Subject Access Request Team
Health Records Department
Glasgow Royal Infirmary
8 – 16 Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

MMA Legal Ltd
23 Goodlass road
Building B
Speke Liverpool
L24 9HJ

Date: 22/06/2026
Your Ref: 100014
Our Ref: SAR/ACCESS/ CD
Enquiries to: Chrissy
Direct Line: 0141 201 3379
Email: chrissy.davie@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: DAVID MOUTREY **D.O.B: 22/06/1954**

Thank you for your request received 28TH May 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:

GLASGOW ROYAL INFIRMARY & STOBHILL HOSPITAL RECORDS

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

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 CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐

Renal Medicine
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

08/08/2025

Dr MW Robinson
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Dear Dr MW Robinson
CHI Number: 2206546116
Patient Name: David Moutrey
Referral Date: 08/08/2025

Advice Response to recent Referral:

This 71y man with T2DM, vascular disease (STEMI, CVA. cor art stents) and obesity has good excretory function (eGFR >60ml/min) and low level albuminuria (uACR 27). This is well below the level at which we would see patients in the Renal Clinic. He is currently very unlikely to develop renal-replacement-requiring kidney failure in the next 5 years,
His blood pressure is well controlled. He is already on ramipril and a statin. If his uACR rises >30 or his uPCR>50, you could add an SGLT2i (and fineronone when uPCR >100) with appropriate monitoring in the community. If his eGFR falls below 35ml/min or his uPCR rises into the nephrotic range (>300) in spite of the above additions, please do not hesitate to get back in touch.

Yours Sincerely

Dr Siobhan McManus

User ID: Siobhan McManus

OP Advice Letter

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: Dermatology
Contact Tel: Secs: 0141 355 1727 - 0141 355 1292
Enquiries to: amy.quail2@ggc.scot.nhs.uk

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Letter Date: 09/09/2024
Reference: EM/AQ
Dictated Date: 09/09/2024
Transcribed Date: 09/09/2024

Dear Dr Boyce ,

David Moutrey; D.O.B: 22/06/1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Diagnosis:

Chronic plaque psoriasis

Iron deficiency anaemia

I now have the blood results for this patient who attends the dermatology unit with chronic plaque psoriasis and is currently on Acitretin 20mg once daily. Recent blood tests have shown an iron deficiency anaemia which consultant Dr Harkins feels needs to be investigated and I would be grateful if you could arrange for this. He will be followed up in the dermatology clinic in November as previously arranged.

Yours sincerely,

Nurse Morag Elspeth McCabe

Clinical Nurse Specialist

Electronically Signed: Nurse Elspeth Morag McCabe, Nurse Practitioner

cc.

Clinical letter - GP: GP Letter

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: Urology
Contact Tel: 0141 355 1799
Enquiries to: Karen Johnstone

Letter Date: 29/05/2023
Reference: AR/LC
Dictated Date: 18/05/2023
Transcribed Date: 24/05/2023

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Dear Doctor ,

David Moutrey; D.O.B: 22/06/1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Mr Moutrey attended the nurse led clinic today for review. He has now been on dual therapy for six months and has noticed a significant improvement with his storage and voiding LUTS. Unfortunately he was not prepared for a flow test today. He was not keen to stay in the department to fill his bladder and given that his symptoms have greatly improved I have not arranged any further follow up. I did make Mr Moutrey aware that if his symptoms change in the future I would be more than happy to see him back.

Yours Sincerely,

Andrea Reader

Jrology Nurse Specialist

Electronically Signed: Nurse Andrea Reader, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: UROLOGY DEPARTMENT
Contact Tel: 0141 201 3388
Enquiries to: Secretary

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Letter Date: 31/01/2023
Reference: ASJ/AK
Dictated Date: 30/01/2023
Transcribed Date: 31/01/2023

Dear Dr Boyce,

David Moutrey; D.O.B: 22/06/1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Mr Moutrey attended the Urology Clinic accompanied by his wife. He is currently on combination treatment for his prostate gland and happy with his lower urinary tract symptoms. He has a benign feeling prostate gland on rectal examination. His PSA is reassuringly low and nothing of concern was found on MRI scan. I have not arrange for any routine urology follow-up.

Yours sincerely

MR A S JAMES

Consultant Urological Surgeon

Electronically Signed: Mr Andrew James, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: Cardiac Rehabilitation Stobhill
Contact Tel: 0141 355 1020
Enquiries to:

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Letter Date: 15/09/2022
Reference: VK
Dictated Date: 14/09/2022
Transcribed Date: 14/09/2022

Dear Doctor / Primary Care Team,

David Moutrey; D.O.B: 22/06/1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

CARDIAC REHABILITATION OUTCOME

This patient completed a supervised outpatient exercise programme and has now been discharged from NHSGGC Cardiac Rehabilitation Service. Please continue to monitor their coronary heart disease risk factors within your chronic disease management programme.

Progress:

David has not reported any cardiac symptoms. He is limited by chronic back pain, however has found a low intensity gym programme to be more manageable than walking. He has been referred to the Live Active Exercise Scheme at Bishopbriggs Leisuredrome so that he can get some support with establishing a similar programme for long term fitness maintenance.

If you require any additional information then please do not hesitate to contact me.

Yours sincerely

Vivien Kerr

Cardiac Rehabilitation Specialist Physiotherapist

Electronically Signed: Physiotherapist Vivien Kerr, Physiotherapist

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: Urology
Contact Tel: 0141 355 1799
Enquiries to: Karen.Johnstone@ggc.scot.nhs.uk

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Letter Date: 29/08/2022
Reference: AR/JC
Dictated Date: 23/08/2022
Transcribed Date: 24/08/2022

Dear Dr Boyce ,

David Moutrey; D.O.B: 22/06/1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Mr Moutrey attended the nurse led prostate assessment clinic today. As you will be aware, over the last 18 months he has been having some difficulty voiding with hesitancy, daytime and night time frequency, and a feeling of incomplete emptying. He denies any dysuria or visible haematuria.

Mr Moutrey started taking Tamsulosin in January of this year and feels that it has helped to improve his flow, however his other symptoms persist.

Mr Moutrey's PSA from January was within normal range at 1.3. Examination of his prostate today revealed an enlarged asymmetrical firm right lobe with no nodules. I was however unable to examine all of his prostate gland today and for this reason have arranged for an MRI of his prostate.

Mr Moutrey has a history of type 2 diabetes, gout, cirrhosis, and a cardiac history. He is a non-smoker with an occasional alcohol intake and reports his bowels to be normal.

Mr Moutrey attempted to carry out a flow test today. Unfortunately, his flow was not particularly helpful with a small volume of 80ml voided. Urinalysis showed 2+ of glucose and a post void residual of 80ml.

I have given Mr Moutrey some fluid advice with regards to caffeine and carbonated drinks. I have also advised him to restrict his fluid intake towards the evening in an attempt to reduce his noctuira and we discussed bladder training today also.

I will arrange for Mr Moutrey to return in 3 months time where we can hopefully repeat his flow with a larger volume and will have the results of his MRI to discuss also.

Yours Sincerely

Andrea Reader

Urology Nurse Specialist

Electronically Signed: Nurse Andrea Reader, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: ENT
Contact Tel: 0141 211 1660
Enquiries to: Karen Clark
Letter Date: 10/01/2022
Reference: SO/ND
Dictated Date: 29/11/2021
Transcribed Date: 30/12/2021

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Dear Dr Boyce,

David Moutrey; D.O.B: 22/06/1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

It was a pleasure to see Mr Moutrey today in our clinic. He is a 67 year old ex-smoker who for the last year and a half has been suffering from intermittent hoarseness as well as persistent throat clearing. He has occasional symptoms of overt reflux. He denies any odynodysphagia and he has been eating and drinking normally with no weight loss. He has recently been started on Omeprazole and during the last 3 months this has substantially improved his symptoms. He has a past medical history notable for type 2 diabetes, angina, heart failure and left ventricular systolic dysfunction. He is currently on Apixaban, Atorvastatin and Bisoprolol.

Endoscopic examination of his nose, nasopharynx and the upper aerodigestive tract was largely unremarkable other than features of laryngopharyngeal reflux with oedema of the posterior commissure and hypopharyngeal mucosa. There were no other abnormalities spotted.

I had a good conversation with Mr Moutrey and explained to him the aetiology of his symptoms, it is likely from reflux disease. I have encouraged lifestyle modification as well as addition of Gaviscon to his daily routine, particularly nocturnally. I have not made any plans to see him back.

Yours sincerely,

Saleh Okhovat

Consultant Rhinologist & Endoscopic Skull Base Surgeon

Electronically Signed: Dr Saleh Okhovat, Consultant

cc.

Clinical letter - GP: Clinical Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

Main Switchboard: 0141 201 3000
Department: Cardiology
Contact Tel: 0141 201 3820
Enquiries to: amelia.a'hara@ggc.scot.nhs.uk
Letter Date: 20/09/2021
Reference: APR/AAH
Dictated Date: 17/09/2021
Transcribed Date: 17/09/2021

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Dear Dr Boyce ,

David Moutrey; D.O.B: 22/06/1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

I note this patient's recent CT Coronary Angiogram showing the patent grafts. There is narrowing in the native circumflex and obtuse marginal branch which has been suggested as a source of ischaemia. I note that he is due to have an Outpatient clinic appointment on 16.11.21. If he is continuing to have chest pain please let us know in the interim and I will arrange for early selective Coronary Angiography.

Yours sincerely

Dr A P Rae

Consultant Cardiologist

Electronically Signed: Dr Alan Rae, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: Cardiology
Contact Tel: 0141 201 3822
Enquiries to: Senga Meenagh

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Letter Date: 24/09/2021
Reference: AA/CH
Dictated Date: 16/09/2021
Transcribed Date: 20/09/2021

Dear Doctor,

David Moutrey; D.O.B: 22/06/1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Mr Moutrey's CT angiogram showed that the three coronary artery bypass grafts are of satisfactory patency. This provides a good blood supply to the RCA and LAD and also to one of the branches. The left circumflex showed flow limiting disease which can be responsible for ischemic symptoms. When he presented to the hospital last month he was in SVT atrial flutter which was treated medically. He had an exercise tolerance test and only managed to achieve 60% of his predicted heart rate. He had no symptoms of angina or ST changes. Mr Moutrey will be seen in the outpatient clinic to assess his symptoms and the need for further intervention.

Yours sincerely,

Dr Ahmed Abouzaid

ST7

Electronically Signed: Dr Ahmed Abouzaid , Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Main Switchboard: 0141 201 3000
Department: Dermatology
Contact Tel: 0141 355 1727
Enquiries to: amy.quail2@nhs.scot
Letter Date: 24/03/2026
Reference: CF/AQ
Dictated Date: 24/03/2026
Transcribed Date: 28/04/2026

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22 Jun 1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Attendance: Specialty - Dermatology; Clinic - STEMDE401D-NURSE MCCABE DERM TUE PM WEEK 2 AND 4
Date and Time of Appointment - 24/03/2026 14:00

Clinical Comments:
Diagnosis:

Psoriasis

Hypertension

Diabetes

Previous stroke

Previous paronychia affecting the thumb and middle finger - now settled with lower dose Acitretin at 10mg

Current Management:

Acitretin continues at 10mg once daily - reduced in December 2025

Investigations:

Full blood count, lipids and LFTs further updated today

Follow Up:

4 months

It was a pleasure to meet David through my nurse led clinic. His psoriasis has remained fairly settled with the reduction in his Acitretin from 20mg down to 10mg due to experience recurrent paronychia mostly affecting his thumb and middle finger. On review this is greatly settled and his psoriasis continues to remain fairly settled with just some small plaques but overall David is happy with the clearance and happy to continue at the low dose of 10mg. I have therefore updated bloods as above and issued a further prescription till his next review in 4 months.

Yours sincerely,

Nurse Christine Flynn

Clinical Nurse Specialist in Dermatology

Electronically Signed: Nurse Christine Flynn, Nurse Practitioner

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Main Switchboard:	
Department:	Stob Derm: 0141 355 1276 Secs: 0141 355 1292/1727
Contact Tel:	
Enquiries to:	pauline.dunn@nhs.scot
Letter Date:	17/12/2025
Reference:	EMcC/PD
Dictated Date:	17/12/2025
Transcribed Date:	05/01/2026

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22 Jun 1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Attendance: Specialty - Dermatology; Clinic - STEMDE5-NURSE LED SECOND LINE CLINIC WED AM
Date and Time of Appointment - 17/12/2025 09:30

Clinical Comments:
Diangosis:

Psoriasis.

Hypertension.

Diabetes.

Previous stroke.

Recurring paronychia with thumb and middle finger.

Management:

Trial of reduced dose of Acitretin 10mg daily.

Investigations:

FBC, lipids and LFT's.

Follow up:

3 months.

I reviewed David at the Nurse Led Second Line clinic today. Overall his psoriasis has been well controlled on his current dose of Acitretin, but he has had recurring paronychia over the last 3 months on his left thumb and middle finger, which has required both oral and topical antibiotics.

On examination today he had a few tiny plaques of psoriasis on his lower back, and I have suggested he apply Enstilar once daily to the affected areas for the next 4 weeks then reduce to twice weekly on non-consecutive days as maintenance.

He continues to have dry, cracked peeling skin on his left thumb and middle finger, and I discussed a trial of a reduced dose of Acitretin to see if his fingers improve with the lower dose. David was happy to trial this. I have issued him with a prescription for Acitretin 10mg once daily today, and I have brought him back slightly earlier in 3 months to ensure his psoriasis remains controlled.

Yours sincerely,

Elspeth McCabe

Clinical Nurse Specialist - Dermatology

Electronically Signed: Nurse Elspeth Morag McCabe, Nurse Practitioner

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Main Switchboard:
Department: Stob Derm: 0141 355 1276 Secs: 0141 355 1292/1727
Contact Tel:
Enquiries to: pauline.dunn@nhs.scot
Letter Date: 20/08/2025
Reference: CH/PD
Dictated Date: 20/08/2025
Transcribed Date: 21/08/2025

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22 Jun 1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Attendance: Specialty - Dermatology; Clinic - STCHDE601D-DR C HARKINS GENERAL WED PM NO OVERBOOKINGS UNLESS AUTHORISED
Date and Time of Appointment - 20/08/2025 15:45

Clinical Comments:
Diagnosis:

Psoriasis.

Hypertension.

Diabetes.

Previous stroke.

Management:

Acitretin 20mg daily.

Bloods taken today for U&Es, LFTs, FBC, non-fasting lipids.

Glucose.

Betacap lotion to be used at night time as required.

Follow up:

Nurse Led Second Line clinic - 4 months.

I reviewed Mr Moutrey in clinic today. He has been well since his last review. He continues on Acitretin which has been very effective for his psoriasis.

On examination today he had small patches of psoriasis at his lower back and his lateral hip area. His PASI score was <2 today. He is having mild dryness of his lips and finds that this is tolerable. We did discuss the option of reducing his Acitretin dose but he feels that this not problematic enough to merit that and he is happy to continue this.

I have made no changes to his treatment today other than suggesting adding Betacap as he has some small areas of psoriasis on his scalp which are intermittently itchy.

Finally Mr Moutrey requested review of a lesion on his upper chest. Clinically he has a 3mm area just over the sternoclavicular joint on the left hand side which is purple. On dermoscopy it has visible lacunae that is in keeping with a haemangioma, I have reassured him.

Yours sincerely,

Dr Catriona Harkins

Consultant Dermatologist

Electronically Signed: Dr Catriona Harkins, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Main Switchboard: 0141 201 3000
Department: Stob Derm: 0141 355 1276 Secs: 0141 355 1292/1727
Contact Tel:
Enquiries to: pauline.dunn@nhs.scot
Letter Date: 09/04/2025
Reference: EM/PD
Dictated Date: 09/04/2025
Transcribed Date: 12/05/2025

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22 Jun 1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Attendance: Specialty - Dermatology; Clinic - STEMDE5-NURSE LED SECOND LINE CLINIC WED AM
Date and Time of Appointment - 09/04/2025 11:00

Clinical Comments:
Dr Harkins patient.

Diagnosis:

Chronic plaque psoriasis.

Diabetes.

Obesity.

Previous MI.

Atrial flutter.

Hypertension.

Previous treatments:

UVB phototherapy - total of 58 treatments.

Current Management:

Acitretin 20mg once daily.

Dermax shampoo as required.

QV wash as soap substitute.

Zerodouble as emollient.

Investigations:

FBC, lipids and LFTs.

Follow up:

4 months - General clinic.

I reviewed David at the Nurse Led Second Line clinic today. I am pleased to say that this psoriasis remains well controlled on his current dose of Acitretin and he denies any adverse effects from the medication.

On examination today he had some small residual flat plaques on the dorsum of both his hands. Otherwise his skin was clear.

I have simply updated his bloods as outlined above and I have issued him with a further prescription for his Acitretin. He has an appointment for review at Dr Harkins general clinic.

Yours sincerely,

Elspeth McCabe

Clinical Nurse Specialist - Dermatology

Electronically Signed: Nurse Elspeth Morag McCabe, Nurse Practitioner

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Main Switchboard:	
Department:	Dermatology
Contact Tel:	0141 355 1276: Secs: 0141.355 1292/1727
Enquiries to:	
Letter Date:	04/12/2024
Reference:	EM/CH
Dictated Date:	04/12/2024
Transcribed Date:	28/12/2024

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22 Jun 1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Attendance: Specialty - Dermatology; Clinic - STEMDE5-NURSE LED SECOND LINE CLINIC WED AM
Date and Time of Appointment - 04/12/2024 11:00

Clinical Comments:
DIAGNOSIS:

Chronic plaque psoriasis

Diabetes

Obesity

Previous MI

Atrial flutter

Hypertension

PREVIOUS TREATMENT:

UVB phototherapy - total 58 treatments

CURRENT MANAGEMENT:

Acitretin 20mg once daily

Dermax shampoo as required

QV wash as soap substitute

INVESTIGATIONS:

Lipids

FOLLOW-UP:

4 months

I reviewed Mr Moutrey at the Nurse-led clinic today his skin remains well controlled on his current dose of Acitretin and he denies any adverse affects from the medication.

On examination today he continues to have a few small scattered flat plaques on his lower back and post-inflammatory staining on his thighs and hands. He had some mild erythema of his scalp today and I have suggested a trial of Dermax shampoo to see if this settles it. Previous bloods had shown low haemoglobin and David tells me he has completed a course of iron supplements and has had his bloods repeated on the 28th of November which show his haemoglobin is still low and that further iron supplementation has been prescribed and that he has a follow-up with yourself regarding this.

Today I have checked lipids and issued him with a further 4 months supply of Acitretin 20mg once daily. He has an appointment for review in 4 months time.

Kind regards,

Yours sincerely,

Elspeth McCabe

Clinical Nurse Specialist in Dermatology

Electronically Signed: Nurse Elspeth Morag McCabe, Nurse Practitioner

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Main Switchboard: 0141 201 3000
Department: Stob Derm: 0141 355 1276 Secs: 0141 355 1292/1727
Contact Tel:
Enquiries to: pauline.dunn@ggc.scot.nhs.uk
Letter Date: 24/07/2024
Reference: EM/PD
Dictated Date: 24/07/2024
Transcribed Date: 31/07/2024

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22 Jun 1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Attendance: Specialty - Dermatology; Clinic - STEMDE5-NURSE LED SECOND LINE CLINIC WED AM
Date and Time of Appointment - 24/07/2024 11:00

Clinical Comments:

Diagnosis:

Chronic plaque psoriasis.

Diabetes.

Obesity.

Previous MI.

Atrial flutter.

Hypertension.

Previous treatments:

UVB phototherapy - total 58 treatments.

Management:

Acitretin 20mg once daily.

QV wash as soap substitute.

Investigations:

FBC, lipids and LFTs.* **Hb 125, Alk Phos 167 referral to phlebotomy for haematinics and repeat LFT**

Follow up:

4 months.

I reviewed Mr Moutrey at Nurse Led Second Line clinic today. He remains on Acitretin 20mg once daily and denies any adverse effects from the medication.

On examination today his psoriasis has continued to improve since his last visit. He has some small plaques on his lower mid back and the dorsum of his hands and lower legs. Otherwise his skin was clear.

His skin was dry today and Mr Moutrey states he applies emollients which he buys over the counter and I have suggested that he obtained an emollient from yourselves. I have given him some emollient samples today to try and I would be grateful if you could prescribe his preferred options. I have also suggested some QV wash to be used as a soap substitute and I would be grateful if you could prescribe this as per my electronic request.

I have rechecked bloods as outlined above and he has a follow up appointment for review in 4 months time.

Yours sincerely,

Elspeth McCabe

Clinical Nurse Specialist - Dermatology

Electronically Signed: Nurse Elspeth Morag McCabe, Nurse Practitioner

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Main Switchboard: 0141 201 3000
Department: Dermatology
Contact Tel: 0141 355 1292
Enquiries to: pauline.dunn@ggc.scot.nhs.uk
Letter Date: 20/02/2024
Reference: EM/AQ
Dictated Date: 20/02/2024
Transcribed Date: 22/02/2024

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22 Jun 1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Attendance: Specialty - Dermatology; Clinic - STEMDE3-NURSE LED SECOND LINE CLINIC
Date and Time of Appointment - 20/02/2024 11:30

Clinical Comments:
Diagnosis:

Chronic plaque psoriasis

Diabetes

Obesity

Previous MI atrial flutter

Hypertension

Previous Treatments:

UVB phototherapy - total 58 treatments

Management:

Acitretin 20mg once daily

Investigations:

Full blood count, U&Es, LFTs

Follow Up:

5 months

I reviewed Mr Moutrey at the dermatology clinic today. He has been on Acitretin 20mg once daily for approximately 4 months now and aside from some mild dryness of his lips denies any adverse effects from the medication.

I am pleased to say that his psoriasis has greatly improved since he commenced Acitretin and he is delighted with his skin. On examination today he had some small partially resolved plaques on his lower back, arms, elbows and a partially resolved larger plaque on his abdomen. There was minimal scale evident today and all plaques were pale. I have rechecked bloods as outlined above and have issued him with a further prescription for Acitretin 20mg once daily for the next 5 months. He has a follow up appointment for review but knows to contact us sooner if any problems arise.

Yours sincerely,

Nurse Morag Elspeth McCabe

Clinical Nurse Specialist

Electronically Signed: Nurse Elspeth Morag McCabe, Nurse Practitioner

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: Stob Derm: 0141 355 1276 Secs: 0141 355 1292/1727
Contact Tel:
Enquiries to: pauline.dunn@ggc.scot.nhs.uk

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Letter Date: 18/10/2023
Reference: PNL/PD
Dictated Date: 18/10/2023
Transcribed Date: 24/10/2023

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22 Jun 1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Attendance: Specialty - Dermatology; Clinic - STCHDE6-DR C HARKINS GENERAL WED PM NO OVERBOOKINGS UNLESS AUTHORISED
Date and Time of Appointment - 18/10/2023 14:00

Clinical Comments:
Diagnosis:

Chronic plaque psoriasis

Diabetes

Obesity

Previous MI

Atrial flutter

Hypertension

Previous treatments:

UVB phototherapy - total 58 treatments, recently completed August 2023

Management:

PASI 5.4

DQLI 28

Blood tests + 8 weeks later - phlebotomy hub requested

Acitretin 20mg once daily - 4 month hospital prescription issued

PIL on Acitretin provided

Enstilar foam spray to affected areas once a night for 4 weeks, thereafter twice weekly

Hydromol ointment twice daily

QV gentle wash as soap substitute

Follow up:

Nurse led 3 to 4 months

I reviewed this patient in clinic. He had a course of UVB phototherapy from June to August 2023 which resulted in a slight improvement in his psoriasis. His psoriasis continues to impact his daily activities and his relationship with his wife. At present, he applies Enstilar foam to the affected areas, Dermovate to the ears, E45 cream twice daily and uses a non-fragrance soap to wash.

I understand that he has also been referred in view of a rash on both hands and lower legs. The rash on his hands appears in keeping with psoriasis and on examination today, there was no purpura seen on the lower legs. PASI today was 5.4 and DLQI 28.

We discussed further treatments today and I have discussed his case with Dr Harkins. He drinks occasionally, around 5 shots of vodka a month and is a non-smoker. We have agreed to start him on Acitretin and I have counselled him on the risks including skin dryness and liver dysfunction.

He will be seen again in 3 to 4 months.

Yours sincerely,

Dr Puo Nen Lim

ST5 in Dermatology

Electronically Signed: Dr Puo Nen Lim, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: Stob Derm: 0141 355 1276 Secs: 0141 355 1292/1727
Contact Tel:
Enquiries to: pauline.dunn@ggc.scot.nhs.uk

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Letter Date: 12/12/2022
Reference: SW/PD
Dictated Date: 12/12/2022
Transcribed Date: 15/12/2022

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22 Jun 1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Attendance: Specialty - Dermatology; Clinic - STATDE1 - NURSE TONAGH CDM CLINIC MON AM
Date and Time of Appointment - 12/12/2022 09:40

Clinical Comments:
Diagnosis:

Psoriasis.

Recent MI June 2022.

CABG 2003.

Atrial flutter.

Hypertension.

Management:

Referred for further course of UBV start of 2023.

To restart Enstilar foam spray once daily for 4 weeks, then reduce down to twice weekly.

Emollients.

Follow up:

6 months after UVB has finished.

I reviewed David today at clinic whose psoriasis has started to breakout more. There was small psoriatic patches evident on his chest, back, arms and legs. He tells me he has not been complying with his Enstilar foam spray so therefore I have emphasised that he restarts this and I will suggest a course of UVB at the beginning of next year which he has had in the past which has helped clear his skin. I have suggested he uses the foam spray until he is seen for his UVB. An appointment will be made after his UVB has finished for 6 months time for further review.

Yours sincerely,

Susanne Walker

Clinical Nurse Specialist - Dermatology

Electronically Signed: Nurse Susanne Walker, Nurse Practitioner

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Main Switchboard:	
Department:	Urology
Contact Tel:	01413551799
Enquiries to:	karen.Johnstone@ggc.scot.nhs.uk
Letter Date:	10/11/2022
Reference:	ARRC
Dictated Date:	10/11/2022
Transcribed Date:	10/11/2022

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22 Jun 1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Attendance: Specialty - Urology; Clinic - STARUR8-NURSE READER URO THURS PM
Date and Time of Appointment - 10/11/2022 15:00

Clinical Comments:

Mr Moutrey attended the nurse-led clinic today, along with his wife.

They have just returned for a holiday in Spain and seem to be keeping well. He tells me that his day-time frequency and nocturia are not quite as bothersome, however, his flow and occasional urgency remain a problem. As you are aware, he is already on tamsulosin.

Mr Moutrey carried out a flow test today, which was fairly slow and prolonged. He is, however, emptying his bladder well enough.

We discussed the addition of finasteride, along with his tamsulosin, for the next 6 months and I have advised him of some possible side effects. He is happy to trial this and we can arrange for a repeat flow test thereafter.

MRI of the prostate, from October, did not show any evidence of malignancy and his PSA, as previously mentioned, was normal at 1.3. I have, however, advised Mr Moutrey that, given the findings on his examination, I have arranged for a consultant review for his prostate to be re-examined, to ensure that there is no need to arrange for any prostate biopsies.

Yours sincerely,

Andrea Reader

Urology Nurse Specialist

Electronically Signed: Nurse Andrea Reader, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: Stob Derm: 0141 355 1276 Secs: 0141 355 1292/1727
Contact Tel:
Enquiries to: pauline.dunn@ggc.scot.nhs.uk

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Letter Date: 10/10/2022
Reference: AT/PD
Dictated Date: 10/10/2022
Transcribed Date: 18/10/2022

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22 Jun 1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Attendance: Specialty - Dermatology; Clinic - STATDE1 - NURSE TONAGH CDM CLINIC MON AM
Date and Time of Appointment - 10/10/2022 09:40

Clinical Comments:
Diagnosis:

Psoriasis.

Recent MI June 2022.

CABG 2003.

Atrial flutter.

Hypertension.

Management:

Increase Enstilar foam usage back to once daily for 4 weeks.

Continue regular emollients.

Follow up:

4 weeks.

I reviewed David today at clinic. On examination of his skin he had a large psoriatic plaque at his lower back and scatterings of smaller plaques across his body. He has been using his Enstilar foam twice weekly, however, I have advised that he increase this back to once daily for the next 4 weeks. I will review him at this point to check his progress.

Yours sincerely,

Alison Tonagh

Clinical Nurse Specialist - Dermatology

Electronically Signed: Nurse Alison Tonagh, Nurse

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: Stob Derm: 0141 355 1276 Secs: 0141 355 1292/1727
Contact Tel:
Enquiries to: pauline.dunn@ggc.scot.nhs.uk

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Letter Date: 08/08/2022
Reference: AT/PD
Dictated Date: 08/08/2022
Transcribed Date: 10/08/2022

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22 Jun 1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Attendance: Specialty - Dermatology; Clinic - STATDE1 - NURSE TONAGH CDM CLINIC MON AM
Date and Time of Appointment - 08/08/2022 09:00

Clinical Comments:
Diagnosis:

Psoriasis.

Recent MI (June 2022).

CABG 2003.

Atrial flutter.

Hypertension.

Management:

Enstilar foam once daily for 4 weeks, then twice weekly as maintenance.

Continue regular emollients.

Follow up:

4 weeks - Nurse Led topical clinic.

I reviewed David today at clinic. He recently completed a course of UVB therapy which stopped in May 2022. Unfortunately shortly after this David suffered a myocardial infarction. He reports today that he is feeling well following this. Possibly due to the stress of this David's skin has subsequently flared with his psoriasis.

On examination today he had active psoriasis across his upper torso, back, arms and legs. He has just been using emollients to these areas. I have advised that he recommence the above topical therapy. David was keen for another course of UVB therapy, however, I did explain to him that we would only give this once a year.

Yours sincerely,

Alison Tonagh

Clinical Nurse Specialist - Dermatology

Electronically Signed: Nurse Alison Tonagh, Nurse

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Main Switchboard:	
Department:	Cardiac Rehabilitation
Contact Tel:	0141-355-1020
Enquiries to:	
Letter Date:	23/06/2022
Reference:	KS/DM
Dictated Date:	23/06/2022
Transcribed Date:	24/06/2022

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22 Jun 1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Attendance: Specialty - Cardiac Rehab; Clinic - STCRCA78-CR ASSESSMENT THURSDAY ALL DAY
Date and Time of Appointment - 23/06/2022 13:15

Clinical Comments:
DIAGNOSIS:

Inferior STEMI on 03.06.2022.

ANGIOGRAM:

PCI with drug eluting stent x 1 to SVG graft - right PDA. Drug eluting stent x 2 to circumflex artery.

ECHO:

LV systolic function at lower end of normal.

GP RECOMMENDATIONS:

Mr Moutrey advises that he had bloods checked today at your surgery however he is not sure what these are. If U+E's were not included in the blood draw I would be grateful if they could be done at your earliest convenience. Please also check HbA1c in 6 to 12 months as per GG&C immediate discharge letter dated 07.06.2022.

PROGRESS SINCE DISCHARGE:

Mr Moutrey attended Stobhill Hospital today for his Post MI Clinic accompanied by his partner, Laura. He appears to be making a very good recovery and reports no cardiac sounding chest pain therefore has not required the use of his GTN spray. He understands the correct usage should it be required. He denies any breathlessness, in fact this has improved since prior to his MI, and he also denies any palpitations. He describes almost daily symptoms of postural dizziness however he is taking things easy to keep this at bay. I see no evidence of ankle swelling and Mr Moutrey informs me that this has greatly improved since he was in hospital for his MI. He continues on Spironolactone and Furosemide however he has an appointment with the Post MI LVSD pharmacist on 30.06.2022 and this may be addressed.

