

Clyde SAR Team
Level E
Inverclyde Royal Hospital
Larkfield Road
Greenock
PA16 0XN

PRIVATE

**MMA LEGAL
43-59 PRINCES STREET
STOCKPORT
SK1 1RY**

Date: 27.04.2026

Your Ref: 100010

Our Ref: SART / JM / LM / 0710653050

Enquiries to: Lynne McEldowney

Direct Line: 01475 504786

E-mail: lynne.mceldowney@nhs.scot

Dear Sir/Madam

Subject Access Request under the General Data Protection Regulation

Patient: BRIAN HUNTER

DOB: 07/10/1965

Thank you for your request for records received 10th April 2026 in which you seek a copy of your client's personal information.

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

**COPY INVERCLYDE ROYAL HOSPITAL MEDICAL RECORDS
COPY ROYAL ALEXANDRA HOSPITAL MEDICAL 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

The source of our data includes patients, General Practitioners, healthcare, social and welfare organisations, legal representatives and police forces.

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

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

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

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

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

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

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


Yours sincerely

Lynne McEldowney
SAR Team

MANUAL PATIENT RECORDS

- | | | |
|-------------------------------------|--------------------------|------------------------------------|
| ALL HOSPITAL RECORDS HELD NHSGGC | <input type="checkbox"/> | |
| ACS | <input type="checkbox"/> | |
| BEATSON HOSPITAL | <input type="checkbox"/> | |
| CANNIESBURN HOSPITAL | <input type="checkbox"/> | |
| DENTAL HOSPITAL | <input type="checkbox"/> | |
| GARTNAVEL GENERAL HOSPITAL | <input type="checkbox"/> | |
| GLASGOW ROYAL INFIRMARY | <input type="checkbox"/> | |
| INVERCLYDE ROYAL HOSPITAL | <input type="checkbox"/> | MATERNITY <input type="checkbox"/> |
| NEW VICTORIA ACH | <input type="checkbox"/> | |
| PRINCESS ROYAL MATERNITY | <input type="checkbox"/> | |
| QUEEN ELIZABETH UNIVERSITY HOSPITAL | <input type="checkbox"/> | MATERNITY <input type="checkbox"/> |
| ROYAL ALEXANDRA HOSPITAL | <input type="checkbox"/> | MATERNITY <input type="checkbox"/> |
| ROYAL HOSPITAL FOR CHILDREN | <input type="checkbox"/> | |
| STOBHILL HOSPITAL | <input type="checkbox"/> | |
| VALE OF LEVEN | <input type="checkbox"/> | MATERNITY <input type="checkbox"/> |
| WEST CARE AMBULATORY HOSPITAL | <input type="checkbox"/> | |
| WESTERN INFIRMARY RECORDS | <input type="checkbox"/> | |
| <u>Including:</u> | | |
| BADGERNET | <input type="checkbox"/> | |
| CAREVUE | <input type="checkbox"/> | |
| MEDICAL ILLUSTRATION | <input type="checkbox"/> | |
| METAVISION | <input type="checkbox"/> | |
| PHYSIOTHERAPY | <input type="checkbox"/> | |
| RADIOLOGY | <input type="checkbox"/> | |
| WEST MARC | <input type="checkbox"/> | |
| LABS | <input type="checkbox"/> | |

PATIENT'S PERSONAL DATA SHEET

Surname (Block Capitals) Mr. Mrs. Miss.	 145846 07/10/1965 HUNTER BRIAN M 3C KILLEARN RD GREENOCK PA15 3DD	nit No. _____ Date of Birth _____ HI No. _____
Forename(s) (Block Capitals)	Marital Status (Circle) M. S. W.	Sex _____ Religion _____
Full Postal Address Postcode	Change of Address Postcode	Occupation
Tel. No.	Tel. No.	If Child - Enter Parent's Occupation If Housewife - Enter Husband's Occupation If Retired - Enter 'R' and Previous Occupation
Name and Address of GP Dr. <i>JEFFERIES</i> <i>BAY ST</i> <i>PG</i>	Change of GP Dr. _____ Tel. No. _____	If Child - Enter Parent's Occupation If Housewife - Enter Husband's Occupation If Retired - Enter 'R' and Previous Occupation

INPATIENT SUMMARY

Admitted	Ward	Age	Principal Diagnosis	Code No.	Operation(s)	Code No.
Consultant			Other Conditions			
Discharged	Speciality					
Admitted	Ward	Age	Principal Diagnosis	Code No.	Operation(s)	Code No.
Consultant			Other Conditions			
Discharged	Speciality					
Admitted	Ward	Age	Principal Diagnosis	Code No.	Operation(s)	Code No.
Consultant			Other Conditions			
Discharged	Speciality					
Admitted	Ward	Age	Principal Diagnosis	Code No.	Operation(s)	Code No.
Consultant			Other Conditions			
Discharged	Speciality					

This card must be filed in front of Correspondence / Clinical Notes

Please continue overleaf

Summary (Continued)

Admitted	Ward	Age	Principal Diagnosis	Code No.	Operation(s)	Code No.
Consultant			Other Conditions			
Discharged	Speciality					
Admitted	Ward	Age	Principal Diagnosis	Code No.	Operation(s)	Code No.
Consultant			Other Conditions			
Discharged	Speciality					
Admitted	Ward	Age	Principal Diagnosis	Code No.	Operation(s)	Code No.
Consultant			Other Conditions			
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Consultant			Other Conditions			
Discharged	Speciality					
Admitted	Ward	Age	Principal Diagnosis	Code No.	Operation(s)	Code No.
Consultant			Other Conditions			
Discharged	Speciality					

SURGEONS

**MR I WATT
MR G BELL
MR J J MORRICE
MR G ORR
MR J REIDY**

**LARKFIELD ROAD
GREENOCK
PA16 0XN
FAX: 01475 636753
TEL: 01475 633777
EXT: 4609**

REF: GO/SG/145846

Dictated: 06/06/00
Typed: 19/06/00

Dr G D Jefferies
Health Centre
PORT GLASGOW

Dear Dr Jefferies

Brian Hunter DOB 07/10/65
3C Killearn Road Greenock

Brian returned to the clinic today. His testicular discomfort has completely resolved.
Ultrasonic scan was unremarkable. He has been discharged.

Yours sincerely

**GEOFFREY ORR, M.R.C.S.
Consultant Urologist**

P A T I E N T	Surname	Forename	(4)	Age	Date of Birth	Arr. Date	Time	AE Number
	HUNTER	BRIAN		34	07/10/1965	04/04/00	11:26	007994
	Address		Sex	Religion		Date of Inc	Time	
	3C KILLEARN RD GREENOCK		MALE	CATHOLIC		03/04/00		
G P	Name		Address			Referred by		
	JEFFERIES		THE HEALTH CENTRE 2 BAY STREET PORT GLASGOW			SELF REFERRAL		
NEXT OF KIN	Name	Address		Complaint				
	MARIE	SA		PAIN				
	Relat.	PARTNER		RT SIDE / Testicle				
TIMES RIAGE	Tel No.	SA		CLINICAL NOTES				
	PC PA153DD	Tel 790725		Patient Category: Resus <input type="checkbox"/> Trolley <input type="checkbox"/> Walking <input checked="" type="checkbox"/>				

Name: MARIE
 Relat.: PARTNER
 Tel No.: SA

Address: THE HEALTH CENTRE, 2 BAY STREET, PORT GLASGOW
 Address: SA

Referred by: SELF REFERRAL
 Complaint: PAIN RT SIDE / Testicle

CLINICAL NOTES

Painful (R) testicle 2/7
 Pain (R) groin 1/7 → sharp pain intermittently
 Intermittent dull ache, not worsening

discharge ↑ urinary freq
 longstanding dysuria for years

B.P: _____
 PULSE: _____
 TEMP: 38.9
 TIME: _____

PMH RTA 1983
 Pelvic surgery

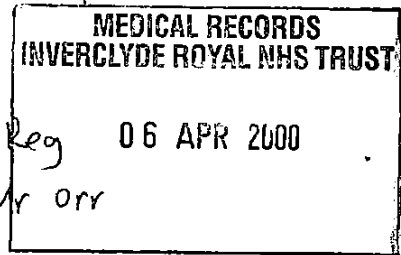
soft tender
 hernia

1x2cm epididymal epididymal cyst (R) testicle, painless slightly ten
 not infected
 otherwise tests NAD

ALLERGIES: _____
 TREATMENT PRESCRIBED: _____

Plan: D/W J Duncan Surg Reg 06 APR 2000
 For (1) of appointment Mr Orr
 (2) Testicular US

Examining Doctor: Mckenzie
 (Signature)
 PRINT NAME



Investigations	X-Ray <input type="checkbox"/>	Lab <input type="checkbox"/>	ECG <input type="checkbox"/>	Cross Match <input type="checkbox"/>	Bact <input type="checkbox"/>	Diagnosis		
Treatment	Dressing <input type="checkbox"/>	Suture <input type="checkbox"/>	Tet Tox <input type="checkbox"/>	Antibiotic <input type="checkbox"/>	Analg <input type="checkbox"/>	Pat group	Diag	Anat Sit
	Pop <input type="checkbox"/>	Resusc <input type="checkbox"/>	Nurse's Signature Discharged by Dr			1		
Disposal Time	Home <input checked="" type="checkbox"/>	Admit <input type="checkbox"/>	A/E Clinic <input type="checkbox"/>	Irreg Dis <input type="checkbox"/>	FD	Research		
Died <input type="checkbox"/>	DOA <input type="checkbox"/>	GP <input type="checkbox"/>	Transfer <input type="checkbox"/>	Other Clinic <input type="checkbox"/>	DNW <input type="checkbox"/>			

MR ORR
 01 APR ORR SURG
 APPT TO BE SEN



INVERCLYDE Royal Hospital

ARGYLL AND CLYDE ACUTE HOSPITALS NHS TRUST

BRIAN HUNTER

7/10/65

30 KILLEARN RD.

GREENOCK

G.P. Dr Jeffries

Port Glasgow HC

4/4/00

Dear Mr Orr,

This 34 year old gentleman presented to A&E with a two day history of intermittently dull aching in his right testicle. No current problems with UTI or urethral discharge. He underwent pelvic surgery for RTA injuries 1983.

On examination, abdomen soft non tender with no inguinal herniae. A 2x1 cm non infected right epididymal cyst was noted. Otherwise testis NAD. Temp 35.9°C

I discussed this case with Jim Duncan who asked if I could refer this patient to your out-patient clinic. An out patient testicular US has been arranged

Mary thanks for agreeing to see this

patient

Yours sincerely

Michael McVenne

(SHO A&E)

Inverclyde Royal Hospital
Larkfield Road
GREENOCK PA16 0XN
FAX NO – 01475 504318

Department of Ophthalmology

Dr Sadhu R Gupta & Dr Deepak Tejwani
Secretary: Jane Donnachie
Direct Line: 01475 504327

Our Ref: SS/JC/145846

Your Ref: 0710653050

Dr David Mansfield
Secretary: Lesley-Anne Ferrie
Direct Line: 01475 504866

Date Dictated: 05.11.10

Date Typed: 22.11.10

CONFIDENTIAL

Dr M McCartney
The Health Centre
2 Bay Street
PORT GLASGOW
PA14 5EW

Dear Dr McCartney

RE – BRIAN HUNTER – 3C KILLEARN ROAD – GREENOCK (07.10.65)

Mr Hunter who had a blunt injury to his right eye about one week ago attended for review.

His vision was 6/9 in the right eye and 6/6 + 2 in the left eye. He has no complaints today. His eye is absolutely quiet with no conjunctival condition. His wound has healed fully and his fundus was within normal limits. He has been advised to stop all medications and has been discharged back to your care. Thank you.

