

Subject Access Request



Patient	Mr Paul Carroll
Date of birth	13-Apr-1984 (age 42)
Gender	M
NHS number	475/84/043
Patient's address	13 Maimhor Road West Kilbride Ayrshire KA239EE
Date range selected	Full record
Organisation	MMA legal
Reference	100318

Problems

Active

16-Jan-2026 Miss Elaine Millar (EMI)

Concussion
Discharged with worsening advice

14-Jan-2026 Miss Elaine Millar (EMI)

A&E attendance

10-Nov-2020 Miss Caitlin Longwell (CLL)

Seborrhoeic keratosis
Rt Lower Abdomen

01-Jun-2019 Mrs Fiona Decourcy (DECOURCYF)

24 Hour ECG
prolonged QT in context of hypocalcaemia and acidaemia. no arrhythmia and normal QT interval

27-Jan-2015 Mrs Fiona Decourcy (DECOURCYF)

Acne vulgaris

26-July-2013 Mrs Fiona Decourcy (DECOURCYF)

Overdose of drug
?100 Dihydrocodeine

11-Jan-2008 Mrs Fiona Decourcy (DECOURCYF)

Notes summary on computer

23-Sept-2007 Mrs Fiona Decourcy (DECOURCYF)

Dislocation of shoulder NOS
Right

18-May-2007 Mrs Fiona Decourcy (DECOURCYF)

Dislocation of shoulder NOS
Right

31-July-2002 Mrs Fiona Decourcy (DECOURCYF)

Head injury

31-July-2002 Mrs Fiona Decourcy (DECOURCYF)

CT scan brain - normal
following head injury

31-July-2002 Mrs Fiona Decourcy (DECOURCYF)

Fixation of mandible
open reduction and internal fixation fracture left mandible following assault

31-July-2002 Mrs Fiona Decourcy (DECOURCYF)

Primary repair of tendon
extensor tendon left index finger repaired following assault

05-Oct-2000 Mrs Fiona Decourcy (DECOURCYF)

Jaboulay's eversion of hydrocele
Bilateral

23-July-2000 Mrs Fiona Decourcy (DECOURCYF)

Head injury

25-May-2000 Mrs Fiona Decourcy (DECOURCYF)

Hydrocele
Bilateral

24-July-1985 Mrs Fiona Decourcy (DECOURCYF)

Croup

Significant Past

This section is empty.

Minor Past

30-Sept-2025 Dr Anthony Higgins (AHI16884)

Anxiety with depression

30-Sept-2025 Dr Anthony Higgins (AHI16884)

Plantar fasciitis

30-Dec-2024 Miss Elaine Millar (EMI)

Removed from waiting list

MSK

20-Aug-2024 Pharmacist Isma Yaqoob (ISM)

Medication requested

14-Jun-2024 Dr Anthony Higgins (AHI16884)

Tympanic membrane perforation (Right)

20-Feb-2024 Dr Anthony Higgins (AHI16884)

Tension headache

20-Feb-2024 Dr Anthony Higgins (AHI16884)

Micturition frequency

20-Feb-2024 Dr Anthony Higgins (AHI16884)

Heartburn symptom

20-Feb-2024 Dr Anthony Higgins (AHI16884)

Anxiousness

02-Dec-2022 Dr Ravindra Sondhi (SO)

Letter from Driver and Vehicle Licensing Authority received

05-Jan-2022 Dr Kevin Weaver (KW)

Depressive disorder NEC

29-Oct-2021 Dr Yvonne Brodie (YB16884)

Depressive disorder NEC

15-Feb-2021 Dr Kevin Weaver (KW)

Anxiety with depression

23-Nov-2018 Miss Lynsey Renfrew (ANP16884)

Suspected UTI

suspected

26-Apr-2017 Dr Cormac Convery (CC16884)

Breathlessness

26-Apr-2017 Dr Cormac Convery (CC16884)

Backache

Consultations

20-May-2026 Pharmacist Rachael Allison (RAA) Ayrshire Medical Group Main Surgery

Comment Medication requested Mirtazapine - noted review in Sept
Medication Medication Mirtazapine Tablets 15 mg 56 tablet ONE TO
BE TAKEN AT NIGHT
Read Code Prescription by supplementary prescriber RA

03-Oct-2025 Mrs Shenagh McKiernan (SMCK) West Kilbride Branch Surgery

Comment Comment HAs review with DR Higgins - has reduced
mirtazapine

03-Oct-2025 Mrs Shenagh McKiernan (SMCK) West Kilbride Branch Surgery

Comment Comment request for duac - given last week

30-Sept-2025 Dr Anthony Higgins (AHI16884) Ayrshire Medical Group Main Surgery

Problem Anxiety with depression
History History Mental health review - doing well . In steady
employment. Mood good. No anxiety. Remains abstinent
from alcohol. Feels he would like to reduce mirtazapine to
15mg daily.
Comment Comment Agreed reduce mirtazapine to 15mg daily.
Read Code Medication review
Problem Plantar fasciitis
Examination Examination Focal tender area in left heel.
Comment Comment Try topical NSAID.
Medication Medication Mirtazapine Tablets 15 mg 56 tablet ONE TO
BE TAKEN AT NIGHT
Medication Medication Duac Once Daily Gel 5 % + 1 % 25 GRAM
APPLY ONCE A DAY IN THE EVENING
Medication Medication Ibuprofen Gel 10 % 100 gram APPLY 3
TIMES DAILY

12-Sept-2025 Mrs Shenagh McKiernan (SMCK) West Kilbride Branch Surgery

Comment Failed encounter "mailbox full" unable to leave message - Mjog sent

11-Sept-2025 Ms Lynda Bennett (LYB) Ayrshire Medical Group Main Surgery

Comment Prescription by supplementary prescriber - further note left for patient tma for review
Medication Medication Mirtazapine Tablets 30 mg 56 tablet ONE TO BE TAKEN AT NIGHT

02-July-2025 Pharmacist Rachael Allison (RAA) Ayrshire Medical Group Main Surgery

Comment Comment SR for Mirtazapine, noted needing mood review as per consult 28/2, (needs GP/ANP/Practice pharmacist) and needing printed in practice
Medication Medication Mirtazapine Tablets 30 mg 56 tablet ONE TO BE TAKEN AT NIGHT

28-Feb-2025 Anp Lisa Malcolm (LMA) Ayrshire Medical Group Main Surgery

History History TC- mood review. sober for over 20 months. poor sleep, unmanaged emotions. feels burnt out at times, started a new job and feel better within himself.
Medication Medication Mirtazapine Tablets 30 mg 56 tablet ONE TO BE TAKEN AT NIGHT

19-Feb-2025 Mrs Shenagh McKiernan (SMCK) West Kilbride Branch Surgery

Comment Comment Reissued as before - needs review - note added to Px

13-Jan-2025 Mr Marc Revel (MR) Medicine Management

Comment Comment Special request for below NB Mirtazapine last issued Oct 24. Added note to book in for mood review. Please print Rx for GPs to sign as patient collects in practice
Medication Medication Mirtazapine Tablets 15 mg 28 TABLET ONE TO BE TAKEN AT NIGHT- PLEASE BOOK IN FOR MOOD REVIEW
Medication Medication Duac Once Daily Gel 5 % + 1 % 25 GRAM APPLY ONCE A DAY IN THE EVENING

09-Oct-2024 Pharmacist Isma Yaqoob (ISM) Ayrshire Medical Group Main Surgery

10-Oct-2024 Medication Medication Mirtazapine Tablets 15 mg 28 TABLET ONE TO BE TAKEN AT NIGHT

27-Sept-2024 Dr Anthony Higgins (AH16884) Ayrshire Medical Group Main Surgery

Comment Comment MSK Spine referral, routine. " Dear Colleagues, I would be grateful for your assessment of this pleasant 40 year old man. He is a recovering alcoholic who has been abstinent for several years now. Rigorous gymnasium workouts have been an important part of his recovery program and in recent months he has been experiencing a lot of low back pain with intermittent radiation down the back of both legs. He has no dysfunction of bladder or bowel voiding and no altered saddle sensation. Examination reveals normal straight leg raises and normal knee and ankle reflexes. I think he would benefit from instruction in core stability and strengthening . I look forward to hearing from you. Yours sincerely, "

24-Sept-2024 Dr Anthony Higgins (AH16884) Ayrshire Medical Group Main Surgery

History History Frustrated re ongoing anxiety and insomnia despite all his efforts - working hard in gymnasium(pushing himself to hard resulting in muscular strain in abdomen and thighs. , abstinent from alcohol,
Comment Comment Encouraged to commence mirtazapine 15mg. Agrees. Reception please arrange CTAC appt for ECG in 2 weeks time. W
History History Low back pain. Can radiate down back of either leg - variable. No voiding problems.
Examination Examination Normal SLR, R=L.
Comment Comment Agreed refer MSK,
Medication Medication Duac Once Daily Gel 5 % + 1 % 25 GRAM APPLY ONCE A DAY IN THE EVENING
Medication Medication Mirtazapine Tablets 15 mg 28 TABLET ONE TO BE TAKEN AT NIGHT

20-Aug-2024 Miss Rebecca Howie (RH1) West Kilbride Branch Surgery

Comment Comment Script printed from stored

20-Aug-2024 Pharmacist Isma Yaqoob (ISM) Ayrshire Medical Group Main Surgery

Problem Medication requested
 Comment **Comment** duac last issued april 22 - no recent review - borrowed from son as helps with acne on face - issued with note to make review.

15-July-2024 Miss Rebecca Howie (RH1) West Kilbride Branch Surgery

Comment **Comment** Prescription from 10.05.24 removed from reception as not collected.

14-Jun-2024 Dr Anthony Higgins (AH116884) Ayrshire Medical Group Main Surgery

Problem Tympanic membrane perforation (Right)
 History **History** Injury with cotton bud 3d ago.
 Comment **Comment** Reassured this will heal. review in 2 weeks.

06-Jun-2024 Dr Yvonne Brodie (YB16884) Telephone

History **History** called patient - in for review call, see letter from cardiology - printed this letter for patient to see himself - will send it to him, note he can use any antidepressant however they have recommended an ECG to check QT length 2 weeks after starting - patient aware and have written a note on prescription re this too. NHe isnt taking sertraline as there is a side effect of sexual dysfunction and he recalls this happened to him before and it affected his relationship. Issued mirtazapine - not noted as side effect with this, if decides not to take this then he can hand back to pharmacy . Needs telephone review when next due mirtazepine with clinical pharmacist or Dr Brodie. He can have next prescription issued while waiting on phonecall if necessary.
 Medication **Medication** Mirtazapine Tablets 15 mg 28 TABLET ONE TO BE TAKEN AT NIGHT

21-May-2024 Mrs Emma-Louise Pisani (EP) West Kilbride Branch Surgery

Comment Nursing care blood sample taken as requested by Dr Brodie. Stats uses creatine could this be effection urea levels.

21-May-2024 Miss Elaine Millar (EMI) General Practice Surgery

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 83 µmol/L (Range: 50 - 120)
 Urea 6.9 mmol/L (Range: 2.5 - 7.8)

15-May-2024 Mrs. Amanda Park (AP) Ayrshire Medical Group Main Surgery

Comment **Comment** I note Dr Brodie's encounter on 14/5/24 - Cardiology do not have a clinical mailbox but the SCI referrals to Cardiology at reviewed on a regular basis throughout the day so urgent referral sent 'For Advice'

14-May-2024 Dr Yvonne Brodie (YB16884) Data Entry

History **History** cholesterol good, urea slightly raised - can be a sign of dehydration - please repeat this next week - also call patient to tell him I want advice from cardiology about medications first and I will email them

14-May-2024 Dr Yvonne Brodie (YB16884) Data Entry

History **History** Email cardiology for advice please and copy me in so I get the reply Dear Doctor, Can you advise re this 40y old male who attended A&E in 2019 following a 'collapse'. HE had prolonged QT at the time and was seen by Dr PAYne in A&E. He was using alcohol and substances at the time. He did not attend for planned outpatient echo but did have a reassuring 24 hour tape. He is now sober and has been for 19months and is doing well. He is worried because he did not attend for follow up. He has some discomfort in his chest, it is not worse with exertion, it is not worse at the gym, he says it has been there for a long time and it does not come and go. HE does not have any other symptoms such as SOB. His*****has recently been diagnosed with IHD and was told this was hereditary and he is keen to be checked now. I wonder if you can tell me if an echo is still worthwhile for him? Also he has issues with his mood and anxiety and is keen on medication but I am reluctant to sue antidepressants because of his hx of prolonged QT - but perhaps this is unreasonable of me? His recent ECG is enclosed and he has had recent bloods. I appreciate your opinion on an echo and ?antidepressant given QT hx.

14-May-2024 Miss Angela Boyd (ANGB) Ayrshire Medical Group Main Surgery

Comment **Comment** No answer when called to advise of dr brodie's comments below, mailbox full so unable to leave a message

13-May-2024 Dr Yvonne Brodie (YB16884) Data Entry

History **History** Urea slightly raised, other bloods ok, telephone f/u planned

13-May-2024 Miss Angela Boyd (ANGB) Ayrshire Medical Group

Attachment **Attachment** ASS/GN
Read Code **ASSIGN** Score 4.79

10-May-2024 Dr Anthony Higgins (AH16884) Ayrshire Medical Group Main Surgery

Comment **Comment** Reception please inform Rx at reception for collection.
Medication **Medication** Sertraline Hydrochloride Tablets 50 mg 28 TABLET ONE TO BE TAKEN EACH DAY

10-May-2024 P.N. Lesley-Anne McMillan (LES) Ayrshire Medical Group Main Surgery

Comment **Comment** Patient attended the surgery for his appointment today. He has a 20+ year history of alcoholism. Has been abstinent for the last 20 months with the help of AA. He attends 5 meetings per week on average and feels that it has helped save his life. He now plays a big role in the AA and it has become an important part of his life. He stated that the last 20 years have been very violent and he was often in and out of prison. He told me that someone attempted to murder him 15 years ago. He is finding it difficult to process all of these memories now that he is sober and feels tormented by his past. He reports that he is often short fused and irritable. He has issues with anger and controlling his emotions. He feels very anxious when he is in social settings and can feel paranoid. He lives with his long term partner of 4 years. He states that his insecurities and jealousy are jeopardising the relationship. He has a *****daughter that he sees on a regular basis and he sees this as one of the biggest positives in his life. He has also got back in touch with family members since being sober which he is grateful for. Is currently unemployed and is on benefits. Manages to keep himself occupied. Is keen to start some medication to help his anxiety symptoms mentioned above. We discussed that an anti-depressant could have some positive benefits. I will add special request into the GP's diary for consideration. We discussed side effects and he was encouraged to report this to the surgery if he experiences any. He was also keen to engage in some counselling and was happy to be sign posted to the spark. He appeared reactive in mood and was jovial throughout. No signs of distress. Reports some suicidal thoughts and denied any plan or intent. There was good rapport and his speech was normal in all aspects and there was no evidence of any insight impairing illness.

10-May-2024 Mrs Emma-Louise Pisani (EP) West Kilbride Branch Surgery

Comment Nursing care blood sample taken and ECG updated as requested. Nil acute, reviewed by Fiona and work flowed to Dr Brodie.

10-May-2024 Miss Angela Boyd (ANGB) General Practice Surgery

Result	Erythrocyte sedimentation rate:		
	ESR	2 mm/hour	(No range available)
Result	Thyroid function tests:		
	TSH	1.14 mU/L	(Range: 0.27 - 4.2)
	Free T4	17.6 pmol/L	(Range: 10 - 22)
Result	Test request : C-reactive Protein:		
	CRP <5		(No range available)
Result	Blood sent for serum lipids:		
	LDL Cholesterol	2.5 mmol/L	(No range available)
	Triglyceride	2 mmol/L	(No range available)
	Cholesterol:HDL Ratio	4.4	(No range available)
	HDL Cholesterol	1 mmol/L	(No range available)
	Cholesterol	4.4 mmol/L	(No range available)
Result	Liver function test:		
	Globulin	27 g/L	(Range: 21 - 35)
	Albumin	47 g/L	(Range: 35 - 50)
	Total Protein	74 g/L	(Range: 60 - 80)
	ALT	20 U/L	(Range: 5 - 55)
	AST	21 U/L	(Range: 10 - 45)
	ALP	88 U/L	(Range: 30 - 130)
	Bilirubin	6 µmol/L	(No range available)
Result	Urea and electrolytes:		
	eGFR result/1.73m ² >60		(No range available)
	Chloride	101 mmol/L	(Range: 95 - 108)
	Potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
	Sodium	137 mmol/L	(Range: 133 - 146)
	Creatinine	96 µmol/L	(Range: 50 - 120)
	Urea	8.6 mmol/L	(Range: 2.5 - 7.8)
Result	Full blood count - FBC:		
	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	2.3 10 ⁹ /L	(Range: 1.1 - 5)
	Neutrophils	4.9 10 ⁹ /L	(Range: 1.5 - 6.5)
	Platelets	213 10 ⁹ /L	(Range: 150 - 400)
	MCHC	354 g/L	(Range: 316 - 349)
	MCH	28.2 pg	(Range: 27.3 - 32.6)
	MCV	80 fL	(Range: 82 - 98)
	Haematocrit	0.42 %	(Range: 0.39 - 0.5)
	RBC	5.31 10 ¹² /L	(Range: 4.32 - 5.66)
	White Cell Count	8 10 ⁹ /L	(Range: 3.7 - 9.5)
	Haemoglobin	150 g/L	(Range: 133 - 176)

09-May-2024 Dr Yvonne Brodie (YB16884) Data Entry

History **History** I have patient booked in for review but hasn't had bloods done yet, will need review after bloods and ECG - ive booked in telephone appt with me next week

07-May-2024 Mrs Dawn McKenzie (MCKENZIED) Data Entry

Comment **Comment** ECG added to appt with Nurse and appointment time extended.

03-May-2024 Dr Yvonne Brodie (YB16884) Branch Surgery

History	History long consult multiple issues - first issue is mental health realted, says he was addicted to alcohol and some drug issues for 24 years, he attends AA and has been sober for 19months and feels good about this, he has family members back in his life who he had pusehd away and daughter back in his life, he says he should feel good but often feels irritable and angry, his sponsor has suggested he seek help for his past traumas, he says he was almost mrudered years ago and has other traumas that he doesn't want to discuss just now. He attends AA and often on the 'top table' where he has to speak about his past and feels this brings his trauma to the front of his mind and he feels flat after that - he doesn't know how to deal with the trauma and needs therpy to do this.
Examination	Examination good eye contact, normal rate an rhythm of speech, not distracted, has good isight into the route of his issues and his past. is aware he was self medicating with alcohol in the past
Comment	Comment discussed antidepressants and I think this would be worthwhile but then he mentions issue with his heart in the past and there was a ?over long QT which has made me a bti uneasy prescribing this at the moment. Appt with MHP - f2f preferred so booked for this. may need CMHT for CBT/psychology
History	History says has pain in his chest - discomfort not worse with exertion, not SOB, goes to gym and not worse then, has had for long long time and doesn't come and go, says had collapse 5 years ago and attended AE - note 2019 - had prlonged QT but 24 hour tape after that was normal he DNA'd for echo. Pain he describes does nto sound cardiac in nature but we did discuss caridac type pain and getting advice about this at the time, cardiac pain not likely to be constant for months and not gettiing worse or with other symptoms
Examination	Examination BP112/78 HS pure no murmur
Comment	Comment needs FBC UE Tft LFT ESR CRP cholesterol also prob worth doing an ECG to check QT -admin he should be booked in for bloods could someone call him and book him in for ECG at same time please. f/u arranged with me for results and will ask caridology re echo
History	History says sweats very easily and alto his*****has a prescription for it, will try antiperspirant
Medication	Medication Aluminium Chloride Antiperspirant Spray, 20 % 30 ml TO BE USED AS DIRECTED

02-Apr-2024 Anp Fiona Galloway (FG) Ayrshire Medical GroupMain Surgery

History	History States has a pain in his back when he breathe in - past few days , reporting green sputum, no recent travel. States has reduced his caffine intake, also didn't know he was to continue with the Bladder medication from Urology
Examination	Examination sats 99%ra rr 13 hr 80 temp 36 8 - chest - a few crackle heard at Upper lobes - no wheeze percussion na d- HS I+II+0
Comment	Comment treat for Urti , meds issuedm, Worsening stament issued
Medication	Medication Tamsulosin Hydrochloride M/R capsules 400 micrograms 30 CAPSULE ONE TO BE TAKEN EACH DAY
Medication	Medication Amoxicillin Capsules 500 mg 21 capsule 1 Cap 3 times daily

20-Feb-2024 Mrs Michelle Stevenson (MCS) Ayrshire Medical GroupMain Surgery

Comment	Comment pt informed to collect breath test
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20-Feb-2024 Dr Anthony Higgins (AH16884) Ayrshire Medical GroupMain Surgery

Problem	Tension headache
Examination	Examination P 52, bp 134/75
Problem	Micturition frequency
History	History Persisting despite tamsulosin. Drinks 12 coffees daily.
Comment	Comment Reduce caffein intake.
Problem	Heartburn symptom
History	History Requesting testing for helicobacter.
Comment	Comment Please arrange helicobacter breath test. W
Problem	Anxiousness
Comment	Comment successfully abstaining from alcohol and other drugs for 17 months now. Difficulty relaxing. Has relaxation materials - encouraged to do relaxation exercises regularly during the day not waiting until bed time.

24-Oct-2023 Miss Brogan McAdam (BMC) Ayrshire Medical GroupMain Surgery

Problem	Problem Hematospermia
Comment	Comment No medication issued as ws given prescription at clinic. Added to repeat for future ordering.
Comment	Medication commenced tamsulosin
Result	No follow-up arranged - none required
11-Sept-2023 History	Outpatient letter

24-Aug-2023 Dr Yvonne Brodie (YB16884) Data Entry

History	History HBA1c borderline - called patient - HBA1c 6.0 - same as 2021, patient says he is not overweight so not room to lose weight, advsied in that case try to ensure little glucose intake and repeat HBA1c - 3-6months time
Comment	Comment knows needs FBC in 3 weeks

23-Aug-2023 Anp Fiona Galloway (FG) Ayrshire Medical GroupMain Surgery

Comment	Comment see blood test - all normal - WCC 9.8, called pt and informed of same - will cover for Prostitis, drink plenty fluids and repeat FBC in 3 weeks.
Medication	Medication Ciprofloxacin Tablets 500 mg 28 tablet ONE TO BE TAKEN TWICE A DAY

22-Aug-2023 Anp Fiona Galloway (FG) Ayrshire Medical GroupMain Surgery

History	History as per triage , declined chapperone.
Examination	O/E - BP reading HR 60 sats 97%ra RR 12 temp 36.0 abdo SNT - nil renound nil; gaurding nil renal tenderness no masses felt. percussion nad - testicle exam - NAD - PR exam - NAD - Urine show NVH nil else.
Comment	Comment Ref to Urology UCS - Thank you for seeing this pleasant 39 year old gentleman. He has attended my clinic today reporting Haematosperima for around 1 year. He is alos reporting frequency in passing urine 3-40 times per day along with haematuria and clots. On examaintion his abdomen is SNT with no masses felt and testicles examination is NAD. Pr examination shows a smooth prostate. His urinalysis has NVH and has been sent for C&S. Bloods have been obtained including his PSA. Due to his symptoms I would be grateful if he could be reviewed at your clinic urgently to rule out any sinister cause, many thanks
Examination	Systolic blood pressure 140 mm Hg
Examination	Diastolic blood pressure 80 mm Hg

22-Aug-2023 Anp Fiona Galloway (FG) Ayrshire Medical GroupMain Surgery

Family History	Family History daighter has diabetes,
Comment	Comment Triage call, spoke with pt - pains in calfs (boths) for the past few weeks, not swollen / hot / red. also passing urine a lot - 30/40 times per day. states has noticed that when having sexual intercourse has noticed some blood through his semen (happened a few times) reporting blood clots, reporting haematuria, appoint issued.

22-Aug-2023 Miss Elaine Millar (EMI) General Practice Surgery

Result	(Non Coded Event - GLYCATED HB):		
	Haemoglobin A1c (IFCC)	42 mmol/mol	(Range: 20 - 41)
	Haemoglobin A1c	6 %	(Range: 4 - 5.9)
Result	Prostate specific antigen:		
	PSA	0.8 µg/L	(No range available)
Result	Test request : C-reactive Protein:		
	CRP <5		(No range available)
Result	Bone profile:		
	Phosphate	0.87 mmol/L	(Range: 0.7 - 1.5)
	Adjusted Calcium	2.25 mmol/L	(Range: 2.2 - 2.6)
	Calcium	2.39 mmol/L	(Range: 2.2 - 2.6)
Result	Liver function test:		
	Globulin	26 g/L	(Range: 21 - 35)
	Albumin	47 g/L	(Range: 35 - 50)
	Total Protein	73 g/L	(Range: 60 - 80)
	ALT	19 U/L	(Range: 5 - 55)
	AST	17 U/L	(Range: 10 - 45)
	ALP	98 U/L	(Range: 30 - 130)
	Bilirubin	3 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	3.9 mmol/L	(Range: 3.5 - 5.3)
	Sodium	139 mmol/L	(Range: 133 - 146)
	Creatinine	94 µmol/L	(Range: 50 - 120)
	Urea	5.3 mmol/L	(Range: 2.5 - 7.8)
Result	Test request : Coagulation Screen:		
	Prothrombin time	10 Seconds	(Range: 9 - 12)
	Fibrinogen	2.61 g/L	(Range: 1.8 - 3.6)
	APTT	24 Seconds	(Range: 22 - 28)
Result	Full blood count - FBC:		
	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	2.6 10 ⁹ /L	(Range: 1.1 - 5)
	Neutrophils	6.4 10 ⁹ /L	(Range: 1.5 - 6.5)
	Platelets	202 10 ⁹ /L	(Range: 150 - 400)
	MCHC	342 g/L	(Range: 316 - 349)
	MCH	28.5 pg	(Range: 27.3 - 32.6)
	MCV	83 fL	(Range: 82 - 98)
	Haematocrit	0.45 %	(Range: 0.39 - 0.5)
	RBC	5.41 10 ¹² /L	(Range: 4.32 - 5.66)
	White Cell Count	9.8 10 ⁹ /L	(Range: 3.7 - 9.5)
	Haemoglobin	154 g/L	(Range: 133 - 176)

22-Aug-2023 Miss Elaine Millar (EMI) General Practice Surgery

Result	Urine culture:	
	Culture	No growth
		(No range available)

29-Jun-2023 Mrs Shenagh McKiernan (SMCK) West KilbrideBranch Surgery

Comment	Telephone encounter OTC antihistamines not strong enough.
Medication	Medication Fexofenadine Hydrochloride Tablets 120 mg 30 tablet ONE TO BE TAKEN DAILY
Medication	Medication Sodium Cromoglicate Eye drops 2 % 13.5 ML ONE DROP TO BE USED FOUR TIMES A DAY IN THE AFFECTED EYE(S)
Medication	Medication Beclometasone Aqueous nasal spray 50 micrograms/actuation 200 DOSE TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY

26-Jun-2023 Mrs. Kelly Sturgeon (KSTU) Telephone Consultation

Comment	Comment Tel call: mob - OTC antihistamines not strong enough
Comment	Failed encounter : mobile rang out - unable to leave vm as mailbox full x2 - called home and not home - message left with female that surgery tried to contact patient.

20-Jan-2023 Anp Carrie Davidson (CD) Ayrshire Medical GroupMain Surgery

History	History as per traige attended for assessment Also concerned has to pass urine up to 30 times per day. nil dysuria or haematuria, ***** is type 1 diabetic. nil weight loss. Does drink at least 10 cups of coffee per day.
Examination	Examination pt well, speaking clearly, swallowing without difficulty. temp 36.0 hr 64, rr 15, spo2 98% Throat clear, nil swelling, exudate, inflammation, uvulae central, MM moist.
Comment	Comment reassured viral symptoms, advsd regarding analgesia and review if worseing or persisting symptoms. Advised to reduce caffeine intake and arrange appointment for bloods.

20-Jan-2023 Anp Carrie Davidson (CD) Telephone Consultation

Problem **Problem** Triage call
 History **History** spoke with pt, c/o 1 week h/o sore throat, feels like swallowing "razor blades"; states can see white spot on throat and has h/o tonsillitis. Denies fever. is taking normal diet and fluids. nil rash, nil gastric upset. taking occasional paracetamol. Advised if viral antibiotics not required, F2F review arranged

02-Dec-2022 Dr Ravindra Sondhi (SO) Ayrshire Medical GroupMain Surgery

Problem Letter from Driver and Vehicle Licensing Authority received
 History **History** Discussed alcohol intake I none in 2 years 15 units /week prior to that- only has depression

22-Nov-2022 Ms Robyn Kerr (KER) Ayrshire Medical GroupMain Surgery

Comment Medication requested

17-Jun-2022 Dr Kevin Weaver (KW) Telephone Consultation

History **History** spoke to mum, who said he was not available and would ring back on Monday

06-Jun-2022 Dr Alison Struthers (ALIL) Data Entry

Comment **Comment** further request for zopiclone - declined. suggest r/v of mirtazapine, increasing this may be more appropriate for both mood and sleep. to make gp phone r/v appt

24-May-2022 Ms Robyn Kerr (KER) Ayrshire Medical GroupMain Surgery

Comment Medication requested
 Medication **Medication** Zopiclone Tablets 7.5 mg 7 TABLET ONE TO BE TAKEN AT NIGHT
 Medication **Medication** Mirtazapine Tablets 15 mg 28 TABLET ONE TO BE TAKEN AT NIGHT

04-May-2022 Dr Sunjay Kumar (SKU) Ayrshire Medical GroupMain Surgery

History **History** sr zopiclone issued

27-Apr-2022 Dr Sunjay Kumar (SKU) Ayrshire Medical GroupMain Surgery

History **History** tel triage - pt upset. angry at rpactice. ongoing low mood and poor sleep. feels citalopram not working. agreed to stop 48hr washout then start mirtazapine+sleeping pill ext fit note. wsg
 Attachment **eMED3** (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: depression; Duration: 21/04/2022 - 19/05/2022)*
 Medication **Medication** Zopiclone Tablets 7.5 mg 7 TABLET ONE TO BE TAKEN AT NIGHT

19-Apr-2022 Dr Paul Gallacher (PG) Ayrshire Medical GroupMain Surgery

History **History** Acute request - extend fit note - I note Dr Kumar's entry on 2/4/22 suggesting review of increased dose citalopram in a month (now overdue) and also patient's non-engagement with CMHT. Fit note not issued. To be offered routine appt with Gp please.

24-Mar-2022 Dr Alison Struthers (ALIL) Data Entry

Comment **Comment** fitnote request. note citalopram increased 3/52 ago dn due r/v after 4/52 on this. nil prebooked. fitnote issued. pt to please book appt for GP r/v in 1/52 with Dr Kumar.
 Attachment **eMED3** (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: depressive disorder; Duration: 24/03/2022 - 21/04/2022)*

02-Mar-2022 Dr Sunjay Kumar (SKU) Ayrshire Medical GroupMain Surgery

History **History** tel rv - still feels unfit for work - low mood./anxiety. felt cmht not helpful. offered mhw/link worker rv but pt declines says talking never helps. agreed to increase citalopram to 40gm and tel rv in 4 weeks
 Medication **Medication** Propranolol Hydrochloride Tablets 40 mg 56 tablet ONE TABLET TWICE A DAY
 Medication **Medication** Citalopram Hydrobromide Tablets 40 mg 28 TABLET ONE TO BE TAKEN EACH DAY

25-Feb-2022 Miss Kelly Lindi Morgan (KLM) West Kilbride Branch Surgery

Comment Comment called pt to book TC regarding fitnote extension

24-Feb-2022 Dr Alison Struthers (ALIL) Data Entry

Comment Comment note req for fitnote extension. last clinical r/v Nov 21 almost 4 months ago. on waiting list for cmht. 1/12 extension issued - to please make routine gp phone appt for r/v too.

Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: depressive disorder; Duration: 24/02/2022 - 24/03/2022)

15-Feb-2022 Miss Lynsey Renfrew (LYNR) Telephone Consultation

History History Telephone triage during COVID-19 pandemic - since Saturday terrible sore throat hard to swallow and white spots at back of throat feels hot and cold at times, still managing fluids at present feel unwell

Examination Examination still managing to swallow fluids

Comment Comment Telephone triage during COVID-19 pandemic - imp tonsillitis plan start abx and clear WSG to use OOH if needed advised if symptoms worsen such as unable to open mouth swallow of feel throat closing to call back use OOH. No allergies.

Medication Medication Phenoxymethylpenicillin Tablets 250 mg 40
TABLET TWO TO BE TAKEN FOUR TIMES A DAY

Medication Medication Benzylamine Hydrochloride Oral Rinse
Sugar Free 0.15 % 300 ML RINSE OR GARGLE WITH
15MLS EVERY 1.5 TO 3 HOURS WHEN REQUIRED

02-Feb-2022 Dr Francesca Lee-Mason (FMA) West Kilbride Branch Surgery

Comment Comment Advised GP tel call if concerns re deterioration of his MH.

Medication Medication Propranolol Hydrochloride Tablets 40 mg 56
tablet ONE TABLET TWICE A DAY

05-Jan-2022 Dr Kevin Weaver (KW) Ayrshire Medical Group Main Surgery

Problem Depressive disorder NEC

Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Depressive disorder NEC; Duration: 25/12/2021 - 25/02/2022)

22-Dec-2021 Dr Ravindra Sondhi (SO) Ayrshire Medical Group Main Surgery

History History cannot forward date

Comment Comment fit note extension 21/22 - 8 weeks

15-Dec-2021 Dr Sunjay Kumar (SKU) Ayrshire Medical Group Main Surgery

History History sr citalopram issued within timeframe

Medication Medication Citalopram Hydrobromide Tablets 20 mg 28
TABLET ONE TO BE TAKEN EACH DAY

26-Nov-2021 Dr Sunjay Kumar (SKU) Ayrshire Medical Group Main Surgery

History History sr citalopram+duac. issued

10-Nov-2021 Mr Docman Login *must Be Active* (DOC1) Docman

Attachment Letter encounter
Hospital Letter Community Mental Health Team Mental Health

02-Nov-2021 Mrs Aileen Ballantyne (AIL) Ayrshire Medical GroupMain Surgery

Problem	Depressive disorder NEC
Comment	Comment Telephone triage during COVID-19 pandemic - reports long standing issues with low mood and anxiety worsening over the last 6-8 months. has been unable to leave his home for the last 6 months due to anxiety and panic attacks. His parents are doing his shopping etc. He reports poor sleep with initial insomnia. reports intrusive thoughts that someone is out to harm him, he was previously seriously assaulted some 10 years ago. denies any alcohol or drug use. denies any thoughts, plan or intent of suicide or self harm. became slightly hostile when asked what his expectation of services were as he frequently fta for follow up from mental health services. has not yet started on citalopram, will add in propranolol for anxiety and refer to CMHT requesting a home visit for assessment. worsening advise given
Result	Result Ref to CMHT & Dear colleagues. Thanks for seeing this 37 year old male who has a long hx of anxiety and low mood with past issues of alcohol and drug misuse. Paul denies any recent use of alcohol or illicit drugs. He reports worsening low mood and anxiety symptoms over the last 8 months and has not left his home in over 6 months due to panic attacks. He reports intrusive thoughts that someone may harm him. This is the context of a serious assault some 10 years. He reports regular flashbacks to this incident. Paul lives alone and his parents are doing all his shopping and paying his bills etc. Paul had been non-concordant with his citalopram and propranolol however these have been restarted. Paul has a previous hx of overdose in 2013 and 2019 but denies any current thoughts, plan or intent of suicide or self harm. There is no evidence or report of any psychotic symptoms. Paul is motivated to engage with service but currently would struggle to attend a clinic due to his agoraphobic symptoms. He is aware he will have to opt in for an appt and other option i.e home visit or telephone assessment are available. Regards Aileen Ballantyne ANP &
Medication	Medication Propranolol Hydrochloride Tablets 40 mg 56 tablet ONE TABLET TWICE A DAY

29-Oct-2021 Dr Yvonne Brodie (YB16884) Telephone Consultation

Problem	Depressive disorder NEC
History	History 6 months not getting out the house, a lot of stuff from the past coming into his head, lives alone, no thoughts of harm, not harmed before, not working at moment, cant leave house as feels fearful, not looking after house, eating ok - on and off, not sleeping well, sleeping through the day then up at night, had citalopram in past and thinks it helped, didn't feel benefit from mirtazapine, advised antidepressants longterm, advised can take up to 6 weeks to work, can increase dose at 6 weeks if helping but not completely back to normal. Given appt with ANP mental health next week over phone. & Asking for fit note to be back dated 6 months as issues with housing just now, advised I think unlikely I can do this but I have done a hand written note to confirm his issues, scanned in docman and left at desk.
Attachment	eMED3 (2010) new statement issued, not fit for work <i>FitNote.pdf, (Diagnosis: Depressive disorder NEC; Duration: 29/10/2021 - 24/12/2021)</i>
Medication	Medication Citalopram Hydrobromide Tablets 20 mg 28 TABLET ONE TO BE TAKEN EACH DAY

28-Sept-2021 Mrs Aileen Ballantyne (AIL) Ayrshire Medical GroupMain Surgery

Comment	Failed encounter message left advised he will need to make another appt 14.47
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28-Sept-2021 Mrs Aileen Ballantyne (AIL) Ayrshire Medical GroupMain Surgery

Comment	Failed encounter message left on mobile 14.11hrs
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08-Sept-2021 Dr Sunjay Kumar (SKU) Ayrshire Medical GroupMain Surgery

History	History tel triage - pt c/o bleeding after ejaculation. bloods/mssu/sti screen all negative. I advised for sperm c+s but patient refused - feels too personal. asking for USS. I explained reason for sperm analysis however pt only happy for USS. I will refer for USS.
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08-Sept-2021 Mrs Dawn McKenzie (MCKENZIED) Data Entry

Comment	Comment See entry 20/8 - pt has been for a sexual health screen and this came back negative. Still having same problem - bleeding after he ejaculates.
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30-Aug-2021 Mr Docman Login *must Be Active* (DOC1) Docman

Attachment Letter encounter
UK Covid Test Report UK Covid Results Microbiology Unknown

20-Aug-2021 Dr Kevin Weaver (KW) Telephone Consultation

History **History** concerned on going bleeding after he ejaculates, has been exposed to STI so adv self referral to clinic which his ***** has already attended and told clear

Comment **Comment** WLSK sos

18-Aug-2021 Miss Jennifer Park (PARKJ) General Practice Surgery

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

Result **Liver function test:**
Globulin 23 g/L (Range: 21 - 35)
Albumin 46 g/L (Range: 35 - 50)
Total Protein 69 g/L (Range: 60 - 80)
ALT 18 U/L (Range: 5 - 55)
AST 17 U/L (Range: 10 - 45)
ALP 96 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 99 mmol/L (Range: 95 - 108)
Potassium 4 mmol/L (Range: 3.5 - 5.3)
Sodium 136 mmol/L (Range: 133 - 146)
Creatinine 76 µmol/L (Range: 50 - 120)
Urea 6.6 mmol/L (Range: 2.5 - 7.8)

Result **Full blood count - FBC:**
Basophils 0.1 10⁹/L (No range available)
Eosinophils 0.2 10⁹/L (Range: 0.1 - 0.7)
Monocytes 0.6 10⁹/L (Range: 0.2 - 0.9)
Lymphocytes 1.9 10⁹/L (Range: 1.1 - 5)
Neutrophils 3.9 10⁹/L (Range: 1.5 - 6.5)
Platelets 205 10⁹/L (Range: 150 - 400)
MCHC 346 g/L (Range: 316 - 349)
MCH 28.9 pg (Range: 27.3 - 32.6)
MCV 84 fL (Range: 82 - 98)
Haematocrit 0.43 % (Range: 0.39 - 0.5)
RBC 5.09 10¹²/L (Range: 4.32 - 5.66)
White Cell Count 6.6 10⁹/L (Range: 3.7 - 9.5)
Haemoglobin 147 g/L (Range: 133 - 176)

18-Aug-2021 Mrs. Debbie Watson (DWA) General Practice Surgery

Result **Urine culture:**
Culture No growth (No range available)

17-Aug-2021 Mrs Lorene Morris (LMO) West Kilbride Branch Surgery

Comment Urinalysis = no abnormality Health check, haematuria post sex intercourse , , sent mssu as requested, active, healthy eating, Random bloods sent as requested

Examination Systolic blood pressure 125 mm Hg
Examination Diastolic blood pressure 80 mm Hg
Examination O/E - height 193 cm
Examination O/E - weight 90 Kg
Examination Body Mass Index 24.16

Family History FH: Diabetes mellitus ***** type 1

Social Alcohol consumption 10 units/week

Social Trivial smoker - < 1 cig/day

Social 30 mins/day of at least mod intensity physc activity >= 5 week 5

Read Code Health ed. - diet
Read Code Health ed. - alcohol
Read Code Lifestyle counselling
Read Code Health ed. - diet

16-Aug-2021 Dr Kevin Weaver (KW) Telephone Consultation

History **History** 3 episodes of blood and clots in urine over past few days, some lower abd pains, no other symptoms. adoc dip tested urine and said nad

Examination **Examination** sounds calm and well

Comment **Comment** TCI hor health check and blood tests then review

21-Jun-2021 Dr Saras Murgai (SM16884) Ayrshire Medical Group Main Surgery

History **History** Called, v mail left

21-Jun-2021 Dr Saras Murgai (SM16884) Ayrshire Medical GroupMain Surgery

History History message left with household member on landline.
Mobile not connecting

29-Mar-2021 Mrs Shenagh McKiernan (SMCK) West KilbrideBranch Surgery

History Telephone encounter unable to contact patient as no reception where he works. Advised by family member that he is doing well. Reissued for 1 month and asked for patient to phone and ask for me on a Monday or Tuesday for review of mirtazapine before next issue.

29-Mar-2021 Dr Farah Gilani (GIL) Ayrshire Medical GroupMain Surgery

Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety & depression; Duration: 15/03/2021 - 19/04/2021)

01-Mar-2021 Dr Mark Dunn (MARD) Ayrshire Medical GroupMain Surgery

Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: anxiety with depression; Duration: 01/03/2021 - 15/03/2021)

15-Feb-2021 Dr Kevin Weaver (KW) Telephone Consultation

Problem Anxiety with depression
History History Covid19, cant leave house, not sleeping, universal cred, has a partner, pushing her away, lives alone, was a roofer before lockdown. always been like this, wants to get back to work with father
Comment Comment doesn't want counselling, will try medication, no thoughts of self harm. also tried duac from son and helps acne on face. WLSK 2/52
Medication Medication Mirtazapine Tablets 15 mg 28 TABLET ONE TO BE TAKEN AT NIGHT
Medication Medication Duac Once Daily Gel 5 % + 1 % 25 GRAM APPLY ONCE A DAY IN THE EVENING
Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety with depression; Duration: 15/02/2021 - 01/03/2021)

05-Nov-2020 Dr Sunjay Kumar (SKU) Ayrshire Medical GroupMain Surgery

History History bloods - phosphate 0.6 - satisfactory. others normal. await USS

04-Nov-2020 Miss Jennifer Park (JP) West KilbrideBranch Surgery

Comment Comment Bloods as requested today still awaiting USS
appt advised of results procedure -JP

04-Nov-2020 Miss Jennifer Park (PARKJ) General Practice Surgery

Result	Test request : C-reactive Protein:		
	CRP	6 mg/L	(Range: 2 - 10)
Result	Thyroid function tests:		
	TSH	1.11 mU/L	(Range: 0.27 - 4.2)
	Free T4	16.8 pmol/L	(Range: 10 - 22)
Result	Blood glucose result:		
	Glucose	5.1 mmol/L	(Range: 3.3 - 6)
Result	Bone profile:		
	Phosphate	0.6 mmol/L	(Range: 0.8 - 1.5)
	Adjusted Calcium	2.38 mmol/L	(Range: 2.2 - 2.6)
	Calcium	2.44 mmol/L	(Range: 2.2 - 2.6)
Result	Liver function test:		
	Globulin	30 g/L	(Range: 21 - 35)
	Albumin	43 g/L	(Range: 35 - 50)
	Total Protein	73 g/L	(Range: 60 - 80)
	ALT	17 U/L	(Range: 5 - 55)
	AST	18 U/L	(Range: 10 - 45)
	ALP	114 U/L	(Range: 30 - 130)
	Bilirubin	12 µmol/L	(Range: 3 - 21)
Result	Urea and electrolytes:		
	eGFR result/1.73m2 >60		(No range available)
	Chloride	100 mmol/L	(Range: 95 - 108)
	Potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
	Sodium	140 mmol/L	(Range: 133 - 146)
	Creatinine	89 µmol/L	(Range: 50 - 120)
	Urea	5.1 mmol/L	(Range: 2.5 - 7.8)
Result	Erythrocyte sedimentation rate:		
	ESR	2 mm/hour	(No range available)
Result	Full blood count - FBC:		
	Basophils	0.1 10 ⁹ /L	(No range available)
	Eosinophils	0.4 10 ⁹ /L	(Range: 0.1 - 0.7)
	Monocytes	0.7 10 ⁹ /L	(Range: 0.2 - 0.9)
	Lymphocytes	2 10 ⁹ /L	(Range: 1.1 - 5)
	Neutrophils	5 10 ⁹ /L	(Range: 1.5 - 6.5)
	Platelets	239 10 ⁹ /L	(Range: 150 - 400)
	MCHC	348 g/L	(Range: 316 - 349)
	MCH	29.2 pg	(Range: 27.3 - 32.6)
	MCV	84 fL	(Range: 82 - 98)
	Haematocrit	0.46 %	(Range: 0.39 - 0.5)
	RBC	5.52 10 ¹² /L	(Range: 4.32 - 5.66)
	White Cell Count	8.1 10 ⁹ /L	(Range: 3.7 - 9.5)
	Haemoglobin	161 g/L	(Range: 133 - 176)

22-Oct-2020 Mrs Linda Young (YOUNGL) Data Entry

Comment **Comment** letter sent to make an app for bloods to be taken in 2 weeks time

21-Oct-2020 Mrs Sheila Brown (MCCALLUMS) General Practice Surgery

Result	Urine culture:	
	Culture No growth	(No range available)

20-Oct-2020 Dr Anthony Higgins (AH16884) Ayrshire Medical GroupMain Surgery

History **History** Long h/o right loin pain associated with movement and posture which he related to his height and occupation as a roofer. In recent months - micturition frequency +++. No dysuria. Attended sexual health clinic - STI screen negative.

Examination **Examination** Well. T 36.4c. Abdomen soft, non-tender, no palpable cbladder. Urine - cloudy. Urinalysis normal. Sent for culture.

Comment **Comment** Needs bloods as below. Task to reception to arrange appt. Req - ultrasound kidneys, ureter, bladder. / residual volume. Ultrasound request handwritten and left at reception.

20-Oct-2020 Dr Anthony Higgins (AH16884) Telephone Consultation

History **History** Micturition frequency. Sometimes difficult to pass urine. Several month history of right upper back pain. had sexual health screen at Irvine - all negative. Occasional lower limb pain and paraesthesia in feet.

Comment **Comment** Appt - F2F. 16.10hrs.

24-Sept-2020 Miss Lynsey Renfrew (LYNR) Telephone Consultation

History spoke to patient regarding change in mole small mole noted looks slightly irregular. has been here for a few years

Examination Telephone triage during COVID-19 pandemic -

Comment dermatology referral Dear Dr I would appreciate your review of this man who has a mole on his lower abdomen to the right side approx 2-3 cms from navel. he has had for a few years not since birth. He feels this has become itchy, increased in size and darker. He has dark skin and no family history of skin cancer he uses sunscreen abroad but not in Scotland by his admission. He compares it to the size of an average cigarette tip diameter. I have attached a picture for your review (apologies not to clear) and I would appreciate your expert review. Kind regards Lynsey Renfrew ANP

24-Sept-2020 Mrs Dawn McKenzie (MCKENZIED) Data Entry

Comment email address sent to paulcarroll84 icloud.com

24-Sept-2020 Miss Lynsey Renfrew (LYNR) Data Entry

Comment can we ask for a clearer picture of possible unable to see as out of focus thanks

24-Sept-2020 Mr Docman Login *must Be Active* (DOC1) Docman

Attachment Letter encounter
Picture

17-July-2020 Anp Liam Madigan (LMAD) Ayrshire Medical GroupMain Surgery

Problem ? paronychia

History ? paronychia on Right index finger. Pus noted to be discharging.

Comment Telephone triage during COVID-19 pandemic - systemically well, no fevers or chills. Has noticed erythema, mild swelling and pus coming from nail on Right index finger. Imp: Likely paronychia Plan: Works long hours, unable to attend. Advised Abx 1/52, soak hand and try to release pus. Monitor - if worsens should be reviewed.

Medication Flucloxacillin Capsules 500 mg 28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY

27-Apr-2020 Miss Jennifer Park (JP) Data Entry

Comment Chicken stuck in throat last night - checked with Gp advised coke to try and dislodge but will need to attend a&e -JP

25-Sept-2019 Dr Douglas Soutter (DSO) Data Entry

Problem DNA Mental Health Services.

04-Sept-2019 Dr Douglas Soutter (DSO) West KilbrideMain Surgery

Problem Works Mon to Fri and only binge drinks every 2nd weekend. Content with this and not keen to change. May not go to Addictions, but is aware that is the best way forward. Agree to Promethazine, but declined to Rx hypnotic.

Medication Propranolol Hydrochloride Tablets 40 mg 56 tablet ONE TABLET TWICE A DAY

Medication Promethazine Hydrochloride Tablets 25 mg 7 tablet ONE TABLET AT NIGHT

13-Aug-2019 Mrs Lorene Morris (LMO) West KilbrideMain Surgery

Comment Did not attend - no reason

07-Aug-2019 Dr Karamijit Samra (KJS16884) West KilbrideMain Surgery

History	History struggling with mental health at present. low mood/lack of motivation/poor concentration. lives alone. supportive parents. works for dad but struggling with motivation at present. tells me thinks also has PTSD. was attacked and nearly died 10 years ago- no contact with people ho attacked him since but still on mind and feels never delat with this properly. 'bottled it up'. has seen mental helath team in past as well but felt did not open up to them well. but now feels ready to speak to someone. wants help. has recently been in prison for few months. out now for a month. no acute stress at present but thinks all realted to past events. does get thoughts of not wanting to be here but denies DSH. no plans/intent at present and can keep safe. I note previous OD- nil recent issues. anxiety/occasionla panic attakcs esp leaving house. does binge drink- nto daily but on weekends can go thorough ?couple of cases of lagger (?50 cans over weekend). however this happens about 2 times a month only. not daily. no withdrawla symptoms. occaisional/recreational use cocoaine. does not feel dependent on it. last used alcohol last weekend
Examination	Examination kempt. good eye contact, enagged well. slightly blunted affect. no evidence speech/thought disroder and does not appear under influence at present.
Comment	Comment long supprotive discussion- advised it is gradual process to recovery but needs to engage. discussed risks of alc/drug use- need to reduce alc use as will also adversely affect mentla health. agree to hold off SSRI for now given cardiac risks with alc/drugs. can rv infuture if off these. plan- ref to addictions team for support. in meantiem agree to trial propranolol 40mg BD for anxiety/palnic attakcs. no access to docman at present to look at recent admission/qt- will px at end of clinic once read through notes. otherwise get bloods as below. rv back in 3 weeks to assess. wsg in menatime.
Test Request	Test Request FBC, U and E, LFTs, Bone Profile, TFTs, GGT, Haematinics

14-Mar-2019 Mrs Sheila Brown (MCCALLUMS) Data Entry

Comment	Comment Summary sheet sent to HMP Kilmarnock as requested.
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14-Jan-2019 Dr Sunjay Kumar (SKU16884) West KilbrideMain Surgery

History	History DFH - collapse with alcohol intoxication and cocaine use. o/p echo/24hr tape. no med changes
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06-Dec-2018 Dr Sunjay Kumar (SKU16884) West KilbrideMain Surgery

History	History tel review - patient doing well on 40mg has been doubling up 20mg. therefore needs more. no acute concerns
Medication	Medication Citalopram Hydrobromide Tablets 40 mg 28 TABLET ONE TO BE TAKEN EACH DAY

06-Dec-2018 Dr Sunjay Kumar (SKU16884) West KilbrideMain Surgery

History	History tel appt - mum answered. she said she called in requesting more citalopram. I explained should have another 2 weeks worth. I advised need to speak to patient - no answer on his mobile. she will pass msg onto him to call us back and clarify
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28-Nov-2018 Miss Lynsey Renfrew (ANP16884) Data Entry

Comment	Comment negative screen for C&G
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23-Nov-2018 Miss Lynsey Renfrew (ANP16884) West KilbrideMain Surgery

Problem Suspected UTI suspected
 History **History** Paul attended today stating he thinks he has a urinary infection he feels discomfort and only passing small amount of urine at a time, no other symptoms to note no discharge or pain of testicular pain
 Examination **Examination** he feels well, no back pain no sickness no diarrhoea no loin/groin pain no testicular pain, urinalysis Protein +++ no blood no leuco or nitrites. he is sexually active with a casual partner no recent screen or other symptoms
 Comment **Comment** imp possible urine possible STI Plan - STI screen send MSSU start trim, no allergies, and review after results aware I will call him if needed, also advised of urine retention and to attend hospital or OOH if he feels he is not passing any urine and has low abdominal discomfort. General WSG. To hand in repeat urine sample in a week.
 Medication **Medication** Trimethoprim Tablets 200 mg 14 tablet ONE TO BE TAKEN TWICE A DAY

22-Nov-2018 Dr Sunjay Kumar (SKU16884) West KilbrideMain Surgery

History **History** spoke to patient. no benefit with citalopram yet. not worse. agreed with increase to 40mg and tel review in 2 weeks.

22-Nov-2018 Dr Sunjay Kumar (SKU16884) West KilbrideMain Surgery

History **History** called pt - family member answered. advised to get patient to call me back for review

21-Nov-2018 Dr Sunjay Kumar (SKU16884) West KilbrideMain Surgery

Medication **Medication** Citalopram Hydrobromide Tablets 20 mg 28 TABLET ONE TO BE TAKEN EACH DAY

25-Oct-2018 Dr Sunjay Kumar (SKU16884) West KilbrideMain Surgery

History **History** 1. anxiety/depression - low mood, anxious, tired, poor sleep. still managing work. denies tsh or si. denies alcohol/drugs. previously had good response to citalopram. agreed to re-start and review in 1 month tel appt wsg. 2. low back pain - no acute injury. no red flags. no signs of cauda equina. agreed analgesia and msk referral.
 Medication **Medication** Co-Codamol 30/500 Tablets 30 tablet TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

24-Oct-2018 Dr Sunjay Kumar (SKU16884) West KilbrideMain Surgery

History **History** anxiety symptoms. no red flags. feels can wait until tomorrow for review appt

08-Oct-2018 Mrs Linda Young (YOUNGL) West KilbrideMain Surgery

Comment **Comment** received DVLA form

08-May-2017 Dr Louise Barbour (LBA16884) Telephone Consultation

History **History** asked to phone and speak to mother, unsure why, asked for patient mobile to phone him directly. feeling a little better this afternoon, still feeling mild sob, temp earlier, mild pain to lower back, bow and pu ok, appetite reduced, had toast.
 Comment **Comment** discussed, could be viral, offered appointment this eve but patient declined, thinks he will be ok as feeling a little better this afternoon and planning back to work tomorrow. WSG

26-Apr-2017 Dr Cormac Convery (CC16884) West KilbrideMain Surgery

Problem Breathlessness
 History **History** mucus and out of breath. active job- painter. breathless at night. lives alone
 Examination **Examination** well. tall, relaxed, colour good. hs pure, chest clear, no glands, ENT normal, chest clear.
 Comment **Comment** px and rev if not better
 Medication **Medication** Clarithromycin Tablets 500 mg 14 TABLET ONE TO BE TAKEN TWICE A DAY
 Problem Backache
 History **History** low back. prev RTA. affects work. Number for WHS
 Examination **Examination** touches toes. no scoliosis. no deformity

11-Nov-2016 Mr Mark McCabe (MCCABEM_1716884) Data Entry

Comment Comment t/c from DVLA - sent original request on 14th September and reminder sent on 13th of October, check with Dr Struthers for ETA on completion

12-Oct-2015 Dr Andrew Mackay (AM16884) West KilbrideMain Surgery

Problem Problem lump under left axilla
 History History noticed yesterday. feeling a bit "drained" with it. has had similar previously.
 Examination Examination apyrexial. looks well. not tremulous.
 Comment Comment try fluclox for 1 week. if no better next week come back. hopefully will not need incised. pt happy with plan.
 Medication Medication Flucloxacillin Capsules 500 mg 28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY

02-Feb-2015 Dr Louise Barbour (LBA16884) West KilbrideMain Surgery

History History trying to seek clarification regarding forms from DVLA, has had a letter to say his drivers licence has been suspending (drink driving) and due to hx of alcohol abuse. discussed, advised to phone DVLA for clarification

13-Jan-2015 Dr Lucy Adams (DRADAMS_1716884) Data Entry

History History Rx as per derm letter.
 Medication Medication Erythromycin Stearate tablets 500 mg 28 TABLET ONE TO BE TAKEN TWICE EACH DAY

21-Nov-2014 Dr Douglas Maxwell (DRMAXWELL_16884) West KilbrideMain Surgery

History History small lump right axilla.
 Examination Examination small skin abscess. tender with surrounding erythema.
 Comment Comment on tetracyclines for acne. had abc before that helps. keeping well off alcohol.
 Medication Medication Flucloxacillin Capsules 500 mg 28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY

21-Nov-2014 Mrs Jill Kennedy (JP16884) West KilbrideMain Surgery

Comment Comment phone triage, father phoned, Paul has lump under arm, has had in the past.

12-Nov-2014 Dr Sally Carswell (SC16884) West KilbrideMain Surgery

History History Prescription request
 Medication Medication Lymecycline Capsules 408 mg 56 capsule ONE TO BE TAKEN EACH DAY

15-Oct-2014 Dr Katie Colburn (KC16884) West KilbrideMain Surgery

Problem Problem alcohol dependence. been drinking heavily for 15 years with short periods of sobriety. not been sober much this year, drinking every day, heavy, beer, can drink at work as dad is boss- does exterior wall plastering. mood ok. wanting to stop drinking, no alcohol for 3 days, tremulous, vomiting, no siezures. wanting to go back on something to help addiction. partner almost had enough of him, has small child. given a few days librium to help with detox and refer cat. had acamprosate in past, could drink on it without any side effects, didn't work.
 Medication Medication Chlordiazepoxide Hydrochloride Capsules 10 mg 1 capsule ONE TABLET QDS FOR 1 DAY THEN ONE TABLET TDS FOR 1 DAY THEN ONE TABLET BD FOR 1 DAY THEN ONE TABLET OD THEN STOP

23-Sept-2014 Dr Douglas Maxwell (DRMAXWELL_16884) West KilbrideMain Surgery

History History acne. facial. 7 yrs. getting worse.
 Examination Examination marked scarring and new pustules.
 Comment Comment convert abx and refer derm ?? roaccutane.
 Medication Medication Lymecycline Capsules 408 mg 56 capsule ONE TO BE TAKEN EACH DAY

28-Aug-2014 Dr Heather Watson (HW16884) West KilbrideMain Surgery

Medication Medication Oxytetracycline Tablets 250 mg 56 TABLET TAKE AS DIRECTED

16-July-2014 Dr Louise Barbour (LBA16884) Data Entry

History History prescription request
 Medication Medication Oxytetracycline Tablets 250 mg 56 TABLET TAKE AS DIRECTED

08-Apr-2014 Dr Douglas Maxwell (DRMAXWELL_16884) West KilbrideMain Surgery

History **History** Doing better. Partner moved back in. off alcohol - been to pub with pals but only drank coke. working extra hours for dad - roofing and roughcasting. keeping occupied. Missed appointment with addictions but feels well supported with girlfriend.

Comment **Comment** continue meds. will phone for next then see afterwards.

08-Apr-2014 Mrs Gwen Garvie (GARVIEG_1716884) Telephone Consultation

Comment **Comment** s/w mum-needs to discuss medication with Dr Maxwell

19-Mar-2014 Dr Douglas Maxwell (DRMAXWELL_16884) West KilbrideMain Surgery

History **History** seeing addictions team. partner and daughter left last week. got paid on Friday then went on bender. still talking. discussed acamprosate with alcohol team. keen to try. LFTs last month normal. loss of control over alcohol. going to stay with mum to supervise meds.

Comment **Comment** 2 wks supply and review.

Medication **Medication** Citalopram Hydrobromide Tablets 20 mg 28 TABLET ONE TO BE TAKEN EACH DAY

Medication **Medication** Acamprosate Calcium E/c tablets 333 mg 168 TABLET TWO TO BE TAKEN THREE TIMES A DAY

19-Mar-2014 Mr Mark McCabe (MCCABEM_1716884) Data Entry

Comment **Comment** Medical records review for dep. register, low mood -

03-Mar-2014 Dr Heather Watson (HW16884) West KilbrideMain Surgery

Problem **Problem** doing much better, no alcohol. back together with gf and living with family again. seeing alcohol counsellor tomorrow, motivated. no thoughts dsh

Examination **Examination** good ec motivated

Comment **Comment** continue on ad- await alcohol team input, see back 2 weeks, sooner if needed. doing better,

Medication **Medication** Citalopram Hydrobromide Tablets 20 mg 14 tablet ONE TO BE TAKEN EACH DAY

24-Feb-2014 Dr Heather Watson (HW16884) West KilbrideMain Surgery

Problem **Problem** took mixed od at weekend, citalopram and oxytetracycline - seen by hospital. binge drinking - recent split from gf. here with mum. didn't want to die - seeking help after od - looking for help to stop drinking. been a problem for a long time. staying with mum now. good ec no suicidal thoughts.

Examination **Examination** good ec, interacting well, no psychosis.

Comment **Comment** adv if taking od will not be able to prescribe medication. mum offered to take charge of prescriptions but adv he needs to take responsibility. self refer ayrshire council on alcohol. see next week. long discussion re taking responsibility for his drinking.

Medication **Medication** Citalopram Hydrobromide Tablets 20 mg 7 tablet ONE TO BE TAKEN EACH DAY

Medication **Medication** Oxytetracycline Tablets 250 mg 28 tablet TAKE AS DIRECTED

22-Jan-2014 Dr Stephanie Gillespie (SG16884) West KilbrideMain Surgery

History **History** patient attends today with partner for review. doing well on citalopram. keen to continue. managed well over Christmas/New Year period. one episode of binge drinking only.