MEDICATIONS:

Mr Moutrey will continue with triple therapy with Aspirin, Clopidogrel and Apixaban for 1 month post MI and thereafter will continue with Clopidogrel and Apixaban indefinitely. He is on appropriate secondary prevention medications and these will be assessed in due course at the Post MI LVSD Clinic. I note he continues to be on Isosorbide Mononitrate and was asking whether this could be stopped and I have advised that he ask the pharmacist this question when he sees her next week.

VITAL SIGNS:

Blood pressure 111/73, heart rate 68bpm and regular.

MODIFIABLE CORONARY HEART DISEASE RISK FACTORS:-

Smoking: Ex smoker of 7 years.

Alcohol: Within daily and weekly limits.

Diet: Does not meet current healthy eating recommendations however has been making positive changes to his diet since his MI.

Weight: 103kgs. BMI: 35.6. We have had a long discussion today regarding the importance of weight loss and Mr Moutrey is very keen to lose quite a bit of weight. Much education was provided regarding this. He has declined referral to Weight Watchers.

Cholesterol: 3.8, Triglycerides 1.2 on 03.06.2022.

Hypertension:

Diabetes: Yes, type 2. HbA1c 48 on 06.07.2022. It came as no surprise to Mr Moutrey that he now has type 2 diabetes. We had a long discussion today regarding education surrounding this and the importance of weight loss and activity, although he does tell me he suffers from quite uncomfortable lower back pain and is limited with his activity levels.

Stress: No symptoms of low mood or anxiety noted today.

ADDITIONAL INFORMATION:

Mr Moutrey was assessed today by our cardiac rehabilitation physiotherapist and he has been enrolled in a programme of exercise at Stobhill Hospital gym combination with a home exercise programme. Prior to his MI he worked as a heavy plant operator and now advises me today that he he is planning on retiring.

FOLLOW-UP ARRANGEMENTS:

Mr Moutrey has an appointment with the Post MI LVSD pharmacist on 30.06.2022.

We will update you on his progress in due course, however should you require any further information, please do not hesitate to contact me.

Yours sincerely

Kirstin Smith

Cardiac Rehabilitation Nurse Specialist

Electronically Signed: Nurse Kirstin Smith, Nurse

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Main Switchboard:	
Department:	STOBHILL HOSPITAL DERMATOLOGY DEPT.
Contact Tel:	DEPT. SECS: 0141 355 1727/1292/4341
Enquiries to:	
Letter Date:	13/01/2020
Reference:	CMAC/AMD
Dictated Date:	13/01/2020
Transcribed Date:	17/01/2020

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22 Jun 1954; CHI: 2206546116
11 MONTROSE TERR, BISHOPBRIGGS, Glasgow, Lanarkshire, G64 1JQ

Attendance: Specialty - Dermatology; Clinic - STCMDE2-DERM ACH NURSE MACASKILL MONDAY PM
Date and Time of Appointment - 13/01/2020 15:50

Clinical Comments:
DIAGNOSIS:

Chronic plaque psoriasis

MANAGEMENT:

Capasal shampoo or Alphosyl 2:1

Epaderm cream as an emollient

Enstilar foam once daily when required

FOLLOW UP:

Discharged

This gentleman had attended my colleague in September 2019. She had given him a Phillips Blue Light to try for targeted plaques of psoriasis which he used and found very helpful. His large plaques of psoriasis have broken up into very small plaques. He then treated his small plaque psoriasis with

Enstilar foam which cleared his psoriasis completely. He had plaques on the back of his hands which he has had for many years and the Enstilar cleared these very quickly.

On examination today he had small plaques of psoriasis on his elbows, arms, thigh and he told me that this was because he was on holiday and had not treated his skin in the last month. He tells me once he starts using the treatment again the Enstilar will completely clear things. In view of this I think if he uses this in this manner then there is no reason why he could not continue with it. I have suggested that when it starts to get smaller he may want to change to Dovonex to these very small areas or some Dovobet ointment but certainly when things are worse he could use the Enstilar foam. As things have improved I have discharged him from clinic today.

Yours sincerely

Celia Macaskill

Dermatology Nurse Specialist

Electronically Signed: Nurse Celia Macaskill, Nurse

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

Main Switchboard: 0141 201 3000
Department: General Surgery
Contact Tel: 0141 201 6662
Enquiries to: angela.ferguson5@nhs.scot

David Moutrey
11 Montrose Terrace
Bishopbriggs
Glasgow
Dunbartonshire
G64 1JQ

Letter Date: 19/08/2025
Reference: LM/MO
Dictated Date: 19/06/2025
Transcribed Date: 09/07/2025

Dear Mr Moutrey,

I am writing to you to update you of the results of your investigations performed after seeing you in Professor Roxburgh's Surgical Clinic with a degree of anaemia and a raised qFIT. Your colonoscopy initially was normal apart from some skin tags which we do not need to do anything about. A gastroscopy was also arranged due to iron deficiency anaemia. Some biopsies from this were taken which have come back as normal as well.

As such, we can safely discharge you from the Surgical Clinic. This small degree of anaemia can be managed in your GP Surgery. Should there be any changes in your condition, we would be more than happy to see you again and your GP would just need to refer you in to see us.

Any further questions, please do not hesitate to be in contact.

Many thanks.

Dr Luke McNickle

Surgical CRF

Electronically Signed: Dr Luke McNickle, Doctor

cc. Dr L Boyce:
Springfield Medical Practice:
9 Springfield Road:
Bishopbriggs:
Glasgow:
G64 1PJ:

Letter to Patient:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000
Gastroenterology

Endoscopy Department
16/06/2025
KMacD/ct
27/05/2025
27/05/2025

David Moutrey
11 Montrose Terrace
Bishopbriggs
Glasgow
Dunbartonshire
G64 1JQ

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

Dear Dr Moutrey ,

You attended for an upper GI endoscopy on the 13th February 2025 for symptoms of mild anaemia. The biopsies taken from your small bowel returned as completely normal with no worrying features.

Yours sincerely

Kerr MacDonald

Trainee Nurse Specialist

Electronically Signed: Nurse Paul Miller, Consultant

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: \ast
Contact Tel: 0141 451 5197
Enquiries to: Morag.Greenlaw@ggc.scot.nhs.uk
Letter Date: 23/01/2024
Reference: SO/mg
Dictated Date: 20/01/2024
Transcribed Date: 22/01/2024

David Moutrey
11 Montrose Terrace
Bishopbriggs
Glasgow
Dunbartonshire
G64 1JQ

Dear Mr Moutrey,

I am one of the Stroke Consultants at Glasgow Royal Infirmary, and I work with Dr McKenna, who saw you during your admission in November. I hope that you are keeping well and that you have had no further right sided weakness.

Thank you for attending the scan of your neck arteries in late November 2023, this did not show any significant narrowing. This means that we do not need to make any changes to your current medications.

Hopefully, by the time this letter reaches you, one of the Stroke Nurses will have been in contact with you to how you are doing.

Kind regards.

Yours sincerely

Dr Sinead Oxley

Consultant Stroke Physician

Electronically Signed: Dr Sinead Oxley, Consultant

cc. Dr LM Boyce:
Springfield Medical Practice:
9 Springfield Road:
Bishopbriggs:
Glasgow:

G64 1PJ

Letter to Patient:

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: Urology
Contact Tel: 0141 355 1799
Enquiries to: Karen.Johnstone@ggc.scot.nhs.uk
Letter Date: 28/10/2022
Reference: AR/PM
Dictated Date: 05/10/2022
Transcribed Date: 25/10/2022

David Moutrey
11 Montrose Terrace
Bishopbriggs
Glasgow
Dunbartonshire
G64 1JQ

Dear Dear Mr Moutrey,,

I have now received the results of the MRI scan of your prostate which you had carried out on 3rd October.

Reassuringly this shows no abnormality within your prostate.

I will therefore see you again in November as previously planned .

Kind Regards

Nurse Andrea Reader

Urology Clinical Nurse Specialist

Electronically Signed: Nurse Andrea Reader, Consultant

cc. Dr Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Dermatology
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
04/11/2025

Dr
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Dear Dr

Patient Name: David Moutrey
CHI Number: 2206546116
Referral Date: 16/10/2025

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

Please see the following reasons.

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

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

Dr Harkins no longer works in our department. I would Suggest Betnovate C for this are, OD for 5 days then 2 per week.

Yours sincerely

Dr Alison MacDonald
User ID Alison MacDonald

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Dermatology - 13102025_Administration Letter_1227024
Dermatology - 13102025_Administration Letter_1227023
Dermatology - 13102025_Administration Letter_1227022

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Dermatology GGC Dermatology	—	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	—	**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral Routine
Date of referral 16-Oct-2025 **Date sent** 16-Oct-2025

PATIENT DETAILS

Surname	Moutrey
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	22-Jun-1954
CHI no.	2206546116
Area of Residence	-

Patient's address
11 Montrose Terrace
BISHOPBRIGGS
GLASGOW
G64 1JQ

Contact number(s)
Voice: 07527645433
Voice: 07930 128 557
E-mail: laurakennedy109@gmail.com

1010379579702 Unique Care Pathway Number: 1010379579702

REGISTERED GP DETAILS

Name	Dr Linda Boyce		
GMC code	6101143	GP code	05304
Practice name	Springfield Medical Centre (18845)		
Practice code	43059		

Practice address
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
G64 1PJ

Contact number(s)
Voice: 0141 772 4744
Facsimile: 0141 772 3035

REFERRING GP DETAILS

Name	Dr Patrick Breen

Practice address
9 Springfield Road

GMC code	7730954	GP code	-
Practice name	Springfield Medical Practice (43059)		
Practice code	43059		

Bishopbriggs
Glasgow
G64 1PJ

Contact number(s)

Voice: 0141 772 4744

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: FAO Dr Catriona Harkins for advice – chronic paronychia left thumb and left middle finger

Comment: Dear Dr Harkins,

I would be grateful for your advice on this 71 year old gentleman who is known to you with a history of psoriasis, on Acitretin 20mg daily. We have seen him in primary care 4 times over recent months with flare ups of left middle finger and left thumb paronychia, which settled with antibiotics and then flared again. He has had 3 courses of oral antibiotics with Fucidin H in the last 3 months and I have reviewed him again today with a further flare of left and middle finger and left thumb paronychia. He keeps his nails clean and dry and doesn't use any irritants, and also doesn't bite his nails.

I have attached pictures but would be grateful for any further advice or recommendations for management of this chronic paronychia.

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
Pneumonia and influenza	-	13-Oct-2024	13-Oct-2024
Stroke and cerebrovascular accident unspecified	small ischaemic stroke, possibly subacute	22-Nov-2023	22-Nov-2023
Acute myocardial infarction	inferioposterior STEMI	04-Jun-2022	04-Jun-2022
Ventricular fibrillation	-	04-Jun-2022	04-Jun-2022
Atrial flutter	-	16-Nov-2021	16-Nov-2021
Supraventricular tachycardia NOS	-	07-Aug-2021	07-Aug-2021
Type 2 diabetes mellitus	-	13-May-2021	13-May-2021
Impaired glucose tolerance	-	04-Feb-2019	04-Feb-2019
Gout	-	28-Dec-2018	28-Dec-2018
Left ventricular systolic dysfunction	-	16-Nov-2016	16-Nov-2016
Heart failure	-	16-Nov-2016	16-Nov-2016
Essential hypertension	-	05-Jul-2002	05-Jul-2002
Angina pectoris	-	01-Oct-2001	01-Oct-2001
Ischaemic heart disease	-	01-Jan-2001	01-Jan-2001
Psoriasis and similar disorders	-	01-Jan-1983	01-Jan-1983

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Colonoscopy normal	-	15-Jan-2025	15-Jan-2025
Direct current cardioversion	-	04-Jun-2022	04-Jun-2022
Cardiopulmonary resuscitation	-	04-Jun-2022	04-Jun-2022
Percutaneous coronary intervention	-	04-Jun-2022	04-Jun-2022
Echocardiogram normal	-	05-Aug-2004	05-Aug-2004
Coronary artery operations	X 2	28-Mar-2002	28-Mar-2002

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart dis. <60	Father priority=1	16-Oct-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued

Co-Codamol 30/500 Tablets	50	50 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	05-Aug-2025	05-Aug-2025
Enstilar Cutaneous Foam 50 micrograms + 500 micrograms/gram	120	2*60 GRAM	APPLY DAILY FOR 4 WEEKS THEN REDUCE TO TWICE WEEKLY	-	25-Mar-2025	20-Aug-2025
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	21-Oct-2024	12-Sep-2025
Stexerol-D3 Tablets 1,000 units	56	2*28 tablet	1 Tab Daily	-	08-May-2024	13-Oct-2025
Lansoprazole Capsules (Gastro-Resistant) 30 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	06-Mar-2024	12-Sep-2025
Finasteride Tablets 5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	17-Nov-2022	13-Oct-2025
Allopurinol Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	24-Jun-2022	12-Sep-2025
Clopidogrel Tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Jun-2022	18-Sep-2025
Tamsulosin Hydrochloride M/R capsules 400 micrograms	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	20-Jan-2022	25-Sep-2025
Apixaban Tablets 5 mg	112	112 TABLET	ONE TO BE TAKEN TWICE DAILY	-	10-Aug-2021	13-Oct-2025
Bisoprolol Fumarate Tablets 1.25 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Aug-2021	13-Oct-2025
Isosorbide Mononitrate Tablets 10 mg	112	112 TABLET	ONE TAB TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)	-	10-May-2021	13-Oct-2025
Dermax Shampoo 0.5 %	250	250 ML	APPLY AS NECESSARY	-	04-Sep-2019	26-Jun-2025
Capasal Shampoo	250	250 ML	APPLY DAILY AS NECESSARY	-	26-Jul-2019	05-Sep-2025
Cetirizine Hydrochloride Tablets 10 mg	60	60 TABLET	AS DIRECTED	-	05-Jan-2010	13-Oct-2025
Lercanidipine Hydrochloride Tablets 20 mg	56	56 TABS	1 Tab Daily	-	16-Jun-2010	13-Oct-2025
Ramipril Capsules 10 mg	56	56 CAPS	1 Cap In the morning	-	16-Jun-2010	13-Oct-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Flucloxacillin Capsules 500 mg	28	28 capsule	1 CAP QID	-	13-Oct-2025	13-Oct-2025
Flucloxacillin Capsules 500 mg	28	28 capsule	1 CAP QID	-	25-Aug-2025	25-Aug-2025
	30	30 gram	Apply 3 times daily	-	25-Aug-2025	25-Aug-2025

Fusidic Acid And Hydrocortisone Acetate Cream 2 % + 1 %						
Betamethasone Valerate Scalp application 0.1 %	100	100 ml	APPLY ONCE DAILY FOR TWO WEEKS THEN AS REQUIRED	-	21-Aug-2025	21-Aug-2025
Doxycycline Hyclate Capsules 100 mg	10	10 capsule	1 CAP BD	-	18-Aug-2025	18-Aug-2025
Flucloxacillin Capsules 500 mg	28	28 capsule	ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS	-	06-Aug-2025	06-Aug-2025
Cyanocobalamin Tablets 50 micrograms	56	56 tablet	ONE TABLET TWICE DAILY	-	26-Jun-2025	30-Jul-2025
Cyanocobalamin Tablets 50 micrograms	56	56 tablet	ONE TABLET TWICE DAILY	-	22-May-2025	22-May-2025
Folic Acid Tablets 5 mg	84	84 tablet	1 Tab Daily	-	22-May-2025	22-May-2025
Flucloxacillin Capsules 500 mg	28	28 capsule	ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS	-	12-May-2025	12-May-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
18-Jun-2025	124	78
14-Feb-2024	112	65
22-Nov-2023	152	84
25-Aug-2023	135	86
04-Oct-2022	132	67

Body Measurements

Date Recorded	Height	Weight	BMI
18-Jun-2025	170	106	36.68
14-Feb-2024	170	105	36.33
04-Oct-2022	170	103.55	35.83
03-Sep-2021	170	103	35.64
28-Oct-2019	172	103	34.82

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		18-Jun-2025
Ex smoker:		14-Feb-2024
Never smoked tobacco:		19-Oct-2022
Ex smoker:		03-Sep-2021
Ex smoker:		28-Oct-2019
Alcohol units per week, 0 U/week:		18-Jun-2025
Alcohol units per week, 0 U/week:		19-Oct-2022
Alcohol consumption, 14 units/week:		28-Oct-2019
Alcohol consumption, 8 units/week:		06-Nov-2017
Alcohol intake within rec limt:		06-Nov-2017
GPPAQ physical activity index: active:		14-Feb-2024
GPPAQ physical activity index: active:		19-Oct-2022
GPPAQ physical activity index: active:		03-Sep-2021
Enjoys light exercise:		28-Oct-2019
GPPAQ physical act ind: active:		06-Nov-2017

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information
Administrative information

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

Social circumstances

Ethnic Origin: (White) Scottish

Dermatology - 13102025_Administration Letter_1227024
Dermatology - 13102025_Administration Letter_1227023
Dermatology - 13102025_Administration Letter_1227022

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Audiology GGC Audiology	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral Routine
Date of referral 16-Oct-2025 **Date sent** 16-Oct-2025

PATIENT DETAILS

Surname	Moutrey
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	22-Jun-1954
CHI no.	2206546116
Area of Residence	-

Patient's address

11 Montrose Terrace
BISHOPBRIGGS
GLASGOW
G64 1JQ

Contact number(s)

Voice: 07527645433
Voice: 07930 128 557
E-mail: laurakennedy109@gmail.com

101037957637Y Unique Care Pathway Number: 101037957637Y

REGISTERED GP DETAILS

Name	Dr Linda Boyce		
GMC code	6101143	GP code	05304
Practice name	Springfield Medical Centre (18845)		
Practice code	43059		

Practice address

Springfield Medical Practice
9 Springfield Road
Bishopbriggs
G64 1PJ

Contact number(s)

Voice: 0141 772 4744
Facsimile: 0141 772 3035

REFERRING GP DETAILS

Name	Dr patrick Breen		
GMC code	7730954	GP code	-
Practice name	Springfield Medical Practice (43059)		
Practice code	43059		

Practice address

9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Contact number(s)

Voice: 0141 772 4744

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: review of hearing aids

Comment: Many thanks for seeing this 71 year old gentleman who is known to Audiology with a history of bilateral hearing loss and had bilateral hearing aids. Both David and his wife report that the hearing aids are becoming progressively less effective as time passes and his wife reports that David's hearing is generally really poor despite the hearing aids. He is keen to have his hearing reviewed and I would be grateful if you could reassess him and manage appropriately.

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
Pneumonia and influenza	-	13-Oct-2024	13-Oct-2024
Stroke and cerebrovascular accident unspecified	small ischaemic stroke, possibly subacute	22-Nov-2023	22-Nov-2023
Acute myocardial infarction	inferioposterior STEMI	04-Jun-2022	04-Jun-2022
Ventricular fibrillation	-	04-Jun-2022	04-Jun-2022
Atrial flutter	-	16-Nov-2021	16-Nov-2021
Supraventricular tachycardia NOS	-	07-Aug-2021	07-Aug-2021
Type 2 diabetes mellitus	-	13-May-2021	13-May-2021
Impaired glucose tolerance	-	04-Feb-2019	04-Feb-2019
Gout	-	28-Dec-2018	28-Dec-2018
Left ventricular systolic dysfunction	-	16-Nov-2016	16-Nov-2016
Heart failure	-	16-Nov-2016	16-Nov-2016
Essential hypertension	-	05-Jul-2002	05-Jul-2002
Angina pectoris	-	01-Oct-2001	01-Oct-2001
Ischaemic heart disease	-	01-Jan-2001	01-Jan-2001
Psoriasis and similar disorders	-	01-Jan-1983	01-Jan-1983

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Colonoscopy normal	-	15-Jan-2025	15-Jan-2025
Direct current cardioversion	-	04-Jun-2022	04-Jun-2022
Cardiopulmonary resuscitation	-	04-Jun-2022	04-Jun-2022
Percutaneous coronary intervention	-	04-Jun-2022	04-Jun-2022
Echocardiogram normal	-	05-Aug-2004	05-Aug-2004
Coronary artery operations	X 2	28-Mar-2002	28-Mar-2002

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart dis. <60	Father priority=1	16-Oct-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Co-Codamol 30/500 Tablets	50	50 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	05-Aug-2025	05-Aug-2025
	120	2*60 GRAM		-	25-Mar-2025	

Enstilar Cutaneous Foam 50 micrograms + 500 micrograms/gram			APPLY DAILY FOR 4 WEEKS THEN REDUCE TO TWICE WEEKLY			20-Aug-2025
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	21-Oct-2024	12-Sep-2025
Stexerol-D3 Tablets 1,000 units	56	2*28 tablet	1 Tab Daily	-	08-May-2024	13-Oct-2025
Lansoprazole Capsules (Gastro-Resistant) 30 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	06-Mar-2024	12-Sep-2025
Finasteride Tablets 5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	17-Nov-2022	13-Oct-2025
Allopurinol Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	24-Jun-2022	12-Sep-2025
Clopidogrel Tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Jun-2022	18-Sep-2025
Tamsulosin Hydrochloride M/R capsules 400 micrograms	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	20-Jan-2022	25-Sep-2025
Apixaban Tablets 5 mg	112	112 TABLET	ONE TO BE TAKEN TWICE DAILY	-	10-Aug-2021	13-Oct-2025
Bisoprolol Fumarate Tablets 1.25 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Aug-2021	13-Oct-2025
Isosorbide Mononitrate Tablets 10 mg	112	112 TABLET	ONE TAB TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)	-	10-May-2021	13-Oct-2025
Dermax Shampoo 0.5 %	250	250 ML	APPLY AS NECESSARY	-	04-Sep-2019	26-Jun-2025
Capasal Shampoo	250	250 ML	APPLY DAILY AS NECESSARY	-	26-Jul-2019	05-Sep-2025
Cetirizine Hydrochloride Tablets 10 mg	60	60 TABLET	AS DIRECTED	-	05-Jan-2010	13-Oct-2025
Lercanidipine Hydrochloride Tablets 20 mg	56	56 TABS	1 Tab Daily	-	16-Jun-2010	13-Oct-2025
Ramipril Capsules 10 mg	56	56 CAPS	1 Cap In the morning	-	16-Jun-2010	13-Oct-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Flucloxacillin Capsules 500 mg	28	28 capsule	1 CAP QID	-	13-Oct-2025	13-Oct-2025
Flucloxacillin Capsules 500 mg	28	28 capsule	1 CAP QID	-	25-Aug-2025	25-Aug-2025
Fusidic Acid And Hydrocortisone Acetate Cream 2 % + 1 %	30	30 gram	Apply 3 times daily	-	25-Aug-2025	25-Aug-2025
Betamethasone Valerate Scalp application 0.1 %	100	100 ml	APPLY ONCE DAILY FOR TWO WEEKS THEN AS REQUIRED	-	21-Aug-2025	21-Aug-2025
	10	10 capsule	1 CAP BD	-	18-Aug-2025	

Doxycycline Hyclate Capsules 100 mg						18-Aug-2025
Flucloxacillin Capsules 500 mg	28	28 capsule	ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS	-	06-Aug-2025	06-Aug-2025
Cyanocobalamin Tablets 50 micrograms	56	56 tablet	ONE TABLET TWICE DAILY	-	26-Jun-2025	30-Jul-2025
Cyanocobalamin Tablets 50 micrograms	56	56 tablet	ONE TABLET TWICE DAILY	-	22-May-2025	22-May-2025
Folic Acid Tablets 5 mg	84	84 tablet	1 Tab Daily	-	22-May-2025	22-May-2025
Flucloxacillin Capsules 500 mg	28	28 capsule	ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS	-	12-May-2025	12-May-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
18-Jun-2025	124	78
14-Feb-2024	112	65
22-Nov-2023	152	84
25-Aug-2023	135	86
04-Oct-2022	132	67

Body Measurements

Date Recorded	Height	Weight	BMI
18-Jun-2025	170	106	36.68
14-Feb-2024	170	105	36.33
04-Oct-2022	170	103.55	35.83
03-Sep-2021	170	103	35.64
28-Oct-2019	172	103	34.82

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		18-Jun-2025
Ex smoker:		14-Feb-2024
Never smoked tobacco:		19-Oct-2022
Ex smoker:		03-Sep-2021
Ex smoker:		28-Oct-2019
Alcohol units per week, 0 U/week:		18-Jun-2025
Alcohol units per week, 0 U/week:		19-Oct-2022
Alcohol consumption, 14 units/week:		28-Oct-2019
Alcohol consumption, 8 units/week:		06-Nov-2017
Alcohol intake within rec limt:		06-Nov-2017
GPPAQ physical activity index: active:		14-Feb-2024
GPPAQ physical activity index: active:		19-Oct-2022
GPPAQ physical activity index: active:		03-Sep-2021
Enjoys light exercise:		28-Oct-2019
GPPAQ physical act ind: active:		06-Nov-2017

Clinical warnings

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
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) Scottish

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

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 - Colorectal GGC Colorectal	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address

Urgency of referral Urgent
Date of referral 01-Oct-2024 **Date sent** 01-Oct-2024

PATIENT DETAILS

Surname	Moutrey
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	22-Jun-1954
CHI no.	2206546116
Area of Residence	

Patient's address

11 Montrose Terrace
BISHOPBRIGGS
GLASGOW
G64 1JQ

Contact number(s)

Voice: 07930 128 557

101034352245Q | Unique Care Pathway Number: 101034352245Q

REGISTERED GP DETAILS

Name	Dr Linda Boyce		
GMC code	6101143	GP code	05304
Practice name	Springfield Medical Centre (18845)		
Practice code	43059		

Practice address

Springfield Medical Practice
9 Springfield Road
Bishopbriggs
G64 1PJ

Contact number(s)

Voice: 0141 772 4744
Facsimile: 0141 772 3035

REFERRING GP DETAILS

Name	Dr. Hone Toe Hnin Hay Mar		
GMC code	7717123	GP code	99999
Practice name	Springfield Medical Practice (43059)		
Practice code	43059		

Practice address

9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Contact number(s)

Voice: 0141 772 4744

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Request for colonoscopy

Comment: This 70 year old male presented with iron deficiency anaemia which was incidentally picked up on a blood test. He denies any symptoms. No weight loss, no family history of bowel issues. No change in bowel habits.

His Q-fit has come back positive at 135.

I would be very grateful if he could be seen for a colonoscopy.

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
Stroke and cerebrovascular accident unspecified	small ischaemic stroke, possibly subacute	22-Nov-2023	22-Nov-2023
Acute myocardial infarction	inferioposterior STEMI	04-Jun-2022	04-Jun-2022
Ventricular fibrillation	-	04-Jun-2022	04-Jun-2022
Atrial flutter	-	16-Nov-2021	16-Nov-2021
Supraventricular tachycardia NOS	-	07-Aug-2021	07-Aug-2021
Type 2 diabetes mellitus	-	13-May-2021	13-May-2021
Impaired glucose tolerance	-	04-Feb-2019	04-Feb-2019
Gout	-	28-Dec-2018	28-Dec-2018
Left ventricular systolic dysfunction	-	16-Nov-2016	16-Nov-2016
Heart failure	-	16-Nov-2016	16-Nov-2016
Essential hypertension	-	05-Jul-2002	05-Jul-2002
Angina pectoris	-	01-Oct-2001	01-Oct-2001
Ischaemic heart disease	-	01-Jan-2001	01-Jan-2001
Psoriasis and similar disorders	-	01-Jan-1983	01-Jan-1983

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Direct current cardioversion	-	04-Jun-2022	04-Jun-2022
Cardiopulmonary resuscitation	-	04-Jun-2022	04-Jun-2022
Percutaneous coronary intervention	-	04-Jun-2022	04-Jun-2022
Echocardiogram normal	-	05-Aug-2004	05-Aug-2004
Coronary artery operations	X 2	28-Mar-2002	28-Mar-2002

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart dis. <60	Father priority=1	16-Oct-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Stexerol-D3 Tablets 1,000 units	56	2*28 tablet	1 Tab Daily	-	08-May-2024	20-Aug-2024
Lansoprazole Capsules (Gastro-Resistant) 30 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	06-Mar-2024	20-Aug-2024
	56	56 TABLET		-	17-Nov-2022	

Finasteride Tablets 5 mg			ONE TO BE TAKEN EACH DAY			05-Sep-2024
Allopurinol Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	24-Jun-2022	27-Sep-2024
Clopidogrel Tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Jun-2022	20-Aug-2024
Hydromol Ointment	500	500 gram	APPLY THREE TIMES A DAY	-	14-Apr-2022	19-Oct-2023
Tamsulosin Hydrochloride M/R capsules 400 micrograms	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	20-Jan-2022	27-Sep-2024
Apixaban Tablets 5 mg	112	112 TABLET	ONE TO BE TAKEN TWICE DAILY	-	10-Aug-2021	05-Sep-2024
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Aug-2021	23-Sep-2024
Bisoprolol Fumarate Tablets 1.25 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Aug-2021	27-Sep-2024
Isosorbide Mononitrate Tablets 10 mg	112	112 TABLET	ONE TAB TO BE TAKEN IN THE MORNING.(8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)	-	10-May-2021	23-Sep-2024
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH	-	10-May-2021	04-Jan-2024
Cetirizine Hydrochloride Tablets 10 mg	60	60 TABLET	AS DIRECTED	-	05-Jan-2010	22-Jul-2024
Lercanidipine Hydrochloride Tablets 20 mg	56	56 TABS	1 Tab Daily	-	16-Jun-2010	05-Sep-2024
Ramipril Capsules 10 mg	56	56 CAPS	1 Cap In the morning	-	16-Jun-2010	05-Sep-2024

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ferrous Fumarate Tablets 210 mg	84	84 tablet	1 TABLET DAILY FOR 3 MONTHS THEN REPEAT BLOODS	-	11-Sep-2024	11-Sep-2024
Qv Gentle Wash	500	500 ml	USE AS SOAP SUBSTITUTE	-	19-Oct-2023	24-Jul-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
14-Feb-2024	112	65
22-Nov-2023	152	84
25-Aug-2023	135	86
04-Oct-2022	132	67
03-Sep-2021	140	74

Body Measurements

Date Recorded	Height	Weight	BMI

14-Feb-2024	170	105	36.33
04-Oct-2022	170	103.55	35.83
03-Sep-2021	170	103	35.64
28-Oct-2019	172	103	34.82
06-Nov-2017	-	99	33.5

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		14-Feb-2024
Never smoked tobacco:		19-Oct-2022
Ex smoker:		03-Sep-2021
Ex smoker:		28-Oct-2019
Ex smoker:		06-Nov-2017
Alcohol units per week, 0 U/week:		19-Oct-2022
Alcohol consumption, 14 units/week:		28-Oct-2019
Alcohol consumption, 8 units/week:		06-Nov-2017
Alcohol intake within rec limt:		06-Nov-2017
Alcohol units per week 10 :		06-Feb-2015
GPPAQ physical activity index: active:		14-Feb-2024
GPPAQ physical activity index: active:		19-Oct-2022
GPPAQ physical activity index: active:		03-Sep-2021
Enjoys light exercise:		28-Oct-2019
GPPAQ physical act ind: active:		06-Nov-2017

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

QFIT requested?:Result available

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Dermatology - 5059
Dermatology - 5059 -3
Dermatology - 5059 - 2

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Dermatology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral Urgent
Date of referral 30-May-2023 **Date sent** 30-May-2023

PATIENT DETAILS

Surname	Moutrey
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	22-Jun-1954
CHI no.	2206546116
Area of Residence	-

Patient's address
11 Montrose Terrace
BISHOPBRIGGS
GLASGOW
G64 1JQ

Contact number(s)
Voice: 563 4090
Voice: 07930 128 557

101029739011P Unique Care Pathway Number: 101029739011P

REGISTERED GP DETAILS

Name	Dr Linda Boyce		
GMC code	6101143	GP code	05304
Practice name	Springfield Medical Centre (18845)		
Practice code	43059		

Practice address
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
G64 1PJ

Contact number(s)
Voice: 0141 772 4744
Facsimile: 0141 772 3035

REFERRING GP DETAILS

Name	Dr. Sian Ashby		
GMC code	7134208	GP code	95761
Practice name	Springfield Medical Practice (43059)		
Practice code	43059		

Practice address
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Contact number(s)

Voice: 0141 772 4744

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Request for advice - rash - photos attached

Comment: I would appreciate your advice on the diagnosis and management of this gentleman's rash. He is 68y old with a background of psoriasis, obesity, diabetes (well controlled), MI, recent raised ACR – awaiting repeat.

