

Tablets 50 mg			DAY		2020	2020
Elleste Duet 2 Mg Tablets	84	84 TABLET	ONE TO BE TAKEN EACH DAY	-	15-Nov-2019	15-Nov-2019
Norethisterone Tablets 350 micrograms	84	84 tablet	ONE TAB DAILY	-	15-Nov-2019	15-Nov-2019
Hydrocortisone And Miconazole Cream 1 % + 2 %	60	60 gram	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY	-	05-Sep-2019	05-Sep-2019
Dermol 500 Lotion	500	500 ML	TO BE USED AS A SOAP SUBSTITUTE	-	05-Sep-2019	05-Sep-2019
Zerobase Cream 11 %	500	500 GRAM (S)	APPLY AS DIRECTED	-	05-Sep-2019	05-Sep-2019
Cetirizine Hydrochloride Tablets 10 mg	56	56 tablet	ONE TO BE TAKEN EACH DAY	-	05-Sep-2019	05-Sep-2019
Norethisterone Tablets 350 micrograms	84	84 tablet	ONE TAB DAILY	-	23-Aug-2019	23-Aug-2019

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
22-Jan-2020	130	80
15-Nov-2019	124	83
26-Feb-2018	126	70
05-Feb-2018	120	70
18-Oct-2017	131	73

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
11-Jun-2010	158	56	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Non-smoker :	Cough for 3 weeks, feels SOB with it, sore upper back - took diclofenac for it. No fevers. Bringing up green catarrh, no runny nose/sore throat etc.	06-Dec-2018
Ex smoker:		05-Feb-2018
Ex smoker:		17-Feb-2017
Ex smoker:		11-Nov-2015
Ex smoker:		06-Oct-2014

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information

Risk of Suicide:Don't Know
 Past history of suicide attempt:No
 Risk of deliberate self harm:Don't Know
 Is patient responsible for children?:Yes
 Risk to others including children/dependents/clinicians/other:No
 Risk from others:No
 Risk of Self Neglect:Don't Know
 OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

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Queen Elizabeth University Hospital
1345 Govan Road
Glasgow G51 4TF
21/01/2020

Dr P Ghaus
Drs Ghaus & Khouly
Pollok Health Centre
21 Cowglen Road
Glasgow G53 6EQ

Dear Dr P Ghaus

Re Patient
Frances McGowan
359 PEAT ROAD
Glasgow G53 6SE

CHI Number: 1901696308
Consultant: Dr Angela Drummond
Specialty: Dermatology
Date and time: 21/01/2020, at 14:45

It would appear from our records that your patient did not keep the above appointment and did not notify us that they would not be attending.

Your patient has been informed of the missed appointment and no further appointment will be offered without further request from the patient or yourself. Your patient has been provided with the hospital contact details to use to request a further appointment. If on consideration of the clinical or social circumstances of the patient you feel it is appropriate to request a further appointment on the patient's behalf please resend the gateway referral.

Yours sincerely

Irene Hunter
Referral Management Centre South/Clyde

User ID Christine Petersen

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McGowan Frances

CHI: 1901696308

Clinic Letter

Dr. P Ghaus
 Drs Ghaus & Khouly
 Pollok Health Centre
 21 Cowglen Road
 Glasgow
 G53 6EQ

Main
 Switchboard:
 Department:
 Contact Tel:
 Enquiries to:
 Letter Date:
 Reference:
 Dictated
 Date:
 Transcribed
 Date:

NHS
 Greater Glasgow
 and Clyde
 New Victoria Hospital
 Grange Road
 Glasgow
 G42 9LF
 0141 201 8000
 Haematology
 0141 347 8164/63
 07/11/2019
 NB/PT
 07/11/2019
 14/11/2019

Dear Dr. P Ghaus,

Frances McGowan; D.O.B: 19 Jan 1969; CHI: 1901696308
359 PEAT ROAD, Glasgow, Lanarkshire, G53 6SE

Attendance: Specialty - Haematology; Clinic - VINBHAS-NURSE N BROWN HAEM MYELOMA
 THUR PM - NO OVERBOOKING
 Date and Time of Appointment - 07/11/2019 15:00

Clinical Comments:

DIAGNOSIS: IgG kappa MGUS

Results - haemoglobin 127 , WBC 9.8 , platelets 257,

creatinine 57 , Adjusted Calcium 2.40, paraprotein 5 and serum free light
 chains 36.5

I met with Frances and her granddaughter at my Nurse Led MGUS on
 Thursday 7.11.19. Frances has been well, she is complaining today of
 some lower back pain, she is having a problem when she is sleeping at
 night, and she is concerned that this may be related to her kidneys, and
 I have checked kidney function today. I also discussed the fact that she
 only drinks tea, and that she really should drink some water, her urine she
 admits is dark coloured, and I think she is probably a bit dehydrated. She
 has not been bothered with any other pain, but she did have a troublesome
 cough a couple of months ago, which required a course of antibiotics,

NHS Confidential: Personal data about a patient

McGowan Frances

CHI: 1901696308

OPCL 07/11/2019 v1

but this has now cleared. She is not bothered with any swollen ankles, and is not excessively tired, although she is concerned about starting the menopause, she has problems sleeping at night, has mood swings, hot flushes and anxiety. I discussed with her today, that she should her GP about this, and she is thinking about making an appointment in early New Year. She also today informed me that she had forgotten to get her thyroid function checked, I was to added this on to her bloods today, but unfortunately I forgot, I will do this the next time she comes.

I have arranged for her to return to my Nurse Led Clinic in 4 months time, and if her bloods are remaining stable, then I will increase her appointments to 6 monthly.

With kind regards.

Yours sincerely

Natasha Brown

Myeloma Nurse

Clinical Haematology

Electronically Signed: Nurse Natasha Brown, Nurse Practitioner

cc.

Printed on 15/11/2019 12:38 by Sharon Wyper

Page 2 of 2

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McGowan Frances

CHI: 1901696308

Emergency Attendance Letter

Emergency Department
 Queen Elizabeth University Hospital
 1345 Govan Road
 Glasgow
 Lanarkshire
 G51 4TF

Dept. Contact Details:
 Tel: 0141 452 2930/2931
 Fax: 0141 201 2804
 Email:

Date Completed: 25/02/2020

Consultant: Dr Jonny Gordon

P Ghaus
 Drs Ghaus & Khouly
 Pollok Health Centre
 21 Cowglen Road
 Glasgow
 Glasgow
 G53 6EQ

Dear P Ghaus

Re: **McGowan Frances**
 359 PEAT ROAD
 Glasgow G53 6SE

DOB: 19/01/1969

CHI: 1901696308

Attended on: 24/02/2020 at 11:24 hrs.
 Discharge Type: 02 - Admitted
 Previous ED Attendance in last 12 months: 0

Departed on: 24/02/2020 at 20:00 hrs.
 Destination: Admission to this Hospital

Presenting complaint
biba, chest pain, anxiety

Nursing Assessment:
BIBA- pt c/o sudden onset of central chest pain described as sharp in nature and states it felt like a 'tear inside her chest', worse on inhalation. pt has hx of anxiety, family hx of PE and dad passed away due to MI last year.

Investigations in ED:

- | | | |
|---------------------|--------------------------|-------------------------------|
| 1. 12 Lead ECG | 2. Urea and Electrolytes | 3. Bicarbonate |
| 4. LFT | 5. Glucose | 6. Lipid profile (inc. HDL) |
| 7. Full Blood Count | 8. Troponin I hs | 9. D - Dimer |
| 10. XR Chest | 11. Coagulation screen | 12. CT Aorta thoracic |
| 13. Troponin I hs | 14. Gated CT thorax | |

Page 1 of 2

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McGowan Frances

CHI: 1901696308

Diagnosis:

Diagnosis	Side	Site
Other Chest Pain		

Procedures: **None**Immunisations: **None**Dispensed Medication: **None**

Clinician Notes:

51F admitted with sudden onset central tearing chest pain. CT aorta normal, no dissection. D-dimer >750 but no PE. Admitted medicine for further investigation.

Followup:

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Kathryn Annandale
Doctor

Copies to:

1. P Ghaus (GP)

School Address:

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Chief Officer
 David Williams
 MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
 Rossdale Resource Centre
 12 Haughburn Road
 Pollock
 GLASGOW
 G53 6AB
 Tel: 0141 232 4750
 Fax: 0141 232 4769

Ref: EMcl

Date: 28 February 2020

PRIVATE & CONFIDENTIAL

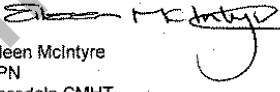
Dr GHAUS, Pervez (Dr)
 Pollok Health Centre
 21 Cowglen Road
 Glasgow
 G53 6EQ

Dear Dr Ghaus

Re. Frances McGowan

Thank you for your recent referral for the above named lady. She was seen and assessed on the 20th February at Rossdale CMHT. Fortunately by the time that she was seen she reported some slight improvement with her mental health in that her anxiety had decreased, her mood was a bit brighter and she also felt that her OCD thoughts had subsided although she was still having them occasionally. I am not clear if her OCD was being driven by her anxiety or vice versa. It would appear that the death of her step-father has possibly impacted on her more than she had thought and with that we have referred her to lifelink for bereavement counselling. We would also recommend that her Setraline could be increased to 100mgs. She reported that she is now back on her HRT having come off it very abruptly and I wonder if this also impacted on her mental health at the time. We did not feel it was necessary to offer Ms McGowan another appointment at this time and will therefore be discharging her back to your care.

Yours sincerely


 Eileen McIntyre
 CPN
 Rossdale CMHT



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McGowan Frances

CHI: 1901696308

Final Discharge Letter

Dr. P Ghaus
 Drs Ghaus & Khoully
 Pollok Health Centre
 21 Cowglen Road
 Glasgow
 G53 6EQ

Main
 Switchboard:
 Department:
 Contact Tel:
 Enquiries to:
 Letter Date:
 Reference:
 Dictated
 Date:
 Transcribed
 Date:

NHS
 Greater Glasgow
 and Clyde
 Queen Elizabeth University Hospital
 1345 Govan Road
 Glasgow
 G51 4TF
 0141 201 1100
 Acute Medicine
 0141 452 2323
 27/03/2020
 LH/CR
 24/03/2020
 25/03/2020

Dear Dr. P Ghaus,

Frances McGowan; D.O.B: 19/01/1969; CHI: 1901696308
359 PEAT ROAD, Glasgow, Lanarkshire, G53 6SE

Admission: Specialty - General Medicine; Ward - QEUH ARU2 General Medicine
 Consultant - Dr Lesley Hall; Date of Admission - 24/02/2020
 Date of Discharge - 25/02/2020; Discharged to - Private Residence - living with relatives or friends

Clinical Comments:**Diagnosis: Musculoskeletal Chest Pain**

I do not have anything to add to the IDL dated 25/02/2020. No medical follow-up is planned.