Yours sincerely

Dr S Srivastava
Associate Specialist in Ophthalmology

5/11/10 @ 9:30 AM
Accident and Emergency Department
Inverclyde Royal Hospital, Larkfield Rd

~~145846~~ eye room



0710653050

A&E No. 09000030826

4

Surname: HUNTER	First Name: BRIAN	Title:
Address: 3c Killearn Road GREENOCK Renfrewshire	Postcode: PA15 3DD	CHI No: 0710653050
	Telephone: 790725	
Date of Birth: 07.10.65	Sex: M	Age: 45 yrs



CHI Number: 0710653050

GP Name: MCCARTNEY MICHAEL	Postcode: PA14 5EW
Address: The Health Centre 2 Bay Street Port Glasgow	Telephone: 01475 745321

Next of Kin: MARIE MORGAN	Postcode: PA15 3DD
Relationship: PARTNER	
Address: 3c Killearn Road GREENOCK Renfrewshire	Telephone: 790725

Primary Carer:

Date of Attendance: 30.10.10 10:05

Date of Incident:

Presenting Complaint: INJURY RIGHT EYE


Triage: Radio aerial in @ eye Pain Bloodshot.	Tetanus Cover:
	Allergies:
P= BP= 1 RR= Sat= BM=	
PF= GCS=E: M: V: Total:	

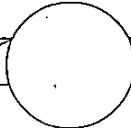
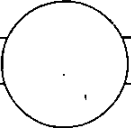
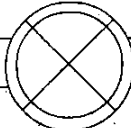
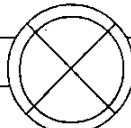
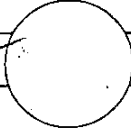
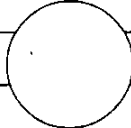
Drugs Prescribed

Date	Drug	Dose	Route	Signature	Given By	Time

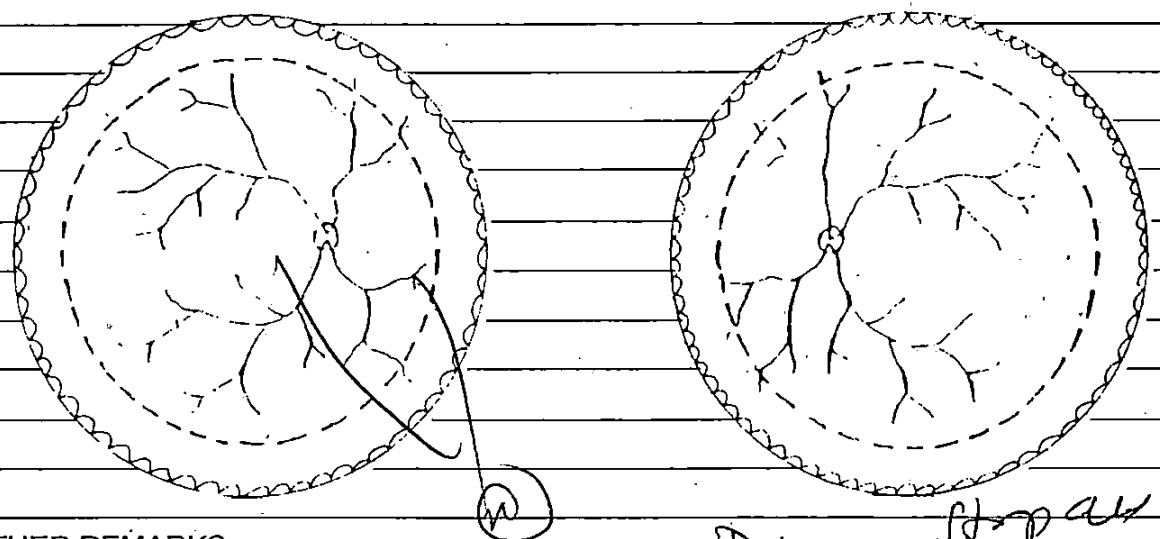
INVERCLYDE ROYAL HOSPITAL

OPHTHALMOLOGY

OUT-PATIENT HISTORY		UNIT		
CONSULTANT				
		SUR CHI: 0710653050 CRN: 145846 07/10/1965 HUNTER BRIAN M		
		FOR 3C KILLEARN RD GREENOCK PA15 3DD		
DATE <u>5/11/10</u>		WRITE OR ATTACH LABEL		
HISTORY				
<p>No complaints today Here for R/V as adv by A/E about 4 weeks ago & in a section</p>				
PAST EYE HISTORY				
MEDICAL HISTORY				
FAMILY HISTORY				
DRUGS				
VISION	RIGHT EYE		LEFT EYE	
WITHOUT GLASSES	DISTANCE	NEAR	DISTANCE	NEAR
	<u>6/9 →</u>	<u>no improvement</u>	<u>6/6 +2</u>	
WITH GLASSES	DISTANCE	NEAR	DISTANCE	NEAR
		<u>2</u>		
PRESENT GLASSES				
REFRACTION				

	RIGHT EYE	LEFT EYE
EXTERNAL EXAMINATION	✓	
CONJUNCTIVA	pink	
CORNEA	✓ 	
A.C. AND ANGLE	✓ 	
I.O.P.	✓	
IRIS AND PUPIL	✓ 	
LENS	✓	

FUNDUS



OTHER REMARKS	D/C ✓ stop all meds
DIAGNOSIS	say
TREATMENT	

6	
5	
4	
3	

INVERCLYDE ROYAL NHS TRUST
Patient : BRIAN HUNTER 07 Oct 1965
3C KILLEARN ROAD, GREENOCK
Referred: MR. G ORR

RADIOLOGY REPORT
Reg: X191974
Req: H195911/00
OP

USOUND TESTES

Both testes appear normal to ultrasound examination.
There is a small right sided epididymal cyst and a small right hydrocele.

145846
MFA9
6/6. Aug. 0

Typed : 24 May 2000 (MAM) Reported : Dr. FRANCIS KELLY

MANUAL PATIENT RECORDS

- | | | | |
|-------------------------------------|-------------------------------------|-----------|--------------------------|
| ALL HOSPITAL RECORDS HELD NHSGGC | <input type="checkbox"/> | | |
| ACS | <input type="checkbox"/> | | |
| BEATSON HOSPITAL | <input type="checkbox"/> | | |
| CANNIESBURN HOSPITAL | <input type="checkbox"/> | | |
| DENTAL HOSPITAL | <input type="checkbox"/> | | |
| GARTNAVEL GENERAL HOSPITAL | <input type="checkbox"/> | | |
| GLASGOW ROYAL INFIRMARY | <input type="checkbox"/> | | |
| INVERCLYDE ROYAL HOSPITAL | <input checked="" type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| NEW VICTORIA ACH | <input type="checkbox"/> | | |
| PRINCESS ROYAL MATERNITY | <input type="checkbox"/> | | |
| QUEEN ELIZABETH UNIVERSITY HOSPITAL | <input type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| ROYAL ALEXANDRA HOSPITAL | <input type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| ROYAL HOSPITAL FOR CHILDREN | <input type="checkbox"/> | | |
| STOBHILL HOSPITAL | <input type="checkbox"/> | | |
| VALE OF LEVEN | <input type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| WEST CARE AMBULATORY HOSPITAL | <input type="checkbox"/> | | |
| WESTERN INFIRMARY RECORDS | <input type="checkbox"/> | | |
| <u>Including:</u> | | | |
| BADGERNET | <input type="checkbox"/> | | |
| CAREVUE | <input type="checkbox"/> | | |
| MEDICAL ILLUSTRATION | <input type="checkbox"/> | | |
| METAVISION | <input type="checkbox"/> | | |
| PHYSIOTHERAPY | <input checked="" type="checkbox"/> | | |
| RADIOLOGY | <input type="checkbox"/> | | |
| WEST MARC | <input type="checkbox"/> | | |
| LABS | <input type="checkbox"/> | | |

Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER
MEDICAL IN CONFIDENCE
 GGC MSK Physiotherapy Protocol (Glasgow, VR15.0)

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Additional Support Needs: No known ASN requirements

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REFERRAL TO							
<table border="1"> <tr> <td>Clyde - Port Glasgow Health Centre GGC MSK Physiotherapy</td> <td>— Consultant / receiving practitioner and/or specialty clinic</td> </tr> <tr> <td>Physiotherapy MSK GG&C SCI Gateway Virtual Location Code NHS GG&C</td> <td>— Hospital and hospital address</td> </tr> </table>	Clyde - Port Glasgow Health Centre GGC MSK Physiotherapy	— Consultant / receiving practitioner and/or specialty clinic	Physiotherapy MSK GG&C SCI Gateway Virtual Location Code NHS GG&C	— Hospital and hospital address	<table border="1"> <tr> <td>Hospital location code G049G</td> </tr> <tr> <td>Email address</td> </tr> </table>	Hospital location code G049G	Email address
Clyde - Port Glasgow Health Centre GGC MSK Physiotherapy	— Consultant / receiving practitioner and/or specialty clinic						
Physiotherapy MSK GG&C SCI Gateway Virtual Location Code NHS GG&C	— Hospital and hospital address						
Hospital location code G049G							
Email address							

Urgency of referral	Routine	Date sent	30/06/2021
Date of referral	30/06/2021		

PATIENT DETAILS		Patient's address
Surname	Hunter	3c Killearn Road GREENOCK Inverclyde PA15 3DD
Forename(s)	Brian	
Title	Mr	
Sex	Male	
Date of birth	07/10/1965	Contact number(s)
CHI no.	0710653050	Voice: 07516734204
Area of Residence		Voice: 07516734204

101023739264M	Unique Care Pathway Number: 101023739264M
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REGISTERED GP DETAILS		Practice address		
Name	Dr M McCartney	2 Bay Street Port Glasgow PA14 5EW		
GMC code	3490462		GP code	35211
Practice name	The Health Centre			
Practice code	86271			
		Contact number(s)		
		Voice: 01475 506048		
		Facsimile: 01475 506010		
		E-mail: ggc.GP86271clinical@nhs.scot		

REFERRING GP DETAILS		Practice address		
Name	Dr. Claire Thorman	The Health Centre 2 Bay Street Port Glasgow PA14 5EW		
GMC code	7072530		GP code	38041
Practice name	Drs McCartney, Addiscott, Green & T (86271)			
Practice code	86271			
		Contact number(s)		
		Voice: 01475 745321		
		Facsimile: 01475 506010		

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

Description: Right lower back Pain

Comment: Dear Team, Sudden onset pain in right lower back/posterior hip. Previous RTA 1983 resulted in dislocation of right hip, pain free since then until current episode. XR request made. Analgesia and PT referral. Dr Thorman

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
Depressed	-	12/05/1998	12/05/1998
Hand fracture - metacarpal bone	left 5th.	07/02/1995	07/02/1995
Anxiety states	attended stressproofing group.	20/11/1992	20/11/1992
H/O: urethral stricture	further dilatation of urethral stricture.	23/11/1988	23/11/1988
H/O: urethral stricture	further assessment - no dilatation or incision required.	18/08/1987	18/08/1987
H/O: urethral stricture	reincision.	29/01/1987	29/01/1987
Urethral stricture	almost complete obstruction due to stricture.	12/03/1984	12/03/1984
Bedwetting	investigations - M.S.U. & I.V.P. normal.	06/09/1978	06/09/1978
Finger fracture	displaced epiphysis base of right 5th finger.	28/10/1976	28/10/1976
Fracture of humerus		05/07/1976	05/07/1976

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Urethrography	satisfactory.	26/12/1988	26/12/1988
RTA injury examination	severe trauma - multiple fractures of pelvis and urethral rupture. Immobilisation of pelvis plus surgical repair of urethral rupture carried out.	25/11/1983	25/11/1983

Family conditions (All priorities)

Description	Date of Onset
FH: Ischaemic heart dis. <60	27/06/2012
FH: CVA/stroke	27/06/2012

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Bisoprolol Fumarate Tablets 2.5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	29/11/2019	10/05/2021
Amlodipine Tablets 5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	29/11/2019	10/05/2021

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Naproxen Tablets 500 mg	28	28 TABLET	ONE TO BE TAKEN TWICE A DAY	-	30/06/2021	30/06/2021
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	30/06/2021	30/06/2021

Blood Pressure

Date Recorded	Systolic	Diastolic
13/05/2021	148	97
09/01/2020	137	89
19/12/2019	166	105
26/11/2019	160	107
17/10/2014	130	80

Body Measurements

Date Recorded	Height	Weight	BMI
13/05/2021	-	98.6	31.47

21/10/2013 177 85 27.13
27/06/2012 177 84 26.81

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		13/05/2021
Non-smoker :	minimal alcohol	31/01/2019
Never smoked tobacco:		27/06/2012
Never smoked tobacco:		23/05/2011
Never smoked tobacco:	Disease: SPICE Basic Health Values, priority=2	07/09/2007
Alcohol consumption, 1 units/week:		13/05/2021
Alcohol intake within recommended sensible limits:		27/06/2012
Alcohol units per week, 1 U/week:		27/06/2012
Exercise grading, 2 :		27/06/2012
Declined referral to physical exercise programme:		27/06/2012
Exercise grading NOS, 2 :		27/06/2012

