# Subject Access Request

| | |
|---|---|
| **Patient** | Mr William McChesney |
| **Date of birth** | 26-July-1962 (age 63) |
| **Gender** | M |
| **NHS number** | S/579/62/754 |
| **Patient's address** | 101 Kilmaurs Road KILMARNOCK KA3 1NU |
| **Date range selected** | Full record |
| **Organisation** | MMA LEGAL |
| **Reference** | 100060 |

# Problems

## Active

**31-Mar-2026 Mrs Heather Paton (PAT)**
Bronchiectasis

**02-Jun-2025 Ms Shirley Hawkins (SHIR)**
Vascular calcification
on xray

**02-Jun-2025 Ms Shirley Hawkins (SHIR)**
[SO]Toe NEC (Right)
minor wear and tear

**13-Mar-2025 Mrs Heather Paton (PAT)**
Gastro-oesophageal reflux

**27-Jan-2025 Mrs Heather Paton (PAT)**
Chronic obstructive pulmonary disease

**30-Apr-2024 Ms Shirley Hawkins (SHIR)**
Reflux oesophagitis

**13-Apr-2024 Mr Neil Sommerville (NSOM)**
*****'s oesophagus

**13-Apr-2024 Mr Neil Sommerville (NSOM)**
Hiatus hernia

**21-Dec-2012 Ms Shirley Hawkins (SHIR)**
Seasonal influenza vaccination declined
Batch Change of 9ox5 to 9ox51 coding

**21-Dec-2012 Ms Shirley Hawkins (SHIR)**
Seasonal influenza vaccination declined
Batch Change of 9ox5 to 9ox51 coding

**21-Oct-2010 Dr P Gaffney (GAFFNEY_16673)**
Angina pectoris NOS

**21-Oct-2010 Dr P Gaffney (GAFFNEY_16673)**
Essential hypertension

**02-July-2010 Mrs Alison Lauder (AL)**
Type 2 diabetes mellitus

**10-Jan-2006 Miss Sandra McCarvel (SANDRA_16673)**
Dyspepsia

**29-Sept-1998 Ms Shirley Hawkins (SHIR)**
Drug therapy

**23-Dec-1992 Dr Aaa UnknownUser (UNKNOWNUSE16673)**
Asthma

## Significant Past

**02-Jun-2025 Ms Shirley Hawkins (SHIR)**
Plain X-ray foot (Right)

**27-Jan-2025 Mrs Heather Paton (PAT)**
Cough

**30-Apr-2024 Ms Shirley Hawkins (SHIR)**
Gastroscopy abnormal

**05-Dec-2023 Dr Angela McCrorie (ALM)**
Vitamin B12 deficiency

THIRD PARTY COPY

**28-Jun-2017 Mrs Heather Paton (PAT)**
Exercise tolerance test not indicated
normal

**23-May-2017 Ms Shirley Hawkins (SHIR)**
Seborrhoeic keratosis
right ear - for curettage and cautery

**22-Dec-2016 Ms Shirley Hawkins (SHIR)**
Foot X-ray (Right)

**02-Jun-2016 Ms Shirley Hawkins (SHIR)**
Elbow X-ray (Right)
normal

**02-Jun-2016 Ms Shirley Hawkins (SHIR)**
Shoulder X-ray (Right)
Normal

**02-Dec-2014 Ms Shirley Hawkins (SHIR)**
Low mood

**23-Jun-2014 Ms Shirley Hawkins (SHIR)**
Exercise tolerance test

**18-July-2013 Ms Shirley Hawkins (SHIR)**
Declined diabetic retinopathy screening

**01-Nov-2010 Miss Sandra McCarvel (SANDRA_16673)**
Phacoemulsification of lens
LEFT - AND LENS IMPLANT

### Minor Past

**27-Nov-2024 Dr Stuart Lennox (LENN)**
Type 2 diabetes mellitus

**17-Jun-2024 Dr Philip Laraway (LARA)**
Helicobacter serology positive

**14-Nov-2023 Mrs Elizabeth Marr (LIZM)**
Chronic pain review

**29-Aug-2023 Mrs Elizabeth Marr (LIZM)**
Medication review

**06-July-2022 Ms Nichola Duffy (NICD)**
Angina pectoris

**02-Feb-1993 Ms Shirley Hawkins (SHIR)**
Never smoked tobacco

## Consultations

**28-Apr-2026 Ms Shirley Hawkins (SHIR) iGPR**

History Medical report requested Subject Access Request requested by third party (MMA LEGAL, Ref: 100060)

**21-Apr-2026 Mrs Lucy Middleton (LU) Portland Medical PracticeMain Surgery**

Comment Prescription by supplementary prescriber - sitagliptin issued from rpt - not on alogliptin
Medication Medication Sitagliptin Tablets 100 mg 28 tablet TAKE ONE DAILY

**21-Apr-2026 Dr Amar Poddar (AP) Telephone Consultation**

Problem Problem see resp letter. feels lrti coming on so will issue spit pots and 2 weeks abx. does get reflux but not new-OGD 2024 and no dysphagia or wt loss. can try double dose PPI initially. on oral nsaid- feels cannot manage without- discussed
Medication Medication Doxycycline Hyclate Capsules 100 mg 15 capsule TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY
Medication Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 56 CAPSULE ONE TO BE TAKEN TWICE BD

**07-Apr-2026 Mrs Lucy Middleton (LU) Portland Medical PracticeMain Surgery**

Comment Drug not issued NOS - empagagliflozin - switched to dapagliflozin as per A&A formulary switch - letter sent to pt.
Comment Prescription by supplementary prescriber
Medication Medication Dapagliflozin Tablets 10 mg 28 tablet ONE TO BE TAKEN EACH DAY

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**31-Mar-2026 Miss Claire Douglas (CLA) Data Entry**

| | |
|---|---|
| Comment | Comment NHS A+A prescribing initiative - Empagliflozin switched to Dapagliflozin. |
| Comment | EMIS attachment reference code *SGLT2 switch.doc SGLT2 switch* |

**19-Mar-2026 Ms Gemma Russell (GE) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Workflow Optimisation - Respiratory 19/03/26 - Patient did not respond to letter asking to arrange an appointment for Resp, pt has now been removed from waiting list and will require further referral if appointment is still needed |

**11-Feb-2026 Dr Jennifer Shennan (JEN) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History f2f - 1) pt in for discussion about right tongue lesion unable to get review at dentist, no associated sx with redness/raised area at back of throat, non-smoker, 2) ongoing persistent cough dry nil other resp sx, feeling well no temp/e and d fine, good uo |
| Examination | Examination red raised patches right posterior tongue, left basal creps |
| Comment | Comment maxfacs ucs referral due to tongue app, complete chest infection antibiotics doxy/cxr update requested/await resp review due to persistent cough of unclear cause |

**10-Feb-2026 Ms Karen Sokell (KARS) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History As per sputum result |
| Medication | Medication Doxycycline Hyclate Capsules 100 mg 8 capsule TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY |

**09-Feb-2026 Dr Imran Hussain (IMRA) Data Entry**

| | |
|---|---|
| Comment | Comment Special request - |
| Medication | Medication Pregabalin Capsules 50 mg 56 CAPSULE ONE TO BE TAKEN TWICE A DAY |

**06-Feb-2026 Miss Paula Cole (PAU) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Sample sent to lab. for test - sputum sample sent for testing |

**06-Feb-2026 Dr Jennifer Shennan (JEN) General Practice Surgery**

| | | |
|---|---|---|
| Result | **Sputum culture**: | |
| | Comment | (No range available) |
| | Culture | (No range available) |
| | Appearance Purulent | (No range available) |

**04-Feb-2026 Dr Alison McKean (AMCK) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History Special request - pt called to let you knw can't get a dental appt the waiting list is months - this message was for Dr JS. patient to make a f2f rv appt with Dr JS in the next week when shes back to rv tongue again. |

**02-Feb-2026 Mr Paul Pringle (PPR) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment TASK - Patient will hand in further sutum sample for C&S |

**30-Jan-2026 Ms Hazel Sutherland (HAZS) Data Entry**

| | |
|---|---|
| Comment | Comment Reviewed July |
| Comment | Repeat medication reauthorised by clinical pharmacist |
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 CAPSULE 2 CAPS UP TO FOUR TIMES DAILY IF REQUIRED - PLEASE TRY MINIMISE USAGE |
| Read Code | Prescription by supplementary prescriber |

**30-Jan-2026 Ms Nichola Duffy (NICD) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment hba1c currently 68 an increase from 66 in 2025, see consult SL 4/6/25 Target below 75 repeat at cdm in July and then discuss medication. |
| Problem | Type 2 diabetes mellitus |

**29-Jan-2026 Miss Paula Cole (PAU) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Sample sent to lab. for test - sputum sample sent for testing C&S |

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**29-Jan-2026 Miss Cheryl Clark (CHER) Portland Medical PracticeMain Surgery**

| | | | |
|---|---|---|---|
| Comment | Sample sent to lab. for test Bloods obtained. | | |

**29-Jan-2026 Dr Angela McCrorie (ALM) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **Plasma C reactive protein**: | | |
| | CRP <5 | | (No range available) |
| Result | **Thyroid function tests**: | | |
| | TSH | 0.39 mU/L | (Range: 0.27 - 4.2) |
| | Free T4 | 17.1 pmol/L | (Range: 10 - 22) |
| Result | **Liver function test**: | | |
| | Globulin | 30 g/L | (Range: 21 - 35) |
| | Albumin | 40 g/L | (Range: 35 - 50) |
| | Total Protein | 70 g/L | (Range: 60 - 80) |
| | ALT | 12 U/L | (Range: 5 - 55) |
| | AST | 14 U/L | (Range: 10 - 45) |
| | ALP | 91 U/L | (Range: 30 - 130) |
| | Bilirubin | 6 µmol/L | (No range available) |
| Result | **Urea and electrolytes**: | | |
| | eGFR result/1.73m2 >60 | | (No range available) |
| | Chloride | 102 mmol/L | (Range: 95 - 108) |
| | Potassium | 4.5 mmol/L | (Range: 3.5 - 5.3) |
| | Sodium | 139 mmol/L | (Range: 133 - 146) |
| | Creatinine | 68 µmol/L | (Range: 50 - 120) |
| | Urea | 3.5 mmol/L | (Range: 2.5 - 7.8) |
| Result | **(Non Coded Event - GLYCATED HB )**: | | |
| | Haemoglobin A1c (IFCC) | **68 mmol/mol** | **(Range: 20 - 41)** |
| Result | **(Non Coded Event - FULL BLOOD COUNT )**: | | |
| | Basophils, 0 | 0 10*9/L | (No range available) |
| | Eosinophils | 0.2 10*9/L | (Range: 0.1 - 0.7) |
| | Monocytes | 0.5 10*9/L | (Range: 0.2 - 0.9) |
| | Lymphocytes | 1.8 10*9/L | (Range: 1.1 - 5) |
| | Neutrophils | 5.3 10*9/L | (Range: 1.5 - 6.5) |
| | Platelets | 366 10*9/L | (Range: 150 - 400) |
| | MCHC | 330 g/L | (Range: 316 - 349) |
| | MCH | 29.7 pg | (Range: 27.3 - 32.6) |
| | MCV | 90 fL | (Range: 82 - 98) |
| | Haematocrit | 0.39 % | (Range: 0.39 - 0.5) |
| | RBC | 4.35 10*12/L | (Range: 4.32 - 5.66) |
| | White Cell Count | 7.9 10*9/L | (Range: 3.7 - 9.5) |
| | Haemoglobin | **129 g/L** | **(Range: 133 - 176)** |

**29-Jan-2026 Dr Jennifer Shennan (JEN) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **(Non Coded Event - NO SPECIMEN )**: | | |
| | Specimen not processed | | (No range available) |

**21-Jan-2026 Dr Jennifer Shennan (JEN) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History f2f - pt noting 1.5 years of persistent cough, green sputum in morns and clear at night unchanged, pt reports no real help by abx prev, maybe fleeting then returns day after), no temp/n/v/wl, known asthma, no chest pain/sob/wheeze, on trimbow prn salb, await resp review as per last resp letter in june pt notes no resp review since??, ct chest ok prev possible previous features of infection no malignancy, see also asthma review in oct whereby resp written too again, ex-smoker at age 16 yo, no ent sx, no help by omep, no upper gi, no pnd |
| Examination | Examination well pt, temp 36.9, hr 81 and reg, sats 96% oa, rr 14, bp 135/69, chest clear, hs120, normal ent exam, slight redness of right side of tongue no growths noted simply redness, pt notes to tend to bite right side of tongue when concentrating (no pain from tongue noted) |
| Comment | Comment advised dental review pt to make within next few weeks to ensure no f/u needed re tongue redness on right side, resp urg re-referral due to ongoing cough, pt booking bloods and sputum culture requested, strong wsg |

**27-Oct-2025 Mrs Elizabeth Marr (LIZM) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Prescription by supplementary prescriber - attached opioid side effect lottery |
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 CAPSULE 2 CAPS UP TO FOUR TIMES DAILY IF REQUIRED - PLEASE TRY MINIMISE USAGE |

**23-Oct-2025 Dr Imran Hussain (IMRA) Data Entry**

| | |
|---|---|
| Comment | Comment Special request - |
| Medication | Medication Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose 120 DOSE TWO PUFFS TO BE TAKEN TWICE DAILY |

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**13-Oct-2025 Ms Nichola Duffy (NICD) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment Patient attended in early September for review has diagnosis of Asthma, Had recent CT scan on trimbow inhaler although higher dose than recommended for COPD, on Nacsys and montelukast and takes SABA maximum 2 puffs daily he also uses GTN spray daily, he does not overly feel short of breath but has history of 8 months persistant cough, and has 4 x exacerbations in the last 12 months requiring antibiotics and 1 course of steriods noted, , he is also on PPI and we have recently trialled 4 weeks of antihistamine with no success in reduction on cough, he states he thinks has cat dander allergy, I feel he needs further review to reassess medication his technique was discussed at appointment. Therefore I would appreciate your assistance.<br><br>kind regards<br>Nichola *****<br>Practice Nurse. | |

**13-Oct-2025 Ms Nichola Duffy (NICD) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment No change in cough since trial of antihistamine. refer nurse led airways clinic at crosshouse. | |

**13-Oct-2025 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| 10-Oct-2025 | Vaccination | Administration of first inactivated seasonal influenza vacc *3051222/ FLUAQIV/IM/Left Arm//FLU - Seqirus UK ( Galleon Centre, Kilmarnock )* |

**02-Oct-2025 Dr Hartesh Battu (HART) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment Special request - alogliptin - is on sitagliptin - not issued | |

**16-Sept-2025 Dr Stuart Lennox (LENN) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| History | History Special request - | |
| Medication | Medication Fexofenadine Hydrochloride Tablets 120 mg 30 tablet 1 Tab Daily | |

**15-Sept-2025 Ms Nichola Duffy (NICD) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Asthma | |
| Comment | Comment Patient attended for asthma review, overdue other reviews but not enough time, bloods up to date and has seen Dr SL re diabetes, Patient has cough and has had for 8 months, CT clear, on high does trimbow no issues with inhaler uses chamber for this and ventolin, only uses saba maximum 2 x daily, on nacsys and montelukast, uses GTN spray daily, does not feel overly short of breath, on PPI has allergy to cats ?other allergens causing symptoms, trial antihistamine and review 4 weeks if no change then suggest needs re-referred respiratory for further investigation. | |
| History | Shortness of breath once a day or more | |
| Examination | Number of times bronchodilator used in 24 hours | 2 /day |
| Examination | Asthma annual review | |
| Examination | Asthma control test | 20 /25 |
| Examination | Number of asthma exacerbations in past year | 4 /year |
| Read Code | Patient understands why taking all medication | |
| Read Code | Asthma treatment compliance satisfactory | |
| Read Code | Steroid dose inhaled daily | |
| Read Code | Oral steroid prophylaxis 1 | |
| Read Code | Bronchodilators used more than once daily | |
| Read Code | Inhaler technique - good | |
| Read Code | Asthma self-management plan agreed | |
| Read Code | Asthma not limiting activities | |
| Read Code | Asthma not disturbing sleep | |

**18-Aug-2025 Dr Jennifer Shennan (JEN) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| History | History trimbow issued as due, note asthma review due as of end of this month | |
| Medication | Medication Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose 120 DOSE TWO PUFFS TO BE TAKEN TWICE DAILY | |

**07-Aug-2025 Ms Patricia Davies (PATD) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Drugs not issued - alogliptin - switched to sitagliptin as per below and pt aware | |

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**28-July-2025 Mr Muhammad Rauf (MUH) Telephone Consulation**

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|---|---|
| Comment | Medication requested alogliptan |
| Read Code | Drugs not issued changed to sitalgliptin as per Pharmacist Entry 9/7/25 and this was issued only a few days ago. informed patient of this who admits collected sitagliptan on weekend and will now order this going forward. no other concerns. WSG. |

**22-July-2025 Mrs Lucy Middleton (LU) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Chronic pain review - review of tramadol and pregabalin - taking tramadol 100mg mane and nocte for LBP - notices difference in pain if doesn't take medication - advised to try limit usage when can, no s/e. Takes pregabalin 50mg mane and nocte for nerve pain in leg - helping with pain, no s/e. Also taking paracetamol regularly throughout day and iburofen prn for headaches. Also discussed improtant of adequate sleep and other lifestyle factors for pain management. Plan - continue on current regime and for further review in 6 months. WSG. |

**15-July-2025 Ms Adele McIlvanney (ADE) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Pt attends for ABPI, unsure on reasoning for ABPI to be done as known vasc calcification and not much else writter able to identify from doppler.<br>Unable to calculate ABPI number as the sounds never cut off when the BP cuff was inflated to the max, indicating that the number would be greater than 2.0 atleast, which according to NHSAA ABPI guildlines this indicatesvascular calcification and requires referral to vas and diab specialist. sounds all healthy bi/tri-phasic. documentation on docman.<br>Will put to requesting GP |

**09-July-2025 Dr Hartesh Battu (HART) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History tel - re bloods - CRP continues to fall but WCC just spiked to 19 (neut 16). unexplained from patient perspective. foot is fine. only thing is ongoing cough (no SOB) and in last week developed brown bits I sputum alongside the cough. states last steroids 3 weeks ago so wouldn't explain any WCC rise currently. note awaits respiratory but CT showed some ?infection throughout both lungs |
| Comment | Comment ?LRTI - treat for atypicals - clarithrmoycin 7/7. wsg advice re sob / genral unwell / other soures/signs infectoin |
| Medication | Medication Clarithromycin Tablets 500 mg 14 tablet ONE TO BE TAKEN TWICE A DAY |

**09-July-2025 Ms Anisa Haleem (ANI) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Review of DPP4 inhibitors as per prescribing improvement pack- &gt0.5% reduction in HbA1c since starting DPP4 inhibitor. Switched from alogliptin to sitagliptin as per NHS A+A formulary. egfr&gt60ml.min. Patient informed. |
| Medication | Medication Sitagliptin Tablets 100 mg 28 tablet TAKE ONE DAILY |

**07-July-2025 Miss Ali McGovern (ALIM) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Sample sent to lab. for test Bloods obtained ***** |

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**07-July-2025 Dr Philip Laraway (LARA) General Practice Surgery**

| | | | | |
|---|---|---|---|---|
| Result | **Plasma C reactive protein**: | | | |
| | CRP | **18 mg/L** | **(No range available)** |
| Result | **Plasma lipids**: | | | |
| | LDL Cholesterol | 0.9 mmol/L | (No range available) |
| | Triglyceride | 1 mmol/L | (No range available) |
| | Cholesterol:HDL Ratio | 1.8 | (No range available) |
| | HDL Cholesterol | 1.7 mmol/L | (No range available) |
| | Cholesterol | 3.1 mmol/L | (No range available) |
| Result | **Urea and electrolytes**: | | |
| | eGFR result/1.73m2 >60 | | (No range available) |
| | Chloride | 99 mmol/L | (Range: 95 - 108) |
| | Potassium | 4.1 mmol/L | (Range: 3.5 - 5.3) |
| | Sodium | 138 mmol/L | (Range: 133 - 146) |
| | Creatinine | 66 µmol/L | (Range: 50 - 120) |
| | Urea | 3.8 mmol/L | (Range: 2.5 - 7.8) |
| Result | **(Non Coded Event - FULL BLOOD COUNT )**: | | |
| | Basophils, 0 | 0 10*9/L | (No range available) |
| | Eosinophils | 0.2 10*9/L | (Range: 0.1 - 0.7) |
| | Monocytes | **1.4 10*9/L** | **(Range: 0.2 - 0.9)** |
| | Lymphocytes | 1.2 10*9/L | (Range: 1.1 - 5) |
| | Neutrophils | **16 10*9/L** | **(Range: 1.5 - 6.5)** |
| | Platelets | 320 10*9/L | (Range: 150 - 400) |
| | MCHC | 338 g/L | (Range: 316 - 349) |
| | MCH | 30.9 pg | (Range: 27.3 - 32.6) |
| | MCV | 91 fL | (Range: 82 - 98) |
| | Haematocrit | 0.39 % | (Range: 0.39 - 0.5) |
| | RBC | **4.31 10*12/L** | **(Range: 4.32 - 5.66)** |
| | White Cell Count | **18.8 10*9/L** | **(Range: 3.7 - 9.5)** |
| | Haemoglobin | 133 g/L | (Range: 133 - 176) |

**26-Jun-2025 Dr Jennifer Shennan (JEN) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History tc - called re xr right foot, intermittent base of 1st large toe pain getting better, urate normal, see wear and tear on xr likely cause of pain, pt wanting conservative mx only for this at present, also noted vasc calcification on xrs, booked in for updated lipids, known diabetic, note recent normal pulses on exam, tasked for abpis in case, pt happy |

**24-Jun-2025 Mrs Lucy Middleton (LU) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Prescription by supplementary prescriber - tramadol reauthorised - booked in for pain review with Propharm |
| Medication | Medication Paracetamol Tablets 500 mg 100 TABLET ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED |
| Medication | Medication Ibuprofen Tablets 400 mg 42 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD |
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 CAPSULE 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23) |

**23-Jun-2025 Ms Nichola Duffy (NICD) General Practice Surgery**

| | | | | |
|---|---|---|---|---|
| 20-Jun-2025 | Result | **GMS Contract Back Population**: | | |
| | | Digital retinal screening | 1 | (No range available) |
| | | O/E - left eye background diabetic retinopathy | | (No range available) |
| | | O/E - right eye background diabetic retinopathy | | (No range available) |

**05-Jun-2025 Ms Leanne McGhee (LEA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Sample sent to lab. for test Sputum sent for testing |

**04-Jun-2025 Dr Stuart Lennox (LENN) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History TC re DM. hba1c 8.2 as per Nov 24 - that's around his target. next meds Pio Rybelsus Insulin GLP1 etc more issues than benefit currently. leave meds as is. if persistently &gt 9% ish we can re consider, but then its probably a cautious Piolglitazone rather than GLP1 given his BMI and GI issues. |
| Problem | Type 2 diabetes mellitus |

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**02-Jun-2025 Dr Jennifer Shennan (JEN) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History f2f - see prec, pt now noting couhg ongoing see recent resp reviews, notes cough started to become productive of green sputum over the last month, no uwl noted/haemop, no chest pain/sob/temp/n/v, no gastritis sx, bowels fine, no luts, note also recent right foot pain, ongoing intermittently since hitting foot on table leg (not prior), weight bearing fine, not escalating, xr booked today for this |
| Examination | Examination well looking pt, sats 96% oa, rr 14, hr 97 and reg, temp 37, bp 135/79, chest left basal creps, no pain on palp dorsum of foot, slight redness overlying remaining on proximal foot dorsum, no swelling/heat (note urate normal) |
| Comment | Comment ?chest infection ?other causing crp raised): rpt bloods taken today inc fbc/u&e/crp/rf/lfts, note k3.3 borderline await rpt, amox trial and sputum culture requested, await xr foot also, will write back to resp ? further needed here given ongoing chest sx prev inflammation noted on ct left lung base, pt aware to recall if any sx worsen/feels unwell at any point, pt happy |
| Medication | Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY |

**02-Jun-2025 Dr Philip Laraway (LARA) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **Rheumatoid arthritis screen**: | | |
| | RA Test | | (No range available) |
| Result | **Plasma C reactive protein**: | | |
| | CRP | **22 mg/L** | **(No range available)** |
| Result | **Liver function test**: | | |
| | Globulin | 31 g/L | (Range: 21 - 35) |
| | Albumin | 40 g/L | (Range: 35 - 50) |
| | Total Protein | 71 g/L | (Range: 60 - 80) |
| | ALT | 10 U/L | (Range: 5 - 55) |
| | AST | 12 U/L | (Range: 10 - 45) |
| | ALP | 80 U/L | (Range: 30 - 130) |
| | Bilirubin | 5 µmol/L | (No range available) |
| Result | **Urea and electrolytes**: | | |
| | eGFR result/1.73m2 >60 | | (No range available) |
| | Chloride | 102 mmol/L | (Range: 95 - 108) |
| | Potassium | 4.3 mmol/L | (Range: 3.5 - 5.3) |
| | Sodium | 140 mmol/L | (Range: 133 - 146) |
| | Creatinine | 55 µmol/L | (Range: 50 - 120) |
| | Urea | **2.4 mmol/L** | **(Range: 2.5 - 7.8)** |
| Result | **(Non Coded Event - FULL BLOOD COUNT )**: | | |
| | Basophils | 0.1 10*9/L | (No range available) |
| | Eosinophils | 0.1 10*9/L | (Range: 0.1 - 0.7) |
| | Monocytes | 0.6 10*9/L | (Range: 0.2 - 0.9) |
| | Lymphocytes | 1.9 10*9/L | (Range: 1.1 - 5) |
| | Neutrophils | 5.7 10*9/L | (Range: 1.5 - 6.5) |
| | Platelets | 283 10*9/L | (Range: 150 - 400) |
| | MCHC | 341 g/L | (Range: 316 - 349) |
| | MCH | 31.8 pg | (Range: 27.3 - 32.6) |
| | MCV | 93 fL | (Range: 82 - 98) |
| | Haematocrit | **0.38 %** | **(Range: 0.39 - 0.5)** |
| | RBC | **4.12 10*12/L** | **(Range: 4.32 - 5.66)** |
| | White Cell Count | 8.4 10*9/L | (Range: 3.7 - 9.5) |
| | Haemoglobin | **131 g/L** | **(Range: 133 - 176)** |

**30-May-2025 Ms Kelly McGhee (KEL) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Sample sent to lab. for test Blood obtained on first attempt as per Dr Shennan instruction |

THIRD PARTY COPY

**30-May-2025 Dr Jennifer Shennan (JEN) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **(Non Coded Event - SERUM FERRITIN )**: | | |
| | Ferritin | 86 ug/L | (Range: 30 - 400) |
| Result | **Serum folate**: | | |
| | Folate | 4.1 ug/L | (Range: 3.9 - 26.8) |
| Result | **Serum vitamin B12**: | | |
| | Vitamin B12 | 295 ng/L | (Range: 197 - 771) |
| Result | **(Non Coded Event - URIC ACID )**: | | |
| | Uric Acid | 211 umol/L | (Range: 200 - 430) |
| Result | **Plasma C reactive protein**: | | |
| | CRP | **131 mg/L** | **(No range available)** |
| Result | **Liver function test**: | | |
| | Globulin | 30 g/L | (Range: 21 - 35) |
| | Albumin | 40 g/L | (Range: 35 - 50) |
| | Total Protein | 70 g/L | (Range: 60 - 80) |
| | ALT | 12 U/L | (Range: 5 - 55) |
| | AST | 14 U/L | (Range: 10 - 45) |
| | ALP | 86 U/L | (Range: 30 - 130) |
| | Bilirubin | 6 µmol/L | (No range available) |
| Result | **Urea and electrolytes**: | | |
| | eGFR result/1.73m2 >60 | | (No range available) |
| | Chloride | 96 mmol/L | (Range: 95 - 108) |
| | Potassium | **3.3 mmol/L** | **(Range: 3.5 - 5.3)** |
| | Sodium | 136 mmol/L | (Range: 133 - 146) |
| | Creatinine | 64 µmol/L | (Range: 50 - 120) |
| | Urea | 2.7 mmol/L | (Range: 2.5 - 7.8) |
| Result | **(Non Coded Event - GLYCATED HB )**: | | |
| | Haemoglobin A1c (IFCC) | **66 mmol/mol** | **(Range: 20 - 41)** |
| Result | **(Non Coded Event - FULL BLOOD COUNT )**: | | |
| | Basophils, 0 | 0 10*9/L | (No range available) |
| | Eosinophils | 0.1 10*9/L | (Range: 0.1 - 0.7) |
| | Monocytes | 0.9 10*9/L | (Range: 0.2 - 0.9) |
| | Lymphocytes | 1.5 10*9/L | (Range: 1.1 - 5) |
| | Neutrophils | 5.1 10*9/L | (Range: 1.5 - 6.5) |
| | Platelets | 180 10*9/L | (Range: 150 - 400) |
| | MCHC | 341 g/L | (Range: 316 - 349) |
| | MCH | 31.2 pg | (Range: 27.3 - 32.6) |
| | MCV | 92 fL | (Range: 82 - 98) |
| | Haematocrit | 0.39 % | (Range: 0.39 - 0.5) |
| | RBC | **4.23 10*12/L** | **(Range: 4.32 - 5.66)** |
| | White Cell Count | 7.5 10*9/L | (Range: 3.7 - 9.5) |
| | Haemoglobin | **132 g/L** | **(Range: 133 - 176)** |

**29-May-2025 Dr Jennifer Shennan (JEN) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History f2f - pt hit dorsum of right foot off table leg 3 weeks ago since had intermittent pain affecting whole foot dorsum, mild redness in area no swelling, no known gout/foot issues, note known t2dm, no neuro sx at all, no colour change/coolness |
| Examination | Examination gait normal, normal ll pulses cr&lt2secs, normal ll neuro exam, skin intact, subtle redness over medial dorsum of foot not quite overlying 1st mtpj, good toe movements, no pain on palp of area no swelling/heat |
| Comment | Comment ?soft tissue injury ?hairline fracture: xr requested, bloods to ensure not worsening diabetic control/exclude gout, pt happy |

**28-May-2025 Dr Angela McCrorie (ALM) Data Entry**

| | |
|---|---|
| History | History ramipril not issued since 2024 - stopped by ***** Shennan due to cough in Nov 2024 |

**16-May-2025 Ms Julie Farrell (JFAR) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Prescription by supplementary prescriber |
| Comment | Comment appears to be using for headache. if orders again a review would be appropriate |
| Medication | Medication Ibuprofen Tablets 400 mg 42 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD |

**27-Mar-2025 Dr Stuart Lennox (LENN) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History Special request - |
| Medication | Medication Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose 120 DOSE TWO PUFFS TO BE TAKEN TWICE DAILY |
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 CAPSULE 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23) |

THIRD PARTY COPY

**17-Mar-2025 Ms Amy Nolan (NOLA) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | Problem | Problem GORD |
| | History | Post hospital dischrge med reconciliation with medical notes |
| | Comment | Medication commenced Omeprazole 20mg BD 2/52 then 20mg OD |
| | Comment | Drug therapy discontinued Lansoprazole |
| | Comment | Short term drug therapy Peptac |
| | Result | No follow-up arranged - none required |
| | Medication | Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY |
| 13-Mar-2025 | History | Discharged from hospital |
| 13-Mar-2025 | History | Admission to hospital |

**13-Mar-2025 Dr Jennifer Shennan (JEN) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | History | History f2f - see below, no chest pain today |
| | Examination | Examination well looking pt today, temp 37, bp 120/70, rr 14, sats 99% oa, hr 90 and reg, chest clear, hs120, no ankle swelling |
| | Comment | Comment due to escalation in cardiac sounding chest pain RAC accepted pt for review, getting lift stright up |

**13-Mar-2025 Dr Jennifer Shennan (JEN) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | History | History tc - called pt re resp letter highlighting regular gtn use, pt noting several months of around twice daily central chest pain which resolves after gtn within around 10-15 mins, pt feels getting worse, no chest pain today, no arm/jaw radiation, known ihd, no palps/sob noted, no dizziness, no planned cardiac intervention for this escalating picture in place, no waking or rest pain |
| | Comment | Comment f2f today for consolidate |

**10-Mar-2025 Miss Ali McGovern (ALIM) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | Comment | Did not attend - no reason DNA 10/03/25 ***** |

**10-Feb-2025 Mrs Elizabeth Marr (LIZM) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | Comment | Prescription by supplementary prescriber - |
| | Comment | Telephone encounter - patient requested co-codamol for headache but is on tramadol<br>discussed and agreed to try pcm and ibuprofen and see how goes |
| | Medication | Medication Paracetamol Tablets 500 mg 100 TABLET ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED |
| | Medication | Medication Ibuprofen Tablets 400 mg 42 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD |

**30-Jan-2025 Ms Karen Sokell (KARS) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | History | History Special request - |
| | Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 CAPSULE 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23) |

**29-Jan-2025 Ms Amy Nolan (NOLA) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | Comment | Comment Prescription by supplementary prescriber AH - pt informed |
| | Comment | Medication commenced Nacsys 600mg OD |
| | Result | No follow-up arranged - none required |
| | Medication | Medication Nacsys Effervescent tablets 600 mg 30 TABLET ONE TO BE TAKEN DAILY |
| 27-Jan-2025 | History | Outpatient clinic letter received |

**28-Jan-2025 Ms Shannon Henderson (SHEN) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | Comment | Sample sent to lab. for test sputum |

**28-Jan-2025 Dr Philip Laraway (LARA) General Practice Surgery**

| | | | |
|---|---|---|---|
| | Result | **Sputum culture**: | |
| | | Culture | (No range available) |
| | | Appearance Muco-purulent | (No range available) |

**14-Jan-2025 Mrs Margaret Gill (MGGL) Portland Medical PracticeMain Surgery**

| | | | |
|---|---|---|---|
| | Examination | O/E - BP reading | |
| | Examination | Systolic blood pressure | 141 mm Hg |
| | Examination | Diastolic blood pressure | 87 mm Hg |

THIRD PARTY COPY

**20-Dec-2024 Ms Patricia Davies (PATD) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Prescription by supplementary prescriber | |
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 CAPSULE 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23) | |

**18-Dec-2024 Dr Jennifer Shennan (JEN) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| History | History tc - average bp 135/87, advised this is satisfactory at present, currently on 10mg od amlodipine, note recently taken off of acei due to cough and pending resp review, tasked for bp in 3-4 weeks to ensure bp remains controlled, pt happy | |

**17-Dec-2024 Miss Ali McGovern (ALIM) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment Px attended for BP also handed in BP results, will put in task box as ***** on holiday | |
| Examination | Systolic blood pressure | 128 mm Hg |
| Examination | Diastolic blood pressure | 68 mm Hg |

**16-Dec-2024 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| 13-Dec-2024 | Vaccination | Administration of first inactivated seasonal influenza vacc *3040805/ FLUQIVC/IM/Right Arm//FLU - Seqirus UK ( Galleon Centre, Kilmarnock )* |

**16-Dec-2024 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| 13-Dec-2024 | Vaccination | Administration of first dose of SARS-CoV-2 vaccine *812005A/ COVMODERNA/IM/Left Arm//C-19 Moderna ( Galleon Centre, Kilmarnock )* |

**27-Nov-2024 Dr Stuart Lennox (LENN) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Type 2 diabetes mellitus |
| History | History TC - "med review" I presume this is diabetic meds as had hba1c few weeks ago - 8.2. which isabout as good as he ever is over the last few years. on max oral therapy essentially and doing fine on it. pioglitazone or rybelsus are options - but he has a cardiac History and his BMI is only 26. think the balance is in favour of leaving things stable just now and accepting hba1c of around 8%, given its taking us 4 meds at max dose, including at 160mg bd to get there. pt happy with same. |

**25-Nov-2024 Dr Jennifer Shennan (JEN) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History f2f - in for bp review, pt feeling entirely well today and notes cough almost gone likely acei cough here, still attend resp review due to prolonged cough advised though |
| Examination | Examination bp 108/70 |
| Comment | Comment pt has bp cuff at home, advised recalling if bp &gt140/90, pt to currently stay on amlodipine for htn only 10mg, tasked for nurse review in 3 weeks |

**20-Nov-2024 Dr Jennifer Shennan (JEN) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History f2f - pt has ongoing dry cough, seemed to have occurred since being on acei, no change with amox at all, ex-smoker &gt40 years ago, note wl noted earlier in year weight now stabilised now 12st, no chest pain/soboe, known asthma, no wheeze worsening, note ct scan result small ocapity left lower lobe, pt had one episode of reflux in last week nil red flags associated, note also enlarged prostate on ct psa normal no luts at all noted by pt |
| Examination | Examination sats 99%, hr 90 and reg, bp 90/60 today* pt feeling well from this, temp 37, chest clear, hs120, abdo snt normal bss, weight 12st today |
| Comment | Comment ucs resp referral due to ongoing cough, ?acei cause of cough/low bp, advised to stop and booked in with myself on monday to potentially re-initiate another agent, pt aware to recontact gp if feeling unwell at any point between now and review, pt aware of stroke/mi risk with uncontrolled high bp, pt happy |
| Medication | Medication Gliclazide Tablets 80 mg 224 TABLET 2 TABLETS TWICE DAILY |

THIRD PARTY COPY

**11-Nov-2024 Dr Jennifer Shennan (JEN) Portland Medical PracticeMain Surgery**

| | | | |
|---|---|---|---|
| History | History f2f - pt noting 1 month of cough productive of green sputum, intermittent wheeze but not escalating, no soboe, no chest pain, note ct cap last month showed potential local infection left base, no wl recently noted, hstorical ex-smoker, copd known, steroids last month did not help, note pt on acei too | | |
| Examination | Examination well looking pt, temp 36.9, hr 80 and reg, chest left basal crep good ae throughout no wheeze | | |
| Comment | Comment ?lrti: amox trial 1st, strong wsg, pt happy | | |
| Medication | Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY | | |

**07-Nov-2024 Ms Nichola Duffy (NICD) Portland Medical PracticeMain Surgery**

| | | | |
|---|---|---|---|
| Problem | Type 2 diabetes mellitus | | |
| Comment | Comment hba1c currently 8.2% no change from August hba1c, on empa on gliclazide and metformin, noted 6kg weight loss between 2023 and 2024, there were discussions re GLP1 injectables and oral tables last year by DDC before shortage ?whether consideration at present, i will discuss with GP However i would suggest repeat hba1c in 4 months, along with weight check. Then review. | | |

**06-Nov-2024 Mrs Margaret Gill (MGGL) Portland Medical PracticeMain Surgery**

| | | | |
|---|---|---|---|
| Comment | Sample sent to lab. for test | | |

**06-Nov-2024 Dr Angela McCrorie (ALM) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **(Non Coded Event - GLYCATED HB )**: | | |
| | Haemoglobin A1c (IFCC) | **67 mmol/mol** | **(Range: 20 - 41)** |
| | Haemoglobin A1c | **8.2 %** | **(Range: 4 - 5.9)** |

**24-Oct-2024 Miss Ali McGovern (ALIM) Portland Medical PracticeMain Surgery**

| | | | |
|---|---|---|---|
| Comment | Sample sent to lab. for test Px attended for BP and Bloods<br>Bloods obtained ***** | | |
| Examination | Systolic blood pressure | 110 mm Hg | |
| Examination | Diastolic blood pressure | 80 mm Hg | |

**24-Oct-2024 Dr Stuart Lennox (LENN) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **Prostate specific antigen**: | | |
| | PSA | 1.4 µg/L | (No range available) |
| Result | **Urea and electrolytes**: | | |
| | eGFR result/1.73m2 >60 | | (No range available) |
| | Chloride | 101 mmol/L | (Range: 95 - 108) |
| | Potassium | 4 mmol/L | (Range: 3.5 - 5.3) |
| | Sodium | 135 mmol/L | (Range: 133 - 146) |
| | Creatinine | 61 µmol/L | (Range: 50 - 120) |
| | Urea | 3.8 mmol/L | (Range: 2.5 - 7.8) |

**21-Oct-2024 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | | | |
|---|---|---|---|
| Problem | Problem chest has flared again . since friday and green cough - bright jelly - green, no bloood | | |
| Examination | Examination sats 98 puse 80 temp 36.4 chest clear in all areas. | | |
| Comment | Comment NIECOPD | | |
| Medication | Medication Prednisolone Tablets 5 mg 40 TABLET 8 DAILY AS A SINGLE DOSE | | |

**15-Oct-2024 Mrs Elizabeth Marr (LIZM) Portland Medical PracticeMain Surgery**

| | | | |
|---|---|---|---|
| Comment | Prescription by supplementary prescriber | | |
| Medication | Medication Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose 120 DOSE TWO PUFFS TO BE TAKEN TWICE DAILY | | |

**09-Oct-2024 Dr Stuart Lennox (LENN) Portland Medical PracticeMain Surgery**

| | | | |
|---|---|---|---|
| History | History TC - quick call re his CT CAP. essnetially all clear nothing signficant symptom resp wise. no malignancy found. need to get a psa given bulky prostate and best do a coeliac given his multiple vit deficiences over the years. can prob leave the faecal elastase | | |

**03-Oct-2024 Dr Stuart Lennox (LENN) Portland Medical PracticeMain Surgery**

| | | | |
|---|---|---|---|
| History | History CT CAP basically fine. prob needs a coeliac and faecal elastase to complete the investigation but nothing snister on CT - maybe all just gastritis/reflux. TC with me then bloods coeliac and PSA - bulky prostate on CT. also check resp symptoms | | |

THIRD PARTY COPY

**02-Oct-2024 Dr Jennifer Shennan (JEN) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History f2f - see broderline raised diastolic on recent average bp, pt notes headache a lot better of late/almost gone, nil other sx noted at all, increase ramipril to 6.25mg daily, tasked for bp/u&e check in 3 weeks, note normal u&e in september |
| Medication | Medication Ramipril Capsules 1.25 mg 28 CAPSULE ONE TO BE TAKEN EACH MORNING (IN ADDITION TO 5MG) |

**02-Oct-2024 Dr S Montgomery (SM) Data Entry**

| | |
|---|---|
| History | History Special request - rx |
| Medication | Medication Co-Codamol 15/500 Tablets 100 tablet 2 Tabs 4 times daily |

**25-Sept-2024 Dr Jennifer Shennan (JEN) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History overall average bp accounting for last hbpm and most recent vaules averaged, 133/87, diastolic borderline, tasked for call/f2f with myself next week to discuss |

**11-Sept-2024 Dr Jennifer Shennan (JEN) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History av bps handed in - av 132/86 - dias borderline, actioned for rpt hbpm for further 1 week trial |

**04-Sept-2024 Mrs Margaret Gill (MGGL) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Sample sent to lab. for test |

**04-Sept-2024 Dr Jennifer Shennan (JEN) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **Erythrocyte sedimentation rate**: | | |
| | ESR | 5 mm/hour | (No range available) |
| Result | **Thyroid function tests**: | | |
| | TSH | 0.44 mU/L | (Range: 0.27 - 4.2) |
| | Free T4 | 16.8 pmol/L | (Range: 10 - 22) |
| Result | **Plasma C reactive protein**: | | |
| | CRP | 7 mg/L | (No range available) |
| Result | **Liver function test**: | | |
| | Globulin | 24 g/L | (Range: 21 - 35) |
| | Albumin | 42 g/L | (Range: 35 - 50) |
| | Total Protein | 66 g/L | (Range: 60 - 80) |
| | ALT | 9 U/L | (Range: 5 - 55) |
| | AST | 11 U/L | (Range: 10 - 45) |
| | ALP | 77 U/L | (Range: 30 - 130) |
| | Bilirubin | 6 µmol/L | (No range available) |
| Result | **Urea and electrolytes**: | | |
| | eGFR result/1.73m2 >60 | | (No range available) |
| | Chloride | 103 mmol/L | (Range: 95 - 108) |
| | Potassium | 4.1 mmol/L | (Range: 3.5 - 5.3) |
| | Sodium | 139 mmol/L | (Range: 133 - 146) |
| | Creatinine | 69 µmol/L | (Range: 50 - 120) |
| | Urea | 3.7 mmol/L | (Range: 2.5 - 7.8) |
| Result | **(Non Coded Event - FULL BLOOD COUNT )**: | | |
| | Basophils | 0.1 10*9/L | (No range available) |
| | Eosinophils | 0.4 10*9/L | (Range: 0.1 - 0.7) |
| | Monocytes | 0.6 10*9/L | (Range: 0.2 - 0.9) |
| | Lymphocytes | 1.6 10*9/L | (Range: 1.1 - 5) |
| | Neutrophils | 4.3 10*9/L | (Range: 1.5 - 6.5) |
| | Platelets | 274 10*9/L | (Range: 150 - 400) |
| | MCHC | 339 g/L | (Range: 316 - 349) |
| | MCH | 32.4 pg | (Range: 27.3 - 32.6) |
| | MCV | 96 fL | (Range: 82 - 98) |
| | Haematocrit | 0.4 % | (Range: 0.39 - 0.5) |
| | RBC | **4.13 10*12/L** | **(Range: 4.32 - 5.66)** |
| | White Cell Count | 6.9 10*9/L | (Range: 3.7 - 9.5) |
| | Haemoglobin | 134 g/L | (Range: 133 - 176) |

THIRD PARTY COPY

**02-Sept-2024 Dr Jennifer Shennan (JEN) Portland Medical PracticeMain Surgery**

| | | | |
|---|---|---|---|
| History | History f2f - pt noting 3 months of headahce every second day or so, sometimes with light sensitivity, no rashes/neck pain/temp/sweats, no change to vision, arms and legs working ok, headache felt frontal/temples bilat, not stressed reportedly, cocodamol helping to take away | | |
| Examination | Examination weight 12.7st (note wl prev awaiting ctcap but weight seems to be going up again), bp 143/80, hr 80 and reg, temp 37, sats 99% oa, hs120, normal fundi, neuro ul/ll intact, mild degree of left temple pain on palp no artery firmness/pulsatility | | |
| Comment | Comment ?tension ?bp issue ?GCA: bloods this week, hydrate better, advised optician review, bp diary/cuff advised this week (pt getting from desk), advised if headache ongoing over next few weeks to recontact/sooner if worsening | | |
| Medication | Medication Montelukast Sodium Tablets 10 mg 28 TABLET ONE TO BE TAKEN AT NIGHT | | |
| Medication | Medication Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff 1 inhaler ONE OR TWO PUFFS UP TO QDS PRN | | |
| Medication | Medication Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose 120 DOSE TWO PUFFS TO BE TAKEN TWICE DAILY | | |

**30-Aug-2024 Ms Karen Sokell (KARS) Telephone Consultation**

| | | | |
|---|---|---|---|
| History | History Headaches for past month intermittently . Has a headache at the moment . Can last approx 1.5 hrs . Starts at left temple and shoots across forehead. . No jaw pain . No visual disturbance . No nausea or vomiting . No photophobia or neck stiffness Getting these headaches every couple of days. Takes ibuprofen and PCM but has run out . Advised brufen not ideal due to disbetes and HTN . Declined f2f today . Happy to come in On Monday for review and trial co-codamol meantime . SE's explained . Recent bloods and BP ok . Awaiting CTCAP for ? Pancreatic pathology . | | |
| Medication | Medication Co-Codamol 15/500 Tablets 100 tablet 2 Tabs 4 times daily | | |

**29-Aug-2024 Dr Imran Hussain (IMRA) Data Entry**

| | | | |
|---|---|---|---|
| Comment | Comment Special request - | | |
| Medication | Medication Metformin Hydrochloride Tablets 500 mg 112 tablet TWO TO BE TAKEN TWICE A DAY | | |

**29-Aug-2024 Ms Nichola Duffy (NICD) Portland Medical PracticeMain Surgery**

| | | | |
|---|---|---|---|
| Problem | Asthma | | |
| Comment | Comment Asthma well controlled, given self management plan | | |
| Problem | Type 2 diabetes mellitus | | |
| Comment | Comment Under investigation for rising hba1c and weight loss, repeat hba1c as planned and await results. | | |
| Problem | Essential hypertension | | |
| Comment | Comment BP satisfactory | | |
| Problem | Angina pectoris NOS | | |
| Comment | Comment on statin lipid profile satisfactory, Patient complaining of ongoing headaches left side temple, had recent eye exam with no issues, states paracetemol not clearing this and can be very painful, no issues with BP. TC booked. | | |
| Examination | Asthma annual review | | |
| Examination | Asthma control test | 20 /25 | |
| Read Code | Patient understands why taking all medication | | |
| Read Code | Asthma treatment compliance satisfactory | | |
| Read Code | Bronchodilator used infrequently | | |
| Read Code | Steroid dose inhaled daily | | |
| Read Code | Inhaler technique - good | | |
| Read Code | Asthma self-management plan agreed | | |
| Read Code | Number of asthma exacerbations in past year | 0 /year | |
| Read Code | Asthma not limiting activities | | |
| Read Code | Asthma not disturbing sleep | | |
| Read Code | Asthma never causes daytime symptoms | | |

**29-Aug-2024 Dr Philip Laraway (LARA) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **(Non Coded Event - URINE ALBUMIN CREATINE RATIO )**: | | |
| | Urine Creatinine | 3.69 mmol/L | (No range available) |
| | Urine Microalbumin/creatinine ratio <1.1 | | (No range available) |
| | Urine albumin <4.0 | | (No range available) |

THIRD PARTY COPY

**20-Aug-2024 Ms Shirley Hawkins (SHIR) Admin**

| | | |
|---|---|---|
| Comment | Comment ESA Form - passed to Dr Laraway for completion (Completed and prepared for posting 23.08.24) | |

**14-Aug-2024 Dr Stuart Lennox (LENN) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| History | History see below CT request done and tasked to inform pt. | |

**14-Aug-2024 Dr Stuart Lennox (LENN) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| History | History Hello<br>Thank you for your email.<br>I agree, imaging would be useful in this case.<br>Given the history of oesophageal problems I would suggest CT chest, abdomen and pelvis. If you place a request, stating you have discussed with me, it shall be appointed accordingly.<br>Best wishes,<br><br>Bappa<br>Dr Bappa Sarkar, MBChB, BSc(Med.Sci)Hons, FRCR<br>Consultant Radiologist<br>Crosshouse Hospital | |

**13-Aug-2024 Dr Stuart Lennox (LENN) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| History | History emailed to radiology clinical mailbox | |

**13-Aug-2024 Dr Stuart Lennox (LENN) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| History | History Hi just looking for advice re whether you would advise a CT abdo for this man with weight loss and worsening diabetic control. He has objective 6kg weight loss at our chronic disease check, and hasn't been attempting to lose weight. <br><br>He has a diagnosis of type 2 DM going back to 2010 and is on essentially maximum oral therapy inc metformin, gliclazide, empagliflozin and alogliptin.<br><br>I see in Dec 23 he presented with a new normocytic but iron deficiency anaemia, with both folate and ferritin being low at the time. I also quite a marked B12 deficiency in august of 23 which has been adequately replaced orally rather than IM. <br><br>He had an OGD earlier this year showing Barret's oesophagus, oesophagitis and a hiatus hernia but no malignancy. He has been having "dyspepsia" and vomiting. <br><br>His Qfit was normal so no lower bowel investigations and I see his recent FBC is now normal. <br><br>The rest of his bloods inc LFT UE etc are normal, although his random glucose was 19.2 which seems disproportionate to his hba1c.<br><br>He currently gets occasional epigastric discomfort but its not persistent, although the "acid reflux" aspect persists.<br><br>I wonder whether with his weight loss, increasing hba1c despite weight loss, recent multiple vitamin deficiencies and recent upper GI investigations, whether he might need imaging regarding ?pancreatic malignancy <br><br>Other PMH - no alcohol xs, vitamin deficiencies as described, angina, hypertension. DH - diabetic meds as above plus PPI, ramipril tramadol, oral b12, statin, aspirin amlodipine, ramipril<br><br>Advice appreciated, many thanks<br><br>***** Lennox<br>GP, 34 Portland Road | |

**13-Aug-2024 Dr Stuart Lennox (LENN) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| History | History f2f - hba1c 8.2 from 7.2 but over the course actually not a huge deviation from his mean. however he has lost a stone in the last year, unintentionally. OGD recently hiatus hernia, oesophagitis but since h pylori clearance has less "heartburn", v occasional epigastric discomfort and no back pain. Qfit normal earlier this year. no bowels change. thought ferritin and folate a bit low in dec 23, howevr Hb has recovered from his normocytic anaemia in dec 23. no luts, no bowel change. wt 82 to 76kg. would normally be expecting DM control to improve - is there a pancreatic element. he had b12 deficiency last year as well. Will email radiology and ask if theyd recommend a CT pancreas ?malignancy | |
| Examination | O/E - BP reading abdo snt. looks well. | |
| Comment | Comment also he stopped ramipril. cough went away and hes restarted it this morning. if the cough recurs - stop ramipril and a few weeks later come in and get BP rechecked with us to see if he needs an alternative med to ramipril. | |
| Examination | Systolic blood pressure | 120 mm Hg |
| Examination | Diastolic blood pressure | 80 mm Hg |

THIRD PARTY COPY

**08-Aug-2024 Ms Nichola Duffy (NICD) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Type 2 diabetes mellitus | |
| Comment | Comment hba1c currently 8.2% previously 7.2% in Feb. Patient on 3 agents statin and ACEi 6kg weight loss noted, therefore suggest patient needs review. has f/u with PN however needs FTF to dsicuss with GP. | |

**05-Aug-2024 Ms Nichola Duffy (NICD) General Practice Surgery**

| | | |
|---|---|---|
| Result | **GMS Contract Back Population**: | |
| | O/E - left foot pulses present | (No range available) |
| | O/E - right foot pulses present | (No range available) |
| | 10g monofilament sensation L foot normal | (No range available) |
| | 10g monofilament sensation R foot normal | (No range available) |
| | O/E - Left diabetic foot at low risk | (No range available) |
| | O/E - Right diabetic foot at low risk | (No range available) |

**02-Aug-2024 Miss Ali McGovern (ALIM) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Asthma | |
| Problem | Essential hypertension | |
| Comment | Sample sent to lab. for test Bloods obtained *****<br>Px has follow up 29/08/24 with PN *****<br>Writer carried out Diabetic foot check as per SCI Diabetes, px is Low risk next check 2026 unless any problems | |
| Problem | Type 2 diabetes mellitus | |
| Problem | Hiatus hernia | |
| History | No known allergies | |
| History | Angina pectoris | |
| History | Diabetes mellitus | |
| Examination | Systolic blood pressure | 123 mm Hg |
| Examination | Diastolic blood pressure | 87 mm Hg |
| Examination | O/E - height | 170 cm |
| Examination | O/E - weight | 76 Kg |
| Examination | Body Mass Index | 26.3 |
| Examination | Heart rate | 113 beats/minute |
| Family History | FH: Ischaemic heart dis. >60 ***** had heart problems | |
| Family History | FH: Diabetes mellitus ***** | |
| Social | Alcohol consumption | 15.2 units/week |
| Social | Never smoked tobacco | |
| Social | 30 mins/day of at least mod intensty physc activity >=5 week 7 | |

THIRD PARTY COPY

**02-Aug-2024 Dr Angela McCrorie (ALM) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **Plasma glucose**: | | |
| | Glucose | **19.2 mmol/L** | **(Range: 3.3 - 6)** |
| Result | **Thyroid function tests**: | | |
| | TSH | 0.5 mU/L | (Range: 0.27 - 4.2) |
| | Free T4 | 17.1 pmol/L | (Range: 10 - 22) |
| Result | **Plasma lipids**: | | |
| | LDL Cholesterol | 1.6 mmol/L | (No range available) |
| | Triglyceride | 1.4 mmol/L | (No range available) |
| | Cholesterol:HDL Ratio | 2.8 | (No range available) |
| | HDL Cholesterol | 1.2 mmol/L | (No range available) |
| | Cholesterol | 3.4 mmol/L | (No range available) |
| Result | **Bone profile**: | | |
| | Phosphate | 0.7 mmol/L | (Range: 0.7 - 1.5) |
| | Adjusted Calcium | 2.35 mmol/L | (Range: 2.2 - 2.6) |
| | Calcium | 2.39 mmol/L | (Range: 2.2 - 2.6) |
| Result | **Liver function test**: | | |
| | Globulin | 29 g/L | (Range: 21 - 35) |
| | Albumin | 42 g/L | (Range: 35 - 50) |
| | Total Protein | 71 g/L | (Range: 60 - 80) |
| | ALT | 11 U/L | (Range: 5 - 55) |
| | AST | 10 U/L | (Range: 10 - 45) |
| | ALP | 80 U/L | (Range: 30 - 130) |
| | Bilirubin | 5 µmol/L | (No range available) |
| Result | **Urea and electrolytes**: | | |
| | eGFR result/1.73m2 >60 | | (No range available) |
| | Chloride | 104 mmol/L | (Range: 95 - 108) |
| | Potassium | 4.3 mmol/L | (Range: 3.5 - 5.3) |
| | Sodium | 140 mmol/L | (Range: 133 - 146) |
| | Creatinine | 63 µmol/L | (Range: 50 - 120) |
| | Urea | 3.3 mmol/L | (Range: 2.5 - 7.8) |
| Result | **(Non Coded Event - GLYCATED HB )**: | | |
| | Haemoglobin A1c (IFCC) | **66 mmol/mol** | **(Range: 20 - 41)** |
| | Haemoglobin A1c | **8.2 %** | **(Range: 4 - 5.9)** |
| Result | **(Non Coded Event - FULL BLOOD COUNT )**: | | |
| | Basophils, 0 | 0 10*9/L | (No range available) |
| | Eosinophils | 0.2 10*9/L | (Range: 0.1 - 0.7) |
| | Monocytes | 0.5 10*9/L | (Range: 0.2 - 0.9) |
| | Lymphocytes | 1.4 10*9/L | (Range: 1.1 - 5) |
| | Neutrophils | 4.8 10*9/L | (Range: 1.5 - 6.5) |
| | Platelets | 251 10*9/L | (Range: 150 - 400) |
| | MCHC | 333 g/L | (Range: 316 - 349) |
| | MCH | **32.7 pg** | **(Range: 27.3 - 32.6)** |
| | MCV | 98 fL | (Range: 82 - 98) |
| | Haematocrit | 0.43 % | (Range: 0.39 - 0.5) |
| | RBC | 4.34 10*12/L | (Range: 4.32 - 5.66) |
| | White Cell Count | 6.9 10*9/L | (Range: 3.7 - 9.5) |
| | Haemoglobin | 142 g/L | (Range: 133 - 176) |

**02-July-2024 Dr Imran Hussain (IMRA) Telephone Consultation**

| | |
|---|---|
| History | History Patient on phone - noticed appt was arranged to discuss Letter from General surgery dated 11/6/24 - which stated pt has h.lylori and barretts esophagus- noticed prescription has already been issued on 17/6/24 and pt had his course- explained barretts esophagus to him and explained to him that he will get a letter to state whether he needs surveliance or not- also will receive appt for bloods arranged by hosptial - happy with explanation - says symptoms are well controlled since he had a course of abx- happy with plan |

**28-Jun-2024 Ms Sarah Cameron (SACA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | Prescription by supplementary prescriber |

**28-Jun-2024 Ms Sarah Cameron (SACA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | Prescription by supplementary prescriber |
| Comment | Comment Medication reauthorised, has been advised on further care, |
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 CAPSULE 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23) |

**17-Jun-2024 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Helicobacter serology positive |
| Medication | Medication Metronidazole Tablets 400 mg 21 tablet ONE TO BE TAKEN THREE TIMES A DAY |
| Medication | Medication Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY |
| Medication | Medication Lansoprazole Capsules (Gastro-Resistant) 30 mg 14 capsule 1 Cap Twice daily |

THIRD PARTY COPY

**30-May-2024 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | | | |
|---|---|---|---|
| Problem | Problem stillcoughing and abx clearing for a week and then comes back no rash no blood no temp . no weight loss ,. never smoked. no haemoptysis | | |
| Examination | O/E - BP reading chest clear sats 96 pue 100 | | |
| Comment | Comment stop ramipril for 4 weeks then review | | |
| Examination | Systolic blood pressure | 100 mm Hg | |
| Examination | Diastolic blood pressure | 60 mm Hg | |

**07-May-2024 Dr Stuart Lennox (LENN) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History f2f - 3 months cough, similar to december although tha timproved. green sputum no blood no chest pain no wt loss. bit moe soboe, occasional wheeze. on a PPI. also on ramipril. cxr clear last year. no leg swelling no fever well in self. |
| Examination | Examination hs 110 reg sats 98 air temp 36.0, looks well no dyspnoea hs pure chest clear no creps no wheeze. |
| Comment | Comment try abx pred again, if not improving 2 weeks then stop Ramipril for 4 weeks to see if improves. |
| Medication | Medication Clarithromycin Tablets 500 mg 14 tablet ONE TO BE TAKEN TWICE A DAY |
| Medication | Medication Prednisolone Tablets 5 mg 56 tablet 8 DAILY |

**25-Apr-2024 Ms Hazel Sutherland (HAZS) Data Entry**

| | |
|---|---|
| Comment | Comment Special request - Hs PPI cover. U+E up to date. GP to sign |
| Medication | Medication Naproxen Tablets 250 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY |

**21-Mar-2024 Ms Hazel Sutherland (HAZS) Data Entry**

| | |
|---|---|
| Comment | Comment Special request - GP to sign |
| Medication | Medication Naproxen Tablets 250 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY |

**23-Feb-2024 Dr S Montgomery (SM) Data Entry**

| | |
|---|---|
| History | History Special request - rx |
| Medication | Medication Naproxen Tablets 250 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY |

**20-Feb-2024 Ms Megan Kernaghan (MEG) Data Entry**

| | |
|---|---|
| Comment | Comment Special request - Ferrous fumerate. 3m supply issued 05/01/24 - should still have further supply to complete course. Not issued. |

**15-Feb-2024 Ms Nichola Duffy (NICD) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Type 2 diabetes mellitus |
| Comment | Comment hba1c stable at 7.3% inproved from 7.8% in Aug 23. on statin and ACEi, on empa, gliclazide and metformin Repeat hba1c at cd in July. |
| Examination | Diabetic monitoring |

**15-Feb-2024 Ms Shirley Hawkins (SHIR) Admin**

| | |
|---|---|
| Comment | Comment HSBC Report completed by Dr Laraway and prepared for posting 15.02.24 |

**15-Feb-2024 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Problem telephone ecnounter re his qFIT - note he declined referral - he is now happy for this to be done |

**13-Feb-2024 Miss Ali McGovern (ALIM) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Sample sent to lab. for test Bloods obtained ***** |

**13-Feb-2024 Dr Angela McCrorie (ALM) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **(Non Coded Event - GLYCATED HB )**: | | |
| | Haemoglobin A1c (IFCC) | **56 mmol/mol** | **(Range: 20 - 41)** |
| | Haemoglobin A1c | **7.3 %** | **(Range: 4 - 5.9)** |

**17-Jan-2024 Ms Karen Sokell (KARS) Telephone Consultation**

| | |
|---|---|
| History | History Review of chest symptoms . Trimbow dose increased and has had good response . Coughing has settled and chest tightness has resolved . Happy to continue on current dosage and added to repetas . Review prn |

THIRD PARTY COPY

**15-Jan-2024 Ms Rebecca Durkin (REBE) Portland Medical PracticeMain Surgery**

History Nursing care blood sample taken
Comment Comment As per ANP JA.

**12-Jan-2024 Ms Hazel Sutherland (HAZS) Data Entry**

Comment Comment Special request - sciatica. GP to sign
Medication Medication Naproxen Tablets 250 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY

**09-Jan-2024 Mrs Elizabeth Marr (LIZM) Portland Medical PracticeMain Surgery**

Comment Failed encounter

**05-Jan-2024 Ms Hazel Sutherland (HAZS) Data Entry**

Comment Comment Special request - See consult 13/12-bloods to be repeated in 1/12. Appt booked 15/1. GP to sign
Medication Medication Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose 120 dose TWO PUFFS TO BE TAKEN TWICE DAILY
Medication Medication Ferrous Fumarate Tablets 210 mg 84 tablet ONE TO BE TAKEN THREE TIMES A DAY FOR 3 MONTHS

**03-Jan-2024 Mr Obayda Al-Sharbati (OBAA) Portland Medical PracticeMain Surgery**

History Prescription by supplementary prescriber
Comment Comment Reason on list "Is there any way to add brand ventolin to salbutamol- been given dif brand at CP" If written generically pharmacys can supply either Salmol or Ventolin. Some pharmacy brands only supply Ventolin. Switched to Ventolin Evohaler on Rx as per pt wishes
Medication Medication Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff 1 inhaler ONE OR TWO PUFFS UP TO QDS PRN

**20-Dec-2023 Ms Karen Sokell (KARS) Portland Medical PracticeMain Surgery**

History History Triage- ongoing cough . Persistant dry , troublesome cough . Worse at night .
Examination Examination Coughing++ on arrival. Dry , non productive . Sats 95 % HR 95 reg , Apyrexial. Ex smoker . Started smoking when he was 7 yrs and stopped age 12. Recent CXR is clear . Chest constantly feels tight . Uses SABA frequently . Ocassional dyspepsia recently , On PPI . Chest clear today . ? uncontroled asthma / COPD sxs . Agree increase dosage . Will follow up in 3 weeks . If no response will refer to resp
Medication Medication Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose 120 dose TWO PUFFS TO BE TAKEN TWICE DAILY

**15-Dec-2023 Mrs Margaret Gill (MGGL) Portland Medical PracticeMain Surgery**

Examination Urinalysis = no abnormality

**13-Dec-2023 Ms Jennifer Ashraf (JASH) Portland Medical PracticeMain Surgery**

History Telephone encounter to discuss bloods - new IDA. No recent bleeding. Feels very well. Denies any abdo pain or change in bowel habit. No PR bleeding. Occ heartburn/reflux but says well controlled on PPI. No LUTS. No weight loss. Explained guidelines recommend urgent colorectal referral to exclude malignancy and pt declines this. Have reiterated importance of further investigation without which serious pathology could be missed - pt remains adament that he does not wish to be referred. Agreeable to QFit test as no recent bowel screen, will also request MSU for dipstick to check for haematuria. Pt is happy to commence iron tabs and repeat bloods in 1/12.
Medication Medication Ferrous Fumarate Tablets 210 mg 84 tablet ONE TO BE TAKEN THREE TIMES A DAY FOR 3 MONTHS

**12-Dec-2023 Miss Heather Wroughton (WROU) Portland Medical PracticeMain Surgery**

Comment Prescription by supplementary prescriber Special request -
Medication Medication Montelukast Sodium Tablets 10 mg 28 TABLET ONE TO BE TAKEN AT NIGHT

**08-Dec-2023 Ms Nicola Harper (NICH) Portland Medical PracticeMain Surgery**

Comment Comment TASKS - VM

THIRD PARTY COPY

**07-Dec-2023 Miss Ali McGovern (ALIM) Portland Medical PracticeMain Surgery**

| | | | |
|---|---|---|---|
| Comment | Sample sent to lab. for test Bloods obtained ***** | | |

**07-Dec-2023 Ms Jennifer Ashraf (JASH) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **(Non Coded Event - SERUM FERRITIN )**: | | |
| | Ferritin | **18 ug/L** | **(Range: 30 - 400)** |
| Result | **Serum folate**: | | |
| | Folate | **3 ug/L** | **(Range: 3.9 - 26.8)** |
| Result | **Serum vitamin B12**: | | |
| | Vitamin B12 | 285 ng/L | (Range: 197 - 771) |
| Result | **Plasma C reactive protein**: | | |
| | CRP | **13 mg/L** | **(No range available)** |
| Result | **Liver function test**: | | |
| | Globulin | 27 g/L | (Range: 21 - 35) |
| | Albumin | 40 g/L | (Range: 35 - 50) |
| | Total Protein | 67 g/L | (Range: 60 - 80) |
| | ALT | 12 U/L | (Range: 5 - 55) |
| | AST | 14 U/L | (Range: 10 - 45) |
| | ALP | 62 U/L | (Range: 30 - 130) |
| | Bilirubin | 5 µmol/L | (No range available) |
| Result | **Urea and electrolytes**: | | |
| | eGFR result/1.73m2 >60 | | (No range available) |
| | Chloride | 104 mmol/L | (Range: 95 - 108) |
| | Potassium | 4.6 mmol/L | (Range: 3.5 - 5.3) |
| | Sodium | 138 mmol/L | (Range: 133 - 146) |
| | Creatinine | 65 µmol/L | (Range: 50 - 120) |
| | Urea | 4.1 mmol/L | (Range: 2.5 - 7.8) |
| Result | **(Non Coded Event - FULL BLOOD COUNT )**: | | |
| | Basophils | 0.1 10*9/L | (No range available) |
| | Eosinophils | **0.8 10*9/L** | **(Range: 0.1 - 0.7)** |
| | Monocytes | 0.7 10*9/L | (Range: 0.2 - 0.9) |
| | Lymphocytes | **1 10*9/L** | **(Range: 1.1 - 5)** |
| | Neutrophils | 4.1 10*9/L | (Range: 1.5 - 6.5) |
| | Platelets | 322 10*9/L | (Range: 150 - 400) |
| | MCHC | 323 g/L | (Range: 316 - 349) |
| | MCH | 29.5 pg | (Range: 27.3 - 32.6) |
| | MCV | 91 fL | (Range: 82 - 98) |
| | Haematocrit | **0.34 %** | **(Range: 0.39 - 0.5)** |
| | RBC | **3.7 10*12/L** | **(Range: 4.32 - 5.66)** |
| | White Cell Count | 6.7 10*9/L | (Range: 3.7 - 9.5) |
| | Haemoglobin | **109 g/L** | **(Range: 133 - 176)** |

**06-Dec-2023 Dr Alison McKean (AMCK) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | Non-smoker f2f cough over a month now adv kk - cough for 2 months, prev had abx, green sputum, no haemotpysis. can feel SOB and wheeze. h.o asthma, using inhalers more. salbutamol 4x per day, trimboa 2puffs bd. no chest pains. no temps/fevers. ***** to complete ADLs, last ahd abx sept cough improved for a few weeks but returned. |
| Examination | Examination t36.4, spo 97 hr 98 108/70 rr 12, |
| Comment | Comment for abx and steroids as below and repeat CXR given duration of cough. advise dhim he missed the repeat blood req from J Ashraf in september. forgot to book him in for these- will ask admin to call him to arrange the blood tests. |
| Medication | Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY |
| Medication | Medication Prednisolone Tablets 5 mg 40 TABLET 8 TABLETS DAILY |

**05-Dec-2023 Dr Angela McCrorie (ALM) Data Entry**

| | |
|---|---|
| Problem | Vitamin B12 deficiency |
| Comment | Comment IF and PCA normal, improved on oral medication ?dietary - rx to continue |
| Medication | Medication Cyanocobalamin Tablets 50 micrograms 112 TABLET ONE TO BE TAKEN TWICE A DAY AFTER FOOD |

**04-Dec-2023 Miss Ali McGovern (ALIM) Portland Medical PracticeMain Surgery**

| | | | |
|---|---|---|---|
| Comment | Sample sent to lab. for test Bloods obtained ***** | | |

**04-Dec-2023 Dr Imran Hussain (IMRA) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **Serum vitamin B12**: | | |
| | Vitamin B12 | 275 ng/L | (Range: 197 - 771) |

**01-Dec-2023 Ms Karen Sokell (KARS) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History Special request - Naproxen issued last week |
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 CAPSULE 1-2 QID MAX 8 IN 24 HOURS |

THIRD PARTY COPY

**24-Nov-2023 Dr S Montgomery (SM) Data Entry**

History History Special request - rx
Medication Medication Naproxen Tablets 250 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY

**16-Nov-2023 Dr Alison McKean (AMCK) Portland Medical PracticeMain Surgery**

History History Special request - RX: Metformin / montelukast
Medication Medication Metformin Hydrochloride Tablets 500 mg 112 tablet TWO TO BE TAKEN TWICE A DAY
Medication Medication Montelukast Sodium Tablets 10 mg 28 TABLET ONE TO BE TAKEN AT NIGHT

**14-Nov-2023 Mrs Elizabeth Marr (LIZM) Portland Medical PracticeMain Surgery**

Problem Chronic pain review
Comment Comment pateint became a bit agitated when asked if had made physio appt as she is currently off sick<br>gave helpful website info on dealing with pain<br>rv in 4 weeks

**13-Nov-2023 Mr Anonymous User (ANON)**

10-Nov-2023 Vaccination Administration of first inactivated seasonal influenza vacc *3029228/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK ( Galleon Centre, Kilmarnock )*

**13-Nov-2023 Mr Anonymous User (ANON)**

10-Nov-2023 Vaccination Administration of first dose of SARS-CoV-2 vaccine *HH1298/ COVPFIZER/IM/Left Arm//C-19 Comirnaty ( Galleon Centre, Kilmarnock )*

**06-Nov-2023 Mr Obayda Al-Sharbati (OBAA) Portland Medical PracticeMain Surgery**

History Prescription by supplementary prescriber
Comment Comment Rx reauthorised & issued
Medication Medication Isosorbide Mononitrate M/R tablets 60 mg 28 TABLET ONE TO BE TAKEN EACH MORNING

**31-Oct-2023 Mrs Elizabeth Marr (LIZM) Portland Medical PracticeMain Surgery**

Comment Prescription by supplementary prescriber - ordering indicates taking more than 4 per day
Medication Medication Tramadol Hydrochloride Capsules 50 mg 224 CAPSULE 1-2 QID MAX 8 IN 24 HOURS

**23-Oct-2023 Miss Heather Wroughton (WROU) Portland Medical PracticeMain Surgery**

Comment Prescription by supplementary prescriber Special request -
Medication Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 inhaler ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED

**17-Oct-2023 Mrs Elizabeth Marr (LIZM) Portland Medical PracticeMain Surgery**

Comment Prescription by supplementary prescriber - says reduced tramadol to 4 per day - pls monitor ordering<br>not managed a pohysio appt yet - advised to make one<br>rv in 4 weeks
Medication Medication Naproxen Tablets 250 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY

**13-Oct-2023 Miss Ali McGovern (ALIM) Portland Medical PracticeMain Surgery**

Comment Did not attend - no reason DNA 13/10/23 *****

**10-Oct-2023 Mrs Elizabeth Marr (LIZM) Portland Medical PracticeMain Surgery**

Comment Telephone encounter - ordered relvar - been taking with trimb ow - advised not

**03-Oct-2023 Dr Angela McCrorie (ALM) Data Entry**

History History Special request - rx
Medication Medication Empagliflozin Tablets 25 mg 28 TABLET ONE TO BE TAKEN EACH DAY.
Medication Medication Lansoprazole Capsules (Gastro-Resistant) 30 mg 28 CAPSULE 1 AT NIGHT

THIRD PARTY COPY

**29-Sept-2023 Ms Jennifer Ashraf (JASH) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History Discussed recent bloods - WCC and CRP increasing again. Has had a cough producing green sputum over past few days. No increased SOB or wheezing. Otherwise feels well and is afebrile. Also note reduced Hb on oral B12 replacement and IF/PCA negative. Recent ferritin normal and no abdo/bladder/bowel concerns. E&D as normal. No recent bleeding. |
| Examination | Examination Looks well. T37.1, SpO2 96, pulse 102 reg (has just walked to surgery). Chest clear on auscultation. Normal HS 1+2+0 and no pedal oedema. |
| Comment | Comment Abx as rx, currently no indication for steroids. Repeat bloods as below in 2 weeks. Seek rv sooner if any concerns. Pt happy with plan. |
| Medication | Medication Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY |

**27-Sept-2023 Ms Hazel Sutherland (HAZS) Data Entry**

| | |
|---|---|
| Comment | Comment Special request - U+E up to date. Review of tramadol ongoing with EM. GP to sign |
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 CAPSULE 1-2 QID MAX 8 IN 24 HOURS |
| Medication | Medication Alogliptin Tablets 25 mg 28 TABLET ONE TO BE TAKEN DAILY. |

**26-Sept-2023 Ms Nichola Duffy (NICD) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Sample sent to lab. for test Trimbow working well, add to repeats. |
| Medication | Medication Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose 120 DOSE TWO PUFFS TO BE INHALED TWICE A DAY |

**26-Sept-2023 Ms Karen Sokell (KARS) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **Erythrocyte sedimentation rate**: | | |
| | ESR | 13 mm/hour | (No range available) |
| Result | **Plasma C reactive protein**: | | |
| | CRP | **80 mg/L** | **(No range available)** |
| Result | **(Non Coded Event - FULL BLOOD COUNT )**: | | |
| | Basophils, 0 | 0 10*9/L | (No range available) |
| | Eosinophils | 0.2 10*9/L | (Range: 0.1 - 0.7) |
| | Monocytes | 0.9 10*9/L | (Range: 0.2 - 0.9) |
| | Lymphocytes | 1.1 10*9/L | (Range: 1.1 - 5) |
| | Neutrophils | **12 10*9/L** | **(Range: 1.5 - 6.5)** |
| | Platelets | 368 10*9/L | (Range: 150 - 400) |
| | MCHC | 334 g/L | (Range: 316 - 349) |
| | MCH | 30.3 pg | (Range: 27.3 - 32.6) |
| | MCV | 91 fL | (Range: 82 - 98) |
| | Haematocrit | **0.35 %** | **(Range: 0.39 - 0.5)** |
| | RBC | **3.83 10*12/L** | **(Range: 4.32 - 5.66)** |
| | White Cell Count | **14.2 10*9/L** | **(Range: 3.7 - 9.5)** |
| | Haemoglobin | **116 g/L** | **(Range: 133 - 176)** |

**19-Sept-2023 Mrs Elizabeth Marr (LIZM) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Prescription by supplementary prescriber - been buying ibuprofen for sciatica - helps a bit - advised to change to naproxen<br>also storngly advised to see physio - was appt for today but couldn't attend<br>rv in 4 weeks |
| Medication | Medication Naproxen Tablets 250 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY |

**06-Sept-2023 Ms Karen Sokell (KARS) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History Special request - |
| Medication | Medication Cyanocobalamin Tablets 50 micrograms 56 tablet ONE TO BE TAKEN TWICE A DAY AFTER FOOD FOR 3 MONTHS |

**05-Sept-2023 Ms Nichola Duffy (NICD) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Sample sent to lab. for test Patient has stopped taking incruse as he really does not like taste, due to breathlessness I would recommend a month trial with Trimbow as I believe due to long term ex-smoker there may be a copd element to symptoms, he will attend in 3 weeks for review. |

THIRD PARTY COPY

**05-Sept-2023 Ms Karen Sokell (KARS) Portland Medical PracticeMain Surgery**

| | | | |
|---|---|---|---|
| History | History Special request - | | |
| Medication | Medication Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose 120 DOSE TWO PUFFS TO BE INHALED TWICE A DAY | | |
| Medication | Medication Aerochamber Plus Spacer device standard (blue) 1 device TO BE USED AS DIRECTED | | |

**05-Sept-2023 Ms Karen Sokell (KARS) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **Plasma C reactive protein**: | | |
| | CRP | **59 mg/L** | **(No range available)** |
| Result | **Erythrocyte sedimentation rate**: | | |
| | ESR | **26 mm/hour** | **(No range available)** |
| Result | **(Non Coded Event - FULL BLOOD COUNT )**: | | |
| | Basophils, 0 | 0 10*9/L | (No range available) |
| | Eosinophils | 0.3 10*9/L | (Range: 0.1 - 0.7) |
| | Monocytes | 0.8 10*9/L | (Range: 0.2 - 0.9) |
| | Lymphocytes | **0.8 10*9/L** | **(Range: 1.1 - 5)** |
| | Neutrophils | 5 10*9/L | (Range: 1.5 - 6.5) |
| | Platelets | 230 10*9/L | (Range: 150 - 400) |
| | MCHC | 332 g/L | (Range: 316 - 349) |
| | MCH | 30.4 pg | (Range: 27.3 - 32.6) |
| | MCV | 91 fL | (Range: 82 - 98) |
| | Haematocrit | **0.36 %** | **(Range: 0.39 - 0.5)** |
| | RBC | **3.92 10*12/L** | **(Range: 4.32 - 5.66)** |
| | White Cell Count | 6.9 10*9/L | (Range: 3.7 - 9.5) |
| | Haemoglobin | **119 g/L** | **(Range: 133 - 176)** |

**30-Aug-2023 Dr Alison McKean (AMCK) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Examination | Examination Special request - tramadol/lansoprazole/vetolin |
| Comment | Comment issued note tramadol was already issued yday |

**29-Aug-2023 Mrs Elizabeth Marr (LIZM) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Medication review |
| Comment | Prescription by supplementary prescriber |
| Result | Telephone encounter - spoke to patient re overuse of tramadaol<br>advised to make appt with physio - not ppleased re suggestion<br>on blood thinners so risky if prescribe NSAID<br>added in pcm and rv in 4 weeks |
| Medication | Medication Paracetamol Tablets 500 mg 224 tablet ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED |
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 CAPSULE 1-2 QID MAX 8 IN 24 HOURS |

**25-Aug-2023 Dr Imran Hussain (IMRA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request - |
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 60 capsule ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED |

**23-Aug-2023 Mr Obayda Al-Sharbati (OBAA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | Prescription by supplementary prescriber |
| Comment | Comment Reason on list : tramadol & montelukast. Montelukast issued today. Tramadol needs R/V - should have enough tramadol until at least 31/08/23 (R/V slot booked with Propharm pharmacist colleague E.Marr 29/08/23). I have written this on repeat slip side to notify patient. |
| Medication | Medication Montelukast Sodium Tablets 10 mg 28 TABLET ONE TO BE TAKEN AT NIGHT |

THIRD PARTY COPY

**22-Aug-2023 Ms Nichola Duffy (NICD) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment Patient remains in exacerbation of Asthma, had abx 1 month ago but still has wheeze, cough and bringing up green spit, suggests needs abx and steriods. then further asthma review as having too many exacerbations. Patient incorrectly coded as never smoked, he is ex-smoker, phlegm an issue, states trialled friends trimbow with great effect, ?likely some element of copd. I will review in 2 weeks after course of abx and steriods. Diabetes stable, repeat hba1c in 6 months. | |
| History | Asthma trigger Cold virus, damp | |
| History | Shortness of breath once a day or more | |
| Examination | Number of times bronchodilator used in 24 hours | 4 /day |
| Examination | Asthma control test | 14 /25 |
| Examination | Number of asthma exacerbations in past year | 4 /year |
| Read Code | Diabetes: practice programme | |
| Read Code | Diabetic foot examination not indicated | |
| Read Code | Diabetic foot examination not indicated | |
| Read Code | Patient advised about driving | |
| Read Code | Diabetic dietary review | |
| Read Code | Step up change in asthma management plan | |
| Read Code | Patient understands why taking all medication | |
| Read Code | Asthma treatment compliance satisfactory | |
| Read Code | Steroid dose inhaled daily | |
| Read Code | Oral steroid prophylaxis 2 | |
| Read Code | Bronchodilators used more than once daily | |
| Read Code | Inhaler technique - good | |
| Read Code | Asthma self-management plan agreed | |
| Read Code | Asthma | |
| Read Code | Asthma not limiting activities | |
| Read Code | Asthma not disturbing sleep | |
| Examination | Asthma annual review | |
| Examination | Hypertension annual review | |
| Examination | Diabetic annual review | |
| Examination | Diabetic monitoring | |
| Social | Ex smoker | |
| Read Code | Lifestyle counselling | |
| Read Code | Health ed. - diet | |

**22-Aug-2023 Ms Karen Sokell (KARS) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Medication | Medication Doxycycline Hyclate Capsules 100 mg 8 capsule TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY |
| Medication | Medication Prednisolone Tablets 5 mg 40 TABLET 8 DAILY FOR 5 DAYS |
| History | History As per ND consult - further exacerbation . If no improvement with treatment below will need further review |

**22-Aug-2023 Ms Karen Sokell (KARS) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **(Non Coded Event - SERUM FERRITIN )**: | | |
| | Ferritin | 59 ug/L | (Range: 30 - 400) |
| Result | **Serum folate**: | | |
| | Folate | **3.8 ug/L** | **(Range: 3.9 - 26.8)** |
| Result | **Serum vitamin B12**: | | |
| | Vitamin B12 | **151 ng/L** | **(Range: 197 - 771)** |
| Result | **Plasma C reactive protein**: | | |
| | CRP | **119 mg/L** | **(No range available)** |
| Result | **Erythrocyte sedimentation rate**: | | |
| | ESR | **29 mm/hour** | **(No range available)** |
| Result | **(Non Coded Event - FULL BLOOD COUNT )**: | | |
| | Basophils, 0 | 0 10*9/L | (No range available) |
| | Eosinophils | **1.1 10*9/L** | **(Range: 0.1 - 0.7)** |
| | Monocytes | 0.5 10*9/L | (Range: 0.2 - 0.9) |
| | Lymphocytes | 1.2 10*9/L | (Range: 1.1 - 5) |
| | Neutrophils | 6.4 10*9/L | (Range: 1.5 - 6.5) |
| | Platelets | 331 10*9/L | (Range: 150 - 400) |
| | MCHC | 338 g/L | (Range: 316 - 349) |
| | MCH | 31.1 pg | (Range: 27.3 - 32.6) |
| | MCV | 92 fL | (Range: 82 - 98) |
| | Haematocrit | **0.35 %** | **(Range: 0.39 - 0.5)** |
| | RBC | **3.8 10*12/L** | **(Range: 4.32 - 5.66)** |
| | White Cell Count | 9.3 10*9/L | (Range: 3.7 - 9.5) |
| | Haemoglobin | **118 g/L** | **(Range: 133 - 176)** |

THIRD PARTY COPY

**08-Aug-2023 Miss Ali McGovern (ALIM) Portland Medical PracticeMain Surgery**

| | | | |
|---|---|---|---|
| Comment | Sample sent to lab. for test Bloods obtained *****, Px has follow up appointment 22/08/23 with PN *****, Px handed in white top urine smaple for uACR | | |
| History | Angina pectoris | | |
| History | Diabetes mellitus | | |
| History | Essential hypertension | | |
| Examination | Systolic blood pressure | 120 mm Hg | |
| Examination | Diastolic blood pressure | 82 mm Hg | |
| Examination | O/E - height | 170 cm | |
| Examination | O/E - weight | 82 Kg | |
| Examination | Body Mass Index | 28.37 | |
| Family History | FH: Ischaemic heart dis. >60 ***** had heart problems | | |
| Family History | FH: Diabetes mellitus ***** | | |
| Social | 30 mins/day of at least mod intensty physc activity >=5 week 7 | | |
| Social | Target physical activity Interested in being more physically active | | |
| Social | Alcohol consumption | 12 units/week | |
| Social | Never smoked tobacco | | |
| Social | 30 mins/day of at least mod intensty physc activity >=5 week 7 | | |
| Read Code | Allergic rhinitis due to other allergens Asthmatic, Hayfever | | |
| Read Code | Scot-PASQ - Scottish Physical Activity Screening Questions | | |

**08-Aug-2023 Ms Jennifer Ashraf (JASH) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **Thyroid function tests**: | | |
| | TSH | 0.43 mU/L | (Range: 0.27 - 4.2) |
| | Free T4 | 16.2 pmol/L | (Range: 10 - 22) |
| Result | **Plasma lipids**: | | |
| | LDL Cholesterol | 1.6 mmol/L | (No range available) |
| | Triglyceride | 1 mmol/L | (No range available) |
| | Cholesterol:HDL Ratio | 2.8 | (No range available) |
| | HDL Cholesterol | 1.2 mmol/L | (No range available) |
| | Cholesterol | 3.3 mmol/L | (No range available) |
| Result | **Bone profile**: | | |
| | Phosphate | 1.02 mmol/L | (Range: 0.7 - 1.5) |
| | Adjusted Calcium | 2.36 mmol/L | (Range: 2.2 - 2.6) |
| | Calcium | 2.38 mmol/L | (Range: 2.2 - 2.6) |
| Result | **Liver function test**: | | |
| | Globulin | 27 g/L | (Range: 21 - 35) |
| | Albumin | 41 g/L | (Range: 35 - 50) |
| | Total Protein | 68 g/L | (Range: 60 - 80) |
| | ALT | 16 U/L | (Range: 5 - 55) |
| | AST | 14 U/L | (Range: 10 - 45) |
| | ALP | 47 U/L | (Range: 30 - 130) |
| | Bilirubin | 5 µmol/L | (No range available) |
| Result | **Urea and electrolytes**: | | |
| | eGFR result/1.73m2 >60 | | (No range available) |
| | Chloride | 103 mmol/L | (Range: 95 - 108) |
| | Potassium | 4.3 mmol/L | (Range: 3.5 - 5.3) |
| | Sodium | 139 mmol/L | (Range: 133 - 146) |
| | Creatinine | 76 µmol/L | (Range: 50 - 120) |
| | Urea | 3.3 mmol/L | (Range: 2.5 - 7.8) |
| Result | **(Non Coded Event - GLYCATED HB )**: | | |
| | Haemoglobin A1c (IFCC) | **62 mmol/mol** | **(Range: 20 - 41)** |
| | Haemoglobin A1c | **7.8 %** | **(Range: 4 - 5.9)** |
| Result | **(Non Coded Event - FULL BLOOD COUNT )**: | | |
| | Basophils | 0.1 10*9/L | (No range available) |
| | Eosinophils | 0.2 10*9/L | (Range: 0.1 - 0.7) |
| | Monocytes | 0.8 10*9/L | (Range: 0.2 - 0.9) |
| | Lymphocytes | **1 10*9/L** | **(Range: 1.1 - 5)** |
| | Neutrophils | **12.9 10*9/L** | **(Range: 1.5 - 6.5)** |
| | Platelets | 361 10*9/L | (Range: 150 - 400) |
| | MCHC | 332 g/L | (Range: 316 - 349) |
| | MCH | 31 pg | (Range: 27.3 - 32.6) |
| | MCV | 93 fL | (Range: 82 - 98) |
| | Haematocrit | **0.38 %** | **(Range: 0.39 - 0.5)** |
| | RBC | **4.07 10*12/L** | **(Range: 4.32 - 5.66)** |
| | White Cell Count | **14.9 10*9/L** | **(Range: 3.7 - 9.5)** |
| | Haemoglobin | **126 g/L** | **(Range: 133 - 176)** |

**08-Aug-2023 Dr Philip Laraway (LARA) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **(Non Coded Event - URINE ALBUMIN CREATINE RATIO )**: | | |
| | Urine Creatinine | 5 mmol/L | (No range available) |
| | Urine Microalbumin/creatinine ratio | 1.2 mg/mmol | (No range available) |
| | Urine albumin | 6 mg/L | (No range available) |

**04-Aug-2023 Ms Jennifer Ashraf (JASH) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request - |
| Medication | Medication Pregabalin Capsules 50 mg 56 CAPSULE ONE TO BE TAKEN TWICE A DAY |

THIRD PARTY COPY

**28-July-2023 Ms Patricia Davies (PATD) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Prescription by supplementary prescriber - U&Es and BP taken in March all fine |
| Medication | Medication Ramipril Capsules 5 mg 28 capsule ONE TO BE TAKEN EACH MORNING |

**20-July-2023 Dr Imran Hussain (IMRA) Telephone Consultation**

| | |
|---|---|
| History | History Patient on phone- thinks has a chest infection - bringing up green sputum for a month, has a cough as well , no fever, has asthma , breathing is shallow at times- had chest few times in past- never been a smoker - eating and drinking ok - has been taking his inhalers- not working- no one in family has similar symptoms -known diabetic |
| Examination | Examination did not sound sob on phone - coughed few times |
| Comment | Comment likley infection - may need a course of abx - not happy as appt not given to him - offered to come in if he wish to see me -says happy to try a course of abx first- should come in for f2f If symtoms fails to resolve in 7-10 days - happy with plan |
| Medication | Medication Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY |

**12-July-2023 Ms Hazel Sutherland (HAZS) Data Entry**

| | |
|---|---|
| Comment | Comment Special request - on annual recall. GP to sign |
| Medication | Medication Alogliptin Tablets 25 mg 28 TABLET ONE TO BE TAKEN DAILY. |

**06-July-2023 Dr Stuart Lennox (LENN) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History Special request - |
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 capsule 2 Caps 4 times daily |

**27-Jun-2023 Mrs Elizabeth Marr (LIZM) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Prescription by supplementary prescriber |
| Medication | Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 inhaler ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED |
| Medication | Medication Montelukast Sodium Tablets 10 mg 28 TABLET ONE TO BE TAKEN AT NIGHT |
| Medication | Medication Ramipril Capsules 5 mg 28 capsule ONE TO BE TAKEN EACH MORNING |

**07-Jun-2023 Ms Jennifer Ashraf (JASH) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request - CDM reviews due next month. Also needs routine review of tramadol. |
| Medication | Medication Alogliptin Tablets 25 mg 28 TABLET ONE TO BE TAKEN DAILY. |
| Medication | Medication Montelukast Sodium Tablets 10 mg 28 TABLET ONE TO BE TAKEN AT NIGHT |
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 capsule 2 Caps 4 times daily |

**31-May-2023 Ms Patricia Davies (PATD) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Prescription by supplementary prescriber |
| Medication | Medication Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose 30 DOSE ONE PUFF ONCE DAILY |

**23-May-2023 Mrs Elizabeth Marr (LIZM) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Prescription by supplementary prescriber |
| Medication | Medication Isosorbide Mononitrate M/R tablets 60 mg 28 TABLET ONE TO BE TAKEN EACH MORNING |
| Medication | Medication Metformin Hydrochloride Tablets 500 mg 112 tablet TWO TO BE TAKEN TWICE A DAY |

**12-May-2023 Ms Patricia Davies (PATD) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Prescription by supplementary prescriber annual RV due June/July time |
| Medication | Medication Empagliflozin Tablets 25 mg 28 TABLET ONE TO BE TAKEN EACH DAY. |

THIRD PARTY COPY

**02-May-2023 Mrs Elizabeth Marr (LIZM) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Prescription by supplementary prescriber | |
| Medication | Medication Ramipril Capsules 5 mg 28 capsule ONE TO BE TAKEN EACH MORNING | |
| Medication | Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 inhaler ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED | |

**13-Apr-2023 Dr Hartesh Battu (HART) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| History | History ongoing cough for past month. coughing green stuff. no blood. breathless when sitting but actually when walking about is ok. pains in the sides of his ribs when he coughs - not pleuritic. | |
| Examination | Examination looks well dry cough HR 120 reg BP 100/80 T36.4 chest clear HS 1 2 0 periperhally wwp legs snt no oedema. | |
| Comment | Comment ?LRTI ?why so tachycardic. BP a bit low but has been previously - may just be anti hypertesnive meds too high. note on empagliflozin so need to consider DKA also. admit medics CAU as needs CXR/ECG/updated bloods | |

**04-Apr-2023 Miss Sandra McCarvel (SANDRA_16673) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment Workflow Optimisation further to discussions 22/3 with CMHT it is agreed care has been discharged with them and back to GP care copy of letter in docman | |

**31-Mar-2023 Ms Karen Sokell (KARS) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| History | History Raised inflammatory markers . Trial below and review as per plan below | |
| Medication | Medication Doxycycline Hyclate Capsules 100 mg 8 capsule TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY | |

**30-Mar-2023 Miss Ali McGovern (ALIM) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Sample sent to lab. for test Bloods obtained *****<br>Px also attended for BP taken satisfactorily | |
| Examination | Systolic blood pressure | 122 mm Hg |
| Examination | Diastolic blood pressure | 78 mm Hg |

THIRD PARTY COPY

**30-Mar-2023 Ms Karen Sokell (KARS) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **Plasma C reactive protein**: | | |
| | CRP | **11 mg/L** | **(No range available)** |
| Result | **Plasma lipids**: | | |
| | LDL Cholesterol | 2 mmol/L | (No range available) |
| | Triglyceride | 1 mmol/L | (No range available) |
| | Cholesterol:HDL Ratio | 2.7 | (No range available) |
| | HDL Cholesterol | 1.5 mmol/L | (No range available) |
| | Cholesterol | 4 mmol/L | (No range available) |
| Result | **Bone profile**: | | |
| | Phosphate | 1.29 mmol/L | (Range: 0.7 - 1.5) |
| | Adjusted Calcium | 2.36 mmol/L | (Range: 2.2 - 2.6) |
| | Calcium | 2.4 mmol/L | (Range: 2.2 - 2.6) |
| Result | **Liver function test**: | | |
| | Globulin | 28 g/L | (Range: 21 - 35) |
| | Albumin | 42 g/L | (Range: 35 - 50) |
| | Total Protein | 70 g/L | (Range: 60 - 80) |
| | ALT | 11 U/L | (Range: 5 - 55) |
| | AST | 11 U/L | (Range: 10 - 45) |
| | ALP | 57 U/L | (Range: 30 - 130) |
| | Bilirubin | 4 µmol/L | (No range available) |
| Result | **Urea and electrolytes**: | | |
| | eGFR result/1.73m2 >60 | | (No range available) |
| | Chloride | 100 mmol/L | (Range: 95 - 108) |
| | Potassium | 4.1 mmol/L | (Range: 3.5 - 5.3) |
| | Sodium | 137 mmol/L | (Range: 133 - 146) |
| | Creatinine | 84 µmol/L | (Range: 50 - 120) |
| | Urea | 5.3 mmol/L | (Range: 2.5 - 7.8) |
| Result | **Plasma glucose**: | | |
| | Glucose | **17.9 mmol/L** | **(Range: 3.3 - 6)** |
| Result | **(Non Coded Event - FULL BLOOD COUNT )**: | | |
| | Basophils, 0 | 0 10*9/L | (No range available) |
| | Eosinophils, 0 | **0 10*9/L** | **(Range: 0.1 - 0.7)** |
| | Monocytes | 0.6 10*9/L | (Range: 0.2 - 0.9) |
| | Lymphocytes | 1.1 10*9/L | (Range: 1.1 - 5) |
| | Neutrophils | **12.2 10*9/L** | **(Range: 1.5 - 6.5)** |
| | Platelets | 375 10*9/L | (Range: 150 - 400) |
| | MCHC | 340 g/L | (Range: 316 - 349) |
| | MCH | 31.9 pg | (Range: 27.3 - 32.6) |
| | MCV | 94 fL | (Range: 82 - 98) |
| | Haematocrit | **0.38 %** | **(Range: 0.39 - 0.5)** |
| | RBC | **4.05 10*12/L** | **(Range: 4.32 - 5.66)** |
| | White Cell Count | **13.8 10*9/L** | **(Range: 3.7 - 9.5)** |
| | Haemoglobin | **129 g/L** | **(Range: 133 - 176)** |

**29-Mar-2023 Ms Karen Sokell (KARS) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| History | History Ongoing cough for 3 weeks . Had chest infection in Feb and treated with abx . Settled for few weks and returned. Coughing constantly . Worse at night | |
| Examination | Examination Looks flushed. Dry cough ++. Sats 98 & GR 100 reg . BP low , feels lightheadded at times . Needs rpt and meds review if low . Chest clear . No spit Takes PPI prn for dyspepsia. Getting heartburn more frequently . Advised to take routinely for next month . Agree trial of steroids and if cough persits will call back . Consider CXR | |
| Examination | Systolic blood pressure | 90 mm Hg |
| Examination | Diastolic blood pressure | 50 mm Hg |
| Comment | Comment For BP and bloods and may need BP meds reviewed due to ? syncope | |
| Medication | Medication Prednisolone Tablets 5 mg 40 TABLET 8 DAILY FOR 5 DAYS | |

**02-Mar-2023 Dr Hartesh Battu (HART) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request - |
| Medication | Medication Metformin Hydrochloride Tablets 500 mg 112 tablet TWO TO BE TAKEN TWICE A DAY |
| Medication | Medication Ramipril Capsules 5 mg 28 capsule ONE TO BE TAKEN EACH MORNING |

**07-Feb-2023 Mrs Elizabeth Marr (LIZM) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Temperature symptoms phoned patient as had put in request for amoxicillin with no details - has productive cough, green phlegm, , aches and pains, worseining advice given |
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 capsule 2 Caps 4 times daily |
| Medication | Medication Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY |

**31-Jan-2023 Dr Imran Hussain (IMRA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request - lansoprazole and salbutamol |

THIRD PARTY COPY

**29-Dec-2022 Ms Jennifer Ashraf (JASH) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request - |
| Medication | Medication Alogliptin Tablets 25 mg 28 TABLET ONE TO BE TAKEN DAILY. |
| Medication | Medication Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose 30 DOSE ONE PUFF ONCE DAILY |
| Medication | Medication Empagliflozin Tablets 25 mg 28 TABLET ONE TO BE TAKEN EACH DAY. |
| Medication | Medication Montelukast Sodium Tablets 10 mg 28 TABLET ONE TO BE TAKEN AT NIGHT |

**07-Dec-2022 Dr S Montgomery (SM) Telephone Consultation**

| | |
|---|---|
| History | History Tel consult after MH concerns raised by clinical pharmacist - see note from earlier today. Still issues regarding his late ***** passing and this month is anniversary of her death. Not sleeping well. Thought about meds od recently but has gone no further than sitting tabs out. |
| Examination | Examination Objectively euthymic, engaged well. no pressure of speech, nil psychotic. |
| Social | Social Lives alone, doesn't work. ?element of isolation. |
| Comment | Comment Supportive chat. Happy to try swap to sedating antid to help sleep - rx - happy with disp weekly for now. Consents to CMHT referral. Signposted to 'Breathing Space' agency. Thanked me for call. |
| Medication | Medication Mirtazapine Tablets 15 mg 28 TABLET ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY |

**07-Dec-2022 Mr Michael Church (MICA) Telephone call to a patient**

| | |
|---|---|
| History | History Restarted 10mg Citalopram daily four weeks ago as been feeling low. Talks of low mood when approaching the 28th of each month - this is the date his ***** died 13y ago and the reason he tells me antidepressants were started initially. Doesn't work - on ESA. Been in touch with a ***** whom he has been spending some time with but can be socially withdrawn. Feels tired since restarting Citalopram regularly. Appetite not great. Sleep disturbed - wakes up x2-3/night with busy mind. Has had suicidal thoughts in the last four weeks - had medication sat in front of him on the table and considered overdosing but didn't. |
| Comment | Comment Will discuss with on call gp |

**02-Dec-2022 Ms Farzana Haq (FAR) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History Special request - citalopram and amoxicillin |
| Comment | Comment Citalopram last ordered in May for one month so not taking regularly and having one month at a time with a few months off will not do any good. Also does he have any suicial ideation? Needs proper mental health review. Frequent asthma exacerbation requiring amoxicillin again (last issued Sept), should be optimised on inhalers - needs asthma review too. |
| Result | Result Admin please appt for consultation, this is an acute request slot so unable to do today. Also may require GP since restarting antidepressants, may not be the right tx and also what is the indication? Anxiety or depression? |
| Medication | Medication Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY |
| Medication | Medication Citalopram Hydrobromide Tablets 10 mg 28 tablet ONE TO BE TAKEN EACH DAY |

**07-Nov-2022 Mrs Sophie Kidd (SOPH) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request issued and GP to sign |
| Medication | Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 inhaler ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED |

**07-Nov-2022 Miss Sandra McCarvel (SANDRA_16673) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Workflow Optimisation pt dna'd community phlebotomy today needs to contact them if wishes bloods done copy of letter in docman |

**04-Nov-2022 Dr Jennifer Wall (JENW) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request - 'reauth tramadol |
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 capsule 2 Caps 4 times daily |

THIRD PARTY COPY

**31-Oct-2022 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| 30-Oct-2022 | Vaccination | Administration of first inactivated seasonal influenza vacc *440041A/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK ( Grand ***** )* |

**31-Oct-2022 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| 30-Oct-2022 | Vaccination | Administration of first dose of SARS-CoV-2 vaccine *GE3043/ COVPFIZER/IM/Right Arm//C-19 Comirnaty ( Grand ***** )* |

**14-Oct-2022 Mrs Margaret Gill (MGGL) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | Examination | O/E - BP reading |
| | Examination | Systolic blood pressure 1st reading 101/65 2nd reading 105 mm Hg |
| | Examination | Diastolic blood pressure 71 mm Hg |

**05-Oct-2022 Ms Megan Kernaghan (MEG) Data Entry**

| | | |
|---|---|---|
| | Comment | Prescription by supplementary prescriber Special request - Incruse and tramadol. Requires pain/tramadol review - re-auth for 1. Incruse - as per asthma r/v july 22. Attempted phone call with pt to discuss symptoms - no answer. Rx issued as below. AK |
| | Medication | Medication Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose 30 DOSE ONE PUFF ONCE DAILY |
| | Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 capsule 2 Caps 4 times daily |

**23-Sept-2022 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | Problem | Problem cough with green spit.when bends downthen stands up getting up then rapidly settles. that has been a few weeks now |
| | Examination | O/E - BP reading temp 36.4 left basal creps evident |
| | Comment | Comment LRTI + hypotension ( postural) fopr abx and reduce ramipril to 5 and BP check in three weeks |
| | Examination | Systolic blood pressure 100 mm Hg |
| | Examination | Diastolic blood pressure 60 mm Hg |
| | Medication | Medication Ramipril Capsules 5 mg 28 capsule ONE TO BE TAKEN EACH MORNING |

**15-Sept-2022 Ms Amy Nolan (NOLA) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | Comment | Prescription by supplementary prescriber Rx request from ***** ***** diabetes nurse - Rx issued AK |
| | Medication | Medication 4Sure Lancets Sterile Single-Use 0.195 mm/33 gauge 1*100 lancet TO BE USED AS DIRECTED |

**12-Sept-2022 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | Medication | Medication Metformin Hydrochloride Tablets 500 mg 112 tablet TWO TO BE TAKEN TWICE A DAY |

**29-Aug-2022 Ms Sarah Cameron (SACA) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | History | Prescription by supplementary prescriber |
| | Medication | Medication Ramipril Capsules 10 mg 28 CAPSULE ONE TO BE TAKEN EACH MORNING |

**19-Aug-2022 Ms Jennifer Ashraf (JASH) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | Comment | Comment Special request - salbutamol issued |

**02-Aug-2022 Mrs Elizabeth Marr (LIZM) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | Comment | Prescription by supplementary prescriber |
| | Medication | Medication Alogliptin Tablets 25 mg 28 TABLET ONE TO BE TAKEN DAILY. |

**27-July-2022 Ms Sarah Cameron (SACA) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | History | Prescription by supplementary prescriber |
| | Medication | Medication Empagliflozin Tablets 25 mg 28 TABLET ONE TO BE TAKEN EACH DAY. |
| | Medication | Medication Montelukast Sodium Tablets 10 mg 28 TABLET ONE TO BE TAKEN AT NIGHT |

**07-July-2022 Dr Jennifer Wall (JENW) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | Comment | Comment Special request - 'could patient have script for montelukast and add incruse inhaler please' as per PN |
| | Medication | Medication Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose 30 DOSE ONE PUFF ONCE DAILY |
| | Medication | Medication Montelukast Sodium Tablets 10 mg 28 TABLET ONE TO BE TAKEN AT NIGHT |

THIRD PARTY COPY

**06-July-2022 Ms Nichola Duffy (NICD) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment Patient well at current time, seen diabetic specialist this week, medication has been adjusted regarding diabetes, repeat bloods in 6 months, Asthma reasonably controlled, however I would like to add incruse to prescription to see if we can reduce the amount of times patient requires saba, he is breathless more than once per day, montelukast working well, happy to continue. | |
| Comment | Comment Currently on a statin. | |
| Problem | Essential hypertension | |
| History | Asthma trigger exertion, dust | |
| History | Shortness of breath once a day or more | |
| Examination | Number of times bronchodilator used in 24 hours | 2 /day |
| Examination | Number of steroid inhalers used in past year | 12 |
| Examination | Asthma control test | 13 /25 |
| Examination | Number of asthma exacerbations in past year | 1 /year |
| Examination | 10g monofilament sensation R foot normal | |
| Examination | 10g monofilament sensation L foot normal | |
| Examination | 10g monofilament sensation present | |
| Examination | O/E - Right diabetic foot at low risk | |
| Examination | O/E - Left diabetic foot at low risk | |
| Examination | Diabetic monitoring | |
| Social | Alcohol consumption | 14 units/week |
| Social | Never smoked tobacco | |
| Read Code | Lifestyle counselling | |
| Read Code | Notes summary on computer | |
| Read Code | Diabetes: practice programme | |
| Read Code | Diabetes: shared care programme | |
| Read Code | Lifestyle advice regarding hypertension | |
| Read Code | Patient understands why taking all medication | |
| Read Code | Asthma treatment compliance satisfactory | |
| Read Code | Steroid dose inhaled daily | |
| Read Code | Bronchodilators used more than once daily | |
| Read Code | Inhaler technique - good | |
| Read Code | Asthma | |
| Read Code | Asthma limiting activities | |
| Read Code | Patient advised about driving | |
| Read Code | Diabetic dietary review declined | |
| Read Code | Diabetic dietary review | |
| Read Code | Advised to attend for retinal screening | |
| Problem | Angina pectoris | |
| Examination | Hypertension annual review | |
| Examination | O/E - height | 170 cm |
| Examination | O/E - weight | 76 Kg |
| Examination | Body Mass Index | 26.3 |
| Examination | Asthma annual review | |
| Examination | Cardiovascular disease annual review | |
| Examination | Diabetic annual review | |
| Read Code | Health ed. - diet | |

**05-July-2022 Dr Imran Hussain (IMRA) Data Entry**

| | |
|---|---|
| Comment | Comment as per letter in docman |
| Medication | Medication Alogliptin Tablets 25 mg 28 TABLET ONE TO BE TAKEN DAILY. |

**01-July-2022 Ms Sioban Webster (SWEB) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment trueyou has been changed to true metrix as per AA prescribing |
| Attachment | Letter sent to patient<br>*bgts* |

**27-Jun-2022 Mrs Beverley Thomson (BEVE) Admin**

| | |
|---|---|
| Comment | Comment called pt to arrange diabetic review - he has one on the 4th July at the diabetic clinic so have added a slot note to asthma review with PN ND on the 6th to see if she wants to or has time to discuss diabetes too |

**24-Jun-2022 Miss Cheryl Clark (CHER) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Sample sent to lab. for test Bloods obtained as per ANP JA and HBA1C as per recall. |

THIRD PARTY COPY

**24-Jun-2022 Ms Jennifer Ashraf (JASH) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **(Non Coded Event - GLYCATED HB )**: | | |
| | Haemoglobin A1c (IFCC) | **65 mmol/mol** | **(Range: 29 - 42)** |
| | Haemoglobin A1c | **8.1 %** | **(Range: 4.8 - 6)** |
| Result | **Plasma C reactive protein**: | | |
| | CRP | **16 mg/L** | **(Range: 2 - 10)** |
| Result | **Thyroid function tests**: | | |
| | TSH | 0.44 mU/L | (Range: 0.27 - 4.2) |
| | Free T4 | 20.5 pmol/L | (Range: 10 - 22) |
| Result | **Liver function test**: | | |
| | Globulin | 25 g/L | (Range: 21 - 35) |
| | Albumin | 40 g/L | (Range: 35 - 50) |
| | Total Protein | 65 g/L | (Range: 60 - 80) |
| | ALT | 14 U/L | (Range: 5 - 55) |
| | AST | 11 U/L | (Range: 10 - 45) |
| | ALP | 45 U/L | (Range: 30 - 130) |
| | Bilirubin | 7 µmol/L | (Range: 3 - 21) |
| Result | **Urea and electrolytes**: | | |
| | eGFR result/1.73m2 >60 | | (No range available) |
| | Chloride | 98 mmol/L | (Range: 95 - 108) |
| | Potassium | 4.1 mmol/L | (Range: 3.5 - 5.3) |
| | Sodium | 135 mmol/L | (Range: 133 - 146) |
| | Creatinine | 85 µmol/L | (Range: 50 - 120) |
| | Urea | 3.3 mmol/L | (Range: 2.5 - 7.8) |
| Result | **(Non Coded Event - FULL BLOOD COUNT )**: | | |
| | Basophils, 0 | 0 10*9/L | (No range available) |
| | Eosinophils | 0.2 10*9/L | (Range: 0.1 - 0.7) |
| | Monocytes | 0.6 10*9/L | (Range: 0.2 - 0.9) |
| | Lymphocytes | 1.5 10*9/L | (Range: 1.1 - 5) |
| | Neutrophils | 2.9 10*9/L | (Range: 1.5 - 6.5) |
| | Platelets | 288 10*9/L | (Range: 150 - 400) |
| | MCHC | 338 g/L | (Range: 316 - 349) |
| | MCH | 32 pg | (Range: 27.3 - 32.6) |
| | MCV | 95 fL | (Range: 82 - 98) |
| | Haematocrit | 0.39 % | (Range: 0.39 - 0.5) |
| | RBC | **4.15 10*12/L** | **(Range: 4.32 - 5.66)** |
| | White Cell Count | 5.2 10*9/L | (Range: 3.7 - 9.5) |
| | Haemoglobin | 133 g/L | (Range: 133 - 176) |

**20-Jun-2022 Ms Nichola Duffy (NICD) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Did not attend - no reason | |

**08-Jun-2022 Ms Jennifer Ashraf (JASH) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| History | History No hx asbestos exposure. | |
| Examination | O/E - BP reading | |
| Examination | O/E - pulse rate reg | 101 beats/minute |
| Examination | Examination sats 97% RR 16 equal expansion of chest - clear bilaterally on auscultation no wheeze or creps and good AE at both bases. Normal HS 1+2+0 and no ankle oedema. | |
| Comment | Comment No improvement with recent course abx and steroids and no indication for more today. Pt mentions cough worsens when out for a walk may be worth trialing montelukast. Has asthma review in &lt2/52 can assess efficacy then and r/v inhalers - if not improving should consider respiratory referral. Pt happy with plan. | |
| Examination | Systolic blood pressure | 119 mm Hg |
| Examination | Diastolic blood pressure | 80 mm Hg |
| Medication | Medication Montelukast Sodium Tablets 10 mg 28 TABLET ONE TO BE TAKEN AT NIGHT | |

THIRD PARTY COPY

**02-Jun-2022 Ms Jennifer Ashraf (JASH) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Problem On going chest symptoms - no improvement with recent abx. |
| History | History On going cough producing green sputum, SOB and wheeze not improving with relvar or use of salbutamol 2-3 times a day. Pain in middle of chest on coughing only - does not radiate or worsen on exertion and does not respond to GTN spray. No haemoptysis. Denies any fevers or sweats. No weight changes. Is a non-smoker. CXR Jan showed minor pleural thickening otherwise normal. ?any previous asbestos exposure - will ask at follow up next week. |
| Examination | Telephone encounter Speaking clearly in full sentences. Undistressed. Persistent coughing heard. |
| Comment | Comment Offered f2f appt today - says unable to attend. Happy to commence alternative abx with oral steroid and booked for follow up review (f2f) next week. Strong worsening advice given in meantime - 111 or A&E over weekend if worsening. Pt happy with plan. |
| Medication | Medication Doxycycline Hyclate Capsules 100 mg 6 CAPSULE TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY |
| Medication | Medication Prednisolone Tablets 5 mg 40 TABLET 8 DAILY AS A SINGLE DOSE |

**23-May-2022 Ms Karen Sokell (KARS) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History Special request - |
| Medication | Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 inhaler ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED |

**17-May-2022 Ms Karen Sokell (KARS) Telephone Consultation**

| | |
|---|---|
| History | History Special request - Came off SSRI last month but has decided to restart . Mood dipped again . Also compliaining of increased SOB on exertion . Recently started on Relvar , has modest effect . Still coughing a lot , green spit recently Thinks has chest infection . Ttreat as below and needs asthma review soon |
| Medication | Medication Salbutamol Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/dose 1 inhaler 2 Puffs 4 times daily prn (STATUS=C) |
| Medication | Medication Citalopram Hydrobromide Tablets 10 mg 28 tablet ONE TO BE TAKEN EACH DAY |
| Medication | Medication Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY |

**25-Apr-2022 Miss Louisa Burns (5236) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Prescription by supplementary prescriber reauth ramipril U&Es ok sept 21 BP checked sept 21 |
| Medication | Medication Ramipril Capsules 10 mg 28 CAPSULE ONE TO BE TAKEN EACH MORNING |

**08-Apr-2022 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 capsule 2 Caps 4 times daily |

**07-Apr-2022 Dr Philip Laraway (LARA) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **(Non Coded Event - GLYCATED HB )**: | | |
| | Haemoglobin A1c (IFCC) | **66 mmol/mol** | **(Range: 29 - 42)** |
| | Haemoglobin A1c | **8.2 %** | **(Range: 4.8 - 6)** |

**25-Feb-2022 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Problem persistant cough . |
| Examination | Examination chest clear . pulse 90 sats 98 |
| Comment | Comment try relvar - call me next week |
| Medication | Medication Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose 30 DOSE ONE DOSE TO BE INHALED EACH DAY |

**24-Feb-2022 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Problem (COVID-19) telephone encounter. stll has the cough. has now been 9 weeks. for FTF appt. non smoker |

**11-Feb-2022 Dr Imran Hussain (IMRA) Data Entry**

| | |
|---|---|
| Comment | Comment Special request - salbutamol |

THIRD PARTY COPY

**13-Jan-2022 Dr Angela McCrorie (ALM) Telephone Consultation**

| | |
|---|---|
| Problem | Type 2 diabetes mellitus |
| History | History review as planned - recently recovered from covid, completed isolation. |
| Comment | Comment rx as below, To call back if any worse or not improving - increase gliclazide and repeat 3/12 |
| Examination | Diabetic monitoring |
| Medication | Medication Gliclazide Tablets 80 mg 224 TABLET 2 TABLETS TWICE DAILY |

**12-Jan-2022 Dr Angela McCrorie (ALM) Data Entry**

| | |
|---|---|
| History | History Special request - rx |
| Medication | Medication Empagliflozin Tablets 25 mg 28 TABLET ONE TO BE TAKEN EACH DAY. |

**10-Jan-2022 Dr Angela McCrorie (ALM) General Practice Surgery**

| | | | | |
|---|---|---|---|---|
| 22-Dec-2021 | Result | **GMS Contract Back Population**: Haemoglobin A1c level - IFCC standardised | 75 mmol/mol | (No range available) |

**10-Jan-2022 Dr Angela McCrorie (ALM) Data Entry**

| | |
|---|---|
| History | History I referred him again in Dec 2020 but have dictated a further letter now, Hba1c rising despite triple therapy |
| Comment | Comment a/w TC as planned |
| Medication | Medication Atorvastatin Tablets 20 mg 28 TABLET ONE TO BE TAKEN AT NIGHT |
| Medication | Medication Empagliflozin Tablets 25 mg 28 TABLET ONE TO BE TAKEN EACH DAY. |
| Medication | Medication Gliclazide Tablets 80 mg 84 TABLET 80MG AM AND 160MG PM |
| Medication | Medication Metformin Hydrochloride Tablets 500 mg 112 tablet TWO TO BE TAKEN TWICE A DAY |
| Medication | Medication Ramipril Capsules 10 mg 28 CAPSULE ONE TO BE TAKEN EACH MORNING |

**07-Jan-2022 Mr Paul Pringle (PPR) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment TASK- added to recall diary for repeat glycated Hb in 3/12 |

**06-Jan-2022 Ms Shannon Henderson (SHEN) Admin**

| | |
|---|---|
| Comment | Comment As per recent task - Spoke with DDC - aware of bloods but stated had been taken off of waiting list - couldnt see reason for this but did note of a cancelled appt in feb 2020 - DDC ? needs re-reffered and noted stated xhouse specifically? note to ALM to ?next steps |

**30-Dec-2021 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Problem (COVID-19) cough has not improved at all. |

**20-Dec-2021 Dr Angela McCrorie (ALM) Data Entry**

| | |
|---|---|
| History | History Special request - rx |
| Medication | Medication Metformin Hydrochloride Tablets 500 mg 112 tablet TWO TO BE TAKEN TWICE A DAY |

**20-Dec-2021 Dr Angela McCrorie (ALM) Data Entry**

| | |
|---|---|
| History | History can we chase DDC - Hba1c rising despite therapy. |

**16-Dec-2021 Mrs Margaret Gill (MGGL) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Sample sent to lab. for test |

**15-Dec-2021 Miss Heather Wroughton (WROU) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request - due HbA1c rechecking, DNAd appt on 29/11. Can this be rearranged? Thanks. GP to sign rx (WFH). |
| Medication | Medication Empagliflozin Tablets 25 mg 28 TABLET ONE TO BE TAKEN EACH DAY. |

**14-Dec-2021 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| 13-Dec-2021 | Vaccination | Administration of first inactivated seasonal influenza vacc *P100366472/ FLUQIVC/IM/Left Arm//FLU - Flucelvax Tetra (QIVc) ( Grand ***** )* |

THIRD PARTY COPY

**14-Dec-2021 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| 13-Dec-2021 | Vaccination | Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Booster Pfizer ( Grand ***** ) *FK9706/ PF/IM/Right Arm//C-19 Booster Pfizer ( Grand ***** )* |

**14-Dec-2021 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| 13-Dec-2021 | Vaccination | Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Right Arm) C-19 Booster Pfizer (J ***** ) *FK9706/ PF/IM/Right Arm//C-19 Booster Pfizer (J ***** )* |

**03-Dec-2021 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Problem meds made no difference. stil coughing. no vever . some upper chest tightness. not into arms or neck. no sweating though has been sick. sometimes hot and sometimes cold. spit is yellow. non smoker. covid -ve . has been like this for 3 weeks. has some heartburn also. worse in the morning . bowels OK and bladder fine |
| Examination | Examination sats 96 pulse 100 tmep 36.4 chest totatlly clear with good ae troghtout. looks well. ENT - throat is red |
| Comment | Comment ? is this silent reflux. change PPI and move to hnght time. review INB. n |
| Problem | Problem mood has fallen again . had been fine for 7-8 months and has noticed a marked fall .less social and more irritable. sleep fine. appetite terrible. more antisocail. mood low and feels depressed. no alc issues . not sucidal |
| Comment | Comment restart citalo as it heled before. issue 2 months worth as now xmas and review in new year though can call me if worsens |
| Medication | Medication Lansoprazole Capsules (Gastro-Resistant) 30 mg 28 CAPSULE 1 AT NIGHT |
| Medication | Medication Peptac Liquid (aniseed) 500 ML 10-20MLS AFTER MEALS AND AT BEDTIME |
| Medication | Medication Citalopram Hydrobromide Tablets 10 mg 56 tablet ONE TO BE TAKEN EACH DAY |

**03-Dec-2021 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Problem (COVID-19) telephone encounter, no better needs FTF |

**29-Nov-2021 Miss Laura Kirkland (KIRK) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Did not attend - no reason |

**15-Nov-2021 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Problem (COVID-19) telephone encounter re his chest. thinks he has a chest infection. green spit and is wheezing too and increased inhler use. no pain and no blood. no temp. eating and drinki ng fine . boerls and bladder fine. had covid test, treat his ltri and strong warning given |
| Medication | Medication Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY |
| Medication | Medication Prednisolone Tablets 5 mg 40 TABLET 8 DAILY AS A SINGLE DOSE |

**02-Nov-2021 Miss Ruth McCall (RMCC) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request - ramipril, seretide and true you test strips. Hypertension review completed sep 21 - BP was 106/73 and U&E's satisfactory. Recently switched onto seretide. Diabetic r/v completed Sep 21 also. HbA1c improving but plan is to monitor every 3 months so next due bloods Dec 21. Issued and GP to sign. |
| Medication | Medication Fluticasone Propionate And Salmeterol Cfc-free inhaler 250 micrograms + 25 micrograms/actuation 1 inhaler TWO PUFFS TO BE INHALED TWICE A DAY |
| Medication | Medication Ramipril Capsules 10 mg 28 CAPSULE ONE TO BE TAKEN EACH MORNING |
| Medication | Medication Trueyou Test strips 50 STRIP TO BE USED AS DIRECTED |

**28-Oct-2021 Miss Heather Wroughton (WROU) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request - relvar stopped 30 Aug by PL, switched to fluticasone + salmeterol (seretide). If sore throat no better then to arrange r/v appt as per PL please. |

**11-Oct-2021 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 capsule 2 Caps 4 times daily |

THIRD PARTY COPY

**29-Sept-2021 Dr Amy Hale (AHAL) Admin**

| | | |
|---|---|---|
| Comment | Comment rx req rx ramipril/evohaler/salbutamol inhaler | |
| Medication | Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 INHALER ONE TO TWO PUFFS TO BE INHALED AS REQUIRED FOR BREATHLESSNESS | |
| Medication | Medication Fluticasone Propionate And Salmeterol Cfc-free inhaler 250 micrograms + 25 micrograms/actuation 1 inhaler TWO PUFFS TO BE INHALED TWICE A DAY | |
| Medication | Medication Ramipril Capsules 10 mg 28 CAPSULE ONE TO BE TAKEN EACH MORNING | |

**28-Sept-2021 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Problem patient will call in himself to make appt for bloods | |

**28-Sept-2021 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Problem (COVID-19) telephone encounter re his bloods. has gradually improved . plan is to cont to monitor every three months. | |

**03-Sept-2021 Mrs Margaret Gill (MGGL) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Hypertension monitor.chck done | |
| History | No known allergies | |
| History | No significant family history | |
| History | Angina pectoris | |
| History | Diabetes mellitus | |
| History | Essential hypertension | |
| Examination | Systolic blood pressure | 106 mm Hg |
| Examination | Diastolic blood pressure | 73 mm Hg |
| Examination | Hypertension annual review | |
| Social | 30 mins/day of at least mod intensty physc activity >=5 week 7 | |
| Social | Target physical activity Not interested in being more physically active | |
| Social | Alcohol consumption | 14 units/week |
| Social | Never smoked tobacco | |
| Social | 30 mins/day of at least mod intensty physc activity >=5 week 7 | |
| Read Code | Scot-PASQ - Scottish Physical Activity Screening Questions | |
| Read Code | Lifestyle advice regarding hypertension | |

**03-Sept-2021 Dr Philip Laraway (LARA) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **(Non Coded Event - GLYCATED HB )**: | | |
| | Haemoglobin A1c (IFCC) | **67 mmol/mol** | **(Range: 29 - 42)** |
| | Haemoglobin A1c | **8.3 %** | **(Range: 4.8 - 6)** |
| Result | **Plasma lipids**: | | |
| | LDL Cholesterol | 1.28 mmol/L | (No range available) |
| | Triglyceride | 1.42 mmol/L | (No range available) |
| | Cholesterol:HDL Ratio | 2.65 | (No range available) |
| | HDL Cholesterol | 1.17 mmol/L | (No range available) |
| | Cholesterol | 3.1 mmol/L | (No range available) |
| Result | **Liver function test**: | | |
| | Globulin | 28 g/L | (Range: 21 - 35) |
| | Albumin | 41 g/L | (Range: 35 - 50) |
| | Total Protein | 69 g/L | (Range: 60 - 80) |
| | ALT | 17 U/L | (Range: 5 - 55) |
| | AST | 14 U/L | (Range: 10 - 45) |
| | ALP | 45 U/L | (Range: 30 - 130) |
| | Bilirubin | 5 µmol/L | (Range: 3 - 21) |
| Result | **Urea and electrolytes**: | | |
| | eGFR result/1.73m2 >60 | | (No range available) |
| | Chloride | 104 mmol/L | (Range: 95 - 108) |
| | Potassium | 4.1 mmol/L | (Range: 3.5 - 5.3) |
| | Sodium | 139 mmol/L | (Range: 133 - 146) |
| | Creatinine | 81 µmol/L | (Range: 50 - 120) |
| | Urea | 4.8 mmol/L | (Range: 2.5 - 7.8) |

**30-Aug-2021 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| 31-Aug-2021 | Medication | Medication Fluticasone Propionate And Salmeterol Cfc-free inhaler 250 micrograms + 25 micrograms/actuation 1 inhaler TWO PUFFS TO BE INHALED TWICE A DAY |
| 31-Aug-2021 | Medication | Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 INHALER ONE TO TWO PUFFS TO BE INHALED AS REQUIRED FOR BREATHLESSNESS |
| | Problem | Problem (COVID-19) telephone encounter. still has a sore throat. Stop relvar stop fostair. try seretide and if still sore in 2 weeks come in for examination |

THIRD PARTY COPY

**27-Aug-2021 Ms Shannon Henderson (SHEN) Admin**

| | | |
|---|---|---|
| Comment | Comment PHARM BOX - VM to call surgery RE: see below re due HTN review, also inhaler Px not issued | |

**27-Aug-2021 Miss Heather Wroughton (WROU) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment Special request - fostair. noted stopped on 13/08, not issued | |

**26-Aug-2021 Miss Heather Wroughton (WROU) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Prescription by supplementary prescriber Special request - due HTN review, could this be arranged please? also needs HbA1c repeated please. | |
| Medication | Medication Ramipril Capsules 10 mg 28 CAPSULE ONE TO BE TAKEN EACH MORNING | |

**13-Aug-2021 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Problem sore throat when uses fostair, when does not throat is fine. no other symotoms | |
| Examination | Examination ENT NAD | |
| Comment | Comment stop fostair and change to relvar. review INB | |
| Medication | Medication Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose 30 DOSE ONE DOSE TO BE INHALED EACH DAY | |

**09-Aug-2021 Miss Louisa Burns (5236) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Prescription by supplementary prescriber Reauth+issue ramipril due BP and bloods will ask admin if letter has been sent for HTN recall. | |
| Medication | Medication Ramipril Capsules 10 mg 28 CAPSULE ONE TO BE TAKEN EACH MORNING | |

**03-Aug-2021 Dr Angela McCrorie (ALM) Data Entry**

| | | |
|---|---|---|
| | History Special request - rx | |
| 02-Aug-2021 | Medication Medication Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose 1 INHALER ONE PUFF TWICE DAILY | |

**21-July-2021 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Problem (COVID-19) telephone encounter . feels his inhaler is giving him a sore throat. cough and tickly throat for months. no weigth loss not choking. sore when swallows. food not getting stick ,non smoker. gargles after uses inhaler.likley candida. try nystatin and INB then needs FTF for review | |
| Medication | Medication Nystatin Oral suspension 100,000 units/ml 30 ML HOLD 1ML IN THE MOUTH FOUR TIMES A DAY AFTER FOOD AS DIRECTED | |

**05-July-2021 Ms Jackie Callaghan (JACK) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment Patient very confused over salamol being salbutamol and is still complaining ofsore throat using Fostair. Patient does not like Nexthaler and wants to keeps his Fostair and spacer. Advised to make GP appt to have throat checked incare there is something else causing pain, ?infection ? thrush - patient is diabetic. Patient happy with same. PN will ask Pharmacy team if there is an alternative to Fostair in same style of inhaler. | |

**11-Jun-2021 Ms Jackie Callaghan (JACK) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment PAtient currently only using FOSTAIR 100/6 1puff BD, advised to try 1puff TID, if no improvement after 2 w to increase to 2 puffs BD with rescue puffs (4) available as needed. Patient happy to try same and PN will review in 3m. Patient happy with plan. | |
| Result | Result Education of asthma given to patient as poor understanding of condition. | |
| Examination | Asthma annual review | |
| Examination | Asthma annual review | |
| Examination | Asthma daytime symptoms | 7 times/week |
| Social | Never smoked tobacco | |
| Read Code | Asthma disturbs sleep frequently | |
| Read Code | Asthma limits activities most days | |

THIRD PARTY COPY

**27-May-2021 Ms Karen McClounie (KMCC) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Prescription by supplementary prescriber Given Fostair Nexthaler and does not want this (given back to pharmacy), requesting Fostair MDI inhaler - states that both inhalers are giving him a sore throat. Request for Asthma review. Fostair MDI given for the interim. ***** Wroughton |
| Medication | Medication Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose 1 INHALER ONE PUFF TWICE DAILY |

**14-May-2021 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| 12-May-2021 | Vaccination | Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By D Wolstenholme ) *PV46679/ AZ/IM/LUA//C-19 (By D Wolstenholme )* |

**12-May-2021 Dr Amy Hale (AHAL) Admin**

| | |
|---|---|
| Comment | Comment Rx req Rx - fostair nebules? pt states goes with spacer (newish), can't see fostair nebules in BNF, should be able to just use fostair inhaler with spacer, given inhaler and let us know if any issues |
| Medication | Medication Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose 120 DOSE ONE PUFF TWICE A DAY |

**26-Apr-2021 Dr Jennifer Wall (JENW) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request - 'rx tramadol (24) |
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 capsule 2 Caps 4 times daily |

**17-Mar-2021 Dr Angela McCrorie (ALM) Telephone Consultation**

| | |
|---|---|
| History | History weght steady, some thirst. a/w DDC- - feels well - some sore throat after inhaler (trial spacer and mouthwash) - no hypos |
| Comment | Comment rx as below - increase gliclazide to 80mg/160mg and repeat Hba1c in 3/12 |
| Medication | Medication Gliclazide Tablets 80 mg 84 TABLET 80MG AM AND 160MG PM |
| Medication | Medication Able Spacer Spacer device 1 device TO BE USED AS DIRECTED |
| Medication | Medication Chlorhexidine Gluconate Mouth wash 0.2 % 300 ML 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY |
| Medication | Medication Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose 1 INHALER ONE PUFF TWICE DAILY |

**11-Mar-2021 Dr Angela McCrorie (ALM) Data Entry**

| | |
|---|---|
| History | History thanks for info |

**11-Mar-2021 Miss Sarah Jackson (SARJ) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment spoke with referral management re DDC ref - only seeing urgent referrals at the moment and pt is still on routine waiting list |

**09-Mar-2021 Dr Angela McCrorie (ALM) Data Entry**

| | |
|---|---|
| Problem | Type 2 diabetes mellitus |
| History | History Hba1c slightly better - see docman - a/w DDC - repeat 3/12 |
| Comment | Comment due foot check - tel con ALM also |
| Medication | Medication Atorvastatin Tablets 20 mg 28 TABLET ONE TO BE TAKEN AT NIGHT |
| Medication | Medication Empagliflozin Tablets 25 mg 28 TABLET ONE TO BE TAKEN EACH DAY. |
| Medication | Medication Gliclazide Tablets 80 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY |
| Medication | Medication Metformin Hydrochloride Tablets 500 mg 112 tablet TWO TO BE TAKEN TWICE A DAY |
| Medication | Medication Ramipril Capsules 10 mg 28 CAPSULE ONE TO BE TAKEN EACH MORNING |
| Medication | Medication Trueplus Lancets 0.195 mm/33 gauge 100 lancet TO BE USED AS DIRECTED |
| Medication | Medication Trueyou Test strips 50 STRIP TO BE USED AS DIRECTED |

**08-Mar-2021 Mrs Alison Lauder (AL) Data Entry**

| | |
|---|---|
| Examination | Diabetic monitoring |

THIRD PARTY COPY

**08-Mar-2021 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| 04-Mar-2021 | Vaccination | Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By G ***** ) *PV46669/ AZ/IM/LUA//C-19 (By G ***** )* |

**03-Mar-2021 Mrs Margaret Gill (MGGL) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | Comment | Sample sent to lab. for test |

**09-Feb-2021 Dr Angela McCrorie (ALM) Data Entry**

| | | |
|---|---|---|
| | History | History Special request - rx |
| 08-Feb-2021 | Medication | Medication Gliclazide Tablets 80 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY |
| 08-Feb-2021 | Medication | Medication Metformin Hydrochloride Tablets 500 mg 112 tablet TWO TO BE TAKEN TWICE A DAY |

**27-Jan-2021 Dr Angela McCrorie (ALM) Data Entry**

| | | |
|---|---|---|
| | History | History Special request - rx |
| | Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 capsule 2 Caps 4 times daily |
| | Medication | Medication Empagliflozin Tablets 25 mg 28 TABLET ONE TO BE TAKEN EACH DAY. |

**14-Dec-2020 Miss Louisa Burns (5236) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | Comment | Prescription by supplementary prescriber reauth+issue metformin and ramipril BP anad U&E's last checked 28/07/20 for repeat HbA1c feb. Early order for ramipril issued as would be due during festive period. |
| | Medication | Medication Metformin Hydrochloride Tablets 500 mg 112 tablet TWO TO BE TAKEN TWICE A DAY |
| | Medication | Medication Ramipril Capsules 10 mg 28 CAPSULE ONE TO BE TAKEN EACH MORNING |

**14-Dec-2020 Miss Louisa Burns (5236) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | Comment | Prescription by supplementary prescriber Special request - gliclazide noted entry 01/12/20 for repeat HbAa1c in Feb |
| | Medication | Medication Gliclazide Tablets 80 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY |

**07-Dec-2020 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | Problem | Problem referral redone |

**03-Dec-2020 Dr Imran Hussain (IMRA) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | Comment | Comment Special request - |
| | Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 capsule 2 Caps 4 times daily |

**02-Dec-2020 Mrs Beverley Thomson (BEVE) Admin**

| | | |
|---|---|---|
| | Comment | Comment referral mgt say that if pt has deteriorated then a new referral could be put through as urgent but otherwise he will stay on the list |

**02-Dec-2020 Dr Angela McCrorie (ALM) Data Entry**

| | | |
|---|---|---|
| | History | History ok thanks, his Hba1c is 9.4% - would he need an upgraded referral? Thanks, ALM |

**02-Dec-2020 Miss Sarah Jackson (SARJ) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| | Comment | Comment spoke to referral management re DDC referral dated 25/11/19 - was advised that pt was given app for 14/02/20 however pt cancelled this on 10/02/20 and has been placed back on waiting list as routine however they arent seeing routine patients at the moment. |

**01-Dec-2020 Dr Angela McCrorie (ALM) Telephone Consultation**

| | | |
|---|---|---|
| | Problem | Type 2 diabetes mellitus |
| | History | History Hba1c: stable but no better - a/w DDC - no hypos, feels a bit tired, no thirst, no thrush or urinary symptoms, feels has gained weight. |
| | Comment | Comment chase up DDC - no change to meds at present - To call back if any worse or not improving |
| | Read Code | Diabetic monitoring |

**23-Nov-2020 Mrs Alison Lauder (AL) Data Entry**

| | | |
|---|---|---|
| | Examination | Diabetic monitoring |

THIRD PARTY COPY

**16-Nov-2020 Dr Wolfgang Furste (WF) Data Entry**

History History Special request -
Medication Medication Empagliflozin Tablets 25 mg 28 TABLET ONE TO BE TAKEN EACH DAY.

**02-Nov-2020 Mrs Margaret Gill (MGGL) Portland Medical PracticeMain Surgery**

Comment Sample sent to lab. for test

**16-Oct-2020 Miss Sarah Jackson (SARJ) Portland Medical PracticeMain Surgery**

Comment EMIS attachment reference code
*recall diary.doc recall diary*

**13-Oct-2020 Miss Sarah Jackson (SARJ) Portland Medical PracticeMain Surgery**

Comment Comment RECALL - LEFT VM - to make app for glycated hb

**09-Oct-2020 Dr Imran Hussain (IMRA) Data Entry**

Comment Comment Special request -
Medication Medication Tramadol Hydrochloride Capsules 50 mg 224 capsule 2 Caps 4 times daily

**02-Oct-2020 Miss Heather Wroughton (WROU) Portland Medical PracticeMain Surgery**

Comment Comment SE U+E and BP normal 07/2020. GP to sign.
Medication Medication Ramipril Capsules 10 mg 28 CAPSULE ONE TO BE TAKEN EACH MORNING

**22-Sept-2020 Dr Imran Hussain (IMRA) Data Entry**

Comment Comment Special request -
Medication Medication Gliclazide Tablets 80 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY
Medication Medication Metformin Hydrochloride Tablets 500 mg 112 tablet TWO TO BE TAKEN TWICE A DAY

**10-Aug-2020 Dr Wolfgang Furste (WF) Data Entry**

History History Special request -
Medication Medication Tramadol Hydrochloride Capsules 50 mg 224 capsule 2 Caps 4 times daily

**03-Aug-2020 Dr Angela McCrorie (ALM) Telephone Consultation**

Problem Type 2 diabetes mellitus
History History all well except Hba1c:9.4% (up from 9.1%)
Comment Comment a/w DDC - increase empa to 25mg OD - repeat Hba1c in 3/12
Medication Medication Empagliflozin Tablets 25 mg 28 TABLET ONE TO BE TAKEN EACH DAY.

**03-Aug-2020 Mrs Alison Lauder (AL) Data Entry**

Examination Diabetic monitoring

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**28-July-2020 Mrs Alison Lauder (AL) Portland Medical PracticeMain Surgery**

| | | | |
|---|---|---|---|
| Comment | Sample sent to lab. for test Has had eye check Feeling very well. Has no chest pains or ankle swelling BM's 6-10 | | |
| Examination | Asthma annual review | | |
| Examination | Asthma follow-up | | |
| Examination | Hypertension annual review | | |
| Examination | Hypertension monitoring | | |
| Examination | Coronary heart disease annual review | | |
| Examination | CHD monitoring | | |
| Examination | Diabetic annual review | | |
| Examination | Diabetic monitoring | | |
| Examination | Systolic blood pressure | 130 mm Hg | |
| Examination | Diastolic blood pressure | 78 mm Hg | |
| Examination | O/E - weight | 84 Kg | |
| Examination | Body Mass Index | 29.76 | |
| Social | Never smoked tobacco | | |
| Social | 30 mins/day of at least mod intensty physc activity >=5 week | | |
| Social | Target physical activity Not interested in being more physically active | | |
| Social | Alcohol consumption | 14 units/week | |
| Social | Never smoked tobacco | | |
| Read Code | Using inhaled steroids - normal dose | | |
| Read Code | Inhaler technique - good | | |
| Read Code | Asthma causes daytime symptoms 1 to 2 times per month | | |
| Read Code | Asthma not disturbing sleep | | |
| Read Code | Asthma not limiting activities | | |
| Read Code | Scot-PASQ - Scottish Physical Activity Screening Questions | | |
| Read Code | Lifestyle advice regarding hypertension | | |
| Read Code | Diabetic foot examination declined | | |
| Read Code | Patient advised about driving | | |
| Read Code | Diabetic dietary review | | |

**28-July-2020 Dr Angela McCrorie (ALM) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **(Non Coded Event - URINE ALBUMIN CREATINE RATIO )**: | | |
| | Urine Creatinine | 4.5 mmol/L | (No range available) |
| | Urine Microalbumin/creatinine ratio <0.9 | | (No range available) |
| | Urine albumin <4.0 | | (No range available) |

**15-May-2020 Dr Jennifer Wall (JENW) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request - |
| Medication | Medication Empagliflozin Tablets 10 mg 28 TABLET ONE TO BE TAKEN EACH DAY. |

**29-Apr-2020 Dr Alison McKean (AMCK) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History Special request - - pt req rpt of Ramipril pls |
| Medication | Medication Ramipril Capsules 10 mg 28 CAPSULE ONE TO BE TAKEN EACH MORNING |

**24-Apr-2020 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 capsule 2 Caps 4 times daily |

**07-Apr-2020 Miss Nicolle Beattie (NICB) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request - Diabetes reviewed in Jan by Dr McCrorie. eGFR&gt60. Issued as below and GP to sign. |
| Medication | Medication Metformin Hydrochloride Tablets 500 mg 112 tablet TWO TO BE TAKEN TWICE A DAY |
| Medication | Medication Trueyou Test strips 50 STRIP TO BE USED AS DIRECTED |

**31-Mar-2020 Miss Amy Ferguson (AMYF) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment JCP Form sent with summary printed and authorised by Dr ALM |

**27-Mar-2020 Ms Shirley Hawkins (SHIR) Admin**

| | |
|---|---|
| Comment | Comment ESA form placed in Dr McCrorie's box for completion |

**19-Mar-2020 Mrs Beverley Thomson (BEVE) Admin**

| | |
|---|---|
| Comment | Comment vm left to call surgery - need to know which pharmacy to use for current px |

THIRD PARTY COPY

**17-Mar-2020 Dr Alison McKean (AMCK) Portland Medical PracticeMain Surgery**

History History Special request - RAMIPRIL 10M needs reauth and printed (48)
Medication Medication Ramipril Capsules 10 mg 28 CAPSULE ONE TO BE TAKEN EACH MORNING

**05-Mar-2020 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

Problem Problem should take one or the other

**04-Mar-2020 Dr Alison McKean (AMCK) Portland Medical PracticeMain Surgery**

History History Special request - metformin needs reauth and printed ALSO co-codamol 15/500 (48) issued metformin. with regard his cocodamol I would not usually mix this with tramado, which I see he is also taking.. to d/w GP please to clarify his analgesia
Medication Medication Metformin Hydrochloride Tablets 500 mg 112 tablet TWO TO BE TAKEN TWICE A DAY

**10-Feb-2020 Mrs Alison Lauder (AL) Data Entry**

Examination Diabetic monitoring

**05-Feb-2020 Dr Alison McKean (AMCK) Portland Medical PracticeMain Surgery**

History History Special request - Please reauthorise - Metformin Tablets 500mg & Ramipril Capsules 10mg. issued.
Medication Medication Metformin Hydrochloride Tablets 500 mg 112 tablet TWO TO BE TAKEN TWICE A DAY
Medication Medication Ramipril Capsules 10 mg 28 CAPSULE ONE TO BE TAKEN EACH MORNING

**23-Jan-2020 Dr Alison McKean (AMCK) Portland Medical PracticeMain Surgery**

History History Special request - - can you re auth and print Empagliflozin pls (48)
Medication Medication Empagliflozin Tablets 10 mg 28 TABLET ONE TO BE TAKEN EACH DAY.

