Legal Aspects Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

NHS
Greater Glasgow and Clyde

MMA LEGAL LIMITED
STOK
43-59 PRINCES STREET
STOCKPORT
SK11RY

Date: 6th May 2026
Your Ref: 100288
Our Ref: LAT/ACCESS/ JM
Enquiries to: JESSICA MCGHIE
Direct Line: 0141 211 3019
Email: Jessica.mcghie@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: SHARON KYLE **D.O.B: 18/09/1973**

Thank you for your request received **20th April 2026** in which you seek a copy of your client's personal information.

Your request has been dealt with in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:

NHS GREATER GLASGOW & CLYDE HOSPITAS
PLEASE NOTE ANY RADIOLOGY WILL FOLLOW VIA EMAIL LINK

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports
- Complaints files
- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25th birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection Officer. Their contact details are noted below:

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email: data.protection@ggc.scot.nhs.uk

Yours sincerely

Legal Aspects Team

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☑		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST AMBULATORY CARE HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		
Including:			
BADGERNET	☐		
CAREVUE	☐		
MEDICAL ILLUSTRATION	☐		
METAVISION	☐		
PHYSIOTHERAPY	☐		
RADIOLOGY	☐		
WEST MARC	☐		
LABS	☐		

Acute Services Division
DEPARTMENT OF NEUROLOGY
INSTITUTE OF NEUROLOGICAL SCIENCES
Regional Services Directorate
SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD
GLASGOW G51 4TF

NHS
Greater Glasgow and Clyde

MN/SG
CHI NO. 1809735386

SEMI URGENT NEUROLOGY CLINIC

☎ **0141 201 2828**
FAX No. 0141 201 2510

Typed 24/4/13

Sharon Holmes
51 Fernhill Road
Rutherglen
G73 4HP

Dear Ms Holmes,

An appointment has been made for you to attend the above clinic on **Thursday 2 May 2013 at 11.50am**. If you are unable to attend, please contact me on the above number to rearrange.

Yours sincerely

Maureen Nolan
Neurology Secretary

VICTORIA INFIRMARY
LANGSIDE ROAD
GLASGOW G42 9TY
Accident & Emergency Dept
Phone (0141) 201 5130 Fax (0141) 636 5608

DR. LESLIE LR SMITH
18 NORTH AVENUE
CAMBUSLANG
GLASGOW

G72 8AT
0141 641 3037

Dear Dr. LESLIE LR SMITH,

Your Patient
Name : SHARON HOLMES
DOB : 18/09/1973
Address : 12 MITCHELL AVENUE
CAMBUSLANG
GLASGOW
LANARKSHIRE
G72 7SH

Consultant : KEVIN THOMSON

Account # : AE0095235/10 Unit # : SG03173391 CHI # : 180

Attended at : 1905 on 12/11/2010
Left A&E at : 2100 on 12/11/2010

Reason for Visit : ALLERGIC REACTION

Diagnosis :

Investigations :

Treatments :

Prescribed Drugs : DRUGS DIRECTIONS

Tetanus Given :

Additional Notes:

Follow Up :

Yours sincerely

DR.

If you require any further information please quote this attendance number: AE00

Clinic Letter

NHS
Greater Glasgow and Clyde

Dr. CF Barrett
Drs Barrett tierney & haworth
Rutherglen Health Centre
130 Stonelaw Road rutherglen
Glasgow
G73 2PQ

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

Main Switchboard: 0141 201 1100
Email Inquiries to: Maureen.Nolan@ggc.scot.nhs.uk
Contact Tel Details: 0141 201 2828

Dictated Date: 09/05/2013
By: Dr Shan Ellawela
Transcribed Date: 21/05/2013
By: Maureen Nolan

Dear Dr. CF Barrett,

Patient

Name:	Holmes Sharon
CHI:	1809735386
DOB:	18 Sep 1973
Address:	51 Fernhill Road
	Glasgow
	G73 4HP

Attendance

Attended:	09/05/2013 11:50
New/Return:	S N SEMI URGENT NEURO
Referral Source:	General Practitioner
Consultant:	Generic Neurology Consultant
Specialty:	Neurology
Clinic:	SGNENE7;OP SEMI URGENT NEURO THURS AM