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Has patient attended Physiotherapy for the same problem within the last 12 months?:No

Has patient ever attended Pain Services for the same problem?:No

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

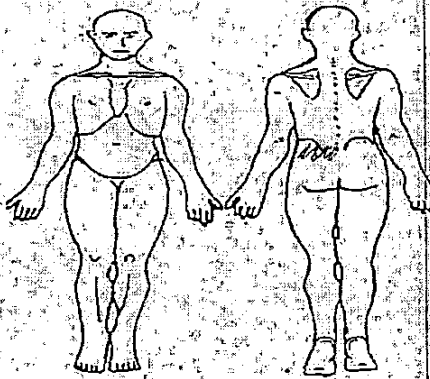
Lumbar Spine Assessment

1965 Page 1
 B.Hunter 1965@hotmail.com

Phone RD
 Consent R

0710653050
 HUNTER M
 Brian 07/10/1965
 3c Killeam Road
 Greenock, Renfrewshire
 PA15 3DD

Present Condition:



P.
 VM sharp C
 VAS 6/10

Interpreter used

Age: 55y M

Aggravating Factors

standing too long ~ 30min

Easing Factors

gentle movement

Function: /10
 NPRS: /10

Investigations:

nil
 x-ray ok

24 hour pattern:

nil

Sleep: Disturbed Y/ Night pain > Day pain Y/

Bladder & Bowel: Normal Abnormal

(if suspect CES, use CES pro-forma)
 ↑ Frequency / Urgency / Loss of sensation of bladder filling / Difficulty emptying bladder / Retention / Incontinence / Saddle anaesthesia or paraesthesia / Bilateral sciatica / Sexual Dysfunction

History & Management: Sudden / Gradual / Traumatic / Unknown Onset
 symptoms: Improving / Worse / Unchanged

Accident 1984 → dislocated hip + pelvic injury
 issues for long period of time following same
 returned a couple of months ago ~ 1/2
 VM in nature
 reason for onset? related to f PA

-tolding
 corey to miss
 long standing

Past Medical History Y N Past Medical History Y N Spinal Red Flags: Nil present Y N

Chest/Lungs/TB		<input checked="" type="checkbox"/>	Surgery		<input checked="" type="checkbox"/>	History of Cancer			<input checked="" type="checkbox"/>
Heart		<input checked="" type="checkbox"/>	Osteoporosis		<input checked="" type="checkbox"/>	Unexplained Weight Loss			<input checked="" type="checkbox"/>
Blood Pressure		<input checked="" type="checkbox"/>	Fractures		<input checked="" type="checkbox"/>	Age (<20 >50)			<input checked="" type="checkbox"/>
Diabetes		<input checked="" type="checkbox"/>	RA/Inflammatory disorders		<input checked="" type="checkbox"/>	Night sweats/Fever/Generally Unwell			<input checked="" type="checkbox"/>
Epilepsy		<input checked="" type="checkbox"/>	Blood Clots/PVD		<input checked="" type="checkbox"/>	Band like pain			<input checked="" type="checkbox"/>
Family History		<input checked="" type="checkbox"/>	Anti-coagulants		<input checked="" type="checkbox"/>	Unable to lie supine			<input checked="" type="checkbox"/>
General Health: Good/Fair/Poor		<input checked="" type="checkbox"/>	Allergies		<input checked="" type="checkbox"/>	Steroids			<input checked="" type="checkbox"/>
ails/Other:						IVDA/HIV			<input checked="" type="checkbox"/>
Angina			pelvic surgery			Constant non-mechanical pain			<input checked="" type="checkbox"/>
non-sicker			pelvic #			Gait Disturbance/Widespread Neurology			<input checked="" type="checkbox"/>
			hayfever			Thoracic Pain			<input checked="" type="checkbox"/>
						History of Trauma			<input checked="" type="checkbox"/>
						Cough/Sneeze/Strain +ve			<input checked="" type="checkbox"/>

Medication:

OTD spray

Patient Perception: ? about of conditions

Patient Expectation: help to manage P

Social History:

lives c wife + 2 sons - good health
 gym → cardio and bla → unable due to Covid
 day trips

Occupation:

works in security
 full time

Yellow Flags: Nil of note

Attitudes Behaviours Compensation Diagnosis
 Emotions Family Work

At work Coping well / At work Struggling / Return to work planned /
 Off work due to complaint / Off work other reason / Not Working / Retired

Physiotherapist / Student / Rotational / Locum

PRINT Name: DUNCAN

Signature: [Signature]

Date: 9/1/21



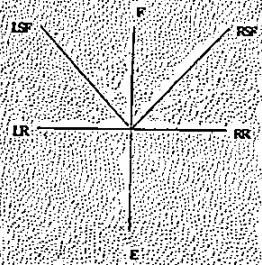
0710653050
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 PA15 3DD

Lumbar Spine Objective Assessment

Observation:

Shift: Right / Left / None

Movement	Range	Comments
Flexion		discomfort Lx - stretch in back of legs. Able to touch.
Extension		tend to Lx.
Right Rot		ⓐ - ⓐ issues.
Left Rot		
Right SF		to knee issues
Left SF		discomfort @ side Lx - more difficult.
Right SGIS		2 ⓐ - ⓐ
Left SGIS		1 ⓐ - Lx



Other joints:

Key

- X Resistance
- Mild Pain
- = Moderate
- ≡ Severe

Neurological testing: Assessed / Not Assessed - reason

Myotomes: Normal Abnormal (or use oxford scale) Myotomes all normal Dermatomes all normal

	L1/2 Hip Flex	L3 Knee Ext	L4 Dorsi- flexion	L5 Great Toe / Toe Ext	L5/S1 Eversion	S1 Plantar- flexion	S1/2 Knee Flexion	S1/2 Hip Ext	Heel Walk	Toe Walk	Single Heel Raise
Right Myotome											
Left Myotome											
Right Dermatome											
Left Dermatome											

Functional Tests / Palpation / Other:

Reflexes & Tests	Right	Left
SLR		
FNST		
Knee (L3/4)		
Ankle (S1)		
Babinski		
Clonus		
Tone		
Upper Limb		

Physiotherapist / Student / Rotational / Locum
 PRINT Name: _____ Signature: _____

Date: _____



0710653050
 HUNTER M
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 PA15 3DD

Diagnosis / Impression: *Mechanical back pain*

Patient Risk Assessment: (Risks / Precautions / Contraindications / Allergies / Therapy Handling)

Possible Risk: Yes / **No**

If yes, Precaution / Prevention Measures taken:

Based on MSK Physiotherapy Service Referral Guidance, is patient unlikely to benefit from MSK physio? Yes **No**
 e.g. Widespread chronic pain with previous failed physio / Physio for same condition past 12 months / Previous pain management service attendance for same problem.

Date	Agreed Problem List	Agreed Goal	Agreed Treatment Plan	Time Scale	Date Achieved	Initials
11/1/21	<input checked="" type="checkbox"/> Pain	↓ ⓐ 25%	UEP	1-2/2		
	<input checked="" type="checkbox"/> ROM	↑ ROM ↓ ⓐ	UEP	1-2/2		
	<input type="checkbox"/> Weakness					
	<input type="checkbox"/> Posture					
	<input type="checkbox"/> Proprioception					
	<input checked="" type="checkbox"/> Function	↑ standing/walking ↓ ⓐ	UEP	1-3/2		

Equipment issued with appropriate safety information:

Date	Continuation sheet	Signature
9/1/21	ⓐ Email UEP + CES wfor booklet RO in 1/2 hr F2F to picture book	<i>[Signature]</i>
17/1/21	ⓑ F2F RO. Content of Pt symptom log @ time of tx ⓐ over weight Lx ROM flex hip ext hip SF ⓐ = ⓐ disinflect ⓐ side tx on SF ⓐ SF ⓐ = ⓐ RkE ⓐ = ⓐ disinflect ⓐ side tx on RkE ⓐ Hip ⓐ = ⓐ reproduction of symptoms	<i>[Signature]</i>

Physiotherapist / Student / Rotational / Locum
 PRINT Name: *[Signature]*

Signature: *[Signature]*

Date: 17/1/21

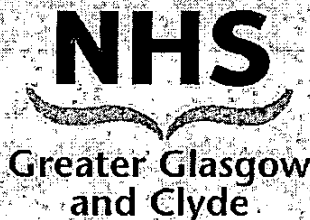


0710653050

HUNTER
Brian

M
07/10/1965

Date	Continuation sheet	Signature (& Print name with first entry)
17/9/91	<p>① NS ② = ③ 5/5.</p>	
Gut	<p>bridge \Rightarrow fine outed.</p>	
	<p>more hip extension \Rightarrow ant thigh stretch.</p>	
	<p>ES of UEP \rightarrow improved technique.</p>	
	<p>bx Gut i UEP</p>	
	<p>① Symptom free @ time of tx. resolved off on tx.</p>	
	<p>② Rx in 3/5 for more rx. ? tx to self manage of UEP</p>	
	<p>? may require strengthening UEP.</p>	<p><i>[Signature]</i> J. McCallister</p>
21/10/91	<p>③ More rx. At FTA. Allowed x2 strength to vacuum.</p>	
	<p>④ tx of lactose content.</p>	<p><i>[Signature]</i> J. McCallister</p>
21/10/91	<p>⑤ More rx. Consent Rx. At expect symptoms improved.</p>	
	<p>normal ⑥ and exercises helped</p>	
	<p>⑦ not preferred</p>	
	<p>At happy to self manage UEP & outcome of tx.</p>	
	<p>⑧ Symptom resolving</p>	
	<p>⑨ tx pt</p>	<p><i>[Signature]</i> J. McCallister</p>



Personal Exercise Program

msk

NHS Greater Glasgow & Clyde
NHS Greater Glasgow & Clyde
United Kingdom

Provided by Darragh McGarrity
Provided for
Training start date 09/09/2021



0710653050

HUNTER

M

Brian

07/10/1965

3c Killeam Road

Greenock, Renfrewshire

PA15 3DD



Trunk Side Bending Stretch

Stand tall, with your feet shoulder-width apart.

Bend your trunk sideways while reaching upwards with your hand. You can place your other hand on your hip. Return to the starting position.

Hold for 5 sec x5 right and left.

© Physiotools



Lower Back Extension

Start on your stomach, with your arms bent and forearms supported on the floor.

Keep your hips on the floor, push your upper body off the floor. Keep the position for a moment and return to the starting position.

Hold for 2 sec x10.

© Physiotools



Thoracic Rotation

Lie on your side with your legs bent and head supported with a towel. Arms straightened forwards.

Keep your knees together. Breath in, turn to look backwards and move your top arm towards the floor behind you. Breath out and return to the starting position and repeat with the pace of your breathing.

Repeat 5 times right and left.

© Physiotools

Darragh McGarrity

Clinical letter - GP: Discharge Letter



Royal Alexandra Hospital
Corsebar Road
Paisley

Dr. M McCartney
Drs McCartney addiscott green & t
The Health Centre
2 Bay Street
Port Glasgow
PA14 5EW

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

0141-887-9111
Physiotherapy
01475 504468
Darragh McGarrity
23/11/2021
23/11/2021

Dear Dr McCartney,

Brian Hunter; D.O.B: 07/10/1965; CHI: 0710653050
3c Killearn Road, Greenock, Renfrewshire, PA15 3DD

Presenting Condition: Left sided LBP

Onset of symptoms - Longstanding - flare approximately 6 months ago

Mechanism of onset - Initially related to RTA in 1984

Diagnosis - Mechanical back pain

Treatment - Home exercise program

Mr Hunter presented to Physiotherapy on the 9/9/21 and had 3 treatment sessions including 1 face to face review. At his review appointment on the 29/10/21 Mr Hunter reported that his symptoms had continued to improved. He reported minimal discomfort and he was happy to self manage at this time.

Discharge Outcome:

The patient completed a course of treatment and symptoms are now:

- Resolved.

