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2 JUN 2026

MMA
LEGAL

St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH76RU

Date 28/05/2026

Ref: 100375

Subject: Data Subject Access Request - Full GP Medical Records

Client Name: Mr Gary Bruce Mackie
Client Reference: 100375
Client Address: 135/1 Marionville Road , Edinburgh, EH7 6BG
Date of Birth: 07/06/1963
Also Known As:
Name in Care:
NHS Number:
Previous Addresses:

Dear Sir/Madam,

We act on behalf of the above-named individual and submit this request under Article 15 of the UK General Data Protection Regulation and the Data Protection Act 2018.
Scope of Request

We request a complete copy of the patient's full medical records, including all data held in electronic, paper, and archived formats.

This specifically includes:
Full GP records (not a summary printout)
Consultation notes and free-text entries
Historical paper records (including Lloyd George records where applicable)
Coded clinical data
Correspondence to and from hospitals, specialists, and external providers
Mental health records held within the GP file
Safeguarding concerns or alerts
Referral records and outcomes
Medication and prescription history

Any scanned documents or attachments

Format Requirement
We require a full record extract, not a patient summary or abbreviated report.

Where possible, please provide a complete system export including consultation notes and attachments.

Historical Records
Please ensure searches include:
Archived and legacy systems
Paper and scanned records
Records transferred from previous GP practices

Enclosures
We enclose:
Signed authority
Proof of identity

Should you require any further information to process this request, please advise promptly.

Statutory Timeframe
We expect a response within one calendar month. If an extension is required, please confirm with reasons in writing.

Non-Holding of Data
If you do not hold a complete record, please confirm:
The dates of records held
Details of any previous GP practices

Service of Documents
We only accept service of documents via email at [redacted].uk. Should you for any reason be unable to send documents to the above email, please notify us via the same email imminently.

Yours faithfully,

Investigations Team
MMA Legal
E: evide[redacted]
T: 0161 563 0816

DEED OF AUTHORITY & CONSENT

THIS DEED is made on the date of signature below by (the "Client")	
Full Name:	Gary Bruce Mackie
Date of Birth:	07/06/1963
Previous Names (if any):	
Current Address:	135/1 Marionville Road Edinburgh EH7 6BG
Previous Addresses (relevant to care placements):	
CHI / NHS Number (if known):	

IN FAVOUR OF (the "Representative")	
Firm Name:	MMA Legal
Address	SToK, 43-59 Princes Street, Stockport
Postcode	SK1 1RY
Email	[redacted]
Telephone Number	0161 563 0816

1. STATUS AND CONSTRUCTION

1.1. This Deed is executed as a deed and constitutes valid written authority for the purposes of:

- **1.1.1.** UK GDPR
- **1.1.2.** Data Protection Act 2018
- **1.1.3.** Common law confidentiality
- **1.1.4.** Any related statutory, regulatory or supervisory framework

1.2. This Deed shall be interpreted purposively and broadly to give full effect to the Client's intention that all personal data and Records relating to them be disclosed to the Representative, subject only to lawful statutory restriction.

1.3. This Deed is intended to provide clear and comprehensive authority for disclosure of the Client's personal data.

2. APPOINTMENT

2.1. The Client appoints the Representative to act fully on their behalf in connection with:

2.1.1. An application to Redress Scotland;

2.1.2. Any review, reconsideration or appeal;

2.1.3. Evidence gathering and submission;

2.1.4. Any associated advisory, compensatory or restorative process.

2.2. Requests made by the Representative shall be treated as made personally by the Client.

3. SCOPE OF AUTHORITY

3.1. This Authority applies to all public and private bodies including (without limitation):

3.1.1. Local Authorities and Councils

3.1.2. NHS Boards and GP Practices

3.1.3. Health & Social Care [redacted]ships

3.1.4. Integration Joint Boards

3.1.5. Religious bodies and orders

3.1.6. Residential and foster care providers

3.1.7. Education authorities and schools

3.1.8. Government departments

3.1.9. Archive services

3.1.10. Insurers holding historical liability files

3.1.11. Successor, merged or restructured public bodies

3.2. The Authority applies whether Records are:

3.2.1. Archived, microfiche, digitised or handwritten;

3.2.2. Stored off-site by contractors;

3.2.3. Held by dissolved or reconstituted institutions;

3.2.4. Transferred following statutory reorganisation.

3.3. The Client requests that records not be withheld solely on administrative grounds such as archival storage or institutional restructuring including, for example:

3.3.1. The institution has closed or restructured;

3.3.2. Records are archived or require manual retrieval;

3.3.3. Records are held by insurers or successor bodies;

3.3.4. Retrieval involves time or administrative burden.

4. SPECIAL CATEGORY DATA – EXPLICIT CONSENT

4.1. For the purposes of Article 9 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of all special category data including:

4.1.1. Physical and mental health records

4.1.2. Psychiatric and psychological reports

4.1.3. Therapy and counselling notes

4.1.4. CAMHS records

4.1.5. Social work and safeguarding files

4.1.6. Ethnicity or religious data where recorded

This includes all NHS and private medical providers.

This explicit consent may be withdrawn at any time by written notice.

5. CRIMINAL OFFENCE DATA – EXPLICIT CONSENT

5.1. For the purposes of Article 10 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of:

- **5.1.1.** Criminal offence data
- **5.1.2.** Police investigation material
- **5.1.3.** Child protection investigations
- **5.1.4.** Statements and intelligence logs
- **5.1.5.** Outcome decisions

including records held by:

- **5.1.6.** Police Scotland
- **5.1.7.** Any predecessor Scottish police force
- **5.1.8.** Prosecuting authorities.

6. THIRD-PARTY DATA AND REDACTION

6.1. The existence of third-party data shall not justify refusal to disclose the Client's personal data.

6.2. Where necessary, redaction shall be limited strictly to third-party information.

6.3. Mixed data shall be disclosed in redacted form rather than withheld in entirety.

7. PROPORTIONALITY AND REASONED DECISION-MAKING

7.1. Any refusal, limitation or redaction must:

- **7.1.1.** Identify the specific statutory exemption relied upon;
- **7.1.2.** Explain how that exemption applies to the particular Record;
- **7.1.3.** Confirm why partial disclosure is not possible;
- **7.1.4.** Be communicated in writing.

7.2. Blanket refusal without statutory justification may not satisfy statutory obligations under applicable data protection legislation.

7.3. Any reliance upon "disproportionate effort" must provide written reasoning demonstrating why staged disclosure or redaction is not feasible.

8. VALIDITY AND FORMAL REQUIREMENTS

8.1. This Deed remains valid for 24 months from execution unless withdrawn in writing.

8.2. Disclosure shall not be refused because:

- **8.2.1.** An internal template form has not been used;
- **8.2.2.** The Authority is considered "out of date" within internal policy;
- **8.2.3.** Additional consent is sought beyond reasonable identity verification.

8.3. Any organisation acting in good faith reliance upon this Deed shall be fully discharged in making disclosure.

9. REGULATORY AND STATUTORY RIGHTS

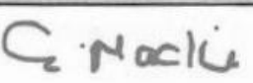
In the event of non-compliance, refusal, or unreasonable delay in responding to a lawful request made under this Deed, the Client and/or the Representative reserve the right to pursue any statutory or regulatory remedies available under applicable law.

This may include raising concerns with the relevant supervisory authority or regulator where appropriate.

Nothing in this Deed limits the Client's rights under the UK GDPR, the Data Protection Act 2018, or any other applicable statutory framework.

Withdrawal shall not invalidate disclosures already made in reliance upon this Deed.

EXECUTION AS A DEED

Signed and delivered as a Deed by the Client:	
Signature	
Print Name	Gary Bruce Mackie
Date	26/03/2026

Witness	
Name	Elliott Logan
Address	STOK, 43-59 Princes Street, Stockport, SK1 1RY
Occupation	Case Handler
Signature	Elliott Logan
Date	26/03/2026

Completion Certificate

Reference ID: db3946d9-173f-4c88-ae59-f3f95a2f97c9

Document Details

Document Name(s):	part-1, part-3, cfa, loa, fee-clarity
Total Pages:	4
Sent By:	Elliott Logan (85.255.236.51)
Completed Date:	Mar 26, 2026 12:58:48 UTC

Signer Information

Name:	Mr Gary Bruce Mackie
Email:	shirleymackie70@icloud.com
Telephone:	07889675364
IP Address:	80.40.2.252



Verified Electronic Signature

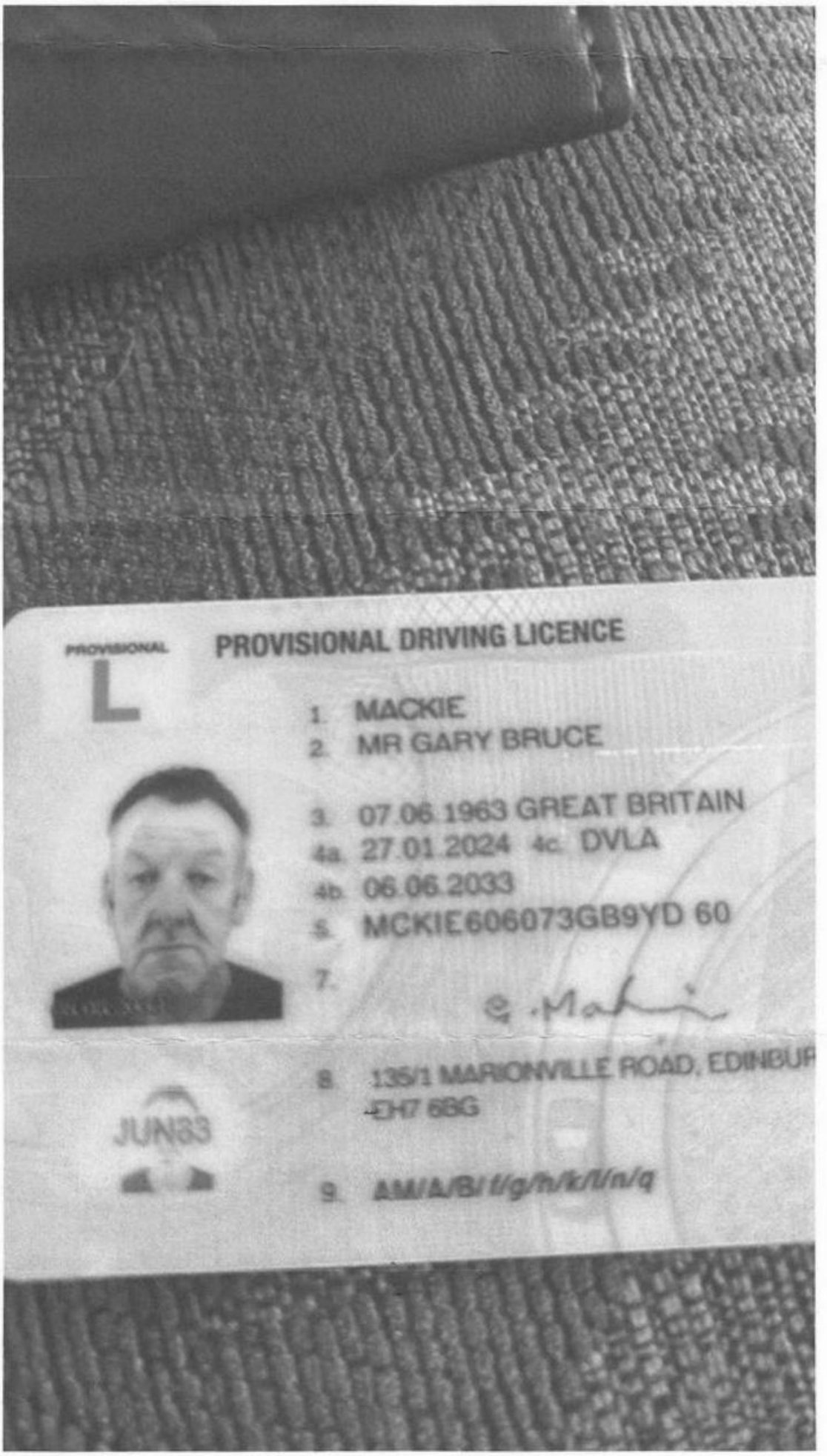
Audit Trail

Action	Timestamp	IP Address
Created	2026-03-26 12:54:06	System
Document link sent to client by email	2026-03-26 12:54:06	System
Document link sent to client by sms	2026-03-26 12:54:07	System
Document link opened by client	2026-03-26 12:58:18	80.40.2.252
Document electronically signed	2026-03-26 12:58:48	80.40.2.252

Security Verification

SHA-256 Checksum: 3597645e235896d0e841e719b3ffa38a618407ee06c0e2e24360c1eea5723a55

This document is a legally binding record of the e-signature process.



PROVISIONAL

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PROVISIONAL DRIVING LICENCE

1. MACKIE
2. MR GARY BRUCE

3. 07.06.1963 GREAT BRITAIN
4a. 27.01.2024 4c. DVLA
4b. 06.06.2033
5. MCKIE606073GB9YD 60
7.

8. 135/1 MARIONVILLE ROAD, EDINBUR
EH7 6BG

JUN83

9. AM/A/B/ f/g/h/k/l/n/q


UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND
PASSPORT
PASSEPORT
P
GBR
538591979
MACKIE
GARY BRUCE
BRITISH CITIZEN
07 JUN /JUIN 63
M
EDINBURGH
12 SEP /SEPT 16 HMPO
12 SEP /SEPT 26
G Mackie
P<GBRMACKIE<<GARY<BRUCE<<<<<<<<<<<<<<<<<<<<
5385919798GBR6306070M2609120<<<<<<<<<<<<<<08

Registration Details - Patient No: 67468

Personal details...		Address details...	
Date of birth	07/06/1963	Post Code	EH7 6BG
Sex	M	Nursing Home unit	
Surname	Meikle	House Name Flat No	Flat 1
Previous Surname		No and Street	135 Marionville Road
Forenames	Gary Bruce	Village	
Calling Name	Gary	Town	Edinburgh
Title	Mr	County	
Birth Surname			
Marital Status	[redacted]		
Ethnic Origin			
Occupation			

Contact details...		Upload Consent	
Home Tel No	661 0693	SCI-DC Consent	Implied Consent (default)
Work Tel No			
Mobile Tel No	07889 675 364		
E Mail Address			

HA/HB Details...		ECS (GP Summary) Consent	
Trading [redacted]	Lothian NHS Trust	Patient Consent	Implied Consent (default)
Registered GP	Dr Louise Bailey		
Usual GP	Dr Charis Johnston		
Residential Inst			
Branch Surgery			
NHS Number	S685/8/63/		
CHI Number	0706831315		

Imported user defined fields	AMS\MCR Details
AMS Consent	Yes
Pharmacy Details	Co-Operative Pharmacy-12a Lochend Rd,South Lochend,Edinburgh,0131 467 4509,(EH7 6BP)(Org Id - 2473)12a Lochend Rd,South Lochend,Edinburgh,0131 467 4509,(EH7 6BP)(Org Id - 2473)12a Lochend Rd,South Lochend,Edinburgh,0131 467 4509,(EH7 6BP)(Org
Item Collected Check	Yes
MCR Suitability Status	-1
MCR Registration Status	2

Medical Record

Problems

Active Problems		Authorised By	Code
16/04/2026	Acid reflux	Miss Morrison	J10y4-3
08/04/2026	Anticoagulant therapy	Ms Forde	88A5
27/02/2026	Pre-diabetes	Dr Bailey	C11y5
21/07/2025	Atrial flutter on 24 hr holter report	Mrs Sardesai	G5731
04/10/2024	Bereavement reaction	Dr Bailey	E2900-1
30/11/2023	CXR - screening wedge shaped abnormality in L.lower zone await ctpa	Miss Morrison	68C1-1
13/07/2023	12 lead ECG on admission showed regular narrow complex tachycardia rate 145 with widespread TWI	Miss Morrison	321B
13/07/2023	Palpitations	Miss Morrison	161
20/09/2022	Chronic obstructive pulmonary disease MILD - to be added to EE list to discuss - task to duty (EE happy with this)	Dr Johnston	H3

15/04/2022	Lobar pneumonia	Ms Duncan	EMISNQLO10
22/07/2021	Chronic low back pain	Dr Singh	16C9
17/07/2020	O/E - thyroid lump benign looking cystic lesion - Ultrasound neck aspiration-beingn	Ms Lynch	22H4
07/09/2018	Vitamin D deficiency	Ms Lynch	C28
12/02/2015	Uses monitored dosage system CO-OP CRAIGENTINNY	Mrs Wilkie	8BIA
23/07/2013	Osteoarthritis NOS, of knee (Bilateral) more advanced on left	Mrs Mann	N05zL
25/10/2011	Vitamin B12 deficiency Following gastric banding - see letter	Dr Macartney	C2621
27/06/2011	Laparoscopic adjustable gastric banding sleeve gastrectomy	Dr Macartney	78132
25/02/2004	Arthropathy NOS	Mrs Collins	N06z
16/02/2002	Hypertensive disease	Dr Macartney	G2
01/01/2001	Ischaemic heart disease	Dr Macartney	G3
01/01/1994	Ventricular hypertrophy	Dr Macartney	G5y34
01/01/1994	Obesity	Dr Singh	C380
1976	Asthma NOS	Dr Singh	H33

Past Problems		Authorised By	Code
20/02/2026	**Heartburn symptom**	Dr Bailey	1955-1
27/03/2025	**Gout**	Mrs Wallace	C34
27/03/2025	**Atrial flutter**	Mrs Wallace	G5731
12/02/2025	**Gout**	Mrs French	C34
23/10/2024	**Foot pain**	Dr Bailey	N2451
22/05/2024	**Atrial flutter**	Miss Morrison	G5731
22/01/2024	**Lower resp tract infection**	Dr Bailey	H06z1
16/01/2024	**Gout**	Mrs Wallace	C34
30/11/2023	**[D]Chest pain**	Dr Nairn	R065
30/11/2023	**Gout**	Mrs Clarine	C34
06/09/2023	**Leg pain**	Dr Walsh	N245-6
06/07/2023	**Back pain, unspecified**	Ms Graham	N145-2
19/06/2023	**Failed encounter** DNA GP APP appointment.	Ms Graham	9N4
24/02/2023	**Gout**	Dr Bailey	C34
21/03/2022	**Otitis media NOS**	Dr Alexander	F52z
21/03/2022	**Ear pain**	Dr Alexander	F587-1
22/07/2021	**Sciatica**	Dr Singh	N143
23/06/2020	**[D]Lump in head or neck**	Dr Johnston	R0422
23/08/2019	**Chronic low back pain**	Dr Kramer	16C9
09/01/2019	**Otitis media NOS** R	Dr Singh	F52z
23/03/2017	**Lower resp tract infection**	Dr Mackay	H06z1
18/11/2014	**Diabetes resolved**	Dr Bailey	21263
18/11/2014	**[D]Nausea**	Dr Macartney	R0700
03/09/2014	**Knee joint pain**	Dr Smith	N0946-1
03/06/2014	**Sciatica**	Dr Macartney	N143
23/07/2013	**Suspected UTI**	Dr Garner	1J4
17/07/2013	**Vasectomy counselling**	Dr Macartney	6775-1
17/07/2013	**Knee pain (Bilateral)**	Dr Macartney	1M10
13/03/2013	**Low back pain**	Dr Cheesbrough	N142-1
16/11/2012	**Gastro-oesophageal reflux**	Dr Macartney	J10y4-2
24/02/2012	**Chest infection**	Dr Mackay	H06z0-1
23/01/2012	**Helicobacter eradication therapy**	Dr Smith	8BAC
21/11/2011	**Epigastric pain**	Dr Macartney	1972
27/09/2011	**[D]Dizziness**	Dr Student	R0040
27/09/2011	**Constipation**	Dr Student	19C
17/08/2011	**Colicky abdominal pain**	Dr Student	1962
13/06/2011	**Knee pain**	Dr Cheesbrough	1M10
22/12/2010	**Acute exacerbation of asthma**	Dr Cheesbrough	H333
01/11/2010	**Acute exacerbation of asthma**	Dr Macartney	H333
28/09/2010	**Chest infection**	Dr Macartney	H06z0-1
01/09/2010	**Wrist joint pain**	Dr Macartney	N0943-1
31/08/2010	**Tendonitis NOS** Left wrist	Dr Macartney	N21z2-1
30/06/2010	**Pleuritic pain**	Dr Miller	1825
23/09/2009	**Chest infection**	Dr Macartney	H06z0-1
26/11/2008	**Acute exacerbation of asthma**	Dr Ellis	H333
29/09/2008	**Peripheral neuropathy**	Dr Macartney	F367
01/07/2008	**Chest infection**	Dr Macartney	H06z0-1
31/10/2007	**Acute exacerbation of asthma**	Dr Mackay	H333
18/12/2006	**Acute exacerbation of asthma**	Dr Cronin	H333

05/09/2006	Lower resp tract infection	Dr Macartney	H06z1
06/06/2006	Lower resp tract infection	Dr Macartney	H06z1
19/04/2006	Morbid obesity BMI 54 at heaviest	Dr Macartney	C3803
2004	Type 2 diabetes mellitus Resolved after bariatric surgery	Dr Mackay	C10F
16/02/2002	Atypical chest pain	Dr Macartney	1828
01/01/2002	Depressive disorder NEC	Dr Singh	E2B
10/12/2001	Angiocardiography	Dr Macartney	553
1992	Nondependent alcohol abuse, continuous	Dr Singh	E2501
01/01/1992	Clsd # scaphoid	Dr Singh	S2401
01/01/1992	Tonsillectomy	Dr Singh	7530
01/01/1976	Lobar pneumonia due to unspecified organism R basal	Dr Singh	H260

Values

Date	Last Entry	Normal Range Indicator	Normal Range
08/04/2026	Oxygen saturation at periphery 97 %		
08/04/2026	Percent predicted FEV1 85 %	....|....	70-100
08/04/2026	Forced expired volume in 1 second 2.83 litres		
08/04/2026	Rockwood clinical frailty scale 3		
08/04/2026	O/E - pulse rate 55 beats/minute		
05/03/2026	Serum total bilirubin level 6 umol/L	...|.....	3-21
05/03/2026	Serum alanine aminotransferase level 29 U/L	.....|....	10-50
05/03/2026	Serum alkaline phosphatase 118 U/L	.....|.	40-125
05/03/2026	Serum gamma-glutamyl transferase level 35 U/L	.....|....	10-55
05/03/2026	Serum total cholesterol level 3.3 mmol/L	|.....	3.5-6.5
05/03/2026	Serum HDL cholesterol level 1 mmol/L	..|.....	0.9-1.4
05/03/2026	Serum cholesterol/HDL ratio 3.3		
05/03/2026	Serum LDL cholesterol level 2 mmol/L		
05/03/2026	Serum triglycerides 0.7 mmol/L	|.....	0.8-2.1
05/03/2026	Serum creatinine 93 umol/L	.....|....	64-111
05/03/2026	Serum sodium 140 mmol/L	.....|....	135-145
05/03/2026	Serum potassium 4.2 mmol/L	....|.....	3.6-5
05/03/2026	GFR calculated abbreviated MDRD > 60	|	60-120
05/03/2026	Serum urate level 0.34 mmol/L	.....|...	0.12-0.42
05/03/2026	Haemoglobin A1c level - IFCC standardised 40 mmol/mol	.....|	20-41
05/03/2026	Cigarette smoker 6 /day	.....|....	0.1-0.1
05/03/2026	Alcohol consumption 0 units/week	|.....	0-21
05/03/2026	O/E - weight 95.25 Kg		
05/03/2026	O/E - height 177.8 cm	.....|...	10-250
05/03/2026	Body Mass Index 30.13	..... |	20-25
05/03/2026	Blood pressure reading 112/73 mm Hg		
20/02/2026	Serum ferritin 127 ug/L	....|.....	20-300
20/02/2026	Serum vitamin B12 495 ng/L	..|.....	180-2000
20/02/2026	Serum folate 9.6 ug/L	....|.....	2.8-20
20/02/2026	Serum calcium 2.35 mmol/L	....|.....	2.2-2.6
20/02/2026	Corrected serum calcium level 2.39 mmol/L	....|.....	2.2-2.6
20/02/2026	Serum albumin 38 g/L	..|.....	36-47
20/02/2026	Haemoglobin estimation 137 g/L	.|.....	130-180
20/02/2026	Red blood cell (RBC) count 4.59 10^12/L	|.....	4.5-6.5
20/02/2026	Haematocrit 0.422 ratio	..|.....	0.4-0.52
20/02/2026	Mean corpuscular volume (MCV) 92 fL	.....|...	78-98
20/02/2026	Mean corpusc. haemoglobin(MCH) 29.8 pg	.....|....	27-32
20/02/2026	Total white cell count 9.5 10^9/L	.....|..	4-11
20/02/2026	Neutrophil count 6.18 10^9/L	.....|..	2-7.5
20/02/2026	Lymphocyte count 2.12 10^9/L	..|.....	1.5-4.5
20/02/2026	Monocyte count 0.95 10^9/L	..... |	0.2-0.8
20/02/2026	Eosinophil count 0.22 10^9/L	....|.....	0.04-0.4
20/02/2026	Basophil count 0.04 10^9/L	...|.....	0.01-0.1
20/02/2026	Platelet count 243 10^9/L	....|.....	150-400
20/02/2026	Mean corpusc. Hb. conc. (MCHC) 325 g/L	...|.....	310-360
27/03/2025	Urine albumin:creatinine ratio 0.6 mg/mmol	..|.....	0-3
27/03/2025	Urine albumin 12 mg/L		
27/03/2025	Urine creatinine 19.9 mmol/L		
27/03/2025	Emergency COPD admission since last appointment	|.....	>0
27/03/2025	Number of COPD exacerbations in past year 0 /year		
12/02/2025	Serum TSH level 1.2 mU/L	..|.....	0.23-5.6
12/02/2025	Serum free T4 level 18 pmol/L	....|.....	9-28
05/12/2024	Serum vitamin D 29 nmol/L	|	50-139
04/10/2024	Serum creatine kinase level 299 U/L	.....|.	40-320
04/10/2024	Serum C reactive protein level 4 mg/L	.....|..	0-5
22/05/2024	Echocardiogram		
04/03/2024	BCSP faecal occult blood test normal Negative		
22/01/2024	O/E - rate of respiration 16 /min	.....|.....	12-20

22/01/2024	O/E - tympanic temperature 37 deg C	.... | ..	36-37.2
30/11/2023	Computerised tomograph scan PA- see letter		
02/11/2022	Asthma control test 14 /25		
23/09/2022	Serum zinc level 9 umol/l rie:gen.surgery		
20/09/2022	FEV1/FVC percent 77 %		
20/09/2022	Forced vital capacity - FVC 4.79 litre		
20/09/2022	FVC/Expected FVC percent 104 %	..... |	70-100
20/09/2022	FEV1 before bronchodilation 2.93 Litres	|	>0
20/09/2022	FEV1 after bronchodilation 61.2 litres	|	>0
06/06/2022	Serum iron level 12 umol/L	|	14-32
06/06/2022	Serum transferrin 2.1 g/L	. |	2-4
06/06/2022	Transferrin saturation index 22 %		
06/06/2022	Nucleated red blood cell count 0 10^9/L		
27/10/2021	2019-nCoV (novel coronavirus) not detected		
30/08/2021	Prostate specific antigen 2 ug/L	..... | ...	0-3
30/08/2021	Serum urea level 5.3 mmol/L	..... | ...	2.5-6.6
30/08/2021	Serum protein electrophoresis COMMENT		
30/08/2021	IgA 2.64 g/L	..... |	0.8-4.5
30/08/2021	IgG 10.68 g/L	..... |	6-15
30/08/2021	IgM 0.59 g/L	. |	0.35-2.9
30/08/2021	Serum total protein 70 g/L	..... |	60-80
30/08/2021	Urine: Bence Jones' protein Negative		
30/07/2021	Serum inorganic phosphate 0.96 mmol/L	... |	0.8-1.4
30/06/2020	CMV IgM antibody level 4.9		
30/06/2020	Epstein Barr virus viral capsid antigen IgM level 10		
30/06/2020	HIV antibody/antigen (Duo) 0.25	... |	0-0.89
30/06/2020	Toxoplasma IgG level 0 IU/mL	|	0-1.59
16/07/2019	Predicted peak flow 593 l/min		
16/07/2019	Number of bronchodilators used in past year 2		
16/07/2019	Number of steroid inhalers used in past year 2		
16/07/2019	Peak expiratory flow rate measured using EN 13826 device 300 L/min	|	>0
09/01/2019	O/E - BP reading		
14/09/2017	Plasma random glucose level 4.1 mmol/L	. |	3.8-7.7
29/03/2017	Predicted peak expiratory flow rate using EN 13826 standard 606 l/min		
12/04/2016	Plasma glucose level 6.7 mmol/L		
12/04/2016	Biochemical test Rand(<11)		
17/12/2015	Light smoker - 1-9 cigs/day 1 - 9		
13/11/2014	HbA1c level (DCCT aligned) 5.3 %total Hb	..... |	4-6
02/09/2014	Plain X-ray knee WGH: shows degenerative changes but no fracture seen		
22/04/2014	Waist circumference 86 cm		
24/07/2013	Erythrocyte sedimentation rate 16 mm/hr	..... |	1-10
24/07/2013	Anti-nuclear factor Negative		
24/07/2013	Anti-cyclic citrullinated peptide antibody level 4.9 u/ml	..... |	0-4.8
23/07/2013	Leucocytes in urine		
23/07/2013	MSU sent for C/S		
23/07/2013	Urine nitrite negative		
23/07/2013	Urine urobilinogen negative		
23/07/2013	Urine ketone test = +++		
23/07/2013	Urine blood test = negative		
23/07/2013	Urine protein test negative		
23/07/2013	Urine glucose test negative		
10/01/2012	Helicobacter pylori IgG antibody level 3.224		
10/01/2012	Peak expiratory flow rate before bronchodilation 310 litres/min		
17/08/2011	Urine ketone test negative		
17/08/2011	Urinalysis = no abnormality		
17/08/2011	Urinalysis - general		
12/11/2010	Shoulder X-ray RIE A&E: NBI but 2 large areas of calcification.		
01/11/2010	PFR - peak flow rate Scattered rhonchi.		
31/08/2010	Scaphoid X-ray RIE A&E: L - NBI		
20/03/2007	Total cholesterol:HDL ratio 7.4		
28/02/2006	Specimen sent for histology		
26/11/2004	Random blood sugar 7.2 mmol/l LCTC:DIABETIC O/P		
30/08/2004	Fasting blood sugar 14.1 mmol/l WGH		
12/01/2004	Chlamydia antigen test BLOODS:NO SEROLOGICAL EVIDENCE		
07/01/2004	Urea and electrolytes		
07/01/2004	Full blood count - FBC		
17/12/2003	Liver function tests NOS		
10/12/2001	Contrast heart radiog.-general		

Drug Allergies		Authorised By	Code
07/06/2016	Adverse reaction to Gabapentin Felt it made him doolally	Dr Macartney	EMISDRGA
01/01/2002	Adverse reaction to Beta-Adrenoceptor Blocking Drugs	Ms Whitson	EMISDRGA

Non Drug Allergies		Authorised By	Code
	None		

Immunisations		Authorised By	Code
02/11/2022	**Administration of first dose of SARS-CoV-2 vaccine** 200002A/ COVMODERNA/IM/Left Arm//C-19 Moderna (Waverly Mall)		^ESCT1348323
02/11/2022	**Administration of first inactivated seasonal influenza vacc** 440151A/ FLUQIVC/IM/Right Arm//FLU - Seqirus UK (Waverly Mall)		65ED4
20/02/2022	**Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Right Arm) C-19 Booster Moderna (L Ker)** 000071A/ MOD/IM/Right Arm//C-19 Booster Moderna (L Ker)		^ESCT1423383
20/02/2022	**Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Booster Moderna (Mass - EICC)** 000071A/ MOD/IM/Right Arm//C-19 Booster Moderna (Mass - EICC)		^ESCT1348323
12/05/2021	**Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 (By E Tulloch)** PW40040/ AZ/IM/RUA//C-19 (By E Tulloch)		^ESCT1348325
23/02/2021	**Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By G Hinchcliffe)** AB0012/ AZ/IM/LUA//C-19 (By G Hinchcliffe)		^ESCT1348323
23/09/2020	**Needs Influenza Immunisation** At risk group 18-64	Ms Lynch	9OX4
14/01/2020	**Seasonal Influenza vaccination** Fluceivax Tetra P100120651 EXP 06/20 - L Deltoid Im consent given	Ms Anderson	65ED
19/09/2019	**Needs Influenza Immunisation** At risk group	Ms Lynch	9OX4
20/12/2017	**Seasonal Influenza vaccination** INFLUVAC-SUB-UNIT N22N exp 06/2018	Ms Murray	65ED
26/01/2017	**Seasonal Influenza vaccination** 164001A exp 04/2017 IM R deltoid	Mrs Eccles	65ED
13/11/2014	**Seasonal Influenza vaccination** G06N EXP 04/2015	Mrs Hare	65ED
11/10/2013	**Seasonal Influenza vaccination** E02A Exp 05 2014	Mrs Chrystall	65ED
04/10/2012	**Seasonal Influenza vaccination** Influvac A05 exp05/2013	Dr Smith	65ED
18/09/2012	**Needs Influenza Immunisation** Eligible for Flu Vacc 2012	Mr MacOnochie	9OX4
21/11/2011	**Seasonal Influenza vaccination** Fluvirin 110202 exp 04/12	Dr Smith	65ED
22/09/2011	**Needs Influenza Immunisation** Flu Vacc 2011	Mr MacOnochie	9OX4
14/09/2010	**Needs Influenza Immunisation** Flu Vacc 2010	Mr MacOnochie	9OX4
08/09/2010	**Seasonal Influenza vaccination** Sanofi G9825-1 exp 05/11	Dr Smith	65ED
09/11/2009	**PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given** A81CA054A	Dr Macartney	65E9
06/10/2009	**Seasonal Influenza vaccination** Enzira Lot 0986-13601 exp 06/10	Dr Smith	65ED
20/07/2009	**Needs Influenza Immunisation** Vunerable Patient for swine flu	Dr Smith	9OX4
08/12/2008	**Seasonal Influenza vaccination** Agrippal Lot 082303 exp 05/09	Dr Smith	65ED
02/11/2007	**Seasonal Influenza vaccination** LOT 0966-08801 exp 06/08 Enzira	Dr Smith	65ED
13/12/2006	**Seasonal Influenza vaccination**	Dr Smith	65ED
10/10/2006	**Seasonal Influenza vaccination** Influvac Batch K12 exp 06/07	Dr Smith	65ED
01/11/2005	**Seasonal Influenza vaccination** batch 3000854 exp 2006	Dr Smith	65ED
22/09/2004	**Pneumococcal vaccination** ht 48650 **(GMS)**	Dr Singh	6572
22/09/2004	**Seasonal Influenza vaccination** Batch No F08021 Expiry 06/2005 r arm **(GMS)**	Dr Smith	65ED
14/10/2003	**Seasonal Influenza vaccination** MM - HEART DISEASE	Dr Smith	65ED
01/08/2002	**Seasonal Influenza vaccination** ASTHMA	Dr Smith	65ED
07/08/1964	**Booster polio vaccination**	Data	6584

Consultations	
16/04/2026	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinic Letter East Lothian Community Hospital Endoscopy Unit Mr Christopher Deans
-	—
16/04/2026	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinical Letter Roodlands Endoscopy Unit
-	—
08/04/2026	Ms Melissa Forde at St Triduanes Medical Practice
Problem (REVIEW)	**Pre-diabetes**
Comment	BP + bloods - great results. Lives with [redacted]. Both doing better over the past few months. Supportive [redacted] in Dunfermline - visits daily. Indpt with ADLs and mobility.
-	
Problem (REVIEW)	**Atrial flutter**
-	
Problem (REVIEW)	**Chronic obstructive pulmonary disease**

History	MRC Breathlessness Scale: grade 3
Examination	O/E - pulse rhythm regular
	O/E - pulse rate, 55 beats/minute
	O/E - regular pulse
	Rockwood clinical frailty scale, 3
Follow up	(diary entry deleted) (Not Known)
	Attends clinic D monitoring (08/04/2027)
Examination	Forced expired volume in 1 second, 2.83 litres
	Percent predicted FEV1, 85 %
New Referral	(NHS), , , , 8H7u.: Referral to pulmonary rehabilitation (SCI Gateway Referral)
Comment	Has been taking Trelegy BD in error - advised step down to OD, if notes increase in symptoms/change in control to get back in touch for RV as may need swapped to BD inhaler - happy with plan. Otherwise feels COPD/Asthma are very well managed - some SOB on exertion, SABA use acceptable and nil night waking due to resp conditions. Accepted ref to PulmRehab.
	Demonstrated inhaler technique and went over importance of good mouth care. COPD MP - discussed and has copy at home. Went over how to recognise deterioration and strong safety netting advice.
	Touched on smoking again - very aware of risks with COPD/Asthma and overall health. Feels has cut down, not smoking as much but uses it as stress/anxiety reliever. Declined ref to QYW.
Additional	Anticoagulant monitoring dose: 5mg BD
Result	Oxygen saturation at periphery, 97 %
Additional	Clinic D monitoring check done
	Smoking cessation advice
	Inhaler technique - good
	Pulmonary rehabilitation
	Chronic obstructive pulmonary disease annual review Denise any red flags.
	Has self management plan
	Consent for key information summary upload
	Discussion about clinical red flag warning signs
- - - - - - - - - - - - - - -	
Problem (REVIEW)	**Hypertensive disease**
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Problem (REVIEW)	**Ischaemic heart disease**
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Problem (REVIEW)	**Vitamin B12 deficiency**
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Problem (REVIEW)	**Asthma NOS**
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Problem (NEW)	**Anticoagulant therapy**
-	—
05/03/2026	Mrs Kelly Clarke at St Triduanas Medical Practice
Problem (REVIEW)	**Pre-diabetes**
Examination	Blood pressure reading 112/73 mm Hg
	Body Mass Index, 30.13
	O/E - height, 177.8 cm
	O/E - weight, 95.25 Kg
Social	Alcohol consumption, 0 units/week
	Cigarette smoker, 6 /day
Test Request	HbA1c - *Completed*, Creat & Electolytes - *Completed*, LFTs - *Completed*, Lipids - *Completed*, Urate - *Completed*
- - - - - - - - - - - - - - -	
Problem (REVIEW)	**Hypertensive disease**
- - - - - - - - - - - - - - -	
Problem (REVIEW)	**Ischaemic heart disease**
- - - - - - - - - - - - - - -	
Problem (REVIEW)	**Asthma NOS**
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Problem (REVIEW)	**Chronic obstructive pulmonary disease**
- - - - - - - - - - - - - - -	
Problem (REVIEW)	**Atrial flutter**
- - - - - - - - - - - - - - -	
Problem (REVIEW)	**Vitamin B12 deficiency**

Follow up	Intramuscular injection of vitamin B12 (28/05/2026)
Additional	Intramuscular injection of vitamin B12 RP410NE 09/2027 L Deltoid

-	—
02/03/2026	Ms Carla Madden at Not Seen
Comment	**Other medication management** Tasked to contact Well C as they received cahnges to dosette re Colecalciferol. Phoned them and clarified they had not noticed dose was increased from 400UI to 800UI one tab daily. Apologies accepted.

-	—
20/02/2026	Dr Louise Bailey at General Practice Surgery
Result	Urea and electrolytes eGFR 49 back in prediabetic range see PN to consdier dapagliflozin (LBA) Serum lipids 1. Normal - no action (LBA) Liver function test 1. Normal - no action (LBA) Bone profile 1. Normal - no action (LBA) Blood haematinic levels 1. Normal - no action (LBA)

-	—
20/02/2026	Dr Louise Bailey at General Practice Surgery
Result	Haemoglobin A1c level - IFCC standardised Now in prediabetic range monitor annually (LBA)

-	—
20/02/2026	Dr Louise Bailey at St Triduanas Medical Practice
Problem (FIRST)	**Heartburn symptom**
History	Thank you for seeing this 62 year old smoker who presents with intractable heartburn in spite of omeprazole .He had gastric band in 2011 and has not really been bothered with symptoms until recently .He feels food can get stuck in gullet and gets retrosternal pain . He is 14 stone which has not changed. his diet is not as well balanced as it could be. On examination there is mild epigastric tenderness. I have checked bloods given peptac but would value your urgent endocopy to exclude other GI pathology.
Medication	Peptac Liquid (peppermint) *500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME*
Test Request	Serum B12 - *Completed*, Calcium / Albumin - *Completed*, Creat & Electolytes - *Completed*, Cholesterol - *Completed*, Ferritin - *Completed*, Serum Folate - *Completed*, LFTs - *Completed*, FBC - *Completed*, HbA1c - *Completed*
New Referral	(NHS), , , , 8HS..: Referral for endoscopy (SCI Gateway Referral)

-	—
19/02/2026	Ms Carla Madden at Not Seen
Problem (REVIEW)	**Vitamin D deficiency**
Comment	Outpatient clinic letter received Gen Surgery - RIE - 08.12.2025 Bariatric surgery review - Vit D deficincy at 39 and low Zinc at 9.8 Continue: Fultium D3 800IU/ day - patient was on 400IU/ day increased to 800IU/day - repeats updated Change: Increase Forceval to BD - patient already on 2 tabs daily F/u: regular nutritional screens will be continued NOTE: dosette quantities aligend to 28 days Rx

-	—
08/12/2025	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinic Letter Royal Infirmary of Edinburgh General Surgery Bariatric Nurse

-	—
08/12/2025	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinic Letter Royal Infirmary of Edinburgh General Surgery Bariatric Nurse

-	—
08/12/2025	Mrs Liz French at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 bn g10017 exp 01.27

-	—
01/12/2025	Ms Linzi Jack at Not Seen
Comment	Drug not availab.-out of stock Viazem 360mg unavailable - previously prescribed 3 x 120mg. issued again

-	—
10/10/2025	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / As discussed, Quit Your Way Scotland is an advice and support service for anyone trying to stop smoking. You can self refer by calling 0131 286 5113 or 0131 537 7154, call the national Smokeline on 0800 84 84 84 or online at

	quityourway.scot. Thanks St Triduana's Medical Practice
-	—
10/10/2025	Dr Sophia Henderson at Duty Doc extra consultation
Problem (REVIEW)	**Chronic obstructive pulmonary disease**
Examination	HR 102 RR 18 sats 98% temp 36.4 chest clear no crackles no wheeze air entry throughout
Comment	1, doxy 5 days 2. continue inhalers no indication for steroid orally at present 3. seek review if worsening 4. discussed smoking - keen to quit info text for support
-	—
10/10/2025	Dr Sophia Henderson at Duty Doc telephone consultation
Problem (REVIEW)	**Chronic obstructive pulmonary disease**
History	been on holiday benidorm got back 2 days ago woke last night with thick green mucous no fevers, no wheeze talking in full sentences concerned about chest infection
Comment	1. F2F appointment this afternoon for examination - likely to need doxy course, consider steroid
-	—
05/09/2025	Ms Melissa Forde at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Comment	Diary not open - given date next due - 10wkly as prev.
Follow up	(diary entry deleted) (Not Known)
	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 BN RP402NE EXP 07/27 R Deltoid
-	—
04/08/2025	Ms Shannon Kane at Not Seen
Comment	Other medication review Efficiency project - reviewing Hydroxocobalamin amps x5 switching to x2 as more cost effective option
-	—
21/07/2025	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	ECG ECG Edinburgh Royal Infirmary Electrocardiography
-	—
13/06/2025	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	E-mail received from consultant Email Pharmacist
-	—
05/06/2025	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinic Letter Western General Hospital Cardiology Dr Andrew J Mitchell
-	—
03/04/2025	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinical Letter Edinburgh Health and Social Care Thrive
-	—
27/03/2025	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / As discussed, Quit Your Way Scotland is an advice and support service for anyone trying to stop smoking. You can self refer by calling 0131 286 5113 or 0131 537 7154, call the national Smokeline on 0800 84 84 84 or online at quityourway.scot. Thanks St Triduana's Medical Practice
-	—
27/03/2025	Mrs Jo Wallace at St Triduanas Medical Practice
Problem (REVIEW)	**Chronic obstructive pulmonary disease**
History	MRC Breathlessness Scale: grade 3
Examination	Forced expired volume in 1 second, 2.64 litres
	Percent predicted FEV1, 78 %
	Blood pressure reading 93/53 mm Hg
Social	Cigarette smoker, 3 /day
Comment	Reminded importance of daily trelegy. Technique poor for trelegy & saba - all corrected & given spacer from stock. Discussed smoking - reduced down to 3 cpd. Mjog QMW info. white sputum, no red flags. worsening advice.
Additional	Inhaler technique - poor
	Chronic obstructive pulmonary disease annual review
	Oxygen saturation at periphery, 94 %
	Number of COPD exacerbations in past year, 0 /year
	Emergency COPD admission since last appointment, 0
	Has self management plan
	Discussion about clinical red flag warning signs

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Problem (REVIEW) **Diabetes resolved**
Comment Repeat ACR
Test Request ACR - *Completed*

-

Problem (REVIEW) **Vitamin B12 deficiency**

-

Problem (REVIEW) **Hypertensive disease**
Comment x2 low BP readings on pod - given HMBP sheet & asked to hand in.
Follow up Ambulatory blood pressure recording (27/04/2025)

-

Problem (REVIEW) **Ischaemic heart disease**
Comment No changes to angina - strong worsening advice. Any change to baseline to se GP asap. Awaiting cardiology review.

-

Problem (REVIEW) **Asthma NOS**

-

Problem (NEW) **Atrial flutter**

-

Problem (NEW) **Gout**

-

10/03/2025 Ms Linzi Jack at Telephone Consultation
Comment **Outpatient clinic letter received** Email Cardiology - confirmed, stop aspirin and remain on apixaban. Pharmacy updated and will be in box for Friday this week. Patient informed

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10/03/2025 Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional **E-mail received from consultant E Mail Moira Park Cardiology**

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10/03/2025 Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional **E-mail received from consultant E Mail Moira Park Cardiology**

-

10/03/2025 Ms Linzi Jack at Telephone Consultation
Comment **Email sent to consultant** Consultant chased - have arranged for apixaban and bisoprolol to be added to the dosette and we can restart aspirin if required or confirmation with consultant

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07/03/2025 Mrs Shirley Christie at Not Seen
Comment **discussed pts meds with RW - confusion over what he should be taking - Linzi and Carol both looking into this. RW advised pt should take Aptidban and bisoprolol that was given to him by hospital but NOT to take the Asprin until confirmation from consultant re Linzi's email sc**

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27/02/2025 Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional **Letter encounter E Mail Moira Park Pharmacy**

-

27/02/2025 Ms Linzi Jack at Not Seen
Comment **Email sent to consultant** Email sent to consultant to query if to continue on both aspirin and apixaban. Await response

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27/02/2025 Ms Carla Madden at St Triduanas Medical Practice
Problem (REVIEW) **Atrial flutter**
Comment **Post hospital discharge med reconciliation with medical notes** A&E - RIE - 27.02.2025
Impression: Recurrence of atrial flutter with chest pain palpitations. Trop 58
Started: Apixaban 5mg BD and Bisoprolol 5mg OD
F/u: D/c home and letter sent to Cardiologist (Dr Andrew Mitchell)

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27/02/2025 Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional **Letter encounter A&E Discharge Letter Royal Infirmary of Edinburgh Accident & Emergency Dr Alix Margaret Wrighton**

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28/02/2025	Mrs Jo Wallace at St Triduanas Medical Practice
Problem (REVIEW)	**Chronic obstructive pulmonary disease**
Comment	still smoking. No exac in last 12 months. Not ordered trelegy for > 1 year.
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Problem (REVIEW)	**Atrial flutter**
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-	
Problem (REVIEW)	**Diabetes resolved**
Comment	hba1c 39 - gastric sleeve 2011. needs ACR repeated
Test Request	ACR - *Requested*
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-	
Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 deltoid BN 40278 exp 01/26
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Problem (REVIEW)	**Hypertensive disease**
Social	Mrs Mackie present during consult - interjecting with comments such as 'This is a shithole' and 'They killed our [redacted]'. LB informed & task to AF.
- - - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Ischaemic heart disease**
Examination	Blood pressure reading 202/111 mm Hg
Follow up	(diary entry deleted) (Not Known)
Examination	O/E - pulse rate, 125 beats/minute
	Oxygen saturation at periphery, 98 %
Comment	C/o central chest pain for last week. Some radiation to Left arm. D/W DD - for 999 ambulance. Phoned & GTn given. Had not taken previously. Review re-booked
Follow up	(diary entry deleted) (Not Known)
Additional	Clinic D monitoring check done
- - - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Asthma NOS**
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-	
Problem (REVIEW)	**Gout**

-	—
13/02/2025	Mrs Jo Wallace at General Practice Surgery
Result	Urine albumin:creatinine ratio repeat - discuss at review (JWA)

-	—
12/02/2025	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinical Letter Inchkeith House Adult Mental Health

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-	—
12/02/2025	Mrs Liz French at St Triduanas Medical Practice
Problem (REVIEW)	**Atrial flutter**
Examination	Blood pressure reading 148/76 mm Hg
	O/E - height, 177.8 cm
	O/E - weight, 113 Kg
Social	Alcohol consumption, 0 units/week
	Cigarette smoker, 20 /day
- - - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Hypertensive disease**
- - - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Ischaemic heart disease**
- - - - - - - - - - - - - - -	
-	
Problem (NEW)	**Gout**
Test Request	ACR - *Completed*

-	—
06/02/2025	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinical Letter Thrive Edinburgh

-	—
31/01/2025	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Email Inchkeith House Thrive

-	—

31/01/2025	Dr Andrew Mackay at Email correspondence
History	Thanks Mark. I have passed this on to him. Will it be possible to take his details so that he doesn't get told to go to NE if he turns up for a drop in. Gary Mackie 0706631315 Flat 1 136 Marionville Road Edinburgh EH7 6BG Andrew **From:** Chadwick, Mark <[redacted]> **Sent:** 31 January 2025 14:48 **To:** Mackay, Andrew <[redacted]> **Subject:** NW Thrive Welcome Team-Drop- In Clinics As explained the drop-in at the Life Care Centre maybe the closest? Mark Chadwick **NW Thrive Welcome Team/** Psychological Therapist **| Craigroyston Health Clinic|** 1b Pennywell Road | Edinburgh | EH44PH | 0131 **315 2121/** 07967837452

-	—
31/01/2025	at MJog
Additional	Further patient given advice Summary of text message sent to patient / As we discussed please consider going to the Thrive Welcome Teams drop in. Options: Tuesday 10-3.30pm at Craigmillar Medical Centre,106 Niddrie Mains Rd, EH16 4DT (reception will point you in the right direction) Wednesday and Thursday 10-4pm at Norton Park, 57 Albion Rd EH7 5QY (follow signs) More info and link to podcast to hear what happens when you attend a drop-in : https://ithriveedinburgh.org.uk/thrive-welcome-teams/ (please note you are in the NORTHEAST AREA) [If you are in crisis please contact Edinburgh Crisis Centre 0808 801 0414] St Triduana's Medical Practice / Thrive details text to patient

-	—
31/01/2025	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	E-mail received from consultant E Mail Inchkeith House Thrive

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31/01/2025	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Email Inchkeith House Psychiatry Department

-	—
31/01/2025	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Email sent to consultant E Mail Moira Park Psychiatric Assessment

-	—
30/12/2024	Dr Andrew Mackay at Nursing Home
Problem (REVIEW)	**Bereavement reaction**
History	feels that [redacted]'s death has brought all the trauma from his [redacted]hood back again. After talk with LB felt that more settled but worse with anniversary of David's birthday and xmas. felt diazepam helpful. says wasn't using every night but finished 4w prescription issued on the 12th of november almost 2w ago. Not generally v keen on medication as already on a lot. Is trying to keep a routine and understands importance of this but not consistent. Not heard from psych yet.
Examination	v upset on phone with reception but very settled with me. reactive at times.
Comment	repeat diazepam. encouraged not to take on consecutive nights. chase psych.
Medication	Diazepam Tablets 5 mg *30 tablet ONE NOCTE*

-	—
05/12/2024	Mrs Liz French at St Triduanas Medical Practice
Follow up	(diary entry deleted) (Not Known)
Test Request	25-OH Vitamin D - *Completed*
Additional	Intramuscular injection of vitamin B12 bn f09485 exp 02.26

-	—
26/11/2024	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Please call St Triduana's Medical Practice on 0131 657 3341 to book an appointment for a blood test. Thanks

-	—
26/11/2024	Dr Ruth Wiggins at Not Seen

Problem (REVIEW)	**Vitamin D deficiency**
Test Request	25-OH Vitamin D - *Requested*

-	—
15/11/2024	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	E-mail received from consultant E Mail Inchkeith House Psychiatry Department

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14/11/2024	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Email Inchkeith House Thrive

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14/11/2024	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter E Mail Inchkeith House Psychiatry Department

-	—
13/11/2024	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter email Inchkeith House Psychology

-	—
12/11/2024	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter E Mai Moira Park Psychiatry Department

-	—
12/11/2024	Dr Louise Bailey at St Triduanas Medical Practice
Problem (REVIEW)	**Bereavement reaction**
History	40 min consultation with [redacted] Shirley. really struggling since loss of [redacted] David - ongoing anger directed to his family who did not support and aspects of nursing care - listening. Mood very varible up and down . Thoughts of self harm but [redacted] and [redacted] protective factors no planning.Impulsivity and anger predominate. Sleeping better with rx this should be continued in medium term .Can forget medktion discussed again and Shirley encouraging him to take.Sobbing openly how his family have let him down - revealed aspects of very abusive [redacted]hood. Brought up by step [redacted] with three half siblings who were his [redacted]ren.Does not know who his fathe ris angry about this. Beaten by step [redacted] from young age - used gold clubs , heavy objects - always frightened . [redacted] did not protect he never turned on his own [redacted]ren . Gary got into trouble very unstable and unloving home went into care age 12 years - until 17 years. family did not see him. No contact with siblings other than [redacted] - they did not come to see David and there is much anger and many expletives about this. We discused understandable anger at this stage of loss of [redacted] - guild over what he could have done as a [redacted] - absent role models in his own [redacted]hood.he is consdiering trauma based therapy which we discussed today
Comment	I will DW mental health team re best route for assessment - he is very concerned re confidentiality as his [redacted] works at IKH - I didcussed emailing Consultant to discuss this

-	—
23/10/2024	Dr Louise Bailey at St Triduanas Medical Practice
Problem (FIRST)	**Foot pain**
History	Mobilty scooter ran over foot in Spain not broken requesting painkillers declined examination
Social	really benfited form holiday with Shirley - visibly more relaxed.
Comment	Pain rx issued - if fails to settle review
Medication	Dihydrocodeine Tablets 30 mg *60 tablet 1 4HRLY FOR PAIN*

-	—
04/10/2024	Dr Louise Bailey at General Practice Surgery
Result	Haemoglobin A1c level - IFCC standardised in non diabetic range on no rx (LBA)

-	—
04/10/2024	Dr Louise Bailey at St Triduanas Medical Practice
Problem (FIRST)	**Bereavement reaction**
History	Really struggling following death .not sleeping very aggitated. recounting anger re aspects of [redacted] care.More aceptiong - bereavement visit helped . 600 at Davids funeral very overwhelming .
Medication	Diazepam Tablets 5 mg *30 tablet ONE NOCTE*
Comment	Short term diazepma for aggitation and insomnia review when back form holiday
Test Request	Serum B12 - *Completed*, Calcium / Albumin - *Completed*, Creat & Electolytes - *Completed*, Creatine Kinase - *Completed*, C-Reactive Protein - *Completed*, Ferritin - *Completed*, Serum Folate - *Completed*, LFTs - *Completed*, TFT - *Completed*, HbA1c - *Completed*, FBC - *Completed*

-	—
27/09/2024	Ms Melissa Forde at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known)

Additional	Intramuscular injection of vitamin B12 F11209 EXP 04/26 L Deltoid
-	—
08/08/2024	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter from patient Clinical Letter Jobcentreplus Employment and support allowance
-	—
22/05/2024	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinic Letter Western General Hospital Cardiology Dr Andrew J Mitchell
-	—
10/04/2024	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Hospital outpatient report Clinical Letter Western General Hospital Respiratory
-	—
07/02/2024	Ms Lucy Duncan at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 F09467 exp 04/2025 rdeltoid
-	—
01/02/2024	Ms Carla Madden at St Triduanas Medical Practice
Comment	Outpatient clinic letter received Bariatric Service - RIE - 22.09.2023 - Delayed letter Borderline low Vit D and zinc Restart: Colecalciferol 400units OD (in addition to Forceval 400units) for 6 months and review Note: Patient counselled on dietary sources of zinc F/u: regular nutritional screens
-	—
25/01/2024	Ms Carla Madden at St Triduanas Medical Practice
Comment	Drug not availab.-out of stock Well C requesting alternative for Forceval. Phoned other pharmacies, available to order. Called Well C, request from last week, confirmed they can order it today.
-	—
22/01/2024	Dr Louise Bailey at St Triduanas Medical Practice
Problem (NEW)	**Lower resp tract infection**
History	Worsening cough no wheeze new inhalers smokes both cigarettes and cannabis . No motivation to stop . recent CXR
Examination	Moist cough L basal creps no rhonchi O/E - pulse rate, 76 beats/minute O/E - tympanic temperature, 37 deg C O/E - rate of respiration, 16 /min Oxygen saturation at periphery, 98 %
Comment	Rx issued with advcie
Medication	Doxycycline Hyclate Capsules 100 mg *6 CAPSULE TWO TO BE TAKEN ON DAY 1 THEN ONE TO BE TAKEN DAILY FOR A FURTHER 4 DAYS*
-	—
16/01/2024	Mrs Jo Wallace at St Triduanas Medical Practice
Problem (REVIEW)	**Chronic obstructive pulmonary disease**
History	MRC Breathlessness Scale: grade 4
Examination	Forced expired volume in 1 second, 2.3 litres Number of COPD exacerbations in past year, 1 /year Emergency COPD admission since last appointment, 1 Percent predicted FEV1, 67 %
Social	Cigarette smoker, 4 /day
Comment	Brown/white sputum. No red flags - has cough but usual for him. Had F/U CXR yesterday at WGH - app with GP 22/1/24 to discuss results. Started smoking at school - keen to reduce further. Good compliance with current inhalers - change LAMA/Fostair to Trelegy. Demonstrated & prescribed. Worsening advice
Medication	Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose *60 DOSE INHALE ONE PUFF ONCE A DAY*
Follow up	(diary entry deleted) (Not Known)
Additional	Inhaler technique - good COPD patient unsuitable for pulmonary rehabilitation Chronic obstructive pulmonary disease annual review Oxygen saturation at periphery, 96 % CDM level 3 review done Smoking cessation advice
- - - - - - - - - - - - - - -	
-	

Problem (REVIEW) **Diabetes resolved**
Comment BP & bloods stable - hba1c 36. Gastric sleeve 2011.
- - - - - - - - - - - - - - -
-
Problem (REVIEW) **Vitamin B12 deficiency**
- - - - - - - - - - - - - - -
-
Problem (REVIEW) **Hypertensive disease**
- - - - - - - - - - - - - - -
-
Problem (REVIEW) **Ischaemic heart disease**
Comment Recent full investigated for CP
- - - - - - - - - - - - - - -
-
Problem (REVIEW) **Asthma NOS**
- - - - - - - - - - - - - - -
-
Problem (NEW) **Gout**

-
18/12/2023
Comment
—
Ms Linzi Jack at Not Seen
Medication requested viazem (diltiazem) increased to 360mg in July, bloods and BP up to date. Reauthorised and issued

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-
14/12/2023
Additional
—
at MJog
SMS text sent to patient Summary of text message sent to patient / You have missed an appointment with the nurse this morning. Please could you contact reception to re-book. Kind Regards St Triduana's Medical Practice

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-
14/12/2023
Problem (REVIEW)
Comment
Additional
—
Mrs Jo Wallace at Not Seen
Chronic obstructive pulmonary disease
Failed encounter DNA Level 3 part 2. Text sent to patient.
EMIS attachment reference code 2nd DNA letter
- - - - - - - - - - - - - - -
-
Problem (REVIEW) **Diabetes resolved**
Comment Hba1c 36 - on no meds for diabetes. Bp ok & rest of bloods stable
- - - - - - - - - - - - - - -
-
Problem (REVIEW) **Vitamin B12 deficiency**
- - - - - - - - - - - - - - -
-
Problem (REVIEW) **Hypertensive disease**
- - - - - - - - - - - - - - -
-
Problem (REVIEW) **Ischaemic heart disease**
Comment Recent admission for CP - fully investigated.
- - - - - - - - - - - - - - -
-
Problem (REVIEW) **Asthma NOS**
Comment On fostair, LRTA, SABA & spiriva
- - - - - - - - - - - - - - -
-
Problem (REVIEW) **Gout**

-
06/12/2023
Additional
—
Mr Docman **Do not delete** Docman **Do not delete** at Docman
Hospital outpatient report Clinic Letter Western General Hospital Ambulatory Care SDEC New Clinic

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-
30/11/2023
Additional
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Mr Docman **Do not delete** Docman **Do not delete** at Docman
Letter encounter from patient Clinical Letter Western General Hospital Acute Receiving Unit

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-
30/11/2023
Additional
—
Mr Docman **Do not delete** Docman **Do not delete** at Docman
Letter encounter Clinic Letter Western General Hospital Ambulatory Care SDEC New Clinic

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-
30/11/2023
Problem (FIRST)
—
Dr Catherine Naim at Duty Doc extra consultation
[D]Chest pain

Many thanks for seeing this 60 year old gentleman with known ischaemic heart disease who presented with chest pain. He had sudden onset chest pain in

History	Laide of chest whilst wathcing tv last ngiht. this was sharp, radiating through to back and lasted around 1 hour. he has had 2 further episodes of sharp chest pain since then, the last being at 9am this morning. he denies any crushing chest pain or sweating. he has no cough or SOB. He is a smoker. On exam, T 36.9 sATS 96% hr 88 . BP 138/79 chest clear throughout. no added sounds. no chest wall tenderness. Given his past history and nil to find on examination to explain his pain, I would be grateful if you could see him ?MI . many thanks, Dr Cat Nairn GP
Comment	Seen as extra as per KC
	SDEC appt 1615
New Referral	(NHS), , , , 8H2..: Emergency hospital admission (SCI Gateway Referral)
- - - - - - - - - - - - - - -	
-	
History	handed me urine that KC asked him to do.
Test Request	ACR - *Completed*

-	—
30/11/2023	Mrs Kelly Clarine at St Triduanas Medical Practice
Problem (REVIEW)	**Hypertensive disease**
Examination	Blood pressure reading 138/79 mm Hg
	Body Mass Index, 30.13
	O/E - height, 177.8 cm
	O/E - weight, 95.25 Kg
Social	Alcohol consumption, 0 units/week
	Cigarette smoker, 8 /day
Comment	Drug compliance good Hypertension meds - takes regularly in the morning
	Patient asked to make an appointment asked to return in 6M for review
Follow up	(diary entry deleted) (Not Known)
Test Request	HbA1c - *Completed*, Creat & Electolytes - *Completed*, Cholesterol - *Completed*, LFTs - *Completed*, TFT - *Completed*, Urate - *Completed*, ACR - *Completed*, FBC - *Completed*
Additional	Blood sample taken UE HbA1c Chol
	Lifestyle counselling Discussed safe alcohol cons, healthy diet, low salt intake, weight loss and increasing exercise
- - - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Type 2 diabetes mellitus**
- - - - - - - - - - - - - - -	
-	
Problem (NEW)	**Gout**
- - - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Ischaemic heart disease**
History	having chest pains on and off since last night, burning feeling, radiating through to back, spoke with DD (cn) will see while here and check over
- - - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Chronic obstructive pulmonary disease**
- - - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Asthma NOS**

-	—
02/11/2023	Ms Melissa Forde at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 LOT F05627 EXP 01/25 R Deltoid.

-	—
22/09/2023	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Hospital outpatient report Clinic Letter Royal Infirmary of Edinburgh Bariatric Surgery Bariatric Service

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-	—
22/09/2023	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinic Letter Royal Infirmary of Edinburgh General Surgery Bariatric Service

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-	—
06/09/2023	Dr Charis Johnston at Not Seen
Problem (REVIEW)	**Leg pain**
History	CJ supervising - back pain and bilateral leg pain --> need to exclude CES --> A+E

-	—
06/09/2023	Dr Jonathan Walsh at St Triduanas Medical Practice
Problem (REVIEW)	**Leg pain**

History	In person review with [redacted]. Now reporting that he does have lower back pain, I advised in combination with bilateral leg pain he should go to the Emrgency Department to rule out Cauda Equina. He is understanding of this and will go this evening.
Examination	Normal power and sensation in both legs. Right leg reduced patellar reflex.
Comment	Given back and bilateral lower leg pain will go to the emergency department thuis evening.

06/09/2023	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / As discussed, please go to the following website and download the information card - this has the warning signs/"red flags" that we would like you to monitor for, https://www.macpweb.org/Resources/37b9fa6e-1b59-43fc-a2a3-d0a8f8430720 Thanks St Triduana's Medical Practice

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06/09/2023	Dr Jonathan Welsh at St Triduanas Medical Practice
Problem (FIRST)	**Leg pain**
History	Since discharge from hospital in July has been having problems with pain in both legs which is worse at night. Pain is worse on sitting down and his legs feel weak when he stands up from a sitting position. Main complaint today is that he is having difficulty with sleeping due to his leg pain, pain has been worse over the last 2 weeks. Has previously had sciatica and is awaiting appt with physios for this. No loss of power in legs and no bladder/bowel symptoms. Has been using codeine and amytriptiline which has been helping. No pain in his back at present.
Comment	Phoned back to organise seeing in person, able to attend this evening. Will see in person

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22/08/2023	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinic Letter Western General Hospital ECG Western General Physiologist

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21/07/2023	Ms Christine McDevitt at Not Seen
Comment	**Post hospital discharge med reconciliation with medical notes** WGH, Acute medicine, 13.07.23. Principal diagnosis: Palpitations. Changes to drugs since admission: Increased: Diltiazem from 300mg MR to 360mg MR once daily. No other changes to regular medicines. Pharmacy comments: Sent home on Adizem - XL 2 x 180mg MR capsules for 360mg MR dose once a day as this is what we keep. Please consider changing to Viazem XL which is licensed for once daily dosing of 360mg MR dose. GP to please consider the following: Monitoring symptoms in light of dose increase of diltiazem and to be aware of cannabis use in context of being able to drive. **Telephone encounter** with Well C - discussed change to diltiazem, can get brand recommended by hospital in stock Viazem XL will order for tomorrow. Pharmacist has advised that if patient brings in dosette box in on Monday then they can make that change on Monday for him. Will contact patient and advise. **Telephone encounter** with patient - was given a packet of new tablets from the hospital, so will have enough left for over the weekend, however noticed when he picked up his dosette box that it still had the tidilem tablets in it. Has been able to identify these and pick these out (advised to return to the pharmacy). Happy to return dosette box to pharmacy on monday to have changes made. A bit concerned about his blood pressure, checked every so often, last night was 155/95, not sure if blood pressure machine working properly. Have advised can call into a pharmacy to get a bp check, or if concerned about this may be better to book GP appt to discuss. Also having sore heads, advised this is possibly a side effect of increasing his medication and should reduce with time, however if not or gets worse to seek medical attention. Patient happy with what was discussed no other concerns at this time.

13/07/2023	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Discharge summary Clinical Letter Western General Hospital Acute Medicine

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12/07/2023	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Out of Hours Western General Hospital Out Of Hours

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06/07/2023	Ms Sheila Graham at St Triduanas Medical Practice
Problem (REVIEW)	**Osteoarthritis NOS, of knee (Right)**
History	ATSP by GP re knee. Pt reports swelling has come down but but still bothersome. No red flags as per GP APP protocol V8.
Examination	good ROM, no heat/redness. Mild - md swelling. joint line tender.
Comment	disucssed X-Ray and recommeneded home exercose program.

Problem (FIRST)	**Back pain, unspecified**

History	mentioned LBP at end of consultation, prone to sciatica but usually lasts 2/52. this episode ongoing for 2/12. No red flags as per GP APP protocol V8. no bladder bowel chnages.
Comment	Agreed MSk referral.
New Referral	(NHS), , , , PCS11046SC1: SCI Gateway Referral (SCI Gateway Referral)

-	—
19/06/2023	Ms Sheila Graham at St Triduanas Medical Practice
Problem (FIRST)	**Failed encounter** DNA GP APP appointment.
Additional	EMIS attachment reference code 1st DNA letter

-	—
07/06/2023	Ms Lucy Duncan at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 F03063 exp 06/2024 Rdeltoid

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-	—
31/05/2023	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Result Radiology Leith Community Treatment Centre PCO - LEI Clinical Radiology DG Higginson

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29/05/2023	Dr Charis Johnston at St Triduanas Medical Practice
Medication	Naproxen Tablets 250 mg *56 tablet ONE OR TWO TWICE DAILY*
Problem (REVIEW)	**Osteoarthritis NOS, of knee (Bilateral)**
History	1/52 increased pain and swelling right knee. No trauma. Systemically well.
Examination	t 37. pr 69. sats 96%. antalgic gait. right knee clearly swollen. not red. v v mildly warmer than left knee. sl tender lateral joint line. reasonable ROM. can full extend knee. no ligamentous instability. seen by SG too - hip - sl stiff
Comment	?OA flare. does not present as a septic joint. for x ray. add in naproxen with PPI cover. FU with results
New Referral	(NHS), , , , 8HQ1.: Refer for X-Ray (SCI Gateway Referral)

-	—
24/05/2023	Dr Angus Ramsay at Same day telephone triage
Problem (REVIEW)	**Osteoarthritis NOS, of knee (Bilateral)**
History	longstanding pain for years in lega. X-Ray ay 2013 OA. prev severe obesity and had gastric sleeve. taking codeine 8 tabs per day. not taking any paracetamol. past week pain worse, waking all night.
Comment	prev tried tramadol but was too strong. plan try regular paracetamol for next week with codeine, if not enough then stop codeine and try tramadol, let us know which is more effective. prev had physio but found it too sore so not keen on going again. amitrip helps but bit groggy next morning so not keen to increase.
Medication	Tramadol Hydrochloride Capsules 50 mg *28 capsule ONE TO BE TAKEN 4-6 HRLY IF REQUIRED FOR PAIN*

-	—
09/03/2023	Mrs Kelly Clarine at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 F03057 01/2024 L Deltoid

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-	—
24/02/2023	Dr Louise Bailey at Duty Doc telephone consultation
Problem (FIRST)	**Gout**
History	Sudden onset pain ++ and slight redness over first MTP joint no HO truama no sign of infecton - like previous gout.
Comment	rxissued with advcie review next week fails to settle for bloods
Medication	Colchicine Tablets 500 micrograms *12 TABLET ONE TO BE TAKEN TWICE A DAY*

-	—
18/01/2023	Mrs Gaby Sardesai at Not Seen
Comment	DNA hospital appointment : **Diabetic Eye Screening Programme x 3 recent invitations. Address details are correct. If no contact from patient, will be re-invited.**

-	—
18/01/2023	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinical Letter Princess Alexandra Eye Pavilion Diabetes

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-	—
14/12/2022	Mrs Eilidh Eccles at Telephone Consultation
Problem (REVIEW)	**Chronic obstructive pulmonary disease**
Comment	Great improvement on spiriva, very happy indeed. Wishes to continue. Added to repeats so can order.

-	—
06/12/2022	Mrs Elildh Eccles at General Practice Surgery
Result	Serum lipids 1. Normal - no action (EE)
-	—
06/12/2022	Ms Melissa Forde at St Triduanas Medical Practice
Problem (REVIEW)	**Type 2 diabetes mellitus**
Test Request	Cholesterol - *Completed*, HbA1c - *Completed*
-	
Problem (REVIEW)	**Hypertensive disease**
Examination	Blood pressure reading 185/101 mm Hg Body Mass Index, 33.64 O/E - height, 180 cm O/E - weight, 109 Kg
Social	Alcohol consumption, 0 units/week Cigarette smoker, 5 /day
Comment	Gary will kindly take weeks worth of BP readings with home monitor and hand into desk for RV.
-	
Problem (REVIEW)	**Chronic obstructive pulmonary disease**
Comment	Has reported feeling more short of breath due to cold weather. Has been started on new inhaler for COPD which he finds is giving him relief and he is taking regularly. Discussed smoking - had stopped for 7 months while in hospital but due to stressors with personal life he had started again. Have advised that when he is ready to stop again practice can provide assistance.
-	—
23/11/2022	Mrs Elildh Eccles at Not Seen
Comment	DNA blood appt, task to duty to to rebook then we can complete review.
-	—
03/11/2022	
Additional	Administration of first dose of SARS-CoV-2 vaccine 200002A/ COVMODERNA/IM/Left Arm//C-19 Moderna (Waverly Mall)
-	—
03/11/2022	
Additional	Administration of first inactivated seasonal influenza vacc 440151A/ FLUQIVC/IM/Right Arm//FLU - Seqirus UK (Waverly Mall)
-	—
02/11/2022	Mrs Elildh Eccles at Telephone Consultation
Problem (REVIEW)	**Asthma NOS**
Examination	Asthma control test, 14 /25
Comment	Struggling with chest in winter. Note recent diagnosis of COPD so avoid stepping up ICS at the moment, add in LAMA and assess. Booked in. Using salbutamol 3x daily, sometimes woken up at night with chest. Using aerochamber.
Follow up	(diary entry deleted) (Not Known)
Additional	Asthma monitoring admin. CDM level 2A review done
-	
Problem (REVIEW)	**Type 2 diabetes mellitus**
Comment	Booked for blood missed from previous tests. Part 2 booked in.
Test Request	Cholesterol - *Requested*, HbA1c - *Requested*
-	
Problem (REVIEW)	**Hypertensive disease**
Comment	Needs BP taken, not had this year. Will hand in a weeks worth of readings.
-	—
07/10/2022	Ms Haifei Yu at St Triduanas Medical Practice
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 lot:10160 exp:11/2022 l deltoid
-	—
03/10/2022	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter from patient Clinic Letter Royal Infirmary of Edinburgh General Surgery Bariatric Service
-	—
23/09/2022	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Hospital outpatient report Clinic Letter Royal Infirmary of Edinburgh General

	Surgery Bariatric Service
-	—
20/09/2022	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter from patient Results Respiratory Physiology Service Respiratory
-	—
27/07/2022	Ms Christine McDevitt at Telephone Consultation
Comment	Telephone encounter patient called back, happy to hear he doesn't have to take as many tablets. Gets his dosette box today so have advised will get his pharmacy to make the changes for next week. Telephone encounter with well c to advise that colecalciferol 800 units is stopping and colecalciferol 750mg and 10mcg is stopping, will stop for next week.
-	—
27/07/2022	Ms Christine McDevitt at Telephone Consultation
Comment	Failed encounter - tried to call patient to discuss dosette changes, no answer 15:48. Other medication management discussed letter from bariatrics with CJ, agreed seemed reasonable for patient to come off both preparations as they were initially started by bariatrics. Have removed from repeat and will advise pharmacy and patient.
-	—
26/07/2022	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter from patient Clinical Letter Royal Infirmary Of Edinburgh Bariatric Surgery
-	—
26/07/2022	Ms Christine McDevitt at Not Seen
Comment	Other medication management RIE, Specialist Bariatric Dietician, 25.07.22 - Thank you for your email regarding this gentleman. Looking at the bariatric nutritional bloods from September 2021 - the calcium, PTH and Vitamin D are all within normal reference ranges. Unless he requires the medication below for other reasons, these can be discontinued from a bariatric perspective. Kind regards Bev Wallace Reply from Dietetics, will pass onto caring GP.
-	—
21/07/2022	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinical Letter Moira Park Pharmacist CM Query re medication
-	—
20/07/2022	Ms Christine McDevitt at Telephone Consultation
Comment	Telephone encounter patient called back - has confirmed he is taking both calcium 750 +200 units and colecalciferol 800 units.
-	—
20/07/2022	Ms Christine McDevitt at Telephone Consultation
Comment	Telephone encounter tried to contact patient to confirm if taking both colcalciferol and colecalciferol 750mg and 200 units - one twice a day and colecalciferol 800 units per day, as [redacted]ar, patient doesn't seem to order either very often. No answer 16:24. Have emailed his bariatric dietician to confirm if patient should be taking both preparations.
-	—
19/07/2022	Dr Julia Houston at Not Seen
History	NB - f2f appt for this pt made by me in error yesterday - pt has not phoned complaining of haematuria - appt was meeant to be for a different pt - I have cancelled erroneous appointment but note entry added for clarity.
-	—
18/07/2022	Dr Julia Houston at Third party Consultation
Problem (REVIEW)	Obesity
History	During duty session - pharmacist Leanne on the phone - asking us to clarify - pt prescribed both calcium carbonate w colecalcifeferol and colecalciferol separately - under direction of bariatric team.
Comment	harmacy team to kindly have a look into this please - I've added to list for this week - please amend scripts according to bariatric team advice - I note both preps contain differing amoutns of colecalciferol so important to ensure pt still getting adequate doses. I've said to pharmacy we'll update them once looked at - thank you.
-	—
01/07/2022	Mrs Gaby Sardesai at Not Seen

Comment	DNA hospital appointment : wgh:Resp.Physiology o/p - a further appt not being arranged but patient given direct telephone number to contact within 4/52, if still wishes to be seen.
-	—
01/07/2022	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter from patient Clinical Letter Western General Hospital Respiratory
-	—
13/06/2022	Ms Carla Madden at St Triduanas Medical Practice
Comment	Change in medication declined - GPIP 2022 - Unsuitable switch to aspirin disp as patient on dosette box
-	—
10/06/2022	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Dear Gary Bruce Mackie, Your last blood tests show that you no longer need the iron tablets (ferrous fumarate). The rest of your prescription has been sent to the chemist. St Triduana's Medical Practice
-	—
10/06/2022	Dr Rowan Calloway at Not Seen
History	Hb normalised, normocytic. serum iron low but transferrin <2.
Comment	stop iron
-	—
06/06/2022	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Dear Gary Bruce Mackie, Your CXR on 02/06/2022 shows the infection has cleared and your lungs appear normal. There is no sign of cancer. Dr Johnston __ St Triduana's Medical Practice
-	—
06/06/2022	Dr Charis Johnston at See patient task
History	CXR 2/6/22: Previously noted right upper lobe consolidation has resolved. Lungs and pleural spaces appear clear. The patient can be reassured.
-	—
06/06/2022	Mrs Liz French at St Triduanas Medical Practice
Problem (REVIEW)	**Type 2 diabetes mellitus**
Follow up	(diary entry deleted) (Not Known)
Test Request	Iron / Transferrin / Transferrin Sat. - *Completed*, C-Reactive Protein - *Completed*, FBC - *Completed*
Additional	Intramuscular injection of vitamin B12 b12 E06340 exp 06/23
-	—
05/05/2022	Dr Zoe Kelion at Not Seen
History	Duty rec tasked to arrange rpt blood test (FASTING) 4 weeks
Test Request	C-Reactive Protein - *Requested*, Iron / Transferrin / Transferrin Sat. - *Requested*, FBC - *Requested*
-	—
03/05/2022	Dr Zoe Kelion at General Practice Surgery
Result	Full blood count - FBC Hb 128 in context of recent infection. Ferritin/ B12/ folate normal. Been around this level since 2019. Rpt 4 weeks with fasting iron studies (ZK)
Comment	Normal myeloma screen Aug 21
-	—
03/05/2022	Dr Zoe Kelion at General Practice Surgery
Problem (REVIEW)	**Lober pneumonia**
History	Pains under R breast - been there since attended hspt. Had 5 days abx/ steroids - feels was helping but symptoms now come back again. Still bringing up greeny brown phlegm - was bringing up blood when seen in hspt but that has stopped since abx.
Examination	B/P 181/97 but Not taken B/P meds yet today. sats 99% P 66. 96-99% on 1 min sit to stand test. Tender ++ on pressing lower R intercostal muscles. Chest sounds clear - no wheeze. Mobilising fine. Apyrexial. RR 14. No calf/ ankle swelling
Medication	Amitriptyline Hydrochloride Tablets 10 mg *56 TABLET ONE- TWO TO BE TAKEN IN THE EVENING*
Comment	I think CPs are MSK - paracetamol suggested for this. Keen for further week of abx and I feel given ongoing phlegm and confirmed RUL pnuemonia this is appropriate. Also requests amitryptiline for sleep -on rpts for sciatica - not taken for a while though so suggest re-start at lower dose. To take B/P meds when gets home and will keep CXR appt. Bloods re-checked
Test Request	FBC - *Completed*, C-Reactive Protein - *Completed*, Creat & Electolytes -

	Completed
Social	Not smoked since hspt

-	—
03/05/2022	Dr Zoe Kellon at Same day telephone triage
Problem (REVIEW)	**Lobar pneumonia**
History	As below. Says still in "agony" R lung. Can't sleep due to it. WCC 20/ Na 150 when in hspt (CRP not checked) and CXR showed RUL pnuemonia -treated with amoxil and pred. Having rpt CXR 27.5.22. . No fevers. Feeling SOB -using inhalers - using salbutamol 8 x per day. SOB on lying down. Been referred for spirometry. Tcl for exam
Examination	Not dyspnoeic on phone

-	—
28/04/2022	Dr Daisy Higginson at Same day telephone triage
Problem (REVIEW)	**Lobar pneumonia**
History	In hospital 2/52 ago with pneumonia. Looking for review. Took a while for symptoms to resolve, pain persisted until 2/7 ago but now settled. No longer having blood in sputum, green/ white in colour now. Still needing blue inhaler. Has stopped smoking - now vaping only with low nicotine. Using pink inhaler 2 puffs OD, salbutamol 2 puffs approx 6 times/ day. Thinks has had spirometry before but not sure - unable to see result
Examination	Talking in sentences, intermittent cough, not short of breath, occasional audible wheeze
Comment	Will refer spirometry for ?COPD picture. Encouraged to increase regular inhaler to 2 puffs BD and should start to see reduction in salbutamol requirement - if not reducing requirement then will need review. Needs rpt X-Ray - on d/c summary was requested for 4-6 weeks post discharge. If any further haemoptysis to call back for review
New Referral	(NHS), , , , 8HRC.: Referral for spirometry (SCI Gateway Referral)

-	—
15/04/2022	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	A&E report A&E Discharge Letter Royal Infirmary of Edinburgh Accident & Emergency Dr Sam Talbot

-	—
24/03/2022	Dr Louise Bailey at Same day telephone triage
Problem (REVIEW)	**Chronic low back pain**
History	Worsening of back pain with sciatica. Used various painkillers in the past
Comment	rx issued with advice
Medication	Co-Codamol 30/500 Capsules *200 capsule TWO CAPSULES 4-6 HRLY FOR PAIN*
	Senna Tablets 7.5 mg *60 tablet 2 nocte*

-	—
21/03/2022	Dr Dayna Alexander at St Triduanas Medical Practice
Problem (NEW)	**Otitis media NOS**
History	See previous. No tinnitus or problems with hearing. very similar to previous holiday as had been in the sea most days.
	Unsure of dose of solpadeine or if got over counter as nothing on record here. Thought it worked better than cocodamol 30/500. Didn't move bowels for 5 days whilst on holiday but been on laxative since at home and moved this morning.
Examination	Looks well. mobilising independently. right ear - some wax, normal TM. Left ear - a lot of wax, erthythema in canal, difficult to see whole TM due to wax. no mastoid or tragus tenderness.
Comment	Amox for left otitis media. worsening advice given. Pt happy to try cocodamol 8/500 as same dosage we think to solpadeine, will contact back if not helping. Advised to maintain on laxatives whilst using cocodamol due to SE.
Medication	Amoxicillin Capsules 500 mg *21 capsule ONE TO BE TAKEN THREE TIMES A DAY*
	Co-Codamol 8/500 Tablets *30 TABLET MAXIMUM TWO TABLETS X FOUR TIMES DAILY. MAX 8 TABLETS DAILY*

-	—
21/03/2022	Dr Dayna Alexander at Same day telephone triage
Problem (FIRST)	**Ear pain**
History	Just back from Tenerife, 4 day history left ear pain. Has been swimming. Had something previously similar in right ear. Feels a bit blocked. no otorrhoea. No mastoid pain. No other coryzal symptoms. no fevers. Managing to eat and drink ok. Flight was ok with ear.
Comment	Happy to attend for F2F exam of ear.

