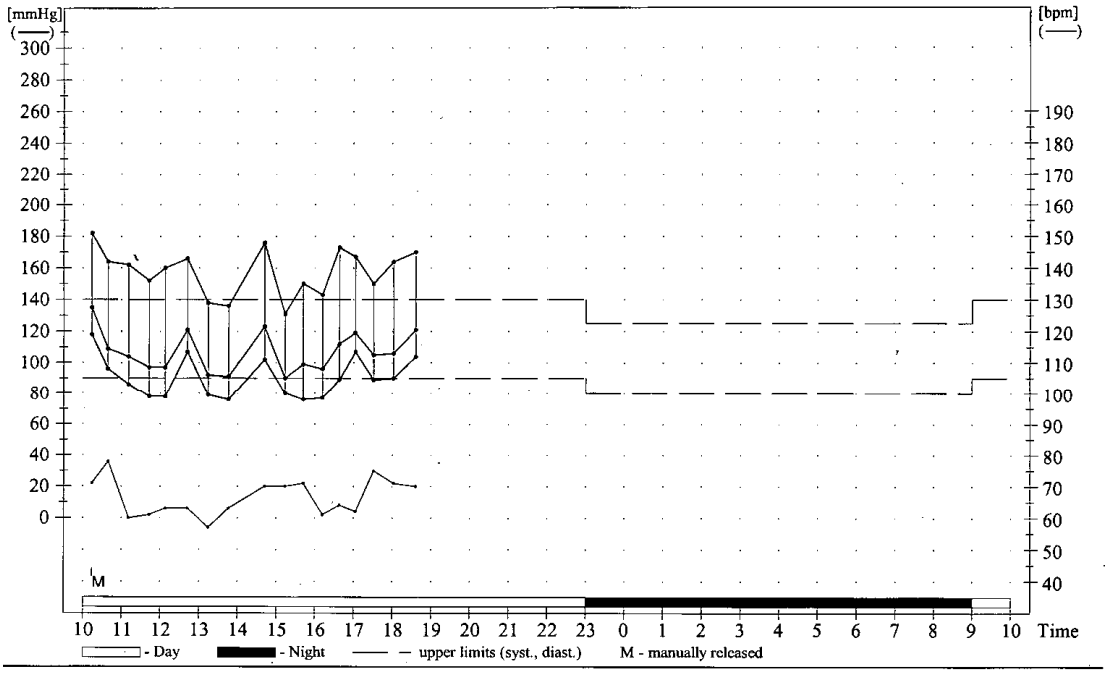
cc.

Del Mar Reynolds Medical Doctor: Operator:	Del Mar Reynolds Medical Tracker NIBP

Patient ID:	48	Date of birth:	12.02.1954
Surname:	**EGAN**	Weight:	
First name:	**Daniel**	Height:	
Address:		Sex:	Male
Town/City:			

24h NIBP: Profile representation

Begin: 28.10.2013, 10:14
End : 28.10.2013, 18:36



Remarks:

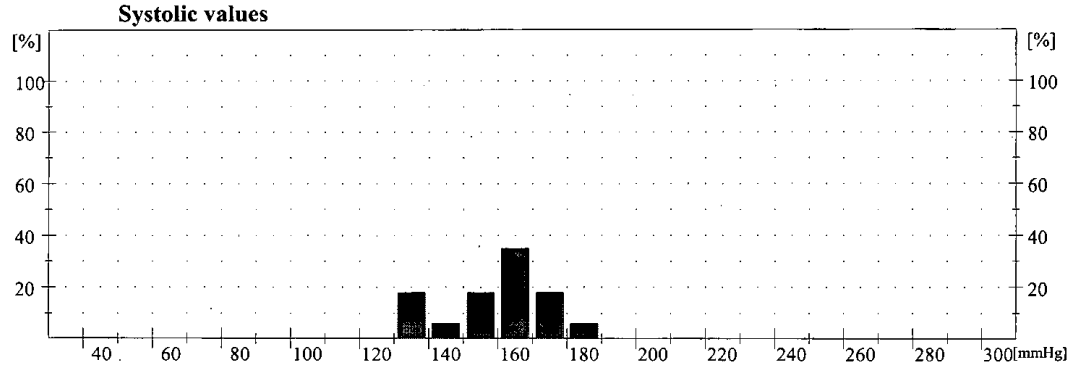
Del Mar Reynolds Medical Doctor: Operator:	Del Mar Reynolds Medical Tracker NIBP

Patient ID:	48	Date of birth:	12.02.1954
Surname:	**EGAN**	Weight:	
First name:	**Daniel**	Height:	
Address:		Sex:	Male
Town/City:			

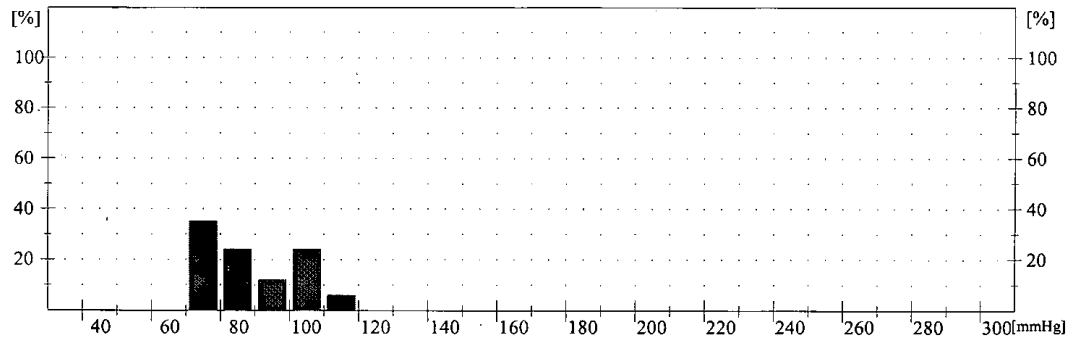
24h NIBP: Frequency distribution: Day (09:00-22:59)

Begin: 28.10.2013, 10:14
End : 28.10.2013, 18:36

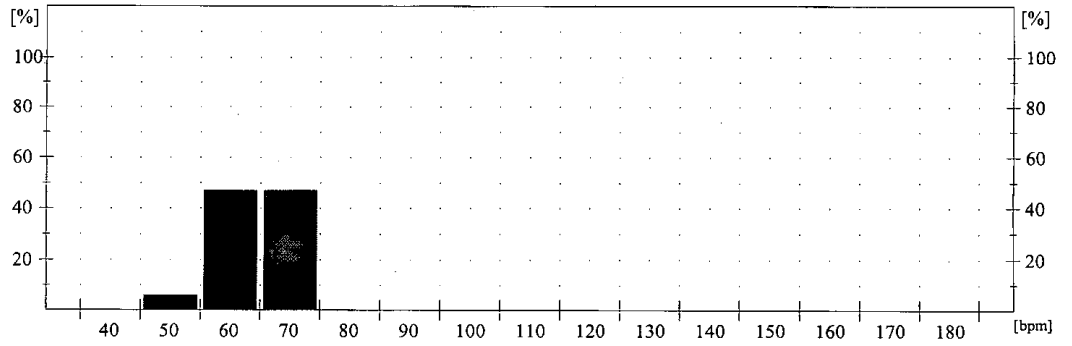
Systolic values



Diastolic values



Heart rate



Del Mar Reynolds Medical
Doctor: Operator:

Del Mar Reynolds Medical
Tracker NIBP

Patient ID:	48	Date of birth:	12.02.1954
Surname:	**EGAN**	Weight:	
First name:	**Daniel**	Height:	
Address:		Sex:	Male
Town/City:			

24h NIBP: Measurement table

Begin: 28.10.2013, 10:14
End : 28.10.2013, 18:36

Number	Date	Time	Systole	MABP	Diastole	Heart rate	Comment
M 1	28.10.2013	10:14	182 ♂	135	118 ♂	71	Manual
2	28.10.2013	10:39	164 ♂	109	96 ♂	78	
3	28.10.2013	11:11	162 ♂	104	86	60	
4	28.10.2013	11:43	152 ♂	97	78	61	
5	28.10.2013	12:08	160 ♂	97	78	63	
6	28.10.2013	12:42	166 ♂	121	107 ♂	63	
7	28.10.2013	13:14	138	92	79	57	
8	28.10.2013	13:46	136	91	76	63	
(9)	28.10.2013	14:11	197 ♂	129	112 ♂	71	Exceeded time limit (E4)
10	28.10.2013	14:42	176 ♂	123	102 ♂	70	
11	28.10.2013	15:14	131	90	80	70	
12	28.10.2013	15:42	150 ♂	99	76	71	
13	28.10.2013	16:12	143 ♂	96	77	61	
14	28.10.2013	16:38	173 ♂	112	89	64	
15	28.10.2013	17:03	167 ♂	119	107 ♂	62	
16	28.10.2013	17:31	150 ♂	105	89	75	
17	28.10.2013	18:02	164 ♂	106	90	71	
18	28.10.2013	18:36	170 ♂	121	104 ♂	70	

Measuring numbers in brackets are excluded from statistics.