The patient has an exercise programme to continue with self management.

This patient has now been discharged from our care.

Yours sincerely

Darragh McGarrity

MSK Physiotherapist

Electronically Signed: ;

cc.

ELECTRONIC PATIENT RECORDS

- | | | | |
|-------------------------------------|-------------------------------------|-----------|--------------------------|
| ALL HOSPITAL RECORDS HELD NHSGGC | <input type="checkbox"/> | | |
| ACS | <input type="checkbox"/> | | |
| BEATSON HOSPITAL | <input type="checkbox"/> | | |
| CANNIESBURN HOSPITAL | <input type="checkbox"/> | | |
| DENTAL HOSPITAL | <input type="checkbox"/> | | |
| GARTNAVEL GENERAL HOSPITAL | <input type="checkbox"/> | | |
| GLASGOW ROYAL INFIRMARY | <input type="checkbox"/> | | |
| INVERCLYDE ROYAL HOSPITAL | <input checked="" type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| NEW VICTORIA ACH | <input type="checkbox"/> | | |
| UNCESS ROYAL MATERNITY | <input type="checkbox"/> | | |
| QUEEN ELIZABETH UNIVERSITY HOSPITAL | <input type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| ROYAL ALEXANDRA HOSPITAL | <input type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| ROYAL HOSPITAL FOR CHILDREN | <input type="checkbox"/> | | |
| STOBHILL HOSPITAL | <input type="checkbox"/> | | |
| VALE OF LEVEN | <input type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| WEST CARE AMBULATORY HOSPITAL | <input type="checkbox"/> | | |
| WESTERN INFIRMARY RECORDS | <input type="checkbox"/> | | |
| <u>Including:</u> | | | |
| BADGERNET | <input type="checkbox"/> | | |
| CAREVUE | <input type="checkbox"/> | | |
| MEDICAL ILLUSTRATION | <input type="checkbox"/> | | |
| METAVISION | <input type="checkbox"/> | | |
| PHYSIOTHERAPY | <input checked="" type="checkbox"/> | | |
| RADIOLOGY | <input type="checkbox"/> | | |
| WEST MARC | <input type="checkbox"/> | | |
| LABS | <input type="checkbox"/> | | |
| OPEN EYES | <input type="checkbox"/> | | |
| PODIATRY | <input type="checkbox"/> | | |
| ORTHOTICS | <input type="checkbox"/> | | |

Name:	HUNTER, Brian (Mr)	Ward:		Weight	Height
CHI No:	0710653050	Hospital:		BSA:	
DOB:	07/10/1965 - 60 yr(s)	Bed:			
Gender:	Male	Room:			
Consultant:	Physiotherapist IRH Rotational				

Contacts

Next of Kin

Relation	Contact Type	Surname	Forename	Address Line 1	Town / City	PostCode
HomePhone	MobilePhone	BusinessPhone	DateFrom	Date To	School	
Partner	Next of Kin	Hunter	Mary	3c Killearn Road	Greenock	PA15 3DD
07516734204	07905892249		12/12/2011			

Alerts

Alert	Message	Alert Category	Closed	Date Entered	Expected Review Date	Status
Edit						

Allergies

Allergens	Category	Allergen	Free Text Allergen	Nature of Reaction	Severity	Onset Date and Description	Status
Comments	Edit						

Diagnosis

Diagnosis	Select	Edit	Status	Diagnosis Type	ICD Diagnosis	Symptom	Onset Date
Duration	Last Update User	Last Update Date	Linked Orders	Description	Inactive	CS Report Flag	

Problems

Active Problems	Problem (Snomed)	Laterality	No Known History	Onset Date	Comments	Status

Name:	HUNTER, Brian (Mr)	Ward:		Weight	Height
CHI No:	0710653050	Hospital:		BSA:	
DOB:	07/10/1965 - 60 yr(s)	Bed:			
Gender:	Male	Room:			
Consultant:	Physiotherapist IRH Rotational				

Social History

History - Social

Habit	Onset Date	Duration	Quantity	Last Update Date	Last Update Time	Last Update User
Comments	Edit History	Edit				

Family History

History - Family

Relation	Disease	Body System	System Problem	System Sub-Problem	Comments	Onset Date
Duration	Last Update Date	Last Update Time	Last Update User	Edit		

Surgical History

History - Surgical

Onset Date	Description	Laterality	Comments/Display	Last Update User	Last Update Date	Last Update Time
Edit	Last Update Hospital					

Procedures

Procedures

Select	Procedure Date	Last Update Time	Operation Code	Operation	Operation Category	Care Provider
Last Update User	Last Update Hospital	Edit				

ED Procedures

ED Procedures

Select	Request Item	Priority	Request Status	Start Date	Start Time	Episode No
Variance Reason						

Observations

Name: HUNTER, Brian (Mr)	Ward:	Weight	Height
CHI No: 0710653050	Hospital:	BSA:	
DOB: 07/10/1965 - 60 yr(s) Gender: Male	Bed:		
Consultant: Physiotherapist IRH Rotational	Room:		

Clinical Notes

All Clinical Notes (This Episode)

Edit	Date	Time	Type	Note	Last Update User	Care Provider
edit	22/01/2024	14:22	MSK Physio Notes	See Attachment 1981.1.1.37	Declan Pritchard	Physiotherapist Declan Pritchard
Physiotherapist	Entered			O0024585666		
edit	12/12/2023	11:27	MSK Physio Notes	See Attachment 1981.1.2.37	Declan Pritchard	Physiotherapist Declan Pritchard
Physiotherapist	Entered			O0024585666		

All Clinical Notes (This Episode)

Clinical Notes

Note Type MSK Physio Notes	Care Provider Physiotherapist Declan Pritchard	Specialty/Location PHYSIO-MSK
-----------------------------------	---	--------------------------------------

S/ Verbal consent to Rx

Had appointment at Gartnavel and got US on shoulder, was told rotator cuff tear.

Having more pain at L knee - seeing Dr next week re this

R shoulder is improving - feels that he is more functional day to day with this, pain is less.

O/ Shoulder Ax: FROM, P EOR ER and IR

Shoulder MP: 5/5 globally

Rx/ Added anterior deltoid strengthening

Name:	HUNTER, Brian (Mr)	Ward:		Weight	Height
CHI No:	0710653050	Hospital:		BSA:	
DOB:	07/10/1965 - 60 yr(s)	Bed:			
Gender:	Male	Room:			
Consultant:	Physiotherapist IRH Rotational				

Added wall clock movements red TB

Discussed continued self management of shoulder

A/ symptoms and function improving

P/ D/C PT

Status Entered

Clinical Notes

Note Type	MSK Physio Notes	Care Provider	Specialty/Location	PHYSIO-MSK
		Physiotherapist		
		Declan Pritchard		

S/ Verbal consent to Rx

The pain is improving - can sometimes get onset of symptoms during day to day tasks e.g lifting, but much less frequent.

Has been doing exercises once a day - finds they are helping, nil issues

Is getting pain at knee and is seeing GP re this.

O/ Shoulder Ax: flex full, Abd full, ER full, IR 3/4 range with P

Name:	HUNTER, Brian (Mr)	Ward:		Weight	Height
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DOB:	07/10/1965 - 60 yr(s)	Bed:			
Gender:	Male	Room:			
Consultant:	Physiotherapist IRH Rotational				

MP: 4+/5 ER, 4+/5 flex, abd 5/5, IR 5/5.

palpation: mild tenderness over anterolateral shoulder

Rx/ Added resisted overhead press with red TB, shoulder flex with green TB.

given green TB for low rows and chest press.

A/ symptoms improving

P/ r/v in 6/52 - plan to discharge if continues to improve

Status Entered

Floorplan Notes

Floorplan Notes

Text	Date	Time
------	------	------

Questionnaires

Questionnaires

Name: HUNTER, Brian (Mr)	Ward:	Weight	Height
CHI No: 0710653050	Hospital:	BSA:	
DOB: 07/10/1965 - 60 yr(s) Gender: Male	Bed:		
Consultant: Physiotherapist IRH Rotational	Room:		

Select	Entered In Error Reason	Text	Significant Answer	Date	Time	User
Create Date	Create Time	Episode Number				
	MSK Physiotherapy Analysis and Plan	13/11/2023		24/01/2024	11:15	Declan Pritchard
13/11/2023	15:33	O0024585666				
	MSK Physiotherapy Objective Assessment Shoulder	13/11/2023		13/11/2023	16:09	Declan Pritchard
13/11/2023	15:30	O0024585666				
	MSK Physiotherapy Subjective Assessment	13/11/2023		13/11/2023	16:07	Declan Pritchard
13/11/2023	15:04	O0024585666				
	MSK Vetting	16/08/2023		16/08/2023	14:14	Jackalyn Wood
16/08/2023	14:14	O0024585666				

Questionnaires

MSK Physiotherapy Analysis and Plan

MSK Physiotherapy Analysis and Plan

Status : Authorised

Assessing Clinician : Physiotherapist Declan Pritchard

Diagnosis/Impression : R SAPS

?some shoulder OA additionally

Area of Complaint : Shoulder

Possible Risk : No

Indication of unlikely to benefit from MSK physiotherapy : No

Problems and Goals

Date Goal Set : 13/11/2023

Name: HUNTER, Brian (Mr)	Ward:	Weight	Height
CHI No: 0710653050	Hospital:	BSA:	
DOB: 07/10/1965 - 60 yr(s) Gender: Male	Bed:		
Consultant: Physiotherapist IRH Rotational	Room:		

MSK Physiotherapy Analysis and Plan

Agreed Problem List : Weakness

Agreed Goals : Increase strength

Agreed Treatment Plan : Strhregning HEP

Timescale : 12/52

Date Achieved : 23/01/2024

Date Goal Set : 13/11/2023

Agreed Problem List : Function

Agreed Goals : Improve function

Agreed Treatment Plan : Functional exercises after inital strengthening

Timescale : 12/52

Date Achieved : 23/01/2024

Treatment : Given and ran through HEP; combined abd and flex with yellow TB, low row (red TB), chest press (red TB)

Discussed SAPS and avoiding flaring up P with aggravating activities

Plan : r/v in 4/52 - progress shoulder exercises as able - YTWs, shoulder ball roll, resisted Abd

Sign Off

Final Assessment

Numeric Pain Rating Scale (NPRS) : 3

Name: HUNTER, Brian (Mr)	Ward:	Weight	Height
CHI No: 0710653050	Hospital:	BSA:	
DOB: 07/10/1965 - 60 yr(s) Gender: Male	Bed:		
Consultant: Physiotherapist IRH Rotational	Room:		

MSK Physiotherapy Analysis and Plan

Patient Specific Functional Scale (PSFS) : 8

Work Status : At work and coping well

MSK Physiotherapy Objective Assessment Shoulder

MSK Physiotherapy Objective Assessment Shoulder

Status : Authorised

Assessing Clinician : Physiotherapist Declan Pritchard

Observation/gait analysis : Slight lean to R side

R arm held slightly further from torso compared to L

Active ROM Left - Full and pain free : Yes

Active Flexion to elevation Right : Abnormal

Active Flexion to elevation Right Comments : Full, P EOR

Active Abduction to elevation Right : Abnormal

Active Abduction to elevation Right Comments : Full, P from 90 degrees to end of range

Active Medial rotation Right : Abnormal

Active Medial rotation Right Comments : L2 region approx.

Active Lateral rotation Right : Abnormal

Name:	HUNTER, Brian (Mr)	Ward:		Weight	Height
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Consultant:	Physiotherapist IRH Rotational	Room:			
	Gender: Male				

MSK Physiotherapy Objective Assessment Shoulder

Active Lateral rotation Right Comments : 3/4 range

Passive ROM Left - Full and pain free : Yes

Passive Flexion to elevation Right : Abnormal

Passive Flexion to elevation Right Comment : full, P EOR

Passive Abduction to elevation Right : Abnormal

Passive Abduction to elevation Right Comment : full, P through range

Passive Lateral rotation Right : Abnormal

Passive Lateral rotation Right Comment : 3/4 range, hard end feel

Resisted ROM Left - Full and pain free : Yes

Resisted Flexion to elevation Right : Abnormal

Resisted Flexion to elevation Right Comment : 4/5, P

Resisted Abduction to elevation Right : Abnormal

Resisted Abduction to elevation Left Comment : 4/5, P

Resisted Medial rotation Right : Full and Pain Free

Resisted Medial rotation Right Comment : 5/5

Resisted Lateral rotation Right : Abnormal

Resisted Lateral rotation Right Comment : 4/5, P

Additional Tests Required

Name: HUNTER, Brian (Mr)	Ward:	Weight	Height
CHI No: 0710653050	Hospital:	BSA:	
DOB: 07/10/1965 - 60 yr(s) Gender: Male	Bed:		
Consultant: Physiotherapist IRH Rotational	Room:		

MSK Physiotherapy Objective Assessment Shoulder

Right : Normal

Left : Normal

Type of Test : Gerber's/belly press

Other Joints Cleared

Palpation/Accessory movements : Palpation: tender over anterolateral shoulder inferior to acromion when arm placed behind back.