**23-Jan-2020 Dr Angela McCrorie (ALM) Data Entry**

History History great thanks

**22-Jan-2020 Miss Sandra McCarvel (SANDRA_16673) Portland Medical PracticeMain Surgery**

Comment Comment Called re appt has got one for the 14/2/20 2.30pm at Ayr hosp pt advised

**22-Jan-2020 Dr Angela McCrorie (ALM) Telephone Consultation**

Problem Type 2 diabetes mellitus
History History Hba1c:9.1% - prev 8.5% - always active, no symptoms, E+D well, no weight loss, eGFR and UACR normal, had feet and eye checks on statin and ACEi, BP satis - referred to DDC by Dr AA in Nov 19.
Comment Comment a/w DDC - To call back if any worse or not improving
Read Code Medication review
Read Code Diabetic monitoring

**22-Jan-2020 Dr Angela McCrorie (ALM) General Practice Surgery**

Result **GMS Contract Back Population**:
Haemoglobin A1c level - IFCC standardised 76 mmol/mol (No range available)

**16-Jan-2020 Mrs Jayne Higgins (JAYN) Portland Medical PracticeMain Surgery**

History History ongoing pain to left big toe joint. No inflamtion noted today but painful to touch. pain worse when walking
Examination Examination explained that uric acid levels normal so likey arthritic changes.
Comment Comment Adviced to try analgesia and ice when at rest. will have further review if no improvement.
Medication Medication Co-Codamol 15/500 Tablets 100 tablet ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED
Medication Medication Gliclazide Tablets 80 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY
Medication Medication Isosorbide Mononitrate M/R tablets 60 mg 28 TABLET ONE TO BE TAKEN EACH MORNING

**15-Jan-2020 Mrs Jayne Higgins (JAYN) Portland Medical PracticeMain Surgery**

Problem Problem His uric acid levels are ok so probably not gout. should have reveiew appoitment if no better

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**15-Jan-2020 Mrs Roberta Laurie (ROBE) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Examination | O/E - BP reading | |
| Comment | Sample sent to lab. for test | |
| Comment | Comment Mr McChesney states gel for gout? is not making any difference, is there anything stronger he can have or buy otc? | |
| Examination | Systolic blood pressure | 117 mm Hg |
| Examination | Diastolic blood pressure | 82 mm Hg |

**10-Jan-2020 Miss Heather Wroughton (WROU) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request - ramipril and metformin. Has appt for HbA1c 15/1/20 - can BP be taken at this appt too please? U+Es checked 10/2019 normal. Ok to issue and to be signed by GP. |

**24-Dec-2019 Dr Steve Okoye (STEV) Data Entry**

| | |
|---|---|
| Comment | Comment Special request - |
| Medication | Medication Gliclazide Tablets 80 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY |

**06-Dec-2019 Mrs Jayne Higgins (JAYN) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History pain to left foot |
| Examination | Examination pain around joint of big toe during examination. some mild swelling noted. Pain worse at night and can travel up top of foot. No injuries noted. feet in good condition and pulses felt. feet warm to touch. |
| Comment | Comment ?Gout?arthritic changes. Adviced to try nsai gel and blood taken to test urate level. Will have further review if no improvement |
| Medication | Medication Ibuprofen Gel 10 % 50 gram UP TO TDS |

**03-Dec-2019 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 capsule 2 Caps 4 times daily |

**25-Nov-2019 Miss Jamie Love (ASLK) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| New Referral | New Referral EMISSPR302: Endocrinology referral (SCI Gateway Referral) |

**22-Nov-2019 Miss Sandra McCarvel (SANDRA_16673) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Letter from LENS put into Dr ALM box ***** |

**19-Nov-2019 Dr Ayodeji Akinsemolu (DEJI) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History Compliant with gliclazide, metformin and empagliflozin. HBA1c static at 8.5. Feeling okay otherwise. Plan refer to endocrine clinic for review of his diabetes. To continue his diabetic meds. |

**15-Nov-2019 Miss Heather Wroughton (WROU) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request - metformin. U+Es normal 8/10/19. For HbA1c recheck in Jan. Reauthorised and issued, for GP to sign. |
| Medication | Medication Metformin Hydrochloride Tablets 500 mg 112 tablet TWO TO BE TAKEN TWICE A DAY |

**15-Oct-2019 Miss Lauren Gibson (LAU3) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Problem Special request Empagliflozin 10mg- not issued as had supply 10 days ago. Telephoned patient to notify, ordered in error and has has enough left. LGIBSON. |
| Comment | Comment HbA1c result Oct 2019 = 69. HbA1c result May 2017 = 68. No real change since commencing the Empa, maybe worth a review. |

**08-Oct-2019 Mrs Roberta Laurie (ROBE) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Sample sent to lab. for test |

THIRD PARTY COPY

**08-Oct-2019 Dr Ayodeji Akinsemolu (DEJI) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **(Non Coded Event - GLYCATED HB )**: | | |
| | Haemoglobin A1c (IFCC) | **69 mmol/mol** | **(Range: 29 - 42)** |
| | Haemoglobin A1c | **8.5 %** | **(Range: 4.8 - 6)** |
| Result | **Plasma glucose**: | | |
| | Glucose | **9.7 mmol/L** | **(Range: 3.3 - 6)** |
| Result | **Urea and electrolytes**: | | |
| | eGFR result/1.73m2 >60 | | (No range available) |
| | Chloride | 101 mmol/L | (Range: 95 - 108) |
| | Potassium | 4.7 mmol/L | (Range: 3.5 - 5.3) |
| | Sodium | 139 mmol/L | (Range: 133 - 146) |
| | Creatinine | 73 µmol/L | (Range: 50 - 120) |
| | Urea | 3.8 mmol/L | (Range: 2.5 - 7.8) |

**04-Oct-2019 Miss Heather Wroughton (WROU) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request - empagliflozin. HbA1c not checked since 2017. U+Es normal Jan 2019. Need a recent as empa new since then. Ok to issue and for GP to sign but appt required for HbA1c to assess diabetic control. |
| Medication | Medication Empagliflozin Tablets 10 mg 28 TABLET ONE TO BE TAKEN EACH DAY. |
| Medication | Medication Empagliflozin Tablets 10 mg 28 TABLET ONE TO BE TAKEN EACH DAY. |

**22-Aug-2019 Ms Jackie Callaghan (JACK) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Did not attend - no reason |

**09-Aug-2019 Ms Jackie Callaghan (JACK) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Examination | O/E - wax in ear (Bilateral) Both ears impacted with wax, no redness or pain, just loss of hearing. |
| Comment | Comment Patient advised to put olive/almond oil (OTC) in both ears BD for 10 days. Appt made for syringing on 22/8/19. |

**09-July-2019 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Problem empa issued |

**05-July-2019 Dr Angela McCrorie (ALM) Data Entry**

| | |
|---|---|
| History | History Special request - tramadol is on repeats - why added to screen box? |
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 capsule 2 Caps 4 times daily |

**04-July-2019 Miss Katie Wherry (KATE) Admin**

| | |
|---|---|
| Comment | Comment CDM Review invite sent: to make a 30 minute appointment with ***** ONLY. |
| Comment | EMIS attachment reference code<br>*CDM Review - 30 min appt.doc CDM Review - 30 min appt* |

**01-July-2019 Dr Angela McCrorie (ALM) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History still a/w physiotherapy - was a manual gardener - currently on ESA - tolerating empaglifozin well - recheck bloods next month as planned |
| Comment | Comment pt will chase up physio - discussed alternative employment |
| Attachment | eMED3 (2010) new statement issued, not fit for work<br>*FitNote.pdf, (Diagnosis: Ulnar nerve problems; Duration: 01/07/2019 - 02/09/2019)* |

**01-July-2019 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Problem decklined without review |

**14-Jun-2019 Mrs Anne Faure (AF) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History Special request - |
| Medication | Medication Empagliflozin Tablets 10 mg 28 TABLET ONE TO BE TAKEN EACH DAY. |

**31-May-2019 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Attachment | eMED3 (2010) new statement issued, not fit for work<br>*FitNote.pdf, (Diagnosis: ulnar nerve problems; Duration: 31/05/2019 - 01/07/2019)* |

**15-Apr-2019 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Attachment | eMED3 (2010) new statement issued, not fit for work<br>*FitNote.pdf, (Diagnosis: ulnar nerve problems; Duration: 15/04/2019 - 31/05/2019)* |

THIRD PARTY COPY

**18-Mar-2019 Ms Shirley Hawkins (SHIR) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment note on line to advise needs review appt before next issue |

**18-Mar-2019 Dr Angela McCrorie (ALM) Data Entry**

| | |
|---|---|
| History | History Was seen by PL for ulnar nerve problem (I only reviewed diabetes) - I will issue for 1/12 and then needs review - ideally PL - thanks, ALM |
| Attachment | eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Ulnar nerve problem; Duration: 18/03/2019 - 15/04/2019)* |

**15-Mar-2019 Dr Ayodeji Akinsemolu (DEJI) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History Special request - please pass fit note request to ALM who recently saw patient. he might need a review though |

**15-Mar-2019 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Medication | Medication Empagliflozin Tablets 10 mg 28 TABLET ONE TO BE TAKEN EACH DAY. |
| Medication | Medication Pregabalin Capsules 50 mg 56 CAPSULE ONE TO BE TAKEN TWICE A DAY |

**18-Feb-2019 Dr Angela McCrorie (ALM) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Type 2 diabetes mellitus |
| History | History Very good lifestyle, rarely forgets, eating well, very active, no osmotic symptoms, BP great, uACR normal, cholesterol fab - on gliclazide 80mg x 2 BD - can drop down, feels no further indication for dietician, doesn't drive |
| Examination | Examination looks well |
| Comment | Comment ?add sglt2i - discussed s/e - repeat U+Es in 6/52 - risk of thrush/uti- sick daye rules - slight increased risk fournier's. |
| Examination | Diabetic annual review |
| Medication | Medication Empagliflozin Tablets 10 mg 28 TABLET ONE TO BE TAKEN EACH DAY. |
| Read Code | Diabetic monitoring |

**11-Feb-2019 Dr Wolfgang Furste (WF) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History Special request - pregabalin |

**22-Jan-2019 Mrs Alison Lauder (AL) Data Entry**

| | |
|---|---|
| Examination | Diabetic monitoring |

**14-Jan-2019 Miss Amy Ferguson (AMYF) Admin**

| | |
|---|---|
| Comment | Sample sent to lab. for test uACR |

THIRD PARTY COPY

**14-Jan-2019 Mrs Alison Lauder (AL) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Sample sent to lab. for test Has had no chest pains or ankle swelling. not really following diabetic diet, same discussed. Has appoint for diabetic retinopathy next week. pt has noticed top of R foot can turn black and blue and painful, as if bruised but has not sustained an injury. Late ***** diabetic and had an below knee amoutation and same thing happened to her. Pt advised to see GP Pt will hand in spec of usine for ACR, bottle and form given PEFR 600 | |
| Examination | Asthma annual review | |
| Examination | Asthma follow-up | |
| Examination | Hypertension annual review | |
| Examination | Hypertension monitoring | |
| Examination | Coronary heart disease annual review | |
| Examination | CHD monitoring | |
| Examination | Diabetic annual review | |
| Examination | Diabetic monitoring | |
| Examination | O/E - weight | 85 Kg |
| Examination | Body Mass Index | 30.12 |
| Examination | 10g monofilament sensation R foot normal | |
| Examination | 10g monofilament sensation L foot normal | |
| Examination | 10g monofilament sensation present | |
| Examination | O/E - Right diabetic foot at low risk | |
| Examination | O/E - Left diabetic foot at low risk | |
| Examination | Systolic blood pressure | 120 mm Hg |
| Examination | Diastolic blood pressure | 80 mm Hg |
| Social | 30 mins/day of at least mod intensty physc activity >=5 week | |
| Social | Target physical activity Not interested in being more physically active | |
| Social | Never smoked tobacco | |
| Social | Alcohol consumption | 0 units/week |
| Read Code | Scot-PASQ - Scottish Physical Activity Screening Questions | |
| Read Code | Lifestyle advice regarding hypertension | |
| Vaccination | Pneumococcal vaccination declined | |
| Vaccination | Seasonal influenza vaccination declined | |
| Read Code | Patient advised about driving | |
| Read Code | Diabetic dietary review | |
| Read Code | Using inhaled steroids - normal dose | |
| Read Code | Inhaler technique - good | |
| Read Code | Asthma never causes daytime symptoms | |
| Read Code | Asthma not disturbing sleep | |
| Read Code | Asthma not limiting activities | |

**14-Jan-2019 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Problem still ringt sided elbow issues- refer back to ortho. also switch gaba to pregaba |
| Medication | Medication Pregabalin Capsules 50 mg 56 CAPSULE ONE TO BE TAKEN TWICE A DAY |
| Attachment | eMED3 (2010) new statement issued, not fit for work<br>*FitNote.pdf, (Diagnosis: right sided ulnar nerve problem; Duration: 14/01/2019 - 18/03/2019)* |

**27-Dec-2018 Dr Angela McCrorie (ALM) Data Entry**

| | |
|---|---|
| History | History Special request - rx - needs diabetic bloods and review - overdue++ |
| Medication | Medication Metformin Hydrochloride Tablets 500 mg 112 tablet TWO TO BE TAKEN TWICE A DAY |

**26-Nov-2018 Dr Angela McCrorie (ALM) Data Entry**

| | |
|---|---|
| History | MED3 issued to patient Special request - - needs review appt PL prior to further issues |
| Attachment | eMED3 (2010) new statement issued, not fit for work<br>*FitNote.pdf, (Diagnosis: Right ulnar nerve problem; Duration: 26/11/2018 - 15/01/2019)* |

**21-Nov-2018 Mrs Jane Stuart (078) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request |
| Medication | Medication Gabapentin Capsules 300 mg 100 capsule 1 Cap 3 times daily |

**26-Oct-2018 Dr Ayodeji Akinsemolu (DEJI) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Attachment | eMED3 (2010) new statement issued, not fit for work<br>*FitNote.pdf, (Diagnosis: Right ulnar nerve problem; Duration: 26/10/2018 - 26/11/2018)* |

**08-Oct-2018 Dr S Montgomery (SM) Data Entry**

| | |
|---|---|
| History | History Special request - rx. Suggest patient makes review appt with Dr PL. |
| Medication | Medication Gabapentin Capsules 300 mg 100 capsule 1 Cap 3 times daily |

THIRD PARTY COPY

**02-Oct-2018 Miss Katie Wherry (KATE) Admin**

| | |
|---|---|
| Comment | Comment Blue Light Ambulance ordered on behalf of Dr Akinsemolu to take patient from Surgery to A&E Crosshouse. REF: 4977328 |

**02-Oct-2018 Dr Ayodeji Akinsemolu (DEJI) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History 3 days history of left sided chest pain. Stabiing in nature and its constant. Not radiating to neck arm or jaw. PMHX Angina Sats 97% HR 125 Temp 36.6 BP 139 /88mmHg Plan refer to hospital. see docman for detailed documentation/ referral letter |

**26-Sept-2018 Dr Ayodeji Akinsemolu (DEJI) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History Special request - |
| Attachment | eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: RIGHT ULNAR NERVE PROBLEM; Duration: 26/09/2018 - 26/10/2018)* |

**20-Aug-2018 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Problem still having issues with his right elbow. still droppiong things- seen ortho and had conduction studies, |
| Social | Social stop amit as ineffective. change to gabe and titrate up to tds ovwer 3 days. review in 3-4 weeks |
| Medication | Medication Gabapentin Capsules 300 mg 100 capsule 1 Cap 3 times daily |
| Attachment | eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: right ulnar nerve problem; Duration: 18/08/2018 - 27/09/2018)* |

**17-Aug-2018 Dr Ayodeji Akinsemolu (DEJI) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History Special request - would need a GP review of SL as this has been going on for too long. |

**25-July-2018 Ms Kirsty McAllister (KIRS) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Asthma monitor 1st letter CDM ANNUAL REVIEW INVITE SENT - 30min Appt with PN<br> |
| Comment | Coronary heart disease monitoring 1st letter |
| Comment | Diabetes monitoring 1st letter |
| Comment | Hypertension monitoring admin. |
| Comment | EMIS attachment reference code *CDM ANNUAL REVIEW INVITE - Jul 18.doc CDM ANNUAL REVIEW INVITE - Jul 18* |

**18-July-2018 Dr Ayodeji Akinsemolu (DEJI) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History Special request - |
| Attachment | eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Ulnar nerve compression and shoulder pain; Duration: 18/07/2018 - 18/08/2018)* |

**28-Jun-2018 Dr Wolfgang Furste (WF) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | Lateral epicondylitis of the elbow (Right) |
| History | H/O: hay fever |
| History | Plantar fasciitis (Right) |
| Medication | Medication Azelastine Hydrochloride Nasal spray 140 micrograms/dose 22 ML ONE SPRAY INTO EACH NOSTRIL TWICE A DAY. |
| Medication | Medication Azelastine Hydrochloride Eye drops 0.05 % 8 ml 1 DROP BD |
| Medication | Medication Cetirizine Hydrochloride Tablets 10 mg 30 TABLET ONE TO BE TAKEN EACH DAY |

**25-Jun-2018 Mrs Jane Stuart (078) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request |
| Medication | Medication Amitriptyline Hydrochloride Tablets 10 mg 56 tablet 1 or 2 Tabs At night |

**18-Jun-2018 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Attachment | eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: ulnar nerve compression and shoulder pain; Duration: 18/06/2018 - 18/07/2018)* |

**04-Jun-2018 Mrs Jane Stuart (078) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Tramadol re authorised and rx issued |

THIRD PARTY COPY

**15-May-2018 Dr Imran Hussain (IMRA) Portland Medical PracticeMain Surgery**

History History In for a sick line- has been getting sick line for ulnar nerve compression and shoulder pain - nerve studies were normal - appealed agaisnt the decision- awaiting a reply - has been taking amitriptylline in 3 divided doses - altoghter taking 50mg daily . Advised not to take in deivided doses - advised to take as instructed by Dr WF to him -
Comment Comment sick line given - will take amitripllyine once daily -
Attachment eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: Ulnar nerve compression/ shoulder pain; Duration: 14/05/2018 - 18/06/2018)*

**14-May-2018 Dr Ayodeji Akinsemolu (DEJI) Portland Medical PracticeMain Surgery**

History History Special request - Re: Fit note. Nerve conduction study was normal. Will need GP review

**25-Apr-2018 Mrs Gail Turnbull (CDFG) Portland Medical PracticeMain Surgery**

Comment Comment All quantities changed to 28 days to simplify ordering as per ***** *****
Attachment EMIS attachment reference code
*Repeat meds*

**25-Apr-2018 Mrs Jane Stuart (078) Portland Medical PracticeMain Surgery**

Medication Medication Amitriptyline Hydrochloride Tablets 10 mg 56 tablet 1 or 2 Tabs At night
Medication Medication Atorvastatin Tablets 20 mg 28 TABLET ONE TO BE TAKEN AT NIGHT

**12-Apr-2018 Dr Ayodeji Akinsemolu (DEJI) Portland Medical PracticeMain Surgery**

Attachment eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: Ulnar nerve compression/Shoulder pain; Duration: 12/04/2018 - 14/05/2018)*

**15-Mar-2018 Dr Imran Hussain (IMRA) Data Entry**

Comment Comment Special request - line
Attachment eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression / shoulder pain; Duration: 15/03/2018 - 12/04/2018)*

**15-Feb-2018 Dr Ayodeji Akinsemolu (DEJI) Portland Medical PracticeMain Surgery**

History History Special request - SL
Attachment eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: Ulnar nerve compression/shoulder pain; Duration: 15/02/2018 - 15/03/2018)*

**09-Feb-2018 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

Problem Problem amit issued

**12-Jan-2018 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

Problem Problem has put in an appeal re his ESA
Attachment eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression/ shoulder pains; Duration: 11/01/2018 - 15/02/2018)*

**04-Jan-2018 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

Problem Problem tramadol reissued

**05-Dec-2017 Mrs Jane Stuart (078) Portland Medical PracticeMain Surgery**

Comment Comment Special request
Medication Medication Amitriptyline Hydrochloride Tablets 10 mg 56 tablet 1 or 2 Tabs At night

**13-Nov-2017 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

Problem Problem amitrip issued

**02-Oct-2017 Dr Wolfgang Furste (WF) Portland Medical PracticeMain Surgery**

History History irritating cough, mostly at the back of the throat. Previous problems with dyspepsia
Comment Comment Impr GORD related. Already on PPI. Explained. Rx for gaviscon advance for 4-6 weeks review then.
Examination Examination O/e chest clear.
Medication Medication Gaviscon Advance Chewable Tablets Sugar Free Mint 180 tablet ONE TO TWO TABLETS TO BE CHEWED AFTER MEALS AND AT BEDTIME

THIRD PARTY COPY

**02-Oct-2017 Ms Deborah Stewart (DEBB) Portland Medical PracticeMain Surgery**

Comment Comment First flu vac. no contra indications, administered as per PGD.
Vaccination Seasonal influenza vaccination (Left arm) *Batch No 35649411A - exp 06/18 seqirus*
Vaccination Influenza vacc consent given

**02-Oct-2017 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

Attachment eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression/ shoulder pains; Duration: 01/10/2017 - 30/11/2017)*

**11-Sept-2017 Mrs Jane Stuart (078) Portland Medical PracticeMain Surgery**

Comment Comment Special request
Medication Medication Amitriptyline Hydrochloride Tablets 10 mg 56 tablet 1 or 2 Tabs At night

**25-Aug-2017 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

Problem Problem ongoing problmes with grip in his right hand and pains- still awating ortho. poor ROm in his shoulder and deceraed grip strength
Comment Comment still sore and so can increase his amit on weekly basis to max 5 at night . adv has ortho on 30th- may need to look for work he can do
Attachment eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression/ shoulder pains; Duration: 24/08/2017 - 01/10/2017)*

**23-Aug-2017 Dr L McIntyre (LM) Portland Medical PracticeMain Surgery**

History History sorry will need appt as prev told and can be backdated. Not an em appt

**27-July-2017 Miss Gemma McCall (816) Data Entry**

Comment Comment note added to line as per below

**27-July-2017 Dr L McIntyre (LM) Portland Medical PracticeMain Surgery**

History History will need appt for next line
Attachment eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression R elbow; Duration: 27/07/2017 - 24/08/2017)*

**19-July-2017 Mrs Zoe Swift (ZOE_16673) Portland Medical PracticeMain Surgery**

Comment Comment Job Centre Plus form processed and posted (20th June).

**17-July-2017 Miss Sandra McCarvel (SANDRA_16673) Portland Medical PracticeMain Surgery**

Comment Comment Form from jobcentreplus put into Dr WF box *****

**10-July-2017 Mrs Jane Stuart (078) Portland Medical PracticeMain Surgery**

Comment Comment Tramadol re authorised and rx issued - Test stripes and lancets moved to repeats

**07-July-2017 Mrs Jane Stuart (078) Portland Medical PracticeMain Surgery**

Comment Comment Special request and re authorised and rx issued
Medication Medication Amitriptyline Hydrochloride Tablets 10 mg 56 tablet 1 or 2 Tabs At night
Medication Medication Atorvastatin Tablets 20 mg 56 tablet ONE TO BE TAKEN AT NIGHT
Medication Medication Isosorbide Mononitrate M/R tablets 60 mg 56 tablet ONE TO BE TAKEN EACH MORNING

**30-Jun-2017 Dr Philip Laraway (LARA) Portland Medical PracticeMain Surgery**

Problem Problem one month issued then review
Attachment eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression; Duration: 30/06/2017 - 28/07/2017)*

**29-Jun-2017 Mrs Heather Paton (PAT) Portland Medical PracticeMain Surgery**

Comment Comment Looking for cont SL from 30/06 for 2 months. Ordering early as job centre needs 2 days early.

**26-Jun-2017 Mrs Jane Stuart (078) Portland Medical PracticeMain Surgery**

Comment Comment Metformin re authorised and rx issued - Noted last blood sugars

THIRD PARTY COPY

**21-Jun-2017 Mrs Joanne McLaughlan (HCA - JO16673) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment result passed to *****. | |
| Examination | Systolic blood pressure | 108 mm Hg |
| Examination | Diastolic blood pressure | 80 mm Hg |

**14-Jun-2017 Mrs Joanne McLaughlan (HCA - JO16673) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Examination | ECG result in Dr Wf box |

**14-Jun-2017 Dr Wolfgang Furste (WF) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History Blood sugars not completely controlled. Diet could be better. Discussed. On max glicalzide and metformin. May need to intriduce gliptin. |
| Comment | Comment P: ADvised to take glucometer readings over one week and come for review. |
| Medication | Medication Trueyou Test strips 50 STRIP TO BE USED AS DIRECTED |
| Medication | Medication Trueplus Lancets 0.195 mm/33 gauge 100 lancet TO BE USED AS DIRECTED |
| History | History Chest pain across chest in early morning hours. Responds to GTN. Noot this morning. NO pain on exertion. |
| Examination | Examination O/e HS I+II+ 0, regular chest clear. Slight chest wall pain over left ant chest. |
| Comment | Comment ? angina. ? Atypical CP: ECG this week pls. Refer to CP clinic with ECG. Worsening statement re CP. |

**31-May-2017 Dr Wolfgang Furste (WF) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History Special request - amiriptyline and fostair nexthaler |

**31-May-2017 Dr Wolfgang Furste (WF) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History duplicate of med 3 |
| Attachment | eMED3 (2010) duplicate issued, not fit for work<br>*FitNote.pdf, (Diagnosis: ulnar nerve compression right elbow; Duration: 09/05/2017 - 04/07/2017)* |

**16-May-2017 Miss Sara Greer (2587) Admin**

| | |
|---|---|
| Comment | Asthma monitor 1st letter<br>ASTHMA/DIAB/CHD/HYPERTENSION REVIEW INVITE SENT - 30min Appt with Practice Nurse<br> |
| Comment | Diabetes monitoring 1st letter |
| Comment | Hypertension monitoring admin. |
| Comment | Coronary heart disease monitoring 1st letter |

**16-May-2017 Dr Donna Edwards (DE) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Attachment | eMED3 (2010) new statement issued, not fit for work<br>*FitNote.pdf, (Diagnosis: ulnar nerve compression right elbow; Duration: 09/05/2017 - 04/07/2017)* |

**10-May-2017 Mrs Alison Lauder (AL) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Sample sent to lab. for test Asthma much better with Fostair but giving pt a sore throat after using every time despite using spacer. relvar also gave pt a sore throat. Will ask for trial of NEXThaler and review in 1/12 ? LABA that is causing sore throat as did not happen when taking steroid only inhaler |
| Comment | Sample sent to lab. for test |
| Examination | Asthma annual review |
| Examination | Asthma follow-up |
| Social | Never smoked tobacco |
| Read Code | Using inhaled steroids - normal dose |
| Read Code | Inhaler technique - good |
| Read Code | Asthma never causes daytime symptoms |
| Read Code | Asthma never disturbs sleep |
| Read Code | Asthma not limiting activities |

**10-May-2017 Mrs Jane Stuart (078) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment As per ***** |
| Medication | Medication Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose 120 DOSE ONE PUFF TWICE A DAY |

THIRD PARTY COPY

**10-May-2017 Dr L McIntyre (LM) General Practice Surgery**

| | | | |
|---|---|---|---|
| Result | **Glycosylated Hb**: | | |
| | Haemoglobin A1c (IFCC) | **68 mmol/mol** | **(Range: 29 - 42)** |
| | Haemoglobin A1c | **8.4 %** | **(Range: 4.8 - 6)** |
| Result | **(Non Coded Event - FULL BLOOD COUNT )**: | | |
| | Basophils, 0 | 0 10*9/L | (No range available) |
| | Eosinophils | 0.5 10*9/L | (Range: 0.1 - 0.7) |
| | Monocytes | 0.6 10*9/L | (Range: 0.2 - 0.9) |
| | Lymphocytes | 1.8 10*9/L | (Range: 1.1 - 5) |
| | Neutrophils | 5 10*9/L | (Range: 1.5 - 6.5) |
| | Platelets | 242 10*9/L | (Range: 150 - 400) |
| | MCHC | **350 g/L** | **(Range: 316 - 349)** |
| | MCH | **34.6 pg** | **(Range: 27.3 - 32.6)** |
| | MCV | **99 fl** | **(Range: 82 - 98)** |
| | Haematocrit | 0.42 % | (Range: 0.39 - 0.5) |
| | RBC | **4.28 10*12/L** | **(Range: 4.32 - 5.66)** |
| | White Cell Count | 7.8 10*9/L | (Range: 3.7 - 9.5) |
| | Haemoglobin | 148 g/L | (Range: 133 - 176) |
| Result | **Plasma glucose**: | | |
| | Glucose | **20.3 mmol/L** | **(Range: 3.3 - 6)** |

**18-Apr-2017 Dr Donna Edwards (DE) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History discussed recent letter from neuro re ulnar nerve compression - not for surgery, for medical management, letter suggests gabapentin - discussed options of neuropathic agents, gaba or amitrip, really struggles with sleep due to pain so keen to try amitrip - 10mg nocte, inc to 20mg nocte after 7d if not helping, review 4-6/52 |
| Medication | Medication Amitriptyline Hydrochloride Tablets 10 mg 56 tablet 1 or 2 Tabs At night |
| History | History lesion R ear past few weeks, has grown quite quickly, bled once when he scratched it Denies signficant sun exposure o/e flat light brown macule R helix, approx 1cm diameter, adjacent flesh coloured papule, rough filiform surface ?warty ??SCC Plan ref Derm |

**12-Apr-2017 Mrs Jane Stuart (078) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request - Patient still not reviewed . Please ask to make an appointment so medication can go onto repeats |
| Medication | Medication Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose 1 INHALER 1 PUFF TO BE INHALED TWICE A DAY VIA SPACER |

**04-Apr-2017 Dr Donna Edwards (DE) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request - tramadol and med3 |
| Attachment | eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: ulnar nerve compression right elbow; Duration: 28/03/2017 - 09/05/2017)* |

**30-Mar-2017 Dr Angela McCrorie (ALM) Data Entry**

| | |
|---|---|
| History | History Special request - rx |
| Medication | Medication Metformin Hydrochloride Tablets 500 mg 112 tablet TWO TO BE TAKEN TWICE A DAY |

**14-Mar-2017 Mrs Jane Stuart (078) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Special request. Will need this reviewed if to continue. |
| Medication | Medication Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose 1 INHALER 1 PUFF TO BE INHALED TWICE A DAY VIA SPACER |

**28-Feb-2017 Mrs Heather Paton (PAT) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment pt needs sick line starting from today for 4 weeks, work needs it for the 4th so pt is aware it is going to overlap - ***** |

**28-Feb-2017 Dr Donna Edwards (DE) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Attachment | eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: ULNAR NERVE COMPRESSION RIGHT ELBOW; Duration: 28/02/2017 - 28/03/2017)* |

**07-Feb-2017 Mrs Alison Lauder (AL) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Relvar is giving pt a husky throat but asthma is much better controlled. Pt would like to try fostair and blue areochamber. Knows to stop Relvar when taking Fostair 100/6 x 1 puff x 2 daily and review in 1/12 |

THIRD PARTY COPY

**07-Feb-2017 Dr Donna Edwards (DE) Portland Medical PracticeMain Surgery**

Attachment eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression right elbow; Duration: 07/02/2017 - 04/04/2017)*

**07-Feb-2017 Dr S Montgomery (SM) Data Entry**

Problem Asthma
History History See below. Rx.
Medication Medication Aerochamber Plus Spacer device standard (blue) 1 DEVICE TO BE USED AS DIRECTED
Medication Medication Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose 1 INHALER 1 PUFF TO BE INHALED TWICE A DAY VIA SPACER

**31-Jan-2017 Mrs Jane Stuart (078) Portland Medical PracticeMain Surgery**

Comment Comment Special request for Relvar - Rx issued and now on repeats. Budesonide inhlaer now stopped and removed from repeats.

**11-Jan-2017 Dr Donna Edwards (DE) Portland Medical PracticeMain Surgery**

History History 1. discussed bloods and XR - not suggestive gout OA changes Manage with analgesia 2. HbA1c 65, static since 2015 but suboptimal, on gliclazide max dose and metformin 850mg bd Some room for improvement in diet Suggest increase to 1g bd metformin, work on diet changes, recheck HbA1c 2-3/12
Medication Medication Metformin Hydrochloride Tablets 500 mg 112 tablet TWO TO BE TAKEN TWICE A DAY

**10-Jan-2017 Dr Donna Edwards (DE) Portland Medical PracticeMain Surgery**

Attachment eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression right elbow; Duration: 10/01/2017 - 07/02/2017)*

**09-Jan-2017 Mrs Heather Paton (PAT) Portland Medical PracticeMain Surgery**

Comment Comment looking for cont sickline running from 10/01 for 4 weeks pls.

**09-Jan-2017 Mrs Alison Lauder (AL) Portland Medical PracticeMain Surgery**

Comment Comment Using budesonide 1 puff x 2 daily and has not required ventolin as often Using salbutamol once a day at present. Will ask for script for Relvar 92/22 and review in 1/12. Knows to stop budesonide when taking relvar

**09-Jan-2017 Dr F McGuire (MCGUIRE_16673) Data Entry**

Medication Medication Relvar Ellipta Dry Powder Inhaler 92 micrograms + 22 micrograms/dose 30 DOSE ONE DOSE TO BE INHALED EACH DAY

**30-Dec-2016 Mrs Heather Paton (PAT) Portland Medical PracticeMain Surgery**

Comment Sample sent to lab. for test

THIRD PARTY COPY

**22-Dec-2016 Miss Kirstyann Kilpatrick (PNKK) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Examination | Asthma annual review | |
| Examination | Asthma follow-up | |
| Examination | Hypertension annual review | |
| Examination | Hypertension monitoring | |
| Examination | Coronary heart disease annual review | |
| Examination | CHD monitoring | |
| Examination | Diabetic annual review | |
| Examination | Diabetic monitoring | |
| Examination | Sample sent to lab. for test | |
| Examination | Systolic blood pressure | 114 mm Hg |
| Examination | Diastolic blood pressure | 80 mm Hg |
| Examination | O/E - weight | 78 Kg |
| Examination | Body Mass Index | 27.64 |
| Examination | Asthma daytime symptoms | 14 times/week |
| Social | 30 mins/day of at least mod intensty physc activity >=5 week 7 | |
| Social | Alcohol consumption | 8 units/week |
| Social | Never smoked tobacco | |
| Comment | Comment Annual CDM reviews. Taking medications as prescribed. No c/o chest pains, sob or ankle oedema. Rarely checks BMs at home, no hypo's. Diet could be improved, enjoys walking. Attends annual retinal screening. Had been advised to send self referral form to Podiatry by Dr DE - copy given today. Asthma review - using reliever 2-3 times per day, ICS compliance poor. Discussed function of ICS at length and advised 1 puff twice daily as per script. Will review again in 1/12. Good technique. States asthma worse in summer, also has long haired dog which can be a trigger. | |
| Read Code | Lifestyle advice regarding hypertension | |
| Read Code | Diabetic foot examination declined | |
| Read Code | Refer to podiatry | |
| Read Code | Patient advised about driving | |
| Read Code | Diabetic dietary review | |
| Read Code | Patient advised re low cholesterol diet | |
| Read Code | Pt advised re low salt diet | |
| Read Code | Pt advised re wt reducing diet | |
| Read Code | Health ed. - diet | |
| Read Code | Scot-PASQ - Scottish Physical Activity Screening Questions | |
| Read Code | Lifestyle counselling | |
| Vaccination | Pneumococcal vaccination declined | |
| Vaccination | No consent pneumococcal immunisation | |
| Vaccination | No consent for seasonal influenza vaccination | |
| Vaccination | Seasonal influenza vaccination declined | |
| Read Code | Inhaler technique - good | |
| Read Code | Asthma never causes night symptoms | |
| Read Code | Asthma not limiting activities | |

**15-Dec-2016 Dr Donna Edwards (DE) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History ongoing pain R foot Like a stabbing pain, hot poker, worse when stands first thing in morning Denies any tingling/numbness Has flared up and down worse past few weeks o/e area of redness over 1st metatarsal with associated tenderness |
| Comment | Comment ??gout Plan check bloods inc urate, trial 3/7 colchicine, XR foot and review with results Patient has made appt diabetic bloods and will self-ref podiatry |
| Medication | Medication Colchicine Tablets 500 micrograms 12 TABLET ONE TAB FOUR TIMES A DAY FOR MAX 3 DAYS |

**13-Dec-2016 Dr Donna Edwards (DE) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment requests extension MED3 |
| Attachment | eMED3 (2010) new statement issued, not fit for work<br>*FitNote.pdf, (Diagnosis: ulnar nerve compression right elbow; Duration: 13/12/2016 - 10/01/2017)* |

**05-Dec-2016 Dr Angela McCrorie (ALM) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History Special request - rx |
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 capsule 2 Caps 4 times daily |
| Read Code | Medication review |

**29-Nov-2016 Miss Sara Greer (2587) Admin**

| | |
|---|---|
| Comment | Asthma monitor 1st letter CDM REVIEW INVITE SENT (CHD/DIAB/Asthma/Hypertension) - 30min Appt with Practice Nurse<br> |
| Comment | Diabetes monitoring 1st letter |
| Comment | Coronary heart disease monitoring 1st letter |
| Comment | EMIS attachment reference code<br>*CDM REVIEW INVITE - 2016.doc CDM REVIEW INVITE - 2016* |

THIRD PARTY COPY

**01-Nov-2016 Dr Donna Edwards (DE) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Attachment | eMED3 (2010) new statement issued, not fit for work<br>*FitNote.pdf, (Diagnosis: ulnar nerve compression right elbow; Duration: 01/11/2016 - 13/12/2016)* |

**26-Oct-2016 Dr Donna Edwards (DE) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History c/o pain both feet past 2-3 weeks Sore around balls of feet when puts them down on floor first thing in morning. Cut toenails and since then has noticed a tingling in toes. T2DM on metformin and gliclazide Note not had diabetic bloods since May 2015, says not had recall. Not seen podiatry for over 2 years. |
| Examination | Examination no signs broken skin/infection. Tender both feet plantar aspect over plantar fascia and metatarsal heads DP and PT palpable sensation normal |
| Comment | Comment Plan 1. to self-ref podiatry 2. needs to book diabetic appt for bloods/nurse review 3. can use tramadol and paracetamol for pain, using max 8/day tramadol for pain elbow, unable to work as a result, seeing ortho, aware not to use more than 8/day tramadol. If tingling/discomfort in feet continues may need to consider adding neuropathic agent |

**05-Oct-2016 Dr Donna Edwards (DE) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History been to see Ortho, has arthritis in elbow and awaiting nerve conduction studies Tranadol helping, was on 4/day but taking 8/day now Helps Unemployed, doesn't feel able to work due to ongoing pain Med3 issued Discussed trying to limit tramadol in view of addictive nature |
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 224 capsule 2 Caps 4 times daily |
| Attachment | eMED3 (2010) new statement issued, not fit for work<br>*FitNote.pdf, (Diagnosis: elbow pain; Duration: 05/10/2016 - 02/11/2016)* |

**01-Sept-2016 Dr Donna Edwards (DE) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History ongoing pain R elbow, finally got Ortho appt through 21/9/16 Used friend's tramadol again and finds it better than cocodamol, only taken 2/day Discussed potential s/e Doesn't drive, not currently working Agreed to supply of tramadol, can use up to 8/day, if not fully controlling pain return and can consider adding neuropathic agent |
| Medication | Medication Tramadol Hydrochloride Capsules 50 mg 100 CAPSULE ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED |

**22-Jun-2016 Dr Donna Edwards (DE) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History ongoing pains R elbow, XR elbow and shoulder normal Paracetamol not controlling pain, tried friend's tramadol, was a bit better but pain still there Discussed using either tramadol or cocodamol, keen to try cocodamol initially, if still not helping could try adding neuropathic agent, has been referred ortho, await OP review |
| Medication | Medication Co-Codamol 30/500 Tablets 100 TABLET TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED |

**01-Jun-2016 Dr Donna Edwards (DE) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| History | History R arm problem 4 months Elbow fracture 2 years ago Getting pain from elbow that shoots up to shoulder and down to wrist Often in bed at night Gets numb feeling whole hand and arm goes floppy, has to hang arm out bed Lasts a few minutes then resolves Taking paracetamol/OTC cocodamol with some benefit |
| Examination | Examination no obvious deformity Tender elbow medial epicondyle with shooting pain going up arm on palpation No shoulder tenderness Shooting pain on tapping Tinels at wrist Reduced R shoulder abduction and rotation Limited elbow flexion, full extension Phalens negative |
| Comment | Comment ?combination some tendonitis shoulder and some degen at previous elbow fracture ?nerve compression Plan XR shoulder and elbow and refer upper limb Orthopaedics ?needs further imaging/nerve conduction studies Declined analgesia, wsg |

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**17-May-2016 Mrs Anne Faure (AF) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| History | History hx os R arm pains and numb sensation over the last 5/12- # R elbow 2yr ago- felt weaker since this- describes upper arm and shoulder pains- worse with certain movements- feels numb sensation after lying on his arm of no reason- happens twice daily- feels sx worsening | |
| Examination | Examination R upper arm tender to touch no shoulder swelling/effusion felt- FROM with elbow- no altered sensation in his fingers at present- restricted extension- | |
| Comment | Comment ? restriction from shoulder- for GP opinion | |

**02-Nov-2015 Miss Kirstyann Kilpatrick (PNKK) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Examination | Systolic blood pressure | 114 mm Hg |
| Examination | Diastolic blood pressure | 78 mm Hg |
| Comment | Comment BP check - normotensive. No further follow up required. | |
| Vaccination | Pneumococcal vaccination declined | |
| Vaccination | No consent pneumococcal immunisation | |
| Vaccination | No consent for seasonal influenza vaccination | |
| Vaccination | Seasonal influenza vaccination declined | |

**01-Oct-2015 Miss Kirstyann Kilpatrick (PNKK) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Examination | 10g monofilament sensation R foot normal | |
| Examination | 10g monofilament sensation L foot normal | |
| Examination | 10g monofilament sensation present | |
| Examination | O/E - Right diabetic foot at low risk | |
| Examination | O/E - Left diabetic foot at low risk | |
| Examination | Systolic blood pressure | 148 mm Hg |
| Examination | Diastolic blood pressure | 100 mm Hg |
| Comment | Comment Will recheck bp in 1/12. Vaccinations declined by patient, advised re: same. Will reattend if he wishes to change his mind. Annual foot check. | |
| Vaccination | Pneumococcal vaccination declined | |
| Vaccination | Seasonal influenza vaccination declined | |

**14-Sept-2015 Mrs Fiona Murray (12AA) Admin**

| | |
|---|---|
| Comment | Comment left msg - pt due flu vacc (diabetic) |

**11-Aug-2015 Dr P Gaffney (GAFFNEY_16673) Data Entry**

| | |
|---|---|
| Comment | Comment Special request - pt changed from cimetidine to omeprazole in Feb.does he wish to continue omeprazole or restart cimetidine ? |

**17-July-2015 Dr Amar Poddar (AP) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Problem has inc citalopram from alternate days as May to now daily for 4 weeks. poor motivation. |
| Examination | Examination no TSH. pain achilles tendon. nil else on exam |
| Social | Social no job yet, still looking. drinking more still. |
| Comment | Comment prev citalopram 40= nausea. try 30mg. see 1 to 2 months |
| Medication | Medication Ketoprofen Gel 2.5 % 50 GRAM TO BE USED TWICE A DAY |
| Medication | Medication Citalopram Hydrobromide Tablets 10 mg 56 tablet ONE TO BE TAKEN EACH DAY |
| Medication | Medication Citalopram Hydrobromide Tablets 20 mg 56 tablet ONE TO BE TAKEN EACH DAY |

**29-Jun-2015 Dr P Gaffney (GAFFNEY_16673) Data Entry**

| | |
|---|---|
| Comment | Comment Special request - medication as requested |
| Medication | Medication Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation 2 inhaler ONE PUFF TO BE INHALED AS REQUIRED |

**15-May-2015 Mrs Alison Lauder (AL) Data Entry**

| | |
|---|---|
| Examination | Diabetic monitoring |

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**13-May-2015 Mrs Alison Lauder (AL) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Examination | Asthma annual review | |
| Examination | Asthma follow-up | |
| Examination | Hypertension annual review | |
| Examination | Hypertension monitoring | |
| Examination | Coronary heart disease annual review | |
| Examination | CHD monitoring | |
| Examination | Diabetic annual review | |
| Examination | Diabetic monitoring | |
| Examination | Systolic blood pressure | 142 mm Hg |
| Examination | Diastolic blood pressure | 90 mm Hg |
| Examination | O/E - weight | 84 Kg |
| Examination | Body Mass Index | 29.76 |
| Social | 30 mins/day of at least mod intensty physc activity >=5 week | |
| Social | Target physical activity Not interested in being more physically active | |
| Social | Alcohol consumption | 28 units/week |
| Social | Ex smoker | |
| Comment | Comment Has occasional chest pain relieved by GTN spray. No ankle swelling. Recheck BP in 1/12. Pt does not like turbohaler. Unable to use accuhaler or MDI. Likes Easyhaler Will ask for script later for brown and blue inhalers. Forgot to carry out foot check as pts mobile rang 3-4 times during apoint. Pt asked to turn phone off but pt declined to do this | |
| Result | Urine glucose test = ++ | |
| Result | Urine protein test negative | |
| Result | Urine blood test = negative | |
| Result | Urine ketone test negative | |
| Result | Urine urobilinogen negative | |
| Read Code | Scot-PASQ - Scottish Physical Activity Screening Questions | |
| Read Code | Lifestyle advice regarding hypertension | |
| Read Code | Using inhaled steroids - normal dose | |
| Read Code | Bronchodilators used more than once daily | |
| Read Code | Inhaler technique - moderate | |
| Read Code | Asthma causes daytime symptoms most days | |
| Read Code | Asthma causes night time symptoms 1 to 2 times per week | |
| Read Code | Asthma not limiting activities | |

**13-May-2015 Dr S Montgomery (SM) Data Entry**

| | |
|---|---|
| History | History Rxs as per PN request |
| Medication | Medication Easyhaler Budesonide Dry Powder Inhaler 200 micrograms/actuation 2 inhaler ONE PUFF TO BE INHALED TWICE A DAY |
| Medication | Medication Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation 2 inhaler ONE PUFF TO BE INHALED AS REQUIRED |

**05-May-2015 Dr Amar Poddar (AP) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Problem mood stable on citalopram 20mg alternate days. |
| History | History job fell through- plans to chase up. drinking a bit more alcohol as a result. no TSH. discussed. |
| Comment | Medication review suggests he take 20mg daily meantime. see 4 weeks. tx strained ankle- was chasing dog |
| Medication | Medication Paracetamol Tablets 500 mg 100 TABLET ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED |

**24-Apr-2015 Miss Sara Greer (2587) Admin**

| | |
|---|---|
| Comment | Comment DIAB/CHD/ASTHMA REVIEW INVITE SENT (1) - POSTED 30/04/15 |

**01-Apr-2015 Dr Amar Poddar (AP) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Problem taking citalopram 20mg alternate days and feels works for him.mood improves with them. not wanting to try 10mg daily |
| History | History more reactive. good rapport |
| Social | Social still to start job as below. PPI works so continue |
| Comment | Comment see 2 months |

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**19-Feb-2015 Dr Amar Poddar (AP) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Problem r/v | |
| History | History has come off citalopram- gradually- off 1 month now. felt didn't need. last few weeks noticed mood low/poor motivation. felt ok when 20mg. no TSH | |
| Examination | Examination good rapport | |
| Social | Social has job which starts in march- part time. with land engineering as below- landscaping. | |
| Comment | Comment feels ranitidine not as good as cimetidine. stop and use PPI as a trial. see 1/12 | |
| Medication | Medication Citalopram Hydrobromide Tablets 20 mg 28 TABLET ONE TO BE TAKEN EACH DAY | |
| Medication | Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY | |

**30-Jan-2015 Miss Joanna Peacock (MLU) Data Entry**

| | | |
|---|---|---|
| Comment | Comment Morrisons Chemist called to say that they werent able to provide the full rx for cimetidine and have now been advised that the 200mg + 400mg strength have been completely discontinued , they can get 800mg strength and are asking if this is suitable for a 1/2 tab for the patient ? action , thanks | |

**30-Jan-2015 Dr P Gaffney (GAFFNEY_16673) Data Entry**

| | | |
|---|---|---|
| Comment | Comment Special request - Will switch him to ranitidine 150mg bd | |
| Medication | Medication Ranitidine Tablets 150 mg 120 tablet TAKE ONE TWICE DAILY | |

**02-Dec-2014 Dr Amar Poddar (AP) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Low mood | |
| History | History good and bad days.citalopram 40mg helps mood.chest pain no different or worse | |
| Social | Social back on JSA and looking for work- labouring/garden. used to work land engineering. | |
| Comment | Comment see 3 to 4 months. | |

**30-Oct-2014 Ms Jennifer Hogg (JH) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Examination | Examination rx issued from repeats no changes meds updated | |
| Read Code | Medication review | |

**20-Oct-2014 Dr Amar Poddar (AP) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Problem r/v | |
| History | History got zero points in tribunal. benefits advisor helping ?may try again. still on citalopram 40mg. lost isms issued 14/10. chest pain settled with this.mentally stable and feels meds do help | |
| Examination | Examination good rapport. | |
| Comment | Comment r/v 6 to 8 weeks. | |
| Vaccination | Seasonal influenza vaccination declined | |

**17-Sept-2014 Dr Amar Poddar (AP) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Problem review | |
| History | History still on citalopram 40mg cmht d/c him. remains angry at time- no self harm thoughts. chest pain settled on ismn. | |
| Examination | O/E - BP reading | |
| Examination | Systolic blood pressure | 140 mm Hg |
| Examination | Diastolic blood pressure | 80 mm Hg |
| Social | Social worried re tribunal. seeing benefits advisor today for help/advice. | |
| Comment | Comment no change to meds | |

**20-Aug-2014 Dr Amar Poddar (AP) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Problem review | |
| History | History mentally remains stable- citalopram 40mg helpful. awaits CRUSE- ?cancelled as appt in Ardrossan. has atos tribunal 30/9. no new cardiac sx. | |
| Examination | O/E - BP reading hr 80/reg hs dual | |
| Examination | Systolic blood pressure | 130 mm Hg |
| Examination | Diastolic blood pressure | 80 mm Hg |
| Comment | Medication review bp ok today. using gtn 2 x per week on exertion. on ismn 50mg per day. inc to 60mg daily. adv se's inc dizzy etc. r/v 1/12. ?needs further cardio referral as prev ETT not tolerated due to high bp. | |
| Medication | Medication Isosorbide Mononitrate M/R tablets 60 mg 56 tablet ONE TO BE TAKEN EACH MORNING | |

THIRD PARTY COPY

**14-July-2014 Dr Amar Poddar (AP) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Problem review | |
| History | History finished with cmht- helped. awaits bereavement counselling (CRUSE). citalopram 40mg helping.not heard back from ATOS. see cardio letter- re bp. no chest pain at present. | |
| Examination | O/E - BP reading | |
| Examination | Systolic blood pressure | 140 mm Hg |
| Examination | Diastolic blood pressure | 85 mm Hg |
| Comment | Comment bp stable. no changes to meds. review 2/12 | |

**16-Jun-2014 Dr Amar Poddar (AP) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Problem review | |
| History | History attempted ETT but resting bp too high (200/100 approx). nil in docman. attend cmht- going back. citalopram 40mg- feels do help him | |
| Examination | O/E - BP reading | |
| Examination | Systolic blood pressure good rapport | 140 mm Hg |
| Examination | Diastolic blood pressure | 90 mm Hg |
| Social | Social submitted appeal re ATOS- angela sandford helped him | |
| Comment | Comment bp seems ok here. continue to monitor. takes bp meds regular. review 4 to 6 weeeks re mood/bp. await cardio letter ?further tests | |

**10-Jun-2014 Dr S Montgomery (SM) Data Entry**

| | | |
|---|---|---|
| History | History Special request - rx | |
| Medication | Medication Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff 2 inhaler 1 OR 2 PUFFS TAKE AS REQUIRED (STATUS=C) | |

**28-May-2014 Miss Sharon Ferguson (EEE) Data Entry**

| | | |
|---|---|---|
| Comment | Comment Pt asking for a copy of his full medical records for a tribunal. Pt adv of £50 fee and would need to put a request in writing to practice manager | |

**13-May-2014 Mrs Zoe Swift (ZOE_16673) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment Urine Sent for ACR ZS | |

**12-May-2014 Mrs Alison Lauder (AL) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Examination | Asthma annual review | |
| Examination | Asthma follow-up | |
| Examination | Hypertension annual review | |
| Examination | Hypertension monitoring | |
| Examination | Coronary heart disease annual review | |
| Examination | CHD monitoring | |
| Examination | Diabetic annual review | |
| Examination | Diabetic monitoring | |
| Examination | O/E - weight | 83 Kg |
| Examination | Systolic blood pressure | 140 mm Hg |
| Examination | Diastolic blood pressure | 78 mm Hg |
| Social | Never smoked tobacco | |
| Social | 30 mins/day of at least mod intensty physc activity >=5 week | |
| Social | Target physical activity Not interested in being more physically active | |
| Social | Alcohol consumption | 28 units/week |
| Comment | Comment Uses Qvar every night only. Takes ventolin at least twice per day. Does not like taste of Qvar Will ask for trial of pulmicort 200mcgs x 1 puff x 2 daily, knows to see SM 1/12 after starting.Has some angina type pains most morning, pt has discussed with GP. Has appoint for diabetic foot check next week.Has appoint for eye check next month. Bottle and form given for ACR, pt will hand in tomorrow | |
| Read Code | Using inhaled steroids - normal dose | |
| Read Code | Inhaler technique - good | |
| Read Code | Asthma causes daytime symptoms most days | |
| Read Code | Asthma causes symptoms most nights | |
| Read Code | Asthma limits activities most days | |
| Read Code | Patient advised re diet | |
| Read Code | Health ed. - diet | |
| Read Code | Health ed. - alcohol | |
| Read Code | Lifestyle advice regarding hypertension | |
| Read Code | Patient advised about driving | |
| Read Code | Diabetic dietary review | |

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**12-May-2014 Dr S Montgomery (SM) Data Entry**

| | |
|---|---|
| Problem | Asthma |
| History | History rx as per PN. |
| Medication | Medication Pulmicort Turbohaler 200 micrograms/dose 1 inhaler 1 Puff Twice daily |

**02-May-2014 Dr Amar Poddar (AP) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Problem review |
| History | History awaits cardio. ATOS says fit to work. is appealing.- got zero points. adv to speak to benefits advisor. seeing cmht 4/6. citalopram 40mg slight help. |
| Examination | Examination good rapport. |
| Social | Social told doesn't need a med3 meantime? can let me know if this isnt correct. |
| Comment | Comment review after cmht appt in 1/12. no changes to meds |

**28-Apr-2014 Miss Sara Greer (2587) Admin**

| | |
|---|---|
| Comment | Comment DIAB/CHD/ASTHMA REVIEW INVITE SENT (1) POSTED 29/04/14 |

**04-Apr-2014 Dr Amar Poddar (AP) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Problem review |
| History | History feels citalopram 40mg helping him. has had ATOS medical yday. wishes cmht referral now. cancelled 2 x cardio appts (says not 3). adv to ring them as stll same issues. adv if they wish re-referral let surgery know. |
| Examination | Examination more reactive,. |
| Comment | Medication review refer cmht. review 1/12 |

**04-Apr-2014 Miss Heather Arkison (MLK) Information Only**

| | |
|---|---|
| Comment | Comment PC from pt to advise that he has contact the hospital and they has advised he aske GP to re-refer. can this be done? thanks |

**04-Apr-2014 Dr Amar Poddar (AP) Data Entry**

| | |
|---|---|
| Problem | Problem Special request - please resend my cardiology referral in docman dated 14/11/13 also stating that patient now wishes to attend and has same issues |

**14-Mar-2014 Miss Sara Greer (2587) Admin**

| | |
|---|---|
| Comment | Comment Urine sample handed in for MICRO ALBUMINURIA TEST |

**14-Mar-2014 Mrs Alison Lauder (AL) Data Entry**

| | |
|---|---|
| Result | Urine glucose test = ++++ |
| Result | Urine protein test negative |
| Result | Urine blood test = negative |

**12-Mar-2014 Miss Gemma McCall (816) Data Entry**

| | |
|---|---|
| Comment | Comment PT CONTACTED AND ASKED TO HAND IN URINE FOR MICRO ALBUMINURIA TESTING |

**07-Mar-2014 Dr Amar Poddar (AP) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Problem review | |
| History | History dog knocked down- broken leg. patient smashed driver's car up. has been fined £1000. citalopram 20mg daily- initial help. not suicidal. declined cardio clinic- see docman. | |
| Examination | O/E - BP reading hr 70/reg | |
| Examination | Systolic blood pressure | 140 mm Hg |
| Examination | Diastolic blood pressure | 88 mm Hg |
| Social | Social has ATOS medical 13/3 | |
| Comment | Comment try citalopram 40mg. 1/12 review. | |
| Medication | Medication Citalopram Hydrobromide Tablets 40 mg 28 TABLET ONE TO BE TAKEN EACH DAY | |
| Medication | Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 2*1 inhaler TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED | |
| Attachment | eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: angina and low mood; Duration: 07/03/2014 - 02/05/2014)* | |

**07-Mar-2014 Mrs Joanne McLaughlan (HCA - JO16673) Data Entry**

| | |
|---|---|
| Comment | Did not attend - no reason |

THIRD PARTY COPY

**07-Feb-2014 Dr Amar Poddar (AP) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Problem review appt | |
| History | History feeling better. on citalopram 20mg daily. bit happier. no major SEs. hosp appt 23/2 now. BM 9. | |
| Examination | Examination more reactive. not suicidal | |
| Social | Social was on JSA. | |
| Comment | Comment review 1/12. no changes. inc to 20mg tab | |
| Medication | Medication Citalopram Hydrobromide Tablets 20 mg 28 TABLET ONE TO BE TAKEN EACH DAY | |
| Attachment | eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: angina and low mood; Duration: 07/02/2014 - 15/03/2014)* | |

**20-Jan-2014 Dr Amar Poddar (AP) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Problem review | |
| History | History off sertraline. citalopram 10mg daily- lightheaded and nausea. cardio clinic 28/1. BMs 5 to 13 on average. | |
| Examination | Examination mentally is starting to feel better. not suicidal | |
| Comment | Comment review 2 weeks. inc to 20mg. | |
| Medication | Medication Citalopram Hydrobromide Tablets 10 mg 28 TABLET TWO DAILY | |
| Attachment | eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: angina and low mood; Duration: 20/01/2014 - 17/02/2014)* | |

**06-Jan-2014 Dr Amar Poddar (AP) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Problem review | |
| History | History awaits cardio clinic. 100mg sertraline made him nauseated. back on 50mg- no SEs. overall meds not helped mentally. less chest pains. | |
| Examination | O/E - BP reading | |
| Examination | Systolic blood pressure | 160 mm Hg |
| Examination | Diastolic blood pressure | 90 mm Hg |
| Comment | Comment sleep an issue. stop sertraline. use below. review 3 weeks. avoided zispin due to diabetes. | |
| Medication | Medication Citalopram Hydrobromide Tablets 10 mg 28 TABLET ONE TO BE TAKEN EACH DAY | |
| Attachment | eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: angina and low mood; Duration: 06/01/2014 - 20/01/2014)* | |

**16-Dec-2013 Dr Amar Poddar (AP) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Problem review | |
| History | History awaits cardio. pains the same. on sertraline 50mg od. nausea away. mentally a bit better on them. | |
| Examination | O/E - BP reading | |
| Examination | Systolic blood pressure | 160 mm Hg |
| Examination | Diastolic blood pressure | 90 mm Hg |
| Comment | Comment inc ismn to 50mg daily. inc sertraline to 100mg. review 1.12 | |
| Attachment | eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: angina and low mood; Duration: 16/12/2013 - 13/01/2014)* | |

**25-Nov-2013 Dr Amar Poddar (AP) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Problem review | |
| History | History chest pain less often- still most days. max 10mins. awaits cardio as below. started sertaline 50mg- nausea- settling. mood much the same. BMs in single figures. | |
| Comment | Comment prn antiemetic. no change to meds. review 3 weeks. | |
| Medication | Medication Domperidone Tablets 10 mg 30 TABLET ONE TABLET 3 OR 4 TIMES DAILY BEFORE FOOD | |
| Attachment | eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: angina and low mood; Duration: 25/11/2013 - 23/12/2013)* | |

**22-Nov-2013 Dr P Gaffney (GAFFNEY_16673) Data Entry**

| | |
|---|---|
| Comment | Comment Special request - medication as requested |
| Medication | Medication Isosorbide Mononitrate M/R capsules 25 mg 2*28 capsule 1 CAP IN THE MORNING (STATUS=C) |

THIRD PARTY COPY

**04-Nov-2013 Dr Amar Poddar (AP) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Problem | Angina pectoris NOS |
| History | History taking ismn 25mg daily. still GTN at times. still daily. pain on exertion. not rest. mood low- ***** died nov 2012. |
| Examination | Examination not suicidal./ has good friends. |
| Comment | Comment see cardio- went to rapc in 2010- dna x 2 ETT but note address wrong on docman. refer for ETT. worsening advice. start below. review 3 weeks. |
| Medication | Medication Sertraline Hydrochloride Tablets 50 mg 28 TABLET ONE TO BE TAKEN EACH DAY |
| Attachment | eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: angina and low mood; Duration: 04/11/2013 - 02/12/2013)* |

**25-Oct-2013 Dr S Montgomery (SM) Data Entry**

| | |
|---|---|
| History | History Special request - rx, to rpts |
| Medication | Medication Qvar Easi-Breathe Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/actuation 2 inhaler ONE PUFF TO BE INHALED TWICE A DAY |

**09-Oct-2013 Dr Amar Poddar (AP) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Problem | Angina pectoris NOS | |
| History | Beta blocker contraindicated usually takes GTN daily- pain only mins. recently 2 x day. some inc stress. on exertion. not rest or night. low mood- ?being assessed to work. not suicidal. poor sleep. BMs variable- 7 to 10. denies poor med compliance. asthma | |
| Examination | O/E - BP reading hr 80/reg hs dual chest clear no odema | |
| Examination | Systolic blood pressure | 130 mm Hg |
| Examination | Diastolic blood pressure | 90 mm Hg |
| Social | Social lives alone. ***** died last year. on JSA. | |
| Comment | Comment adv if severe or prolonged pain or at rest call 999. review 3 weeks or sooner prn. declines flu jag | |
| Medication | Medication Isosorbide Mononitrate M/R capsules 25 mg 2*28 capsule 1 CAP IN THE MORNING (STATUS=C) | |
| Attachment | eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Angina and low mood; Duration: 09/10/2013 - 06/11/2013)* | |
| Vaccination | Seasonal influenza vaccination declined | |

**12-Sept-2013 Dr P Gaffney (GAFFNEY_16673) Data Entry**

| | |
|---|---|
| Comment | Comment Special request - medication as requested |
| Medication | Medication Gliclazide Tablets 80 mg 224 TABLET TWO TO BE TAKEN TWICE A DAY |

**12-July-2013 Dr P Gaffney (GAFFNEY_16673) Data Entry**

| | |
|---|---|
| Comment | Comment Special request - medication as requested |
| Medication | Medication Aspirin E/c tablets 75 mg 56 tablet 1 TAB IN THE MORNING (STATUS=C) |

THIRD PARTY COPY

**14-May-2013 Mrs Alison Lauder (AL) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| History | Does not complain of erectile dysfunction | |
| Examination | Asthma annual review | |
| Examination | Asthma follow-up | |
| Examination | Coronary heart disease annual review | |
| Examination | CHD monitoring | |
| Examination | Diabetic annual review | |
| Examination | Diabetic monitoring | |
| Examination | O/E - height | 168 cm |
| Examination | O/E - weight | 83 Kg |
| Examination | Body Mass Index | 29.41 |
| Examination | Systolic blood pressure | 138 mm Hg |
| Examination | Diastolic blood pressure | 100 mm Hg |
| Social | Ex smoker | |
| Social | Alcohol consumption | 18 units/week |
| Social | FITT activity level 0; no mod/vig activity of 20 mins duratn | |
| Comment | Comment Recheck BP in 1/12 Pt will bring spec of urine to appoint Bottle and form given. Not following healthy eating or exercise plan. Asthma distrubs sleep 2-3 times a night Used to take brown inhaler. Will ask for trial of Qvar 100mcgs x 1 puff x 2 daily and knows to see SM in 1/12. Has no chest pains or ankle swelling | |
| Read Code | Health ed. - diet | |
| Read Code | Diabetic foot examination declined | |
| Read Code | Diabetic foot examination declined | |
| Read Code | Inhaler technique - moderate | |
| Read Code | Asthma causes daytime symptoms most days | |
| Read Code | Asthma disturbs sleep frequently | |
| Read Code | Asthma not limiting activities | |
| Read Code | Diabetes: practice programme | |
| Read Code | Patient advised about driving | |
| Read Code | Diabetic dietary review declined | |
| Read Code | Diabetic assessment of erectile dysfunction | |
| Read Code | Lifestyle advice regarding hypertension | |

**14-May-2013 Dr S Montgomery (SM) Data Entry**

| | |
|---|---|
| Problem | Asthma |
| History | History Special request - rx as per PN note |
| Medication | Medication Qvar Easi-Breathe Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/actuation 2 inhaler ONE PUFF TO BE INHALED TWICE A DAY |

**14-May-2013 Dr P Gaffney (GAFFNEY_16673) Data Entry**

| | |
|---|---|
| Comment | Comment HbA1c 9.0% on Metfromin 500mg bd + Gliclazide 150mg bd.Increase metformin to 850mg bd |
| Medication | Medication Metformin Hydrochloride Tablets 850 mg 112 tablet 1 Tab Twice daily |

**14-May-2013 Mrs Alison Lauder (AL) Data Entry**

| | |
|---|---|
| Comment | Comment please inform pt of dr Gaffney's encounter and repeat diabetic bloods in 3/12 |

**30-Apr-2013 Miss Sara Greer (2587) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Diab/Asthma/CHD Review Invite Sent (3) 02/05/2013 |

**18-Apr-2013 Miss Heather Arkison (MLK) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Asthma/CHD/Diabetic invite sent (2) |

**27-Mar-2013 Mrs Alison Lauder (AL) Data Entry**

| | |
|---|---|
| Comment | Did not attend - no reason for asthma/CHD/Diabetic check. Please ask pt if he is taking meds |

**27-Mar-2013 Miss Lynsey Stewart (112) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Pt thought he had supply of these in house, and appologises for missing appt. I have re-ordered metformin and made an appt for review for him. |

**25-Mar-2013 Mrs Alison Lauder (AL) Data Entry**

| | |
|---|---|
| Comment | Comment will check at review if pt taking meds |

**22-Mar-2013 Dr P Gaffney (GAFFNEY_16673) Data Entry**

| | |
|---|---|
| Comment | Comment HbA1c 9.0%.On metformin 500mg bd + glic 160mg bd.Not ordered metformin since Oct 2012.Check pt taking medication |

THIRD PARTY COPY

**20-Mar-2013 Mrs Joanne McLaughlan (HCA - JO16673) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment | Diabetic/CHD bloods taken (R) |

**04-Mar-2013 Miss Heather Arkison (MLK) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment | DIABETIC/ASTHMA & CHD INVITE SENT (1) |

**07-Feb-2013 Mrs Julie Edgar (JE) Data Entry**

| | | |
|---|---|---|
| Comment | Did not attend - no reason | |

**04-Feb-2013 Mrs Julie Edgar (JE) Data Entry**

| | | |
|---|---|---|
| Comment | Comment | did not attend no reason given |

**15-Jan-2013 Mrs Fiona Murray (12AA) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment | letter sent with appt time - BP hypertension register |

**15-Jan-2013 Mrs Anne Faure (AF) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| History | History | simvastatin stopped , changed to atorva |

**23-July-2012 Miss Kelly McKinnon (KELLY_16673) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment | Asking if you can do letter for council to state unfit to do garden due to condition.? fee. |

**23-July-2012 Dr P Gaffney (GAFFNEY_16673) Data Entry**

| | | |
|---|---|---|
| Comment | Comment | Special request - although he has diabetes and hypertension this would not qualify him for exemption letter as unfit to maintain garden |

**07-Jun-2012 Dr P Gaffney (GAFFNEY_16673) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| History | History | BP review.On ramipril 10mg/amlodipine 10mg |
| Examination | O/E - BP reading | |
| Examination | Systolic blood pressure | 120 mm Hg |
| Examination | Diastolic blood pressure | 94 mm Hg |
| Comment | Comment | Review in 2/12 |
| Medication | Medication | Ramipril Capsules 10 mg 56 capsule ONE TO BE TAKEN EACH MORNING |

**02-May-2012 Mrs Carolyn MacFarlane (934) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment | Bloods checked. |

**27-Apr-2012 Dr P Gaffney (GAFFNEY_16673) Data Entry**

| | | |
|---|---|---|
| Comment | Comment | Special request - medication as requested |
| Medication | Medication | Simvastatin Tablets 40 mg 56 tablet ONE TO BE TAKEN AT NIGHT |
| Medication | Medication | Amlodipine Tablets 10 mg 56 tablet ONE TO BE TAKEN EACH MORNING |
| Read Code | Medication review | |

**25-Apr-2012 Mrs Alison Lauder (AL) Data Entry**

| | |
|---|---|
| Read Code | Diabetes: practice programme |
| Read Code | Diabetic on oral treatment |

**18-Apr-2012 Dr P Gaffney (GAFFNEY_16673) General Practice Surgery**

| | | |
|---|---|---|
| History | History | Raised BP |
| Examination | O/E - BP reading | |
| Examination | Systolic blood pressure | 138 mm Hg |
| Examination | Diastolic blood pressure | 104 mm Hg |
| Comment | Comment | Increase ramipril.Bloods in 2/52.Review in 6/52 |
| Medication | Medication | Ramipril Capsules 5 mg 112 capsule ONE TO BE TAKEN EACH MORNING FOR 2 WEEKS THEN TWO IN MORNING THEREAFTER |

**04-Apr-2012 Mrs Joanne McLaughlan (HCA - JO16673) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Examination | Systolic blood pressure | 138 mm Hg |
| Examination | Diastolic blood pressure | 100 mm Hg |
| Comment | Comment | pt stressed at moment advised to see GP |

**03-Apr-2012 Mrs Joanne McLaughlan (HCA - JO16673) Data Entry**

| | | |
|---|---|---|
| Comment | Did not attend - no reason | |

THIRD PARTY COPY

**20-Mar-2012 Mrs Joanne McLaughlan (HCA - JO16673) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Examination | Systolic blood pressure | 144 mm Hg |
| Examination | Diastolic blood pressure | 108 mm Hg |
| Comment | Comment rpt bp 2/52 | |

**07-Mar-2012 Mrs Alison Lauder (AL) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Examination | Systolic blood pressure | 156 mm Hg |
| Examination | Diastolic blood pressure | 100 mm Hg |
| Examination | O/E - weight | 85 Kg |
| Examination | Body Mass Index | 30.12 |
| Examination | Asthma annual review | |
| Examination | Asthma follow-up | |
| Examination | Coronary heart disease annual review | |
| Examination | CHD monitoring | |
| Examination | Diabetic annual review | |
| Examination | Diabetic monitoring | |
| Social | Ex smoker | |
| Social | Alcohol consumption | 60 units/week |
| Social | FITT activity level 0; no mod/vig activity of 20 mins duratn | |
| Comment | Comment Has no chest pains or ankle swelling Using EB badly Has been turning top of inhaler and ?actuation fired into air. Instruction given on same. Pt asys inhaler has not been helping Knows to make appoint if feels inhaler still not working but using correctly. Has been taking metformin and gliclazide Cataract surgery cancelled due to high HbA1c. Knows to have repeat bloods in 3/12. Glucometer given Pt will try and increase fruit and veg intake. Form and bottle given for alb/crreat ratio Pt will hand in tomorrow. Forgot to advise pt to have BP checked in 1/52 Will write to him | |
| Read Code | Patient health questionnaire (PHQ-9) score | 0 /27 |
| Read Code | Depression screening using questions | |
| Read Code | Asthma causes daytime symptoms most days | |
| Read Code | Asthma not limiting activities | |
| Read Code | Asthma not disturbing sleep | |
| Read Code | Inhaler technique - good | |

**07-Mar-2012 Ms Fiona Cuthbert (FIONA_16673) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment letter to pt re bp check as per PN. |

**17-Feb-2012 Dr Diabetic Specialist (BRIANMOWBR16673) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Telephone encounter pt forgot about appt for diabetic review - PN offered to see this afternoon however will make appt for another day. |

**17-Feb-2012 Dr Diabetic Specialist (BRIANMOWBR16673) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Did not attend - reason given |

**10-Feb-2012 Dr P Gaffney (GAFFNEY_16673) Data Entry**

| | |
|---|---|
| Comment | Comment HbA1c 10.1%.add metformin 500mg bd.Bloods 3/12 |
| Medication | Medication Metformin Hydrochloride Tablets 500 mg 112 tablet ONE TO BE TAKEN TWICE A DAY |

**10-Feb-2012 Dr Diabetic Specialist (BRIANMOWBR16673) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Telephone encounter informed pt that script at reception for metformin - advised pt to take with food and let practice know if any problems. To make an appt for 3/12 |

**07-Feb-2012 Mrs Carolyn MacFarlane (934) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Diabetic bloods checked. |

**03-Feb-2012 Mrs Zoe Swift (ZOE_16673) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment ASTHMA/DIABETIC INVITE SENT ZS |

**30-Jan-2012 Ms Fiona Cuthbert (FIONA_16673) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment diab/chd review invite sent |

**30-Dec-2011 Miss Gemma McCall (816) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Asthma and Diabetic review invite (1) sent |

THIRD PARTY COPY

**22-Dec-2011 Dr P Gaffney (GAFFNEY_16673) Data Entry**

| | | |
|---|---|---|
| Comment | Comment Special request - medication as requested | |
| Medication | Medication Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose 1 SPRAY ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED | |

**19-July-2011 Dr P Gaffney (GAFFNEY_16673) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Examination | Systolic blood pressure | 140 mm Hg |
| Examination | Diastolic blood pressure | 84 mm Hg |
| Comment | Comment HV: Deteriorating Kidney Function. FTA at renal clinic last year. O/E P-72/m BP-140/84. HS 1+11 chest clear. Will rerefer to renal clinic bg | |

**18-Feb-2011 Mrs Joanne McLaughlan (HCA - JO1616673) Portland Medical Practice (16673)**

| | | |
|---|---|---|
| 19-Jan-2011 | Read Code | Lifestyle counselling |

**26-Jan-2011 Mrs Alison Lauder (AL) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Did not attend - no reason |
| Read Code | Excepted from diabetes quality indicators: Informed dissent |

**25-Jan-2011 Ms Fiona Cuthbert (FIONA_16673) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment FTA x 3 retuinal screening appts- excluded |

**24-Jan-2011 Dr P Gaffney (GAFFNEY_16673) Data Entry**

| | |
|---|---|
| Comment | Comment HbA1c 9.0%.Increase gliclazide to 160mg bd |
| Read Code | Medication review |

**19-Jan-2011 Mrs Joanne McLaughlan (HCA - JO16673) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Diabetic bloods taken (R) |
| Result | Urine glucose test = +++ |
| Result | Urine protein test negative |
| Result | Urine blood test = negative |
| Result | Urine ketone test negative |
| Result | Urine urobilinogen negative |
| Result | Urine nitrite negative |
| Read Code | Diabetic monitoring |
| Read Code | Depression screening using questions |

**10-Jan-2011 Ms Fiona Cuthbert (FIONA_16673) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Diabetic review appt Wed 26.01.11 3.10pm K/K surgery |

**31-Dec-2010 Miss Audrey McKenzie (3245) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment cancelled Diabetic review appointment |

**15-Dec-2010 Mrs Alison Lauder (AL) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Did not attend - no reason |

**30-Nov-2010 Ms Fiona Cuthbert (FIONA_16673) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Diab review appt friday 31.12.10 1.50pm K/K surgery |

**22-Nov-2010 Miss Laura Murray (679) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment flu appointment sent. |

**04-Nov-2010 Ms Fiona Cuthbert (FIONA_16673) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment Diab review appt Thurs 18.11.10 2.20pm K/K surgery |

**02-Nov-2010 Mrs Zoe Swift (ZOE_16673) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment FAILED TO RESPOND X 3 ASTHMA INVITES ZS |
| Read Code | Excepted from asthma quality indicators: Informed dissent |

**23-Sept-2010 Mrs Zoe Swift (ZOE_16673) Portland Medical PracticeMain Surgery**

| | |
|---|---|
| Comment | Comment ASTHMA INVITE SENT (3) ZS |

THIRD PARTY COPY

**28-July-2010 Dr P Gaffney (GAFFNEY_16673) Data Entry**

| | | |
|---|---|---|
| Comment | Comment Special request - medication as requested | |

**28-July-2010 Mrs Beth Graham (321) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment letter and script from practice nurse sent | |

**27-July-2010 Dr P Gaffney (GAFFNEY_16673) Data Entry**

| | | |
|---|---|---|
| Comment | Comment HbA1c 11.2% (99).Angina.add gliclazide 80mg bd | |

**23-July-2010 Dr P Gaffney (GAFFNEY_16673) Data Entry**

| | | |
|---|---|---|
| Comment | Comment See hospital letter - Ramipril issued.for U&Es in 2/52 | |

**21-July-2010 Mrs Admin Admin (ADMIN_16673) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment Lifestyle advice given as per LM.AO | |

**07-July-2010 Mrs Alison Lauder (AL) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment Dietician invite letter sent to patient. gy | |
| New Referral | Refer to dietician . *Recipient: Dietetics; Referral Type: Outpatient* | |

**07-July-2010 Miss Kelly McKinnon (KELLY_16673) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment When BP checked. ***** from Cardiology XH to be informed. To call him with reading. | |

**07-July-2010 Dr L McIntyre (LM) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment PLease fit pt in with me ASAP.-today or tomorrow Thanks | |

**07-July-2010 Dr L McIntyre (LM) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| History | History Pains have now settled, but BP remains elevated 180/120 | |
| Examination | Examination HS normal | |
| Examination | Diastolic blood pressure | 120 mm Hg |
| Examination | Systolic blood pressure | 200 mm Hg |
| Examination | Framingham 1991 cardiovascular disease 10 year risk score | 20 % |
| Comment | Comment Change referral to RACPC. REview 2 wks or sooner | |
| Result | Total cholesterol:HDL ratio | 5.8 |
| Result | Serum cholesterol | 6.6 mmol/l |
| Result | Serum HDL cholesterol level | 1.13 mmol/l |
| Read Code | Diabetes mellitus | |
| Read Code | Follow-up cardiac assess. | |

**07-July-2010 Dr L McIntyre (LM) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Examination | Examination Please tell ***** that BP remins high at 180/120. and has new diag of diabetes. PLease ask him to cancel ETT I have referred to Rapid access chest pain clinic instead | |

**05-July-2010 Miss Kelly McKinnon (KELLY_16673) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment Letter sent from PN | |

**02-July-2010 Ms Fiona Cuthbert (FIONA_16673) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Result | Result (2) asthma review invite sent | |

**30-Jun-2010 Mrs Alison Lauder (AL) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Examination | Systolic blood pressure | 162 mm Hg |
| Examination | Diastolic blood pressure | 98 mm Hg |
| Examination | O/E - weight | 83 Kg |
| Examination | Body Mass Index | 29.41 |
| Social | Ex smoker | |
| Comment | Comment Info and leaflets on diabetes given. Pt aware that I will add him to diabetic reg following blood result Will refer to dietician Pt will complete and return podiatry form. awaiting cataract surgery | |

**25-Jun-2010 Dr L McIntyre (LM) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment Referral for ETT, XH. gy | |

THIRD PARTY COPY

**25-Jun-2010 Mrs Alison Lauder (AL) Telephone Consultation**

| | | |
|---|---|---|
| Comment | Comment Phoned and advised blood sugars high Appoint to discuss same given | |

**23-Jun-2010 Mrs Joanne McLaughlan (HCA - JO16673) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Examination | Systolic blood pressure | 180 mm Hg |
| Examination | Diastolic blood pressure | 110 mm Hg |
| Examination | ECG = normal JH advised to see GP re BP , appt made | |

**23-Jun-2010 Dr L McIntyre (LM) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| History | History Re BP 200/120- now anxious about it. Still having L chest pains on walking, but less. Asthmatic | |
| Examination | Examination hS normal P 72 reg | |
| Comment | Comment Rx . Refer ETT Review 1 week or sooner. For chol and U/e's and BG and urate | |

**23-Jun-2010 Mrs Joanne McLaughlan (HCA - JO16673) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment bloods taken (R) | |

**15-Jun-2010 Ms Jennifer Hogg (JH) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Examination | O/E - height | 168 cm |
| Examination | O/E - weight | 85 Kg |
| Examination | Body Mass Index | 30.12 |
| Social | Never smoked tobacco | |
| Social | Alcohol consumption | 18 units/week |
| Social | Aerobic exercise 1 time/week | |
| Comment | Comment intermittant chest pains 2/52 has asthma on salbutamol on review pian free SA02 98 pulse 98 resps 22 lungs clear BP 180/100 FH angina ***** non smoker obese counselled re same needs bloods ECG and repeat BP warned re chest pains if return advised AE commence aspirin | |

**04-Jun-2010 Ms Fiona Cuthbert (FIONA_16673) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Comment | Comment (1) asthma review invite sent | |

**15-Apr-2010 Dr P Gaffney (GAFFNEY_16673) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| History | History Cataract left eye.FTA eye clinic last year.Vision worse | |
| Examination | O/E - visual acuity L-eye &lt6/60.Dense central cataract | |
| Comment | Ophthalmological referral | |

**12-Nov-2009 Mrs Carolyn MacFarlane (HCA - CARO16673) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Examination | Examination Left ear syringed successfully. | |

**06-Nov-2009 Ms Jennifer Hogg (JH) Portland Medical PracticeMain Surgery**

| | | |
|---|---|---|
| Examination | Examination left ear occluded cerumen oiling same suitable for syringing now appt to be arranged | |

**22-July-2009 Mrs Admin Admin (ADMIN_16673) The Doctors Partnership**

| | | |
|---|---|---|
| History | Data processing operator [ETK1]: Exempt from asthma reg- fta x 3 appts- refuses monitoring. FC priority=2 | |
| History | Refuses asthma monitoring fta x 3 priority=2 | |

**25-Jun-2009 Mrs Admin Admin (ADMIN_16673) The Doctors Partnership**

| | | |
|---|---|---|
| History | Data processing operator [ETK1]: (3) asthma r/v invite posted fc priority=2 | |
| History | CALM - Asthma 3rd Letter Sent (GPASS code: ZQ003) priority=2 | |

**29-May-2009 Mrs Admin Admin (ADMIN_16673) The Doctors Partnership**

| | | |
|---|---|---|
| History | Data processing operator [ETK1]: (2) asthma r/v invite posted fc priority=2 | |
| History | Appointment letter sent to patient priority=2 | |

**16-Apr-2009 Mrs Admin Admin (ADMIN_16673) The Doctors Partnership**

| | | |
|---|---|---|
| History | Data processing operator [ETK1]: (1) asthma r/v invite posted, fc priority=2 | |
| History | Appointment letter sent to patient priority=2 | |

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**17-Dec-2008 Dr P Gaffney (GAFFNEY_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Admin reason for encounter [ETK0]: Sore left shoulder / arm.O/E : Tender trapezius left.Some limitation of shoulder movements.Dx : Muscle/ligament strain.Rx : exercises/cocodamol priority=2 |

**29-Oct-2008 Mrs Joanne McLaughlan (HCA - JO16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: Declined Keep Well appt. priority=2 |
| | History | Keep well programme declined priority=2 |

**18-Aug-2008 Mrs Admin Admin (ADMIN_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: Keep Well Info letter & flier posted. jc priority=2 |
| | History | Letter sent to patient Keep Well Standard 1 priority=2 |

**07-Aug-2008 Mrs Admin Admin (ADMIN_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: exempt from asthma reg- FTA x 3 - refuses monitoring. FR priority=2 |
| | History | Refuses asthma monitoring fta x 3 priority=2 |

**31-July-2008 Mrs Admin Admin (ADMIN_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: gy priority=2 |
| | History | Body mass index 30+ - obesity Disease: SPICE Basic Health Values, priority=2 |

**24-Jun-2008 Mrs Admin Admin (ADMIN_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: Asthma Invite Posted (3) ZH priority=2 |
| | History | CALM - Asthma 3rd Letter Sent (GPASS code: ZQ003) priority=2 |

**16-May-2008 Mrs Admin Admin (ADMIN_16673) The Doctors Partnership**

| | | | |
|---|---|---|---|
| | History | Data processing operator [ETK1]: Asthma Invite sent ZH priority=2 | |
| | History | Appointment letter sent to patient priority=2 | |
| 24-Nov-2006 | History | INR - international normal ratio normal | 1 |
| 29-Dec-2005 | History | O/E - height | 170 |
| 29-Dec-2005 | History | O/E - weight | 88 |
| 29-Dec-2005 | History | Peak exp. flow rate: PEFR/PFR | 550 |

**09-Apr-2008 Mrs Admin Admin (ADMIN_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: Asthma Invite Sent (1) ZH priority=2 |
| | History | Appointment letter sent to patient priority=2 |

**07-Jan-2008 Mrs Admin Admin (ADMIN_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: No respsonse to 3 x asthma letters. I.S. priority=2 |
| | History | Excepted from asthma quality indicators: Informed dissent Disease: SPICE Asthma Opening, priority=2 |

**29-Nov-2007 Mrs Admin Admin (ADMIN_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: 3rd invite for asthma review sent. I.S. priority=2 |
| | History | CALM - Asthma 3rd Letter Sent (GPASS code: ZQ003) priority=2 |

**24-Oct-2007 Dr P Gaffney (GAFFNEY_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: 2nd recall letter sent for Asthma priority=2 |
| | History | Appointment letter sent to patient priority=2 |

**18-Oct-2007 Dr P Gaffney (GAFFNEY_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Admin reason for encounter [ETK0]: RTA yesterday - passenger.Seen at Paisly Infirmary.No serious injuries.Neck sore today.O/E : No bruising.mild tenderness left neck.Restricted extension/rotation to right.Power normal both arms. Dx ; Muscle strain.Rx : cocodamol.TCB if any worse priority=2 |

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**07-Sept-2007 Mrs Admin Admin (ADMIN_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Non-consultation data [ETK9]: asthma review invite posted, fr priority=2 |
| | History | Appointment letter sent to patient priority=2 |

**27-July-2007 Mrs Admin Admin (ADMIN_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: Letter sent advising of change of inhaler to CFC free Clenil. LB priority=2 |

**27-Dec-2006 Dr P Gaffney (GAFFNEY_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: 1st recall letter sent for Asthma priority=2 |
| | History | Appointment letter sent to patient priority=2 |

**28-Nov-2006 Dr Aaa UnknownUser (UNKNOWNUSE16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: priority=2 |
| 24-Nov-2006 | History | INR - international normal ratio normal 1.0:u priority=2 |

**28-July-2006 Mrs Admin Admin (ADMIN_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: BREATH TEST LETTER SENT priority=2 |

**31-Mar-2006 Dr Aaa UnknownUser (UNKNOWNUSE16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: priority=2 |

**16-Mar-2006 Dr Aaa UnknownUser (UNKNOWNUSE16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: priority=2 |

**10-Feb-2006 Mrs Admin Admin (ADMIN_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Non-consultation data [ETK9]: breath test appt sent. ***** priority=2 |

**10-Jan-2006 Miss Sandra McCarvel (SANDRA_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: priority=2 |
| | Problem | Dyspepsia |

**06-Jan-2006 Mrs Admin Admin (ADMIN_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: asthma review appointment sent out priority=2 |

**30-Dec-2005 Dr S Montgomery (SM) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Admin reason for encounter [ETK0]: Re inhalers. Using blue and brown MDIs with poor technique, however states feels chest not too bad most of time. O/E good AE - clear. Plan change to salamol easybreath prn and aerobec 100mics bd. See if any probs. priority=2 |
| | History | Medication review |

**29-Dec-2005 Mrs Alison Lauder (AL) The Doctors Partnership**

| | | |
|---|---|---|
| 21-Dec-2012 | History | Seasonal influenza vaccination declined *Batch Change of 9ox5 to 9ox51 coding* |
| | History | Admin reason for encounter [ETK0]: Asthma review Uses Salbutamol inhaler at least twice a day but badly manages turbohaler well Does not take steeroid inhaler expired 7/02 Using shoulder muscles after exertion although PEFR 550 Advised to see Dr ***** priority=2 |
| | History | Asthma not disturbing sleep : priority=2 |
| | History | Asthma not limiting activities : priority=2 |
| | History | No respiratory symptoms : priority=2 |
| | History | O/E - height Characteristic 170:cm priority=2 |
| | History | O/E - weight Characteristic 88:kg priority=2 |
| | History | Body Mass Index high K/M2 30.45:kg/m2 priority=2 |
| | History | Serial peak expiratory flow rate 550: priority=2 |
| | History | Inhaler technique - poor : priority=2 |
| | History | Asthma annual review : priority=2 |
| | History | O/E - height Height.clm O/E - height 170 |
| | History | O/E - weight Weight.clm O/E - weight 88 |
| | History | Never smoked tobacco Smoker Status.clm Never smoked tobacco |

**15-Dec-2005 Mrs Admin Admin (ADMIN_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: Asthma review appt sent. JC priority=2 |

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**07-Feb-2005 Dr P Gaffney (GAFFNEY_16673) The Doctors Partnership**

History Admin reason for encounter [ETK0]: priority=2

**20-Dec-2004 Dr P Gaffney (GAFFNEY_16673) The Doctors Partnership**

History Admin reason for encounter [ETK0]: Backpain no better.O/E : Normal mobility.SLR 90deg.Reflexes normal.Fit to work.? refer physio if pain persists priority=2
History Medication review

**09-Dec-2004 Dr P Gaffney (GAFFNEY_16673) The Doctors Partnership**

History Admin reason for encounter [ETK0]: Med 3 - CF 20/12/04.Backstrain.Still sore.Good ROM spine.Reflexes normal.fit to sign on priority=2

**08-Dec-2004 Dr Aaa UnknownUser (UNKNOWNUSE16673) The Doctors Partnership**

History Data processing operator [ETK1]: priority=2
History Excepted from asthma quality indicators: Informed dissent : priority=2

**03-Dec-2004 Dr P Gaffney (GAFFNEY_16673) The Doctors Partnership**

History Admin reason for encounter [ETK0]: Med 3 - CF 13/12/04.Backstrain.Hurt back lifting furniture.sore right SI joint.SLR 90deg R=L.Reflexes normal.Given diclofenac - WRSE priority=2

**08-Nov-2004 Mrs Admin Admin (ADMIN_16673) The Doctors Partnership**

21-Dec-2012 History Seasonal influenza vaccination declined *Batch Change of 9ox5 to 9ox51 coding*
History Data processing operator [ETK1]: priority=2
History Pneumococcal vaccination declined : priority=2

**08-Nov-2004 Dr Aaa UnknownUser (UNKNOWNUSE16673) The Doctors Partnership**

History Data processing operator [ETK1]: priority=2

**08-Nov-2004 Dr Aaa UnknownUser (UNKNOWNUSE16673) The Doctors Partnership**

History Data processing operator [ETK1]: priority=2

**14-May-2004 Dr Aaa UnknownUser (UNKNOWNUSE16673) The Doctors Partnership**

History Data processing operator [ETK1]: priority=2
13-May-2004 History GP73 sent to Health Board priority=2
13-May-2004 History Booster tetanus and low dose diphtheria vaccination *priority=2*

**13-May-2004 Dr F McGuire (MCGUIRE_16673) The Doctors Partnership**

History Admin reason for encounter [ETK0]: priority=2

**08-May-2004 Dr P Gaffney (GAFFNEY_16673) The Doctors Partnership**

History Data processing operator [ETK1]: 3rd recall letter sent for Asthma priority=2
History CALM - Asthma 3rd Letter Sent (GPASS code: ZQ003) priority=2

**10-Mar-2004 Dr Aaa UnknownUser (UNKNOWNUSE16673) The Doctors Partnership**

History Data processing operator [ETK1]: priority=2

**08-Mar-2004 Dr P Gaffney (GAFFNEY_16673) The Doctors Partnership**

History Data processing operator [ETK1]: 2nd recall letter sent for Asthma priority=2
History Appointment letter sent to patient priority=2

**10-Jan-2004 Dr P Gaffney (GAFFNEY_16673) The Doctors Partnership**

History Data processing operator [ETK1]: 1st recall letter sent for Asthma priority=2
History Appointment letter sent to patient priority=2

**10-Dec-2003 Dr Aaa UnknownUser (UNKNOWNUSE16673) The Doctors Partnership**

History Data processing operator [ETK1]: priority=2

**12-Nov-2002 Dr P Gaffney (GAFFNEY_16673) The Doctors Partnership**

History Admin reason for encounter [ETK0]: priority=2

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**04-Oct-2002 Dr Aaa UnknownUser (UNKNOWNUSE16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: priority=2 |

**09-Aug-2002 Dr Aaa UnknownUser (UNKNOWNUSE16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: priority=2 |
| | History | Letter invite to screening Asthma Review.clm Letter invite to screening |

**26-Jun-2002 Dr P Gaffney (GAFFNEY_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Admin reason for encounter [ETK0]: priority=2 |
| | History | O/E - wax in ear Left priority=2 |

**25-Mar-2002 Dr Aaa UnknownUser (UNKNOWNUSE16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: priority=2 |
| | History | Never smoked tobacco Smoker Status.clm Never smoked tobacco |
| 28-Jan-1991 | History | Hiatus hernia priority=2 |
| 28-Jan-1991 | History | Gastro-oesophageal reflux priority=2 |
| 30-Oct-1989 | History | Tension headache priority=2 |
| 30-Oct-1989 | History | O/E - BP reading normal B P Screening$$.clm O/E - BP 140 reading normal |
| 30-Oct-1989 | History | O/E - BP reading normal B P Screening$$.clm O/E - BP 90 reading normal |
| 17-May-1974 | History | Asthma priority=2 |

**17-Sept-2001 Dr Aaa UnknownUser (UNKNOWNUSE16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: priority=2 |
| | History | Letter invite to screening Asthma Review.clm |

**05-July-2000 Dr Aaa UnknownUser (UNKNOWNUSE16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: priority=2 |
| | History | Letter invite to screening Asthma Review.clm |

**08-Sept-1999 Dr Aaa UnknownUser (UNKNOWNUSE16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: priority=2 |
| | History | Letter invite to screening Asthma Review.clm |

**13-Apr-1999 Dr P Gaffney (GAFFNEY_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Admin reason for encounter [ETK0]: priority=2 |

**30-Sept-1998 Dr Aaa UnknownUser (UNKNOWNUSE16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: priority=2 |
| 29-Sept-1998 | Problem | Drug therapy |
| 29-Sept-1998 | History | Peak exp. flow rate: PEFR/PFR Peak Flow.clm |
| 29-Sept-1998 | History | Asthma monitoring check done Asthma Review.clm |

**30-Sept-1998 Dr Aaa UnknownUser (UNKNOWNUSE16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: priority=2 |
| 29-Sept-1998 | History | Asthma unspecified Asthma Unspecified.clm |

**04-Sept-1998 Dr Aaa UnknownUser (UNKNOWNUSE16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: priority=2 |

**19-Aug-1998 Dr Aaa UnknownUser (UNKNOWNUSE16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: Migrated Data priority=2 |
| 02-Feb-1993 | Problem | Never smoked tobacco |
| 23-Dec-1992 | Problem | Asthma |
| 19-July-1990 | History | O/E - BP reading raised B P Screening$$.clm 180 |
| 19-July-1990 | History | O/E - BP reading raised B P Screening$$.clm 100 |
| 01-Jan-1963 | Problem | Patient signed reg. form |

**26-Mar-1991 Dr P Gaffney (GAFFNEY_16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Admin reason for encounter [ETK0]: Acute Consultation priority=2 |

**26-Mar-1991 Dr Aaa UnknownUser (UNKNOWNUSE16673) The Doctors Partnership**

| | | |
|---|---|---|
| | History | Data processing operator [ETK1]: Repeats Reviewed priority=2 |
| | History | Medication review |

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# Medications (inc. issues)

## Acute

**21-Apr-2026 Doxycycline Hyclate Capsules 100 mg**
15 capsule - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY

**21-Apr-2026 Doxycycline Hyclate Capsules 100 mg**
15 capsule - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY

**24-Jun-2025 Ibuprofen Tablets 400 mg**
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

**24-Jun-2025 Paracetamol Tablets 500 mg**
100 TABLET - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

**16-May-2025 Ibuprofen Tablets 400 mg**
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

**07-July-2022 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**15-Mar-2019 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**11-Feb-2019 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**15-Jun-2010 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

## Repeat

**24-Apr-2026 Dapagliflozin Tablets 10 mg**
28 tablet - ONE TO BE TAKEN EACH DAY

**24-Apr-2026 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**22-Apr-2026 Ibuprofen Tablets 400 mg**
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

**21-Apr-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE BD

**21-Apr-2026 Sitagliptin Tablets 100 mg**
28 tablet - TAKE ONE DAILY

**17-Apr-2026 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**17-Apr-2026 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**10-Apr-2026 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**10-Apr-2026 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**07-Apr-2026 Dapagliflozin Tablets 10 mg**
28 tablet - ONE TO BE TAKEN EACH DAY

**01-Apr-2026 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 CAPS UP TO FOUR TIMES DAILY IF REQUIRED - PLEASE TRY MINIMISE USAGE

**01-Apr-2026 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**01-Apr-2026 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**01-Apr-2026 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**01-Apr-2026 Sitagliptin Tablets 100 mg**
28 tablet - TAKE ONE DAILY

**01-Apr-2026 Cyanocobalamin Tablets 50 micrograms**
112 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

**01-Apr-2026 Nacsys Effervescent tablets 600 mg**
30 TABLET - ONE TO BE TAKEN DAILY

**01-Apr-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**01-Apr-2026 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**01-Apr-2026 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**01-Apr-2026 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

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**31-Mar-2026 Dapagliflozin Tablets 10 mg**
28 tablet - ONE TO BE TAKEN EACH DAY

**16-Mar-2026 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**16-Mar-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**16-Mar-2026 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**16-Mar-2026 Ibuprofen Tablets 400 mg**
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

**16-Mar-2026 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**10-Mar-2026 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**09-Mar-2026 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**09-Mar-2026 Nacsys Effervescent tablets 600 mg**
30 TABLET - ONE TO BE TAKEN DAILY

**09-Mar-2026 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**09-Mar-2026 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**09-Mar-2026 Cyanocobalamin Tablets 50 micrograms**
112 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

**27-Feb-2026 Sitagliptin Tablets 100 mg**
28 tablet - TAKE ONE DAILY

**27-Feb-2026 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**27-Feb-2026 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 CAPS UP TO FOUR TIMES DAILY IF REQUIRED - PLEASE TRY MINIMISE USAGE

**27-Feb-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**16-Feb-2026 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**16-Feb-2026 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**16-Feb-2026 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**16-Feb-2026 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**16-Feb-2026 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**09-Feb-2026 Paracetamol Tablets 500 mg**
200 TABLET - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

**09-Feb-2026 Ibuprofen Tablets 400 mg**
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

**09-Feb-2026 Cyanocobalamin Tablets 50 micrograms**
112 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

**09-Feb-2026 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**30-Jan-2026 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 CAPS UP TO FOUR TIMES DAILY IF REQUIRED - PLEASE TRY MINIMISE USAGE

**29-Jan-2026 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**29-Jan-2026 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**26-Jan-2026 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**26-Jan-2026 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**26-Jan-2026 Nacsys Effervescent tablets 600 mg**
30 TABLET - ONE TO BE TAKEN DAILY

**26-Jan-2026 Sitagliptin Tablets 100 mg**
28 tablet - TAKE ONE DAILY

**26-Jan-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**26-Jan-2026 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

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**26-Jan-2026 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**16-Jan-2026 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**16-Jan-2026 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**16-Jan-2026 Ibuprofen Tablets 400 mg**
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

**06-Jan-2026 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**06-Jan-2026 Sitagliptin Tablets 100 mg**
28 tablet - TAKE ONE DAILY

**06-Jan-2026 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**06-Jan-2026 Nacsys Effervescent tablets 600 mg**
30 TABLET - ONE TO BE TAKEN DAILY

**29-Dec-2025 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**29-Dec-2025 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**29-Dec-2025 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**29-Dec-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**22-Dec-2025 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**22-Dec-2025 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**22-Dec-2025 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 CAPS UP TO FOUR TIMES DAILY IF REQUIRED - PLEASE TRY MINIMISE USAGE

**10-Dec-2025 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**10-Dec-2025 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**10-Dec-2025 Ibuprofen Tablets 400 mg**
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

**10-Dec-2025 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**10-Dec-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**10-Dec-2025 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**10-Dec-2025 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**10-Dec-2025 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**26-Nov-2025 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 CAPS UP TO FOUR TIMES DAILY IF REQUIRED - PLEASE TRY MINIMISE USAGE

**26-Nov-2025 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**24-Nov-2025 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**24-Nov-2025 Nacsys Effervescent tablets 600 mg**
30 TABLET - ONE TO BE TAKEN DAILY

**24-Nov-2025 Ibuprofen Tablets 400 mg**
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

**24-Nov-2025 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**24-Nov-2025 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**17-Nov-2025 Sitagliptin Tablets 100 mg**
28 tablet - TAKE ONE DAILY

**17-Nov-2025 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**17-Nov-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**17-Nov-2025 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

THIRD PARTY COPY

**07-Nov-2025 Nacsys Effervescent tablets 600 mg**
30 TABLET - ONE TO BE TAKEN DAILY

**07-Nov-2025 Ibuprofen Tablets 400 mg**
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

**07-Nov-2025 Cyanocobalamin Tablets 50 micrograms**
112 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

**29-Oct-2025 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**29-Oct-2025 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**27-Oct-2025 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**27-Oct-2025 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 CAPS UP TO FOUR TIMES DAILY IF REQUIRED - PLEASE TRY MINIMISE USAGE

**23-Oct-2025 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**23-Oct-2025 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**21-Oct-2025 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**21-Oct-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**08-Oct-2025 Sitagliptin Tablets 100 mg**
28 tablet - TAKE ONE DAILY

**08-Oct-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**08-Oct-2025 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**02-Oct-2025 Sitagliptin Tablets 100 mg**
28 tablet - TAKE ONE DAILY

**30-Sept-2025 Cyanocobalamin Tablets 50 micrograms**
112 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

**30-Sept-2025 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**30-Sept-2025 Nacsys Effervescent tablets 600 mg**
30 TABLET - ONE TO BE TAKEN DAILY

**23-Sept-2025 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 CAPS UP TO FOUR TIMES DAILY IF REQUIRED - PLEASE TRY MINIMISE USAGE

**23-Sept-2025 Ibuprofen Tablets 400 mg**
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

**23-Sept-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**23-Sept-2025 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**23-Sept-2025 Paracetamol Tablets 500 mg**
200 TABLET - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

**12-Sept-2025 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**12-Sept-2025 Sitagliptin Tablets 100 mg**
28 tablet - TAKE ONE DAILY

**12-Sept-2025 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**05-Sept-2025 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**05-Sept-2025 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**05-Sept-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**05-Sept-2025 Nacsys Effervescent tablets 600 mg**
30 TABLET - ONE TO BE TAKEN DAILY

**05-Sept-2025 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**05-Sept-2025 Ibuprofen Tablets 400 mg**
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

**05-Sept-2025 Glyceryl Trinitrate Pump spray 400 micrograms/dose**
200 DOSE - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**27-Aug-2025 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

THIRD PARTY COPY

**27-Aug-2025 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**27-Aug-2025 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**27-Aug-2025 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**25-Aug-2025 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**25-Aug-2025 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 CAPS UP TO FOUR TIMES DAILY IF REQUIRED - PLEASE TRY MINIMISE USAGE

**20-Aug-2025 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**20-Aug-2025 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**20-Aug-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**18-Aug-2025 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**18-Aug-2025 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**18-Aug-2025 Sitagliptin Tablets 100 mg**
28 tablet - TAKE ONE DAILY

**12-Aug-2025 Ibuprofen Tablets 400 mg**
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

**12-Aug-2025 Paracetamol Tablets 500 mg**
200 TABLET - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

**06-Aug-2025 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**01-Aug-2025 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**01-Aug-2025 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**25-July-2025 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**24-July-2025 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 CAPS UP TO FOUR TIMES DAILY IF REQUIRED - PLEASE TRY MINIMISE USAGE

**21-July-2025 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**21-July-2025 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**21-July-2025 Sitagliptin Tablets 100 mg**
28 tablet - TAKE ONE DAILY

**21-July-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**21-July-2025 Nacsys Effervescent tablets 600 mg**
30 TABLET - ONE TO BE TAKEN DAILY

**15-July-2025 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**15-July-2025 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**15-July-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**15-July-2025 Cyanocobalamin Tablets 50 micrograms**
112 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

**09-July-2025 Sitagliptin Tablets 100 mg**
28 tablet - TAKE ONE DAILY

**02-July-2025 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**02-July-2025 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**02-July-2025 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**24-Jun-2025 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23)

**24-Jun-2025 Paracetamol Tablets 500 mg**
200 TABLET - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

**23-Jun-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

THIRD PARTY COPY

**23-Jun-2025 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**23-Jun-2025 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**12-Jun-2025 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**12-Jun-2025 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**12-Jun-2025 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**12-Jun-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**12-Jun-2025 Nacsys Effervescent tablets 600 mg**
30 TABLET - ONE TO BE TAKEN DAILY

**03-Jun-2025 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**03-Jun-2025 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**27-May-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**27-May-2025 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**27-May-2025 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**27-May-2025 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**27-May-2025 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**27-May-2025 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**27-May-2025 Cyanocobalamin Tablets 50 micrograms**
112 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

**27-May-2025 Nacsys Effervescent tablets 600 mg**
30 TABLET - ONE TO BE TAKEN DAILY

**27-May-2025 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23)

**27-May-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**16-May-2025 Ibuprofen Tablets 400 mg**
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

**13-May-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**13-May-2025 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**08-May-2025 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**06-May-2025 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**06-May-2025 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**06-May-2025 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**06-May-2025 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**06-May-2025 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**06-May-2025 Nacsys Effervescent tablets 600 mg**
30 TABLET - ONE TO BE TAKEN DAILY

**06-May-2025 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**29-Apr-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**29-Apr-2025 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**24-Apr-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**24-Apr-2025 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23)

THIRD PARTY COPY

**08-Apr-2025 Cyanocobalamin Tablets 50 micrograms**
112 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

**08-Apr-2025 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**08-Apr-2025 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**01-Apr-2025 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**01-Apr-2025 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**01-Apr-2025 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**01-Apr-2025 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**01-Apr-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**27-Mar-2025 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**27-Mar-2025 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23)

**26-Mar-2025 Nacsys Effervescent tablets 600 mg**
30 TABLET - ONE TO BE TAKEN DAILY

**18-Mar-2025 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**17-Mar-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE BD

**11-Mar-2025 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**10-Mar-2025 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**04-Mar-2025 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**04-Mar-2025 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**26-Feb-2025 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**26-Feb-2025 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**26-Feb-2025 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23)

**26-Feb-2025 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**24-Feb-2025 Nacsys Effervescent tablets 600 mg**
30 TABLET - ONE TO BE TAKEN DAILY

**14-Feb-2025 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**14-Feb-2025 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**10-Feb-2025 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**10-Feb-2025 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**10-Feb-2025 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**10-Feb-2025 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**30-Jan-2025 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23)

**29-Jan-2025 Nacsys Effervescent tablets 600 mg**
30 TABLET - ONE TO BE TAKEN DAILY

**29-Jan-2025 Nacsys Effervescent tablets 600 mg**
30 TABLET - ONE TO BE TAKEN DAILY

**28-Jan-2025 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**28-Jan-2025 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**28-Jan-2025 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

THIRD PARTY COPY

**28-Jan-2025 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**28-Jan-2025 Cyanocobalamin Tablets 50 micrograms**
112 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

**16-Jan-2025 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**16-Jan-2025 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**16-Jan-2025 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**16-Jan-2025 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**16-Jan-2025 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**09-Jan-2025 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**03-Jan-2025 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**27-Dec-2024 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**27-Dec-2024 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**27-Dec-2024 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**24-Dec-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**24-Dec-2024 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**20-Dec-2024 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23)

**17-Dec-2024 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**17-Dec-2024 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**17-Dec-2024 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**11-Dec-2024 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**11-Dec-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**11-Dec-2024 Cyanocobalamin Tablets 50 micrograms**
112 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

**02-Dec-2024 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**02-Dec-2024 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**02-Dec-2024 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**27-Nov-2024 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23)

**20-Nov-2024 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**13-Nov-2024 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**13-Nov-2024 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**13-Nov-2024 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**07-Nov-2024 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**07-Nov-2024 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**07-Nov-2024 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**21-Oct-2024 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**21-Oct-2024 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

THIRD PARTY COPY

**21-Oct-2024 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**21-Oct-2024 Cyanocobalamin Tablets 50 micrograms**
112 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

**21-Oct-2024 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**21-Oct-2024 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**15-Oct-2024 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**14-Oct-2024 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23)

**04-Oct-2024 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**30-Sept-2024 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**30-Sept-2024 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23)

**19-Sept-2024 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**19-Sept-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**19-Sept-2024 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**19-Sept-2024 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**19-Sept-2024 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**19-Sept-2024 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**19-Sept-2024 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**09-Sept-2024 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**09-Sept-2024 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**09-Sept-2024 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**02-Sept-2024 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**02-Sept-2024 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**02-Sept-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**29-Aug-2024 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**29-Aug-2024 Cyanocobalamin Tablets 50 micrograms**
112 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

**29-Aug-2024 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**22-Aug-2024 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23)

**22-Aug-2024 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**16-Aug-2024 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**08-Aug-2024 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**08-Aug-2024 Glyceryl Trinitrate Pump spray 400 micrograms/dose**
200 DOSE - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**05-Aug-2024 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**05-Aug-2024 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**05-Aug-2024 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**05-Aug-2024 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

THIRD PARTY COPY

**25-July-2024 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**25-July-2024 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**25-July-2024 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23)

**25-July-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**16-July-2024 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**16-July-2024 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**10-July-2024 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**10-July-2024 Cyanocobalamin Tablets 50 micrograms**
112 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

**10-July-2024 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**10-July-2024 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**10-July-2024 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**28-Jun-2024 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23)

**25-Jun-2024 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**25-Jun-2024 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**14-Jun-2024 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**14-Jun-2024 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**14-Jun-2024 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**14-Jun-2024 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**14-Jun-2024 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**07-Jun-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**07-Jun-2024 True Metrix Test strips**
50 strip - TO BE USED AS DIRECTED

**31-May-2024 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**31-May-2024 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**31-May-2024 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**31-May-2024 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**31-May-2024 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**30-May-2024 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23)

**14-May-2024 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**10-May-2024 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**10-May-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**10-May-2024 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**03-May-2024 Cyanocobalamin Tablets 50 micrograms**
112 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

**03-May-2024 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**03-May-2024 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

THIRD PARTY COPY

**03-May-2024 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**24-Apr-2024 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**24-Apr-2024 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23)

**16-Apr-2024 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**16-Apr-2024 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**16-Apr-2024 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**16-Apr-2024 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**16-Apr-2024 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**16-Apr-2024 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**02-Apr-2024 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**02-Apr-2024 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**02-Apr-2024 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**02-Apr-2024 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**26-Mar-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**26-Mar-2024 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23)

**26-Mar-2024 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**20-Mar-2024 Cyanocobalamin Tablets 50 micrograms**
112 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

**20-Mar-2024 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**20-Mar-2024 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**08-Mar-2024 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**29-Feb-2024 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23)

**22-Feb-2024 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**19-Feb-2024 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**19-Feb-2024 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**19-Feb-2024 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**12-Feb-2024 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**12-Feb-2024 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**12-Feb-2024 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**06-Feb-2024 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**06-Feb-2024 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**06-Feb-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**25-Jan-2024 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23)

**22-Jan-2024 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**22-Jan-2024 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

THIRD PARTY COPY

**22-Jan-2024 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**22-Jan-2024 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**22-Jan-2024 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**17-Jan-2024 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose**
120 DOSE - TWO PUFFS TO BE TAKEN TWICE DAILY

**15-Jan-2024 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**11-Jan-2024 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**11-Jan-2024 Cyanocobalamin Tablets 50 micrograms**
112 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

**03-Jan-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**03-Jan-2024 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**03-Jan-2024 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff**
1 inhaler - ONE OR TWO PUFFS UP TO QDS PRN

**03-Jan-2024 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**03-Jan-2024 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**27-Dec-2023 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**27-Dec-2023 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23)

**27-Dec-2023 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**20-Dec-2023 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**18-Dec-2023 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**18-Dec-2023 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**18-Dec-2023 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**12-Dec-2023 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**11-Dec-2023 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**11-Dec-2023 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**11-Dec-2023 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**05-Dec-2023 Cyanocobalamin Tablets 50 micrograms**
112 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

**23-Nov-2023 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**23-Nov-2023 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**16-Nov-2023 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**16-Nov-2023 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**15-Nov-2023 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**06-Nov-2023 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**06-Nov-2023 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**03-Nov-2023 Cyanocobalamin Tablets 50 micrograms**
56 tablet - ONE TO BE TAKEN TWICE A DAY AFTER FOOD FOR 3 MONTHS

**03-Nov-2023 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**23-Oct-2023 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

THIRD PARTY COPY

**23-Oct-2023 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**18-Oct-2023 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**16-Oct-2023 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**16-Oct-2023 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**09-Oct-2023 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**09-Oct-2023 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**02-Oct-2023 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**02-Oct-2023 Cyanocobalamin Tablets 50 micrograms**
56 tablet - ONE TO BE TAKEN TWICE A DAY AFTER FOOD FOR 3 MONTHS

**26-Sept-2023 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**15-Sept-2023 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**15-Sept-2023 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**15-Sept-2023 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**15-Sept-2023 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**15-Sept-2023 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**15-Sept-2023 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**06-Sept-2023 Cyanocobalamin Tablets 50 micrograms**
112 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

**06-Sept-2023 Cyanocobalamin Tablets 50 micrograms**
56 tablet - ONE TO BE TAKEN TWICE A DAY AFTER FOOD FOR 3 MONTHS

**05-Sept-2023 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**05-Sept-2023 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**05-Sept-2023 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**29-Aug-2023 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**23-Aug-2023 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**16-Aug-2023 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**16-Aug-2023 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**16-Aug-2023 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**16-Aug-2023 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**04-Aug-2023 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**27-July-2023 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**27-July-2023 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**27-July-2023 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**27-July-2023 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**27-July-2023 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**20-July-2023 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**11-July-2023 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

THIRD PARTY COPY

**06-July-2023 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**05-July-2023 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**05-July-2023 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**27-Jun-2023 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**26-Jun-2023 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**26-Jun-2023 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**26-Jun-2023 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**26-Jun-2023 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**07-Jun-2023 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**07-Jun-2023 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**06-Jun-2023 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**06-Jun-2023 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**06-Jun-2023 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**30-May-2023 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**23-May-2023 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**23-May-2023 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**11-May-2023 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**11-May-2023 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**02-May-2023 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**02-May-2023 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**02-May-2023 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**02-May-2023 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**02-May-2023 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**26-Apr-2023 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**26-Apr-2023 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**17-Apr-2023 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**11-Apr-2023 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**11-Apr-2023 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**05-Apr-2023 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**05-Apr-2023 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**28-Mar-2023 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**28-Mar-2023 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**28-Mar-2023 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**23-Mar-2023 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

THIRD PARTY COPY

**17-Mar-2023 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**17-Mar-2023 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**17-Mar-2023 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**10-Mar-2023 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**10-Mar-2023 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**10-Mar-2023 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**02-Mar-2023 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**01-Mar-2023 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**14-Feb-2023 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**14-Feb-2023 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**14-Feb-2023 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**07-Feb-2023 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**06-Feb-2023 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**30-Jan-2023 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**17-Jan-2023 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**17-Jan-2023 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**17-Jan-2023 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**12-Jan-2023 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**12-Jan-2023 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**12-Jan-2023 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**04-Jan-2023 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**29-Dec-2022 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**29-Dec-2022 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**29-Dec-2022 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**22-Dec-2022 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**15-Dec-2022 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**15-Dec-2022 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**08-Dec-2022 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**08-Dec-2022 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**08-Dec-2022 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**30-Nov-2022 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**22-Nov-2022 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**22-Nov-2022 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**22-Nov-2022 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

THIRD PARTY COPY

**16-Nov-2022 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**16-Nov-2022 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**16-Nov-2022 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**07-Nov-2022 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**07-Nov-2022 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**04-Nov-2022 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**27-Oct-2022 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**21-Oct-2022 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**21-Oct-2022 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**21-Oct-2022 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**21-Oct-2022 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**11-Oct-2022 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**11-Oct-2022 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**05-Oct-2022 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**22-Sept-2022 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**22-Sept-2022 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**22-Sept-2022 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**22-Sept-2022 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**22-Sept-2022 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**15-Sept-2022 4Sure Lancets Sterile Single-Use 0.195 mm/33 gauge**
1*100 lancet - TO BE USED AS DIRECTED

**15-Sept-2022 4Sure Lancets Sterile Single-Use 0.195 mm/33 gauge**
1*100 lancet - TO BE USED AS DIRECTED

**12-Sept-2022 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**12-Sept-2022 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**06-Sept-2022 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**06-Sept-2022 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**06-Sept-2022 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**31-Aug-2022 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**25-Aug-2022 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**25-Aug-2022 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**25-Aug-2022 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**18-Aug-2022 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**09-Aug-2022 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**09-Aug-2022 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**01-Aug-2022 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

THIRD PARTY COPY

**01-Aug-2022 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**28-July-2022 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**28-July-2022 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**25-July-2022 True Metrix Test strips**
50 strip - TO BE USED AS DIRECTED

**25-July-2022 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**21-July-2022 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**19-July-2022 True Metrix Test strips**
50 strip - TO BE USED AS DIRECTED

**12-July-2022 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**12-July-2022 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**12-July-2022 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**07-July-2022 Montelukast Sodium Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**04-July-2022 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**04-July-2022 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**04-July-2022 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**01-July-2022 True Metrix Test strips**
50 strip - TO BE USED AS DIRECTED

**27-Jun-2022 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**27-Jun-2022 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**27-Jun-2022 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**13-Jun-2022 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**13-Jun-2022 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**06-Jun-2022 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**25-May-2022 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**25-May-2022 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**25-May-2022 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**25-May-2022 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**20-May-2022 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**12-May-2022 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**06-May-2022 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**06-May-2022 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**26-Apr-2022 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**26-Apr-2022 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**20-Apr-2022 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**08-Apr-2022 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**06-Apr-2022 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

THIRD PARTY COPY

**06-Apr-2022 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**06-Apr-2022 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**06-Apr-2022 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**06-Apr-2022 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**23-Mar-2022 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**21-Mar-2022 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**16-Mar-2022 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**07-Mar-2022 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**07-Mar-2022 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**07-Mar-2022 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**07-Mar-2022 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**25-Feb-2022 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**23-Feb-2022 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**23-Feb-2022 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**23-Feb-2022 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**23-Feb-2022 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**23-Feb-2022 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**14-Feb-2022 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**08-Feb-2022 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**08-Feb-2022 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**08-Feb-2022 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**25-Jan-2022 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**25-Jan-2022 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**18-Jan-2022 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**13-Jan-2022 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**11-Jan-2022 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**11-Jan-2022 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**11-Jan-2022 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**05-Jan-2022 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**29-Dec-2021 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**29-Dec-2021 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**20-Dec-2021 Gliclazide Tablets 80 mg**
84 TABLET - 80MG AM AND 160MG PM

**20-Dec-2021 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**20-Dec-2021 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

THIRD PARTY COPY

**20-Dec-2021 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**13-Dec-2021 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**07-Dec-2021 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**02-Dec-2021 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**01-Dec-2021 Gliclazide Tablets 80 mg**
84 TABLET - 80MG AM AND 160MG PM

**29-Nov-2021 Glyceryl Trinitrate Pump spray 400 micrograms/dose**
200 DOSE - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**29-Nov-2021 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**29-Nov-2021 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**15-Nov-2021 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**10-Nov-2021 Gliclazide Tablets 80 mg**
84 TABLET - 80MG AM AND 160MG PM

**10-Nov-2021 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**10-Nov-2021 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**10-Nov-2021 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**10-Nov-2021 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**01-Nov-2021 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**01-Nov-2021 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**19-Oct-2021 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**19-Oct-2021 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**14-Oct-2021 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**14-Oct-2021 Gliclazide Tablets 80 mg**
84 TABLET - 80MG AM AND 160MG PM

**11-Oct-2021 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**07-Oct-2021 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**07-Oct-2021 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**27-Sept-2021 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**27-Sept-2021 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**22-Sept-2021 Gliclazide Tablets 80 mg**
84 TABLET - 80MG AM AND 160MG PM

**22-Sept-2021 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**14-Sept-2021 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**06-Sept-2021 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**06-Sept-2021 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**06-Sept-2021 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**06-Sept-2021 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**06-Sept-2021 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**26-Aug-2021 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

THIRD PARTY COPY

**18-Aug-2021 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**18-Aug-2021 Gliclazide Tablets 80 mg**
84 TABLET - 80MG AM AND 160MG PM

**09-Aug-2021 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**09-Aug-2021 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**09-Aug-2021 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**02-Aug-2021 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**02-Aug-2021 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**19-July-2021 Gliclazide Tablets 80 mg**
84 TABLET - 80MG AM AND 160MG PM

**19-July-2021 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**19-July-2021 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**14-July-2021 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**12-July-2021 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**12-July-2021 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**12-July-2021 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**30-Jun-2021 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**30-Jun-2021 Gliclazide Tablets 80 mg**
84 TABLET - 80MG AM AND 160MG PM

**29-Jun-2021 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**17-Jun-2021 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**14-Jun-2021 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**14-Jun-2021 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**14-Jun-2021 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**03-Jun-2021 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**03-Jun-2021 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**03-Jun-2021 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**28-May-2021 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**24-May-2021 Glyceryl Trinitrate Pump spray 400 micrograms/dose**
200 DOSE - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**24-May-2021 Gliclazide Tablets 80 mg**
84 TABLET - 80MG AM AND 160MG PM

**19-May-2021 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**10-May-2021 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**10-May-2021 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**10-May-2021 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**04-May-2021 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**04-May-2021 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**04-May-2021 Gliclazide Tablets 80 mg**
84 TABLET - 80MG AM AND 160MG PM

THIRD PARTY COPY

**26-Apr-2021 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**23-Apr-2021 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**19-Apr-2021 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**19-Apr-2021 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**06-Apr-2021 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**06-Apr-2021 Gliclazide Tablets 80 mg**
84 TABLET - 80MG AM AND 160MG PM

**06-Apr-2021 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**26-Mar-2021 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**26-Mar-2021 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**26-Mar-2021 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**16-Mar-2021 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**16-Mar-2021 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**08-Mar-2021 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**08-Mar-2021 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**08-Mar-2021 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**23-Feb-2021 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**23-Feb-2021 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**23-Feb-2021 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**15-Feb-2021 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**15-Feb-2021 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**09-Feb-2021 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**09-Feb-2021 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**08-Feb-2021 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**27-Jan-2021 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**27-Jan-2021 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**27-Jan-2021 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**19-Jan-2021 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**19-Jan-2021 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**11-Jan-2021 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**11-Jan-2021 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**31-Dec-2020 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**31-Dec-2020 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**31-Dec-2020 Aspirin E/c tablets 75 mg**
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**23-Dec-2020 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

THIRD PARTY COPY

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112 tablet - TWO TO BE TAKEN TWICE A DAY

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56 TABLET - ONE TO BE TAKEN TWICE A DAY

**14-Dec-2020 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**03-Dec-2020 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**30-Nov-2020 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**30-Nov-2020 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**30-Nov-2020 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**20-Nov-2020 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**20-Nov-2020 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**16-Nov-2020 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**16-Nov-2020 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**06-Nov-2020 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**02-Nov-2020 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**29-Oct-2020 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**29-Oct-2020 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**19-Oct-2020 Metformin Hydrochloride Tablets 500 mg**
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**09-Oct-2020 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

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**02-Oct-2020 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**02-Oct-2020 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**22-Sept-2020 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**22-Sept-2020 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**22-Sept-2020 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**22-Sept-2020 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**04-Sept-2020 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**04-Sept-2020 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**04-Sept-2020 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**04-Sept-2020 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**04-Sept-2020 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**24-Aug-2020 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

THIRD PARTY COPY

**17-Aug-2020 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**17-Aug-2020 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**10-Aug-2020 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**06-Aug-2020 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**06-Aug-2020 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**06-Aug-2020 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**06-Aug-2020 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**22-July-2020 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**22-July-2020 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**13-July-2020 Glyceryl Trinitrate Pump spray 400 micrograms/dose**
200 DOSE - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**13-July-2020 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**13-July-2020 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**07-July-2020 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**07-July-2020 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**07-July-2020 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**07-July-2020 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**25-Jun-2020 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**25-Jun-2020 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**15-Jun-2020 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**11-Jun-2020 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**11-Jun-2020 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**11-Jun-2020 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**11-Jun-2020 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**11-Jun-2020 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**26-May-2020 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**26-May-2020 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**26-May-2020 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**18-May-2020 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**15-May-2020 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**15-May-2020 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**15-May-2020 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**15-May-2020 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**29-Apr-2020 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**29-Apr-2020 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

THIRD PARTY COPY

**29-Apr-2020 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**24-Apr-2020 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**17-Apr-2020 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**17-Apr-2020 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**17-Apr-2020 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**07-Apr-2020 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**06-Apr-2020 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**06-Apr-2020 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**24-Mar-2020 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**24-Mar-2020 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**16-Mar-2020 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**16-Mar-2020 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**16-Mar-2020 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**16-Mar-2020 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**04-Mar-2020 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**04-Mar-2020 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**27-Feb-2020 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**24-Feb-2020 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**24-Feb-2020 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**24-Feb-2020 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**24-Feb-2020 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**05-Feb-2020 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**05-Feb-2020 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**05-Feb-2020 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**27-Jan-2020 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**23-Jan-2020 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**16-Jan-2020 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**16-Jan-2020 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**10-Jan-2020 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**09-Jan-2020 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**09-Jan-2020 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**24-Dec-2019 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**24-Dec-2019 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**24-Dec-2019 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

THIRD PARTY COPY

**24-Dec-2019 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**24-Dec-2019 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**16-Dec-2019 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**13-Dec-2019 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**09-Dec-2019 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**09-Dec-2019 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**03-Dec-2019 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**25-Nov-2019 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**25-Nov-2019 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**25-Nov-2019 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**25-Nov-2019 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**15-Nov-2019 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**15-Nov-2019 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**15-Nov-2019 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**30-Oct-2019 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**30-Oct-2019 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**30-Oct-2019 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**15-Oct-2019 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**15-Oct-2019 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**15-Oct-2019 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**03-Oct-2019 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**02-Oct-2019 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**02-Oct-2019 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**02-Oct-2019 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**17-Sept-2019 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**17-Sept-2019 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**17-Sept-2019 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**17-Sept-2019 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**17-Sept-2019 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**02-Sept-2019 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**02-Sept-2019 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**02-Sept-2019 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**02-Sept-2019 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**02-Sept-2019 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

THIRD PARTY COPY

**20-Aug-2019 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**20-Aug-2019 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**05-Aug-2019 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**05-Aug-2019 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**05-Aug-2019 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**05-Aug-2019 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**05-Aug-2019 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**22-July-2019 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**11-July-2019 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**08-July-2019 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**08-July-2019 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**08-July-2019 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**08-July-2019 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**05-July-2019 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**14-Jun-2019 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**14-Jun-2019 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**14-Jun-2019 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**10-Jun-2019 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**31-May-2019 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**31-May-2019 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**31-May-2019 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**31-May-2019 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**31-May-2019 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**31-May-2019 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**13-May-2019 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**13-May-2019 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**13-May-2019 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**13-May-2019 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**03-May-2019 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**24-Apr-2019 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**24-Apr-2019 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**24-Apr-2019 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**24-Apr-2019 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**24-Apr-2019 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

THIRD PARTY COPY

**24-Apr-2019 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**15-Apr-2019 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**01-Apr-2019 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**29-Mar-2019 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**29-Mar-2019 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**26-Mar-2019 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**14-Mar-2019 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**14-Mar-2019 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**14-Mar-2019 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**04-Mar-2019 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**28-Feb-2019 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**26-Feb-2019 Gliclazide Tablets 80 mg**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**26-Feb-2019 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**26-Feb-2019 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**11-Feb-2019 Pregabalin Capsules 50 mg**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**05-Feb-2019 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**24-Jan-2019 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**24-Jan-2019 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**24-Jan-2019 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**24-Jan-2019 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**24-Jan-2019 Gliclazide Tablets 80 mg**
112 TABLET - TWO TO BE TAKEN TWICE A DAY

**24-Jan-2019 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**27-Dec-2018 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**27-Dec-2018 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**27-Dec-2018 Gliclazide Tablets 80 mg**
112 TABLET - TWO TO BE TAKEN TWICE A DAY

**27-Dec-2018 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**27-Dec-2018 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**27-Dec-2018 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**27-Dec-2018 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**04-Dec-2018 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**03-Dec-2018 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**03-Dec-2018 Gliclazide Tablets 80 mg**
112 TABLET - TWO TO BE TAKEN TWICE A DAY

**03-Dec-2018 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**03-Dec-2018 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

THIRD PARTY COPY

**21-Nov-2018 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**06-Nov-2018 Gliclazide Tablets 80 mg**
112 TABLET - TWO TO BE TAKEN TWICE A DAY

**06-Nov-2018 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**06-Nov-2018 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**06-Nov-2018 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**06-Nov-2018 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**05-Nov-2018 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**25-Oct-2018 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**16-Oct-2018 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**16-Oct-2018 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**16-Oct-2018 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**02-Oct-2018 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**27-Sept-2018 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**27-Sept-2018 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**27-Sept-2018 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**27-Sept-2018 Gliclazide Tablets 80 mg**
112 TABLET - TWO TO BE TAKEN TWICE A DAY

**10-Sept-2018 Gliclazide Tablets 80 mg**
112 TABLET - TWO TO BE TAKEN TWICE A DAY

**10-Sept-2018 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**10-Sept-2018 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**05-Sept-2018 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**29-Aug-2018 Glyceryl Trinitrate Pump spray 400 micrograms/dose**
200 DOSE - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**29-Aug-2018 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**29-Aug-2018 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**20-Aug-2018 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**20-Aug-2018 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**20-Aug-2018 Gliclazide Tablets 80 mg**
112 TABLET - TWO TO BE TAKEN TWICE A DAY

**06-Aug-2018 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**06-Aug-2018 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**06-Aug-2018 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**06-Aug-2018 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**23-July-2018 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**23-July-2018 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**23-July-2018 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**23-July-2018 Gliclazide Tablets 80 mg**
112 TABLET - TWO TO BE TAKEN TWICE A DAY

THIRD PARTY COPY

**05-July-2018 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**26-Jun-2018 Gliclazide Tablets 80 mg**
112 TABLET - TWO TO BE TAKEN TWICE A DAY

**26-Jun-2018 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**26-Jun-2018 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**26-Jun-2018 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**26-Jun-2018 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**11-Jun-2018 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**11-Jun-2018 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**11-Jun-2018 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**04-Jun-2018 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**04-Jun-2018 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**23-May-2018 Gliclazide Tablets 80 mg**
112 TABLET - TWO TO BE TAKEN TWICE A DAY

**08-May-2018 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**03-May-2018 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

**03-May-2018 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**25-Apr-2018 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**25-Apr-2018 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**25-Apr-2018 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**12-Apr-2018 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**04-Apr-2018 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**19-Mar-2018 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**19-Mar-2018 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**19-Mar-2018 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**12-Mar-2018 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**01-Mar-2018 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**01-Mar-2018 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**01-Mar-2018 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**12-Feb-2018 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**01-Feb-2018 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**01-Feb-2018 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**01-Feb-2018 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**01-Feb-2018 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**01-Feb-2018 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**16-Jan-2018 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

THIRD PARTY COPY

**16-Jan-2018 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**04-Jan-2018 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**03-Jan-2018 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**03-Jan-2018 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**03-Jan-2018 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**19-Dec-2017 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**05-Dec-2017 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**05-Dec-2017 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**20-Nov-2017 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**13-Nov-2017 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**13-Nov-2017 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**13-Nov-2017 Glyceryl Trinitrate Pump spray 400 micrograms/dose**
200 DOSE - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**03-Nov-2017 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**23-Oct-2017 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**16-Oct-2017 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**03-Oct-2017 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**03-Oct-2017 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**03-Oct-2017 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**03-Oct-2017 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**21-Sept-2017 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**11-Sept-2017 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**11-Sept-2017 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**11-Sept-2017 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**05-Sept-2017 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**21-Aug-2017 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**03-Aug-2017 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**24-July-2017 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**24-July-2017 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**24-July-2017 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**10-July-2017 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**07-July-2017 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**07-July-2017 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**06-July-2017 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**26-Jun-2017 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

THIRD PARTY COPY

**31-May-2017 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**31-May-2017 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**31-May-2017 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**23-May-2017 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**23-May-2017 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**23-May-2017 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**23-May-2017 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**04-May-2017 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**03-May-2017 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**03-May-2017 Glyceryl Trinitrate Pump spray 400 micrograms/dose**
200 DOSE - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**10-Apr-2017 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**04-Apr-2017 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**30-Mar-2017 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**20-Mar-2017 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**20-Mar-2017 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**07-Mar-2017 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**07-Mar-2017 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**07-Mar-2017 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**03-Mar-2017 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**20-Feb-2017 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**09-Feb-2017 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**30-Jan-2017 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**30-Jan-2017 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**30-Jan-2017 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**30-Jan-2017 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**30-Jan-2017 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**11-Jan-2017 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**11-Jan-2017 Metformin Hydrochloride Tablets 500 mg**
112 tablet - TWO TO BE TAKEN TWICE A DAY

**09-Jan-2017 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**28-Dec-2016 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**20-Dec-2016 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**20-Dec-2016 Glyceryl Trinitrate Pump spray 400 micrograms/dose**
200 DOSE - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**05-Dec-2016 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**05-Dec-2016 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

THIRD PARTY COPY

**29-Nov-2016 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**29-Nov-2016 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**11-Nov-2016 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**26-Oct-2016 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**20-Oct-2016 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**05-Oct-2016 Tramadol Hydrochloride Capsules 50 mg**
224 CAPSULE - 2 CAPS UP TO FOUR TIMES DAILY IF REQUIRED - PLEASE TRY MINIMISE USAGE

**05-Oct-2016 Tramadol Hydrochloride Capsules 50 mg**
224 capsule - 2 Caps 4 times daily

**04-Oct-2016 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**04-Oct-2016 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**04-Oct-2016 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**29-Aug-2016 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**29-Aug-2016 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**29-Aug-2016 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**23-Aug-2016 Glyceryl Trinitrate Pump spray 400 micrograms/dose**
200 DOSE - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**22-Aug-2016 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**22-Aug-2016 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**05-July-2016 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**05-July-2016 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**06-Jun-2016 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**06-Jun-2016 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**06-Jun-2016 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**26-Apr-2016 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**26-Apr-2016 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**05-Apr-2016 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**05-Apr-2016 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**05-Apr-2016 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**15-Mar-2016 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**19-Feb-2016 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**19-Feb-2016 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**12-Feb-2016 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**12-Feb-2016 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**01-Feb-2016 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**08-Jan-2016 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**23-Dec-2015 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

THIRD PARTY COPY

**23-Dec-2015 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**23-Dec-2015 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**12-Nov-2015 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**12-Nov-2015 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**12-Nov-2015 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**12-Nov-2015 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**24-Sept-2015 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**24-Sept-2015 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**07-Sept-2015 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**07-Sept-2015 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**07-Sept-2015 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**27-July-2015 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**27-July-2015 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**27-July-2015 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**27-July-2015 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**27-July-2015 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**02-Jun-2015 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**26-May-2015 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**26-May-2015 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**26-May-2015 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**26-May-2015 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**14-Apr-2015 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**14-Apr-2015 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**14-Apr-2015 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**14-Apr-2015 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**20-Mar-2015 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**18-Feb-2015 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**18-Feb-2015 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**02-Feb-2015 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**02-Feb-2015 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**13-Jan-2015 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**17-Dec-2014 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**25-Nov-2014 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**25-Nov-2014 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

THIRD PARTY COPY

**25-Nov-2014 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**25-Nov-2014 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**20-Oct-2014 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**14-Oct-2014 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**25-Sept-2014 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**25-Sept-2014 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**25-Sept-2014 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**20-Aug-2014 Isosorbide Mononitrate M/R tablets 60 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**20-Aug-2014 Isosorbide Mononitrate M/R tablets 60 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**07-Aug-2014 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**07-Aug-2014 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**07-Aug-2014 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**07-Aug-2014 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**10-Jun-2014 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**10-Jun-2014 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**10-Jun-2014 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**21-May-2014 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**24-Apr-2014 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**24-Apr-2014 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**24-Apr-2014 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**18-Mar-2014 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**18-Mar-2014 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**04-Feb-2014 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**04-Feb-2014 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**04-Feb-2014 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**17-Dec-2013 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**10-Dec-2013 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**10-Dec-2013 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**22-Nov-2013 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**22-Nov-2013 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**11-Oct-2013 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**04-Oct-2013 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**12-Sept-2013 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**27-Aug-2013 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

THIRD PARTY COPY

**27-Aug-2013 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**12-July-2013 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**12-July-2013 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**12-July-2013 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**30-May-2013 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**30-May-2013 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**18-Apr-2013 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**18-Apr-2013 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**18-Apr-2013 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**26-Feb-2013 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**26-Feb-2013 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**26-Feb-2013 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**13-Feb-2013 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**18-Jan-2013 Atorvastatin Tablets 20 mg**
56 tablet - ONE TO BE TAKEN AT NIGHT

**15-Jan-2013 Atorvastatin Tablets 20 mg**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**24-Dec-2012 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**27-Nov-2012 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**27-Nov-2012 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**23-Oct-2012 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**25-Sept-2012 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**26-July-2012 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**26-July-2012 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**26-July-2012 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**19-Jun-2012 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**29-May-2012 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**27-Apr-2012 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**27-Apr-2012 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**19-Mar-2012 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**19-Mar-2012 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**16-Feb-2012 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**05-Jan-2012 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**22-Dec-2011 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**15-Dec-2011 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**11-Nov-2011 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

THIRD PARTY COPY

**11-Nov-2011 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**26-Sept-2011 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**26-Sept-2011 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**11-Aug-2011 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**20-July-2011 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**20-July-2011 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**10-May-2011 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**10-May-2011 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**10-May-2011 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**05-Apr-2011 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**05-Apr-2011 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**04-Feb-2011 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**24-Jan-2011 Gliclazide Tablets 80 mg**
224 TABLET - TWO TO BE TAKEN TWICE A DAY

**20-Jan-2011 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**29-Dec-2010 Gliclazide Tablets 80 mg**
112 tablet - ONE TO BE TAKEN TWICE A DAY

**07-Dec-2010 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**03-Dec-2010 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**07-Oct-2010 Gliclazide Tablets 80 mg**
112 tablet - ONE TO BE TAKEN TWICE A DAY

**07-Oct-2010 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**06-Sept-2010 Gliclazide Tablets 80 mg**
112 tablet - ONE TO BE TAKEN TWICE A DAY

**06-Sept-2010 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**17-Aug-2010 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**28-July-2010 Aspirin E/c tablets 75 mg**
56 tablet - 1 TAB IN THE MORNING (STATUS=C)

**27-July-2010 Gliclazide Tablets 80 mg**
224 TABLET - 2 TABLETS TWICE DAILY

**27-July-2010 Gliclazide Tablets 80 mg**
112 tablet - ONE TO BE TAKEN TWICE A DAY

**07-July-2010 Amlodipine Tablets 10 mg**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**07-July-2010 Amlodipine Tablets 10 mg**
56 tablet - ONE TO BE TAKEN EACH MORNING

**15-Jun-2010 Aspirin E/c tablets 75 mg**
28 TABLET - 1 TAB IN THE MORNING (STATUS=C)

## Past

**09-Mar-2026 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**16-Feb-2026 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**10-Feb-2026 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)**
8 capsule - TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY

**10-Feb-2026 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)**
8 capsule - TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY

THIRD PARTY COPY

**26-Jan-2026 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**22-Dec-2025 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**17-Nov-2025 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**29-Oct-2025 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**16-Sept-2025 Fexofenadine Hydrochloride Tablets 120 mg Acute Medication (Past)**
30 tablet - 1 Tab Daily

**16-Sept-2025 Fexofenadine Hydrochloride Tablets 120 mg Acute Medication (Past)**
30 tablet - 1 Tab Daily

**12-Sept-2025 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**27-Aug-2025 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**01-Aug-2025 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**09-July-2025 Clarithromycin Tablets 500 mg Acute Medication (Past)**
14 tablet - ONE TO BE TAKEN TWICE A DAY

**09-July-2025 Clarithromycin Tablets 500 mg Acute Medication (Past)**
14 tablet - ONE TO BE TAKEN TWICE A DAY

**02-July-2025 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**23-Jun-2025 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**02-Jun-2025 Amoxicillin Capsules 500 mg Acute Medication (Past)**
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

**02-Jun-2025 Amoxicillin Capsules 500 mg Acute Medication (Past)**
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

**27-May-2025 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**27-May-2025 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**29-Apr-2025 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**08-Apr-2025 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**01-Apr-2025 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**01-Apr-2025 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**18-Mar-2025 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**10-Mar-2025 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**04-Mar-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg Repeat Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**10-Feb-2025 Paracetamol Tablets 500 mg Acute Medication (Past)**
100 TABLET - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

**10-Feb-2025 Ibuprofen Tablets 400 mg Acute Medication (Past)**
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

**10-Feb-2025 Paracetamol Tablets 500 mg Acute Medication (Past)**
100 TABLET - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

**10-Feb-2025 Ibuprofen Tablets 400 mg Acute Medication (Past)**
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

**10-Feb-2025 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**10-Feb-2025 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**16-Jan-2025 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**03-Jan-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg Repeat Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**27-Dec-2024 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**27-Dec-2024 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

THIRD PARTY COPY

**11-Dec-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Repeat Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**02-Dec-2024 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**13-Nov-2024 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**11-Nov-2024 Amoxicillin Capsules 500 mg Acute Medication (Past)**
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

**11-Nov-2024 Amoxicillin Capsules 500 mg Acute Medication (Past)**
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

**07-Nov-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Repeat Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**07-Nov-2024 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**21-Oct-2024 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**21-Oct-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Repeat Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**21-Oct-2024 Prednisolone Tablets 5 mg Acute Medication (Past)**
40 TABLET - 8 DAILY AS A SINGLE DOSE

**21-Oct-2024 Prednisolone Tablets 5 mg Acute Medication (Past)**
40 TABLET - 8 DAILY AS A SINGLE DOSE

**02-Oct-2024 Ramipril Capsules 1.25 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING (IN ADDITION TO 5MG)

**02-Oct-2024 Co-Codamol 15/500 Tablets Acute Medication (Past)**
100 tablet - 2 Tabs 4 times daily

**02-Oct-2024 Ramipril Capsules 1.25 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING (IN ADDITION TO 5MG)

**30-Sept-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Repeat Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**19-Sept-2024 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**19-Sept-2024 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**09-Sept-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Repeat Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**09-Sept-2024 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**30-Aug-2024 Co-Codamol 15/500 Tablets Acute Medication (Past)**
100 tablet - 2 Tabs 4 times daily

**30-Aug-2024 Co-Codamol 15/500 Tablets Acute Medication (Past)**
100 tablet - 2 Tabs 4 times daily

**29-Aug-2024 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**22-Aug-2024 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**16-Aug-2024 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**05-Aug-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Repeat Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**05-Aug-2024 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**25-July-2024 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**16-July-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Repeat Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**10-July-2024 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**25-Jun-2024 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**20-Jun-2024 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**17-Jun-2024 Metronidazole Tablets 400 mg Acute Medication (Past)**
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

**17-Jun-2024 Metronidazole Tablets 400 mg Acute Medication (Past)**
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

**17-Jun-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)**
14 capsule - 1 Cap Twice daily

THIRD PARTY COPY

**17-Jun-2024 Amoxicillin Capsules 500 mg Acute Medication (Past)**
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

**17-Jun-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)**
14 capsule - 1 Cap Twice daily

**17-Jun-2024 Amoxicillin Capsules 500 mg Acute Medication (Past)**
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

**14-Jun-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Repeat Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**10-May-2024 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**07-May-2024 Prednisolone Tablets 5 mg Acute Medication (Past)**
56 tablet - 8 DAILY

**07-May-2024 Clarithromycin Tablets 500 mg Acute Medication (Past)**
14 tablet - ONE TO BE TAKEN TWICE A DAY

**07-May-2024 Prednisolone Tablets 5 mg Acute Medication (Past)**
56 tablet - 8 DAILY

**07-May-2024 Clarithromycin Tablets 500 mg Acute Medication (Past)**
14 tablet - ONE TO BE TAKEN TWICE A DAY

**03-May-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Repeat Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**03-May-2024 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**25-Apr-2024 Naproxen Tablets 250 mg Acute Medication (Past)**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**16-Apr-2024 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**16-Apr-2024 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**02-Apr-2024 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**02-Apr-2024 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**21-Mar-2024 Naproxen Tablets 250 mg Acute Medication (Past)**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**08-Mar-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Repeat Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**08-Mar-2024 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**08-Mar-2024 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**23-Feb-2024 Naproxen Tablets 250 mg Acute Medication (Past)**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**23-Feb-2024 Naproxen Tablets 250 mg Acute Medication (Past)**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**19-Feb-2024 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**19-Feb-2024 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**19-Feb-2024 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**06-Feb-2024 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**30-Jan-2024 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**12-Jan-2024 Naproxen Tablets 250 mg Acute Medication (Past)**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**12-Jan-2024 Naproxen Tablets 250 mg Acute Medication (Past)**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**11-Jan-2024 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**05-Jan-2024 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose Acute Medication (Past)**
120 dose - TWO PUFFS TO BE TAKEN TWICE DAILY

**05-Jan-2024 Ferrous Fumarate Tablets 210 mg Acute Medication (Past)**
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY FOR 3 MONTHS

**03-Jan-2024 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**27-Dec-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED

THIRD PARTY COPY

**20-Dec-2023 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose Acute Medication (Past)**
120 dose - TWO PUFFS TO BE TAKEN TWICE DAILY

**20-Dec-2023 Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose Acute Medication (Past)**
120 dose - TWO PUFFS TO BE TAKEN TWICE DAILY

**18-Dec-2023 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**18-Dec-2023 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**18-Dec-2023 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**13-Dec-2023 Ferrous Fumarate Tablets 210 mg Acute Medication (Past)**
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY FOR 3 MONTHS

**13-Dec-2023 Ferrous Fumarate Tablets 210 mg Acute Medication (Past)**
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY FOR 3 MONTHS

**11-Dec-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg Repeat Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**11-Dec-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED

**11-Dec-2023 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**06-Dec-2023 Amoxicillin Capsules 500 mg Acute Medication (Past)**
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

**06-Dec-2023 Prednisolone Tablets 5 mg Acute Medication (Past)**
40 TABLET - 8 TABLETS DAILY

**06-Dec-2023 Amoxicillin Capsules 500 mg Acute Medication (Past)**
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

**06-Dec-2023 Prednisolone Tablets 5 mg Acute Medication (Past)**
40 TABLET - 8 TABLETS DAILY

**04-Dec-2023 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)**
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

**01-Dec-2023 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)**
224 CAPSULE - 1-2 QID MAX 8 IN 24 HOURS

**24-Nov-2023 Naproxen Tablets 250 mg Acute Medication (Past)**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**23-Nov-2023 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**23-Nov-2023 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**15-Nov-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED

**06-Nov-2023 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**31-Oct-2023 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)**
224 CAPSULE - 1-2 QID MAX 8 IN 24 HOURS

**30-Oct-2023 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**23-Oct-2023 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**23-Oct-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED

**23-Oct-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED

**23-Oct-2023 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)**
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

**17-Oct-2023 Naproxen Tablets 250 mg Acute Medication (Past)**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**17-Oct-2023 Naproxen Tablets 250 mg Acute Medication (Past)**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**03-Oct-2023 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**03-Oct-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg Repeat Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**29-Sept-2023 Amoxicillin Capsules 500 mg Acute Medication (Past)**
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

**29-Sept-2023 Amoxicillin Capsules 500 mg Acute Medication (Past)**
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

**27-Sept-2023 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

THIRD PARTY COPY

**27-Sept-2023 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)**
224 CAPSULE - 1-2 QID MAX 8 IN 24 HOURS

**26-Sept-2023 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**26-Sept-2023 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)**
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

**19-Sept-2023 Naproxen Tablets 250 mg Acute Medication (Past)**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**19-Sept-2023 Naproxen Tablets 250 mg Acute Medication (Past)**
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**15-Sept-2023 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**05-Sept-2023 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Acute Medication (Past)**
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

**05-Sept-2023 Aerochamber Plus Spacer device standard (blue) Acute Medication (Past)**
1 device - TO BE USED AS DIRECTED

**05-Sept-2023 Aerochamber Plus Spacer device standard (blue) Acute Medication (Past)**
1 device - TO BE USED AS DIRECTED

**05-Sept-2023 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)**
120 DOSE - TWO PUFFS TO BE INHALED TWICE A DAY

**30-Aug-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)**
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED

**30-Aug-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)**
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED

**30-Aug-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg Repeat Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**30-Aug-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**29-Aug-2023 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)**
224 CAPSULE - 1-2 QID MAX 8 IN 24 HOURS

**29-Aug-2023 Paracetamol Tablets 500 mg Acute Medication (Past)**
224 tablet - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

**29-Aug-2023 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**29-Aug-2023 Paracetamol Tablets 500 mg Acute Medication (Past)**
224 tablet - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

**29-Aug-2023 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**25-Aug-2023 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)**
60 capsule - ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED

**25-Aug-2023 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)**
224 CAPSULE - 1-2 QID MAX 8 IN 24 HOURS

**22-Aug-2023 Prednisolone Tablets 5 mg Acute Medication (Past)**
40 TABLET - 8 DAILY FOR 5 DAYS

**22-Aug-2023 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)**
8 capsule - TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY

**22-Aug-2023 Prednisolone Tablets 5 mg Acute Medication (Past)**
40 TABLET - 8 DAILY FOR 5 DAYS

**22-Aug-2023 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)**
8 capsule - TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY

**16-Aug-2023 Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**04-Aug-2023 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE PUFF ONCE DAILY

**04-Aug-2023 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**28-July-2023 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**27-July-2023 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**20-July-2023 Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**20-July-2023 Amoxicillin Capsules 500 mg Acute Medication (Past)**
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

**20-July-2023 Amoxicillin Capsules 500 mg Acute Medication (Past)**
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

**12-July-2023 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

THIRD PARTY COPY

**11-July-2023 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**11-July-2023 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE PUFF ONCE DAILY

**05-July-2023 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**27-Jun-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)**
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED

**27-Jun-2023 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**27-Jun-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)**
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED

**26-Jun-2023 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE PUFF ONCE DAILY

**16-Jun-2023 Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**07-Jun-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**07-Jun-2023 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**07-Jun-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**06-Jun-2023 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**01-Jun-2023 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE PUFF ONCE DAILY

**12-May-2023 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**11-May-2023 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**02-May-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)**
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED

**02-May-2023 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**02-May-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)**
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED

**02-May-2023 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**26-Apr-2023 Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**26-Apr-2023 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE PUFF ONCE DAILY

**11-Apr-2023 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**11-Apr-2023 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**11-Apr-2023 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE PUFF ONCE DAILY

**05-Apr-2023 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**31-Mar-2023 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)**
8 capsule - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY

**31-Mar-2023 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)**
8 capsule - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY

**29-Mar-2023 Prednisolone Tablets 5 mg Acute Medication (Past)**
40 TABLET - 8 DAILY FOR 5 DAYS

**29-Mar-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**29-Mar-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**29-Mar-2023 Prednisolone Tablets 5 mg Acute Medication (Past)**
40 TABLET - 8 DAILY FOR 5 DAYS

**28-Mar-2023 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE PUFF ONCE DAILY

**28-Mar-2023 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**10-Mar-2023 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

THIRD PARTY COPY

**10-Mar-2023 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**02-Mar-2023 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**01-Mar-2023 Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**01-Mar-2023 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE PUFF ONCE DAILY

**14-Feb-2023 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**14-Feb-2023 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**07-Feb-2023 Amoxicillin Capsules 500 mg Acute Medication (Past)**
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

**07-Feb-2023 Amoxicillin Capsules 500 mg Acute Medication (Past)**
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

**31-Jan-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)**
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED

**31-Jan-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)**
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED

**31-Jan-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**31-Jan-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**30-Jan-2023 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE PUFF ONCE DAILY

**30-Jan-2023 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**17-Jan-2023 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**17-Jan-2023 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**29-Dec-2022 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**29-Dec-2022 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**29-Dec-2022 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**29-Dec-2022 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE PUFF ONCE DAILY

**22-Dec-2022 Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**08-Dec-2022 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**07-Dec-2022 Mirtazapine Tablets 15 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY

**07-Dec-2022 Mirtazapine Tablets 15 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY

**05-Dec-2022 Amoxicillin Capsules 500 mg Acute Medication (Past)**
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

**05-Dec-2022 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)**
28 tablet - ONE TO BE TAKEN EACH DAY

**02-Dec-2022 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)**
28 tablet - ONE TO BE TAKEN EACH DAY

**02-Dec-2022 Amoxicillin Capsules 500 mg Acute Medication (Past)**
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

**22-Nov-2022 Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**22-Nov-2022 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**22-Nov-2022 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**16-Nov-2022 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE PUFF ONCE DAILY

**07-Nov-2022 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**07-Nov-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)**
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED

THIRD PARTY COPY

**07-Nov-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)**
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED

**21-Oct-2022 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**21-Oct-2022 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE PUFF ONCE DAILY

**21-Oct-2022 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**11-Oct-2022 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**05-Oct-2022 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE PUFF ONCE DAILY

**05-Oct-2022 Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**23-Sept-2022 Amoxicillin Capsules 500 mg Acute Medication (Past)**
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

**23-Sept-2022 Amoxicillin Capsules 500 mg Acute Medication (Past)**
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

**23-Sept-2022 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**23-Sept-2022 Ramipril Capsules 5 mg Repeat Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH MORNING

**22-Sept-2022 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**22-Sept-2022 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**22-Sept-2022 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**06-Sept-2022 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE PUFF ONCE DAILY

**06-Sept-2022 Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**29-Aug-2022 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**25-Aug-2022 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**25-Aug-2022 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**19-Aug-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)**
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED

**19-Aug-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)**
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED

**18-Aug-2022 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE PUFF ONCE DAILY

**18-Aug-2022 Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**09-Aug-2022 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**02-Aug-2022 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**02-Aug-2022 Alogliptin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**28-July-2022 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**28-July-2022 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**25-July-2022 Trueplus Lancets 0.195 mm/33 gauge Repeat Medication (Past)**
100 lancet - TO BE USED AS DIRECTED

**12-July-2022 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**07-July-2022 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE PUFF ONCE DAILY

**07-July-2022 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE PUFF ONCE DAILY

**05-July-2022 Alogliptin Tablets 25 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

**05-July-2022 Alogliptin Tablets 25 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN DAILY.

THIRD PARTY COPY

**27-Jun-2022 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**15-Jun-2022 Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**13-Jun-2022 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**08-Jun-2022 Montelukast Sodium Tablets 10 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**08-Jun-2022 Montelukast Sodium Tablets 10 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN AT NIGHT

**06-Jun-2022 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**02-Jun-2022 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)**
6 CAPSULE - TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY

**02-Jun-2022 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)**
6 CAPSULE - TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY

**02-Jun-2022 Prednisolone Tablets 5 mg Acute Medication (Past)**
40 TABLET - 8 DAILY AS A SINGLE DOSE

**02-Jun-2022 Prednisolone Tablets 5 mg Acute Medication (Past)**
40 TABLET - 8 DAILY AS A SINGLE DOSE

**25-May-2022 Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**23-May-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)**
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED

**23-May-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)**
1 inhaler - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED

**17-May-2022 Amoxicillin Capsules 500 mg Acute Medication (Past)**
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

**17-May-2022 Amoxicillin Capsules 500 mg Acute Medication (Past)**
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

**17-May-2022 Salbutamol Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/dose Acute Medication (Past)**
1 inhaler - 2 Puffs 4 times daily prn (STATUS=C)

**17-May-2022 Salbutamol Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/dose Acute Medication (Past)**
1 inhaler - 2 Puffs 4 times daily prn (STATUS=C)

**17-May-2022 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)**
28 tablet - ONE TO BE TAKEN EACH DAY

**17-May-2022 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)**
28 tablet - ONE TO BE TAKEN EACH DAY

**16-May-2022 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**06-May-2022 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**26-Apr-2022 Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**25-Apr-2022 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**06-Apr-2022 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**06-Apr-2022 Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**23-Mar-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**16-Mar-2022 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**16-Mar-2022 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**10-Mar-2022 Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**07-Mar-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)**
1 INHALER - ONE TO TWO PUFFS TO BE INHALED AS REQUIRED FOR BREATHLESSNESS

**25-Feb-2022 Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose Acute Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**25-Feb-2022 Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**23-Feb-2022 Fluticasone Propionate And Salmeterol Cfc-free inhaler 250 micrograms + 25 micrograms/actuation Repeat Medication (Past)**
1 inhaler - TWO PUFFS TO BE INHALED TWICE A DAY

THIRD PARTY COPY

**14-Feb-2022 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**11-Feb-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)**
1 INHALER - ONE TO TWO PUFFS TO BE INHALED AS REQUIRED FOR BREATHLESSNESS

**11-Feb-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)**
1 INHALER - ONE TO TWO PUFFS TO BE INHALED AS REQUIRED FOR BREATHLESSNESS

**10-Feb-2022 Fluticasone Propionate And Salmeterol Cfc-free inhaler 250 micrograms + 25 micrograms/actuation Repeat Medication (Past)**
1 inhaler - TWO PUFFS TO BE INHALED TWICE A DAY

**10-Feb-2022 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**10-Feb-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**10-Feb-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**26-Jan-2022 Fluticasone Propionate And Salmeterol Cfc-free inhaler 250 micrograms + 25 micrograms/actuation Repeat Medication (Past)**
1 inhaler - TWO PUFFS TO BE INHALED TWICE A DAY

**12-Jan-2022 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**11-Jan-2022 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**20-Dec-2021 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**16-Dec-2021 Fluticasone Propionate And Salmeterol Cfc-free inhaler 250 micrograms + 25 micrograms/actuation Acute Medication (Past)**
1 inhaler - TWO PUFFS TO BE INHALED TWICE A DAY

**15-Dec-2021 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**03-Dec-2021 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**03-Dec-2021 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)**
56 tablet - ONE TO BE TAKEN EACH DAY

**03-Dec-2021 Peptac Liquid (aniseed) Acute Medication (Past)**
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

**03-Dec-2021 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)**
56 tablet - ONE TO BE TAKEN EACH DAY

**03-Dec-2021 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)**
28 CAPSULE - 1 AT NIGHT

**03-Dec-2021 Peptac Liquid (aniseed) Acute Medication (Past)**
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

**01-Dec-2021 Fluticasone Propionate And Salmeterol Cfc-free inhaler 250 micrograms + 25 micrograms/actuation Acute Medication (Past)**
1 inhaler - TWO PUFFS TO BE INHALED TWICE A DAY

**29-Nov-2021 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**29-Nov-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**15-Nov-2021 Amoxicillin Capsules 500 mg Acute Medication (Past)**
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

**15-Nov-2021 Prednisolone Tablets 5 mg Acute Medication (Past)**
40 TABLET - 8 DAILY AS A SINGLE DOSE

**15-Nov-2021 Prednisolone Tablets 5 mg Acute Medication (Past)**
40 TABLET - 8 DAILY AS A SINGLE DOSE

**15-Nov-2021 Amoxicillin Capsules 500 mg Acute Medication (Past)**
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

**10-Nov-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**10-Nov-2021 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**02-Nov-2021 Fluticasone Propionate And Salmeterol Cfc-free inhaler 250 micrograms + 25 micrograms/actuation Acute Medication (Past)**
1 inhaler - TWO PUFFS TO BE INHALED TWICE A DAY

**02-Nov-2021 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**02-Nov-2021 Trueyou Test strips Repeat Medication (Past)**
50 STRIP - TO BE USED AS DIRECTED

**19-Oct-2021 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

THIRD PARTY COPY

**14-Oct-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**29-Sept-2021 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**29-Sept-2021 Fluticasone Propionate And Salmeterol Cfc-free inhaler 250 micrograms + 25 micrograms/actuation Acute Medication (Past)**
1 inhaler - TWO PUFFS TO BE INHALED TWICE A DAY

**29-Sept-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)**
1 INHALER - ONE TO TWO PUFFS TO BE INHALED AS REQUIRED FOR BREATHLESSNESS

**22-Sept-2021 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**14-Sept-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**30-Aug-2021 Fluticasone Propionate And Salmeterol Cfc-free inhaler 250 micrograms + 25 micrograms/actuation Acute Medication (Past)**
1 inhaler - TWO PUFFS TO BE INHALED TWICE A DAY

**30-Aug-2021 Fluticasone Propionate And Salmeterol Cfc-free inhaler 250 micrograms + 25 micrograms/actuation Repeat Medication (Past)**
1 inhaler - TWO PUFFS TO BE INHALED TWICE A DAY

**30-Aug-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)**
1 INHALER - ONE TO TWO PUFFS TO BE INHALED AS REQUIRED FOR BREATHLESSNESS

**30-Aug-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)**
1 INHALER - ONE TO TWO PUFFS TO BE INHALED AS REQUIRED FOR BREATHLESSNESS

**26-Aug-2021 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**26-Aug-2021 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**13-Aug-2021 Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose Acute Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**13-Aug-2021 Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose Acute Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**09-Aug-2021 Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED AS REQUIRED

**09-Aug-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**09-Aug-2021 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**03-Aug-2021 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)**
1 INHALER - ONE PUFF TWICE DAILY

**03-Aug-2021 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)**
1 INHALER - ONE PUFF TWICE DAILY

**02-Aug-2021 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**21-July-2021 Nystatin Oral suspension 100,000 units/ml Acute Medication (Past)**
30 ML - HOLD 1ML IN THE MOUTH FOUR TIMES A DAY AFTER FOOD AS DIRECTED

**21-July-2021 Nystatin Oral suspension 100,000 units/ml Acute Medication (Past)**
30 ML - HOLD 1ML IN THE MOUTH FOUR TIMES A DAY AFTER FOOD AS DIRECTED

**19-July-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**14-July-2021 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)**
1 INHALER - ONE PUFF TWICE DAILY

**14-July-2021 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)**
1 INHALER - ONE PUFF TWICE DAILY

**12-July-2021 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**30-Jun-2021 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**29-Jun-2021 Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED AS REQUIRED

**29-Jun-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**17-Jun-2021 Trueplus Lancets 0.195 mm/33 gauge Repeat Medication (Past)**
100 lancet - TO BE USED AS DIRECTED

**14-Jun-2021 Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED AS REQUIRED

**14-Jun-2021 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**14-Jun-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

THIRD PARTY COPY

**03-Jun-2021 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**27-May-2021 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)**
1 INHALER - ONE PUFF TWICE DAILY

**27-May-2021 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)**
1 INHALER - ONE PUFF TWICE DAILY

**24-May-2021 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**24-May-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**17-May-2021 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**12-May-2021 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**10-May-2021 Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED AS REQUIRED

**04-May-2021 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**04-May-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**19-Apr-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**19-Apr-2021 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**06-Apr-2021 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**06-Apr-2021 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**26-Mar-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**17-Mar-2021 Chlorhexidine Gluconate Mouth wash 0.2 % Acute Medication (Past)**
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

**17-Mar-2021 Able Spacer Spacer device Acute Medication (Past)**
1 device - TO BE USED AS DIRECTED

**17-Mar-2021 Chlorhexidine Gluconate Mouth wash 0.2 % Acute Medication (Past)**
300 ML - 10ML TO BE USED AS A MOUTHWASH FOR ABOUT A MINUTE TWICE A DAY

**17-Mar-2021 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)**
1 INHALER - ONE PUFF TWICE DAILY

**17-Mar-2021 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)**
1 INHALER - ONE PUFF TWICE DAILY

**17-Mar-2021 Able Spacer Spacer device Acute Medication (Past)**
1 device - TO BE USED AS DIRECTED

**16-Mar-2021 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**08-Mar-2021 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**26-Feb-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**16-Feb-2021 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**15-Feb-2021 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**08-Feb-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**27-Jan-2021 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**19-Jan-2021 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**11-Jan-2021 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**11-Jan-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**23-Dec-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**14-Dec-2020 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**14-Dec-2020 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

THIRD PARTY COPY

**14-Dec-2020 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**30-Nov-2020 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**16-Nov-2020 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**16-Nov-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**29-Oct-2020 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**29-Oct-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**19-Oct-2020 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**19-Oct-2020 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**02-Oct-2020 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**02-Oct-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**29-Sept-2020 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**24-Sept-2020 Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED AS REQUIRED

**22-Sept-2020 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**07-Sept-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**04-Sept-2020 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**17-Aug-2020 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**06-Aug-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**03-Aug-2020 Empagliflozin Tablets 25 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**03-Aug-2020 Empagliflozin Tablets 25 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**22-July-2020 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**13-July-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**25-Jun-2020 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**11-Jun-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**11-Jun-2020 Empagliflozin Tablets 10 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**26-May-2020 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**26-May-2020 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**15-May-2020 Empagliflozin Tablets 10 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**15-May-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**29-Apr-2020 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**17-Apr-2020 Empagliflozin Tablets 10 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**07-Apr-2020 Trueyou Test strips Repeat Medication (Past)**
50 STRIP - TO BE USED AS DIRECTED

**06-Apr-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**06-Apr-2020 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**06-Apr-2020 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

THIRD PARTY COPY

**24-Mar-2020 Empagliflozin Tablets 10 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**17-Mar-2020 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**16-Mar-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**24-Feb-2020 Empagliflozin Tablets 10 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**24-Feb-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**05-Feb-2020 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**05-Feb-2020 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**23-Jan-2020 Empagliflozin Tablets 10 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**16-Jan-2020 Co-Codamol 15/500 Tablets Acute Medication (Past)**
100 tablet - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

**16-Jan-2020 Co-Codamol 15/500 Tablets Acute Medication (Past)**
100 tablet - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

**10-Jan-2020 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**09-Jan-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**24-Dec-2019 Empagliflozin Tablets 10 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**13-Dec-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**09-Dec-2019 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**09-Dec-2019 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**06-Dec-2019 Ibuprofen Gel 10 % Acute Medication (Past)**
50 gram - UP TO TDS

**06-Dec-2019 Ibuprofen Gel 10 % Acute Medication (Past)**
50 gram - UP TO TDS

**25-Nov-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**25-Nov-2019 Empagliflozin Tablets 10 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**15-Nov-2019 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**05-Nov-2019 Empagliflozin Tablets 10 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**01-Nov-2019 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**17-Oct-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**15-Oct-2019 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**04-Oct-2019 Empagliflozin Tablets 10 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**02-Oct-2019 Trueyou Test strips Repeat Medication (Past)**
50 STRIP - TO BE USED AS DIRECTED

**02-Oct-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**17-Sept-2019 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**17-Sept-2019 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**02-Sept-2019 Empagliflozin Tablets 10 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**20-Aug-2019 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**05-Aug-2019 Empagliflozin Tablets 10 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**09-July-2019 Empagliflozin Tablets 10 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

THIRD PARTY COPY

**08-July-2019 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**14-Jun-2019 Empagliflozin Tablets 10 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**14-Jun-2019 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**14-Jun-2019 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**31-May-2019 Trueplus Lancets 0.195 mm/33 gauge Repeat Medication (Past)**
100 lancet - TO BE USED AS DIRECTED

**14-May-2019 Empagliflozin Tablets 10 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**13-May-2019 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**13-May-2019 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**13-May-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**24-Apr-2019 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**15-Apr-2019 Empagliflozin Tablets 10 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**15-Apr-2019 Empagliflozin Tablets 10 mg Repeat Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**12-Apr-2019 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**15-Mar-2019 Empagliflozin Tablets 10 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**14-Mar-2019 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**18-Feb-2019 Empagliflozin Tablets 10 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**18-Feb-2019 Empagliflozin Tablets 10 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY.