Yours Sincerely,

Dr Lesley Hall**Consultant Physician**

Electronically Signed: Dr Lesley Hall, Consultant

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McGowan Frances

CHI: 1901696308

FDL 25/02/2020 v1

cc.

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MCGOWAN FRANCES CHI: 1901696306 DoB: 19-Jan-1969

Immediate Discharge Letter

Highly Sensitive: No
 Consent for Sharing Withheld: No

PERVEZ GHAI/SDrs Ghais & Khoulj, Poolek Health Centre, 21 Cowglen Road,
 Glasgow, G53 6EQ

Queen Elizabeth Hospital, 1345 Govan Road Glasgow G51 4TF
 Main Switchboard: 0141 2011100
 Date of Completion: 25-Feb-2020



Dear PERVEZ GHAI,

Name	CHI	DoB	Address
FRANCES MCGOWAN	1901696306	19-Jan-1969	359 PEAT ROAD, Glasgow, Lanarkshire, G53 6SE

Admitted	Type	Discharged	Destination
24-Feb-2020 20:00	IP	25-Feb-2020	Private Residence - no additional detail added

Speciality	Consultant	Ward	Telephone
General Medicine	Hall	QEUH ARU2 General Medicine	0141 2011100

Primary Diagnosis:
 There is no data to display.

Secondary Diagnosis:
 There is no data to display.

Significant Operations / Procedures:
 There is no data to display.

Last Discharge Review: Stuart Booth (Stuart Booth - FY1) on 25 Feb 2020 10:28

Discharge Medication:

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MCGOWAN FRANCES

CHI: 1901696308

DoB: 19-Jan-1969

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Clotrimazole 1% cream	topical	APPLY TWO TO THREE TIMES DAILY.	No	Patient's own drugs at home		Y	
Eliase Duet 2 Mg Tablets	oral	ONE TO BE TAKEN EACH DAY.	No	Patient's own drugs at home		Y	
Ibuprofen 400mg tablets	oral	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD.	No	Patient's own drugs at home		Y	
Levonorgestrel 30microgram tablets	oral	ONE TAB DAILY.	No	Patient's own drugs at home		Y	
Levothyroxine sodium 100microgram tablets	oral	1 Tab Daily.	No	Patient's own drugs at home		Y	
Norethisterone 350microgram tablets	oral	ONE TAB DAILY.	No	Patient's own drugs at home		Y	
Omeprazole 20mg gastro-resistant capsules	oral	ONE TO BE TAKEN EACH DAY.	No	Patient's own drugs at home		Y	
Propranolol 10mg tablets	oral	ONE TO BE TAKEN THREE TIMES A DAY.	No	Patient's own drugs at home		Y	
Propranolol 40mg tablets	oral	ONE TO BE TAKEN THREE TIMES A DAY.	No	Patient's own drugs at home		Y	
Sertraline 50mg tablets	oral	ONE TO BE TAKEN EACH DAY.	No	Patient's own drugs at home		Y	
Sumatriptan 100mg tablets	oral	ONE TO BE TAKEN AT ONSET OF MIGRAINE. DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS.	No	Patient's own drugs at home		Y	
Zopiclone 7.5mg tablets	oral	ONE TO BE TAKEN AT NIGHT.	No	Patient's own drugs at home		Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Page 2 of 4

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MCGOWAN FRANCES CHI: 1901696308 DoB: 19-Jan-1969

Dispensing Comments						
There is no data to display.						
Withheld Medication:						
Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason	
There is no data to display.						
Stopped Medication:						
Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason	
There is no data to display.						
Reason for Admission and Presenting Complaints				Admission Category		
No data available				No data available		
Clinical Comments:	<p>Dear Doctor,</p> <p>Mrs McGowan was admitted to ARU2 at the QEIH with sudden onset sharp central chest pain that came on when at rest. There was associated difficulty in breathing and she described weakness and tingling all over. These symptoms resolved around after around 7 hours.</p> <p>CT thoracic aorta showed no dissection or pulmonary embolism and troponin was negative. She was clinically well and bloods were normal, her pain was likely musculoskeletal in nature.</p> <p>She was discharged home with no routine follow up required.</p> <p>Many Thanks, Dr Stuart Booth FY1, ARU2 QEIH</p>					
Follow Up:	No					
Results Awaited:	None required					
Pharmacist Comments:	No					

NHS Confidential: Personal data about a patient

MCGOWAN FRANCES CHI: 1901698308 DoB: 19-Jan-1969

Final Discharge Letter to Follow: Yes

Yours sincerely,

Stuart Booth

Prescription Review
Checked by: Stuart Booth (FY1)
Discharged by: Stuart Booth (FY1)

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McGowan Frances

CHI: 1901696308

Emergency Attendance Letter

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2338 (82338)
Fax: Patient Attended
Email: QEUH Assessment Unit

Date Completed: 18/01/2022

Consultant:

P Ghaus
Drs Ghaus & Khouly
Pollok Health Centre
21 Cowglen Road
Glasgow
Glasgow
G53 6EQ

Dear P Ghaus

Re: **McGowan Frances**
359 PEAT ROAD
Glasgow G53 6SE

DOB: 19/01/1969

CHI: 1901696308

Attended on: 18/01/2022 at 07:56 hrs.

Departed on: 18/01/2022 at 13:36 hrs.

Discharge Type: 01b - Discharge with follow up by
primary care team

Destination: Private residence

Previous ED Attendance in last 12 months: 1

Presenting complaint
Return - Doppler

Nursing Assessment:

Investigations in ED: None

NHS Confidential: Personal data about a patient

McGowan Frances CHI: 1901696308

Diagnosis:

Diagnosis	Side	Site
Pain in Limb		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Clinical History : right calf pain and swelling ? dvt ? bakers cyst US Doppler lower limb veins Rt : Negative for DVT. All examined veins were compressible and patent. No Baker's cyst. Examined veins: CFV, proximal GSV, proximal profunda femoris vein, FV, PV ? rescan 1/52, I will call patient next week regarding symptoms. Regards Julia Murray - MNP

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Julia Murray
Nurse

Copies to:

1. P Ghaus (GP)

School Address:

THIRD PARTY COPY

Hospital use only	Clinic	Day Date	Time	Hospital No.
-------------------	--------	----------	------	--------------

REFERRAL LETTER**MEDICAL IN CONFIDENCE**

GGC Acute Med Patient Info Protocol (Glasgow, vR15.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Medical GGC Acute Med Patient Info	— Consultant / receiving practitioner and/or specialty clinic
Acute Assessment - Supplementary Information SCI Gateway Virtual Location code	— Hospital and hospital address
	Hospital location code: G135G
	Email address: -
Urgency of referral Routine	Date sent 17-Jan-2022
Date of referral 17-Jan-2022	

PATIENT DETAILS		Patient's address
Surname McGowan		359 Peat Road GLASGOW G53 6SE
Forename(s) Frances		
Title Miss		Contact number(s)
Sex Female		Voice: 07925908346
Date of birth 19-Jan-1969		
CHI no. 1901696308		
Area of Residence -		

101025309497F Unique Care Pathway Number: 101025309497F

REGISTERED GP DETAILS		Practice address
Name Dr Pervez Ghaus		Pollok Health Centre 21 Cowglen Road Glasgow G53 6EQ
GMC code 2957427	GP code 05991	
Practice name Dr Ghaus & Dr Khouly Practice (18964)		Contact number(s)
Practice code 52400		Voice: 0141 531 6870 Facsimile: 0141 531 6879 E-mail: ggc.gp52400clinical@nhs.scot

REFERRING GP DETAILS		Practice address
Name Dr. Jimmy Khouly		Pollok Health Centre 21 Cowglen Road Glasgow G53 6EQ
GMC code 6128718	GP code 00060	
Practice name Drs Ghaus & Khouly (52400)		Contact number(s)
Practice code 52400		

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Voice:0141 531 6870 Facsimile:0141 531 6879
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CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: DVT service

Comment: thank you for seeing this 52 yo lady with a renal hx-4-5 day history of r leg pain and mild swelling noted on examination. calves both measure 40cm. tender to palpate and no redness. obs noted. chest clear.

possible gastrocnemius injury and pain on dorsiflexion of foot but given area affected-need to rule out DVT. also recent covid + few wks ago.