Functional tests : empty can +ve

MSK Physiotherapy Subjective Assessment

MSK Physiotherapy Subjective Assessment

Status : Authorised

Assessing Clinician : Physiotherapist Declan Pritchard

Attendance Policy Explained : Yes

Presenting Condition : R shoulder

History and Management : Pain at R shoulder for last 8 months - feels may have done more lifting at the time but unsure if there is a mechanism

Lateral shoulder pain - would describe as a twinge

Nil P+Ns or numbness

Name: HUNTER, Brian (Mr)	Ward:	Weight	Height
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DOB: 07/10/1965 - 60 yr(s) Gender: Male	Bed:		
Consultant: Physiotherapist IRH Rotational	Room:		

MSK Physiotherapy Subjective Assessment

Onset : Gradual

Symptoms : Unchanged

Numeric Pain Rating Scale (NPRS) : 8

Aggravating Factors : Carrying bags

Easing Factors : Unsure of any

24 Hour Pattern : activity dependent

Sleep : Not effecting sleep - can be sore if lying on it

Investigations undertaken : No

Investigation Undertaken

Patient Specific Functional Scale (PSFS) : 5

Funtional Activity : carrying

Fractures : No

Chest/Lungs/TB : No

Heart : Yes

Comments : Unsure of exact name but reports a few years ago it was found he had a "funny" rhythm

Angina -has GTN spray

Blood Pressure : Yes

Comments : HTN - bisoprolol

Name: HUNTER, Brian (Mr)	Ward:	Weight	Height
CHI No: 0710653050	Hospital:	BSA:	
DOB: 07/10/1965 - 60 yr(s) Gender: Male	Bed:		
Consultant: Physiotherapist IRH Rotational	Room:		

MSK Physiotherapy Subjective Assessment

Diabetes : No

Epilepsy : No

Blood Clots/PVD : No

Anti-coagulants : No

Allergies : Yes

Surgery : No

Osteoporosis : No

RA/Inflammatory Disorders : No

Family History : No

Falls (history of falls in the past 12 months) : Yes

Additional Falls Questions

1 (Approximately) How many times have you fallen in the last 12 months? : 1

2 Do you have any unsteadiness on your feet, or difficulties with your walking or balance? : No

3 Did you experience a blackout / dizziness / light-headedness / palpitations when you fell? : No

4 Do you have any difficulties carrying out your usual activities since you fell (e.g. getting in / out of a chair, getting in / out of bed, getting on / off the toilet)? : No

Comments : Foot fell down pothole

General Health : Good

Name: HUNTER, Brian (Mr)	Ward:	Weight	Height
CHI No: 0710653050	Hospital:	BSA:	
DOB: 07/10/1965 - 60 yr(s) Gender: Male	Bed:		
Consultant: Physiotherapist IRH Rotational	Room:		

MSK Physiotherapy Subjective Assessment

Red Flags Present (History of Cancer, Unexplained Wgt Loss, Age(<20 >50), Night Sweats/Fever, Generally Unwell, Steroids, IVDA/HIV, Constant Non-Mechanical Pain, Gait Disturbance, Widespread Neuro, Thoracic Pain, Other) : Yes

History Of Cancer: No

Unexplained Weight Loss : No

Age (<20>50) : No

Night Sweats / Fever : Yes

Comments : Will find he gets night sweats on and off for 5/6 years

Generally Unwell : No

Steroids : Yes

Comments : Thinks he is on steroid medication but unsure - will check medication for next Rx

IVDA / HIV : No

Constant Non-Mechanical Pain : No

Gait Disturbance : No

Widespread Neurology : No

Thoracic Pain : No

Medication

Medication : Bisoprolol

Medication : Naproxen

Medication : Omeprazol

Name:	HUNTER, Brian (Mr)	Ward:		Weight	Height
CHI No:	0710653050	Hospital:		BSA:	
DOB:	07/10/1965 - 60 yr(s)	Bed:			
Gender:	Male	Room:			
Consultant:	Physiotherapist IRH Rotational				

MSK Physiotherapy Subjective Assessment

Social History : Writes poems

Lives with wife - manages ADLs

Occupation : Security

Work Status (Initial Assessment) : At work and coping well

Patient Perception : Straining arm from carrying too much

Patient Expectation : Find out what is going on.

Yellow Flags Details

MSK Vetting

Questionnaire 'QSCXXMSK' is not available for text representation. Please contact your system administrator.

Patient Movements

Movements List

Embedded Day Case	Ward	Room	Room Type	Bed	Movement Start Date	Movement Start Time
End Date	End Time	Edit	Status		Type	

Encounters

Encounters

StartDate	Start Time	End Date	End Time	Location	Care Provider
13/11/2023	14:38			PHYSIO-MSK	Physiotherapist IRH Rotational
12/12/2023	10:57			PHYSIO-MSK	Physiotherapist IRH Rotational
22/01/2024	13:00			PHYSIO-MSK	Physiotherapist IRH Rotational

Name:	HUNTER, Brian (Mr)	Ward:		Weight	Height
CHI No:	0710653050	Hospital:		BSA:	
DOB:	07/10/1965 - 60 yr(s)	Gender:	Male		
Consultant:	Physiotherapist IRH Rotational	Bed:			
		Room:			

Name:	HUNTER, Brian (Mr)	Ward:		Weight	Height
CHI No:	0710653050	Hospital:		BSA:	
DOB:	07/10/1965 - 60 yr(s)	Bed:			
Gender:	Male	Room:			
Consultant:	Physiothérapeute IRH Rotational				

Attachments

All Clinical Notes (This Episode) Attachment

Attachment 1981.1.1.37

S/ Verbal consent to Rx Had appointment at Gartnavel and got US on shoulder, was told rotator cuff tear. Having more pain at L knee - seeing Dr next week re this R shoulder is improving - feels that he is more functional day to day with this, pain is less. O/ Shoulder Ax: FROM, P EOR ER and IR Shoulder MP: 5/5 globally Rx/ Added anterior deltoid strengthening Added wall clock movements red TB Discussed continued self management of shoulder A/ symptoms and function improving P/ D/C PT

Attachment 1981.1.2.37

S/ Verbal consent to Rx The pain is improving - can sometimes get onset of symptoms during day to day tasks e.g lifting, but much less frequent. Has been doing exercises once a day - finds they are helping, nil issues Is getting pain at knee and is seeing GP re this. O/ Shoulder Ax: flex full, Abd full, ER full, IR 3/4 range with P MP: 4+/5 ER, 4+/5 flex, abd 5/5, IR 5/5. palpation: mild tenderness over anterolateral shoulder Rx/ Added resisted overhead press with red TB, shoulder flex with green TB. given green TB for low rows and chest press. A/ symptoms improving P/ r/v in 6/52 - plan to discharge if continues to improve

Name:	HUNTER, Brian (Mr)	Ward:		Weight	Height
CHI No:	0710653050	Hospital:		BSA:	
DOB:	07/10/1965 - 60 yr(s)	Bed:			
Gender:	Male	Room:			
Consultant:	Physiotherapist IRH Rotational				

ELECTRONIC PATIENT RECORDS

- | | | | |
|-------------------------------------|-------------------------------------|-----------|--------------------------|
| ALL HOSPITAL RECORDS HELD NHSGGC | <input type="checkbox"/> | | |
| ACS | <input type="checkbox"/> | | |
| BEATSON HOSPITAL | <input type="checkbox"/> | | |
| CANNIESBURN HOSPITAL | <input type="checkbox"/> | | |
| DENTAL HOSPITAL | <input type="checkbox"/> | | |
| GARTNAVEL GENERAL HOSPITAL | <input type="checkbox"/> | | |
| GLASGOW ROYAL INFIRMARY | <input type="checkbox"/> | | |
| INVERCLYDE ROYAL HOSPITAL | <input checked="" type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| NEW VICTORIA ACH | <input type="checkbox"/> | | |
| RINCESS ROYAL MATERNITY | <input type="checkbox"/> | | |
| QUEEN ELIZABETH UNIVERSITY HOSPITAL | <input type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| ROYAL ALEXANDRA HOSPITAL | <input checked="" type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| ROYAL HOSPITAL FOR CHILDREN | <input type="checkbox"/> | | |
| STOBHILL HOSPITAL | <input type="checkbox"/> | | |
| VALE OF LEVEN | <input type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| WEST CARE AMBULATORY HOSPITAL | <input type="checkbox"/> | | |
| WESTERN INFIRMARY RECORDS | <input type="checkbox"/> | | |
| <u>Including:</u> | | | |
| BADGERNET | <input type="checkbox"/> | | |
| CAREVUE | <input type="checkbox"/> | | |
| MEDICAL ILLUSTRATION | <input type="checkbox"/> | | |
| METAVISION | <input type="checkbox"/> | | |
| PHYSIOTHERAPY | <input type="checkbox"/> | | |
| RADIOLOGY | <input checked="" type="checkbox"/> | | |
| WEST MARC | <input type="checkbox"/> | | |
| LABS | <input type="checkbox"/> | | |
| OPEN EYES | <input type="checkbox"/> | | |
| PODIATRY | <input type="checkbox"/> | | |
| ORTHOTICS | <input type="checkbox"/> | | |

MWA

Affix Label



CHI: 0710653050

Inverclyde Royal Hospital

Total Att: 9

12 Mth Att: 0

Title: MR

HUNTER

Brian

DOB 07/10/1965

Age: 58y

Sex: Male

3c-Killearn Road

Next of kin: HUNTER, Mary

Relationship: Partner

Greenock
Renfrewshire
PA15 3DD

GP: M McCartney
01475 506048

Attendance Date: 28/06/2024

Arrival Time: 17:29

Registration Time: 17:29

Date of Incident: 28/06/2024

Major Incident Desc:

Reason for Attendance: mental health issues

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded Pain Score:

Triage Category: **3**

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 28/06/2024 18:39

Nurse name: Nurse Paul Klar

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS:	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right:		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: attends with low mood, feels stressed , appointment crown house in 3/7 , , started on diazepam and setraline

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

**DO NOT WRITE
HERE PLEASE**

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

Date	CLINICAL NOTES

Discharge Codes (Please CIRCLE)				Discharge date	
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)	Discharge time	
5. Died	6. Refer to OP Clinic (see below)	7. Irregular Discharge	8. D.O.A.		

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):
-----------------------------------	------------------------------	---------------------------------

Follow up	Arranged	Not arranged	To be arranged
------------------	-----------------	---------------------	-----------------------

Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):
---------------------------	----------------	--------------------	-----------------	------------------	----------------	-----------------	------------	--------------------------

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By

Date

CLINICAL NOTES

Seen by (Dr)

N. Curran FRC

Time seen 19:00

PC: Depression

HPC: - Longstanding Hx of low mood.

- Pt reports never been treated.
- Significant history of childhood trauma, both physical + mental/emotional
- Lost job in January, taken off benefits last month. Significant financial stressors.
- Wife has dementia, struggling to cope of increasing care needs of her, both physically + cognitively.
- This has all culminated into 2 x 'mental breakdowns' yesterday, where he burst into tears in public.
- Started on Sertraline + Dexam by GP + referred to ψ services
↳ due r/v in Crown House 3/7
- Not sleeping. Not E+D well. Low motivation
- Denies active suicidal ideation.
- Nil drugs/alcohol.

Reassured Brian how he has significant stressors in his life currently which is responsible/contributing to his mental state. He has taken the right steps in his recovery with arrangement of Mental Health services + medication. Reassured of prognosis + advised to engage fully with appt in 3/9.