He has had a bilateral angry red rash on the dorsal aspects of both hands for the past 6 weeks or so. This is not painful or itchy but does look very angry and is not responding to his usual enstillar. The rash seemed to flare/swell further when he was away in Spain and he was started on a Cefalosporin antibiotic which has not had much effect.
Over the past few days he has developed a non blanching petechial rash on his lower limbs which looks like possible vasculitis.
He has not started any new drugs that he can think of.
He feels otherwise well.

His BP was raised with me but on repeat at home is normal 135/80. He had a raised ACR in early May and I have asked him to drop a further urine ample off but we are awaiting this. He also had some bloods taken today - FBC, UEs, ESR, ANA - results awaited.
I am looking for advice on what might be causing the rash on his hands and what treatment to try.

He is also awaiting UVB treatment for psoriasis but has not yet heard anything about this. If you are able to give any info on when this is likely to happen I can let him know.

Many thanks,

Sian Ashby

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
Ventricular fibrillation	-	04-Jun-2022	04-Jun-2022
Acute myocardial infarction	inferioposterior STEMI	04-Jun-2022	04-Jun-2022
Atrial flutter	-	16-Nov-2021	16-Nov-2021
Supraventricular tachycardia NOS	-	07-Aug-2021	07-Aug-2021
Type 2 diabetes mellitus	-	13-May-2021	13-May-2021
Gout	-	28-Dec-2018	28-Dec-2018
Heart failure	-	16-Nov-2016	16-Nov-2016
Left ventricular systolic dysfunction	-	16-Nov-2016	16-Nov-2016
Essential hypertension	-	05-Jul-2002	05-Jul-2002
Angina pectoris	-	01-Oct-2001	01-Oct-2001
Ischaemic heart disease	-	01-Jan-2001	01-Jan-2001
Psoriasis and similar disorders	-	01-Jan-1983	01-Jan-1983

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Percutaneous coronary intervention	-	04-Jun-2022	04-Jun-2022
Direct current cardioversion	-	04-Jun-2022	04-Jun-2022
Cardiopulmonary resuscitation	-	04-Jun-2022	04-Jun-2022
Echocardiogram normal	-	05-Aug-2004	05-Aug-2004
Coronary artery operations	X 2	28-Mar-2002	28-Mar-2002

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart dis. <60	Father priority=1	16-Oct-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Finasteride Tablets 5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	17-Nov-2022	20-Apr-2023
Lansoprazole Capsules (Gastro-Resistant) 15 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	21-Jul-2022	10-May-2023
Allopurinol Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	24-Jun-2022	10-May-2023
Clopidogrel Tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Jun-2022	29-Mar-2023
Tamsulosin Hydrochloride M/R capsules 400 micrograms	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	20-Jan-2022	29-Mar-2023
Apixaban Tablets 5 mg	112	112 TABLET	ONE TO BE TAKEN TWICE DAILY	-	10-Aug-2021	05-Apr-2023
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Aug-2021	05-Apr-2023
Bisoprolol Fumarate Tablets 1.25 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Aug-2021	10-May-2023
Isosorbide Mononitrate Tablets 10 mg	112	112 TABLET	ONE TAB TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)	-	10-May-2021	02-May-2023
Betamethasone Valerate Ointment 0.1 %	100	100 gram	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY ALONG WITH CALCIPOTRIOL INSTEAD OF DOVOBET	-	07-Apr-2014	12-Oct-2022
Ramipril Capsules 10 mg	56	56 CAPS	1 Cap In the morning	-	16-Jun-2010	02-May-2023
Lercanidipine Hydrochloride Tablets 20 mg	56	56 TABS	1 Tab Daily	-	16-Jun-2010	02-May-2023

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Enstilar Cutaneous Foam 50 micrograms + 500 micrograms/gram	120	2*60 GRAM	APPLY DAILY FOR 4 WEEKS THEN REDUCE TO TWICE WEEKLY	-	12-Jan-2021	18-Apr-2023

Blood Pressure

Date Recorded	Systolic	Diastolic
04-Oct-2022	132	67
03-Sep-2021	140	74
17-May-2021	140	89
06-Nov-2017	128	74
06-Feb-2015	135	84

Body Measurements

Date Recorded	Height	Weight	BMI
04-Oct-2022	170	103.55	35.83
03-Sep-2021	170	103	35.64

28-Oct-2019	172	103	34.82
06-Nov-2017	-	99	33.5
06-Feb-2015	-	97	32.8

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		19-Oct-2022
Ex smoker:		03-Sep-2021
Ex smoker:		28-Oct-2019
Ex smoker:		06-Nov-2017
Current smoker:		06-Feb-2015
Alcohol units per week, 0 U/week:		19-Oct-2022
Alcohol consumption, 14 units/week:		28-Oct-2019
Alcohol consumption, 8 units/week:		06-Nov-2017
Alcohol intake within rec limt:		06-Nov-2017
Alcohol units per week 10 :		06-Feb-2015
GPPAQ physical activity index: active:		19-Oct-2022
GPPAQ physical activity index: active:		03-Sep-2021
Enjoys light exercise:		28-Oct-2019
GPPAQ physical act ind: active:		06-Nov-2017
GPPAQ physical act ind: active:		06-Feb-2015

Clinical warnings

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

Referred By:Referring GP

Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: (White) Scottish

Dermatology - 5059

Dermatology - 5059 -3

Dermatology - 5059 - 2

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Dermatology GGC General Referral	—	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	—	**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral Urgent
Date of referral 12-Jul-2022 **Date sent** 12-Jul-2022

PATIENT DETAILS

Surname	Moutrey
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	22-Jun-1954
CHI no.	2206546116
Area of Residence	-

Patient's address

11 Montrose Terrace
BISHOPBRIGGS
GLASGOW
G64 1JQ

Contact number(s)

Voice: 563 4090
Voice: 07930 128 557

101026843552I | Unique Care Pathway Number: 101026843552I

REGISTERED GP DETAILS

Name	Dr Gerry Murdoch		
GMC code	2846842	GP code	04821
Practice name	Springfield Medical Centre (18845)		
Practice code	43059		

Practice address

Springfield Medical Practice
9 Springfield Road
Bishopbriggs
G64 1PJ

Contact number(s)

Voice: 0141 772 4744
Facsimile: 0141 772 3035

REFERRING GP DETAILS

Name	Dr. Linda Boyce		
GMC code	6101143	GP code	05304
Practice name	Springfield Medical Practice (43059)		
Practice code	43059		

Practice address

9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Contact number(s)

Voice: 0141 772 4744

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Patient requesting UVB again

Comment: Please see referral below send on the 30th of June. Mr Moutrey is requesting his referral to be upgrade to urgent and states this was advised by a secondary consultant also. Many thanks.

Patient requesting UVB again
This 68 year old man is experiencing a flare of is psoriasis again. He has requested a re-referral for UVB treatment. It looks like he is not long finished this so I'm not sure if this is possible. 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
Acute myocardial infarction	inferioposterior STEMI	04-Jun-2022	04-Jun-2022
Ventricular fibrillation	-	04-Jun-2022	04-Jun-2022
Atrial flutter	-	16-Nov-2021	16-Nov-2021
Supraventricular tachycardia NOS	-	07-Aug-2021	07-Aug-2021
Type 2 diabetes mellitus	-	13-May-2021	13-May-2021
Gout	-	28-Dec-2018	28-Dec-2018
Left ventricular systolic dysfunction	-	16-Nov-2016	16-Nov-2016
Heart failure	-	16-Nov-2016	16-Nov-2016
Essential hypertension	-	05-Jul-2002	05-Jul-2002
Angina pectoris	-	01-Oct-2001	01-Oct-2001
Ischaemic heart disease	-	01-Jan-2001	01-Jan-2001
Psoriasis and similar disorders	-	01-Jan-1983	01-Jan-1983

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Percutaneous coronary intervention	-	04-Jun-2022	04-Jun-2022
Direct current cardioversion	-	04-Jun-2022	04-Jun-2022
Cardiopulmonary resuscitation	-	04-Jun-2022	04-Jun-2022
Echocardiogram normal	-	05-Aug-2004	05-Aug-2004
Coronary artery operations	X 2	28-Mar-2002	28-Mar-2002

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart dis. <60	Father priority=1	16-Oct-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Allopurinol Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	24-Jun-2022	24-Jun-2022
Clopidogrel Tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Jun-2022	23-Jun-2022
Lansoprazole Capsules (Gastro-Resistant) 30 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	09-Jun-2022	04-Jul-2022

Spironolactone Tablets 25 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Jun-2022	23-Jun-2022
Hydromol Ointment	500	500 gram	APPLY THREE TIMES A DAY	-	14-Apr-2022	14-Apr-2022
Tamsulosin Hydrochloride M/R capsules 400 micrograms	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	20-Jan-2022	09-May-2022
Qv Cream	500	500 gram	APPLY DAILY	-	02-Nov-2021	31-Mar-2022
Apixaban Tablets 5 mg	112	112 TABLET	ONE TO BE TAKEN TWICE DAILY	-	10-Aug-2021	31-May-2022
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Aug-2021	31-May-2022
Bisoprolol Fumarate Tablets 1.25 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Aug-2021	31-May-2022
Isosorbide Mononitrate Tablets 10 mg	112	112 TABLET	ONE TAB TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)	-	10-May-2021	31-May-2022
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH	-	10-May-2021	23-Feb-2022
Dermax Shampoo 0.5 %	250	250 ML	APPLY AS NECESSARY	-	04-Sep-2019	29-Sep-2021
Capasal Shampoo	250	250 ML	APPLY DAILY AS NECESSARY	-	26-Jul-2019	31-Mar-2022
Cetirizine Hydrochloride Tablets 10 mg	60	60 TABLET	AS DIRECTED	-	05-Jan-2010	04-May-2022
Ramipril Capsules 10 mg	56	56 CAPS	1 Cap In the morning	-	16-Jun-2010	09-May-2022
Lercanidipine Hydrochloride Tablets 20 mg	56	56 TABS	1 Tab Daily	-	16-Jun-2010	09-May-2022

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Furosemide Tablets 40 mg	56	56 TABLET	ONE TO BE TAKEN EACH MORNING	-	09-Jun-2022	23-Jun-2022
Allopurinol Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	31-Mar-2022	31-Mar-2022
Prochlorperazine Maleate Buccal tablets 3 mg	24	24 tablet	ONE OR TWO TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO TWICE DAILY	-	08-Mar-2022	08-Mar-2022
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	08-Mar-2022	08-Mar-2022

Paracetamol Tablets 500 mg	100	100 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	25-Feb-2022	25-Feb-2022
Tramadol Hydrochloride Capsules 50 mg	100	100 capsule	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	25-Feb-2022	25-Feb-2022
E45 Itch Relief Cream	500	500 gram	APPLY AT NIGHT	-	18-Feb-2022	18-Feb-2022
Allopurinol Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Feb-2022	09-Feb-2022
Omeprazole Capsules (Gastro-Resistant) 20 mg	112	112 CAPSULE	TWO TO BE TAKEN EACH DAY	-	20-Sep-2021	09-May-2022
Enstilar Cutaneous Foam 50 micrograms + 500 micrograms/gram	120	2*60 GRAM	APPLY DAILY FOR 4 WEEKS THEN REDUCE TO TWICE WEEKLY	-	12-Jan-2021	04-May-2022

Blood Pressure

Date Recorded	Systolic	Diastolic
03-Sep-2021	140	74
17-May-2021	140	89
06-Nov-2017	128	74
06-Feb-2015	135	84
10-Jan-2014	143	80

Body Measurements

Date Recorded	Height	Weight	BMI
03-Sep-2021	170	103	35.64
28-Oct-2019	172	103	34.82
06-Nov-2017	-	99	33.5
06-Feb-2015	-	97	32.8
10-Jan-2014	-	93	31.4

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		03-Sep-2021
Ex smoker:		28-Oct-2019
Ex smoker:		06-Nov-2017
Current smoker:		06-Feb-2015
Cigarette consumption 2 :		06-Feb-2015
Alcohol consumption, 14 units/week:		28-Oct-2019
Alcohol consumption, 8 units/week:		06-Nov-2017
Alcohol intake within rec limt:		06-Nov-2017
Alcohol units per week 10 :		06-Feb-2015
Alcohol intake within rec limt:		10-Jan-2014
GPPAQ physical activity index: active:		03-Sep-2021
Enjoys light exercise:		28-Oct-2019
GPPAQ physical act ind: active:		06-Nov-2017
GPPAQ physical act ind: active:		06-Feb-2015
GPPAQ physcl act ind: inactive:		10-Jan-2014

Clinical warnings

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Dermatology GGC General Referral		**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW		**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral Routine
Date of referral 30-Jun-2022 **Date sent** 30-Jun-2022

PATIENT DETAILS

Surname	Moutrey
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	22-Jun-1954
CHI no.	2206546116
Area of Residence	-

Patient's address

11 Montrose Terrace
BISHOPBRIGGS
GLASGOW
G64 1JQ

Contact number(s)

Voice: 563 4090
Voice: 07930 128 557

101026755248A Unique Care Pathway Number: 101026755248A

REGISTERED GP DETAILS

Name	Dr Gerry Murdoch		
GMC code	2846842	GP code	04821
Practice name	Springfield Medical Centre (18845)		
Practice code	43059		

Practice address

Springfield Medical Practice
9 Springfield Road
Bishopbriggs
G64 1PJ

Contact number(s)

Voice: 0141 772 4744
Facsimile: 0141 772 3035

REFERRING GP DETAILS

Name	Dr. Robert MacMillan		
GMC code	4118181	GP code	07986
Practice name	Springfield Medical Practice (43059)		
Practice code	43059		

Practice address

9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Contact number(s)

Voice: 0141 772 4744

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Patient requesting UVB again

Comment: This 68 year old man is experiencing a flare of is psoriasis again. He has requested a re-referral for UVB treatment. It looks like he is not long finished this so I'm not sure if this is possible. 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
Ventricular fibrillation	-	04-Jun-2022	04-Jun-2022
Acute myocardial infarction	inferioposterior STEMI	04-Jun-2022	04-Jun-2022
Atrial flutter	-	16-Nov-2021	16-Nov-2021
Supraventricular tachycardia NOS	-	07-Aug-2021	07-Aug-2021
Type 2 diabetes mellitus	-	13-May-2021	13-May-2021
Gout	-	28-Dec-2018	28-Dec-2018
Heart failure	-	16-Nov-2016	16-Nov-2016
Left ventricular systolic dysfunction	-	16-Nov-2016	16-Nov-2016
Essential hypertension	-	05-Jul-2002	05-Jul-2002
Angina pectoris	-	01-Oct-2001	01-Oct-2001
Ischaemic heart disease	-	01-Jan-2001	01-Jan-2001
Psoriasis and similar disorders	-	01-Jan-1983	01-Jan-1983

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Percutaneous coronary intervention	-	04-Jun-2022	04-Jun-2022
Direct current cardioversion	-	04-Jun-2022	04-Jun-2022
Cardiopulmonary resuscitation	-	04-Jun-2022	04-Jun-2022
Echocardiogram normal	-	05-Aug-2004	05-Aug-2004
Coronary artery operations	X 2	28-Mar-2002	28-Mar-2002

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart dis. <60	Father priority=1	16-Oct-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Allopurinol Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	24-Jun-2022	24-Jun-2022
Furosemide Tablets 40 mg	56	56 TABLET	ONE TO BE TAKEN EACH MORNING	-	09-Jun-2022	23-Jun-2022
Spironolactone Tablets 25 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Jun-2022	23-Jun-2022
Clopidogrel Tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Jun-2022	23-Jun-2022
Hydromol Ointment	500	500 gram	APPLY THREE TIMES A DAY	-	14-Apr-2022	14-Apr-2022
Tamsulosin Hydrochloride M/R	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	20-Jan-2022	

capsules 400 micrograms						09-May-2022
Qv Cream	500	500 gram	APPLY DAILY	-	02-Nov-2021	31-Mar-2022
Apixaban Tablets 5 mg	112	112 TABLET	ONE TO BE TAKEN TWICE DAILY	-	10-Aug-2021	31-May-2022
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Aug-2021	31-May-2022
Bisoprolol Fumarate Tablets 1.25 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Aug-2021	31-May-2022
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH	-	10-May-2021	23-Feb-2022
Isosorbide Mononitrate Tablets 10 mg	224	224 TABLET	TWO TO BE TAKEN IN THE MORNING (8AM) AND TWO TO BE TAKEN IN THE AFTERNOON (2PM)	-	10-May-2021	31-May-2022
Dermax Shampoo 0.5 %	250	250 ML	APPLY AS NECESSARY	-	04-Sep-2019	29-Sep-2021
Capasal Shampoo	250	250 ML	APPLY DAILY AS NECESSARY	-	26-Jul-2019	31-Mar-2022
Cetirizine Hydrochloride Tablets 10 mg	60	60 TABLET	AS DIRECTED	-	05-Jan-2010	04-May-2022
Ramipril Capsules 10 mg	56	56 CAPS	1 Cap In the morning	-	16-Jun-2010	09-May-2022
Lercanidipine Hydrochloride Tablets 20 mg	56	56 TABS	1 Tab Daily	-	16-Jun-2010	09-May-2022

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Lansoprazole Capsules (Gastro-Resistant) 30 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	09-Jun-2022	09-Jun-2022
Allopurinol Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	31-Mar-2022	31-Mar-2022
Prochlorperazine Maleate Buccal tablets 3 mg	24	24 tablet	ONE OR TWO TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO TWICE DAILY	-	08-Mar-2022	08-Mar-2022
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	08-Mar-2022	08-Mar-2022
Paracetamol Tablets 500 mg	100	100 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	25-Feb-2022	25-Feb-2022
Tramadol Hydrochloride Capsules 50 mg	100	100 capsule	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	25-Feb-2022	25-Feb-2022

E45 Itch Relief Cream	500	500 gram	APPLY AT NIGHT	-	18-Feb-2022	18-Feb-2022
Allopurinol Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Feb-2022	09-Feb-2022
Omeprazole Capsules (Gastro-Resistant) 20 mg	112	112 CAPSULE	TWO TO BE TAKEN EACH DAY	-	20-Sep-2021	09-May-2022
Enstilar Cutaneous Foam 50 micrograms + 500 micrograms/gram	120	2*60 GRAM	APPLY DAILY FOR 4 WEEKS THEN REDUCE TO TWICE WEEKLY	-	12-Jan-2021	04-May-2022

Blood Pressure

Date Recorded	Systolic	Diastolic
03-Sep-2021	140	74
17-May-2021	140	89
06-Nov-2017	128	74
06-Feb-2015	135	84
10-Jan-2014	143	80

Body Measurements

Date Recorded	Height	Weight	BMI
03-Sep-2021	170	103	35.64
28-Oct-2019	172	103	34.82
06-Nov-2017	-	99	33.5
06-Feb-2015	-	97	32.8
10-Jan-2014	-	93	31.4

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		03-Sep-2021
Ex smoker:		28-Oct-2019
Ex smoker:		06-Nov-2017
Current smoker:		06-Feb-2015
Cigarette consumption 2 :		06-Feb-2015
Alcohol consumption, 14 units/week:		28-Oct-2019
Alcohol consumption, 8 units/week:		06-Nov-2017
Alcohol intake within rec limt:		06-Nov-2017
Alcohol units per week 10 :		06-Feb-2015
Alcohol intake within rec limt:		10-Jan-2014
GPPAQ physical activity index: active:		03-Sep-2021
Enjoys light exercise:		28-Oct-2019
GPPAQ physical act ind: active:		06-Nov-2017
GPPAQ physical act ind: active:		06-Feb-2015
GPPAQ physcl act ind: inactive:		10-Jan-2014

Clinical warnings

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Urology GGC General Referral	—	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	—	**Hospital** and **hospital address** Hospital location code. G207H Email address

Urgency of referral Routine
Date of referral 12-Apr-2022 **Date sent** 12-Apr-2022

PATIENT DETAILS

Surname	Moutrey
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	22-Jun-1954
CHI no.	2206546116
Area of Residence	

Patient's address

11 Montrose Terrace
BISHOPBRIGGS
GLASGOW
G64 1JQ

Contact number(s)

Voice: 563 4090
Voice: 07930 128 557

101026062318J Unique Care Pathway Number: 101026062318J

REGISTERED GP DETAILS

Name	Dr Gerry Murdoch		
GMC code	2846842	GP code	04821
Practice name	Springfield Medical Centre (18845)		
Practice code	43059		

Practice address

Springfield Medical Practice
9 Springfield Road
Bishopbriggs
G64 1PJ

Contact number(s)

Voice: 0141 772 4744
Facsimile: 0141 772 3035

REFERRING GP DETAILS

Name	Dr. Philip Bayman		
GMC code	7608032	GP code	99999
Practice name	Springfield Medical Practice (43059)		
Practice code	43059		

Practice address

9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Contact number(s)

Voice: 0141 772 4744

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: See free text

Comment: I would appreciate your review of this 67 year old gentleman who has had persistent symptoms of reduced urine flow, nocturia and hesitancy since May 2021. He was started on Tamsulosin in January 2022 and has been reviewed at the three month mark where his flow improved but was still passing urine 1-6 every night regardless of fluid intake. On examination his prostrate was smooth and did not feel enlarged. In the last few weeks he has had no symptoms of dysuria and no blood in the urine. Bowels normal. No recent weight loss. I would appreciate your review to manage his symptoms.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Date of onset	Date recorded
Supraventricular tachycardia NOS	07-Aug-2021	07-Aug-2021
Type 2 diabetes mellitus	13-May-2021	13-May-2021
Gout	28-Dec-2018	28-Dec-2018
Heart failure	16-Nov-2016	16-Nov-2016
Left ventricular systolic dysfunction	16-Nov-2016	16-Nov-2016
Angina pectoris	01-Oct-2001	01-Oct-2001
Ischaemic heart disease	01-Jan-2001	01-Jan-2001
Psoriasis and similar disorders	01-Jan-1983	01-Jan-1983

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Echocardiogram normal	-	05-Aug-2004	05-Aug-2004
Coronary artery operations	X 2	28-Mar-2002	28-Mar-2002

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart dis. <60	Father priority=1	16-Oct-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Tamsulosin Hydrochloride M/R capsules 400 micrograms	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	20-Jan-2022	17-Mar-2022
Qv Cream	500	500 gram	APPLY DAILY	-	02-Nov-2021	31-Mar-2022
Omeprazole Capsules (Gastro-Resistant) 20 mg	112	112 CAPSULE	TWO TO BE TAKEN EACH DAY	-	20-Sep-2021	18-Mar-2022
Apixaban Tablets 5 mg	112	112 TABLET	ONE TO BE TAKEN TWICE DAILY	-	10-Aug-2021	12-Apr-2022
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Aug-2021	12-Apr-2022
Bisoprolol Fumarate Tablets 1.25 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Aug-2021	12-Apr-2022
	224	224 TABLET	TWO TO BE TAKEN IN THE MORNING (8AM)	-	10-May-2021	

Isosorbide Mononitrate Tablets 10 mg			AND TWO TO BE TAKEN IN THE AFTERNOON (2PM)			12-Apr-2022
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH	-	10-May-2021	23-Feb-2022
Dermax Shampoo 0.5 %	250	250 ML	APPLY AS NECESSARY	-	04-Sep-2019	29-Sep-2021
Capasal Shampoo	250	250 ML	APPLY DAILY AS NECESSARY	-	26-Jul-2019	31-Mar-2022
Calcipotriol Ointment 50 micrograms/gram	120	120 grams	APPLY TWICE DAILY	-	07-Apr-2014	30-Jun-2021
Cetirizine Hydrochloride Tablets 10 mg	60	60 TABLET	AS DIRECTED	-	05-Jan-2010	31-Mar-2022
Ramipril Capsules 10 mg	56	56 CAPS	1 Cap In the morning	-	16-Jun-2010	17-Mar-2022
Lercanidipine Hydrochloride Tablets 20 mg	56	56 TABS	1 Tab Daily	-	16-Jun-2010	17-Mar-2022

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Allopurinol Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	31-Mar-2022	31-Mar-2022
Prochlorperazine Maleate Buccal tablets 3 mg	24	24 tablet	ONE OR TWO TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO TWICE DAILY	-	08-Mar-2022	08-Mar-2022
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	08-Mar-2022	08-Mar-2022
Paracetamol Tablets 500 mg	100	100 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	25-Feb-2022	25-Feb-2022
Tramadol Hydrochloride Capsules 50 mg	100	100 capsule	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	25-Feb-2022	25-Feb-2022
E45 Itch Relief Cream	500	500 gram	APPLY AT NIGHT	-	18-Feb-2022	18-Feb-2022
Allopurinol Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Feb-2022	09-Feb-2022
Allopurinol Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Sep-2021	14-Dec-2021
Enstilar Cutaneous Foam 50 micrograms + 500 micrograms/gram	120	2*60 GRAM	APPLY DAILY FOR 4 WEEKS THEN REDUCE TO TWICE WEEKLY	-	12-Jan-2021	02-Nov-2021

Blood Pressure

Date Recorded	Systolic	Diastolic

03-Sep-2021	140	74
17-May-2021	140	89
06-Nov-2017	128	74
06-Feb-2015	135	84
10-Jan-2014	143	80

Body Measurements

Date Recorded	Height	Weight	BMI
03-Sep-2021	170	103	35.64
28-Oct-2019	172	103	34.82
06-Nov-2017	-	99	33.5
06-Feb-2015	-	97	32.8
10-Jan-2014	-	93	31.4

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		03-Sep-2021
Ex smoker:		28-Oct-2019
Ex smoker:		06-Nov-2017
Current smoker:		06-Feb-2015
Cigarette consumption 2 :		06-Feb-2015
Alcohol consumption, 14 units/week:		28-Oct-2019
Alcohol consumption, 8 units/week:		06-Nov-2017
Alcohol intake within rec limt:		06-Nov-2017
Alcohol units per week 10 :		06-Feb-2015
Alcohol intake within rec limt:		10-Jan-2014
GPPAQ physical activity index: active:		03-Sep-2021
Enjoys light exercise:		28-Oct-2019
GPPAQ physical act ind: active:		06-Nov-2017
GPPAQ physical act ind: active:		06-Feb-2015
GPPAQ physcl act ind: inactive:		10-Jan-2014

Clinical warnings

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
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Dermatology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral Routine
Date of referral 01-Mar-2022 **Date sent** 01-Mar-2022

PATIENT DETAILS

Surname	Moutrey
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	22-Jun-1954
CHI no.	2206546116
Area of Residence	-

Patient's address

11 Montrose Terrace
BISHOPBRIGGS
GLASGOW
G64 1JQ

Contact number(s)

Voice: 563 4090
Voice: 07930 128 557

1010256974348 Unique Care Pathway Number: 1010256974348

REGISTERED GP DETAILS

Name	Dr Gerry Murdoch		
GMC code	2846842	GP code	04821
Practice name	Springfield Medical Centre (18845)		
Practice code	43059		

Practice address

Springfield Medical Practice
9 Springfield Road
Bishopbriggs
G64 1PJ

Contact number(s)

Voice: 0141 772 4744
Facsimile: 0141 772 3035

REFERRING GP DETAILS

Name	Dr. Gerry Murdoch		
GMC code	2846842	GP code	04821
Practice name	Springfield Medical Practice (43059)		
Practice code	43059		

Practice address

9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Contact number(s)

Voice: 0141 772 4744

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: See free text

Comment: The above patient was seen in November at Dermatology with psoriasis and was put on the waiting list for UVB treatment.
I understand he was expecting a referral from Stobhill for this as he needs a late afternoon and apparently only Stobhill offers this. I understand you didn't receive a referral letter from GRI and needs a referral for this from his GP. I would appreciate if you could see him and arrange this. Clinic letter attached from Dermatology GRI. 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	Date of onset	Date recorded
Supraventricular tachycardia NOS	07-Aug-2021	07-Aug-2021
Type 2 diabetes mellitus	13-May-2021	13-May-2021
Gout	28-Dec-2018	28-Dec-2018
Heart failure	16-Nov-2016	16-Nov-2016
Left ventricular systolic dysfunction	16-Nov-2016	16-Nov-2016
Angina pectoris	01-Oct-2001	01-Oct-2001
Ischaemic heart disease	01-Jan-2001	01-Jan-2001
Psoriasis and similar disorders	01-Jan-1983	01-Jan-1983

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Echocardiogram normal	-	05-Aug-2004	05-Aug-2004
Coronary artery operations	X 2	28-Mar-2002	28-Mar-2002

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart dis. <60	Father priority=1	16-Oct-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Tamsulosin Hydrochloride M/R capsules 400 micrograms	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	20-Jan-2022	20-Jan-2022
Qv Cream	500	500 gram	APPLY DAILY	-	02-Nov-2021	02-Nov-2021
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	20-Sep-2021	31-Jan-2022
Apixaban Tablets 5 mg	112	112 TABLET	ONE TO BE TAKEN TWICE DAILY	-	10-Aug-2021	23-Feb-2022
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Aug-2021	31-Jan-2022
Bisoprolol Fumarate Tablets 1.25 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Aug-2021	31-Jan-2022
	224	224 TABLET	TWO TO BE TAKEN IN THE MORNING (8AM)	-	10-May-2021	

Isosorbide Mononitrate Tablets 10 mg			AND TWO TO BE TAKEN IN THE AFTERNOON (2PM)			31-Jan-2022
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH	-	10-May-2021	23-Feb-2022
Dermax Shampoo 0.5 %	250	250 ML	APPLY AS NECESSARY	-	04-Sep-2019	29-Sep-2021
Capasal Shampoo	250	250 ML	APPLY DAILY AS NECESSARY	-	26-Jul-2019	29-Sep-2021
Calcipotriol Ointment 50 micrograms/gram	120	120 grams	APPLY TWICE DAILY	-	07-Apr-2014	30-Jun-2021
Cetirizine Hydrochloride Tablets 10 mg	60	60 TABLET	AS DIRECTED	-	05-Jan-2010	31-Jan-2022
Lercanidipine Hydrochloride Tablets 20 mg	56	56 TABS	1 Tab Daily	-	16-Jun-2010	12-Jan-2022
Ramipril Capsules 10 mg	56	56 CAPS	1 Cap In the morning	-	16-Jun-2010	31-Jan-2022

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Paracetamol Tablets 500 mg	100	100 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	25-Feb-2022	25-Feb-2022
Tramadol Hydrochloride Capsules 50 mg	100	100 capsule	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	-	25-Feb-2022	25-Feb-2022
E45 Itch Relief Cream	500	500 gram	APPLY AT NIGHT	-	18-Feb-2022	18-Feb-2022
Allopurinol Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Feb-2022	09-Feb-2022
Allopurinol Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Sep-2021	14-Dec-2021
Enstilar Cutaneous Foam 50 micrograms + 500 micrograms/gram	120	2*60 GRAM	APPLY DAILY FOR 4 WEEKS THEN REDUCE TO TWICE WEEKLY	-	12-Jan-2021	02-Nov-2021

Blood Pressure

Date Recorded	Systolic	Diastolic
03-Sep-2021	140	74
17-May-2021	140	89
06-Nov-2017	128	74
06-Feb-2015	135	84
10-Jan-2014	143	80

Body Measurements

Date Recorded	Height	Weight	BMI
03-Sep-2021	170	103	35.64
28-Oct-2019	172	103	34.82

06-Nov-2017	-	99	33.5
06-Feb-2015	-	97	32.8
10-Jan-2014	-	93	31.4

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		03-Sep-2021
Ex smoker:		28-Oct-2019
Ex smoker:		06-Nov-2017
Current smoker:		06-Feb-2015
Cigarette consumption 2 :		06-Feb-2015
Alcohol consumption, 14 units/week:		28-Oct-2019
Alcohol consumption, 8 units/week:		06-Nov-2017
Alcohol intake within rec limt:		06-Nov-2017
Alcohol units per week 10 :		06-Feb-2015
Alcohol intake within rec limt:		10-Jan-2014
GPPAQ physical activity index: active:		03-Sep-2021
Enjoys light exercise:		28-Oct-2019
GPPAQ physical act ind: active:		06-Nov-2017
GPPAQ physical act ind: active:		06-Feb-2015
GPPAQ physcl act ind: inactive:		10-Jan-2014

Clinical warnings

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Referral for Hearing Assessment
To be appointed as "New" patient by Health Records Staff

Date of Referral: 08/10/2021 (TO BE USED ON TRAK)

Referrer - **AUDIOLOGY**

Site - STOBHILL _Audiology

Stobhill **X**

NAME: DAVID MOUTREY

DOB: 22/06/1954

Hospital No: 2206546116

ADDRESS:

11 MONTROSE TERRACE
BISHOPBRIGGS
GLASGOW
G64 1JQ

Further Information (if req'd)

Direct Referral for hearing test.