Kind Regards,

Dr J Khoully

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
Chest pain	musculoskeletal	24-Feb-2020	24-Feb-2020
Plantar fasciitis	-	09-Mar-2017	09-Mar-2017
Impaired fasting glycaemia	-	15-Jul-2015	15-Jul-2015
Hypothyroidism NOS	-	03-Sep-2007	03-Sep-2007

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Injection of steroid for local action NEC	09-Dec-2016	09-Dec-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Sertraline Hydrochloride Tablets 50 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	17-Jan-2022	17-Jan-2022
Propranolol Hydrochloride Tablets 40 mg	56	56 tablet	ONE TAB DAILY	-	01-Oct-2021	20-Dec-2021
Kliovance Tablets	84	84 TABLET	ONE TO BE TAKEN EACH DAY	-	12-Aug-2021	20-Dec-2021
Sertraline Hydrochloride Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	27-Feb-2020	17-Jan-2022
Sumatriptan Succinate Tablets 100 mg	6	6 TABLET	ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS	-	10-Oct-2017	20-Dec-2021
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 Tab Daily	-	16-Sep-2011	20-Dec-2021

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Dermol Cream	500	500 gram	APPLY TWICE A DAY	-	19-Oct-2021	19-Oct-2021
Fexofenadine Hydrochloride Tablets	30	30 tablet	ONE TAB DAILY	-	19-Oct-2021	19-Oct-2021

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120 mg Hydromol Bath And Shower Emollient	500	500 ML	ADD ONE TO THREE CAPFULS TO BATH WATER	-	01-Oct- 2021	01-Oct- 2021
Zeroveen Cream	500	500 gram	APPLY TWICE A DAY	-	01-Oct- 2021	01-Oct- 2021
Trimovate Cream	30	30 GRAM	APPLY TO THE AFFECTED AREA ONCE OR TWICE DAILY	-	01-Oct- 2021	01-Oct- 2021
Flucloxacillin Capsules 500 mg	20	20 CAPSULE	ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS	-	01-Oct- 2021	01-Oct- 2021
Propranolol Hydrochloride Tablets 10 mg	224	224 TABLET	ONE TO BE TAKEN FOUR TIMES A DAY	-	27-Oct- 2020	19-Aug- 2021
Sertraline Hydrochloride Tablets 50 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	05-Aug- 2020	31-Aug- 2021

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
22-Jan-2020	130	80
15-Nov-2019	124	83
26-Feb-2018	126	70
05-Feb-2018	120	70
18-Oct-2017	131	73

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
11-Jun-2010	158	56	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Non-smoker :	Cough for 3 weeks, feels SOB with it, sore upper back - took diclofenac for it. No fevers. Bringing up green catarrh, no runny nose/sore throat etc.	06-Dec- 2018
Ex smoker:		05-Feb- 2018
Ex smoker:		17-Feb- 2017
Ex smoker:		11-Nov- 2015
Ex smoker:		06-Oct- 2014

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information

Contact with patient today: Face to Face
 Route of Travel: Private
 Resuscitation Status: Resuscitate if required
 Respiratory Rate: 14
 SpO2: 98
 Temperature: 36.7
 Systolic BP: 124
 Diastolic BP: 70
 Pulse: 62
 Patient's Conscious Level: Alert

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

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07-May-2026 CAROL_18964
Additional:Scanned Document

Filename: iGPRDA_38.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Scottish Breast Screening Programme
West of Scotland Breast Screening Centre
Part of NHS Greater Glasgow and Clyde
Stook Exchange Court
77 Nelson Mandela Place
Glasgow
G2 1QT
0141 800 8800
GG-UH@wosbs@nhs.net

Dear Doctor,

Frances Mcgowan 1901696308

Did Not Attend for Breast Screening on 13-07-2021.

Yours sincerely,

Dr Marzi Davies
Clinical Director

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Filename: iGPRDA_37.pdf
 Extension: .tif
 Pages:

NHS Confidential: Personal data about a patient

McGowan Frances CHI: 1901696308

Emergency Attendance Letter



Emergency Department
 Queen Elizabeth University Hospital
 1345 Govan Road
 Glasgow
 Lanarkshire
 G51 4TF

Dept. Contact Details:
 Tel: 0141 452 2338 (82338)
 Fax: Patient Attended
 Email: QEUH Assessment Unit

Date Completed: 17/01/2022

Consultant: Dr Aisidair MacConnachie

P Ghaus
 Drs Ghaus & Khouly
 Pollok Health Centre
 21 Cowglen Road
 Glasgow
 Glasgow
 G53 6EQ

Dear P Ghaus

Re: **McGowan Frances**
 359 PEAT ROAD
 Glasgow G53 6SE

DOB: 19/01/1969

CHI: 1901696308

Attended on: 17/01/2022 at 12:48 hrs. Departed on: at hrs.
 Discharge Type: 01b - Discharge with follow up by primary care team Destination: Private residence
 Previous ED Attendance in last 12 months: 0

Presenting complaint
 new unilateral right leg pain and swelling. ? dvt own transport.

Nursing Assessment:

Investigations in ED:

- | | | |
|--------------------------|-----------------------------------|--------------|
| 1. Full Blood Count | 2. Coagulation screen | 3. D - Dimer |
| 4. Urea and Electrolytes | 5. Glucose | 6. LFT |
| 7. CRP | 8. US Doppler lower limb veins Rt | |

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McGowan Frances

CHI: 1901696308

Diagnosis:

Diagnosis	Side	Site
Pain in Limb		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Right calf pain, recent Right knee pain attended today ? right leg DVT, D Dimer elevated 957, attending for Doppler U/S 18/01/2022. ? DVT ? Bakers Cyst. Regards Julia Murray - MNP

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Julia Murray
Nurse

Copies to:

1. P Ghaus (GP)

School Address:

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SANDYFORD

caring about sexual, reproductive and emotional health

PRIVATE & CONFIDENTIAL

Dr Pervez Ghaus
Drs Ghaus & Khouly
Pollok Health Centre
21 Cowglen Road
Glasgow
G53 6EQ

Our ref: KMcA/AK
CHI: 1901696308

Date dictated:
Date typed: 17-Mar-2020

Secretary: Alison Kelly
Direct dial: 0141 211 8154

Dear Dr Ghaus

Re: Frances Mcgowan
359 Peat Road
Glasgow
G53 6SE

D.O.B: 19/01/1969 **CHI No:** 1901696308

Your patient had a telephone consultation with us on 27/03/2020


Reason for Call Review of HRT
Currently on Elleste duet
Overall feels better but mood dip cyclically

Management Options discussed. As LMP > 1 year ago, happy to try a continuous combined regime to avoid cyclical progestogenic symptoms

Treatment Please prescribe Elleste duet Conti (or kiofem if this is unavailable)

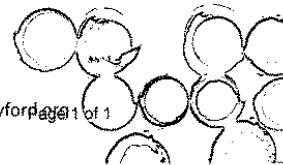
Follow up not required at Sandyford

Yours sincerely


Dr Kay McAllister MRCOG DFSRH
Consultant in Sexual & Reproductive Healthcare
Sandyford Sexual Health Service

GMC: 3314522

2/6 Sandyford Place, Glasgow, G3 7NB, t.0141 211 8130, www.sandyford.org page 1 of 1
Hosted by North West Sector of Glasgow City CHP



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McGowan Frances CHI: 1901696308

Emergency Attendance Letter



Emergency Department
New Victoria Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 23/12/2020

Consultant: Dr Neil Howie

P Ghaus
Drs Ghaus & Khouly
Pollok Health Centre
21 Cowglen Road
Glasgow
Glasgow
G53 6EQ

Dear P Ghaus

Re: **McGowan Frances**
359 PEAT ROAD
Glasgow G53 6SE

DOB: 19/01/1969

CHI: 1901696308

Attended on: 23/12/2020 at 12:29 hrs.
Discharge Type: 01c - Discharge with referral
Previous ED Attendance in last 12 months: 2

Departed on: at hrs.
Destination: Private residence

Presenting complaint
Shoulder/arm injury

Nursing Assessment:

Investigations in ED:
1. XR Shoulder Lt

NHS Confidential: Personal data about a patient

McGowan Frances

CHI: 1901696308

Diagnosis:

Diagnosis	Side	Site
Pain, Unspecified	Left	Shoulder

Procedures: **None**Immunisations: **None**Dispensed Medication: **None**

Clinician Notes:

-fall onto shoulder 4 weeks ago in Tesco (direct blow), did not attend AE, attends the MIU today as still has shoulder pain and pain on abduction and not full abduction -x-ray-no # -advised probable supraspinatus injury, advised analgesia/ice/physio review requested.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
John Cowie
Nurse

Copies to:

1. P Ghaus (GP)

School Address:

Page 2 of 2

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McGowan Frances

CHI: 1901696308

Clinic Letter

Dr. P Ghaus
 Drs Ghaus & Khouly
 Pollok Health Centre
 21 Cowglen Road
 Glasgow
 G53 6EQ

Main
 Switchboard:
 Department:
 Contact Tel:
 Enquiries to:
 Letter Date:
 Reference:
 Dictated
 Date:
 Transcribed
 Date:

NHS
 Greater Glasgow
 and Clyde
 New Victoria Hospital
 Grange Road
 Glasgow
 G42 9LF
 0141 201 8000
 Haematology
 0141 347 8164/63
 07/01/2021
 NB/ER
 07/01/2021
 15/01/2021

Dear Dr. P Ghaus,

**Frances McGowan; D.O.B: 19 Jan 1969; CHI: 1901696308
 359 PEAT ROAD, Glasgow, Lanarkshire, G53 6SE**

Attendance: Specialty - Haematology; Clinic - VINBHA8-NURSE N BROWN HAEM MYELOMA
 THUR PM - NO OVERBOOKING
 Date and Time of Appointment - 07/01/2021 16:10

Clinical Comments:
DIAGNOSIS

IgG kappa MGUS.

RESULTS

Haemoglobin 129 WCC 6.4 Platelets 238 Neutrophils 4.0.

I called Frances as part of my nurse led MGUS clinic on Thursday 7.1.21. Frances had bloods checked at our phlebotomy clinic just before Christmas, her bloods remain stable with no new cause for concern. Frances herself remains very tired at times and her mood is low, she is also aware of an altered sleep pattern when she can be awake for several hours through the night. She is still grieving for the loss of her father, and has not really felt that her mood has perked up since then. She is not aware of any new pain and has not noticed any infections. I have asked her to return to clinic in 6 months time, as her bloods remain stable at present and she was happy to do so.

With kind regards.

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Page 1 of 2

NHS Confidential: Personal data about a patient

McGowan Frances

CHI: 1901696308

OPCL 07/01/2021 v1

Yours sincerely,

Natasha Brown.

Myeloma Nurse.

Electronically Signed: Nurse Natasha Brown, Nurse Practitioner

cc.