Del Mar Reynolds Medical Doctor: Operator:	Del Mar Reynolds Medical Tracker NIBP

Patient ID:	48	Date of birth:	12.02.1954
Surname:	**EGAN**	Weight:	
First name:	**Daniel**	Height:	
Address:		Sex:	Male
Town/City:			

24h NIBP: Results report

Begin: 28.10.2013, 10:14
End : 28.10.2013, 18:36

		Norm values
Valid measurements	17 of 18 = 94%	> 90%
Total average	158/90 mmHg	< 130/80 mmHg
Total average MABP	107 mmHg	
Day interval (09:00 - 22:59)		
Valid measurements	17	
Average	158/90 mmHg	< 135/85 mmHg
Standard deviation	14.8/13.3 mmHg	< 17.0/13.0 mmHg
Average MABP	107 mmHg	
≥ 140 mmHg syst.	82.4%	< 25%
≥ 90 mmHg diast.	41.2%	< 25%
Minimum syst.	131 mmHg (28.10.2013, 15:14)	
Maximum syst.	182 mmHg (28.10.2013, 10:14)	
Minimum diast.	76 mmHg (28.10.2013, 13:46)	
Maximum diast.	118 mmHg (28.10.2013, 10:14)	
Minimum HR	57 bpm (28.10.2013, 13:14)	
Maximum HR	78 bpm (28.10.2013, 10:39)	
Night interval (23:00 - 08:59)		
Valid measurements	0	
Average	-/- mmHg	< 120/75 mmHg
Standard deviation	-/- mmHg	< 13.0/10.0 mmHg
Average MABP	- mmHg	
≥ 125 mmHg syst.	-	< 25%
≥ 80 mmHg diast.	-	< 25%
Minimum syst.	-	
Maximum syst.	-	
Minimum diast.	-	
Maximum diast.	-	
Minimum HR	-	
Maximum HR	-	
Day/Night-decrease	-/-	> 10% syst.
Early morning average	-/- mmHg	< 140/90 mmHg

Egan Daniel CHI: 1202543472

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Dr. KE Mather
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777

Department: Stroke
Tel: 01475 505005
Enquiries to:

Letter Date: 11/10/2013
Reference: 410034
Dictated Date: 08/10/2013
Transcribed Date: 08/10/2013

Dear Dr Mather,

Name:	**Egan Daniel**
CHI:	**1202543472**
DOB:	**12/02/1954**
Address:	**Flat3/1 98 Montague Street**
	ROTHESAY
	Isle of Bute
	PA20 0HJ

Thank you for referring this 59 year old patient who has impairment of his visual field about 8 weeks ago which has affected the temporal side of the left eye. These episodes occurred about 5 or 6 times that day and they have now completely resolved. However, he is still occasionally complaining of visual field impairment. There is no associated speech disturbance or motor weakness.

Past medical history: depression, previous drug dependence on Methadone therapy now.

On examination today his pulse was 93 per minute regular, blood pressure was 162/100 sitting, 168/98 standing, weight 76.4 kg, height 176, BMI 24.2. 12 lead ECG was in sinus rhythm. His heart sounds were normal, chest was clear, abdominal examination was normal. His visual field examination was normal. Cranial nerves were intact.

Possibility of TIA or stroke was there and there may be involvement with the eyes. I will organise for him to have a CT scan of the brain, carotid doppler, routine bloods have been done today and I have suggested that he should be started on Clopidogrel 75 mg and Simvastatin 40 mg. I would be grateful if his blood pressure could be monitored at your surgery by the practice nurse. I will refer him to the ophthalmologist also for opinion.

I will review him again in 2 months' time.

Electronically Signed: Dr Javed Akhter, Consultant

cc. Dr Venkatesh

Egan Daniel CHI: 1202543472

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Dr. KE Mather
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777

Department: Stroke
Tel: 01475 505005
Enquiries to:

Letter Date: 11/10/2013
Reference: 410034
Dictated Date: 08/10/2013
Transcribed Date: 08/10/2013

Dear Dr Mather,

Name:	**Egan Daniel**
CHI:	**1202543472**
DOB:	**12/02/1954**
Address:	**Flat3/1 98 Montague Street**
	ROTHESAY
	Isle of Bute
	PA20 0HJ

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I will review him again in 2 months' time.

Electronically Signed: Dr Javed Akhter, Consultant

cc. Dr Venkatesh

NHS Greater Glasgow & Clyde

NHS
Greater Glasgow and Clyde
Inverclyde Royal Hospital
Larkfield Road
GREENOCK
PA16 0XN

Tel: 01475 633777

Date 4/10/13

Clinic T/A

Dear Doctor Roger Clark

INITIATION OR CHANGE OF TREATMENT/MEDICATION FOLLOWING OUT-PATIENT ATTENDANCE

Name .....

Address .....

1202543472
EGAN
Daniel M
Flat3/1 98 Montague Street 12/02/1954
ROTHESAY
Isle of Bute
PA20 0HJ

Date of Birth .....

Hospital Number .....

I would be grateful if you could kindly prescribe the following treatment for the above named patient. A full report will be forwarded as soon as possible.

Clopidogrel 75 mg/d

Simvastatin 40 mg/d

Yours sincerely

Signed ..... Title Consultant

Victoria Hospital: Clinical Report

Patient: **EGAN, Daniel** DOB: **12/02/1954**

Referrer: R Clark
Ref Loc: Rothesay A/E
Ref Src: Victoria Hospital, High Street, Rothesay, PA20 9JJ,

HospNo: VHI009839

CHI No: 1202543472
CRIS No: 20404614

Clinical History : Fractured clavicle. Progress films.

XR Clavicle Rt : Healing fracture mid shaft of the clavicle in good alignment.

VERIFIED

Reported By: **Dr Peter Thorpe**
2nd Reporter: **Dr Peter Thorpe**
Verified By: **Dr Peter Thorpe**

E-21178500
Exams: **XR Clavicle Rt**

Exam Date: 14/08/13

Victoria Hospital: Clinical Report

Patient: **EGAN, Daniel** DOB: **12/02/1954**

Referrer: A Shaw
Ref Loc: Rothesay A/E
Ref Src: Victoria Hospital, High Street, Rothesay, PA20 9JJ,

HospNo: VHI009839

CHI No: 1202543472
CRIS No: 20404614

Clinical History : Fell off bike.

XR Clavicle Rt : There is a fracture of the mid shaft of the clavicle.

VERIFIED

Reported By: **Dr Peter Thorpe**
2nd Reporter: **Dr Peter Thorpe**
Verified By: **Dr Peter Thorpe**

E-21173602
Exams: **XR Clavicle Rt**

Exam Date: 22/07/13

NHS Confidential: Personal data about a patient

Health Visitor
Name ....
Address ....
.... 1202543472.

ARGYLL & BUTE CHP
Accident / Emergency Form

Islay
Rothesay ✓
Dunoon
Campbeltown
Lochgilphead

		Hospital July 2013 365
Surname EGAN	Forenames DANIEL ANTHONY	Birth Surname EGAN
Address 98 MONTAGUE ST [redacted]		Patient's Own Occupation UNEMPLOYED
Sex M	Marital status S.	Religion RC
Family Doctor: Surname DR CLARKE		Initials Dr L. Smith
Address BUTE SURGERY Rothesay H/C Bute		
Postcode	Telephone No. 01700 502200	
Accident / Emergency: Date of Attendance 22/7/2013	Previous Attendance at this Hospital Yes / No	In / Out Patient / Year
Time of Attendance 15.00 PM	Reason for Attendance ~~SHOULDER~~. ? # (R) CLAVICLE	
Date of Injury or Illness	Time of Injury	Type (Code)
Source of Referral GP____ 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 and Emergency Department today

Diagnosis: Fell off bike 2/7 ago ?ACJ OA.

X-Ray film / ECG shows: Movement ... moving freely

Treatment Given: Xray – no fracture # – ok ...
... – ...
... ... dee 3/52 c
– Xray ✓

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 GP	5. Died	7. Irregular Discharge
2. Discharge	4. Transfer to Other Hospital (see below)	6. Refer to CP clinic (see below)	8. DOA

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow up	Not arranged	Arranged	To be arranged

Clinic referred to	A&E	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others specify

Medical Officers Name (in block capitals)

Signature of Medical Officer [signature]

Cons SR Reg SHO / JHO Clin Assist (Please circle)

GP Copy Pink - Medical records copy Yellow - Health Visitors copy Blue - Treatment card copy White

STY0441D

NHS Confidential: Personal data about a patient

ROYAL ALEXANDRA HOSPITAL **BIOCHEMISTRY DEPARTMENT** **0141 314 6157** RCDRU 53

CHI Number **1202543472**
CRN VHI009839
Surname **EGAN** Sex **Male**
Forename **DANIEL** Date of Birth **12/02/1954**

Patient Address FLAT 31 98 MONTAGUE
ROTHESAY
ISLE OF BUTE
PA200HJ

Clinician **DR ROGER CLARK**
Address **Rothesay Health Centre**
ROTHESAY HEALTH CENTRE
HIGH STREET
ROTHESAY
ISLE OF BUTE, PA20 9JL

Clinical Details METHADONE

Laboratory Ref. **BC435012X**
Page **1 of 1**

Amphetamines	Negative		
Benzodiazepine	Negative		
Methadone	Positive		
Opiates	Negative		
Cocaine	Negative		
Urine Creat.	10.20	mmol/L	(0.30 - 15.0

Authorised by Duty Clinician/Scientist
Normal Adult Reference Ranges are for Guidance Only. They do not take into account age difference.

Date / Time Received 21/05/2013 14:27
Date / Time Reported 22/05/2013 09:30

BIOCHEMISTRY **DRUG REPORT**

Date / Time Collected **14/05/2013 17:00**

NHS Confidential: Personal data about a patient

ROYAL ALEXANDRA HOSPITAL **BIOCHEMISTRY DEPARTMENT** **0141 314 6157** RCDRU 18

CHI Number **1202543472**
CRN VHI009839
Surname **EGAN** Sex **Male**
Forename **DANIEL** Date of Birth **12/02/1954**

Patient Address FLAT 31 98 MONTAGUE
ROTHESAY
ISLE OF BUTE
PA200HJ

Clinician **DR ROGER CLARK**
Address **Rothesay Health Centre**
ROTHESAY HEALTH CENTRE
HIGH STREET
ROTHESAY
ISLE OF BUTE, PA20 9JL

Clinical Details FDS DATE ON FORM 07/3/13

Laboratory Ref. **BC320403B** Page **1 of 1**

Amphetamines	Negative		
Benzodiazepine	Negative		
Methadone	Positive		
Opiates	Negative		
Cocaine	Negative		
Urine Creat.	6.00	mmol/L	(0.30 - 15.0

Authorised by Duty Clinician/Scientist
Normal Adult Reference Ranges are for Guidance Only. They do not take into account age difference.