N.B Audiology Staff - Patient's details must be added to PN with a note that a referral has been made for the patient to go on the waiting list.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Dermatology - david m 3
Dermatology - david m
Dermatology - david m 2

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Dermatology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address

Urgency of referral Routine
Date of referral 30-Sep-2021 **Date sent** 30-Sep-2021

PATIENT DETAILS

Surname	Moutrey
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	22-Jun-1954
CHI no.	2206546116
Area of Residence	

Patient's address

11 Montrose Terrace
BISHOPBRIGGS
GLASGOW
G64 1JQ

Contact number(s)

Voice: 563 4090
Voice: 07930 128 557

101024483093M

Unique Care Pathway Number: 101024483093M

REGISTERED GP DETAILS

Name	Dr Gerry Murdoch		
GMC code	2846842	GP code	04821
Practice name	Springfield Medical Centre (18845)		
Practice code	43059		

Practice address

Springfield Medical Practice
9 Springfield Road
Bishopbriggs
G64 1PJ

Contact number(s)

Voice: 0141 772 4744
Facsimile: 0141 772 3035

REFERRING GP DETAILS

Name	Dr. Mark Robinson		
GMC code	6148169	GP code	02577
Practice name	Springfield Medical Practice (43059)		
Practice code	43059		

Practice address

9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Contact number(s)

Voice: 0141 772 4744

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Psoriasis

Comment: Many thanks for seeing this 67 year old man who has had psoriasis for many years. He has wide spread psoriasis affecting his trunk, legs and lower back. He has been using various topical creams and steroids along with ....foam with no improvement. I would appreciate your review.

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

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

Description	Date of onset	Date recorded
Supraventricular tachycardia NOS	07-Aug-2021	07-Aug-2021
Type 2 diabetes mellitus	13-May-2021	13-May-2021
Gout	28-Dec-2018	28-Dec-2018
Heart failure	16-Nov-2016	16-Nov-2016
Left ventricular systolic dysfunction	16-Nov-2016	16-Nov-2016
Angina pectoris	01-Oct-2001	01-Oct-2001
Ischaemic heart disease	01-Jan-2001	01-Jan-2001
Psoriasis and similar disorders	01-Jan-1983	01-Jan-1983

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Echocardiogram normal	-	05-Aug-2004	05-Aug-2004
Coronary artery operations	X 2	28-Mar-2002	28-Mar-2002

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart dis. <60	Father priority=1	16-Oct-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Apixaban Tablets 5 mg	112	112 TABLET	ONE TO BE TAKEN TWICE DAILY	-	10-Aug-2021	29-Sep-2021
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Aug-2021	29-Sep-2021
Bisoprolol Fumarate Tablets 1.25 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Aug-2021	29-Sep-2021
Isosorbide Mononitrate Tablets 10 mg	224	224 TABLET	TWO TO BE TAKEN IN THE MORNING (8AM) AND TWO TO BE TAKEN IN THE AFTERNOON (2PM)	-	10-May-2021	29-Sep-2021
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH	-	10-May-2021	05-Aug-2021
Dermax Shampoo 0.5 %	250	250 ML	APPLY AS NECESSARY	-	04-Sep-2019	29-Sep-2021
Capasal Shampoo	250	250 ML		-	26-Jul-2019	

			APPLY DAILY AS NECESSARY			29-Sep-2021
Calcipotriol Ointment 50 micrograms/gram	120	120 grams	APPLY TWICE DAILY	-	07-Apr-2014	30-Jun-2021
Cetirizine Hydrochloride Tablets 10 mg	60	60 TABLET	AS DIRECTED	-	05-Jan-2010	17-May-2021
Lercanidipine Hydrochloride Tablets 20 mg	56	56 TABS	1 Tab Daily	-	16-Jun-2010	29-Sep-2021
Ramipril Capsules 10 mg	56	56 CAPS	1 Cap In the morning	-	16-Jun-2010	29-Sep-2021

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	20-Sep-2021	20-Sep-2021
Allopurinol Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Sep-2021	09-Sep-2021
E45 Itch Relief Cream	500	500 gram	APPLY AT NIGHT	-	03-Sep-2021	03-Sep-2021
Colchicine Tablets 500 micrograms	12	12 TABLET	ONE TO BE TAKEN TWO TO FOUR TIMES A DAY UNTIL SYMPTOMS RELIEVED (MAX 6MG (12 TABLETS) PER COURSE - NOT TO BE REPEATED WITHIN 3 DAYS)	-	01-Jul-2021	02-Jul-2021
Colchicine Tablets 500 micrograms	12	12 TABLET	ONE TO BE TAKEN TWO TO FOUR TIMES A DAY UNTIL SYMPTOMS RELIEVED (MAX 6MG (12 TABLETS) PER COURSE - NOT TO BE REPEATED WITHIN 3 DAYS)	-	28-Apr-2021	17-May-2021
Laxido Orange Oral Powder Sachets Sugar Free	20	20 sachet	1-4 SACHETS DAILY	-	28-Apr-2021	28-Apr-2021
Bendroflumethiazide Tablets 2.5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	18-Apr-2011	17-May-2021
Aspirin Dispersible tablets 75 mg	56	56 tabs	1 Tab In the morning	-	16-Jun-2010	30-Jun-2021

Blood Pressure

Date Recorded	Systolic	Diastolic
03-Sep-2021	140	74
17-May-2021	140	89
06-Nov-2017	128	74
06-Feb-2015	135	84
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Body Measurements

Date Recorded	Height	Weight	BMI
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28-Oct-2019	172	103	34.82

06-Nov-2017	-	99	33.5
06-Feb-2015	-	97	32.8
10-Jan-2014	-	93	31.4

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		03-Sep-2021
Ex smoker:		28-Oct-2019
Ex smoker:		06-Nov-2017
Current smoker:		06-Feb-2015
Cigarette consumption 2 :		06-Feb-2015
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Alcohol intake within rec limt:		06-Nov-2017
Alcohol units per week 10 :		06-Feb-2015
Alcohol intake within rec limt:		10-Jan-2014
GPPAQ physical activity index: active:		03-Sep-2021
Enjoys light exercise:		28-Oct-2019
GPPAQ physical act ind: active:		06-Nov-2017
GPPAQ physical act ind: active:		06-Feb-2015
GPPAQ physcl act ind: inactive:		10-Jan-2014

Clinical warnings

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
Referred By:Referring GP
Electronic Attachment Present:Yes

Social circumstances
Ethnic Origin: (White) Scottish

Dermatology - david m 3
Dermatology - david m
Dermatology - david m 2

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Ear, Nose & Throat (ENT) GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address

Urgency of referral Urgent
Date of referral 20-Sep-2021 **Date sent** 20-Sep-2021

PATIENT DETAILS

Surname	Moutrey
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	22-Jun-1954
CHI no.	2206546116
Area of Residence	

Patient's address

11 Montrose Terrace
BISHOPBRIGGS
GLASGOW
G64 1JQ

Contact number(s)

Voice: 563 4090
Voice: 07930 128 557

1010244000167 | Unique Care Pathway Number: 1010244000167

REGISTERED GP DETAILS

Name	Dr Gerry Murdoch		
GMC code	2846842	GP code	04821
Practice name	Springfield Medical Centre (18845)		
Practice code	43059		

Practice address

Springfield Medical Practice
9 Springfield Road
Bishopbriggs
G64 1PJ

Contact number(s)

Voice: 0141 772 4744
Facsimile: 0141 772 3035

REFERRING GP DETAILS

Name	Dr. Robert MacMillan		
GMC code	4118181	GP code	07986
Practice name	Springfield Medical Practice (43059)		
Practice code	43059		

Practice address

9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Contact number(s)

Voice: 0141 772 4744

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Hoarseness

Comment: This 67 year old ex smoker of 6 years and an ex minor complains of hoarseness off and on over the last year. Examination is unremarkable other than he is overweight. I would appreciate your assessment. Many thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

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

Description	Date of onset	Date recorded
Supraventricular tachycardia NOS	07-Aug-2021	07-Aug-2021
Type 2 diabetes mellitus	13-May-2021	13-May-2021
Gout	28-Dec-2018	28-Dec-2018
Heart failure	16-Nov-2016	16-Nov-2016
Left ventricular systolic dysfunction	16-Nov-2016	16-Nov-2016
Angina pectoris	01-Oct-2001	01-Oct-2001
Ischaemic heart disease	01-Jan-2001	01-Jan-2001
Psoriasis and similar disorders	01-Jan-1983	01-Jan-1983

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Echocardiogram normal	-	05-Aug-2004	05-Aug-2004
Coronary artery operations	X 2	28-Mar-2002	28-Mar-2002

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart dis. <60	Father priority=1	16-Oct-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Apixaban Tablets 5 mg	112	112 TABLET	ONE TO BE TAKEN TWICE DAILY	-	10-Aug-2021	26-Aug-2021
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Aug-2021	26-Aug-2021
Bisoprolol Fumarate Tablets 1.25 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Aug-2021	26-Aug-2021
Isosorbide Mononitrate Tablets 10 mg	224	224 TABLET	TWO TO BE TAKEN IN THE MORNING (8AM) AND TWO TO BE TAKEN IN THE AFTERNOON (2PM)	-	10-May-2021	05-Aug-2021
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH	-	10-May-2021	05-Aug-2021
Dermax Shampoo 0.5 %	250	250 ML	APPLY AS NECESSARY	-	04-Sep-2019	17-May-2021
Capasal Shampoo	250	250 ML	APPLY DAILY AS NECESSARY	-	26-Jul-2019	

						12-Oct-2020
Calcipotriol Ointment 50 micrograms/gram	120	120 grams	APPLY TWICE DAILY	-	07-Apr-2014	30-Jun-2021
Cetirizine Hydrochloride Tablets 10 mg	60	60 TABLET	AS DIRECTED	-	05-Jan-2010	17-May-2021
Ramipril Capsules 10 mg	56	56 CAPS	1 Cap In the morning	-	16-Jun-2010	23-Jul-2021
Lercanidipine Hydrochloride Tablets 20 mg	56	56 TABS	1 Tab Daily	-	16-Jun-2010	23-Jul-2021

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	20-Sep-2021	20-Sep-2021
Allopurinol Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Sep-2021	09-Sep-2021
E45 Itch Relief Cream	500	500 gram	APPLY AT NIGHT	-	03-Sep-2021	03-Sep-2021
Colchicine Tablets 500 micrograms	12	12 TABLET	ONE TO BE TAKEN TWO TO FOUR TIMES A DAY UNTIL SYMPTOMS RELIEVED (MAX 6MG (12 TABLETS) PER COURSE - NOT TO BE REPEATED WITHIN 3 DAYS)	-	01-Jul-2021	02-Jul-2021
Colchicine Tablets 500 micrograms	12	12 TABLET	ONE TO BE TAKEN TWO TO FOUR TIMES A DAY UNTIL SYMPTOMS RELIEVED (MAX 6MG (12 TABLETS) PER COURSE - NOT TO BE REPEATED WITHIN 3 DAYS)	-	28-Apr-2021	17-May-2021
Laxido Orange Oral Powder Sachets Sugar Free	20	20 sachet	1-4 SACHETS DAILY	-	28-Apr-2021	28-Apr-2021
Bendroflumethiazide Tablets 2.5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	18-Apr-2011	17-May-2021
Aspirin Dispersible tablets 75 mg	56	56 tabs	1 Tab In the morning	-	16-Jun-2010	30-Jun-2021

Blood Pressure

Date Recorded	Systolic	Diastolic
03-Sep-2021	140	74
17-May-2021	140	89
06-Nov-2017	128	74
06-Feb-2015	135	84
10-Jan-2014	143	80

Body Measurements

Date Recorded	Height	Weight	BMI
03-Sep-2021	170	103	35.64
28-Oct-2019	172	103	34.82
06-Nov-2017	-	99	33.5

06-Feb-2015	-	97	32.8
10-Jan-2014	-	93	31.4

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		03-Sep-2021
Ex smoker:		28-Oct-2019
Ex smoker:		06-Nov-2017
Current smoker:		06-Feb-2015
Cigarette consumption 2 :		06-Feb-2015
Alcohol consumption, 14 units/week:		28-Oct-2019
Alcohol consumption, 8 units/week:		06-Nov-2017
Alcohol intake within rec limt:		06-Nov-2017
Alcohol units per week 10 :		06-Feb-2015
Alcohol intake within rec limt:		10-Jan-2014
GPPAQ physical activity index: active:		03-Sep-2021
Enjoys light exercise:		28-Oct-2019
GPPAQ physical act ind: active:		06-Nov-2017
GPPAQ physical act ind: active:		06-Feb-2015
GPPAQ physcl act ind: inactive:		10-Jan-2014

Clinical warnings

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Cardiology - 13052021 Referral 894009

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Cardiology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral Urgent
Date of referral 14-Jul-2021 **Date sent** 14-Jul-2021

PATIENT DETAILS

Surname	Moutrey
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	22-Jun-1954
CHI no.	2206546116
Area of Residence	-

Patient's address

11 Montrose Terrace
BISHOPBRIGGS
GLASGOW
G64 1JQ

Contact number(s)

Voice: 563 4090
Voice: 07930 128 557

101023853063T Unique Care Pathway Number: 101023853063T

REGISTERED GP DETAILS

Name	Dr Gerry Murdoch		
GMC code	2846842	GP code	04821
Practice name	Springfield Medical Centre (18845)		
Practice code	43059		

Practice address

Springfield Medical Practice
9 Springfield Road
Bishopbriggs
G64 1PJ

Contact number(s)

Voice: 0141 772 4744
Facsimile: 0141 772 3035

REFERRING GP DETAILS

Name	Dr Hannah Livingstone		
GMC code	7134147	GP code	-
Practice name	-		
Practice code	43059		

Practice address

Contact number(s)

-

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Unstable angina

Comment: Thank you for seeing his 67 year old gentleman who was referred in the middle of May this year urgently but hasn't received an appointment yet. He has a history of coronary artery bypass grafting in 2002 and in the last few months has developed symptoms of unstable angina at rest. I refer back to the previous referral which I will attach. He was recently seen at A&E when he was started on Isosorbide mononitrate but he is still having regular chest pain and shortness of breath on exertion and is using his GTN spray approximately four times a day but feels this is worsening. He is a heavy smoker but has reduced this. He currently drives bulldozers at work but has been asked to stop driving since he was seen in May. He had a recent echo which was normal. I appreciate he has been referred two months ago but given the worsening symptoms I would appreciate if he could be seen as soon as possible to avoid any acute episodes.

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

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

Description	Date of onset	Date recorded
Gout	28-Dec-2018	28-Dec-2018
Heart failure	16-Nov-2016	16-Nov-2016
Left ventricular systolic dysfunction	16-Nov-2016	16-Nov-2016
Angina pectoris	01-Oct-2001	01-Oct-2001
Ischaemic heart disease	01-Jan-2001	01-Jan-2001
Psoriasis and similar disorders	01-Jan-1983	01-Jan-1983

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Echocardiogram normal	-	05-Aug-2004	05-Aug-2004
Coronary artery operations	X 2	28-Mar-2002	28-Mar-2002

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart dis. <60	Father priority=1	16-Oct-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Isosorbide Mononitrate Tablets 10 mg	224	224 TABLET	TWO TO BE TAKEN IN THE MORNING (8AM) AND TWO TO BE TAKEN IN THE AFTERNOON (2PM)	-	10-May-2021	28-May-2021
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH	-	10-May-2021	17-May-2021
Dermax Shampoo 0.5 %	250	250 ML	APPLY AS NECESSARY	-	04-Sep-2019	17-May-2021
Capasal Shampoo	250	250 ML	APPLY DAILY AS NECESSARY	-	26-Jul-2019	12-Oct-2020
Calcipotriol Ointment 50 micrograms/gram	120	120 grams	APPLY TWICE DAILY	-	07-Apr-2014	30-Jun-2021
	60	60 TABLET	AS DIRECTED	-	05-Jan-2010	

Cetirizine Hydrochloride Tablets 10 mg						17-May-2021
Lercanidipine Hydrochloride Tablets 20 mg	56	56 TABS	1 Tab Daily	-	16-Jun-2010	17-May-2021
Aspirin Dispersible tablets 75 mg	56	56 tabs	1 Tab In the morning	-	16-Jun-2010	30-Jun-2021
Ramipril Capsules 10 mg	56	56 CAPS	1 Cap In the morning	-	16-Jun-2010	17-May-2021

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Colchicine Tablets 500 micrograms	12	12 TABLET	ONE TO BE TAKEN TWO TO FOUR TIMES A DAY UNTIL SYMPTOMS RELIEVED (MAX 6MG (12 TABLETS) PER COURSE - NOT TO BE REPEATED WITHIN 3 DAYS)	-	01-Jul-2021	02-Jul-2021
Colchicine Tablets 500 micrograms	12	12 TABLET	ONE TO BE TAKEN TWO TO FOUR TIMES A DAY UNTIL SYMPTOMS RELIEVED (MAX 6MG (12 TABLETS) PER COURSE - NOT TO BE REPEATED WITHIN 3 DAYS)	-	28-Apr-2021	17-May-2021
Laxido Orange Oral Powder Sachets Sugar Free	20	20 sachet	1-4 SACHETS DAILY	-	28-Apr-2021	28-Apr-2021
Enstilar Cutaneous Foam 50 micrograms + 500 micrograms/gram	240	4*60 gram	APPLY DAILY	-	12-Jan-2021	03-Mar-2021
Bendroflumethiazide Tablets 2.5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	18-Apr-2011	17-May-2021

Blood Pressure

Date Recorded	Systolic	Diastolic
17-May-2021	140	89
06-Nov-2017	128	74
06-Feb-2015	135	84
10-Jan-2014	143	80
12-Oct-2012	138	86

Body Measurements

Date Recorded	Height	Weight	BMI
28-Oct-2019	172	103	34.82
06-Nov-2017	-	99	33.5
06-Feb-2015	-	97	32.8
10-Jan-2014	-	93	31.4
12-Oct-2012	172	89	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		28-Oct-2019
Ex smoker:		06-Nov-2017
Current smoker:		06-Feb-2015

Cigarette consumption 2 :	06-Feb-2015
Ex smoker:	10-Jan-2014
Alcohol consumption, 14 units/week:	28-Oct-2019
Alcohol consumption, 8 units/week:	06-Nov-2017
Alcohol intake within rec limt:	06-Nov-2017
Alcohol units per week 10 :	06-Feb-2015
Alcohol intake within rec limt:	10-Jan-2014
Enjoys light exercise:	28-Oct-2019
GPPAQ physical act ind: active:	06-Nov-2017
GPPAQ physical act ind: active:	06-Feb-2015
GPPAQ physcl act ind: inactive:	10-Jan-2014
Exercise grading, 5 :	12-Oct-2012

Clinical warnings

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
Referred By:Locum
Electronic Attachment Present:Yes

Social circumstances
Ethnic Origin: (White) Scottish

Cardiology - 13052021 Referral 894009

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Cardiology GGC General Referral		**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW		**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral Urgent
Date of referral 13-May-2021 **Date sent** 13-May-2021

PATIENT DETAILS

Surname	Moutrey
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	22-Jun-1954
CHI no.	2206546116
Area of Residence	-

Patient's address

11 Montrose Terrace
BISHOPBRIGGS
GLASGOW
G64 1JQ

Contact number(s)

Voice: 563 4090
Voice: 07930 128 557

101023332664P Unique Care Pathway Number: 101023332664P

REGISTERED GP DETAILS

Name	Dr Gerry Murdoch		
GMC code	2846842	GP code	04821
Practice name	Springfield Medical Centre (18845)		
Practice code	43059		

Practice address

Springfield Medical Practice
9 Springfield Road
Bishopbriggs
G64 1PJ

Contact number(s)

Voice: 0141 772 4744
Facsimile: 0141 772 3035

REFERRING GP DETAILS

Name	Dr. Mark Robinson		
GMC code	6148169	GP code	02577
Practice name	Springfield Medical Practice (43059)		
Practice code	43059		

Practice address

9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Contact number(s)

Voice: 0141 772 4744

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: unstable angina occurring at rest.

Comment: I would appreciate if this 66 year old male could be seen on an urgent basis at the Cardiology clinic. He has a history of coronary artery bypass operations dating back to 2003. Recently he has been reporting symptoms of unstable angina occurring at rest. He reports classic chest pain radiating up to his neck, shortness of breath, sweating and palpitations which occur at least once a day. He recently resulted in an A&E admission where he was started on Isosorbide Mononitrate to try control his symptoms at rest.
He drives bulldozers at work and I have asked him to stop this just now given his unstable angina symptoms. He had been a heavy smoke 30 per day but he has reduced this.
More recent examination his HR was regular at 90bpm, chest was clear and his blood pressure was 155/67. Given these unstable symptoms at rest I would be grateful if he could be seen at your clinic. Many thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

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

Description	Date of onset	Date recorded
Type 2 diabetes mellitus	13-May-2021	13-May-2021
Gout	28-Dec-2018	28-Dec-2018
Heart failure	16-Nov-2016	16-Nov-2016
Left ventricular systolic dysfunction	16-Nov-2016	16-Nov-2016
Angina pectoris	01-Oct-2001	01-Oct-2001
Ischaemic heart disease	01-Jan-2001	01-Jan-2001
Psoriasis and similar disorders	01-Jan-1983	01-Jan-1983

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Echocardiogram normal	-	05-Aug-2004	05-Aug-2004
Coronary artery operations	X 2	28-Mar-2002	28-Mar-2002

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart dis. <60	Father priority=1	16-Oct-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Isosorbide Mononitrate Tablets 10 mg	112	112 TABLET	ONE TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)	-	10-May-2021	10-May-2021
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH	-	10-May-2021	10-May-2021
Dermax Shampoo 0.5 %	250	250 ML	APPLY AS NECESSARY	-	04-Sep-2019	12-Oct-2020
Capasal Shampoo	250	250 ML	APPLY DAILY AS NECESSARY	-	26-Jul-2019	12-Oct-2020
Bendroflumethiazide Tablets 2.5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	18-Apr-2011	25-Mar-2021

Cetirizine Hydrochloride Tablets 10 mg	60	60 TABLET	AS DIRECTED	-	05-Jan-2010	07-Dec-2020
Aspirin Dispersible tablets 75 mg	56	56 tabs	1 Tab In the morning	-	16-Jun-2010	11-Feb-2021
Ramipril Capsules 10 mg	56	56 CAPS	1 Cap In the morning	-	16-Jun-2010	25-Mar-2021
Lercanidipine Hydrochloride Tablets 20 mg	56	56 TABS	1 Tab Daily	-	16-Jun-2010	25-Mar-2021

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Colchicine Tablets 500 micrograms	12	12 TABLET	ONE TO BE TAKEN TWO TO FOUR TIMES A DAY UNTIL SYMPTOMS RELIEVED (MAX 6MG (12 TABLETS) PER COURSE - NOT TO BE REPEATED WITHIN 3 DAYS)	-	28-Apr-2021	28-Apr-2021
Laxido Orange Oral Powder Sachets Sugar Free	20	20 sachet	1-4 SACHETS DAILY	-	28-Apr-2021	28-Apr-2021
Enstilar Cutaneous Foam 50 micrograms + 500 micrograms/gram	240	4*60 gram	APPLY DAILY	-	12-Jan-2021	03-Mar-2021
Mometasone Furoate Cream 0.1 %	100	100 gram	APPLY DAILY	-	27-Nov-2020	27-Nov-2020

Blood Pressure

Date Recorded	Systolic	Diastolic
06-Nov-2017	128	74
06-Feb-2015	135	84
10-Jan-2014	143	80
12-Oct-2012	138	86
02-Apr-2012	133	82

Body Measurements

Date Recorded	Height	Weight	BMI
28-Oct-2019	172	103	34.82
06-Nov-2017	-	99	33.5
06-Feb-2015	-	97	32.8
10-Jan-2014	-	93	31.4
12-Oct-2012	172	89	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		28-Oct-2019
Ex smoker:		06-Nov-2017
Current smoker:		06-Feb-2015
Cigarette consumption 2 :		06-Feb-2015
Ex smoker:		10-Jan-2014
Alcohol consumption, 14 units/week:		28-Oct-2019
Alcohol consumption, 8 units/week:		06-Nov-2017
Alcohol intake within rec limt:		06-Nov-2017
Alcohol units per week 10 :		06-Feb-2015

Alcohol intake within rec limt:	10-Jan-2014
Enjoys light exercise:	28-Oct-2019
GPPAQ physical act ind: active:	06-Nov-2017
GPPAQ physical act ind: active:	06-Feb-2015
GPPAQ physcl act ind: inactive:	10-Jan-2014
Exercise grading, 5 :	12-Oct-2012

Clinical warnings

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
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Dermatology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address

Urgency of referral Routine
Date of referral 08-Jul-2019 **Date sent** 09-Jul-2019

PATIENT DETAILS

Surname	Moutrey
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	22-Jun-1954
CHI no.	2206546116
Area of Residence	-

Patient's address

11 Montrose Terrace
BISHOPBRIGGS
GLASGOW
G64 1JQ

Contact number(s)

Voice: 563 4090
Voice: 07930 128 557

1010190937642 Unique Care Pathway Number: 1010190937642

REGISTERED GP DETAILS

Name	Dr Gerry Murdoch		
GMC code	2846842	GP code	04821
Practice name	Springfield Medical Centre (18845)		
Practice code	43059		

Practice address

Springfield Medical Practice
9 Springfield Road
Bishopbriggs
G64 1PJ

Contact number(s)

Voice: 0141 772 4744
Facsimile: 0141 772 3035

REFERRING GP DETAILS

Name	Dr. Peter Breakey		
GMC code	7451928	GP code	99999
Practice name	Springfield Medical Practice (43059)		
Practice code	43059		

Practice address

9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Contact number(s)

Voice: 0141 772 4744

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Psoriasis

Comment: Mr Moutrey is bothered by multiple itchy patches of psoriasis for which he has been using Betnovate long term to manage. However current Betnovate and emollients are not effective. He has a friend who previously had light therapy and he is very keen to be considered and wishes to see a dermatologist. I would appreciate your kind review. 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	Date of onset	Date recorded
Gout	28-Dec-2018	28-Dec-2018
Left ventricular systolic dysfunction	16-Nov-2016	16-Nov-2016
Heart failure	16-Nov-2016	16-Nov-2016
Angina pectoris	01-Oct-2001	01-Oct-2001
Ischaemic heart disease	01-Jan-2001	01-Jan-2001
Psoriasis and similar disorders	01-Jan-1983	01-Jan-1983

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Echocardiogram normal	-	05-Aug-2004	05-Aug-2004
Coronary artery operations	X 2	28-Mar-2002	28-Mar-2002

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart dis. <60	Father priority=1	16-Oct-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Calcipotriol Ointment 50 micrograms/gram	120	120 grams	APPLY TWICE DAILY	-	07-Apr-2014	10-Jun-2019
Betamethasone Valerate Ointment 0.1 %	100	100 gram	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY ALONG WITH CALCIPOTRIOL INSTEAD OF DOVOBET	-	07-Apr-2014	10-Jun-2019
Alphosyl 2 In 1 Shampoo 5 %	250	250 ML	TO BE USED AS DIRECTED	-	21-Nov-2012	04-Apr-2019
Bendroflumethiazide Tablets 2.5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	18-Apr-2011	10-Jun-2019
Aspirin Dispersible tablets 75 mg	56	56 tabs	1 Tab In the morning	-	16-Jun-2010	04-Apr-2019
Atorvastatin Tablets 40 mg	56	56 tabs	1 Tab Daily	-	16-Jun-2010	10-Jun-2019
Lercanidipine Hydrochloride Tablets 20 mg	56	56 TABS	1 Tab Daily	-	16-Jun-2010	10-Jun-2019
Ramipril Capsules 10 mg	56	56 CAPS	1 Cap In the morning	-	16-Jun-2010	10-Jun-2019

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Co-Codamol 30/500 Tablets	100	100 tablets	2 Caps 4 times daily	-	27-Jun-2019	27-Jun-2019
Capasal Shampoo	250	250 ML	APPLY DAILY AS NECESSARY	-	02-May-2019	02-May-2019

Blood Pressure

Date Recorded	Systolic	Diastolic
06-Nov-2017	128	74
06-Feb-2015	135	84
10-Jan-2014	143	80
12-Oct-2012	138	86
02-Apr-2012	133	82

Body Measurements

Date Recorded	Height	Weight	BMI
06-Nov-2017	-	99	33.5
06-Feb-2015	-	97	32.8
10-Jan-2014	-	93	31.4
12-Oct-2012	172	89	-
18-Apr-2011	172	96	32.45

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		06-Nov-2017
Current smoker:		06-Feb-2015
Cigarette consumption 2 :		06-Feb-2015
Ex smoker:		10-Jan-2014
Thinking about stopping smoking:		26-Mar-2013
Alcohol consumption, 8 units/week:		06-Nov-2017
Alcohol intake within rec limt:		06-Nov-2017
Alcohol units per week 10 :		06-Feb-2015
Alcohol intake within rec limt:		10-Jan-2014
Alcohol units per week 12 :		10-Jan-2014
GPPAQ physical act ind: active:		06-Nov-2017
GPPAQ physical act ind: active:		06-Feb-2015
GPPAQ physcl act ind: inactive:		10-Jan-2014
Exercise grading, 5 :		12-Oct-2012
Exercise grading, 0 :		18-Apr-2011

Clinical warnings

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
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Audiology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral Routine
Date of referral 15-Mar-2017 **Date sent** 16-Mar-2017

PATIENT DETAILS

Surname	Moutrey
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	22-Jun-1954
CHI no.	2206546116
Area of Residence	-

Patient's address

11 Montrose Terrace
BISHOPBRIGGS
GLASGOW
G64 1JQ

Contact number(s)

Voice: 563 4090
Voice: 07930 128 557

1010132431325 Unique Care Pathway Number: 1010132431325

REGISTERED GP DETAILS

Name	Dr Gerry Murdoch		
GMC code	2846842	GP code	04821
Practice name	Springfield Medical Centre (18845)		
Practice code	43059		

Practice address

Springfield Medical Practice
9 Springfield Road
Bishopbriggs
G64 1PJ

Contact number(s)

Voice: 0141 772 4744
Facsimile: 0141 772 3035

REFERRING GP DETAILS

Name	Dr. Linda Boyce		
GMC code	6101143	GP code	05304
Practice name	Springfield Medical Practice (43059)		
Practice code	43059		

Practice address

9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Contact number(s)

Voice: 0141 772 4744

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: For hearing aids.