-	
Problem (REVIEW)	**Chronic low back pain**
	Generalised lower back and limb pain ongoing, no change from previous. Long history of pain and previous morbid obesity. Has run out of solpadine. Has trialled many medications. Cocodamol not strong enough, tramadol too strong.

History	Doesn't want to have to take more than needed but struggled on holidays with no painkillers. No red flags. ref to Physio last year which he felt made it worse and asked for no further appt. Note full myeloma/PSA screen done last year. Patient asking for further script of solpadine. Cannot see this on his med record.
-	—
22/02/2022	Dr Ruth Wiggins at Message written on prescription
History	check response to iron. pt asked to book bloods
Test Request	Ferritin - *Requested*, FBC - *Requested*
-	—
21/02/2022	
Additional	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Right Arm) C-19 Booster Moderna (L Ker) 000071A/ MOD/IM/Right Arm//C-19 Booster Moderna (L Ker)
-	—
21/02/2022	
Additional	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Booster Moderna (Mass - EICC) 000071A/ MOD/IM/Right Arm//C-19 Booster Moderna (Mass - EICC)
-	—
17/02/2022	Mrs Gaby Sardesai at Not Seen
Comment	DNA hospital appointment : **Diabetic Eye Screening Programme x 3 recent invitations. If no contact from patient, will be re-invited.**
-	—
17/02/2022	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinical Letter Princess Alexandra Eye Pavilion Diabetes
-	—
20/12/2021	Mrs Eilidh Eccles at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 Hydroxocobalamin 1mg/ml Bn: 10310 Exp: 11/2022 IM R deltoid
-	—
10/12/2021	Ms Gail Anderson at St Triduanas Medical Practice
Comment	Failed encounter DNA
Additional	EMIS attachment reference code 1st DNA letter
-	—
06/12/2021	Ms Linzi Jack at Telephone Consultation
Comment	Well C - confirming dose of ferrous fumarate for dosette box. To go for TDS. With iron studies repeated after 3 months (see letter 24/09/21)
-	—
24/09/2021	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinic Letter Royal Infirmary of Edinburgh General Surgery Bariatric Service
-	—
24/09/2021	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinic Letter Royal Infirmary of Edinburgh General Surgery Bariatric Service
-	—
13/09/2021	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinical Letter Physiotherapy
-	—
30/08/2021	Dr Zoe Kellon at St Triduanas Medical Practice
Problem (REVIEW)	**Chronic low back pain**
History	As per AS consult . Had for years but sorer past 6-7 months and radiates down L leg. Can go away for 2-3 days but then comes back again. Worse if sitting for any time at all. Amitryptilline and tramadol help with pain but "knock me for six", takes away appetite, and too droswy. No weight loss. No change to bladder/ bowels. No "numb bum". No prev imaging that I can see on scl store
Examination	O/E - weight, 113 Kg Body Mass Index, 34.88 T 36.7. Tender pressing musculature above L buttock. SLR L leg 15 degrees - trigger sciatica. R leg 25 degrees - limited by hip pain. Pain on flexing both hips as well. Sensation/ tone normal. Power of upper L leg slightly reduced due to pain but rest of power normal. Reflexes normal. Anal tone/ sensation NAD Unable to reach prostate though due to limited flexion of hips

	Blood pressure reading 146/82 mm Hg
	O/E - pulse rate, 76 beats/minute
Medication	Co-Codamol 30/500 Tablets *100 TABLET ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED FOR PAIN*
Comment	For bloods and urine as below. Refer back pain clinic with a view to MRI. Advised of red flags for CES to watch out for ie bilat numbness/ weakness of legs, "numb bum" or loss of sensation saddle area, change in bladder/ bowel function then to seek urgent medical attention
New Referral	(NHS), , , , 8HTH.: Referral to back pain clinic (SCI Gateway Referral)

Problem	Low Hb
History	Mild anaemia on last blood test. Rarely eats red meat - tends to get sore central stomach if eats red emat or sprouts. Otherwise tummy OK. No PR bleeding.No dysphagia.
Test Request	Bence-Jones Protein - *Completed*, FBC - *Completed*, U&E Creatinine - *Completed*, Urate - *Completed*, PSA - *Completed*, LFTs - *Completed*, Iron / Transferrin / Transferrin Sat. - *Completed*, Immunoglobulins - *Completed*, Ferritin - *Deleted*, Protein Electrophoresis - *Completed*, Creat & Electolytes - *Completed*, Calcium / Albumin - *Completed*
Examination	abdo NAD PR NAD (but limited exam - see above).

23/08/2021	Dr Zoe Kellon at Not Seen
History	Pt has cancllled todays appt and moved to 30.8.21

19/08/2021	Dr Zoe Kellon at Not Seen
History	Has F2f appt booked with me for back pain. Note slightly low Hb, normal ferritin/B12/ folate/CRP. No weight loss. Task sent to duty rec to advise him to come fasted to appt on Mon and to bring a urine sample so that fasting iron studies and myeloma screen can be done then. Will also do FBC/U+E/LFT/PSA

02/08/2021	Mrs Jo Wallace at Telephone Consultation
Problem (REVIEW)	**Asthma NOS**
Examination	Asthma control test, 21 /25
Comment	Significant improvement since adding in montelukast - not used SABA for 3 days and big improvement in wheeze. Continue medium dose of fostair & montelukast. Worsening advice given.
Follow up	(diary entry deleted) (Not Known)
Additional	Asthma monitoring admin. CDM level 2A review done

30/07/2021	Mrs Pamela Chisholm at St Triduanas Medical Practice
Examination	Blood pressure reading 128/74 mm Hg
	O/E - pulse rate, 76 beats/minute
Test Request	FBC - *Completed*, Serum Folate - *Completed*, Ferritin - *Completed*, Serum B12 - *Completed*
Additional	Blood sample taken

22/07/2021	Dr Aman Singh at Telephone Consultation
Problem (NEW)	**Chronic low back pain**
History	struggling to walk with back at times - but can also go away for couple months at a time returned and bad last few months put 2 stones on but wt not too bad since gastric bypass 2011 too drowsy on tramadol severe backpains continue under impression was going to have an MRI back notes reviewed no mention of this pt thinks may have been misunderstanding still lot of pain and sciatica I think we should review f2F after this amount of time - coming for bloods next week at request colleague re anaemia add further bloods too given appt for examn note prev tried gbp too in 2014 - v longstanding
Social	prtnr had heart surgery - went well
Comment	**also bloods from 2/7/21** stop tramadol regular paracetamol continue amitr - not taking regularly
Test Request	Phosphate - *Requested*, LFTs - *Requested*, C-Reactive Protein - *Requested*, Calcium / Albumin - *Requested*

Problem (NEW)	**Sciatica**

14/07/2021	Mrs Jo Wallace at Telephone Consultation
Problem (REVIEW)	**Asthma NOS**
Comment	been on medium dose fostair for a few weeks - some improvement but still c/o chest tightness and using SABA 3-4 times some days. Step up to montelukast & review 2nd august

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-	—
02/07/2021	Dr Paul McGeehan at Not Seen
History	Hb slightly reduced at 125. Similar previous which self resolved. Will ask admin to schedule him for repeat bloods in 1m to ensure hb / ferritin / haematinics are ok.
Test Request	FBC - *Requested*, Serum Folate - *Requested*, Ferritin - *Requested*, Serum B12 - *Requested*
-	—
29/06/2021	Mrs Jo Wallace at St Triduanas Medical Practice
Problem (REVIEW)	**Asthma NOS**
Examination	Asthma control test, 14 /25
Social	Cigarette smoker, 5 /day
Comment	ACT score poor, using SABA daily. Only taking one puff daily of fostair - [redacted]s dose. Increase to medium dose and review 2 weeks - app booked
Follow up	(diary entry deleted) (Not Known)
Additional	Asthma monitoring admin. Asthma management plan given Inhaler technique - good Smoking cessation advice CDM level 3 review done
-	
Problem (REVIEW)	**Ischaemic heart disease**
Comment	Hba1c 39 - remains in diabetic remission following bariatric surgery. BP above HT target. Would like to sign up to florence - added to waiting list. No angina
Follow up	Key information summary, special note expiry date (31/12/2099)
Additional	Consent for key information summary upload KIS consent obtained Special patient note Consent obtained
-	—
07/06/2021	Dr Paul McGeehan at General Practice Surgery
Result	Full blood count - FBC 3. Actioned see patient task (PMC)
-	—
07/06/2021	Mrs Liz French at St Triduanas Medical Practice
Problem (REVIEW)	**Ischaemic heart disease**
Follow up	(diary entry deleted) (Not Known) (diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 bn 002431 exp 04/2022 r deltoid
-	
Test Request	FBC - *Completed*, HbA1c - *Completed*, TFT - *Completed*, LFTs - *Completed*, Chol:HDL ratio - *Completed*, Creat & Electolytes - *Completed*
-	
Problem (REVIEW)	**Hypertensive disease**
Examination	Systolic blood pressure, 159 mm Hg Diastolic blood pressure, 86 mm Hg
Social	Cigarette smoker, 6 /day
Comment	Drug compliance good Hypertension meds - takes regularly in the morning Blood sample taken UE HbA1c Chol Further opinion sought Task sent to usual GP to review records and advise
Follow up	(diary entry deleted) (Not Known)
Additional	Lifestyle counselling Discussed safe alcohol cons, healthy diet, low salt intake, weight loss and increasing exercise
-	—
26/05/2021	Dr Nora Lynch at St Triduanas Medical Practice
History	Long history of "sciatica", few years.
Medication	Tramadol Hydrochloride Capsules 50 mg *100 capsule 1-2 QDS PRN* Paracetamol Tablets 500 mg *100 TABLET ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)* Macrogol Compound Oral Powder (sachets) NPF Sugar Free *20 sachet 1 BD*
-	—
13/05/2021	
Additional	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 (By E Tulloch) PW40040/ AZ/IM/RUA/C-19 (By E Tulloch)
-	—
26/03/2021	Dr Julia Houston at Duty Doc task
History	Pharmacist Well Craigentinny on the phone - never received adcal d3 script issued on 25/03 - asking to also update wording of script as this is dispensed weekly in pt's dosette.

Comment	Per DW pharmacist - cancelled last issue to prevent confusion [redacted]ar why never reached them but pharmacist confirms not received by pharmacy - other meds in order), updated wording RE: dosette and issued from repeats.
-	—
12/03/2021	Dr Geoff Smith at Message written on prescription
Comment	Patient asked to make appt for review
-	—
24/02/2021	
Additional	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By G Hinchcliffe) AB0012/ AZ/IM/LUA/C-19 (By G Hinchcliffe)
-	—
11/02/2021	Dr Louise Bailey at Duty Doc telephone consultation
Problem (REVIEW)	**Asthma**
History	request for inhaler overdue review
Comment	Patient asked to make appt for review
Medication	Fostair Cfc-free Inhaler 100 micrograms + 6 micrograms/dose 2 *INHALER ONE OR TWO PUFFS TO BE INHALED TWICE A DAY*
-	—
04/02/2021	Mrs Pamela Chisholm at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Comment	pt missed 2 doses because of the covid beginning to feel generally unwell
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 01/2022 exp b/n00475 / rt arm
-	—
01/02/2021	Mrs Liz French at St Triduanas Medical Practice
Comment	Failed encounter DNA
Additional	EMIS attachment reference code 1st DNA letter
-	—
11/01/2021	Dr Geoff Smith at Message written on prescription
Comment	Patient asked to make appt for review
-	—
07/01/2021	Dr Adam Stevenson at Message written on prescription
Problem (REVIEW)	**Asthma NOS**
- - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Ischaemic heart disease**
- - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Hypertensive disease**
Comment	Patient asked to make appt for review
-	—
23/11/2020	Ms Carla Madden at St Triduanas Medical Practice
Comment	Other medication management Added sick day rules notes
-	—
03/11/2020	Dr Charls Johnston at Message written on prescription
Problem (REVIEW)	**Hypertensive disease**
- - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Ischaemic heart disease**
- - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Asthma NOS**
Comment	Patient asked to make appt for review
-	—
12/10/2020	Dr Geoff Smith at Message written on prescription
Comment	Patient asked to make appt for review level 3
-	—
07/10/2020	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinical Letter Lauriston Buildings ENT
-	—
17/07/2020	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter from consultant Clinic Letter Lauriston Building ENT ENT Neck Lump Clinic(Extra)

-	—
15/07/2020	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinic Letter Lauriston Building ENT ENT Advice Clinic

-	—
30/06/2020	Dr Charis Johnston at St Triduanas Medical Practice
Problem (REVIEW)	**[D]Lump in head or neck**
History	Thank you for seeing this 57 year old smoker. He has had a lump in the left side of his neck for several months now. To begin with it was slightly tender, but it is now non painful. It has not increased in size. He has no lumps elsewhere. He is systemically well with no fever/sweats/weight loss. He denies any changes in voice/difficulty swallowing/sore throat. He is anxious as his friend died from throat cancer and it presented in a similar manner. On examination he has a smooth egular mobile lump just lateral to the adams apple area. it moves on swallowing. It is non tender. He has no other neck lumps. I have sent a routine panel of 'lymphadenopathy bloods'. Many thanks for seeing him for further investigation.
Comment	Seen in PPE
Test Request	HbA1c - *Completed*, Other Viral/Microbial Serology - *Completed*, BBV - HIV Status (HIV Ag-Ab) - *Completed*, Lymphadenopathy / Glandular Fever - *Completed*, FBC - *Completed*, TFT - *Completed*, Immunoglobulins - *Completed*, C-Reactive Protein - *Completed*, Cholesterol - *Completed*, Creat & Electolytes - *Completed*
New Referral	(NHS), , , , 8H53.: ENT referral (SCI Gateway Referral)

-	—
23/06/2020	Dr Charis Johnston at Telephone Consultation
Problem (FIRST)	**[D]Lump in head or neck**
History	telephone surgery appt - during covid outbreak Says [redacted] made him phone. Lump in neck for months now - was sore to begin with but not anymore. 'just at the side of my adams apple' 'about the size of a grape'. unchanged. no lumps elsewhere. no fever/sweats/weight loss/systemic upset. appetite OK. no change in voice/difficulty swallowing.
Social	Cigarette smoker 2 /day can smoke up to 10 cpd if stressed.
Comment	Needs examined - offered this this afternoon but would be helpful to get bloods too and also level 3 review due next month so could get all bloods at same time to save duplicate trips - cant make it to surgery prior to blood van leaving. appmnt booked for tue 30/6 1230 - will wait outside and aware GP in PPE. To call back in interim if worsening symptoms

-	—
11/05/2020	Mrs Eilidh Eccles at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 Bn: 90446 Exp: 01/2021 IM L deltoid

-	—
08/05/2020	Ms Linzi Jack at Not Seen
Comment	**Medication requested** tramadol and amitriptyline - reviewed Jan 20 by FR, no increase in request since then

-	—
30/01/2020	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinical Letter Diabetic Retinopathy Screening Diabetic Retinopathy Screening

-	—
30/01/2020	Ms Fiona Rennie at St Triduanas Medical Practice
Comment	Called patient to discuss analgesia. Finding amitriptyline not effective at 20mg - using tramadol 50mg TDS. Will discuss with duty doctor - patient really struggling with sleep due to pain. Had 25mg tablets previously. **Duty dr agreed to increase.**

-	—
14/01/2020	Ms Gail Anderson at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 90150 exp 11/20 r deltoid Seasonal influenza vaccination Fluceivax Tetra P100120851 EXP 06/20 - L Deltoid im consent given

-	—
13/01/2020	Ms Fiona Rennie at St Triduanas Medical Practice
Comment	Called patient - still experiencing severe pain overnight. Taking one tramadol three times a day, and 2 x 10mg amitriptyline at night. Finds tramadol relives pain for 3-4 hours. I have advised that patient take an additional tramadol in evening, and if needed overnight for severe pain can have 1 further dose - max of 5 in 24 hours (can have up to 400mg in 24 hours).

-	—
23/12/2019	Ms Fiona Rennie at St Triduanas Medical Practice
Comment	Tried to call patient, no answer. Left message for patient to call back, otherwise will review next week.

-	—
16/12/2019	Ms Fiona Rennie at St Triduanas Medical Practice
Comment	Tried to call patient to discuss pain control. No answer - will try again on Thursday.

-	—
22/11/2019	Dr Aman Singh at Duty Doc telephone consultation
Problem (REVIEW)	**Sciatica**
History	burning leg pain coming and going pain very severe no other changes back not too bad tolerated amitr fine
Comment	step up amitr add tramadol open review
Medication	Amitriptyline Hydrochloride Tablets 25 mg *56 TABLET TWO AT NIGHT* Tramadol Hydrochloride Capsules 50 mg *60 capsule 1-2 TDS PRN FOR SEVERE PAIN*

-	—
18/11/2019	Dr Zoe Kelion at Home visit
Problem (REVIEW)	**Sciatica**
History	Chronic low back pain. 2 weeks ago strained back but pain seemed to get better after. 4 days ago developed lower back pain with R leg sharp shooting pains which have got worse over weekend. Taking co-codamol 3/500 - not helping. Not sleeping due to pain. Difficulty mobilising. No change to bladder/ bowels. No saddle change in sensation
Examination	In bed but able to get up and mobilise when asked to. SLR L leg 45 degrees (limited by back pain), R leg 10 degrees (limited by sciatica). Power both legs normal. Tone/ sensation all intact.Reflexes present -possibly slightly reduced knee reflex on R compared with L. Sensation saddle area intact. Anal tone normal.
Medication	Amitriptyline Hydrochloride Tablets 10 mg *56 TABLET ONE-TWO TO BE TAKEN IN THE EVENING*
Comment	Imp: sciatica. Given acute on chronic nature refer back pai clinic. GK entry 23.8.19 says amitypriliine CI but I am not sure why - pt says prev tolerated well and no sig med interactions coming up. Keen to try again (outwith dosette). Discussed stepping up codeine to stronger opiate but happy to stick with co-codamol and amitryptilline in first instance -next step could be to change co-codamol to tramadol/ paracetamol. Encouraged to mobilise. Advised pt and [redacted] of red flags and to seek urgent medical assessment if these occur (weakness of legs, altered bladder/ bowel function, saddle sensory change)

-	—
18/11/2019	Mrs Kelly King at Home visit request
Comment	[redacted] req visit - in agony with back pain - can hardly walk - cocodamol not helping - call landline KS

-	—
23/08/2019	Dr Graham Kramer at General Practice Surgery
Result	Urea and electrolytes 1. Normal - no action (GK)

-	—
23/08/2019	Dr Graham Kramer at St Triduanas Medical Practice
Problem (REVIEW)	**Hypertensive disease**
History	His wrist syphg is massively over-reading compared to our arm Omron.
Examination	Blood pressure reading 156/87 mm Hg
Comment	Given his polypharmacy im nots sure we can get BP lower.
Medication	Tramadol Hydrochloride Capsules 50 mg *30 capsule ONE OR TWO AT NIGHT FOR PAIN*
Test Request	Creat & Electolytes - *Completed*
- - - - - - - - - - - - - - -	
-	
Problem (FIRST)	**Chronic low back pain**
History	and legs, mixture of OA and neuropathy, main issue interfering with sleep, Gabapentanoids and amitrip are CI
Comment	Try tramadol at night

-	—
11/08/2019	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Results Moira Park Blood Pressure readings
Comment	Average 180/93 - see GP to discuss (docman task sent. ZK 19.8.19)

-	—
08/08/2019	Dr Graham Kramer at Telephone Consultation
Problem (REVIEW)	**Hypertensive disease**
History	requst spironolactone, compliancece doesn't seem good so will addd to

	dosette, I have asked him tci and check U&Es and BP
-	—
02/08/2019	Dr Adam Stevenson at General Practice Surgery
Result	Full blood count - FBC ok (AST)
-	—
02/08/2019	Dr Adam Stevenson at General Practice Surgery
Result	Blood haematinic levels ok (AST)
-	—
02/08/2019	Mrs Pamela Chisholm at St Triduanas Medical Practice
Test Request	FBC - *Completed*, Serum Folate - *Completed*, Ferritin - *Completed*, Serum B12 - *Completed*
-	—
16/07/2019	Dr Aman Singh at Duty Doc task
Comment	not seen - pharmacist has left message: asking for more detail re spironolactone 25 request given 11.6.19 but before that not sonce 2011
-	—
16/07/2019	Mrs Jo Wallace at St Triduanas Medical Practice
Problem (REVIEW)	**Asthma NOS**
Examination	Asthma control test, 15 /25
	Peak expiratory flow rate measured using EN 13826 device, 300 L/min
	Number of steroid inhalers used in past year, 2
	Number of bronchodilators used in past year, 2
	Predicted peak flow, 583 l/min
Social	Cigarette smoker, 2 /day
Comment	ACT & PEF sub-standard. Not been taking correct dose of fostair. Only been taking 2 puffs in AM (equivalent to low dose). Advised to increase to 2 puffs BD. PAAP given & discussed. To return if any concerns.
Follow up	(diary entry deleted) (Not Known)
Additional	Asthma monitoring admin.
	Asthma management plan given
	Inhaler technique - good
	Compliance issues discussed with patient
	Smoking cessation advice
	CDM level 3 review done
- - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Ischaemic heart disease**
Comment	BP high today, not had meds yet. HMBP sheet given - will buy machine today & start readings tomorrow. App for repeat bloods made. Does describe angina pain but no change from previous - will monitor. Scripts given for inhalers, GTN and specer. Worried about [redacted] at moment - awaiting cardiac op. Discussion re: lasting effect of gastric bypass. Diabetes resolved since 2012. exercise encouraged as tolerated - multiple joint issues due to previous excess weight.
-	—
12/07/2019	Mrs Lorna Woodward at Externally Entered
Additional	EMIS attachment reference code Pre activation letter sent
-	—
12/07/2019	Dr Adam Stevenson at Not Seen
Comment	Hb 126: please ask him at part 2 appt to get rechecked in about 3 or 4 weeks.
Follow up	(diary entry deleted) (Not Known)
Test Request	FBC - *Requested*, Serum Folate - *Requested*, Ferritin - *Requested*, Serum B12 - *Requested*
-	—
02/07/2019	Dr Adam Stevenson at General Practice Surgery
Result	Full blood count - FBC Hb 126: repeat in a month (AST)
-	—
02/07/2019	Mrs Pamela Chisholm at St Triduanas Medical Practice
Problem (REVIEW)	**Diabetes resolved**
Examination	Blood pressure reading 165/98 mm Hg
	Body Mass Index, 35.49
	O/E - height, 180 cm
	O/E - weight, 115 Kg
Social	Cigarette smoker, 2 /day
	Alcohol consumption, 0 units/week
Result	Blood sample taken
Test Request	FBC - *Completed*, TFT - *Completed*, LFTs - *Completed*, Cholesterol - *Completed*, Creat & Electolytes - *Completed*, ACR (Diabetes) - *Completed*, HbA1c - *Completed*

Follow up	(diary entry deleted) (Not Known)
Additional	ACR requested
	CDM level 1 review done

Problem (REVIEW)	**Vitamin D deficiency**
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 80770 / exp 05/20 /left arm

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04/04/2019	Mrs Kelly Clarine at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin D deficiency**
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 80431 12/2019 L Deltoid

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11/01/2019	Ms Tracy Thomson at Not Seen
Comment	DNA hospital appointment Diabetic Retinopathy x3

09/01/2019	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinical Letter Diabetic Retinopathy Screening diabetic retinopathy screening

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09/01/2019	Dr Aman Singh at St Triduanas Medical Practice
Problem (FIRST)	**Otitis media NOS** R
History	r otalgia ++ 3d recent urti been on plane good holiday in lanzarote
Examination	O/E - BP reading
	Blood pressure reading 180/110 mm Hg
	hot bulging R tm well rr n t36.8
Comment	To call back if not settling/worsening
Medication	Amoxicillin Capsules 500 mg *21 capsule ONE TO BE TAKEN THREE TIMES A DAY*

Problem (REVIEW)	**Hypertensive disease**
History	I brought up b/p
Comment	lifestyle advice hasn't taken tabs today v good compliance rest of time on lots b/p meds has stopped cigs - well done needs to ezxercise more legs make this difficult ?swimming and lose wt
	buy home monitor hand in home readings soon
	with [redacted]

Problem (REVIEW)	**Ischaemic heart disease**
Comment	high risk pt we should be aggressive with b/p
	chol good on statin

19/12/2018	Ms Lucy Duncan at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Examination	Blood pressure reading 167/107 mm Hg
	O/E - pulse rate, 92 beats/minute
Comment	away to lanzarote from 30th dec for 10 days - will call when returns to check results lc
Test Request	Creat & Electolytes - *Completed*
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 80590 exp 03/2020 Rdeltoid

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22/11/2018	Dr Adam Stevenson at Message written on prescription
Problem (REVIEW)	**Hypertensive disease**
Comment	needs bloods and b;p check as per AMCK in July

07/09/2018	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinic Letter Royal Infirmary of Edinburgh General Surgery Mhairi S Duxbury (Bariatric)

07/09/2018	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinic Letter Royal Infirmary of Edinburgh General Surgery Mhairi S Duxbury (Bariatric)

24/07/2018	Dr Andrew Mackay at Telephone Consultation
Problem (REVIEW)	**Hypertensive disease**
History	Not quite made it to chemist yet to discuss nrt but planning to do so at dinner time. happy to start spironolactone for bp but suggested do this after has been established on NRT. He will then give us a phone. When does so can be issued with script and appt arranged for repeat blood.
Comment	ue 3w after starting.
Medication	Spironolactone Tablets 25 mg *28 tablet ONE TO BE TAKEN EACH DAY*
Test Request	Creat & Electolytes - *Requested*

24/07/2018	Mrs Eilidh Eccles at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known)
Test Request	ACR (Diabetes) - *Completed*
Additional	Intramuscular injection of vitamin B12 Hydroxocobalamin 1mg/ml BN: 80060 exp: 10/2018

Problem (REVIEW)	**Hypertensive disease**
Comment	Drug compliance good Hypertension meds - takes regularly in the morning Further opinion sought Task sent to usual GP to review records and advise Needs to stop smoking pronto, long discussion re medication but ultimately he must make lifestyle changes and not rely on medication to sort BP. Should increase walking as tolerated as legs sore at times. Legs are discoloured from pre gastric bypass, increasing exercise should help improve perfusion. Says he will go to chemist on way home to enquire about 12 week NRT. Has stoppped before 'just like that' so knows he can do it. Encouraged. [redacted] trying to stop too.
Follow up	(diary entry deleted) (Not Known)
Additional	Lifestyle counselling Discussed safe alcohol cons, healthy diet, low salt intake, weight loss and increasing exercise

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Problem (REVIEW)	**Asthma NOS**
Examination	Asthma control test, 20 /25 Peak expiratory flow rate measured using EN 13826 device, 360 L/min Number of steroid inhalers used in past year, 4 Number of bronchodilators used in past year, 1 Blood pressure reading 180/110 mm Hg
Social	Cigarette smoker, 10 /day
Follow up	(diary entry deleted) (Not Known)
Additional	Asthma monitoring admin. Inhaler technique - good Asthma treatment compliance satisfactory CDM level 3 review done

---

19/07/2018	Dr Andrew Mackay at Not Seen
Problem (REVIEW)	**Hypertensive disease**
History	on almost maximal treatment now and bp still high.
Comment	If definitely compliant then adding in spironolactone would be only option left. Please confirm compliance again at next visit. Weight loss might be more effective. Stopping smoking still likely to have greater impact on health than any medication changes.

19/07/2018	Mrs Kelly Clarine at St Triduanas Medical Practice
Problem (REVIEW)	**Hypertensive disease**
Examination	Blood pressure reading 175/107 mm Hg Body Mass Index, 32.21 O/E - height, 180.34 cm O/E - weight, 104.75 Kg
Social	Cigarette smoker, 10 /day Alcohol consumption, 0 units/week
Comment	Drug compliance good Hypertension meds - takes regularly in the morning Further opinion sought Task sent to usual GP to review records and advise
Follow up	(diary entry deleted) (Not Known)
Test Request	FBC - *Completed*, HbA1c - *Completed*, LFTs - *Completed*, Cholesterol - *Completed*, Creat & Electolytes - *Completed*, C-Reactive Protein - *Completed*, Creatine Kinase - *Completed*
Additional	Blood sample taken UE HbA1c Chol Lifestyle counselling Discussed safe alcohol cons, healthy diet, low salt intake, weight loss and increasing exercise ACR requested

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Problem (REVIEW)	**Ischaemic heart disease**
-	—
03/07/2018	Dr Andrew Mackay at St Triduanas Medical Practice
Problem (REVIEW)	**Osteoarthritis NOS, of knee (Bilateral)**
History	struggling with pain. cocodamol helps but makes him constipated.
Examination	slight swelling of R knee but mostly bony. no clear effusion. medial aspect more painful than lateral.
Comment	Also needs CK check these bloods in addition to level 3 and hba1c. continue cocodamol and add in senna on days takes it. encouraged re exercise.
Medication	Senna Tablets 7.5 mg *30 TABLET(S) 2 AT NIGHT WHEN HAVING COCODAMOL*
Test Request	C-Reactive Protein - *Requested*, Creatine Kinase - *Requested*
-	—
31/05/2018	Dr Aman Singh at Message written on prescription
Comment	Patient asked to make appt for review level 3 and hba1c please
-	—
09/04/2018	Mrs Liz French at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 bn 70738 exp 05/2019 r deltoid
-	—
20/03/2018	Ms Ingrid Murray at Not Seen
Comment	Failed encounter DNA
Additional	EMIS attachment reference code 2nd DNA letter
-	—
01/02/2018	Mrs Alison Fox at Not Seen
Comment	DNA hospital appointment : Diabetic Retinopathy Screening x 3 invitations -if no contact form patient/gp , will be re-invited next year.
-	—
01/02/2018	Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional	Letter encounter Clinical Letter Diabetic Retinopathy Screening diabetic retinopathy screening
-	—
20/12/2017	Ms Ingrid Murray at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 156699a,exp7/20, left deltoid Seasonal influenza vaccination INFLUVAC-SUB-UNIT N22N exp 06/2018
-	—
08/12/2017	Ms Lucy Duncan at St Triduanas Medical Practice
Comment	Failed encounter DNA
Additional	EMIS attachment reference code 1st DNA letter
-	—
05/12/2017	Ms Seonaid McIntyre at Not Seen
Comment	GTN switched to an EMIS available one - noticed that not bee issued since 2010 - will most likely be out of date.
-	—
14/09/2017	Mrs Eilidh Eccles at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known) (diary entry deleted) (Not Known)
Test Request	Random Glucose - *Completed*, FBC - *Completed*, TFT - *Completed*
Additional	Intramuscular injection of vitamin B12 Hydroxocobalamin 1mg/ml Bn: 168117A Exp: 11/2019 IM R deltoid
-	—
07/09/2017	Dr Year2 Foundation at St Triduanas Medical Practice
Problem	Leg pain
History	Longterm pain in both legs, worse at night. Restless due to pain and not able to get to sleep. can tolerate through the day. Ache in joints. Tried cocodamol but does not work. only been taking at night as that's when the pain is worst. Has had amitriptyline and gabapentin in the past with no help. has tried tramadol before which helped.
Examination	Full ROM in legs, no swelling at ankles or knees, no calf tenderness or swelling . Noted pain and stiffness on trying to get up and walking.

Comment	To try tramadol, highly addictive and can be constipating. Only use at night when pain bad. If no improvement to return.
Medication	Tramadol Hydrochloride Capsules 50 mg *28 capsule ONE TABLET AT NIGHT*

Problem (REVIEW)	**Vitamin B12 deficiency**
History	Refer to docman. Bariatric team suggested increasing vit b12 injections to 10 weekly. (guidelines suggest patient can get them 8 weekly if required). Patient happy to try this.
Comment	To organise injection for 10 weeks from 7th July.

18/08/2017	Mr Sean Docman at Docman
Additional	Clinic Letter Royal Infirmary of Edinburgh General Surgery Mhairi S Duxbury (Bariatric) Letter encounter

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18/08/2017	Mr Sean Docman at Docman
Additional	Clinic Letter Royal Infirmary of Edinburgh General Medicine Mhairi S Duxbury (Bariatric) Letter encounter

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07/07/2017	Ms Lucy Duncan at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 156120A 10/2019 Ldeltoid

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22/06/2017	Dr Kenneth McGurk at Message written on prescription
Problem (REVIEW)	**Obesity**
Comment	for repeat HbA1c check - also needs BP at the Pod - taking ++ anti HBP agents
Test Request	HbA1c - *Requested*

01/06/2017	Mrs Eilidh Eccles at St Triduanas Medical Practice
Problem (REVIEW)	**Asthma NOS**
Examination	Asthma control test, 17 /25 Peak expiratory flow rate measured using EN 13826 device, 350 L/min
Social	Cigarette smoker, 6 /day
Comment	Big improvement on fostair, happy with breathing. A lot of stress recently with [redacted] and a courtcase so not the right time to stop. Also doing community service. Holiday in 2 weeks to Benidorm so will try and stop on return. Carry on with regime, review in 1 month.
Follow up	(diary entry deleted) (Not Known)
Additional	Asthma monitoring admin. Asthma monitoring check done Asthma treatment compliance satisfactory Smoking cessation advice Inhaler technique - good

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29/03/2017	Mrs Eilidh Eccles at St Triduanas Medical Practice
Problem (REVIEW)	**Asthma NOS**
Examination	O/E - pulse rate, 71 beats/minute Oxygen saturation at periphery, 97 % Asthma control test, 10 /25 Number of steroid inhalers used in past year, 12 Number of bronchodilators used in past year, 18 Predicted peak flow (EN13826), 606 l/min Peak expiratory flow rate measured using EN 13826 device, 300 L/min
Social	Cigarette smoker, 2 /day
Comment	Says feels terrible. Has finished antibiotics, phlegm shifting. Sats good today, smoking 2 cigarettes/day. Agreed no point in it, will stop. Diet improved, trying to get out to walk dog. Chest clear today, no indication for oral steroids as peak flow better and has restarted inhalers with good effect. Change to Fostair and given demonstration on spacer use. Given face mask for house and mouthpiece for outdoors. Happy with plan, review before holiday in June.
Follow up	(diary entry deleted) (Not Known)
Additional	Asthma monitoring admin. Asthma monitoring check done Asthma management plan given Asthma treatment compliance satisfactory Smoking cessation advice Inhaler technique - poor

Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 Hydroxocobalamin 1mg/ml IM R deltoid Bn: 156020A Exp: 09/2019

29/03/2017	Dr Kenneth McGurk at Duty Doc task
Problem (REVIEW)	**Asthma NOS**
Comment	as per EE requests for the patient she has been seeing
Medication	Beclometasone And Formoterol Cfc-free inhaler 100 micrograms + 6 micrograms/dose *2 Inhaler 2 PUFFS TWICE DAILY*
	Aerochamber Plus Spacer device standard (blue) *1 device 1 USED WITH THE FOSTAIR*

23/03/2017	Dr Andrew Meckay at Urgent consultation
Problem (NEW)	**Lower resp tract infection**
History	5d coughing and pain across chest. also co dysuria and back pain.
Examination	O/E - tympanic temperature, 36.4 deg C
	Oxygen saturation at periphery, 98 %
	Predicted peak flow (EN13826), 606 l/min
	Peak expiratory flow rate measured using EN 13826 device, 280 L/min
	chest - some wheeze and creps.
	no renal angle tenderness.
Comment	restart inhalers.
Medication	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
Test Request	MSU (C&S) - *Completed*

Problem (REVIEW)	**Ischaemic heart disease**
History	getting chest pain on exertion occasionally.
	Angina control - good
	Grade 2 - slight limitation of ordinary activity
Examination	Blood pressure reading 147/90 mm Hg
	O/E - pulse rate, 73 beats/minute
Comment	still needs bloods, b12 inj and diabetic check so askd to make appt.
	probably no further options with bp.
	Patient on maximal tolerated antihypertensive therapy
Follow up	(diary entry deleted) (Not Known)
Additional	Health ed. - diet

02/02/2017	Mrs Eilidh Eccles at Not Seen
Comment	Failed encounter DNA
Additional	EMIS attachment reference code 1st DNA letter

26/01/2017	Mrs Eilidh Eccles at St Triduanas Medical Practice
Additional	Seasonal influenza vaccination 184001A exp 04/2017 IM R deltoid

08/12/2016	Mrs Alison Fox at Home visit request
Problem	**Diabetic retinopathy screening refused**
Comment	DNA hospital appointment X 3 RETINOPATHY INVITATIONS

01/12/2016	Mr Sean Docman at Docman
Additional	Letter encounter Clinical Letter Diabetic Retinopathy Screening diabetic retinopathy screening

01/12/2016	Dr Kenneth McGurk at Not Seen
Comment	requested he get some co codamol 30/500s that he has been using ? for back pain, having been buying them himself over the counter this is OK but we will have to see how many he uses over time

29/11/2016	Ms Lucy Duncan at St Triduanas Medical Practice
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 155364A exp 10/2018

02/09/2016	Ms Lucy Duncan at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**

Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 60372 exp 11/2017 Ldeltoid

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-	—
22/08/2016	Dr Kenneth McGurk at St Triduanas Medical Practice
Comment	altered the Forceval and issued the Adcal D3 bd
Medication	Calcium Carbonate And Colecalciferol Tablets 750 mg + 5 micrograms (200 units) *112 tablet 1 tab bd*

-	—
04/07/2016	Mr Sean Docman at Docman
Additional	Letter encounter Clinic Letter Royal Infirmary of Edinburgh General Surgery Mhairi S Duxbury (Bariatric)

-	—
04/07/2016	Mr Sean Docman at Docman
Additional	Letter encounter Clinic Letter Royal Infirmary of Edinburgh General Surgery Mhairi S Duxbury (Bariatric)

-	—
07/06/2016	Dr Mairi Macartney at St Triduanas Medical Practice
Medication	Nefopam Hydrochloride Tablets 30 mg *90 tablet ONE TO BE TAKEN THREE TIMES A DAY*
Problem (REVIEW)	**Osteoarthritis NOS, of knee (Bilateral)**
History	Continues to have problems with pains in his legs. didn't like gabepentin and Shirley's co-dydramol haven't helped
Allergy	Adverse reaction to Gabapentin Felt it made him doolally
Examination	In good trim. Sunburned from a fishing trip.
Comment	Pain is likely to be a combination of proven OA and chronic venous changes from pre-gastric banding. Try nefopam.

- - - - - - - - - - - - - -

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Problem (REVIEW)	**Laparoscopic adjustable gastric banding**
History	Final review at RIE next week

-	—
19/04/2016	Dr Mairi Macartney at St Triduanas Medical Practice
Problem (REVIEW)	**Diabetes resolved**
Comment	Needs annual fasting BG and HbA1c
Test Request	HbA1c - *Requested*, Fasting Glucose - *Requested*
Additional	Medication review with patient

- - - - - - - - - - - - - -

-	
Problem (REVIEW)	**Hypertensive disease**
History	Says is taking his medicines. Still smoking. Main concern is chonic pains in legs esp at night
Examination	Blood pressure reading 148/86 mm Hg
	O/E - pulse rate, 72 beats/minute
Comment	Try 2 weeks off atorvastatin ? statin myalgia
Additional	(diary entry deleted) (Not Known)

-	—
12/04/2016	Mrs Jo Wallace at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 bn 060034 exp 12/17 left deltoid

- - - - - - - - - - - - - -

-	
Problem (REVIEW)	**Ischaemic heart disease**
History	Angina control - good
	Grade 2 - slight limitation of ordinary activity
Examination	O/E - pulse rhythm regular
	Blood pressure reading 160/95 mm Hg
	O/E - height, 180 cm
	O/E - weight, 108 Kg
	Body Mass Index, 33.33
	O/E - pulse rate, 69 beats/minute
Social	Cigarette smoker, 5 /day
	Alcohol consumption, 0 units/week
Result	Blood sample taken UE, FLT, Chol, Glu
Follow up	(diary entry deleted) (Not Known)
Test Request	Random Glucose - *Completed*, FBC - *Completed*, TFT - *Completed*, LFTs - *Completed*, Cholesterol - *Completed*, Creat & Electolytes - *Completed*
Additional	Smoking cessation advice offered smoking cessation support

- - - - - - - - - - - - - -

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Problem (REVIEW)	**Hypertensive disease**
Examination	Systolic blood pressure, 160 mm Hg
	Diastolic blood pressure, 95 mm Hg
Social	Cigarette smoker, 5 /day
Comment	Drug compliance good Hypertension meds - takes regularly in the morning
	Blood sample taken UE Gluc Chol
	Further opinion sought Task sent to usual GP to review records and advise
Follow up	(diary entry deleted) (Not Known)
Additional	Lifestyle counselling Discussed safe alcohol cons, healthy diet, low salt intake, weight loss and increasing exercise
	Smoking cessation advice offered smoking cessation support

-	—
30/12/2015	Mrs Elaine Heaton at Location set by Protocol
Follow up	(diary entry deleted) (Not Known)

-	—
17/12/2015	Dr Surgery Pod
Additional	Current Smoker Current Smoker
	Light Smoker - 1-9 cigs/day 1 - 9
	Health ed. - smoking Smoking Advice : Health advice has been given to the patient to quit smoking
Examination	Systolic blood pressure 167 mmHg
	Diastolic blood pressure 105 mmHg
	O/E - pulse rate 65 bpm
	O/E - weight 103.2 Kg
Additional	Patient informed - test result Elevated Blood Pressure
	Encounter by Computer Link - Consultation Posted by Surgery Pod

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-	—
17/12/2015	Mrs Elildh Eccles at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known)
Test Request	FBC - *Completed*, Random Glucose - *Completed*, U&E Creatinine - *Completed*, Serum Folate - *Completed*, Cholesterol - *Completed*, Serum B12 - *Completed*
Additional	Intramuscular injection of vitamin B12 Hydroxocobalamin 1mg/ml (1ml) Bn: 50311 Exp:11/2016

-	
Problem (REVIEW)	**Hypertensive disease**
Comment	No time to do full HTN check, bloods taken and directed to the pod.

-	—
18/11/2015	Mrs Alison Fox at Not Seen
Problem	**Diabetic retinopathy screening refused**
Comment	DNA hospital appointment X 3 RETINOPATHY INVITATIONS

-	—
09/11/2015	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Diabetic Retinopathy Screening diabetic retinopathy screening DNA

-	—
07/10/2015	Dr Louise Bailey at Not Seen
Problem (REVIEW)	**Vitamin B12 deficiency**
History	B12 audit
Comment	Please check intrinsic factor with next B12 bloods
Medication	Hydroxocobalamin Solution for Injection 1 mg/ml, 1 ml ampoule *5 AMPOULE TO BE INJECTED AS DIRECTED*
Follow up	(diary entry deleted) (Not Known)

-	—
05/09/2015	Mr Scan Docman at Docman
Additional	Letter encounter Bowel Screening Letter Bowel Screening Boss Result Unknown

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-	—
31/08/2015	Dr Mairi Macartney at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Comment	Overdue
Additional	Intramuscular injection of vitamin B12 Cobalin-H, BN:072787 exp07/2017
	(diary entry deleted) (Not Known)

-	
Problem (REVIEW)	**Osteoarthritis NOS, of knee (Bilateral)**
	Struggling with pains. Also problems with credit card company and needs

History	evidence that he is unable to work
Comment	EMIS attachment reference code TWIMC - re medical conditions MM .doc TWIMC - re medical conditions MM
	Restart prn tramadol
-	
Problem (REVIEW)	**Asthma NOS**
Examination	Asthma control test, 16 /25
	Peak expiratory flow rate measured using EN 13826 device, 350 L/min
Comment	Not taking preventor regularly - take bd
Social	Cigarette smoker, 5 /day
Additional	Smoking cessation advice offered smoking cessation support
	Asthma monitoring admin.
	Asthma monitoring check done
	Asthma limits walking up hills or stairs
	Asthma causes daytime symptoms 1 to 2 times per week
	Asthma causes night symptoms 1 to 2 times per month
-	—
26/06/2015	Mr Sean Docman at Docman
Additional	Letter from consultant Clinic Letter Royal Infirmary of Edinburgh General Surgery Mhairi S Duxbury (Bariatric)
-	—
21/04/2015	Mrs Jo Wallace at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Comment	Reminded re: hypertension check - too late for bloods today. App made.
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 bn 154201A exp 5/2017 left deltoid
-	—
01/04/2015	Dr Mairi Macartney at Message written on prescription
Problem (REVIEW)	**Hypertensive disease**
Comment	Patient asked to make appt for review
-	—
18/11/2014	Dr Mairi Macartney at St Triduanas Medical Practice
Problem (FIRST)	**[D]Nausea**
Medication	Metoclopramide Hydrochloride Tablets 10 mg *30 TABLET(S) TAKE ONE THREE TIMES A DAY*
History	Can only eat sweet stuff - not eating normal food. Feels nauseated. Still a lot of stress in household - fallout from David's court case, conflict with siblings over [redacted]'s house, Shirley wants to take law into her own hands
Examination	Abdo NAD
Comment	Must revert to good eating habits
-	
Problem (FIRST)	**Diabetes resolved**
History	HbA1c consistently normal for 3 years once weight stabilised after bariatric surgery
Comment	Change annual review to HbA1c and fasting glucose using pre-diabetes template
Additional	(diary entry deleted) (Not Known)
-	—
13/11/2014	Mrs Anne Hare at St Triduanas Medical Practice
Problem (REVIEW)	**Type 2 diabetes mellitus**
Examination	O/E - Left diabetic foot at moderate risk
	O/E - Right diabetic foot at moderate risk
	O/E - L.post.tib.pulse present
	O/E - L.dorsalis pedis present
Comment	seeing Dr next week feels unwell many weeks unable to eat
Follow up	(diary entry deleted) (Not Known)
Examination	O/E - R.post.tib.pulse present
	O/E - R.dorsalis pedis present
Test Request	HbA1c - *Completed*, FBC - *Completed*, U&E Creatinine - *Completed*, TSH Monitoring - *Completed*, LFTs - *Completed*, Cholesterol - *Completed*, ACR (Diabetes) - *Completed*
Examination	O/E - Vibration sense of left foot abnormal
Additional	Smoking cessation advice offered smoking cessation support
	Cigarette smoker, 8 /day
Examination	O/E - Vibration sense of right foot abnormal
Additional	Seasonal influenza vaccination G06N EXP 04/2015
Follow up	(diary entry deleted) (Not Known)
Additional	O/E - Touch sensation left foot normal
	O/E - touch sensation right foot normal

	Under care of diabetic foot screener
	Diabetic foot examination
	Medication review done
	Advice about foot care
	ACR requested
	Diabetic dietary review 1y

Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known)
	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 40394/09/15 IM R Deltoid

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Problem (REVIEW)	**Hypertensive disease**
Comment	Drug compliance good Hypertension meds - takes regularly in the morning
	Patient asked to make an appointment to see Doctor for bp review within 1 month
Follow up	(diary entry deleted) (Not Known)
Additional	Lifestyle counselling Advised about exercise, diet, alcohol, weight, salt intake

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Problem (REVIEW)	**Ischaemic heart disease**
History	Angina control - good
	Grade 1 - no limitation of ordinary activity
Examination	Blood pressure reading 174/93 mm Hg
	O/E - weight, 105 Kg
	Body Mass Index, 32.29
Follow up	(diary entry deleted) (Not Known)
	(diary entry deleted) (Not Known)
Result	Blood sample taken Blood sample taken UE Gluc Chol
Additional	Health ed. - diet
	Health ed. - alcohol
	Health ed. - exercise
	Alcohol consumption, 0 units/week

Problem (REVIEW)	**Hypertensive disease**
Comment	Drug compliance good Hypertension meds - takes regularly in the morning
	Patient asked to make an appointment to see Doctor for bp review within 1 month
Follow up	(diary entry deleted) (Not Known)

15/10/2014	Mrs Alison Fox at Not Seen
Problem	**Diabetic retinopathy screening refused**
Comment	DNA hospital appointment X 3 RETINOPATHY INVITATIONS

07/10/2014	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Diabetic Retinopathy Screening diabetic retinopathy screening

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03/09/2014	Dr Geoff Smith at Telephone Consultation
Problem (FIRST)	**Knee joint pain**
History	fell see A&E sheet X-Ray ok just wear and tear - needing stronger pain killers - can take tramadol - on repeat anyway
Comment	also needing pee bottle - given equipment request form

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02/09/2014	Mr Scan Docman at Docman
Additional	A&E report Discharge/Summary Letter Western General Hospital Accident & Emergency

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13/08/2014	Mrs Eilidh Eccles at St Triduanas Medical Practice
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 Hydroxocobalamin 1mg/ml (1ml) IM R deltoid Bn: 056363 Exp: 04/2016

12/08/2014	Dr Paul Stephen at Externally Entered
History	see letter from surgeons 27/6/14. advise iron for 3/12.
Medication	Ferrous Sulfate Tablets 200 mg *252 tablet ONE TO BE TAKEN THREE TIMES A DAY FOR 3 MONTHS*

-	—
27/06/2014	Mr Scan Docman at Docman
Additional	Hospital outpatient report Clinical Letter Royal Infirmary Of Edinburgh General Surgery
-	—
27/06/2014	Mr Scan Docman at Docman
Additional	Hospital outpatient report Clinical Letter Royal Infirmary Of Edinburgh General Surgery
-	—
03/06/2014	Dr Rosamund Peters at Third party Consultation
History	spoke with pharmacist just wanting to clarify change in medications. Done.
-	—
03/06/2014	Dr Mairi Macartney at St Triduanas Medical Practice
Problem (FIRST)	**Sciatica**
Medication	Gabapentin Capsules 300 mg *14 capsule AS DIRECTED*
History	Terrible pain right buttock, referral to left outer leg and foot. No trama. Some tingling, no red flag s
Examination	SLR restricted to 45 both sides. Power and reflexes normal
Medication	Gabapentin Capsules 300 mg *168 capsule ONE TO BE TAKEN THREE TIMES A DAY*
Comment	Change from amitriptylene and carbamazepine (longterm for diabetic neuropathy) to gabapentin. increasing to 300mg tds over one week then tds in dosette
-	—
22/04/2014	Mrs Anne Hare at St Triduanas Medical Practice
Problem (REVIEW)	**Type 2 diabetes mellitus**
Examination	O/E - Left diabetic foot at moderate risk
	O/E - Right diabetic foot at moderate risk
	O/E - L.post.tib.pulse present
	O/E - L.dorsalis pedis present
Follow up	(diary entry deleted) (Not Known)
	(diary entry deleted) (Not Known)
Examination	O/E - R.post.tib.pulse present
	O/E - R.dorsalis pedis present
	O/E - Vibration sense of left foot abnormal
Additional	Health ed. - smoking
	Smoking cessation advice offered smoking cessation support
Examination	O/E - Vibration sense of right foot abnormal
	Waist circumference, 88 cm
Additional	Cigarette smoker, 10 /day
Follow up	(diary entry deleted) (Not Known)
Test Request	HbA1c - *Completed*, FBC - *Completed*, U&E Creatinine - *Completed*, TSH Monitoring - *Completed*, LFTs - *Completed*, Creatine Kinase - *Completed*, Cholesterol - *Completed*, ACR (Diabetes) - *Completed*
Additional	O/E - Touch sensation left foot normal
	O/E - touch sensation right foot normal
	Under care of diabetic foot screener
	Diabetic foot examination
	Medication review done
	Advice about foot care
	ACR requested
- - - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 052817/10/2015 IM L Deltoid
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-	
Problem (REVIEW)	**Obesity**
- - - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Ischaemic heart disease**
History	Angina control - good
	Grade 2 - slight limitation of ordinary activity
Examination	Blood pressure reading 138/79 mm Hg
	O/E - weight, 102.95 Kg
	Body Mass Index, 31.65
Follow up	(diary entry deleted) (Not Known)
	(diary entry deleted) (Not Known)
Result	Blood sample taken Blood sample taken DIAB
Additional	Health ed. - diet

	Health ed. - alcohol Health ed. - exercise Alcohol consumption, 0 units/week
- - - - - - - - - - - - - - -	
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Problem (REVIEW)	**Hypertensive disease**
Comment	Drug compliance good Hypertension meds - takes regularly in the morning Patient asked to make an appointment asked to return in 6M for review
Follow up	(diary entry deleted) (Not Known)
Additional	Lifestyle counselling Advised about exercise, diet, alcohol, weight, salt intake
-	—
27/02/2014	Dr Mairi Macartney at See Letter
Problem (REVIEW)	**Osteoarthritis NOS, of knee (Bilateral)**
Comment	See rheumatology letter. They think OA but CK is rising. Repeat 2 months
Test Request	Creatine Kinase - *Requested*
-	—
19/02/2014	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Western General Hospital Rhuematology
-	—
12/02/2014	Dr Mairi Macartney at Message written on prescription
Problem (REVIEW)	**Hypertensive disease**
Comment	Patient asked to make appt for review
-	—
31/01/2014	Mr Scan Docman at Docman
Additional	Hospital outpatient report Clinical Letter Royal Infirmary Of Edinburgh Bariatric Surgery
-	—
27/12/2013	Mrs Alice Chrystall at St Triduanas Medical Practice
Problem (REVIEW)	**Asthma NOS**
Examination	Peak expiratory flow rate measured using EN 13826 device, 325 L/min
Comment	Has a bit of a cold just now and cough but no distress / SOB/wheeze although using salbutamol at night at the moment. . Smokes up to 5 cigs daily." Cant give it up just now" but will try to cut down. Advised to see Doc if symptoms worsen over next couple of weeks . on normal dose steroid inhaler and has been for years. Says that this usually happens in cold weather.
Social	Cigarette smoker, 5 /day
Follow up	(diary entry deleted) (Not Known)
Additional	Asthma monitoring check done Inhaler technique - good Asthma treatment compliance satisfactory Asthma not limiting activities Asthma causes daytime symptoms 1 to 2 times per week Asthma causes night symptoms 1 to 2 times per month Health ed. - smoking Smoking cessation advice offered smoking cessation support
- - - - - - - - - - - - - - -	
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Problem (REVIEW)	**Hypertensive disease**
Examination	Blood pressure reading 175/105 mm Hg
Comment	Was advised to make appointment re out of target BP before and didn't so suggested make appointment today and agreed to do .
Follow up	(diary entry deleted) (Not Known)
Additional	Lifestyle counselling
-	—
05/11/2013	Dr Mairi Macartney at St Triduanas Medical Practice
Problem (REVIEW)	**Type 2 diabetes mellitus**
History	Does not complain of erectile dysfunction will make appt if becomes a problem - advised there are free treatments available for diabetics
- - - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Osteoarthritis NOS, of knee (Bilateral)**
History	Leg pain worse than ever. Sleep disturbed. Still no rheumatology appt
Examination	Walking not quite so bad
Comment	Referred 22/08 so to chase appt with WGH. Increase amitriptyline to 50mg one week then 75mg one week. If helping I will alter ammt as gets dossette
Medication	Amitriptyline Hydrochloride Tablets 25 mg *112 tablet TWO AT NIGHT*
- - - - - - - - - - - - - - -	
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Problem (REVIEW)	**Hypertensive disease**
Comment	Both he and Shirley very distressed today as David's case being taken to court

	- sexual assault. They have to find £10k for counsel Patient asked to make appt for review
-	—
11/10/2013	Mrs Alice Chrystall at St Triduanas Medical Practice
Comment	hhhlll
-	—
11/10/2013	Mrs Alice Chrystall at St Triduanas Medical Practice
Problem (REVIEW)	**Type 2 diabetes mellitus**
Comment	Not due review but wanted BP check "so that he can get off tablets". High today so will need to be reviewed in 3/7
Examination	Blood pressure reading 179/89 mm Hg
Additional	Seasonal influenza vaccination E02A Exp 05 2014
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 Intramuscular injection of vitamin B12 Exp 02-2015 Exp 2/2015
Follow up	(diary entry deleted) (Not Known)
-	—
10/10/2013	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Diabetic Retinopathy Screening diabetic retinopathy screening
-	—
03/10/2013	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Chalmers Hospital Vasectomy Service
-	—
13/09/2013	Mr Scan Docman at Docman
Additional	Letter encounter Administration Letter DWP
-	—
12/09/2013	Dr Mairi Macartney at Not Seen
Comment	ATOS report completed
-	—
12/08/2013	Dr John Garner at Not Seen
History	forceval not available trial of ketovite
Medication	Ketovite Tablets *60 tablet TAKE ONE DAILY*
-	—
08/08/2013	Dr Mairi Macartney at St Triduanas Medical Practice
Problem	**? polymyoalitis**
History	Still very stiff and sore. Four falls this week - legs giving way and Shirley needs to help him get out of bed and even out of the chair. pain around knees mainly but generally feels weak and sore. No rash
Examination	Walking slow, struggled to get out of chair unaided. Erythema around eyes, ?? slight erythema over dorsum of hands. proximal muscles look wasted and reduced hip and shoulder power
Comment	Note slightly raised CK and antiCCP.
New Referral	Refer Rheumatology referral Outpatient (NHS), Routine, , ,
-	—
23/07/2013	Mr Scan Docman at Docman
Additional	Result Results Leith CTC X Ray Dept
-	—
23/07/2013	Dr John Garner at St Triduanas Medical Practice
Problem (FIRST)	**Suspected UTI**
History	low back pain and feverish als o dysuria
Examination	temp 37.1 tender lower back on the R not over kidneys
Comment	a lot of wcc in urine no blood - treat as UTI
Medication	Amoxicillin Capsules 500 mg *21 capsule ONE TO BE TAKEN THREE TIMES A DAY*
Additional	Urine glucose test negative Urine protein test negative Urine blood test = negative Urine ketone test = +++ Urine urobilinogen negative Urine nitrite negative MSU sent for C/S Leucocytes in urine
-	—

17/07/2013	Dr Mairi Macartney at St Triduanas Medical Practice
Problem (NEW)	**Knee pain (Bilateral)**
History	Both knees really sore. Struggling both on stairs and on level. Also generally stiff and sore. Tired
Examination	Weight has stabilised. Reduced ROM both knees - very little flexion. Tender both medial joint lines and right pop fossa. Has he got heliptrope rash around eyes?
Comment	probably all OA from years of morbid obesity but needs RA and dermatomyositis excluded
Test Request	FBC, ESR, RhF, ANA, CK
-	
Problem (FIRST)	**Vasectomy counselling**
History	Wishes vasectomy. Seen with Shirley. Adamant they want no more [redacted]ren and agree it's Gary's turn
Comment	Refer
New Referral	Referral to vasectomy clinic Outpatient (NHS), Routine, , ,

28/06/2013	Mr Sean Docman at Docman
Additional	Letter encounter Clinical Letter Royal Infirmary Of Edinburgh Bariatric Surgery

30/05/2013	Mrs Anne Hare at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known) (diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 1248110/10/2014 IM R Deltoid
-	
Problem (REVIEW)	**Hypertensive disease**
Examination	Blood pressure reading 143/76 mm Hg
Follow up	(diary entry deleted) (Not Known)
Additional	Lifestyle counselling

13/03/2013	Dr Rebecca Cheesbrough at St Triduanas Medical Practice
Problem (FIRST)	**Low back pain**
History	Had low back pain - mainly RT sided - for couple of wks. Had back probe previously. No injury. Known OA in knees. Worse on movement. No radiation to legs. No bowel or bladder symptoms.
Examination	Tender over lower L and S spine - not localised. Tender RT parraspinal region. Reduced forward flexion Lspine. SLR - slightly reduced on RT. Sensation intact lower limbs
Comment	Muscualr +/- OA in spine. General advice re posture and lifting. Stay mobile - lots of walking. Analgesia prn. R/v as req
Medication	Co-Codamol 30/500 Tablets *200 tablet 1-2 TABS QDS PRN*

05/03/2013	Mrs Pat Macnair at Not Seen
Comment	Failed encounter DNA for Hypertension check

05/02/2013	Dr Mairi Macartney at St Triduanas Medical Practice
Problem (REVIEW)	**Hypertensive disease**
History	BP seems to have crept up since immed post op period
Examination	Blood pressure reading 203/106 mm Hg
Comment	Restart doxazosin. [redacted] in 4 weeks
Medication	Doxazosin Mesilate Tablets 4 mg *112 tablet TAKE ONE TWICE DAILY*
Social	Cigarette smoker, 10 /day
Additional	Health ed. - smoking Smoking cessation advice offered smoking cessation support offered smoking cessation support (diary entry deleted) (Not Known)

17/01/2013	Mrs Pat Macnair at Not Seen
Comment	Failed encounter DNA for asthma check

16/01/2013	Mrs Anne Hare at St Triduanas Medical Practice
Problem (REVIEW)	**Type 2 diabetes mellitus**
Examination	O/E - Left diabetic foot at moderate risk O/E - Right diabetic foot at moderate risk O/E - L.post.tib.pulse present O/E - L.dorsalis pedis present

	O/E - R.post.tib.pulse present
	O/E - R.dorsalis pedis present
	O/E - Vibration sense of left foot abnormal
	O/E - Vibration sense of right foot abnormal
	Waist circumference, 88 cm
Follow up	(diary entry deleted) (Not Known)
Additional	O/E - touch sensation left foot abnormal
	O/E - Touch sensation right foot abnormal
	Under care of diabetic foot screener
	Diabetic foot examination
	Medication review done
	Advice about foot care
	ACR requested
- - - - - - - - - - - - - - -	
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Problem (REVIEW)	**Asthma NOS**
- - - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Hypertensive disease**
Comment	**BP above target x 3 to see Dr**
Follow up	(diary entry deleted) (Not Known)
Additional	Lifestyle counselling
- - - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Vitamin B12 deficiency**
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 049222/04/2015 IM R Deltoid
- - - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Ischaemic heart disease**
History	Angina control - good
	Grade 2 - slight limitation of ordinary activity
Examination	Blood pressure reading 167/92 mm Hg
	O/E - weight, 98.4 Kg
	Body Mass Index, 30.26
	O/E - pulse rate, 61 beats/minute
Follow up	(diary entry deleted) (Not Known)
	(diary entry deleted) (Not Known)
Result	Blood sample taken DIAB
Additional	Alcohol consumption, 0 units/week
- - - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Obesity**

-	—
16/11/2012	Dr Mairi Macartney at St Triduanas Medical Practice
Problem (FIRST)	**Gastro-oesophageal reflux**
Medication	Omeprazole Capsules (Gastro-Resistant) 40 mg *56 CAPSULE TAKE ONE DAILY*
History	Worse recently with all family problems. [redacted] In law has omeprazole 40mg which helped
- - - - - - - - - - - - - - -	
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Problem (REVIEW)	**Type 2 diabetes mellitus**
Comment	Patient asked to make appt for review
- - - - - - - - - - - - - - -	
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Problem (REVIEW)	**Laparoscopic adjustable gastric banding**
History	Feels weak and was told by dietician to get protein drinks
Examination	Dramatic weight loss
Comment	Contact dietician directly for more specific advice. I don't think supplements should be necessary

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-	—
04/10/2012	Mrs Anne Hare at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
Comment	Seasonal Influenza vaccination Influvac A05 exp05/2013
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 1204/01/2014 IM L Deltoid

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24/09/2012	Mr Sean Docman at Docman
Additional	Letter encounter from patient Clinical Letter Royal Infirmary Of Edinburgh Bariatric Surgery

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27/08/2012	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Diabetic Retinopathy Screening diabetic retinopathy screening
-	—
27/08/2012	Ms Sue Whitson at Not Seen
Comment	Did not attend diabetic retinopathy clinic x3
	Diabetic retinopathy screening refused
-	—
25/06/2012	Mr Scan Docman at Docman
Additional	Letter encounter from patient Clinical Letter Royal Infirmary Of Edinburgh Bariatric Surgery
-	—
25/06/2012	Dr Mairi Macartney at St Triduanas Medical Practice
Problem (REVIEW)	**Vitamin B12 deficiency**
History	For injection. Has lost 18 stone since surgery one year ago
Examination	A changed man - almost unrecognizable
Additional	Intramuscular injection of vitamin B12 BN1138, Exp;11/2013
	(diary entry deleted) (Not Known)
-	—
05/04/2012	Dr Mairi Macartney at Extra
Problem (REVIEW)	**Vitamin B12 deficiency**
Additional	Intramuscular injection of vitamin B12 BN:1125, exp 08/2013
History	Shirley's appt
Comment	Getting married in june after 25 years
Additional	(diary entry deleted) (Not Known)
-	—
01/03/2012	Mrs Anne Hare at St Triduanas Medical Practice
Problem (REVIEW)	**Type 2 diabetes mellitus**
Examination	O/E - Left diabetic foot at moderate risk
	O/E - Right diabetic foot at moderate risk
	O/E - L.post.tib.pulse present
	O/E - L.dorsalis pedis present
Follow up	(diary entry deleted) (Not Known)
Examination	O/E - R.post.tib.pulse present
	O/E - R.dorsalis pedis present
	O/E - Vibration sense of left foot abnormal
	O/E - Vibration sense of right foot abnormal
Follow up	(diary entry deleted) (Not Known)
Additional	O/E - touch sensation left foot abnormal
	O/E - Touch sensation right foot abnormal
	Under care of diabetic foot screener
	Diabetic foot examination
	Medication review done
	Advice about foot care
	ACR requested
- - - - - - - - - - - - - -	
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Problem (REVIEW)	**Hypertensive disease**
History	Angina control - good
	Grade 2 - slight limitation of ordinary activity
Examination	O/E - pulse rhythm regular
	Blood pressure reading 149/84 mm Hg
	O/E - weight, 107.95 Kg
	Body Mass Index, 33.19
	O/E - pulse rate, 59 beats/minute
Follow up	(diary entry deleted) (Not Known)
	(diary entry deleted) (Not Known)
	(diary entry deleted) (Not Known)
	(diary entry deleted) (Not Known)
Result	Blood sample taken DIAB
Additional	Lifestyle counselling
	Depression screening using questions
	Alcohol consumption, 0 units/week
	Cigarette smoker, 6 /day
	Health ed. - smoking
- - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Ischaemic heart disease**
-	—

24/02/2012	Dr Andrew Mackay at St Triduanas Medical Practice
Problem (REVIEW)	**Helicobacter eradication therapy**
History	feels this was very successful but symptoms returned a couple of weeks ago. getting pain on eating.
Comment	getting amox for chest so give second line eradication.
Medication	Metronidazole Tablets 400 mg *14 tablet TAKE ONE TWICE DAILY*
- - - - - - - - - - - - - - -	
Problem (NEW)	**Chest infection**
History	coughing green sputum for 1w feels sob
Examination	chest clear.
Comment	having amox for stomach.
- - - - - - - - - - - - - - -	
Problem (REVIEW)	**Type 2 diabetes mellitus**
History	Patient asked to make appt for review now has lost all the weight his sugars he tests for at home are normal
Comment	may no longer be diabetic. check hba1c with AH

17/02/2012	Dr Aman Singh at Message written on prescription
Comment	Patient asked to make appt for review diabets and b/p rpt sr hare - to see gks if b/p >140/80

31/01/2012	Mr Scan Docman at Docman
Additional	Out of hours consultation at surgery Out of Hours LUSCS Out of Hours Service

27/01/2012	Mr Scan Docman at Docman
Additional	Letter encounter from patient Clinical Letter Royal Infirmary Of Edinburgh Bariatric Surgery

23/01/2012	Dr Geoff Smith at Telephone Consultation
Problem (FIRST)	**Helicobacter eradication therapy**
History	HP +ve - discussed
Medication	Amoxicillin Capsules 500 mg *28 capsule 2 BD* Clarithromycin Tablets 500 mg *14 TABLET(S) TAKE ONE TWICE DAILY* Omeprazole Capsules (Gastro-Resistant) 20 mg *112 capsule TAKE ONE TWICE DAILY*

10/01/2012	Mrs Pat Macnair at St Triduanas Medical Practice
Follow up	(diary entry deleted) (Not Known)
Additional	Intramuscular injection of vitamin B12 1125 6/2013 L deltoid
- - - - - - - - - - - - - - -	
Problem (REVIEW)	**Hypertensive disease**
Examination	Blood pressure reading 171/103 mm Hg
Comment	will make appt. to see dr.
Follow up	(diary entry deleted) (Not Known)
Additional	Lifestyle counselling Blood sample taken
- - - - - - - - - - - - - - -	
Problem (REVIEW)	**Asthma NOS**
Examination	Peak expiratory flow rate before bronchodilation, 310 litres/min
Follow up	(diary entry deleted) (Not Known)
Additional	Asthma monitoring check done Asthma medication review Inhaler technique - good Using inhaled steroids - normal dose Asthma not disturbing sleep Asthma limits walking up hills or stairs Peak expiratory flow rate monitoring

28/12/2011	Mrs Felicia Laing at Not Seen
Comment	Failed encounter DNA for bloods

21/12/2011	Dr Geoff Smith at St Triduanas Medical Practice
Problem (REVIEW)	**Epigastric pain** has been assessed at hosp - examined and USS - not gallstones - they would

History	like tested for H Pylorii - sx worse pm - advised double up omeprazole to bd and make appt for bloods
Test Request	H pylori, FBC

-	—
21/11/2011	Dr Mairi Macartney at Extra
Comment	Seasonal influenza vaccination Fluvirin 110202 exp 04/12
Problem (FIRST)	**Epigastric pain**
History	With note from Mr Tulloh. For PPI
Examination	O/E - weight, 119.5 Kg
	Body Mass Index, 36.77
Medication	Omeprazole Capsules (Gastro-Resistant) 20 mg *56 CAPSULE TAKE ONE DAILY*
Additional	(diary entry deleted) (Not Known)
	(diary entry deleted) (Not Known)

-	—
18/11/2011	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Edinburgh Royal Infirmary Bariatric Surgery

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-	—
18/11/2011	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Western General Hospital General Medicine

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25/10/2011	Mr Scan Docman at Docman
Additional	Letter encounter from patient Clinical Letter Royal Infirmary Of Edinburgh Bariatric Surgery

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-	—
25/10/2011	Dr John Garner at St Triduanas Medical Practice
Problem	leg pain and chest pain
History	cough green and brown phlegm
Examination	chest crepe R base slight
Comment	Bac 1111 exp oct 2013 b12 given see letter
Medication	Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY

-	—
30/09/2011	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Edinburgh Royal Infirmary Bariatric Surgery

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-	—
27/09/2011	Dr Medical Student at St Triduanas Medical Practice
Problem (REVIEW)	**Laparoscopic adjustable gastric banding**
History	2 week history of vomiting up food every other day. When vomits, feels sick for the rest of the day and cannot keep any food/liquids down. Currently only able to eat half a cup of tomato soup and a small amount of custard. Is feeling increasingly tired and does not want to eat because is worried that he will vomit again and has been quite tearful lately with regards to this. No haematemsis. No dysphagia. Constipated - moving stools every 8-9 days.
Examination	O/E - weight, 132 Kg
	Body Mass Index, 40.59
	Blood pressure reading 156/95 mm Hg
	O/E - pulse rate, 65 beats/minute
Comment	seen by Micah Vincent 5th year medical student and Dr Macartney
Medication	Senna Tablets 7.5 mg 60 TABLET 2 NOCTE PRN
Follow up	(diary entry deleted) (Not Known)
	(diary entry deleted) (Not Known)
Comment	Has an appointment at RIE on 30/09 and has been advised to speak to them with regards to diet and vomiting issues.
Follow up	(diary entry deleted) (Not Known)

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Problem (FIRST)	**Constipation**
History	Has been constipated since gastric banding operation. Is not passing a stool for 8-9 days. No blood in stool and lactulose does not seem to help. Has had some abdominal discomfort due to this.
Comment	Started on senna twice at night to see if this helps. Has been advised to eat vegetable soups if possible and to keep active as much as possible.

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Problem (FIRST)	**[D]Dizziness**
Comment	U&Es were normal when last checked in July. Stopped Spironolactone, Doxasosin and co-codamol and will possibly stop enalapril at next consultation if no better. Advised to continue with the rest of medications and to come back in 4 weeks.