Examination **Examination** good eye contact and rapport throughout consultation.

Comment **Comment** continue on citalopram. review in ~4 months again or sooner if required.

Comment **Comment** repeat prescription of ABx for acne. using 2 in mane only really. noticed deterioration in skin if misses doses. continue.

Medication **Medication** Citalopram Hydrobromide Tablets 20 mg 56 tablet ONE TO BE TAKEN EACH DAY

Medication **Medication** Oxytetracycline Tablets 250 mg 112 tablet 2 TAB BD

12-Dec-2013 Dr Stephanie Gillespie (SG16884) West KilbrideMain Surgery

History *History* patient attends today with partner for review of citalopram. feels better on them. partner in agreement. continues to have good and bad days - but better balance now. both mentioned that alcohol is a trigger for him. can go on a 'bender' for 3 days at a time. aware that this has a detrimental effect on his mood. describes binges. does not affect work. not much work about at the moment and aware that this is also lowering his mood as pressure on family and finances. partner very supportive. keen to continue on medications. no thoughts of DSH or suicide.

Examination *Examination* good rapport. good eye contact throughout consultation. insight appears intact.

Comment *Comment* continue on citalopram. advised to make review appt in 7-8 weeks time. sooner if required. long discussion re. alcohol. aware that he needs to cut this out/keep to a minimum and stressed detrimental effect on mood. discussed CMHT - not keen for referral but states that this may have a role at some point, just not now. understanding and happy with plan.

Medication *Medication* Citalopram Hydrobromide Tablets 20 mg 56 tablet ONE TO BE TAKEN EACH DAY

Medication *Medication* Oxytetracycline Tablets 250 mg 112 tablet 2 TAB BD

07-Nov-2013 Dr June Caskie (DRCASKIE_116884) West KilbrideMain Surgery

Problem *Problem* prescription request - needs seen re Citalopram- never returned after Aug consultation- see before next no more

Medication *Medication* Citalopram Hydrobromide Tablets 20 mg 28 TABLET ONE TO BE TAKEN EACH DAY

Medication *Medication* Oxytetracycline Tablets 250 mg 112 tablet 2 TAB BD

07-Oct-2013 Dr Douglas Maxwell (DRMAXWELL_16884) Data Entry

History *History* prescription request - ask for review

10-Sept-2013 Dr Douglas Maxwell (DRMAXWELL_16884) Data Entry

History *History* prescription request

30-Aug-2013 Mrs Julie McLaughlan (MCLAUGHLAN16884) Data Entry

Comment *Comment* DNA for Smoking cessation rev.

20-Aug-2013 Mr Docman -Do-not-delete (DOC116884) Docman**16-Aug-2013 Dr Douglas Maxwell (DRMAXWELL_16884) West KilbrideMain Surgery**

History *History* read up on SSRI. happy with effects/se etc. counselled again re duration and expected 3-4 wks for best effect.

Comment *Comment* review 3 wks time.

Medication *Medication* Citalopram Hydrobromide Tablets 20 mg 28 TABLET ONE TO BE TAKEN EACH DAY

14-Aug-2013 Dr Douglas Maxwell (DRMAXWELL_16884) West KilbrideMain Surgery

History *History* depressive symptoms, since May. partner pregnant - due September. self employed roofer - lack of work at present. some good days. anxious and always thinking worst case scenario. live here 6 yrs - in house alone, partner moving in soon. . alchol to excess twice weekly binges, nil reg. no drugs. forensic hx - worried that this may be related.

Examination *Examination* good e/c. partner doing most speaking. upset and stresed.

Comment *Comment* discussed CBT/meds. info sheet given. review Friday.

History *History* lower abdo pain. intermittent. bowels normal. had bloods not back yet.

Examination *Examination* abdo soft, mild tenderness suprapuically.

Comment *Comment* check MSSU routinely.

14-Aug-2013 Mrs Gwen Garvie (GARVIEG_1716884) Telephone Consultation

Comment *Comment* Low mood

14-Aug-2013 Dr Douglas Maxwell (DRMAXWELL_16884) General Practice Surgery

Read Code WML document Antidepressants - SSRIs Printed

13-Aug-2013 Dr Douglas Maxwell (DRMAXWELL_16884) Data Entry

History History prescription request
 Medication Medication Nicotine Transdermal patches 21 mg/24 hrs
 14 patch ONE PATCH TO BE APPLIED EACH DAY AS
 DIRECTED
 Medication Medication Nicorette Inhalator Inhalation cartridge with
 mouthpiece 15 mg/cartridge 20 cartridge USE AS
 DIRECTED

12-Aug-2013 Mrs Lynn Owens (OVENSL_17116884) West KilbrideMain Surgery

Comment Comment Bloods checked as requested. Also smoking
 cessation, stopped last year with use of combination
 therapy NRT patches & inhalator. Currently smoking
 over 20cpd. Keen to restart on patches & inhalator.
 Will organise script with GP and review in 2/52.

06-Aug-2013 Dr Heather Watson (HW16884) West KilbrideMain Surgery

Problem Problem here for oxytetracycline, works well for skin
 been on for 4 years stopped recently and skin got worse.
 recent od, under influence of alcohol. financial stress++
 problems at work but working again and making money
 feeling much better, embarrassed, stupid thing to do. no
 further suicidal thoughts. feeling tired wanting bloods
 checked lost weight but eating regularly no other
 symptoms.
 Examination Examination bright reactive good ec
 Comment Comment rpt meds, bloods fbc ue tfts rv as required
 Medication Medication Oxytetracycline Tablets 250 mg 112 tablet 2
 TAB BD

05-Aug-2013 Dr Susan Howie (DRHOWIE_1716884) Data Entry

Comment Comment Request for Oxytetracycline. Not been seen for
 over a year and see recent OD. Ask to make appt for
 review.

29-July-2013 Dr June Caskie (DRCASKIE_116884) West KilbrideMain Surgery

Problem Problem See CPN assessment; regretful self poisoning
 under the influence of alcohol

03-Apr-2013 Dr Susan Howie (DRHOWIE_1716884) Data Entry

Comment Comment prescription request.
 Medication Medication Oxytetracycline Tablets 250 mg 112 tablet 2
 TAB BD

24-Jan-2013 Dr Lucy Adams (DRADAMS_1716884) Data Entry

History History Rx req.
 Medication Medication Oxytetracycline Tablets 250 mg 112 tablet 2
 TAB BD

17-Dec-2012 Dr John Kyle (JK16884) West KilbrideMain Surgery

History History Prescription request.
 Medication Medication Oxytetracycline Tablets 250 mg 112 tablet 2
 TAB BD

01-Oct-2012 Dr Douglas Maxwell (DRMAXWELL_16884) Data Entry

History History prescription request
 Medication Medication Oxytetracycline Tablets 250 mg 112 tablet 2
 TAB BD

21-Aug-2012 Dr Douglas Maxwell (DRMAXWELL_16884) Data Entry

History History prescription request

04-July-2012 Dr Douglas Maxwell (DRMAXWELL_16884) West KilbrideMain Surgery

History History 2 small skin abscess under left axilla. tender. not
 pointing as yet. well. last 1 drained. no abscess elsewhere
 or in past. smoker.
 Examination Examination tender 2 cm superficial abscesses. not far
 from draining. no cellulitis.
 Comment Current smoker 20/day.
 Medication Medication Flucloxacillin Capsules 500 mg 40 capsule
 ONE TO BE TAKEN FOUR TIMES A DAY
 Medication Medication Nicotine Inhalation cartridge with mouthpiece
 (starter pack) 10 mg/cartridge 6 CARTRIDGE TO BE
 USED AS DIRECTED
 Read Code Smoking cessation advice
 Read Code Smoking cessation therapy

03-July-2012 Mrs Gwen Garvie (GARVIEG_1716884) Telephone Consultation

Comment **Comment** s/w mum-? another 2 axillary abscesses- unable to come to surgery this morning-appt given for tomorrow

10-May-2012 Mrs Lynn Owens (OVENSL_17116884) West KilbrideMain Surgery

Comment **Comment** Had L axilla abscess drained on Tuesday night, removed dressing himself this morning. Area looks clean, no further collection under skin. No dressing required. Have doubled up ABx as instructed at hosp. Advice given, knows to contact us if any changes or concerns.

09-May-2012 Mrs Gwen Garvie (GARVIEG_1716884) Telephone Consultation

Comment **Comment** requesting appt for wound check tomorrow- same given

04-May-2012 Dr Mary Duckworth (DRMD16884) West KilbrideMain Surgery

History **History** - red lump several days. Feels well in self
 Examination **Examination** abscess approx 1" diam, beginning to localise L axilla, no tracking
 Comment **Comment** Rx options discussed - would prefer mag sulph dressing until pointing and I+D at A+E prn over wknd
 Medication **Medication** Magnesium Sulphate Paste 25 GRAM TO BE USED AS DIRECTED

04-May-2012 Mrs Julie McLaughlan (MCLAUGHLAN16884) Telephone Consultation

Comment **Comment** ? Abcess. Appt given for GP rev.

28-Mar-2012 Dr Douglas Maxwell (DRMAXWELL_16884) Data Entry

History **History** prescription request
 Medication **Medication** Oxytetracycline Tablets 250 mg 112 tablet 2 TAB BD

14-Feb-2012 Dr Douglas Maxwell (DRMAXWELL_16884) Data Entry

History **History** prescription request
 Medication **Medication** Oxytetracycline Tablets 250 mg 112 tablet 2 TAB BD

05-Jan-2012 Dr June Caskie (DRCASKIE_116884) West KilbrideMain Surgery

Problem **Problem** Req NRT; seen by DR S in Nov; script; see nurse in 2 weeks please
 Medication **Medication** Nicotine Transdermal patches 15 mg/16 hrs 14 patch ONE PATCH TO BE APPLIED EACH DAY

15-Nov-2011 Dr Alison Struthers (ALIL) West KilbrideMain Surgery

History **History** long list. 1. keen to quite smoking - prev 2/52 px last yr for NRT then stopped, req tabs to hlp quit - adv needs to try for longer with NRT first. smokign 20 cpd - try patches again, nurse r/v in 2/52. 2. rpt oxytet. tried stopping and skin flared - adv once skin settled to grad wean off. 3. cough for 3/25 + sweats. no cp. 4. lumbar back paind for last 2yrs. bit worse for last 6/12. manual labourere. no radiation. one off tingling in lt buttock. no weakness.
 Examination **Examination** chest -good ae bilat, no creps/wheeze. T35.8 skin - mild ance, old scare, few papulae on face. back - FROM, no tendernss. sore upper lumbar area. Tone/power/reflexs all norm. Tall - 6ft 4.
 Comment **Comment** adv abx for urti. try patches. adv workign health services for physio re mech back pain.
 Medication **Medication** Oxytetracycline Tablets 250 mg 112 tablet TAKE AS DIRECTED
 Medication **Medication** Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY
 Medication **Medication** Nicotine Transdermal patches 15 mg/16 hrs 14 patch ONE PATCH TO BE APPLIED EACH DAY

28-Oct-2011 Dr June Caskie (DRCASKIE_116884) West KilbrideMain Surgery

Problem **Problem** given enough until appoint
 Medication **Medication** Oxytetracycline Tablets 250 mg 56 tablet 2 TAB BD

30-Aug-2011 Dr Douglas Maxwell (DRMAXWELL_16884) Data Entry

History **History** prescription request for acne - due to be reviewed. see before next script if possible.
 Medication **Medication** Oxytetracycline Tablets 250 mg 112 tablet 2 TAB BD

25-July-2011 Dr Mhairi McCulloch (DRMCCULLOC16884) Data Entry

History **History** px request
 Medication **Medication** Oxytetracycline Tablets 250 mg 112 TABLET TWO TO BE TAKEN TWICE A DAY

22-Jun-2011 Mrs Gwen Garvie (GARVIEG_1716884) West KilbrideMain Surgery

Comment **Comment** Smoking cessation review-has had a couple of cigarettes but not enjoyed them or finished them.Chat re coping mechanisms,review 2/52

07-Jun-2011 Mrs Lynn Owens (OVENSL_17116884) West KilbrideMain Surgery

Comment **Comment** Smoking cessation - keen to stop smoking, has used NRT patches in the past and this has worked for him, managed to stop for a few months. Feels he is more motivated this time around. Method and possible s e discussed. Wants to start tonight. Script arranged with GP, review in 2/52.
 Medication **Medication** Nicotinell Tts 30 Transdermal patches 52.5 mg (21 mg/24 hours) 14 patch APPLY AS DIRECTED

31-May-2011 Dr Douglas Maxwell (DRMAXWELL_16884) Data Entry

History **History** prescription request oxytet

07-Apr-2011 Dr Alison Struthers (ALIL) West KilbrideMain Surgery

History **History** c/o probelmatic facial acne. Had 6/12 ago whilst in prison and px panoxyl + oxtet that fully cleared skin. Face affected. Skin sore. occas systs and some scars.
 Examination **Examination** Numerous papules and pustules all over face.
 Comment **Comment** imp - mod acne. suggest restart oxytet. as skin sore adv again panoxyl at present. r/v in 4/52.
 Medication **Medication** Oxytetracycline Tablets 250 mg 112 TABLET TWO TO BE TAKEN TWICE A DAY

17-Mar-2011 Mrs Julie McLaughlan (MCLAUGHLAN16884) Telephone Consultation

Comment **Comment** Spoke with Mum. Devolped rash on face earlier in the week. Needs GP reev. Appt given for tomorrow.

11-Feb-2010 Dr Lucy Adams (DRADAMS_1716884) The Surgery

History **Data Entry** [ETK1]: SCI Electronic Referral priority=2
 History **Referral for further care** *Referred To: Crosshouse Hospital, NHS. Referral Type: Out Patient. Speciality Type: Trauma and Orthopaedic Surgery. Referral Nature: Not Specified. , Referral Reason: see below. Referral Type: Unknown (0)*

11-Feb-2010 Dr Lucy Adams (DRADAMS_1716884) The Surgery

History **Data Entry** [ETK1]: SCI Electronic Referral priority=2
 History **Referral for further care** *Referred To: AYRSHIRE CENTRAL HOSPITAL, NHS. Referral Type: Out Patient. Speciality Type: SCI Specialty. Referral Nature: Not Specified. , Referral Reason: see below. Referral Type: Unknown (0)*

09-Feb-2010 Dr Lucy Adams (DRADAMS_1716884) The Surgery

History **Encounter** [ETK0]: priority=2

09-Feb-2010 Dr Lucy Adams (DRADAMS_1716884) The Surgery

History **Encounter** [ETK0]: priority=2

03-Feb-2010 Dr D Registrar (DRDUCKWORT16884) The Surgery

History **Encounter** [ETK0]: acne - zineryt 2] R shoulder dislocated again x2 on holiday , playing water polo - able to "get it back in again " quickly without hospitalisation. Worried will keep happening Refer physio and ortho priority=2

27-Nov-2009 Nurse1 (Nurse1_17116884) The Surgery

History **Encounter** [ETK0]: bloods taken as requested, urinalysis NAD.LO priority=2

26-Nov-2009 Dr Registrar 2 (DrOwen_17116884) The Surgery

History Encounter [ETK0]: MED3 issued until 3/12/09 R eye injury. returning to community service then. also c/o L loin pain following assault. no LUTS. no dysuria. no haematuria. O/E: no spine tenderness. sl tender over L loin nil else. Plan : bloods (form done) urine dip +/- MSU. priority=2

13-Nov-2009 Dr Lucy Adams (DRADAMS_17116884) The Surgery

History Encounter [ETK0]: 1. Under probation (Kilmarnock); Turnaround involved; drinks until pass out; mixture; motivated now; lives with parents; has girl friend; no rec drugs; 2. Quite severe acne on face; pustular; comedones; also += ice pick scars; as compliance w oxy poor prev try Doxy and skinoren; if became abstinent could be referred for ro-acutane priority=2

13-Nov-2009 Dr June Caskie (DRCASKIE_116884) The Surgery

History Encounter [ETK0]: asked for med 3 " R eye injury"; 7/7 priority=2

13-Nov-2009 Nurse1 (Nurse1_17116884) The Surgery

History Encounter [ETK0]: ROS x 3 from right supra orbital area-healed, advice given re future care of same, see prn-GG priority=2

11-Feb-2009 Nurse1 (Nurse1_17116884) The Surgery

History Encounter [ETK0]: very slight gaping in centre of wound-so middle 2 sutures left in situ until Friday-remaining 4 removed easily-advice-GG priority=2

06-Feb-2009 Nurse1 (Nurse1_17116884) The Surgery

History Encounter [ETK0]: Attending for ROS to thumb, approx 10 sutures, wound looks clean but gaping, sutures in situ for 6 days, advised to leave and return on Monday for removal of ?alternate sutures. LO priority=2

23-Jan-2008 Dr Susan Howie (DRHOWIE_17116884) The Surgery

History Encounter [ETK0]: Rx nicorette 15. priority=2

23-Jan-2008 Nurse1 (Nurse1_17116884) The Surgery

History Encounter [ETK0]: Basic values updated. Wishes NRT patches. Keen to start today as hasn't smoked for 2 days. JM priority=2

History Body mass index 20-24 - normal Disease: SPICE Basic Health Values, priority=2

History Current smoker Disease: SPICE Basic Health Values, priority=2

History Smoking cessation advice Disease: SPICE Basic Health Values, priority=2

History No FH: Ischaemic heart disease Disease: SPICE Basic Health Values, priority=2

History No family history diabetes Disease: SPICE Basic Health Values, priority=2

History Alcohol intake within recommended sensible limits Disease: SPICE Basic Health Values, priority=2

History Enjoys moderate exercise Disease: SPICE Basic Health Values, priority=2

History Urinalysis = no abnormality Urinalysis - Repeat after an interval

History O/E - height Disease: SPICE Basic Health Values 193

History O/E - weight Disease: SPICE Basic Health Values 80

History O/E - height 193

History O/E - weight 80

16-Jan-2008 Nurse1 (Nurse1_17116884) The Surgery

History Encounter [ETK0]: DNA-NURSE for NRT-GG priority=2

11-Jan-2008 Dr Lucy Adams (DRADAMS_17116884) The Surgery

History Encounter [ETK0]: priority=2

Problem Notes summary on computer

25-May-2000 Problem Hydrocele Bilateral

24-July-1985 Problem Croup

11-Jan-2008 Mrs Fiona Decourcy (DECOURCYF) The Surgery

History	Data Entry [ETK1]: priority=2
23-Sept-2007 Problem	Dislocation of shoulder NOS Right
18-May-2007 Problem	Dislocation of shoulder NOS Right
31-July-2002 Problem	Head injury
31-July-2002 Problem	CT scan brain - normal following head injury
31-July-2002 Problem	Fixation of mandible open reduction and internal fixation fracture left mandible following assault
31-July-2002 Problem	Primary repair of tendon extensor tendon left index finger repaired following assault
05-Oct-2000 Problem	Jaboulay's eversion of hydrocele Bilateral
23-July-2000 Problem	Head injury

10-Jan-2008 Dr D Registrar (DRDUCKWORT16884) The Surgery

History	Encounter [ETK0]: First Reg and Acne over the face. Also req for Nicotine patches. On exam well looking afebrile. BP 110/70mmHg. Acne scars over the cheeks. P=Rx+Nurse's appoint for Smoking cessation. priority=2
History	Systolic blood pressure 110
History	Diastolic blood pressure 70

10-Jan-2008 ReceptionL (ReceptionL16884) The Surgery

History	Data Entry [ETK1]: Automatically generated by transaction priority=2
Problem	Patient MRE received from HB priority=1

07-Dec-2007 UnknownUser (UnknownUse16884) The Surgery

History	Data Entry [ETK1]: Automatically generated by transaction priority=2
Problem	Pat. GP7B/GP8B card from HB priority=1

06-Dec-2007 Mrs Isabel Frame (FRAMEI_17116884) The Surgery

History	Data Entry [ETK1]: Automatically generated by transaction priority=2
Problem	Patient reg. form sent to HB priority=1

Medications (inc. issues)

Acute

Repeat

20-May-2026 Mirtazapine Tablets 15 mg
56 tablet - ONE TO BE TAKEN AT NIGHT

18-May-2026 Duac Once Daily Gel 5 % + 1 %
25 GRAM - APPLY ONCE A DAY IN THE EVENING

10-Feb-2026 Mirtazapine Tablets 15 mg
56 tablet - ONE TO BE TAKEN AT NIGHT

03-Dec-2025 Duac Once Daily Gel 5 % + 1 %
25 GRAM - APPLY ONCE A DAY IN THE EVENING

03-Dec-2025 Mirtazapine Tablets 15 mg
56 tablet - ONE TO BE TAKEN AT NIGHT

15-Oct-2025 Duac Once Daily Gel 5 % + 1 %
25 GRAM - APPLY ONCE A DAY IN THE EVENING

30-Sept-2025 Mirtazapine Tablets 15 mg
56 tablet - ONE TO BE TAKEN AT NIGHT

30-Sept-2025 Duac Once Daily Gel 5 % + 1 %
25 GRAM - APPLY ONCE A DAY IN THE EVENING

30-Sept-2025 Duac Once Daily Gel 5 % + 1 %
25 GRAM - APPLY ONCE A DAY IN THE EVENING

30-Sept-2025 Mirtazapine Tablets 15 mg
56 tablet - ONE TO BE TAKEN AT NIGHT

Past

30-Sept-2025 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY 3 TIMES DAILY

30-Sept-2025 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY 3 TIMES DAILY

11-Sept-2025 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

02-July-2025 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

24-Apr-2025 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

28-Feb-2025 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

28-Feb-2025 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

19-Feb-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT- PLEASE BOOK IN FOR MOOD REVIEW

13-Jan-2025 Duac Once Daily Gel 5 % + 1 % Acute Medication (Past)
25 GRAM - APPLY ONCE A DAY IN THE EVENING

13-Jan-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT- PLEASE BOOK IN FOR MOOD REVIEW

13-Jan-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT- PLEASE BOOK IN FOR MOOD REVIEW

13-Jan-2025 Duac Once Daily Gel 5 % + 1 % Acute Medication (Past)
25 GRAM - APPLY ONCE A DAY IN THE EVENING

10-Oct-2024 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

09-Oct-2024 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

24-Sept-2024 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

24-Sept-2024 Duac Once Daily Gel 5 % + 1 % Acute Medication (Past)
25 GRAM - APPLY ONCE A DAY IN THE EVENING

24-Sept-2024 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

20-Aug-2024 Duac Once Daily Gel 5 % + 1 % Acute Medication (Past)
25 GRAM - APPLY ONCE A DAY IN THE EVENING

20-Aug-2024 Duac Once Daily Gel 5 % + 1 % Acute Medication (Past)
25 GRAM - APPLY ONCE A DAY IN THE EVENING

20-Aug-2024 Duac Once Daily Gel 5 % + 1 % Acute Medication (Past)
25 GRAM - APPLY ONCE A DAY IN THE EVENING

06-Jun-2024 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

06-Jun-2024 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

10-May-2024 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

10-May-2024 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

03-May-2024 Aluminium Chloride Antiperspirant Spray, 20 % Acute Medication (Past)
30 ml - TO BE USED AS DIRECTED

03-May-2024 Aluminium Chloride Antiperspirant Spray, 20 % Acute Medication (Past)
30 ml - TO BE USED AS DIRECTED

02-Apr-2024 Duac Once Daily Gel 5 % + 1 % Acute Medication (Past)
25 GRAM - APPLY ONCE A DAY IN THE EVENING

02-Apr-2024 Duac Once Daily Gel 5 % + 1 % Acute Medication (Past)
25 GRAM - APPLY ONCE A DAY IN THE EVENING

02-Apr-2024 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 capsule - 1 Cap 3 times daily

02-Apr-2024 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 capsule - 1 Cap 3 times daily

02-Apr-2024 Tamsulosin Hydrochloride M/R capsules 400 micrograms Repeat Medication (Past)
30 CAPSULE - ONE TO BE TAKEN EACH DAY

24-Oct-2023 Tamsulosin Hydrochloride M/R capsules 400 micrograms Repeat Medication (Past)
30 CAPSULE - ONE TO BE TAKEN EACH DAY

23-Aug-2023 Ciprofloxacin Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY

23-Aug-2023 Ciprofloxacin Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY

29-Jun-2023 Sodium Cromoglicate Eye drops 2 % Acute Medication (Past)
13.5 ML - ONE DROP TO BE USED FOUR TIMES A DAY IN THE AFFECTED EYE(S)

29-Jun-2023 Fexofenadine Hydrochloride Tablets 120 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN DAILY

29-Jun-2023 Sodium Cromoglicate Eye drops 2 % Acute Medication (Past)
13.5 ML - ONE DROP TO BE USED FOUR TIMES A DAY IN THE AFFECTED EYE(S)

29-Jun-2023 Beclometasone Aqueous nasal spray 50 micrograms/actuation Acute Medication (Past)
200 DOSE - TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY

29-Jun-2023 Beclometasone Aqueous nasal spray 50 micrograms/actuation Acute Medication (Past)
200 DOSE - TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY

29-Jun-2023 Fexofenadine Hydrochloride Tablets 120 mg Repeat Medication (Past)
30 tablet - ONE TO BE TAKEN DAILY

22-Nov-2022 Duac Once Daily Gel 5 %+ 1 % Acute Medication (Past)
25 GRAM - APPLY ONCE A DAY IN THE EVENING

22-Nov-2022 Duac Once Daily Gel 5 %+ 1 % Acute Medication (Past)
25 GRAM - APPLY ONCE A DAY IN THE EVENING

22-Nov-2022 Duac Once Daily Gel 5 %+ 1 % Acute Medication (Past)
25 GRAM - APPLY ONCE A DAY IN THE EVENING

24-May-2022 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

24-May-2022 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

04-May-2022 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

04-May-2022 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

27-Apr-2022 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

27-Apr-2022 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

27-Apr-2022 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

27-Apr-2022 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

19-Apr-2022 Citalopram Hydrobromide Tablets 40 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

19-Apr-2022 Citalopram Hydrobromide Tablets 40 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

19-Apr-2022 Propranolol Hydrochloride Tablets 40 mg Repeat Medication (Past)
56 tablet - ONE TABLET TWICE A DAY

02-Mar-2022 Citalopram Hydrobromide Tablets 40 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

02-Mar-2022 Citalopram Hydrobromide Tablets 40 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

02-Mar-2022 Propranolol Hydrochloride Tablets 40 mg Repeat Medication (Past)
56 tablet - ONE TABLET TWICE A DAY

15-Feb-2022 Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 % Acute Medication (Past)
300 ML - RINSE OR GARGLE WITH 15MLS EVERY 1.5 TO 3 HOURS WHEN REQUIRED

15-Feb-2022 Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 % Acute Medication (Past)
300 ML - RINSE OR GARGLE WITH 15MLS EVERY 1.5 TO 3 HOURS WHEN REQUIRED

15-Feb-2022 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
40 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY

15-Feb-2022 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
40 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY

02-Feb-2022 Propranolol Hydrochloride Tablets 40 mg Repeat Medication (Past)
56 tablet - ONE TABLET TWICE A DAY

15-Dec-2021 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

26-Nov-2021 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

26-Nov-2021 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

26-Nov-2021 Duac Once Daily Gel 5 %+ 1 % Acute Medication (Past)
25 GRAM - APPLY ONCE A DAY IN THE EVENING

26-Nov-2021 Duac Once Daily Gel 5 %+ 1 % Acute Medication (Past)
25 GRAM - APPLY ONCE A DAY IN THE EVENING

24-Nov-2021 Propranolol Hydrochloride Tablets 40 mg Repeat Medication (Past)
56 tablet - ONE TABLET TWICE A DAY

02-Nov-2021 Propranolol Hydrochloride Tablets 40 mg Repeat Medication (Past)
56 tablet - ONE TABLET TWICE A DAY

29-Oct-2021 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

29-Oct-2021 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

29-Mar-2021 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

29-Mar-2021 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

15-Feb-2021 Duac Once Daily Gel 5 % + 1 % Acute Medication (Past)
25 GRAM - APPLY ONCE A DAY IN THE EVENING

15-Feb-2021 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

15-Feb-2021 Duac Once Daily Gel 5 % + 1 % Acute Medication (Past)
25 GRAM - APPLY ONCE A DAY IN THE EVENING

15-Feb-2021 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

17-July-2020 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

17-July-2020 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

04-Sept-2019 Propranolol Hydrochloride Tablets 40 mg Repeat Medication (Past)
56 tablet - ONE TABLET TWICE A DAY

04-Sept-2019 Propranolol Hydrochloride Tablets 40 mg Repeat Medication (Past)
56 tablet - ONE TABLET TWICE A DAY

04-Sept-2019 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
7 tablet - ONE TABLET AT NIGHT

04-Sept-2019 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
7 tablet - ONE TABLET AT NIGHT

07-Aug-2019 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE PER DAY

07-Aug-2019 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE PER DAY

06-Dec-2018 Citalopram Hydrobromide Tablets 40 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

06-Dec-2018 Citalopram Hydrobromide Tablets 40 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

23-Nov-2018 Trimethoprim Tablets 200 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY

23-Nov-2018 Trimethoprim Tablets 200 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY

21-Nov-2018 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

25-Oct-2018 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

25-Oct-2018 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

25-Oct-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
30 tablet - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

25-Oct-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
30 tablet - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

26-Apr-2017 Clarithromycin Tablets 500 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN TWICE A DAY

26-Apr-2017 Clarithromycin Tablets 500 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN TWICE A DAY

12-Oct-2015 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

12-Oct-2015 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

13-Jan-2015 Erythromycin Stearate tablets 500 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN TWICE EACH DAY

13-Jan-2015 Erythromycin Stearate tablets 500 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN TWICE EACH DAY

21-Nov-2014 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

21-Nov-2014 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

12-Nov-2014 Lymecycline Capsules 408 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

15-Oct-2014 Chlordiazepoxide Hydrochloride Capsules 10 mg Acute Medication (Past)

1 capsule - ONE TABLET QDS FOR 1 DAY THEN ONE TABLET TDS FOR 1 DAY THEN ONE TABLET BD FOR 1 DAY THEN ONE TABLET OD THEN STOP

15-Oct-2014 Chlordiazepoxide Hydrochloride Capsules 10 mg Acute Medication (Past)

1 capsule - ONE TABLET QDS FOR 1 DAY THEN ONE TABLET TDS FOR 1 DAY THEN ONE TABLET BD FOR 1 DAY THEN ONE TABLET OD THEN STOP

23-Sept-2014 Lymecycline Capsules 408 mg Acute Medication (Past)

56 capsule - ONE TO BE TAKEN EACH DAY

23-Sept-2014 Lymecycline Capsules 408 mg Acute Medication (Past)

56 capsule - ONE TO BE TAKEN EACH DAY

28-Aug-2014 Oxytetracycline Tablets 250 mg Acute Medication (Past)

56 TABLET - TAKE AS DIRECTED

28-Aug-2014 Oxytetracycline Tablets 250 mg Acute Medication (Past)

56 TABLET - TAKE AS DIRECTED

16-July-2014 Oxytetracycline Tablets 250 mg Acute Medication (Past)

56 TABLET - TAKE AS DIRECTED

24-Jun-2014 Oxytetracycline Tablets 250 mg Acute Medication (Past)

28 tablet - TAKE AS DIRECTED

24-Jun-2014 Oxytetracycline Tablets 250 mg Acute Medication (Past)

56 TABLET - TAKE AS DIRECTED

08-Apr-2014 Acamprosate Calcium E/c tablets 333 mg Acute Medication (Past)

168 TABLET - TWO TO BE TAKEN THREE TIMES A DAY

08-Apr-2014 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)

28 TABLET - ONE TO BE TAKEN EACH DAY

19-Mar-2014 Acamprosate Calcium E/c tablets 333 mg Acute Medication (Past)

168 TABLET - TWO TO BE TAKEN THREE TIMES A DAY

19-Mar-2014 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)

28 TABLET - ONE TO BE TAKEN EACH DAY

19-Mar-2014 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)

28 TABLET - ONE TO BE TAKEN EACH DAY

19-Mar-2014 Acamprosate Calcium E/c tablets 333 mg Acute Medication (Past)

168 TABLET - TWO TO BE TAKEN THREE TIMES A DAY

03-Mar-2014 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)

14 tablet - ONE TO BE TAKEN EACH DAY

03-Mar-2014 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)

14 tablet - ONE TO BE TAKEN EACH DAY

24-Feb-2014 Oxytetracycline Tablets 250 mg Acute Medication (Past)

28 tablet - TAKE AS DIRECTED

24-Feb-2014 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)

7 tablet - ONE TO BE TAKEN EACH DAY

24-Feb-2014 Oxytetracycline Tablets 250 mg Acute Medication (Past)

28 tablet - TAKE AS DIRECTED

24-Feb-2014 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)

7 tablet - ONE TO BE TAKEN EACH DAY

22-Jan-2014 Oxytetracycline Tablets 250 mg Acute Medication (Past)

112 tablet - 2 TAB BD

22-Jan-2014 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)

56 tablet - ONE TO BE TAKEN EACH DAY

12-Dec-2013 Oxytetracycline Tablets 250 mg Acute Medication (Past)

112 tablet - 2 TAB BD

12-Dec-2013 Oxytetracycline Tablets 250 mg Acute Medication (Past)

112 tablet - 2 TAB BD

12-Dec-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)

56 tablet - ONE TO BE TAKEN EACH DAY

12-Dec-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)

56 tablet - ONE TO BE TAKEN EACH DAY

07-Nov-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)

28 TABLET - ONE TO BE TAKEN EACH DAY

07-Nov-2013 Oxytetracycline Tablets 250 mg Acute Medication (Past)

112 tablet - 2 TAB BD

07-Oct-2013 Nicotine Transdermal patches 21 mg/24 hrs Acute Medication (Past)

14 patch - ONE PATCH TO BE APPLIED EACH DAY AS DIRECTED

07-Oct-2013 Oxytetracycline Tablets 250 mg Acute Medication (Past)

112 tablet - 2 TAB BD

07-Oct-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)

28 TABLET - ONE TO BE TAKEN EACH DAY

07-Oct-2013 Oxytetracycline Tablets 250 mg Acute Medication (Past)

112 tablet - 2 TAB BD

07-Oct-2013 Nicotine Transdermal patches 21 mg/24 hrs Acute Medication (Past)
14 patch - ONE PATCH TO BE APPLIED EACH DAY AS DIRECTED

07-Oct-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

10-Sept-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

10-Sept-2013 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 tablet - 2 TAB BD

16-Aug-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

16-Aug-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

13-Aug-2013 Nicotine Transdermal patches 21 mg/24 hrs Acute Medication (Past)
14 patch - ONE PATCH TO BE APPLIED EACH DAY AS DIRECTED

13-Aug-2013 Nicorette Inhalator Inhalation cartridge with mouthpiece 15 mg/cartridge Acute Medication (Past)
20 cartridge - USE AS DIRECTED

13-Aug-2013 Nicorette Inhalator Inhalation cartridge with mouthpiece 15 mg/cartridge Acute Medication (Past)
20 cartridge - USE AS DIRECTED

13-Aug-2013 Nicotine Transdermal patches 21 mg/24 hrs Acute Medication (Past)
14 patch - ONE PATCH TO BE APPLIED EACH DAY AS DIRECTED

06-Aug-2013 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 tablet - 2 TAB BD

06-Aug-2013 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 tablet - 2 TAB BD

03-Apr-2013 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 tablet - 2 TAB BD

03-Apr-2013 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 tablet - 2 TAB BD

24-Jan-2013 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 tablet - 2 TAB BD

17-Dec-2012 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 tablet - 2 TAB BD

17-Dec-2012 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 tablet - 2 TAB BD

01-Oct-2012 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 tablet - 2 TAB BD

01-Oct-2012 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 tablet - 2 TAB BD

21-Aug-2012 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 tablet - 2 TAB BD

21-Aug-2012 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 tablet - 2 TAB BD

04-July-2012 Nicotine Inhalation cartridge with mouthpiece (starter pack) 10 mg/cartridge Acute Medication (Past)
6 CARTRIDGE - TO BE USED AS DIRECTED

04-July-2012 Flucloxacillin Capsules 500 mg Acute Medication (Past)
40 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

04-July-2012 Flucloxacillin Capsules 500 mg Acute Medication (Past)
40 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

04-July-2012 Nicotine Inhalation cartridge with mouthpiece (starter pack) 10 mg/cartridge Acute Medication (Past)
6 CARTRIDGE - TO BE USED AS DIRECTED

04-May-2012 Magnesium Sulfate Paste Acute Medication (Past)
25 GRAM - TO BE USED AS DIRECTED

04-May-2012 Magnesium Sulphate Paste Acute Medication (Past)
25 GRAM - TO BE USED AS DIRECTED

28-Mar-2012 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 tablet - 2 TAB BD

28-Mar-2012 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 tablet - 2 TAB BD

14-Feb-2012 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 tablet - 2 TAB BD

14-Feb-2012 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 tablet - 2 TAB BD

05-Jan-2012 Nicotine Transdermal patches 15 mg/16 hrs Acute Medication (Past)
14 patch - ONE PATCH TO BE APPLIED EACH DAY

05-Jan-2012 Nicotine Transdermal patches 15 mg/16 hrs Acute Medication (Past)
14 patch - ONE PATCH TO BE APPLIED EACH DAY

15-Nov-2011 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 tablet - TAKE AS DIRECTED

15-Nov-2011 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 tablet - TAKE AS DIRECTED

15-Nov-2011 Nicotine Transdermal patches 15 mg/16 hrs Acute Medication (Past)
14 patch - ONE PATCH TO BE APPLIED EACH DAY

15-Nov-2011 Nicotine Transdermal patches 15 mg/16 hrs Acute Medication (Past)
14 patch - ONE PATCH TO BE APPLIED EACH DAY

15-Nov-2011 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

15-Nov-2011 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

28-Oct-2011 Oxytetracycline Tablets 250 mg Acute Medication (Past)
56 tablet - 2 TAB BD

28-Oct-2011 Oxytetracycline Tablets 250 mg Acute Medication (Past)
56 tablet - 2 TAB BD

30-Aug-2011 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 tablet - 2 TAB BD

30-Aug-2011 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 tablet - 2 TAB BD

25-July-2011 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 TABLET - TWO TO BE TAKEN TWICE A DAY

25-July-2011 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 TABLET - TWO TO BE TAKEN TWICE A DAY

22-Jun-2011 Nicotinell Tts 30 Transdermal patches 52.5 mg (21 mg/24 hours) Acute Medication (Past)
14 patch - APPLY AS DIRECTED

07-Jun-2011 Nicotinell Tts 30 Transdermal patches 52.5 mg (21 mg/24 hours) Acute Medication (Past)
14 patch - APPLY AS DIRECTED

07-Jun-2011 Nicotinell Tts 30 Transdermal patches 52.5 mg (21 mg/24 hours) Acute Medication (Past)
14 patch - APPLY AS DIRECTED

31-May-2011 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 TABLET - TWO TO BE TAKEN TWICE A DAY

31-May-2011 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 TABLET - TWO TO BE TAKEN TWICE A DAY

07-Apr-2011 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 TABLET - TWO TO BE TAKEN TWICE A DAY

07-Apr-2011 Oxytetracycline Tablets 250 mg Acute Medication (Past)
112 TABLET - TWO TO BE TAKEN TWICE A DAY

03-Feb-2010 ZINERYT LOT Acute Medication (Past)
30 LOT - Apply Twice daily

03-Feb-2010 Zineryt Topical solution Acute Medication (Past)
30 LOT - Apply Twice daily

13-Nov-2009 Azelaic Acid Cream 20 % Acute Medication (Past)
30 CREAM - Apply morning and night

13-Nov-2009 AZELAIC ACID CREAM 20% Acute Medication (Past)
30 CREAM - Apply morning and night

13-Nov-2009 DOXYCYCLINE CAPSULES 100MG Acute Medication (Past)
30 CAPS - 1 Cap Daily

13-Nov-2009 Doxycycline Capsules 100 mg Acute Medication (Past)
30 CAPS - 1 Cap Daily

23-Jan-2008 Nicorette Transdermal patches 15 mg/16 hrs Acute Medication (Past)
14 PATCH - Apply Daily

23-Jan-2008 NICORETTE 15MG/16 HOURS PATCH Acute Medication (Past)
14 PATCH - Apply Daily

10-Jan-2008 Zineryt Topical solution Acute Medication (Past)
90 LOT - Apply sparingly Twice daily

10-Jan-2008 ZINERYT LOT Acute Medication (Past)
90 LOT - Apply sparingly Twice daily

Allergies

This section is empty.

Vaccinations

This section is empty.

Referrals

30-Sept-2024 Dr Anthony Higgins (AHI16884)

8Hlq.: Referral to community musculoskeletal service (SCI Gateway Referral)

. Referral Type: Self Referral; Reason: Out Patient

15-May-2024 Dr Yvonne Brodie (YB16884)

EMISSPR320: Cardiology referral (SCI Gateway Referral)

. Referral Type: Self Referral; Reason: Out Patient

23-Aug-2023 Mrs Dawn McKenzie (MCKENZIED)

8H...: Referral for further care (SCI Gateway Referral)

. Referral Type: Self Referral; Reason: Out Patient

04-Nov-2021 Mrs Linda Young (YOUNGL)

8H...: Referral for further care (SCI Gateway Referral)

. Referral Type: Self Referral; Reason: Domiciliary Visit

28-Sept-2020 Mrs Linda Young (YOUNGL)

8H...: Referral for further care (SCI Gateway Referral)

. Referral Type: Self Referral; Reason: Out Patient

09-Aug-2019 Dr Karamijit Samra (KJS16884)

8H...: Referral for further care (SCI Gateway Referral)

. Referral Type: Self Referral; Reason: Out Patient

29-Oct-2018 Dr Sunjay Kumar (SKU16884)

8H...: Referral for further care (SCI Gateway Referral)

. Referral Type: Self Referral; Reason: Out Patient

17-Oct-2014 Dr Katie Colburn (KC16884)

8H...: Referral for further care (SCI Gateway Referral)

. Referral Type: Self Referral; Reason: Out Patient

02-Oct-2014 Dr Douglas Maxwell (DRMAXWELL_16884)

8H...: Referral for further care (SCI Gateway Referral)

. Referral Type: Self Referral; Reason: Out Patient

11-Feb-2010 Dr Lucy Adams (DRADAMS_1716884)

Referral for further care

Referred To: Crosshouse Hospital, NHS. Referral Type: Out Patient. Speciality Type: Trauma and Orthopaedic Surgery. Referral Nature: Not Specified. , Referral Reason: see below. Referral Type: Unknown (0)

11-Feb-2010 Dr Lucy Adams (DRADAMS_1716884)

Referral for further care

Referred To: AYRSHIRE CENTRAL HOSPITAL, NHS. Referral Type: Out Patient. Speciality Type: SCI Specialty. Referral Nature: Not Specified. , Referral Reason: see below. Referral Type: Unknown (0)

Test Requests

30-Dec-1899 Mrs Emma-Louise Pisani (EP)

Status Sampled

Innoculation Risk True

Priority Normal

Has Fasted? True

Is Pregnant? True

30-Dec-1899 Mrs Emma-Louise Pisani (EP)

Status Sampled

Innoculation Risk True

Priority Normal

Has Fasted? True

Is Pregnant? True

30-Dec-1899 Anp Fiona Galloway (FG)

Status Requested

Innoculation Risk True

Priority Normal

Has Fasted? True

Is Pregnant? True

30-Dec-1899 Anp Fiona Galloway (FG)

Status Requested

Innoculation Risk True

Priority Normal

Has Fasted? True

Is Pregnant? True

30-Dec-1899 Anp Carrie Davidson (CD)

Status Requested

Innoculation Risk True

Priority Normal

Has Fasted? True

Is Pregnant? True

30-Dec-1899 Mrs Lorene Morris (LMO)

Status Sampled
 Innoculation Risk True
 Priority Normal
 Has Fasted? True
 Is Pregnant? True

30-Dec-1899 Dr Kevin Weaver (KW)

Status Requested
 Innoculation Risk True
 Priority Normal
 Has Fasted? True
 Is Pregnant? True

30-Dec-1899 Miss Jennifer Park (PARKJ)

Status Sampled
 Innoculation Risk True
 Priority Normal
 Has Fasted? True
 Is Pregnant? True

30-Dec-1899 Dr Anthony Higgins (AHI16884)

Status Requested
 Innoculation Risk True
 Priority Normal
 Has Fasted? True
 Is Pregnant? True

Test Results

21-May-2024 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	83 µmol/L	(Range: 50 - 120)
Urea	6.9 mmol/L	(Range: 2.5 - 7.8)

10-May-2024 Mr Anonymous User (ANON)**Result:** Erythrocyte sedimentation rate

ESR	2 mm/hour	(No range available)
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10-May-2024 Mr Anonymous User (ANON)**Result:** Thyroid function tests

TSH	1.14 mU/L	(Range: 0.27 - 4.2)
Free T4	17.6 pmol/L	(Range: 10 - 22)

10-May-2024 Mr Anonymous User (ANON)**Result:** Test request : C-reactive Protein

CRP	<5	(No range available)
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10-May-2024 Mr Anonymous User (ANON)**Result:** Blood sent for serum lipids

LDL Cholesterol	2.5 mmol/L	(No range available)
Triglyceride	2 mmol/L	(No range available)
Cholesterol:HDL Ratio	4.4	(No range available)
HDL Cholesterol	1 mmol/L	(No range available)
Cholesterol	4.4 mmol/L	(No range available)

10-May-2024 Mr Anonymous User (ANON)**Result:** Liver function test

Globulin	27 g/L	(Range: 21 - 35)
Albumin	47 g/L	(Range: 35 - 50)
Total Protein	74 g/L	(Range: 60 - 80)
ALT	20 U/L	(Range: 5 - 55)
AST	21 U/L	(Range: 10 - 45)
ALP	88 U/L	(Range: 30 - 130)
Bilirubin	6 µmol/L	(No range available)

10-May-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	4.2 mmol/L	(Range: 3.5 - 5.3)
Sodium	137 mmol/L	(Range: 133 - 146)
Creatinine	96 µmol/L	(Range: 50 - 120)
Urea	8.6 mmol/L	(Range: 2.5 - 7.8)

10-May-2024 Mr Anonymous User (ANON)**Result:** Full blood count - FBC

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	2.3 10 ⁹ /L	(Range: 1.1 - 5)
Neutrophils	4.9 10 ⁹ /L	(Range: 1.5 - 6.5)
Platelets	213 10 ⁹ /L	(Range: 150 - 400)
MCHC	354 g/L	(Range: 316 - 349)
MCH	28.2 pg	(Range: 27.3 - 32.6)
MCV	80 fL	(Range: 82 - 98)
Haematocrit	0.42 %	(Range: 0.39 - 0.5)
RBC	5.31 10 ¹² /L	(Range: 4.32 - 5.66)
White Cell Count	8 10 ⁹ /L	(Range: 3.7 - 9.5)
Haemoglobin	150 g/L	(Range: 133 - 176)

22-Aug-2023 Mr Anonymous User (ANON)**Result:** (Non Coded Event - GLYCATED HB)

Haemoglobin A1c (IFCC)	42 mmol/mol	(Range: 20 - 41)
Haemoglobin A1c	6 %	(Range: 4 - 5.9)

22-Aug-2023 Mr Anonymous User (ANON)**Result:** Prostate specific antigen

PSA	0.8 µg/L	(No range available)
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22-Aug-2023 Mr Anonymous User (ANON)**Result:** Test request : C-reactive Protein

CRP <5		(No range available)
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22-Aug-2023 Mr Anonymous User (ANON)**Result:** Bone profile

Phosphate	0.87 mmol/L	(Range: 0.7 - 1.5)
Adjusted Calcium	2.25 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.39 mmol/L	(Range: 2.2 - 2.6)

22-Aug-2023 Mr Anonymous User (ANON)**Result:** Liver function test

Globulin	26 g/L	(Range: 21 - 35)
Albumin	47 g/L	(Range: 35 - 50)
Total Protein	73 g/L	(Range: 60 - 80)
ALT	19 U/L	(Range: 5 - 55)
AST	17 U/L	(Range: 10 - 45)
ALP	98 U/L	(Range: 30 - 130)
Bilirubin	3 µmol/L	(No range available)

22-Aug-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	3.9 mmol/L	(Range: 3.5 - 5.3)
Sodium	139 mmol/L	(Range: 133 - 146)
Creatinine	94 µmol/L	(Range: 50 - 120)
Urea	5.3 mmol/L	(Range: 2.5 - 7.8)

22-Aug-2023 Mr Anonymous User (ANON)**Result:** Test request : Coagulation Screen

Prothrombin time	10 Seconds	(Range: 9 - 12)
Fibrinogen	2.61 g/L	(Range: 1.8 - 3.6)
APTT	24 Seconds	(Range: 22 - 28)

22-Aug-2023 Mr Anonymous User (ANON)**Result:** Full blood count - FBC

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	2.6 10 ⁹ /L	(Range: 1.1 - 5)
Neutrophils	6.4 10 ⁹ /L	(Range: 1.5 - 6.5)
Platelets	202 10 ⁹ /L	(Range: 150 - 400)
MCHC	342 g/L	(Range: 316 - 349)
MCH	28.5 pg	(Range: 27.3 - 32.6)
MCV	83 fL	(Range: 82 - 98)
Haematocrit	0.45 %	(Range: 0.39 - 0.5)
RBC	5.41 10 ¹² /L	(Range: 4.32 - 5.66)
White Cell Count	9.8 10⁹/L	(Range: 3.7 - 9.5)
Haemoglobin	154 g/L	(Range: 133 - 176)

22-Aug-2023 Mr Anonymous User (ANON)**Result:** Urine culture

Culture No growth		(No range available)
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18-Aug-2021 Mr Anonymous User (ANON)**Result:** (Non Coded Event - GLYCATED HB)

Haemoglobin A1c (IFCC)

42 mmol/mol

(Range: 29 - 42)

Haemoglobin A1c

6 %

(Range: 4.8 - 6)

18-Aug-2021 Mr Anonymous User (ANON)**Result:** Liver function test

Globulin

23 g/L

(Range: 21 - 35)

Albumin

46 g/L

(Range: 35 - 50)

Total Protein

69 g/L

(Range: 60 - 80)

ALT

18 U/L

(Range: 5 - 55)

AST

17 U/L

(Range: 10 - 45)

ALP

96 U/L

(Range: 30 - 130)

Bilirubin

5 µmol/L

(Range: 3 - 21)

18-Aug-2021 Mr Anonymous User (ANON)**Result:** Urea and electrolytes

eGFR result/1.73m2 &gt;60

(No range available)

Chloride

99 mmol/L

(Range: 95 - 108)

Potassium

4 mmol/L

(Range: 3.5 - 5.3)

Sodium

136 mmol/L

(Range: 133 - 146)

Creatinine

76 µmol/L

(Range: 50 - 120)

Urea

6.6 mmol/L

(Range: 2.5 - 7.8)

18-Aug-2021 Mr Anonymous User (ANON)**Result:** Full blood count - FBC

Basophils

0.1 10⁹/L

(No range available)

Eosinophils

0.2 10⁹/L

(Range: 0.1 - 0.7)

Monocytes

0.6 10⁹/L

(Range: 0.2 - 0.9)

Lymphocytes

1.9 10⁹/L

(Range: 1.1 - 5)

Neutrophils

3.9 10⁹/L

(Range: 1.5 - 6.5)

Platelets

205 10⁹/L

(Range: 150 - 400)

MCHC

346 g/L

(Range: 316 - 349)

MCH

28.9 pg

(Range: 27.3 - 32.6)

MCV

84 fL

(Range: 82 - 98)

Haematocrit

0.43 %

(Range: 0.39 - 0.5)

RBC

5.09 10¹²/L

(Range: 4.32 - 5.66)

White Cell Count

6.6 10⁹/L

(Range: 3.7 - 9.5)

Haemoglobin

147 g/L

(Range: 133 - 176)

18-Aug-2021 Mr Anonymous User (ANON)**Result:** Urine culture

Culture No growth

(No range available)

04-Nov-2020 Mr Anonymous User (ANON)**Result:** Test request : C-reactive Protein

CRP

6 mg/L

(Range: 2 - 10)

04-Nov-2020 Mr Anonymous User (ANON)**Result:** Thyroid function tests

TSH

1.11 mU/L

(Range: 0.27 - 4.2)

Free T4

16.8 pmol/L

(Range: 10 - 22)

04-Nov-2020 Mr Anonymous User (ANON)**Result:** Blood glucose result

Glucose

5.1 mmol/L

(Range: 3.3 - 6)

04-Nov-2020 Mr Anonymous User (ANON)**Result:** Bone profile

Phosphate

0.6 mmol/L

(Range: 0.8 - 1.5)

Adjusted Calcium

2.38 mmol/L

(Range: 2.2 - 2.6)

Calcium

2.44 mmol/L

(Range: 2.2 - 2.6)

04-Nov-2020 Mr Anonymous User (ANON)**Result:** Liver function test

Globulin

30 g/L

(Range: 21 - 35)

Albumin

43 g/L

(Range: 35 - 50)

Total Protein

73 g/L

(Range: 60 - 80)

ALT

17 U/L

(Range: 5 - 55)

AST

18 U/L

(Range: 10 - 45)

ALP

114 U/L

(Range: 30 - 130)

Bilirubin

12 µmol/L

(Range: 3 - 21)

04-Nov-2020 Mr Anonymous User (ANON)**Result:** Urea and electrolytes

eGFR result/1.73m2 &gt;60

(No range available)

Chloride

100 mmol/L

(Range: 95 - 108)

Potassium

4.3 mmol/L

(Range: 3.5 - 5.3)

Sodium

140 mmol/L

(Range: 133 - 146)

Creatinine

89 µmol/L

(Range: 50 - 120)

Urea

5.1 mmol/L

(Range: 2.5 - 7.8)

04-Nov-2020 Mr Anonymous User (ANON)

Result: Erythrocyte sedimentation rate
ESR

2 mm/hour

(No range available)

04-Nov-2020 Mr Anonymous User (ANON)

Result: Full blood count - FBC

Basophils	0.1 10 ⁹ /L	(No range available)
Eosinophils	0.4 10 ⁹ /L	(Range: 0.1 - 0.7)
Monocytes	0.7 10 ⁹ /L	(Range: 0.2 - 0.9)
Lymphocytes	2 10 ⁹ /L	(Range: 1.1 - 5)
Neutrophils	5 10 ⁹ /L	(Range: 1.5 - 6.5)
Platelets	239 10 ⁹ /L	(Range: 150 - 400)
MCHC	348 g/L	(Range: 316 - 349)
MCH	29.2 pg	(Range: 27.3 - 32.6)
MCV	84 fL	(Range: 82 - 98)
Haematocrit	0.46 %	(Range: 0.39 - 0.5)
RBC	5.52 10 ¹² /L	(Range: 4.32 - 5.66)
White Cell Count	8.1 10 ⁹ /L	(Range: 3.7 - 9.5)
Haemoglobin	161 g/L	(Range: 133 - 176)

21-Oct-2020 Mr Anonymous User (ANON)

Result: Urine culture

Culture No growth

(No range available)

Other Items

09-Jun-2026	Read Code	Audit participn consent status Summary of smart message sent to patient / We have attempted to call to offer an appointment for our CVD prevention scheme. If you want to arrange this please call the surgery and ask for Nikki, Many Thanks Ayrshire Medical Group
05-Jun-2026	Read Code	Letter sent to patient Summary of smart message sent to patient / Information only- Our new health prevention incentive aims to monitor and reduce the risk of patients developing cardiovascular disease. We will be inviting eligible patients in for a check-up/review with our practice nurse. We will contact you in due course if you are eligible. Many Thanks Ayrshire Medical Group
03-Jun-2026	Read Code	Letter sent to patient Summary of smart message sent to patient / Due to unforeseen Clinical Staff Sickness, we ask you only contact the Surgery if your illness/ailment is URGENT for today. We thank you for your patience and understanding. Please note this will not affect any pre booked appointments today. Thank You, AYRSHIRE MEDICAL GROUP
30-Mar-2026	Recall	Medication review
27-Mar-2026	Read Code	SMS text sent to patient Summary of smart message sent to patient / Paul If you are requesting a Home Visit. Please call the Practice before 10.30am. Home Visits are for patients that are HOUSEBOUND or TERMINALLY ILL. All requests will be reviewed by a Clinician who will decide if the request is clinically appropriate. Kind Regards Ayrshire Medical Group
04-Mar-2026	Read Code	Letter sent to patient Summary of smart message sent to patient / Paul We want to let you know that we will be offering a reduced service Wednesday 11th March 2026, as we are required carry out an essential upgrade to our digital patient system. This work is necessary to enhance the quality and reliability of the services we provide to you. During this period, you may experience some temporary changes to the way we operate: We will not be able to take advanced bookings for appointments. Print any prescriptions on this day. Access to computerised records and information will be limited. Our team will still be here to support you and ensure that urgent and essential care is available. If you require medical attention or advice during these dates, please contact the surgery as you normally would. We appreciate your patience and understanding while we work to improve your experience with us. We apologise for any inconvenience this may cause and thank you for your continued support. With best wishes, The Team
03-Mar-2026	Read Code	Letter sent to patient Summary of smart message sent to patient /
16-Jan-2026	Read Code	Concussion Discharged with worsening advice
14-Jan-2026	Read Code	A&E attendance
26-Nov-2025	Read Code	Letter sent to patient
26-Nov-2025	Read Code	Letter sent to patient Summary of smart message sent to patient / Paul Ayrshire Medical Group will be closed for Protected Learning Time on Thursday 27th November 2025 from 1pm-5.30pm . During this time you can contact Ayrshire Urgent Care Service on 01563 826930 if you need urgent care that cannot wait until will re-open at 8.30am the following day. Kind regards Ayrshire Medical Group

11-Nov-2025	Read Code	Letter encounter to patient Summary of smart message sent to patient / Thank you to everyone that has contacted the practice expressing an interest to join the patient participation groups. We have had an overwhelming response. Over the next month we will be contacting the patients that have been selected. Kind regards Ayrshire Medical Group
23-Oct-2025	Read Code	CVD high risk monitoring invitation first letter cvd invite 20mins ctac staff
21-Oct-2025	Read Code	Letter sent to patient Summary of smart message sent to patient /
22-Aug-2025	Read Code	Insurance form received Express Medicals Work Health Services
30-Dec-2024	Read Code	Removed from waiting list MSK
28-Dec-2022	Read Code	Medical reports sent Social Work - information emailed to katiethomas north-ayrshire.gov.uk - original email in filing cabinet
21-Dec-2022	Read Code	Medical reports sent DVLA - report posted
12-Dec-2022	Read Code	Insurance form received Social Work - email for information
14-Nov-2022	Read Code	Insurance form received DVLA - ? duplicate
05-Sept-2022	Read Code	Insurance form received DVLA report
10-Nov-2020	Read Code	Seborrhoeic keratosis Rt Lower Abdomen
05-Aug-2020	Read Code	EX Patient of Dr Lal
01-Jun-2019	Read Code	24 Hour ECG prolonged QT in context of hypocalcaemia and acidaemia. no arrhythmia and normal QT interval
24-Nov-2018	Read Code	Culture No growth
23-Nov-2018	Read Code	N. gonorrhoeae
23-Nov-2018	Read Code	Chlamydia trachomatis
04-Feb-2016	Read Code	Ex Patients of Dr Adams Transfer of patients from Dr Adams to new GP
27-Jan-2015	Read Code	Acne vulgaris
14-Aug-2013	Read Code	Low mood
12-Aug-2013	Read Code	Free T4 17.5 pmol/L
12-Aug-2013	Read Code	TSH 1.93 mU/L
12-Aug-2013	Read Code	Chloride 103 mmol/L
12-Aug-2013	Read Code	Potassium 4.2 mmol/L
12-Aug-2013	Read Code	Sodium 139 mmol/L
12-Aug-2013	Read Code	Creatinine 74 µmol/L
12-Aug-2013	Read Code	Urea 5.5 mmol/L
12-Aug-2013	Read Code	Basophils, 0 0 10 ⁹ /L
12-Aug-2013	Read Code	Eosinophils 0.3 10 ⁹ /L
12-Aug-2013	Read Code	Monocytes 0.5 10 ⁹ /L
12-Aug-2013	Read Code	Lymphocytes 2.1 10 ⁹ /L
12-Aug-2013	Read Code	Neutrophils 4 10 ⁹ /L

12-Aug-2013	Read Code	Platelets 207 10 ⁹ /L
12-Aug-2013	Read Code	MCHC 34.9 g/dL
12-Aug-2013	Read Code	MCH 29.5 pg
12-Aug-2013	Read Code	MCV 84 fl
12-Aug-2013	Read Code	Haematocrit 0.41 %
12-Aug-2013	Read Code	RBC 4.82 10 ¹² /L
12-Aug-2013	Read Code	White Cell Count 7 10 ⁹ /L
12-Aug-2013	Read Code	Haemoglobin 14.2 g/dL
12-Aug-2013	Read Code	IMPORTANT
26-July-2013	Read Code	Overdose of drug ?100 Dihydrocodeine
23-Jan-2008	Read Code	Body Mass Index 21.48

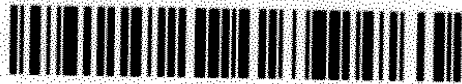
Attachments

Scanned Document
23-July-2026 MAK
Additional:Scanned Document

Filename: 4.pdf
Extension:.tif
Pages:

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BOX 2687



810121304846393

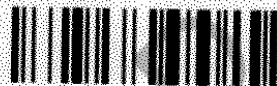
1304846393

Paul

Carroll

13/04/1984

June



Labs

NO PAPERWORK

☐

Ayrshire Medical Group SCANNED BY OSS

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BACTERIOLOGY DEPARTMENT				STOBHILL GENERAL HOSPITAL				
Name	CARROLL	FRILYN	Sex	M	DOB	12/ 4/ 54	Post	GP
Address	50 CLOVEYS DRIVE			Consultant	GP	265	Post No.	0130
Ref No.	HILSON GP 50			Ref	4091			
Investigation	CULTURE			Ref	4091			
Specimen	URINE MID-STREAM SPECIMEN			Ref	4091			
MICROSCOPY: NO CELLS, NO ORGANISMS								
CULTURE: NEGATIVE								
Reported by: [Signature]								
Reported: 10/ 4/ 91								
Lab No. 021092 H								