**24-Jan-2019 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**24-Jan-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**14-Jan-2019 Pregabalin Capsules 50 mg Acute Medication (Past)**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**14-Jan-2019 Pregabalin Capsules 50 mg Acute Medication (Past)**
56 CAPSULE - ONE TO BE TAKEN TWICE A DAY

**27-Dec-2018 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**27-Dec-2018 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**03-Dec-2018 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**03-Dec-2018 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**21-Nov-2018 Gabapentin Capsules 300 mg Acute Medication (Past)**
100 capsule - 1 Cap 3 times daily

**21-Nov-2018 Gabapentin Capsules 300 mg Acute Medication (Past)**
100 capsule - 1 Cap 3 times daily

**06-Nov-2018 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**06-Nov-2018 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**08-Oct-2018 Gabapentin Capsules 300 mg Acute Medication (Past)**
100 capsule - 1 Cap 3 times daily

**08-Oct-2018 Gabapentin Capsules 300 mg Acute Medication (Past)**
100 capsule - 1 Cap 3 times daily

**27-Sept-2018 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**10-Sept-2018 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**10-Sept-2018 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

THIRD PARTY COPY

**29-Aug-2018 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**29-Aug-2018 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**20-Aug-2018 Gabapentin Capsules 300 mg Acute Medication (Past)**
100 capsule - 1 Cap 3 times daily

**20-Aug-2018 Gabapentin Capsules 300 mg Acute Medication (Past)**
100 capsule - 1 Cap 3 times daily

**06-Aug-2018 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**23-July-2018 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**23-July-2018 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)**
56 tablet - 1 or 2 Tabs At night

**11-July-2018 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**28-Jun-2018 Azelastine Hydrochloride Eye drops 0.05 % Acute Medication (Past)**
8 ml - 1 DROP BD

**28-Jun-2018 Azelastine Hydrochloride Eye drops 0.05 % Acute Medication (Past)**
8 ml - 1 DROP BD

**28-Jun-2018 Azelastine Hydrochloride Nasal spray 140 micrograms/dose Acute Medication (Past)**
22 ML - ONE SPRAY INTO EACH NOSTRIL TWICE A DAY.

**28-Jun-2018 Cetirizine Hydrochloride Tablets 10 mg Acute Medication (Past)**
30 TABLET - ONE TO BE TAKEN EACH DAY

**28-Jun-2018 Azelastine Hydrochloride Nasal spray 140 micrograms/dose Acute Medication (Past)**
22 ML - ONE SPRAY INTO EACH NOSTRIL TWICE A DAY.

**28-Jun-2018 Cetirizine Hydrochloride Tablets 10 mg Acute Medication (Past)**
30 TABLET - ONE TO BE TAKEN EACH DAY

**26-Jun-2018 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**26-Jun-2018 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)**
56 tablet - 1 or 2 Tabs At night

**25-Jun-2018 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)**
56 tablet - 1 or 2 Tabs At night

**25-Jun-2018 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)**
56 tablet - 1 or 2 Tabs At night

**11-Jun-2018 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**25-Apr-2018 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)**
56 tablet - 1 or 2 Tabs At night

**25-Apr-2018 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)**
56 tablet - 1 or 2 Tabs At night

**19-Mar-2018 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH DAY

**19-Mar-2018 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**01-Mar-2018 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**09-Feb-2018 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)**
56 tablet - 1 or 2 Tabs At night

**09-Feb-2018 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)**
56 tablet - 1 or 2 Tabs At night

**01-Feb-2018 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**16-Jan-2018 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH DAY

**05-Dec-2017 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**05-Dec-2017 Trueyou Test strips Repeat Medication (Past)**
50 STRIP - TO BE USED AS DIRECTED

**05-Dec-2017 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)**
56 tablet - 1 or 2 Tabs At night

**13-Nov-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH DAY

**13-Nov-2017 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)**
56 tablet - 1 or 2 Tabs At night

**13-Nov-2017 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)**
56 tablet - 1 or 2 Tabs At night

THIRD PARTY COPY

**23-Oct-2017 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**16-Oct-2017 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**16-Oct-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH DAY

**02-Oct-2017 Gaviscon Advance Chewable Tablets Sugar Free Mint Acute Medication (Past)**
180 tablet - ONE TO TWO TABLETS TO BE CHEWED AFTER MEALS AND AT BEDTIME

**02-Oct-2017 Gaviscon Advance Chewable Tablets Sugar Free Mint Acute Medication (Past)**
180 tablet - ONE TO TWO TABLETS TO BE CHEWED AFTER MEALS AND AT BEDTIME

**11-Sept-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH DAY

**11-Sept-2017 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**11-Sept-2017 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)**
56 tablet - 1 or 2 Tabs At night

**11-Sept-2017 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)**
56 tablet - 1 or 2 Tabs At night

**03-Aug-2017 Trueyou Test strips Repeat Medication (Past)**
50 STRIP - TO BE USED AS DIRECTED

**03-Aug-2017 Trueplus Lancets 0.195 mm/33 gauge Repeat Medication (Past)**
100 lancet - TO BE USED AS DIRECTED

**24-July-2017 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**07-July-2017 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)**
56 tablet - 1 or 2 Tabs At night

**06-July-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH DAY

**14-Jun-2017 Trueplus Lancets 0.195 mm/33 gauge Repeat Medication (Past)**
100 lancet - TO BE USED AS DIRECTED

**14-Jun-2017 Trueyou Test strips Acute Medication (Past)**
50 STRIP - TO BE USED AS DIRECTED

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**31-May-2017 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
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**31-May-2017 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)**
56 tablet - 1 or 2 Tabs At night

**31-May-2017 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)**
56 tablet - 1 or 2 Tabs At night

**23-May-2017 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**23-May-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH DAY

**10-May-2017 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**10-May-2017 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)**
120 DOSE - ONE PUFF TWICE A DAY

**18-Apr-2017 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)**
56 tablet - 1 or 2 Tabs At night

**18-Apr-2017 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)**
56 tablet - 1 or 2 Tabs At night

**12-Apr-2017 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)**
1 INHALER - 1 PUFF TO BE INHALED TWICE A DAY VIA SPACER

**30-Mar-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH DAY

**30-Mar-2017 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**14-Mar-2017 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)**
1 INHALER - 1 PUFF TO BE INHALED TWICE A DAY VIA SPACER

**14-Mar-2017 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)**
1 INHALER - 1 PUFF TO BE INHALED TWICE A DAY VIA SPACER

**07-Mar-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH DAY

**07-Feb-2017 Aerochamber Plus Spacer device standard (blue) Acute Medication (Past)**
1 DEVICE - TO BE USED AS DIRECTED

THIRD PARTY COPY

**07-Feb-2017 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)**
1 INHALER - 1 PUFF TO BE INHALED TWICE A DAY VIA SPACER

**07-Feb-2017 Aerochamber Plus Spacer device standard (blue) Acute Medication (Past)**
1 DEVICE - TO BE USED AS DIRECTED

**07-Feb-2017 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)**
1 INHALER - 1 PUFF TO BE INHALED TWICE A DAY VIA SPACER

**31-Jan-2017 Relvar Ellipta Dry Powder Inhaler 92 micrograms + 22 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**30-Jan-2017 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**09-Jan-2017 Relvar Ellipta Dry Powder Inhaler 92 micrograms + 22 micrograms/dose Repeat Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**09-Jan-2017 Relvar Ellipta Dry Powder Inhaler 92 micrograms + 22 micrograms/dose Acute Medication (Past)**
30 DOSE - ONE DOSE TO BE INHALED EACH DAY

**30-Dec-2016 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**20-Dec-2016 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**20-Dec-2016 Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED AS REQUIRED

**15-Dec-2016 Colchicine Tablets 500 micrograms Acute Medication (Past)**
12 TABLET - ONE TAB FOUR TIMES A DAY FOR MAX 3 DAYS

**15-Dec-2016 Colchicine Tablets 500 micrograms Acute Medication (Past)**
12 TABLET - ONE TAB FOUR TIMES A DAY FOR MAX 3 DAYS

**29-Nov-2016 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**29-Nov-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH DAY

**24-Oct-2016 Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED AS REQUIRED

**04-Oct-2016 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**09-Sept-2016 Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED AS REQUIRED

**01-Sept-2016 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)**
100 CAPSULE - ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED

**01-Sept-2016 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)**
100 CAPSULE - ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED

**22-Aug-2016 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**22-Aug-2016 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**01-Aug-2016 Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED AS REQUIRED

**28-July-2016 Easyhaler Budesonide Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED TWICE A DAY

**05-July-2016 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**05-July-2016 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**22-Jun-2016 Co-Codamol 30/500 Tablets Acute Medication (Past)**
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

**22-Jun-2016 Co-Codamol 30/500 Tablets Acute Medication (Past)**
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

**06-Jun-2016 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**06-Jun-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH DAY

**06-Jun-2016 Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED AS REQUIRED

**16-May-2016 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**26-Apr-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH DAY

**05-Apr-2016 Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED AS REQUIRED

**15-Mar-2016 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

THIRD PARTY COPY

**19-Feb-2016 Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED AS REQUIRED

**12-Feb-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH DAY

**12-Feb-2016 Easyhaler Budesonide Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED TWICE A DAY

**12-Feb-2016 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**20-Jan-2016 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**08-Jan-2016 Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED AS REQUIRED

**23-Dec-2015 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**12-Nov-2015 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**12-Nov-2015 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**12-Nov-2015 Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED AS REQUIRED

**13-Oct-2015 Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED AS REQUIRED

**24-Sept-2015 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**24-Sept-2015 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**07-Sept-2015 Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED AS REQUIRED

**07-Sept-2015 Easyhaler Budesonide Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED TWICE A DAY

**11-Aug-2015 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH DAY

**27-July-2015 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**27-July-2015 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**17-July-2015 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)**
56 tablet - ONE TO BE TAKEN EACH DAY

**17-July-2015 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)**
56 tablet - ONE TO BE TAKEN EACH DAY

**17-July-2015 Ketoprofen Gel 2.5 % Acute Medication (Past)**
50 GRAM - TO BE USED TWICE A DAY

**17-July-2015 Ketoprofen Gel 2.5 % Acute Medication (Past)**
50 GRAM - TO BE USED TWICE A DAY

**17-July-2015 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)**
56 tablet - ONE TO BE TAKEN EACH DAY

**17-July-2015 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)**
56 tablet - ONE TO BE TAKEN EACH DAY

**29-Jun-2015 Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED AS REQUIRED

**26-May-2015 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**26-May-2015 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**13-May-2015 Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED AS REQUIRED

**13-May-2015 Easyhaler Budesonide Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED TWICE A DAY

**13-May-2015 Easyhaler Budesonide Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED TWICE A DAY

**13-May-2015 Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED AS REQUIRED

**05-May-2015 Paracetamol Tablets 500 mg Acute Medication (Past)**
100 TABLET - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

**05-May-2015 Paracetamol Tablets 500 mg Acute Medication (Past)**
100 TABLET - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

**30-Apr-2015 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2*1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

THIRD PARTY COPY

**01-Apr-2015 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)**
56 tablet - ONE TO BE TAKEN EACH DAY

**01-Apr-2015 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH DAY

**01-Apr-2015 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**01-Apr-2015 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)**
56 tablet - ONE TO BE TAKEN EACH DAY

**20-Mar-2015 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2*1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

**20-Mar-2015 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**20-Mar-2015 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**19-Feb-2015 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY

**19-Feb-2015 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**19-Feb-2015 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH DAY

**19-Feb-2015 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY

**18-Feb-2015 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2*1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

**30-Jan-2015 Ranitidine Tablets 150 mg Repeat Medication (Past)**
120 tablet - TAKE ONE TWICE DAILY

**30-Jan-2015 Ranitidine Tablets 150 mg Repeat Medication (Past)**
120 tablet - TAKE ONE TWICE DAILY

**13-Jan-2015 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**13-Jan-2015 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2*1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

**13-Jan-2015 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**13-Jan-2015 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**02-Dec-2014 Citalopram Hydrobromide Tablets 40 mg Repeat Medication (Past)**
56 tablet - ONE TO BE TAKEN EACH DAY

**02-Dec-2014 Citalopram Hydrobromide Tablets 40 mg Repeat Medication (Past)**
56 tablet - ONE TO BE TAKEN EACH DAY

**27-Nov-2014 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2*1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

**25-Nov-2014 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**25-Nov-2014 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**25-Nov-2014 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**07-Nov-2014 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**30-Oct-2014 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2*1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

**28-Oct-2014 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**28-Oct-2014 Pulmicort Turbohaler 200 micrograms/dose Repeat Medication (Past)**
2*1 inhaler - 1 Puff Twice daily

**28-Oct-2014 Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose Repeat Medication (Past)**
1 SPRAY - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**20-Oct-2014 Citalopram Hydrobromide Tablets 40 mg Acute Medication (Past)**
56 tablet - ONE TO BE TAKEN EACH DAY

**20-Oct-2014 Citalopram Hydrobromide Tablets 40 mg Acute Medication (Past)**
56 tablet - ONE TO BE TAKEN EACH DAY

**25-Sept-2014 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2*1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

**25-Sept-2014 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**25-Sept-2014 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

THIRD PARTY COPY

**17-Sept-2014 Citalopram Hydrobromide Tablets 40 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY

**20-Aug-2014 Citalopram Hydrobromide Tablets 40 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY

**20-Aug-2014 Citalopram Hydrobromide Tablets 40 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY

**19-Aug-2014 Pulmicort Turbohaler 200 micrograms/dose Repeat Medication (Past)**
2*1 inhaler - 1 Puff Twice daily

**19-Aug-2014 Pulmicort Turbohaler 200 micrograms/dose Repeat Medication (Past)**
2*1 inhaler - 1 Puff Twice daily

**07-Aug-2014 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**07-Aug-2014 Isosorbide Mononitrate M/R capsules 25 mg Repeat Medication (Past)**
112 CAPSULE - 2 DAILY

**07-Aug-2014 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2*1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

**07-Aug-2014 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**07-Aug-2014 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**14-July-2014 Citalopram Hydrobromide Tablets 40 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY

**16-Jun-2014 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2*1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

**16-Jun-2014 Citalopram Hydrobromide Tablets 40 mg Acute Medication (Past)**
56 tablet - ONE TO BE TAKEN EACH DAY

**16-Jun-2014 Citalopram Hydrobromide Tablets 40 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY

**10-Jun-2014 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Acute Medication (Past)**
2 inhaler - 1 OR 2 PUFFS TAKE AS REQUIRED (STATUS=C)

**10-Jun-2014 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Acute Medication (Past)**
2 inhaler - 1 OR 2 PUFFS TAKE AS REQUIRED (STATUS=C)

**10-Jun-2014 Isosorbide Mononitrate M/R capsules 25 mg Repeat Medication (Past)**
112 CAPSULE - 2 DAILY

**10-Jun-2014 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**10-Jun-2014 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**10-Jun-2014 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**12-May-2014 Pulmicort Turbohaler 200 micrograms/dose Acute Medication (Past)**
1 inhaler - 1 Puff Twice daily

**12-May-2014 Pulmicort Turbohaler 200 micrograms/dose Acute Medication (Past)**
1 inhaler - 1 Puff Twice daily

**02-May-2014 Citalopram Hydrobromide Tablets 40 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY

**24-Apr-2014 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**24-Apr-2014 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**09-Apr-2014 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2*1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

**04-Apr-2014 Citalopram Hydrobromide Tablets 40 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY

**04-Apr-2014 Citalopram Hydrobromide Tablets 40 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY

**18-Mar-2014 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**18-Mar-2014 Isosorbide Mononitrate M/R capsules 25 mg Repeat Medication (Past)**
112 CAPSULE - 2 DAILY

**07-Mar-2014 Citalopram Hydrobromide Tablets 40 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY

**07-Mar-2014 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2*1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

**07-Mar-2014 Citalopram Hydrobromide Tablets 40 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY

**07-Mar-2014 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2*1 inhaler - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

THIRD PARTY COPY

**25-Feb-2014 Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose Repeat Medication (Past)**
1 SPRAY - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**25-Feb-2014 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**25-Feb-2014 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**07-Feb-2014 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY

**07-Feb-2014 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY

**04-Feb-2014 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**04-Feb-2014 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**04-Feb-2014 Isosorbide Mononitrate M/R capsules 25 mg Repeat Medication (Past)**
112 CAPSULE - 2 DAILY

**20-Jan-2014 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)**
28 TABLET - TWO DAILY

**20-Jan-2014 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)**
28 TABLET - TWO DAILY

**16-Jan-2014 Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose Repeat Medication (Past)**
1 SPRAY - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**16-Jan-2014 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**16-Jan-2014 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**16-Jan-2014 Qvar Easi-Breathe Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED TWICE A DAY

**06-Jan-2014 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY

**06-Jan-2014 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY

**03-Jan-2014 Isosorbide Mononitrate M/R capsules 25 mg Repeat Medication (Past)**
112 CAPSULE - 2 DAILY

**16-Dec-2013 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)**
56 tablet - TWO DAILY

**16-Dec-2013 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)**
56 tablet - TWO DAILY

**10-Dec-2013 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**10-Dec-2013 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**10-Dec-2013 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**25-Nov-2013 Domperidone Tablets 10 mg Acute Medication (Past)**
30 TABLET - ONE TABLET 3 OR 4 TIMES DAILY BEFORE FOOD

**25-Nov-2013 Domperidone Tablets 10 mg Acute Medication (Past)**
30 TABLET - ONE TABLET 3 OR 4 TIMES DAILY BEFORE FOOD

**25-Nov-2013 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY

**25-Nov-2013 Isosorbide Mononitrate M/R capsules 25 mg Repeat Medication (Past)**
2*28 capsule - 1 CAP IN THE MORNING (STATUS=C)

**22-Nov-2013 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**22-Nov-2013 Isosorbide Mononitrate M/R capsules 25 mg Repeat Medication (Past)**
112 CAPSULE - 2 DAILY

**22-Nov-2013 Isosorbide Mononitrate M/R capsules 25 mg Acute Medication (Past)**
2*28 capsule - 1 CAP IN THE MORNING (STATUS=C)

**04-Nov-2013 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY

**04-Nov-2013 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH DAY

**25-Oct-2013 Qvar Easi-Breathe Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED TWICE A DAY

**25-Oct-2013 Qvar Easi-Breathe Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/actuation Repeat Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED TWICE A DAY

**24-Oct-2013 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

THIRD PARTY COPY

**11-Oct-2013 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**11-Oct-2013 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**09-Oct-2013 Isosorbide Mononitrate M/R capsules 25 mg Acute Medication (Past)**
2*28 capsule - 1 CAP IN THE MORNING (STATUS=C)

**09-Oct-2013 Isosorbide Mononitrate M/R capsules 25 mg Acute Medication (Past)**
2*28 capsule - 1 CAP IN THE MORNING (STATUS=C)

**25-Sept-2013 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**12-Sept-2013 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**27-Aug-2013 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**27-Aug-2013 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**27-Aug-2013 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**27-Aug-2013 Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose Repeat Medication (Past)**
1 SPRAY - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**26-July-2013 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**12-July-2013 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**12-July-2013 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**18-Jun-2013 Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose Repeat Medication (Past)**
1 SPRAY - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**18-Jun-2013 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**18-Jun-2013 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**30-May-2013 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**14-May-2013 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**14-May-2013 Metformin Hydrochloride Tablets 850 mg Repeat Medication (Past)**
112 tablet - 1 Tab Twice daily

**14-May-2013 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**14-May-2013 Qvar Easi-Breathe Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/actuation Acute Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED TWICE A DAY

**14-May-2013 Qvar Easi-Breathe Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/actuation Acute Medication (Past)**
2 inhaler - ONE PUFF TO BE INHALED TWICE A DAY

**18-Apr-2013 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**18-Apr-2013 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**27-Mar-2013 Metformin Hydrochloride Tablets 500 mg Repeat Medication (Past)**
112 tablet - ONE TO BE TAKEN TWICE A DAY

**21-Mar-2013 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**26-Feb-2013 Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose Repeat Medication (Past)**
1 SPRAY - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**13-Feb-2013 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**13-Feb-2013 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**13-Feb-2013 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**17-Jan-2013 Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose Repeat Medication (Past)**
1 SPRAY - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**15-Jan-2013 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**11-Jan-2013 Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose Repeat Medication (Past)**
1 SPRAY - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**11-Jan-2013 Simvastatin Tablets 40 mg Repeat Medication (Past)**
56 tablet - ONE TO BE TAKEN AT NIGHT

THIRD PARTY COPY

**24-Dec-2012 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**24-Dec-2012 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**27-Nov-2012 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**27-Nov-2012 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**26-Oct-2012 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**23-Oct-2012 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**23-Oct-2012 Simvastatin Tablets 40 mg Repeat Medication (Past)**
56 tablet - ONE TO BE TAKEN AT NIGHT

**23-Oct-2012 Metformin Hydrochloride Tablets 500 mg Repeat Medication (Past)**
112 tablet - ONE TO BE TAKEN TWICE A DAY

**25-Sept-2012 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**06-Sept-2012 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**06-Sept-2012 Simvastatin Tablets 40 mg Repeat Medication (Past)**
56 tablet - ONE TO BE TAKEN AT NIGHT

**06-Sept-2012 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**31-July-2012 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**26-July-2012 Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose Repeat Medication (Past)**
1 SPRAY - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**26-July-2012 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**26-July-2012 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**21-Jun-2012 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**19-Jun-2012 Ramipril Capsules 10 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**07-Jun-2012 Ramipril Capsules 10 mg Repeat Medication (Past)**
28 CAPSULE - ONE TO BE TAKEN EACH MORNING

**29-May-2012 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**29-May-2012 Simvastatin Tablets 40 mg Repeat Medication (Past)**
56 tablet - ONE TO BE TAKEN AT NIGHT

**29-May-2012 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**27-Apr-2012 Simvastatin Tablets 40 mg Repeat Medication (Past)**
56 tablet - ONE TO BE TAKEN AT NIGHT

**27-Apr-2012 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**27-Apr-2012 Metformin Hydrochloride Tablets 500 mg Repeat Medication (Past)**
112 tablet - ONE TO BE TAKEN TWICE A DAY

**18-Apr-2012 Ramipril Capsules 5 mg Acute Medication (Past)**
112 capsule - ONE TO BE TAKEN EACH MORNING FOR 2 WEEKS THEN TWO IN MORNING THEREAFTER

**18-Apr-2012 Ramipril Capsules 5 mg Acute Medication (Past)**
112 capsule - ONE TO BE TAKEN EACH MORNING FOR 2 WEEKS THEN TWO IN MORNING THEREAFTER

**05-Apr-2012 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**21-Mar-2012 Gauze Swabs (non-sterile) 10cm x 10cm, Type 13 Light BP 1988, 8-ply Acute Medication (Past)**
100 swab - AS DIRECTED

**21-Mar-2012 Gauze Swabs (non-sterile) 10cm x 10cm, Type 13 Light BP 1988, 8-ply Acute Medication (Past)**
100 swab - AS DIRECTED

**19-Mar-2012 Ramipril Capsules 2.5 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**19-Mar-2012 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**07-Mar-2012 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**16-Feb-2012 Simvastatin Tablets 40 mg Repeat Medication (Past)**
56 tablet - ONE TO BE TAKEN AT NIGHT

THIRD PARTY COPY

**16-Feb-2012 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**16-Feb-2012 Ramipril Capsules 2.5 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**10-Feb-2012 Metformin Hydrochloride Tablets 500 mg Repeat Medication (Past)**
112 tablet - ONE TO BE TAKEN TWICE A DAY

**10-Feb-2012 Metformin Hydrochloride Tablets 500 mg Repeat Medication (Past)**
112 tablet - ONE TO BE TAKEN TWICE A DAY

**05-Jan-2012 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**05-Jan-2012 Simvastatin Tablets 40 mg Repeat Medication (Past)**
56 tablet - ONE TO BE TAKEN AT NIGHT

**05-Jan-2012 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**22-Dec-2011 Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose Repeat Medication (Past)**
1 SPRAY - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**22-Dec-2011 Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose Repeat Medication (Past)**
1 SPRAY - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

**25-Nov-2011 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**25-Nov-2011 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**11-Nov-2011 Simvastatin Tablets 40 mg Repeat Medication (Past)**
56 tablet - ONE TO BE TAKEN AT NIGHT

**11-Nov-2011 Ramipril Capsules 2.5 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**30-Sept-2011 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**30-Sept-2011 Ramipril Capsules 2.5 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**26-Sept-2011 Simvastatin Tablets 40 mg Repeat Medication (Past)**
56 tablet - ONE TO BE TAKEN AT NIGHT

**15-Sept-2011 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**15-Sept-2011 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**18-Aug-2011 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**11-Aug-2011 Ramipril Capsules 2.5 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**20-July-2011 Simvastatin Tablets 40 mg Repeat Medication (Past)**
56 tablet - ONE TO BE TAKEN AT NIGHT

**07-July-2011 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**07-July-2011 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**31-May-2011 Simvastatin Tablets 40 mg Repeat Medication (Past)**
56 tablet - ONE TO BE TAKEN AT NIGHT

**31-May-2011 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**10-May-2011 Glyceryl Trinitrate Spray 400 micrograms/dose Repeat Medication (Past)**
180 dose - TO BE USED AS DIRECTED

**10-May-2011 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**10-May-2011 Ramipril Capsules 2.5 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**05-Apr-2011 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**05-Apr-2011 Ramipril Capsules 2.5 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**05-Apr-2011 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**17-Feb-2011 Simvastatin Tablets 40 mg Repeat Medication (Past)**
56 tablet - ONE TO BE TAKEN AT NIGHT

**17-Feb-2011 Ramipril Capsules 2.5 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**17-Feb-2011 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

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**04-Feb-2011 Simvastatin Tablets 40 mg Repeat Medication (Past)**
56 tablet - ONE TO BE TAKEN AT NIGHT

**06-Jan-2011 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**29-Dec-2010 Simvastatin Tablets 40 mg Repeat Medication (Past)**
56 tablet - ONE TO BE TAKEN AT NIGHT

**29-Dec-2010 Glyceryl Trinitrate Spray 400 micrograms/dose Repeat Medication (Past)**
180 dose - TO BE USED AS DIRECTED

**03-Dec-2010 Ramipril Capsules 2.5 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**03-Dec-2010 Simvastatin Tablets 40 mg Repeat Medication (Past)**
56 tablet - ONE TO BE TAKEN AT NIGHT

**03-Dec-2010 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**26-Nov-2010 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**26-Nov-2010 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**07-Oct-2010 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**07-Oct-2010 Ramipril Capsules 2.5 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**07-Oct-2010 Simvastatin Tablets 40 mg Repeat Medication (Past)**
56 tablet - ONE TO BE TAKEN AT NIGHT

**07-Oct-2010 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**06-Sept-2010 Ramipril Capsules 2.5 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**17-Aug-2010 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**28-July-2010 Glyceryl Trinitrate Spray 400 micrograms/dose Repeat Medication (Past)**
180 dose - TO BE USED AS DIRECTED

**23-July-2010 Ramipril Capsules 2.5 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**23-July-2010 Ramipril Capsules 2.5 mg Repeat Medication (Past)**
56 capsule - ONE TO BE TAKEN EACH MORNING

**07-July-2010 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**07-July-2010 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**23-Jun-2010 Amlodipine Tablets 5 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**23-Jun-2010 Simvastatin Tablets 40 mg Repeat Medication (Past)**
56 tablet - ONE TO BE TAKEN AT NIGHT

**23-Jun-2010 Glyceryl Trinitrate Spray 400 micrograms/dose Repeat Medication (Past)**
180 dose - TO BE USED AS DIRECTED

**23-Jun-2010 Amlodipine Tablets 5 mg Acute Medication (Past)**
28 TABLET - ONE TO BE TAKEN EACH MORNING

**23-Jun-2010 Glyceryl Trinitrate Spray 400 micrograms/dose Acute Medication (Past)**
180 dose - TO BE USED AS DIRECTED

**23-Jun-2010 Simvastatin Tablets 40 mg Repeat Medication (Past)**
56 tablet - ONE TO BE TAKEN AT NIGHT

**11-May-2010 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**11-May-2010 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**13-Apr-2010 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**13-Apr-2010 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**19-Feb-2010 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**19-Feb-2010 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**17-Nov-2009 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**01-Oct-2009 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

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**01-Oct-2009 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required (STATUS=C)

**05-Aug-2009 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**05-Aug-2009 Cimetidine Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=C)

**05-Aug-2009 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**22-Jun-2009 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**01-May-2009 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**03-Mar-2009 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**03-Mar-2009 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**13-Jan-2009 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**17-Dec-2008 CO-CODAMOL 8MG/500MG TABLETS Acute Medication (Past)**
100 TABS - 2 Tabs 4 times daily

**17-Dec-2008 Co-Codamol 8/500 Tablets Acute Medication (Past)**
100 TABS - 2 Tabs 4 times daily

**26-Nov-2008 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**26-Nov-2008 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**03-Oct-2008 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**06-Aug-2008 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**04-July-2008 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**16-May-2008 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**12-Mar-2008 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**12-Mar-2008 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**09-Jan-2008 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**27-Nov-2007 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**27-Nov-2007 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**18-Oct-2007 CO-CODAMOL 8MG/500MG TABLETS Acute Medication (Past)**
100 TABS - 2 Tabs 4 times daily

**18-Oct-2007 Co-Codamol 8/500 Tablets Acute Medication (Past)**
100 TABS - 2 Tabs 4 times daily

**27-Sept-2007 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**20-Aug-2007 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**10-July-2007 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**10-July-2007 Beclometasone Cfc-free inhaler 100 micrograms/actuation Repeat Medication (Past)**
1 inhaler - 1 Puff Twice daily

**10-July-2007 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Repeat Medication (Past)**
1 inhaler - 1 Puff Twice daily (STATUS=P)

**10-July-2007 Beclometasone Cfc-free inhaler 100 micrograms/actuation Repeat Medication (Past)**
1 inhaler - 1 Puff Twice daily (STATUS=P)

**01-Jun-2007 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**27-Mar-2007 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**22-Jan-2007 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**18-Oct-2006 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

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**10-Aug-2006 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**31-May-2006 Beclometasone Cfc-free inhaler 100 micrograms/actuation Repeat Medication (Past)**
1 inhaler - 1 Puff Twice daily

**31-May-2006 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**11-Apr-2006 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**11-Apr-2006 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**07-Feb-2006 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**30-Dec-2005 Beclometasone Cfc-free inhaler 100 micrograms/actuation Repeat Medication (Past)**
1 inhaler - 1 Puff Twice daily

**30-Dec-2005 Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 1 or 2 puffs Take as required

**13-Dec-2005 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**13-Dec-2005 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed (STATUS=P)

**31-Oct-2005 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**20-Sept-2005 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**20-Sept-2005 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**09-Aug-2005 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**09-Aug-2005 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**23-Jun-2005 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**23-Jun-2005 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**18-May-2005 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**18-May-2005 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**12-Apr-2005 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**12-Apr-2005 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**01-Mar-2005 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**25-Jan-2005 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**25-Jan-2005 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**17-Dec-2004 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**03-Dec-2004 DICLOFENAC SODIUM EC TABLETS 50MG Acute Medication (Past)**
42 Tabs - 1 Tab 3 times daily

**03-Dec-2004 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)**
42 Tabs - 1 Tab 3 times daily

**17-Nov-2004 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**17-Nov-2004 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**04-Oct-2004 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**04-Oct-2004 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**27-Aug-2004 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**19-July-2004 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**19-July-2004 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

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**15-Jun-2004 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**15-Jun-2004 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**13-May-2004 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**13-May-2004 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**29-Mar-2004 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**29-Mar-2004 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**18-Feb-2004 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**18-Feb-2004 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**12-Jan-2004 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**12-Jan-2004 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**26-Nov-2003 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**26-Nov-2003 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**20-Oct-2003 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**04-Sept-2003 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**04-Sept-2003 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**22-July-2003 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**22-July-2003 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**09-Jun-2003 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**09-Jun-2003 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**28-Apr-2003 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**28-Apr-2003 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**11-Mar-2003 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**11-Mar-2003 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**28-Jan-2003 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**28-Jan-2003 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**16-Dec-2002 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**16-Dec-2002 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**05-Nov-2002 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**24-Sept-2002 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**24-Sept-2002 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**01-Aug-2002 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**21-Jun-2002 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**21-Jun-2002 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**15-May-2002 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

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**28-Mar-2002 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**28-Mar-2002 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**12-Feb-2002 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**12-Feb-2002 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**03-Jan-2002 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**14-Nov-2001 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**14-Nov-2001 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**12-Oct-2001 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**26-Sept-2001 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**14-Aug-2001 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**14-Aug-2001 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**22-Jun-2001 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**04-Jun-2001 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**29-Mar-2001 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**29-Mar-2001 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**14-Feb-2001 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**08-Jan-2001 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**08-Jan-2001 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**24-Nov-2000 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**16-Oct-2000 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**31-Aug-2000 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**11-July-2000 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**11-July-2000 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**26-May-2000 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**14-Apr-2000 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**14-Apr-2000 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**28-Feb-2000 Beclometasone Cfc-free inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - 2 Puffs Twice daily

**28-Feb-2000 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**28-Feb-2000 Beclometasone Cfc-free inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - 2 Puffs Twice daily (STATUS=P)

**07-Jan-2000 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**29-Nov-1999 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**09-Nov-1999 Beclometasone Cfc-free inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - 2 Puffs Twice daily

**14-Oct-1999 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**30-Aug-1999 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

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**30-Aug-1999 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**12-July-1999 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**27-May-1999 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**27-May-1999 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**12-Apr-1999 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**12-Apr-1999 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**08-Apr-1999 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**23-Feb-1999 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**12-Jan-1999 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**12-Jan-1999 Beclometasone Cfc-free inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - 2 Puffs Twice daily

**12-Jan-1999 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 Puffs As directed

**01-Dec-1998 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - AS DIRECTED

**01-Dec-1998 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - AS DIRECTED (STATUS=P)

**16-Nov-1998 Beclometasone Cfc-free inhaler 200 micrograms/actuation Repeat Medication (Past)**
2 inhaler - 2 Puffs Twice daily

**16-Nov-1998 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**26-Oct-1998 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - AS DIRECTED

**23-Sept-1998 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - AS DIRECTED

**20-Aug-1998 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - AS DIRECTED

**21-July-1998 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**21-July-1998 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - AS DIRECTED

**19-Jun-1998 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - AS DIRECTED

**05-May-1998 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**05-May-1998 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - AS DIRECTED

**27-Mar-1998 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - AS DIRECTED

**27-Mar-1998 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**27-Mar-1998 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - AS DIRECTED

**11-Mar-1998 Uniphyllin Prolonged-Release Tablets 400 mg Repeat Medication (Past)**
56 tabs - 1 TAB AT NIGHT (STATUS=P)

**24-Feb-1998 Co-Codamol 8/500 Tablets Repeat Medication (Past)**
200 TABS - 1 TAB AS DIRECTED (STATUS=P)

**24-Feb-1998 Univer M/R capsules 240 mg Repeat Medication (Past)**
56 capsule - 1 TAB DAILY (STATUS=P)

**24-Feb-1998 Amiodarone Tablets 200 mg Repeat Medication (Past)**
56 TABS - 1 TAB DAILY (STATUS=P)

**24-Feb-1998 Warfarin Sodium Tablets 3 mg Repeat Medication (Past)**
50 TABS - 1 TAB AS DIRECTED (STATUS=P)

**24-Feb-1998 Furosemide Tablets 40 mg Repeat Medication (Past)**
112 tabs - 1 TAB BD (STATUS=P)

**18-Feb-1998 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 PUFFS THREE TIMES DAILY

**09-Jan-1998 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 PUFFS THREE TIMES DAILY

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**09-Jan-1998 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**28-Nov-1997 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 PUFFS THREE TIMES DAILY

**27-Oct-1997 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 PUFFS THREE TIMES DAILY

**27-Oct-1997 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**24-Sept-1997 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 PUFFS THREE TIMES DAILY

**25-Aug-1997 CIMETIDINE TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**25-Aug-1997 Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)**
2 inhaler - 2 PUFFS THREE TIMES DAILY

**25-Jun-1997 TAGAMET TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**25-Jun-1997 Tagamet Tablets 400 mg Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY (STATUS=P)

**21-Apr-1997 TAGAMET TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**24-Feb-1997 TAGAMET TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**30-Dec-1996 TAGAMET TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

**01-Nov-1996 TAGAMET TABLETS 400MG Repeat Medication (Past)**
112 tabs - 1 TAB TWICE DAILY

## Allergies

**02-Aug-2024 Miss Ali McGovern (ALIM)**
No known allergies
Unknown
Episodicity - None

**03-Sept-2021 Mrs Margaret Gill (MGGL)**
No known allergies
Unknown
Episodicity - None

## Vaccinations

**10-Oct-2025 Mr Anonymous User (ANON)**
Administration of first inactivated seasonal influenza vacc
*3051222/ FLUAQIV/IM/Left Arm//FLU - Seqirus UK ( Galleon Centre, Kilmarnock )*

**13-Dec-2024 Mr Anonymous User (ANON)**
Administration of first inactivated seasonal influenza vacc
*3040805/ FLUQIVC/IM/Right Arm//FLU - Seqirus UK ( Galleon Centre, Kilmarnock )*

**13-Dec-2024 Mr Anonymous User (ANON)**
Administration of first dose of SARS-CoV-2 vaccine
*812005A/ COVMODERNA/IM/Left Arm//C-19 Moderna ( Galleon Centre, Kilmarnock )*

**10-Nov-2023 Mr Anonymous User (ANON)**
Administration of first inactivated seasonal influenza vacc
*3029228/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK ( Galleon Centre, Kilmarnock )*

**10-Nov-2023 Mr Anonymous User (ANON)**
Administration of first dose of SARS-CoV-2 vaccine
*HH1298/ COVPFIZER/IM/Left Arm//C-19 Comirnaty ( Galleon Centre, Kilmarnock )*

**30-Oct-2022 Mr Anonymous User (ANON)**
Administration of first inactivated seasonal influenza vacc
*440041A/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK ( Grand ***** )*

**30-Oct-2022 Mr Anonymous User (ANON)**
Administration of first dose of SARS-CoV-2 vaccine
*GE3043/ COVPFIZER/IM/Right Arm//C-19 Comirnaty ( Grand ***** )*

**13-Dec-2021 Mr Anonymous User (ANON)**
Administration of first inactivated seasonal influenza vacc
*P100366472/ FLUQIVC/IM/Left Arm//FLU - Flucelvax Tetra (QIVc) ( Grand ***** )*

**13-Dec-2021 Mr Anonymous User (ANON)**
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Booster Pfizer ( Grand ***** )
*FK9706/ PF/IM/Right Arm//C-19 Booster Pfizer ( Grand ***** )*

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**13-Dec-2021 Mr Anonymous User (ANON)**
Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Right Arm) C-19 Booster Pfizer (J ***** )
*FK9706/ PF/IM/Right Arm//C-19 Booster Pfizer (J ***** )*

**12-May-2021 Mr Anonymous User (ANON)**
Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By D Wolstenholme )
*PV46679/ AZ/IM/LUA//C-19 (By D Wolstenholme )*

**04-Mar-2021 Mr Anonymous User (ANON)**
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By G ***** )
*PV46669/ AZ/IM/LUA//C-19 (By G ***** )*

**05-Nov-2020 Miss Sandra McCarvel (SANDRA_16673)**
Administration of first quadrivalent (QIV) inactivated seasonal influenza vaccination (Left arm)
*QIVc given by Practice Clinician Batch No p100243203 - exp 05/2021*

**14-Jan-2019 Mrs Alison Lauder (AL)**
Pneumococcal vaccination declined

**14-Jan-2019 Mrs Alison Lauder (AL)**
Seasonal influenza vaccination declined

**02-Oct-2017 Ms Deborah Stewart (DEBB)**
Seasonal influenza vaccination (Left arm)
*Batch No 35649411A - exp 06/18 seqirus*

**02-Oct-2017 Ms Deborah Stewart (DEBB)**
Influenza vacc consent given

**22-Dec-2016 Miss Kirstyann Kilpatrick (PNKK)**
Pneumococcal vaccination declined

**22-Dec-2016 Miss Kirstyann Kilpatrick (PNKK)**
No consent pneumococcal immunisation

**22-Dec-2016 Miss Kirstyann Kilpatrick (PNKK)**
No consent for seasonal influenza vaccination

**22-Dec-2016 Miss Kirstyann Kilpatrick (PNKK)**
Seasonal influenza vaccination declined

**02-Nov-2015 Miss Kirstyann Kilpatrick (PNKK)**
Pneumococcal vaccination declined

**02-Nov-2015 Miss Kirstyann Kilpatrick (PNKK)**
No consent pneumococcal immunisation

**02-Nov-2015 Miss Kirstyann Kilpatrick (PNKK)**
No consent for seasonal influenza vaccination

**02-Nov-2015 Miss Kirstyann Kilpatrick (PNKK)**
Seasonal influenza vaccination declined

**01-Oct-2015 Miss Kirstyann Kilpatrick (PNKK)**
Pneumococcal vaccination declined

**01-Oct-2015 Miss Kirstyann Kilpatrick (PNKK)**
Seasonal influenza vaccination declined

**14-Sept-2015 Miss Sara Greer (2587)**
Seasonal influenza vaccination declined

**20-Oct-2014 Dr Amar Poddar (AP)**
Seasonal influenza vaccination declined

**09-Oct-2013 Dr Amar Poddar (AP)**
Seasonal influenza vaccination declined

**09-Oct-2013 Mrs Jane Campbell (JANECAMPBE16673)**
Influenza vaccination declined

**21-Dec-2012 Mrs Jane Campbell (JANECAMPBE16673)**
Seasonal influenza vaccination declined
*Batch Change of 9ox5 to 9ox51 coding*
History

**21-Dec-2012 Mrs Jane Campbell (JANECAMPBE16673)**
Seasonal influenza vaccination declined
*Batch Change of 9ox5 to 9ox51 coding*
History

**21-Dec-2012 Mrs Jane Campbell (JANECAMPBE16673)**
Seasonal influenza vaccination declined
*Batch Change of 9ox5 to 9ox51 coding*

**21-Dec-2012 Ms Shirley Hawkins (SHIR)**
Seasonal influenza vaccination declined
*Batch Change of 9ox5 to 9ox51 coding*

**21-Dec-2012 Ms Shirley Hawkins (SHIR)**
Seasonal influenza vaccination declined
*Batch Change of 9ox5 to 9ox51 coding*

**13-May-2004 Dr Aaa UnknownUser (UNKNOWNUSE16673)**
Booster tetanus and low dose diphtheria vaccination
*priority=2*
History

# Referrals

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**12-Feb-2026 Dr Jennifer Shennan (JEN)**
8HnB.: Fast track referral for suspected head and neck cancer (SCI Gateway Referral)
*. Referral Type: Self Referral; Reason: Out Patient*

**22-Jan-2026 Dr Jennifer Shennan (JEN)**
8H4g.: Referral to respiratory physician (SCI Gateway Referral)
*. Referral Type: Self Referral; Reason: Out Patient*

**02-Jun-2025 Dr Jennifer Shennan (JEN)**
8Hk3.: Refer to community respiratory team (SCI Gateway Referral)
*. Referral Type: Self Referral; Reason: Out Patient*

**20-Nov-2024 Dr Jennifer Shennan (JEN)**
8Hk3.: Refer to community respiratory team (SCI Gateway Referral)
*. Referral Type: Self Referral; Reason: Out Patient*

**15-Feb-2024 Dr Philip Laraway (LARA)**
8Hn4.: Fast track referral for suspected colorectal cancer (SCI Gateway Referral)
*. Referral Type: Self Referral; Reason: Out Patient*

**07-Dec-2022 Dr S Montgomery (SM)**
8H7A.: Refer to mental health worker (SCI Gateway Referral)
*. Referral Type: Self Referral; Reason: Out Patient*

**11-Jan-2022 Dr Angela McCrorie (ALM)**
8HTi.: Referral to multidisciplinary diabetic clinic (SCI Gateway Referral)
*. Referral Type: Self Referral; Reason: Out Patient*

**08-Dec-2020 Dr Philip Laraway (LARA)**
8HTi.: Referral to multidisciplinary diabetic clinic (SCI Gateway Referral)
*. Referral Type: Self Referral; Reason: Out Patient*

**21-Nov-2019 Dr Ayodeji Akinsemolu (DEJI)**
EMISSPR302: Endocrinology referral (SCI Gateway Referral)
*. Referral Type: Self Referral; Reason: Out Patient*

**15-Jan-2019 Dr Philip Laraway (LARA)**
SCI Gateway online referral
*. Referral Type: Self Referral; Reason: Out Patient*

**19-Jun-2017 Dr Wolfgang Furste (WF)**
8H44.: Cardiological referral (SCI Gateway Referral)
*. Referral Type: Self Referral; Reason: Out Patient*

**19-Apr-2017 Dr Angela McCrorie (ALM)**
8H43.: Dermatological referral (SCI Gateway Referral)
*. Referral Type: Self Referral; Reason: Out Patient*

**02-Jun-2016 Dr S Montgomery (SM)**
8H54.: Orthopaedic referral (SCI Gateway Referral)
*. Referral Type: Self Referral; Reason: Out Patient*

**07-Apr-2014 Dr Amar Poddar (AP)**
8H7A.: Refer to mental health worker (SCI Gateway Referral)
*. Referral Type: Self Referral; Reason: Out Patient*

**04-Apr-2014 Dr Amar Poddar (AP)**
8H44.: Cardiological referral (SCI Gateway Referral)
*. Referral Type: Self Referral; Reason: Out Patient*

**12-Nov-2013 Dr Amar Poddar (AP)**
8H44.: Cardiological referral (SCI Gateway Referral)
*. Referral Type: Self Referral; Reason: Out Patient*

**09-July-2010 Dr L McIntyre (LM)**
8HTJ.: Referral to rapid access chest pain clinic (SCI Gateway Referral)
*. Referral Type: Self Referral; Reason: Out Patient*

**07-July-2010 Mrs Gillian Gemmell (GILLIAN_16673)**
Refer to dietician
*. Recipient: Dietetics; Referral Type: Outpatient*

**19-Apr-2010 Dr P Gaffney (GAFFNEY_16673)**
8H52.: Ophthalmological referral (SCI Gateway Referral)
*. Referral Type: Self Referral; Reason: Out Patient*

# Test Requests

**30-Dec-1899 Miss Cheryl Clark (CHER)**

| | |
|---|---|
| **Status** | Sampled |
| **Innoculation Risk** | True |
| **Priority** | Normal |
| **Has Fasted?** | True |
| **Is Pregnant?** | True |

**30-Dec-1899 Dr Jennifer Shennan (JEN)**

| | |
|---|---|
| **Status** | Requested |
| **Innoculation Risk** | True |
| **Priority** | Normal |
| **Has Fasted?** | True |
| **Is Pregnant?** | True |

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**30-Dec-1899 Miss Ali McGovern (ALIM)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Ms Kelly McGhee (KEL)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Dr Jennifer Shennan (JEN)**
**Status** Requested
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Mrs Margaret Gill (MGGL)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Miss Ali McGovern (ALIM)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Dr Stuart Lennox (LENN)**
**Status** Requested
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Dr Stuart Lennox (LENN)**
**Status** Requested
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Mrs Margaret Gill (MGGL)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Dr Jennifer Shennan (JEN)**
**Status** Requested
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Ms Nichola Duffy (NICD)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Miss Ali McGovern (ALIM)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Miss Ali McGovern (ALIM)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Ms Rebecca Durkin (REBE)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

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**30-Dec-1899 Ms Jennifer Ashraf (JASH)**
**Status** Requested
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Miss Ali McGovern (ALIM)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Miss Ali McGovern (ALIM)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Ms Jennifer Ashraf (JASH)**
**Status** Requested
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Ms Nichola Duffy (NICD)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Ms Nichola Duffy (NICD)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Ms Karen Sokell (KARS)**
**Status** Requested
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Ms Nichola Duffy (NICD)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Miss Ali McGovern (ALIM)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Miss Ali McGovern (ALIM)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Ms Karen Sokell (KARS)**
**Status** Requested
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Miss Cheryl Clark (CHER)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Ms Jennifer Ashraf (JASH)**
**Status** Requested
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

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**30-Dec-1899 Ms Eve McClurg (EVEM)**
**Status** Requested
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Mrs Margaret Gill (MGGL)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Miss Ruth McCall (RMCC)**
**Status** Requested
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Dr Philip Laraway (LARA)**
**Status** Requested
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Mrs Margaret Gill (MGGL)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Mrs Margaret Gill (MGGL)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Mrs Margaret Gill (MGGL)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Mrs Alison Lauder (AL)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Mrs Roberta Laurie (ROBE)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Mrs Roberta Laurie (ROBE)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Miss Heather Wroughton (WROU)**
**Status** Requested
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Mrs Alison Lauder (AL)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Mrs Alison Lauder (AL)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

THIRD PARTY COPY

**30-Dec-1899 Dr Donna Edwards (DE)**
**Status** Requested
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Miss Kirstyann Kilpatrick (PNKK)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Dr Donna Edwards (DE)**
**Status** Requested
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Mrs Alison Lauder (AL)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Mrs Alison Lauder (AL)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Mrs Alison Lauder (AL)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Mrs Joanne McLaughlan (HCA - JO16673)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Mrs Carolyn MacFarlane (934)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Dr P Gaffney (GAFFNEY_16673)**
**Status** Requested
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Mrs Carolyn MacFarlane (934)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Mrs Joanne McLaughlan (HCA - JO16673)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Mrs Alison Lauder (AL)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

**30-Dec-1899 Mrs Joanne McLaughlan (HCA - JO16673)**
**Status** Sampled
**Innoculation Risk** True
**Priority** Normal
**Has Fasted?** True
**Is Pregnant?** True

THIRD PARTY COPY

# Test Results

**06-Feb-2026 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| **Result:** Sputum culture | | |
| Comment | | (No range available) |
| Culture | | (No range available) |
| Appearance Purulent | | (No range available) |

**29-Jan-2026 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| **Result:** Plasma C reactive protein | | |
| CRP <5 | | (No range available) |

**29-Jan-2026 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| **Result:** Thyroid function tests | | |
| TSH | 0.39 mU/L | (Range: 0.27 - 4.2) |
| Free T4 | 17.1 pmol/L | (Range: 10 - 22) |

**29-Jan-2026 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| **Result:** Liver function test | | |
| Globulin | 30 g/L | (Range: 21 - 35) |
| Albumin | 40 g/L | (Range: 35 - 50) |
| Total Protein | 70 g/L | (Range: 60 - 80) |
| ALT | 12 U/L | (Range: 5 - 55) |
| AST | 14 U/L | (Range: 10 - 45) |
| ALP | 91 U/L | (Range: 30 - 130) |
| Bilirubin | 6 µmol/L | (No range available) |

**29-Jan-2026 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| **Result:** Urea and electrolytes | | |
| eGFR result/1.73m2 >60 | | (No range available) |
| Chloride | 102 mmol/L | (Range: 95 - 108) |
| Potassium | 4.5 mmol/L | (Range: 3.5 - 5.3) |
| Sodium | 139 mmol/L | (Range: 133 - 146) |
| Creatinine | 68 µmol/L | (Range: 50 - 120) |
| Urea | 3.5 mmol/L | (Range: 2.5 - 7.8) |

**29-Jan-2026 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| **Result:** (Non Coded Event - GLYCATED HB ) | | |
| Haemoglobin A1c (IFCC) | **68 mmol/mol** | **(Range: 20 - 41)** |

**29-Jan-2026 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| **Result:** (Non Coded Event - FULL BLOOD COUNT ) | | |
| Basophils, 0 | 0 10*9/L | (No range available) |
| Eosinophils | 0.2 10*9/L | (Range: 0.1 - 0.7) |
| Monocytes | 0.5 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocytes | 1.8 10*9/L | (Range: 1.1 - 5) |
| Neutrophils | 5.3 10*9/L | (Range: 1.5 - 6.5) |
| Platelets | 366 10*9/L | (Range: 150 - 400) |
| MCHC | 330 g/L | (Range: 316 - 349) |
| MCH | 29.7 pg | (Range: 27.3 - 32.6) |
| MCV | 90 fL | (Range: 82 - 98) |
| Haematocrit | 0.39 % | (Range: 0.39 - 0.5) |
| RBC | 4.35 10*12/L | (Range: 4.32 - 5.66) |
| White Cell Count | 7.9 10*9/L | (Range: 3.7 - 9.5) |
| Haemoglobin | **129 g/L** | **(Range: 133 - 176)** |

**29-Jan-2026 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| **Result:** (Non Coded Event - NO SPECIMEN ) | | |
| Specimen not processed | | (No range available) |

**07-July-2025 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| **Result:** Plasma C reactive protein | | |
| CRP | **18 mg/L** | **(No range available)** |

**07-July-2025 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| **Result:** Plasma lipids | | |
| LDL Cholesterol | 0.9 mmol/L | (No range available) |
| Triglyceride | 1 mmol/L | (No range available) |
| Cholesterol:HDL Ratio | 1.8 | (No range available) |
| HDL Cholesterol | 1.7 mmol/L | (No range available) |
| Cholesterol | 3.1 mmol/L | (No range available) |

**07-July-2025 Mr Anonymous User (ANON)**

| | | |
|---|---|---|
| **Result:** Urea and electrolytes | | |
| eGFR result/1.73m2 >60 | | (No range available) |
| Chloride | 99 mmol/L | (Range: 95 - 108) |
| Potassium | 4.1 mmol/L | (Range: 3.5 - 5.3) |
| Sodium | 138 mmol/L | (Range: 133 - 146) |
| Creatinine | 66 µmol/L | (Range: 50 - 120) |
| Urea | 3.8 mmol/L | (Range: 2.5 - 7.8) |

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**07-July-2025 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - FULL BLOOD COUNT )

| | | |
|---|---|---|
| Basophils, 0 | 0 10*9/L | (No range available) |
| Eosinophils | 0.2 10*9/L | (Range: 0.1 - 0.7) |
| Monocytes | **1.4 10*9/L** | **(Range: 0.2 - 0.9)** |
| Lymphocytes | 1.2 10*9/L | (Range: 1.1 - 5) |
| Neutrophils | **16 10*9/L** | **(Range: 1.5 - 6.5)** |
| Platelets | 320 10*9/L | (Range: 150 - 400) |
| MCHC | 338 g/L | (Range: 316 - 349) |
| MCH | 30.9 pg | (Range: 27.3 - 32.6) |
| MCV | 91 fL | (Range: 82 - 98) |
| Haematocrit | 0.39 % | (Range: 0.39 - 0.5) |
| RBC | **4.31 10*12/L** | **(Range: 4.32 - 5.66)** |
| White Cell Count | **18.8 10*9/L** | **(Range: 3.7 - 9.5)** |
| Haemoglobin | 133 g/L | (Range: 133 - 176) |

**20-Jun-2025 Ms Nichola Duffy (NICD)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| Digital retinal screening | 1 | (No range available) |
| O/E - left eye background diabetic retinopathy | | (No range available) |
| O/E - right eye background diabetic retinopathy | | (No range available) |

**02-Jun-2025 Mr Anonymous User (ANON)**
**Result:** Rheumatoid arthritis screen

| | | |
|---|---|---|
| RA Test | | (No range available) |

**02-Jun-2025 Mr Anonymous User (ANON)**
**Result:** Plasma C reactive protein

| | | |
|---|---|---|
| CRP | **22 mg/L** | **(No range available)** |

**02-Jun-2025 Mr Anonymous User (ANON)**
**Result:** Liver function test

| | | |
|---|---|---|
| Globulin | 31 g/L | (Range: 21 - 35) |
| Albumin | 40 g/L | (Range: 35 - 50) |
| Total Protein | 71 g/L | (Range: 60 - 80) |
| ALT | 10 U/L | (Range: 5 - 55) |
| AST | 12 U/L | (Range: 10 - 45) |
| ALP | 80 U/L | (Range: 30 - 130) |
| Bilirubin | 5 µmol/L | (No range available) |

**02-Jun-2025 Mr Anonymous User (ANON)**
**Result:** Urea and electrolytes

| | | |
|---|---|---|
| eGFR result/1.73m2 >60 | | (No range available) |
| Chloride | 102 mmol/L | (Range: 95 - 108) |
| Potassium | 4.3 mmol/L | (Range: 3.5 - 5.3) |
| Sodium | 140 mmol/L | (Range: 133 - 146) |
| Creatinine | 55 µmol/L | (Range: 50 - 120) |
| Urea | **2.4 mmol/L** | **(Range: 2.5 - 7.8)** |

**02-Jun-2025 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - FULL BLOOD COUNT )

| | | |
|---|---|---|
| Basophils | 0.1 10*9/L | (No range available) |
| Eosinophils | 0.1 10*9/L | (Range: 0.1 - 0.7) |
| Monocytes | 0.6 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocytes | 1.9 10*9/L | (Range: 1.1 - 5) |
| Neutrophils | 5.7 10*9/L | (Range: 1.5 - 6.5) |
| Platelets | 283 10*9/L | (Range: 150 - 400) |
| MCHC | 341 g/L | (Range: 316 - 349) |
| MCH | 31.8 pg | (Range: 27.3 - 32.6) |
| MCV | 93 fL | (Range: 82 - 98) |
| Haematocrit | **0.38 %** | **(Range: 0.39 - 0.5)** |
| RBC | **4.12 10*12/L** | **(Range: 4.32 - 5.66)** |
| White Cell Count | 8.4 10*9/L | (Range: 3.7 - 9.5) |
| Haemoglobin | **131 g/L** | **(Range: 133 - 176)** |

**30-May-2025 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - SERUM FERRITIN )

| | | |
|---|---|---|
| Ferritin | 86 ug/L | (Range: 30 - 400) |

**30-May-2025 Mr Anonymous User (ANON)**
**Result:** Serum folate

| | | |
|---|---|---|
| Folate | 4.1 ug/L | (Range: 3.9 - 26.8) |

**30-May-2025 Mr Anonymous User (ANON)**
**Result:** Serum vitamin B12

| | | |
|---|---|---|
| Vitamin B12 | 295 ng/L | (Range: 197 - 771) |

**30-May-2025 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - URIC ACID )

| | | |
|---|---|---|
| Uric Acid | 211 umol/L | (Range: 200 - 430) |

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**30-May-2025 Mr Anonymous User (ANON)**
**Result:** Plasma C reactive protein

| | | |
|---|---|---|
| CRP | **131 mg/L** | **(No range available)** |

**30-May-2025 Mr Anonymous User (ANON)**
**Result:** Liver function test

| | | |
|---|---|---|
| Globulin | 30 g/L | (Range: 21 - 35) |
| Albumin | 40 g/L | (Range: 35 - 50) |
| Total Protein | 70 g/L | (Range: 60 - 80) |
| ALT | 12 U/L | (Range: 5 - 55) |
| AST | 14 U/L | (Range: 10 - 45) |
| ALP | 86 U/L | (Range: 30 - 130) |
| Bilirubin | 6 µmol/L | (No range available) |

**30-May-2025 Mr Anonymous User (ANON)**
**Result:** Urea and electrolytes

| | | |
|---|---|---|
| eGFR result/1.73m2 >60 | | (No range available) |
| Chloride | 96 mmol/L | (Range: 95 - 108) |
| Potassium | **3.3 mmol/L** | **(Range: 3.5 - 5.3)** |
| Sodium | 136 mmol/L | (Range: 133 - 146) |
| Creatinine | 64 µmol/L | (Range: 50 - 120) |
| Urea | 2.7 mmol/L | (Range: 2.5 - 7.8) |

**30-May-2025 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - GLYCATED HB )

| | | |
|---|---|---|
| Haemoglobin A1c (IFCC) | **66 mmol/mol** | **(Range: 20 - 41)** |

**30-May-2025 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - FULL BLOOD COUNT )

| | | |
|---|---|---|
| Basophils, 0 | 0 10*9/L | (No range available) |
| Eosinophils | 0.1 10*9/L | (Range: 0.1 - 0.7) |
| Monocytes | 0.9 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocytes | 1.5 10*9/L | (Range: 1.1 - 5) |
| Neutrophils | 5.1 10*9/L | (Range: 1.5 - 6.5) |
| Platelets | 180 10*9/L | (Range: 150 - 400) |
| MCHC | 341 g/L | (Range: 316 - 349) |
| MCH | 31.2 pg | (Range: 27.3 - 32.6) |
| MCV | 92 fL | (Range: 82 - 98) |
| Haematocrit | 0.39 % | (Range: 0.39 - 0.5) |
| RBC | **4.23 10*12/L** | **(Range: 4.32 - 5.66)** |
| White Cell Count | 7.5 10*9/L | (Range: 3.7 - 9.5) |
| Haemoglobin | **132 g/L** | **(Range: 133 - 176)** |

**28-Jan-2025 Mr Anonymous User (ANON)**
**Result:** Sputum culture

| | | |
|---|---|---|
| Culture | | (No range available) |
| Appearance Muco-purulent | | (No range available) |

**06-Nov-2024 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - GLYCATED HB )

| | | |
|---|---|---|
| Haemoglobin A1c (IFCC) | **67 mmol/mol** | **(Range: 20 - 41)** |
| Haemoglobin A1c | **8.2 %** | **(Range: 4 - 5.9)** |

**24-Oct-2024 Mr Anonymous User (ANON)**
**Result:** Prostate specific antigen

| | | |
|---|---|---|
| PSA | 1.4 µg/L | (No range available) |

**24-Oct-2024 Mr Anonymous User (ANON)**
**Result:** Urea and electrolytes

| | | |
|---|---|---|
| eGFR result/1.73m2 >60 | | (No range available) |
| Chloride | 101 mmol/L | (Range: 95 - 108) |
| Potassium | 4 mmol/L | (Range: 3.5 - 5.3) |
| Sodium | 135 mmol/L | (Range: 133 - 146) |
| Creatinine | 61 µmol/L | (Range: 50 - 120) |
| Urea | 3.8 mmol/L | (Range: 2.5 - 7.8) |

**04-Sept-2024 Mr Anonymous User (ANON)**
**Result:** Erythrocyte sedimentation rate

| | | |
|---|---|---|
| ESR | 5 mm/hour | (No range available) |

**04-Sept-2024 Mr Anonymous User (ANON)**
**Result:** Thyroid function tests

| | | |
|---|---|---|
| TSH | 0.44 mU/L | (Range: 0.27 - 4.2) |
| Free T4 | 16.8 pmol/L | (Range: 10 - 22) |

**04-Sept-2024 Mr Anonymous User (ANON)**
**Result:** Plasma C reactive protein

| | | |
|---|---|---|
| CRP | 7 mg/L | (No range available) |

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**04-Sept-2024 Mr Anonymous User (ANON)**
**Result:** Liver function test

| | | |
|---|---|---|
| Globulin | 24 g/L | (Range: 21 - 35) |
| Albumin | 42 g/L | (Range: 35 - 50) |
| Total Protein | 66 g/L | (Range: 60 - 80) |
| ALT | 9 U/L | (Range: 5 - 55) |
| AST | 11 U/L | (Range: 10 - 45) |
| ALP | 77 U/L | (Range: 30 - 130) |
| Bilirubin | 6 µmol/L | (No range available) |

**04-Sept-2024 Mr Anonymous User (ANON)**
**Result:** Urea and electrolytes

| | | |
|---|---|---|
| eGFR result/1.73m2 >60 | | (No range available) |
| Chloride | 103 mmol/L | (Range: 95 - 108) |
| Potassium | 4.1 mmol/L | (Range: 3.5 - 5.3) |
| Sodium | 139 mmol/L | (Range: 133 - 146) |
| Creatinine | 69 µmol/L | (Range: 50 - 120) |
| Urea | 3.7 mmol/L | (Range: 2.5 - 7.8) |

**04-Sept-2024 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - FULL BLOOD COUNT )

| | | |
|---|---|---|
| Basophils | 0.1 10*9/L | (No range available) |
| Eosinophils | 0.4 10*9/L | (Range: 0.1 - 0.7) |
| Monocytes | 0.6 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocytes | 1.6 10*9/L | (Range: 1.1 - 5) |
| Neutrophils | 4.3 10*9/L | (Range: 1.5 - 6.5) |
| Platelets | 274 10*9/L | (Range: 150 - 400) |
| MCHC | 339 g/L | (Range: 316 - 349) |
| MCH | 32.4 pg | (Range: 27.3 - 32.6) |
| MCV | 96 fL | (Range: 82 - 98) |
| Haematocrit | 0.4 % | (Range: 0.39 - 0.5) |
| RBC | **4.13 10*12/L** | **(Range: 4.32 - 5.66)** |
| White Cell Count | 6.9 10*9/L | (Range: 3.7 - 9.5) |
| Haemoglobin | 134 g/L | (Range: 133 - 176) |

**29-Aug-2024 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - URINE ALBUMIN CREATINE RATIO )

| | | |
|---|---|---|
| Urine Creatinine | 3.69 mmol/L | (No range available) |
| Urine Microalbumin/creatinine ratio <1.1 | | (No range available) |
| Urine albumin <4.0 | | (No range available) |

**05-Aug-2024 Ms Nichola Duffy (NICD)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| O/E - left foot pulses present | | (No range available) |
| O/E - right foot pulses present | | (No range available) |
| 10g monofilament sensation L foot normal | | (No range available) |
| 10g monofilament sensation R foot normal | | (No range available) |
| O/E - Left diabetic foot at low risk | | (No range available) |
| O/E - Right diabetic foot at low risk | | (No range available) |

**02-Aug-2024 Mr Anonymous User (ANON)**
**Result:** Plasma glucose

| | | |
|---|---|---|
| Glucose | **19.2 mmol/L** | **(Range: 3.3 - 6)** |

**02-Aug-2024 Mr Anonymous User (ANON)**
**Result:** Thyroid function tests

| | | |
|---|---|---|
| TSH | 0.5 mU/L | (Range: 0.27 - 4.2) |
| Free T4 | 17.1 pmol/L | (Range: 10 - 22) |

**02-Aug-2024 Mr Anonymous User (ANON)**
**Result:** Plasma lipids

| | | |
|---|---|---|
| LDL Cholesterol | 1.6 mmol/L | (No range available) |
| Triglyceride | 1.4 mmol/L | (No range available) |
| Cholesterol:HDL Ratio | 2.8 | (No range available) |
| HDL Cholesterol | 1.2 mmol/L | (No range available) |
| Cholesterol | 3.4 mmol/L | (No range available) |

**02-Aug-2024 Mr Anonymous User (ANON)**
**Result:** Bone profile

| | | |
|---|---|---|
| Phosphate | 0.7 mmol/L | (Range: 0.7 - 1.5) |
| Adjusted Calcium | 2.35 mmol/L | (Range: 2.2 - 2.6) |
| Calcium | 2.39 mmol/L | (Range: 2.2 - 2.6) |

**02-Aug-2024 Mr Anonymous User (ANON)**
**Result:** Liver function test

| | | |
|---|---|---|
| Globulin | 29 g/L | (Range: 21 - 35) |
| Albumin | 42 g/L | (Range: 35 - 50) |
| Total Protein | 71 g/L | (Range: 60 - 80) |
| ALT | 11 U/L | (Range: 5 - 55) |
| AST | 10 U/L | (Range: 10 - 45) |
| ALP | 80 U/L | (Range: 30 - 130) |
| Bilirubin | 5 µmol/L | (No range available) |

THIRD PARTY COPY

**02-Aug-2024 Mr Anonymous User (ANON)**
**Result:** Urea and electrolytes

| | | |
|---|---|---|
| eGFR result/1.73m2 >60 | | (No range available) |
| Chloride | 104 mmol/L | (Range: 95 - 108) |
| Potassium | 4.3 mmol/L | (Range: 3.5 - 5.3) |
| Sodium | 140 mmol/L | (Range: 133 - 146) |
| Creatinine | 63 µmol/L | (Range: 50 - 120) |
| Urea | 3.3 mmol/L | (Range: 2.5 - 7.8) |

**02-Aug-2024 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - GLYCATED HB )

| | | |
|---|---|---|
| Haemoglobin A1c (IFCC) | **66 mmol/mol** | **(Range: 20 - 41)** |
| Haemoglobin A1c | **8.2 %** | **(Range: 4 - 5.9)** |

**02-Aug-2024 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - FULL BLOOD COUNT )

| | | |
|---|---|---|
| Basophils, 0 | 0 10*9/L | (No range available) |
| Eosinophils | 0.2 10*9/L | (Range: 0.1 - 0.7) |
| Monocytes | 0.5 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocytes | 1.4 10*9/L | (Range: 1.1 - 5) |
| Neutrophils | 4.8 10*9/L | (Range: 1.5 - 6.5) |
| Platelets | 251 10*9/L | (Range: 150 - 400) |
| MCHC | 333 g/L | (Range: 316 - 349) |
| MCH | **32.7 pg** | **(Range: 27.3 - 32.6)** |
| MCV | 98 fL | (Range: 82 - 98) |
| Haematocrit | 0.43 % | (Range: 0.39 - 0.5) |
| RBC | 4.34 10*12/L | (Range: 4.32 - 5.66) |
| White Cell Count | 6.9 10*9/L | (Range: 3.7 - 9.5) |
| Haemoglobin | 142 g/L | (Range: 133 - 176) |

**13-Feb-2024 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - GLYCATED HB )

| | | |
|---|---|---|
| Haemoglobin A1c (IFCC) | **56 mmol/mol** | **(Range: 20 - 41)** |
| Haemoglobin A1c | **7.3 %** | **(Range: 4 - 5.9)** |

**07-Dec-2023 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - SERUM FERRITIN )

| | | |
|---|---|---|
| Ferritin | **18 ug/L** | **(Range: 30 - 400)** |

**07-Dec-2023 Mr Anonymous User (ANON)**
**Result:** Serum folate

| | | |
|---|---|---|
| Folate | **3 ug/L** | **(Range: 3.9 - 26.8)** |

**07-Dec-2023 Mr Anonymous User (ANON)**
**Result:** Serum vitamin B12

| | | |
|---|---|---|
| Vitamin B12 | 285 ng/L | (Range: 197 - 771) |

**07-Dec-2023 Mr Anonymous User (ANON)**
**Result:** Plasma C reactive protein

| | | |
|---|---|---|
| CRP | **13 mg/L** | **(No range available)** |

**07-Dec-2023 Mr Anonymous User (ANON)**
**Result:** Liver function test

| | | |
|---|---|---|
| Globulin | 27 g/L | (Range: 21 - 35) |
| Albumin | 40 g/L | (Range: 35 - 50) |
| Total Protein | 67 g/L | (Range: 60 - 80) |
| ALT | 12 U/L | (Range: 5 - 55) |
| AST | 14 U/L | (Range: 10 - 45) |
| ALP | 62 U/L | (Range: 30 - 130) |
| Bilirubin | 5 µmol/L | (No range available) |

**07-Dec-2023 Mr Anonymous User (ANON)**
**Result:** Urea and electrolytes

| | | |
|---|---|---|
| eGFR result/1.73m2 >60 | | (No range available) |
| Chloride | 104 mmol/L | (Range: 95 - 108) |
| Potassium | 4.6 mmol/L | (Range: 3.5 - 5.3) |
| Sodium | 138 mmol/L | (Range: 133 - 146) |
| Creatinine | 65 µmol/L | (Range: 50 - 120) |
| Urea | 4.1 mmol/L | (Range: 2.5 - 7.8) |

THIRD PARTY COPY

**07-Dec-2023 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - FULL BLOOD COUNT )

| | | |
|---|---|---|
| Basophils | 0.1 10*9/L | (No range available) |
| Eosinophils | **0.8 10*9/L** | **(Range: 0.1 - 0.7)** |
| Monocytes | 0.7 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocytes | **1 10*9/L** | **(Range: 1.1 - 5)** |
| Neutrophils | 4.1 10*9/L | (Range: 1.5 - 6.5) |
| Platelets | 322 10*9/L | (Range: 150 - 400) |
| MCHC | 323 g/L | (Range: 316 - 349) |
| MCH | 29.5 pg | (Range: 27.3 - 32.6) |
| MCV | 91 fL | (Range: 82 - 98) |
| Haematocrit | **0.34 %** | **(Range: 0.39 - 0.5)** |
| RBC | **3.7 10*12/L** | **(Range: 4.32 - 5.66)** |
| White Cell Count | 6.7 10*9/L | (Range: 3.7 - 9.5) |
| Haemoglobin | **109 g/L** | **(Range: 133 - 176)** |

**04-Dec-2023 Mr Anonymous User (ANON)**
**Result:** Serum vitamin B12

| | | |
|---|---|---|
| Vitamin B12 | 275 ng/L | (Range: 197 - 771) |

**26-Sept-2023 Mr Anonymous User (ANON)**
**Result:** Erythrocyte sedimentation rate

| | | |
|---|---|---|
| ESR | 13 mm/hour | (No range available) |

**26-Sept-2023 Mr Anonymous User (ANON)**
**Result:** Plasma C reactive protein

| | | |
|---|---|---|
| CRP | **80 mg/L** | **(No range available)** |

**26-Sept-2023 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - FULL BLOOD COUNT )

| | | |
|---|---|---|
| Basophils, 0 | 0 10*9/L | (No range available) |
| Eosinophils | 0.2 10*9/L | (Range: 0.1 - 0.7) |
| Monocytes | 0.9 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocytes | 1.1 10*9/L | (Range: 1.1 - 5) |
| Neutrophils | **12 10*9/L** | **(Range: 1.5 - 6.5)** |
| Platelets | 368 10*9/L | (Range: 150 - 400) |
| MCHC | 334 g/L | (Range: 316 - 349) |
| MCH | 30.3 pg | (Range: 27.3 - 32.6) |
| MCV | 91 fL | (Range: 82 - 98) |
| Haematocrit | **0.35 %** | **(Range: 0.39 - 0.5)** |
| RBC | **3.83 10*12/L** | **(Range: 4.32 - 5.66)** |
| White Cell Count | **14.2 10*9/L** | **(Range: 3.7 - 9.5)** |
| Haemoglobin | **116 g/L** | **(Range: 133 - 176)** |

**05-Sept-2023 Mr Anonymous User (ANON)**
**Result:** Plasma C reactive protein

| | | |
|---|---|---|
| CRP | **59 mg/L** | **(No range available)** |

**05-Sept-2023 Mr Anonymous User (ANON)**
**Result:** Erythrocyte sedimentation rate

| | | |
|---|---|---|
| ESR | **26 mm/hour** | **(No range available)** |

**05-Sept-2023 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - FULL BLOOD COUNT )

| | | |
|---|---|---|
| Basophils, 0 | 0 10*9/L | (No range available) |
| Eosinophils | 0.3 10*9/L | (Range: 0.1 - 0.7) |
| Monocytes | 0.8 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocytes | **0.8 10*9/L** | **(Range: 1.1 - 5)** |
| Neutrophils | 5 10*9/L | (Range: 1.5 - 6.5) |
| Platelets | 230 10*9/L | (Range: 150 - 400) |
| MCHC | 332 g/L | (Range: 316 - 349) |
| MCH | 30.4 pg | (Range: 27.3 - 32.6) |
| MCV | 91 fL | (Range: 82 - 98) |
| Haematocrit | **0.36 %** | **(Range: 0.39 - 0.5)** |
| RBC | **3.92 10*12/L** | **(Range: 4.32 - 5.66)** |
| White Cell Count | 6.9 10*9/L | (Range: 3.7 - 9.5) |
| Haemoglobin | **119 g/L** | **(Range: 133 - 176)** |

**22-Aug-2023 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - SERUM FERRITIN )

| | | |
|---|---|---|
| Ferritin | 59 ug/L | (Range: 30 - 400) |

**22-Aug-2023 Mr Anonymous User (ANON)**
**Result:** Serum folate

| | | |
|---|---|---|
| Folate | **3.8 ug/L** | **(Range: 3.9 - 26.8)** |

**22-Aug-2023 Mr Anonymous User (ANON)**
**Result:** Serum vitamin B12

| | | |
|---|---|---|
| Vitamin B12 | **151 ng/L** | **(Range: 197 - 771)** |

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**22-Aug-2023 Mr Anonymous User (ANON)**
**Result:** Plasma C reactive protein

| | | |
|---|---|---|
| CRP | **119 mg/L** | **(No range available)** |

**22-Aug-2023 Mr Anonymous User (ANON)**
**Result:** Erythrocyte sedimentation rate

| | | |
|---|---|---|
| ESR | **29 mm/hour** | **(No range available)** |

**22-Aug-2023 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - FULL BLOOD COUNT )

| | | |
|---|---|---|
| Basophils, 0 | 0 10*9/L | (No range available) |
| Eosinophils | **1.1 10*9/L** | **(Range: 0.1 - 0.7)** |
| Monocytes | 0.5 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocytes | 1.2 10*9/L | (Range: 1.1 - 5) |
| Neutrophils | 6.4 10*9/L | (Range: 1.5 - 6.5) |
| Platelets | 331 10*9/L | (Range: 150 - 400) |
| MCHC | 338 g/L | (Range: 316 - 349) |
| MCH | 31.1 pg | (Range: 27.3 - 32.6) |
| MCV | 92 fL | (Range: 82 - 98) |
| Haematocrit | **0.35 %** | **(Range: 0.39 - 0.5)** |
| RBC | **3.8 10*12/L** | **(Range: 4.32 - 5.66)** |
| White Cell Count | 9.3 10*9/L | (Range: 3.7 - 9.5) |
| Haemoglobin | **118 g/L** | **(Range: 133 - 176)** |

**08-Aug-2023 Mr Anonymous User (ANON)**
**Result:** Thyroid function tests

| | | |
|---|---|---|
| TSH | 0.43 mU/L | (Range: 0.27 - 4.2) |
| Free T4 | 16.2 pmol/L | (Range: 10 - 22) |

**08-Aug-2023 Mr Anonymous User (ANON)**
**Result:** Plasma lipids

| | | |
|---|---|---|
| LDL Cholesterol | 1.6 mmol/L | (No range available) |
| Triglyceride | 1 mmol/L | (No range available) |
| Cholesterol:HDL Ratio | 2.8 | (No range available) |
| HDL Cholesterol | 1.2 mmol/L | (No range available) |
| Cholesterol | 3.3 mmol/L | (No range available) |

**08-Aug-2023 Mr Anonymous User (ANON)**
**Result:** Bone profile

| | | |
|---|---|---|
| Phosphate | 1.02 mmol/L | (Range: 0.7 - 1.5) |
| Adjusted Calcium | 2.36 mmol/L | (Range: 2.2 - 2.6) |
| Calcium | 2.38 mmol/L | (Range: 2.2 - 2.6) |

**08-Aug-2023 Mr Anonymous User (ANON)**
**Result:** Liver function test

| | | |
|---|---|---|
| Globulin | 27 g/L | (Range: 21 - 35) |
| Albumin | 41 g/L | (Range: 35 - 50) |
| Total Protein | 68 g/L | (Range: 60 - 80) |
| ALT | 16 U/L | (Range: 5 - 55) |
| AST | 14 U/L | (Range: 10 - 45) |
| ALP | 47 U/L | (Range: 30 - 130) |
| Bilirubin | 5 µmol/L | (No range available) |

**08-Aug-2023 Mr Anonymous User (ANON)**
**Result:** Urea and electrolytes

| | | |
|---|---|---|
| eGFR result/1.73m2 >60 | | (No range available) |
| Chloride | 103 mmol/L | (Range: 95 - 108) |
| Potassium | 4.3 mmol/L | (Range: 3.5 - 5.3) |
| Sodium | 139 mmol/L | (Range: 133 - 146) |
| Creatinine | 76 µmol/L | (Range: 50 - 120) |
| Urea | 3.3 mmol/L | (Range: 2.5 - 7.8) |

**08-Aug-2023 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - GLYCATED HB )

| | | |
|---|---|---|
| Haemoglobin A1c (IFCC) | **62 mmol/mol** | **(Range: 20 - 41)** |
| Haemoglobin A1c | **7.8 %** | **(Range: 4 - 5.9)** |

**08-Aug-2023 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - FULL BLOOD COUNT )

| | | |
|---|---|---|
| Basophils | 0.1 10*9/L | (No range available) |
| Eosinophils | 0.2 10*9/L | (Range: 0.1 - 0.7) |
| Monocytes | 0.8 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocytes | **1 10*9/L** | **(Range: 1.1 - 5)** |
| Neutrophils | **12.9 10*9/L** | **(Range: 1.5 - 6.5)** |
| Platelets | 361 10*9/L | (Range: 150 - 400) |
| MCHC | 332 g/L | (Range: 316 - 349) |
| MCH | 31 pg | (Range: 27.3 - 32.6) |
| MCV | 93 fL | (Range: 82 - 98) |
| Haematocrit | **0.38 %** | **(Range: 0.39 - 0.5)** |
| RBC | **4.07 10*12/L** | **(Range: 4.32 - 5.66)** |
| White Cell Count | **14.9 10*9/L** | **(Range: 3.7 - 9.5)** |
| Haemoglobin | **126 g/L** | **(Range: 133 - 176)** |

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**08-Aug-2023 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - URINE ALBUMIN CREATINE RATIO )

| | | |
|---|---|---|
| Urine Creatinine | 5 mmol/L | (No range available) |
| Urine Microalbumin/creatinine ratio | 1.2 mg/mmol | (No range available) |
| Urine albumin | 6 mg/L | (No range available) |

**30-Mar-2023 Mr Anonymous User (ANON)**
**Result:** Plasma C reactive protein

| | | |
|---|---|---|
| CRP | **11 mg/L** | **(No range available)** |

**30-Mar-2023 Mr Anonymous User (ANON)**
**Result:** Plasma lipids

| | | |
|---|---|---|
| LDL Cholesterol | 2 mmol/L | (No range available) |
| Triglyceride | 1 mmol/L | (No range available) |
| Cholesterol:HDL Ratio | 2.7 | (No range available) |
| HDL Cholesterol | 1.5 mmol/L | (No range available) |
| Cholesterol | 4 mmol/L | (No range available) |

**30-Mar-2023 Mr Anonymous User (ANON)**
**Result:** Bone profile

| | | |
|---|---|---|
| Phosphate | 1.29 mmol/L | (Range: 0.7 - 1.5) |
| Adjusted Calcium | 2.36 mmol/L | (Range: 2.2 - 2.6) |
| Calcium | 2.4 mmol/L | (Range: 2.2 - 2.6) |

**30-Mar-2023 Mr Anonymous User (ANON)**
**Result:** Liver function test

| | | |
|---|---|---|
| Globulin | 28 g/L | (Range: 21 - 35) |
| Albumin | 42 g/L | (Range: 35 - 50) |
| Total Protein | 70 g/L | (Range: 60 - 80) |
| ALT | 11 U/L | (Range: 5 - 55) |
| AST | 11 U/L | (Range: 10 - 45) |
| ALP | 57 U/L | (Range: 30 - 130) |
| Bilirubin | 4 µmol/L | (No range available) |

**30-Mar-2023 Mr Anonymous User (ANON)**
**Result:** Urea and electrolytes

| | | |
|---|---|---|
| eGFR result/1.73m2 >60 | | (No range available) |
| Chloride | 100 mmol/L | (Range: 95 - 108) |
| Potassium | 4.1 mmol/L | (Range: 3.5 - 5.3) |
| Sodium | 137 mmol/L | (Range: 133 - 146) |
| Creatinine | 84 µmol/L | (Range: 50 - 120) |
| Urea | 5.3 mmol/L | (Range: 2.5 - 7.8) |

**30-Mar-2023 Mr Anonymous User (ANON)**
**Result:** Plasma glucose

| | | |
|---|---|---|
| Glucose | **17.9 mmol/L** | **(Range: 3.3 - 6)** |

**30-Mar-2023 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - FULL BLOOD COUNT )

| | | |
|---|---|---|
| Basophils, 0 | 0 10*9/L | (No range available) |
| Eosinophils, 0 | **0 10*9/L** | **(Range: 0.1 - 0.7)** |
| Monocytes | 0.6 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocytes | 1.1 10*9/L | (Range: 1.1 - 5) |
| Neutrophils | **12.2 10*9/L** | **(Range: 1.5 - 6.5)** |
| Platelets | 375 10*9/L | (Range: 150 - 400) |
| MCHC | 340 g/L | (Range: 316 - 349) |
| MCH | 31.9 pg | (Range: 27.3 - 32.6) |
| MCV | 94 fL | (Range: 82 - 98) |
| Haematocrit | **0.38 %** | **(Range: 0.39 - 0.5)** |
| RBC | **4.05 10*12/L** | **(Range: 4.32 - 5.66)** |
| White Cell Count | **13.8 10*9/L** | **(Range: 3.7 - 9.5)** |
| Haemoglobin | **129 g/L** | **(Range: 133 - 176)** |

**24-Jun-2022 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - GLYCATED HB )

| | | |
|---|---|---|
| Haemoglobin A1c (IFCC) | **65 mmol/mol** | **(Range: 29 - 42)** |
| Haemoglobin A1c | **8.1 %** | **(Range: 4.8 - 6)** |

**24-Jun-2022 Mr Anonymous User (ANON)**
**Result:** Plasma C reactive protein

| | | |
|---|---|---|
| CRP | **16 mg/L** | **(Range: 2 - 10)** |

**24-Jun-2022 Mr Anonymous User (ANON)**
**Result:** Thyroid function tests

| | | |
|---|---|---|
| TSH | 0.44 mU/L | (Range: 0.27 - 4.2) |
| Free T4 | 20.5 pmol/L | (Range: 10 - 22) |

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**24-Jun-2022 Mr Anonymous User (ANON)**
**Result:** Liver function test

| | | |
|---|---|---|
| Globulin | 25 g/L | (Range: 21 - 35) |
| Albumin | 40 g/L | (Range: 35 - 50) |
| Total Protein | 65 g/L | (Range: 60 - 80) |
| ALT | 14 U/L | (Range: 5 - 55) |
| AST | 11 U/L | (Range: 10 - 45) |
| ALP | 45 U/L | (Range: 30 - 130) |
| Bilirubin | 7 µmol/L | (Range: 3 - 21) |

**24-Jun-2022 Mr Anonymous User (ANON)**
**Result:** Urea and electrolytes

| | | |
|---|---|---|
| eGFR result/1.73m2 >60 | | (No range available) |
| Chloride | 98 mmol/L | (Range: 95 - 108) |
| Potassium | 4.1 mmol/L | (Range: 3.5 - 5.3) |
| Sodium | 135 mmol/L | (Range: 133 - 146) |
| Creatinine | 85 µmol/L | (Range: 50 - 120) |
| Urea | 3.3 mmol/L | (Range: 2.5 - 7.8) |

**24-Jun-2022 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - FULL BLOOD COUNT )

| | | |
|---|---|---|
| Basophils, 0 | 0 10*9/L | (No range available) |
| Eosinophils | 0.2 10*9/L | (Range: 0.1 - 0.7) |
| Monocytes | 0.6 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocytes | 1.5 10*9/L | (Range: 1.1 - 5) |
| Neutrophils | 2.9 10*9/L | (Range: 1.5 - 6.5) |
| Platelets | 288 10*9/L | (Range: 150 - 400) |
| MCHC | 338 g/L | (Range: 316 - 349) |
| MCH | 32 pg | (Range: 27.3 - 32.6) |
| MCV | 95 fL | (Range: 82 - 98) |
| Haematocrit | 0.39 % | (Range: 0.39 - 0.5) |
| RBC | **4.15 10*12/L** | **(Range: 4.32 - 5.66)** |
| White Cell Count | 5.2 10*9/L | (Range: 3.7 - 9.5) |
| Haemoglobin | 133 g/L | (Range: 133 - 176) |

**07-Apr-2022 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - GLYCATED HB )

| | | |
|---|---|---|
| Haemoglobin A1c (IFCC) | **66 mmol/mol** | **(Range: 29 - 42)** |
| Haemoglobin A1c | **8.2 %** | **(Range: 4.8 - 6)** |

**22-Dec-2021 Dr Angela McCrorie (ALM)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| Haemoglobin A1c level - IFCC standardised | 75 mmol/mol | (No range available) |

**03-Sept-2021 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - GLYCATED HB )

| | | |
|---|---|---|
| Haemoglobin A1c (IFCC) | **67 mmol/mol** | **(Range: 29 - 42)** |
| Haemoglobin A1c | **8.3 %** | **(Range: 4.8 - 6)** |

**03-Sept-2021 Mr Anonymous User (ANON)**
**Result:** Plasma lipids

| | | |
|---|---|---|
| LDL Cholesterol | 1.28 mmol/L | (No range available) |
| Triglyceride | 1.42 mmol/L | (No range available) |
| Cholesterol:HDL Ratio | 2.65 | (No range available) |
| HDL Cholesterol | 1.17 mmol/L | (No range available) |
| Cholesterol | 3.1 mmol/L | (No range available) |

**03-Sept-2021 Mr Anonymous User (ANON)**
**Result:** Liver function test

| | | |
|---|---|---|
| Globulin | 28 g/L | (Range: 21 - 35) |
| Albumin | 41 g/L | (Range: 35 - 50) |
| Total Protein | 69 g/L | (Range: 60 - 80) |
| ALT | 17 U/L | (Range: 5 - 55) |
| AST | 14 U/L | (Range: 10 - 45) |
| ALP | 45 U/L | (Range: 30 - 130) |
| Bilirubin | 5 µmol/L | (Range: 3 - 21) |

**03-Sept-2021 Mr Anonymous User (ANON)**
**Result:** Urea and electrolytes

| | | |
|---|---|---|
| eGFR result/1.73m2 >60 | | (No range available) |
| Chloride | 104 mmol/L | (Range: 95 - 108) |
| Potassium | 4.1 mmol/L | (Range: 3.5 - 5.3) |
| Sodium | 139 mmol/L | (Range: 133 - 146) |
| Creatinine | 81 µmol/L | (Range: 50 - 120) |
| Urea | 4.8 mmol/L | (Range: 2.5 - 7.8) |

**28-July-2020 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - URINE ALBUMIN CREATINE RATIO )

| | | |
|---|---|---|
| Urine Creatinine | 4.5 mmol/L | (No range available) |
| Urine Microalbumin/creatinine ratio <0.9 | | (No range available) |
| Urine albumin <4.0 | | (No range available) |

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| | | |
|---|---|---|
| **22-Jan-2020 Dr Angela McCrorie (ALM)** | | |
| **Result:** GMS Contract Back Population | | |
| Haemoglobin A1c level - IFCC standardised | 76 mmol/mol | (No range available) |
| **08-Oct-2019 Mr Anonymous User (ANON)** | | |
| **Result:** (Non Coded Event - GLYCATED HB ) | | |
| Haemoglobin A1c (IFCC) | **69 mmol/mol** | **(Range: 29 - 42)** |
| Haemoglobin A1c | **8.5 %** | **(Range: 4.8 - 6)** |
| **08-Oct-2019 Mr Anonymous User (ANON)** | | |
| **Result:** Plasma glucose | | |
| Glucose | **9.7 mmol/L** | **(Range: 3.3 - 6)** |
| **08-Oct-2019 Mr Anonymous User (ANON)** | | |
| **Result:** Urea and electrolytes | | |
| eGFR result/1.73m2 >60 | | (No range available) |
| Chloride | 101 mmol/L | (Range: 95 - 108) |
| Potassium | 4.7 mmol/L | (Range: 3.5 - 5.3) |
| Sodium | 139 mmol/L | (Range: 133 - 146) |
| Creatinine | 73 µmol/L | (Range: 50 - 120) |
| Urea | 3.8 mmol/L | (Range: 2.5 - 7.8) |
| **10-May-2017 Mr Anonymous User (ANON)** | | |
| **Result:** Glycosylated Hb | | |
| Haemoglobin A1c (IFCC) | **68 mmol/mol** | **(Range: 29 - 42)** |
| Haemoglobin A1c | **8.4 %** | **(Range: 4.8 - 6)** |
| **10-May-2017 Mr Anonymous User (ANON)** | | |
| **Result:** (Non Coded Event - FULL BLOOD COUNT ) | | |
| Basophils, 0 | 0 10*9/L | (No range available) |
| Eosinophils | 0.5 10*9/L | (Range: 0.1 - 0.7) |
| Monocytes | 0.6 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocytes | 1.8 10*9/L | (Range: 1.1 - 5) |
| Neutrophils | 5 10*9/L | (Range: 1.5 - 6.5) |
| Platelets | 242 10*9/L | (Range: 150 - 400) |
| MCHC | **350 g/L** | **(Range: 316 - 349)** |
| MCH | **34.6 pg** | **(Range: 27.3 - 32.6)** |
| MCV | **99 fl** | **(Range: 82 - 98)** |
| Haematocrit | 0.42 % | (Range: 0.39 - 0.5) |
| RBC | **4.28 10*12/L** | **(Range: 4.32 - 5.66)** |
| White Cell Count | 7.8 10*9/L | (Range: 3.7 - 9.5) |
| Haemoglobin | 148 g/L | (Range: 133 - 176) |
| **10-May-2017 Mr Anonymous User (ANON)** | | |
| **Result:** Plasma glucose | | |
| Glucose | **20.3 mmol/L** | **(Range: 3.3 - 6)** |
| **04-Feb-2026 Ms Nichola Duffy (NICD)** | | |
| **Result:** GMS Contract Back Population | | |
| Haemoglobin A1c level - IFCC standardised | 68 mmol/mol | (No range available) |
| Serum creatinine | 68 umol/L | (No range available) |
| **05-Jun-2025 Mr Anonymous User (ANON)** | | |
| **Result:** Sputum culture | | |
| Culture | | (No range available) |
| Appearance Purulent | | (No range available) |
| **19-Mar-2025 Ms Nichola Duffy (NICD)** | | |
| **Result:** GMS Contract Back Population | | |
| Serum creatinine | 62 umol/L | (No range available) |
| **30-Oct-2024 Ms Nichola Duffy (NICD)** | | |
| **Result:** GMS Contract Back Population | | |
| Serum creatinine | 61 umol/L | (No range available) |
| **10-Sept-2024 Ms Nichola Duffy (NICD)** | | |
| **Result:** GMS Contract Back Population | | |
| Serum creatinine | 69 umol/L | (No range available) |
| **08-Aug-2024 Ms Nichola Duffy (NICD)** | | |
| **Result:** GMS Contract Back Population | | |
| Haemoglobin A1c level - IFCC standardised | 66 mmol/mol | (No range available) |
| Serum creatinine | 63 umol/L | (No range available) |
| Serum total cholesterol level | **3.4 mmol/L** | **(Range: 3.5 - 6.5)** |
| **06-May-2024 Ms Nichola Duffy (NICD)** | | |
| **Result:** GMS Contract Back Population | | |
| O/E - left eye background diabetic retinopathy | | (No range available) |
| Digital retinal screening | 1 | (No range available) |
| O/E - right eye background diabetic retinopathy | | (No range available) |

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| | | |
|---|---|---|
| **15-Jan-2024 Mr Anonymous User (ANON)** | | |
| **Result:** (Non Coded Event - Folate Comment ) | | |
| Folate Comment | | (No range available) |
| **15-Jan-2024 Mr Anonymous User (ANON)** | | |
| **Result:** Serum vitamin B12 | | |
| Vitamin B12 | 374 ng/L | (Range: 197 - 771) |
| **15-Jan-2024 Mr Anonymous User (ANON)** | | |
| **Result:** Serum folate | | |
| Folate | **3.7 ug/L** | **(Range: 3.9 - 26.8)** |
| **15-Jan-2024 Mr Anonymous User (ANON)** | | |
| **Result:** (Non Coded Event - SERUM FERRITIN ) | | |
| Ferritin | 70 ug/L | (Range: 30 - 400) |
| **15-Jan-2024 Mr Anonymous User (ANON)** | | |
| **Result:** (Non Coded Event - FULL BLOOD COUNT ) | | |
| Basophils | 0.1 10*9/L | (No range available) |
| Eosinophils | 0.3 10*9/L | (Range: 0.1 - 0.7) |
| Monocytes | 0.5 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocytes | 1.7 10*9/L | (Range: 1.1 - 5) |
| Neutrophils | 5.5 10*9/L | (Range: 1.5 - 6.5) |
| Platelets | 360 10*9/L | (Range: 150 - 400) |
| MCHC | 327 g/L | (Range: 316 - 349) |
| MCH | 30.6 pg | (Range: 27.3 - 32.6) |
| MCV | 94 fL | (Range: 82 - 98) |
| Haematocrit | 0.4 % | (Range: 0.39 - 0.5) |
| RBC | **4.28 10*12/L** | **(Range: 4.32 - 5.66)** |
| White Cell Count | 8.1 10*9/L | (Range: 3.7 - 9.5) |
| Haemoglobin | **131 g/L** | **(Range: 133 - 176)** |
| **23-Jun-2023 Mrs Alison Lauder (AL)** | | |
| **Result:** GMS Contract Back Population | | |
| Haemoglobin A1c level - IFCC standardised | 62 mmol/mol | (No range available) |
| Serum creatinine | 83 umol/L | (No range available) |
| Serum total cholesterol level | **3.2 mmol/L** | **(Range: 3.5 - 6.5)** |
| **21-Jun-2023 Mrs Alison Lauder (AL)** | | |
| **Result:** GMS Contract Back Population | | |
| Systolic blood pressure | 118 mm Hg | (No range available) |
| Diastolic blood pressure | 80 mm Hg | (No range available) |
| Body Mass Index | **27.2 kg/m2** | **(Range: 20 - 25)** |
| **19-Apr-2023 Mrs Alison Lauder (AL)** | | |
| **Result:** GMS Contract Back Population | | |
| Serum creatinine | 95 umol/L | (No range available) |
| **03-Mar-2023 Mrs Alison Lauder (AL)** | | |
| **Result:** GMS Contract Back Population | | |
| Digital retinal screening | 1 | (No range available) |
| O/E - left eye background diabetic retinopathy | | (No range available) |
| O/E - right eye background diabetic retinopathy | | (No range available) |
| **06-July-2022 Mrs Alison Lauder (AL)** | | |
| **Result:** GMS Contract Back Population | | |
| Systolic blood pressure | 117 mm Hg | (No range available) |
| Diastolic blood pressure | 81 mm Hg | (No range available) |
| Body Mass Index | **27.1 kg/m2** | **(Range: 20 - 25)** |
| O/E - left foot pulses present | | (No range available) |
| O/E - right foot pulses present | | (No range available) |
| 10g monofilament sensation L foot normal | | (No range available) |
| 10g monofilament sensation R foot normal | | (No range available) |
| O/E - Left diabetic foot at low risk | | (No range available) |
| O/E - Right diabetic foot at low risk | | (No range available) |
| **26-Jan-2022 Mrs Alison Lauder (AL)** | | |
| **Result:** GMS Contract Back Population | | |
| Digital retinal screening | 1 | (No range available) |
| O/E - left eye background diabetic retinopathy | | (No range available) |
| O/E - right eye background diabetic retinopathy | | (No range available) |
| O/E - left eye diabetic maculopathy | | (No range available) |
| **16-Dec-2021 Mr Anonymous User (ANON)** | | |
| **Result:** (Non Coded Event - GLYCATED HB ) | | |
| Haemoglobin A1c (IFCC) | **75 mmol/mol** | **(Range: 29 - 42)** |
| Haemoglobin A1c | **9 %** | **(Range: 4.8 - 6)** |
| **09-Sept-2021 Mrs Alison Lauder (AL)** | | |
| **Result:** GMS Contract Back Population | | |
| Haemoglobin A1c level - IFCC standardised | 67 mmol/mol | (No range available) |
| Serum creatinine | 81 umol/L | (No range available) |
| Serum total cholesterol level | **3.1 mmol/L** | **(Range: 3.5 - 6.5)** |

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**10-Mar-2021 Mrs Alison Lauder (AL)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| Haemoglobin A1c level - IFCC standardised | 76 mmol/mol | (No range available) |

**03-Mar-2021 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - GLYCATED HB )

| | | |
|---|---|---|
| Haemoglobin A1c (IFCC) | **76 mmol/mol** | **(Range: 29 - 42)** |
| Haemoglobin A1c | **9.1 %** | **(Range: 4.8 - 6)** |

**06-Nov-2020 Mrs Alison Lauder (AL)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| Haemoglobin A1c level - IFCC standardised | 79 mmol/mol | (No range available) |

**02-Nov-2020 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - GLYCATED HB )

| | | |
|---|---|---|
| Haemoglobin A1c (IFCC) | **79 mmol/mol** | **(Range: 29 - 42)** |
| Haemoglobin A1c | **9.4 %** | **(Range: 4.8 - 6)** |

**04-Aug-2020 Mrs Alison Lauder (AL)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| Haemoglobin A1c level - IFCC standardised | 79 mmol/mol | (No range available) |

**03-Aug-2020 Mrs Alison Lauder (AL)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| Serum total cholesterol level | 3.8 mmol/L | (Range: 3.5 - 6.5) |

**28-July-2020 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - GLYCATED HB )

| | | |
|---|---|---|
| Haemoglobin A1c (IFCC) | **79 mmol/mol** | **(Range: 29 - 42)** |
| Haemoglobin A1c | **9.4 %** | **(Range: 4.8 - 6)** |

**28-July-2020 Mr Anonymous User (ANON)**
**Result:** Thyroid function tests

| | | |
|---|---|---|
| TSH | 0.41 mU/L | (Range: 0.27 - 4.2) |
| Free T4 | 17.4 pmol/L | (Range: 10 - 22) |

**28-July-2020 Mr Anonymous User (ANON)**
**Result:** Plasma lipids

| | | |
|---|---|---|
| LDL Cholesterol | 1.93 mmol/L | (No range available) |
| Triglyceride | 1.54 mmol/L | (No range available) |
| Cholesterol:HDL Ratio | 3.25 | (No range available) |
| HDL Cholesterol | 1.17 mmol/L | (No range available) |
| Cholesterol | 3.8 mmol/L | (No range available) |

**28-July-2020 Mr Anonymous User (ANON)**
**Result:** Liver function test

| | | |
|---|---|---|
| Globulin | 27 g/L | (Range: 21 - 35) |
| Albumin | 42 g/L | (Range: 35 - 50) |
| Total Protein | 69 g/L | (Range: 60 - 80) |
| ALT | 22 U/L | (Range: 5 - 55) |
| AST | 15 U/L | (Range: 10 - 45) |
| ALP | 52 U/L | (Range: 30 - 130) |
| Bilirubin | 5 µmol/L | (Range: 3 - 21) |

**28-July-2020 Mr Anonymous User (ANON)**
**Result:** Urea and electrolytes

| | | |
|---|---|---|
| eGFR result/1.73m2 >60 | | (No range available) |
| Chloride | 99 mmol/L | (Range: 95 - 108) |
| Potassium | 4.2 mmol/L | (Range: 3.5 - 5.3) |
| Sodium | 134 mmol/L | (Range: 133 - 146) |
| Creatinine | 92 µmol/L | (Range: 50 - 120) |
| Urea | 4.9 mmol/L | (Range: 2.5 - 7.8) |

**28-July-2020 Mr Anonymous User (ANON)**
**Result:** Plasma glucose

| | | |
|---|---|---|
| Glucose | **16.3 mmol/L** | **(Range: 3.3 - 6)** |

**28-July-2020 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - FULL BLOOD COUNT )

| | | |
|---|---|---|
| Basophils | 0.1 10*9/L | (No range available) |
| Eosinophils | 0.4 10*9/L | (Range: 0.1 - 0.7) |
| Monocytes | 0.5 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocytes | 1.8 10*9/L | (Range: 1.1 - 5) |
| Neutrophils | 3.9 10*9/L | (Range: 1.5 - 6.5) |
| Platelets | 296 10*9/L | (Range: 150 - 400) |
| MCHC | 332 g/L | (Range: 316 - 349) |
| MCH | 32.6 pg | (Range: 27.3 - 32.6) |
| MCV | 98 fL | (Range: 82 - 98) |
| Haematocrit | 0.42 % | (Range: 0.39 - 0.5) |
| RBC | **4.23 10*12/L** | **(Range: 4.32 - 5.66)** |
| White Cell Count | 6.6 10*9/L | (Range: 3.7 - 9.5) |
| Haemoglobin | 138 g/L | (Range: 133 - 176) |

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**17-Feb-2020 Miss Elaine Millar (ELAI)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| O/E - left eye background diabetic retinopathy | | (No range available) |
| Digital retinal screening | 1 | (No range available) |
| O/E - right eye background diabetic retinopathy | | (No range available) |

**15-Jan-2020 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - GLYCATED HB )

| | | |
|---|---|---|
| Haemoglobin A1c (IFCC) | **76 mmol/mol** | **(Range: 29 - 42)** |
| Haemoglobin A1c | **9.1 %** | **(Range: 4.8 - 6)** |

**06-Dec-2019 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - URIC ACID )

| | | |
|---|---|---|
| Uric Acid | **173 umol/L** | **(Range: 200 - 430)** |

**21-Nov-2019 Miss Elaine Millar (ELAI)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| Haemoglobin A1c level - IFCC standardised | 66 mmol/mol | (No range available) |

**20-Nov-2019 Miss Elaine Millar (ELAI)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| Serum total cholesterol level | **3.3 mmol/L** | **(Range: 3.5 - 6.5)** |

**21-Jan-2019 Miss Carrie Leggat (CARR)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| Digital retinal screening | 1 | (No range available) |
| O/E - left eye background diabetic retinopathy | | (No range available) |
| O/E - right eye background diabetic retinopathy | | (No range available) |
| O/E - left eye diabetic maculopathy | | (No range available) |
| O/E - right eye diabetic maculopathy | | (No range available) |

**18-Jan-2019 Miss Carrie Leggat (CARR)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| Haemoglobin A1c level - IFCC standardised | 69 mmol/mol | (No range available) |

**17-Jan-2019 Miss Carrie Leggat (CARR)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| Serum total cholesterol level | **2.8 mmol/L** | **(Range: 3.5 - 6.5)** |

**15-Jan-2019 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - URINE ALBUMIN CREATINE RATIO )

| | | |
|---|---|---|
| Urine Creatinine | 9.6 mmol/L | (No range available) |
| Urine Microalbumin/creatinine ratio | 0.5 mg/mmol | (No range available) |
| Urine albumin | 5 mg/L | (No range available) |

**14-Jan-2019 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - GLYCATED HB )

| | | |
|---|---|---|
| Haemoglobin A1c (IFCC) | **69 mmol/mol** | **(Range: 29 - 42)** |
| Haemoglobin A1c | **8.5 %** | **(Range: 4.8 - 6)** |

**14-Jan-2019 Mr Anonymous User (ANON)**
**Result:** Thyroid function tests

| | | |
|---|---|---|
| TSH | 0.87 mU/L | (Range: 0.3 - 6) |
| Free T4 | 17.7 pmol/L | (Range: 9 - 24) |

**14-Jan-2019 Mr Anonymous User (ANON)**
**Result:** Plasma lipids

| | | |
|---|---|---|
| Triglyceride | 1.76 mmol/L | (Range: 0.84 - 1.94) |
| Cholesterol | **2.8 mmol/L** | **(Range: 3.1 - 6.5)** |
| LDL Cholesterol | 0.79 mmol/L | (No range available) |
| Cholesterol:HDL Ratio | 2.31 | (No range available) |
| HDL Cholesterol | 1.21 mmol/L | (Range: 1 - 1.5) |

**14-Jan-2019 Mr Anonymous User (ANON)**
**Result:** Liver function test

| | | |
|---|---|---|
| Globulin | 29 g/L | (Range: 21 - 35) |
| Albumin | 39 g/L | (Range: 35 - 50) |
| Total Protein | 68 g/L | (Range: 60 - 80) |
| ALT | 18 U/L | (Range: 5 - 55) |
| AST | 12 U/L | (Range: 10 - 45) |
| ALP | 83 U/L | (Range: 30 - 130) |
| Bilirubin | 6 µmol/L | (Range: 3 - 21) |

**14-Jan-2019 Mr Anonymous User (ANON)**
**Result:** Urea and electrolytes

| | | |
|---|---|---|
| eGFR result/1.73m2 >60 | | (No range available) |
| Chloride | 97 mmol/L | (Range: 95 - 108) |
| Potassium | 3.9 mmol/L | (Range: 3.5 - 5.3) |
| Sodium | 135 mmol/L | (Range: 133 - 146) |
| Creatinine | 71 µmol/L | (Range: 50 - 120) |
| Urea | 3.3 mmol/L | (Range: 2.5 - 7.8) |

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**14-Jan-2019 Mr Anonymous User (ANON)**
**Result:** Plasma glucose

| | | |
|---|---|---|
| Glucose | **17.7 mmol/L** | **(Range: 3.3 - 6)** |

**14-Jan-2019 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - FULL BLOOD COUNT )

| | | |
|---|---|---|
| Basophils, 0 | 0 10*9/L | (No range available) |
| Eosinophils | 0.4 10*9/L | (Range: 0.1 - 0.7) |
| Monocytes | 0.4 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocytes | 1.9 10*9/L | (Range: 1.1 - 5) |
| Neutrophils | 4.4 10*9/L | (Range: 1.5 - 6.5) |
| Platelets | 253 10*9/L | (Range: 150 - 400) |
| MCHC | 347 g/L | (Range: 316 - 349) |
| MCH | **33.5 pg** | **(Range: 27.3 - 32.6)** |
| MCV | 97 fL | (Range: 82 - 98) |
| Haematocrit | 0.4 % | (Range: 0.39 - 0.5) |
| RBC | **4.18 10*12/L** | **(Range: 4.32 - 5.66)** |
| White Cell Count | 7.1 10*9/L | (Range: 3.7 - 9.5) |
| Haemoglobin | 140 g/L | (Range: 133 - 176) |

**11-July-2018 Miss Sara Greer (2587)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| Digital retinal screening | 1 | (No range available) |
| O/E - left eye background diabetic retinopathy | | (No range available) |
| O/E - right eye background diabetic retinopathy | | (No range available) |
| O/E - right eye diabetic maculopathy | | (No range available) |

**15-May-2017 Mrs Joanne McLaughlan (HCA - JO16673)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| Haemoglobin A1c level - IFCC standardised | 68 mmol/mol | (No range available) |

**05-Jan-2017 Mr Anonymous User (ANON)**
**Result:** Albumin / creatinine ratio

| | | |
|---|---|---|
| Urine Creatinine | 11.4 mmol/L | (No range available) |
| Microalbumin/creatinine ratio | 0.4 mg/mmol | (No range available) |
| Urine albumin | 5.1 mg/L | (No range available) |

**26-Dec-2016 Mrs Joanne McLaughlan (HCA - JO16673)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| Serum total cholesterol level | **3.3 mmol/L** | **(Range: 3.5 - 6.5)** |

**22-Dec-2016 Mr Anonymous User (ANON)**
**Result:** Thyroid function tests

| | | |
|---|---|---|
| TSH | 1.07 mU/L | (Range: 0.3 - 6) |
| Free T4 | 16.3 pmol/L | (Range: 9 - 24) |

**22-Dec-2016 Mr Anonymous User (ANON)**
**Result:** Glycosylated Hb

| | | |
|---|---|---|
| Haemoglobin A1c (IFCC) | **65 mmol/mol** | **(Range: 29 - 42)** |
| Haemoglobin A1c | **8.1 %** | **(Range: 4.8 - 6)** |

**22-Dec-2016 Mr Anonymous User (ANON)**
**Result:** Erythrocyte sedimentation rate

| | | |
|---|---|---|
| ESR | 6 mm/hour | (Range: 1 - 15) |

**22-Dec-2016 Mr Anonymous User (ANON)**
**Result:** Plasma glucose

| | | |
|---|---|---|
| Glucose | **10.9 mmol/L** | **(Range: 3.3 - 6)** |

**22-Dec-2016 Mr Anonymous User (ANON)**
**Result:** Urea and electrolytes

| | | |
|---|---|---|
| eGFR result/1.73m2 >60 | | (No range available) |
| Chloride | 99 mmol/L | (Range: 95 - 108) |
| Potassium | 4.6 mmol/L | (Range: 3.5 - 5.3) |
| Sodium | 136 mmol/L | (Range: 133 - 146) |
| Creatinine | 64 µmol/L | (Range: 50 - 120) |
| Urea | 3.1 mmol/L | (Range: 2.5 - 7.8) |

**22-Dec-2016 Mr Anonymous User (ANON)**
**Result:** Liver function test

| | | |
|---|---|---|
| Globulin | 29 g/L | (Range: 21 - 35) |
| Albumin | 44 g/L | (Range: 35 - 50) |
| Total Protein | 73 g/L | (Range: 60 - 80) |
| ALT | 29 U/L | (Range: 5 - 55) |
| AST | 16 U/L | (Range: 10 - 45) |
| ALP | 78 U/L | (Range: 50 - 179) |
| Total Bilirubin | 10 µmol/L | (Range: 3 - 21) |

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**22-Dec-2016 Mr Anonymous User (ANON)**
**Result:** Plasma lipids

| | | |
|---|---|---|
| LDL Cholesterol | 1.47 mmol/L | (No range available) |
| Triglyceride | 1.43 mmol/L | (Range: 0.84 - 1.94) |
| Cholesterol:HDL Ratio | 2.8 | (No range available) |
| HDL Cholesterol | 1.18 mmol/L | (Range: 1 - 1.5) |
| Cholesterol | 3.3 mmol/L | (Range: 3.1 - 6.5) |

**22-Dec-2016 Mr Anonymous User (ANON)**
**Result:** CK - creatine kinase level

| | | |
|---|---|---|
| CK | 110 U/L | (Range: 40 - 320) |

**22-Dec-2016 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - URIC ACID )

| | | |
|---|---|---|
| Uric Acid | 247 umol/L | (Range: 200 - 430) |

**22-Dec-2016 Mr Anonymous User (ANON)**
**Result:** Plasma C reactive protein

| | | |
|---|---|---|
| CRP <5 | | (No range available) |

**22-Dec-2016 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - FULL BLOOD COUNT )

| | | |
|---|---|---|
| Basophils, 0 | 0 10*9/L | (No range available) |
| Eosinophils | 0.4 10*9/L | (Range: 0.1 - 0.7) |
| Monocytes | 0.4 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocytes | 1.7 10*9/L | (Range: 1.1 - 5) |
| Neutrophils | 2.6 10*9/L | (Range: 1.5 - 6.5) |
| Platelets | 267 10*9/L | (Range: 150 - 400) |
| MCHC | **356 g/L** | **(Range: 316 - 349)** |
| MCH | **34.1 pg** | **(Range: 27.3 - 32.6)** |
| MCV | 96 fl | (Range: 82 - 98) |
| Haematocrit | 0.44 % | (Range: 0.39 - 0.5) |
| RBC | 4.58 10*12/L | (Range: 4.32 - 5.66) |
| White Cell Count | 5.1 10*9/L | (Range: 3.7 - 9.5) |
| Haemoglobin | 156 g/L | (Range: 133 - 176) |

**13-May-2015 Mr Anonymous User (ANON)**
**Result:** Albumin / creatinine ratio

| | | |
|---|---|---|
| Urine Creatinine | 6.2 mmol/L | (No range available) |
| Microalbumin/creatinine ratio <0.6 | | (No range available) |
| Urine albumin <4.0 | | (No range available) |

**13-May-2015 Mr Anonymous User (ANON)**
**Result:** Glycosylated Hb

| | | |
|---|---|---|
| Haemoglobin A1c (IFCC) | **65 mmol/mol** | **(Range: 29 - 42)** |
| Haemoglobin A1c | **8.1 %** | **(Range: 4.8 - 6)** |

**13-May-2015 Mr Anonymous User (ANON)**
**Result:** Thyroid function tests

| | | |
|---|---|---|
| Free T4 | 17.3 pmol/L | (Range: 9 - 24) |
| TSH | 1.23 mU/L | (Range: 0.3 - 6) |

**13-May-2015 Mr Anonymous User (ANON)**
**Result:** Plasma glucose

| | | |
|---|---|---|
| Glucose | **10.4 mmol/L** | **(Range: 3.2 - 6.1)** |

**13-May-2015 Mr Anonymous User (ANON)**
**Result:** Urea and electrolytes

| | | |
|---|---|---|
| Chloride | 97 mmol/L | (Range: 95 - 108) |
| Potassium | 4.3 mmol/L | (Range: 3.5 - 5.3) |
| Sodium | 135 mmol/L | (Range: 133 - 146) |
| Creatinine | 60 µmol/L | (Range: 50 - 120) |
| Urea | 2.6 mmol/L | (Range: 2.5 - 7.8) |

**13-May-2015 Mr Anonymous User (ANON)**
**Result:** Liver function test

| | | |
|---|---|---|
| Globulin | 28 g/L | (Range: 21 - 35) |
| Albumin | 42 g/L | (Range: 35 - 50) |
| Total Protein | 70 g/L | (Range: 60 - 80) |
| ALT | 23 U/L | (Range: 5 - 55) |
| AST | 17 U/L | (Range: 10 - 45) |
| ALP | 71 U/L | (Range: 50 - 179) |
| Total Bilirubin | 8 µmol/L | (Range: 3 - 21) |

**13-May-2015 Mr Anonymous User (ANON)**
**Result:** Plasma lipids

| | | |
|---|---|---|
| LDL Cholesterol | 1.42 mmol/L | (No range available) |
| Triglyceride | 1.72 mmol/L | (Range: 0.84 - 1.94) |
| Cholesterol:HDL Ratio | 2.69 | (No range available) |
| HDL Cholesterol | 1.3 mmol/L | (Range: 1 - 1.5) |
| Cholesterol | 3.5 mmol/L | (Range: 3.1 - 6.5) |

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**13-May-2015 Mr Anonymous User (ANON)**
**Result:** CK - creatine kinase level

| | | |
|---|---|---|
| CK | 132 U/L | (Range: 40 - 320) |

**13-May-2015 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - FULL BLOOD COUNT )

| | | |
|---|---|---|
| Basophils, 0 | 0 10*9/L | (No range available) |
| Eosinophils | 0.4 10*9/L | (Range: 0.1 - 0.7) |
| Monocytes | 0.6 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocytes | 1.7 10*9/L | (Range: 1.1 - 5) |
| Neutrophils | 3.7 10*9/L | (Range: 1.5 - 6.5) |
| Platelets | 227 10*9/L | (Range: 150 - 400) |
| MCHC | **358 g/L** | **(Range: 316 - 349)** |
| MCH | **34.5 pg** | **(Range: 27.3 - 32.6)** |
| MCV | 96 fl | (Range: 82 - 98) |
| Haematocrit | 0.44 % | (Range: 0.39 - 0.5) |
| RBC | 4.58 10*12/L | (Range: 4.32 - 5.66) |
| White Cell Count | 6.4 10*9/L | (Range: 3.7 - 9.5) |
| Haemoglobin | 158 g/L | (Range: 133 - 176) |

**28-Aug-2014 Mrs Joanne McLaughlan (HCA - JO16673)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| Body Mass Index | **29.41 kg/m2** | **(Range: 20 - 25)** |

**21-July-2014 Mrs Joanne McLaughlan (HCA - JO16673)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| O/E - left foot pulses present | | (No range available) |
| O/E - right foot pulses present | | (No range available) |
| 10g monofilament sensation L foot normal | | (No range available) |
| 10g monofilament sensation R foot normal | | (No range available) |
| O/E - Left diabetic foot at low risk | | (No range available) |
| O/E - Right diabetic foot at low risk | | (No range available) |

**18-Jun-2014 Mrs Joanne McLaughlan (HCA - JO16673)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| O/E - left eye background diabetic retinopathy | | (No range available) |
| Digital retinal screening | 1 | (No range available) |
| O/E - right eye background diabetic retinopathy | | (No range available) |

**13-May-2014 Mr Anonymous User (ANON)**
**Result:** Albumin / creatinine ratio

| | | |
|---|---|---|
| Urine Creatinine | 13.1 mmol/L | (No range available) |
| Microalbumin/creatinine ratio | 1.2 mg/mmol | (No range available) |
| Urine albumin | 15.4 mg/L | (No range available) |

**12-May-2014 Mr Anonymous User (ANON)**
**Result:** Thyroid function tests

| | | |
|---|---|---|
| TSH | 0.32 mU/L | (Range: 0.3 - 6) |
| Free T4 | 17.9 pmol/L | (Range: 9 - 24) |

**12-May-2014 Mr Anonymous User (ANON)**
**Result:** Glycosylated Hb

| | | |
|---|---|---|
| Haemoglobin A1c (IFCC) | **65 mmol/mol** | **(Range: 29 - 42)** |
| Haemoglobin A1c | **8.1 %** | **(Range: 4.8 - 6)** |

**12-May-2014 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - FULL BLOOD COUNT )

| | | |
|---|---|---|
| Basophils, 0 | 0 10*9/L | (No range available) |
| Eosinophils | 0.4 10*9/L | (Range: 0.1 - 0.7) |
| Monocytes | 0.5 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocytes | 1.7 10*9/L | (Range: 1.1 - 5) |
| Neutrophils | 4.1 10*9/L | (Range: 1.5 - 6.5) |
| Platelets | 229 10*9/L | (Range: 150 - 400) |
| MCHC | **356 g/L** | **(Range: 316 - 349)** |
| MCH | **33.9 pg** | **(Range: 27.3 - 32.6)** |
| MCV | 95 fl | (Range: 82 - 98) |
| Haematocrit | 0.42 % | (Range: 0.39 - 0.5) |
| RBC | 4.46 10*12/L | (Range: 4.32 - 5.66) |
| White Cell Count | 6.7 10*9/L | (Range: 3.7 - 9.5) |
| Haemoglobin | 151 g/L | (Range: 133 - 176) |

**12-May-2014 Mr Anonymous User (ANON)**
**Result:** Urea and electrolytes

| | | |
|---|---|---|
| Chloride | 98 mmol/L | (Range: 95 - 108) |
| Potassium | 4.2 mmol/L | (Range: 3.5 - 5.3) |
| Sodium | 138 mmol/L | (Range: 133 - 146) |
| Creatinine | 58 µmol/L | (Range: 50 - 120) |
| Urea | 4 mmol/L | (Range: 2.5 - 7.8) |

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**12-May-2014 Mr Anonymous User (ANON)**
**Result:** Liver function test

| | | |
|---|---|---|
| Globulin | 30 g/L | (Range: 21 - 35) |
| Albumin | 42 g/L | (Range: 35 - 50) |
| Total Protein | 72 g/L | (Range: 60 - 80) |
| ALT | 25 U/L | (Range: 5 - 55) |
| AST | 16 U/L | (Range: 10 - 45) |
| ALP | 69 U/L | (Range: 50 - 179) |
| Total Bilirubin | 8 µmol/L | (Range: 3 - 21) |

**12-May-2014 Mr Anonymous User (ANON)**
**Result:** Plasma glucose

| | | |
|---|---|---|
| Glucose | **12.4 mmol/L** | **(Range: 3.2 - 6.1)** |

**12-May-2014 Mr Anonymous User (ANON)**
**Result:** Plasma lipids

| | | |
|---|---|---|
| LDL Cholesterol | 1.57 mmol/L | (No range available) |
| Triglyceride | 1.47 mmol/L | (Range: 0.84 - 1.94) |
| Cholesterol:HDL Ratio | 2.65 | (No range available) |
| HDL Cholesterol | 1.36 mmol/L | (Range: 1 - 1.5) |
| Cholesterol | 3.6 mmol/L | (Range: 3.1 - 6.5) |

**12-May-2014 Mr Anonymous User (ANON)**
**Result:** CK - creatine kinase level

| | | |
|---|---|---|
| CK | 121 U/L | (Range: 40 - 320) |

**14-Mar-2014 Mr Anonymous User (ANON)**
**Result:** Albumin / creatinine ratio

| | | |
|---|---|---|
| Urine Creatinine | 11.2 mmol/L | (No range available) |
| Microalbumin/creatinine ratio | 0.5 mg/mmol | (No range available) |
| Urine albumin | 6 mg/L | (No range available) |

**20-Mar-2013 Mr Anonymous User (ANON)**
**Result:** Thyroid function tests

| | | |
|---|---|---|
| TSH | 0.57 mU/L | (Range: 0.3 - 6) |
| Free T4 | 17.5 pmol/L | (Range: 9 - 24) |

**20-Mar-2013 Mr Anonymous User (ANON)**
**Result:** Glycosylated Hb

| | | |
|---|---|---|
| Haemoglobin A1c (IFCC) | **75 mmol/mol** | **(Range: 29 - 42)** |
| Haemoglobin A1c | **9 %** | **(Range: 4.8 - 6)** |

**20-Mar-2013 Mr Anonymous User (ANON)**
**Result:** Urea and electrolytes

| | | |
|---|---|---|
| Chloride | 98 mmol/L | (Range: 95 - 108) |
| Potassium | 4.4 mmol/L | (Range: 3.5 - 5) |
| Sodium | **133 mmol/L** | **(Range: 135 - 145)** |
| Creatinine | 71 µmol/L | (Range: 50 - 125) |
| Urea | 2.6 mmol/L | (Range: 2.5 - 7.5) |

**20-Mar-2013 Mr Anonymous User (ANON)**
**Result:** Liver function test

| | | |
|---|---|---|
| Globulin | 30 g/L | (Range: 21 - 35) |
| Albumin | 43 g/L | (Range: 39 - 51) |
| Total Protein | 73 g/L | (Range: 63 - 83) |
| ALT | 32 U/L | (Range: 10 - 50) |
| AST | 18 U/L | (Range: 10 - 40) |
| ALP | 93 U/L | (Range: 50 - 179) |
| Total Bilirubin | 10 µmol/L | (Range: 3 - 15) |

**20-Mar-2013 Mr Anonymous User (ANON)**
**Result:** Plasma lipids

| | | |
|---|---|---|
| LDL Cholesterol | 1.94 mmol/L | (No range available) |
| Triglyceride | **3.91 mmol/L** | **(Range: 0.84 - 1.94)** |
| Cholesterol:HDL Ratio | 3.91 | (No range available) |
| HDL Cholesterol | 1.28 mmol/L | (Range: 1 - 1.5) |
| Cholesterol | 5 mmol/L | (Range: 3.1 - 6.5) |

**20-Mar-2013 Mr Anonymous User (ANON)**
**Result:** CK - creatine kinase level

| | | |
|---|---|---|
| CK | 77 U/L | (Range: 24 - 195) |

**20-Mar-2013 Mr Anonymous User (ANON)**
**Result:** Plasma glucose

| | | |
|---|---|---|
| Glucose | **14.8 mmol/L** | **(Range: 3.2 - 6.1)** |

THIRD PARTY COPY

**20-Mar-2013 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - FULL BLOOD COUNT )

| | | |
|---|---|---|
| Basophils, 0 | 0 10*9/L | (No range available) |
| Eosinophils | 0.2 10*9/L | (Range: 0.1 - 0.7) |
| Monocytes | 0.4 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocytes | 1.8 10*9/L | (Range: 1.1 - 5) |
| Neutrophils | 4.2 10*9/L | (Range: 1.5 - 6.5) |
| Platelets | 247 10*9/L | (Range: 150 - 400) |
| MCHC | **35.3 g/dL** | **(Range: 31.6 - 34.9)** |
| MCH | **33.3 pg** | **(Range: 27.3 - 32.6)** |
| MCV | 95 fl | (Range: 82 - 98) |
| Haematocrit | 0.45 % | (Range: 0.39 - 0.5) |
| RBC | 4.77 10*12/L | (Range: 4.32 - 5.66) |
| White Cell Count | 6.7 10*9/L | (Range: 3.7 - 9.5) |
| Haemoglobin | 15.9 g/dL | (Range: 13.3 - 17.6) |

**31-Oct-2012 Mrs Joanne McLaughlan (HCA - JO16673)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| Seen by ophthalmologist | | (No range available) |

**02-Aug-2012 Mrs Joanne McLaughlan (HCA - JO16673)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| Total cholesterol measurement | 5.2 mmol/L | (No range available) |
| Digital retinal screening | | (No range available) |

**02-May-2012 Mr Anonymous User (ANON)**
**Result:** Urea and electrolytes

| | | |
|---|---|---|
| Chloride | 97 mmol/L | (Range: 95 - 108) |
| Potassium | 4.4 mmol/L | (Range: 3.5 - 5) |
| Sodium | **134 mmol/L** | **(Range: 135 - 145)** |
| Creatinine | 70 µmol/L | (Range: 50 - 125) |
| Urea | 3.2 mmol/L | (Range: 2.5 - 7.5) |

**07-Feb-2012 Mr Anonymous User (ANON)**
**Result:** Plasma lipids

| | | |
|---|---|---|
| LDL Cholesterol | | (No range available) |
| Triglyceride | **6.63 mmol/L** | **(Range: 0.84 - 1.94)** |
| Cholesterol:HDL Ratio | 4.5 | (No range available) |
| HDL Cholesterol | 1.15 mmol/L | (Range: 1 - 1.5) |
| Cholesterol | 5.2 mmol/L | (Range: 3.1 - 6.5) |

**07-Feb-2012 Mr Anonymous User (ANON)**
**Result:** Cardiac enzymes

| | | |
|---|---|---|
| LDH | 351 U/L | (Range: 250 - 540) |
| CK | 89 U/L | (Range: 24 - 195) |
| AST | 22 U/L | (Range: 10 - 40) |
| ALT | 38 U/L | (Range: 10 - 50) |

**07-Feb-2012 Mr Anonymous User (ANON)**
**Result:** Liver function test

| | | |
|---|---|---|
| Globulin | 30 g/L | (Range: 21 - 35) |
| Albumin | 43 g/L | (Range: 39 - 51) |
| Total Protein | 73 g/L | (Range: 63 - 83) |
| ALT | 38 U/L | (Range: 10 - 50) |
| AST | 22 U/L | (Range: 10 - 40) |
| ALP | 101 U/L | (Range: 50 - 179) |
| Total Bilirubin | 5 µmol/L | (Range: 3 - 15) |

**07-Feb-2012 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - UREA,CREAT + ELECTROLYTES )

| | | |
|---|---|---|
| Bicarbonate | 25 mmol/L | (Range: 22 - 28) |
| Chloride | 99 mmol/L | (Range: 95 - 108) |
| Potassium | 4.5 mmol/L | (Range: 3.5 - 5) |
| Sodium | 135 mmol/L | (Range: 135 - 145) |
| Creatinine | 63 µmol/L | (Range: 50 - 125) |
| Urea | 3.2 mmol/L | (Range: 2.5 - 7.5) |

**07-Feb-2012 Mr Anonymous User (ANON)**
**Result:** Plasma glucose

| | | |
|---|---|---|
| Glucose | **16.5 mmol/L** | **(Range: 3.2 - 6.1)** |

**07-Feb-2012 Mr Anonymous User (ANON)**
**Result:** Thyroid function tests

| | | |
|---|---|---|
| TSH | 0.96 mU/L | (Range: 0.3 - 6) |
| Free T4 | 13.6 pmol/L | (Range: 9 - 24) |

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**07-Feb-2012 Mr Anonymous User (ANON)**
**Result:** Plasma lipids

| | | |
|---|---|---|
| LDL Cholesterol | | (No range available) |
| Triglyceride | **6.63 mmol/L** | **(Range: 0.84 - 1.94)** |
| Cholesterol:HDL Ratio | 4.5 | (No range available) |
| HDL Cholesterol | 1.15 mmol/L | (Range: 1 - 1.5) |
| Cholesterol | 5.2 mmol/L | (Range: 3.1 - 6.5) |

**07-Feb-2012 Mr Anonymous User (ANON)**
**Result:** Cardiac enzymes

| | | |
|---|---|---|
| LDH | 351 U/L | (Range: 250 - 540) |
| CK | 89 U/L | (Range: 24 - 195) |
| AST | 22 U/L | (Range: 10 - 40) |
| ALT | 38 U/L | (Range: 10 - 50) |

**07-Feb-2012 Mr Anonymous User (ANON)**
**Result:** Liver function test

| | | |
|---|---|---|
| Globulin | 30 g/L | (Range: 21 - 35) |
| Albumin | 43 g/L | (Range: 39 - 51) |
| Total Protein | 73 g/L | (Range: 63 - 83) |
| ALT | 38 U/L | (Range: 10 - 50) |
| AST | 22 U/L | (Range: 10 - 40) |
| ALP | 101 U/L | (Range: 50 - 179) |
| Total Bilirubin | 5 µmol/L | (Range: 3 - 15) |