History	Started getting dizzy after taking morning medication and stopped taking all medication since 24/09.
-	—
16/09/2011	Dr Mairi Macartney at Not Seen
Comment	Failed encounter DNA
-	—
13/09/2011	Ms Sue Whitson at Not Seen
Problem	**Exception coded for diabetic retinopathy screening - no response to three invitations**
Comment	DNA hospital appointment
Additional	Diabetic retinopathy screening refused
-	—
06/09/2011	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Diabetic Retinopathy Screening diabetic retinopathy screening
-	—
29/08/2011	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Royal Infirmary Of Edinburgh Bariatric Surgery
-	—
17/08/2011	Dr Medical Student at St Triduanas Medical Practice
Problem (FIRST)	**Colicky abdominal pain**
History	2/7 hx of abdominal pain radiating to back associated with bloating. Progressive onset of gnawing pain, associated with one episode of vomiting. Pain eases somewhat on lying down. Reduced frequency of bowel motions since last operation to once per week.
Examination	O/E - abdomen tender at LIF. Bowel sounds difficult to hear (probably related to increased body habitus). Abdomen otherwise normal.
Comment	Likely pain and bloating related to constipation. Lactulose prescribed along with paracetamol as required for pain relief. Advised to return should symptoms progress or if no relief gained from medication. Seen by Neil Miller. Supervised by Dr Garner.
Medication	Forceval Capsules 30 capsule 1 DAILY Lactulose Solution 3.1-3.7 g/5 ml 500 ml 10ML BD Paracetamol Caplets 500 mg 100 TABLET 1-2 QDS PRN
-	
Problem	Discoloured urine
History	3/52 hx of discoloured orange urine with some dysuria in last 2/7. Pt is drinking 3litres of water per day as instructed following his recent gastric operation.
Examination	Urinalysis - general Urinalysis = no abnormality
Comment	Patient reassured that no abnormality detected in urine and advised to continue with adequate oral intake as per instructions following gastric band procedure. seen by Neil Miller. Supervised by Dr Garner.
Result	Urine glucose test negative Urine protein test negative Urine blood test = negative Urine ketone test negative Urine urobilinogen negative Urine nitrite negative
-	—
08/08/2011	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Royal Infirmary Of Edinburgh Bariatric Surgery
-	—
19/07/2011	Mrs Anne Hare at St Triduanas Medical Practice
Problem (REVIEW)	**Type 2 diabetes mellitus**
Examination	O/E - L.post.tib.pulse present O/E - L.dorsalis pedis present O/E - R.post.tib.pulse present O/E - R.dorsalis pedis present O/E - Vibration sense of left foot abnormal O/E - Vibration sense of right foot abnormal
Follow up	(diary entry deleted) (Not Known)
Additional	O/E - Left diabetic foot at moderate risk O/E - touch sensation left foot abnormal Right Foot Moderate Risk O/E - Touch sensation right foot abnormal Under care of diabetic foot screener Diabetic foot examination Medication review done

	Advice about foot care
	ACR requested
-	
Problem (REVIEW)	**Morbid obesity**
-	
Problem (REVIEW)	**Hypertensive disease**
Follow up	(diary entry deleted) (Not Known)
Additional	Lifestyle counselling
-	
Problem (REVIEW)	**Ischaemic heart disease**
History	Angina control - good
	Grade 2 - slight limitation of ordinary activity
Examination	Blood pressure reading 138/78 mm Hg
	O/E - weight, 146.95 Kg
	Body Mass Index, 45.18
Follow up	(diary entry deleted) (Not Known)
	(diary entry deleted) (Not Known)
Result	Blood sample taken DIAB
Additional	Depression screening using questions
	Alcohol consumption, 0 units/week
	Ex smoker
	Health ed. - smoking
-	—
15/07/2011	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Royal Infirmary Of Edinburgh Bariatric Surgery
-	—
11/07/2011	Dr Eilidh Stimpson at General Practice Surgery
Result	Wound microscopy, culture and sensitivities no growth (EMS)
-	—
11/07/2011	Dr Eilidh Stimpson at Urgent consultation
Problem (REVIEW)	**Laparoscopic adjustable gastric banding**
History	worried lap wound still infected. not pain and feeign well but d/c. no fevers. wt loss impressive and pt pleased. drinking and eating well.
Examination	O/E - height, 180.34 cm
	O/E - weight, 157 Kg
	Body Mass Index, 48.27
	abdo ant R upper wound yellow and sloughy. no collection. apyrexial.
Comment	swab taken and rx as below, r/v 1/52 if not vml or sooenr if concerns.
Medication	Co-Amoxiclav 250/125 Tablets 21 TABLET(S) ONE TO BE TAKEN THREE TIMES A DAY
Follow up	(diary entry deleted) (Not Known)
-	—
04/07/2011	Dr Mairi Macartney at St Triduanss Medical Practice
Problem (REVIEW)	**Laparoscopic adjustable gastric banding**
History	had surgery last week - almost called off at last minute. Sore and was in for a week. On liquids only for 2 weeks. Blood sugars have been good and off metformin
Examination	In good form. A lot of bruisin and 2 of the wounds look infected
Comment	Will see Anne H soon for diabetes check. Has stopped fags
Medication	Vapour-Permeable Adhesive Film Dressing 6cm x 7cm 20 dressing APPLY AS DIRECTED
	Flucloxacillin Capsules 250 mg 28 CAPSULE(S) ONE TO BE TAKEN FOUR TIMES A DAY
	Contour Test strips 50 strip Use as directed
Social	Ex smoker
-	—
01/07/2011	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Royal Infirmary Of Edinburgh Bariatric Surgery
-	—
01/07/2011	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Edinburgh Royal Infirmary Diabetes/Endocrinology
-	—
01/07/2011	Mr Scan Docman at Docman
Additional	Discharge summary Immediate Discharge Letter Royal Infirmary Of Edinburgh General Surgery

-	—
13/06/2011	Dr Rebecca Cheesbrough at Urgent consultation
Problem (FIRST)	**Knee pain**
History	8/52 of pain in RT knee. Thinks slightly swollen. No redness. Sometimes feels as though going to give way. No locking. No injury. Worse on standing and walking. V overweight and awaiting bariatric surgery on 27/6/11.
Examination	RT knee - generalised swelling although diff to assess because of body habitus. Tender over medial and lateral joint lines. FROM although pain on extremes of extension and flexion. No redness. Not hot.
Comment	?OA changes - could be secondary to wt. To try regular co-codamol. Elevation and ice. r/v as req.
-	—
18/04/2011	Mr Scan Docman at Docman
Additional	Letter encounter from patient Clinical Letter Royal Infirmary Of Edinburgh Bariatric Surgery
-	—
26/01/2011	Dr Aman Singh at St Triduanas Medical Practice
Problem (REVIEW)	**Morbid obesity**
History	lost 7kg with new diet thro bariatric surg clinic has to lose 3kg more and then may get surgery seeing them tomorrow
Examination	Blood pressure reading 140/85 mm Hg
Medication	Amoxicillin Capsules 250 mg 42 capsule 2 TDS
Follow up	(diary entry deleted) (Not Known) (diary entry deleted) (Not Known)
Additional	Medication review with patient
-	—
26/01/2011	Dr Aman Singh at Not Seen
Comment	DNA hospital appointment LCTC cardiovascular risk clinic - several appts - therefore discharged.
-	—
26/01/2011	Dr Mairi Macartney at Not Seen
Comment	Did not attend physiotherapy appointment LCTC - therefore discharged.
-	—
20/01/2011	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Leith CTC Diabetes
-	—
31/12/2010	Dr Aman Singh at Message via reception
Comment	see doc re b/p 3 weeks
-	—
30/12/2010	Mrs Pat Macnair at St Triduanas Medical Practice
Problem (REVIEW)	**Asthma NOS**
Examination	Peak expiratory flow rate measured using EN 13826 device, 340 L/min
Social	Trying to give up smoking
Comment	feeling better after exacerbation, 1 dose of steroids and now much easier. says having little effect from b'dilator and using daily. feels sob. try increasing seretide to 2 puffs bd. ? weight. attending for gastric banding.
Follow up	(diary entry deleted) (Not Known)
Additional	Asthma monitoring check done Asthma medication review Asthma causes daytime symptoms most days Inhaler technique - good Using inhaled steroids - normal dose Asthma not disturbing sleep Asthma treatment compliance satisfactory Asthma limits walking on the flat
- - - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Hypertensive disease**
Examination	Blood pressure reading 165/90 mm Hg
Comment	will task AS re. bp
Follow up	(diary entry deleted) (Not Known)
-	—
29/12/2010	Dr Rebecca Cheesbrough at Not Seen
Comment	Duty Doc task. Spoken with pharmacist - pt prescribed prednisolone but also taking Carbamazepine. Level of pred will be reduced with Carbamazepine. I will increase the pred dose to 40mg od. Will do further script and fax thro.
Medication	Prednisolone Tablets 5 mg 40 tablet 8 DAILY

-	—
29/12/2010	Dr Year2 Foundation at St Triduanas Medical Practice
Problem (REVIEW)	**Acute exacerbation of asthma**
History	feels systemically better since antibiotics but still very wheezy and tight. Sputum varies between clear and brown. has had occasional streaks of blood. No chest/calf pain.
Examination	Predicted peak flow (EN13826), 628 l/min
	Peak expiratory flow rate measured using EN 13826 device, 270 L/min
	Chest - scattered wheeze, no creps.
Comment	D/w Dr Garner, for course of steroids. BMs to be monitored during period (has appt with Anne for DM r/v next week). To call back if not settling/worsening.
Medication	Prednisolone Soluble tablets 5 mg 42 tablet 6 TABLETS
-	—
22/12/2010	Dr Rebecca Cheesbrough at St Triduanas Medical Practice
Problem (NEW)	**Acute exacerbation of asthma**
History	Feels that chest has never really been much improved since had infection in November. Coughing - brownish jelly-like sputum. Feels more SOB than usual - both on exertion and in bed. Wheezy. Using salbutamol inhaler more frequently. No sore throat or coryzal symptoms.
Examination	Afebrile. Pulse - 80/reg. Chest - scattered bilateral rhonchi, no creps.
	Predicted peak flow (EN13826), 628 l/min
	Peak expiratory flow rate measured using EN 13826 device, 300 L/min
Comment	For abcs. R/v if not settling. Advice re stopping smoking.
Medication	Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY
-	—
30/11/2010	Mr Scan Docman at Docman
Additional	Letter encounter Discharge/Summary Letter Leith CTC Physiotherapy
-	—
15/11/2010	Mr Scan Docman at Docman
Additional	Discharge summary Clinical Letter Edinburgh Royal Infirmary Accident & Emergency
-	—
12/11/2010	Mr Scan Docman at Docman
Additional	Discharge summary Clinical Letter Edinburgh Royal Infirmary Accident & Emergency
-	—
01/11/2010	Dr Mairi Macartney at St Triduanas Medical Practice
Problem (NEW)	**Acute exacerbation of asthma**
History	chest very tight and wheezy.Mucky spit
Examination	PFR - peak flow rate Scattered rhonchi.
	Predicted peak flow (EN13826), 628 l/min
	Peak expiratory flow rate measured using EN 13826 device, 280 L/min
Medication	Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY
-	—
28/10/2010	Mrs Anne Hare at St Triduanas Medical Practice
Problem (REVIEW)	**Asthma NOS**
Examination	Peak expiratory flow rate measured using EN 13826 device, 320 L/min
Follow up	(diary entry deleted) (Not Known)
Comment	**Says getting no relief from Salbutamol appt to see Dr next week**
Additional	Asthma causes daytime symptoms most days
	Inhaler technique - good
	Asthma limits walking on the flat
-	
Problem (REVIEW)	**Type 2 diabetes mellitus**
Examination	O/E - L.post.tib.pulse present
	O/E - L.dorsalis pedis present
	O/E - R.post.tib.pulse present
	O/E - R.dorsalis pedis present
	O/E - Vibration sense of left foot abnormal
	O/E - Vibration sense of right foot abnormal
Comment	Urine spec for ACR
Follow up	(diary entry deleted) (Not Known)
Additional	O/E - Left diabetic foot at moderate risk
	O/E - touch sensation left foot abnormal
	Right Foot Moderate Risk
	O/E - Touch sensation right foot abnormal

	Under care of diabetic foot screener
	Diabetic foot examination
-	
Problem (REVIEW)	**Hypertensive disease**
Follow up	(diary entry deleted) (Not Known)
Examination	Blood pressure reading 173/99 mm Hg
	O/E - weight, 180 Kg
	Body Mass Index, 55.35
Follow up	(diary entry deleted) (Not Known)
Social	Alcohol consumption, 0 units/week
	Cigarette smoker, 6 /day
Result	Blood sample taken Blood sample taken DIAB
Additional	Lifestyle counselling
	Health ed. - smoking
-	
Problem (REVIEW)	**Ischaemic heart disease**
History	Angina control - good
	Grade 2 - slight limitation of ordinary activity
Follow up	(diary entry deleted) (Not Known)
	(diary entry deleted) (Not Known)
Additional	Health ed. - diet
	Health ed. - alcohol
	Health ed. - exercise
	Depression screening using questions
	Advice about foot care
-	—
28/09/2010	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Royal Infirmary Of Edinburgh Bariatric Surgery
-	—
28/09/2010	Dr Mairi Macartney at Not Seen
Comment	DNA hospital appointment :re: Lothian Bariatric Surgical Service - 1st of 12 week intensive pre-operative course. - no contact at all . Discharged back to gp care. If patient seeks further assessment for bariatric surgery, he will now need to come through the tier 3/4 weight.management process withon the community, prior to further assessment.
-	—
28/09/2010	Dr Mairi Macartney at Extra
Problem (NEW)	**Chest infection**
History	Cold to chest with cough and several episodes of haemoptysis
Examination	Scattered ronchi and crepe R base
Comment	Needs CXR
	EMIS attachment reference code CXR request. MM.doc CXR request. MM
Medication	Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY
-	—
08/09/2010	Dr Mairi Macartney at St Triduanas Medical Practice
Problem (REVIEW)	**Tendonitis NOS**
History	Wrist better, started after decorating
Examination	Tneder over ext poll long. No wrist tenderness or swelling
Comment	Seasonal influenza vaccination Sanofi G9825-1 exp 05/11
	Does not look like gout. DOPD 27/09. Will get BP and bloods done then
	Long chat with gary and shirley re bariatric surgery - he is very +ve
-	—
01/09/2010	Dr Mairi Macartney at Telephone Consultation
Problem (FIRST)	**Wrist joint pain**
History	Shirley :Wrist very sore and swollen yesterday so Shirley took him to A&E. No # but tendons inflamed. Were going to give him diclofenac but Shirley reminded them that he is on loads of Rx
Comment	Try topical diclofenac. Appt next week - needs BP and bloods done - ?? gout
Medication	Diclofenac Diethylammonium Gel 1.16 % 100 gram APPLY 3 TIMES DAILY IF REQUIRED
-	—
31/08/2010	Mr Scan Docman at Docman
Additional	Letter encounter Administration Letter Edinburgh Royal Infirmary Accident & Emergency
-	—
13/07/2010	Mr Scan Docman at Docman

Additional	Letter encounter Clinical Letter Edinburgh Royal Infirmary Bariatric Surgery
-	—
30/06/2010	Dr Jane Miller at Extra
Problem (FIRST)	**Pleuritic pain**
History	left side of chest wall came on 2 days ago seems to come and go a bit . 02 sats 98 on air tender to touch sounds of crackles over area sweaty pulse 70 temp 37. discuss options no pain in calf. treat as a chest infection but if getting worse or increased sob to contact us or go to hospital
-	—
25/06/2010	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Diabetic Retinopathy Screening diabetic retinopathy screening
-	—
23/06/2010	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter SCI -DC Diabetes/Endocrinology
-	—
19/05/2010	Dr Andrew Mackay at Urgent consultation
Problem	?infective exacerbation of asthma
History	1w cough with brown sputum. today walking up to surgery felt numbness round his lips, dizziness and went red. lasts 10min and settles. had one similar about 3m ago. increase wheeze.
Examination	ant chest wheeze. t 36.8 no creps
	Blood pressure reading 187/113 mm Hg
Comment	poorly controlled bp.
Follow up	(diary entry deleted) (Not Known)
-	—
13/05/2010	Mrs Anne Hare at St Triduanas Medical Practice
Problem (REVIEW)	**Type 2 diabetes mellitus**
Examination	O/E - L.dorsalis pedis present
	O/E - L.post.tib. pulse absent
	O/E - R.dorsalis pedis present
	O/E - R.post.tib pulse absent
	O/E - Vibration sense of left foot abnormal
Follow up	(diary entry deleted) (Not Known)
Examination	O/E - Vibration sense of right foot abnormal
Comment	Urine spec for ACR
Follow up	(diary entry deleted) (Not Known)
Family History	**NOTE BP CHECKED X 3 ATTENDING CARDIAC CLINIC TOMORROW TO FOLLOW UP APPT FOR BP**
Additional	O/E - Left diabetic foot at moderate risk
	O/E - touch sensation left foot abnormal
	Right Foot Moderate Risk
	O/E - Touch sensation right foot abnormal
	Diabetic foot examination
	Medication review done
- - - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Hypertensive disease**
Examination	Blood pressure reading 172/99 mm Hg
	O/E - weight, 177.8 Kg
	Body Mass Index, 54.67
Follow up	(diary entry deleted) (Not Known)
Additional	Alcohol consumption, 0
	Cigarette smoker, 10 /day
	Health ed. - smoking
- - - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Ischaemic heart disease**
History	Angina control - good
	Grade 2 - slight limitation of ordinary activity
Follow up	(diary entry deleted) (Not Known)
Result	Blood sample taken DIAB
Additional	Health ed. - diet
	Depression screening using questions
	Health ed. - alcohol
	Health ed. - exercise
- - - - - - - - - - - - - - -	
-	
Problem (REVIEW)	**Morbid obesity**
-	—

31/03/2010	Mrs Anne Hare at Not Seen
Comment	Failed encounter **DNA FOR DIABETIC CHECK**

-	—
13/11/2009	Mr Sean Docman at Docman
Additional	Letter from consultant Clinical Letter Leith CTC Diabetes

-	—
09/11/2009	Dr Meiri Macartney at St Triduanes Medical Practice
Problem (REVIEW)	**Morbid obesity**
History	had appt at RIE last week but Dr went into labour so going back this week. Shirley very opposed to gastric banding - fear of anaesthetic and anxious he will change personality. She will go with him so they get an honest acct of his diet - eg 1Kg bars of chocolate
Examination	Sphyg unable to record today
Comment	Has appt LCTC this month
Additional	PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given A81CA054A

-	—
23/10/2009	Mrs Alice Chrystall at St Triduanes Medical Practice
Examination	Blood pressure reading 158/85 mm Hg O/E - height, 160.34 cm O/E - weight, 165.1 Kg
Comment	BP still out of target : mean of three readings seeing Doctor in Nov
Follow up	(diary entry deleted) (Not Known)

-	—
09/10/2009	Dr Hannah M B Cronin at Not Seen
Problem (REVIEW)	**Type 2 diabetes mellitus**
History	Blood results satisfactory but hypertension not controlled
Comment	Asked to make appointment.

-	—
06/10/2009	Dr Hannah M B Cronin at General Practice Surgery
Result	Hb. A1C - diabetic control 3. Actioned see patient task - ? B/P uncontrolled (BC) Serum lipids 2. No further action (BC) Liver function test 1. Normal - no action (BC) Urea and electrolytes 2. No further action (BC) Full blood count - FBC 1. Normal - no action (BC) (BC)

-	—
06/10/2009	Mrs Pat Macnair at St Triduanes Medical Practice
Problem (REVIEW)	**Asthma NOS**
Examination	Peak expiratory flow rate measured using EN 13826 device, 300 L/min
Follow up	(diary entry deleted) (Not Known)
Additional	Asthma monitoring check done Asthma medication review Asthma causes daytime symptoms 1 to 2 times per week Inhaler technique - good Using inhaled steroids - normal dose Asthma not disturbing sleep Asthma treatment compliance satisfactory Asthma limits walking up hills or stairs Seasonal influenza vaccination Enzira Lot 0986-13601 exp 06/10

-	
Problem (REVIEW)	**Type 2 diabetes mellitus**
Examination	O/E - L.post.tib.pulse present O/E - L.dorsalis pedis present O/E - R.post.tib.pulse present O/E - R.dorsalis pedis present Blood pressure reading 177/82 mm Hg Body Mass Index, 53.4 O/E - weight, 196.85 Kg
Social	Cigarette smoker, 0 Cigarettes/day
Comment	has been referred by LCTC for gastric banding, appt. next week to discuss
Follow up	(diary entry deleted) (Not Known)
Additional	Blood sample taken fbc ue's lft's chol lipids HbA1c Left Foot Low Current Risk O/E - touch sensation left foot abnormal Right Foot Low Current Risk O/E - Touch sensation right foot abnormal Diabetic foot examination Health ed. - smoking

-	—
23/09/2009	Dr Mairi Macartney at St Triduanas Medical Practice
Problem (NEW)	**Chest infection**
History	Wheeze and productive cough. Generally terrible at moment. [redacted] raped 6-7 months ago and ended up in REH after slashing wrists. gary stopped all Rx until about 2/52 ago
Examination	Wheeze. Rhonchi all areas.
Comment	Has diabetes and asthma appts
Medication	Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY

-	—
06/08/2009	Dr Aman Singh at Message written on prescription
Comment	no dopd letters for a while see anne for diab review see pat for asthma rev

-	—
03/04/2009	Mr Scan Docman at Docman
Additional	Letter from consultant DOPD Letter Western General Hospital Diabetes

-	—
27/02/2009	Mr Scan Docman at Docman
Additional	Letter from consultant Clinical Letter Leith CTC Diabetes

-	—
19/01/2009	Dr Geoff Smith at Message written on prescription
Problem (REVIEW)	**Asthma NOS**
Comment	Patient asked to make appt for review

-	—
13/01/2009	Dr Hannah M B Cronin at See Letter
Problem (REVIEW)	**Type 2 diabetes mellitus**
History	see letter Cardiovascular risk clinic Lubna Kerr 12/11/08
Social	Ex smoker

-	—
08/12/2008	Mrs Anne Hare at St Triduanas Medical Practice
Additional	Seasonal influenza vaccination Agrippal Lot 082303 exp 05/09

-	—
01/12/2008	Dr Geoff Smith at Message written on prescription
Problem (REVIEW)	**Asthma NOS**
Comment	Patient asked to make appt for review

-	—
28/11/2008	Mr Scan Docman at Docman
Additional	Letter from consultant Clinical Letter Leith CTC Diabetes

-	—
26/11/2008	Dr John Ellis at Urgent consultation
Problem (NEW)	**Acute exacerbation of asthma**
History	cough wheeze and tight ; aches and pains all over body, no sp
	Peak exp. flow rate: PEFR/PFR, 260 l/minute
Examination	T 38.3 chest scattered creps and wheez
	Predicted peak flow (EN13826), 656 l/min
Medication	Amoxicillin Capsules 250 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY
	Prednisolone Tablets 5 mg 30 tablet 6 DAILY

-	—
09/10/2008	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Leith CTC Diabetes

-	—
09/10/2008	Mr Scan Docman at Docman
Additional	Letter from consultant Clinical Letter Edinburgh Royal Infirmary Gastroenterology bariatric

-	—
07/10/2008	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Edinburgh Royal Infirmary Gastroenterology referral bariatric surgical

-	—
06/10/2008	Dr Aman Singh at Not Seen
Comment	bariatric referral completed and returned

-	—
28/09/2008	Dr Mairi Macartney at St Triduanas Medical Practice
Problem (FIRST)	**Peripheral neuropathy**
History	Pain in feet most of the time
Examination	Decreased sensation lateral borders.
Comment	Prob diabetic periph neuropathy. Trial of CMZ
Examination	Depression screening using questions On fluoxetine
Medication	Carbamazepine Tablets 100 mg 112 TABLET TAKE ONE TWICE DAILY
Additional	Depression screening using questions

-	—
02/09/2008	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Edinburgh Royal Infirmary Miscellaneous BARIATRIC SURGERY SERVICES

-	—
01/09/2008	Mr Scan Docman at Docman
Additional	Letter from consultant Clinical Letter Leith CTC Diabetes

-	—
21/08/2008	Dr Mairi Macartney at St Triduanas Medical Practice
Problem (REVIEW)	**Morbid obesity**
History	For chat re barometric surgery. Dr Reynold's considering referral. Headache - R sided
Examination	Unable to do BP. Error with electronic machine and no large sphyg cuffs available. Tender R upper trapezius
Comment	Under close LCTC review - await letters

-	—
01/07/2008	Dr Mairi Macartney at St Triduanas Medical Practice
Problem (FIRST)	**Chest infection**
History	Wheezy, productive cough.
Examination	Scattered rhonchi`
	Blood pressure reading 172/100 mm Hg
Comment	Increase doxasosin to 4mg bd
Medication	Amoxicillin Capsules 250 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY
	Doxazosin Mesilate Tablets 4 mg 112 tablet TAKE ONE TWICE DAILY
Additional	(diary entry deleted) (Not Known)

-	—
24/06/2008	Dr Hannah M B Cronin at Telephone Consultation
History	Requesting dosette.Discussed with Co-op Craigentinny
Comment	Pt will collect 1st one Wed 2/7/08

-	—
26/05/2008	Mr Scan Docman at Docman
Additional	Letter from consultant Clinical Letter Leith CTC Diabetes

-	—
23/05/2008	Mr Scan Docman at Docman
Additional	Letter from consultant Clinical Letter Leith CTC Diabetes

-	—
23/05/2008	Mr Scan Docman at Docman
Additional	Letter from consultant Outpatient Prescription request Leith CTC Prescription request

-	—
02/05/2008	Mr Scan Docman at Docman
Additional	Letter from consultant Clinical Letter Leith CTC Diabetes

-	—
02/05/2008	Mr Scan Docman at Docman
Additional	Letter from consultant Clinical Letter Leith CTC Diabetes

-	—
02/05/2008	Mr Scan Docman at Docman
Additional	Letter from consultant Clinical Letter Leith CTC Diabetes

-	—
02/05/2008	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Leith CTC Diabetes

-	—

18/04/2008	Mr Scan Docman at Docman
Additional	Letter from consultant Clinical Letter Leith CTC Cardiovascular Department

-	—
02/04/2008	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter PAEP diabetic retinopathy screening

-	—
14/03/2008	Mr Scan Docman at Docman
Additional	Letter from consultant Clinical Letter Leith CTC Cardiovascular Department

-	—
12/02/2008	Dr John Garner at St Triduanas Medical Practice
Problem	chest infection
History	cough green brown phlegm
Examination	chest a few wheezes and basal creps
Comment	As is diabetic and r
Medication	Amoxicillin Capsules 500 mg 21 capsule ONE TO BE TAKEN THREE TIMES A DAY
Social	Cigarette smoker, 5 Cigarettes/day

-	—
11/01/2008	Mr Scan Docman at Docman
Additional	Letter from consultant Clinical Letter Leith CTC Cardiovascular Department

-	—
24/12/2007	Dr Aman Singh at St Triduanas Medical Practice
Problem (REVIEW)	**Hypertensive disease**
History	bit upset b/p not well controlled doxaz incsd quite a steep rise in b/p several readings done
Examination	Blood pressure reading 166/105 mm Hg
Comment	inc dox further to 2 bd pending hosp review end jan - not chol above target but await latest from dopd
Follow up	(diary entry deleted) (Not Known)

-	—
14/12/2007	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Leith CTC Immediate Outpatients

-	—
14/12/2007	Mr Scan Docman at Docman
Additional	Letter from consultant Outpatient Prescription request Leith CTC Prescription request

-	—
06/12/2007	Mrs Pat Macnair at St Triduanas Medical Practice
Problem (REVIEW)	**Asthma NOS**
Examination	Peak exp. flow rate: PEFR/PFR, 400 l/minute
Social	Cigarette smoker, 10 Cigarettes/day
Comment	Improved since chest infection but still using b'dilator 3-4x week.
Follow up	(diary entry deleted) (Not Known)
Additional	Asthma monitoring check done Asthma medication review Asthma causes daytime symptoms 1 to 2 times per week Inhaler technique - good Using inhaled steroids - normal dose Health ed. - smoking Asthma not disturbing sleep Asthma treatment compliance satisfactory Asthma limits walking up hills or stairs

-	—
26/11/2007	Mr Scan Docman at Docman
Additional	Letter from consultant Clinical Letter Leith CTC Diabetes

-	—
02/11/2007	Mr Scan Docman at Docman
Additional	Letter from consultant Clinical Letter Leith CTC Cardiovascular Department

-	—
02/11/2007	Dr Aman Singh at St Triduanas Medical Practice
Problem (REVIEW)	**Type 2 diabetes mellitus**
History	dopd being rearranged simple mix up disc re rx but gains lot of benefit from amitr and onlu yses occasionally and no problems so continue **see pat 3w for asthma rev**

	chest better with steroids
Comment	encouraged
	restart amitriptyline
Follow up	(diary entry deleted) (Not Known)
Additional	Medication review of medical notes
	Seasonal influenza vaccination LOT 0866-08801 exp 06/08 Enzira

-	—
01/11/2007	Dr Aman Singh at Not Seen
Comment	DNA hospital appointment **LCTC DOPD - please ask pt to make appt with Anne Hare.**

-	—
01/11/2007	Ms Sue Whitson at Not Seen
Comment	**Please ask him to make an appt to see Anne Hare for diabetic check + bring EMU for ACR**

-	—
31/10/2007	Dr Andrew Mackay at Urgent consultation
Problem (NEW)	**Acute exacerbation of asthma**
History	1w breathing worse. much worse for 4d. not sleeping. dry cough. no urti symptoms. taking lots of salbutamol
	Peak exp. flow rate: PEFR/PFR, 270 l/minute
Examination	widespread wheeze R>L t 36.4 full sentences.
	Predicted peak flow, 638.55 l/min
Medication	Prednisolone Tablets 5 mg 40 tablet 8 TABLETS DAILY

-	—
29/10/2007	Mr Scan Docman at Docman
Additional	DNA hospital appointment Clinical Letter Leith CTC Diabetes

-	—
27/09/2007	Dr Geoff Smith at St Triduanas Medical Practice
History	Patient asked to make appt for review asking for amitriptyline - interacts with many of his medications -

-	—
24/09/2007	Mr Scan Docman at Docman
Additional	Letter from consultant Clinical Letter Leith CTC Cardiovascular Department

-	—
28/08/2007	Mr Scan Docman at Docman
Additional	Letter from consultant Clinical Letter Leith CTC Cardiovascular Department

-	—
10/07/2007	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Leith CTC Cardiovascular Department

-	—
01/06/2007	Dr Mairi Macartney at St Triduanas Medical Practice
Problem (REVIEW)	**Morbid obesity**
History	Dietician has put him on 1600 Cal diet - struggling!!! Headaches and knee pain worse
Examination	Morbid obesity. Tender ant knees
Comment	Was at LCTC last week and had blood tests. Await results. Try topical ibuprofen
Medication	Ibuprofen Gel 5 % 100 gram(s) APPLY 3 TIMES DAILY IF REQUIRED

-	—
25/05/2007	Mr Scan Docman at Docman
Additional	Letter from consultant Clinical Letter Leith CTC Cardiovascular Department

-	—
26/03/2007	Dr Mairi Macartney at Telephone Consultation
Problem (REVIEW)	**Ischaemic heart disease**
Comment	Cholesterol 5.2. Change from Prava 40 to Atorva 20. TC in 4/52
Medication	Atorvastatin Tablets 20 mg 28 TABLET NOCTE
Test Request	Cholesterol

-	—
20/03/2007	Mrs Anne Hare at St Triduanas Medical Practice
Problem (REVIEW)	**Type 2 diabetes mellitus**
Comment	Urine spec for ACR
Follow up	(diary entry deleted) (Not Known)
Additional	Medication review done
	Referral to retinal screener

	Under care of chiropodist
-	
Problem (REVIEW)	**Hypertensive disease**
Follow up	(diary entry deleted) (Not Known)
Additional	Cigarette smoker, 0 Cigarettes/day
	Health ed. - smoking
-	
Problem (REVIEW)	**Ischaemic heart disease**
Examination	Blood pressure reading 141/72 mm Hg
	O/E - weight, 187.3 Kg
	Body Mass Index, 57.81
Follow up	(diary entry deleted) (Not Known)
Additional	Alcohol consumption, 0 units/week
	Depression screening using questions

-	—
20/03/2007	Mrs Pat Macnair at St Triduanas Medical Practice
Problem (REVIEW)	**Asthma NOS**
Examination	Peak exp. flow rate: PEFR/PFR, 250 l/minute
Comment	still using b'dilator most days and several times daily. better than previously but still not good. educated again re. inhaler technique - mod. - good. SOB probably also due to weight . try seretide and r/v sooner if no improvement.
Medication	Fluticasone Propionate And Salmeterol Cfc-free inhaler 125 micrograms + 25 micrograms/actuation 2*1 Inhaler(s) 1 puff twice a day
Follow up	(diary entry deleted) (Not Known)
Additional	Asthma monitoring check done
	Asthma medication review
	Asthma causes daytime symptoms most days
	Inhaler technique - moderate
	Using inhaled steroids - normal dose
	Asthma disturbing sleep
	Asthma treatment compliance satisfactory
	Asthma limits walking up hills or stairs

-	—
15/03/2007	Dr Mairi Macartney at St Triduanas Medical Practice
Problem (REVIEW)	**Arthropathy NOS**
History	Sore all over despite co-codamol
Examination	Cheerful and coping
Comment	Shirley has some co-dtydramol which she does not tolerate. Gary to try and if helping will phone and I will prescribe. Needs asthma review ? change inhaler type and diabetic review
	Patient asked to make appt for review of asthma and diabetes
Additional	Medication review with patient

-	—
22/01/2007	Dr Mairi Macartney at Not Seen
Comment	Incapacity for work form completed

-	—
19/01/2007	Mr Sean Docman at Docman
Additional	Letter from consultant Clinical Letter Leith CTC Cardiovascular Department

-	—
28/12/2006	Dr Aman Singh at St Triduanas Medical Practice
Problem (REVIEW)	**Asthma NOS**
History	asthma better but not away not too well controlled technique awful despite entry 13/12 and no point in inc dose brown inhaler as doubt its going in poor understanding educated again today rev 6w asthma clinic ??step up cautiously
Examination	Peak exp. flow rate: PEFR/PFR, 300 l/minute
	rr n lungs clear
Follow up	(diary entry deleted) (Not Known)
Additional	Asthma monitoring check done
	Asthma medication review
	Asthma causes daytime symptoms most days
	Inhaler technique - poor
	Using inhaled steroids - normal dose
	Bronchodilators used more than once daily
	Health ed. - smoking
	Asthma causes night symptoms 1 to 2 times per month
	Asthma treatment compliance unsatisfactory
	Asthma limits walking up hills or stairs

-	—

19/12/2006	Dr Aman Singh at See Letter
Comment	**note comments re possible referral sex abuse counselling**

-	—
18/12/2006	Dr Hannah M B Cronin at Urgent consultation
Problem (NEW)	**Acute exacerbation of asthma**
History	Got SOB 2 days ago coughing ++ wants antibiotics
Examination	grossly obese wheezy but speaking freely generalised expir wheeze no resps apyrex
Comment	To call back if not settling/worsening + phone NHS 24 if OOO
Medication	Prednisolone Tablets 5 mg 40 tablet 8 TABLETS DAILY
Social	Cigarette smoker, 5 Cigarettes/day
Additional	Health ed. - smoking

-	—
13/12/2006	Mrs Barbara Phillips at St Triduanas Medical Practice
Examination	Peak exp. flow rate: PEFR/PFR, 350 l/minute
	O/E - height, 180 cm
	O/E - weight, 188 Kg
	Body Mass Index, 58.02
Social	Cigarette smoker, 5 Cigarettes/day
Comment	was told at clinic at rle to up his dose of steriod to 3puffs bd so he is going to try this for 2wks and will return if he still is having to use his reliever twice a day asthma management plan discussed
Additional	Asthma causes daytime symptoms most days
	Inhaler technique - good
	Using inhaled steroids - normal dose
	Seasonal influenza vaccination
	Asthma treatment compliance satisfactory
	Asthma limits walking on the flat

-	—
07/12/2006	Mr Scan Docman at Docman
Additional	Letter from consultant Clinical Letter Leith CTC diabetic retinopathy screening

-	—
01/12/2006	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Leith CTC Cardiovascular Department

-	—
01/12/2006	Dr Geoff Smith at Message written on prescription
Problem (REVIEW)	**Asthma NOS**
Comment	Patient asked to make appt for review

-	—
31/10/2006	Mr Scan Docman at Docman
Additional	Letter encounter Clinical Letter Leith CTC Cardiovascular Department

-	—
10/10/2006	Ms Sue Whitson at Externally Entered
Additional	EMIS attachment reference code 1st asthma invitation for 2006

-	—
10/10/2006	Dr Mairi Macartney at St Triduanas Medical Practice
Problem	**Osteoarthritis** leg joints
History	6-7/12 worsening pains leg joints, sleeping for 2 hours a night. Incontinence from immobility - bed pads and bottles.
Examination	Painful movement of leg joints.
Comment	Seen by Matthew Coles, med student.
Medication	Amitriptyline Hydrochloride Tablets 25 mg 56 tablet TAKE ONE TAB NOCTE
Additional	Seasonal influenza vaccination Influvac Batch K12 exp 06/07

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Problem	**Venous insufficiency** back of R
History	Hirudoid used frequently.
Examination	Darkened area, with a few raised spots.

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22/09/2006	Mr Scan Docman at Docman
Additional	Letter from consultant Clinical Letter Leith CTC Diabetes

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05/09/2006	Dr Mairi Macartney at St Triduanas Medical Practice
Problem (NEW)	**Lower resp tract infection**
History	'Terrible' Coughing up 'crap'
Examination	Scattered rhonchi and accos creps.

	Depression screening using questions No to both. On fluoxetine
Comment	DOPD on 22/09
Medication	Amoxicillin Capsules 500 mg 21 CAPSULE(S) ONE TO BE TAKEN THREE TIMES A DAY

-	—
22/06/2006	Dr Mairi Macartney at Message via reception
Comment	see tasks (patient filter) Repeat antibiotics
Medication	Amoxicillin Capsules 500 mg 21 CAPSULE(S) ONE TO BE TAKEN THREE TIMES A DAY

-	—
06/06/2006	Dr Mairi Macartney at St Triduanas Medical Practice
Problem (FIRST)	**Lower resp tract infection**
History	Cold to chest. SOB and green spit
Examination	Rhonchi all areas
Comment	Has got DLA at last. Form and bottle for ACR
Medication	Amoxicillin Capsules 500 mg 21 CAPSULE(S) ONE TO BE TAKEN THREE TIMES A DAY

-	—
16/05/2006	Mrs Medical Sec at Externally Entered
Additional	EMIS attachment reference code LETTER IN SUPPORT OF DISABILITY LIVING ALLOWANCE MM

-	—
19/04/2006	Dr Mairi Macartney at St Triduanas Medical Practice
Problem	**Intertrigo**
History	Gets boils in groin
Examination	Moist intertrigo
Medication	Cicatrin Dusting powder 50 gram(s) Apply twice a day

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Problem	**Faecal incontinence**
History	Occas loss of control of bowel. He feels due to reduced mobility. Is also on Orlistat and tries to keep dietary fat down
Comment	Still sees dietician. Ct orlistat

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Problem (REVIEW)	**Morbid obesity**
History	Has had DLA removed. Appealing. Wishes me to right letter of support
Comment	I will reply to Terry Ratlagan, benefits worker when I get letter

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28/03/2006	Mrs Anne Hare at St Triduanas Medical Practice
Examination	Body Mass Index, 54.67 O/E - weight, 177.8 Kg

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28/03/2006	Mrs Anne Hare at St Triduanas Medical Practice
Problem (REVIEW)	**Type 2 diabetes mellitus**
Examination	O/E - L.post.tib.pulse present O/E - L.dorsalis pedis present O/E - R.post.tib.pulse present O/E - R.dorsalis pedis present O/E - Vibration sense of left foot normal O/E - Vibration sense of right foot normal
Comment	Follow-up 1 year DIAB Urine spec for ACR TCA for BP in 4 weeks
Follow up	(diary entry deleted) (Not Known) (diary entry deleted) (Not Known)
Result	Blood sample taken
Additional	Left Foot Low Current Risk O/E - Touch sensation left foot normal Right Foot Low Current Risk O/E - touch sensation right foot normal Under care of diabetic foot screener Medication review done Referral to retinal screener

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Problem (REVIEW)	**Hypertensive disease**
Examination	Blood pressure reading 169/90 mm Hg
Follow up	(diary entry deleted) (Not Known)
Additional	Health ed. - smoking

	Alcohol consumption, 0
-	—
03/03/2006	Mrs Medical Sec at Externally Entered
Additional	EMIS attachment reference code LETTER TO PATIENT RE BENEFITS APPEAL
-	—
01/03/2006	Mrs Maureen Keith at Externally Entered
Additional	EMIS attachment reference code BIOPSY REPORT MM/MK
-	—
01/03/2006	Dr Aman Singh at St Triduanas Medical Practice
Problem (REVIEW)	**Obesity** morbid
History	all joints v sore, new development neuralgia all areas esp limbs and now requiring virtually total care from shirley - dressing and bathing etc, however does get out - appealing dla and showed me letter from mm few yrs ago, I agreed to send letter of support
	hba1c 5 at dopd 1m ago and sticking to diet
Social	shirley and her [redacted] present
Medication	Amitriptyline Hydrochloride Tablets 10 mg 100 tablet(s) 1-3 NOCTE
New Referral	Referral to benefits advisor Outpatient (NHS), Routine, , ,
-	—
28/02/2006	Dr Mairi Macartney at Minor Surgery Clinic
Additional	Application of local anaesthetic
	Injection of adrenaline
	Diathermy of skin lesion NEC
	Minor surgery done - excision
	Minor surgery done Shave excision lesion R upper eyelid
	Consent for minor surgery procedure given warned re infection and recurrence if applicable
	Specimen sent for histology
-	—
04/01/2006	Dr Aman Singh at St Triduanas Medical Practice
Problem (REVIEW)	**Asthma NOS** ?poor control ?overuse blue
History	much more +ve now
	chest better but describes poor asthma control - inhaler 4-5x/d and erratic use preventer
Examination	rr n lungs clear
History	other health concerns continue
Comment	ct becotide 2 puffs bd and asthma review with sr mcnair next month ?step up further then
	avoid using blue inh unless wheezy
-	
History	warty tag left upper eyelid obstructing vision
Comment	m/s w/l mm only
-	—
29/12/2005	Dr John Garner at St Triduanas Medical Practice
Problem	Chest infection
History	problems with breathing - using inhalers ++ coughing plus starting to come up greeny -
Examination	slight rhonchi breathless at rest
Comment	double strength of Becotide for 1 inhaler only
Medication	Amoxicillin Capsules 500 mg 21 CAPSULE(S) ONE TO BE TAKEN THREE TIMES A DAY
	Becotide 200 Inhaler 200 micrograms/puff 1*1 Inhaler(s) 2 PUFFS TWICE DAILY
-	—
20/12/2005	Dr Aman Singh at Externally Entered
Additional	EMIS attachment reference code letter for pt AS
-	—
19/12/2005	Dr Aman Singh at St Triduanas Medical Practice
Problem	stress and low mood
History	has become v disheartened with family dispute with [redacted], he was abused physically as [redacted] by him and now found out not his real [redacted], feels sore and can't look after himself or wash, went to dads house and broke windows - police were involved, lost hope
Examination	reactive#, no suicidal features found, lungs / pulse nad
Social	s/w m-in-law who is v supportive as is shirley, [redacted] (separated)
Comment	long disc R 3/52.Sooner prn - letter for ds, will need to take +ve steps forward
Follow up	(diary entry deleted) (Not Known)

	(diary entry deleted) (Not Known)
-	—
01/11/2005	Dr Aman Singh at St Triduanas Medical Practice
Problem (REVIEW)	**Obesity**
History	waking up with bad ache all over esp legs
Examination	no sign of joint inflammation
Comment	check ck done
Additional	Seasonal influenza vaccination batch 3000854 exp 2006
-	—
16/09/2005	Ms Tracy Thomson at Externally Entered
Additional	EMIS attachment reference code LCTC diabetes review as/tt
-	—
01/08/2005	Mrs Felicia Laing at St Triduanas Medical Practice
Additional	Seen by practice phlebotomist
-	—
01/08/2005	Dr Aman Singh at St Triduanas Medical Practice
Problem (REVIEW)	**Obesity**
History	achy, bit dejected, poor sleep, feels chesty, d/c obesity clinic, due dopd in sep - if b/p remains high and they don't refer to special b/p - diab clinic, I will, friend had cva
Examination	lungs clear a bit flat
Medication	Co-Codamol 30/500 Tablets 120 tablet(s) 2 QDS PRN
Test Request	U and E
-	—
06/06/2005	Dr Aman Singh at St Triduanas Medical Practice
Problem (REVIEW)	**Hypertensive disease**
History	feels b/p high
Examination	Blood pressure reading 182/105 mm Hg
Social	Cigarette smoker, 5 Cigarettes/day looking for own house, currently living with [redacted] and she can't manage, has had adaptations to house for bathing etc due to weight - to hand in med priority form for me
Comment	R 4/52.Sooner pm double enalapril, double spironolactone, consider referral to poorly controlled b/p clinic, close to max rx now
Follow up	(diary entry deleted) (Not Known)
Additional	Medication review of medical notes Health ed. - smoking
-	—
01/04/2005	Dr Aman Singh at St Triduanas Medical Practice
Problem	**Infl**
History	chesty , picking up from low mood
Examination	few rhonchii, rr n, speaking freely, p75
Comment	m-in-law daignosed lung ca, was very upset and now told the diagnosis was wrong and she's ok
Medication	Oxytetracycline Tablets 250 mg 80 tablet(s) 2 QDS
-	—
14/03/2005	Mrs Pat Macnair at St Triduanas Medical Practice
Examination	Peak exp. flow rate: PEFR/PFR, 380 l/min
Comment	poor compliance with inhalers - still has not used todayII relaught inhaler technique.
Follow up	(diary entry deleted) (Not Known)
Additional	Asthma causes daytime symptoms most days Not using inhaled steroids Bronchodilators used more than once daily Asthma disturbing sleep Asthma treatment compliance unsatisfactory Asthma limits walking on the flat
- - - - - - - - - - - - - -	
-	
Examination	Blood pressure reading 160/90 mm Hg
Comment	urine for ACR received
Follow up	(diary entry deleted) (Not Known)
-	—
21/02/2005	Dr Aman Singh at St Triduanas Medical Practice
Problem	multiple pathologies marked relapse in eating, binge eating again and low and achy, asthma bad but

History	not taking brown inhaler
Examination	Blood pressure reading 170/90 mm Hg
Social	Cigarette smoker, 10 Cigarettes/day
Comment	encouraged to get back on track, start spironolactone and becotide, rev by **double appt with sr mcnair in 3 weeks - inhaler technique and b/p , please also make sure has brought urine for acr, see me 3/52 afterwards**
Medication	Spironolactone Tablets 25 mg 112 TABLET(S) TAKE ONE TWICE DAILY
	Beclometasone Breath-actuated inhaler 100 micrograms/actuation 2*1 Inhaler (s) 2 puffs bd
Follow up	(diary entry deleted) (Not Known)
	(diary entry deleted) (Not Known)
Additional	Asthma monitoring check done
	Asthma causes daytime symptoms 1 to 2 times per week
	Inhaler technique - poor
	Not using inhaled steroids
	Bronchodilators used more than once daily
	Asthma causes night symptoms 1 to 2 times per month
	Asthma treatment compliance satisfactory
	Asthma limits walking up hills or stairs
	Medication review with patient

-	—
18/01/2005	Dr Aman Singh at St Triduanas Medical Practice
Problem (REVIEW)	**Ischaemic heart disease**
History	angina more active last 2 weeks , max 10 mins and always better with spray, working hard at improving things
Examination	hs lungs nad p80 reg
	Blood pressure reading 170/94 mm Hg
Social	Cigarette smoker, 6 Cigarettes/day
Comment	R 2/52.Sooner pm or if pain >20mins asap
	?oral nitrate
	rpt b/p at rev and consider doxazosin or spironolactone
Follow up	(diary entry deleted) (Not Known)
Additional	Health ed. - smoking

-	—
08/12/2004	Dr Aman Singh at Not Seen
History	see letter, ?doxazosin if b/p still high

-	—
03/12/2004	Dr Aman Singh at St Triduanas Medical Practice
Problem (REVIEW)	**Obesity**
History	prescriptions as various notes
Social	Trying to give up smoking
	Cigarette smoker, 15 Cigarettes/day
Medication	Orlistat Capsules 120 mg 168 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY
	Aspirin Tablets 75 mg 56 tablet(s) TAKE ONE DAILY
	Nicotine Transdermal patches 10 mg/16 hrs 28 patch(es) APPLY DAILY
Additional	Nicotine replacement therapy

-	—
22/09/2004	Dr Aman Singh at St Triduanas Medical Practice
History	doing well, some qs, inc metf to 2 tds
Additional	Seasonal Influenza vaccination Batch No F08021 Expiry 06/2005 r arm **(GMS)**
	Pneumococcal vaccination ht 48650 **(GMS)**

-	—
17/09/2004	Mrs Maureen Keith at Externally Entered
Additional	EMIS attachment reference code WGH GEN MED JG/MK

-	—
10/09/2004	Dr Aman Singh at Not Seen
History	**decoded asthma, not suggestive**

-	—
08/09/2004	Dr Aman Singh at St Triduanas Medical Practice
History	admitted with septicaemia, rash and frankly diabetic but avoided insulin and now better, scared of diabetes and what it will mean
	seen with [redacted]
Examination	grossly obese
Comment	sees dietician regularly and making some inroads, stopped cigs 3/52 ago
	leaflets iven, refer dopd, see in 2/52, double metformin
	pvax fluvax advice at review
Medication	Metformin Hydrochloride Tablets 500 mg 336 TABLET 2 TABS 3 TIMES DAILY WITH/AFTER FOOD

-	—
30/08/2004	Mrs Cathy Collins at Externally Entered
Additional	EMIS attachment reference code CO-OP SLIP/CC

-	—
27/08/2004	Dr Susan Greenwood at St Triduanas Medical Practice
Problem	**LRTI**
History	Continuing to be SOB .Chest feels heavy. Esp diffic at night with dyspnoea. Describes myalgia. Taking Beechams Flu remedy 4 hourly.
Examination	Widespread mixed wheeze and rhonchi.
Comment	attending RIE re. wt loss. Lost 2 stone.
Medication	Prednisolone E/c tablets 5 mg 40 tablet(s) 40MG/DAY
	Clarithromycin Tablets 500 mg 14 tablet(s) TAKE ONE TWICE DAILY

-	—
27/08/2004	Ms Jeanette Fyfe at Urgent Telephone Consultation
History	Unwell for 3 days, Very dizzy and unable to walk properly. Has vomitted x2. Staying at ex [redacted]'s house, not able to get around on his own

-	—
17/08/2004	Dr Mairi Macartney at St Triduanas Medical Practice
Problem	**LRTI**
History	Cold to chest
Examination	Scattered rhonchi
Medication	Amoxycillin Capsules 250 mg 21 capsule(s) ONE TO BE TAKEN THREE TIMES A DAY
	Bendrofluazide Tablets 2.5 mg 56 tabs One, each morning
	Enalapril Maleate Tablets 20 mg 56 TABLET TAKE ONE TWICE DAILY.STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN
	Enalapril Maleate Tablets 5 mg 56 tabs One, daily
	Fluoxetine Hydrochloride Capsules 20 mg 56 CAPSULE Two, daily
	Co-Dydramol 10/500 Tablets 100 tabs Two as needed
	Prevastatin Tablets 40 mg 56 tabs One, at night
	Tildiem La M/R capsules 300 mg 56 caps One, daily
	Salbutamol Inhaler 100 micrograms/puff 2 unit 2 puffs as needed
Social	Cigarette smoker, 8 Cigarettes/day
Additional	Health ed. - smoking
	Medication review with patient

-	—
10/06/2004	Mrs Gaby Sardesai at Externally Entered
Additional	EMIS attachment reference code LEG ULCER ASSESSMENT MM/GM

-	—
07/06/2004	Dr John Garner at Not Seen
Comment	**CHD AND HT - please record current smoking status**

-	—
07/06/2004	Ms District Nurses at St Triduanas Medical Practice
Comment	doppler assessment left ankle 182 left brachial 140 result >1 right ankle 190 right brachial 140 result >1

-	—
03/06/2004	Dr Mairi Macartney at St Triduanas Medical Practice
Problem	**Thrombophlebitis**
History	Legs sore. Tend to bleed. V stressed by Natalie's self harm and school refusal. Had managed 1.5 stone weight loss. RIE dietician July
Examination	Area of thrombophlebitis R lower calf
	Blood pressure reading 148/82 mm Hg
Comment	To DN for doppler and assessment please
Additional	(diary entry deleted) (Not Known)

-	—
16/02/2002	Dr Mairi Macartney
Problem	**Atypical chest pain**

-	—
16/02/2002	Dr Mairi Macartney
Problem	**Hypertensive disease**

-	—
01/01/2002	Dr Aman Singh
Problem	**Depressive disorder NEC**

-	—
10/12/2001	Dr Mairi Macartney
Problem	**Angiocardiography**
-	—
28/11/2001	Ms Emis Anon
History	Health Screen: Alcohol consumption 20 ,
	Health Screen: Exercise grading , Result: A
	Health Screen: O/E - height 175 , 5ft 9ins
	Health Screen: Health ed. - smoking , Result: Y
	Health Screen: Health ed. - alcohol , Result: Y
Family History	Health Screen: FH: Cardiovascular disease
History	Health Screen: Dietary history , Result: Y
	Health Screen: O/E - weight 158.9 , 25st 0lbs
Additional	Body Mass Index 51.9 ,
History	Health Screen: Body Mass Index 51.89 , 158.9/(1.75*1.75)
	Urinalysis - general ,
	Systolic blood pressure 160 ,
	Diastolic blood pressure 92 ,
-	—
01/01/2001	Dr Mairi Macartney
Problem	**Ischaemic heart disease**
-	—
01/01/1994	Dr Mairi Macartney
Problem	**Ventricular hypertrophy**
-	—
01/01/1994	Dr Aman Singh
Problem	**Obesity**
-	—
01/01/1992	Dr Aman Singh
Problem	**Clsd # scaphoid**
-	—
01/01/1992	Dr Aman Singh
Problem	**Tonsillectomy**
-	—
01/01/1976	Dr Aman Singh
Problem	**Asthma NOS**

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
26/05/2026	**Viazem XI M/R capsules 120 mg** ONE TO BE TAKEN THREE TIMES A DAY 168 capsule	26/05/2026P	Dr Scott Booth	ACUTE
19/02/2026	**Colecalciferol Capsules 800 units** ONE TO BE TAKEN EACH DAY 28 CAPSULE	20/05/2026P	Dr Louise Bailey	REPEAT
10/03/2025	**Bisoprolol Fumarate Tablets 5 mg** ONE DAILY 28 TABLET	20/05/2026P	Dr Louise Bailey	REPEAT
10/03/2025	**Apixaban Tablets 5 mg** ONE TO BE TAKEN TWICE A DAY 56 TABLET	20/05/2026P	Dr Louise Bailey	REPEAT
16/01/2024	**Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose** INHALE ONE PUFF ONCE A DAY 60 DOSE	16/04/2026P	Dr Louise Bailey	REPEAT
21/07/2023	**Viazem XI M/R capsules 360 mg** ONE TO BE TAKEN EACH DAY 28 CAPSULE	20/05/2026P	Dr Louise Bailey	REPEAT
02/12/2022	**Amitriptyline Hydrochloride Tablets 25 mg** ONE TO BE TAKEN IN THE EVENING 56 TABLET	20/05/2026P	Dr Louise Bailey	REPEAT
26/05/2022	**Codeine Phosphate Tablets 30 mg** ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 100 tablet	07/05/2026P	Dr Geoff Smith	REPEAT
14/07/2021	**Montelukast Sodium Tablets 10 mg** ONE TO BE TAKEN IN THE EVENING 28 TABLET	20/05/2026P	Dr Louise Bailey	REPEAT
24/07/2018	**Spironolactone Tablets 25 mg** ONE TO BE TAKEN EACH DAY.STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL	20/05/2026P	Dr Louise Bailey	REPEAT

	AGAIN 28 TABLET			
05/12/2017	**Glyceryl Trinitrate Pump spray 400 micrograms/dose** one puff as needed 200 dose	20/03/2023P	Dr Louise Bailey	REPEAT
29/03/2017	**Aerochamber Plus Spacer device standard (blue) 1** USED WITH THE FOSTAIR 1 device	07/09/2017P	Dr Aman Singh	REPEAT
07/06/2016	**Omeprazole Capsules (Gastro-Resistant) 20 mg** TAKE ONE DAILY 56 CAPSULE	20/05/2026P	Dr Louise Bailey	REPEAT
07/10/2015	**Hydroxocobalamin Solution for Injection 1 mg/ml, 1 ml ampoule 10** WEEKLY AS PER SPECIALST CLINIC 2 AMPOULE	07/10/2015Q	Dr Louise Bailey	REPEAT
05/02/2013	**Doxazosin Mesilate Tablets 4 mg** TAKE ONE TWICE DAILY 56 TABLET	20/05/2026P	Dr Louise Bailey	REPEAT
22/09/2011	**Forceval Capsules 2** DAILY 56 CAPSULE	20/05/2026P	Dr Louise Bailey	REPEAT
26/03/2007	**Atorvastatin Tablets 20 mg** NOCTE 28 TABLET	20/05/2026P	Dr Louise Bailey	REPEAT
21/07/2005	**Salbutamol Cfc-free Inhaler 100 micrograms/puff** 2PUFFS PRN 200 DOSE	16/04/2026P	Dr Louise Bailey	REPEAT
29/12/2003	**Enalapril Maleate Tablets 20 mg** TAKE ONE TWICE DAILY.STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN 56 TABLET	20/05/2026P	Dr Louise Bailey	REPEAT
29/12/2003	**Fluoxetine Hydrochloride Capsules 20 mg** Two, daily 56 CAPSULE	20/05/2026P	Dr Louise Bailey	REPEAT
29/12/2003	**Bendroflumethiazide Tablets 2.5 mg** ONE IN THE MORNING. STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN 28 TABLET	20/05/2026P	Dr Louise Bailey	REPEAT

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
20/02/2026	**Peptac Liquid (peppermint)** 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME 500 ML	20/02/2026P	Dr Louise Bailey	ACUTE
18/02/2026	**Diazepam Tablets 5 mg** ONE NOCTE 30 tablet	18/02/2026P	Dr Louise Bailey	ACUTE
18/02/2026	**Famotidine Tablets 20 mg 1** DAILY 28 tablet	18/02/2026P	Dr Louise Bailey	ACUTE
22/01/2026	**Vlazem XI M/R capsules 120 mg** ONE TO BE TAKEN THREE TIMES A DAY 168 capsule	27/03/2026P	Dr Scott Booth	ACUTE
10/10/2025	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON DAY 1 THEN ONE TO BE TAKEN DAILY FOR A FURTHER 4 DAYS 6 CAPSULE	10/10/2025P	Dr Charis Johnston	ACUTE
10/10/2025	**Vlazem XI M/R capsules 120 mg** THREE TO BE TAKEN EACH DAY 84 capsule	10/11/2025P	Dr Charis Johnston	ACUTE
22/04/2025	**Diazepam Tablets 5 mg** ONE NOCTE 30 tablet	22/04/2025P	Dr Andrew Mackay	ACUTE
30/12/2024	**Diazepam Tablets 5 mg** ONE NOCTE 30 tablet	30/12/2024P	Dr Andrew Mackay	ACUTE
08/11/2024	**Diazepam Tablets 5 mg** ONE NOCTE 30 tablet	08/11/2024P	Dr Louise Bailey	ACUTE
23/10/2024	**Dihydrocodeine Tablets 30 mg 1** 4HRLY FOR PAIN 60 tablet	08/11/2024P	Dr Louise Bailey	ACUTE
04/10/2024	**Diazepam Tablets 5 mg** ONE NOCTE 30 tablet	04/10/2024P	Dr Louise Bailey	ACUTE
22/01/2024	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON DAY 1 THEN ONE TO BE TAKEN DAILY FOR A FURTHER 4 DAYS 6 CAPSULE	22/01/2024P	Dr Louise Bailey	ACUTE
29/05/2023	**Naproxen Tablets 250 mg** ONE OR TWO TWICE DAILY 56 tablet	29/05/2023P	Dr Charis Johnston	ACUTE
24/05/2023	**Tramadol Hydrochloride Capsules 50 mg** ONE TO BE TAKEN 4-6 HRLY IF REQUIRED FOR PAIN 28 capsule	24/05/2023P	Dr Charis Johnston	ACUTE
29/03/2023	**Spiriva Respimat Inhalation Solution Cartridge With Device 2.5 micrograms/dose** INHALE TWO PUFFS ONCE A DAY 120 DOSE	29/03/2023P	Dr Eva Mahler	ACUTE
24/02/2023	**Colchicine Tablets 500 micrograms** ONE TO BE TAKEN TWICE A DAY 12 TABLET	24/02/2023P	Dr Louise Bailey	ACUTE
20/01/2023	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	20/01/2023P	Dr Louise Bailey	ACUTE
02/11/2022	**Spiriva Respimat Inhalation Solution Cartridge With Device 2.5 micrograms/dose** 2 PUFFS ONCE DAILY 60 DOSE	02/11/2022P	Dr Geoff Smith	ACUTE
03/05/2022	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	03/05/2022P	Dr Zoe Kelion	ACUTE
21/04/2022	**Codeine Phosphate Tablets 30 mg** TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 100 tablet	21/04/2022P	Dr Louise Bailey	ACUTE
24/03/2022	**Senna Tablets 7.5 mg** 2 nocte 60 tablet	24/03/2022P	Dr Louise Bailey	ACUTE
21/03/2022	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	21/03/2022P	Dr Charis Johnston	ACUTE
21/03/2022	**Co-Codamol 8/500 Tablets** MAXIMUM TWO TABLETS X FOUR TIMES DAILY. MAX 8 TABLETS DAILY 30 TABLET	21/03/2022P	Dr Charis Johnston	ACUTE
30/08/2021	**Co-Codamol 30/500 Tablets** ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED FOR PAIN 100 TABLET	30/08/2021P	Dr Zoe Kelion	ACUTE

26/05/2021	**Tramadol Hydrochloride Capsules 50 mg** 1-2 QDS PRN 100 capsule	26/05/2021P	Dr Charis Johnston	ACUTE
26/05/2021	**Paracetamol Tablets 500 mg** ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 100 TABLET	26/05/2021P	Dr Charis Johnston	ACUTE
26/05/2021	**Macrogol Compound Oral Powder (sachets) NPF Sugar Free** 1 BD 20 sachet	26/05/2021P	Dr Charis Johnston	ACUTE
11/02/2021	**Tramadol Hydrochloride Capsules 50 mg** 1-2 TDS PRN FOR SEVERE PAIN 60 capsule	11/02/2021P	Dr Louise Bailey	ACUTE
11/02/2021	**Amitriptyline Hydrochloride Tablets 25 mg** TWO AT NIGHT 56 TABLET	11/02/2021P	Dr Louise Bailey	ACUTE
08/05/2020	**Tramadol Hydrochloride Capsules 50 mg** 1-2 TDS PRN FOR SEVERE PAIN 60 capsule	08/05/2020P	Dr Charis Johnston	ACUTE
08/05/2020	**Amitriptyline Hydrochloride Tablets 25 mg** TWO AT NIGHT 56 TABLET	08/05/2020P	Dr Charis Johnston	ACUTE
19/03/2020	**Amitriptyline Hydrochloride Tablets 25 mg** TWO AT NIGHT 56 TABLET	19/03/2020P	Dr Louise Bailey	ACUTE
19/03/2020	**Tramadol Hydrochloride Capsules 50 mg** 1-2 TDS PRN FOR SEVERE PAIN 60 capsule	19/03/2020P	Dr Louise Bailey	ACUTE
30/01/2020	**Amitriptyline Hydrochloride Tablets 25 mg** TWO AT NIGHT 56 TABLET	30/01/2020P	Dr Charis Johnston	ACUTE
22/11/2019	**Amitriptyline Hydrochloride Tablets 25 mg** TWO AT NIGHT 56 TABLET	22/11/2019P	Dr Aman Singh	ACUTE
22/11/2019	**Tramadol Hydrochloride Capsules 50 mg** 1-2 TDS PRN FOR SEVERE PAIN 60 capsule	13/01/2020P	Dr Charis Johnston	ACUTE
18/11/2019	**Amitriptyline Hydrochloride Tablets 10 mg** ONE-TWO TO BE TAKEN IN THE EVENING 56 TABLET	13/01/2020P	Dr Charis Johnston	ACUTE
23/08/2019	**Tramadol Hydrochloride Capsules 50 mg** ONE OR TWO AT NIGHT FOR PAIN 30 capsule	23/08/2019P	Dr Charis Johnston	ACUTE
08/08/2019	**Co-Codamol 30/500 Tablets** 1-2 TABLETS 4-8 HOURLY MAX 8/24 HOUR 100 tablet	08/08/2019P	Dr Charis Johnston	ACUTE
09/01/2019	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	09/01/2019P	Dr Aman Singh	ACUTE
03/07/2018	**Co-Codamol 30/500 Tablets** 1-2 TABLETS 4-8 HOURLY MAX 8/24 HOUR 100 tablet	03/07/2018P	Dr Andrew Mackay	ACUTE
03/07/2018	**Senna Tablets 7.5 mg** 2 AT NIGHT WHEN HAVING COCODAMOL 30 TABLET(S)	03/07/2018P	Dr Andrew Mackay	ACUTE
29/01/2018	**Vitamins Capsules** TWO DAILY 112 capsule	29/01/2018P	Dr Andrew Mackay	ACUTE
29/01/2018	**Co-Codamol 30/500 Tablets** 1-2 TABLETS 4-8 HOURLY MAX 8/24 HOUR 100 tablet	29/01/2018P	Dr Charis Johnston	ACUTE
07/09/2017	**Tramadol Hydrochloride Capsules 50 mg** ONE TABLET AT NIGHT 28 capsule	07/09/2017P	Dr Year2 Foundation	ACUTE
23/03/2017	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	23/03/2017P	Dr Andrew Mackay	ACUTE
01/12/2016	**Co-Codamol 30/500 Tablets** 1-2 TABS QDS PRN 200 tablet	01/12/2016P	Dr Kenneth McGurk	ACUTE
07/08/2016	**Nefopam Hydrochloride Tablets 30 mg** ONE TO BE TAKEN THREE TIMES A DAY 90 tablet	07/08/2016P	Dr Mairi Macartney	ACUTE
18/11/2014	**Metoclopramide Hydrochloride Tablets 10 mg** TAKE ONE THREE TIMES A DAY 30 TABLET(S)	18/11/2014P	Dr Mairi Macartney	ACUTE
12/08/2014	**Ferrous Sulfate Tablets 200 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 3 MONTHS 252 tablet	12/08/2014P	Dr Mairi Macartney	ACUTE
03/06/2014	**Gabapentin Capsules 300 mg** AS DIRECTED 14 capsule	03/06/2014P	Dr Mairi Macartney	ACUTE
05/11/2013	**Amitriptyline Hydrochloride Tablets 25 mg** TWO AT NIGHT 112 tablet	05/11/2013P	Dr Mairi Macartney	ACUTE
12/08/2013	**Ketovite Tablets** TAKE ONE DAILY 60 tablet	12/08/2013P	Dr John Garner	ACUTE
23/07/2013	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	23/07/2013P	Dr John Garner	ACUTE
13/03/2013	**Co-Codamol 30/500 Tablets** 1-2 TABS QDS PRN 200 tablet	13/03/2013P	Dr Rebecca Cheesbrough	ACUTE
24/02/2012	**Metronidazole Tablets 400 mg** TAKE ONE TWICE DAILY 14 tablet	24/02/2012P	Dr Andrew Mackay	ACUTE
23/01/2012	**Amoxicillin Capsules 500 mg** 2 BD 28 capsule	24/02/2012P	Dr Andrew Mackay	ACUTE
23/01/2012	**Clarithromycin Tablets 500 mg** TAKE ONE TWICE DAILY 14 TABLET(S)	23/01/2012P	Dr Geoff Smith	ACUTE
23/01/2012	**Omeprazole Capsules (Gastro-Resistant) 20 mg** TAKE ONE TWICE DAILY 112 capsule	23/01/2012P	Dr Aman Singh	ACUTE
21/11/2011	**Omeprazole Capsules (Gastro-Resistant) 20 mg** TAKE ONE DAILY 56 CAPSULE	21/11/2011P	Dr Mairi Macartney	ACUTE
25/10/2011	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	25/10/2011P	Dr John Garner	ACUTE
27/09/2011	**Senna Tablets 7.5 mg** 2 NOCTE PRN 60 TABLET	27/09/2011P	Dr Mairi Macartney	ACUTE
17/08/2011	**Forceval Capsules** 1 DAILY 30 capsule	17/08/2011P	Dr John Garner	ACUTE
17/08/2011	**Lactulose Solution 3.1-3.7 g/5 ml** 10ML BD 500 ml	17/08/2011P	Dr John Garner	ACUTE
17/08/2011	**Paracetamol Caplets 500 mg** 1-2 QDS PRN 100 TABLET	17/08/2011P	Dr John Garner	ACUTE
02/08/2011	**Vitamins Capsules** AS DIRECTED BY HOSPITAL 100	02/08/2011P	Dr John Garner	ACUTE

	capsule			
11/07/2011	**Co-Amoxiclav 250/125 Tablets** ONE TO BE TAKEN THREE TIMES A DAY 21 TABLET(S)	11/07/2011P	Dr Eilidh Stimpson	ACUTE
04/07/2011	**Vapour-Permeable Adhesive Film Dressing 6cm x 7cm** APPLY AS DIRECTED 20 dressing	04/07/2011P	Dr Mairi Macartney	ACUTE
04/07/2011	**Flucloxacillin Capsules 250 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 CAPSULE(S)	04/07/2011P	Dr Mairi Macartney	ACUTE
26/01/2011	**Amoxicillin Capsules 250 mg** 2 TDS 42 capsule	26/01/2011P	Dr Aman Singh	ACUTE
29/12/2010	**Prednisolone Soluble tablets 5 mg** 6 TABLETS 42 tablet	29/12/2010P	Dr Year2 Foundation	ACUTE
29/12/2010	**Prednisolone Tablets 5 mg** 8 DAILY 40 tablet	29/12/2010P	Dr Rebecca Cheesbrough	ACUTE
22/12/2010	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	22/12/2010P	Dr Rebecca Cheesbrough	ACUTE
01/11/2010	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	01/11/2010P	Dr Meiri Macartney	ACUTE
28/09/2010	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	28/09/2010P	Dr Meiri Macartney	ACUTE
01/09/2010	**Diclofenac Diethylammonium Gel 1.16 %** APPLY 3 TIMES DAILY IF REQUIRED 100 gram	01/09/2010P	Dr Mairi Macartney	ACUTE
19/05/2010	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	30/06/2010P	Dr Andrew Mackay	ACUTE
23/09/2009	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	23/09/2009P	Dr Mairi Macartney	ACUTE
26/11/2008	**Amoxicillin Capsules 250 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	26/11/2008P	Dr John Ellis	ACUTE
26/11/2008	**Prednisolone Tablets 5 mg** 6 DAILY 30 tablet	26/11/2008P	Dr John Ellis	ACUTE
01/07/2008	**Amoxicillin Capsules 250 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	01/07/2008P	Dr Mairi Macartney	ACUTE
24/06/2008	**Ibuprofen Gel 5 %** APPLY 3 TIMES DAILY IF REQUIRED 100 gram(s)	24/06/2008P	Dr Hannah M B Cronin	ACUTE
12/02/2008	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	12/02/2008P	Dr John Garner	ACUTE
13/12/2007	**Ibuprofen Gel 5 %** APPLY 3 TIMES DAILY IF REQUIRED 100 gram(s)	13/12/2007P	Dr John Ellis	ACUTE
31/10/2007	**Prednisolone Tablets 5 mg** 8 TABLETS DAILY 40 tablet	31/10/2007P	Dr Andrew Mackay	ACUTE
27/07/2007	**Ibuprofen Gel 5 %** APPLY 3 TIMES DAILY IF REQUIRED 100 gram(s)	27/07/2007P	Dr Hannah M B Cronin	ACUTE
27/07/2007	**Amitriptyline Hydrochloride Tablets 25 mg** TAKE ONE TAB NOCTE 56 tablet	27/07/2007P	Dr Hannah M B Cronin	ACUTE
01/06/2007	**Ibuprofen Gel 5 %** APPLY 3 TIMES DAILY IF REQUIRED 100 gram(s)	01/06/2007P	Dr Meiri Macartney	ACUTE
24/01/2007	**Amitriptyline Hydrochloride Tablets 25 mg** TAKE ONE TAB NOCTE 56 tablet	24/01/2007P	Dr Geoff Smith	ACUTE
18/12/2006	**Prednisolone Tablets 5 mg** 8 TABLETS DAILY 40 tablet	28/12/2006P	Dr Hannah M B Cronin	ACUTE
10/10/2006	**Amitriptyline Hydrochloride Tablets 25 mg** TAKE ONE TAB NOCTE 56 tablet	10/10/2006P	Dr Mairi Macartney	ACUTE
05/09/2006	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 CAPSULE(S)	05/09/2006P	Dr Mairi Macartney	ACUTE
06/06/2006	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 CAPSULE(S)	22/06/2006P	Dr Mairi Macartney	ACUTE
19/04/2006	**Cicatrin Dusting powder** Apply twice a day 50 gram(s)	19/04/2006P	Dr Meiri Macartney	ACUTE
29/12/2005	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 CAPSULE(S)	29/12/2005P	Dr John Garner	ACUTE
29/12/2005	**Becotide 200 Inhaler 200 micrograms/puff** 2 PUFFS TWICE DAILY 1*1 Inhaler(s)	29/12/2005P	Dr John Garner	ACUTE
01/04/2005	**Oxytetracycline Tablets 250 mg** 2 QDS 80 tablet(s)	28/12/2006P	Dr Aman Singh	ACUTE
03/12/2004	**Nicotine Transdermal patches 10 mg/16 hrs** APPLY DAILY 28 patch(es)	03/12/2004P	Dr Aman Singh	ACUTE
27/08/2004	**Prednisolone E/c tablets 5 mg** 40MG/DAY 40 tablet(s)	27/08/2004P	Dr Hannah M B Cronin	ACUTE
27/08/2004	**Clarithromycin Tablets 500 mg** TAKE ONE TWICE DAILY 14 tablet(s)	27/08/2004P	Dr Hannah M B Cronin	ACUTE
17/08/2004	**Amoxycillin Capsules 250 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule(s)	17/08/2004P	Dr Meiri Macartney	ACUTE
05/01/2004	**Oxytetracycline Tablets 250 mg** One, 4 times a day 28 tabs	05/01/2004P	Dr Mike Whitley	ACUTE
09/12/2003	**Amoxycillin Capsules 250 mg** One, 3 times a day 15 caps	09/12/2003P	Ms Emis Anon	ACUTE
10/09/2025	**Adizem-Sr M/R capsules 180 mg** ONE TO BE TAKEN TWICE A DAY (REPLACING VIAZEM XL M/R 360MG OD WHILE OUT OF STOCK) 56 CAPSULE	10/09/2025P	Dr Meiri Buckland	REPEAT
01/02/2024	**Colecalciferol Capsules 400 units** TAKE ONE DAILY 56 capsule	18/02/2026P	Dr Louise Bailey	REPEAT
14/12/2022	**Spiriva Respimat Inhalation Solution Cartridge With Device 2.5 micrograms/dose** 2 PUFFS ONCE DAILY 60 DOSE	06/11/2023P	Dr Louise Bailey	REPEAT
03/05/2022	**Amitriptyline Hydrochloride Tablets 10 mg** ONE- TWO	18/07/2022P	Dr Louise Bailey	REPEAT

	TO BE TAKEN IN THE EVENING 56 TABLET			
24/03/2022	**Co-Codamol 30/500 Capsules** TWO CAPSULES 4-6 HRLY FOR PAIN 200 capsule	24/03/2022P	Dr Louise Bailey	REPEAT
22/11/2021	**Ferrous Fumarate Tablets 210 mg** ONE TO BE TAKEN THREE TIMES A DAY 168 TABLET	22/02/2022P	Dr Ruth Wiggins	REPEAT
22/07/2021	**Amitriptyline Hydrochloride Tablets 25 mg** 1-2 NOCTE PRN 56 TABLET	11/02/2021P	Dr Zoe Kellon	REPEAT
11/02/2021	**Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose** ONE OR TWO PUFFS TO BE INHALED TWICE A DAY 2 INHALER	06/11/2023P	Dr Louise Bailey	REPEAT
29/10/2018	**Colecalciferol Capsules 800 units** ONE TO BE TAKEN EACH DAY 56 CAPSULE	15/06/2022P	Dr Charis Johnston	REPEAT
29/03/2017	**Beclometasone And Formoterol Cfc-free inhaler 100 micrograms + 6 micrograms/dose** 2 PUFFS TWICE DAILY 2 inhaler	07/05/2020P	Dr Charis Johnston	REPEAT
22/08/2016	**Calcium Carbonate And Colecalciferol Tablets 750 mg + 5 micrograms (200 units)** 1 tab bd 112 tablet	09/06/2022P	Dr Charis Johnston	REPEAT
03/06/2014	**Gabapentin Capsules 300 mg** ONE TO BE TAKEN THREE TIMES A DAY 168 capsule	10/05/2016P	Dr Mairi Macartney	REPEAT
28/02/2014	**Tramadol Hydrochloride Capsules 50 mg** 1-2 QDS PRN 100 capsule	31/08/2015P	Dr Mairi Macartney	REPEAT
08/08/2013	**Co-Codamol 30/500 Tablets** 2 QDS PRN 120 tablet(s)	01/04/2014P	Dr Mairi Macartney	REPEAT
16/11/2012	**Omeprazole Capsules (Gastro-Resistant) 40 mg** TAKE ONE DAILY 56 CAPSULE	08/08/2013P	Dr Mairi Macartney	REPEAT
25/06/2012	**Omeprazole Capsules (Gastro-Resistant) 20 mg** TAKE ONE DAILY 56 CAPSULE	25/06/2012P	Dr Mairi Macartney	REPEAT
25/10/2011	**Co-Codamol 30/500 Tablets** 2 QDS PRN 120 tablet(s)	25/06/2012P	Dr Mairi Macartney	REPEAT
04/07/2011	**Contour Test strips** Use as directed 50 strip	04/07/2011P	Dr Mairi Macartney	REPEAT
29/09/2008	**Carbamazepine Tablets 100 mg** TAKE ONE TWICE DAILY 112 TABLET	01/05/2014P	Dr Mairi Macartney	REPEAT
01/07/2008	**Doxazosin Mesilate Tablets 4 mg** TAKE ONE TWICE DAILY 112 tablet	07/09/2011P	Dr Aman Singh	REPEAT
27/05/2008	**Doxazosin Mesilate Tablets 2 mg** TAKE ONE TWICE DAILY 112 tablet	24/06/2008P	Dr Hannah M B Cronin	REPEAT
02/11/2007	**Amitriptyline Hydrochloride Tablets 25 mg** TAKE ONE TAB NOCTE 56 tablet	01/05/2014P	Dr Mairi Macartney	REPEAT
19/06/2007	**Doxazosin Mesilate Tablets 1 mg** TWO TO BE TAKEN TWICE A DAY 224 TABLET	02/05/2008P	Dr Hannah M B Cronin	REPEAT
20/03/2007	**Fluticasone Propionate And Salmeterol Cfc-free inhaler 125 micrograms + 25 micrograms/actuation** 1 puff twice a day 2*1 inhaler(s)	23/03/2017P	Dr Andrew Mackay	REPEAT
15/03/2007	**Cicatrin Dusting powder** Apply twice a day 50 gram(s)	22/05/2007P	Dr Aman Singh	REPEAT
19/04/2006	**Hirudoid Gel 0.3 %** APPLY QDS 50 gram	24/06/2008P	Dr Hannah M B Cronin	REPEAT
19/04/2006	**Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose** 1 puff as needed 1 SPRAY(S)	11/02/2010P	Dr Mairi Macartney	REPEAT
01/03/2006	**Amitriptyline Hydrochloride Tablets 10 mg** 1-3 NOCTE 100 tablet(s)	25/07/2006P	Dr Mairi Macartney	REPEAT
15/09/2005	**Co-Magaldrox 300/600 Sugar-free suspension** 10MLS PRN 1*500 ml	25/07/2006P	Dr Mairi Macartney	REPEAT
01/08/2005	**Co-Codamol 30/500 Tablets** 2 QDS PRN 120 tablet(s)	13/06/2011P	Dr Jane Miller	REPEAT
21/02/2005	**Spironolactone Tablets 25 mg** TAKE ONE TWICE DAILY 112 TABLET(S)	07/09/2011P	Dr Aman Singh	REPEAT
21/02/2005	**Beclometasone Breath-actuated inhaler 100 micrograms/actuation** 2 puffs bd 2*1 inhaler(s)	22/05/2007P	Dr Mairi Macartney	REPEAT
03/12/2004	**Orlistat Capsules 120 mg** ONE TO BE TAKEN THREE TIMES A DAY 168 CAPSULE	01/06/2011P	Dr Aman Singh	REPEAT
03/12/2004	**Aspirin Tablets 75 mg** TAKE ONE DAILY 56 tablet(s)	05/03/2025P	Dr Louise Bailey	REPEAT
08/09/2004	**Metformin Hydrochloride Tablets 500 mg** 2 TABS 3 TIMES DAILY WITH/AFTER FOOD 336 TABLET	01/06/2011P	Dr Aman Singh	REPEAT
02/03/2004	**Naseptin Nasal Cream** Apply twice a day 15 gram(s)	25/07/2006P	Dr Mairi Macartney	REPEAT
29/12/2003	**Bendrofluazide Tablets 2.5 mg** One, each morning 56 tabs	11/10/2004P	Dr Hannah M B Cronin	REPEAT
29/12/2003	**Co-Dydramol 10/500 Tablets** Two as needed 100 tabs	21/07/2005P	Dr Aman Singh	REPEAT
29/12/2003	**Pravastatin Tablets 40 mg** One, at night 56 tabs	15/03/2007P	Dr Mairi Macartney	REPEAT
29/12/2003	**Salbutamol Inhaler 100 micrograms/puff** 2 puffs as needed 2 unit	01/04/2005P	Dr Aman Singh	REPEAT
29/12/2003	**Tildiem La M/R capsules 300 mg** One, daily 56 caps	25/05/2023P	Dr Aman Singh	REPEAT
09/12/2003	**Enalapril Maleate Tablets 5 mg** One, daily 56 tabs	25/05/2005P	Dr Aman Singh	REPEAT
14/10/2003	**Diclofenac Sodium E/c tablets 50 mg** One, 3 times a day (History: Normal cancellation) 84	14/10/2003P	Dr Geoff Smith	REPEAT
25/08/2003	**Naproxen Tablets 500 mg** One, twice a day (History: revert to diclofenac) 56 tabs	25/08/2003P	Dr Mairi Macartney	REPEAT
21/08/2003	**Gaviscon Liquid** 20ml as needed 500 mL	17/11/2004P	Dr Hannah M B Cronin	REPEAT
21/08/2003	**Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose** 1 puff as needed -1 spray(s)	21/ 8/2003P	Mrs Lorna Woodward	REPEAT
30/06/2003	**Hirudoid Gel 0.3 %** Apply 4 times a day 50 gram	30/06/2003P	Dr Mairi Macartney	REPEAT
	Enalapril Maleate Tablets 10 mg One, daily (History:			

20/01/2003	Normal cancellation) 56 tabs	20/01/2003P	Dr Geoff Smith	REPEAT
12/12/2002	**Enalapril Maleate Tablets 2.5 mg** 1 mane for 1/52 then 2 (History: Normal cancellation) 56 tabs	12/12/2002P	Dr Geoff Smith	REPEAT
15/08/2002	**Ibuprofen Tablets 400 mg** One, 3 times a day (History: Normal cancellation) 112 tabs	15/08/2002P	Dr Mairi Macartney	REPEAT
17/12/2001	**Aspirin Dispersible tablets 75 mg** One, daily (History: WGH) 56 tabs	17/12/2001P	Dr Mairi Macartney	REPEAT
17/12/2001	**Elantan La 50 M/R capsules 50 mg** One, each morning (History: WGH) 56 caps	17/12/2001P	Dr Mairi Macartney	REPEAT

NHS Lothian - Referral Letter

Referral To	Leith Community Treatment Centre Pulmonary Rehab LI Pulmonary Rehab
Urgency of referral	Routine
Date of referral	08/04/2026
Date submitted	08/04/2026
UCPN	101039587574W

PATIENT DETAILS

CHI number:	0706631315
Name:	Mr Gary Mackie
Date of birth:	07/06/1963
Sex:	Male

Contact Details

Flat 1
135 Marionville Road
Edinburgh
EH7 6BG

Voice (Home) : 661 0693
Voice (Mobile) : 07889 675 364

REFERRING PRACTITIONER DETAILS

Name:	Dr. Charis Johnston (GMC: 7041198)
Practice:	St Triduana's Medical Practice (70785)
Phone:	Voice : 0131 657 3341

Practice address

54 Moira Park
Edinburgh
EH7 6RU

CLINICAL INFORMATION

Reason for Referral: COPD
Main Referral Text: Mod COPD

Examinations and Investigations

Description	Result	Date

Middle name : Bruce

Investigations

Description	Result	Date
Symptoms :	COPD - sputum+++ Practice results on COPD-6: FEV1 85%, 2.83L	
Severity of COPD :	Moderate	
Resting SaO2 on room air :	97%	
MRC Dyspnoea Scale :	2	
BMI :	30.13	

Pre-existing conditions (High & Medium Priority)

Description	Laterality	Modifier	Extension	Start Date	Date Recorded
Pre-diabetes				27/02/2026	27/02/2026
Atrial flutter			on 24 hr holter report	21/07/2025	21/07/2025
Atrial flutter				27/03/2025	27/03/2025
Bereavement reaction				04/10/2024	04/10/2024
Atrial flutter				22/05/2024	22/05/2024
Palpitations				13/07/2023	13/07/2023
Chronic obstructive pulmonary disease			MILD - to be added to EE list to discuss - task to duty (EE happy with this)	20/09/2022	20/09/2022
Chronic low back pain				22/07/2021	22/07/2021
			benign looking cystic lesion -		

O/E - thyroid lump		Ultrasound neck aspiration- beingn	17/07/2020	17/07/2020
Vitamin D deficiency			07/09/2018	07/09/2018
Diabetes resolved			18/11/2014	18/11/2014
Osteoarthritis NOS, of knee (Bilateral)	Bilateral	more advanced on left	23/07/2013	23/07/2013
Vitamin B12 deficiency		Following gastric banding - see letter	25/10/2011	25/10/2011
Tendonitis NOS		Left wrist	31/08/2010	31/08/2010
Morbid obesity		BMI 54 at heaviest	19/04/2006	19/04/2006
Arthropathy NOS			25/02/2004	25/02/2004
Type 2 diabetes mellitus		Resolved after bariatric surgery	01/01/2004	01/01/2004
Hypertensive disease			16/02/2002	16/02/2002
Atypical chest pain			16/02/2002	16/02/2002
Depressive disorder NEC			01/01/2002	01/01/2002
Ischaemic heart disease			01/01/2001	01/01/2001
Obesity			01/01/1994	01/01/1994
Ventricular hypertrophy			01/01/1994	01/01/1994
Clsd # scaphoid			01/01/1992	01/01/1992
Nondependent alcohol abuse, continuous			01/01/1992	01/01/1992
Lobar pneumonia due to unspecified organism		R basal	01/01/1976	01/01/1976
Asthma NOS			01/01/1976	01/01/1976

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
CXR - screening	wedge shaped abnormaltiy in L.lower zone await ctpa		30/11/2023	30/11/2023
12 lead ECG	on admission showed regular narrow complex tachycardia rate 145 with widespread TWI		13/07/2023	13/07/2023
Uses monitored dosage system	CO-OP CRAIGENTINNY		12/02/2015	12/02/2015
Helicobacter eradication therapy			23/01/2012	23/01/2012
Laparoscopic adjustable gastric banding	sleeve gastrectomy		27/06/2011	27/06/2011
Angiocardiography			10/12/2001	10/12/2001
Tonsillectomy			01/01/1992	01/01/1992

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Colecalciferol Capsules 800 units	28 CAPSULE	ONE TO BE TAKEN EACH DAY		19/02/2026		26/03/2026
Adizem-Sr M/R capsules 180 mg	56 CAPSULE	ONE TO BE TAKEN TWICE A DAY (REPLACING VIAZEM XL M/R 360MG OD WHILE OUT OF STOCK)		10/09/2025		10/09/2025
Apixaban Tablets 5 mg	56 TABLET	ONE TO BE TAKEN TWICE A DAY		10/03/2025		26/03/2026
Bisoprolol Fumarate Tablets 5 mg	28 TABLET	ONE DAILY		10/03/2025		26/03/2026
Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55	60 DOSE	INHALE ONE PUFF ONCE A DAY		16/01/2024		05/12/2025

micrograms + 22 micrograms/dose				
Viazem Xl M/R capsules 360 mg	28 CAPSULE	ONE TO BE TAKEN EACH DAY	21/07/2023	26/03/2026
Amitriptyline Hydrochloride Tablets 25 mg	56 TABLET	ONE TO BE TAKEN IN THE EVENING	02/12/2022	26/03/2026
Codeine Phosphate Tablets 30 mg	100 tablet	ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	26/05/2022	22/01/2026
Montelukast Sodium Tablets 10 mg	28 TABLET	ONE TO BE TAKEN IN THE EVENING	14/07/2021	26/03/2026
Spironolactone Tablets 25 mg	28 TABLET	ONE TO BE TAKEN EACH DAY.STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN	24/07/2018	26/03/2026
Omeprazole Capsules (Gastro-Resistant) 20 mg	56 CAPSULE	TAKE ONE DAILY	07/06/2016	26/03/2026
Doxazosin Mesilate Tablets 4 mg	56 TABLET	TAKE ONE TWICE DAILY	05/02/2013	26/03/2026
Forceval Capsules	56 CAPSULE	2 DAILY	22/09/2011	26/03/2026
Atorvastatin Tablets 20 mg	28 TABLET	NOCTE	26/03/2007	26/03/2026
Enalapril Maleate Tablets 20 mg	56 TABLET	TAKE ONE TWICE DAILY.STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN	29/12/2003	26/03/2026
Fluoxetine Hydrochloride Capsules 20 mg	56 CAPSULE	Two, daily	29/12/2003	26/03/2026
Bendroflumethiazide Tablets 2.5 mg	28 TABLET	ONE IN THE MORNING. STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN	29/12/2003	26/03/2026

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Peptac Liquid (peppermint)	500 ML	10-20ML TO BE TAKEN AFTER MEALS AND AT		20/02/2026		20/02/2026

		BEDTIME		
Famotidine Tablets 20 mg	28 tablet	1 DAILY	18/02/2026	18/02/2026
Diazepam Tablets 5 mg	30 tablet	ONE NOCTE	18/02/2026	18/02/2026
Viazem Xl M/R capsules 120 mg	168 capsule	ONE TO BE TAKEN THREE TIMES A DAY	22/01/2026	27/03/2026
Colecalciferol Capsules 400 units	56 capsule	TAKE ONE DAILY	01/02/2024	18/02/2026

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to Gabapentin	Felt it made him doolally		07/06/2016	07/06/2016
Adverse reaction to Beta-Adrenoceptor Blocking Drugs			01/01/2002	01/01/2002

Additional Information

Patient Weight in Kilograms:95.25
Patient Height in Metres:177.8
Patient BMI:30.13
Patient Blood Pressure (Systolic):112
Patient Blood Pressure (Diastolic):73

Smoking history (Screening):Cigarette smoker, 6 /day	Date Recorded:05-Mar-2026
Smoking history (Encounters):Cigarette smoker, 6 /day	Date Recorded:05-Mar-2026
Alcohol history (Screening):Alcohol consumption, 0 units/week	Date Recorded:05-Mar-2026
Alcohol history (Encounters):Alcohol consumption, 0 units/week	Date Recorded:05-Mar-2026
Exercise history (Screening):Health Screen: Exercise grading	Date Recorded:28-Nov-2001
Exercise history (Encounters):Health Screen: Exercise grading	Date Recorded:28-Nov-2001

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Gastroenterology - Medical LI Dysphagia (priority USOC)
Urgency of referral	Urgent - Suspected Cancer
Date of referral	20/02/2026
Date submitted	20/02/2026
UCPN	101039134456D

PATIENT DETAILS

CHI number:	0706631315
Name:	Mr Gary Mackie
Date of birth:	07/06/1963
Sex:	Male

Contact Details

Flat 1
135 Marionville Road
Edinburgh
EH7 6BG

Voice (Home) : 661 0693
Voice (Mobile) : 07889 675 364

REFERRING PRACTITIONER DETAILS

Name:	Dr. Louise Bailey (GMC: 3324718)
Practice:	St Triduana's Medical Practice (70785)
Phone:	Voice : 0131 657 3341

Practice address

54 Moira Park
Edinburgh
EH7 6RU

CLINICAL INFORMATION

Reason for Referral:	Dysphagia 4 months
Main Referral Text:	Thank you for seeing this 62 year old smoker who presents with intractable heartburn and dysphagia in spite of omeprazole .He had gastric band in 2011 and has not really been bothered with symptoms until recently .He feels food can get stuck in gullet and gets retrosternal pain after eating . He is 14 stone which has not changed. His diet is not as well balanced as it could be.. On examination there is mild epigastric tenderness. I have checked bloods given peptac but would value your urgent endocopy to exclude other GI pathology.