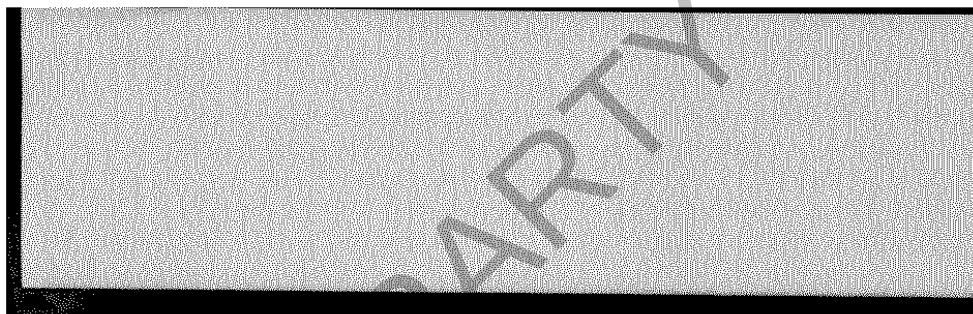
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SURNAME FORENAME		CARROLL PAUL																																																																																																													
UNIT NO D.O.B		2004308358 13/04/04																																																																																																													
ADDRESS		17 STIRLING PL																																																																																																													
CONSULTANT/GP SPECIALITY		J R HENDERSON LENNOXTOWN H.C																																																																																																													
HOSP PRACTICE WARD/TOWN		LENNOXTOWN																																																																																																													
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<table border="1"> <tr><td>Sodium</td><td>135-145</td><td>mmol/L</td></tr> <tr><td>Potassium</td><td>3.5-5.0</td><td>mmol/L</td></tr> <tr><td>Chloride</td><td>98-108</td><td>mmol/L</td></tr> <tr><td>Bicarbonate</td><td>21-28</td><td>mmol/L</td></tr> <tr><td>Urea</td><td>2.5-7.5</td><td>mmol/L</td></tr> <tr><td>Creatinine</td><td>40-130</td><td>µmol/L</td></tr> <tr><td>Glucose</td><td>3.5-5.5</td><td>mmol/L</td></tr> <tr><td>CRP</td><td><10</td><td>mg/L</td></tr> <tr><td>Amylase</td><td><100</td><td>U/L</td></tr> <tr><td>Urate</td><td>0.10-0.54</td><td>mmol/L</td></tr> <tr><td>Troponin I</td><td><0.2</td><td>µg/L</td></tr> <tr><td>CK</td><td><210</td><td>U/L</td></tr> <tr><td>Bilirubin</td><td><21</td><td>µmol/L</td></tr> <tr><td>AST</td><td><40</td><td>U/L</td></tr> <tr><td>ALT</td><td><50</td><td>U/L</td></tr> <tr><td>Gamma-GT</td><td><90</td><td>U/L</td></tr> <tr><td>Alb Phos</td><td>40-280</td><td>U/L</td></tr> <tr><td>Protein</td><td>60-80</td><td>g/L</td></tr> <tr><td>Albumin</td><td>35-50</td><td>g/L</td></tr> <tr><td>Globulin</td><td>20-35</td><td>g/L</td></tr> <tr><td>Calcium</td><td></td><td>mmol/L</td></tr> <tr><td>Adjusted Calcium</td><td>2.10-2.60</td><td>mmol/L</td></tr> <tr><td>Phosphate</td><td>0.70-1.40</td><td>mmol/L</td></tr> <tr><td>Magnesium</td><td>0.70-1.00</td><td>mmol/L</td></tr> <tr><td>Cholesterol</td><td>target <5.0</td><td>mmol/L</td></tr> <tr><td>HDL Cholesterol</td><td>target >1.0</td><td>mmol/L</td></tr> <tr><td>Chol/HDL ratio</td><td></td><td></td></tr> <tr><td>Triglycerides</td><td>target <2.5</td><td>mmol/L</td></tr> <tr><td>LDL Cholesterol</td><td>target <3.0</td><td>mmol/L</td></tr> <tr><td>TSH</td><td>0.2-5.0</td><td>mU/L</td></tr> <tr><td>Free T4</td><td>9-25</td><td>pmol/L</td></tr> <tr><td>T3</td><td>0.8-3.0</td><td>pmol/L</td></tr> <tr><td>H+</td><td>7.35-7.45</td><td>mmol/L</td></tr> <tr><td>PCO2</td><td>4.5-6.0</td><td>kPa</td></tr> <tr><td>HCO3</td><td>21-28</td><td>mmol/L</td></tr> <tr><td>PO2</td><td>10.5-13.5</td><td>kPa</td></tr> </table>				Sodium	135-145	mmol/L	Potassium	3.5-5.0	mmol/L	Chloride	98-108	mmol/L	Bicarbonate	21-28	mmol/L	Urea	2.5-7.5	mmol/L	Creatinine	40-130	µmol/L	Glucose	3.5-5.5	mmol/L	CRP	<10	mg/L	Amylase	<100	U/L	Urate	0.10-0.54	mmol/L	Troponin I	<0.2	µg/L	CK	<210	U/L	Bilirubin	<21	µmol/L	AST	<40	U/L	ALT	<50	U/L	Gamma-GT	<90	U/L	Alb Phos	40-280	U/L	Protein	60-80	g/L	Albumin	35-50	g/L	Globulin	20-35	g/L	Calcium		mmol/L	Adjusted Calcium	2.10-2.60	mmol/L	Phosphate	0.70-1.40	mmol/L	Magnesium	0.70-1.00	mmol/L	Cholesterol	target <5.0	mmol/L	HDL Cholesterol	target >1.0	mmol/L	Chol/HDL ratio			Triglycerides	target <2.5	mmol/L	LDL Cholesterol	target <3.0	mmol/L	TSH	0.2-5.0	mU/L	Free T4	9-25	pmol/L	T3	0.8-3.0	pmol/L	H+	7.35-7.45	mmol/L	PCO2	4.5-6.0	kPa	HCO3	21-28	mmol/L	PO2	10.5-13.5	kPa
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T3	0.8-3.0	pmol/L																																																																																																													
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HCO3	21-28	mmol/L																																																																																																													
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SURNAME CARROLL	UNIT NO. 10605426W	CONSULT J R HENDERSON
FORNAME PAUL	CHRG 1304040303	DESTINATION CAMPBELL SURGERY
DOS 13.04.84 SEX M	ADDRESS 17 STIRLING PL	MAIN ST, LENNOXTOWN

HP Serology : Negative

ACTION RECOMMENDED IN GGNB DYSPEPSIA GUIDELINES
Treat symptomatically - trial (re-trial) of full dose PPI.
(See step-down guidance on GGNB dyspepsia guidelines)

Helicobacter Pylori Serology

Dept of Clinical Biochemistry North Glasgow Sector NHSGGC	
Laboratory Number 3104062	
Collected DATE 04.07.07 TIME 10:43	
Received DATE 06.07.07 TIME 10:43	
Report issued DATE 11.07.07 TIME 11:01	
Submitted by Aime Check	

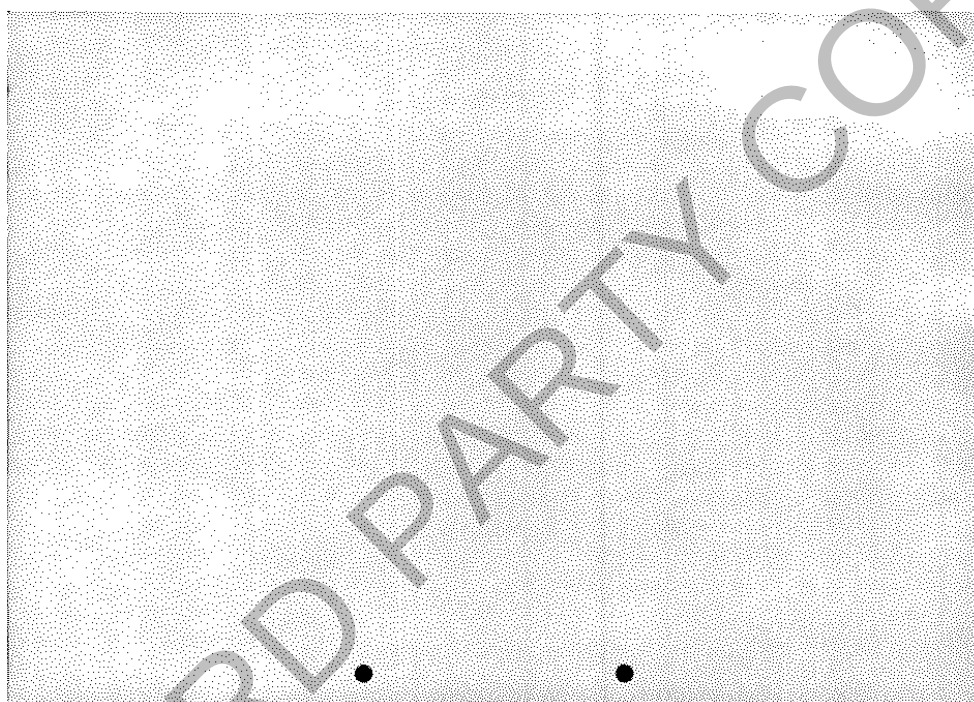
12 JUL 2007

Accredited Medical Laboratory
Reference No.2330

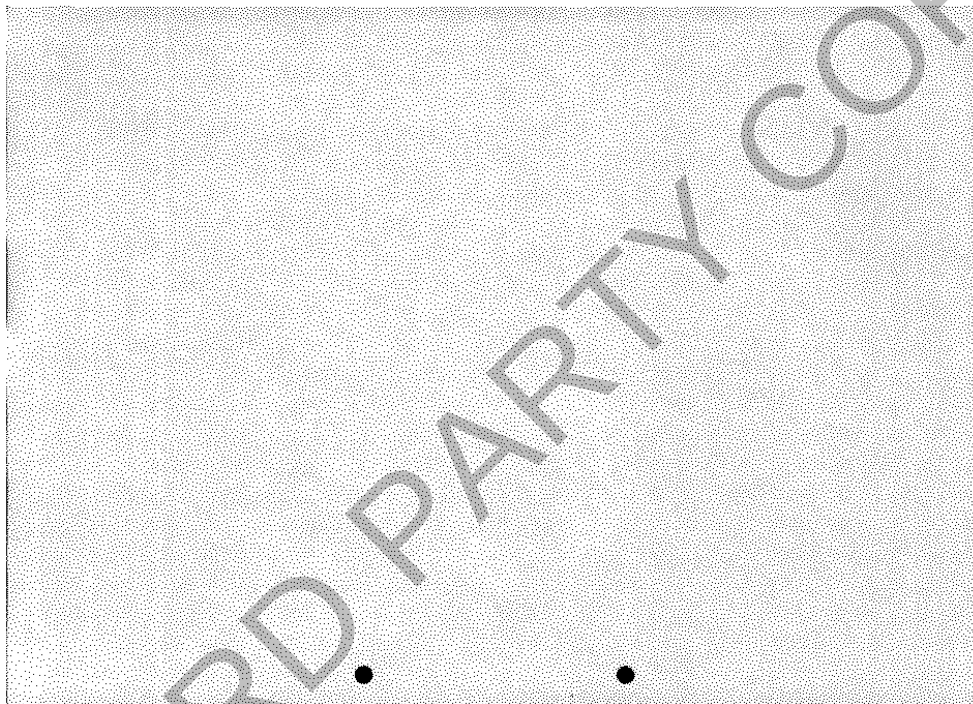
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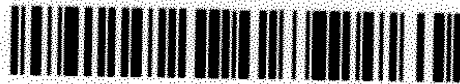


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Filename: 3.pdf
Extension: .tif
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BOX 2687



810121304846393

1304846393

Paul

Carroll

13/04/1984

June



Historical

NO PAPERWORK

☐

Ayrshire Medical Group SCANNED BY QSS

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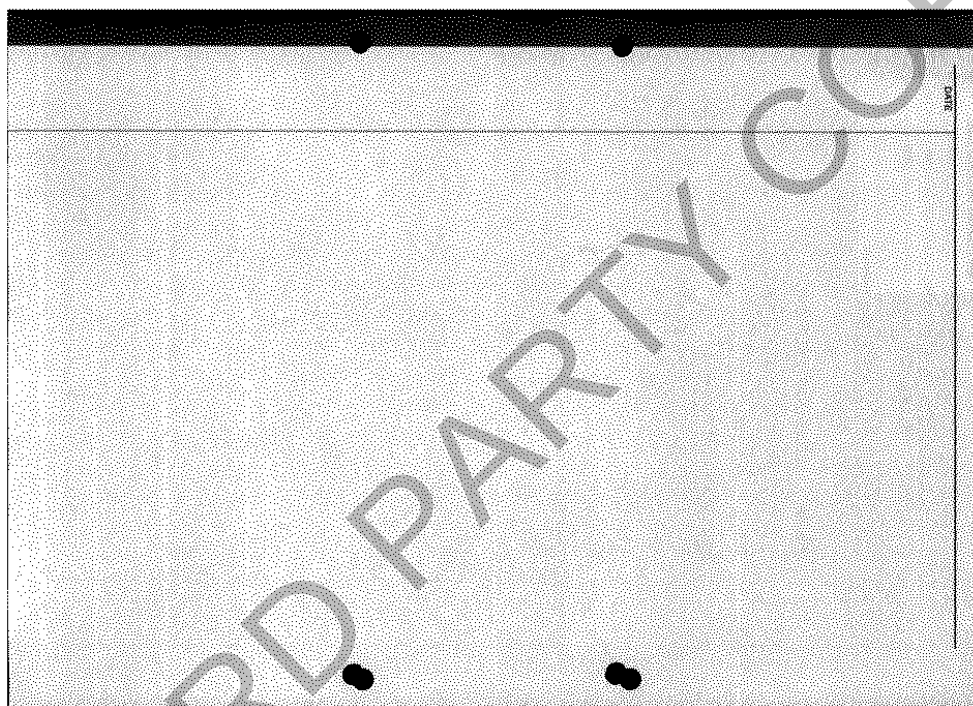


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		XH 551011	
		Surname CARROLL PAUL	
		Forename 13 WATTHOR RD	
		Address SEAHILL	
		WEST KILBRIDE KA23 9EE	
		DR J HENDERSON	
		LENNOXTOWN CLINIC	
		103 MAIN STREET	
		CHI	
DATE			
MR FOXWORTHY'S FRACTURE CLINIC			
10.10.07	MF/NP	PAUL CARROLL	551011
FTR. No further appointment.			
cc Dr [REDACTED] Lennoxtown Clinic, 103 Main Street, Lennoxtown			
26 OCT 2007			

ORTHOPAEDIC

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	DATE

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Dr J Mardon Mr J [REDACTED] Dr A Lannigan
Accident and Emergency
 Crosshouse Hospital
 Kilmarnock KA2 0BE
 Phone: 01563 577757/8
 Fax: 01563 572009

Dr. DR [REDACTED]
 LENNOX TOWN HEALTH
 CLINIC
 GLASGOW
 G66

PAUL CARROLL,
 13 MAIMHOR RD, SEAMILL,
 WEST KILBRIDE Ayrshire KA23 9EE

DOB: 13/04/1984
 A/E No: 07048893

Time of Attendance: 01/10/2007 16:05

Diagnosis: *dislocation right shoulder joint*

Treatment: *reduction of joint, broad arm sling*

X-Rays: *Shoulder right*

Test Results: *X-Ray*

Follow Up: *Admitted to ward Short Stay Ward*

Additional Information: *Right shoulder dislocation. Reduced. Admitted to SSW for observation post analgesia.*

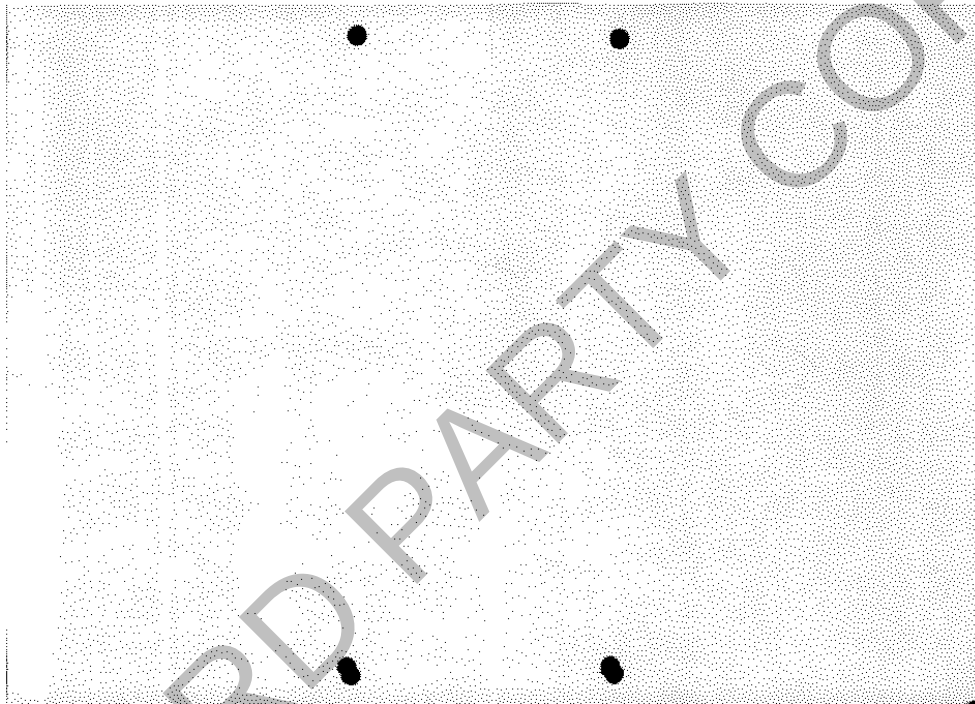
Clinicians Seen in A&E Department:
 Dr C [REDACTED]

If you have any queries about this patient, please contact one of the staff at the above number.

Dr Caroline Davidson
 GP Voc. Trainee

04 OCT 2007

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NHS Confidential: Personal data about a patient

Inverclyde Royal Hospital, Larkfield Rd
A & E Department
Greenock PA16 0XN, 01475 633777

Dr HENDERSON
LENNOXTOWN CLINIC
103 MAIN STREET
LENNOXTOWN

G66 7DA

September 24, 2007

Dear Dr Henderson,

Re: PAUL CARROLL, 13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, KA23 9EE

Date of Birth 13.04.84 Hospital Number: R7002562 CHI Number:

Your patient attended Inverclyde Royal Hospital, Larkfield Rd on the 23 SEP 2007 21:51.

The presenting complaint was:

? DISLOCATION, INJURY R SHOULDER

Triage Information:

GROSS DEFORMITY? PREVIOUS SHOULDER DISLOCATION
OBVIOUS SWELLING AND DEFORMITY IN RT SHOULDER. HAS
HAD ALCOHOL TONIGHT. C FINE S FINE M RESTRICTED.

The following investigations were carried out: SHOULDER X-RAY - RIGHT

The A&E diagnosis was:

DISLOCATION - SHOULDER - RIGHT

The following treatment was given:

NO

At the conclusion of treatment the patient was: OUTPATIENT CLINIC

Follow-up:

FRACTURE CLINIC

The patient's departure destination was:

DISCHARGED

Additional Information:

NO

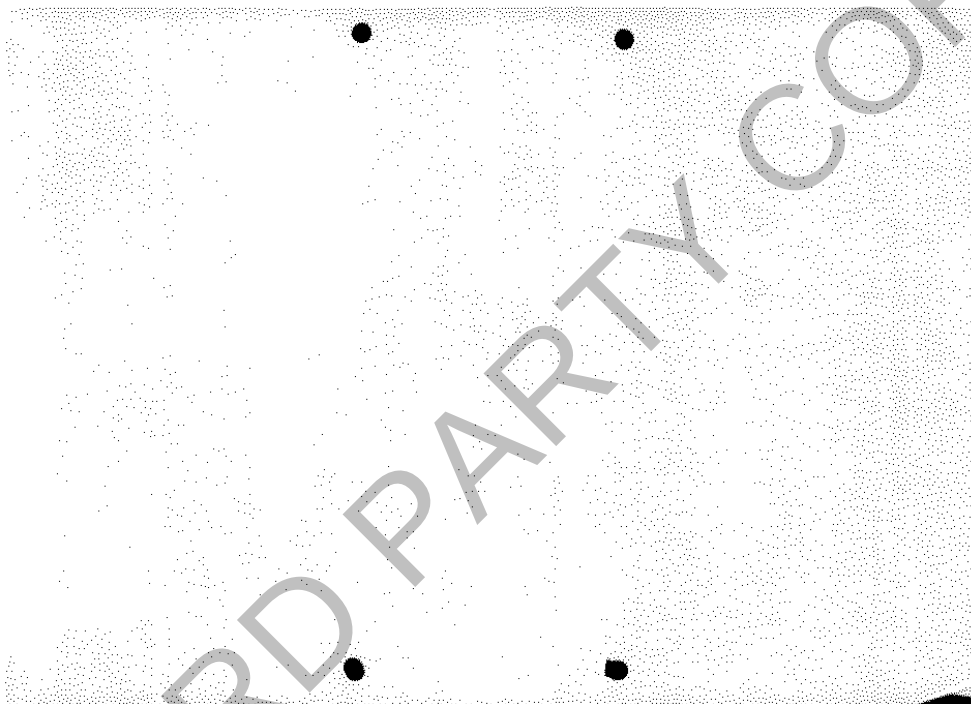
Yours sincerely,

CHERYL [REDACTED]
EMERGENCY DEPARTMENT DOCTOR

Consultants:

26 SEP 2007

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North Glasgow University Hospitals Division

Glasgow Royal Infirmary
& Orthopaedics Department
84 Castle Street
Glasgow
G4 0SF

Tel: 0141 211 5146/5067
Fax: 0141 211 0481
Secretary: 0141 211 4107

Specialist Physiotherapist Knee Clinic

Date: 5/6/07

Patients Details:

10028422W
CARROLL M
PAUL 13/04/1984
17 Stirling Place
Glasgow
Glasgow G4 0SF
0141 211 4107

Dear Dr HENDERSON

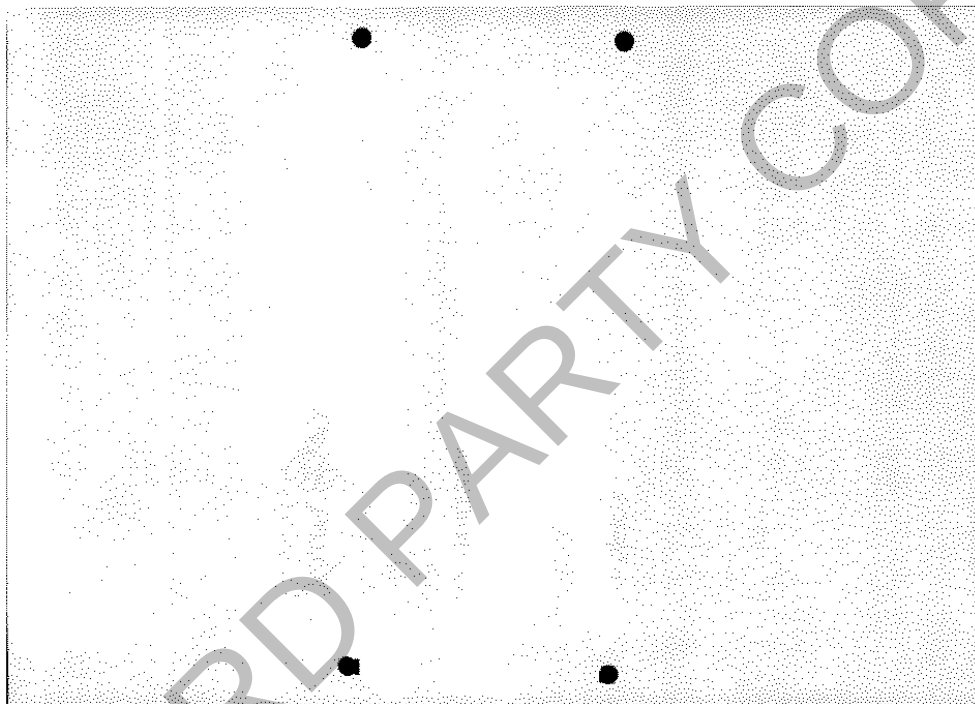
Your patient failed to attend their Physio Knee Clinic appointment today. We will make no further attempt to see this patient unless, of course, you think it is necessary. Please do let us know if you wish us to see your patient.

Yours sincerely

Kawa Egan
Physio Knee Clinic

08 JUN 2007

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Emergency Department
Glasgow Royal Infirmary
84 Castle Street
Glasgow

Dr Henderson
[REDACTED] Clinic
103 Main Street
Lennoxtown

G66 7DA
19 May, 2007

Dear Dr [REDACTED]

Re. PAUL CARROLL, 17 Stirling Place, Lennoxtown, GLASGOW, G66 7DX
Date of Birth 13.04.84 Hospital Number: 10605426W CHI Number: 1304846393

Your patient attended Glasgow Royal Infirmary on the 18 MAY 2007 at 09:24 am.

The presenting complaint was:	FALLS
Triage Information:	Fell Whilst Drunk Last Night Co Pain R. Shoulder Xrt
The following investigations were carried out:	Nil
The A&E diagnosis was:	** Injury ** - Dislocation - Shoulder - Right
The following treatment was given:	Nil
At the conclusion of treatment the patient was:	Discharged From Gri With Referral
Follow-up:	Fracture Clinic
Additional Information:	Nil

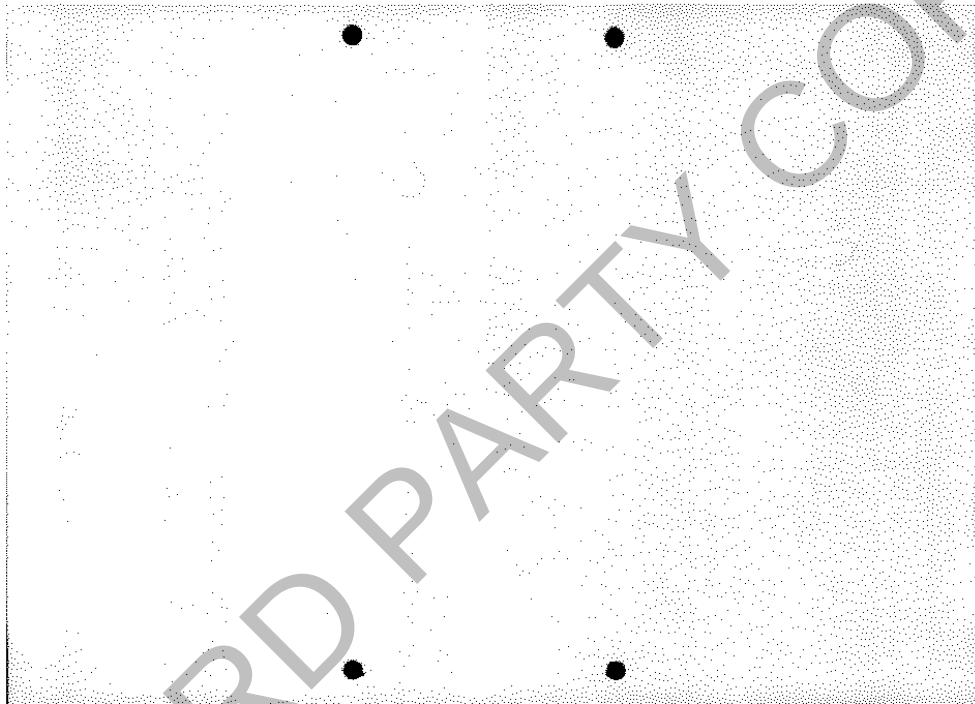
Yours sincerely,

Scott [REDACTED]
Consultant in Emergency Medicine

Consultants

23 MAY 2007

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FAX COVER SHEET

TO: ANDREA BLOODSWORTH	FROM: DR JR [REDACTED] HEALTH CENTRE MAIN STREET LENNOXTOWN G66 7DD
FAX NO: 01623 684 444 <i>684 491</i>	FAX NO: 01360 311740
TELEPHONE NO:	TELEPHONE NO: 01360 310357
NUMBER OF PAGES (INCLUDING THIS ONE) 2	DATE 25.5.07
MESSAGE URGENT REPLY ASAP PLEASE COMMENT	SUBJECT

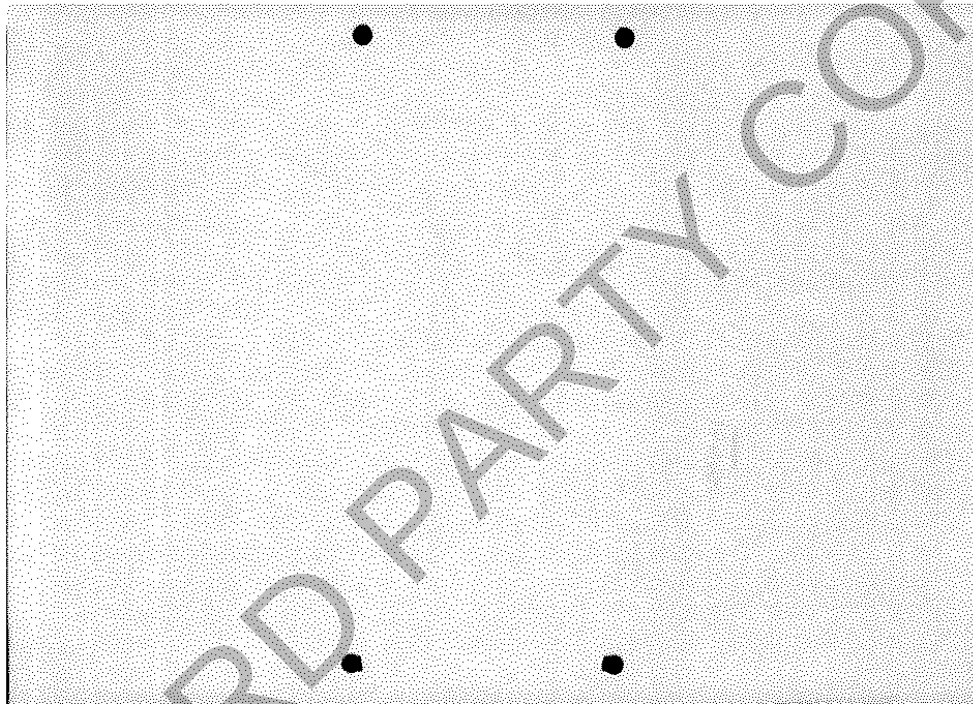
Please find enclosed copy of request for fee for medical report as requested.

NOTICE

The information contained in this facsimile is legally privileged and confidential information intended only for the use of the addressee listed on this cover sheet. If the reader of this message is not the intended recipient, you are thereby notified that any dissemination, distribution or copy of this telecopy is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone at the number listed on this cover sheet and delete the original message to us at the above address. Thank you.

*faxed
9/5/07
@ 10.50
JH*

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NHS Confidential: Personal data about a patient

01623 684 ~~4441~~ 491
ATTN:- ANDREA BLOODWORTH

JRH/AH

Babcock Networks Ltd
Newstead Court
Little Oak Drive
Sherwood Business Park
Amesley
Notts
NG15 0DR

16.3.07

Dear Sirs

Re: Paul Carroll
17 Stirling Place
Lennoxtown
DOB 13.4.84

Please find enclosed medical report for above
fee for which will be £60. We look forward to
receiving your cheque by return.

Yours faithfully

Dr. J.R. Henderson

faxed 29/4/07
@ 10.30
JRH

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GUIDANCE NOTES TO EXAMINING PHYSICIAN

Examination Objective:	to avoid safety hazards to the candidate or others from health conditions that will embarrass climbing or height work ability.
Confidentiality	The completed record is a confidential medical record and should be treated as such. It is to be forwarded to Babcock Networks Ltd. A certificate or opinion as to fitness must be sent promptly to [redacted] as on the certificate pro-forma heading, together with a separate account of your fee in accordance with prevailing BMA rates.
Candidate Experience	The past experience of the candidate in climbing/height work must be taken into account when making judgments of fitness, e.g., arthritis or monocular vision.
Effect on Safety	This is the prime consideration irrespective of diagnosis. Generalisations in judgments must be avoided and the particular effect on the individual of an illness must be the criterion.
Rescreening of Cases	Re-appraisal may be necessary upon return to work after illness or injury.
Vision	Near vision should be normal or corrected and distance should be corrected to at least 6/12 in each eye. Fields to confrontation should be full. Diplopia must be absent.
Colour Blindness	Is this present?
Hearing	Necessary for warning and safe communication
Neurological Disorders	Those affecting consciousness, co-ordination, balance and muscle power and tone must be excluded.
Cardiovascular	Heart block, hypertension, some arrhythmias, past history of myocardial infarction are safety hazards.
Respiratory Function	If reduced, may be hazard. As far as possible FEV and FVC should be measured and plotted against the expert figure.
Diabetes	Stable cases are not a hazard. Those liable to hypoglycaemia are a hazard.
Alcohol	This increasingly serious problem should be evaluated. Alcohol dependent cases are unsuitable. It is hoped that the examiner will take the opportunity to steer such individuals towards help.
Your Opinion	(repeating an earlier statement) On fitness or otherwise is your opinion. It should be founded on that individual and his fitness under the circumstances.
Further investigations	Should these be likely to lead to a speedy decision not otherwise possible. Babcock Networks Limited – must be contacted for authority for any extra expenditure required. Otherwise investigations are the province of the candidate's own doctor to whom you should refer the case.

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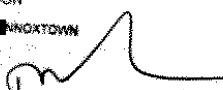
The examining Physician
PAUL [REDACTED] CARROLL 22.

is employed working on and climbing up high structures. Would you please examine the above person in accordance with the information requested below. The attached certificate (giving your opinion based on the examination as to fitness for such employment) should be posted by First Class Mail to Miss Laura Thompson at the above address. Please refer to the guidance notes attached prior to the examination.

General Condition	Healthy		
Disposition/Emotional Stability	Normal		
Locomotor System - stability of joints, full range of joint movement in trunk, neck and limbs. Gait and balance	No abnormality		
Vision - colour blindness	Yes / No Not examined		
	Near	N	Distant
	R	6/5	R 6/4
	L	6/5	L 6/6
	Both	6/5	Both 6/5
Hearing (Whisper test)	Normal R = L		
Nervous System - co-ordination, balance, muscle power and tone	Normal		
Cardiovascular System - rhythm, rate, BP	Pulse 72 reg. BP 128/70		
Respiratory System - function and reserve	Chest clear		
Urine (both protein and glucose)	Urine NEG GLUCOSE / PROTEIN		
Current Medication: Affect on reactions, alertness, co-ordination, mobility	None currently		
Fits, epilepsy, blackouts, dizzy spells?	No history		
Alcohol - signs of dependence	None		
	Fit	Unfit	
DR J. R. HENDERSON HEALTH CLINIC 103 MAIN STREET, LENNOXTOWN GLASGOW G8 7DD TEL [REDACTED]			

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Babcock Networks - EMERGENCY MEDICAL RECORD	
Employee:	PAUL RYAN CARROLL
Address:	17 STIRLING PLACE LENNOXTOWN GLASGOW G66 7DX
Doctor's Name:	DR. HENDERSON
Doctor's Address:	LENNOXTOWN CLINIC MAIN ST
Blood Group:	not known
Allergies:	NONE
Tetanus State:	childhood vaccines only Immune records of x3 tet vaccines in childhood.
Personal History: (e.g. Diabetic / Steroids)	NONE
Previous Accidents / Illness:	Fracture (L) mandible.
I AUTHORISE THE ABOVE INFORMATION TO BE DISCLOSED TO MY EMPLOYER	
PRINT NAME:	PAUL CARROLL
SIGNED:	P. Carroll
DATE:	19.3.07
DOCTOR'S AUTHORISATION / STAMP / SIGNATURE	DR J. R. HENDERSON HEALTH CLINIC 103 MAIN STREET, LENNOXTOWN GLASGOW G66 1DD TEL: 01360 310357 
DATE:	15/3/07

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PLEASE HAND THIS PAGE TO PATIENT

CERTIFICATE OF FITNESS		
Laura Thompson Babcock Networks Ltd Newstead Court Little Oak Drive Sherwood Business Park Annesley Notts NG15 0DR Tel: 01623 684148 Fax: 01623 684491		
PAUL CARROLL		
☒ FIT	☐ UNFIT	Further investigations are necessary
Dr Henderson		
J. R. HENDERSON		
15.3.07		
DR J. R. HENDERSON HEALTH CLINIC 103 MAIN STREET, LENOXTOWN GLASGOW G86 7DD TEL: 01380 318357		

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 **MEDICAL REPORT** 

Babcock Networks Ltd
Newstead Court
Little Oak Drive
Sherwood Business Park
Annesley
Nottinghamshire NG15 0DR

Tel: 01623 684000
Fax: 01623 684001
Email: babcocknetworks.co.uk

Dear Dr HENDER [REDACTED]

I agree to the details and results of my examination being supplied in confidence to:
[REDACTED] HR Assistant at the above address.

Signed: P. Carroll

Name (print): PAUL CARROLL

Address: 17 STirling PL
LENNOX TOWN
G66 7DX.

G:\Human Resources\Recruitment\Documents for offer packs\Weekly - documents for offer packs\Medical Report Form - LMT.doc

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JRH/AH

Gallacher & Co.
106 Cowgate
Kirkintilloch
G66 1JU

22.1.07

Dear Sirs

Re: **Paul Carroll**
17 Stirling Place
Lennoxtown
DOB 13.4.84
Your ref: KMCL/K7480/LS/JR

Thank you for your letter of 11.12.06 and subsequent mandate.

Mr. Carroll sustained injuries on 25.5.06. He had a fractured left mandible repaired with screws and plates, suturing of facial lacerations and repair of extensor tendon in left arm.

He required sutures to his left hand and to a wound over his right scapula. He was discharged from hospital on 26.5.06 and at review on 5th June his injuries were healing well (Orthopaedics). Similarly Maxillofacial review on 7th June showed satisfactory healing.

He did not attend further Maxillofacial follow up on 22nd June.

I saw Paul on 8.6.06 and found him to be very anxious with sleep disturbance for which I gave him Lormetazepam. He was particularly anxious about going out.

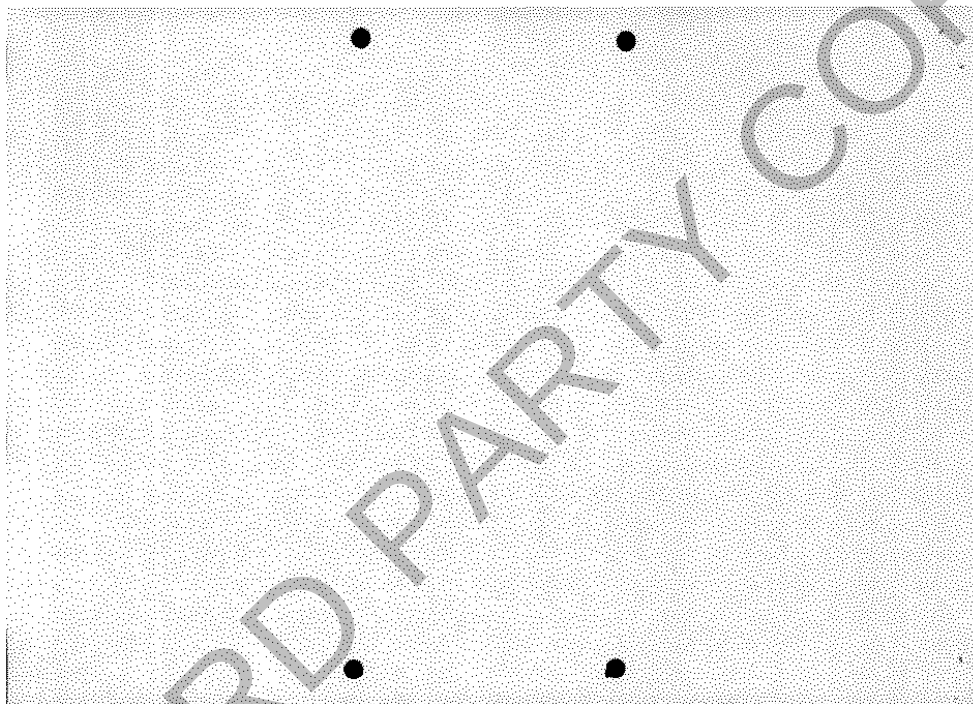
I have not seen him since that time and he has not been prescribed "Valium" from this Surgery - although the [REDACTED] mentioned above [REDACTED] well be what he means.

Yours faithfully

Dr. J.R. Henderson

Fee for medical report: £40.00

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Partners:
Karen McLean
11, 28 Street, Glasgow, G4 7P
bureau@kmclean.co.uk
Martin G. Hughes
11, 28 Street, Glasgow, G4 7P
martin@kmclean.co.uk

Gallacher & Co.
Solicitors

106 Cowgate, Kirkcaldy
Glasgow G85 1JL
Telephone: 0141 776 1111
Emergency No: 0783 470 930
Fax: 0141 777 7872
DX Box No. 600629
L.A. Reg 26997

Date: **17th January 2007**

Your Ref: Our Ref: **KMcL/K7480/LS/JR** From: **Karen McLean**

FAX: 01360 311740
Doctor Henderson
Health Clinic
Main Street
Lennoxtown
G66 7DD

Dear Doctor Henderson

PAUL [REDACTED]
13.4.84

We refer to our request for a report before Christmas.

You had telephoned to request a mandate and it has taken us some time to achieve this!

The mandate is attached and we look forward to hearing from you.

Yours faithfully

Partner
Gallacher & Co
Enc - Signed mandate

22 JAN 2007

Dear Sir,
Paul Smith -
Thank you for your letter of 11.12.06
and subsequent meeting.
The Council continued from 25.5.06. As has a further left middle
opened with views on public, nature of
situation within a left arm
He signed survey to the left and as
to view and the right section
to view directed from completed on 26.5.06
and at review on 31.05.06 the reform were
linked with (cost operations) similarly.
Meanwhile looking on 7 June above
nature of looking further middle ground follow
We did not attend further middle ground follow
on 22.05.06.
I saw Paul on 8.6.06 and found him to
be very anxious with sleep disturbance
for which I gave him Comelofen
He was particularly anxious about going
out
I have not seen him since that time and
do not have prescribed a value from the
surgeon - add only the relative nature of
may well be what he means

Yours

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Partners:
Karin McLean
11.20 (Mond. 10.15. P. M.P)
carroll@gallacher.co.uk

Martin G. Hughes
11.20 (Mond. 10.15. P. M.P)
martin@gallacher.co.uk

Gallacher & Co
Solicitors

100 Cowgate, Arden Road
Glasgow G66 1JL
Telephone: 0141 776 1111
Emergency No. 07831 470 930
Fax: 0141 777 7875
DX Box No 600626
L. A. Post 199997

Date: **11 December 2006**

Your Ref: Our Ref: **K7480** Mrs. McLean
Please reply to.

Dr [REDACTED]
Health Clinic
Main Street
Lennoxtown G66 7DD

Dear Dr [REDACTED]

PAUL CARROLL (DOB 13 4 84)

We act for Paul Carroll. We gather he has spoken to you about the problems he is having complying with a condition of bail that he does not enter Lennoxtown.

We have agreed that we will attempt to have the court remove this condition of bail but we would need some thing in support of it.

Mr Carroll indicates, as does the [REDACTED] that he has been struggling with his health and mood since the serious assault upon him. We understand he is in receipt of a prescription for Valium to assist.

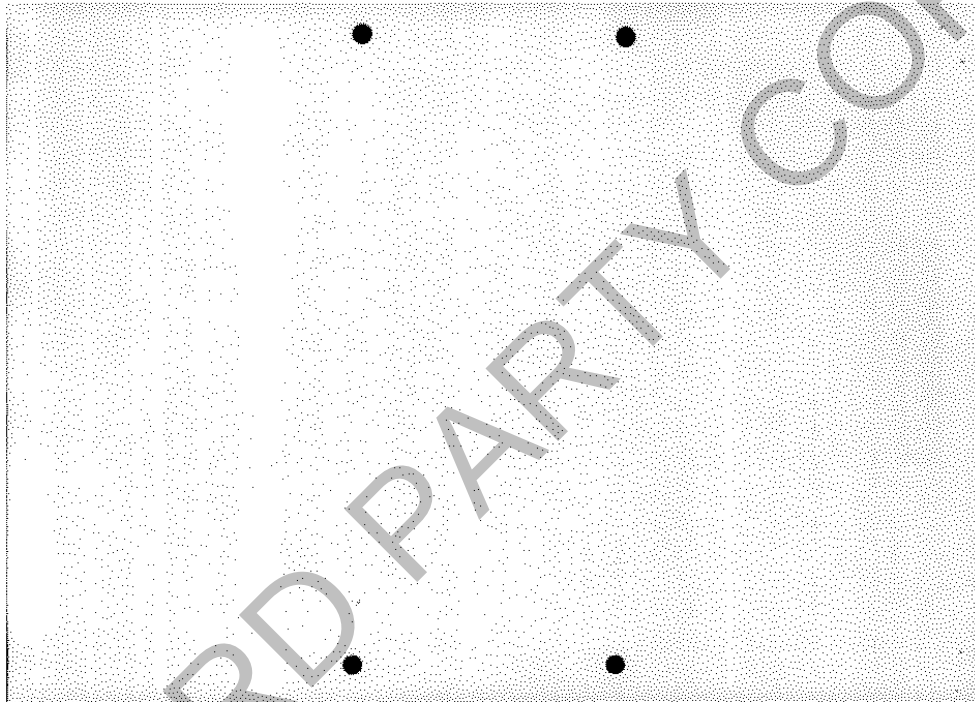
Would it be possible to have a report from you indicating the nature of, and extent of the injuries sustained by him and the consequences including reference to any medication that he requires.

We will of course be responsible for any reasonable fee incurred.

Yours faithfully
Partner
Gallacher & Co

14 DEC 2006

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CP Name : DR Henderson
CP Address : MAIN ST CUMIL
L/TOWN

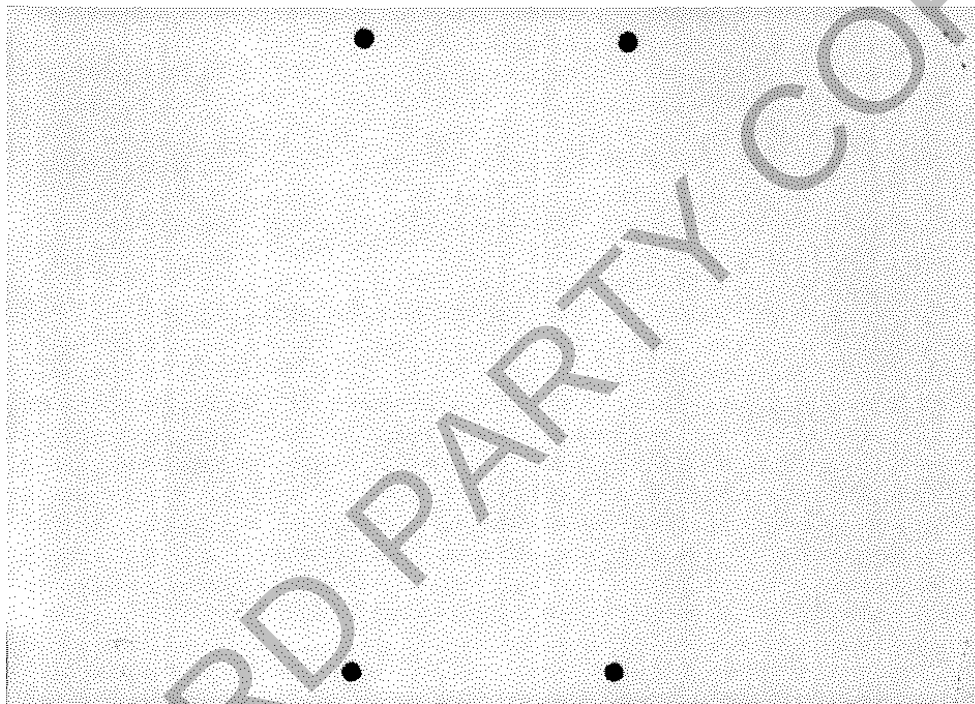
MANDATE

Name : Paul Carroll
DOB : 13-4-84
Address : 17 STIRLING PL
LENNOKTOWN
G66 7DY

I, hereby instruct the release of any papers or information regarding [redacted] medical records to my solicitors, Messrs Gallacher & Co, 106 Cowgate, Kirkintilloch, Glasgow.

Signed : .. P. Carroll

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South Glasgow
University Hospitals
Division

1345 Govan Road
Glasgow G51 4TF
Telephone: 0141-201-1100
Fax: 0141-201-2999
www.nhs.gov.uk

NHS
Greater
Glasgow

Southern General Hospital
REGIONAL MAXILLOFACIAL UNIT
CONSULTANT: MR G A WOOD

Direct Line: 0141 201 1100
Fax No: 0141 201 2999
Email: Shelia.Owen@nhs.uk

Ref: GAW/SO/SG 3102198

Clinic: 22nd June, 2006
Dictated: 22nd June, 2006
Typed: 23rd June, 2006

Dr. Henderson
Lennoxtown Clinic
103, Main Street
Lennoxtown
G66 7DA

Dear Dr. [REDACTED]

RE: PAUL CARROLL - D.O.B. 15.04.84 UNIT NO. 5102198
17, STIRLING PLACE, LENNOXTOWN, GLASGOW. G66 7DX

The above patient failed to attend today for review appointment. We will assume that all is well and have not arranged a further follow up appointment.

Should you have any future concerns about this patient please do not hesitate to re-refer.

Kind regards,

Yours sincerely,

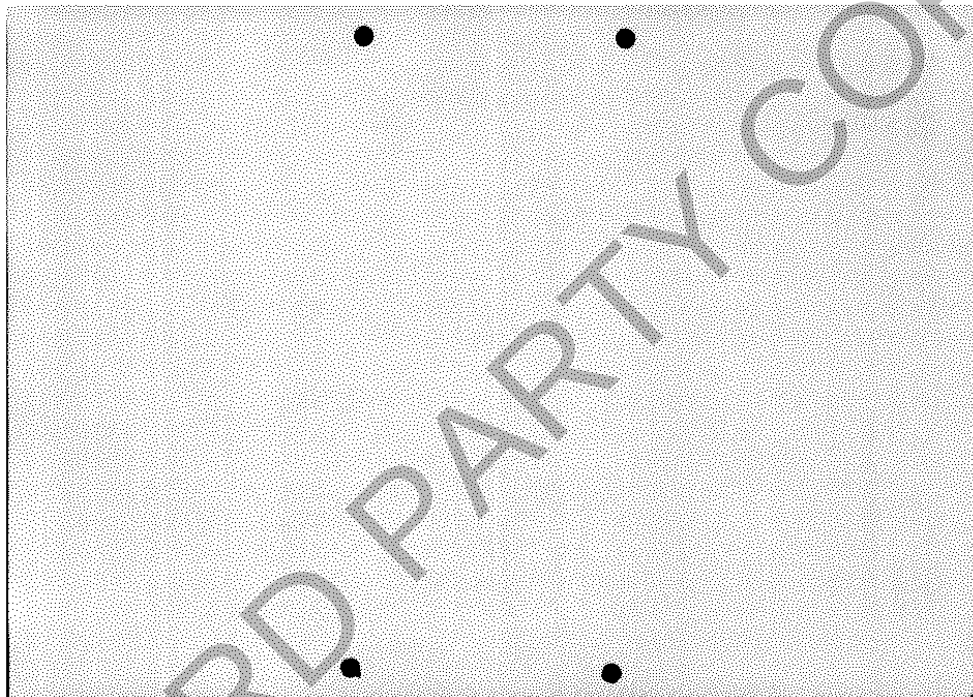

MR. [REDACTED] A. [REDACTED] MBChB BDS FDS FRCS (Edin)
CONSULTANT & HONORARY SENIOR LECTURER
ORAL & MAXILLOFACIAL SURGEON

Southern General Hospital • Victoria Infirmary • Mansionhouse Unit • Mearns Kirk House

SGH 402 form 03/02/01

28 JUN 2006

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South Glasgow
University Hospitals
Division

1345 Gowan Road
Glasgow G51 4TF
Telephone 0141 201 1100
0141 201 2999
www.nhsgg.org.uk

NHS
Greater
Glasgow

Southern General Hospital
REGIONAL MAXILLOFACIAL UNIT
WARD 62

Secretary: (0141) 232 7602
Fax No: (0141) 232 7308

Ref: JC/JF

Dictated: 27/05/06
Typed: 16/06/06

Dr [REDACTED]
Lennoxtown Clinic
103 Main Street
Lennoxtown
G66 7DX

Dear Dr Henderson

PAUL CARROLL DOB 13/4/84 UNIT NO. 3162128 CHI 1304846393
17 STIRLING PLACE, LENNOXTOWN G66 7DX

DISCHARGE SUMMARY

Consultant: Mr I Holland
Date of admission: 25/05/06
Date of operation: 25/05/06
Date of discharge: 26/05/06
Procedure: ORIF fractured left mandible with screws and plates.
Suturing of facial lacerations. The patient was also seen during the operation by the orthopaedics who repaired extensor tendon left arm, sutured palm of left hand and sutured right scapula wound from back stab injury.

Course in hospital: Uneventful.
Drugs on Discharge: Co-codamol and Chlorhexidine mouthwash.
Follow up: To be seen on the Outpatient Clinic on Tuesday 6th June and to be reviewed by orthopaedic in ten days time at the Fracture Return Clinic.

Kind regards

Yours sincerely

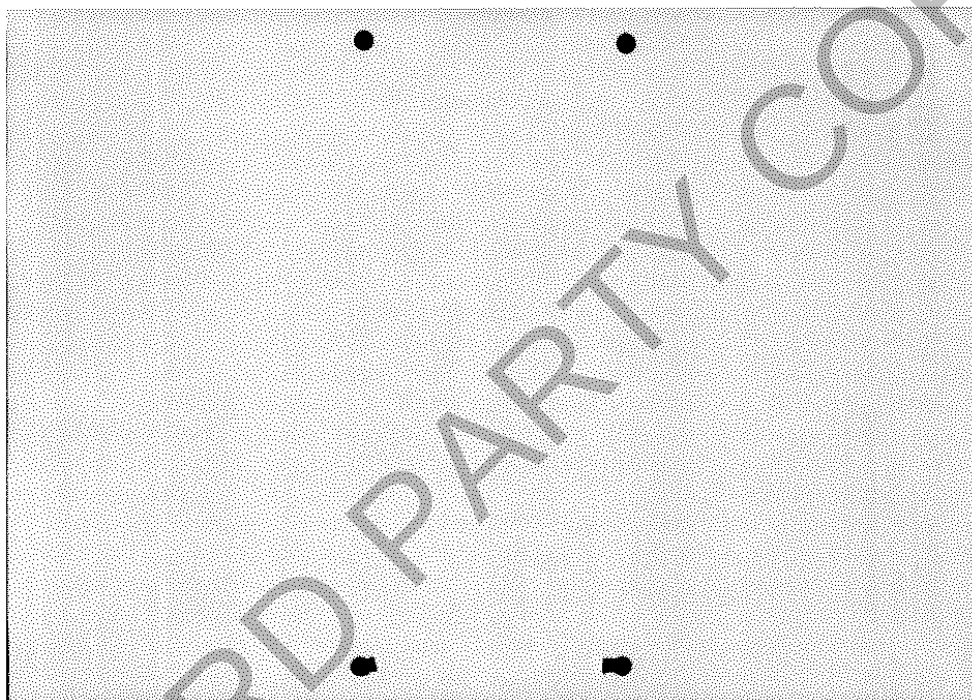
[Signature]
Jill Chisholm
SHQ in Oral & Maxillofacial Surgery

Southern General Hospital • Victoria Infirmary • Mansionhouse Unit • Meams Kirk House

SGH 402 Form 03/02/03

21 JUN 2006

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South Glasgow
University Hospitals
Division
Southern General Hospital

1345 Cowan Road
Glasgow G51 4TB
Telephone 0141-201-1100
Fax 0141-201-2999
www.nhs.uk

NHS
Greater
Glasgow

DEPARTMENT OF ORTHOPAEDIC SURGERY
MR D MEEK BSc MD FRCS [Trauma & Orth]
Secretary: 0141 201 1469
DM/

05/06/06
CHI:1304846393

DR JAMES HENDERSON, JR
LENNOXTON CLINIC
LENNOXTON
G66 7DA

Dear Dr Henderson,

PAUL CARROLL DOB: 13/04/84 (SG0316212R)
17 STIRLING PL, LENNOXTOWN, GLASGOW, G66 7DX

I reviewed this patient in the clinic today ten [REDACTED] following an injury to his left hand that resulted in multiple lacerations which were washed out and closed in theatre and his wounds look well healed today. He had an 80% division of the extensor tendon of the index finger which was repaired. Sutures were removed today and I have proceeded to discharge him from my care today.

Thank you and kind regards.

Yours sincerely

E Ogunwale
Specialist Registrar

18 JUN 2006

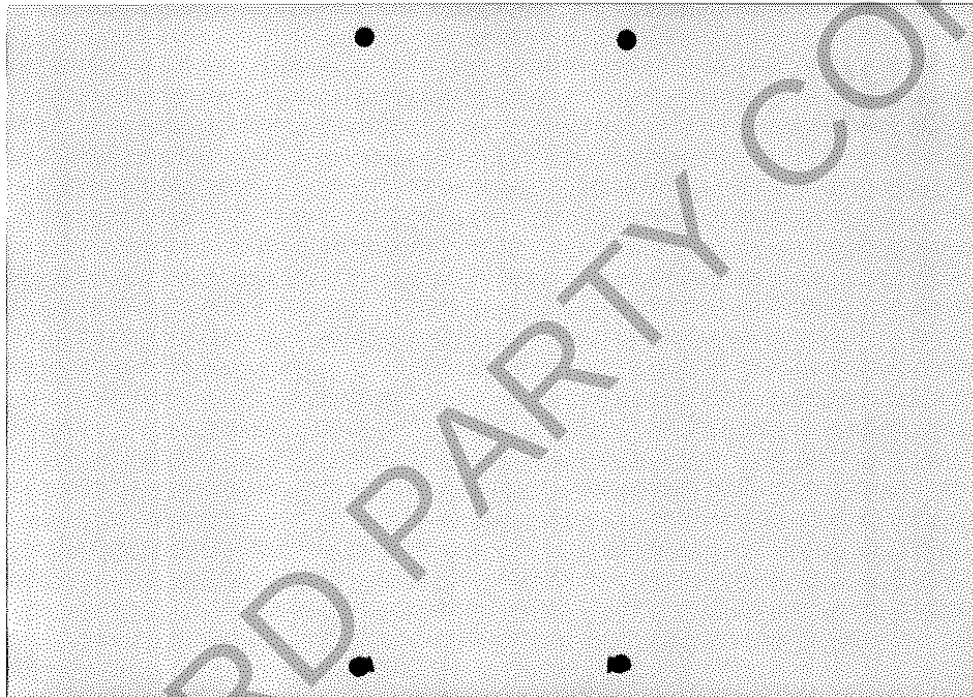
Run: 12/06/06-16:52 by MCARTHUR, MCIRA

Page 1 of 1

[REDACTED] General Hospital • Victoria Infirmary • Mainhouse Unit • Meamsark House

SGH 402 Item 034833

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South Glasgow
University Hospitals
Division

1345 Govan Road
Glasgow G51 4TF
Telephone 0141-201-1100
Fax 0141-201-2999
www.nhs.uk

NHS
Greater
Glasgow

Southern General Hospital
REGIONAL MAXILLOFACIAL UNIT

Reception: 0141-201-1980
FAX: 0141-232-7508
Direct Line: 0141-201-2524
Email: kathleen.dougan@nhs.uk

Ref: RC/KED/3162128

Typed: 7th June 2006

Mr Roger Currie's Trauma Clinic: 6th June 2006

Dr J Henderson
Lennoxtown Surgery
103 Main Street
Lennoxtown G66 7DA

Dear Dr Henderson

Paul CARROLL - dob: 13/04/1984
17 Stirling Place, Lennoxtown, Glasgow G66 7DX

I had the opportunity to review your patient Mr Carroll at the Maxillofacial Trauma Clinic today. He presents some two weeks following open reduction and internal fixation of the left mandible.

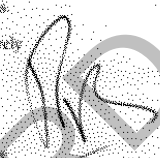
Everything has settled well, his occlusion is stable and the nerve dysfunction on the mental nerve is recovering.

His facial lacerations are settling well and I have advised him to massage these.

I have arranged for review with my Consultant colleague, Mr Holland, on 22nd June 2006. I am sure Mr Holland will keep you informed of further progress.