**07-Feb-2012 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - UREA,CREAT + ELECTROLYTES )

| | | |
|---|---|---|
| Bicarbonate | 25 mmol/L | (Range: 22 - 28) |
| Chloride | 99 mmol/L | (Range: 95 - 108) |
| Potassium | 4.5 mmol/L | (Range: 3.5 - 5) |
| Sodium | 135 mmol/L | (Range: 135 - 145) |
| Creatinine | 63 µmol/L | (Range: 50 - 125) |
| Urea | 3.2 mmol/L | (Range: 2.5 - 7.5) |

**07-Feb-2012 Mr Anonymous User (ANON)**
**Result:** Plasma glucose

| | | |
|---|---|---|
| Glucose | **16.5 mmol/L** | **(Range: 3.2 - 6.1)** |

**07-Feb-2012 Mr Anonymous User (ANON)**
**Result:** Glycosylated Hb

| | | |
|---|---|---|
| Haemoglobin A1c (IFCC) | **87 mmol/mol** | **(Range: 29 - 42)** |
| Haemoglobin A1c | **10.1 %** | **(Range: 4.8 - 6)** |

**07-Feb-2012 Mr Anonymous User (ANON)**
**Result:** Thyroid function tests

| | | |
|---|---|---|
| TSH | 0.96 mU/L | (Range: 0.3 - 6) |
| Free T4 | 13.6 pmol/L | (Range: 9 - 24) |

**07-Feb-2012 Mr Anonymous User (ANON)**
**Result:** Plasma lipids

| | | |
|---|---|---|
| LDL Cholesterol | | (No range available) |
| Triglyceride | **6.63 mmol/L** | **(Range: 0.84 - 1.94)** |
| Cholesterol:HDL Ratio | 4.5 | (No range available) |
| HDL Cholesterol | 1.15 mmol/L | (Range: 1 - 1.5) |
| Cholesterol | 5.2 mmol/L | (Range: 3.1 - 6.5) |

**07-Feb-2012 Mr Anonymous User (ANON)**
**Result:** Cardiac enzymes

| | | |
|---|---|---|
| LDH | 351 U/L | (Range: 250 - 540) |
| CK | 89 U/L | (Range: 24 - 195) |
| AST | 22 U/L | (Range: 10 - 40) |
| ALT | 38 U/L | (Range: 10 - 50) |

**07-Feb-2012 Mr Anonymous User (ANON)**
**Result:** Liver function test

| | | |
|---|---|---|
| Globulin | 30 g/L | (Range: 21 - 35) |
| Albumin | 43 g/L | (Range: 39 - 51) |
| Total Protein | 73 g/L | (Range: 63 - 83) |
| ALT | 38 U/L | (Range: 10 - 50) |
| AST | 22 U/L | (Range: 10 - 40) |
| ALP | 101 U/L | (Range: 50 - 179) |
| Total Bilirubin | 5 µmol/L | (Range: 3 - 15) |

**07-Feb-2012 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - UREA,CREAT + ELECTROLYTES )

| | | |
|---|---|---|
| Bicarbonate | 25 mmol/L | (Range: 22 - 28) |
| Chloride | 99 mmol/L | (Range: 95 - 108) |
| Potassium | 4.5 mmol/L | (Range: 3.5 - 5) |
| Sodium | 135 mmol/L | (Range: 135 - 145) |
| Creatinine | 63 µmol/L | (Range: 50 - 125) |
| Urea | 3.2 mmol/L | (Range: 2.5 - 7.5) |

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**07-Feb-2012 Mr Anonymous User (ANON)**
**Result:** Plasma glucose

| | | |
|---|---|---|
| Glucose | **16.5 mmol/L** | **(Range: 3.2 - 6.1)** |

**12-Nov-2011 Mrs Joanne McLaughlan (HCA - JO16673)**
**Result:** GMS Contract Back Population

| | | |
|---|---|---|
| Digital retinal screening | 1 | (No range available) |
| O/E - left eye background diabetic retinopathy | | (No range available) |
| O/E - Right retina not seen | | (No range available) |

**19-Jan-2011 Mr Anonymous User (ANON)**
**Result:** Glycosylated Hb

| | | |
|---|---|---|
| Haemoglobin A1c level - IFCC standardised | **75 mmol/mol** | **(Range: 29 - 42)** |
| Haemoglobin A1c level | **9 %** | **(Range: 4.8 - 6)** |

**19-Jan-2011 Mr Anonymous User (ANON)**
**Result:** Thyroid function tests

| | | |
|---|---|---|
| Serum TSH level | 0.68 mU/L | (No range available) |
| Free T4 level | 15.8 pmol/L | (Range: 9 - 24) |

**19-Jan-2011 Mr Anonymous User (ANON)**
**Result:** Plasma glucose

| | | |
|---|---|---|
| Plasma glucose | **14.6 mmol/L** | **(Range: 3.2 - 6.1)** |

**19-Jan-2011 Mr Anonymous User (ANON)**
**Result:** Cardiac enzymes

| | | |
|---|---|---|
| LDH blood level | 318 U/L | (Range: 250 - 540) |
| CK - creatine kinase level | 117 U/L | (Range: 24 - 195) |

**19-Jan-2011 Mr Anonymous User (ANON)**
**Result:** Plasma lipids

| | | |
|---|---|---|
| Serum LDL cholesterol level | 1.7 mmol/L | (No range available) |
| Serum triglycerides | **4.39 mmol/L** | **(Range: 0.84 - 1.94)** |
| Total cholesterol:HDL ratio | 4 | (No range available) |
| Serum HDL cholesterol level | 1.22 mmol/L | (Range: 1 - 1.5) |
| Serum cholesterol | 4.9 mmol/L | (Range: 3.1 - 6.5) |

**19-Jan-2011 Mr Anonymous User (ANON)**
**Result:** Liver function test

| | | |
|---|---|---|
| Serum globulin | 29 g/L | (Range: 21 - 35) |
| Serum albumin | 44 g/L | (Range: 39 - 51) |
| Serum total protein | 73 g/L | (Range: 63 - 83) |
| ALT - blood level | 41 U/L | (Range: 10 - 50) |
| AST serum level | 23 U/L | (Range: 10 - 40) |
| ALP (Non Coded Event - ALP ) | 101 U/L | (Range: 50 - 179) |
| Serum total bilirubin level | 7 µmol/L | (Range: 3 - 15) |

**19-Jan-2011 Mr Anonymous User (ANON)**
**Result:** Urea and electrolytes

| | | |
|---|---|---|
| Serum bicarbonate | 24 mmol/L | (Range: 22 - 28) |
| Serum chloride | 100 mmol/L | (Range: 95 - 108) |
| Serum potassium | 4.4 mmol/L | (Range: 3.5 - 5) |
| Serum sodium | 139 mmol/L | (Range: 135 - 145) |
| Serum creatinine | 72 µmol/L | (Range: 50 - 125) |
| Blood urea | 3.9 mmol/L | (Range: 2.5 - 7.5) |

**19-Jan-2011 Mr Anonymous User (ANON)**
**Result:** Albumin / creatinine ratio

| | | |
|---|---|---|
| Urine creatinine | 2.71 mmol/L | (No range available) |
| Urine albumin:creatinine ratio <1.5 | | (No range available) |
| Urine albumin <4.0 | | (No range available) |

**30-Jun-2010 Mr Anonymous User (ANON)**
**Result:** Cardiac enzymes

| | | |
|---|---|---|
| LDH blood level | 275 U/L | (Range: 250 - 540) |
| CK - creatine kinase level | 72 U/L | (Range: 24 - 195) |

**30-Jun-2010 Mr Anonymous User (ANON)**
**Result:** Plasma lipids

| | | |
|---|---|---|
| Serum LDL cholesterol level | | (No range available) |
| Serum triglycerides | **6.24 mmol/L** | **(Range: 0.84 - 1.94)** |
| Total cholesterol:HDL ratio | 5.8 | (No range available) |
| Serum HDL cholesterol level | 1.13 mmol/L | (Range: 1 - 1.5) |
| Serum cholesterol | **6.6 mmol/L** | **(Range: 3.1 - 6.5)** |

**30-Jun-2010 Mr Anonymous User (ANON)**
**Result:** Plasma glucose

| | | |
|---|---|---|
| Plasma glucose | **15.5 mmol/L** | **(Range: 3.2 - 6.1)** |

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**30-Jun-2010 Mr Anonymous User (ANON)**
**Result:** Liver function test

| | | |
|---|---|---|
| Serum globulin | 29 g/L | (Range: 21 - 35) |
| Serum albumin | 47 g/L | (Range: 39 - 51) |
| Serum total protein | 76 g/L | (Range: 63 - 83) |
| ALT - blood level | 36 U/L | (Range: 10 - 50) |
| AST serum level | 18 U/L | (Range: 10 - 40) |
| ALP (Non Coded Event - ALP ) | 81 U/L | (Range: 50 - 179) |
| Serum total bilirubin level | 9 µmol/L | (Range: 3 - 15) |

**30-Jun-2010 Mr Anonymous User (ANON)**
**Result:** Thyroid function tests

| | | |
|---|---|---|
| Serum TSH level | 0.7 mU/L | (No range available) |
| Free T4 level | 15.6 pmol/L | (Range: 9 - 24) |

**30-Jun-2010 Mr Anonymous User (ANON)**
**Result:** Glycosylated Hb

| | | |
|---|---|---|
| Haemoglobin A1c level - IFCC standardised | **99 mmol/mol** | **(Range: 29 - 42)** |
| Haemoglobin A1c level | **11.2 %** | **(Range: 4.8 - 6)** |

**23-Jun-2010 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - DIFF COUNT )

| | | |
|---|---|---|
| Percentage basophils, 0 | 0 10*9/L | (No range available) |
| Eosinophil count | 0.2 10*9/L | (Range: 0.1 - 0.7) |
| Percentage monocytes | 0.5 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocyte count | 1.7 10*9/L | (Range: 1.1 - 5) |
| Neutrophil count | 3.8 10*9/L | (Range: 1.5 - 6.5) |

**23-Jun-2010 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - CBC )

| | | |
|---|---|---|
| Platelet count NOS | 225 10*9/L | (Range: 150 - 400) |
| Mean corpusc. Hb. conc. (MCHC) | 34.8 g/dL | (Range: 31.6 - 34.9) |
| Mean corpusc. haemoglobin(MCH) | **33.1 pg** | **(Range: 27.3 - 32.6)** |
| Mean corpuscular volume (MCV) | 95 fl | (Range: 82 - 98) |
| Haematocrit | 0.49 % | (Range: 0.39 - 0.5) |
| Red blood cell (RBC) count | 5.1 10*12/L | (Range: 4.32 - 5.66) |
| Total white cell count | 6.2 10*9/L | (Range: 3.7 - 9.5) |
| Haemoglobin estimation | **16.9 g/dL** | **(Range: 13.3 - 16.7)** |

**23-Jun-2010 Mr Anonymous User (ANON)**
**Result:** Plasma glucose

| | | |
|---|---|---|
| Plasma glucose | **13.6 mmol/L** | **(Range: 3.2 - 6.1)** |

**23-Jun-2010 Mr Anonymous User (ANON)**
**Result:** Serum urate level

| | | |
|---|---|---|
| Serum urate level | 0.22 mmol/L | (Range: 0.12 - 0.39) |

**23-Jun-2010 Mr Anonymous User (ANON)**
**Result:** Plasma lipids

| | | |
|---|---|---|
| Serum LDL cholesterol level | | (No range available) |
| Serum triglycerides | **7.98 mmol/L** | **(Range: 0.84 - 1.94)** |
| Total cholesterol:HDL ratio | 7.6 | (No range available) |
| Serum HDL cholesterol level | 1.17 mmol/L | (Range: 1 - 1.5) |
| Serum cholesterol | **8.9 mmol/L** | **(Range: 3.1 - 6.5)** |

**23-Jun-2010 Mr Anonymous User (ANON)**
**Result:** Urea and electrolytes

| | | |
|---|---|---|
| Serum bicarbonate | 28 mmol/L | (Range: 22 - 28) |
| Serum chloride | 99 mmol/L | (Range: 95 - 108) |
| Serum potassium | 4 mmol/L | (Range: 3.5 - 5) |
| Serum sodium | 138 mmol/L | (Range: 135 - 145) |
| Serum creatinine | 68 µmol/L | (Range: 50 - 125) |
| Blood urea | 4.6 mmol/L | (Range: 2.5 - 7.5) |

**23-Jun-2010 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - DIFF COUNT )

| | | |
|---|---|---|
| Percentage basophils, 0 | 0 10*9/L | (No range available) |
| Eosinophil count | 0.2 10*9/L | (Range: 0.1 - 0.7) |
| Percentage monocytes | 0.5 10*9/L | (Range: 0.2 - 0.9) |
| Lymphocyte count | 1.7 10*9/L | (Range: 1.1 - 5) |
| Neutrophil count | 3.8 10*9/L | (Range: 1.5 - 6.5) |

**23-Jun-2010 Mr Anonymous User (ANON)**
**Result:** (Non Coded Event - CBC )

| | | |
|---|---|---|
| Platelet count NOS | 225 10*9/L | (Range: 150 - 400) |
| Mean corpusc. Hb. conc. (MCHC) | 34.8 g/dL | (Range: 31.6 - 34.9) |
| Mean corpusc. haemoglobin(MCH) | **33.1 pg** | **(Range: 27.3 - 32.6)** |
| Mean corpuscular volume (MCV) | 95 fl | (Range: 82 - 98) |
| Haematocrit | 0.49 % | (Range: 0.39 - 0.5) |
| Red blood cell (RBC) count | 5.1 10*12/L | (Range: 4.32 - 5.66) |
| Total white cell count | 6.2 10*9/L | (Range: 3.7 - 9.5) |
| Haemoglobin estimation | **16.9 g/dL** | **(Range: 13.3 - 16.7)** |

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**23-Jun-2010 Mr Anonymous User (ANON)**
**Result:** Plasma glucose
Plasma glucose **13.6 mmol/L** **(Range: 3.2 - 6.1)**

# Other Items

| | | |
|---|---|---|
| **15-Sept-2026** | Recall | Asthma |
| **15-Sept-2026** | Recall | Asthma annual review |
| **31-Mar-2026** | Read Code | Bronchiectasis |
| **11-Mar-2026** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice: Our computer system is being updated on Wednesday 18th March. We will have limited access to patient records that day. As a result, we will only be able to treat patients with conditions that cannot wait to be seen. We will not be able to order or print repeat prescriptions that day. Our team will still be here to support you and ensure that urgent and essential care is available. There may be some additional delays while we deal with the backlog this downtime creates. We apologise for any inconvenience and thank you for your continued support. |
| **26-Jan-2026** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice: Please remember your appointment: On: 29/01/2026 at 11:30 If you are unable to attend, please let us know by texting the word CANCEL to 07860035293 or telephone the surgery on 01563 522 411. |
| **10-Dec-2025** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice – Due to sickness within the clinical team all of our clinics are now full for today. We are now only able to deal with urgent appointment requests. Please note that all pre-booked appointments are still in place. If you have a minor illness please contact your local pharmacy for advice in the first instance. We appreciate your co-operation at this time. Thank you Please note that we cannot respond to replies to this number. |
| **03-Dec-2025** | Read Code | SMS text message sent to patient 07928947377: Important Information from Portland Medical Practice Winter Illnesses Winter is a really busy time for the NHS. We need your help to ensure we can prioritise the patients who needs us the most. Most winter illnesses do not need treatment and get better on their own within 5-7 days. Most symptoms can be managed safely at home or with the advice from your local pharmacy. We are asking all of our patients to please visit our website and ***** the information on how to best manage common winter illnesses, so that we can look after the patients who most need our help. ***** our message to patients here: www.portlandmedicalpractice.co.uk/managing-winter-illnesses |
| **20-Nov-2025** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice We have been experiencing technical difficulties with our phone lines this morning. They are now working but please be aware of long waiting times. Thank you for your *****. |
| **12-Sept-2025** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice: Please remember your appointment: On: 15/09/2025 at 08:50 If you are unable to attend, please let us know by texting the word CANCEL to 07860035293 or telephone the surgery on 01563 522 411. |
| **10-Sept-2025** | Read Code | SMS text message sent to patient 07928947377: Good morning, Due to sickness within the clinical team we are only able to deal with emergencies for the remainder of today. Any pre-booked appointments will still stand unless otherwise notified. We appreciate your co-operation at this time. Regards Portland Medical Practice Thank you Please do not reply to this text as replies will not be actioned. |
| **03-July-2025** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice. It is now time for your Annual Health Review. Can you please contact the surgery on 01563 522411 to arrange an appointment. |
| **06-Jun-2025** | Read Code | SMS text message sent to patient 07928947377: Due to absence within the clinical team we are only able to deal with emergencies for the remainder of today. Any pre-booked appointments will still stand unless otherwise notified. We appreciate your co-operation at this time. Regards Portland Medical Practice Thank you Please do not reply to this text as replies will not be actioned. |
| **03-Jun-2025** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice We are now only able to deal with urgent appointment requests. Please note that all pre-booked appointments are still in place. If you have a minor illness please contact your local pharmacy for advice in the first instance. We appreciate your co-operation at this time. Thank you Portland Medical Practice Please note that we cannot respond to replies to this number. |
| **02-Jun-2025** | Read Code | Plain X-ray foot (Right) |
| **02-Jun-2025** | Read Code | Vascular calcification on xray |
| **02-Jun-2025** | Read Code | [SO]Toe NEC (Right) minor wear and tear |

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|---|---|---|
| **28-May-2025** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice Due to sickness within the clinical team all of our clinics are now full for today. We are now only able to deal with urgent appointment requests. Please note that all pre-booked appointments are still in place. If you have a minor illness please contact your local pharmacy for advice in the first instance. We appreciate your co-operation at this time. Thank you Portland Medical Practice Please note that we cannot respond to replies to this number. |
| **19-May-2025** | Read Code | No response to bowel cancer screening programme invitation Non-Responder |
| **24-Mar-2025** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice. We are having some technical issues with our phone lines this morning any calls that are cut off we will check your number and call you back. We appreciate your ***** and understanding at this time. Thank you. |
| **13-Mar-2025** | Read Code | Gastro-oesophageal reflux |
| **24-Feb-2025** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice Please note we will be closed during the afternoon of Tuesday 25th February for staff training, we reopen on Wednesday 26th February. If you have an urgent issue which cannot wait until we reopen then please call the Ayrshire Urgent Care Service on 01563 826930. After 5.30 pm please call NHS 24 on 111 as normal. Your local pharmacy can help you with minor ailments during this time. For further information about PLT please visit: www.nhsaaa.net/services/gp-practices/protected-learning-time-plt-for-gp-practices |
| **24-Feb-2025** | Read Code | SMS text message sent to patient 07928947377: Good morning, Due to sickness within the clinical team we are only able to deal with emergencies for the remainder of today. Any pre-booked appointments will still stand unless otherwise notified. We appreciate your co-operation at this time. Thank you Portland Medical Practice Please do not reply to this text as replies will not be actioned. |
| **18-Feb-2025** | Recall | No response to bowel cancer screening programme invitation *Bowel Cancer Screening Exclusion* |
| **12-Feb-2025** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice All of our clinics are now full for today. We are now only able to deal with urgent appointment requests. Please note that all pre-booked appointments are still in place. If you have a minor illness please contact your local pharmacy for advice in the first instance. We appreciate your co-operation at this time. Thank you Portland Medical Practice Please note that we cannot respond to replies to this number. |
| **05-Feb-2025** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice All of our clinics are now full for today. We are now only able to deal with urgent appointment requests. Please note that all pre-booked appointments are still in place. If you have a minor illness please contact your local pharmacy for advice in the first instance. We appreciate your co-operation at this time. Thank you Please note that we cannot respond to replies to this number. Portland Medical Practice |
| **30-Jan-2025** | Read Code | SMS text message sent to patient 07928947377: Please be advised that a prescription has been issued as per the hospital and will be sent to your usual pharmacy. Please allow 5 working days for Pharmacy dispensing. Thanks, PMP. |
| **27-Jan-2025** | Read Code | Cough |
| **27-Jan-2025** | Read Code | Chronic obstructive pulmonary disease |
| **08-Jan-2025** | Read Code | SMS text message sent to patient 07928947377: Appointment Confirmation: Monday 13/01/25 9am 34 Portland Road If you are unable to attend for any reason, please call 01563 522411 to reschedule Thank you Portland Medical Practice |
| **03-Jan-2025** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice: Is your New Year's resolution to improve your physical or mental health? Download the free Hollyhealth App for personalised advice and coaching to help improve your sleep, exercise, eating and mental wellbeing in 2025. Visit the practice website or use this link for further information and sign-up: https://hollyhealth.io/*****-health-app?r=hlyapp&partnerId=portland_gp |
| **20-Dec-2024** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice All of our clinics are now full for today. We are now only able to deal with urgent appointment requests. Please note that all pre-booked appointments are still in place. If you have a minor illness please contact your local pharmacy for advice in the first instance. We appreciate your co-operation at this time. Thank you Portland Medical Practice Please note that we cannot respond to replies to this number. |
| **11-Dec-2024** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice All of our clinics are now full for today. We are now only able to deal with urgent appointment requests. Please note that all pre-booked appointments are still in place. If you have a minor illness please contact your local pharmacy for advice in the first instance. We appreciate your co-operation at this time. Thank you Portland Medical Practice Please note that we cannot respond to replies to this number. |

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| | | |
|---|---|---|
| **26-Nov-2024** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice All of our clinics are now full for today. We are now only able to deal with urgent appointment requests. Please note that all pre-booked appointments are still in place. If you have a minor illness please contact your local pharmacy for advice in the first instance. We appreciate your co-operation at this time. Thank you Please note that we cannot respond to replies to this number. Portland Medical Practice |
| **14-Oct-2024** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice. Due to sickness within the Admin/Clinical team we are closing our Hurlford Clinic for today.. We appreciate your co-operation at this time. Thank you Please do not reply to this text as replies will not be actioned |
| **21-Aug-2024** | Recall | Diabetic annual review |
| **30-July-2024** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice. It is now time for your Annual Health Review. Can you please contact the Practice on 01563 522411 to arrange an appointment. Portland Medical Practice. |
| **02-July-2024** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice – All of our clinics are now full for today. We are now only able to deal with urgent appointment requests. Please note that all pre-booked appointments are still in place. If you have a minor illness please contact your local pharmacy for advice in the first instance. We appreciate your co-operation at this time. Thank you Please note that we cannot respond to replies to this number. |
| **21-Jun-2024** | Read Code | SMS text message sent to patient 07928947377: MESSAGE FROM PORTLAND MEDICAL PRACTICE. Due to sickness within the clinical team we are only able to deal with emergencies for today. Any pre-booked appointments will still stand unless otherwise notified. We appreciate your co-operation at this time. Thank you Please do not reply to this text as replies will not be actioned. |
| **30-Apr-2024** | Read Code | Reflux oesophagitis |
| **30-Apr-2024** | Read Code | Gastroscopy abnormal |
| **13-Apr-2024** | Read Code | *****'s oesophagus |
| **13-Apr-2024** | Read Code | Hiatus hernia |
| **03-Apr-2024** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice . All of our clinics are now full for today. We are now only able to deal with urgent appointment requests. Please note that all pre-booked appointments are still in place. If you have a minor illness please contact your local pharmacy for advice in the first instance. We appreciate your co-operation at this time. Thank you. Please note that we cannot respond to replies to this number. |
| **13-Mar-2024** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice. NHS Ayrshire & ***** are hosting a free public Heart Health event – please come and meet the Ayrshire Cardiology Team and their Pumping Marvellous ***** ***** at Rugby Park. They will be carrying out heart rhythm checks to assess for new atrial fibrillation (irregular heart rhythm), high blood pressure checks and for those with certain symptoms a finger prick blood test to measure a heart hormone level for new suspected heart failure. This event is taking place on: Date: Friday 15th March 2024 Time: 10.00am until 3.00pm Place: Rugby Park, Kilmarnock Please attend and get your heart health checked |
| **12-Dec-2023** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice All of our clinics are now full for today. We are now only able to deal with urgent appointment requests. Please note that all pre-booked appointments are still in place. If you have a minor illness please contact your local pharmacy for advice in the first instance. We appreciate your co-operation at this time. Thank you Please note that we cannot respond to replies to this number. |
| **04-Oct-2023** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice All of our clinics are now full for today. We are now only able to deal with urgent appointment requests. Please note all pre-booked appointments are still in place. If you have a minor illness please contact your local pharmacy for advice in the first instance. We appreciate your co-operation at this time. Please note that we cannot respond to replies to this number. Thank you. |
| **19-Sept-2023** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice. Portland Medical Practice has partnered with ***** Health to offer patients 6 months of free habit coaching (to help sleep, exercise, eating and mental wellbeing). The app may serve as an extra tool to help you feel physically and mentally better. You can sign up here: http://hly.app/portland_gp |
| **01-Aug-2023** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice. It is now time for your Annual Health Review. Can you please contact the Practice on 01563 522411 to arrange an appointment. Kind Regards. |
| **28-July-2023** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice Due to staff absense within the clinical team we are only able to deal with emergencies for the remainder of today. Any pre-booked appointments will still stand unless otherwise notified. We appreciate your co-operation at this time. Thank you Please do not reply to this text as replies will not be actioned. |

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|---|---|---|
| **14-July-2023** | Read Code | SMS text message sent to patient 07928947377: Due to sickness within the clinical team we are only able to deal with emergencies for the remainder of today. Any pre-booked appointments will still stand unless otherwise notified. We appreciate your co-operation at this time. Thank you Please do not reply to this text as replies will not be actioned. |
| **07-Jun-2023** | Read Code | SMS text message sent to patient 07928947377: Message from Portland Medical Practice Due to sickness within the clinical team we are only able to deal with urgent issues today. Any pre-booked appointments will still stand unless otherwise notified. We appreciate your co-operation at this time. Thank you. |
| **19-May-2023** | Read Code | No response to bowel cancer screening programme invitation Non-Responder |
| **23-Aug-2022** | Read Code | SMS text message sent to patient 07928947377: It is now time for your annual health review. Can you please contact the surgery on 01563 522411 to arrange an appointment. |
| **04-July-2022** | Read Code | SMS text message sent to patient 07928947377: Due to our current staffing situation and following on from our previous text we are now closing our Hurlford Clinic as of tomorrow for the remainder of this week. If you have an appointment at our Hurlford Clinic we will be in contact. Thank you for your co-operation in this matter. Please do not reply to this message. Portland Medical Practice. |
| **04-July-2022** | Read Code | SMS text message sent to patient 07928947377: Due to sickness within the Clinical and Admin team we are only able to deal with Emergencies for the remainder of this week. Any pre-booked appointments will still stand unless otherwise notified. We appreciate your co-operation at this difficult time. Thank you, Portland Medical Practice Please do not reply to this text as replies will not be actioned. |
| **30-Jun-2022** | Read Code | SMS text message sent to patient 07928947377: Due to sickness within the Clinical Team we are only able to deal with emergencies for the remainder of today. Any pre-booked appointments will stand unless otherwise notified. We appreciate your co-operation at this difficult time. Thank you. Portland Medical Practice |
| **22-Jun-2022** | Read Code | SMS text message sent to patient 07928947377: Due to sickness within the clinical team we are only able to deal with emergencies for today. Any pre-booked appointments will still stand unless otherwise notified. We appreciate your co-operation at this difficult time. Please do not reply to this text as replies will not be actioned. Thank you, Portland Medical Practice |
| **16-Jun-2022** | Read Code | SMS text message sent to patient 07928947377: We are operating on Emergency appointments only for today. This is due to reduced clinical staffing. We are sorry for any inconvenience this may cause. Kind Regards, Portland Medical Practice |
| **08-Jun-2022** | Read Code | SMS text message sent to patient 07928947377: We have had to close the surgery today until 2.00pm this is due to unforeseen circumstances. If you have a medical emergency you can contact the practice and your call will be diverted. Sorry for any inconvenience this may cause. Kind Regards, Portland Medical Practice |
| **11-Mar-2022** | Recall | Medication review |
| **07-Feb-2022** | Read Code | SMS text message sent to patient 07928947377: Good morning Just to advise that the Practice is running as an emergency clinic today - If your issue is not an emergency and can wait until tomorrow, can you please wait and call tomorrow. If you feel that your issue is for your GP and cannot wait, please call in on the normal number. Kind regards Portland MP |
| **24-Jan-2022** | Read Code | O/E - left eye no maculopathy |
| **24-Jan-2022** | Read Code | O/E - left eye background diabetic retinopathy |
| **24-Jan-2022** | Read Code | O/E - right eye diabetic maculopathy |
| **24-Jan-2022** | Read Code | O/E - right eye background diabetic retinopathy |
| **24-Jan-2022** | Read Code | Diabetic retinopathy screening |
| **21-Dec-2021** | Read Code | SMS text message sent to patient 07928947377: In response to the current Omicron outbreak and on advice from Ayrshire and ***** Health Board, Portland Medical Practice has moved to deliver emergency care only until further notice. All routine appointments already booked will remian though no further routine appointments will be made for the time being. Please see our website for further information and updates. Kind regards Portland MP |
| **19-Oct-2021** | Read Code | SMS text message sent to patient 07928947377: Good afternoon Just to advise that the Practice are only vaccinating patients who are 80 years and over and any coded as housebound patients. If you do not fall into any of these two catergories and have a query regarding the Covid Booster or your Flu vaccine - can you please call the national helpline on 08000308013. |
| **13-Oct-2021** | Read Code | SMS text message sent to patient 07928947377: Good morning Unfortunately due to staffing issues, we are in an emergency clinic situation today. If you are thinking of calling into the surgery for an appointment and your issue is not an urgent/emergency issue - can we ask that you call in tomorrow to try for an on the day appointment. Kind regards For Portland MP |

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|---|---|---|
| **04-Oct-2021** | Read Code | SMS text message sent to patient 07928947377: Good morning Unfortunately the surgery is running as an emergency clinic only today. If your issue can wait until tomorrow, can you please call back then. If you feel that your issue is a medical emergency for today then please call in the usual way. Kind regards Portland MP |
| **23-Jun-2021** | Read Code | SMS text message sent to patient 07928947377: Further to previous text message - The Practice will be closed this afternoon from 12:30. If you feel that your issue cannot wait until tomorrw (Thursday 24th) and need urgent assistance please contact 01563 826930. This line will be open between 13:00-18:00 Many Thanks Portland Medical Practice |
| **22-Jun-2021** | Read Code | SMS text message sent to patient 07928947377: Good afternoon This message is to advise you that the Surgery will close for the afternoon tomorrow 23rd June 2021 from 12:30pm for Practice Training. |
| **19-May-2021** | Read Code | No response to bowel cancer screening programme invitation Non-Responder |
| **11-Mar-2021** | Read Code | Medication review |
| **27-July-2020** | Read Code | SMS text message sent to patient 07950580883: Please remember to attend your appointment: On: 28/07/2020 14:30 With: Mrs ***** Lauder Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery |
| **20-July-2020** | Read Code | SMS text message sent to patient 07950580883: An appointment has been booked for you: On: 28/07/2020 14:30 With: Mrs ***** Lauder Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery. |
| **24-Sept-2019** | Read Code | Diabetic retinopathy screening |
| **24-Sept-2019** | Read Code | Diabetic retinopathy screening refused |
| **21-Jan-2019** | Read Code | SMS text message sent to patient 07950580883: An appointment has been booked for you: On: 18/02/2019 08:40 With: Dr Angela McCrorie Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery. |
| **17-Jan-2019** | Read Code | O/E - left eye diabetic maculopathy |
| **17-Jan-2019** | Read Code | O/E - right eye diabetic maculopathy |
| **17-Jan-2019** | Read Code | Diabetic retinopathy screening |
| **07-Jan-2019** | Read Code | SMS text message sent to patient 07950580883: An appointment has been booked for you: On: 14/01/2019 09:20 With: Mrs ***** Lauder Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery. |
| **24-Oct-2018** | Read Code | No response to bowel cancer screening programme invitation Non-Responder |
| **02-Oct-2018** | Recall | Seasonal influenza vaccination |
| **07-July-2018** | Read Code | O/E - left eye no maculopathy |
| **07-July-2018** | Read Code | O/E - right eye stable treated prolif diabetic retinopathy |
| **01-Jun-2018** | Read Code | SMS text message sent to patient 07950580883: An appointment has been booked for you: On: 28/06/2018 08:45 With: Dr Wolfgang Furste Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery. |
| **02-Oct-2017** | Read Code | SMS text message sent to patient 07950580883: Please remember to attend your appointment: On: 02/10/2017 14:50 With: Dr Wolfgang Furste Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery |
| **14-Sept-2017** | Read Code | SMS text message sent to patient 07950580883: An appointment has been booked for you: On: 02/10/2017 14:50 With: Dr Wolfgang Furste Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery. |
| **17-Aug-2017** | Read Code | Did not attend diabetic retinopathy clinic |
| **28-Jun-2017** | Read Code | Exercise tolerance test not indicated normal |
| **20-Jun-2017** | Read Code | SMS text message sent to patient 07950580883: An appointment has been booked for you: On: 21/06/2017 14:40 With: Mrs ***** McLaughlan Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery. |
| **14-Jun-2017** | Read Code | SMS text message sent to patient 07950580883: An appointment has been booked for you: On: 14/06/2017 15:30 With: Mrs ***** McLaughlan Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery. |

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|---|---|---|
| **13-Jun-2017** | Read Code | SMS text message sent to patient 07950580883: Please remember to attend your appointment: On: 14/06/2017 08:10 With: Dr Wolfgang Furste Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery |
| **23-May-2017** | Read Code | Seborrhoeic keratosis right ear - for curettage and cautery |
| **17-May-2017** | Read Code | SMS text message sent to patient 07950580883: An appointment has been booked for you: On: 14/06/2017 08:10 With: Dr Wolfgang Furste Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery. |
| **18-Apr-2017** | Read Code | SMS text message sent to patient 07950580883: Please remember to attend your appointment: On: 18/04/2017 15:40 With: Dr ***** ***** Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery |
| **31-Mar-2017** | Read Code | SMS text message sent to patient 07950580883: An appointment has been booked for you: On: 18/04/2017 15:40 With: Dr ***** ***** Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery. |
| **06-Feb-2017** | Read Code | SMS text message sent to patient 07950580883: Please remember to attend your appointment: On: 07/02/2017 14:30 With: Mrs ***** Lauder Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery |
| **02-Feb-2017** | Read Code | SMS text message sent to patient 07950580883: An appointment has been booked for you: On: 07/02/2017 14:30 With: Mrs ***** Lauder Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery. |
| **10-Jan-2017** | Read Code | SMS text message sent to patient 07950580883: Please remember to attend your appointment: On: 11/01/2017 09:00 With: Dr ***** ***** Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery |
| **09-Jan-2017** | Read Code | SMS text message sent to patient 07950580883: Please remember to attend your appointment: On: 09/01/2017 15:40 With: Mrs ***** Lauder Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery |
| **30-Dec-2016** | Read Code | Urine sample sent to Lab |
| **22-Dec-2016** | Read Code | SMS text message sent to patient 07950580883: An appointment has been booked for you: On: 11/01/2017 09:00 With: Dr ***** ***** Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery. |
| **22-Dec-2016** | Read Code | SMS text message sent to patient 07950580883: An appointment has been booked for you: On: 09/01/2017 15:40 With: Mrs ***** Lauder Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery. |
| **22-Dec-2016** | Read Code | Foot X-ray (Right) |
| **21-Dec-2016** | Read Code | SMS text message sent to patient 07950580883: Please remember to attend your appointment: On: 22/12/2016 10:45 With: Miss Kirstyann Kilpatrick Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery |
| **14-Dec-2016** | Read Code | SMS text message sent to patient 07950580883: Please remember to attend your appointment: On: 15/12/2016 08:50 With: Dr ***** ***** Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery |
| **13-Dec-2016** | Read Code | SMS text message sent to patient 07950580883: An appointment has been booked for you: On: 22/12/2016 10:45 With: Miss Kirstyann Kilpatrick Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery. |
| **05-Dec-2016** | Read Code | SMS text message sent to patient 07950580883: An appointment has been booked for you: On: 15/12/2016 08:50 With: Dr ***** ***** Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery. |
| **25-Oct-2016** | Read Code | SMS text message sent to patient 07950580883: Please remember to attend your appointment: On: 26/10/2016 09:00 With: Dr ***** ***** Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery |
| **24-Oct-2016** | Read Code | No response to bowel cancer screening programme invitation Non-Responder |
| **06-Oct-2016** | Read Code | SMS text message sent to patient 07950580883: An appointment has been booked for you: On: 26/10/2016 09:00 With: Dr ***** ***** Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery. |

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| | | |
|---|---|---|
| **04-Oct-2016** | Read Code | SMS text message sent to patient 07950580883: Please remember to attend your appointment: On: 05/10/2016 08:20 With: Dr ***** ***** Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery |
| **03-Oct-2016** | Read Code | Rep.presc. monitoring NOS |
| **23-Sept-2016** | Read Code | SMS text message sent to patient 07950580883: An appointment has been booked for you: On: 05/10/2016 08:20 With: Dr ***** ***** Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery. |
| **31-Aug-2016** | Read Code | SMS text message sent to patient 07950580883: Please remember to attend your appointment: On: 01/09/2016 09:10 With: Dr ***** ***** Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery |
| **22-Aug-2016** | Read Code | SMS text message sent to patient 07950580883: An appointment has been booked for you: On: 01/09/2016 09:10 With: Dr ***** ***** Text CANCEL to 07860035293 to cancel this appointment or telephone the surgery. |
| **11-Aug-2016** | Read Code | Declined diabetic retinopathy screening |
| **02-Jun-2016** | Read Code | Elbow X-ray (Right) normal |
| **02-Jun-2016** | Read Code | Shoulder X-ray (Right) Normal |
| **01-Jun-2016** | Read Code | SMS text sent to patient Type: Appointment Reminder Status: Message Delivery Failed Message: Dear Mr McChesney This a reminder for your appointment at 08:20 on Wednesday 01 of June at your surgery. 01563 522411. |
| **18-May-2016** | Read Code | SMS text sent to patient Type: Appointment Reminder Status: Message Delivery Failed Message: Dear Mr McChesney This a reminder for your appointment at 16:05 on Wednesday 18 of May at your surgery. 01563 522411. |
| **17-May-2016** | Read Code | SMS text sent to patient Type: Appointment Reminder Status: Message Delivery Failed Message: Dear Mr McChesney This a reminder for your appointment at 09:30 on Tuesday 17 of May at your surgery. 01563 522411. |
| **30-Oct-2015** | Read Code | SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 09:20 on Monday 02 of November at your surgery. 01563 522411. |
| **16-July-2015** | Read Code | SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 08:00 on Friday 17 of July at your surgery. 01563 522411. |
| **31-Mar-2015** | Read Code | SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 08:10 on Wednesday 01 of April at your surgery. 01563 522411. |
| **18-Mar-2015** | Read Code | SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 10:45 on Thursday 19 of March at your surgery. 01563 522411. |
| **18-Feb-2015** | Read Code | SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 11:25 on Thursday 19 of February at your surgery. 01563 522411. |
| **01-Dec-2014** | Read Code | SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 08:50 on Tuesday 02 of December at your surgery. 01563 522411. |
| **24-Oct-2014** | Read Code | No response to bowel cancer screening programme invitation Non-Responder |
| **21-Oct-2014** | Read Code | SMS text sent to patient Type: Appointment Reminder Status: Message Delivery Failed Message: Dear Mr McChesney This a reminder for your appointment at 08:40 on Monday 20 of October at your surgery. 01563 522411. |
| **16-Sept-2014** | Read Code | SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 10:45 on Wednesday 17 of September at your surgery. 01563 522411. |
| **22-Aug-2014** | Read Code | SMS text sent to patient Type: Appointment Reminder Status: Message Delivery Failed Message: Dear Mr McChesney This a reminder for your appointment at 10:55 on Wednesday 20 of August at your surgery. 01563 522411. |

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|---|---|---|
| **26-July-2014** | Recall | No response to bowel cancer screening programme invitation *Bowel Cancer Screening Exclusion* |
| **11-July-2014** | Read Code | SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 08:50 on Monday 14 of July at your surgery. 01563 522411. |
| **23-Jun-2014** | Read Code | Exercise tolerance test |
| **13-Jun-2014** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 08:50 on Monday 16 of June at your surgery. 01563 522411. |
| **10-Jun-2014** | Read Code | O/E - left eye background diabetic retinopathy |
| **10-Jun-2014** | Read Code | O/E - right eye background diabetic retinopathy |
| **10-Jun-2014** | Read Code | Diabetic retinopathy screening |
| **09-May-2014** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 09:10 on Monday 12 of May at your surgery. 01563 522411. |
| **01-May-2014** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 09:10 on Friday 02 of May at your surgery. 01563 522411. |
| **03-Apr-2014** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 09:10 on Friday 04 of April at your surgery. 01563 522411. |
| **14-Mar-2014** | Read Code | Excepted from diabetes quality indicators: Informed dissent |
| **06-Mar-2014** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 09:40 on Friday 07 of March at your surgery. 01563 522411. |
| **06-Feb-2014** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 09:10 on Friday 07 of February at your surgery. 01563 522411. |
| **17-Jan-2014** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 09:10 on Monday 20 of January at your surgery. 01563 522411. |
| **03-Jan-2014** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 08:50 on Monday 06 of January at your surgery. 01563 522411. |
| **13-Dec-2013** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 09:10 on Monday 16 of December at your surgery. 01563 522411. |
| **22-Nov-2013** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 09:40 on Monday 25 of November at your surgery. 01563 522411. |
| **01-Nov-2013** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 09:50 on Monday 04 of November at your surgery. 01563 522411. |
| **08-Oct-2013** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 11:45 on Wednesday 09 of October at your surgery. 01563 522411. |
| **18-July-2013** | Read Code | Declined diabetic retinopathy screening |
| **16-May-2013** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 11:10 on Friday 17 of May at your surgery. 01563 522411. |
| **13-May-2013** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 10:00 on Tuesday 14 of May at your surgery. 01563 522411. |

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|---|---|---|
| **10-May-2013** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 14:10 on Monday 13 of May at your surgery. 01563 522411. |
| **09-May-2013** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 11:20 on Friday 10 of May at your surgery. 01563 522411. |
| **18-Apr-2013** | Read Code | Medication review |
| **02-Apr-2013** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 14:50 on Wednesday 03 of April at your surgery. 01563 522411. |
| **26-Mar-2013** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 08:20 on Wednesday 27 of March at your surgery. 01563 522411. |
| **19-Mar-2013** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney This a reminder for your appointment at 08:40 on Wednesday 20 of March at your surgery. 01563 522411. |
| **09-Oct-2012** | Read Code | Ex smoker Ex Smoker |
| **06-Jun-2012** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney, this is a reminder for your appointment at 09:00 on Wednesday 23 of May at Portland Medical Practice. 01563 522411. |
| **22-May-2012** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney, this is a reminder for your appointment at 09:10 on Wednesday 02 of May at Portland Medical Practice. 01563 522411. |
| **01-May-2012** | Read Code | SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr McChesney, this is a reminder for your appointment at 09:10 on Wednesday 18 of April at Portland Medical Practice. 01563 522411. |
| **09-Nov-2011** | Read Code | Notes summary on computer EMIS bug workaround |
| **09-Nov-2011** | Read Code | Diabetic retinopathy screening |
| **20-Jan-2011** | Read Code | Diabetic retinopathy screening refused |
| **01-Nov-2010** | Read Code | Phacoemulsification of lens LEFT - AND LENS IMPLANT |
| **21-Oct-2010** | Read Code | Angina pectoris NOS |
| **21-Oct-2010** | Read Code | Essential hypertension |
| **02-July-2010** | Read Code | Type 2 diabetes mellitus |
| **23-Jun-2010** | Read Code | Essential hypertension |

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# Attachments

**Scanned Document**
**28-Apr-2026 SHIR**
**Additional:**Scanned Document

**Filename:** file_P_PCTI_DOCMAN7_DATA_S1_Document_DMEDOC01_00004000_0186.pdf
**Extension:**.tif
**Pages:**

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

**Transport required?**

Unique Care Pathway Number: 101039050921H

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2607623510

**REFERRAL TO**

Cancer SuspectedC1A1
AA Head and Neck UCS

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

| | |
|---|---|
| Ethnic Origin | - |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | URGENT - CANCER IS SUSPECTED |
| **Date of referral** | 12-Feb-2026 |
| **Date submitted** | 12-Feb-2026 |

Raised red plaque-like area at the right posterior aspect of his tongue -photograph attached

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McChesney |
| **Forename(s)** | William |
| Title | - |
| Sex | Male |
| **Date of birth** | 26-Jul-1962 |
| CHI no. | 2607623510 |

**Patient's address**

101 Kilmaurs Road
KILMARNOCK
KA3 1NU

Contact number(s)

Voice: 07928947377

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Philip Laraway | | |
| GMC code | 4604848 | GP code | 23990 |
| Practice name | Portland Medical Practice (16673) | | |
| Practice code | 80908 | | |

**Practice address**

Portland Medical Practice
34 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522411
Facsimile: 01563 545499

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Jennifer Shennan | | |
| GMC code | 7582447 | GP code | 23973 |
| Practice name | Portland Medical Practice (80908) | | |
| Practice code | 80908 | | |

**Practice address**

34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

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**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: Raised red plaque-like area at the right posterior aspect of his tongue -photograph attached

Comment: Dear colleague

I would appreciate your urgent review of my patient please for a second opinion of a red raised area noted at the posterior aspect of the right side of his tongue. Patient simply noticed this area when looking in the mirror, no associated symptoms like change in taste, pain, bleeding, etc. Patient is a non-smoker. Please see attached photograph for reference - slightly raised red plaque-like area at the right posterior aspect of his tongue. No cervical lymphadenopathy on examination.

I would appreciate your second opinion/review here going forwards to exclude a sinister process.

Best wishes.

**Examinations and Investigations**

| | | |
|---|---|---|
| Height: | 170 | - |
| Weight(kg): | 76 | - |
| BMI: | 26.3 | - |
| Never smoked tobacco: | | 02-Aug-2024 00:00 |
| Non-smoker : | f2f cough over a month now adv kk - cough for 2 months, prev had abx, green sputum, no haemotpysis. can feel SOB and wheeze. h.o asthma, using inhalers more. salbutamol 4x per day, trimbo- TRUNCATED | 06-Dec-2023 00:00 |
| Ex smoker: | | 22-Aug-2023 00:00 |
| Never smoked tobacco: | | 08-Aug-2023 00:00 |
| Never smoked tobacco: | | 06-Jul-2022 00:00 |
| Never smoked tobacco: | | 03-Sep-2021 00:00 |
| Never smoked tobacco: | | 11-Jun-2021 00:00 |
| Never smoked tobacco: | | 28-Jul-2020 00:00 |
| Never smoked tobacco: | | 28-Jul-2020 00:00 |
| Never smoked tobacco: | | 14-Jan-2019 00:00 |
| Alcohol consumption, 15.2 units/week: | | 02-Aug-2024 00:00 |
| Alcohol consumption, 12 units/week: | | 08-Aug-2023 00:00 |
| Alcohol consumption, 14 units/week: | | 06-Jul-2022 00:00 |
| Alcohol consumption, 14 units/week: | | 03-Sep-2021 00:00 |
| Alcohol consumption, 14 units/week: | | 28-Jul-2020 00:00 |

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|---|---|---|
| Alcohol consumption, 0 units/week: | | 14-Jan-2019 00:00 |
| Alcohol consumption, 8 units/week: | | 22-Dec-2016 00:00 |
| Alcohol consumption, 28 units/week: | | 13-May-2015 00:00 |
| Alcohol consumption, 28 units/week: | | 12-May-2014 00:00 |
| Alcohol consumption, 18 units/week: | | 14-May-2013 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 02-Aug-2024 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 08-Aug-2023 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 08-Aug-2023 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 03-Sep-2021 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 03-Sep-2021 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 28-Jul-2020 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 14-Jan-2019 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 22-Dec-2016 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 13-May-2015 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 12-May-2014 00:00 |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Advise

**Past medical history**

**Pre-existing conditions**

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Vascular calcification | - | - | on xray | 02-Jun-2025 | 02-Jun-2025 |
| Gastro-oesophageal reflux | - | - | - | 13-Mar-2025 | 13-Mar-2025 |
| Cough | - | - | - | 27-Jan-2025 | 27-Jan-2025 |
| Chronic obstructive pulmonary disease | - | - | - | 27-Jan-2025 | 27-Jan-2025 |

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|---|---|---|---|---|---|
| Reflux oesophagitis | - | - | - | 30-Apr-2024 | 30-Apr-2024 |
| Barrett's oesophagus | - | - | - | 13-Apr-2024 | 13-Apr-2024 |
| Hiatus hernia | - | - | - | 13-Apr-2024 | 13-Apr-2024 |
| Vitamin B12 deficiency | - | - | - | 05-Dec-2023 | 05-Dec-2023 |
| Seborrhoeic keratosis | - | - | right ear - for curettage and cautery | 23-May-2017 | 23-May-2017 |
| Low mood | - | - | - | 02-Dec-2014 | 02-Dec-2014 |
| Angina pectoris NOS | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Essential hypertension | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Type 2 diabetes mellitus | - | - | - | 02-Jul-2010 | 02-Jul-2010 |
| Dyspepsia | - | - | - | 10-Jan-2006 | 10-Jan-2006 |
| Asthma | - | - | - | 23-Dec-1992 | 23-Dec-1992 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| Plain X-ray foot (Right) | Right | - | - | 02-Jun-2025 | 02-Jun-2025 |
| [SO]Toe NEC (Right) | Right | - | minor wear and tear | 02-Jun-2025 | 02-Jun-2025 |
| Gastroscopy abnormal | - | - | - | 30-Apr-2024 | 30-Apr-2024 |
| Exercise tolerance test not indicated | - | - | normal | 28-Jun-2017 | 28-Jun-2017 |
| Foot X-ray (Right) | Right | - | - | 22-Dec-2016 | 22-Dec-2016 |
| Elbow X-ray (Right) | Right | - | normal | 02-Jun-2016 | 02-Jun-2016 |
| Shoulder X-ray (Right) | Right | - | Normal | 02-Jun-2016 | 02-Jun-2016 |
| Exercise tolerance test | - | - | - | 23-Jun-2014 | 23-Jun-2014 |
| Phacoemulsification of lens | - | - | LEFT - AND LENS IMPLANT | 01-Nov-2010 | 01-Nov-2010 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Sitagliptin Tablets 100 mg | - | 28 tablet | TAKE ONE DAILY | - | 09-Jul-2025 | - | 26-Jan-2026 |
| Paracetamol Tablets 500 mg | 0407010H0AAAMAM | 200 TABLET | ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED | - | 24-Jun-2025 | - | 09-Feb-2026 |
| Ibuprofen Tablets 400 mg | 1001010J0AAAEAE | 42 tablet | ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD | - | 16-May-2025 | - | 09-Feb-2026 |
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 0103050P0AAAGAG | 28 CAPSULE | ONE TO BE TAKEN EACH DAY | - | 17-Mar-2025 | - | 26-Jan-2026 |
| Nacsys Effervescent tablets 600 mg | - | 30 TABLET | ONE TO BE TAKEN DAILY | - | 29-Jan-2025 | - | 26-Jan-2026 |
| Trimbow Inhaler | | | | | | | |

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|---|---|---|---|---|---|---|---|
| 172 micrograms + 5 micrograms + 9 micrograms/dose | - | 120 DOSE | TWO PUFFS TO BE TAKEN TWICE DAILY | - | 17-Jan-2024 | - | 29-Jan-2026 |
| Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff | 0301011R0BEAIAP | 1 inhaler | ONE OR TWO PUFFS UP TO QDS PRN | - | 03-Jan-2024 | - | 29-Jan-2026 |
| Cyanocobalamin Tablets 50 micrograms | 0901020D0AAAEAE | 112 TABLET | ONE TO BE TAKEN TWICE A DAY AFTER FOOD | - | 06-Sep-2023 | - | 09-Feb-2026 |
| Montelukast Sodium Tablets 10 mg | 0303000G0AAABAB | 28 TABLET | ONE TO BE TAKEN AT NIGHT | - | 07-Jul-2022 | - | 26-Jan-2026 |
| Empagliflozin Tablets 25 mg | - | 28 TABLET | ONE TO BE TAKEN EACH DAY. | - | 03-Aug-2020 | - | 26-Jan-2026 |
| Pregabalin Capsules 50 mg | - | 56 CAPSULE | ONE TO BE TAKEN TWICE A DAY | - | 11-Feb-2019 | - | 09-Feb-2026 |
| Metformin Hydrochloride Tablets 500 mg | 0601022B0AAABAB | 112 tablet | TWO TO BE TAKEN TWICE A DAY | - | 11-Jan-2017 | - | 16-Jan-2026 |
| Tramadol Hydrochloride Capsules 50 mg | 040702040AAAAAA | 224 CAPSULE | 2 CAPS UP TO FOUR TIMES DAILY IF REQUIRED - PLEASE TRY MINIMISE USAGE | - | 05-Oct-2016 | - | 30-Jan-2026 |
| Isosorbide Mononitrate M/R tablets 60 mg | 0206010K0AAAEAE | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 20-Aug-2014 | - | 16-Jan-2026 |
| Atorvastatin Tablets 20 mg | 0212000B0AAABAB | 28 TABLET | ONE TO BE TAKEN AT NIGHT | - | 15-Jan-2013 | - | 26-Jan-2026 |
| Gliclazide Tablets 80 mg | 0601021M0AAAAAA | 224 TABLET | 2 TABLETS TWICE DAILY | - | 27-Jul-2010 | - | 10-Dec-2025 |
| Amlodipine Tablets 10 mg | - | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 07-Jul-2010 | - | 26-Jan-2026 |
| Aspirin E/c tablets 75 mg | 0209000A0AAAKAK | 28 TABLET | 1 TAB IN THE MORNING (STATUS=C) | - | 15-Jun-2010 | - | 26-Jan-2026 |
| Glyceryl Trinitrate Pump spray 400 micrograms/dose | 0206010F0AAA1A1 | 200 DOSE | ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED | - | 23-Aug-2016 | - | 05-Sep-2025 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Doxycycline Hyclate Capsules 100 mg | - | 8 capsule | TWO TO BE TAKEN ON DAY 1 AND THEN 1 TO BE TAKEN DAILY | - | 10-Feb-2026 | 42 Days | 10-Feb-2026 |

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

**Additional relevant information**

**Administrative information**

THIRD PARTY COPY

Referred By:Resident GP

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

THIRD PARTY COPY



**Scanned Document**
**28-Apr-2026 SHIR**
**Additional:**Scanned Document

**Filename:** file_P_PCTI_DOCMAN7_DATA_S1_Document_DMEDOC01_00004000_0185.pdf
**Extension:**.tif
**Pages:**

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

**Transport required?**

Unique Care Pathway Number: 1010388363394

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2607623510

**REFERRAL TO**

Respiratory MedicineAQ
AA Respiratory

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

| | |
|---|---|
| Ethnic Origin | - |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | **Urgent** |
| **Date of referral** | 22-Jan-2026 |
| **Date submitted** | 22-Jan-2026 |

Ongoing Persistent Cough

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McChesney |
| **Forename(s)** | William |
| Title | - |
| Sex | Male |
| **Date of birth** | 26-Jul-1962 |
| CHI no. | 2607623510 |

**Patient's address**

101 Kilmaurs Road
KILMARNOCK
KA3 1NU

Contact number(s)

Voice: 07928947377

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Philip Laraway | | |
| GMC code | 4604848 | GP code | 23990 |
| Practice name | Portland Medical Practice (16673) | | |
| Practice code | 80908 | | |

**Practice address**

Portland Medical Practice
34 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522411
Facsimile: 01563 545499

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Jennifer Shennan | | |
| GMC code | 7582447 | GP code | 23973 |
| Practice name | Portland Medical Practice (80908) | | |
| Practice code | 80908 | | |

**Practice address**

34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

THIRD PARTY COPY

**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: Ongoing Persistent Cough

Comment: Dear colleague

I would appreciate your urgent review of my patient please with ongoing persistent cough for the last roughly one and a half years. Green sputum reported longterm in the mornings which clears up towards the end of the night and becomes clear. Previous multiple antibiotics have been given with no effect on his cough reportedly - possibly a fleeting improvement then simply returns the day after. No temperature, nausea, vomiting or weight loss - known asthma. No chest pain, shortness of breath or wheeze. On Trimbow and prn Salbutamol. I see from previous Respiratory letters a CT scan initially showed inflammation in his left lung but on repeat CT scan in 2025 this inflammation had resolved. Possible faint signs of infection noted on previous CT scanning. No features of malignancy previously noted. I had also trialled the patient on Omeprazole which he continues however he feels no improvement with his cough. Previously on Ramipril which was stopped more than a year ago - this has not improved his cough either. Patient denies any postnasal drip or nasal congestion.

On examination today well patient, vitals normal, chest clear, heart sounds 1+2+0, normal ENT exam.

Blood screening pending. Updated sputum culture pending.

I would appreciate your urgent review in due course to help further investigate why the patient keeps having cough. The patient is aware to contact ourselves again if he develops any florid signs of infection such as temperature, nausea or vomiting, cough becomes more purulent, feels unwell, etc.

Thank you.

Best wishes.

**Examinations and Investigations**

| | | |
|---|---|---|
| Height: | 170 | - |
| Weight(kg): | 76 | - |
| BMI: | 26.3 | - |
| Never smoked tobacco: | | 02-Aug-2024 00:00 |
| Non-smoker : | f2f cough over a month now adv kk - cough for 2 months, prev had abx, green sputum, no haemotpysis. can feel SOB and wheeze. h.o asthma, using inhalers more. salbutamol 4x per day, trimbo- TRUNCATED | 06-Dec-2023 00:00 |
| Ex smoker: | | 22-Aug-2023 00:00 |
| Never smoked tobacco: | | 08-Aug-2023 00:00 |
| Never smoked tobacco: | | 06-Jul-2022 00:00 |
| Never smoked tobacco: | | 03-Sep-2021 00:00 |
| Never smoked tobacco: | | 11-Jun-2021 00:00 |
| Never smoked tobacco: | | 28-Jul-2020 00:00 |
| Never smoked tobacco: | | 28-Jul-2020 00:00 |
| Never smoked tobacco: | | 14-Jan-2019 00:00 |
| Alcohol consumption, 15.2 units/week: | | 02-Aug-2024 00:00 |

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| | | |
|---|---|---|
| Alcohol consumption, 12 units/week: | | 08-Aug-2023 00:00 |
| Alcohol consumption, 14 units/week: | | 06-Jul-2022 00:00 |
| Alcohol consumption, 14 units/week: | | 03-Sep-2021 00:00 |
| Alcohol consumption, 14 units/week: | | 28-Jul-2020 00:00 |
| Alcohol consumption, 0 units/week: | | 14-Jan-2019 00:00 |
| Alcohol consumption, 8 units/week: | | 22-Dec-2016 00:00 |
| Alcohol consumption, 28 units/week: | | 13-May-2015 00:00 |
| Alcohol consumption, 28 units/week: | | 12-May-2014 00:00 |
| Alcohol consumption, 18 units/week: | | 14-May-2013 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 02-Aug-2024 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 08-Aug-2023 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 08-Aug-2023 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 03-Sep-2021 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 03-Sep-2021 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 28-Jul-2020 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 14-Jan-2019 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 22-Dec-2016 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 13-May-2015 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 12-May-2014 00:00 |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Advise

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**Past medical history**
**Pre-existing conditions**

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Vascular calcification | - | - | on xray | 02-Jun-2025 | 02-Jun-2025 |
| Gastro-oesophageal reflux | - | - | - | 13-Mar-2025 | 13-Mar-2025 |
| Cough | - | - | - | 27-Jan-2025 | 27-Jan-2025 |
| Chronic obstructive pulmonary disease | - | - | - | 27-Jan-2025 | 27-Jan-2025 |
| Reflux oesophagitis | - | - | - | 30-Apr-2024 | 30-Apr-2024 |
| Barrett's oesophagus | - | - | - | 13-Apr-2024 | 13-Apr-2024 |
| Hiatus hernia | - | - | - | 13-Apr-2024 | 13-Apr-2024 |
| Vitamin B12 deficiency | - | - | - | 05-Dec-2023 | 05-Dec-2023 |
| Seborrhoeic keratosis | - | - | right ear - for curettage and cautery | 23-May-2017 | 23-May-2017 |
| Low mood | - | - | - | 02-Dec-2014 | 02-Dec-2014 |
| Angina pectoris NOS | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Essential hypertension | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Type 2 diabetes mellitus | - | - | - | 02-Jul-2010 | 02-Jul-2010 |
| Dyspepsia | - | - | - | 10-Jan-2006 | 10-Jan-2006 |
| Asthma | - | - | - | 23-Dec-1992 | 23-Dec-1992 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| Plain X-ray foot (Right) | Right | - | - | 02-Jun-2025 | 02-Jun-2025 |
| [SO]Toe NEC (Right) | Right | - | minor wear and tear | 02-Jun-2025 | 02-Jun-2025 |
| Gastroscopy abnormal | - | - | - | 30-Apr-2024 | 30-Apr-2024 |
| Exercise tolerance test not indicated | - | - | normal | 28-Jun-2017 | 28-Jun-2017 |
| Foot X-ray (Right) | Right | - | - | 22-Dec-2016 | 22-Dec-2016 |
| Elbow X-ray (Right) | Right | - | normal | 02-Jun-2016 | 02-Jun-2016 |
| Shoulder X-ray (Right) | Right | - | Normal | 02-Jun-2016 | 02-Jun-2016 |
| Exercise tolerance test | - | - | - | 23-Jun-2014 | 23-Jun-2014 |
| Phacoemulsification of lens | - | - | LEFT - AND LENS IMPLANT | 01-Nov-2010 | 01-Nov-2010 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Sitagliptin Tablets 100 mg | - | 28 tablet | TAKE ONE DAILY | - | 09-Jul-2025 | - | 06-Jan-2026 |
| Paracetamol Tablets 500 mg | 0407010H0AAAMAM | 200 TABLET | ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED | - | 24-Jun-2025 | - | 23-Sep-2025 |
| | | | ONE TO BE | | | | |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Ibuprofen Tablets 400 mg | 1001010J0AAAEAE | 42 tablet | TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD | - | 16-May-2025 | - | 16-Jan-2026 |
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 0103050P0AAAGAG | 28 CAPSULE | ONE TO BE TAKEN EACH DAY | - | 17-Mar-2025 | - | 29-Dec-2025 |
| Nacsys Effervescent tablets 600 mg | - | 30 TABLET | ONE TO BE TAKEN DAILY | - | 29-Jan-2025 | - | 06-Jan-2026 |
| Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose | - | 120 DOSE | TWO PUFFS TO BE TAKEN TWICE DAILY | - | 17-Jan-2024 | - | 26-Nov-2025 |
| Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff | 0301011R0BEAIAP | 1 inhaler | ONE OR TWO PUFFS UP TO QDS PRN | - | 03-Jan-2024 | - | 21-Oct-2025 |
| Cyanocobalamin Tablets 50 micrograms | 0901020D0AAAEAE | 112 TABLET | ONE TO BE TAKEN TWICE A DAY AFTER FOOD | - | 06-Sep-2023 | - | 07-Nov-2025 |
| Montelukast Sodium Tablets 10 mg | 0303000G0AAABAB | 28 TABLET | ONE TO BE TAKEN AT NIGHT | - | 07-Jul-2022 | - | 29-Dec-2025 |
| Empagliflozin Tablets 25 mg | - | 28 TABLET | ONE TO BE TAKEN EACH DAY. | - | 03-Aug-2020 | - | 22-Dec-2025 |
| Pregabalin Capsules 50 mg | - | 56 CAPSULE | ONE TO BE TAKEN TWICE A DAY | - | 11-Feb-2019 | - | 06-Jan-2026 |
| Metformin Hydrochloride Tablets 500 mg | 0601022B0AAABAB | 112 tablet | TWO TO BE TAKEN TWICE A DAY | - | 11-Jan-2017 | - | 16-Jan-2026 |
| Tramadol Hydrochloride Capsules 50 mg | 040702040AAAAAA | 224 CAPSULE | 2 CAPS UP TO FOUR TIMES DAILY IF REQUIRED - PLEASE TRY MINIMISE USAGE | - | 05-Oct-2016 | - | 22-Dec-2025 |
| Isosorbide Mononitrate M/R tablets 60 mg | 0206010K0AAAEAE | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 20-Aug-2014 | - | 16-Jan-2026 |
| Atorvastatin Tablets 20 mg | 0212000B0AAABAB | 28 TABLET | ONE TO BE TAKEN AT NIGHT | - | 15-Jan-2013 | - | 29-Dec-2025 |
| Gliclazide Tablets 80 mg | 0601021M0AAAAAA | 224 TABLET | 2 TABLETS TWICE DAILY | - | 27-Jul-2010 | - | 10-Dec-2025 |
| Amlodipine Tablets 10 mg | - | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 07-Jul-2010 | - | 06-Jan-2026 |
| Aspirin E/c tablets 75 mg | 0209000A0AAAKAK | 28 TABLET | 1 TAB IN THE MORNING (STATUS=C) | - | 15-Jun-2010 | - | 22-Dec-2025 |
| Glyceryl Trinitrate Pump spray 400 micrograms/dose | 0206010F0AAA1A1 | 200 DOSE | ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED | - | 23-Aug-2016 | - | 05-Sep-2025 |

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

No recent medications recorded

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**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

Smoking status

Number per day
? (not known)

Alcohol consumption

Units per day
? (not known)

**Additional relevant information**

**Administrative information**

Referred By:Resident GP

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

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**Scanned Document**
**28-Apr-2026 SHIR**
**Additional:**Scanned Document

**Filename:** file_P_PCTI_DOCMAN7_DATA_S1_Document_DMEDOC01_00004000_0179.pdf
**Extension:**.tif
**Pages:**

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

**Transport required?**

Unique Care Pathway Number: 1010366468942

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2607623510

**REFERRAL TO**

Cancer SuspectedC1A1
AA Lung UCS

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

| | |
|---|---|
| Ethnic Origin | - |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | URGENT - CANCER IS SUSPECTED |
| **Date of referral** | 02-Jun-2025 |
| **Date submitted** | 02-Jun-2025 |

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McChesney |
| **Forename(s)** | William |
| Title | - |
| Sex | Male |
| **Date of birth** | 26-Jul-1962 |
| CHI no. | 2607623510 |

**Patient's address**

101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Contact number(s)

Voice: 07928947377

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Philip Laraway | | |
| GMC code | 4604848 | GP code | 23990 |
| Practice name | Portland Medical Practice (16673) | | |
| Practice code | 80908 | | |

**Practice address**

Portland Medical Practice
34 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522411
Facsimile: 01563 545499

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Jennifer Shennan | | |
| GMC code | 7582447 | GP code | 23973 |
| Practice name | Portland Medical Practice (80908) | | |
| Practice code | 80908 | | |

**Practice address**

34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

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**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: Ongoing Cough

Comment: Dear colleague

I would appreciate our further review of my patient please given ongoing cough now productive of green sputum for the last 3-4 weeks. The patient has noted months of coughing for which I have referred to you and a CT scan was completed. Previous CT scan showed left basal lung inflammation which apparently resolved on subsequent CT scanning. No unintentional weight loss noted, no chest pain, SOB, temperature, nausea or vomiting. Please note recent bloods show an inflammatory response with a CRP just over 100.

On examination today vitals normal, left chest basal creps, good air expansion throughout otherwise ?chest infection ?other underlying.

I have trialled a course of Amoxicillin and await a sputum culture.

Given his ongoing cough with no explanation known I would appreciate your rereview for consideration of further investigation here ?sinister cause.

Yours sincerely.

**Examinations and Investigations**

| | | |
|---|---|---|
| Height: | 170 | - |
| Weight(kg): | 76 | - |
| BMI: | 26.3 | - |
| Never smoked tobacco: | | 02-Aug-2024 00:00 |
| Non-smoker : | f2f cough over a month now adv kk - cough for 2 months, prev had abx, green sputum, no haemotpysis. can feel SOB and wheeze. h.o asthma, using inhalers more. salbutamol 4x per day, trimbo- TRUNCATED | 06-Dec-2023 00:00 |
| Ex smoker: | | 22-Aug-2023 00:00 |
| Never smoked tobacco: | | 08-Aug-2023 00:00 |
| Never smoked tobacco: | | 06-Jul-2022 00:00 |
| Never smoked tobacco: | | 03-Sep-2021 00:00 |
| Never smoked tobacco: | | 11-Jun-2021 00:00 |
| Never smoked tobacco: | | 28-Jul-2020 00:00 |
| Never smoked tobacco: | | 28-Jul-2020 00:00 |
| Never smoked tobacco: | | 14-Jan-2019 00:00 |
| Alcohol consumption, 15.2 units/week: | | 02-Aug-2024 00:00 |
| Alcohol consumption, 12 units/week: | | 08-Aug-2023 00:00 |
| Alcohol consumption, 14 units/week: | | 06-Jul-2022 00:00 |

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| | | |
|---|---|---|
| Alcohol consumption, 14 units/week: | | 03-Sep-2021 00:00 |
| Alcohol consumption, 14 units/week: | | 28-Jul-2020 00:00 |
| Alcohol consumption, 0 units/week: | | 14-Jan-2019 00:00 |
| Alcohol consumption, 8 units/week: | | 22-Dec-2016 00:00 |
| Alcohol consumption, 28 units/week: | | 13-May-2015 00:00 |
| Alcohol consumption, 28 units/week: | | 12-May-2014 00:00 |
| Alcohol consumption, 18 units/week: | | 14-May-2013 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 02-Aug-2024 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 08-Aug-2023 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 08-Aug-2023 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 03-Sep-2021 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 03-Sep-2021 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 28-Jul-2020 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 14-Jan-2019 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 22-Dec-2016 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 13-May-2015 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 12-May-2014 00:00 |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Advise

**Past medical history**

**Pre-existing conditions**

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Gastro-oesophageal reflux | - | - | - | 13-Mar-2025 | 13-Mar-2025 |

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| | | | | | |
|---|---|---|---|---|---|
| Cough | - | - | - | 27-Jan-2025 | 27-Jan-2025 |
| Chronic obstructive pulmonary disease | - | - | - | 27-Jan-2025 | 27-Jan-2025 |
| Reflux oesophagitis | - | - | - | 30-Apr-2024 | 30-Apr-2024 |
| Barrett's oesophagus | - | - | - | 13-Apr-2024 | 13-Apr-2024 |
| Hiatus hernia | - | - | - | 13-Apr-2024 | 13-Apr-2024 |
| Vitamin B12 deficiency | - | - | - | 05-Dec-2023 | 05-Dec-2023 |
| Seborrhoeic keratosis | - | - | right ear - for curettage and cautery | 23-May-2017 | 23-May-2017 |
| Low mood | - | - | - | 02-Dec-2014 | 02-Dec-2014 |
| Essential hypertension | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Angina pectoris NOS | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Type 2 diabetes mellitus | - | - | - | 02-Jul-2010 | 02-Jul-2010 |
| Dyspepsia | - | - | - | 10-Jan-2006 | 10-Jan-2006 |
| Asthma | - | - | - | 23-Dec-1992 | 23-Dec-1992 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| Gastroscopy abnormal | - | - | - | 30-Apr-2024 | 30-Apr-2024 |
| Exercise tolerance test not indicated | - | - | normal | 28-Jun-2017 | 28-Jun-2017 |
| Foot X-ray (Right) | Right | - | - | 22-Dec-2016 | 22-Dec-2016 |
| Elbow X-ray (Right) | Right | - | normal | 02-Jun-2016 | 02-Jun-2016 |
| Shoulder X-ray (Right) | Right | - | Normal | 02-Jun-2016 | 02-Jun-2016 |
| Exercise tolerance test | - | - | - | 23-Jun-2014 | 23-Jun-2014 |
| Phacoemulsification of lens | - | - | LEFT - AND LENS IMPLANT | 01-Nov-2010 | 01-Nov-2010 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 0103050P0AAAGAG | 28 CAPSULE | ONE TO BE TAKEN EACH DAY | - | 17-Mar-2025 | - | 27-May-2025 |
| Nacsys Effervescent tablets 600 mg | - | 30 TABLET | ONE TO BE TAKEN DAILY | - | 29-Jan-2025 | - | 27-May-2025 |
| Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose | - | 120 DOSE | TWO PUFFS TO BE TAKEN TWICE DAILY | - | 17-Jan-2024 | - | 27-May-2025 |
| Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff | 0301011R0BEAIAP | 1 inhaler | ONE OR TWO PUFFS UP TO QDS PRN | - | 03-Jan-2024 | - | 27-May-2025 |
| Cyanocobalamin Tablets 50 micrograms | 0901020D0AAAEAE | 112 TABLET | ONE TO BE TAKEN TWICE A DAY AFTER FOOD | - | 06-Sep-2023 | - | 27-May-2025 |
| | | | | | 02- | | |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Alogliptin Tablets 25 mg | - | 28 TABLET | ONE TO BE TAKEN DAILY. | - | Aug-2022 | - | 27-May-2025 |
| Montelukast Sodium Tablets 10 mg | 0303000G0AAABAB | 28 TABLET | ONE TO BE TAKEN AT NIGHT | - | 07-Jul-2022 | - | 06-May-2025 |
| True Metrix Test strips | - | 50 strip | TO BE USED AS DIRECTED | - | 01-Jul-2022 | - | 07-Jun-2024 |
| Empagliflozin Tablets 25 mg | - | 28 TABLET | ONE TO BE TAKEN EACH DAY. | - | 03-Aug-2020 | - | 27-May-2025 |
| Pregabalin Capsules 50 mg | - | 56 CAPSULE | ONE TO BE TAKEN TWICE A DAY | - | 11-Feb-2019 | - | 13-May-2025 |
| Metformin Hydrochloride Tablets 500 mg | 0601022B0AAABAB | 112 tablet | TWO TO BE TAKEN TWICE A DAY | - | 11-Jan-2017 | - | 06-May-2025 |
| Tramadol Hydrochloride Capsules 50 mg | 040702040AAAAAA | 224 CAPSULE | 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23) | - | 05-Oct-2016 | - | 27-May-2025 |
| Isosorbide Mononitrate M/R tablets 60 mg | 0206010K0AAAEAE | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 20-Aug-2014 | - | 27-May-2025 |
| Atorvastatin Tablets 20 mg | 0212000B0AAABAB | 28 TABLET | ONE TO BE TAKEN AT NIGHT | - | 15-Jan-2013 | - | 27-May-2025 |
| Gliclazide Tablets 80 mg | 0601021M0AAAAAA | 224 TABLET | 2 TABLETS TWICE DAILY | - | 27-Jul-2010 | - | 06-May-2025 |
| Amlodipine Tablets 10 mg | - | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 07-Jul-2010 | - | 27-May-2025 |
| Aspirin E/c tablets 75 mg | 0209000A0AAAKAK | 28 TABLET | 1 TAB IN THE MORNING (STATUS=C) | - | 15-Jun-2010 | - | 27-May-2025 |
| Glyceryl Trinitrate Pump spray 400 micrograms/dose | 0206010F0AAA1A1 | 200 DOSE | ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED | - | 23-Aug-2016 | - | 08-Aug-2024 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Amoxicillin Capsules 500 mg | - | 15 CAPSULE | ONE TO BE TAKEN THREE TIMES A DAY | - | 02-Jun-2025 | 5 Days | 02-Jun-2025 |
| Ibuprofen Tablets 400 mg | 1001010J0AAAEAE | 42 tablet | ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD | - | 16-May-2025 | 42 Days | 16-May-2025 |
| Lansoprazole Capsules (Gastro-Resistant) 30 mg | 0103050L0AAAAAA | 28 CAPSULE | 1 AT NIGHT | - | 30-Aug-2023 | - | 04-Mar-2025 |

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

Smoking status

Number per day
? (not known)

Alcohol consumption

Units per day
? (not known)

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**Additional relevant information**
**Administrative information**
Referred By:Registered GP

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

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**Scanned Document**
**28-Apr-2026 SHIR**
**Additional:**Scanned Document

**Filename:** file_P_PCTI_DOCMAN7_DATA_S1_Document_DMEDOC01_00004000_0175.pdf
**Extension:**.tif
**Pages:**

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

**Transport required?**

Unique Care Pathway Number: 1010348491979

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2607623510

**REFERRAL TO**

Cancer SuspectedC1A1
AA Lung UCS

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

| | |
|---|---|
| Ethnic Origin | - |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | URGENT - CANCER IS SUSPECTED |
| **Date of referral** | 20-Nov-2024 |
| **Date submitted** | 20-Nov-2024 |

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McChesney |
| **Forename(s)** | William |
| Title | - |
| Sex | Male |
| **Date of birth** | 26-Jul-1962 |
| CHI no. | 2607623510 |

**Patient's address**

101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Contact number(s)

Voice: 07928947377

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Philip Laraway | | |
| GMC code | 4604848 | GP code | 23990 |
| Practice name | Portland Medical Practice (16673) | | |
| Practice code | 80908 | | |

**Practice address**

Portland Medical Practice
34 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522411
Facsimile: 01563 545499

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Jennifer Shennan | | |
| GMC code | 7582447 | GP code | - |
| Practice name | Portland Medical Practice (80908) | | |
| Practice code | 80908 | | |

**Practice address**

34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

THIRD PARTY COPY

**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: Unspecified Lung Opacity and Persistent Cough

Comment: Dear colleague

I would appreciate your review of my patient please with a persistent dry cough that has been present for at least six months. The patient had suffered a unintentional weight loss towards the beginning of the year which has now stabilised. He had a CT chest, abdo, pelvis organised by my colleague and this highlighted a air space opacity within the left lower lobe which highlighted as possibly representing intercurrent infection, lungs otherwise clear, no lymphadenopathy etc. The CT scan also highlighted a likely small simple liver cyst and a bulky prostatic appearance, the PSA since has been normal. The patient has no lower urinary tract symptoms. The patient denies any post nasal drip or persistent reflux. The patient is on Ramipril for which I have recently stopped and will be switching to an alternative agent in due course. No new unintentional weight loss, night sweats, these symptoms etc. The patient is a historical ex-smoker from over 40 years ago. No chest pain, palpitations or shortness of breath on exertion. The patient has known asthma. No worsening wheeze highlighted.

On examination vitals all ok, chest clear today, heart sounds 1+2+no added, weight 12 stone today.

Given the unspecified lung opacity as well as his persistent cough I would appreciate your review going forwards to exclude a sinister cause here.

Thank you.

**Examinations and Investigations**

| | | |
|---|---|---|
| Height: | 170 | - |
| Weight(kg): | 76 | - |
| BMI: | 26.3 | - |
| Never smoked tobacco: | | 02-Aug-2024 00:00 |
| Non-smoker : | f2f cough over a month now adv kk - cough for 2 months, prev had abx, green sputum, no haemotpysis. can feel SOB and wheeze. h.o asthma, using inhalers more. salbutamol 4x per day, trimbo- TRUNCATED | 06-Dec-2023 00:00 |
| Ex smoker: | | 22-Aug-2023 00:00 |
| Never smoked tobacco: | | 08-Aug-2023 00:00 |
| Never smoked tobacco: | | 06-Jul-2022 00:00 |
| Never smoked tobacco: | | 03-Sep-2021 00:00 |
| Never smoked tobacco: | | 11-Jun-2021 00:00 |
| Never smoked tobacco: | | 28-Jul-2020 00:00 |
| Never smoked tobacco: | | 28-Jul-2020 00:00 |
| Never smoked tobacco: | | 14-Jan-2019 00:00 |
| Alcohol consumption, 15.2 units/week: | | 02-Aug-2024 00:00 |
| Alcohol consumption, 12 units/week: | | 08-Aug-2023 00:00 |
| Alcohol consumption, 14 | | 06-Jul- |

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| | | |
|---|---|---|
| units/week: | | 2022 00:00 |
| Alcohol consumption, 14 units/week: | | 03-Sep-2021 00:00 |
| Alcohol consumption, 14 units/week: | | 28-Jul-2020 00:00 |
| Alcohol consumption, 0 units/week: | | 14-Jan-2019 00:00 |
| Alcohol consumption, 8 units/week: | | 22-Dec-2016 00:00 |
| Alcohol consumption, 28 units/week: | | 13-May-2015 00:00 |
| Alcohol consumption, 28 units/week: | | 12-May-2014 00:00 |
| Alcohol consumption, 18 units/week: | | 14-May-2013 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 02-Aug-2024 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 08-Aug-2023 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 08-Aug-2023 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 03-Sep-2021 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 03-Sep-2021 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 28-Jul-2020 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 14-Jan-2019 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 22-Dec-2016 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 13-May-2015 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 12-May-2014 00:00 |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Advise

**Past medical history**

**Pre-existing conditions**

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Reflux oesophagitis | - | - | - | 30-Apr-2024 | 30-Apr-2024 |

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| | | | | | |
|---|---|---|---|---|---|
| Barrett's oesophagus | - | - | - | 13-Apr-2024 | 13-Apr-2024 |
| Hiatus hernia | - | - | - | 13-Apr-2024 | 13-Apr-2024 |
| Vitamin B12 deficiency | - | - | - | 05-Dec-2023 | 05-Dec-2023 |
| Seborrhoeic keratosis | - | - | right ear - for curettage and cautery | 23-May-2017 | 23-May-2017 |
| Low mood | - | - | - | 02-Dec-2014 | 02-Dec-2014 |
| Angina pectoris NOS | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Essential hypertension | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Type 2 diabetes mellitus | - | - | - | 02-Jul-2010 | 02-Jul-2010 |
| Dyspepsia | - | - | - | 10-Jan-2006 | 10-Jan-2006 |
| Asthma | - | - | - | 23-Dec-1992 | 23-Dec-1992 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| Gastroscopy abnormal | - | - | - | 30-Apr-2024 | 30-Apr-2024 |
| Exercise tolerance test not indicated | - | - | normal | 28-Jun-2017 | 28-Jun-2017 |
| Foot X-ray (Right) | Right | - | - | 22-Dec-2016 | 22-Dec-2016 |
| Elbow X-ray (Right) | Right | - | normal | 02-Jun-2016 | 02-Jun-2016 |
| Shoulder X-ray (Right) | Right | - | Normal | 02-Jun-2016 | 02-Jun-2016 |
| Exercise tolerance test | - | - | - | 23-Jun-2014 | 23-Jun-2014 |
| Phacoemulsification of lens | - | - | LEFT - AND LENS IMPLANT | 01-Nov-2010 | 01-Nov-2010 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Ramipril Capsules 1.25 mg | 0205051R0AAAAAA | 28 CAPSULE | ONE TO BE TAKEN EACH MORNING (IN ADDITION TO 5MG) | - | 02-Oct-2024 | - | 02-Oct-2024 |
| Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose | - | 120 DOSE | TWO PUFFS TO BE TAKEN TWICE DAILY | - | 17-Jan-2024 | - | 15-Oct-2024 |
| Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff | 0301011R0BEAIAP | 1 inhaler | ONE OR TWO PUFFS UP TO QDS PRN | - | 03-Jan-2024 | - | 19-Sep-2024 |
| Cyanocobalamin Tablets 50 micrograms | 0901020D0AAAEAE | 112 TABLET | ONE TO BE TAKEN TWICE A DAY AFTER FOOD | - | 06-Sep-2023 | - | 21-Oct-2024 |
| Lansoprazole Capsules (Gastro-Resistant) 30 mg | 0103050L0AAAAAA | 28 CAPSULE | 1 AT NIGHT | - | 30-Aug-2023 | - | 07-Nov-2024 |
| Ramipril Capsules 5 mg | 0205051R0AAACAC | 28 capsule | ONE TO BE TAKEN EACH MORNING | - | 23-Sep-2022 | - | 19-Sep-2024 |
| Alogliptin Tablets 25 mg | - | 28 TABLET | ONE TO BE TAKEN DAILY. | - | 02-Aug-2022 | - | 13-Nov-2024 |
| Montelukast Sodium Tablets 10 mg | 0303000G0AAABAB | 28 TABLET | ONE TO BE TAKEN AT NIGHT | - | 07-Jul-2022 | - | 13-Nov-2024 |
| True Metrix Test strips | - | 50 strip | TO BE USED AS DIRECTED | - | 01-Jul-2022 | - | 07-Jun-2024 |
| Empagliflozin Tablets 25 mg | - | 28 TABLET | ONE TO BE TAKEN EACH DAY. | - | 03-Aug-2020 | - | 07-Nov-2024 |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Pregabalin Capsules 50 mg | - | 56 CAPSULE | ONE TO BE TAKEN TWICE A DAY | - | 11-Feb-2019 | - | 07-Nov-2024 |
| Metformin Hydrochloride Tablets 500 mg | 0601022B0AAABAB | 112 tablet | TWO TO BE TAKEN TWICE A DAY | - | 11-Jan-2017 | - | 13-Nov-2024 |
| Tramadol Hydrochloride Capsules 50 mg | 040702040AAAAAA | 224 CAPSULE | 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23) | - | 05-Oct-2016 | - | 14-Oct-2024 |
| Isosorbide Mononitrate M/R tablets 60 mg | 0206010K0AAAEAE | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 20-Aug-2014 | - | 30-Sep-2024 |
| Atorvastatin Tablets 20 mg | 0212000B0AAABAB | 28 TABLET | ONE TO BE TAKEN AT NIGHT | - | 15-Jan-2013 | - | 07-Nov-2024 |
| Gliclazide Tablets 80 mg | 0601021M0AAAAAA | 224 TABLET | 2 TABLETS TWICE DAILY | - | 27-Jul-2010 | - | 20-Nov-2024 |
| Amlodipine Tablets 10 mg | - | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 07-Jul-2010 | - | 13-Nov-2024 |
| Aspirin E/c tablets 75 mg | 0209000A0AAAKAK | 28 TABLET | 1 TAB IN THE MORNING (STATUS=C) | - | 15-Jun-2010 | - | 07-Nov-2024 |
| Glyceryl Trinitrate Pump spray 400 micrograms/dose | 0206010F0AAA1A1 | 200 DOSE | ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED | - | 23-Aug-2016 | - | 08-Aug-2024 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Amoxicillin Capsules 500 mg | - | 15 CAPSULE | ONE TO BE TAKEN THREE TIMES A DAY | - | 11-Nov-2024 | 5 Days | 11-Nov-2024 |
| Prednisolone Tablets 5 mg | 0603020T0AAACAC | 40 TABLET | 8 DAILY AS A SINGLE DOSE | - | 21-Oct-2024 | 42 Days | 21-Oct-2024 |
| Co-Codamol 15/500 Tablets | - | 100 tablet | 2 Tabs 4 times daily | - | 30-Aug-2024 | 75 Days | 02-Oct-2024 |

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

**Additional relevant information**

**Administrative information**

Referred By:Registered GP

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

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**28-Apr-2026 SHIR**
**Additional:**Scanned Document

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**Extension:**.tif
**Pages:**

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

**Transport required?**

Unique Care Pathway Number: 101032178143S

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2607623510

**REFERRAL TO**

Cancer SuspectedC1A1
AA Colorectal UCS

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

| | |
|---|---|
| Ethnic Origin | - |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | URGENT - CANCER IS SUSPECTED |
| **Date of referral** | 15-Feb-2024 |
| **Date submitted** | 15-Feb-2024 |

New Iron Deficiency Anaemia

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McChesney |
| **Forename(s)** | William |
| Title | - |
| Sex | Male |
| **Date of birth** | 26-Jul-1962 |
| CHI no. | 2607623510 |

**Patient's address**

101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Contact number(s)

Voice: 07928947377

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Philip Laraway | | |
| GMC code | 4604848 | GP code | 23990 |
| Practice name | Portland Medical Practice (16673) | | |
| Practice code | 80908 | | |

**Practice address**

Portland Medical Practice
34 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522 411
Facsimile: 01563 545499

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Philip Laraway | | |
| GMC code | 4604848 | GP code | 23990 |
| Practice name | Portland Medical Practice (80908) | | |
| Practice code | 80908 | | |

**Practice address**

34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

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**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: New Iron Deficiency Anaemia

Comment: Dear colleague

I would be grateful if you could accept this referral for this gentleman for whom you already have a qFIT test. He had initially denied the referral despite his new Iron Deficiency Anaemia and was denying any bowel symptoms. He has occasional heartburn and reflux, no weight loss, no PR bleeding.

However with you having received the qFIT test and being unable to action it without a referral I am therefore now making that referral with his consent.

Many thanks.

Yours sincerely.

**Examinations and Investigations**

| | | |
|---|---|---|
| Duration of Symptoms: | ----Select---- | - |
| Previous Colonic Problems: | no | - |
| History of colorectal cancer in 1st degree relative: | ----Select---- | - |
| Height: | 170 | - |
| Weight(kg): | 82 | - |
| BMI: | 28.37 | - |
| Non-smoker : | f2f cough over a month now adv kk - cough for 2 months, prev had abx, green sputum, no haemotpysis. can feel SOB and wheeze. h.o asthma, using inhalers more. salbutamol 4x per day, trimbo- TRUNCATED | 06-Dec-2023 00:00 |
| Ex smoker: | | 22-Aug-2023 00:00 |
| Never smoked tobacco: | | 08-Aug-2023 00:00 |
| Never smoked tobacco: | | 06-Jul-2022 00:00 |
| Never smoked tobacco: | | 03-Sep-2021 00:00 |
| Never smoked tobacco: | | 11-Jun-2021 00:00 |
| Never smoked tobacco: | | 28-Jul-2020 00:00 |
| Never smoked tobacco: | | 28-Jul-2020 00:00 |
| Never smoked tobacco: | | 14-Jan-2019 00:00 |
| Never smoked tobacco: | | 10-May-2017 00:00 |
| Alcohol consumption, 12 units/week: | | 08-Aug-2023 00:00 |
| Alcohol consumption, 14 units/week: | | 06-Jul-2022 00:00 |
| Alcohol consumption, 14 units/week: | | 03-Sep-2021 00:00 |

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| | | |
|---|---|---|
| Alcohol consumption, 14 units/week: | | 28-Jul-2020 00:00 |
| Alcohol consumption, 0 units/week: | | 14-Jan-2019 00:00 |
| Alcohol consumption, 8 units/week: | | 22-Dec-2016 00:00 |
| Alcohol consumption, 28 units/week: | | 13-May-2015 00:00 |
| Alcohol consumption, 28 units/week: | | 12-May-2014 00:00 |
| Alcohol consumption, 18 units/week: | | 14-May-2013 00:00 |
| Alcohol consumption, 60 units/week: | | 07-Mar-2012 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 08-Aug-2023 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 08-Aug-2023 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 03-Sep-2021 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 03-Sep-2021 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 28-Jul-2020 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 14-Jan-2019 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 22-Dec-2016 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 13-May-2015 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 12-May-2014 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 14-May-2013 00:00 |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Advise

**Past medical history**

**Pre-existing conditions**

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Vitamin B12 deficiency | - | - | - | 05-Dec-2023 | 05-Dec-2023 |
| Seborrhoeic keratosis | - | - | right ear - for curettage and cautery | 23-May-2017 | 23-May-2017 |

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| | | | | | |
|---|---|---|---|---|---|
| Low mood | - | - | - | 02-Dec-2014 | 02-Dec-2014 |
| Essential hypertension | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Angina pectoris NOS | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Type 2 diabetes mellitus | - | - | - | 02-Jul-2010 | 02-Jul-2010 |
| Dyspepsia | - | - | - | 10-Jan-2006 | 10-Jan-2006 |
| Asthma | - | - | - | 23-Dec-1992 | 23-Dec-1992 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| Exercise tolerance test not indicated | - | - | normal | 28-Jun-2017 | 28-Jun-2017 |
| Foot X-ray (Right) | Right | - | - | 22-Dec-2016 | 22-Dec-2016 |
| Shoulder X-ray (Right) | Right | - | Normal | 02-Jun-2016 | 02-Jun-2016 |
| Elbow X-ray (Right) | Right | - | normal | 02-Jun-2016 | 02-Jun-2016 |
| Exercise tolerance test | - | - | - | 23-Jun-2014 | 23-Jun-2014 |
| Phacoemulsification of lens | - | - | LEFT - AND LENS IMPLANT | 01-Nov-2010 | 01-Nov-2010 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose | - | 120 DOSE | TWO PUFFS TO BE TAKEN TWICE DAILY | - | 17-Jan-2024 | - | 06-Feb-2024 |
| Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff | 0301011R0BEAIAP | 1 inhaler | ONE OR TWO PUFFS UP TO QDS PRN | - | 03-Jan-2024 | - | 06-Feb-2024 |
| Cyanocobalamin Tablets 50 micrograms | 0901020D0AAAEAE | 112 TABLET | ONE TO BE TAKEN TWICE A DAY AFTER FOOD | - | 06-Sep-2023 | - | 11-Jan-2024 |
| Lansoprazole Capsules (Gastro-Resistant) 30 mg | 0103050L0AAAAAA | 28 CAPSULE | 1 AT NIGHT | - | 30-Aug-2023 | - | 11-Dec-2023 |
| Ramipril Capsules 5 mg | 0205051R0AAACAC | 28 capsule | ONE TO BE TAKEN EACH MORNING | - | 23-Sep-2022 | - | 30-Jan-2024 |
| Alogliptin Tablets 25 mg | - | 28 TABLET | ONE TO BE TAKEN DAILY. | - | 02-Aug-2022 | - | 03-Jan-2024 |
| Montelukast Sodium Tablets 10 mg | 0303000G0AAABAB | 28 TABLET | ONE TO BE TAKEN AT NIGHT | - | 07-Jul-2022 | - | 12-Feb-2024 |
| Empagliflozin Tablets 25 mg | - | 28 TABLET | ONE TO BE TAKEN EACH DAY. | - | 03-Aug-2020 | - | 06-Feb-2024 |
| Pregabalin Capsules 50 mg | - | 56 CAPSULE | ONE TO BE TAKEN TWICE A DAY | - | 11-Feb-2019 | - | 22-Jan-2024 |
| Metformin Hydrochloride Tablets 500 mg | 0601022B0AAABAB | 112 tablet | TWO TO BE TAKEN TWICE A DAY | - | 11-Jan-2017 | - | 12-Feb-2024 |
| Tramadol Hydrochloride Capsules 50 mg | 040702040AAAAAA | 224 CAPSULE | 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23) | - | 05-Oct-2016 | - | 25-Jan-2024 |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Isosorbide Mononitrate M/R tablets 60 mg | 0206010K0AAAEAE | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 20-Aug-2014 | - | 06-Feb-2024 |
| Atorvastatin Tablets 20 mg | 0212000B0AAABAB | 28 TABLET | ONE TO BE TAKEN AT NIGHT | - | 15-Jan-2013 | - | 22-Jan-2024 |
| Gliclazide Tablets 80 mg | 0601021M0AAAAAA | 224 TABLET | 2 TABLETS TWICE DAILY | - | 27-Jul-2010 | - | 12-Feb-2024 |
| Amlodipine Tablets 10 mg | - | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 07-Jul-2010 | - | 22-Jan-2024 |
| Aspirin E/c tablets 75 mg | 0209000A0AAAKAK | 28 TABLET | 1 TAB IN THE MORNING (STATUS=C) | - | 15-Jun-2010 | - | 22-Jan-2024 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Naproxen Tablets 250 mg | 1001010P0AAADAD | 56 TABLET | ONE TO BE TAKEN TWICE A DAY | - | 12-Jan-2024 | 42 Days | 12-Jan-2024 |
| Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose | - | 120 dose | TWO PUFFS TO BE TAKEN TWICE DAILY | - | 20-Dec-2023 | 58 Days | 05-Jan-2024 |
| Ferrous Fumarate Tablets 210 mg | - | 84 tablet | ONE TO BE TAKEN THREE TIMES A DAY FOR 3 MONTHS | - | 13-Dec-2023 | 65 Days | 05-Jan-2024 |
| Prednisolone Tablets 5 mg | 0603020T0AAACAC | 40 TABLET | 8 TABLETS DAILY | - | 06-Dec-2023 | 42 Days | 06-Dec-2023 |
| Amoxicillin Capsules 500 mg | - | 15 CAPSULE | ONE TO BE TAKEN THREE TIMES A DAY | - | 06-Dec-2023 | 5 Days | 06-Dec-2023 |
| Salbutamol Cfc-free inhaler 100 micrograms/puff | 0301011R0AAAPAP | 1 inhaler | ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED | - | 23-Oct-2023 | - | 27-Dec-2023 |
| Naproxen Tablets 250 mg | 1001010P0AAADAD | 56 TABLET | ONE TO BE TAKEN TWICE A DAY | - | 17-Oct-2023 | 80 Days | 24-Nov-2023 |
| Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose | - | 120 DOSE | TWO PUFFS TO BE INHALED TWICE A DAY | - | 05-Sep-2023 | - | 04-Dec-2023 |
| Tramadol Hydrochloride Capsules 50 mg | 040702040AAAAAA | 224 CAPSULE | 1-2 QID MAX 8 IN 24 HOURS | - | 25-Aug-2023 | 140 Days | 01-Dec-2023 |

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

| Smoking status | Alcohol consumption |
|---|---|
| Number per day<br>? (not known) | Units per day<br>? (not known) |

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**Additional relevant information**
**Administrative information**
Referred By:Registered GP

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

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**28-Apr-2026 SHIR**
**Additional:**Scanned Document

**Filename:** file_P_PCTI_DOCMAN7_DATA_S1_Document_DMEDOC01_00004000_0160.pdf
**Extension:**.tif
**Pages:**

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

**Transport required?**

Unique Care Pathway Number: 1010281780992

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2607623510

**REFERRAL TO**

Community Mental Health Services - East G1AF
AA Adult Mental Health

Community Mental Health Services - Adult
NHS Ayrshire & Arran

| | |
|---|---|
| Ethnic Origin | - |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | Routine |
| **Date of referral** | 07-Dec-2022 |
| **Date submitted** | 07-Dec-2022 |

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McChesney |
| **Forename(s)** | William |
| Title | - |
| Sex | Male |
| **Date of birth** | 26-Jul-1962 |
| CHI no. | 2607623510 |

**Patient's address**

101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Contact number(s)

Voice: 07928947377

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Angela McCrorie | | |
| GMC code | 7037695 | GP code | 21385 |
| Practice name | Portland Medical Practice (16673) | | |
| Practice code | 80908 | | |

**Practice address**

Portland Medical Practice
34 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522 411
Facsimile: 01563 545499

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Stuart Montgomery | | |
| GMC code | 4186322 | GP code | 22641 |
| Practice name | Portland Medical Practice (80908) | | |
| Practice code | 80908 | | |

**Practice address**

34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

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**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: Low Mood - as detailed

Comment: Dear colleagues

I would be grateful if you could assess and support the above 60 year old gentleman who has longstanding issues with low mood primarily related to the passing of his Mother approximately 13 years ago. The anniversary of her passing is this month and this is always a difficult time of year for Mr McChesney.
In the last 4 weeks he has been having some suicidal thoughts and indeed admits to laying out his medications in front with a view of deliberate overdose but he eventually elected not to do this. He recently re-commenced Citalopram 10mg a couple of weeks ago. He tells me that he is not sleeping very well and wakes up several times at night with a busy mind.

He lives alone and does not work so I wonder if there is some element of social isolation.

On examination he was objectively euthymic and engaged very well in conversation with no pressure of speech and no obvious psychotic features.

I have today swapped his Citalopram to Mirtazapine 15mg nocte to see if this may help his sleep and I have also put this prescription on dispense weekly. I feel he would benefit from some specialist mental health input at present in view of his current suicidal thoughts and would be very grateful if you could make contact with him.

Many thanks indeed for your involvement in this gentleman's care.

**Examinations and Investigations**

| | | |
|---|---|---|
| If referral is urgent, has this been discussed with duty clinician: | No | - |
| 1. Are there current active thoughts of self harm, is there a plan?: | Unknown | - |
| Is there a History of suicidal or self harm injurious behaviours?: | Unknown | - |
| Any history or current threat of violence or aggression, considerations to staff safety?: | Unknown | - |
| Any social circumstances or previous psychiatric history impacting on current presentation?: | Unknown | - |
| Considerations of vulnerability /Child Protection Issues/ First presentation Psychosis/ Peri-Natal: | Unknown | - |
| Height: | 170 | - |
| Weight(kg): | 76 | - |
| BMI: | 26.3 | - |
| Never smoked tobacco: | | 06-Jul-2022 00:00 |
| Never smoked tobacco: | | 03-Sep-2021 00:00 |
| Never smoked tobacco: | | 11-Jun-2021 00:00 |
| Never smoked tobacco: | | 28-Jul-2020 00:00 |
| Never smoked tobacco: | | 28-Jul-2020 00:00 |
| Never smoked tobacco: | | 14-Jan-2019 00:00 |
| Never smoked tobacco: | | 10-May-2017 00:00 |
| Never smoked tobacco: | | 22-Dec-2016 00:00 |
| Ex smoker: | | 13-May-2015 00:00 |
| Never smoked tobacco: | | 12-May-2014 00:00 |
| Alcohol consumption, 14 units/week: | | 06-Jul-2022 00:00 |
| Alcohol consumption, 14 units/week: | | 03-Sep-2021 00:00 |
| Alcohol consumption, 14 units/week: | | 28-Jul-2020 00:00 |
| Alcohol consumption, 0 units/week: | | 14-Jan-2019 00:00 |
| Alcohol consumption, 8 units/week: | | 22-Dec-2016 00:00 |
| Alcohol consumption, 28 units/week: | | 13-May-2015 00:00 |
| Alcohol consumption, 28 units/week: | | 12-May-2014 00:00 |
| Alcohol consumption, 18 units/week: | | 14-May-2013 00:00 |
| Alcohol consumption, 60 units/week: | | 07-Mar-2012 00:00 |

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| | | |
|---|---|---|
| Alcohol consumption, 18 units/week: | | 15-Jun-2010 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 03-Sep-2021 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 03-Sep-2021 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 28-Jul-2020 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 14-Jan-2019 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 22-Dec-2016 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 13-May-2015 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 12-May-2014 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 14-May-2013 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 07-Mar-2012 00:00 |
| Aerobic exercise 1 time/week: | | 15-Jun-2010 00:00 |

**Reason for referral**

Care type requested: Out Patient
Expected outcome: Advise

**Past medical history**

**Pre-existing conditions**

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Seborrhoeic keratosis | - | - | right ear - for curettage and cautery | 23-May-2017 | 23-May-2017 |
| Low mood | - | - | - | 02-Dec-2014 | 02-Dec-2014 |
| Essential hypertension | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Angina pectoris NOS | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Type 2 diabetes mellitus | - | - | - | 02-Jul-2010 | 02-Jul-2010 |
| Dyspepsia | - | - | - | 10-Jan-2006 | 10-Jan-2006 |
| Asthma | - | - | - | 23-Dec-1992 | 23-Dec-1992 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| Exercise tolerance test not indicated | - | - | normal | 28-Jun-2017 | 28-Jun-2017 |
| Urine sample sent to Lab | - | - | - | 30-Dec-2016 | 30-Dec-2016 |
| Foot X-ray (Right) | Right | - | - | 22-Dec-2016 | 22-Dec-2016 |
| Elbow X-ray (Right) | Right | - | normal | 02-Jun-2016 | 02-Jun-2016 |
| Shoulder X-ray (Right) | Right | - | Normal | 02-Jun-2016 | 02-Jun-2016 |
| Exercise tolerance test | - | - | - | 23-Jun-2014 | 23-Jun-2014 |
| Phacoemulsification of lens | - | - | LEFT - AND LENS IMPLANT | 01-Nov-2010 | 01-Nov-2010 |
| Drug therapy | - | - | - | 29-Sep-1998 | 29-Sep-1998 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Ramipril Capsules 5 mg | 0205051R0AAACAC | 28 capsule | ONE TO BE TAKEN EACH MORNING | - | 23-Sep-2022 | - | 07-Nov-2022 |
| 4Sure Lancets Sterile Single-Use 0.195 mm/33 gauge | - | 1*100 lancet | TO BE USED AS DIRECTED | - | 15-Sep-2022 | - | 15-Sep-2022 |
| Alogliptin Tablets 25 mg | - | 28 TABLET | ONE TO BE TAKEN | - | 02-Aug- | - | 22-Nov-2022 |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | DAILY. | | 2022 | | |
| Montelukast Sodium Tablets 10 mg | 0303000G0AAABAB | 28 TABLET | ONE TO BE TAKEN AT NIGHT | - | 07-Jul-2022 | - | 16-Nov-2022 |
| Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose | - | 30 DOSE | ONE PUFF ONCE DAILY | - | 07-Jul-2022 | - | 16-Nov-2022 |
| True Metrix Test strips | - | 50 strip | TO BE USED AS DIRECTED | - | 01-Jul-2022 | - | 25-Jul-2022 |
| Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose | - | 30 DOSE | ONE DOSE TO BE INHALED EACH DAY | - | 25-Feb-2022 | - | 22-Nov-2022 |
| Empagliflozin Tablets 25 mg | - | 28 TABLET | ONE TO BE TAKEN EACH DAY. | - | 03-Aug-2020 | - | 22-Nov-2022 |
| Pregabalin Capsules 50 mg | - | 56 CAPSULE | ONE TO BE TAKEN TWICE A DAY | - | 11-Feb-2019 | - | 22-Nov-2022 |
| Metformin Hydrochloride Tablets 500 mg | 0601022B0AAABAB | 112 tablet | TWO TO BE TAKEN TWICE A DAY | - | 11-Jan-2017 | - | 07-Nov-2022 |
| Tramadol Hydrochloride Capsules 50 mg | 040702040AAAAAA | 224 capsule | 2 Caps 4 times daily | - | 05-Oct-2016 | - | 30-Nov-2022 |
| Isosorbide Mononitrate M/R tablets 60 mg | 0206010K0AAAEAE | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 20-Aug-2014 | - | 22-Nov-2022 |
| Atorvastatin Tablets 20 mg | 0212000B0AAABAB | 28 TABLET | ONE TO BE TAKEN AT NIGHT | - | 15-Jan-2013 | - | 22-Nov-2022 |
| Gliclazide Tablets 80 mg | 0601021M0AAAAAA | 224 TABLET | 2 TABLETS TWICE DAILY | - | 27-Jul-2010 | - | 16-Nov-2022 |
| Amlodipine Tablets 10 mg | - | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 07-Jul-2010 | - | 07-Nov-2022 |
| Aspirin E/c tablets 75 mg | 0209000A0AAAKAK | 28 TABLET | 1 TAB IN THE MORNING (STATUS=C) | - | 15-Jun-2010 | - | 16-Nov-2022 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Mirtazapine Tablets 15 mg | - | 28 TABLET | ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY | - | 07-Dec-2022 | 28 Days | 07-Dec-2022 |
| Amoxicillin Capsules 500 mg | - | 21 capsule | ONE TO BE TAKEN THREE TIMES A DAY | - | 02-Dec-2022 | 45 Days | 05-Dec-2022 |
| Citalopram Hydrobromide Tablets 10 mg | 0403030D0AAABAB | 28 tablet | ONE TO BE TAKEN EACH DAY | - | 02-Dec-2022 | 45 Days | 05-Dec-2022 |
| Salbutamol Cfc-free inhaler 100 micrograms/puff | 0301011R0AAAPAP | 1 inhaler | ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED | - | 07-Nov-2022 | 42 Days | 07-Nov-2022 |
| Amoxicillin Capsules 500 mg | - | 21 capsule | ONE TO BE TAKEN THREE TIMES A DAY | - | 23-Sep-2022 | 42 Days | 23-Sep-2022 |
| Ramipril Capsules | - | 28 | ONE TO BE TAKEN EACH | - | 07-Jun- | - | 22-Sep- |

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| | | | | |
|---|---|---|---|---|
| 10 mg | CAPSULE | MORNING | 2012 | 2022 |

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

**Additional relevant information**

**Administrative information**

Referred By:Registered GP

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

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**28-Apr-2026 SHIR**
**Additional:**Scanned Document

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**Extension:**.tif
**Pages:**

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

**Transport required?**

Unique Care Pathway Number: 101025260164S

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2607623510

**REFERRAL TO**

Endocrinology & DiabetesA8
AA General Referral PMH High

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

| | |
|---|---|
| Ethnic Origin | - |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | **Urgent** |
| **Date of referral** | 11-Jan-2022 |
| **Date submitted** | 12-Jan-2022 |

Raised HbA1c - as detailed (For Crosshouse Hospital Only)

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McChesney |
| **Forename(s)** | William |
| Title | - |
| Sex | Male |
| **Date of birth** | 26-Jul-1962 |
| CHI no. | 2607623510 |

**Patient's address**

101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Contact number(s)

Voice: 07928947377

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Angela McCrorie | | |
| GMC code | 7037695 | GP code | 21385 |
| Practice name | Portland Medical Practice (16673) | | |
| Practice code | 80908 | | |

**Practice address**

Portland Medical Practice
34 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522 411
Facsimile: 01563 545499

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Angela McCrorie | | |
| GMC code | 7037695 | GP code | 21385 |
| Practice name | Portland Medical Practice (80908) | | |
| Practice code | 80908 | | |

**Practice address**

34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

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**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: Raised HbA1c - as detailed (For Crosshouse Hospital Only)

Comment: Dear colleague

This 59 year old man appears to have been lost to follow up. We were told that he had been taken off the waiting list however were unsure as to the reason for this and he was last seen a number of years ago. He is on Empagliflozin 25mg and Gliclazide 80mg in the morning and 160mg in the evening. He is also on Metformin 1g twice daily. He is on a full dose of ACEi and 20mg of Atorvastatin. His HbA1c is raised at 75 mmol/mol which is quite a significant increase from 67 mmol/mol in September 2021.

Given that this gentleman has been lost to follow up and has worsening control of his diabetes I would be grateful for your kind review IN CROSSHOUSE HOSPITAL ONLY as he is already on triple therapy.

Kind regards.

**Examinations and Investigations**

| | | |
|---|---|---|
| Height: | 168 | - |
| Weight(kg): | 84 | - |
| BMI: | 29.76 | - |
| Never smoked tobacco: | | 03-Sep-2021 00:00 |
| Never smoked tobacco: | | 11-Jun-2021 00:00 |
| Never smoked tobacco: | | 28-Jul-2020 00:00 |
| Never smoked tobacco: | | 28-Jul-2020 00:00 |
| Never smoked tobacco: | | 14-Jan-2019 00:00 |
| Never smoked tobacco: | | 10-May-2017 00:00 |
| Never smoked tobacco: | | 22-Dec-2016 00:00 |
| Ex smoker: | | 13-May-2015 00:00 |
| Never smoked tobacco: | | 12-May-2014 00:00 |
| Ex smoker: | | 14-May-2013 00:00 |
| Alcohol consumption, 14 units/week: | | 03-Sep-2021 00:00 |
| Alcohol consumption, 14 units/week: | | 28-Jul-2020 00:00 |
| Alcohol consumption, 0 units/week: | | 14-Jan-2019 00:00 |
| Alcohol consumption, 8 units/week: | | 22-Dec-2016 00:00 |
| Alcohol consumption, 28 units/week: | | 13-May-2015 00:00 |
| Alcohol consumption, 28 units/week: | | 12-May-2014 00:00 |
| Alcohol consumption, 18 units/week: | | 14-May-2013 00:00 |
| Alcohol consumption, 60 units/week: | | 07-Mar-2012 00:00 |
| Alcohol consumption, 18 units/week: | | 15-Jun-2010 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: 7 | | 03-Sep-2021 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: 7 | | 03-Sep-2021 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 28-Jul-2020 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 14-Jan-2019 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: 7 | | 22-Dec-2016 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 13-May-2015 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 12-May-2014 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 14-May-2013 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 07-Mar-2012 00:00 |
| Aerobic exercise 1 time/week: | | 15-Jun-2010 00:00 |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Advise

**Past medical history**

**Pre-existing conditions**

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| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Seborrhoeic keratosis | - | - | right ear - for curettage and cautery | 23-May-2017 | 23-May-2017 |
| Low mood | - | - | - | 02-Dec-2014 | 02-Dec-2014 |
| Essential hypertension | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Angina pectoris NOS | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Type 2 diabetes mellitus | - | - | - | 02-Jul-2010 | 02-Jul-2010 |
| Dyspepsia | - | - | - | 10-Jan-2006 | 10-Jan-2006 |
| Asthma | - | - | - | 23-Dec-1992 | 23-Dec-1992 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| Exercise tolerance test not indicated | - | - | normal | 28-Jun-2017 | 28-Jun-2017 |
| Urine sample sent to Lab | - | - | - | 30-Dec-2016 | 30-Dec-2016 |
| Foot X-ray (Right) | Right | - | - | 22-Dec-2016 | 22-Dec-2016 |
| Elbow X-ray (Right) | Right | - | normal | 02-Jun-2016 | 02-Jun-2016 |
| Shoulder X-ray (Right) | Right | - | Normal | 02-Jun-2016 | 02-Jun-2016 |
| Exercise tolerance test | - | - | - | 23-Jun-2014 | 23-Jun-2014 |
| Phacoemulsification of lens | - | - | LEFT - AND LENS IMPLANT | 01-Nov-2010 | 01-Nov-2010 |
| Drug therapy | - | - | - | 29-Sep-1998 | 29-Sep-1998 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Empagliflozin Tablets 25 mg | - | 28 TABLET | ONE TO BE TAKEN EACH DAY. | - | 03-Aug-2020 | - | 15-Dec-2021 |
| Pregabalin Capsules 50 mg | - | 56 CAPSULE | ONE TO BE TAKEN TWICE A DAY | - | 11-Feb-2019 | - | 07-Dec-2021 |
| Trueyou Test strips | - | 50 STRIP | TO BE USED AS DIRECTED | - | 14-Jun-2017 | - | 02-Nov-2021 |
| Trueplus Lancets 0.195 mm/33 gauge | - | 100 lancet | TO BE USED AS DIRECTED | - | 14-Jun-2017 | - | 17-Jun-2021 |
| Metformin Hydrochloride Tablets 500 mg | 0601022B0AAABAB | 112 tablet | TWO TO BE TAKEN TWICE A DAY | - | 11-Jan-2017 | - | 29-Dec-2021 |
| Tramadol Hydrochloride Capsules 50 mg | 040702040AAAAAA | 224 capsule | 2 Caps 4 times daily | - | 05-Oct-2016 | - | 05-Jan-2022 |
| Isosorbide Mononitrate M/R tablets 60 mg | 0206010K0AAAEAE | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 20-Aug-2014 | - | 20-Dec-2021 |
| Atorvastatin Tablets 20 mg | 0212000B0AAABAB | 28 TABLET | ONE TO BE TAKEN AT NIGHT | - | 15-Jan-2013 | - | 29-Dec-2021 |
| Ramipril Capsules 10 mg | - | 28 CAPSULE | ONE TO BE TAKEN EACH MORNING | - | 07-Jun-2012 | - | 20-Dec-2021 |
| Gliclazide Tablets 80 mg | 0601021M0AAAAAA | 84 TABLET | 80MG AM AND 160MG PM | - | 27-Jul-2010 | - | 20-Dec-2021 |
| Amlodipine Tablets 10 mg | - | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 07-Jul-2010 | - | 20-Dec-2021 |
| Aspirin E/c tablets 75 mg | 0209000A0AAAKAK | 28 TABLET | 1 TAB IN THE MORNING | - | 15-Jun- | - | 20-Dec-2021 |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | (STATUS=C) | | 2010 | | |
| Glyceryl Trinitrate Pump spray 400 micrograms/dose | 0206010F0AAA1A1 | 200 DOSE | ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED | - | 23-Aug-2016 | - | 29-Nov-2021 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Citalopram Hydrobromide Tablets 10 mg | 0403030D0AAABAB | 56 tablet | ONE TO BE TAKEN EACH DAY | - | 03-Dec-2021 | 56 Days | 03-Dec-2021 |
| Lansoprazole Capsules (Gastro-Resistant) 30 mg | 0103050L0AAAAAA | 28 CAPSULE | 1 AT NIGHT | - | 03-Dec-2021 | 28 Days | 03-Dec-2021 |
| Peptac Liquid (aniseed) | 0101030B0BIAAAH | 500 ML | 10-20MLS AFTER MEALS AND AT BEDTIME | - | 03-Dec-2021 | 42 Days | 03-Dec-2021 |
| Amoxicillin Capsules 500 mg | - | 21 capsule | ONE TO BE TAKEN THREE TIMES A DAY | - | 15-Nov-2021 | 7 Days | 15-Nov-2021 |
| Prednisolone Tablets 5 mg | 0603020T0AAACAC | 40 TABLET | 8 DAILY AS A SINGLE DOSE | - | 15-Nov-2021 | 42 Days | 15-Nov-2021 |
| Fluticasone Propionate And Salmeterol Cfc-free inhaler 250 micrograms + 25 micrograms/actuation | - | 1 inhaler | TWO PUFFS TO BE INHALED TWICE A DAY | - | 30-Aug-2021 | 150 Days | 16-Dec-2021 |
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 0103050P0AAAGAG | 28 CAPSULE | ONE TO BE TAKEN EACH DAY | - | 01-Apr-2015 | - | 29-Nov-2021 |

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

**Additional relevant information**

**Administrative information**

Referred By:Registered GP

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

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**Additional:**Scanned Document

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**Extension:**.tif
**Pages:**

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

**Transport required?**

Unique Care Pathway Number: 101022228056X

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2607623510

**REFERRAL TO**

Endocrinology & DiabetesA8
AA General Referral PMH High

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

| | |
|---|---|
| Ethnic Origin | - |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | Routine |
| **Date of referral** | 08-Dec-2020 |
| **Date submitted** | 10-Dec-2020 |

Poorly Controlled Diabetes

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McChesney |
| **Forename(s)** | William |
| Title | - |
| Sex | Male |
| **Date of birth** | 26-Jul-1962 |
| CHI no. | 2607623510 |

**Patient's address**

101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Contact number(s)

Voice: 07928947377

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Angela McCrorie | | |
| GMC code | 7037695 | GP code | 21385 |
| Practice name | Portland Medical Practice (16673) | | |
| Practice code | 80908 | | |

**Practice address**

Portland Medical Practice
34 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522 411
Facsimile: 01563 545499

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Philip Laraway | | |
| GMC code | 4604848 | GP code | - |
| Practice name | Portland Medical Practice (80908) | | |
| Practice code | 80908 | | |

**Practice address**

34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

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**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: Poorly Controlled Diabetes

Comment: Dear colleague

I would be very grateful if you could see this gentleman with quite poorly controlled Diabetes - his last Hba1C being over 9. He is on various medications for this including Metformin, Gliclazide and Empagliflozine but could probably be doing with being commenced on Insulin.

Many thanks for your assistance in this matter.

**Examinations and Investigations**

| | | |
|---|---|---|
| Height: | 168 | - |
| Weight(kg): | 84 | - |
| BMI: | 29.76 | - |
| Never smoked tobacco: | | 28-Jul-2020 00:00 |
| Never smoked tobacco: | | 28-Jul-2020 00:00 |
| Never smoked tobacco: | | 14-Jan-2019 00:00 |
| Never smoked tobacco: | | 10-May-2017 00:00 |
| Never smoked tobacco: | | 22-Dec-2016 00:00 |
| Ex smoker: | | 13-May-2015 00:00 |
| Never smoked tobacco: | | 12-May-2014 00:00 |
| Ex smoker: | | 14-May-2013 00:00 |
| Ex smoker: | Ex Smoker | 09-Oct-2012 00:00 |
| Ex smoker: | | 07-Mar-2012 00:00 |
| Alcohol consumption, 14 units/week: | | 28-Jul-2020 00:00 |
| Alcohol consumption, 0 units/week: | | 14-Jan-2019 00:00 |
| Alcohol consumption, 8 units/week: | | 22-Dec-2016 00:00 |
| Alcohol consumption, 28 units/week: | | 13-May-2015 00:00 |
| Alcohol consumption, 28 units/week: | | 12-May-2014 00:00 |
| Alcohol consumption, 18 units/week: | | 14-May-2013 00:00 |
| Alcohol consumption, 60 units/week: | | 07-Mar-2012 00:00 |
| Alcohol consumption, 18 units/week: | | 15-Jun-2010 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 28-Jul-2020 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 14-Jan-2019 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: 7 | | 22-Dec-2016 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 13-May-2015 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 12-May-2014 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 14-May-2013 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 07-Mar-2012 00:00 |
| Aerobic exercise 1 time/week: | | 15-Jun-2010 00:00 |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Advise

**Past medical history**

**Pre-existing conditions**

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Seborrhoeic keratosis | - | - | right ear - for curettage and cautery | 23-May-2017 | 23-May-2017 |
| Low mood | - | - | - | 02-Dec-2014 | 02-Dec-2014 |
| Angina pectoris NOS | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Essential hypertension | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Type 2 diabetes mellitus | - | - | - | 02-Jul-2010 | 02-Jul-2010 |
| Dyspepsia | - | - | - | 10-Jan-2006 | 10-Jan-2006 |

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| | | | | | |
|---|---|---|---|---|---|
| Asthma | - | - | - | 23-Dec-1992 | 23-Dec-1992 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| Exercise tolerance test not indicated | - | - | normal | 28-Jun-2017 | 28-Jun-2017 |
| Urine sample sent to Lab | - | - | - | 30-Dec-2016 | 30-Dec-2016 |
| Foot X-ray (Right) | Right | - | - | 22-Dec-2016 | 22-Dec-2016 |
| Elbow X-ray (Right) | Right | - | normal | 02-Jun-2016 | 02-Jun-2016 |
| Shoulder X-ray (Right) | Right | - | Normal | 02-Jun-2016 | 02-Jun-2016 |
| Exercise tolerance test | - | - | - | 23-Jun-2014 | 23-Jun-2014 |
| Phacoemulsification of lens | - | - | LEFT - AND LENS IMPLANT | 01-Nov-2010 | 01-Nov-2010 |
| Drug therapy | - | - | - | 29-Sep-1998 | 29-Sep-1998 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Empagliflozin Tablets 25 mg | - | 28 TABLET | ONE TO BE TAKEN EACH DAY. | - | 03-Aug-2020 | - | 16-Nov-2020 |
| Pregabalin Capsules 50 mg | - | 56 CAPSULE | ONE TO BE TAKEN TWICE A DAY | - | 11-Feb-2019 | - | 30-Nov-2020 |
| Trueyou Test strips | - | 50 STRIP | TO BE USED AS DIRECTED | - | 14-Jun-2017 | - | 07-Apr-2020 |
| Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose | - | 120 DOSE | ONE PUFF TWICE A DAY | - | 10-May-2017 | - | 19-Oct-2020 |
| Metformin Hydrochloride Tablets 500 mg | 0601022B0AAABAB | 112 tablet | TWO TO BE TAKEN TWICE A DAY | - | 11-Jan-2017 | - | 16-Nov-2020 |
| Tramadol Hydrochloride Capsules 50 mg | 040702040AAAAAA | 224 capsule | 2 Caps 4 times daily | - | 05-Oct-2016 | - | 03-Dec-2020 |
| Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation | - | 2 inhaler | ONE PUFF TO BE INHALED AS REQUIRED | - | 13-May-2015 | - | 24-Sep-2020 |
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 0103050P0AAAGAG | 28 CAPSULE | ONE TO BE TAKEN EACH DAY | - | 01-Apr-2015 | - | 16-Nov-2020 |
| Isosorbide Mononitrate M/R tablets 60 mg | 0206010K0AAAEAE | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 20-Aug-2014 | - | 20-Nov-2020 |
| Atorvastatin Tablets 20 mg | 0212000B0AAABAB | 28 TABLET | ONE TO BE TAKEN AT NIGHT | - | 15-Jan-2013 | - | 30-Nov-2020 |
| Ramipril Capsules 10 mg | - | 28 CAPSULE | ONE TO BE TAKEN EACH MORNING | - | 07-Jun-2012 | - | 30-Nov-2020 |
| Gliclazide Tablets 80 mg | 0601021M0AAAAAA | 56 TABLET | ONE TO BE TAKEN TWICE A DAY | - | 27-Jul-2010 | - | 20-Nov-2020 |
| Amlodipine Tablets 10 mg | - | 28 TABLET | ONE TO BE TAKEN EACH | - | 07-Jul-2010 | - | 30-Nov-2020 |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Aspirin E/c tablets 75 mg | 0209000A0AAAKAK | 28 TABLET | MORNING 1 TAB IN THE MORNING (STATUS=C) | - | 15-Jun-2010 | - | 16-Nov-2020 |
| Glyceryl Trinitrate Pump spray 400 micrograms/dose | 0206010F0AAA1A1 | 200 DOSE | ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED | - | 23-Aug-2016 | - | 13-Jul-2020 |

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

No recent medications recorded

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

**Additional relevant information**

**Administrative information**

Referred By:Resident GP

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

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**28-Apr-2026 SHIR**
**Additional:**Scanned Document

**Filename:** file_P_PCTI_DOCMAN7_DATA_S1_Document_DMEDOC01_00004000_0135.pdf
**Extension:**.tif
**Pages:**

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

**Transport required?**

Unique Care Pathway Number: 101020094891J

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2607623510

**REFERRAL TO**

Endocrinology & DiabetesA8
AA Gen Ref - PMH Med & High

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

| | |
|---|---|
| Ethnic Origin | - |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | Routine |
| **Date of referral** | 21-Nov-2019 |
| **Date submitted** | 25-Nov-2019 |

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McChesney |
| **Forename(s)** | William |
| Title | - |
| Sex | Male |
| **Date of birth** | 26-Jul-1962 |
| CHI no. | 2607623510 |

**Patient's address**

101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Contact number(s)

Voice: 07950580883

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Angela McCrorie | | |
| GMC code | 7037695 | GP code | 21385 |
| Practice name | Portland Medical Practice (16673) | | |
| Practice code | 80908 | | |

**Practice address**

Portland Medical Practice
34 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522 411
Facsimile: 01563 545499

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Ayodeji Akinsemolu | | |
| GMC code | 7136999 | GP code | 21172 |
| Practice name | Portland Medical Practice (80908) | | |
| Practice code | 80908 | | |

**Practice address**

34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

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**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: AS NOTED BELOW

Comment: Dear Colleague,

This 57 year old man was diagnosed with Type 2 Diabetes in 2010.

Despite being on Gliclazide 160mg, Empagliflozin 10mg and Metformin 2g his HbA1C has not improved and currently 8.5%.

I would be grateful if he could be seen for review of his diabetes.

Yours sincerely

Dr A Akinsemolu

**Examinations and Investigations**

| | | |
|---|---|---|
| Height: | 168 | - |
| Weight(kg): | 85 | - |
| BMI: | 30.12 | - |
| Never smoked tobacco: | | 14-Jan-2019 00:00 |
| Never smoked tobacco: | | 10-May-2017 00:00 |
| Never smoked tobacco: | | 22-Dec-2016 00:00 |
| Ex smoker: | | 13-May-2015 00:00 |
| Never smoked tobacco: | | 12-May-2014 00:00 |
| Ex smoker: | | 14-May-2013 00:00 |
| Ex smoker: | Ex Smoker | 09-Oct-2012 00:00 |
| Ex smoker: | | 07-Mar-2012 00:00 |
| Ex smoker: | | 30-Jun-2010 00:00 |
| Never smoked tobacco: | | 15-Jun-2010 00:00 |
| Alcohol consumption, 0 units/week: | | 14-Jan-2019 00:00 |
| Alcohol consumption, 8 units/week: | | 22-Dec-2016 00:00 |
| Alcohol consumption, 28 units/week: | | 13-May-2015 00:00 |
| Alcohol consumption, 28 units/week: | | 12-May-2014 00:00 |
| Alcohol consumption, 18 units/week: | | 14-May-2013 00:00 |
| Alcohol consumption, 60 units/week: | | 07-Mar-2012 00:00 |
| Alcohol consumption, 18 units/week: | | 15-Jun-2010 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 14-Jan-2019 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: 7 | | 22-Dec-2016 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 13-May-2015 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 12-May-2014 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 14-May-2013 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 07-Mar-2012 00:00 |
| Aerobic exercise 1 time/week: | | 15-Jun-2010 00:00 |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history**

**Pre-existing conditions**

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Seborrhoeic keratosis | - | - | right ear - for curettage and cautery | 23-May-2017 | 23-May-2017 |
| Low mood | - | - | - | 02-Dec-2014 | 02-Dec-2014 |
| Angina pectoris NOS | - | - | - | 21-Oct-2010 | 21-Oct-2010 |

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| | | | | | |
|---|---|---|---|---|---|
| Essential hypertension | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Type 2 diabetes mellitus | - | - | - | 02-Jul-2010 | 02-Jul-2010 |
| Dyspepsia | - | - | - | 10-Jan-2006 | 10-Jan-2006 |
| Asthma | - | - | - | 23-Dec-1992 | 23-Dec-1992 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| Exercise tolerance test not indicated | - | - | normal | 28-Jun-2017 | 28-Jun-2017 |
| Urine sample sent to Lab | - | - | - | 30-Dec-2016 | 30-Dec-2016 |
| Foot X-ray (Right) | Right | - | - | 22-Dec-2016 | 22-Dec-2016 |
| Shoulder X-ray (Right) | Right | - | Normal | 02-Jun-2016 | 02-Jun-2016 |
| Elbow X-ray (Right) | Right | - | normal | 02-Jun-2016 | 02-Jun-2016 |
| Exercise tolerance test | - | - | - | 23-Jun-2014 | 23-Jun-2014 |
| Phacoemulsification of lens | - | - | LEFT - AND LENS IMPLANT | 01-Nov-2010 | 01-Nov-2010 |
| Drug therapy | - | - | - | 29-Sep-1998 | 29-Sep-1998 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Empagliflozin Tablets 10 mg | - | 28 TABLET | ONE TO BE TAKEN EACH DAY. | - | 15-Apr-2019 | - | 05-Nov-2019 |
| Pregabalin Capsules 50 mg | - | 56 CAPSULE | ONE TO BE TAKEN TWICE A DAY | - | 11-Feb-2019 | - | 30-Oct-2019 |
| Trueyou Test strips | - | 50 STRIP | TO BE USED AS DIRECTED | - | 14-Jun-2017 | - | 02-Oct-2019 |
| Trueplus Lancets 0.195 mm/33 gauge | - | 100 lancet | TO BE USED AS DIRECTED | - | 14-Jun-2017 | - | 31-May-2019 |
| Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose | - | 120 DOSE | ONE PUFF TWICE A DAY | - | 10-May-2017 | - | 01-Nov-2019 |
| Metformin Hydrochloride Tablets 500 mg | 0601022B0AAABAB | 112 tablet | TWO TO BE TAKEN TWICE A DAY | - | 11-Jan-2017 | - | 15-Nov-2019 |
| Tramadol Hydrochloride Capsules 50 mg | 040702040AAAAAA | 224 capsule | 2 Caps 4 times daily | - | 05-Oct-2016 | - | 30-Oct-2019 |
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 0103050P0AAAGAG | 28 CAPSULE | ONE TO BE TAKEN EACH DAY | - | 01-Apr-2015 | - | 17-Oct-2019 |
| Isosorbide Mononitrate M/R tablets 60 mg | 0206010K0AAAEAE | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 20-Aug-2014 | - | 15-Nov-2019 |
| Atorvastatin Tablets 20 mg | 0212000B0AAABAB | 28 TABLET | ONE TO BE TAKEN AT NIGHT | - | 15-Jan-2013 | - | 15-Oct-2019 |
| Ramipril Capsules 10 mg | - | 28 CAPSULE | ONE TO BE TAKEN EACH MORNING | - | 07-Jun-2012 | - | 15-Nov-2019 |
| Gliclazide Tablets 80 mg | 0601021M0AAAAAA | 56 TABLET | ONE TO BE TAKEN TWICE A DAY | - | 27-Jul-2010 | - | 30-Oct-2019 |
| Amlodipine Tablets 10 mg | - | 28 TABLET | ONE TO BE TAKEN EACH | - | 07-Jul-2010 | - | 17-Sep-2019 |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Aspirin E/c tablets 75 mg | 0209000A0AAAKAK | 28 TABLET | MORNING 1 TAB IN THE MORNING (STATUS=C) | - | 15-Jun-2010 | - | 15-Nov-2019 |

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

No recent medications recorded

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

| Smoking status | Alcohol consumption |
|---|---|
| Number per day<br>? (not known) | Units per day<br>? (not known) |

**Additional relevant information**

**Administrative information**

Referred By:Registered GP

**Social circumstances**

Employment: Data processing operator

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

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**Scanned Document**
**28-Apr-2026 SHIR**
**Additional:**Scanned Document

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**Extension:**.tif
**Pages:**

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

**Transport required?**

Unique Care Pathway Number: 1010177980945

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2607623510

**REFERRAL TO**

Trauma and Orthopaedic SurgeryC8
AA Gen Ref - PMH Med & High

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

| | |
|---|---|
| Ethnic Origin | - |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | Routine |
| **Date of referral** | 15-Jan-2019 |
| **Date submitted** | 17-Jan-2019 |

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McChesney |
| **Forename(s)** | William |
| Title | - |
| Sex | Male |
| **Date of birth** | 26-Jul-1962 |
| CHI no. | 2607623510 |

**Patient's address**

101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Contact number(s)

Voice: 07950580883

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr P Laraway | | |
| GMC code | 4604848 | GP code | 21385 |
| Practice name | Portland Medical Practice (16673) | | |
| Practice code | 80908 | | |

**Practice address**

Portland Medical Practice
34 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522 411
Facsimile: 01563 545499

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr P Laraway | | |
| GMC code | 4604848 | GP code | - |
| Practice name | Portland Medical Practice (80908) | | |
| Practice code | 80908 | | |

**Practice address**

34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

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**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: AS NOTED BELOW

Comment: Dear Colleague,

I would be grateful if you could see this gentleman who was initially seen by yourselves in with a presumed ulnar nerve compression in his right elbow.

This was following a traumatic injury to the elbow now 7 years ago. He has been bothered with stiffness, inability to fully extend his elbow and intermittent loss of power.

Nerve conductions were negative and he was not considered a candidate for surgery at that time and was discharged from the clinic.

Sadly his symptoms continued since he was seen by yourselves and only ha partial improvement on gabapentin.

He has been signed off work for 2 years now and I wold be grateful if you could see him for reconsideration of his options.

Yours sincerely

Dr P Laraway
GP Locum

**Examinations and Investigations**

| | | |
|---|---|---|
| Height: | 168 | - |
| Weight(kg): | 85 | - |
| BMI: | 30.12 | - |
| Never smoked tobacco: | | 14-Jan-2019 00:00 |
| Never smoked tobacco: | | 10-May-2017 00:00 |
| Never smoked tobacco: | | 22-Dec-2016 00:00 |
| Ex smoker: | | 13-May-2015 00:00 |
| Never smoked tobacco: | | 12-May-2014 00:00 |
| Ex smoker: | | 14-May-2013 00:00 |
| Ex smoker: | Ex Smoker | 09-Oct-2012 00:00 |
| Ex smoker: | | 07-Mar-2012 00:00 |
| Ex smoker: | | 30-Jun-2010 00:00 |
| Never smoked tobacco: | | 15-Jun-2010 00:00 |
| Alcohol consumption, 0 units/week: | | 14-Jan-2019 00:00 |
| Alcohol consumption, 8 units/week: | | 22-Dec-2016 00:00 |
| Alcohol consumption, 28 units/week: | | 13-May-2015 00:00 |
| Alcohol consumption, 28 units/week: | | 12-May-2014 00:00 |
| Alcohol consumption, 18 units/week: | | 14-May-2013 00:00 |
| Alcohol consumption, 60 units/week: | | 07-Mar-2012 00:00 |
| Alcohol consumption, 18 units/week: | | 15-Jun-2010 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 14-Jan-2019 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: 7 | | 22-Dec-2016 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 13-May-2015 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 12-May-2014 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 14-May-2013 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 07-Mar-2012 00:00 |
| Aerobic exercise 1 time/week: | | 15-Jun-2010 00:00 |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

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**Past medical history**
**Pre-existing conditions**

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Seborrhoeic keratosis | - | - | right ear - for curettage and cautery | 23-May-2017 | 23-May-2017 |
| Low mood | - | - | - | 02-Dec-2014 | 02-Dec-2014 |
| Essential hypertension | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Angina pectoris NOS | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Type 2 diabetes mellitus | - | - | - | 02-Jul-2010 | 02-Jul-2010 |
| Dyspepsia | - | - | - | 10-Jan-2006 | 10-Jan-2006 |
| Asthma | - | - | - | 23-Dec-1992 | 23-Dec-1992 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| Exercise tolerance test not indicated | - | - | normal | 28-Jun-2017 | 28-Jun-2017 |
| Urine sample sent to Lab | - | - | - | 30-Dec-2016 | 30-Dec-2016 |
| Foot X-ray (Right) | Right | - | - | 22-Dec-2016 | 22-Dec-2016 |
| Shoulder X-ray (Right) | Right | - | Normal | 02-Jun-2016 | 02-Jun-2016 |
| Elbow X-ray (Right) | Right | - | normal | 02-Jun-2016 | 02-Jun-2016 |
| Exercise tolerance test | - | - | - | 23-Jun-2014 | 23-Jun-2014 |
| Phacoemulsification of lens | - | - | LEFT - AND LENS IMPLANT | 01-Nov-2010 | 01-Nov-2010 |
| Drug therapy | - | - | - | 29-Sep-1998 | 29-Sep-1998 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose | - | 120 DOSE | ONE PUFF TWICE A DAY | - | 10-May-2017 | - | 06-Nov-2018 |
| Metformin Hydrochloride Tablets 500 mg | 0601022B0AAABAB | 112 tablet | TWO TO BE TAKEN TWICE A DAY | - | 11-Jan-2017 | - | 27-Dec-2018 |
| Tramadol Hydrochloride Capsules 50 mg | 040702040AAAAAA | 224 capsule | 2 Caps 4 times daily | - | 05-Oct-2016 | - | 27-Dec-2018 |
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 0103050P0AAAGAG | 28 CAPSULE | ONE TO BE TAKEN EACH DAY | - | 01-Apr-2015 | - | 27-Dec-2018 |
| Isosorbide Mononitrate M/R tablets 60 mg | 0206010K0AAAEAE | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 20-Aug-2014 | - | 27-Dec-2018 |
| Atorvastatin Tablets 20 mg | 0212000B0AAABAB | 28 TABLET | ONE TO BE TAKEN AT NIGHT | - | 15-Jan-2013 | - | 27-Dec-2018 |
| Ramipril Capsules 10 mg | - | 28 CAPSULE | ONE TO BE TAKEN EACH MORNING | - | 07-Jun-2012 | - | 27-Dec-2018 |
| Gliclazide Tablets 80 mg | 0601021M0AAAAAA | 112 TABLET | TWO TO BE TAKEN TWICE A DAY | - | 27-Jul-2010 | - | 27-Dec-2018 |
| Amlodipine Tablets 10 mg | - | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 07-Jul-2010 | - | 27-Dec-2018 |
| Aspirin E/c tablets 75 mg | 0209000A0AAAKAK | 28 TABLET | 1 TAB IN THE MORNING (STATUS=C) | - | 15-Jun-2010 | - | 27-Dec-2018 |
| | | | ONE OR TWO | | | | |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Glyceryl Trinitrate Pump spray 400 micrograms/dose | 0206010F0AAA1A1 | 200 DOSE | SPRAYS TO BE USED WHEN REQUIRED | - | 23-Aug-2016 | - | 29-Aug-2018 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Pregabalin Capsules 50 mg | - | 56 CAPSULE | ONE TO BE TAKEN TWICE A DAY | - | 14-Jan-2019 | 28 Days | 14-Jan-2019 |
| Gabapentin Capsules 300 mg | 0408010G0AAABAB | 100 capsule | 1 Cap 3 times daily | - | 21-Nov-2018 | 42 Days | 21-Nov-2018 |

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

**Additional relevant information**

**Administrative information**

Referred By:Registered GP

**Social circumstances**

Employment: Data processing operator

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

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**28-Apr-2026 SHIR**
**Additional:**Scanned Document

**Filename:** file_P_PCTI_DOCMAN7_DATA_S1_Document_DMEDOC01_00004000_0113.pdf
**Extension:**.tif
**Pages:**

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

**Transport required?**

Unique Care Pathway Number: 101013889026G

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2607623510

**REFERRAL TO**

CardiologyA2
AA RACPC - ETT Open Access

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

| | |
|---|---|
| Ethnic Origin | - |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | Urgent - RACPC |
| **Date of referral** | 19-Jun-2017 |
| **Date submitted** | 22-Jun-2017 |

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McChesney |
| **Forename(s)** | William |
| Title | - |
| Sex | Male |
| **Date of birth** | 26-Jul-1962 |
| CHI no. | 2607623510 |

**Patient's address**

101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Contact number(s)

Voice: 07950580883

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr W Furste | | |
| GMC code | 4599276 | GP code | 21806 |
| Practice name | Portland Medical Practice (16673) | | |
| Practice code | 80908 | | |

**Practice address**

Portland Medical Practice
34 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522 411
Facsimile: 01563 545499

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Wolfgang Furste | | |
| GMC code | 4599276 | GP code | 21806 |
| Practice name | Portland Medical Practice (80908) | | |
| Practice code | 80908 | | |

**Practice address**

34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

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**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: AS NOTED BELOW

Comment: Dear colleague

This 54 year old gentleman with known diabetes, hypertension and previous angina presented with a history of chest pain across his chest in the early morning hours. This is usually always responds to GTN Spray. He does not experience pain on exertion. I note that he has been previously investigated but unfortunately his ETT had to be stopped due to hypertension.

I would grateful if Mr McChesney could be seen at your chest pain clinic as he has a major risk factor with diabetes. Please find a recent ECG enclosed. Thank you very much for your help in this matter.

Yours sincerely

Dr W Furste

**Examinations and Investigations**

| | | |
|---|---|---|
| Safe to undertake ETT: | Yes | - |
| Patient checked & no murmur found: | Yes | - |
| Patient < 21st\133kg: | Yes | - |
| Patients BP: | 108/80 | - |
| Height: | 168 | - |
| Weight(kg): | 78 | - |
| BMI: | 27.64 | - |
| Never smoked tobacco: | | 10-May-2017 00:00 |
| Never smoked tobacco: | | 22-Dec-2016 00:00 |
| Ex smoker: | | 13-May-2015 00:00 |
| Never smoked tobacco: | | 12-May-2014 00:00 |
| Ex smoker: | | 14-May-2013 00:00 |
| Ex smoker: | Ex Smoker | 09-Oct-2012 00:00 |
| Ex smoker: | | 07-Mar-2012 00:00 |
| Ex smoker: | | 30-Jun-2010 00:00 |
| Never smoked tobacco: | | 15-Jun-2010 00:00 |
| Never smoked tobacco: | Smoker Status.clm Never smoked tobacco | 29-Dec-2005 00:00 |
| Alcohol consumption, 8 units/week: | | 22-Dec-2016 00:00 |
| Alcohol consumption, 28 units/week: | | 13-May-2015 00:00 |
| Alcohol consumption, 28 units/week: | | 12-May-2014 00:00 |
| Alcohol consumption, 18 units/week: | | 14-May-2013 00:00 |
| Alcohol consumption, 60 units/week: | | 07-Mar-2012 00:00 |
| Alcohol consumption, 18 units/week: | | 15-Jun-2010 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 22-Dec-2016 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 13-May-2015 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 12-May-2014 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 14-May-2013 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 07-Mar-2012 00:00 |
| Aerobic exercise 1 time/week: | | 15-Jun-2010 00:00 |

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**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history**

**Pre-existing conditions**

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Seborrhoeic keratosis | - | - | right ear - for curettage and cautery | 23-May-2017 | 23-May-2017 |
| Low mood | - | - | - | 02-Dec-2014 | 02-Dec-2014 |
| Angina pectoris NOS | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Essential hypertension | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Type 2 diabetes mellitus | - | - | - | 02-Jul-2010 | 02-Jul-2010 |
| Dyspepsia | - | - | - | 10-Jan-2006 | 10-Jan-2006 |
| Asthma | - | - | - | 23-Dec-1992 | 23-Dec-1992 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| Urine sample sent to Lab | - | - | - | 30-Dec-2016 | 30-Dec-2016 |
| Foot X-ray (Right) | Right | - | - | 22-Dec-2016 | 22-Dec-2016 |
| Shoulder X-ray (Right) | Right | - | Normal | 02-Jun-2016 | 02-Jun-2016 |
| Elbow X-ray (Right) | Right | - | normal | 02-Jun-2016 | 02-Jun-2016 |
| Exercise tolerance test | - | - | - | 23-Jun-2014 | 23-Jun-2014 |
| Phacoemulsification of lens | - | - | LEFT - AND LENS IMPLANT | 01-Nov-2010 | 01-Nov-2010 |
| Drug therapy | - | - | - | 29-Sep-1998 | 29-Sep-1998 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose | - | 120 DOSE | ONE PUFF TWICE A DAY | - | 10-May-2017 | - | 31-May-2017 |
| Metformin Hydrochloride Tablets 500 mg | 0601022B0AAABAB | 112 tablet | TWO TO BE TAKEN TWICE A DAY | - | 11-Jan-2017 | - | 31-May-2017 |
| Tramadol Hydrochloride Capsules 50 mg | 040702040AAAAAA | 224 capsule | 2 Caps 4 times daily | - | 05-Oct-2016 | - | 31-May-2017 |
| Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation | - | 2 inhaler | ONE PUFF TO BE INHALED AS REQUIRED | - | 13-May-2015 | - | 20-Dec-2016 |
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 0103050P0AAAGAG | 56 capsule | ONE TO BE TAKEN EACH DAY | - | 01-Apr-2015 | - | 23-May-2017 |
| Isosorbide Mononitrate M/R tablets 60 mg | 0206010K0AAAEAE | 56 tablet | ONE TO BE TAKEN EACH MORNING | - | 20-Aug-2014 | - | 23-May-2017 |
| Atorvastatin Tablets 20 mg | 0212000B0AAABAB | 56 tablet | ONE TO BE TAKEN AT NIGHT | - | 15-Jan-2013 | - | 23-May-2017 |
| Ramipril Capsules 10 mg | - | 56 capsule | ONE TO BE TAKEN EACH MORNING | - | 07-Jun-2012 | - | 23-May-2017 |
| Gliclazide Tablets 80 | | 224 | TWO TO BE TAKEN | | 27-Jul- | | 31-May- |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| mg | 0601021M0AAAAAA | TABLET | TWICE A DAY | - | 2010 | - | 2017 |
| Amlodipine Tablets 10 mg | - | 56 tablet | ONE TO BE TAKEN EACH MORNING | - | 07-Jul-2010 | - | 23-May-2017 |
| Aspirin E/c tablets 75 mg | 0209000A0AAAKAK | 56 tablet | 1 TAB IN THE MORNING (STATUS=C) | - | 15-Jun-2010 | - | 23-May-2017 |
| Glyceryl Trinitrate Pump spray 400 micrograms/dose | 0206010F0AAA1A1 | 200 DOSE | ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED | - | 23-Aug-2016 | - | 03-May-2017 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Trueyou Test strips | - | 50 STRIP | TO BE USED AS DIRECTED | - | 14-Jun-2017 | 42 Days | 14-Jun-2017 |
| Trueplus Lancets 0.195 mm/33 gauge | - | 100 lancet | TO BE USED AS DIRECTED | - | 14-Jun-2017 | 42 Days | 14-Jun-2017 |
| Amitriptyline Hydrochloride Tablets 10 mg | 0403010B0AAAGAG | 56 tablet | 1 or 2 Tabs At night | - | 31-May-2017 | 42 Days | 31-May-2017 |
| Amitriptyline Hydrochloride Tablets 10 mg | 0403010B0AAAGAG | 56 tablet | 1 or 2 Tabs At night | - | 18-Apr-2017 | 28 Days | 18-Apr-2017 |
| Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose | - | 1 INHALER | 1 PUFF TO BE INHALED TWICE A DAY VIA SPACER | - | 14-Mar-2017 | 71 Days | 12-Apr-2017 |

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

**Additional relevant information**

**Administrative information**

Referred By:Registered GP

**Social circumstances**

Employment: Data processing operator

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

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**Additional:**Scanned Document

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**Extension:**.tif
**Pages:**

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

**Transport required?**

Unique Care Pathway Number: 101013470587D

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2607623510

**REFERRAL TO**

DermatologyA7
AA Gen Ref - PMH Med & High

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

| | |
|---|---|
| Ethnic Origin | - |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | **Urgent** |
| **Date of referral** | 19-Apr-2017 |
| **Date submitted** | 20-Apr-2017 |

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McChesney |
| **Forename(s)** | William |
| Title | - |
| Sex | Male |
| **Date of birth** | 26-Jul-1962 |
| CHI no. | 2607623510 |

**Patient's address**

101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Contact number(s)

Voice: 07950580883

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Angela McCrorie | | |
| GMC code | 7037695 | GP code | 21385 |
| Practice name | Portland Medical Practice (16673) | | |
| Practice code | 80908 | | |

**Practice address**

Portland Medical Practice
34 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522 411
Facsimile: 01563 545499

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Angela McCrorie | | |
| GMC code | 7037695 | GP code | 21385 |
| Practice name | Portland Medical Practice (80908) | | |
| Practice code | 80908 | | |

**Practice address**

34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

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**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: AS NOTED BELOW - URGENT

Comment: Dear colleague

I would be most grateful for your review of this 54 year old gentleman. Whilst in an appointment today he mentioned a lesion on his right ear. He tells me this has grown quite quickly in recent weeks. It has bled when he caught it. He denies any previous history of skin problems or significant sun exposure.