Examinations and Investigations

Description	Result	Date
Middle name : Bruce		

Investigations

Description	Result	Date
Is the duration of dysphagia > 6 months? :	No	
Does patient currently have reflux symptoms? :	Yes	
Is the dysphagia localised to the neck? :	No	
Is there unintentional weight loss >3Kg? :	No	
Is the dysphagia progressive? :	Yes	

Pre-existing conditions (High & Medium Priority)

Description	Laterality	Modifier	Extension	Start Date	Date Recorded
Atrial flutter			on 24 hr holter report	21/07/2025	21/07/2025
Atrial flutter				27/03/2025	27/03/2025
Bereavement reaction				04/10/2024	04/10/2024
Atrial flutter				22/05/2024	22/05/2024
Palpitations				13/07/2023	13/07/2023

Chronic obstructive pulmonary disease		MILD - to be added to EE list to discuss - task to duty (EE happy with this)	20/09/2022	20/09/2022
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Type 2 diabetes mellitus		Resolved after bariatric surgery	01/01/2004	01/01/2004
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Obesity			01/01/1994	01/01/1994
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Clsd # scaphoid			01/01/1992	01/01/1992
Lobar pneumonia due to unspecified organism		R basal	01/01/1976	01/01/1976
Asthma NOS			01/01/1976	01/01/1976

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Allergies

Description	Comment	Modifier	Start Date	Recorded Date
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Adverse reaction to Beta-Adrenoceptor Blocking Drugs			01/01/2002	01/01/2002

Additional Information

Patient Weight In Kilograms:114.3
Patient Height In Metres:177.8
Patient BMI:36.16
Patient Blood Pressure (Systolic):93
Patient Blood Pressure (Diastolic):53

Smoking history (Screening):Cigarette smoker, 3 /day	Date Recorded:27-Mar-2025
Smoking history (Encounters):Cigarette smoker, 3 /day	Date Recorded:27-Mar-2025
Alcohol history (Screening):Alcohol consumption, 0 units/week	Date Recorded:12-Feb-2025
Alcohol history (Encounters):Alcohol consumption, 0 units/week	Date Recorded:12-Feb-2025
Exercise history (Screening):Health Screen: Exercise grading	Date Recorded:28-Nov-2001
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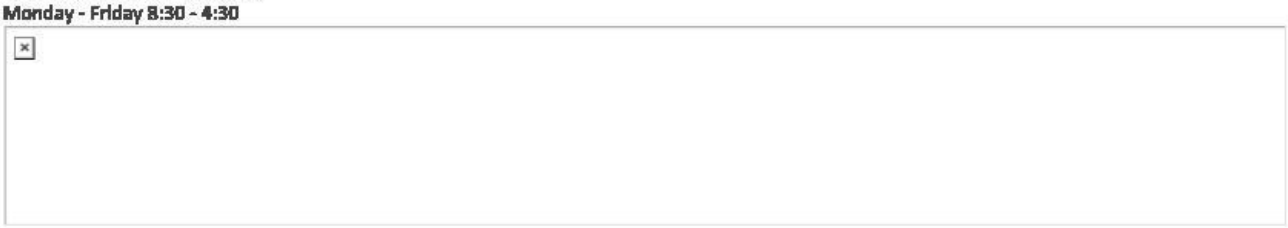
From: Lawrie, Harry
Sent: 13 June 2025 12:47
To: Mitchell, Andrew J
Cc: Clinical GP St Triduana's Medical Practice
Subject: Medication discrepancy

Dear Dr Mitchell,

I was just emailing in regards to your recent clinic letter for Gary Mackie 0706631315 dated 5/6/25 in his listed medications you advised he was taking doxazosin 4mg od and enalapril 20mg od - we have on record that he is actually taking both of these twice a day in addition we also have record of him taking spironolactone 25mg od, amitriptyline 25mg nocte and fluoxetine 40mg daily. I was just wanting to double check whether you had advised any changes regarding these medications?

Thanks

Harry Lawrie
Clinical Pharmacist
Pennywell All Care Centre
0131 2865100
Baronscourt and St Triduana's
Monday - Friday 8:30 - 4:30



From: Mitchell, Andrew J
Sent: 10 March 2025 14:28
To: Jack, Linzi
Cc: Clinical GP St Triduana's Medical Practice
Subject: Re: Patient query

Please stop the aspirin.

Andy

From: Jack, Linzi <[redacted]>
Sent: Monday, March 10, 2025 2:20 PM
To: Mitchell, Andrew J <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>
Subject: Patient query

CHI 0706631315

Good afternoon,

I am writing to follow up regarding a patient who presented to A&E 27/02/25 with recurrence of atrial flutter. I believe Garys presentation has been forwarded to you. He was started on apixaban and bisoprolol. We have advised him to stop the aspirin in the meantime, but I was wondering if you would like him to continue on aspirin 75mg OD plus apixaban, and if so is there a set duration you would like the combination to continue, or should the aspirin now be stopped due to commencement of apixaban.

Please reply all as I do not work in practice every day.

Kind regards,

Linzi

Linzi Jack
Advanced Clinical Pharmacist: NE Edinburgh
Pennywell All Care Centre (PACC) ,1 Macmillan Crescent, Edinburgh,EH4 4WL. Tel: 0131 286 5099
PACC: Tues, Wed and Fri 9-5pm
St Triduana's Medical Practice: Mon and Thurs 9-5pm
**** Please note Monday and Thursday are clincal days so I will have limited access to my emails ****

From: Jack, Linzi
Sent: 10 March 2025 14:21
To: Mitchell, Andrew J
Cc: Clinical GP St Triduana's Medical Practice
Subject: Patient query

CHI 0706631315

Good afternoon,

I am writing to follow up regarding a patient who presented to A&E 27/02/25 with recurrence of atrial flutter. I believe Garys presentation has been forwarded to you. He was started on apixaban and bisoprolol. We have advised him to stop the aspirin in the meantime, but I was wondering if you would like him to continue on aspirin 75mg OD plus apixaban, and if so is there a set duration you would like the combination to continue, or should the aspirin now be stopped due to commencement of apixaban.

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Kind regards,

Linzi

Linzi Jack
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PACC: Tues, Wed and Fri 9-5pm
St Triduana's Medical Practice: Mon and Thurs 9-5pm
** Please note Monday and Thursday are clincal days so I will have limited access to my emails **

From: Jack, Linzi
Sent: 27 February 2025 16:52
To: Mitchell, Andrew J
Cc: Clinical GP St Triduana's Medical Practice
Subject: Patient query

CHI 0706631315

Good afternoon,

I am writing to you regarding a patient who presented to A&E 27/02/25 with recurrence of atrial flutter. I believe Garys presentation has been forwarded to you. He was started on apixaban and bisoprolol. I was wondering if you would like him to continue on aspirin 75mg OD or should this now be stopped due to commencement of apixaban.

Please reply all as I do not work in practice every day.

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Linzi

Linzi Jack
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St Triduana's Medical Practice: Mon and Thurs 9-5pm
**** Please note Monday and Thursday are clincal days so I will have limited access to my emails ****

From: Walsh, Aoibheann
Sent: 31 January 2025 15:04
To: Bailey2, Louise; Dickens, Linda
Cc: Clinical GP St Triduana's Medical Practice
Subject: Re: GM

Thanks, your colleague got back to me a couple of weeks ago. I have transferred him to the NW.

Aoibheann

NE Thrive Welcome Team Coordinator
Inchkeith House
139 Leith Walk
Edinburgh
EH6 8NP
Tel: 0131 537 4530
Mobile: 07773745306

Please note, I do not work Mondays

From: Bailey2, Louise <[redacted]>
Sent: Friday, January 31, 2025 2:25 PM
To: Dickens, Linda <[redacted]>; Walsh, Aoibheann <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>
Subject: RE: GM

Sorry the name of his [redacted] Collette Mackie married name Stewart

Louise

From: Dickens, Linda <[redacted]>
Sent: 15 November 2024 08:48
To: Walsh, Aoibheann <[redacted]>; Bailey2, Louise <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>
Subject: RE: GM

Hi Louise
Can you let Aoibheann know who he is related to. I was making assumptions based on his name but I am not actually sure.

Best wishes
Linda

Dr Linda Dickens
Consultant Psychiatrist

Inchkeith House

Working hours 0930-1330 Monday -Friday

From: Walsh, Aoibheann <[redacted]>
Sent: Thursday, November 14, 2024 2:00 PM
To: Dickens, Linda <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>; Bailey2, Louise <[redacted]>
Subject: Re: GM

Hi Louise

Sounds like an IC would be helpful for Gary although I will say it may be difficult for us to do any work when he has sadly just lost his [redacted] but I am happy for him to be given an IC to see if there is some sort of service that would be beneficial.

Can you please confirm who he is related to? So we can also plan/allocate appropriately to ensure confidentiality is upheld.

Many thanks

Aoibheann

NE Thrive Welcome Team Coordinator
Inchkeith House
139 Leith Walk
Edinburgh
EH6 8NP
Tel: 0131 537 4530
Mobile: 07773745306

Please note, I do not work Mondays

From: Dickens, Linda <[redacted]>
Sent: Thursday, November 14, 2024 1:44 PM
To: Walsh, Aoibheann <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>; Bailey2, Louise <[redacted]>
Subject: RE: GM

Hi Aoibheann

Can you look at the info below. The person is not being referred in the usual way given he is related to someone who works in IKH (NB his surname) and is worried about confidentiality. I think an IC with thrive would be helpful in the first instance.

Let me know what you think.
Best wishes
Linda

Dr Linda Dickens
Consultant Psychiatrist
Inchkeith House

Working hours 0930-1330 Monday -Friday

From: Bailey2, Louise <[redacted]>
Sent: Thursday, November 14, 2024 1:10 PM
To: Dickens, Linda <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>
Subject: RE: GM

Thanks Linda that is really helpful – I think direct contact from Aoibheann to be seen at thrive would be ideal in the first instance.

Patient name:
Gary Mackie
Flat 1 135 Marionville Road
Edinburgh
EH7 6BG

07889675364
CHI : 0706631315

Louise

From: Dickens, Linda <[redacted]>
Sent: 13 November 2024 09:40
To: Bailey2, Louise <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>
Subject: RE: GM

Hi Louise

The River's service at REH only sees single episode trauma like a car accident. They touted themselves as the experts on complex trauma a few years ago and asked for self-referrals and then quickly became overwhelmed and thus no longer see it. Any complex trauma psychological work needs to go to sector psychology.
Given it is just 2 months psychology would likely say it is too soon to start work with him. I would say the most appropriate route would be for him to attend Thrive and have an initial conversation with them. They will do short term behavioural and distress tolerance work. If ready they will likely then refer him onto psychology for longer term work. If his relative works in Thrive or admin/secretarial I could pass his referral directly to Aoibheann who is the team leader for Thrive and they could make sure he is not seen by anyone he is related to and that confidentiality is maintained.
If this sounds reasonable you could just email me his details and I could pass to Aoibheann.

From a medication point of view don't hesitate to use short term diazepam or night sedation unless there are significant risks of dependence. Another possibility is quetiapine off label at a low dose of 25mg up to

three times a day. At this low dose it is really just been used for its sedating and calming effect.

Best wishes
Linda

Dr Linda Dickens
Consultant Psychiatrist
Inchkeith House

Working hours 0930-1330 Monday -Friday

From: Bailey2, Louise <[redacted]>
Sent: Tuesday, November 12, 2024 4:00 PM
To: Dickens, Linda <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>
Subject: GM

Dear Linda

I would value your advice as to the best referral pathway for this man . He has a close relative who works in your department and is keen to ensure confidentiality and seek help for his issues.
He tragically his [redacted] died 2 months ago complex comorbidities age 30 with BMI 290. The family are following complaints procedures at present.
He has been maintained n SSRI and I have seen him several times since his [redacted]'s death and he is angry , has overwhelming feelings of hopelessness and guilt and expressed suicidal ideation.
He has a very traumatic [redacted] hood which is distressing him terribly at present. His [redacted] was pregnant when she married his step farther and the couple went on to have 3 further [redacted] ren together. His [redacted] hood sounds loveless for him with emotional and severe physical abuse. He went into care age 12 year while his half siblings stayed in the family home.

I suspect he has complex PTSD and the loss of his [redacted] has triggered many very distressing symptoms for him and he feels he does not want to be here. His [redacted] and [redacted] are protective factors.

Should I refer urgently through your service with confidentiality guaranteed or look to complex trauma and abuse service at REH.
Thanks for your help
Louise

From: Bailey2, Louise
Sent: 31 January 2025 14:25
To: Dickens, Linda; Walsh, Aoibheann
Cc: Clinical GP St Triduana's Medical Practice
Subject: RE: GM

Sorry the name of his [redacted] Collette Mackie married name Stewart

Louise

From: Dickens, Linda <[redacted]>
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Cc: Clinical GP St Triduana's Medical Practice <[redacted]>
Subject: RE: GM

Hi Louise
Can you let Aoibheann know who he is related to. I was making assumptions based on his name but I am not actually sure.

Best wishes
Linda

Dr Linda Dickens
Consultant Psychiatrist
Inchkeith House

Working hours 0930-1330 Monday -Friday

From: Walsh, Aoibheann <[redacted]>
Sent: Thursday, November 14, 2024 2:00 PM
To: Dickens, Linda <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>; Bailey2, Louise <[redacted]>
Subject: Re: GM

Hi Louise

Sounds like an IC would be helpful for Gary although I will say it may be difficult for us to do any work when he has sadly just lost his [redacted] but I am happy for him to be given an IC to see if there is some sort of service that would be beneficial.

Can you please confirm who he is related to? So we can also plan/allocate appropriately to ensure confidentiality is upheld.

Many thanks

Aoibheann

NE Thrive Welcome Team Coordinator

Inchkeith House

139 Leith Walk

Edinburgh

EH6 8NP

Tel: 0131 537 4530

Mobile: 07773745306



Please note, I do not work Mondays

From: Dickens, Linda <[redacted]>
Sent: Thursday, November 14, 2024 1:44 PM
To: Walsh, Aoibheann <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>; Bailey2, Louise <[redacted]>
Subject: RE: GM

Hi Aoibheann

Can you look at the info below. The person is not being referred in the usual way given he is related to someone who works in IKH (NB his surname) and is worried about confidentiality. I think an IC with thrive would be helpful in the first instance.

Let me know what you think.
Best wishes
Linda

Dr Linda Dickens
Consultant Psychiatrist
Inchkeith House

Working hours 0930-1330 Monday -Friday

From: Bailey2, Louise <[redacted]>
Sent: Thursday, November 14, 2024 1:10 PM
To: Dickens, Linda <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>
Subject: RE: GM

Thanks Linda that is really helpful – I think direct contact from Aoibheann to be seen at thrive would be ideal in the first instance.

Patient name:
Gary Mackie
Flat 1 135 Marionville Road
Edinburgh
EH7 6BG

07889675364
CHI : 0706631315

Louise

From: Dickens, Linda <[redacted]>
Sent: 13 November 2024 09:40
To: Bailey2, Louise <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>
Subject: RE: GM

Hi Louise

The River's service at REH only sees single episode trauma like a car accident. They touted themselves as the experts on complex trauma a few years ago and asked for self-referrals and then quickly became overwhelmed and thus no longer see it. Any complex trauma psychological work needs to go to sector psychology.
Given it is just 2 months psychology would likely say it is too soon to start work with him. I would say the most appropriate route would be for him to attend Thrive and have an initial conversation with them. They will do short term behavioural and distress tolerance work. If ready they will likely then refer him onto psychology for longer term work. If his relative works in Thrive or admin/secretarial I could pass his referral directly to Aoibheann who is the team leader for Thrive and they could make sure he is not seen by anyone he is related to and that confidentiality is maintained.
If this sounds reasonable you could just email me his details and I could pass to Aoibheann.

From a medication point of view don't hesitate to use short term diazepam or night sedation unless there are significant risks of dependence. Another possibility is quetiapine off label at a low dose of 25mg up to three times a day. At this low dose it is really just been used for its sedating and calming effect.

Best wishes
Linda

Dr Linda Dickens
Consultant Psychiatrist
Inchkeith House

Working hours 0930-1330 Monday -Friday

From: Bailey2, Louise <[redacted]>
Sent: Tuesday, November 12, 2024 4:00 PM
To: Dickens, Linda <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>
Subject: GM

Dear Linda

I would value your advice as to the best referral pathway for this man . He has a close relative who works in your department and is keen to ensure confidentiality and seek help for his issues.
He tragically his [redacted] died 2 months ago complex comorbidities age 30 with BMI 290. The family are following complaints procedures at present.
He has been maintained n SSRI and I have seen him several times since his [redacted]'s death and he is angry , has overwhelming feelings of hopelessness and guilt and expressed suicidal ideation.
He has a very traumatic [redacted]hood which is distressing him terribly at present. His [redacted] was pregnant when she married his step farther and the couple went on to have 3 further [redacted]ren together. His [redacted]hood sounds loveless for him with emotional and severe physical abuse. He went into care age 12 year while his half siblings stayed in the family home.

I suspect he has complex PTSD and the loss of his [redacted] has triggered many very distressing symptoms for him and he feels he does not want to be here. His [redacted] and [redacted] are protective factors.

Should I refer urgently through your service with confidentiality guaranteed or look to complex trauma and abuse service at REH.
Thanks for your help
Louise

From: Dickens, Linda
Sent: 31 January 2025 09:26
To: Bailey2, Louise
Cc: Clinical GP St Triduana's Medical Practice; Mackay, Andrew
Subject: RE: gary Mackie 0706631315

Hi Louise
I cannot see a referral on our system. Has he been referred? Given it is about trauma and recent distressing events he could attend Thrive drop in any Wed or Thursday and be seen immediately by them.

Best wishes
Linda

Dr Linda Dickens
Consultant Psychiatrist
Inchkeith House

Working hours 0930-1330 Monday -Friday

From: Bailey2, Louise <[redacted]>
Sent: 31 January 2025 08:12
To: Dickens, Linda <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>; Mackay, Andrew <[redacted]>
Subject: gary Mackie 0706631315

Dear Linda

This man continue to exhibit high levels of distress and agitation following the death of his [redacted]. He had a traumatic [redacted]hood himself and recent events have been very triggering .He is more impulsive and behaviour challenging at home.

I wondered if I could give him some indication of how long he may need to wait to be seen.

Many thanks

Louise

NHS Lothian
University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr MM MacArtney
St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 12/11/2010

Emergency Discharge Summary

Patient	Gary MacKie 135/1 Marionville Road Edinburgh Midlothian EH7 6BG	**CHI** **Date of Birth / Age** **UHPI** **A&E Attendance Number**	**0706631315** 07/06/1963 (47 years) 700034550X E1841700
Attendance Date **Attendance Time** **Mode of Arrival** **Source of Referral** **Discharge Date** **Discharge To**	12/11/2010 07:37 Private Transport Self Referral to A&E 12/11/2010	**Contact**	MacKie Mrs 31/1 Loganlea Avenue Edinburgh Midlothian EH7 6PA 6610693

Dear Dr MM MacArtney

Presentation: shoulder injury

CHI: 0706631315

47 yo male.

Tripped and fell in the house 2/7 ago. Fell forward, landing on both hands. Attends, c/o pain to R shoulder. No pain initially, but the following morning woke with pain to the shoulder. LHD. Has taken Co-Codamol for pain.

PMH: Angina, HTN, NIDDM, raised cholesterol, asthma.
DH: Antihypertensives, Tildiem, Aspirin 75, BFZ, a statin ? what, Ventolin and a purple inhaler ? what, GTN, Co-Codamol.
NKDA.
SH: Live with [redacted].

OE:
R shoulder - no asymmetry. Faint bruising to shoulder over humeral head. No wounds, deformity, heat, redness. Tender anterior aspect of shoulder. Non tender neck, C spine, clavicle, ACJ, humeral head or elbow. DNVI. Radial pulse present. Sensation normal over regimental badge area. Pt is able to flex and extend at the wrist. Marked RROM to all shoulder movements. Abduction to 30 degs, flexion to 30 degs. Full extension. Good medial rotation, but painful. Reduced horizontal flexion. Resisted medial and lateral rotation increase pain.

XR - R shoulder - NBI seen, but 2 large areas of calcification to the R shoulder.

IMP: Possible rotator cuff injury with associated calcification of R shoulder.

TREATMENT:
Collar and cuff, advice given.
Physio appt required.
Own Co-Codamol at home.
Shoulder advice given.

Any queries please contact A&E Reception on 0131 242 1300

Yours Sincerely,

Mrs Maureen Glendinning , Nurse Practitioner

NHS Lothian
University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr MM MacArtney
St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 15/11/2010

Emergency Discharge Summary

Patient	Gary MacKie 135/1 Marionville Road Edinburgh Midlothian EH7 6BG	**CHI** **Date of Birth / Age** **UHPI** **A&E Attendance Number**	**0706631315** 07/06/1963 (47 years) 700034550X E1841700
Attendance Date **Attendance Time** **Mode of Arrival** **Source of Referral** **Discharge Date** **Discharge To**	12/11/2010 07:37 Private Transport Self Referral to A&E 12/11/2010	**Contact**	MacKie Mrs 31/1 Loganlea Avenue Edinburgh Midlothian EH7 6PA 6610693

Dear Dr MM MacArtney

Presentation: shoulder injury

Note Xray report: "Avulsion fractures from the superior aspect of the head of the right humerus".

On review of XRays with EM Consultant on call, we don't think this is an acute fracture, rather it is probably calcified supraspinatus tendon. Patient has been referred to physiotherapy in any case. Please review if patient has increasing pain and send back to the ED if appropriate (note to GP), thanks.

Dr Jon Carter
ST4 EM

Yours Sincerely,

Mrs Maureen Glendinning , Nurse Practitioner

From: [redacted]
Sent: 01 February 2012 04:59
To: Clinical s70785
Subject: Call #33230 31-Jan-2012

Call #: 33230 Received NHS24: 31-Jan-2012 20:09
Full cover

Patient's Name: Gary Mackie
Community Health Index Number: 0706631315
Date of birth: 07-Jun-1963 (Age: 48 years)
Sex: Male | Received PCES: 20:27
Home Address: 135/1 Marionville Road | Passed : 20:27
| Advised: __:__
Edinburgh EH7 6BG (NT:280 746)
Current Address:

0
Tel No: 0131 661 0693 Origin: NHS24 | Arrived : 21:04
Urgency: Within 4 Hours Type: Treatment Cent | Departed: 21:34
Consulted by: Janson, L.W Own Doctor: Macartney, M.

Message received:
ABDOMINAL PAIN 1 WEEK.DIAGNOSED LAST WEEK WITH HELICOBACTER, ANTIBIOTICS, GASTRIC SLEEVE PUT IN LAST JUNE. NO ENERGY. ((Non-Clinical User) (Cardonald))

MID BACK PAIN, LIGHTHEADED. ((Non-Clinical User) (Cardonald))

VOMITING 1DAY WORSENING SEE A/V

Clinical summary created by: (Nurse Advisor) (Edinburgh) [31/01/2012 20:28:10]
VOMITING FOR TODAY AND LOWER ABDOMINAL PAIN WORSE IN RIGHT SIDE UNABLE TO KEEP ANY FOOD OR FLUIDS DOWN RECENT TREATMENT FOR HELICOBACTER AND GASTRIC BAND FITTED 7 MONTHS AGO

NHS24 Consultation Begin: 31-Jan-2012 20:14
NHS24 Consulation End: 31-Jan-2012 20:28
NHS24 Consultation by: Triage Nurse (Nurse Advisor) (Edinburgh

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NHS24 Clinical Summary:
Clinical summary created: 31-Jan-2012
dvisor) (Edinburgh) [31/01/2012 20:28:10]
VOMITING FOR TODAY AND LOWER ABDOMINAL PAIN WORSE IN RIGHT SIDE UNABLE TO KEEP ANY FOOD OR FLUIDS DOWN RECENT TREATMENT FOR HELICOBACTER AND GASTRIC BAND FITTED 7 MONTHS AGO PCEC 4 ROYAL INFIRMARY 21.10

ABDOMINAL PAIN 1 WEEK.DIAGNOSED LAST WEEK WITH HELICOBACTER, ANTIBIOTICS, GASTRIC SLEEVE PUT IN LAST JUNE. NO ENERGY. ((Non-Clinical User) (Cardonald))

MID BACK PAIN, LIGHTHEADED. ((Non-Clinical User) (Cardonald))

NHS24 Outcome : PCEC within 4 Hrs

Advised: 20:14 Advised by: Triage Nurse (Nurse Advisor)

Time of Visit/Base: 21:04 Consulting Doctor: Janson, L.W

Past Medical History:
GASTRIC BAND FOR OBESITY

HYPERTENSION

Current Problem History:
48 y/o male, recently treated for H pylori infection (completed Abx), recent gastric (bariatric) sleeve, noted weight loss secondary to sleeve, about a 16+ hour history of abdominal pain, feeling a bit chilled, mildly dizzy, generalised pains/aches, unable to keep most foods down, no D/C but N/V. "Feels dehydrated." Unable to take BP meds today.

Examination:
T 37.4, BP/Pulse (standing) 177/103 and 80; (sitting) 173/96 and 66; laying 156/81 and 69. Oropharynx a bit red, no plaques. Normal cardiac and pulmonary exam. Abdomen S/ND/+BS with very mild pain at MEG area, mild to moderate at lower quadrants and area just to the right of midline (- Murphy's; - McBurneys).

Outcome:
Presumed viral gastritis with positive orthostatic tilt c/w dehydration from decreased PO intake

Clinical code: A07y0 (Viral gastroenteritis)

Final Treatment:
Discussed possibility of A&E for fluids but patient feels he can do adequate PO intake of fluids and food with anti-emetic. Prochlorperazine 3 mg buccal given as well as liquid Paracetamol 250 mg/5 ml for body aches and F/C. Also, provided instruction for sips of gentle fluids and gentle diet with progression. Will consider speaking to bariatric nurse tomorrow to inquire about any other recommendations.

Prescriptions:
Doctor Janson, L.W

prochlorperazine maleate buccal tablets 3mg
(10) tablet(s)

One or TWO tablets, TWICE daily. Placed between upper lip and gum.

Doctor Janson, L.W

paracetamol sugar-free suspension 250mg/5ml
(100) mls

5mls four times a day

UCS Outcome:
Presumed viral gastritis with positive orthostatic tilt c/w dehydration from decreased PO intake

---

Followups:
follow up message (Patient To Contact Own Surgery)
---
follow up message (Medication Given)

Patient's Name: Gary Mackie

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA

Dr MacArtney
St Triduana's Medical Practice
St Triduanae Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 04/07/2013

Outpatient Clinic Letter

Patient	Gary MacKie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI** **Date of Birth / Age** **UHPI**	**0706631315** 07/06/1963 (50 years) 700034550X
Specialty **Consultant**	General Surgery Mhairi S Duxbury (Bariatric)	**Attendance Date**	28/06/2013

Dear Dr MacArtney

I reviewed this patient on behalf of the bariatric surgical service today. His current weight is 100.2kg giving him a BMI of 31.8kg/m2. This represents a gain of 6.4kg since his last review nine months ago.
He is doing much better than he had been previously. He is taking a much better balance of nutrition and eating more regularly. He drinks plenty of fluids over the course of the day.
He takes his Forceval and has vitamin B12 injections. As it is the two year anniversary of his surgery, we have taken a set of nutritional bloods today and will advise you if any further supplementation is required.
We will review him again in six months time and keep you updated on his progress.

NHS Lothian - Imaging Request

Please note that this request will become invalid if the patient does not attend within 30 days of this request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology Walk In
Urgency of referral	Routine
Date of referral	17/07/2013
Date submitted	17/07/2013

PATIENT DETAILS

CHI number:	0706631315
Name:	Mr Gary Mackie
Date of birth:	07/06/1963
Sex:	Male

Contact Details

Flat 1
135 Marionville Road
Edinburgh
EH7 6BG

Voice(Home) : 661 0693
Voice(Mobile) : 07595 338 056

REFERRING PRACTITIONER DETAILS

Name:	Dr. Mairi Macartney (GMC: 2343040)
Practice:	St Triduana's Medical Practice (70785)
Phone:	Voice : 0131 657 3341

Practice address

St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

INVESTIGATION REQUESTED

Test Requested: Knee left

Reason for Request: Knee right Both knees still, sore, quads weak. Probable OA

CLINICAL INFORMATION

Investigations

Description	Result	Date
Duration of Symptoms : 4 weeks		

Signature of requesting doctor **Designation** **Date**

Radiology Walk In is available Monday to Friday as follows:

Royal Infirmary of Edinburgh	9:00am - 4:30pm	St John's Hospital	8:00am - 5:00pm
Royal Hospital for Sick [redacted]ren	9:00am - 4:30pm (Except public holidays)	Roodlands Hospital	8:30am - 4:00pm
Midlothian Community Hospital	9:30am - 3:30pm (Mon and Thurs only)	Lauriston Building	8:30am - 4:00pm
Western General Hospital	8:00am - 5:00pm (Main xray) 5:00pm - 6:30pm (Acute Receiving Admissions Unit xray)	Leith Community Treatment Centre	8:30am - 4:00pm

NHS Lothian - Referral Letter

Referral To	Chalmers Sexual Health Centre Sexual and Reproductive Health L Vasectomy
Urgency of referral	Routine
Date of referral	18/07/2013
Date submitted	18/07/2013
UCPN	1010056708195

PATIENT DETAILS

CHI number:	0706631315
Name:	Mr Gary Mackie
Date of birth:	07/06/1963
Sex:	Male

Contact Details

Flat 1
135 Marionville Road
Edinburgh
EH7 6BG

Voice(Home) : 661 0693
Voice(Mobile) : 07595 338 056

REFERRING PRACTITIONER DETAILS

Name:	Dr. Mairi Macartney (GMC: 2343040)
Practice:	St Triduana's Medical Practice (70785)
Phone:	Voice : 0131 657 3341

Practice address

St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

CLINICAL INFORMATION

Reason for Referral:	Request for vasectomy
Main Referral Text:	Gary requests vasectomy. He has been with his [redacted] for almost 30 years and they have [redacted]ren age 24 and 19. Both are adamant that they wish no further [redacted]ren and are aware that vasectomy should be regarded as irreversible. Of note, Gary has had gastric banding surgery with resultant 21 stones of weight loss. His medical summary and medication is attached.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Vitamin B12 deficiency		Following gastric banding - see letter	25/10/2011	25/10/2011
Tendonitis NOS		Left wrist	31/08/2010	31/08/2010
Morbid obesity		BMI 54 at heaviest	19/04/2006	19/04/2006
Arthropathy NOS			25/02/2004	25/02/2004
Type 2 diabetes mellitus			01/01/2004	01/01/2004
Hypertensive disease			16/02/2002	16/02/2002
Atypical chest pain			16/02/2002	16/02/2002
Depressive disorder NEC			01/01/2002	01/01/2002
Ischaemic heart disease			01/01/2001	01/01/2001
Obesity			01/01/1994	01/01/1994
Ventricular hypertrophy			01/01/1994	01/01/1994
Nondependent alcohol abuse, continuous			01/01/1992	01/01/1992
Clsd # scaphoid			01/01/1992	01/01/1992
Asthma NOS			01/01/1976	01/01/1976
Lobar pneumonia due to unspecified				

organism	R basal	01/01/1976	01/01/1976

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Vasectomy counselling			17/07/2013	17/07/2013
Helicobacter eradication therapy			23/01/2012	23/01/2012
Laparoscopic adjustable gastric banding	sleeve gastrectomy		27/06/2011	27/06/2011
Angiocardiography			10/12/2001	10/12/2001
Tonsillectomy			01/01/1992	01/01/1992

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Doxazosin Mesilate Tablets 4 mg	112 tablet	TAKE ONE TWICE DAILY		05/02/2013		05/06/2013
Omeprazole Capsules (Gastro-Resistant) 40 mg	56 CAPSULE	TAKE ONE DAILY		16/11/2012		17/05/2013
Forceval Capsules	60 capsule	1 DAILY		22/09/2011		16/11/2012
Carbamazepine Tablets 100 mg	112 TABLET	TAKE ONE TWICE DAILY		29/09/2008		05/06/2013
Amitriptyline Hydrochloride Tablets 25 mg	56 tablet	TAKE ONE TAB NOCTE		02/11/2007		05/06/2013
Atorvastatin Tablets 20 mg	56 TABLET(S)	NOCTE		26/03/2007		05/06/2013
Aspirin Tablets 75 mg	56 tablet(s)	TAKE ONE DAILY		03/12/2004		05/06/2013
Enalapril Maleate Tablets 20 mg	112 TABLET (S)	TAKE ONE TWICE DAILY		29/12/2003		05/06/2013
Fluoxetine Hydrochloride Capsules 20 mg	112 caps	Two, daily		29/12/2003		05/06/2013
Tildiem La M/R capsules 300 mg	56 caps	One, daily		29/12/2003		05/06/2013
Bendroflumethiazide Tablets 2.5 mg	56 tabs	One, each morning		29/12/2003		05/06/2013

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to Beta-Adrenoceptor Blocking Drugs				01/01/2002

Additional Information

Smoking history (Encounters):Cigarette smoker, 10 /day Date recorded:05-Feb-2013
Alcohol history (Encounters):Alcohol consumption, 0 units/week Date recorded:16-Jan-2013
Exercise history (Encounters):Health Screen: Exercise grading Date recorded:28-Nov-2001
Patient Weight in Kilograms:100.2
Patient Height in Metres:180.34

NHS Lothian - Referral Letter

Referral To	Western General Hospital Rheumatology L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	22/08/2013
Date submitted	22/08/2013
UCPN	101005846288A

PATIENT DETAILS

CHI number:	0706631315
Name:	Mr Gary Mackie
Date of birth:	07/06/1963
Sex:	Male

Contact Details

Flat 1
135 Marionville Road
Edinburgh
EH7 6BG

Voice(Home) : 661 0693
Voice(Mobile) : 07714 735457

REFERRING PRACTITIONER DETAILS

Name:	Dr. Mairi Macartney (GMC: 2343040)
Practice:	St Triduana's Medical Practice (70785)
Phone:	Voice : 0131 657 3341

Practice address

St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

CLINICAL INFORMATION

Reason for Referral: ? Polymyositis

Main Referral Text:

Gary has had pain in his legs, particularly his knees for many years, but over the last two to three months this has become worse and more generalised. He describes the pain in his legs as 'brutal' and recently has felt his muscles have become weak. He now needs help from his [redacted] to get out of bed.

He has a fairly complex history as you will see from the attached summary but of particular note is his dramatic loss of 27 stones following gastric banding. He has made great progress and was doing very well until this recent development.

On examination he now walks slowly and awkwardly, he struggles to rise from the chair unaided. I also thought there may be some proximal muscle wasting but assessment is difficult because of the redundant skin following his weight loss. In addition there is some redness around his eyes which I wondered could even be a heliotrope rash.

His ESR was 16, antiCCP was marginally raised at 4.9 and CK also slightly rasied at 197.

I would appreciate your assessment.

Pre-existing conditions (High & Medium Priority)

Description	Laterality	Modifier	Extension	Start Date	Date Recorded
Osteoarthritis NOS, of knee (Bilateral)	Bilateral		more advanced on left	23/07/2013	23/07/2013
Vitamin B12 deficiency			Following gastric banding - see letter	25/10/2011	25/10/2011
Tendonitis NOS			Left wrist	31/08/2010	31/08/2010
Morbid obesity			BMI 54 at heaviest	19/04/2006	19/04/2006
Arthropathy NOS				25/02/2004	25/02/2004
Type 2 diabetes mellitus				01/01/2004	01/01/2004

Hypertensive disease		16/02/2002	16/02/2002
Atypical chest pain		16/02/2002	16/02/2002
Depressive disorder NEC		01/01/2002	01/01/2002
Ischaemic heart disease		01/01/2001	01/01/2001
Obesity		01/01/1994	01/01/1994
Ventricular hypertrophy		01/01/1994	01/01/1994
Clsd # scaphoid		01/01/1992	01/01/1992
Nondependent alcohol abuse, continuous		01/01/1992	01/01/1992
Lobar pneumonia due to unspecified organism	R basal	01/01/1976	01/01/1976
Asthma NOS		01/01/1976	01/01/1976

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Helicobacter eradication therapy			23/01/2012	23/01/2012
Laparoscopic adjustable gastric banding	sleeve gastrectomy		27/06/2011	27/06/2011
Angiocardiography			10/12/2001	10/12/2001
Tonsillectomy			01/01/1992	01/01/1992

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Co-Codamol 30/500 Tablets	120 tablet(s)	2 QDS PRN		08/08/2013		08/08/2013
Doxazosin Mesilate Tablets 4 mg	112 tablet	TAKE ONE TWICE DAILY		05/02/2013		05/06/2013
Omeprazole Capsules (Gastro-Resistant) 40 mg	56 CAPSULE	TAKE ONE DAILY		16/11/2012		08/08/2013
Forceval Capsules	60 capsule	1 DAILY		22/09/2011		08/08/2013
Carbamazepine Tablets 100 mg	112 TABLET	TAKE ONE TWICE DAILY		29/09/2008		05/06/2013
Amitriptyline Hydrochloride Tablets 25 mg	56 tablet	TAKE ONE TAB NOCTE		02/11/2007		05/06/2013
Atorvastatin Tablets 20 mg	56 TABLET(S)	NOCTE		26/03/2007		05/06/2013
Salbutamol Cfc-free inhaler 100 micrograms/puff	2 inhaler(s)	2PUFFS PRN		21/07/2005		08/08/2013
Aspirin Tablets 75 mg	56 tablet(s)	TAKE ONE DAILY		03/12/2004		05/06/2013
Enalapril Maleate Tablets 20 mg	112 TABLET (S)	TAKE ONE TWICE DAILY		29/12/2003		05/06/2013
Fluoxetine Hydrochloride Capsules 20 mg	112 caps	Two, daily		29/12/2003		05/06/2013
Tildiem La M/R capsules 300 mg	56 caps	One, daily		29/12/2003		05/06/2013
Bendroflumethiazide Tablets 2.5 mg	56 tabs	One, each morning		29/12/2003		05/06/2013

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Ketovite Tablets	60 tablet	TAKE ONE DAILY		12/08/2013	60 Days	12/08/2013
Amoxicillin Capsules 500 mg	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY		23/07/2013	7 Days	23/07/2013

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to Beta-Adrenoceptor Blocking Drugs				01/01/2002

Additional information

Smoking history (Encounters):Cigarette smoker, 10 /day Date recorded:05-Feb-2013
Alcohol history (Encounters):Alcohol consumption, 0 units/week Date recorded:16-Jan-2013
Exercise history (Encounters):Health Screen: Exercise grading Date recorded:28-Nov-2001
Patient Weight in Kilograms:100.2
Patient Height in Metres:180.34

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA

Dr MacArtney
St Triduana's Medical Practice
St Triduanae Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 06/02/2014

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI** **Date of Birth / Age** **UHPI**	**0706631315** 07/06/1963 (50 years) 700034550X
Specialty **Consultant**	General Surgery Mhairi S Duxbury (Bariatric)	**Attendance Date**	31/01/2014

Dear Dr MacArtney

I reviewed Gary today in the bariatric clinic following his laparoscopic sleeve gastrectomy in June 2011. His current weight is 102.8kg giving him a BMI of 32.4kg/m2. This is a weight increase of 2.8kg over the last six months.
Gary is pleased with his weight today as he had not gained as much weight as he had done when he last met with us. He feels quite happy with his weight and would like it to remain stable at this or possibly decrease slightly. He appeared to be in a very good place today and told me that he feels his life is sorted, is feeling good and has been monitoring his eating and his weight.
He continues to have an excellent overall ability to eat and rarely vomits or regurgitates food. If he does, this tends to be because he has eaten too much. He has breakfast, lunch and evening meal which take approximately 20 minutes to eat. However on occasion this will take him 30 minutes and we have discussed this today.
He is still snacking inbetween meals on chocolate, muesli bars and cereal bars. We discussed changing the type of snacks he is having to something healthier. His meals appear to be homecooked. He is managing to eat a variety of foods from the different food groups and I have encouraged him to increase his fruit and vegetables intake. He keeps well hydrated.
Gary tells me that he has a multivitamin which is not Forceval due to the manufacturing issue, perhaps Ketovite. Please can you prescribe him Forceval capsules as they now available again. He receives regular vitamin B12 injections. A full set of nutritional bloods are due to be undertaken on the anniversary of his surgery in June.
We will keep you updated on his progres.
Yours sincerely

GILLIAN MCKEEMANBariatric Dietitian to Mr BRUCE TULLOH

NHS Lothian

Western General Hospital
First Floor
Outpatient Building
Crewe Road South
Edinburgh EH4 2XU

Dr MacArtney
St Triduana's Medical Practice
St Triduanae Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 26/02/2014

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI** **Date of Birth / Age** **UHPI**	**0706631315** 07/06/1963 (50 years) 700034550X
Specialty **Consultant**	Rheumatology Dr CM Lambert Specialist Registrar	**Attendance Date**	19/02/2014

Dear Dr MacArtney

Diagnosis
Likely osteoarthritis and associated muscle deconditioning/soft tissue rheumatism

Past Medical History
Gastric banding 2011
Angina
Hypertension
Asthma

Medication
Tildiem La
Fluoxetine
Doxazosin
Enalapril
Atorvastatin
Aspirin
Amitriptyline
Bendroflumethiazide
Carbamazepine
Cocodamol
Inhalers
No known drug allergies

Many thanks for referring this 50-year-old retired painter and decorator. He describes an 8 year history of bilateral leg pain, which has been worse over the last year and half. Discomfort is described as constant and throbbing, exacerbated by use, particularly stairs. Discomfort is worse at the end of the day and at night time, but is not eased by rest and is positional at times. Mr. Mackie describes stiffness in the morning lasting only 10-15 minutes. He feels that codeine helps to a certain extent, and amitriptyline does help him sleep, although he feels groggy in the morning. Mr. Mackie tells me his knees can feel warm, however, there is no erythema or swelling.

No rashes, photosensitivity, orogenital ulcers, pulmonary thromboembolism, nasal crusting or congestion, sinus symptoms. He does describe colour changes in his fingers, white and then back to red and normal colour. This happens in the winter particularly, but also occurs in the summer and is not triggered by cold at that point. He tells me that colour changes last only a few minutes and resolve spontaneously.

His [redacted] and [redacted] suffer from psoriasis. There is no other family history and personal history of psoriasis or inflammatory bowel disease. Mr. Mackie is a current smoker of 10 cigarettes a day, previously a heavier smoker.

Blood pressure 170/99, weight 104 kg, BMI 33.

On examination, there are no skin or nail changes. There was some musculoskeletal tenderness over the upper back, with no other upper limb abnormalities. On examining the legs, there is discomfort on palpation over the hips, knee joint lines and ankles, however, there is also similar discomfort on palpation over the muscle bulk. There is no clinical synovitis, heat or erythema. Hip internal and external rotation and knee flexion is reduced bilaterally, right more than left. There was pain on all movements at the hips knees and ankles. No clinical collateral ligament damage at the knees. Power was 5/5 throughout, there was muscle wasting. Heart sounds are pure, chest clear. Abdomen soft nontender.

I note blood tests in July showed a CK which was marginally raised at 197, ESR of 16. ANA negative and CCP 4.9. X-rays of the knees in July 2013 showed bilateral patellofemoral osteoarthritis left more than right, with some loose bodies in the left.

I have discussed Mr. Mackie with Dr. Lambert today. We feel the diagnosis is one of osteoarthritis with associated muscle conditioning/soft tissue rheumatism. I have advised Mr. Mackie to increase exercise if possible, I have suggested swimming may be a good place to start. Improving muscle condition and helping to support the joints should improve symptoms. Mr. Mackie tells me he feels his cocodamol does not really help much, and has previously tried tramadol on one occasion and found this very helpful, and maybe you wish to change prescriptions.

Xrays of the hips, ankles and knees show minor degenerative changes, ap[redacted] soft tissue calcification of medial calf, and calcification at the tendon insertion into the femur. CK is 224 on repeat, normal inflammatory markers, normal serum calcium. I have discussed the findings with Dr Lambert who advises repeating the CK in around 2 months, if this is continuing to rise then please let us know and we will review +/- arrange biopsy.

I would be very grateful if you could arrange for the CK to be checked. I have not arranged any follow up in the mean time.

Kind regards

Yours sincerely

E-signed by A Horne

Dr Anna Horne
SpR in Rheumatology

AH/AC
Dictated on: 19/02/14
Typed on: 24/02/14

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA

Dr MacArtney
St Triduana's Medical Practice
St Triduanae Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 08/07/2014

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI** **Date of Birth / Age** **UHPI**	**0706631315** 07/06/1963 (51 years) 700034550X
Specialty **Consultant**	General Surgery Mhairi S Duxbury (Bariatric)	**Attendance Date**	27/06/2014

Dear Dr MacArtney

This gentleman attended the bariatric surgical service today for review three years post laparoscopic sleeve gastrectomy in June 2011. His current weight is 104.7kg giving him a BMI of 32.7kg/m2. This represents an increase of 1.9kg over the last year.
Gary continues to have a very good overall ability to eat. He currently consumes regular meals which include good protein sources, some vegetables, fruit and small amounts of starchy carbohydrate. He also has at least two portions from the dairy food group per day. He does admit to the occasional small piece of chocolate, albeit in far reduced quantities than prior to surgery.
His [redacted], who attends every clinic appointment with him, is extremely supportive and helps him manage his diet in full. She feels that his eating has improved immeasurably over the past 6-12 months.
He continues to take Forceval multivitamin and has regular vitamin B12 injections. He has no nutritional related issues. A full set of nutritional bloods were undertaken today and we will advise you if any further supplementation is required.
He did describe the occasional bout of constipation and he also acknowledged that his urine can be quite dark. I have encouraged him to ensure that he is taking sufficient fluid and increase his fibre content from vegetables in soups etc. He has agreed to try and do this.
In every respect Gary appears to be doing extremely well. There are no new issues of note at this time.
We will review him again in one years time and keep you informed of his progress.
Yours sincerely

Mrs CHRISTINE WARDBariatric Dietician to Mr BRUCE TULLOH

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA

Dr MacArtney
St Triduana's Medical Practice
St Triduanae Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 05/08/2014

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI** **Date of Birth / Age** **UHPI**	**0706631315** 07/06/1963 (51 years) 700034550X
Specialty **Consultant**	General Surgery Mhairi S Duxbury (Bariatric)	**Attendance Date**	27/06/2014

Dear Dr MacArtney

This gentleman recently attended the bariatric surgical service for review when a full set of nutritional bloods were undertaken. These have now been returned and indicate that in most respects, his nutritional levels are sufficient. However of slight concern is his haemoglobin it has been steadily dropping since earlier this year from 141g/l now down to 134 g/l (normal range 135-180g/l). He also has a low iron level at 10umol/L (normal range 14-32umol/L). In view of this, we feel that Gary would benefit from a short course i.e 3 months of Ferrous Fumarate or Ferrous Sulphate and would ask that this is now prescribed.
We will keep you informed of his progress.
Yours sincerely

Mrs CHRISTINE WARDBariatic Dietician to Mr BRUCE TULLOH

cc:Gary Mackie - please allow your GP a few days to prepare this prescription then arrange collection

NHS Lothian

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

Dr MM MacArtney
St Triduana's Medical Practice
St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 02/09/2014

Emergency Discharge Summary

Patient	Gary Mackie 135/1 Marionville Road Edinburgh Midlothian EH7 6BG	**CHI** **Date of Birth / Age** **UHPI** **A&E Attendance Number**	**0706631315** 07/08/1963 (51 years) 700034550X E2808041
Attendance Date **Attendance Time** **Mode of Arrival** **Source of Referral** **Discharge Date** **Discharge To**	02/09/2014 18:51 Private Transport Self Referral to A&E	**Contact**	MacKie Mrs 31/1 Loganlea Avenue Edinburgh Midlothian EH7 6PA 6610693

Dear Dr MM MacArtney

Presentation: knee injury

Clinical note: 51 years old gentleman tripped over some wire today falling onto left knee. Pain and reduced mobility since
PMH: Gastric bypass Arthritis, Angina
MEDS: as ECS
ALLERGIES:nil
O/E: Left knee is swollen over anterior knee and just proximal to patella/ medially to this. There is no obvious bruising but is tender over the patella and head of fibula. Unable to fully extend knee and can only flex to approx 45 degrees. Sensation and circulation intact. No pain to distal tib/fib and there is a full range of movement to the foot and ankle. The skin is intact.
x-ray left knee shows degenerative changes but no fracture seen
There is pain stressing MCL but no laxity and LCLis painfree with no laxity. Unable to fully assess cruciate due to lack of movement. The skin is intact and the knee is warm to the touch but no erythema
Imp: ?MCL strain
Plan: NWB crutches, PRICE/MICE Advice
Review Physio 09/09/14 at 09.30
Imp: Possible

Yours Sincerely,

Christine Lawson, Nurse Practitioner

From: Dickens, Linda
Sent: 15 November 2024 08:48
To: Walsh, Aoibheann; Bailey2, Louise
Cc: Clinical GP St Triduana's Medical Practice
Subject: RE: GM

Hi Louise
Can you let Aoibheann know who he is related to. I was making assumptions based on his name but I am not actually sure.

Best wishes
Linda

Dr Linda Dickens
Consultant Psychiatrist
Inchkelth House

Working hours 0930-1330 Monday -Friday

From: Walsh, Aoibheann <[redacted]>
Sent: Thursday, November 14, 2024 2:00 PM
To: Dickens, Linda <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>; Bailey2, Louise <[redacted]>
Subject: Re: GM

Hi Louise

Sounds like an IC would be helpful for Gary although I will say it may be difficult for us to do any work when he has sadly just lost his [redacted] but I am happy for him to be given an IC to see if there is some sort of service that would be beneficial.

Can you please confirm who he is related to? So we can also plan/allocate appropriately to ensure confidentiality is upheld.

Many thanks

Aoibheann

NE Thrive Welcome Team Coordinator

Inchkeith House

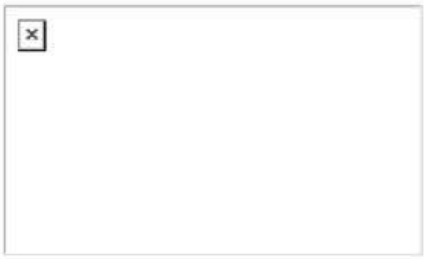
139 Leith Walk

Edinburgh

EH6 8NP

Tel: 0131 537 4530

Mobile: 07773745306



Please note, I do not work Mondays

From: Dickens, Linda <[redacted]>
Sent: Thursday, November 14, 2024 1:44 PM
To: Walsh, Aoibheann <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>; Bailey2, Louise <[redacted]>
Subject: RE: GM

Hi Aoibheann

Can you look at the info below. The person is not being referred in the usual way given he is related to someone who works in IKH (NB his surname) and is worried about confidentiality. I think an IC with thrive would be helpful in the first instance.

Let me know what you think.
Best wishes
Linda

Dr Linda Dickens
Consultant Psychiatrist
Inchkeith House

Working hours 0930-1330 Monday -Friday

From: Bailey2, Louise <[redacted]>
Sent: Thursday, November 14, 2024 1:10 PM
To: Dickens, Linda <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>
Subject: RE: GM

Thanks Linda that is really helpful – I think direct contact from Aoibheann to be seen at thrive would be ideal in the first instance.

Patient name:
Gary Mackle
Flat 1 135 Marionville Road
Edinburgh
EH7 6BG

07889675364

CHI : 0706631315

Louise

From: Dickens, Linda <[redacted]>
Sent: 13 November 2024 09:40
To: Bailey2, Louise <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>
Subject: RE: GM

Hi Louise

The River's service at REH only sees single episode trauma like a car accident. They touted themselves as the experts on complex trauma a few years ago and asked for self-referrals and then quickly became overwhelmed and thus no longer see it. Any complex trauma psychological work needs to go to sector psychology.
Given it is just 2 months psychology would likely say it is too soon to start work with him. I would say the most appropriate route would be for him to attend Thrive and have an initial conversation with them. They will do short term behavioural and distress tolerance work. If ready they will likely then refer him onto psychology for longer term work. If his relative works in Thrive or admin/secretarial I could pass his referral directly to Aoibheann who is the team leader for Thrive and they could make sure he is not seen by anyone he is related to and that confidentiality is maintained.
If this sounds reasonable you could just email me his details and I could pass to Aoibheann.

From a medication point of view don't hesitate to use short term diazepam or night sedation unless there are significant risks of dependence. Another possibility is quetiapine off label at a low dose of 25mg up to three times a day. At this low dose it is really just been used for its sedating and calming effect.

Best wishes
Linda

Dr Linda Dickens
Consultant Psychiatrist
Inchkeith House

Working hours 0930-1330 Monday -Friday

From: Bailey2, Louise <[redacted]>
Sent: Tuesday, November 12, 2024 4:00 PM
To: Dickens, Linda <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>
Subject: GM

Dear Linda

I would value your advice as to the best referral pathway for this man . He has a close relative who works in your department and is keen to ensure confidentiality and seek help for his issues.
He tragically his [redacted] died 2 months ago complex comorbidities age 30 with BMI 290. The family are following complaints procedures at present.
He has been maintained n SSRI and I have seen him several times since his [redacted]'s death and he is angry , has overwhelming feelings of hopelessness and guilt and expressed suicidal ideation.
He has a very traumatic [redacted]hood which is distressing him terribly at present. His [redacted] was pregnant when she married his step farther and the couple went on to have 3 further [redacted]ren together. His [redacted]hood

sounds loveless for him with emotional and severe physical abuse. He went into care age 12 year while his half siblings stayed in the family home.

I suspect he has complex PTSD and the loss of his [redacted] has triggered many very distressing symptoms for him and he feels he does not want to be here. His [redacted] and [redacted] are protective factors.

Should I refer urgently through your service with confidentiality guaranteed or look to complex trauma and abuse service at REH.
Thanks for your help
Louise

From: Walsh, Aoibheann
Sent: 14 November 2024 14:00
To: Dickens, Linda
Cc: Clinical GP St Triduana's Medical Practice; Bailey2, Louise
Subject: Re: GM

Hi Louise

Sounds like an IC would be helpful for Gary although I will say it may be difficult for us to do any work when he has sadly just lost his [redacted] but I am happy for him to be given an IC to see if there is some sort of service that would be beneficial.

Can you please confirm who he is related to? So we can also plan/allocate appropriately to ensure confidentiality is upheld.

Many thanks

Aoibheann

NE Thrive Welcome Team Coordinator
Inchkeith House
139 Leith Walk
Edinburgh
EH6 8NP
Tel: 0131 537 4530
Mobile: 07773745306

Please note, I do not work Mondays

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Sent: Thursday, November 14, 2024 1:44 PM
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Cc: Clinical GP St Triduana's Medical Practice <[redacted]>; Bailey2, Louise <[redacted]>
Subject: RE: GM

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From: Bailey2, Louise <[redacted]>
Sent: Thursday, November 14, 2024 1:10 PM
To: Dickens, Linda <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>
Subject: RE: GM

Thanks Linda that is really helpful – I think direct contact from Aoibheann to be seen at thrive would be ideal in the first instance.

Patient name:
Gary Mackie
Flat 1 135 Marionville Road
Edinburgh
EH7 6BG

07889675364
CHI : 0706631315

Louise

From: Dickens, Linda <[redacted]>
Sent: 13 November 2024 09:40
To: Bailey2, Louise <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>
Subject: RE: GM

Hi Louise

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Working hours 0930-1330 Monday -Friday

From: Bailey2, Louise <[redacted]>
Sent: Tuesday, November 12, 2024 4:00 PM
To: Dickens, Linda <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>
Subject: GM

Dear Linda

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He tragically his [redacted] died 2 months ago complex comorbidities age 30 with BMI 290. The family are following complaints procedures at present.
He has been maintained n SSRI and I have seen him several times since his [redacted]'s death and he is angry , has overwhelming feelings of hopelessness and guilt and expressed suicidal ideation.
He has a very traumatic [redacted] hood which is distressing him terribly at present. His [redacted] was pregnant when she married his step farther and the couple went on to have 3 further [redacted] ren together. His [redacted] hood sounds loveless for him with emotional and severe physical abuse. He went into care age 12 year while his half siblings stayed in the family home.

I suspect he has complex PTSD and the loss of his [redacted] has triggered many very distressing symptoms for him and he feels he does not want to be here. His [redacted] and [redacted] are protective factors.

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Thanks for your help
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Cc: Clinical GP St Triduana's Medical Practice
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Patient name:
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07889675364
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Louise

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Subject: RE: GM

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Consultant Psychiatrist
Inchkeith House

Working hours 0930-1330 Monday -Friday

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Cc: Clinical GP St Triduana's Medical Practice <[redacted]>
Subject: GM

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and he feels he does not want to be here. His [redacted] and [redacted] are protective factors.

Should I refer urgently through your service with confidentiality guaranteed or look to complex trauma and abuse service at REH.
Thanks for your help
Louise

From: Bailey2, Louise
Sent: 12 November 2024 16:00
To: Dickens, Linda
Cc: Clinical GP St Triduana's Medical Practice
Subject: GM

Dear Linda

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Thanks for your help
Louise

NHS Lothian - Referral Letter

Referral To	Western General Hospital Flow Centre Referral LI Flow Centre Referral
Urgency of referral	Urgent
Date of referral	30/11/2023
Date submitted	30/11/2023
UCPN	101031510229Y

PATIENT DETAILS

CHI number:	0706631315
Name:	Mr Gary Mackie
Date of birth:	07/06/1963
Sex:	Male

Contact Details

Flat 1
135 Marionville Road
Edinburgh
EH7 6BG

Voice (Home) : 661 0693
Voice (Mobile) : 07889 675 364

REFERRING PRACTITIONER DETAILS

Name:	Dr. Catherine Naim (GMC: 7446675)
Practice:	St Triduana's Medical Practice (70785)
Phone:	Voice : 0131 657 3341

Practice address

54 Moira Park
Edinburgh
EH7 6RU

CLINICAL INFORMATION

Reason for Referral: SDEC 1615

Main Referral Text: Many thanks for seeing this 60 year old gentleman with known ischaemic heart disease who presented with chest pain. He had sudden onset chest pain in Lside of chest whilst wathcing tv last night. this was sharp, radiating through to back and lasted around 1 hour. he has had 2 further episodes of sharp chest pain since then, the last being at 9am this morning. he denies any crushing chest pain or sweating. he has no cough or SOB. He is a smoker. On exam, T 36.9 sATS 96% hr 88 . BP 138/79 chest clear throughout. no added sounds. no chest wall tenderness. Given his past history and nil to find on examination to explain his pain, I would be grateful if you could see him ?MI . many thanks, Dr Cat Naim GP

Examinations and Investigations

Description	Result	Date
Middle name : Bruce		

Pre-existing conditions (High & Medium Priority)

Description	Laterality	Modifier	Extension	Start Date	Date Recorded
[D]Chest pain				30/11/2023	30/11/2023
Palpitations				13/07/2023	13/07/2023
Chronic obstructive pulmonary disease			MILD - to be added to EE list to discuss - task to duty (EE happy with this)	20/09/2022	20/09/2022
Chronic low back pain				22/07/2021	22/07/2021
Type 2 diabetes mellitus				07/06/2021	07/06/2021
O/E - thyroid lump			benign looking cystic lesion - Ultrasound neck aspiration- beingn	17/07/2020	17/07/2020
Vitamin D deficiency				07/09/2018	07/09/2018
Diabetes resolved				18/11/2014	18/11/2014
Osteoarthritis NOS, of	Bilateral		more advanced on left	23/07/2013	23/07/2013

knee (Bilateral)				
Vitamin B12 deficiency		Following gastric banding - see letter	25/10/2011	25/10/2011
Tendonitis NOS		Left wrist	31/08/2010	31/08/2010
Morbid obesity		BMI 54 at heaviest	19/04/2006	19/04/2006
Arthropathy NOS			25/02/2004	25/02/2004
Type 2 diabetes mellitus		Resolved after bariatric surgery	01/01/2004	01/01/2004
Hypertensive disease			16/02/2002	16/02/2002
Atypical chest pain			16/02/2002	16/02/2002
Depressive disorder NEC			01/01/2002	01/01/2002
Ischaemic heart disease			01/01/2001	01/01/2001
Ventricular hypertrophy			01/01/1994	01/01/1994
Obesity			01/01/1994	01/01/1994
Nondependent alcohol abuse, continuous			01/01/1992	01/01/1992
Clsd # scaphoid			01/01/1992	01/01/1992
Lobar pneumonia due to unspecified organism		R basal	01/01/1976	01/01/1976
Asthma NOS			01/01/1976	01/01/1976

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
12 lead ECG	on admission showed regular narrow complex tachycardia rate 145 with widespread TWI		13/07/2023	13/07/2023
Uses monitored dosage system	CO-OP CRAIGENTINNY		12/02/2015	12/02/2015
Helicobacter eradication therapy			23/01/2012	23/01/2012
Laparoscopic adjustable gastric banding	sleeve gastrectomy		27/06/2011	27/06/2011
Angiocardiography			10/12/2001	10/12/2001
Tonsillectomy			01/01/1992	01/01/1992

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Vlazem XI M/R capsules 360 mg	56 CAPSULE	ONE TO BE TAKEN EACH DAY		21/07/2023		06/11/2023
Spiriva Respimat Inhalation Solution Cartridge With Device 2.5 micrograms/dose	60 DOSE	2 PUFFS ONCE DAILY		14/12/2022		06/11/2023
Amitriptyline Hydrochloride Tablets 25 mg	56 TABLET	ONE TO BE TAKEN IN THE EVENING		02/12/2022		06/11/2023
Codeine Phosphate Tablets 30 mg	100 tablet	ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)		26/05/2022		06/11/2023
Montelukast Sodium Tablets 10 mg	56 TABLET	ONE TO BE TAKEN IN THE EVENING		14/07/2021		06/11/2023
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	2 INHALER	ONE OR TWO PUFFS TO BE INHALED TWICE A DAY		11/02/2021		06/11/2023
		ONE TO BE TAKEN EACH DAY.STOP				

Spironolactone Tablets 25 mg	56 TABLET	THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN	24/07/2018	06/11/2023
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200 dose	one puff as needed	05/12/2017	20/03/2023
Omeprazole Capsules (Gastro-Resistant) 20 mg	56 CAPSULE	TAKE ONE DAILY	07/06/2016	06/11/2023
Doxazosin Mesilate Tablets 4 mg	112 tablet	TAKE ONE TWICE DAILY	05/02/2013	06/11/2023
Forceval Capsules	112 CAPSULE	2 DAILY	22/09/2011	06/11/2023
Atorvastatin Tablets 20 mg	56 TABLET (S)	NOCTE	26/03/2007	06/11/2023
Salbutamol Cfc-free Inhaler 100 micrograms/puff	2 Inhaler(s)	2PUFFS PRN	21/07/2005	06/11/2023
Aspirin Tablets 75 mg	56 tablet(s)	TAKE ONE DAILY	03/12/2004	06/11/2023
Enalapril Maleate Tablets 20 mg	112 TABLET (S)	TAKE ONE TWICE DAILY.STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN	29/12/2003	06/11/2023
Fluoxetine Hydrochloride Capsules 20 mg	112 caps	Two, daily	29/12/2003	06/11/2023
Bendroflumethiazide Tablets 2.5 mg	56 TABS	ONE IN THE MORNING. STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN	29/12/2003	06/11/2023

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to Gabapentin	Felt it made him doolally		07/06/2016	07/06/2016
Adverse reaction to Beta-Adrenoceptor Blocking Drugs			01/01/2002	01/01/2002

791382023-11-301011852022-12-06821462021-08-30741282021-07-30861592021-06-07871562019-08-23931802019-08-11981652019-07-021101802019-01-091071672018-12-191101802018-07-241071752018-07-19901472017-03-23861482016-04-19951602016-04-12951602016-04-121051672015-12-17931742014-11-13791382014-04-221051752013-12-27891792013-10-11761432013-05-301062032013-02-05921672013-01-16841492012-03-011031712012-01-10961562011-09-27781382011-07-19851402011-01-26901652010-12-30991732010-10-281131872010-05-19991722010-05-13991602009-11-13851582009-10-23921772009-10-06971792009-04-03681242009-02-27921522008-11-28701302008-

10-091001502008-09-011001722008-07-011001602008-05-261001602008-05-23731502008-05-02671422008-04-181051662007-12-24901802007-11-26761262007-11-02801442007-09-21691392007-08-24851512007-05-25721412007-03-20741322007-01-19801642006-10-27781602006-09-22901692006-03-281001502005-09-161051822005-06-06901602005-03-14901702005-02-21941702005-01-18941702004-12-01751302004-06-07821482004-06-03901702004-02-111051602003-03-21951632002-12-19961812002-10-21961542002-02-22881622002-01-17851502001-12-24921602001-11-2830.13177.895.252023-11-3036.3180117.62023-09-2233.641801092022-12-0634.54111.92022-09-2334.38111.42022-09-2034.881132021-08-3035.491801152019-07-0236.65119.22018-09-0732.21180.34104.752018-07-1934.1110.52016-07-0433.331801082016-04-1231.732015-12-17103.22015-12-1732.16104.62015-06-2632.291052014-11-1332.19104.72014-06-2731.65102.952014-04-2231.61102.82014-01-3130.81100.22013-06-2830.2698.42013-01-1629.0394.42012-09-2429.5896.22012-06-2533.19107.952012-03-0132.87106.92012-01-2736.77119.62011-11-2135.671162011-11-1839.3127.82011-09-3040.591322011-09-2744.891462011-08-0845.18146.952011-07-1948.27180.341572011-07-1154.85178.42011-04-1855.351802010-10-2854.67177.82010-05-1354.421772009-11-13180.34165.12009-10-2353.4196.852009-10-0648.831802009-04-0348.561792009-02-271822008-11-2857.811882008-10-0951.541902008-09-011922008-05-2652.081922008-05-2358.331892008-05-0257.721872008-04-1858.951912007-11-2657.81187.32007-03-2058.021801882006-12-1357.811882006-09-2254.67177.82006-03-2857.811882005-09-1655.651812005-05-0458.61190.62004-12-0150.76180.34165.12004-08-3064.95198.92004-02-1151.89175158.92001-11-28

Additional Information

Patient Weight in Kilograms:95.25

Patient Height in Metres:177.8

Patient BMI:30.13

Patient Blood Pressure (Systolic):138

Patient Blood Pressure (Diastolic):79

Smoking history (Screening):Cigarette smoker, 8 /day	Date Recorded:30-Nov-2023
Smoking history (Encounters):Cigarette smoker, 8 /day	Date Recorded:30-Nov-2023
Alcohol history (Screening):Alcohol consumption, 0 units/week	Date Recorded:30-Nov-2023
Alcohol history (Encounters):Alcohol consumption, 0 units/week	Date Recorded:30-Nov-2023
Exercise history (Screening):Health Screen: Exercise grading	Date Recorded:28-Nov-2001
Exercise history (Encounters):Health Screen: Exercise grading	Date Recorded:28-Nov-2001

NHS Lothian - Referral Letter

Referral To	AHP - Physiotherapy Edinburgh - Community MSK Hub (Slateford) LI Physiotherapy
Urgency of referral	Routine
Date of referral	06/07/2023
Date submitted	06/07/2023
UCPN	1010301103771

PATIENT DETAILS

CHI number:	0706631315
Name:	Mr Gary Mackie
Date of birth:	07/06/1963
Sex:	Male

Contact Details

Flat 1
135 Marionville Road
Edinburgh
EH7 6BG

Voice(Home) : 661 0693
Voice(Mobile) : 07889 675 364

REFERRING PRACTITIONER DETAILS

Name:	Sheila Graham (GMC: *)
Practice:	St Triduana's Medical Practice (70785)
Phone:	Voice : 0131 657 3341

Practice address

54 Moira Park
Edinburgh
EH7 6RU

CLINICAL INFORMATION

Reason for Referral:	LBP
Main Referral Text:	Thank you for seeing this gentleman with 8/52 LBP which refers to his right thigh, previous episodes to this have ususally settled within 2/52. He has no spinal red flags. He tries to remain active as much as possible. He was into see me about his knee and mentioned his back pain at the end of the consutlaiton and we agreed an MSK referral would be most appropriate. Kind Regards Sheila Graham

Examinations and Investigations

Description	Result	Date
Middle name : Bruce		

Investigations

Description	Result	Date
Has the patient had physiotherapy previously for this problem? :	No	
Time since onset? (Weeks) :	6-12	

Pre-existing conditions (High & Medium Priority)

Description	Laterality	Modifier	Extension	Start Date	Date Recorded
Failed encounter			DNA GP APP appointment.	19/06/2023	19/06/2023
Chronic obstructive pulmonary disease			MILD - to be added to EE list to discuss - task to duty (EE happy with this)	20/09/2022	20/09/2022
Chronic low back pain				22/07/2021	22/07/2021
Type 2 diabetes mellitus				07/06/2021	07/06/2021
O/E - thyroid lump			benign looking cystic lesion - Ultrasound neck aspiration- beingn	17/07/2020	17/07/2020
Vitamin D deficiency				07/09/2018	07/09/2018

Diabetes resolved			18/11/2014	18/11/2014
Osteoarthritis NOS, of knee (Bilateral)	Bilateral	more advanced on left	23/07/2013	23/07/2013
Vitamin B12 deficiency		Following gastric banding - see letter	25/10/2011	25/10/2011
Tendonitis NOS		Left wrist	31/08/2010	31/08/2010
Morbid obesity		BMI 54 at heaviest	19/04/2006	19/04/2006
Arthropathy NOS			25/02/2004	25/02/2004
Type 2 diabetes mellitus		Resolved after bariatric surgery	01/01/2004	01/01/2004
Hypertensive disease			16/02/2002	16/02/2002
Atypical chest pain			16/02/2002	16/02/2002
Depressive disorder NEC			01/01/2002	01/01/2002
Ischaemic heart disease			01/01/2001	01/01/2001
Ventricular hypertrophy			01/01/1994	01/01/1994
Obesity			01/01/1994	01/01/1994
Nondependent alcohol abuse, continuous			01/01/1992	01/01/1992
Clsd # scaphoid			01/01/1992	01/01/1992
Lobar pneumonia due to unspecified organism		R basal	01/01/1976	01/01/1976
Asthma NOS			01/01/1976	01/01/1976

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Uses monitored dosage system	CO-OP CRAIGENTINNY		12/02/2015	12/02/2015
Helicobacter eradication therapy			23/01/2012	23/01/2012
Laparoscopic adjustable gastric banding	sleeve gastrectomy		27/06/2011	27/06/2011
Angiocardiography			10/12/2001	10/12/2001
Tonsillectomy			01/01/1992	01/01/1992

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Spiriva Respimat Inhalation Solution Cartridge With Device 2.5 micrograms/dose	60 DOSE	2 PUFFS ONCE DAILY		14/12/2022		21/03/2023
Amitriptyline Hydrochloride Tablets 25 mg	56 TABLET	ONE TO BE TAKEN IN THE EVENING		02/12/2022		15/06/2023
Codeine Phosphate Tablets 30 mg	100 tablet	ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)		26/05/2022		15/06/2023
Fostair Cfc-free Inhaler 100 micrograms + 6 micrograms/dose	2 INHALER	ONE OR TWO PUFFS TO BE INHALED TWICE A DAY		11/02/2021		11/05/2023
Spironolactone Tablets 25 mg	56 TABLET	ONE TO BE TAKEN EACH DAY.STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL		24/07/2018		25/05/2023

		AGAIN		
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200 dose	one puff as needed	05/12/2017	20/03/2023
Omeprazole Capsules (Gastro-Resistant) 20 mg	56 CAPSULE	TAKE ONE DAILY	07/06/2016	25/05/2023
Doxazosin Mesilate Tablets 4 mg	112 tablet	TAKE ONE TWICE DAILY	05/02/2013	25/05/2023
Forceval Capsules	112 CAPSULE	2 DAILY	22/09/2011	25/05/2023
Atorvastatin Tablets 20 mg	56 TABLET (S)	NOCTE	26/03/2007	25/05/2023
Salbutamol Cfc-free inhaler 100 micrograms/puff	2 inhaler(s)	2PUFFS PRN	21/07/2005	11/05/2023
Aspirin Tablets 75 mg	56 tablet(s)	TAKE ONE DAILY	03/12/2004	25/05/2023
Enalapril Maleate Tablets 20 mg	112 TABLET (S)	TAKE ONE TWICE DAILY.STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN	29/12/2003	25/05/2023
Fluoxetine Hydrochloride Capsules 20 mg	112 caps	Two, daily	29/12/2003	25/05/2023
Tildiem La M/R capsules 300 mg	56 caps	One, daily	29/12/2003	25/05/2023
Bendroflumethiazide Tablets 2.5 mg	56 TABS	ONE IN THE MORNING. STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN	29/12/2003	25/05/2023

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Naproxen Tablets 250 mg	56 tablet	ONE OR TWO TWICE DAILY		29/05/2023		29/05/2023
Tramadol Hydrochloride Capsules 50 mg	28 capsule	ONE TO BE TAKEN 4-6 HRLY IF REQUIRED FOR PAIN		24/05/2023		24/05/2023

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to Gabapentin	Felt it made him doolally		07/06/2016	07/06/2016
Adverse reaction to Beta-Adrenoceptor Blocking Drugs			01/01/2002	01/01/2002

1011852022-12-06821462021-08-30741282021-07-30861592021-06-07871562019-08-23931802019-08-

11981652019-07-021101802019-01-091071672018-12-191101802018-07-241071752018-07-19901472017-03-23861482016-04-19951602016-04-12951602016-04-121051672015-12-17931742014-11-13791382014-04-221051752013-12-27891792013-10-11761432013-05-301062032013-02-05921672013-01-16841492012-03-011031712012-01-10961562011-09-27781382011-07-19851402011-01-26901652010-12-30991732010-10-281131872010-05-19991722010-05-13991602009-11-13851582009-10-23921772009-10-06971792009-04-03681242009-02-27921522008-11-28701302008-10-091001502008-09-011001722008-07-011001602008-05-261001602008-05-23731502008-05-02671422008-04-181051662007-12-24901802007-11-26761262007-11-02801442007-09-21691392007-08-24851512007-05-25721412007-03-20741322007-01-19801642006-10-27781602006-09-22901692006-03-281001502005-09-161051822005-06-06901602005-03-14901702005-02-21941702005-01-18941702004-12-01751302004-06-07821482004-06-03901702004-02-111051602003-03-21951632002-12-19961812002-10-21961542002-02-22881622002-01-17851502001-12-24921602001-11-2833.641801092022-12-0634.54111.92022-09-2334.38111.42022-09-2034.881132021-08-3035.491801152019-07-0236.65119.22018-09-0732.21180.34104.752018-07-1934.1110.52016-07-0433.331801082016-04-1231.732015-12-17103.22015-12-1732.16104.62015-06-2632.291052014-11-1332.19104.72014-06-2731.65102.952014-04-2231.61102.82014-01-3130.81100.22013-06-2830.2698.42013-01-1629.0394.42012-09-2429.5896.22012-06-2533.19107.952012-03-0132.87106.92012-01-2736.77119.62011-11-2135.671162011-11-1839.3127.82011-09-3040.591322011-09-2744.891462011-08-0845.18146.952011-07-1948.27180.341572011-07-1154.85178.42011-04-1855.351802010-10-2854.67177.82010-05-1354.421772009-11-13180.34165.12009-10-2353.4196.852009-10-0648.831802009-04-0348.561792009-02-271822008-11-2857.811882008-10-0951.541902008-09-011922008-05-2652.081922008-05-2358.331892008-05-0257.721872008-04-1858.951912007-11-2657.81187.32007-03-2058.021801882006-12-1357.811882006-09-2254.67177.82006-03-2857.811882005-09-1655.651812005-05-0458.61190.62004-12-0150.76180.34165.12004-08-3064.95198.92004-02-1151.89175158.92001-11-28

Additional Information

Patient Weight in Kilograms:109

Patient Height in Metres:180

Patient BMI:33.64

Patient Blood Pressure (Systolic):185

Patient Blood Pressure (Diastolic):101

Smoking history (Screening):Cigarette smoker, 5 /day	Date Recorded:06-Dec-2022
Smoking history (Encounters):Cigarette smoker, 5 /day	Date Recorded:06-Dec-2022
Alcohol history (Screening):Alcohol consumption, 0 units/week	Date Recorded:06-Dec-2022
Alcohol history (Encounters):Alcohol consumption, 0 units/week	Date Recorded:06-Dec-2022
Exercise history (Screening):Health Screen: Exercise grading	Date Recorded:28-Nov-2001
Exercise history (Encounters):Health Screen: Exercise grading	Date Recorded:28-Nov-2001

NHS Lothian - Imaging Request

Please note that this request will become invalid if the patient does not attend within 30 days of this request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology Walk in
Urgency of referral	Routine
Date of referral	29/05/2023
Date submitted	29/05/2023
UCPN	101029724475A

PATIENT DETAILS

CHI number:	0706631315
Name:	Mr Gary Mackie
Date of birth:	07/06/1963
Sex:	Male

Contact Details

Flat 1
135 Marionville Road
Edinburgh
EH7 6BG

Voice(Home) : 661 0693
Voice(Mobile) : 07889 675 364

REFERRING PRACTITIONER DETAILS

Name:	Dr. Charls Johnston (GMC: 7041198)
Practice:	St Triduana's Medical Practice (70785)
Phone:	Voice : 0131 657 3341

Practice address

54 Moira Park
Edinburgh
EH7 6RU

INVESTIGATION REQUESTED

Test Requested:	**Knee right**
Reason for Request:	Known OA kneesWorsening pain and swelling right kneeSore to mobilise/e: antlagic gait, right knee swollen, not red/hot. reasonable ROM?progression in OAThank you

CLINICAL INFORMATION

Examinations and Investigations

Description	Result	Date

Middle name : Bruce

Investigations

Description	Result	Date
Could the patient be pregnant? :	Blank	

Signature of requesting doctor	Designation	Date

Radiology Walk In is available Monday to Friday as follows:

Lauriston Building	8:30am - 4:00pm
Leith Community Treatment Centre	8:30am - 4:00pm
Midlothian Community Hospital	9:15am - 12:30pm

East Lothian Community Hospital (Roodlands)	8:30am - 4:00pm
Royal Hospital for Sick [redacted]ren - [redacted]ren Only	9:00am - 4:30pm (Except public holidays)
Royal Infirmary of Edinburgh	9:00am - 4:30pm
St John's Hospital	8:30am - 5:00pm
Western General Hospital	8:00am - 5:00pm (Main xray Department)

From: McDevitt, Christine
Sent: 20 July 2022 16:25
To: Wallace, Beverley
Cc: Clinical GP St Triduana's Medical Practice
Subject: CHI: 0706631315, Gary Mackie

Dear Beverley,

I am writing to you regarding the above patient who I believe is known to you. I have been reviewing this patients' medications and have noticed that he has calcium carbonate and colecalciferol 750mg and 200units tablets at one twice a day on his repeats, he also has an additional colecalciferol 800 unit capsule per day on his repeats. Can I just confirm that the patient should be taking both of these preparations? Many thanks for your clarification on this.

