Subject Access Request Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

NHS
Greater Glasgow and Clyde

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

Date: **17TH JULY 2026**
Your Ref: **100295**
Our Ref: SAR/TEAM/TH
Enquiries to: Tracy Hunter
Direct Line: 0141 211 0667
Email: tracy.hunter3@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient : STEWART McFARLANE **Date: 09.06.1971**

hank you for your request received **30TH JUNE 2026** in which you seek a copy of your client's personal information.

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

QUEEN ELIZABETH UNIVERSITY HOSPITAL – NEW VICTORIA INFIRMARY HOSPITAL RECORDS

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

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

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

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images

- Witness statements
- Incident reports
- Complaints files
- Emails

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

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

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

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

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

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

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

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

Yours sincerely

SAR Team

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☑		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☑	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST AMBULATORY CARE HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

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

SUD WR Xray @ triage

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

CHI: 0906716470

Queen Elizabeth University Hospital

Total Att: 4

12 Mth Att: 0

Title: MR

MCFARLANE **Stewart**

DOB: **09/06/1971** Age: **46y** Sex: **Male**

32 DALRY STREET

Glasgow
Lanarkshire
G32 9BL
07880855579

Next of kin: **MCFARLANE, ANN**
Relationship: **Parent**
778 8466

GP: **El Douglas**
0141 554 3199

Attendance Date: **18/07/2017** Arrival Time: **01:19**

Registration Time: **01:19** Date of Incident: **18/07/2017**

Major Incident Desc:

Reason for Attendance: **Hand injury**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint: **Hand Injury Left**

Observation Date: **18/07/2017 02:20** Nurse name: **Nurse Emma Sinclair**

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

BM		mmol/L
PF		l/min
Expected PF		l/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: **Staff member on duty...crush inj to L hand with heavy linen trolley. Minor wound mid palm...BT dorsal aspect 3rd and 4th MC heads/neck...4th finger**

Child Assessment Questionnaire

0906716470 09/06/1971
MCFARLANE
Stewart

	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		
18/7/17	Seen by (Dr) C McKiernan	Time seen	04:00

(46)

RHD

Porter in QEUH

Hand caught between 2 linen trolleys

Lost small area skin

c/o painful dorsum hand, little + ring finger

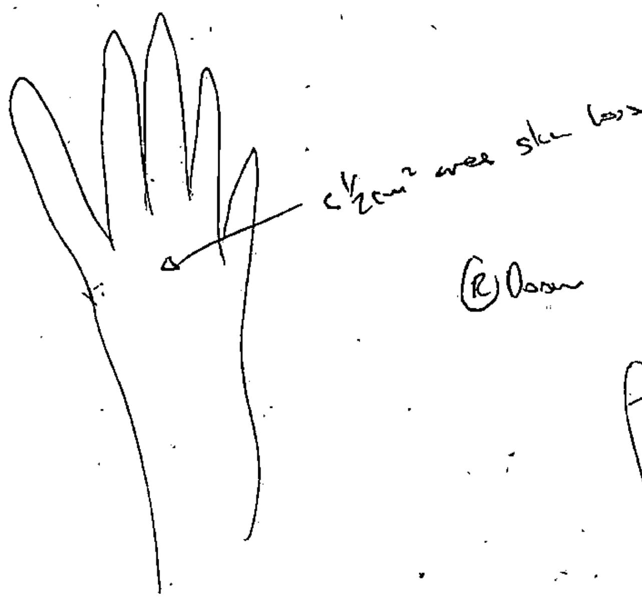
0906716470 09/06/1971
MCFARLANE
Stewart

No other injs

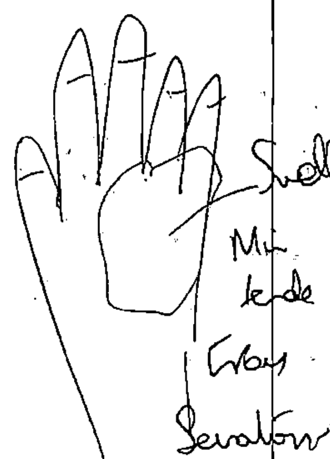
→ Covered for ATT

Exam

(R) Palm



(R) Dorsum



→ XRay - No obvious #

→ Wrist splint

→ Simple mepore dressing

(Pt) Happy

C McKiernan
60-867

Date	CLINICAL NOTES
	0906716470 09/06/1971 MCFARLANE Stewart

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

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

W.IR.