Comment: Thank you for seeing this 62 year old gentleman who recently had a private hearing test done which resulted in him being advised that he needs hearing aids. Unfortunately he was unable to afford the prices asked. I am therefore referring him on to yourselves for help. 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	Date of onset	Date recorded
Heart failure	16-Nov-2016	16-Nov-2016
Left ventricular systolic dysfunction	16-Nov-2016	16-Nov-2016
Angina pectoris	01-Oct-2001	01-Oct-2001
Ischaemic heart disease	01-Jan-2001	01-Jan-2001
Psoriasis and similar disorders	01-Jan-1983	01-Jan-1983

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Echocardiogram normal	-	05-Aug-2004	05-Aug-2004
Coronary artery operations	X 2	28-Mar-2002	28-Mar-2002

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart dis. <60	Father priority=1	16-Oct-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Calcipotriol Ointment 50 micrograms/gram	120	120 grams	APPLY TWICE DAILY	-	07-Apr-2014	19-Jul-2016
Betamethasone Valerate Ointment 0.1 %	100	100 gram	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY ALONG WITH CALCIPOTRIOL INSTEAD OF DOVOBET	-	07-Apr-2014	19-Jul-2016
Alphosyl 2 In 1 Shampoo 5 %	250	250 ML	TO BE USED AS DIRECTED	-	21-Nov-2012	06-Mar-2017
Bendroflumethiazide Tablets 2.5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	18-Apr-2011	06-Mar-2017
Aspirin Dispersible tablets 75 mg	56	56 tabs	1 Tab In the morning	-	16-Jun-2010	06-Mar-2017
Atorvastatin Tablets 40 mg	56	56 tabs	1 Tab Daily	-	16-Jun-2010	06-Mar-2017
Lercanidipine Hydrochloride Tablets 20 mg	56	56 TABS	1 Tab Daily	-	16-Jun-2010	06-Mar-2017
Ramipril Capsules 10 mg	56	56 CAPS	1 Cap In the morning	-	16-Jun-2010	06-Mar-2017

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started

					Date last issued
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	15-Mar-2017	15-Mar-2017

Blood Pressure

Date Recorded	Systolic	Diastolic
06-Feb-2015	135	84
10-Jan-2014	143	80
12-Oct-2012	138	86
02-Apr-2012	133	82
03-May-2011	141	70

Body Measurements

Date Recorded	Height	Weight	BMI
06-Feb-2015	-	97	32.8
10-Jan-2014	-	93	31.4
12-Oct-2012	172	89	-
18-Apr-2011	172	96	32.45
06-Apr-2010	172	97	32.78

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		06-Feb-2015
Cigarette consumption 2 :		06-Feb-2015
Ex smoker:		10-Jan-2014
Thinking about stopping smoking:		26-Mar-2013
Current smoker:		26-Mar-2013
Alcohol units per week 10 :		06-Feb-2015
Alcohol intake within rec limt:		10-Jan-2014
Alcohol units per week 12 :		10-Jan-2014
Alcohol intake within recommended sensible limits:		12-Oct-2012
Alcohol units per week, 10 U/week:		12-Oct-2012
GPPAQ physical act ind: active:		06-Feb-2015
GPPAQ physcl act ind: inactive:		10-Jan-2014
Exercise grading, 5 :		12-Oct-2012
Exercise grading, 0 :		18-Apr-2011
Exercise grading NOS, 2 :		18-Apr-2011

Clinical warnings

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Ear, Nose & Throat (ENT) GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral Routine
Date of referral 22-Feb-2016 **Date sent** 24-Feb-2016

PATIENT DETAILS

Surname	Moutrey
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	22-Jun-1954
CHI no.	2206546116
Area of Residence	-

Patient's address

11 Montrose Terrace
BISHOPBRIGGS
GLASGOW
G64 1JQ

Contact number(s)

Voice: 563 4090

1010108829089

Unique Care Pathway Number: 1010108829089

REGISTERED GP DETAILS

Name	Dr Gerry Murdoch		
GMC code	2846842	GP code	04821
Practice name	Springfield Medical Centre (18845)		
Practice code	43059		

Practice address

Springfield Medical Practice
9 Springfield Road
Bishopbriggs
G64 1PJ

Contact number(s)

Voice: 0141 772 4744
Facsimile: 0141 772 3035

REFERRING GP DETAILS

Name	Dr. Gerry Murdoch		
GMC code	2846842	GP code	04821
Practice name	Springfield Medical Practice (43059)		
Practice code	43059		

Practice address

9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Contact number(s)

Voice: 0141 772 4744

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Epistaxis

Comment: The above 61 year old man presents with a two month history of epistaxis from the left nostril. He has no history of injury. He has no other bleeding or abnormal bruising. There does appear to be a specific bleeding spot on the left nasal septum. I treated him with Naseptin cream but thought that he may require cautery. Please note that he will be on holiday from 12 March for two weeks. Many thanks.

/mg

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

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

Description	Date of onset	Date recorded
Angina pectoris	01-Oct-2001	01-Oct-2001
Ischaemic heart disease	01-Jan-2001	01-Jan-2001
Psoriasis and similar disorders	01-Jan-1983	01-Jan-1983

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Echocardiogram normal	-	05-Aug-2004	05-Aug-2004
Coronary artery operations	X 2	28-Mar-2002	28-Mar-2002

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart dis. <60	Father priority=1	16-Oct-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Calcipotriol Ointment 50 micrograms/gram	120	120 grams	APPLY TWICE DAILY	-	07-Apr-2014	14-Apr-2015
Betamethasone Valerate Ointment 0.1 %	100	100 gram	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY ALONG WITH CALCIPOTRIOL INSTEAD OF DOVOBET	-	07-Apr-2014	19-Feb-2016
Alphosyl 2 In 1 Shampoo 5 %	250	250 ML	TO BE USED AS DIRECTED	-	21-Nov-2012	19-Feb-2016
Bendroflumethiazide Tablets 2.5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	18-Apr-2011	19-Feb-2016
Cetirizine Hydrochloride Tablets 10 mg	60	60 TABLET	AS DIRECTED	-	05-Jan-2010	19-Feb-2016
Lercanidipine Hydrochloride Tablets 20 mg	56	56 TABS	1 Tab Daily	-	16-Jun-2010	19-Feb-2016
Ramipril Capsules 10 mg	56	56 CAPS	1 Cap In the morning	-	16-Jun-2010	19-Feb-2016
Aspirin Dispersible tablets 75 mg	56	56 tabs	1 Tab In the morning	-	16-Jun-2010	19-Feb-2016
	56	56 tabs	1 Tab Daily	-	16-Jun-2010	

Atorvastatin Tablets 40 mg		19-Feb-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Naseptin Cream	15	15 GRAM	Apply 3 times daily	-	19-Feb-2016	19-Feb-2016
Pholcodine Strong linctus 10 mg / 5 ml	200	200 ml	ONE 5ML SPOONFUL TO BE TAKEN THREE TIMES A DAY	-	29-Dec-2015	29-Dec-2015

Blood Pressure

Date Recorded	Systolic	Diastolic
06-Feb-2015	135	84
10-Jan-2014	143	80
12-Oct-2012	138	86
02-Apr-2012	133	82
03-May-2011	141	70

Body Measurements

Date Recorded	Height	Weight	BMI
06-Feb-2015	-	97	32.8
10-Jan-2014	-	93	31.4
12-Oct-2012	172	89	-
18-Apr-2011	172	96	32.45
06-Apr-2010	172	97	32.78

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		06-Feb-2015
Cigarette consumption 2 :		06-Feb-2015
Ex smoker:		10-Jan-2014
Thinking about stopping smoking:		26-Mar-2013
Current smoker:		26-Mar-2013
Alcohol units per week 10 :		06-Feb-2015
Alcohol intake within rec limt:		10-Jan-2014
Alcohol units per week 12 :		10-Jan-2014
Alcohol intake within recommended sensible limits:		12-Oct-2012
Alcohol units per week, 10 U/week:		12-Oct-2012
GPPAQ physical act ind: active:		06-Feb-2015
GPPAQ physcl act ind: inactive:		10-Jan-2014
Exercise grading, 5 :		12-Oct-2012
Exercise grading, 0 :		18-Apr-2011
Exercise grading NOS, 2 :		18-Apr-2011

Clinical warnings

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

Social circumstances
Ethnic Origin: (White) Scottish

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

Previous Patient Notes for Urology (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		**Outpatient Note**
Date/Time: 30-Jan-2023 11:38	**Created By:** Consultant Urologist - Andrew James	**Role:** Doctor - GGC
Specialty: Urology	**Organisation:**	Sensitive

Note:

combination Rx - happy withLUTS - DRe NAD - GP

Patient Note		**Outpatient Note**
Date/Time: 10-Nov-2022 15:43	**Created By:** Urology Clinical Nurse Specialist - Andrea Reader	**Role:** Nurse - GGC
Specialty: Urology	**Organisation:**	Sensitive

Note:

Attended with wife for review. Well- Frequency and nocturia not as bothersome. Flow remains a problem with occasional urgency. Already on Tamsulosin. Flow test today was slow and prolonged. Complete emptying. Discussed the addition of Finasteride and informed of possible SE. Happy to trial for the next 6 months with repeat flow test thereafter. MRI prostate showed no evidence of malignancy and PSA normal. Given findings on DRE- Consultant apt for re-examination arranged.

Patient Note		**Other**
Date/Time: 05-Oct-2022 11:21	**Created By:** Urology Clinical Nurse Specialist - Andrea Reader	**Role:** Nurse - GGC
Specialty: Urology	**Organisation:**	Sensitive

Note:

MRI prostate normal. Letter to pt.

Previous Patient Notes for Dermatology (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		**Outpatient Note**
Date/Time: 05-Sep-2022 09:24	**Created By:** Auxilary Nurse - Dermatology. - Patricia McMonagle	**Role:** Healthcare Support Worker - GGC
Specialty: Dermatology	**Organisation:**	Sensitive

Note:

Patient attended for topical review Skin settled and continue on present treatment and return for review on 3rd October @09.20 am. Patient going abroad on holiday for 1 week.

MOUTREY, David (Mr)
BORN 22-Jun-1954 (71y) GENDER Male
CHI 2206546116

Request to GP to prescribe medication

Last updated by Christine FLYNN (Christine Flynn) 3 months ago (v. 1) Show History

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	31-Mar-2026		
Hospital	Stobhill Hospital	Other	—
Specialty / Service	Dermatology		
Clinic	Yes	Please Specify	—

Dear Doctor

Your Patient Was Seen

Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: scalp Psoriasis

Additions and Replacements

Product	Dose	Frequency	Current Regime Status	Comments
Betnovate scalp lotion	1App	2-3times weekly	Addition	—

Replacements

This medication replaces which should now be stopped: —

Patient advised to collect prescription: Yes

Please Note: A Detailed Letter Will Follow.

Additional Notes / Summary

Additional Notes / Summary: Letter to follow

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

Clinician Details

Name	Christine FLYNN
ClinicianDetailsRole	Specialist Nurse
Professional Registration Number	01B0182S
Contact Details	Christine.flynn@ggc.scot.nhs.uk

MOUTREY, David (Mr)
BORN 22 Jun 1954 (71y) GENDER Male
CHI 2206546116

MOUTREY, David (Mr)
BORN 22-Jun-1954 (71y) GENDER Male
CHI 2206546116

Request to GP to prescribe medication

Last updated by (Catriona Harkins2) (Catriona Harkins2) 10 months ago (v. 1) Show History

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	20-Aug-2025		
Hospital	Stobhill Hospital	Other	—
Specialty / Service	Dermatology		
Clinic	Yes	Please Specify	—

Dear Doctor

Your Patient Was Seen

Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: scalp psoriasis

Additions and Replacements

Product	Dose	Frequency	Current Regime Status	Comments
betacap lotion 1x100ml	1 app	od	Addition	2 weeks and prn

Replacements

This medication replaces which should now be stopped: —

Patient advised to collect prescription: Yes

Please Note: A Detailed Letter Will Follow.

Additional Notes / Summary

Additional Notes / Summary: —

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

Clinician Details

Name	Catriona Harkins2
ClinicianDetailsRole	Consultant
Professional Registration Number	6163282
Contact Details	Stobhill derm op

MOUTREY, David (Mr)
BORN 22 Jun 1954 (71y) GENDER Male
CHI 2206546116

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

2206546116
MOUTREY
David M
11 Montrose Terrace 22/06/1954
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Date & Time		Signature, Print Name & Designation
	20/8/25 Rev	
	71 yo	
	Patient	
	on Apixaban	
	HTN	
	Diabetes	
	Stroke – Nov 2023	
		DH
		Apixaban
		Bisoprolol
		Lansoprazole
	PASI < 2	Clopidogrel
	Betacap	
	Acitretin 20mg OD	
	for 4/12	
	[signature]	

83949 GGC0072

Immediate Discharge and Medicine Prescription Form - Confidential

Hospital Name: St John's Hosp L.
Telephone: .....
(Please complete above)

Ref. No: 504700

NHS Greater Glasgow and Clyde

Name of GP.....
Surgery/Health Centre.....

Patient ID label to all 4 copies

2205546116
MOUTREY
David M
22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Patient Address:
DOB:
Weight ..... CHI No:

Ward: DCN Tel:.....
Consultant: Cunningham
Named Nurse:.....
Specialty: DCN
Admission date: / /
Mode of admission: Elective ☐ Emergency ☐ Transfer ☐
Source of Admission.....
Discharge date: / /

NURSE TO COMPLETE
Out Patient appointment date.....
Diagnosis informed (circle) Patient Relative
Circle support services set up:
District Nurse Home Help Health Visitor
Oncology referral Hospice: day care OR home care
Discharge address if not home:.....

WARD USE ONLY
Medication Rec. on Ward by:.....
Checked against kardex: .....
Issued by:..... Date:.....
Signature of Recipient:.....
All known drug sensitivities / adverse reactions:

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications
Psoriasis		

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
		Acitretin	cap	25mg	✓						6/12

Medicines Discontinued	Reason if known e.g. side effect	Other Information
		please send to clinic 3 Jubilee

PHARMACY USE ONLY
Clinical Pharmacy Check ☐ Professional Check ☐

Quantity supplied	Dispensing Details

Dispensed by:..... Date: / /
Checked by:

Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify:.....

Medication Collected by:

Prescribers name: D Nunn Signature: Date 20/02/25
Designation:..... Pager number:.....

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; Yellow copy - Patient **You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed** Cat No. 231370

MOUTREY, David (Mr)
BORN 22-Jun-1954 (71y) GENDER Male
CHI 2206546116

Request to GP to prescribe medication

Last updated by Elspeth MCCABE (Elspeth McCabe) 14 months ago (v. 1) Show History

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	09-Apr-2025		
Hospital	Stobhill Hospital	Other	—
Specialty / Service	Dermatology		
Clinic	Yes	Please Specify	—

Dear Doctor

Your Patient Was Seen

Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: —

Additions and Replacements

Product	Dose	Frequency	Current Regime Status	Comments
Zerodouble gel	500g	as emollient	Addition	—

Replacements

This medication replaces which should now be stopped: —

Patient advised to collect prescription: Yes

Please Note: A Detailed Letter Will Follow.

Additional Notes / Summary

Additional Notes / Summary: —

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

Clinician Details

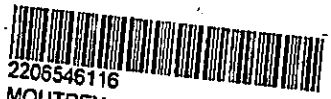
Name	Elspeth McCabe
ClinicianDetailsRole	Specialist Nurse
Professional Registration Number	86H0028S
Contact Details	01413551276

MOUTREY, David (Mr)
BORN 22-Jun-1954 (71y) GENDER Male
CHI 2206546116

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate



2206546116
MOUTREY
David M
22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Date & Time	Dr Harkins	Signature, Print Name & Designation
9/4/25	Acitretin 25mg once daily	
	No AE	
	Psoriasis well controlled	
	using Zerodate as on emollients.	
	O/E some residual small, flat, plaques	
	dorsum of hands. Otherwise clear.	
	Bloods FBC, Lipids, LFT.	
		EMcGBE (CNS)
	F/U 4/12 general clinic	DMcG

Immediate Discharge and Medicine Prescription Form - Confidential

Hospital Name: Stobhill.

Telephone: .....
(Please complete above)

Ref. No: 504673

NHS Greater Glasgow and Clyde

Name of GP: .....

Surgery/Health Centre: .....

to all 4 copies

2206546118
MOUTREY
David M
22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Patient: .....

Address: .....

DOB: .....

Weight: ..... CHI no: .....

Ward: Derm Tel: .....

Consultant: Dr Hopkins

Named Nurse: .....

Specialty: .....

Admission date: ../../..

Mode of admission: Elective ☐ Emergency ☐ Transfer ☐

Source of Admission: .....

Discharge date: ../../..

NURSE TO COMPLETE

Out Patient appointment date: .....

Diagnosis informed (circle) Patient Relative

Circle support services set up:

District Nurse - Home Help Health Visitor

Oncology referral Hospice: day care OR home care

Discharge address if not home: .....

WARD USE ONLY

Medication Rec. on Ward by: .....

Checked against kardex: .....

Issued by: ..... Date: .....

Signature of Recipient: .....

All known drug sensitivities / adverse reactions:

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications
Psoriasis		

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
		ACITRETIN	ORAL	20mg	✓						5/12

Medicines Discontinued	Reason if known e.g. side effect	Other Information

PHARMACY USE ONLY

Clinical Pharmacy Check ☐ Professional Check ☐

Quantity supplied	Dispensing Details

Dispensed by: ..... Date: ../../..

Checked by:

Non-childproof containers required: Yes ☐ No ☐

Medicine compliance aids required: Yes ☐ No ☐

Specify: .....

Medication Collected by:

Prescribers name: E McCabe Signature: Duce. Date 9/4/25

Designation: ..... Pager number: .....

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; Yellow copy - Patient **You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed** Cat No. 231370

MOUTREY, David (Mr)
BORN 22-Jun-1954 (71y) GENDER Male
CHI 2206546116

Request to GP to prescribe medication

Last updated by Elspeth MCCABE (Elspeth McCabe) 18 months ago (v. 1) Show History

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	04-Dec-2024		
Hospital	Stobhill Hospital	Other	—
Specialty / Service	Dermatology		
Clinic	Yes	Please Specify	—

Dear Doctor

Your Patient Was Seen

Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: —

Additions and Replacements

Product	Dose	Frequency	Current Regime Status	Comments
dermax shampoo	250mls	as required	Addition	—

Replacements

This medication replaces which should now be stopped: —

Patient advised to collect prescription: Yes

Please Note: A Detailed Letter Will Follow.

Additional Notes / Summary

Additional Notes / Summary: —

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

Clinician Details

Name	Elspeth McCabe
ClinicianDetailsRole	Specialist Nurse
Professional Registration Number	86H8008S
Contact Details	01413551276

MOUTREY, David (Mr)
BORN 22-June-1954 (71y) GENDER Male
CHI 2206546116

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

2205546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Date & Time	Dr Hanlin	Signature, Print Name & Designation
4/12/24	Psoriasis	
	Acitretin 25mg	
	No AE's	
	Skin greatly improved	
	O/E small flat plaque lower back, post inflam by staining legs & hands. Mild activity scalp.	
	Dermax shampoo.	
	Bloods at GP. 28/11/24. show low Hb	
	has been on iron supplements and states	
	he has been recommenced on these. will	
	be followed up by GP.	
	Lipids checked 6/12/24	EMcABE (CNS)
	F/U 4/12	Oncol

83949 GGC0072

Immediate Discharge and Medicine Prescription Form - Confidential

Hospital Name: Stobhill

Telephone: .....
(Please complete above)

Ref. No: 489263

NHS Greater Glasgow and Clyde

Name of GP

Surgery/Health

Patient:

Address:

DOB: / /

Weight CHI no:

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Ward: Dorm Tel:

Consultant: Dr Hakem

Named Nurse:

Specialty:

Admission date: / /

Mode of admission: Elective ☐ Emergency ☐ Transfer ☐

Source of Admission

Discharge date: / /

NURSE TO COMPLETE

Out Patient appointment date.....

Diagnosis informed (circle) Patient Relative

Circle support services set up:

District Nurse Home Help Health Visitor

Oncology referral Hospice: day care OR home care

Discharge address if not home:.....

WARD USE ONLY

Medication Rec. on Ward by:

Checked against kardex:

Issued by: Date:

Signature of Recipient:

All known drug sensitivities / adverse reactions:

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications
PSORIASIS		

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
		ACITRETIN	CAPS	75mg	✓						4/12

Medicines Discontinued	Reason if known e.g. side effect	Other Information

PHARMACY USE ONLY

Clinical Pharmacy Check ☐ Professional Check ☐

Quantity supplied	Dispensing Details

Dispensed by: Date: / /

Checked by:

Non-childproof containers required: Yes ☐ No ☐

Medicine compliance aids required: Yes ☐ No ☐

Specify:

Medication Collected by:

Prescribers name: E McABE Signature: Date 4/12/24

Designation: NIP 27851 Pager number:

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; Yellow copy - Patient **You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed** Cat No. 231370

MOUTREY, David (Mr)
BORN 22-Jun-1954 (71y) GENDER Male
CHI 2206546116

Request to GP to prescribe medication

Last updated by Elspeth MCCABE (Elspeth McCabe) 23 months ago (v. 1) Show History

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	24-Jul-2024		
Hospital	Stobhill Hospital	Other	—
Specialty / Service	Dermatology		
Clinic	Yes	Please Specify	—

Dear Doctor

Your Patient Was Seen

Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: —

Additions and Replacements

Product	Dose	Frequency	Current Regime Status	Comments
QV wash	500mls	as soap substitiute	Addition	—

Replacements

This medication replaces which should now be stopped: —

Patient advised to collect prescription: Yes

Please Note: A Detailed Letter Will Follow.

Additional Notes / Summary

Additional Notes / Summary: —

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

Clinician Details

Name	Elspeth McCabe
ClinicianDetailsRole	Specialist Nurse
Professional Registration Number	86H0028S
Contact Details	01413551276

MOUTREY, David (Mr)
BORN 22-Jun-1954 (71y) GENDER Male
CHI 2206546116

Immediate Discharge and Medicine Prescription Form - Confidential

Hospital Name: Stobhill.

Telephone: .....
(Please complete above)

Ref. No: 456097

NHS Greater Glasgow and Clyde

Name of GP.....
Surgery/Health Centre.....

to all 4 copies

Patient: 2206546116 M MOUTREY David 22/06/1954
Address: 11 Montrose Terrace Bishopbriggs Glasgow, Dunbartonshire G64 1JQ
DOB: / /
Weight..... CHI no:.....

Ward: Derm Tel:.....
Consultant: Dr Hawkins'
Named Nurse:.....
Specialty:.....
Admission date: / /
Mode of admission: Elective ☐ Emergency ☐ Transfer ☐
Source of Admission.....
Discharge date: / /

NURSE TO COMPLETE

Out Patient appointment date.....
Diagnosis informed (circle) Patient Relative
Circle support services set up:
District Nurse Home Help Health Visitor
Oncology referral Hospice: day care OR home care
Discharge address if not home:.....

WARD USE ONLY

Medication Rec. on Ward by:.....
Checked against kardex:.....
Issued by:..... Date:.....
Signature of Recipient:.....
All known drug sensitivities / adverse reactions:

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications
Psoriasis		

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION: am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
		Acitretin	10mg	20mg	✓						4/12.

Medicines Discontinued	Reason if known e.g. side effect	Other Information

Prescribers name: E McAGE Signature: EMcAGE Date 24/7/24.
Designation: NMP 27851. Pager number:.....

PHARMACY USE ONLY

Clinical Pharmacy Check ☐ Professional Check ☐

Quantity supplied	Dispensing Details

Dispensed by:..... Date: / /
Checked by:

Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify:.....

Medication Collected by:

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; Yellow copy - Patient **You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed** Cat No. 231370

Immediate Discharge and Medicine Prescription Form - Confidential

Hospital Name: Stobhill

Telephone: .....
(Please complete above)

Ref. No: 441535

NHS Greater Glasgow and Clyde

Name of GP

Surgery/Health Centre

Patient: ... to all 4 copies

Address:

DOB:

Weight ... CHI no:

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JC
22/06/195

Ward: Derm Tel:

Consultant: Dr Hawkins

Named Nurse:

Specialty:

Admission date: / /

Mode of admission: Elective ☐ Emergency ☐ Transfer ☐

Source of Admission

Discharge date: / /

NURSE TO COMPLETE

Out Patient appointment date.....

Diagnosis informed (circle) Patient Relative

Circle support services set up:

District Nurse Home Help Health Visitor

Oncology referral Hospice: day care OR home care

Discharge address if not home:.....

.....

WARD USE ONLY

Medication Rec. on Ward by:

Checked against kardex:

Issued by: Date:

Signature of Recipient:

All known drug sensitivities / adverse reactions:

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications
Psoriasis		

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
		ACITRETIN	CAPS	20mg	✓						5/12

Medicines Discontinued	Reason if known e.g. side effect	Other Information

Prescribers name: C McCABE Signature: Date 20/2/24

Designation: WIP 2789. Pager number:

PHARMACY USE ONLY

Clinical Pharmacy Check ☐ Professional Check ☐

Quantity supplied	Dispensing Details

Dispensed by: Date: / /

Checked by:

Non-childproof containers required: Yes ☐ No ☐

Medicine compliance aids required: Yes ☐ No ☐

Specify:

Medication Collected by:

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; Yellow copy - Patient **You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed** Cat No. 231370

MOUTREY, David (Mr)
BORN 22-Jun-1954 (71y) GENDER Male
CHI 2206546116

Request to GP to prescribe medication

Last updated by Puo Nen LIM (Puo Nen Lim) 2.5 years ago (v. 1) Show History

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	18-Oct-2023		
Hospital	Stobhill Hospital	Other	—
Specialty / Service	Dermatology		
Clinic	Yes	Please Specify	—

Clinician Details

Name	Puo Nen Lim
ClinicianDetailsRole	Doctor
Professional Registration Number	7514003
Contact Details	Clinic J, Stobhill

Dear Doctor

Your Patient Was Seen

Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: Psoriasis

Additions and Replacements

Product	Dose	Frequency	Current Regime Status	Comments
Enstilar foam spray	to affected areas	ON for 4 weeks, then x2 weekly	—	—
QV gentle wash	as soap substitute	—	—	—
Hydromol ointment	BD	—	—	—

Replacements

This medication replaces which should now be stopped: —

Patient advised to collect prescription: Yes

Please Note A Detailed Letter Will Follow.

MOUTREY, David (Mr)
BORN 22-Jun-1954 (71y) GENDER Male
CHI 2206546116

Additional Notes / Summary

Additional Notes / Summary —

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☑

→07930128857

Please tick ✔ appropriate directorate

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Date & Time		Signature, Print Name & Designation
18/10	69 ♂ Psoriasis — referred	[illegible]
	bm	
	obesity.	
	MI. June 2022. CABG 2023.	
	Rash - both hands, LL.	
	[illegible]	
	[illegible]	
	June to Aug 2023, fx 30. } 58.	
	27.	
	Psoriasis – hands.	~~Drink [illegible]~~
	Enstilar spray	~~vodka [illegible]~~
	Dermovate to ears	~~smoke~~
	E45 cream BD	
	Non-fragranced soap	psoriatic rash
		on LL resolved
	PASI 5.4	
	DLQI 28.	
	(P) Bloods + 3 weeks.	
	Acitretin 20mg. OD. — PIL	
	Reviewed 3-4 weeks	
	Enstilar	
	Hydromol oint	
	QV wash	

83949 GGC0072

Summary Sheet

CHI NUMBER: 2206546116 **NAME:** DAVID MOUTREY

PHOTOTHERAPY (UVB)		**Total Treatments:**	58 (58 Whole Body, 0 Localised)
PHOTOCHEMOTHERAPY (PUVA)		**Total Treatments:**	0 (0 Whole Body, 0 Localised)
PHOTOTHERAPY (UVA1)		**Total Treatments:**	0 (0 Whole Body, 0 Localised)
SKIN TYPE:	2	**OCCUPATION:**	
CENTRE REFERRED TO:	Stobhill Hospital Greater Glasgow & Clyde		
DIAGNOSES:	Psoriasis		
GENERAL RISKS:			
SKIN CANCER RISK FACTORS:	Prior PUVA/UVB therapy.		

PHOTOTHERAPY (UVB)

	Location	Treatment Area + Freq		Start	Finish	TOTAL DOSE (J/cm²) Narrow Band TL/01	Face Shield	No. of trmts	Result/Adverse effects
1	Stobhill Hospital	WB	3x	21/03/2022	01/06/2022	21.46		28	Cleared
2	Stobhill Hospital	WB	3x	12/06/2023	30/08/2023	19.44		30	Minimal Residual Activity.

DATE LAST SEEN: 12/12/2022

FORM 3 - PUVA/UVA1/UVB SUMMARY

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Flexible / Jin Fleg.