Kind regards

Yours sincerely



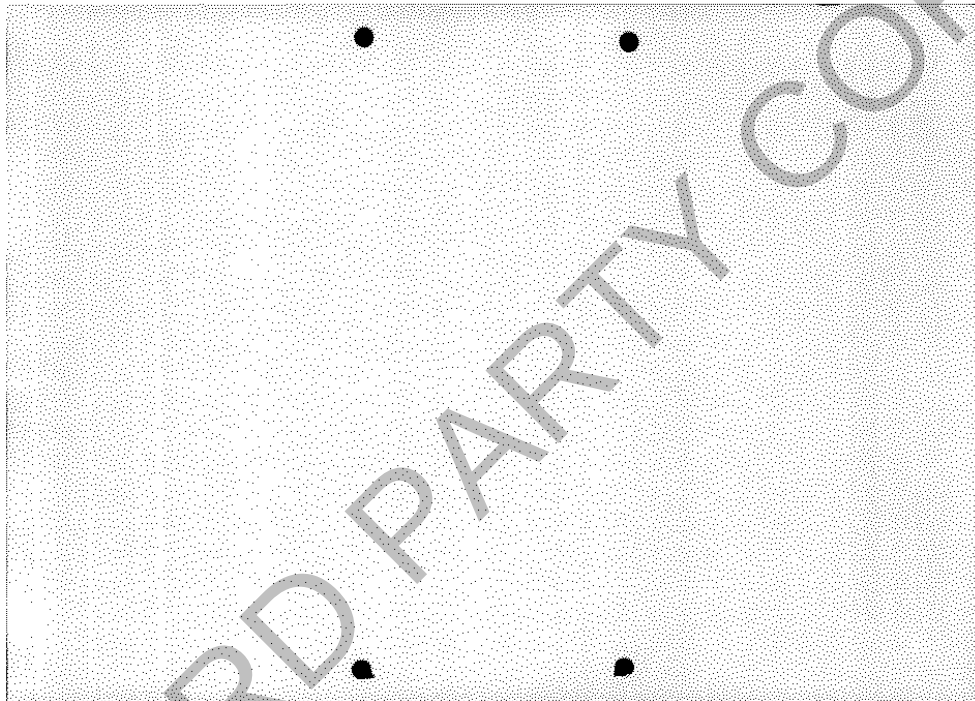
Roger Currie
Consultant Oral Maxillofacial Surgeon

22 June 2006

Southern General Hospital • Victoria Infirmary • Mansionhouse Unit • Mearns Kirk House

SGH 402 Form 0368211

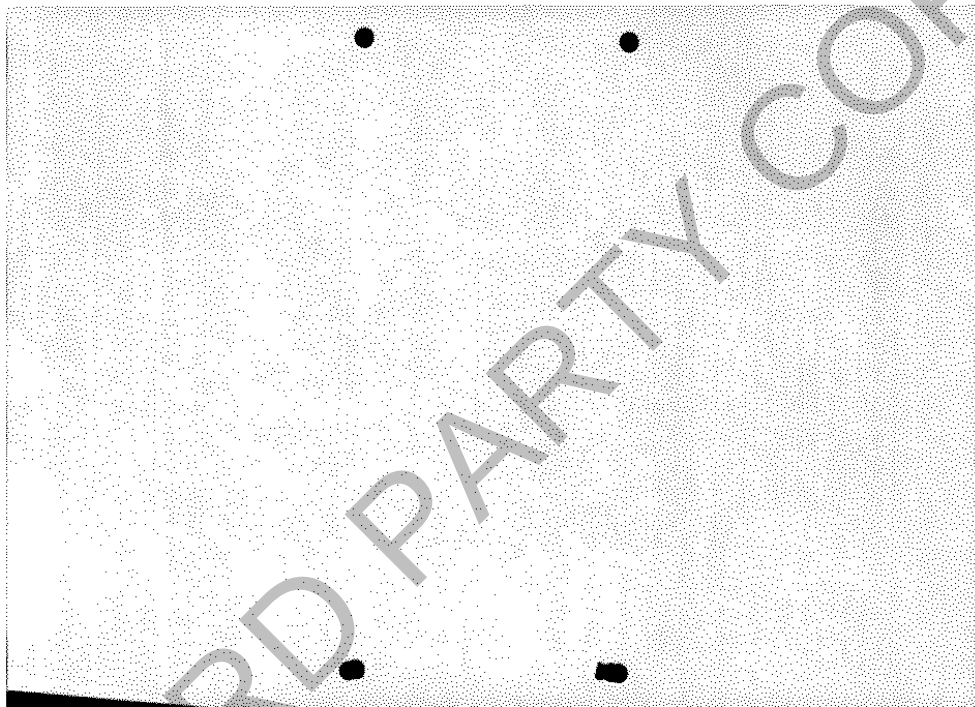
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Glasgow Emergency Medical	
Job No.	1648432
Time of Call	29/05/2006 19:49:00
Patient's Name	Paul Carroll
Patient's Address	17 Stirling Place Lennoxtown Glasgow
Phone No.	01360310582
Callers Name	Angela
Name of GP	Henderson, J R
Surgery	127 Campsie Surgeon
Call Type	Pr 4 Within 4 Hours
Date of Birth	13/04/1984
CAR ID	
Send to Car	29/05/2006 19:56:17
Received	29/05/2006 19:56:21
Ack'd	
Arrived	
Departed	
Completed	
Call Passed	29/05/2006 20:03:36
Symptoms	JAW PAIN, HEAD INJURY SEE A/V COMMENTS: PATIENT WAS IN HOSPITAL DUE TO AN ASSAULT LAST WEEK, HEAD AND FACE INJURYS, BROKEN JAW, HOSPITAL GAVE HIM PAIN KILLERS BUT THEY ARNT HELPING ADVISED TO CALL BACK IF WORSENS OR DEVELOPS ANY NEW SYMPTOMS. Clinical Summary created 29 May 2006 3RD PARTY CALL/SEVERE JAW PAIN, ASSAULTED LAST WEEK, ATTACKED WITH SWORD, HEAD & FACIAL INJURIES, BROKEN JAW, HAD SURGERY, JAW WIRED, SURGERY TO HANDS, DISCHARGED HOME FRIDAY, TAKEN REGULAR SOLPADOL, NO EFFECT, TAKEN MORE
Notes	kg [REDACTED] clo pain not distrenal, systematically ualy add naproxen 500, but to 15-20/1000 see on GP Mon
Medication	SOLPADOL G. 16/06/06 ✓ 2058 [REDACTED]
Allergies	NIL
History	NIL

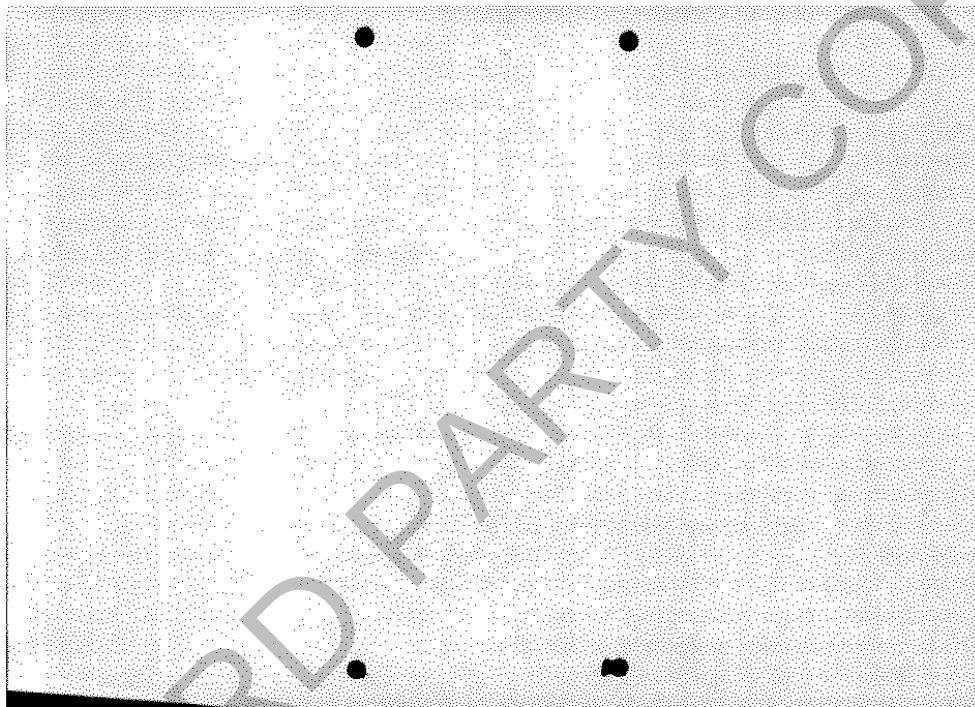
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Call No: 1648432	CHI No: 1304846393	Date: 29 May 2006	NHS 24 No: 3307870
Patients Name: Paul Carroll		D.O.B. Age: 13/04/1984 22 Y	Callers Name: Angela
Address Today: 17 Stirling Place Lennoxtown Glasgow		Home Address if different: 17 Stirling Lennoxtown Glasgow	
Post Code: G66 7DX	Post Code: G66 7DX		
Phone Number: (01360) 310 582	Call Type: Home Visit within 4 Hrs		
Name of GP: J R	Time Call Received at NHS 24: 19:19		
Surgery: 127 Campsie Surgery / Torrance Clinic	Time Details Received at GEMS: 19:49		
Practice Number: 127	Time Patient Arrived: 20:58		
Fax Number: 01360 311740	Consultation Start time:		
Speed Dial: 0245W	Consultation End time: 21:03		
Dispatched To: HOME VISIT			
Clinical Information JAW PAIN, HEAD INJURYS SEE AMComments: PATIENT WAS IN HOSPITAL DUE TO AN [REDACTED] HEAD AND FACE INJURYS, BROKEN JAW. HOSPITAL GAVE HIM PAIN KILLERS BUT THEY ARNT HELPING ADVISED TO CALL BACK IF WORSENS OR DEVELOPS ANY NEW SYMPTOMS Clinical summary created: 29-May-2006 3RD PARTY CALL/SEVERE JAW PAIN. ASSAULTED LAST WEEK. ATTACKED WITH SWORD, HEAD & FACIAL INJURIES, BROKEN JAW. HAD SURGERY. JAW WIRED. SURGERY TO HANDS. DISCHARGED HOME FRIDAY. TAKEN REGULAR SOLPADOL. NO EFFECT. TAKEN MORE THAN PRESCRIBED DOSE. TOOK NUROFEN LAST NIGHT. NO EFFECT. ADVISED X2 NUROFEN MEANTIME. TOO SCARED TO LEAVE HOUSE. HOME VISIT WITHIN 4 HOURS			
Primary Care Nurse			
BP: /	Pulse	Temp: °C	Allergies
Clinicians Notes			
HV as planned - DB. Broken Jaw. NAPROXIN			
Referral:	Seen by Dr: Leche	Rota No:	Nurse:
30-May-2006 02:51 Glasgow Emergency N 01416166257			

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NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
 ACCIDENT & EMERGENCY DEPT.
 STOBHILL HOSPITAL
 GLASGOW
 G21 3UW
 Tel: 0141-201-3001
 Fax: 0141-201-3051

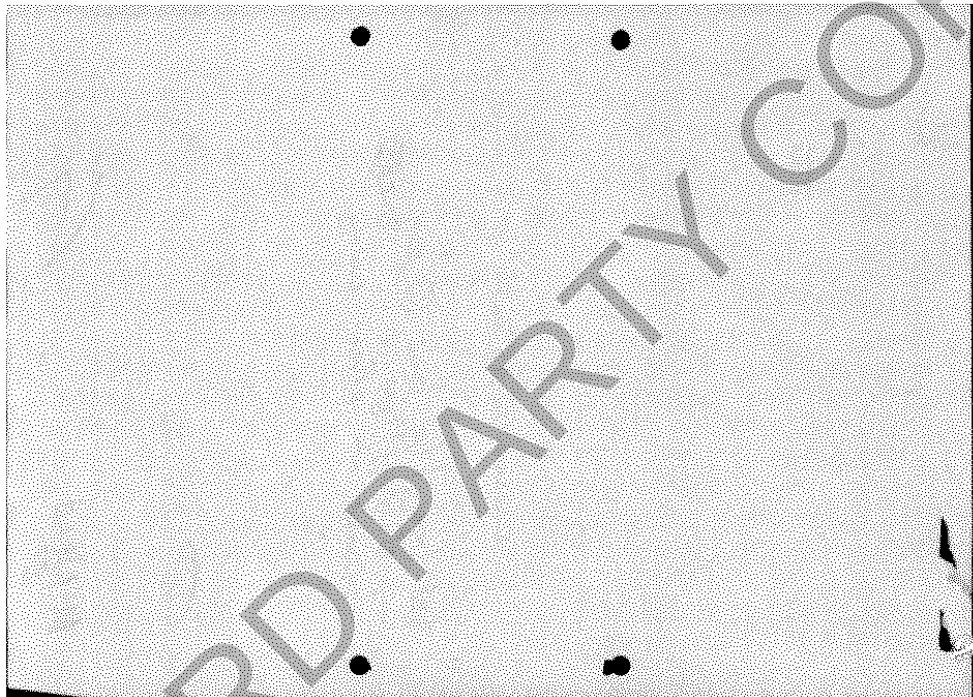
Associate Specialist: Dr Jennifer Davine
 Nurse Manager: Susan McFarlane

CRN: 10605426W

NHS
 Greater Glasgow
 G.P. COPY

P A T I E N T	Surname	Forename	Age	Date of Birth	Att	Time	AE Number																										
	CARROLL	PAUL	21	13/04/84	24/02/06	11:50	906148/06																										
	Address		Sex	Religion	Date of Inc	Time																											
	17 Stirling Place Lennoxtown GLASGOW				24/02/06	23/02/06																											
G P	PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival																											
	066 7DX	01380310582	Single -		OTHER	WALKING																											
NEX OF KIN	Name	Address			Referred by																												
	Dr HENDERSON	LENNOXTOWN CLINIC 103 MAIN STREET LENNOXTOWN G66 7DA 01380310357			SELFREF																												
Name	Address			Complaint																													
	MOTHER	17 Stirling Place Lennoxtown GLASGOW G66 7DX			ASSAULT																												
TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT Dear Doctor, The above-named patient attended Accident & Emergency Department today. <i>Police called @ home 13:30 advised in return to casualty to be seen @ 14:55. Police called 13:15 re: minor dpr. Says Paul not seriously injured as evidenced.</i> <i>Caused @ 13:00 pm had left department 14:55. Police called 13:15 re: minor dpr. Says Paul not seriously injured as evidenced.</i> <i>Head injury / leg below @ car.</i> <i>→ Staircase / fall.</i> <i>→ Police into police custody.</i> <i>28 FEB 2006</i>																																	
Drugs _____ days supply of _____ has been given. Drugs _____ days supply of _____ has been given. Drugs _____ days supply of _____ has been given. Tetanus Prophylaxis has / has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick) Would you please arrange _____ Signature of Medical Officer _____																																	
DISCHARGE CODES: Please circle 1. Admitted 3. Refer to G.P. 5. Died 7. Irregular Discharge 2. Discharge 4. Transfer to other hospital (see below) 6. Refer to G.P. Clinic (see below) 8. D.O.A. Used for consent Transfer to hospital RIS																																	
<table border="1"> <tr> <td>Gen</td> <td>AE</td> <td>Dressings</td> <td>Hand</td> <td>Fracture</td> <td>Ortho</td> <td>Medical</td> <td>Surgical</td> <td>Skin</td> <td>ENT</td> <td>Gyn</td> <td>OHPAT</td> <td>Others (specify)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								Gen	AE	Dressings	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn	OHPAT	Others (specify)													
Gen	AE	Dressings	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn	OHPAT	Others (specify)																					
Medical Officer's Name (in BLOCK LETTERS) <i>McNEISH</i> Cont. SpR SHO3 SHO JHO Clin Assist ENP AS SG Signature of Medical Officer																																	

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NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
 ACCIDENT & EMERGENCY DEPT.
 STOBHILL HOSPITAL
 GLASGOW
 G21 3JAW
 Tel: 0141-201-3081
 Fax: 0141-201-3051

Associate Specialist: Dr Jennifer Devine
 Nurse Manager: Susan McFarlane
 CRN: 10605426W

NHS Greater Glasgow G.P. COPY

PATIENT

Surname	Forname	Age	Date of Birth	Arr Date	Time	AE Number
CARROLL	PAUL	21	13/04/84	25/02/06	12:25	006278/06
Address		Sex	Religion	Date of Inc	Time	
17 Stirling Place Lennoxtown GLASGOW		Male		25/02/06		
PC		Marital Status	Occupation/School	Type of Inc	Mode of Arrival	
G66 7DX Tel: 01360310582		Single -		OTHER	WALKING	
Name		Address		Referred by		
Dr HENDERSON		LENNOXTOWN CLINIC 103 MAIN STREET LENNOXTOWN G66 7DA 01360310357		OTHER		
Name		Address		Complaint		
Relat: MOTHER		17 Stirling Place Lennoxtown GLASGOW G66 7DX		ASSAULT		
Tel. No: 310582						

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Recalled for Rpt SXR:- ?Fluid splenic sinus
 CT BRAIN - no evidence intra-cranial haemorrhage
 → Discharge into police custody

28 FEB 2006

Drugs _____ days supply of _____ has been given.
 Drugs _____ days supply of _____ has been given.
 Drugs _____ days supply of _____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HAT() (Please Tick)

Would you please arrange _____ Signature of Medical Officer: _____

DISCHARGE CODES: Please circle

1. Admission 3. Refer to G.P. 7. Irregular Discharge
 2. Discharge 4. Transfer to other hospital (see below) 6. Refer to O.P. Clinic (see below) 8. D.O.A.

Ward No. (if admitted) _____ Transfer to Hospital: _____ RIS _____

Clinic	AE	Dressings	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn	CHPAT	Others (specify)
Referred to												

Medical Officer's Name (in BLOCK LETTERS) **McWELSH** Signature of Medical Officer: _____

Core: Spt SHOS JMO Clin Assist ENP AS SG

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STIRLING UNIVERSITY HOSPITALS NHS TRUST
 ACCIDENT & EMERGENCY DEPT.
 HOSPITAL
 Tel: 0141-201-3081
 Fax: 0141-201-3051

Associate Specialist: Dr Jennifer Devine
 Nurse Manager: Ann Frances Fisher

CRN: 10605426W
 NHS Greater Glasgow G.P. COPY

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
CARROLL	PAUL	20	13 Apr 1984	19/04/04	14:15	013200/04-850
Address		Sex	Religion	Date of Inc	Time	
17 Stirling Place Lennoxtown GLASGOW		MALE		19/04/04		
Mental Status		Occupation/School	Type of Inc	Mode of Arrival		
Single -			OTHER	WALKING		
PC	Tel					
066 72X	310582					
Name	Address		Referred by			
J HENDERSON	LENOXTOWN CLINIC 103 MAIN STREET LENOXTOWN G66 7SA		SELF REFERRAL			
Next of Kin	Name	Address		Complaint		
	Relat: MOTHER	17 Stirling Place Lennoxtown GLASGOW		INJURY		
	No 110582	G66 7DX		R. Hinkley		

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Triage Time
 Triage Category

Dear Doctor:
 1450 [redacted] patient attended Accident & Emergency Department today.
 2003 [redacted] @ ankle while walking downstairs 2/7 ago. Trauma w/ bearing. Bruised & swollen ++ Painful. o/e @ ankle. Extensor bulging round at malleolus & up to lower leg. Tender at malleolus, non-tender else. Good plantar flexion, & dorsiflexion. Sensation ✓ pulses ✓
 Xray no bony injury. Plan: D/C Analgesia.

Drugs _____ days supply of _____ has been given.
 Drugs 4 days supply of Codydianol 1100 has been given.
 Drugs _____ days supply of _____ has been given.

Tetanus Prophylaxis has/has not been administered TT Course _____ TT Booster _____ HATI _____ (Please Tick)

Would you please arrange _____ Signature of Medical Officer _____

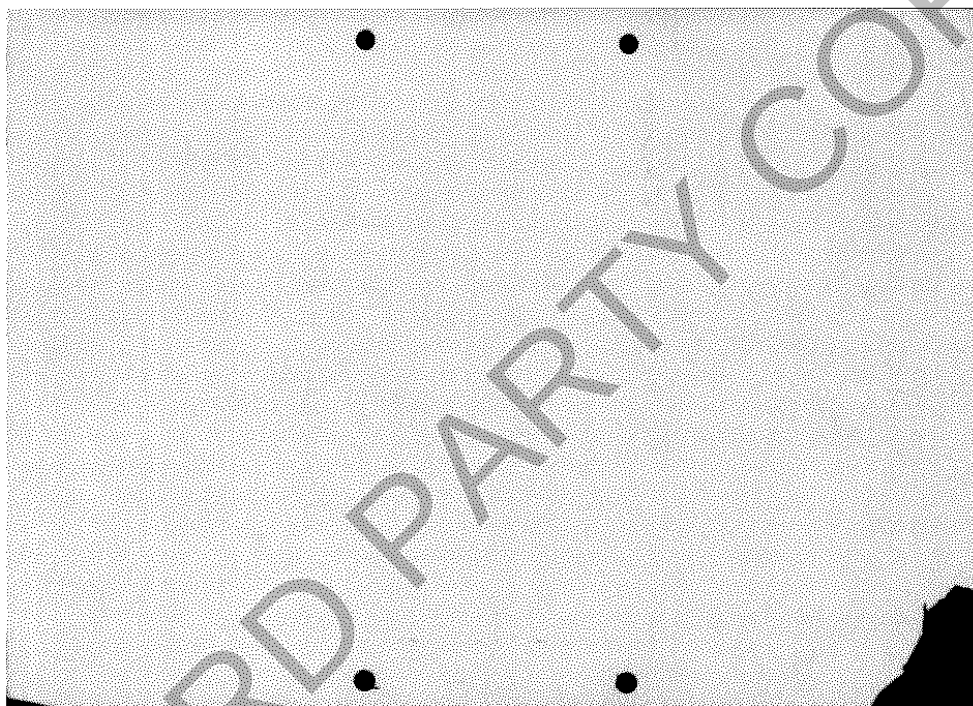
DISCHARGE CODES: Please circle		Discharge Time:	
1. Admission	3. Refer to G.P.	5. Died	7. Irregular Discharge
2. Discharge	4. Transfer to other hospital (see below)	6. Refer to G.P. Clinic (see below)	8. D.O.A.
Ward No. (if admitted)	Transfer to Hospital	URS	
Clinic	AE	Dxwings	Head
Fracture	Ortho	Medical	Surgery
Skin	ENT	Gyn	OH PAT
Others (specify)			

Medical Officer's Name (in BLOCK LETTERS)
 S. Anglin

Signature of Medical Officer
 21 APR 2004

Geni SpR SHO3 SHO JHO Clin Assist ENP AS SG

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North Glasgow University Hospitals
NHS Trust
Department of General Surgery
 Mr R [redacted] Mr J S Smith
 Mr D J Marshall Mr A J McMahon
 Mr A Butler Mr M Moschos

Digestive Diseases Directorate
 Stobhill Hospital
 133 Balmorock Road
 Glasgow
 G21 3UW
 Direct Line: 0141 201 4186 - Mrs Patricia Tullon

NHS
Greater Glasgow

GS/EM

Dictated: 31.07.02
 Typed: 01.08.02

Dr J Henderson
 Health Services Clinic
 Main Street
 Lennoxtown
 G66 7DD

Dear Dr Henderson

PAUL CARROLL DOB: 13.04.84 UNIT NO 405426
17 STIRLING PLACE LENNOXTOWN G66 7DX

Consultant: Mr R Dalling
 Admitted: 23.07.02
 Discharged: 24.07.02
 Ward: 2A
 Diagnosis: Head injury and # (R) wrist
 Procedure: None
 Follow Up: Fracture Clinic GRI

Paul was brought in by the police having [redacted] found unconscious in the street. He had been out drinking and had sustained a number of injuries: significantly his conscious level was depressed. CT scan did not show any evidence of intracranial pathology. He had a peri-orbital haematoma on the right side with no obvious injuries to the eye within. He has a fracture of the right styloid process of ulna which has been placed in a back-slab and referred to the Orthopaedic surgeons. He does not [redacted] what caused his injury. Happily, he managed to recover neurologically for this. He was discharged with arrangements made for follow up at the Fracture Clinic at Glasgow Royal Infirmary.

Yours sincerely

Mr Graeme Smith
Specialist Registrar

05 AUG 2002

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STOBHILL HOSPITAL, GLASGOW CASUALTY DEPARTMENT

Surname SCROLL	Forename M	Age 35	Date of Birth 1967	Adm Date 28/08	Time 14:15	AE Number 03190702-05001
Address STirling Place LENDINGTOWN GLASGOW		Rel. M	Religion UK	Date of HSC 28/08	Time	
Marital Status SINGLE		Occupation/School		Type of Inc. OTHER	Mode of Arrival WALKING	
PC 03190702	Tel 01450					
Name J. HENDERSON	Address STOBHILL CLINIC 100 MAIN STREET LENDINGTOWN		Referral by POLICE REFERRAL			
Name J. HENDERSON	Address STOBHILL CLINIC 100 MAIN STREET LENDINGTOWN		Complaint LACERATION			
Referral POYNER	Address STOBHILL CLINIC 100 MAIN STREET LENDINGTOWN					
Tel No 01450	Fax No 01450					

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

THE ABOVE NAMED PERSON ATTENDED THE ACCIDENT & EMERGENCY DEPARTMENT TODAY

DIAGNOSIS _____ **INVESTIGATION SHOWS** _____

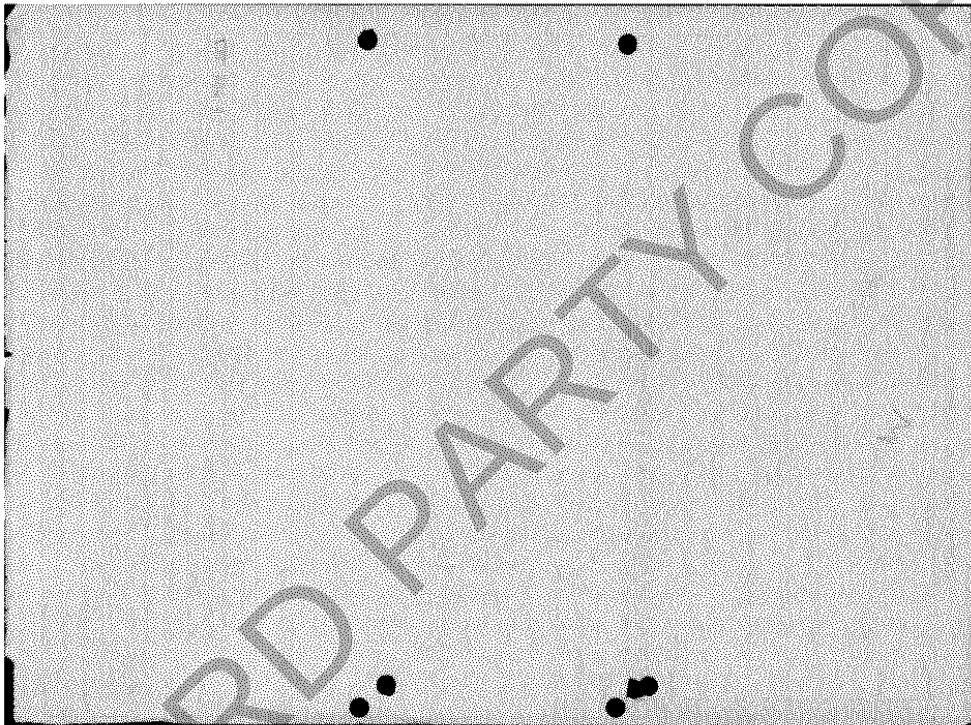
TREATMENT GIVEN *p/c lacerations on hand*
P/c Fall on ground: blue object & glass in wound
bringer in by police man. "Phos" needles
"Numbness"
p/c laceration on @ hand
then full range of movement
and popliteal refill
plan: X ray to exclude glass in wound
start up
no glass in wound

WOULD YOU PLEASE ARRANGE

Investigations	X-Ray ☒	Lab ☐	ECG ☐	Match ☐	Bed ☐	Admitted to ward	Consultant
Treatment	Dressings ☒	Sutures ☒	Tet Tox ☐	Antibiotic ☐	Analg ☐	Hospital Transferred	Comments <i>o/c to Police custody</i>
Pop ☐	Resusc ☐	Nurse's Signature	Medical Officer's Signature		Medical Officer's Name (BLOCK)		
Disposal Time	Home	Asmt	A/E Clinic	Imag Dis	Died	DOA	GP
0530	☐	☐	☐	☐	☐	☐	☒
Drugs _____ days supply of							has been given
Drugs _____ days supply of							Written Advice Issued: ☒
Drugs _____ days supply of							
Tetanus Prophylaxis has/has not been administered							
TT Course ☐		TT Booster ☐		NAT1 ☐		(Please Tick)	

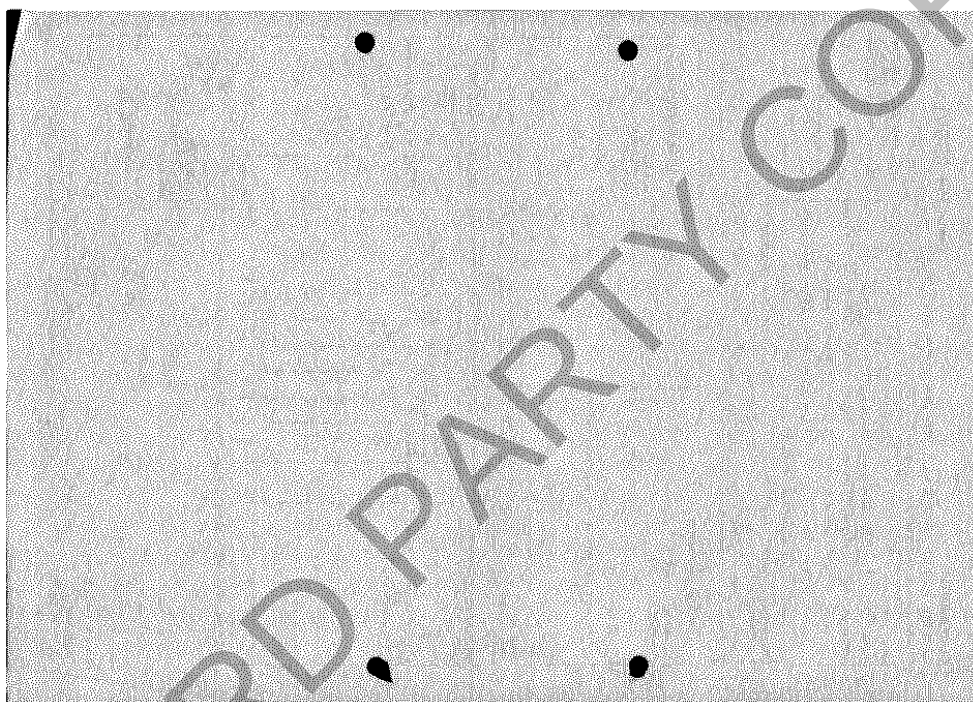
28 AUG 2002

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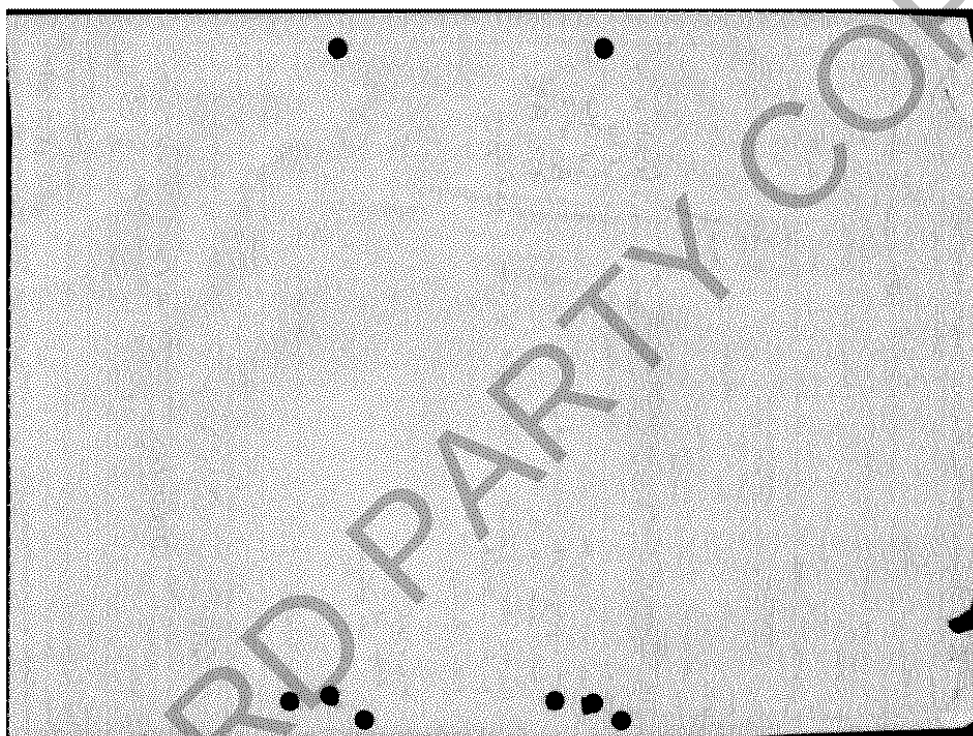
Page 100 of 326

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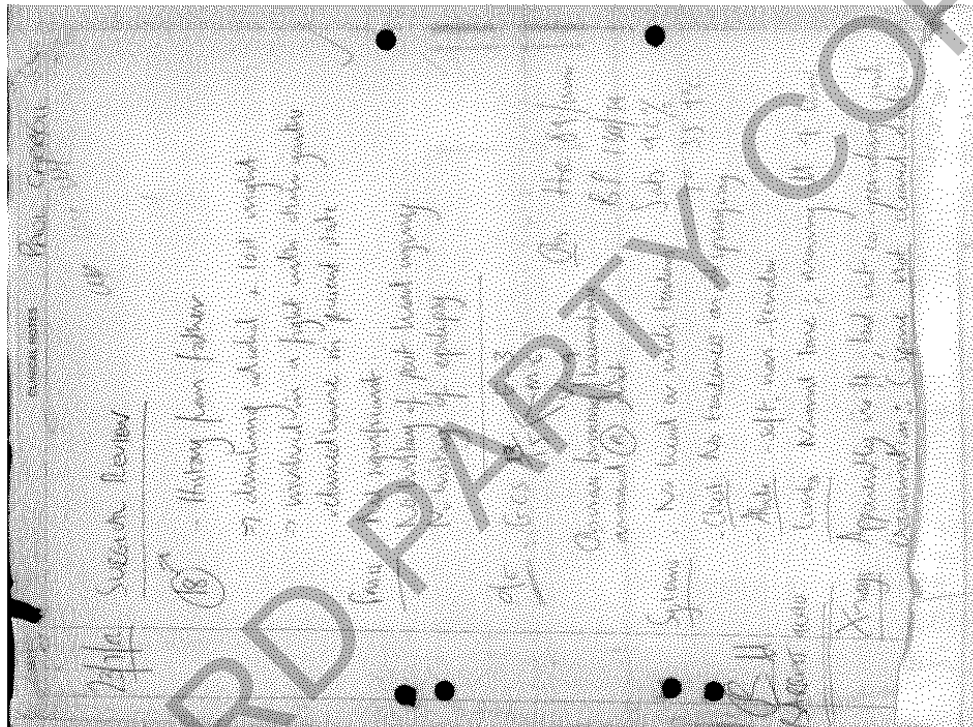


Page 102 of 326

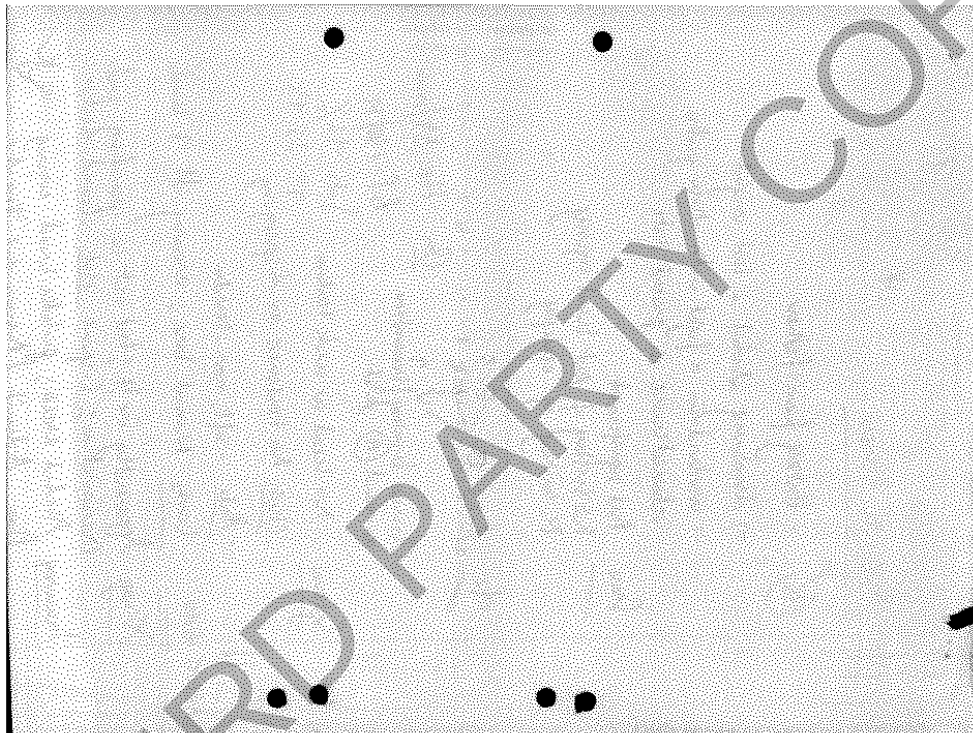
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NHS Confidential: Personal data about a patient

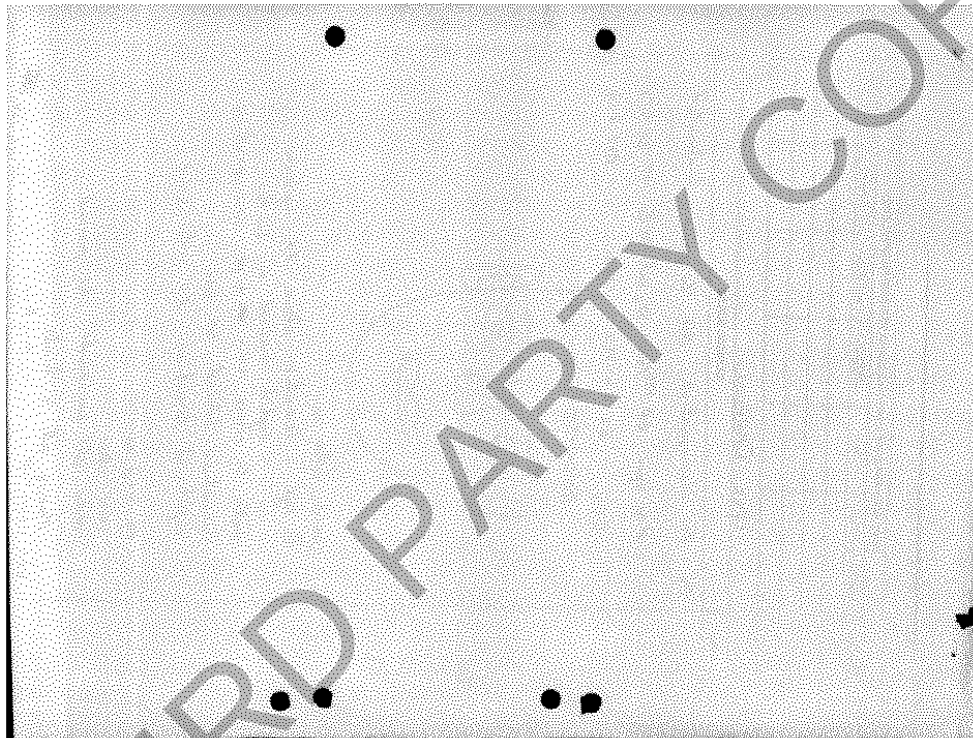


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07-OCT-2001 SUN 22:59 FAX NO. P. 01

Glasgow Emergency Medical Services (Centre Name)

Call No: 542637 Date: 07/10/2001 22:38:23 Time of Call: M

Patient's Name: Carroll Paul D.O.B. Age: 11/04/1984 17 Y

Address Today: 17 Stirling Place
MD
Lennoxtown
GLASGOW

Home Address If different:

Post Code: Post Code:

Phone Number Today: 01360312 477 Home Phone If different:

Special Directions to Today's address:

Callers Name: Relationship to patient:

Name of GP: Henderson JR Practice No: 127

Surgery: 127Health Clinic Cipher No: 00123 6

Address: Fax No: 01360 311740
0245H

Speed Dial:

Call Type: WI Time Passed: 40:06

Receptionist's Name: Time Arrived: 07/10/2001 22: Time complete: 22:47

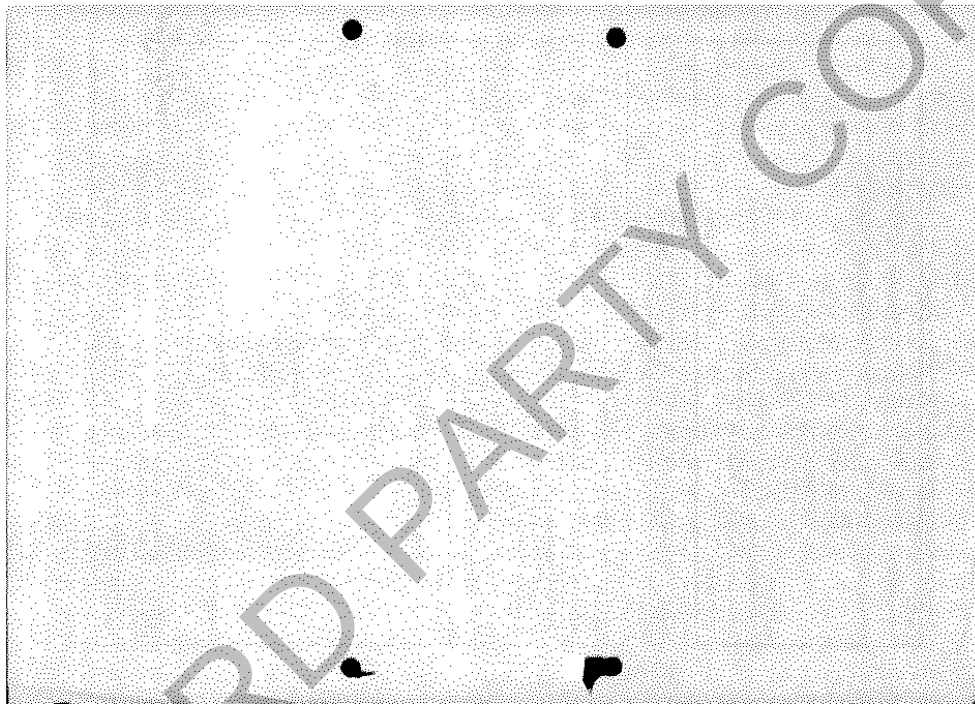
Patient's Complaint:
Temp Back & Stomach pains
UR analysis: Positive +4
Last took Panacetamol 2hrs ago. started the morning with pain in back & front of abdomen, chest in pain when he coughs and feels throat is sore too. NOT vomited

BP: PR: per min Temp: 37.2°C

Clinical Notes
Tup / 400mg Pan / Sore throat 1 day
% +4 Tonsillitis. Tonsils red
det clear abd soft
Sp. Tonsillitis
?? UTI USSA → GP
Rx Amoxicillin 1TDS TDS
Panacetamol 2TDS 400mg x 3
Diagnosis Code: TONSILLITIS
Referral:
Seen by Dr: [Signature] Rota No: 307 Nurse: [Signature]

night visit
dehydrated
shola

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

07-OCT-2001 SUN 21:30 FAX NO. P. 01

Glasgow Emergency Medical Services (Centre Name)

Call No: 542401 Date: 07/10/2001 18:43:38 Time of Call: 17 Y

Patient's Name: CARROL PAUL D.O.B. Age: 13/04/1984

Address Today: 17 STIRLING PLACE
M4
Lennoxtown
Glasgow
G66 7DU

Home Address If different:

Post Code: 44 01360312 477 Post Code:
G66 Home Phone If different:

Special Directions to Today's address:

Callers Name: Relationship to patient:

Name of GP: DR. HENDERSON Practice No: 127

Surgery: 127/Health Clinic Cipher No: G0123 6

Address: Fax No: 01360 311740

Speed Dial: 0248N

Call Type: OT Time Passed:

Receptionist's Name: JMCB Time Arrived: Time complete:

Patient's Complaint:
FAST 2/7 HIGH TEMP. BACK AND STOMACH PAINS.
2:00 Sams a little better, Motion feels Proctored/Phos will help - only for symptoms.
not going to come up

BP: / PR: per min Temp:

Clinical Notes:
high temp, lower abdominal and back pain, feels unwell.

Treatment:

Diagnosis Code:

Referral:

Seen by Dr: Rota No: Nurse: *[Signature]*

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

STOBHILL

NHS TRUST

Stobhill NHS Trust
Balornock Road, Glasgow G21 3UW
Telephone: 0141 201 3000

Direct Line: 0141 201 3829
Fax No: 0141 201 3779

UROLOGY DEPARTMENT

Mr A J Yates
Mr I S McLaughlin
Mr J Crooks

AJY/AMMCS

Clinic: 27.9.00
Typed: 9.10.00

Dr. J. Henderson,
Lennoxtown Clinic,
103 Main Street,
Lennoxtown,
G65 7DD.

Dear Dr. [REDACTED]

**Paul Carroll, dob 13.4.84. Unit No. 605426
17 Stirling Place, Glasgow, G66 7DX.**

Further to my letter of 25th May Paul was reviewed at the Urology Clinic on this occasion together with his [REDACTED]. There has been no change in his bilateral scrotal swellings which are hydroceles. His father was adamant that Paul should proceed with bilateral hydrocele repair and operation consent was signed by Paul himself. He will attend the Day Surgery Unit on Thursday 5th October.

With kind regards

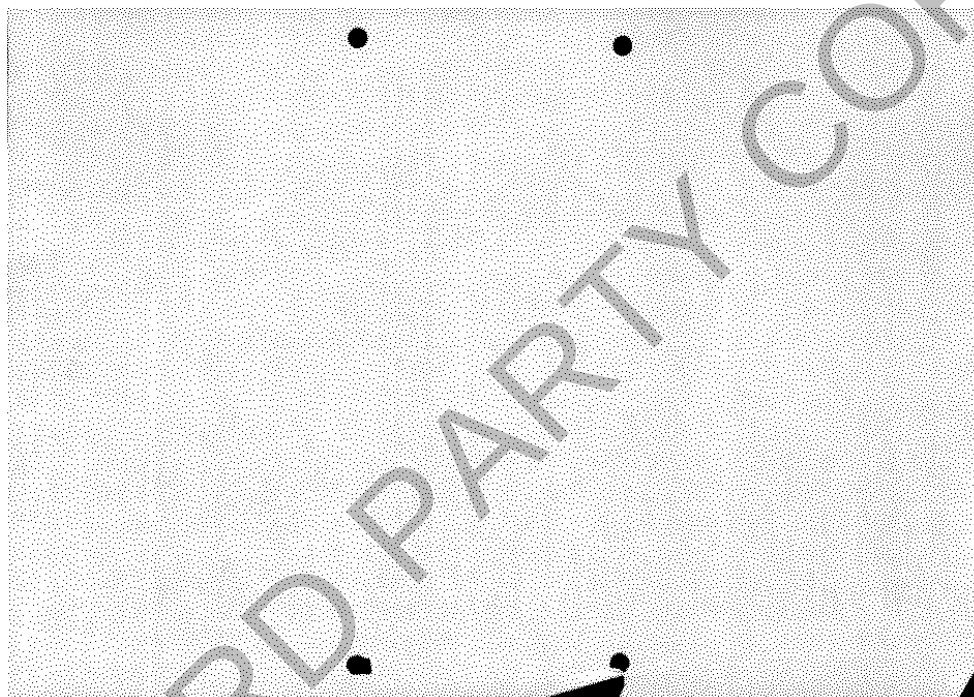
Yours sincerely


A.J. Yates
Consultant Urologist

112 OCT 2000

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NHS Confidential: Personal data about a patient

STOBHILL

HOSPITAL

UROLOGY DEPARTMENT

MR A J YATES
MR I S McLAUGHLIN
MR J CROOKS

Direct Line: 0141-201-3829
Fax No: 0141-201-3779

AJY/CT

Dictated & Typed: 05 10 00

Practice No: 432611

DR J [REDACTED]
LENNOX TOWN CLINIC
103 MAIN STREET
LENNOX TOWN
G65 7DD

Dear Dr Henderson

PAUL CARROLL DOB 13 04 84 UNIT NO. 605426
17 STIRLING DRIVE, LENNOXTOWN, G66 7DX

ADMITTED: DAY CASE - 05 10 00
WARD: DAY SURGERY UNIT
DIAGNOSIS: Bilateral hydrocele - N433
OPERATION: Bilateral Jaboulay repairs - N113

Paul Carroll attended today for bilateral hydrocele repairs. The hydrocele walls were fairly thick but Jaboulay repairs were carried out and the scrotum closed in two layers. Dexon sutures will separate spontaneously over the next four or five weeks. He should have a bath or shower until the wound is well healed.

I am not planning any further hospital follow-up unless requested.

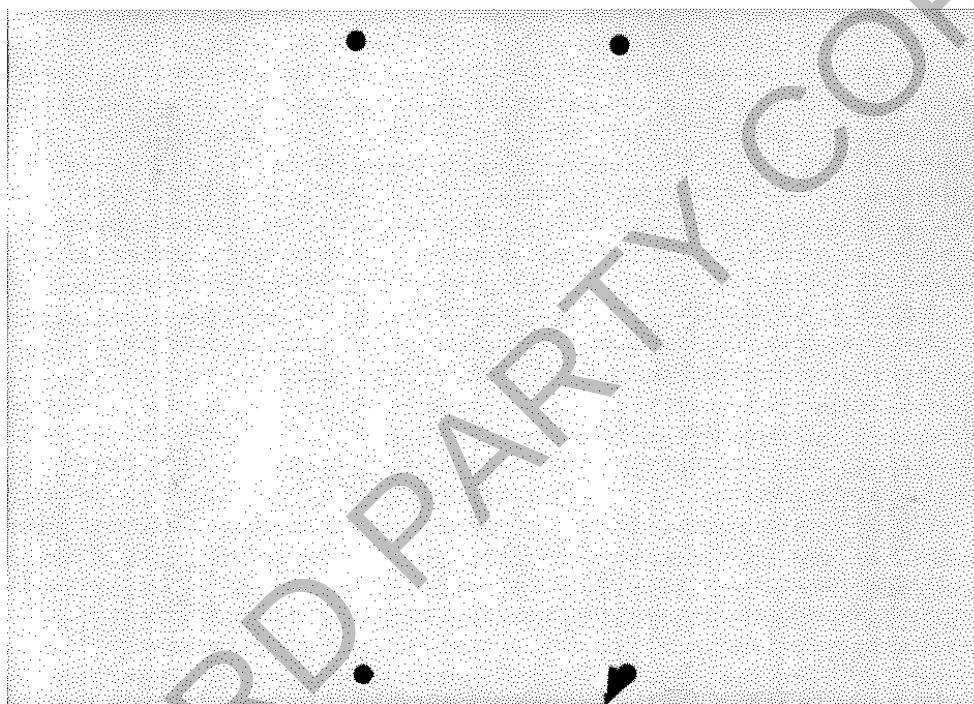
With kind regards

Yours sincerely

Mr A J Yates
Consultant Urologist

09 OCT 2000

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STOBHILL

NHS TRUST

Stobhill NHS Trust
 Balornock Road, Glasgow G21 3UW
 Telephone: 0141-201 3000

DEPARTMENT OF UROLOGY
MR A J YATES
MR T S McLAUGHLIN
MR J CROOKS

TEL NO: 0141 201 3829
FAX NO: 0141 201 3779

AJY/RLM

DICTATED: 25 05 00
TYPED: 02 06 00

07 JUN 2000

Dr J R Henderson
 THE MEDICAL CENTRE
 Main Street
 LENNOXTOWN G65 7DD

Dear Dr Henderson

PAUL CARROLL (DOB 13 04 84) - UNIT NO 605426 - CHI NO 6393
17 STIRLING PLACE, LENNOXTOWN G66 7DX

Thank you for asking me to see Paul Carroll.

I saw him on an emergency basis this morning in view of his history. He told me that he had noticed a scrotal swelling for the past two months with slight discomfort but that this had settled. His general health was otherwise good although he has had a cough for the past two months. There is no past history.

On examination he was a sullen youth who had very little to say for himself, most of the history being obtained from his mother.

Examination confirmed bilateral hydroceles, the right was smaller and softer and the underlying testis could be easily palpated and felt normal. On the left, however, it was larger, quite tense and like you I was suspicious that there may be some underlying testicular enlargement. However, ultrasound scan confirmed bilateral hydroceles with normal underlying testes and no evidence of any testicular pathology. A chest x-ray was clear.

I re-assured Paul and his mother that there was no evidence of any serious underlying disease but in view of his bilateral hydroceles these would be best dealt with by surgical repair which be done as a day case through Day Surgery. Paul, however, is about to start work and is not keen to take time off work neither is he keen on any surgical intervention.

I think with such a large scrotum he will some stage decide he wishes surgery. I have therefore arranged to review him at the Outpatient Clinic in three months time. If he changes his mind however I would be pleased to make arrangements for him sooner than that.

With kind regards,

Yours sincerely

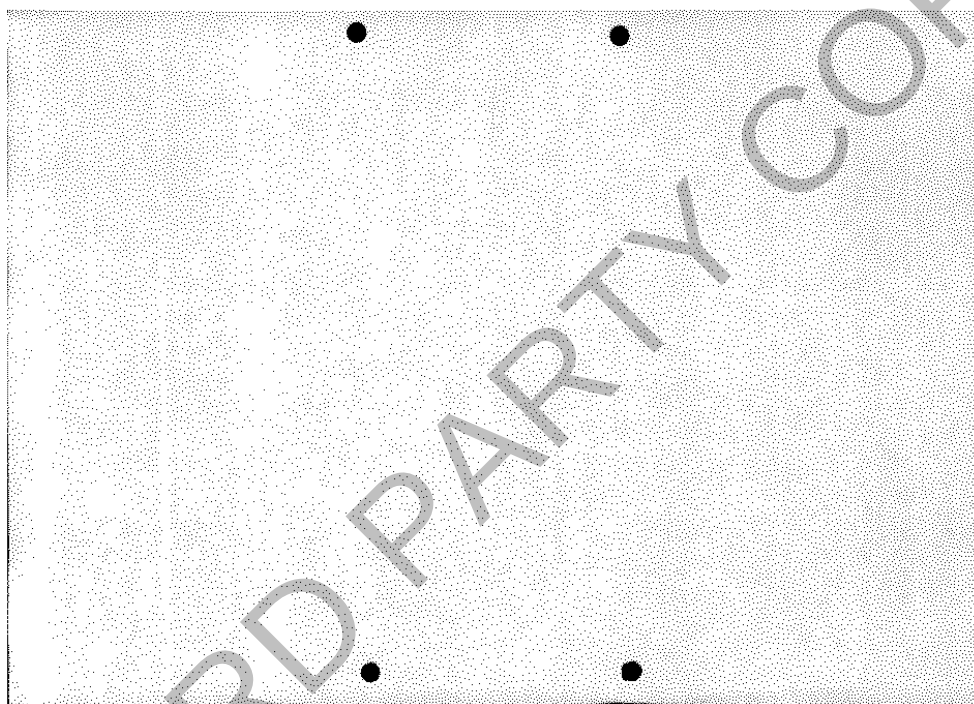
MR A J YATES
 Consultant Urologist







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COPY

Hospital Only	Clinic	Day Date	Time	Hospital No.	GP112
------------------	--------	-------------	------	-----------------	-------

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Hospital **STOBHILL NHS TRUST** Date **23.5.00** CHI No **1 3 0 4 8 4 6 3 9 3**

Please arrange for this patient to attend the **UROLOGY** clinic of Dr/Mr **YATES**

Patient's Surname **CARROLL** Maiden Surname _____

First Names **PAUL** Single/Married/Widowed/Other _____

Address **17 STIRLING PLACE** Date of Birth **13.4.88**

LENNOXTOWN Patient's Occupation _____

Postal Code **G66** Contact telephone number **310582**

Has the patient attended hospital before? YES / NO If YES please state:

Name of Hospital _____ Hospital No. _____

Year of attendance _____

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES / NO

If YES, minimum notice required _____ days

Name, Address and Telephone number of
MEDICAL / DENTAL PRACTITIONER

DR. J.R. HENDERSON
HEALTH CLINIC
MAIN STREET
LENNOXTOWN
G66 7DB
TEL: 01360 316357
FAX: 01360 311740

Please use rubber stamp

FAX NUMBER - 0141 201 3779 **43261**

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

This 16 year-old boy came to surgery this morning complaining of swelling in his scrotum for the last two months or so. He says he is not in any pain.

On examination there was a firm swelling in the left scrotum. This was not transilluminated and felt very firm. I could get above it quite easily so do not think it is a hernia, and feel it may well be testicular.

There was lesser swelling on the right which did seem to transilluminate.

I am concerned this young man has testicular enlargement ? tumour and would appreciate your seeing him urgently.

Yours sincerely

Dr. J.R. Henderson

JRH:AH

Diagnosis / provisional diagnosis: _____

Present drug treatment and potential special hazards: _____

X-ray (women of childbearing age). Date of first day of L.M.P. _____

Relevant X-rays available from: _____ No. (if known) _____

Signature _____

355-2104

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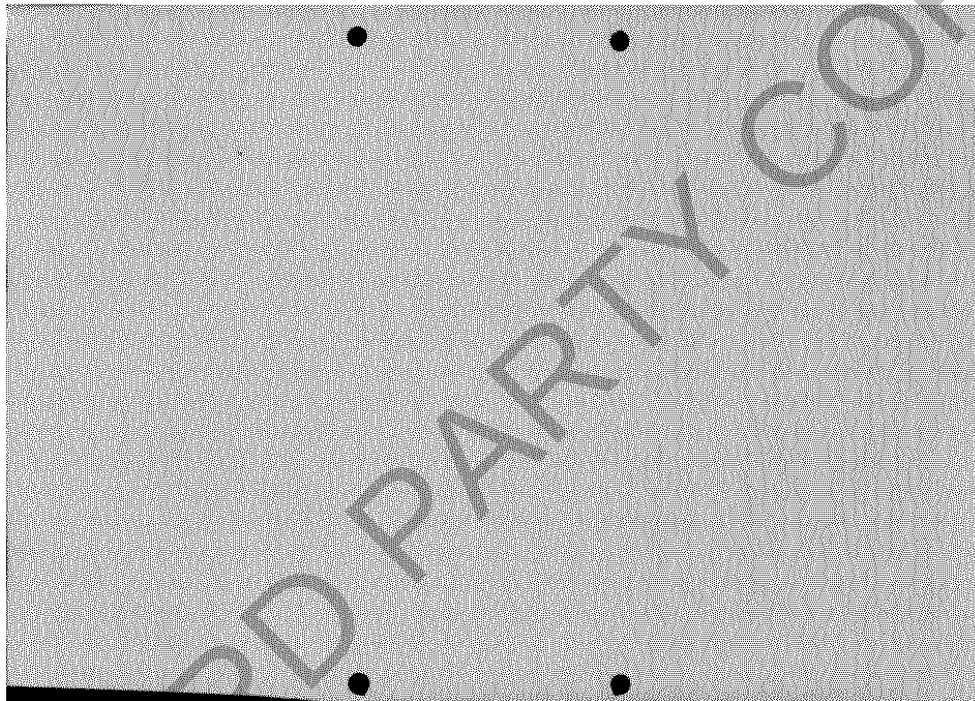
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Form IM 3 (Rev. 96)

YORKHILL N.H.S. TRUST

**B.C.G. VACCINATION
CONSENT FORM**

To be filled up by Parent or Guardian and returned to:
ST NINIAN'S School

Child's Name		Date of Birth	Boy
Surname	Other Names	Class	Girl
CARROLL	PAUL	13-4-84 2C	☒

I wish my child named above to have the skin test and to have B.C.G. Vaccination if necessary.

Signed A. Carroll

Address 17 STIRLING PL LENNOXTOWN.

Date 19-9-97

PLEASE PROVIDE THE FOLLOWING INFORMATION

Has your child ever had B.C.G. Vaccination Before? ☒ YES / NO / ~~Don't know~~

If YES how old was the child at the time? _____

Where was the child given B.C.G.? _____ HOSPITAL / CLINIC

Does the child have any illness? _____

Is the child on any treatment at present? _____

Name and Address of family doctor Dr Henderson
Health Clinic Lennoxton.

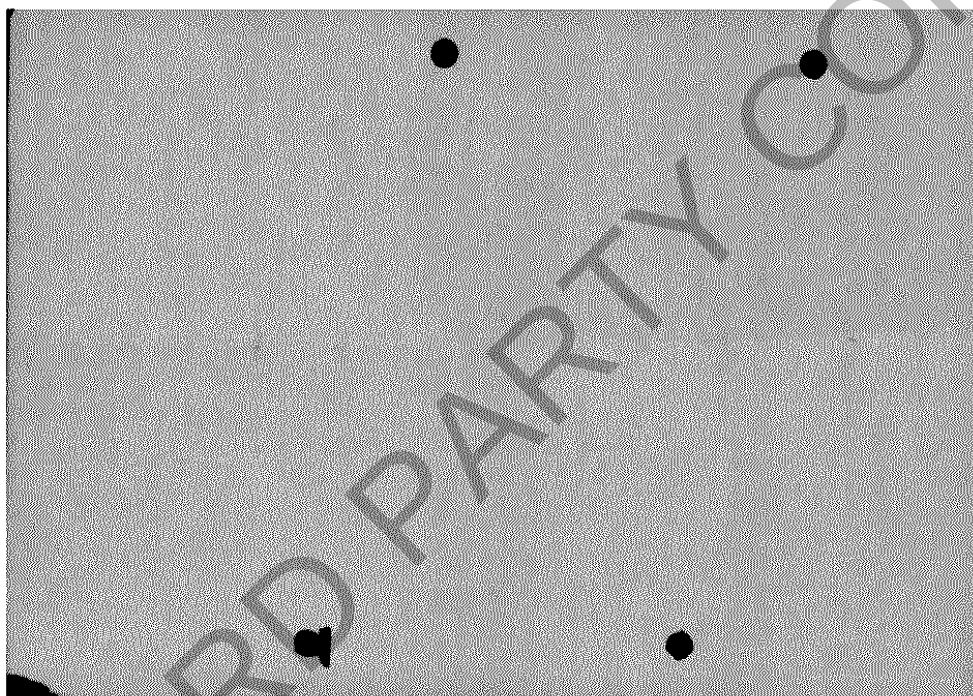
FOR USE OF MEDICAL OFFICER

B.C.G.	
PREVIOUS SITE IDENTIFIED	YES NO
DATE OF MANTOUX	30/9/97 E7/18/27/64
RESULT OF MANTOUX	ve
DATE OF B.C.G.	3.10.97
BATCH NUMBER	E6136/A

PLEASE RETURN BOTH COPIES OF THIS FORM

21 JAN 1998

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STOBHILL NHS TRUST, GLASGOW CASUALTY DEPARTMENT									
Surname CARROLL		Forename PAUL		Age 41	Date of Birth 13-4-84	Arr Date 21-10-98	Time 10-15	AE Number 2788Y	
Address 17 STIRLING PL LEITH TOWN				Sex M	Religion	Date of Inc.	Time		
PCGS 7DX 31360 310582				Marital Status	Occupation/School	Type of Inc.	Mode of Arrival		
Name D. Henderson		Address Leith Town HC		Referred by 21 OCT 1998		Complaint			
Name Robert		Address S/A							
Tel No.									
CLINICAL NOTES									
Full onto @ Land → Hypertension injury of Throat Tenderness MCP + RIPs Xfy interpharyngeal H. Prox / History → Throat spec. 1/2. DIC									
S.P: _____ PULSE: _____ TEMP: _____ TIME: _____									
ALLERGIES:									
TREATMENT PRESCRIBED:									
Examining Doctor (Signature) D. Henderson PRINT NAME									
Investigations	X-Ray ☒	Lab	ECG	Chest X-ray	ECG	Diagnosis			
Dressing	☒	Suture	Tet Tox	Antibiotic	Analg	1	2	3	4
Post	☒	Resusc	Nurse's Signature						
						1	2	3	4

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 **ROYAL HOSPITAL FOR SICK CHILDREN** 

SI/CT

Orthopaedic Department
Direct Dial: 0141 201 0275/6

Telephone
0141-201 0000

Dictated: 20 July 1995
Typed: 21 [REDACTED] 1995

Yorkhill
Glasgow G3 8SJ

Dr. J. Henderson,
Main Street,
LENNOXTOWN,
G65 7DD

Dear Dr. Henderson,

Paul Carroll - d.o.b. 13.4.84 - 456373
17 Stirling Place, Lennoxton. G65 7DX

This boy is now one week following laceration of the right leg.
The wound is clean and the sutures can be removed next week
by his G.P.