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Affix Label

	GRI	RAH	RHSC	GRI	WIG	VI	VIMIU	Stob	VOL	SGH

Queen Elizabeth University Hospital

CHI: 0906716470

Total Att: **3**

12 Mth Att: **0**

Title: **MR**

MCFARLANE **Stewart**

DOB: **09/06/1971** Age: **44y** Sex: **Male**

32 DALRY STREET

Glasgow
Lanarkshire
G32 9BL

Next of kin: **MCFARLANE, ANN**
Relationship: **Parent**
778 8466

GP: **El Douglas**
0141 554 3199

Attendance Date: **31/01/2016** Arrival Time: **17:13**

Registration Time: **17:13** Date of Incident: **31/01/2016**

Major Incident Desc:

Reason for Attendance: **loss of hearing in left ear**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **4** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **31/01/2016 17:36** Nurse name: **Nurse Alex McGuinness**

Temp	36	C
HR	73	bpm
BP	132/85	mmHg
MAP	100.67	mmHg
RR	16	bpm
SpO2	98	%
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: **4/7 Hx of L ear pain and reduced hearing.**

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
	Seen by (Dr) Glenn Time seen 17.40

OE Well, Apyrexial.

V. Slight erythema to canal - no debris or pus, (N) TM..

→ Redirected to GP

Date	CLINICAL NOTES

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

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

Designed by Medical Illustration Services ref 243836

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

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

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

Date Completed: 18/07/2017

Consultant: Dr Katy McCarthy

El Douglas
Crail Medical Practice
245 Tollcross Road
Glasgow
Glasgow
G31 4UW

Dear El Douglas

Re: **McFarlane Stewart** DOB: **09/06/1971** CHI: **0906716470**
32 DALRY STREET
Glasgow G32 9BL

Attended on: **18/07/2017 at 01:19 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
Hand injury

Nursing Assessment:
Staff member on duty...crush inj to L hand with heavy linen trolley. Minor wound mid palm...BT dorsal aspect 3rd and 4th MC heads/neck...4th finger

Investigations in ED:
1. XR Hand Lt

Diagnosis:

Diagnosis	Side	Site
Open wound of hand		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
crush injury with small area shin loss to right palm. nil on xray Dressing and splint

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Cieran Mckiernan
Consultant

Copies to:
1. El Douglas (GP)
School Address:

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

DR. GAIL GM ADDIS
245 TOLLCROSS ROAD
GLASGOW

G31 4UW
0141 554 3199

Dear Dr. GAIL GM ADDIS,

Your Patient
Name : STEWART MCFARLANE
DOB : 09/06/1971
Address : 32 DALRY STREET
GLASGOW
LANARKSHIRE
G32 9BL

Consultant : DR JOHNATHAN GORDON

Account # : AE0077536/10 Unit # : SG01814294 CHI # : 090

Attended at : 1705 on 13/09/2010
Left A&E at : 1810 on 13/09/2010

Reason for Visit : KNEE INJ

Diagnosis :

Investigations :

Treatments :

Prescribed Drugs : DRUGS DIRECTIONS

Tetanus Given :

Additional Notes:

Follow Up :

Yours sincerely

DR.

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

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

DR. GAIL GM ADDIS
245 TOLLCROSS ROAD
GLASGOW

G31 4UW
0141 554 3199

Dear Dr. GAIL GM ADDIS,

Your Patient
Name : STEWART MCFARLANE
DOB : 09/06/1971
Address : 32 DALRY STREET

GLASGOW
LANARKSHIRE
G32 9BL

Consultant : KEVIN THOMSON

Account # : AE0000761/10 Unit # : SG88117530 CHI # : 090

Attended at : 1438 on 03/01/2010
Left A&E at : 1630 on 03/01/2010

Reason for Visit : ARM INJ

Diagnosis :

Investigations :

Treatments :

Prescribed Drugs : DRUGS DIRECTIONS

Tetanus Given :

Additional Notes:

Follow Up : REF A/E

Yours sincerely

DR.

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

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

DR. GAIL GM ADDIS
245 TOLLCROSS ROAD
GLASGOW

G31 4UW
0141 554 3199

Dear Dr. GAIL GM ADDIS,

Your Patient
Name : STEWART MCFARLANE
DOB : 09/06/1971
Address : 32 DALRY STREET
GLASGOW
LANARKSHIRE
G32 9BL

Consultant : KEVIN THOMSON

Account # : AE0078027/09 Unit #.: SG88117530 CHI # : 090

Attended at : 1031 on 04/09/2009
Left A&E at : 1220 on 04/09/2009

Reason for Visit : ABCESS IN MOUTH

Diagnosis :

Investigations :

Treatments :

Prescribed Drugs : DRUGS DIRECTIONS

Tetanus Given :

Additional Notes:

Follow Up :

Yours sincerely

DR.

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

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

DR. GAIL GM ADDIS
245 TOLLCROSS ROAD
GLASGOW

G31 4UW
0141 554 3199

Dear Dr. GAIL GM ADDIS,

Your Patient
Name : STUART MCFARLANE
DOB : 09/06/1971
Address : 32 DALRY STREET
GLASGOW
LANARKSHIRE
G32 9BL

Consultant : DAVID RITCHIE

Account # : AE0068551/09 Unit # : SG88117530 CHI # : 090

Attended at : 0623 on 02/08/2009
Left A&E at : 0740 on 02/08/2009

Reason for Visit : EYE PROB

Diagnosis :

Investigations :

Treatments :

Prescribed Drugs : DRUGS DIRECTIONS

Tetanus Given :

Additional Notes:

Follow Up :

Yours sincerely

DR.