Clinical Comments:

I saw this 39 year old woman in the neurology semi-urgent clinic today. She presents with multiple neurological symptoms. She reports lower back pain which has been going on for a number of years. More recently she had developed intermittent sensory symptoms where she has pins and needle sensations in the tips of her fingers and toes. This has been more noticeable over the last four months. She also describes shooting pains in both arms radiating upwards to her shoulders which had developed over the last 2 to 3 months and bilateral knee pain after walking for some distance. She has also developed new onset intermittent headaches over the last 4 months. They normally occur 2 to 3 times a week and described as 'pressure like' and occurring in different regions of her head including occiput and frontal regoins. They normally last less than 4 hours and sleeping and resting helps. Although she gets occasional nausea with these headaches there are no significant

autonomic features or migranious features. If the headaches are worse she takes Paracetamol which does help. Recently she was admitted to the Victoria Infirmary with an acute exacerbation of headache which was different in nature to her 'normal' headaches and she was investigated along the lines of a possible subarachnoid haemorrhage. CT scan of the brain was normal. She had taken her own discharge before any further investigations were carried out.

Past medical history if largely unremarkable although she reports, low mood, lack of sleep, panic attacks, anxiety which she feels is secondary to multiple stresses at home. These include multiple family bereavements and living with her son who is allegedly trying to harm her. Currently medication includes Diazepam 2.5 mg on a PRN basis and the oral contraceptive pill. She has multiple allergies to food and drugs including strawberries, Penicillin and Erythromycin. She is a smoker of 20 cigarettes per day and takes alcohol occasionally. She used to work as an HGV driver but does not drive at present. There is a history of Alzheimer's in her father.

Neurological including cranial nerves, fundi and upper and lower limbs were completely normal. I could not detect any focal neurological signs or any sensory deficits. On further discussions her concerns are that all her symptoms are due to the personal stresses and her low mood she has had over the last few months.

I have explained to her that on examination I have not found anything to suggest that her symptoms are secondary to a progressive neurological problem and although I wanted to carry out a few investigations looking for secondary causes, she was not keen to have any bloods taken in the clinic today. I see that she has already had a number of investigations including vitamin B12, folate, ESR, liver function tests. I also considered doing a serum ACE ,serum letrophoresis and a vasculitic screen including ANA,ANCA. She is keen for these to be carried out at her own surgery. She has had a CT scan during her recent admission which has been reported as normal. I will organise for her to have an MRI scan of the brain, however if it is normal I will not take this any further. She has enquired about the possibility of prescribing an antidepressant which she is going to discuss with yourself. I will write to you once I have results of her MRI scan.
Results: Her MRI scan of the brain has been reported as normal.

Kind regards

Yours sincerely

Requested Outpatient Investigations:
MRI

Follow-up arranged: Neurology clinic after results are to hand

Electronically Signed: Dr Shan Ellawela, Doctor

cc. Dr Tannahil
New Victoria Infirmary

BREAST UNIT

Professor W D George: Tel: 0141 211 2175/Fax: 0141 211 1972
Miss J C Doughty: Tel: 0141 211 2122/Fax: 0141 211 1972
Mr C R Wilson: Tel: 0141 211 6248/Fax: 0141 211 1972

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Miss Julie C Doughty's Breast Clinic – 11/03/2010

Dictated 11/03/2010
Typed 15/03/2010
Our Ref LM/LF

Dr Leslie Smith
18 North Avenue
Cambuslang
G72 8AT

Dear Dr Smith

Sharon Holmes ~ 18/09/1973 ~ CHI: 1809735386 ~ CRN: 64365659W
12 Mitchell Avenue, Cambuslang, Glasgow, G72 7SH

Thank you for referring this 36 year old lady to Miss Doughty's Breast Clinic. As you are aware she has a strong family history of breast cancer, her mother developed breast cancer aged 36 and died aged 44. Her sister developed breast cancer aged 51 and has recently had a mastectomy, axillary node clearance and is undergoing chemotherapy. Her father's mother also developed breast cancer, she is unsure at what age she was at diagnosis. She also mentioned that she has 1 cousin on her mothers side with bowel cancer. There is no history of prostate or ovarian cancer. She has attended the Victoria in the past for ultrasound scan of her breasts and fatty lumps were found only. She has no breast symptoms, she has no breast pain, has not noticed any lumps herself and has had no nipple change or discharge or bleeding. She is on Progesterone only pill and has been for 2 years, she has 2 children.