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Page 2 of 2

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NHS Confidential: Personal data about a patient

McGowan Frances

CHI: 1901696308

Emergency Attendance Letter

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 24/08/2020

Consultant: Dr Neil Howie

P Ghaus
Drs Ghaus & Khouly
Pollok Health Centre
21 Cowglen Road
Glasgow
Glasgow
G53 6EQ

Dear P Ghaus

Re: **McGowan Frances**
359 PEAT ROAD
Glasgow G53 6SE

DOB: 19/01/1969

CHI: 1901696308

Attended on: 24/08/2020 at 10:43 hrs.
Discharge Type: 01a - Discharge with no follow up
Previous ED Attendance in last 12 months: 1

Departed on: at hrs.
Destination: Private residence

Presenting complaint
left rib injury

Nursing Assessment:

Investigations in ED: None

NHS Confidential: Personal data about a patient

McGowan Frances

CHI: 1901696308

Diagnosis:

Diagnosis	Side	Site
Sprain and Strain of Ribs and Sternum		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Presented with left sided rib pain. No signs of pneumothorax. Likely MSK pain. Discharged home. Advised to manage with pain killers. Worsening advice given.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Thilaneer Vijayakumar

Doctor

Copies to:

1. P Ghaus (GP)

School Address:

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

McGowan Frances

CHI: 1901696308

Clinic Letter

Dr. P Ghaus
 Drs Ghaus & Khouly
 Pollok Health Centre
 21 Cowglen Road
 Glasgow
 G53 6EQ

Main
 Switchboard:
 Department:
 Contact Tel:
 Enquiries to:
 Letter Date:
 Reference:
 Dictated
 Date:
 Transcribed
 Date:

NHS
 Greater Glasgow
 and Clyde
 New Victoria Hospital
 Grange Road
 Glasgow
 G42 9LF
 0141 201 8000
 Haematology
 0141 347 8164/63
 09/07/2020
 NB/SB
 06/07/2020
 07/07/2020

Dear Dr. P Ghaus,

**Frances McGowan; D.O.B: 19 Jan 1969; CHI: 1901696308
 359 PEAT ROAD, Glasgow, Lanarkshire, G53 6SE**

Attendance: Specialty - Haematology; Clinic - VINBHA8-NURSE N BROWN HAEM MYELOMA
 THUR PM - NO OVERBOOKING
 Date and Time of Appointment - 09/07/2020 14:50

Clinical Comments:

Diagnosis: IgG kappa monoclonal gammopathy of uncertain significance (MGUS)

I called Frances prior to her appointment at my nurse led MGUS clinic on Thursday 9 July 2020.

Frances has been managing well and continues to social distance with very little difficulties.

Unfortunately her dad has passed away recently, and this has left her feeling very down and depressed, she feels she is more anxious than normal. She has noticed that she is increasingly tired, and has some extra pains. I feel it would be appropriate for her to come and have her bloods checked in clinic on Thursday 9 July. I will discuss the results with Frances once they are available.

Kind regards,

Yours sincerely

NATASHA BROWN

NHS Confidential: Personal data about a patient

McGowan Frances

CHI: 1901696308

OPCL 09/07/2020 v1

MYELOMA NURSE

P.S. Bloods stable no change, to return to clinic in 6 months.

Electronically Signed: Nurse Natasha Brown, Nurse Practitioner

cc.

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER**MEDICAL IN CONFIDENCE**

GGC Bowel Screening Information Request Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Bowel Cancer Screening - Request for Information GGC Bowel Screening	— Consultant / receiving practitioner and/or specialty clinic
Screening Services Templeton Business Centre 62 Templeton Street G40 1DA	— Hospital and hospital address Hospital location code: G008G Email address: -
Urgency of referral Not applicable	Date of referral 22-Dec-2022
Date of referral 22-Dec-2022	Date sent 22-Dec-2022

PATIENT DETAILS		Patient's address
Surname McGowan		359 Peat Road GLASGOW G53 6SE
Forename(s) Frances		
Title Miss		Contact number(s)
Sex Female		Voice: 07925908346
Date of birth 19-Jan-1969		
CHI no. 1901696308		
Area of Residence -		

101028305366K Unique Care Pathway Number: 101028305366K

REGISTERED GP DETAILS		Practice address
Name Dr Pervez Ghaus		Pollok Health Centre 21 Cowglen Road Glasgow G53 6EQ
GMC code 2957427	GP code 05991	
Practice name Dr Ghaus & Dr Khouly Practice (18964)		Contact number(s)
Practice code 52400		Voice: 0141 531 6870 Facsimile: 0141 531 6879 E-mail: ggc.gp52400clinical@nhs.scot

REFERRING GP DETAILS		Practice address
Name Dr. Jimmy Khouly		Pollok Health Centre 21 Cowglen Road Glasgow G53 6EQ
GMC code 6128718	GP code 00060	
Practice name Drs Ghaus & Khouly (52400)		Contact number(s)
Practice code 52400		

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Voice:0141 531 6870

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CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: bowel screening information request

Comment: Further to your recent correspondence, please find attached information as requested.
Many thanks.**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Phlebitis and thrombophlebitis	-	09-May-2022	09-May-2022
Chest pain	musculoskeletal	24-Feb-2020	24-Feb-2020
Plantar fasciitis	-	09-Mar-2017	09-Mar-2017
Impaired fasting glycaemia	-	15-Jul-2015	15-Jul-2015
Hypothyroidism NOS	-	03-Sep-2007	03-Sep-2007

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Injection of steroid for local action NEC	09-Dec-2016	09-Dec-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Propranolol Hydrochloride Tablets 40 mg	84	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	31-Mar-2022	08-Nov-2022
Sertraline Hydrochloride Tablets 50 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	17-Jan-2022	08-Nov-2022
Kiavance Tablets	84	84 TABLET	ONE TO BE TAKEN EACH DAY	-	12-Aug-2021	08-Nov-2022
Sertraline Hydrochloride Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	27-Feb-2020	08-Nov-2022
Sumatriptan Succinate Tablets 100 mg	6	6 TABLET	ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS	-	10-Oct-2017	20-Dec-2022
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 Tab Daily	-	16-Sep-2011	08-Nov-2022

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Olive Oil Ear drops	10	10 ml	TWO DROPS TO BE USED IN THE AFFECTED EAR(S) THREE TIMES A DAY	-	19-Dec-2022	19-Dec-2022
Zeroveen Cream	500	500 gram	APPLY TWICE A DAY	-	30-Sep-2022	30-Sep-2022
Epimax Original Cream	500	500 gram	APPLY TWICE A DAY	-	30-Sep-2022	30-Sep-2022

Blood Pressure

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<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
15-Jun-2022	110	71
22-Jan-2020	130	80
15-Nov-2019	124	83
26-Feb-2018	126	70
05-Feb-2018	120	70

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
11-Jun-2010	158	56	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Non-smoker :	cough 1 wk. fever resolved. no soboe. sliht wheeze whnelying down. green spit. upper back ain when walking around. sore ears and throat resolving, sounds wheezy. for FTF.	01-Nov-2022
Non-smoker :	Cough for 3 weeks, feels SOB with it, sore upper back - took diclofenac for it. No fevers. Bringing up green catarrh, no runny nose/sore throat etc.	06-Dec-2018
Ex smoker:		05-Feb-2018
Ex smoker:		17-Feb-2017
Ex smoker:		11-Nov-2015

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information

OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
 Referred By:Referring GP
 Electronic Attachment Present:No

 Signature of referring doctor (or other professional) Date

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NHS Confidential: Personal data about a patient

McGowan Frances

CHI: 1901696308

Emergency Attendance Letter

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2338 (82338)
Fax: Patient Attended
Email: QEUH Assessment Unit

Date Completed: 27/01/2022

Consultant: Dr David Bell

P Ghaus
Drs Ghaus & Khouly
Pollok Health Centre
21 Cowglen Road
Glasgow
Glasgow
G53 6EQ

Dear P Ghaus

Re: **McGowan Frances**
359 PEAT ROAD
Glasgow G53 6SE

DOB: 19/01/1969

CHI: 1901696308

Attended on: 25/01/2022 at 16:33 hrs.

Departed on: 25/01/2022 at 21:06 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 3

Presenting complaint
doppler u/s, 25/01/2022

Nursing Assessment:

Investigations in ED: None

NHS Confidential: Personal data about a patient

McGowan Frances CHI: 1901696308

Diagnosis:

Diagnosis	Side	Site
Person With Feared Complaint In Whom No Diagnosis Is Made		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Clinical History : right knee and calf pain and swelling, systemically looks like Bakers Cyst. repeat doppler u/s 1/52. 25/01/2022 US Doppler lower limb veins Rt : Common femoral, femoral and popliteal veins are patent and compressible. No DVT seen. No Baker's cyst identified within the popliteal fossa. repeat doppler u/s. nad, discharged home. Regards Julia Murray - MNP

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Julia Murray
Nurse

Copies to:

1. P Ghaus (GP)

School Address:

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NHS Confidential: Personal data about a patient

McGowan Frances

CHI: 1901696308

Emergency Attendance Letter

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2338 (82338)
Fax: Patient Attended
Email: QEUH Assessment Unit

Date Completed: 09/05/2022

Consultant: Dr Aisdair MacConnachie

P Ghaus
Drs Ghaus & Khouly
Pollok Health Centre
21 Cowglen Road
Glasgow
Glasgow
G53 6EQ

Dear P Ghaus

Re: **McGowan Frances**
359 PEAT ROAD
Glasgow G53 6SE

DOB: 19/01/1969

CHI: 1901696308

Attended on: **09/05/2022 at 10:19 hrs.**
Discharge Type: **01a - Discharge with no follow up**
Previous ED Attendance in last 12 months: **6**

Departed on: **at hrs.**
Destination: **Private residence**

Presenting complaint
doppler @ 09.40

Nursing Assessment:

Investigations in ED: **None**

NHS Confidential: Personal data about a patient

McGowan Frances

CHI: 1901696308

Diagnosis:

Diagnosis	Side	Site
Phlebitis and Thrombophlebitis of Other Sites		

Procedures: **None**Immunisations: **None**Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Assessed for possible DVT in the Ambulatory Care Unit at the QUEH 3 day history of pain and erythema in medial aspect of left thigh. Recent # left foot. No evidence of DVT seen in the left leg. Good compression and spontaneous flow in the left common femoral, femoral and popliteal veins. Saphenous and profunda veins are patent. There is superficial thrombophlebitis in the mid to distal left thigh. In line with local protocol the calf veins were not examined. No Baker's cyst seen in the left popliteal fossa. Commenced on 6 week course Rivaroxaban 10mg once daily. Discharged with 10 day supply medications, patient information leaflet and with worsening symptom advice. To see GP for ongoing prescriptions to complete course.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Ruska Heppell
Nurse

Copies to:

1. P Ghaus (GP)

School Address:

Page 2 of 2

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McGowan Frances

CHI: 1901696308

Emergency Attendance Letter

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 20/04/2022

Consultant: Dr Ioannis Traiforos

P Ghaus
Drs Ghaus & Khouly
Pollok Health Centre
21 Cowglen Road
Glasgow
Glasgow
G53 6EQ

Dear P Ghaus

Re: **McGowan Frances**
359 PEAT ROAD
Glasgow G53 6SE

DOB: 19/01/1969

CHI: 1901696308

Attended on: 19/04/2022 at 12:31 hrs.