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

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. El Douglas
Crail Medical Practice
245 Tollcross Road
Glasgow
G31 4UW

Main Switchboard:	
Department:	podiatry
Contact Tel:	
Enquiries to:	lucy.forsyth@ggc.scot.nhs.uk
Letter Date:	03/10/2022
Reference:	
Dictated Date:	03/10/2022
Transcribed Date:	03/10/2022

Dear Dr. El Douglas,

Stewart McFarlane; D.O.B: 09 Jun 1971; CHI: 0906716470
32 DALRY STREET, Glasgow, Lanarkshire, G32 9BL

Attendance: Specialty - Podiatry; Clinic - SGLFOR112-L FORSYTH BIOMECHANICS MONDAY ALL DAY
Date and Time of Appointment - 03/10/2022 11:25

Clinical Comments:
(S) Telephone appointment with Stewart following referral from rheumatology regarding pain in both feet. Stewart was in a car accident around a year ago which caused injury to his back. 6 months ago he was diagnosed with rheumatoid arthritis. Medications has helped manage his symptoms in all other joints with the exception of his feet. Stewart reports a recent increase in his methotrexate which he has not yet noticed any symptom improvement from.

(O) On discussion, the pain in his feet is worse on initial steps following period of rest. He feels he has to walk on his toes to avoid any pressure through his heel. However, he is able to have his heel make ground contact and when asked to carry out a double limb support heel raise this was painful. He locates some swelling to the medial malleoli bilaterally. He is currently finding the left foot more painful than right. Stewart is fairly inactive, currently not working and tries to avoid going out due to the pain in his feet.

(A) Treatment and management discussed. Stewart describes symptoms relating to inflammatory arthropathy however the clinical picture is confusing with avoiding pressure on heels which could indicate posterior chain tightness and symptoms similar to plantar fasciopathy, increased pain when carrying out a heel raise doesn't correlate well to walking on toes to avoid pressure through heels, and is indicative of posterior tibial tendon dysfunction. There could be a combination of weakness and soft tissue adaptations given the sedentary lifestyle and rheumatoid diagnosis.

(P) Review clinically for assessment, discussed posterior chain stretching today and footwear. Scope for low heel raise to encourage heel contact at initial contact through gait. Rehab plan to be developed based on clinical findings

(E) bilateral foot pain and 6 month diagnosis of rheumatoid arthritis, pain in feet not reduced with medication and altered mechanics described

(R) Review clinically

L. Forsyth - Podiatrist

Electronically Signed: ,

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Renal Medicine GGC General Referral	—	**Consultant / receiving practitioner** and/or **specialty clinic**
Queen Elizabeth University Hospital 1345 Govan Road Glasgow G51 4TF	—	**Hospital** and **hospital address** Hospital location code. G405H Email address

Urgency of referral Routine
Date of referral 24-Feb-2021 **Date sent** 25-Feb-2021

PATIENT DETAILS

Surname	Mcfarlane
Forename(s)	Stewart
Title	Mr
Sex	Male
Date of birth	09-Jun-1971
CHI no.	0906716470
Area of Residence	

Patient's address

32 Dalry Street
GLASGOW
G32 9BL

Contact number(s)

Voice: 07504247668

101022709382U | Unique Care Pathway Number: 101022709382U

REGISTERED GP DETAILS

Name	Dr Emma Douglas		
GMC code	6128501	GP code	01171
Practice name	Crail Medical Practice		
Practice code	46131		

Practice address

Crail Medical Practice
245 Tollcross Road
Glasgow
G31 4UW

Contact number(s)

Voice: 0141 554 3199
Facsimile: 0141 551 9950
E-mail: GG-UHB.gp46131clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. Carys Morrison		
GMC code	7277414	GP code	09873
Practice name	Crail Medical Practice (46131)		
Practice code	46131		

Practice address

245 Tollcross Road
Glasgow
G31 4UW

Contact number(s)

Voice: 0141 554 3199

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Solitary left kidney

Comment: Dear Doctor,

Thank you for your advice regarding this 49 year old man. He had a CT Scan done in A&E following a road traffic accident which revealed an incidental finding of a solitary left kidney. His renal function was normal and his blood pressure was slightly elevated on arrival to A&E but settled with pain relief and remained within acceptable limits. I would be grateful if you could advice how this gentleman should be followed up and the timings of this.