I examined Sharon today and there was no palpable abnormality of either breast or axilla. She also underwent mammography today which was reported as normal/benign. I have asked her to make an appointment for 1 year's time for our Family History Clinic and will refer her to Medical Genetics at Yorkhill.

Yours sincerely,

Laura Macdonald
Clinical Assistant

BREAST UNIT

Professor W D George: Tel: 0141 211 2175/Fax: 0141 211 1972
Miss J C Doughty: Tel: 0141 211 2122/Fax: 0141 211 1972
Mr C R Wilson: Tel: 0141 211 6248/Fax: 0141 211 1972

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Miss Julie C Doughty's Breast Clinic – 11/03/2010

Dictated 11/03/2010
Typed 15/03/2010
Our Ref LM/LF

Rosemarie Davidson
Consultant Clinical Geneticist
Department of Genetics
Yorkhill Hospital
Glasgow
G3 8JS

Dear Dr Davidson

Sharon Holmes ~ 18/09/1973 ~ CHI: 1809735386 ~ CRN: 64365659W
12 Mitchell Avenue, Cambuslang, Glasgow, G72 7SH

I would be very grateful for your assessment of this 36 year old lady whose mother developed breast cancer aged 36 and died aged 44. Her sister has recently been diagnosed with breast cancer and has had mastectomy, axillary node clearance and chemotherapy. She has a history of breast cancer on her father's side also. Her paternal grandmother developed breast cancer but she is not sure at what age and she has 1 cousin on her mother's side with bowel cancer.

I enclose a copy of today's clinic letter where she underwent assessment and mammography all of which was normal. I wonder if she could be seen by your department to assess her risk of breast cancer and discuss with her the appropriateness of gene testing.

Yours sincerely,

Laura Macdonald
Clinical Assistant

Enc.

Final Discharge Letter

NHS Greater Glasgow and Clyde

Dr. CF Barrett
Drs Barrett tierney & haworth
Rutherglen Health Centre
130 Stonelaw Road rutherglen
Glasgow
G73 2PQ

Victoria Infirmary Glasgow
Langside Road
Glasgow
G42 9TY

Main Switchboard: 0141 201 6000

Date of Completion: 10/06/2013

Email Enquiries to:
Contact Tel Details: Dr Stewart's secretary (0141) 347-8279

Dictated: 16/04/2013
Transcribed: 22/04/2013

Dear Dr. CF Barrett,

Patient

Name:	Holmes Sharon
CHI:	1809735386
DOB:	18/09/1973
Address:	51 Fernhill Road
	Glasgow
	G73 4HP

Admission

Admitted:	25/03/2013 23:04
Discharged:	26/03/2013 18:23
Admission Type:	In Patient
Discharge to:	Private Residence - no additional detail added
Consultant:	Dr Alison Stewart
Specialty:	General Medicine

Reason for Admission: Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Clinical Comments:

This 39 year old lady presented on the 25/03/13 with multiple problems. She had a 2 week history of lower back pain which she felt had been getting worse. She described the pain as intermittently burning and stabbing. She was also complaining of symptoms in her hands and feet, right worse than left which started also 2 weeks prior to admission. She had decreased mobility due to the above problems. Headaches occurring every day for 4 days which started in the evening which were associated with nausea. This felt like a different pain to her normal migraine. She was also having pr bleeding for a few months prior to admission. She had a flu like illness 3 weeks prior to admission and one week before symptoms occurred. She was also reported word finding difficulties for a few months also.

Of note she has a past medical history of anxiety and had a troponin negative chest pain in November 2012. She had a productive cough which was normal for her. She is a smoker of 20 cigarettes per day. She currently works as a HGV driver and she lives with her 16 year old daughter. Of note she has angioedema with Penicillin.