Date / Time Received 18/03/2013 15:35
Date / Time Reported 21/03/2013 09:30

BIOCHEMISTRY **DRUG REPORT**

Date / Time Collected **18/03/2013 u/k**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

Stroke Non Fast Track
GGC General Referral

—— **Consultant / receiving practitioner** and/or **specialty clinic**

Inverclyde Royal Hospital
Larkfield Road
Greenock
PA16 0XN

—— **Hospital** and **hospital address**

Hospital location code.
C313H

Email address
-

Urgency of referral	ROUTINE		
Date of referral	05-Sep-2013	**Date sent**	05-Sep-2013

PATIENT DETAILS

Surname	EGAN
Forename(s)	DANIEL
Title	MR
Sex	Male
Date of birth	12-Feb-1954
CHI no.	1202543472
Area of Residence	-

Patient's address

FLAT 3/1 98 MONTAGUE STREET
ROTHESAY
ISLE OF BUTE
PA20 0HJ

Contact number(s)
-

101005920010A Unique Care Pathway Number: 101005920010A

REGISTERED GP DETAILS

Name	Dr K Mather		
GMC code	6103000	GP code	69426
Practice name	The Bute Practice		
Practice code	84646		

Practice address

THE HEALTH CENTRE
HIGH STREET
ROTHESAY
BUTE
PA20 9JL

Contact number(s)
Voice:01700501527

REFERRING GP DETAILS

Name	Dr. Roger Clark		
GMC code	3479618	GP code	34592
Practice name	The Bute Practice (84646)		
Practice code	84646		

Practice address

The Health Centre
High Street
Rothesay
PA20 9JL

Contact number(s)
Voice:01700 502290

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Sudden onset visual change.

Comment: This 59 year old man had sudden onset loss of lateral vision in his left eye five weeks ago. There were no other other associated neurological features such as unilateral weakness. His vision in his lateral field field remains affected. He tells me that he has been to see his optician who can find no ophthalmological cause.
Approximately two years ago he had some unilateral neurological symptoms affecting his left side, principally paraesthesia and pain in his left arm.
I would appreciate your help with further management.

Letter dictated in front of patient.

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 clavicle	fracture of mid shaft of calvicle.	22-Jul-2013	22-Jul-2013
[X]Depressive episode	-	16-Sep-2008	16-Sep-2008
[X]Depressive episode	-	10-Apr-2008	10-Apr-2008
[X]Specific (isolated) phobia	Needle phobia	01-Sep-2005	01-Sep-2005
Drug dependence	Heroin	01-Nov-2002	01-Nov-2002
Neurotic (reactive) depression	-	01-Mar-2001	01-Mar-2001
Cls # ankle, medial malleolus	left	01-Sep-2000	01-Sep-2000
[V]Drug abuse counsel surveiln	-	01-Jan-1998	01-Jan-1998
Wrist fracture - closed	left	01-Jan-1997	01-Jan-1997
Clsd # scaphoid	Left	01-Jan-1992	01-Jan-1992
Poisoning	Aspirin	01-Jan-1975	01-Jan-1975

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Drug addictn therap-methadone	04-Nov-2003	04-Nov-2003

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole 20mg gastro-resistant capsules	28	capsule	1 CAP DAILY	-	17-Jan-2012	03-Sep-2013

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Methadone 1mg/ml oral solution	450	ml	15ML FIFTEEN DAILY	-	03-Sep-2013	03-Sep-2013
Naproxen 500mg tablets	28	tablet	1 TABLET TWICE DAILY	-	16-Aug-2013	16-Aug-2013
Methadone 1mg/ml oral solution	420	ml	15ML FIFTEEN DAILY	-	06-Aug-2013	06-Aug-2013
Naproxen 500mg gastro-resistant tablets	28	tablet	1 TABLET TWICE DAILY	-	01-Aug-2013	01-Aug-2013
Paracetamol 500mg tablets	100	tablet	TAKE TWO FOUR TIMES DAILY	-	22-Jul-2013	22-Jul-2013
Methadone 1mg/ml oral solution	560	ml	20ML TWENTY DAILY	-	09-Jul-2013	09-Jul-2013
Methadone 1mg/ml oral	540	ml	20ML TWENTY DAILY	-	11-Jun-	11-Jun-

solution					2013	2013
Methadone 1mg/ml oral solution	540	ml	20ML TWENTY DAILY	-	14-May-2013	14-May-2013
Methadone 1mg/ml oral solution	300	ml	20ML TWENTY DAILY	-	30-Apr-2013	30-Apr-2013
Methadone 1mg/ml oral solution	520	ml	20ML TWENTY DAILY	-	04-Apr-2013	04-Apr-2013

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	Smoking status on date of event: Smoker.	07-Feb-2013
Cigarette smoker:	Smoking status on date of event: Smoker.	21-Dec-2011
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	26-Jun-2009
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	09-Jan-2007
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	12-Apr-2005

Clinical warnings

Allergies

Description	Comment	Date recorded
AR - amitriptyline	Drug code for allergy: Amitriptyline 25mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: Tachycardia and excessive sweating.	02-Aug-2006

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

Signature of referring doctor (or other professional) **Date**

[TOXDOA Run: 203]

SOUTH GLASGOW HOSPITALS
BIOCHEMISTRY REPORT

Surname: **EGAN**
Forename: **DANIEL**
DOB/Age: **12.02.54**
Address: **FLAT 3/1 98 MONTAGUE ST**
Location: **Biochemistry IRH**
Diagnosis:
Details:
Spec. Comm:
External No: **BC735500Y**

CHI/Unit No: **1202543472**
Sex: **Male**
Requestor: **Not known**

RTHC
Clerk

Screening Tests

	[[CURRENT]]	
Lab No	B,12.1199035.L	B,12.1190190.Z
Date/Time collected	13.11.12 15:31	12.06.12 15:30
Date/Time received	21.11.12 13:59	18.06.12 17:00
Urine Amphetamines	Negative	Negative
Urine Benzodiazepine	Negative	Negative
Urine Cocaine	Negative	Negative
Urine Methadone	Positive	Positive
Urine Opiates	Negative	Negative
Urine Cannabinoids	Negative	Positive
Urine Barbiturates		
Urine Alcohol		
Urine Buprenorphine		
Ur T/cyclic Antideps		
Urine Creatinine (mmol/L)	6.6	7.3

Result Comments:

Reported: **21.11.12** Authorised by:

Tel: **0141 354 9060 Option 4**

[TOXDOA Run: 164]

SOUTH GLASGOW HOSPITALS
BIOCHEMISTRY REPORT

Surname: **EGAN**
Forename: **DANIEL**
DOB/Age: **12.02.54**
Address: **FLAT 3/1 98 MONTAGUE ST**
Location: **Biochemistry IRH**
Diagnosis:
Details:

CHI/Unit No: **1202543472**
Sex: **Male**
Requestor: **CLARK**
RTHC.

Screening Tests

	[[CURRENT]]
Lab No	B,12.1190190.Z
Date/Time collected	12.06.12 15:30
Date/Time received	18.06.12 17:00
Urine Amphetamines	Negative
Urine Benzodiazepine	Negative
Urine Cocaine	Negative
Urine Methadone	Positive
Urine Opiates	Negative
Urine Cannabinoids	Positive
Urine Barbiturates	
Urine Alcohol	
Urine Buprenorphine	
Ur T/cyclic Antideps	
Urine Creatinine (mmol/L)	7.3

Result Comments:

897409

Date reported: **26.06.12** Authorised by: **Bill Borland**

ESA113

jobcentreplus

Atos Healthcare

Employment and Support Allowance

Dr Clark
THE HEALTH CENTRE
HIGH STREET
ROTHESAY
ISLE OF BUTE
PA20 9JL

40540

2647 E 1535
161

Our phone number is: 0141 249 3696

If you have a textphone,
you can call on: 18001 0141 249 3696

If you get in touch with us, tell us this reference number: YT526865A

Date: 22nd March 2012

About your patient

Full Name	Mr Daniel Egan
NINo	YT526865A
Date of birth	12th February 1954

Address: 3/1 98 Montague St, Rothesay, Isle Of Bute, PA20 0HJ

Dear Doctor,

Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form you will help our medical staff decide whether your patient needs a face-to-face medical assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at **www.dwp.gov.uk/healthcare-professional/guidance**
- **A well completed form may mean that your patient will not need a further medical assessment and will help in making a fair decision on benefit entitlement.**

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely,

Miss Lorna Middleton

NHS Confidential: Personal data about a patient

ESA113

Client Name:
Mr Daniel Egan

Client NINo: YT526865A

Client Date of Birth: 12.02.1954

GLASGOW
Corunna House
29 Cadogan Street
Glasgow
Glasgow
G2 7SS

2648 E 1535

Your reply

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please continue at Part 7.

1 When did your patient last see a GP?

/ /

2 Current conditions affecting ability to work:
Please give us details of those conditions **which may have significant effect on the person's capacity to work.** Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, **where relevant.**

If you are sending a computerised printout of current medication you do not need to list this here.

*Please complete **both sides** of this form, and return the completed form in the supplied envelope - with the above address showing in the window*

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication

About your patient - continued

3 Current conditions not affecting ability to work
Please **list** any other relevant conditions that do not affect the ability to work.

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	
Transferring between seats	
Reaching	
Picking up objects	
Manual dexterity	
Communicating with others	
Continence	
Learning simple tasks	
Awareness of hazards	
Initiating and completing personal actions	
Coping with changes or social engagement	
Appropriateness of behaviour	
Eating or drinking	

5 Does the patient have a history of threatening or violent behaviour? No ☐ Yes ☐
Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

6 Could your patient travel to an examination centre by public transport or taxi? No ☐ Yes ☐
Please tell us why at **Part 7**

7 Additional information
Please continue on a separate sheet if necessary.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature

Name IN CAPITALS Dr

Date 27 / 3 / 12

Practice stamp
DR R. CLARK
THE HEALTH CENTRE
HIGH STREET
ROTHESAY, PA20 9JL
TEL: 01700 502290
FAX: 01700 505692

NHS Confidential: Personal data about a patient

SURNAME **EGAN**	UNIT No. **IR1202543472**	CONS/GP /: CLARK RTHC
FORENAME **DANIEL**	CHI No. **1202543472**	DESTINATION **BIOCHEMISTRY**
D.O.B **12.02.54** SEX M	ADDRESS 1 DUNCAN ST	**INVERCLYDE ROYAL HOSPITAL**

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Negative	
U Methadone	Positive	
U Opiates	Negative	
U Cannabinoids	Positive	
U Cocaine	Negative	
U Creatinine	20.1	mmol/L