Kind Regards

Doctor Carys Morrison

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
Renal agenesis, unspecified	solitary left kidney	18-Feb-2021	18-Feb-2021
Iritis - acute	-	05-Aug-2009	05-Aug-2009
Bite of nonvenomous snakes and lizards	Left upper limb	21-Nov-2008	21-Nov-2008
[X]Mild depression	-	21-Jan-2005	21-Jan-2005
Generalised anxiety disorder	with panic symptoms due to social/ financial problems+++	17-Dec-2004	17-Dec-2004

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Co-Codamol 30/500 Tablets	56	56 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	23-Feb-2021	23-Feb-2021

Blood Pressure

Date Recorded	Systolic	Diastolic
27-Nov-2015	126	88
01-Nov-2004	134	90

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker 6 Cigarettes/day :	pain left ear for 3 days has had URTI left ear nad, imp eust tibe dysfxn adv given	01-Feb-2016
Cigarette smoker :		06-Mar-2013

Current smoker:	Smoker$$ Status.clm - Repeat after an Interval	01-Nov-2004
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	01-Nov-2004

Clinical warnings

Additional Support Needs
No known ASN requirements

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

Social circumstances
Ethnic Origin: (White) British

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

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Date of referral 24-Feb-2021 **Date sent** 25-Feb-2021

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Forename(s)	Stewart
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Sex	Male
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CHI no.	0906716470
Area of Residence	-

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32 Dalry Street
GLASGOW
G32 9BL

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Voice: 07504247668

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Crail Medical Practice
245 Tollcross Road
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G31 4UW

Contact number(s)

Voice: 0141 554 3199
Facsimile: 0141 551 9950
E-mail: GG-UHB.gp46131clinical@nhs.net

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GMC code	7277414	GP code	09873
Practice name	Crail Medical Practice (46131)		
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Practice address

245 Tollcross Road
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Cigarette smoker :		06-Mar-2013

Current smoker:	Smoker$$ Status.clm - Repeat after an Interval	01-Nov-2004
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	01-Nov-2004

Clinical warnings

Additional Support Needs
No known ASN requirements

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

Social circumstances
Ethnic Origin: (White) British

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

XR Hand Lt

Performed	18-Jul-2017 02:24	Received	18-Jul-2017 09:43
Reported	18-Jul-2017 09:41	Order Number	G405H32854930
Status	Final	Source System	MiSys

XR Hand Lt Final
Stewart McFarlane
Clinical History :

Staff member on duty...crush inj to L hand with heavy linen trolley. Minor wound mid palm...BT dorsal aspect 3rd and 4th MC heads/neck, BT 4th finger

XR Hand Lt :

No fracture.

Code A: Agreement: No major discrepancy between the radiologist report and the referrer's 'sticky note' interpretation.

Reported by: Dr Sau Lee Chang (SpR)
Verified by: Dr Sau Lee Chang (SpR)

XR Elbow Lt

Performed	03-Jan-2010 16:25	Received	06-Jan-2010 18:50
Reported	06-Jan-2010 18:50	Order Number	G306H13440255
Status	Final	Source System	MiSys

XR Elbow Lt Final
Stewart McFarlane
This attendance is part of a series
Please see the report for event
(url=cris:E-12117496|12117496)

Reported by: DR I KHAN and BLANK CLINICIAN
Verified by: DR I KHAN

XR Elbow Lt

Performed	03-Jan-2010 16:25	Received	06-Jan-2010 18:50
Reported	06-Jan-2010 18:50	Order Number	G306H13440255
Status	Final	Source System	MiSys

XR Elbow Lt Final
Stewart McFarlane
This attendance is part of a series
Please see the report for event
(url=cris:E-12117496|12117496)

Reported by: DR I KHAN and BLANK CLINICIAN
Verified by: DR I KHAN

XR Radius & ulna Lt

Performed	03-Jan-2010 15:45	Received	07-Jan-2010 11:18
Reported	07-Jan-2010 10:53	Order Number	G306H13440221
Status	Final	Source System	MiSys

XR Radius & ulna Lt Final
Stewart McFarlane
Clinical History : Fall on proximal radius and ulna, unable to move elbow.

XR Radius & ulna Lt :
There is evidence of effusion around the left elbow joint. No underlying fractures are identified.

Reported by: DR I KHAN and BLANK CLINICIAN
Verified by: DR I KHAN

XR Orthopantomogram full

Performed	04-Sep-2009 11:31	Received	09-Sep-2009 12:26
Reported	09-Sep-2009 12:01	Order Number	G306H13185188
Status	Final	Source System	MiSys

XR Orthopantomogram full Final
Stewart McFarlane
Clinical History : dental abscess.

XR Orthopantomogram full :
There is evidence of dental caries particularly affecting lower left premolar. There is lucency round the root of the tooth which potentially could be the site of abscess. Suggest clinical correlation.

Reported by: DR GJ MCKENZIE and BLANK RADIOL
Verified by: DR GJ MCKENZIE

STEWART MCFARLANE

09067164 70

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☑	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

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

NHS GREATER GLASGOW

SURNAME (Block Letters)	FIRST NAME	UNIT No.
McFarlane	Stewart	1642944 SC8811530

ADDRESS	RELIGION	SEX	DATE OF BIRTH
32 Dairy Street Glasgow G32 9BL		M	9/6/71

PHONE No.

CHANGE OF ADDRESS

PHONE No.

CHANGE OF ADDRESS

PHONE No.