Departed on: 19/04/2022 at 19:43 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 4

Presenting complaint
foot inj- 3 weeks ago

Nursing Assessment:
Dropped something on foot 3/52 ago. states ongoing pain.

Investigations in ED:

1. XR Foot Lt

NHS Confidential: Personal data about a patient

McGowan Frances

CHI: 1901696308

Diagnosis:

Diagnosis	Side	Site
Closed Fracture of Metatarsal Bone		

Procedures: **None**Immunisations: **None**Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Frances attended A&E with foot pain following dropping a glass medicine bottle onto her foot 3 weeks ago. Worsening pain in her foot over the midfoot region with mild redness over the area. X-Ray showed callus formation on the 3rd metatarsal indicative of a healing fracture. Placed in walker boot for comfort and discharged home. Advised re analgesia and elevation and suggested to change into supportive shoes when comfortable.

Followup:

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Joanna Quinn
Doctor

Copies to:

1. P Ghaus (GP)

School Address:

Page 2 of 2

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NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	6670840	Receive Date:	6-May-2022 19:34
Patient's Name:	Frances Megowan		
Date of birth:	19-Jan-1969 (53 years)	Gender:	F
Address:	359 Peat Road Glasgow G53 6SE	Current Address:	Pollok Health Centre 21 Cowglen Road Glasgow G53 6EQ
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	Pr 4 Within 4 hrs	Call Origin:	
Received:	6-May-2022 19:34	Calltype:	Further Assessment
Advised:	20:11	Arrived PCC:	
Cons start:	6-May-2022 20:29	Cons End:	6-May-2022 20:51
Consulting Doctor:	Iain Kennedy	Own doctor:	KMW Siddiqui

CHI Number:
1901696308

NHSD details:

Receptionist:

LUMP 2 DAYS

PCC4 PCEC within 4 Hrs

Clinical summary created by: Danielle Muir (Call Taker St) () [06/05/2022 20:11:03]

Reason for call: LUMP 2 DAYSConfirmed Symptom(s): Body lump
Symptom(s) not found: No fever Risk Factor(s): No travel outside Europe in last 21 days or to an affected country Call Detail(s): Clinical supervisor: CS G MACKINTOSH 06:05:2022 19:36:29 MUIRD2.. LUMP UNDER SKIN ABOVE THIGE BACK OF KNEE, GOING RED AND RED LINE TRAVELLING UP THE WAY AS IF THERE IS AN INFECTION. THINKS IT MAY BE AN ABSCESS.. HAS BROKEN A BONE IN HER FOOT ON THE SAME LEG... CS G MACKINTOSH, LEFT LEG, LUMP SIZE OF GOLF BALL ABOVE KNEE WITH REDNESS, FEELS NAUSEAS, SORE TO TOUCH. PCEC 4..
Outcome: PCEC within 4 Hrs

Consultation details:

NHS Confidential: Personal data about a patient

History red line back of left leg up to a tender red golfball-sized lump on thigh
- above back of left knee, has a fracture in foot and a walking boot, sounds like
cellulitis, dw a and e cons and on his advice i have arranged admission to
sata qenh daughter wil take there, no fever but feels nauseated no covid
reported

Followups:

Hospital Referral - sata qenh

Clinical Codes:

M0... Skin/subcutaneous infections

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NHS Confidential: Personal data about a patient



Dr. Pervez Ghaus
Dr Ghaus
Pollok Health Centre
21 Cowglen Road
Glasgow
G53 6EQ

Screening Department
1st Floor
Building 2
Templeton Business Centre
62 Templeton Street
Glasgow
G40 1DA

Tel: 0141 277 7624

Fax: 0141 277 7652

Date: 19/12/2022

Ref: 1901696308

Dear Dr. Pervez Ghaus,

Bowel Screening - Pre-assessment reminder

CHI: 1901696308

Date Of Birth: 19/01/1969

Name: FRANCES MCGOWAN

Address: 359 PEAT ROAD
Glasgow
Lanarkshire
G53 6SE

The above patient had a positive FOB test in the bowel screening programme. We wrote to them on 08/12/2022 to arrange a colonoscopy and have not had a reply. A reminder letter was sent to the patient today.

Prior to colonoscopy the patient is required to have a discussion with one of our nurses. During this discussion, the nurse will answer any questions that the patient may have about bowel screening or colonoscopy.

We shall keep you informed of their progress.

We had asked the patient for consent to ask you for details about their relevant medical history, medications and allergies. If consent is granted the Practice will be notified and asked to complete a Bowel Screening Gateway protocol.

Yours sincerely,

Dr Emilia Crighton
Consultant in Public Health Medicine

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NHS Confidential. Personal data about a patient



Screening Department
 1st Floor
 Building 2
 Templeton Business Centre
 62 Templeton Street
 Glasgow
 G40 1DA
 Tel: 0141 277 7624
 Fax: 0141 277 7653
 Date: 08/12/2022
 Ref: 1901696308

Dr. Pervez Ghaus
 Dr Ghaus
 Pollok Health Centre
 21 Cowglen Road
 Glasgow
 G53 6EQ

Dear Dr. Pervez Ghaus,

Bowel Screening Test - Positive

CHI: 1901696308
Date Of Birth: 19/01/1969

Name: FRANCES MCGOWAN
Address: 359 PEAT ROAD
 Glasgow
 Lanarkshire
 Lanarkshire
 G53 6SE

The above patient had a positive FOB test in the bowel screening programme. We wrote to the patient today to arrange a pre-assessment and colonoscopy and await their reply.

Prior to colonoscopy the patient is required to have a discussion with one of our nurses. During this discussion, the nurse will assess the patient's fitness for colonoscopy and answer any questions that the patient may have about bowel screening or colonoscopy.

We shall keep you informed of their progress.

We had asked the patient for consent to ask you for details about their relevant medical history, medications and allergies. If consent is granted the Practice will be notified and asked to complete a Bowel Screening Gateway protocol.

Yours sincerely,

Dr Emilia Crighton
 Consultant in Public Health Medicine

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Pages:

NHS Confidential: Personal data about a patient

CHI: 1901696308 19/01/1969 F
MCGOWAN Frances D
359 Peat Road
G53 6SE
Dr P Ghaus, 2867427
Dr Ghaus Medical Pra, G53 6EQ PA100
22/12/2022 18.51. Practice 42400

NHS
Greater Glasgow
and Clyde

Dr. Pervez Ghaus
Dr Ghaus
Pollok Health Centre
21 Cowglen Road
Glasgow
G53 6EQ

1st Floor
Building 2
Templeton Business Centre
62 Templeton Street
Glasgow
G40 1DA
Tel: 0141 277 7624
Fax: 0141 277 7653
Date: 22/12/2022
Ref: 1901696308

Dear Dr. Pervez Ghaus,

BOWEL SCREENING TEST - POSITIVE - REQUEST FOR INFORMATION

CHI: 1901696308

Date Of Birth: 19/01/1969

Name: FRANCES MCGOWAN

Address: 359 PEAT ROAD
Glasgow
Lanarkshire
Lanarkshire
G53 6SE

Further to the recent telephone conversation with the Practice I confirm that we have verbal consent from your patient to request information about their medical history, medications and allergies.

By the time you receive this letter you may have already acted on our telephone call and completed the Bowel Screening Gateway protocol. If this is the case no further action is required.

If the Practice has still to complete the Bowel Screening Gateway protocol it is important that this is completed as soon as possible as the patient is due to be seen.

The patient's medical history, medication and allergy information is required before a patient can proceed to pre-assessment and assists in the assessment of a patient's fitness for colonoscopy.

With many thanks for your help in the efficient delivery of the Bowel Screening Programme.

Yours sincerely,

Dr Emilia Crighton
Consultant in Public Health Medicine

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Queen Elizabeth University Hospital: Diagnostic Imaging Report

Patient	FRANCES MCGOWAN	Address	359 PEAT ROAD, GLASGOW, LANARKSHIRE, G53 6SE
DOB	19/01/1969	CHI No.	1901696308
Ref. Source	The Silver Burn Medical Practice	Practice Code	52400
Referrer	Dr Jimmy Khouly	Exam Date	31/10/2023 13:50

Report Summary

Clinical History :

l knee pain, limping, tender along medial aspect, acl instability on testing, effusion noted, antalgic gait, mcmurray +, ? meniscal tear, also given age-? OA

XR Knee Lt

XR Knee Lt :

There is mild degenerative change preferentially affecting the medial joint compartment and the patellofemoral joint

Last verified by: 3488188 (Dr Sean Kelly)

Reported by: 3488188 (Dr Sean Kelly)

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Filename: iGPRDA_23.pdf
 Extension: .tif
 Pages:

NHS Confidential: Personal data about a patient

McGowan Frances

CHI: 1901696308

Letter to Patient:

Frances McGowan
 359 PEAT ROAD
 Glasgow
 Lanarkshire
 G53 6SE

Main Switchboard:
 Department:
 Contact Tel:
 Enquiries to:
 Letter Date:
 Reference:
 Dictated Date:
 Transcribed Date:

NHS
 Greater Glasgow
 and Clyde
 New Victoria Hospital
 Grange Road
 Glasgow
 G42 9LF
 0141 201 6000
 Department:
 Haematology
 0141 354 9073/74
 0141 354 9073/74
 29/06/2023
 NJ/SB
 22/06/2023
 22/06/2023

Dear Mrs McGowan,

Diagnosis: IgG kappa monoclonal gammopathy of uncertain significance (MGUS)

I tried to call yourself Frances on two occasions and sadly was unable to get through. I would be grateful if you would be able to contact myself with an up to date phone number for our records.

I was phoning to introduce myself as your new myeloma clinical nurse specialist, who will be reviewing your bloods at the MGUS clinic. Your paraprotein in your blood remains at 4 which is steady and stable therefore we are not concerned, and your kappa free light chains are 50.1. This is a slight increase since the last time you had your bloods done in November. I have requested another set of bloods in six months' time and a telephone call with myself. Should you need to speak to me about anything in the meantime, please feel free to give me a call. Otherwise, I will speak to you in six months' time.