Best wishes,
Christine
Practice Pharmacist
St Triduana's Surgery

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Respiratory Physiology LI L Primary Care Spirometry
Urgency of referral	Routine
Date of referral	28/04/2022
Date submitted	28/04/2022
UCPN	1010261926748

PATIENT DETAILS

CHI number:	0706631315
Name:	Mr Gary Mackie
Date of birth:	07/06/1963
Sex:	Male

Contact Details

Flat 1
135 Marionville Road
Edinburgh
EH7 6BG

Voice(Home) : 661 0693
Voice(Mobile) : 07889 675 364

REFERRING PRACTITIONER DETAILS

Name:	Dr. Daisy Higginson (GMC: 7070404)
Practice:	St Triduana's Medical Practice (70785)
Phone:	Voice : 0131 657 3341

Practice address

54 Moira Park
Edinburgh
EH7 6RU

CLINICAL INFORMATION

Reason for Referral:	?COPD
Main Referral Text:	Background of asthma, on steroid inhalers and salbutamol. Long term smoker, recent lobar pneumonia, felt likely to be more likely COPD picture now, ?obstructive lung disease

Examinations and Investigations

Description	Result	Date
Middle name : Bruce		

Investigations

Description	Result	Date
Has patient had previous spirometry? :	No	
I authorise any required tests for this patient, including all required medicines for the test to be administered by qualified NHS Staff? :	true	
If asthma is suspected, I authorise the Respiratory Physiologist to proceed to a Challenge test if deemed appropriate. This involves inhalation of a maximum cumulative dose of 635mg Mannitol as per protocol? :	Yes	

Pre-existing conditions (High & Medium Priority)

Description	Laterality	Modifier	Extension	Start Date	Date Recorded
Chronic low back pain				22/07/2021	22/07/2021
Type 2 diabetes mellitus				07/06/2021	07/06/2021
O/E - thyroid lump			benign looking cystic lesion - Ultrasound neck aspiration-beingn	17/07/2020	17/07/2020
Vitamin D deficiency				07/09/2018	07/09/2018
Diabetes resolved				18/11/2014	18/11/2014
Osteoarthritis NOS, of knee (Bilateral)	Bilateral		more advanced on left	23/07/2013	23/07/2013
Vitamin B12 deficiency			Following gastric banding - see	25/10/2011	25/10/2011

	letter		
Tendonitis NOS	Left wrist	31/08/2010	31/08/2010
Morbid obesity	BMI 54 at heaviest	19/04/2006	19/04/2006
Arthropathy NOS		25/02/2004	25/02/2004
Type 2 diabetes mellitus	Resolved after bariatric surgery	01/01/2004	01/01/2004
Atypical chest pain		16/02/2002	16/02/2002
Hypertensive disease		16/02/2002	16/02/2002
Depressive disorder NEC		01/01/2002	01/01/2002
Ischaemic heart disease		01/01/2001	01/01/2001
Obesity		01/01/1994	01/01/1994
Ventricular hypertrophy		01/01/1994	01/01/1994
Clsd # scaphoid		01/01/1992	01/01/1992
Nondependent alcohol abuse, continuous		01/01/1992	01/01/1992
Lobar pneumonia due to unspecified organism	R basal	01/01/1976	01/01/1976
Asthma NOS		01/01/1976	01/01/1976

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Uses monitored dosage system	CO-OP CRAIGENTINNY		12/02/2015	12/02/2015
Helicobacter eradication therapy			23/01/2012	23/01/2012
Laparoscopic adjustable gastric banding	sleeve gastrectomy		27/06/2011	27/06/2011
Angiocardiography			10/12/2001	10/12/2001
Tonsillectomy			01/01/1992	01/01/1992

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Co-Codamol 30/500 Capsules	200 capsule	TWO CAPSULES 4-6 HRLY FOR PAIN		24/03/2022		24/03/2022
Ferrous Fumarate Tablets 210 mg	168 TABLET	ONE TO BE TAKEN THREE TIMES A DAY		22/11/2021		22/02/2022
Montelukast Sodium Tablets 10 mg	56 TABLET	ONE TO BE TAKEN IN THE EVENING		14/07/2021		14/07/2021
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	2 INHALER	ONE OR TWO PUFFS TO BE INHALED TWICE A DAY		11/02/2021		24/09/2021
Colecalciferol Capsules 800 units	56 CAPSULE	ONE TO BE TAKEN EACH DAY		29/10/2018		21/02/2022
Spironolactone Tablets 25 mg	56 TABLET	ONE TO BE TAKEN EACH DAY.STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITTING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN		24/07/2018		21/02/2022
Calcium Carbonate And Colecalciferol Tablets 750 mg + 5 micrograms (200 units)	112 tablet	1 tab bd		22/08/2016		21/02/2022
Omeprazole Capsules (Gastro-Resistant) 20 mg	56 CAPSULE	TAKE ONE DAILY		07/06/2016		21/02/2022
Doxazosin Mesilate		TAKE ONE TWICE				

Tablets 4 mg	112 tablet	DAILY	05/02/2013	21/02/2022
Forceval Capsules	112 CAPSULE	2 DAILY	22/09/2011	21/02/2022
Atorvastatin Tablets 20 mg	56 TABLET (S)	NOCTE	26/03/2007	21/02/2022
Salbutamol Cfc-free Inhaler 100 micrograms/puff	2 Inhaler(s)	2PUFFS PRN	21/07/2005	24/09/2021
Aspirin Tablets 75 mg	56 tablet(s)	TAKE ONE DAILY	03/12/2004	21/02/2022
Enalapril Maleate Tablets 20 mg	112 TABLET (S)	TAKE ONE TWICE DAILY.STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN	29/12/2003	21/02/2022
Fluoxetine Hydrochloride Capsules 20 mg	112 caps	Two, daily	29/12/2003	19/01/2022
Tildiem La M/R capsules 300 mg	56 caps	One, daily	29/12/2003	21/02/2022
Bendroflumethiazide Tablets 2.5 mg	56 TABS	ONE IN THE MORNING. STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN	29/12/2003	21/02/2022

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Codeine Phosphate Tablets 30 mg	100 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)		21/04/2022		21/04/2022
Senna Tablets 7.5 mg	60 tablet	2 nocte		24/03/2022		24/03/2022
Amoxicillin Capsules 500 mg	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY		21/03/2022		21/03/2022
Co-Codamol 8/500 Tablets	30 TABLET	MAXIMUM TWO TABLETS X FOUR TIMES DAILY. MAX 8 TABLETS DAILY		21/03/2022		21/03/2022

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to Gabapentin	Felt it made him doolally		07/06/2016	07/06/2016
Adverse reaction to Beta-Adrenoceptor Blocking Drugs			01/01/2002	01/01/2002

821462021-08-30741282021-07-30861592021-06-07871562019-08-23931802019-08-11981652019-07-021101802019-01-091071672018-12-191101802018-07-241071752018-07-19901472017-03-

23861482016-04-19951602016-04-12951602016-04-12105167 2015-12-17931742014-11-13791382014-04-221051752013-12-27891792013-10-11761432013-05-301062032013-02-05921672013-01-16841492012-03-011031712012-01-10961562011-09-27781382011-07-19851402011-01-26901652010-12-30991732010-10-281131872010-05-19991722010-05-13991602009-11-13851582009-10-23921772009-10-06971792009-04-03681242009-02-27921522008-11-28701302008-10-091001502008-09-011001722008-07-011001602008-05-261001602008-05-23731502008-05-02671422008-04-181051662007-12-24901802007-11-26761262007-11-02801442007-09-21691392007-08-24851512007-05-25721412007-03-20741322007-01-19801642006-10-27781602006-09-22901692006-03-281001502005-09-161051822005-06-06901602005-03-14901702005-02-21941702005-01-18941702004-12-01751302004-06-07821482004-06-03901702004-02-111051602003-03-21951632002-12-19961812002-10-21961542002-02-22881622002-01-17851502001-12-24921602001-11-2834.881132021-08-3035.491801152019-07-0236.65119.22018-09-0732.21180.34104.752018-07-1934.1110.52016-07-0433.331801082016-04-1231.732015-12-17103.22015-12-1732.16104.62015-06-2632.291052014-11-1332.19104.72014-06-2731.65102.952014-04-2231.61102.82014-01-3130.81100.22013-06-2830.2698.42013-01-1629.0394.42012-09-2429.5896.22012-06-2533.19107.952012-03-0132.87106.92012-01-2736.77119.62011-11-2135.671162011-11-1839.3127.82011-09-3040.591322011-09-2744.891462011-08-0845.18146.952011-07-1948.27180.341572011-07-1154.85178.42011-04-1855.351802010-10-2854.67177.82010-05-1354.421772009-11-13180.34165.12009-10-2353.4196.852009-10-0648.831802009-04-0348.561792009-02-271822008-11-2857.811882008-10-0951.541902008-09-011922008-05-2652.081922008-05-2358.331892008-05-0257.721872008-04-1858.951912007-11-2657.81187.32007-03-2058.021801882006-12-1357.811882006-09-2254.67177.82006-03-2857.811882005-09-1655.651812005-05-0458.61190.62004-12-0150.76180.34165.12004-08-3064.95198.92004-02-1151.89175158.92001-11-28

Additional Information

Patient Weight in Kilograms:113
Patient Height in Metres:180
Patient BMI:34.88
Patient Blood Pressure (Systolic):146
Patient Blood Pressure (Diastolic):82

Smoking history (Screening):Cigarette smoker, 5 /day	Date Recorded:29-Jun-2021
Smoking history (Encounters):Cigarette smoker, 5 /day	Date Recorded:29-Jun-2021
Alcohol history (Screening):Alcohol consumption, 0 units/week	Date Recorded:02-Jul-2019
Alcohol history (Encounters):Alcohol consumption, 0 units/week	Date Recorded:02-Jul-2019
Exercise history (Screening):Health Screen: Exercise grading	Date Recorded:28-Nov-2001
Exercise history (Encounters):Health Screen: Exercise grading	Date Recorded:28-Nov-2001

NHS Lothian - Referral Letter

Referral To	AHP - Physiotherapy Edinburgh - Community MSK Hub (Slateford) LI Physiotherapy
Urgency of referral	Routine
Date of referral	30/08/2021
Date submitted	30/08/2021
UCPN	101024224418P

PATIENT DETAILS

CHI number:	0706631315
Name:	Mr Gary Mackie
Date of birth:	07/06/1963
Sex:	Male

Contact Details

Flat 1
135 Marionville Road
Edinburgh
EH7 6BG

Voice(Home) : 661 0693
Voice(Mobile) : 07889 675 364

REFERRING PRACTITIONER DETAILS

Name:	Dr. Zoe Kellon (GMC: 4714202)
Practice:	St Triduana's Medical Practice (70785)
Phone:	Voice : 0131 657 3341

Practice address

54 Moira Park
Edinburgh
EH7 6RU

CLINICAL INFORMATION

Reason for Referral:	FOR BACK PAIN CLINIC PLEASE - ? FOR MRI
Main Referral Text:	Many thanks for seeing this 58 year old man with many years of lower back pain and L sided sciatica which has worsened over the past 6-7 months. He struggles if he has been sitting for any length of time and now also finds tying his shoelaces difficult. The pain can go away for 2-3 days at a time but then comes back o/e he is tender pressing the musculature above his left buttock. SLR on the left is limited to about 15 degrees (limited by sciatica) but his SLR on the right is also limited to about 25 degrees due to pain in the hip. Hip flexion was restricted bilaterally due to pain as well so there may be some OA of his hips as well. Sensation and tone of his legs was normal. Power was reduced in his left upper leg due to pain but otherwise preserved and reflexes were all normal He has no red flag symptoms to suggest CES and I have warned him to watch out for these. He has not tolerated gabapentin in the past and is finding tramadol making him too woozy so he is taking amitryptilline and co-codamol currently He reports no weight loss but is Hb was slightly low when last tested so I have sent tests to help exclude underlying disease including a myeloma screen and PSA. His CRP recently was reassuring at 2 Many thanks for your review with a view to physio and MRI scanning if you agree

Examinations and Investigations

Description	Result	Date
Middle name : Bruce		

Investigations

Description	Result	Date
Has the patient had physiotherapy previously for this problem? :	No	
Has the patient Severe unremitting pain? :	true	
Is the patients sleep disturbed by the condition? :	true	
Time since onset? (Weeks) :	0-3	

Pre-existing conditions (High & Medium Priority)

Description	Laterality	Modifier	Extension	Start Date	Date Recorded
Chronic low back pain				22/07/2021	22/07/2021

Type 2 diabetes mellitus			07/06/2021	07/06/2021
O/E - thyroid lump		benign looking cystic lesion - Ultrasound neck aspiration- beingn	17/07/2020	17/07/2020
Vitamin D deficiency			07/09/2018	07/09/2018
Diabetes resolved			18/11/2014	18/11/2014
Osteoarthritis NOS, of knee (Bilateral)	Bilateral	more advanced on left	23/07/2013	23/07/2013
Vitamin B12 deficiency		Following gastric banding - see letter	25/10/2011	25/10/2011
Tendonitis NOS		Left wrist	31/08/2010	31/08/2010
Morbid obesity		BMI 54 at heaviest	19/04/2006	19/04/2006
Arthropathy NOS			25/02/2004	25/02/2004
Type 2 diabetes mellitus		Resolved after bariatric surgery	01/01/2004	01/01/2004
Atypical chest pain			16/02/2002	16/02/2002
Hypertensive disease			16/02/2002	16/02/2002
Depressive disorder NEC			01/01/2002	01/01/2002
Ischaemic heart disease			01/01/2001	01/01/2001
Obesity			01/01/1994	01/01/1994
Ventricular hypertrophy			01/01/1994	01/01/1994
Clsd # scaphoid			01/01/1992	01/01/1992
Nondependent alcohol abuse, continuous			01/01/1992	01/01/1992
Lobar pneumonia due to unspecified organism		R basal	01/01/1976	01/01/1976
Asthma NOS			01/01/1976	01/01/1976

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Uses monitored dosage system	CO-OP CRAIGENTINNY		12/02/2015	12/02/2015
Helicobacter eradication therapy			23/01/2012	23/01/2012
Laparoscopic adjustable gastric banding	sleeve gastrectomy		27/06/2011	27/06/2011
Angiocardiography			10/12/2001	10/12/2001
Tonsillectomy			01/01/1992	01/01/1992

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Montelukast Sodium Tablets 10 mg	56 TABLET	ONE TO BE TAKEN IN THE EVENING		14/07/2021		14/07/2021
Fostair Cfc-free Inhaler 100 micrograms + 6 micrograms/dose	2 INHALER	ONE OR TWO PUFFS TO BE INHALED TWICE A DAY		11/02/2021		11/02/2021
Colecalciferol Capsules 800 units	56 CAPSULE	ONE TO BE TAKEN EACH DAY		29/10/2018		18/08/2021
Spironolactone Tablets 25 mg	56 TABLET	ONE TO BE TAKEN EACH DAY.STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN		24/07/2018		18/08/2021
Calcium Carbonate And Colecalciferol Tablets	112 tablet	1 tab bd		22/08/2016		18/08/2021

750 mg + 5 micrograms (200 units)				
Omeprazole Capsules (Gastro-Resistant) 20 mg	56 CAPSULE	TAKE ONE DAILY	07/06/2016	18/08/2021
Doxazosin Mesilate Tablets 4 mg	112 tablet	TAKE ONE TWICE DAILY	05/02/2013	18/08/2021
Forceval Capsules	112 CAPSULE	2 DAILY	22/09/2011	18/08/2021
Atorvastatin Tablets 20 mg	56 TABLET (S)	NOCTE	26/03/2007	18/08/2021
Salbutamol Cfc-free inhaler 100 micrograms/puff	2 inhaler(s)	2PUFFS PRN	21/07/2005	11/02/2021
Aspirin Tablets 75 mg	56 tablet(s)	TAKE ONE DAILY	03/12/2004	18/08/2021
Enalapril Maleate Tablets 20 mg	112 TABLET (S)	TAKE ONE TWICE DAILY.STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN	29/12/2003	18/08/2021
Fluoxetine Hydrochloride Capsules 20 mg	112 caps	Two, daily	29/12/2003	18/08/2021
Tildiem La M/R capsules 300 mg	56 caps	One, daily	29/12/2003	18/08/2021
Bendroflumethiazide Tablets 2.5 mg	56 TABS	ONE IN THE MORNING. STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN	29/12/2003	18/08/2021

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Co-Codamol 30/500 Tablets	100 TABLET	ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED FOR PAIN		30/08/2021		30/08/2021
Amitriptyline Hydrochloride Tablets 25 mg	56 TABLET	1-2 NOCTE PRN		22/07/2021		22/07/2021

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to Gabapentin	Felt it made him doolally		07/06/2016	07/06/2016
Adverse reaction to Beta-Adrenoceptor Blocking Drugs			01/01/2002	01/01/2002

821462021-08-30741282021-07-30861592021-06-07871562019-08-23931802019-08-11981652019-07-

021101802019-01-091071672018-12-191101802018-07-241071752018-07-19901472017-03-23861482016-04-19951602016-04-12951602016-04-121051672015-12-17931742014-11-13791382014-04-221051752013-12-27891792013-10-11761432013-05-301062032013-02-05921672013-01-16841492012-03-011031712012-01-10961562011-09-27781382011-07-19851402011-01-26901652010-12-30991732010-10-281131872010-05-19991722010-05-13991602009-11-13851582009-10-23921772009-10-06971792009-04-03681242009-02-27921522008-11-28701302008-10-091001502008-09-011001722008-07-011001602008-05-261001602008-05-23731502008-05-02671422008-04-181051662007-12-24901802007-11-26761262007-11-02801442007-09-21691392007-08-24851512007-05-25721412007-03-20741322007-01-19801642006-10-27781602006-09-22901692006-03-281001502005-09-161051822005-06-06901602005-03-14901702005-02-21941702005-01-18941702004-12-01751302004-06-07821482004-06-03901702004-02-111051602003-03-21951632002-12-19961812002-10-21961542002-02-22881622002-01-17851502001-12-24921602001-11-2834.881132021-08-3035.491801152019-07-0236.65119.22018-09-0732.21180.34104.752018-07-1934.1110.52016-07-0433.331801082016-04-1231.732015-12-17103.22015-12-1732.16104.62015-06-2632.291052014-11-1332.19104.72014-06-2731.65102.952014-04-2231.61102.82014-01-3130.81100.22013-06-2830.2698.42013-01-1629.0394.42012-09-2429.5896.22012-06-2533.19107.952012-03-0132.87106.92012-01-2736.77119.62011-11-2135.671162011-11-1839.3127.82011-09-3040.591322011-09-2744.891462011-08-0845.18146.952011-07-1948.27180.341572011-07-1154.85178.42011-04-1855.351802010-10-2854.67177.82010-05-1354.421772009-11-13180.34165.12009-10-2353.4196.852009-10-0648.831802009-04-0348.561792009-02-271822008-11-2857.811882008-10-0951.541902008-09-011922008-05-2652.081922008-05-2358.331892008-05-0257.721872008-04-1858.951912007-11-2657.81187.32007-03-2058.021801882006-12-1357.811882006-09-2254.67177.82006-03-2857.811882005-09-1655.651812005-05-0458.61190.62004-12-0150.76180.34165.12004-08-3064.95198.92004-02-1151.89175158.92001-11-28

Additional Information

Patient Weight in Kilograms:113

Patient Height in Metres:180

Patient BMI:34.88

Patient Blood Pressure (Systolic):146

Patient Blood Pressure (Diastolic):82

Smoking history (Screening):Cigarette smoker, 5 /day	Date Recorded:29-Jun-2021
Smoking history (Encounters):Cigarette smoker, 5 /day	Date Recorded:29-Jun-2021
Alcohol history (Screening):Alcohol consumption, 0 units/week	Date Recorded:02-Jul-2019
Alcohol history (Encounters):Alcohol consumption, 0 units/week	Date Recorded:02-Jul-2019
Exercise history (Screening):Health Screen: Exercise grading	Date Recorded:28-Nov-2001
Exercise history (Encounters):Health Screen: Exercise grading	Date Recorded:28-Nov-2001

From: Bailey2, Louise
Sent: 31 January 2025 08:12
To: Dickens, Linda
Cc: Clinical GP St Triduana's Medical Practice; Mackay, Andrew
Subject: gary Mackie 0706631315

Dear Linda

This man continue to exhibit high levels of distress and agitation following the death of his [redacted]. He had a traumatic [redacted]hood himself and recent events have been very triggering .He is more impulsive and behaviour challenging at home.

I wondered if I could give him some indication of how long he may need to wait to be seen.

Many thanks

Louise

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Ear, Nose and Throat (ENT) - Neck Lump L ENT - Urgent Only
Urgency of referral	Urgent - Suspected Cancer
Date of referral	30/06/2020
Date submitted	30/06/2020
UCPN	101021238854L

PATIENT DETAILS

CHI number:	0706631315
Name:	Mr Gary Mackie
Date of birth:	07/06/1963
Sex:	Male

Contact Details

Flat 1
135 Marionville Road
Edinburgh
EH7 6BG

Voice(Home) : 661 0693
Voice(Mobile) : 07889 675 364

REFERRING PRACTITIONER DETAILS

Name:	Dr Charis Johnston (GMC: 7041198)
Practice:	St Triduanas Surgery
Phone:	Voice : 0131 6573341

Practice address

54 Moira Park
Edinburgh
EH7 6RU

CLINICAL INFORMATION

Reason for Referral: Left sided neck lump

Main Referral Text: Thank you for seeing this 57 year old smoker. He has had a lump in the left side of his neck for several months now. To begin with it was slightly tender, but it is now non painful. It has not increased in size. He has no lumps elsewhere. He is systemically well with no fever/sweats/weight loss. He denies any changes in voice/difficulty swallowing/sore throat. He is anxious as his friend died from throat cancer and it presented in a similar manner. On examination he has a smooth egular mobile lump just lateral to the adams apple area. It moves on swallowing. It is non tender. He has no other neck lumps. I have sent a routine panel of 'lymphadenopathy bloods'. Many thanks for seeing him for further investigation.

Investigations

Description	Result	Date
Head or Neck Mass > 3/52 : Yes		

Pre-existing conditions (High & Medium Priority)

Description	Laterality	Modifier	Extension	Start Date	Date Recorded
[D]Lump in head or neck				23/06/2020	23/06/2020
Vitamin D deficiency				07/09/2018	07/09/2018
Diabetes resolved				18/11/2014	18/11/2014
Osteoarthritis NOS, of knee (Bilateral)	Bilateral		more advanced on left	23/07/2013	23/07/2013
Vitamin B12 deficiency			Following gastric banding - see letter	25/10/2011	25/10/2011
Tendonitis NOS			Left wrist	31/08/2010	31/08/2010
Morbid obesity			BMI 54 at heaviest	19/04/2006	19/04/2006
Arthropathy NOS				25/02/2004	25/02/2004
Type 2 diabetes mellitus			Resolved after bariatric surgery	01/01/2004	01/01/2004

Atypical chest pain		16/02/2002	16/02/2002
Hypertensive disease		16/02/2002	16/02/2002
Depressive disorder NEC		01/01/2002	01/01/2002
Ischaemic heart disease		01/01/2001	01/01/2001
Obesity		01/01/1994	01/01/1994
Ventricular hypertrophy		01/01/1994	01/01/1994
Nondependent alcohol abuse, continuous		01/01/1992	01/01/1992
Clsd # scaphoid		01/01/1992	01/01/1992
Lobar pneumonia due to unspecified organism	R basal	01/01/1976	01/01/1976
Asthma NOS		01/01/1976	01/01/1976

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Uses monitored dosage system	CO-OP CRAIGENTINNY		12/02/2015	12/02/2015
Helicobacter eradication therapy			23/01/2012	23/01/2012
Laparoscopic adjustable gastric banding	sleeve gastrectomy		27/06/2011	27/06/2011
Angiocardiography			10/12/2001	10/12/2001
Tonsillectomy			01/01/1992	01/01/1992

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Colecalciferol Capsules 800 units	56 CAPSULE	ONE TO BE TAKEN EACH DAY		29/10/2018		13/05/2020
Spironolactone Tablets 25 mg	56 TABLET	ONE TO BE TAKEN EACH DAY		24/07/2018		13/05/2020
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200 dose	one puff as needed		05/12/2017		16/07/2019
Beclometasone And Formoterol Cfc-free Inhaler 100 micrograms + 6 micrograms/dose	2 inhaler	2 PUFFS TWICE DAILY		29/03/2017		07/05/2020
Calcium Carbonate And Colecalciferol Tablets 750 mg + 5 micrograms (200 units)	112 tablet	1 tab bd		22/08/2016		14/05/2020
Omeprazole Capsules (Gastro-Resistant) 20 mg	56 CAPSULE	TAKE ONE DAILY		07/06/2016		13/05/2020
Doxazosin Mesilate Tablets 4 mg	112 tablet	TAKE ONE TWICE DAILY		05/02/2013		13/05/2020
Forceval Capsules	112 CAPSULE	2 DAILY		22/09/2011		13/05/2020
Atorvastatin Tablets 20 mg	56 TABLET(S)	NOCTE		26/03/2007		13/05/2020
Salbutamol Cfc-free Inhaler 100 micrograms/puff	2 inhaler(s)	2PUFFS PRN		21/07/2005		16/07/2019
Aspirin Tablets 75 mg	56 tablet(s)	TAKE ONE DAILY		03/12/2004		13/05/2020
Enalapril Maleate Tablets 20 mg	112 TABLET (S)	TAKE ONE TWICE DAILY		29/12/2003		13/05/2020
Fluoxetine Hydrochloride Capsules 20 mg	112 caps	Two, daily		29/12/2003		13/05/2020
Tildiem La M/R capsules 300 mg	56 caps	One, daily		29/12/2003		13/05/2020
Bendroflumethiazide Tablets	56 tabs	One, each		29/12/2003		13/05/2020

2.5 mg	morning	

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Tramadol Hydrochloride Capsules 50 mg	60 capsule	1-2 TDS PRN FOR SEVERE PAIN		08/05/2020	42 Days	08/05/2020
Amitriptyline Hydrochloride Tablets 25 mg	56 TABLET	TWO AT NIGHT		08/05/2020	42 Days	08/05/2020

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to Gabapentin	Felt it made him doolally		07/06/2016	07/06/2016
Adverse reaction to Beta-Adrenoceptor Blocking Drugs			01/01/2002	01/01/2002

Additional Information

Smoking history (Encounters):Cigarette smoker 2 /day Date recorded:23-Jun-2020
Alcohol history (Encounters):Alcohol consumption, 0 units/week Date recorded:02-Jul-2019
Exercise history (Encounters):Health Screen: Exercise grading Date recorded:28-Nov-2001
Patient Weight In Kilograms:115
Patient Height in Metres:180
Patient BMI:35.49
Patient Blood Pressure (Systolic):156
Patient Blood Pressure (Diastolic):87

NHS Lothian

East Lothian Community Hospital
Alderston Road
Haddington
EH41 3PF

GI Endoscopy

Dr Bailey
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 18/05/2026

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI**	**0706631315**
		Date of Birth / Age	07/06/1963 (62 years)
		UHPI	700034550X
Attendance Date	16/04/2026		
Consultant	Mr Christopher Deans		

Dear Dr Bailey

It was nice meeting you last month to perform your endoscopy procedure at the hospital in Haddington.

At endoscopy, we did not notice anything too abnormal, of course you have had a previous sleeve gastrectomy.

We took some biopsies from your oesophagus and these have shown changes associated with acid reflux. I would suggest you continue with your anti-acid medication (Omeprazole) but there is nothing more sinister or worrying on the biopsies.

I hope this puts your mind at ease and I wish you all the very best.

Yours sincerely

Mr Chris Deans
Consultant General & Upper GI Surgeon

CD/JJB

cc Dr L Bailey, St Triduana's Medical Practice, 54 Moira Park, Edinburgh,EH7 6RU

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Edinburgh
EH16 4SA

General Surgery

Dr Higginson
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 12/02/2026

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI** **Date of Birth / Age** **UHPI**	**0706631315** 07/06/1963 (62 years) 700034550X
Attendance Date	08/12/2025		
Consultant	Bariatric Nurse		

Dear Dr Higginson

This patient attended the bariatric surgical service for review when a full set of nutritional bloods were undertaken. The results have been returned and indicate that he has insufficient vitamin D at 39nmol/L. We would recommend he continue to be prescribed Fultium D3 800IU/day.

In addition he has low zinc at 9.8umol/L (normal range 11-18umol/L). We would be grateful if his current prescription for Forceval multivitamin could be increased to twice daily and would encourage him to take this regularly.

We will continue to take regular nutritional screens. Many thanks for your assistance in this matter.

Yours sincerely

BEVERLEY WALLACE
Bariatric Dietitian

CC. Patient

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA

General Surgery

Dr Higginson
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 22/12/2025

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI**	**0706631315**
		Date of Birth / Age	07/06/1963 (62 years)
		UHPI	700034550X
Attendance Date	08/12/2025		
Consultant	Bariatric Nurse		

Dear Dr Higginson

This patient attended the bariatric surgical service today for annual review following his laparoscopic sleeve gastrectomy in June 2011. His current weight is 114.3kg giving him a BMI of 36.1kg/m2. This represents a weight loss of 3.2kg since we last saw him two years ago.

Unfortunately he lost his [redacted] over the last year and had a bit of a blip but is now back on track He takes Forceval multivitamin and vitamin D and receives regular vitamin B12 injections. A full set of nutritional bloods were undertaken today and we will advise you if any further supplementation is required. He continues to not need any diabetic medication.
We will review him again in one years time and keep you updated on his progress.

Yours sincerely

Brian Joyce
Bariatric Surgical Nurse Practitioner

NHS Confidential: Personal data about a patient

RECEIVED
30 JUL 2025

Pathfinder SL

RIE for WGH

Confirmed

MACKIE, GARY

3 Lead Holter Report

Patient ID: 0706631315 Date of Birth: Fri 07 Jun 1963 (62 years) Gender: Male

National ID:
Hospital / Practice: RIE for WGH
Referring Doctor: Dr Higginson St Triduanas MP

Case:
Order:
Ward:

Recorded: Mon 21/07/2025 09:49:00
Analyzed Length: 23 hr 9 min 34 sec, 0.1% artifact
Analyzed by: Robbie Walton Tue 22 Jul 2025

Indications (reason for test) :

known PAF, ?high AV block

Beats

Beats	Total	Normal		Ventricular		Supraventricular		Paced	
Count	91,159	90,479	99%	680	<1%	0	0%	0	0%
Max/Hour		4,112	Mon 21, 20:00	164	Mon 21, 15:00	0		0	

Intervals: RR Interval Longest 1.93 s (Tue 22, 06:54:20) Shortest 374 ms (Mon 21, 20:10:05)

Heart Rates

Heart Rates (1 min avg)	Rate (bpm)	Time
Max	95	Tue 22, 08:29
Min	55	Tue 22, 06:05
Mean	66	
Mean HR (Day)	66	07:00:00 - 23:00:00
Mean HR (Night)	65	23:00:00 - 07:00:00

Rate Dependent Events

Rate Dependent Events	Count	Most Severe Rate (bpm)	Longest (beats / secs)
Pause	0	-	
Dropped Beat		-	-
Bradycardia	2	40 : Mon 21, 10:20	8 beats : Tue 22, 05:52
Tachycardia	0		

Ventricular Arrhythmias

Ventricular Beats : 680 (<1%) Max/Hour : 164 (Mon 21, 15:00) Max/Minute: 9 (Mon 21, 15:57) Average/Hour : 29

Event	Event Count	V Beat Count	% V Beats	% Total Beats	Per 1000	Max Rate (bpm)	Longest (beats / cycles)
VT	0	0	0%	0%	0		
V-Run/AIVR	0	0	0%	0%	0		
IVR	0	0	0%	0%	0		
Triplet	1	3	<1%	<1%	0	-	-
Couplet	1	2	<1%	<1%	0	-	-
Bigeminy	0	0	0%	0%	-	-	-
Trigeminy	0	0	0%	0%	-	-	
Single VE Events	676	676	99%	<1%	7	-	-

Supraventricular Arrhythmias

Supraventricular Beats : 0 (0%) Max/Hour : 0 Max/Minute: 0 Average/Hour : 0

Event	Event Count	SV Beat Count	% SV Beats	% Total Beats	Per 1000	Max Rate (bpm)	Longest (beats)
SVT	0	0	0%	0%	0		
SVE Run	0	0	0%	0%	0		
SVE Couplet	0	0	0%	0%	0	-	-
Single SVE Events	0	0	0%	0%	0	-	-

Atrial Fibrillation

AF Events	Event Count	Beat Count	% Total Beats	Duration	% Recording	Peak Rate (bpm)
Longest AF	-	91159	100.0%	23 hr 9 min 34 sec	100.0%	103
Fastest AF	-	91159	100.0%	23 hr 9 min 34 sec	100.0%	103
Total AF	1	91159	100.0%	23 hr 9 min 34 sec	100.0%	-

Findings :

24 HOUR HOLTER REPORT (FULL REPORT AVAILABLE ON SCI-STORE WITH PRINT OUT EXAMPLES)

BASELINE RHYTHM: Atrial flutter throughout the recording. AF rate control summary page included.

Min HR: 55bpm (1min avg.)
Max HR: 95bpm (1min avg.)
Mean HR: 66bpm

680 VEs (<1% burden) seen as isolated beats, couplets and triplets.

SYMPTOMS: One patient events with no diary description that corresponded to atrial flutter with a ventricular response of 61bpm.

Operator Signature .....

Doctor Signature .....

Signed By: Robbie Walton (RIE) on 22/07/2025 14:49:24

NHS Confidential: Personal data about a patient

NHS Lothian

Western General Hospital
Outpatient Department
Lower Ground Floor
Anne Ferguson Building
Crewe Road South
Edinburgh EH4 2XU

Cardiology

Dr Higginson
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 11/06/2025

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI**	**0706631315**
		Date of Birth / Age	07/06/1963 (62 years)
		UHPI	700034550X
Attendance Date	05/06/2025		
Consultant	Dr Andrew J Mitchell		

Dear Dr Higginson

Diagnosis:

Atrial flutter

- Paroxysmal
- Normal LV function with no significant valvular disease

Other diagnoses:

LVH

Hypertension

Asthma

Sleeve gastrectomy June 2011

COPD

Smoker

Current medications:

Apixaban 5 mg bd
Bisoprolol 5 mg once daily
Diltiazem 360 mg once daily
Doxazosin 4 mg once daily
Enalapril 20 mg once daily
Atorvastatin 20 mg once daily
Bendroflumethiazide 2.5 mg once daily
Omeprazole 20 mg once daily
Montelukast
Forceval
Cholecalciferol

Suggested change to medication:
Nil

Follow-up:
24-hour tape

It was a pleasure to meet Gary in the cardiology clinic. He had an attendance in February with palpitations and some left-sided chest discomfort. He was noted to be in atrial flutter at a rate of 110. He was started on Bisoprolol in addition to his Diltiazem it is not clear whether this was intentional but it is an unusual combination as first or second line but it seems to have been effective. He has had no further episodes of palpitations or chest pain and no unheralded dizziness. His exercise is limited by arthritic pain but he is not breathless nor does he have angina.

Gary is well on the above combination and I have made no changes. I will arrange for him to have a 24-hour tape to ensure he is having no high degree AV block on the Bisoprolol and Diltiazem but otherwise I have discharged him from clinic.

Yours sincerely,

Dr Andrew Mitchell
Consultant Cardiologist

Secretary: 0131 537 1849

CC. ECG Dept, WGH Please could this man have a 24-hour tape? He is on a combination of Bisoprolol and Diltiazem and we need to check he is not having any high degree AV block.

NHS Confidential: Personal data about a patient

Edinburgh **Health and Social Care** Partnership

Thrive Welcome Team
Inchkeith House
137 Leith Walk
Edinburgh
EH6 8NP
Telephone: **0131 537 4530**

Dr Higginson
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Your Ref:
Our Ref:
Date 3/4/25
CHI: 0706631315

RECEIVED
04 APR 2025

Dear Dr Higginson and Colleagues

Re: Gary Mackie (DOB: 07.06.63)
135/1 Marionville Road, Edinburgh, EH7 6BG

Gary attended Thrive on advice from family. Gary attended in the context of anger management and Decider Skills. Through out the sessions Gary was responsive to the material, engaged well in 1:1 and could identify where he felt he needed to make some positive changes. Gary active practiced and made use of the material and could see how they were helping him manage his emotions more effectively.

Gary has been referred to Cruse Scotland for ongoing support for bereavement and has had initial contact with them and is open to engaging with their service.

Safety/ Risk:
Gary identifies that his greatest risk is from exacerbating his heart condition and feels that the work completed with Thrive has helped him identify when he needs to step back and focus on his well-being. Gary is feeling in a better place to enjoy recreational activities and actively address the anger

Gary is aware that he can return to our drop in service at any time to discuss his mental health in the future and has been discharged from the service.

Yours sincerely

Gavin Devlin
CMHN
Thrive Welcome Team

Our Values Into Action
disability confident EMPLOYER
CARER POSITIVE Employer in Scotland EXEMPLARY
Living Wage Employer

Headquarters
Waverley Gate
2-4 Waterloo Place
Edinburgh EH1 3EG

Chair Professor John Connaghan CBE
Chief Executive Celum Campbell
Lothian NHS Board is the common name of Lothian Health Board

NHS Confidential: Personal data about a patient

Are you worried about your mental health?

Come and see the Thrive Welcome Team who are trained Mental Health Practitioners.

- No appointment needed.
- Open to people aged 18-64 who are registered with a GP
- Talk about your mental health and how this is affecting your life
- Learn what support is available and how to access it
- Find out about local resources in your community

When: Every Wednesdays and Thursdays 11am – 2pm
Where: Norton Park, 57 Albion Rd, Edinburgh EH7 5QY (in the building that looks like a church)
When: Every Tuesday between 10am – 1pm
Where: Craigmillar Medical Group, 106 Niddrie Mains Road, EH16 4DT

www.ithriveedinburgh.org.uk

North East Edinburgh Thrive Welcome Team

Inchkeith House, 137 Leith Walk,
Edinburgh EH6 8NP
Tel: 0131 537 4530 (office hours)

thrive
EDINBURGH

Edinburgh Health and Social Care Partnership

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr DG Higginson
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 27/02/2025

Emergency Discharge Summary

Patient	Gary Mackie 135/1 Marionville Road Edinburgh Midlothian EH7 6BG	**CHI**	**0706631315**
		Date of Birth / Age	07/06/1963 (61 years)
		UHPI	700034550X
		A&E Attendance Number	E5960424
Attendance Date	26/02/2025		
Attendance Time	13:08		
Mode of Arrival	Emergency Ambulance		
Source of Referral	999 Emergency		
Discharge Date	27/02/2025		
Discharge To			

Dear Dr DG Higginson

Presentation: CHEST PAIN, T2 cardiac pain 7/7hx dull central chest pain news 0 r.fender

CLINICAL NOTES:
Clinical note: ED Locum SHO Alix Wrighton

PC - 61 y/o male, BIBA, chest pain

HPC
- 1 week hx of constant fluctuating left sided chest pain radiating down the arm. Gradual onset and pretty steady in severity, not been getting worse over the week. Sharp in nature, about 4/10.
- Patient thought it was muscular
- Patient has been under ++ stress / anxiety recently secondary to death of his [redacted] in

September. Patient seeking counselling for this. Struggling with sleep therefore drinks ~10 lattes a day
- Intermittent palpitations
- No dizziness or collapse
- No sob, cough or haemopysis
- Last week (before chest pain) has swelling of the leg knee which has now resolved although still has tenderness behind the left knee.
- No abdo pain
- No nausea or vomitting
- No sweats
- No urinary symptoms

PMHx
1) Atrial flutter. Paroxysmal - not anticoagulated as per cardio however if the have recurrence of this then would be for consideration of DOAC
2) Normal LV function
3) Left ventricular hypertrophy
4) Hypertension
5) Asthma
6) Sleeve gastrectomy June 2011
7) Previous type 2 diabetes (resolved following gastrectomy)
8) COPD

SHx
Smoker - currently 5 cpd but used to be more
Non drinker
Lives with [redacted]
Not working

DHx
NKDA

Obs
RR 18
98% OA
143/97
110bpm

35.9C

OE
- Bright and alert
- A: patent own
- B: Good AE throughout, no crackles
- C: HS I+II+0. WWP. calves soft
- D: GCS 15
- E: Abdo snt

ECG
1st Atrial flutter (old), borderline ST elevation in V2 and V3
2nd (done due to ongoing chest pain) -

CXR
Cardiomegally, mediastinum wide (not new)
Nil focal in lung feilds

Bloods
Normal FBC, U+Es, LFT, CRP
trop 58

CHADVASC - 2
HASBLED - 1

Impression
1. Recurrence of atrial flutter with chest pain and palpitations. Trop 58

Plan
- Added on TFTs, Mg, Ca, Phos
- STAT 5mg bisoprolol
- IVF
- Repeat troponin
- Advised patient to reduce caffeine intake
- Monitor patient - if chest pain settles, repeat troponin nil acute, obs stable and feeling well --> Home tonight with letter sent to Cardiologist (Dr Andrew Mitchell) and commenced to betablocker + DOAC (apixaban 5mg BD)

- If above criteria not met - keep in for cardiodlogy review

D/W ED Cons Dave Caesar. Handed over to ED Cons Donna Clark

Mirza CF

00:57

Gary feeling better, chest pain settled. Hemodynamically stable. NEWS: 0. HR @ 69. Repeat ECG - rate controlled AFlutter, similar ST elevations as previous, repeat trop down to 51 from 58. Discussed with ED Reg C McLauglin - happy with Gary to be discharged home. Prescribed 5mg BD apixaban and 5mg bisoprolol as TTO.

Yours Sincerely,

Dr Alix Margaret Wrighton, Doctor

Inchkeith House
137 Leith Walk
Edinburgh
EH6 8NP

NHS Lothian

Department of Adult Mental Health NE Thrive Welcome Team

Dr DG Higginson
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Contact Number 0131 537 4530
Date 12/02/2025
CHI 0706631315
Our Ref 700034550X New

RECEIVED
13 FEB 2025

Dear Dr DG Higginson,

A COPY OF THE FOLLOWING LETTER HAS BEEN SENT TO YOUR PATIENT:

Patient: Mackie, Gary **DOB: 07/06/1963**

Dear Mr Mackie

Outpatient Appointment Letter

Please find details below of an appointment which has been arranged for you:

Clinic: **Adult Mental Health NE Thrive Welcome Team, Gavin A Devlin**

Date and Time: **Friday 21 February, 2025 at 10:00 am**

This appointment will take place at Inchkeith House, 131 - 137 Leith Walk, Edinburgh, EH6 8NP.

If you need to change your appointment, please phone us as soon as possible on the number below to arrange a more suitable time. If you do not phone us within 7 days of the date on this letter you might need to wait longer for a new appointment.

NHS Lothian is introducing an automated reminder service using text messages for appointments.If you do not wish to receive reminder texts, please let us know by phoning the number on this letter.

Information about your visit can be found on the NHS Lothian website at:

Inchkeith House
137 Leith Walk
Edinburgh
EH6 8NP

NHS Lothian

https://www.nhslothian.scot/goingtohospital/

If you have any difficulty accessing any of the attachments or links, please contact us on the number below.

Yours sincerely,
Appointments Officer
NHS Lothian
0131 537 4530

NHS Lothian Data Protection Notice which explains what we do with personal information can be found on our website at:

https://www.nhslothian.scot/yourrights/data-protection-privacy/

EDINBURGH

COP

Name: Mr Gary Mackie

CHI: 0706631315

Date seen: 06/02/2025

Today you spoke with: Gavin Devlin

Thank you for speaking to us at today at the drop in service. We appreciate you coming to discuss your concerns and hope that the plan we agreed on will support you and your mental health. Below are the pointers on what we agreed on today.

Offer some skills work Decider 1:1
Cruse info given- - wills end off contact to seek support
Andy's Man Club @ Hibs ground discussed for informal support

These general resources may also be helpful:

A – "Mind" is a website that gives lots of information about different mental health conditions along with treatment options and advice. https://www.mind.org.uk/

B – "iThrive" is a digital database of local face-to-face supports and resources across Edinburgh, grouped by condition, issue and locality. www.ithriveedinburgh.org.uk

C – The "Mental Health Information Station" is a weekly drop in with lots of information and advice about a wide range of mental health topics and other community resources available in Edinburgh. https://services.nhslothian.scot/mentalhealthinformationstation/Pages/default.aspx

D –"Breathing space" is a safe place where you can chat to an advisor through phone or webchat. https://breathingspace.scot/how-we-can-help/need-to-talk/

A reminder that if you require support in the future, you are always welcome back by either phoning Inchkeith House on **0131 537 4530** or attending drop in service again.

Please scan the QR code or search the below link to provide feedback for today. Your feedback is very important to us.

https://forms.office.com/e/rVWXvD6zZy

Yours sincerely

Thrive Welcome Team

c.c Dr Bailie, St Triduana's Medical Practice, 54 Moira Park, Edinburgh,Edinburgh,EH7 6RU

NHS Confidential: Personal data about a patient

ESA113

jobcentreplus

RECEIVED
12 AUG 2024

Employment and Support Allowance

08550 000787 0009 E 31400 H2

Dr Bailey
MOIRA PARK SURGERY
54 MOIRA PARK
EDINBURGH
EH7 6RU

31400/9 40530

Our phone number is: 0121 335 0702

If you have a textphone,
you can call on: 18001 0121 335 0702

If you get in touch with us, tell us this reference number: NA143866C

Date: 8th August 2024

About your patient

Address 135/1 Marionville Rd, Edinburgh, EH7 6BG

Full Name Mr Gary Mackie

NINo NA143866C

Date of birth 7th June 1963

Dear Doctor,

If you or someone in your directly employed team has issued a fit note for the above patient, please arrange for that person to complete this form.

Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a work capability assessment and if so support that assessment.

Please note

- General Practices have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- Your patient has given consent to allow us to approach you for this information in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners
- A fully completed form may help inform the work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement.

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please provide that information on a separate sheet of paper so that it can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.
Thank you for your help.
Yours sincerely

Ms Margaret Halliday

P3048962B/000787/1/2

NHS Confidential: Personal data about a patient

ESA113

'Patient Name:
Mr Gary Mackie

Patient NINo: NA143866C

Patient Date of Birth: 07.06.1963

Freepost RUGX-LRSH-ACXB
Edinburgh BSC ESA
Mail Handling Site A
Wolverhampton
WV98 2HD

Your reply

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please continue at Part 7.

1 When did your patient last see a GP?

22/ 9 /24

2 Current conditions affecting ability to work:
Please give us details of those conditions **which may have significant effect on the person's capacity to work.** Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, ~~**where relevant.**~~

If you are sending a computerised printout of current medication you do not need to list this here.

Please complete ***both sides*** *of this form,*
and return the completed form in the supplied envelope - with the above address showing in the window

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication
SEE	ATTACHED.	

P30485828/000787/2/2

ESA113

About your patient - continued

NINo: NA143866C

3 **Current conditions not affecting ability to work**
Please **list** any other relevant conditions that do not affect the ability to work.

N/A

4 **If known from your knowledge of the patient,** please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	
Transferring between seats	
Reaching	
Picking up objects	
Manual dexterity	
Communicating with others	
Continence	
Learning simple tasks	
Awareness of hazards	
Initiating and completing personal actions	
Coping with changes or social engagement	
Appropriateness of behaviour	
Eating or drinking	

NOT SURE.

5 Does the patient have a history of threatening or violent behaviour?
No ☑
Yes ☐
Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

6 Could your patient travel to an examination centre by public transport or taxi?
No ☐
Yes ☑ AS CAN MAKE IT TO GP SURGERY.
Please tell us why at **Part 7**

7 Additional information
Please continue on a separate sheet if necessary.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

ESA113

Signature

Name IN CAPITALS: C JOHNSTON

Profession IN CAPITALS: GP

Date: 13/08/2024.

Practice stamp

NHS Confidential. Personal data about a patient

Registration Details - Patient No: 67468

Personal details...		Address details...	
Date of birth	07/06/1963	**Post Code**	EH7 6BG
Sex	M	**Nursing Home unit**	
Surname	Mackie	**House Name Flat No**	Flat 1
Previous Surname		**No and Street**	135 Marionville Road
Forenames	Gary Bruce	**Village**	
Calling Name	Gary	**Town**	Edinburgh
Title	Mr	**County**	
Birth Surname			
Marital Status	Single		
Ethnic Origin			
Occupation			

Contact details...		Upload Consent	
Home Tel No	661 0693	**SCI-DC Consent**	Implied Consent (default)
Work Tel No			
Mobile Tel No	07889 675 364		
E Mail Address			

HA/HB Details...		ECS (GP Summary) Consent	
Trading [redacted]	Lothian NHS Trust	**Patient Consent**	Implied Consent (default)
Registered GP	Dr Louise Bailey		
Usual GP	Dr Charis Johnston		
Residential Inst			
Branch Surgery			
NHS Number	S685/8/63/		
CHI Number	0706631315		

Imported user defined fields	AMS\MCR Details
AMS Consent	Yes
Pharmacy Details	Co-Operative Pharmacy-12a Lochend Rd,South Lochend,Edinburgh,0131 467 4509,(EH7 6BP)(Org Id - 2473)12a Lochend Rd,South Lochend,Edinburgh,0131 467 4509,(EH7 6BP)(Org Id - 2473)12a Lochend Rd,South Lochend,Edinburgh,0131 467 4509,(EH7 6BP)(Org
Item Collected Check	Yes
MCR Suitability Status	-1
MCR Registration Status	2

Medical Record

Problems

Active Problems		Authorised By	Code
22/05/2024	Atrial flutter	Miss Morrison	G5731
30/11/2023	CXR - screening wedge shaped abnormaltiy in L.lower zone await ctpa	Miss Morrison	68C1-1
13/07/2023	12 lead ECG on admission showed regular narrow complex tachycardia rate 145 with widespread TWI	Miss Morrison	321B
13/07/2023	Palpitations	Miss Morrison	181
20/09/2022	Chronic obstructive pulmonary disease MILD - to be added to EE list to discuss - task to duty (EE happy with this)	Dr Johnston	H3
15/04/2022	Lobar pneumonia	Ms Duncan	EMISNQLO10
22/07/2021	Chronic low back pain	Dr Singh	16C9
17/07/2020	O/E - thyroid lump benign looking cystic lesion - Ultrasound neck aspiration-beingn	Ms Lynch	22H4
07/09/2018	Vitamin D deficiency	Ms Lynch	C28

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12/02/2015	Uses monitored dosage system CO-OP CRAIGENTINNY	Mrs Wilkie	8BIA
18/11/2014	Diabetes resolved	Dr Macartney	21263
23/07/2013	Osteoarthritis NOS, of knee (Bilateral) more advanced on left	Mrs Mann	N05zL
25/10/2011	Vitamin B12 deficiency Following gastric banding - see letter	Dr Macartney	C2621
27/06/2011	Laparoscopic adjustable gastric banding sleeve gastrectomy	Dr Macartney	76132
25/02/2004	Arthropathy NOS	Mrs Collins	N06z
16/02/2002	Hypertensive disease	Dr Macartney	G2
01/01/2001	Ischaemic heart disease	Dr Macartney	G3
01/01/1994	Ventricular hypertrophy	Dr Macartney	G5y34
01/01/1994	Obesity	Dr Singh	C380
1976	Asthma NOS	Dr Singh	H33

Past Problems		Authorised By	Code
23/01/2012	**Helicobacter eradication therapy**	Dr Smith	8BAC
31/08/2010	**Tendonitis NOS** Left wrist	Dr Macartney	N21z2-1
19/04/2006	**Morbid obesity** BMI 54 at heaviest	Dr Macartney	C3803
2004	**Type 2 diabetes mellitus** Resolved after bariatric surgery	Dr Mackay	C10F
16/02/2002	**Atypical chest pain**	Dr Macartney	1828
01/01/2002	**Depressive disorder NEC**	Dr Singh	E2B
10/12/2001	**Angiocardiography**	Dr Macartney	553
1992	**Nondependent alcohol abuse, continuous**	Dr Singh	E2501
01/01/1992	**Clsd # scaphoid**	Dr Singh	S2401
01/01/1992	**Tonsillectomy**	Dr Singh	7530
01/01/1976	**Lobar pneumonia due to unspecified organism** R basal	Dr Singh	H260

Alerts		Authorised By	Code
18/12/2023	**Poor attender** 2nd DNA letter sent 18/12/2023	Mrs Wilkie	9N4B
21/07/2021	**Alert** Patient happy for [redacted] to deal with all medical issues - patient confirmed this on 21/07/2021)	Mrs Wilkie	EMISALERT
28/12/2011	**QOF Exception Codes** Retinopathy screening - DNA x 3 2011	Ms Whitson	PCS11046QO1
13/09/2011	**Pharmacy** Dosette Co-op Craigentinny 661 2523 Wednesday	Ms Whitson	EMISNQPH16

Drug Allergies		Authorised By	Code
07/06/2016	**Adverse reaction to Gabapentin** Felt it made him doolally	Dr Macartney	EMISDRGA
01/01/2002	**Adverse reaction to Beta-Adrenoceptor Blocking Drugs**	Ms Whitson	EMISDRGA

Non Drug Allergies		Authorised By	Code
	None		

Health Status	
22/05/2024	**Blood pressure reading 149/80 mm Hg**
09/01/2019	**O/E - blood pressure reading**
06/04/2020	**O/E - BP reading** **Consent for key information summary upload**
30/11/2023	**Body Mass Index 30.13**
10/09/2004	**Notes summary on computer**
30/11/2023	**O/E - weight 95.25 Kg**
30/11/2023	**Alcohol consumption 0 units/week**
22/09/2004	**Pneumococcal vaccination**

Consultations

NHS Confidential: Personal data about a patient

22/05/2024 Mr Docman **Do not delete** Docman **Do not delete** at Docman
Additional Letter encounter Clinic Letter Western General Hospital Cardiology Dr Andrew J Mitchell

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
01/02/2024	**Colecalciferol Capsules 400 units** TAKE ONE DAILY 56 capsule	11/07/2024P	Dr Scott Booth	REPEAT
16/01/2024	**Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose** INHALE ONE PUFF ONCE A DAY 60 DOSE	10/04/2024P	Dr Louise Bailey	REPEAT
21/07/2023	**Viazem XI M/R capsules 360 mg** ONE TO BE TAKEN EACH DAY 56 CAPSULE	10/07/2024P	Dr Louise Bailey	REPEAT
02/12/2022	**Amitriptyline Hydrochloride Tablets 25 mg** ONE TO BE TAKEN IN THE EVENING 56 TABLET	23/07/2024P	Dr Louise Bailey	REPEAT
26/05/2022	**Codeine Phosphate Tablets 30 mg** ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 100 tablet	23/07/2024P	Dr Louise Bailey	REPEAT
14/07/2021	**Montelukast Sodium Tablets 10 mg** ONE TO BE TAKEN IN THE EVENING 56 TABLET	10/07/2024P	Dr Louise Bailey	REPEAT
24/07/2018	**Spironolactone Tablets 25 mg** ONE TO BE TAKEN EACH DAY.STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN 56 TABLET	10/07/2024P	Dr Louise Bailey	REPEAT
05/12/2017	**Glyceryl Trinitrate Pump spray 400 micrograms/dose** one puff as needed 200 dose	20/03/2023P	Dr Louise Bailey	REPEAT
29/03/2017	**Aerochamber Plus Spacer device standard (blue)** 1 USED WITH THE FOSTAIR 1 device	07/09/2017P	Dr Aman Singh	REPEAT
07/06/2016	**Omeprazole Capsules (Gastro-Resistant) 20 mg** TAKE ONE DAILY 56 CAPSULE	05/07/2024P	Dr Louise Bailey	REPEAT
07/10/2015	**Hydroxocobalamin Solution for injection 1 mg/ml, 1 ml ampoule** 10 WEEKLY AS PER SPECIALST CLINIC 5 AMPOULE	07/10/2015Q	Dr Louise Bailey	REPEAT
05/02/2013	**Doxazosin Mesilate Tablets 4 mg** TAKE ONE TWICE DAILY 112 tablet	10/07/2024P	Dr Louise Bailey	REPEAT
22/09/2011	**Forceval Capsules** 2 DAILY 112 CAPSULE	10/07/2024P	Dr Louise Bailey	REPEAT
26/03/2007	**Atorvastatin Tablets 20 mg** NOCTE 56 TABLET(S)	10/07/2024P	Dr Louise Bailey	REPEAT
21/07/2005	**Salbutamol Cfc-free inhaler 100 micrograms/puff** 2PUFFS PRN 200 DOSE	06/11/2023P	Dr Louise Bailey	REPEAT
03/12/2004	**Aspirin Tablets 75 mg** TAKE ONE DAILY 56 tablet(s)	10/07/2024P	Dr Louise Bailey	REPEAT
29/12/2003	**Enalapril Maleate Tablets 20 mg** TAKE ONE TWICE DAILY.STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN 112 TABLET(S)	10/07/2024P	Dr Louise Bailey	REPEAT
29/12/2003	**Fluoxetine Hydrochloride Capsules 20 mg** Two, daily 112 caps	10/07/2024P	Dr Louise Bailey	REPEAT
29/12/2003	**Bendroflumethiazide Tablets 2.5 mg** ONE IN THE MORNING. STOP THIS MEDICINE WHEN UNWELL WITH EITHER VOMITING DIARRHOEA FEVERS SWEATS OR SHAKING. RESTART IT WHEN WELL AGAIN 56 TABS	10/07/2024P	Dr Louise Bailey	REPEAT

NHS Lothian

Western General Hospital
Outpatient Department
Lower Ground Floor
Anne Ferguson Building
Crewe Road South
Edinburgh EH4 2XU

Cardiology

Dr Higginson
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 28/05/2024

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI**	**0706631315**
		Date of Birth / Age	07/06/1963 (60 years)
		UHPI	700034550X
Attendance Date	22/05/2024		
Consultant	Dr Andrew J Mitchell		

Dear Dr Higginson

Diagnoses:

1) Atrial flutter
2) Normal LV function
3) Left ventricular hypertrophy
4) Hypertension
5) Asthma
6) Sleeve gastrectomy June 2011
7) Previous type 2 diabetes (resolved following gastrectomy)
8) COPD

Current medications: Enalapril 20 mg twice daily, Doxazosin 4 mg twice daily, Bendroflumethiazide 2.5 mg daily, Aspirin 75 mg daily, Diltiazem modified release 360 mg once daily, Fluoxetine 40 mg daily, Cholecalciferol 400 units once a day, Omeprazole 20 mg daily, Spironolactone 25 mg daily, Montelukast 10 mg daily, Atorvastatin 20 mg daily,

Salbutamol CFC free 2 puffs when required, Trelegy 1 puff twice daily

Outcome from clinic:
1) Discharge
2) If further episode of palpitation then for anticoagulation

It was a pleasure to meet Mr Mackie and his [redacted] in Dr Mitchell's cardiology clinic today. Mr Mackie is a 60-year-old gentleman who earlier this year was admitted to hospital with palpitation. He was found to be in atrial flutter at that time. This was an isolated episode and he has not had any further palpitations since. An outpatient 24-hour tape showed sinus rhythm with some supraventricular and ventricular ectopy. His echocardiogram showed normal LV function with some left ventricular hypertrophy.

Examining him today his chest was wheezy throughout. His heart sounds were 1 + 2 + 0. His JVP was not raised and he had mild peripheral oedema which is longstanding. His blood pressure in clinic today was 149/80 mmHg. He had not taken his morning medication.

I spoke to Mr and Mrs Mackie and explained that atrial flutter may occur again and if it did then we would need to consider anticoagulation. I have discussed this with Dr Mitchell who felt we should hold anticoagulation at this moment in time but should it recur then we can initiate Apixaban 5 mg twice daily. If he has any further palpitation then we would happily see him again in clinic. I have encouraged him to lose weight and make sure he takes medication for his blood pressure control to minimise the risk of recurrence of palpitation in the form of atrial flutter or fibrillation.

Kind regards,

Yours sincerely

Dr Michael McDermott
Cardiology Registrar on behalf of Dr A Mitchell

PL/27.05.2024
Secretary: 0131 537 1849

Letter to GP.

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NHS Lothian

Ambulatory Care

Western General Hospital

Dr Higginson
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 06/12/2023

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI**	**0706631315**
		Date of Birth / Age	07/06/1963 (60 years)
		UHPI	700034550X
Attendance Date	30/11/2023		
Consultant	SDEC New Clinic		

Dear Dr Higginson

BBV screen negative-GA

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University Hospitals Division · Western General Hospital

NHS Lothian

RECEIVED
04 DEC 2023

Acute Receiving Unit

Pleura Team
Respiratory Medicine
WGH

Date First Created 30/11/2023
Date Authorised
Date/Time Printed 01/12/2023 11:37
Our Ref 700034550X
CHI 0706631315

Outpatient Clinic Letter

Patient:	Mr Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**UHPI:**	700034550X
		Date of Birth:	07/06/1963
Clinic Code:		**Attendance Date:**	30/11/2023
Specialty:	Ambulatory Care		
Consultant:	SDEC New Clinic		

Dear Pleura Team,

Please can we refer you this gentleman for further investigation who was seen by Dr Sutherland (SDEC consultant today) & diagnosed with an "atypical" looking area of consolidation involving the pleura in SDEC today.

He was referred in with 2 days of sudden onset intermittent chest pain. He has had a previous pneumonia in March on the right side. He is overweight - but recent significant weight loss without significant attempt
Current active smoker.
On his CXR today he had a wedge shaped area. We did a CTPA to rule out malignancy, PE and atypical consolidation.
CTPA showed: Poor opacification of the pulmonary arteries. Allowing for this, no evidence of central or segmental PE.
Shaped area of consolidation in the left lower lobe.
Right basal and middle lobe atelectasis. Lungs are otherwise clear with no pleural or pericardial effusions.
Normal mediastinum and partially imaged upper abdomen.
No focal skeletal

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abnormality.
Opinion
Poor quality study but no central
PE.
Left lower lobe pleural based
consolidation.
We have discharged him on antibiotics with atypical cover (amoxicillin and doxycycline) and have sent an atypical & blood borne virus screen.

Past Medical History:
1. IHD in a smoker
2. Obesity
3. COPD

Smoking History: Y 8 cpd - 50 pack yr hx

Systematic Enquiry: Nil of note

Best wishes
Yours sincerely,
Dr James
Strachan
Clinical Fellow
SDEC

c.c. St Triduana's Medical Practice, 54 Moira Park, Edinburgh, EH7 6RU

Any queries please contact 0131 537 2116 - posted

NHS Lothian

Ambulatory Care

Western General Hospital

Dr Higginson
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 01/12/2023

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI** **Date of Birth / Age** **UHPI**	**0706631315** 07/06/1963 (60 years) 700034550X
Attendance Date	30/11/2023		
Consultant	SDEC New Clinic		

Dear Dr Higginson

Date of First Attendance:30/11/2023

Referred by:GP

Consultant:Sutherland

Presenting Problems:

1.Left sided pleuritic chest pain.

History of Presenting Complaint:

2 days of sudden onset intermittent chest pain

Previous pneumonia in March on the right side - and previously Ix for PE after a return from holiday - [redacted]ar if +ve but on no anticoagulation currently and nil on the GP referral letter to support this

Overweight - but recent significant weight loss without significant attempt

Current active smoker

Past Medical History:

1. IHD in a smoker
2. Obesity
3. COPD

Family History: Not given

Smoking History: Y 8 cpd - 50 pack yr hx
Alcohol History: Not given

Systematic Enquiry: Nil of note

Drug History:
As per GP letter and states he is compliant

Allergies:NKDA

Examination:
General observations:NEWs - 0
Cardiovascular system: HS N
Respiratory system: Altered breath sounds to the right mid zone - pleural rub, prolonged exp phase with wheeze consistent with COPD

Clinical Summary and Impression: ?PE ? Underlying malignancy

Investigations Requested:
CXR - Wedge shaped abnormality in the left lower zoone
ECG - some ST seg abnormalities
Bloods - no clinical sign of infection

Management Plan:
1. CTPA tonight to manage risk stratification and decision re admission from there

Yours sincerely,
Dr Rachel Sutherland MBChB MRCP (Acute)
Consultant Acute and Stroke Physician
Western General Hospital
[redacted]

GMC 6150027

Any queries please contact 0131 537 2116

NHS Confidential: Personal data about a patient

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA

General Surgery

Dr Higginson
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 29/01/2024

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI**	**0706631315**
		Date of Birth / Age	07/06/1963 (60 years)
		UHPI	700034550X
Attendance Date	22/09/2023		
Consultant	Bariatric Service		

Dear Dr Higginson

This patient attended the bariatric surgical service for review when a full set of nutritional bloods were undertaken. The results have been returned and indicate that he has borderline low vitamin D at 49nmol/L. If is he is currently prescribed vitamin D supplementation, we would recommend he continue to take this.

In addition, he has low zinc at 8.6umol/L (normal range 10-18umol/L). He should continue to take Forceval multivitamin once daily. We would also encourage him to increase his dietary sources of zinc which includes red meat, chicken and other poultry, nuts and seeds, grains, beans, lentils and split peas, spinach, dairy products - milk, yoghurt and cheese and fortified breakfast cereal.

We will continue to take regular nutritional screens. Many thanks for your assistance in this matter.

Yours sincerely

NHS Confidential: Personal data about a patient

JONATHAN HAYES
Bariatric Dietitian

CC. Patient

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA

General Surgery

Dr Higginson
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 27/09/2023

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI**	**0706631315**
		Date of Birth / Age	07/06/1963 (60 years)
		UHPI	700034550X
Attendance Date	22/09/2023		
Consultant	Bariatric Service		

Dear Dr Higginson

Gary attended the Bariatric Clinic today for annual review following a sleeve gastrectomy in June 2011. His weight was 117.6 kg giving him a BMI of 37.1kg/m2. This represents a weight gain of 5.7kg within the last year.

Gary advised that he feels quite happy with his current weight which is the heaviest he has been since he had surgery. He feels better at this weight than when he was a lighter weight. He does not experience any nausea, vomiting or reflux symptoms and his bowels open regularly. Gary advised that he has had some recent cardiology issues requiring hospital admission and is currently awaiting results for these. Unfortunately he continues to smoke approximately 4 or 5 cigarettes each day and he was encouraged to stop smoking. He drinks minimal alcohol, he used to drink alcohol to excess but now only on family celebrations.

He advised that his dietary intake can be erratic and he will often miss meals. He tends to buy protein drinks if not eating regularly. He was encouraged to return to the dietary principles

following bariatric surgery aiming for 3 meals and ensuring a protein first approach. I am not certain that he will make the recommended dietary changes.

In terms of nutritional supplementation Gary takes 2 Forceval capsules in the morning and receives B12 injections every 3 months which is working well for him. He does not have any Calcium or Iron medication but thinks he may take Vitamin D in his dosette box. Nutritional bloods were obtained in clinic and we will advise accordingly should any changes be required to his nutritional supplementation.

We will continue to see Gary on an annual basis and he is aware to contact the department should he have any queries between clinic appointments.
Yours sincerely

BEVERLEY WALLACE
Bariatric Dietitian

NHS Confidential: Personal data about a patient

NHS Lothian

Western General Hospital
ECG Department
Ground Floor
Anne Ferguson Building
Crewe Road South
Edinburgh EH4 2XU

Cardiac Physiology/ECG

Dr Higginson
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 22/08/2023

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI**	**0706631315**
		Date of Birth / Age	07/06/1963 (60 years)
		UHPI	700034550X
Attendance Date	07/08/2023		
Consultant	Western General Physiologist		

Dear Dr Higginson

Echocardiogram Results

I now have the report of Garys echocardiogram carried out following an admission to Western Gerneral Hospital with an episode of atrial flutter for which we increased his Diltiazem. The ECG had changes suggestive of hypertensive heart disease.

The echo shows normal LV dimensions and function, there is mildly increased wall thickness and a small septal bulge. There is no significant valvular disease but the left atrium is dilated.

Holter Monitor Results

I now have the report of Gary's Holter which I presume was conducted on 360 modified release of Diltiazem. This showed sinus rhythm with a minimum heart rate of 54, a mean of 74 and a maximum 99. There were no sustained arrhythmias and a small burden of ventricular and

supraventricular ectopy.

Next Steps

I will arrange to see Gary in the cardiology clinic.

Yours sincerely,

Dr Andrew Mitchell
Consultant Cardiologist

PL/15.08.2023
Secretary: 0131 537 1849

CC. WGH Appts. Office - Please can this man have a routine new patient appointment with me.

NHS Confidential: Personal data about a patient

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS
Lothian

RECEIVED
14 JUL 2023

Acute Medicine

Dr Higginson
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date First Created : 13/07/2023
Date Authorised :
Date/Time Printed : 13/07/2023 16:24
Our Ref : 700034550X
CHI : 0706631315

Acute Medicine

Dr C F Gordon
Secretary : 537 2678

Dr A L Howie
Secretary: 537 1718

Dr M R G King
Secretary : 537 2678

Prof J A McKnight
Secretary :537 1728

Dr E M McMurray
Secretary: 537 1718

Dr D C MacLeod
Secretary : 537 2678

Dr T M Morse
Secretary : 537 1728

Dr S A Ritchie
Secretary : 537 1728

Prof M W J Strachan
Secretary : 537 1728

Dr G Arunagirinathan
Secretary : 537 2678 / 1718

Assessment Ward
0131 537 2136

Ward 26
0131 537 1871

Fax 0131 537 1037

Inpatient Discharge Summary

Patient:	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**UHPI:** **Date of Birth:**	700034550X 07/06/1963
Ward:	WGH MAU Base 1		
Consultant:	Dr F T Wood	**Admission Date:** **Discharge Date:**	13/07/2023 13/07/2023

Allergen (Group to which Allergen belongs)	Reaction
BETA ADRENOCEPTOR ANTAGONISTS	2 other adverse reaction - see TRAK
gabapentin	2 other adverse reaction - see TRAK

Adizem XL 180mg

Diltiazem (Tildiem LA) ~~300mg~~ modified-release capsules

Dose	Route	Frequency	Days Supply	To Continue
360 mg	Oral	Once daily at 0700	7	Y
Notes:				

Prescribed By ..... **Date**..... **Print Name**.....
Dispensed By ..... **Date**..... **Print Name**.....
Final Check ..... **Date**..... **Print Name**.....
Verified By ..... **Date**..... **Print Name**.....

CC IDL to Dr Mitchell consultant cardiologist for clinic review

PHARMACY CHECK YES / NO SIGNATURE .....

PATIENT'S OWN MEDICATION (to be completed by nursing staff)
Patient's own medication / controlled drugs returned to patient YES / NO / NA
SIGNATURE .....
Patient's own medication / controlled drugs removed with consent YES / NO / NA
SIGNATURE .....

ABBREVIATED IMMEDIATE DISCHARGE LETTER

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Cont'd... **Ref:** 700034550X **Patient Name:** Gary Mackie

This is an abbreviated IDL from the Western General Hospital Admissions Unit. Only new drugs, or those that have been changed, are included in the list. Any medicines discontinued will be detailed. All other medicines are to continue as before.
This letter will only be generated for patients that are admitted for less than 48 hours and have less than 4 medication changes. That includes, stopping, changing the dose, withholding a drug or starting a drug.

Inpatient Discharge Summary

PRINCIPAL DIAGNOSIS/PROCEDURE
Palpitations

Dear Colleague,

Mr Mackie was admitted to WGH on 12/7/23 with unwell episodes for 4 days, having drenching sweating episodes occuring day and night on a background of palpitations at rest and on exertion for the last 3-4 weeks. During these palpitations feels SOB, no dizziness or LOC.
No cough/ coryzal symtpoms/no numbness or speech/swallowing difficulties due to feeling unwell had not taken any medications in last 4 days.

ECG on admission showed regular narrow complex tachycardia rate 145 with widespread TWI.

Mr Mackie was reviewed by the cardiologist Dr Mitchell, ECG showed atrial flutter/tachycardia and lateral TWI with frequenct atrial ectopics. Nil on examination. They advised increasing dose of Diltiazem to 360mg MR and outpatient ECHO and 24h tape, for review in cardiology clinic and not for anticoagulation at this time.

BG Asthma/COPD/IHD/ Vit B12 deficiency, OA, T2DM diet controlled, angia. Current heavy smoker for 45years. Nil alcohol, smokes 1 joint cannabis per day. Lives with wife and [redacted], drives, has some assistance with ADLS from [redacted]. Mobilised with stick.

TREATMENT
Increase dose diltiazem

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
OP ECHO
OP 24h tape

CHANGES TO DRUGS SINCE ADMISSION

Increased: Diltiazem from 300mg MR to 360mg MR once daily
No other changes to regular medicines

Pharmacy Comments: Sent home on Adizem-XL 2x180mg MR capsules for 360mg MR dose once a day as this is what we keep. Please consider changing to Viazem XL which is licensed for once daily dosing of 360mg MR dose.

ALLERGIES / ADVERSE DRUG REACTIONS - beta blockers, gabapentin

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS - nil

CHANGES TO DNACPR STATUS / DETAILS OF TREATMENT ESCALATION PLAN - for full escalation

GP to please consider the following...

NHS Lothian Unscheduled Care Service

adastra

NHS Confidential: Personal data about a patient

Patient : Gary Mackie **Case No 49589**

(Gender: Male) (DOB: 07/06/1963) (Age: 60 years) (CHI: 0706631315)

Case No 49589 **Case Date** 12/07/2023 21:07

Emergency Care Summary viewed on case

Current Address
135/1 Marionville Road Edinburgh

EH7 6BG

Current Phone 07802 384819

Home Address (If Different)
Flat 1 Flat 1
135 Marionville Road

EH76BG

Home Phone (If Different)

Case Type Attend OOH Appointment

Call Origin NHS24 **Tel** **Name** Shirley

Reported Condition

NHS 24 Advice by Gillian Lawrence (Call Taker Si) ()

EXTREME SWEATING - 2/3 DAYS

Triage Start 21:11
Triage End 21:27

PCC2 PCEC within 1 Hr

Clinical summary created by: Gillian Lawrence (Call Taker Si) () [12/07/2023 21:27:02]
Reason for call: EXTREME SWEATING - 2/3 DAYSConfirmed Symptom(s):
Fever; cold, sweaty and clammy
More anxious than expected
Skin colour change
Fever but no meningeal symptoms

Risk Factor(s):
No travel outside Europe in last 21 days or to an affected country

Call Detail(s):

12:07:2023 21:08:20 LAWRENCEG1.. PT BEEN SUFFEREING WITH SIATIC PAIN. PAIN TO BACK AND LEGS. MAIN CONCERN IS OVER LAST COUPLE OF DAYS PT HAS BEEN SWEATING. FEELING COLD TO TOUCH. HAVING TO CHANGE CLOTHES.. DUE TO THE AMOUNT OF SWEATING. CONCERNED RE HEART. PT CURRENTLY ON HEART MEDICATION... WIFE STATES PTS EYES HAVE BEEN ROLLING BACK SOMETIMES TODAY. PT ALERT AND CONSCIOUS DURING CALL... SEEKED KW ADVICE FROM NP KIRSTY MACKENZIE - ADVISED FEVER BACK AND LEGS.. SCN LISA LAIDLAW - FEVER/ CLAMMY SYMPTOMS 3/7. NO OBVIOUS CLINICAL SIGNS OF INFECTIONS. DENIES MENINGIAL SYMPTOMS. CHRONIC CONSTANT BACK PAIN. NO CES SYMPTOMS. [redacted]. CONCERNED AS STATES EPISODES OF EYE ROLLING TODAY . PT ALERT AND BRIGHT DURING CALL. DID STATE ANXIOUS AND AGGITATED 2/7. THIS IS DUE TO BACK PAIN. - PCEC 1HR..
Outcome: PCEC within 1 Hr

Pocket Aremote Consult by
Start Type **End Type**
Consult Start
Consult End

For LUCS Admin queries please email: [redacted]
For LUCS Clinical queries please email: [redacted]

Report Statistics: Report produced by Adastra Version 3 - 12/07/2023 23:10:30

NHS Confidential: Personal data about a patient

Patient : Gary Mackie	Case No 49589
(Gender: Male) (DOB: 07/06/1963) (Age: 60 years) (CHI: 0706631315)	

Adastra Consult by Kapsomenakis, Paschalis (Doc) **Consult Start** 22:18

Start Type Attend OOH Appointment **End Type** Attend OOH Appointment **Consult End** 22:54

History

Seen f2f with [redacted] present

60 year old man not feeling right for the last 3-4 days at least. Sweating a lot and having to change his clothes few times a day. Heart palpitations at times. No chest pain and no SOB. No neck/jaw or arm pain. Wife mentioning episodes when his eyes where rolling back. Has not been taking any of his tablets for the last 4 days because he has not been feeling right and he was wondering if the symptoms were caused by the tablets.

PMHx of
HTN, IHD, Depression, Asthma, Sciatica, diabetes (resolved after gastric sleeve operation)

Examination

Looks comfortable and sweating and not that hot at the moment
Temp 36.7
RR 18 r/m , Sats 97% on air
BP 171/104,
Pulse between 90 - 140 and irregularly irregular (feels like Atrial Fibrillation)
Chest is clear
HS pure
Abdo SNT

BM 6.7

Diagnosis

New Atrial Fibrillation

Treatment

Explained the finding to the patient and need for further Ix. ? some of the symptoms related to this new probable AF or maybe stopping his meds for last 4 days
Needs admitted to hospital for 12 Lead ECG and bloods in view of symptoms and new fast AF
Thank you for your expert review
Flow centre called and admission arranged to the WGH ARU

Prescriptions

Informational Outcome(s)

Referred ARAU, WGH -

Referred to agency : ARU Western General Hospital

NHS Confidential: Personal data about a patient

NHS Lothian - Leith Community Treatment Centre - Radiology Clinical Report

Patient	Gary Mackie 135/1 Marionville Road Edinburgh Midlothian EH7 6BG	**CHI** **Date of Birth** **Sex** **UHPI**	**0706631315** 07/06/1963 Male 700034550X
Requestor	CA Johnston St Triduana's Medical Practice	**Visit Number** **Date of Examination**	45513070 31/05/2023

XR Knee Rt

Clinical History
Known OA kneesWorsening pain and swelling right kneeSore to mobiliseo/e: antlagic gait, right knee swollen, not red/hot. reasonable ROM?progression in OAThank you / Knee right

7403972 31/05/2023 XR Knee Rt

Osteoarthrosis with joint space narrowing, subchondral sclerosis and marginal osteophytosis of the patellofemoral joint.
Minor peaking of the medial tibial spine.
The medial and lateral compartments are preserved.
Joint effusion extending into the suprapatellar pouch.

Dr Colin Turnbull. GMC: 1327812
Consultant Radiologist.

Reporting Radiologist: Dr Colin Turnbull

Diabetic Eye Screening

Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!

NHS Lothian

Princess Alexandra Eye Pavillion
Chalmers Street Edinburgh EH3 9HA

GP
ST TRIDUANA'S MED PRACT
54 MOIRA PARK
EDINBURGH
EH7 6RU

Wednesday, 18 January 2023

19 JAN 2023

Dear Doctor

DIABETIC EYE SCREENING PROGRAMME

PATIENT NON ATTENDANCE

CHI No	0706631315
Name	GARY MACKIE
Date of birth	07-Jun-1963
Address	FLAT 1, 135 MARIONVILLE ROAD, EDINBURGH, EH7 6BG

This patient has not attended their screening examination following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries, please contact us on 0131 536 4145.

Yours sincerely

Norah [redacted]t

NHS Confidential: Personal data about a patient

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA

General Surgery

Dr Higginson
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 03/10/2022

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI**	**0706631315**
		Date of Birth / Age	07/06/1963 (59 years)
		UHPI	700034550X
Attendance Date	23/09/2022		
Consultant	Bariatric Service		

Dear Dr Higginson

This patient attended the bariatric surgical service today for annual review following his laparoscopic sleeve gastrectomy in June 2011. His current weight is 111.9kg giving him a BMI of 35.3kg/m2. His weight has remained relatively stable over the last year with only a slight weight gain of 0.6kg.

Gary was pleased with this weight stability as he advised he tends to eat chocolate and sweets on a daily basis. He will have approximately 2 packets of mints each day and at least one large chocolate bar each week. On a positive note he has stopped drinking cans of red bull. He used to have up to 10 cups of coffee, cafe latte sachets, a day but has now reduced this two each day. He was advised to check the labels regarding the nutritional value of these. Gary has three regular meals each day on the most part. He will on occasion not have an evening meal but will have a supper snack if he misses this. His meals are based around a protein source

and he has a good fluid intake, drinking at least 2 litres daily. He has no issues with nausea, vomiting or dumping syndrome.

He continues to take Forceval multivitamin twice daily and receives regular vitamin B12 injections every 10 weeks which is working well for him. Thank you for increasing the frequency of his vitamin B12 injections and I would be grateful if this could continue. Ferrous fumarate has been stopped and Gary was unsure if he still takes calcium or vitamin D as he has a dosette box. A full set of nutritional bloods were undertaken today and we will advise you if any further supplementation is required.

We will review him again in one years time but he knows to contact us should he have any issues prior to this. We will keep you updated on his progress.

Yours sincerely

BEVERLEY WALLACE
Bariatric Dietitian

NHS Confidential: Personal data about a patient

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA

General Surgery

Dr Higginson
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 05/01/2023

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI**	**0706631315**
		Date of Birth / Age	07/06/1963 (59 years)
		UHPI	700034550X
Attendance Date	23/09/2022		
Consultant	Bariatric Service		

Dear Dr Higginson

results have now been returned and indicate he continues to have low zinc at 9umol/L (normal range 11-18umol/L). We would recommend he continue to be prescribed Forceval multivitamin twice daily and would encourage him to take this regularly.

We will continue to take regular nutritional screens. Many thanks for your assistance in this matter.

Yours sincerely

BEVERLEY WALLACE
Bariatric Dietitian

cc:

Gary Mackie - for your information and attention

NHS Confidential: Personal data about a patient

Respiratory Physiology Service

NHS Lothian

Name: GARY MACKIE **DOB:** 07-June-1963

Sex: M **Age:** 59.3 **Ht:** 1.769m **Wt:** 111.4kg **BMI:** 35.6

CHI: 0706631315 **Report to:** Dr Higginson - St Triduana's

Ventilatory Capacity Report

Date		27-May-2011	20-Sep-2022				
	Value	Value	Value	%Pred	Predicted	Range*	
Ventilatory Capacity							
FEV1 (L)		3.04	2.93	82	3.57	2.70 -	4.40
VC (L)		4.65	4.79	104	4.61	3.53 -	5.71
FEV1/VC (%)		65.4	61.2		77.7	65.8 -	88.0
PEFR (L/Min)			389	77	508	387 -	628

* This range encompasses 90% of the normal distribution

Spirometry predict methodology: Global Lung Initiative (GLI) 2012

Clinical Details (20-Sep-2022): SMOKER; ?- C.O.P.D.; Asthma; Cough; Previous Pneumonia; Wheeze; SOB;

Primary Care Report:
Please note, patient had variable technique throughout - best results quoted. Technically best FEV1 non-reproducible. Fostair inhaler used last night; therefore no reversibility test performed..
Results support a diagnosis of mild COPD using NICE guidelines.
FeNO performed to clarify results. FeNO = 6 ppb - however note use of Foatair inhaler above. Low probability of eosinophillic inflammation. Symptoms unlikely to respond to corticosteroids.
LW/CW

RECEIVED
21 SEP 2022

Scant to pt. file.

Greenwood, Amy

From: McDevitt, Christine
Sent: 26 July 2022 09:32
To: Clinical GP St Triduana's Medical Practice
Subject: Fw: CHI: 0706631315, Gary Mackie

Hi Team,

Can we add to patients docman please.

Many thanks,
Christine

From: Wallace, Beverley <[redacted]>
Sent: 25 July 2022 10:09
To: McDevitt, Christine <[redacted]>
Subject: Re: CHI: 0706631315, Gary Mackie

Good Morning Christine

Thank you for your email regarding this gentleman.
Looking at the bariatric nutritional bloods from September 2021 - the calcium, PTH and Vitamin D are all within normal reference ranges. Unless he requires the medication below for other reasons, these can be discontinued from a bariatric perspective.
Kind regards
Bev Wallace

Beverley Wallace
Specialist Bariatric Dietitian
OPD 4, Royal Infirmary of Edinburgh
51 Little France Crescent
Edinburgh, EH16 4SA
Tel: 0131 212 1209/1615
Mob: 07866 220702
Working hours 8.10-17.00 (Mon-Fri, alternate Weds)

From: McDevitt, Christine <[redacted]>
Sent: Wednesday, July 20, 2022 4:24 PM
To: Wallace, Beverley <[redacted]>
Cc: Clinical GP St Triduana's Medical Practice <[redacted]>
Subject: CHI: 0706631315, Gary Mackie

Dear Beverley,

I am writing to you regarding the above patient who I believe is known to you. I have been reviewing this patients' medications and have noticed that he has calcium carbonate and colecalciferol 750mg and 200units tablets at one twice a day on his repeats, he also has an additional colecalciferol 800 unit capsule per day on his repeats. Can I just confirm that the patient should be taking both of these preparations? Many thanks for your clarification on this.