NEXT OF KIN (Name and Address)

NAME AND ADDRESS OF OWN DOCTOR

NAME AND ADDRESS OF OWN DOCTOR

UNITCASE RECORDS (Delete)

DISABILITY YES ☐ NO ☐

CHI NUMBER 0906716470

ETHNIC ORIGIN

INDEX OF ATTENDANCES

Every NEW out-patient attendance, and EACH in-patient admission must be noted below

DATE	CLINIC / WARD	DOCTOR	DIAGNOSIS / OPERATION	CODED	DISCH. DATE
7/9/09	WD62 LWA	MQX FBX			

18045 01/09

GREATER GLASGOW HEALTH BOARD — SOUTH-1-SOUTHERN GENERAL HOSPITAL

1

SURNAME (Block Letters)	FIRST NAME	UNIT No.
McFARLANE	STEWART	1814294

ADDRESS	OCCUPATION	DATE OF BIRTH
88 Mouckinfauld Rd Glasgow G32 8TJ.		9/6/71

NEXT OF KIN (Name and Address)

CHANGE OF ADDRESS

NAME AND ADDRESS OF OWN DOCTOR

Dr. McGuigan
245 Tollcross Rd
G31 4UW.

CHANGE OF ADDRESS

NAME AND ADDRESS OF OWN DOCTOR

BLOOD GROUP

SENSITIVITY

UNIT CASE RECORDS

GENERAL		ORTHOPAEDIC	
INSTITUTE	✓	PSYCHIATRIC	
MATERNITY		CHEST	

INDEX OF ATTENDANCES

Every NEW out-patient attendance, and EACH in-patient admission must be noted below

DATE	CLINIC / WARD	DOCTOR	DIAGNOSIS / OPERATION	CODED	DISCH. DATE
8/8/94	NSURG OP	JOHNSTON			

ACCIDENT & EMERGENCY DEPARTMENT

VICTORIA INFIRMARY

NHS

SURNAME: MCFARLANE	DOB: 09/06/71 | AGE: 38 | SEX: M		A/E Number: AE0078027/09
FORENAME: STEWART	OCCUPATION:		CHI Number: 0906716470
ADDRESS: 32 DALRY STREET			UNIT Number : SG88117530
GLASGOW			ARRIVAL DATE: 04/09/09
POSTCODE: G32 9BL	TEL:		ARRIVAL TIME: 1031
			MODE: OWN
			REFERRAL BY: SELF

GP Name: GAIL GM ADDIS	PRESENTING COMPLAINT: ABCESS IN MOUTH
ADDRESS: 245 TOLLCROSS ROAD	INCIDENT TYPE: SUR
G31 4UW	INCIDENT LOCATION: INS
CODE: 46131|1 TEL: 0141 554 3199	

(BLOCK LETTE
SURNAME
FORENAME
ADDRESS
POST CODI
G.P NAME
ADDRESS
CODE

GP DISCHARGE LETTER

DIAGNOSIS Lt. Dental Abscess. Thank you for seeing him.

INVESTIGATIONS

• X-RAYS OPT done

TREATMENT

I have spoken to Mr Wood who suggested sending him to Max Fax. unit.

Meanwhile he has had 3gm AMOXIL

CODE

PLEASE PRESCRIBE

TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

DOCTOR'S NAME (PRINT) J RITCHIE CODE RITAA

(SIGNATURE) DAR DISCHARGE TIME 12.20

FOLLOW UP NOT ARRANGED / ARRANGED DATE TIME

OUT PATIENTS (PLEASE CIRCLE)

A&E CLINIC ORTHOPAEDIC

SURGERY MEDICINE

EYE E.N.T.

GYNAECOLOGY OTHER

ADMISSION

TO WARD

MEDICINE SURGERY

ORTHOPAEDIC E.N.T.

GYNAECOLOGY OTHER

RAJ/HW/1814294.
Your Ref:

SECRETARY - MISS H. WILSON,
DIRECT LINE - 041.201.2021.
FAX - 041.201.2063.

17th January, 1995.

Mr. J. Doyle,
Assistant Psychologist,
Parkhead Hospital,
81 Salamanca Street,
GLASGOW, G31 5BA.

Dear Mr. Doyle,

Re: Stewart McFarlane, - d.o.b. 9.6.71,
88 Maukinfauld Road, Glasgow, G32 8TJ.

Thank you for your information regarding this patient who has failed to attend. I am sorry that your time was wasted in this way. It is a problem that we all have to contend with.

With thanks.

Yours sincerely,

R.A. Johnston,
Consultant Neurosurgeon.

GREATER GLASGOW
COMMUNITY AND MENTAL HEALTH SERVICES
NHS TRUST

Our Ref.

Your Ref.

If phoning
ask for

30 DEC 1994

Parkhead Hospital
81 Salamanca Street
Glasgow G31 5BA

Telephone: 041 554 7951
Fax: 041 551 8318

1814294

DEPARTMENT of CLINICAL PSYCHOLOGY

23rd December 1994

Mr R A Johnstone
Dept of Neurosurgery
Southern General Hospital
GLASGOW G51 4TF

Copy to: Dr Mc Guigan
245 Tollcross Road
GLASGOW G31 4UW

Dear Mr Johnstone

RE: Stewart Mc Farlane (9.6.71)
88 Maukinfauld Road
GLASGOW G32 8TJ

Thank you for referring the above patient to our Department.