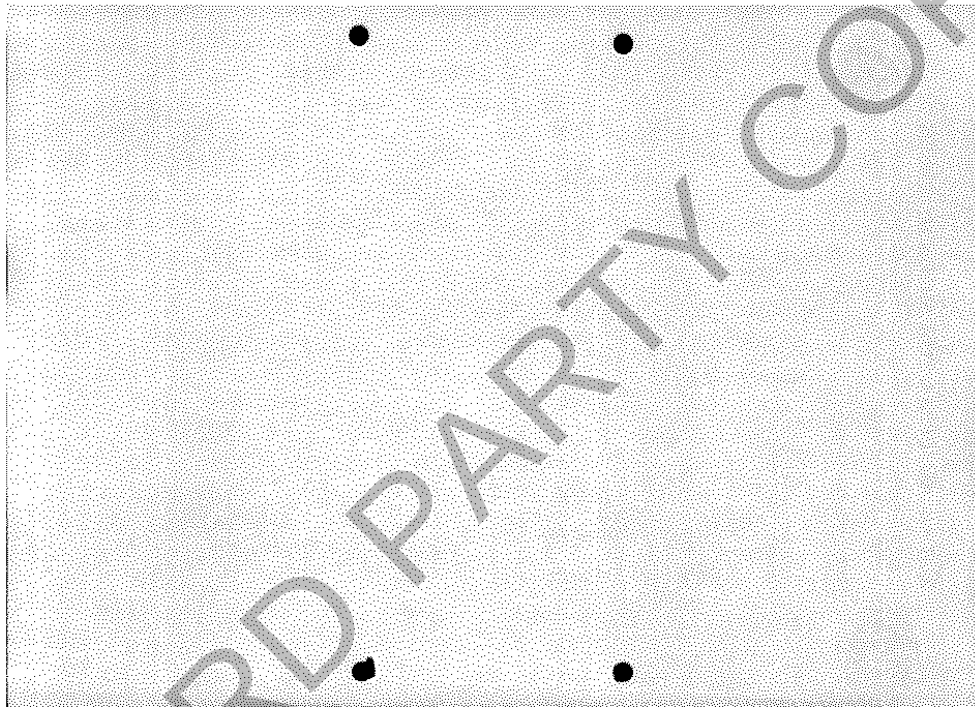
He has been discharged from the clinic.

Yours sincerely,


S. IBRAHIM,
Registrar in Orthopaedics

THIRD PARTY COPY

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 **ROYAL HOSPITAL FOR SICK CHILDREN** 

SI/CT

Orthopaedic Department
Direct Dial: 0141 201 0275/6

Telephone
0141-201 0000

Dictated: 19 July 1995
Typed: 20 July [REDACTED]

Yothill
Glasgow G3 8SJ

Dr. J. Henderson,
Main Street,
Lennoxtown,
G65 7DD

Dear Dr. Henderson,

Paul Carroll - d.o.b. 13.4.84 - 456373
17 Stirling Place, Lennoxtown. G65 7DX

Diagnosis: Laceration right leg
Treatment: Wound exploration and suture
Admitted: 13.7.95
Discharged: 14.7.95

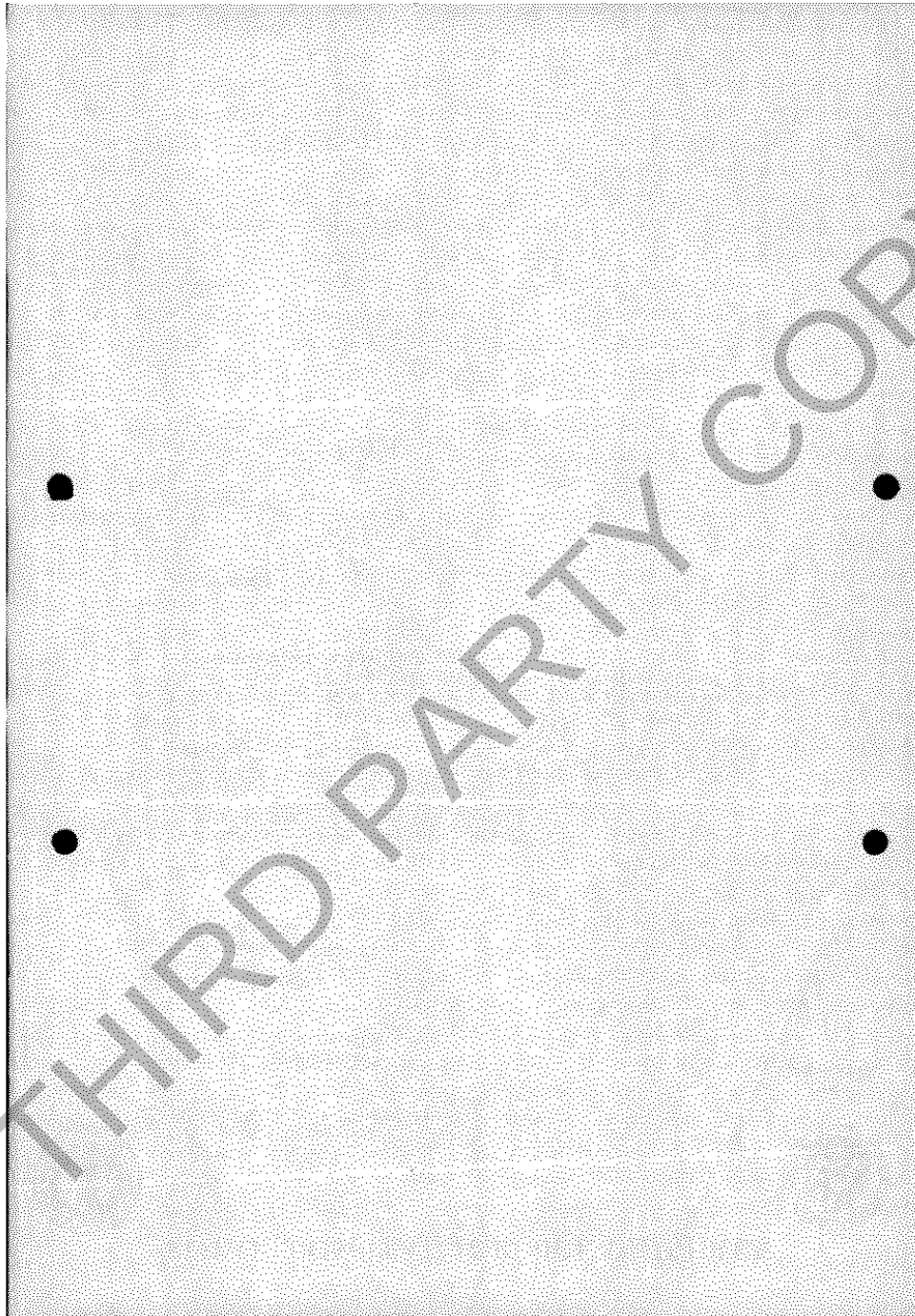
This 11 year old boy fell onto a piece of glass and sustained the above injury. He was discharged home well after treatment and will be reviewed in the clinic on 20.7.95.

Yours sincerely,


S. IBRAHIM,
Registrar in Orthopaedics

THIRD PARTY COPY

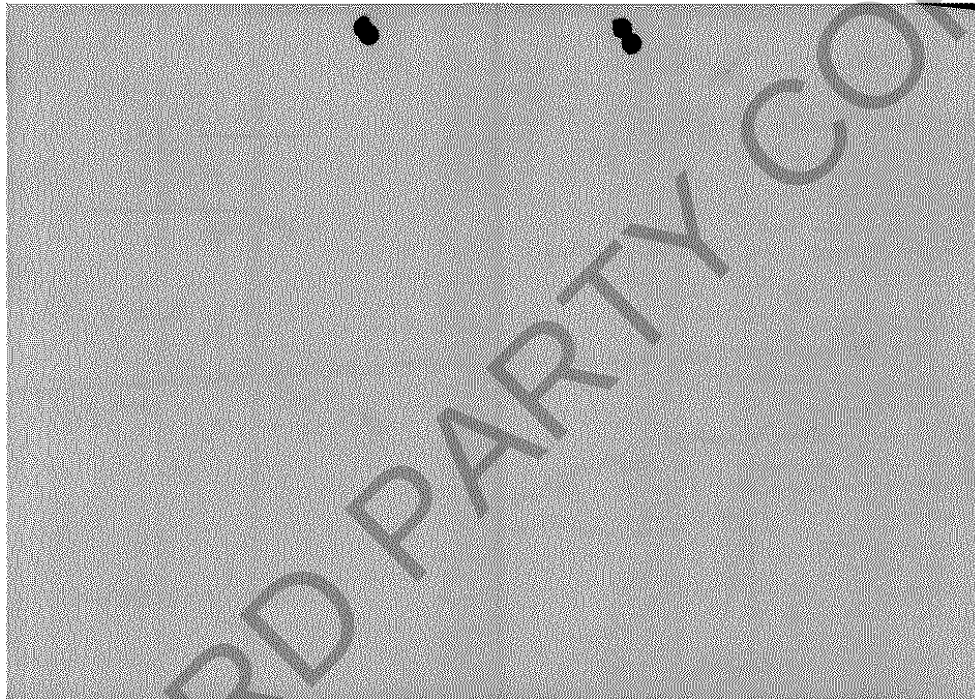
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THE ROYAL HOSPITAL FOR SICK CHILDREN, GLASGOW			
DISCHARGE CHECKLIST			
NAME <i>Paul Connell</i>	DATE OF ADMISSION <i>13/7/95</i>	NOTICE REQUIRED BEFORE DISCHARGE Parent/Professional (tick one) LETTER CODE _____ HRS/DAYS NEEDED _____	DATE OF DISCHARGE <i>14/7/95</i> REGULAR TRANSFER/IRREGULAR _____
ADDRESS <i>12, Victoria Rd, Glasgow</i>	DATE OF BIRTH <i>11/7/95</i> AGE <i>18</i>		TO ADDRESS (if different from admission) _____
HOSPITAL NO. <i>456789</i> WARD <i>18</i>	CONTACT TEL NO. <i>01234 567890</i> NAME _____		TO CARE OF PARENT, GRANDPARENT, GUARDIAN, OTHER SIGNATURE <i>[Signature]</i>
PARENT NAME <i>Mum</i>	DATE <i>14/07/95</i> SIG <i>[Signature]</i>	SPECIFIC INSTRUCTIONS GIVEN SUBJECT <i>N/A</i> DATE _____ VERBAL SIG _____ Home care guidelines or other written instructions SIG _____	
EQUIPMENT FOR HOME USE ITEMS <i>3 CHAIRS FROM STORE</i>	DATE ORDERED _____ LOAN FROM _____	EQUIPMENT FOR HOME USE GUIDANCE GIVEN VERBAL/WITTEN _____ DATE/SIG _____	
TRANSPORT HOME ARRANGED TO COLLECT AT <i>OWN TRANSPORT</i>	DATE <i>14/07/95</i> SIG <i>[Signature]</i>	OUTPATIENT: APPOINTMENT(S) _____ SIG <i>[Signature]</i> DATE <i>10/7/95</i> TIME <i>2.30</i> PLACE <i>C.A.S.</i> TRANSPORT ORDERED FOR ABOVE DATE _____ TIME _____ PLACE _____	
PRESCRIPTION/MEDICATION GIVEN: YES/NA DATE <i>11/7/95</i> SIG <i>[Signature]</i>	YES/NA DATE <i>11/7/95</i> SIG <i>[Signature]</i>	WOUND/SITE/OTHER CHECKED - DESCRIPTION DATE _____ SIG _____	
ADVICE/INSTRUCTIONS ACTIVITY/MOBILITY DATE _____ SIG _____	SUGGESTED RETURN TO SCHOOL/NURSERY etc. DATE _____ SIG _____	BELONGINGS HAVE ALL PERSONAL BELONGINGS BEEN GATHERED TO RETURN HOME YES/NO DATE <i>14/7/95</i> SIG <i>[Signature]</i> HAVE RELATIVE ROOM/FLAT KEYS BEEN RETURNED YES/NO DATE _____ SIG _____	
NAME OF CONSULTANT <i>Dr. Connell</i>			

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R.H.S.C. DEPARTMENT OF PAEDIATRIC SURGERY DISCHARGE FORM		Outstanding
Dear Dr. <u>HENDERSON</u>		Codes
 456373 G CARROLL PAUL M 17 STIRLING PLACE S LENNOXTOWN 13/04/1984 G65 7DX G.P. Prac. 43261		Referral 1. G.P. 2. A & E 3. Internal Other hospital <u>Stobhill HSP</u>
Emergency/Day Bed Area	Consultant Surgeon: <u>Mr. Connor</u>	
Date of Admission: <u>13.7.95</u>	Date of Discharge: <u>14.7.95</u>	
Admission Problems:		
1. <u>FELL ONTO GLASS - D WOUND</u>		
2. <u>(R) LEG.</u>		
3.		
Active Long Term Problems:		
1. <u>NONE.</u>		
2.		
3.		
Management: Operative/Non-operative Date: <u>13.7.95</u>		
1. <u>EXPLORATION OF WOUND ON</u>		
2. <u>(R) LEG</u>		
3.		
Complications: <u>no</u>		
Comments: <u>NO FOREIGN BODY FOUND.</u>		
Diagnosis on Discharge:		
1. <u>CUT FROM GLASS (R) LEG.</u>		
2.		
3.		
4.		
Drugs on Discharge: <u>NONE</u>		
Follow up: <u>CLINIC 20.7.95 at 2.30'</u>		
Doctor's Name (Print): <u>GRANT</u>		Signature: <u>Grant</u>

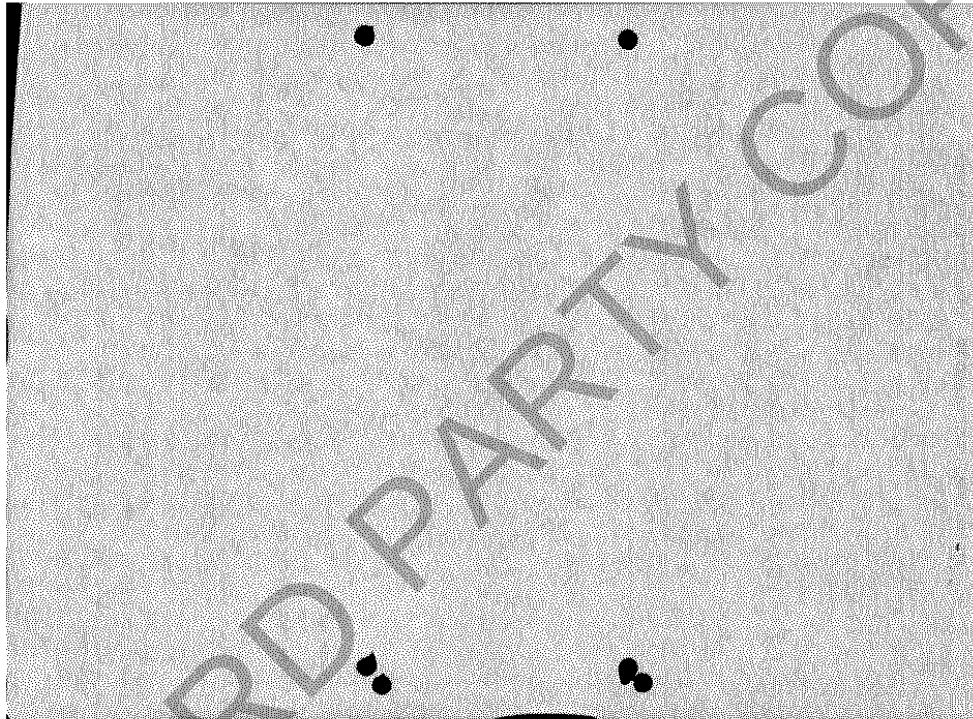
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STOBHILL NHS TRUST, GLASGOW CASUALTY DEPARTMENT									
P	Surname	Forename	Age	Date of Birth	Arr. Date	Time	AE Number		
A	Carroll	Paul	11	13.4.84	12/1/15	2055	109		
T	Address	Sex	Religion	Date of Inc.	Time				
I	17 Stirling Pl	M	Ull						
E	Lithuan	Marital Status	Occupation/School	Type of Inc.	Mode of Arrival				
N									
T	PC Cas	Tel 01350 310502							
G	Name	Address	Referred by						
P	OE Henderson	Main St							
		Lithuan							
NEW	Name	Address	Complaint						
OF									
NO	Mother		hac to R knee (1.5.15)						
	Tel No.								
CLINICAL NOTES									
12/1/15									
S/B. MR. AHMADI									
R/L 11.09									
App. fall on glass (R) leg.									
O/O L/W (inc. on									
upper 1/3 (R) leg									
correl. for tetanus.									
R/L leg.									
rinds. (Doe) stable									
ALLERGIES:									
TREATMENT PRESCRIBED:									
Examining Doctor (Signature) PRINT NAME									
Investigations									
X-Ray ☒ Lab ☐ ECO ☐ Cross Match ☐ Suct ☐									
Diagnosis									
Dressing ☐ Suture ☐ Tet Tox ☐ Antibiotic ☒ Analg ☐									
Treatment									
Pop ☐ Refuse ☐ Nurse's Signature									
Disposal Time									
12.05									
Home ☒ Admit ☐ A/E Clinic ☐ Reg Dis ☐									
Died ☐ DCA ☐ GP ☐ Transfer ☐ Other Clinic ☐ DNR ☐									
Research									

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CONTINUATION SHEET		312	G.P. COPY
STOBHILL NHS TRUST		ACCIDENT/EMERGENCY DEPT.	
SURNAME	CARROLL	FIRST NAME(S)	PAUL
		DATE OF ATTENDANCE 12-7-95	
XRAY - 1/2 a glass shed seen - keep in mind Rx - 14% hyposaline LA Wound explored, irrigated + antisept - made to feel F.B. Opw ortho key Yorkhill Rx - Clean Betadine soak Grep. dressing → Yorkhill 3RS tomorrow < 12MO. + Plavox 125mg qds + Calpol 6+ prn Fast from morning			
X-RAY			
DIAGNOSIS			
TREATMENT			
SIGNATURE 			

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Telephone No. 041-445 2400

Ref ICF/MD 383303

Dr Rae
Mains Street Health Clinic
LENNOXTOWN

Dear Dr Rae

CW

Paul Carol (Dob. 13.4.84)
14 Ashcroft Avenue, Lennoxtown

Admitted: 24.7.85
Discharged: 31.7.85
Consultant: I C FERGUSON
13 August 1985

This child was admitted to ward 13 on 24th July 1985 with a history of cough, hoarseness and wheezing for one day. He had signs of croup but as he also had some exudate on his tonsils, treatment with Amoxycillin was given for a few days.

I think the infection was likely to be viral and the croup gradually improved. He was discharged home on 31st July 1985. We have not arranged to see him again.

Yours sincerely
I C Ferguson
I C Ferguson
Consultant Paediatrician

Diagnosis (and Operations): Croup

Follow-up Appointment: _____

Copies to: GP

Drugs on Discharge: _____

Adverse Reactions:

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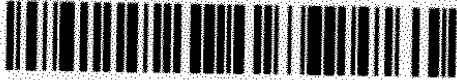


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23-July-2026 MAK
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Filename: 2.pdf
Extension:.tif
Pages:

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BOX 2687



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1304846393

Paul

Carroll

13/04/1984

June



Clinical

NO PAPERWORK ☐

Ayrshire Medical Group SCANNED BY OSS

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██████ Paul R
DoB: 13/04/1984
Report Valid On 05/06/07 10:35
LENNOXTOWN SURGERY
Page number 1

Registration
Mr Paul R Carroll
17 Stirling Place
LENNOXTOWN
GLASGOW
G66 7DA
Telephone: 311872
Contact: ?
Email: ?
CHI Number: 1304845393
NHS Number: 475/84/043

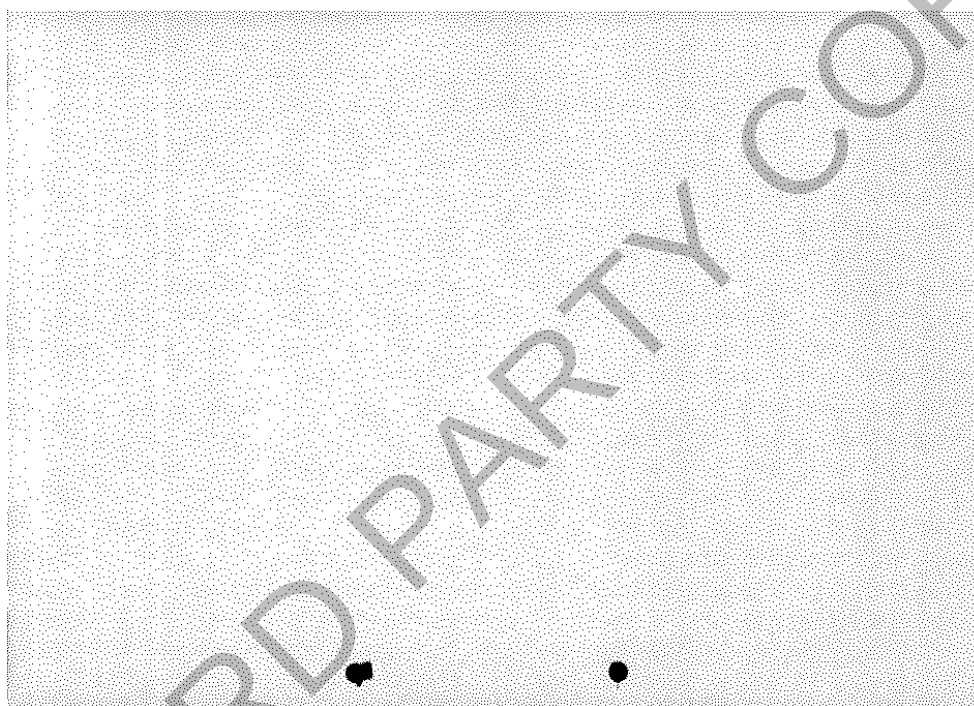
Service Code: Permanent
DoB: 13/04/1984
Age: 23
Contact/Releash: ?

Clinical / User Marker

Date Recorded	Start	Priority	Description	Modifier
03/10/1997	None	Medium	Tuberculosis (BCG) vaccination	

Summary Sheet: PRACTICE SUMMARY
Printed at 05/06/2007 10:35:21

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CLINICAL NOTES		National Health Service Number	Surname (Block Letters)	Forenames (Block Letters)	Date of Birth
			CARROLL	PAUL	13/4/84
		Address			
Date	*	Clinical Notes	Diagnosis		
30/5/06		Paul's future brain attached. Serious assault 1/2 ago. # jaw, facial injuries. Called me GEMS last night due to ↑ pain, 6 Naproxen 500mg I had continue Wednesday in 30/5/06 gds. Request D/O to visit to remove sutures. Patient frightened to leave home.	DM.		
6/6/06		Scripting for Naproxen 500mg (with morphine) (20) I had 400g codeine 30/5/06 at 4/6/06			
24/6/06	ASB	As above - healing wound. Plate in jaw - with max - for review V anxious - not sleeping. Loomer by. anxious about going out (20)			
22/6/06		Drug cent 25/5 - 22/6.			
20/6/06		Cancelled			
15/3/07	1	Met for work. 120/70. Well			
	2	Drug for facial pain.			
8/5/07		Script Aug 500mg (50)			
6/6/07		Discharge summary Max 5 18/5 → 6/6			
4/7/07	①	Granting request - prob Volt + C2H5OH 1/2 1st check H. Pylori Abs. Omepr 20 (28) STOP Volt (antacid) ② Shoulder still painful + intro V PHYSIO	Volt 50 (60)		

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP1111 ③ DUAC - acute improve

PRINTED FOR ASTRON, 939112 12/04 (017302)

355 2095

Page 143 of 326

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CLINICAL NOTES		National Health Service Number	Surname (Block Letters)	Forenames (Block Letters)
			CARROW	PAUL
		Address	Date of Birth	
		14 ASHROCK AVE 17 STIRLING PLACE LENDINGTOWN	13-4-84	
Date				
21/6/89	HV	Pyrex. Headache. Given Disporal - feels better 36.4 °meralgism chest & throat - crack ears ✓		
26/6/89		Advised not pyrex 36.4 chest - throat - 7mm pph Amox 1		
29/3/91		Died not sharp A/A!		
8/4/91		Fingering & / Sut. resec. the Suffer (Did not look at pain. Wound cellulitis at)		
9/4/91		MSU		
7/7/93		Tonsillitis Pen V.		
10/1/94		" Pen V.		
6/10/94		Pen V (not seen!)		
10/7/95		Rash @ lower abdomen round a little to back seen by Dr Henderson Shingles		
26/3/95		5 sutures removed @ leg		
20.10.95		Croupy cough - sev. large		
10/12/96		Throat - Amoxycillin		
20.1.97				
21/4/97		Cancelled		
24.2.98		Headache & Yrs. Ophth. OK A. ? Scurvite. 1p. 1000. 25mg x (30)		
26/7/99		Swe. Throat: Tonsil & A. 1000. (20)		
12/8/00		2m (4) testis enlarg. Non tender Ophth		

* This column has been provided for doctors to enter A, V or C at their discretion.

FORM GP111F

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Date	
25/4/01	Cold. Cough x 4 days 8 Tussis 7. Heavy chest: N/A/V
13/2/02	N.A.A.
9/5/02	① Cold: Cough: Sore throat: 18; 8 Tussis 7. Heavy chest - N/A/V/D
12/9/02	② Smearing Gun Cereals - 10/15/day N.A.A.
24/6/03	
15/7/03	Acute pustular dermatitis Rx Pen V 250 x 75
6/4/04	1. Wound about Dribble check fasting Glucose 2. Acre - Tetra ligat Tetrallite ++ Pen V.
2/7/04	
19/10/04	Hurt upper lumbar spine "wrestling" 7 47 ago tender @ upper spine prolapsed. Exam by flexion. Prob soft tissue inf (wound re se) Rx Volt 50 mV Physio.
17/1/05	Exam.
19/10/05	① Upper lumbar back pain 2/52 0 leg pain (see 19.10.04) 2. 12 mark back pain. Rx Volt 50
24/10/05	② SI with grad who has chlamydia. Also 2 genital warts Rx Doxycycline + ref Sanyford lost the Doxycycline - new Rx issued.
20/10/05	
31/10/05	2. Low back pain - no leg pain find flex stiff. → Physio.
30/5/06	

* This column has been provided for doctors to enter A, V or C at their discretion

REC'D 7504 196 0719

Page 146 of 326

Page 147 of 326

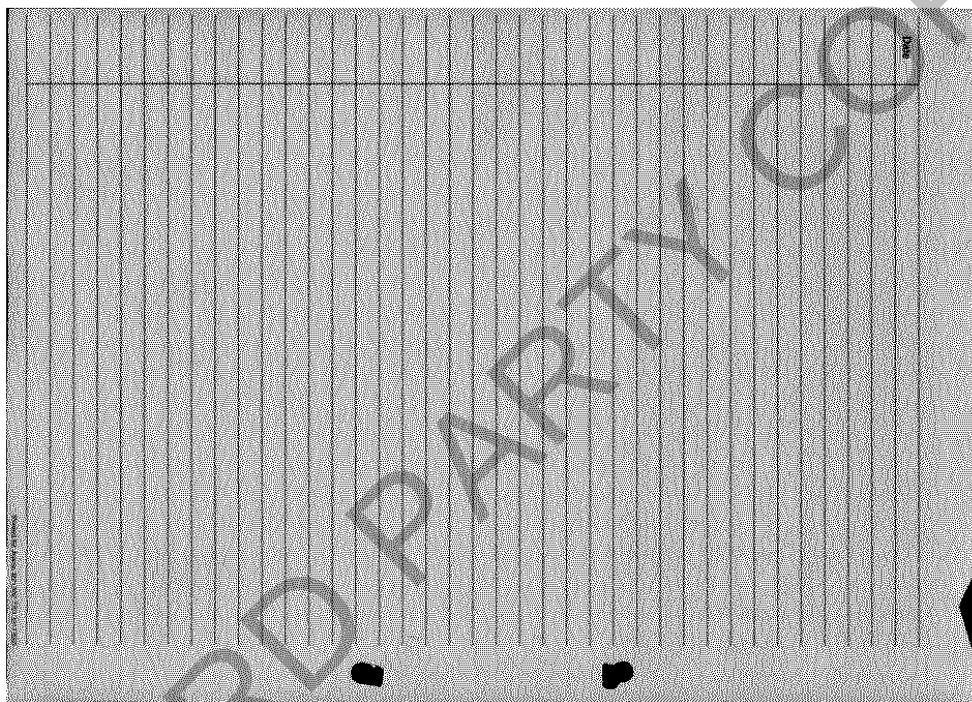
NHS Confidential: Personal data about a patient

Nurses and Health Visitors Records		National Health Service Number	
Surname (Block Letters)		Forenames (Block Letters)	
CARROLL		PAUL	
Address		Date of Birth	
17 STIRLING PL 4 TOWN		15/4/54	
Date	15/5/02 FTA Smoking cessation appointment includes		
15/5/02	FASTING GLUCOSE		
4/7/03	Blood to lab for HbA1c abs will see Dr for results 20		

THIRD PARTY

355-2101

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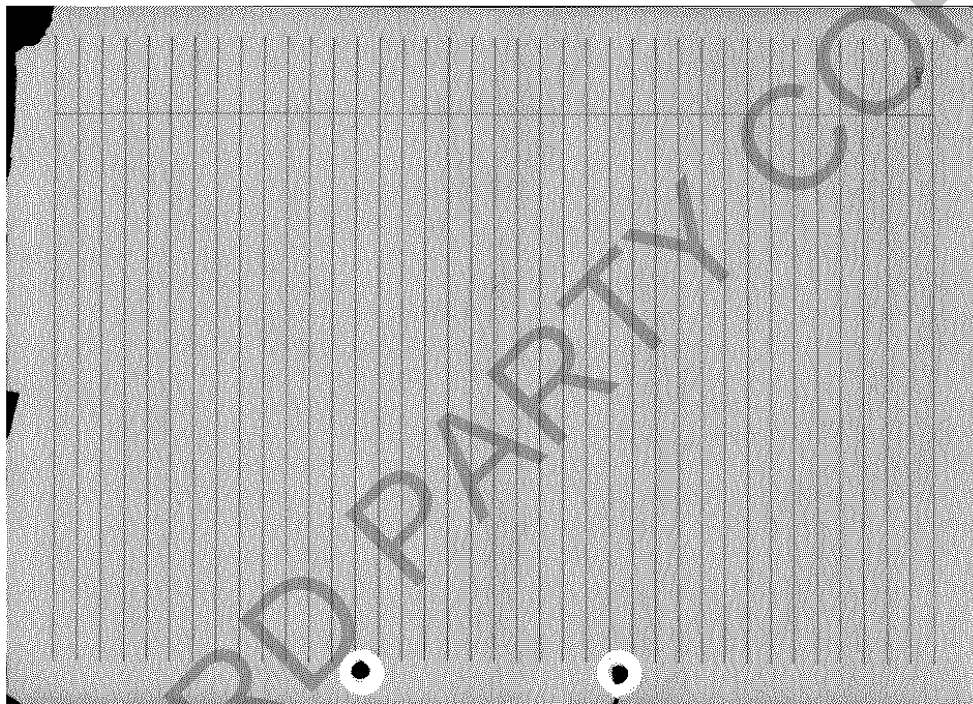
NHS Confidential: Personal data about a patient

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS		Surname (Block Letters)	Forenames (Block Letters)
Date		National Health Service Number	
9/12/96		100 257 2 201 201 10 59	
1st 257 2 201 201 10 59		2nd 257 2 201 201 10 59	
3rd 257 2 201 201 10 59		4th 257 2 201 201 10 59	
5th 257 2 201 201 10 59		6th 257 2 201 201 10 59	
7th 257 2 201 201 10 59		8th 257 2 201 201 10 59	
9th 257 2 201 201 10 59		10th 257 2 201 201 10 59	
11th 257 2 201 201 10 59		12th 257 2 201 201 10 59	
13th 257 2 201 201 10 59		14th 257 2 201 201 10 59	
15th 257 2 201 201 10 59		16th 257 2 201 201 10 59	
17th 257 2 201 201 10 59		18th 257 2 201 201 10 59	
19th 257 2 201 201 10 59		20th 257 2 201 201 10 59	
21st 257 2 201 201 10 59		22nd 257 2 201 201 10 59	
23rd 257 2 201 201 10 59		24th 257 2 201 201 10 59	
25th 257 2 201 201 10 59		26th 257 2 201 201 10 59	
27th 257 2 201 201 10 59		28th 257 2 201 201 10 59	
29th 257 2 201 201 10 59		30th 257 2 201 201 10 59	
31st 257 2 201 201 10 59		32nd 257 2 201 201 10 59	
33rd 257 2 201 201 10 59		34th 257 2 201 201 10 59	
35th 257 2 201 201 10 59		36th 257 2 201 201 10 59	
37th 257 2 201 201 10 59		38th 257 2 201 201 10 59	
39th 257 2 201 201 10 59		40th 257 2 201 201 10 59	
41st 257 2 201 201 10 59		42nd 257 2 201 201 10 59	
43rd 257 2 201 201 10 59		44th 257 2 201 201 10 59	
45th 257 2 201 201 10 59		46th 257 2 201 201 10 59	
47th 257 2 201 201 10 59		48th 257 2 201 201 10 59	
49th 257 2 201 201 10 59		50th 257 2 201 201 10 59	
51st 257 2 201 201 10 59		52nd 257 2 201 201 10 59	
53rd 257 2 201 201 10 59		54th 257 2 201 201 10 59	
55th 257 2 201 201 10 59		56th 257 2 201 201 10 59	
57th 257 2 201 201 10 59		58th 257 2 201 201 10 59	
59th 257 2 201 201 10 59		60th 257 2 201 201 10 59	
61st 257 2 201 201 10 59		62nd 257 2 201 201 10 59	
63rd 257 2 201 201 10 59		64th 257 2 201 201 10 59	
65th 257 2 201 201 10 59		66th 257 2 201 201 10 59	
67th 257 2 201 201 10 59		68th 257 2 201 201 10 59	
69th 257 2 201 201 10 59		70th 257 2 201 201 10 59	
71st 257 2 201 201 10 59		72nd 257 2 201 201 10 59	
73rd 257 2 201 201 10 59		74th 257 2 201 201 10 59	
75th 257 2 201 201 10 59		76th 257 2 201 201 10 59	
77th 257 2 201 201 10 59		78th 257 2 201 201 10 59	
79th 257 2 201 201 10 59		80th 257 2 201 201 10 59	
81st 257 2 201 201 10 59		82nd 257 2 201 201 10 59	
83rd 257 2 201 201 10 59		84th 257 2 201 201 10 59	
85th 257 2 201 201 10 59		86th 257 2 201 201 10 59	
87th 257 2 201 201 10 59		88th 257 2 201 201 10 59	
89th 257 2 201 201 10 59		90th 257 2 201 201 10 59	
91st 257 2 201 201 10 59		92nd 257 2 201 201 10 59	
93rd 257 2 201 201 10 59		94th 257 2 201 201 10 59	
95th 257 2 201 201 10 59		96th 257 2 201 201 10 59	
97th 257 2 201 201 10 59		98th 257 2 201 201 10 59	
99th 257 2 201 201 10 59		100th 257 2 201 201 10 59	

Form GP1110

000105007 0000 10107 01/1/2000

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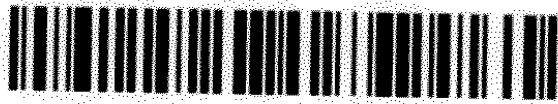


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BOX 2687



810121304846393

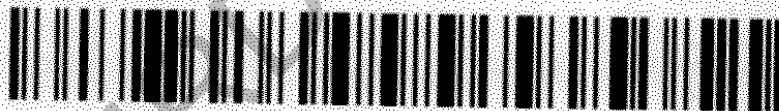
1304846393

Paul

Carroll

13/04/1984

June



Administration

NO PAPERWORK

☐

Ayrshire Medical Group SCANNED BY OSS

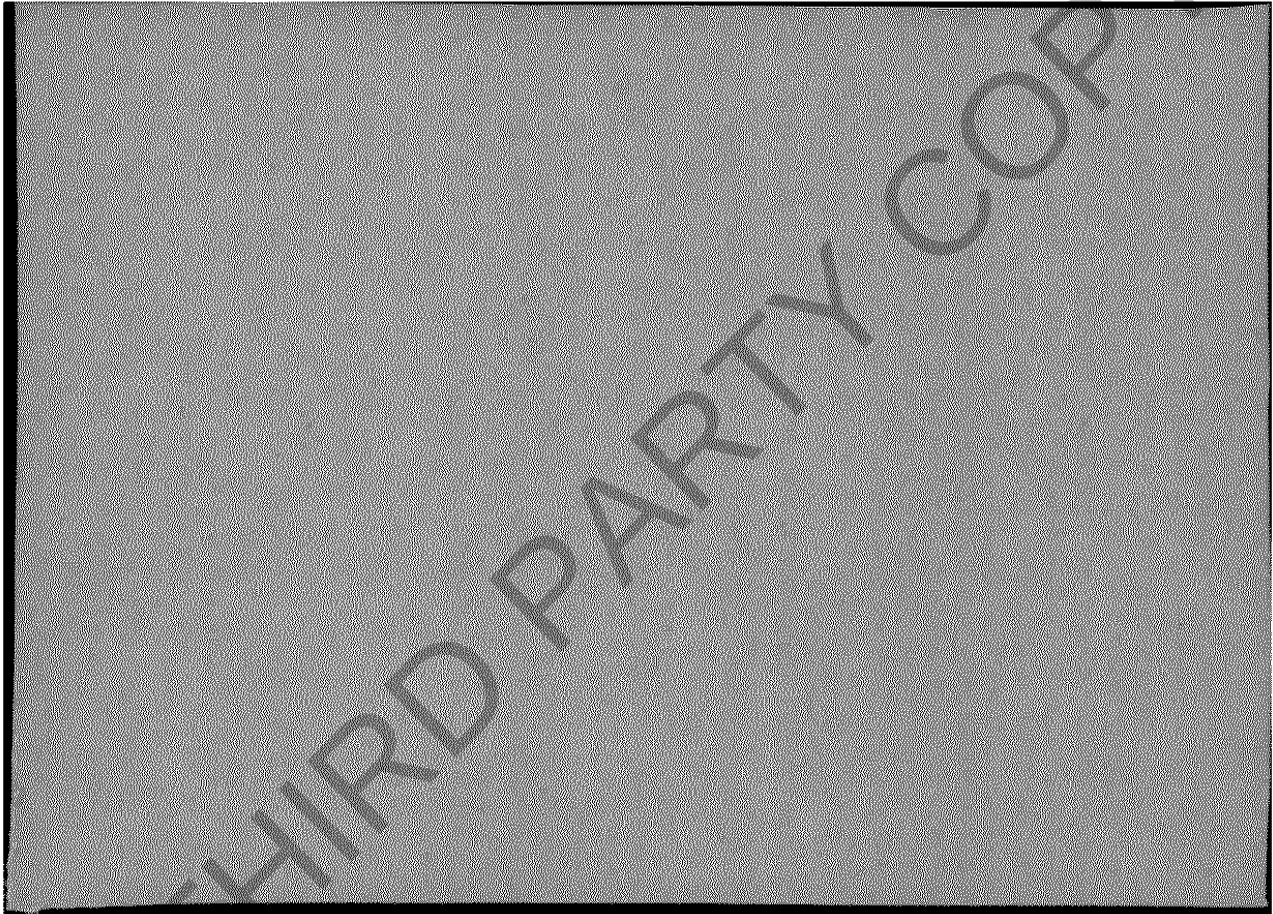
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THIRD PARTY COPY

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SURNAME (BLOCK LETTERS)		TITLE		OCCUPATION	
CARROLL					
FORENAMES (BLOCK LETTERS)		PHONE NUMBER			
PAUL RYAN					
DATE OF BIRTH	SINGLE	N.H.S. NUMBER			
13. 4. 84	MARRIED (DATE)	475. 84. 043			
	DIVORCED (DATE)	C.H.I. NUMBER			
	WIDOWED (DATE)	6393			
ALLERGIES		SPECIAL HAZARDS			
ADDRESS		D	M	DOCTOR'S NAME	CIPHER & DATE
13, MAIMHOR RD, WEST KILBRIDE, KA 03 9EE				DR L.R. ADAMS.	A 6/2/07
2					
3					
4					
5					
Cause of Death					
(1)					
(2)					
Form GP 1110 (Rev. 5/87)					
355-2091					
Printed by HPI 051815 5/07					

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1

GREATER GLASGOW HEALTH BOARD

10/127

PRIMARY CARE FINANCE

Temporary Residents
(Extension 2115) Mrs G Melvin

Please insert the attached medical report into the
Medical Record envelope held by you for this person.

Dr *A. J. Rae*

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

MALE		TEMPY. RESIDENT	
SURNAME		CHRISTIAN NAMES	
CARROLL		Paul.	
ADDRESS		Date of Birth	
110 Glenferriman		18 04 84	
DATE	AGE	CLINICAL NOTES	DIAGNOSIS
2/12/91	7	Event & visited on Friday - unwell on weekend - Now CO. sent back to Tomlinson for Corneal glasses. On ✓ for Cataract surgery 12/1/92 Jm Phy.	

* 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)

THIRD PARTY COPY

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DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
12.11.86		Throat swabs Prep	
11.12.86		Cough: Cx 9. Oct - Throat No cough back	
14.4.87		D+V 36 hrs oedema Chest ✓ T 37.2 ENT - - large pitted tonsils ✓ Retropharyngeal	
29/6/87		Tonsillitis Throat EACE ✓ Pen V. T 37.6 °C.	
28/7/87		Chicken pox Phenoxa 10mg nocte	
9/2/88		Cough x 1/2 8. Acute lobar pneumonia No change	
25/2/88		Still chesty gen wheezes + scattered creps Septin Nasal at night.	
36.1.89		(? CXR) Sore throat 1/2 ears sore o/e Tonsils ↑↑. ears ✓ Pen V. Chest ✓	

* 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	CHRISTIAN NAMES
		CARROLL	PAUL [REDACTED]
ADDRESS 14 ASHCROFT			Date of Birth
			13 4 84
DATE	C F	CLINICAL NOTES	DIAGNOSIS
14/8/84		"gummy" 1e mms wad-e see	ear dirt
1/9/84 11/12		Cough: Chest clear. Overweight.	
6-6-85	(1)	Vomiting 1 week - looks well • dehydr. Abdo - Chest clear Throat - ears -	
	(2)	Constipated - painful defaec - spot blood. ? Anal. Res. Advised fluids.	
23.9.85		lymphadenopathy 3 Chest: Or. 1 Noises heard Nts No real wheeze but ? early croup.	Trachea
15-10-85	11/12	Occ vomiting: Another bout/way at night 2 Chest - cold wheeze Tidal motion: ? within 1/2 hr mild croup	
12/6/86		Chest ✓ Throat ✓ Skam Calm	
28.9.86		Hot - OK now! Ears, Throat Nts Chest clear	Calpot.

* In C.F. 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)

P.H.P., 53-2785, 6/81

NHS Confidential: Personal data about a patient

Carroll, Paul
DoB: 13/04/1984

Report Valid On 15/02/08 13:48

The Surgery
Page number 1

Registration

Mr Paul Carroll
13 Malmhor Road
WEST KILBRIDE
KA23 9EE
Telephone: 821876

Service Code: Permanent
DoB: 13/04/1984
Age: 23

Contact: ?

Contact/Relship: ?

Email: ?

CHI Number: 1304846393

NHS Number: 475/84/043

Occupation:

Marital Status: Unknown

Registered GP: Dr L [REDACTED]

Seen By GP: Dr L Adams

BMI: 21.5

Height: 1.93 m

Weight: 80 kg

BP: 110/70

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Pres.	Review
------------------	-------------------------	-------	------	-------	--------

Adverse Reactions

Read Code	Description
-----------	-------------

Priority Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
11/01/2008	None	High	Notes summary on computer	
23/09/2007	None	High	Dislocation of shoulder NOS	Right
18/05/2007	None	High	Dislocation of shoulder NOS	Right
31/07/2002	None	High	CT [REDACTED] brain - normal	
Freeltext:			following head injury	
31/07/2002	None	High	Fixation of mandible	
Freeltext:			open reduction and internal fixation fracture left mandible following assault	
31/07/2002	None	High	Head injury	
31/07/2002	None	High	Primary repair of tendon	
Freeltext:			extensor tendon left index finger repaired following [REDACTED]	
05/10/2000	None	High	Jaboulay's eversion of hydrocele	Bilateral
23/07/2000	None	High	Head injury	
25/05/2000	None	High	Hydrocele	Bilateral
24/07/1985	None	High	Group	

Acute Prescriptions

Drug/Preparation	Quantity/Dose/Frequency	Date
Nicorette 15mg/16 Hours PATCH	14 Apply [REDACTED]	23/01/2008
Zineryt LOT	90 Apply sparingly Twice daily	10/01/2008

Last 4 Clinical Notes

	Clinical Notes
23/01/2008	Rx nicorette15.

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NHS Confidential: Personal data about a patient

Carroll, Paul
DoB: 13/04/1984

Report Valid On 15/02/08 13:48

The Surgery
Page number 2

23/01/2008 Basic values updated. Wishes NRT patches. Keen to start today as hasn't smoked for 7 days. iM

16/01/2008 DNA-NURSE for NRT-GG

10/01/2008 First Reg and Acne over the face. Also req for Nicotine patches. On exam well looking afebrile. BP 110/70mmHg. Acne scars over the cheeks. P=Rx+Nurse's appoint for Smoking cessation.

THIRD PARTY COPY

Summary Sheet: Practice Summary

Printed at 15/02/2008 13:48:36

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NHS Ayrshire & General Hospital Division **Area Laboratory** **Clinical Biochemistry**

CARROLL, PAUL
13 Maimhor Rd
Seamill
West Kilbride
KA23 9EE

CHI No. 1304846393
Unit No.
DOB 13/04/1984
Sex M

Clinician: Practice Registrar 3
Request Location: GP, West Kilbride Surgery

This report to : Practice Registrar 3 , GP, West Kilbride Surgery

	Result	Units	Normal Range
Urea	H 8.9	mmol/L	2.5 - 7.5
Creatinine	82	µmol/L	50 - 125
Sodium	140	mmol/L	135 - 145
Potassium	4.2	mmol/L	3.5 - 5.0
Chloride	103	mmol/L	95 - 108
Bicarbonate	25	mmol/L	22 - 28
Total Bilirubin	4	µmol/L	3.0 - 15
ALP	80	U/L	45 - 140
AST	19	U/L	10.0 - 40
ALT	17	U/L	10.0 - 50
Total Protein	72	g/L	63 - 83
Albumin	47	g/L	39 - 51
Globulin	25	g/L	21 - 35

Lab No 09B389113
Printed 28/11/09 06:53

Date Collected 27/11/09 17:00
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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Mental Health Services
NHS Addiction Services
North Ayrshire
Dundonald Health
Centre
2 Newfield Drive
Dundonald
KA2 9EW
Tel: 01563 851338
Fax: 01563 850684

PERSONAL IN CONFIDENCE

Mr Paul Carroll
13 Mayimhore Road
WEST KILBRIDE
KA23 9EE

Date: 16 November 2009
Our Ref: 205439-230212/ED/GS
CHI NO: 1304846393

Dear Mr Carroll

You have been referred to the service by **Dr Caskie**.

Can I see you on **Thursday 26 November 2009** between **10.00am and 12 noon** at **home**. If this is unsuitable please contact the above telephone number.

If you cannot attend this appointment, it is important you contact the office to inform us, in order the appointment may be re-allocated. Should you fail to attend this given appointment and we do not hear from you within 7 days, then we will conclude you no longer wish to use our service and will be discharged.

Yours sincerely

G. Smith
PP  **Drysdale**
Charge Nurse
Primary Care Addiction Team

CC, Dr Caskie, The Surgery, 107b Main Street, WEST KILBRIDE, KA23 9AR



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SEARCHED
INDEXED
DATE: 19 NOV 2009

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W16 Confidential: Personal data about a patient

Dr D Chung Dr G [REDACTED] Dr N Weatherup Dr J Mardon Mr J [REDACTED] Dr C McGuffie Dr A Lannigan

Accident and Emergency

Dr. K Fegan
107B MAIN STREET
WEST KILBRIDE
KA23 9AR

Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 577757/8
Fax: 01563 572009

Paul Carroll

13 MAIMHOR RD
SEAMILL
WEST KILBRIDE
AYRSHIRE, KA23 9EE

DOB: 13/04/1984
A/E No: XH-09-057263
CHI No: 1304846393

Date and Time of Attendance: 09 Nov 2009 23:13

Diagnosis Minor head injury
Laceration, Eyebrow, Right

Treatment Stitches
Drugs:

THAS REG
DATE: 12 NOV 2009

Investigations

Follow up: Discharge, Primary Care follow up

Additional Information: home with [REDACTED] sutures out at GP in 5/7

Dr Nazem Hanif
A&E SHO

If you have any queries about this patient, please contact one of the staff at the above number.

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NHS Confidential: Personal data about a patient

Ayrshire and Acute Hospitals NHS Trust

Physiotherapy Discharge Report

Site: 3 TOWNS RESOURCE Referred by: SHORT
Physiotherapy No: 140828 FRACTURE CLINIC
Unit No: 551011 XHOUSE
ChiNo: 6393

Name: PAUL CARROLL Discharge Reason: Other

Address: 13 MAINHOR ROAD
SEAMILL, WEST KILBRIDE
KA23 9EE

DOB: 13/04/1984

Treatment:

GP: DR
LENNOXTOWN CLINIC
MAIN ST
WEST KILBRIDE

Referring Diagnosis: RIGHT SHOULDER DISLOCATION No. of Treatments: 0

Referral Date: 26/10/2007

Start Date:

Transfer/ Discharge Date: 26/11/2007

Review Date:

Discharge Summary

PATIENT DID NOT RESPOND TO DYRT LETTER

F	C	H	A	REQ	PM	F
FILE - NO ACTION						
NOTES TO DR.						
EPICR / COMR						
CONTACT PT.						
						05 04/04/2007

Physiotherapist: MENZIES
m menzies

Date Typed: 30/11/2007

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WHS Confidential: Personal data about a patient

Dr D Chung Dr G [REDACTED] Dr N Weatherup Dr J Mardon Mr J [REDACTED] Dr C McGuffie Dr A Lannigan

Dr. K Fegan
107B MAIN STREET
WEST KILBRIDE
KA23 9AR

Accident and Emergency

Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 57757/8
Fax: 01563 572009

Paul Carroll

DOB: 13/04/1984
A/E No: XH-09-005164
CHI No: 1304846393

Date and Time of Attendance: 30 Jan 2009 10:48

Diagnosis Incision, Hand, Right

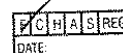
Treatment Wound exploration

Drugs:

Investigations X-Ray, Soft tissue for FB

Follow up: Discharge, no follow up

Additional Information: Laceration from glass into web space between thumb and index finger.
Wound explored, no injury to neurovascular bundle or FPL. Wound
cleaned and closed. No foreign body.



- 4 FEB 2009

[REDACTED] Mcnaught

If you have any queries about this patient, please contact one of the staff at the above number.

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NHS Confidential: Personal data about a patient

Dr D Chung Dr G [REDACTED] Dr N Weatherup Dr J Mardon Mr J [REDACTED] Dr C McGuffie Dr A Lannigan

Dr. K Fegan
107B MAIN STREET
WEST KILBRIDE
KA23 9AR

Accident and Emergency

Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 57757/8
Fax: 01563 572009

Paul Carroll

13 MAIMHOR RD
SEAMILL
WEST KILBRIDE
AYRSHIRE, KA23 9EE

DOB: 13/04/1984
A/E No: XH-09-017577
CHI No: 1304846393

Date and Time of Attendance: 08 Apr 2009 21:00

Diagnosis FB on cornea

Treatment Take home drugs

Drugs:

Investigations

Follow up: Discharge, follow up arranged
Casualty Eye Clinic
Usual place of residence

Additional Information: given fusidic acid

✓	C	H	A	S	REG
DATE: 15 APR 2009					

15 APR 2009

If you have any queries about this patient, please contact one of the staff at the above number.

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W14 Confidential Personal data only to be used

CLINICAL NOTES		National Health Service Number	Surname (Block Letters)	Forenames (Block Letters)
			CARROLL	Paul
		Address	13 MAINTHOKE RD WEST [REDACTED]	
		Tel. No.:	01294 821876	
		Date of Birth	13/04/1984	
Date	NEW PATIENT MEDICAL			
	Status: NO	Children NO		
	Employment: NO	M. F.		
	Smoking - Non	Alcohol - None		
	- Ex - stopped 2/7	- Social ✓		
	20/20y c.p.m.	units/wk.		
	Allergies: None			
	Date of Last Smear:	Urine:		
	Result/Source: N/A	P.P.: 110/90mmHg		
		Ht.: 194cm		
		Wt.: 80kg		
	Date of last Polio:	/update		
	Tetanus:			
	Relevant Family History:			
	None			
	Non - HIV			
	P.M.H.	Drug History		
	Acute	None		
	Diclofenac (P) Risperidone			
	Wants to stop anti-			

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

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PATIENT SERVICES

Department of Oral & Maxillofacial Surgery

Mr R Currie, Consultant Maxillofacial Surgeon

Direct Line: ☎ 01563 827293

Fax No: ☎ 01563 827300

Secretary: Mrs [REDACTED] Gilroy Tel: 01563 827293
Email: karen.gilroy@aaaht.scot.nhs.uk

Our Ref: RC/MM/XH - 551011
CHI No: 1304846393

Clinic date: 19 October 2009
Date typed: 26 October 2009

Mr [REDACTED]
General Dental Practitioner
The Dental Surgery
1 Eglinton Street
Ardrossan
KA22 8LL

Dear Mr Ross

PAUL CARROLL, 13 MAIMHOR ROAD, SEAMILL KA23 9EE DOB 13.04.1984

Further to your referral, your patient was appointed on my Clinic this evening and failed to attend. No further appointments will be sent.

Kind regards,

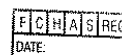
Yours sincerely

[REDACTED] Currie FDS, FRCS, FRCS (OMFS)
Consultant Oral & Maxillofacial Surgeon

Copy: Dr L [REDACTED] West Kilbride Group Practice, 107b Main Street, West Kilbride KA23 9AR

Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE
Telephone: 01563 521133
Fax:
www.show.scot.nhs.uk/aaaht

NHS
Ayrshire
& Arran



02 NOV 2009



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Hospital use only	Clinic	Day Date	Time	Hospital No.
-------------------------	--------	-------------	------	-----------------

Transport required?

Unique Care Pathway Number: 101000188381T

REFERRAL LETTER
 MEDICAL IN CONFIDENCE

CHI:1304846393

REFERRAL TO

██████ SHORT(Consultant)
 ██████ and Orthopaedic SurgeryC8
 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

09-Feb-2010

Date submitted

11-Feb-2010

PATIENT DETAILS

Surname Carroll
Forename(s) Paul
Title -
Sex Male
Date of birth 13-Apr-1984
CHI no. 1304846393

Patient's address

13 Maimhor Road
 WEST KILBRIDE
 KA23 9EE

Contact number(s)

Voice: 821876

REGISTERED GP DETAILS

Name Dr L ██████
GMC code 4413130 **GP code** A20451
Practice name The Surgery
Practice code 80631

Practice address

107b Main Street
 West Kilbride
 Ayrshire
 KA23 9AR

Contact number(s)

Voice: 01294 823607
 Facsimile: 01294 829318

REFERRING PRACTITIONER DETAILS

Name Dr ██████ Duckworth
GMC code 2545402 **GP code** A20451
Practice name The Surgery
Practice code 80631

Practice address

107b Main Street
 West Kilbride
 Ayrshire
 KA23 9AR
 KA23 9AR

Contact number(s)

Voice: 01294 823607
 Facsimile: 01294 829318

THIRD PARTY COPY

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CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: see below

Comment: I would be grateful if you could see this 25 year-old lad who has previously attended Orthopaedics as a consequence of recurrent dislocation of his right shoulder. In recent months there has been an increased tendency to recurrent dislocations with the consequent feeling of instability and increased awareness that it is likely to dislocate during sporting activities. Indeed recently whilst playing water polo on holiday his shoulder dislocated on two separate occasions, each time Paul managed to successfully quickly reduce the dislocation without hospitalisation.

I would be grateful for your help in both assessment and advice regarding on-going management.

Examinations and Investigations

Height: 1.93 -
 Weight(kg): 80 -
 BMI: 21.48 -
 Current smoker: 23-Jan-2008 00:00
 Alcohol intake within recommended sensible limits: 23-Jan-2008 00:00
 Enjoys moderate exercise: 23-Jan-2008 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
Dislocation of shoulder NOS	-	Right	-	-	23-Sep-2007
Dislocation of shoulder NOS	-	Right	-	-	18-May-2007
Head injury	-	-	-	-	31-Jul-2002
Head injury	-	-	-	-	23-Jul-2000
Hydrocele	-	Bilateral	-	-	25-May-2000
Croup	-	-	-	-	24-Jul-1985

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Fixation of mandible	-	-	open reduction and internal fixation fracture left mandible following [REDACTED]	-	31-Jul-2002
Primary repair of tendon	-	-	extensor tendon left index finger repaired following [REDACTED]	-	31-Jul-2002
CT scan brain - normal	-	-	following head injury	-	31-Jul-2002
Jaboulay's eversion of hydrocele	-	Bilateral	-	-	05-Oct-2000

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Zineryt	13.06.01.0	LOT	Apply	Twice daily	03-Feb-2010	-	03-Feb-2010
Doxycycline	05.01.03.0	CAPS 100MG	1 Cap	[REDACTED]	13-Nov-2009	-	13-Nov-2009
Azelaic Acid	13.06.01.0	CREAM 20%	Apply	morning and night	13-Nov-2009	-	13-Nov-2009

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Clinical warnings**Lifestyle risks**

Exercise status: Not Known

Smoking statusNumber 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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NHS Confidential: Personal data about a patient

NHS IN SCOTLAND

Application to Register with a General Medical Practitioner

Please complete in block capitals.

Tel NO 01294 821876 GPR

relevant boxes

Patient details

Surname CARROLL

Forename PAUL

Previous Surname

Date of birth

130484

Male ☒

Female

I wish the child named above to be registered at the practice for Child Health Surveillance

Address 13

MAINHOL RD

Post code KA23 9EE

Relationship to patient Mother

I will be in the area for more than three months ☒

X Patient's / Patient's representative signature *Paul Carroll*

3.11.07

Voluntary consent to organ donation

If you wish to register on the NHS Organ Donor Register as someone whose organs can be used for transplantation purposes after your death, please tick relevant box(es) below:

Any Organ

Kidneys

Liver

Lungs

Heart

Corneas

Pancreas

Patient's signature

Date

Please help us to trace your previous medical records by providing the following information if known

NHS No. (not National Insurance No.)

Community Health Index (CHI) No.

Previous address in U.K.

17 STIRLING PL

LENNOXTON

Town GLASGOW

County

Post code G66 7DX

Name and address of previous doctor in U.K.

DR Henderson

MAIN ST

LENNOXTON

G66

If returning from abroad

Date of departure from U.K.

Date of return to U.K.

If returning from HM Forces

Date enlisted

Service / Personnel No.

If none of the above information is known then please complete the following:

Town of birth

GLASGOW

County of birth

Reg. district of birth (see birth certificate)

LENNOXTON

Mother's maiden name

FAIR

Doctor's agreement

Enter 'D' if supplying drugs

CHS acceptance

yes

no

I accept this patient on my list and I claim payment in accordance with the Regulations.

Doctor's signature

Date

061207

Mileage claim road water footpath

Enter date if registration examination completed

CHS Ref No. of GP providing service if different from below

Doctor's name

GP Ref. No.

Dr L Adams

A2045

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WEST KILBRIDE MEDICAL PRACTICE



Dr J.P. Caskie
Dr S.P. Howie
Dr L.R. [REDACTED]
Dr A.A. Struthers
Dr D.J. [REDACTED]

107b Main St.,
West Kilbride,
Ayrshire, KA23 9AR

Tel: 01294 823607
Fax: 01294 829318

20 August 2013.

Mr Paul Carroll,
13 Maimhor Road,
West Kilbride,
KA23 9EE.

Dear Mr Carroll,

We have received correspondence addressed to you at 16 North Crescent Road, Ardrossan, which has been returned.

Could you please confirm which address you are actually [REDACTED] in order that we can arrange for any correspondence to be sent to you at the correct address.

Thank you.

Yours sincerely,

On behalf of West Kilbride Medical Practice.

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Transport required?

Unique Care Pathway Number: 1010001883550

REFERRAL LETTER
 MEDICAL IN CONFIDENCE

CHI:1304846393

REFERRAL TO

Physiotherapy R5
 AA Physiotherapy

Ethnic Origin
 Language interpreter req'd
 Religion
Religious Observance
 Vision impairment
 Hearing impairment
 Sign language interpreter req'd.

Ayrshire Central Hospital
 Kilwinning Road
 Irvine
 KA12 8SS

Urgency of referral

Routine

Date of referral

09-Feb-2010

Date submitted

11-Feb-2010

PATIENT DETAILS

Surname

Forename(s)

Title

Sex

Date of birth

CHI no.