The Alan Lyell Centre of Dermatology, Glasgow

NHS Greater Glasgow and Clyde

Phototherapy / PUVA Treatment Chart

Name	
CHI Number	
Address	2206546116 MOUTREY M David 22/06/1954 11 Montrose Terrace Bishopbriggs Glasgow, Dunbartonshire G64 1JQ
G.P. & add	Dr. LM Boyce Springfield Medical Practice 9 Springfield Road Bishopbriggs Glasgow G64 1PJ

Hospital:	QEUH	WEST	GRI	Stobhill ✓	VIC
	RAH	VOL	IRH		
Unit No:			Sex: M		
Consultant:	Colin				
Tel (Home):	07930128557				
Tel (Work):					
Occupation:					
Skin type:	(I)	II	III	IV	V VI

PUVA -

- UVEX Clear Spectacles: EN 166F ☐
- Patient's Spectacles - Coated: ☐
- Tinted Polaroid R Sunglasses: ☐
- Coating approved By physics ☐

Treatment requested

- Phototherapy (UVB): Narrowband TL-01 ✓
- Photochemotherapy (PUVA) 8-MOP ☐
- 5-MOP ☐
- Bath PUVA ☐
- Localised Topical ☐
- Systemic Retinoid ☐
- Weight in Kg ☐
- Height in m ☐

Site

- Whole Body ✓
- Photo-exposed sites only ☐
- Hands ☐
- Feet ☐
- Legs ☐
- Scalp ☐
- Other _____ ☐

Diagnosis

01	Psoriasis ✓	07	Pruritus ☐	13	Granuloma Annulare ☐
02	Palmar Plantar Pustulosis ☐	08	Chronic Urticaria ☐	14	Pityriasis Lichenoides Chronica ☐
03	Atopic Dermatitis ☐	09	Vitiligo ☐	15	Alopecia Areata ☐
04	Other Dermatitis ☐	10	Mycosis and Pre-mycosis Fungoides ☐	16	☐
05	Nodular Prurigo ☐	11	Acne ☐	17	☐
06	Polymorphic Light Eruption ☐	12	Lichen Planus ☐	18	☐

General risks

		Yes	No			Yes	No
100	Pregnancy	☐	✓	200	Prior Puva/UVB therapy	✓	☐
101	<18 years of age	☐	✓	201	Lived >1yr between 40's-N	☐	✓
102	SLE	☐	✓	202	Radiotherapy	☐	✓
103	Severe renal or hepatic impairment	☐	✓	203	Previous arsenic therapy	☐	✓
104	Known severe adverse reaction to psoralens	☐	✓	208	Other cytotoxic agents	☐	✓
105	Concomitant - Cyclosporin Methotrexate - Azathioprine	☐	✓	209	Sunbed, (>50hrs/yr)	☐	✓
106	Topical Tacrolimus	☐	✓	212	Personal history of skin cancer	☐	✓
107	Previous Systemic Immunosupression	☐	✓	213	Family history of skin cancer	☐	✓

2206546116
MOUTREY
David M
11 Montrose Terrace 22/06/1954
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

MED test assessment for UVB / MPD assessment for PUVA

Date:	MED / MPD =	Date:	UVB
Nurse Sig:	Dr. Sig:		

Dose (Joules)									
Time (min, sec)									

MED/MPD = **Start dose (J/cm²) =** **8MOP/5MOP** _____ **mg** **UVA** ☐

Missed Treatment referred !			Check D.O.B.	Rx No	Increment		Dosimetry				Progress		
Yes	No	NA			Date	Lower	Standard	Dose (Jcm2)	Time	Nurse Signature	Cum. Dose	Improve	Static	Worse
		✓	✓	①	12/6/2023		✓	0.10	10sec	Clee	0.10	—		
	✓		✓	②	14/6/2023		✓	0.12	11sec	Clee	0.22	—	—	
	✓		✓	3	16/6/23		✓	0·14	13sec	N Hare	0.36	—	-	
	✓		✓	4	19/6/23		✓	0·17	16sec	N Hare	0·53	—		
	✓		✓	5	21/6/23		✓	0·21	20sec	N Hare	0·74	—		
	✓		✓	6	23/6/23		✓	0·25	24s	JMClvor	0·99	—		
	✓		✓	7	26/6/23		✓	0·30	28s	JMClvor	1·29	—		
	✓		✓	8	28/6/23		✓	0·36	34s	Clee	1.65	—		
	✓		✓	9	30/6/23		✓	0·43	41sec	N Hare	2·08	—		
	✓		✓	10	3/7/23		✓	0·52	49sec	N Hare	2·60	—		
	✓		✓	11	5/7/23		✓	0·62	59s	JMClvor	3·22	—		
	✓		✓	12	7/7/23		✓	0·74	1m10s	Clee	3.96	+	*	
	✓		✓	13	10/7/23		✓	0·89	1m25	N Hare	4·85	+		
					12/7/23				~~1m25~~	Treatment withheld. PLE				
					14/7/23	Tx withheld due to continued PLE +++, discussed								
	✓		✓	14	17/7/23			0·74	1·10s	JMClvor	5·59	+		
	✓		✓	15	19/7/23			0·89	1m25s	JMClvor	6·48	+		
✓	-		✓	16	24/7/23	10%		0·74	1m10s	Clee	7·22	+		
	✓		✓	17	26/7/23	10%		0·74	1m10s	JMClvor	7·96	+		
	✓		✓	18	28/7/23	10%		0·81	1m17s	JMClvor	8·77	+		
	✓		✓	19	31/7/23	10%		0·90	1m26s	JMClvor	9·67	+		
	✓		✓	20	2/8/23	10%		0·81	1m27s	JMClvor	10·48	+		
	✓		✓	21	4/8/23	10%		0·81	1m27s	Clee	11·29	+		
	✓		✓	22	7/8/23	10%		0·90	1m37s	Clee	12.19	+		
	✓		✓	23	9/8/23	10%		0·81	1m27s	N Hare	13·63	+		
					11/8/23	Tx held due to PLE ++, ↑itch —								

Clinical outcome: Cleared ☐ Minimal residual activity ☑ Moderate clearance ☐

UVA :	

Nursing counselling checklist

Item	Yes	No	Item	Yes	No
Information	✓ Yes	No	Avoidance of perfumes/toiletries	✓ Yes	No
Method of administering treatment	✓ Yes	No	Wearing of underpants (males)	✓ Yes	No
Adverse effects	✓ Yes	No	Need to wear goggles	✓ Yes	No
Any new drugs - let nurse know	✓ Yes	No	Visors if indicated	Yes	✓ No
Avoiding of UV exposure (sun/sunbeds)	✓ Yes	No	Jewellery - not to wear	✓ Yes	No
Avoid haircut/alteration in hairstyle	✓ Yes	No	Eye protection with spectacles (PUVA)	NA Yes	No
Consent	✓ Yes	No	Nurses signature	Chee Cee	

UVB ✓ Hand & foot unit ☐ + Mild, ++ Moderate, +++ Severe

Problems				Safety					
Erythema.		Itch	PLE	New Drugs	Sites Treated	Genital Protection	Goggles	Face Shield	Nursing notes/evaluation
Loc	Gen								
	—			NO	WB+F	SOCK	Yes	No	Removing hearing aids. PREV PLE.
	—	—	—	NO	WB+F	SOCK	YES	NO	
	—	—		NO	WB+Face	sock	yes	no.	
	—	—	—	NO	WB+face	sock	yes	no	
	—	—	—	NO	WB+face.	sock	yes	no.	
		—	—	no	WB+F	sock	Yes	no	
		—	—	no	WB+F	Sock	Yes	no	
	—	—		NO	WB+F	SOCK	yes	NO.	
	—	—	—	NO	WB+F	sock	yes	NO.	
	—	—	—	NO	WB+F	sock	yes	NO.	
	—		—	no	WB+F	Sock	Yes	no	
	—	—	—	NO	WB+F	SOCK	yes	NO	slight improvement.
	—	—	—	NO	WB+F	sock	yes	NO	
++ patient states beginning to settle – review Fri. if settled ↓ time → 10%									
d/w A. Tonagh – given dermovate to use review Mon.									
	—	—	—	no	WB+F	sock	Yes	no	PLE settled → ↓ dose & cont.
	—		1	no	WB+F	sock	Yes	no	PLE erupted again Tx withheld today d/w [illegible]. Dermovate + emollients advised
	—	—	+	NO	WB+F	SOCK	yes	NO	PLE settled ↑ DOSE ↓10% commenced. cont dermovate for 7 days total
	—	—	—	no	WB+F	sock	Yes	no	
		—	—	no	WB+F	Sock	Yes	no	
		—	—	no	WB+F	Sock	Yes	no	
		—	—	no	WB+F	Sock	Yes	No	skin - MRA
+		+	—	NO	WB+F	SOCK	Yes	NO	↑ itch to face no erythema noticed Time held as precaution.
	—	—		NO	WB+F	SOCK	Yes	NO	Itch settled ↑ Dose.
	—	—	—	NO	WB+F	sock	yes	NO	Tx reduced as PLE evident when time increased
ll review Mon.									

Minimal improvement ☐ Worse ☐ No change ☐ Default ☐

Features on examination

300	Abnormal freckles	☐ Yes	☑ No	Site	
302	Solar Keratosis	☐ Yes	☑ No	Site	
303	Bowen's Disease	☐ Yes	☑ No	Site	
304	Basal cell carcinoma	☐ Yes	☑ No	Site	
305	Squamous cell carcinoma	☐ Yes	☑ No	Site	
306	Malignant Melanoma	☐ Yes	☑ No	Site	
307	Multiple/Atypical Naevi	☐ Yes	☑ No	Site	
308	Others	☐ Yes	☑ No	Site	

Medications

Lansoprazole
Allopurinol
Ramipril
Aspirin
Bisoprolol

General health

Dizziness	☐ Yes	☑ No
Eye problems	☐ Yes	☑ No
Arthritis/difficulty standing for long periods	☐ Yes	☑ No
Severe respiratory disease	☐ Yes	☑ No
Severe cardiac disease Heart Attack 3/6/22	☑ Yes	☐ No
Epilepsy - poorly controlled/light induced	☐ Yes	☑ No

Consent for treatment

The treatment and possible side effects have been explained to me. **Yes / No***

I consent to a record of my treatment being stored in the secure PHOTONET Database (PhotoSys). This information will be used when planning my future treatment. The data is confidential and will be anonymised if used for audit and research purposes. **Yes / No***

I agree to undertake a course of Phototherapy. **Yes / No***

Consultant/Clinic: CdM Date: 12/12/22

Patient's signature: [signature] Clinician's signature S. Walker

***Please delete as appropriate, prior to signing.**

For completion by phototherapy unit

Starting date: 12/6/2023 UVB = 19.44 J/cm² MPD = ☐ MED = ☐

End date: 30/8/2023

Total dose: 19.44 PUVA = ☐ J/cm²

No. of treatments: 30

Result:

Cleared	☐	Discharge to G.P.	☐
Minimal residual activity	☑		
Moderate clearance	☐	Review - referring clinic	☐ in ☑ months
Minimal improvement	☐		
Worse	☐	Open appointment given	☐ CdM 6 months
No change	☐	Standard letter	☐
Default	☐		

GP letter ☑

Adverse effects/severity

Painful erythema during course ☐ Yes ☐ No

photonet summary ☑

Treatment on discharge

The Alan Lyell Centre of Dermatology, Glasgow

NHS Greater Glasgow and Clyde

20 x 2.

Phototherapy / PUVA Treatment Chart

Name	
CHI Number	
Address	2206546116 MOUTREY M David 22/06/1954 11 Montrose Terrace Bishopbriggs Glasgow, Dunbartonshire G64 1JQ
G.P. & address	

Hospital:	QEUH	WEST	GRI	Stobhill	VIC
	RAH	VOL	IRH		
Unit No:			Sex:		
Consultant:					
Tel (Home):					
Tel (Work):					
Occupation:					
Skin type:	I II III IV V VI				

PUVA -

- UVEX Clear Spectacles: EN 166F ☐
- Patient's Spectacles - Coated: ☐
- Tinted Polaroid R Sunglasses: ☐
- Coating approved By physics ☐

Treatment requested

- Phototherapy (UVB): Narrowband TL-01 ☐
- Photochemotherapy (PUVA) 8-MOP ☐
- 5-MOP ☐
- Bath PUVA ☐
- Localised Topical ☐
- Systemic Retinoid ☐
- Weight in Kg ☐
- Height in m ☐

Site

- Whole Body ☐
- Photo-exposed sites only ☐
- Hands ☐
- Feet ☐
- Legs ☐
- Scalp ☐
- Other _____ ☐

Diagnosis

01 Psoriasis ☐	07 Pruritus ☐	13 Granuloma Annulare ☐
02 Palmar Plantar Pustulosis ☐	08 Chronic Urticaria ☐	14 Pityriasis Lichenoides Chronica ☐
03 Atopic Dermatitis ☐	09 Vitiligo ☐	15 Alopecia Areata ☐
04 Other Dermatitis ☐	10 Mycosis and Pre-mycosis Fungoides ☐	16 ☐
05 Nodular Prurigo ☐	11 Acne ☐	17 ☐
06 Polymorphic Light Eruption ☐	12 Lichen Planus ☐	18 ☐

General risks

		Yes	No			Yes	No
100	Pregnancy	☐	☐	200	Prior Puva/UVB therapy	☐	☐
101	<18 years of age	☐	☐	201	Lived >1yr between 40's-N	☐	☐
102	SLE	☐	☐	202	Radiotherapy.	☐	☐
103	Severe renal or hepatic impairment	☐	☐	203	Previous arsenic therapy	☐	☐
104	Known severe adverse reaction to psoralens	☐	☐	208	Other cytotoxic agents	☐	☐
105	Concomitant - Cyclosporin Methotrexate - Azathioprine	☐	☐	209	Sunbed, (>50hrs/yr)	☐	☐
106	Topical Tacrolimus	☐	☐	212	Personal history of skin cancer	☐	☐
107	Previous Systemic Immunosupression	☐	☐	213	Family history of skin cancer	☐	☐

2206546116
MOUTREY
David
M
22/06/1954

MED test assessment for UVB / MPD assessment for PUVA

Date:	MED / MPD =	Date:	UVB
Nurse Sig:	Dr. Sig:		

Dose (Joules)									
Time (min, sec)									

MED/MPD = **Start dose (J/cm²) =** **8MOP/5MOP** _____ **mg** **UVA** ☐

Missed Treatment referred			Check D.O.B.	Rx No	Increment			Dosimetry				Progress		
Yes	No	NA			Date	Lower	Standard	Dose (Jcm2)	Time	Nurse Signature	Cum. Dose	Improve	Static	Worse
✓			✓	24	14/8/23	10%		0.74	1m20s	[signature]	14.37	+	—	
	✓		✓	25	16/8/23	10%		0.74	1m20s	Chee	15.11	+		
	✓		✓	26	18/8/23	10%		0.76	1m20	N Hone	15.85	+		
	✓		✓	27	21/8/23	10%		0.81	1m 27	N Hone	16.66	+		
				28	23/8/23	10%		0.90	1m 37	N Hone	17.56	+		
✓			✓	29	28/8/23	10%		0.90	1m37sec	Chee	18.46	+		
	✓		✓	30	30/8/23	10%		0.98	1m 46s	Chee	19.44	+		

Clinical outcome: Cleared ☐ Minimal residual activity ☑ Moderate clearance ☐

UVA ☐

Nursing counselling checklist

Information	☐ Yes	☐ No	Avoidance of perfumes/toiletries	☐ Yes	☐ No
Method of administering treatment	☐ Yes	☐ No	Wearing of underpants (males)	☐ Yes	☐ No
Adverse effects	☐ Yes	☐ No	Need to wear goggles	☐ Yes	☐ No
Any new drugs - let nurse know	☐ Yes	☐ No	Visors if indicated	☐ Yes	☐ No
Avoiding of UV exposure (sun/sunbeds)	☐ Yes	☐ No	Jewellery - not to wear	☐ Yes	☐ No
Avoid haircut/alteration in hairstyle	☐ Yes	☐ No	Eye protection with spectacles (PUVA)	☐ Yes	☐ No
Consent	☐ Yes	☐ No	Nurses signature		

UVB ☐ **Hand & foot unit** ☐ + Mild, ++ Moderate, +++ Severe

Problems				Safety					
Erythema		Itch	PLE	New Drugs	Sites Treated	Genital Protection	Goggles	Face Shield	Nursing notes/evaluation
Loc	Gen								
—	—	—	—	N/A	WB+F	sock	Yes	No	↔ to RLE settled — cont 10%
	—	—	—	N/A	WB+F	sock	yes	NO	- DOSE HELD. NO ISSUES. ACTIVE AREA TO THIGHS (BACK OF)
	—	—	—	NA -	Exposed SITES	TSHIRT Sock	yes	NO *	WEAR TSHIRT + ? VISOR TREAT LEGS ONLY **
	—	—	—	NA	Exposed Area's	TSHIRT Sock	yes	NO	
	—	—	—	NO	Exposed Area	TSHIRT Sock	yes	NO	25/8/23 Tx with hatol, pt vomited prev to Tx
	—	—	—	N A	Exposed sites	TSHIRT +SOCK	Yes	NO	T.V. movate given for abdominal colds.
	—	—	—	NA	Exposed sites	TSHIRT +SOCK	yes	NO	28/8/2023 RV at NE NO ISSUES. PT appears well today. Tx given and dose held as precaution

Minimal improvement ☐ Worse ☐ No change ☐ Default ☐

Features on examination

300	Abnormal freckles	☐ Yes	☐ No	Site	
302	Solar Keratosis	☐ Yes	☐ No	Site	
303	Bowen's Disease	☐ Yes	☐ No	Site	
304	Basal cell carcinoma	☐ Yes	☐ No	Site	
305	Squamous cell carcinoma	☐ Yes	☐ No	Site	
306	Malignant Melanoma	☐ Yes	☐ No	Site	
307	Multiple/Atypical Naevi	☐ Yes	☐ No	Site	
308	Others	☐ Yes	☐ No	Site	

Medications

General health

Dizziness	☐ Yes	☐ No
Eye problems	☐ Yes	☐ No
Arthritis/difficulty standing for long periods	☐ Yes	☐ No
Severe respiratory disease	☐ Yes	☐ No
Severe cardiac disease	☐ Yes	☐ No
Epilepsy - poorly controlled/light induced	☐ Yes	☐ No

Consent for treatment

The treatment and possible side effects have been explained to me. **Yes / No***

I consent to a record of my treatment being stored in the secure PHOTONET Database (PhotoSys). This information will be used when planning my future treatment. The data is confidential and will be anonymised if used for audit and research purposes. **Yes / No***

I agree to undertake a course of Phototherapy. **Yes / No***

Consultant/Clinic: _____ Date: _____

Patient's signature: _____ Clinician's signature _____

***Please delete as appropriate, prior to signing.**

For completion by phototherapy unit

Starting date: _____ UVB = _____ J/cm² MPD = _____ MED = _____

End date: _____

Total dose: _____ PUVA = _____ J/cm²

No. of treatments: _____

Result:

- ☐ Cleared
- ☐ Minimal residual activity
- ☐ Moderate clearance
- ☐ Minimal improvement
- ☐ Worse
- ☐ No change
- ☐ Default

- ☐ Discharge to G.P.
- ☐ Review - referring clinic ☐ in ☐ months
- ☐ Open appointment given
- ☐ Standard letter

Adverse effects/severity _____

Painful erythema during course ☐ Yes ☐ No

Treatment on discharge _____

DERMATOLOGY OUTPATIENT TREATMENT REFERRAL FORM
North Glasgow University Hospital Division
Glasgow Directorate of Dermatology
GRI [ ] Stobhill [✓]

Pati
2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

GP Label

CONSULTANT

atient Telephone Number:

DIAGNOSES:

Referral for – *please tick*

Education	
Topical Treatment	Abdominal folds

Aim of Referral

Disease Control	
Disease Clearance	
Functional Improvement	
In Conjunction with UVB/PUVA	
Other – *state*	

Known Allergies::

Current Medication:

Ideal Frequency and Duration of Treatments.

Transport Required: YES / NO

Initial Treatment prescribed overleaf
Outpatient Appointment: YES / NO

Referring Doctor (sign): _____

Date:

DATE	MEDICINES	SITE	FREQUENCY	STOP DATE
25/8/23	Trimovate Cream	Abdominal folds	1 x Daily for 1 week & review	

MOUTREY, David (Mr)
BORN 22-Jun-1954 (71y) GENDER Male
CHI 2206546116

Request to GP to prescribe medication

Last updated by Susanne WALKER (Susanne Walker) 3.5 years ago (v. 1) Show History

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	12-Dec-2022		
Hospital	Stobhill Hospital	Other	—
Specialty / Service	Dermatology		
Clinic	Yes	Please Specify	—

Clinician Details

Name	Susanne Walker
ClinicianDetailsRole	Other
Specify Other Role	staff nurse
Professional Registration Number	0410939s
Contact Details	0141 201 5456

Dear Doctor

Your Patient Was Seen

Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: —

Additions and Replacements

Product	Dose	Frequency	Current Regime Status	Comments
Iotiderm cream	30g	PRN	—	—

Replacements

This medication replaces which should now be stopped: —

Patient advised to collect prescription: Yes

Please Note: A Detailed Letter Will Follow.

Additional Notes / Summary

MOUTREY, David (Mr)

Additional Notes / Summary

BORN 22-Jun-1954 (71y) GENDER Male

CHI 2206546116

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Date & Time		Signature, Print Name & Designation
12/12/22	Diagnosis	
	PS	
	Management	
	WUB next year	
	Focus	
	Emollients	
	Fu	
	6 months after WUB	
	O/E	
	PS breaking out	
	remains stable.	
	Suggested course of WUB	
	next year as this helps.	
	not complying with topicals	
	emphasised he must comply	
		S Walker SN

Micturiometry

Family name:

First name:

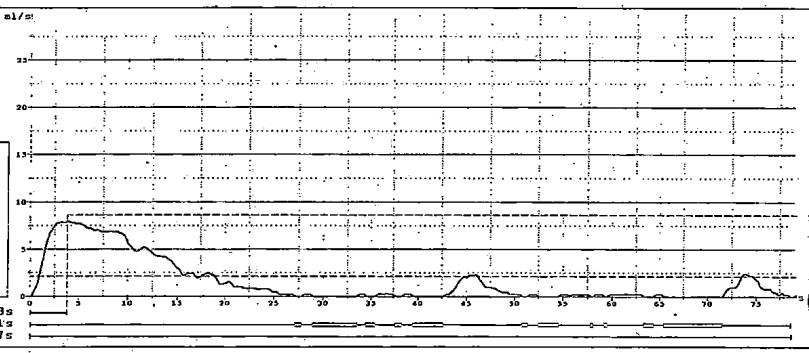
Age: ☐F. ☐M.

Date: 10/11/22

Time: 5:57 PM

Comments

2206546116
MOUTREY
David M
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
22/06/1954



Maximum flow= 8.0ml/s

Average flow= 2.1ml/s

Total voided volume= 124ml

Volume at maximum flow= 26ml

SmartFlow

Time to maximum flow= 3.8s
Flow time= 58.1s
Voiding time= 78.7s

ALBYN MEDICAL
SmartMedical Group

Stobhill

Prostate Assessment Clinic – Report sheet

2206546116 M
MOUTREY 22/06/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire G64 1JQ

Date of Assessment: 23/8/22.

Referred by (GP) Consultant: Dr. Bayman.

68yo.

IPSS Questionnaire

QUESTION	Over the past month, how often have you_	SCORE
1	Had a sensation of not emptying your bladder completely after urinating?	3.
2	Had to urinate again less than 2 hours after you finished urinating?	2
3	Found you stopped and started again when urinating?	3.
4	Found it difficult to postpone urination?	1
5	Had a weak urinary stream?	4
6	Had to push or strain to begin urinating?	3.
7	Typically had to get up to urinate during the night?	3.
	Total	20

Quality of Life:

If you were to spend the rest of your life with your urinary conditions as it is now, how would you feel?

Referral Symptoms Poor flow, hesitancy, nocturia since May 2021. Jan 2022 Tamsulosin had improved. Nocturia 1-6 continues. °Dysuria.

General Physical Condition Supraventricular tachycardia, T2DM, Gout, Heart failure, Angina, IHD, Psoriasis.

Past History

		Yes	No
1	Urological Procedures		
2	Previous Catheterisation		
3	Neurological Condition		
4	Diabetes		
5	Allergies		
6	Medication · Tamsulosin, Apixaban, Clopidogrel, Allopurinol, Atorvastatin, Lansoprazole, Bisoprolol, Lercanidipine, Ramipril, Isosorbide, Cetirizine, GTN		
7	Smoker		✓
8	Alcohol occasional	✓	
9	Social Circumstances		
10	Other °Haematuria Bowels- Regular.		

Day 1 16/8/22					
Time	Drink		Urine		Accidental Leak
	What Kind	How much	How Urgent	How Much	Yes or No
Example	Coffee	2 cups	1-3 (3= most urgent)	25mls	Yes
6 - 7am			2	200 MLS	NO
7 - 8am			2	200 MLS	NO
8 - 9am	COFFEE	250 MLS			
9 -10am	WATER	200 MLS			
10 -11am	JUICE	100 MLS			
11-12 midday	SOUP	400MLS	1	125MLS	NO
1 - 2pm	JUICE	200 MLS			
2 - 3pm	JUICE	150 MLS	1	75MLS	NO
3 - 4pm	—	—			
4 - 5pm	JUICE	150 MLS			
5 - 6pm	JUICE	150 MLS			
6 - 7pm	JUICE	150 MLS			
7 - 8pm	-	—	1	100 ML	NO
8 - 9pm	JUICE	150 MLS			
9 -10pm	JUICE	150 MLS	1	100 ML	NO
10 -11pm					
11-12 midnight			1	75ML	NO
12 -1am					
1 - 2am			1	100MLS	NO
2 - 3am					
3 - 4am			1	175 MLS	NO
4 - 5am			1	200 MLS	NO
5 - 6am			1	150 MLS	NO

Day 2 17/8/22					
Time	Drink		Urine		Accidental Leak
	What Kind	How much	How Urgent	How Much	Yes or No
Example	Coffee	2 cups	1-3 (3= most urgent)	25mls	Yes
6 - 7am			2	250 ML	NO
7 - 8am			2	200 ML	NO
8 - 9am			1	150 ML	NO
9 -10am	COFFEE	250 ML			
10 -11am	WATER	200 ML			
11-12 midday			1	75ML	NO
1 - 2pm	JUICE	500ML			
2 - 3pm			1	75ML	NO
3 - 4pm	SHANDY	300 ML			
4 - 5pm					
5 - 6pm	JUICE	300 ML	1	75MLS	NO
6 - 7pm					
7 - 8pm					
8 - 9pm	JUICE	100ML	1	100 L	NO
9 -10pm	JUICE	200 ML			
10 -11pm			1	50 ML	NO
ght					
m					
n			1	125 ML	NO
			1	150 ML	NO
			1	150 ML	NO

Day 3	18/8/22				
Time	Drink		Urine		Accidental Leak
	What Kind	How much	How Urgent	How Much	Yes or No
Example	Coffee	2 cups	1-3 (3= most urgent)	25mls	Yes
~~6 - 7am~~					
7 - 8am			2	150 ML	NO
8 - 9am			2	150 ML	NO
9 -10am	COFFEE	250 ML			
10 -11am	JUICE	300ML			
11-12 midday			1	100 ML	NO
1 - 2pm			1	100 ML	NO
2 - 3pm	JUICE	150 ML			
3 - 4pm	JUICE	150 ML			
4 - 5pm			1	100 ML	NO
5 - 6pm			1	100 ML	NO
6 - 7pm					
7 - 8pm	JUICE	150 ML			
8 - 9pm	JUICE	150 ML	1	150 ML	NO
9 -10pm	WATER	175ML			
10 -11pm			1	100 ML	NO
11-12 midnight					
12 -1am			1	125 ML	NO
1 - 2am					
2 - 3am					
3 - 4am			1	125 ML	NO
4 - 5am					
5 - 6am			2	150 ML	NO

Review date Dec 2015 mi • 267540 QC Equalities In Health

Frequency Volume Chart

NHS Greater Glasgow and Clyde

How to complete the frequency volume chart (FVC)

We use the FVC to asses how often you pass urine during the day and night. It will help your healthcare professional to diagnose and treat the symptoms of your overactive bladder and monitor the effects of treatment.

Please complete the FVC for 3 days in a row and fairly typical days (choose any three days to suit you). Most people find that a Friday and a weekend are the best days for completing the chart. Every 2 weeks fill in a chart for 3 days to check your progress.

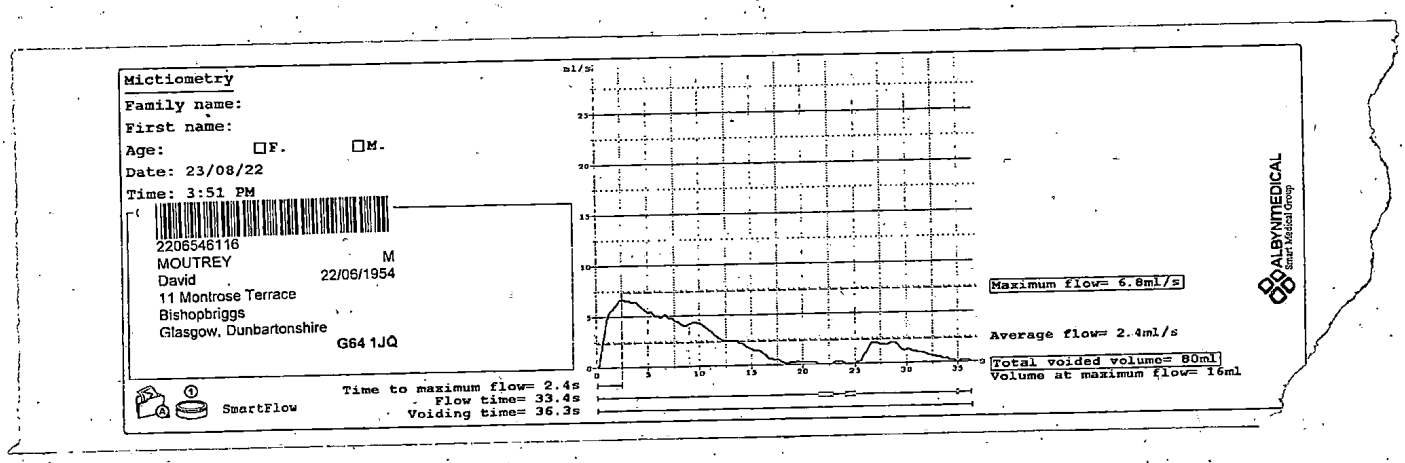
You must complete the chart as fully as possible and bring it with you to your next review appointment with your healthcare professional.

What you will need to fill in the chart

You will need a measuring jug to measure the urine you pass. This should be able to measure in millilitres (ml) and should hold at least 500ml.

How you should fill in the chart

- Every time you have a drink, record what type of drink it is, for example coffee, and how much you have had; a cup, mug or can as shown.
- Each time you pass urine you will need to urinate into your jug. This is so that you can measure how much urine you pass. Write down the appropriate amount, for example 150ml, in the correct timeslot in the chart.
- Please also record how urgently you needed to urinate using a scale of 1 to 3 where:
  - **1** = you felt urgency to urinate but you could easily cope with it
  - **2** = you needed to urinate so urgently it interfered with your ability to carry out everyday activities
  - **3** = you needed to urinate very urgently which caused you discomfort and abruptly stopped you from doing an everyday activity
- If you had an accidental urine leak before you could get to the toilet, please indicate **Yes**, as shown in the example line. If not please indicate **No**.


Mictiometry
Family name:
First name:
Age: ☐F. ☐M.
Date: 23/08/22
Time: 3:51 PM
2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954
ml/s
Maximum flow= 6.8ml/s
Average flow= 2.4ml/s
Total voided volume= 80ml
Volume at maximum flow= 16ml
Time to maximum flow= 2.4s
Flow time= 33.4s
Voiding time= 36.3s
SmartFlow
ALBYNMEDICAL
Smart Medical Group

DRE: enlarged asymetrical (R) lobe. no nodules Aim

Results

Uroflow

Voiding Time	Peak Flow	Mean Flow	Total Voided Volume	Residual Volume as per Bladderscan
secs	ml	ml	80 ml	80 ml

MSSU Jan - NAD DIPTEST Glucose ++

Bloods

	Performed	Results
U+E	01/08/22	Normal
PSA	13/01/22	1.3
KUB		

Treatment Recommendation

Priority	Treatment	
	Clinic Review	
	Cystoscopy GA	
	Cystoscopy LA	
	Urodynamics	
	Medical Therapy	
	Other	

Comments

MRI prostate arranged. Fluid changes + restriction at night advised. Return for repeat flow + MRI result 3/12. Bladder training:

Sign: Dr Reeder CNS.

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

MOUTREY, David (Mr)
BORN 22-Jun-1954 (71y) GENDER Male
CHI 2206546116

Request to GP to prescribe medication

Last updated by Alison TONAGH (Alison Tonagh) 4 years ago (v. 1) Show History

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	08-Aug-2022		
Hospital	Stobhill Hospital	Other	—
Specialty / Service	Dermatology		
Clinic	Yes	Please Specify	—

Clinician Details

Name	Alison Tonagh
ClinicianDetailsRole	Specialist Nurse
Professional Registration Number	nmc
Contact Details	0141 355 1276

Dear Doctor

Your Patient Was Seen

Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: PSORIASIS

Additions and Replacements

Product	Dose	Frequency	Current, Regime Status	Comments
ENSTILAR FOAM	60G	ONCE DAILY FOR FOUR WEEKS THEN TWICE WEEKLY AS MAINTENANCE	—	—

Replacements

This medication replaces which should now be stopped: —

Patient advised to collect prescription: Yes

Please Note: A Detailed Letter Will Follow.

Additional Notes / Summary

MOUTREY, David (Mr)

Additional Notes / Summary

BORN 22-Jun-1954 (71y) GENDER Male

CHI 2206546116

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

Anytime.