The above patient was referred to us as he lives in Parkhead Hospital's catchment area. Mr Mc Farlane was offered an appointment on 9th December but failed to attend. A letter was sent requesting him to contact the Department if he wished a further appointment. The patient was asked to reply within ten days and if there was no reply then it would be assumed that he had decided not to seek help at this present time.

As Mr Mc Farlane has not replied his case has been discharged. I would be happy to see this young man if, at a future date, you wish to re-refer him and he is motivated to attend.

Yours sincerely

Mr J Doyle
Assistant Psychologist

Dr Z Mahmood
Supervisor

SOUTHERN GENERAL HOSPITAL
NHS TRUST

3Y

DOCTOR'S LETTER SHEET

RAJ/HW/1814294.

UNIT NUMBER

SECRETARY - MISS H. WILSON,
DIRECT LINE - 041.201.2021.
FAX - 041.201.2063.

5th October, 1994.

Dr. McGuigan,
245 Tollcross Road,
GLASGOW, G31 4UW.

Dear Dr. McGuigan,

Re: Stewart McFarlane, - d.o.b. 9.6.71,
88 Mauckinfauld Road, Glasgow, G32 8TJ.

Mr. McFarlane's recent CT scan shows no intracranial abnormalities.

Yours sincerely,

R.A. Johnston,
Consultant Neurosurgeon.

c.c.
Mr. P.T. Grant, Consultant in Accident & Emergency, Western Infirmary, GLASGOW. (958409).

Dr. Z. Mahmood, Department of Clinical Psychology, Parkhead Hospital, Glasgow, G31 5ES.

SOUTHERN GENERAL HOSPITAL
NHS TRUST

3Y

DOCTOR'S LETTER SHEET

UNIT NUMBER

RAJ/HW/1814294.
Your Ref: JGG/CM.

SECRETARY - MISS H. WILSON,
DIRECT LINE - 041.201.2021.
FAX - 041.201.2063.

1st September, 1994.

Dr. J.G. Greene,
Head of Department,
Department of Clinical Psychology,
The Lansdowne Clinic,
3 Whittingehame Gardens,
Great Western Road,
GLASGOW, G12 0AA.

Dear Dr. Greene,

Re: Stewart McFarlane, - d.o.b. 9.6.71,
88 Mauckinfauld Road, Glasgow, G32 8JT.

Thank you for making the necessary re-referral in this case.

Yours sincerely,

R.A. Johnston,
Consultant Neurosurgeon.

S.G.H./3Y

JGG/CM

Our Ref.

Your Ref.

If phoning ask for

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

The Lansdowne Clinic
3 Whittingehame Gardens
Gt. Western Road
GLASGOW
G12 0AA

Tel: 041 - 211 3559

DEPARTMENT OF CLINICAL PSYCHOLOGY

17th August 1994

Mr R A Johnston
Consultant Neurosurgeon
Dept of Neurosurgery
Southern General Hospital
GLASGOW
G51 4TF

23 AUG 1994

Dear Mr Johnston

Re: Stewart McFarlane DOB 09 06 71
88 Mauckinfauld Road Glasgow G32 8TJ

I have taken the liberty of passing this referral to my colleague Dr Mahmood, at Parkhead Hospital, since I feel this would be more appropriate and more convenient for the patient to be seen there, as they live outside our catchment area.

Yours sincerely

J G Greene

Dr J G Greene
Head of Department

cc Dr Z Mahmood Head of Department Dept of Clinical Psychology
Parkhead Hospital GLASGOW G31 5ES

SOUTHERN GENERAL HOSPITAL
NHS TRUST

3Y

DOCTOR'S LETTER SHEET

UNIT NUMBER

Direct Line: 041-201-2021
Fax No: 041-201-2063

RAJ/JAM/1814294

10th August,1994.

MR. R.A. JOHNSTON'S OUT-PATIENT CLINIC
MONDAY 8TH AUGUST, 1994.

Psychology Department,
Gartnavel Royal Hospital,
Great Western Road,
GLASGOW.

Dear Doctor,

STEWART McFARLANE - DOB 9.06.1971
88 MAUCKINFAULD ROAD, G32 8TJ.

This young man was involved in a road traffic accident in December last year and on the face of it did not lose consciousness for very long. However he describes symptoms of anxiety, irritability and particularly paranoia which according to his history were not present before. It seems to me that his head injury was more severe than was first recognised and that these symptoms may relate to that. I have arranged a C.T. scan although this is likely to be normal. I am not sure whether he might benefit from some counselling but if you feel that this would be the case, I would be grateful if you would arrange to see him. At no time was he a patient in the Neurosurgical Department.

Yours sincerely,

R.A. JOHNSTON,
CONSULTANT NEUROSURGEON.