Yours sincerely,

NICOLE JOHNSTON

MYELOMA CLINICAL NURSE SPECIALIST

Electronically Signed: Nurse Nicole Johnston, Consultant

Printed on 29/06/2023 09:01 by Pauline Tait

Page 1 of 2

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Extension:.tif
Pages:

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NHS Greater Glasgow and Clyde

COLONOSCOPY REPORT

Name: **Frances MCGOWAN (F)**
Date of birth: **19/01/1969**
CHI No: **1901696308**
Case note no.: **1901696308**

Address: **359 Peat Road
Glasgow
Lanarkshire
G53 6SE**

GP: **GHAUS, PERVEZ
Drs Ghaus & Khoully
Pollok Health Centre
21 Cowglen Road
Glasgow
G53 6EQ**

Procedure date: **28th February 2023 (11:18)**
Priority: **Urgent**
Status: **Outpatient/NHS**
Hospital: **Not specified**
Referring Cons: **Bowel Screening Service
(NHS GGC)**

Indications

National Bowel Scope Screening.

Report

Bowel preparation with 2 moviprep was satisfactory. A digital rectal examination was performed. The colonoscope was inserted via the anus to the terminal ileum. The caecum was identified positively by the ileocecal valve, the appendicular orifice and the tri-radiate caecal fold. The scope was retroflexed in the rectum. The rest of the examination to the limit of insertion was normal. There were no peri-operative complications.

Site e: Mid transverse

Lesions: 1 sessile polyp (1s, pit type I) (2mm) excised (removed using cold biopsy), retrieved and sent to labs.
Specimens: Polyps.

Site g: Anal margin

Perianal lesions: haemorrhoids and skin tag.

Diagnoses

Haemorrhoids and colonic polyp.

Advice/comments

1 x 2mm sessile polyp removed from transverse colon by cold biopsy. Haemorrhoids seen on retroflexion which could account for positive qFIT. No other abnormal pathology seen today. Haemorrhoid information leaflet and dietary advice provided prior to discharge. No further polyp surveillance required unless pathology dictates otherwise. Patient advised to continue to participate in the NBSP.

Follow up

Awaiting pathology results. Return to the Bowel Screening Service. I will write with the pathology results.

Consultant/Endoscopist

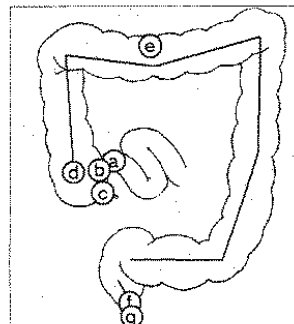
Sister Irene Porter
Nurses: Claire Geoghegan
Sylvia Krupinska

Instrument


SCANTRACK

Premedication

Midazolam (IV) 2.5 mg
Pethidine (IV) 50 mg



- a: Terminal ileum (photographed)
b: Ileocecal valve (photographed)
c: Appendiceal orifice (photographed)
d: An area extending from the caecum to the distal sigmoid (photographed)
e: Mid transverse (photographed)
f: An area wholly within the rectum (photographed)
g: Anal margin (photographed)


Sister Irene Porter
Sister
c.c. Bowel Screening Service (NHS GGC)
GP
McGowan, Frances

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Filename: iGPRDA_24.pdf
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 Pages:

NHS Confidential: Personal data about a patient

McGowan Frances

CHI: 1901696308

Letter to Patient:

Frances McGowan
 359 PEAT ROAD
 Glasgow
 Lanarkshire
 G53 6SE

Main Switchboard:
 Department:
 Contact Tel:
 Enquiries to:
 Letter Date:
 Reference:
 Dictated Date:
 Transcribed Date:

NHS
 Greater Glasgow
 and Clyde
 Royal Alexandra Hospital
 Corsebar Road
 Paisley
 PA2 9PN
 0141-887-9111
 Endoscopy
 01475 504396
 Irene Porter
 24/04/2023
 IP/ET
 23/03/2023
 05/04/2023

Dear Miss McGowan,

I hope this letter finds you well. Thank you very much for attending for your recent bowel screening colonoscopy on 28/02/2023. I am writing today to update you on the pathology results.

As you are aware, during your procedure a tiny polyp was removed and sent to the lab for analysis. The polyp has returned showing no worrying features therefore, you require no further follow up at this time.

If you have any further problems, please do not hesitate to contact your GP. I would also encourage you to continue to participate in the National Bowel Screening Programme.

Yours sincerely

Irene Porter

Endoscopy Nurse Practitioner - Clyde Sector

Electronically Signed: Nurse Irene Porter, Consultant

cc. Dr P Ghaus
 Pollok Health Centre
 21 Cowglen Road
 Glasgow
 G53 6EQ

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 Extension:.tif
 Pages:

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New Victoria Hospital: Diagnostic Imaging Report

Patient	FRANCES MCGOWAN	Address	359 PEAT ROAD, GLASGOW, LANARKSHIRE, G53 6SE
DOB	19/01/1969	CHI No.	1901696308
Ref. Source	Drs Ghaus & Khouly	Practice Code	52400
Referrer	Dr Pervez Ghaus	Exam Date	08/02/2023 14:23

Report Summary

Clinical Information: ongoing cough several months. not infective. no known asthma

XR Chest

Findings:

PA chest. Examination compared to February 2020.

No change. Cardiac silhouette is prominent but normal on measurement. The lungs are clear. The bases are clear.

Lung volumes are normal. No evidence of air trapping.

Conclusion:

No acute or interval change. No potential cause for an ongoing cough seen.

Reporting Consultant: Dr Paul Tallett, Consultant Radiologist,

GMC: 2295862 Medica Reporting Ltd

If you are a clinician and have a query on this report, please call Medica on 01424 377

901 or email clinical@medica.co.uk

Last verified by: 2295862 (Dr Paul Tallett)

Reported by: 2295862 (Dr Paul Tallett)

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER
 MEDICAL IN CONFIDENCE
 2021 GGC General Referral Protocol

Additional Support Needs:
 No known ASN requirements

REFERRAL TO	
Vascular Surgery GGC General Referral	— Consultant / receiving practitioner and/or specialty clinic
Queen Elizabeth University Hospital 1345 Govan Road Glasgow G51 4TF	— Hospital and hospital address
	Hospital location code. G405H
	Email address -
Urgency of referral Routine	Date of referral 28-Nov-2023
	Date sent 29-Nov-2023

PATIENT DETAILS		Patient's address	
Surname McGowan		359 Peat Road	
Forename(s) Frances		GLASGOW	
Title Miss		G53 6SE	
Sex Female			Contact number(s)
Date of birth 19-Jan-1969			Voice: 07925908346
CHI no. 1901696308			
Area of Residence -			

1010314793797 Unique Care Pathway Number: 1010314793797

REGISTERED GP DETAILS		Practice address	
Name Dr Jimmy Khouly		Pollok Health Centre	
GMC code 6128718	GP code 00060	21 Cowglen Road	
Practice name The Silver Burn Medical Practice (18964)		Glasgow	
Practice code 52400		G53 6EQ	
			Contact number(s)
			Voice: 0141 531 6870
			Facsimile: 0141 531 6879
			E-mail: ggc.gp52400clinical@nhs.scot

REFERRING GP DETAILS		Practice address	
Name Dr A Mubbasher		Pollok Health Centre	
GMC code 6053715	GP code -	21 Cowglen Road	
Practice name The Silver Burn Medical Practice (52400)		Glasgow	
Practice code 52400		G53 6EQ	
			Contact number(s)

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Voice: 0141 531 6870

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CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: .

Comment: I would be grateful for your advice for this 54 year old lady. She had an initial bout of superficial thrombophlebitis in May 2022. Since then, she has been seen on a couple of occasions with phlebitis. She develops pain all along the saphenous vein extending from the mid thigh up to the lower calf area. It becomes painful and swollen and she finds local and oral NSAID's to be of benefit. She had bad varicose veins during her pregnancy and had treatment as well. Because of the recurrent nature of the phlebitis, she would likely benefit from your advice and input. Thank you.

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
Osteoarthritis	mild oa l knee	31-Oct-2023	31-Oct-2023
Phlebitis and thrombophlebitis	-	09-May-2022	09-May-2022
Chest pain	musculoskeletal	24-Feb-2020	24-Feb-2020
Plantar fasciitis	-	09-Mar-2017	09-Mar-2017
Impaired fasting glycaemia	-	15-Jul-2015	15-Jul-2015
Hypothyroidism NOS	-	03-Sep-2007	03-Sep-2007

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Injection of steroid for local action NEC	09-Dec-2016	09-Dec-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Propranolol Hydrochloride Tablets 40 mg	84	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	31-Mar-2022	15-May-2023
Sertraline Hydrochloride Tablets 50 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	17-Jan-2022	07-Nov-2023
Kliovance Tablets	84	84 TABLET	ONE TO BE TAKEN EACH DAY	-	12-Aug-2021	15-May-2023
Sertraline Hydrochloride Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	27-Feb-2020	07-Nov-2023
Sumatriptan Succinate Tablets 100 mg	6	6 TABLET	ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS	-	10-Oct-2017	07-Nov-2023
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 Tab Daily	-	16-Sep-2011	26-Sep-2023

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Heparinoid Cream 0.3 %	50	50 gram	APPLY THREE A DAY	-	28-Nov-2023	28-Nov-2023
Naproxen Tablets 500 mg	28	28 TABLET	ONE TO BE TAKEN TWICE A DAY	-	27-Oct-2023	27-Oct-2023

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Diclofenac Diethylammonium Gel 2.32 %	50	50 gram	APPLY 2-3 TIMES DAILY	-	27-Oct-2023	27-Oct-2023
Methocarbamol Tablets 750 mg	56	56 tablet	ONE TAB TWICE DAILY	-	27-Oct-2023	27-Oct-2023
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	23-Aug-2023	23-Aug-2023
Naproxen Tablets 500 mg	28	28 TABLET	ONE TO BE TAKEN TWICE A DAY	-	23-Aug-2023	23-Aug-2023
Flucloxacillin Capsules 500 mg	20	20 CAPSULE	ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS	-	23-Aug-2023	23-Aug-2023
Diclofenac Diethylammonium Gel 2.32 %	50	50 gram	APPLY 2-3 TIMES DAILY	-	16-Aug-2023	16-Aug-2023

Blood Pressure

Date Recorded	Systolic	Diastolic
28-Nov-2023	126	85
07-Feb-2023	127	74
15-Jun-2022	110	71
22-Jan-2020	130	80
15-Nov-2019	124	83

Body Measurements

Date Recorded	Height	Weight	BMI
28-Nov-2023	-	73	29.24
11-Jun-2010	158	56	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Non-smoker :	cough 1 wk. fever resolved. no soboe. sliht wheeze whnelying down. green spit. upper back ain when walking around. sore ears and throat resolving, sounds wheezy. for FTF.	01-Nov-2022
Non-smoker :	Cough for 3 weeks, feels SOB with it, sore upper back - took diclofenac for it. No fevers. Bringing up green catarrh, no runny nose/sore throat etc.	06-Dec-2018
Ex smoker:		05-Feb-2018
Ex smoker:		17-Feb-2017
Ex smoker:		11-Nov-2015

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Locum

Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

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Filename: iGPRDA_20.pdf
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 Pages:

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Golden Jubilee National Hospital: Diagnostic Imaging Report

Patient	FRANCES MCGOWAN	Address	359 PEAT ROAD, GLASGOW, LANARKSHIRE, G53 6SE
DOB	19/01/1969	CHI No.	1901696308
Ref. Source	The Silver Burn Medical Practice	Practice Code	52400
Referrer	Dr Jimmy Khouly	Exam Date	01/12/2023 12:30

Report Summary

Clinical History :

l knee pain, limping, tender along medial aspect, acl instability on testing, effusion noted, antalgic gait, mcmurray +, ? meniscal tear, also given age-? OA.