[Redacted]
 Paul
 -
 Male
 13-Apr-1984
 1304846393

Patient's address

13 Maimhor Road
 WEST KILBRIDE
 KA23 9EE

Contact number(s)

Voice: 821876

REGISTERED GP DETAILS

Name

GMC code

GP code

Practice name

Practice code

Dr L [Redacted]
 4413130
 A20451
 The Surgery
 80631

Practice address

107b Main Street
 West Kilbride
 Ayrshire
 KA23 9AR

Contact number(s)

Voice: 01294 823607
 Facsimile: 01294 829318

REFERRING PRACTITIONER DETAILS

Name

GMC code

GP code

Practice name

Practice code

Dr [Redacted] Duckworth
 2545402
 A20451
 The Surgery
 80631

Practice address

107b Main Street
 West Kilbride
 Ayrshire
 KA23 9AR
 KA23 9AR

Contact number(s)

Voice: 01294 823607
 Facsimile: 01294 829318

THIRD PARTY COPY

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CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: see below

Comment: I would be grateful if you could see this 25 year-old who has had frequent dislocations of his right shoulder. He has had two [REDACTED] whilst playing water polo on holiday as a consequence of which he feels his shoulder is unstable and is wary of it dislocating again. Although I plan to refer him back to Orthopaedics I would be grateful for any help you are able to offer in terms of strengthening as appropriate.

Examinations and Investigations

Height: 1.93 -
 Weight(kg): 80 -
 BMI: 21.48 -
 Current smoker: 23-Jan-2008 00:00
 Alcohol intake within recommended sensible limits: 23-Jan-2008 00:00
 Enjoys moderate exercise: 23-Jan-2008 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
Dislocation of shoulder NOS	-	Right	-	-	23-Sep-2007
Dislocation of shoulder NOS	-	Right	-	-	18-May-2007
Head injury	-	-	-	-	31-Jul-2002
Head injury	-	-	-	-	23-Jul-2000
Hydrocele	-	Bilateral	-	-	25-May-2000
Croup	-	-	-	-	24-Jul-1985

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Fixation of mandible	-	-	open reduction and internal fixation fracture left mandible following assault	-	31-Jul-2002
Primary repair of tendon	-	-	extensor tendon left index finger repaired following [REDACTED]	-	31-Jul-2002
CT scan brain - normal	-	-	following head injury	-	31-Jul-2002
Jaboulay's eversion of hydrocele	-	Bilateral	-	-	05-Oct-2000

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Zineryt	13.06.01.0	LOT	Apply	Twice daily	03-Feb-2010	-	03-Feb-2010
Doxycycline	05.01.03.0	CAPS 100MG	1 Cap	Daily	13-Nov-2009	-	13-Nov-2009
Azelaic Acid	13.06.01.0	CREAM 20%	Apply	morning and night	13-Nov-2009	-	13-Nov-2009

Clinical warnings

Smoking status Alcohol consumption

Lifestyle risks

Number per day Units per day

Exercise status: Not Known

? (not known)

? (not known)

Additional relevant information**Administrative information**

Referred By:Registered GP

Signature of referring doctor (or other professional) Date

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Transport required?

Unique Care Pathway Number: 101008072891B

REFERRAL LETTER
MEDICAL IN CONFIDENCE

CHI:1304846393

REFERRAL TO	
Addictions - North Ayrshire PCATG1A5 AA Mental Health Service	Ethnic Origin Language interpreter req'd Religion Religious Observance Vision impairment Hearing impairment Sign language interpreter req'd.
Addiction Service NHS Ayrshire & [REDACTED]	
Urgency of referral Routine Date of referral 17-Oct-2014 Date submitted 17-Oct-2014	

PATIENT DETAILS		Patient's address
Surname	Carroll	13 Maimhor Road WEST KILBRIDE KA23 9EE
Forename(s)	Paul	
Title	-	
Sex	Male	
Date of birth	13-Apr-1984	
CHI no.	1304846393	Contact number(s) Voice: 829991

REGISTERED GP DETAILS		Practice address
Name	Dr [REDACTED]	107b Main Street West Kilbride
GMC code	4413130 GP code 20451	
Practice name	West Kilbride Surgery (17167)	
Practice code	80631	
		Contact number(s) Voice: 01294 823607 Facsimile: 01294 829318

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr [REDACTED] Colburn	107b Main Street West Kilbride AYRSHIRE KA23 9AR
GMC code	6165952 GP code -	
Practice name	West Kilbride Group Practice (80631)	
Practice code	80631	
		Contact number(s) Voice: 01294 823607

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CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: alcohol dependence

Comment: Dear Colleague

Many thanks for seeing this 30 year old man who has struggled with problem drinking for the last 15 years. He has short periods of sobriety but then relapse. He has barely been sober this year and is drinking every day. He is drinking quite heavily and it tends to be beer.

He [REDACTED] his [REDACTED] and often will have a few cans whilst he is plastering. He denies any mood problems. He is very keen to top drinking at it is causing huge problems in his relationship and it is also making him feel unwell.

He last drank alcohol 3 days ago and has been quite tremulous and vomiting, He has not had any seizures. He was previously on Acamprosate but says he is able to drink normally whilst on this without any adverse reactions so it did not deter him.

I have given him a few days of Librium with a reducing regimen to help him through his initial detox and would appreciate your help with some support and consideration of any other treatment for his addiction. He is aware that a lot of will power will need to be supplied by himself.

Many thanks

Examinations and Investigations

Height:	193	-
Weight(kg):	80	-
BMI:	21.48	-
Current smoker :	20/day.	04-Jul-2012 00:00
Current smoker:	Disease: SPICE Basic Health Values, priority=2 23-Jan-2008 00:00	
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2 23-Jan-2008 00:00	
Enjoys moderate exercise:	Disease: SPICE Basic Health Values, priority=2 23-Jan-2008 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
[REDACTED] drug	-	-	?100 Dihydrocodeine	26-Jul-2013	26-Jul-2013
Dislocation of shoulder NOS	-	-	Right	23-Sep-2007	23-Sep-2007
Dislocation of shoulder NOS	-	-	Right	18-May-2007	18-May-2007
Head injury	-	-	-	31-Jul-2002	31-Jul-2002
Head injury	-	-	-	23-Jul-2000	23-Jul-2000
Hydrocele	-	-	Bilateral	25-May-2000	25-May-2000
Croup	-	-	-	24-Jul-1985	24-Jul-1985

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
CT scan brain - normal	-	-	following head injury	31-Jul-2002	31-Jul-2002
Primary repair of tendon	-	-	extensor tendon left index finger repaired following [REDACTED]	31-Jul-2002	31-Jul-2002
Fixation of mandible	-	-	open reduction and internal fixation fracture left mandible following [REDACTED]	31-Jul-2002	31-Jul-2002
Jaboulay's eversion of hydrocele	-	-	Bilateral	05-Oct-2000	05-Oct-2000

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

No current medications recorded

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

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Chlordiazepoxide Hydrochloride Capsules 10 mg	-	1 capsule	ONE TABLET QDS FOR 1 DAY THEN ONE TABLET TDS FOR 1 DAY THEN ONE TABLET BD FOR 1 DAY THEN ONE TABLET OD THEN STOP	-	15-Oct-2014	42 Days	15-Oct-2014
Lymecycline Capsules 408 mg	0501030L0AAABAB	56 capsule	ONE TO BE TAKEN EACH DAY	-	23-Sep-2014	56 Days	23-Sep-2014
Oxytetracycline Tablets 250 mg	0501030T0AAAJAJ	56 TABLET	TAKE AS DIRECTED	-	28-Aug-2014	42 Days	28-Aug-2014

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

Signature of referring doctor (or other professional) Date

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NHS Confidential: Personal data about a patient

Ayrshire and Acute Hospitals NHS Trust

Physiotherapy Discharge Report

Site: OP DEPT ACH Referred by DR DUCKWORTH
Physiotherapy No: 140828 THE SURGERY
ChiNo: 1304846393 MAIN STREET
Unit No: 551011 WEST KILBRIDE

Name: PAUL CARROLL Discharge Reason: Did Not Attend

Address: 13 MAIMHOR ROAD
WEST KILBRIDE KA23 9EE

DOB: 13/04/1984

Treatment:

GP:

Referring Diagnosis: Right shoulder No. of Treatments: 0

Referral Date: 12/02/2010

Start Date:

Transfer/ Discharge Date: 08/03/2010

Review Date:

Discharge Summary

Patient did not respond to letter sent 18/02/10 asking him to contact the department to arrange an appointment and he has now been discharged.

FCHAS/REG
DATE:

13 APR 2010

Physiotherapist: OFFICE

Date Typed: 08/04/2010

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NHS Confidential: Personal data about a patient

Dr D Chung Dr G [REDACTED] Dr N Weatherup Dr J Mardon Mr J [REDACTED] Dr C McGuffie Dr A Lannigan

Accident and Emergency

Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 577757/8
Fax: 01563 572009

Dr. JUNE JP CASKIE
WEST KILBRIDE GROUP PRACTICE
107B MAIN STREET
WEST KILBRIDE
KA23 9AR

Paul Carroll

13 MAIMHOR RD
SEAMILL
WEST KILBRIDE
AYRSHIRE, KA23 9EE

DOB: 13/04/1984
A/E No: XH-12-020039
CHI No: 1304846393

Date and Time of Attendance: 08 Apr 2012 23:14
Total A&E Attendances = 6 , attendances in last year = 1

Diagnosis Minor head injury

Treatment Stitches
Drugs:

Investigations

Follow up: Admitted

CDU

Additional Information: Alleged [REDACTED] admitted to CDU for neurological observations.

[REDACTED]
A&E SHO

If you have any queries about this patient, please contact one of the staff at the above number.

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NHS Confidential: Personal data about a patient

Dr D Chung Dr G [REDACTED] Dr N Weatherup Dr J Mardon Mr J [REDACTED] Dr C McGuffie Dr A Lannigan

Accident and Emergency

Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 577757/8
Fax: 01563 572009

Dr. JUNE JP CASKIE
WEST KILBRIDE GROUP PRACTICE
107B MAIN STREET
WEST KILBRIDE
KA23 9AR

Paul Carroll

13 MAIMHOR RD
SEAMILL
WEST KILBRIDE
AYRSHIRE, KA23 9EE

DOB: 13/04/1984
A/E No: XH-12-014668
CHI No: 1304846393

Date and Time of Attendance: 15 Mar 2012 20:09
Total A&E Attendances = 5, attendances in last year = 0

Diagnosis Laceration, Hand, Left

Treatment Take home drugs

Drugs:

Investigations

Follow up: Discharge, follow up arranged
A&E Clinic
Usual place of residence

Additional Information: Attended with laceration to outer aspect of L hand 7/7. Wound healing but infected. Given oral antibiotics and clinic follow up to ensure improving.



23 MAR 2012

[REDACTED] Armitage
A&E SHO

If you have any queries about this patient, please contact one of the staff at the above number.

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Transport required?

Unique Care Pathway Number: 101007992083D

REFERRAL LETTER
 MEDICAL IN CONFIDENCE

CHI:1304846393

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

Routine

Date of referral

02-Oct-2014

Date submitted

02-Oct-2014

PATIENT DETAILS

Surname Carroll
Forename(s) Paul
Title -
Sex Male
Date of birth 13-Apr-1984
CHI no. 1304846393

Patient's address

13 Maimhor Road
 WEST KILBRIDE
 KA23 9EE

Contact number(s)

Voice: 829991

REGISTERED GP DETAILS

Name Dr. [REDACTED]
GMC code 4413130 **GP code** 20451
Practice name West Kilbride Surgery (17167)
Practice code 80631

Practice address

107b Main Street
 West Kilbride

Contact number(s)

Voice: 01294 823607
 Facsimile: 01294 829318

REFERRING PRACTITIONER DETAILS

Name Dr. [REDACTED]
GMC code 6071883 **GP code** 23256
Practice name West Kilbride Group Practice (80631)
Practice code 80631

Practice address

107b Main Street
 West Kilbride
 AYRSHIRE
 KA23 9AR

Contact number(s)

Voice: 01294 823607

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Acne

Comment: Thank you for seeing this 30 year old man with a 7 year history of facial acne which seems to be getting worse. He has evidence of marked scarring of his face and certainly despite ongoing treatment with Oxytetracycline has new pustules and comedones coming through. He is understandably fed up with this and is keen to pursue any alternative treatments. I would appreciate your assessment and advice on the likes of Roaccutane.

Examinations and Investigations

Height: 193 -
 Weight(kg): 80 -
 BMI: 21.48 -
 Current smoker : 20/day. 04-Jul-2012 00:00
 Alcohol intake within recommended sensible limits: Disease: SPICE Basic Health Values, priority=2 23-Jan-2008 00:00
 Enjoys moderate exercise: Disease: SPICE Basic Health Values, priority=2 23-Jan-2008 00:00

Reason for referral

Care type requested: Out Patient
 Expected outcome: Investigate

Past medical history**Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
■■■■■ drug	-	-	7100 Dihydrocodeine	26-Jul-2013	26-Jul-2013
Dislocation of shoulder NOS	-	-	Right	23-Sep-2007	23-Sep-2007
Dislocation of shoulder NOS	-	-	Right	18-May-2007	18-May-2007
Head injury	-	-	-	31-Jul-2002	31-Jul-2002
Head injury	-	-	-	23-Jul-2000	23-Jul-2000
Hydrocele	-	-	Bilateral	25-May-2000	25-May-2000
Croup	-	-	-	24-Jul-1985	24-Jul-1985

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
CT scan brain - normal	-	-	following head injury	31-Jul-2002	31-Jul-2002
Primary repair of tendon	-	-	extensor tendon left index finger repaired following ■■■■■	31-Jul-2002	31-Jul-2002
Fixation of mandible	-	-	open reduction and internal fixation fracture left mandible following ■■■■■	31-Jul-2002	31-Jul-2002
Jaboulay's eversion of hydrocele	-	-	Bilateral	05-Oct-2000	05-Oct-2000

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Lymecycline Capsules 408 mg	0501030L0AAABAB	56 capsule	ONE TO BE TAKEN EACH DAY	-	23-Sep-2014	56 Days	23-Sep-2014
Oxytetracycline Tablets 250 mg	0501030T0AAAIAJ	56 TABLET	TAKE AS DIRECTED	-	28-Aug-2014	42 Days	28-Aug-2014
Oxytetracycline Tablets 250 mg	0501030T0AAAIAJ	56 TABLET	TAKE AS DIRECTED	-	24-Jun-2014	42 Days	16-Jul-2014

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Clinical warnings**Lifestyle risks**

Exercise status: Not Known

Smoking statusNumber 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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NHS Confidential: Personal data about a patient

**Confidential - Clinical
Information**

Accident & Emergency Department
Crosshouse Hospital
Kilmarnock Road
Kilmarnock
KA2 0BE



www.nhsayrshireandarran.com

Dr LR [REDACTED]
West Kilbride Group Practice
107B Main Street
West Kilbride
KA23 9AR

Our Ref: CMcG/AR/ 1304846393
Ref Date: 20/03/2012
Date Dictated: 20/03/2012
Date Typed: 26/03/2012
Enquiries to: Lorraine Ritchie
Direct Line: 01563 825056
Ext. Number:
Email: Lorraine.Ritchie@aaaht.scot.nhs.uk

Dear Dr [REDACTED]

Paul Carroll DOB: 13/04/1984
13 Maimhor Road, West Kilbride, Ayrshire, KA23 9EE

Diagnosis: Wound to left hand

This 27 year old gentleman failed to report for the [REDACTED] Clinic today. No further review is proposed.

Yours sincerely

Authorised on 29/03/2012 10:13:50 by A C McGuffie.

Mr A C McGuffie MBChB, MRCP, FCEM
Consultant in Emergency Medicine

www.nhsayrshireandarran.com



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NHS Confidential: Personal data about a patient

Dr D Chung Dr G [REDACTED] Dr N Weatherup Dr J Mardon Mr J [REDACTED] Dr C McGuffie Dr A Lannigan

Accident and Emergency

Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 57757/8
Fax: 01563 572009

Dr. JUNE JP CASKIE
WEST KILBRIDE GROUP PRACTICE
107B MAIN STREET
WEST KILBRIDE
KA23 9AR

Paul Carroll

13 MAIMHOR RD
SEAMILL
WEST KILBRIDE
AYRSHIRE, KA23 9EE

DOB: 13/04/1984
A/E No: XH-12-026415
CHI No: 1304846393

Date and Time of Attendance: 08 May 2012 20:56
Total A&E Attendances = 7, attendances in last year = 2

Diagnosis Abscess / boil (any skin site), Skin of axilla, Left

Treatment Incision & drainage, Antibiotic

Drugs:

Investigations

Follow up: Discharge, no follow up

Usual place of residence

Additional Information: Left axillary abscess. Apyrexial. Surrounding erythema. Incision and drainage under local anaesthetic. D/C with Flucloxacillin 1g qds, advised to attend practice nurse for dressing change.

[REDACTED] Ritchie
A&E SpR

F C H A S REG
DATE:

11 MAY 2012

If you have any queries about this patient, please contact one of the staff at the above number.

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UMBERTO G. FAZZI FR.C.S.Ed (Orth)
 Consultant Orthopaedic and [REDACTED] Surgeon

Dr M Duckworth
 The Surgery
 107b Main Street
 West Kilbride
 KA23 9AR

14 5 10 (clinic 13 5 10)

Dear Dr Duckworth,

Mr Paul Carroll 13 4 84
13 Mainhor Road, Seamill, West Kilbride KA23 9EE

I saw this twenty six year old right handed gentleman at the Nuffield Hospital today as part of a waiting list initiative.

He presents with a history of instability in his dominant right shoulder. He thinks his shoulder first dislocated around 2004 when he was fooling around with some friends and he had to attend hospital to have it reduced. Following this he had four further episodes when the shoulder had to be reduced in hospital. Since then he describes five or six episodes when he has been able to reduce the shoulder himself. He doesn't really experience any pain in the shoulder in between these episodes of instability but he is very anxious about the shoulder and does not rely on it. As a result of his apprehension he has had to give up the majority of his sporting activities. His general health is otherwise good and he doesn't report any problems in other joints.

On examining him today he had a full range of movement in his cervical spine. There was no specific tenderness around his right shoulder girdle and his rotator cuff muscles were not wasted. He had a full range of movements in his shoulders although there was a suggestion of mild mid-range crepitus on elevation. His rotator cuff was clinically intact but he had mild discomfort on stressing supraspinatus.

Mr Carroll had some features of generalised laxity and hyperextension of his knees and elbows. However, apart from a mildly positive Sulcus sign in both shoulders I didn't think he had any generalised laxity in the shoulder joints. An anterior apprehension test was strongly positive. There was no evidence of any posterior instability.

Mr Carroll appears to have recurrent instability of his right shoulder with a [REDACTED] origin. If this is the case then it is likely that he has a labral tear which would be amenable to surgical treatment. I am a little concerned that there is some evidence of laxity of his

[REDACTED] Hospital
 221 Crookston Road
 Glasgow
 G52 3NQ
 Tel: 0141 810 3151
 Fax: 0141 882 7439

The Western Infirmary
 Dumbarton Road
 Glasgow
 G11 6NT
 Tel: 0141 211 2422
 Fax: 0141 211 2466

Glasgow Nuffield Hospital
 Beaconsfield Road
 Glasgow
 G12 0PJ
 Tel: 0141 576 2901
 Fax: 0141 339 1352

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joints and in these circumstances it is possible that the recurrent instability has arisen because of loss of normal muscle control of the humeral head rather than a specific anatomical abnormality. As a result I think we need to get more information before discussing treatment options with him and I have referred him for an MRI arthrogram. I will review him once this has been performed and plan appropriate treatment at that stage.

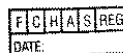
Kind regards

Yours sincerely,



UMBERTO G FAZZI FRCS Ed., ORTH.,
Consultant Orthopaedic Surgeon

Cc Mrs C Aird, NHS Co-ordinator, GNH



18 MAY 2010

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Dr J Mardon Mr J [REDACTED] Dr D Chung Dr J [REDACTED] Dr M Draegebo Dr J Mulligan
Dr C McGuffie Dr S Keshavamurthy Dr Y Moulds

Accident and Emergency

Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 577757/8
Fax: 01563 572009

Dr. [REDACTED] LR [REDACTED]
WEST KILBRIDE GROUP PRACTICE
107B MAIN STREET
WEST KILBRIDE
KA23 9AR

Paul Carroll
16 NORTH CRESCENT ROAD
ARDROSSAN, KA22 8LZ

DOB: 13/04/1984
A/E No: XH-13-072413
CHI No: 1304846393

Date and Time of Attendance: 26 Dec 2013 20:23
Total A&E Attendances = 11, attendances in last year = 3

Diagnosis Contusion, Upper eyelid, Right

Treatment Advice

Drugs:

Investigations

Follow up: Discharge, no follow up

Usual place of residence

Additional Information: [REDACTED] right face - swollen and bruised right eyelid.
Otherwise normal exam. Home with HI advice sheet, family and
cocodamol 30/500 and ibuprofen.

[REDACTED]
A&E SpR

If you have any queries about this patient, please contact one of the staff at the above number.

30 DEC 2013

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NHS Ayrshire & General Hospital Division Area Laboratory Clinical Biochemistry

CARROLL,PAUL
13 MAIMHOR ROAD
WEST KILBRIDE
AYRSHIRE
KA23 9EE

CHI No. 1304846393
Unit No.
DOB 13/04/1984
Sex M

Clinician: Practice Nurse
Request Location: GP, West Kilbride Surgery

212

64

This report to : Practice Nurse , GP, West Kilbride Surgery

	Result	Units	Normal Range
Urea	5.5	mmol/L	2.5 - 7.8
Creatinine	74	µmol/L	50 - 120
Sodium	139	mmol/L	133 - 146
Potassium	4.2	mmol/L	3.5 - 5.3
Chloride	103	mmol/L	95 - 108

Lab No 13B342811

Date Collected 12/08/13 16:30

Authorised By BHI W7AUQPRO Service
Account

Printed 13/08/13 07:27

Sample Type Blood

Page 1 of 1

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NHS Ayrshire & General Hospital Division **Area Laboratory** **Clinical Biochemistry**

CARROLL, PAUL
13 MAIMHOR ROAD
WEST KILBRIDE
AYRSHIRE
KA23 9EE

CHI No. 1304846393
Unit No.
DOB 13/04/1984
Sex M

Clinician: Practice Nurse
Request Location: GP, West Kilbride Surgery

112

M

This report to : Practice Nurse , GP, West Kilbride Surgery

	Result	Units	Normal Range
Free T4	17.5	pmol/L	9.0 - 24
TSH	1.93	mIU/L	0.3 - 6.0

Lab No 13B342811

Date Collected 12/08/13 16:30

Authorised By

BHI W7AUQPRO Service
Account

Printed 13/08/13 13:33

Sample Type Blood

Page 1 of 1

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NHS Ayrshire & [REDACTED]
Crosshouse Hospital Discharge

G.P. DE ADAMO, WEST KILBRIDE

Ward: 3E

Consultant: D E M A & A

Date of Admission: 22 - 2 - 1944

Date of Discharge: 23.2.64

(or date of death)

Clinic Appointment:

Services Arranged: ☐ Home Help.....times a week ☐ Meals on wheels ☐ District Nurse ☐ Other
Discharged to: ☒ Home ☐ Stay with relatives ☐ Other Hospital ☐ Nursing Home ☐ Other ☐ Died

Discharge Diagnosis:

Drugs Taken:

MIXED UNCLE

- УПАТОВАМ (960мф)

- OXYTETRACYCLINE (19)

SPCLADSL

Treatment Given:

84888 

46

(YQ - NAD)

4-16-50 BAF

Psychiatric Opinion:

PAPER 120 DISCHARGED AFTER MEDICAL ADVISE PRIOR TO PSYCH. REVIEW

Discharge Medication (7 days supply will be dispensed unless stated by doctors)

For Pharmacy Use

[illegible]

Follow Up:

Signature:

PRINT NAME: SHILLER, D

Date 05 / 2 14

This letter constitutes a formal discharge summary. A further typed letter is not anticipated from the AMAU.

Ward Clerkess:/Dictated:/Typed:/Signed: [REDACTED]

STA5087PN

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Mental Health Services

North Ayrshire
Primary Care Mental Health Team
2nd Floor, Admin Building
Ayrshire Central Hospital
Kilwinning Road
IRVINE
KA12 8SS

NHS
Ayrshire
& [REDACTED]

Clinical in Confidence

Mr [REDACTED] Pettigrew
Community Psychiatric Nurse
Community Mental Health Team
Three Towns Resource Centre
Nelson Road
SALTCOATS
KA21 5RF

Date: 15th August 2013
Your Ref:
Our Ref: LJ/JK
Enquiries to:
Extension: 23216
Direct Line: 01294 323216

Dear Mr Pettigrew

PAUL CARROLL DOB 13/04/84 CHI 1304846393
16 NORTH CRESCENT ROAD ARDROSSAN KA22 8LZ

Further to your referral of the above-named, this patient has been offered the opportunity to contact us to make an appointment for an assessment.

Unfortunately, as the patient has failed to make contact with the Department, I can only assume that he does not wish to pursue assessment with our service at this time. I have, therefore, no option but to discharge him from our service.

Please do not hesitate to re-refer this patient should he show a commitment to attend.

Yours sincerely

[REDACTED]
Team Leader

Cc: Dr L [REDACTED] West Kilbride Group Practice, 107b Main Street, West Kilbride
KA23 9AR

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NHS Ayrshire & [REDACTED]

CARROLL, PAUL
13 MAIMHOR ROAD
WEST KILBRIDE
AYRSHIRE
KA23 9EE

CHI No. 1304846393
Unit No.
DOB 13/04/1984
Sex M

Area Laboratory

Haematology

Clinician: Practice Nurse
Request Location: GP, West Kilbride Surgery

This report to: Practice Nurse, GP, West Kilbride Surgery

Result	Units	Normal Range
IMPORTANT		
From 24th June 2013 the units for HAEMOGLOBIN and MCHC will change from g/dl to g/L		
Haemoglobin	g/dL	13.3 - 17.6
White Cell Count	10 ⁹ /L	3.7 - 9.5
Platelets	10 ⁹ /L	150 - 400
RBC	10 ¹² /L	4.32 - 5.66
Haematocrit	%	0.39 - 0.50
MCV	fL	82 - 98
MCH	pg	27.3 - 32.6
MCHC	g/dL	31.6 - 34.9
Neutrophils	10 ⁹ /L	1.5 - 6.5
Lymphocytes	10 ⁹ /L	1.1 - 5.0
Monocytes	10 ⁹ /L	0.2 - 0.9
Eosinophils	10 ⁹ /L	0.1 - 0.7
Basophils	10 ⁹ /L	0.0 - 0.1

Lab No 13B342811

Date Collected 12/08/13 18:30

Authorised By BHI W7AUQPRO Service Account

Printed 13/08/13 07:26

Sample Type Blood

Page 1 of 1

If you have received this report in error, please return to the Haematology Laboratory

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Dr D Chung Dr J [REDACTED] Dr M Draegebo Dr J Mulligan
Dr J Mardon Mr J [REDACTED] Dr C McGuffie Dr S Keshavamurthy Dr Y Moulds

Accident and Emergency

Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 577578
Fax: 01563 572009

Dr. [REDACTED] LR [REDACTED]
WEST KILBRIDE GROUP PRACTICE
107B MAIN STREET
WEST KILBRIDE
KA23 9AR

Paul Carroll

16 NORTH CRESCENT ROAD
ARDROSSAN, KA22 8LZ

DOB: 13/04/1984
A/E No: XH-13-049819
CHI No: 1304846393

Date and Time of Attendance: 31 Aug 2013 22:46
Total A&E Attendances = 9, attendances in last year = 1

Diagnosis Muscle strain, Muscles of thigh, Right

Treatment Advice
Drugs:

Investigations

Follow up: Discharge, no follow up
Usual place of residence

Additional Information: fell whilst fishing, landed on front and strained right thigh muscles. heard a pop. clinically no bony injury. small haematoma visible and ROM of hip intact. given [REDACTED] advice and discharged.

If you have any queries about this patient, please contact one of the staff at the above number.

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Mental Health Services

Psychiatric Liaison Service
33 Lister Street
Crosshouse Hospital
KILMARNOCK
KA2 0BE

01563 521133



CLINICAL IN CONFIDENCE

Dr Velasco
Consultant Physician
Crosshouse Hospital

Date Assessed: 23rd February 2014
Date Typed: 26th February 2014
Our Ref: CM/MAP
CHI: 1304846393
Enquiries to: [redacted] Pride, Secretary
Direct Line: 01292 617255

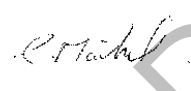
Dear Dr Velasco

RE: PAUL CARROLL, 16 NORTH CRESCENT ROAD, ARDROSSAN KA22 8LZ
DOB: 13/04/1984 CHI: 1304846393

The above named patient was referred to the Psychiatric Liaison Service during his recent admission to Crosshouse Hospital.

I have enclosed, for your information, an Activity Record. Please do not hesitate to contact me should you wish to discuss this further.

Yours sincerely


[redacted] Muirhead
Psychiatric Liaison Nurse

Enc

cc Dr [redacted] West Kilbride Group Practice, 107b Main Street, West Kilbride

www.nhsayrshireandarran.com



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In-patient Activity Record V2		Confidential
Title	Mr.	
Name:	Paul Carroll	
Address line 1:	16 North Crescent Road	
Town:	Ardrossan	
Postcode:	KA22 8LZ	
CHI number	1304846393	
Date of birth:	13/04/1984	
Contact details		
Date of contact:	23/02/2014	
Time of contact:	15:50-	
Contact type:	Patient contact	
Duration:	Inpatient stay	
Summary of contact/details		
- Referral received this am from ward 3e requesting assessment of Paul however Paul took own discharge prior to assessment being undertaken.		

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Dr D Chung Dr J [REDACTED] Dr M Draegebo Dr J Mulligan
Dr J Mardon Mr J [REDACTED] Dr C McGuffie Dr S Keshavamurthy Dr Y Moulds

Accident and Emergency

Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 577757/8
Fax: 01563 572009

Dr. [REDACTED] LR [REDACTED]
WEST KILBRIDE GROUP PRACTICE
107B MAIN STREET
WEST KILBRIDE
KA23 9AR

Paul Carroll

16 NORTH CRESCENT ROAD
ARDROSSAN, KA22 8LZ

DOB: 13/04/1984
A/E No: XH-13-070571
CHI No: 1304846393

Date and Time of Attendance: 16 Dec 2013 16:51
Total A&E Attendances = 10, attendances in last year = 2

Diagnosis Infected wound

Treatment Take home drugs

Drugs:

Investigations

Follow up: Discharge, no follow up

Usual place of residence

Additional Information: Infected wound from scaffolding injury. Home with fluclo.

Rachel [REDACTED]
A&E SpR

If you have any queries about this patient, please contact one of the staff at the above number.

19 DEC 2013

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Dr D Chung Dr J [REDACTED] Dr M Draegebo Dr J Mulligan
Dr J Mardon Mr J [REDACTED] Dr C McGuffie Dr S Keshavamurthy Dr Y Moulds

Accident and Emergency

Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 577757/8
Fax: 01563 572009

Dr. LR [REDACTED]
WEST KILBRIDE GROUP PRACTICE
107B MAIN STREET
WEST KILBRIDE
AYRSHIRE
KA23 9AR

Paul Carroll

16 NORTH CRESCENT ROAD
ARDROSSAN, KA22 8LZ

DOB: 13/04/1984
A/E No: XH-14-010286
CHI No: 1304846393

Date and Time of Attendance: 22 Feb 2014 21:03
Total A&E Attendances = 12 , attendances in last year = 4

Diagnosis OD of CNS medications

Treatment Assessed and referred

Drugs:

Investigations

Follow up: Admitted

3c
Additional Information: [REDACTED]

Dr Locum18
A&E SHO

If you have any queries about this patient, please contact one of the staff at the above number.

- 3 MAR 2014

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3de

Psychiatric Assessment		Confidential
Title		
Name:	Paul Carroll	
Address line 1:	16 North Crescent Road	
Town:	Ardrossan	
Postcode:	KA22 8LZ	
CHI number	1304846393	
Date of birth:	25/06/2013	
Care co-ordinator:		
Completed by:	Mr. [REDACTED] Pettigrew	
Profession:	Community Psychiatric Nurse	
Location:	A&E, Crosshouse Hospital, Kilmarnock KA2 0BE	
Date:	26/07/2013	
Presentation		
Source of referral:	Other NHS	
A and E medic		
Next of kin/named person:	Please see personal details page.	
Legal status (at assessment):	Informal	
Reason for referral		
Psychiatric assessment		
Presenting complaints		
Presentation to A&E following [REDACTED] 100 Dihydrocodeine. Stating ongoing low mood though regretful of actions with no reported suicidal ideation.		
History of present complaints		
Reports drinking from 5 PM today in pub and returning home at 2100 hours at which point began thinking about financial worries. Took Tablet then immediately phoned ambulance for help. States action was impulsive and was "a cry for help"		
Multidisciplinary Medicines Reconciliation		
Source of information		
Patient:	No	
[REDACTED]	No	
Patient's own drugs:	No	
GP referral letter:	No	
GP practice:	No	
Community pharmacist:	No	
Emergency care summary:	No	

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Jdk

Nursing home chart:	No
Previous discharge letter:	No
Repeat prescription slip:	No
Other:	No
Admissions Medicines	
1. Medication name:	-
1. Form:	Not relevant
1. Route:	Not relevant
1. Dose:	-
1. Frequency:	-
1. Action:	Suspend
1. Comments	
-	
2. Medication name:	-
2. Form:	Not relevant
2. Route:	Not relevant
2. Dose:	-
2. Frequency:	-
2. Action:	Suspend
2. Comments	
-	
3. Medication name:	-
3. Form:	Not relevant
3. Route:	Not relevant
3. Dose:	-
3. Frequency:	-
3. Action:	Suspend
3. Comments	
-	
4. Medication name:	-
4. Form:	Not relevant
4. Route:	Not relevant
4. Dose:	-
4. Frequency:	-
4. Action:	Suspend

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3dl

4. Comments	
-	
5. Medication name:	-
5. Form:	Not relevant
5. Route:	Not relevant
5. Dose:	-
5. Frequency:	-
5. Action:	Suspend
5. Comments	
-	
6. Medication name:	-
6. Form:	Not relevant
6. Route:	Not relevant
6. Dose:	-
6. Frequency:	-
6. Action:	Suspend
6. Comments	
-	
7. Medication name:	-
7. Form:	Not relevant
7. Route:	Not relevant
7. Dose:	-
7. Frequency:	-
7. Action:	Suspend
7. Comments	
-	
8. Medication name:	-
8. Form:	Not relevant
8. Route:	Not relevant
8. Dose:	-
8. Frequency:	-
8. Action:	Suspend
8. Comments	
-	
9. Medication name:	-

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9. Form:	Not relevant
9. Route:	Not relevant
9. Dose:	-
9. Frequency:	-
9. Action:	Suspend
9. Comments	
-	
10. Medication name:	-
10. Form:	Not relevant
10. Route:	Not relevant
10. Dose:	-
10. Frequency:	-
10. Action:	Suspend
10. Comments	
-	
11. Medication name:	-
11. Form:	Not relevant
11. Route:	Not relevant
11. Dose:	-
11. Frequency:	-
11. Action:	Suspend
11. Comments	
-	
12. Medication name:	-
12. Form:	Not relevant
12. Route:	Not relevant
12. Dose:	-
12. Frequency:	-
12. Action:	Suspend
12. Comments	
-	
13. Medication name:	-
13. Form:	Not relevant
13. Route:	Not relevant
13. Dose:	-

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13. Frequency:	-
13. Action:	Suspend
13. Comments	
-	
14. Medication name:	-
14. Form:	Not relevant
14. Route:	Not relevant
14. Dose:	-
14. Frequency:	-
14. Action:	Suspend
14. Comments	
-	
15. Medication name:	-
15. Form:	Not relevant
15. Route:	Not relevant
15. Dose:	-
15. Frequency:	-
15. Action:	Suspend
15. Comments	
-	
16. Medication name:	-
16. Form:	Not relevant
16. Route:	Not relevant
16. Dose:	-
16. Frequency:	-
16. Action:	Suspend
16. Comments	
-	
17. Medication name:	-
17. Form:	Not relevant
17. Route:	Not relevant
17. Dose:	-
17. Frequency:	-
17. Action:	Suspend

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31

17. Comments	
-	
18. Medication name:	-
18. Form:	Not relevant
18. Route:	Not relevant
18. Dose:	-
18. Frequency:	-
18. Action:	Suspend
18. Comments	
-	
19. Medication name:	-
19. Form:	Not relevant
19. Route:	Not relevant
19. Dose:	-
19. Frequency:	-
19. Action:	Suspend
19. Comments	
-	
20. Medication name:	-
20. Form:	Not relevant
20. Route:	Not relevant
20. Dose:	-
20. Frequency:	-
20. Action:	Suspend
20. Comments	
-	
OTC/herbal/homeopathic/illicit substances:	-
Further Information	
-	
Adverse reactions/allergies	
-	
Are you satisfied this medication history is complete and accurate?:	Yes
If no, what further action is necessary:	-

NHS Confidential: Personal data about a patient

Jde

Collateral History	
Collateral information present:	Yes
Relationship to patient:	████
Past psychiatric history	
Nil	
Detail current contact with services	
Nil	
Personal, Family, Medical and Social History	
Family history	
Two █████ had alcohol dependence issues	
Medical history	
Nil of note	
Forensic history	
Denies forensic history	
Personal history	
Brought up in Glasgow by both █████ along with older █████ Describes upbringing as good and a "happy" time. States enjoyed █████ and had good group of friends leaving with reasonable qualifications. After leaving █████ went to London and worked in the construction industry for 2 years before returning to Scotland and moving back in with █████ Started working in █████ construction company on return to Scotland. Currently in a relationship with █████ pregnant with his first child and duo in September.	
Current social circumstances	
Currently living alone and renovating property. █████ due to move in after birth of child. States current financial worries though is dealing with same and is confident of being able to solve the issues.	
Drugs, alcohol and smoking history	
Denies drug use and states only drinks once per week. Intoxicated at time of assessment and █████ reports that alcohol use may be more often than this.	
Mental State Examination	
Appearance and behaviour	
Casually dressed man with reasonable attention to personal hygiene and █████ Sedated █████ intoxicated at time of assessment though able to participate well in same. Appropriate and pleasant throughout.	
Speech	
Normal in rate rhythm articulation and volume.	
Mood and affect	
Describes mood as "depressed" objectively affect was normal and reactive although difficult to fully assess same given alcohol use. No description of biological symptoms however did describe mild lowering of mood secondary to social stressors.	

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Jdl

Suicidal thoughts	
Regretful of [REDACTED] which was impulsive and taken under influence of alcohol.	
Thought form	
No formal thought disorder	
Thought content	
No delusional beliefs	
Abnormal perception	
No perceptual abnormalities observed or reported.	
Cognitive function	
Cognition grossly intact	
Insight	
No insight impairing illness noted	
Premorbid personality	
Both [REDACTED] and Paul report change in presentation over past few months. Described self as "Happy go lucky normally"	
Summary of Assessment	
Impression, including provisional diagnosis (ICD 10 Code)	
Lowering of mood secondary to social stressors including upcoming birth of first child and financial worries. [REDACTED] taken whilst under the influence of alcohol which may or may not be a more significant feature of presentation than Paul is currently willing to disclose. States regretful of actions and no ongoing [REDACTED]	
Immediate action plan	
1) Discharge from A&E	
2) Refer Primary care	
In this report key item status is indicated as follows: + = Nominated, ++ = Prioritised, - = Resolved, * = Strength	
In this report alerted item status is indicated as follows: [I] = Alert Attached, [-I] = Alert Removed	
Printed by:	Mr. [REDACTED] Pettigrew
Signature:	
Date printed:	26/07/2013

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Dr B Chung Dr J [REDACTED] Dr M Draegebo Dr J Mulligan
Dr J Mardon Mr J Stevenson Dr C McGuffie Dr S Keshavamurthy Dr Y Moulds

Accident and Emergency

Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 577578
Fax: 01563 572009

Dr [REDACTED] LR [REDACTED]
WEST KILBRIDE GROUP PRACTICE
107B MAIN STREET
WEST KILBRIDE
KA23 9AR

Paul Carroll

16 NORTH CRESCENT ROAD
ARDROSSAN, KA22 8LZ

DOB: 13/04/1984
A/E No: XH-13-042210
CHI No: 1304846393

Date and Time of Attendance: 25 Jul 2013 23:10
Total A&E Attendances = 8, attendances in last year = 0

Diagnosis OD non-Opioid analgesic

Treatment Assessed and referred
Drugs:

Investigations

Follow up: Discharge, no follow up
Usual place of residence

Additional Information: Dihydrocodeine OD, observed and seen by psych. Home after review.

A&E SpR

If you have any queries about this patient, please contact one of the staff at the above number.

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Mental Health Services
NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HN
Tel: 01294 476162
Fax: 01294 476154



CLINICAL IN CONFIDENCE

The Surgery
107B Main Street
West Kilbride
KA23 9AR

Date: 12 November 2014
Our ref: AW/MA

Dear Doctor

PAUL CARROLL 13 MAINHOR ROAD WEST KILBRIDE KA23 9EE
D.O.B 13/04/1984 CHI No: 13048446393

Please see attached assessment information completed on 5 November 2014. If you require any further information please do not hesitate to contact me on the above telephone number.

Yours sincerely

Angela [redacted]
Charge Nurse
NHS Addiction Services - North Ayrshire

www.nhsaaa.net



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NAME: PAUL CARROLL

CHI NO: 13048446393

Ayrshire Mental Health Risk Assessment Framework		Confidential
Title	Mr.	
Name:	Paul Carroll	
Address line 1:	13 Maimhor Road	
Town:	West Kilbride	
Postcode:	KA23 9EE	
CHI number	1304846393	
Date of birth:	13/04/1984	
Care co-ordinator:		
Completed by:	Mrs. Angela [REDACTED]	
Profession:	Community Psychiatric Nurse	
Location:	Ardrossan Health Centre, Ardrossan KA22 7DX	
Date:	05/11/2014	
Ayrshire Mental Health Risk Assessment Framework		
Assessment completed by:	Individual clinician	
Angela [REDACTED] C/N		
Mental state		
Mental state:	Green	
Paul presented as motivated to maintain abstinence from alcohol. Pleasant and cooperative throughout. Maintained good eye contact during assessment. No reports or evidence of any acute mental illness. Speech normal in rate rhythm and tone. Self reports mood on scale of 1-10 (10 being very good) as a '9'. States everything is going well for him at this time.		
Engagement		
Engagement with services:	Green	
Reports motivation to remain abstinent from alcohol.		
Medication management:	Green	
No current medication prescribed		
[REDACTED] / self [REDACTED]		
[REDACTED]	Green	

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NAME: PAUL CARROLL

CHI NO: 13048446393

Denies any current thoughts or deliberate behaviour. Reports to last year following a difficult period with his relationship with his	
	Green
No current plans or intent. Reports to having last year following difficult period when relationship broke down with Admits to having been drinking heavily at that time.	
to or from others	
to others:	Green
No problems highlighted at assessment	
issues:	Green
No problems highlighted at time of assessment	
issues (consider ASP/AWIA):	Green
No problems noted	
concerns:	Green
Reports having one child 'Orlaith Carroll' dob 20/09/2013. Paul reports no involvement with his child. Child is currently registered with a GP in Glasgow and Paul does not know of any health visitor contact.	
Risk from substance misuse	
Substance misuse:	Green
Currently abstinent from alcohol for 4 weeks now. Describes a long history of regular and excessive alcohol and cocaine use between the age of 18 - 25years.	
Social and Personal risks	
Support network:	Green
No problems reported, has supportive family and	
Physical health:	Green
Has skin problem on face no current medication prescribed	
Occupation of time:	Green
In full time employment as a plasterer	
Housing and finances:	Green

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NAME: PAUL CARROLL

CHI NO: 13048446393

No problems highlighted at time of assessment	
Any other issues:	Green
No other problems reported. States his life is going well at present and is motivated to maintain abstinence to improve relationship with [REDACTED]	
Overall Impression of Risk:	Green
Immediate Risk Management Plan	
Immediate Risk Management Plan	
Paul is seeking support to maintain abstinence from alcohol with aid of Acamprosate medication.	
Paul to attend GP surgery and discuss Acamprosate medication with GP and request to have routine blood tests undertaken.	
provisional acceptance for medication monitoring of Acamprosate for up to 12 months/	
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. Angela [REDACTED]
Signature:	
Date printed:	12/11/2014

Addiction Service Assessment V2		Confidential
Title	Mr.	
Name:	Paul Carroll	
Address line 1:	13 Maimhor Road	
Town:	West Kilbride	
Postcode:	KA23 9EE	
CHI number	1304846393	
Date of birth:	13/04/1984	
Care co-ordinator:		
Completed by:	Mrs. Angela [REDACTED]	
Profession:	Community Psychiatric Nurse	
Location:	Ardrossan Health Centre, Ardrossan KA22 7DX	

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NAME: PAUL CARROLL

CHI NO: 13048446393

Date:	05/11/2014	
Referral		
New referral to service:	No	
Reason for referral		
Reason for referral:	Additional Support	
Brief intervention:	Yes	
Patient's reason for attending		
Wishing support to maintain abstinence from alcohol		
Summary of strengths, goals and aspirations		
Aspires to improve relationship with [REDACTED] and be abstinence from alcohol		
Previous involvement with services:	Addictions service	
Gender based [REDACTED]		
Was routine gender based [REDACTED] enquiry carried out?:	No	
Why was gender based [REDACTED] enquiry not possible?:	Not appropriate due to other clinical priority	
Substance career		
Teens		
First drink age 17. regular use of alcohol and cocaine during teen years.		
20's		
Regular use of alcohol and cocaine until age 25. realised alcohol was becoming problematic		
30's		
Detox arranged with GP abstinent from alcohol for 4 weeks now.		
History		
History of presenting complaint		
Is there a dependent child?:	Yes	
Has one child orlaith carroll dob 20/09/2013 [REDACTED] and [REDACTED] reports no past or present [REDACTED] involvement child is not registered within ayrshire health visitor in glasgow.		

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NAME: PAUL CARROLL

CHI NO: 13048446393

Physical health	
Physical health	
Reports no poor physical illhealth	
Seizure activities:	Nil reported
Current medication	
Nil	
Psychiatric history:	Presentation at A & E following deliberate
No past history of any acute mental illness	
Current mental state:	At assessment
Paul presented as motivated to maintain abstinence from alcohol. Pleasant and cooperative throughout. Maintained good eye contact during assessment. No reports or evidence of any acute mental illness. Speech normal in rate rhythm and tone. Self reports mood on scale of 1-10 (10 being very good) as a '9'. States everything is going well for him at this time	
Forensic history:	Nil reported
Assessment	
Current substance use	
Abstinent from alcohol for 4 weeks now. denies any illicit substance use.	
Summary of Assessment	
Summary of Assessment	
Paul attended arranged assessment appointment following referral from GP. REports to being abstinent from alcohol for 4 weeks now after receiving course of chlordiazepoxide medication from GP. Seeking support to maintain abstinence as has good insight into the negative impact of his drinking behaviour on his relationships with his [REDACTED] and child. Information and education provided on ACamprosate and Disulfiram medication. Paul has stated he would like to be considered for ACamprosate medication. ADvised to consult GP for this and to request routine bloods be taken. Informed Paul of support package which would be offered to him once GP has prescribed medication. Will request by way of this assessment that GP consider ACamprosate medication with support coming from nhs addiction services for up to 12 months for purpose of medication monitoring.	
Action plan	
Paul is seeking support to maintain abstinence from alcohol with aid of Acamprosate medication.	

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NAME: PAUL CARROLL

CHI NO: 13048446393

Paul to attend GP surgery and discuss Acamprosate medication with GP and request to have routine blood tests undertaken.

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, [-] = Removed

Printed by:	Mrs. Angela [REDACTED]
Signature:	
Date printed:	12/11/2014
Activity Record - ADDICTIONS V2	
Confidential	
Title	Mr.
Name:	Paul Carroll
Address line 1:	13 Maimhor Road
Town:	West Kilbride
Postcode:	KA23 9EE
CHI number	1304846393
Date of birth:	13/04/1984
Contact details	
Time of contact:	0930
Attendance:	Attended
Contact type:	New contact
Client Phase:	2nd Phase
Treatment Package:	Additional Support
Duration:	45 mins
Actions undertaken	
Assessment:	Undertaken
Addiction services vol 2	
Baseline observations:	Undertaken
Blood pressure 111/64 pulse 60	
Breathalyzer:	Undertaken
0	

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NAME: PAUL CARROLL

CHI NO: 13048446393

Education/advice:	Undertaken
Brief intervention:	Undertaken
Contact outcome	
Continue assessment at next session:	Yes
Summary of contact/details	
Summary of contact/details Paul attended arranged assessment appointment following referral from GP. REports to being abstinent from alcohol for 4 weeks now after receiving course of chlordiazepoxide medication from GP. Seeking support to maintain abstinence as has good insight into the negative impact of his drinking behaviour on his relationships with his [REDACTED] and child. Information and education provided on ACamprosate and Disulfiram medication. Paul has stated he would like to be considered for ACamprosate medication. ADvised to consult GP for this and to request routine bloods be taken. Informed Paul of support package which would be offered to him once GP has prescribed medication. Will request by way of this assessment that GP consider ACamprosate medication with support coming from nhs addiction services for up to 12 months for purpose of medication monitoring.	
Date and time of next contact:	Tba
Printed by:	Mrs. Angela [REDACTED]
Signature:	
Date printed:	12/11/2014

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Mental Health Services
NHS Addiction Services
Caley Court Resource Centre
Moorpark Road West
Stevenston
KA20 3HN
Tel: 01294 476162
Fax: 01294 476154

**CLINICAL IN CONFIDENCE**

West Kilbride Group Practice
107B Main Street
West Kilbride
KA23 9AR

Date: 15th December 2014
Our ref: AW/EM

Dear Doctor,

PAUL CARROLL, 13 MAIMHOR ROAD, WEST KILBRIDE, KA23 9EE
D.O.B 13/04/1984 CHI No: 1304846393

Please see attached discharge information completed on 11th December 2014. If you require any further information please do not hesitate to contact me on the above telephone number.

Yours sincerely,

ANGELA [REDACTED]
Charge Nurse
NHS Addiction Services - North Ayrshire

Activity Record - ADDICTIONS V2		Confidential
Title	Mr.	
Name:	Paul Carroll	
Address line 1:	13 Maimhor Road	
Town:	West Kilbride	
Postcode:	KA23 9EE	

www.nhsaaa.net



15.12.14

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NAME: PAUL CARROLL

CHI NO: 1304846393

CHI number	1304846393
Date of birth:	13/04/1984
Contact details	
Time of contact:	0940
Attendance:	Attended
Contact type:	Review contact
Client Phase:	2nd Phase
Treatment Package:	Additional Support
Duration:	30 mins
Actions undertaken	
Education/advice:	Undertaken
Contact outcome	
No further action/discharge to referrer:	Yes
Summary of contact/details	
<i>Paul attended appointment at Ardrossan health centre. Reports to having had a 2 day lapse 2 weeks previous when he was with friends on a trip to London. States since his return has had no further alcohol and no urges to drink. Paul advised he has not consulted his GP as agreed at initial appointment regarding Acamprosate medication nor routine blood tests. Advised that if he is wishing support from NHS addiction services to remain abstinent from alcohol he would require to be prescribed Acamprosate medication and it is his responsibility to make contact with his GP for this. Informed Paul that his file will be closed meantime and if he is commenced on Acamprosate medication he can self refer back to service for support and medication monitoring, Paul agreed with same. Episode of care now closed, GP to be informed.</i>	
Printed by:	Mrs. Angela [REDACTED]
Signature:	
Date printed:	15/12/2014

NHS Confidential: Personal data about a patient

NAME: PAUL CARROLL

CHI NO: 1304846393

THIRD PARTY COPY

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Dr Adams

STA0270

NHS Ayrshire & [REDACTED]
Crosshouse Hospital

CROSSHOUSE
KILMARNOCK KA2 0BE
Telephone: (01563) 521133

James Denton UNIT

Consultant James

Dear Dr Adams

Re:

CHI: 1304846393
Carroll, Paul
13 Maimhor [REDACTED]
West Kilbride
KA23 9EE
13/04/1984
Dr LR [REDACTED]
MRN: XH1551011

This patient was seen at the clinic on 9/1/15

DIAGNOSIS acne

I have recommended the following treatment:

Erythromycin 500mg bid for

2 weeks, then by isotretinoin initiation

+ total 4 weeks of treatment

A more detailed letter will / will not follow

Yours sincerely,

[Signature]

WHITE - GP

YELLOW - PATIENT

PINK - CASENOTE

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Transport required?

Unique Care Pathway Number: 101017293332J

REFERRAL LETTER
 MEDICAL IN CONFIDENCE

CHI:1304846393

REFERRAL TO

Spinal R5A1
 AA Back Pain

Ethnic Origin
 Language interpreter
 req'd
 Religion
**Religious
 Observance**
 Vision impairment
 Hearing impairment
 Sign language
 interpreter req'd.

Musculoskeletal Triage and Treatment
 NHS Ayrshire & [REDACTED]

Urgency of referral

Routine

Date of referral

29-Oct-2018

Date submitted

29-Oct-2018

PATIENT DETAILS

Surname Carroll
Forename(s) Paul
Title -
Sex Male
Date of birth 13-Apr-1984
CHI no. 1304846393

Patient's address

13 Maimhor Road
 West Kilbride
 KA23 9EE

Contact number(s)

Voice: 829991

REGISTERED GP DETAILS

Name Dr Gp West Kilbride Gp West Kilbride
GMC code 9999914 **GP code** 24881
Practice name West Kilbride Surgery (17167)
Practice code 80631

Practice address

107b Main Street
 West Kilbride

Contact number(s)

Voice: 01294 823607
 Facsimile: 01294 829318

REFERRING PRACTITIONER DETAILS

Name Dr. Sunjay [REDACTED]
GMC code 7041207 **GP code** 20346
Practice name West Kilbride Group Practice (80631)
Practice code 80631

Practice address

107b Main Street
 West Kilbride
 AYRSHIRE
 KA23 9AR

Contact number(s)

Voice: 01294 823607

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: chronic low back pain

Comment: Many thanks for seeing this patient with worsening chronic low back pain. There are no red flag features. I have increased analgesia and would appreciate your assessment.

Kind regards

Examinations and Investigations

Height: 193 -
 Weight(kg): 80 -
 BMI: 21.48 -
 Current smoker : 20/day. 04-Jul-2012 00:00
 Current smoker: Disease: SPICE Basic Health Values, priority=2 23-Jan-2008 00:00
 Alcohol intake within recommended sensible limits: Disease: SPICE Basic Health Values, priority=2 23-Jan-2008 00:00
 Enjoys moderate exercise: Disease: SPICE Basic Health Values, priority=2 23-Jan-2008 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
Acne vulgaris	-	-	-	27-Jan-2015	27-Jan-2015
■■■■■ drug	-	-	?100 Dihydrocodeine	26-Jul-2013	26-Jul-2013
Dislocation of shoulder NOS	-	-	Right	23-Sep-2007	23-Sep-2007
Dislocation of shoulder NOS	-	-	Right	18-May-2007	18-May-2007
Head injury	-	-	-	31-Jul-2002	31-Jul-2002
Head injury	-	-	-	23-Jul-2000	23-Jul-2000
Hydrocele	-	-	Bilateral	25-May-2000	25-May-2000
Croup	-	-	-	24-Jul-1985	24-Jul-1985

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
CT scan brain - normal	-	-	following head injury	31-Jul-2002	31-Jul-2002
Primary repair of tendon	-	-	extensor tendon left index finger repaired following ■■■■■	31-Jul-2002	31-Jul-2002
Fixation of mandible	-	-	open reduction and internal fixation fracture left mandible following ■■■■■	31-Jul-2002	31-Jul-2002
Jaboulay's eversion of hydrocele	-	-	Bilateral	05-Oct-2000	05-Oct-2000

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Citalopram Hydrobromide Tablets 20 mg	0403030D0AAAAA	28 TABLET	ONE TO BE TAKEN EACH DAY	-	25-Oct-2018	42 Days	25-Oct-2018
Co-Codamol	0407010F0AAAAHAH	30 tablet	TWO TO BE TAKEN FOUR TIMES A DAY	-	25-Oct-	4 Days	25-Oct-

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30/500 Tablets	WHEN REQUIRED	2018	2018
Clinical warnings		Smoking status	Alcohol consumption
Lifestyle risks		Number per day ? (not known)	Units per day ? (not known)
Exercise status: Not Known			
Additional relevant information			
Administrative information			
Referred By: Registered GP			

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

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

Unique Care Pathway Number: 101019329394C

REFERRAL LETTER
MEDICAL IN CONFIDENCE

CHI:1304846393

REFERRAL TO	
Addictions - North AyrshireG1A1 AA Mental Health Service	Ethnic Origin Language interpreter req'd Religion Religious Observance Vision impairment Hearing impairment Sign language interpreter req'd.
Addiction Service NHS Ayrshire & [REDACTED]	
Urgency of referral Routine Date of referral 09-Aug-2019 Date submitted 09-Aug-2019	

PATIENT DETAILS		Patient's address
Surname	Carroll	13 Maimhor Road West Kilbride KA23 9EE
Forename(s)	Paul	
Title	-	
Sex	Male	
Date of birth	13-Apr-1984	
CHI no.	1304846393	Contact number(s) Voice: 829991

REGISTERED GP DETAILS		Practice address
Name	Dr Gp West Kilbride Gp West Kilbride	107b Main Street West Kilbride
GMC code	9999914	
GP code	24881	
Practice name	West Kilbride Surgery (17167)	
Practice code	80631	Contact number(s) Voice: 01294 823607 Facsimile: 01294 829318

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr K Samra	107b Main Street West Kilbride KA23 9AR
GMC code	7264643	
GP code	-	
Practice name	West Kilbride Medical Practice	
Practice code	A80631	Contact number(s) Voice: 01294 823607 Facsimile: 01294 829318

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CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: See Below

Comment: Dear Colleague

I would be very grateful if you could kindly see this 35 year old gentleman with low mood and addiction issues. At the moment he is struggling with his mental health. He is feeling low in mood, lacks motivation to do anything and is also complaining of poor concentration. He lives alone but has supportive [REDACTED] He works for his [REDACTED] but he is struggling with motivation at the moment. He also feels he may have [REDACTED] He was [REDACTED] nearly 10 years ago and nearly died, however he has had no contact with these people since then, but he doesn't feel he has dealt with this properly in the past and bottled it up. He has seen the Mental Health Team on and off in the past but did not feel that he opened up to the Mental Health Team very well in the past but he feels he is ready to speak to someone now and he wants help.

He has also recently been in prison for a few months but he has been out for 1 month now. There is no acute stresses at the moment in his life but he feels his symptoms may be related to past events. He does get thoughts of [REDACTED] but denies any [REDACTED] of any plans of intent at the moment. He has previously [REDACTED] but there are no recent issues. He does binge drink alcohol, he doesn't drink on a daily basis but on weekends can go through a couple of cases of lager which estimates to be over 50 cans over a weekend. He does this about twice a month only, it is not a daily thing. He also has occasional recreational use of cocaine but denies any other drug use or IVDU.

On examination today he was kempt, had good eye contact and engaged well. He had a slightly blunted affect, there was no evidence of speech or thought disorder and he did not appear to be under the influence of any drugs today. We had a long supportive discussion today and I strongly advised him to wean and stop his alcohol and drug use as this would adversely effect his mental health. We have agreed to stay off any SSRI's for the time being given the cardiac risks associated with alcohol and drug use, he will get routine bloods done in the meantime and I have started him on Propranolol 40mg bd for anxiety but I would be grateful for your further input as he is keen for this.

Yours sincerely

Dr K Samra
GP Locum

Examinations and Investigations

Height:	193	-
Weight(kg):	80	-
BMI:	21.48	-
Current smoker :	20/day.	04-Jul-2012 00:00
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2 23-Jan-2008 00:00	
Enjoys moderate exercise:	Disease: SPICE Basic Health Values, priority=2 23-Jan-2008 00:00	

Reason for referral

Care type requested: Out Patient
Expected outcome: Investigate

Past medical history**Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Acne vulgaris	-	-	-	27-Jan-2015	27-Jan-2015
[REDACTED] drug	-	-	?100 Dihydrocodeine	26-Jul-2013	26-Jul-2013
Dislocation of shoulder NOS	-	-	Right	23-Sep-2007	23-Sep-2007
Dislocation of shoulder NOS	-	-	Right	18-May-2007	18-May-2007
Head injury	-	-	-	31-Jul-2002	31-Jul-2002
Head injury	-	-	-	23-Jul-2000	23-Jul-2000
Hydrocele	-	-	Bilateral	25-May-2000	25-May-2000
Croup	-	-	-	24-Jul-1985	24-Jul-1985

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
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24 Hour ECG	-	-	prolonged QT in context of hypocalcaemia and acidaemia. no arrhythmia and normal QT interval	01-Jun-2019	01-Jun-2019
CT scan brain - normal	-	-	following head injury	31-Jul-2002	31-Jul-2002
Primary repair of tendon	-	-	extensor tendon left index finger repaired following [REDACTED]	31-Jul-2002	31-Jul-2002
Fixation of mandible	-	-	open reduction and internal fixation fracture left mandible following [REDACTED]	31-Jul-2002	31-Jul-2002
Jaboulay's eversion of hydrocele	-	-	Bilateral	05-Oct-2000	05-Oct-2000

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

No current medications recorded

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

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Propranolol Hydrochloride Tablets 40 mg	0204000R0AAA1AJ	56 tablet	ONE TO BE TAKEN TWICE PER DAY	-	07-Aug-2019	28 Days	07-Aug-2019

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: Locum

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

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Driver & Vehicle
Licensing
Agency

IN PROFESSIONAL CONFIDENCE

Dr A.A. Struthers
West Kilbride Surgery
107B Main Street
WEST KILBRIDE
KA23 9AR

30843



Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea SA99 1DG
Phone: 0300 790 6806 Fax: 0300 083 0083
Website:
www.gov.uk/driving-medical-conditions

Our Reference: M13630792Daviesjg

Date: 13 October 2016

Dear Dr Struthers

RE: Mr Paul Carroll
ADDRESS: 13 Maimhor Road, Seamill, WEST KILBRIDE, KA23 9EE
DOB: 13-Apr-1984

REMINDER

I refer to my letter of 14 September 2016 regarding the above patient. Unfortunately, I do not appear to have received your reply.

I appreciate the considerable pressures on your time but until we receive your reply, your patient may be entitled to drive, this may have an impact on road safety or your patient may be unlicensed longer than is necessary.

To avoid further delay in making a licensing decision, I would be grateful if you could now return the report. If you cannot deal with this request or you are aware of any delays please could your secretary let us know.

I have enclosed another questionnaire in case you are unable to locate the original. If you have already completed and returned the original, please do not complete the duplicate form as we can only pay one fee.