Greater Glasgow & Clyde Emergency Departments' Mental Health Triage and Risk Assessment



0710653050 07/10/1955
HUNTER
 Brian

Part One - Nursing Triage triage nurse to complete this page

Triage Observations <small>document physiological measurements</small>						
GCS	BM	HR	BP	RR	SaO ²	Temp
15		71	173/109	14	99	36.4

accompanied by	<small>name, relationship, particular concerns</small>

Outline of Presentation <small>tick all the categories which apply</small>	
Overdose (will also require medical assessment)	<input type="checkbox"/>
Self-injury (will also require wound management)	<input type="checkbox"/>
Other Mental Health Presentation	<input checked="" type="checkbox"/>

Describe the appearance/clothing of those attending alone, as they may leave before review.

Is the patient a young person in foster care or in a residential care placement? **YES/NO**

Is the patient a carer for a child or a dependent adult? **YES/NO**

Is there a child protection concern or concern for a vulnerable adult at risk? **YES/NO**

Initial Presentation, Appearance and Behaviour respond yes or no to each question, in any order which seems appropriate

Is the patient violent, aggressive or threatening?	Y	<input checked="" type="radio"/> N
Is the patient obviously distressed, markedly anxious or highly aroused?	<input checked="" type="radio"/> Y	N
Is the patient preoccupied, erratic or impulsive?	Y	<input checked="" type="radio"/> N
Is the patient quiet and withdrawn?	Y	<input checked="" type="radio"/> N
Do you think the patient is behaving inappropriately to their situation?	Y	<input checked="" type="radio"/> N
Do you think the patient presents an immediate risk to you, to others, or to themselves?	Y	<input checked="" type="radio"/> N
Do you think the patient is likely to abscond prior to assessment?	Y	<input checked="" type="radio"/> N
Do you think the patient's presentation suggests either hallucinations or delusions?*	Y	<input checked="" type="radio"/> N
Do you think the patient feels their actions are being controlled?	Y	<input checked="" type="radio"/> N
Are you aware of a history of mental health problems or psychiatric illness?	<input checked="" type="radio"/> Y	N
Are you aware of a history of violence or self-harm?	<input checked="" type="radio"/> Y	N
Is the patient currently expressing suicidal thoughts?	Y	<input checked="" type="radio"/> N
Is the patient currently intoxicated, with alcohol, or other substances?	Y	<input checked="" type="radio"/> N

*Delusions: false but firmly held views and ideas. Hallucinations: false external stimuli (for example, visual or vocal) the patient thinks are real

Triage Risk Assessment <small>identify an initial category of risk, select one or more risks</small>
High / Moderate / Low - risk <small>of self-harm / violence / absconding</small>

Triage Category 3

High risk - accompanied **and** in the clinical area.
 Moderate risk - accompanied **or** in the clinical area.
 Low risk - can be asked to wait **if necessary**.

Immediate management print toxbase information, and in paracetamol overdose, note 4-hour time for blood sample.

Patient location, accompanied by...	Summary
Blood sample time?	
Toxbase info printed? Y/N	
GMAWS considered? Y/N	

Any responses in the first column
High Risk

Other patients can be categorised as
Moderate Risk

If all responses are in the third column
Low Risk

name/grade _____

signature _____

date and time _____

Part Two - Mental Health Assessment

medical staff to complete this page

Patient name _____

CHI _____

outline of current presentation and precipitating factors

current and previous mental health problems, self-harm episodes, problematic alcohol and/or drug use, contacts with mental health services

other relevant information, (relationships, finances, employment, housing, physical health, childcare responsibilities, current medications, etc) - protective factors (beliefs, relationships, plans for future) - views of relatives/carers/significant others'

Risk Factors

(this is not an exhaustive list)

alcohol or drug use	
planning or concealment	
evidence of psychosis	
ongoing suicidal intent	
family concern about risk	
access to lethal means	
lack of social support	
age and gender	
chronic illness/pain	
family history of suicide	
disengaged/noncompliant	
unemployed/retired	
previous violent methods	
history of self-harm	
current psychiatric treatment	
previous psychiatric treatment	

Appearance

Behaviour

Speech

Mood

Thought

Insight

Careful consideration should be given to patients who may present particular risks, including patients who may have post-natal depression, or patients with 'first presentations' of mental health problems, especially in adolescence or old age.

Risk Assessment

based on clinical assessment indicate a category of risk for a further episode of self-harm in the short term (48hrs) - consider protective as well as precipitating factors.

High / Moderate / Low

Discharge Advice and Plan for Further Assessment

indicate the follow-up plan - referral to Liaison Psychiatry, duty doctor, out-of-hours CPN service, CMHT, GP, addiction services, SW, etc - indicate the advice given to the patient, and identities of others informed.

summary

follow up and advice given

service referred to

name/relationship of carer informed

consultant/middle-grade involved in decision or review

If young people in foster care or residential care are assessed, their social work team should be informed (via stand-by SW if out-of-hours) as well as giving information and advice to carers present.

name/grade

signature

date and time

MWA

11:55 - called 2x from MWA - no response.

Affix Label



Inverclyde Royal Hospital

CHI: 0710653050

Total Att: 8

12 Mth Att: 0

Title: MR

HUNTER

Brian

DOB 07/10/1965

Age: 56y

Sex: Male

3c Killearn Road

Next of kin: HUNTER, Mary
Relationship: Partner

Greenock
Renfrewshire
PA15 3DD
07516734204

GP: M McCartney
01475 745321

Attendance Date: 17/08/2022

Arrival Time: 11:24

Registration Time: 11:24

Date of Incident: 16/08/2022

Major Incident Desc:

Reason for Attendance: tablet stuck in throat

Affix Label

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 4

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 17/08/2022 11:29

Nurse name: Nurse Nicola McMillan2

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: "? calms tablet stuck in throat, advised at triage to try bottle of coke to dissolve "

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

**DO NOT WRITE
HERE PLEASE**

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

CLINICAL NOTES

Date

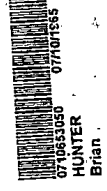
17/08/11

Seen by (Dr) Emily Cougle FY1

Time seen 11:00

PC: 56 yr old ♂, c/o tablet stuck in throat

PMH: Anxiety
5th metatarsal #
RTA - penic # +
Orbital injury



Date	CLINICAL NOTES

Discharge Codes (Please CIRCLE)				Discharge date	
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)	Discharge time	
5. Died	6. Refer to OP Clinic (see below)	7. Irregular Discharge	8. D.O.A.		

Ward number (if admitted):	Transfer to hospital:	Consultant if admitted:
-----------------------------------	------------------------------	--------------------------------

Follow up	Arranged	Not arranged	To be arranged
------------------	-----------------	---------------------	-----------------------

Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):
---------------------------	-----	-------------	----------	-----------	---------	----------	-----	--------------------------

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By

SC

Affix Label



Inverclyde Royal Hospital

CHI: 0710653050

Total Att: 7

12 Mth Att: 0

Title: MR

HUNTER

Brian

DOB: 07/10/1965

Age: 51y

Sex: Male

3c Killearn Road

Next of kin: **HUNTER, Mary**

Relationship: **Partner**

790725

**Greenock
Renfrewshire**

PA15 3DD

790725

GP: **M McCartney**

01475 745321

Attendance Date: 30/10/2016

Arrival Time: 05:52

Registration Time: 05:52

Date of Incident: 30/10/2016

Major Incident Desc:

Reason for Attendance: **back pain**

Affix Label

Nursing Assessment

Alerts: **Not Recorded**

Allergies: **Not Recorded**

Pain Score:

Triage Category: **4**

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 30/10/2016 06:31

Nurse name: **Nurse Allison Black**

Temp	—	C
HR	70	bpm
BP	178/109	mmHg
MAP		mmHg
RR	16	bpm
SpO2	98%	%
Oxygen	air	%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity:		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils: Right		Pupils: Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: **right sided lower back pain for last 4/7. states pain radiating down leg. no regular analgesia. no injury**


Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

**DO NOT WRITE
HERE PLEASE**


 0710653050 07/10/1965
 HUNTER
 Brian

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

Date

CLINICAL NOTES

Seen by (Dr)

ETSKOWN

Time seen

0800

30/10/16

PCJ BACK PAIN (S1) →

HPJ states 4/7 Lx of back pain set at
onset, has been having back pain
for many months. No loss of power,
no urinary/bladder issues. No
morning rigidity. not taking analgesia.

MMJ —

MMJ. NCA.

O/E

Tender over (R) low back.
Paravertebral. No spinal tenderness
FROM a hip/knee/ankle.
No focal neurology. detented
FROM in rotation/flexion
of back.

No red flags

Imp/Monitor back pain.


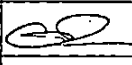

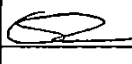
Plan (A) with analgesia.

ETSKOWN



Date	CLINICAL NOTES


 0710653050 07/10/1965
HUNTER
 Brian

Discharge Codes (Please CIRCLE)								Discharge date	
1. Admission		2. Discharge		3. Refer to GP		4. Transfer to other (see below)		Discharge time	
5. Died		6. Refer to OP Clinic (see below)		7. Irregular Discharge		8. D.O.A.			
Ward number (if admitted):			Transfer to hospital:				Consultant If admitted):		
Follow up	Arranged			Not arranged			To be arranged		
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):	
Discharge Prescription Packs									
Date Given	DRUG (BLOCK CAPITALS)		Dose	Method of Administration	Frequency	Signature	Given By		
30/10/16	CO-CODAMOL ⁵⁰ 10		ii	PO	qds				
30/10/16	TRISUPROFEN		400mg	PO	td				

Emergency Attendance Letter



Emergency Department
Inverclyde Royal Hospital
Larkfield Rd
Greenock
Renfrewshire
PA16 0XN

Dept. Contact Details:
Tel: 01475 504351
Fax: 01475 504434
Email: inverclyde@nhs.net

Date Completed: 28/06/2024

Consultant: Dr Monica Wallace

M McCartney
Drs McCartney addiscott green & t
The Health Centre
2 Bay Street
Port Glasgow
Port Glasgow
PA14 5EW

Dear M McCartney

Re: **Hunter Brian**
3c Killearn Road
Greenock PA15 3DD

DOB: **07/10/1965**

CHI: **0710653050**

Attended on: **28/06/2024 at 17:29 hrs.**

Departed on: **28/06/2024 at 19:56 hrs.**

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

Destination: **Private residence**

Previous ED Attendance in last 12 months: **0**

Presenting complaint
mental health issues

Nursing Assessment:

attends with low mood, feels stressed, appointment crown house in 3/7, started on diazepam and setraline

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Depressive Episode, Unspecified		

Procedures: None

Immunisations: None

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

Clinician Notes:

58M ongoing depressive symptoms - seen by GP yesterday, has been started on sertraline and diazepam. Significant stressors in life - lost job in January, benefits stopped last month, struggling to cope with physical and mental health of wife who has dementia. Feels hopeless and insignificant. Struggling to sleep, eat and drink. Nil features of psychotic depression. Nil current suicidal ideation. Pre-arranged for review at Crown House in 3/7. Reassured patient, advised full benefits of antidepressant can take weeks to take effect, and that he is making the right steps seeking help for his ongoing mental health issues. Signposted to NHS24 if develops significant suicidality.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Niall Cameron
Doctor

Copies to:

1. M McCartney (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Inverclyde Royal Hospital
Larkfield Rd
Greenock
Renfrewshire
PA16 0XN

Dept. Contact Details:
Tel: 01475 504351
Fax: 01475 504434
Email: inverclyde@nhs.net

Date Completed: 17/08/2022

Consultant: Dr Neil Mukherjee

M McCartney
Drs McCartney addiscott green & t
The Health Centre
2 Bay Street
Port Glasgow
Port Glasgow
PA14 5EW

Dear M McCartney

Re: **Hunter Brian**
3c Killearn Road
Greenock PA15 3DD

DOB: **07/10/1965**

CHI: **0710653050**

Attended on: **17/08/2022 at 11:24 hrs.**

Departed on: **17/08/2022 at 12:17 hrs.**

Discharge Type: **04a - Incomplete: left before
assessment completed**

Destination: **Not known**

Previous ED Attendance in last 12 months: **0**

Presenting complaint
tablet stuck in throat

Nursing Assessment:
? calms tablet stuck in throat, advised at triage to try bottle of coke to dissolve

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Foreign Body In Oesophagus		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

PC: pt presented with stuck 'calms' tablet in throat. Dislodged with fizzy drink - pt self discharged before assessment.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Emily Coyle
Doctor

Copies to:

1. M McCartney (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Inverclyde Royal Hospital
Larkfield Rd
Greenock
Renfrewshire
PA16 0XN

Dept. Contact Details:
Tel: 01475 504351
Fax: 01475 504434
Email: inverclyde@nhs.net

Date Completed: 30/10/2016

Consultant: Dr Euan McMillan

M McCartney
Drs McCartney & Addiscott
The Health Centre
2 Bay Street
Port Glasgow
Port Glasgow
PA14 5EW

Dear M McCartney

Re: **Hunter Brian**
3c Killearn Road
Greenock PA15 3DD

DOB: 07/10/1965

CHI: 0710653050

Attended on: 30/10/2016 at 05:52 hrs.