15/8/94

SOUTHERN GENERAL HOSPITAL
NHS TRUST

3Y

DOCTOR'S LETTER SHEET

UNIT NUMBER

Direct Line: 041-201-2021
Fax No: 041-201-2063

RAJ/JAM/1814294

10th August,1994.

MR. R.A. JOHNSTON'S OUT-PATIENT CLINIC
MONDAY 8TH AUGUST, 1994.

Mr. P.T. Grant,
Consultant in Accident & Emergency Medicine,
Western Infirmary,
Glasgow,
G11 6NT.

Dear Mr. Grant,

STEWART McFARLANE - DOB 9.06.1971
88 MAUCKINFAULD ROAD, G32 8TJ.

This young man was involved in a car accident about nine months ago and since that time has complained of a variety of symptoms including anxiety, paranoia, frontal headaches, diminished temper control, neuro-debility and a feeling that he has to swallow continuously. Despite the fact that he describes this as a post-nasal salty sensation, I do not think the likelihood of a persistent CSF leak after nine months is high. He is a smoker and this may be contributing to this symptom.

I doubt that there will be any physical cause that can be rectified and I suspect that many of his symptoms are simply attributable to a head injury which was worse than originally suspected.

I will arrange for an out-patient C.T. scan and he may benefit from some psychological counselling.

Yours sincerely,

R.A. JOHNSTON,
CONSULTANT NEUROSURGEON.

cc: Dr. McGuigan, 245 Tollcross Road, G31 4UW.

West Glasgow Hospitals University NHS Trust

Incorporating the Western Infirmary, Gartnavel General Hospital,
Drumchapel Hospital, Glasgow Eye Infirmary & The Glasgow Homoeopathic Hospital

Our ref : PTG/WAG/ 958409

Your ref :

Please reply to : Mr P T Grant

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Direct Line : 041-211 2731
Fax No. :

SHORT STAY WARD

12 APR 1994

8 April 1994

18142914

Mr Robin Johnston
Consultant Neurosurgeon
Institute of Neurological Sciences
Southern General Hospital
1345 Govan Road
GLASGOW
G51

cc Dr McGuigan
Surgery
245 Tollcross Road
GLASGOW
G31 4UW 46131

Dear Mr Johnston

STEWART McFARLANE DoB 9.6.71
88 MAUCKINFAULD ROAD GLASGOW G32 8TJ

This patient was sent up to our Department last night by his General Practitioner. Briefly, he attended us on 10.12.93, having been involved in a Road Traffic Accident. He was a pedestrian and was knocked down coming out of a pub. He attended us and had skull x-rays done at that stage and he was subsequently discharged.

Since the beginning of the year he has complained of frequent frontal headaches, which occur most days and last for up to one hour, and these are usually relieved by oral analgesics, frequently associated with nausea. He has also complained of minor memory deficits and of a persistent post-nasal drip, and also an intermittent watery discharge from his left nostril. He stated that this tasted salty. He is otherwise well and is still managing to work for a heating/ventilation company.

Examining him today, he is fully alert and orientated, with no neurological signs. I could not demonstrate any obvious memory deficit on clinical examination. He had a normal sense, smell and taste. Skull x-rays taken today did not reveal any evidence of intra-cranial air.

Despite his negative findings, I thought his history was suggestive of a possible persistent CFS leak and I feel this still needs to be excluded.

cont over/...

2/

I discussed him with the Duty Neurosurgical Registrar today (Mr Ching), who suggested I write to you to arrange further investigation and follow-up.

I have discharged him home on oral analgesics and a course of Penicillin V.

Kind regards.

Yours sincerely

P T GRANT FRCS
CONSULTANT IN ACCIDENT & EMERGENCY MEDICINE

SOUTH GLASGOW HOSPITALS
SOUTHERN GENERAL HOSPITAL

7

Stewart McFarlane
09/06/71.
CHI 0906716470.
SG 88117530

CLINICAL NOTES

DATE	
04/09/09	Pt seen at A+E, Victoria infirmary.
	Pt sent directly to ward 62 with queried dental abscess
	TG
	Pt CO. - Pain constat from LLQ onto neck.
	- Awake swelling.
	HPC - Pain started 03/09/09 ~ 1800.
	- Swelling started at the same time as pain.
	- Cold air makes
	- Paracetamol releaves pain.
	- Pt last ate last 1500 03/09.
	PMH - Fit + Well.
	- Heart° Lungs° Live° Epilepsy° Diabetes°
	Allergies°
	Medications nil.
	PDH - Pt irregular attender at dentist
	- Brushes twice a day. - Phobia of dentist - sedation
	SH - Smokes 8/day (20 years)
	- Alcohol Drinks ~ once a ~~day~~ month (24 units)
	- Lives by himself.
	CXE - EO-Visual - Large ~~swelling~~ mandibular swelling - buccal ~~which has been there~~ TC region.
	- Hot to touch
	- Fluctuant. - Opening good ~ 40mm.
	IO - Caries throughout dentition TS carious root.
	- ST erythematous around TS