I have written to your patient to explain the position.

Rev Oct 14

Yours sincerely,

Encs:
1035/908-1076609

Alison has
original,
Please scan reminder
to her.



INVESTORS
IN PEOPLE



10792

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Crosshouse Hospital A & E Tel: 01563 577767 / 577768 Fax: 01563 572009	A&E Discharge Letter
Dr D Chung, Dr J [REDACTED], Dr M Draegebo, Dr J Mulligan, Dr J Manton, Mr J [REDACTED] Dr C McGuffie, Dr Y Moulds, Dr L Black, Dr C McRoberts, Dr T [REDACTED], Dr E [REDACTED], Dr L Brown	
To: L.BARBOUR	Re: Paul Carroll 16 NORTH CRESCENT ROAD, ARDROSSAN, K92Z 8LZ DOB: 13/04/1984 A & E No: XH-16-035496-1 CHI No.: 1304846393

Attendance Details

Date of Attendance: 14/06/2016

Time of Attendance: 20:08:00

Presenting Complaint: machete attack

Duty Consultant: J Mulligan

Additional Information: No Attendances in Last 12 months: 1 Total Number of Attendances: 14

Diagnosis Incised wound, Skin of dorsum of hand, Left

Treatment Steristrips

Investigations

Discharge Information: Discharge, Usual place of residence no follow up

Additional Information: Alleged machete attack - superficial wound dorsum hand steristripped, full normal function.

Discharged by: Simon [REDACTED] Senior Grade

If you have any queries about this patient, please contact one of the staff at the above number

page 1 of 1

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Confidential - Clinical Information

Dermatology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE



www.nhsaaa.net

Paul Carroll
13 Maimhor Road
Seamill
West Kilbride
Ayrshire
KA23 9EE

Our Ref: FM/KO
Clinic Date: 16/06/2015
Date Dictated: 16/06/2015
Date Typed: 25/06/2015
Enquiries to: [redacted] Girvan/June Carolan
Direct Line: 01563 827984
Ext. Number: 27984
Email: [redacted]Girvan@aaaht.scot.nhs.uk

Dear Paul Carroll,

PAUL CARROLL DOB: 13/04/1984 CHI No: 1304846393
13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, AYRSHIRE, KA23 9EE

I note that you did not attend the Isotretinoin Clinic today for review of your acne. From our records you have not contacted the appointments department to cancel this appointment. I can therefore only assume since this is the second appointment that you have not attended that you no longer require input from this service. I have therefore not arranged a further appointment for yourself however should you require further input from the dermatology unit you may attend your GP for further advice for this.

Yours sincerely

Authorised on 29/06/2015 16:53:26 by Fiona McCrone.

[redacted] McCrone
Senior Staff Nurse in Dermatology

Dr LR [redacted]
West Kilbride Group Practice
107B Main Street
West Kilbride
Ayrshire
KA23 9AR

Dr Mozheh Zamiri
Consultant Dermatologist
University Hospital
Crosshouse
KA2 0BE

www.nhsaaa.net



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University Hospital Crosshouse
Kilmarnock Road
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KA2 0BE
01563 825212
01563 827978
www.nhsaaa.net



Dr LR [REDACTED]
West Kilbride Group Practice
107B Main Street
West Kilbride
Ayrshire
KA23 9AR

Our Ref: FMCC/LB
Clinic Date: 21/04/2015
Date Dictated: 21/04/2015
Date Typed: 09/05/2015
Enquiries to: Mrs TracyAnn [REDACTED]
Direct Line: 01563 825212
Ext. Number: 25212
Email: [REDACTED]@scot.nhs.uk

Dear Dr [REDACTED]

PAUL CARROLL DOB: 13/04/1984 CHI No: 1304846393
13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, AYRSHIRE, KA23 9EE

Your patient was due for review at the Isotretinoin Clinic today. Unfortunately he has failed to attend this appointment and he has therefore been reappointed in five weeks' time.

Yours sincerely

Authorised on 12/05/2015 17:33:12 by [REDACTED] McCrone.

[REDACTED] McCrone
Senior Staff Nurse in Dermatology

Dr Mozheh Zamiri
Consultant Dermatologist
University Hospital
Crosshouse
KA2 0BE

www.nhsaaa.net



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Dermatology Department
 University Hospital Crosshouse
 Kilmarnock Road
 Kilmarnock
 KA2 0BE
 01563 827984
 01563 827978
www.nhsaaa.net



Dr LR [REDACTED]
 West Kilbride Group Practice
 107B Main Street
 West Kilbride
 Ayrshire
 KA23 9AR

Our Ref: MZ/LB
 Hospital No: XHI 551011
 Clinic Date: 09/01/2015
 Date Dictated: 09/01/2015
 Date Typed: 24/01/2015
 Enquiries to: Mrs June Carolan
 Direct Line: 01563 827984
 Ext. Number: 27984
 Email: June.Carolan@aapct.scot.nhs.uk

Dear Dr [REDACTED]

PAUL CARROLL DOB: 13/04/1984 CHI No: 1304846393
13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, AYRSHIRE, KA23 9EE

Diagnosis: Acne vulgaris

Management: Full blood count, Us and Es, LFTs, lipids and glucose taken today for work-up for Isotretinoin

Isotretinoin patient information leaflet given

Advised to stop Lymecycline two weeks before initiation of Isotretinoin and substitute Erythromycin 500mgs bd for two weeks prior to and four weeks following commencement of Isotretinoin

Follow Up: Via Isotretinoin Clinic (27.01.2015)

Thank you for your referral of this 30 year old gentleman whom I met in Dr Zamiri's Dermatology Clinic. He has been troubled by facial acne since his late teens and early twenties. I note he has trialled oral Oxytetracycline for a number of years and more recently Lymecycline for over the last six months. He does not however feel that any treatments to this point have made a significant improvement to the condition of his skin. He notes both comedone formation and quite tender subcutaneous nodules, particularly affecting his face. He is aware of scarring which has resulted from this presentation. I note he is generally fit and well although he had one episode of low mood and depression last year requiring two months worth of selective serotonin re-uptake inhibitor. However it sounds on questioning that this episode was somewhat reactive to home and work circumstances as well as alcohol excess at that point. He tells me he is now off all medication, not drinking and "in a much better place". I note he is with his [REDACTED] and young child.

On examination, Paul has moderate to severe nodular cystic and comedonal acne predominantly affecting his face but also affecting his upper back and chest to a lesser extent. We have discussed potential treatment options today and I have given Paul the option of trying further antibiotic treatment or being worked up for Isotretinoin. I counselled him as to the potential side-effects of Isotretinoin including mucosal membrane dryness, drug induced Hepatitis, hypertriglyceridaemia, depression, low mood, anxiety and [REDACTED]. Despite these risks he is keen to go ahead with a trial of Isotretinoin and I have therefore worked him up for this with regard to screening blood tests.

Continued/.....

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/2

PAUL CARROLL DOB: 13/04/1984 CHI No: 1304846393
13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, Ayrshire, KA23 9EE

I have advised him he will need to stop Lymecycline at least two weeks prior to commencing Isotretinoin and given the degree of the nodular cystic acne I have suggested he be commenced on Erythromycin as above around the time of Isotretinoin initiation. He is aware that Isotretinoin will not treat acne related scarring and should this remain a troublesome issue in the future it would need to be discussed once his acne has been treated. He will be reviewed via the Isotretinoin Clinic

Yours sincerely

Authorised on 29/01/2015 08:58:15 by William [REDACTED]

[REDACTED]
Specialty Doctor in Dermatology
GMC 6101076

www.nhsaaa.net



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University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Tel: 01563 827984
Fax: 01563 827978
www.nhsaaa.net



Dr LR [REDACTED]
 West Kilbride Group Practice
 107B Main Street
 West Kilbride
 Ayrshire
 KA23 9AR

Our Ref: FMCC/FEG
 Hospital No:
 Clinic Date: 10/03/2015
 Date Dictated: 16/04/2015
 Date Typed: 16/04/2015
 Enquiries to [REDACTED] Girvan/June Carolan
 Direct Line: 01563 827984
 Ext. Number: 827984
 Email: [REDACTED]Girvan@aaaht.scot.nhs.uk

Dear Dr [REDACTED]

PAUL CARROLL **DOB: 13/04/1984** **CHI No: 1304846393**
13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, AYRSHIRE, KA23 9EE

Diagnosis: Acne of face
 Roaccutane treatment to date: Isotretinoin 40 mg daily for 6 weeks
 Patient's report on progress: Acne improving
 Symptoms reported: Dryness of lips manageable. Slight backache, this is tolerable with analgesia. No unusual headaches.
 Mood: Good, no change. No sadness.
 Bloods: Re-checked
 Further treatment: Advised to increase Isotretinoin to 80 mg daily
 Review: 6 weeks.

Yours sincerely

Authorised on 16/04/2015 17:06:37 by [REDACTED] McCrone.

[REDACTED] McCrone
Senior Staff Nurse in Dermatology

Dr Mozheh Zamiri
 Consultant Dermatologist
 University Hospital
 Crosshouse
 KA2 0BE

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Dermatology Department
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Kilmarnock Road
Kilmarnock
KA2 0BE
01563 521133
Fax: 01563 827978
www.nhsaaa.net



Dr LR [REDACTED]
West Kilbride Group Practice
107B Main Street
West Kilbride
Ayrshire
KA23 9AR

Our Ref: JA/AC
Hospital No:
Clinic Date: 27/01/2015
Date Dictated: 27/01/2015
Date Typed: 22/02/2015
Enquiries to TracyAnn [REDACTED]
Direct Line: 01563 825212
Ext. Number: 25212
Email: [REDACTED]
hs.uk

Dear Dr [REDACTED]

PAUL CARROLL DOB: 13/04/1984 CHI No: 1304846393
13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, AYRSHIRE, KA23 9EE

Paul attended the Nurse Led Isotretinoin Review Clinic today with a view to commencing Isotretinoin for acne. All pre-screening checks have been completed. His bloods are satisfactory. He current takes Erythromycin. He has no known allergies. He has a history of depression which was treated with Citalopram for 6 months last year. He is not on anti-depressants at present and he feels his mood is stable. He is aware of all potential side-effects of this treatment and was advised to commence Isotretinoin 40 mg once daily.

Review: six weeks

Yours sincerely

Authorised on 24/02/2015 12:00:26 by [REDACTED]

Staff Nurse in Dermatology

Dr Mozheh Zamiri
Consultant Dermatologist
University Hospital
Crosshouse
KA2 0BE

www.nhsaaa.net



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Notes Confidential. Personal data about a patient



**Driver & Vehicle
 Licensing
 Agency**



Driver and Vehicle Licensing Agency
 Drivers Medical Group
 Swansea SA99 1DG
 Phone: 0300 790 6825 Fax: 0300 083 0083
 Website:
www.gov.uk/driving-medical-conditions

IN PROFESSIONAL CONFIDENCE

Dr A.A. Struthers
 West Kilbride Surgery
 107B Main Street
 WEST KILBRIDE
 KA23 9AR

30843



Our Reference: M13630792/Wellerk

Date: 14 September 2016

Dear Dr Struthers

RE: Mr Paul [REDACTED] Carroll DOB: 13-Apr-1984
 ADDRESS: 13 Maimhor Road, Seamill, WEST KILBRIDE, KA23 9EE

Please fill in the enclosed medical questionnaire and return it in the envelope provided. Mr Carroll has previously been convicted by the Courts of a drink driving offence.

Your patient was required to undergo a medical examination and blood sample analysis. Information obtained suggests that your patient suffers from persistent alcohol misuse or dependency.

There is no need for you to see your patient to fill in the form as this can be done from their notes. If this questionnaire does not give sufficient details please send relevant hospital notes or a letter providing an explanation.

The GMC and BMA have given agreement that the DVLA no longer needs to provide the patient's written consent. This is in-line with GMC guidance on confidentiality (para 34 (b)), which states that doctors can accept assurance from an officer of a government agency that the patient has given consent. Therefore, as an officer of the Government I offer my assurance that your patient has provided the department with their consent to disclose this information, sight of which is available on request.

To avoid delays if you are unable to return the questionnaire for any reason within the next 14 days from the date of this letter, could you let us know either by phone or fax.

We will pay £40.00 when we get the questionnaire and invoice. If you are VAT registered we will pay the fee plus VAT at the standard rate on receipt of a VAT invoice which should be sent with the filled in questionnaire.



**INVESTORS
 IN PEOPLE**



HRODR2

M 13630792
 Page 1 of 6

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I should draw your attention to the fact that your patient may be entitled to see your report unless you tell us otherwise to me in your response that to release the report may cause serious harm to the physical or mental health of your patient.

The above named driver may be entitled to drive while we are awaiting your reply and this might have an impact on road safety.

Rev Nov 12

Yours sincerely,



Dr G W B.Sc, M.B, B.C h, FRCS (Eng), FRCS (C/Th), Cert Traff Med (RCPI)
Senior Medical Adviser
Drivers Medical Group, DVLA

Encs:

DR2MQ DG

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M13630792

Driver & Vehicle Licensing Agency

Page 2 of 6

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Driver & Vehicle
Licensing
Agency

MEDICAL IN CONFIDENCE



1 3 6 3 0 7 9 2 DR2

DR2

Rev April 15
13630792

Questionnaire to assess your patient's medical fitness to drive

If you require further assistance in completing the forms, please visit
www.gov.uk/government/publications/at-a-glance

1. In the past three years, has the patient demonstrated persistent alcohol misuse? (including recurrent binge drinking) YES ☒ NO ☐

If YES,

- a) Is it controlled? NOT KNOWN YES ☐ NO ☐

- b) If YES, how long has this been controlled? Years Months

2. Has there been alcohol dependence in the last three years? YES ☒ NO ☐

If YES,

- a) Is it controlled? NOT KNOWN YES ☐ NO ☐

- b) If YES, how long has this been controlled? Years Months

3. Please provide details of current consumption NOT KNOWN N/A ☐

- a) Date last seen DD MM YY 12 10 15

4. As a result of alcohol misuse or dependence, has your patient required treatment or help from (tick as relevant) YES ☒ NO ☐

- a) Date of last detox treatment 15/10/14

- b) Yourself ☐ d) Hospital O.P./I.P. ☐

- c) Support Group (e.g AA) ☐ e) Other town GP ☒

If YES, please give details with dates _____

5. To your knowledge, has your patient ever been advised to modify his/her drinking behaviour or abstain from alcohol? YES ☒ NO ☐

If YES, please give details with dates Alcohol dependence discussed by GP 15/10/14. Referred to addiction services.

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DR2

13630792

6. Has your patient had blood taken for CDT, Gamma GT, AST, ALT and MCV? YES ☐ NO ☒

If YES please give details of result(s) including the ranges and date(s) the test was taken

7. Has your patient ever been diagnosed with any of the following problems associated with alcohol misuse or dependence (tick as relevant) YES ☐ NO ☒

- | | | | |
|--|--------------------------|---------------------------------|--------------------------|
| a) Fits | ☐ | e) Neurological damage/disorder | ☐ |
| b) Withdrawal fits | ☐ | f) Cardiac symptoms | ☐ |
| c) Memory problems or cognitive impairment | ☐ | g) Other | ☐ |
| d) Liver/other G.I damage/Pancreatitis | ☐ | | |

If YES please give details with dates

8. Does your patient have any form of non-alcohol related liver disease, e.g. infective hepatitis (A/B/C), other? YES ☐ NO ☒

If YES please give details with dates

9. In the past three years, has your patient demonstrated persistent drug misuse? YES ☐ NO ☒

- a) Is the misuse controlled? YES ☐ NO ☐
- b) If YES, for how long has this been controlled? Months
- c) Give full details and confirm the type of drug(s)

10. In the past three years, has your patient demonstrated drug dependence? YES ☐ NO ☒

- a) Is the dependence controlled? YES ☐ NO ☐
- b) If YES, for how long has this been controlled? Months
- c) Give full details and confirm the type of drug(s)

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13630792

DR2

11. Please give date(s) of any detoxification for drugs if applicable: N/A ☒ DD MM YY

12. As a result of drug/illicit substance misuse, has your patient required treatment? YES ☐ NO ☒

Please give details and dates including the name and address we should contact for further information

13. Please give details of ALL current medication

Medication	Dosage	Reason for taking
NIL PRESCRIBED		

Please give details of any **relevant** Specialist that your patient has seen

Reason for attendance SUPPORT TO MAINTAIN ABSTINENCE FROM ALCOHOL

Specialist's Name: ANGELA WOOD Date last attended: 11/12/14

Address: CHARGE NURSE, NORTH Ayrshire ADDICTION SERVICES,
CAREY COURT RESOURCE CENTRE, NOOK PARK, ROAD WEST,
STEVENSTON KA20 2HW Tel no: 01294 676162

PLEASE ENSURE THAT AN INVOICE IS ENCLOSED WITH THE COMPLETED FORM.
 WE ARE NO LONGER ABLE TO MAKE PAYMENT UNLESS AN INVOICE IS PROVIDED. THIS APPLIES TO VAT AND NON VAT REGISTERED PAYMENTS.

Signature: [Signature]

Name: ALAN STRUTHERS

Date: 17/11/16

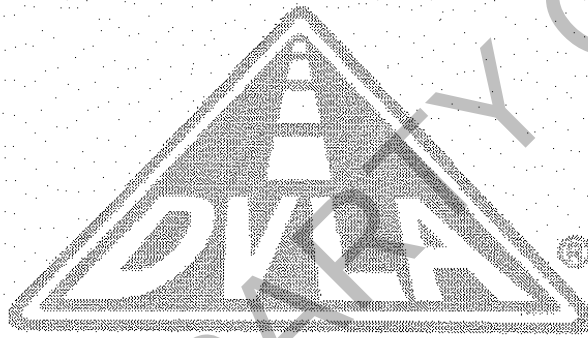
Phone No: 01294 823607

GMC No: 6053865

ADDRESS STAMP
Dr A Struthers 107 Main Street West Kilbride KA23 8AR ☎ 01294 823607

Date of renewal:

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NHS Ayrshire & Arran

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Ayrshire
& Arran

War Memorial Hospital, Lamlash, Isle of Arran									
Accident & Emergency Department					A/E Reg. No.				
Name of Examining Doctor/Nurse: KERR									
Surname: CARDALL		First Name(s): PAUL		Date of Birth: 13.4.84		Age: 34		Hospital Case Record Number:	
Home Address (Permanent): 13 MAIMHOL RD SEAMILL KA23 7EE			Tel. No.:		Temporary Address:		Name and Address of own Doctor: WEST KILBRIDE CLINIC		
Sex: M		Religion: C		Occupation: PAINTER		Date of Injury: 25.9.18		Time: 10am	
Source: ☒ Works Accident		Type of Road Accident: ☒ Car		Method of Referral: ☒ Self Referral		Next of Kin: Angela CARDALL		Date of Attendance: 25.9.18 6pm	
☐ Not Accident		☐ Pedestrian		☐ G.P. Letters/Phone		☐ Relationship: MOTHER		☐ Belongings Listed	
☐ Road Accident		☐ Bicycle		☐ Police		☐ Tel. No.:		☐ Hospital Safe	
☐ Home Accident		☐ Motor Cycle		☐ Other		☐ Present YES/NO		☐ Informed YES/NO	
☐ Works Accident		☐ Car		☐ Vehicles		☐ Discharge		☐ Admit Ward	
☐ Other Accident		☐ Vehicles		☐ Police		☐ Transfer to		☐ Review	
ALLERGIES									
X-Rayed ☐									
Discharge									
Admit Ward									
Transfer to									
Review									
Date									
Time									
by									
GP									
Specialist Clinic									
Type									
Ambulance Booked									
Ref No.									
Died									
Notified									
Notified									
Notified									
NOTES/SUMMARY									
BP P T R BM									
DATE TIME SIGNATURE									
25.9.18 18.30 Forced inversion of (R) ankle at work.									
Continued working / bearing weight all day									
O/E Bruising swelling ++ around (R) lateral									
Malleolus. Ottawa Rules positive (tender									
LH posteriorly) → XRay @ ankle.									
NB									
(R) Ankle lateral ligament tear									
Rx RICE + advice									
DISCHARGE TIME 1930									
28 SEP 2018									

STA5048PN

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NHS Ayrshire & [REDACTED]		Area Laboratory Microbiology	
Specimen Name	Q0016 - 18M933386	Specimen	Chlamydia trachomatis
Specimen Ref	Q0016 - 18M933386	Specimen Ref	18M933386
Specimen Ref	Q0016 - 18M933386	Specimen Ref	18M933386
Specimen Ref	Q0016 - 18M933386	Specimen Ref	18M933386

This report to **Nurse Practitioner 1 GP, West Kilbride Surgery**

Chlamydia trachomatis
N. gonorrhoeae

NOT Detected by PCR
NOT Detected by PCR

LabNo	18M933386	Date coll	23/11/18 10:30	Authorised by	[REDACTED] MacAulay
Specimen	Q0016 - 18M933386	Specimen	Q0016 - 18M933386	Specimen	Q0016 - 18M933386
Specimen	Q0016 - 18M933386	Specimen	Q0016 - 18M933386	Specimen	Q0016 - 18M933386
Specimen	Q0016 - 18M933386	Specimen	Q0016 - 18M933386	Specimen	Q0016 - 18M933386

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Department of Cardiology and General
Medicine
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

NHS
Ayrshire
& 

www.nhsaaa.net

Dr Sunjay 
West Kilbride Group Practice
107B Main Street
West Kilbride
Ayrshire
KA23 9AR

Our Ref: AP/KM/
Date Dictated: 01/06/2019
Date Typed: 05/06/2019
Enquiries to: Mrs  McLauchlan
Direct Line: 01563 825089
Ext. Number: 25089
Email:  McLauchlan@aapcot.scot.nhs.uk

Dear Dr 

PAUL CARROLL **DOB: 13/04/1984** **CHI No: 1304846393**
13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, AYRSHIRE, KA23 9EE

Diagnosis:

1. Prolonged QT in context of hypocalcaemia and acidaemia – normalised with IV calcium January 2019
2. Outpatient 24 hour tape showing no arrhythmia and normal QT interval
3. DNA for outpatient echo
4. Alcohol/substance use
5. Admission January 2019 with non cardiac collapse/low conscious level

This patient's 24 hour tape is available and it is unconvincing. He did not attend for his outpatient echo. Looking back his QT normalised pre discharge and there is no evidence of anything concerning on the tape. He DNA'd for the echo and unit policy is not to reappoint, but I have a low suspicion he has intrinsic cardiac disease. No follow up planned.

Yours sincerely

Authorised on 10/06/2019 11:02:25 by 


Consultant Cardiologist
GMC: 6048733

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HMP Kilmarnock
NHS Healthcare

Name:

Paul Connors

DOB:

13 04 86

I give consent for NHS Ayrshire and [redacted] Healthcare staff to obtain information from my GP Practice, in regards to my healthcare need, interventions and engagement (historical and current information) including Addiction, Mental and Physical Health. This can include access to and sight of written and electronic records.

All of the above may not apply to you. However, this list is not exhaustive.

Patient's Signature:

Paul Connors

Patient's Name (Printed):

Paul Connors

Date Signed:

13.3.19

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Crosshouse Hospital A & E
Tel: 01563 577767 / 577768
Fax: 01563 572009

A&E Discharge Letter

To: G.GP WEST KILBRIDE

Re: **Paul Carroll**
13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, Ayrshire,
KA23 9EE
DOB: 13/04/1984
A & E No: KH-19-002251-1
CHI No.: 1304846393

Attendance Details

Date of Attendance: 12/01/2019

Time of Attendance: 21:15:00

Presenting Complaint: unconscious

Duty Consultant: D Chung

Additional Information: No Attendances in Last 12 months: 1 Total Number of Attendances: 15

Diagnosis Alcohol intoxication,,

Treatment Assessed and referred

Investigations X-Ray,

Discharge
Information: Admitted, CAU

Additional
Information

Discharged
by: [REDACTED] Spec Trainee Year 6

If you have any queries about this patient, please contact one of the staff at the above number

page1 of 1

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MSK DISCHARGE REPORT



Patient Name:	Paul Carroll
Address:	13 Maimhor Road, Seamill, West Kilbride, Ayrshire, KA23 9EE
CHI:	1304846393
GP:	Dr S [REDACTED]
Consultant:	
Referrer Source:	GP Referral
Referral Date:	29/10/2018
Start Date:	07/01/2019
Discharge Date:	07/03/2019
No. of treatments:	1
Discharge Reason:	Patient assessed and advised - has not requested further appointment during opt-in period
Treatment Outcome:	Advice only
Therapist:	Eilidh [REDACTED]
Location:	BROOKSBY PHYSIOTHERAPY

Dear Dr [REDACTED]

Diagnosis: Mechanical lower back pain

Mr Carroll was provided with a home exercise plan. He has not requested a further appointment during the opt in period.

Actions for GP/Follow up recommendations:

Referred on to _____ (if applicable)

Yours sincerely,
Authorised on 13/03/2019 15:34:32 by Eilidh [REDACTED]
Eilidh [REDACTED]
13/03/2019

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Driver and Vehicle Licensing Agency

Drivers Medical Group
 Swansea SA99 1DG
 Phone: 0300 790 6825 Fax: 0300 083 0083
 Website: www.gov.uk/dvla/fitnesstodrive

IN PROFESSIONAL CONFIDENCE

Dr A.A. Struthers
 West Kilbride Surgery
 107B Main Street
 WEST KILBRIDE
 KA23 9AR

30843

Our Reference: M13630792/Tm3iv11

Date: 28 September 2018

Dear Dr Struthers

THIS LETTER REQUIRES YOUR URGENT ATTENTION

GMC Guidance (gmc-uk.org/guidance/good_medical_practice.asp) is that medical reports are completed and sent without unreasonable delay.

Please complete and return the enclosed medical questionnaire by 19 October 2018

Any delay in our receiving this may therefore impact on road safety as well as inconvenience your patient.

RE: Mr Paul Carroll DOB: 13-Apr-1984
 ADDRESS: 13 Maimhor Road, Seamill, WEST KILBRIDE, KA23 9EE

We are investigating your patients fitness to drive

We have been notified that your patient is experiencing/has experienced alcohol misuse.

We urgently need to assess whether they are able to meet the medical standards of fitness to drive. The current standards are available to view online at www.gov.uk/dvla/fitnesstodrive

What we need you to do:

- Please complete and return the enclosed medical questionnaire by 19 October 2018.
- The questionnaire should be completed from your patient's notes. You are not required to review or examine your patient unless you feel it is necessary.
- If this form does not allow you to give sufficient details, please enclose any relevant clinic letters or reports you feel will provide additional information.
- As your patient may be entitled to drive any delay in receiving this information may have an impact on road safety or your patient may be unlicensed longer than is necessary.

Completion by a non-registered medical practitioner

If you are not a registered medical practitioner, you may still complete the report but the report must be countersigned by a doctor who is.

Section 94 (6)(b) of the Road Traffic Act requires the Secretary of State to request the report be completed by a doctor. However, DVLA will accept reports completed by non-medically qualified staff, for example specialist nurses, provided that report is countersigned by a registered medical practitioner of appropriate grade.



DR2

M 13630792
 Page 3 of 10

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I have [redacted] and agree the contents of the enclosed report:

Name: Dr. SUNJAN [redacted]
 Title: GP
 Signature: [Signature]
 Date: 5/11/18

We would suggest that you keep a copy of the completed report for a period of 3 months.

Your Patient's Consent

Your patient has given their consent for your disclosure of their medical information.

The GMC and BMA have given agreement that the DVLA is no longer required to provide the patient's written consent. This is in-line with GMC guidance on confidentiality (para 34 (b)), which states that doctors can accept assurance from an officer of a government agency that the patient has given consent. Therefore, as an officer of the Government I offer my assurance that your patient has provided the department with their consent to disclose this information, sight of which is available on request.

The parties acknowledge that they must meet their own obligations under relevant data protection legislation including the General Data Protection Regulation (Regulation (EU) 2016/679), and all applicable laws about the processing of personal data and privacy.

If we need to contact you

There may be occasions where we will have to make telephone enquiries regarding your patient's fitness to drive, please can you advise your staff that we have consent from your patient, which allows us to do this.

Your fee

We will pay £40.00 when we receive the completed questionnaire and invoice. If you are VAT registered we will pay the fee plus VAT at the standard rate on receipt of a VAT invoice. The invoice **must** be sent to us with the completed questionnaire.

Please be aware that the Agency is unable to pay costs in advance of a report being completed and submitted. The British Medical Association's published guidance on fees for non-NHS work is clear in that fees are payable on completion and submission of a report. Please be assured that once we receive completed documentation we will ensure that registered medical practitioners are paid promptly.

Release of the report to your patient

I should draw to your attention that this patient may be entitled to see your report unless you indicate in your response that to release the report may cause serious harm to the physical or mental health of this patient S.I. 2000 No 413 Data Protection (Subject Access Modification) Health Order 2000 (as preserved by the Data Protection Act 2018)

Rev May 18

Yours sincerely,

Dr G W [redacted] B.Sc., M.B., B.C h, FRCS (Eng), FRCS (C/Th), Cert Traff Med (RCPI)
 Senior DVLA Doctor
 Drivers Medical Group, DVLA

Encs:
 DR2ATTACH DR2MQ DG

Driver & Vehicle Licensing Agency

M13630792

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NHS Confidential: Personal data about a patient



Driver & Vehicle
Licensing
Agency



MEDICAL IN CONFIDENCE

13630792 DR2



DR2
Rev Apr15
13630792

Questionnaire to assess your patient's medical fitness to drive

If you require further assistance in completing the forms, please visit
www.gov.uk/government/publications/at-a-glance

1. In the past three years, has the patient demonstrated persistent alcohol misuse? YES ☐ NO ☒
- If YES,
- a) Is it controlled? YES ☐ NO ☐
- b) If YES, how long has this been controlled? Years Months
2. Has there been alcohol dependence in the last three years? YES ☐ NO ☒
- If YES,
- a) Is it controlled? YES ☐ NO ☐
- b) If YES, how long has this been controlled? Years Months
3. Please provide details of current consumption N/A ☐
- Denies drinking currently
- a) Date last seen DD MM YY
25 10 18
4. As a result of alcohol misuse or dependence, has your patient required treatment or help from (tick as relevant) YES ☒ NO ☐
- a) Date of last detox treatment 15/10/14
- b) Yourself ☒
- c) Support Group (e.g AA) ☐
- d) Hospital O.P/I.P ☐
- e) Other ☒
- If YES, please give details with dates GP - issued detox medication
Caley Court Addiction services ongoing support which
stopped December 2014
5. To your knowledge, has your patient ever been advised to modify his/her drinking behaviour or abstain from alcohol? YES ☒ NO ☐
- If YES, please give details with dates 15/10/14. Advised by GP. Also
advised by addiction nurse

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DR2

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6. Has your patient had blood taken for CDT, Gamma GT, AST, ALT and MCV? YES ☒ NO ☐

If YES please give details of result(s) including the ranges and date(s) the test was taken

MCV = 84 AST [redacted] ALT = 17 (all done in 2013)

7. Has your patient ever been diagnosed with any of the following problems associated with alcohol misuse or dependence (tick as relevant) YES ☐ NO ☒

- | | | | |
|--|--------------------------|---------------------------------|--------------------------|
| a) Fits | ☐ | e) Neurological damage/disorder | ☐ |
| b) Withdrawal fits | ☐ | f) Cardiac symptoms | ☐ |
| c) Memory problems or cognitive impairment | ☐ | g) Other | ☐ |
| d) Liver/other G.I damage/Pancreatitis | ☐ | | |

If YES please give details with dates

8. Does your patient have any form of non-alcohol related liver disease, e.g. infective hepatitis (A/B/C), other? YES ☐ NO ☒

If YES please give details with dates

9. In the past three years, has your patient demonstrated persistent drug misuse? YES ☐ NO ☒

- a) Is the misuse controlled? YES ☐ NO ☐
 b) If YES, for how long has this been controlled? Months
 c) Give full details and confirm the type of drug(s)

10. In the past three years, has your patient demonstrated drug dependence? YES ☐ NO ☒

- a) Is the dependence controlled? YES ☐ NO ☐
 b) If YES, for how long has this been controlled? Months
 c) Give full details and confirm the type of drug(s)

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13630792

DR2

11. Please give date(s) of any detoxification for drugs if applicable: - Alcohol detox N/A ☐ DD MM YY ☐ 15 ☐ 10 ☐ 14

12. As a result of drug/illicit substance misuse, has your patient required treatment? - Alcohol ☒ x YES ☒ NO ☐

Please give details and dates including the name and address we should contact for further information Angela [redacted], Charge Nurse, NHS Addiction Services
Caley Court, Stevenston KA20 3HN [redacted] 01294 476162

13. Please give details of ALL current medication

Medication	Dosage	Reason for taking
C1 [redacted]	20mg	Anxiety/Depression

Please give details of any relevant Specialist that your patient has seen

Reason for attendance Support to maintain abstinent from Alcohol

Specialist's Name: Angela Wood Date last attended: 11/12/14

Address: Charge [redacted], Caley Court Resource Centre
Stevenston KA20 3HN Tel no: 01294 476162

PLEASE ENSURE THAT AN INVOICE IS ENCLOSED WITH THE COMPLETED FORM.
WE ARE NO LONGER ABLE TO MAKE PAYMENT UNLESS AN INVOICE IS PROVIDED. THIS APPLIES TO VAT AND NON VAT REGISTERED PAYMENTS.

Signature: [Signature]

Name: DR. SUNDAM [redacted]

Date: 5/11/18

Phone No: 01294 823607

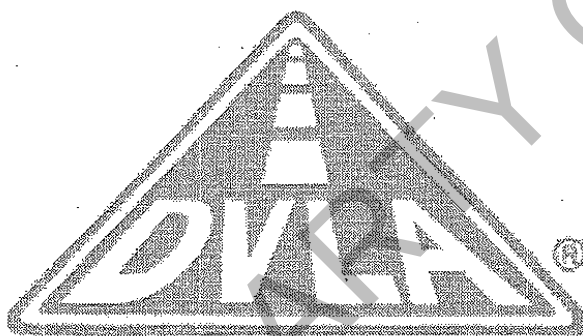
GMC No: 7041207

Date of GMC re-validation: ☐ ☐ ☐

ADDRESS STAMP

WEST KILBRIDE MEDICAL PRACTICE
107b MAIN STREET
WEST KILBRIDE
KA23 9AR

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13630792

Important – Please [REDACTED] before completing this questionnaire

Alcohol misuse - Guide to definition of misuse

There is no single definition to embrace all the variables within alcohol misuse – but the DVLA offers the following:

“A state that causes, because of consumption of alcohol, disturbance of behaviour, related disease or other consequences likely to cause the patient, their family or society present or future harm and that may or may not be associated with dependence.”

The World Health Organization’s classification (ICD-10) code F10.1 is relevant.

	Group 1 car and motorcycle	Group 2 bus and lorry
Persistent alcohol misuse confirmed by medical enquiry and [REDACTED] evidence of otherwise unexplained abnormal blood markers	Must not drive and must notify the DVLA Licence will be refused or revoked until after: • a minimum of 6 months of controlled drinking or abstinence, and • normalisation of blood parameters.	Must not drive and must notify the DVLA Licence will be refused or revoked until after: • a minimum of 1 year of controlled drinking or abstinence, and • normalisation of blood parameters.

In this situation controlled drinking means drinking within recommended low risk limits.

Alcohol dependence - Guide to definition of dependence

There is no single definition to embrace all the variables within alcohol dependence – but the DVLA offers the following:

“A cluster of behavioural, cognitive and physiological phenomena that develop after repeated alcohol use, including:

- *a strong desire to take alcohol*
- *difficulties in controlling its use*
- *persistent use in spite of harmful consequences*
- *and with evidence of increased tolerance and sometimes a physical withdrawal state.”*

Indicators may include any history of withdrawal symptoms, tolerance, detoxification or alcohol-related seizures.

The World Health Organization’s classification (ICD-10) code F10.2 is relevant.

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13630792

Dependence confirmed by medical enquiry	Group 1 car and motorcycle Must not drive and must notify the DVLA. Licence will be refused or revoked until after a minimum of 1 year free of alcohol problems. Abstinence is usually required, with normalised blood parameters if relevant.	Group 2 bus and lorry Must not drive and must notify the DVLA. Licence will be refused or revoked in all cases of any history of alcohol dependence within the past 3 years. Abstinence is usually required, with normalised blood parameters if relevant.
	For both driving groups: • licensing will require satisfactory medical reports from a doctor • the DVLA may need to arrange independent medical examination and blood tests • referral to and the support of a consultant specialist may be necessary.	

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**Confidential - Clinical
Information**

Department of Cardiology and General
Medicine
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 521133



www.nhsaaa.net

Dr S [REDACTED]
West Kilbride Group Practice
107B Main Street
West Kilbride
Ayrshire
KA23 9AR

Our Ref: AP/sab
Hospital No:
Clinic Date: 13/01/2019
Date Dictated: 19/01/2019
Date Typed: 31/01/2019
Enquiries to: [REDACTED] McLaughlan
Direct Line: 01563 825089
Ext. Number: 25089
Email: [REDACTED] McLaughlan@aapct.scot.nhs.uk

Dear Dr [REDACTED]

PAUL CARROLL DOB: 13/04/1984 CHI No: 1304846393
13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, AYRSHIRE, KA23 9EE

Date of admission:	12.01.2019
Date of discharge:	13.01.2019
Diagnosis:	1. Alcohol/substance misuse misadventure 2. Variable QT interval during admission – for outpatient cardiac investigation 3. Recent struggles with alcohol intake 4. Depression 5. Drives a car
Current medicines:	Citalopram 40mg

I was asked to review this patient after he was admitted via A&E with a low conscious level. The reason cardiology were contacted is he has had a prolonged QT on his initial ECG.

In terms of the reduced GCS I understand he has been struggling with alcohol but had been abstinent for up to three weeks when he went on an alcohol binge. He denies current cocaine use (previous cocaine use) but urine [REDACTED] was positive for cocaine, so there may have been also a contribution of other factors. He had presented to a friend's house and was refused entry and went to a separate friend's house and initially he was conscious, but after some time being alone the friend came back to find the patient essentially unresponsive and they called an ambulance. On arrival of the ambulance his blood pressure was low (80/40), with a pulse of 100 and he was GCS 4 unresponsive. Obviously with a normal pulse rate and a perfusing, albeit low, blood pressure I do not diagnose a cardiac cause of his collapse. An hour later on arrival at A&E he was still GCS 10 and this time with a pulse of 80 and a blood pressure of 140/80. So again....

Cont./.....

www.nhsaaa.net



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PAUL CARROLL **DOB: 13/04/1984** **CHI No: 1304846393**
13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, AYRSHIRE, KA23 9EE

there was no hemodynamic explanation for a low conscious level. Overall I feel this was related to alcohol +/- other substance misuse and I haven't made any recommendations in terms of the collapse episode.

In terms of his ECGs we have found an old ECG from 2016 in his notes with a borderline QT of 456. On admission to A&E his QT interval was 572/555 and this is in the context of mild hypocalcaemia and mild acidaemia. He was given IV calcium gluconate and his repeat QT interval was 418/415. This is obviously reassuring and I don't diagnose him with prolonged QT but will perform an outpatient 24 hour tape and echo to clarify cardiac status. He is on Citalopram and given his significant psychological issues at present I have said that that can continue for now. Obviously if we find sustained prolonged QT in the future I will call him back to clinic and we can look at this again.

Yours sincerely

Authorised on 19/02/2019 12:03:09 by [REDACTED]

[REDACTED]
Consultant Cardiologist
GMC: 6048733

www.nhsaaa.net



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Driver & Vehicle
Licensing
Agency



Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea SA99 1DG
Phone: 0300 790 6806 Fax: 0300 083 0083
Website: www.gov.uk/dvla/fitnessdrive

IN PROFESSIONAL CONFIDENCE

Dr A.A. Struthers
West Kilbride Surgery
107B Main Street
WEST KILBRIDE
KA23 9AR

Our Reference: M13630792Tm6lv11

30843

Date: 28 October 2018



Dear Dr Struthers

RE: Mr Paul Carroll
ADDRESS: 13 Mainhor Road, Seamill, WEST KILBRIDE, KA23 9EE
DOB: 13-Apr-1984

REMINDER

I refer to the questionnaire we sent you on 28/09 regarding the above. Unfortunately, I do not appear to have received your reply.

I appreciate the considerable pressures on your time but until we receive your reply, your patient may be entitled to drive and this may have an impact on road safety or your patient may be unlicensed longer than is necessary.

To avoid further delay in making a licensing decision, I would be grateful if you could now return the report. If you cannot deal with this request or you are aware of any delays please could your secretary let us know.

I have enclosed a copy of our previous correspondence in case you are unable to locate the original. If you have already replied to us, please do not send a duplicate as we can only pay one fee.

I have written to your patient to explain the position.

Rev May 18

Yours sincerely,

Drivers Medical Group

2 NOV 2018

Encs:
1035/926-1110855



INVESTORS
IN PEOPLE



GPREM

M 13630792
Page 1 of 10

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NHS Ayrshire & Arran **Area Laboratory** **Microbiology**

Service Code	000000	000000	000000	000000
Service Name	000000	000000	000000	000000
Service Address	000000	000000	000000	000000
Service Phone	000000	000000	000000	000000

This report to **Nurse Practitioner 1** **GP, West Kilbride Surgery**

Culture **No growth**

LabNo: 18M294521 Date coll: 23/11/16 16:30 Authorised by: MIC WZAUOPRO Service

Printed: 20/11/16 16:30 Sample Date: 20/11/16 16:30

Report generated by the system. Please refer to the Microbiology Information

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University Hospital Crosshouse Kilmarnock Road Kilmarnock KA2 0BE Phone: 01563 521133		Immediate Discharge Letter & Prescription	
To: West Kilbride Group Practice 107b Main Street West Kilbride AYRSHIRE KA23 9AR		Re: PAUL CARROLL 13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, AYRSHIRE, KA23 9EE DOB: 13/04/1984 Hosp. No.: 1304846393 CHI No.: 1304846393	

Date of Admission: 13/01/2019 **Ward:** XCAU INPATIENT
Mode of Admission: Emergency **Consultant:** DR [REDACTED] (Acute Medicine)
Admission Reason: Collapse with LOC **Follow Up:** O/P ECHO+24hr tape
Discharge Date: 13/01/2019

Diagnoses 1. Collapse in the context of alcohol intoxication and cocaine use
 - ()

Secondary Diagnoses Past medical history:
 1. Depression
 2. Alcohol intake
 - NURSE [REDACTED] CAMPBELL (NIP) (13-JAN-2019 13:00)

Clinical Progress Dear GP,
 Situation: Paul Carroll is a 34 year old who was admitted with collapse.
 Background: PMH as above.
 Assessment: Admitted after drinking heavily in the context of cocaine use - collapsed with LOC and ambulance phoned. Low BP o/a. Borderline prolonged Qtc on ECG in the context of Citalopram, low calcium and being intoxicated. Now stable with no acute issues. No changes to medications on discharge.
 Recommendations: O/P 24hr tape and ECHO requested given borderline QT interval.
 [REDACTED] Regards,
 [REDACTED] (ANP cardio team 3034)
 - NURSE GAYNOR [REDACTED] (NIP) (13-JAN-2019 13:04)

Allergy/intolerance	Reaction
No Known Drug Allergies	

Allergy records are as recorded at time and date of printing.

Discharged by: NURSE GAYNOR CAMPBELL (NIP)
Page: 1 of 2
Report generated on: 13/01/2019 20:00

NHS Confidential: Personal data about a patient

University Hospital Crosshouse Kilmarnock Road Kilmarnock KA2 0BE Phone: 01563 521133		Immediate Discharge Letter & Prescription	
To: West Kilbride Group Practice 107b Main Street West Kilbride AYRSHIRE KA23 9AR	Re: PAUL CARROLL 13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, AYRSHIRE, KA23 9EE DOB: 13/04/1984 Hosp. No.: 1304846393 CHI No.: 1304846393		

Drug	Dose	Route	Frequency	Note	GP		Days
					to	contin	
CITALOPRAM 40 mg Tablets	40 mg	Oral	ONCE daily at 7am		Yes	Y	Supply

Additional Medicines Information:

Medicines discontinued or modified during admission (Medicines that patient was recorded as admitted on only)	
Drug	Discontinued / Modified reason
CITALOPRAM 40 mg Tablets	Not given during inpatient stay
*** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.*** ****Information here may be incomplete and is for guidance only.****	

Discharged by: NURSE [REDACTED] (NIP)

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NORTH AYRSHIRE
Health and [REDACTED] Partnership



Mental Health Services
North Ayrshire Primary Care Mental Health Team
2nd Floor Admin Building, Ayrshire Central Hospital
Kilwinning Road, Irvine, KA12 8SS

Clinical in Confidence
Dr K Samra
West Kilbride Group Practice
107B Main Street
West Kilbride
KA23 9AR

Date: 19th September 2019
Our Ref: MM/LG/26283
Enquiries to Administration
Direct line 01294 323216

Dear Dr Samra,

Re: Mr Paul Carroll, 13 Maimhor Road, West Kilbride, KA23 9EE
D.o.B. 13/04/84 CHI: 1304846393

Further to referral of the above-named, this patient has been offered the opportunity to contact us to make an appointment for an assessment.

Unfortunately, as the patient has failed to make contact with the Department, I can only assume that he does not wish to pursue assessment with our service at this time. I have, therefore, no option but to discharge him from our service.

Please do not hesitate to re-refer this patient should he show a commitment to attend.

Yours sincerely

Mhairsi McCandless
Mhairsi McCandless
Team Leader

19/9/19

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HMP Kilmarnock
Transfer of Care Summary



To: Dr [REDACTED] West Kilbride Group Practice, 107b Main Street,
 West Kilbride, KA23 9AR (80631)

Client's Name:	PAUL CARROLL	Date of Birth:	13 April 1984
Alias:	-	CHI Number:	1304846393

Client's Address	13 Maimhor Road, Seamill, West Kilbride
Post Code	KA23 9EE
Contact Telephone Number	-
Date of Liberation	10 June 2019

The above patient has been in our care. During his stay, he has suffered from the following medical condition(s):-

1 -	Date of Onset:	-	Active/No
2 -	Date of Onset:	-	Active/No
3 -	Date of Onset:	-	Active/No
4 -	Date of Onset:	-	Active/No
5 -	Date of Onset:	-	Active/No

The following medicine(s) is/are currently being prescribed:-

MEDICINE	Dose and Form*	Frequency of Administration	Additional Information
No Kardex	-	-	-

The following medicine(s) will be prescribed by the Community Addictions Team:-

MEDICINE	Dose and Form*	Frequency of Administration	Additional Information
[REDACTED]			

Additional Information
 (eg outstanding OP appt)

The patient has been advised to contact his GP on the day of release to confirm registration (or re-register) and continuation of medication, and will be given a minimum of a 3-day liberation script of all medication (not including controlled drugs).

* eg tablets

12/06/19

NHS Confidential: Personal data about a patient

Summary Report

Paul Carroll 13/04/1984 Male 1304846393

Address

13 Mainhor Road Seamill West Kilbride Ayrshire KA23 9EE
The Health Centre P.O. Box 26210 Kilmarnock KA1 9EW

Address Type: Home address

Address Type: Main address

Problems

Currently Relevant	Started: 25/04/2012	Ended:
GP Name Address	Started: 24/05/2010	Ended:
ADMIT TO GREENOCK	Started: 24/05/2010	Ended:
Misuse of drugs NOS	Started: 01/01/2006	Ended:

Medical History

29/05/2019 Administration sick line until liberation please on June 10th- shoulder pain, MH issues.
24/05/2019 Consultation seen at bbv clinic - states out in 2 weeks and declined all tests
Southgate
24/05/2019 Administration awaiting gp appt scheduled for wednesday for sick line request out in 2 weeks advised bed down until seen by gp. Miss [redacted] Southgate
23/05/2019 Seen by nurse. attended HCC due to ongoing shoulder pain. Wants sick line issued. Bed down given for rest of the day and tomorrow as has GP appt scheduled in the afternoon, which he will discuss this with Ms [redacted]
20/05/2019 Administration Administration Self Referral Form Nurse Appt Thu 23.05.19 (pm). Also triaged for MH appt. Miss Jacqueline
Lightbody
13/05/2019 Administration Administration Bed down request Mrs Kelly [redacted]
03/05/2019 Administration Please reschedule BBV appt for Friday 10/5/19 pm. Miss [redacted]
Southgate
03/05/2019 Failed encounter unable to attend bbv appt at court for r/s Miss [redacted]
Southgate
30/04/2019 Seen by nurse refused to attend HCC for follow-up clinic Ms [redacted] Walker
11/04/2019 Drug addiction therapy Paul attended his addiction appointment today and an initial assessment was completed.
Paul disclosed that he needs help with regards to his alcohol use. He stated that he is a binge drinker and can stay away for alcohol for a few weeks, however will then commence drinking again. When he discussed his triggers he disclosed that he is self employed so will drink to reward himself or if the weather is bad and he can't work, he will drink as he gets anxious about money. Paul states that he is looking to be able to drink sensibly, however when asked if he thought this would be achievable? he wasn't sure. Paul is at court on the 3rd May and then on the 10th May and is unsure as to what the outcome may be. Due to time restraints I have given him information regarding the Recovery Focus Group, which he would be interested in attending and as there is currently a space available he can commence this group next week. This will link Paul in with support in the community should he get released from court in May, however should he receive a sentence he can continue to attend the group and also receive 1x1 support from myself. I will check in with [redacted] again in a few weeks. Ms Lynn Forbes
27/03/2019 Administration Admin Letter Self Referral add Mrs [redacted]
15/03/2019 Computer record Discharge/Summary Letter GP Practice Administration Ms Ainsley
Memillan
14/03/2019 Consultation remanded and expecting a sentence. NKDA. No asthma epilepsy or diabetes. Was taking anti-depressant last year but stopped these himself. occasional binge drinker. No withdrawal seizures or detox issues. No drug addiction issues. Communicative and good eye contact. No suicidal ideation or thoughts [redacted] He is unphased by his sentence and just wants to get on with it.
Dr Paul Church
13/03/2019 Administration Administration Patient Registration Mrs Kelly Barker
13/03/2019 Administration Administration GP Mandate Consent Mrs Kelly [redacted]
13/03/2019 Administration Administration In-Possession and Supervised Medications Mrs [redacted]
13/03/2019 Administration Administration Consent Form Mrs [redacted]
13/03/2019 Transfer of care Stated that he will put in a referral to see the addiction team any time he wants Mr [redacted]
13/03/2019 Alcohol dependence syndrome Mr Emmanuel
13/03/2019 Admission profile form completed Mr [redacted]
13/03/2019 Prescription by GP NIL Mr [redacted]
13/03/2019 No apparent [redacted] Mr [redacted]
Hammond
13/03/2019 No [redacted] Has no history and denies any current thoughts, plans or intent Mr Emmanuel
13/03/2019 Drugs of [redacted] urine screening Positive for cocaine only Mr Emmanuel
13/03/2019 Misuse drugs Denies the use of any illicit substances Mr Emmanuel
Hammond
13/03/2019 Seen by dentist Last time was about a year ago Mr Emmanuel
Hammond
13/03/2019 Registered GP West Kilbride medical centre Mr Emmanuel
26/07/2013 Analgesic, antipyretic and antirheumatic drug [redacted] drug? 100 Dihydrocodeine Ms Ainsley
Memillan

The Health Centre, P.O. Box 26210, Kilmarnock, KA1 9EW

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Discharge Summary Report**Paul Carroll****13/04/1984****Male****1304846393**

24/05/2010 NO Apparent MH Risk Mr [REDACTED]
 Hoggitt
 24/05/2010 NO thoughts of suicide Mr [REDACTED]
 Hoggitt
 24/05/2010 NO current [REDACTED] Mr [REDACTED]
 Hoggitt
 24/05/2010 NO H/O Psychological Intervention Mr Charles
 Hoggitt
 24/05/2010 NO Previous Psychiatric Admission Mr [REDACTED]
 Hoggitt
 24/05/2010 Drug screen not clinically indicated Mr [REDACTED]
 Hoggitt
 24/05/2010 Alcohol problem drinking Admits to drinking too much at times especially week ends Mr [REDACTED]
 Hoggitt
 24/05/2010 Last Seen by Dentist 0-1yr Mr [REDACTED]
 Hoggitt
 24/05/2010 NOT [REDACTED] in Last Year Mr [REDACTED]
 Hoggitt
 24/05/2010 NIL of NOTE re Physical Appearance Mr [REDACTED]
 Hoggitt
 24/05/2010 Other Physical Problems R Shoulder dislocates easily Awaiting operation Mr [REDACTED]
 Hoggitt
 24/05/2010 NO Operations advised Mr [REDACTED]
 Hoggitt
 24/05/2010 NO Fits/Blackouts advised Mr [REDACTED]
 Hoggitt
 24/05/2010 NO Epilepsy advised Mr [REDACTED]
 Hoggitt
 24/05/2010 NO Diabetes advised Mr [REDACTED]
 Hoggitt
 24/05/2010 NO Asthma advised Mr [REDACTED]
 Hoggitt
 24/05/2010 NO Other infection advised Mr [REDACTED]
 Hoggitt
 24/05/2010 NOT Placed self at risk BBV Mr Charles
 Hoggitt
 24/05/2010 Pt. advises NO Hepatitis Mr [REDACTED]
 Hoggitt
 24/05/2010 NO skin infection declared Mr Charles
 Hoggitt
 24/05/2010 Pt. NOT Infested. Mr [REDACTED]
 Hoggitt
 24/05/2010 GP Name Address West Kilbride medical centre Mr [REDACTED]
 Hoggitt
 24/05/2010 ADMIT TO GREENOCK Mr [REDACTED]
 Hoggitt
 24/05/2010 Notes summary on computer Mr Charles
 Hoggitt
 15/07/2009 Result Results Gartnavel Hospital Virology Ms Vickie Burns
 15/07/2009 Result Results Gartnavel Hospital Virology Ms Vickie Burns
 15/07/2009 Hep C Pretest Info Completed Ms B Bissett
 15/07/2009 Self Referral Ms B Bissett
 15/06/2009 Notes summary on computer Mr J [REDACTED]
 23/09/2007 Dislocation of shoulder NOS Right Ms Ainsley
 Mcmillan
 18/03/2007 Dislocation of shoulder NOS Ms Ainsley
 Mcmillan
 20/10/2006 Notes summary on computer Dr [REDACTED]
 Left Service
 01/01/2006 Misuse of drugs NOS DATE RECORDED=20/10/2006 Dr [REDACTED]
 Left Service
 31/07/2002 Fixation of mandible Open reduction and internal fixation fracture left mandible following assault Ms Ainsley
 Mcmillan
 31/07/2002 Primary repair of tendon Extensor tendon left index finger repaired following assault Ms Ainsley
 Mcmillan
 05/10/2000 Jaboulay's eversion of hydrocele Ms Ainsley
 Mcmillan

Consultation

The Health Centre, P.O. Box 26210, Kilmarnock, [REDACTED] 9EW

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Summary Report

Paul Carroll 13/04/1984 Male 1304846393

29/05/2019 Surgery consultation Dr Paul Dunlop
 24/05/2019 Triage Miss [REDACTED] Southgate
 24/05/2019 Triage Miss [REDACTED] Southgate
 23/05/2019 Triage Ms [REDACTED] Walker
 20/05/2019 Third Party Consultation Miss Jacqueline Lightbody
 13/05/2019 Third Party Consultation Mrs [REDACTED]
 04/05/2019 Triage Miss [REDACTED] Southgate
 03/05/2019 Triage Miss [REDACTED] Southgate
 30/04/2019 Triage Ms Ann [REDACTED]
 11/04/2019 Triage Ms Lynn Forbes
 27/03/2019 Third Party Consultation Mrs [REDACTED]
 15/03/2019 Third [REDACTED] Consultation Ms Ainsley Mcmillan
 15/03/2019 Administration Ms Ainsley Mcmillan
 14/03/2019 Surgery consultation Dr Paul Church
 13/03/2019 Third Party Consultation Mrs [REDACTED]
 13/03/2019 Third Party Consultation Miss [REDACTED]
 13/03/2019 Third Party Consultation Mrs Kelly [REDACTED]
 13/03/2019 Third Party Consultation Mrs [REDACTED]
 13/03/2019 Triage Mr [REDACTED] Hammond
 24/05/2010 Other Mr [REDACTED] Hoggitt
 15/07/2009 Third Party Consultation Ms Vickie Burns
 15/07/2009 Third Party Consultation Ms Vickie Burns
 15/07/2009 Other Ms B Bissett
 16/06/2009 Other Dr Jai Kural
 15/06/2009 Other Mr J Kane
 20/10/2006 Other Dr [REDACTED] Left Service
 01/01/2006 Other Dr [REDACTED] Left Service
 15/04/2003 Other Dr [REDACTED] Left Service
 26/01/2002 Other Dr [REDACTED] Left Service

Blood pressure

13/03/2019 20:25:00 BP 120/70 taken Sitting

pressure reading

24/05/2010 BP 127/57

pressure reading

16/06/2009 BP 134/73

pressure reading

Cuff: Standard

recall due:

O/E - blood

recall due:

O/E - blood

recall due:

O/E - blood

Smoking

13/03/2019 Smoker 20 cigarettes per day Heavy smoker - 20-39 cigs/day

Mr [REDACTED] Hammond

24/05/2010 Smoker 0 cigarettes per day Current smoker

Mr [REDACTED] Hoggitt

Weight

13/03/2019 Weight: 82 kgs BMI: 22.2 O/E - weight

24/05/2010 Weight: 79 kgs BMI: 21.6 O/E - weight

15/06/2009 Weight: 75 kgs BMI: 20.5 O/E - weight

Height

13/03/2019 Height: 1.92 metres O/E - height

Emmanuel [REDACTED]

Mr

15/06/2009 Height: 1.91 metres O/E - height

Mr J

Immunisations

15/04/2003 HEPATITIS B Stage: 2 Given Due

DATE RECORDED=20/10/2006 : END_DATE=15/04/2003 Dr Rosie [REDACTED] Left Service

26/01/2002 HEPATITIS B Stage: 1 Given Due

DATE RECORDED=20/10/2006 : END_DATE=26/01/2002 Dr [REDACTED] Left Service

Absence of condition

13/03/2019 No known allergies of

Mr Emmanuel

24/05/2010 NO H/O [REDACTED] attempts of

Mr Charles

Hoggitt

24/05/2010 NO History of Personal Self

Harm of Mr Charles Hoggitt

Mr Charles

24/05/2010 NO H/O Psychiatric Disorder of

Hoggitt

24/05/2010 NON Drug Misuser of

Hoggitt

Mr [REDACTED]

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Discharge Summary Report**Paul Carroll** 13/04/1984 Male 130484639324/05/2010 NO known drug allergy of
Hoggitt

Mr Charles

Pulse (CVS/BP)

13/03/2019 O/E - pulse rate 68 beats/min

Mr [REDACTED] Hammond

24/05/2010 Pulse O/A 0 beats/min Pulse 53

Mr [REDACTED] Hoggitt

Infectious titres and antibodies

15/07/2009 Hepatitis C antibody test

= 0

Respiratory Rate

13/03/2019 O/E - rate of respiration

= 14 /minute

Temperature

13/03/2019 O/E - temperature level

= 36.8 degC

Waist Circumference

13/03/2019 34 cms

Waist circumference

Total patients for report 1

The Health Centre, P.O. Box 26210, Kilmarnock, [REDACTED] 9EW

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Transport required?

Unique Care Pathway Number: 1010217523211

REFERRAL LETTER
MEDICAL IN CONFIDENCE

CHI:1304846393

REFERRAL TO	
DermatologyA7 AA Gen Ref - PMH Med & High	Ethnic Origin Language interpreter req'd Religion Religious Observance Vision impairment Hearing impairment Sign language interpreter req'd.
University Hospital Crosshouse Kilmarnock Road Kilmarnock Ayrshire KA2 0BE	
Urgency of referral Urgent	
Date of referral	28-Sep-2020
Date submitted	28-Sep-2020

PATIENT DETAILS	
Surname	Carroll
Forename(s)	Paul
Title	-
Sex	Male
Date of birth	13-Apr-1984
CHI no.	1304846393
Patient's address	
13 Maimhor Road West Kilbride KA23 9EE	
Contact number(s)	
Voice: 829991	

REGISTERED GP DETAILS	
Name	Dr Farah Gilani
GMC code	6163269
GP code	22021
Practice name	Ayrshire Medical Group
Practice code	81012
Practice address	
The Health Centre 20 Main Street STEVENSTON	
Contact number(s)	
Voice: 01294 464141 Facsimile: 01294 466408	

REFERRING PRACTITIONER DETAILS	
Name	Lynsey Renfrew 97B01215
GMC code	97B0121
GP code	-
Practice name	Ayrshire Medical Group (81012)
Practice code	81012
Practice address	
The Health Centre 20 Main Street Stevenston KA20 3AB	
Contact number(s)	
Voice: 01294 464141	

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CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: see below

Comment: Dear Dr

I would appreciate your review of this man who has a mole on his lower abdomen to the right side approx 2-3 cms from navel. He has had this for a few years not since birth. He feels this has become itchy, increased in size and darker.

He has dark skin and no family history of skin cancer he uses sunscreen abroad but not in Scotland by his admission. He compares it to the size of an average cigarette tip diameter.

I have attached a picture for your review (apologies not to clear) and I would appreciate your expert review.

Kind regards Lynsey Renfrew ANP

Examinations and Investigations

Height:	193	-
Weight(kg):	80	-
BMI:	21.48	-
Current smoker :	20/day.	04-Jul-2012 00:00
Current smoker:	Disease: SPICE Basic Health Values, priority=2	23-Jan-2008 00:00
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	23-Jan-2008 00:00
Enjoys moderate exercise:	Disease: SPICE Basic Health Values, priority=2	23-Jan-2008 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
Acne vulgaris	-	-	-	27-Jan-2015	27-Jan-2015
■■■■■ drug	-	-	?100 Dihydrocodeine	26-Jul-2013	26-Jul-2013
Dislocation of shoulder NOS	-	-	Right	23-Sep-2007	23-Sep-2007
Dislocation of shoulder NOS	-	-	Right	18-May-2007	18-May-2007
Head injury	-	-	-	31-Jul-2002	31-Jul-2002
Head injury	-	-	-	23-Jul-2000	23-Jul-2000
Hydrocele	-	-	Bilateral	25-May-2000	25-May-2000
Croup	-	-	-	24-Jul-1985	24-Jul-1985

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
24 Hour ECG	-	-	prolonged QT in context of hypocalcaemia. no arrhythmia and normal QT	01-Jun-2019	01-Jun-2019
CT scan brain - normal	-	-	following head injury	31-Jul-2002	31-Jul-2002
Primary repair of tendon	-	-	extensor tendon left index finger repaired following ■■■■■	31-Jul-2002	31-Jul-2002
Fixation of mandible	-	-	open reduction and internal fixation fracture left mandible following assault	31-Jul-2002	31-Jul-2002
Jaboulay's eversion of hydrocele	-	-	Bilateral	05-Oct-2000	05-Oct-2000

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

No current medications recorded

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

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Flucloxacillin Capsules 500 mg	0501012G0AAABAB	28 CAPSULE	ONE TO BE TAKEN FOUR TIMES A DAY	-	17-Jul-2020	7 Days	17-Jul-2020

Clinical warnings**Lifestyle risks**

Exercise status: Not Known

Smoking statusNumber 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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Transport required?