Best wishes,

Christine
Practice Pharmacist
St Triduana's Surgery

NHS Confidential: Personal data about a patient

University Hospitals Division **Western General Hospital**
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Department of Respiratory Physiology

Dr DG Higginson
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date 01/07/2022
Our Ref 700034550X
CHI 0706631315

Dear Dr DG Higginson,

A COPY OF THE FOLLOWING LETTER HAS BEEN SENT TO YOUR PATIENT:

Patient: Mackie, Gary **DOB:** 07/06/1963
Address: 135/1 Marionville Road, Edinburgh, Midlothian, EH7 6BG

Dear Mr Mackie

Notification of Removal From the Respiratory Physiology Outpatient Waiting List

Our records show that you recently did not attend an appointment arranged for you.

Specialty: Respiratory Physiology

Please note that, in line with current NHS policy, you will not be routinely offered another appointment at this time.

If, however, you think that you still need an appointment to be seen then please contact us on the number below within 4 weeks. Please be aware that we may not be in a position to offer you another appointment but we will be able to discuss this with you.

Yours sincerely

Respiratory Physiology
Tel: 0131 537 1453

RECEIVED
04 JUL

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr CA Johnston
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 15/04/2022

Emergency Discharge Summary

Patient	Gary Mackie 135/1 Marionville Road Edinburgh Midlothian EH7 6BG	**CHI** **Date of Birth / Age** **UHPI** **A&E Attendance Number**	**0706631315** 07/06/1963 (58 years) 700034550X E5001344
Attendance Date **Attendance Time** **Mode of Arrival** **Source of Referral** **Discharge Date** **Discharge To**	15/04/2022 04:13 Emergency Ambulance 999 Emergency	**Contact**	MacKie Mrs 31/1 Loganlea Avenue Edinburgh Midlothian EH7 6PA 6610693

Dear Dr CA Johnston

Presentation: DIB

CLINICAL NOTES:
Clinical note: Sam Talbot CT1 ACCS 0930

58M BG: Gastric band, HF, IHD, HTN, lives with [redacted], independent, current smoker (10cpd), minimal alcohol

PC: Cough, fever, R side chest pain

Unwell 4 days - cough (green with streaks of blood), intermittent R side pleuritic pain, feeling hot and shivery, off food/meds
Previously feeling well, denies unintentional weight loss/night sweats/chronic haemoptysis

[redacted] and [redacted]-in-law both had LRTI over last couple of weeks
COVID -ve
No LUTS/calf swelling/syncope/palpitations
Moderately more SOB but managing ADLs.

O/E: HR 84, T 36.4, BP 135/79, RR 16, SpO2 96% RA
Comfortable WOB, sweaty, chest - scattered wheeze and bronchial breathing R mid zone, good a/e.
WWP, HS pure, calves SNT, no oedema
Abdo SNT

CXR - R upper lobe pneumonia
WCC 20, Na 150
ECG - NSR

Imp: RUL CAP (CURB 65 = 0) + exacerbation of undiagnosed airways disease

Plan:
Amoxicillin 500mg TDS 5/7
Prednisolone 40mg OD 5/7
Salbutamol inhaler (has with him)
Strong worsening advice given to return if more SOB, feeling systemically unwell, not managing tablets
Discussed with resp reg - agrees no immediate indication for CT given infective story and CXR appearances in keeping with lobar pneumonia - for CXR 4-6 weeks as OP (booked) and if any persisting abnormality then for CT CAP.
Smoking cessation advice given

FAO GP: Please consider review of underlying ? obstructive airways disease

Yours Sincerely,

Dr Sam Talbot, Doctor

NHS Confidential: Personal data about a patient

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA

General Surgery

Dr Johnston
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 04/11/2021

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI**	**0706631315**
		Date of Birth / Age	07/06/1963 (58 years)
		UHPI	700034550X
Attendance Date	24/09/2021		
Consultant	Bariatric Service		

Dear Dr Johnston

This patient recently attended the bariatric surgical service for review when a full set of nutritional bloods were undertaken. The results have now been returned and indicate he has low iron at 12umol/L (normal range 14-32umol/L), low red cell count and low haemoglobin. We would be grateful if you could prescribe Ferrous Fumarate 210mgs one tablet 2-3 times a day. The iron studies should be repeated after three months to determine the continued need for this supplementation.

In addition, his zinc levels are low at 9.4umol/L (normal range 11-18umol/L). We would advise that his current prescription for Forceval multivitamin be increased to twice daily and would encourage him to take this regularly.

We will continue to take regular nutritional screens. Many thanks for your assistance in this

matter.
Yours sincerely

BEVERLEY WALLACE Bariatric Dietitian
Bariatric Dietitian to Mr BRUCE TULLOH

cc:
Gary Mackie - for your information and attention

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA

General Surgery

Dr Johnston
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 04/10/2021

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI**	**0706631315**
		Date of Birth / Age	07/06/1963 (58 years)
		UHPI	700034550X
Attendance Date	24/09/2021		
Consultant	Bariatric Service		

Dear Dr Johnston

I reviewed this patient on behalf of the bariatric surgical service today following his laparoscopic sleeve gastrectomy in June 2011. His current weight is 111.3kg giving him a BMI of 35.1kg/m2. This represents a weight loss of 7.9kg since we last saw him in September 2018.

Mr Mackie had no surgical concerns today. He attended with his [redacted] who is always very supportive. He has a variable dietary intake however does need to remind himself to eat as still never feels hungry. There are some foodstuffs which he cannot tolerate.

He continues to take Forceval multivitamin and Fultium D3 daily and receives regular vitamin B12 injections. A full set of nutritional bloods were undertaken today and we will advise you if any further supplementation is required. Mr Mackie did advise that he had some iron levels

checked and he was anaemic but is not on any medication for this yet.

We will review him again in one years time and keep you updated on his progress.

Yours sincerely

GILLIAN DRUMMOND
Advanced Bariatric Dietitian to Mr BRUCE TULLOH

University Hospitals Division **Edinburgh Community Physiotherapy Services**
27 Gorgie Park Close
Edinburgh
EH14 1NQ

NHS Lothian

Department of Physiotherapy - MSK

P1021734/006320/1/1

Dr CA Johnston
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

314\7272151N\00002

Date 13/09/2021
Our Ref 700034550X
CHI 0706631315

RECEIVED
1 0 SEP 2021

RECEIVED
1 0 SEP 2021

Dear Dr CA Johnston,

A COPY OF THE FOLLOWING LETTER HAS BEEN SENT TO YOUR PATIENT:

Patient: Mackie, Gary **DOB:** 07/06/1963
Address: 135/1 Marionville Road, Edinburgh, Midlothian, EH7 6BG

Dear Mr Mackie

Notification of Removal From the Physiotherapy - MSK Outpatient Waiting List

Specialty: Physiotherapy - MSK

We have recently tried to contact you about your appointment. As we have not heard from you, we had to assume that this is no longer required. We have therefore removed you from our waiting list.

If, however, you think that you still need an appointment then please contact us on the number below. Please be aware that we may not be in a position to offer you another appointment but we will be able to discuss this with you.

Yours sincerely,

Appointments Office
0131 536 1060 (Option 1)

NHS Confidential: Personal data about a patient

NHS Lothian

Lauriston Building
ENT Outpatient Department
Lauriston Place
Edinburgh
EH3 9HA

Dr Johnston
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 22/07/2020

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI** **Date of Birth / Age** **UHPI**	**0706631315** 07/06/1963 (57 years) 700034550X
Specialty	Ear Nose and Throat	**Attendance Date**	17/07/2020
Consultant	ENT Neck Lump Clinic(Extra)		

Dear Dr Johnston

Thank you for referring this 57 year old gentleman who has noticed a left sided neck lump. He says it has got a lot smaller in the last three months and has not caused him any symptoms. He otherwise has quite a few medical problems including ischemic heart disease, asthma, thrombosis in the legs and has also had gastric surgery. He takes a number of medications including Aspirin. He is a smoker of roughly 10 cigarettes a day.

On examination he had a small cystic feeling lump on the left side of his larynx. On ultrasound he had a benign looking cystic lesion abutting and sitting alongside the thyroid cartilage. It is not clear exactly what the cystic lesion is but all its appearances are benign. He has agreed to have an interval ultrasound in three months time and manage it conservatively.

Yours sincerely,

Dictated but not signed to expedite delivery.

Dr Ashley J Hay
ENT Consultant
AJH/SEC 17/07/2020

NHS Confidential: Personal data about a patient

NHS Lothian

Lauriston Building
ENT Outpatient Department
Lauriston Place
Edinburgh
EH3 9HA

Dr Johnston
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 15/07/2020

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI**	**0706631315**
		Date of Birth / Age	07/06/1963 (57 years)
		UHPI	700034550X
Specialty	Ear Nose and Throat	**Attendance Date**	15/07/2020
Consultant	ENT Advice Clinic		

Dear Dr Johnston

You have been referred to ENT by your GP. We have tried on numerous occasions to contact you on the telephone to offer you an appointment but to no success. Can you please contact Susan Leadbetter on 0131 536 4454 for an appointment.

ENT NHS Lothian

Letter addressed to patient, copy sent electronically to GP practice for information

NHS Confidential: Personal data about a patient

Diabetic Retinopathy Screening

Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!

NHS Lothian

03 FEB 2020 (CJ)

GP
ST TRIDUANA'S MED PRACT
54 MOIRA PARK
EDINBURGH
EH7 6RU

ACTION REQUIRED LC
CODED BY
GP FILE

Thursday, 30 January 2020

Dear Doctor

DIABETIC RETINOPATHY SCREENING PROGRAMME

PATIENT NON ATTENDANCE

CHI No	0706631315
Name	GARY MACKIE
Date of birth	07-Jun-1963
Address	FLAT 1, 135 MARIONVILLE ROAD, EDINBURGH EH7 6BG

This patient has not attended their screening examination following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries, please contact us on 0131 536 4145.

Yours sincerely

Norah [redacted]t
Programme Manager

NHS Confidential: Personal data about a patient

St Triduana's Medical Practice
Home Blood Pressure recording sheet

Name

Date of bi

Home readi

0706631315 M
MACKIE
Gary Bruce
Flat 1
135 Marionville Road
Edinburgh
EH7 6BG
Tel:661 0693
07/06/1963

Dr AD Singh
70785
42579
St Triduana's
54 Moira Park
Edinburgh
EH7 6RU
Tel: 01316573341

ays to

ure.

Take your . sted a back supported, legs uncrossed and whilst you are not talking. Avoid exercise of caffeine for 30 minutes before.

GP only AS

Take two readings, at least a minute apart, morning and evening for 7 days recording the *lower of the two readings* onto this document.

Once you have completed 7 days of measurements, *calculate the average of all the readings*. Your doctor will want to know the average of you readings.

Day	Time	Systolic (upper)	Diastolic (lower)	Pulse
Day One Date: 29 7 2019	am 9	191	96	73
	pm 5 30	196	97	68
Day Two Date: 30/7/19	am 7	189	108	65
	pm 5 30	176	98	70
Day three Date: 31/7/19	am 8 00	168	98	71
	pm 9 25	179	67	62
Day four Date: 1/8/19	am 6 30	191	109	70
	pm 10	168	84	54
Day five Date: 2/8/19	am 6 15	208	98	65
	pm 4 30	163	95	72
Day six Date: 3/8/19	am 5 15	189	92	64
	pm 8 PM	225	98	76
Day seven Date: 4/8/19	am 6 45	176	95	67
	pm 3 30	188	93	56
		Average Systolic	Average diastolic	

180/93

CODED JW

NHS Confidential: Personal data about a patient

St Triduana's Medical Practice
Home Blood Pressure recording sheet

Dr AD Singh

Name	MACKIE Gary Bruce
Date of birth	07/06/1963

0706631315 M

Flat 1
135 Marionville Road
Edinburgh
EH7 6BG
Tel:661 0693

70785 42579

St Triduana's
54 Moira Park
Edinburgh
EH7 6RU
Tel: 01316573341

Home readings a ... **diagn.**

Take your blood ... and relaxed, *with your arm and back supported*, legs uncrossed and whilst you are not talking. Avoid exercise of caffeine for 30 minutes before.

Take two readings, at least a minute apart, morning and evening for 7 days recording the *lower of the two readings* onto this document.

Once you have completed 7 days of measurements, *calculate the average of all the readings*. Your doctor will want to know the average of you readings.

Day	Time	Systolic (upper)	Diastolic (lower)	Pulse
Day One Date: 5/8/19	am 545	176	102	68
	pm 400	188	96	57
Day Two Date: 6/8/19	am 650	171	96	61
	pm 950	220	90	67
Day three Date: 7/8/19	am 700	173	92	63
	pm 330	181	101	66
Day four Date: 8/8/19	am 600	177	94	68
	pm 930	242	87	71
Day five Date: 9/8/19	am 800	178	69	63
	pm 530	189	100	71
Day six Date: 10/8/19	am 630	173	96	68
	pm 400	170	72	63
Day seven Date: 11/8/19	am 830	172	86	67
	pm 900	183	101	58
		Average Systolic	**Average diastolic**	

NHS Confidential: Personal data about a patient

11 JAN 2019 CJ

Diabetic Retinopathy Screening

Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!

NHS Lothian

ACTION REQUIRED
CODED BY
GP FILE

GP
ST TRIDUANA'S MED PRACT
54 MOIRA PARK
EDINBURGH
EH7 6RU

Wednesday, 9 January 2019

Dear Doctor

DIABETIC RETINOPATHY SCREENING PROGRAMME

PATIENT NON ATTENDANCE

CHI No	0706631315
Name	GARY MACKIE
Date of birth	07-Jun-1963
Address	FLAT 1, 135 MARIONVILLE ROAD, EDINBURGH EH7 6BG

This patient has not attended their screening examination following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries, please contact us on 0131 536 4145.

Yours sincerely

Norah [redacted]t
Programme Manager

NHS Confidential: Personal data about a patient

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA

Dr Bailey
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 23/10/2018

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI** **Date of Birth / Age** **UHPI**	**0706631315** 07/06/1963 (55 years) 700034550X
Specialty	General Surgery	**Attendance Date**	07/09/2018
Consultant	Mhairri S Duxbury (Bariatric)		

Dear Dr Bailey

This patient recently attended the bariatric surgical service for review when a full set of nutritional bloods were undertaken. The results have now been returned and indicate he has insufficient vitamin D at 39nmol/L and low zinc at 9.4umol/L (normal range 11-18umol/L).
We would therefore be grateful if you could prescribe him Fultium D3 800IU/day. In addition, his current prescription for Forceval multivitamin should be increased from once per day to twice per day.
We will continue to take regular nutritional screens. Many thanks for your assistance in this matter.
Yours sincerely

MHAIRRI DUXBURYBariatric Nurse Specialist
cc:Gary MacKie - for your information and attention

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA

Dr Bailey
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 20/09/2018

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI** **Date of Birth / Age** **UHPI**	**0706631315** 07/06/1963 (55 years) 700034550X
Specialty	General Surgery	**Attendance Date**	07/09/2018
Consultant	Mhairri S Duxbury (Bariatric)		

Dear Dr Bailey

I reviewed this patient on behalf of the bariatric surgical service today seven years post laparoscopic gastric bypass. He attended with his [redacted]. His current weight is 119.2kg giving him a BMI of 37.6kg/m2. This represents a weight gain of 5.4kg since we last saw him one year ago.
Over the last few years when Gary has come in to see us, his weight has slowly been increasing. Overall, he has had an excess weight loss to date of 58.3%.
Gary continues to have no concerns in relation to his bariatric surgery. His main issues recently have been that his eating patterns have not been great which have involved increased high sugar high fat foods and drinking numerous energy drinks a day. He has good days and bad days with his eating and this is very much dependent on his mood. His [redacted] appears to be a very good support throughout the process of having bariatric surgery and supports him in relation to making meals and encouraging him with chewing his food to prevent vomiting.
He has cut back on smoking and is now on an e-cigarette which is a very good change for him. However, I do think this may have initiated his poorer eating habits. Dietary changes have been discussed today and these have included cutting out high energy high sugar snacks. In addition, he is to change from full cream milk back to semi-skimmed or skimmed milk on a daily basis.
He continues to take Forceval multivitamin daily and receives regular vitamin B12 injections. He did have Cacit D3 in the past however he is no longer taking this. A full set of nutritional bloods were undertaken today and we will advise you if any further supplementation is required.
We will review him again in six months time to help support his weight loss. We will keep you updated on his progress.

Yours sincerely

GILLIAN DRUMMONDBariatric Dietitian to Mr BRUCE TULLOH

NHS Confidential: Personal data about a patient

Diabetic Retinopathy Screening

Visit http://www.mydiabetesmyway.scot.nhs.uk and sign up now!

NHS Lothian

GP
ST TRIDUANA'S MED PRACT
54 MOIRA PARK
EDINBURGH
EH7 6RU

05 FEB 2018

CJ
Code only

Thursday, 1 February 2018

Dear Doctor

DIABETIC RETINOPATHY SCREENING PROGRAMME

PATIENT NON ATTENDANCE

CHI No	0706631315
Name	GARY MACKIE
Date of birth	07-Jun-1963
Address	FLAT 1, 135 MARIONVILLE ROAD, EDINBURGH EH7 6BG

This patient has not attended their screening examination following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries, please contact us on 0131 536 4145.

Yours sincerely

Norah [redacted]t
Programme Manager

NHS Confidential: Personal data about a patient

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA

Dr Bailey
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 26/09/2017

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI** **Date of Birth / Age** **UHPI**	**0706631315** 07/06/1963 (54 years) 700034550X
Specialty	General Surgery	**Attendance Date**	18/08/2017
Consultant	Mhairri S Duxbury (Bariatric)		

Dear Dr Bailey

This patient recently attended the bariatric surgical service for annual review when a full set of nutritional bloods were undertaken. The results have now been returned and indicate that he has a low zinc level at 8.3umol/L (normal range 10.7-18umol/L) and low selenium at 0.77umol/L (normal range 0.75-1.5umol/L). We would therefore recommend that his current prescription for Forceval multivitamin be increased from once per day to twice per day until further assessment of his nutritional levels are undertaken. We will continue to take regular nutritional screens.
Many thanks for your assistance in this matter.
Yours sincerely

Mrs CHRISTINE WARDBariatic Dietician to Mr BRUCE TULLOH
cc:Gary Mackie - for your information and attention

NHS Confidential: Personal data about a patient

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA

Dr Bailey
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 29/08/2017

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI** **Date of Birth / Age** **UHPI**	**0706631315** 07/06/1963 (54 years) 700034550X
Specialty	General Surgery	**Attendance Date**	18/08/2017
Consultant	Mhairri S Duxbury (Bariatric)		

Dear Dr Bailey

I reviewed this patient on behalf of the bariatric surgical service today six years post laparoscopic gastric bypass. His current weight is 113.8kg giving him a BMI of35.9kg/m2. This represents a weight gain of 3.3kg since we last saw him one year ago.
At one stage, due to his lack of appetite Gary had pretty much stopped eating and was living on energy drinks. He states he is however now back to normal foods, his main protein source are fish and cheese. His diet is reasonable although he does allow himself the occasional sweets.
He takes his Forceval multivitamin but does not take vitamin D although he is not entire sure of this as he takes his medication from a dosette He receives regular vitamin B12 injections every 12 weeks but does note he is very tired in the weeks leading up to this. The guidelines state that it can be given as frequently as every 8 weeks but I suggested he discuss with yourself increasing this to every 10 weeks to see if this relieves his symptoms. A full set of nutritional bloods were undertaken today and we will advise you if any further supplementation is required.
We will review him again in six months time and keep you updated on his progress.
Yours sincerely

BRIAN JOYCEBariatric Surgical Nurse Practitioner to Mr BRUCE TULLOH

04 DEC 2015

Diabetic Retinopathy Screening

Thursday, 01 December 2016

ST TRIDUANA'S MED PRACT
54 MOIRA PARK
EDINBURGH EH7 6RU

Dear ST TRIDUANA'S MED PRACT,

DIABETIC RETINOPATHY SCREENING PROGRAMME

PATIENT NON ATTENDANCE

CHI No:	0706631315
Name:	GARY MACKIE
Address:	FLAT 1, 135 MARIONVILLE ROAD EDINBURGH, EH7 6BG

This patient has not attended retinal screening following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries please contact us on 0131 536 4145.

Yours sincerely,

Diabetic Retinopathy Screening

NHS Confidential: Personal data about a patient

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 2
51 Little France Crescent
Edinburgh
EH16 4SA

Date: 07/07/2016

Dr MacArtney
St Triduana's Medical Practice
St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI** **Date of Birth / Age** **UHPI**	**0706631315** 07/06/1963 (53 years) 700034550X
Specialty **Consultant**	General Surgery Mhairri S Duxbury (Bariatric)	**Attendance Date**	04/07/2016

Dear Dr MacArtney

I reviewed this patient on behalf of the bariatric surgical service today five years post laparoscopic gastric bypass. His current weight is 110.5kg giving him a BMI of 34.5kg/m2. This represents a weight gain of 5.9kg over the last year.
Gary is feeling much better in himself and is actually happier carrying this extra weight. One slight concern is that because he has no appetite, he has occasionally taken up to three days off a month from eating at all. I have advised him that this is unwise which he seemed to understand. He takes a fairly good diet with occasional snacks of a fruit smoothie or a yoghurt.
He takes his Forceval multivitamin and receives regular vitamin B12 injections. A full set of nutritional bloods were undertaken today and we will advise you if any further supplementation is required. He has started on Gabapentin in place of Naproxen which obviously will add slightly to his weight gain. His bowels and bladder are functioning well.
We will review him again in one years time and keep you updated on his progress.
Yours sincerely

BRIAN JOYCEBariatric Surgical Nurse Practitioner to Mr BRUCE TULLOH

12 NOV 2015

Diabetic Retinopathy Screening

Monday, 09 November 2015

MOIRA PARK SURGERY
54 MOIRA PARK
EDINBURGH EH076RU

Dear MOIRA PARK SURGERY,

DIABETIC RETINOPATHY SCREENING PROGRAMME

PATIENT NON ATTENDANCE

CHI No:	0706631315
Name:	GARY MACKIE
Address:	FLAT 1, 135 MARIONVILLE ROAD EDINBURGH, EH7 6BG

This patient has not attended retinal screening following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries please contact us on 0131 536 4145.

Yours sincerely,

Diabetic Retinopathy Screening

NHS Confidential: Personal data about a patient

Bowel Screening
Scottish Bowel Screening Programme

Bowel Screening Centre
Kings Cross
Clepington Road
Dundee
DD3 8EA

NHS SCOTLAND

PRIVATE AND CONFIDENTIAL

Dr MAIRI MACARTNEY
MOIRA PARK SURGERY
54 MOIRA PARK
EDINBURGH
EH7 6RU

Date: 05 Sep 2015
CHI Number 0706631315

Bowel Screening Helpline Number: 0800 0121 833

Dear Doctor,

Your patient **0706631315 , GARY MACKIE , FLAT 1 , 135 MARIONVILLE ROAD , EDINBURGH , , , EH7 6BG** was invited to participate in the Bowel Screening Programme on **07/06/2015**

It is 3 months since your patient was sent a bowel screening invitation and bowel screening test kit. As of today's date your patient has not participated. At 6 months your patient will return to re-call and be invited again in two years time.

Anything your GP Practice can offer to help your patient's awareness and understanding of the benefits and risks of the Bowel Screening Programme would be appreciated - this will help them to reach an informed decision regarding participation.

If your patient no longer has their screening kit, it is possible to request another by calling the Scottish Bowel Screening Helpline on 0800 0121 833

Yours sincerely

M.H.C. Steele

Professor Steele
Clinical Director

NHS Confidential: Personal data about a patient

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA

Dr MacArtney
St Triduana's Medical Practice
St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 01/07/2015

Outpatient Clinic Letter

Patient	Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BG	**CHI** **Date of Birth / Age** **UHPI**	**0706631315** 07/06/1963 (52 years) 700034550X
Specialty **Consultant**	General Surgery Mhairri S Duxbury (Bariatric)	**Attendance Date**	26/06/2015

Dear Dr MacArtney

This gentleman attended the bariatric surgical service today for annual review four years post laparoscopic sleeve gastrectomy. His current weight is 104.6kg giving him a BMI of 32.6kg/m2. This represents a weight loss of 2.1kg over the last year.
Gary describes his overall ability to eat as good to excellent and rarely vomits or regurgitates food. The latter is only present if he consumes too much or eats too quickly. He has a regular meal pattern with small snacks between his meals. He takes approximately 15-20 minutes to consume a meal and does not return to any remainder. He continues to follow the eating behaviours recognised for good outcome post surgery and in general, all the major food groups i.e protein, fruit and vegetables, dairy and carbohydrate are covered by his varied diet. He only drinks alcohol occasionally.
He continues to take Forceval multivitamin as prescribed and receives regular vitamin B12 injections. A full set of nutritional bloods were undertaken today and we will advise you if any further supplementation is required. He explained that he has no new health issues of concern.
We will review him again in one years time and keep you updated on his progress.
Yours sincerely

Mrs CHRISTINE WARDBariatic Dietician to Mr BRUCE TULLOH

Diabetic Retinopathy Screening

Tuesday, 07 October 2014

MOIRA PARK SURGERY
54 MOIRA PARK
EDINBURGH EH076RU

09 OCT 2014

Dear MOIRA PARK SURGERY,

DIABETIC RETINOPATHY SCREENING PROGRAMME

PATIENT NON ATTENDANCE

CHI No:	0706631315
Name:	GARY MACKIE
Address:	FLAT 1, 135 MARIONVILLE ROAD EDINBURGH, EH7 6BG

This patient has not attended retinal screening following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries please contact us on 0131 536 4145.

Yours sincerely,

Diabetic Retinopathy Screening

NHS Confidential: Personal data about a patient

Diabetic Retinopathy Screening

Thursday, 10 October 2013

MOIRA PARK SURGERY
54 MOIRA PARK
EDINBURGH EH076RU

Dear MOIRA PARK SURGERY,

DIABETIC RETINOPATHY SCREENING PROGRAMME

PATIENT NON ATTENDANCE

CHI No:	0706631315
Name:	GARY MACKIE
Address:	FLAT 1, 135 MARIONVILLE ROAD EDINBURGH, EH7 6BG

This patient has not attended retinal screening following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries please contact us on 0131 536 4145.

Yours sincerely,

Diabetic Retinopathy Screening

NHS Confidential: Personal data about a patient

Edinburgh Community Healthcare [redacted]ship
Sexual and Reproductive Health Service

VASECTOMY SERVICE
Direct Line : 0131 536 1512

Chalmers Centre
2a Chalmers Street
Edinburgh EH3 9ES

Telephone 0131 536 1070
Fax: 0131 536 1609
www.lothiansexualhealth.scot.nhs.uk

NHS
Lothian

Our Ref: AN08656703

IN CONFIDENCE

Dr Macartney
St Triduana's Medical Practice
St Triduanas Medical Practice
54 Moira Park
EH7 6RU

03 October 2013

Dear Dr Macartney

GARY MACKIE **dob: 07/06/1963**
FLAT 1 135 MARIONVILLE ROAD EDINBURGH EH7 6BG

Your patient was sent an appointment for vasectomy assessment but did not attend (DNA). Under these circumstances we do not send any further appointments. Please do not hesitate to contact me if he wishes to proceed.

Yours sincerely

P.Neel

pp. Dr Sarah Cay
Associate Specialist

NHS Confidential: Personal data about a patient

ESA113

Client Name: Mr Gary Mackie

Client NINo: NA143866C

Client Date of Birth: 07.06.1963

Freepost Plus RSZR-ZSTX-BBBG

Atos Healthcare
Silvan House
231 Corstorphine Road
Edinburgh
EH12 7AR

Your reply

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please continue at Part 7.

1 When did your patient last see a GP?

08 / 08 / 13

2 Current conditions affecting ability to work:
Please give us details of those conditions **which may have significant effect on the person's capacity to work.** Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, **where relevant.**

If you are sending a computerised printout of current medication you do not need to list this here.

*Please complete **both sides** of this form, and return the completed form in the supplied envelope - with the above address showing in the window*

14912 E 871

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication
Arthropathy of multiple joints since 2004	Has been referred for further investigation ? polymyositis	analgesia Bloods show inflammatory picture v CK raised
much worse in last 6 months		Analgesia pending specialist assessment - amitriptyline 25 mg nocte. Carbamazepine 100 mg bd. co-codamol 30/500 TI. qds
Obesity first recorded 1994.	Gastric banding in 2011 with dramatic weight reduction	
Ischaemic heart disease 2001. Hypertension.	Chest pain.	Aspirin 75 mg Atorvastatin 20 mg. Bendroflumethiazide 2.5 mg. Doxazosin 4mg bd. Gaviscon 20 ml bd. Tildiem LA 300 mg daily
Depression. since 2002.	Chronic low mood	Yes Fluoxetine 20 mg daily

About your patient - continued

3 Current conditions not affecting ability to work
Please **list** any other relevant conditions that do not affect the ability to work.

Vitamin B12 deficiency - since 2011.
Asthma. - since 1976.
Type 2 diabetes - since 2004

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	✓
Transferring between seats	
Reaching	
Picking up objects	
Manual dexterity	
Communicating with others	
Continence	
Learning simple tasks	
Awareness of hazards	
Initiating and completing personal actions	
Coping with changes or social engagement	
Appropriateness of behaviour	
Eating or drinking	

Restricted mobility in last 6 months requires help to eg get out of bed.

5 Does the patient have a history of threatening or violent behaviour? No ✓ Yes ☐
Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

6 Could your patient travel to an examination centre by public transport or taxi? No ☐ Yes ✓
Please tell us why at **Part 7**

7 Additional information
Please continue on a separate sheet if necessary.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature MMacLeay

Name IN CAPITALS Dr MAIRI MACARTNEY

Date 12 / 09 / 13

Practice stamp

DR M. MACARTNEY, M.B., Ch.B.
ST TRIDUANA'S MEDICAL PRACTICE
54 MOIRA PARK
EDINBURGH
EH7 6RU
0131 657 3341

NHS Confidential: Personal data about a patient

LEITH COMMUNITY TREATMENT CENTRE
RADIOLOGY CLINICAL REPORT

PS 29 JUL 2013 NHS Lothian

PATIENT NAME:	MacKie	Gary	UHPI:	700034550X

CHI: 0706631315
Order Items:
XR Knees

Clinical details
Knee right Both knees still, sore, quads weak. Probable OA

Report
XR Knees
Bilateral patellofemoral osteoarthrosis with joint space narrowing and subchondral sclerosis, more advanced on the left.. There are several small calcified loose bodies adjacent to the lateral left femoral epicondyle. No other skeletal or soft tissue abnormality.

Reported by Dr C Turnbull.

ADDRESS:	135/1 Marionville Road		DOB:	07/06/1963
	Edinburgh		SEX:	Male
	EH7 6BG			

REFERRER:	MM MacArtney
ADDRESS:	St Triduana's Medical Practice, St Triduanas Medical Practice, 54 Moira Park, Edinburgh, Edinburgh,

Episode Consultant:	
Order Patient Location:	PCO - Leith X-Ray
Receiving Location:	PCO - Leith X-Ray

Order Items(s):	Visit No	Date of Exam	Referring Clinician
XR Knees	15591762	23/07/2013	External Referrer

D.O.R:		Reporting Radiologist:	Dr Colin Turnbull
D.O.T:	23/07/2013	Overseen by Radiologist:	
D.O.V:	23/07/2013	Verifying Radiologist:	Dr Colin Turnbull
		Typist/Secretary:	Dr Colin Turnbull
		Radiologist Signature:	

Printed 23/07/2013 10:47:28

NHS Confidential: Personal data about a patient

The Royal Infirmary of Edinburgh
Little France, Edinburgh, EH16 4SA

Bariatric Surgical Service

Head of Service:
Mrs J Holmes

Lead Surgeon:
Mr B Tulloh

UGI Surgeon:
Mr A De Beaux

Bariatric Specialist Nurse:
Mhairri Duxbury

Direct Line:
0131 242 1615
Mobile No:
07776341859

Secretary: Lynn Porter
Email: [redacted]

Dr Mairi Macartney
St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

08 OCT 2012

Dear Dr Macartney

Mr Gary MacKie, 135/1 Marionville Road, Edinburgh, EH7 6BG
UHPI:700034550X, DoB: 7/6/1963, CHI: 0706631315

This gentleman attended the bariatric clinic today for review. It is now 14 months since his sleeve gastrectomy. His weight today is 94.4kg, BMI 29.5kg/m2. Gary has lost 1.8kg since his last review 2 months ago. Gary's weight loss now appears to have slowed down.

A review of his diet revealed that he is now with the support of his [redacted] eating more regularly, consumes more good protein sources, plenty of milky drinks, fruit vegetables and starchy foods. Both Gary and his [redacted] are happy that the weight loss has slowed, improvements in his diet have begun to show significant results in this regard.

Ref: cw
Typed: 24/9/2012
Clinic: 24/9/2012
Dict: 24/9/2012

I have encouraged him to continue and have provided further information on suitable protein foods, encouraged a variety of foods and most importantly for Gary to continue to eat regularly.

We will review Gary in 3 months time, we will keep you informed of his progress

Yours sincerely

Mrs CHRISTINE WARD
Bariatic Dietician to Mr BRUCE TULLOH

Diabetic Retinopathy Screening

Monday, 27 August 2012

MOIRA PARK SURGERY
54 MOIRA PARK
EDINBURGH EH076RU

Dear MOIRA PARK SURGERY,

DIABETIC RETINOPATHY SCREENING PROGRAMME

PATIENT NON ATTENDANCE

CHI No:	0706631315
Name:	GARY MACKIE
Address:	FLAT 1, 135 MARIONVILLE ROAD EDINBURGH, EH76BG

This patient has not attended retinal screening following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries please contact us on 0131 536 4145.

Yours sincerely,

Diabetic Retinopathy Screening

NHS Confidential: Personal data about a patient

12 JUL 2012

The Royal Infirmary of Edinburgh
Little France, Edinburgh, EH16 4SA

Dr Mairi Macartney
St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Bariatric Surgical Service

Head of Service:
Mrs J Holmes

Lead Surgeon:
Mr B Tulloh

UGI Surgeon:
Mr A De Beaux

Bariatric Specialist Nurse:
Mhairri Duxbury

Direct Line:
0131 242 1615
Mobile No:
07776341859

Secretary: Lynn Porter
Email: [redacted]

Dear Dr Macartney

Mr Gary MacKie, 135/1 Marionville Road, Edinburgh, EH7 6BG
UHPI:700034550X, DoB: 7/6/1963, CHI: 0706631315

I reviewed this patient on behalf of the Bariatric Surgical Service today. His weight today was 96.2kg representing a loss of 10.7kg since his review in January this year bringing his BMI to 30kg/m2. There has been some concern with Gary vomiting over the past week although that had not previously been the case on discussion he had been on holiday and forgot to have a repeat prescription of his *Lanzoprazole and I suspect that now that he is taking it symptoms will* settle down. He is going to phone me in a weeks time to let me know how he is doing. In the meantime he is doing well in all other regards and his now [redacted] keeps him on a fairly close watch. We have taken his nutritional bloods today and will advise you of any deficiencies he may have and any further supplementation we might recommend. We will review him in 3 months time and keep you updated on his progress.

Ref: BJ/AC
Typed: 2/7/2012
Clinic: 25/6/2012
Dict: 25/6/2012

Yours sincerely

BRIAN JOYCE
Bariatric Staff Nurse to Mr BRUCE TULLOH

NHS Confidential: Personal data about a patient

- 2 FEB 2012

The Royal Infirmary of Edinburgh
Little France, Edinburgh, EH16 4SA

Dr Mairi Macartney GKS
St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Dear Dr Macartney

Mr Gary MacKie, 135/1 Marionville Road, Edinburgh, EH7 6BG
UHPI:700034550X, DoB: 7/6/1963, CHI: 0706631315

This gentleman attended the Bariatric Outpatient department for review following sleeve gastrectomy in June 2011.

His weight today is 106.9kg, BMI 33.4kg/m2. Gary has lost a further 9.3kg since his last review one month ago. He reports of doing well since the diagnosis and subsequent treatment of Helicobactor pylori. He continues to struggle with lack of appetite and his [redacted] has found that she has to encourage him to eat regularly. He also reports that his taste for varying foods is improving and he has recently made some progress on increasing the range of foods consumed.

He continues to take all the prescribed medication as directed.

I have encouraged Gary to focus on small amounts of food at regular intervals and to use the clock as a guide to meals and snacks rather than his appetite. Gary has been advised to eat a small amount of food, to include a protein source, every 2 hours. Suggestions for meals and snacks have been provided.

A full set of bloods were taken today in order to check his nutritional status we will keep you informed as to whether further or additional supplementation is required. He will be reviewed at clinic in 3 months.

Yours sincerely

Mrs CHRISTINE WARD
Bariatic Dietician to Mr BRUCE TULLOH

Bariatric Surgical Service

Head of Service:
Mrs J Holmes

Lead Surgeon:
Mr B Tulloh

UGI Surgeon:
Mr A De Beaux

Bariatric Specialist Nurse:
Mhairi Duxbury

Direct Line:
0131 242 1615
Mobile No:
07776341859

Secretary: Lynn Porter
Email: [redacted]

Ref: CW
Typed: 30/1/2012
Clinic: 27/1/2012
Dict: 30/1/2012

NHS Confidential: Personal data about a patient

University Hospitals Division

NHS
Lothian

The Royal Infirmary of Edinburgh
Little France, Edinburgh, EH16 4SA

Dr Mairi Macartney
St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

29 NOV 2011

Bariatric Surgical Service

Head of Service:
Mrs J Holmes

Lead Surgeon:
Mr B Tulloh

UGI Surgeon:
Mr A De Beaux

Bariatric Specialist Nurse:
Mhairri Duxbury

Direct Line:
0131 242 1615
Mobile No:
07776341859

Secretary: Lynn Porter
Email:
Lynn.Porter@luht.scot.nhs.uk

Ref: BT/LMP
Typed: 23/11/20 1
Clinic: 18/11/20 1
Dict: 18/11/20 1

Dear Dr Macartney

Mr Gary MacKie, 135/1 Marionville Road, Edinburgh, EH7 6BG
UHP1:700034550X, DoB: 7/6/1963, CHI: 0706631315

I saw Gary in the bariatric clinic this afternoon. He continues to do extremely well following his sleeve gastrectomy back in June and his weight is now down to 116kg (from his peak of 192kg when first referred) and he still has some more weight to lose.

Over the last few weeks he has developed a fairly constant epigastric pain which radiates through to the back and is occasionally associated with nausea. It is not present all the time but is not really episodic. He tried some Omeprazole given by a friend and found it gave him instant relief. This suggests that it is probably gastritis or reflux although gallstones is another possibility and I have arranged an ultrasound to look for these.

I would be grateful if you could prescribe him Omeprazole for a month or so to see if this resolves his symptoms. If the ultrasound is positive for gallstones, we will take action or that as well.

We will be in touch.

Yours sincerely

Mr BRUCE TULLOH
Consultant Surgeon

NHS Confidential: Personal data about a patient

University Hospitals Division

NHS Lothian

18/11/11

GARY MACKIE
67468
please scan & file.

Dear Dr Macarthey,

Gary is doing very well but he has developed epigastric pain suggestive of gastric reflux (or gallstones) he finds antacids help.

I will arrange an ultrasound but I'd be grateful if you could prescribe some omeprazole (or other PPI) which might do the trick

MM

with compliments

Many Thanks Regards Dr T. McCarthy

NHS Confidential: Personal data about a patient

NHS Lothian Bariatric Surgical Service
Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

NHS Lothian

Dr Mairi MacArtney
St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 25th October 2011
Our Ref: MD/LMP
Tel No: 0131 242 1615

28 OCT 2011

Dear Dr MacArtney

Patient: Gary MacKie – CHI: 0706631315
Address: 135/1 Marionville Road, Edinburgh, EH7 6BG

The above name patient who had a laparoscopic sleeve gastrectomy in June 2011 has recently had a nutritional blood screen completed. This shows he has a deficiency in his Vitamin B12 levels.

In view of the surgery that the patient has undergone and the presence of a vit B12 deficiency we would suggest that they be prescribed **vitamin B12 injections, 1mg/ml, every 2-3 months** to maintain the level. We will take a further nutritional screen but advise that the maintenance dose be continued indefinitely.

The reason the patient requires this supplementation is that they have incomplete digestion; decreased hydrochloric acid, insufficient pepsin necessary to cleave Vit B12 from protein and their intrinsic factor is also deficient.

If you require further clarity regarding the information above please do not hesitate to contact us on the numbers provided above.

Yours sincerely

Christine Ward
Bariatric Dietitian

NHS Confidential: Personal data about a patient

University Hospitals Division

NHS
Lothian

The Royal Infirmary of Edinburgh
Little France, Edinburgh, EH16 4SA

Dr Mairi Macartney
St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Bariatric Surgical Service

Head of Service:
Mrs J Holmes

Lead Surgeon:
Mr B Tulloh

UGI Surgeon:
Mr A De Beaux

Bariatric Specialist Nurse:
Mhairri Duxbury

Direct Line:
0131 242 1615
Mobile No:
07776341859

Secretary: Lynn Porter
Email: [redacted]

Dear Dr Macartney

Mr Gary MacKie, 135/1 Marionville Road, Edinburgh, EH7 6BG
UHPI:700034550X, DoB: 7/6/1963, CHI: 0706631315

Ref: CW/LMP
Typed: 13/10/2011
Clinic: 30/9/2011
Dict: 30/9/2011

This gentleman was reviewed in the bariatric clinic three months following his laparoscopic gastric sleeve surgery. His current weight is 127.8kg giving him a BMI of 39.4. Gary has achieved a weight loss of 10.7kg since his last review on 30th August.

Discussion revealed that Gary has been vomiting intermittently over the past few months. Unfortunately, once he starts he tends to find that it upsets his whole day and anything he eats will trigger a vomiting session. Further to this, he added that he has some reflux. In order to alleviate the vomiting, he returned to liquid / soft diet until it settles down. He has a good fluid intake but his urine output remains dark and this may be as a result of the periods of intermittent vomiting causing some dehydration. On further discussion he advised that the vomiting is usually associated with intake of meat, fish or bread and as a consequence, he is now a little wary to try these foods in case they cause a problem.

Gary's [redacted], who was also in attendance, suggested that the vomiting does seem to have a pattern to it and it usually follows Gary eating a meal on his own. All the family generally have to keep an eye on him and remind him to slow his eating down. In addition, he still uses large cutlery and admitted that when he is on his own, he does watch tv or is somewhat distracted when eating.

He reports of being very tired and is still taking Senna to help in keeping his bowel movement regular.

I advised Gary to keep a food diary and to write down who he is with when eating and the incidents of vomiting in order that he can make the connection himself. I have also encouraged him to use smaller cutlery to ensure that he puts smaller amounts in his mouth, chews well and does not inadvertently swallow unchewed food. I have encouraged him to take more nourishing drinks in the form of milkshakes, to try softer protein foods such as scrambled eggs, fish in sauce or casserole's etc. I have also urged him to increase his fluid intake as clearly this is having an impact on both the concentrated urine output and his poor bowel movements.

During the consultation, Gary continued to chew gum. I asked him how often he did this and he agreed that this was now becoming a habit. I suggested that this may well be contributing to both acid reflux and wind in his stomach, both of these problems he has made comment on.

On review of his blood results, we note that he has low vitamin B12 and would advise injections, 1mg every 2-3 months in order to maintain B12 levels due to acid production and lack of intrinsic factor. It is is well documented and well evidenced that all sleeve and bypass patients, become B12 deficient in the longterm.

We will review Gary again in one month and keep you informed of his progress.

Yours sincerely

pp Mrs CHRISTINE WARD
Bariatic Dietician to Mr BRUCE TULLOH

NHS Confidential: Personal data about a patient

13 SEP 2011

Diabetic Retinopathy Screening

Tuesday, 06 September 2011

MOIRA PARK SURGERY
54 MOIRA PARK
EDINBURGH EH076RU

Dear MOIRA PARK SURGERY,

DIABETIC RETINOPATHY SCREENING PROGRAMME
PATIENT NON ATTENDANCE

CHI No:	0706631315
Name:	GARY MACKIE
Address:	FLAT 1, 135 MARIONVILLE ROAD EDINBURGH, EH76BG

This patient has not attended retinal screening following three recent invitations. Could you please check that we have the correct patient details. If any are incorrect, please let us know so that we can update our records and offer a further appointment.

Unless we hear from the patient in the meantime, they will be re-invited next year. However, should you have contact with the patient and wish them to be seen please get in touch and we will send them another appointment.

Should you have any queries please contact us on 0131 536 4145.

Yours sincerely,

Diabetic Retinopathy Screening

NHS Confidential: Personal data about a patient

University Hospitals Division

NHS Lothian

The Royal Infirmary of Edinburgh
Little France, Edinburgh, EH16 4SA

Dr Mairi Macartney
St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

07 SEP 2011

Bariatric Surgical Service

Head of Service:
Mrs J Holmes

Lead Surgeon:
Mr B Tulloh

UGI Surgeon:
Mr A De Beaux

Bariatric Specialist Nurse:
Mhairri Duxbury

Direct Line:
0131 242 1615
Mobile No:
07776341859

Secretary: Lynn Porter
Email: [redacted]

Ref: MD/LMP
Typed: 31/8/2011
Clinic: 29/8/2011
Dict: 29/8/2011

Dear Dr Macartney

Mr Gary MacKie, 135/1 Marionville Road, Edinburgh, EH7 6BG
UHPI:700034550X, DoB: 7/6/1963, CHI: 0706631315

I reviewed Gary in the bariatric clinic some 8 weeks following his laparoscopic gastric sleeve surgery. His current weight is 138.5kg giving him a BMI of 42.7. This is a further weight loss of 7.5kg since his last review.

Gary continues to do well having initially had a few upsets with vomiting, mostly related to how he was eating. He is now managing to take a good soft diet without any current intolerances apart from fish. He is not vomiting regularly and is drinking 3 litres over the course of the day.

With regards to activities of daily living, his bowels are opening regularly although he was initially constipated following surgery. His urine output although regular and with no odour, is orange in colour. I believe this has been tested well and there are no concerns regarding this.

In terms of medication, he is taking Forceval multivitamin once daily which he will probably have to take for the rest of his life. He is taking his Tildiem, Bendroflumethazide, Enalapril and Fluoxetine. I believe he is no longer on Metformin and currently his BM's are <6.4mmol. He did voice that on occasions when getting up from sitting down for too long he can be a little dizzy. It may be worth bearing in mind that he has now lost in excess of 40kg so you may need to start reviewing his hypertensive medication. I will leave this in your capable hands to review and reduce as you see fit.

Gary is very pleased with his progress so far and is keen to continue. We aim to see him again in four weeks time which will be the three month anniversary of his surgery. We will keep you updated on his progress.

Yours sincerely

MHAIRRI DUXBURY
Bariatric Nurse Specialist

NHS Confidential: Personal data about a patient

University Hospitals Division

NHS Lothian

The Royal Infirmary of Edinburgh
Little France, Edinburgh, EH16 4SA

Dr Mairi Macartney
St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

18 AUG 2011

Bariatric Surgical Service

Head of Service:
Mrs J Holmes

Lead Surgeon:
Mr B Tulloh

UGI Surgeon:
Mr A De Beaux

Bariatric Specialist Nurse:
Mhairri Duxbury

Direct Line:
0131 242 1615
Mobile No:
07776341859

Secretary: Lynn Porter
Email: [redacted]

Ref: BJ/LMP
Typed: 11/8/2011
Clinic: 8/8/2011
Dict: 8/8/2011

Dear Dr Macartney

Mr Gary MacKie, 135/1 Marionville Road, Edinburgh, EH7 6BG
UHPI:700034550X, DoB: 7/6/1963, CHI: 0706631315

I reviewed this patient on behalf of the bariatric surgical service. His weight today was 146kg which represents a loss of 20kg since his surgery and gives him a BMI of 45.1.

Gary has still been having some episodes of vomiting, approximately 3 times per week. On discussion with him, it appears that this may be more related to his eating behaviour than any difficulties. I have re-stated our food rules and the fact that he must pay due care and attention to how much he is eating and realise when he has a sensation of fullness. Both he and his [redacted] understood these instructions and if at his next review there is still some occasional vomiting, we may have to investigate further.

I note that you have prescribed him a multivitamin although I am not sure which multivitamin it is. We would be grateful if you could prescribe Forceval as it contains 100% of the recommended daily allowance of vitamins and minerals in order to support the possible malabsorption from his operation. His blood glucose remains well under control with the highest reading being 6.7mmols and he continues without his Metformin. His bowels are opening rarely but due to his greatly decreased intake, this is not a great concern. He is passing good volumes of urine. He still has some slight pain in the wound sites on either side of his navel but states that this is improving. There is no sign of infection or inflammation at this time.

We will review him again on 29th August and keep you informed of his progress.

Yours sincerely

BJ/N.

BRIAN JOYCE
Bariatric Staff Nurse

NHS Confidential: Personal data about a patient

University Hospitals Division

NHS
Lothian

The Royal Infirmary of Edinburgh
Little France, Edinburgh, EH16 4SA

Dr Mairi Macartney
St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

25 JUL 2011

Bariatric Surgical Service

Head of Service:
Mrs J Holmes

Lead Surgeon:
Mr B Tulloh

UGI Surgeon:
Mr A De Beaux

Bariatric Specialist Nurse:
Mhairri Duxbury

Direct Line:
0131 242 1615
Mobile No:
07776341859

Secretary: Lynn Porter
Email:
Lynn.Porter@luht.scot.nhs.uk

Ref: MD/LMP
Typed: 19/7/2011
Clinic: 15/7/2011
Dict: 15/7/2011

Dear Dr Macartney

Mr Gary MacKie, 135/1 Marionville Road, Edinburgh, EH7 6BG
UHPI:700034550X, DoB: 7/6/1963, CHI: 0706631315

I reviewed Gary in the bariatric clinic this afternoon following a telephone follow up where he suggested that he was struggling with his dietary intake post laparoscopic sleeve gastrectomy. He came into clinic this afternoon and his current weight is 154.5kg giving him a BMI of 47.7.

He has had an episode of vomiting which seemed to be taking some time to settle after eating cauliflower cheese as part of his pureed diet. He feels that this is probably too rich but on further discussion it appears that he has probably been taking too much on his fork and also gulping at the same time when he is drinking. He has been given full advice regarding this but we decided that we should also take some bloods which we have done today to make sure that he has not had any adverse effects to the episodes of vomiting. He had a discussion with Chris Ward, our dietitian, regarding what he should take over the coming days.

On examination today, his abdomen is soft and non tender and I thank you for the care you have given with regards to the infected drain site which has now healed over and is not showing any signs of infection or inflammation. His abdomen remains red but I am assured by his [redacted] that this is completely normal for him and there is no obvious signs of any underlying infection or inflammation. His current blood glucose levels are below 7.1mmols and he is not requiring any diabetic medication at present. He has been monitoring his own levels and has got full advice with regards to contacting the diabetes team if he should need to.

He has an appointment booked with us for 8th August and we will see him at this time to ensure he is continuing to make a good recovery from his surgery. We will also make contact with him by telephone over the coming week.

We will keep you updated of his progress.

Yours sincerely

MHAIRRI DUXBURY
Bariatric Nurse Specialist

NHS Confidential: Personal data about a patient

LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine — Biochemistry, RIE

PATIENT: MACKIE, GARY **UPI:** 700034550X **CHI:** 0706631315
DOB: 07/06/1963 **SEX:** M **CONSULTANT/GP:** Mhairri S Duxbury
SOURCE: RIE Outpatient Department 4 **SENDER:** 23071 B Joyce

CLINICAL DETAILS:
2 weeks post sleeve gastrectomy. Vomiting
SPECIALTY: General Surgery

			27/05/11 13:37	28/06/11 09:07	29/06/11 09:47	30/06/11 09:17	15/07/11 13:46
			HB364146 Blood	HB380886 Blood	HB381667 Blood	HB382437 Blood	HB390565 Blood
Urea	mmol/L	2.5-6.6		5.2	6.2	6.5	4.0
Creatinine	umol/L	60-120		63	62	59	71
eGFR (/1.73m2)	ml/min			>60	>60	>60	>60
Sodium	mmol/L	135-145		138	138	137	138
Potassium	mmol/L	3.6-5.0		4.5	4.4	4.0	4.5
TCO2	mmol/L	22-30		27	27	26	30
Bilirubin	umol/L	3-16			9	9	6
ALT	U/L	10-50			51	41	37
Alk.Phos	U/L	40-125			98	83	121
Albumin	g/L	35-50					44
Calcium	mmol/L	2.1-2.6					2.47
Adjustd Calcium	mmol/L	2.1-2.6					2.39
PTH	pmol/L	1.6-7.5	2.7 a				

COMMENTS:
a) N.B. Change in PTH method and units from 15th Oct 2010

DATE PRINTED: 15/07/2011
TIME PRINTED: 18:31

INDEX OF COMMENT CODES

HM Haemolysed **IS** Insufficient **UNK** Unknown **LP** Lipaemic **NDET** Not Detected
T/F Result to Follow **TL** Too late for satisfactory analysis **TC** Test cancelled **SB** See comment below
Results outwith the reference range are highlighted in BOLD

NHS Confidential: Personal data about a patient

University Hospitals Division

NHS Lothian

The Royal Infirmary of Edinburgh
Little France, Edinburgh, EH16 4SA

Bariatric Surgical Service

Head of Service:
Mrs J Holmes

Lead Surgeon:
Mr B Tulloh

UGI Surgeon:
Mr A De Beaux

Bariatric Specialist Nurse:
Mhairri Duxbury

Direct Line:
0131 242 1615
Mobile No:
07776341859

Secretary: Lynn Porter
Email:
Lynn.[redacted]

Dr Mairi Macartney
St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

04 AUG 2011

Dear Dr Macartney

Gary MacKie, 135/1 Marionville Road, Edinburgh, EH7 6BG
DoB: 7/6/1963, CRN/UHPI: 700034550X, CHI: 0706631315

Admitted:	27/6/2011	*Discharged:*	1/7/2011
Dictated:	5/7/2011	*Typed:*	11/7/2011
Consultant (s):	BRUCE TULLOH	*Ward:*	106
Speciality:	General Surgery	*Ref:*	JKA/OB

Date: 27/6/2011, Consultant: Andrew de Beaux

Site	Diagnosis	Operation	Code	Type
Stomach	**Obesity (gastric)**	**Laparoscopic sleeve gastrectomy**	**030977**	

Discharge Codes:

Site	Diagnosis	Operation	Code	Type
Stomach	**Obesity (gastric)**	**Laparoscopic sleeve gastrectomy**	**030977**	

Clinical Summary:

Diagnosis: Obesity
Operation Performed: Laparoscopic Sleeve Gastrectomy
Medications: As before surgery
Follow Up: The Bariatric Team

This patient was admitted on 27/06/11 and underwent a laparoscopic sleeve gastrectomy. Post-operatively he developed some nausea and vomiting, which delayed his discharge, but he gradually recovered and was well enough to be discharged home on 01/07/11. He will be followed up by the Bariatric Team as arranged previously.

With regards.

Yours sincerely

Mr J APOLLOS
Specialist Registrar to Mr BRUCE TULLOH

NHS Confidential: Personal data about a patient

Name 700034550X M 07/06/1963 **Date of Birth**
MacKie, Gary

Address 135/1 Marionville Road,
Edinburgh,
Midlothian,
EH7 6BG

CHI 0706631315

70785 MM MacArtney

Dear Doctor,

I would be grateful if you could prescribe the following items for the above patient;

	Size	Amount
Insulin		
Pen Needles		
Blood Glucose Test Strips		
BAYER CONTOUR [redacted] TEST STRIPS		x 1 BOX
Lancets		
BAYER CONTOUR LANCETS		x 1 BOX
Glucagon Hypo-Kit		
Yes/No		
Needle Clipping Device		
Yes/No		
Sharps Bin		
Yes/No		
Other Items		

Please Discontinue:

Comments: Post bariatric surgery - to test to ensure blood glucose [redacted] < 10mmols

Nurse Signature JBarclay Print BARCLAY

Department of Diabetes, Royal Infirmary of Edinburgh
Telephone 0131 242 1470 or 0131 242 1471

NHS Confidential: Personal data about a patient

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

NHS Lothian

Department of General Surgery

Dr Garner
St Triduana's Medical Practice
St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date First Created 01/07/2011
Date Authorised
Date/Time Printed 01/07/2011 14:23
Our Ref 700034550X
CHI 0706631315

Patient: Gary MacKie
135/1 Marionville Road
Edinburgh
EH7 6BG

UHPI: 700034550X
Date of Birth: 07/06/1963

Ward: Ward 106 RIE

Admission Date: 27/06/2011

Consultant: Mr B Tulloh

Discharge Date: 01/07/2011

General Surgery
Prof OJ Garden
Ms TE Gillies
Professor SJ Wigmore
Mr SJ Nixon
Mr SCA Fraser
Mr S Paterson-Brown
Professor RW Parks
Mr M Akyol
Mr JLR Forsythe
Mr JJC Casey
Mr JJ Powell
Mr GW Couper
Mr GGP Browning
Mr EL Hidalgo
Mr B Tulloh
Mr A De Beaux
Miss LP Marson

For enquiries:
0131 242 1000

Hepatobiliary Team:
0131 242 3661/2

Upper GI:
0131 242 3620
0131 242 3667

Thyroid:
0131 242 3663

Oncology Consultant WGH:
Dr Lucy Wall
0131 537 3916

Inpatient Discharge Summary

Discharge Medication	Dose	Frequency	Duration	Additional Info
Paracetamol Caplets	1000 MG	FOUR times daily	1 Week	32 tablets
Lansoprazole Capsules	30 MG	TWICE DAILY	Long Term	22 tablets
Carbamazepine Tablets	100 MG	TWICE DAILY	Long Term	pt's own
Doxazosin Tablets	4 MG	TWICE DAILY	Long Term	pt's own
Fluoxetine Capsules	40 MG	ONCE DAILY	Long Term	pt's own
Enalapril Tablets	20 MG	ONCE DAILY	Long Term	pt's own
Diltiazem M/R Capsules 300mg (Tildiem LA)	300 MG	ONCE DAILY	Long Term	pt's own
Spironolactone Tablets	25 MG	ONCE DAILY	Long Term	pt's own
Bendroflumethiazide Tablets	2.5 MG	ONCE DAILY	Long Term	pt's own
Aspirin Dispersible Tablets	75 MG	ONCE DAILY	Long Term	pt's own
Atorvastatin Tablets	20 MG	ONCE DAILY	Long Term	pt's own
Amitriptyline Tablets	25 MG	ONCE DAILY	Long Term	pt's own

Prescribed By ..... **Date** ..... **Print Name**.....
Dispensed By ..... **Date** ..... **Print Name**.....
Pharmacist Check ..... **Date** ..... **Print Name**.....
Final Check ..... **Date** ..... **Print Name**.....

NHS Confidential: Personal data about a patient

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

NHS Lothian

Cont'd... **Ref:** 700034550X **Patient Name:** Gary MacKie

✓ coded

PRINCIPAL DIAGNOSIS/PROCEDURE
This 48 year old gentleman was admitted for laparoscopic gastric bypass surgery from which there were no immediate complications.
PMHx: Type 2 DM, asthma, LVH, angina, hypertension.

TREATMENT
as above

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
Out-patient appointment in 4/52. Diabetic nurse specialist number if required.

CHANGES TO DRUGS SINCE ADMISSION
Metformin witheld and orlistat stopped.

PREVIOUS ADVERSE DRUG REACTIONS

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS

GP to please consider the following...

Should you need further information please contact...Secretary to Mr Tulloh, RIE

Information contained in this letter has been discussed with the patient/carer.

Staff Signature..... PrintName.....

Designation..... Date..... Time.....

Patient/Carer Signature.....

This is an immediate discharge letter and a further letter may follow.

Inpatient Discharge Summary

NHS Confidential: Personal data about a patient

University Hospitals Division

NHS
Lothian

The Royal Infirmary of Edinburgh
Little France, Edinburgh, EH16 4SA

Dr Mairi Macartney
St Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

12 MAY 2011

Bariatric Surgical Service

Head of Service:
Mrs J Holmes

Lead Surgeon:
Mr B Tulloh

UGI Surgeon:
Mr A De Beaux

Bariatric Specialist Nurse:
Mhairri Duxbury

Direct Line:
0131 242 1615
Mobile No:
07776341859

Secretary: Lynn Porter
Email:
Lynn.Porter@luht.scot.nhs.uk

Ref: CW/LMP
Typed: 28/4/2011
Clinic: 18/4/2011
Dict: 18/4/2011

Dear Dr Macartney

Mr Gary MacKie, 135/1 Marionville Road, Edinburgh, EH7 6BG
UHPI:700034550X, DoB: 7/6/1963, CHI: 0706631315

This gentleman attended the bariatric clinic today for review following the completion of the intensive patient education sessions for weight management and progression to surgery. His current weight is 178.4kg giving him a BMI of 55.1. Gary has lost a further 1kg since his last review one month ago.

You may be aware that we have set up an agreement with patients that in order to progress them to surgery, they should lose 5% of their starting weight. Gary is now 2kg away from his calculated 5% weight loss, losing weight slowly but steadily. He is fully supported by his [redacted] and his current dietary intake today reveals that he has made significant changes in all respects but most importantly, he has reduced his portion sizes and the type of food he is consuming.

We will continue to follow Gary's progress and keep you informed. He will be reviewed again in one months time.

Yours sincerely

Mrs CHRISTINE WARD
Bariatic Dietician to Mr BRUCE TULLOH

NHS Confidential: Personal data about a patient

EDINBURGH COMMUNITY HEALTH [redacted]SHIP
NORTH EAST EDINBURGH LHP
LEITH COMMUNITY TREATMENT CENTRE
DIABETES CLINIC
12 Junction Place, Edinburgh EH6 5JA
Tel: 0131 536 6244 Fax: 0131 536 6246

NHS Lothian

26 JAN 2011

Dr Singh
St Triduana's Medical Centre
54 Moira Park
Edinburgh
EH7 6RU

Your Ref:
Our Ref: LK/RM
Date: 20 January 11
Dictated:
Ext No: 66244
Direct Dial: 0131 536 6244

Dear Dr Singh

GARY MACKIE, 135/1 MARIONVILLE ROAD, EDINBURGH EH7 6LB
DOB: 07.06.73, CHI NO: 0706631315, UNIT NO: 700034550X

Gary has failed to turn up at the Cardiovascular Risk Clinic over the past year despite us sending him several appointments to come and see us here. We are now going to discharge him from the clinic.

I: you want to re-refer him I would be happy to see him again in the future.

Yours sincerely

Lubna Kerr.

LUBNA KERR
Cardiovascular Risk Clinic Pharmacist

NHS Confidential: Personal data about a patient

Primary & Community Division

NHS Lothian

Edinburgh Community Physiotherapy Service

Leith Community Treatment Centre, Physiotherapy Department
12 Junction Place, EDINBURGH, EH6 5JA
Tel: 0131-536 6370 Fax: 0131-536 6375

Dr MACARTNEY
ST TRIDUANAS MEDICAL PRACTICE
54 MOIRA PARK
EDINBURGH
EH7 6RU

26 JAN 2011

DISCHARGE SUMMARY

A & E CONSULTANT (UNKNOWN) referred this patient on: 15/11/10

Patient's Name: GARY MACKIE
DOB: 07/06/63

Address: FLAT 1
135 MARIONVILLE ROAD
EDINBURGH
EH7 6BG

CHI No: 0706631315
Date of Discharge: 30/11/10

Number of Treatments: 0
Number of DNAs/UTAs:

Physiotherapy Diagnosis:

Treatment	
Manual Therapy	☐
Electrotherapy	☐
Individual Exercise	☐
Group Exercise	☐
Advice/Education	☐
Acupuncture	☐
Injection Therapy	☐
Optional review appt for	☐
Other	☐

Outcome	
Much Better/Problem Resolved	☐ 4
Improved	☐ 3
No Change	☐ 2
Worse	☐ 1
Outcome Unknown	☐ 0
Discharge	
D/C Normally	☐ A
One off Advice Session	☐ B
Optional review appt not used	☐ C
Self Discharge	☐ D
Transferred to other Health Professional	☐ E
Re-referred to source	☐ F
DNA/UTA/No Contacts	☑ G
DNA 1st Appointment	☐ H
Patient Died	☐ I

Comments:
Patient to self manage with given ex's/advice ☐

PATIENT FAILED TO MAKE APPOINTMENT AND WAS THEREFORE BEEN DISCHARGED

PHYSIOTHERAPY RECEPTION
Physiotherapist Signature

Physiotherapist Name

16/1/2011
Date

NHS Confidential: Personal data about a patient

NHS Lothian Bariatric Surgical Service
Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

NHS Lothian

Dr Singh
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 28th September 2010
Our Ref: MD/LMP

Email: [redacted]

Dear Dr Singh

Patient: Gary Mackie – CHI: 0706631315
Address: 135 Marionville Road, Edinburgh, EH7 6BG

As you will be aware, this patient attended the pilot bariatric information seminar. He was given the opportunity to engage with the service with regards to commencing a 12 week intensive pre operative course at which point, he would be fully assessed with regards to suitability for bariatric surgery.

He failed to attend the first session and we have had no contact from him whatsoever to suggest that he wants to delay starting this pathway. As things stand, we will presume that he does not wish to take this further and have discharged him from the bariatric waiting list back to your care. If he seeks further assessment for bariatric surgery, he will now need to come through the tier 3/4 weight management process within the community before further assessment, if appropriate, is done by the bariatric team in tier 5.

If you wish to discuss this any further please do not hesitate to contact us.

Yours sincerely

Mhairn Duxbury
Bariatric Specialist Nurse

CODED	X
ADDITION to problem summary	
11 OCT 2010	
DNA task to Kathleen	
SCRIPT issued	
ACTION required by doctor	?

NHS Confidential: Personal data about a patient

Directorate of
Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITAL DIVISION

Clinical Director Dr. A. Gray
Clinical Care Manager Mr. Neil Boyle
THE ROYAL INFIRMARY OF EDINBURGH

NHS Lothian

A/E no. E1793141

Previous no. 04107280

UHPI no. 700034550X

General Practitioner

Name Dr MM MacArtney

Address St Triduanas Medical Practice
54 Moira Park
Edinburgh

EH7 6RU

PATIENT INFORMATION

Surname MacKie

Forenames Gary

Address 135/1 Marionville Road
Edinburgh
Midlothian

Post Code EH7 6BG Telephone 079445 41633

D.O.B. 07/06/1963

Age 47 Sex Male

Date and Time of Attendance
31/08/2010 18:23

Mode of Arrival
Private Transport

Source of Referral Self Referral to A&E

Contact MacKie, Mrs
Address 31/1 Loganlea Avenue
Edinburgh
Midlothian
EH7 6PA

Telephone No. H 6610693
W

06 SEP 2010

CLINICAL NOTES

CHI: 0706631315

47 year old male J. HD painter and decorator , Has been doing a lot of work over the last few weeks.
Note left wrist becoming increasingly swollen and clicky. Now painful even at rest after busy day at work.

PH: Hypertension. NIDDM. Increased cholesterol and asthma.
DH: Antihypertension, tablets for blood sugar. Statins. Unsure of exact medication.
NKDA.
Morbidly obese.

EXAM: Alert and orientated x 3. Warm and well perfused. Walking in. Systemically well.
Isolated problem.
L. wrist tender over dorsal aspect especially on extension.
Slightly warm to touch and swollen but no cellulitis or tracking. No lymphnodes raised.
Crepitus felt and following inflammatory pattern.
L. hand and fingers NAD.
FROM. NVID.
No bony tenderness over wrist or ASB

XRAY L. scaphoid by triage nurse shows NBI ✓

Discussed with SpR Lisa Carter who agrees after reviewing xrays.

IMP: Tendonitis L. wrist (repetitive strain)

PLAN: Wrist splint. Patient too obese for splint so made a metal splint and dressing.
Advised to phone own GP and ask if able to take NSAIDs.
Advised to see GP one week for check up
Advised to return if any problems in the interim

Tobias H Kunkel Nurse Practitioner
Elma K Laing, on 31/08/2010 at 23:36

NHS Confidential: Personal data about a patient

NHS Lothian Bariatric Surgical Service
Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

Computer	Doctor	
	Nurse	
	20 JUL 2010	
	No further action	
	Notes required	

NHS Lothian

Date: 13th July 2010
Our Ref: MD/LMP

Email: [redacted]

Dr Singh
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Dear Dr Singh

Patient: Gary MacKie – CHI: 0706631315
Address: 135 Marionville Road, Edinburgh, EH7 6BG

This patient has recently attended the pilot bariatric patient information seminar. As things stand, we have given him one month to engage with the service as to whether he wishes to go forward with the intensive pre operative assessment course that we plan to put in place over the coming months.

We will keep you fully informed with the patients progress and the results of his full assessment to advise you as to whether or not bariatric surgery will go ahead in the future. At present, he is not on a waiting list for surgery but this will happen once he has completed the course and we have made a final decision as to whether he is appropriate for future bariatric surgery.

We will keep you updated of his progress.

Yours sincerely

Mhairri Duxbury
Bariatric Specialist Nurse

NHS Confidential: Personal data about a patient

24 DEC 2010

Diabetic Retinopathy Screening

Friday, 25 June 2010

MOIRA PARK SURGERY
54 MOIRA PARK
EDINBURGH EH076RU

Dear MOIRA PARK SURGERY,

DIABETIC RETINOPATHY SCREENING PROGRAMME

PATIENT DIABETIC EYE SCREENING RESULT

CHI No: 0706631315
Name: GARY MACKIE
Address: 31-1 LOGANLEA AVE, EDINBURGH EH76PA

This patient was screened on the 23/06/2010 09:36 AM. Their screening results are as follows:

	Right Eye	**Left Eye**
Visual Acuity	0.2 (6/9.5)	0 (6/6)
Diabetes Retinopathy Grade	(R0) no retinopathy	(R0) no retinopathy
Maculopathy Level	(M0) no maculopathy	(M0) no maculopathy
Non DR Features	---	Pigmented lesion (naevus)
Comments		

The patient has been informed of the condition of their eyes and the following action has been taken:

Rescreening in 12 months (Fundus Photography)

Should you have any queries please contact Dr Ken Swa, on 0131 536 4145.

Yours sincerely,

Dr Ken Swa

NHS Confidential: Personal data about a patient

Retinal Screening 23/06/10

SCIDC SCOTTISH CARE INFORMATION DIABETES COLLABORATION

Patient Summary Data

NHS

Logout

Name : **MACKIE, GARY** CHI : **0706631315** Age : **47** Type of Diabetes : **Type 2**

Handbook - **Leaflets** - **Patient Held Summary**

Text-Only version

Patient

Patient Identifier : 0706631315
Practice ID : 70785
Name : MACKIE, GARY
Address : 31-1 LOGANLEA AVE, EDINBURGH, EH76PA
Type of Diabetes : Type 2
Last Recorded Treatment : None - 01/09/2008
Last Manual Validation : 19/04/2006
Insulin Pump Therapy Device :

Hospital Identifier : CHI
Date of Birth : 07/06/1963
Age : 47
Date of Diagnosis : 01/01/2004
Ethnic Group : Not Known
Travel Letter : **Insulin / Tablet**

Biochemistry - **Data Quality Review**

GMS **HbA1c** : 53 mmol/mol (7%) - 13/05/2010
Total Cholesterol : 4.3 mmol/L - 13/05/2010
Triglycerides : 2.53 mmol/L - 06/10/2009
GMS **Creatinine** : 61 umol/L - 13/05/2010
GMS **Microalbumin Value** : 41 mg/l - 24/05/2010
Proteinuria : Trace - 22/09/2006

Blood Glucose : 14 mmol/L - 30/08/2004
HDL Cholesterol : 0.74 mmol/L - 06/10/2009
Estimated Creatinine Clearance : 332 ml/min
1 / Creatinine : 0.016 - 13/05/2010
GMS **Urine Albumin Stage** : Normoalbuminuria - 28/03/2006
Estimated GFR :

Cardiovascular - **Data Quality Review** - This patient has Established Cardiovascular Disease

GMS **Blood Pressure** : 187 / 113 mmHg - 19/05/2010
Hypertension Onset : 2002
CHD Onset :
First MI :

First Stroke :
Angina Onset : 2001
First CABG :

Eye Screening Images

Last Screened date: 23/06/2010 09:36:29
Screening Mode: Retinal Photography

Scottish Diabetic Retinopathy Grading Scheme

Last Screened Outcome: Rescreening in 12 months (Fundus Photography)
Screening Outcome Status: Attended - Successfully Screened

Visual Acuity

Right Eye: 6/9.5 (Corrected) - 23/06/2010 ✓
Left Eye: 6/6 (Corrected) - 23/06/2010 ✓

Patient Summary Data

No Retinopathy - 23/06/2010	Retinopathy	No Retinopathy - 23/06/2010
No Maculopathy - 23/06/2010	Maculopathy	No Maculopathy - 23/06/2010
Absent - 23/06/2010	Laser Photocoagulation Scars	Absent - 23/06/2010
Not Recorded	Non Diabetic Retinal Lesions	Pigmented lesion (naevus) - 23/06/2010

Screening Status: Ready for Workflow

Next Examination: Regular Re-Screening

Suspension Type:
Suspension Reason:

Suspended Until:
Other Suspension Reason:

GMS **Retinal Screening Event** : 23/06/2010

Laser Right :	**Laser Left :**
Cataract Right : Cataract absent - 2005	**Cataract Left :** Cataract absent - 2005
Cataract Extraction Right :	**Cataract Extraction Left :**
Glaucoma :	**Date Registered Blind :**

Renal Therapy

Renal Therapy :

ESRF Date :

Foot Screening

Amputation Right :	**Amputation Left :**
GMS **Peripheral Pulses Right** : Present - 13/05/2010	GMS **Peripheral Pulses Left** : Present - 13/05/2010
Foot Sensation Right : Abnormal - 13/05/2010	**Foot Sensation Left** : Abnormal - 13/05/2010
GMS **Monofilaments Right** : Normal - 09/10/2008	GMS **Monofilaments Left** : Normal - 09/10/2008
GMS **Foot Vibrations Right** : Abnormal - 13/05/2010	GMS **Foot Vibrations Left** : Abnormal - 13/05/2010
Foot Risk Right :	**Foot Risk Left :**
Overall Foot Risk :	
Right Ulcer Onset Date :	**Left Ulcer Onset Date :**
PVD Diagnosed? :	**Claudication Presented? :**

Lifestyle and Treatment - Data Quality Review

GMS **BMI** : 55.24 kg/m^2 - 13/11/2009	**DKA :**
Height : 1.79m - 13/11/2009	**Weight : 177 kg** - 13/11/2009
Last Recorded Smoking Status : Current - 13/05/2010	**Date Stopped Smoking :**
GMS **Smoking Cessation Advice Given :** 13/05/2010	GMS **Influenza Vaccination Status** : Given / Prescribed - 08/09/2010
GMS2 **Ace Inhibitor/A2 Antagonists Prescription :** Given / Prescribed - 25/08/2010	

Back to the Previous Screen

SCI-DC System Main Screen

Website Comments

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NHS Confidential: Personal data about a patient

Edinburgh Community Health [redacted]ship
Department of Diabetes

Leith Community Treatment Centre
Junction Place
Edinburgh EH6 5JQ

NHS Lothian

Consultant Physician: Dr R Reynolds
Hospital Practitioner: Dr N Black
Diabetes Specialist Nurse: Graham Whiting

Tel 0131 536 6244 (Secretary)
Fax 0131536 6246
Tel 0777 804 7955

Appointments: 0131 536 6230
Fax: 0131 536 6235

Date Printed: 18/11/2009
Our ref: LK/SW
Consultant: Dr R Reynolds

Dr AMAN SINGH
ST TRIDUANAS MEDICAL PRACTICE
54 MOIRA PARK
EDINBURGH
EH7 6RU

Dear Dr SINGH

GARY MACKIE 135/1 MARIONVILLE ROAD EDINBURGH EH7 6JB
DOB 07/06/1963 UNIT NO 700034550X CHI 0706631315

I saw your patient at the Diabetes Cardiovascular Risk Clinic on 13/11/2009
Please find a clinic summary sheet attached. The following changes have been agreed with Dr Rebecca Reynolds

I saw your patient today at the Cardiovascular Risk Clinic. After an absence of 7 months, it was nice to see Gary. His blood pressure today unfortunately was 160/99 but he hadn't taken his medication before he came. His weight today is 177kgs and it's come down from 191kgs, so I'm pleased about that. His HbA1c is 6.8% (51 mmol/mol) which is a decrease from 7.0% (53 mmol/mol).

Gary, as you know, has been going to see people about gastric banding and he is quite determined to try and lose some weight. He has made changes to his diet, eating a lot of fish, however his biggest downfall is still chocolate. He is drinking a lot more water, which I'm really pleased about and I do hope that this is going to help him on the road to improve his lifestyle.

I'm going to see him back in December 2009, see how he's getting on and hopefully he'll have lost more weight by then.

If you have any questions, please feel free to contact me.

The next appointment date for your patient is: 18/12/2009.

Yours sincerely

LUBNA KERR

Dr Rebecca Reynolds
Consultant Physician

NHS Confidential: Personal data about a patient

Edinburgh Community Health [redacted]ship
Department of Diabetes

Leith Community Treatment Centre
Junction Place
Edinburgh EH6 5JQ

PATIENT NAME	GARY MACKIE	CHI	0706631315		
ADDRESS	135/1 MARIONVILLE ROAD	DOB	07/06/1963	AGE	46
	EDINBURGH	UNIT NUMBER	700034550X		
	EH7 6JB	EPISODE DATE	13/11/2009		

GENERAL

HBA1c	6.80	%	13/11/2009	DIABETES TYPE	Type 2 Diabetes Mellitus
WEIGHT	177.00	Kg	13/11/2009	DURATION OF DIABETES	5 years 3 months
BMI	55.24				
BLOOD PRESSURE	160 / 99		13/11/2009	SMOKING STATUS	Ex Smoker

BIOCHEMISTRY

			DATE				DATE
CREATININE	72.00	umol/l	02/05/2008	CHOLESTEROL	4.10	mmol/l	02/05/2008
UREA	6.10	mmol/l	02/05/2008	TRIGLYCERIDES	1.95	mmol/l	02/05/2008
ALB / CREAT RATIO	1.60	mg/mmol	22/09/2006	HDL CHOL	0.67	mmol/l	02/05/2008
FREE T4	15.00	pmol/l	02/05/2008	TSH	1.50	mU/l	02/05/2008

CLINICAL CONDITIONS

Non-ins-dep diabetes mellitus	2004
Morbid obesity	2004
Essential hypertension	2004
Ischaemic heart disease	2004

MEDICATION

	LUNCH	TEA	SUPPER
DOXAZOSIN 1mg tablets	1.00		1.00
ATORVASTATIN 20mg tablets			1.00
DOXAZOSIN 2mg tablets	1.00		1.00

NHS Confidential: Personal data about a patient

Edinburgh Community Health [redacted]ship
Department of Diabetes

Leith Community Treatment Centre
Junction Place
Edinburgh EH6 5JQ

NHS Lothian

Consultant Physician: Dr R Reynolds — Tel 0131 536 6244 (Secretary) Fax 0131536 6246
Hospital Practitioner: Dr N Black — **Appointments:** 0131 536 6230
Diabetes Specialist Nurse: Graham Whiting — Tel 0777 804 7955 — Fax: 0131 536 6235

Date Printed: 15/04/2009
Our ref: LK/SW
Consultant: Dr R Reynolds

Dr AMAN SINGH
ST TRIDUANAS MEDICAL PRACTICE
54 MOIRA PARK
EDINBURGH
EH7 6RU

Dear Dr SINGH

GARY MACKIE 135/1 MARIONVILLE ROAD EDINBURGH EH7 6JB
DOB 07/06/1963 UNIT NO 700034550X CHI 0706631315

I saw your patient at the Diabetes Cardiovascular Risk Clinic on 03/04/2009
Please find a clinic summary sheet attached. The following changes have been agreed with Dr Rebecca Reynolds.

I saw your patient today at the Cardiovascular Risk Clinic where his blood pressure was high at 179/97. This is unusual as Gary was heading in the right direction. He however had not taken any of his medication this morning as he had an early appointment, so I've suggested to him that at the next appointment he makes sure that he comes at a much later time and has taken his medication.

We took his HbA1c today and that was 7.0%, so he is definitely heading in the right direction. We're looking at ways of behaviour after he gets upset because that's when he tends to smoke or eat, so I'm going to look into getting him access to some breathing exercises.

I'm going to see him back on the 8th of May.

If you have any questions, please feel free to contact me.

The next appointment date for your patient is: 08/05/2009

Yours sincerely

LUBNA KERR

Dr Rebecca Reynolds
Consultant Physician

NHS Confidential: Personal data about a patient

Edinburgh Community Health [redacted]ship
Department of Diabetes

Leith Community Treatment Centre
Junction Place
Edinburgh EH6 5JQ

PATIENT NAME	GARY MACKIE	CHI	0706631315
ADDRESS	135/1 MARIONVILLE ROAD EDINBURGH EH7 6JB	DOB	07/06/1963 AGE 45
		UNIT NUMBER	700034550X
		EPISODE DATE	03/04/2009

GENERAL

HBA1c	7.00 %	03/04/2009 ✓	DIABETES TYPE	Type 2 Diabetes Mellitus	
WEIGHT	180.00 Kg	03/04/2009 ✓	DURATION OF DIABETES	4 years 8 months	
BMI	56.18				
BLOOD PRESSURE	179 / 97	03/04/2009 ✓	SMOKING STATUS	Ex Smoker	

BIOCHEMISTRY

CREATININE	72.00 umol/l	02/05/2008	CHOLESTEROL	4.10 mmol/l	02/05/2008
UREA	6.10 mmol/l	02/05/2008	TRIGLYCERIDES	1.95 mmol/l	02/05/2008
ALB / CREAT RATIO	1.60 mg/mmol	22/09/2006	HDL CHOL	0.67 mmol/l	02/05/2008
FREE T4	15.00 pmol/l	02/05/2008	TSH	1.50 mU/l	02/05/2008

MEDICAL CONDITIONS

Non-ins-dep diabetes mellitus	2004
Morbid obesity	2004
Essential hypertension	2004
Ischaemic heart disease	2004

MEDICATION

	[redacted]	LUNCH	TEA	SUPPER
DOXAZOSIN 1mg tablets	1.00			1.00
ATORVASTATIN 20mg tablets				1.00
DOXAZOSIN 2mg tablets	1.00			1.00

NHS Confidential: Personal data about a patient

Edinburgh Community Health [redacted]ship
Department of Diabetes

Leith Community Treatment Centre
Junction Place
Edinburgh EH6 5JQ

NHS Lothian

Consultant Physician: Dr R Reynolds — Tel 0131 536 6244 (Secretary) Fax 0131536 6246
Hospital Practitioner: Dr N Black
Diabetes Specialist Nurse: Graham Whiting — Tel 0777 804 7955
Appointments: 0131 536 6230
Fax: 0131 536 6235

Dr AMAN SINGH
ST TRIDUANAS MEDICAL PRACTICE
54 MOIRA PARK
EDINBURGH
EH7 6RU

Date Printed: 05/03/2009
Our ref: LK/SW
Consultant: Dr R Reynolds

12 MAR 2009

Dear Dr SINGH

GARY MACKIE 135/1 MARIONVILLE ROAD EDINBURGH EH7 6JB
DOB 07/06/1963 UNIT NO 700034550X CHI 0706631315

I saw your patient at the Diabetes Cardiovascular Risk Clinic on 27/02/2009
Please find a clinic summary sheet attached. The following changes have been agreed with Dr Rebecca Reynolds.