On examination today there was an abnormal appearance over the top of the right helix. There was a flat, light brown macule approximately 1cm diameter adjacent to this there was a flesh coloured papule with rough crusted piliform surface. I am unsure if this could be warty or whether it presents and early SCC.

In view of the rapid grown I would be most grateful for your urgent assessment.

Yours sincerely

Dr D Edwards
GP Locum

**Examinations and Investigations**

| | | |
|---|---|---|
| Height: | 168 | - |
| Weight(kg): | 78 | - |
| BMI: | 27.64 | - |
| Never smoked tobacco: | | 22-Dec-2016 00:00 |
| Ex smoker: | | 13-May-2015 00:00 |
| Never smoked tobacco: | | 12-May-2014 00:00 |
| Ex smoker: | | 14-May-2013 00:00 |
| Ex smoker: | Ex Smoker | 09-Oct-2012 00:00 |
| Ex smoker: | | 07-Mar-2012 00:00 |
| Ex smoker: | | 30-Jun-2010 00:00 |
| Never smoked tobacco: | | 15-Jun-2010 00:00 |
| Never smoked tobacco: | Smoker Status.clm Never smoked tobacco | 29-Dec-2005 00:00 |
| Never smoked tobacco: | Smoker Status.clm Never smoked tobacco | 25-Mar-2002 00:00 |
| Alcohol consumption, 8 units/week: | | 22-Dec-2016 00:00 |
| Alcohol consumption, 28 units/week: | | 13-May-2015 00:00 |
| Alcohol consumption, 28 units/week: | | 12-May-2014 00:00 |
| Alcohol consumption, 18 units/week: | | 14-May-2013 00:00 |
| Alcohol consumption, 60 units/week: | | 07-Mar-2012 00:00 |
| Alcohol consumption, 18 units/week: | | 15-Jun-2010 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 22-Dec-2016 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 13-May-2015 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 12-May-2014 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 14-May-2013 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 07-Mar-2012 00:00 |
| Aerobic exercise 1 time/week: | | 15-Jun-2010 00:00 |

**Reason for referral**

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Care type requested: Out Patient
Expected outcome: Not Specified

**Past medical history**
**Pre-existing conditions**

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Low mood | - | - | - | 02-Dec-2014 | 02-Dec-2014 |
| Essential hypertension | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Angina pectoris NOS | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Type 2 diabetes mellitus | - | - | - | 02-Jul-2010 | 02-Jul-2010 |
| Dyspepsia | - | - | - | 10-Jan-2006 | 10-Jan-2006 |
| Asthma | - | - | - | 23-Dec-1992 | 23-Dec-1992 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| Urine sample sent to Lab | - | - | - | 30-Dec-2016 | 30-Dec-2016 |
| Foot X-ray (Right) | Right | - | - | 22-Dec-2016 | 22-Dec-2016 |
| Shoulder X-ray (Right) | Right | - | Normal | 02-Jun-2016 | 02-Jun-2016 |
| Elbow X-ray (Right) | Right | - | normal | 02-Jun-2016 | 02-Jun-2016 |
| Exercise tolerance test | - | - | - | 23-Jun-2014 | 23-Jun-2014 |
| Phacoemulsification of lens | - | - | LEFT - AND LENS IMPLANT | 01-Nov-2010 | 01-Nov-2010 |
| Drug therapy | - | - | - | 29-Sep-1998 | 29-Sep-1998 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Metformin Hydrochloride Tablets 500 mg | 0601022B0AAABAB | 112 tablet | TWO TO BE TAKEN TWICE A DAY | - | 11-Jan-2017 | - | 30-Mar-2017 |
| Tramadol Hydrochloride Capsules 50 mg | 040702040AAAAAA | 224 capsule | 2 Caps 4 times daily | - | 05-Oct-2016 | - | 04-Apr-2017 |
| Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation | - | 2 inhaler | ONE PUFF TO BE INHALED AS REQUIRED | - | 13-May-2015 | - | 20-Dec-2016 |
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 0103050P0AAAGAG | 56 capsule | ONE TO BE TAKEN EACH DAY | - | 01-Apr-2015 | - | 30-Mar-2017 |
| Isosorbide Mononitrate M/R tablets 60 mg | 0206010K0AAAEAE | 56 tablet | ONE TO BE TAKEN EACH MORNING | - | 20-Aug-2014 | - | 20-Mar-2017 |
| Atorvastatin Tablets 20 mg | 0212000B0AAABAB | 56 tablet | ONE TO BE TAKEN AT NIGHT | - | 15-Jan-2013 | - | 07-Mar-2017 |
| Ramipril Capsules 10 mg | - | 56 capsule | ONE TO BE TAKEN EACH MORNING | - | 07-Jun-2012 | - | 30-Mar-2017 |
| Gliclazide Tablets 80 mg | 0601021M0AAAAAA | 224 TABLET | TWO TO BE TAKEN TWICE A DAY | - | 27-Jul-2010 | - | 10-Apr-2017 |
| Amlodipine Tablets 10 mg | - | 56 tablet | ONE TO BE TAKEN EACH MORNING | - | 07-Jul-2010 | - | 20-Mar-2017 |
| Aspirin E/c tablets 75 mg | 0209000A0AAAKAK | 56 tablet | 1 TAB IN THE MORNING | - | 15-Jun-2010 | - | 07-Mar-2017 |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Glyceryl Trinitrate Pump spray 400 micrograms/dose | 0206010F0AAA1A1 | 200 DOSE | (STATUS=C) ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED | - | 23-Aug-2016 | - | 20-Dec-2016 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Amitriptyline Hydrochloride Tablets 10 mg | 0403010B0AAAGAG | 56 tablet | 1 or 2 Tabs At night | - | 18-Apr-2017 | 28 Days | 18-Apr-2017 |
| Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose | - | 1 INHALER | 1 PUFF TO BE INHALED TWICE A DAY VIA SPACER | - | 14-Mar-2017 | 71 Days | 12-Apr-2017 |
| Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose | - | 1 INHALER | 1 PUFF TO BE INHALED TWICE A DAY VIA SPACER | - | 07-Feb-2017 | 42 Days | 07-Feb-2017 |
| Aerochamber Plus Spacer device standard (blue) | - | 1 DEVICE | TO BE USED AS DIRECTED | - | 07-Feb-2017 | 42 Days | 07-Feb-2017 |
| Relvar Ellipta Dry Powder Inhaler 92 micrograms + 22 micrograms/dose | - | 30 DOSE | ONE DOSE TO BE INHALED EACH DAY | - | 09-Jan-2017 | - | 31-Jan-2017 |

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

**Additional relevant information**

**Administrative information**

Referred By:Registered GP

**Social circumstances**

Employment: Data processing operator

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

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**Scanned Document**
**28-Apr-2026 SHIR**
**Additional:**Scanned Document

**Filename:** file_P_PCTI_DOCMAN7_DATA_S1_Document_DMEDOC01_00004000_0104.pdf
**Extension:**.tif
**Pages:**

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

**Transport required?**

Unique Care Pathway Number: 1010115137760

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2607623510

**REFERRAL TO**

Trauma and Orthopaedic SurgeryC8
AA Gen Ref - PMH Med & High

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

| | |
|---|---|
| Ethnic Origin | - |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | Routine |
| **Date of referral** | 02-Jun-2016 |
| **Date submitted** | 07-Jun-2016 |

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McChesney |
| **Forename(s)** | William |
| Title | - |
| Sex | Male |
| **Date of birth** | 26-Jul-1962 |
| CHI no. | 2607623510 |

**Patient's address**

101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Contact number(s)

Voice: 571561

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr S Montgomery | | |
| GMC code | 4186322 | GP code | 22641 |
| Practice name | Portland Medical Practice (16673) | | |
| Practice code | 80908 | | |

**Practice address**

Portland Medical Practice
34 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522 411
Facsimile: 01563 545499

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Stuart Montgomery | | |
| GMC code | 4186322 | GP code | 22641 |
| Practice name | Portland Medical Practice (80908) | | |
| Practice code | 80908 | | |

**Practice address**

34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

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**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: AS NOTED BELOW - UPPER LIMB

Comment: Dear colleague

I would be most grateful for your specialist review of this 53 year old gentleman. He slipped in 2012 and sustained a right elbow fracture with reported swelling around about the olecranon and a palpable step within the ulna. This was treated conservitvely with cast and he was discharged. He describes a continual niggling pain in the right elbow since that event but more recently in the past 4 months has developed increased pain around the elbow associated with shooting pains up to the shoulder and down to the wrist. He says that at night when lying on that side he develops uncomfortable shooting pains and numbness of the whole palm of the hand and the arm can feel floppy for a few minutes. There is no history of new injury and he has no previous history of other joint problems.

On examination today there was no obvious swelling or deformity at the elbow. He was tender over the medial epicondyl and olecranon. Flexion was slightly reduced but elbow extension was full. There was no deformity or tenderness at the wrist or shoulder but he did have reduced shoulder abduction internal and external rotation. Neck movement was normal. Tinells test over the carpal tunnel and ulnar aspect of the elbow both induced uncomfortable shooting pains. Sensation and power were normal.

I suspect there is degree of degenerative change at both the shoulder and the elbow. I wonder if these shooting pains relate to some nerve compression. I have arranged for his to have an x-ray of the elbow and shoulder and would be most grateful for your specialist input.

Yours sincerely

Dr D Edwards
GP Locum

**Examinations and Investigations**

| | | |
|---|---|---|
| Height: | 168 | - |
| Weight(kg): | 84 | - |
| BMI: | 29.76 | - |
| Ex smoker: | | 13-May-2015 00:00 |
| Never smoked tobacco: | | 12-May-2014 00:00 |
| Ex smoker: | | 14-May-2013 00:00 |
| Ex smoker: | Ex Smoker | 09-Oct-2012 00:00 |
| Ex smoker: | | 07-Mar-2012 00:00 |
| Ex smoker: | | 30-Jun-2010 00:00 |
| Never smoked tobacco: | | 15-Jun-2010 00:00 |
| Never smoked tobacco: | Smoker Status.clm Never smoked tobacco | 29-Dec-2005 00:00 |
| Never smoked tobacco: | Smoker Status.clm Never smoked tobacco | 25-Mar-2002 00:00 |
| Never smoked tobacco: | | 02-Feb-1993 00:00 |
| Alcohol consumption, 28 units/week: | | 13-May-2015 00:00 |
| Alcohol consumption, 28 units/week: | | 12-May-2014 00:00 |
| Alcohol consumption, 18 units/week: | | 14-May-2013 00:00 |
| Alcohol consumption, 60 units/week: | | 07-Mar-2012 00:00 |
| Alcohol consumption, 18 units/week: | | 15-Jun-2010 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 13-May-2015 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 12-May-2014 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 14-May-2013 00:00 |

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| | |
|---|---|
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | 07-Mar-2012 00:00 |
| Aerobic exercise 1 time/week: | 15-Jun-2010 00:00 |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history**

**Pre-existing conditions**

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Low mood | - | - | - | 02-Dec-2014 | 02-Dec-2014 |
| Angina pectoris NOS | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Essential hypertension | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Type 2 diabetes mellitus | - | - | - | 02-Jul-2010 | 02-Jul-2010 |
| Dyspepsia | - | - | - | 10-Jan-2006 | 10-Jan-2006 |
| Asthma | - | - | - | 23-Dec-1992 | 23-Dec-1992 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| Exercise tolerance test | - | - | - | 23-Jun-2014 | 23-Jun-2014 |
| Phacoemulsification of lens | - | - | LEFT - AND LENS IMPLANT | 01-Nov-2010 | 01-Nov-2010 |
| Drug therapy | - | - | - | 29-Sep-1998 | 29-Sep-1998 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation | - | 2 inhaler | ONE PUFF TO BE INHALED AS REQUIRED | - | 13-May-2015 | - | 05-Apr-2016 |
| Easyhaler Budesonide Dry Powder Inhaler 200 micrograms/actuation | - | 2 inhaler | ONE PUFF TO BE INHALED TWICE A DAY | - | 13-May-2015 | - | 12-Feb-2016 |
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 0103050P0AAAGAG | 56 capsule | ONE TO BE TAKEN EACH DAY | - | 01-Apr-2015 | - | 26-Apr-2016 |
| Isosorbide Mononitrate M/R tablets 60 mg | 0206010K0AAAEAE | 56 tablet | ONE TO BE TAKEN EACH MORNING | - | 20-Aug-2014 | - | 05-Apr-2016 |
| Metformin Hydrochloride Tablets 850 mg | 0601022B0AAADAD | 112 tablet | 1 Tab Twice daily | - | 14-May-2013 | - | 16-May-2016 |
| Atorvastatin Tablets 20 mg | 0212000B0AAABAB | 56 tablet | ONE TO BE TAKEN AT NIGHT | - | 15-Jan-2013 | - | 26-Apr-2016 |
| Ramipril Capsules 10 mg | - | 56 capsule | ONE TO BE TAKEN EACH MORNING | - | 07-Jun-2012 | - | 12-Feb-2016 |
| Gliclazide Tablets 80 mg | 0601021M0AAAAAA | 224 TABLET | TWO TO BE TAKEN TWICE A DAY | - | 27-Jul-2010 | - | 26-Apr-2016 |
| Amlodipine Tablets 10 mg | - | 56 tablet | ONE TO BE TAKEN EACH MORNING | - | 07-Jul-2010 | - | 05-Apr-2016 |
| Aspirin E/c tablets 75 | | | 1 TAB IN THE | | 15- | | 05-Apr- |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| mg | 0209000A0AAAKAK | 56 tablet | MORNING (STATUS=C) | - | Jun-2010 | - | 2016 |

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

No recent medications recorded

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

| Smoking status | Alcohol consumption |
|---|---|
| Number per day<br>? (not known) | Units per day<br>? (not known) |

**Additional relevant information**

**Administrative information**

Referred By:Registered GP

**Social circumstances**

Employment: Data processing operator

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

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Portland Medical Practice
34 Portland Road, Kilmarnock, KA1 2EL.
Hurlford Clinic, Union Street, Hurlford, KA1 5ET.
Telephone No. : 01563 522611.
Fax : 01563 545599
www.portlandmedicalpractice.co.uk

Date as Postmark

William McChesney
101 Kilmaurs Road
KILMARNOCK
KILMARNOCK

KA3 1NU

Dear Mr McChesney

**DIABETIC ANNUAL REVIEW**

As part of our ongoing services and care to patients we are able to offer an annual review to those patients who suffer from Diabetes.

You are now required to telephone the surgery to arrange a **30** minute Diabetic Review appointment, medications and any health concerns you may have with the Alison Lauder or Julie Edgar Practice Nurse.

Please note appointments are available at both Kilmarnock and Hurlford surgeries. As this is a very important part of your health care if you have any queries please contact Fiona, Sara or Heather prior to arranging your appointments.

**PLEASE BRING A SAMPLE OF URINE WITH YOU TO YOUR APPOINTMENT. A WHITE TOP SAMPLE BOTTLE CAN BE OBTAINED FROM THE SURGERY.**

Yours sincerely

Alison Lauder/Julie Edgar
Practice Nurse

**IMPORTANT: Please ensure you have given the surgery your mobile telephone number**

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Telephone No. : 01563 522411.
Fax : 01563 545499.
www.portlandmedicalpractice.co.uk

William McChesney
101 Kilmaurs Road
KILMARNOCK
KILMARNOCK

KA3 1NU

13th April 2017

Dear

Unfortunately we have been unable to contact you by telephone. Please contact the surgery at your earliest convenience.

Yours sincerely,

Portland Medical Practice

**IMPORTANT: PLEASE ENSURE YOU HAVE GIVEN THE SURGERY YOUR CORRECT CONTACT NUMBERS INCLUDING MOBILE TELEPHONE NUMBER.**

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Telephone No. : 01563 522411,
Fax : 01563 545499.
www.portlandmedicalpractice.co.uk

Date as Postmark

William McChesney
101 Kilmaurs Road
KILMARNOCK
KILMARNOCK

KA3 1NU

Dear Mr McChesney

**DIABETIC ANNUAL REVIEW**

As part of our ongoing services and care to patients we are able to offer an annual review to those patients who suffer from Diabetes.

You are now required to telephone the surgery to arrange a **30** minute Diabetic Review appointment, medications and any health concerns you may have with the Practice Nurse.

Please note appointments are available at both Kilmarnock and Hurlford surgeries. As this is a very important part of your health care if you have any queries please contact Fiona, Sara or Heather prior to arranging your appointments.

**PLEASE BRING A SAMPLE OF URINE WITH YOU TO YOUR APPOINTMENT. A WHITE TOP SAMPLE BOTTLE CAN BE OBTAINED FROM THE SURGERY.**

Yours sincerely

Alison Lauder/Julie Edgar
Practice Nurse

**IMPORTANT: Please ensure you have given the surgery your mobile telephone number**

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

**Transport required?**

Unique Care Pathway Number: 101007013766J

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2607623510

**REFERRAL TO**

CardiologyA2
AA RACPC - ETT Open Access

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

| | |
|---|---|
| Ethnic Origin | - |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | Routine - Open Access ETT |
| **Date of referral** | 04-Apr-2014 |
| **Date submitted** | 04-Apr-2014 |

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McChesney |
| **Forename(s)** | William |
| Title | - |
| Sex | Male |
| **Date of birth** | 26-Jul-1962 |
| CHI no. | 2607623510 |

**Patient's address**

101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Contact number(s)

Voice: 571561

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr A Poddar | | |
| GMC code | 6122155 | GP code | 24627 |
| Practice name | Portland Medical Practice (16673) | | |
| Practice code | 80908 | | |

**Practice address**

Portland Medical Practice
34 Portland Road
Kilmarnock
Kilmarnock

Contact number(s)

Voice: 01563 522 411
Facsimile: 01563 545499

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Amar Poddar | | |
| GMC code | 6122155 | GP code | 24627 |
| Practice name | Portland Medical Practice (80908) | | |
| Practice code | 80908 | | |

**Practice address**

34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

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**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: ETT

Comment: Dear Colleague,

Thank you for seeing this 51 year old man who was seen at the rapid access chest pain clinic in 2010 who is felt to have possible angina although he failed to attend for a treadmill test subsequently. His address on your records seems to be wrong at the time. He continues to have daily chest pain which does sound like angina which is relieved by a GTN spray. This has recently become more frequent although not happening at rest. I have started him on Isosorbide 25mg daily which helps somewhat. His pain only lasts a short period perhaps a few minutes and I have advised him to dial 999 if it is more than 10 minutes. There is some increased stress with his mum having died last year. His heart sounds argil, BP 130/90. I feel he is able to safely perform the ETT.

This patient now wishes to attend and has same issues.

Yours sincerely.

Dr Poddar

**Examinations and Investigations**

| | | |
|---|---|---|
| Safe to undertake ETT: | Yes | - |
| Patient checked & no murmur found: | Yes | - |
| Patient < 21st\133kg: | Yes | - |
| Patients BP: | 130/90 | - |
| Height: | 168 | - |
| Weight(kg): | 83 | - |
| BMI: | 29.41 | - |
| Ex smoker: | | 14-May-2013 00:00 |
| Ex smoker: | Ex Smoker | 09-Oct-2012 00:00 |
| Ex smoker: | | 07-Mar-2012 00:00 |
| Ex smoker: | | 30-Jun-2010 00:00 |
| Never smoked tobacco: | | 15-Jun-2010 00:00 |
| Never smoked tobacco: | Smoker Status.clm Never smoked tobacco | 29-Dec-2005 00:00 |
| Never smoked tobacco: | Smoker Status.clm Never smoked tobacco | 25-Mar-2002 00:00 |
| Never smoked tobacco: | | 02-Feb-1993 00:00 |
| Alcohol consumption, 18 units/week: | | 14-May-2013 00:00 |
| Alcohol consumption, 60 units/week: | | 07-Mar-2012 00:00 |
| Alcohol consumption, 18 units/week: | | 15-Jun-2010 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 14-May-2013 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 07-Mar-2012 00:00 |
| Aerobic exercise 1 time/week: | | 15-Jun-2010 00:00 |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history**

**Pre-existing conditions**

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Angina pectoris NOS | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Essential hypertension | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Type 2 diabetes mellitus | - | - | - | 02-Jul-2010 | 02-Jul-2010 |
| Dyspepsia | - | - | - | 10-Jan-2006 | 10-Jan-2006 |
| Asthma | - | - | - | 23-Dec-1992 | 23-Dec-1992 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|

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| | | | | | |
|---|---|---|---|---|---|
| Phacoemulsification of lens | - | - | LEFT - AND LENS IMPLANT | 01-Nov-2010 | 01-Nov-2010 |
| Drug therapy | - | - | - | 29-Sep-1998 | 29-Sep-1998 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Salbutamol Cfc-free inhaler 100 micrograms/puff | 0301011R0AAAPAP | 2*1 inhaler | TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED | - | 07-Mar-2014 | - | 07-Mar-2014 |
| Isosorbide Mononitrate M/R capsules 25 mg | 0206010K0AAAHAH | 112 CAPSULE | 2 DAILY | - | 22-Nov-2013 | - | 18-Mar-2014 |
| Qvar Easi-Breathe Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/actuation | - | 2 inhaler | ONE PUFF TO BE INHALED TWICE A DAY | - | 25-Oct-2013 | - | 16-Jan-2014 |
| Metformin Hydrochloride Tablets 850 mg | 0601022B0AAADAD | 112 tablet | 1 Tab Twice daily | - | 14-May-2013 | - | 04-Feb-2014 |
| Atorvastatin Tablets 20 mg | 0212000B0AAABAB | 56 tablet | ONE TO BE TAKEN AT NIGHT | - | 15-Jan-2013 | - | 18-Mar-2014 |
| Ramipril Capsules 10 mg | - | 56 capsule | ONE TO BE TAKEN EACH MORNING | - | 07-Jun-2012 | - | 04-Feb-2014 |
| Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose | 0206010F0AAAAAA | 1 SPRAY | ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED | - | 22-Dec-2011 | - | 25-Feb-2014 |
| Gliclazide Tablets 80 mg | 0601021M0AAAAAA | 224 TABLET | TWO TO BE TAKEN TWICE A DAY | - | 27-Jul-2010 | - | 10-Dec-2013 |
| Amlodipine Tablets 10 mg | - | 56 tablet | ONE TO BE TAKEN EACH MORNING | - | 07-Jul-2010 | - | 18-Mar-2014 |
| Aspirin E/c tablets 75 mg | 0209000A0AAAKAK | 56 tablet | 1 TAB IN THE MORNING (STATUS=C) | - | 15-Jun-2010 | - | 04-Feb-2014 |
| Cimetidine Tablets 400 mg | 0103010D0AAABAB | 112 tabs | 1 TAB TWICE DAILY (STATUS=C) | - | 05-Aug-2009 | - | 18-Mar-2014 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Citalopram Hydrobromide Tablets 40 mg | 0403030D0AAACAC | 28 TABLET | ONE TO BE TAKEN EACH DAY | - | 04-Apr-2014 | 42 Days | 04-Apr-2014 |
| Citalopram Hydrobromide Tablets 40 mg | 0403030D0AAACAC | 28 TABLET | ONE TO BE TAKEN EACH DAY | - | 07-Mar-2014 | 28 Days | 07-Mar-2014 |
| Citalopram | | | ONE TO BE | | 07- | | 07-Feb- |

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|---|---|---|---|---|---|---|---|
| Hydrobromide Tablets 20 mg | 0403030D0AAAAAA | 28 TABLET | TAKEN EACH DAY | - | Feb-2014 | 28 Days | 2014 |
| Citalopram Hydrobromide Tablets 10 mg | 0403030D0AAABAB | 28 TABLET | TWO DAILY | - | 20-Jan-2014 | 14 Days | 20-Jan-2014 |
| Citalopram Hydrobromide Tablets 10 mg | 0403030D0AAABAB | 28 TABLET | ONE TO BE TAKEN EACH DAY | - | 06-Jan-2014 | 28 Days | 06-Jan-2014 |
| Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff | - | 2 inhaler | 1 or 2 puffs Take as required (STATUS=C) | - | 01-Oct-2009 | - | 25-Feb-2014 |

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

Smoking status

Number per day
? (not known)

Alcohol consumption

Units per day
? (not known)

**Additional relevant information**

**Administrative information**

Referred By:Registered GP

**Social circumstances**

Employment: Data processing operator

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

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jobcentreplus

Website: **www.jobcentreplus.gov.uk**

Your reference is NA269841D
Please tell us this number
if you get in touch with us

**02536**
**Dr Poddar**
**PORTLAND MEDICAL CENTRE**
**34 PORTLAND ROAD**
**KILMARNOCK**
**AYRSHIRE**
**KA1 2DJ**

Bathgate Benefit Centre
Mail Handling Site A
Wolverhampton
WV98 1AN

Phone 0345 6088545
TEXTPHONE for the deaf/hard of hearing ONLY 0845 6088551

Date 23 April 2014

Dear Doctor Poddar

**Work Capability Assessment Outcome Notification**

| | |
|---|---|
| Patients Name | Mr W Mcchesney |
| Patients Address | 101 Kilmaurs Rd<br>Kilmarnock<br>Ayrshire<br>KA3 1NU |

Patients D.O.B : 26 July 1962

This patient has been claiming Employment and Support Allowance. We recently assessed their ability to work using the Work Capability Assessment.

WCA Effective Date 23 April 2014

We have decided that your patient is capable of work from and including 23 April 2014.

This means that you do not have to give your patient any more medical certificates for Employment and Support Allowance purposes unless they appeal against this decision. But you may need to again if their condition worsens significantly, or they have a new medical condition.

We have sent a summary of the Work Capability Assessment to your patient.

If you want to ask us anything about this letter please get in touch with us. Our phone number and address are at the top of the letter.

Yours sincerely

Ken Barnes

Manager

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Telephone No. : 01563 522431.
Fax : 01563 545499.
Email: admin.portlandmedicalpractice@aapct.scot.nhs.uk
www.portlandmedicalpractice.co.uk

Thursday 2nd May

William McChesney
101 Kilmaurs Road
KILMARNOCK
KILMARNOCK

KA3 1NU

Dear Mr McChesney

**DIABETIC ANNUAL REVIEW**

As part of our ongoing services and care to patients we are able to offer an annual review to those patients who suffer from Diabetes.

You are now required to telephone the surgery to arrange **2** separate appointments. A **10** minute blood appointment and thereafter a **30** minute Diabetic Review appointment **1 week later** to discuss your results, medications and any health concerns you may have with the Practice Nurse.

Please note appointments are available at both Kilmarnock and Hurlford surgeries. As this is a very important part of your health care if you have any queries please contact Fiona, Sara or Heather prior to arranging your appointments.

**PLEASE BRING A SAMPLE OF URINE WITH YOU TO YOUR 2ND APPOINTMENT.**
**A WHITE TOP SAMPLE BOTTLE CAN BE OBTAINED FROM THE SURGERY.**

Yours sincerely

Practice Nurse

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Telephone No. : 01563 522411,
Fax : 01563 545499.
www.portlandmedicalpractice.co.uk

Wednesday, 25 April 2018

Mr William McChesney
101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Dear Mr McChesney

**Re: Changes to your medicines**

In NHS Ayrshire & Arran every year around £1 million of medicines are wasted because they are prescribed to patients but are not used. As a practice, we are dedicated to providing the best possible care for all of our patients and, to this end, we undertake a continuous review of the medicines we prescribe to insure they are the most appropriate choice for our patients and offer value for money to the NHS.

We have reviewed your repeat prescription and have noticed some items which we think would be better being ordered when you are running out rather than being ordered with your other repeat medicines.

We have therefore changed the quantities of your items so you receive 28 days of your medication.

If you have any questions or concerns regarding this change, please contact the practice to arrange a telephone consultation.

Yours sincerely,
Jane Stuart
*Prescribing Support Pharmacist*

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Fax : 01563 545499.
Email: admin.portlandmedicalpractice@eapct.scot.nhs.uk
www.portlandmedicalpractice.co.uk

4th March 2013

William McChesney
101 Kilmaurs Road
KILMARNOCK
KILMARNOCK

KA3 1NU

Dear Mr McChesney,

**DIABETIC ANNUAL REVIEW**

As part of our ongoing services and care to patients we are able to offer an annual review to those patients who suffer from Diabetes.

You are now required to telephone the surgery to arrange **2** separate appointments. A **10** minute blood appointment and thereafter a **30** minute Review appointment **1 week later** to discuss your results, medications and any health concerns you may have with the Practice Nurse.

Please note appointments are available at both Kilmarnock and Hurlford surgeries. As this is a very important part of your health care if you have any queries please contact Heather prior to arranging your appointments.

**PLEASE BRING A SAMPLE OF URINE WITH YOU TO YOUR 2ND APPOINTMENT. A WHITE TOP SAMPLE BOTTLE CAN BE OBTAINED FROM THE SURGERY.**

Yours sincerely

Practice Nurse

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**Portland Medical Practice**
**34 Portland Road**
**Kilmarnock KA1 2DL**
Telephone: 01563 522411
Fax: 01563 545499

02/10/2018

Acute Medical Receiving Unit,
University Hospital Crosshouse
Kilmarnock

Dear Colleague

**RE WILLIAM MCCHESNEY 26/07/1962**
**101 KILMAURS ROAD KILMARNOCK KA3 1 NU**

This pleasant 56 year old man presented with a 3 day history of left sided chest pain which he described as stabbing in nature and it is between 5-10 in severity. He denies any cough or SOB and there is no history of calf pain or long distance travel.
He has past medical history of asthma, high blood pressure, angina and type 2 diabetes.

Does not smoke or drink alcohol.

On examination; BP 139/88mmHg, HR 104-125bpm irregularly irregular, Sats 97% Chest is clear. HS 1 and 2 no murmur. No calf tenderness.

I would appreciate if he can be reviewed in view of his ongoing chest pain.

Kind regards.

Ayodeji Akinsemolu

GP Locum

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Your reference is NA269841D
Please tell us this number
if you get in touch with us

02536
Dr Edwards
34 PORTLAND ROAD
KILMARNOCK
AYRSHIRE
KA1 2DL

ESA Greenock
Mail Handling Site A
Wolverhampton
WV98 2AP

Phone 0345 6088545
TEXTPHONE for the deaf/hard of hearing ONLY 0845 6088551

Date 2 October 2017

Dear Dr Edwards,

**HELP US SUPPORT YOUR PATIENT TO RETURN TO, OR START, WORK**

**RE: Mr. William McChesney, DOB 26 July 1962, 101 Kilmaurs Rd, Kilmarnock, Ayrshire KA3 1NU**

Your practice has been issuing fit notes to Mr William McChesney since 19 December 2016 in respect of his disability/health condition. These fit notes support his claim for Employment and Support Allowance (ESA). ESA is the benefit for people when they can't work because of a health condition or disability.

**Helping people back into work**

We assessed Mr McChesney on 2 October 2017 and decided that he **is capable of doing some work**, but this might not be the same type of work he may have done before.

We know most people are better off in work, so we are encouraging Mr McChesney to find out what type of work he may be able to do with his health condition or disability through focused support at his local Jobcentre Plus. In the course of any further consultations with Mr McChesney we hope you will also encourage him in his efforts to return to, or start, work.

**What this means for you**

As a result of this decision, Mr McChesney is not entitled to ESA from 2 October 2017 and **you do not need to provide any more fit notes to him relating to his disability/health condition for ESA purposes.**

Guidance for GPs on completing fit notes is available at:
https://www.gov.uk/government/publications/fit-note-guidance-for-gps

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2 October 2017

Dr Edwards REF: NA269841D

Thanks for your help.

Yours sincerely

George McLellan

Manager

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Fax : 01563 545499.
Email: admin.portlandmedicalpractice@aapct.scot.nhs.uk
www.portlandmedicalpractice.co.uk

7/3/12

Dear William McChesney
101 Kilmaurs Road
KILMARNOCK
KILMARNOCK

KA3 1NU

Further to your appointment this afternoon, I forgot to advise you to have your blood pressure checked in 1 week as it was high, as you know.

Please make an appointment for this.

Yours faithfully

Alison Lauder
(practice nurse)

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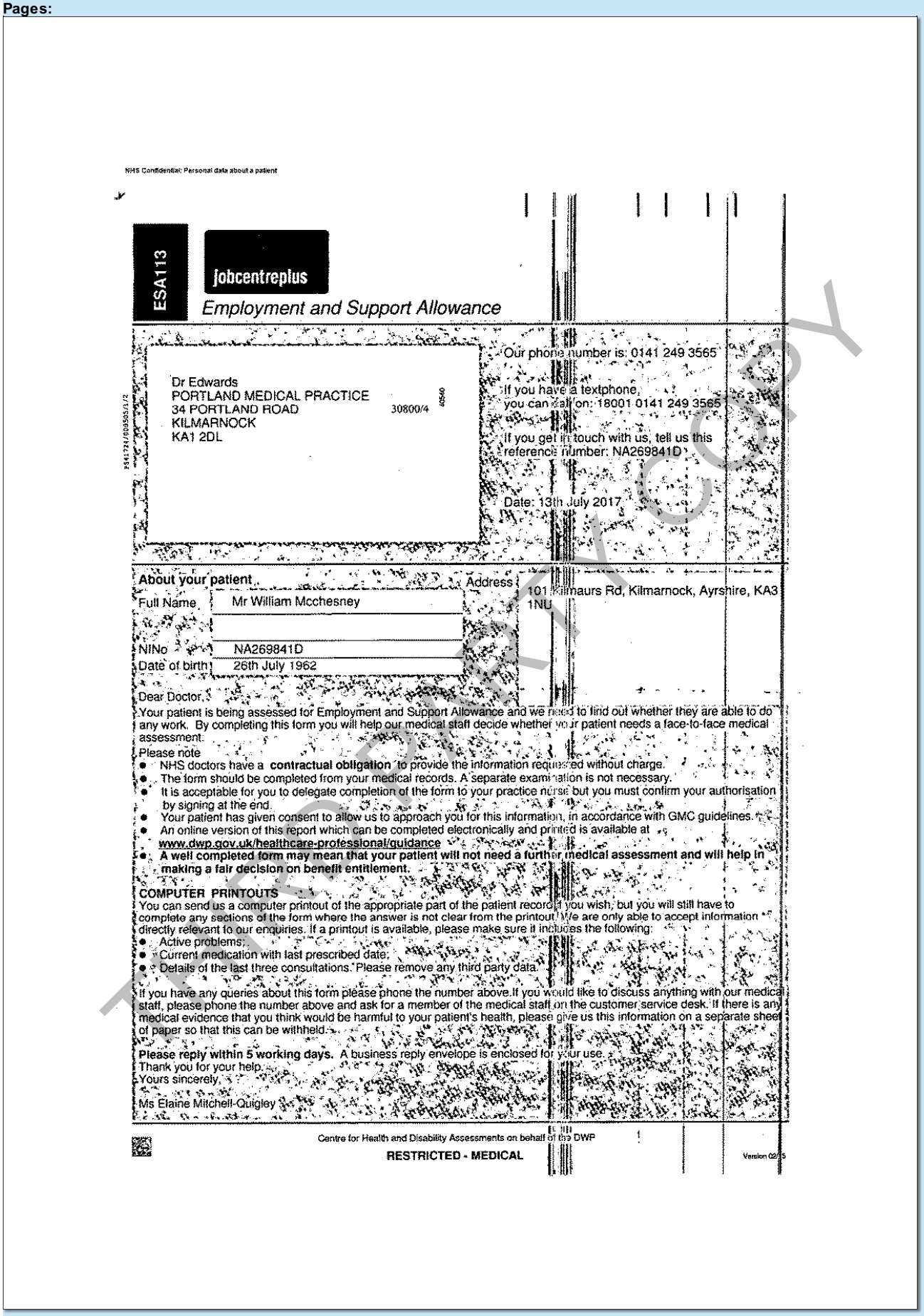

NHS Confidential: Personal data about a patient

ESA113

jobcentreplus

*Employment and Support Allowance*

Dr Edwards
PORTLAND MEDICAL PRACTICE
34 PORTLAND ROAD
KILMARNOCK
KA1 2DL

30800/4 40540

Our phone number is: 0141 249 3565

If you have a textphone, you can call on: 18001 0141 249 3565

If you get in touch with us, tell us this reference number: NA269841D

Date: 13th July 2017

**About your patient**

| | |
|---|---|
| Full Name | Mr William Mcchesney |
| NINo | NA269841D |
| Date of birth | 26th July 1962 |
| Address | 101 Kilmaurs Rd, Kilmarnock, Ayrshire, KA3 1NU |

Dear Doctor,

Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form you will help our medical staff decide whether your patient needs a face-to-face medical assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at **www.dwp.gov.uk/healthcare-professional/guidance**
- **A well completed form may mean that your patient will not need a further medical assessment and will help in making a fair decision on benefit entitlement.**

**COMPUTER PRINTOUTS**

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld.

**Please reply within 5 working days.** A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely,

Ms Elaine Mitchell-Quigley

Centre for Health and Disability Assessments on behalf of the DWP

**RESTRICTED - MEDICAL**

Version 02/15

TRAINING COPY

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ESA113

**Client Name:** Mr William Mcchesney

**Client NINo:** NA269841D **Client Date of Birth:** 26.07.1962

Freepost RTGB-KGKS-AEEZ
Centre for Health and Disability Assessments
Glasgow ASC
Mail Handling Site A
Wolverhampton
WV98 1SN

PS01124/0505/01/12

***Your reply***

Please answer the following questions from the information which is currently available to you.
If you need more space for any of your answers, please continue at Part 7.

**1 When did your patient last see a GP?**

11/06/2007

**2 Current conditions affecting ability to work:**
Please give us details of those conditions **which may have significant effect on the person's capacity to work.** Include:

- Relevant symptoms and signs, including side effects of medication with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, **where relevant.**

If you are sending a computerised printout of current medication you do not need to list this here.

*Please complete **both sides** of this form and return the completed form in the supplied envelope with the above address showing in the window*

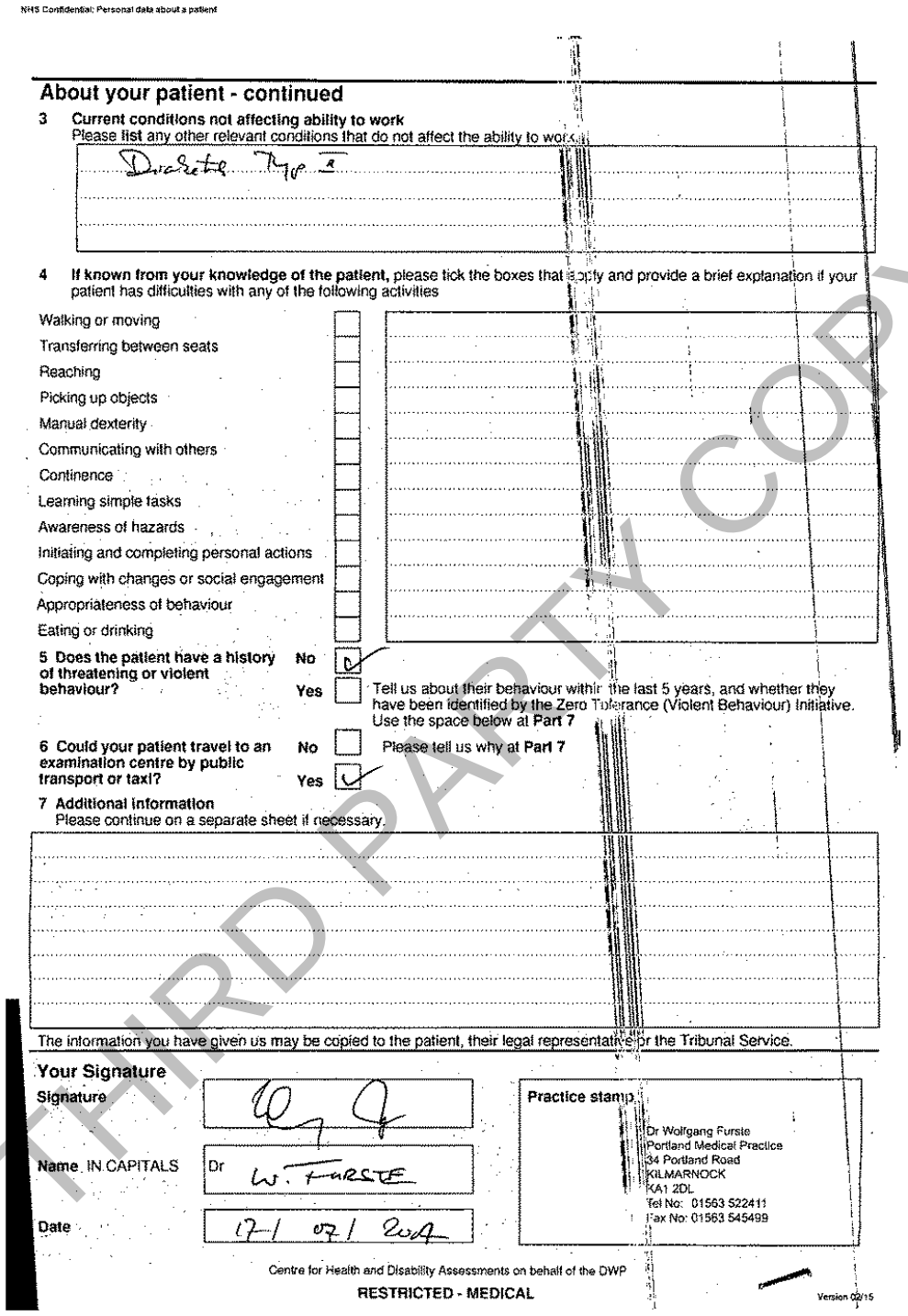
| Condition and date of diagnosis | Symptoms and signs | Investigations, management & medication |
|---|---|---|
| Meralgia paresthetica right elbow | Pain radiating from elbow. | Seen by orthopaedic Specialist. Nerve conduction studies normal. No operation indicated. Continued on pain + medication by Amitriptyline 10mg at night. |

Centre for Health and Disability Assessments on behalf of the DWP

**RESTRICTED - MEDICAL**

Version 02/15

THIRD PARTY COPY



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## About your patient - continued

**3 Current conditions not affecting ability to work**
Please list any other relevant conditions that do not affect the ability to work

Diabetes Type 2

**4 If known from your knowledge of the patient,** please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

| | |
|---|---|
| Walking or moving | |
| Transferring between seats | |
| Reaching | |
| Picking up objects | |
| Manual dexterity | |
| Communicating with others | |
| Continence | |
| Learning simple tasks | |
| Awareness of hazards | |
| Initiating and completing personal actions | |
| Coping with changes or social engagement | |
| Appropriateness of behaviour | |
| Eating or drinking | |

**5 Does the patient have a history of threatening or violent behaviour?** No ☑ Yes ☐
Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

**6 Could your patient travel to an examination centre by public transport or taxi?** No ☐ Yes ☑
Please tell us why at **Part 7**

**7 Additional information**
Please continue on a separate sheet if necessary.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

**Your Signature**

**Signature**

**Name** IN CAPITALS Dr W. FURSTE

**Date** 17/07/2024

**Practice stamp**
Dr Wolfgang Furste
Portland Medical Practice
34 Portland Road
KILMARNOCK
KA1 2DL
Tel No: 01563 522411
Fax No: 01563 545499

Centre for Health and Disability Assessments on behalf of the DWP

**RESTRICTED - MEDICAL**

Version 02/15

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**28-Apr-2026 SHIR**
**Additional:**Scanned Document

**Filename:** document_13.pdf
**Extension:**.tif
**Pages:**

NHS Confidential: Personal data about a patient

jobcentreplus

Website: www.jobcentreplus.gov.uk

Your reference is NA269841D
Please tell us this number
if you get in touch with us

02536
Dr Edwards
34 PORTLAND ROAD
KILMARNOCK
AYRSHIRE
KA1 2DL

ESA Greenock
Mail Handling Site A
Wolverhampton
WV98 2AP

Phone 0345 6088545
TEXTPHONE for the deaf/hard of hearing ONLY 0845 6088551

Date 16 January 2018

Dear Dr Edwards,

**HELP US SUPPORT YOUR PATIENT TO RETURN TO, OR START, WORK**

**RE: Mr. William McChesney, DOB 26 July 1962, 101 Kilmaurs Rd, Kilmarnock, Ayrshire KA3 1NU**

Your practice has been issuing fit notes to Mr William McChesney since 11 January 2018 in respect of his disability/health condition. These fit notes support his claim for Employment and Support Allowance (ESA). ESA is the benefit for people when they can't work because of a health condition or disability.

**Helping people back into work**

We assessed Mr McChesney on 16 January 2018 and decided that he **is capable of doing some work**, but this might not be the same type of work he may have done before.

We know most people are better off in work, so we are encouraging Mr McChesney to find out what type of work he may be able to do with his health condition or disability through focused support at his local Jobcentre Plus. In the course of any further consultations with Mr McChesney we hope you will also encourage him in his efforts to return to, or start, work.

**What this means for you**

As a result of this decision, Mr McChesney is not entitled to ESA from 11 January 2018 and **you do not need to provide any more fit notes to him relating to his disability/health condition for ESA purposes.**

Guidance for GPs on completing fit notes is available at:
https://www.gov.uk/government/publications/fit-note-guidance-for-gps

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16 January 2018

Dr Edwards REF: NA269841D

Thanks for your help.

Yours sincerely

George McLellan

Manager

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**Filename:** document_22.pdf
**Extension:**.tif
**Pages:**

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Portland Medical Practice
34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No. : 01563 522411
Fax : 01563 545499
Email: admin.portlandmedicalpractice@aapct.scot.nhs.uk
www.portlandmedicalpractice.co.uk

18th April 2013

William McChesney
101 Kilmaurs Road
KILMARNOCK
KILMARNOCK

KA3 1NU

Dear Mr McChesney

**Chronic Disease Management Appointment**

As part of our ongoing services and care to patients we are able to offer an annual review to those patients who suffer from a chronic disease.

You are now required to telephone the surgery to arrange **2** separate appointments. A **10** minute blood appointment and thereafter a **30** minute Diabetic Review appointment **1 week later** to discuss your results, medications and any health concerns you may have with the Practice Nurse, Alison Lauder.

Please note appointments are available at both Kilmarnock and Hurlford surgeries. As this is a very important part of your health care if you have any queries please contact Heather or Sara prior to arranging your appointments.

**PLEASE BRING A SAMPLE OF URINE WITH YOU TO YOUR 2ND APPOINTMENT. A WHITE TOP SAMPLE BOTTLE CAN BE OBTAINED FROM THE SURGERY.**

Yours sincerely

Practice Nurse

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**Filename:** document_38.pdf
**Extension:**.tif
**Pages:**

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Fax sent by :  22-07-10 07:59  Pg: 1/2

**FAX**

# CROSSHOUSE HOSPITAL

AYRSHIRE & ARRAN ACUTE HOSPITALS NHS TRUST

Date 22.7.10

Number of pages including cover sheet.....

Crosshouse Hospital
Kilmarnock
Ayrshire
KA2 0BE

Tel: 01563 577200
(Cardiology Department)

To:
.....
.....
.....
.....

Phone No.
Fax No.

From:
.....
.....
.....
.....

Phone No. 01563 577200
Fax No. 01563 577200

REMARKS

ENCLOSED REPORT FOR PATIENT WHO ATTENDED DR JOHNSON'S RAPID ACCESS CHEST PAIN CLINIC. CLINIC LETTER TO FOLLOW

**This facsimile transmission is intended only for the use of the individual or entity to which it is addressed, and may contain confidential information belonging to the sender which is protected by the physician/patient privilege. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error, please notify this office by telephone to arrange for the return of the documents.**

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Fax sent by :

22-07-10 07:59 Pg: 2/2

# Rapid Access Chest Pain Clinic

## Quick Response Summary

A detailed letter will follow

clinic date: 21.7.10

Referring GP: Dr McIntyre

MCCHESNEY WILLIAM
101 KILMAURS ROAD
2607623610
KILMARNOCK
KA31NU 26/07/1962
GAFFNEY,PG (GP)
34 PORTLAND ROAD
KILMARNOCK
AYRSHIRE M/N

Classification of Pain Typical ☑ Atypical ☐ Non-cardiac ☐

ETT findings
Duration
ST deviation
Comments
max heart rate
reason for stopping
chest pain reproduced?
Not performed due to BP 190/120

Known IHD ☐ Angina confirmed ☑ Not confirmed ☐

Further Investigation

Myocardial perfusion scan ☐ Angiography ☐ Echo ☐
Consultant OPD Review ☐ Low risk, not indicated ☐
ETT

Medication recommendations
(Patient has been told to collect a prescription from surgery reception in 2 days)
please start on an ACE

Comments
Typical symptoms of angina, now controlled.

Dr Richard Johnson, GPwSI in Cardiology

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# Diabetic Eye Screening

*Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!*

NHS Ayrshire & Arran

Tel: 01294 323471

GP
PORTLAND MEDICAL PRACTICE
34 PORTLAND RD
KILMARNOCK
KA1 2DL

Friday, 3 May 2024

Dear Doctor

**PATIENT DIABETIC EYE SCREENING RESULT**

| | |
|---|---|
| **CHI No** | 2607623510 |
| **Name** | WILLIAM MCCHESNEY |
| **Date of birth** | 26-Jul-1962 |
| **Address** | 101 KILMAURS ROAD, KILMARNOCK, KA3 1NU |

This patient was screened on Thursday, 2 May 2024. Their screening results are as follows:

**Type of appointment:** Fundus Photography

| | **Right eye** | **Left eye** |
|---|---|---|
| **Visual Acuity** | 6/7.5 (no correction) | 6/38 (no correction) |
| **Diabetes Retinopathy Grade** | R1 Background diabetic retinopathy (BDR) mild | R1 Background diabetic retinopathy (BDR) mild |
| **Maculopathy Level** | M0 No maculopathy | M0 No maculopathy |
| **Non-DR Features** | None recorded | None recorded |
| **Comments** | | |

The following action has been taken:

***The DRS Service will rescreen the patient in 12 months (Fundus Photography).***

Should you have any queries, please contact us on 01294 323471.

Yours sincerely

NHS Ayrshire and Arran Diabetic Eye Screening

A & A DES

063(v2)

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**Filename:** document_25.pdf
**Extension:**.tif
**Pages:**

NHS Confidential: Personal data about a patient

Portland Medical Practice
34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No. : 01563 522411.
Fax : 01563 545499.
Email: admin.portlandmedicalpractice@aapct.scot.nhs.uk
www.portlandmedicalpractice.co.uk

3rd February 2012

William McChesney
101 Kilmaurs Road
KILMARNOCK
KILMARNOCK

KA3 1NU

Dear Mr McChesney

**Chronic Disease Management Appointment**

As part of our ongoing services and care to patients we are able to offer an annual review to those patients who suffer from a Chronic Disease.

During this appointment with the Practice Nurse your current medications will be reviewed and an opportunity is available to discuss any health concerns.

**You are now required to telephone the surgery to arrange your Chronic Disease Management appointment**. Please arrange a **10 minute** blood appointment with our Health Care Assistant and one week later a **30 minute** appointment with our Practice Nurse. Please note appointments are available at both Kilmarnock and Hurlford surgeries.

As this is a very important part of your ongoing health care if you have any queries please contact Fiona, Zoe or Gemma prior to arranging your appointment.

**PLEASE BRING A SAMPLE OF URINE WITH YOU. A WHITE TOP SAMPLE BOTTLE CAN BE OBTAINED FROM THE SURGERY.**

Yours sincerely

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**28-Apr-2026 SHIR**
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**Filename:** document_48.pdf
**Extension:**.tif
**Pages:**

NHS Confidential: Personal data about a patient

# Diabetic Eye Screening

*Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!*

NHS
Ayrshire & Arran

Tel: 01294 323471

GP
PORTLAND MEDICAL PRACTICE
34 PORTLAND RD
KILMARNOCK
KA1 2DL

Thursday, 2 March 2023

Dear Doctor

**PATIENT DIABETIC EYE SCREENING RESULT**

| | |
|---|---|
| **CHI No** | 2607623510 |
| **Name** | WILLIAM MCCHESNEY |
| **Date of birth** | 26-Jul-1962 |
| **Address** | 101 KILMAURS ROAD, KILMARNOCK, KA3 1NU |

This patient was screened on Tuesday, 28 February 2023. Their screening results are as follows:

**Type of appointment:** Fundus Photography

| | Right eye | Left eye |
|---|---|---|
| **Visual Acuity** | 6/6 (using spectacles) | 6/38 (using spectacles) |
| **Diabetes Retinopathy Grade** | R1 Background diabetic retinopathy (BDR) mild | R1 Background diabetic retinopathy (BDR) mild |
| **Maculopathy Level** | M0 No maculopathy | M0 No maculopathy |
| **Non-DR Features** | None recorded | None recorded |

| **Comments** |
|---|

The following action has been taken:

***The DRS Service will rescreen the patient in 12 months (Fundus Photography).***

Should you have any queries, please contact us on 01294 323471.

Yours sincerely

NHS Ayrshire and Arran Diabetic Eye Screening

A & A DES 063(v2)

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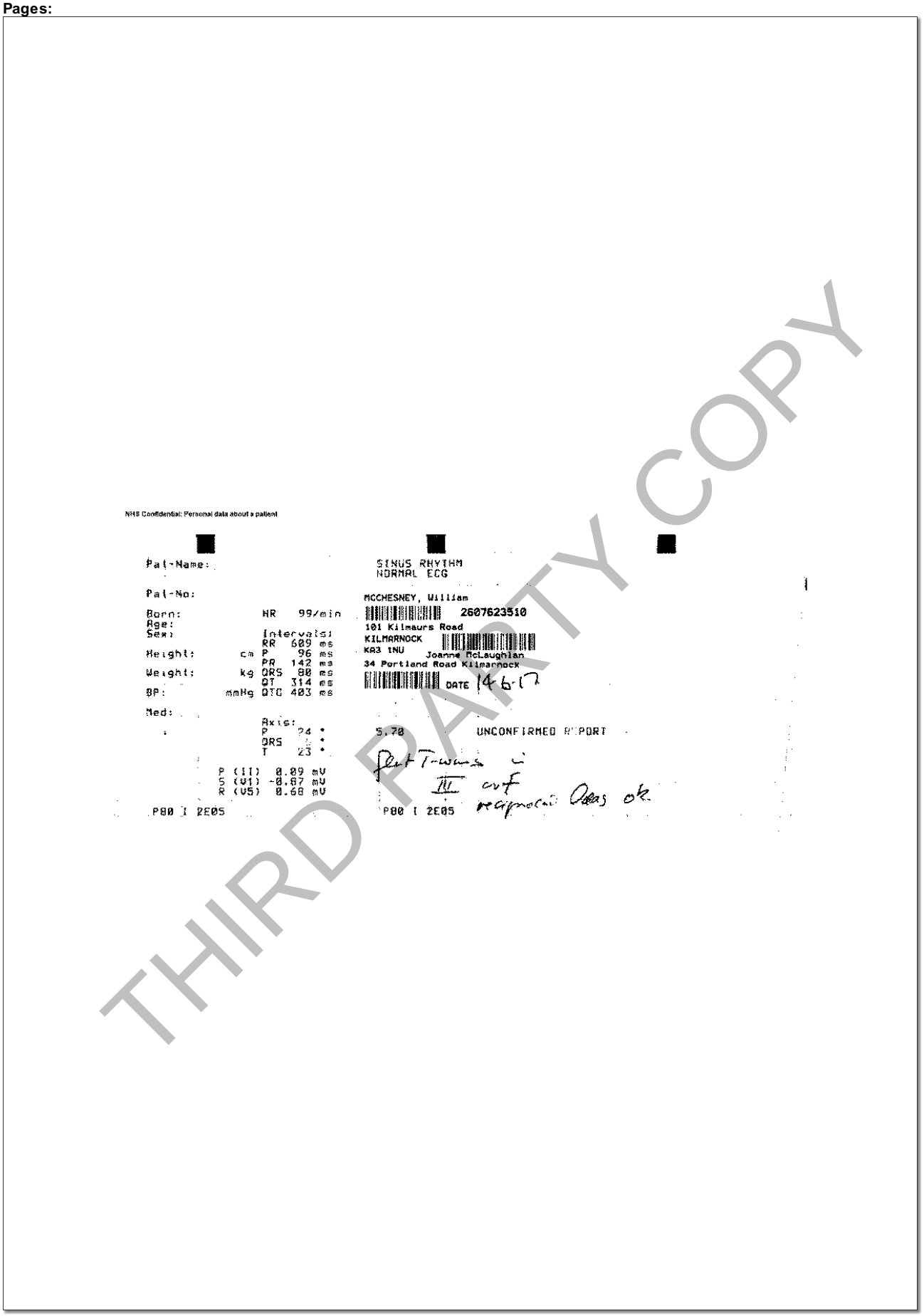

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[redacted]

Pat-Name:

Pat-No:

Born:
Age:
Sex:

Height: cm

Weight: kg

BP: mmHg

Med:

HR 99/min

Intervals:
RR 609 ms
P 96 ms
PR 142 ms
QRS 80 ms
QT 314 ms
QTC 403 ms

Axis:
P 24 °
QRS [illegible] °
T 23 °

P (II) 0.09 mV
S (V1) -0.07 mV
R (V5) 0.68 mV

P80 I 2E05

SINUS RHYTHM
NORMAL ECG

MCCHESNEY, William
2607623510
101 Kilmaurs Road
KILMARNOCK
KA3 1NU
Joanne McLaughlan
34 Portland Road Kilmarnock
DATE 14.6.17

5.70

UNCONFIRMED REPORT

Flat T-waves in III avF reciprocal Qwas ok

P80 I 2E05

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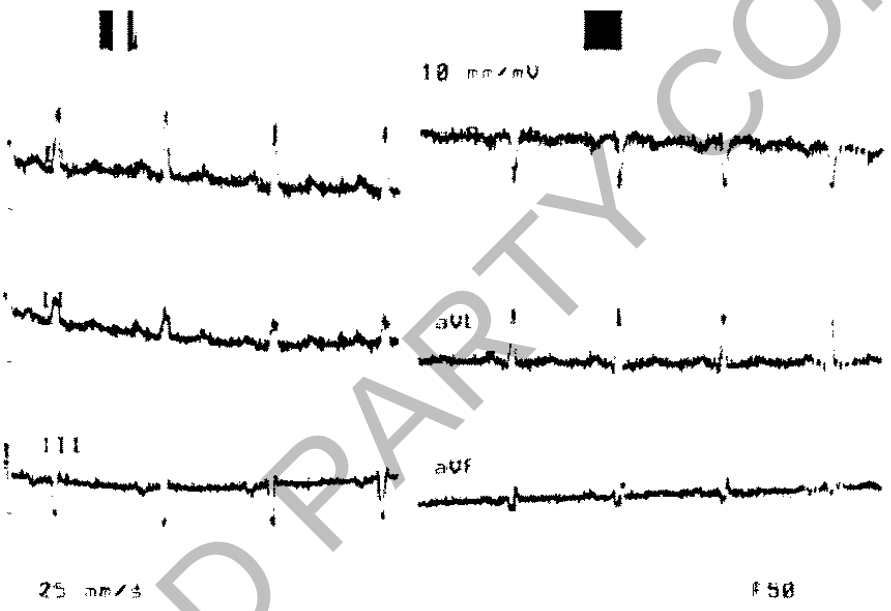


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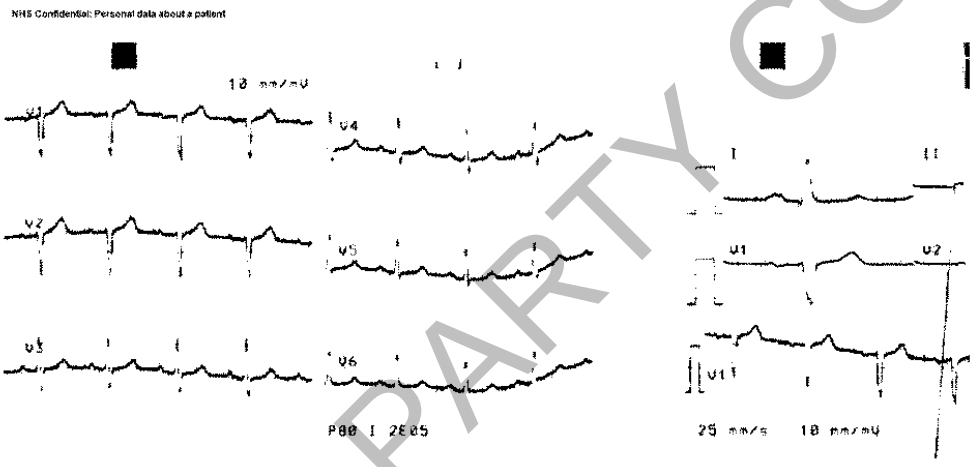


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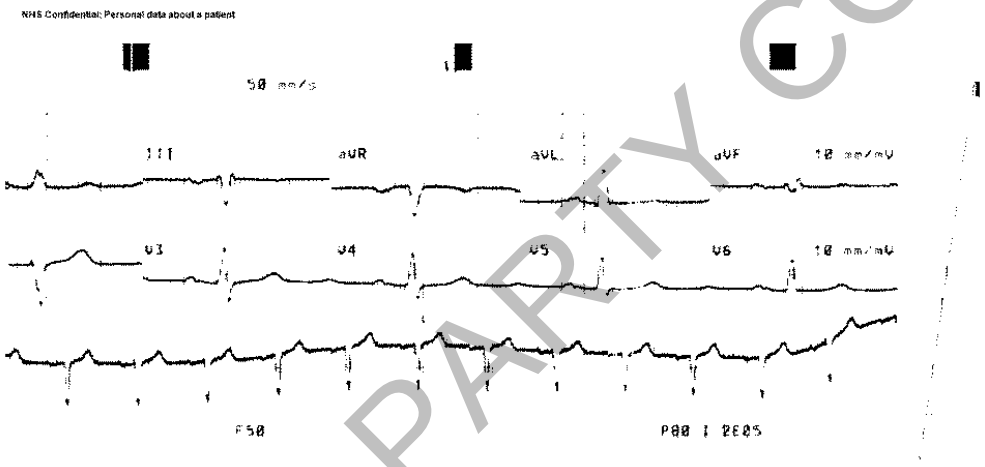


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**Extension:**.tif
**Pages:**

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Portland Medical Practice

34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No. : 01563 522411.
Fax : 01563 545499.
Email: admin.portlandmedicalpractice@aapct.scot.nhs.uk
www.portlandmedicalpractice.co.uk

18th October 2012

6000

Dear Mr McChesney,

We note from our records that you are now overdue to have your Diabetic Foot check.

As this is a very important part of your ongoing Diabetic Review appointment I have arranged an appointment for you as detailed below:

**Thursday 7th February at 3pm. This appointment is at Portland Medical Practice, Kilmarnock, KA1 2DL.**

If this appointment is unsuitable please contact myself at the surgery on Kilmarnock 522411 to arrange a more convenient date/time.

Yours sincerely

For Portland Medical Practice

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**Filename:** document_40.pdf
**Extension:**.tif
**Pages:**

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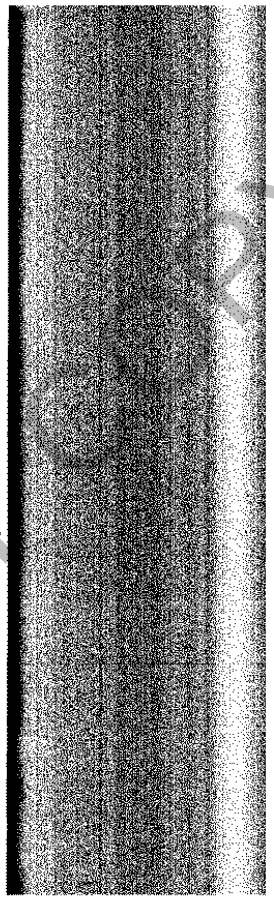
| | |
|---|---|
| 14/12/24<br>139 | [redacted]/12/24<br>94 |
| 15/12/24<br>132 | 15/12/24<br>86 |
| 16/12/24<br>139 | 16/12/24<br>76 |
| 17/12/24<br>137 | 17/12/24<br>92 |

MCCHESNEY, William
2607623510
101 Kilmaurs Road
KILMARNOCK
KA3 1NU
Dr Shennan
34 Portland Road Kilmarnock
DATE 17/12/2024



THIRD PARTY

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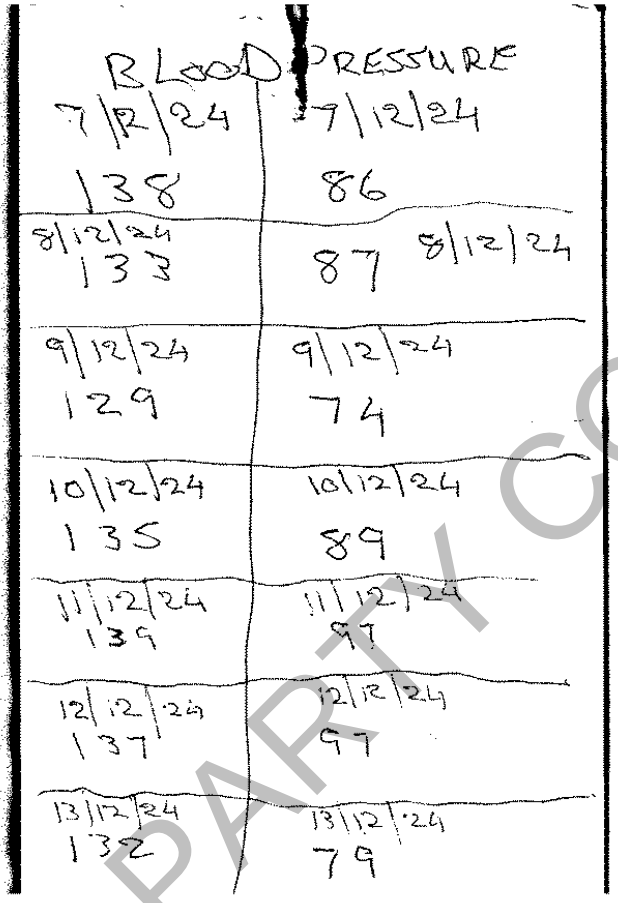

BLOOD PRESSURE

| | |
|---|---|
| 7/12/24 | 7/12/24 |
| 138 | 86 |
| 8/12/24 | 8/12/24 |
| 133 | 87 |
| 9/12/24 | 9/12/24 |
| 129 | 74 |
| 10/12/24 | 10/12/24 |
| 135 | 89 |
| 11/12/24 | 11/12/24 |
| 139 | 97 |
| 12/12/24 | 12/12/24 |
| 137 | 97 |
| 13/12/24 | 13/12/24 |
| 132 | 79 |

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**Filename:** document_39.pdf
**Extension:**.tif
**Pages:**

NHS Confidential: Personal data about a patient

MCCHESNEY, William
2607623510
101 Kilmaurs Road
KILMARNOCK
KA3 1NU
Dr Shennan
34 Portland Road Kilmarnock
DATE 15/07/2025

## Recording the Ankle Brachial Pressure Index (ABPI)

**On the table below**

- Record systolic pressures on both arms brachial
- Record systolic pressure in two arteries in both ankles
- Circle the number to indicate which ankle arteries you used to record the systolic pressure see the numbered list of ankle arteries below
- Use the higher of the ankle reading's and the higher arm reading's and to calculate the ABPI

**The ankle arteries include:-**

**Tick which pulses you used to calculate ABPI**

| | | L | R |
|---|---|---|---|
| 1- Dorsalis Pedis | ☐ | >300 | >300 |
| 2- Posterior Tibial | ☐ | >300 | >300 |
| 3- Anterior Tibial | ☐ | | |
| 4- Peroneal | ☐ | | |

**See worked ABPI Calculation below**

| **Arm Brachial systolic pressure** | | **Ankle systolic pressure** | |
|---|---|---|---|
| **Right arm** (134) | **Left Arm** (138) ✓ | **Right Leg** 1 2 3 4 | **Left Leg** 1 2 3 4 |
| **APBI** Higher Ankle systolic pressure ÷ Higher Arm systolic pressure | Left 138 ÷ Right 138 = | | |
| **Arterial Flow sounds(please circle)** | **Monophasic, Biphasic and Triphasic** All Sounds Bi/Triphasic | | |

unable to calculate as doppler sounds
Never cut off at max cuff inflation

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**Filename:** document_36.pdf
**Extension:**.tif
**Pages:**

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1/2

NHS
Ayrshire & Arran

Crosshouse Hospital
Irvine Road
Kilmarnock
KA2 OBE
Telephone 01563 521133 – Ext 27200

**RAPID ACCESS CHEST PAIN CLINIC – DR RICHARD JOHNSON**

**RJ/JGH/** **CHI 2607623510**

**Attended: 17.11.2010**
**Dictated: 17.11.2010**
**Typed: 24.11.2010**

**Dr McIntyre**
**34 Portland Road**
**KILMARNOCK**
**KA1 2DL**

**Dear Dr McIntyre,**

**WILLIAM MCCHESNEY 16 RIVERSIDE ROAD KILMARNOCK**
**26.07.1962**

Mr McChesney, had a 24hr blood pressure monitor performed on the 22 – 23 September, this showed an average blood pressure of 137/98 overall. He was then given 2 appointments to attend for his ETT, he failed to attend both of these.

We will not be sending him out any further appointments.

I have not made any plans for follow up.

Thank you

Yours sincerely

STA 5006

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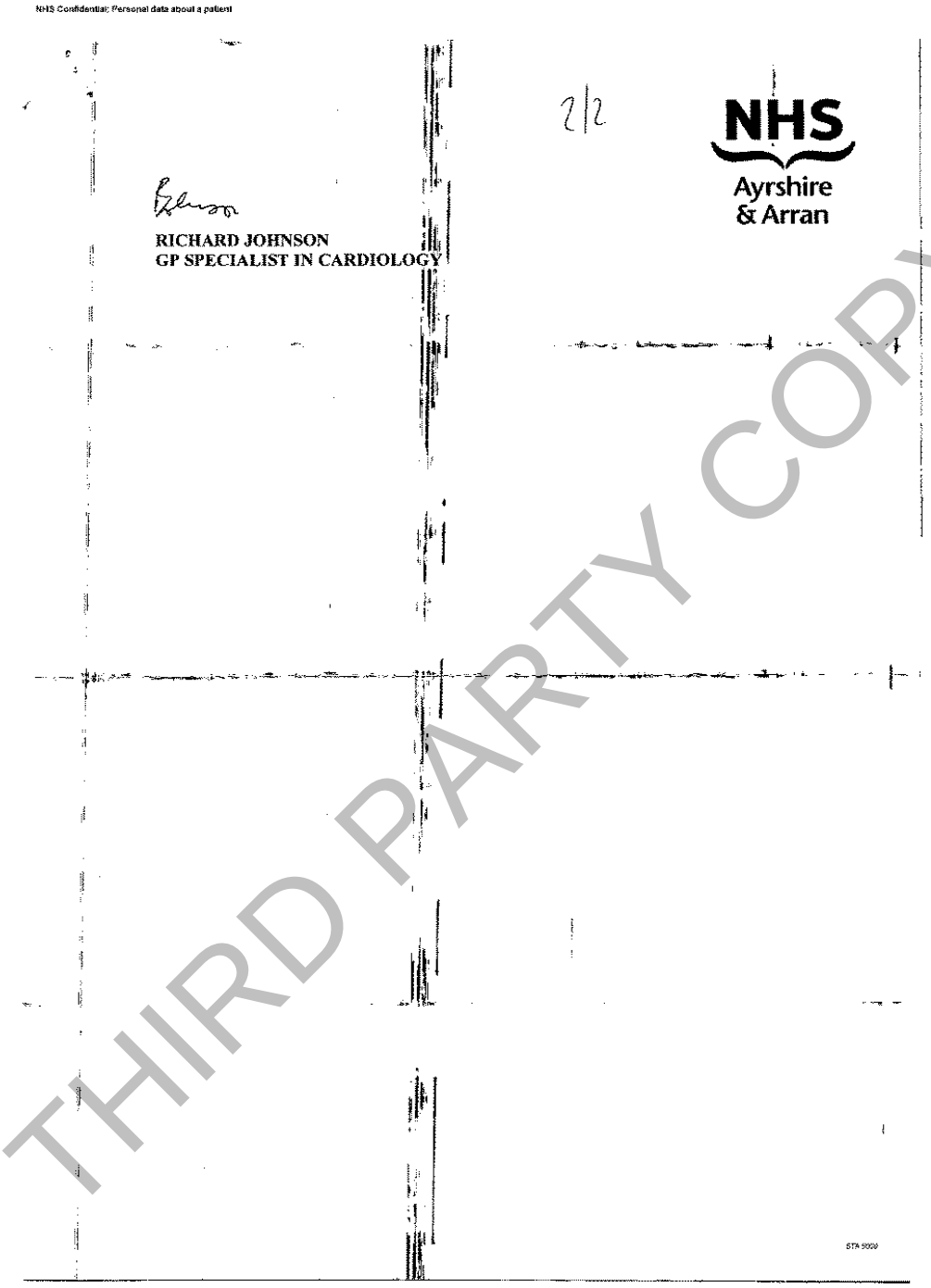


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| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

**Transport required?**

Unique Care Pathway Number: 1010070220905

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2607623510

**REFERRAL TO**

Community Mental Health Services - East G1AF
AA Adult Mental Health

Community Mental Health Services - Adult
NHS Ayrshire & Arran

| | |
|---|---|
| Ethnic Origin | - |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | Routine |
| **Date of referral** | 07-Apr-2014 |
| **Date submitted** | 09-Apr-2014 |

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McChesney |
| **Forename(s)** | William |
| Title | - |
| Sex | Male |
| **Date of birth** | 26-Jul-1962 |
| CHI no. | 2607623510 |

**Patient's address**

101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Contact number(s)

Voice: 571561

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr A Poddar | | |
| GMC code | 6122155 | GP code | 26427 |
| Practice name | Portland Medical Practice (16673) | | |
| Practice code | 80908 | | |

**Practice address**

Portland Medical Practice
34 Portland Road
Kilmarnock
Kilmarnock

Contact number(s)

Voice: 01563 522 411
Facsimile: 01563 545499

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Amar Poddar | | |
| GMC code | 6122155 | GP code | 24627 |
| Practice name | Portland Medical Practice (80908) | | |
| Practice code | 80908 | | |

**Practice address**

34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

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**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: AS NOTED BELOW

Comment: Dear Colleague,

Thank you for seeing this 51 year old man who presents with low mood. He has been seeing me about this since November 2013. He was the main carer for his mum who died in November 2012 due to chronic health problems. He has felt suicidal although has no evidence of planning. He was given Sertraline with limited benefit and is currently on Citalopram 40mg with slight help. He feels symptoms of anxiety, irritability and low mood. He is keen for your input.

Yours sincerely,

Dr Poddar

**Examinations and Investigations**

| | | |
|---|---|---|
| If referral is urgent, has this been discussed with duty clinician: | No | - |
| 1. Are there current active thoughts of self harm, is there a plan?: | Unknown | - |
| Is there a History of suicidal or self harm injurious behaviours?: | Unknown | - |
| Any history or current threat of violence or aggression, considerations to staff safety?: | Unknown | - |
| Any social circumstances or previous psychiatric history impacting on current presentation?: | Unknown | - |
| Considerations of vulnerability /Child Protection Issues/ First presentation Psychosis/ Peri-Natal: | Unknown | - |
| Height: | 168 | - |
| Weight(kg): | 83 | - |
| BMI: | 29.41 | - |
| Ex smoker: | | 14-May-2013 00:00 |
| Ex smoker: | Ex Smoker | 09-Oct-2012 00:00 |
| Ex smoker: | | 07-Mar-2012 00:00 |
| Ex smoker: | | 30-Jun-2010 00:00 |
| Never smoked tobacco: | | 15-Jun-2010 00:00 |
| Never smoked tobacco: | Smoker Status.clm Never smoked tobacco | 29-Dec-2005 00:00 |
| Never smoked tobacco: | Smoker Status.clm Never smoked tobacco | 25-Mar-2002 00:00 |
| Never smoked tobacco: | | 02-Feb-1993 00:00 |
| Alcohol consumption, 18 units/week: | | 14-May-2013 00:00 |
| Alcohol consumption, 60 units/week: | | 07-Mar-2012 00:00 |
| Alcohol consumption, 18 units/week: | | 15-Jun-2010 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 14-May-2013 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 07-Mar-2012 00:00 |
| Aerobic exercise 1 time/week: | | 15-Jun-2010 00:00 |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

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**Past medical history**
**Pre-existing conditions**

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Angina pectoris NOS | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Essential hypertension | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Type 2 diabetes mellitus | - | - | - | 02-Jul-2010 | 02-Jul-2010 |
| Dyspepsia | - | - | - | 10-Jan-2006 | 10-Jan-2006 |
| Asthma | - | - | - | 23-Dec-1992 | 23-Dec-1992 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| Phacoemulsification of lens | - | - | LEFT - AND LENS IMPLANT | 01-Nov-2010 | 01-Nov-2010 |
| Drug therapy | - | - | - | 29-Sep-1998 | 29-Sep-1998 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Salbutamol Cfc-free inhaler 100 micrograms/puff | 0301011R0AAAPAP | 2*1 inhaler | TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED | - | 07-Mar-2014 | - | 07-Mar-2014 |
| Isosorbide Mononitrate M/R capsules 25 mg | 0206010K0AAAHAH | 112 CAPSULE | 2 DAILY | - | 22-Nov-2013 | - | 18-Mar-2014 |
| Qvar Easi-Breathe Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/actuation | - | 2 inhaler | ONE PUFF TO BE INHALED TWICE A DAY | - | 25-Oct-2013 | - | 16-Jan-2014 |
| Metformin Hydrochloride Tablets 850 mg | 0601022B0AAADAD | 112 tablet | 1 Tab Twice daily | - | 14-May-2013 | - | 04-Feb-2014 |
| Atorvastatin Tablets 20 mg | 0212000B0AAABAB | 56 tablet | ONE TO BE TAKEN AT NIGHT | - | 15-Jan-2013 | - | 18-Mar-2014 |
| Ramipril Capsules 10 mg | - | 56 capsule | ONE TO BE TAKEN EACH MORNING | - | 07-Jun-2012 | - | 04-Feb-2014 |
| Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose | 0206010F0AAAAAA | 1 SPRAY | ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED | - | 22-Dec-2011 | - | 25-Feb-2014 |
| Gliclazide Tablets 80 mg | 0601021M0AAAAAA | 224 TABLET | TWO TO BE TAKEN TWICE A DAY | - | 27-Jul-2010 | - | 10-Dec-2013 |
| Amlodipine Tablets 10 mg | - | 56 tablet | ONE TO BE TAKEN EACH MORNING | - | 07-Jul-2010 | - | 18-Mar-2014 |
| Aspirin E/c tablets 75 mg | 0209000A0AAAKAK | 56 tablet | 1 TAB IN THE MORNING (STATUS=C) | - | 15-Jun-2010 | - | 04-Feb-2014 |
| Cimetidine Tablets 400 mg | 0103010D0AAABAB | 112 tabs | 1 TAB TWICE DAILY | - | 05-Aug-2009 | - | 18-Mar-2014 |

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(STATUS=C)

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Citalopram Hydrobromide Tablets 40 mg | 0403030D0AAACAC | 28 TABLET | ONE TO BE TAKEN EACH DAY | - | 04-Apr-2014 | 42 Days | 04-Apr-2014 |
| Citalopram Hydrobromide Tablets 40 mg | 0403030D0AAACAC | 28 TABLET | ONE TO BE TAKEN EACH DAY | - | 07-Mar-2014 | 28 Days | 07-Mar-2014 |
| Citalopram Hydrobromide Tablets 20 mg | 0403030D0AAAAAA | 28 TABLET | ONE TO BE TAKEN EACH DAY | - | 07-Feb-2014 | 28 Days | 07-Feb-2014 |
| Citalopram Hydrobromide Tablets 10 mg | 0403030D0AAABAB | 28 TABLET | TWO DAILY | - | 20-Jan-2014 | 14 Days | 20-Jan-2014 |
| Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff | - | 2 inhaler | 1 or 2 puffs Take as required (STATUS=C) | - | 01-Oct-2009 | - | 25-Feb-2014 |

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

**Additional relevant information**

**Administrative information**

Referred By:Registered GP

**Social circumstances**

Employment: Data processing operator

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

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NHS
Ayrshire & Arran

Crosshouse Hospital
Irvine Road
Kilmarnock
KA2 OBE
Telephone 01563 521133 – Ext 27200

**RAPID ACCESS CHEST PAIN CLINIC – DR RICHARD JOHNSON**

**RJ/JGH/ 228578** **CHI 2607623510**

**Attended: 21.07.2010**
**Dictated: 21.07.2010**
**Typed: 22.07.2010**

Dr McIntyre
34 Portland Road
KILMARNOCK
KA1 2DL

Dear Dr McIntrye,

**WILLIAM MCCHESNEY 16 RIVERSIDE ROAD KILMARNOCK 26.07.1962**

Thank you for referring this 47 year old gentleman to the Rapid Access Chest Pain Clinic. This fellow has recently been diagnosed with hypertension and diabetes. He had originally complained of sharp pain across his chest which radiated down his arm. This was associated with shortness of breath and came on with exertion. It was relieved by rest and GTN spray. However since he has been commenced on Amlodopine . The pain has disappeared completely and has not had it now for about a month.

Other medical history includes mild Asthma. He has never smoked and has no family history of heart disease. He also had a cataract in his left eye.

Current medications include, Simvastatin 40mg, Amlodopine 10mg, Aspirin 75mg, Salbutomal and GTN spray. I see that his haemoglobin A1C is quite elevated at 11.2 %. His BP is still very high today it was 190/120. His heart sounds were normal and his chest was clear. His resting ECG was unremarkable, but because of his high blood pressure we did not perform an ETT. He was also supposed to go for a cataract operation, tomorrow but I have advised him to delay this, because of his elevated BP.

Clearly I think this fellow does have mild angina, however his symptoms are controlled at the moment on a small dose of Amlodopine and therefore does not require any further

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NHS Ayrshire & Arran

treatment. Although I will get him back for an ETT. I think he would benefit from the addition of an ace inhibitor to try and bring his BP down. I have advised him to come and see you regarding this. If his ETT shows him to be at low risk. I will not arrange any further clinic reviews, but I will let you know the results of his ETT when we have them.

Thank you

Yours sincerely

**RICHARD JOHNSON**
**GP SPECIALIST IN CARDIOLOGY**

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**McHarg, Heather**

**From:** Sheppard, William
**Sent:** 14 September 2022 11:56
**To:** aa.Clinical_Practice_KilmarnockPortlandMedicalPractice_80908
**Subject:** 2607623510 WM

Good morning

Please will you prescribe 4sure lancets for this patient as he reports his current lancets do not fit his new meter

Best wishes

*Bill*

***Bill Sheppard***
***Diabetes Specialist Nurse***
***Diabetes Day Centre***
***Lister Building***
***Crosshouse Hospital***
***Kilmarnock***
***01563 827642***

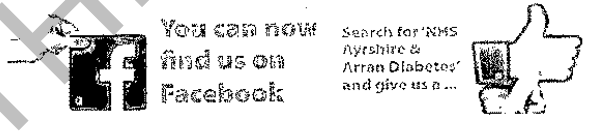
NHS Ayrshire and Arran Diabetes Managed Clinical Network

Check out the New Ayrshire and Arran Diabetes Adult App

ANDROID APP ON Google Play | Download on the App Store

To download from Google Play click here
To download from iOS click here

*my diabetes * my way*



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# LENS

## Lowering Events in Non-proliferative retinopathy in Scotland

LENS
Clinical Trial Service Unit
Richard Doll Building
University of Oxford
Old Road Campus
Roosevelt Drive
Oxford OX3 7LF

Email: lens@ndph.ox.ac.uk
www.ctsu.ox.ac.uk/lens

**Ref: 2029251**

Dr Montgomery
Portland Medical Practice
34 Portland Road
Kilmarnock
KA1 2DL

02 December 2019

**Mr William McChesney**
**DoB: 26/07/1962 CHI number: 2607623510**
**101 Kilmaurs Road, Kilmarnock, KA3 1NU**

Dear Dr Montgomery,

**Provisional entry of patient into the LENS Trial**

Mr McChesney was recently invited to participate in the LENS Trial. The purpose of this placebo-controlled double blind study is to find out whether long-term treatment with the cholesterol-lowering drug, fenofibrate, can slow down the progression of retinopathy. The trial is sponsored by the University of Oxford and being run in close collaboration with the Universities of Glasgow, Dundee, Aberdeen, and Edinburgh, and with NHS Scotland's Diabetes Retinal Screening Service.

Mr McChesney has agreed to enter the study and provided signed informed consent at a recent screening visit.

**What we have done:**

- Reviewed medical records and confirmed their eligibility for the trial
- Sent a Run-in treatment pack in the post (containing a 10 week supply of fenofibrate 145mg tablets) and asked Mr McChesney to take one tablet every 1 or 2 days (depending on renal function) for the next two months.

**What we will do next:**

- Provided there are no problems during this run-in phase, your patient will attend a further face-to-face visit in about 8 weeks and will be randomly assigned fenofibrate or placebo tablets for the next 3-5 years.
- Progress will be reviewed regularly by means of questionnaires.
- Study treatment will be sent every six months by registered post.
- Results of blood tests from the screening visit are provided below
  - ALT = [_19_]U/L; AST = [_18_]U/L; CK = [_227_]U/L; creatinine = [_76_]umol/L; eGFR = [_260_]mL/min/1.73m²

**Specific medicines that are contra-indicated during LENS:**

| Name of specific contra-indicated drugs | Type of treatment |
|---|---|
| • warfarin<br>• acenocoumarol<br>• phenindione | Vitamin K antagonists |
| • cyclosporin | An immunosuppressant |
| • colchicine | A gout medication |
| • ketoprofen | An anti-inflammatory medication |



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| | |
|---|---|
| • daptomycin | An antibiotic |
| • bezafibrate<br>• ciprofibrate | Other fibrates or similar drugs |
| • rosuvastatin 40 mg | Statin – patients on lower doses of rosuvastatin are eligible |

If you are happy for Mr McChesney to be randomised into the LENS trial then you need do nothing more. However, if you feel that there is a compelling medical reason that your patient should **not** be randomised, please complete and return the attached form. We will write to you again at the end of the run-in phase to advise you if Mr McChesney is eligible to be randomized into the trial.

Please feel free to contact us on Freephone **0808 164 5090** or email lens@ndph.ox.ac.uk if you wish to discuss any aspect of the study. More information can be found on the trial website, www.ctsu.ox.ac.uk/lens.

Yours sincerely,

David Preiss
Chief Investigator, LENS Trial

Also on behalf of: Dr. Mohan Varikkara, University Hospital Crosshouse

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**GENERAL PRACTITIONER'S REPLY FORM: Please ONLY complete if you think there is a compelling medical reason that this patient should NOT be randomised in the LENS trial**

**Mr William McChesney, 2607623510**
**101 Kilmaurs Road, Kilmarnock, KA3 1NU**
**LENS ref: 2029251**

☐ I **DO NOT** want this patient randomised into LENS because fenofibrate is contra-indicated for this patient in my opinion.

☐ I **DO NOT** want this patient randomised into LENS for some other reason. Please specify:

.....

.....

Signature of person completing form: .....

& PRINTED name: .....

Date: .....

Position: .....

Please amend your name and contact details, if necessary:

Dr Montgomery
Portland Medical Practice
34 Portland Road
Kilmarnock
KA1 2DL

*Please return any completed forms in the FREEPOST envelope provided, to*:
**LENS, CTSU, University of Oxford, Richard Doll Building, Old Road Campus, Roosevelt Drive, Oxford, OX3 7LF**

**(N.B. Please do NOT return this form if you are happy for this patient to continue in the trial)**

**THANK YOU FOR YOUR HELP**

LENS GP_Let6_Pt entered run-in, v4.0, 2018_01_10
David Preiss

Ethics ref: 16/WS/0149

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[redacted]

DR SHENNER

BLOOD PRESSURE

| | | | | |
|---|---|---|---|---|
| 12/9/24 | 127 | 91 | 123 | 84 |
| 13/9/24 | 155 | 97 | 126 | 82 |
| 14/9/24 | 133 | 98 | 134 | 101 |
| 15/9/24 | 139 | 86 | 124 | 75 |
| 16/9/24 | 145 | 98 | 129 | 83 |
| 17/9/24 | 134 | 87 | 146 | 94 |
| 18/9/24 | 133 | 87 | 136 | 85 |

DOB.
26/07/62
William
McChesney

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Diabetic review

Patient: MCCHESNEY, William
2607623510
101 Kilmaurs Road
KILMARNOCK
KA3 1NU
Dr A McCrorie
34 Portland Road Kilmarnock
DATE 21/01/2020

Date: 22/01/2020

57

HbA1c: 9.1% (prev 8.5%) Next due: 3m

Medication: Metformin / Empa / Gliclazide

BP: 117/82 at target: Yes/No

Lipids: 3.3 on statin: Yes/No Atorva 20mg

eGFR: >60 uACR: N Nov 19. on ACEi/ARB: Yes/No Ramipril 10mg

Eye check: Jan 19. Foot check: Jan 19.

Plan: 9/w DOC - referred Nov 19

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NHS Confidential: Personal data about a patient

Portland Medical Practice
34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No. : 01563 522411.
Fax : 01563 545499.
Email: admin.portlandmedicalpractice@aapct.scot.nhs.uk
www.portlandmedicalpractice.co.uk

Date: 30th December 2011

Patient ID: 6000

Dear Mr McChesney,

**DIABETIC ANNUAL REVIEW**

As part of our ongoing services and care to patients we are able to offer an annual review to those patients who suffer from Diabetes.

You are now required to telephone the surgery to arrange **2** separate appointments. A **10** minute blood appointment and thereafter a **30** minute Diabetic Review appointment **1 week later** to discuss your results, medications and any health concerns you may have with the Practice Nurse.

Please note appointments are available at both Kilmarnock and Hurlford surgeries. As this is a very important part of your health care if you have any queries please contact Fiona or Zoe prior to arranging your appointments.

**PLEASE BRING YOUR INHALERS TO YOUR APPOINTMENT**

**PLEASE BRING A SAMPLE OF URINE WITH YOU TO YOUR 2ND APPOINTMENT. A WHITE TOP SAMPLE BOTTLE CAN BE OBTAINED FROM THE SURGERY.**

Yours sincerely

Dr A Poddar

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# Diabetic Eye Screening

*Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!*

NHS Ayrshire & Arran

Tel: 01294 323471

GP
PORTLAND MEDICAL PRACTICE
34 PORTLAND RD
KILMARNOCK
KA01 2DL

Tuesday, 25 January 2022

Dear Doctor

**PATIENT DIABETIC EYE SCREENING RESULT**

| | |
|---|---|
| **CHI No** | 2607623510 |
| **Name** | WILLIAM MCCHESNEY |
| **Date of birth** | 26-Jul-1962 |
| **Address** | 101 KILMAURS ROAD, KILMARNOCK, KA3 1NU |

This patient was screened on Monday, 24 January 2022. Their screening results are as follows:

**Type of appointment:** Fundus Photography

| | Right eye | Left eye |
|---|---|---|
| **Visual Acuity** | 6/7.5 (using spectacles) | 6/48 (using spectacles) |
| **Diabetes Retinopathy Grade** | R1 Background diabetic retinopathy (BDR) mild | R1 Background diabetic retinopathy (BDR) mild |
| **Maculopathy Level** | M1 Observable diabetic maculopathy | M0 No maculopathy |
| **Non-DR Features** | None recorded | None recorded |
| **Comments** | | |

The following action has been taken:

***The DRS Service will rescreen the patient in 12 months (Fundus Photography).***

Should you have any queries, please contact us on 01294 323471.

Yours sincerely

NHS Ayrshire and Arran Diabetic Eye Screening

A & A DES

063(v2)

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NHS Confidential: Personal data about a patient

Portland Medical Practice
34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No. : 01563 522411,
Fax : 01563 545499.
Email: admin.portlandmedicalpractice@aapct.scot.nhs.uk
www.portlandmedicalpractice.co.uk

Date: 30/1/12.

Patient ID: 6000.

Dear Mr McChesney.

**DIABETIC ANNUAL REVIEW**

As part of our ongoing services and care to patients we are able to offer an annual review to those patients who suffer from Diabetes.

You are now required to telephone the surgery to arrange **2** separate appointments. A **10** minute blood appointment and thereafter a **30** minute Diabetic Review appointment **1 week later** to discuss your results, medications and any health concerns you may have with the Practice Nurse.

Please note appointments are available at both Kilmarnock and Hurlford surgeries. As this is a very important part of your health care if you have any queries please contact Fiona, Zoe or Gemma prior to arranging your appointments.

**PLEASE BRING A SAMPLE OF URINE WITH YOU TO YOUR 2ND APPOINTMENT. A WHITE TOP SAMPLE BOTTLE CAN BE OBTAINED FROM THE SURGERY.**

Yours sincerely

Practice Nurse

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NHS Confidential: Personal data about a patient

Portland Medical Practice
34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No 01563 522431.
Fax 01563 545499.
Email: admin.portlandmedicalpractice@aapct.scot.nhs.uk
www.portlandmedicalpractice.co.uk

24/1/11

Dear Mr William Mc Cheaney

Further to your recent blood tests your HbA1c is high at 9.0%.
Please increase the GLICLAZIDE to 2 tablets twice a day.
I have enclosed a prescription for this.
Please continue to work hard with your healthy eating and exercise plan.
Your cholesterol level was good at 4.9 mmols.

I will send you an appointment for repeat diabetic blood tests in 3 months.

Yours faithfully

Alison Lauder

Alison Lauder
(practice nurse)

Audrey McKenzie
(practice nurse)

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# LENS

## Lowering Events in Non-proliferative retinopathy in Scotland

**Ref: 2029251**

Dr Montgomery
Portland Medical Practice
34 Portland Road
Kilmarnock
KA1 2DL

LENS
Clinical Trial Service Unit
Richard Doll Building
University of Oxford
Old Road Campus
Roosevelt Drive
Oxford OX3 7LF

Email: lens@ndph.ox.ac.uk
www.ctsu.ox.ac.uk/lens

09 October 2023

**Mr William McChesney**
**DoB: 26/07/1962 CHI number: 2607623510**
**101 Kilmaurs Road, Kilmarnock, KA3 1NU**

Dear Dr Montgomery,

**Completion of the LENS trial**

Your patient has been participating in the LENS trial. The purpose of this placebo-controlled double blind trial is to find out whether long-term treatment with the cholesterol-lowering drug, fenofibrate, can slow down the progression of diabetic retinopathy.

We are writing to let you know that final follow up assessments for the trial were recently completed. Participants have been instructed to permanently stop taking study treatment, and to take any remaining bottles of study treatment to a local pharmacy for disposal.

Results from the trial will emerge in mid-2024, and we have informed participants that we will write to them with the results at that time.

If you have any questions, please feel free to phone **0808 164 5090**, to email lens@ndph.ox.ac.uk or to visit the trial website at www.ctsu.ox.ac.uk/lens.

Yours sincerely,

Dr David Preiss
Chief Investigator, LENS Trial



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## Diabetic Retinopathy Screening

*Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!*

NHS Ayrshire & Arran

Diabetes Retinopathy Screening Programme
Room 745, 2nd Floor
Horseshoe Building
Ayrshire Central Hospital
Irvine KA12 8SS

GP
PORTLAND MEDICAL PRACTICE
34 PORTLAND RD
KILMARNOCK
KA012DL

Friday, 18 January 2019

Dear Doctor

**PATIENT DIABETIC EYE SCREENING RESULT**

**CHI No** 2607623510
**Name** WILLIAM MCCHESNEY
**Date of birth** 26-Jul-1962
**Address** 101 KILMAURS ROAD, KILMARNOCK KA3 1NU

This patient was screened on Thursday, 17 January 2019. Their screening results are as follows:

**Type of appointment**: Fundus Photography

| | Right eye | Left eye |
|---|---|---|
| **Visual Acuity** | 0 (spectacles) | 0.8 (spectacles) |
| **Diabetes Retinopathy Grade** | (R1) mild retinopathy | (R1) mild retinopathy |
| **Maculopathy Level** | (M1) observable maculopathy | (M1) observable maculopathy |
| **Non-DR Features** | None recorded | None recorded |
| **Laser Scars** | | macular |
| **Comments** | | |

The following action has been taken:

***The DRS Service will rescreen the patient in 6 months (Fundus Photography).***

Should you have any queries, please contact us on 01294 323470.

Yours sincerely

*NHS Ayrshire and Arran Diabetes Retinopathy Screening Programme*

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## Diabetic Retinopathy Screening

*Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!*

NHS
Ayrshire & Arran

Diabetes Retinopathy Screening Programme
Room 745, 2nd Floor
Horseshoe Building
Ayrshire Central Hospital
Irvine KA12 8SS

GP
PORTLAND MEDICAL PRACTICE
34 PORTLAND RD
KILMARNOCK
KA012DL

Tuesday, 24 September 2019

Dear Doctor

**DIABETIC RETINOPATHY SCREENING PROGRAMME**

PATIENT NON ATTENDANCE

| | |
|---|---|
| **CHI No** | 2607623510 |
| **Name** | WILLIAM MCCHESNEY |
| **Date of birth** | 26-Jul-1962 |
| **Address** | 101 KILMAURS ROAD, KILMARNOCK KA3 1NU |

This patient has not attended their screening examination following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries, please contact us on 01294 323470.

Yours sincerely

NHS Ayrshire and Arran Diabetes Retinopathy Screening Programme
Tel: 01294 323470 (Please do not call this number for appointments)

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**Drs. McIntyre, Gaffney, McGuire & Montgomery**
**Portland Medical Practice**
**34 Portland Road**
**Kilmarnock KA1 2DL**
Telephone: 01563 522411
Fax: 01563 545499
www.portlandmedicalpractice.co.uk

27/07/2010

Dear MCCHESNEY, William 2607623510
101 Kilmaurs Road
KILMARNOCK
KA3 1NU Practice Nurse
34 Portland Road Kilmarnock
DATE

Further to your recent blood tests your diabetic control is poor.
I have discussed this with Dr Gaffney and have enclosed a prescription for GLICLAZIDE.
Please take 1 tablet in the morning and one tablet at night.
I will send you an appointment in 3 months time for repeat blood tests.
You should make an appointment with myself to have a demonstration on blood glucose monitoring.

Yours faithfully

Alison Lauder

Alison Lauder
(practice nurse)

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## Diabetic Retinopathy Screening

*Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!*

NHS Ayrshire & Arran

Diabetes Retinopathy Screening Programme
Room 745, 2nd Floor
Horseshoe Building
Ayrshire Central Hospital
Irvine KA12 8SS

GP
PORTLAND MEDICAL PRACTICE
34 PORTLAND RD
KILMARNOCK
KA012DL

Friday, 14 February 2020

Dear Doctor

**PATIENT DIABETIC EYE SCREENING RESULT**

**CHI No** 2607623510
**Name** WILLIAM MCCHESNEY
**Date of birth** 26-Jul-1962
**Address** 101 KILMAURS ROAD, KILMARNOCK KA3 1NU

This patient was screened on Thursday, 13 February 2020. Their screening results are as follows:

**Type of appointment**: Fundus Photography

| | Right eye | Left eye |
|---|---|---|
| **Visual Acuity** | 0 (spectacles) | 0.8 (spectacles) |
| **Diabetes Retinopathy Grade** | (R1) mild retinopathy | (R1) mild retinopathy |
| **Maculopathy Level** | (M0) no maculopathy | (M0) no maculopathy |
| **Non-DR Features** | None recorded | None recorded |
| **Comments** | | |

The following action has been taken:

***The DRS Service will rescreen the patient in 12 months (Fundus Photography)***

Should you have any queries, please contact us on 01294 323470.

Yours sincerely

NHS Ayrshire and Arran Diabetes Retinopathy Screening Programme

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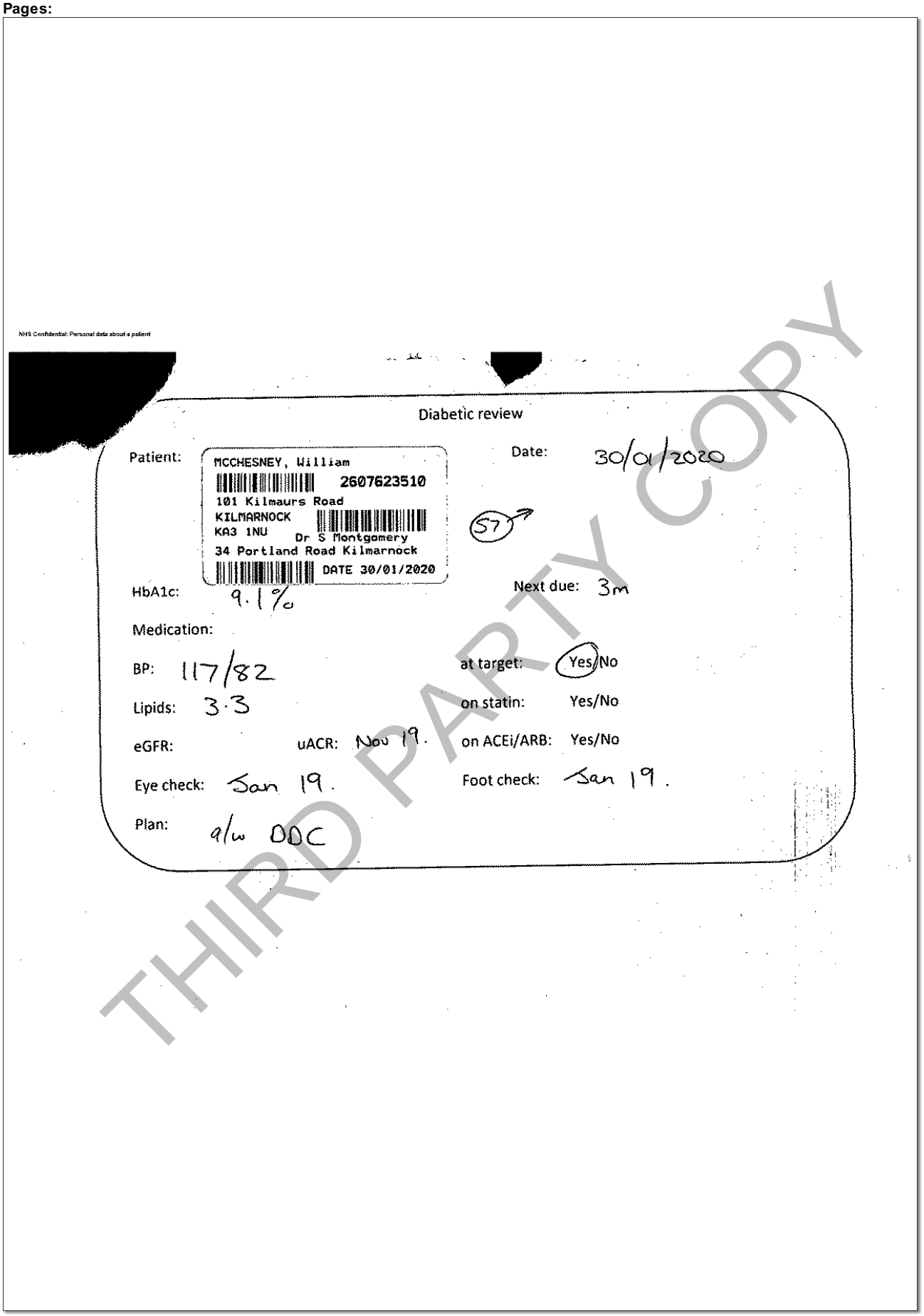

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Diabetic review

Patient:

MCCHESNEY, William
2607623510
101 Kilmaurs Road
KILMARNOCK
KA3 1NU
Dr S Montgomery
34 Portland Road Kilmarnock
DATE 30/01/2020

Date: 30/01/2020

57

HbA1c: 9.1%

Next due: 3m

Medication:

BP: 117/82

at target: Yes/No

Lipids: 3.3

on statin: Yes/No

eGFR:

uACR: Nov 19.

on ACEi/ARB: Yes/No

Eye check: Jan 19.

Foot check: Jan 19.

Plan: q/w DDC

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[redacted]eport Patient Summary - Print View 

**MCCHESNEY, William** **Patient ID/CHI 2607623510** Born **26-Jul-1962 ( 57y )** Gender **Male**

## MCN Report Patient Summary

High Level Summary

Click on a measure in the table to jump to the details below.

| | | |
|---|---|---|
| 1. Processes of care | 2. HbA1c early control | **3. HbA1c overall control** |
| 4. Current smokers | 5. CVD indicators | 6. Ulcer management |
| 7. Eye screening | 8. Renal disease | 9. CSII therapy |
| **10. BMI control** | **11. Education** | 12. Disengaged |

The panels below provide a patient centred view of the various measures depicted in the MCN Quarterly report.
⚠ and highlighting indicates where intervention may be possible to bring patient record into line with MCN report measures.
Note that for some measures intervention is not possible as the data presented is simply historical fact

1. Processes of care - Percentage of people with diabetes who receive all recommended (up to 9) processes of care measurements for diabetes in the prior 15 months

| | |
|---|---|
| MCN Category: | Type 2 & Other Age 18+ Receive all |
| Met Criteria: | At least one record for each of the following data items was created in the previous 15 months. |
| Process of Care Status: | Patient has received all 9 age appropriate process of care measurements. |
| HbA1c: | 15-Jan-2020 76 mmol/mol |
| Weight: | 14-Jan-2019 85 kg |
| BP: | 15-Jan-2020 117 /82 mmHg |
| Smoking Status: | 14-Jan-2019 Never smoked |
| Last Retinal Screening Date: | 17-Jan-2019 |
| Latest Urinary Albumin Test: | 14-Nov-2019 |
| | Urinary Albumin test = any of the following: Albumin-Creatinine Ratio (ACR), Microalbumin Concentration, Protein-Creatinine Ratio (PCR), Total Urinary Protein, Timed overnight Albumen excretion rate, or 24hr Albumen excretion rate. |
| Creatinine: | 08-Oct-2019 73 µmol/L |
| Total Cholesterol: | 14-Nov-2019 3.3 mmol/L |
| Foot Risk Category: | 14-Jan-2019 Low Risk |

2. HbA1c early control - Percentage of people with diabetes with an HbA1c <58 mmol/mol at 1 year post diagnosis

MCN Measure not applicable to this patient

3. HbA1c overall control - Percentage of people with diabetes with good and poor control (HbA1c <58 mmol/mol and >75 mmol/mol)

| | |
|---|---|
| MCN Category: | Type 2 & Other Age 18+ HbA1c > 75 |
| Met Criteria: | HbA1c ≤75 mmol/mol |
| HbA1c: | 15-Jan-2020 **76 mmol/mol** ⚠ |

4. Current smokers - Percentage of people with diabetes who have a smoking status of "Current Smoker" recorded in the prior 15 months

| | |
|---|---|
| MCN Category: | Type 2 & Other Age 18+ Recorded |
| Met Criteria: | "Smoking Status" is "Current smoker" (recorded in the last 15 months). |
| Smoking Status: | 14-Jan-2019 Never smoked |

5. CVD indicators - Percentage of people with diabetes aged ≥50 and <70 with a total cholesterol <5mmol/l AND a systolic blood pressure <140 mmHg in the prior 15 months.

| | |
|---|---|
| MCN Category: | Type 2 & Other Age >=50 and <70 Chol < 5 and Sys bp < 140 |
| Met Criteria: | Total Cholesterol is < 5mmol/l AND their systolic BP (blood pressure) is <140 mm Hg. Both these items having been recorded in the last 15 months |
| TotalCholesterol: | 14-Nov-2019 3.3 mmol/L |
| BP: | 15-Jan-2020 117 /82 mmHg |

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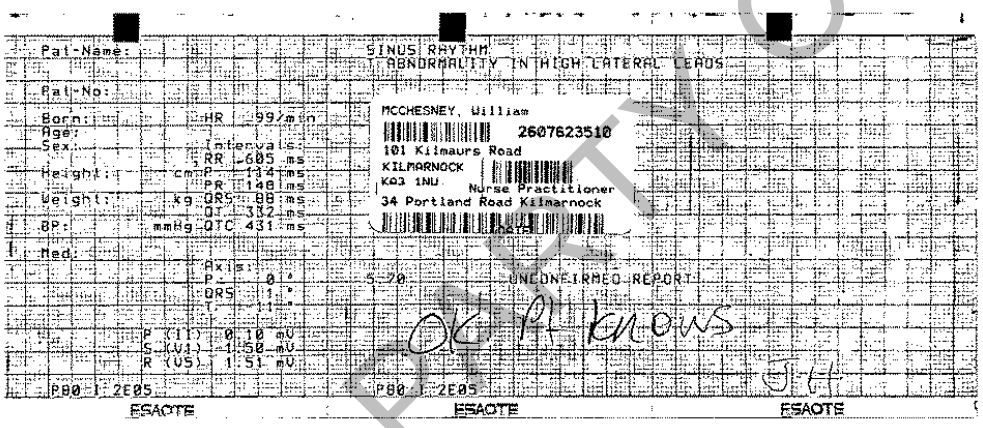


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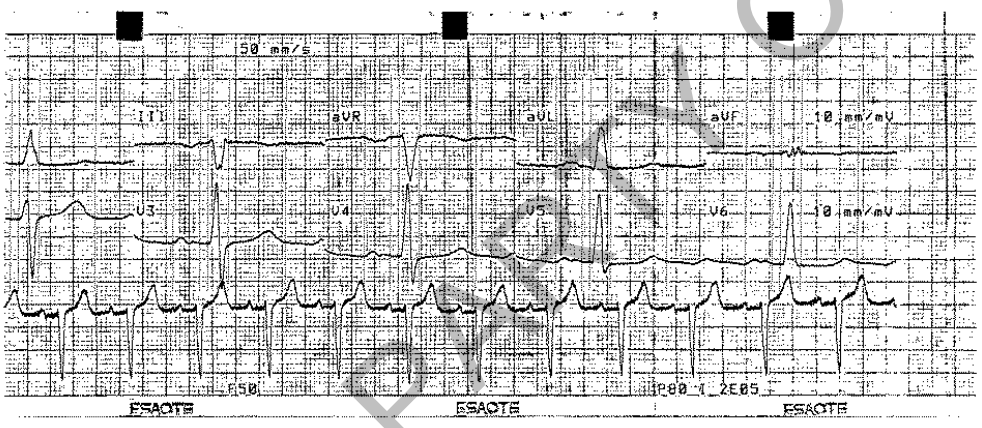


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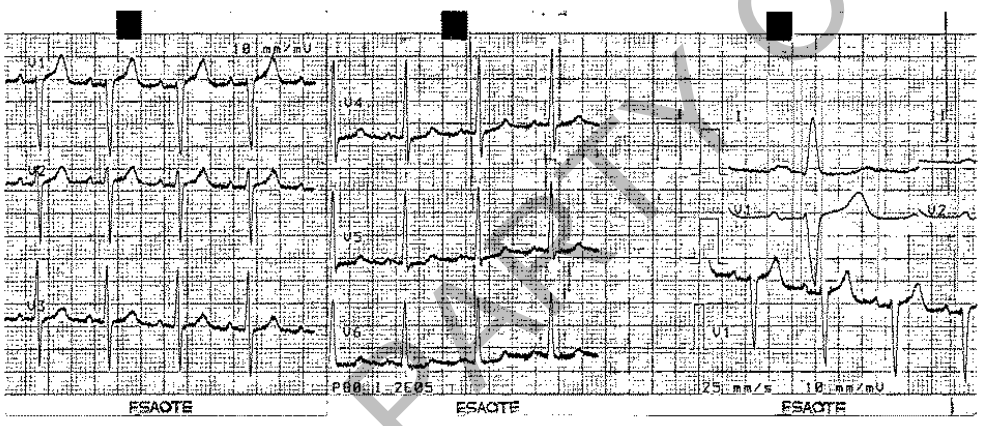


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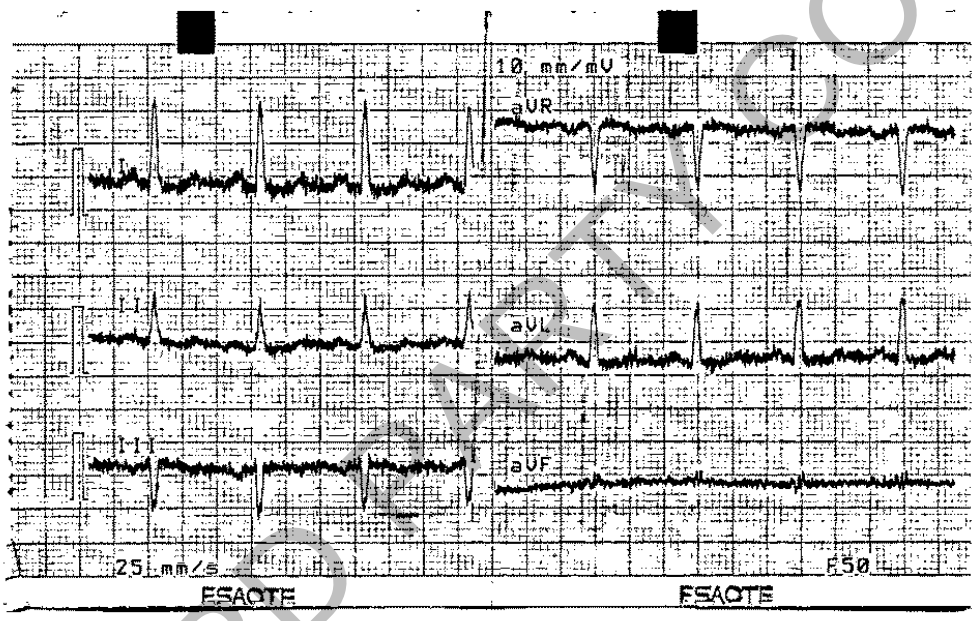


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**Drs. McIntyre, Gaffney, McGuire & Montgomery**
**Portland Medical Practice**
**34 Portland Road**
**Kilmarnock KA1 2DL**
Telephone: 01563 522411
Fax: 01563 545499

William McChesney
101 Kilmaurs Road
KILMARNOCK
KILMARNOCK

KA3 1NU

07.09.07

# ASTHMA REVIEW

Dear Mr McChesney

As one of our Asthma patients you are now due a review appointment with the Practice Nurse please contact the surgery to arrange this.

**PLEASE BRING YOUR INHALERS TO YOUR APPOINTMENT**

Yours sincerely

Alison Lauder
Practice Nurse

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# Diabetic Retinopathy Screening

*Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!*

NHS Ayrshire & Arran

Diabetes Retinopathy Screening Programme
Room 745, 2nd Floor
Horseshoe Building
Ayrshire Central Hospital
Irvine KA12 8SS

GP
PORTLAND MEDICAL PRACTICE
34 PORTLAND RD
KILMARNOCK
KA012DL

Monday, 9 July 2018

Dear Doctor

**PATIENT DIABETIC EYE SCREENING RESULT**

**CHI No** 2607623510
**Name** WILLIAM MCCHESNEY
**Date of birth** 26-Jul-1962
**Address** 101 KILMAURS ROAD, KILMARNOCK KA3 1NU

This patient was screened on Saturday, 7 July 2018. Their screening results are as follows:

**Type of appointment**: Fundus Photography

| | Right eye | Left eye |
|---|---|---|
| **Visual Acuity** | 0 (unaided) | 0.7 (pin hole) |
| **Diabetes Retinopathy Grade** | (R1) mild retinopathy | (R1) mild retinopathy |
| **Maculopathy Level** | (M1) observable maculopathy | (M0) no maculopathy |
| **Non-DR Features** | None recorded | None recorded |
| **Comments** | | |

The following action has been taken:

***The DRS Service will rescreen the patient in 6 months (Fundus Photography).***

Should you have any queries, please contact us on 01294 323470.

Yours sincerely

NHS Ayrshire and Arran Diabetes Retinopathy Screening Programme

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NHS Ayrshire & Arran Diabetes Retinopathy Screening Programme
Tel: 01294 323470
www.mydiabetesmyway.scot.nhs.uk

Tuesday, 18 August 2015

PORTLAND MEDICAL PRACTICE
34 PORTLAND RD
KILMARNOCK KA012DL

Dear PORTLAND MEDICAL PRACTICE,

**DIABETIC RETINOPATHY SCREENING PROGRAMME**
PATIENT NON ATTENDANCE

| | |
|---|---|
| **CHI No:** | 2607623510 |
| **Name:** | WILLIAM MCCHESNEY |
| **Address:** | 101 KILMAURS ROAD, KILMARNOCK KA3 1NU |

This patient has not attended retinal screening following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries please contact us on 01294 323470.

Yours sincerely,

The Diabetic Retinal Screening Programme

Page 1 of 1

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**Department of Otolaryngology**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**

NHS Ayrshire & Arran

www.nhsaaa.net

**Confidential - Clinical Information**

Dr J Shennan
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

| | |
|---|---|
| Our Ref: | JD/LD Mr Dempster Locum ENT Consultant |
| Hospital No: | |
| Clinic Date: | 26/02/2026 |
| Date Dictated: | 26/02/2026 |
| Date Typed: | 03/03/2026 |
| Enquiries to | Lisa Davidson |
| Direct Line: | 01292 617262 |
| Ext. Number: | 17262 |
| Email: | lisa.davidson3@aapct.scot.nhs.uk |

Dear Dr Shennan,

**WILLIAM MCCHESNEY DOB: 26/07/1962 CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

Diagnosis: Geographical tongue

Management: Nill

You will recall there was some concerns with the appearance of this 63-year-old man's tongue. It looks like a variant of a geographical tongue which is a benign appearance. He has no symptoms and there is nothing really we should do. The remainder of his head and neck was normal. His main concern is his chronic cough for which he is already on respiratory care. I can see nothing to contribute to this in his head and neck.

Yours sincerely

*Authorised on 04/03/2026 09:02:23 by Mr J H Dempster.*

**Mr J H Dempster**
**Locum Consultant ENT Surgeon**
**GMC 2546953**

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**Confidential - Clinical Information**

**Department of Cardiology and General Medicine**
**University Hospital Crosshouse**
**Kilmarnock Road**
**Kilmarnock**
**KA2 0BE**
**01563 521133**
**01563 827973**
**www.nhsaaa.net**

NHS Ayrshire & Arran

Dr A Poddar
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Our Ref: VC/EW
Hospital No:
Clinic Date: 02/06/2014
Date Dictated: 17/06/2014
Date Typed: 18/06/2014
Enquiries to Mrs Eleanor Wright/Mrs Caroline Daniels
Direct Line: 01563 827905
Ext. Number: 27905
Email: Eleanor.Wright@aaaht.scot.nhs

Dear Dr Poddar,

**WILLIAM MCCHESNEY DOB: 26/07/1962 CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

I am afraid your patient's exercise stress test had to be terminated prematurely because of poorly controlled hypertension. His pre-test blood pressure was 212/122, rising to 232/138 after 1½ minutes of exercise. You might want to consider increasing the current dose of his anti-hypertensive or even adding in Doxazosin.

With kind regards.

Yours sincerely

*Authorised on 22/06/2014 14:08:12 by Victor Chong.*

**Dr Victor Chong**
**Consultant Cardiologist / Physician**
**GMC: 4607229**



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**Drs. McIntyre, Gaffney, McGuire & Montgomery**
Portland Medical Practice
**34 Portland Road**
**Kilmarnock KA1 2DL**
Telephone: 01563 522411
Fax: 01563 545499

PRACTICE ACCREDITATION
RCGP Scotland
2002-2005

15.12.05

Mr William McChesney
101 Kilmaurs Road
KILMARNOCK
KA3 1NU

Dear Mr McChesney,

We note from our records that you are now overdue to have your Asthma Review Check with the Practice Nurse

As this check is an important part of your Asthma Care I have organised an appointment for you on Thursday 29.12.05 at 9.40am, please bring all of your inhalers to the appointment with you.

**If this is unsuitable please contact myself on Kilmarnock 545480 and I will organise a further date and time for you.**

Yours sincerely

Acting Practice Manager

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**University Hospital Crosshouse**
**Medical Imaging Department**
**Kilmarnock Road**
**Crosshouse**
**KA2 0BE**

NHS Ayrshire & Arran

## Diagnostic Imaging Report

| | | | |
|---|---|---|---|
| CHI No. | : **2607623510** | Referrer Clinician | : **Jennifer Shennan (GP PortMP)** |
| Patient Name | : **McChesney, William** | Specialty | : **General Practice** |
| Patient Address | : **101 Kilmaurs Road** | Address | : **Portland Medical Practice (Kilmarnock)** |
| | **Kilmarnock** | | **34 Portland Road** |
| | **AYRSHIRE** | | **Kilmarnock** |
| | **KA3 1NU** | | **KA1 2DL** |
| DOB | : **26/07/1962** | Ward/Clinic | : **GP** |
| Gender | : **Male** | Attendance No. | : **51610083** |

Examination(s): **XR Chest** — Exam Date : **12 February 2026**
Accession(s) : **AA15161008301** — Report Date : **20 February 2026**

## Authorised

Patient Name: William, McChesney
Patient Address: 101 Kilmaurs Road, KA3 1NU
DOB: 26/07/1962
Patient ID: 2607623510
Accession Number: AA15161008301
Referring Cons: Jennifer Shennan (GP PortMP)
**Referring Dept:** GP
**Visit Type:** GP
Site: University Hospital Crosshouse

**51610083 12/02/2026 XR Chest**

--

**Clinical Indications**
left basal crackle, persistent cough, recent positive sputum culture, ?infection ongoing

**Report**
Comparison made with the previous radiograph of 13/03/2025.

Cardiomediastinal contours are within normal limits. Lungs and pleural spaces are clear. Old healed left lateral 4th rib fracture.. No significant interval change.

**Maguire, J (Cons Radiologist 7072439)**

**[END REPORT]**

| | |
|---|---|
| **Reported by** | Maguire, J (Cons Radiologist 7072439) |
| **Authorised by** | Maguire, J (Cons Radiologist 7072439) |

**Page 1 of 1**

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NHS Ayrshire & Arran Diabetes Retinopathy Screening Programme
It is vital you attend for diabetic eye screening.
Tel: 01294 323470

Thursday, 11 August 2016

PORTLAND MEDICAL PRACTICE
34 PORTLAND RD
KILMARNOCK KA012DL

Dear PORTLAND MEDICAL PRACTICE,

**DIABETIC RETINOPATHY SCREENING PROGRAMME**
PATIENT NON ATTENDANCE

| | |
|---|---|
| **CHI No:** | 2607623510 |
| **Name:** | WILLIAM MCCHESNEY |
| **Address:** | 101 KILMAURS ROAD, KILMARNOCK KA3 1NU |

This patient has not attended retinal screening following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries please contact us on 01294 323470.

Yours sincerely,

*The Diabetic Retinal Screening Programme*

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## Diabetic Retinopathy Screening

*Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!*

NHS
Ayrshire & Arran

Diabetes Retinopathy Screening Programme
Room 745, 2nd Floor
Horseshoe Building
Ayrshire Central Hospital
Irvine KA12 8SS
Tel: 01294 323470

GP
PORTLAND MEDICAL PRACTICE
34 PORTLAND RD
KILMARNOCK
KA012DL

Thursday, 17 August 2017

Dear Doctor

**DIABETIC RETINOPATHY SCREENING PROGRAMME**

PATIENT NON ATTENDANCE

| | |
|---|---|
| **CHI No** | 2607623510 |
| **Name** | WILLIAM MCCHESNEY |
| **Date of birth** | 26-Jul-1962 |
| **Address** | 101 KILMAURS ROAD, KILMARNOCK KA3 1NU |

This patient has not attended their screening examination following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries, please contact us on 01294 323470.

Yours sincerely

NHS Ayrshire and Arran Diabetes Retinopathy Screening Programme

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**Confidential - Clinical Information**

**Cardiac Rehabilitation Team**
**University Hospital Crosshouse**
**Kilmarnock Road**
**Kilmarnock**
**KA2 0BE**
**Tel: ext:25964**
**Fax: 01563 827164**
**www.nhsaaa.net**

NHS Ayrshire & Arran

Dr W Furste
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Our Ref: GM/WB
Rapid Access Chest Pain Clinic
Clinic Date: 28/06/2017
Date Dictated: 28/06/2017
Date Typed: 28/06/2017
Enquiries to Gillian Mitchell
Direct Line: 01563 825964
Ext. Number: 25964
Email: gillian.mitchell@aapct.scot.nhs.uk

Dear Dr Furste,

**WILLIAM MCCHESNEY DOB: 26/07/1962 CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

Thank you for referring this 54 year old gentleman to the Rapid Access Chest Pain Clinic. He tells me over the last month he has had a stabbing pain over his left pectoral muscle. This develops in the early hours of the morning. There is no radiation of the pain and he tells me that it is painful to take a deep breath. The pain can last approximately 20 minutes and symptoms develop 2-3 times weekly. He is a very active gentleman in that he walks several times per day and does not have any exertional chest pain. He also tells me that he has been diagnosed with angina in the past and his symptoms are completely different.

His past medical history includes: type II diabetes, hypertension, angina, asthma and medications include Aspirin 75mg od, Amlodipine 10mg od, Ramipril 10mg od, Atorvastatin 20mg nocte, Isotard 60mg od, Omeprazole 20mg od, Metformin 1g bd, Gliclazide 60mg bd, Salbutamol inhaler prn, Fostair Nexthaler bd. He is an ex-smoker of 20 years and does not take any alcohol. He does not have a family history of premature ischaemic heart disease.

On examination heart sounds I+II+0, chest clear, BP 140/80, heart rate 90 bpm. He exercised today under Bruce Protocol exercising for 7.01 minutes, maximum mets, 8.50, maximum heart rate 173 bpm (104% of target heart rate). The test was stopped due to reaching and maintaining target heart rate, no ischaemic ECG changes were noted and no chest pain was produced. This is a reassuring test alongside an atypical presentation, therefore I have not arranged any plans for follow-up.

Yours sincerely

*Authorised on 29/06/2017 12:08:36 by Gillian Mitchell.*

**Gillian Mitchell**
**Cardiac Specialist Nurse**
**NMC: 97B0114S**

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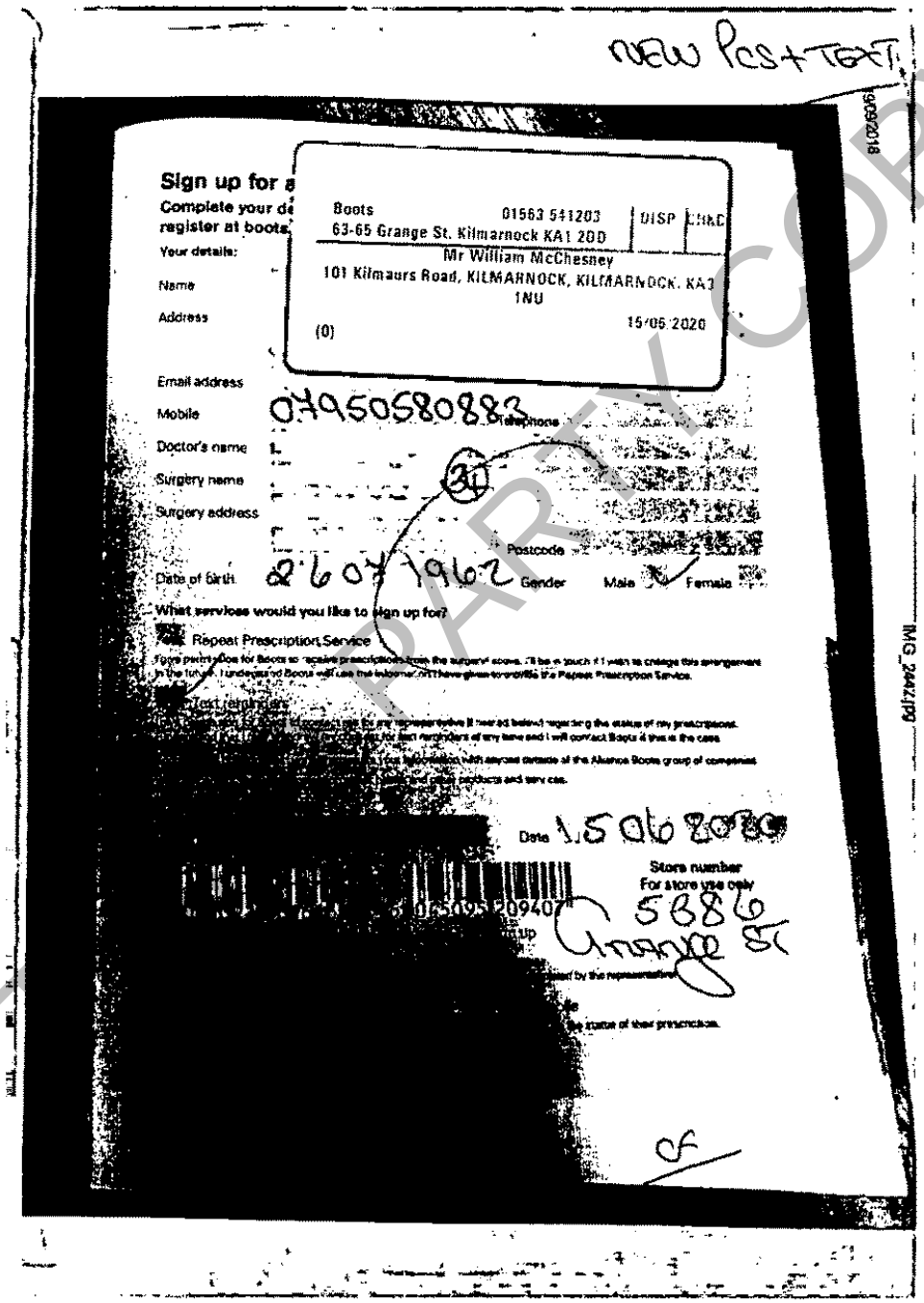

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**Extension:**.tif
**Pages:**

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**McCarvel, Sandra**

**From:** MacEwen, Alison
**Sent:** 04 July 2022 16:26
**To:** aa.Clinical_Practice_KilmarnockPortlandMedicalPractice_80908
**Cc:** aa.Health Records Scanning Hub XH
**Subject:** 2607623510

Dear Doctor,

I saw this ptient in the diabetes clinic today.
Could you issue him with a prescription for alogliptin 25mg OD in addition to his metformin, gliclazide and empagliflozin.
He has declined the offer of injectable therapy for now.
He is aware to monitor for hypoglycaemia on this combination

Alison

Dr Alison MacEwen
Consultant Diabetes & Endocrinology

1

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**NHS Ayrshire & Arran**

Ref.: Nor or. Clinic

East Ayrshire
Community Hospital
Ayr Road
CUMNOCK
KA18 1EF
Tel: 01290 429429

Dear Dr LATHAM

Re: WILLIAM MCCHESNEY 26.7.62
101 KILMARNOCK Road
KILMARNOCK

The above patient was seen on 27/1/25 (Date)

He/she is suffering from
COLD + COUGH.

I have recommended the following treatment and will review progress in
NACSYL 600mg OD THWK.

Fuller report will/will not follow
With kind regards
Yours sincerely,

STA5112PN

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**Extension:**.tif
**Pages:**

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**Sandra McCarvel (AA Portland Medical Practice)**

**From:** McLean-Smillie, Carol
**Sent:** 30 January 2024 16:17
**To:** aa.Clinical_Practice_KilmarnockPortlandMedicalPractice_80908
**Subject:** MISSING REFERRAL

Hi

I recently received a qFIT result for your patient. Unfortunately I have not received a referral to go along with this qFIT test and I therefore cannot action the result until I am in receipt of this.

Can you please ensure a Colorectal referral is sent in via SCI gateway to the colorectal service for each patient that receives a qFIT test within your practice?

Patient details below

2607623510 **Name:** William McChesney

Thank you

*Carol McLean-Smillie*
*Endoscopy & qFIT Coordinator*
*1st Floor - Management Corridor*
*University Hospital Ayr.*
*KA6 6DX*
*01292 614626*

1

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## NHS Ayrshire & Arran, General Hospitals Division

## GASTROSCOPY REPORT

Name: **William MCCHESNEY (M)**
Date of birth: **26/07/1962**
CHI No: **2607623510**
Case note no.: **2607623510**

Address: **101 Kilmaurs Road**
**Kilmarnock**
**Ayrshire**
**KA3 1NU**

GP: **Laraway, PG**
**Portland Medical Practice**
**34 Portland Road**
**Kilmarnock**
**Ayrshire**
**KA1 2DL**

Procedure date: **30th April 2024 (13:39)**
Priority: **Routine**
Status: **Outpatient/NHS**
Hospital: **Crosshouse Hospital**
Referring Cons: **Mr E Leung (Consultant Surgeon, Crosshouse)**

[redacted]

**Consultant/Endosco**
Mr Lavan
Nurses: S/N G D
SN D Brown

**Instrumen**
71 XHGIF-HQ290 2960

**Premedicati**
Lignocaine Spray (Oral) 120 mg

[redacted]

ENDOSCOPY SUITE

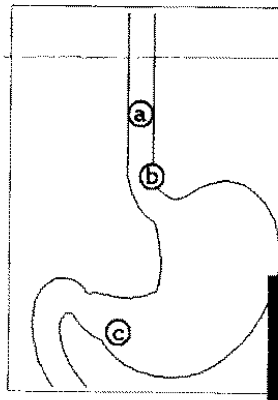
### Indications
Normocytic anaemia and nausea and/or vomiting.

### Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2.
Apparent mucosal junction at 36cm from the incisors.

**Site a: Middle oesophagus**
Modified Savary Miller multiple erosions, non-circumferential, without confluence, affecting more than one longitudinal fold.

**Site b: Left lower oesophagus**
Islands of Barrett's Epithelium from 34cm to 36cm.
Hiatus hernia: sliding of length 3cm.
Specimens: 2x biopsy.

**Site c: Antrum**
Specimens: 2x biopsy.




**a:** *Middle oesophagus (photographed)*
**b:** *Left lower oesophagus (photographed)*
**c:** *Antrum*

### Diagnoses
OESOPHAGUS. Barrett's mucosa, hiatus hernia and oesophagitis/reflux.
STOMACH. Normal.
DUODENUM. Normal.

### Advice/comments
Seen in ELs clinic with normocytis anamia and discrete episode of vomiting over 4 days - now resolved.
No upper GI symptoms.
O - oesophagitis. Short hiatus hernia with Islands of Barrets - biopsied.
G - normal - biopsied for H.pylori.
D - normal.
Plan
Long term PPI
Hiatus hernia sheet
F/U based on Path

### Follow up
No evidence of cancer was seen on this endoscopy - patient informed.
Patient removed from fast track
Awaiting pathology results.

**Mr Lavan Velu**
**Consultant Surgeon**
c.c. Mr E Leung (Consultant Surgeon, Crosshouse)
McChesney, William

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Cardiology Department
Ground Floor
Crosshouse Hospital

Enquiries to
Extension 27200
Direct Line 01563 827200
Fax 01563 825128
E-mail

NHS
Ayrshire & Arran

pt has cancelled 3 times does not want FA

Thanks. Cardiology dept

with compliments

www.nhsayrshireandarran.com

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| Hospital use only | Clinic | Day / Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | SS 2295578 |

**Transport required?**

Unique Care Pathway Number: 101006260982E

**REFERRAL LETTER**

MEDICAL IN CONFIDENCE

CHI:2607623510

**REFERRAL TO**

CardiologyA2
AA RACPC - ETT Open Access

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

| | |
|---|---|
| Ethnic Origin | - |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | Routine - Open Access ETT |
| **Date of referral** | 12-Nov-2013 |
| **Date submitted** | 14-Nov-2013 |

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McChesney |
| **Forename(s)** | William |
| Title | - |
| Sex | Male |
| **Date of birth** | 26-Jul-1962 |
| CHI no. | 2607623510 |

**Patient's address**

101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Contact number(s)

Voice: 571561

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| Name | Dr A Poddar | | |
| GMC code | 6122155 | GP code | 24627 |
| Practice name | Portland Medical Practice (16673) | | |
| Practice code | 80908 | | |

**Practice address**

Portland Medical Practice
34 Portland Road
Kilmarnock
Kilmarnock

Contact number(s)

Voice: 01563 522 411
Facsimile: 01563 545499

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Amar Poddar | | |
| GMC code | 6122155 | GP code | 24627 |
| Practice name | Portland Medical Practice (80908) | | |
| Practice code | 80908 | | |

**Practice address**

34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

17 DEC 2013

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**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: ETT AS NOTED BELOW

Comment: Dear Colleague,Thank you for seeing this 51 year old man who was seen at the rapid access chest pain clinic in 2010 who is felt to have possible angina although he failed to attend for a treadmill test subsequently. His address on your records seems to be wrong at the time. He continues to have daily chest pain which does sound like angina which is relieved by a GTN spray. This has recently become more frequent although not happening at rest. I have started him on Isosorbide 25mg daily which helps somewhat. His pain only lasts a short period perhaps a few minutes and I have advised him to dial 999 if it is more than 10 minutes. There is some increased stress with his mum having died last year. His heart sounds argil, BP 130/90. I feel he is able to safely perform the ETT.Yours sincerely.Dr Poddar

**Examinations and Investigations**

| | | |
|---|---|---|
| Safe to undertake ETT: | Yes | - |
| Patient checked & no murmur found: | Yes | - |
| Patient < 21st\133kg: | Yes | - |
| Patients BP: | 130/90 | - |
| Height: | 168 | - |
| Weight(kg): | 83 | - |
| BMI: | 29.41 | - |
| Ex smoker: | | 14-May-2013 00:00 |
| [redacted]smoker: | Ex Smoker | 09-Oct-2012 00:00 |
| Ex smoker: | | 07-Mar-2012 00:00 |
| [redacted]smoker: | | 30-Jun-2010 00:00 |
| Never smoked tobacco: | | 15-Jun-2010 00:00 |
| Never smoked tobacco: | Smoker Status.clm Never smoked tobacco | 29-Dec-2005 00:00 |
| Never smoked tobacco: | Smoker Status.clm Never smoked tobacco | 25-Mar-2002 00:00 |
| Never smoked tobacco: | | 02-Feb-1993 00:00 |
| Alcohol consumption, 18 units/week: | | 14-May-2013 00:00 |
| Alcohol consumption, 60 units/week: | | 07-Mar-2012 00:00 |
| Alcohol consumption, 18 units/week: | | 15-Jun-2010 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 14-May-2013 00:00 |
| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 07-Mar-2012 00:00 |
| Aerobic exercise 1 time/week: | | 15-Jun-2010 00:00 |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

[redacted]

**[redacted]st medical history**

**[redacted]e-existing conditions**

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Angina pectoris NOS | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Essential hypertension | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Type 2 diabetes mellitus | - | - | - | 02-Jul-2010 | 02-Jul-2010 |
| Dyspepsia | - | - | - | 10-Jan-2006 | 10-Jan-2006 |
| Asthma | - | - | - | 23-Dec-1992 | 23-Dec-1992 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| Phacoemulsification of lens | - | - | LEFT - AND LENS IMPLANT | 01-Nov-2010 | 01-Nov-2010 |
| Drug therapy | - | - | - | 29-Sep-1998 | 29-Sep-1998 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Qvar Easi-Breathe Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/actuation | - | 2 inhaler | ONE PUFF TO BE INHALED TWICE A DAY | - | 25-Oct-2013 | - | 25-Oct-2013 |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Metformin Hydrochloride Tablets 850 mg | 0601022B0AAADAD | 112 tablet | 1 Tab Twice daily | - | 14-May-2013 | - | 11-Oct-2013 |
| Atorvastatin Tablets 20 mg | 0212000B0AAABAB | 56 tablet | ONE TO BE TAKEN AT NIGHT | - | 15-Jan-2013 | - | 11-Oct-2013 |
| Ramipril Capsules 10 mg | - | 56 capsule | ONE TO BE TAKEN EACH MORNING | - | 07-Jun-2012 | - | 11-Oct-2013 |
| Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose | 0206010F0AAAAAA | 1 SPRAY | ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED | - | 22-Dec-2011 | - | 27-Aug-2013 |
| Gliclazide Tablets 80 mg | 0601021M0AAAAAA | 224 TABLET | TWO TO BE TAKEN TWICE A DAY | - | 27-Jul-2010 | - | 12-Sep-2013 |
| Amlodipine Tablets 10 mg | - | 56 tablet | ONE TO BE TAKEN EACH MORNING | - | 07-Jul-2010 | - | 04-Oct-2013 |
| Aspirin E/c tablets 75 mg | 0209000A0AAAKAK | 56 tablet | 1 TAB IN THE MORNING (STATUS=C) | - | 15-Jun-2010 | - | 27-Aug-2013 |
| Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff | - | 2 inhaler | 1 or 2 puffs Take as required (STATUS=C) | - | 01-Oct-2009 | - | 24-Oct-2013 |
| Cimetidine Tablets 400 mg | 0103010D0AAABAB | 112 tabs | 1 TAB TWICE DAILY (STATUS=C) | - | 05-Aug-2009 | - | 12-Sep-2013 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Sertraline Hydrochloride Tablets 50 mg | 0403030Q0AAAAAA | 28 TABLET | ONE TO BE TAKEN EACH DAY | - | 04-Nov-2013 | 28 Days | 04-Nov-2013 |
| Isosorbide Mononitrate M/R capsules 25 mg | 0206010K0AAAHAH | 2*28 capsule | 1 CAP IN THE MORNING (STATUS=C) | - | 09-Oct-2013 | 42 Days | 09-Oct-2013 |

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

**Additional relevant information**

**Administrative information**

Referred By:Registered GP

**Social circumstances**

Employment: Data processing operator

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

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

**Transport required?**

Unique Care Pathway Number: 101006260982E

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2607623510

**REFERRAL TO**

CardiologyA2
AA RACPC - ETT Open Access

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

| | |
|---|---|
| Ethnic Origin | - |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | Routine - Open Access ETT |
| **Date of referral** | 12-Nov-2013 |
| **Date submitted** | 14-Nov-2013 |

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McChesney |
| **Forename(s)** | William |
| Title | - |
| Sex | Male |
| **Date of birth** | 26-Jul-1962 |
| CHI no. | 2607623510 |

**Patient's address**

101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Contact number(s)

Voice: 571561

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr A Poddar | | |
| GMC code | 6122155 | GP code | 24627 |
| Practice name | Portland Medical Practice (16673) | | |
| Practice code | 80908 | | |

**Practice address**

Portland Medical Practice
34 Portland Road
Kilmarnock
Kilmarnock

Contact number(s)

Voice: 01563 522 411
Facsimile: 01563 545499

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|---|---|---|---|
| **Name** | Dr. Amar Poddar | | |
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Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

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**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: ETT AS NOTED BELOW

Comment: Dear Colleague,

Thank you for seeing this 51 year old man who was seen at the rapid access chest pain clinic in 2010 who is felt to have possible angina although he failed to attend for a treadmill test subsequently. His address on your records seems to be wrong at the time. He continues to have daily chest pain which does sound like angina which is relieved by a GTN spray. This has recently become more frequent although not happening at rest. I have started him on Isosorbide 25mg daily which helps somewhat. His pain only lasts a short period perhaps a few minutes and I have advised him to dial 999 if it is more than 10 minutes. There is some increased stress with his mum having died last year. His heart sounds argil, BP 130/90. I feel he is able to safely perform the ETT.

Yours sincerely.

Dr Poddar

**Examinations and Investigations**

| | | |
|---|---|---|
| Safe to undertake ETT: | Yes | - |
| Patient checked & no murmur found: | Yes | - |
| Patient < 21st\133kg: | Yes | - |
| Patients BP: | 130/90 | - |
| Height: | 168 | - |
| Weight(kg): | 83 | - |
| BMI: | 29.41 | - |
| Ex smoker: | | 14-May-2013 00:00 |
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| FITT activity level 0; no mod/vig activity of 20 mins duratn: | | 07-Mar-2012 00:00 |
| Aerobic exercise 1 time/week: | | 15-Jun-2010 00:00 |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history**

**Pre-existing conditions**

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Angina pectoris NOS | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Essential hypertension | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Type 2 diabetes mellitus | - | - | - | 02-Jul-2010 | 02-Jul-2010 |
| Dyspepsia | - | - | - | 10-Jan-2006 | 10-Jan-2006 |
| Asthma | - | - | - | 23-Dec-1992 | 23-Dec-1992 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| Phacoemulsification of lens | - | - | LEFT - AND LENS IMPLANT | 01-Nov-2010 | 01-Nov-2010 |

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| | | | | | | |
|---|---|---|---|---|---|---|
| Drug therapy | - | - | - | 29-Sep-1998 | 29-Sep-1998 | |

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

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| Metformin Hydrochloride Tablets 850 mg | 0601022B0AAADAD | 112 tablet | 1 Tab Twice daily | - | 14-May-2013 | - | 11-Oct-2013 |
| Atorvastatin Tablets 20 mg | 0212000B0AAABAB | 56 tablet | ONE TO BE TAKEN AT NIGHT | - | 15-Jan-2013 | - | 11-Oct-2013 |
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| Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose | 0206010F0AAAAAA | 1 SPRAY | ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED | - | 22-Dec-2011 | - | 27-Aug-2013 |
| Gliclazide Tablets 80 mg | 0601021M0AAAAAA | 224 TABLET | TWO TO BE TAKEN TWICE A DAY | - | 27-Jul-2010 | - | 12-Sep-2013 |
| Amlodipine Tablets 10 mg | - | 56 tablet | ONE TO BE TAKEN EACH MORNING | - | 07-Jul-2010 | - | 04-Oct-2013 |
| Aspirin E/c tablets 75 mg | 0209000A0AAAKAK | 56 tablet | 1 TAB IN THE MORNING (STATUS=C) | - | 15-Jun-2010 | - | 27-Aug-2013 |
| Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff | - | 2 inhaler | 1 or 2 puffs Take as required (STATUS=C) | - | 01-Oct-2009 | - | 24-Oct-2013 |
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**Recent medication** (Any medication issued within last 90 days not shown above)

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
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| Isosorbide Mononitrate M/R capsules 25 mg | 0206010K0AAAHAH | 2*28 capsule | 1 CAP IN THE MORNING (STATUS=C) | - | 09-Oct-2013 | 42 Days | 09-Oct-2013 |

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

| Smoking status | Alcohol consumption |
|---|---|
| Number per day<br>? (not known) | Units per day<br>? (not known) |

**Additional relevant information**

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**Administrative information**
Referred By:Registered GP

**Social circumstances**
Employment: Data processing operator

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

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**Additional:**Scanned Document

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| | |
|---|---|
| **University Hospital Crosshouse**<br>**Kilmarnock Road**<br>**Kilmarnock**<br>**KA2 0BE**<br>**Phone: 01563 521133** | **Immediate Discharge Letter**<br>**&**<br>**Prescription** |

| **To:** | **Re:** |
|---|---|
| Portland Medical Practice<br>34 Portland Road<br>Kilmarnock<br>Ayrshire<br>KA1 2DL | WILLIAM MCCHESNEY<br>101 KILMAURS ROAD , ,<br>KILMARNOCK , AYRSHIRE , KA3 1NU<br>DOB: 26/07/1962<br>Hosp. No.: 2607623510<br>CHI No.: 2607623510 |

**Date of Admission:** 13/04/2023
**Mode of Admission:** Emergency
**Admission Reason:**
**Discharge Date:** 17/04/2023

**Ward:** XCAU PRE ADMIT
**Consultant:** DR ADAM WILLIAMSON (General Medicine)
**Follow Up:**

**Diagnoses** RTI

( )

**Clinical Progress**

Dear Dr
This 60 year old gent was assessed via RAC Crosshouse with 4 week Hx of dry cough and recent central chest pain when coughing.
Recent RTI
BG asthma, T2DM, known angina
CXR - normal
ECG - no ST-T wave changes
Trop T 14 then
CRP 50
Some right apical crackles
Plan - discharge home
Abx and steroids

CNM ROSS COPELAND (NIP) ( 2023-04-13 16:03:51 )

**Pharmacy** Doxycycline and prednisolone 30mg OD for 5 days prescribed on HBP pad

CNM ROSS COPELAND (NIP) ( 2023-04-13 16:04:35 )

| Allergy/Intolerance | Reaction |
|---|---|
| ***Drug Allergy Status Undetermined | |

*Allergy records are as recorded at time and date of printing.*

**Discharged by:** CNM ROSS COPELAND (NIP)

Page 1 of 2
**Report generated on:** 17/04/2023 10:48

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| | |
|---|---|
| University Hospital Crosshouse<br>Kilmarnock Road<br>Kilmarnock<br>KA2 0BE<br>Phone: 01563 521133 | Immediate Discharge Letter<br>&<br>Prescription |

| | | | |
|---|---|---|---|
| To: | Portland Medical Practice<br>34 Portland Road<br>Kilmarnock<br>Ayrshire<br>KA1 2DL | Re: | WILLIAM MCCHESNEY<br>101 KILMAURS ROAD , ,<br>KILMARNOCK , AYRSHIRE , KA3 1NU<br>DOB: 26/07/1962<br>Hosp. No.: 2607623510<br>CHI No.: 2607623510 |

**No medicines prescribed on discharge**

**Discharged by:** CNM ROSS COPELAND (NIP)

Page: 2 of 2
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**Endoscopy Unit**
**University Hospital Crosshouse**
**Kilmarnock Road**
**Kilmarnock**
**KA2 0BE**
**01563 825154**

**www.nhsaaa.net**

NHS Ayrshire & Arran

William McChesney
101 Kilmaurs Road
Kilmarnock
Ayrshire
KA3 1NU

| | |
|---|---|
| Our Ref: | EL/NG/ |
| Hospital No: | |
| Ref Date: | 03/05/2024 |
| Date Dictated: | 03/05/2024 |
| Date Typed: | 03/05/2024 |
| Enquiries to | Endoscopy secretaries |
| Direct Line: | 01563 825154 |
| Ext. Number: | 25154 |
| Email: | aa.uhcendosecs@aapct.scot.nhs.uk |

Dear William McChesney,

**WILLIAM MCCHESNEY** **DOB: 26/07/1962** **CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

I am writing to let you know that your recent upper GI endoscopy on the 13th April 2024 has shown a benign condition, called hiatus hernia, and some benign inflammation in your oesophagus consistent with possible reflux or Barrett's oesophagitis.