Departed on: 30/10/2016 at 08:24 hrs.

Discharge Type: 01a - Discharge with no follow up Destination: Not known

Previous ED Attendance in last 12 months: 0

Presenting complaint
back pain

Nursing Assessment:

right sided lower back pain for last 4/7. states pain radiating down leg. no regular analgesia. no injury

Investigations in ED: None

Diagnosis:

Diagnosis	Side	Site
Low back pain		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Low back pain. No focal neurology or red flags. Discharged with advice

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Elaine Brown

Doctor

Copies to:

1. M McCartney (GP)

School Address:

Emergency Attendance Letter



Emergency Department
Inverclyde Royal Hospital
Larkfield Rd
Greenock

Dept. Contact Details:
Tel: 01475 504351
Fax: 01475 504434
Email: inverclyde@nhs.net

PA16 0XN

Date Completed: 13/12/2011

Consultant: Dr Charles Allister

M McCartney
Drs mccartney smith & addiscott
The Health Centre
2 Bay Street
Port Glasgow
Port Glasgow
PA14 5EW

Dear M McCartney

Re: **Hunter Brian**
3c Killearn Road
Greenock PA15 3DD

DOB: 07/10/1965

CHI: 0710653050

Attended on: 12/12/2011 at 15:48 hrs.
Discharge Type: 01a - Discharge with no follow up
Previous ED Attendance in last 12 months: 0

Departed on: 12/12/2011 at 19:40 hrs.
Destination: Private residence

Presenting complaint
pain and swelling l leg

Nursing Assessment:
felt sudden pain around l ankle 1/7 ago today pain spreading up front of leg, swelling, pain and erythema to tibial aspect leg, both calves 16in

Investigations in ED: None

Diagnosis:

Diagnosis	Side	Site
Cellulitis, unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
KAREN CLARK
Doctor

Copies to:

1. M McCartney (GP)

School Address:

HOSPITAL INFORMATION MISSING

Dr MICHAEL MCCARTNEY
The Health Centre
2 Bay Street Port Glasgow

PA14 5EW

Date : 30 Oct 2010

Dear Dr MICHAEL MCCARTNEY,

Re: BRIAN HUNTER, 3c Killearn Road, GREENOCK, Renfrewshire, PA15 3DD
Date of Birth: 07/10/1965 CHI number: 0710653050

HOSPITAL INFORMATION MISSING Patient attended on the 30 Oct 2010.

The presenting complaint was: **INJURY RIGHT EYE**

Triage information: **Not recorded**

The following investigations
were carried out: **None**

The A&E diagnosis was: **EYE - OTHER VISUAL DISTURBANCES**

The following treatment was
given: **None**

At the conclusion of
treatment the patient was: **DISCHARGED - NO FOLLOW UP REQUIRED**

Follow-up: **NO FOLLOW ARRANGED**

Additional information: **None**

Yours sincerely,

LOCUM LOCUM

EMERG MED LOCUM DOCTOR

**EMERGENCY DEPARTMENT
INVERCLYDE ROYAL HOSPITAL
LARKFIELD ROAD
GREENOCK
PA16 0XN**



Dr MICHAEL MCCARTNEY
The Health Centre
2 Bay Street Port Glasgow
PA14 5EW

Date: 17 Feb 2010

Dear Dr MICHAEL MCCARTNEY,

**Re: BRIAN HUNTER, 3c Killearn Road, GREENOCK, Renfrewshire, PA15 3DD
Date of Birth: 07/10/1965 CHI number: 0710653050**

Your patient attended Inverclyde Royal Hospital on the 17 Feb 2010.

The presenting complaint was: **LAC L THUMB**

Triage information: **Not recorded**

The following investigations were carried out: **None**

The A&E diagnosis was: **INFECTION/INFLAMMATION - ABSCESS - PARONYCHIA**

The following treatment was given: **None**

At the conclusion of treatment the patient was: **Not specified**

Follow-up: **Not recorded**

Additional information: **None**

Yours sincerely,

**GORDON MCNEISH
DOCTOR**

EMERGENCY DEPARTMENT
INVERCLYDE ROYAL HOSPITAL
LARKFIELD ROAD
GREENOCK
PA16 0XN



Dr MICHAEL MCCARTNEY
The Health Centre
2 Bay Street Port Glasgow
PA14 5EW

Date: 23 Feb 2008

Dear Dr MICHAEL MCCARTNEY,

Re: BRIAN HUNTER, 3c Killearn Road, GREENOCK, Renfrewshire, PA15 3DD
Date of Birth: 07/10/1965 CHI number: 0710653050

Your patient attended Inverclyde Royal Hospital on the 23 Feb 2008.

The presenting complaint was: **SICKNESS DIARRHOEA AND NAUSEA, DIZZINESS**

Triage information: **Not recorded**

The following investigations were carried out: **None**

The A&E diagnosis was: **GASTRO-INTESTINAL A5 - DIARRHOEA AND GASTROENTERITIS OF PRESUMED INFECTIOUS ORI**

The following treatment was given: **STEMETIL 5MG PO 8 HOURLY**

At the conclusion of treatment the patient was: **Not specified**

Follow-up: **Not recorded**

Additional information: **Seen in AE. Went to bed feeling well. Woke up, felt dizzy, then went to toilet and vomited twice and had 2 episodes diarrhoea. Had headache, dizziness worse on closing eyes. On examination obs all normal, heart/ chest clear. No abdo pain. neurology normal. Likely viral gastroenteritis, discharged with stemetil**

Yours sincerely,

**CHRIS MILNE
DOCTOR**

EMERGENCY DEPARTMENT
INVERCLYDE ROYAL HOSPITAL
LARKFIELD ROAD
GREENOCK
PA16 0XN



Dr MICHAEL MCCARTNEY
The Health Centre
2 Bay Street Port Glasgow
PA14 5EW

Date: 04 Feb 2007

Dear Dr MICHAEL MCCARTNEY,

Re: BRIAN HUNTER, 3c Killearn Road, GREENOCK, Renfrewshire, PA15 3DD
Date of Birth: 07/10/1965 CHI number: 0710653050

Your patient attended Inverclyde Royal Hospital on the 04 Feb 2007.

The presenting complaint was: **DOG BITE TO R IGH T ARM**

Triage information: **PAIN? , RECENT PROBLEM? , SWELLING? DOG BITE TO RIGHT ARM**

The following investigations were carried out: **None**

The A&E diagnosis was: **BITES/STINGS - FOREARM - RIGHT**

The following treatment was given: **CO-AMOXYCLAV 375MG TDS
WOUND IRRIGATION**

At the conclusion of treatment the patient was: **Not specified**

Follow-up: **Not recorded**

Additional information: **None**

Yours sincerely,

**KAREN HARVIE
EMERG MED DOCTOR**

**EMERGENCY DEPARTMENT
INVERCLYDE ROYAL HOSPITAL
LARKFIELD ROAD
GREENOCK
PA16 0XN**



Dr MICHAEL MCCARTNEY
The Health Centre
2 Bay Street Port Glasgow
PA14 5EW

Date: 06 Oct 2006

Dear Dr MICHAEL MCCARTNEY,

**Re: BRIAN HUNTER, 3c Killearn Road, GREENOCK, Renfrewshire, PA15 3DD
ate of Birth: 07/10/1965 CHI number: 0710653050**

Your patient attended Inverclyde Royal Hospital on the 06 Oct 2006.

The presenting complaint was: **RETUN PATIENT INJ FINGERS**

Triage information: **Not recorded**

The following investigations were carried out: **None**

The A&E diagnosis was: **CLINIC PATIENT**

The following treatment was given: **None**

At the conclusion of treatment the patient was: **Not specified**

Follow-up: **Not recorded**

Additional information: **None**

Yours sincerely,

**JO SIMPSON
EMERG MED DOCTOR**

**EMERGENCY DEPARTMENT
INVERCLYDE ROYAL HOSPITAL
LARKFIELD ROAD
GREENOCK
PA16 0XN**



Dr MICHAEL MCCARTNEY
The Health Centre
2 Bay Street Port Glasgow
PA14 5EW

Date: 04 Oct 2006

Dear Dr MICHAEL MCCARTNEY,

Re: BRIAN HUNTER, 3c Killearn Road, GREENOCK, Renfrewshire, PA15 3DD
Date of Birth: 07/10/1965 CHI number: 0710653050

Your patient attended Inverclyde Royal Hospital on the 04 Oct 2006.

The presenting complaint was: **LACERATION L INDEX AND MID FINGERS**

Triage information: **RECENT PROBLEM? , PAIN? BIT BY OWN DOG. MINOR LACERATION MIDDLE FINGER, SMALL PUNCTURE WOUND X2, MID AND INDEX FINGERS. UNSUTE TETANUS STATUS. NKDA**

The following investigations were carried out: **SOFT TISSUE X RAY LEFT HAND**

The A&E diagnosis was: **BITES/STINGS - FINGER-MIDDLE - LEFT**

The following treatment was given: **CO-AMOXYCLAV 375MG TDS
AMOXYCILLIN 250MG TDS**

At the conclusion of treatment the patient was: **DISCHARGED - NO FOLLOW UP REQUIRED**

Follow-up: **Not recorded**

Additional information: **None**

Yours sincerely,

**DEBORAH MORRISON
SURGERY-RECEIVING**

Clinical letter - GP: FTA - Discharge



Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-314-7294
MSK Physiotherapy
Inverclyde Royal Hospital
01475 504 468

Dr. CL Addiscott
Birkmyre Medical Practice
The Health Centre
2 Bay Street
Port Glasgow
PA14 5EW

Main Switchboard:
Department:

Contact Tel:
Enquiries to:
Letter Date: 09/02/2026
Reference:
Dictated Date: 09/02/2026
Transcribed Date:

Dear Dr Addiscott,

**Brian Hunter; D.O.B: 07/10/1965; CHI: 0710653050
3c Killearn Road, Greenock, Renfrewshire, PA15 3DD**

This patient did not keep their first appointment with us on 09/02/26 at 13:00, and did not notify us that they would not be attending.

No further appointment will be offered and they will be removed from our waiting list, unless they contact us within 24 hours.

Yours sincerely

Nicole Doak

Band 6 Physiotherapist

Electronically Signed:

cc.

Clinical letter - GP: Discharge



Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111
Physiotherapy: Port Glasgow
Health Centre
01475 506027

Dr. M McCartney
Drs McCartney addiscott green & t
The Health Centre
2 Bay Street
Port Glasgow
PA14 5EW

Main Switchboard:
Department:

Contact Tel:
Enquiries to:
Letter Date: 13/09/2024
Reference:
Dictated Date: 13/09/2024
Transcribed Date:

Dear M McCartney ,

**Brian Hunter; D.O.B: 07/10/1965; CHI: 0710653050
3c Killearn Road, Greenock, Renfrewshire, PA15 3DD**

GP Action Required: nil

Presenting Condition: L knee pain

Physiotherapy Comments: nil

Onset of symptoms - Traumatic

Mechanism of onset - Traumatic

Diagnosis - Mechanical knee pain secondary to trauma 11/23

Treatment - HEP, Advice and education

Further Info - Initially when Mr Hunter attended my clinic he advised he was experiencing low mood was attending SAMH, nil suicidal ideations. During time at physio the patient advised mood has improved significantly with mental health support, increased activity and keen to start back to gym.