The Alan Lyell Centre of Dermatology, Glasgow

After 4-30pm

NHS Greater Glasgow and Clyde

Phototherapy / PUVA Treatment Chart

Name	
CHI Number	
Addre	2206546116 MOUTREY M David 22/06/1954 11 Montrose Terrace Bishopbriggs Glasgow, Dunbartonshire G64 1JQ
G.P. & a	Dr. LM Boyce Springfield Medical Practice 9 Springfield Road Bishopbriggs Glasgow. G64 1PJ

Hospital:	QEUH	WEST	GRI	Stobhill	VIC
	RAH	VOL	IRH		
Unit No:			Sex:		
Consultant:					
Tel (Home):	07930 128557				
Tel (Work):					
Occupation:					
Skin type:	I (II) III IV V VI				

PUVA -

- UVEX Clear Spectacles: EN 166F ☐
- Patient's Spectacles - Coated: ☐
- Tinted Polaroid R Sunglasses: ☐
- Coating approved By physics ☐

Treatment requested

- Phototherapy (UVB): Narrowband TL-01 ☑
- Photochemotherapy (PUVA) 8-MOP ☐
- 5-MOP ☐
- Bath PUVA ☐
- Localised Topical ☐
- Systemic Retinoid ☐
- Weight in Kg ☐
- Height in m ☐

Site

- Whole Body ☑
- Photo-exposed sites only ☐
- Hands ☐
- Feet ☐
- Legs ☐
- Scalp ☐
- Other _____ ☐

Diagnosis

01	Psoriasis ☑	07	Pruritus ☐	13	Granuloma Annulare ☐
02	Palmar Plantar Pustulosis ☐	08	Chronic Urticaria ☐	14	Pityriasis Lichenoides Chronica ☐
03	Atopic Dermatitis ☐	09	Vitiligo ☐	15	Alopecia Areata ☐
04	Other Dermatitis ☐	10	Mycosis and Pre-mycosis Fungoides ☐	16	☐
05	Nodular Prurigo ☐	11	Acne ☐	17	☐
06	Polymorphic Light Eruption ☐	12	Lichen Planus ☐	18	☐

General risks

		Yes	No			Yes	No
100	Pregnancy	☐	☑	200	Prior Puva/UVB therapy	☐	☑
101	<18 years of age	☐	☑	201	Lived >1yr between 40's-N	☐	☑
102	SLE	☐	☑	202	Radiotherapy	☐	☑
103	Severe renal or hepatic impairment	☐	☑	203	Previous arsenic therapy	☐	☑
104	Known severe adverse reaction to psoralens	☐	☑	208	Other cytotoxic agents	☐	☑
105	Concomitant - Cyclosporin Methotrexate - Azathioprine.	☐	☑	209	Sunbed, (>50hrs/yr)	☐	☑
106	Topical Tacrolimus	☐	☑	212	Personal history of skin cancer	☐	☑
107	Previous Systemic Immunosupression	☐	☑	213	Family history of skin cancer	☐	☑

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

MED test assessment for UVB / MPD assessment for PUVA

Date:	MED / MPD =	Date:	UVB
Nurse Sig:	Dr. Sig:		

Dose (Joules)									
Time (min, sec)									

MED/MPD = **Start dose (J/cm²) =** **8MOP/5MOP** _____ **mg UVA** ☐

Missed Treatment referred			Check D.O.B.	Rx No	Increment			Dosimetry				Progress		
Yes	No	NA			Date	Lower	Standard	Dose (Jcm2)	Time	Nurse Signature	Cum. Dose	Improve	Static	Wors
		✓	✓	(1)	21/3/22		✓	0.10	12sec	Chee	0.10	–	–	
	✓	✗	✓	2	23/3/22		✓	0.12	15sec	Chee	0.22	–	–	
	✓		✓	3	25/3/22		✓	0.14	17sec	A Arm	0.36	–	+	
	✓		✓	4	28/3/22		✓	0.17	21sec	Chee	0.53	–	–	
	✓		✓	5	30/3/22		✓	0.21	26sec	Chee	0.74	–	–	
	✓		✓	6	1/4/22		✓	0.25	31sec	A. Arm	0.99	–	+	
	✓		✓	7	4/4/22		✓	0.30	37sec	Chee	1.29	–	+	
	✓		✓	8	6/4/22		✓	0.36	44sec	Chee	1.65	+	–	
	✓		✓	9	8/4/22		✓	0.43	52s	JMClvor	2.08	+	–	
	✓		✓	10	11/4/22		✓	0.52	1:03	Chee	2.60	+	–	
	✓		✓	11	13/4/22		✓	0.62	1:16s	JMClvor	3.22	+		
✓			✓	12	20/4/22		✓	0.52	1:03	Chee	3.74	+	+	
	✓		✓	13	22/4/22		✓	0.62	1.16	A Arm	4.36	–	+	
	✓		✓	14	25/4/22		✓	0.74	1:30	Chee	5.10	+	–	
	✓		✓	15	27/4/22		✓	0.89	1:49	Chee	5.99	+		
	✓		✓	16	29/4/22		✓	0.74	1:30	JMClvor	6.73	+		
	✓		✓	17	4/5/22		✓	0.89	1.49	JMClvor	7.62	+		
	✓		✓	18	6/5/22		✓	1.07	2:11	JMClvor	8.69	+		
	✓		✓	19	9/5/22		✓	0.74	1:30	JMClvor	9.43	+		
	✓		✓	20	11/5/22	10%		0.81	1min39sec	Chee	10.24	+		
	✓		✓	21	13/5/22	10%		0.90	1.50s	JMClvor	11.14	+		
	✓		✓	22	16/5/22	10%		0.98	2:00s	JMClvor	12.12	+		
	✓		✓	23	18/5/22	10%		1.08	2:12s	Chee	13.20	+		
				23	20/5/22	10%		1.19	2:25s	JMClvor	14.39	+		
				24	23/5/22	10%		1.31	2:40s	JMClvor	15.70	+		
	✓		✓	25	25/5/22	10%		1.44	2.56	A Arm	17.14	+		

Clinical outcome: Cleared ☐ Minimal residual activity ☐ Moderate clearance ☐

UVA ☐

UVB ☐

Nursing counselling checklist

Information	☑ Yes ☐ No	Avoidance of perfumes/toiletries	☑ Yes ☐ No
Method of administering treatment	☑ Yes ☐ No	Wearing of underpants (males) SOCK	☑ Yes ☐ No
Adverse effects	☑ Yes ☐ No	Need to wear goggles	☑ Yes ☐ No
Any new drugs - let nurse know	☑ Yes ☐ No	Visors if indicated	☐ Yes ☑ No
Avoiding of UV exposure (sun/sunbeds)	☑ Yes ☐ No	Jewellery - not to wear	☐ Yes ☑ No
Avoid haircut/alteration in hairstyle	☑ Yes ☐ No	Eye protection with spectacles (PUVA) N/A	☐ Yes ☐ No
Consent	☑ Yes ☐ No	Nurses signature	Shea.

Hand & foot unit ☐

+ Mild, ++ Moderate, +++ Severe

Problems				Safety					
Erythema		Itch	PLE	New Drugs	Sites Treated	Genital Protection	Goggles	Face Shield	Nursing notes/evaluation
Loc	Gen								
	—	—	—	NO	WBodyt F	SOCK	YES	NO.	Hearing Aid. UVB psoriasis WBodyt FACE
	—	—	—	NO	WBodyt F	SOCK.	YES	NO	
	—	—	—	NO	WB+F	SOCK	YES	NO	
	—	—	—	NO	WB+F	SOCK	YES	NO	
	—	—	—	NO	WB+F	sock	yes	NO.	
	—	—	—	NO	WB+F	SOCK	YES	NO	
	—	—	—	NO	WB+F	SOCK	yes	NO	
	—	—	—	NO	WB+F	SOCK	yes	NO.	
	—	—	—	No	WB+F	Sock	Yes	No	
	—	—	—	NO	WB+F	SOCK	yes	NO	
	—	—	—	No	WB+F	Sock	Yes	No	Elocon given for itch for 7 days. Missed x 2. Dose reduced as precaution. Proposs PLE + itch to abdomen.
	—	—	—	NO	WB+F	SOCK	YES	NO	PT using Phillips blue light to under abdo area – advised to stop ~~usage after completion of treatment & follow up duration~~.
	—	—	—	NO	WB+F	SOCK	yes	NO	
	—	—	—	NO	WB+F	SOCK	yes	NO	
	—	+	+	No	WB+F	Sock	Yes	No	time off due to PLE.
	—	—	—	No	WB+F	Sock	Yes	No	NO PLE
	—	—	—	No	WB+F	Sock	Yes	No	
	—	+	+	No	WB+F	Sock	Yes	No	Time off due to P.L.E.
	—	—	—	NO	WB+F	SOCK	YES	NO	Dose ↑ by 10% increments no PLE.
	—	—	—	No	WB+F	Sock	Yes	No	
	—	—	—	No	WB+F	Sock	Yes	No	
	—	—	—	NO	WB+F	SOCK	yes	NO.	
	—	—	—	No	WB+F	Sock	Yes	No	last appt 23/5.
	—	—	—	No	WB+F	Sock	Yes	No	finish Wed 1st June
	—	—	—	NO	WB+F	SOCK	YES	NO	

Minimal improvement ☐ Worse ☐ No change ☐ Default ☐

Features on examination

300	Abnormal freckles	☐ Yes	☑ No	Site	
302	Solar Keratosis	☐ Yes	☑ No	Site	
303	Bowen's Disease	☐ Yes	☑ No	Site	
304	Basal cell carcinoma	☐ Yes	☑ No	Site	
305	Squamous cell carcinoma	☐ Yes	☑ No	Site	
306	Malignant Melanoma	☐ Yes	☑ No	Site	
307	Multiple/Atypical Naevi	☐ Yes	☑ No	Site	
308	Others	☐ Yes	☑ No	Site	

Medications

General health

Dizziness	☐ Yes	☑ No
Eye problems	☐ Yes	☑ No
Arthritis/difficulty standing for long periods	☐ Yes	☑ No
Severe respiratory disease	☐ Yes	☑ No
Severe cardiac disease	☑ Yes	☐ No
Epilepsy - poorly controlled/light induced	☐ Yes	☑ No

Consent for treatment

The treatment and possible side effects have been explained to me. **Yes / No***

I consent to a record of my treatment being stored in the secure PHOTONET Database (PhotoSys). This information will be used when planning my future treatment. The data is confidential and will be anonymised if used for audit and research purposes. **Yes / No***

I agree to undertake a course of Phototherapy. **Yes / No***

Consultant/Clinic: _____ Date: 1-11-21

Patient's signature: _____ Clinician's signature Duca.

***Please delete as appropriate, prior to signing.**

For completion by phototherapy unit

Starting date: 21/3/22 UVB = ____ J/cm² MPD = ____ MED = ____

End date: 11/6/22

Total dose: 21.46 PUVA = ____ J/cm²

No. of treatments: 28

Result:

Cleared	☑	Discharge to G.P.	☑
Minimal residual activity	☐		
Moderate clearance	☐	Review - referring clinic	☐ in ☐ months
Minimal improvement	☐		
Worse	☐	Open appointment given	☐
No change	☐	Standard letter	☐
Default	☐		

Adverse effects/severity

Painful erythema during course ☐ Yes ☐ No

Treatment on discharge: GP letter sent.

The Alan Lyell Centre of Dermatology, Glasgow

PART 2

NHS Greater Glasgow and Clyde

Phototherapy / PUVA Treatment Chart

Name	
CHI Numb	
Address	2206546116 MOUTREY M David 22/06/1954
G.P. & address	

Hospital:	QEUH	WEST	GRI	Stobhill	VIC
	RAH	VOL	IRH		
Unit No:			Sex:		
Consultant:					
Tel (Home):					
Tel (Work):					
Occupation:					
Skin type:	I II III IV V VI				

PUVA -

- UVEX Clear Spectacles: EN 166F ☐
- Patient's Spectacles - Coated: ☐
- Tinted Polaroid R Sunglasses: ☐
- Coating approved By physics ☐

Treatment requested

- Phototherapy (UVB): Narrowband TL-01 ☐
- Photochemotherapy (PUVA) 8-MOP ☐
- 5-MOP ☐
- Bath PUVA ☐
- Localised Topical ☐
- Systemic Retinoid ☐
- Weight in Kg ☐
- Height in m ☐

Site

- Whole Body ☐
- Photo-exposed sites only ☐
- Hands ☐
- Feet ☐
- Legs ☐
- Scalp ☐
- Other _____ ☐

Diagnosis

01 Psoriasis ☐	07 Pruritus ☐	13 Granuloma Annulare ☐
02 Palmar Plantar Pustulosis ☐	08 Chronic Urticaria ☐	14 Pityriasis Lichenoides Chronica ☐
03 Atopic Dermatitis ☐	09 Vitiligo ☐	15 Alopecia Areata ☐
04 Other Dermatitis ☐	10 Mycosis and Pre-mycosis Fungoides ☐	16 ☐
05 Nodular Prurigo ☐	11 Acne ☐	17 ☐
06 Polymorphic Light Eruption ☐	12 Lichen Planus ☐	18 ☐

General risks

		Yes	No
100	Pregnancy	☐	☐
101	<18 years of age	☐	☐
102	SLE	☐	☐
103	Severe renal or hepatic impairment	☐	☐
104	Known severe adverse reaction to psoralens	☐	☐
105	Concomitant - Cyclosporin Methotrexate - Azathioprine	☐	☐
106	Topical Tacrolimus	☐	☐
107	Previous Systemic Immunosupression	☐	☐

		Yes	No
200	Prior Puva/UVB therapy	☐	☐
201	Lived >1yr between 40's-N	☐	☐
202	Radiotherapy	☐	☐
203	Previous arsenic therapy	☐	☐
208	Other cytotoxic agents	☐	☐
209	Sunbed, (>50hrs/yr)	☐	☐
212	Personal history of skin cancer	☐	☐
213	Family history of skin cancer	☐	☐

2206546116 M
MOUTREY 22/06/1954
David

MED test assessment for UVB / MPD assessment for PUVA

Date:	MED / MPD = Date:	UVB
Nurse Sig:	Dr. Sig:	

Dose (Joules)									
Time (min, sec)									

MED/MPD = Start dose (J/cm²) = 8MOP/5MOP _____ mg UVA ☐

Missed Treatment referred			Check D.O.B.	Rx No		Increment		Dosimetry			17.14	Progress		
Yes	No	NA			Date	Lower	Standard	Dose (Jcm2)	Time	Nurse Signature	Cum. Dose	Improve	Static	Wor
	✓		✓	26	2/5/22	10%		1·44	2.56	JMFlvo /	18·58	+	-	
	✓		✓	27	30/5/22	10%		1·44	2.56	N Hone	20·02	+	=	
	✓		✓	28	1/6/22	10%		1·44	2.56	Chee	21·46	+	-	

Clinical outcome: Cleared ☑ Minimal residual activity ☐ Moderate clearance ☐

UVA

Nursing counselling checklist

Information	Yes	No	Avoidance of perfumes/toiletries	Yes	No
Method of administering treatment	Yes	No	Wearing of underpants (males)	Yes	No
Adverse effects	Yes	No	Need to wear goggles	Yes	No
Any new drugs - let nurse know	Yes	No	Visors if indicated	Yes	No
Avoiding of UV exposure (sun/sunbeds)	Yes	No	Jewellery - not to wear	Yes	No
Avoid haircut/alteration in hairstyle	Yes	No	Eye protection with spectacles (PUVA)	Yes	No
Consent	Yes	No	Nurses signature		

UVB ☐ **Hand & foot unit** ☐

+ Mild, ++ Moderate, +++ Severe

Problems				Safety					
Erythema		Itch	PLE	New Drugs	Sites Treated	Genital Protection	Goggles	Face Shield	Nursing notes/evaluation
Loc	Gen								
—	—	—	—	N/A	WB+F	Sock	Yes	No	dose repeated-mild erythema to shoulders now settled.
	-	-		NA	WB+F	sock	yes	NO.	repeated dose due to mild erythema
	—	—	—	NA	WB+F	JOCK	yes	NO	Dose held at pt requests. Treatment completed today.

Minimal improvement ☐ Worse ☐ No change ☐ Default ☐

Features on examination

300	Abnormal freckles	☐ Yes	☐ No	Site	
302	Solar Keratosis	☐ Yes	☐ No	Site	
303	Bowen's Disease	☐ Yes	☐ No	Site	
304	Basal cell carcinoma	☐ Yes	☐ No	Site	
305	Squamous cell carcinoma	☐ Yes	☐ No	Site	
306	Malignant Melanoma	☐ Yes	☐ No	Site	
307	Multiple/Atypical Naevi	☐ Yes	☐ No	Site	
308	Others	☐ Yes	☐ No	Site	

Medications

General health

Dizziness	☐ Yes	☐ No
Eye problems	☐ Yes	☐ No
Arthritis/difficulty standing for long periods	☐ Yes	☐ No
Severe respiratory disease	☐ Yes	☐ No
Severe cardiac disease	☐ Yes	☐ No
Epilepsy - poorly controlled/light induced	☐ Yes	☐ No

Consent for treatment

The treatment and possible side effects have been explained to me. **Yes / No***

I consent to a record of my treatment being stored in the secure PHOTONET Database (PhotoSys). This information will be used when planning my future treatment. The data is confidential and will be anonymised if used for audit and research purposes. **Yes / No***

I agree to undertake a course of Phototherapy. **Yes / No***

Consultant/Clinic: _____ Date: _____

Patient's signature: _____ Clinician's signature _____

***Please delete as appropriate, prior to signing.**

For completion by phototherapy unit

Starting date: _____ UVB = _____ J/cm² MPD = _____ MED = _____

End date: _____

Total dose: _____ PUVA = _____ J/cm²

No. of treatments: _____

Result:

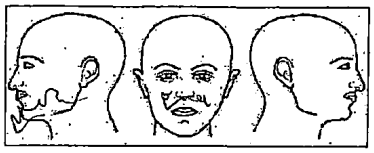
- ☐ Cleared
- ☐ Minimal residual activity
- ☐ Moderate clearance
- ☐ Minimal improvement
- ☐ Worse
- ☐ No change
- ☐ Default

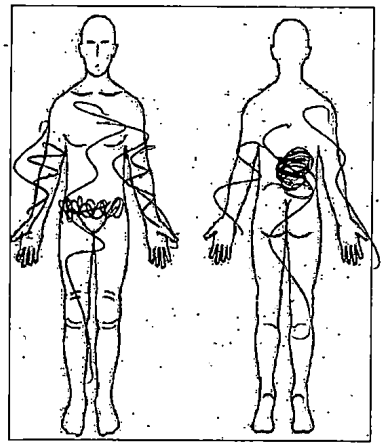
- ☐ Discharge to G.P.
- ☐ Review - referring clinic ☐ in ☐ months
- ☐ Open appointment given
- ☐ Standard letter

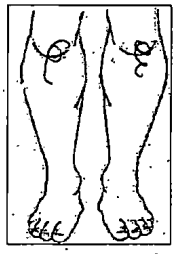
Adverse effects/severity _____

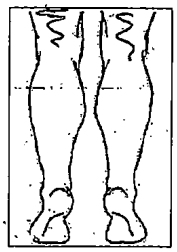
Painful erythema during course ☐ Yes ☐ No

Treatment on discharge _____

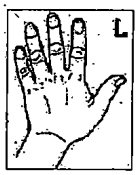


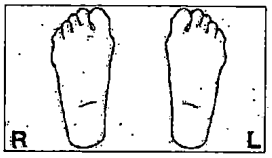


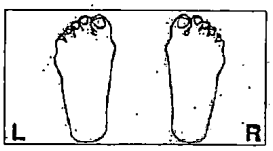




	None	Mild	Mod	Severe
Pruritus			✓	
Excoriation			✓	
Erythema		✓		
Scale			✓	
Induration				
Comments				







Phototherapy Patient Assessment

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

M
22/06/1954

Telephone No

NOK

Telephone No

G.P

Medical History

Apaxiban. GTN spray. Tamsulosin
Ramipril. omeprazol.
Atorvastatin

Systemic Medication (including Herbal and Over the counter)

Triple bypass. Alcohol excess.
T2DM Heart failure Angina. IHD.
Gout.

Topical Treatment Emollient. PRN.

Trunk - } E45.
Arms -
Legs -
Scalp -

Face -
Hands -
Feet -
Emollient -

Requires Assistance in cabinet – YES / NO

Allergies

NO.

Coldsores – YES / NO

Special Requirements

Summary Sheet

CHI NUMBER: 2206546116 **NAME:** DAVID MOUTREY

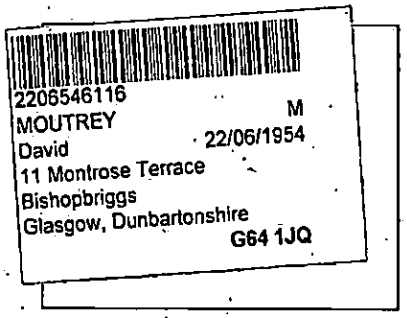
PHOTOTHERAPY (UVB)		**Total Treatments:**	28 (28 Whole Body, 0 Localised)
PHOTOCHEMOTHERAPY (PUVA)		**Total Treatments:**	0 (0 Whole Body, 0 Localised)
PHOTOTHERAPY (UVA1)		**Total Treatments:**	0 (0 Whole Body, 0 Localised)
SKIN TYPE:	2	**OCCUPATION:**	
CENTRE REFERRED TO:	Stobhill Hospital Greater Glasgow & Clyde		
DIAGNOSES:	Psoriasis		
GENERAL RISKS:			
SKIN CANCER RISK FACTORS:			

PHOTOTHERAPY (UVB)

	Location	Treatment Area + Freq		Start	Finish	TOTAL DOSE (J/cm²) Narrow Band TL/01	Face Shield	No. of trmts	Result/Adverse effects
1	Stobhill Hospital	WB	3x	21/03/2022	01/06/2022	21.46		28	Cleared

DATE LAST SEEN: 01/11/2021

NHS
Greater Glasgow and Clyde



The patient attended Dermatology Clinic at Stobhill

Hospital on 13/4/2022 and I would advise a change to drug therapy from

_____ to _____

or additional therapy of _____

_____

as detailed below. Full letter to follow.

Additional Comments: _____

_____

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
Hydromol ointment	500g	3x daily	

Yours Sincerely

Signature: Chee

Name (print) CHEE Grade: 5 Ext. No: 11276

White copy to - *G.P.* Pink copy - *File this copy in Case Records*

00545 GGC0004

Date: 26/11/24

Pa
2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Head and Neck Questionnaire (Please Circle as appropriate)

Age: ~~DOB~~ 67

Gender: Male/~~Female~~/~~Prefer not to~~ say

Do you smoke: ~~Yes~~/No

If yes how many per day: .....

Do you drink alcohol: Yes/~~No~~

If yes, how many units per week: 6

Have you lost any weight without trying: ~~Yes~~/No

Do you have a hoarse voice: (Yes)/~~No~~

Do you have noisy breathing: (Yes)/~~No~~

Do you have pain in your throat: ~~Yes~~/No

If yes: Is it persistent or intermittent? .....

Is it midline or on one side? .....

Do you have pain when you swallow? ~~Yes~~/No

Do you have any difficulty swallowing? ~~Yes~~/No

Do you have a new swelling in your mouth? ~~Yes~~/No

Do you have a new ulcer in your mouth? ~~Yes~~/No

Do you have any new ear pain? ~~Yes~~/No

Do you have any new lumps in your neck? ~~Yes~~/No

If yes: Is it persistent, getting smaller or does it fluctuate?

.....

Do you have any new skin lesions on the head or neck? ~~Yes~~/No

74 y.

Valve △ Persistent throat clearing

PPI → Wipes ↑↑ Stopped

3/12

nocturnal choking w/ ACEI

Angina

Aspiration

9/e LPR

↑↑

C/ Consecutive

Acute Services Division

All Directorates

Department of

Specialty:Dermatology

OutPatient Continuation Sheet eForm - Version 0.23

Hospital: Stobhill ACH

Patient Details		GP Details	
Name:	Moutrey, David	**Name:**	BOYCE, LINDA
Address:	11 MONTROSE TERR BISHOPBRIGGS Glasgow Lanarkshire	**Address:**	9 Springfield Road Bishopbriggs Glasgow
Postcode:	G64 1JQ	**Telephone:**	
Correspondence Address 1:			
Correspondence Address 2:			
Correspondence Postcode:			
Telephone:			
Patient Contact Number:		**Consent:**	Yes
CHI Number:	2206546116	**Sensitivity:**	Sensitive
CRN:	10475681H		
D.O.B:	22/06/1954		
Sex	Male		

Typed Notes

New referral for chronic plaque psoriasis.
Since age 6, grandfather had psoriasis.
Works full time as bulldozer driver.
›ys sunny holidays.
Using Betnovate alternating with dovonex. Capasal/ Alphosyl 2 in 1 as shampoo.
Epaderm cream as emollient, self purchases.
Plaques to trunk and arms, apron fold, scalp affected.
Given Philips Blue Light to try to targeted plaques.
Change to enstilar Foam OD for 8 weeks then twice weekly until review in 4 months.
Dermax shampoo to scalp.

Date:	03/09/2019	Seen By:	Sharon Murray	Designation:	Nurse

- End of Report -

NHS
Greater Glasgow and Clyde

Patient Label

2206546116
MOUTREY
David M
11 MONTROSE TERR 22/06/1954
BISHOPBRIGGS
Glasgow, Lanarkshire
G64 1JQ

The patient attended Dermatology Clinic at Stobhill

Hospital on 3/9/19 and I would advise a change to drug therapy from

_____ to _____

or additional therapy of _____

as detailed below. Full letter to follow.

Additional Comments: _____

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
Eglsia foam	O.D.	to affected areas	for 8/52 then twice weekly.
Dermax Shampoo	O.D.	to scalp.	

Yours Sincerely

Signature:

Name (print) [illegible] Grade: CN Ext. No: 1178

White copy to - *G.P.* Pink copy - *File this copy in Case Records*

00545

08.15

NHS Endoscopy Care Plan

Greater Glasgow and Clyde

2206546116
MOUTREY M
P David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Date: 13/2/25 **Consultant / Endoscopist:** P Miller

Patient liked to be known as: DAVID

Procedure

Gastroscopy	☑	E.R.C.P	☐	EBUS	☐
Colonoscopy	☐	E.U.S	☐	Enteroscopy	☐
Sigmoidoscopy	☐	Bronchoscopy	☐	Thoracoscopy	☐

Discharge Arrangements

Name of Escort /contact Laura	**Escort Required** Yes ☑ No ☐	**Overnight supervision arranged** Yes ☐ No ☐
Relationship PARTNER	**Escort to be contacted** Yes ☐ No ☐	**Overnight stay in ward** Yes ☐ No ☐
Contact tel no 07527645433		

Have you received Patient Information and understood it: Yes ☑ No ☐

Medical History and Pre Procedure check

Condition	Yes	No	Details
Diabetes		✓	Type 1 ☐ Type 2 ☐ pre diabetic (no meds)
Angina/ Ischaemic heart Disease	✓		
Hypertension	✓		BP intact on admission
Myocardial Infarction	✓		Date: June 2022
Artificial valves		✓	
Pacemaker		✓	
CABG	✓		2003.
Coronary artery stent	✓		x 3 2022.
Stroke/TIA	✓		NOV. 2023.
Asthma		✓	
COPD		✓	
Epilepsy		✓	
Liver disease		✓	
Arthritis		✓	
Orthopaedic implants		✓	Specify:
Glaucoma		✓	
Anaemia	✓		
Recent surgery		✓	
Previous endoscopy	✓		
CJD/VCJD risk		✓	
Other	✓		Atrial Flutter, colonoscopy 2025 15 Jan

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Presenting complaint	Yes	No	Detail other illness or complaint
Reflux			
Dysphagia			
Barretts			
Oesphageal/Gastric Varices			
Gastric ulcer			
Altered bowel habit			
PR bleeding			
Crohns disease			
Ulcerative colitis			
Surveillance colonoscopy			
Screening programme			
Other:			IDA

Mobility Assessment

Independent Yes ☑ No ☐ If No, complete all questions

Aids and/ or assistance required Yes ☐ No ☒ N/A

Walking stick ☑ Zimmer ☐ Wheelchair ☐ Other ☐ Specify .....

Sight impairment Yes ☐ No ☑ if yes specify .....

Communication Needs (answer only applicable question)

Hearing impairment Yes ☑ No ☐

Hearing aid Yes ☑ No ☐ right ear ☐ left ear ☐ both ears ☑

Sign Interpreter required Yes ☐ No ☑

Lip reads Yes ☐ No ☑

Interpreter Required Yes ☐ No ☑ Language .....

Interpreter present Yes ☐ No ☑

Relative / friend present Yes ☐ No ☑

The use of relatives and friends as interpreters is discouraged unless it is the patient's choice to use them.

Learning Disability Yes ☐ No ☑ Carer present Yes ☐ No ☑

Dementia Yes ☐ No ☑ Incapacity form completed Yes ☐ No ☐

Current Medication (list below and tick those taken today)

Former Furosemide

Stexerol		Bisoprolol		Ramipril	
Lansoprazole		Tamsulosin		Finasteride	
Clopidogrel		Isosorbide		Cetirizine	
Allopurinol		Apixaban		Glyceryl Trinitrate	
Atorvastatin		Lercanidipine		Calcipotriol	

ACITRETIN

ANTICOAGULANT THERAPY Yes ☐ No ☐ If yes current medication Clopidogrel / Apixaban.

When was this medication last taken Specify Stopped Apixaban this morning.

INR Result ..... (see notes) *

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22/06/1954

180/80

Admission Observations

BP 197 82 Pulse 58 Oxygen Saturation 95 %

BM (if applicable) ..... Respirations (if applicable) .....

Fasted since Food - 7pm 12.2.25.
Fluids - 12.2.25

Bowel Prep	Klean Prep	Moviprep	Picolax	Enema / home	Enema / dept	Other
No of sachets						
Result- Good / Poor						

Patient Requests

Throat Spray ☑ IV Sedation ☐ No Sedation ☐ Not Applicable ☐

IV Cannulation

R Hand	L Hand	R Arm	L Arm	Other	Time	Inserted by (please print)

Dentures removed (if applicable) Yes ☑ No ☐

Crowns Yes ☐ No ☑ upper ☐ lower ☐ front ☐ back ☐ R side ☐ L side ☐

Bridgework Yes ☐ No ☑ upper ☐ lower ☐ front ☐ back ☐ R side ☐ L side ☐

Identiband details checked Yes ☑ No ☐

Consent form signed Yes ☑ No ☐

Consent form countersigned Yes ☑ No ☐

Underwear removed (if applicable) Yes ☐ No ☑

Jewellery removed Yes ☐ No ☑

ALLERGIES Yes ☑ if yes detail below No ☐

Details Statin (not tolerated) Bela Blaters (not tolerated)

Name of Admission Nurse (Print) S. Jacob pre-admitted D. Sian

Signature of Admission Nurse Sm. D. Sian

Patient's Declaration

I have read and understood the warnings regarding the after effects of sedation.

Patient's signature D IA

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Intra Procedure

Endoscopist (print) ..... Miller / McDonald .....

Endoscopy Room Nurses (print) ..... Jacob / Ferguson .....

Surgical Pause carried out Yes ☐ No ☐

Medication Administered Pre, Intra and Post Procedure

Drug	Yes	No	Time	Dose	Route	Given/Sign/Dr/Nurse
Xylocaine spray	✓		0850	2 puffs 1 each	PO	SF
Midazolam				mg	IV	
Midazolam				mg		
Midazolam				mg		
Pethidine				mg		
Pethidine				mg		
Pethidine				mg		
Fentanyl				mcg		
Fentanyl				mcg		
Fentanyl				mcg		
Buscopan				mg		
Buscopan				mg		
Buscopan				mg		
Antibiotics						
				mg		
				mg		
				mg		
Reversal Agents						
				mg		
				mg		
Local anaesthetic						
				mg		
				mg		
Other						
Botox				mg		

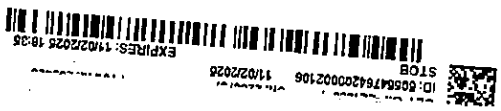
Prescribed by .....