Comments & Confirmations
LAB 851420

03 APR 2012

Drugs of Abuse

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
7754071

Collected
DATE 22.03.12
TIME 13:59

Received
DATE 27.03.12
TIME 10:36

Report Issued
DATE 27.03.12
TIME 17:00

Authorised by
Auto Check

GPA
Accredited Medical Laboratory
Reference No:2335

NHS Confidential: Personal data about a patient

SURNAME **EGAN**	UNIT No. **IR1202543472**	CONS/GP CLARK
FORENAME **DANIEL**	CHI No. **1202543472**	DESTINATION **BIOCHEMISTRY**
D.O.B **12.02.54** SEX M	ADDRESS 1 DUNCAN ST	**INVERCLYDE ROYAL HOSPITAL**

RPH C

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Negative	
U Methadone	Positive	
U Opiates	Negative	
U Cannabinoids	Positive	
U Cocaine	Negative	
U Creatinine	8.3	mmol/L

Comments & Confirmations
LAB NO BC769695L

Drugs of Abuse

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8015436

Collected
DATE 27.10.11
TIME 15:05

Received
DATE 31.10.11
TIME 12:00

Report Issued
DATE 31.10.11
TIME 17:00

Authorised by
Auto Check

GPA
Accredited Medical Laboratory
Reference No:2335

Greater Glasgow & Clyde SCI Store - Patient Result Report

Report ID: N,11.8015436.Q **Sample Collected:** 27/10/2011 15:05:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
DANIEL EGAN	1202543472	12/02/1954	57	MATHER, KATIE	THE BUTE PRACTICE		

Name Changed

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
CLARK	Inverclyde Royal Hospital	N,11.8015436.Q	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	
Specimen	27/10/2011 15:05:00	31/10/2011 12:00:00	31/10/2011 14:31:11	

Report

U Amphetamines

Authorised By Auto Validated
Authorised Date 31/10/2011 14:25:00

U Amphetamines	Negative

U Benzodiazepines

Authorised By Auto Validated
Authorised Date 31/10/2011 14:25:00

U Benzodiazepines	Negative

U Cannabinoids

Authorised By Auto Validated
Authorised Date 31/10/2011 14:25:00

U Cannabinoids	Positive

U Cocaine

Authorised By Auto Validated
Authorised Date 31/10/2011 14:25:00

U Cocaine	Negative

U Creatinine

Authorised By Auto Validated
Authorised Date 31/10/2011 14:25:00

Description	Value	Range	Unit	Normalcy Notes
U Creatinine	8.3		mmol/L	

U Methadone

Authorised By Auto Validated
Authorised Date 31/10/2011 14:25:00

U Methadone	Positive

U Opiates

Authorised By Auto Validated
Authorised Date 31/10/2011 14:25:00

U Opiates	Negative

Sample Comments
LAB NO BC769695L

Printed By: Natalie Whitelaw on 10/11/2011 14:20:42

Greater Glasgow & Clyde SCI Store - Patient Result Report

Report ID: N,11.8013943.A **Sample Collected:** 29/09/2011 15:09:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
DANIEL EGAN	1202543472	12/02/1954	57	MATHER, KATIE	THE BUTE PRACTICE		

Name Changed

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
CLARK	Inverclyde Royal Hospital	N,11.8013943.A	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	
Specimen	29/09/2011 15:09:00	03/10/2011 12:38:00	03/10/2011 15:56:20	

Report

U Amphetamines

Authorised By Auto Validated
Authorised Date 03/10/2011 15:52:00

U Amphetamines	Negative

U Benzodiazepines

Authorised By Auto Validated
Authorised Date 03/10/2011 15:52:00

U Benzodiazepines	Positive

U Cannabinoids

Authorised By Auto Validated
Authorised Date 03/10/2011 15:52:00

U Cannabinoids	Negative

U Cocaine

Authorised By Auto Validated
Authorised Date 03/10/2011 15:52:00

U Cocaine	Negative

U Creatinine

Authorised By Auto Validated
Authorised Date 03/10/2011 15:52:00

Description	Value	Range	Unit	Normalcy Notes
U Creatinine	6.0		mmol/L	

U Methadone

Authorised By Auto Validated
Authorised Date 03/10/2011 15:52:00

U Methadone	Positive

U Opiates

Authorised By Auto Validated
Authorised Date 03/10/2011 15:52:00

U Opiates	Negative

Sample Comments
LAB NO BC753722B

Printed By: Jean Ivory on 10/11/2011 11:52:25

Argyll and Bute Addiction Team
Argyll and Bute Hospital
Blarbuie Road
Lochgilphead
Argyll
PA31 8LD
Tel: 01546 604957
Fax: 01546 605668

NHS Highland

Mr Daniel Egan
98 Montague Street
Rothesay
Isle of Bute
PA20 0HJ

COPY

Our Ref: DJ/AP 013975
Your Ref:

Date: 05 April 2011
If calling please ask for: Ann Paul
Email: ann.paul@nhs.net

Dear Mr Egan

I am sorry you have been unable to attend your recent out-patient clinic appointments with myself.

I will not send a further appointment but should you wish to be seen again I would be grateful if you could telephone the above number to arrange a further appointment at a time which is suitable for you.

If there is no contact within two weeks of receiving this letter, then you would need to attend your GP should you wish to be seen again and be referred back to the clinic.

Yours sincerely

Dave Johnson

Dr David Johnson
GMC No: 3683749
Consultant Psychiatrist Addictions

Copy
- Dr. R. Clark, Health Centre, High Street, Rothesay, Isle of Bute, PA20 9JL
- Shirley McArthur, Community Addictions Nurse, Encompass Office, 26 Bishop Street, Rothesay, Isle of Bute, PA20 9DG

Argyll Bute COUNCIL

Argyll and Bute Addiction Team
Argyll and Bute Hospital
Blarbuie Road
Lochgilphead
Argyll
PA31 8LD
Tel: 01546 604957
Fax: 01546 605668

NHS Highland

Shirley McArthur
Community Addictions Nurse
Encompass Office
26 Bishop Street
Rothesay
Isle of Bute
PA20 9DG

COPY

Our Ref: DJ/AP 013975
Your Ref:

Date of Clinic: 31 March 2011
Location of Clinic:
Victoria Hospital, Rothesay

Date: 05 April 2011
If calling please ask for: Ann Paul
Email: ann.paul@nhs.net

Dear Shirley

Daniel Egan, 98 Montague Street, Rothesay, Isle of Bute, PA20 0HJ
Date of Birth: 12/02/54 CHI No: 3472

I had planned to see this gentleman in clinic today but unfortunately he failed to attend. He has now failed to attend his last three outpatient appointments and only attended five of the 15 appointments which have been offered over the past two years. I will arrange for him to be sent an "opt in" letter asking him if he wishes any further contact with myself – this will be the third such letter in the last 18 months.

Yours sincerely

Dave -

Dr David Johnson
GMC No: 3683749
Consultant Psychiatrist Addictions

Copy
- Dr R. Clark, Health Centre, High Street, Rothesay, Isle of Bute, PA20 9JL

Argyll and Bute Addiction Team
Argyll and Bute Hospital
Blarbuie Road
Lochgilphead
Argyll
PA31 8LD
Tel: 01546 604957
Fax: 01546 605668

NHS Highland

Shirley McArthur
Community Addictions Nurse
Encompass Office
26 Bishop Street
Rothesay
Isle of Bute
PA20 9DG

COPY

Our Ref: DJ/AP 013975
Your Ref:

Date of Clinic: 03 March 2011
Location of Clinic:
Victoria Hospital, Rothesay

Date: 04 March 2011
If calling please ask for: Ann Paul
Email: ann.paul@nhs.net

Dear Shirley

Daniel Egan, 98 Montague Street, Rothesay, Isle of Bute, PA20 0HJ
Date of Birth: 12/02/54 CHI No: 3472

I had planned to see this gentleman in clinic today but unfortunately he was unable to attend. He telephoned to cancel his appointment after receiving a mobile text reminder and advised he was in Glasgow. He reported no problems and requested further follow up.

I will arrange to see him in four weeks and keep you informed as to his progress.

Yours sincerely

Dave

Dr David Johnson
GMC No: 3683749
Consultant Psychiatrist Addictions

Copy
- Dr R. Clark, Health Centre, High Street, Rothesay, Isle of Bute, PA20 9JL

NHS Confidential: Personal data about a patient

SURNAME **EGAN**	UNIT No. **IR1202543472**	CONS/GP CLARK
FORENAME **DANIEL**	CHI No. **1202543472**	DESTINATION **BIOCHEMISTRY** R'SAY HEALTH CENTRE
D.O.B **12.02.54** SEX M	ADDRESS 1 DUNCAN ST	**INVERCLYDE ROYAL**

Generic Screening Tests

U Amphetamines	Negative	
U Benzodiazepines	Negative	
U Methadone	Positive	
U Opiates	Negative	
U Cannabinoids	Negative	
U Cocaine	Negative	
U Creatinine	3.9	mmol/L

Comments & Confirmations
BC872277A

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
8002284

Collected
DATE 02.02.11
TIME 14:30

Received
DATE 08.02.11
TIME 14:28

Report Issued
DATE 08.02.11
TIME 16:05

Authorised by
Auto Check

Accredited Medical Laboratory
Reference No:2335

Drugs of Abuse

Argyll and Bute Addiction Team
Argyll and Bute Hospital
Blarbuie Road
Lochgilphead
Argyll
PA31 8LD
Tel: 01546 604957
Fax: 01546 605668

NHS Highland

Shirley McArthur
Community Addictions Nurse
Encompass Office
26 Bishop Street
Rothesay
Isle of Bute
PA20 9DG

COPY

Our Ref: DJ/AP 013975
Your Ref:

Date of Clinic: 13 December 2010
Location of Clinic:
Victoria Hospital, Rothesay

Date: 14 December 2010
If calling please ask for: Ann Paul
Email: ann.paul@nhs.net

Dear Shirley

Daniel Egan, 98 Montague Street, Rothesay, Isle of Bute, PA20 0HJ
Date of Birth: 12/02/54 CHI No: 3472

I had planned to see this gentleman in clinic today but unfortunately he failed to attend. I will arrange to see him in due course and keep you informed as to his progress.