I saw your patient today at the Cardiovascular Risk Clinic where his blood pressure was excellent at 124/68 which I'm really pleased about. His HbA1c was slightly down at 7.2% and his weight has come down as well at 179kgs, and this is down from 182kgs.

I haven't seen Gary since November last year. He's had some personal problems with his [redacted] and been quite concerned about her mental health. He's still smoking 4-5 cigarettes a day but he has stopped drinking altogether. He seems happy which is the best I've seen him for a long time. He's going on holiday with his brothers and [redacted] in May.

I'm really pleased with the progress that Gary is making, both in his HbA1c and his weight loss, and blood pressure. He does have some dry skin on his elbows and I've suggested he comes to see you for some emollient or Diprobase.

I'm going to see him back ~ April

The next appointment date for your patient is: 03/04/2009.

Yours sincerely

LUBNA KERR

Dr Rebecca Reynolds
Consultant Physician

NHS Confidential: Personal data about a patient

Edinburgh Community Health [redacted]ship
Department of Diabetes

Leith Community Treatment Centre
Junction Place
Edinburgh EH6 5JQ

PATIENT NAME	**GARY MACKIE**		CHI	**0706631315**	
ADDRESS	**135/1 MARIONVILLE ROAD**		DOB	**07/06/1963**	AGE **45**
	EDINBURGH		UNIT NUMBER	**700034550X**	
	EH7 6JB		**EPISODE DATE**	**27/02/2009**	

CLINICAL

HBA1c	7.20 %	27/02/2009	DIABETES TYPE	Type 2 Diabetes Mellitus
WEIGHT	179.00 kg	27/02/2009	DURATION OF DIABETES	4 years 7 months
BMI	55.87			
BLOOD PRESSURE	124 / 68	27/02/2009	SMOKING STATUS	Ex Smoker

[redacted]		**DATE**			
CREATININE	72.00 umol/l	02/05/2008	CHOLESTEROL	4.10 mmol/l	02/05/2008
UREA	6.10 mmol/l	02/05/2008	TRIGLYCERIDES	1.95 mmol/l	02/05/2008
ALB / CREAT RATIO	1.60 mg/mmol	22/09/2006	HDL CHOL	0.67 mmol/l	02/05/2008
FREE T4	15.00 pmol/l	02/05/2008	TSH	1.50 mU/l	02/05/2008

MEDICAL CONDITIONS

Non-ins-dep diabetes mellitus	2004
Morbid obesity	2004
Essential hypertension	2004
Ischaemic heart disease	2004

[redacted]ON	**TEA**	**SUPPER**
DOXAZOSIN 1mg tablets	1.00	1.00
ATORVASTATIN 20mg tablets		1.00
DOXAZOSIN 2mg tablets	1.00	1.00

NHS Confidential: Personal data about a patient

Edinburgh Community Health [redacted]ship
Leith Community Treatment Centre

Consultant Physician: Dr R Reynolds
Hospital Practitioner: Dr N Black
Diabetes Specialist Nurse: Graham Whiting

Tel 0131 536 6244 (Secretary)
Fax 0131536 6246
Tel 0777 804 7955

Department of Diabetes
Junction Place
Edinburgh EH6 5JQ

Appointments: 0131 536 6230
Fax: 0131 536 6235

NHS Lothian

Date Printed: 09/12/2008
Our ref: LK/SW
Consultant: Dr R Reynolds

Dr AMAN SINGH
ST TRUDIANAS MEDICAL PRACTICE
54 MOIRA PARK
EDINBURGH
EH7 6RU

Dear Dr SINGH

GARY MACKIE 135/1 MARIONVILLE ROAD EDINBURGH EH7 6JB
DOB 07/06/1963 UNIT NO 700034550X CHI 0706631315

I saw your patient at the Diabetes Cardiovascular Risk Clinic on 28/11/2008
Please find a clinic summary sheet attached. The following changes have been agreed with Dr Rebecca Reynolds.

I saw your patient today at the Cardiovascular Risk Clinic where his blood pressure was 152/92. I haven't seen Gary for 5 months now, however his weight has come down to 182 kilos which is fantastic. He also said he stopped smoking 3 weeks ago which is really great as well. We did his HbA1c today which was down to 7.4% slightly down and heading in the right direction. The biggest change for Gary is that he's actually reconciled with his family again. He has one [redacted] and two [redacted]s, and they've been out for a meal, they're going on holiday next year and I really think he's so happy, the happiest I've ever seen him. It's also making eat healthily. He's got a goal to lose weight now and he wants to do something with his life, learn about computers.

I'm really thrilled with the changes that Gary is making and will continue to make, so I look forward to seeing him back in February.

If you have any questions, please feel free to contact me.

Yours sincerely

LUBNA KERR

Dr Rebecca Reynolds
Consultant Physician

NHS Confidential: Personal data about a patient

Edinburgh Community Health [redacted]ship
Leith Community Treatment Centre

Department of Diabetes
Junction Place
Edinburgh EH6 5JQ

PATIENT NAME	**GARY MACKIE**	CHI	**0706631315**
ADDRESS	**135/1 MARIONVILLE ROAD**	DOB	**07/06/1963** AGE **45**
	EDINBURGH	UNIT NUMBER	**700034550X**
	EH7 6JB	**EPISODE DATE**	**28/11/2008**

GE[redacted]LT

HBA1c	7.40 %	28/11/2008	DIABETES TYPE	Type 2 Diabetes Mellitus	
WEIGHT	188.00 kg	09/10/2008	DURATION OF DIABETES	4 years 4 months	
BMI	58.67				
BLOOD PRESSURE	152 / 92	28/11/2008	SMOKING STATUS	Ex Smoker	

[redacted]TRY

			DATE				**DATE**
CREATININE	72.00	umol/l	02/05/2008	CHOLESTEROL	4.10	mmol/l	02/05/2008
UREA	6.10	mmol/l	02/05/2008	TRIGLYCERIDES	1.95	mmol/l	02/05/2008
ALB / CREAT RATIO	1.60	mg/mmol	22/09/2006	HDL CHOL	0.67	mmol/l	02/05/2008
FREE T4	15.00	pmol/l	02/05/2008	TSH	1.50	mU/l	02/05/2008

MEDICAL CONDITIONS

Non-ins-dep diabetes mellitus	2004
Morbid obesity	2004
Essential hypertension	2004
Ischaemic heart disease	2004

M[redacted]

		TEA	**SUPPER**
DOXAZOSIN 1mg tablets		1.00	1.00
ATORVASTATIN 20mg tablets			1.00
DOXAZOSIN 2mg tablets		1.00	1.00

NHS Confidential: Personal data about a patient

Edinburgh Community Health [redacted]ship
Leith Community Treatment Centre

Consultant Physician: Dr R Reynolds
Hospital Practitioner: Dr N Black
Diabetes Specialist Nurse: Graham Whiting

Tel 0131 536 6244 (Secretary)
Fax 0131536 6246
Tel 0777 804 7955

Department of Diabetes
Junction Pillars
Edinburgh [redacted]

Appointments: 0131 536 6230
Fax: 0131 536 6235

NHS Lothian

Dr AMAN SINGH
ST TRIDUANAS MEDICAL PRACTICE
54 MOIRA PARK
EDINBURGH
EH7 6RU

Date Printed: 17/10/2008
Our ref:
Consultant: Dr R Reynolds

Dear Dr SINGH

GARY MACKIE 135/1 MARIONVILLE ROAD EDINBURGH EH7 6JB
DOB 07/06/1963 UNIT NO LH095240 CHI 0706631315

Date of Diabetes Clinic Appointment: 09/10/2008
Please find a clinic summary sheet attached.

Mr Mackie was in today for his annual diabetic review. He was seen by the Optometrist three months ago. He is a smoker, denies any hypo or hyperglycaemic symptoms. He has a broken toe nail, secondary to trauma with a little bleeding inside the nail bed noted. His blood pressure is 130/70 with a HbA1C of 7.5%. His weight is 188kg. Urine dip stick was negative for glucose. There was +1 keytones and negative for proteins. Heart exam was normal, lungs showed a few scattered wheezes, extremities - right great toe nail was broken with some mild bleeding around the nail bed, no tenderness or redness noted. There was minimum swelling. His pulses were unremarkable and palpable in both feet. Vibratory sensation was unremarkable and monofilament exam showed bilateral plantar sensation.

I have reviewed with him his diabetes and have also informed him that a letter was sent to the gastric banding clinic for him to have an assessment. He is interested in having this procedure done. I recommend that he continues his Metformin 500mg, 2 tablets, three times a day; although this dose is exceeding the maximum recommended amount. He should stay on Enalapril 20mg twice a day. I would also recommend that he stay on his Tildiem 300mg daily and Bendroflumethiazide 5.2mg a day.

He is to exercise, as tolerated, although I do realise that this may be difficult for this gentleman secondary to his obesity. He is to follow up with our clinic in six months and with your service as recommended.

Thank you.

Next Appointment: 28 November 2008, 11:45am @ Leith CTC. (TBA for six months' time.)

Yours sincerely

Juanita Gardner
Locum Physician Assistant

NHS Confidential: Personal data about a patient

Edinburgh Community Health [redacted]ship
Leith Community Treatment Centre

Department of Diabetes
Junction Place
Edinburgh EH6 5JD

PATIENT NAME	**GARY MACKIE**	CHI	**0706631315**
ADDRESS	**135/1 MARIONVILLE ROAD**	DOB	**07/06/1963** AGE **45**
	EDINBURGH	UNIT NUMBER	**LH095240**
	EH7 6JB	**EPISODE DATE**	**09/10/2008**

GENERAL			**DATE**			
HBA1c	7.50	%	09/10/2008	DIABETES TYPE	Type 2 Diabetes Mellitus	
WEIGHT	188.00	Kg	09/10/2008	DURATION OF DIABETES	4 years 2 months	
BMI	58.67					
BLOOD PRESSURE	130 / 70		09/10/2008	SMOKING STATUS	Current Smoker	

BIOCHEMISTRY			**DATE**			**DATE**
CREATININE	72.00	umol/l	02/05/2008	CHOLESTEROL	4.10 mmol/l	02/05/2008
UREA	6.10	mmol/l	02/05/2008	TRIGLYCERIDES	1.95 mmol/l	02/05/2008
ALB / CREAT RATIO	1.60	mg/mmol	22/09/2006	HDL CHOL	0.67 mmol/l	02/05/2008
FREE T4	15.00	pmol/l	02/05/2008	TSH	1.50 mU/l	02/05/2008

EYES

Digital retinal photography reports will come from the Diabetes Retinal Screening service

FEET

Foot screening results are available on SCI-DC Network

MEDICAL CONDITIONS	**YEAR OF DIAGNOSIS**
Non-ins dep diabetes mellitus	2004
Morbid obesity	2004
Essential hypertension	2004
Ischaemic heart disease	2004

MEDICATION	**BREAKFAST**	**LUNCH**	**TEA**	**SUPPER**
DOXAZOSIN 1mg tablets	1.00			1.00
ATORVASTATIN 20mg tablets				1.00
DOXAZOSIN 2mg tablets	1.00			1.00

NHS Confidential: Personal data about a patient

NHS Lothian Bariatric Surgical Service
Royal infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

Service Manager — Mrs J Holmes
Lead Surgeon — Mr B Tulloh
UGI Surgeon — Mr A De Beaux
Bariatric Specialist Nurse — Mhairri Duxbury
Direct Line — 0131 242 1615
Mobile no — 07776341859

Dr. Singh
St Triduana's
54 Moira Park
Edinburgh
EH7 6RU

CODE
ADD
DNA
SCR
ACT

Date: 9th October 2008

Ref: Receipt of Bariatric Pro-forma

Patient: Gary Bruce MacKie CHI: 0706631315

Dear Dr. Singh

Thank you for your recent pro-forma which we have received. This pro-forma will be prioritised and we will call your patient in due course to offer them an appointment for the nurse- led bariatric initial assessment clinic. Unfortunately we can give no indication of time scale at this time but will make contact with the patient as a slot becomes available.

If I can be of any further assistance please do not hesitate to contact me.

Yours sincerely,

Mhairri Duxbury

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Referral Pro-forma to be sent to the Bariatric Nurse Specialist, NHS Lothian Bariatric Surgical Service, Royal Infirmary of Edinburgh.

Email: [redacted]

Phone: 0131 536 1000 ext 21615

0706631315 M
MACKIE
Gary Bruce
1
135 Marionville Road
Edinburgh Tel:661 0693
EH7 6BG 07/06/1963

Age ..45.. Years

Weight ..190.... kg

Height ..192.....cm

BMI 51.54

Does the patient have any of the following? (please tick)

Type II Diabetes	☑	Asthma	☐
(If yes, for how long? ..4.. years)		Arthritis hips/knees	☐
Hypertension	☑	Gastro-oesophageal reflux	☐
Dyslipidaemia	☐	Polycystic ovaries/infertility	☐
Snoring/Sleep apnoea	☐	Depression	☐

Other medical or surgical issues relevant to having surgery: Ischaemic Heart Disease 2001

Does the patient have the ability to understand the operation and to comply with the life-long post-operative eating behaviour and indefinite follow-up? (Y)N

Comments: .....

Has the patient tried other avenues to lose weight in the past (e.g. seen dietician, used slimming clubs, formal weight management program, Orlistat/Sibutramine?) (Y)N

Comments: Dietician, Intensive input diabetic nurse clinic

Please scan copy then post on

Dr Singh

70785

42579

or drug abuse ☐ No

ler or bulimia ☐ No

tapling or band ☐ No

ease print ired. Patient was referred by Dr Reynolds, Diabetic clinic, Leith GP. I am Dr Singh

VIOXX® rofecoxib

NHS Confidential: Personal data about a patient

copy only – original to GP today.

NHS Lothian Bariatric Surgery Service
The New Royal Infirmary of Edinburgh,
Old Dalkeith Road,
Little France,
Edinburgh EH9 3YW

Head of Service	Miss J Holmes	Tel: 0131 242 3640
Lead GI Surgeon	Mr B Tulloh	
Bariatric Nurse Specialist	Mhairri Duxbury	Tel: 0131 242 1615
		Fax: 0131 242 3647

NHS Lothian

9 September, 2008

Dear Dr Leigh

Ref: Bariatric Surgery Letter Patient: G MacKie CHI 0108 63135

Thank you for your recent letter to Mr. B. Tulloh at Royal Infirmary of Edinburgh. We have secured funding to start offering this service in the near future following the recruitment of our specialist team. We would like to advise you that should your patient still wish to actively seek this surgery then we will require you to complete a referral pro-forma, which will be available on SCI gateway soon. We will be mindful of the date of your previous communication but must ensure that all patients are processed with equality and fairness.

We thank you for your patience in this matter.

Yours sincerely,

Mhairri Duxbury
Bariatric Nurse Specialist

Please note we have received letter from Dr Gardiner & Keith CTC ~ if the patient wishes to proceed please refer as attached

NHS Confidential: Personal data about a patient

Referral Pro-forma to be sent to the Bariatric Nurse Specialist, NHS Lothian Bariatric Surgical Service, Royal Infirmary of Edinburgh.

Email: [redacted]

Phone: 0131 536 1000 ext 21615

Patient ID

Age ..... Years

Weight ..... kg

Height .....cm

BMI

Does the patient have any of the following? (please tick)

Type II Diabetes ☐

(If yes, for how long? ..... years)

Hypertension ☐

Dyslipidaemia ☐

Snoring/Sleep apnoea ☐

Asthma ☐

Arthritis hips/knees ☐

Gastro-oesophageal reflux ☐

Polycystic ovaries/infertility ☐

Depression ☐

Other medical or surgical issues relevant to having surgery: .....

.....

Does the patient have the ability to understand the operation and to comply with the life-long post-operative eating behaviour and indefinite follow-up? **Y/N**

Comments: .....

Has the patient tried other avenues to lose weight in the past (e.g. seen dietician, used slimming clubs, formal weight management program, Orlistat/Sibutramine?) **Y/N**

Comments: .....

Does the patient have any of the following?

Current/active alcohol or drug abuse ☐

Recognised binge-eating disorder or bulimia ☐

Previous bariatric surgery e.g. gastric stapling or band ☐

We may need to contact you for more information. Please print the name of the doctor whom we should contact if required. .....

NHS Confidential: Personal data about a patient

Edinburgh Community Health [redacted]hip
Leith Community Treatment Centre

Department of Diabetes
[redacted]

NHS
Lothian

Consultant Physician:	Dr R Reynolds	Tel 0131 536 6244 (Secretary) Fax 0131536 6246
Hospital Practitioner:	Dr N Black	
Diabetes Specialist Nurse:	Graham Whiting	Tel 0777 804 7955

Appointments: 0131 536 6230
Fax: 0131 536 6235

Date Printed: 17/09/2008
Our ref JG/JJ
Consultant Dr R Reynolds

Dr AMAN SINGH
ST TRIDUANAS MEDICAL PRACTICE
54 MOIRA PARK
EDINBURGH
EH7 6RU

Dear Dr SINGH

GARY MACKIE 135/1 MARIONVILLE ROAD EDINBURGH EH7 6JB
DOB 07/06/1963 UNIT NO LH095240 CHI 0706631315

Date of Diabetes Clinic Appointment: 01/09/2008
Please find a clinic summary sheet attached.

Mr Mackie attended today for follow-up of his diabetes. He has been doing well, has no complaints and denies any hypoglycaemic symptoms.

He is morbidly obese, but has an interest in losing weight and questions whether he is eligible for gastric by-pass surgery. He denies any hypo or hyperglycaemic symptoms.

His blood pressure today was 150/100. His HbA1C was 7.4%.

His weight is 190kgs, with a BMI of 59.3.

Urine dipstick showed + protein.

Heart exam was normal and lungs clear.

I have discussed with him his weight concern and will consult with Dr Reynolds the criteria for gastric by-pass surgery. After doing so, I will contact the patient with further instructions.

He is to follow-up with the Diabetes Clinic at the Leith Community Treatment Centre in six months and should continue all his medications.

Yours sincerely

Juanita Gardner
Locum Physician Assistant

NHS Confidential: Personal data about a patient

Edinburgh Community Health [redacted]hip
Leith Community Treatment Centre

Department of Diabetes

PATIENT NAME	**GARY MACKIE**	CHI	**0706631315**		
ADDRESS	**135/1 MARIONVILLE ROAD**	DOB	**07/06/1963**	AGE	**45**
	EDINBURGH	UNIT NUMBER	**LH095240**		
	EH7 6JB	**EPISODE DATE**	**01/09/2008**		

GENERAL			**DATE**				
HBA1c	7.40	%	01/09/2008	DIABETES TYPE	Type 2 Diabetes Mellitus		
WEIGHT	190.00	Kg	01/09/2008	DURATION OF DIABETES	4 years 1 month		
BMI	59.30						
BLOOD PRESSURE	150 / 100		01/09/2008	SMOKING STATUS	Current Smoker		

BIOCHEMISTRY			**DATE**				**DATE**
CREATININE	72.00	umol/l	02/05/2008	CHOLESTEROL	4.10	mmol/l	02/05/2008
UREA	6.10	mmol/l	02/05/2008	TRIGLYCERIDES	1.95	mmol/l	02/05/2008
ALB / CREAT RATIO	1.60	mg/mmol	22/09/2006	HDL CHOL	0.67	mmol/l	02/05/2008
FREE T4	15.00	pmol/l	02/05/2008	TSH	1.50	mU/l	02/05/2008

EYES

Digital retinal photography reports will come from the Diabetes Retinal Screening service

FEET

Foot screening results are available on SCI-DC Network

MEDICAL CONDITIONS	**YEAR OF DIAGNOSIS**
Non-ins-dep diabetes mellitus	2004
Morbid obesity	2004
Essential hypertension	2004
Ischaemic heart disease	2004

MEDICATION	**BREAKFAST**	**LUNCH**	**TEA**	**SUPPER**
DOXAZOSIN 1mg tablets	1.00			1.00
ATORVASTATIN 20mg tablets				1.00
DOXAZOSIN 2mg tablets	1.00			1.00

NHS Confidential: Personal data about a patient

NHS Lothian Primary and Community Division

Leith Community Treatment Centre

Junction Place Edinburgh EH6 5JQ Telephone 0131-536 6225

17/09/2008

Mr B Tulloh
Consultant Surgeon
Royal Infirmary of Edinburgh
Little France
EDINBURGH
EH16 4SU

Our Ref: JG/JJ/LH095240

Dear Mr Tulloh

MR GARY MACKIE 07/06/1963 EGH Unit No: LH095240
135/1 MARIONVILLE ROAD EDINBURGH EH7 6JB

CHI NOS: 0708631315

Mr Mackie is a 43 year old morbidly obese diabetic, with an elevated blood pressure and poor weight control. He has tried conventional diets, but none have been successful. He is interested in an evaluation for gastric by-pass surgery. His weight has limited his physical activity.

He currently weighs 191kgs. He is 179cms tall.

His blood pressure is slightly elevated, although he is on blood pressure medication and his blood sugars are reasonably controlled. He is a smoker of approximately 4-5 cigarettes a day and occasional drinks alcohol.

His current medications are Metformin 500mgs, two tablets three times a day, Enalapril 20mgs twice a day, Bendroflumethiazide 2.5mgs a day and Tildiem 300mgs a day. He has been compliant with taking these medications.

I consulted with Dr Reynolds at the Diabetic Clinic and it was agreed that this patient may be a possible candidate for gastric banding.

Thank you very much for seeing and evaluating this patient.

Yours sincerely

JUANITA GARDNER
LOCUM PHYSICAN ASST

Copy to: Dr A Singh, St Triduanas Medical Practice, 54 Moira Park, Edinburgh, EH7 8RU

NHS Confidential: Personal data about a patient

Edinburgh Community Health [redacted]hip
Leith Community Treatment Centre

Department of Diabetes
Junction Place
Edinburgh EH6 5JQ

NHS Lothian

Consultant Physician: Dr R Reynolds — Tel 0131 536 6244 (Secretary) Fax 0131536 6246
Hospital Practitioner: Dr N Black — **Appointments:** 0131 536 6230
Diabetes Specialist Nurse: Graham Whiting — Tel 0777 804 7955 — Fax: 0131 536 6235

BC

Dr AMAN SINGH
ST TRIDUANAS MEDICAL PRACTICE
54 MOIRA PARK
EDINBURGH
EH7 6RU

Date Printed: 03/06/2008
Our ref: JG/SW
Consultant: Dr R Reynolds

CODED	X
ADDITION to problem summary	
09 JUN 2008	
DNA task to Kathleen	
[illegible]T issued	
ACTION required by doctor	

Dear Dr SINGH

GARY MACKIE 135/1 MARIONVILLE ROAD EDINBURGH EH7 6JB
DOB 07/06/1963 UNIT NO LH095240 CHI 0706631315

Date of Diabetes Clinic Appointment: 26/05/2008
Please find a clinic summary sheet attached.

Mr Mackie was in today for a diabetic follow up. He is doing well and has been attempting to lose weight, although finding it difficult. He is also followed up by Lubna Kerr for his uncontrolled blood pressure at the Cardiovascular Clinic. He has been attempting to adhere to his diet and he is scheduled to see the Dietitian again in 2 months. He denies any hypo or hyperglycaemic symptoms. He smokes approximately 1.5 pack of cigarettes a day and this has markedly decreased since his previous visit and with his previous history.

His blood pressure today is 160/100. HbA1c is 7.0%. His weight is 192kgs. Heart is normal. Lungs are clear.

I reviewed with him his Type 2 diabetes. I have encouraged him to continue to exercise, making it clear that weight loss is challenging. I have also discussed with him possible gastric banding, however I am not certain of the criteria and will further discuss this with the Endocrinologist.

I do recommend that additional blood pressure medication may need to be added if his blood pressure is not in better control. He is to be followed up in 6 months at our Clinic and every 3-4 months with your Practice for blood pressure checks and HbA1c checks. I have advised him to follow up in 1 month for a repeat blood pressure evaluation.

We look forward to seeing this very nice gentleman again in 6 months.

Thank you very much for referring him.

The next appointment date for your patient is: 01/08/2008.

Yours sincerely

Juanita Gardner

Juanita Gardner
Locum Physician Assistant

NHS Confidential: Personal data about a patient

Edinburgh Community Health [redacted]ship
Leith Community Treatment Centre

Department of Diabetes
Junction Place
Edinburgh EH6 5JQ

PATIENT NAME	**GARY MACKIE**	CHI	**0706631315**		
ADDRESS	**135/1 MARIONVILLE ROAD**	DOB	**07/06/1963**	AGE	**44**
	EDINBURGH	UNIT NUMBER	**LH095240**		
	EH7 6JB	EPISODE DATE	**26/05/2008**		

GENERAL			DATE			
HBA1c	7.00	%	26/05/2008 ✓	DIABETES TYPE	Type 2 Diabetes Mellitus	
WEIGHT	*192.00*	*Kg*	*26/05/2008* ✓	*DURATION OF DIABETES*	*3 years 10 months*	
BMI	59.92					
BLOOD PRESSURE	160 / 100		26/05/2008 ✓	SMOKING STATUS	Current Smoker	

BIOCHEMISTRY			DATE				DATE
CREATININE	72.00	umol/l	02/05/2008	CHOLESTEROL	4.10	mmol/l	02/05/2008
UREA	6.10	mmol/l	02/05/2008	TRIGLYCERIDES	1.95	mmol/l	02/05/2008
ALB / CREAT RATIO	1.60	mg/mmol	22/09/2006	HDL CHOL	0.67	mmol/l	02/05/2008
FREE T4	15.00	pmol/l	02/05/2008	TSH	1.50	mU/l	02/05/2008

EYES

Digital retinal photography reports will come from the Diabetes Retinal Screening service

FEET

Foot screening results are available on SCI-DC Network

MEDICAL CONDITIONS	YEAR OF DIAGNOSIS
Non-ins-dep diabetes mellitus	2004
Morbid obesity	2004
Essential hypertension	2004
Ischaemic heart disease	2004

MEDICATION	BREAKFAST	LUNCH	TEA	SUPPER
DOXAZOSIN 1mg tablets	1.00			1.00
ATORVASTATIN 20mg tablets				1.00
DOXAZOSIN 2mg tablets	1.00			1.00

NHS Confidential: Personal data about a patient

Edinburgh Community Health [redacted]ship
Leith Community Treatment Centre

Department of Diabetes
Junction Place
Edinburgh EH6 5JQ

NHS Lothian

Consultant Physician: Dr R Reynolds — Tel 0131 536 6244 (Secretary) Fax 0131536 6246
Hospital Practitioner: Dr N Black
Diabetes Specialist Nurse: Graham Whiting — Tel 0777 804 7955

Appointments: 0131 536 6230
Fax: 0131 536 6235

Date Printed: 02/06/2008
Our ref: LK/SW
Consultant: Dr R Reynolds

Dr AMAN SINGH
ST TRIDUANAS MEDICAL PRACTICE
54 MOIRA PARK
EDINBURGH
EH7 6RU

Dear Dr SINGH

GARY MACKIE 135/1 MARIONVILLE ROAD EDINBURGH EH7 6JB
DOB 07/06/1963 UNIT NO LH095240 CHI 0706631315

I saw your patient at the Diabetes Cardiovascular Risk Clinic on 23/05/2008
Please find a clinic summary sheet attached. The following changes have been agreed with Dr Rebecca Reynolds.

I saw your patient today at the Cardiovascular Risk Clinic where his blood pressure, second reading was excellent at 143/76. It's still higher than we'd like it to be and we've increased Gary's Doxazosin from 2mgs to 4mgs a day, he should have been on 3mgs and he wasn't taking that.

Gary has done incredibly well. His cholesterol is now down to 4.1. His trigs are down to 1.95. He could do with an improvement in HDL. I am really, really pleased with the progress he's made. He is motivated to lose weight. He has cut back on the amount of unhealthy food that he has in his diet. I'm encouraging him to try and get out and do some gentle walking or perhaps go on the treadmill for a few minutes before he goes in for a swim.

I'm going to see him back on 1 August. He's got a couple of months to try and lose some more weight but he's very pleased with himself and I'll keep seeing him to encourage him to continue in the direction that he's going.

If you have any questions, please feel free to contact me.

The next appointment date for your patient is: 01/08/2008. 25-7-08

Yours sincerely

LUBNA KERR

Dr Rebecca Reynolds
Consultant Physician

NHS Confidential: Personal data about a patient

Edinburgh Community Health [redacted]hip
Leith Community Treatment Centre

Department of Diabetes
Junction Place
Edinburgh EH6 5JQ

PATIENT NAME	**GARY MACKIE**	CHI	**0706631315**
ADDRESS	**135/1 MARIONVILLE ROAD**	DOB	**07/06/1963** AGE 44
	EDINBURGH	UNIT NUMBER	**LH095240**
	EH7 6JB	**EPISODE DATE**	**23/05/2008**

GEN[redacted]

HBA1c	7.00	%	26/05/2008	DIABETES TYPE	Type 2 Diabetes Mellitus
WEIGHT	192.00	Kg	26/05/2008	DURATION OF DIABETES	3 years 10 months
BMI	59.92				
BLOOD PRESSURE	160 / 100		26/05/2008	SMOKING STATUS	Current Smoker

BIO[redacted]ISTRY

							DATE
CREATININE	72.00	umol/l	02/05/2008	CHOLESTEROL	4.10	mmol/l	02/05/2008
UREA	6.10	mmol/l	02/05/2008	TRIGLYCERIDES	1.95	mmol/l	02/05/2008
ALB / CREAT RATIO	1.60	mg/mmol	22/09/2006	HDL CHOL	0.67	mmol/l	02/05/2008
FREE T4	15.00	pmol/l	02/05/2008	TSH	1.50	mU/l	02/05/2008

MEDICAL CONDITIONS

Non-ins-dep diabetes mellitus	2004
Morbid obesity	2004
Essential hypertension	2004
Ischaemic heart disease	2004

MED[redacted]ION

	TEA	SUPPER
DOXAZOSIN 1mg tablets	1.00	1.00
ATORVASTATIN 20mg tablets		1.00
DOXAZOSIN 2mg tablets	1.00	1.00

NHS Confidential: Personal data about a patient

Mrs

Leith HOSPITAL

LH00000095240

Mr GARY MACKIE
135/1 MARIONVILLE RD

Date 22/7/92

EDINBURGH
EH7 6JB 07/06/1963 1
07066313[illegible]

Dear Doctor,

Your patient attended the CVP Out-patient clinic today.

15/7/92.

Recommendation ↑ Dexascin to 2mg tds

Can you ask community pharmacist to give Phone

to Granny. It will help him take the tablets t[illegible]

I would be grateful if you would prescribe the following:

DRUGS & Form	Dose and frequency	Anticipated length of course
Dexascin 2mg	b d.	

He/She will attend again in 6 weeks

A full letter will follow.

Yours sincerely,

Lubna Ker

STATUS CVP [illegible]

LHB 474

NHS Confidential: Personal data about a patient

LEITH COMMUNITY TREATMENT CENTRE, JUNCTION PLACE, EDINBURGH EH6 5JQ
DEPARTMENT OF DIABETES

PATIENT NAME	**GARY MACKIE**	UNIT NUMBER	**LH095240**
PATIENT ADDRESS	**31/1 LOGANLEA AVENUE** **EDINBURGH** **EH7 6PA**	DOB	**07/06/1963** AGE **44**
		CHI	**0706631315**
		EPISODE DATE:	**02/05/2008**

GENERAL		**DATE**		
HBA1c (%)	7.20	02/05/2008 ✓	DIABETES TYPE	Type 2 Diabetes Mellitus
(GOAL HBA1C)			DURATION OF DIABETES	3 years 9 months
WEIGHT (KG)	189.00		SHARED CARE	Shared Care
(GOAL WT)			SMOKING STATUS	Current Smoker
BMI	58.99			
BLOOD PRESSURE	150 / 73	02/05/2008 ✓		

BIOCHEMISTRY		**DATE**			**DATE**
CREATININE	72.00 umol/l	02/05/2008 ✓	CHOLESTEROL	4.10 mmol/l	02/05/2008 ✓
UREA	6.10 mmol/l	02/05/2008	TRIGLYCERIDES	1.95 mmol/l	02/05/2008 ✓
ALB / CREAT RATIO	1.60 mg/mmol	22/09/2006 ✓	HDL CHOL	0.67 mmol/l	02/05/2008 ✓
FREE T4	15.00 pmol/l	02/05/2008 ✓	TSH	1.50 mU/l	02/05/2008

EYES

DIGITAL RETINAL PHOTOGRAPHY REPORTS WILL COME FROM THE DIABETES RETINAL SCREENING SERVICE

FEET	**LEFT**	**DATE**	**RIGHT**	**DATE**
AMPUTATION				
POST TIB	Present	26/11/2007	Present	26/11/2007
DORSALIS PEDIS	Present	26/11/2007	Present	26/11/2007
VIBRATION	Normal	26/11/2007	Normal	26/11/2007

1000.00	1000.00	1000.00	
75.00			

MEDICAL HISTORY

Non-ins-dep diabetes mellitus	YEAR OF DIAGNOSIS 2004
Morbid obesity	YEAR OF DIAGNOSIS 2004
Essential hypertension	YEAR OF DIAGNOSIS 2004
Ischaemic heart disease	YEAR OF DIAGNOSIS 2004

MEDICATION	**BREAKFAST**	**LUNCH**	**TEA**	**SUPPER**
DOXAZOSIN 1mg tablets	1.00			1.00
ATORVASTATIN 20mg tablets				1.00

NHS Confidential: Personal data about a patient

EDINBURGH COMMUNITY HEALTH [redacted]HIP
LEITH COMMUNITY TREATMENT CENTRE - DEPARTMENT OF DIABETES
Junction Place, Edinburgh EH6 5JQ

Consultant Physicians: Dr R Reynolds (Secretary Tel 0131 536 6244) (Secretary Fax 0131 536 6246)
Appointments: 0131 536 6230
Hospital Practitioner: Dr N Black
Fax: 0131 536 6235
Diabetes Specialist Nurse: Graham Whiting (0777 804 7955)

Date Printed: 08/05/08
Ref: LK/JJ
Consultant: **Dr R Reynolds**

Dr AMAN SINGH
ST TRIDUANAS MEDICAL PRACTICE
54 MOIRA PARK
EDINBURGH
EH7 6RU

Dear Dr SINGH

GARY MACKIE 31/1 LOGANLEA AVENUE EDINBURGH EH7 6PA
DOB 07/06/1963 UNIT NO LH095240 CHI 0706631315

Date of Diabetic Clinic Appointment: 02/05/2008. Please find a clinic summary sheet attached.

I saw your patient today at the Cardiovascular Risk Clinic, where his blood pressure was 150/73. He had only just taken his tablets, so I don't think that's a true reading. I have asked him to attend at a later time at his next appointment.

I did a medication review and he seems to be taking everything that we thought he was. He is not taking Spironolactone.

We did an ABPM a while back and his average blood pressure came back as 135/68, which is good.

Gary is still smoking four cigarettes a day and is going to come to you for patches.

We did a full blood test today, so we will find out the results for that.

Gary's big thing is that he really needs to lose weight. His weight was 189kgs today (not the highest he has been), with a BMI of nearly 59. He does know that he needs to lose weight and is going to try a low carb diet and caloric controlling his diet and portion size. I want to speak to his [redacted] Shirley the next time he attends and explain about portion sizes.

His HbA1C today was 7.2, which is higher than it has been in the past, so I think that we need to keep a close eye on how he is getting on there.

I am going to see him back in a few weeks' time and discuss his blood results. If you have any questions please feel free to contact me.

Yours sincerely

LUBNA KERR

NHS Confidential: Personal data about a patient

EDINBURGH COMMUNITY HEALTH [redacted]SHIP
LEITH COMMUNITY TREATMENT CENTRE - DEPARTMENT OF DIABETES
Junction Place, Edinburgh EH6 5JQ

Consultant Physicians: Dr R Reynolds (Secretary Tel 0131 536 6244) (Secretary Fax 0131 536 6246)
Appointments: 0131 536 6230
Fax: 0131 536 6235
Hospital Practitioner: Dr N Black
Diabetes Specialist Nurse: Graham Whiting (0777 804 7955)

Date Printed: 08/05/08
Ref: LK/JJ
Consultant: **Dr R Reynolds**

COPY	X
ADDITION to problem summary	
13-MAY 2008	
DNA task to Kathleen	
SCRIPT issued	
ACTION required by doctor	

Dr AMAN SINGH
ST TRIDUANAS MEDICAL PRACTICE
54 MOIRA PARK
EDINBURGH
EH7 6RU

Dear Dr SINGH

GARY MACKIE 31/1 LOGANLEA AVENUE EDINBURGH EH7 6PA
DOB 07/06/1963 UNIT NO LH095240 CHI 0706631315

Date of Diabetic Clinic Appointment: 02/05/2008. Please find a clinic summary sheet attached.

I saw your patient today at the Cardiovascular Risk Clinic, where his blood pressure was 150/73. He had only just taken his tablets, so I don't think that they had all "kicked in". I have asked him to attend at a later time at his next appointment.

I did a medication review and he seems to be taking everything that we thought he was. He is not taking Spironolactone.

We did an ABPM a while back and his average blood pressure came back as 135/68, which is good.

Gary is still smoking four cigarettes a day and is going to come to you for patches.

We did a full blood test today, so we will find out the results for that.

Gary's big thing is that he really needs to lose weight. His weight was 189kgs today (not the highest he has been), with a BMI of nearly 59. He does know that he needs to lose weight and is going to try a low carb diet and calorie controlling his diet and portion size. I want to speak to his [redacted] Shirley the next time he attends and explain about portion sizes.

His HbA1C today was 7.2, which is higher than it has been in the past, so I think that we need to keep a close eye on how he is getting on there.

I am going to see him back in a few weeks' time and discuss his blood results. If you have any questions please feel free to contact me.

Yours sincerely

Lubna

LUBNA KERR

NHS Confidential: Personal data about a patient

LEITH COMMUNITY TREATMENT CENTRE, JUNCTION PLACE, EDINBURGH EH6 5JQ
DEPARTMENT OF DIABETES

PATIENT NAME	**GARY MACKIE**	UNIT NUMBER	**LH095240**
PATIENT ADDRESS	**31/1 LOGANLEA AVENUE**	DOB	**07/06/1963** AGE **44**
	EDINBURGH	CHI	**0706631315**
	EH7 6PA	**EPISODE DATE:**	**02/05/2008**

GENERAL		**DATE**		
HBA1c (%)	7.20	02/05/2008 ✓	DIABETES TYPE	Type 2 Diabetes Mellitus
(GOAL HBA1C)			DURATION OF DIABETES	3 years 9 months
WEIGHT (KG)	189.00		SHARED CARE	Shared Care
(GOAL WT)			SMOKING STATUS	Current Smoker
BMI	58.99			
BLOOD PRESSURE	150 / 73	02/05/2008 ✓		

BIOCHEMISTRY			**DATE**				**DATE**
CREATININE	72.00	umol/l	02/05/2008 ✓	CHOLESTEROL	4.10	mmol/l	02/05/2008 ✓
UREA	6.10	mmol/l	02/05/2008	TRIGLYCERIDES	1.95	mmol/l	02/05/2008 ✓
ALB / CREAT RATIO	1.60	mg/mmol	22/09/2006 ✓	HDL CHOL	0.67	mmol/l	02/05/2008 ✓
FREE T4	15.00	pmol/l	02/05/2008 ✓	TSH	1.50	mU/l	02/05/2008 ✓

EYES

DIGITAL RETINAL PHOTOGRAPHY REPORTS WILL COME FROM THE DIABETES RETINAL SCREENING SERVICE

FEET	**LEFT**	**DATE**	**RIGHT**	**DATE**
AMPUTATION				
POST TIB	Present	26/11/2007	Present	26/11/2007
DORSALIS PEDIS	Present	26/11/2007	Present	26/11/2007
VIBRATION	Normal	26/11/2007	Normal	26/11/2007

1000.00 1000.00 1000.00
75.00

MEDICAL HISTORY

Non-ins-dep diabetes mellitus	YEAR OF DIAGNOSIS 2004
Morbid obesity	YEAR OF DIAGNOSIS 2004
Essential hypertension	YEAR OF DIAGNOSIS 2004
Ischaemic heart disease	YEAR OF DIAGNOSIS 2004

MEDICATION	**BREAKFAST**	**LUNCH**	**TEA**	**SUPPER**
DOXAZOSIN 1mg tablets	1.00			1.00
ATORVASTATIN 20mg tablets				1.00

NHS Confidential: Personal data about a patient

EDINBURGH COMMUNITY HEALTH [redacted] HIP
LEITH COMMUNITY TREATMENT CENTRE - DEPARTMENT OF DIABETES
Junction Place, Edinburgh EH6 5JQ

Consultant Physicians: Dr R Reynolds (Secretary Tel 0131 536 6244) (Secretary Fax 0131 536 6246)
Appointments: 0131 536 6230
Fax: 0131 536 6235
Hospital Practitioner: Dr N Black
Diabetes Specialist Nurse: Graham Whiting (0777 804 7955)

Date Printed: 08/05/08
Ref: LK/JJ
Consultant: Dr R Reynolds

CODED	x
ADDITION to problem summary	
13 MAY 2008	
DNA task to Kathleen	
SCRIPT issued	
ACTION required by doctor	

Dr AMAN SINGH
ST TRIDUANAS MEDICAL PRACTICE
54 MOIRA PARK
EDINBURGH
EH7 6RU

Dear Dr SINGH

GARY MACKIE 31/1 LOGANLEA AVENUE EDINBURGH EH7 6PA
DOB 07/06/1963 UNIT NO LH095240 CHI 0706631315

Date of Diabetic Clinic Appointment: 02/05/2008. Please find a clinic summary sheet attached.

I saw your patient today at the Cardiovascular Risk Clinic, where his blood pressure was 150/73. He had only just taken his tablets, so I don't think that they had all "kicked in". I have asked him to attend at a later time at his next appointment.

I did a medication review and he seems to be taking everything that we thought he was. He is not taking Spironolactone.

We did an ABPM a while back and his average blood pressure came back as 135/68, which is good.

Gary is still smoking four cigarettes a day and is going to come to you for patches.

We did a full blood test today, so we will find out the results for that.

Gary's big thing is that he really needs to lose weight. His weight was 189kgs today (not the highest he has been), with a BMI of nearly 59. He does know that he needs to lose weight and is going to try a low carb diet and calorie controlling his diet and portion size. I want to speak to his [redacted] Shirley the next time he attends and explain about portion sizes.

His HbA1C today was 7.2, which is higher than it has been in the past, so I think that we need to keep a close eye on how he is getting on there.

I am going to see him back in a few weeks' time and discuss his blood results. If you have any questions please feel free to contact me.

Yours sincerely

Lubna

LUBNA KERR

NHS Confidential: Personal data about a patient

EDINBURGH COMMUNITY HEALTH PARTNERSHIP
NORTH EAST EDINBURGH LHP
LEITH COMMUNITY TREATMENT CENTRE
CARDIOVASCULAR RISK CLINIC
12 Junction Place, Edinburgh EH6 5JA
Tel: 0131 536 6242 Fax: 0131 536 6246

Chairman: Mr Garth Morrison C.B.E.
Chief Executive: Mr Murray Duncanson

NHS Lothian

Dr Aman Singh
St Triduanas Medical Practice
54 Moira Park
EDINBURGH
EH7 6RU

Your Ref:
Our Ref: LK/SW
Date: 24 April 2008
Ext No: 66244
Direct Dial: 0131 536 6244

Dear Dr Singh

Re: Gary Mackie, 135/1 Marionville Road, Edinburgh, EH7 6BD, D.O.B. 07.06.63, LH095240, CHI no. 0706631315

I saw your patient on 18 April 2008 at the Cardiovascular Risk where his blood pressure was 142/67. Gary brought along his medications today so I was able to do a full medication review. It brought out the fact that he is taking Spironolactone which I'd thought he'd stopped. I was pleased to see that Gary is actually back taking his tablets because he said that in March he'd gone on a bender, describing that he was drinking far too much and hadn't taken his tablets for a fortnight, however he has started taking them all again. He has also stopped eating rubbish and eating more chicken and vegetables. He's going to start going to the Turkish baths and I've encouraged him to cut back on the amount of salt that he's eating. He says he's stopped drinking altogether which is brilliant. I think we need to start looking at his portion sizes. His weight has come down to 187kgs. His blood pressure today was 142/67.

I'm going to see him back in a couple of weeks time because I want to take blood off him and see if there are other changes that we can make to his lifestyle.

If you have any questions, please feel free to get in touch with me.

Yours sincerely

Lubna Kerr
Cardiovascular Risk Clinic Pharmacist

NHS Confidential: Personal data about a patient

Diabetic Retinopathy Screening

Wednesday, 02 April 2008

MOIRA PARK SURGERY
54 MOIRA PARK
EDINBURGH EH076RU

Computer	Doctor	
	Normal	
	- 7 APR 2008	
	No further action	
	Notes required	

Dear MOIRA PARK SURGERY,

DIABETIC RETINOPATHY SCREENING PROGRAMME
PATIENT DIABETIC EYE SCREENING RESULT

CHI No: 0706631315
Name: GARY MACKIE
Address: 135/1 MARIONVILLE ROAD, EDINBURGH EH7 6JB

This patient was screened on the 29/02/2008 03:08 PM. Their screening results are as follows:

	Right Eye	**Left Eye**
Visual Acuity	0.2 (6/9.5)	0.2 (6/9.5)
Diabetes Retinopathy Grade	(R0) no retinopathy	(R0) no retinopathy
Maculopathy Level	(M0) no maculopathy	(M0) no maculopathy
Non DR Features	---	---
Comments		

The patient has been informed of the condition of their eyes and the following action has been taken:

Rescreening in 12 months (Fundus Photography)

Should you have any queries please contact Dr Ken Swa, on 0131 536 4145.

Yours sincerely,

Dr Ken Swa

NHS Confidential: Personal data about a patient

NHS
Lothian

EDINBURGH COMMUNITY HEALTH [redacted]SHIP
NORTH EAST EDINBURGH LHP
LEITH COMMUNITY TREATMENT CENTRE
CARDIOVASCULAR RISK CLINIC
12 Junction Place, Edinburgh EH6 5JA
Tel: 0131 536 6242 Fax: 0131 536 6246

Chairman: Mr Garth Morrison C.B.E.
Chief Executive: Mr Murray Duncanson

CODED	X
ADDITION to problem summary	
22 APR 2008	
DNA task to Kathleen	
SCRIPT issued	
ACTION required by doctor	

Dr Aman Singh
St Triduanas Medical Practice
54 Moira Park
EDINBURGH
EH7 6RU

Your Ref:
Our Ref: LK/SW
Date: 14 April 2008
Ext No: 66244
Direct Dial: 0131 536 6244

Dear Dr Singh

Re: Gary Mackie, 135/1 Marionville Road, Edinburgh, EH7 6BD,
D.O.B. 07.06.63, LH095240, CHI no. 0706631315

I saw your patient on 14 March 2008 at the Cardiovascular Risk Clinic where his blood pressure has increased to 146/72. Gary told me a wee bit about his life. He was brought up by his [redacted] from the age of 5 to about 30 and she died recently. As you're probably aware he was abused as a [redacted] by his step-[redacted] and unfortunately after the death of his [redacted], at the funeral he assaulted his step-[redacted] and is now being charged with grievous bodily harm. After that he went on a bender and was drinking 20 pints a day and kept this habit for a fortnight. He says he's much better now for the past few weeks. He's not increased his Doxazosin as I requested to 3mgs, he's still only taking 2mgs. I've suggested that he increases it to 3mgs, two in the morning and one at night. He's also going to start back going for a swim and a Turkish bath. He says he's not eating much.

I've asked him to bring all his tablets the next time so we can do a proper medication review. I've been having a lot of issues with Gary in the past, hopefully he will be able to put all these behind him now and able to move forward.

If you have any questions, please feel free to contact me.

Yours sincerely

Lubna Kerr
Cardiovascular Risk Clinic Pharmacist

NHS Confidential: Personal data about a patient

LEITH COMMUNITY TREATMENT CENTRE
12 Junction Place, Edinburgh EH6 5JA
Tel: 0131 536 6242 Fax: 0131 536 6246

Chairman: Mr Garth Morrison C.B.E.
Chief Executive: Mr Murray Duncanson

NHS Lothian

CODED
ADDITION to problem
15 JAN 2008
DNA task to Kathleen.
SCRIPT issued Your Ref:
ACTION required Our Ref: LK/SW

Date: 11.01.2008
Ext No: 66244
Direct Dial: 0131 536 6244

Dr Aman Singh
St Triduanas Medical Practice
54 Moira Park
EDINBURGH
EH7 6RU

Dear Dr Singh

Re: Gary Mackie, 135/1 Marionville Road, Edinburgh, EH7 6BD, D.O.B. 07.06.63, LH095240, CHI no. 0706631315

I saw your patient today (14.12.07) at the Cardiovascular Risk Clinic where his blood pressure was still high at 152/77, initially it only came down to 133/71. Gary was really pleased that he's lost 3kgs in weight. He's not been able to go to the Turkish Baths for the 1.5 weeks because he's had a chest infection and a really bad sore head. I was unable to locate his ABPM results but hopefully be able to get this for the next time.

We still would like to have his blood pressure as tightly controlled as possible and we've decided to increase his Doxazosin to 3mgs, two in the morning and one at night, and I've given him a prescription for this.

I'm going to see him back in February. If you've got any questions, please feel free to contact me.

Yours sincerely

Luona Kerr
Cardiovascular Risk Clinic Pharmacist

NHS Confidential: Personal data about a patient

AS

Copied for Script

Health

Patient Name & Address

Gary Mackie

CODED	HOSPITAL X
ADDITION to problem summary	
Date	18 DEC 2007
DNA task to Kathleen	
SCRIPT issued	
ACTION required by doctor	

Dear Doctor,

Your patient attended the CVD Out-patient clinic today.

15/2/77

Recommendation ↑ Doxazosin to 8mg.

I would be grateful if you would prescribe the following:

DRUGS & Form	Dose and frequency	Anticipated length of course
Doxazosin 8mg	2mg am + 1mg nocte.	

He/She will attend again in 6 weeks.

A full letter will follow.

Yours sincerely,

Lekan Ika.

STATUS CVD Pharm

LHB 474

NHS Confidential: Personal data about a patient

LEITH COMMUNITY TREATMENT CENTRE, JUNCTION PLACE, EDINBURGH EH6 5JQ
DEPARTMENT OF DIABETES

Consultant Physicians: Dr R Reynolds (Secretary Tel 0131 536 6240) (Secretary Fax 0131 536 6246)
Appointments: 0131 536 6230
Hospital Practitioner: Dr N Black
Fax: 0131 536 6235
Diabetes Specialist Nurse: Graham Whiting (0777 804 7955)

Date Printed: 18/12/07
Ref:
Consultant: **Dr R Reynolds**

CODED
ADDITION to problem summary
27 DEC 2007
ACTION required by doctor

Dr AMAN SINGH
ST TRIDUANAS MEDICAL PRACTICE
54 MOIRA PARK
EDINBURGH
EH7 6RU

Dear Dr SINGH

GARY MACKIE 31/1 LOGANLEA AVENUE EDINBURGH EH7 6RA
DOB 07/06/1963 UNIT NO LH095240 CHI 0706631315

Date of Diabetic Clinic Appointment: 26/11/2007. Please find a clinic summary sheet attached.

Mr Mackie attended today for his annual review. He was last seen by optometry and podiatry six months ago and tells me that he continues to smoke 10 cigarettes a day. He has not been involved in the Smoking Cessation Programme and feels that he can stop when he is "ready". He denies alcohol use. He has been attending a weight management clinic at Leith CTC with Debbie Currie. I am not sure of this particular clinic. He can only engage in minimal exercise activity secondary to suffering from angina. His current medications are Metformin 500mgs two pills three times a day, Enalapril 5mgs daily, Enalapril Meleate 20mgs daily, Bendroflumethiazide 2.5 once a day and Tildiem MR 300mgs daily. He has been taking his medications as directed and tells me that his blood pressures do fluctuate. He was ap[redacted]y put on a 24 hour blood pressure monitoring machine as ordered by Lubna Kerr from the Cardiovascular Clinic. He tells me he is scheduled for follow-up in December. However, he is uncertain if Ms Kerr is still providing this service. He was accompanied by his [redacted] today who appears to be very supportive and helpful.

His blood pressure is 180/90, HbA1c is 9.3%. His weight is 191Kgs. The patient is morbidly obese but very pleasant. Heart examination is normal and lungs are clear. Extremities show no calluses, ulcerations, cyanosis or oedema. He has however some mild ankle oedema noted. Vibratory sensation was intact and microfilament testing was normal. Dorsalis pedis pulses were ++, posterior tibilias pulses were +.

I have discussed with him his diabetes and we do understand that weight loss is a major problem for him and will probably continue to be so. His blood pressure has been elevated on several visits and therefore I will discuss with the consultants the possibility of adding in an additional medication or maximising his current blood pressure medicine. He is to continue with his diet and I will contact him regarding my discussion with Dr Reynolds.

We will see him back in the diabetes clinic in six months time.

Yours sincerely

Juanita Gardner

Juanita Gardner
Locum Physician Assistant

NHS Confidential: Personal data about a patient

LEITH COMMUNITY TREATMENT CENTRE, JUNCTION PLACE, EDINBURGH EH6 5JQ
DEPARTMENT OF DIABETES

PATIENT NAME	**GARY MACKIE**	UNIT NUMBER	**LH095240**
PATIENT ADDRESS	**31/1 LOGANLEA AVENUE**	DOB	**07/06/1963** AGE **44**
	EDINBURGH	CHI	**0706631315**
	EH17 6PA	**EPISODE DATE:**	**26/11/2007**

GENERAL		**DATE**		
HBA1c (%)	5.90	22/09/2006	DIABETES TYPE	Type 2 Diabetes Mellitus
(GOAL HBA1C)			DURATION OF DIABETES	3 years 4 months
WEIGHT (KG)	191.00		SHARED CARE	Shared Care
(GOAL WT)			SMOKING STATUS	Current Smoker
BMI	59.61			
BLOOD PRESSURE	180 / 90	26/11/2007		

BIOCHEMISTRY			**DATE**				**DATE**
CREATININE	69.00	umol/l	22/09/2006	CHOLESTEROL	4.10	mmol/l	22/09/2006
UREA	5.60	mmol/l	22/09/2006	TRIGLYCERIDES	2.15	mmol/l	22/09/2006
ALB / CREAT RATIO	1.60	mg/mmol	22/09/2006	HDL CHOL	0.67	mmol/l	22/09/2006
FREE T4		pmol/l		TSH		mU/l	

EYES

DIGITAL RETINAL PHOTOGRAPHY REPORTS WILL COME FROM THE DIABETES RETINAL SCREENING SERVICE

FEET	**LEFT**	**DATE**	**RIGHT**	**DATE**
AMPUTATION				
POST TIB	Present	26/11/2007	Present	26/11/2007
DORSALIS PEDIS	Present	26/11/2007	Present	26/11/2007
VIBRATION	Normal	26/11/2007	Normal	26/11/2007

1000.00 1000.00 1000.00
75.00

MEDICAL HISTORY

Non-ins-dep diabetes mellitus	YEAR OF DIAGNOSIS 2004
Morbid obesity	YEAR OF DIAGNOSIS 2004
Essential hypertension	YEAR OF DIAGNOSIS 2004
Ischaemic heart disease	YEAR OF DIAGNOSIS 2004

NHS Confidential: Personal data about a patient

LEITH COMMUNITY TREATMENT CENTRE
12 Junction Place, Edinburgh EH6 5JA
Tel: 0131 536 6242 Fax: 0131 536 6246

NHS Lothian

Chairman: Mr Garth Morrison C.B.E.
Chief Executive: Mr Murray Duncanson

Dr Singh
St Triduanas Medical Practice
54 Moira Park
EDINBURGH
EH7 6RU

Your Ref:
Our Ref: LK/SW
Date: 15.11.07
Ext No: 66244
Direct Dial: 0131 536 6244

Dear Dr Singh

Re: Gary Mackie, 135/1 Marionville Road, Edinburgh, EH7 6BD, D.O.B. 07.06.63, LH095240, CHI no. 0706631315

I saw your patient on 2.11.07 at the Cardiovascular Risk Clinic where his blood pressure was the best it's ever been at 126/76. Gary's mentally very happy. He's been going swimming and Turkish bath 3 times a week which I'm really, really pleased about. He is starting to watch his diet and has been for a while.

I've organised for him to have an ABPM fitted and if the results come back positive, then I will be discharging from my Cardiovascular Risk Clinic. He will still be continued to be seen by the Dietitian here and he's very focussed on trying to lose weight now that his blood pressure is under control.

If you have any questions, please feel free to get in touch with me.

Yours sincerely

Lubna Kerr
Cardiovascular Risk Clinic Pharmacist

CODED
ADDITIONAL
9 NOV
PRACTICE
SCANNED
ACTION

NHS Confidential: Personal data about a patient

NHS Lothian Primary and Community Division

Leith Community Treatment Centre

Junction Place Edinburgh EH6 5JQ Telephone 0131-536 6225

29/10/2007

DR A SINGH
MOIRA PARK SURGERY
54 MOIRA PARK
EDINBURGH
EH7 6RU
PRACTICE NO:70785

Our Ref: JG/SW/LH095240

Dear Dr Singh

MR GARY MACKIE 07/06/1963 EGH Unit No: LH095240
135/1 MARIONVILLE ROAD EDINBURGH EH7 6JB

Mr Mackie failed to keep his annual Diabetic review appointment today (16.10.07) for the Nurse Led run Clinic. We will make an effort to reschedule him for his appointment with your assistance.

Thank you very much for referring him.

Yours sincerely

JUANITA GARDNER
LOCUM PHYSICAN ASST

CODED	
ADDITION to problem summary	
01 NOV 2007	
LINK task to Kathleen	✓
SCRIPT issued	
ACTION required by doctor	

NHS Confidential: Personal data about a patient

LEITH COMMUNITY TREATMENT CENTRE
12 Junction Place, Edinburgh EH6 5JA
Tel: 0131 536 6242 Fax: 0131 536 6246

Chairman: Mr Garth Morrison C.B.E.
Chief Executive: Mr Murray Duncanson

CODED x
ADDITION to problem summary
29 OCT 2007
DNA task to Kathleen
SCRIPT issued
ACTION required by doctor ✓

Dr Singh
St. Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Your Ref:
Our Ref: LK/BT/095240
Date: 24 Sept 2007
Ext No: 66244
Direct Dial: 0131 536 6244

Dear Dr Singh

Re: Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BD
D.O.B. 07.06.63 CHI NO: 0706631315

I saw your patient on 21 September 2007 at the Cardiovascular Risk Clinic where his blood pressure was slightly raised at 144/80. Gary however does look much better. He is watching what he is eating. He said he stopped drinking as much and is eating a lot more vegetables. He has cut back on potatoes. He has a much more positive attitude and says he is not feeling as tired. He is going to get his teeth fixed.

I am really pleased with his whole mental attitude. He seems to be taking care of himself. As his blood pressure is still a little bit high, I would like to increase his Doxazosin to 2mg and I am going to see him back in November 2007.

If you have any questions, please feel free to contact me.

Yours sincerely

Lubna Kerr
Cardiovascular Risk Clinic Pharmacist

2ppt. booked
02.11.07 8.50am
AS.

NHS Confidential: Personal data about a patient

CODED	x
ADDITION to problem summary	
11 SEP 2007	
DNA task to Katnieen	
SCRIPT issued	
ACTION required by doctor	

LEITH COMMUNITY TREATMENT CENTRE
12 Junction Place, Edinburgh EH6 5JA
Tel: 0131 536 6242 Fax: 0131 536 6246

Chairman: Mr Garth Morrison C.B.E.
Chief Executive: Mr Murray Duncanson

Dr Singh
St. Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Your Ref:
Our Ref: LK/bt/095240
Date: 28 August 2007
Ext No: 66244
Direct Dial: 0131 536 6244

Dear Dr Singh

RE: Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BD
D.O.B. 07.06.63 CHI NO: 0706631315

I saw your patient on 24 August 2007 at the Cardiovascular Risk Clinic where his blood pressure was an excellent 139/69. Thank you so much for starting him on Doxazosin. Gary was very pleased with his blood pressure, and I said that now that we have got his blood pressure under control, we would really need to focus on his weight.

We are going to see him back in 4 weeks time and then with the help of a Dietitian, we are going to see how we can encourage him to have a more healthy weight. His next appointment is 21 September 2007. If you have any questions, please feel free to contact me.

Yours sincerely

Lubna Kerr
Cardiovascular Risk Clinic Pharmacist

NHS Confidential: Personal data about a patient

LEITH COMMUNITY TREATMENT CENTRE
12 Junction Place, Edinburgh EH6 5JA
Tel: 0131 536 6242 Fax: 0131 536 6246

Chairman: Mr Garth Morrison C.B.E.
Chief Executive: Mr Murray Duncanson

Dr Singh
St. Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Your Ref:
Our Ref: LK/bt/095240
Date: 10 July 2007
Ext No: 66244
Direct Dial: 0131 536 6244

Dear Dr Singh

RE: Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BD
D.O.B. 07.06.63 CHI NO: 0706631315

I saw your patient on 6 July 2007 at the Cardiovascular Risk Clinic where his second reading was 150/88. I believe he is coming to see you today to get his Doxazosin prescription so I have not started him on anything else. I am going to see him in August and see how he is getting on with his medication.

We had a long chat with his [redacted] Shirley, and I believe he has made changes to his lifestyle. We are not going to call what he is doing a diet, we are just going to call it a healthier lifestyle. He has cut back on crisps and chips. He eats a lot more wholemeal food which is great.

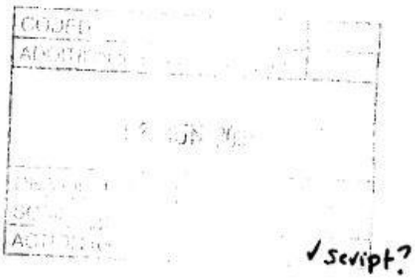
I am trying to do some CBT with him and trying to get him to think differently about himself and his body. I think it would be valuable for him to go to a Counsellor and I hope you would be able to sort that out. If you have any questions, please feel free to contact me.

Yours sincerely

Lubna Kerr
Cardiovascular Risk Clinic Pharmacist

P.S. Do you know his blood type

NHS Confidential: Personal data about a patient



✓ script?

LEITH COMMUNITY TREATMENT CENTRE
12 Junction Place, Edinburgh EH6 5JA
Tel: 0131 536 6242 Fax: 0131 536 6246

Chairman: Mr Garth Morrison C.B.E.
Chief Executive: Mr Murray Duncanson

Dr Singh
St. Triduanas Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Your Ref:
Our Ref: LK/BT/095240
Date: 13 June 2007
Ext No: 66244
Direct Dial: 0131 536 6244

Dear Dr Singh

RE: Gary Mackie 135/1 Marionville Road Edinburgh EH7 6BD
D.O.B. 07.06.63 CHI NO: 0706631315

I saw your patient on 25 May at the Cardiovascular Risk Clinic where his blood pressure was 151/85. Much higher than it was the last time. His ABP results that we did in January came back as 155/86 though I am not surprised that his blood pressure is so high. He said he wasn't feeling very well today. He looked extremely red and he said he has been having a lot of sore heads. He is still smoking about 4 cigarettes a day. He saw the Dietitian today and has lost a kilo or so in weight. He was very disappointed in this.

There are a lot of emotional issues that Gary hasn't dealt with that I feel he would really benefit from speaking to a Counsellor. There is a Counsellor that he can be referred to at Inchkeith House and I think this would be really valuable for him. I don't think Gary is on the cycle of change yet. He knows that he should lose weight and this would improve his blood pressure. However I think he quite enjoys the attention that he is getting from all the Health Professionals and when I asked him about this he actually agreed. I think if we can resolve his previous issues, he will want to lose weight. However as his blood pressure is still high, after discussion with Dr Reynolds, we have decided to add Doxazosin 1mg to his regime.

We are going to see him back in July.

If you have any questions, please feel free to contact me.

Yours sincerely

Lubna Kerr
Cardiovascular Risk Clinic Pharmacist

* Can you please ask patient to pick up 2x. *

NHS Confidential: Personal data about a patient

CODED
ADDITION to pro
NHS
12 FEB 200
Lothian
DNA task to Kathleen
SCRIPT issued
ACTION required by today

LEITH COMMUNITY TREATMENT CENTRE
12 Junction Place, Edinburgh EH6 5JA
Tel: 0131 536 6242 Fax: 0131 536 6246

Chairman: Mr Garth Morrison C.B.E.
Chief Executive: Mr Murray Duncanson

Dr Singh
St Triduanas Medical Practice
54 Moira Park
EDINBURGH
EH7 6RU

Your Ref:
Our Ref: LK/SW
Date: 8.2.07
Ext No: 66244
Direct Dial: 0131 536 6244

Dear Dr Singh

Re: Gary Mackie, 135/1 Marionville Road, Edinburgh, EH7 6BD, D.O.B. 07.06.63, LH095240, CHI no. 0706631315

I saw your patient on 19.1.07 at the Cardiovascular Risk Clinic where his blood pressure was excellent at 132/74. Gary did say he got up early in the morning so he could take all his tablets before he got here, which is great. I think perhaps this might have been an issue in the past. He did say to me that he has been ill over Christmas and New Year and had three courses of steroids. He also complained of having nose bleeds 6/7 times at night. He's hoping to go back to swimming once his chest infection has all cleared up. He seemed a lot happier today. He seems to be doing better with the history that he's had.

We were doing head and neck massage for all patients and Gary tried head and neck massage which he loved. We are hoping to continue doing this for patients and Gary is very keen to get this, so I am really pleased.

I'm going to see him back on 9 March 2007 and if you have any questions, please feel free to contact me.

Yours sincerely

Lubna K

Lubna Kerr
Cardiovascular Risk Clinic Pharmacist

NHS Confidential: Personal data about a patient

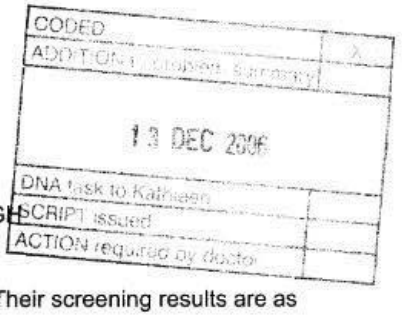
GKS

Diabetic Retinopathy Screening

Thursday, 07 December 2006

MOIRA PARK SURGERY
54 MOIRA PARK
EDINBURGH EH076RU

Dear MOIRA PARK SURGERY,



DIABETIC RETINOPATHY SCREENING PROGRAMME
PATIENT DIABETIC EYE SCREENING RESULT

CHI No:	0706631315
Name:	GARY MACKIE
Address:	135/1 Marionville Road, EDINBURGH EH7 6JB

This patient was screened on the 03/11/2006 02:14 PM. Their screening results are as follows:

	Right Eye	**Left Eye**
Visual Acuity	0.2 (6/9.5) ✓	0.2 (6/9.5) ✓
Diabetes Retinopathy Grade	(R0) no retinopathy ✓	(R1) BDR mild ✓
Maculopathy Level	(M0) no maculopathy ✓	(M0) no maculopathy ✓
Non DR Features	---	Pigmented lesion (naevus)
Comments		

The patient has been informed of the condition of their eyes and the following action has been taken:

Rescreening in 12 months (Fundus Photography)

Should you have any queries please contact Norah [redacted]t, on 0131 536 4145.

Yours sincerely,

Norah [redacted]t

NHS Confidential: Personal data about a patient

LEITH COMMUNITY TREATMENT CENTRE
12 Junction Place, Edinburgh EH6 5JA
Tel: 0131 536 6242 Fax: 0131 536 6246

Chairman: Mr Garth Morrison C.B.E.
Chief Executive: Mr Murray Duncanson

NHS Lothian

CODED
ADDITION to problem summary
19 DEC 2006
DNA task to Kathleen
SCRIPT issued
ACTION required by nurse

Dr A Singh
St Triduanas Medical Practice
54 Moira Park
EDINBURGH
EH7 6RU

Your Ref:
Our Ref: LK/SW
Date: 4.12.06
Ext No: 66244
Direct Dial: 0131 536 6244

Dear Dr Singh

Re: Gary Mackie, 135/1 Marionville Road, Edinburgh, EH7 6BD, D.O.B. 07.06.63, LH095240, CHI no. 0706631315

I saw your patient on 1.12.06 at the Pharmacy LED Cardiovascular Risk Clinic where his blood pressure was still high at 168/95. However he did admit to not taking his tablets today. He brought his [redacted] along, Shirley, and we had a long chat about why Gary is overweight etc. and he admitted to being abused as a [redacted] and he hasn't dealt with those issues. I know in the past that you had referred him to a counselling service and he wasn't able to cope because ~~he still~~ his sister worked as a Clerical Officer in the same place. I wonder if there's any opportunity to refer him elsewhere so that he can go and discuss his feelings because I think this will be really important for him to resolve these issues and hopefully move forward. I've also organised for him to get an ambulatory blood pressure monitor attached so we can see what his average blood pressure is. I've taken blood to check for his U's + E's as he is on Spironolactone. I have encouraged him to work as a team so that his [redacted], Shirley can help him lose weight because he does want to make an effort.

I'm going to see him back on 19 January 2007 and hopefully he said he will have lost some weight by then.

If you have any questions, please feel free to contact me.

Yours sincerely

Lubna Kerr
Cardiovascular Risk Clinic Pharmacist

NHS Confidential: Personal data about a patient

LEITH COMMUNITY TREATMENT CENTRE
12 Junction Place, Edinburgh EH6 5JA
Tel: 0131 536 6242 Fax: 0131 536 6246

Chairman: Mr Garth Morrison C.B.E.
Chief Executive: Mr Murray Duncanson

NHS Lothian

Dr A Singh
St Triduanas Medical Practice
54 Moira Park
EDINBURGH
EH7 6RU

Your Ref:
Our Ref: LK/SW
Date: 31 October 2006
Ext No: 66244
Direct Dial: 0131 536 6244

Dear Dr Singh

Re: Gary Mackie, 135/1 Marionville Road, Edinburgh, EH7 6BD, D.O.B. 07.06.63, LH095240, CHI no. 0706631315

I saw your patient on 27.10.06 at the Pharmacy LED Cardiovascular Risk Clinic where his blood pressure was 164/80. As this was his first visit here we just focussed on lifestyle, exercise, diet and medication etc. We're not making any changes to his medication yet. I want Gary to go away and have a think about what changes he would like to make in his life and whether he wants to lose weight or not, and then we can have a chat about it the next time, and perhaps introduce some more medication if required.

I'm going to see him back on 1.12.06 and hopefully we'll see what he's decided then.

If you have any questions, please feel free to contact me.

Yours sincerely

Lubna Kerr
Cardiovascular Risk Clinic Pharmacist

CODED	
ADDITION to problem summary	
06 NOV 2006	
DNA task to Kathleen	
SCRIPT issued	
ACTION required by doctor	

NHS Confidential: Personal data about a patient

LEITH COMMUNITY TREATMENT CENTRE, JUNCTION PLACE, EDINBURGH EH6 5JQ
DEPARTMENT OF DIABETES

Consultants: Dr R Reynolds (Secretary Tel 0131 536 6240)
(Secretary Fax 0131 536 6246)

Appointments: 0131 536 6230
Fax: 0131 536 6235

Hospital Practitioner: Dr N Black
Diabetes Specialist Nurse: Graham Whiting 0777 804 7955

Date Printed 26/09/06
Consultant: Dr R Reynolds

Dr AMAN SINGH BC
ST TRIDUANAS MEDICAL PRACTICE
54 MOIRA PARK
EDINBURGH
EH7 6RU

CODED
ADDITION
DNA
SCRIPT issued
ACTION required by doctor

Dear Dr SINGH

GARY MACKIE 31/1 LOGANLEA AVENUE EDINBURGH EH7 6PA
DOB 07/06/1963 UNIT NO LH095240 CHI 0706631315

Date of Diabetic Clinic Appointment 22/09/2006.

He tells me his weight has been up and down but more recently he has been seeing the dietitian regularly to try and get some weight off. Glycaemic control remains excellent with an HbA1c of 5.9%. However his BP is high. He had not brought his list of medication with him and couldn't remember the names of the tablets but he says his BP is always high when you measure it in your practice. I am arranging for him to come back to the cardiovascular risk clinic led by the pharmacists to see if we can try and optimise his anti hypertensive medication.

We have re-checked his renal function and lipid profile today and sent urine for ACR. He attends the chiropodist and eyes will be screened by the retinal screening programme.

As his diabetes is well controlled, I am now discharging him to the diabetes nurse led clinic for review and follow up.

(Copy: Ellen Sutherland)

Yours sincerely

Dr R Reynolds
Senior Lecturer/Honorary Consultant

NHS Confidential: Personal data about a patient

LEITH COMMUNITY TREATMENT CENTRE, JUNCTION PLACE, EDINBURGH EH6 5JQ
DEPARTMENT OF DIABETES

PATIENT NAME	**GARY MACKIE**	UNIT NUMBER	**LH095240**
PATIENT ADDRESS	**31/1 LOGANLEA AVENUE**	DOB	**07/06/1963** AGE **43**
	EDINBURGH	CHI	**0706631315**
	EH7 6PA	**EPISODE DATE:**	**22/09/2006**

GENERAL

		DATE		
HBA1c (%)	5.90	22/09/2006	DIABETES TYPE	Type 2 Diabetes Mellitus
(GOAL HBA1C)			DURATION OF DIABETES	2 years 1 month
WEIGHT (KG)	188.00		SHARED CARE	Shared Care
(GOAL WT)			SMOKING STATUS	Ex Smoker
BMI	58.67	22/09/2006		
BLOOD PRESSURE	160 / 78			

BIOCHEMISTRY

			DATE				DATE
CREATININE	69.00	umol/l	22/09/2006	CHOLESTEROL	4.10	mmol/l	22/09/2006
UREA	5.60	umol/l	22/09/2006	TRIGLYCERIDES	2.15	mmol/l	22/09/2006
ALB / CREAT RATIO	1.60	mg/mmol	22/09/2006	HDL CHOL	0.67		22/09/2006
T4 (FREE)		pmol/l		TSH		mU/l	

EYES

DIGITAL RETINAL PHOTOGRAPHY REPORTS WILL COME FROM THE DIABETES RETINAL SCREENING SERVICE

FEET	LEFT	DATE	RIGHT	DATE
POST TIB	Present	22/09/2006	Present	22/09/2006
DORSALIS PEDIS	Present	22/09/2006	Present	22/09/2006
VIBRATION	Normal	22/09/2006	Normal	22/09/2006

PRAVASTATIN SODIUM 40mg tabs			
TILDIEM LA 300mg m/r capsules			
ENALAPRIL MALEATE 5mg tablets			
BENDROFLUAZIDE 2.5mg tablets			
FLUOXETINE HYDROCHLORIDE			
ENALAPRIL MALEATE 20mg tablets			
METFORMIN HCL 500mg tablets	1000.00	1000.00	1000.00
ASPIRIN 75mg tablets	75.00		

MEDICAL HISTORY

Non-ins-dep diabetes mellitus	YEAR OF DIAGNOSIS 2004
Morbid obesity	YEAR OF DIAGNOSIS 2004
Essential hypertension	YEAR OF DIAGNOSIS 2004
Ischaemic heart disease	YEAR OF DIAGNOSIS 2004

Registration Details - Patient No: 67468

Personal details...		Address details...	
Sex	M	Post Code	EH7 6PA
Surname	Mackie	Nursing Home unit	
Previous Surname		House Name Flat No	Flat 1
Forenames	Gary Bruce	No and Street	31 Loganlea Avenue
Calling Name	Gary	Village	
Date of birth	07/06/1963	Town	Edinburgh
Title	Mr	County	
Birth Surname			
Marital Status	Single		
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading [redacted]	Lothian NHS Trust	Home Tel No	661 0693
Registered GP	Dr Hannah M B Cronin	Work Tel No	
Usual GP	Dr Geoff Smith	Mobile Tel No	
Residential Inst		E Mail Address	
Branch Surgery			
NHS Number			
CHI Number	0706631315		

Medical Record

Problems

Active Problems		Authorised By	Code
08/09/2004	Type 2 diabetes mellitus	Dr Singh	C109-2
30/08/2004	Discharged from inpatient care WGH	Dr Garner	8HE2
25/02/2004	Arthropathy NOS	Mrs Collins	N06z
16/02/2002	Atypical chest pain ,	Dr Macartney	1828
16/02/2002	Hypertensive disease ,	Dr Macartney	G2
01/01/2002	Depressive disorder NEC ,	Dr Singh	E2B
10/12/2001	Angiocardiography ,	Dr Macartney	553
01/01/2001	Ischaemic heart disease ,	Dr Macartney	G3
01/01/1994	Ventricular hypertrophy ,	Dr Macartney	G5y34
01/01/1994	Obesity grade 3, s/b dietician since 1994	Dr Singh	C380
01/01/1992	Nondependent alcohol abuse, continuous	Dr Singh	E2501
01/01/1992	Clsd # scaphoid ,	Dr Singh	S2401
01/01/1992	Tonsillectomy ,	Dr Singh	7530
01/01/1976	Lobar pneumonia due to unspecified organism R basal	Dr Singh	H260
01/01/1976	Asthma NOS ,	Dr Singh	H33zz

Past Problems	Authorised By	Code

Values			
Date	Last Entry	Normal Range Indicator	Normal Range

03/12/2004	**Cigarette smoker 15 Cigarettes/day**		
26/11/2004	**Random blood sugar 7.2 mmol/l LCTC:DIABETIC O/P**		
26/11/2004	**Serum urea level 4.8 mmol/l**	....|....	2.5-6.6
26/11/2004	**Blood pressure reading 170/94 mm Hg**		
26/11/2004	**Body Mass Index 58.42**	..... |	20-25
26/11/2004	**O/E - weight 190 Kg**		
26/11/2004	**Serum creatinine 80 umol/L**	...|.....	60-120
26/11/2004	**Serum cholesterol 2.9 mmol/l**	....|....	0-5
26/11/2004	**Hb. A1C - diabetic control 5.7 %**	....|...	3.8-6.4
30/08/2004	**Plasma C reactive protein 60 mg/L WGH**	..... |	0-10
30/08/2004	**Serum alkaline phosphatase 133 U/l**	.....|	40-125
30/08/2004	**Serum gamma-glutamyl transferase level 157 U/l**	..... |	5-55
30/08/2004	**ALT/SGPT serum level 124 U/l**	..... |	10-50
30/08/2004	**Blood glucose result 14 mmol/L**	..... |	3.6-5.8
30/08/2004	**Erythrocyte sedimentation rate 25 mm/1 hr**	..... |	0-20
30/08/2004	**Haemoglobin estimation 126 g/dL**	|.....	130-180
30/08/2004	**Plasma fasting glucose level 14.1 mmol/l WGH**		
30/08/2004	**O/E - height 180.34 cm**	.....|...	10-250
30/08/2004	**Alcohol consumption**		
12/01/2004	**Chlamydia antigen test BLOODS:NO SEROLOGICAL EVIDENCE**		
07/01/2004	**Urea and electrolytes**		
07/01/2004	**Platelet count 286 x10^9/L**	.... |.....	150-400
07/01/2004	**Full blood count - FBC**		
17/12/2003	**Liver function tests NOS**		
12/12/2003	**MSU sent for C/S NO BACTERIURIA DETECTED**		
10/12/2003	**Peak exp. flow rate: PEFR/PFR 300 l/minute**		
07/11/2002	**Serum random LDL cholesterol level 2 mmol/L**		
07/11/2002	**Cholesterol/HDL ratio 5.9**		
07/11/2002	**Serum triglycerides 3.07 mmol/l**		
30/11/2001	**Total cholesterol:HDL ratio 5.9**		

Due Diary Entries		Authorised By	Code
27/05/2005	**Diabetic Out Patient Appointment**	Mrs Sardesai	PCS11046DI3
17/02/2005	**Medication review**	Dr Macartney	8B314
17/12/2004	**Coronary heart disease annual review**	Ms Whitson	6A2..
10/12/2004	**Asthma follow-up**	Mrs Collins	66YK.

Overdue Diary Entries		Authorised By	Code
07/12/2004	**Hypertensive disease OVERDUE**	Ms Whitson	G2...