On examination heart sounds were pure, chest was clear, observations were normal and she looked well. Her abdomen was soft and non-tender. On neurological examination her cranial nerves were intact, she had absent right supinator reflex with decreased sensation in her lower right hand. On admission her bloods were unremarkable. She had a CT head during her admission which showed no significant brain parenchymal or ventricular abnormality was demonstrated, no subaracnoid blood identified. She was reviewed by Dr Stewart on the ward who discussed her case with Dr Shan in Neurology, It was felt that the asymmetrical pattern makes Guillain Barra less likely who suggested a CT brain, a daily neurological exam and for an inpatient neurology review.

Unfortunately following this review in the evening Mrs Holmes did not feel that she was willing to stay as she was concerned about her 16 year old daughter at home alone. I will write a letter to Neurology informing them of this and asking for a semi-urgent clinic appointment.

Electronically Signed: Dr Heather Tannahill, Doctor

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Spirometry GG Direct Access Spirometry	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Respiratory Direct Access Services NHS Greater Glasgow & Clyde	——	**Hospital** and **hospital address** Hospital location code. G035G Email address -

Urgency of referral ROUTINE
Date of referral 05-Feb-2014 **Date sent** 05-Feb-2014

PATIENT DETAILS

Surname	HOLMES
Forename(s)	SHARON
Title	MS
Sex	Female
Date of birth	18-Sep-1973
CHI no.	1809735386
Area of Residence	-

Patient's address

51 FERNHILL ROAD
RUTHERGLEN
G73 4HP

Contact number(s)

Voice: 01413219547
Voice: 07964349154

101006679163F | Unique Care Pathway Number: 101006679163F

REGISTERED GP DETAILS

Name	Dr C F Barrett		
GMC code	2924595	GP code	01872
Practice name	Rutherglen Primary Care Centre		
Practice code	49055		

Practice address

130 STONELAW ROAD
GLASGOW
G73 2PQ

Contact number(s)

Voice: 01416134757

REFERRING GP DETAILS

Name	Dr. Guy Haworth		
GMC code	2959704	GP code	08621
Practice name	Drs Barrett, Tierney & Haworth (49055)		
Practice code	49055		

Practice address

Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Contact number(s)

Voice: 0141 613 4757

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint
Description: COPD

Reason for referral
Care type requested: Out Patient
Expected outcome: Not Specified

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

Description	Comment	Modifier	Date of onset	Date recorded
Otitis externa NOS	otomise	-	05-Feb-2014	05-Feb-2014
Menorrhagia	on cerelle for above, Rx 3op	-	15-Jan-2014	15-Jan-2014
Wheezing symptom	salbutamol prn	-	15-Jan-2014	15-Jan-2014
Otitis externa NOS	apply HC1% bd	-	19-Sep-2013	19-Sep-2013
Anxiety with depression	-	New event	15-Aug-2013	15-Aug-2013
Conjunctivitis	chloramphenicol	-	15-Aug-2013	15-Aug-2013
Past medical history	-	-	16-May-2013	16-May-2013
[M]Fibroadenoma NOS	[YEAR OF EVENT 2011] NOTES: excision .	-	01-Jan-2011	01-Jan-2011
Termination of pregnancy	[YEAR OF EVENT 2008]	-	01-Jan-2008	01-Jan-2008
Agoraphobia with panic attacks	[YEAR OF EVENT 2005]	-	01-Jan-2005	01-Jan-2005
Cause of overdose - deliberate	[YEAR OF EVENT 1995]	-	01-Jan-1995	01-Jan-1995
Acne vulgaris	[YEAR OF EVENT 1993]	-	01-Jan-1993	01-Jan-1993
[D]Heart murmur, functional and undiagnosed	[YEAR OF EVENT 1992]	-	01-Jan-1992	01-Jan-1992