MRI Knee Lt

MRI Knee Lt :

Small focus of marrow oedema lies beneath an area of full-thickness cartilage loss on the anterolateral aspect of the medial femoral condyle. Osteoarthritis also affects the patellofemoral compartment.

Altered signal suggests a horizontal tear of the undersurface of the posterior horn of the medial meniscus but there may be longstanding and no longer active.

The menisci, the cruciate and collateral ligaments, and the extensor mechanism are otherwise intact and no other significant abnormality is noted.

Verified by:

Neil Corrigan
 Consultant Radiologist
 GMC3314467.

Last verified by: QUACA (Carol McQuade (Old Code))

Reported by: AUTO (Auto Reporting)

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Filename: iGPRDA_16.pdf
Extension:.tif
Pages:

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NHS Confidential: Personal data about a patient

Golden Jubilee National Hospital: Diagnostic Imaging Report

Patient	FRANCES MCGOWAN	Address	359 PEAT ROAD, GLASGOW, LANARKSHIRE, G53 6SE
DOB	19/01/1969	CHI No.	1901696308
Ref. Source	The Silver Burn Medical Practice	Practice Code	52400
Referrer	Dr Jimmy Khoully	Exam Date	01/12/2023 12:30

Report Summary

Clinical History :

l knee pain, limping, tender along medial aspect, acl instability on testing, effusion noted, antalgic gait, mcmurray +, ? meniscal tear, also given age-? OA.

MRI Knee Lt

MRI Knee Lt :

Small focus of marrow oedema lies beneath an area of full-thickness cartilage loss on the anterolateral aspect of the medial femoral condyle. Osteoarthritis also affects the patellofemoral compartment.
Altered signal suggests a horizontal tear of the undersurface of the posterior horn of the medial meniscus but there may be longstanding and no longer active.
The menisci, the cruciate and collateral ligaments, and the extensor mechanism are otherwise intact and no other significant abnormality is noted.

Verified by:

Neil Corrigan
Consultant Radiologist
GMC3314467.

Last verified by: QUACA (Carol McQuade (Old Code))

Reported by: AUTO (Auto Reporting)

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07-May-2026 CAROL_18964
Additional:Scanned Document

Filename: iGPRDA_18.pdf
 Extension: .tif
 Pages:

NHS Confidential: Personal data about a patient

McGowan Frances CHI: 1901696308

Emergency Attendance Letter



Emergency Department
 Queen Elizabeth University Hospital
 1345 Govan Road
 Glasgow
 Lanarkshire
 G51 4TF

Dept. Contact Details:
 Tel: 0141 452 2338 (82338)
 Fax: Patient Attended
 Email: QEUH Assessment Unit

Date Completed: 02/12/2023

Consultant: Dr Aisdair MacConnachie

J Khouly
 The Silver Burn Medical Practice
 Pollok Health Centre
 21 Cowglen Road
 Glasgow
 Glasgow
 G53 6EQ

Dear J Khouly

Re: **McGowan Frances**
 359 PEAT ROAD
 Glasgow G53 6SE

DOB: 19/01/1969

CHI: 1901696308

Attended on: 02/12/2023 at 06:29 hrs. Departed on: 02/12/2023 at 12:11 hrs.
 Discharge Type: 01a - Discharge with no follow up Destination: Private residence
 Previous ED Attendance in last 12 months: 0

Presenting complaint
IAU (OWN) - THROMBOPHLEBITIS WORSENING.

Nursing Assessment:
worsening swelling to right leg >cause

Investigations in ED:

- | | | |
|------------------------------------|-----------------------|--------------------------|
| 1. Full Blood Count | 2. Coagulation screen | 3. Urea and Electrolytes |
| 4. Glucose | 5. LFT | 6. Bone Profile |
| 7. CRP | 8. D - Dimer | 9. D - Dimer |
| 10. US Doppler lower limb veins Lt | | |

NHS Confidential: Personal data about a patient

McGowan Frances

CHI: 1901696308

Diagnosis:

Diagnosis	Side	Site
Pain in Limb		
Phlebitis and Thrombophlebitis of Superficial Vessels of Lower Extremities		

Procedures: **None**Immunisations: **None**Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

OOH ref 7DVT Extensive history of STP left leg classical appearance but more extensive than previous - extends mid medial thigh to distal lower calf. firm tender erythematous. D-dimer 821 Doppler scan requested home meantime with Apixaban 10mg twice daily until doppler scan Monday 4/12/23 Home robust worsening advice meantime. Kind regards Derek Roy ANP

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Derek Roy
Emergency Nurse Practitioner

Copies to:

1. J Khouly (GP)

School Address:

Page 2 of 2

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07-May-2026 CAROL_18964
Additional:Scanned Document

Filename: iGPRDA_17.pdf
Extension: .tif
Pages:

NHS Confidential: Personal data about a patient

McGowan Frances

CHI: 1901696308

Emergency Attendance Letter

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 04/12/2023

Consultant: Dr Linsay McCallum

J Khouly
The Silver Burn Medical Practice
Pollok Health Centre
21 Cowglen Road
Glasgow
Glasgow
G53 6EQ

Dear J Khouly

Re: **McGowan Frances**
359 PEAT ROAD
Glasgow G53 6SE

DOB: 19/01/1969

CHI: 1901696308

Attended on: 04/12/2023 at 12:22 hrs.

Departed on: at hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Private residence

Previous ED Attendance in last 12 months: 1

Presenting complaint

SDUCC return: USS doppler @ 11.20

Nursing Assessment:

Investigations in ED: None

NHS Confidential: Personal data about a patient

McGowan Frances CHI: 1901696308

Diagnosis:

Diagnosis	Side	Site
Phlebitis and Thrombophlebitis of Unspecified Site		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

Returned for doppler USS today US Doppler lower limb veins Lt: No DVT identified. The common femoral, femoral, and popliteal veins are patent and compressible. Normal flow to demonstrated using colour Doppler. Proximal long saphenous cannot be visualised the patient reports previous history of varicose vein removal. The popliteal vein is of a narrow calibre. No Baker's cyst. Discharged with further 40 day course Rivaroxaban 10mg daily. Multiple treatments for this over recent years. Advised to think about sclerotherapy and I believe she has been referred to the vascular team for assessment. Discharged with worsening symptom advice and with 40 days supply medications

Followup:

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
 Ruska Heppell
 Nurse

Copies to:

1. J Khouly (GP)

School Address:

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	7163870	Receive Date:	2-Dec-2023 03:38
Patient's Name:	Frances McGowan		
Date of birth:	19-Jan-1969 (54 years)	Gender:	F
Address:	359 Peat Road Glasgow	Current Address:	359 Peat Road Glasgow
	G53 6SE		G53 6SE
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	within 2 hours	Call Origin:	
Received:	2-Dec-2023 03:38	Calltype:	Attend OOH Appointment
Advised:	05:57	Arrived PCC:	2-Dec-2023 05:14
Cons start:		Cons End:	
Consulting Doctor:	Maria Naqvi	Own doctor:	KMW Siddiqui

CHI Number:
1901696308

Reported Condition:

Symptoms: This case was generated from 7163771. Caller Name: Frances Caller
Number: Initial Symptoms: History: Recurrent thrombophlebitis. Usually gets better with hot and cold compresses as well as a cream she was given in hospital. Tonight she feels spreading up the main vein in her leg and has other ones involved now- Hard and painful Otherwise well. PCEC appt to assess ? Needs antibiotics r/o concomitant DVT Examination: Diagnosis: Treatment: Case Summary: ---
RETURN CALLER/ WORSENING SYMPTOMS --- Clinical summary created by: Emma Rocks (Call Taker S0) () [02/12/2023 00:07:43] Reason for call: RETURN CALLER/ WORSENING SYMPTOMS 01:12:2023 23:50:36 ROCKSE.. RETURN CALLER SEEN BY GP ON THURS. HAS SUPERFICIAL THROMBOSIS... HAS HAD THIS 4 TIMES. TAKING NAPROXEN AND CREAM PRESCRIBED BY THE HOSPITAL. FEELS AS THOUGH THIS IS SPREADING.. PT IS WANTING TO KNOW IF SHE CAN TAKE ANY OTHER MEDICATION FOR THIS.. 02:12:2023 00:06:12 MULVEYR.. SUPERFICIAL THROMBOPHLEBITIS TO LEFT LEG. FEELS SPREADING BRUISING/REDNESS. AWAITING OUTPATIENT VASCULAR REVIEW. MOBILISING AS NORMAL. OTHERWISE WELL. WORSENING STATEMENT GIVEN. PCEC 4 HOURS

NHS Confidential: Personal data about a patient

PLEASE.. Outcome: PCEC within 4 Hrs ---

Triage details:

History - **known thrombophlebitis** , sx clear away normally after hot / cold compresses, uses heparinoid cream and oral nsoids to help was advised if not helping or worsening needs review

has had other unrelated knee issues recently for which she got and xray and mri

noted , swollen red and tender ++ veins going up her thigh . near SPJ calves do not appear to be tender or swollen,

denies chest pain or SOB

O/E

left tortuous tender and red veins, all the way up her thigh encroaching towards and in general direction of SPJ
claves SNT symmetrical
impression.