Yours sincerely

Dave

Dr David Johnson
GMC No: 3683749
Consultant Psychiatrist Addictions

Copy
- Dr R. Clark, Health Centre, High Street, Rothesay, Isle of Bute, PA20 9JL

INVERCLYDE ROYAL HOSPITAL
GREENOCK PA16 0XN

CLINICAL BIOCHEMISTRY

CHI Number	Surname	Forename	Sex	Date of Birth
120 254 3472	EGAN	DANIEL	M	12/02/1954

Location: Rothesay Health Centre
Hospital Number: 1202543472

Consultant/GP: DR R. CLARK
Report to: DR R. CLARK
RTHC

Patient Address: FLAT 31 98 MONTAGUE ST
ROTHESAY
ISLE OF BUTE

Clinical Details: SUPERVISED URINE

	30/11/10 14:45 BC838002F	28/07/10 16:00 BC769209T	02/06/10 15:40 BC739409T	17/03/10 14:42 BC947410G	19/01/10 14:20 BC913856A
Amphetamines	Negative	Negative	Negative	Negative	Negative
Benzodiazepine	Positive	Negative	Positive	Negative	Negative
Methadone	Positive	Positive	Positive	Positive	Positive
Opiates	Negative	Negative	Negative	Negative	Positive
Cannabinoids	Negative	Negative	Positive	Negative	Negative
Cocaine	Negative	Negative	Negative	Negative	Negative

30/11/10 BC838002F:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
28/07/10 BC769209T:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
02/06/10 BC739409T:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
17/03/10 BC947410G:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
19/01/10 BC913856A:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow

PLEASE RETAIN ONLY LATEST ISSUE OF EACH PAGE

Authorised by: A. A. McConnell

13/12/2010 17:57 Date/Time of Report

Argyll and Bute Addiction Team
Argyll and Bute Hospital
Blarbuie Road
Lochgilphead
Argyll
PA31 8LD
Tel: 01546 604957
Fax: 01546 605668

NHS Highland

Shirley McArthur
Community Addictions Nurse
Encompass Office
26 Bishop Street
Rothesay
Isle of Bute
PA20 9DG

COPY

Our Ref: DJ/AP 013975
Your Ref:

Date of Clinic: 01 November 2010
Location of Clinic:
Victoria Hospital, Rothesay

Date: 09 November 2010
If calling please ask for: Ann Paul
Email: ann.paul@nhs.net

Dear Shirley

Daniel Egan, 98 Montague Street, Rothesay, Isle of Bute, PA20 0HJ
Date of Birth: 12/02/54 CHI No: 3472

Diagnosis: F11.22 Mental health and behavioural disorders due to use of opioids – currently on a clinically supervised maintenance or replacement regime (controlled dependence).
Additional Diagnosis: F10.1 Mental and behavioural disorders due to use of alcohol – harmful use.
Legal Status: Informal.
Medication: Methadone mixture (1mg/1ml) sugar free 70 mls daily, dispensed under supervision.
Management Plan:

1. I would recommend no changes to dose or dispensing arrangements of Methadone.
2. Daniel remains unable to reduce his alcohol intake to the quantity he was consuming earlier this year. He described consuming 40-45 units of alcohol per week and five months ago was drinking 25-30 units per week.
3. Continued attendance at Shared Care Clinic with Shirley McArthur (Community Addictions Nurse) and Dr Clark for psychosocial support and urine drug screen.
4. OPC appointment with myself in six weeks.

I reviewed this gentleman in clinic today. Daniel was pleased to report minimal use of heroin over the past few months and told me he had only used on two occasions when his ex-partner had visited the Island and brought some heroin with her. He told me he did not think he would have used heroin without contact from his ex-partner. He told me he was successfully reducing his Methadone dose at present and wished to continue with this. I did not discuss Naltrexone medication with him and would be grateful if you could initiate this discussion when you see him next.

He described being "fed up" living on Bute and was considering relocating to Glasgow. He told me his children were positive about this, in particular his son, whom he told me would value his support as a babysitter. He described increased contact with both children and told me his daughter had recently visited the Island with her family. We had discussed improving computer skills at an earlier appointment and Daniel told me he had recently purchase a laptop second hand but because it does not have internet access he had not been using it. I encouraged him to investigate computing courses but he told me he had already agreed to give the laptop to his daughter.

There appears to have been little change in his alcohol intake since the previous appointment and he told me he was not interested in making any changes to his drinking behaviour. He told me he drinks on most days, between four and six cans of lager. He told me he valued company and would not be able to take soft drinks or alcohol free cans. He described a regular routine where he spends most afternoons in a local bar before returning home to cook his own food and watch TV. He also advised me he had around £1000 in savings which was for a "rainy day".

At interview he appeared in clean casual dress and readily maintained eye contact and rapport. There was no evidence of drug or alcohol intoxication or withdrawal. His speech was spontaneous, appropriate and to the point. His mood was objectively euthymic although subjectively he told me he felt "low" but he reported no thoughts of self harm. He described no perceptual abnormalities nor psychotic symptoms.

I will see Daniel for review in six weeks and keep you informed as to his progress.

Yours sincerely

Dave

Dr David Johnson
GMC No: 3683749
Consultant Psychiatrist Addictions

Copy

- Dr R. Clark, Health Centre, High Street, Rothesay, Isle of Bute, PA20 9JL

Argyll and Bute Addiction Team
Argyll and Bute Hospital
Blarbuie Road
Lochgilphead
Argyll
PA31 8LD
Tel: 01546 604957
Fax: 01546 605668

NHS Highland

Shirley McArthur
Community Addictions Nurse
Encompass Office
26 Bishop Street
Rothesay
Isle of Bute
PA20 9DG

COPY

Our Ref: DJ/AP 013975
Your Ref:

Date of Clinic: 04 October 2010
Location of Clinic:
Victoria Hospital, Rothesay

Date: 05 October 2010
If calling please ask for: Ann Paul
Email: ann.paul@nhs.net

Dear Shirley

Daniel Egan, 98 Montague Street, Rothesay, Isle of Bute, PA20 0HJ
Date of Birth: 12/02/54 CHI No: 3472

I had planned to see this gentleman in clinic today but unfortunately he failed to attend. He telephoned to cancel after receiving a text message reminder on the day of the appointment and requested further follow up. I will arrange to see him in due course and keep you informed as to his progress.

Yours sincerely

Dave.

Dr David Johnson
GMC No: 3683749
Consultant Psychiatrist Addictions

Copy
- Dr R. Clark, Health Centre, High Street, Rothesay, Isle of Bute, PA20 9JL

INVERCLYDE ROYAL HOSPITAL
GREENOCK PA16 0XN

CLINICAL BIOCHEMISTRY

CHI Number	Surname	Forename	Sex	Date of Birth
120 254 3472	EGAN	DANIEL	M	12/02/1954

Location	Hospital Number
Rothesay Health Centre	1202543472

Consultant/GP	Report to	
DR R. CLARK	DR R. CLARK	RTHC

Patient Address	Clinical Details
FLAT 31 98 MONTAGUE ST ROTHESAY ISLE OF BUTE	METHADONE

	28/07/10 16:00 BC769209T	02/06/10 15:40 BC739409T	17/03/10 14:42 BC947410G	19/01/10 14:20 BC913856A	29/04/09 15:00 BC771324D
Amphetamines	Negative	Negative	Negative	Negative	Negative
Benzodiazepine	Negative	Positive	Negative	Negative	Positive
Methadone	Positive	Positive	Positive	Positive	Positive
Opiates	Negative	Negative	Negative	Positive	Positive
Cannabinoids	Negative	Positive	Negative	Negative	Negative
Cocaine	Negative	Negative	Negative	Negative	Negative

28/07/10 BC769209T:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
02/06/10 BC739409T:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
17/03/10 BC947410G:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
19/01/10 BC913856A:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
29/04/09 BC771324D:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow

PLEASE RETAIN ONLY LATEST ISSUE OF EACH PAGE

A. A. McConnell
Authorised by:

06/08/2010 10:47
Date/Time of Report

NHS Confidential: Personal data about a patient

ARGYLL & BUTE CHP

Accident / Emergency Form

Islay
Rothesay
Dunoon
Campbeltown
Lochgilphead

Health Visitor
Name DANIEL EGAN
Address 98 MONTAGUE ST

CHI 1202543472

Hospital: June 1 2010 NO

Surname	Forenames	Birth Surname
EGAN	DANIEL	

Address	Patient's Own Occupation
98 MONTAGUE ST	

Postcode	Telephone No.	Date of Birth	Sex	Marital status	Religion
PA20 0HS		12.2.59	M	S	

[redacted]

Family Doctor: Surname: DR. CLARE LEWISSM | Initials: M

Address: HIC Rothesay

Postcode: CB8 9EN | Telephone No.:

Accident / Emergency: Date of Attendance	Previous Attendance at this Hospital Yes / No	In / Out Patient	Year
16.6.2010			

Time of Attendance	Reason for Attendance
18.30	? Gnt in right eye

Date of Injury or Illness	Time of Injury	Type (Code)	Source of Referral
			GP ____ 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 and Emergency Department today

Diagnosis

X-Ray film / ECG shows Rpe wash by nurse.

Treatment Given Corp removal.

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
2. Discharge
3. Refer to GP
4. Transfer to Other Hospital (see below)
5. Died
6. Refer to CP clinic (see below)
7. Irregular Discharge
8. DOA

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow up	Not arranged	Arranged	To be arranged

Clinic referred to	A&E	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others specify

Medical Officers Name (in block capitals)

Signature of Medical Officer

Cons SR Reg SHO / JHO Clin Assist (Please circle)

GP Copy Pink - Medical records copy Yellow - Health Visitors copy Blue - Treatment card copy White

STY0441D

INVERCLYDE ROYAL HOSPITAL
GREENOCK PA16 0XN

CLINICAL BIOCHEMISTRY

CHI Number	Surname	Forename	Sex	Date of Birth
120 254 3472	EGAN	DANIEL	M	12/02/1954

Location: Rothesay Health Centre
Hospital Number: 1202543472

Consultant/GP: DR R. CLARK
Report to: DR R. CLARK RTHC

Patient Address: FLAT 31 98 MONTAGUE ST
ROTHESAY
ISLE OF BUTE

Clinical Details: METHADONE MAINTENANCE

	02/06/10 15:40 BC739409T	17/03/10 14:42 BC947410G	19/01/10 14:20 BC913856A	29/04/09 15:00 BC771324D	16/09/08 15:48 BC891717F
Amphetamines	Negative	Negative	Negative	Negative	Negative
Benzodiazepine	Positive	Negative	Negative	Positive	Positive
Methadone	Positive	Positive	Positive	Positive	Positive
Opiates	Negative	Negative	Positive	Positive	Positive
Cannabinoids	Positive	Negative	Negative	Negative	Positive
Cocaine	Negative	Negative	Negative	Negative	Negative

02/06/10 BC739409T:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
17/03/10 BC947410G:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
19/01/10 BC913856A:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
29/04/09 BC771324D:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
16/09/08 BC891717F:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
Opiates:
Morphine detected by GCMS.