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Patient informed - test result	not pregnant , tft normal	09-Dec-2013	09-Dec-2013
Patient reviewed	panic episodes increase citalopram to 20 mg mane	04-Dec-2013	04-Dec-2013
Serum albumin	=45 g/L. Start of normal range: 35, End of normal range: 50.	04-Dec-2013	04-Dec-2013
Serum alkaline phosphatase	=84 U/L. Start of normal range: 30, End of normal range: 130.	04-Dec-2013	04-Dec-2013
Serum alanine aminotransferase level	=17 U/L. Start of normal range: 5, End of normal range: 55. NOTES: serum alanine aminotransferase level .	04-Dec-2013	04-Dec-2013
Serum bilirubin level	=6 umol/L. Start of normal range: 0, End of normal range: 21.	04-Dec-2013	04-Dec-2013
Serum chloride	=103 mmol/L. Start of normal range: 95, End of normal range: 108.	04-Dec-2013	04-Dec-2013
Serum creatinine	=59 umol/L. Result qualifier: PTH002, Start of normal range: 60, End of normal range: 100.	04-Dec-2013	04-Dec-2013
Serum pregnancy test (B-HCG)	<1	04-Dec-2013	04-Dec-2013
Serum potassium	=4.6 mmol/L. Start of normal range: 3.5, End of normal range: 5.3.	04-Dec-2013	04-Dec-2013
Serum sodium	=137 mmol/L. Start of normal range: 133, End of normal range: 146.	04-Dec-2013	04-Dec-2013
Serum TSH level	=1.99 mU/L. Start of normal range: 0.2, End of normal range: 5. NOTES: mU/L.	04-Dec-2013	04-Dec-2013
Serum urea level	=3.3 mmol/L. Start of normal range: 2.5, End of normal range: 7.8.	04-Dec-2013	04-Dec-2013

Liver function test	<none>	04-Dec-2013	04-Dec-2013
Thyroid hormone tests	<none>	04-Dec-2013	04-Dec-2013
Urea and electrolytes	<none>	04-Dec-2013	04-Dec-2013
Serum bicarbonate	=26 mmol/L. Start of normal range: 22, End of normal range: 29.	04-Dec-2013	04-Dec-2013
Free T4 level	=16 pmol/L. Start of normal range: 9, End of normal range: 21.	04-Dec-2013	04-Dec-2013
GFR calculated abbreviated MDRD	Estimated EGFR - >59	04-Dec-2013	04-Dec-2013
GFR calculated abbreviated MDRD	Estimated EGFR - >59	04-Dec-2013	04-Dec-2013
Patient reviewed	mood no real change try increasing citalopram to 20 mg	19-Sep-2013	19-Sep-2013
Biopsychosocial assessment	-	15-Aug-2013	15-Aug-2013
Magnetic resonance imaging of brain normal	-	01-Jun-2013	01-Jun-2013
Magnetic resonance imaging of brain normal	Result qualifier: Normal.	30-May-2013	30-May-2013
Magnetic resonance imaging of brain normal	Result qualifier: Normal.	30-May-2013	30-May-2013
Smoking cessation advice	-	07-May-2013	07-May-2013
New patient screen	has neurology appt Thursday due to pins and needles in hands/feet and back	07-May-2013	07-May-2013
Urinalysis - general	nad	07-May-2013	07-May-2013
Cervical smear: negative	Exclude from target report: No, Source of smear: In another Practice.	04-Feb-2013	04-Feb-2013
Cervical smear: negative	Exclude from target report: No, Source of smear: In another Practice.	04-Feb-2013	04-Feb-2013
Mammography - X-ray	[YEAR OF EVENT 2011]Result qualifier: Normal.	01-Jan-2011	01-Jan-2011
Suction termination of pregnancy	[YEAR OF EVENT 2005]	01-Jan-2005	01-Jan-2005

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Breast cancer	Read code of condition: Malignant neoplasm of female breast [B34..00]. NOTES: moderate risk.	16-May-2013
FH: Family history	sister hypertension no chd cva diabetes	07-May-2013