67691-SGH7

7

DATE	CLINICAL NOTES (Continued)
	~~Discussed with p~~
	OPT radiograph confirms grossly carious ⌐5
	· Caries affecting teeth throughout dentition.
	- PA area associated with ⌐5.
	Discussed case with Urchy cooh, recommended xla
	at dental hospital.
	[signature]
Sept 62	- Notes Continued by R. Thurlow-Bagg. SHO.
15-00	After discussion with pt, decided on Rx of Incision and drain
	of lower left buccal swelling today followed by antibiotic
	therapy and XLA of ⌐5 next week.
	Rx: Gave 1x2.2ml lidocaine 2% 1:80 000 epinephrine for
	LL - Infiltration. Incised + drained buccal abscess. Irrigated
	With Saline. Prescribed amox 250mg TDS 5 days, Met
	400 mg TDS 5 days + Corsodyl Mouthwash. Pt to
	attend GDP for ⌐5 removal.
	[signature] (SHO).

SOUTH GLASGOW HOSPITALS
SOUTHERN GENERAL HOSPITAL

7

Stewart McFarlane
09/06/71.
CHI 0906716470
SG 88117530

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	- Brushes twice a day. - Phobia of dentist - sedation
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	- Alcohol Drinks ~ once ~~a day~~ month (24 units)
	- Lives by himself.
	CE - EO - Visual - Large ~~swelling~~ mandibular swelling - buccal
	~~which has been there~~ $\overline{LE}$ region.
	- Hot to touch
	- Fluctuant. - Opening good ~ 40mm.
	IO - Caries through and through $\overline{LE}$ carious root.
	- ST erythematous around $\overline{LE}$.

0367691-SGH7

SOUTHERN GENERAL HOSPITAL

1814294
MCFARLANE STEWART
88 MAUKINFAULD RD M
GLASGOW NK
09/06/1971
G32 8TJ G.P.Prac.46131

CLINICAL NOTES

DATE	
8/8/94	H.I. Xmas last RTA - ped he was drunk. Says KO briefly
	Now c/o personal anxiety, frontal headaches, ↓ temper
	control, irritability, feeling that he needs to swallow
	continually. No dip - nausea ears.
	Working but losing time.
	I think that his HI was more severe than at first sight.
	Arrange OP CT
	→ Psychologist post H.I. symptoms.
	[signature]

South Glasgow Hospitals
Southern General Hospital, Glasgow G51 4TF. Tel. 0141 201 1100

Part I Discharge Letter and Medicine Prescription Form - Confidential Ref No: 118542

NHS Greater Glasgow and Clyde

VIMI - DISCHARGE - 2725 SGH

Dear Doctor .....
Surgery .....

Fix ID label to all 4 copies

Patient: STEWART McFARLANE
Address: 32 DAIRY ST
GLASGOW

DOB: 4/6/71 Unit no: B8117530
Weight ..... CHI no: .....

Ward: 62 Tel: .....
Consultant: HOLLAND
Specialty: MAXILLOFACIAL
Named Nurse: .....
Admission date: ... / ... / ...
Mode of admission: EMERGENCY
Source of admission: .....
Discharge date: 4 / 9 / 09

Follow-up arrangements
Clinic appointment made:
Yes ☐ No ☐ To follow ☐
Clinic name .....
Date ... / ... / ...
Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify: .....

Reason for admission, treatment, diagnosis, investigations, operations, complications:

Abscess Related to ⌐5 retained root!
Incised + Drained

Other information

GDP to remove ⌐5 retained root

MEDICINE	Dosage form	Dose	Times for administration: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 8	pm 10	Other times	Recommended duration of treatment after discharge	New Drug	New Dose	Number of days supply	Dispensing Details (Pharmacy only)
CORSODYL	MW	10m	✓	✓		✓			✓		✓		7 days				
Amoxicillin	PO	250mg	✓	✓				✓			✓		5 days				
Metronidazole	PO	400mg	✓					✓			✓		5 days				

Medicines discontinued	Reason (if known) e.g. side effects

Clinical Pharmacy check:
All known drug sensitivity / adverse reactions:

Dispensed by: ... Date: 4 / 9 / 09
Checked by:

WARD USE ONLY
Med. rec. on ward by: .....
Issued by: ..... Date: ... / ... / ...
Signature of recipient:

Doctor's name: M. THURLOW-BECK Signature: ... Date ... / ... / ...
Doctor's grade: SHO Pager number: 7668

Number of prescription sheets at discharge: ...

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; White copy - Patient

If you have any problems after discharge, please contact the Ward ... G.P.

X-RAY REPORTS

INSTITUTE OF NEUROLOGICAL SCIENCES — Neuroradiology Report

Report date	Radiologist	X-RAY Number
05/09/94	J.Dervin	D.159624

Routine axial cranial CT.

Normal appearances.

[END]

Name: MCFARLANE,STEWART Age: 23 Date of Birth: 09/06/71

Mr. Johnston UNIT No. 1814294 WD/Dept. OP

Examination: Elscint head Date of Examination: 02/09/94 AK