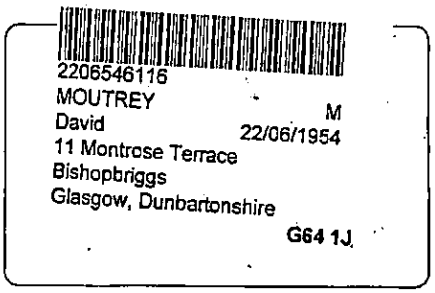
Endoscopist Signature .....

Start Time 0851 ..... Finish Time 0855 .....

Patient position Left Lateral ☐ ✓ Supine ☐ Prone ☐ All ☐

Oxygen therapy Yes ☐ No ☐ ✓ nasal sponge ☐ cannula ☐ mask ☐ rate .....





Observations during procedure

Time						
Pulse						
SpO2						
BP						
Resps						

Procedure (please tick all relevant)

Gastroscopy	✓	Biopsy	✓	Varices		Adrenaline	
Colonoscopy		Hot Biopsy		Gastric Ulcer		Spot Dye	
Sigmoidoscopy		Snare Polypectomy		Duodenal Ulcer		Indigo Carmine	
E.R.C.P.		Balloon dilatation		Oesophagus		Gelofusine	
E.U.S		Injection		Duodenum		Normal Saline	
Bronchoscopy		Laser		Biliary		Haemospray	
E.B.U.S		Heater Probe		Pancreatic			
Thoracoscopy		Endo clip		Haemorrhoids			
Enteroscopy		Insertion of Stent		Rectum			
		EMR		Sigmoid			
		PEG		Descending			
		Needle Aspiration		Splenic flexure			
		Brushings		Transverse			
		Washings		Hepatic flexure			
		Banding		Ascending			
		Insert of NJ tube		Caecum			
		Gastric Pacing Wire		Terminal Ileum			

Other (J) TI BA

Sedation score	Tick	Comfort Score	Tick
Asleep		None, resting comfortably	
Drowsy		One or two episodes of mild discomfort, well tolerated	✓
Awake	✓	More than two episodes of discomfort, adequately tolerated.	
		Significant discomfort experienced several times	
		Extreme discomfort frequently during procedure	

Comments

Specimens Yes ☑ No ☐

Pathology ☑ No of pots X1 H pylori test ☐ bacteriology ☐ cytology ☐ mytology ☐

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Diathermy Yes ☐ No ☑ Type mono ☐ Argon ☐

Site of diathermy pad leg ☐ back ☐ R side ☐ L side ☐ Upper ☐ Lower ☐

Other .....

Condition of skin post diathermy normal ☐ other ☐ comment below

.....

Recovery Room Instructions (if applicable)

Oxygen 4 litres per minute if SpO2 drops below 95% ☐

Oxygen 4 litres per minute until fully awake ☐

Oxygen .....per minute via.....until ..... ☐

Normal Diet ☑ Fluids only ☐ Soft Diet ☐ Nil orally till further medical instructions ☐

To be seen by endoscopist before discharge ☐

Further Instructions ..... MBM - 0920 .....

.....

Endoscopy Room Nurse Signature .....

Recovery care

Post endoscopy observations

Time										
Blood pressure										
Pulse										
O2 Saturation										
Respiratory Rate										
Sedation score										
Pain score										
Oxygen										
IV Cannula										
BM										
Nurse initials										

Pain score 0 = no pain, 1 = minimal, 2 = mild, 3 = moderate, 4 = severe

Sedation score A - Asleep 0 - Alert 1 - Responds to verbal command

2 - Responds to painful stimuli 3 - Unresponsive

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Nurses notes

12/2/25 @ 09:50: As per the clinical notes patient has been advised to continue clopidogrel and Omit Apixaban on the morning of the procedure as per anti-coagulant guidelines as Pt having diagnostic procedure.

13/2/25 (90 am) Patient arrived into recovery post procedure

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Discharge Criteria	Yes	No
Stable vital signs	☑	☐
Alert and Orientated	☑	☐
Pain score is 2 or below	☑	☐
Diet and fluids taken NBM since 9.20 am	☐	☐
IV Cannula removed	☑ N/A	☐
Received written instructions regarding sedation	☑ N/A	☐
Received verbal and written aftercare instructions	☑	☐
Patient Advice Leaflet given (if applicable)	☑	☐

Received Endoscopy Report/ Patient letter Yes ☑ No ☐

If no

Verbal report by endoscopist ☐

Follow up appointment indicated on report Yes ☐ No ☑

Follow up appointment (if given in department) .....time .....

Comments Awaiting pathology results.

.....

.....

I confirm patient is satisfactory for discharge

Print Name CAROL Burns Signature .....

Discharged at 9.25 am to care of Self

Irregular discharge Reason .....

.....

Patients' Signature ..... Nurses Signature .....

Consent Form

Patient agreement to endoscopic investigation or treatment

2206546116
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G64 1J

Name of Procedure

Gastroscopy: Endoscopy: Oesophago-gastro-duodenoscopy

Inspection of the upper gastrointestinal tract with a flexible endoscope (with or without biopsy and photography)

Biopsy specimens will be retained.

Statement of Patient

You have the right to change your mind at any time, including after you have signed this form.

I have read and understood the information in this booklet including the benefits and any risks.

I agree to the procedure described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however have appropriate experience.

Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.

I understand that any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.

I would like to have: **local anaesthetic throat spray** ☑
or sedation ☐ (Please tick box)

Have you ever been notified that you are at an increased risk of CJD or VCJD for public health purposes?

☐ Yes ☑ No

Consent Signature Please Use Black Ink

Signed: [signature] **Date:** 13/2/2025

Name (print in capitals): DAVID MOUTREY

Please sign here if you refuse to consent to the emergency administration of blood or blood products.

Signed: _____ **Date:** _____

Staff Only

Confirmation of consent (to be completed by a health care professional when the patient is admitted for the procedure)

I have confirmed that the patient understands what the procedure involves including any risks.

I have confirmed that the patient has no further questions and wishes the procedure to go ahead.

Signed: [signature] **Date:** 17/2/25

Name (print in capitals): D. SMITH

Job Title: STAFF NURSE

1-30.

NHS Endoscopy Care Plan

Greater Glasgow and Clyde

2206546116
MOUTREY M
David 22/06/1954
P: 11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Date: 16/1/25 **Consultant / Endoscopist:** McCANN

Patient liked to be known as: DAVID

Procedure

Gastroscopy	☐	E.R.C.P	☐	EBUS	☐
Colonoscopy	☑	E.U.S	☐	Enteroscopy	☐
Sigmoidoscopy	☐	Bronchoscopy	☐	Thoracoscopy	☐

Discharge Arrangements

Name of Escort /contact	Escort Required	Overnight supervision arranged
LAURA	Yes ☑ No ☐	Yes ☑ No ☐
Relationship (PARTNER)	**Escort to be contacted**	**Overnight stay in ward**
Contact tel no 07527645433	Yes ☑ No ☐ Contacted ✓	Yes ☐ No ☑

Have you received Patient Information and understood it: Yes ☑ No ☐

Medical History and Pre Procedure check

Condition	Yes	No	Details
Diabetes	✓	✓	Type 1 ☐ Type 2 ☒ PRE DIABETIC
Angina/ Ischaemic heart Disease	✓		
Hypertension	✓		
Myocardial Infarction	✓		Date: JUNE 2022
Artificial valves		✓	
Pacemaker		✓	
CABG	✓		2003
Coronary artery stent	✓		x3 2022
Stroke/TIA	✓		NOV23
Asthma		✓	
COPD		✓	
Epilepsy		✓	
Liver disease		✓	
Arthritis		✓	
Orthopaedic implants		✓	Specify:
Glaucoma		✓	
Anaemia	✓		
Recent surgery		✓	
Previous endoscopy	✓		OGD 4YRS AGO
CJD/VCJD risk		✓	
Other	✓		ATRIAL FLUTTER

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G64 1JQ

Presenting complaint	Yes	No	Detail other illness or complaint
Reflux			
Dysphagia			
Barretts			
Oesphageal/Gastric Varices			
Gastric ulcer			
Altered bowel habit			
PR bleeding			
Crohns disease			
Ulcerative colitis			
Surveillance colonoscopy			
Screening programme			
Other:	✓		10A gRT 135

Mobility Assessment

Independent Yes ☑ No ☐ If No, complete all questions

Aids and/ or assistance required Yes ☐ No ☒

Walking stick ☑ Zimmer ☐ Wheelchair ☐ Other ☐ Specify .....

Sight impairment Yes ☐ No ☑ if yes specify .....

Communication Needs (answer only applicable question)

Hearing impairment Yes ☑ No ☐

Hearing aid Yes ☑ No ☐ right ear ☐ left ear ☐ both ears ☑

Sign Interpreter required Yes ☐ No ☑

Lip reads Yes ☐ No ☑

Interpreter Required Yes ☐ No ☑ Language .....

Interpreter present Yes ☐ No ☑

Relative / friend present Yes ☐ No ☑

The use of relatives and friends as interpreters is discouraged unless it is the patient's choice to use them.

Learning Disability Yes ☐ No ☑ Carer present Yes ☐ No ☑

Dementia Yes ☐ No ☑ Incapacity form completed Yes ☐ No ☐

Current Medication (list below and tick those taken today)

LANSOPRAZOLE		LERCANIDIPINE		ISOSORBIDE MONONITRATE	
STEXEROL D3		RAMIPRIL			
FERROUS FUMARATE (STOPPED IVM).		BISOPROLOL			
TAMSULOSIN		ATORVASTATIN			
FINASTERIDE		ALLOPURINOL.			

ANTICOAGULANT THERAPY Yes ☑ No ☐ If yes current medication CLOPIDOGREL / APIXABAN

When was this medication last taken Specify CLOPIDOGREL - 1 WK / SUN NIGHT

INR Result .....

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Admission Observations

BP 165/94 Pulse 85 Oxygen Saturation 95%

BM (if applicable) ..... Respirations (if applicable) .....

Fasted since TUES 0830 ½ BOWL CORNFLAKES

Bowel Prep	Klean Prep	Moviprep	Picolax	Enema / home	Enema / dept	Other
No of sachets						X 2 PLENVU
Result- (Good) Poor						RUNNING CLEAR.

Patient Requests

Throat Spray ☐ IV Sedation ☑ No Sedation ☐ Not Applicable ☐

IV Cannulation

R Hand	L Hand	R Arm	L Arm	Other	Time	Inserted by (please print)
		BLUE (FLUSHED)			1418	SLAMBERT

Dentures removed (if applicable) Yes ☐ No ☑ FULL TOP PLATE

Crowns Yes ☐ No ☑ upper ☐ lower ☐ front ☐ back ☐ R side ☐ L side ☐

Bridgework Yes ☐ No ☑ upper ☐ lower ☐ front ☐ back ☐ R side ☐ L side ☐

Identiband details checked Yes ☑ No ☐

Consent form signed Yes ☑ No ☐

Consent form countersigned Yes ☑ No ☐

Underwear removed (if applicable) Yes ☑ No ☐

Jewellery removed Yes ☑ No ☐

ALLERGIES Yes ☐ if yes detail below No ☑

Details ..... NKOA .....

Name of Admission Nurse (Print) ..SUSANNE LAMBERT.....

Signature of Admission Nurse ..... SLambert .....

Patient's Declaration

I have read and understood the warnings regarding the after effects of sedation.

Patient's signature .....

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M
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Patie 11 Montrose Terrace
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Intra Procedure

Endoscopist (print) ..... SR Mc Cann .....

Endoscopy Room Nurses (print) ..... Bagh / Ferguson .....

Surgical Pause carried out Yes ☑ No ☐

Medication Administered Pre, Intra and Post Procedure

Drug	Yes	No	Time	Dose	Route	Given/Sign/Dr/Nurse
Xylocaine spray						
Midazolam				mg	IV	MHO
Midazolam	✓		1538	1.5 mg		
Midazolam				mg		
Pethidine				mg		
Pethidine				mg		
Pethidine				mg		
Fentanyl	✓		1538	25 mcg	IV	MHO
Fentanyl				mcg		
Fentanyl				mcg		
Buscopan				mg		
Buscopan				mg		
Buscopan				mg		
Antibiotics						
				mg		
				mg		
				mg		
Reversal Agents						
				mg		
				mg		
Local anaesthetic						
				mg		
				mg		
Other						
Botox				mg		

Prescribed by .....

Endoscopist Signature ..... MHO .....

Start Time ..... 1540 ..... Finish Time ..... 1600 .....

Patient position Left Lateral ☑ Supine ☑ Prone ☐ All ☐ (2) Lateral ✓

Oxygen therapy Yes ☑ No ☐ nasal sponge ☐ cannula ☑ mask ☐ rate ..2L.....

ID: 6055476420000153O 14/01/2025
STOB
EXPIRES: 14/01/2025 19:08

2206546116 M
MOUTREY 22/06/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire G64 1JQ

Observations during procedure

Time	1539	1555				
Pulse	81	86/84				
SpO2	98% 2l	94-2%				
BP						
Resps	Reg	Reg-15				

Procedure (please tick all relevant)

Gastroscopy		Biopsy		Varices		Adrenaline	
Colonoscopy	✓	Hot Biopsy		Gastric Ulcer		Spot Dye	
Sigmoidoscopy		Snare Polypectomy		Duodenal Ulcer		Indigo Carmine	
E.R.C.P.		Balloon dilatation		Oesophagus		Gelofusine	
E.U.S		Injection		Duodenum		Normal Saline	
Bronchoscopy		Laser		Biliary		Haemospray	
E.B.U.S		Heater Probe		Pancreatic			
Thoracoscopy		Endo clip		Haemorrhoids			
Enteroscopy		Insertion of Stent		Rectum			
		EMR		Sigmoid			
		PEG		Descending			
		Needle Aspiration		Splenic flexure			
		Brushings		Transverse			
		Washings		Hepatic flexure			
		Banding		Ascending			
		Insert of NJ tube		Caecum			
		Gastric Pacing Wire		Terminal Ileum			

Other .....

Sedation score	Tick	Comfort Score	Tick
Asleep		None, resting comfortably	✓
Drowsy		One or two episodes of mild discomfort, well tolerated	
Awake	✓	More than two episodes of discomfort, adequately tolerated.	
		Significant discomfort experienced several times	
		Extreme discomfort frequently during procedure	

Comments Well Tolerated

Specimens Yes ☐ No ☐

Pathology ☐ No of pots ..... H pylori test ☐ bacteriology ☐ cytology ☐ mytology ☐

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Diathermy Yes ☐ No ☐ Type mono ☐ Argon ☐

Site of diathermy pad leg ☐ back ☐ R side ☐ L side ☐ Upper ☐ Lower ☐

Other ....

Condition of skin post diathermy normal ☐ other ☐ comment below

....

Recovery Room Instructions (if applicable)

Oxygen 4 litres per minute if SpO2 drops below 95% ☐

Oxygen 4 litres per minute until fully awake ☐

Oxygen .... per minute via .... until .... ☐

Normal Diet ☑ Fluids only ☐ Soft Diet ☐ Nil orally till further medical instructions ☐

To be seen by endoscopist before discharge ☐

Further Instructions [illegible handwriting]

Endoscopy Room Nurse Signature [signature]

Recovery care

Post endoscopy observations

Time	16^05	16^25								
Blood pressure	161/	166 147/75								
Pulse	75	76								
O2 Saturation	95%	96%								
Respiratory Rate	16	15								
Sedation score	0	0								
Pain score	0	0								
Oxygen	Air	Air								
IV Cannula	[illegible]	[illegible]								
BM	—	—								
Nurse initials	[initials]	[initials]								

Pain score 0 = no pain, 1 = minimal, 2 = mild, 3 = moderate, 4 = severe

Sedation score A - Asleep 0 - Alert 1 - Responds to verbal command

2 - Responds to painful stimuli 3 - Unresponsive

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Nurses notes

15/01/23 Pt states was told by person that booked his appointment, he was to stop apixaban 2 3 days prior to test and clopidogrel and ramipril 1 wk prior to test. Pt was unsure, thought he stopped clopidogrel on Monday but after much discussion he is sure he stopped it 1 wk ago at the same time as iron tablets. Slow.

15/1/23 (16:00) Patient arrived into recovery post procedure (CB)

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22/06/1954

Discharge Criteria	Yes	No
Stable vital signs	☑	☐
Alert and Orientated	☑	☐
Pain score is 2 or below	☑	☐
Diet and fluids taken	☐	☑
IV Cannula removed	☑	☐
Received written instructions regarding sedation	☑	☐
Received verbal and written aftercare instructions	☑	☐
Patient Advice Leaflet given (if applicable)	☑	☐

Received Endoscopy Report/ Patient letter Yes ☑ No ☐

If no

Verbal report by endoscopist ☐

Follow up appointment indicated on report Yes ☑ No ☐

Follow up appointment (if given in department) .....time .....

Comments..... Diagnosis - Haemorrhoids

..... For endoscopy to be arranged

.....

I confirm patient is satisfactory for discharge

Print Name ..... Signature .....

Discharged at 16:50 to care of ..... Patient discharged with relative

Irregular discharge Reason .....

.....

Patients' Signature ..... Nurses Signature .....

Next Steps after your Endoscopy Procedure

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

NHS
Greater Glasgow and Clyde

Thank you for attending for your endoscopy procedure on: 15/1/25

The clinician who performed your endoscopy was: McGann

You should have received a copy of your endoscopy report to take away with you which contains important information about your procedure. Please speak to a member of the nursing team if you do not have a copy of this.

Your clinician will have explained the next steps after your endoscopy procedure. It is important that you remember the following points if they are applicable to your care.

Next steps in your care	Applicable to you	
	Yes	No
You had biopsies taken or polyps removed during your procedure and you should receive the results in 12 weeks. **If you have not heard about your results after 12 weeks please call: 0141 201 3682**		✓
You need to attend for a repeat procedure in _____ **If you have not had an appointment 2 weeks before this date please call: 0141 201 3682**	For endoscopy to be arranged ✓	
No biopsies taken – follow up to be determined by the clinician who requested your endoscopy		
You do not need any follow up and will be discharged to the care of your GP.		

For staff:

Completed by: CS.

Designation: Nurse

Date: 15/1/25

Consent Form

2206546116 M
MOUTREY 22/06/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire G64 1J

Patient agreement to colonoscopy investigation

Test: Colonoscopy

Inspection of the lower gastrointestinal tract with *a flexible* endoscope (with or without biopsy and photography) Specimens will be retained.

You have the right to change your mind at any time, including after you have signed this form.

Patient statement

I have read and understood the information in this booklet including the benefits and any risks.

I agree to the test described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular person will perform the test.

I understand that any test in addition to that named on this form will only be carried out:

if it is necessary;

- is reasonable in the circumstances,
- in relation to the medical treatment proposed,
- and to safeguard or promote physical or mental health.

Have you ever been notified that you are at an increased risk of CJD/VCJD for public health purposes? ☐ Yes ☑ No

Consent signature

Signed: David Moutrey Date: 15-1-25

Name: (print in capitals) DAVID MOUTREY

Please sign here if you refuse to consent to the emergency administration of blood or blood products.

Signature: ..... Date: .....

(For staff only)

Confirmation of consent (to be completed by a health care professional when the patient is admitted for the test)

I have confirmed that the patient understands what the test involves including any risks.

I have confirmed that the patient has no further questions and wishes the test to go ahead.

Signed: ..... Date: 15/01/25

Name: (print in capitals) SUSANNE LAWSON

Job title: STAFF NURSE

What happens after a Polyp is removed?

Often when large or multiple polyps are removed, the Endoscopist will advise a repeat procedure after a certain timescale to make sure the polyp has not re-grown and that new polyps have not developed. We will write to you about this after your colonoscopy.

After the Colonoscopy

You will be able to rest after the colonoscopy. We will offer you a drink and something to eat. You may feel a little bloated after the procedure as some of the air may remain in your bowel. This may cause some discomfort but will quickly pass

Before you leave the department, a nurse or doctor will discuss results. You will receive a report of your test and we will tell you if you need any medication or further appointments.

Remember, if you had sedation:

- You may not remember the results. If you agree, we will tell your family or friend your results, so that they can remind you.
- You may feel fully alert after your test but as the drug stays in your body for up to 24 hours. You can feel drowsy with lapses of memory. It is important not to drive or drink alcohol during this time.
- You will need to arrange for someone aged 18 years or over to stay with you, or arrange to stay with your family or a friend overnight.

Gastroscopy report

Performed	13-Feb-2025 08:45	Received	13-Feb-2025 08:57
Reported	13-Feb-2025 08:57	Order Number	UNI360976-2206546116
Status	Final	Source System	MasterLab

UGI G1 Final

NHS Greater Glasgow and Clyde
GASTROSCOPY REPORT

Name:	**David MOUTREY (M)**	Address:	**11 Montrose Terrace**
Date of birth:	**22/06/1954**		**Bishopbriggs**
NHS No:	**2206546116**		**Glasgow**
Case Note No:	**2206546116**		**Dunbartonshire**
			G64 1JQ
GP:	**BOYCE, LINDA**	Procedure date:	**13th February 2025 (08:4!**
	Springfield Medical Practice	**Attachments:**	**Elective**
	9 Springfield Road	Antrum_1	**Outpatient/NHS**
	Bishopbriggs	Upper body_1	**STO ACH**
	Glasgow	Lower oesophagus_1	**Ward - Not specified**
	G64 1PJ		**GP (Direct Access)**
		Priority:	
		Status:	
		Hospital:	
		Ward:	
		Referring Cons:	

Indications
Mild anaemia.

Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2.
The whole upper gastro-intestinal tract was normal.

Site d: Second part
Specimens: 4x biopsy.

Advice/Comments
Normal Upper GI tract - no cause seen to explain mild anaemia.
D2 biopsies taken to exclude coeliac disease which I expect to return as normal.

Follow up
Awaiting pathology results. No further follow up.

C/N Paul Miller
Nurse Endoscopist

Consultant/Endo
List consultant: C/N I
Endoscopist No1: C/N I
Endoscopist No2: Charge Nurse Kerr M

Inst
SC

Premed
Xylocaine (Spra

Immediate Discharge and Medicine Prescription Form - Confidential

Hospital Name: Stobhill

Telephone: (Please complete above)

Ref. No: 504651

NHS Greater Glasgow and Clyde

Name of GP

Surgery/Health Centre

Fix ID label to all 4 copies

Patient: David Mowtrey

Address: 11 Montrose Terrace

Post Code G64 1JQ

DOB: 22/06/54 Unit no:

Weight CHI no: 2206546116

Ward: Derm Tel:

Consultant: Dr Harkins

Named Nurse:

Specialty:

Admission date: / /

Mode of admission: Elective ☐ Emergency ☐ Transfer ☐

Source of Admission

Discharge date: / /

NURSE TO COMPLETE

Out Patient appointment date

Diagnosis informed (circle) Patient Relative

Circle support services set up:

District Nurse Home Help Health Visitor

Oncology referral Hospice: day care OR home care

Discharge address if not home:

WARD USE ONLY

Medication Rec. on Ward by:

Checked against kardex:

Issued by: Date:

Signature of Recipient:

All known drug sensitivities / adverse reactions:

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications
PSORIASIS		

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
		ACITRETIN	ORAL	20mg	✓						1/12.

Medicines Discontinued	Reason if known e.g. side effect	Other Information

PHARMACY USE ONLY

Clinical Pharmacy Check ☐ Professional Check ☐

Quantity supplied	Dispensing Details

Dispensed by: Date: / /

Checked by:

Non-childproof containers required: Yes ☐ No ☐

Medicine compliance aids required: Yes ☐ No ☐

Specify:

Medication Collected by:

Prescribers name: EMCCABE Signature: Date 13/2/25

Designation: NIP 2789 Pager number:

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; Yellow copy - Patient **You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed** Cat No. 231370

Preliminary

NHS Greater Glasgow and Clyde

Echocardiography Report

Department of Cardiology
Stobhill Hospital
Balornock Road
Glasgow

Name: MOUTREY, DAVID	**Study Date:** 17/06/2021 17:26	
MRN: 2206546116		
DOB: 22/06/1954 (dd/MM/yyyy)	**Gender:** Male	**Height:** 173 cm
Age: 66 yrs		**Weight:** 102 kg
Reason For Study: Prev CABG..New intermittent CP/SOB and SOA ? HF		

Interpretation Summary

SR

Normal LV dimensions with normal systolic function.Estimated EF =58% by Simpsons biplane .Normal wall motion.E/A reversal.
Normal RV dimensions with normal systolic function.
Mildly dilated LA by dimension.
Normal RA.
AV tricuspid.Opens well with no stenosis or regurgitation.
MV normal.Trivial MR.
TV normal.Trivial TR.Estimated PASP = 10mmHg + RAP.
PV normal.Trivial PI.
No subcostal views.

CONCLUSION:Normal LV and RV systolic function.
Mildly dilated LA.
No significant valve disease

Eunice Kennedy[Chief Cardiac Physiologist]

MMode/2D Measurements & Calculations

IVSd: 1.2 cm	**LVIDd:** 4.9 cm	**EF Biplane%:** 58.0 %	**Ao root diam:** 3.7 cm
	LVIDs: 3.4 cm		**LA dimension:** 4.1 cm
	LVPWd: 1.1 cm		
LA/Ao: 1.1	**LVLd ap4:** 8.1 cm	**ESV(MOD-sp2):** 39.0 ml	**LVDd ind:** 2.3 cm
	EDV(MOD-sp4): 97.0 ml		
	LVLs ap4: 6.0 cm		
	ESV(MOD-sp4): 43.0 ml		
	EF(MOD-sp4): 55.7 %		

LVIDd index: 2.3 ml/m^2

Doppler Measurements & Calculations

MV E max vel: 51.3 cm/sec	**MV P1/2t:** 61.2 msec	**Ao V2 max:** 123.8 cm/sec	**LVOT V1 max PG:** 2.1 mmHg
MV A max vel: 78.5 cm/sec	**MVA(P1/2t):** 3.6 cm^2	**Ao max PG:** 6.1 mmHg	**LVOT V1 max:** 72.4 cm/sec
MV E/A: 0.65	**MV dec slope:** 248.0 cm/sec^2		**LVOT V1 VTI:** 15.4 cm
	MV dec time: 0.23 sec		
PV V2 max: 68.4 cm/sec	**TR max vel:** 159.6 cm/sec	**Med Peak E' Vel:** 5.8 cm/sec	**Lat Peak E' Vel:** 7.6 cm/sec
PV max PG: 1.9 mmHg	**TR max PG:** 10.0 mmHg	**Med Peak S Vel:** 7.2 cm/sec	**Lat Peak S Vel:** 11.6 cm/sec

MV E/e' ave: 7.7

Reading Physician: _____

17/06/2021 16:10

Referring Physician: DAVID COLVILLE

Performed By: EUNICE KENNEDY

Preliminary

NHS Greater Glasgow and Clyde

Echocardiography Report

Department of Cardiology
Stobhill Hospital
Balornock Road
Glasgow

Name: MOUTREY, DAVID	**Study Date:** 17/06/2021 17:26	
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MV E/e' ave: 7.7			

Reading Physician: _____

17/06/2021 16:10

Referring Physician: DAVID COLVILLE
Performed By: EUNICE KENNEDY

XR Chest

Performed	08-Mar-2024 09:04	Received	08-Mar-2024 15:38
Reported	08-Mar-2024 15:36	Order Number	G207H40706129
Status	Final	Source System	MiSys

XR Chest Final
David Moutrey
Clinical History :

chronic cough. ex smoker. ?lung pathology

XR Chest :
Normal cardiac and mediastinal contour . The lungs are clear.

Reported by: Dr Gregory O'Neill
Verified by: Dr Gregory O'Neill

MRI Pelvis prostate

Performed	03-Oct-2022 07:47	Received	04-Oct-2022 17:20
Reported	04-Oct-2022 17:18	Order Number	G207H38768090
Status	Final	Source System	MiSys

MRI Pelvis prostate Final
David Moutrey
Clinical History :

Enlarged prostate with asymetrical firm right lobe. Normal PSA 1.3. Significant LUTS. ? Prostate cancer

MRI Pelvis prostate :
53 ml gland. PSA density therefore 0.02.

No focal abnormality seen within the prostate to suggest significant malignancy. PI-RADS 2.
Seminal vesicles are normal.
No pelvic lymphadenopathy demonstrated.

Conclusion: No focal abnormality seen within the prostate to suggest significant malignancy.

Reported by: Dr John Morrison
Verified by: Dr John Morrison

XR Pelvis

Performed	15-Jun-2018 08:48	Received	28-Jun-2018 12:19
Reported	28-Jun-2018 12:17	Order Number	G207H33971005
Status	Final	Source System	MiSys

XR Pelvis Final
David Moutrey
Clinical History :
Pain in hips, suspected pathology.

XR Pelvis :
There is some slight loss of joint space within the left hip joint with bilateral osteophyte formation and subchondral sclerosis. The changes are consistent with bilateral osteoarthritis.

Reported by: Dr John Shand
Verified by: Dr John Shand

XR Chest

Performed	21-Mar-2014 10:42	Received	27-Mar-2014 10:41
Reported	27-Mar-2014 10:39	Order Number	G207H28900579
Status	Final	Source System	MiSys

XR Chest Final
David Moutrey
Clinical History :
Interval chest x-ray. Prominent costochondral junction. Ex-smoker of 1 year.

XR Chest :
Sternal wires noted. The cardiothoracic ratio is 137/331. The heart is not enlarged. The appearances at the first costal chondral junction bilaterally are unchanged and felt related to the costochondral articulation rather than pulmonary pathology. The lungs are also otherwise unchanged from previously.

Reported by: Dr Fiona Bryden
Verified by: Dr Fiona Bryden

US Abdomen

Performed	22-Jan-2014 10:27	Received	23-Jan-2014 09:19
Reported	23-Jan-2014 09:17	Order Number	G207H28691188
Status	Final	Source System	MiSys

US Abdomen Final
David Moutrey
Clinical History : Deranged LFTs.

US Abdomen : The liver is generally increased in echogenicity throughout and the impression is of diffuse change possibly fat infiltration. There is no focal lesion identified and no intrahepatic biliary dilatation. There is a small cholesterol deposit in the gallbladder lumen but no gallstones or wall thickening is seen. Normal common duct calibre. The pancreas is obscured by gas. Portal flow is antegrade and the spleen size normal.
The kidneys bilaterally demonstrate mild generalised cortical thinning and irregularity of contour but no focal mass, cyst or calculus is seen and there is no hydronephrosis. Both kidneys measure in excess of 11 cms. The aorta is of normal calibre.

Reported by: Elliot Craig (Sonographer)
Verified by: Elliot Craig (Sonographer)

XR Chest

Performed	14-Jan-2014 11:31	Received	20-Jan-2014 13:33
Reported	20-Jan-2014 13:31	Order Number	G207H28684654
Status	Final	Source System	MiSys

XR Chest Final
David Moutrey
Clinical History :
Cough for 1 year. Cause? Ex-smoker 1-year.

XR Chest :
There are no previous x-rays for comparison. Median sternotomy sutures noted. Cardiac size is within normal limits. Normal mediastinal contour. The anterior aspects of both right and left first ribs are conspicuous and appearances are felt to represent a prominent costochondral junction on each side. However, in view of the clinical details it would be prudent to perform follow-up chest x-ray in approximately 8-week to absolutely exclude a possible lesion at the site of the left costochondral junction. There is a generalised increase in lung markings which probably reflects a smoking history but otherwise lungs are clear.

Reported by: Dr Rhona Stevens
Verified by: Dr Rhona Stevens