Biopsies have now been taken, but we are still awaiting your pathology results to come back. Although it is also reassuring that your previous stool q-FIT level was normal and your recent blood counts had already improved with your iron supplement, we have now organised a colonoscopy (with Moviprep, on pooled list) to complete our investigation of your anaemia. Details of this procedure will be sent to you in due course.

Once we have these results back, we will then decide if you would require any further follow-up arrangement. Please do not hesitate to contact us if you have any query.

Yours sincerely

*Authorised on 03/05/2024 17:15:33 by Edward Leung.*

**Mr Edward Leung**
**MBChB, FRCS (Glasg & Edin), MD, FRCS (Gen Surg) MFSTEd**
**Director of Ayrshire & Arran Bowel Screening**
**Consultant Surgeon & Honorary Clinical Senior Lecturer**
**Laparoscopic, General & Colorectal Surgery**
**GMC: 4093567**

Dr PG Laraway
Portland Medical Practice

www.nhsaaa.net

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34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

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| | | |
|---|---|---|
| University Hospital Crosshouse<br>Kilmarnock Road<br>Kilmarnock<br>KA2 0BE<br>Phone: 01563 521133 | Immediate Discharge Letter<br>&<br>Prescription | NHS<br>Ayrshire<br>& Arran |

| | |
|---|---|
| **To:** Portland Medical Practice<br>34 Portland Road<br>Kilmarnock<br>Ayrshire<br>KA1 2DL | **Re:** WILLIAM MCCHESNEY<br>101 KILMAURS ROAD , ,<br>KILMARNOCK , AYRSHIRE , KA3 1NU<br>DOB: 26/07/1962<br>Hosp. No.: 2607623510<br>CHI No.: 2607623510 |

**Date of Admission:** 02/10/2018
**Mode of Admission:** Emergency
**Admission Reason:**
**Discharge Date:** 03/10/2018

**Ward:** XCAU INPATIENT
**Consultant:** DR KATRINA WEIR (General Medicine)
**Follow Up:**

**Hospital follow up**

This 56 year-old gentleman presented to CAU with a three-day history of severe chest pain. Unfortunately he discharged himself against medical advice prior to assessment. He had a negative troponin during his time in the unit.

DR MAX REISER (03-OCT-2018 13:04 )

| Allergy/intolerance | Reaction |
|---|---|
| ***Drug Allergy Status Undetermined*** | |

*Allergy records are as recorded at time and date of printing.*

**No medicines prescribed on discharge**

**Discharged by:** DR MAX REISER

Page: 1 of 1
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ESA113

jobcentreplus

*Employment and Support Allowance*

05399 000395 0003 E 30800 H2

Dr Mcintyre
PORTLAND MEDICAL PRACTICE
34 PORTLAND ROAD
KILMARNOCK
KA1 2DL

30800/3 40540

Our phone number is: 0141 314 5496

If you have a textphone,
you can call on: 18001 0141 314 5496

If you get in touch with us, tell us this reference number: NA269841D

Date: 8th March 2020

**About your patient**

Full Name Mr William Mcchesney

Address 101 Kilmaurs Rd, Kilmarnock, Ayrshire, KA3 1NU

NINo NA269841D
Date of birth 26th July 1962

*Dear Doctor,*

Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a face-to-face work capability assessment and if so support that assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at **www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners**
- **A fully completed form may help inform the face to face work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement**

**COMPUTER PRINTOUTS**

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above.If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld.

**Please reply within 5 working days.** A business reply envelope is enclosed for your use.
Thank you for your help.
Yours sincerely,

Mrs Karen Swan

Centre for Health and Disability Assessments on behalf of the DWP
**RESTRICTED - MEDICAL**
Version 10/17

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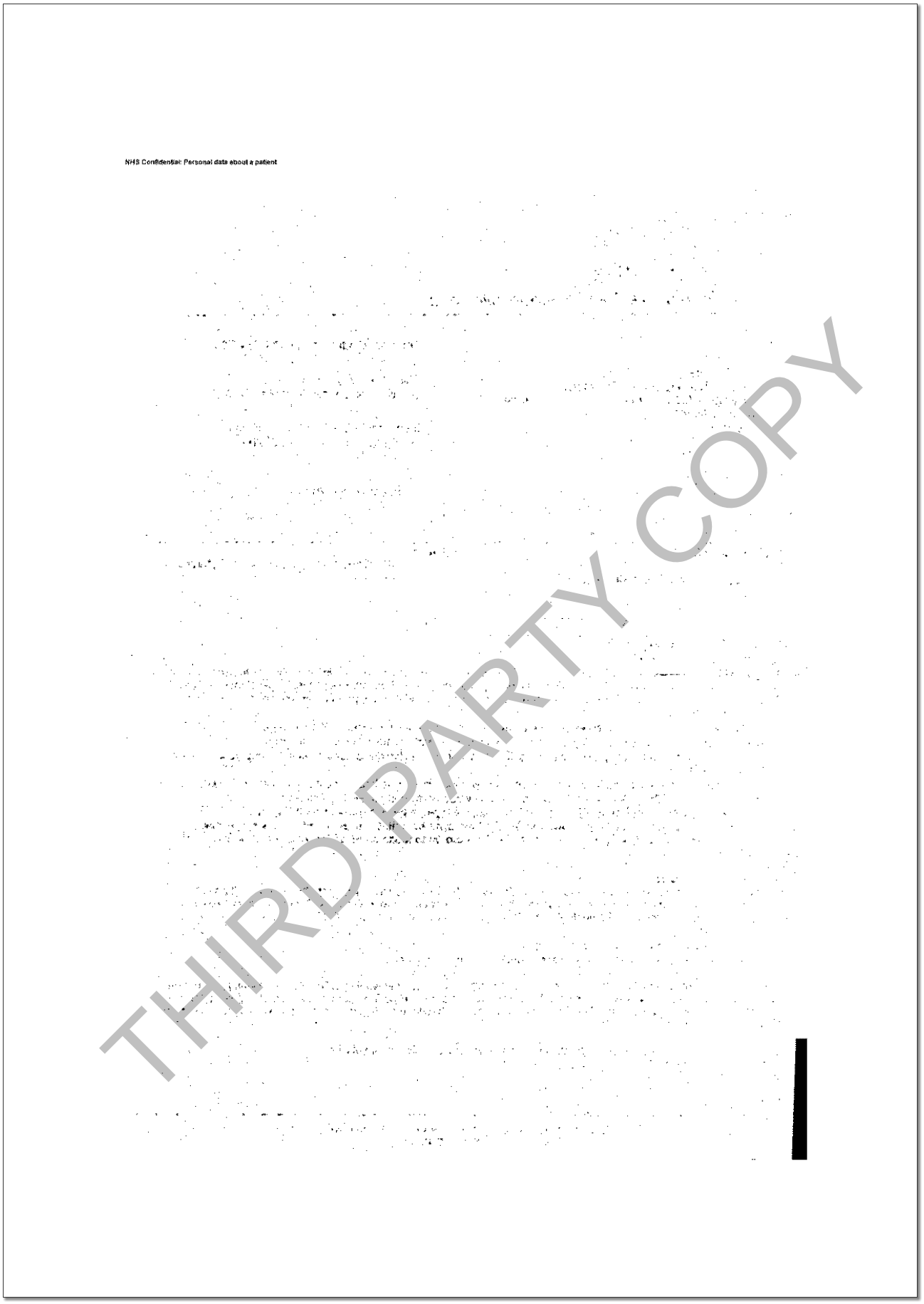

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ESA113

**Client Name:**
Mr William Mcchesney

**Client NINo:** NA269841D

**Client Date of Birth:** 26.07.1962

Freepost RTZY-JCHS-LZET
Centre for Health and Disability Assessments
Glasgow BSC
Mail Handling Site A
Wolverhampton
WV98 2EQ

***Your reply***

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please continue at Part 7.

**1 When did your patient last see a GP?**

22/01/20

**2 Current conditions affecting ability to work:**
Please give us details of those conditions **which may have significant effect on the person's capacity to work.** Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, **where relevant.**

If you are sending a computerised printout of current medication you do not need to list this here.

*Please complete **both sides** of this form,*
*and return the completed form in the supplied envelope - with the above address showing in the window*

| Condition and date of diagnosis | Symptoms and signs | Investigations, management & medication |
|---|---|---|
| See summary | | |

Centre for Health and Disability Assessments on behalf of the DWP
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ESA113

## About your patient - continued

NiNo: NA269841D

**3 Current conditions not affecting ability to work**
Please **list** any other relevant conditions that do not affect the ability to work.

**4 If known from your knowledge of the patient,** please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

| | |
|---|---|
| Walking or moving | |
| Transferring between seats | |
| Reaching | |
| Picking up objects | |
| Manual dexterity | |
| Communicating with others | |
| Continence | |
| Learning simple tasks | |
| Awareness of hazards | |
| Initiating and completing personal actions | |
| Coping with changes or social engagement | |
| Appropriateness of behaviour | |
| Eating or drinking | |

Not known

**5 Does the patient have a history of threatening or violent behaviour?** No ☐ Yes ☐

Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

**6 Could your patient travel to an examination centre by public transport or taxi?** No ☐ Yes ☑

Please tell us why at **Part 7**

**7 Additional information**
Please continue on a separate sheet if necessary.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

**Your Signature**

**Signature** [signature]

**Name** IN CAPITALS Dr A. M'Crorie

**Date** 30 / 03 / 20

**Practice stamp**

Dr Angela McCrorie
Portland Medical Practice
34 Portland Road
KILMARNOCK
KA1 2DL
Tel No: 01563 522411
Fax No: 01563 545409

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# Registration Details - Patient No: 6000

| Personal details... | | Address details... | |
|---|---|---|---|
| Date of birth | 26/07/1962 | Post Code | KA3 1NU |
| Sex | M | House Name Flat No | |
| Surname | McChesney | No and Street | 101 Kilmaurs Road |
| Previous Surname | | Village | KILMARNOCK |
| Forenames | William | Town | KILMARNOCK |
| Calling Name | William | County | |
| Title | Mr | | |
| Birth Surname | | | |
| Marital Status | Single | | |
| Ethnic Origin | | | |
| Next of Kin | | | |

| HA/HB Details... | | Contact details... | |
|---|---|---|---|
| Trading partner | Ayrshire & Arran | Home Tel No | 07950580883 |
| Registered GP | Dr Angela McCrorie | Mobile Tel No | |
| Usual GP | Dr Angela McCrorie | Work Tel No | |
| CHI Number | 2607623510 | E Mail Address | |
| Residential Inst | | Key Safe | |
| Branch Surgery | | | |
| NHS Number | S/579/62/754 | | |

| Practice Information... | | Further Information | |
|---|---|---|---|
| Dispensing | N | Long/Short stay or Dead | |
| Hospital Number | | Date of registration | 08/06/2016 |
| Records At | | | |

| Upload Consent | | AMS\CMS Details | |
|---|---|---|---|
| SCI-DC Consent | Implied Consent (default) | AMS Consent | Yes |
| Pharmacy Details | Boots-9/11 St Marnock St,Kilmarnock,East Ayrshire,(KA1 1DZ) - 01563541145(Org Id - 5246) | | |
| Item Collected Check | Yes | | |
| CMS Suitability Status | -1 | | |
| CMS Registration Status | 2 | | |

| ECS (GP Summary) Consent | | Distances | |
|---|---|---|---|
| Patient Consent | Implied Consent (default) | RPP Road Miles | |
| Blocked Special | | | |
| Water Miles | | | |
| Footpath Miles | | | |

## Medical Record

### Problems

| Active Problems | | Authorised By | Code |
|---|---|---|---|
| 28/06/2017 | Exercise tolerance test not indicated normal | Miss McHarg | 8IB7 |
| 23/05/2017 | Seborrhoeic keratosis right ear - for cureflage and cautery | Miss McCall | M223 |
| 30/12/2016 | Urine sample sent to Lab | Miss McHarg | 4146 |
| 22/12/2016 | Foot X-ray (Right) | Miss Love | 52B-1 |
| 02/06/2016 | Shoulder X-ray (Right) Normal | Mrs Burns | 528-4 |
| 02/06/2016 | Elbow X-ray (Right) normal | Mrs Burns | 5287-1 |
| 02/12/2014 | Low mood | Dr Poddar | 1BT-1 |

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| | | | |
|---|---|---|---|
| 23/06/2014 | Exercise tolerance test | Mrs Murray | 33B9 |
| 18/07/2013 | Declined diabetic retinopathy screening | Miss McCall | 9m0A |
| 21/12/2012 | Seasonal influenza vaccination declined Batch Change of 9ox5 to 9ox51 coding | Mrs Campbell | 9OX51 |
| 01/11/2010 | Phacoemulsification of lens LEFT - AND LENS IMPLANT | Mrs Swift | 72631-1 |
| 21/10/2010 | Essential hypertension | Dr Gaffney | G20 |
| 21/10/2010 | Angina pectoris NOS | Dr Gaffney | G33zz |
| 02/07/2010 | Type 2 diabetes mellitus | Mrs Lauder | C10F |
| 10/01/2006 | Dyspepsia | Miss McCarvel | J16y4 |
| 29/09/1998 | Drug therapy | Dr UnknownUser | 8B3 |
| 02/02/1993 | Never smoked tobacco | Dr UnknownUser | 1371 |
| 23/12/1992 | Asthma | Dr UnknownUser | H33 |

| Past Problems | | Authorised By | Code |
|---|---|---|---|
| 21/12/2012 | **Seasonal influenza vaccination declined** Batch Change of 9ox5 to 9ox51 coding | Mrs Campbell | 9OX51 |

| Due Diary Entries | | Authorised By | Code |
|---|---|---|---|
| 22/01/2021 | **Medication review** | Dr McCrorie | 8B314 |
| 10/05/2020 | **Diabetic monitoring** | Mrs Lauder | 66A |

| Overdue Diary Entries | | Authorised By | Code |
|---|---|---|---|
| 18/02/2020 | **Diabetic annual review OVERDUE** | Dr McCrorie | 66AS |
| 14/01/2020 | **Asthma annual review OVERDUE** | Mrs Lauder | 66YJ |
| 14/01/2020 | **CHD monitoring OVERDUE** | Mrs Lauder | 662N |
| 14/01/2020 | **Coronary heart disease annual review OVERDUE** | Mrs Lauder | 6A2 |
| 14/01/2020 | **Hypertension monitoring OVERDUE** | Mrs Lauder | 662P |
| 14/01/2020 | **Hypertension annual review OVERDUE** | Mrs Lauder | 662d |
| 14/01/2020 | **Asthma follow-up OVERDUE** | Mrs Lauder | 66YK |
| 02/10/2018 | **Seasonal influenza vaccination OVERDUE** | Ms Stewart | 65E0. |
| 26/07/2018 | **No response to bowel cancer screening programme invitation OVERDUE** Bowel Cancer Screening Exclusion | Mrs Lauder | 9Ow2. |
| 26/07/2014 | **No response to bowel cancer screening programme invitation OVERDUE** Bowel Cancer Screening Exclusion | Miss Kilpatrick | 9Ow2. |

| Alerts | | Authorised By | Code |
|---|---|---|---|
| | None | | |

| Drug Allergies | | Authorised By | Code |
|---|---|---|---|
| | None | | |

| Non Drug Allergies | | Authorised By | Code |
|---|---|---|---|
| | None | | |

| Health Status | |
|---|---|
| 14/05/2013 | **Height 168 cm** |
| 14/01/2019 | **Weight 85 Kg** |
| 14/01/2019 | **Body Mass Index 30.12 kg/m2** |
| 15/01/2020 | **Blood pressure reading O/E - BP reading** |
| 15/01/2020 | **Blood pressure reading 117/82 mm Hg** |
| 14/05/2013 | **Exercise grading FITT activity level 0; no mod/vig activity of 20 mins duratn** |
| 14/01/2019 | **Alcohol consumption 0** |

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units/week

| Consultations | |
|---|---|
| 27/03/2020 13:31 | Ms Shirley Hawkins at Admin |
| Comment | ESA form placed in Dr McCrorie's box for completion |
| 19/03/2020 13:09 | Mrs Beverley Thomson at Admin |
| Comment | vm left to call surgery - need to know which pharmacy to use for current px |
| 17/03/2020 09:53 | Dr Alison McKean at Portland Medical Practice |
| History | Special request - RAMIPRIL 10M needs reauth and printed (48) |
| Medication | Ramipril Capsules 10 mg 28 *CAPSULE ONE TO BE TAKEN EACH MORNING* |
| 05/03/2020 | Dr Philip Laraway at Portland Medical Practice |
| Problem | should take one or the other |
| 04/03/2020 12:27 | Dr Alison McKean at Portland Medical Practice |
| History | Special request - metformin needs reauth and printed ALSO co-codamol 15/500 (48) issued metformin. with regard his cocodamol I would not usually mix this with tramado, which I see he is also taking.. to d/w GP please to clarify his analgesia |
| Medication | Metformin Hydrochloride Tablets 500 mg *112 tablet TWO TO BE TAKEN TWICE A DAY* |

## Medication

| Current<br>Date Commenced | Drug Details | Date Last Issue | Authorised By | Type |
|---|---|---|---|---|
| 15/04/2019 | **Empagliflozin Tablets 10 mg** ONE TO BE TAKEN EACH DAY. 28 TABLET | 24/03/2020P | Dr Angela McCrorie | REPEAT |
| 11/02/2019 | **Pregabalin Capsules 50 mg** ONE TO BE TAKEN TWICE A DAY 56 CAPSULE | 24/03/2020P | Dr Angela McCrorie | REPEAT |
| 14/06/2017 | **Trueplus Lancets 0.195 mm/33 gauge** TO BE USED AS DIRECTED 100 lancet | 31/05/2019P | Dr S Montgomery | REPEAT |
| 14/06/2017 | **Trueyou Test strips** TO BE USED AS DIRECTED 50 STRIP | 02/10/2019P | Dr Angela McCrorie | REPEAT |
| 10/05/2017 | **Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose** ONE PUFF TWICE A DAY 120 DOSE | 05/02/2020P | Dr Angela McCrorie | REPEAT |
| 11/01/2017 | **Metformin Hydrochloride Tablets 500 mg** TWO TO BE TAKEN TWICE A DAY 112 tablet | 04/03/2020P | Dr Angela McCrorie | REPEAT |
| 05/10/2016 | **Tramadol Hydrochloride Capsules 50 mg** 2 Caps 4 times daily 224 capsule | 24/03/2020P | Dr Angela McCrorie | REPEAT |
| 23/08/2016 | **Glyceryl Trinitrate Pump spray 400 micrograms/dose** ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED 200 DOSE | 29/08/2018P | Dr Angela McCrorie | REPEAT |
| 13/05/2016 | **Easyhaler Salbutamol Dry Powder Inhaler 200 micrograms/actuation** ONE PUFF TO BE INHALED AS REQUIRED 2 inhaler | 20/12/2016P | Dr Wolfgang Furste | REPEAT |
| 01/04/2015 | **Omeprazole Capsules (Gastro-Resistant) 20 mg** ONE TO BE TAKEN EACH DAY 28 CAPSULE | 16/03/2020P | Dr Angela McCrorie | REPEAT |
| 20/08/2014 | **Isosorbide Mononitrate M/R tablets 60 mg** ONE TO BE TAKEN EACH MORNING 28 TABLET | 04/03/2020P | Dr Angela McCrorie | REPEAT |
| 15/01/2013 | **Atorvastatin Tablets 20 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET | 16/03/2020P | Dr Angela McCrorie | REPEAT |
| 07/06/2012 | **Ramipril Capsules 10 mg** ONE TO BE TAKEN EACH MORNING 28 CAPSULE | 17/03/2020P | Dr Angela McCrorie | REPEAT |
| 27/07/2010 | **Gliclazide Tablets 80 mg** ONE TO BE TAKEN TWICE A DAY 56 TABLET | 16/03/2020P | Dr Angela McCrorie | REPEAT |
| 07/07/2010 | **Amlodipine Tablets 10 mg** ONE TO BE TAKEN EACH MORNING 28 TABLET | 16/03/2020P | Dr Angela McCrorie | REPEAT |
| 15/06/2010 | **Aspirin E/c tablets 75 mg** 1 TAB IN THE MORNING (STATUS=C) 28 TABLET | 16/03/2020P | Dr Angela McCrorie | REPEAT |

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# LENS

## Lowering Events in Non-proliferative retinopathy in Scotland

**Ref: 2029251**

Dr Montgomery
Portland Medical Practice
34 Portland Road
Kilmarnock
KA1 2DL

LENS
Clinical Trial Service Unit
Richard Doll Building
University of Oxford
Old Road Campus
Roosevelt Drive
Oxford OX3 7LF

Email: lens@ndph.ox.ac.uk
www.ctsu.ox.ac.uk/lens

29 January 2020

**Mr William McChesney**
**DoB: 26/07/1962 CHI number: 2607623510**
**101 Kilmaurs Road, Kilmarnock, KA3 1NU**

Dear Dr Montgomery,

**Randomisation of patient in the LENS trial**

We recently wrote to you about Mr McChesney saying that they had agreed to take part in the LENS trial. The purpose of this placebo-controlled double blind study is to find out whether long-term treatment with the cholesterol-lowering drug, fenofibrate, can slow down the progression of retinopathy.

Mr McChesney was found to be eligible for the trial based on screening criteria and therefore entered the 10-week *run-in* phase in which participants are asked to take fenofibrate therapy sent to them by post.

The NHS research nurse recently saw Mr McChesney again in clinic for a *Randomisation visit* and confirmed their willingness to continue in the trial. In addition, blood tests taken at this visit showed no cause for concern. Results of their blood tests from the Randomisation visit are provided below:

- ALT = [_17_]U/L; AST = [_15_]U/L; CK = [_138_]U/L; creatinine = [_91_]umol/L; eGFR = [_≥60_]mL/min/1.73m$^2$

**Mr McChesney has formally entered the LENS trial and has been randomised to either fenofibrate or placebo. They will receive supplies of study tablets every 6 months by post and will also be sent questionnaires.**

If you have any questions in the meantime, please feel free to phone **0808 164 5090**, to email lens@ndph.ox.ac.uk or to visit the trial website at www.ctsu.ox.ac.uk/lens.

Yours sincerely

David Preiss

Dr David Preiss
Chief Investigator, LENS Trial

Also on behalf of: Dr. Mohan Varikkara, University Hospital Crosshouse



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**Endoscopy Unit**
**University Hospital Crosshouse**
**Kilmarnock Road**
**Kilmarnock**
**KA2 0BE**

NHS Ayrshire & Arran

www.nhsaaa.net

Mr William McChesney
101 Kilmaurs Road
Kilmarnock
KA3 1NU

| | |
|---|---|
| Our Ref: | LPV/KW |
| Ref Date: | 30/04/2024 |
| Date Dictated: | 26/06/2024 |
| Date Typed: | 27/06/2024 |
| Enquiries to | Caroline McCracken |
| Direct Line: | 01563 825156 |
| Ext. Number: | 25156 |

Dear Mr McChesney,

**WILLIAM MCCHESNEY** **DOB: 26/07/1962** **CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

I have received a letter from my colleague, Mr Leung. You will recall that we have arranged for you to undergo a gastroscopy. This had noted that you had changes in the cells lining the oesophagus, called Barrett's oesophagus. We would normally recommend keeping an eye on these changes with camera procedures every 3-5 years. I have copied in my colleague who coordinates the patients who require follow-up endoscopies, and we will be in touch when it is time for your next camera procedure.

In the meantime, you should continue on your regular antacid medication to ensure that these changes cannot progress. I hope this is satisfactory to you.

Yours sincerely

Authorised on 16/07/2024 14:36:37 by Lavan Palani Velu.

**Mr Lavan Palani Velu B.Sc MBChB FRCS (Glasg)**
**Consultant General & Upper GI Surgeon**
**GMC: 6163241**

Dr PG Laraway
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL



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Mr E Leung
Consultant Surgeon - Colorectal
Room 444 - Level 4 West
University Hospital Crosshouse
Kilmarnock
KA2 0BE

Kayleigh McEwen
Nurse Endoscopist
Endoscopy Department
Ground Floor
Crosshouse Hospital
KA2 0BE

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Endoscopy Unit
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 825154

www.nhsaaa.net

NHS Ayrshire & Arran

William McChesney
101 Kilmaurs Road
Kilmarnock
Ayrshire
KA3 1NU

| | |
|---|---|
| Our Ref: | EL/SD/ |
| Hospital No: | |
| Ref Date: | 11/06/2024 |
| Date Dictated: | 11/06/2024 |
| Date Typed: | 11/06/2024 |
| Enquiries to | Endoscopy Secretary |
| Direct Line: | 01563 825154 |
| Ext. Number: | 25154 |
| Email: | aa.uhcendosecs@aapct.scot.nhs.uk |

Dear William McChesney,

**WILLIAM MCCHESNEY** **DOB: 26/07/1962** **CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

I am writing to let you know that your recent upper GI endoscopy on 30/4/24 has shown only some benign inflammation in your oesophagus consistent with Barrett's oesophagitis and some inflammation in your stomach related to H. Pylori and gastritis.

These conditions are treated with medications that you can obtain from your GP. I would advise you to see your GP who will be able to prescribe a course of H. Pylori eradication therapy for you. I have also sent a copy of this letter to Mr Velu who can review your case and determine whether you would qualify for Barrett's surveillance in the future.

Otherwise, with regards to your previously noted mild anaemia, I have now arranged to have your bloods checked again. If your blood count has returned back to normal, then we should be further reassured as there will be no strong clinical indication for any further lower GI investigation.

Once we have your blood test result back, we will then decide if you would require any further follow up arrangement. Please don't hesitate to contact us if you have any queries.

Yours sincerely

*Authorised on 11/06/2024 20:51:20 by Edward Leung.*

**Mr Edward Leung**
**MBChB, FRCS (Glasg & Edin), MD, FRCS (Gen Surg) MFSTEd**
**Director of Ayrshire & Arran Bowel Screening**
**Consultant Surgeon & Honorary Clinical Senior Lecturer**

www.nhsaaa.net

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**Laparoscopic, General & Colorectal Surgery**
**GMC: 4093567**

Dr PG Laraway
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Mr Lavan Palani Velu
Consultant UGI Surgeon
Surgical Unit - 462 West
University Hospital Crosshouse
KA2 0BE

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**Endoscopy Unit**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**
**01292 617163**

**www.nhsaaa.net**

NHS Ayrshire & Arran

Mr E Leung
Consultant Surgeon - Colorectal
Room 444 - Level 4 West
University Hospital Crosshouse
Kilmarnock
KA2 0BE

| | |
|---|---|
| Our Ref: | ENDO/SL/ |
| Hospital No: | 2607623510 |
| Ref Date: | 26/03/2025 |
| Date Dictated: | 26/03/2025 |
| Date Typed: | 26/03/2025 |
| Enquiries to | Sinead Lynch |
| Direct Line: | 01292 617163 |
| Ext. Number: | 17163 |
| Email: | sinead.lynch@aapct.scot.nhs.uk |

Dear Mr Leung,

**WILLIAM MCCHESNEY DOB: 26/07/1962 CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

Your patient above was invited to attend for a colonoscopy procedure recently but has declined to have this procedure carried out as he is asymptomatic.

Please note therefore we have removed this patient from our waiting list.

However, we would be happy to receive a re-referral if the patient has re-considered or if is clinically indicated.

Yours sincerely

*Authorised on 26/03/2025 12:57:23 by Typist Sinead Lynch, not verified by Consultant FREE.*

**Endoscopy Unit**

Dr PG Laraway
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

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INVESTING IN VOLUNTEERS

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NHS Ayrshire & Arran Diabetes Retinopathy Screening Programme
Room 745, 2nd Floor, Admin Building
Ayrshire Central Hospital,Irvine, KA12 8SS
Tel: 01294 323470

Friday, 11 November 2011

PORTLAND MEDICAL PRACTICE
34 PORTLAND RD
KILMARNOCK KA012DL

Dear PORTLAND MEDICAL PRACTICE,

**DIABETIC RETINOPATHY SCREENING PROGRAMME**
PATIENT DIABETIC EYE SCREENING RESULT

**CHI No:** 2607623510
**Name:** WILLIAM MCCHESNEY
**Address:** 101 KILMAURS ROAD, KILMARNOCK KA31NU

This patient was screened on the 09/11/2011 05:21 PM. Their screening results are as follows:

| | Right Eye | Left Eye |
|---|---|---|
| Visual Acuity | 0.3 (6/12) | 0.6 (6/24) |
| Diabetes Retinopathy Grade | (R6) not adequately visualised | (R1) BDR mild |
| Maculopathy Level | (M0) no maculopathy | (M0) no maculopathy |
| Non DR Features | --- | --- |
| Comments | patient already referred through the GOS for cataract surgery and awaiting appointment | |

The patient has been informed of the condition of their eyes and the following action has been taken:

Refer to ophthalmology

Should you have any queries please contact The Diabetes Retinal Screening Programme, on 01294 323470.

Yours sincerely,

The Diabetes Retinal Screening Programme

Page 1 of 1

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**Confidential - Clinical Information**

**Diabetes & Endocrinology**
**University Hospital Crosshouse**
**Kilmarnock Road**
**Kilmarnock**
**KA2 0BE**
**Tel 01563 521133**

**www.nhsaaa.net**

NHS Ayrshire & Arran

William McChesney
101 Kilmaurs Road
Kilmarnock
Ayrshire
KA3 1NU

| | |
|---|---|
| Our Ref: | AM/ID |
| Hospital No: | |
| Clinic Date: | 19/06/2023 |
| Date Dictated: | 19/06/2023 |
| Date Typed: | 28/06/2023 |
| Enquiries to | Sheila Drummond |
| Direct Line: | 01563 825609 |
| Ext. Number: | 25609 |
| Email: | Sheila.Drummond@aapct.scot.nhs.uk |

Dear William McChesney ,

**WILLIAM MCCHESNEY DOB: 26/07/1962 CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

I recently met you at the Diabetes Clinic. I have attached a copy of your recent screening results. The idea is that you use this to plan what you would like to discuss at your next clinic review.

Overall there has been a little improvement in your blood sugar control since we lack checked your blood tests and I suspect this is due to the addition of Alogliptin last year. You do still remain a little about target (58mmol/mol) and so you should continue with any lifestyle or diet changes that you can manage.

We did discuss that a class of tablets called GLP-1 analogues could potentially be an option for you. Unfortunately since we had this conversation there has been a national announcement that due to supply issues no new patients can be started on these medications. The supply issues appear to be due to private companies buying supplies of these medications as anti-obesity medication for people who don't have diabetes.

I think given you are close to target we could simply monitor you for the time being. As you do not wish an injection for your diabetes I have discharged you back to your GP practice however if your blood sugars rise again in the future we could re-visit the plan for either a GLP-1 analogue tablet or injection if you change your mind about an injection. It is hoped that the issues with supply will resolve by June 2024.

Yours sincerely

*Authorised on 03/07/2023 10:13:04 by Alison MacEwen.*



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**Alison MacEwen**
**Consultant Endocrinologist**
**GMC: 6100786**

Dr PG Laraway
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Enc – care plan

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**University Hospital Crosshouse**
**Medical Imaging Department**
**Kilmarnock Road**
**Crosshouse**
**KA2 0BE**

NHS Ayrshire & Arran

## Diagnostic Imaging Report

| | | | |
|---|---|---|---|
| CHI No. | : **2607623510** | Referrer Clinician: | **Jennifer Shennan (GP PortlandMP)** |
| | | Specialty | : **General Practice** |
| Patient Name | : **McChesney, William** | Address | : **Portland Medical Practice (Kilmarnock)** |
| Patient Address | : **101 Kilmaurs Road** | | **34 Portland Road** |
| | **Kilmarnock** | | **Kilmarnock** |
| | **AYRSHIRE** | | |
| | **KA3 1NU** | | **KA1 2DL** |
| DOB | : **26/07/1962** | Ward/Clinic | : **GP** |
| Gender | : **Male** | Attendance No. | : **51351137** |

Examination(s): **XR Foot Rt** Exam Date : **02 June 2025**
Accession(s) : **AA15135113701** Report Date : **03 June 2025**

## Authorised

Patient Name: William, McChesney
Patient Address: 101 Kilmaurs Road, KA3 1NU
DOB: 26/07/1962
Patient ID: 2607623510
Accession Number: AA15135113701
Referring Cons: Jennifer Shennan (GP PortlandMP)
**Referring Dept:** GP
**Visit Type:** GP
Site: University Hospital Crosshouse

**51351137 02/06/2025 XR Foot Rt**

---

**Clinical Indications**
pt kicked dorsum of foot against table leg 3 weeks ago slight discomfort in area since intermittently, weight bearing fine, normal II neuro exam and pulses fine, ?boney injury

**Report**

**Right foot**

No evidence of a healing fracture is seen.

There is minor narrowing in the first metatarso-phalangeal joint with subchondral sclerosis and osteophyte formation in keeping with mild degenerative change.
Vascular calcification is demonstrated.

**Frew, N (Rep.Radiographer RA49336)**

**[END REPORT]**

**Reported by** Frew, N (Rep.Radiographer RA49336)
**Authorised by** Frew, N (Rep.Radiographer RA49336)

Page 1 of 1

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**Confidential - Clinical Information**

**General Surgical Department**
**University Hospital Crosshouse**
**Kilmarnock Road**
**Kilmarnock**
**KA2 0BE**
**01292 614849**

**www.nhsaaa.net**

NHS Ayrshire & Arran

William McChesney
101 Kilmaurs Road
Kilmarnock
Ayrshire
KA3 1NU

Our Ref: LM/KR
:
Clinic Date: 30/04/2024
Date Dictated: 23/08/2024
Date Typed: 23/08/2024
Enquiries to Laura Murdoch
Direct Line: 01292 614849
Ext. Number: 14849
Email: Laura.Murdoch@aapct.scot.nhs.uk

Dear William McChesney ,

**WILLIAM MCCHESNEY DOB: 26/07/1962 CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

We are writing to let you know that your recent Barrett's follow-up endoscopy and biopsies did not show any worrying features. This should be considered reassuring.

Your next follow-up endoscopy should be in around **5 years**.

Should your circumstances change or should you wish to stop having follow-up endoscopies please let us know at the above number.

Please also note that you should keep taking your anti-acid medication.

Always report any new symptoms affecting your eating or swallowing to your GP.

The Barrett's Surveillance Nurse can be contacted via the above number for any further information.

Yours sincerely

*Authorised on 23/08/2024 15:26:21 by Typist Laura Murdoch, not verified by Consultant Kevin Robertson.*

**Kevin Robertson**
**Consultant Surgeon**
**GMC 3281666**

Dr PG Laraway
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire



INVESTING IN VOLUNTEERS

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| | |
|---|---|
| **University Hospital Crosshouse**<br>**Kilmarnock Road**<br>**Kilmarnock**<br>**KA2 0BE**<br>**Phone: 01563 521133** | **Immediate Discharge Letter**<br>**&**<br>**Prescription** |

| **To:** | **Re:** |
|---|---|
| Portland Medical Practice<br>34 Portland Road<br>Kilmarnock<br>Ayrshire<br>KA1 2DL | WILLIAM MCCHESNEY<br>101 KILMAURS ROAD , ,<br>KILMARNOCK , AYRSHIRE , KA3 1NU<br>DOB: 26/07/1962<br>Hosp. No.: 2607623510<br>CHI No.: 2607623510 |

**Date of Admission:** 13/03/2025
**Mode of Admission:** Emergency
**Admission Reason:**
**Discharge Date:** 13/03/2025

**Ward:** XCAU RAPID ASSE
**Consultant:** DR MAHANTH MANUEL (Acute Medicine)
**Follow Up:**

**Diagnoses** GORD

-

**Secondary Diagnoses**
RTI
COPD
Reflux oesophagitis
Hiatus hernia
Vit B12 def
Angina
T2DM
Dyspepsia
Asthma

- NURSE ANGELA STROYAN (NIP) ( 2025-03-13 19:04:12 )

**Investigations**
HS cTNT 13,13
ECG no new changes NSR
CXR nil acute

- NURSE ANGELA STROYAN (NIP) ( 2025-03-13 19:05:04 )

**Clinical Progress**
The above 62 year old gentleman was referred with intermittent chest pain. On review patient states only first thing in the morning every few days, resolves after 15 mins, DEscribes reflux symptoms. No SOB, no radiation, no palpitations, sleeps flat on side. No recent viral illness. NEWS 2 0, cardiovascularly stable apyrexial. No trop rise. No ischaemic ECG changes. DC with PPI and peptac.

- NURSE ANGELA STROYAN (NIP) ( 2025-03-13 19:12:44 )

**Discharged by:** NURSE ANGELA STROYAN (NIP)

Page: 1 of 2
**Report generated on:** 13/03/2025 20:00

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| | |
|---|---|
| **University Hospital Crosshouse**<br>**Kilmarnock Road**<br>**Kilmarnock**<br>**KA2 0BE**<br>**Phone: 01563 521133** | **Immediate Discharge Letter**<br>**&**<br>**Prescription** |

| | |
|---|---|
| **To:** Portland Medical Practice<br>34 Portland Road<br>Kilmarnock<br>Ayrshire<br>KA1 2DL | **Re:** WILLIAM MCCHESNEY<br>101 KILMAURS ROAD , ,<br>KILMARNOCK , AYRSHIRE , KA3 1NU<br>DOB: 26/07/1962<br>Hosp. No.: 2607623510<br>CHI No.: 2607623510 |

**Pharmacy** Given HBP for omeprazole 20mg BD for 2/52, then 20mg OD and peptac. Stop lansoprazole.

NURSE ANGELA STROYAN (NIP) ( 2025-03-13 19:08:16 )

| Allergy/Intolerance | Reaction |
|---|---|
| ***Drug Allergy Status Undetermined | |

*Allergy records are as recorded at time and date of printing.*

**No medicines prescribed on discharge**

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**Discharged by:** NURSE ANGELA STROYAN (NIP)

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**Report generated on:** 13/03/2025 20:00

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NHS Ayrshire & Arran Diabetes Retinopathy Screening Programme
Room 745, 2nd Floor, Admin Building
Ayrshire Central Hospital,Irvine, KA12 8SS
Tel: 01294 323470

Thursday, 20 January 2011

PORTLAND MEDICAL PRACTICE
34 PORTLAND RD
KILMARNOCK KA012DL

Dear PORTLAND MEDICAL PRACTICE,

**DIABETIC RETINOPATHY SCREENING PROGRAMME**
PATIENT NON ATTENDANCE

| | |
|---|---|
| **CHI No:** | 2607623510 |
| **Name:** | WILLIAM MCCHESNEY |
| **Address:** | 101 KILMAURS ROAD, KILMARNOCK KA31NU |

This patient has not attended retinal screening following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries please contact us on 01294 323470.

Yours sincerely,

The Diabetic Retinal Screening Programme

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Department of Radiology

**UNIVERSITY HOSPITAL CROSSHOUSE**
**Medical Imaging Department**
**CROSSHOUSE**
**Kilmarnock**
**KA2 0BE**

NHS Ayrshire & Arran

***RADIOLOGY REPORT***

**CHI NUMBER:** 2607623510 **Examination Number:** 34829336 **Examination Date: 16/12/2016**
**Name: Mcchesney, William DOB: 26/07/1962**
**Address:** 101 Kilmaurs Road, Kilmarnock, Ayrshire, KA3 1NU -- CC: -

**Referring Department / Location:** EDWARDS DONNA
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

**Referring Consultant:** GP Requestor

**Date Dictated:** 22/12/2016 **Typed by:** (Medica) Dr S Forbat

**Examination:** XR Foot Rt

**Clinical Indication**

**Report:**

Clinical history.

Diabetic with pain at the first metatarsal 4 weeks. Redness and heat.? Gout or osteoarthritis.

There is minor degenerative change in the first MTP joint.

No other abnormality.

**Dictating Radiologist / Clinical Specialist (Medica) Dr S Forbat GMC 3067985**

**Verified by: (Medica) Dr S Forbat**

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**Examination Number:** 34829336 **Examination Date: 16/12/2016**
**Name: Mcchesney, William DOB: 26/07/1962**
**Dose :- 2 cGy cm2**

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Nor

NHS Ayrshire & Arran Diabetes Retinopathy Screening Programme
Tel: 01294 323470

Friday, 13 June 2014

PORTLAND MEDICAL PRACTICE
94 PORTLAND RD
KILMARNOCK KA012DL

Dear PORTLAND MEDICAL PRACTICE,

**DIABETIC RETINOPATHY SCREENING PROGRAMME**
PATIENT DIABETIC EYE SCREENING RESULT

**CHI No:** 2607623510
**Name:** WILLIAM MCCHESNEY
**Address:** 101 KILMAURS ROAD, KILMARNOCK KA3 1NU

This patient was screened on the 10/06/2014 01:51 PM. Their screening results are as follows:

| | Right Eye | Left Eye |
|---|---|---|
| Visual Acuity | 0 (6/6) | 1 (6/60) |
| Diabetes Retinopathy Grade | (R1) BDR mild | (R1) BDR mild |
| Maculopathy Level | (M0) no maculopathy | (M0) no maculopathy |
| Non DR Features | --- | --- |
| Comments | | |

The patient has been informed of the condition of their eyes and the following action has been taken:

Rescreening in 12 months (Fundus Photography)

Should you have any queries please contact The Diabetes Retinal Screening Programme, on 01294 323470.

Yours sincerely,

The Diabetes Retinal Screening Programme

Gallway?

*** www.mydiabetesmyway.scot.nhs.uk ***

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**Diabetes & Endocrinology**
**University Hospital Crosshouse**
**Kilmarnock Road**
**Kilmarnock**
**KA2 0BE**
**Tel: 01563 521133**

**www.nhsaaa.net**

NHS Ayrshire & Arran

Dr AL McCrorie
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Our Ref: AM/SG
Hospital No:
Clinic Date: 04/07/2022
Date Dictated: 04/07/2022
Date Typed: 08/07/2022
Enquiries to Sheila Graves
Direct Line: 01563 825609
Ext. Number: 25609
Email:

Dear Dr McCrorie,

**WILLIAM MCCHESNEY DOB: 26/07/1962 CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

**Diagnosis:**
1. Type 2 diabetes mellitus 2010
2. Hypertension
3. Asthma
4. Angina
5. Family history of Type 2 diabetes mellitus in mother

I saw Mr McChesney on a face-to-face basis following his original referral in 2020 with sub-optimal control on triple therapy with Empagliflozin, Metformin and Gliclazide. He checks his blood sugars on a regular basis and tells me these range from 5-8 mmol/L with an occasional one as high as 13 mmol/L with minimal episodes of hypoglycaemia. His very recent haemoglobin A1c done on 24 June remained sub-optimal at 65 mmol/mol. He does feel there are things he could improve on in terms of his dietary concordance as he does still quite like eating sweets, biscuits and crisps. In terms of activity levels he walks regularly. His BMI is borderline at 27.

I chatted him through his options as he could simply focus on lifestyle issues as he is not that far off target now. We could try an injectable therapy such as a GLP1 analogue although he would likely require less Gliclazide on this regime. He is aware that this regime would have added benefits of reduced risk of heart attacks, strokes and death. The other option would be to add in some Alogliptin 25 mg once daily. He is aware that anything we do to improve his control at present will increase his risk of hypoglycaemia and thus he would need to keep a close eye on his blood sugars at any time starting a new medication. He is not a driver. He is really not keen on injectable therapy but would be agreeable to this as a last resort.

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In the first instance he has opted to try some Alogliptin and I have e-mailed your Practice for a prescription for this but will keep a close eye on his blood sugars over this period and I will arrange updated haemoglobin A1c in around four months' time.

Otherwise I have updated his foot screening today. He did not have a urine sample with him but we have given him a labelled bottle and form to take away for microalbumin screening.

Yours sincerely

*Authorised on 08/07/2022 16:25:28 by Alison MacEwen.*

**Alison MacEwen**
**Consultant Endocrinologist**
**GMC: 6100786**

*Items

**GENERAL**

| Measure | Value | Date | Measure | Value | Date |
|---|---|---|---|---|---|
| HbA1c* | 65 mmol/mol | 24-Jun-2022 | Diabetes Type* | Type 2 Diabetes Mellitus | 13-Jan-2022 |
| Weight | 76 kg | 04-Jul-2022 | Duration of Diabetes* | 12 Years | |
| BMI* | 26.3 kg/m2 | 06-Jul-2022 | Problems with Hypoglycaemia Awareness | | |
| BP* | 117/81 mmHg | 04-Jul-2022 | Smoking Status | Never smoked | 04-Jul-2022 |
| Erectile Dysfunction* | Yes - Not Problematic | 14-May-2013 | | | |

**BIOCHEMISTRY**

| Measure | Value | Date | Measure | Value | Date |
|---|---|---|---|---|---|
| Creatinine* | 85 µmol/L | 24-Jun-2022 | Total Cholesterol* | 3.1 mmol/L | 03-Sep-2021 |
| ACR* | <0.9 mg/mmol | 28-Jul-2020 | HDL Cholesterol* | 1.17 mmol/L | 03-Sep-2021 |
| Estimated GFR* | >60 ml/min | 24-Jun-2022 | Triglycerides* | 1.42 mmol/L | 03-Sep-2021 |
| FT4* | 20.5 pmol/L | 24-Jun-2022 | TSH* | 0.44 mU/L | 24-Jun-2022 |

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| Last Successful Eye Screening | | | |
|---|---|---|---|
| Last Screening Date | 24-Jan-2022 | Screening Outcome | Rescreening in 12 months (Fundus Photography) |

| DRS Results | Right | Left |
|---|---|---|
| Retinopathy | 24-Jan-2022 BDR (Background Diabetic Retinopathy ) - Mild | 24-Jan-2022 BDR (Background Diabetic Retinopathy ) - Mild |

| FEET | | |
|---|---|---|
| Foot Risk Category* | Low Risk | 06-Jul-2022 |

| Medical History (Health Issues) | |
|---|---|
| **Health Issue** | **Year of Diagnosis** |

| RECOMMENDED, ACCEPTED, CHANGED, STOPPED AND NEW CURRENT MEDICATION | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Medication** | **Status** | **Breakfast** | **Lunch** | **Evening Meal** | **Night** | **Other** | **Change/ Stop Date** |

| UNCHANGED CURRENT MEDICATION | | | | | | |
|---|---|---|---|---|---|---|
| **Medication** | **Breakfast** | **Lunch** | **Evening Meal** | **Night** | **Other** | **Change Date** |

| ADVICE GIVEN |
|---|

| Diabetes Education Record: | |
|---|---|

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**Confidential - Clinical Information**

**Diabetes & Endocrinology**
**University Hospital Crosshouse**
**Kilmarnock Road**
**Kilmarnock**
**KA2 0BE**
**Tel: 01563 521133**

**www.nhsaaa.net**

NHS Ayrshire & Arran

Mr William McChesney
101 Kilmaurs Road
Kilmarnock
Ayrshire
KA3 1NU

Our Ref: AM/SG/
Hospital No:
Ref Date: 15/12/2022
Date Dictated: 15/12/2022
Date Typed: 16/12/2022
Enquiries to Sheila Graves
Direct Line: 01563 825609
Ext. Number: 25609
Email:

Dear Mr McChesney ,

**WILLIAM MCCHESNEY DOB: 26/07/1962 CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

I have had word back from the community phlebotomy service to say that you missed your appointment for monitoring of your diabetes on 7 November 2022. This was to reassess how the additional tablet Alogliptin was getting on and the results would have come back to me as opposed to your GP Practice. If you would like me to rearrange this appointment for bloods then please do not hesitate to get in touch. Otherwise you have follow up for my service in June 2023.

Yours sincerely

*Authorised on 19/12/2022 11:50:33 by Alison MacEwen.*

**Alison MacEwen**
**Consultant Endocrinologist**
**GMC: 6100786**

Dr PG Laraway
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL



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NHS Ayrshire & Arran Diabetes Retinopathy Screening Programme
Tel: 01294 323470

Thursday, 18 July 2013

PORTLAND MEDICAL PRACTICE
34 PORTLAND RD
KILMARNOCK KA012DL

Dear PORTLAND MEDICAL PRACTICE,

**DIABETIC RETINOPATHY SCREENING PROGRAMME**
PATIENT NON ATTENDANCE

| | |
|---|---|
| **CHI No:** | 2607623510 |
| **Name:** | WILLIAM MCCHESNEY |
| **Address:** | 101 KILMAURS ROAD, KILMARNOCK KA31NU |

This patient has not attended retinal screening following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries please contact us on 01294 323470.

Yours sincerely,

The Diabetic Retinal Screening Programme

*** www.mydiabetesmyway.scot.nhs.uk ***

Page 1 of 1

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**Confidential - Clinical Information**

**General Surgical Department**
**University Hospital Crosshouse**
**Kilmarnock Road**
**Kilmarnock**
**KA2 0BE**

NHS Ayrshire & Arran

**www.nhsaaa.net**

Dr PG Laraway
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Our Ref: EL/JAS Mr E Leung
Hospital No:
Clinic Date: 18/03/2024
Date Dictated: 18/03/2024
Date Typed: 18/03/2024
Enquiries to Jacqui Stevenson
Direct Line: 01563-826978
Ext. Number: 26978
Email: jacqui.stevenson@aapct.scot.nhs.uk

Dear Dr Laraway ,

**WILLIAM MCCHESNEY DOB: 26/07/1962 CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

I saw this 61 year old man in the clinic today who presented to you with an incidental finding of a low blood count. He has no associated GI, GU or respiratory symptoms to suggest any obvious blood loss. However, he has had episodes of vomiting for the past four days and these episodes tend to occur half an hour after eating. He tends to bring up only foodstuff. His appetite remains normal and he denies any weight loss. He does get some occasional dyspepsia.

He has a past history of GORD and NIDDM. He is only taking Metformin and proton pump inhibitor but is not on Iron supplement at the moment. He has no other significant past medical or family history.

Both general and abdominal examinations were unremarkable. Rectal examination revealed no obvious abnormality. His haemoglobin has now come back up to 131 which is only slightly lower than normal value. He did have a slightly low ferritin and folate level but this has now returned back to normal since his Iron supplement. His pre-clinic stool qFIT result was found to be completely normal.

At the moment, what we have is a normocytic anaemia with low ferritin and folate levels. In view of his new symptoms, I have now organised upper GI endoscopy for him. Once we have this result back, we will then decide if he would still require any further lower GI endoscopic procedure to complete our investigation. We will keep you informed of his progress.

Yours sincerely

*Authorised on 18/03/2024 14:10:55 by Edward Leung.*

**Mr Edward Leung**
**MBChB, FRCS (Glasg & Edin), MD, FRCS (Gen Surg) MFSTEd**
**Director of Ayrshire & Arran Bowel Screening**
**Consultant Surgeon & Honorary Clinical Senior Lecturer**



INVESTING IN VOLUNTEERS

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**Laparoscopic, General & Colorectal Surgery**
**GMC: 4093567**
Scope requested

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University Hospital Crosshouse
Medical Imaging Department
Kilmarnock Road
Crosshouse
KA2 0BE

NHS Ayrshire & Arran

## Diagnostic Imaging Report

| | | | |
|---|---|---|---|
| CHI No. | : 2607623510 | Referrer Clinician: | Philip Laraway |
| Patient Name | : McChesney, William | Specialty | : General Practice |
| Patient Address | : 101 Kilmaurs Road | Address | : Portland Medical Practice (Kilmarnock) |
| | Kilmarnock | | 34 Portland Road |
| | AYRSHIRE | | Kilmarnock |
| | KA3 1NU | | KA1 2DL |
| DOB | : 26/07/1962 | Ward/Clinic | : GP |
| Gender | : Male | Attendance No. | : 50152845 |

Examination(s): XR Chest
Accession(s) : AA15015284501
Exam Date : 19 January 2022
Report Date : 20 January 2022

## Authorised

Patient Name: William, McChesney
Patient Address: 101 Kilmaurs Road, KA3 1NU
DOB: 26/07/1962
Patient ID: 2607623510
Accession Number: AA15015284501
Referring Cons: Philip Laraway
**Referring Dept:** GP
Site: University Hospital Crosshouse

**50152845 19/01/2022 XR Chest**
–

**Clinical Indications**
cough for 2 months.
resistant to treatment with abx, steroids and reflux treatment. chest clear in all areas ? cause

**Report**
Comparison made with the previous radiograph of 02/10/2018.

Cardiomediastinal contours are within normal limits and the lungs are clear. Minor pleural thickening evident at the lung apices but there is no effusion. Visualised bony thorax appears intact.

**Maguire, J (Cons Radiologist 7072439)**

**[END REPORT]**

**Reported by** Maguire, J (Cons Radiologist 7072439)
**Authorised by** Maguire, J (Cons Radiologist 7072439)

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University Hospital Crosshouse
Medical Imaging Department
Kilmarnock Road
Crosshouse
KA2 0BE

NHS Ayrshire & Arran

## Diagnostic Imaging Report

| | | | |
|---|---|---|---|
| CHI No. | : 2607623510 | Referrer Clinician | : Alison McKean (GP Port) |
| Patient Name | : McChesney, William | Specialty | : General Practice |
| Patient Address | : 101 Kilmaurs Road<br>KILMARNOCK<br>KILMARNOCK<br>KA3 1NU | Address | : Portland Medical Practice (Kilmarnock)<br>34 Portland Road<br>Kilmarnock<br>KA1 2DL |
| DOB | : 26/07/1962 | Ward/Clinic | : GP |
| Gender | : Male | Attendance No. | : 50830334 |

Examination(s): **XR Chest** — Exam Date : **11 December 2023**
Accession(s) : **AA15083033401** — Report Date : **14 December 2023**

## Authorised

Patient Name: William, McChesney
Patient Address: 101 Kilmaurs Road, KA3 1NU
DOB: 26/07/1962
Patient ID: 2607623510
Accession Number: AA15083033401
Referring Cons: Alison McKean (GP Port)
**Referring Dept:** GP
Site: University Hospital Crosshouse

**50830334 11/12/2023 XR Chest**

**Clinical Indications**
persistent cough for 2 months. prev 3x antibiotics since July. h.o asthma. chest clear on examination. ?cause for chronic cough for CXR please

**Report**
Comparison made with previous radiograph dated 13/04/2023.

Cardiac and mediastinal contours are within normal limits.
No focal active lung pathology seen; no collapse or consolidation. No pleural effusion or pneumothorax.
Visualised bony thorax appears intact.
No significant interval change.

**Campbell, Jayne (Trainee Reporting Radiographer, RA55793)**

**[END REPORT]**

| | |
|---|---|
| Reported by | Campbell, Jayne (Trainee Reporting Radiographer, RA55793) |
| Second Reporter | Maguire, J (Cons Radiologist 7072439) |
| Authorised by | Maguire, J (Cons Radiologist 7072439) |

Page 1 of 1

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# UK Covid-19 Test Report

## Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **positive**

### Patient Details

| | |
|---|---|
| Surname | McChesney |
| Forename | William |
| CHI | 2607623510 |
| Date of birth | 1962-07-26 |
| Sex | Male |
| Address | 101 KILMAURS ROAD<br>KILMARNOCK<br>KA3 1NU |

### Specimen Details

| | |
|---|---|
| Specimen Processed Date | 03-01-2022 22:43 |
| Test Start Date | 03-01-2022 08:13 |
| Test End Date | 03-01-2022 08:13 |
| GP Practice | 80908 |
| Specimen Number | AAL67653373 |
| Administration Method | self |

**End of Report**

**Report Date:** 19/01/2022

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Department of Radiology

**UNIVERSITY HOSPITAL CROSSHOUSE**
**Medical Imaging Department**
**CROSSHOUSE**
**Kilmarnock**
**KA2 0BE**

NHS Ayrshire & Arran

***RADIOLOGY REPORT***

| |
|---|
| **CHI NUMBER:** 2607623510 **Examination Number:** 34304836 **Examination Date: 02/06/2016** |
| **Name: Mcchesney, William DOB: 26/07/1962** |
| **Address:** 101 Kilmaurs Road, Kilmarnock, Ayrshire, KA3 1NU -- **CC:** - |
| **Referring Department / Location:** EDWARDS DONNA<br>Portland Medical Practice<br>34 Portland Road<br>Kilmarnock<br>Ayrshire<br>KA1 2DL |
| **Referring Consultant:** GP Requestor |
| **Date Dictated:** 03/06/2016 **Typed by:** None |
| **Examination:** XR Elbow Rt, XR Shoulder Rt |

**Clinical Indication**

**Report:**

Right elbow.
The fracture of the proximal shaft of the ulna has healed in good position.
No other abnormalities seen.

**Dictating Radiologist / Clinical Specialist** **Bell, Peter (Loc Rad)**

**Verified by: Bell, Peter (Loc Rad)**

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**Examination Number:** 34304836 **Examination Date: 02/06/2016**
**Name: Mcchesney, William DOB: 26/07/1962**
**Dose :- 17.5 cGy cm2**

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# Diabetic Eye Screening

*Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!*

NHS Ayrshire & Arran

Tel: 01294 323471

GP
PORTLAND MEDICAL PRACTICE
34 PORTLAND RD
KILMARNOCK
KA1 2DL

Wednesday, 18 June 2025

Dear Doctor

**PATIENT DIABETIC EYE SCREENING RESULT**

| | |
|---|---|
| **CHI No** | 2607623510 |
| **Name** | WILLIAM MCCHESNEY |
| **Date of birth** | 26-Jul-1962 |
| **Address** | 101 KILMAURS ROAD, KILMARNOCK, KA3 1NU |

This patient was screened on Tuesday, 17 June 2025. Their screening results are as follows:

**Type of appointment:** Fundus Photography

| | **Right eye** | **Left eye** |
|---|---|---|
| **Visual Acuity** | 6/7.5 (no correction) | 6/48 (no correction) |
| **Diabetes Retinopathy Grade** | R1 Background diabetic retinopathy (BDR) mild | R1 Background diabetic retinopathy (BDR) mild |
| **Maculopathy Level** | M0 No maculopathy | M0 No maculopathy |
| **Non-DR Features** | None recorded | None recorded |

| | |
|---|---|
| **Comments** | |

The following action has been taken:

***The DRS Service will rescreen the patient in 12 months (Fundus Photography).***

Should you have any queries, please contact us on 01294 323471.

Yours sincerely

NHS Ayrshire and Arran Diabetic Eye Screening

A & A DES

063(v4)

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[IMMI Run: 588]

# S O U T H G L A S G O W H O S P I T A L S
## I M M U N O L O G Y R E P O R T
(Tel 0141 347 8872/0141 354 9337)

| | | | |
|---|---|---|---|
| Surname | MCCHESNEY | Location: | Biochemistry |
| Forename: | WILLIAM | | Crosshouse Hospital |
| DOB/Age: | 26.07.62 Sex: Male | | Kilmarnock |
| CHI/Unit No: | 2607623510 | | Ayrshire & Arran H.B. |
| Address: | 101 KILMAURS ROAD | Requestor: | I Cochrane |
| Diagnosis: | | Ext Labno: | 27b764658 |
| Details: | | | |

LENNOX 34

Lab No: B,24.3663518.M
Collected: 24.10.24 Received: 25.10.24 14:23
Authorised: 29.10.24 Authorised by: Automatic release by sys

**COELIAC SEROLOGY**

| | | | |
|---|---|---|---|
| TTG Ab (IgA) | 1.6 | U/mL | ( 0.0-7.0 ) |

**Comments:**

1 Coeliac Serology: IgA TTG Ab = IgA Tissue Transglutaminase Ab.
Normal = <7.0, equivocal = 7.0-10.0, positive = >10.0.
If screening for coeliac disease, this result is only valid if the person was eating gluten at least twice a day for previous 6 weeks
If known to have coeliac disease,
this negative result suggests adherence to gluten free diet.
IgA coeliac serology has reduced sensitivity if total IgA <0.2g/l

24B764658

**Date reported:** 29.10.24

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NHS Lanarkshire

**NHS Lanarkshire Clinical Laboratories**
Wishaw - 01698 366 446

Sokell
34 Port Rd

| Patient ID Number | Patient Name | Date of Birth | Sex | Lab Number |
|---|---|---|---|---|
| CHI No: 2607623510 | MCCHESNEY William | 26/07/1962 | M | 3097178351 |
| NHSL No: | | | | |

*Requesting clinician*
**NOT GIVEN**

*Requesting Location*
**Crosshouse Hosp Biochemistry**

*copy to Address*

*Clinical History*
23B762293

Haematology

Immunology

| | | | | |
|---|---|---|---|---|
| Intrinsic Factor Antibody ..... | 1.1 | U/mL | 0.0 - 25.0 | |
| Comments | A negative IFA result (<= 20 U/mL) indicates the absence of antibodies to Intrinsic factor or levels below the negative cut-off of the assay. A negative result does not exclude the diagnosis of PA since only 60% of patients with PA have IFA. | | | |
| Parietal Cell Antibody ..... | Negative | | | |

23B762293

| *Specimen Collected* | *Specimen Receipt* | *Report Printed* | *Authorised* | *page 1/1* |
|---|---|---|---|---|
| 06/09/23 10H03M | 08/09/23 15H04M | 13/09/23 13H47M | Laboratory | |

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

**Transport required?**

Unique Care Pathway Number: 101000726287R

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2607623510

**REFERRAL TO**

CardiologyA2
AA RACPC - ETT Open Access

Crosshouse Hospital
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

| | |
|---|---|
| Ethnic Origin | - |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | Urgent - RACPC |
| **Date of referral** | 09-Jul-2010 |
| **Date submitted** | 12-Jul-2010 |

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McChesney |
| **Forename(s)** | William |
| Title | - |
| Sex | Male |
| **Date of birth** | 26-Jul-1962 |
| CHI no. | 2607623510 |

**Patient's address**

101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Contact number(s)

Voice: 571561

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr McIntyre | | |
| GMC code | 2548735 | GP code | 22616 |
| Practice name | Portland Medical Practice (16673) | | |
| Practice code | 80382 | | |

**Practice address**

Portland Medical Practice
34 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522 411
Facsimile: 01563 545499

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Lesley McIntyre | | |
| GMC code | 2548735 | GP code | 22616 |
| Practice name | 34 PORTLAND ROAD (80382) | | |
| Practice code | 80382 | | |

**Practice address**

KILMARNOCK
AYRSHIRE
KA1 2DL

Contact number(s)

Voice: 01563522411

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**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: URGENT REFERRAL

Comment: Dear Doctor

I would be grateful if you would see this 47 year old gentleman who developed anginal sounding chest pain at the start of June. There had been no severe episodes and he has been taken medication over the past 2 weeks. Since attending the surgery he has been diagnosed with diabetes and found to be significantly hypertensive. His blood pressure was originally 200/20 but this has dropped to 180/120 with amlodipine 5 mg today been increased to 10 mg. He is asthmatic and unable to tolerate a beta blocker. His chest pains have now settled and he managed to walk a distance of 1 and half miles or so from his home to the surgery today with no pain. He is an ex smoker. In view of his diabetes and recent onset chest pain and hypertension i would be grateful if he could be assessed urgently at the clinic.

Your Sincerely

Dr L McIntyre

**Examinations and Investigations**

| | | |
|---|---|---|
| Safe to undertake ETT: | Yes | - |
| Patient checked & no murmur found: | Yes | - |
| Patient < 21st\133kg: | Yes | - |
| Patients BP: | 180/120 | - |
| Height: | 168 | - |
| Weight(kg): | 83 | - |
| BMI: | 29.41 | - |
| Ex smoker: | | 30-Jun-2010 00:00 |
| Never smoked tobacco: | | 15-Jun-2010 00:00 |
| Never smoked tobacco: | Smoker Status.clm Never smoked tobacco | 29-Dec-2005 00:00 |
| Never smoked tobacco: | Smoker Status.clm Never smoked tobacco | 25-Mar-2002 00:00 |
| Never smoked tobacco: | | 02-Feb-1993 00:00 |
| Alcohol consumption, 18 units/week: | | 15-Jun-2010 00:00 |
| Aerobic exercise 1 time/week: | | 15-Jun-2010 00:00 |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history**

**Pre-existing conditions**

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Type 2 diabetes mellitus | - | - | - | 02-Jul-2010 | 02-Jul-2010 |
| Dyspepsia | - | - | - | 10-Jan-2006 | 10-Jan-2006 |
| Asthma | - | - | - | 23-Dec-1992 | 23-Dec-1992 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| Drug therapy | - | - | - | 29-Sep-1998 | 29-Sep-1998 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Amlodipine Tablets 10 mg | - | 56 tablet | ONE TO BE TAKEN EACH MORNING | - | 07-Jul-2010 | - | 07-Jul-2010 |
| Simvastatin Tablets 40 mg | 0212000Y0AAADAD | 56 tablet | ONE TO BE TAKEN AT | - | 23-Jun- | - | 23-Jun-2010 |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | NIGHT | | 2010 | | |
| Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff | - | 2 inhaler | 1 or 2 puffs Take as required (STATUS=C) | - | 01-Oct-2009 | - | 07-Jul-2010 |
| Cimetidine Tablets 400 mg | 0103010D0AAABAB | 112 tabs | 1 TAB TWICE DAILY (STATUS=C) | - | 05-Aug-2009 | - | 07-Jul-2010 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Amlodipine Tablets 5 mg | - | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 23-Jun-2010 | 28 Days | 23-Jun-2010 |
| Glyceryl Trinitrate Spray 400 micrograms/dose | 0206010F0AAAAAA | 180 dose | TO BE USED AS DIRECTED | - | 23-Jun-2010 | 42 Days | 23-Jun-2010 |
| Aspirin E/c tablets 75 mg | 0209000A0AAAKAK | 56 tablet | 1 TAB IN THE MORNING (STATUS=C) | - | 15-Jun-2010 | - | 07-Jul-2010 |

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

**Additional relevant information**

**Administrative information**

Referred By:Registered GP

**Social circumstances**

Employment: Data processing operator

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

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University Hospital Crosshouse
Medical Imaging Department
Kilmarnock Road
Crosshouse
KA2 0BE

NHS Ayrshire & Arran

## Diagnostic Imaging Report

| | | | |
|---|---|---|---|
| CHI No. | : 2607623510 | Referrer Clinician | : Stuart Lennox (GP PortlandMP) |
| | | Specialty | : General Practice |
| Patient Name | : McChesney, William | Address | : Portland Medical Practice (Kilmarnock) |
| Patient Address | : 101 Kilmaure Road | | 34 Portland Road |
| | Kilmarnock | | Kilmarnock |
| | AYRSHIRE | | |
| | KA3 1NU | | KA1 2DL |
| DOB | : 26/07/1962 | Ward/Clinic | : GP |
| Gender | : Male | Attendance No. | : 51079964 |

Examination(s): **CT Chest Abdo Pelvis** — Exam Date : **27 September 2024**
Accession(s) : **AA15107996401** — Report Date : **01 October 2024**

## Authorised

Patient Name: William, McChesney
Patient Address: 101 Kilmaurs Road, KA3 1NU
DOB: 26/07/1962
Patient ID: 2607623510
Accession Number: AA15107996401
Referring Cons: Stuart Lennox (GP PortlandMP)
**Referring Dept:** GP
**Visit Type:** GP
Site: University Hospital Crosshouse

**51079964 27/09/2024 CT Chest Abdo Pelvis**

–

**Clinical Indications**
weight loss 6kg, dyspepsia, worsening diabetic control hb1ac 8.2%, known type DM , max oral therapy. IDA in dec 23 - OGD hius hernia oesophagitis, nil cancer found. Qfit normal dec 23. b12 folate and iron deficiency in the last year. FBC now normal. no abdo mass, occasional reflux symptoms/chest discomfort. dw Dr Sarakar CT CAP ?pancreatic malignancy/other malignancy features inc chest/oesophageal area. pt unwell abdo snt.

**Report**

No mediastinal, hilar or axillary lymphadenopathy seen.

There is air space opacity within the left lower lobe which may represent intercurrent infection. Otherwise the lungs are clear with no significant sized nodules or mass lesions. No mediastinal, hilar or axillary lymphadenopathy.

Low density lesion within the right lobe of liver is too small to characterise but may simply be a cyst. Normal appearance of the solid upper abdominal organs.

Small hiatus hernia present.

No abdominal or pelvic lymphadenopathy.

Bulky appearance of the prostate.

Normal appearance of the unprepared bowel other than a few scattered uncomplicated diverticula.

**Reported by** Nicolson, C (Cons Radiologist 6128547)
**Authorised by** Nicolson, C (Cons Radiologist 6128547)



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University Hospital Crosshouse
Medical Imaging Department
Kilmarnock Road
Crosshouse
KA2 0BE

NHS Ayrshire & Arran

## Diagnostic Imaging Report

| | | | |
|---|---|---|---|
| CHI No. | : 2607623510 | Referrer Clinician | : Stuart Lennox (GP PortlandMP) |
| Patient Name | : McCheseney, William | Specialty | : General Practice |
| Patient Address | : 101 Kilmaurs Road<br>Kilmarnock<br>AYRSHIRE<br><br>KA3 1NU | Address | : Portland Medical Practice (Kilmarnock)<br>34 Portland Road<br>Kilmarnock<br><br>KA1 2DL |
| DOB | : 26/07/1962 | Ward/Clinic | : GP |
| Gender | : Male | Attendance No. | : 51079964 |

Examination(s): CT Chest Abdo Pelvis — Exam Date : 27 September 2024
Accession(s) : AA15107998401 — Report Date : 01 October 2024

### Authorised

No significant bony abnormality seen.

Summary: No definite evidence of malignancy within the chest, abdomen or pelvis. Bulky appearance of the prostate - correlation with PSA is advised. Air space opacity within the left lower lobe may represent intercurrent infection.

**Nicolson, C (Cons Radiologist 6128547)**

**[END REPORT]**

| | |
|---|---|
| Reported by | Nicolson, C (Cons Radiologist 6128547) |
| Authorised by | Nicolson, C (Cons Radiologist 6128547) |

Page 2 of 2

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**Confidential - Clinical Information**

**Diabetes & Endocrinology**
**University Hospital Crosshouse**
**Kilmarnock Road**
**Kilmarnock**
**KA2 0BE**
**Tel 01563 521133**

**www.nhsaaa.net**

NHS Ayrshire & Arran

Dr PG Laraway
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Our Ref: AM/ID
Hospital No:
Clinic Date: 19/06/2023
Date Dictated: 20/06/2023
Date Typed: 28/06/2023
Enquiries to Sheila Drummond
Direct Line: 01563 825609
Ext. Number: 25609
Email: Sheila.Drummond@aapct.scot.nhs.uk

Dear Dr Laraway ,

**WILLIAM MCCHESNEY DOB: 26/07/1962 CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

Diagnosis:
1. Type 2 diabetes mellitus 2010
2. Currently declining injectable therapy
3. Hypertension
4. Asthma
5. Angina
6. Family history of Type 2 diabetes mellitus in mother

**Recommendations:**
- Please ensure primary care follow up of diabetes is in place.

I saw Mr McChesney back at the Diabetes Clinic today.

He tells me his blood sugars are generally 5-7, although he is only checking these first thing in the morning. He does not drive. He is currently taking Alogliptin, Empagliflozin, Metformin and Gliclazide, all at maximum doses. He does feel that he tries with his diet although does admit that is possibly not a model diet at times. He does keep himself active. He still would not be keen on injectable therapy and we did discuss a GLP1 analogue previously. Another option may be an oral GLP1 analogue, although I have not generally used these much, as the injectable forms are more efficacious with a better evidence base. Unfortunately since having this discussion with the patient there has been a national recommendation that no new patients can be started on GLP-1 analogues. Having said that his Hb1ac has improved a little further again to 62mmol/mol since the addition of Alogliptin. Given that he does not wish injectable therapy and his control is close to target I have discharged him back to your care. Hopefully if the supply issues of GLP-1 analogues resolves (?June 24) and his control deteriorates then this plan could be re-

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visited in the future. Similarly if he changes his mind about injectable therapy in the future we would be happy to see him back at clinic.

All his age appropriate processes of care are up to date, with the exception of microalbumin screening and so I have given him a labelled bottle and form to take away.

Yours sincerely

*Authorised on 03/07/2023 10:06:37 by Alison MacEwen.*

**Alison MacEwen**
**Consultant Endocrinologist**
**GMC: 6100786**

*Items

**GENERAL**

| Measure | Value | Date | Measure | Value | Date |
|---|---|---|---|---|---|
| CHI | 2607623510 | | Name | MCCHESNEY, WILLIAM | |
| HbA1c* | 62 mmol/mol | 19-Jun-2023 | Diabetes Type* | Type 2 Diabetes Mellitus | 13-Jan-2022 |
| Weight* | 78.7 kg | 19-Jun-2023 | Duration of Diabetes* | 12 Years 11 Months | |
| BMI* | 27.2 kg/m2 | 19-Jun-2023 | Problems with Hypoglycaemia Awareness | | |
| BP* | 118/80 mmHg | 19-Jun-2023 | Smoking Status* | Never smoked | 06-Jul-2022 |
| Erectile Dysfunction* | Yes - Not Problematic | 14-May-2013 | | | |

**BIOCHEMISTRY**

| Measure | Value | Date | Measure | Value | Date |
|---|---|---|---|---|---|
| Creatinine* | 83 µmol/L | 19-Jun-2023 | Total Cholesterol* | 3.2 mmol/L | 19-Jun-2023 |
| ACR* | <0.9 mg/mmol | 28-Jul-2020 | HDL Cholesterol* | 1.1 mmol/L | 19-Jun-2023 |
| Estimated GFR* | >60 ml/min | 30-Mar-2023 | Triglycerides* | 0.8 mmol/L | 19-Jun-2023 |
| FT4* | 17.3 pmol/L | 19-Jun-2023 | TSH* | 0.24 mU/L | 19-Jun-2023 |

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| Last Successful Eye Screening | | | |
|---|---|---|---|
| Last Screening Date | 28-Feb-2023 | Screening Outcome | Rescreening in 12 months (Fundus Photography) |

| DRS Results | Right | Left |
|---|---|---|
| Retinopathy | 28-Feb-2023 BDR (Background Diabetic Retinopathy ) - Mild | 28-Feb-2023 BDR (Background Diabetic Retinopathy ) - Mild |

| FEET | | |
|---|---|---|
| Foot Risk Category* | Low Risk | 06-Jul-2022 |

| Medical History (Health Issues) | |
|---|---|
| **Health Issue** | **Year of Diagnosis** |

| RECOMMENDED, ACCEPTED, CHANGED, STOPPED AND NEW CURRENT MEDICATION | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Medication** | **Status** | **Breakfast** | **Lunch** | **Evening Meal** | **Night** | **Other** | **Change/ Stop Date** |

| UNCHANGED CURRENT MEDICATION | | | | | | |
|---|---|---|---|---|---|---|
| **Medication** | **Breakfast** | **Lunch** | **Evening Meal** | **Night** | **Other** | **Change Date** |

| ADVICE GIVEN |
|---|

| Diabetes Education Record: | |
|---|---|

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C

## Ayrshire & Arran Acute Hospitals NHS Trust

### REQUEST FORM FOR OPEN ACCESS ETT

**Please Circle where applicable.**

| | |
|---|---|
| **Patient's Surn** | MCCHESNEY, William 2607623510 |
| **Address:** | 101 Kilmaurs Road KILMARNOCK KA3 1NU Dr LA McIntyre 34 Portland Road Kilmarnock DATE |
| | **orenames** |
| | **ate of Birth** |
| | **x: M / F** |
| | **l. No.** |
| | **it No.** |
| **Referring Doctor:** | **Date:** 24/6/10. |
| **Indication for exercise testing:** | 1. Assessment of patient with ischaemic heart disease<br>(2.) Diagnosis of ischaemic heart disease ✓<br>3. Other |
| **Does patient have:** | 1. Typical Angina<br>(2.) Possible or atypical angina ✓<br>3. Non-specific or non-anginal chest pain<br>4. No chest pain |
| **Most recent blood pressure measurement:** | 180/110 |
| **Should beta blockers be withdrawn prior to the ETT:** | Yes/No |
| Not on Blockers - asthmatic | |
| **History of hypertension:** | (Yes)/No New. |
| **Does patient have:** | 1. Ischaemic heart disease Yes/No<br>2. Previous myocardial infarction (date.....) Yes/No<br>3. Coincident diseases/conditions (specify.....)<br>4. Cardiac murmurs Yes/No<br>5. Unstable symptoms Yes/No |
| **Is the patient fit to exercise safely on a treadmill?** | Yes/~~No~~ |
| **If not - would a bicycle ergometer be suitable?** | Yes/No |

**EXERCISE TESTING CARRIES A MORTALITY - APPROPRIATE PATIENT SELECTION IS YOUR RESPONSIBILITY. IF THERE ARE UNCERTAINTIES ABOUT ANY CLINICAL DETAILS, THE TEST WILL NOT BE PERFORMED.**

GT 25/6/10

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**Confidential - Clinical Information**

**Department of Respiratory Medicine**
**University Hospital Crosshouse**
**Kilmarnock Road**
**Kilmarnock**
**KA2 0BE**

NHS Ayrshire & Arran

www.nhsaaa.net

Dr PG Laraway
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

| | |
|---|---|
| Our Ref: | GM/AB/ |
| Hospital No: | |
| Ref Date: | 21/05/2025 |
| Date Dictated: | 02/06/2025 |
| Date Typed: | 04/06/2025 |
| Enquiries to | Angela Barr |
| Direct Line: | 01563 825817 |
| Ext. Number: | 25817 |
| Email: | angela.barr@aapct.scot.nhs.uk |

Dear Dr Laraway ,

**WILLIAM MCCHESNEY DOB: 26/07/1962 CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

Many thanks for rereferring the above patient who as you mentioned had a CT done following his initial referral with possible malignancy. He was then seen at clinic in January with a plan for further CT chest which he had in the middle of April. I think given this he does not require a further CT to exclude lung malignancy as a cause for his cough. I have asked the locum service who reviewed him initially if they could please re review him with regards his ongoing symptoms.

Yours sincerely

*Authorised on 05/06/2025 10:40:03 by Gillian McVay.*

**Gillian McVay**
**Consultant in Respiratory Medicine**
**GMC: 7020325**

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## NHS Ayrshire & Arran General Hospital Division — Area Laboratory — Clinical Biochemistry

MCCHESNEY,WILLIAM
101 Kilmaurs Road
Kilmarnock
Ayrshire
KA3 1NU

CHI No. 2607623510
Unit No.
DOB 26/07/1962
Sex M

Clinician: Dr P Gaffney
Request Location: GP, Kilmarnock: 34 Portland Road

**This report to : Dr P Gaffney , GP, Kilmarnock: 34 Portland Road**

| | | Result | Units | Normal Range |
|---|---|---|---|---|
| Urea | | 3.2 | mmol/L | 2.5 - 7.5 |
| Creatinine | | 70 | µmol/L | 50 - 125 |
| Sodium | L | 134 | mmol/L | 135 - 145 |
| Potassium | | 4.4 | mmol/L | 3.5 - 5.0 |
| Chloride | | 97 | mmol/L | 95 - 108 |

Lab No 12B188734
Printed 02/05/12 16:19

Date Collected 02/05/12 09:10
Sample Type Blood

Authorised By SYSTEM
Page 1 of 1

**If you have received this report in error, please return to the Clinical Biochemistry Laboratory**

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## NHS Ayrshire & Arran General Hospital Division Area Laboratory Clinical Biochemistry

MCCHESNEY,WILLIAM
101 Kilmaurs Road
Kilmarnock
Ayrshire
KA3 1NU

CHI No. 2607623510
Unit No.
DOB 26/07/1962
Sex M

Clinician: Practice Nurse
Request Location: GP, Kilmarnock: 34 Portland Road

This report to : Practice Nurse , GP, Kilmarnock: 34 Portland Road

| | | Result | Units | Normal Range |
|---|---|---|---|---|
| Haemoglobin A1c | H | 10.1 | % | 4.8 - 6.0 |
| Haemoglobin A1c (IFCC) | H | 87 | mmol/mol | 29 - 42 |

Lab No 12B055661
Printed 08/02/12 16:23

Date Collected 07/02/12 09:35
Sample Type Blood

Authorised By SYSTEM
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**Drs. McIntyre, Gaffney, McGuire & Montgomery**
**Portland Medical Practice**
**34 Portland Road**
**Kilmarnock KA1 2DL**
Telephone: 01563 522411
Fax: 01563 545499
www.portlandmedicalpractice.co.uk

2/7/2010

Dear Aimee

MCCHESNEY, William
2607623510
101 Kilmaurs Road
KILMARNOCK
KA3 1NU Practice Nurse
34 Portland Road Kilmarnock

I would be most grateful if you could see the above named gentleman who has been newly diagnosed with Diabetes.
He has no symptoms as yet despite his HbA1c being 11.2%/99mmols
I have given him the usual information as a stopgap.

Yours faithfully

Alison Lauder

Alison Lauder
(practice nurse)

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

**Transport required?**

Unique Care Pathway Number: 101000403874W

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2607623510

**REFERRAL TO**

OphthalmologyC7
AA Gen Ref - PMH Med & High

Crosshouse Hospital
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

| | |
|---|---|
| Ethnic Origin | - |
| Language interpreter req'd | - |
| Religion | - |
| **Religious Observance** | - |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | - |

| | |
|---|---|
| **Urgency of referral** | Routine |
| **Date of referral** | 19-Apr-2010 |
| **Date submitted** | 19-Apr-2010 |

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McChesney |
| **Forename(s)** | William |
| Title | - |
| Sex | Male |
| **Date of birth** | 26-Jul-1962 |
| CHI no. | 2607623510 |

**Patient's address**

101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Contact number(s)

Voice: 571561

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr P Gaffney | | |
| GMC code | 2555832 | GP code | 22713 |
| Practice name | Portland Medical Practice (16673) | | |
| Practice code | 80382 | | |

**Practice address**

Portland Medical Practice
34 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522 411
Facsimile: 01563 545499

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Paul Gaffney | | |
| GMC code | 2555832 | GP code | 22713 |
| Practice name | 34 PORTLAND ROAD (80382) | | |
| Practice code | 80382 | | |

**Practice address**

KILMARNOCK
AYRSHIRE
KA1 2DL

Contact number(s)

Voice: 01563522411

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**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: AS NOTED BELOW

Comment: I would be grateful if you could see this 47 year old gentleman with a left sided cataract. He was referred by his Optometrist in July last year for this but failed to attend the clinic due to various illnesses at home with family members. His vision has deteriorated further and is now only seeing hand movement on the left. On examination he has a dense cataract.

I would appreciate your assessment of him and any help you can give.

**Examinations and Investigations**

| | | |
|---|---|---|
| Height: | 170 | - |
| Weight(kg): | 88 | - |
| Never smoked tobacco: | Smoker Status.clm Never smoked tobacco | 29-Dec-2005 00:00 |
| Never smoked tobacco: | Smoker Status.clm Never smoked tobacco | 25-Mar-2002 00:00 |
| Never smoked tobacco: | | 02-Feb-1993 00:00 |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history**

**Pre-existing conditions**

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Dyspepsia | - | - | - | 10-Jan-2006 | 10-Jan-2006 |
| Asthma | - | - | - | 23-Dec-1992 | 23-Dec-1992 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| Drug therapy | - | - | - | 29-Sep-1998 | 29-Sep-1998 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff | - | 2 inhaler | 1 or 2 puffs Take as required (STATUS=C) | - | 01-Oct-2009 | - | 13-Apr-2010 |
| Cimetidine Tablets 400 mg | 0103010D0AAABAB | 112 tabs | 1 TAB TWICE DAILY (STATUS=C) | - | 05-Aug-2009 | - | 13-Apr-2010 |

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

No recent medications recorded

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

| Smoking status | Alcohol consumption |
|---|---|
| Number per day ? (not known) | Units per day ? (not known) |

**Additional relevant information**

**Administrative information**

Referred By:Registered GP

**Social circumstances**

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Employment: Data processing operator

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

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Department of
Respiratory Medicine
University Hospital
Ayr
Dalmellington Road
Ayr
KA6 6DX

NHS
Ayrshire
& Arran

www.nhsaaa.net

William McChesney
101 Kilmaurs Road
Kilmarnock
Ayrshire
KA3 1NU

Our Ref: AG/GM
Hospital No:
Clinic Date: 19/03/2026
Date Dictated: 19/03/2026
Date Typed: 19/03/2026
Enquiries to
Direct Line:
Ext. Number:
Email:

Dear William McChesney ,

**WILLIAM MCCHESNEY** **DOB: 26/07/1962** **CHI No: 2607623510**

**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

We sent you a letter a few weeks ago advising that you have been on the Respiratory Medicine Service outpatient waiting list for some time.

We asked that you contact us to confirm whether:

- You still require an appointment with the service or
- You no longer require an appointment so we can remove you from the waiting list.

According to our records we have not received any response. Please note that you will now be removed from the waiting list.

If you have any queries in relation to this letter please contact Referral Management Service 01563 827070.

Yours sincerely

Referral Management Service

Dr PG Laraway

www.nhsaaa.net

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Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

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**Drs. McIntyre, Gaffney, McGuire & Montgomery**
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**34 Portland Road**
**Kilmarnock KA1 2DL**
Telephone: 01563 522411
Fax: 01563 545499
www.portlandmedicalpractice.co.uk

2/7/2010

Dear Aimee

MCCHESNEY, William
2607823510
101 Kilmaurs Road
KILMARNOCK
KA3 1NU
Practice Nurse
34 Portland Road Kilmarnock

I would be most grateful if you could see the above named gentleman who has been newly diagnosed with Diabetes.
He has no symptoms as yet despite his HbA1c being 11.2%/99mmols
I have given him the usual information as a stopgap.

Yours faithfully

Alison Lauder

Alison Lauder
(practice nurse)

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# Portland Medical Practice

34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No.: 01563 522411,
Fax: 01563 545499.
www.portlandmedicalpractice.co.uk

## HOME BLOOD PRESSURE RECORD SHEET

Home blood pressure monitoring:

- Please take your blood pressure twice daily in the morning and evening.
- Take two consecutive measurements at least 1 minute apart and whilst you are seated and record the lower reading.
- Kindly record this for 7 days and return the completed form to the Practice.

Affix Patient Label Here

MCCHESNEY, William
2607623510
101 Kilmaurs Road
KILMARNOCK
KA3 1NU
Dr Sheridan
34 Portland Road Kilmarnock
DATE 02/09/2024

| DATE | MORNING READINGS | | EVENING READINGS | |
|---|---|---|---|---|
| | SYSTOLIC *(Upper Value)* | DIASTOLIC *(Lower Value)* | SYSTOLIC *(Upper Value)* | DIASTOLIC *(Lower Value)* |
| 3/9/24 | 138 | 91 | 138 | 84 |
| 4/9/24 | 135 | 87 | 133 | 82 |
| 5/9/24 | 159 | 104 | 135 | 84 |
| 6/9/24 | 137 | 87 | 130 | 76 |
| 7/9/24 | 110 | 79 | 129 | 83 |
| 8/9/24 | 138 | 93 | 111 | 82 |
| 9/9/24 | 128 | 89 | FOR GOT | LAST NIGHT |

**For Office Use ONLY**

To Healthcare Assistant for Average Readings

| Referring GP | | Date | |
|---|---|---|---|

*Design: Heather McHarg* *Review: February 2023*

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**Department of Respiratory Medicine**
**University Hospital Crosshouse**
**Kilmarnock Road**
**Kilmarnock**
**KA2 0BE**

NHS Ayrshire & Arran

**www.nhsaaa.net**

Dr J Shennan
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Our Ref: SR/AB
Hospital No:
Clinic Date: 31/03/2026
Date Dictated: 31/03/2026
Date Typed: 01/04/2026
Enquiries to Angela Barr
Direct Line: 01563 825817
Ext. Number: 25817
Email: angela.barr@aapct.scot.nhs.uk

Dear Dr Shennan,

**WILLIAM MCCHESNEY DOB: 26/07/1962 CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

**Situation**: Urgent GP referral with history of persistent cough.

**Background history**: 63-year-old. History of cough for one and a half years. Green sputum in the morning. Multiple courses of antibiotics with no effect. No other symptoms. He is a known asthmatic. Currently on Trimbow and prn Salbutamol. CT scan showed inflammatory changes.

**Smoking status:** Ex-smoker many years ago.

**Occupation**: Not worked for many years but previously worked in landscaping.

**Risk factor for lung disease**: Nil identified. No pets. Lives by himself.

**Current medications**: Trimbow 172/5/9 mcgs 2 puffs twice daily. Ventolin Evohaler 100 mcgs 1 to 2 puffs as and when needed. Metformin. Isosorbide Mononitrate. Nacsys. Aspirin. Pregabalin. Empagliflozin. Omeprazole. Sitagliptin. Amlodopine. Gliclazide. Paracetamol. Statin. GTN spray. Tramadol.

Mr McChesney was reviewed in the Respiratory Clinic today. History is as above. There is no clear indicator as to why he has developed this cough.

Cont'd/...



INVESTING IN VOLUNTEERS

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**WILLIAM MCCHESNEY** **DOB: 26/07/1962** **CHI No: 2607623510**

Looking at his CT scan from April 2025 I think there is a degree of bronchiectasis, and I wonder if there is also aspiration. I note there is history of Barrett's oesophagus hiatus hernia and oesophagitis. He is still symptomatic with GORD.

**Assessment**:

He looked well. There is a degree of abdominal adiposity. His BMI 27. Normal oxygen saturation. Chest to auscultation revealed minor crackles at the left lung base. Clinically, Mr McChesney has bronchiectasis, and I shall refer him for chest physiotherapy. We discussed basic management including sputum samples during a period of infection. I note that his sputum from this year has shown growth of Staphylococcus Aureus. Please supply him with some sputum pots and during a period of chest infection treat him with a 2-week course of antibiotics. He has been discharged back to you.

Thanking you.

Yours sincerely

*Authorised on 07/04/2026 08:52:03 by Sudipta Roy.*

**Sudipta Roy**
**Consultant in Respiratory Medicine**
**GMC: 4688109**

Pulmonary Rehabilitation
Physiotherapy Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

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**Confidential - Clinical Information**

**Department of Respiratory Medicine**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**

NHS Ayrshire & Arran

**www.nhsaaa.net**

Dr PG Laraway
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Our Ref: PS/GM
Hospital No:
Clinic Date: 27/01/2025
Date Dictated: 28/01/2025
Date Typed: 11/02/2025
Enquiries to Gillian Macdonald
Direct Line: 01292 614340
Ext. Number: 14340
Email: 5@aapct.scot.nhs.uk

Dear Dr Laraway ,

**WILLIAM MCCHESNEY DOB: 26/07/1962 CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

DIAGNOSIS: Inflammatory change left upper lobe requires serial CT scanning
Chronic cough
COPD
Diabetes
Chronic pain

I reviewed this 63 year old ex-smoker in the chest clinic today. As you are aware Mr McChesney presents with a history of protracted cough and in view of this he had a CT scan of his chest. This demonstrated some air space opacification within the left lower lobe that may represent intercurrent infection, otherwise the lungs were clear. I note there was some concern around the prostate but PSA as you said in your referral was normal.

Mr McChesney has a history of diabetes and also COPD. This man is on an array of medications including Trimbow and Salbutamol. He previously took Ramipril but this was stopped. He tells me this has not changed his cough. He tells me he takes his GTN spray twice a day. I don't know if he has any plans for cardiac intervention but I said I would highlight this also.

I think his cough is likely to be related to a respiratory infection and the CT suggests this. He requires a follow up CT scan which I will arrange for 3 month time. This will be around 6 months since his previous CT was done. Furthermore I have given him a handwritten not for Nacsys for which I would be grateful for your help in providing this prescription. I would hope this would help with sputum expectoration and his cough will settle.

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Furthermore I have given him some sputum pots today with the results coming here to the respiratory clinic. I note he has had 4 courses of antibiotics and steroids over recent months. We will give him a general review in about 4 month time and see how he is getting on from there.

Yours sincerely

*Authorised on 17/02/2025 12:55:09 by Philip Short.*

**Philip Short, GMC NO: 6101010**
**Locum Consultant in Respiratory**
**GMC: 6101010**

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**Confidential - Clinical Information**

**Department of Respiratory Medicine**
**University Hospital Ayr**
**Dalmellington Road**
**Ayr**
**KA6 6DX**

**www.nhsaaa.net**

NHS Ayrshire & Arran

William McChesney
101 Kilmaurs Road
Kilmarnock
Ayrshire
KA3 1NU

Our Ref: PS/GM/
Hospital No:
Ref Date: 28/04/2025
Date Dictated: 01/05/2025
Date Typed: 12/05/2025
Enquiries to Gillian Macdonald
Direct Line: 01292 614340
Ext. Number: 14340
Email:

Dear William McChesney ,

**WILLIAM MCCHESNEY DOB: 26/07/1962 CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

I now have the results of recent CT scan. I am pleased to say the previous changes of likely inflammation seen in your left lung have resolved. There are some other areas of faint signs of infection. If you have any clinical symptoms such as respiratory infection I would be grateful if you could attend you doctor for review.

Yours sincerely

*Authorised on 12/05/2025 15:01:02 by Philip Short.*

**Philip Short, GMC NO: 6101010**
**Locum Consultant in Respiratory**
**GMC: 6101010**

Dr PG Laraway
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL



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**NHS Ayrshire & Arran General Hospital Division  Area Laboratory  Clinical Biochemistry**

| | | | |
|---|---|---|---|
| **MCCHESNEY,WILLIAM** | CHI No. **2607623510** | Clinician: | **Practice Nurse** |
| 101 Kilmaurs Road | Unit No. | Request Location: | **GP, Kilmarnock: 34 Portland Road** |
| Kilmarnock | DOB **26/07/1962** | | |
| Ayrshire | Sex **M** | | |
| KA3 1NU | | | |

**This report to : Practice Nurse , GP, Kilmarnock: 34 Portland Road**

| | Result | Units | Normal Range |
|---|---|---|---|
| Free T4 | 13.6 | pmol/L | 9.0 - 24 |
| TSH | 0.96 | mU/L | 0.3 - 6.0 |

Lab No 12B055661 Date Collected 07/02/12 09:35 Authorised By SYSTEM
Printed 07/02/12 16:20 Sample Type Blood Page 1 of 1

**If you have received this report in error, please return to the Clinical Biochemistry Laboratory**

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**NHS Ayrshire & Arran General Hospital Division** **Area Laboratory** **Clinical Biochemistry**

| | | | |
|---|---|---|---|
| **MCCHESNEY,WILLIAM** | CHI No. **2607623510** | Clinician: | **Practice Nurse** |
| 101 Kilmaurs Road | Unit No. | Request Location: | **GP, Kilmarnock: 34 Portland Road** |
| Kilmarnock | DOB **26/07/1962** | | |
| Ayrshire | Sex **M** | | |
| KA3 1NU | | | |

**This report to : Practice Nurse , GP, Kilmarnock: 34 Portland Road**

| | | Result | Units | Normal Range |
|---|---|---|---|---|
| Urea | | 3.2 | mmol/L | 2.5 - 7.5 |
| Creatinine | | 63 | µmol/L | 50 - 125 |
| Sodium | | 135 | mmol/L | 135 - 145 |
| Potassium | | 4.5 | mmol/L | 3.5 - 5.0 |
| Chloride | | 99 | mmol/L | 95 - 108 |
| Bicarbonate | | 25 | mmol/L | 22 - 28 |
| Total Bilirubin | | 5 | µmol/L | 3.0 - 15 |
| ALP | | 101 | U/L | 60 - 179 |
| AST | | 22 | U/L | 10.0 - 40 |
| ALT | | 38 | U/L | 10.0 - 50 |
| Total Protein | | 73 | g/L | 63 - 83 |
| Albumin | | 43 | g/L | 39 - 51 |
| Globulin | | 30 | g/L | 21 - 35 |
| Glucose | H | 16.5 | mmol/L | 3.3-6.0 |
| | | Plasma glucose is in the diabetic range | | |
| CK | | 89 | U/L | 24 - 195 |
| LDH | | 351 | U/L | 250 - 540 |
| Cholesterol | | 5.2 | mmol/L | 3.1 - 6.5 |
| Triglyceride | H | 6.63 | mmol/L | 0.84 - 1.94 |
| LDL Cholesterol | | Not Available | | |
| HDL Cholesterol | | 1.15 | mmol/L | 1.0 - 1.5 |
| Cholesterol:HDL Ratio | | 4.5 | | |

| | | | |
|---|---|---|---|
| Lab No 12B055661 | Date Collected 07/02/12 09:35 | Authorised By | Fraser Davidson |
| Printed 07/02/12 16:20 | Sample Type Blood | Page 1 of 1 | |

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## NHS Ayrshire & Arran General Hospital Division | Area Laboratory | Clinical Biochemistry

MCCHESNEY,WILLIAM
101 Kilmaurs Road,
KILMARNOCK,
Ayrshire
KA3 1NU

CHI No. 2607623510
Unit No.
DOB 26/07/1962
Sex M

Clinician: Practice Nurse
Request Location: GP, Kilmarnock: 34 Portland Road

This report to : Practice Nurse , GP, Kilmarnock: 34 Portland Road

| | | Result | Units | Normal Range |
|---|---|---|---|---|
| Urea | | 3.9 | mmol/L | 2.5 - 7.5 |
| Creatinine | | 72 | µmol/L | 50 - 125 |
| Sodium | | 139 | mmol/L | 135 - 145 |
| Potassium | | 4.4 | mmol/L | 3.5 - 5.0 |
| Chloride | | 100 | mmol/L | 95 - 108 |
| Bicarbonate | | 24 | mmol/L | 22 - 28 |
| Total Bilirubin | | 7 | µmol/L | 3.0 - 15 |
| ALP | | 101 | U/L | 50 - 179 |
| AST | | 23 | U/L | 10.0 - 40 |
| ALT | | 41 | U/L | 10.0 - 50 |
| Total Protein | | 73 | g/L | 63 - 83 |
| Albumin | | 44 | g/L | 39 - 51 |
| Globulin | | 29 | g/L | 21 - 35 |
| Glucose | H | 14.6 | mmol/L | 3.3-6.0 |
| | | Plasma glucose is in the diabetic range | | |
| CK | | 117 | U/L | 24 - 195 |
| LDH | | 318 | U/L | 250 - 540 |
| Cholesterol | | 4.9 | mmol/L | 3.1 - 6.5 |
| Triglyceride | H | 4.39 | mmol/L | 0.84 - 1.94 |
| LDL Cholesterol | | 1.7 | mmol/L | |
| HDL Cholesterol | | 1.22 | mmol/L | 1.0 - 1.5 |
| Cholesterol:HDL Ratio | | 4.0 | | |

Lab No 11B027325 Date Collected 19/01/11 Authorised By SYSTEM
Printed 19/01/11 16:20 Sample Type Blood Page 1 of 1

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HSBC

@LIPCU/AUHNDR

Portland Medical Practice
34 Portland Road
Kilmarnock
KA1 2DL

Date: 18 January 2024
Internal Reference: 791677/HS
Customer Reference: 1169924433/HS

Dear Practice Manager

**Name of Patient: William Mcchesney**
**D.O.B: 26/07/1962**
**Address: 101 Kilmaurs Road, KA3 1NU**

We are writing to you on behalf of the Chief Medical Officer of HSBC Life (UK) Ltd. The above named patient has recently applied to HSBC Life for a Life Assurance policy. This policy is accepted on the basis of a series of questions as to the patient's lifestyle, medical history and current health.

In order to ensure that your patient and our other policyholders are being charged a fair price for their cover, we would be grateful if you could complete the attached questionnaire from your records.

We enclose your patient's consent form. **If on the consent form your patient has indicated they wish to see the report before you send it, please advise them of our request** and keep the completed report for 21 days so they can make arrangements to do so. If they've not made arrangements after this time, please forward the report to us. If your patient does not wish to see the report before you send it, please forward it to us as soon as it is completed.

Where possible, we request you return the report via email to **hsbc.life.protection@hsbc.com,** however, a pre-paid envelope is enclosed if this is not possible.

As we are not requesting a full extract from your patient's records, we would offer you a fee of £30.00 for this service. Should you have any questions, please contact us on 0117 929 6927 or email us at hsbc.life.protection@hsbc.com.

Yours sincerely

Operations Manager
**HSBC Life (UK) Limited**

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HSBC Life

Arranged, administered, and provided by HSBC Life (UK) Limited

## Applicant Consent for Access to Doctors Medical Records

As part of the HSBC Life protection application process you provided consent for HSBC Life (UK) Ltd to request a medical report from your GP. Permission was provided by an electronic signature.

Your rights under the Access to Medical Records Act 1988 and the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 for Life Insured were provided as part of the application process.

| | |
|---|---|
| **Policy Number:** | 791677/HS |
| **Applicant's name:** | Mr William Mcchesney |
| **Doctor's name:** | anyone |
| **Doctor's address** | 34 Portland Road<br>Kilmarnock<br>KA1 2DL |

I confirm that I have agreed for HSBC Life (UK) Limited to ask any doctor I have consulted about my physical or mental health, to provide information so HSBC Life (UK) Limited may assess my application.

I have also authorised those asked to provide a medical report when they receive this consent form.

This consent is valid for six months from the date of completion.

**Please accept my entry below to act as an electronic signature and provide authority for my doctor to respond to the Medical Questionnaire requested.**

**Signed:** Mr William Mcchesney

**Date:** 22nd November 2023

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HSBC Life (UK) Limited Registered Office: 8 Canada Square, London E14 5HQ. Registered in England - Number 88695.
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.
HSBC Life (UK) Limited is a member of the Association of British Insurers.

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# Portland Medical Practice

34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No.: 01563 522431.
Fax: 01563 545499.
www.portlandmedicalpractice.co.uk

Patient request, consent and receipt for letter or report (non-NHS Services) – May 2018

To be completed and signed by patient giving consent (parent/guardian signature accepted, if under 16)

**FEE MUST BE PAID AT TIME OF APPLICATION**

The Practice will contact you to advise when you letter/report is available for collection. Please bring this receipt as proof of payment. Please allow 10 working days for completion of request. Please note there are no exceptions in relation to period of completion.

| Reports we Provide for a fee | Fee | Patient to tick report required |
|---|---|---|
| To Whom it may concern Letter | £20.00 | |
| Certificate 'Fit to work with Children' | £20.00 | |
| Certificate 'Fit to Exercise' | £20.00 | |
| Private Sick Note | £20.00 | |
| Vaccination History/Travel Vaccination Form | £20.00 | |
| Holiday Cancellation Certificate | £25.00 | |
| Jury Duty Letter | NO FEE | ✓ |
| Letter for College | £20.00 | |
| Fitness to Travel | £20.00 | |
| Archibald Taylor Trust Form | NO FEE | |
| Council Tax Exemption Form | NO FEE | |
| Type of Letter/Report requested if not above | | |

**Affix Patient Label:**

MCCHESNEY, William
2607623510
101 Kilmaurs Road
KILMARNOCK
KA3 1NU Dr S Montgomery
34 Portland Road Kilmarnock
DATE 19/04/2022

| | |
|---|---|
| **Patient Signature** | William Mcchesney |
| **Reason for Request:** | I CAN NOT GO NO JURY DUTY BE OFF MY ILLNES |
| **For Office Use Only** | |
| **GP** | |
| **Receptionist** | **Date Fee Rcvd** |
| **Copy of this receipt to be given to patient. Workflow to Secretary – Mark via F6** | |

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ESA113

jobcentreplus

*Employment and Support Allowance*

21912 000250 0003 E 30800 H2

Dr Laraway
PORTLAND MEDICAL PRACTICE
34 PORTLAND ROAD
KILMARNOCK
KA1 2DL

30800/3

Our phone number is: 03000 927670

If you have a textphone, you can call on: 18001 03000 927670

If you get in touch with us, tell us this reference number: NA269841D

Date: 18th August 2024

**About your patient**

Full Name: Mr William Mcchesney

Address: 101 Kilmaurs Rd, Kilmarnock, Ayrshire, KA3 1NU

NINo: NA269841D

Date of birth: 26th July 1962

Dear Doctor,

**If you or someone in your directly employed team has issued a fit note for the above patient, please arrange for that person to complete this form.**

Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a work capability assessment and if so support that assessment.

Please note

- General Practices have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- Your patient has given consent to allow us to approach you for this information in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners
- A fully completed form may help inform the work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement.

**COMPUTER PRINTOUTS**

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

2304B901/000250/1/2

If you have any queries about this form please phone the number above. If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please provide that information on a separate sheet of paper so that it can be withheld.

**Please reply within 5 working days.** A business reply envelope is enclosed for your use.
Thank you for your help.
Yours sincerely

Mrs Maxine Beveridge

Centre for Health and Disability Assessments on behalf of the DWP
**RESTRICTED - MEDICAL**

Version 11/22

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ESA113

**Patient Name:**
Mr William Mcchesney

**Patient NiNo:** NA269841D
**Patient Date of Birth:** 26.07.1962

Freepost RUGX-LTGG-JRSS
Glasgow BSC ESA
Mail Handling Site A
Wolverhampton
WV98 2HF

***Your reply***

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please continue at Part 7.

**1 When did your patient last see a GP?**

13/8/24

**2 Current conditions affecting ability to work:**
Please give us details of those conditions **which may have significant effect on the person's capacity to work.** Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, **where relevant.**

If you are sending a computerised printout of current medication you do not need to list this here.

*Please complete* ***both sides*** *of this form,*
*and return the completed form in the supplied envelope - with the above address showing in the window*

| Condition and date of diagnosis | Symptoms and signs | Investigations, management & medication |
|---|---|---|
| | | |

P20418011/000250/2/2

Centre for Health and Disability Assessments on behalf of the DWP
**RESTRICTED - MEDICAL**

Version 11/22

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ESA113

## About your patient - continued

NiNo: NA269841D

3 **Current conditions not affecting ability to work**
Please list any other relevant conditions that do not affect the ability to work.

4 **If known from your knowledge of the patient,** please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

| | |
|---|---|
| Walking or moving | ☐ |
| Transferring between seats | ☐ |
| Reaching | ☐ |
| Picking up objects | ☐ |
| Manual dexterity | ☐ |
| Communicating with others | ☐ |
| Continence | ☐ |
| Learning simple tasks | ☐ |
| Awareness of hazards | ☐ |
| Initiating and completing personal actions | ☐ |
| Coping with changes or social engagement | ☐ |
| Appropriateness of behaviour | ☐ |
| Eating or drinking | ☐ |

5 **Does the patient have a history of threatening or violent behaviour?** No ☑ Yes ☐

Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) initiative. Use the space below at **Part 7**

6 **Could your patient travel to an examination centre by public transport or taxi?** No ☐ Yes ☑

Please tell us why at **Part 7**

7 **Additional information**
Please continue on a separate sheet if necessary.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

### Your Signature

ESA113

**Signature**

**Name** IN CAPITALS

**Profession** IN CAPITALS

**Date** 22/08/2022

Practice stamp
Dr P Laraway
Portland Medical Practice
[illegible] Portland Rd, Kilmarnock
KA1 2DL

Centre for Health and Disability Assessments on behalf of the DWP
**RESTRICTED - MEDICAL**

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# Registration Details - Patient No: 6000

| Personal details... | | Address details... | |
|---|---|---|---|
| Date of birth | 26/07/1982 | Post Code | KA3 1NU |
| Sex | M | House Name Flat No | |
| Surname | McChesney | No and Street | 101 Kilmaurs Road |
| Previous Surname | | Village | KILMARNOCK |
| Forenames | William | Town | KILMARNOCK |
| Calling Name | William | County | |
| Title | Mr | | |
| Birth Surname | | | |
| Marital Status | Single | | |
| Ethnic Origin | | | |
| Next of Kin | | | |

| HA/HB Details... | | Contact details... | |
|---|---|---|---|
| Trading partner | Ayrshire & Arran | Home Tel No | |
| Registered GP | Dr Philip Laraway | Mobile Tel No | 07928947377 |
| Usual GP | Dr Philip Laraway | Work Tel No | |
| CHI Number | 2607623510 | E Mail Address | |
| Residential Inst | | Key Safe | |
| Branch Surgery | | | |
| NHS Number | S/579/62/754 | | |

| Practice Information... | | Further Information | |
|---|---|---|---|
| Dispensing | N | Long/Short stay or Dead | |
| Hospital Number | | Date of registration | 13/07/2023 |
| Records At | | | |

| Upload Consent | | AMS/MCR Details | |
|---|---|---|---|
| SCI-DC Consent | Implied Consent (default) | AMS Consent | Yes |
| Pharmacy Details | Boots-9/11 St Marnock St,Kilmarnock,East Ayrshire,(KA1 1DZ) - 01563541145(Org Id - 5246) | | |
| Item Collected Check | Yes | | |
| MCR Suitability Status | -1 | | |
| MCR Registration Status | 2 | | |

| ECS (GP Summary) Consent | | Distances | |
|---|---|---|---|
| Patient Consent | Implied Consent (default) | RPP Road Miles | |
| Blocked Special | | | |
| Water Miles | | | |
| Footpath Miles | | | |

## Medical Record

### Problems

| Active Problems | | Authorised By | Code |
|---|---|---|---|
| 30/04/2024 | Reflux oesophagitis | Ms Hawkins | J1011 |
| 13/04/2024 | Hiatus hernia | Mr Sommerville | J34-1 |
| 13/04/2024 | Barrett's oesophagus | Mr Sommerville | J10y6 |
| 05/12/2023 | Vitamin B12 deficiency | Dr McCrorie | C2621 |
| 21/10/2010 | Essential hypertension | Dr Gaffney | G20 |
| 21/10/2010 | Angina pectoris NOS | Dr Gaffney | G33zz |
| 02/07/2010 | Type 2 diabetes mellitus | Mrs Lauder | C10F |

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| | | | |
|---|---|---|---|
| 10/01/2006 | Dyspepsia | Miss McCarvel | J16y4 |
| 23/12/1992 | Asthma | Dr UnknownUser | H33 |

| Past Problems | | Authorised By | Code |
|---|---|---|---|
| 30/04/2024 | **Gastroscopy abnormal** | Ms Hawkins | 36150 |
| 28/06/2017 | **Exercise tolerance test not indicated** normal | Mrs Paton | 8IB7 |
| 23/05/2017 | **Seborrhoeic keratosis** right ear - for curettage and cautery | Ms Hawkins | M223 |
| 22/12/2016 | **Foot X-ray (Right)** | Ms Hawkins | 52B-1 |
| 02/06/2016 | **Shoulder X-ray (Right)** Normal | Ms Hawkins | 52B-4 |
| 02/06/2016 | **Elbow X-ray (Right)** normal | Ms Hawkins | 5287-1 |
| 02/12/2014 | **Low mood** | Ms Hawkins | 1BT-1 |
| 23/06/2014 | **Exercise tolerance test** | Ms Hawkins | 33B9 |
| 18/07/2013 | **Declined diabetic retinopathy screening** | Ms Hawkins | 9m0A |
| 01/11/2010 | **Phacoemulsification of lens** LEFT - AND LENS IMPLANT | Miss McCarvel | 72631-1 |

| Due Diary Entries | | Authorised By | Code |
|---|---|---|---|
| 02/08/2025 | **Asthma** | Miss McGovern | H33. |
| 21/08/2024 | **Diabetic annual review** | Ms Duffy | 66AS. |
| 21/08/2024 | **Asthma annual review** | Ms Duffy | 66YJ. |

| Overdue Diary Entries | | Authorised By | Code |
|---|---|---|---|
| 22/07/2024 | **Hypertension annual review OVERDUE** | Ms Duffy | 662d |
| 15/07/2024 | **Diabetic monitoring OVERDUE** | Ms Duffy | 66A |
| 26/07/2023 | **Cardiovascular disease annual review OVERDUE** | Ms Duffy | 66f0 |
| 18/02/2023 | **No response to bowel cancer screening programme invitation OVERDUE** Bowel Cancer Screening Exclusion | Mrs Gill | 9Ow2. |
| 11/03/2022 | **Medication review OVERDUE** 10/07/2024 | Dr McCrorie | 8B314 |
| 28/07/2021 | **CHD monitoring OVERDUE** | Mrs Lauder | 662N |
| 28/07/2021 | **Coronary heart disease annual review OVERDUE** | Mrs Lauder | 6A2 |
| 28/07/2021 | **Hypertension monitoring OVERDUE** | Mrs Lauder | 662P |
| 28/07/2021 | **Asthma follow-up OVERDUE** | Mrs Lauder | 66YK |
| 02/10/2018 | **Seasonal influenza vaccination OVERDUE** | Ms Stewart | 66ED. |
| 26/07/2014 | **No response to bowel cancer screening programme invitation OVERDUE** Bowel Cancer Screening Exclusion | Miss Kilpatrick | 9Ow2. |

| Alerts | | Authorised By | Code |
|---|---|---|---|
| | None | | |

| Drug Allergies | | Authorised By | Code |
|---|---|---|---|
| 02/08/2024 | **No known allergies** | Miss McGovern | 1151 |
| 03/09/2021 | **No known allergies** | Mrs Gill | 1151 |

| Non Drug Allergies | | Authorised By | Code |
|---|---|---|---|
| | None | | |

| Health Status | |
|---|---|
| 02/08/2024 | **Height 170 cm** |
| 02/08/2024 | **Weight 75 Kg** |
| 02/08/2024 | **Body Mass Index 26.3 kg/m2** |
| 13/08/2024 | **Blood pressure reading O/E - BP reading** |
| 13/08/2024 | **Blood pressure reading 120/80 mm Hg** |
| 14/05/2013 | **Exercise grading FITT activity level 0; no mod/vig activity of 20 mins duratn** |
| 02/08/2024 | **Alcohol consumption 15.2 units/week** |
| | **FH: Ischaemic** |

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| | | | | |
|---|---|---|---|---|
| 17/01/2024 | **micrograms/dose** TWO PUFFS TO BE TAKEN TWICE DAILY 120 DOSE | 16/07/2024P | Dr S Montgomery | REPEAT |
| 03/01/2024 | **Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff** ONE OR TWO PUFFS UP TO QDS PRN 1 Inhaler | 25/07/2024P | Dr S Montgomery | REPEAT |
| 06/09/2023 | **Cyanocobalamin Tablets 50 micrograms** ONE TO BE TAKEN TWICE A DAY AFTER FOOD 112 TABLET | 10/07/2024P | Dr S Montgomery | REPEAT |
| 30/08/2023 | **Lansoprazole Capsules (Gastro-Resistant) 30 mg** 1 AT NIGHT 28 CAPSULE | 05/08/2024P | Dr Philip Laraway | REPEAT |
| 23/09/2022 | **Ramipril Capsules 5 mg** ONE TO BE TAKEN EACH MORNING 28 capsule | 25/07/2024P | Dr S Montgomery | REPEAT |
| 15/09/2022 | **4Sure Lancets Sterile Single-Use 0.195 mm/33 gauge** TO BE USED AS DIRECTED 1*100 lancet | 15/09/2022P | Dr Angela McCrorie | REPEAT |
| 02/08/2022 | **Alogliptin Tablets 25 mg** ONE TO BE TAKEN DAILY. 28 TABLET | 16/08/2024P | Dr S Montgomery | REPEAT |
| 07/07/2022 | **Montelukast Sodium Tablets 10 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET | 05/08/2024P | Dr Philip Laraway | REPEAT |
| 01/07/2022 | **True Metrix Test strips** TO BE USED AS DIRECTED 50 strip | 07/06/2024P | Dr Angela McCrorie | REPEAT |
| 03/06/2020 | **Empagliflozin Tablets 25 mg** ONE TO BE TAKEN EACH DAY. 28 TABLET | 05/08/2024P | Dr Philip Laraway | REPEAT |
| 11/02/2019 | **Pregabalin Capsules 50 mg** ONE TO BE TAKEN TWICE A DAY 56 CAPSULE | 08/08/2024P | Dr Angela McCrorie | REPEAT |
| 11/01/2017 | **Metformin Hydrochloride Tablets 500 mg** TWO TO BE TAKEN TWICE A DAY 112 tablet | 25/07/2024P | Dr S Montgomery | REPEAT |
| 05/10/2016 | **Tramadol Hydrochloride Capsules 50 mg** 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23) 224 CAPSULE | 25/07/2024P | Dr S Montgomery | REPEAT |
| 23/08/2016 | **Glyceryl Trinitrate Pump spray 400 micrograms/dose** ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED 200 DOSE | 08/08/2024P | Dr Angela McCrorie | REPEAT |
| 20/08/2014 | **Isosorbide Mononitrate M/R tablets 60 mg** ONE TO BE TAKEN EACH MORNING 28 TABLET | 05/08/2024P | Dr Philip Laraway | REPEAT |
| 15/01/2013 | **Atorvastatin Tablets 20 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET | 05/08/2024P | Dr Philip Laraway | REPEAT |
| 27/07/2010 | **Gliclazide Tablets 80 mg** 2 TABLETS TWICE DAILY 224 TABLET | 25/07/2024P | Dr S Montgomery | REPEAT |
| 07/07/2010 | **Amlodipine Tablets 10 mg** ONE TO BE TAKEN EACH MORNING 28 TABLET | 05/08/2024P | Dr Philip Laraway | REPEAT |
| 15/06/2010 | **Aspirin E/c tablets 75 mg** 1 TAB IN THE MORNING (STATUS=C) 28 TABLET | 16/08/2024P | Dr S Montgomery | REPEAT |

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# Portland Medical Practice

34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No.: 01563 522411.
Fax: 01563 545499.
www.portlandmedicalpractice.co.uk

Date: 2-9-24

## Patient Disclaimer – Telehealthcare Monitoring BP Machine

MCCHESNEY, William
2607623510
101 Kilmaurs Road
KILMARNOCK
KA3 1NU Dr Shennan
34 Portland Road Kilmarnock
DATE 02/09/2024

16

I agree to take part in the Telehealth Care BP monitoring programme.

Explanation has been given to me today by the Healthcare Assistant/Practice Nurse on how to operate BP machine along with instruction leaflet. It has also been explained that equipment must be returned to Portland Medical Practice once programme has finished.

Patient Signature: J W McChesney

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**NHS Ayrshire & Arran General Hospital Division** **Area Laboratory** **Clinical Biochemistry**

MCCHESNEY,WILLIAM
101 Kilmaurs Road,
KILMARNOCK,
Ayrshire
KA3 1NU

CHI No. 2607623510
Unit No.
DOB 26/07/1962
Sex M

Clinician: Practice Nurse
Request Location: GP, Kilmarnock: 34 Portland Road

This report to : Practice Nurse, GP, Kilmarnock: 34 Portland Road

| | Result | Units | Normal Range |
|---|---|---|---|
| Urine Creatinine | 2.71 | mmol/L | |
| Urine albumin | <4.0 | mg/L | |
| Microalbumin/creatinine ratio | <1.5 | mg/mmol | 0.1 - 2.5 |

Lab No 11S027326
Printed 20/01/11 13:11
U

Date Collected 19/01/11
Sample Type Urine

Authorised By SYSTEM
Page 1 of 1

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## NHS Ayrshire & Arran General Hospital Division — Area Laboratory — Clinical Biochemistry

MCCHESNEY,WILLIAM
101 Kilmaurs Road,
KILMARNOCK,
Ayrshire
KA3 1NU

CHI No: 2607623510
Unit No:
DOB: 26/07/1962
Sex: M

Clinician: Practice Nurse
Request Location: GP, Kilmarnock: 34 Portland Road

This report to : Practice Nurse GP, Kilmarnock: 34 Portland Road

| | | Result | Units | Normal Range |
|---|---|---|---|---|
| Haemoglobin A1c | H | 9.0 | % | 4.8 - 6.0 |
| Haemoglobin A1c (IFCC) | H | 75 | mmol/mol | 29 - 42 |

Lab No 11B027325
Printed 19/01/11 16:20

Date Collected 19/01/11
Sample Type Blood

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Page 1 of 1

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## NHS Ayrshire & Arran General Hospital Division Area Laboratory Clinical Biochemistry

MCCHESNEY,WILLIAM
101 Kilmaurs Road,
KILMARNOCK,
Ayrshire
KA3 1NU

CHI No. 2607623510
Unit No.
DOB 26/07/1962
Sex M

Clinician: Practice Nurse
Request Location: GP, Kilmarnock: 34 Portland Road

This report to : Practice Nurse , GP, Kilmarnock: 34 Portland Road

| | | Result | Units | Normal Range |
|---|---|---|---|---|
| Haemoglobin A1c | H | 11.2 | % | 4.8 - 6.0 |
| Haemoglobin A1c (IFCC) | H | 99 | mmol/mol | 29 - 42 |

Lab No 10B279910
Printed 30/06/10 16:14
U

Date Collected 30/06/10 10:00
Sample Type Blood

Authorised By SYSTEM
Page 1 of 1

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SCI Gateway - McChesney, William, CHI: 2607623510, 13-October-2025, Respiratory Medicine

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

**Transport required?**

Unique Care Pathway Number: 101037926922A

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2607623510

**REFERRAL TO**

Airways Clinic (Nurse)
Respiratory MedicineAQ
AA Respiratory

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

| | |
|---|---|
| Ethnic Origin | - |
| Language interpreter req'd | |
| Religion | - |
| **Religious Observance** | |
| Vision impairment | - |
| Hearing impairment | - |
| Sign language interpreter req'd. | |

| | |
|---|---|
| **Urgency of referral** | Routine |
| **Date of referral** | 13-Oct-2025 |
| **Date submitted** | 17-Oct-2025 |

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | McChesney |
| **Forename(s)** | William |
| Title | - |
| Sex | Male |
| **Date of birth** | 26-Jul-1962 |
| CHI no. | 2607623510 |

**Patient's address**

101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Contact number(s)

Voice: 07928947377

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Philip Laraway | | |
| GMC code | 4604848 | GP code | 23990 |
| Practice name | Portland Medical Practice (16673) | | |
| Practice code | 80908 | | |

**Practice address**

Portland Medical Practice
34 Portland Road
Kilmarnock

Contact number(s)

Voice: 01563 522411
Facsimile: 01563 545499

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Nichola Duffy - Practice Nurse | | |
| GMC code | n/a | GP code | - |
| Practice name | Portland Medical Practice (80908) | | |
| Practice code | 80908 | | |

**Practice address**

34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Contact number(s)

Voice: 01563 522411

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SCI Gateway - McChesney, William, CHI: 2607623510, 13-October-2025, Respiratory Medicine

**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: Reassess Medication and Technique - as detailed

Comment: Dear colleague

This patient attended in early September for review as has diagnosis of Asthma. Had recent CT scan on Trimbow inhaler although higher dose than recommended for COPD. On Nacsys and Montelukast and takes SABA maximum two puffs daily. He also uses GTN spray daily. He does not overly feel short of breath but has history of eight months of persistent cough and has had 4 x exacerbations in the last twelve months requiring antibiotics and one course of steriods noted. He is also on PPI and we have recently trialled four weeks of antihistamine with no success in reduction of cough.

He states he thinks he has cat dander allergy and I feel he needs further review to reassess his medication. His technique was also discussed at the appointment. Therefore I would appreciate your assistance.

Kind regards.

Nichola Duffy
Practice Nurse.

**Examinations and Investigations**

| | | |
|---|---|---|
| Height: | 170 | - |
| Weight(kg): | 76 | - |
| BMI: | 26.3 | - |
| Never smoked tobacco: | | 02-Aug-2024 00:00 |
| Non-smoker : | f2f cough over a month now adv kk - cough for 2 months, prev had abx, green sputum, no haemotpysis, can feel SOB and wheeze. h.o asthma, using inhalers more. salbutamol 4x per day, trimbo- TRUNCATED | 06-Dec-2023 00:00 |
| Ex smoker: | | 22-Aug-2023 00:00 |
| Never smoked tobacco: | | 08-Aug-2023 00:00 |
| Never smoked tobacco: | | 06-Jul-2022 00:00 |
| Never smoked tobacco: | | 03-Sep-2021 00:00 |
| Never smoked tobacco: | | 11-Jun-2021 00:00 |
| Never smoked tobacco: | | 28-Jul-2020 00:00 |
| Never smoked tobacco: | | 28-Jul-2020 00:00 |
| Never smoked tobacco: | | 14-Jan-2019 00:00 |
| Alcohol consumption, 15.2 units/week: | | 02-Aug-2024 00:00 |
| Alcohol consumption, 12 units/week: | | 08-Aug-2023 00:00 |
| Alcohol consumption, 14 units/week: | | 06-Jul-2022 00:00 |
| Alcohol consumption, 14 units/week: | | 03-Sep-2021 00:00 |
| Alcohol consumption, 14 units/week: | | 28-Jul-2020 00:00 |
| Alcohol consumption, 0 units/week: | | 14-Jan-2019 00:00 |
| Alcohol consumption, 8 units/week: | | 22-Dec-2016 00:00 |

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| | | |
|---|---|---|
| Alcohol consumption, 28 units/ week: | | 13-May-2015 00:00 |
| Alcohol consumption, 28 units/ week: | | 12-May-2014 00:00 |
| Alcohol consumption, 18 units/ week: | | 14-May-2013 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 02-Aug-2024 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 08-Aug-2023 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 08-Aug-2023 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 03-Sep-2021 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 03-Sep-2021 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 28-Jul-2020 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 14-Jan-2019 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | 7 | 22-Dec-2016 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 13-May-2015 00:00 |
| 30 mins/day of at least mod intensty physc activity >=5 week: | | 12-May-2014 00:00 |

**Reason for referral**

Care type requested: Out Patient
Expected outcome: Advise

**Past medical history**

**Pre-existing conditions**

| Description | Laterality | Modifier | Extension | Date of onset | Recorded Date |
|---|---|---|---|---|---|
| Vascular calcification | - | - | on xray | 02-Jun-2025 | 02-Jun-2025 |
| Gastro-oesophageal reflux | - | - | - | 13-Mar-2025 | 13-Mar-2025 |
| Cough | - | - | - | 27-Jan-2025 | 27-Jan-2025 |
| Chronic obstructive pulmonary disease | - | - | - | 27-Jan-2025 | 27-Jan-2025 |
| Reflux oesophagitis | - | - | - | 30-Apr-2024 | 30-Apr-2024 |
| Hiatus hernia | - | - | - | 13-Apr-2024 | 13-Apr-2024 |
| Barrett's oesophagus | - | - | - | 13-Apr-2024 | 13-Apr-2024 |
| Vitamin B12 deficiency | - | - | - | 05-Dec-2023 | 05-Dec-2023 |
| Seborrhoeic keratosis | - | - | right ear - for curettage and cautery | 23-May-2017 | 23-May-2017 |
| Low mood | - | - | - | 02-Dec-2014 | 02-Dec-2014 |
| Essential hypertension | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Angina pectoris NOS | - | - | - | 21-Oct-2010 | 21-Oct-2010 |
| Type 2 diabetes mellitus | - | - | - | 02-Jul-2010 | 02-Jul-2010 |
| Dyspepsia | - | - | - | 10-Jan-2006 | 10-Jan-2006 |
| Asthma | - | - | - | 23-Dec-1992 | 23-Dec-1992 |

**Past procedures**

| Description | Laterality | Modifier | Comments | Date performed | Recorded Date |
|---|---|---|---|---|---|
| [SO]Toe NEC (Right) | Right | - | minor wear and tear | 02-Jun-2025 | 02-Jun-2025 |
| Plain X-ray foot (Right) | Right | - | - | 02-Jun-2025 | 02-Jun-2025 |
| Gastroscopy abnormal | - | - | - | 30-Apr-2024 | 30-Apr-2024 |
| Exercise tolerance test not indicated | - | - | normal | 28-Jun-2017 | 28-Jun-2017 |
| Foot X-ray (Right) | Right | - | - | 22-Dec-2016 | 22-Dec-2016 |
| Shoulder X-ray (Right) | Right | - | Normal | 02-Jun-2016 | 02-Jun-2016 |
| Elbow X-ray (Right) | Right | - | normal | 02-Jun-2016 | 02-Jun-2016 |

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| | | | | | | |
|---|---|---|---|---|---|---|
| Exercise tolerance test | - | - | - | 23-Jun-2014 | 23-Jun-2014 | |
| Phacoemulsification of lens | - | - | LEFT - AND LENS IMPLANT | 01-Nov-2010 | 01-Nov-2010 | |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Sitagliptin Tablets 100 mg | - | 28 tablet | TAKE ONE DAILY | - | 09-Jul-2025 | - | 08-Oct-2025 |
| Paracetamol Tablets 500 mg | 0407010H0AAAMAM | 200 TABLET | ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED | - | 24-Jun-2025 | - | 23-Sep-2025 |
| Ibuprofen Tablets 400 mg | 1001010J0AAAEAE | 42 tablet | ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD | - | 16-May-2025 | - | 23-Sep-2025 |
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 0103050P0AAAGAG | 28 CAPSULE | ONE TO BE TAKEN EACH DAY | - | 17-Mar-2025 | - | 23-Sep-2025 |
| Nacsys Effervescent tablets 600 mg | - | 30 TABLET | ONE TO BE TAKEN DAILY | - | 29-Jan-2025 | - | 30-Sep-2025 |
| Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose | - | 120 DOSE | TWO PUFFS TO BE TAKEN TWICE DAILY | - | 17-Jan-2024 | - | 18-Aug-2025 |
| Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff | 0301011R0BEAIAP | 1 inhaler | ONE OR TWO PUFFS UP TO QDS PRN | - | 03-Jan-2024 | - | 08-Oct-2025 |
| Cyanocobalamin Tablets 50 micrograms | 0901020D0AAAEAE | 112 TABLET | ONE TO BE TAKEN TWICE A DAY AFTER FOOD | - | 06-Sep-2023 | - | 30-Sep-2025 |
| Montelukast Sodium Tablets 10 mg | 0303000G0AAABAB | 28 TABLET | ONE TO BE TAKEN AT NIGHT | - | 07-Jul-2022 | - | 05-Sep-2025 |
| Empagliflozin Tablets 25 mg | - | 28 TABLET | ONE TO BE TAKEN EACH DAY. | - | 03-Aug-2020 | - | 12-Sep-2025 |
| Pregabalin Capsules 50 mg | - | 56 CAPSULE | ONE TO BE TAKEN TWICE A DAY | - | 11-Feb-2019 | - | 12-Sep-2025 |
| Metformin Hydrochloride Tablets 500 mg | 0601022B0AAABAB | 112 tablet | TWO TO BE TAKEN TWICE A DAY | - | 11-Jan-2017 | - | 30-Sep-2025 |
| Tramadol Hydrochloride Capsules 50 mg | 0407020Q0AAAAAA | 224 CAPSULE | 2 CAPS UP TO FOUR TIMES DAILY IF REQUIRED - PLEASE TRY MINIMISE USAGE | - | 05-Oct-2016 | - | 23-Sep-2025 |
| Isosorbide Mononitrate M/R tablets 60 mg | 0206010K0AAAEAE | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 20-Aug-2014 | - | 23-Sep-2025 |
| Atorvastatin Tablets 20 mg | 0212000B0AAABAB | 28 TABLET | ONE TO BE TAKEN AT NIGHT | - | 15-Jan-2013 | - | 12-Sep-2025 |
| Gliclazide Tablets 80 mg | 0601021M0AAAAAA | 224 TABLET | 2 TABLETS TWICE DAILY | - | 27-Jul-2010 | - | 05-Sep-2025 |
| Amlodipine Tablets 10 mg | - | 28 TABLET | ONE TO BE TAKEN EACH MORNING | - | 07-Jul-2010 | - | 08-Oct-2025 |
| Aspirin E/c tablets 75 mg | 0209000A0AAAKAK | 28 TABLET | 1 TAB IN THE MORNING (STATUS=C) | - | 15-Jun-2010 | - | 27-Aug-2025 |
| Glyceryl Trinitrate Pump spray 400 micrograms/dose | 0206010F0AAA1A1 | 200 DOSE | ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED | - | 23-Aug-2016 | - | 05-Sep-2025 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration | Last Prescribed Date |
|---|---|---|---|---|---|---|---|
| Fexofenadine Hydrochloride Tablets 120 mg | 0304010E0AAAAAA | 30 tablet | 1 Tab Daily | - | 16-Sep-2025 | 30 Days | 16-Sep-2025 |

**Clinical warnings**

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

**Lifestyle risks**

Exercise status: Not Known

**Additional relevant information**

**Administrative information**

Referred By:Resident GP

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

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## NHS Ayrshire & Arran General Hospital Division — Area Laboratory — Clinical Biochemistry

MCCHESNEY,WILLIAM
101 Kilmaurs Road,
KILMARNOCK,
Ayrshire
KA3 1NU

CHI No. 2607623510
Unit No.
DOB 26/07/1962
Sex M

Clinician: Practice Nurse
Request Location: GP, Kilmarnock: 34 Portland Road

**This report to : Practice Nurse , GP, Kilmarnock: 34 Portland Road**

| | | Result | Units | Normal Range |
|---|---|---|---|---|
| Total Bilirubin | | 9 | µmol/L | 3.0 - 15 |
| ALP | | 81 | U/L | 50 - 179 |
| AST | | 18 | U/L | 10.0 - 40 |
| ALT | | 36 | U/L | 10.0 - 50 |
| Total Protein | | 76 | g/L | 63 - 83 |
| Albumin | | 47 | g/L | 39 - 51 |
| Globulin | | 29 | g/L | 21 - 35 |
| Glucose | H | 15.5 | mmol/L | 3.3-6.0 |
| | | Plasma glucose is in the diabetic range | | |
| CK | | 72 | U/L | 24 - 195 |
| LDH | | 275 | U/L | 250 - 540 |
| Cholesterol | H | 6.6 | mmol/L | 3.1 - 6.5 |
| Triglyceride | H | 6.24 | mmol/L | 0.84 - 1.94 |
| LDL Cholesterol | | Not Available | | |
| HDL Cholesterol | | 1.13 | mmol/L | 1.0 - 1.5 |
| Cholesterol:HDL Ratio | | 5.8 | | |

Lab No 10BZ78910
Printed 30/06/10 16:14

Date Collected 30/06/10 10:00
Sample Type Blood

Authorised By John Williamson
Page 1 of 1

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## NHS Ayrshire & Arran General Hospital Division — Area Laboratory — Clinical Biochemistry

MCCHESNEY,WILLIAM
101 Kilmaurs Road,
KILMARNOCK,
KA3 1NU

CHI No. 2607623510
Unit No.
DOB 26/07/1962
Sex M

Clinician: Dr L A McIntyre
Request Location: GP, Kilmarnock: 34 Portland Road

This report to : Dr L A McIntyre , GP, Kilmarnock: 34 Portland Road

| | | Result | Units | Normal Range |
|---|---|---|---|---|
| Urea | | 4.6 | mmol/L | 2.5 - 7.5 |
| Creatinine | | 68 | µmol/L | 50 - 125 |
| Sodium | | 138 | mmol/L | 135 - 145 |
| Potassium | | 4.0 | mmol/L | 3.5 - 5.0 |
| Chloride | | 99 | mmol/L | 95 - 108 |
| Bicarbonate | | 28 | mmol/L | 22 - 28 |
| Glucose | H | 13.6 | mmol/L | 3.3-6.0 |
| | | Plasma glucose is in the diabetic range | | |
| Urate | | 0.22 | mmol/L | 0.12 - 0.39 |
| Cholesterol | H | 8.8 | mmol/L | 3.1 - 6.5 |
| Triglyceride | H | 7.98 | mmol/L | 0.84 - 1.94 |
| LDL Cholesterol | | Not Available | | |
| HDL Cholesterol | | 1.17 | mmol/L | 1.0 - 1.5 |
| Cholesterol:HDL Ratio | | 7.6 | | |

Lab No 108269949 — Date Collected 23/06/10 15:00 — Authorised By Dr David Boag
Printed 24/06/10 10:11 — Sample Type Blood — Page 1 of 1

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## NHS Ayrshire & Arran General Hospital Division — Area Laboratory — Clinical Biochemistry

MCCHESNEY,WILLIAM
101 Kilmaurs Road,
KILMARNOCK,
Ayrshire
KA3 1NU

CHI No. 2607623510
Unit No.
DOB 26/07/1962
Sex M

Clinician: Practice Nurse
Request Location: GP, Kilmarnock: 34 Portland Road

**This report to : Practice Nurse , GP, Kilmarnock: 34 Portland Road**

| | Result | Units | Normal Range |
|---|---|---|---|
| Free T4 | 15.6 | pmol/L | 9.0 - 24 |
| TSH | 0.70 | mU/L | 0.3 - 6.0 |

Lab No 10B278910
Printed 30/06/10 16:14

Date Collected 30/06/10 10:00
Sample Type Blood

Authorised By SYSTEM
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**Ayrshire & Arran Acute Hospitals NHS Trust** — **Area Laboratory** — **Haematology**

MCCHESNEY,WILLIAM
101 Kilmaurs Road,
KILMARNOCK,
KA3 1NU

CHI No. 2607623510
Unit No.
DOB 26/07/1962
Sex M

Clinician: Dr L A McIntyre
Request Location: GP, Kilmarnock: 34 Portland Road

**This report to : Dr L A McIntyre , GP, Kilmarnock: 34 Portland Road**

| | | Result | Units | Normal Range |
|---|---|---|---|---|
| Haemoglobin | High | 16.9 | g/dL | 13.3 - 16.7 |
| White Cell Count | | 6.2 | 10*9/L | 3.7 - 9.5 |
| Platelets | | 225 | 10*9/L | 150 - 400 |
| RBC | | 5.10 | 10*12/L | 4.32 - 5.66 |
| Haematocrit | | 0.49 | % | 0.39 - 0.50 |
| MCV | | 95 | fl | 82 - 98 |
| MCH | High | 33.1 | pg | 27.3 - 32.6 |
| MCHC | | 34.8 | g/dL | 31.6 - 34.9 |
| Neutrophils | | 3.8 | 10*9/L | 1.5 - 6.5 |
| Lymphocytes | | 1.7 | 10*9/L | 1.1 - 5.0 |
| Monocytes | | 0.5 | 10*9/L | 0.2 - 0.9 |
| Eosinophils | | 0.2 | 10*9/L | 0.1 - 0.7 |
| Basophils | | 0.0 | 10*9/L | 0.0 - 0.1 |

JB-5306

Lab No 10B269949
Printed 24/06/10 06:54

Date Collected 23/06/10 15:00
Sample Type Blood

Authorised By SYSTEM
Page 1 of 1

**If you have received this report in error, please return to the Haematology Laboratory**

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East Ayrshire Primary Care Mental Health Team
Flats 26-27 Lister Street
Crosshouse Hospital
KA2 0BB

NHS Ayrshire & Arran

## Self Help Worker Assessment (Mental Health)

Confidential

| | |
|---|---|
| Title | |
| Name: | *William McChesney* |
| Address line 1: | *101 Kilmaurs Road* |
| Town: | *Kilmarnock* |
| Postcode: | *KA3 1NU* |
| CHI number | *2607623510* |
| Date of birth: | *26/07/1962* |
| Care co-ordinator: | *Mrs. Laura Lockwood* |
| Completed by: | *Mrs. Laura Lockwood* |
| Profession: | *Support worker* |
| Location: | *Clinic* |
| Date: | *04/06/2014* |

**Presentation**

| | |
|---|---|
| New referral to service: | *Yes* |
| Source of current referral: | *GP* |

**Risk**

| | |
|---|---|
| Risk to self: | *Low apparent risk* |

*William completed PHq9 stating he did have thoughts he would be better off dead. He stated, however that he does not wish to act on these thoughts "because my mum would be upset with me". Writer reassured, no risk identified.*

**Five Areas Assessment**

| | |
|---|---|
| Situation: | *2 - Moderate difficulty* |

**Situation summary**

*William attended for his first session of guided self help today at Central Clinic, Kilmarnock. He described feeling "angry and upset at nothing". He informed me he had lived with his mother and was her main carer until she died in November 2012. William stated he had taken in a lodger but "I threw him out last week" for "no reason". William stated that he was becoming more and more angry and frustrated and had started drinking more alcohol to "escape". He reported visiting the pub every da*

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| |
|---|
| *over the last 3 weeks, drinking up to 7 pints of heavy each time.*<br><br>*William stated he felt all of his issues related to the loss of his mother. He has contact with an aunt and sees friends but feels he is becoming "snappy" with them. He stated his GP had commenced him on Citalopram 40mgs but does not feel they are helping his mood.* |
| Thoughts: *1 - Minimal difficulty* |
| **Thoughts summary** |
| *William stated he feels bad about himself. He stated he worries about everything.*<br><br>*He stated he will always think about his mum and misses her. Thoughts about his mother keep him awake at night and said "I can hear her shouting me in the house".*<br><br>*He reported thoughts of suicide but has no intent to act on these plans.* |
| Physical symptoms: *2 - Moderate difficulty* |
| **Physical symptoms summary** |
| *William described an altered sleep pattern; only getting 2-3 hours of sleep a night.*<br><br>*He stated his appetite was poor.*<br><br>*William had noticed his concentration had deteriorated: he used to be able to watch TV but found his mind was wandering now.*<br><br>*William reported having trouble relaxing.* |
| Behaviour: *2 - Moderate difficulty* |
| **Behaviour summary** |
| *William stated he had been drinking more alcohol to try boost his mood but recognised that the following day his mood was lower.*<br><br>*He reported spending some days in bed all day, apart from taking his dog out a walk. However, he did reported on "good days" he could get up, go a walk into town, take his dog out, see friends and watch TV.*<br><br>*William stated he used to play pool and darts but had no interest for these any more.*<br><br>*William reported he was still seeing friends but he was feeling increasingly "angry" which led him to walk out of the pub to avoid "hitting them".* |
| Emotions: *1 - Minimal difficulty* |

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| | |
|---|---|
| **Emotions summary** | |
| *William reported feeling down and depressed.* | |
| Total score: | *8* |
| **Client Goals** | |
| **Record Client Goals** | |
| *William felt that coming to terms with the loss of his mother would be his main goal. He was given contact details for CRUSE. However, he also felt that working on his unhelpful coping behaviours, routine and activity might be beneficial.* | |
| **Materials used** | |
| **Record Materials Used** | |
| *The role of the Self Help Worker was explained and the 5 areas model demonstrated. Workbooks "Learning to Be Calmer" and "Things You do That Worsen Your Anxiety" were given along with information on recommenced guidelines for alcohol intake, the benefits of routine, physical activity and good sleep hygiene. The Fight or Flight response was explained and William could identify with some of the symptoms.* | |
| **Summary** | |
| **Action points** | |
| *-to contact CRUSE bereavement service.*<br>*-to read workbooks.*<br>*-to practice controlled breathing.*<br>*-to increase physical activity.*<br>*-to reduce caffeine intake gradually.*<br>*-to return in 2 weeks time for review.*<br>*-GP to have copy of SHW assessment.* | |
| **Additional information** | |
| *PHQ9/GAD7 scores today were 23 and 14 respectively.*<br><br>*William felt his issues were related to the loss of his mother and took contact details for CRUSE. However, he felt he would also benefit from some input regarding his routine, sleep pattern, unhelpful coping behaviours. He will be seen in 2 weeks time for review.* | |
| Treatment plan discussed and agreed with the client?: | *Yes* |
| Copy of treatment plan offered to client?: | *Yes* |
| *In this report key item status is indicated as follows:* + = Nominated, ++ = Prioritised, - = Resolved, * = Strength | |
| *In this report alerted item status is indicated as follows:* [!] = Alert Attached, [-!] = Alert Removed | |
| Printed by: | *Mrs. Laura Lockwood* |

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| | |
|---|---|
| Signature: | |
| Date printed: | 17/06/2014 |

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**Confidential - Clinical Information**

**Ophthalmology Department**
**University Hospital Crosshouse**
**Kilmarnock Road**
**Kilmarnock**
**KA2 0BE**
**01563 521133**
**01563 825171**
**www.nhsayrshireandarran.com**

NHS Ayrshire & Arran

Dr LA McIntyre
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Our Ref: JM/KB/xhi
Hospital No:
Clinic Date: 22/05/2012
Date Dictated: 22/05/2012
Date Typed: 20/06/2012
Enquiries to ms karen baird
Direct Line: 01563 827040
Ext. Number: 27040
Email: karen.baird@aaaht.scot.nhs.uk

Dear Dr McIntyre,

**WILLIAM MCCHESNEY DOB: 26/07/1962 CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

Diagnosis: Right eye recent cataract surgery
Left eye pseudo-phakia with chronic cystoid macular oedema

Visual acuity right eye 6/6, left eye 6/36

Mr. McChesney was reviewed in the clinic today. I was happy to note that his right eye has done well after the surgery and is settling down well. He has been advised to contact his opticians for new glasses.

He has been discharged from the clinic for now.

Yours sincerely

*Authorised on 21/06/2012 13:43:30 by Joseph Mathew.*

**Dr. J Mathew**
**Staff Grade Ophthalmologist**

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**East Primary Care Mental Health Team**
**Flats 26-27 Lister Street**
**Crosshouse**
**KA2 0BB**

NHS Ayrshire & Arran

| **Primary Care Mental Health Service** | **Confidential** |
|---|---|
| Title | |
| Name: | *William McChesney* |
| Address line 1: | *101 Kilmaurs Road* |
| Town: | *Kilmarnock* |
| Postcode: | *KA3 1NU* |
| CHI number | *2607623510* |
| Date of birth: | *26/07/1962* |
| **Contact details** | |
| Session number: | *2* |
| Time of contact: | *1.45pm* |
| Contact type: | *Return/Review Clinic contact* |
| PCMHT Discipline: | *Self help worker* |
| Duration: | *1hr* |
| **Summary of contact/details** | |

*William attended for his second session of guided self help today at Central clinic, Kilmarnock. He reported feeling better, still having "good and bad days". He described a good day as going out, taking his dog a walk, seeing friends and a bad day where he reacts to his mood and stays in bed all day.*

*William stated he had reduced the amount of caffeine he was consuming to 4 cups a day. He informed me that he has reduced his alcohol intake, now drinking only at weekends on a Friday and Saturday in contrast to previously drinking 5-6 nights a week. He stated that he is taking his dog out 3 times a day and has started to play darts again once a week which he is enjoying. William reported he had contacted CRUSE bereavement service and is awaiting an appointment for them. He is keen to proceed with this. He described reading the booklets given by writer but his "dog chewed them" after one day.*

*William described losing his temper at the weekend and "leathering" a friend after he called William "a prick". William and his friend are on speaking terms again. He reported difficulties with his sleep pattern and was encouraged to continue with the positive changes which should in time impact positively on his sleep pattern. He was given some good sleep hygiene techniques again today.*

*The relationship between William's good days and bad days and the behaviours on those days were discussed. Writer gave him an Activity Diary to complete and he will bring this back at his next session. He was given a leaflet on Building Motivation and writer also replaced the workbooks his dog ate and he agreed to look through them again. He will return in 3 weeks time for review.*

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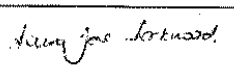
| | |
|---|---|
| Date and time of next contact: | *Wednesday 7th July, 1:45pm @ Central Clinic* |
| **Contact outcome** | |
| Continue at next session: | *Yes* |
| **Actions undertaken** | |
| Lifestyle advice: | *Yes* |
| Self-help material: | *Yes* |
| Printed by: | *Mrs. Laura Lockwood* |
| Signature: |  |
| Date printed: | *26/06/2014* |

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Dr MacIntyre
Portland Road Medical Practice
Kilmarnock
KA1

12 January 2016

Dear Dr MacIntyre,

**RE: Information for GP: Patient told to contact GP**

**Mr William McChesney**
**DOB : 26/07/1962** **NHS No.:**
**Address: 101 Kilmaurs Road, KILMARNOCK, Ayrshire, KA3 1NU**
**Telephone No.: 07900 401677**

***Prescription details from current sight test: 12 January 2016***

| | Vision | Sph | Cyl | Axis | Prism H | Prism V | VA | Add | Near VA | Previous VA 01 October 2014 |
|---|---|---|---|---|---|---|---|---|---|---|
| RE | 6/5 -3 | -0.50 | +0.50 | 25 | | | 6/4 | + 2.00 | N5 | 6/4 |
| LE | HM | 0.00 | | | | | 6/36 | +2.00 | N36 | |

| | |
|---|---|
| **RE Intra-Ocular Pressure** 19.3 mmHg<br>**LE Intra-Ocular Pressure** 17.3 mmHg | Pneumo |

| | |
|---|---|
| **RE Disc Appearance** healthy<br>**LE Disc Appearance** healthy | **Visual Fields** Normal |

**Reason for Referral: Diabetic Retinopathy**

Mr McChesney attended for a routine S/T today.
I have seen background diabetic retinopathy in both eyes and have advised the patient to contact yourself in regards to his diabetic control.
He has been for retinal screening previously but admits he hasn't been for over a year despite receiving reminders.