1 Page

PLEASE RETAIN ONLY LATEST ISSUE OF EACH PAGE

A. A. McConnell
Authorised by

09/06/2010 20:10
Date/Time of Report

NHS Confidential: Personal data about a patient

Health Visitor
Name .....
Address .....
.....

ARGYLL & BUTE CHP
Accident / Emergency Form

Islay
Rothesay
Dunoon
Campbeltown
Lochgilphead

				Hospital 10/76	
Surname Egan	Forenames Daniel			Birth Surname	
Address 98 Montague Street				Patient's Own Occupation	
Postcode	Telephone No.	Date of Birth	Sex M	Marital status	Religion
[redacted]				**Family Doctor:** Surname Dr. Clark	Initials R.
				Address R.M.C	
Postcode CB8 9EN.	Telephone No. 01638730560	Postcode		Telephone No. 502290.	
Accident / Emergency: Date of Attendance 5.5.10	Previous Attendance at this Hospital Yes / No			In / Out Patient	Year
Time of Attendance	Reason for Attendance ECG Clinic				
Date of Injury or Illness	Time of Injury	Type (Code)		Source of Referral GP ✓ 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 and Emergency Department today

Diagnosis

X-Ray film / ECG shows

Treatment Given 12 lead ECG carried out.

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
2. Discharge
3. Refer to GP
4. Transfer to Other Hospital (see below)
5. Died
6. Refer to CP clinic (see below)
7. Irregular Discharge
8. DOA

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow up	Not arranged	Arranged	To be arranged

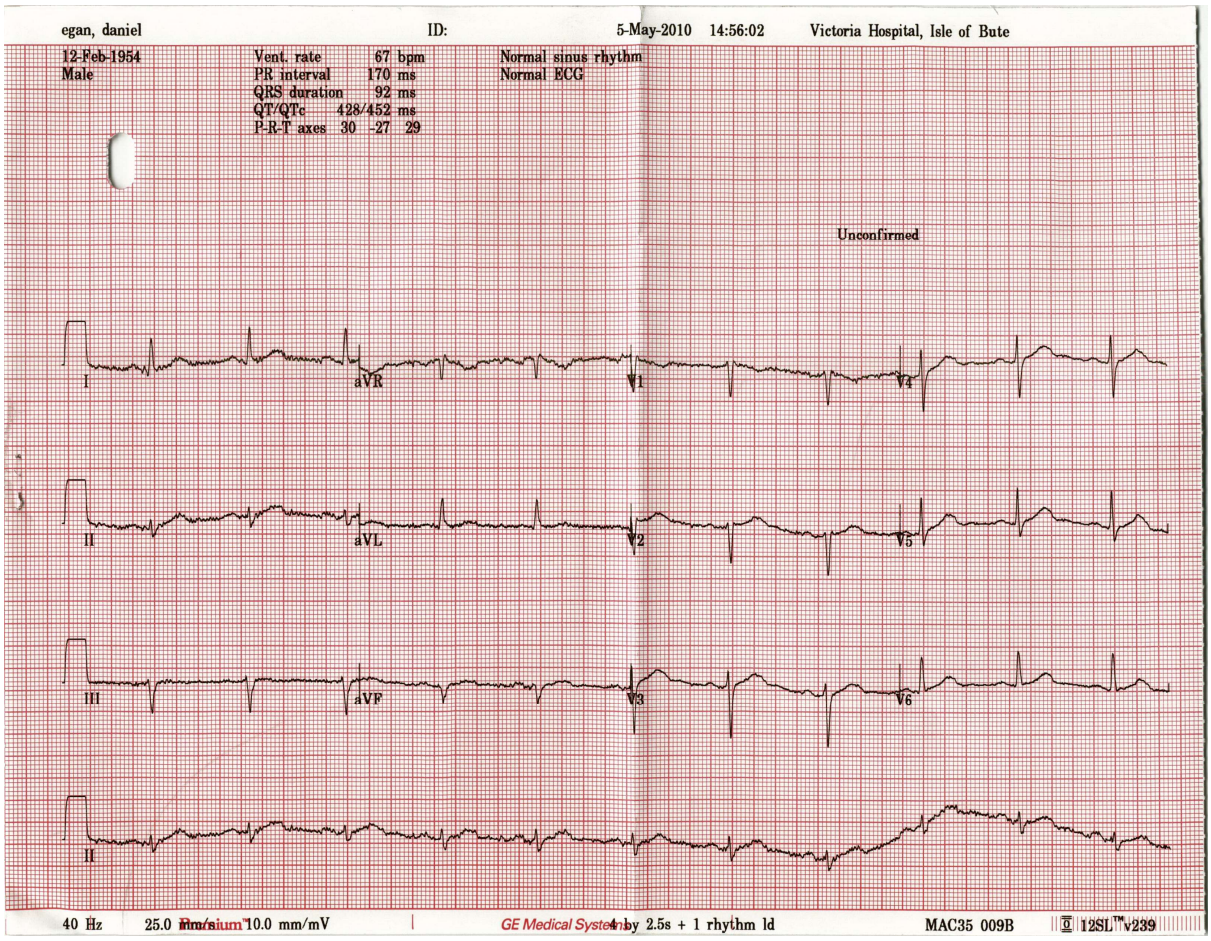
Clinic referred to	A&E	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others specify

Medical Officers Name (in block capitals) | Signature of Medical Officer

Cons SR Reg SHO / JHO Clin Assist (Please circle)

GP Copy Pink - Medical records copy Yellow - Health Visitors copy Blue - Treatment card copy White

STY0441D


egan, daniel
ID:
5-May-2010 14:56:02
Victoria Hospital, Isle of Bute
12-Feb-1954
Male
Vent. rate 67 bpm
PR interval 170 ms
QRS duration 92 ms
QT/QTc 428/452 ms
P-R-T axes 30 -27 29
Normal sinus rhythm
Normal ECG
Unconfirmed
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
40 Hz
25.0 mm/sium
10.0 mm/mV
GE Medical Systems
by 2.5s + 1 rhythm ld
MAC35 009B
12SL™ v239

NHS Confidential: Personal data about a patient

THE BUTE PRACTICE

Dr. C. Boyd
Dr. R. Clark
Dr. P. Lewis-Smith
Dr. F. McGhie
Dr. S.Morrison
Dr. A Shaw
Dr. W. Shennan

Health Centre
High Street
Rothesay
PA20 9JL

Telephone: 01700 502290 Fax: 01700 501530

Date: 15/04/10

Daniel Anthony Egan
Flat 3/1 98 Montague Stree

ROTHESAY
Isle of Bute
PA20 0HJ

Dear Mr Egan

Dr. Clark is requesting that you make an appointment ~~for a consultation~~ for a routine ECG.

We have made an appointment for you on Wed. 21st April at 2.50pm. If this is unsuitable please contact the Health Centre and arrange another appointment.

cc Appointment at Victoria Hospital, Rothesay.

Kind Regards

Yours sincerely

THE BUTE PRACTICE

INVERCLYDE ROYAL HOSPITAL
GREENOCK PA16 0XN

CLINICAL BIOCHEMISTRY

CHI Number	Surname	Forename	Sex	Date of Birth
120 254 3472	EGAN	DANIEL	M	12/02/1954

Location: Rothesay Health Centre
Hospital Number: 1202543472

Consultant/GP: DR R. CLARK
Report to: DR R. CLARK RTHC

Patient
Address: FLAT 31 98 MONTAGUE ST
ROTHESAY
ISLE OF BUTE

Clinical Details: Supervised Methadone

	17/03/10 14:42 BC947410G	19/01/10 14:20 BC913856A	29/04/09 15:00 BC771324D	16/09/08 15:48 BC891717F	16/06/08 16:00 BC840427S
Amphetamines	Negative	Negative	Negative	Negative	Negative
Benzodiazepine	Negative	Negative	Positive	Positive	Negative
Methadone	Positive	Positive	Positive	Positive	Positive
Opiates	Negative	Positive	Positive	Positive	Negative
Cannabinoids	Negative	Negative	Negative	Positive	Positive
Cocaine	Negative	Negative	Negative	Negative	Negative

17/03/10 BC947410G:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
19/01/10 BC913856A:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
29/04/09 BC771324D:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
16/09/08 BC891717F:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
Opiates:
Morphine detected by GCMS.
16/06/08 BC840427S:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow

PLEASE RETAIN ONLY LATEST ISSUE OF EACH PAGE

A. A. McConnell
Authorised by:

26/03/2010 15:07
Date/Time of Report

Argyll and Bute Addiction Team
Argyll and Bute Hospital
Blarbuie Road
Lochgilphead
Argyll
PA31 8LD
Tel: 01546 604957
Fax: 01546 605668

NHS Highland

Shirley McArthur
Community Addictions Nurse
Encompass Office
26 Bishop Street
Rothesay
Isle of Bute
PA20 9DG

COPY

Our Ref: DJ/AP 013975
Your Ref:

Date of Clinic:
15 February 2010
Location of Clinic:
Victoria Hospital, Rothesay

Date: 23 February 2010
If calling please ask for: Ann Paul
Email: ann.paul@nhs.net

Dear Shirley

Daniel Egan, 98 Montague Street, Rothesay, Isle of Bute, PA20 0HT
Date of Birth: 12/02/54 CHI No: 3472

I had planned to see this gentleman in clinic today but unfortunately he failed to attend. He has attended three out of nine clinic appointments offered and I will arrange for him to be sent an "opt in" letter asking him if he wishes any further contact with myself.