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Salbutamol 100micrograms/dose inhaler CFC free	200	dose	1 TO 2 PUFFS UP TO FOUR TIMES [more]	-	05-Feb-2014	05-Feb-2014
Diazepam 5mg tablets	30	tablet	1 TWICE A DAY AS RQD	-	05-Feb-2014	05-Feb-2014
Citalopram 10mg tablets	84	tablet	2 TABLET DAILY	-	05-Feb-2014	05-Feb-2014
Otomize ear spray (Forest Laboratories UK Ltd)	5	ml	1 SPRAY THREE TIMES DAILY	-	05-Feb-2014	05-Feb-2014
Cerelle 75microgram tablets (Consilient Health Ltd)	84	tablet	1 TABLET ONCE A DAY	-	15-Jan-2014	15-Jan-2014

Salbutamol 100micrograms/dose inhaler CFC free	200	dose	1 TO 2 PUFFS UP TO FOUR TIMES [more]	-	15-Jan-2014	15-Jan-2014
Citalopram 10mg tablets	56	tablet	2 TABLET DAILY	-	04-Dec-2013	04-Dec-2013
Diazepam 5mg tablets	30	tablet	1 TWICE A DAY AS RQD	-	04-Dec-2013	04-Dec-2013
Citalopram 10mg tablets	56	tablet	2 TABLET DAILY	-	20-Nov-2013	20-Nov-2013
Citalopram 10mg tablets	56	tablet	1 TABLET DAILY	-	19-Sep-2013	19-Sep-2013
Hydrocortisone 1% ointment	15	gram	APPLY TWICE A DAY	-	19-Sep-2013	19-Sep-2013
Citalopram 10mg tablets	28	tablet	1 TABLET DAILY	-	29-Aug-2013	29-Aug-2013
Fucidin 2% cream (LEO Pharma)	15	gram	APPLY 3 TO 4 TIMES DAILY	-	29-Aug-2013	29-Aug-2013

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Weight (kg):	74.3	-
Height (m):	1.56	-
BMI (Weight / Height):	30.5	-
Moderate smoker - 10-19 cigs/d:	Smoking status on date of event: Smoker.	07-May-2013
Stopped drinking alcohol:	Drinking status on eventdate: Ex-drinker.	07-May-2013

Investigations

Description/Question	Result/Comment	Date
Persistent Cough:	NO	-
Change in MRC grade in known COPD:	NO	-
Breathlessness:	YES	-
Regular sputum:	NO	-
Known COPD:	NO	-
Known asthma:	NO	-
Previous Spirometry:	NO	-
Known current MRSA in sputum:	NO	-
Recent chest infection/COPD exacerbation:	NO	-
Recent Eye surgery:	NO	-
Smoking history:	Ex-smoker (quit for more than 12 months)	-

Clinical warnings

Allergies

Description	Comment	Date recorded
[V]Personal history of penicillin allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets. (Teva UK Ltd), Reaction type: Allergy, Certainty of allergy: Possible, Severity of allergy: Severe.	16-May-2013
H/O: drug allergy	Drug code for allergy: Amoxicillin 250mg capsules, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: PENICILLIN.	07-May-2013

Additional Support Needs

No known ASN requirements

Additional relevant information
Administrative information

Short acting b-agonist:YES
Long acting b-agonist:NO
Long acting anti-cholinergic:NO
Long acting combined inhaled steroid/long acting b-agonist:NO
Inhaled steroid:NO
Oral steroid:NO
Preferred site:Victoria Infirmary
Interpreter required:No
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**

Referral letter:

NHS
Greater Glasgow and Clyde

Dr Shan Ellawalah
Neurology Registrar
Institute of Neurological Sciences
Southern General Hospital

Victoria Infirmary Glasgow
Langside Road
Glasgow
G42 9TY
Main Switchboard: 0141 201 6000

Department: Diabetes & Endocrinology
Tel: 0141 347 8279
Enquiries to: irene.daly@ggc.scot.nhs.uk

Highly Sensitive: N
Consent for sharing withheld: N

Letter Date: 23/04/2013
Reference: HT/ID
Dictated Date: 19/04/2013
Transcribed Date: 23/04/2013

Dear Neurology Team,

Name:	**Holmes Sharon**
CHI:	**1809735386**
DOB:	**18/09/1973**
Address:	**51 Fernhill Road**
	Rutherglen
	Glasgow
	G73 4HP

I would be grateful if you could see Mrs Holmes in your outpatient clinic as discussed.