Yours Sincerely,

**Sarvat Shahid**

GOC/GMC No.: 01-26397

Statement: The reason for this referral has been explained to the patient or guardian who agrees to it. The patient or guardian also consents to information being exchanged between the Hospital Eye Service, their General Medical Practitioner and optometrist or ophthalmic medical practitioner.

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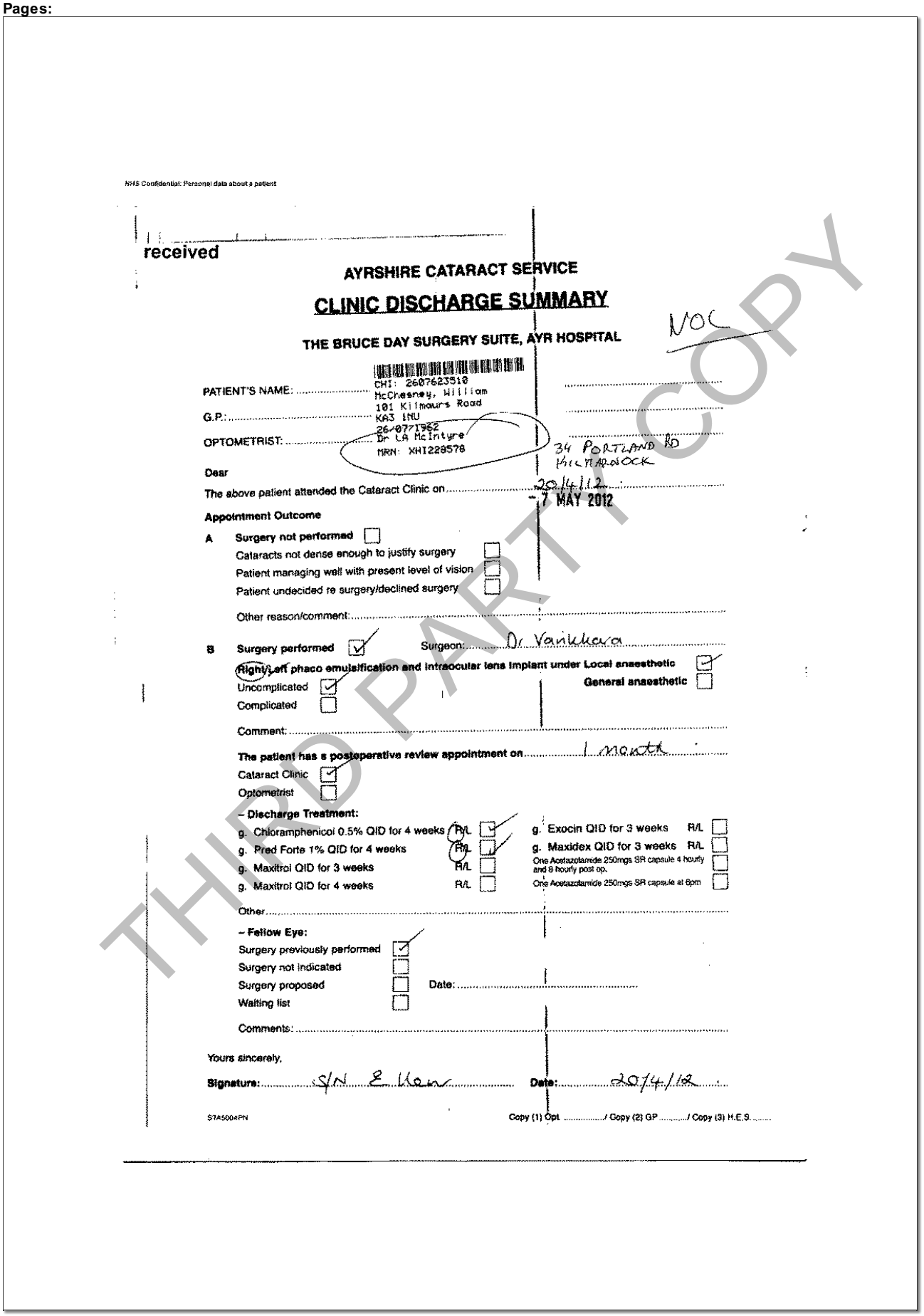

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received

AYRSHIRE CATARACT SERVICE

CLINIC DISCHARGE SUMMARY

THE BRUCE DAY SURGERY SUITE, AYR HOSPITAL

MOC

PATIENT'S NAME: CHI: 2607623510 McChesney, William 101 Kilmaurs Road KA3 1NU 26/07/1962 MRN: XHI229578

G.P.: Dr LA McIntyre

OPTOMETRIST: 34 PORTLAND RD KILMARNOCK

Dear

The above patient attended the Cataract Clinic on 20/4/12 - 7 MAY 2012

**Appointment Outcome**

A **Surgery not performed** ☐
Cataracts not dense enough to justify surgery ☐
Patient managing well with present level of vision ☐
Patient undecided re surgery/declined surgery ☐
Other reason/comment:

B **Surgery performed** ☑ Surgeon: Dr Vanikara
**Right/Left phaco emulsification and intraocular lens implant under Local anaesthetic** ☑
**General anaesthetic** ☐
Uncomplicated ☑
Complicated ☐
Comment:

**The patient has a postoperative review appointment on** 1 month
Cataract Clinic ☑
Optometrist ☐

**– Discharge Treatment:**

| | | | | |
|---|---|---|---|---|
| g. Chloramphenicol 0.5% QID for 4 weeks | R/L | ☑ | g. Exocin QID for 3 weeks | R/L ☐ |
| g. Pred Forte 1% QID for 4 weeks | R/L | ☑ | g. Maxidex QID for 3 weeks | R/L ☐ |
| g. Maxitrol QID for 3 weeks | R/L | ☐ | One Acetazolamide 250mgs SR capsule 4 hourly and 8 hourly post op. | ☐ |
| g. Maxitrol QID for 4 weeks | R/L | ☐ | One Acetazolamide 250mgs SR capsule at 6pm | ☐ |

Other

**– Fellow Eye:**
Surgery previously performed ☑
Surgery not indicated ☐
Surgery proposed ☐ Date:
Waiting list ☐

Comments:

Yours sincerely,

**Signature:** S/N E Mair **Date:** 20/4/12

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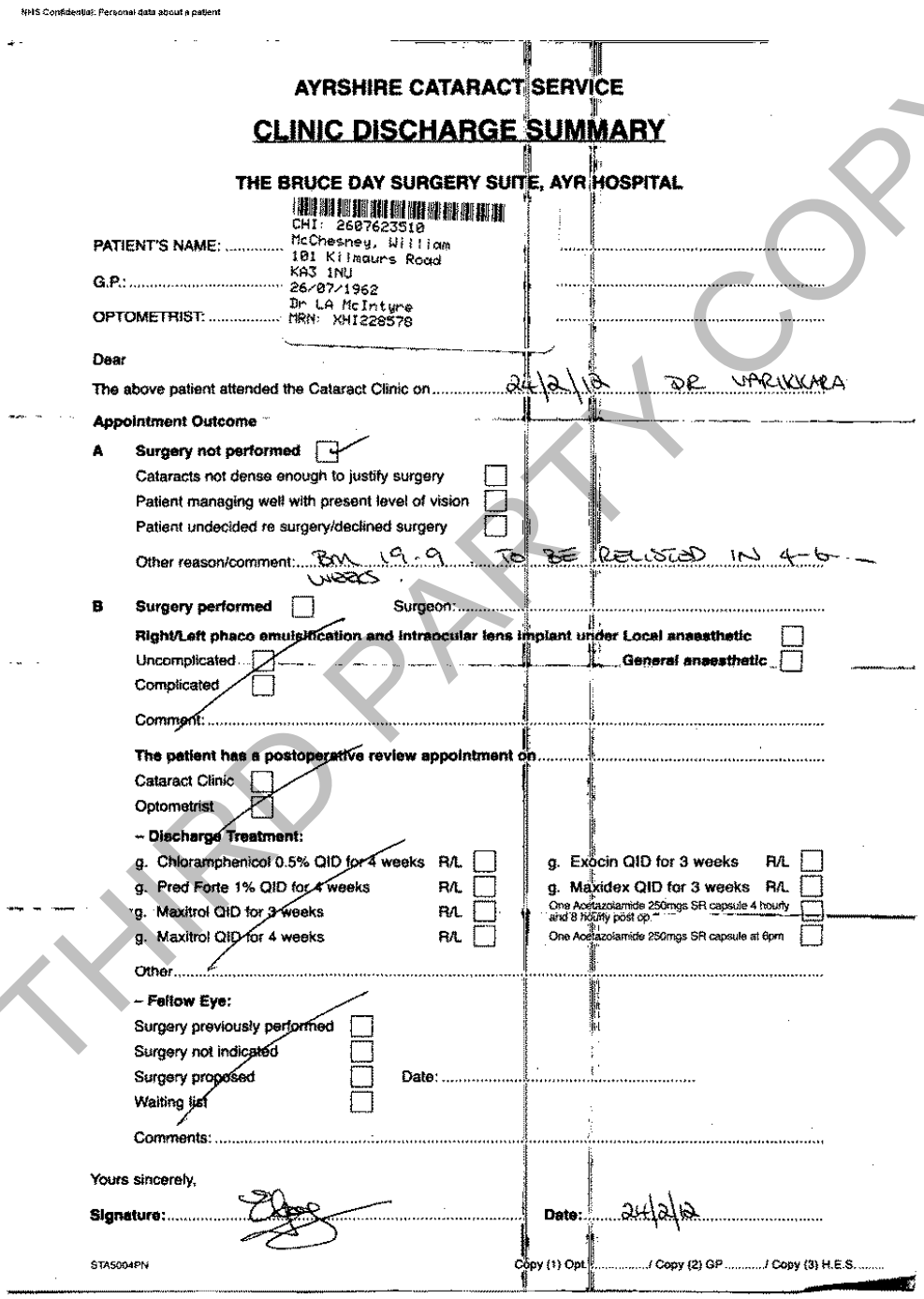

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**AYRSHIRE CATARACT SERVICE**

**CLINIC DISCHARGE SUMMARY**

**THE BRUCE DAY SURGERY SUITE, AYR HOSPITAL**

CHI: 2607623510
PATIENT'S NAME: McChesney, William
101 Kilmaurs Road
KA3 1NJ
G.P.: 26/07/1962
Dr LA McIntyre
OPTOMETRIST: MRN: XHI228578

Dear

The above patient attended the Cataract Clinic on 24/2/12 DR VARIKKARA

**Appointment Outcome**

**A Surgery not performed** ☑
- Cataracts not dense enough to justify surgery ☐
- Patient managing well with present level of vision ☐
- Patient undecided re surgery/declined surgery ☐

Other reason/comment: BCVA 19.9 TO BE RELISTED IN 4-6 WEEKS

**B Surgery performed** ☐ Surgeon:

**Right/Left phaco emulsification and intraocular lens implant under Local anaesthetic** ☐
Uncomplicated ☐ **General anaesthetic** ☐
Complicated ☐

Comment:

**The patient has a postoperative review appointment on**
Cataract Clinic ☐
Optometrist ☐

**– Discharge Treatment:**

| | | | |
|---|---|---|---|
| g. Chloramphenicol 0.5% QID for 4 weeks | R/L ☐ | g. Exocin QID for 3 weeks | R/L ☐ |
| g. Pred Forte 1% QID for 4 weeks | R/L ☐ | g. Maxidex QID for 3 weeks | R/L ☐ |
| g. Maxitrol QID for 3 weeks | R/L ☐ | One Acetazolamide 250mgs SR capsule 4 hourly and 8 hourly post op | ☐ |
| g. Maxitrol QID for 4 weeks | R/L ☐ | One Acetazolamide 250mgs SR capsule at 6pm | ☐ |

Other

**– Fellow Eye:**
- Surgery previously performed ☐
- Surgery not indicated ☐
- Surgery proposed ☐ Date:
- Waiting list ☐

Comments:

Yours sincerely,

**Signature:** **Date:** 24/2/12

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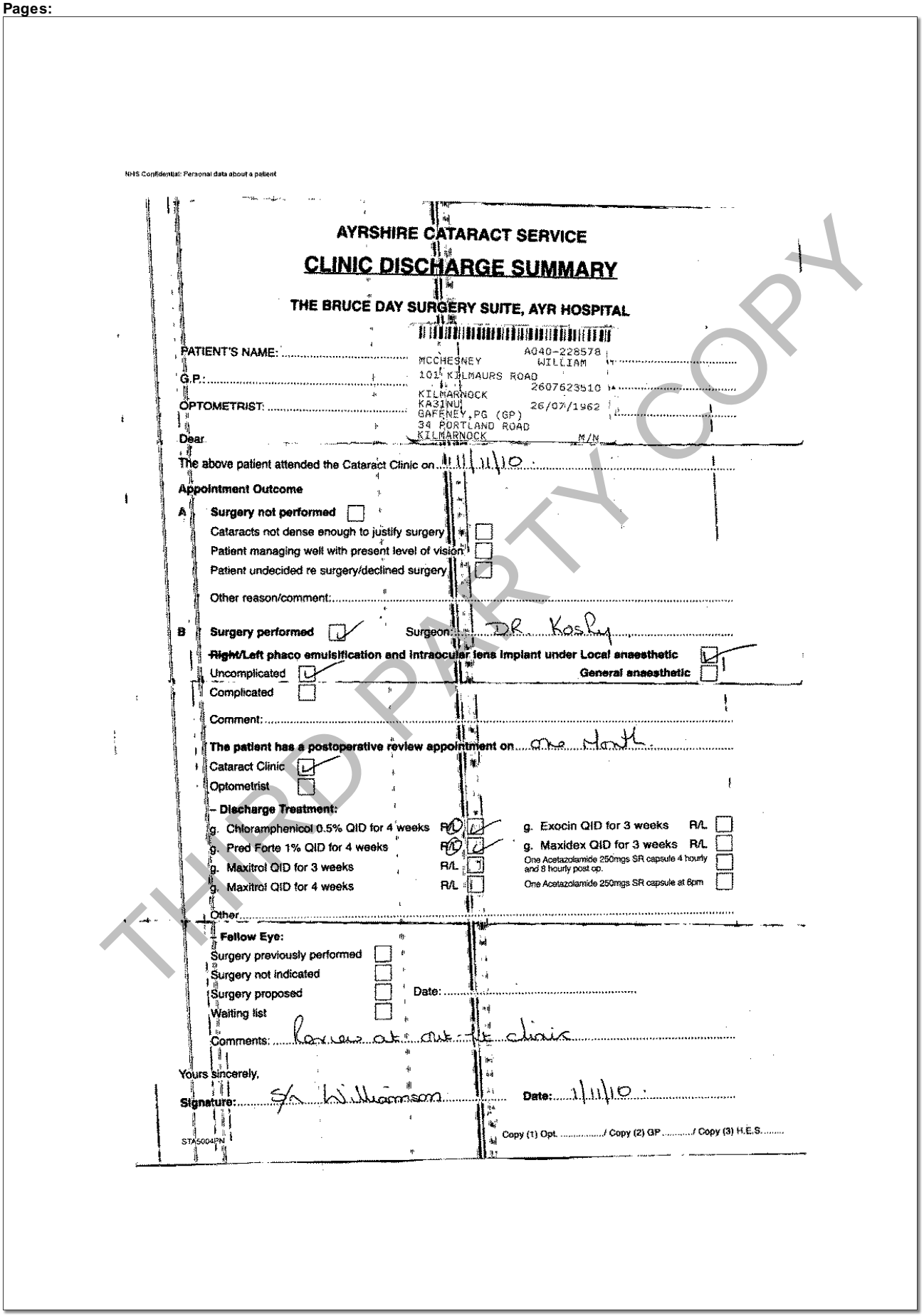

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**AYRSHIRE CATARACT SERVICE**

**CLINIC DISCHARGE SUMMARY**

**THE BRUCE DAY SURGERY SUITE, AYR HOSPITAL**

A040-228578
PATIENT'S NAME: MCCHESNEY WILLIAM
G.P.: 101 KILMAURS ROAD 2607623510
KILMARNOCK
OPTOMETRIST: KASINU 26/07/1962
GAFFNEY,PG (GP)
34 PORTLAND ROAD
KILMARNOCK M/N

Dear

The above patient attended the Cataract Clinic on 1/11/10.

**Appointment Outcome**

A **Surgery not performed** ☐
Cataracts not dense enough to justify surgery ☐
Patient managing well with present level of vision ☐
Patient undecided re surgery/declined surgery ☐
Other reason/comment:

B **Surgery performed** ☑ Surgeon: DR Kosby
~~Right/Left~~ phaco emulsification and intraocular lens implant under Local anaesthetic ☑
Uncomplicated ☑ General anaesthetic ☐
Complicated ☐
Comment:

**The patient has a postoperative review appointment on** one Month.
Cataract Clinic ☑
Optometrist ☐

**Discharge Treatment:**

| | | | |
|---|---|---|---|
| g. Chloramphenicol 0.5% QID for 4 weeks | R/L ☑ | g. Exocin QID for 3 weeks | R/L ☐ |
| g. Pred Forte 1% QID for 4 weeks | R/L ☑ | g. Maxidex QID for 3 weeks | R/L ☐ |
| g. Maxitrol QID for 3 weeks | R/L ☐ | One Acetazolamide 250mgs SR capsule 4 hourly and 8 hourly post op. | ☐ |
| g. Maxitrol QID for 4 weeks | R/L ☐ | One Acetazolamide 250mgs SR capsule at 6pm | ☐ |

Other

**Fellow Eye:**
Surgery previously performed ☐
Surgery not indicated ☐
Surgery proposed ☐ Date:
Waiting list ☐
Comments: Reviews at Ayr Eye clinic

Yours sincerely,

**Signature:** S Williamson **Date:** 1/11/10.

STA5004PN

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Department of Ophthalmology
The Ayr Hospital
Dalmellington Road
AYR
KA6 6DX

NHS Ayrshire & Arran

**OPHTHALMOLOGY DEPARTMENT**

**Consultant : Dr M Varikkara**

Date of clinic: 12 December 2011
Date typed: 12 January 2012
Our ref: MV/JC/040-228578
CHI number: 2607623510

Enquiries to Mrs Helen Rosamund
Extension 14501
Direct line 01292 616450
Fax 01292 614646

E-mail Helen.rosamund@aaaht.scot.nhs.uk

Dr P Gaffney
The Surgery
34 Portland Road
KILMARNOCK

Dear Dr Gaffney

**WILLIAM MCCHESNEY 101 KILMAURS ROAD KILMARNOCK**
DOB: **26 07 62**

**Diagnosis:**
1. Right cataract.
2. Left pseudophakia.
3. Probable left previous central serous chorioretinopathy.

**Visual Acuity:** - 6/24 right and left.

**Plan:** - Placed on the waiting list for right phacoemulsification with lens implant under local anaesthetic as a day case.

I discussed in detail with Mr McChesney the condition of his left eye. Due to pre-existing changes, treatment is unlikely to improve the visual acuity further in the left eye. No treatment is therefore recommended.

He will receive a date with regards to right cataract surgery in due course.

Yours sincerely

**DR M VARIKKARA**
Consultant Ophthalmologist

Awarded for excellence

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**East Ayrshire Primary Care Mental Health Team**
**Flats 26-27 Lister Street**
**Crosshouse Hospital**
**KA2 0BB**

NHS Ayrshire & Arran

| **Self Help Worker Assessment (Mental Health)** | Confidential |
|---|---|
| Title | |
| Name: | *William McChesney* |
| Address line 1: | *101 Kilmaurs Road* |
| Town: | *Kilmarnock* |
| Postcode: | *KA3 1NU* |
| CHI number | *2607623510* |
| Date of birth: | *26/07/1962* |
| Care co-ordinator: | *Mrs. Laura Lockwood* |
| Completed by: | *Mrs. Laura Lockwood* |
| Profession: | *Support worker* |
| Location: | *Clinic* |
| Date: | *09/07/2014* |
| **Presentation** | |
| New referral to service: | *Yes* |
| Source of current referral: | *GP* |
| **Risk** | |
| Risk to self: | *Low apparent risk* |
| *William reported that he no longer has any thoughts of suicide. No risk identified.* | |
| **Five Areas Assessment** | |
| Situation: | *1 - Minimal difficulty* |
| **Situation summary** | |
| *William attended for his third session of guided self help today. He described his lodger moving back in and he has stated William is "less crabbit". William described continuing activities such as playing darts, walking his dog and keeping to a good routine. He reported still having "bad" days but is able to recognise what is contributing to them being "bad" days. He reported positive coping techniques; he had recently been upset with a friend and instead of "hitting him", he went for a walk and returned to the situation feeling more positive.* | |

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| | |
|---|---|
| *He is still awaiting contact from CRUSE but is content to wait on hearing from them.* | |
| Thoughts: | *1 - Minimal difficulty* |
| **Thoughts summary** | |
| *William reported a reduction in negative thoughts and no longer feels "bad" about himself.*<br><br>*He reported he is still thinking about his mum but this doesn't affect his mood as negatively as it used to.* | |
| Physical symptoms: | *1 - Minimal difficulty* |
| **Physical symptoms summary** | |
| *William described an altered sleep pattern; only getting 2-3 hours of sleep a night. He feels this is ongoing and is in response to "hearing a noise outside". He was encouraged to continue with the positive changes he has made as hopefully reducing his overall anxiety will impact positively on his sleep pattern.*<br><br>*He stated his appetite had improved.*<br><br>*William reported improvement in his ability to concentrate and relax.* | |
| Behaviour: | *1 - Minimal difficulty* |
| **Behaviour summary** | |
| *William reported a significant reduction in his alcohol intake. He reported good routine and more socialising which is impacting positively on his mental state.*<br><br>*Stated he had been drinking more alcohol to try boost his mood but recognised that the following day his mood was lower.*<br><br>*His "anger" appears to be improving and he is utilising positive coping techniques when he does become frustrated.* | |
| **Emotions summary** | |
| *William reported feeling better and has no significant altered emotions.* | |
| Total score: | *4* |
| **Client Goals** | |
| **Record Client Goals** | |
| *William's goal of coming to terms with the loss of his mother is improving however he is still keen for input from CRUSE. He feels his activity levels, coping behaviours and routine have improved and as a result he feels better overall.* | |

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| **Materials used** | |
|---|---|
| **Record Materials Used** | |
| *Planning for the Future workbook (anxiety)* | |
| **Summary** | |
| **Action points** | |
| *-to engage with CRUSE when appointed.*<br>*-to complete Planning for the Future and have regular self review sessions.*<br>*-to contact GP if he requires further support.*<br>*-discharged from self help.*<br>*-GP to have copy of SHW assessment.* | |
| **Additional information** | |
| *PHQ9/GAD7 scores today were 11 and 7 compared to initial scores of 23 and 14 respectively. This is indicative of a clinical improvement in his symptoms.* | |
| Treatment plan discussed and agreed with the client?: | *Yes* |
| Copy of treatment plan offered to client?: | *Yes* |
| *In this report key item status is indicated as follows:* + = Nominated, ++ = Prioritised, - = Resolved, * = Strength | |
| *In this report alerted item status is indicated as follows:* [!] = Alert Attached, [-!] = Alert Removed | |
| Printed by: | *Mrs. Laura Lockwood* |
| Signature: | |
| Date printed: | *22/07/2014* |

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NHS AYRSHIRE & ARRAN
HOSPITAL SERVICES

Ophthalmology Department
Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE
Telephone: 01563 521133

NHS Ayrshire & Arran

Mr William McChesney
101 Kilmaurs Road
KILMARNOCK
KA3 1NU

| | |
|---|---|
| Date: | 13 September 2011 |
| Clinic: | 2 September 2011 |
| Ref: | AI/EW/225857 |
| CHI: | 2607623510 |
| | DR A INGLIS |
| Enquiries to: | Mrs Elizabeth McCarroll |
| Extension: | 27499 |
| Direct line: | 01563 827499 |

Dear Mr McChesney

Thank you for attending the Eye Clinic recently. I am going to write to one of my retinal colleagues who will see you at one of his clinics to discuss your eye condition. I hope that is okay. You should receive a letter in due course.

Yours sincerely

ANDREW INGLIS
CONSULTANT OPHTHALMOLOGIST

**cc Dr McIntyre, The Surgery, 34 Portland Road, Kilmarnock, KA1 2DL**
**cc Dr M Varikkara, Consultant Ophthalmologist, Ground Floor, Crosshouse Hospital**

INVESTING IN VOLUNTEERS

www.nhsayrshireandarran.com

STA 5000

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NHS
Ayrshire & Arran

PATIENT SERVICES

Crosshouse Hospital
Crosshouse
Kilmarnock KA2 OBE
Direct Line: 01563 827499
Fax: 01563 825014

ZK/EJM/228578
CHI: 2607623510

**DR KOSHY – OPHTHALMOLOGY CLINIC**

Dictated: 01/06/10
Typed: 03/06/10

Dr P Gaffney
Portland Medical Practice
34 Portland Road
KILMARNOCK
KA1 2DL

Dear Dr Gaffney

**WILLIAM MCCHESNEY, 101 KILMAURS ROAD, KILMARNOCK**
**DOB 26/07/1962**

Many thanks for referring Mr McChesney who indeed has a significant cataract in his left eye. We discussed the pros and cons of surgery and have listed him for the left eye. He also has posterior capsular cataract progressing in his right eye and he will soon require that to be operated as well, for now we have listed him for his left eye to be done under local anaesthetic.

Yours sincerely

**Z KOSHY**
**CONSULTANT OPHTHALMOLOGIST**

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NHS AYRSHIRE & ARRAN
HOSPITAL SERVICES

Ophthalmology Department
Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE
Telephone: 01563 521133

NHS Ayrshire & Arran

Dr M Varikkara
Consultant Ophthalmologist
Ground Floor
CROSSHOUSE HOSPITAL

Date: 13 September 2011
Clinic: 2 September 2011
Ref: AI/EW/225857
CHI: 2607623510
DR A INGLIS
Enquiries to: Mrs Elizabeth McCarroll
Extension: 27499
Direct line: 01563 827499

Dear Dr Varikkara

**WILLIAM MCCHESNEY 101 KILMAURS ROAD KILMARNOCK 26.07.62**

Many thanks indeed for your helpful enclosures regarding this patient who has slightly blurred vision in his left eye following cataract surgery carried out in November 2010. Further to your letter, I would be extremely grateful for your advice on treatment options for this gentleman.

Many thanks for your help.

Yours sincerely

ANDREW INGLIS
CONSULTANT OPHTHALMOLOGIST

**Cc Dr McIntyre, The Surgery, 34 Portland Road, Kilmarnock, KA1 2DL**

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**Department of Trauma and Orthopaedics**
**University Hospital Crosshouse**
**Kilmarnock Road**
**Kilmarnock**
**KA2 0BE**
**01563 827883**
**01563 827976**
**www.nhsaaa.net**

NHS Ayrshire & Arran

**Confidential - Clinical Information**

Dr SJ Montgomery
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

| | |
|---|---|
| Our Ref: | LM/MM |
| Hospital No: | |
| Clinic Date: | 23/01/2017 |
| Date Dictated: | 23/01/2017 |
| Date Typed: | 08/02/2017 |
| Enquiries to | 01563 827883 |
| Direct Line: | 01563 827883 |
| Ext. Number: | 27883 |
| Email: | |

Dear Dr Montgomery ,

**WILLIAM MCCHESNEY DOB: 26/07/1962 CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

Diagnosis: Residual ulnar nerve compression right elbow
Outcome: Await nerve conduction studies

I reviewed this pleasant chap in the clinic today. Unfortunately he's not yet had his nerve conduction studies performed. He's awaiting a repeat appointment to be sent out to him. His symptoms are similar to previously. We'll see him in clinic with the results of the nerve conduction studies for consideration of ulnar nerve decompression surgery.

Yours sincerely

*Authorised on 08/02/2017 18:34:24 by Typist Marie McNamara, not verified by Consultant.*

**Lesley McKee**
**Orthopaedic Registrar ST5**
**GMC No: 7037700**



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**University Hospital Crosshouse**
**Kilmarnock Road**
**Kilmarnock**
**KA2 0BE**
**01563 827883**
**01563 827976**
**www.nhsaaa.net**

NHS Ayrshire & Arran

## Confidential - Clinical Information

Dr SJ Montgomery
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

| | |
|---|---|
| Our Ref: | BT/MM |
| Hospital No: | |
| Clinic Date: | 24/04/2019 |
| Date Dictated: | 24/04/2019 |
| Date Typed: | 18/05/2019 |
| Enquiries to | 01563 827883 |
| Direct Line: | 01563 827883 |
| Ext. Number: | 27883 |
| Email: | |

Dear Dr Montgomery ,

**WILLIAM MCCHESNEY DOB: 26/07/1962 CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

This patient was seen today following your referral. He describes medial-sided elbow pain with pain on lifting items or flexing his wrist. He has a past history of asthma, angina and non-insulin dependent diabetes.

Examination today show tenderness over the origin of his pronator teres and pain on resisted pronation along with pain on resisted flexion of his wrist.

This gentleman is presenting with golfer's elbow today and has been referred for physiotherapy.

Yours sincerely

Authorised on 24/05/2019 15:30:55 by Bruce M Thomas.

**Bruce M Thomas FRCS Ed (Tr & Orth)**
**Consultant Orthopaedic Surgeon**
**GMC 4445834**

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Dr. D TOSHNER
34 PORTLAND ROAD
KILMARNOCK
AYRSHIRE

KA1 2DL

Dr J Mardon Mr J Stevenson Dr C McGuffie Dr A Lannigan

**Accident and Emergency**

**Crosshouse Hospital**
**Kilmarnock KA2 0BE**

Phone: 01563 577757/8
Fax: 01563 572009

**WILLIAM MCCHESNEY,**
63 NORTHCRAIG RD, KILMARNOCK,
AYRSHIRE KA3 1TD

DOB: 28/04/1962
**A/E No:- 07003173**

Date and Time of Attendance: 20/01/2007 22:34

**Diagnosis:** *concussion*
*laceration midline Head*

**Treatment:** *Sutures, wound toilet, written advice*

**X-Rays:** *Skull*

**Test Results:** *X-Ray Normal*

| FILE | | TELL PATIENT OK | | | | | |
|---|---|---|---|---|---|---|---|
| NOTES | | APPT | | SCRIPT | | | |
| ABROAD | | | | PATIENT | | | |
| VISIT | | | | | | | |
| LM | PG | FM | SM | AL | FS | JC | GY |
| | | | | | | | |

**Follow Up:** *Discharge no review*

**Additional Information:** *pushed over deep laceration on back of head. Not ko'd but amnesic. ROS 7 days*

Clinicians Seen in A&E Department:

**R HEWITT**

**If you have any queries about this patient, please contact one of the staff at the above number.**

pp Hallsdal

**ROBERTA HEWITT**
**Staff Grade**

23 JAN 2007

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**University Hospital Crosshouse**
**Kilmarnock Road**
**Kilmarnock**
**KA2 0BE**
**01563 827883**

**www.nhsaaa.net**

NHS Ayrshire & Arran

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**Mr B Thomas**
**Orthopaedic Review Clinic**

Dr SJ Montgomery
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

Our Ref: BT/sp
Hospital No:
Clinic Date: 20/03/2017
Date Dictated: 20/03/2017
Date Typed: 05/04/2017
Enquiries to Orthopaedic Secretary
Direct Line: 01563 827883
Ext. Number: 27883
Email:

Dear Dr Montgomery ,

**WILLIAM MCCHESNEY DOB: 26/07/1962 CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

This gentleman returns following his nerve conduction studies which are normal concerning his right ulna.

Examination today shows sensitivity along the course of his ulnar nerve round about the medial epicondyle.

I'm not convinced that surgical management of this is the most appropriate course of action and I would be grateful if you could provide him with some neuro-stabilizer such as Gabapentin. He is accepting of the symptoms and is going to try his best to remove exacerbating postures from his daily activities such as leaning on his elbow.

Yours sincerely

Authorised on 12/04/2017 10:33:57 by Bruce M Thomas.

**Bruce M Thomas FRCS Ed (Tr & Orth)**
**Consultant Orthopaedic Surgeon**
**GMC 4445834**

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# AYRSHIRE CATARACT SERVICE REFERRAL

Appointment Date: Appointment Time: Consultant:

**PATIENT'S DETAILS**

| Patient's | GP's | Optometrists |
|---|---|---|
| Name: WILLIAM MCCHESNEY | Name: GAFFNEY | Name: E FULTON |
| Date of Birth: 26/7/62 | Address: 34 PORTLAND RD | Address: SPECSAVERS |
| Address: 101 KILMAURS RD | KILMARNOCK | 126 KING ST |
| KILMARNOCK | | KILMARNOCK |
| | Post Code: KA1 2DL | Post Code: KA1 1PG |
| Post Code: KA 3 1NU | Fax No: | Fax No: |
| Tel No. | Tel No: 01563 522411 | Tel No: 01563 574848 |

| | | Sph | Cyl | Axis | Prism | Add | VA | Near | IOP AT/NCT |
|---|---|---|---|---|---|---|---|---|---|
| Previous refraction | R | | | | | | | | mmHg |
| Date | L | | | | | | | | mmHg |
| Current refraction | R | -025 | -025 | 65 | | +1.50 | 6/6 | N5 | 19 mmHg |
| Date: | L | -025 | -1.50 | 5 | | +1.50 | 6/24 | | 19 mmHg |

Lens R: Clear / ~~Nuc~~ / ~~Cor~~ / ~~PSC~~ — L: Clear / Nuc / Cor / PSC — traumatic — no remarkable history

Cornea R ☑ Healthy ☐ L — Comments:
Macula R ☑ Healthy ☑ L — ARMD mild / moderate / marked R — Pupils Dilated Y ☑
Discs R ☑ Healthy ☑ L — ARMD mild / moderate / marked L — N ☐
Squint / Amblyopia / Other; Comment:

**PMH** Diabetes ☐ Hypertension ☐ Heart Dis. ☐ Respiratory Dis. ☑ CNS Dis. ☐
**Drugs** Warfarin ☐ Steroids ☐
Comments:
**Social** Driver ☐ Special visual needs ☐ Comments:

Signature: [signature] Date: 11/4/09

**SECTION 2 to be completed if felt appropriate by General Medical Practitioner**

Further Clinical Details

**Signature:** Date:

Copy (1) H.E.S ...../ Copy (2) GP...../ Copy (3) Opt ..... Copy (4) Heathfield House

STA501PN

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Dr D Chung Dr J Gordon Dr M Draegebo Dr J Mulligan Dr J Mardon Mr J Stevenson Dr C McGuffie Dr A Lannigan

## Accident and Emergency

**Crosshouse Hospital**
**Kilmarnock KA2 0BE**

Phone: 01563 577757/8
Fax: 01563 572009

Dr. PAUL PG GAFFNEY
PORTLAND MEDICAL PRACTICE
34 PORTLAND ROAD
KILMARNOCK
AYRSHIRE
KA1 2DL

**William Mcchesney**

101 KILMAURS ROAD
KILMARNOCK, KA3 1NU

DOB: 26/07/1962
**A/E No: XH-12-037424**
**CHI No: 2607623510**

**Date and Time of Attendance: 28 Jun 2012 11:30**
**Total A&E Attendances = 0 , attendances in last year = 0**

**Diagnosis** unstable # , Olecranon , Right

**Treatment** Advice, Long arm backslab, Broad arm sling

*Drugs:*

**Investigations**

**Follow up:** Discharge, follow up arranged
Fracture Clinic
Not Known

**Additional Information:** slipped on lino last night falling onto elbow, undisplaced # olecranon, follow up next fracture clinic

**Carol Philp**
**ENP**

**If you have any queries about this patient, please contact one of the staff at the above number.**

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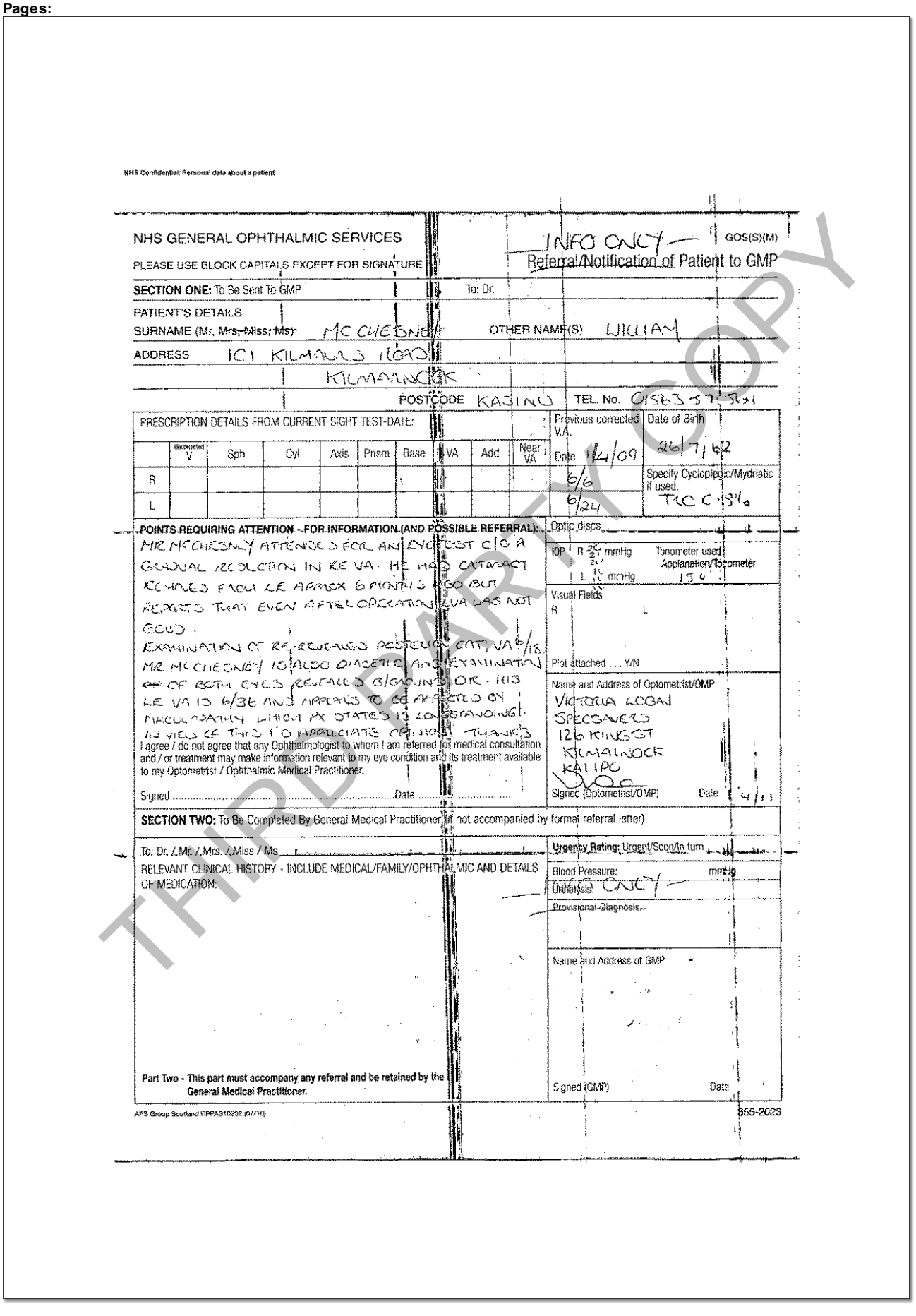

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NHS GENERAL OPHTHALMIC SERVICES — INFO ONLY — GOS(S)(M)

PLEASE USE BLOCK CAPITALS EXCEPT FOR SIGNATURE

Referral/Notification of Patient to GMP

**SECTION ONE:** To Be Sent To GMP — To: Dr.

PATIENT'S DETAILS

SURNAME (Mr, ~~Mrs, Miss, Ms~~): MC CHESNEY — OTHER NAME(S): WILLIAM

ADDRESS: 101 KILMARNOCK ROAD

KILMARNOCK

POSTCODE: KA3 1NU — TEL. No. 01563 57[illegible]

PRESCRIPTION DETAILS FROM CURRENT SIGHT TEST-DATE:

| | Uncorrected V | Sph | Cyl | Axis | Prism | Base | VA | Add | Near VA |
|---|---|---|---|---|---|---|---|---|---|
| R | | | | | | | | | |
| L | | | | | | | | | |

Previous corrected V.A. Date 14/4/09: R 6/6, L 6/24

Date of Birth: 26/7/62

Specify Cycloplegic/Mydriatic if used: TRC 1%

**POINTS REQUIRING ATTENTION - FOR INFORMATION (AND POSSIBLE REFERRAL):**

MR MCCHESNEY ATTENDED FOR AN EYE TEST C/O A GRADUAL REDUCTION IN RE VA. HE HAD CATARACT REMOVED FROM LE APPROX 6 MONTHS AGO BUT REPORTS THAT EVEN AFTER OPERATION LVA HAS NOT BEEN GOOD.

EXAMINATION OF RE REVEALED POSTERIOR CAT; VA 6/18. MR MCCHESNEY IS ALSO DIABETIC AND EXAMINATION OF BOTH EYES REVEALED B/GROUND DR - HIS LE VA IS 6/36 AND APPEARS TO BE AFFECTED BY MACULOPATHY WHICH PX STATES IS LONGSTANDING. IN VIEW OF THIS I'D APPRECIATE OPINION. THANKS

I agree / do not agree that any Ophthalmologist to whom I am referred for medical consultation and / or treatment may make information relevant to my eye condition and its treatment available to my Optometrist / Ophthalmic Medical Practitioner.

Signed ..... Date .....

Optic discs:

IOP R 20/20 mmHg, L 17/20 mmHg — Tonometer used: Applanation/Tonometer 15 6

Visual Fields R L

Plot attached . . . Y/N

Name and Address of Optometrist/OMP

VICTORIA LOGAN
SPECSAVERS
126 KINGST
KILMARNOCK
KA1 1PG

Signed (Optometrist/OMP) — Date 14/11

**SECTION TWO:** To Be Completed By General Medical Practitioner (if not accompanied by formal referral letter)

To: Dr. / Mr. / Mrs. / Miss / Ms

RELEVANT CLINICAL HISTORY - INCLUDE MEDICAL/FAMILY/OPHTHALMIC AND DETAILS OF MEDICATION:

**Urgency Rating:** Urgent/Soon/In turn

Blood Pressure: mmHg

Urinalysis: INFO ONLY

~~Provisional Diagnosis:~~

Name and Address of GMP

**Part Two - This part must accompany any referral and be retained by the General Medical Practitioner.**

Signed (GMP) — Date

APS Group Scotland DPPAS10232 (07/10)

355-2023

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HOSPITAL SERVICES

ORTHOPAEDIC UNIT

MR THOMAS

Crosshouse Hospital
Crosshouse
Kilmarnock
KA2 0BE
Telephone 01563 827883
Fax 01563 827976

NHS Ayrshire & Arran

AR/MM/2607623510

7 September 2012
Dictated 14.8.12

Dr P Gaffney
34 Portland Road
KILMARNOCK
KA1 2DL

Dear Dr Gaffney

**WILLIAM McCHESNEY, 101 KILMAURS ROAD, KILMARNOCK. DOB 26.7.62**

I have seen Mr McChesney who has been treated conservatively. Clinically on examination today there was no tenderness at the fracture site. He is able to flex from 30 to at least 110° and has full supination and pronation. No distal neurovascular deficit. X-rays done today show plenty of callus across the fracture site. I have explained to him about range of movement exercises which he needs to do for his elbow and to avoid any weightbearing at least for the next 6 weeks. No routine follow up is necessary unless he has any further problems.

Yours sincerely

Arun Rajnashekan
Staff Grade Orthopaedic Surgeon

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**MR THOMAS'S CLINIC**

**Confidential - Clinical Information**

**Department of Trauma and Orthopaedics**
**University Hospital Crosshouse**
**Kilmarnock Road**
**Kilmarnock**
**KA2 0BE**
**01563 827883**
**01563 827976**
**www.nhsaaa.net**

NHS Ayrshire & Arran

Consultant Neurophysiologist
Neurophysiology Department
Queen Elizabeth University Hospital
1345 Govan Road
GLASGOW
G51 4TF

| | |
|---|---|
| Our Ref: | LM/MM |
| Hospital No: | |
| Clinic Date: | 21/09/2016 |
| Date Dictated: | 21/09/2016 |
| Date Typed: | 04/10/2016 |
| Enquiries to | 01563 827883 |
| Direct Line: | 01563 827883 |
| Ext. Number: | 27883 |
| Email: | |

Dear Doctor

**WILLIAM MCCHESNEY DOB: 26/07/1962 CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

Mr Thomas would be grateful if you could perform ulnar nerve conduction studies on this gentleman's right arm. He is 4 years down the line following a traumatic elbow fracture which was treated conservatively. He has a strongly positive Tinel's in his right elbow and some reduced function in his right hand.

Yours sincerely

Authorised on 10/10/2016 09:20:31 by Lesley McKee.

**Lesley McKee**
**Orthopaedic Registrar ST5**
**GMC No: 7037700**

Dr SJ Montgomery
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

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*Department of Orthopaedics*
*Crosshouse Hospital*
*KILMARNOCK*
*KA2 0BE*

NHS Ayrshire & Arran

**MR B THOMAS**
**DEPARTMENT OF ORTHOPAEDICS**

*Our Ref:* BT/LH/XH
*CHI No:* 2607623510

*Date of Clinic:* 29.06.12
*Date Typed:* 20.07.12

*Enquiries to:* Orthopaedic Office
*Extension:* 27883
*Direct line:* 01563 827883
*Fax:* 01563 827976

Dr Gaffney
Portland Medical Practice
34 Portland Road
KILMARNOCK
KA1 2DL

Dear Dr Gaffney

**WILLIAM CHESNEY, 101 KILMAURS ROAD, KILMARNOCK DOB – 26.07.1962**

This gentleman slipped in the house last heavily on his right elbow. He is a Carer for his mother and they have four Carers also coming in.

Examination today shows some swelling around about the olecranon and a palpable step within his ulna.

He has been placed on an above elbow cast and the fracture is essentially reduced on the lateral and his radial head passes through the capitellum. He will be in his plaster for 6 weeks and he understands that he is likely to be stiff when he comes out of it.

Yours sincerely

*Dictated but not signed due to annual leave*

**Bruce M Thomas FRCS (Tr & Orth)**
**Consultant Orthopaedic Surgeon**

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## Bainbridge, Anne

**From:** Adastra Comms [AdastraC@adoc.scot.nhs.uk]
**Sent:** 20 February 2005 04:09
**To:** 'spotlandlodge.admin@aapct.scot.nhs.uk'
**Subject:** Call #29670 19-Feb-2005

---

Call #: 29670 Received NHS24: 19-Feb-2005 08:53

Full cover

Patient's Name: William Mcchesney
Date of birth: 26-Jul-1962 (Age: 42 years)Sex: Male | Received ADOC: 08:53
101 Kilmaurs Road Kilmarnock | Passed : 09:05
KA3 1NU (NS:424 395) | Advised : 09:03
Tel No: 01563 571561 Origin: NHS24 | Arrived : 09:51
Urgency: Within 4 Hours Type: Home Visit | Departed : __:__
Consulted by: Auld, Christine Own Doctor: Gaffney, Paul

---

NHS24 Triage Begin 19-Feb-2005 08:59 NHS24 Triage End 19-Feb-2005 09:02
NHS24 Triaged by : Auld, Christine

---

Home Visit within 4 Hrs
Clinical summary created: 19-Feb-2005
DIZZINESS STARTED YESTERDAY. FEVERED AND VOMITED LAST NIGHT. FEELS DIZZY WHEN LYING DOWN - UNABLE TO COME TO PHONE....GP HOME VISIT 4 HOURS
Current Medication:
INHALERS
Allergies:
NIL KNOWN
Previous Medical History:
ASTHMA

---

Time Adoc Advised : 09:03 Advised by : Auld, Christine

---

Time of Visit/Base 09:51 Consulting Doctor : Auld, Christine

---

Outcome :
Acute vertigo and vomiting since last night. Pulse 84/min reg. BP 150/75, apyrexial. Nystagmus on lateral gaze. Given IM Stemetil 12.5mg
Rx Stemetil 5mg x 30 to take 1tid.

---

Final Outcome - Diagnosis
Acute vertigo and vomiting since last night. Pulse 84/min reg. BP 150/75, apyrexial. Nystagmus on lateral gaze. Given IM Stemetil 12.5mg
Rx Stemetil 5mg x 30 to take 1tid.

---

Followups:
Patient Told To Contact GP: If not settling.

---

| | | | | | | |
|---|---|---|---|---|---|---|
| FILE | ✓ | TELL PATIENT OK | | | | |
| [illegible] | | APPT | | SCRIPT | | |
| [illegible] | | | | PATIENT | | |
| | | | | | | |
| | FM | SM | LM | FS | JC | GY |
| | | | | | | |

21 FEB 2005

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**Confidential - Clinical Information**

**Department of Trauma and Orthopaedics**
**University Hospital Crosshouse**
**Kilmarnock Road**
**Kilmarnock**
**KA2 0BE**
**01563 827883**
**01563 827976**
**www.nhsaaa.net**

NHS Ayrshire & Arran

Dr SJ Montgomery
Portland Medical Practice
34 Portland Road
Kilmarnock
Ayrshire
KA1 2DL

| | |
|---|---|
| Our Ref: | LM/MM |
| Hospital No: | |
| Clinic Date: | 21/09/2016 |
| Date Dictated: | 21/09/2016 |
| Date Typed: | 04/10/2016 |
| Enquiries to | 01563 827883 |
| Direct Line: | 01563 827883 |
| Ext. Number: | 27883 |
| Email: | |

Dear Dr Montgomery ,

**WILLIAM MCCHESNEY DOB: 26/07/1962 CHI No: 2607623510**
**101 KILMAURS ROAD, KILMARNOCK, AYRSHIRE, KA3 1NU**

Diagnosis: Presumed ulnar nerve compression right elbow
Outcome: Referred for nerve conduction studies and review in clinic

I reviewed this pleasant left-handed currently unemployed gentleman in Mr Thomas's Clinic today. He presents with a history of shooting pain and progressive stiffness in his right elbow. This is following a traumatic injury approximately 4 or 5 years ago when he tells me he was told that he's broke his elbow which was conservatively treated in a cast. He's been bothered by this particularly over the last 6 to 9 months and has noticed progressive stiffness up and inability to fully extend his elbow which is causing him difficulty as he likes to play darts.

On examination today there was no cause for concern over the C-spine or shoulders. h is right elbow had an active range of movement of 43 to 120° today which is similar passively. There's some generalised bony tenderness around both epicondyles and marginal over the medial epicondyle and the lateral. Carrying angle is normal. There's no evidence of any laxity of the collateral ligaments. As regards neurological examination motor and sensory function of the median and radial nerve were normal. Sensation to the ulnar nerve was normal. He had a positive Tinel's test at the cubital tunnel and some reduced grip strength on the right as compared to the left. Appley's , reverse Appley's and Froment's testing of the ulnar nerve was normal. Radiographs taken today were essentially normal with perhaps some early degeneration in the ulno-humeral aspect particularly.

In the first instance we'll send him for some nerve conduction studies of the ulnar nerve in the right hand and see him in clinic with the results and consider the possibility of ulnar nerve decompression or arthrolysis.

Yours sincerely

Authorised on 10/10/2016 09:20:26 by Lesley McKee.

**Lesley McKee**
**Orthopaedic Registrar ST5**
**GMC No: 7037700**



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MSK Musculoskeletal Service

## MSK DISCHARGE REPORT

NHS Ayrshire & Arran

| | |
|---|---|
| **Patient Name:** | William McChesney |
| **Address:** | 101 Kilmaurs Road, Kilmarnock, Ayrshire, KA3 1NU |
| **CHI:** | 2607623510 |
| **GP:** | Dr SJ Montgomery |
| **Consultant:** | |
| **Referrer Source:** | Orthopaedics |
| **Referral Date:** | 27/04/2019 |
| **Start Date:** | 05/08/2019 |
| **Discharge Date:** | 03/12/2019 |
| **No. of treatments:** | 2 |
| **Discharge Reason:** | Failed to attend |
| **Treatment Outcome:** | Nil improvement |
| **Therapist:** | Matthew Richardson |
| **Location:** | PHYSIOTHERAPY DEPARTMENT,OUTPATIENT AREA,PURPLE ZONE, CROSSHOUSE HOSPITAL |

**Dear Dr Montgomery**

**Diagnosis: Persistent right elbow pain following #**

**The patient described a long history of elbow pain following a fracture 7 years ago. He presented with restricted shoulder and elbow ROM and global weakness in the right arm. He was provided with exercises and advice however he failed to complete his treatment. Discharged after failing to attend.**

**Yours sincerely,**
*Authorised on 18/12/2019 11:44:56 by Matthew Richardson.*
**Matthew Richardson**
**18/12/2019**

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*Department of Orthopaedics*
*Crosshouse Hospital*
*KILMARNOCK*
*KA2 0BE*

NHS
Ayrshire & Arran

**MR B THOMAS**
**DEPARTMENT OF ORTHOPAEDICS**

*Our Ref:* BT/LH/XH
*CHI No:* 2607623510

*Date of Clinic:* 29.06.12
*Date Typed:* 20.07.12

Dr Gaffney
Portland Medical Practice
34 Portland Road
KILMARNOCK
KA1 2DL

*Enquiries to:* Orthopaedic Office
*Extension:* 27883
*Direct line:* 01563 827883
*Fax:* 01563 827976

Dear Dr Gaffney

**WILLIAM CHESNEY, 101 KILMAURS ROAD, KILMARNOCK DOB – 26.07.1962**

This gentleman slipped in the house last heavily on his right elbow. He is a Carer for his mother and they have four Carers also coming in.

Examination today shows some swelling around about the olecranon and a palpable step within his ulna.

He has been placed on an above elbow cast and the fracture is essentially reduced on the lateral and his radial head passes through the capitellum. He will be in his plaster for 6 weeks and he understands that he is likely to be stiff when he comes out of it.

Yours sincerely

*Dictated but not signed due to annual leave*

**Bruce M Thomas FRCS (Tr & Orth)**
**Consultant Orthopaedic Surgeon**

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INVESTING IN VOLUNTEERS

www.nhsayrshireandarran.com

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HSBC

## Short Form Questionnaire

***Please provide full details regarding each condition, including exact diagnosis, duration of symptoms, the results of any investigations, any treatment provided and any time off work required. In addition, please provide copies of hospital/ medical reports for any condition mentioned in the report.***

Important Note: ***Completing these questions fully will help to ensure this insurance policy is paid out if your patient submits a claim thus helping to secure their families and loved one's financial future.***

Please include any relevant information from all types of consultation including telephone, email or from other internet media.

**Date when records commenced** 26/7/62

**To the best of your knowledge**: has your patient used the services of any other (including private) medical professionals in the last 5 years *for which you may not have full details*?
Yes / (No)

If Yes, please provide what details you hold:

| Date | Details |
|---|---|
| | |

**Current Health**

**Is your patient:**

- Current receiving any medical treatment or care? (Yes) / No
- Awaiting (or undergoing) any referrals/investigations or follow up? (Yes) / No

| Date | Details / Reason |
|---|---|
| 15/2/2016. | AWAITING SURGICAL REVIEW FOR IRON DEFICIENCY ANAEMIA. SEE ATTACHED LIST FOR OTHER CONDITIONS / MEDICATION |

**Build**

| Date | Height | Weight |
|---|---|---|
| 9/8/13 | 170 | 87kg |

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Customer Service Centre, BX8 7HB

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**Smoking**

**In the last 12 months:** has your patient used any cigarettes, cigars, tobacco, nicotine, e-cigarettes containing nicotine, or nicotine replacement products?

Yes / (No) / Don't know

| Date | Details including level of consumption |
|---|---|
| | |

If an ex-smoker, when did they stop? 1974

**Drugs**

**Has your patient ever used any illicit *(non prescription)* or recreational drugs?** Yes / (No)

| Date/Duration | Details including – Substance type, level of consumption/frequency/treatment |
|---|---|
| | |

**Alcohol**

**In relation to Alcohol use, has your patient ever:**

- Been advised to reduce their consumption? Yes / (No)
- Been advised to see a specialist or attend a support group? Yes / (No)
- Been dependent on alcohol or undergone detoxification? Yes / (No)
- Had any alcohol related health problems/liver damage? Yes / (No)

| Date | Details including units consumed when advised to reduce consumption |
|---|---|
| | |

- Please provide the last three recordings of your patient's alcohol consumption:

| Date | Units Per Week |
|---|---|
| | Unknown. |
| | |
| | |

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*Has your patient ever been diagnosed with* Diabetes/Impaired Glucose Metabolism? *If so, please provide details below*

| Type | Date of Diagnosis | Last 3 HbA1c & date | Latest ACR/date | Complications? |
|---|---|---|---|---|
| TYPE 2. | | 1. 9/8/23 7.8<br>2. 24/6/23 8.1<br>3. 7/4/23 8.2 | 8/8/23 NORMAL -1.2 | Nephropathy: NO<br>Retinopathy: ~~NO~~ YES-MILD<br>Neuropathy: NO<br>Other: |

- Is your patient compliant with follow up appointments/treatment? (Yes) / No

**Mental Health**

**Has your patient ever:**

- Experienced a mental health condition that has required psychiatric referral, hospital assessment/treatment or *time* off work? (Yes) No

| Date | Diagnosis | Please provide further details including – treatment/management/date of last symptoms/Time off work? |
|---|---|---|
| 7/12/22 | DEPRESSION | referred & CMHT commenced on MIRTAZAPINE 15mg |

- Taken an overdose?
- Tried to take their own life or intentionally harmed themselves?
- Had thoughts/ideation of the above?

Yes / (No)

| Dates | Further details: |
|---|---|
| | |

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*Has your patient ever been diagnosed with* Raised Blood Pressure or Raised Cholesterol? *If so, please provide details below*

| Dates | Further details: |
|---|---|
| | |

Blood Pressure

| Date | Systolic | Diastolic (5th phase) | Treatment / Dose |
|---|---|---|---|
| 6/2/23 | 108 | 70 | |
| 8/8/23 | 128 | 87 | |
| 30/3/23 | 122 | 78 | |

Lipid Profile

| Date | Cholesterol | HDL | Trigs | Treatment / Dose |
|---|---|---|---|---|
| 8/8/23 | 3.3 | 1.3 | 1.0 | |
| 30/3/23 | 4 | 1.17 | 1.42 | |
| 3/9/23 | 3.1 | | | |

Other significant history

**Has your patient ever been diagnosed with, or experienced symptoms of, any of the following:**

- Cerebrovascular disease, brain haemorrhage or brain injury? Yes / (No)
- Cancer, growth, cyst, tumour or blood disorder? (Yes) / ~~No~~ awaits mastectomy
- Any skin lesions requiring specialist referral or excision? Yes / (No)
- Any disease or disorder of the heart or Peripheral vascular disease? (Yes) / No
- Any respiratory disorder including COPD/Covid 19/Asthma/Emphysema? Yes / (No)
- Paralysis, numbness, pins and needles, tremor, optic neuritis or loss of strength / power? Yes / (No)
- Crohn's, Colitis, IBS or anything else affecting stomach, bowel or digestive system? Yes / (No)
- Kidney Stones, urinary infection or anything else affecting kidneys, bladder or urine? Yes / (No)
- An abnormal cervical smear or any other gynaecological disorder that has required regular follow-up? Yes / (No)
- Anything affecting the liver or pancreas? Yes / (No)

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Please Provide details below for any Yes answers: -

| Date | Symptom / Condition | Results of investigations | Ongoing/resolved? |
|---|---|---|---|
| | See attached summary | | |

**In the last 3 years,** has your patient:

- Been referred for investigations or prescribed any other medication (not already mentioned) for over 4 weeks?
- Been medically Signed off work?

| Date | Reason | Medication | Duration |
|---|---|---|---|
| | | | |

13. Is there any information in your report that our Chief Medical Officer should not release to the patient because this would cause serious physical or mental harm to the patient or any other person?

Yes / No (If yes please clarify)

.....

.....

| Doctors Signature | | Date Completed | 15/2/22 |
|---|---|---|---|

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# Registration Details - Patient No: 6000

| Personal details... | | Address details... | |
|---|---|---|---|
| Date of birth | 26/07/1962 | Post Code | KA3 1NU |
| Sex | M | House Name Flat No | |
| Surname | McChesney | No and Street | 101 Kilmaurs Road |
| Previous Surname | | Village | KILMARNOCK |
| Forenames | William | Town | KILMARNOCK |
| Calling Name | William | County | |
| Title | Mr | | |
| Birth Surname | | | |
| Marital Status | Single | | |
| Ethnic Origin | | | |
| Next of Kin | | | |

| HA/HB Details... | | Contact details... | |
|---|---|---|---|
| Trading partner | Ayrshire & Arran | Home Tel No | |
| Registered GP | Dr Philip Laraway | Mobile Tel No | 07928947377 |
| Usual GP | Dr Philip Laraway | Work Tel No | |
| CHI Number | 2607623510 | E Mail Address | |
| Residential Inst | | Key Safe | |
| Branch Surgery | | | |
| NHS Number | S/579/62/754 | | |

| Practice information... | | Further information | |
|---|---|---|---|
| Dispensing | N | Long/Short stay or Dead | |
| Hospital Number | | Date of registration | 13/07/2023 |
| Records At | | | |

| Upload Consent | | AMS\MCR Details | |
|---|---|---|---|
| SCI-DC Consent | Implied Consent (default) | AMS Consent | Yes |
| Pharmacy Details | Boots-9/11 St Marnock St,Kilmarnock,East Ayrshire,(KA1 1DZ) - 01563541145(Org Id - 5248) | | |
| Item Collected Check | Yes | | |
| MCR Suitability Status | -1 | | |
| MCR Registration Status | 2 | | |

| ECS (GP Summary) Consent | | Distances | |
|---|---|---|---|
| Patient Consent | Implied Consent (default) | RPP Road Miles | |
| Blocked Special | | | |
| Water Miles | | | |
| Footpath Miles | | | |

## Medical Record

### Problems

| Active Problems | | Authorised By | Code |
|---|---|---|---|
| 05/12/2023 | Vitamin B12 deficiency | Dr McCrorie | C2621 |
| 21/10/2010 | Essential hypertension | Dr Gaffney | G20 |
| 21/10/2010 | Angina pectoris NOS | Dr Gaffney | G33zz |
| 02/07/2010 | Type 2 diabetes mellitus | Mrs Lauder | C10F |
| 10/01/2006 | Dyspepsia | Miss McCarvel | J16y4 |
| 23/12/1992 | Asthma | Dr UnknownUser | H33 |

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| Past Problems | | Authorised By | Code |
|---|---|---|---|
| 28/06/2017 | **Exercise tolerance test not indicated** normal | Mrs Paton | 8IB7 |
| 23/05/2017 | **Seborrhoeic keratosis** right ear - for curettage and cautery | Ms Hawkins | M223 |
| 22/12/2016 | **Foot X-ray (Right)** | Ms Hawkins | 52B-1 |
| 02/06/2016 | **Shoulder X-ray (Right)** Normal | Ms Hawkins | 528-4 |
| 02/06/2016 | **Elbow X-ray (Right)** normal | Ms Hawkins | 5287-1 |
| 02/12/2014 | **Low mood** | Ms Hawkins | 16T-1 |
| 23/06/2014 | **Exercise tolerance test** | Ms Hawkins | 33B9 |
| 18/07/2013 | **Declined diabetic retinopathy screening** | Ms Hawkins | 9m0A |
| 01/11/2010 | **Phacoemulsification of lens** LEFT - AND LENS IMPLANT | Miss McCarvel | 72631-1 |

| Alerts | | Authorised By | Code |
|---|---|---|---|
| | None | | |

| Drug Allergies | | Authorised By | Code |
|---|---|---|---|
| 03/09/2021 | **No known allergies** | Mrs Gill | 1151 |

| Non Drug Allergies | | Authorised By | Code |
|---|---|---|---|
| | None | | |

| Health Status | | |
|---|---|---|
| 08/08/2023 | **Height 170 cm** | |
| 08/08/2023 | **Weight 82 Kg** | |
| 08/08/2023 | **Body Mass Index 28.37 kg/m2** | |
| 08/08/2023 | **Blood pressure reading 120/82 mm Hg** | |
| 14/10/2022 | **Blood pressure reading O/E - BP reading** | |
| 14/05/2013 | **Exercise grading FITT activity level 0; no mod/vig activity of 20 mins duratn** | |
| 08/08/2023 | **Alcohol consumption 12 units/week** | |
| 08/08/2023 | **FH: Ischaemic heart dis. >60** | |

| Consultations | | |
|---|---|---|
| 15/02/2024 08:00 | Dr Philip Laraway at Portland Medical Practice | |
| Problem | telephone ecnounter re his qFIT - note he declined referral - he is now happy for this to be done | |

## Medication

| Current Date Commenced | Drug Details | Date Last Issue | Authorised By | Type |
|---|---|---|---|---|
| 12/01/2024 | **Naproxen Tablets 250 mg** ONE TO BE TAKEN TWICE A DAY 56 TABLET | 12/01/2024P | Dr S Montgomery | ACUTE |
| 20/12/2023 | **Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose** TWO PUFFS TO BE TAKEN TWICE DAILY 120 dose | 05/01/2024P | Dr Philip Laraway | ACUTE |
| 13/12/2023 | **Ferrous Fumarate Tablets 210 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 3 MONTHS 84 tablet | 05/01/2024P | Dr Philip Laraway | ACUTE |
| 17/01/2024 | **Trimbow Inhaler 172 micrograms + 5 micrograms + 9 micrograms/dose** TWO PUFFS TO BE TAKEN TWICE DAILY 120 DOSE | 06/02/2024P | Dr S Montgomery | REPEAT |
| 03/01/2024 | **Ventolin Evohaler Cfc-free inhaler 100 micrograms/puff** ONE OR TWO PUFFS UP TO QDS PRN 1 inhaler | 06/02/2024P | Dr S Montgomery | REPEAT |



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| | | | | |
|---|---|---|---|---|
| 05/09/2023 | **Cyanocobalamin Tablets 50 micrograms** ONE TO BE TAKEN TWICE A DAY AFTER FOOD 112 TABLET | 11/01/2024P | Dr S Montgomery | REPEAT |
| 30/06/2023 | **Lansoprazole Capsules (Gastro-Resistant) 30 mg** 1 AT NIGHT 28 CAPSULE | 11/12/2023P | Dr Philip Laraway | REPEAT |
| 23/09/2022 | **Ramipril Capsules 5 mg** ONE TO BE TAKEN EACH MORNING 28 capsule | 30/01/2024P | Dr Philip Laraway | REPEAT |
| 15/09/2022 | **4Sure Lancets Sterile Single-Use 0.195 mm/33 gauge** TO BE USED AS DIRECTED 1*100 lancet | 15/09/2022P | Dr Angela McCrorie | REPEAT |
| 02/08/2022 | **Alogliptin Tablets 25 mg** ONE TO BE TAKEN DAILY. 28 TABLET | 03/01/2024P | Dr S Montgomery | REPEAT |
| 07/07/2022 | **Montelukast Sodium Tablets 10 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET | 12/02/2024P | Dr S Montgomery | REPEAT |
| 01/07/2022 | **True Metrix Test strips** TO BE USED AS DIRECTED 50 strip | 25/07/2022P | Dr Angela McCrorie | REPEAT |
| 03/08/2020 | **Empagliflozin Tablets 25 mg** ONE TO BE TAKEN EACH DAY. 28 TABLET | 06/02/2024P | Dr S Montgomery | REPEAT |
| 11/02/2019 | **Pregabalin Capsules 50 mg** ONE TO BE TAKEN TWICE A DAY 56 CAPSULE | 22/01/2024P | Dr S Montgomery | REPEAT |
| 11/01/2017 | **Metformin Hydrochloride Tablets 500 mg** TWO TO BE TAKEN TWICE A DAY 112 tablet | 12/02/2024P | Dr S Montgomery | REPEAT |
| 05/10/2016 | **Tramadol Hydrochloride Capsules 50 mg** 2 Caps 4 times daily (TELEPHONE REVIEW OF THIS MEDICATION 29/08/23) 224 CAPSULE | 25/01/2024P | Dr Philip Laraway | REPEAT |
| 23/08/2016 | **Glyceryl Trinitrate Pump spray 400 micrograms/dose** ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED 200 DOSE | 29/11/2021P | Dr Angela McCrorie | REPEAT |
| 20/08/2014 | **Isosorbide Mononitrate M/R tablets 60 mg** ONE TO BE TAKEN EACH MORNING 28 TABLET | 06/02/2024P | Dr S Montgomery | REPEAT |
| 15/01/2013 | **Atorvastatin Tablets 20 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET | 22/01/2024P | Dr S Montgomery | REPEAT |
| 27/07/2010 | **Gliclazide Tablets 80 mg** 2 TABLETS TWICE DAILY 224 TABLET | 12/02/2024P | Dr S Montgomery | REPEAT |
| 07/07/2010 | **Amlodipine Tablets 10 mg** ONE TO BE TAKEN EACH MORNING 28 TABLET | 22/01/2024P | Dr S Montgomery | REPEAT |
| 15/06/2010 | **Aspirin E/c tablets 75 mg** 1 TAB IN THE MORNING (STATUS=C) 28 TABLET | 22/01/2024P | Dr S Montgomery | REPEAT |

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Staff Copy Printed 22/03/23 by Mrs Shirley Sproat

# McChesney, William

**Date of Birth** 26-Jul-1962 (60y) **CHI Number** 2607623510

**Gender** Male

## Primary Care Mental Health Assessment V3

| **Centre of Care** Primary Care MH - East | **Status** Closed |
|---|---|
| **Date of Activity** 22 March 2023 09:17 by Mrs Shirley Sproat | |

## Form Items

### Presentation

**New referral to service**

No

**Note:** Previously engaged in SHW treatment in 2014.

**Source of current referral**

GP

**Assessment type**

Full PCMHT assessment

**Clinical Role**

PCP/PMHN

**Reason for referral**

SCI referral received from GP :

Dear colleagues I would be grateful if you could assess and support the above 60 year old gentleman who has longstanding issues with low mood primarily related to the passing of his Mother approximately 13 years ago. The anniversary of her passing is this month and this is always a difficult time of year for Mr McChesney. In the last 4 weeks he has been having some suicidal thoughts and indeed admits to laying out his medications in front with a view of deliberate overdose but he eventually elected not to do this. He recently re-commenced Citalopram 10mg a couple of weeks ago. He tells me that he is not sleeping very well and wakes up several times at night with a busy mind. He lives alone and does not work so I wonder if there is some element of social isolation. On examination he was objectively euthymic and engaged very well in conversation with no pressure of speech and no obvious psychotic features. I have today swapped his Citalopram to Mirtazapine 15mg nocte to see if this may help his sleep and I have also put this prescription on dispense weekly. I feel he would benefit from some specialist mental health input at present in view of his current suicidal thoughts and would be very grateful if you could make contact with him. Many thanks indeed for your involvement in this gentleman's care.

**Current medication**

William advises that he is no longer concordant with prescribed medication of Mirtazepine 15mg, reporting that he feels that this is no longer required.

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**McChesney, William**
Date of Birth 26-Jul-1962 (60y) CHI Number 2607623510

## Gender Based Violence Assessment

**Was gender based violence routine enquiry carried out during this assessment?**

No - Not appropriate due to other clinical priority

## Gender Based Violence Disclosure Assessment (ONLY COMPLETE THIS SECTION IF ANSWERED YES (OUTCOME:VICTIM) ABOVE, FOR ALL OTHER ANSWERS LEAVE AS 'NOT APPLICABLE')

**What type of GBV is involved**

Not applicable

**Is abuse current or past or both?**

Not applicable

**Describe the relationship between the service user and the perpetrator**

Not applicable

**What is the sex of perpetrator(s)?**

Not applicable

## Response to disclosure

## Presenting problem(s)

**Anxiety - Generalised**

No

**Anxiety - OCD**

No

**Anxiety - Panic**

No

**Anxiety - Phobia**

No

**Anxiety - Social**

No

**Depression/Low mood**

No

**Self esteem**

No

**Stress**

Yes

**Perinatal**

No

**Trauma related**

No

**Eating Disorder**

No

**Other**

No

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[redacted]

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**McChesney, William**
Date of Birth 26-Jul-1962 (60y) CHI Number 2607623510

## Contributing factors

**Work**
No

**Financial**
Yes

**Relationship**
Yes

**Abuse**
No

**Carer responsibilities**
No

**Education**
No

**Physical health**
No

**Bereavement/loss**
No

**Trauma**
No

**Social isolation/loneliness**
No

**Substance misuse**
No

**Housing**
No

**Social crisis**
No

**Other**
No

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**McChesney, William**
Date of Birth 26-Jul-1962 (60y) CHI Number 2607623510

## Risk assessment

### Risk from substance misuse

**Substance misuse**

Green
**Note:** William advises that he is no longer consuming alcohol, as he no longer attends his social clubs. Denies any substance misuse.

### Child protection/well-being concerns

**Child protection concerns**

Green
**Note:** William reports no dependants a this time.

**Child well-being concerns**

Green
**Note:** As above

### Any other risk factors identified

**Any other risk factors identified**

William denied any current suicidality, however admits that he has had thought of ending his life by taking an overdoes in he past. Cites his mother, and "what she would do to me, if she could" as being his protective factor at this time. Denies any risk at this time and voices that he feels that his mood will be much improved when he speaks with Scottish Power.

Writer satisfied that there is no current risk at this time.

Advises of being "snappy" with his friends and that he is avoiding them. Writer satisfied that there does not appear to be any indication of risk to others.

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**McChesney, William**
Date of Birth 26-Jul-1962 (60y) CHI Number 2607623510

## Summary

**Summary of Assessment**

William attended for assessment appointment today as offered at Central Clinic. He consented to the presence of Student Nurse, Lorna Morris, who remained present throughout the appointment. Explanation provided of the role of the Primary Care Mental Health Team and of the purpose of today's appointment. Further provided guidance of NHS Ayrshire & Arran's Code of Practice on Protecting Patient Confidentiality including the legal duty of disclosure without consent in specific circumstances.

Presenting situation:
William voiced that his primary difficulty at this time is a dispute with Scottish Power (SP) advising that SP have installed a smart meter, which he did not request, and that they are now requesting that he pay a final bill of £488. William advises that he has been in dispute for 8 months and in that time advises that he has been unable to come to any resolution. Advises that he has recently contacted Offgem and that he intends to contact Citizens Advice Bureau (CAB) for further support. Writer provided encouragement that he contact these services for support. William spoke of feeling angry and frustrated at his current situation and reports that this problem is consuming him 24/7. William voices that he feels that his sleep is disturbed, due to being unable to switch off from worrying over this dispute, advises that he feels that he is tense and frustrated and that he feels that he is "snappy" towards others. William also voiced that as a result of being snappy, he has somewhat withdrawn from his peers and admits that he is no longer attending darts club on a Monday night or playing pool with his friends.

William reports that he continues to miss his mother, who passed away around 12 years ago and spoke of particularly missing her around the anniversary of her birthday. William appeared to be reacting to the loss of his mother appropriately and appeared to have grieved appropriately for this loss. William advised that he did not contact Cruise Bereavement Service as offered, following contact with PCMHT in 2014 and suggests today that this is not required.

William reports that he currently lives on his own in Kilmarnock. Reports that he is currently unemployed and that he has little structure and routine in the day. William advises that he rises each day and dresses and reports that he spends his day watching television and reading his paper. Reports that he makes meals and that he is eating regularly. Reports that he leaves his home, around once per week to purchase messages. William advises that he previously enjoyed walking his dog each day, however sadly his dog passed away last year. Reports seeing his cousin regularly that he remains in contact with his friends via text and phone calls.

William completed PHQ9/GAD7 questionnaires scoring 15/18 respectively indicating moderately/severe difficulties, however on exploration of these symptoms they are to be consistent with William's current feelings of being frustrated and angry over the dispute with Scottish Power. No indication of any risk at this time.

William spoke a little of his past today, voicing that he grew up with both parents and his elder brother in Kilmarnock and that his home life was good. William advised that he attended Onthank Primary School and then Kilmarnock Academy, reporting that he did not attend after first year and that he was eventually sent to Kibble School, which he reported as having been helpful. Reports that he worked on leaving school, aged 17 years in a number of jobs such as landscaping, however advised that he has not worked since aged 19 years. Reports that sadly his brother passed away at aged 26 years, and that his father has also passed away. William advised that he was latterly a paid carer for his mum, until her passing 12 years ago.

Reports current health difficulties, advising that he has been diagnosed with Diabetes Type 2, Asthma, Hypertension and heart problems.

Impression:
William presented as a 60 year old man, dressed casually in jogging bottoms, jacket and hat and appeared well kempt. He engaged well during the appointment, with no observable anxiety and low mood evident. William's behavior was appropriate and co-operative today and some rapport was established. William was invited to discuss what he feels would help today, with William voicing that he feels that contacting CAB would be the most helpful thing to do at this time. Writer agreed and spoke with William about his very normal reaction to situational stress. William was advised that it would appear that he does not require the support of the mental health team at this time as his problems may be best met through engaging with community supports as discussed.

William was encouraged by writer to re-engage with his peers and to begin walking once more, explaining the benefits to his mental health and that this can help to lower his feelings of frustration and aid sleep. William was also advised of the re-referral route should this be required at any time in the future.

William was happy with this outcome today and agreed to be discharged from the Primary Care Mental Health Team.

THIRD PARTY COPY

NHS Confidential: Personal data once it is printed

**McChesney, William**
Date of Birth 26-Jul-1962 (60y) CHI Number 2607623510

## Treatment plan

**Treatment goal(s)**

William has agreed that he will contact Citizen's Advice Bureau/Offgem for advice re his dispute with Scottish Power.

**Treatment plan**

1. William has agreed that he will contact Citizen's Advice Bureau/Offgem for advice re his dispute with Scottish Power.
2. William agrees that there is no current role for mental health services at this time and agreed to being discharged from the Primary Care Mental Health Team.
3. William has agreed to speak with his GP should he feel that a re-referral for mental health services is required at any time in the future.
4. GP will receive copy of PCMHT assessment.

**Treatment plan discussed and agreed with the client?**

Yes

**Copy of treatment plan offered to client?**

Yes

THIRD PARTY COPY

**Scanned Document**
**28-Apr-2026 SHIR**
**Additional:**Scanned Document

**Filename:** document_125.pdf
**Extension:**.tif
**Pages:**

NHS Confidential: Personal data about a patient

NHS
Ayrshire & Arran

Mental Health Services

East Ayrshire Primary Care Mental Health Team
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ

**Personal in Confidence**

Mr William McChesney
101 Kilmaurs Road
KILMARNOCK
KA3 1NU

| | |
|---|---|
| Date: | 4 April 2023 |
| Ref: | SS/IS |
| CHI: | 2607623510 |
| Enquiries To: | Irene Sinclair |
| Direct Line: | 01563 826338 |

Dear Mr McChesney

Further to our discussion on ***22 March 2023,*** I would like to confirm that, as agreed, your care has now been discharged from the Primary Care Mental Health Team back to the care of your GP.

Your GP has been informed of this by copy of this letter.

I wish you well for the future.

Yours sincerely

**SHIRLEY SPROAT**
**PRIMARY CARE MENTAL HEALTH NURSE**

CC Dr Montgomery – Portland MP, 34 Portland Road, Kilmarnock KA1 2DL

www.nhsaaa.net

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**Scanned Document**
**28-Apr-2026 SHIR**
**Additional:**Scanned Document

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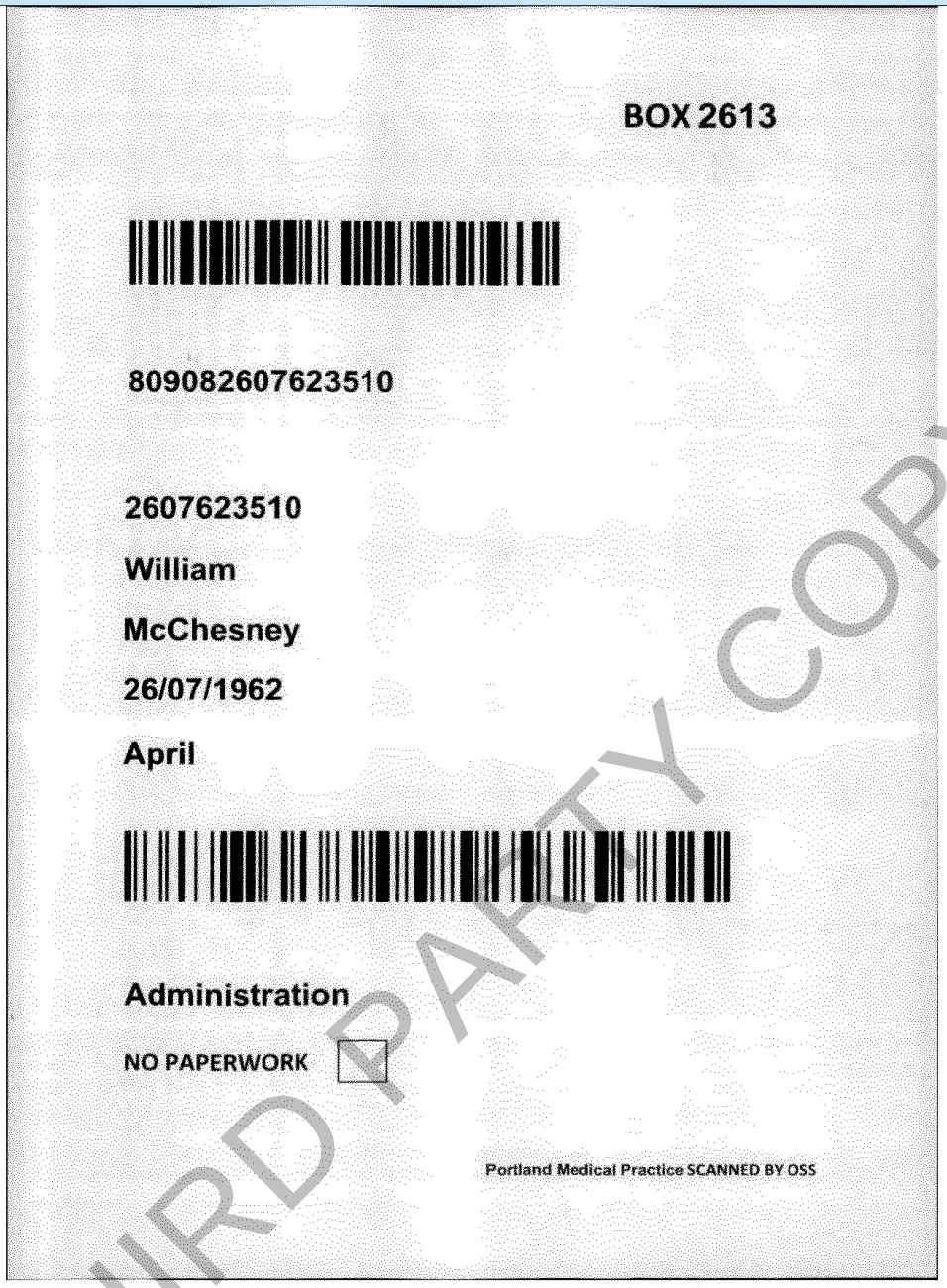

BOX 2613

809082607623510

2607623510

William

McChesney

26/07/1962

April

Administration

NO PAPERWORK ☐

Portland Medical Practice SCANNED BY OSS

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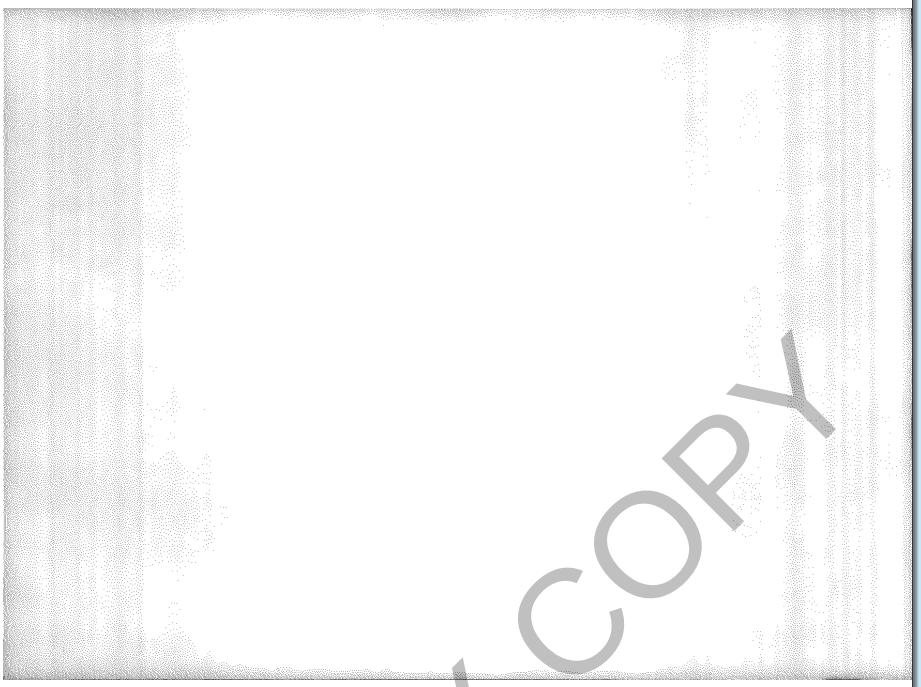

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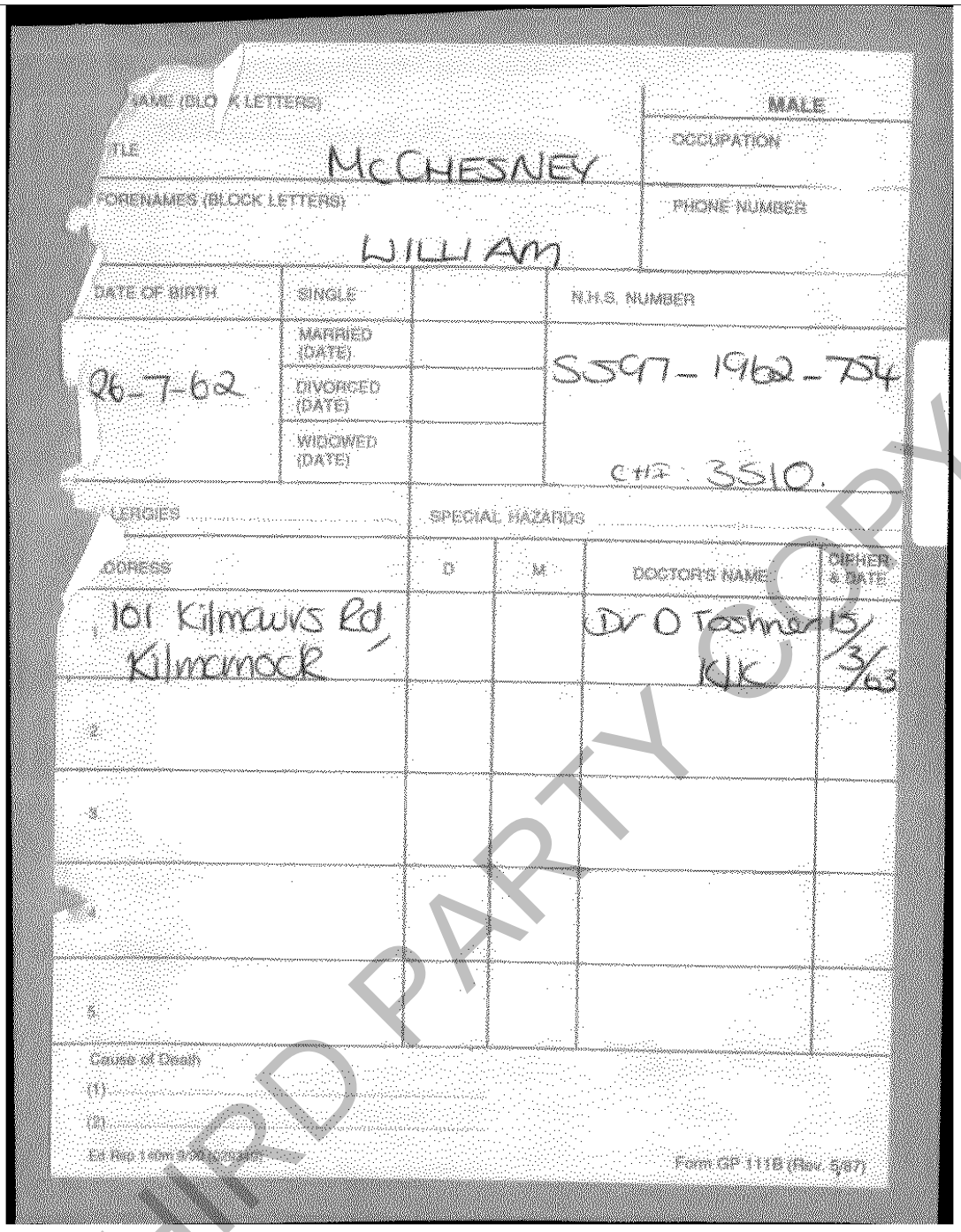

SURNAME (BLOCK LETTERS) — MALE

TITLE: McCHESNEY — OCCUPATION

FORENAMES (BLOCK LETTERS): WILLIAM — PHONE NUMBER

DATE OF BIRTH: 26-7-62 — SINGLE / MARRIED (DATE) / DIVORCED (DATE) / WIDOWED (DATE) — N.H.S. NUMBER: S5097-1962-754

C+G 3510.

ALLERGIES — SPECIAL HAZARDS

| ADDRESS | D | M | DOCTOR'S NAME | CIPHER & DATE |
|---|---|---|---|---|
| 101 Kilmaurs Rd, Kilmarnock | | | Dr O Teshman KK | 15/3/63 |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

Cause of Death
(1)
(2)

Ed Rec 1 dm 9/90 (c)(2)(3)

Form GP 111B (Rev. 5/87)

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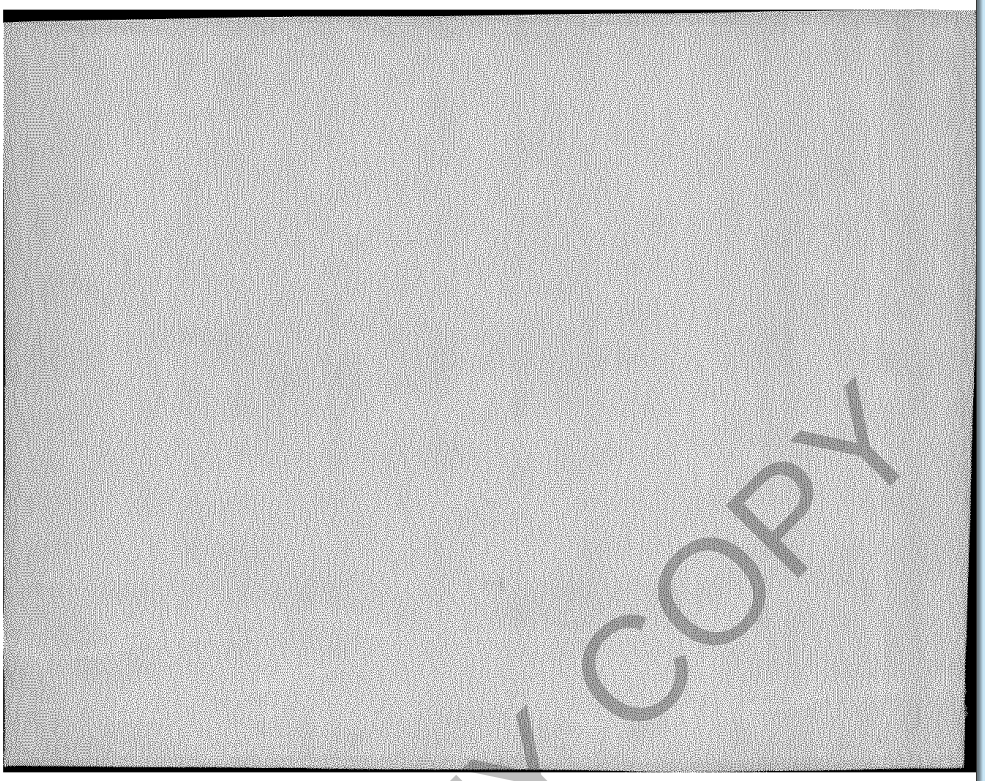

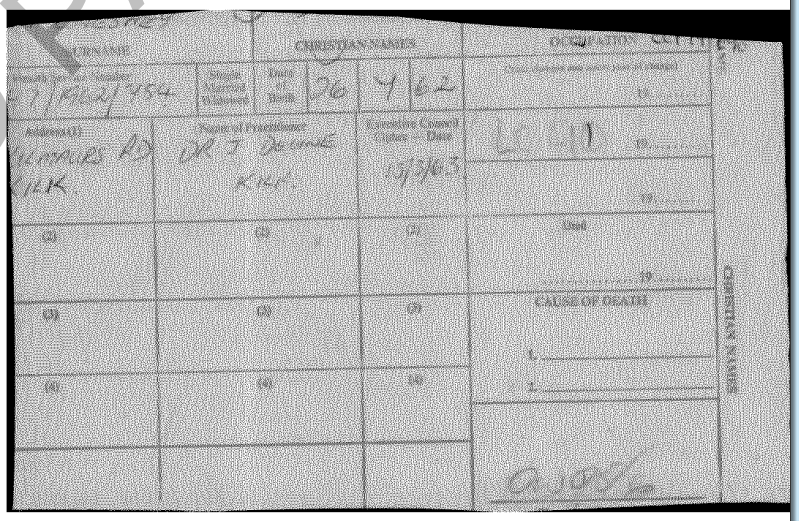


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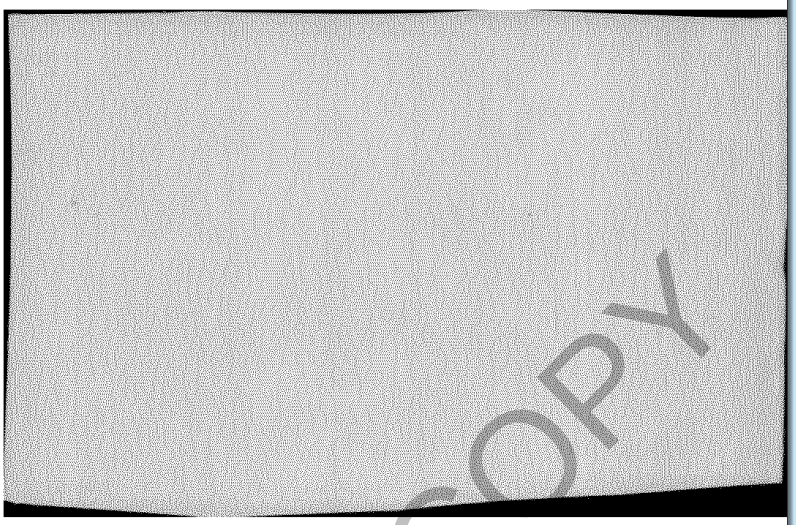

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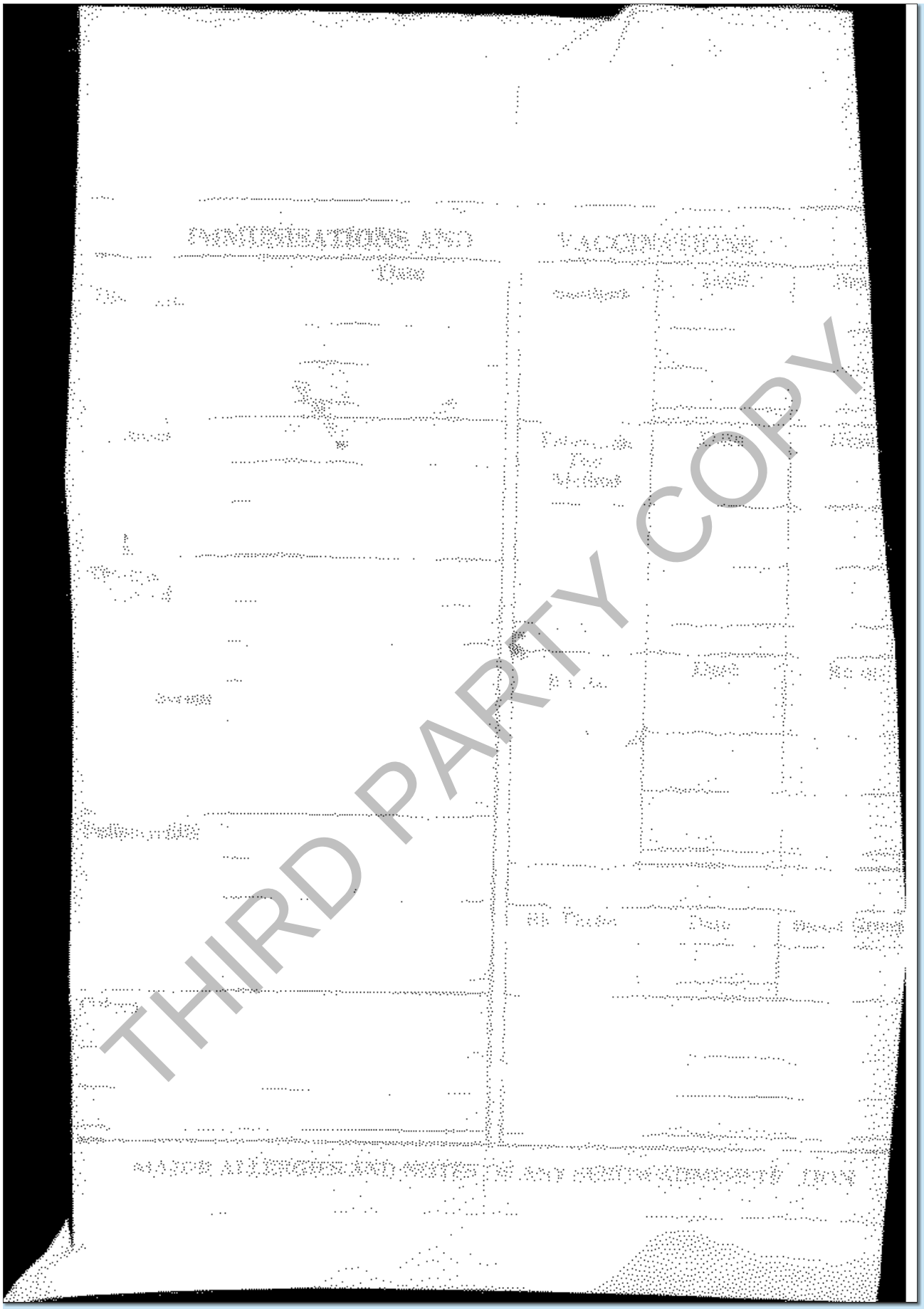

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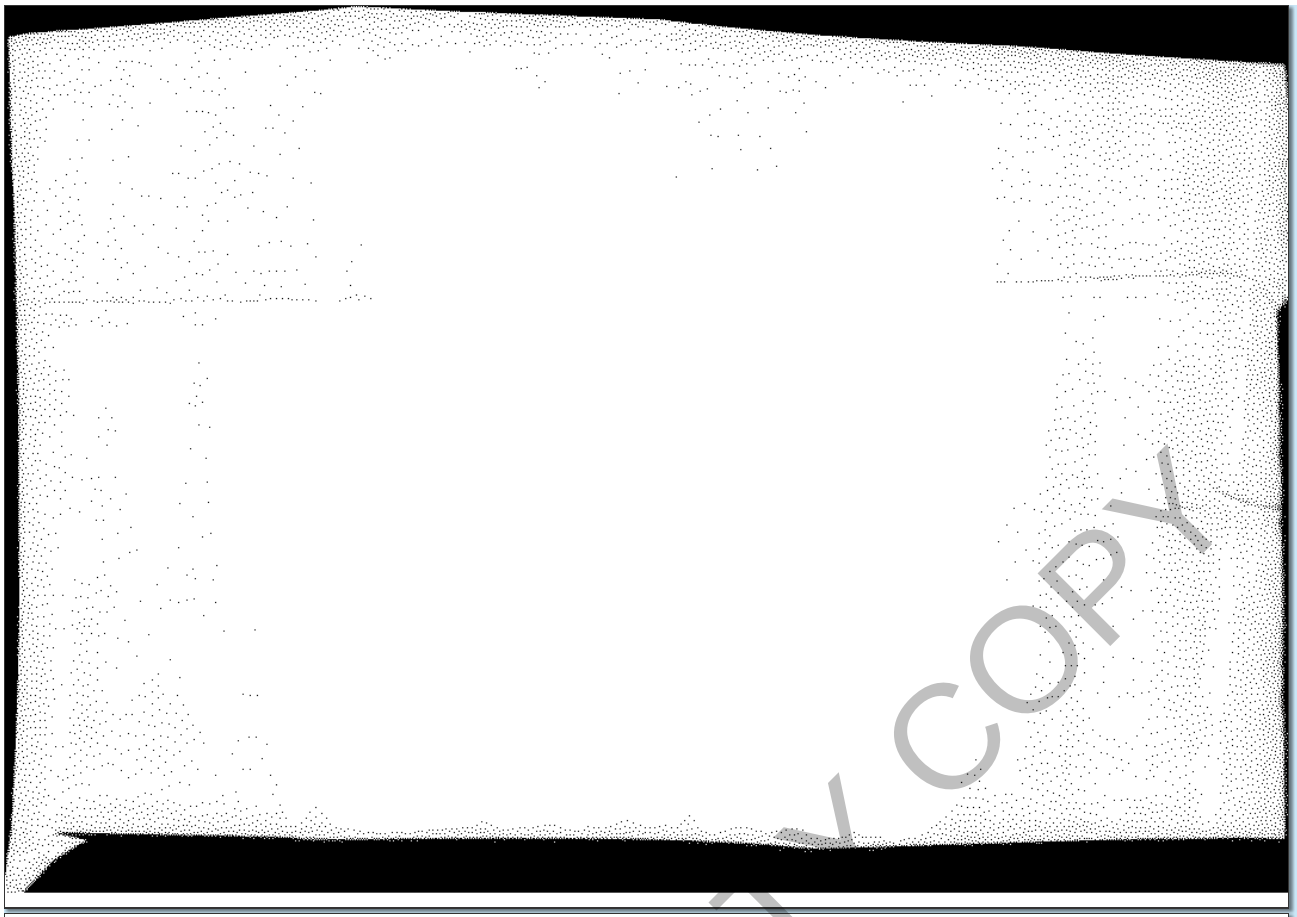

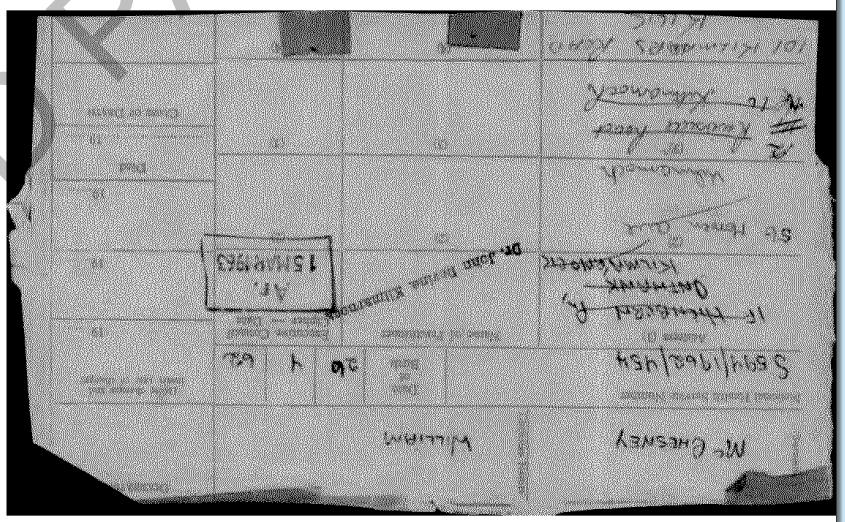

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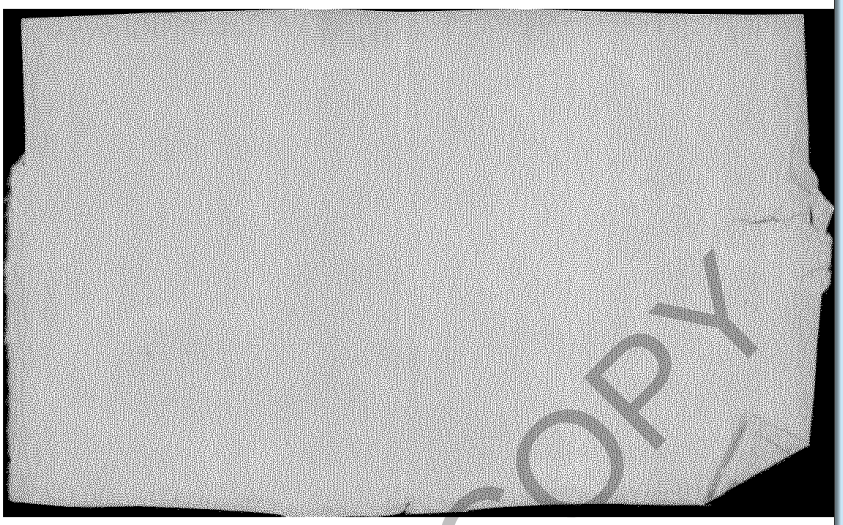

| | Drug | Strength | Instructions | Quantity | Date | Item number | Date | Item number |
|---|---|---|---|---|---|---|---|---|
| 1/ | Uniphyllin | 400mg | 1 nocte | 30 | 6/9 | 2,3 | 1/8/94 | 2 3 |
| 2/ | Ventolin | 100mcg | 1 1 tid | 1 x p | 11/10/93 | 2. 3 | 29/7/94 | 2 3 |
| 3/ | Tagamet | 400mg | 1 bd. | 60 | 2/1/94 | 2 3 | 2/9/94 | 2 - |
| | | | | | 29/11/93 | 2 3 | 16/10/94 | 2 · 3 |
| | | | | | 5/4/94 | 2 3 | 4/11/94 | 2 3 |
| | | | | | 14/7/94 | 2 3 | 12/12/94 | 2 - 3 - 2 |
| | | | | | 2/9/94 | 2 3 | 12/12 | 2 x 2 3 |
| | | | | | 17/8/94 | 2 3 | 16/1/95 | 2 x 2 3 |
| | | | | | 5/3/94 | 2. 3 | 16/2/95 | 2 x 2 3 |
| | | | | | 11/4/94 | 2 · 3 | 29/3/95 | 2 x 2 |
| | | | | | 9/5/94 | 2 3 | 4/4/95 | 2 x 2 3 |
| | | | | | 16/7/94 | 3 2 | 3/5/95 | 2 x 2 3 |
| | | | | | 30/6/94 | 2 3 | 24/6/95 | 2 x 2 3 |
| | | | | | 19/9/94 | 2 | 6/7/95 | 2 2 3 |

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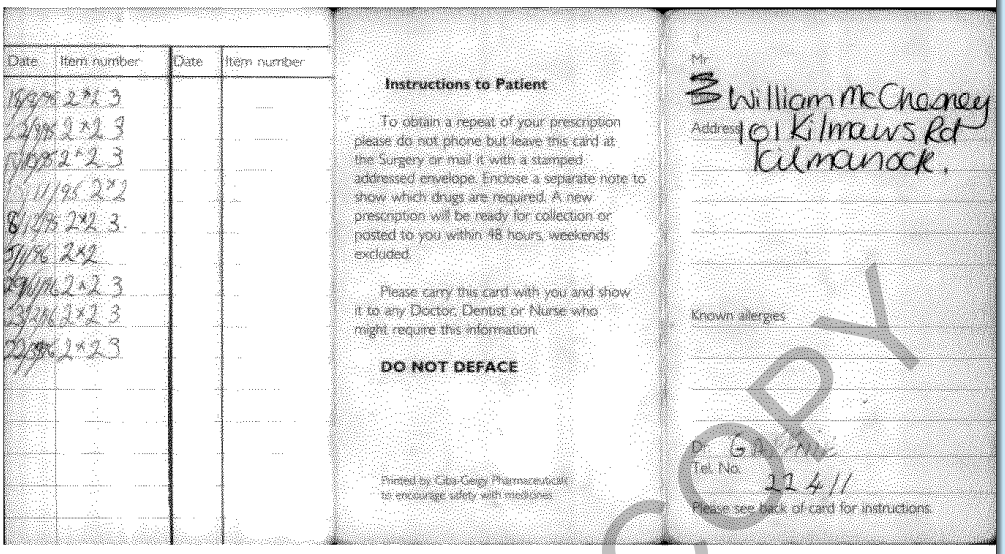


| Date | Item number | Date | Item number |
|---|---|---|---|
| 16/9/96 | 2×23 | | |
| 2/10/96 | 2×23 | | |
| 30/10/96 | 2×23 | | |
| 27/11/96 | 2×23 | | |
| 8/1/97 | 2×23 | | |
| 5/2/97 | 2×23 | | |
| 29/3/97 | 2×23 | | |
| 3/5/97 | 2×23 | | |
| 28/6/97 | 2×23 | | |

**Instructions to Patient**

To obtain a repeat of your prescription please do not phone but leave this card at the Surgery or mail it with a stamped addressed envelope. Enclose a separate note to show which drugs are required. A new prescription will be ready for collection or posted to you within 48 hours, weekends excluded.

Please carry this card with you and show it to any Doctor, Dentist or Nurse who might require this information.

**DO NOT DEFACE**

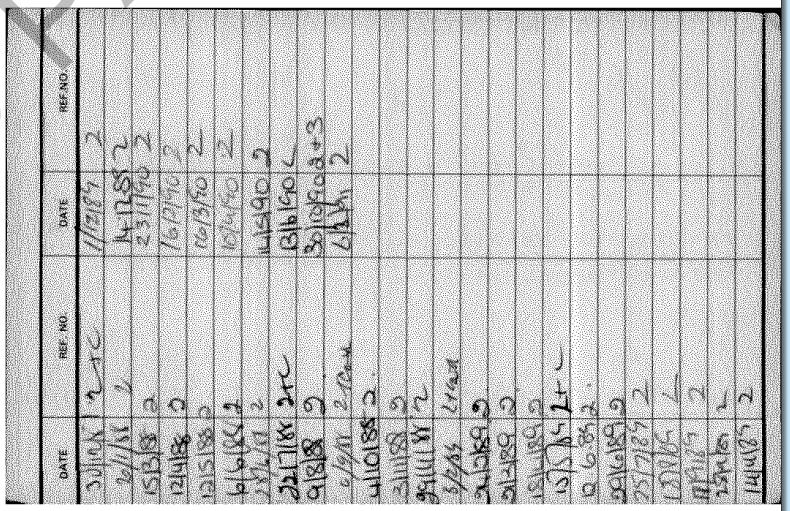
Printed by Ciba-Geigy Pharmaceuticals to encourage safety with medicines

Mr
William McChesney
Address 101 Kilmaurs Rd
Kilmarnock.

Known allergies

Dr G [illegible]
Tel. No. 2241

Please see back of card for instructions



| DATE | REF. NO. | DATE | REF. NO. |
|---|---|---|---|
| 2/11/87 | 1 2×C | 11/12/87 | 2 |
| 2/11/87 | 1 | 4-12-87 | 2 |
| 15/12/87 | 2 | 23/11/88 | 2 |
| 12/11/88 | 2 | 19/12/89 | 2 |
| 13/11/89 | 2 | 16/12/90 | 2 |
| 4/12/90 | 2 | 10/12/90 | 2 |
| 3/12/91 | 2 | 14/12/90 | 2 |
| 23/12/91 | 2×C | 8/12/90 | 2 |
| 9/1/92 | 2 | 30/10/91 | 2+3 |
| 6/9/91 | 2 Rank | 6/12/91 | 2 |
| 4/11/92 | 2 | | |
| 3/11/93 | 2 | | |
| 3/11/94 | 2 | | |
| 5/9/95 | 1/2+2 | | |
| 2/10/95 | 2 | | |
| 31/10/95 | 2 | | |
| 15/12/95 | 2+1 | | |
| 9/1/96 | 2 | | |
| 6/12/96 | 2 | | |
| 25/12/96 | 2 | | |
| 13/1/97 | 1 | | |
| 11/2/97 | 2 | | |
| 5/4/97 | 2 | | |
| 11/11/97 | 2 | | |

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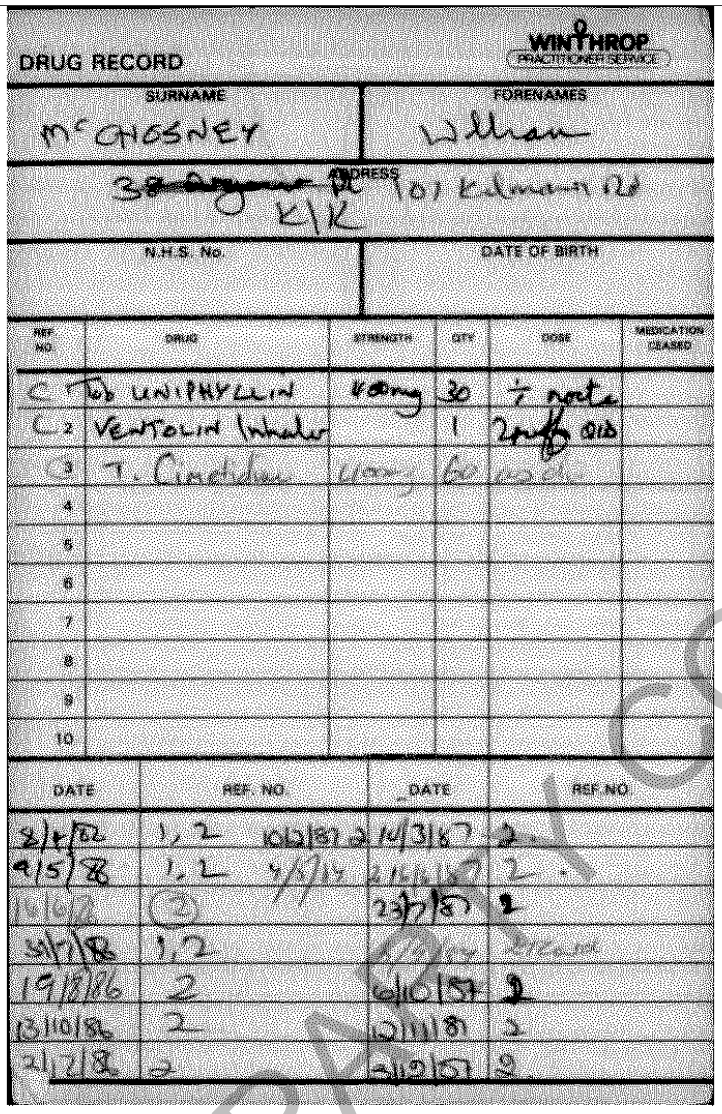

DRUG RECORD

WINTHROP PRACTITIONER SERVICE

SURNAME: McGLOSNEY

FORENAMES: William

ADDRESS: 38 [redacted] 101 Kilmarnock Rd K/K

N.H.S. No.:

DATE OF BIRTH:

| REF NO. | DRUG | STRENGTH | QTY | DOSE | MEDICATION CEASED |
|---|---|---|---|---|---|
| C1 | Tab UNIPHYLLIN | 400mg | 30 | ½ mane | |
| C2 | VENTOLIN Inhaler | | 1 | 2 puffs prn | |
| 3 | T. Cimetidine | 400mg | 60 | 400 nocte | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

| DATE | REF. NO. | DATE | REF. NO. |
|---|---|---|---|
| 2/4/86 | 1, 2 | 10/2/87 2 | 14/3/87 2 |
| 9/5/86 | 1, 2 | 4/8/87 2 | 16/10/87 2 |
| 14/10/86 | (2) | | 23/12/87 2 |
| 3/12/86 | 1, 2 | | [illegible] |
| 19/12/86 | 2 | | 6/10/87 2 |
| 13/10/86 | 2 | | 10/11/87 2 |
| 21/2/87 | 2 | | 3/12/87 2 |

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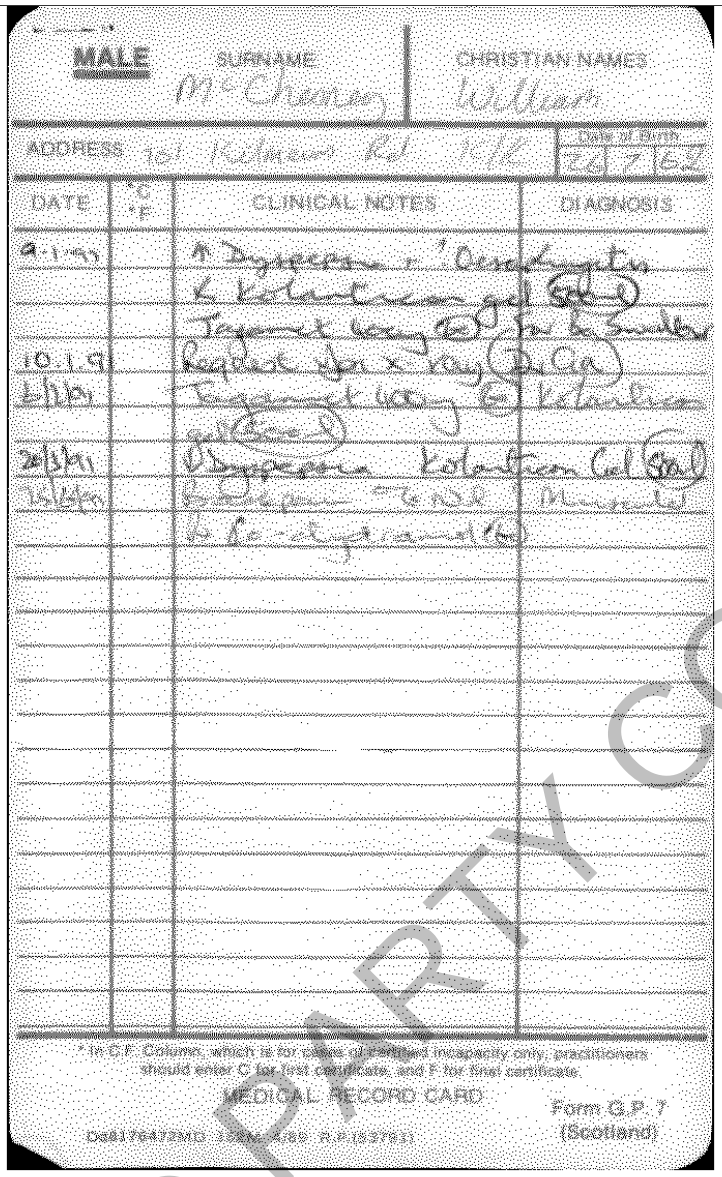

MALE

SURNAME: Mc Cheane

CHRISTIAN NAMES: William

ADDRESS: 151 Kelburn Rd

DATE OF BIRTH: 7/7/62

| DATE | C/F | CLINICAL NOTES | DIAGNOSIS |
|---|---|---|---|
| 9.1.91 | | A Dyspepsia + Constipation<br>& Rectal Examination (all Nil)<br>Request Barium Meal (Book) for Sunday | |
| 10.1.91 | | Request Abd x Ray (Book) | |
| 5/1/91 | | Barium Meal Examination<br>(all Nil) | |
| 20/3/91 | | Dyspepsia Rectal Examination (all Nil) | |
| 15/4/91 | | Referred to NSH | Managed |
| | | To be discharged (Nil) | |

* In C.P. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

Form G.P. 7 (Scotland)

D681/Year/RMD 1000M 2/88 R.P. (S)

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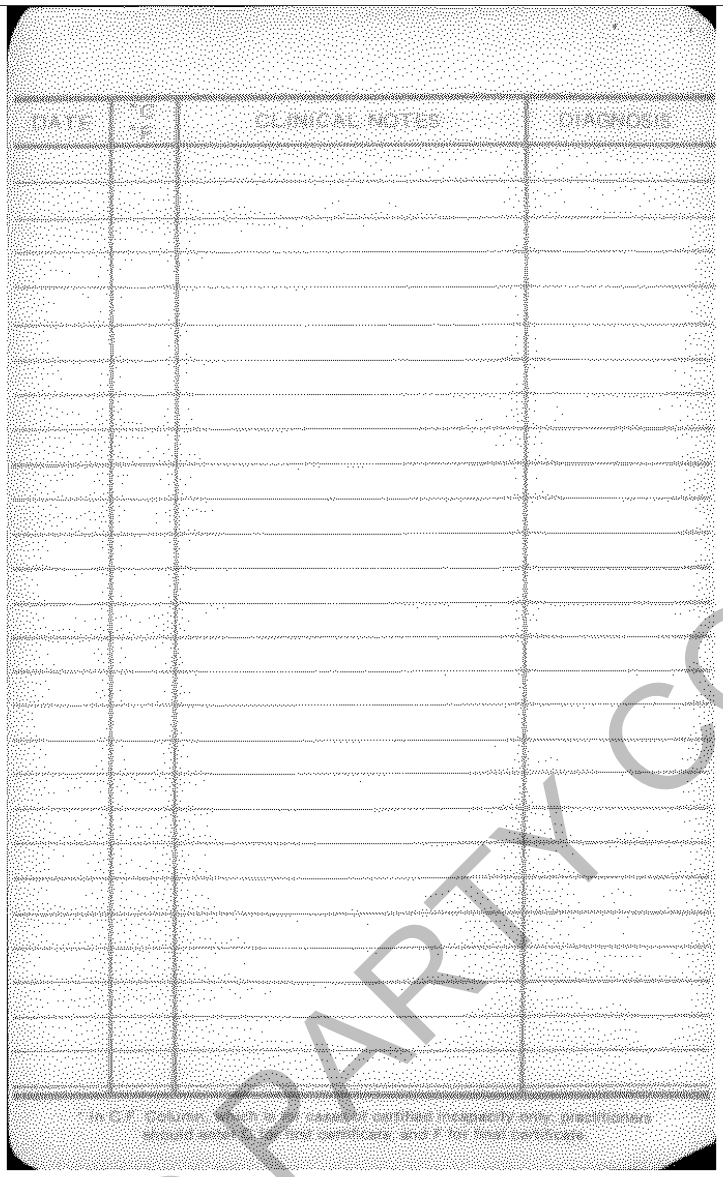


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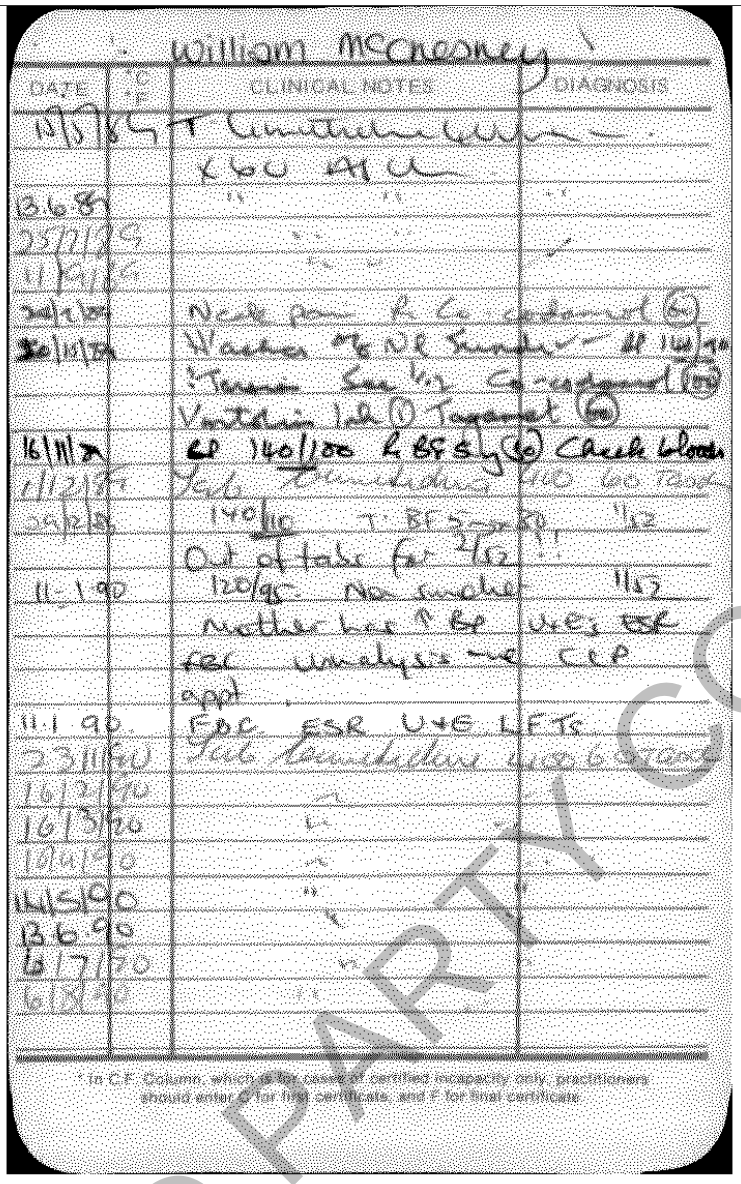

William McCreadie

| DATE | °C | CLINICAL NOTES | DIAGNOSIS |
|---|---|---|---|
| 13/3/89 | | GP Ventolin Cover | |
| | | 200 mg | |
| 13.6.89 | | " " | " |
| 25/7/89 | | " " | ✓ |
| 11/9/89 | | " " | |
| 30/9/89 | | Neck pain Rx Co-codamol (6/52) | |
| 30/11/89 | | Wants Rx NR Sumatriptan BP 100mg 9/52 | |
| | | Tramadol 5mg Co-codamol (15/52) | |
| | | Ventolin Inh (1) Tapazole (6/52) | |
| 16/11/89 | | BP 140/100 Lab slip (30) Check bloods | |
| 11/2/90 | | Feels Tramadol 100 100 Tabs | |
| 25/2/90 | | 140/110 T: BF 5mg BD 2/52 | 11/52 |
| | | Out of tabs for 2/52 | |
| 11.1.90 | | 120/95 No smoke | 11/52 |
| | | Neither has ↑ BP U+Es ESR | |
| | | for urinalysis - re CEP | |
| | | appt | |
| 11.1.90. | | FBC ESR U+E LFTs | |
| 23/11/90 | | Feels Tramadol 100 6/52 | |
| 16/2/90 | | " " | |
| 16/3/90 | | " " | |
| 10/4/90 | | " " | |
| 14/5/90 | | " " | |
| 13.6.90 | | " " | |
| 13/7/90 | | " " | |
| 6/8/90 | | " " | |

In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

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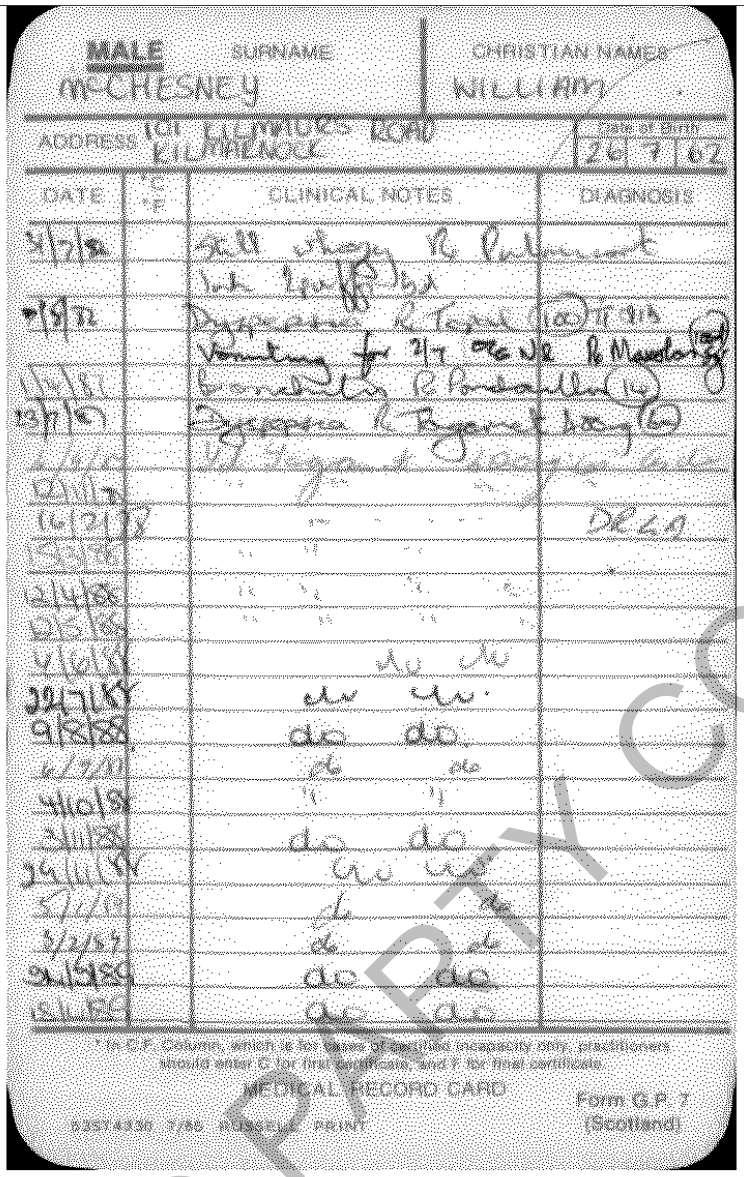

MALE

SURNAME: MCCHESNEY

CHRISTIAN NAMES: WILLIAM

ADDRESS: 101 ELDWICK ROAD KILMARNOCK

Date of Birth: 26 7 62

| DATE | S/F | CLINICAL NOTES | DIAGNOSIS |
|---|---|---|---|
| 9/2/88 | | Still unhappy re Pulmonary [illegible] | |
| 15/2/88 | | Dyspepsia & Tenesmus (100) TT 9/15 | |
| 15/2/88 | | Vomiting for 2/7 occ U/A re Mumps (Rad) | |
| 15/2/88 | | Bronchitis (2 Pondal Unit (1)) | |
| 13/7/88 | | Dyspepsia & Bypass Surg (6) | |
| 2/6/88 | | U/S Report of Chest [illegible] | |
| 10/11/88 | | " | |
| 16/12/88 | | " | D220 |
| 15/2/89 | | " | |
| 2/4/89 | | " | |
| 8/5/89 | | " | |
| 1/6/89 | | do do | |
| 24/7/89 | | do do | |
| 9/8/89 | | do do | |
| 6/9/89 | | do do | |
| 4/10/89 | | " " | |
| 3/11/89 | | do do | |
| 29/11/89 | | do do | |
| 5/2/90 | | do do | |
| 5/2/90 | | do do | |
| 21/5/90 | | do do | |
| 15/6/90 | | do do | |

* In S.F. Column, which is for use of qualified medical only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

Form G.P. 7 (Scotland)

53574330 7/85 RUSSELL PRINT

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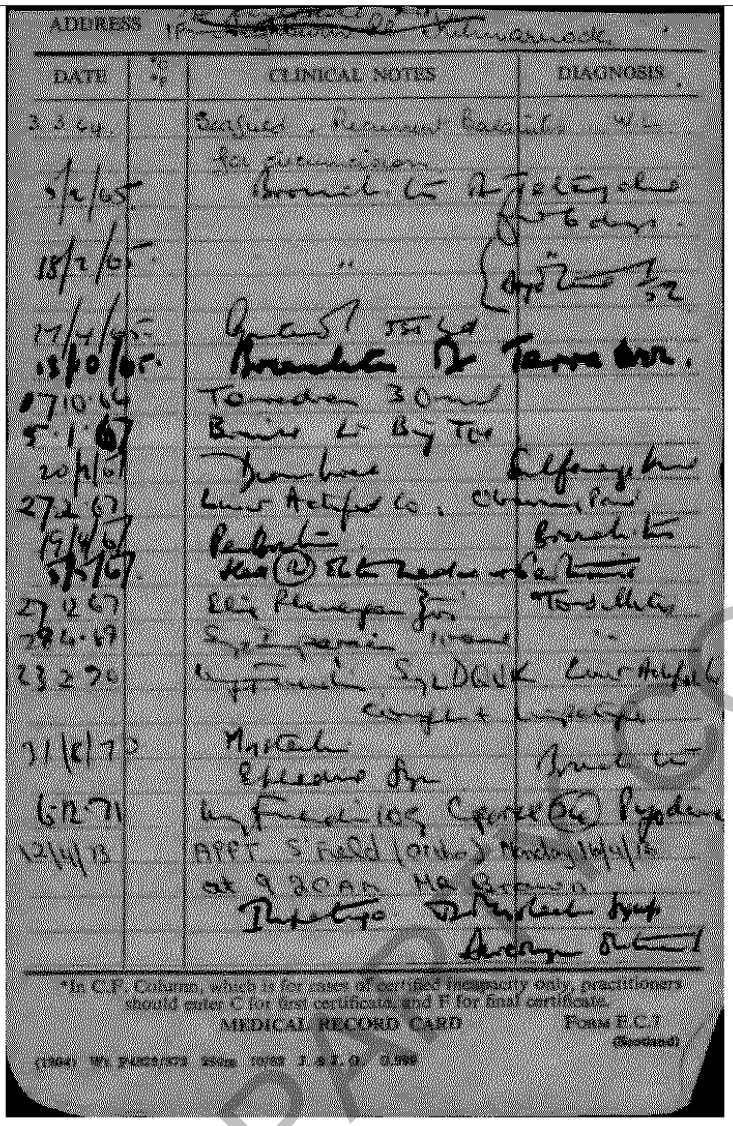

ADDRESS

| DATE | C.F. | CLINICAL NOTES | DIAGNOSIS |
|---|---|---|---|

*In C.F. Column, where it is the case of certified compulsory duty, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD Form E.C.7

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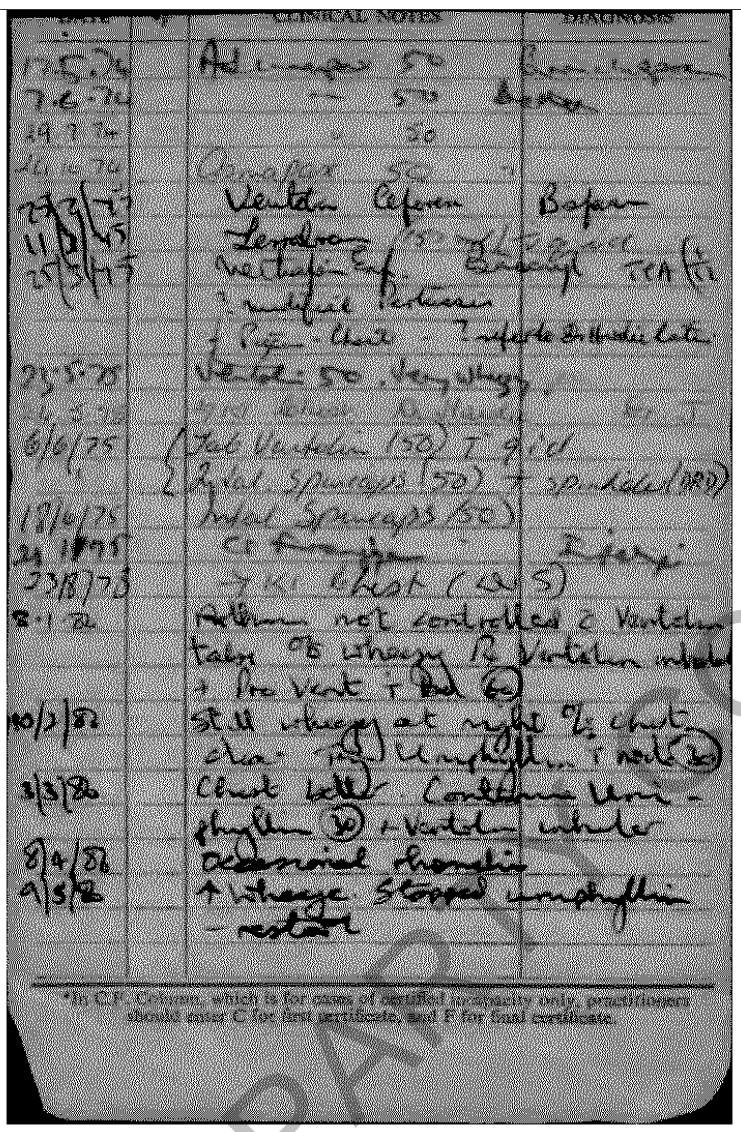

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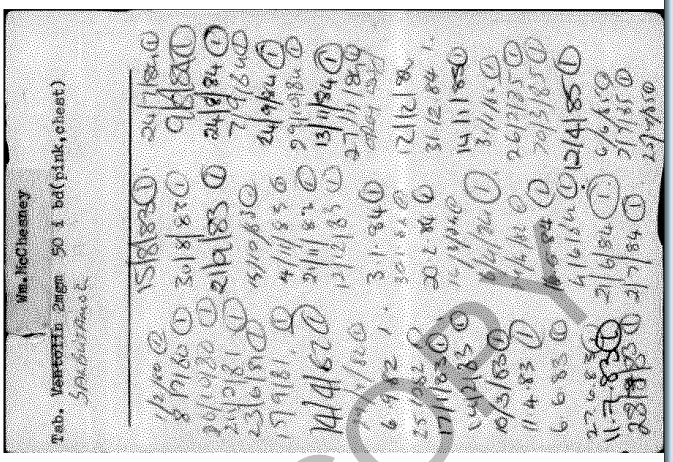


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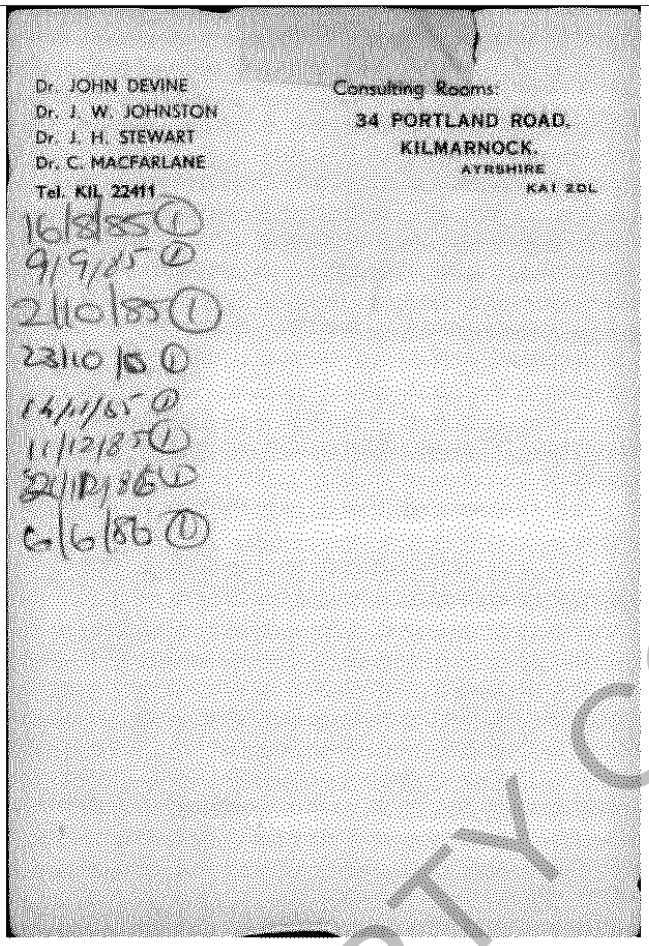

Dr. JOHN DEVINE
Dr. J. W. JOHNSTON
Dr. J. H. STEWART
Dr. C. MACFARLANE
Tel. KIL 22411

Consulting Rooms:
34 PORTLAND ROAD,
KILMARNOCK,
AYRSHIRE
KA1 2DL

16/8/85 (1)
9/9/85 (2)
21/10/85 (1)
23/10/85 (1)
14/11/85 (2)
10/12/85 (1)
2/1/86 (2)
6/6/86 (1)

THIRD PARTY COPY

Dr. JOHN DEVINE
Dr. J.W. JOHNSTON
Dr. J.H. STEWART
Dr. D. TOSHNER
Dr. L.A. McINTYRE
Dr. PAUL GAFFNEY

Consulting Rooms:
34 PORTLAND ROAD,
KILMARNOCK,
AYRSHIRE KA1 2DL
Tel: Kilmarnock 22411

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MR WILLIAM McCHESNEY.