Yours sincerely

Dr David Johnson
GMC No: 3683749
Consultant Psychiatrist Addictions

Copy
• Dr R. Clark, Health Centre, High Street, Rothesay, Isle of Bute, PA20 9JL

Argyll and Bute Addiction Team
Argyll and Bute Hospital
Blarbuie Road
Lochgilphead
Argyll
PA31 8LD
Tel: 01546 604957
Fax: 01546 605668

NHS Highland

Mr Daniel Egan
98 Montague Street
Rothesay
Isle of Bute
PA20 0HT

COPY

Our Ref: DJ/AP 013975
Your Ref:

Date: 23 February 2010
If calling please ask for: Ann Paul
Email: ann.paul@nhs.net

Dear Mr Egan

I am sorry you have been unable to attend your recent out-patient clinic appointment with myself.

I will not send a further appointment but should you wish to be seen again I would be grateful if you could telephone the above number to arrange a further appointment at a time which is suitable for you.

If there is no contact within two weeks of receiving this letter, then you would need to attend your GP should you wish to be seen again and be referred back to the clinic.

Yours sincerely

David Johnson

Dr David Johnson
GMC No: 3683749
Consultant Psychiatrist Addictions

Copy
- Dr R. Clark, Health Centre, High Street, Rothesay, Isle of Bute, PA20 9JL
- Shirley McArthur, Community Addictions Nurse, Encompass Office, 26 Bishop Street, Rothesay, Isle of Bute, PA20 9DG

INVERCLYDE ROYAL HOSPITAL
GREENOCK PA16 0XN

CLINICAL BIOCHEMISTRY

CHI Number	Surname	Forename	Sex	Date of Birth
120 254 3472	EGAN	DANIEL	M	12/02/1954

Location	Hospital Number
Rothesay Health Centre	1202543472

Consultant/GP	Report to
DR R. CLARK	DR R. CLARK RTHC

Patient	Clinical Details
Address FLAT 31 98 MONTAGUE ST ROTHESAY ISLE OF BUTE	METHADONE MAINTENANCE

	19/01/10 14:20 BC913856A	29/04/09 15:00 BC771324D	16/09/08 15:48 BC891717F	16/06/08 16:00 BC840427S	28/02/08 14:15 BC779357T
Amphetamines	Negative	Negative	Negative	Negative	Negative
Benzodiazepine	Negative	Positive	Positive	Negative	Positive
Methadone	Positive	Positive	Positive	Positive	Positive
Opiates	Positive	Positive	Positive	Negative	Positive
Cannabinoids	Negative	Negative	Positive	Positive	Positive
Cocaine	Negative	Negative	Negative	Negative	Negative

19/01/10 BC913856A:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
29/04/09 BC771324D:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
16/09/08 BC891717F:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
Opiates:
Morphine detected by GCMS.
16/06/08 BC840427S:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
28/02/08 BC779357T:
Methadone:
Drug screen analysed at Gartnavel General, Glasgow
Opiates:
Codeine detected by GCMS. Morphine detected by GCMS. 6-monoacetyl morphine detected. Consistent with recent(<12Hrs) use of heroin.

Page	PLEASE RETAIN ONLY LATEST ISSUE OF EACH PAGE	Authorised by:	Date/Time of Report
1		Neil McConnell	26/01/2010 14:01

Argyll and Bute Addiction Team
Argyll and Bute Hospital
Blarbuie Road
Lochgilphead
Argyll
PA31 8LD
Tel: 01546 604957
Fax: 01546 605668

NHS Highland

Shirley McArthur
Community Addictions Nurse
Encompass Office
26 Bishop Street
Rothesay
Isle of Bute
PA20 9DG

Our Ref: DJ/AP 013975
Your Ref:

Date of Clinic:
11 January 2010
Location of Clinic:
Victoria Hospital, Rothesay

Date: 12 January 2010
If calling please ask for: Ann Paul
Email: ann.paul@nhs.net

COPY

Dear Shirley

Daniel Egan, 98 Montague Street, Rothesay, Isle of Bute, PA20 0HJ
Date of Birth: 12/02/54 CHI No: 3472

Diagnosis: F11.22 Mental health and behavioural disorders due to use of opioids – currently on a clinically supervised maintenance or replacement regime (controlled dependence).
Legal Status: Informal.
Medication: Methadone mixture (1mg/1ml) 100 mls daily, dispensed under supervision.
Management Plan:

1. I suggest no changes to dose or dispensing arrangements of Methadone.
2. Daniel has told me that he continues to drink between 25-30 units of alcohol per week which is a significant reduction from his previous intake.
3. Continued attendance at Shared Care Clinic with Shirley McArthur (Community Addictions Nurse) and Dr Clark for psychosocial support and urine drug screen.
4. OPC appointment with myself in eight weeks.
5. I would be grateful if an ECG could be arranged to check QTc given the dose of Methadone and the antipsychotic medication prescribed.

I reviewed this gentleman in clinic today along with Ria D'Mello (FY2). Daniel apologised for poor attendance at recent clinic appointments – although he was aware of several appointments which had been offered it seems we were also using an incorrect postcode for correspondence. Overall he appeared well and told me he had been "clean" from heroin for the past six weeks. He attributed his abstinence to lack of finance and a wish to spend his money on other things. He told me he had seen his ex partner recently and was planning to spend time with both her and her children over the Easter weekend. He also told me his son was planning to visit Rothesay with his wife and young children over the Easter weekend and Daniel was looking forward to this. He reports frequent contact with his sister who remains living in Rothesay and has been unable to sell her property and move to Glasgow as planned. Daniel was very happy with the progress he had made and did not wish any additional support at present.

At interview he appeared in clean casual dress and readily maintained eye contact and rapport. He described some respiratory symptoms (productive cough and breathlessness upon exercise) and has agreed to make an appointment with the GP Centre for further assessment. His mood was both subjectively and objectively euthymic and he reported

no thoughts of self harm or harm to others. He described no perceptual abnormalities nor psychotic symptoms.

I will see Daniel for review in eight weeks and keep you informed as to his progress.

Yours sincerely

David

Dr David Johnson
GMC No: 3683749
Consultant Psychiatrist Addictions

Copy
- Dr R. Clark, Health Centre, High Street, Rothesay, Isle of Bute, PA20 9JL

Argyll and Bute Addiction Team
Argyll and Bute Hospital
Blarbuie Road
Lochgilphead
Argyll
PA31 8LD
Tel: 01546 604957
Fax: 01546 605668

NHS Highland

Shirley McArthur
Community Addictions Nurse
Encompass Office
26 Bishop Street
Rothesay
Isle of Bute
PA20 9DG

COPY

Our Ref: DJ/AP 013975
Your Ref:

Date of Clinic:
11 January 2010
Location of Clinic:
Victoria Hospital, Rothesay

Date: 12 January 2010
If calling please ask for: Ann Paul
Email: ann.paul@nhs.net

Dear Shirley

Daniel Egan, 98 Montague Street, Rothesay, Isle of Bute, PA20 0HT
Date of Birth: 12/02/54 CHI No: 3472

Diagnosis: F11.22 Mental health and behavioural disorders due to use of opioids – currently on a clinically supervised maintenance or replacement regime (controlled dependence).
Legal Status: Informal.
Medication: Methadone mixture (1mg/1ml) 100 mls daily, dispensed under supervision. Daniel told me he was no longer taking Citalopram 20 mgs daily and had stopped without any problems.
Management Plan:

1. I suggest no changes to dose or dispensing arrangements of Methadone.
2. Daniel told me he had reduced his alcohol consumption from 30-35 units per week to 25-30 units per week.
3. Continued attendance at Shared Care Clinic with Shirley McArthur (Community Addictions Nurse) and Dr Clark for psychosocial support and urine drug screen.
4. OPC appointment with myself in one month.
5. I would be grateful if an ECG could be arranged to check QTc given the dose of Methadone and the antipsychotic medication prescribed.

I had planned to see this gentleman in clinic today but it would appear the address we have on file (98 Montague Street) was incorrect and should read 93 Montague Street. Daniel responded to a text message advising him of his appointment – unfortunately he was unable to attend at the allocated time but was fitted in to a later appointment at the end of the clinic. (He advised me he would need to leave this appointment early due to a prior commitment.)

I reviewed this gentleman in clinic today. He was delighted to report that although he had declined any involvement in a DTTO he had appeared at Court and received a £75 fine for his outstanding drug possession charge (eight Valium tablets). He told me he now no longer had any outstanding charges and was ensuring he made the necessary payments regularly towards his fines. He reported "minimal" use of illicit drugs or alcohol. He told me he had not smoked any heroin for the past two weeks and was drinking no more than two cans of Tenants normal strength lager per day.

He described a recent "stramash" with Dr Clark with regard to a request for a urine sample for drug analysis. I advised Daniel that an important part of a Methadone substitution programme was the requirement to provide regular urine samples for drug analysis when

requested and that as a minimum a sample should be collected every three months. I advised Daniel of the importance of being able to comply with the Methadone programme and suggested he drink plenty of fluids and avoid going to the toilet prior to his next appointment.

At interview he appeared in clean casual dress and readily maintained eye contact and rapport. His mood was both subjectively and objectively euthymic and he reported no thoughts of self harm or harm to others. He described no perceptual abnormalities nor psychotic symptoms. We discussed recent advice with regard to Anthrax and heroin use.

I will see Daniel for review in one month and keep you informed as to his progress.

Yours sincerely

Dr David Johnson
GMC No: 3683749
Consultant Psychiatrist Addictions

Copy
- Dr R. Clark, Health Centre, High Street, Rothesay, Isle of Bute, PA20 9JL

Argyll and Bute Addiction Team
Argyll and Bute Hospital
Blarbuie Road
Lochgilphead
Argyll
PA31 8LD
Tel: 01546 604957
Fax: 01546 605668

NHS Highland

Shirley McArthur
Community Addictions Nurse
Ballochyle House
Kirk Street
Dunoon
PA23 7DP

COPY

Our Ref: DJ/AP 013975
Your Ref:

Date of Clinic:
02 November 2009
Location of Clinic:
Victoria Hospital, Rothesay

Date: 03 November 2009
If calling please ask for: Ann Paul
Email: ann.paul@nhs.net

Dear Shirley

Daniel Egan, Flat 3/1, 09 Montague Street, Rothesay, Isle of Bute, PA20 0HT
Date of Birth: 12/02/54 CHI No: 3472

I had planned to see this man in clinic today but unfortunately once again he failed to attend. I will arrange a further appointment for routine review in due course and keep you informed as to his progress.