Unique Care Pathway Number: 101024777875Z

REFERRAL LETTER
MEDICAL IN CONFIDENCE

CHI:1304846393

REFERRAL TO	
Community Mental Health Services - North G1AD AA Adult Mental Health	Ethnic Origin Language interpreter req'd Religion Religious Observance Vision impairment Hearing impairment Sign language interpreter req'd.
Community Mental Health Services - Adult NHS Ayrshire & [REDACTED]	
Urgency of referral Routine Date of referral 04-Nov-2021 Date submitted 04-Nov-2021	

PATIENT DETAILS		Patient's address
Surname [REDACTED]		13 Maimhor Road West Kilbride KA23 9EE
Forename(s) Paul		
Title -		
Sex Male		
Date of birth 13-Apr-1984		
CHI no. 1304846393		Contact number(s) Voice: 829991-07842376142

REGISTERED GP DETAILS		Practice address
Name Dr Farah Gilani		The Health Centre 20 Main Street STEVENSTON
GMC code 6163269	GP code 22021	
Practice name Ayrshire Medical Group		
Practice code 81012		Contact number(s) Voice: 01294 464141 Facsimile: 01294 466408

REFERRING PRACTITIONER DETAILS		Practice address
Name Aileen Ballantyne ANP 97109235		WEST KILBRIDE KA23 9AR
GMC code 9710923	GP code -	
Practice name 107b Main Street (81012)		
Practice code 81012		Contact number(s) Voice: 01294 823607

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CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: see below

Comment:

Dear Colleague,

Thanks for seeing this 37 year old male who has a long hx of anxiety and low mood with past issues of alcohol and drug misuse.

Paul denies any recent use of alcohol or illicit drugs. He reports worsening low mood and anxiety symptoms over the last 8 months and has not left his home in over 6 months due to panic attacks.

He reports [REDACTED] [REDACTED] that someone may harm him. This is the context of a serious [REDACTED] some 10 years. He reports regular flashbacks to this incident. Paul lives alone and his [REDACTED] are doing all his shopping and paying his bills etc.

Paul had been non-concordant with his Citalopram and Propanolol however these have been restarted. Paul has a previous hx of [REDACTED] in 2013 and 2019 but denies any current thoughts, plan or intent of [REDACTED] or [REDACTED]. There is no evidence or report of any [REDACTED] [REDACTED].

Paul is motivated to engage with service but currently would struggle to attend a clinic due to his agoraphobic symptoms. He is aware he will have to opt in for an appt and other option i.e home visit or telephone assessment are available. Regards Aileen Ballantyne ANP

Examinations and Investigations

Is patient aware of referral?:	Yes	-
If referral is urgent, has this been discussed with duty clinician:	No	-
1. Are there current active [REDACTED] [REDACTED] is there a plan?:	No	-
Previous [REDACTED] comments:	no plan	-
Is there a History of [REDACTED] or [REDACTED] injurious behaviours?:	Yes	-
Any history or current threat of [REDACTED] or aggression, considerations to staff safety?:	No	-
Any social circumstances or previous psychiatric history impacting on current presentation?:	Yes	-
Social circumstances/previous psychiatric history comments:	see above	-
Considerations of [REDACTED] [REDACTED] Issues/ First presentation [REDACTED] Peri-Natal:	No	-
Height:	193	-
Weight(kg):	90	-
BMI:	24.16	-
Trivial smoker - < 1 cig/day:		17-Aug-2021 00:00
Current smoker :	20/day.	04-Jul-2012 00:00
Current smoker:	Disease: SPICE Basic Health Values, priority=2	23-Jan-2008 00:00
Alcohol consumption, 10 units/week:		17-Aug-2021 00:00
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	23-Jan-2008 00:00
30 mins/day of at least mod intensity physc activity >=5 week:	5	17-Aug-2021 00:00
Enjoys moderate exercise:	Disease: SPICE Basic Health Values, priority=2	23-Jan-2008 00:00

Reason for referral

Care type requested: Domiciliary Visit

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

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Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Seborrhoeic keratosis	-	-	Rt Lower Abdomen	29-Oct-2021	29-Oct-2021
Acne vulgaris	-	-	-	10-Nov-2020	10-Nov-2020
drug	-	-	?100 Dihydrocodeine	27-Jan-2015	27-Jan-2015
Dislocation of shoulder NOS	-	-	Right	26-Jul-2013	26-Jul-2013
Dislocation of shoulder NOS	-	-	Right	23-Sep-2007	23-Sep-2007
Head injury	-	-	-	18-May-2007	18-May-2007
Head injury	-	-	-	31-Jul-2002	31-Jul-2002
Head injury	-	-	-	23-Jul-2000	23-Jul-2000
Hydrocele	-	-	Bilateral	25-May-2000	25-May-2000
Croup	-	-	-	24-Jul-1985	24-Jul-1985

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
24 Hour ECG	-	-	prolonged QT in context of hypocalcaemia and acidaemia. no arrhythmia and normal QT interval	01-Jun-2019	01-Jun-2019
CT scan brain - normal	-	-	following head injury	31-Jul-2002	31-Jul-2002
Primary repair of tendon	-	-	extensor tendon left index finger repaired following assault	31-Jul-2002	31-Jul-2002
Fixation of mandible	-	-	open reduction and internal fixation fracture left mandible following assault	31-Jul-2002	31-Jul-2002
Jaboulay's eversion of hydrocele	-	-	Bilateral	05-Oct-2000	05-Oct-2000

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Propranolol Hydrochloride Tablets 40 mg	0204000R0AAAJAJ	56 tablet	ONE TABLET TWICE A DAY	-	04-Sep-2019	-	02-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 20 mg	0403030D0AAAAAA	28 TABLET	ONE TO BE TAKEN EACH DAY	-	29-Oct-2021	28 Days	29-Oct-2021

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

Signature of referring doctor (or other professional) Date

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Transport required?

Unique Care Pathway Number: 101030540613Z

REFERRAL LETTER
MEDICAL IN CONFIDENCE

CHI:1304846393

REFERRAL TO	
Cancer Suspected C1A1 AA Urology UCS	Ethnic Origin Language interpreter req'd Religion Religious Observance Vision impairment Hearing impairment Sign language interpreter req'd.
University Hospital Crosshouse Kilmarnock Road Kilmarnock Ayrshire KA2 0BE	
Urgency of referral URGENT - CANCER IS SUSPECTED Date of referral 23-Aug-2023 Date submitted 23-Aug-2023	

PATIENT DETAILS		Patient's address
Surname	Carroll	13 Maimhor Road West Kilbride KA23 9EE
Forename(s)	Paul	
Title	-	
Sex	Male	
Date of birth	13-Apr-1984	
CHI no.	1304846393	Contact number(s) Voice: 829991-07842376142

REGISTERED GP DETAILS		Practice address
Name	Dr Farah Gilani	The Health Centre 20 Main Street STEVENSTON
GMC code	6163269	
GP code	22021	
Practice name	Ayrshire Medical Group	
Practice code	81012	Contact number(s) Voice: 01294 464141 Facsimile: 01294 466408

REFERRING PRACTITIONER DETAILS		Practice address
Name	Galloway	The Health Centre 20 Main Street Stevenston KA20 3AB
GMC code	06B0092	
GP code	-	
Practice name	Ayrshire Medical Group (81012)	
Practice code	81012	Contact number(s) Voice: 01294 464141

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CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: See Below

Comment: Thank you for seeing this pleasant 39 year old gentleman. He has attended my clinic today reporting Haematosperma for around 1 year. He is also reporting frequency in passing urine 30-40 times per day along with haematuria and clots. On examination his abdomen is SNT with no masses felt and testicles examination is NAD. PR examination shows a smooth prostate. His urinalysis has NVH and has been sent for C&S. Bloods have been obtained including his PSA.

Due to his symptoms I would be grateful if he could be reviewed at your clinic urgently to rule out any sinister cause,
Many thanks

Examinations and Investigations

Height:	193	-
Weight(kg):	90	-
BMI:	24.16	-
Trivial smoker - < 1 cig/day:		17-Aug-2021 00:00
Current smoker :	20/day.	04-Jul-2012 00:00
Current smoker:	Disease: SPICE Basic Health Values, priority=2	23-Jan-2008 00:00
Alcohol consumption, 10 units/week:		17-Aug-2021 00:00
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	23-Jan-2008 00:00
30 mins/day of at least mod intensity physc activity >=5 week:	5	17-Aug-2021 00:00
Enjoys moderate exercise:	Disease: SPICE Basic Health Values, priority=2	23-Jan-2008 00:00

Reason for referral

Care type requested: Out Patient
Expected outcome: Investigate

Past medical history**Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Seborrhoeic keratosis	-	-	Rt Lower Abdomen	10-Nov-2020	10-Nov-2020
Acne vulgaris	-	-	-	27-Jan-2015	27-Jan-2015
██████ drug	-	-	?100 Dihydrocodeine	26-Jul-2013	26-Jul-2013
Dislocation of shoulder NOS	-	-	Right	23-Sep-2007	23-Sep-2007
Dislocation of shoulder NOS	-	-	Right	18-May-2007	18-May-2007
Head injury	-	-	-	31-Jul-2002	31-Jul-2002
Head injury	-	-	-	23-Jul-2000	23-Jul-2000
Hydrocele	-	-	Bilateral	25-May-2000	25-May-2000
Croup	-	-	-	24-Jul-1985	24-Jul-1985

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
24 Hour ECG	-	-	prolonged QT in context of hypocalcaemia and acidaemia. no arrhythmia and normal QT interval	01-Jun-2019	01-Jun-2019
CT ██████ brain - no ██████	-	-	following head injury	31-Jul-2002	31-Jul-2002
Primary repair of tendon	-	-	extensor tendon left index finger repaired following assault	31-Jul-2002	31-Jul-2002
Fixation of mandible	-	-	open reduction and internal fixation fracture left mandible following assault	31-Jul-2002	31-Jul-2002

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Jaboulay's eversion of hydrocele	-	-	Bilateral		05-Oct-2000	05-Oct-2000
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Current medication (Active Repeat medication issued within the last 12 months)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Fexofenadine Hydrochloride Tablets 120 mg	0304010E0AAAAA	30 tablet	ONE TO BE TAKEN DAILY	-	29-Jun-2023	-	29-Jun-2023

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
Sodium Cromoglicate Eye drops 2 %	-	13.5 ML	ONE DROP TO BE USED FOUR TIMES A DAY IN THE AFFECTED EYE(S)	-	29-Jun-2023	42 Days	29-Jun-2023
Beclometasone Aqueous nasal spray 50 micrograms/actuation	-	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	29-Jun-2023	42 Days	29-Jun-2023

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

Signature of referring doctor (or other professional) Date

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To: R.LAL

**University Hospital Crosshouse Emergency
Department**
Kilmarnock
Crosshouse Hospital
KA2 0BE
Tel: 01563 827751/827762

DUTY CONSULTANT: DR [REDACTED] BURT

PATIENT DETAILS

Patient Name Paul Carroll
CHI Number 1304846393
DOB 13/04/1984
Address 13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, AYRSHIRE,
KA23 9EE
Previous Attendances No Attendances in Last 12 months: 1 Total Number of
Attendances: 19

ATTENDANCE DETAILS

Arrival Date & Time 14/01/2026 08:47
Presenting Complaint RTC lacs
Diagnosis Concussion
Treatment Advice
Investigations X-Ray, Chest
X-Ray, CT Brain (head)
X-Ray, SHOULDER Right
Additional Information Dear Doctor, RTC brought in by [REDACTED] CTB nil acute. Discharged
with worsening advice.

DISCHARGE DETAILS

Discharge Date & Time 14/01/2026 16:29
Left Department Date & Time 14/01/2026 11:24
Discharge, no follow up Usual place of residence
[REDACTED] None
Adult Protection /Concern Referral? No
Clinician Seen [REDACTED] McAlinden, AMcAlinden

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MSK Centre
Biggart Hospital
Biggart Road
Prestwick
KA9 2HQ
01292 665005



Paul Carroll
13 Maimhor Road
Seamill
West Kilbride
Ayrshire
KA23 9EE

Our Ref: DYRTR/NM
Hospital No:
Clinic Date: 30/12/2024
Date Dictated: 30/12/2024
Date Typed: 30/12/2024
Enquiries to MSK Centre
Direct Line: 01292 665005

Dear Paul Carroll

Paul Carroll DOB: 13/04/1984 CHI NO: 1304846393

13 Maimhor Road, Seamill, West Kilbride, Ayrshire, KA23 9EE

Musculoskeletal (MSK) Services – NHS Ayrshire & Arran

We sent you a letter a few weeks ago advising that you have been on the MSK Physiotherapy outpatient waiting list for some time.

We asked that you contact us to book your initial appointment.

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 the MSK Centre on 01292 665005.

Further advice on musculoskeletal problems and management can be found at:

<https://www.nhs.uk/healthcare/musculoskeletal-service-msk/>



Yours sincerely
MSK SERVICES

Copy to Referrer:
Dr Y [redacted]
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

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To: R.LAL

University Hospital Ayr Emergency
Department
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 614578

DUTY CONSULTANT: DR E OFEI

PATIENT DETAILS

Patient Name Paul Carroll
CHI Number 1304846393
DOB 13/04/1984
Address 13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, AYRSHIRE,
KA23 9EE
Previous Attendances No Attendances in Last 12 months: 3 Total Number of
Attendances: 18

ATTENDANCE DETAILS

Arrival Date & Time 09/07/2024 20:31
Presenting Complaint fb R eye
Diagnosis Corneal abrasion
Treatment Take home drugs
Investigations
Additional Information ?metal FB right eye, no FB, no abrasion, reassured,
chloramphenicol eye drops, home

DISCHARGE DETAILS

Discharge Date & Time 10/07/2024 00:27
Left Department Date & Time 10/07/2024 00:28
Discharge, no follow up Usual place of
residence
None
Adult Protection /Concern Referral? No
Clinician Seen ■■■■ Elangovan,

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Confidential - Clinical Information

Dermatology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 825212
01563 827978
www.nhsaaa.net



Dr Y [REDACTED]
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

Our Ref: AW/MA
Hospital No:
Clinic Date: 29/04/2021
Date Dictated: 07/05/2021
Date Typed: 10/05/2021
Enquiries to TracyAnn [REDACTED]
Direct Line: 01563 825212
Ext. Number: 25212
Email: [REDACTED]
.uk

Dear Dr [REDACTED]

PAUL CARROLL DOB: 13/04/1984 CHI No: 1304846393
13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, AYRSHIRE, KA23 9EE

This gentleman had a review appointment booked for my clinic on 29th April 2021, but he did not attend for this. It seems the appointment may have been made in error, because he was discharged from my clinic last October having been diagnosed with a benign seborrhoeic keratosis. I cannot see any subsequent new referral, and I have therefore not requested a further appointment.

If there are any ongoing concerns with respect to his skin then he could be referred back to us.

Yours sincerely

Authorised on 12/07/2021 02:09:35 by [REDACTED]

Dr [REDACTED]
Consultant Dermatologist

Paul Carroll
13 Maimhor Road
Seamill
West Kilbride
Ayrshire
KA23 9EE

www.nhsaaa.net



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UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Carroll
Forename	Paul
CHI	1304848393
Date of birth	1984-04-13
Sex	Male
Address	13 MAIMHOR ROAD SEAMILL WEST KILBRIDE, Ayrshire KA239EE

Specimen Details

Specimen Processed Date	27-08-2021 11:26
Test Start Date	26-08-2021 10:02
Test End Date	26-08-2021 10:03
GP Practice	81012
Specimen Number	KNA85404461
Administration Method	Self

End of Report

Report Date: 28/08/2021

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To: R.LAL

University Hospital Crosshouse Emergency
Department
Kilmarnock
Crosshouse Hospital
KA2 0BE
Tel: 01563 827751/827762

DUTY CONSULTANT: DR [REDACTED]

PATIENT DETAILS

Patient Name Paul Carroll
CHI Number 1304846393
DOB 13/04/1984
Address 13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, AYRSHIRE,
KA23 9EE
Previous Attendances No Attendances in Last 12 months: 2 Total Number of
Attendances: 17

ATTENDANCE DETAILS

Arrival Date & Time 09/07/2024 19:31
Presenting Complaint eye obstruction

Diagnosis
Treatment
Investigations
Additional Information

DISCHARGE DETAILS

Discharge Date & Time 09/07/2024 20:26
Left Department Date &
Time

Discharge, no follow up Usual place of
residence Patient did not wait

[REDACTED]
Adult Protection /Concern
Referral?

Clinician Seen

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Carroll, Paul DOB: 13/04/1984 ■■■ Number H.Pylori (Diabact)



Functional Gut Diagnostics
262 Deansgate
Manchester
M3 4BG

Phone: + 44 (0) 161 302 7777
Email: admin@functionalgutdiagnostics.com
Website: www.functionalgutdiagnostics.com
Facility Director: Dr ■■■ Hobson Ph.D.

C13 UREA BREATH TEST – H. PYLORI (DIABACT)

Report Date: 11 March 2024

Patient Data

Patient: Carroll, Paul
Patient Sex: Male
Date of Birth: 13/04/1984
Date of Analysis: 26/02/2024

Clinician Data

Reported by: Sam Treadway MSc
Kit Number:

RESULTS

Pre-Urea (T0): -32.07
Post-Urea (T10): -31.92
DOB: 0.15
Indicative status: NEGATIVE

NOTE : Test performance is dependent on adherence to the test protocol

1. Failure to follow the test protocol sequence and/or timing may lead to a false positive or false negative result.
2. Taking any of the following types of medication may lead to a false negative result:
 - a. Antibiotics taken within the four-week period prior to the test.
 - b. H. pylori eradication therapy taken within the four-week period prior to the test.
 - c. Proton Pump Inhibitors taken within the two-week period prior to the test.

Test method

Analysis is on samples as received. The breath samples were analysed by continuous flow - isotope ratio mass spectrometry. Measurements are of the $^{13}\text{C}/^{12}\text{C}$ ratio in parts per thousand (‰) with respect to an accepted international standard. Excess values (difference between post- and pre-urea samples) of 1.5 and above are considered to indicate the presence of H. pylori according to the protocol used. Analysis measurements are subject to uncertainty of ± 0.1 and so excess values from 1.3 to 1.7 are considered "Borderline". Un-analysed samples will be retained for a minimum of one month.

1

Functional Gut Diagnostics

262 Deansgate, Manchester, M3 4BG
Phone: + 44 (0)161 302 7777 Email: admin@functionalgutdiagnostics.com

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NORTH AYRSHIRE
Health and [REDACTED] Partnership



North Ayrshire Adult Community Mental Health Service
 3-Towns Resource Centre
 [REDACTED] Road Saltcoats KA21 5RF

PERSONAL IN CONFIDENCE

Paul Carrol
 13 Maimhor Road
 West Kilbride
 KA23 9EE

Date: 10 November 2021
 Our Ref: ML/TH
 CHI: 1304846393
 Enquiries to: Occupational Therapy
 Direct line: 01294 470010

Dear Paul

You have been referred to Occupational Therapy within the Adult Community Mental Health Service by Aileen Ballantyne, ANP.

- If you would like the details of this appointment please telephone us within 14 days from the date of this letter. The office is open between 9am and 5pm Monday to Friday.
- If we do not hear from you within 2 weeks from the date of this letter your appointment will be re allocated to someone else and you will be discharged back to your referrer.
- The occupational therapist will identify with you how your health condition impacts on your ability to carry out daily tasks/roles and [REDACTED] collaboration with you to achieve your activity based goals
- You will be expected to work on agreed goals out with treatment sessions and will be supported to grade activity in order to increase your independence.

If it is agreed at assessment that Occupational Therapy is the most appropriate intervention for you, you will be placed on our treatment waiting list. You will then be offered an appointment to commence treatment when one becomes available.

We look forward to hearing from you as soon as possible.

These numbers may be useful

NHS24 – 111
 Breathing Space – 0800 83 85 87
 The Samaritans – 116 123

.../2

WORKING TOGETHER IN PARTNERSHIP

North Ayrshire Council NHS Ayrshire & [REDACTED] TSI North Ayrshire Scottish Care

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NORTH AYRSHIRE
Health and [REDACTED] Partnership



Yours sincerely

Martyn [REDACTED]
Occupational Therapist

Cc Aileen Ballantyne, ANP, Ayrshire Medical Group

THIRD PARTY COPY

WORKING TOGETHER IN PARTNERSHIP

North Ayrshire Council NHS Ayrshire & [REDACTED] TSI North Ayrshire Scottish Care

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**Confidential - Clinical
Information**

Department of Cardiology and General
Medicine
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 521133

www.nhsaaa.net

NHS
Ayrshire
&

Dr Y [REDACTED]
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

Our Ref: AP/KM/
Date Dictated: 16/05/2024
Date Typed: 17/05/2024
Enquiries to Mrs [REDACTED] McLauchlan
Direct Line: 01563 826089
Ext. Number: 25089
Email: Kim.McLauchlan@aapct.scot.nhs.uk

Dear Dr [REDACTED]

PAUL CARROLL DOB: 13/04/1984 CHI No: 1304846393
13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, AYRSHIRE, KA23 9EE

I am vetting the Cardiology Referrals and I have seen your referral on this patient. This is not a patient we think has underlying cardiac disease. His ECG abnormality was in the context of metabolic disturbance and his ECG normalised quickly. Subsequent 24 hour tape showed normal QT and no arrhythmia. He DNAd for echo in 2019 but on the basis of a normal ECG and no murmurs we would anticipate the result to be normal. His current ECG shows a normal QT. I therefore would treat him as having a normal cardiac status and I don't think we need to re-explore the missed echo from 2019 at this point.

In terms of the question over anti-depressants I would have no objection to him going onto any treatment that would help his mental health status. As a point of caution I would recommend a repeat ECG two weeks after commencing any medication that could affect QT interval.

I am not making any arrangement at the cardiac service at this time.

Yours sincerely

Authorised on 22/05/2024 12:08:58 by [REDACTED]

Alex [REDACTED]
Consultant Cardiologist
GMC: 6048733

www.nhsaaa.net



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Confidential - Clinical Information

Dermatology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 521133
01563 827978
www.nhsaaa.net



Dr Y [REDACTED]
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

Our Ref: KB/AW/DG
Hospital No:
Clinic Date: 29/10/2020
Date Dictated: 29/10/2020
Date Typed: 02/11/2020
Enquiries to TracyAnn [REDACTED]
Direct Line: 01563 825212
Ext. Number: 25212
Email: [REDACTED]
.uk

Dear Dr [REDACTED]

PAUL CARROLL DOB: 13/04/1984 CHI No: 1304846393
13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, AYRSHIRE, KA23 9EE

Diagnosis: Seborrhoeic keratosis – right lower abdomen

Follow up: Discharged

Many thanks for your referral of this 36 year old gentleman who noted a new pigmented lesion on the right lower abdomen about a year ago. The lesion had been itchy at first but he has not experienced any additional symptoms. He feels that the lesion has grown slightly bigger and darker over time. Mr Carroll works as a Roofer, has no significant Dermatological history and no family history of any skin cancer.

On examination there is an 8x11mm well demarcated lesion on the right lower abdomen near the pubic area. The lesion is symmetrical with amorphous pigment throughout and has some visible comedo-like openings. Overall, this is in keeping with a seborrhoeic keratosis. No further seborrhoeic keratosis lesions were noted on examination.

The diagnosis of seborrhoeic keratosis has been explained and Mr Carroll has been reassured. Advice has been given on continued skin monitoring. No further follow up has been arranged.

Yours sincerely

Authorised on 05/11/2020 15:05:33 by [REDACTED] Baranowski.

[REDACTED] Baranowski
Specialty Doctor in Dermatology
GMC: 7160917

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18145 Confidential: Personal data about a patient

Department of Radiology
AYRSHIRE CENTRAL HOSPITAL (IRVINE)
Medical Imaging Department
Kilwinning Road
IRVINE
KA12 8SS



Yvonne (GP)
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

Date December 13, 2020
Your Ref
Our Ref 1304846393
Enquiries to
Direct line 01294 322006
Fax
E-mail

Paul Carroll, 13 Maimhor Road, Seamill, West Kilbride, KA23 9EE,
1304846393

Dear GP Requestor

The above named patient failed to attend the X-ray Department for the undernoted examination:

US Urinary Tract

The patient has now been removed from our waiting list and no further appointment has been issued.

We will be happy to accept a new referral for this patient should you consider this necessary.

Yours sincerely

X-ray Appointments
Medical Imaging Department

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For office use only		Please circle as appropriate		ARR XH	ACH GIR	AYR EA	BIG HF	RADIOLOGY REQUEST	
Ref. con	Ward/ Dept	Surname		CARROLL, Paul					
Referring G.P. (Name, Address, Tel.)	Previous x-ray/US		D of B		1304846393				
	Yes	No	Year	Address		13 Mainhor Road West Kilbride KA23 8EE UK Locum Ayrshire Medical Group			
					Occupation				
IRMER - REQUESTS WILL BE RETURNED TO REFERRER IF CLINICAL INFORMATION IS INSUFFICIENT TO ALLOW JUSTIFICATION									
Relevant History and Findings Right loin pain. Midwater frequency. ? Hydronephrosis. ? Bladder residual to [REDACTED].									
Requirements		Page No.		Ambulance Required		Pregnancy			
Name		Grade		Yes / No		Not Pregnant			
Signature		Date		Walking Chair		Pregnant			
Ultrasound kidneys, bladder.		20.10.20		Trolley Portable		Previous Contrast Reaction			
Higgins						Radiologist Use			
Anthony Higgins									

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Dawn

From: [REDACTED] (Social Worker / CF-Justice&Interv Servs) <katiethomas@north-ayrshire.gov.uk>
Sent: 12 December 2022 12:51
To: aa.Clinical_Practice_AyrshireMedicalGroup_81012
Subject: Request for information for Court report
Attachments: Medical mandate PC Dec 2022.pdf

Hi,

I am currently undertaking a court report for Mr Paul Carroll 13/04/1984 and I looking to confirm some information he provided on interview regarding his health. Please see attached a medical mandate signed by Mr Carroll.

Specifically Mr Carroll indicated he has had issues with urinary tract infections and frequent urination which I am looking for confirmation of. He also notes discussion with his GP regarding anxiety and the suggestion of [REDACTED] - and notes being prescribed anti-depressants, anxiety medication and sleeping tablets. Could this be confirmed please? Mr Carroll notes a significant history of alcohol misuse and any information regarding this would also be helpful.

If you require any further information please let me know.

Kind regards

[REDACTED]
 [REDACTED]
 Justice services
 157 New Street
 Stevenston
 KA20 3HL

Tel No: 01294 463924
 Work mobile : 07500126306



Wash your hands.



Use a tissue for coughs and sneezes.



Avoid touching your face.

www.nhsinform.scot/coronavirus

Remember to use Information Classification
 Marked as:
 [Public] - No measures

13/12/22

NHS Confidential: Personal data about a patient





**AYRSHIRE CRIMINAL JUSTICE PARTNERSHIP
KILMARNOCK SHERIFF COURT UNIT**

MEDICAL MANDATE		WORK ID J69038	
Name	PAUL CARROLL		Gender M
Address	13 Mainher rd West Kilbride Seamill KA23-9EE		
Date of Birth	13/4/84		
I give permission for my GP and other Health Services to be contacted; if necessary, and information to be obtained regarding any medical condition or treatment being prescribed to myself. I give permission for other [redacted] to be contacted, if necessary, in relation to an assessment for a Restricted [redacted] Order.			
Signed	<i>P. Carroll</i>		
Print Name	PAUL CARROLL		
Date	6-12-2022		

Ayrshire Criminal Justice Partnership
 Kilmarock Sheriff Court Social Work Unit
 St. Marnock Street
 KILMARNOCK KA1 1SD
 Tel: 01563 570836 Fax: 01563 570837

-> Clinical - practice -
 aysheemicalgroup-
 81012@
 aapct.scot.nhs.uk

13/12/22

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Ayrshire Doctors On Call



1 Patient Contacts for Ayrshire Medical Group

Page 1 of 2

Patient : Paul Carroll

(Gender: Male) (DOB: 13/04/1984) (Age: 37 years) (CHI: 1304846393)

Case No 52718

Case Date 14/08/2021 09:14

Own Dr Gilani, Farah

Emergency Care Summary viewed on case

Current Address

13 Malmhor Road Seamill West Kilbride

Home Address (If Different)

KA23 9EE

Current Phone 01294 829991

Home Phone (If Different)

Case Type

PCTC (Doctor)

Priority On Reception

Within 4 Hours

NHS 24 Advice by

Carolyn Souter (Call Taker SI) ()

Clinical summary created by: Carolyn Souter (Call Taker SI) () [14/08/2021 09:38:52]

Reason for call: BLOOD WHEN PASSING URINE WITH CLOTS - 1 DAY - PAIN IN LOWER ABDOMEN - 4 OR 5 DAYS

NO COVID SYMPTOMS

Confirmed Symptom(s):

New problems passing urine since became unwell

Strong urge to pass urine but unable to

Triage Start 09:15

Triage End 09:38

Symptom(s) not found:

No fever

No chest pain front or back

Not currently choking on something, no breathing concerns, [REDACTED] is not pale cold or clammy and not unwell with rash (if present)

Risk Factor(s):

No high risk factors identified

No other high risk symptoms identified

No underlying high risk conditions identified

Call Detail(s):

Clinical supervisor: CSM K CARDIFF

14:08:2021 09:37:19 SOUTERC... DELAY IN PASSING URINE WITH CLOTS THEN OVERFLOW OF BLOOD.

LOWER LEFT ABDOM PAIN. DW CSM K CARDIFF. PCEC 4 HOURS...

Outcome: PCEC within 4 Hrs

Case Questions

NHS 24 Feedback

Do you agree with the outcome determined by NHS 24? - Yes

CLINICAL PORTAL -

Did you perform a lookup on the A&A Clinical Portal? - No

Pocked Aremote Consult by:

Consult Start

Report Statistics:

Report produced by Adastra Version 3 - 14/08/2021 18:39:35

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Page 2 of 2

Patient : Paul Carroll**(Gender: Male) (DOB: 13/04/1984) (Age: 37 years) (CHI: 1304846393)**

Start Type	End Type	Consult End
Adastra Consult by	Colgan, Eoin (registrar)	Consult Start 13:13
Start Type Doctor Advice	End Type PCTC (Doctor)	Consult End 13:41

History

Telephone advice - 37 year old male. ■■■■ haematuria last night at 2230 - 1100 - Passing a lot of blood and clot. Intermittent stream which improved after passing clots. Initially struggling to pass urine this morning, then passed another clot - stream improved and urine normal colour. No fevers. Has had some left sided groin pain over the past 4 - 5 days. Has low back pain chronic. No flank pain. No history of renal calculi. Stomach feels a bit bloated, no vomiting. Opening bowels normally. Smokes 20 cpd. No rectal pain. Has had some increased frequency this week. No dysuria. Otherwise feeling well in self. Passed urine again this morning which has been normal.

Examination**Diagnosis****Treatment**

Appointment for assessment in Ayrshire central - patient advised to bring urine sample.

Clinical Code(s)**Prescriptions****Informational Outcome(s)**

Patient Told To Contact GP -

Adastra Consult by	Meeran, Bindhu	Consult Start 18:01
Start Type PCTC (Doctor)	End Type PCTC (Doctor)	Consult End 18:22

History

h/o left groin pain for about 4 days, yesterday night passed bloody urine and cots x2 then once this am. Since then has gradually cleared. No fever/chills/nausea. has chronic mild lower back pain. denies any previous STIs. currently in steady relation. Mentions having urine frequency for the last year - been seen at GP surgery - no cause found. No significant FH. works as Roofer

Examination

Apyrexial. HR- 60 regular. P/A- soft, non tender. Urine - slightly cloudy appearance. Dipstick - protein+, nil else. C&S sent.

Diagnosis

?renal colic and then possibly passed ureteric stone

Treatment

Advised to f/u with own GP to consider USS /bloods. Given worsening advice.

Clinical Code(s)

K1973 ■■■■ haematuria

Prescriptions**Informational Outcome(s)**

Patient Told To Contact GP -

Report Statistics:

Report produced by Adastra Version 3 - 14/08/2021 18:39:35

NOTE: Confidential. Personal data about a patient

01/10 ** before
1000 sinus rhythm

[illegible]

normal OT interval:

030 100118011

11/11/11

Unconfirmed Report
Reviewed by:

$\Delta \mu_{\text{eff}}^{\text{a}}$, mV	$\Delta \mu_{\text{eff}}^{\text{b}}$, mV
10	10
20	20
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[illegible]

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NORTH AYRSHIRE
Health and [REDACTED] Partnership



North Ayrshire Adult Community Mental Health Service
3-Towns Resource Centre
Nelson Road Saltcoats KA21 5RF

PERSONAL IN CONFIDENCE

Paul Carrol
15 McHardy Crescent
Barmill
KA15 1HS

Date: 7th of March 2022
Our Ref: ML/kp
CHI 1304846393
Enquiries to: OT Admin
Direct line: 01294 470010
Option 3

Dear Paul,

I note from my records that you have not responded to my letter inviting you to contact if you wished another appointment arranged.

As such, I have not arranged another at this time and have discharged you from the Occupational Therapy Service.

You can, of course, be re-referred in the future if clinically indicated.

Yours sincerely,

Martyn [REDACTED]
Occupational Therapist

cc. Ayrshire Medical Group, Three Towns Medical Practice, Stevenston

WORKING TOGETHER IN PARTNERSHIP

North Ayrshire Council NHS Ayrshire & [REDACTED] TSI North Ayrshire Scottish Care

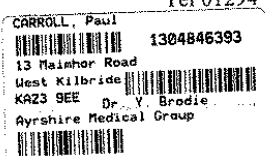
K16 Confidential: Personal data about a patient



Ayrshire Medical Group

107b Main Street, West Kilbride KA23 9AR

Tel 01294 823607



Re

Dear Mr Carroll,

I can confirm you presented to the surgery in February 2021 for depression treatment. Unfortunately I am unable to back date a sick leave for six months but I hope this letter helps. I can confirm you have presented today with issues around your mental health which you tell me have been ongoing since February and due to these issues you have not presented for treatment.

Kind regards



(Dr Y. Brodie)

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23-July-2026 MAK
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Filename: 9.pdf
Extension: .tif
Pages:

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Consultant - Mr Meddings

Department of Urology
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
01292 610555



www.nhsaaa.net

Dr Y [REDACTED]
Ayrshire Medical Group
The Health Centre
20 Main Street
Stevenston
KA20 3AB

Our Ref: AE/JMcS
Hospital No:
Clinic Date: 11/09/2023
Date Dictated: 11/09/2023
Date Typed: 23/10/2023
Enquiries to [REDACTED] Hogg
Direct Line: 01292 614 481
Ext. Number: 14481
Email: [REDACTED].hogg@aapct.scot.nhs.uk

Dear Dr [REDACTED]

PAUL CARROLL DOB: 13/04/1984 CHI No: 1304846393
13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, AYRSHIRE, KA23 9EE

Diagnosis: Hematospermia
Historic urinary symptoms

Outcome: Commence Tamsulosin 400mcg daily
Discharge

Mr Carroll attended the Ballochmyle suite today. This 39 year old gentleman refers to a year long history of intermittent hematospermia and some urinary symptoms characterised by frequency, urgency and nocturia up to two times per night. Mr Carroll's prostate examination was described as normal and his most recent bloods reveal a PSA of 0.8 for which I have reassured Mr Carroll explaining that hematospermia is usually self-limiting and most of the time is not associated with anything sinister and I have prescribed Mr Carroll Tamsulosin 400mcg as a trial for which I will be grateful if you could continue this in his regular medication.

Yours sincerely

Authorised on 23/10/2023 14:17:10 by [REDACTED] Meddings.

Alejandro Estrada
Specialty Doctor in Urology
GMC 7650040

www.nhsaaa.net



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23-July-2026 MAK
Additional:Scanned Document

Filename: 8.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

To: R.LAL

University Hospital Crosshouse Emergency
Department
Kilmarnock
Crosshouse Hospital
KA2 0BE
Tel: 01563 827751/827762

DUTY CONSULTANT: DR [REDACTED]

PATIENT DETAILS

Patient Name Paul Carroll
CHI Number 1304846393
DOB 13/04/1984
Address 13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, AYRSHIRE,
KA23 9EE

ATTENDANCE DETAILS

Arrival Date & Time 21/10/2023 22:19
Attendance Number XH-23-048906-1
Diagnosis Paronychia finger Middle finger Left
Treatment Antibiotic
Investigations
Additional Information Dear GP, patient came in with left middle paronychia. Discharged home with TTO flucloxacillin 500mg QDS for 5 days. Thank you

DISCHARGE DETAILS

Discharge Date & Time 21/10/2023 23:49
Left Department Date & Time 21/10/2023 23:36
Discharge, no follow up Usual place of residence
[REDACTED] None
Adult Protection /Concern Referral? No
Clinician Seen Akramuddin Mohammed, Akramuddin [REDACTED]

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23-July-2026 MAK
Additional:Scanned Document

Hospital use only	Clinic	Day Date	Time	Hospital No.
-------------------------	--------	-------------	------	-----------------

Transport required?

Unique Care Pathway Number: 1010330533470

REFERRAL LETTER
 MEDICAL IN CONFIDENCE

CHI:1304846393

REFERRAL TO

CardiologyA2
 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

15-May-2024

Date submitted

15-May-2024

PATIENT DETAILS

Surname

Carroll

Forename(s)

Paul

Title

-

Sex

Male

Date of birth

13-Apr-1984

CHI no.

1304846393

Patient's address

13 Maimhor Road
 West Kilbride
 KA23 9EE

Contact number(s)

Voice: 829991-07842376142

REGISTERED GP DETAILS

Name

Dr Farah Gilani

GMC code

6163269

GP code

22021

Practice name

Ayrshire Medical Group

Practice code

81012

Practice address

The Health Centre
 20 Main Street
 STEVENSTON

Contact number(s)

Voice: 01294 464141

Facsimile: 01294 466408

REFERRING PRACTITIONER DETAILS

Name

Dr. Yvonne [REDACTED]

GMC code

6128615

GP code

21989

Practice name

Ayrshire Medical Group (81012)

Practice code

81012

Practice address

The Health Centre
 20 Main Street
 Stevenston
 KA20 3AB

Contact number(s)

Voice: 01294 464141

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: FOR ADVICE PLEASE

Comment: Dear Doctor, Can you advise re this 40y old male who attended A&E in 2019 following a 'collapse'. He had prolonged QT at the time and was seen by Dr [REDACTED] in A&E. He was using alcohol and substances at the time. He did not attend for planned out-patient echo but did have a reassuring 24 hour tape. He is now sober and has been for 19 months and is doing well. He is worried because he did not attend for follow up. He has some discomfort in his chest, it is not worse with exertion, it is not worse at the gym, he says it has been there for a long time and it does not come and go. He does not have any other symptoms such as SOB. His [REDACTED] has recently been diagnosed with IHD and was told this was hereditary and he is keen to be checked now. I wonder if you can tell me if an echo is still worthwhile for him? Also he has issues with his mood and anxiety and is keen on medication but I am reluctant to issue antidepressants because of his hx of prolonged QT - but perhaps this is unreasonable of me? His recent ECG is enclosed and he has had recent bloods. I appreciate your opinion on an echo and ?antidepressant given QT hx.

Examinations and Investigations

Height:	193	-
Weight(kg):	90	-
BMI:	24.16	-
Trivial smoker - < 1 cig/day:		17-Aug-2021 00:00
Current smoker :	20/day.	04-Jul-2012 00:00
Current smoker:	Disease: SPICE Basic Health Values, priority=2	23-Jan-2008 00:00
Alcohol consumption, 10 units/week:		17-Aug-2021 00:00
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	23-Jan-2008 00:00
30 mins/day of at least mod intensity physc activity >=5 week:	5	17-Aug-2021 00:00
Enjoys moderate exercise:	Disease: SPICE Basic Health Values, priority=2	23-Jan-2008 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	-	-	Rt Lower Abdomen	10-Nov-2020	10-Nov-2020
Acne vulgaris	-	-	-	27-Jan-2015	27-Jan-2015
[REDACTED] drug	-	-	?100 Dihydrocodeine	26-Jul-2013	26-Jul-2013
Dislocation of shoulder NOS	-	-	Right	23-Sep-2007	23-Sep-2007
Dislocation of shoulder NOS	-	-	Right	18-May-2007	18-May-2007
Head injury	-	-	-	31-Jul-2002	31-Jul-2002
Head injury	-	-	-	23-Jul-2000	23-Jul-2000
Hydrocele	-	-	Bilateral	25-May-2000	25-May-2000
Croup	-	-	-	24-Jul-1985	24-Jul-1985

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
24 Hour ECG	-	-	prolonged QT in context of hypocalcaemia and acidaemia. no arrhythmia and normal QT interval	01-Jun-2019	01-Jun-2019
CT scan brain - normal	-	-	following head injury	31-Jul-2002	31-Jul-2002
Primary repair of tendon	-	-	extensor tendon left index finger repaired following [REDACTED]	31-Jul-2002	31-Jul-2002

Fixation of mandible	-	-	open reduction and internal fixation fracture left mandible following assault	31-Jul-2002	31-Jul-2002
Jaboulay's eversion of hydrocele	-	-	Bilateral	05-Oct-2000	05-Oct-2000

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

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	-	10-May-2024	-	10-May-2024
Tamsulosin Hydrochloride M/R capsules 400 micrograms	0704010U0AAAAAA	30 CAPSULE	ONE TO BE TAKEN EACH DAY	-	24-Oct-2023	-	02-Apr-2024
Fexofenadine Hydrochloride Tablets 120 mg	0304010E0AAAAAA	30 tablet	ONE TO BE TAKEN DAILY	-	29-Jun-2023	-	29-Jun-2023

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
Aluminium Chloride Antiperspirant Spray, 20 %	-	30 ml	TO BE USED AS DIRECTED	-	03-May-2024	42 Days	03-May-2024
Duac Once Daily Gel 5 % + 1 %	-	25 GRAM	APPLY ONCE A DAY IN THE EVENING	-	02-Apr-2024	42 Days	02-Apr-2024
Amoxicillin Capsules 500 mg	-	21 capsule	1 Cap 3 times daily	-	02-Apr-2024	42 Days	02-Apr-2024

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

Signature of referring doctor (or other professional) Date

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23-July-2026 MAK
Additional: Scanned Document

Filename: 10.pdf
Extension: .tif
Pages:

NHS Confidential: Personal Data about a patient

Page 1 of 2

Registration Details - Patient No: 40163

Personal details...		Address details...	
Date of birth	13/04/1984	Post Code	K423 8EE
Sex	M	House Name Flat No	
Surname		No and Street	13 Mainhor
Previous Surname		Village	
Forenames	Paul	Town	West Kilbride
Calling Name	Paul	County	Ayrshire
Title	Mr		
Birth Surname			
Marital Status	status unknown		
Ethnic Origin			

HA/HS Details...		Contact details...	
Trading	Ayrshire &	Home Tel No	829955-07842376142
Registered GP	Dr Farah Gilani	Work Tel No	07842376142
Usual GP	Dr Farah Gilani	Mobile Tel No	07842376142
Residential Inst		E Mail Address	
Branch Surgery		Next of Kin	
CHI Number	1304846393		
NHS Number	475/84/043		

Practice information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At	West Kilbride	Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	04/11/2021		

AMSWCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
MCR Suitability Status	-1		
MCR Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
02/12/2022	Letter from Driver and Vehicle Licensing Authority received	Dr Sonda	9NLO
10/11/2020	Seborrhoeic keratosis Rt Lower Abdomen	Miss Longwell	M22C
01/06/2019	24 Hour ECG prolonged QT in context of hypocalcaemia and acidaemia. no arrhythmia and normal QT interval	Mrs Decourcy	32M
27/01/2015	Acne vulgaris	Mrs Decourcy	M2610
26/07/2013	drug ?100 Dihydrocodeine	Mrs Decourcy	SL-5
11/01/2008	Notes summary on computer	Mrs Decourcy	9344
23/09/2007	Dislocation of shoulder NOS Right	Mrs Decourcy	S41Z
18/05/2007	Dislocation of shoulder NOS Right	Mrs Decourcy	S41Z
31/07/2002	Primary repair of tendon extensor tendon left index finger repaired following assault	Mrs Decourcy	7H6C
	Fixation of mandible open reduction and internal fixation fracture left mandible		

Medical Record Printout - Patient No: 40163

21/12/2022

NHS Confidential: Personal data about a patient

Page 2 of 2

31/07/2002	following	Mrs Decouro	7J14
31/07/2002	CT scan brain - normal following head injury	Mrs Decouro	SC00
31/07/2002	Head injury	Mrs Decouro	S646
05/10/2000	Jabouley's eversion of hydrocele Bilateral	Mrs Decouro	7C083
23/07/2000	Head injury	Mrs Decouro	S646
25/05/2000	Hydrocele Bilateral	Mrs Decouro	K23
24/07/1985	Croup	Mrs Decouro	H0432

Past Problems	Authorised By	Code
---------------	---------------	------

Alerts	Authorised By	Code
17/06/2022	Alert living at a different address in barmill asked to register with new practice.	Miss Longwell EMISALERT
31/07/2020	Attends branch surgery	Dr Transfer EMISQA739
25/09/2019	Alert West Kilbride Branch Patient	Dr Transfer EMISALERT

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Status	
11/01/2008	Notes summary on computer
17/08/2021	Height 193 cm
17/08/2021	Weight 90 kg
17/08/2021	Body Mass Index 24.16 kg/m ²
17/08/2021	Blood pressure reading 121/80 mm Hg
17/08/2021	Smoking Status Trivial smoker < 1 cig/day
23/01/2008	Exercise grading Enjoys moderate exercise

Consultations	
02/12/2022	Dr Ravindra Sondhi at Avonshire Medical Group
Problem (FIRST)	Letter from [REDACTED] and Vehicle Licensing Authority received
History	Discussed alcohol intake 1 none in 2 years 15 units /week prior to that- only has depression

Medication

Current				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
22/11/2022	Duac Once Daily Gel 5 % + 1 % APPLY ONCE A DAY IN THE EVENING 25 GRAM	22/11/2022P	Dr Farah Cilani	ACUTE
04/09/2019	Propranolol Hydrochloride Tablets 40 mg ONE TABLET TWICE A DAY 56 tablet	19/04/2022P	Dr Farah Cilani	REPEAT

Medical Record Printout - Patient No: 40163

21/12/2022

Attachment
13-May-2024 Mr Anonymous User (ANON)
Additional: Attachment
ASSIGN

Filename:
Extension:.tif
Pages:

ASSIGN - Carroll, Paul [13/04/1984]

Age [25-90]	40	Sex	Male	Diabetes	☐	Total Cholesterol	8
Postcode	KA23 9EE	Stroke/CHD family history	☐	HDL Cholesterol	0		
Cigarettes /day	1	Rheumatoid arthritis	☐	Systolic BP	140		
38D6, ASSIGN Score		Applied Date		13/05/2024		R	
Percentage risk in 10 years: 4.79							

Smoking status	17/08/2021: Trivial smoker - < 1 cig/day [1]	Rheumatoid arthritis	
Diabetes		Total cholesterol	
Stroke family history		HDL cholesterol	
CHD family history		Blood Pressure	22/08/2023: Diastolic blood pressure [80]

eMED3 (2010) new statement issued, not fit for work

27-Apr-2022 Dr Sunjay Kumar (SKU)

Additional: eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: depression; Duration: 21/04/2022 - 19/05/2022)

Filename: FitNote.pdf

Extension: .tif

Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay
Patient's name Paul Carroll

I assessed your case on: 27 / 04 / 2022

and, because of the following condition(s): depression

 I advise you that: ☒ 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

Comments, including functional effects of your condition(s):

This will be the case for

or from 21 / 04 / 2022 to 19 / 05 / 2022

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 / 04 / 2022

Doctor's address

 Ayrshire Medical Group
 20 Main Street
 STEVENSTON, KA20 3AB
 Telephone: 01294 464141

Unique ID: Med 3 01/17

DS14E802-71DC-46B9-B460-7148C3FE6E48

 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 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

 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

 CARROLL

Other names

Address

 Postcode

Date of birth

 / /

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**.

eMED3 (2010) new statement issued, not fit for work

24-Mar-2022 Dr Alison Struthers (ALIL)

Additional: eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: depressive disorder; Duration: 24/03/2022 - 21/04/2022)

Filename: FitNote.pdf

Extension: .tif

Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay
Patient's name Paul Carroll

I assessed your case on: 24 / 03 / 2022

and, because of the following condition(s): depressive disorder

 I advise you that: ☒ 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

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

24 / 03 / 2022

Doctor's address

 Ayrshire Medical Group
 20 Main Street
 STEVENSTON, KA20 3AB
 Telephone: 01294 464141

Unique ID: Med 3 01/17

F841F98D-865B-41C5-999A-799E4FDC56FB

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Your details – Please use BLOCK CAPITALS

Surname

 CARROLL

Other names

Address

 Postcode

Date of birth

 / /

Mobile

NI number

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eMED3 (2010) new statement issued, not fit for work

24-Feb-2022 Dr Alison Struthers (ALIL)

Additional: eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: depressive disorder; Duration: 24/02/2022 - 24/03/2022)

Filename: FitNote.pdf

Extension: .tif

Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay
Patient's name Paul Carroll

I assessed your case on: 24 / 02 / 2022

and, because of the following condition(s): depressive disorder

 I advise you that:
☒ 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

Comments, including functional effects of your condition(s):

This will be the case for 1 Month(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 24 / 02 / 2022

Doctor's address

 Ayrshire Medical Group
 20 Main Street
 STEVENSTON, KA20 3AB
 Telephone: 01294 464141

Unique ID: Med 3 01/17

AS207AAB-872F-4959-AAE3-A68F77199409

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Your details – Please use BLOCK CAPITALS

Surname

 CARROLL

Other names

Address

Postcode

Date of birth

 / /

Mobile

NI number

What you need to do now

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- **If you are self-employed:** You could 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**.

eMED3 (2010) new statement issued, not fit for work

05-Jan-2022 Dr Kevin Weaver (KW)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Depressive disorder NEC; Duration: 25/12/2021 - 25/02/2022)

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 --- Paul Carroll				
I assessed your case on:	05 / 01 / 2022				
and, because of the following condition(s):					
I advise you that:	☒ 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: <table border="0"> <tr> <td>☐ a phased return to work...</td> <td>☐ amended duties.....</td> </tr> <tr> <td>☐ altered hours.....</td> <td>☐</td> </tr> </table>		☐ a phased return to work...	☐ amended duties.....	☐ altered hours.....	☐
☐ a phased return to work...	☐ amended duties.....				
☐ altered hours.....	☐				
Comments, including functional effects of your condition(s):					
This will be the case for or from 25 / 12 / 2021 to 25 / 02 / 2022					
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 / 01 / 2022				
Doctor's address	Ayrshire Medical Group 20 Main Street STEVENSTON, KA20 3AB Telephone: 01294 464141				
Unique ID: Med 3 01/17	B4BD188E-77AB-40A9-8B85-B8F7E03EC971				

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

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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
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'You may be fit for work': You could go back to 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

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 --- CARROLL
Other names	PAUL
Address	13 MAIMHOR ROAD
	WEST KILBRIDE Postcode KA239EE
Date of birth	13 / 04 / 1984 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.

Letter encounter

10-Nov-2021 Mr Docman Login *must Be Active* (DOC1)

Additional:Letter encounter

Hospital Letter Community Mental Health Team Mental Health

Filename: Docman

Extension:.tif

Pages:

NORTH AYRSHIRE
Health and [REDACTED] Partnership



North Ayrshire Adult Community Mental Health Service
3-Towns Resource Centre
[REDACTED] Road Saltcoats KA21 5RF

PERSONAL IN CONFIDENCE

Paul Carrol
 13 Maimhor Road
 West Kilbride
 KA23 9EE

Date: 10 November 2021
 Our Ref: ML/TH
 CHI **1304846393**
 Enquiries to: Occupational Therapy
 Direct line: 01294 470010

Dear Paul

You have been referred to Occupational Therapy within the Adult Community Mental Health Service by Aileen Ballantyne, ANP.

- If you would like the details of this appointment please telephone us within 14 days from the date of this letter. The office is open between 9am and 5pm Monday to Friday.
- If we do not hear from you within 2 weeks from the date of this letter your appointment will be re allocated to someone else and you will be discharged back to your referrer.
- The occupational therapist will identify with you how your health condition impacts on your ability to carry out daily tasks/roles and [REDACTED] collaboration with you to achieve your activity based goals
- You will be expected to work on agreed goals out with treatment sessions and will be supported to grade activity in order to increase your independence.

If it is agreed at assessment that Occupational Therapy is the most appropriate intervention for you, you will be placed on our treatment waiting list. You will then be offered an appointment to commence treatment when one becomes available.

We look forward to hearing from you as soon as possible.

These numbers may be useful

NHS24 – 111
 Breathing Space – 0800 83 85 87
 The Samaritans – 116 123

.../2

WORKING TOGETHER IN PARTNERSHIP

North Ayrshire Council NHS Ayrshire & [REDACTED] TSI North Ayrshire Scottish Care

NORTH AYRSHIRE
Health and [REDACTED] Partnership



Yours sincerely

Martyn [REDACTED]
Occupational Therapist

Cc Aileen Ballantyne, ANP, Ayrshire Medical Group

THIRD PARTY COPY

WORKING TOGETHER IN PARTNERSHIP

North Ayrshire Council NHS Ayrshire & [REDACTED] TSI North Ayrshire Scottish Care

eMED3 (2010) new statement issued, not fit for work

29-Oct-2021 Dr Yvonne Brodie (YB16884)

Additional: eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Depressive disorder NEC; Duration: 29/10/2021 - 24/12/2021)

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 --- Paul Carroll				
I assessed your case on:	29 / 10 / 2021				
and, because of the following condition(s):					
I advise you that:	☒ 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: <table border="0"> <tr> <td>☐ a phased return to work...</td> <td>☐ amended duties.....</td> </tr> <tr> <td>☐ altered hours.....</td> <td>☐ [REDACTED]</td> </tr> </table>		☐ a phased return to work...	☐ amended duties.....	☐ altered hours.....	☐ [REDACTED]
☐ a phased return to work...	☐ amended duties.....				
☐ altered hours.....	☐ [REDACTED]				
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	29 / 10 / 2021				
Doctor's address	Ayrshire Medical Group 20 Main Street STEVENSTON, KA20 3AB Telephone: 01294 464141				
Unique ID: Med 3 01/17	2C482352-6E74-4128-BC43-952D8B99FEA3				

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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 [REDACTED] 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 [REDACTED]

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 --- CARROLL
Other names	PAUL
Address	13 MAIMHOR ROAD
	WEST KILBRIDE Postcode KA239EE
Date of birth	13 / 04 / 1984 Mobile
NI number	[REDACTED]

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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Letter encounter

30-Aug-2021 Mr Docman Login *must Be Active* (DOC1)

Additional: Letter encounter

UK Covid Test Report UK Covid Results Microbiology Unknown

Filename: Docman

Extension: .tif

Pages:

UK Covid-19 Test Report**Result**

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Carroll
Forename	Paul
CHI	1304846393
Date of birth	1984-04-13
Sex	Male
Address	13 MAIMHOR ROAD SEAMILL WEST KILBRIDE, Ayrshire KA239EE

Specimen Details

Specimen Processed Date	27-08-2021 11:26
Test Start Date	26-08-2021 10:02
Test End Date	26-08-2021 10:03
GP Practice	81012
Specimen Number	KNA85404461
Administration Method	self

End of Report

Report Date: 28/08/2021

eMED3 (2010) new statement issued, not fit for work

29-Mar-2021 Dr Farah Gilani (GIL)

Additional: eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Anxiety & depression; Duration: 15/03/2021 - 19/04/2021)

Filename: FitNote.pdf

Extension: .tif

Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay
Patient's name Paul Carroll

I assessed your case on: 29 /03 / 2021

and, because of the following condition(s): Anxiety & depression

 I advise you that: ☒ 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.....

Comments, including functional effects of your condition(s):

This will be the case for

or from 15 /03 / 2021 to 19 /04 / 2021

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 29 /03 / 2021

Doctor's address

 Ayrshire Medical Group
 20 Main Street
 STEVENSTON, KA20 3AB
 Telephone: 01294 464141

Unique ID: Med 3 01/17

D9C385CE-8FAA-4175-A4EE-3906CBA767C5

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Your details – Please use BLOCK CAPITALS

Surname

 CARROLL

Other names

Address

 Postcode

Date of birth

 / / Mobile

NI number

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eMED3 (2010) new statement issued, not fit for work

01-Mar-2021 Dr Mark Dunn (MARD)

Additional: eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: anxiety with depression; Duration: 01/03/2021 - 15/03/2021)

Filename: FitNote.pdf

Extension: .tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name Paul CarrollI assessed your case on: and, because of the following condition(s): I advise you that:
☒ 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.....

Comments, including functional effects of your condition(s):

This will be the case for 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

Doctor's address

Ayrshire Medical Group
20 Main Street
STEVENSTON, KA20 3AB
Telephone: 01294 464141

Unique ID: Med 3 01/17

1663D049-FC46-41A6-8072-D285683BC6AD

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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Surname

 CARROLL

Other names

Address

 Postcode

Date of birth

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eMED3 (2010) new statement issued, not fit for work

15-Feb-2021 Dr Kevin Weaver (KW)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Anxiety with depression; Duration: 15/02/2021 - 01/03/2021)

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--- Paul Carroll
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and, because of the following condition(s):	Anxiety with depression
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Comments, including functional effects of your condition(s):	
This will be the case for ----- or from 15 /02 / 2021 to 01 /03 / 2021 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 / 2021
Doctor's address	Ayrshire Medical Group 20 Main Street STEVENSTON, KA20 3AB Telephone: 01294 464141
Unique ID: Med 3 01/17	9CC6B89C-3B83-43CA-B693-E28D7B878E43

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	WEST KILBRIDE Postcode KA239EE
Date of birth	13 / 04 / 1984 Mobile
NI number	

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Letter encounter

24-Sept-2020 Mr Docman Login *must Be Active* (DOC1)

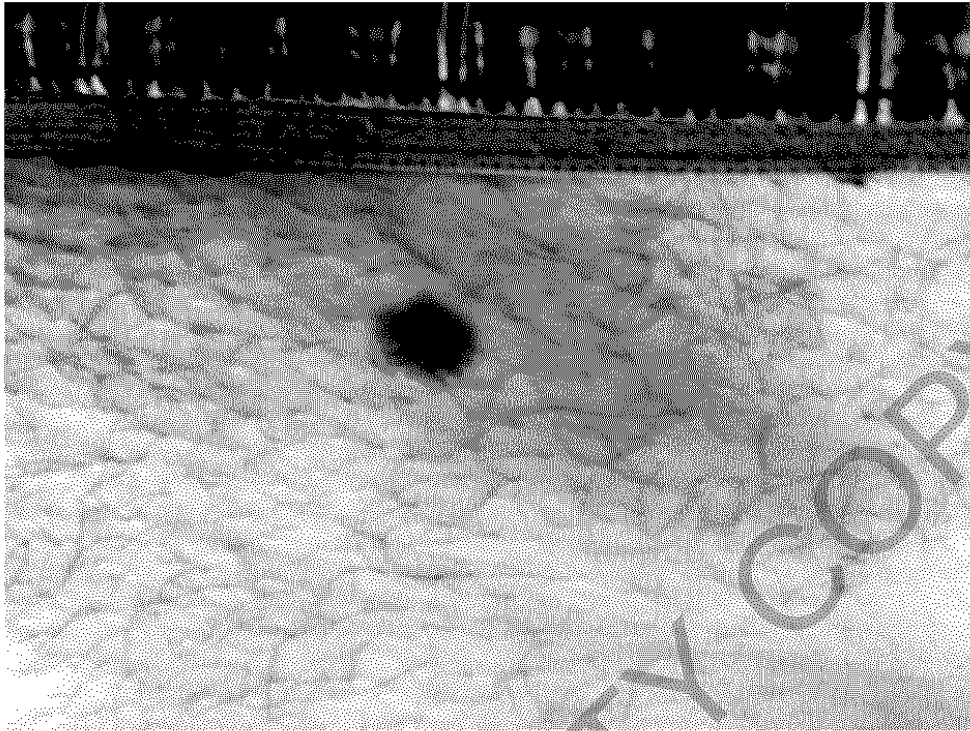
Additional:Letter encounter

Picture

Filename: Docman

Extension:.tif

Pages:



Smoking cessation advice

07-Jan-2016 Mr Mark McCabe (MCCABEM_1716884)

Additional: Smoking cessation advice

Letter sent with information on smoking cessation information and advice

Filename: Smoking Cessation Questionnaire.doc

Extension: .tif

Pages:

West Kilbride Surgery



Dr L.R. [REDACTED]
Dr A.A. Struthers
Dr D.J. [REDACTED]
Dr L.T. Barbour

107B Main St
West Kilbride
Ayrshire
KA23 9AR
Tel: 01294 823607

Date as Postmark

Paul Carroll
13 Maimhor Road
WEST KILBRIDE
KA23 9EE

Dear Mr Carroll

We are updating our medical records and would appreciate if you could spare a few minutes to complete the following smoking questionnaire:

What is your smoking status?	Current Smoker []
	Ex Smoker [] (Stopped less than 20 years ago)
	Non Smoker [] (Or Stopped more than 20 years ago)

Please either hand this letter back into the practice or telephone to let us know the answers to these questions.

Your help in keeping our records up to date is appreciated.

The practice can offer treatment, advice and support for all patients who are smokers. The local pharmacy, Lloyds, can also provide medication, information and support. Lloyds pharmacy can be contacted on 01294 822234.

Enclosed is information that may help with smoking cessation.

Yours sincerely,

On Behalf of West Kilbride Practice