1 Tab. Salbutamol 2mgm 50 i b.d.

c/f/f/u @

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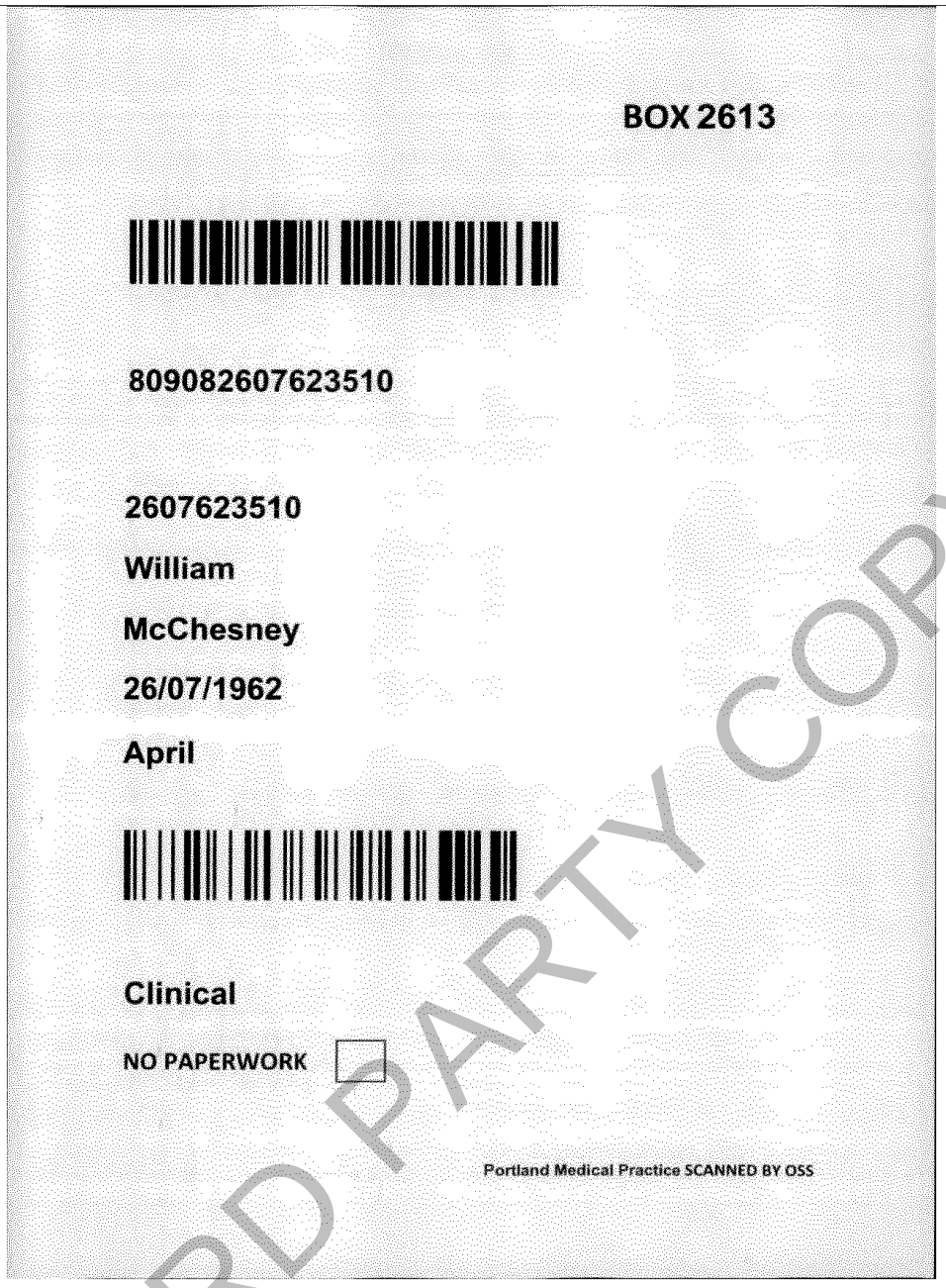

BOX 2613

809082607623510

2607623510

William

McChesney

26/07/1962

April

Clinical

NO PAPERWORK ☐

Portland Medical Practice SCANNED BY OSS

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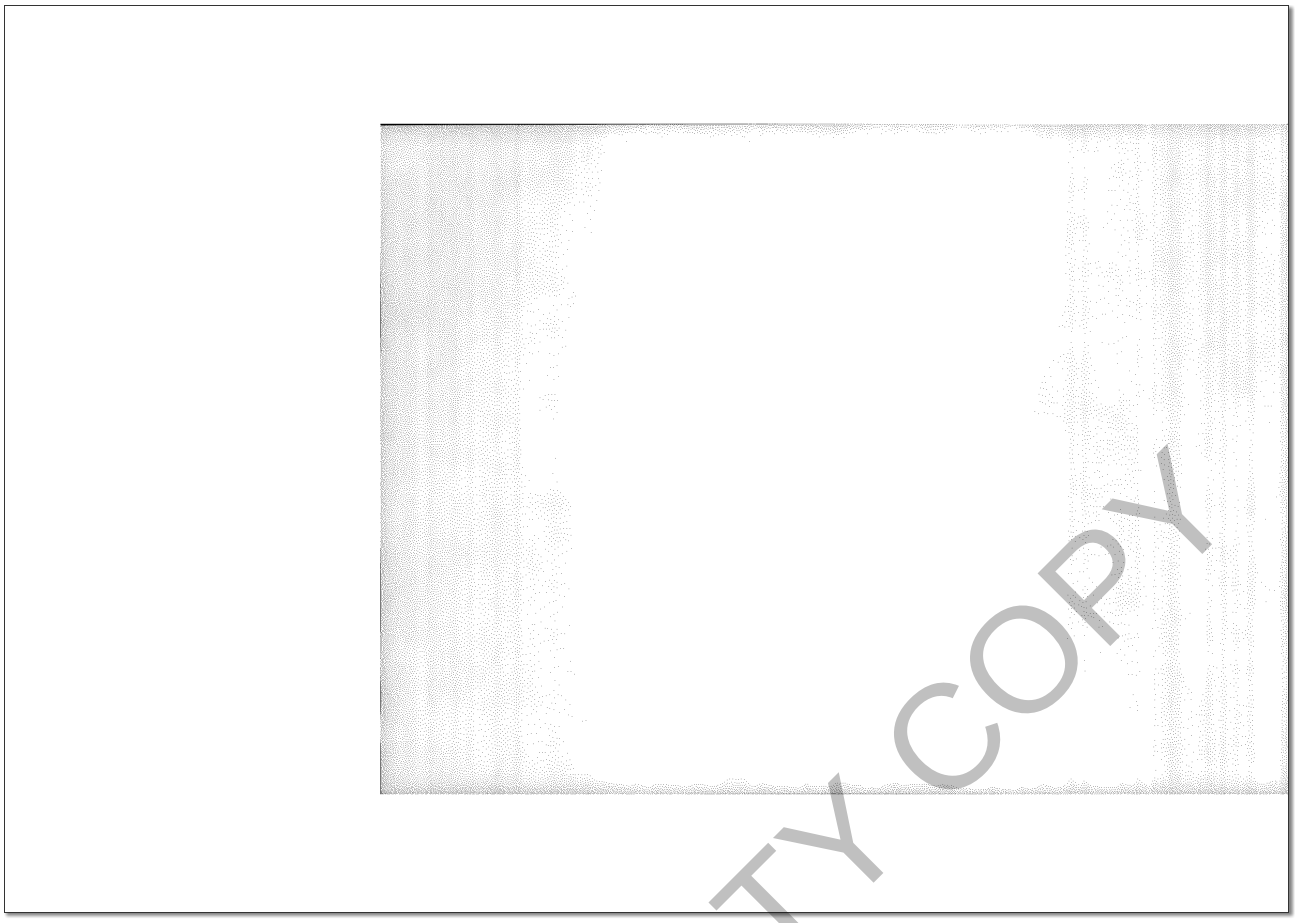

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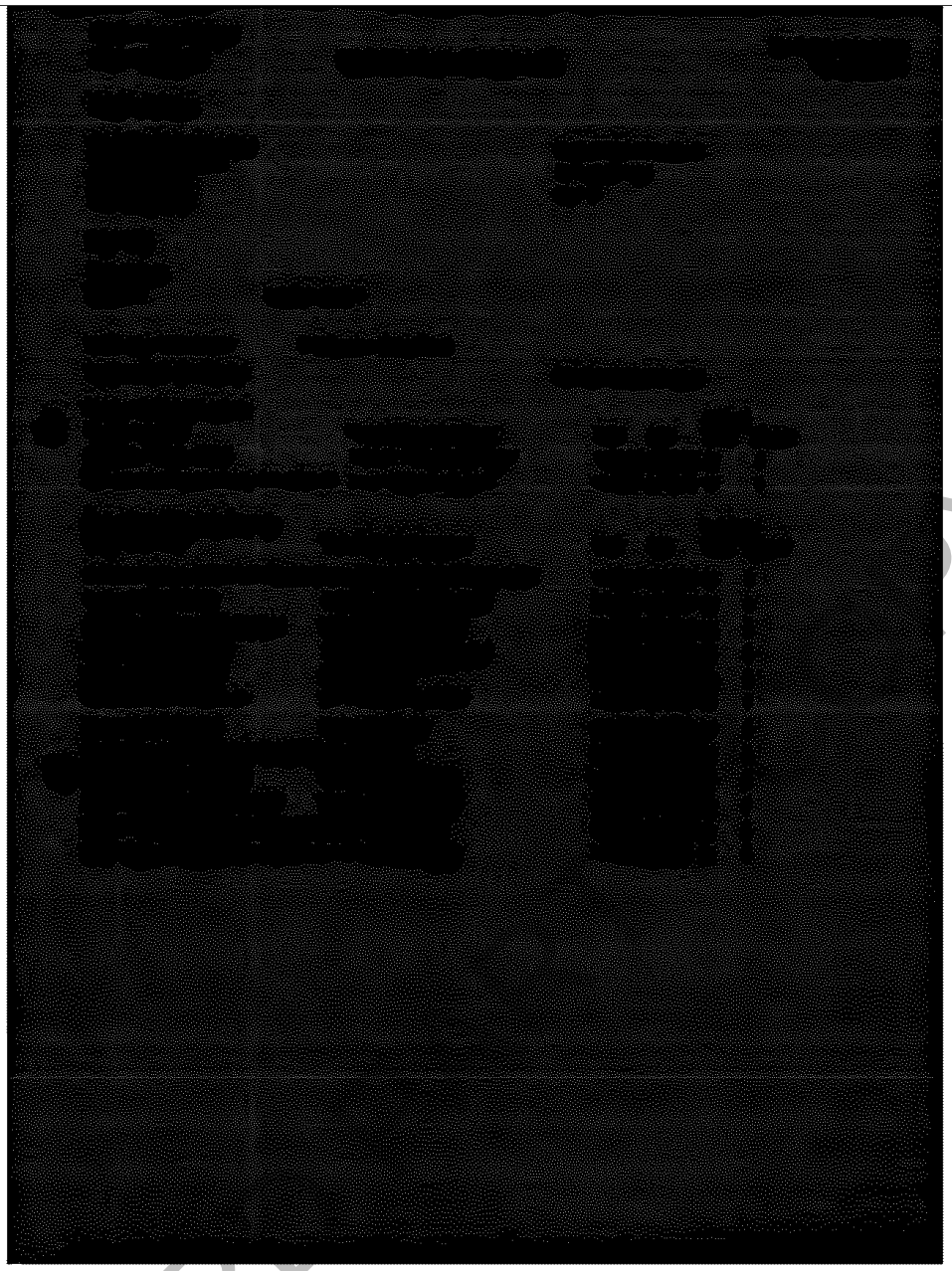

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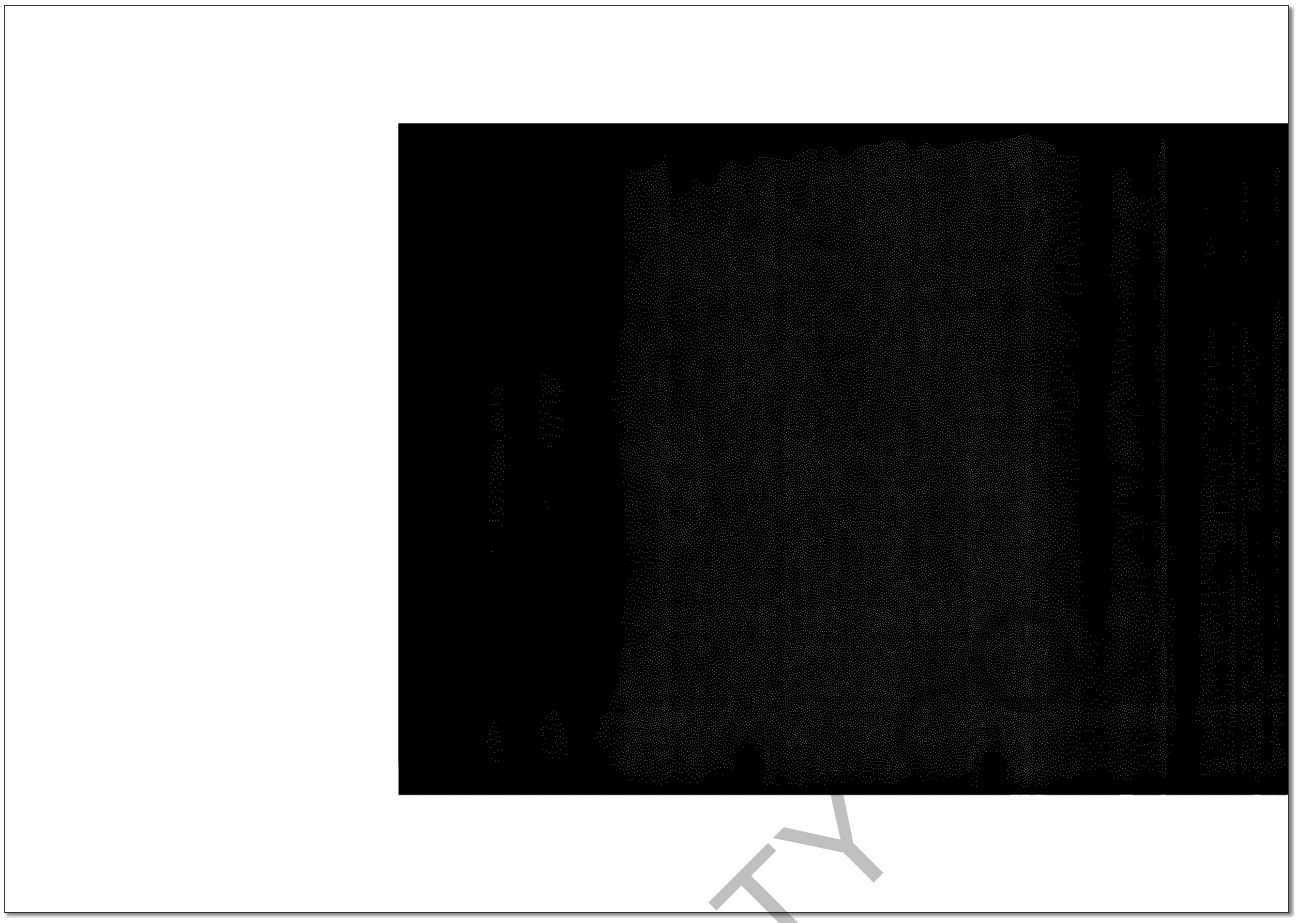

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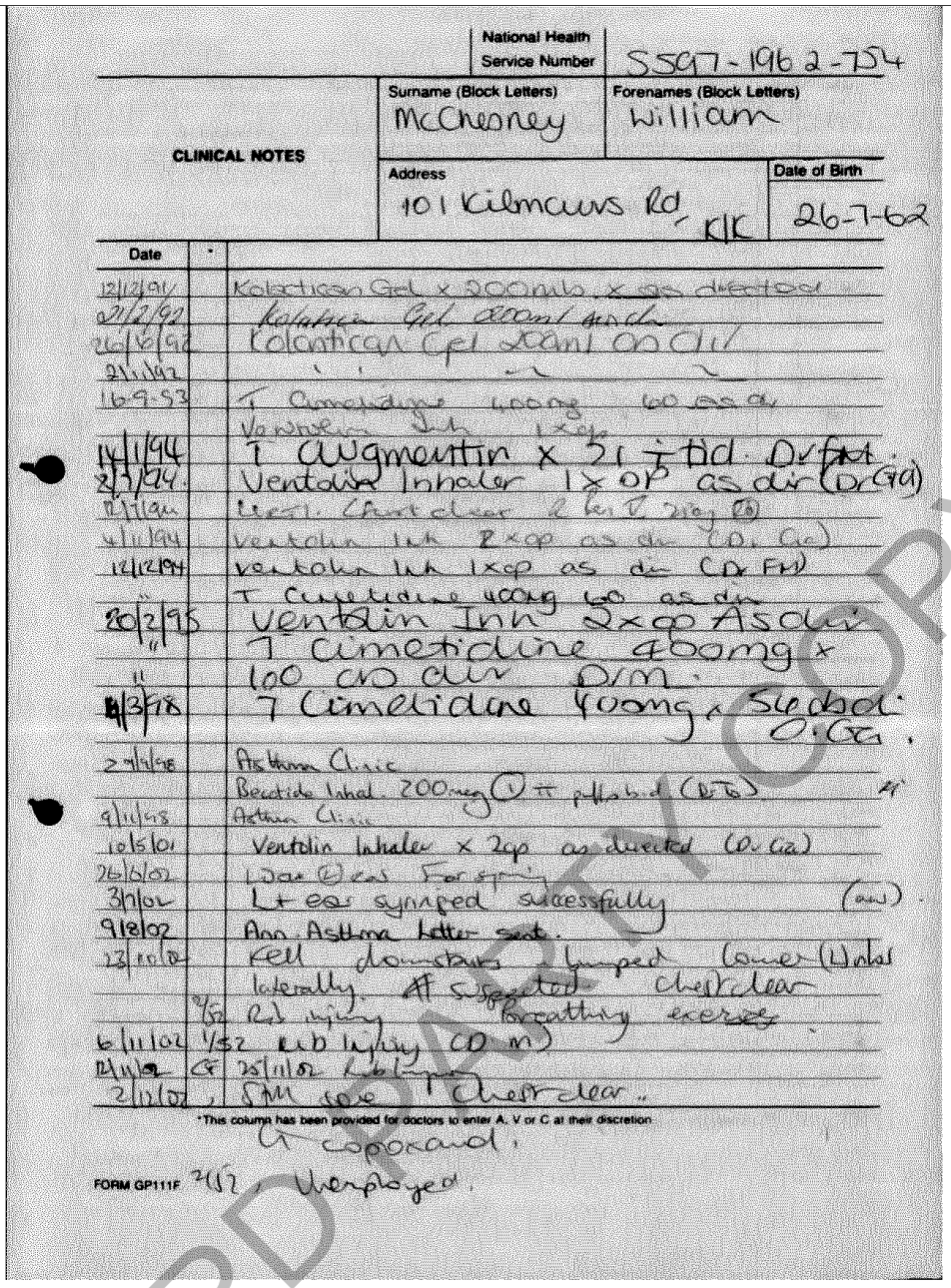

National Health Service Number: S597-1962-754

Surname (Block Letters): McCheaney

Forenames (Block Letters): William

Address: 101 Kilmcuvs Rd, KK

Date of Birth: 26-7-62

CLINICAL NOTES

| Date | * | |
|---|---|---|
| 12/2/91 | | Kolanticon Gel x 200ml x qds directed |
| 2/12/91 | | Kolanticon Gel 200ml qds |
| 26/6/92 | | Kolanticon Gel 200ml QDS PRN |
| 21/11/92 | | |
| 16-9-93 | | T Cimetidine 400mg 100 as dir |
| | | Ventolin Inh 1 puff |
| 14/1/94 | | T Augmentin x 21 tbl Drfht |
| 2/7/94 | | Ventolin Inhaler 1 x 2P as dir (Dr99) |
| 7/11/94 | | Chest clear & BP 210/90 |
| 4/11/94 | | Ventolin Inh 2 x qp as dir (Dr Ca) |
| 12/12/94 | | ventolin Inh 1 x qp as dir (Dr FH) |
| | | T Cimetidine 400mg 60 as dir |
| 20/2/95 | | Ventolin Inh 2 x qp As dir |
| " | | T Cimetidine 400mg x 100 ONO dir D/M. |
| 4/3/98 | | T Cimetidine 400mg x 56 dose dir. O.Ca. |
| 2/11/98 | | Asthma Clinic |
| | | Becotide Inhal. 200mcg (V) ++ pt advised (DrTo) |
| 9/11/98 | | Asthma Clinic |
| 10/5/01 | | Ventolin Inhaler x 2qp as directed (Dr Ca) |
| 26/6/02 | | L Ear (E) ears For syringing |
| 3/7/02 | | L+ ear syringed successfully (mw) |
| 9/8/02 | | Ann Asthma letter sent. |
| 23/10/02 | | Fell downstairs, jumped (lower (L) abd laterally. AT suspected. Chest clear |
| | 9/02 | Rt injury. Forearm bruising exercise. |
| 6/11/02 | 1/52 | RUD injury (DrM) |
| 11/11/02 | 25/11/02 | Rib injury |
| 2/12/02 | | SAM see T Chest clear. |

*This column has been provided for doctors to enter A, V or C at their discretion

T Ibuprofen.

FORM GP111F

2/12 Unemployed.

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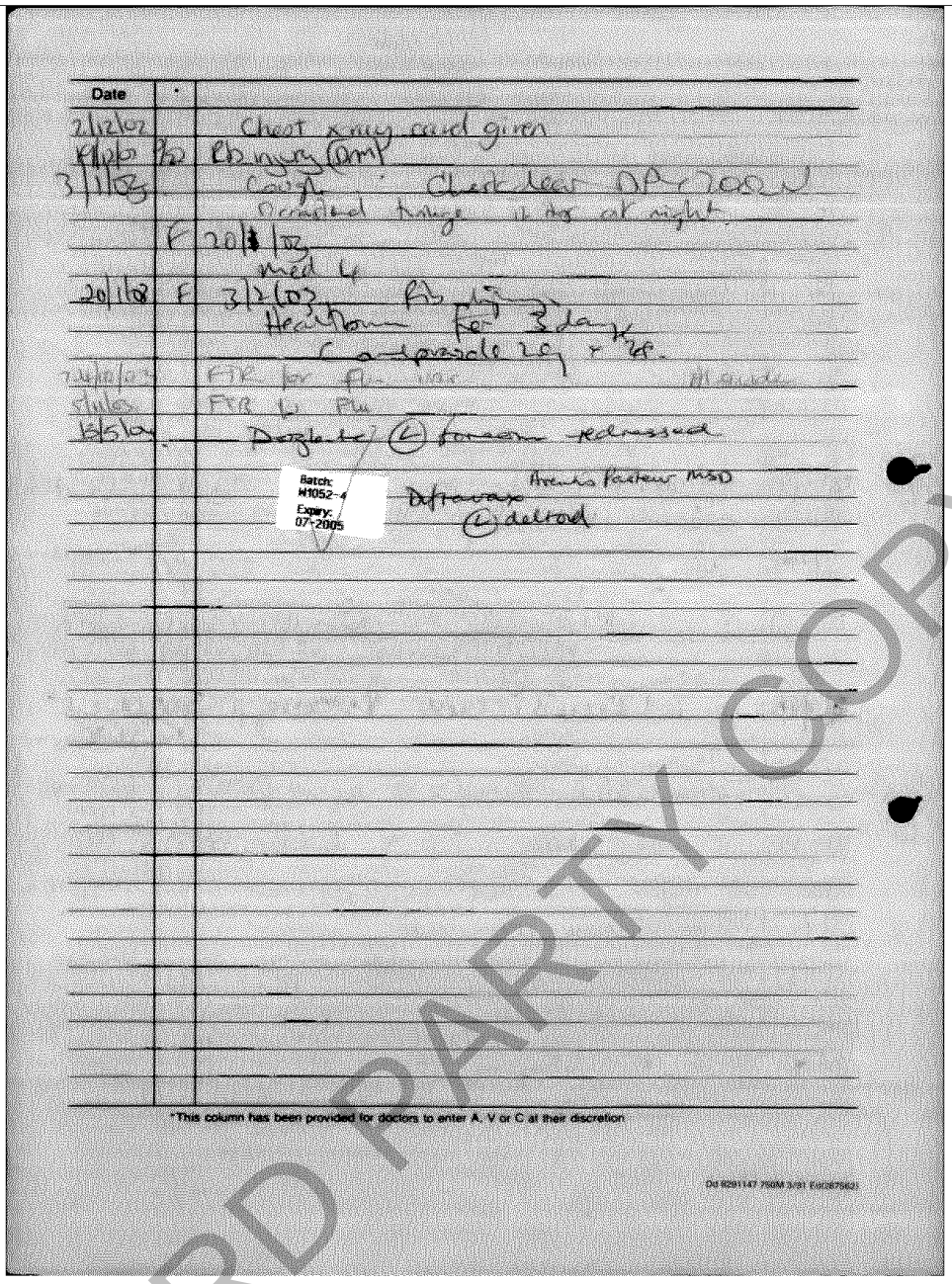

| Date | * | |
|---|---|---|
| 2/12/02 | | Chest xray rec'd given |
| [illegible] | PA | Rt inj (Army) |
| 3/1/03 | | Cough. Chest clear OP 7052 |
| | | Sciatica type pain at night. |
| | F | 20/1/03 |
| | | med 4 |
| 20/1/03 | F | 3/2/03 Rt [illegible] |
| | | Heat pack for 3 days |
| | | Compresicle leg + [illegible] |
| 24/10/03 | | F/U for flu [illegible] |
| Smiles | | F/U to flu |
| 15/5/04 | | Dorsal tc/ (L) forearm redressed |
| | | Batch: W1052-4 Expiry: 07-2005 |
| | | Defervescope Arthritis Fracture MSD |
| | | (L) deltoid |

*This column has been provided for doctors to enter A, V or C at their discretion

Dd 8291147 750M 3/91 Ed(3875621)

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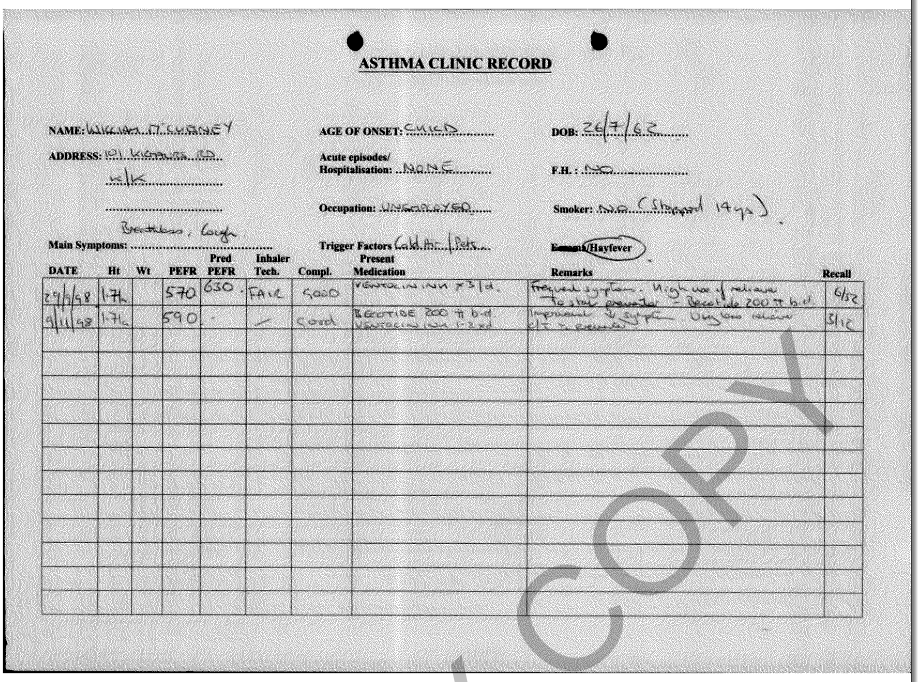


**ASTHMA CLINIC RECORD**

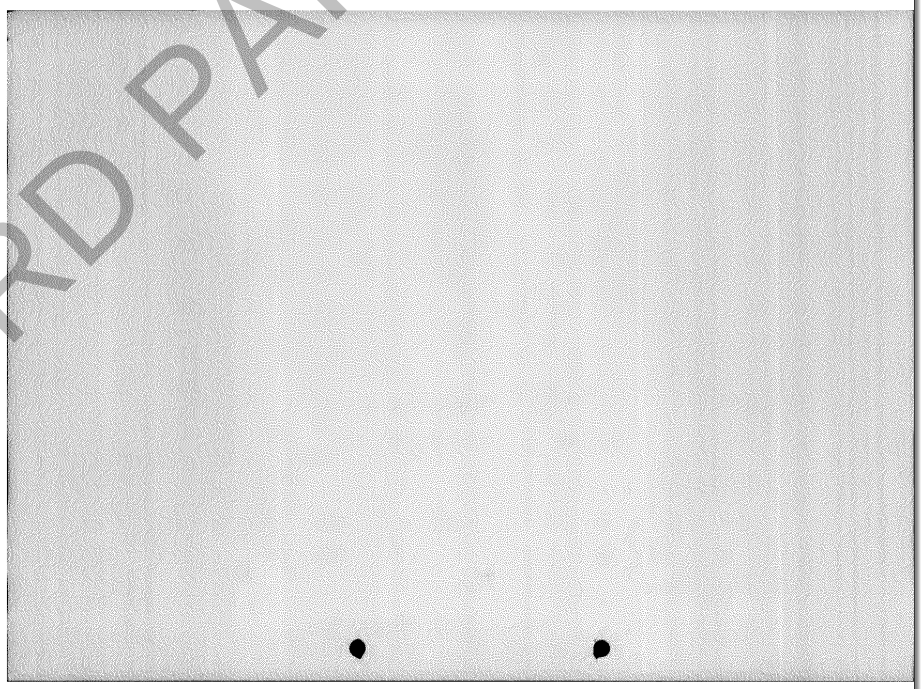
NAME: [redacted] AGE OF ONSET: CHILD DOB: 26/7/63

ADDRESS: [redacted] Acute episodes/ Hospitalisation: NONE F.H.: N/C

[redacted] Occupation: [redacted] Smoker: N.K. (Stopped 1992)

Main Symptoms: Breathless, Cough Trigger Factors: Cold Air / Pets Exercise / ~~Hayfever~~

| DATE | Ht | Wt | PEFR | Pred PEFR | Inhaler Tech. | Compl. | Present Medication | Remarks | Recall |
|---|---|---|---|---|---|---|---|---|---|
| 29/9/98 | 1.7h | | 570 | 630 | FAIR | GOOD | BECLOMETHASONE 200 mg 3 I/d. | Frequent symptoms. Night use of reliever. To start preventer - Becotide 200 mg b.d. | 6/52 |
| 9/11/98 | 1.7h | | 590 | - | - | GOOD | BECLOMETHASONE 200 mg b.d. | Improvement in symptoms. Using less reliever. Pt to resume OCP. | 3/12 |



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# PATIENT SUMMARY SHEET

SURNAME : M^c CHESNEY FIRST NAME : William

DATE OF BIRTH : 26.7.62 CHI NO : 26/07/62 3510

TELEPHONE NO :

ADDRESS : 101 KILMARNOCK Rd

TOWN : KILMARNOCK

POST CODE :

## MORBIDITY SUMMARY

| CONDITION | Date | READ CODE |
|---|---|---|
| ASTHMA | 1986 | |
| TENSION HEADACHES | 30/10/91 | |
| HIATUS HERNIA, CHRONIC OESOPHAGEAL REFLUX | 25/1/91 | |
| | NIL OF NOTE | => 4A501 |
| | | 27/8/01 |

## SCREENING

| HEIGHT (Metre) | WEIGHT (Kg) | SMOKING STAUS (per day / ex smoker / never smoked) | ALCOHOL CONSUMPTION (units per week) |
|---|---|---|---|
| | | NON SMOKER | |

BP

| | Date | Repeat Interval |
|---|---|---|
| 140/90 | 30/10/91 | |
| | | |
| | | |

IMMUNISATIONS

| | Date | | Date |
|---|---|---|---|
| 1st Triple | | Men C | |
| 2nd Triple | | Tetanus | |
| 3rd Triple | | Typhoid | |
| Polio | | Hep A | |
| HIB | | Hep B | |
| Pre School | | | |

| CERVICAL CYTOLOGY Result | Date | MAMOGRAPHY Result | Date |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

FAMILY HISTORY

DRUG ALLERGIES

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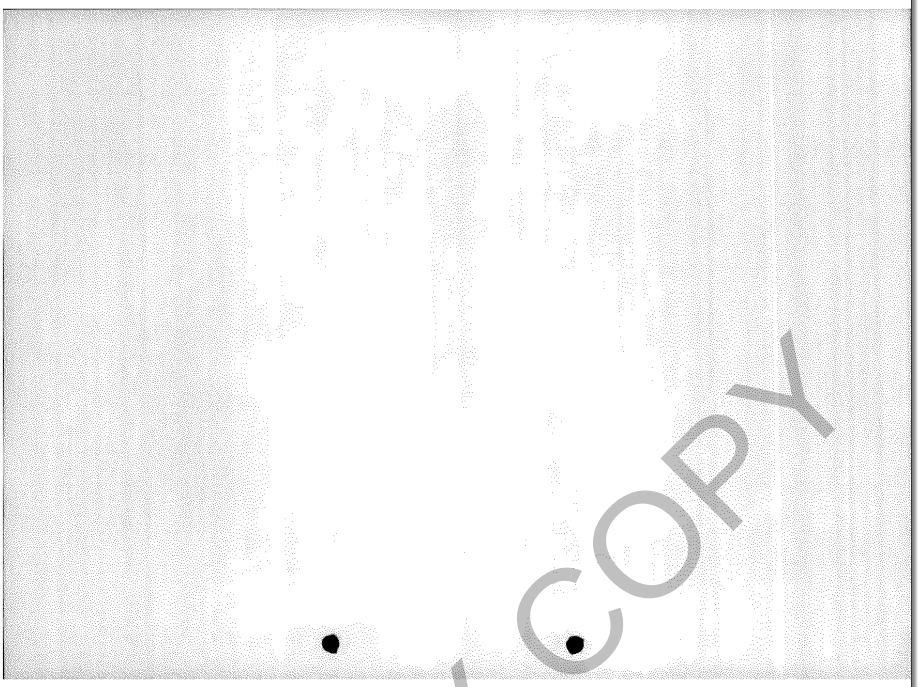

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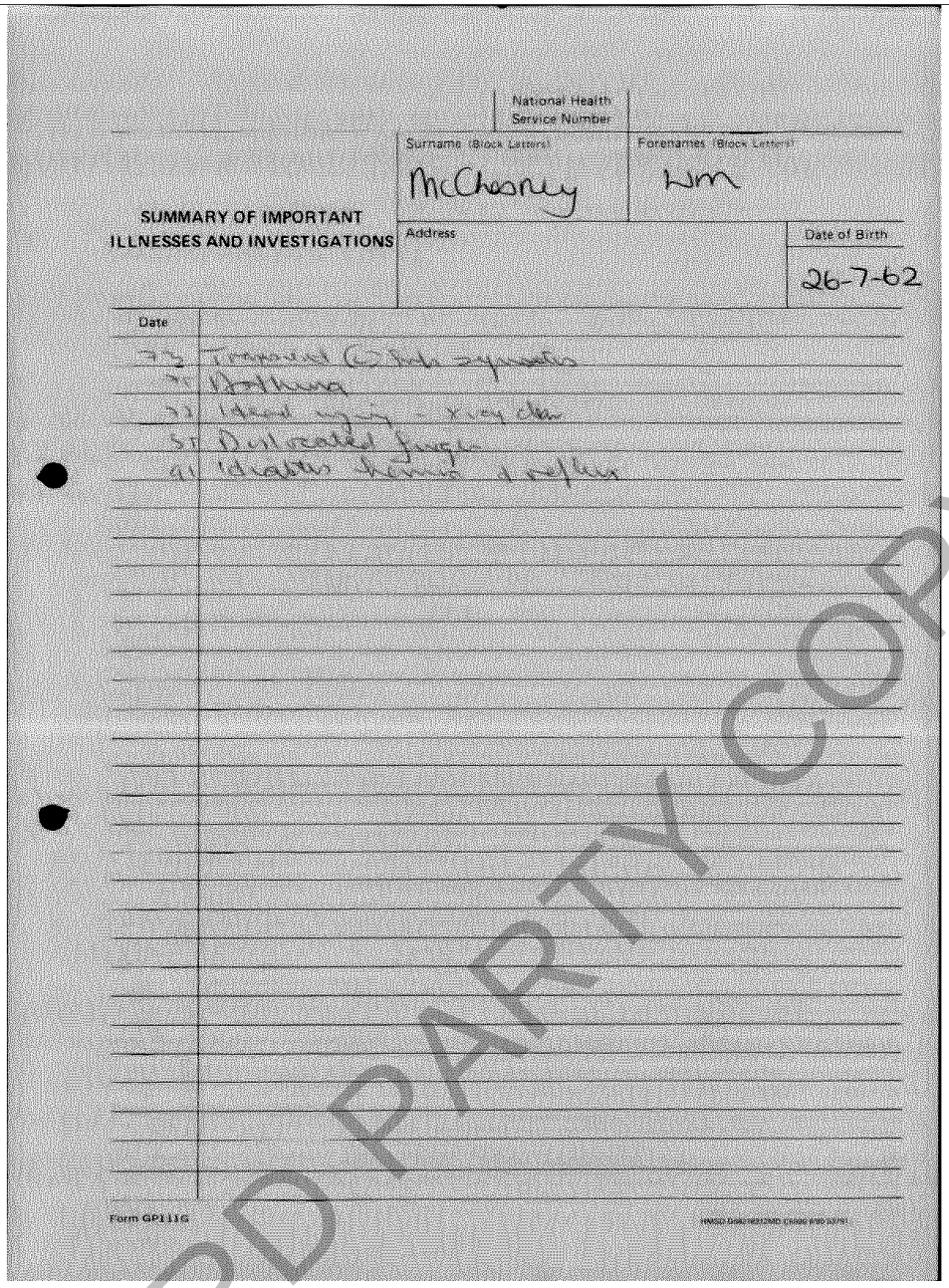


National Health Service Number

Surname (Block Letters): McCheaney

Forenames (Block Letters): Wm

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

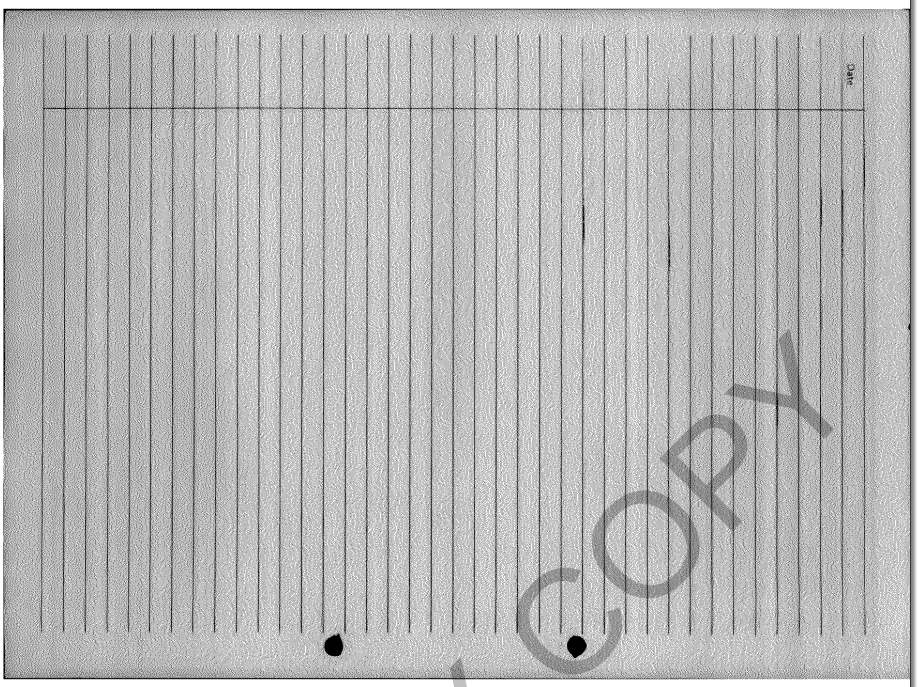
Address

Date of Birth: 26-7-62

Date

Form GP111G

THIRD PARTY COPY



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| National Health Service Number | |
|---|---|
| Surname (Block letters) McCheney | Forename (Block letters) Wm |
| **IMMUNISATIONS AND SCREENING INVESTIGATIONS** Address | Date of Birth 26-7-62 |

**IMMUNISATIONS** (insert Date and Batch Number where appropriate)

| | Diphtheria | Tetanus | Pertussis | Polio | Measles | Rubella | MMR | BCG |
|---|---|---|---|---|---|---|---|---|
| Date | | | | | | | | |
| Manufacturer & Batch No. | | | | | | | | |
| Date | | | | | | | | |
| Manufacturer & Batch No. | | | | | | | | |
| Date | | | | | | | | |
| Manufacturer & Batch No. | | | | | | | | |
| Date | | 13/5/04 | | | | | | |
| Manufacturer & Batch No. | | Diftavax | | | | | | |
| Date | | | | | | | | |
| Manufacturer & Batch No. | | | | | | | | |
| Date | | | | | | | | |
| Manufacturer & Batch No. | | | | | | | | |
| Date | | | | | | | | |
| Manufacturer & Batch No. | | | | | | | | |

**ALLERGIES & HYPERSENSITIVITIES**

| | Influenza | Hep.B. | Typhoid | Cholera | Diphtheria | | |
|---|---|---|---|---|---|---|---|
| Date | | | | | 8/5/04 | | |
| Manufacturer & Batch No. | | | | | | | |
| Date | | | | | | | |
| Manufacturer & Batch No. | | | | | | | |
| Date | | | | | | | |
| Manufacturer & Batch No. | | | | | | | |
| Date | | | | | | | |
| Manufacturer & Batch No. | | | | | | | |
| Date | | | | | | | |
| Manufacturer & Batch No. | | | | | | | |
| Date | | | | | | | |
| Manufacturer & Batch No. | | | | | | | |

**IMMUNOLOGICAL STATUS**

| | Tuberculin Test | Rubella Antibodies | HIV | Hep.B. |
|---|---|---|---|---|
| Date | | | | |
| Result | | | | |
| Date | | | | |
| Result | | | | |
| Date | | | | |
| Result | | | | |

Form GP 111H

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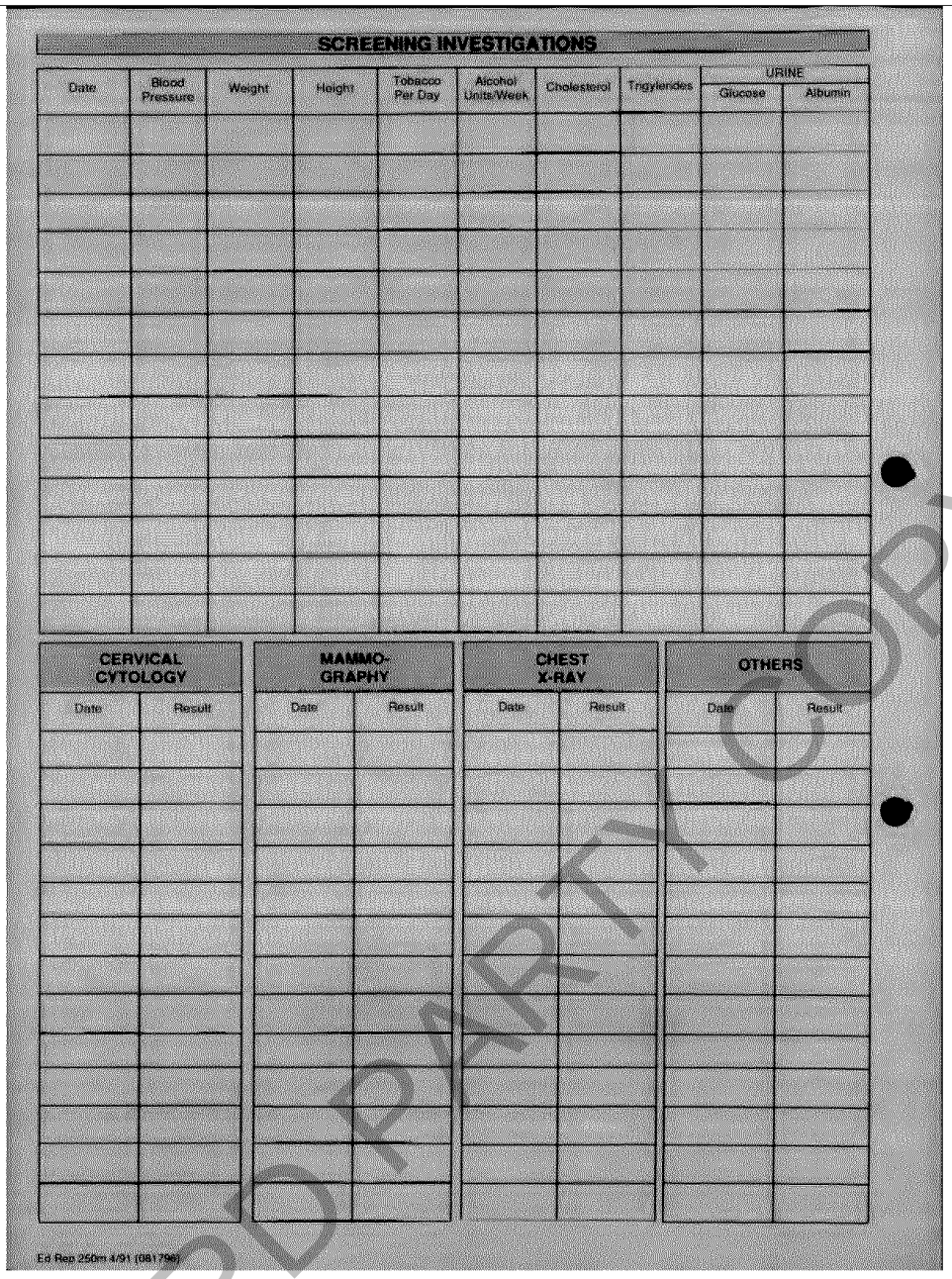

## SCREENING INVESTIGATIONS

| Date | Blood Pressure | Weight | Height | Tobacco Per Day | Alcohol Units/Week | Cholesterol | Trigylerides | URINE | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Glucose | Albumin |
| | | | | | | | | | |
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| CERVICAL CYTOLOGY | | MAMMO-GRAPHY | | CHEST X-RAY | | OTHERS | |
|---|---|---|---|---|---|---|---|
| Date | Result | Date | Result | Date | Result | Date | Result |
| | | | | | | | |
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Ed Rep 250m 4/91 (081796)

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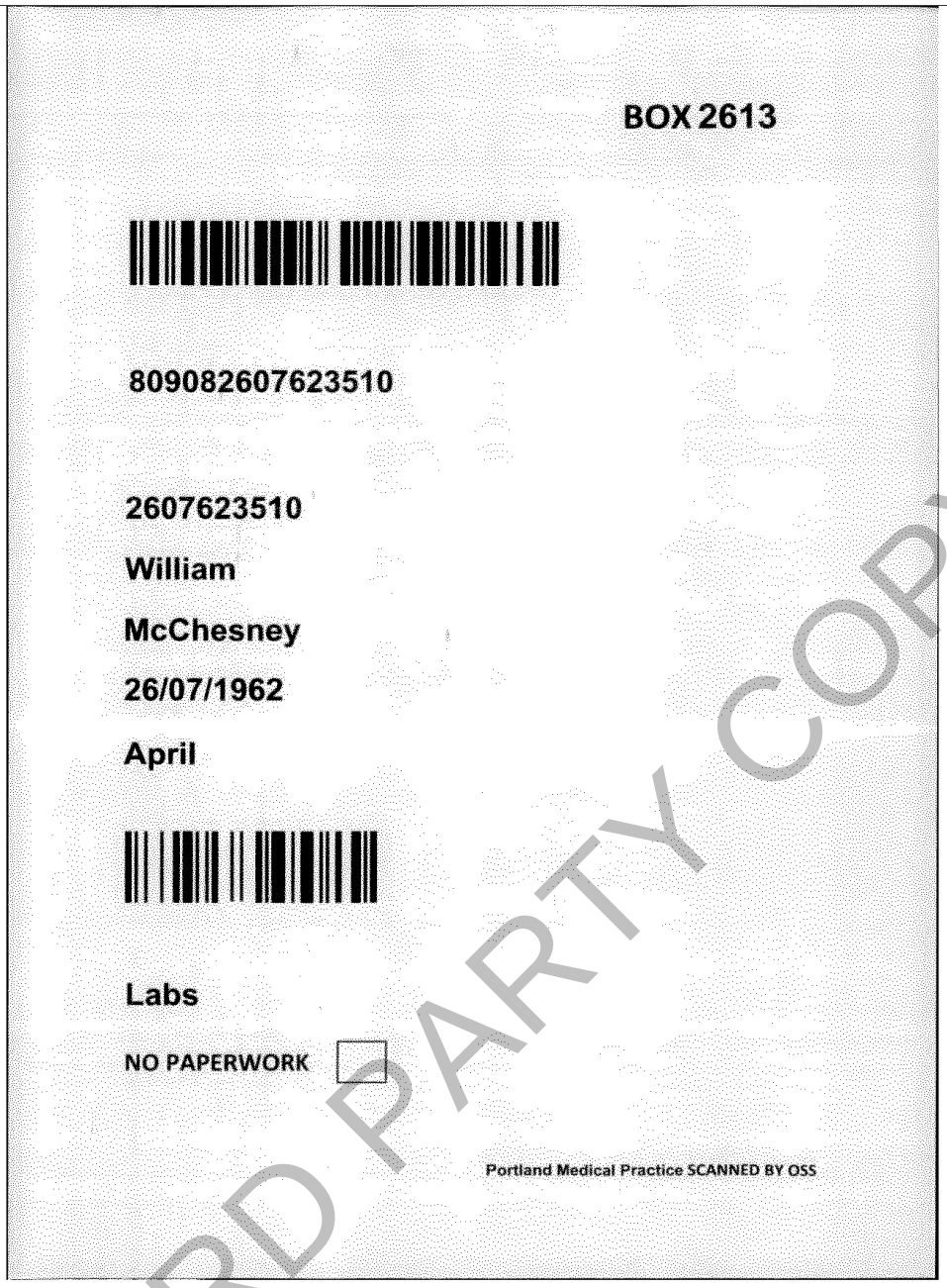

BOX 2613

809082607623510

2607623510

William

McChesney

26/07/1962

April

Labs

NO PAPERWORK ☐

Portland Medical Practice SCANNED BY OSS

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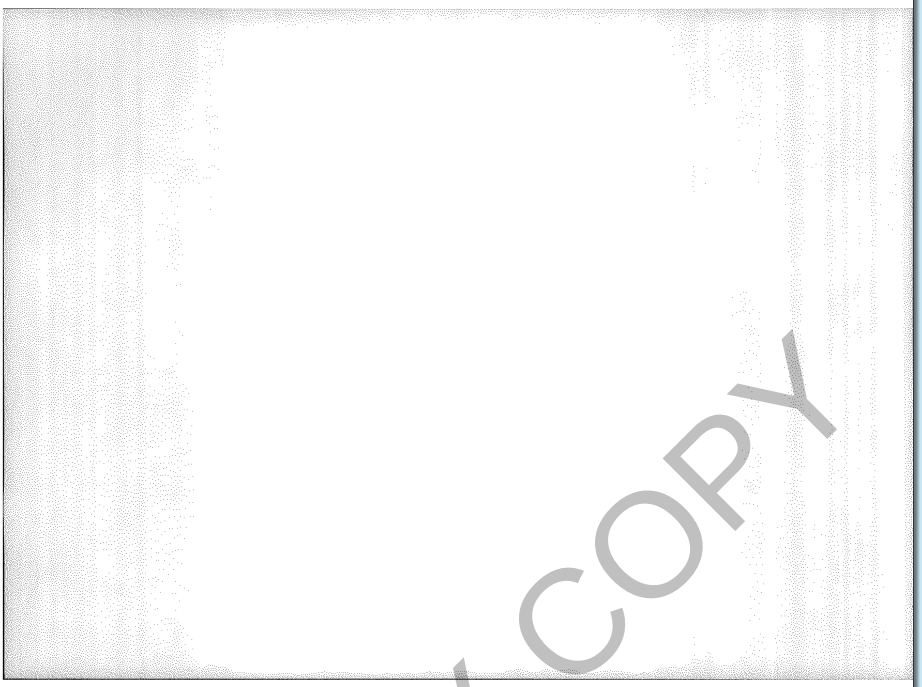

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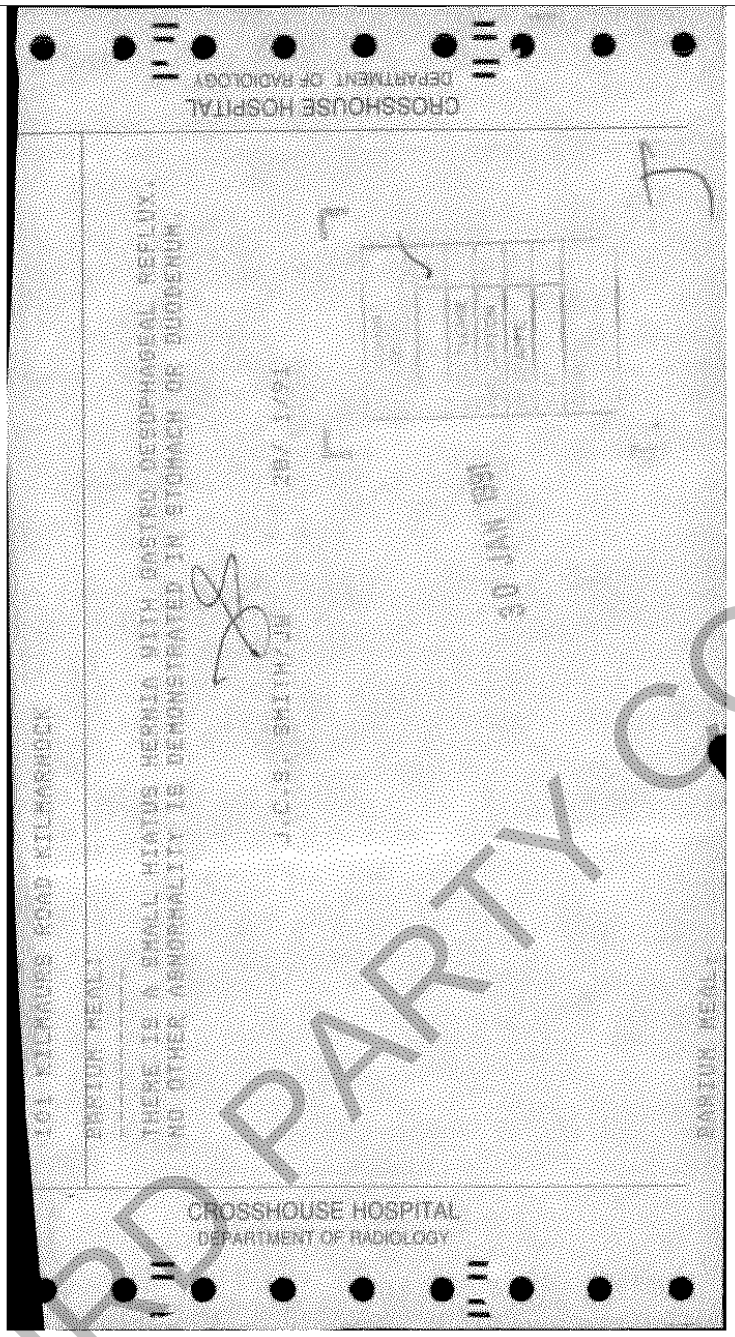


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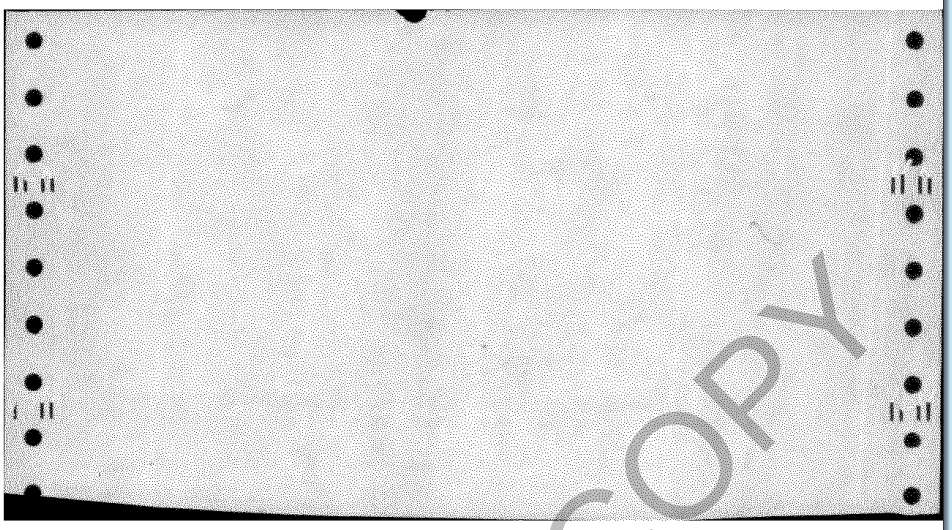

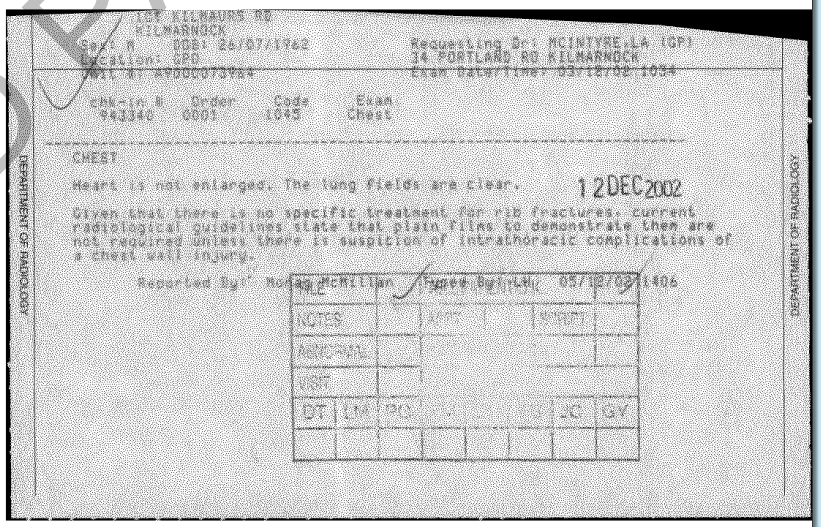


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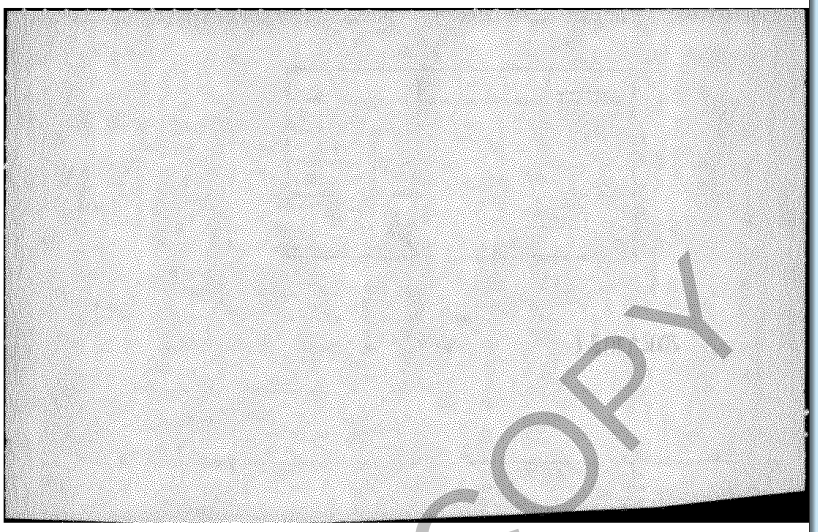

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MACHESNEY LN27&2PX GP
WILLIAM M 25/07/62 34,PORTLAND RD,KNOCK
101 KILMARNS ROAD MCINTYRE
KILMARNOCK 34 PORTLAND ROAD KILMARNOCK

CLINICAL DATA | ISSUE 1 | THIS IS A SINGLE REPORT PLEASE RETAIN IN PATIENT'S NOTES | PAGE 1

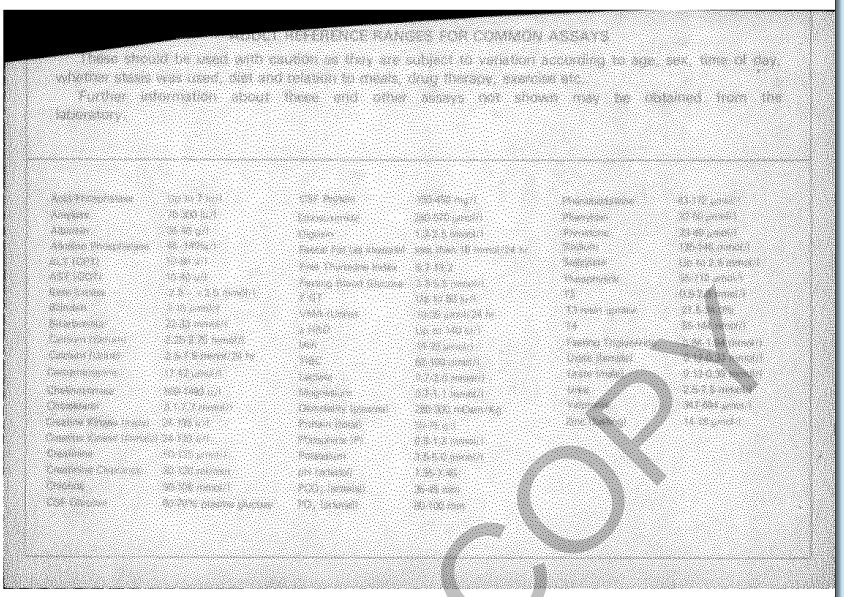
| | UREA MMOL/L | CREAT UMOL/L | SODIUM MMOL/L | POTASS MMOL/L | CHLOR MMOL/L | BICARB MMOL/L |
|---|---|---|---|---|---|---|
| 11/01/90 PLASMA | 4.9 | 101 | 139 | 3.9 | 95 | 26 |
| 0930HRS 31661K | | | | | < | |

| | BILIRUB UMOL/L | ALK.P. IU/L | T.PROT G/L | ALBUMIN G/L | GLOB G/L | AST IU/L | ALT IU/L |
|---|---|---|---|---|---|---|---|
| 11/01/90 PLASMA | 12 | 96 | 77 | 47 | 30 | 33 | 60 |
| 0930HRS 31661K | | | | > | | | > |

| | CALCIUM MMOL/L | COR.CAL MMOL/L | PHOS. MMOL/L | URATE MMOL/L |
|---|---|---|---|---|
| 11/01/90 PLASMA | 2.32 | 2.29 | 1.14 | 0.46 |
| 0930HRS 31661K | | | | >> |

COMMENTS

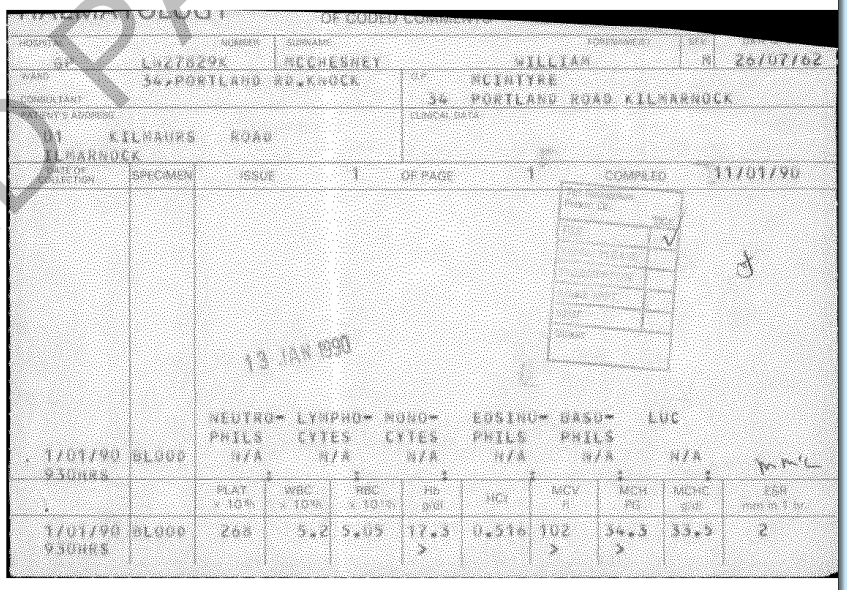
12/01/90



MARSH REFERENCE RANGES FOR COMMON ASSAYS

These should be used with caution as they are subject to variation according to age, sex, time of day, whether state was used, diet and relation to meals, drug therapy, exercise etc.

Further information about these and other assays not shown may be obtained from the laboratory.



HAEMATOLOGY

| | | | | | | | | | | |
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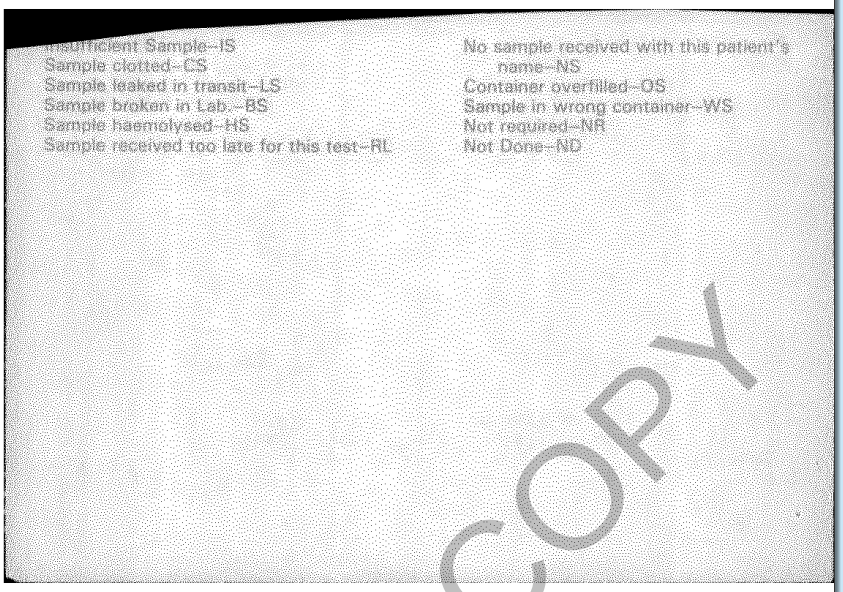


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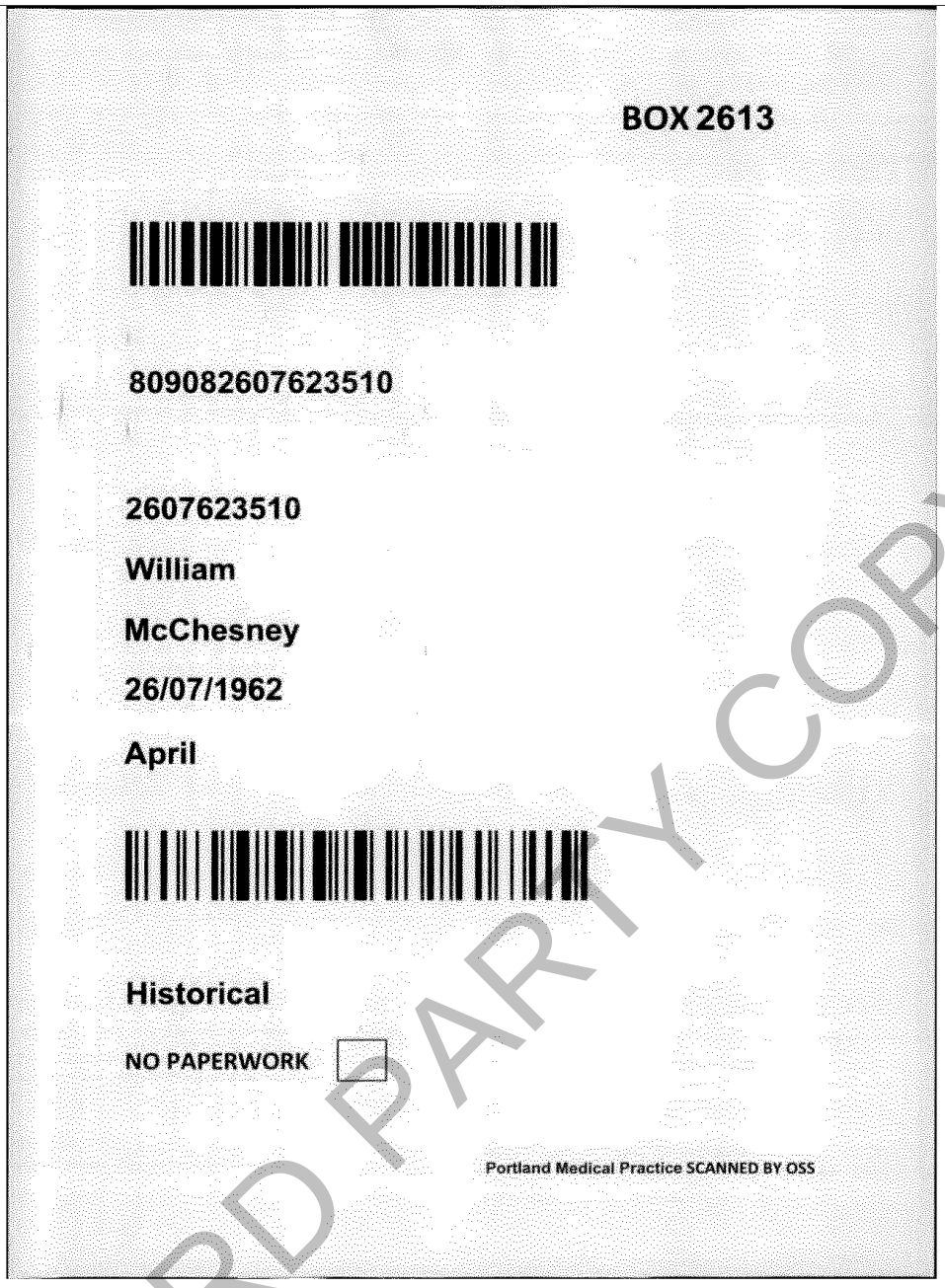

BOX 2613

809082607623510

2607623510

William

McChesney

26/07/1962

April

Historical

NO PAPERWORK ☐

Portland Medical Practice SCANNED BY OSS

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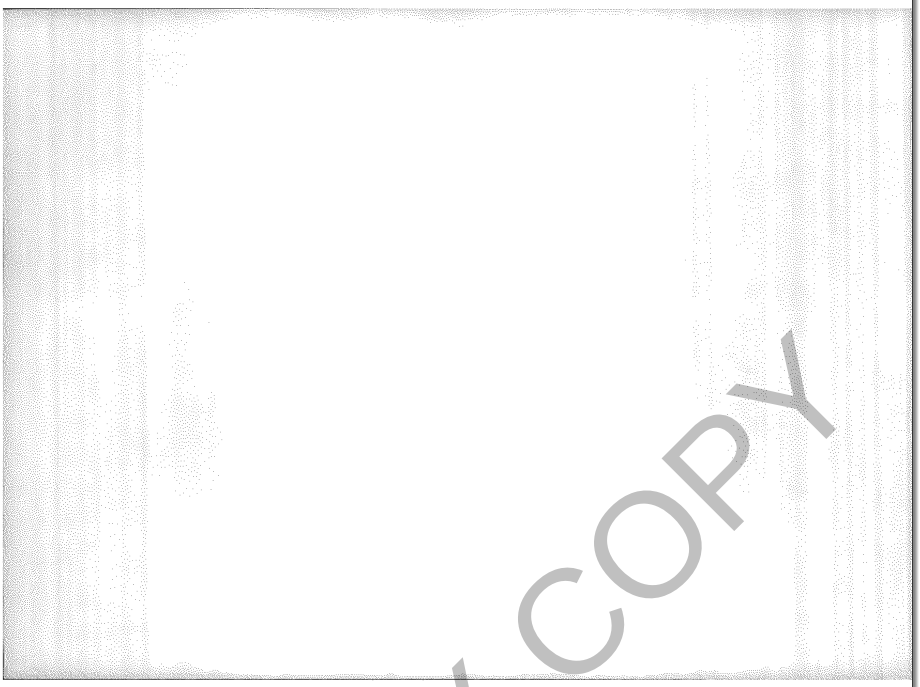
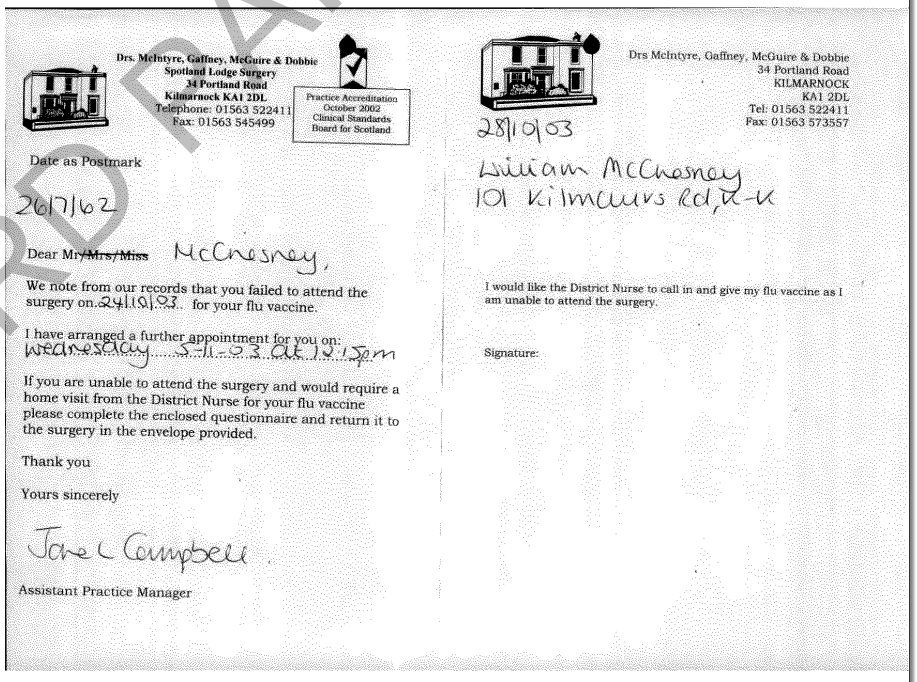




Drs. McIntyre, Gaffney, McGuire & Dobbie
Spotland Lodge Surgery
34 Portland Road
Kilmarnock KA1 2DL
Telephone: 01563 522411
Fax: 01563 545499

Practice Accreditation
October 2002
Clinical Standards
Board for Scotland

Date as Postmark

26/7/02

Dear Mr/~~Mrs/Miss~~ McChesney,

We note from our records that you failed to attend the surgery on 24/10/03 for your flu vaccine.

I have arranged a further appointment for you on:
Wednesday 5-11-03 at 12.15pm

If you are unable to attend the surgery and would require a home visit from the District Nurse for your flu vaccine please complete the enclosed questionnaire and return it to the surgery in the envelope provided.

Thank you

Yours sincerely

Jane Campbell

Assistant Practice Manager

Drs McIntyre, Gaffney, McGuire & Dobbie
34 Portland Road
KILMARNOCK
KA1 2DL
Tel: 01563 522411
Fax: 01563 573557

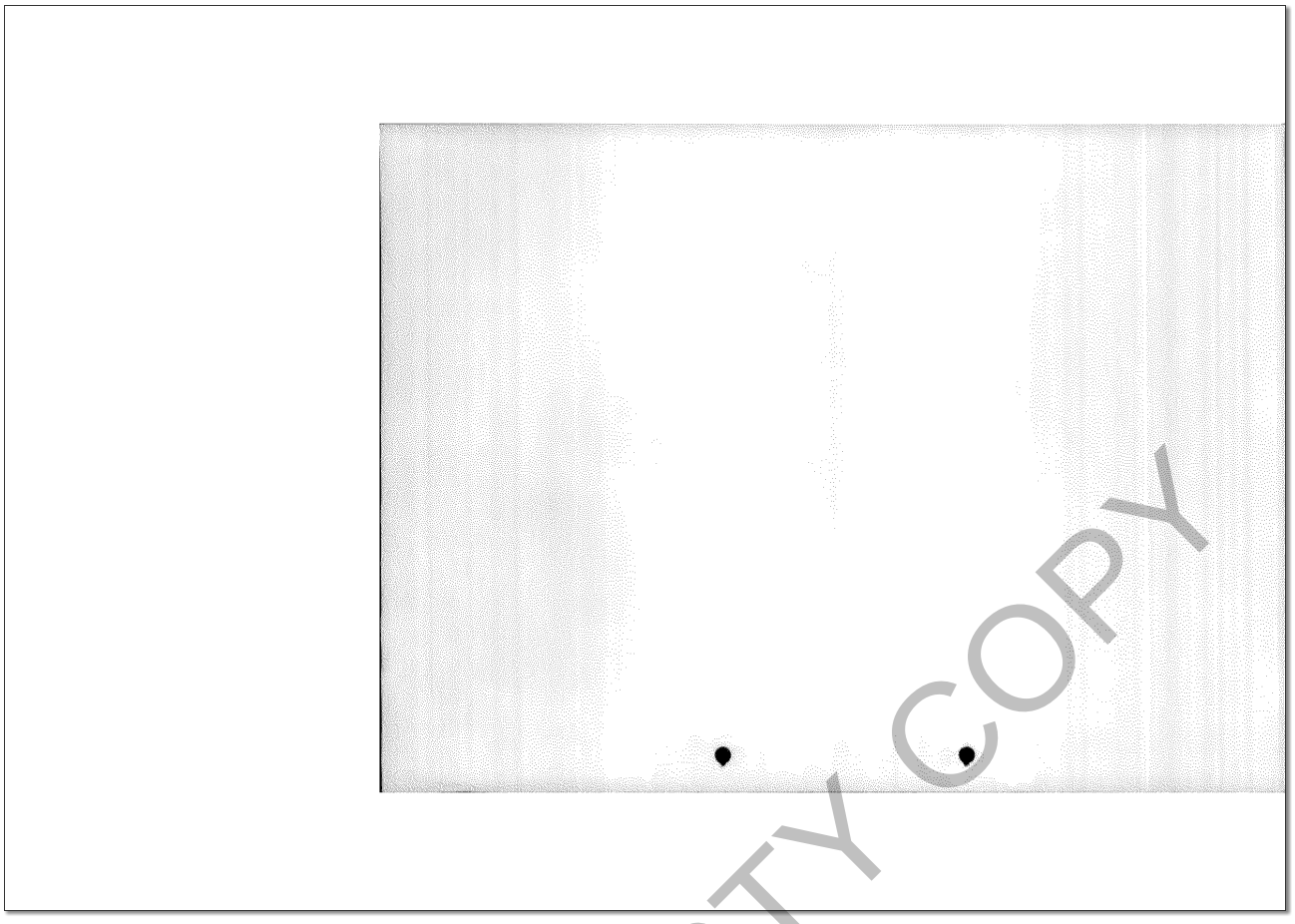
28/10/03

William McChesney
101 Kilmaurs Rd, K-K

I would like the District Nurse to call in and give my flu vaccine as I am unable to attend the surgery.

Signature:

THIRD PARTY COPY



THIRD PARTY COPY

C

## ASTHMA DATA CAPTURE SHEET

DATE 29/9/98

NAME: WILLIAM MCSHERRY

DATE OF BIRTH: 26/7/62

TELEPHONE: .....

ADDRESS: 101 Kilmore Rd

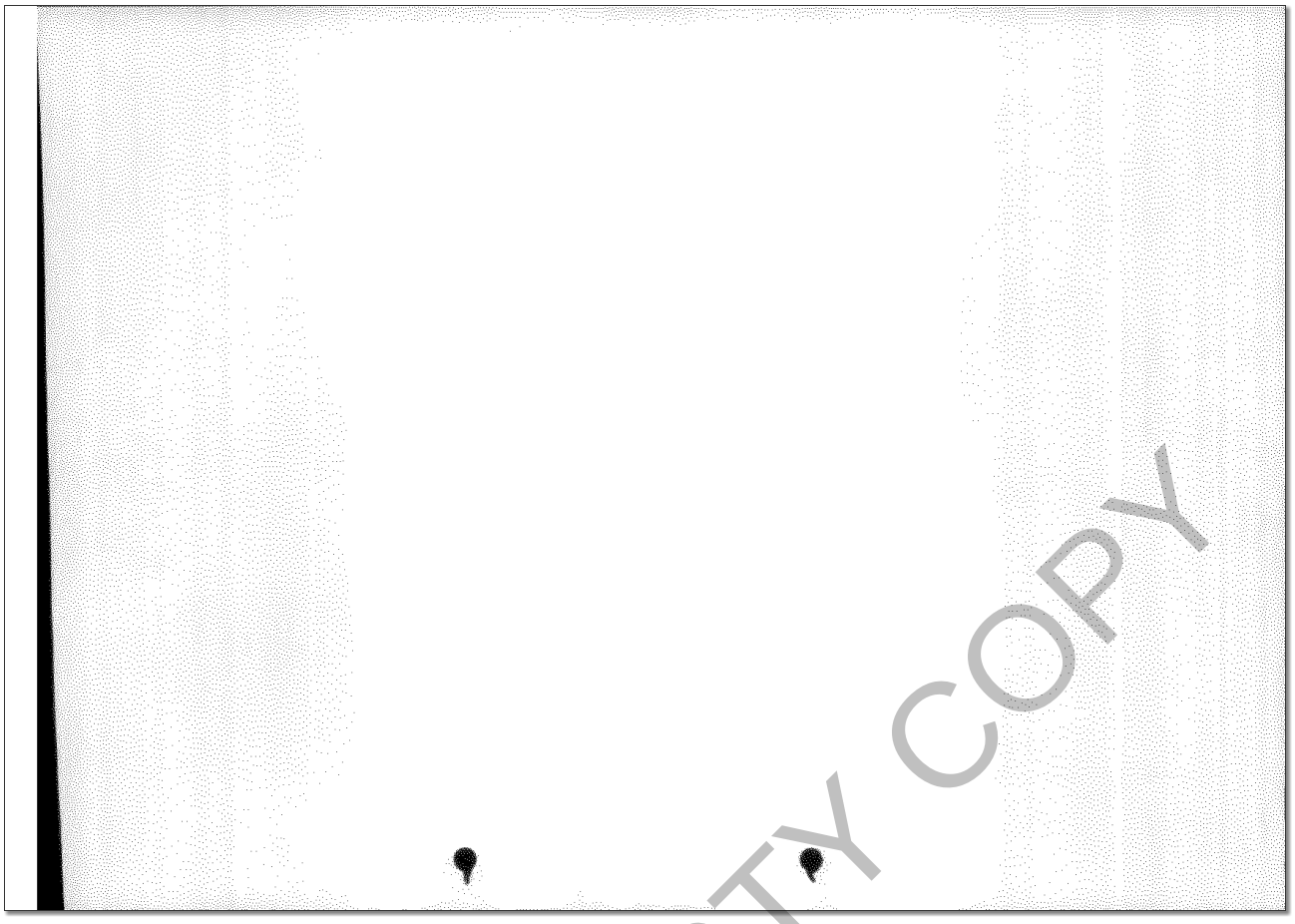
Belfast

---

SMOKER YES ☐ NO ☐ EX ☑ QUANTITY .....

| | YES | NO |
|---|---|---|
| ASTHMA | ☑ | ☐ |
| PROPHYLACTIC MEDICATION | ☐ | ☑ |
| RELIEF MEDICATION | ☑ | ☐ |
| HOSPITAL ADMISSION WITHIN LAST YEAR | ☐ | ☑ |
| PFR RECORD | ☑ | ☐ |
| READING: | 530 | |

THIRD PARTY COPY



THIRD PARTY COPY

# CROSSHOUSE HOSPITAL

Telephone (0563) 21133

## Accident/Emergency Unit

*Consultant in Charge*
S. M. H. ZAIDI

*Our Ref.* DNB 26-9-62

*Date:* 8.7.94

William McCreary
101 Kilmaurs Rd
Kilmarnock

*Hospital No.* 96 7 952

Dear Dr. Fashner

The above named has attended this Department to-day and is suffering from

Collapse - Vasovagal

He/She has been treated as follows -

Observed 55m for 4 hour
obs Stable

Clinical examination and inspection of wet films showed

No Bony Injury ☐ Bony injury of the following -

In the meantime the condition will be reviewed by the Radiologist and the Accident and Emergency Surgeon and in the event of a revision of opinion you will be informed and the patient requested if necessary to attend the Department.

Further treatment is recommended as follows -

No Follow up

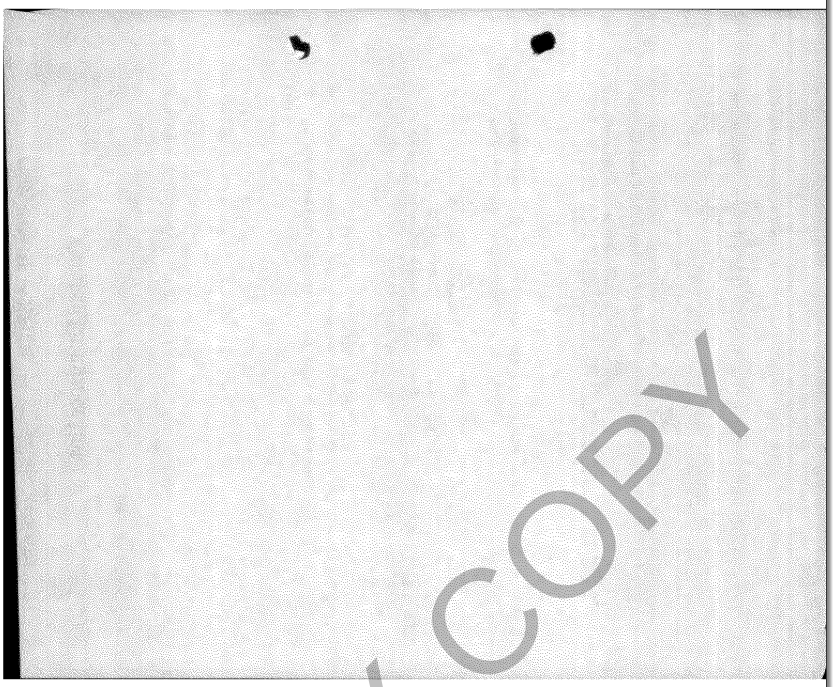
A review appointment on

Yours sincerely,

*Accident/Emergency Surgeon.*

A9/6/43

THIRD PARTY COPY



THIRD PARTY COPY

Code STA0104

AYRSHIRE AND ARRAN HEALTH BOARD

**CROSSHOUSE HOSPITAL**

CROSSHOUSE
KILMARNOCK KA2 OBE
Telephone (0563) 21133

D.O.B

## Accident/Emergency Unit

*Consultant in Charge*
S. M. H. ZAIDI

*Our Ref.*

*Date:* 8/1/93

William McChesney
101 Kilmaurs Rd
Kilm

09 JAN 1993

*Hospital No.* 93 1 237

Dear Dr.

The above named has attended this Department to-day and is suffering from

Superficial laceration to scalp.

He/She has been treated as follows -

Sutures x 5/52
Flixopan soon
Keep dry wash

Clinical examination and inspection of wet films showed

No Bony Injury ☑ Bony injury of the following -

In the meantime the condition will be reviewed by the Radiologist and the Accident and Emergency Surgeon and in the event of a revision of opinion you will be informed and the patient requested if necessary to attend the Department.

Further treatment is recommended as follows -

Remove 5/52 post sutures

A review appointment on

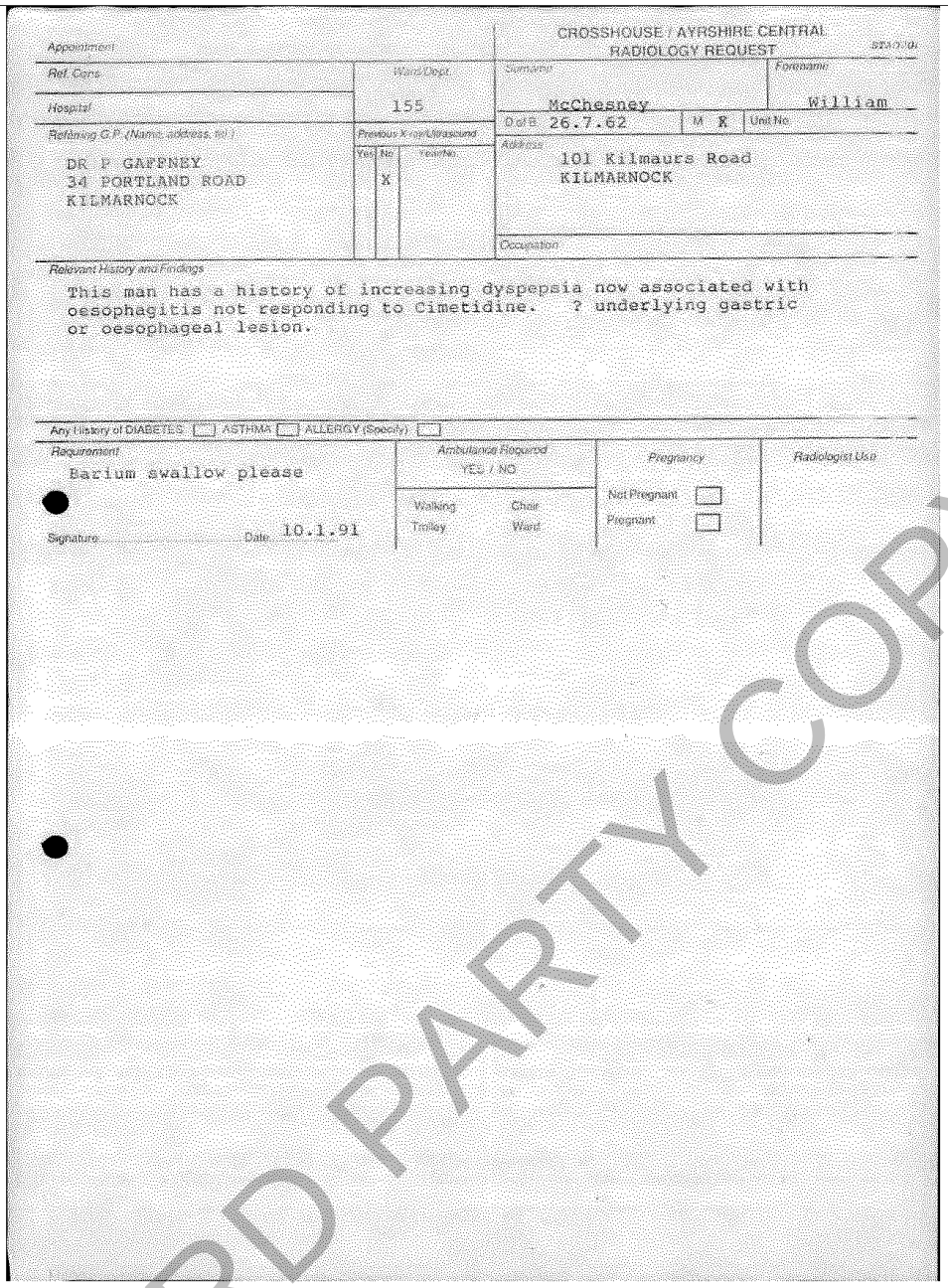
Yours sincerely

*Accident/Emergency Surgeon*

GM 6/1/93

THIRD PARTY COPY

THIRD PARTY COPY



CROSSHOUSE / AYRSHIRE CENTRAL
RADIOLOGY REQUEST

Appointment

Ref. Cons

Hospital

Ward/Dept. 155

Referring G.P. (Name, address, tel.)
DR P GAFFNEY
34 PORTLAND ROAD
KILMARNOCK

Previous X-ray/Ultrasound: Yes | No X | Year/No

Surname: McChesney
Forename: William
D of B: 26.7.62 | M X | Unit No
Address: 101 Kilmaurs Road
KILMARNOCK
Occupation

Relevant History and Findings
This man has a history of increasing dyspepsia now associated with oesophagitis not responding to Cimetidine. ? underlying gastric or oesophageal lesion.

Any history of DIABETES ☐ ASTHMA ☐ ALLERGY (Specify) ☐

Requirement
Barium swallow please

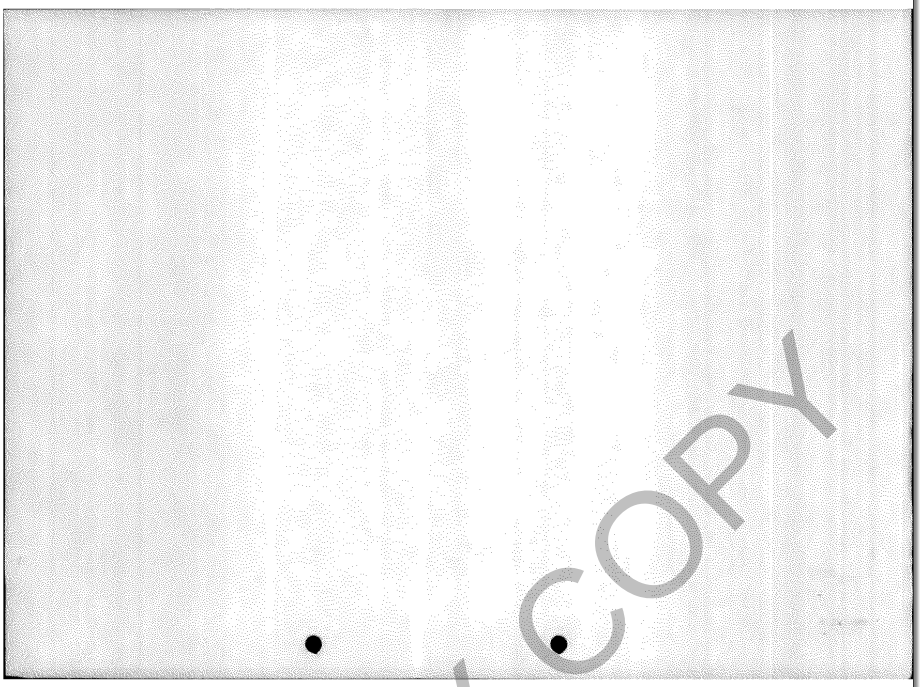
Signature
Date 10.1.91

Ambulance Required YES / NO
Walking Chair
Trolley Ward

Pregnancy
Not Pregnant ☐
Pregnant ☐

Radiologist Use

THIRD PARTY COPY



THIRD PARTY COPY

AYRSHIRE AND ARRAN HEALTH BOARD

Code ST[redacted]04

# CROSSHOUSE HOSPITAL

CROSSHOUSE
KILMARNOCK KA2 0BE
Telephone (0563) 21133

## Accident / Emergency Unit

*Consultant in Charge*
S. M. H. ZAIDI

*Our Ref.* [redacted]/2573
*Date:* 26/4/87

Wm M'Cluskey
81 Kilmaurs Rd
KA

*Hospital No.* [redacted]

Dear Dr. M'Cluskey

The above named has attended this Department to-day and is suffering from

laceration to (R) hand
head injury

He/She has been treated as follows—

3/0 silk x 2 sutures.
Head injury o/d.

Clinical examination and inspection of wet films showed
No Bony Injury ☑ Bony injury of the following—

In the meantime the condition will be reviewed by the Radiologist and the Accident and Emergency Surgeon and in the event of a revision of opinion you will be informed and the patient requested if necessary to attend the Department.

Further treatment is recommended as follows—

Cos ↩ 1/52

A review appointment on GP

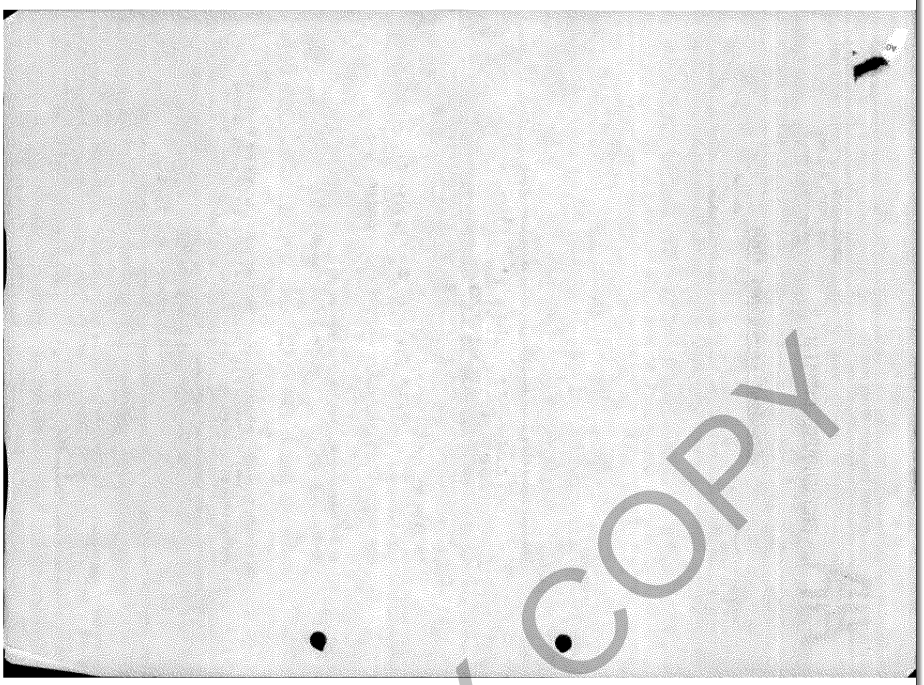
Yours sincerely,

Blackford

*Accident/Emergency Surgeon*

AH

THIRD PARTY COPY



THIRD PARTY COPY

KILMARNOCK.

Dear Dr. Johnston,

re: William McCHESNEY, 16 Riverside Road, Kilmarnock.

This young boy who was expelled from school attended for review yesterday, and from the chest point of view, seems to be keeping well with the help of the occasional Ventolin tablet.

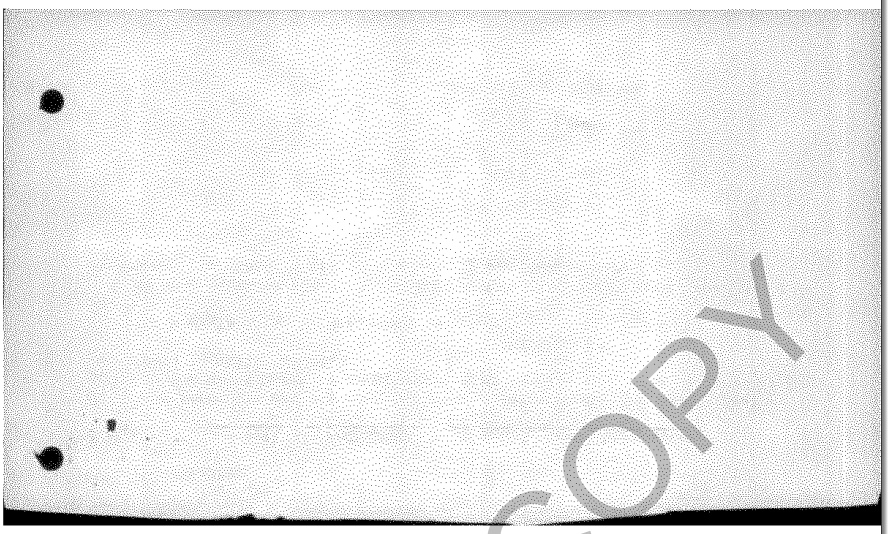
Yesterday's X-ray of chest remains clear.

On this occasion I have not given him a routine appointment, but can of course see him again if his chest should prove troublesome.

21 APR 1977

Yours sincerely,

Consultant Chest Physician.



THIRD PARTY COPY

Dear Dr. Johnston,

re: William McGHESNEY, 2 Riverside Road, Kilmarnock.

This lad has had a tendency to bronchospasm most of his life, and so far there is real sign of it improving. Unfortunately, it has already caused a degree of pigeon chest, and I think we should try to get some improvement for him as quickly as possible, as he is due to go to secondary school later in the summer.

I have arranged for him to have a course in breathing exercises to make better use of his chest, and to correct his posture, although I am not very hopeful that he will be enthusiastic about practising exercises at home.

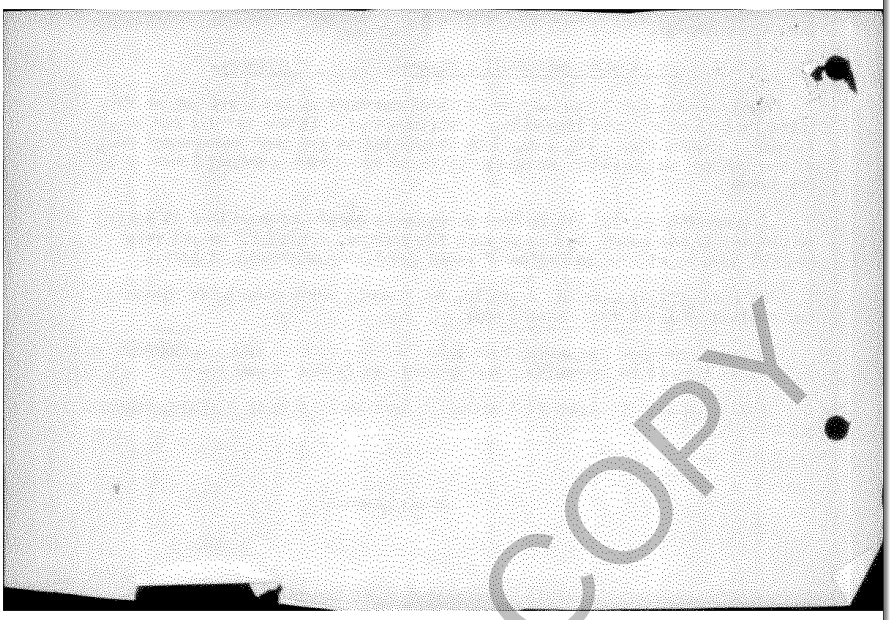
He can continue with his Ventolin, but I would put him on to the plain preparation of Intal four times a day.

I have reassured the mother that this is quite safe in use, and pointed out to William that it is preventive, and he must not forget to use it.

I hope to see him again in a month, in case we need to do anything further.

Yours sincerely,

Assistant Chest Physici



**EMIS attachment reference code**
**31-Mar-2026 Miss Claire Douglas (CLA)**
**Additional:** EMIS attachment reference code
*SGLT2 switch.doc SGLT2 switch*
**Filename:** SGLT2 switch.doc
**Extension:** .tif
**Pages:**

THIRD PARTY COPY

# Portland Medical Practice

34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No.: 01563 522411,
Fax: 01563 545499.
www.portlandmedicalpractice.co.uk

Mr William McChesney
101 Kilmaurs Road
KILMARNOCK
KA3 1NU

31 03 2026

**Private and Confidential**

Dear Mr McChesney,

**Change from Empagliflozin to Dapagliflozin**

We are committed to ensuring that all our patients receive effective, high-quality medications whilst also making the best use of NHS resources. Dapagliflozin is a Sodium-Glucose Linked Transporter 2 (SGLT2) inhibitor, or 'flozin' for short, which is the same type of medicine as your current **Empagliflozin**.

Dapagliflozin is considered equally effective as your current 'flozin' medication, but it is available at a considerably lower cost to the NHS. The change to dapagliflozin from your current 'flozin' medication is supported by local cardiology, renal and diabetes specialists within NHS Ayrshire and Arran.

We have carefully reviewed your medical records and confirmed that this change is appropriate for you.

Your current prescription for:
Empagliflozin

Has been stopped and replaced with:

**Dapagliflozin *10mg* tablets**

To prevent waste, please continue to use any remaining 'flozin' medication that you have before requesting a new prescription for dapagliflozin tablets with your next repeat prescription request.

THIRD PARTY COPY

**Key Points to remember**

How to take your dapagliflozin

- Dapagliflozin is taken once daily, at any time of day, with or without food. Tablets should be swallowed whole.
- You can start taking dapagliflozin the day after your last dose of your current medication.
- We would advise that on receipt of your new medication that you take some time to read and familiarise yourself with the patient information leaflet which includes information on potential side effects. Sick Day Rules

As with your previous 'flozin' medicine, if you become unwell with any of the following:

- Vomiting or diarrhoea (unless only minor)
- Fevers, sweats and shaking (unless only minor)

Then **STOP** taking your dapagliflozin. Your dapagliflozin can be restarted when you are well (after 2448 hours of eating and drinking normally). If you are in any doubt, then seek medical advice.

Dietary Changes

Before making changes to your dietary intake e.g. commencing a low carbohydrate diet or entering a fasting period, you should first seek medical advice to review whether dapagliflozin remains appropriate for you. Individuals who take 'flozin' medications and commence a low carbohydrate diet or begin fasting are at a higher risk of a serious condition called diabetic ketoacidosis.

If you have any questions about this change or would like to discuss it further, please contact the practice to speak with a member of the pharmacy team.

We appreciate your support in making the best use of NHS resources.

Yours sincerely,

**Pharmacy Team**
On Behalf of GPs at **34 Portland Road Surgery**

THIRD PARTY COPY

**EMIS attachment reference code**
**31-Mar-2026 Miss Claire Douglas (CLA)**
**Additional:** EMIS attachment reference code
*SGLT2 switch*
**Filename:** SGLT2 switch.doc
**Extension:** .tif
**Pages:**

# Portland Medical Practice

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Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No.: 01563 522411,
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www.portlandmedicalpractice.co.uk

Mr William McChesney
101 Kilmaurs Road
KILMARNOCK
KA3 1NU

31 03 2026

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THIRD PARTY COPY

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We appreciate your support in making the best use of NHS resources.

Yours sincerely,

**Pharmacy Team**
On Behalf of GPs at **34 Portland Road Surgery**

THIRD PARTY COPY

**Letter sent to patient**
**08-Aug-2025 Ms Sioban Webster (SWEB)**
**Additional:** Letter sent to patient
*DPP4*
**Filename:** DPP4.doc
**Extension:** .tif
**Pages:**

# Portland Medical Practice

34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No.: 01563 522411,
Fax: 01563 545499.
www.portlandmedicalpractice.co.uk

Mr William McChesney
101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

08 08 2025

**Private and Confidential**

Dear Mr McChesney,

**Changes to your diabetic medication**

You are currently prescribed a medicine called Alogliptin. In line with Health Board advice we have decided to change your prescription for this medication to a more cost effective equivalent called **SITAGLIPTIN,** which **works in exactly the same way** to control blood glucose levels in diabetes.

**You should take ONE tablet ONCE daily.**

The appearance of the new preparation will be different, but it will have the **same effect** as your current medication.

Your repeat medication list has been updated so that you can order the new preparation once you have completed the supply of your current medication. If your pharmacy orders your repeat prescription for you, please tell them of this change to your medicines.

THIRD PARTY COPY

It is good practice for us to recheck your HbA1c after any medication change, please make an appointment 3-6 months after you have started sitagliptin for us to monitor this.

Any further questions you may have can be discussed with our prescribing support pharmacist.

If you feel that your diabetes control is worse for any reason, or you experience any side effects, please do not hesitate to contact the practice.

Yours sincerely,

Pharmacy Team

THIRD PARTY COPY

**Letter sent to patient**
**01-July-2022 Ms Sioban Webster (SWEB)**
**Additional:**Letter sent to patient
*bgts*
**Filename:** bgts.doc
**Extension:**.tif
**Pages:**

# Portland Medical Practice

34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No.: 01563 522411,
Fax: 01563 545499.
www.portlandmedicalpractice.co.uk

THIRD PARTY COPY

Dear Mr McChesney

**Offering you a new Blood Glucose Meter**

Within Ayrshire & Arran several different brands of blood glucose testing equipment are in use. In order to reduce the number of brands currently used and to try to reduce costs the Health Board has undertaken some work, involving both patients and health professionals, to identify preferred meters.

We have considered your individual circumstances and we would like you to switch your current brand of strips and are therefore offering you a new meter. We have changed your test strips to True Metrix and updated your record.

Please call the following telephone number to arrange for a **True Metrix monitor** to be delivered to your home address, **0800 689 5035.** You will be asked to provide your name, address and the name of you GP surgery.

Please note if you use an insulin pump or are carb counting you should continue to use your existing meter. Please contact us to allow us to update our records.

If you have any further questions or concerns about this change please contact the pharmacy team within the practice.

Kind Regards

Pharmacy Team

**EMIS attachment reference code**
**16-Oct-2020 Miss Sarah Jackson (SARJ)**
**Additional:**EMIS attachment reference code
*recall diary.doc recall diary*
**Filename:** recall diary.doc
**Extension:**.tif
**Pages:**

*Portland Medical Practice*
34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No. : 01563 522411,
Fax : 01563 545499.
www.portlandmedicalpractice.co.uk

Friday, 16 October 2020

Mr William McChesney
101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Dear Mr McChesney

We have attempted to contact you via telephone however have been unsuccessful.

Our records show that you are due to have your bloods checked.

Please contact the surgery at your earliest convenience to arrange.

Yours sincerely

For Portland Medical Practice

**IMPORTANT: Please ensure you have given the surgery your up to date contact numbers including mobile telephone number**

THIRD PARTY COPY

**EMIS attachment reference code**
**16-Oct-2020 Miss Sarah Jackson (SARJ)**
**Additional:**EMIS attachment reference code
*recall diary*
**Filename:** recall diary.doc
**Extension:**.tif
**Pages:**

*Portland Medical Practice*
34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No. : 01563 522411,
Fax : 01563 545499.
www.portlandmedicalpractice.co.uk

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KILMARNOCK
KILMARNOCK
KA3 1NU

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Please contact the surgery at your earliest convenience to arrange.

Yours sincerely

For Portland Medical Practice

**IMPORTANT: Please ensure you have given the surgery your up to date contact numbers including mobile telephone number**

THIRD PARTY COPY

**EMIS attachment reference code**
**04-July-2019 Miss Katie Wherry (KATE)**
**Additional:** EMIS attachment reference code
*CDM Review - 30 min appt.doc CDM Review - 30 min appt*
**Filename:** CDM Review - 30 min appt.doc
**Extension:** .tif
**Pages:**

# Portland Medical Practice

34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No. : 01563 522411,
Fax : 01563 545499,
www.portlandmedicalpractice.co.uk

Thursday, 04 July 2019

Mr William McChesney
101 Kilmaurs Road
KILMARNOCK
KA3 1NU

Dear Mr McChesney

## ANNUAL REVIEW

**PLEASE NOTE:** Due to recall system changes that no further reminder letters will be sent.

As part of our ongoing services and care to patients we would like to advise that you are now due your annual review appointment with the Practice Nurse.

Please contact the surgery to arrange a **30 minute** appointment with our Practice Nurse **Alison Lauder**.

Please note appointments are available at both Kilmarnock and Hurlford surgeries.

**PLEASE BRING A SAMPLE OF URINE WITH YOU - A WHITE TOP SAMPLE BOTTLE CAN BE OBTAINED FROM THE SURGERY.**

**PLEASE BRING ANY INHALERS YOU HAVE TO YOUR APPOINTMENT ALSO**

Yours sincerely

Practice Nurse

**IMPORTANT: Please ensure you have given the surgery your mobile telephone number**

THIRD PARTY COPY

**EMIS attachment reference code**
**04-July-2019 Miss Katie Wherry (KATE)**
**Additional:**EMIS attachment reference code
*CDM Review - 30 min appt*
**Filename:** CDM Review - 30 min appt.doc
**Extension:**.tif
**Pages:**

# Portland Medical Practice

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Fax : 01563 545499,
www.portlandmedicalpractice.co.uk


Thursday, 04 July 2019

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101 Kilmaurs Road
KILMARNOCK
KA3 1NU

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## ANNUAL REVIEW

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**PLEASE BRING ANY INHALERS YOU HAVE TO YOUR APPOINTMENT ALSO**

Yours sincerely

Practice Nurse

**IMPORTANT: Please ensure you have given the surgery your mobile telephone number**

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**01-July-2019 Dr Angela McCrorie (ALM)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: Ulnar nerve problems; Duration: 01/07/2019 - 02/09/2019)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

**Patient's name** Mr, ~~Mrs, Miss, Ms~~ William McChesney

**I assessed your case on:** 01 /07 / 2019

**and, because of the following condition(s):** Ulnar nerve problems

**I advise you that:**
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

**If available, and with your employer's agreement, you may benefit from:**
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

**Comments, including functional effects of your condition(s):**

**This will be the case for**

**or from** 01 /07 / 2019 **to** 02 /09 / 2019

**I ~~will/~~will not need to assess your fitness for work again at the end of this period.**
*(Please delete as applicable)*

**Doctor's signature**

**Date of statement** 01 /07 / 2019

**Doctor's address**
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 01/17** DC1F60A4-C639-42E8-9BA6-863F1D1F7DC2

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

### Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

### What your doctor's advice means
**'You are not fit for work':** Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
**'You may be fit for work':** You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

### Your details – Please use BLOCK CAPITALS

**Surname** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY

**Other names** WILLIAM

**Address** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU

**Date of birth** 26 / 07 / 1962 **Mobile**

**NI number**

### What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**31-May-2019 Dr Philip Laraway (LARA)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve problems; Duration: 31/05/2019 - 01/07/2019)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

**Patient's name** Mr, ~~Mrs, Miss, Ms~~ William McChesney

**I assessed your case on:** 31 /05 / 2019

**and, because of the following condition(s):** ulnar nerve problems

**I advise you that:**
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

**If available, and with your employer's agreement, you may benefit from:**
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

**Comments, including functional effects of your condition(s):**

**This will be the case for**

**or from** 31 /05 / 2019 **to** 01 /07 / 2019

**I ~~will/will~~ not need to assess your fitness for work again at the end of this period.**
*(Please delete as applicable)*

**Doctor's signature**

**Date of statement** 31 /05 / 2019

**Doctor's address**
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 01/17** C48380B9-4A57-4C00-8A63-25AA91325F30

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

### Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

### What your doctor's advice means
**'You are not fit for work':** Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
**'You may be fit for work':** You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

### Your details – Please use BLOCK CAPITALS

**Surname** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY

**Other names** WILLIAM

**Address** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU

**Date of birth** 26 / 07 / 1962 **Mobile**

**NI number**

### What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**15-Apr-2019 Dr Philip Laraway (LARA)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve problems; Duration: 15/04/2019 - 31/05/2019)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

**Patient's name** Mr, ~~Mrs, Miss, Ms~~ William McChesney

**I assessed your case on:** 15 /04 / 2019

**and, because of the following condition(s):** ulnar nerve problems

**I advise you that:**
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

**If available, and with your employer's agreement, you may benefit from:**
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

**Comments, including functional effects of your condition(s):**

**This will be the case for**

**or from** 15 /04 / 2019 **to** 31 /05 / 2019

**I ~~will/will~~ not need to assess your fitness for work again at the end of this period.**
*(Please delete as applicable)*

**Doctor's signature**

**Date of statement** 15 /04 / 2019

**Doctor's address**
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 01/17** 6B3BE9F6-C946-4720-802C-9A6ABADAE792

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### Help getting back to work if you are employed
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- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

### What your doctor's advice means
**'You are not fit for work':** Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
**'You may be fit for work':** You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
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### Your details – Please use BLOCK CAPITALS

**Surname** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY

**Other names** WILLIAM

**Address** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU

**Date of birth** 26 / 07 / 1962 **Mobile**

**NI number**

### What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**18-Mar-2019 Dr Angela McCrorie (ALM)**
**Additional:**eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: Ulnar nerve problem; Duration: 18/03/2019 - 15/04/2019)*
**Filename:** FitNote.pdf
**Extension:**.tif
**Pages:**

**Statement of Fitness for Work**
**For social security or Statutory Sick Pay**

**Patient's name** Mr, ~~Mrs, Miss, Ms~~ William McChesney

**I assessed your case on:** 18 /03 / 2019

**and, because of the following condition(s):** Ulnar nerve problem

**I advise you that:**
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

**If available, and with your employer's agreement, you may benefit from:**
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

**Comments, including functional effects of your condition(s):**

**This will be the case for** 4 Week(s)

**or from** / / **to** / /

**I ~~will/will~~ not need to assess your fitness for work again at the end of this period.**
*(Please delete as applicable)*

**Doctor's signature**

**Date of statement** 18 /03 / 2019

**Doctor's address**
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 01/17** 2217D8E5-C182-400A-90A8-30B3F906779A

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

**Help getting back to work if you are employed**
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- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

**What your doctor's advice means**
**'You are not fit for work':** Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

**Your details –** Please use BLOCK CAPITALS

**Surname** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY

**Other names** WILLIAM

**Address** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU

**Date of birth** 26 / 07 / 1962 **Mobile**

**NI number**

**What you need to do now**
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

THIRD PARTY COPY

**Letter encounter to patient**
**08-Mar-2019 Mrs Marie Hodge (MARE)**
**Additional:**Letter encounter to patient

**Filename:** Fournier's Gangrene Letter.doc
**Extension:**.tif
**Pages:**

# Portland Medical Practice

34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No. : 01563 522411,
Fax : 01563 545499.
www.portlandmedicalpractice.co.uk

Friday, 08 March 2019

Mr William McChesney
101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Dear Mr McChesney

As you are one of our patients currently prescribed one of the following medications:

Dapagliflozin
Canagliflozin
Empagliflozin
Dapagliflozin/Saxagliptin
Empagliflozin/Metformin
Canagliflozin/Metformin
Dapagliflozin/Metformin

We wish to inform you that there have been some cases of a rare but serious condition called Fournier's gangrene in association with the use of this type of medication. This can be potentially life threatening.

Please note the following statement in relation to your ongoing treatment using this medication which needs to be adhered to.

If you experience severe pain, tenderness, erythema or swelling in the genital or perineal area accompanied by fever or malaise. For this reason, if you are having any of these symptoms, please stop this medication and you must seek medical attention urgently.

If you have any queries please contact the surgery.

Yours sincerely

Marie Hodge
On behalf of Portland Medical Practice

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**14-Jan-2019 Dr Philip Laraway (LARA)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: right sided ulnar nerve problem; Duration: 14/01/2019 - 18/03/2019)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

**Statement of Fitness for Work**
**For social security or Statutory Sick Pay**

**Patient's name** Mr, ~~Mrs, Miss, Ms~~ William McChesney

**I assessed your case on:** 14 /01 / 2019

**and, because of the following condition(s):** right sided ulnar nerve problem

**I advise you that:**
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

**If available, and with your employer's agreement, you may benefit from:**
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

**Comments, including functional effects of your condition(s):**

**This will be the case for**

**or from** 14 /01 / 2019 **to** 18 /03 / 2019

**I ~~will/will~~ not need to assess your fitness for work again at the end of this period.**
*(Please delete as applicable)*

**Doctor's signature**

**Date of statement** 14 /01 / 2019

**Doctor's address**
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 01/17** 1DEE960D-B7A8-49A4-A930-E19BAD9C0449

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

**Help getting back to work if you are employed**
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- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

**What your doctor's advice means**
**'You are not fit for work':** Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
**'You may be fit for work':** You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

**Your details –** Please use BLOCK CAPITALS

**Surname** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY

**Other names** WILLIAM

**Address** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU

**Date of birth** 26 / 07 / 1962 **Mobile**

**NI number**

**What you need to do now**
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
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THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**26-Nov-2018 Dr Angela McCrorie (ALM)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: Right ulnar nerve problem; Duration: 26/11/2018 - 15/01/2019)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

**Patient's name** Mr, ~~Mrs, Miss, Ms~~ William McChesney

**I assessed your case on:** 26 /11 / 2018

**and, because of the following condition(s):** Right ulnar nerve problem

**I advise you that:**
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

**If available, and with your employer's agreement, you may benefit from:**
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

**Comments, including functional effects of your condition(s):**

**This will be the case for**

**or from** 26 /11 / 2018 **to** 15 /01 / 2019

**I ~~will/will~~ not need to assess your fitness for work again at the end of this period.**
*(Please delete as applicable)*

**Doctor's signature**

**Date of statement** 26 /11 / 2018

**Doctor's address**
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 01/17** 66D622E1-BEB4-4043-BCF5-0D25577847C6

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

### Your details – Please use BLOCK CAPITALS

**Surname** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY

**Other names** WILLIAM

**Address** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU

**Date of birth** 26 / 07 / 1962 **Mobile**

**NI number**

### What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**26-Oct-2018 Dr Ayodeji Akinsemolu (DEJI)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: Right ulnar nerve problem; Duration: 26/10/2018 - 26/11/2018)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

**Patient's name** Mr, ~~Mrs, Miss, Ms~~ William McChesney

**I assessed your case on:** 26 /10 / 2018

**and, because of the following condition(s):** Right ulnar nerve problem

**I advise you that:**
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

**If available, and with your employer's agreement, you may benefit from:**
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

**Comments, including functional effects of your condition(s):**

**This will be the case for**
**or from** 26 /10 / 2018 **to** 26 /11 / 2018

**I ~~will~~/will not need to assess your fitness for work again at the end of this period.**
*(Please delete as applicable)*

**Doctor's signature**

**Date of statement** 26 /10 / 2018

**Doctor's address**
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 01/17** 7949E2EC-75AC-4C39-BD26-20353349EAC7

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### Your details – Please use BLOCK CAPITALS

**Surname** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY
**Other names** WILLIAM
**Address** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU
**Date of birth** 26 / 07 / 1962 **Mobile**
**NI number**

### What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**26-Sept-2018 Dr Ayodeji Akinsemolu (DEJI)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: RIGHT ULNAR NERVE PROBLEM; Duration: 26/09/2018 - 26/10/2018)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

**Patient's name** Mr, ~~Mrs, Miss, Ms~~ William McChesney

**I assessed your case on:** 26 /09 / 2018

**and, because of the following condition(s):** RIGHT ULNAR NERVE PROBLEM

**I advise you that:**
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

**If available, and with your employer's agreement, you may benefit from:**
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

**Comments, including functional effects of your condition(s):**

**This will be the case for**

**or from** 26 /09 / 2018 **to** 26 /10 / 2018

**I ~~will/will~~ not need to assess your fitness for work again at the end of this period.**
*(Please delete as applicable)*

**Doctor's signature**

**Date of statement** 26 /09 / 2018

**Doctor's address**
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 01/17** C584769E-CD7E-4B19-B845-DECC6DE21FF4

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**Surname** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY

**Other names** WILLIAM

**Address** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU

**Date of birth** 26 / 07 / 1962 **Mobile**

**NI number**

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THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**20-Aug-2018 Dr Philip Laraway (LARA)**
**Additional:**eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: right ulnar nerve problem; Duration: 18/08/2018 - 27/09/2018)*
**Filename:** FitNote.pdf
**Extension:**.tif
**Pages:**

**Statement of Fitness for Work**
**For social security or Statutory Sick Pay**

**Patient's name** Mr, ~~Mrs, Miss, Ms~~ William McChesney

**I assessed your case on:** 20 /08 / 2018

**and, because of the following condition(s):** right ulnar nerve problem

**I advise you that:**
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

**If available, and with your employer's agreement, you may benefit from:**
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

**Comments, including functional effects of your condition(s):**

**This will be the case for**
**or from** 18 /08 / 2018 **to** 27 /09 / 2018

**I ~~will~~/will not need to assess your fitness for work again at the end of this period.**
*(Please delete as applicable)*

**Doctor's signature**

**Date of statement** 20 /08 / 2018

**Doctor's address**
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 01/17** 2C16841E-3469-423B-9C60-6A9396342828

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

**Help getting back to work if you are employed**
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

**What your doctor's advice means**
**'You are not fit for work':** Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
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For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

**Your details –** Please use BLOCK CAPITALS

**Surname** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY
**Other names** WILLIAM
**Address** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU
**Date of birth** 26 / 07 / 1962 **Mobile**
**NI number**

**What you need to do now**
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

THIRD PARTY COPY

**EMIS attachment reference code**
**25-July-2018 Ms Kirsty McAllister (KIRS)**
**Additional:**EMIS attachment reference code
*CDM ANNUAL REVIEW INVITE - Jul 18.doc CDM ANNUAL REVIEW INVITE - Jul 18*
**Filename:** CDM ANNUAL REVIEW INVITE - Jul 18.doc
**Extension:**.tif
**Pages:**

*Portland Medical Practice*
34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No. : 01563 522411,
Fax : 01563 545499.
www.portlandmedicalpractice.co.uk

DATE AS POSTMARK

Mr William McChesney
101 Kilmaurs Road
KILMARNOCK
KA3 1NU

Dear Mr McChesney

**ANNUAL REVIEW**

**PLEASE NOTE:** Due to recall system changes that no further reminder letters will be sent.

As part of our ongoing services and care to patients we would like to advise that you are now due your annual review appointment with the Practice Nurse.

Please contact the surgery to arrange a **30 minute** appointment with our Practice Nurse Alison Lauder or Christine Stanley.

Please note appointments are available at both Kilmarnock and Hurlford surgeries.

**PLEASE BRING A SAMPLE OF URINE WITH YOU - A WHITE TOP SAMPLE BOTTLE CAN BE OBTAINED FROM THE SURGERY.**

**PLEASE BRING ANY INHALERS YOU HAVE TO YOUR APPOINTMENT ALSO**

Yours sincerely

Practice Nurse

**IMPORTANT: Please ensure you have given the surgery your mobile telephone number**

THIRD PARTY COPY

**EMIS attachment reference code**
**25-July-2018 Ms Kirsty McAllister (KIRS)**
**Additional:**EMIS attachment reference code
*CDM ANNUAL REVIEW INVITE - Jul 18*
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101 Kilmaurs Road
KILMARNOCK
KA3 1NU

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Yours sincerely

Practice Nurse

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THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**18-July-2018 Dr Ayodeji Akinsemolu (DEJI)**
**Additional:**eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: Ulnar nerve compression and shoulder pain; Duration: 18/07/2018 - 18/08/2018)*
**Filename:** FitNote.pdf
**Extension:**.tif
**Pages:**

**Statement of Fitness for Work**
**For social security or Statutory Sick Pay**

**Patient's name** Mr, ~~Mrs, Miss, Ms~~ William McChesney

**I assessed your case on:** 18 /07 / 2018

**and, because of the following condition(s):** Ulnar nerve compression and shoulder pain

**I advise you that:**
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

**If available, and with your employer's agreement, you may benefit from:**
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

**Comments, including functional effects of your condition(s):**

**This will be the case for**

**or from** 18 /07 / 2018 **to** 18 /08 / 2018

**I ~~will/will~~ not need to assess your fitness for work again at the end of this period.**
*(Please delete as applicable)*

**Doctor's signature**

**Date of statement** 18 /07 / 2018

**Doctor's address**
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 01/17** 5FAFD642-FF02-49F7-ADFB-9452A1564430

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**What your doctor's advice means**
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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

**Your details –** Please use BLOCK CAPITALS

**Surname** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY

**Other names** WILLIAM

**Address** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU

**Date of birth** 26 / 07 / 1962 **Mobile**

**NI number**

**What you need to do now**
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**18-Jun-2018 Dr Philip Laraway (LARA)**
**Additional:**eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression and shoulder pain; Duration: 18/06/2018 - 18/07/2018)*
**Filename:** FitNote.pdf
**Extension:**.tif
**Pages:**

**Statement of Fitness for Work**
**For social security or Statutory Sick Pay**

**Patient's name** Mr, ~~Mrs, Miss, Ms~~ William McChesney

**I assessed your case on:** 18 /06 / 2018

**and, because of the following condition(s):** ulnar nerve compression and shoulder pain

**I advise you that:**
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

**If available, and with your employer's agreement, you may benefit from:**
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

**Comments, including functional effects of your condition(s):**

**This will be the case for**

**or from** 18 /06 / 2018 **to** 18 /07 / 2018

**I ~~will/will~~ not need to assess your fitness for work again at the end of this period.**
*(Please delete as applicable)*

**Doctor's signature**

**Date of statement** 18 /06 / 2018

**Doctor's address**
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 01/17** 78C647D5-2683-4F5D-9359-D0C5CA25DDC1

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

**Your details –** Please use BLOCK CAPITALS

**Surname** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY

**Other names** WILLIAM

**Address** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU

**Date of birth** 26 / 07 / 1962 **Mobile**

**NI number**

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THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**15-May-2018 Dr Imran Hussain (IMRA)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: Ulnar nerve compression/ shoulder pain; Duration: 14/05/2018 - 18/06/2018)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

**Statement of Fitness for Work**
**For social security or Statutory Sick Pay**

**Patient's name** Mr, ~~Mrs, Miss, Ms~~ William McChesney

**I assessed your case on:** 15 /05 / 2018

**and, because of the following condition(s):** Ulnar nerve compression/ shoulder pain

**I advise you that:**
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

**If available, and with your employer's agreement, you may benefit from:**
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

**Comments, including functional effects of your condition(s):**

**This will be the case for**
**or from** 14 /05 / 2018 **to** 18 /06 / 2018

**I ~~will/will~~ not need to assess your fitness for work again at the end of this period.**
*(Please delete as applicable)*

**Doctor's signature**

**Date of statement** 15 /05 / 2018

**Doctor's address**
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 01/17** 461FE00B-F34E-4779-B44B-365D1391DFFB

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**Surname** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY
**Other names** WILLIAM
**Address** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU
**Date of birth** 26 / 07 / 1962 **Mobile**
**NI number**

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**EMIS attachment reference code**
**25-Apr-2018 Mrs Gail Turnbull (CDFG)**
**Additional:** EMIS attachment reference code
*Repeat meds*
**Filename:** Repeat meds.doc
**Extension:** .tif
**Pages:**

THIRD PARTY COPY

Portland Medical Practice

34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No. : 01563 522411,
Fax : 01563 545499.
www.portlandmedicalpractice.co.uk

Wednesday, 25 April 2018

Mr William McChesney
101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Dear Mr McChesney

**Re: Changes to your medicines**

In NHS Ayrshire & Arran every year around £1 million of medicines are wasted because they are prescribed to patients but are not used. As a practice, we are dedicated to providing the best possible care for all of our patients and, to this end, we undertake a continuous review of the medicines we prescribe to insure they are the most appropriate choice for our patients and offer value for money to the NHS.

We have reviewed your repeat prescription and have noticed some items which we think would be better being ordered when you are running out rather than being ordered with your other repeat medicines.

We have therefore changed the quantities of your items so you receive 28 days of your medication.

If you have any questions or concerns regarding this change, please contact the practice to arrange a telephone consultation.

Yours sincerely,
Jane Stuart
*Prescribing Support Pharmacist*

THIRD PARTY COPY

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**12-Apr-2018 Dr Ayodeji Akinsemolu (DEJI)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: Ulnar nerve compression/Shoulder pain; Duration: 12/04/2018 - 14/05/2018)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

**Patient's name** Mr, ~~Mrs, Miss, Ms~~ William McChesney

**I assessed your case on:** 12 /04 / 2018

**and, because of the following condition(s):** Ulnar nerve compression/Shoulder pain

**I advise you that:**
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

**If available, and with your employer's agreement, you may benefit from:**
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

**Comments, including functional effects of your condition(s):**

**This will be the case for**

**or from** 12 /04 / 2018 **to** 14 /05 / 2018

**I ~~will/will~~ not need to assess your fitness for work again at the end of this period.**
*(Please delete as applicable)*

**Doctor's signature**

**Date of statement** 12 /04 / 2018

**Doctor's address**
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 01/17** 8B76A1F7-5FFF-41F4-9F1A-4316B215AB87

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### Your details – Please use BLOCK CAPITALS

**Surname** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY

**Other names** WILLIAM

**Address** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU

**Date of birth** 26 / 07 / 1962 **Mobile**

**NI number**

### What you need to do now
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THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**15-Mar-2018 Dr Imran Hussain (IMRA)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression / shoulder pain; Duration: 15/03/2018 - 12/04/2018)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

**Patient's name** Mr, ~~Mrs, Miss, Ms~~ William McChesney

**I assessed your case on:** 15 /03 / 2018

**and, because of the following condition(s):** ulnar nerve compression / shoulder pain

**I advise you that:**
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

**If available, and with your employer's agreement, you may benefit from:**
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

**Comments, including functional effects of your condition(s):**

**This will be the case for** 4 Week(s)

**or from** / / **to** / /

**I ~~will/will~~ not need to assess your fitness for work again at the end of this period.**
*(Please delete as applicable)*

**Doctor's signature**

**Date of statement** 15 /03 / 2018

**Doctor's address**
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 01/17** 26A0E5CE-807C-45AD-AF5D-0CABA2F862BF

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**Your details –** Please use BLOCK CAPITALS

**Surname** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY

**Other names** WILLIAM

**Address** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU

**Date of birth** 26 / 07 / 1962 **Mobile**

**NI number**

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THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**15-Feb-2018 Dr Ayodeji Akinsemolu (DEJI)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: Ulnar nerve compression/shoulder pain; Duration: 15/02/2018 - 15/03/2018)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 15 / 02 / 2018

and, because of the following condition(s): Ulnar nerve compression/shoulder pain

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 15 / 02 / 2018 to 15 / 03 / 2018

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature

Date of statement: 15 / 02 / 2018

Doctor's address:
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** 2B8D8FEB-24AF-4BF3-BDEE-95F880032A98

### For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

### What your doctor's advice means
**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

**If you are employed**
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

**Social security benefit claimants**
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

**If you want to make a new claim to social security benefits** you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

### Your details – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY

**Other names:** WILLIAM

**Address:** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU

**Date of birth:** 26 / 07 / 1962

**National Insurance (NI) number:**

### Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature**

**Date** / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**12-Jan-2018 Dr Philip Laraway (LARA)**
**Additional:**eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression/ shoulder pains; Duration: 11/01/2018 - 15/02/2018)*
**Filename:** FitNote.pdf
**Extension:**.tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 12 / 01 / 2018

and, because of the following condition(s): ulnar nerve compression/ shoulder pains

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 11 / 01 / 2018 to 15 / 02 / 2018

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature

Date of statement: 12 / 01 / 2018

Doctor's address:
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** EE58F77E-5A78-465A-9040-2FBC8826ECB7

### For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

### What your doctor's advice means
**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

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- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

### Your details – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY

**Other names:** WILLIAM

**Address:** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU

**Date of birth:** 26 / 07 / 1962

**National Insurance (NI) number:**

### Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature**

**Date** / /

If you have signed this form for someone else, please tick here: ☐

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**02-Oct-2017 Dr Philip Laraway (LARA)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression/ shoulder pains; Duration: 01/10/2017 - 30/11/2017)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 02 / 10 / 2017

and, because of the following condition(s): ulnar nerve compression/ shoulder pains

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 01 / 10 / 2017 to 30 / 11 / 2017

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature

Date of statement: 02 / 10 / 2017

Doctor's address:
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** A9180758-D6FB-4CE6-8160-F639D3C13534

### For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

### What your doctor's advice means
**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

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**Social security benefit claimants**
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

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- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

### Your details – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY
**Other names:** WILLIAM
**Address:** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU
**Date of birth:** 26 / 07 / 1962
**National Insurance (NI) number:**

### Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature**
**Date** / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**25-Aug-2017 Dr Philip Laraway (LARA)**
**Additional:**eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression/ shoulder pains; Duration: 24/08/2017 - 01/10/2017)*
**Filename:** FitNote.pdf
**Extension:**.tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 25 / 08 / 2017

and, because of the following condition(s): ulnar nerve compression/ shoulder pains

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 24 / 08 / 2017 to 01 / 10 / 2017

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature

Date of statement: 25 / 08 / 2017

Doctor's address:
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** 131F87B7-0974-4DDE-968A-FA5C7758D642

### For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

### What your doctor's advice means

**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

**If you are employed**
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

**Social security benefit claimants**
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

**If you want to make a new claim to social security benefits** you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

### Your details – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY
**Other names:** WILLIAM
**Address:** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU
**Date of birth:** 26 / 07 / 1962
**National Insurance (NI) number:**

### Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature**
**Date** / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**27-July-2017 Dr L McIntyre (LM)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression R elbow; Duration: 27/07/2017 - 24/08/2017)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 27 / 07 / 2017

and, because of the following condition(s): ulnar nerve compression R elbow

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for: 4 Week(s)

or from / / to / /

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature:

Date of statement: 27 / 07 / 2017

Doctor's address:
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** 76762695-994F-4CDE-A4E4-87A611E07AB0

### For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

**What your doctor's advice means**

**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

**If you are employed**
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

**Social security benefit claimants**
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

**If you want to make a new claim to social security benefits** you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

### Your details – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY

**Other names:** WILLIAM

**Address:** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU

**Date of birth:** 26 / 07 / 1962

**National Insurance (NI) number:**

### Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature:**

**Date:** / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**30-Jun-2017 Dr Philip Laraway (LARA)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression; Duration: 30/06/2017 - 28/07/2017)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 30 / 06 / 2017

and, because of the following condition(s): ulnar nerve compression

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for: [ ]

or from 30 / 06 / 2017 to 28 / 07 / 2017

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature:

Date of statement: 30 / 06 / 2017

Doctor's address:
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** 1520DB80-3FFA-4381-8CEE-2EDDCB8AECE7

### For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

### What your doctor's advice means

**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

**If you are employed**
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

**Social security benefit claimants**
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

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- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

### Your details – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY
**Other names:** WILLIAM
**Address:** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU
**Date of birth:** 26 / 07 / 1962
**National Insurance (NI) number:**

### Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature:**
**Date:** / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

**eMED3 (2010) duplicate issued, not fit for work**
**31-May-2017 Dr Wolfgang Furste (WF)**
**Additional:**eMED3 (2010) duplicate issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression right elbow; Duration: 09/05/2017 - 04/07/2017)*
**Filename:** FitNote.pdf
**Extension:**.tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 16 / 05 / 2017

and, because of the following condition(s): ulnar nerve compression right elbow

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 09 / 05 / 2017 to 04 / 07 / 2017

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature

Date of statement 31 / 05 / 2017

Doctor's address: Portland Medical Practice, 34 Portland Road, Kilmarnock, KA1 2DL, Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** 5019C0BD-A7D5-4F1D-95C9-8CE82BF04D4E

### For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

### What your doctor's advice means

**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

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- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

### Your details – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY

**Other names:** WILLIAM

**Address:** 101 KILMAURS ROAD, KILMARNOCK, KILMARNOCK Postcode KA3 1NU

**Date of birth:** 26 / 07 / 1962

**National Insurance (NI) number:**

### Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature**

**Date** / /

If you have signed this form for someone else, please tick here: ☐

Duplicate
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**eMED3 (2010) new statement issued, not fit for work**
**16-May-2017 Dr Donna Edwards (DE)**
**Additional:**eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression right elbow; Duration: 09/05/2017 - 04/07/2017)*
**Filename:** FitNote.pdf
**Extension:**.tif
**Pages:**

**Statement of Fitness for Work**
**For social security or Statutory Sick Pay**

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 16 / 05 / 2017

and, because of the following condition(s): ulnar nerve compression right elbow

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 09 / 05 / 2017 to 04 / 07 / 2017

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature

Date of statement: 16 / 05 / 2017

Doctor's address:
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** 5019C0BD-A7D5-4F1D-95C9-8CE82BF04D4E

**For the patient – what to do now**
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

**What your doctor's advice means**

**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**
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- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

**Your details** – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY
**Other names:** WILLIAM
**Address:** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU
**Date of birth:** 26 / 07 / 1962
**National Insurance (NI) number:**

**Declaration – for social security benefit claimants only**
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature**
**Date** / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

**EMIS attachment reference code**
**16-May-2017 Miss Sara Greer (2587)**
**Additional:**EMIS attachment reference code
*ANNUAL REVIEW INVITE 16-5-17*
**Filename:** ANNUAL REVIEW INVITE 16-5-17.doc
**Extension:**.tif
**Pages:**

*Portland Medical Practice*
34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No. : 01563 522411,
Fax : 01563 545499.
www.portlandmedicalpractice.co.uk

DATE AS POSTMARK

Mr William McChesney
101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Dear Mr McChesney

**ANNUAL REVIEW**

PLEASE NOTE due to recall system changes that no further reminder letters will be sent.

As part of our ongoing services and care to patients we would like to advise that you are now due your annual review appointment with the Practice Nurse.

Please contact the surgery to arrange a **30 minute** appointment with our Practice Nurse Alison Lauder. Please note appointments are available at both Kilmarnock and Hurlford surgeries.

**PLEASE BRING A SAMPLE OF URINE WITH YOU - A WHITE TOP SAMPLE BOTTLE CAN BE OBTAINED FROM THE SURGERY.**

**PLEASE BRING ANY INHALERS YOU HAVE TO YOUR APPOINTMENT ALSO**

**Please note flu vaccines are available from the end of September 2017.**

Yours sincerely

Practice Nurse

**IMPORTANT: Please ensure you have given the surgery your mobile telephone number**

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**04-Apr-2017 Dr Donna Edwards (DE)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression right elbow; Duration: 28/03/2017 - 09/05/2017)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 04 / 04 / 2017

and, because of the following condition(s): ulnar nerve compression right elbow

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for:

or from 28 / 03 / 2017 to 09 / 05 / 2017

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature:

Date of statement: 04 / 04 / 2017

Doctor's address:
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** 3E7EBF25-0449-4834-A492-0D36893B20CD

### For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

### What your doctor's advice means
**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

**If you are employed**
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

**Social security benefit claimants**
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

**If you want to make a new claim to social security benefits** you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

### Your details – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY

**Other names:** WILLIAM

**Address:** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU

**Date of birth:** 26 / 07 / 1962

**National Insurance (NI) number:**

### Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature:**

**Date:** / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**28-Feb-2017 Dr Donna Edwards (DE)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ULNAR NERVE COMPRESSION RIGHT ELBOW; Duration: 28/02/2017 - 28/03/2017)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 28 / 02 / 2017

and, because of the following condition(s): ULNAR NERVE COMPRESSION RIGHT ELBOW

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 28 / 02 / 2017 to 28 / 03 / 2017

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature

Date of statement: 28 / 02 / 2017

Doctor's address:
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** 0AA6BA0A-70C1-4A7D-9DFC-DA6AF358AB07

### For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

### What your doctor's advice means
**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

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### Your details – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY
**Other names:** WILLIAM
**Address:** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU
**Date of birth:** 26 / 07 / 1962
**National Insurance (NI) number:**

### Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature**
**Date** / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**07-Feb-2017 Dr Donna Edwards (DE)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression right elbow; Duration: 07/02/2017 - 04/04/2017)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 07 / 02 / 2017

and, because of the following condition(s): ulnar nerve compression right elbow

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for: [ ]

or from 07 / 02 / 2017 to 04 / 04 / 2017

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature:

Date of statement: 07 / 02 / 2017

Doctor's address:
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** DF8D9A17-F855-4005-A98F-188A850D88E9

### For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

### What your doctor's advice means

**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

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If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

**If you want to make a new claim to social security benefits** you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

### Your details – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY
**Other names:** WILLIAM
**Address:** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU
**Date of birth:** 26 / 07 / 1962
**National Insurance (NI) number:**

### Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature:**
**Date:** / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**10-Jan-2017 Dr Donna Edwards (DE)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression right elbow; Duration: 10/01/2017 - 07/02/2017)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 10 / 01 / 2017

and, because of the following condition(s): ulnar nerve compression right elbow

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 10 / 01 / 2017 to 07 / 02 / 2017

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature

Date of statement: 10 / 01 / 2017

Doctor's address:
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** EA48A5D3-9783-47EC-9E08-90B77E6BC763

### For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

### What your doctor's advice means
**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

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### Your details – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY
**Other names:** WILLIAM
**Address:** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU
**Date of birth:** 26 / 07 / 1962
**National Insurance (NI) number:**

### Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature**
**Date** / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**13-Dec-2016 Dr Donna Edwards (DE)**
**Additional:**eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression right elbow; Duration: 13/12/2016 - 10/01/2017)*
**Filename:** FitNote.pdf
**Extension:**.tif
**Pages:**

**Statement of Fitness for Work**
**For social security or Statutory Sick Pay**

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 13 / 12 / 2016

and, because of the following condition(s): ulnar nerve compression right elbow

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for:

or from 13 / 12 / 2016 to 10 / 01 / 2017

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature:

Date of statement: 13 / 12 / 2016

Doctor's address:
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** A77B7486-A9F7-4B7E-8986-8C22A66D9721

**For the patient – what to do now**
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

**What your doctor's advice means**

**Not fit for work:**
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- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

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**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY
**Other names:** WILLIAM
**Address:** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU
**Date of birth:** 26 / 07 / 1962
**National Insurance (NI) number:**

**Declaration – for social security benefit claimants only**
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature:**
**Date:** / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

**EMIS attachment reference code**
**29-Nov-2016 Miss Sara Greer (2587)**
**Additional:**EMIS attachment reference code
*CDM REVIEW INVITE - 2016.doc CDM REVIEW INVITE - 2016*
**Filename:** CDM REVIEW INVITE - 2016.doc
**Extension:**.tif
**Pages:**

*Portland Medical Practice*
34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No. : 01563 522411,
Fax : 01563 545499.
www.portlandmedicalpractice.co.uk

Tuesday, 29 November 2016

Mr William McChesney
101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Dear Mr McChesney

## CHRONIC DISEASE MANAGEMENT REVIEW

**PLEASE NOTE - No Further Reminder Letters will be sent.**

As part of our ongoing services and care to patients we are able to offer an annual review to those patients who suffer from a Chronic Disease.

Please contact the surgery to arrange a **30 minute** appointment with our Practice Nurse Alison Lauder or Kirstyann Kilpatrick. Please note appointments are available at both Kilmarnock and Hurlford surgeries.

**PLEASE BRING A SAMPLE OF URINE WITH YOU - A WHITE TOP SAMPLE BOTTLE CAN BE OBTAINED FROM THE SURGERY.**

**PLEASE BRING ANY INHALERS YOU HAVE TO YOUR APPOINTMENT ALSO**

**Please note flu vaccines are available from the end of September 2016.**

Yours sincerely

Practice Nurse

**IMPORTANT: Please ensure you have given the surgery your mobile telephone number**

THIRD PARTY COPY

**EMIS attachment reference code**
**29-Nov-2016 Miss Sara Greer (2587)**
**Additional:**EMIS attachment reference code
*CDM REVIEW INVITE - 2016*
**Filename:** CDM REVIEW INVITE - 2016.doc
**Extension:**.tif
**Pages:**

*Portland Medical Practice*
34 Portland Road, Kilmarnock, KA1 2DL.
Hurlford Clinic, Union Street, Hurlford, KA1 5BT.
Telephone No. : 01563 522411,
Fax : 01563 545499.
www.portlandmedicalpractice.co.uk

Tuesday, 29 November 2016

Mr William McChesney
101 Kilmaurs Road
KILMARNOCK
KILMARNOCK
KA3 1NU

Dear Mr McChesney

## CHRONIC DISEASE MANAGEMENT REVIEW

**PLEASE NOTE - No Further Reminder Letters will be sent.**

As part of our ongoing services and care to patients we are able to offer an annual review to those patients who suffer from a Chronic Disease.

Please contact the surgery to arrange a **30 minute** appointment with our Practice Nurse Alison Lauder or Kirstyann Kilpatrick. Please note appointments are available at both Kilmarnock and Hurlford surgeries.

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**PLEASE BRING ANY INHALERS YOU HAVE TO YOUR APPOINTMENT ALSO**

**Please note flu vaccines are available from the end of September 2016.**

Yours sincerely

Practice Nurse

**IMPORTANT: Please ensure you have given the surgery your mobile telephone number**

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**01-Nov-2016 Dr Donna Edwards (DE)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: ulnar nerve compression right elbow; Duration: 01/11/2016 - 13/12/2016)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 01 / 11 / 2016

and, because of the following condition(s): ulnar nerve compression right elbow

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for:

or from 01 / 11 / 2016 to 13 / 12 / 2016

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature:

Date of statement: 01 / 11 / 2016

Doctor's address:
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** CDA945DD-E9FE-454F-AE90-0904A8985A60

### For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

### What your doctor's advice means
**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

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### Your details – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY

**Other names:** WILLIAM

**Address:** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU

**Date of birth:** 26 / 07 / 1962

**National Insurance (NI) number:**

### Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature:**

**Date:** / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**05-Oct-2016 Dr Donna Edwards (DE)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: elbow pain; Duration: 05/10/2016 - 02/11/2016)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 05 / 10 / 2016

and, because of the following condition(s): elbow pain

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 05 / 10 / 2016 to 02 / 11 / 2016

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature

Date of statement: 05 / 10 / 2016

Doctor's address:
Portland Medical Practice
34 Portland Road
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** 74A4FB17-6A10-4543-8258-C113CF22EE07

### For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

### What your doctor's advice means

**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

**If you are employed**
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

**Social security benefit claimants**
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

**If you want to make a new claim to social security benefits** you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

### Your details – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY
**Other names:** WILLIAM
**Address:** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU
**Date of birth:** 26 / 07 / 1962
**National Insurance (NI) number:**

### Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature**
**Date** / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**07-Mar-2014 Dr Amar Poddar (AP)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: angina and low mood; Duration: 07/03/2014 - 02/05/2014)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 07 / 03 / 2014

and, because of the following condition(s): angina and low mood

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 8 Week(s)

or from / / to / /

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature

Date of statement 07 / 03 / 2014

Doctor's address:
Portland Medical Practice
34 Portland Road, Kilmarnock
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** B8D925AE-59BA-46F0-BA2F-BD6B68C365F4

### For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

### What your doctor's advice means
**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

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### Your details – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY
**Other names:** WILLIAM
**Address:** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU
**Date of birth:** 26 / 07 / 1962
**National Insurance (NI) number:**

### Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature**
**Date** / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**07-Feb-2014 Dr Amar Poddar (AP)**
**Additional:**eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: angina and low mood; Duration: 07/02/2014 - 15/03/2014)*
**Filename:** FitNote.pdf
**Extension:**.tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 07 / 02 / 2014

and, because of the following condition(s): angina and low mood

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 07 / 02 / 2014 to 15 / 03 / 2014

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature

Date of statement: 07 / 02 / 2014

Doctor's address:
Portland Medical Practice
34 Portland Road, Kilmarnock
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** BC648FFF-A7B8-419D-BE9D-92FD9D0064F7

### For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

### What your doctor's advice means
**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**
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### Your details – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY

**Other names:** WILLIAM

**Address:** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU

**Date of birth:** 26 / 07 / 1962

**National Insurance (NI) number:**

### Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature**

**Date** / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**20-Jan-2014 Dr Amar Poddar (AP)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: angina and low mood; Duration: 20/01/2014 - 17/02/2014)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 20 / 01 / 2014

and, because of the following condition(s): angina and low mood

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 4 Week(s)

or from / / to / /

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature

Date of statement: 20 / 01 / 2014

Doctor's address:
Portland Medical Practice
34 Portland Road, Kilmarnock
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** DBC53C41-E820-4579-B156-449F46917C28

### For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

### What your doctor's advice means

**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**
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- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

### Your details – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY
**Other names:** WILLIAM
**Address:** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU
**Date of birth:** 26 / 07 / 1962
**National Insurance (NI) number:**

### Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature**
**Date** / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**06-Jan-2014 Dr Amar Poddar (AP)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: angina and low mood; Duration: 06/01/2014 - 20/01/2014)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 06 / 01 / 2014

and, because of the following condition(s): angina and low mood

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 06 / 01 / 2014 to 20 / 01 / 2014

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature

Date of statement: 06 / 01 / 2014

Doctor's address:
Portland Medical Practice
34 Portland Road, Kilmarnock
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** 7E36BBBB-339C-431E-B155-34F7D4AFFC52

### For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

### What your doctor's advice means

**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

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- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

### Your details – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY
**Other names:** WILLIAM
**Address:** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU
**Date of birth:** 26 / 07 / 1962
**National Insurance (NI) number:**

### Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature**
**Date** / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**16-Dec-2013 Dr Amar Poddar (AP)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: angina and low mood; Duration: 16/12/2013 - 13/01/2014)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 16 / 12 / 2013

and, because of the following condition(s): angina and low mood

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 4 Week(s)

or from / / to / /

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature

Date of statement 16 / 12 / 2013

Doctor's address: Portland Medical Practice, 34 Portland Road, Kilmarnock, Kilmarnock, KA1 2DL, Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** D9C6EB4A-B108-4F51-9860-C6B8DA96A549

### For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

### What your doctor's advice means

**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

**If you are employed**
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**Social security benefit claimants**
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

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### Your details – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY
**Other names:** WILLIAM
**Address:** 101 KILMAURS ROAD, KILMARNOCK, KILMARNOCK Postcode KA3 1NU
**Date of birth:** 26 / 07 / 1962
**National Insurance (NI) number:**

### Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature**
**Date** / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**25-Nov-2013 Dr Amar Poddar (AP)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: angina and low mood; Duration: 25/11/2013 - 23/12/2013)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 25 / 11 / 2013

and, because of the following condition(s): angina and low mood

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for: 4 Week(s)

or from / / to / /

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature:

Date of statement: 25 / 11 / 2013

Doctor's address:
Portland Medical Practice
34 Portland Road, Kilmarnock
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** 3DA5900B-5436-4602-9BE0-96566B6B9712

### For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

### What your doctor's advice means

**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

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### Your details – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY
**Other names:** WILLIAM
**Address:** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU
**Date of birth:** 26 / 07 / 1962
**National Insurance (NI) number:**

### Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature:**
**Date:** / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**04-Nov-2013 Dr Amar Poddar (AP)**
**Additional:**eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: angina and low mood; Duration: 04/11/2013 - 02/12/2013)*
**Filename:** FitNote.pdf
**Extension:**.tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 04 / 11 / 2013

and, because of the following condition(s): angina and low mood

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 4 Week(s)

or from / / to / /

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature

Date of statement 04 / 11 / 2013

Doctor's address:
Portland Medical Practice
34 Portland Road, Kilmarnock
Kilmarnock, KA1 2DL
Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** 0A04C611-A2CF-4EA9-A85F-026943643ECD

### For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

### What your doctor's advice means

**Not fit for work:**
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If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

**Social security benefit claimants**
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

**If you want to make a new claim to social security benefits** you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

### Your details – Please use BLOCK CAPITALS

**Surname:** Mr, ~~Mrs, Miss, Ms~~ MCCHESNEY
**Other names:** WILLIAM
**Address:** 101 KILMAURS ROAD
KILMARNOCK
KILMARNOCK Postcode KA3 1NU
**Date of birth:** 26 / 07 / 1962
**National Insurance (NI) number:**

### Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

**Signature**
**Date** / /

If you have signed this form for someone else, please tick here: [ ]

THIRD PARTY COPY

**eMED3 (2010) new statement issued, not fit for work**
**09-Oct-2013 Dr Amar Poddar (AP)**
**Additional:** eMED3 (2010) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: Angina and low mood; Duration: 09/10/2013 - 06/11/2013)*
**Filename:** FitNote.pdf
**Extension:** .tif
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ William McChesney

I assessed your case on: 09 / 10 / 2013

and, because of the following condition(s): Angina and low mood

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 4 Week(s)

or from / / to / /

I ~~will~~will not need to assess your fitness for work again at the end of this period.
*(Please delete as applicable)*

Doctor's signature

Date of statement 09 / 10 / 2013

Doctor's address: Portland Medical Practice, 34 Portland Road, Kilmarnock, Kilmarnock, KA1 2DL, Telephone: 01563 522 411

**Unique ID: Med 3 04/10-** 56D6F3D9-0CEB-4A1F-B95F-72FDDCD7E7FA

### For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

### What your doctor's advice means

**Not fit for work:**
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

**May be fit for work taking account of the following advice:**
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

**If you are employed**
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

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**Date** / /

If you have signed this form for someone else, please tick here: [ ]

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