This 39 year old lady presented with multiple problems.Her main compliant was of back pain which had occurred two weeks prior to admission and feels that the pain was getting increasingly worse over the previous two days. She described the pain as intermittently burning and stabbing. She also reported a tingling in her hands and feet, the right worse than left, which also started two weeks ago. The paresthesia now is ascending up her right forearm. Due to the above, she has decreased mobility and has not been able to go out of the house for 24 hours prior to admission. She is also getting headaches for the past four days which occur most commonly in the evening. She does suffer from migraines but reported the pain was not similar in nature. She had a flu-like illness three weeks prior to admission and one week prior to symptoms occurring. She is also reporting word finding difficulties and PR bleeding for a month prior to admission. The only past medical history of note is anxiety and a Troponin negative chest pain in November 2012. She works as an

HGV lorry driver and lives with her 16 year old daughter. She is a smoker of 20 per day. She does not drink any alcohol.

Her medication on admission was Propranolol 40mg twice a day

Diazepam 5mg prn

Cetrizet 1 tablet od

Of note she has an angioedema with penicillin.

On admission her ausculations were unremarkable, her heart sounds were pure, her chest was clear, abdomen was soft non-tender. Neurological examination demonstrated power grade 5 in her limbs with normal co-oordination. She had decreased sensation in her right hand and had an absence supinator reflex. The rest of the neurological examination was entirely normal..Of note, when examined in A&E she was noted to have an absent right bicep reflex not a right supinator reflex. Dr Stewart reviewed her on the post-receiving ward round, who discussed the case with Dr Ellawalah. Dr Ellawalah suggested that GB was less likely due to the asymmetrical pattern but suggested a CT brain and daily neurological exam to look for progression and to ask for inpatient review. CT brain result showed no significant brain parenchymal or ventricular abnormality, no subarachnoid blood identified. Unfortunately the patient took her own discharge later that evening as she was becoming more anxious about her 16 year old daughter who was home alone. She was advised against this but was adamant that she was leaving. Given the seriousness of her potential diagnosis I would be grateful if you could still see her in clinic.

Yours sincerely,

Dr Heather Tannahill
Doctor

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Breast GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Western Infirmary/Gartnavel General Dumbarton Road Glasgow G11 6NT	——	**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral ROUTINE
Date of referral 28-Jan-2010 **Date sent** 28-Jan-2010

PATIENT DETAILS

Surname	Holmes
Forename(s)	Sharon
Title	Ms
Sex	Female
Date of birth	18-Sep-1973
CHI no.	1809735386
Area of Residence	-

Patient's address

12 Mitchell Avenue
CAMBUSLANG
Glasgow
G72 7SH

Contact number(s)

Voice: 07751025636 6415268

101000152790Y | Unique Care Pathway Number: 101000152790Y

REGISTERED GP DETAILS

Name	Dr LRN Smith		
GMC code	2329437	GP code	G06831
Practice name	North Avenue Surgery		
Practice code	49252		

Practice address

18 North Avenue
Cambuslang
Glasgow
G72 8AT

Contact number(s)

Voice: 0141 641 3037
Facsimile: 0141 646 1905

REFERRING GP DETAILS

Name	Dr. Keith McIntyre		
GMC code	3303782	GP code	04642
Practice name	18 NORTH AVENUE (49252)		
Practice code	49252		

Practice address

CAMBUSLANG
GLASGOW

Contact number(s)

Voice: 0141 641 3037

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Prof George - breast ca risk clinic - strong FH

Comment: sister has breast cancer - age 51 - mother also breast ca at age 36 - anxious about risk - refer WIG Breast Clinic

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
Overdose of drug	-	21-Jul-2006
Termination of pregnancy	-	21-Jul-2006
[D]Heart murmur, functional and undiagnosed	-	21-Jul-2006
Anxiety states	panic attacks	21-Jul-2006

Past procedures (High and medium priority - all)