Yours sincerely

Dr David Johnson
GMC No: 3683749
Consultant Psychiatrist Addictions

Copy
- Dr R. Clark, Health Centre, High Street, Rothesay, Isle of Bute, PA20 9JL

[redacted]

THE BUTE PRACTICE

Dr. C. Boyd
Dr. R. Clark
Dr. P. Lewis-Smith
Dr. F.J. McGhie
Dr. S.Morrison
Dr. A Shaw
Dr. W. Shennan

Health Centre
High Street
Rothesay
PA20 9JL

Telephone: 01700 502290 Fax: 01700 501530

Egan Daniel Anthony
Flat 3/1 98 Montague Street
ROTHESAY
Isle of Bute
PA20 0HJ

Dear Patient

Questionnaire on Alcohol Use and Its Effect on Patients

As part of the NHS Scotland Improvement Targets for 2009/10, The Bute Practice has been asked to gather information regarding the effect that alcohol has on people's health.

We are therefore asking for a few minutes of your time to complete the enclosed questionnaire.

The information we gather will be used to make improvements in our patient's health. We will do this by identifying those who may benefit from further discussion with a health care professional regarding their alcohol intake.

We can assure you that the information you have given would be kept in the strictest confidence.

Therefore we would be grateful if you would complete and return to the health centre at your earliest convenience.

Assuring you of our best care at all times.

Yours sincerely,

The Bute Practice

Argyll and Bute Addiction Team
Argyll and Bute Hospital
Blarbuie Road
Lochgilphead
Argyll
PA31 8LD
Tel: 01546 604957
Fax: 01546 605668

NHS Highland

Shirley McArthur
Community Addictions Nurse
Ballochyle House
Kirk Street
Dunoon
PA23 7DP

COPY

Our Ref: DJ/AP 013975
Your Ref:

Date of Clinic:
07 September 2009
Location of Clinic:
Victoria Hospital, Rothesay

Date: 17 September 2009
If calling please ask for: Ann Paul
Email: ann.paul@nhs.net

Dear Shirley

Daniel Egan, Flat 3/1, 09 Montague Street, Rothesay, Isle of Bute, PA20 0HT
Date of Birth: 12/02/54 CHI No: 3472

Diagnosis: F11.22 Mental health and behavioural disorders due to use of opioids – currently on a clinically supervised maintenance or replacement regime (controlled dependence).
Legal Status: Informal.
Medication: Methadone mixture (1mg/1ml) 100 mls daily, dispensed under supervision. Citalopram 20 mgs daily.
Management Plan:

1. I suggested no changes to Methadone or psychotropic medication at present.
2. I have again recommend Daniel gradual reduces his alcohol consumption (currently 30-35) units per week) and also advised him under no circumstances should he continue to smoke heroin (currently smoking two bags once or twice per week).
3. Daniel is currently being assessed at the request of the Court for possible Drug Treatment Testing Order. At interview today, he expressed the view that he would not be willing to comply with the regular appointments and urine drug analysis and would prefer to serve a custodial sentence. I have advised him to discuss this at his next appointment with the DTTO team.
4. OPC appointment with myself in two months.
5. Follow up with Shirley McArthur (Community Addictions Nurse) for psychosocial support and urine drug screen.

I reviewed this gentleman in clinic today. He is increasingly frustrated at the length of time that is being taken by the Court to sentence him for a drug possession charge. He told me he had already paid £200 for possession of heroin but that he was subject to a different sentencing arrangement for a charge of possession of benzodiazepines (8 Valium tablets) and that the Court had seemed to suggest his alternative was either a DTTO or a custodial sentence.

He estimated he was smoking between 2-3 bags of heroin per week. He told me his use was impulsive and a way to cope with boredom rather than any psychosocial problems. He has resumed contact with his ex-partner whom he told me was expecting a baby later is week. He is planning to attend ENCOMPAS to see if they are able to offer him any

Argyll Bute COUNCIL

COPY

Argyll and Bute Addiction Team
Argyll and Bute Hospital
Blarbuie Road
Lochgilphead
Argyll
PA31 8LD
Tel: 01546 604957
Fax: 01546 605669

NHS Highland

Shirley McArthur
Community Addictions Nurse
Ballochyle House
Kirk Street
Dunoon
PA23 7DP

Our Ref: DJ/AP013975
Your Ref:

Date of Clinic: 13 July 2009
Location of Clinic:
Victoria Hospital, Rothesay

Date: 16 July 2009
If calling please ask for: Ann Paul
Email: ann.paul@nhs.net

Dear Shirley

Daniel Egan, Flat 3/1, 98 Montague Street, Rothesay, Isle of Bute, PA20 0HT
Date of Birth: 12/02/54 CHI No: 3472

I had planned to review this gentleman in clinic today, but unfortunately he failed to attend.

I will review Daniel again in due course and keep you informed as to his progress.

Yours sincerely

David Johnson

Dr David Johnson
GMC No: 3683749
Consultant Psychiatrist Addictions

Copy
- Dr R. Clark, Health Centre, High Street, Rothesay, Isle of Bute , PA20 9JL

COPY

Argyll & Bute Addiction Team
Argyll & Bute Hospital
Blarbuie Road
Lochgilphead
Argyll
PA31 8LD
Tel: 01546 604957
Fax: 01546 605668

Our Ref: DJ/AP 013975
Your Ref:

Date of Clinic: 08 June 2009
Location of Clinic: Victoria Hospital, Rothesay,

Date: 11 June 2009
If calling please ask for: Ann Paul
E-mail: ann.paul@nhs.net

Shirley McArthur
Community Addictions Nurse
Ballochyle House
Kirk Street
Dunoon
PA23 7DP

Dear Shirley

Daniel Egan, Flat 3/1, 98 Montague Street, Rothesay, Isle of Bute, PA20 0HT
Date of Birth: 12/02/54 CHI No: 3472

Diagnosis: F11.22 Mental health and behavioural disorders due to use of opioids – currently on a clinically supervised maintenance or replacement regime (controlled dependence).
Legal Status: Informal.
Medication: Methadone mixture (1mg/1ml) 85 mls daily, dispensed under supervision. Citalopram 20 mgs daily.
Management Plan:

1. I suggested no changes to Methadone or psychotropic medication at present.
2. I recommend Daniel gradually reduce his alcohol consumption (currently 30-35 units per week) and also advised him under no circumstances should he continue to smoke heroin (currently smoking two bags once or twice per week).
3. OPC appointment with myself in four weeks.
4. Follow-up with Shirley McArthur (Community Addictions Nurse) for psychosocial support and urine drug screen.

I reviewed this gentleman in clinic today. Overall he appears well and offered no major complaints. He attributed his improved mood to the seasonal weather and spending more time outdoors. He also described an improved relationship with his ex-partner whom he now speaks to most days. He told me he had recently travelled to Blackpool with 15 members of his family for a stag night. Unfortunately both he and his son consumed alcohol and an argument began – this usually involves his son's unhappiness about Danny's behaviour when he was younger (numerous custodial sentences and problem drug and alcohol use). He remains on speaking terms with his son and will most likely see him at the wedding in Paisley in two weeks. He recognised his alcohol intake was gradually increasing (he can sometimes drink eight cans of lager in an evening) and that he was still "dabbling" with heroin but was not experiencing any effect. We spent some time discussing "receptor blockade" and also the dangers of combining alcohol or heroin with Methadone treatment, particularly respiratory depression and fatal overdose.

Daniel told me he had not used any benzodiazepines or amphetamines since his last appointment with myself. He told me he was fined £40 after being found in possession of heroin. He was surprised to receive a separate charge for eight benzodiazepine tablets which were found in his possession at the same time and told me his lawyer was trying to have this case dismissed.

At interview he presented in clean casual dress, with no evidence of intoxication or drug withdrawal. His speech was spontaneous, appropriate and to the point and his mood was both subjectively and objectively euthymic. There were no thoughts of self harm nor harm to others and he described no perceptual abnormalities nor psychotic symptoms.

He left clinic to attend a dental appointment (he is aware that he needs teeth extracted) and is also hoping to arrange an eye test in the near future but told me he would need to travel to the Greenock or Glasgow area for this.

I will see him in four weeks and keep you informed as to his progress.

Yours sincerely

Dr David Johnson
GMC No: 3683749
Consultant Psychiatrist Addictions

Copy

- Dr R. Clark, Health Centre, High Street, Rothesay, Isle of Bute, PA20 9JL

MICROBIOLOGY — INVERCLYDE ROYAL HOSPITAL

CPA ACCREDITED

Pat. number 1202543472 — Requested by: DR R. CLARK
Surname EGAN — Location: Rothesay Health Centre
Forename DANIEL
Date of Birth 12/02/1954
Sex M — Clinical details: H/O HERION USE
Antibiotics Not Stated — Lab. number: MS707036

Hepatitis B surface antigen	Negative
Hepatitis C Antibody	Negative
HIV Antigen/Antibody	Negative
Hepatitis B core antibody	Negative

Date received : 21/09/2006 — Date reported : 29/09/2006
Specimen : Venous Blood — Technically Validated by : Chris Storrie

STY1826D

NHS Confidential: Personal data about a patient

Inverclyde Royal Hospital, Larkfield Road, Greenock PA16 0XN

HAEMATOLOGY

Hospital Number	Surname	Forename	Sex	Dob
1202543472	EGAN	DANIEL	M	12/02/1954

Location: Rothesay Health Centre	CHI Number: 1202543472
Consultant/GP: DR R. CLARK	Copy to: DR R. CLARK RTHC
Patients Address: 63 CASTLE STREET ROTHESAY ISLE OF BUTE	Clinical Details: sweating

Hb g/dl	RBC 10^{12}/l	Hct %	MCV fl	MCHC g/dl	MCH pg	RDW %	WBC 10^9/l	Ne 10^9/l	Ly 10^9/l	Mo 10^9/l	Eo 10^9/l	Ba 10^9/l	Plat 10^9/l
14.4	4.49	41.7	93	34.6	32.1*	13.5	6.9	3.0	3.0	0.6	0.2	0.1	261

Date of Collection:	Lab Number:	Tests Performed
21/09/2006 10:20	BL738132H	FBC

STY1824D