sx worsening while on heparinoid cream / nsoids

plan needs review medics QEUH IAU
option discussed for morning clinic vs now, patient would rather go now, as in pain

Examination Details - **HCA SCOTLAND FEMALE**
Oxygen saturation % 98.0
Systolic BP (Initial Reading) mmHg 133
Heart Rate 76
Diastolic BP (Initial Reading) mmHg 90
Temperature C 36.5

Followups:
Hospital Referral

Clinical Codes:
I.JH., Suspected deep vein thrombosis G802, Phlebitis and thrombophlebitis of the leg NOS

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER
MEDICAL IN CONFIDENCE
 2021 GGC General Referral Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Trauma & Orthopaedic - Knee GGC General Referral	— Consultant / receiving practitioner and/or specialty clinic
Queen Elizabeth University Hospital 1345 Govan Road Glasgow G51 4TF	— Hospital and hospital address
	Hospital location code. G405H
	Email address -
Urgency of referral Routine	Date sent 03-Jan-2024
Date of referral 29-Dec-2023	

PATIENT DETAILS		Patient's address
Surname McGowan		359 Peat Road
Forename(s) Frances		GLASGOW
Title Miss		G53 6SE
Sex Female		Contact number(s)
Date of birth 19-Jan-1969		Voice: 07925908346
CHI no. 1901696308		
Area of Residence -		

101031742836H Unique Care Pathway Number: 101031742836H

REGISTERED GP DETAILS		Practice address
Name Dr Jimmy Khouly		Pollok Health Centre
GMC code 6128718	GP code 00060	21 Cowglen Road
Practice name The Silver Burn Medical Practice (18964)		Glasgow
Practice code 52400		G53 6EQ
		Contact number(s)
		Voice: 0141 531 6870
		Facsimile: 0141 531 6879
		E-mail: ggc.gp52400clinical@nhs.scot

REFERRING GP DETAILS		Practice address
Name Dr. Jimmy Khouly		Pollok Health Centre
GMC code 6128718	GP code 00060	21 Cowglen Road
Practice name The Silver Burn Medical Practice (52400)		Glasgow
Practice code 52400		G53 6EQ
		Contact number(s)

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Voice: 0141 531 6870

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CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: ABNORMAL MRI KNEE

Comment: Frances is a 54 year old lady who recently had an MRI of her knee following ongoing [L] knee pain. The pain was so severe that she started to limp and there was increasing pain along the medial aspect. Examination showed some ACL instability on testing and there was an effusion noted. McMurray test was positive and she had an antalgic gait. I wondered whether she had a meniscal tear. MRI report is attached. It did show horizontal tear along the under surface of the posterior horn of the medial meniscus. Given this lady's ongoing pain and discomfort, I would kindly appreciate if you would provide some support and advice in relation to any treatment or management for this. Thank you for your time.

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
Osteoarthritis	mild oa l knee	31-Oct-2023	31-Oct-2023
Phlebitis and thrombophlebitis	-	09-May-2022	09-May-2022
Chest pain	musculoskeletal	24-Feb-2020	24-Feb-2020
Plantar fasciitis	-	09-Mar-2017	09-Mar-2017
Impaired fasting glycaemia	-	15-Jul-2015	15-Jul-2015
Hypothyroidism NOS	-	03-Sep-2007	03-Sep-2007

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Injection of steroid for local action NEC	09-Dec-2016	09-Dec-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Propranolol Hydrochloride Tablets 40 mg	84	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	31-Mar-2022	15-May-2023
Sertraline Hydrochloride Tablets 50 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	17-Jan-2022	07-Nov-2023
Kliovance Tablets	84	84 TABLET	ONE TO BE TAKEN EACH DAY	-	12-Aug-2021	14-Dec-2023
Sertraline Hydrochloride Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	27-Feb-2020	07-Nov-2023
Sumatriptan Succinate Tablets 100 mg	6	6 TABLET	ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS	-	10-Oct-2017	07-Nov-2023
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABS	1 Tab Daily	-	16-Sep-2011	30-Nov-2023

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Heparinoid Cream 0.3 %	50	50 gram	APPLY THREE A DAY	-	28-Nov-2023	28-Nov-2023
			ONE TO BE TAKEN		27-Oct-	27-Oct-

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Naproxen Tablets 500 mg	28	28 TABLET	TWICE A DAY	-	2023	2023
Diclofenac Diethylammonium Gel 2.32 %	50	50 gram	APPLY 2-3 TIMES DAILY	-	27-Oct-2023	27-Oct-2023
Methocarbamol Tablets 750 mg	56	56 tablet	ONE TAB TWICE DAILY	-	27-Oct-2023	27-Oct-2023
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	23-Aug-2023	23-Aug-2023
Naproxen Tablets 500 mg	28	28 TABLET	ONE TO BE TAKEN TWICE A DAY	-	23-Aug-2023	23-Aug-2023
Flucloxacillin Capsules 500 mg	20	20 CAPSULE	ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS	-	23-Aug-2023	23-Aug-2023
Diclofenac Diethylammonium Gel 2.32 %	50	50 gram	APPLY 2-3 TIMES DAILY	-	16-Aug-2023	16-Aug-2023

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
28-Nov-2023	126	85
07-Feb-2023	127	74
15-Jun-2022	110	71
22-Jan-2020	130	80
15-Nov-2019	124	83

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
28-Nov-2023	-	73	29.24
11-Jun-2010	158	56	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Non-smoker :	cough 1 wk. fever resolved. no soboe. slilt wheeze whnelying down. green spit. upper back ain when walking around. sore ears and throat resolving, sounds wheezy. for FTF.	01-Nov-2022
Non-smoker :	Cough for 3 weeks, feels SOB with it, sore upper back - took diclofenac for it. No fevers. Bringing up green catarrh, no runny nose/sore throat etc.	06-Dec-2018
Ex smoker:		05-Feb-2018
Ex smoker:		17-Feb-2017
Ex smoker:		11-Nov-2015

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information

OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
 Referred By:Referring GP
 Electronic Attachment Present:Yes

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

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McGowan Frances

CHI: 1901696308

Clinic Letter

Dr. J Khouly
The Silver Burn Medical Practice
Pollok Health Centre
21 Cowglen Road
Glasgow
G53 6EQ

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

NHS
Greater Glasgow
and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000
Haematology
0141 347 8164/63
17/01/2024
NJJ/SVV
18/01/2024
19/01/2024

Dear Dr. J Khouly,

**Frances McGowan; D.O.B: 19 Jan 1969; CHI: 1901696308
359 PEAT ROAD, Glasgow, Lanarkshire, G53 6SE**

Attendance: Specialty - Haematology; Clinic - VINJOHA6-NURSE N JOHNSTON MGUS CLINIC
WED PM

Date and Time of Appointment - 17/01/2024 12:15

Clinical Comments:

DIAGNOSIS: IgG kappa MGUS.

RESULTS: Haemoglobin 122, WCC 7.8, platelets 236, neutrophils 4.8

Creatinine 65, paraprotein 5, adjusted calcium 2.38, serum free light chains free kappa 57.4, serum free light chains free lambda 27.3, KL ratio 2/10

It was nice to speak to Frances today, this is first time I have been able to physically talk to her on the telephone. Overall Frances tells me she has been keeping well, however she has had increased tiredness of late, she feels that she can go for a nap nearly every day and still manage to sleep properly in the evenings. When we delved further into this she tells me that this is a combination of both her thyroid issues and the fact that she is going through menopause. She has attended her Doctor for both and they have given her advice and guidance that this is completely normal and it is most likely hormone related. Frances tells me that she has not suffered from any infective symptoms of late not has she had any weight loss or new bone pain. As previously mentioned her sleeping routine is fine and if anything she is sleeping more than usual. She does maintain that she has a happy positive mindset and feels that the first couple of years dealing with menopause can be quite difficult in itself which I was agreeable to. She was happy to hear that her bloods have remained stable, however, I would like to check them again in 6 months time. Otherwise Frances knows to contact myself outwith this time should she need me.

Printed on 23/01/2024 12:21 by Samantha Budski

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McGowan Frances

CHI: 1901696308

OPCL 17/01/2024 v1

Yours sincerely

Nicole Johnston

Myeloma ACNS

Electronically Signed: Nurse Nicole Johnston, Consultant

cc:

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Scottish Breast Screening Programme
West of Scotland Breast Screening Centre
Part of NHS Greater Glasgow and Clyde
Stock Exchange Court
77 Nelson Mandela Place
Glasgow
G2 1QT
0141 800 8800
GG-UHS.wosbs@nhs.net

Dear Doctor,

Frances McGowan 1901696308

Attended for Breast Screening on 13-09-2024. Result was normal.

Yours sincerely,

Jacqueline Kelly
Clinical Director

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NHS Confidential: Personal data about a patient

McGowan Frances

CHI: 1901696308

Clinical letter - GP:

Dr. J Khoully
The Silver Burn Medical Practice
Pollok Health Centre
21 Cowglen Road
Glasgow
G53 6EQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

NHS
Greater Glasgow
and Clyde
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100
Vascular
0141 451 5946
Ashleigh.gibson@nhs.scot
13/11/2024
KH
07/11/2024
12/11/2024

Dear Dr Khoully,

**Frances McGowan; D.O.B: 19/01/1969; CHI: 1901696308
359 PEAT ROAD, Glasgow, Lanarkshire, G53 6SE**

Mr McGowan attended on an elective basis for ultrasound guided foam sclerotherapy for recurrent, symptomatic LEFT anterior accessory saphenous varicose veins, associated with superficial thrombophlebitis.

Prior to the procedure the treatment was explained, as were the associated risks. The intervention was completed unevenly under ultrasound guidance. In total 12mls of 1% foam was used. There was good filling of the superficial venous system on duplex. When the treatment had been completed a thigh length TED stocking was applied.

Routine review has not been arranged but if there are any concerns, I would be grateful if you could let me know.

Kind regards

Mr Keith Hussey

Consultant Vascular and Endovascular Surgeon

Electronically Signed: Mr Keith Hussey, Consultant

cc.

Printed on 13/11/2024 09:06 by Rosalind Paterson

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