Description	Comment	Date performed
Smoking cessation advice	-	08-Oct-2008
Smoking cessation advice	:	04-Apr-2007
CIN II - moderate dyskaryosis	biopsy of cervix	21-Jul-2006
Smoking cessation advice	-	11-May-2006

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Breast cancer	mother	06-Jun-2006
FH: Alzheimer's disease	father	06-Jun-2006

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Mometasone Furoate	1	140 Dose Aqueous Nasal SPRAY 50MCG/DOSE	2 Puffs	At night	16-Jun-2008	-
Diazepam	56	TABS 5MG	1 Tab	morning and night	11-May-2006	-
Chlorphenamine Maleate	400ml	SYRUP 2MG/5ML	5 ml	3 times daily	11-May-2006	-
Migraleve	48	Complete TABS	2 Tabs	As directed	09-Apr-2009	-
E45	500 g	Pump Pack CREAM	Apply	4 times daily	08-Oct-2008	-
Half Inderal La	56	CAPS 80MG	1 Cap	Daily	11-May-2006	-
Salbutamol	1op	200 Dose Cfc Free INHAL 100MCG/DOSE	1 Puff	Daily	11-May-2006	-

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

No recent medications recorded

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	:	16-Jan-2009
Current smoker:		08-Oct-2008
Current smoker:	:	25-Jan-2008
Current smoker:	:	04-Apr-2007
Current smoker:	:	05-Jun-2006

Clinical warnings

Allergies

Description

Adverse reaction to penicillin NOS

Additional Support Needs

No known ASN requirements

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**

MRI Head

Performed	22-May-2013 19:02	Received	28-May-2013 10:23
Reported	28-May-2013 10:01	Order Number	G588C27944642
Status	Final	Source System	MiSys

MRI Head Final
Sharon Holmes
Clinical History :
Tingling and numbness of the upper and lower limbs for 5 months with headaches. No clear focal neurology on examination. Rule out demyelination.

MRI Head :
Standard noncontrast sequences.

Brain parenchyma and ventricular system are within normal limits. In particular no white matter signal change to suggest demyelinating plaques. Midline structures, cranio-cervical junction and major intracranial vascular flow voids are unremarkable.

Reported by: Dr Ravi Jampana
Verified by: Dr Ravi Jampana

CT Head

Performed	26-Mar-2013 15:44	Received	26-Mar-2013 16:46
Reported	26-Mar-2013 16:24	Order Number	G306H27811321
Status	Final	Source System	MiSys

CT Head Final
Sharon Holmes
Clinical History :
39-year-old admitted with 2-week history of paraesthesia in hands and feet right greater than left now travel that this. History sudden onset of sharp headache associated with nausea and vomiting. Also some word-finding difficulties over past few months.? Subarachnoid haemorrhage.

CT Head :
Unenhanced scan. No significant brain parenchymal or ventricular abnormality demonstrated. No SAH identified. Please note that CT does not entirely exclude SAH and if appropriate lumbar puncture should be considered.

Reported by: Dr Ian McCrea
Verified by: Dr Ian McCrea

XR Chest

Performed	25-Mar-2013 22:05	Received	28-Mar-2013 10:00
Reported	28-Mar-2013 09:38	Order Number	G306H27810943
Status	Final	Source System	MiSys

XR Chest Final
Sharon Holmes
Clinical History : Polyneuropathy.

XR Chest :
The heart is not enlarged. No evidence of active lung disease.

Reported by: Dr John Calder
Verified by: Dr John Calder

XR Mammogram Both

Performed	11-Mar-2010 10:09	Received	11-Mar-2010 15:54
Reported	11-Mar-2010 15:32	Order Number	G516H13624622
Status	Final	Source System	MiSys

XR Mammogram Both Final
Sharon Holmes
Clinical History : Strong family history of breast cancer. No symptoms.

XR Mammogram Both :

Moderately dense breast tissue which reduces the sensitivity of the examination. No significant abnormality is demonstrated in either breast with no mammographic evidence of malignancy. Appearances are R1 normal both breasts.

The films have been double read by Dr N Moss.

Reported by: DR CM CORDINER and BLANK CLINICIAN
Verified by: DR CM CORDINER