Discharge Outcome:

The patient completed a course of treatment and symptoms are now: - Resolved

The patient has an exercise programme to continue with self management.

This patient has now been discharged from our care.

Yours sincerely,

Christopher Tanoh

B5PT

Electronically Signed: ,

cc.

Clinical letter - GP: Discharge letter



Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. M McCartney
Drs Mccartney addiscott green & t
The Health Centre
2 Bay Street
Port Glasgow
PA14 5EW

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 01/07/2024
Reference:
Dictated Date: 01/07/2024
Transcribed Date:

Dear ,

Brian Hunter; D.O.B: 07/10/1965; CHI: 0710653050
3c Killearn Road, Greenock, Renfrewshire, PA15 3DD

This patient did not keep their first appointment with us on 01/07/2024 at 10:30, and did not notify us that he would not be attending. No further appointment will be offered and he will be removed from our waiting list, unless he contact us within 24 hours.

Yours sincerely

Somto Onyebuchi

B6 MSK Physiotherapist

Electronically Signed: ,

cc.

Clinical letter - GP: Discharge



Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111
MSK Outpatients
01475504468

Dr. M McCartney
Drs Mccartney addiscott green & t
The Health Centre
2 Bay Street
Port Glasgow
PA14 5EW

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 24/01/2024
Reference:
Dictated Date: 24/01/2024
Transcribed Date:

Dear Dr McCartney,

Brian Hunter; D.O.B: 07/10/1965; CHI: 0710653050
1c Killearn Road, Greenock, Renfrewshire, PA15 3DD

GP Action Required: Nil

Presenting Condition: R shoulder pain

Physiotherapy Comments: Patient presented initially on 13/11/2023 with 8 month history of R shoulder pain. On final assessment, Range of motion was full and muscle power was 5/5 for all movements at R shoulder.

Onset of symptoms - Gradual

Mechanism of onset - Atraumatic

Diagnosis - R rotator cuff tendinopathy

Treatment - Education on rotator cuff tendinopathy and recovery, Progressive shoulder loading exercise programme.

Discharge Outcome: The patient completed a course of treatment and symptoms are now:

- Almost Resolved.

The patient has an exercise programme to continue with self management.

This patient has now been discharged from our care.

Yours sincerely

Declan Pritchard

Band 5 Physiotherapist

Electronically Signed: ,

cc.

Clinical letter - GP: Discharge Letter



Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111
Physiotherapy
01475 504468
Darragh McGarrity

Dr. M McCartney
Drs Mccartney addiscott green & t
The Health Centre
2 Bay Street
Port Glasgow
PA14 5EW

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

23/11/2021
23/11/2021

Dear Dr McCartney,

Brian Hunter; D.O.B: 07/10/1965; CHI: 0710653050
Jc Killearn Road, Greenock, Renfrewshire, PA15 3DD

Presenting Condition: Left sided LBP

Onset of symptoms - Longstanding - flare approximately 6 months ago

Mechanism of onset - Initially related to RTA in 1984

Diagnosis - Mechanical back pain

Treatment - Home exercise program

Mr Hunter presented to Physiotherapy on the 9/9/21 and had 3 treatment sessions including 1 face to face review. At his review appointment on the 29/10/21 Mr Hunter reported that his symptoms had continued to improved. He reported minimal discomfort and he was happy to self manage at this time.

Discharge Outcome:

The patient completed a course of treatment and symptoms are now:

- Resolved.

The patient has an exercise programme to continue with self management.

This patient has now been discharged from our care.

Yours sincerely

Darragh McGarrity

MSK Physiotherapist

Electronically Signed: ,

cc.

Clinic Letter

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. M. McCartney
Drs. McCartney addiscott green & t
The Health Centre
2 Bay Street
Port Glasgow
PA14 5EW

Main
Switchboard:
Department:
Contact Tel:
Enquiries to: shauna.gemmell@ggc.scot.nhs.uk
Letter Date: 10/10/2024
Reference: yvonne.edmiston/dm
Dictated: 10/10/2024
Date:
Transcribed: 14/10/2024
Date:

Dear Dr. M. McCartney,

Brian Hunter; D.O.B: 07 Oct 1965; CHI: 0710653050
3c Killearn Road, Greenock, Renfrewshire, PA15 3DD

Attendance: Specialty - Orthopaedics ; Clinic - RAYEOR8-ESP Y EDMISTON ORTHO THUR PM
Date and Time of Appointment - 10/10/2024 15:30

Clinical Comments:
ORTHOAEDIC CONSULTANT MR SHANKER

This new patient consultation today in my Physiotherapy-Led Orthopaedic Upper Limb Clinic was carried out face to face. The patient gave verbal consent, agreed, understood and was happy with their orthopaedic assessment and management today.

Diagnosis: Right shoulder pain now resolved.

Management: Advice.

Outcome: Discharged from orthopaedic clinic.

Thank you for referring this patient whom I saw today in the Physiotherapy-Led Orthopaedic Upper Limb Clinic. My clinic notes and opinion are as follows:-

History:- This 59yr old gentleman reports the insidious onset of right shoulder pain around August 2023. This shoulder pain has resolved. He gets very minor stiffness around his right shoulder when it is cold. His sleep is not disturbed and he is managing everything functionally.

He otherwise keeps well. Current medication includes Naproxen, Omeprazole, Bisoprolol and Amlodipine. He is a carer for his wife who has Dementia. Hobbies include writing poems. He is left hand dominant.

Clinical Examination:- Today shows no evidence of muscle wasting in the right upper limb. He has full right shoulder range of motion with some end range stiffness in elevation and abduction. He has a negative Hawkin's-Kennedy Impingement sign and negative AC joint scarf test. He generates good power on abduction internal and external rotations.

Opinion:- I note this gentleman has had previous right shoulder ultrasound scan which showed some mild degenerative changes at the AC joint and a supraspinatus tear with some tendinopathy. Overall I have explained to the patient that tearing of the rotator cuff is part of the normal ageing process. There is other muscles around the shoulder that can compensate for this which it has done in this case. He is pain free and no orthopaedic intervention is required. I have discharged the patient from the orthopaedic clinic.

Yours sincerely

Yvonne Edmiston

Advanced Physiotherapy Practitioner

Electronically Signed: Physiotherapist Yvonne Edmiston, Physiotherapist

cc.

Dr. Michael McCartney
Port Glasgow Health Centre
2 Bay Street
Port Glasgow
PA14 5EW

Date: 29/11/2019

Dear Dr. Michael McCartney,

Patient: Mr Brian Hunter CHI: 0710653050

Address: 3c Killearn Road, Greenock, Renfrewshire, PA15 3DD

54y man with untreated hypertension, complaining of both exertional and non-exertional chest pain lasting for up to 20 min. GTN helps. No other symptoms. PMH: anxiety
Note that he had just used his GTN spray while waiting outside the Exercise room.

O/E 153/108 mmHg Normal heart sounds and clear chest

Resting ECG= identical to the one obtained at the surgery and normal. (the isolated q in III disappears with deep inspiration)

ETT: Negative to end of stage II (6min). Did not go further due to very high BP 220/115 mmHg at that point. HR 63- > 112 (67% max pred)

CONCLUSION: Negative submaximal ETT & severe hypertension - can explain symptoms

SUGGEST: Please start on Bisoprolol 2.5 mg OD with Amlodipine 5 mg OD added in 2-3 days later. He may need 2-3 agents in combination to control his BP.

Follow up in primary care, but if chest pains persist after his BP has been controlled please let us know. Also please advise to seek emergency medical help if severe chest pain emerges at any time.

Yours sincerely,

Dr Helen Papaconstantinou, Consultant Cardiologist

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO:		
Trauma & Orthopaedic - Shoulder GGC General Referral		Consultant / receiving practitioner and/or specialty clinic
Inverclyde Royal Hospital Larkfield Road Greenock PA16 0XN		Hospital and hospital address Hospital location code: C313H Email address
Urgency of referral Date of referral	Routine 16-Jan-2024	Date sent 16-Jan-2024

PATIENT DETAILS		Patient's address
Surname	Hunter	3c Killearn Road GREENOCK Inverclyde PA15 3DD Contact number(s) Voice: 07516734204 Voice: 07516734204
Forename(s)	Brian	
Title	Mr	
Sex	Male	
Date of birth	07-Oct-1965	
CHI no.	0710653050	
Area of Residence	-	

101031865264M	Unique Care Pathway Number: 101031865264M
-----------------	---

REGISTERED GP DETAILS		Practice address
Name	Dr M McCartney	2 Bay Street Port Glasgow PA14 5EW Contact number(s) Voice: 01475 506048 E-mail: ggc.GP86271clinical@nhs.scot
GMC code	3490462	
GP code	35211	
Practice name	The Health Centre	
Practice code	86271	

REFERRING GP DETAILS		Practice address
Name	Dr. Claire Thorman	The Health Centre 2 Bay Street Port Glasgow PA14 5EW Contact number(s) Voice: 01475 506048
GMC code	7072530	
GP code	38041	
Practice name	Drs McCartney, Addiscott, Green & T (86271)	
Practice code	86271	

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

Description: (R) upper arm pain

Comment: Many thanks for reviewing this 58 year old male, who has presented with right arm pain since the start of August 2023. It developed when he was carrying three heavy shopping bags out of the car in his right arm. He informs me he is left had dominant. He developed pain at a specific point in the right arm, which was approximately 10cms down from the shoulder on the anterior upper arm.

We arranged for a soft tissue ultrasound to be carried out, which was completed in January 2024. The US scan has reported a full thickness partial width tear of the anterior portion of the supraspinatus tendon, and has advised on orthopaedic referral in the first instance.

Many thanks for your ongoing management of Brian and his arm.

Dr Thorman

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Essential hypertension	-	26-Nov-2019	26-Nov-2019
Depressed	-	12-May-1998	12-May-1998
Hand fracture - metacarpal bone	left 5th.	07-Feb-1995	07-Feb-1995
Anxiety states	attended stressproofing group.	20-Nov-1992	20-Nov-1992
H/O: urethral stricture	further dilatation of urethral stricture.	23-Nov-1988	23-Nov-1988
H/O: urethral stricture	further assessment - no dilatation or incision required.	18-Aug-1987	18-Aug-1987
H/O: urethral stricture	reincision.	29-Jan-1987	29-Jan-1987
Urethral stricture	almost complete obstruction due to stricture.	12-Mar-1984	12-Mar-1984
Bedwetting	Investigations - M.S.U. & I.V.P. normal.	06-Sep-1978	06-Sep-1978
Finger fracture	displaced epiphysis base of right 5th finger.	28-Oct-1976	28-Oct-1976
Fracture of humerus	-	05-Jul-1976	05-Jul-1976

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Urethrography	satisfactory.	26-Dec-1988	26-Dec-1988
RTA injury examination	severe trauma - multiple fractures of pelvis and urethral rupture. Immobilisation of pelvis plus surgical repair of urethral rupture carried out.	25-Nov-1983	25-Nov-1983

Family conditions (All priorities)

<u>Description</u>	<u>Date of Onset</u>
FH: Ischaemic heart dis. <60	27-Jun-2012
FH: CVA/stroke	27-Jun-2012

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Naproxen-Tablets 500 mg	56	56 TABLET	ONE TO BE TAKEN TWICE A DAY	-	04-Oct-2021	05-Jan-2024
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	04-Oct-2021	05-Jan-2024

Bisoprolol Fumarate Tablets 2.5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	29-Nov-2019	04-Jan- 2024
Amlodipine Tablets 5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	29-Nov-2019	05-Jan- 2024

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

No recent medications recorded

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
25-May-2023	126	78
25-May-2023	126	78
23-May-2022	136	74
23-May-2022	136	74
27-Oct-2021	138	88

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
25-May-2023	177	97	30.96
23-May-2022	177	97	30.96
27-Oct-2021	-	97.4	31.09
13-May-2021	-	98.6	31.47
21-Oct-2013	177	85	27.13

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		25-May-2023
Alcohol consumption, 0 urtits/week:		25-May-2023
Exercise grading, 2 :		27-Jun-2012
Declined referral to physical exercise programme:		27-Jun-2012
Exercise grading NOS, 2 :		27-Jun-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:Resident GP
 Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

 Signature of referring doctor (or other professional) Date