Drug Allergies		Authorised By	Code
22/02/2002	**Adverse reaction to Beta-Adrenoceptor Blocking Drugs** , EMISDRGA:DRUGGROUP:2.4	Ms Anon	EMISDRGA

Non Drug Allergies		Authorised By	Code
	None		

Health Status	
26/11/2004	**Blood pressure reading 170/94 mm Hg**
10/09/2004	**Notes summary on computer**
26/11/2004	**O/E - weight 190 Kg**
03/12/2004	**Tobacco consumption Cigarette smoker, 15 Cigarettes/day**
18/12/2003	**Failed encounter**
30/08/2004	**Alcohol consumption 0 units/week**

22/09/2004	**Pneumococcal vaccination**
22/09/2004	**Influenza vaccination**

Consultations	
08/12/2004	Dr Aman Singh
History	see letter, ?doxazosin if b/p still high
03/12/2004	Dr Aman Singh at St Triduanas Surgery
Medication	Orlistat Capsules 120 mg 84 capsule(s) ONE TO BE TAKEN THREE TIMES A DAY
Problem (REVIEW)	**Obesity**
History	prescriptions as various notes
Social	Trying to give up smoking Cigarette smoker, 15 Cigarettes/day
Additional	Nicotine replacement therapy
22/09/2004	Dr Aman Singh at St Triduanas Surgery
Problem (REVIEW)	**Type 2 diabetes mellitus**
History	doing well, some qs, inc metf to 2 tds
Additional	Influenza vaccination Batch No F08021 Expiry 06/2005 r arm **(GMS)** Pneumococcal vaccination ht 48650 **(GMS)**
17/09/2004	Mrs Maureen Keith
Additional	EMIS attachment reference code WGH GEN MED JG/MK
10/09/2004	Dr Aman Singh
History	**decoded asthma, not suggestive**

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
03/12/2004	**Nicotine Transdermal patches 10 mg/16 hrs** APPLY DAILY 28 patch(es)	03/12/2004P	Dr Aman Singh	ACUTE
03/12/2004	**Aspirin Tablets 75 mg** TAKE ONE DAILY 56 tablet(s)	03/12/2004P	Dr Aman Singh	REPEAT
03/12/2004	**Orlistat Capsules 120 mg** ONE TO BE TAKEN THREE TIMES A DAY 84 capsule(s)	03/12/2004P	Dr Aman Singh	REPEAT
08/09/2004	**Metformin Hydrochloride Tablets 500 mg** 2 TDS 168 TABLETS	17/11/2004P	Dr Hannah M B Cronin	REPEAT
02/03/2004	**Naseptin Cream** Apply twice a day 15 gram(s)	17/11/2004P	Dr Hannah M B Cronin	REPEAT
29/12/2003	**Bendroflumethiazide Tablets 2.5 mg** One, each morning 56 tabs	17/11/2004P	Dr Hannah M B Cronin	REPEAT
29/12/2003	**Enalapril Maleate Tablets 20 mg** One, daily 56 tabs	17/11/2004P	Dr Hannah M B Cronin	REPEAT
29/12/2003	**Pravastatin Tablets 40 mg** One, at night 56 tabs	17/11/2004P	Dr Hannah M B Cronin	REPEAT
29/12/2003	**Tildiem La M/R capsules 300 mg** One, daily 56 caps	17/11/2004P	Dr Hannah M B Cronin	REPEAT
29/12/2003	**Co-Dydramol 10/500 Tablets** Two as needed 100 tabs	17/11/2004P	Dr Hannah M B Cronin	REPEAT
29/12/2003	**Salbutamol Inhaler 100 micrograms/puff** 2 puffs as needed 2 unit	17/11/2004P	Dr Hannah M B Cronin	REPEAT
29/12/2003	**Fluoxetine Hydrochloride Capsules 20 mg** Two, daily 112 caps	17/11/2004P	Dr Hannah M B Cronin	REPEAT
09/12/2003	**Enalapril Maleate Tablets 5 mg** One, daily 56 tabs	17/11/2004P	Dr Hannah M B Cronin	REPEAT
21/08/2003	**Gaviscon Liquid** 20ml as needed 500 mL	17/11/2004P	Dr Hannah M B Cronin	REPEAT

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MALE

SURNAME	CHRISTIAN NAMES
MACKIE	FANNY

ADDRESS

Date of Birth

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
3/9/73		Amp. Forte 100ml Alupent syrup 100ml Bronchial asthma.	
10/9/73		Ventolin tab 2mg (100) 1Q.I.D	
12/9/73		Cebs mul 1 B.D.	
17/6/74		Tab ventolin mg 2 (100) Penbritin Syrup 100 ml	
24/9/74		Tab ventolin mg 2 (100) wheezy Penbritin mg 250 (20)	
15/11/74		TONSILLITIS. A. Quinsy. Stanclotin Grysiopen 6 Forte 100ml	
18.6.75		Penbritin tab (10) Herpes Ventolin mg 2 (100) + A.N.T. Triadent Tab	
11/7/75		Penbritin Syrup forte 100ml Stat Tab ventolin mg 2 (20) 4 D.D. a.c. Cough + wheeze	

* 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 E.C. 7 (Scotland)

(14.3.72) (E12077) Dd. No. 259685 250,000 5/72 J.&G.I.,Ltd. Gp. 259

MALE

SURNAME	CHRISTIAN NAMES
Mackie	Gary

ADDRESS 22 RESTALRIG DRIVE

DATE	C.F*	CLINICAL NOTES	DIAGNOSIS
24/12/65		Chloramphenicol 1 stat	3÷ D+D
11/1/66		Penbritin Syrup 10 ml	3÷ D+D
12/1/67		Chloramphenicol 1 stat	3÷ D+D
2/1/67		Chloramphenicol Syrup	3÷ D+D
4/3/67		Tinaphin 125 ml	3÷ D+D
		Erythrocin Syrup	3÷ D+D
14/12/67		Chloramphenicol 1 stat	3÷ D+D
1/5/68		① Ephedrine Linctus	
		② Ampicillin 125	asthma
10/6/68		Ephedrine Linctus	
3/7/68		rep ① ②	
4/7/68		amp (10 ml)	
30/7/68		① Alupent syrup	
		② amp (10 ml)	
12/12/68		① ②	
17/12/70		Small inflamed Lymph gland post-auricular (L)	
24/10/70		amp (10 ml)	
		Bronal expect	

* 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 E.C. 7 (Scotland)

C.J.C. 53. 2338

DATE	C.F.*	CLINICAL NOTES	DIAGNOSIS
13/2/71		amp.	? Streptococcal Nasal. Tonsillitis
2/8/71	(1)	Penbritin Syrup 120/5 ml 5 days.	
	(2)	Aliquent syrup 100ml	Bronchitis
23/8/71	(2)		
27/9/71		Fesmal tabs (100)	
1/11/71		Amp. 100ml	Alveolar abscess
20/3/72		Achrogin 100ml	Impetigo
		150 mg	
9/5/72		ampicil 150mg (2)	
		1.B.D.	
		Faecal gingivitis at school. Teacher not very understanding.	
27/6/72		CURES 200. Amp. 100 ml Fesmal (100)	
28/5/73		Asthmatic attack? was for a cat 2 weeks ago. Has not had an attack for over a year. Ventolin Syrup 1x5ml t.i.d.	
18/7/73		Amp. Forte Syrup 100ml Aliquent 100ml	Bronchial Asthma

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MALE

Form E.C. 5 (Scotland)

Surname	Christian Names	Occupation
MACKIE	GARY B.	

National Health Service Number	Date of Birth	(Note changes and insert year of change)
S685/8/1963/726	7. 6. 63	

Address (1)	Name of Practitioner	Executive Council Cipher — Date	
c/o Bruce. 31, Leganlea Ave	Dr. David B. Stirling Br. J. Carnoquoy.	20 SEP 1963	19.....
(2) 22 Restalrig Drive EDIN	(2) Dr. Wiebe R. Bonne	(2) S 15 JAN 1979	19.....
(3) Wellington School. Penicuik	(3) DR. N.M. JOHNSTON	(3) S 21 MAY 1979	Died 19.....
(4) 22 RESTALRIG DRIVE, EDINBURGH.	(4) DR. WIEBE. R. BONNE.	(4) S 30/9/82	Cause of Death

Signature of Practitioner

EDINBURGH PUBLIC HEALTH DEPARTMENT

Clinic Lochend

IMMUNISATION RECORD

71—300 Pds./8/63/5844/9803

CHILD WELFARE

PARTICULARS OF PERSON IMMUNISED

Surname	Christian Name(s)	Date of Birth			Sex	
					M.	F.
Mackie	Gary	4	6	63	X	

Address 31 Loganlea Avenue

Dose	Triple Antigen Date	Poliomyelitis Date	Other Inoculations Date	Dosage	Material Used	Batch No.	M.O.'s Initials	Reaction
1		15.5.64		3m	Glaxo	10317	C.H.	
2		26.6.64		"	B.W.	TRD/448/5	C.H.	
3		7.8.64		"	"	TRD/448/5	C.H.	
4								

I consent to my [redacted] being immunised against Polio

Signature of [redacted] or Guardian E Mackie

Date 15. 5. 64

Name and Address of Private Doctor

Dr. Brodie & Partners
Craigentinny Rd
Dalziel Rd.

STRICTLY CONFIDENTIAL
LOTHIAN HEALTH BOARD

PATIENT PROFILE SHEET
Date of Completion:

SURNAME: MACKIE D/B 7.6.63
ALTERED TO:
FORENAME(S): GARY
ADDRESS: 135-1 MARIONVILLE ROAD
TEL No:
C/O BRUCE
ADDRESS: 3/1 LOCANLEA AVENUE EH7 6PA
TEL No: 661 4681
ADDRESS:
TEL No:
ADDRESS:
TEL NO:

OCCUPATION/DATE
1. N/K 4.
2. 5.
3. 6.

MARITAL STATE Single
WHO LIVES AT HOME WITH YOU?
Girlfriend 2 children.
Shirley FORSYTH → 135 MARIONVILLE ROAD

[redacted] (If desired) may not reside with patient therefore address may also be required
ADDRESS:

FAMILY Date of birth or age	STATE OF HEALTH	AGE AT DEATH	CAUSE OF DEATH
[redacted]			
[redacted]			
[redacted](s)			
[redacted](s)			
[redacted]ren Male DAVID			
Female NATALIE			

FAMILY ILLNESS Have any member of the family suffered from any of the following:
Please give details if "YES"

EPILEPSY	Yes/No
DIABETES	Yes/No
TUBERCULOSIS	Yes/No
HEART DISEASE	Yes/No
ASTHMA	Yes/No
STROKE	Yes/No
HIGH BLOOD PRESSURE	Yes/No
CANCER	Yes/No
ULCER or BOWEL TROUBLE	Yes/No
DEAFNESS	Yes/No
EYE TROUBLE	Yes/No
THYROID TROUBLE	Yes/No
OTHER DISEASE	Yes/No

ALCOHOL CONSUMPTION PER DAY

TOBACCO or CIGARETTE CONSUMPTION PER DAY
SMOKER

PREVIOUS MEDICAL AND OBSTETRIC HISTORY
GROSSLY OBESE
IHD

JOINED 5·11·01
PREVIOUS ADDRESS
135-1 MARIONVILLE RD

PREVIOUS DOCTOR
DR BOXNT, SOUTHFIELD

National Health Service Number	

IMMUNISATIONS AND SCREENING INVESTIGATIONS	Surname (Block Letters)	Forenames (Block Letters)
	Address	Date of Birth

IMMUNISATIONS (Insert date where appropriate)

	Diphtheria	Pertussis	Tetanus	Polio	Measles	Rubella	TAB	Smallpox
1				15·5·64				
2				26·6·64				
3				7·8·64				
Boost								
Boost								
Boost								

Tuberculin Test				BCG.			
Result				Date			
Date							

Other Inoculations

Type							
Date							
Type							
Date							
Type							
Date							

SCREENING INVESTIGATIONS

DFR

Chest X-Ray (Date)	~~Cervical Smear~~ (Date)	Blood Pressure		Urine			Miscellaneous		
		Date		Date	Albumen	Sugar	Date	Weight	Other (Specify)
	380 c/v 29791		150/60	29791	neg	neg	29791	128kg	HT 5'10"
				29792	neg	NEPHAR 2mg.			
		29693	150/80	29693	neg	2mg.		142 kg	
								153 kg	

SCREENING INVESTIGATIONS CONTINUED OVERLEAF

SCREENING INVESTIGATIONS Continued from overleaf

Chest X-Ray (Date)	Cervical Smear (Date)	Blood Pressure		Urine			Miscellaneous		
		Date		Date	Albumen	Sugar	Date	Weight	Other (Specify)

Other Procedures

Date		Date		Date	

LOTHIAN HEALTH BOARD

MASTER PROBLEM LIST

Name/Address (FK Label)

GAM MACKIE

7.6.63

FOR USE IN Hospital..... Unit No. .....
REFERRED CASES Hospital..... Unit No. .....

No.	ACTIVE PROBLEMS	Date	CODES	INACTIVE PROBLEMS	Date
1	ISCHAEMIC HEART DISEASE	2001	• • •		
2	LV HYPERTROPHY (since 1994)	2002	• • •		
3	Hypertension	2002	• • •		
4	GROSS OBESITY (25 stone in 2001)	1994	• • •	(R) LOWER LOBE PNEUMONIA	1976
5	ON SICKNESS BENEFIT BECAUSE OF OBESITY	1994	• • •	ASTHMA	1976
6	SEEN BY DIETICIAN (EGH)	1994	• • •	TONSILLECTOMY	1992
7			• • •	(R) scaphoid #	1992
8			• • •	HIGH ALCOHOL INTAKE	1992
9			• • •	SMOKE (20 DAY)	
10	CORONARY ANGIOGRAPHY - IHD	2001	• • •		
11	DEPRESSION	2002	• • •	1	
12	Arthritis	Feb 04	• • •		
13	Diabetes Mellitus Type II	2004	• • •		
14			• • •		
15			• • •		
16			• • •		
17			• • •		
18			• • •		
19			• • •		
20			• • •		

MOIRA PARK SURGERY
NEW PATIENT QUESTIONNAIRE

This set of questions has been designed to help your new General Practitioner to get to know you and your medical problems. All questions will be handled confidentially, but if you are concerned about any of them, please leave them blank.

PLEASE NOTE THAT YOU ARE NOT REGISTERED WITH THE PRACTICE FOR MEDICAL CARE UNTIL YOU HAVE ATTENDED FOR YOUR HEALTH CHECK APPOINTMENT

Completion date: .....

Name: Gary MACKIE ..... **Date of birth:** 7/6/63 .....
(Please indicate: single/married/divorced/separated/widowed

Illnesses, Accidents or Operations
Please list all serious illnesses, accidents, hospital admissions or operations with dates. Please also list any previous illnesses which you have.

Medication
Please list any medicine or tablets which you are taking at present, **and bring them with you for your first appointment.**

Blood pressure Bendroflazide. 1 daily

Allergies
Are you allergic or sensitive to any medicines?

Is there any other information you may think helpful for your doctor to know?

Questionnaire continued on next page

REGISTRATION AND HEALTH CHECK APPOINTMENT

Arranged with: 11.40 am .....

On: 28th Nov .....

EXERCISE
Please tick the category which best reflects your personal habits:

A	Exercise physically impossible	..✓..
B	Avoids even trivial exercise	.....
C	Enjoys light exercise	.....
D	Enjoys moderate exercise	.....
E	Enjoys heavy exercise	.....
F	Competitive athlete	.....

SMOKING
If you smoke, how much do you smoke each day?

A	Cigarettes	10..
B	Cigars	.....
C	Pipe	.....
D	Stopped smoking	.....
E	Never smoked	.....

ALCOHOL
How many units of alcohol do you drink per week? .....
(one "unit" = half a pint of bear/lager; one glass wine/sherry or one measure of spirits)

PRESENT WEIGHT 21 STONE (25) **HEIGHT** 5'9.....

FAMILY HISTORY
Do any of your close relatives [redacted]s, [redacted]en, [redacted]s or [redacted]) suffer from either of the following illnesses)

		Family Member	**Age 1ST Illness**
Heart disease	Yes/No		
Stroke	Yes/No		

WOMEN ONLY
Do you use Contraceptives:
The Pill
Intra-uterine coil
Diaphragm
Sheath
Other methods

Have you had a Cervical Smear? **Yes/No** **Date of last smear** .....

Was your last smear done by your **GP** or at a **Hospital/Family Planning Clinic?**

Have your previous smears been normal? **Yes/No**
Have you ever attended a Colposcopy Clinic? **Yes/No**

National Health Service Number	5685-8-1963-726

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
HACKLE	GARY BRUCE

Address: ~~22 RESTHORPE DRIVE~~ ~~SK 7 6JW~~

Date of Birth: 7.6.63.

Date	*	
FRIDAY - 6 AUG 1982		Wt increase 8/12 eats too much Wt 118 Obesity diet 800 cals foods in green Rum instead D) like - unemployed and eats because he has nothing else to do.
FRIDAY 13 AUG 1982		
THURSDAY 24 FEB 1983		AMOXIL 500mg (21/7) R. OM. Dudley, pus+ blood 2 days ago
FRIDAY - 5 AUG 1983		DNA
TUESDAY, 9 APR 1985		a.p.o. BP 150/90 Lent nad. Lungs a few rhonchi + crepes bibe. Swollen L3 adm. Erythromycin 500mg TID (20)
THURSDAY, 27 JUN 1985		EXR - FAH. DNA.
22.11.85		Sin pms frequency NAD/HCR + ++ NITRITES + PROTEIN. U.T.I. TRIMAXID Tab 2 BD. (50)
FRIDAY, 31 OCT 1986		MSU afflimus. ACTonsillitis AUGMENTIN 12 (30) 1.T.D.
MONDAY - 9 FEB 1987		AMOXIL (20) Cons agreed.
MONDAY, 25 MAY 1987		C+ Injury to R Shoulder 22ND → 1ST time. 2 am struck by car. (BONNET) DA (20)

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

Date	T*	
		Vaccs.
9 JUN 1988		Rondeaux Jalaps 17 St 10 lbs
		Urine: (3O). BP 135/90.
		Augmentin (20) TDS 5 days
4 MAY 1989		
		1.5 kg. C 2/52.
		Pregnant wife left him suddenly for
		very little reason. No alcohol or
		antigonymm. Seems a good family man
		She is clingy with ex mother.
		She accuses him of other women while
		he denies. ? Demand feeble
		Wait & See.
15 MAY 1989		CF - 23RD.
		Augmentin (20) / TID.
13 JUN 1989		
		Ears Syringed.
12 PM		Imp. Reported ✓
15 SEP 1989		cough, spit, sore throat O/E 36°C RS ✓ throat ✓
		° cx nodes Inf. RTI Rx Amoxil 250mg tds (21)
		Wt 19st 4lb - Advised
19 OCT 1989		Wt. 19 St. 10 lbs Increasing rapidly
		Rondeaux Jalaps.
		Urine: regular BP 150/90
		regular.
17 JAN 1990		C 15/1/90 To cover for exp in ears of SCI.
		Continue clean
23 JAN 1990		
3 MAY 1990		DNA.
31 MAY 1990		WT 20 St 4 lb. BP 150/90
		Augmentin (20) TID
		C-F. 25th May - 4th June. Tonsillitis.
27 JUNE 1990		
		V&D. Jejunal. viral C-R.
		Impression as
		S.U.S. if it persists

*This column has been provided for doctors to enter A, V or C at their discretion

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	Date of Birth
MACKIE	GARY	7.6.63

Address ~~12H Rostabrig RD. STH~~ EH7. 6JA.

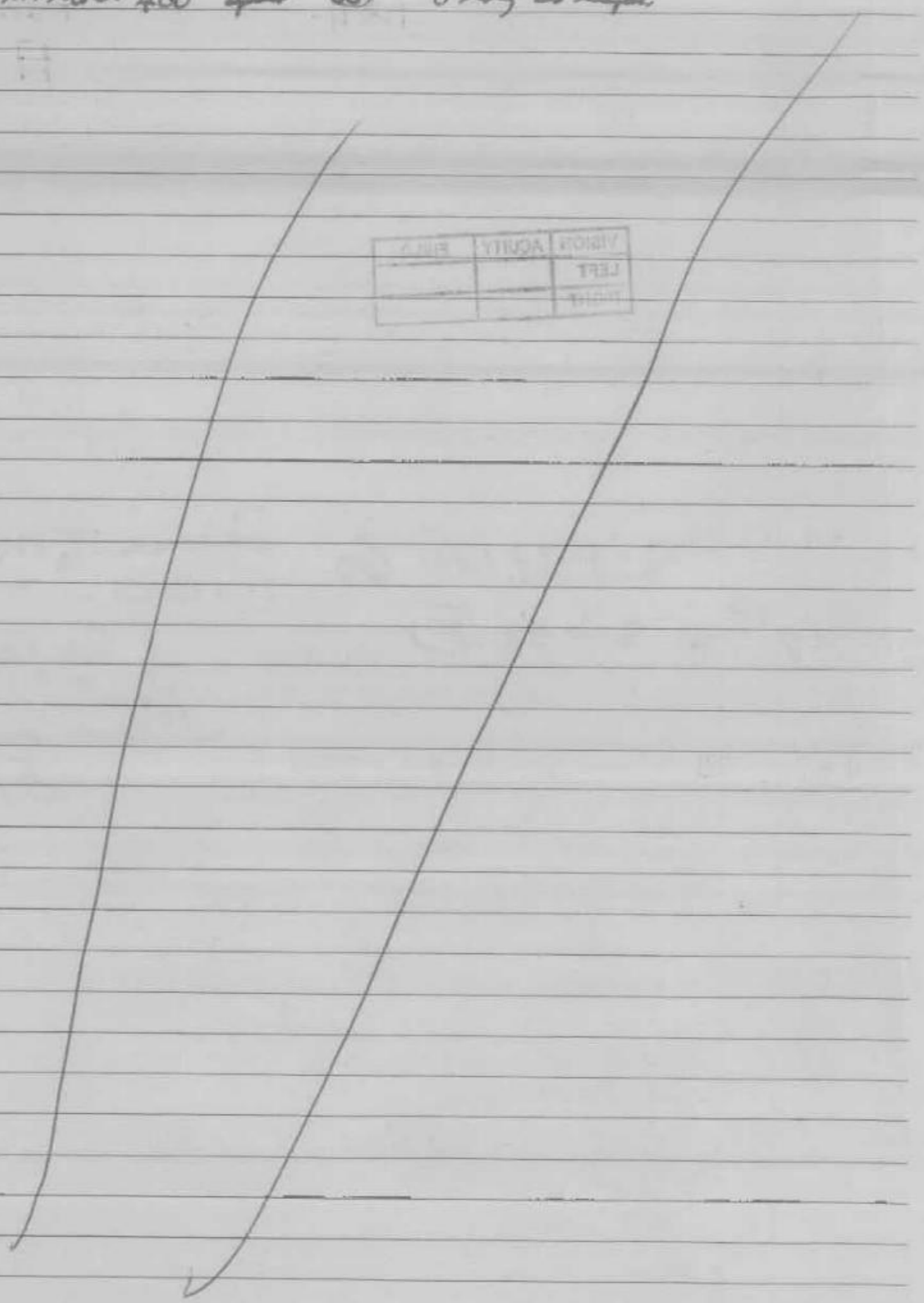
Date	*	
10 JUL 1990		AT WORK:- Cataracts into eyes but he does not see in time. Dermatites around eyes.
		VISION / ACUITY / FIELD: LEFT 6/6 N; RIGHT 6/6 N
		of Cataracts
		margin of dermatitis
17.1.91		augmentin tds (20) ITD. WT 205 7lb
		VOLMAX 8mg (30) inhaler. Booklet info
14 JUL 1991		Augmentin (20) ITD.
1.7.91 + 8.7.91 (F)		Tonsillitis
8 JUL 1991 → 15.7.91		Eporex 5000iu (20) ITD.
16 JUL 1991		CIPRAXIN tds (60) ITD. R.V.T. urgent. Kept. Tonsillectomy.
		Dr Dale. (on Cape)
29.7.91		Leo appt for ENT. not seen. today. Cas for Tonsil.
		Anaesthetic
		tho or anaesthetic clear
		? PMT
	R	DOMPERIDONE 100mg (10)
		SALBUTAMOL S.A. 4mg bd (20)
		PROVIDENCE CAPITAL INSURANCE MEDICAL

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2.8.91 In Appt

FORM GP111F

Date	*	
1 AUG 1991		
	Rx	



*This column has been provided for doctors to enter A, V or C at their discretion

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): MACKIE

Forenames (Block Letters): GARY B

Address: ~~124 Restalrig Road South~~ EH7 6JA

Date of Birth: 7 6 63

Date	*	
14 NOV 1991		C/o Bad Jar after tripping & slipping Fingers down the stairs.
		C 2/52. Bruises Coorg (SB) I.T.D. Lumbar Sacral Spine Bony pain. SLR 30° R&L limited by chest. Reflexes, Power & Sensation Normal.
29 NOV 1991		C 2/52. Bruises Coorg (SB) I.T.D.
24 FEB 1992		Ciprofloxin 60 Severe Tonsillitis (BD) — Erythrocin. C19 d - 2.3.92 (F)
2 MAR 1992		— 9.3.92 F. Wax both ears - Syringed - Ciproxin 750 BD
6 MAR 1992		Ears Syringed.
18 MAR 1992		Ciproxin 750 BD (SB) Tonsillectomy operation postponed because of sudden Death
C 3/3 92 — F 6-4-92.		
6/4/92	C 2/52	Erythrocin BD / Tonsillectomy Age.
20.4.92	C 2/52	

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

Date	*	
8 APR 1992		Septic tonsillar bed. [illegible] (3d) 10/10 Co-codamol disp. (5d) 20/10
4592		C → (F) 11.5.92.
4 MAY 1992		11.5.92 → 20.5.92 (F).
1 JUL 1992		[illegible] clinic. Septic throat ? ? cause. - ? Tonsillectomy. Keeping away from E.D.C (staff) ? ? grey. ? ? change job if [illegible] stays.
A/H.		10pts + drug.
Simpson-Ho		worse at night
Edin-		? ? ?

National Health Service Number

NURSES AND HEALTH VISITORS RECORDS

Surname (Block Letters): MACKIE

Forenames (Block Letters): GARY

Address: ~~124 RESTALRIG ROAD SOUTH~~

Date of Birth: 7.6.63

Date	
09 JUL 1992	Urine: Nephr - ve BP 140/90 BT. ↓
30.7.92	See Spirith result. Clear if symptoms persist
06 AUG 1992	DNA
19 AUG 1992	Seen at clinic (3.8.92. R.E.H). BP 140/90
24.8.92	C 4/52 Domicile Bleyenteen not totally well. under investigation on ↓ Dose to 5ml bd for one more week.
23.9.92	(F).
01 DEC 1992	IBUPROFEN (600mg) (SD) 1 TDS pc. BP 140/90 afford non. 21+7 tabs Clear Nephr. Lambeth Surgery
07 DEC 1992	C 3/52. ? Colla # ↓ → ALE DEPT. R.I.E.
18 DEC 1992	21.12.92. C 4/52. Scaphoid #
18.1.93	(F) ~~25~~ 25 lb. (F) 26lb taken for
03 MAR 1993	Cancelled.
22 APR 1993	DNA. WT. ↑ reduce
29 JUN 1993	Infected teeth + allergic free C 52. Flucloxacillin cap 250 2 QDS 2 days BP 150/80 then 1 QID ac

FORM GP111M

Date

29 JUN 1993 — Chest Pains. Hand ↓ ADD. ECG · BOP Cellulitis

C 1/52

6 JUL 93

(S) nail bed

12 JUL 1993 C 1/52. TCDA-1 Cellulitis + Dental Extractions

20 JUL 1993 C 1/52.

26793 DNA C 1/52. Back to work 3.8.93 (+)

10 AUG 1993

C6893 → 10893 (+) Cellulitis Dental Extraction

12 AUG 1993 Chemical Burns: — fingers Dressing with Strong acetic acid. FLUCLOX. & Surg.

12 AUG 1993 DNA off 1/52.

20893 Pain free for one day Dental Extraction

1 OCT 93.

DNA

15 FEB 1994

Referred to Clin by Dr Analyzes Cardiac Clinic

BP 150/80

153kg

See 1/12. 13.5.94 C-F 1/52. Ask WT & BP.

18 MAY 1994

C-F 24594 BP 140/80

Usual Clinic.

25594 Medico Legal report ... (on type)

20 JUN 1994

Lifted Lamp - Precautions taken at work

Sprained Rt. Ankle & L. leg.

C 1/52. IBUPROFEN 600 mg Δ Combs. (50). Sprain

SLR 30° Rt. + TDpc

Jerks, Sensation, Reflexes normal.

Dd 8277724 250M 3/92 Ed(297947)

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): MACKIE

Forenames (Block Letters): GARY

Address: ~~10H~~ Reetling Rd Stl

Date of Birth: 7.6.63

Date		
	(P)	TO MAKE APPT ~~[redacted]~~ FOR TOM.
30 6 94		C2/52. c/o ? sciatic dist pain. Lumbo Sacral Spine. RCG, CXR & FBC.
5 JUL 1994		Pulse reg 80 BP 140/90 Rest well. Remain probably musculoskeletal pain.
12 7 94		See ELH. To see WRS when back from Hly.
20 JUL 1994		Rpt Rx Rheumatem 600mg (50) C2/52 "musculoskeletal strain"
1.8.94		C2/52. Explained about L.V.H. Try Scottish Slimming. To contact Bris work about redundancy. Lumbo Sacral Spine + L.V.H. *
15 8 94		C4/52.
29 AUG 1994		C/o Jim & neck & ~~[redacted]~~ pain. Wife. Herpetic abortion. Kidney problem. 160/80 FBC, U&Es, creat, glucose, CK, LFTs done *
12 SEP 1994		C4/52.
10 10 94		C4/52 Lumbo sacral Spine + L.V.H. *

*This column has been provided for doctors to enter A, V or C at their discretion

19 10 94 LETTER TO DR PUGH. MED. ADVISOR E.H. (ONTRAC) (COPY MED-LEGAL FILE) ✓

ALSO LETTER ROBIN THOMPSON & PARTNERS (ONTRAC) COPY MED. LEGAL FILE) ✓

FORM GP111F

Date	*	
20.10.94		See correspondence Robin Thompson <partners dr Medico copy on file
21 OCT 1994		awaiting WRR's report : he U CI to find out about it.
		Ibuprofen 600 mg (50)
		& Vhsh.
		BCIC
31/10/94	(P)	? Back to Work
		See next row for certificate
8 NOV 1994	C 2/52.	Off sick with Lumbo Sacral Spine
		To contact employer about a lighter job.
		Decision RKH (on Capel)
2/11/94	C 2/52.	
6/12/94	(F)	
[16 JAN 1995		Back off work 16.12.94
	C 4/52.	Lumbo-Sacral Spine L.V.H
25/1/95	Ibuprofen	600mg (100)
FEB 1995		From Mar 05 .16.12.94 — 16.1.95
		Request Vasectomy & children Dear Tenant
13.2.95	C 4/52	Lumbo Sacral Spine + L.V.H.
16.2.95		Med Certificate for 3 mths. off work from 20.06.94 T.C Present. Will be off for month not certain how many.
10.3.95		Ibuprofen 600mg (100)
11.3.95	C 3/12	Lumbo Sacral Spine + L.V.H + OBESITY.

*This column has been provided for doctors to enter A, V or C at their discretion

13.3.95 Placed Surgeon re ?? accident date 1.1.78

Dd 8435606 1980M 12/92 Ed(206505)

National Health Service Number

Surname (Block Letters)	Forenames (Block Letters)
Mackie	Gary

CLINICAL NOTES

Address 26 NIDDRIE MARISCHAL CRESCENT EH16 4LA ~~135/1 MARIONVILLE ROAD EH7 6BG.~~

Date of Birth 4.6.63

Date	*	
10 MAY 1995		H 545 SR Glucophage 1000mg 100 Tabs / Augmentin (28) / TID. R.O.M.
17 MAY 1995		Esi dai : WT 150 KG
02 JUN 1995		Aconta Diclofenac appt. BP 170/100. Vt valuables. to collect entry 10.6.95 for 3/12
26.7.95	SR	Glucophage
28 JUL 1995		BP 180/110 Bendroflumethiazide 2.5mg (30) one mane. Ind BP 2/52.
11 AUG 1995		160/92 ~~nurse appt~~ ~~per WRO return — came — nurse appt.~~
18 AUG 1995		DNA
11 SEP 1995		Bendroflumethiazide 2.5mg (100) one mane (none today) BP 170/100 (NO TAB TODAY) 99ST C 3/12 Lab Sent Spec + L.V.H. 14.99 (Depixate)
8 NOV 1995		No further certificates required
		Has Lab his all work assessment BP 150/80.

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

AUG 96
TET DUE

TO LOSE WT

~~Amoxycillin 500 mg (60) tds 7 days~~

Beclomethasone 2.5 mg (TWO) one inhaler

℞ (56) Ibuprofen 600 mg tabs (TWO) tds

DNA

Beclomethasone

PFTs ↓ ↓

Refused Dose

Hypertension

LVH

~~28 JUN 1996~~
01 JUL 1996

BP 160/90

RTN Due.

NOW BP 150/90

Ref FBC, U&Es, Creat, LFTs

Lipids

10/7/96 DNA Nuts

~~23 AUG 1996~~ Ibuprofen 600 mg (TWO) tds

19/2/97 BP 150/90

BF 2 2.5 puffs od

Ibuprofen not working

- Try Naproxen 500 BD (60)

*This column has been provided for doctors to enter A, V or C at their discretion

Printed by HMSO Edinburgh Print Centre Dd 8393821 M1680 2/93 19513 (013097)

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
MACKIE	GARY

Address: ~~28 N. DORIE MARISCHAL CRES~~ 135/1 MARIONVILLE RD ~~NEHVILLE~~

Date of Birth: 7-6-63

Date	*	
19 FEB 1997		
26 FEB 1998		Cancelled.
27 FEB 1998		cancelled.
2 MAR 1998		Backflegade 1.5g (100 one week) BP 155/95 (2) Ibuprofen 600mg (100) TID p.c. To lose wt. Out of prison for assault. assaulted ex gf and did trial to rape 9yr old daughter.
7/3/98.		HA found BP 190/110.
1-6-98		DNA
21-7-98		DNA.
6-8-98		B/S. Report
18-9-98		DNA
26-9-98		Ibuprofen 600mg (100) TID pc
23-7-99		DNA.
15/1/99		Ibuprofen 600mg (100) TID pc
13-11-00		148/110
		∴ See Jacquie next week for BP check and BP BT and urinalysis
		Then see me in another week
		to rule (R) ankle

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

Date	*	
		O/E: wad, FROM
		∴ Cont. Kidney problem ECCing (84)
31/10/00		DNA Nurse.
27/11/00		Mast Cells worse
		On BF2 2.5 / OD.
		BP 170/100
		Add Lisinopril 2.5 OD. (28)
		[Caution ↑ NSAID ⇒ may be a factor in BP
		Review 2/52
25/04/01	NS	Pearl Insurance Form filled

*This column has been provided for doctors to enter A, V or C at their discretion

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): MACKIE

Forenames (Block Letters): GARY

Address 3/1 LOGANLEA AVENUE
~~135-1 MARIONVILLE ROAD~~

Date of Birth: 7.6.63

Date	*	Clinical Notes	Diagnosis
28.11.01	A	PMH - Tonsilectomy e 25 yrs. Hypertensive 6/7 yrs	
		Medication Bendroflazide 2.5mg / daily Ibuprofen 600mg BID as needed	
		Exercise - A. advised	
		Problems ↑ blood pressure recently ? tried other medication - unsure what BP. 160/92. - Not taking Med e pres ECG done 3 yrs ago. Smokes 10 cpd. advised discussed exercise + diet. Wt 25st. (recently weighed) Bloods.	
		Will make apt to see Dr. c/o Chest pains - been happening previously. Had E.C.G. past pain last time. Info to Advice given.	
29/11/01	A	S. Sore arm + legs + chest. O Variable chest pain 15 min → all night. SOB. PND.?	
		A	
		P Renese 2.5's. ECG.	
7-12-01	A	S Pains LSQ. See ECG result	
		O Grossly obese. ECG :. ? infero lateral	ischaemia
		A Angina	
		P. Rapid access chest pain service.	n.
		GTN spray.	

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Printed by Tactica Solutions, 11/00, B16745, E9331, R.P. (53791)

Date	*	Clinical Notes	Diagnosis
14.12.01	A	S Seen at WGH on 10.12 & admitted	
		Coronary angiography on 13.12.	
		'Touch of angina' no diabetes,	
		valves OK. BP 'sky high'	
		Has had dietary advice - 25 st 7.	
		I has stopped smoking wheeze c	β blocker
		O Bright. Bmi 34.4 tt R groin.	
		A IHD	
		Hypertension	
		Gross obesity	
		P Amps as discharge	
		BP check 24.12.	
20.12.01	Tel	S Nosebleeds in last 24 hrs	
		Advice re epistaxis BP on 24.12 &	
		fee ne early Jan.	
24/12/01		BP check - given card. Appt. DPD	29/1/02
11/1/02		BP check - getting chest pain last days	PT
		seeing DR 17/1	PT
16.1.02	NS	MAR - Benefits Agency (No Fee) ⇒ MM	
17.1.02	A	S. Regular chest pain - eases c GTN	
		Wife says gets v panicky	
		Has stopped smoking although	
		weight static or ? ↑	
		O. BP 162/88.	
		A Hypertension.	
		-ve angiography 12/01	
		P See Dr Sharma 29.1	
22.2.02	A	S To discuss Rx Still off fags saved >	£200.
		but eating sweeties ++. Dietician	next month
		O BP 154/96 Cold → chest	PNEUMONIA
		A Scattered rhonchi. PEF 400.	
		A	Hypertension
			LRTI
		P Salbutamol inh. Amoxycillin	
		Exercise prescription	
26.4.02	A	S (With Smiley) Have made	
		Physically closed by mole	
		diagnosed last year is itching	

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
MACKIE	Gary

Address	Date of Birth
311 Loganlea Ave.	7.6.63

Date	*	Clinical Notes	Diagnosis
		Gotten. WE ↑.	
		A	? CLINICAL DEPRESSION
		P 1mg fluoxetine (B) 3/12	
1.5.02	A	BP check – green card	DRT
26602	A	S Kids Prozac talking a bit but still crying. Tearful only took Prozac (5) 28/7 : 4 compelling affect/in re (court appearance). Low self esteem: abuse (Rape + Pimento, hit with golf club, stalked upd 12 after interest – assault on mates), H/E, depit, ICD.	
		O BDI 26	
		A	? CLINICAL DEPR CHILDHOOD PHYSICAL ABUSE
		P Restart Prozac (B) 1/12 + insist counselling (? NELCS)	
		✱ Due repeat BP → card + computer.	
1592	A	S 200 hrs community service for agg in family. Fined →. Wife c. 45st.	
		A	As above
		P ↑ Prozac to 40. (B) 11/12 + discuss NELCS. (details in notes)	
11.9.02		Phoned to cancel 5 mg before depot (@ 40)	

* This column has been provided for doctors to enter A, V or C at their discretion

Date	*	Clinical Notes	Diagnosis
2/10/02	A	S Found intoxicated [illegible] Coming after [illegible]. Cocky? s/more (comm. service) Def. Conflict from ↑ Prozac	
		A	BETTER on 40 mg PROZAC
		P ↑ dose to 60 mg	
		SL Seen card.	
		P For 4 wks; Lipids & BS ↓ 4/52 (ACE inhib.) and ↑ to 4-6/52	
4/11/02		U+E, Lipids, BS. Wt ↑ since stopped smoking Wt. 25 Stone + – hospital (too much for digital scales & 23+	(1)
19/12/02	A	S Found VMI.	
		P CT	
		SL Seen card.	
		SS Wt ↑ but diabetes & alcohol controlled. Plans diet – new Upw.	
		P Seen card.	
		SL Hoping to start in NSF Community in N. Upw: ?GTT – last 2 Cs ↑	
15/1/03		Clare (Shirley) Not seen good. See 17	
20/1/03	A	S ~~Forgot~~ Forgetting "bits". Found to following ↑ pain, contact around xmas. Still [illegible] & angle & stab [illegible] (hits down the road – thinks [illegible] Killing) and regret that he will never know who real father was.	
		A	Low Mood Childhood Abuse Morbid Obesity IHD * Hyplt / LVH
* No – Normal angiography			

* This column has been provided for doctors to enter A, V or C at their discretion

P Encouraged. Will contact NSF Counselling

(2) 1/12

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): MACKIE

Forenames (Block Letters): GARY

Address: 40 Bruce, 3/1, Logan Mea Avenue

Date of Birth: 7.6.63

Date	*	Clinical Notes	Diagnosis
30.1.03	NS	MAR - Benefits Agency ⇒ GM.	
21303	A	S Work. 13 yr old d. Called at St T's, — Tried to hurt self by cutting (left note). Gd husband L/S :. keen to go to WEC's :. suffer with Hay fever. A stress P Gym Walking rx. S2 Fleen card.	
30.6.03	A	S. Short of breath, leg pains, bleeding vein on back of R leg. Generally v. fed up and finding life difficult. Split with Shirley, living with 96 yr old grandmother but Shirley still comes to cook - CJ can't stand at cooker, and helps with bath. Good contact i kids (13 & 9) Desp to work & be independent. O. Morbidly obese — looks sig. heavier than 12/01 — est. 27 - 29 st. · Patch of sup. thrombophlebitis back of R lower leg A P. Long chat. Hirudoid cr. ↓ Propec from 80 → 60 mg/day.	MORBID OBESITY SUP. THROMBOPHLEBITIS DEPRESSION.

* This column has been provided for doctors to enter A, V or C at their discretion

R3/52 n-

Refer Dr Casey Stewart, RLE

Accepts that most problems result from immobility & poor self image due to obesity n-

FORM GP111F

355 2095

PRINTED FOR ASTRON, B24563 3/02 (053791)

Date	*	Clinical Notes	Diagnosis
11 ~~7 03~~		~~DNA~~ late	
11.7.03	A	S Feeling more positive Good support from Welfare Rights Officer Has found out failure is a doctor in US.	
		OA	MORBID OBESITY
		P. Listened. Lipitor on ↓ fluoxetine (now 40 mg).	
25.8.03	A.	S Legs sore. ↑ cold → chest Rheumatic all areas	
		O	OA KNEES LRTI OBESITY
		P. Amoxycillin Change from Diclofenac to Naproxen DLA appeal Has been Obesity clinic RTE 1.10.03	
11.09.03		MAR - Benefits Agency (No Fee) ⇒ MM	
14.10.03	A	S. Breathless ↓ Naproxen O chest clear P Revert to Diclofenac. Add Co-dydramol Letter to excuse from court 15.10.03 Obesity clinic deferred to Feb.	
		+ urea/elect/LFT + PFR. URGENT SURGERY AM PM	
7/1/2004	A'	S. Nose bleeds x 2 days, on off Coughing & "hot & cold" Has vomiting more than usual. O. Afebrile BP. 190/115 → 190/112 → 192/112 Nose blood capped (R) nostril. Neck stiffness. Ears otherwise NAD. Chest exp wheeze scattered Rhonchi. A. Urine NAD PEFR 300 l/m	- Nose bleeds - ↑ BP - LRTI - Obesity

765449 30 06 2004
Lot Exp
0.5ml 2003/2004
Inactivated Influenza Vaccine

* This column has been provided for doctors to enter A, V or C at their discretion

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
MACKIE	GARY

Address
c/ Bruce
31/1 Logan Ied Ave

Date of Birth
7/6/63

Date	*	Clinical Notes	Diagnosis
		P. - ↑ Enalapril to 20mg daily - Cont other meds - Amoxycillin 250mg (5). - Nor Ref B.P. & bloods tests answer U&E, Chol, LFTs + FBC + Coag screen - MSSU - Phone for bl tests / otherwise SOS	2d.
161203	A	BP 184/99 + bleeds	AH
18/12/03		D NAD	DM
21/12/03	A	Still cough and headaches. O 174/104. NB Proving ↑ Random sugars. P Stop Diclofenac. O Rhonchi++ NB. reading Bird Fanciers' magazine and works with brothers racing pigeons. P Oxytetracycline. H continues C+B+ C Botulinus	
5/1/04	A	Sore throat. Head injured O Continued rhonchi P FBC U/Es Glucose (Bilateral CXR.	
2.3.04	A	S cough & nose bleeds O Cruising R nostril crust dee A P. Nasophrin Coping with diet - aiming for 1lb weight loss/wk.	NB: EPISTAXES

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

PRINTED FOR ASTRON, B30160 3/03 (017302)

355 2095

Date	*	Clinical Notes	Diagnosis

PATIENT'S HYPERTENSION CARE PLAN

Name Gary Mackie	Computer No Dr. Macarthy
Date of birth 7/6/63	CHI
Telephone No 661-0693	Caring GP (Update on ID+Prescribing) 674468

Target BP	Target Risk Factors
Education leaflets **Yes/No** BP Monitor Teaching **Yes/No**	

Care Plan
Once your blood pressure is controlled (normal), and provided you take your medication **regularly**, an annual check by the practice nurse will be your usual medical review.

Please bring a urine sample to your annual review. A blood sample may be taken then.

Prescribing Alert: **Asthma** **Allergy**

Hypertension Medication	Dose	Comments/ Side effects	Start	Finish
Bendrofluazide	2.5mg			

Date	BP	Comments on risk factors	Change in medication	Compliance	Review Plan
28/11/01	160/92				
24/12/01	150/85				
7/1/02	170/90				
	160/95				
14/1/02	170/100		Seeing HH 17/1		
17/1/02	162/88				
22.2.02	154/96	Stopped smoking	See WGH letters &		2/12 Sister ✓
			Pink form. Ct as present		
			Ct to ↓ weight		
1/5/02	166/95		keep weight. Post menopausal		(A) 4/12
21/10/02	181/96	Start Amlodipine 2.5mg	→ 2×2.5mg 4½'s ~ 2/12 (A)		Re in 4-6/12
19/12/02	163/95	↑ Amlod to 2×2.5	→ 1×10		(B) Telephone
21/3/03	160/105	↑ Amlod. to 20mg		(B) ½ BP/4½'s.	

W12

PATIENT DISCHARGE INFORMATION SUMMARY

Western General Hospital, Crewe Road South, Edinburgh, EH4 2XU. Tel No: 0131 537 1000

GP/Address: DR GARDNER ST TRIDUANAS. EDINBURGH **Tel No:** 657 3341	**Affix Patient Addressograph or complete** **Patient's Name:** GARY MACKIE. **DOB:** 07/06/63. **Unit Number:** WC-0737714W **Tel No:**

Admitting Ward: ARU
Date Admitted: 29/8/04

Principal Diagnosis/Operation
CHEST INFECTION RASH - PENICILLIN INDUCED

Treatment/Comments Given Amoxicillin for ?LRTI. O/E Maculopapular rash on neck, chest, shoulders. Bld 1 Lancet. Fasting bld glucose 16.1. Rx Treated c Paracetemol, Ibuprofen. Started on Metformin 500mg b.d

Computer | Doctor | Nurse
01 SEP 2004
No further action required

Date Discharged: **Ward Discharged from:** 17 **Tel No:**
Future Investigations:

PS

To see GP within: ..... **Days** **Consultant:** FORD **Named Nurse:**

Details of Special Instructions/Additional Information: (Community Services, leaflets, factsheets, etc)

Please follow-up Diabetes Mellitus Type II

Please arrange To be followed up at Diabetic clinic for pt

Follow Up: **OPD Clinic:** Yes/No **Type of Clinic:** DIABETIC CLINIC
Location: **Tel No:**
Date: **Time:** **Transport Booked:** Yes/No

	Medication on Discharge	Form	Dose	Administration Times				Quantity Supplied	Additional Information
1	METFORMIN	ORAL	500mg	8		18		28 tabs	NEW DRUG
2	ENALAPRIL	ORAL	25mg	8					pt has own
3	BENDROFLUAZIDE	ORAL	2.5mg	8					pt has own
4	PRAVASTATIN	ORAL	40mg	8					pt has own
5	TILDIEM LA	ORAL	300mg	8					pt has own
6	IBUPROFEN	ORAL	400mg	8		18	22		
7	GTN Spray	S/L	PRN	P	R	N			pt has own
8	Heparinoid cream	Topical	Apply	P	R	N			up to qds
9									
10									
	Drug Sensitivity	PENICILLIN => rash							

Prescribed by: ..... Date: 9/8/4 Print Name CUMMISKEY

Dispensed by: ..... Date: ..... Print Name .....

Pharmacist Check ..... Date: 30/8/04 Print Name JORGENSEN

Final Check ..... Date: ..... Print Name .....

Information contained in this form has been discussed with the patient.

NOT SCANNED

Staff Signature ..... Patient Signature .....

Print Name ..... Date 30/8/4 Time 1940

Designation: SN

White Copy: Patient Blue Copy: GP/Community Services Pink Copy: Casenotes Yellow Copy: Pharmacy

THE ROYAL INFIRMARY OF EDINBURGH
NHS TRUST

THE
ROYAL
INFIRMARY
OF EDINBURGH

51 Little France Crescent
Edinburgh
EH16 4sa

Tel 0131 536 1000
Fax 0131 536 1001

Dr MAIRI MACARTNEY
ST TRIDUANAS MEDICAL PRACTICE
EDINBURGH
EH7 6RU

Patient:	GARY MACKIE 31/1 LOGANLEA AVENUE EDINBURGH EH7 6PA	**Date of Birth:** **CRN:** **Reference:** **Visit Type:**	07 Jun 1963 700034550X CS/JD NEW
Clinic Code: **Specialty:** **Consultant:**	MOP/WMC GENERAL MEDICINE DR IC STEWART	**Attendance Date:** **Dictation Date:** **Date Of Typing:**	11 Feb 2004 11 Feb 2004 12 Feb 2004

MEDICALOUT-PATIENT DEPARTMENT

Hypertension
Dr M L Watson
Dr S Khader

General Medicine
Dr M L Watson
Dr C Stewart

Secretary:
0131 242 1481
Fax:
0131 242 1485

Dear Dr MACARTNEY,

Active problems : Grade 3 obesity
IHD
Arthritis

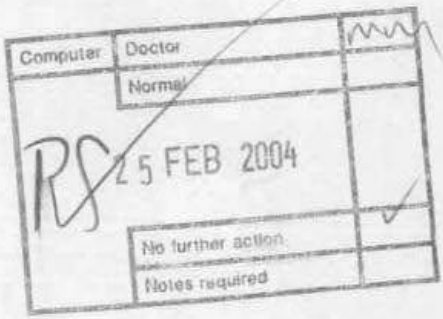
I saw this 40 year old man and thank you for your helpful letter. He has been steadily increasing his weight. Unfortunately, he has ischaemic heart disease. He eats very little at breakfast, he has 2 rolls at lunch but eats a lot in the evening and admits to bingeing on chocolate. He does not drink but has recently starting smoking again. He lives with his [redacted] and 2 [redacted]en.

On examination he looked well. His weight was 198.9kg, giving a BMI of 62.9. His BP was 170/90. The rest of physical examination was unremarkable.

Assessment : I have gone over our Behaviour Modification Programme and asked him to record all his food intake. I have made a new patient appointment with our dietitian. I have gone over our various dietary regimes and have asked him to try and lose around 1 lb per week and he thinks this is achievable. I will review him regularly and keep you updated.

Yours sincerely,

DR CASEY STEWART
CONSULTANT PHYSICIAN



jobcentreplus

Your reference is NA143866C
Please tell us this number
if you get in touch with us

DR CRONIN
MOIRA PARK SURGERY
54 MOIRA PARK
EDINBURGH
EH7 1QR

Leith BO
199 Commercial Street
Edinburgh
EH6 6QP

Phone 0131 5558000
TEXTPHONE for the deaf/hard of hearing ONLY 01506 772168

Date 27/11/2003
FOR MR GARY BRUCE MACKIE

INFORMATION ABOUT YOUR PATIENT

Name MR GARY BRUCE MACKIE

Address FLAT 1
31 LOGANLEA AVENUE
EDINBURGH
EH7 6PA

Computer | Doctor
Normal
01 SEP 2003
No further action
Notes required

Payment of Incapacity Benefits and the award of National [redacted] credits are subject to an incapacity assessment. If a person meets, or is treated as meeting, the threshold of incapacity, medical certificates are no longer needed to support their claim.

As the patient shown above meets or is treated as meeting the threshold of incapacity under the Personal Capability Assessment you no longer need to issue NHS medical certificates for this person's claim for benefit. However, we may need to contact you for further information about your patient's incapacity in the future.

Proof of incapacity or illness may still be required for other interested groups or organisations such as employers and [redacted] companies. The provision of this information is not usually an NHS requirement.

If your patient makes another claim for benefit in the future, we will require medical certificates from the date of incapacity. The booklet IB204 'A guide for registered medical practitioners' gives more information. If you do not have this booklet, you can get it from your local Jobcentre Plus/social security office. It is also published on the DSS website at www.dwp.gov.uk/hq/pubs/medical

If you want to ask us anything about this letter, please get in touch with us. Our phone number and address are at the top of this letter.
IB74

ST TRIDUANAS MEDICAL PRACTICE
54 MOIRA PARK
EDINBURGH
EH7 6RU
Tel: 0131-657 3341
Fax: 0131-669 6055
16 July 2003

Mr Terry Rattigan
Welfare Rights Team
85-87 South Bridge
Edinburgh

Dear Mr Rattigan

Gary Mackie 31/1 Loganlea Avenue Edinburgh EH7 6PA
Date of Birth 07/06/63

Thank you for your letter asking for further information about Mr Mackie. I saw him earlier this week and was able to gather further information about the physical difficulties which he encounters.

I can confirm that he has considerably reduced mobility probably as a result of his morbid obesity. He gets a marked degree of leg pain and will undoubtedly have degenerative arthritis in his hips and knees. He has shortness of breath and chest pain but fortunately an admission to hospital eighteen months ago did not confirm that he had coronary artery disease. I would estimate that he would be unable to walk any further than 100 yards due to the combination of leg pain and breathlessness. He has difficulty getting out of a low chair and needs the use of aids to help pull him up from the toilet seat. He is unable to get in and out of the bath unaided. He is greatly embarrassed by the fact that he is often unable to properly clean himself after using the toilet. He is prone to falls and depending on where he fell it may be difficult for him to get himself up unless there was convenient furniture on which to hold.

Personal care as I have said is difficult. He finds it difficult to keep himself clean and requires help to put on his underpants and socks.

Over the last year or so Mr Mackie has been treated for depression and I agree that he has difficulty in motivating himself. The depression is to a large extent probably secondary to his social isolation, his reluctance to depend on other people for simple self care and household tasks and his desire, which I feel is very genuine, to one day to be able to return to employment.

I hope this information will help support his appeal for Disability Living Allowance.

Yours sincerely

DR MAIRI MACARTNEY

·EDINBVRGH·
THE CITY OF EDINBURGH COUNCIL

SOCIAL WORK
WELFARE RIGHTS ADVICE SHOP

Dr McCartney
St Trudianas Surgery
54 Moira Park
Edinburgh
EH7 6RU

3rd July 2003

Dear Dr McCartney

Re Gary Mackie, 31/1 Loganlea Avenue, Edinburgh EH7 6PA DOB.7.6.63

Mr Mackie has unsuccessfully applied for Disability Living Allowance. He has asked this team to assist with his appeal. It would be helpful to have a short report from you indicating how his conditions affect his mobility, and his need for assistance and supervision.

Mr Mackie indicates that he has difficulty walking, causing him severe breathlessness, chest pain, as well as pain in his back and legs. Can you comment on this? Are you able to give an opinion on how far he would be able to manage before the onset of severe discomfort, or at what speed you would expect him to be able to walk? Would you be able to indicate whether Mr Mackie would have difficulties getting up from chairs or the toilet, getting in and out of a bath etc? Mr Mackie indicates that he stumbles frequently, with occasional falls. Can you comment on this? In your view, in the event of a fall, would he be able to get up himself?

Would you be able to comment on any difficulties with personal care caused by Mr Mackie's obesity and medical conditions, such as difficulty with lower garments, keeping himself clean?

Mr Mackie advises that he suffers from depression and finds it hard to motivate himself to get up, or communicate. Are you able to indicate the severity of the depression? Does he neglect himself when depressed, and does he need prompting and encouragement when in this state?

There may be other points you wish to make. Thank you for your attention. I enclose an authorisation form and a freepost envelope.

Yours sincerely,

Terry Rattigan
Welfare Rights Team

LESLIE J McEWAN
DIRECTOR

85-87 South Bridge Edinburgh EH1 1HN Tel 0131 225 1255 Fax 0131 225 6171

EDINBVRGH

THE CITY OF EDINBURGH COUNCIL

SOCIAL WORK

WELFARE RIGHTS ADVICE SHOP

AUTHORITY TO ACT

Date: 1/5/03

D.O.B. 7/6/03

N.I.N.O. NA 143866C

Appeal Ref: .....

I Gary Mackie of: 31/1 Logan Loan Avenue Edinburgh EH7 6PA

do hereby give my full consent to Welfare Rights Team, to act as my representative in relation to my

Claim for/Appeal for Disability Living Allowance

I give my full permission that you furnish the Advice Shop with all the information requested. Further, I authorise the Advice Shop to act on my behalf on relation to both telephone calls and written correspondence in connection with the above issue.

Many thanks for your assistance.

Signed by me: G. Mackie on 1/5/03

LESLIE J McEWAN
DIRECTOR

85-87 South Bridge Edinburgh EH1 1HN Tel 0131 225 1255 Fax 0131 225 6171

Hospital Use Only	Clinic	Day Date	Time	Hospital No.	GP112B

Ambulance Transport Required:	REQUEST FOR OUT-PATIENT CONSULTATION THE INFORMATION IN THIS SECTION MUST BE COMPLETED	Appointment Category :

Hospital : ROYAL INFIRMARY Date : 04-Jul-2003 CHI No.

Please arrange for this patient to attend the : Obesity clinic of Dr/Mr : DR CASEY STEWART

Patient's Surname : MACKIE Maiden Surname :

First Names : GARY Marital Status :

Address : 3/1 LOGANLEA AVENUE Date of Birth : 07-Jun-1963

EDINBURGH Patient's Occupation :

Postal Code : EH7 6PA Contact telephone number : 07944541633 HB of Residence :

Has the patient attended hospital before ?Yes

Name of Hospital : WESTERN GENERAL

Year of Attendance : 02 Hospital No : 737714.001

If the patient's name and/or address have changed since then please give details

Can patient attend at short notice ?

If YES, minimum notice required : days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

MAIRI M MACARTNEY
MOIRA PARK SURGERY
54 MOIRA PARK
EDINBURGH EH7 6RU
0131-657 3341
0131-669 6055

Practice Code : 70785

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.

I would be most grateful for your help with Gary who has morbid obesity. I first met him when he registered here at the end of 2001 at which time his weight was approximately 25 stones. He then developed significant chest pain for which he was admitted to the Western General Hospital and although he was found to be hypertensive he had negative angiography and it was felt that he did not have ischaemic heart disease.

Gary describes himself as always being 'a big lad' but began to put on weight some years ago following an accident at work. He has been unable to work since 1994 and his weight has steadily increased since then. Over the last year or so he has had significant depression for which he is treated with fluoxetine with varying results.

There have been several adverse social factors which have contributed to his low self esteem and difficulty in weight loss. He separated from his [redacted] last year although she still comes to visit him each week to give him a bath and she helps him to cook as he is no longer able to stand and cook in the kitchen.

He discovered recently that the man he thought was his [redacted] was in fact not.

Unfortunately we are unable to weigh him because our scales weigh a maximum of 23 stones. My observation is that he is significantly heavier than my memory of how he appeared at 25 stone and I would estimate his weight was 30 stone approximately.

Gary himself is well motivated to try to return to work and to resume normal family life and he identifies his obesity as the main obstacle to this.

Appt 1.10.03.

Diagnosis/provisional diagnosis :

Present drug treatment and potential special hazards :

X-ray (women of [redacted] bearing age). Date of first day of L.M.P. :

Relevant X-rays available from : No. (if known) :

Signature

355-2105

fractured scaphoid 1992
high alcohol intake 1992
gross obesity since 1994
on sickness benefit since 1994
normal coronary angiogram 2001
left ventricular hypertrophy 2002
hypertension 2002
depression 2002

MEDICATION:
Enalapril 20 mg daily
Diclofenac 50 mg tds
Fluoxetine 40 mg daily
Tildiem LA 300 mg daily
Pravastatin 40 mg daily
Bendrofluazide 2.5 mg daily

Yours sincerely

DR MAIRI MACARTNEY

Copied Gillian

■ About the patient

Mr/Mrs/Miss/Ms

Mr

National [redacted] No.

N	A	1	4	3	8	6	6	C

Surname

Mackie

Other Names

Gary Bruce

Address

31/1 Loganlea Avenue

Edinburgh

Postcode EH7

Date of Birth

7	6	63

Important - If this patient has died or recently moved to another area please still complete this report.

■ Your Report - For Social Security purposes only

This is not a report to which the Access to Medical Reports Act 1988 applies. The Benefits Agency will show it to your patient in certain circumstances, but the patient does not have to see it before you return it to us.

Your patient states they are suffering from breathlessness, depression, heart problems, severe back and leg pain.

1. Please:

   - list all significantly disabling, ongoing conditions present
   - say when the patient was last seen

Last seen 20/1/2003. Mr Mackie has multiple problems including morbid obesity (he is too heavy for our machines but estimates his weight as around 25 stones), hypertension with left ventricular hypertrophy, ischaemic heart disease and major depressive disorder.

2. Is the patient breathless:

- at rest?
- on the slightest exertion?

i.e. when merely attending to their own basic self-care needs indoors?

Mr Mackie appears breathless with fairly minor exertion, for example walking a short distance to my consulting room.

3. What difficulties does the patient experience when walking, in terms of:

- severe discomfort.
- balance.
- gait.
- speed – ie normal, slow or very slow.

His main difficulty is slow speed due to breathlessness.

4. It is reported that the patient is prone to:

- dizzy spells.

How frequently and under what circumstances do they occur?

I do not have any information regarding this problem.

5. Is there a significant risk that the patient may fall?

- indoors.
- outdoors.

I am not aware of any recent falls.

6. Are there any factors which would limit this patient's ability to take simple precautions to avoid falls - e.g. walking aids, rising slowly from lying / sitting, etc.?

I have not discussed this with Mr Mackie.

7. Which of these things can the patient do safely unaided by another person, but using appropriate simple aids as necessary?

- Rise from a suitable chair
- Walk safely indoors
- Get in and out of bed
- Turn in bed
- Dress and undress
- Walk up/down stairs
- Attend to their own toilet needs using portable aids as necessary eg a bottle or commode

I do not have an OT assessment of Mr Mackie's functional capabilities. I would expect him to have significant difficulties coping with stairs.

8. Does the patient require prompting or encouragement to maintain a reasonable standard of hygiene and nutrition? If so please provide details.

Not as far as I know.

■ Please add any further details you think might help the patient's claim

Mr Mackie has considerable physical problems associated with his obesity but his major problem at present is his profound depressive illness. He suffers from chronic low self esteem probably arising from frequent and severe physical abuse by his step-[redacted] as a [redacted]. This abuse included being beaten with a gold club and on another occasion he was stabbed when he intervened in a fight between his [redacted]s. His low mood has been exacerbated by recently discovering that the man he thought was his [redacted] was actually his step-[redacted] and he has been unable to obtain any information regarding who is natural [redacted] was.

Thank you. Now please sign and date your report.

I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit.

Signature

X

Name in capital letters

DR G M McPARTLIN

Official Stamp

St. Triduanas Surgery
54 Moira Park
Edinburgh EH7 6RU
Tel: 031 657 3341
70785

Date

31 / 1 / 03

12 MILD DEPR
18 MODERATE DEPR

26

BDI

NAME: ..... DATE: 26.6.02

This questionnaire consists of 21 groups of statements. After reading each group of statements carefully, circle the number (0, 1, 2 or 3) next to one statement in each group which best describes the way you have been feeling for the past week, including today. If several statements within a group seem to apply equally well, circle each one.
Be sure to read all the statements before making your choice.

1. 0 I do not feel sad
   1 I feel sad
   (2) I am sad all the time and I can't snap out of it.
   3 I am so sad or unhappy that I can't stand it.

2. 0 I am not particularly discouraged about the future.
   1 I feel discouraged about the future.
   (2) I feel I have nothing to look forward to.
   3 I feel that the future is hopeless and that things cannot improve.

3. 0 I do not feel like a failure.
   1 I feel I have failed more than the average person.
   (2) As I look back on my life, all I can see is a lot of failures.
   3 I feel I am a complete failure as a person.

4. 0 I get as much satisfaction out of things as I used to.
   (1) I don't enjoy things the way I used to.
   2 I don't get real satisfaction out of anything any more.
   3 I am dissatisfied or bored with everything.

5. 0 I don't feel particularly guilty.
   (1) I feel guilty a good part of the time.
   2 I feel guilty most of the time.
   3 I feel guilty all the time.

6. (0) I don't feel I am being punished.
   1 I feel I may be punished.
   2 I expect to be punished.
   3 I feel I am being punished.

7. 0 I don't feel I am any worse than anybody else.
   1 I am critical of myself for my weaknesses or mistakes.
   2 I blame myself all the time for my faults
   (3) I blame myself for everything bad that happens.

8. (0) I don't have any thoughts about killing myself.
   1 I have thoughts of killing myself but I would not carry them out.
   2 I would like to kill myself.
   3 I would like to kill myself if I had the chance.

9. 0 I don't cry any more than usual.
   (1) I cry more now than I used to.
   2 I cry all the time now.
   3 I used to be able to cry, but now I can't cry even though I want to.

10. 0 I am no more irritated now than I ever was.
    (1) I get annoyed or irritated more easily than I used to.
    2 I feel irritated all the time now.
    3 I don't get irritated at all by the things that used to irritate me.

11. 0 I have not lost interest in other people.
    (1) I am less interested in other people than I used to be.
    2 I have lost most of my interest in other people.
    3 I have lost all of my interest in other people.

12. 0 I don't feel disappointed in myself.
    (1) I am disappointed in myself.
    2 I am disgusted with myself.
    3 I hate myself.

13. 0 I don't feel I look any worse than I used to.
    1 I am worried that I am looking old.
    (2) I feel that there are permanent changes in my Appearance that make me look unattractive.
    3 I believe I look ugly.

14. 0 I can work about as well as before.
    1 It takes an extra effort to get started at doing something.
    (2) I have to push myself very hard to do anything.
    3 I can't do any work at all.

15. 0 I can sleep as well as usual.
    (1) I don't sleep as well as I used to.
    2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
    3 I wake up several hours earlier than I used to and cannot get back to sleep.

16. 0 I don't get more tired than usual.
    (1) I get tired more easily than I used to.
    2 I get tired from doing almost everything.
    3 I am too tired to do anything.

17. 0 My appetite is no worse than usual.
    (1) My appetite is not as good as it used to be.
    2 My appetite is much worse now.
    3 I have no appetite at all any more.

18. 0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions than before.
3 I can't make decisions at all any more.

19. 0 I haven't lost much weight, if any lately.
1 I have lost more than 5lb.
2 I have lost more than 10lb.
3 I have lost more than 15lb.

I am purposely trying to lose weight by eating less.

Yes..... No .....

20. 0 I am no more worried about my health than usual.
1 I am worried about physical problems such as aches and pains or upset stomach; or constipation.
2 I am very worried about physical problems and its hard to think of much else.
3 I am so worried about my physical problems that I cannot think of anything else.

21. 0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I am much less interested in sex now.
3 I have lost interest in sex completely.

The Lothian University Hospitals NHS Trust

Western General Hospital, Crewe Road, Edinburgh, EH4 2XU
DEPARTMENT OF CARDIOLOGY Tel: 0131 537 1843
Cardiologists: Dr T R D Shaw, Dr I R Starkey, Dr D Northridge, Dr M A Denvir

Our Ref: ST/737714.001
Date dictated: 29.1.02
Date:1.2.02

DR. MACARTNEY,
ST TRIDUANAS,
54 MOIRA PARK,
EDINBURGH.

Dear Dr. Macartney,

GARY MACKIE, DOB 7.6.63, 135/1 MARIONVILLE ROAD, EDINBURGH.EH7 6BG

Clinic visit – 29.1.02

DIAGNOSIS

1. **Atypical chest pain, resolving**
2. **Hypertension**

This 38 year old man returned to the clinic today. He is very pleased by his progress and has now managed to stop smoking and drinking alcohol.

Thank you for continuing to monitor his blood pressure which is gradually improving. I think it would be now appropriate to stop his treatment with Aspirin and Isosorbide Mononitrate as Elantan. If his blood pressure continues to fall then it would also be possible to stop his treatment with Diltiazem. He has done well to stop smoking and we encouraged him regarding this today. No further investigation or follow up is planned although we would of course be happy to see him if required.

Yours sincerely,

STEPHEN GLEN
SpR

06 FEB 2002

appt. Non urgent

Computer	Doctor	
	Normal	mm
	No further action	
	Notes required	✓

benefits agency

An Executive Agency of the Department of Social Security

Your reference is NA143866C
Please tell us this number if you get in touch with us

DR CRONIN
MOIRA PARK SURGERY
54 MOIRA PARK
EDINBURGH
EH7 1QR

Leith BO
199 Commercial Street
Edinburgh
EH6 6QP

Phone 0131 5558000
TEXTPHONE for the deaf/hard of hearing ONLY 01506 772168

Date 26/01/2002
FOR MR GARY BRUCE MACKIE

INFORMATION ABOUT YOUR PATIENT

01 FEB 2002

Name MR GARY BRUCE MACKIE

Address FLAT 1
31 LOGANLEA AVENUE
EDINBURGH
EH7 6PA

Computer	Doctor
	Normal
	No further action
	Notes required

Payment of Incapacity Benefits and award of National [redacted] Credits are subject to an incapacity assessment. If a person meets, or is treated as meeting, the threshold of incapacity, medical certificates are no longer needed to support their claim.

As the patient shown above meets or is treated as meeting the threshold of incapacity under the Personal Capability Assessment you no longer need to issue NHS medical certificates for this person's claim for benefit. However, we may need to contact you for further information about your patient's incapacity in the future.

Proof of incapacity or illness may still be required for other interested groups or organisations such as employers and [redacted] companies. The provision of this information is not usually an NHS requirement.

If your patient makes another claim for benefit in the future, we will require medical certificates from the date of incapacity. The booklet IB204 'A guide for registered medical practitioners' gives more information. If you do not have this booklet, you can get it from your local Benefits Agency office. It is also published on the DSS website at www.dss.gov.uk/hq/pubs/medical

If you want to ask us anything about this letter, please get in touch with us. Our phone number and address are at the top of this letter.
IB74

The Lothian University Hospitals NHS Trust

Edinburgh Cardiology Group

Royal Infirmary of Edinburgh
Dr NA Boon Dr P Bloomfield
Prof KA Fox Dr AD Flapan
Dr HC Miller Dr NG Uren

Royal Hospital for Sick [redacted]ren
Dr JA Burns

Western General Hospital
Dr TRD Shaw Dr MA Denvir
Dr IR Starkey
Dr DB Northridge

Department of Cardiology,
Western General Hospital, Crewe Road, Edinburgh EH4 2XU

Dr TRD Shaw
[redacted]
Fax – 0131-537-3070
Website – www.show.scot.nhs.uk/wgh/
Enquiries – MissYvonne Young - 0131-537-1843

yby/d-737714.012
28th December, 0l (dict 20.12)

Dr Macartney,
St Triduanas
54 Moira Park
Edinburgh

Dear Dr Macartney,

Gary Mackie, 135/l Marionville Road, Edinburgh EH7 6BG dob – 7.6.63

Discharge Summary

Admitted	**10th December, 0l**
Discharged	**13th December, 0l**
Consultant	**Dr TRD Shaw**
Diagnosis	**Chest Pain of Uncertain Origin**
Procedure	**Coronary Angiography**

This 38 year old patient attended the Rapid Access Chest Pain Clinic on the 10th December, 0l. He had had a history of chest discomfort for three years but this had increased recently in severity. He described this as a central retrosternal discomfort often associated with feeling sweaty, unwell and breathless. On occasions there could be paraesthesia in the hands. It tended to be relieved by rest and GTN.

On examination there were no abnormalities. He smokes ten cigarettes per day. A few members of his family have had early coronary disease. His resting ECG showed T wave inversion in the inferolateral leads. An echocardiogram showed that he did have mild+ left ventricular hypertrophy but good systolic function. There was no evidence of valve disease. The LV hypertrophy would be explained by his past history of hypertension.

04 JAN 2002

Computer	Doctor	
	Normal	
	No further action	✓
	Notes required	

PS

28.12.01

I enclose a copy of his coronary angiography report. Somewhat surprisingly his coronary arteries turned out to be entirely normal. His ECG changes would, therefore, be explained not by coronary disease but by his LV hypertrophy.

When starting a beta-blocker he developed wheeze and he was changed to Diltiazem. A two hour post-prandial blood glucose was 5.8. He was able to be discharged home when his drug treatment was Aspirin 75 mg mane, Pravastatin 40mg nocte, Bendrofluazide 2.5 mg mane, Tildiem LA 300mg mane, Elantan LA 50mg mane and GTN spray. I think his Elantan could be eliminated. If discomfort persists then a proton-pump inhibitor could be used for a trial period.

He shall be seen at the cardiology review clinic in six weeks time.

Yours sincerely,

TRD Shaw
Consultant Cardiologist

PS – Further GI investigations will be arranged if required.

LUNHT - WGH Edinburgh

CARDIAC CATHETERISATION DIAGNOSTIC REPORT

737714
52631097
28/12/01

Hosp.No.:	737714	**Date:**	13 December 2001
Name:	Gary MacKie	**Consultant:**	Dr T R D Shaw
D.o.B.:	7.6.1963	**Operators:**	Dr T R D Shaw
Address:	135/1 marionville road edinburgh EH76BG	**Procedures:**	Coronary Angiography - Native vessels K63.4;

Urgent case. Catheterisation via the Right Femoral artery, under local anaesthetic.
Artery closure method: manual pressure.

Catheters: Judkins L 5.0, Judkins R 4.0

Complications: None (in lab)

LV angiogram: Not performed

Coronary Arteries: Right-dominant. No coronary artery disease identified.

Case Comment: normal

Recommendation:

signed:

DS T/house

PATIENT DISCHARGE INFORMATION SUMMARY

Western General Hospital, Crewe Road South, Edinburgh, EH4 2XU. Tel. No: 0131 537 1000

GP:
DR. GRANGLINER
PORTABELLO ROAD
EDINBURGH
Tel No:

Affix Patien

WG0737714W M 07/06/1963
MACKIE GARY
135/1 MARIONVILLE ROAD
EDINBURGH
EH7 6BG
CHI-
70785 GARNER

Tel No:

Admitting Ward: 53
Date Admitted: 10/12/01

Principal Diagnosis/Operation: INFEROLATERAL ISHAEMIA - ECG.

Treatment/Comments
CORONARY ANGIOGRAPHY DONE.

Date Discharged: 14/12/01 **Ward Discharged from:** 53 **Tel No:** 0131-5371000 ext. 31886.
Future Investigations:
6-8 WKS - REVIEW AT DR SHAWS CLINIC.

To see GP within: ..... **Days** | **Consultant:** DR. SHAW | **Named Nurse:**

Medication on Discharge: | **Drug Sensitivity:** NKDA.

Medicine	Form	Dose	Administration Times 6	12	18	22	Quantity Supplied	Additional Information Indicate reason for starting non-formulary drugs
1 ASPIRIN	Tab	75mg	✓				1 Long Term Rx	7x75mg
2 PRAVASTATIN	Tab	40mg				✓		7x40mg
3 BENDROFLUAZIDE	Tab	2.5mg	✓					7x2.5mg
4 TILDIEM LA	Tab	300mg	✓					7x300mg
5 ELANTAN LA	Tab	50mg	✓					7x50mg
6 GTN SPRAY	2 PUFFS		FOR CHEST PAIN				1	x1 OP.
7								
8								
9								
10								
11								
12								

Prescribed by: ..... Date: 14/12/01
Print Name DR. M RAMACHANDRAN / PRHO
Pharmacist Check ..... Date: 14/12/01
Print Name K. Hamington

Dispensed by: CRCarnie Date 14/12/01
Print Name CR CARNIE
Final Check ..... Date .....
Print Name I. VICKERY 14/12/01

FAXED 7/12/01. 1.17pm.

RAPID ACCESS CHEST PAIN SERVICE

Telephone/Fax: 0131 537 1872. Please phone or fax for an appointment.
Please do not send patients with this form to the department without an appointment.
*Patients should come to the **E.C.G. Department, Second Floor, Out-Patients Department, Western General Hospital NHS Trusts, (Porterfield Road Entrance), Crewe Road North, EH4 2XU.***

PATIENT DETAILS *Please type or print*

Name GARY MACKIE
Address 135/1 MARIONVILLE ROAD
EDINBURGH

Post Code EH7 6BG
D O B 7. 6. 63.
Tel. No. Home 661 0693.
Tel. No. Work N/K.

GP DETAILS *Please type or print*

Name
Address Dr. M. MACARTNEY
ST. TRIDUANAS MEDICAL PRACTICE
54 MOIRA PARK
EDINBURGH
EH7 6RU
Tel: 0131 657 3341

Post Code
Tel. No.
Fax No. 669 6055.
Practice No.
Fundholder Yes ☐ No ☐

CURRENT HISTORY *Please tick one or more.*

- Recent (<2 weeks) onset possible angina ☐
- Angina of increasing severity ? Angina ☑
- Angina occurring at rest ☐
- Other chest pain of concern ☑

RISK FACTORS *Please tick or enter value.*

- Smoker ☑
- Cholesterol Level ☐
- Hypertension ☑
- Diabetes ☑
- Obesity ☑
- Family history of **Premature** IHD ☐

Details — (including past history)

Intermittent chest pains, increasing in frequency
lasts up to 15 mins. Some tingling in hands
ECG shows ? inferolateral ischaemia.
Hypertension for several years — on Bfz 2.5 mg.
Grossly overweight 25 st. + Smokes 10/day
Random blood glucose 8.6 — fasting level being arranged

CURRENT MEDICATION AND DOSE. PREVIOUS ADVERSE DRUG REACTIONS.

ow would the patient have been managed if not referred to this clinic? Please tick.

- ferred to A&E ☐
- ferred to Cardiology Outpatients ☑
- ferred to MOPD ☐
- ıer — please specify ☐

***Patients may be admitted directly to the CCU or Cardiology Ward as a result of being seen at The Rapid Chest Pain Clinic.**

DIRECT ACCESS ECHOCARDIOGRAPHY REQUEST

Department of Cardiology, Western General Hospital
Please fill in your patient's details and tick the indication for Echocardiography below. We should be very grateful if you would also indicate which cardioactive drugs your patient is currently taking.

PLEASE POST THIS FORM OR FAX TO 0131 537 1872

PATIENT DETAILS (PLEASE TYPE OR PRINT)

Name _____

Address _____

_____

D O B _____

Tel. No. _____

GP DETAILS (OR STAMP)

Name _____

Address _____

_____

Tel. No. _____

Fax No. _____

INDICATION FOR ECHOCARDIOGRAPHY

Please tick one or more

- Currently treated for heart failure with a diuretic and considering starting ACE inhibitor therapy. ☐
- Possible asymptomatic left ventricular dysfunction:
  - ★ previous MI ☐
  - ★ previous CABG ☐
  - ★ hypertension with LVH on ECG ☐
- Patients who you think require an echocardiogram for other reasons, such as the assessment of a heart murmur, should be referred to the Cardiology Outpatient Clinic.

CURRENT CARDIOACTIVE TREATMENT AND RELEVANT HISTORY **DOSE**

OPEN ACCESS ECG REQUEST

PATIENT DETAILS

Name _____

Address _____

_____

D O B _____

Tel. No. _____

GP DETAILS (or stamp)

Name _____

Address _____

_____

Tel. No. _____

Fax No. _____

SYMPTOMS RELEVANT TO REQUEST FOR ECG

_____

_____

_____

Mackie, Gary ID: 5-Dec-2001 9:27:58 Eastern General Hospital

7-Jun-1963
Male

Vent. rate	79 bpm
PR interval	154 ms
QRS duration	108 ms
QT/QTc	354/406 ms
P-R-T axes	71 27 226

Normal sinus rhythm
Minimal voltage criteria for LVH, may be normal variant
ST & T wave abnormality, consider inferolateral ischaemia
Abnormal ECG

05 DEC 2001

Technician: J Hood

Referred by: Dr Garner

Computer	Doctor	
	Normal	
	No further action	
	Notes required	

Referred - chest has ample.

WARD: St Triduanas



150 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MACVU 002F 12SL^{tm} v250

MEDI-TRACE N°. 9402-020

Form 43.2
sep00

ECG Department

LOTHIAN PRIMARY CARE NHS TRUST

Request Form

Patient	G.P.
Name: Craig Mackie DoB: 07.06.63 Address: 135-1 Marionville Road Telephone no. 661-0693	Name: Garner Surgery: Address: ST. TRIDUANAS SURGERY 54 MOIRA PARK EDINBURGH EH7 6RU TEL : 0131 657 3341 FAX : 0131 669 6055 Telephone no.

Clinical details(including medication & B.P.)

Recent chest pain ECG 3yrs ago
@ EGH. showed 'strained valve.
On H/T & BP 160/92.

☑ **12 lead ECG** (open access @ EGH 9.30 am -2 pm
@ Roodlands Mon & Fri 10.30 -12.00, Tues 2.30 - 4.00)

☐ **Ambulatory E.C.G. Monitor**

☐ **Ambulatory B.P. Monitor**

Does patient require ambulance/transport arranged? Yes ☐ No ☒
Please specify type of transport.

Hospital choice:
☒ Eastern General Hospital

☐ Roodlands General Hospital

I, Dr. Garner. , agree for the above department/s to carry out the indicated test/s.

Please send requests to ECG Department, Eastern General Hospital, Seafield Street, EDINBURGH EH6 7LN. ☎ 0131 536-7505

ST TRIDUANAS MEDICAL PRACTICE
54 MOIRA PARK
EDINBURGH
EH7 6RU
Tel: 0131-657 3341
Fax: 0131-669 6055

Our Ref: JAG/MD
Date: 5th December 2001

Mr Gary Mackie
135/1 Marionville Road
EDINBURGH
EH7 6BG

Dear Gary

Your most recent blood test shows that your blood sugar is a little raised. I think we need to repeat it with a fasting specimen as you may have some mild glucose impairment. Obviously this is probably related to your weight, but I think it is important that we do a fasting blood glucose to check that you do not have early onset diabetes.

Could you please phone up and ask for an appointment for a fasting blood sugar test with one of our Practice Nurses and you will receive an early appointment.

Yours sincerely

Dr John A Garner

ST TRIDUANA'S MEDICAL PRACTICE
NEW PATIENT HEALTH CHECK

Date of completion: 28.11.01

Height: 5'9"

Weight: 25 st.

BP: 160/92

Smoker? Never smoked ..... Stopped smoking .....

Current smoker CPD: 10 Advice: given

Alcohol consumption: 4u2d/ Advice: .....

Diet: Advised

Exercise grading: A

? Family history of CVA or heart disease: Nil known Mother ca

Rubella: Ante-natal immunity? .....

Blood test done? N/A.

Urinalysis: Will hand in

If **Asthmatic** – arrange appointment at asthma clinic
If **Diabetic** - notes to Sue for coding please No.

WOMEN ONLY

Date of last Cervical smear: .....

Was last smear done by GP or WWC/FPC?Hospital? .....

Have all smears been normal? .....

Given contraceptive advice? YES/NO

070663201X

Directorate of
Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITALS NHS TRUST

THE ROYAL INFIRMARY OF EDINBURGH
Lauriston Place
Edinburgh EH3 9YW
Telephone:0131 536 4000
Fax: 0131 536 4044

Consultants:
Dr. K. Little
Dr. C. E. Robertson
Mr. D. J. Steedman

Duty Consultants: XXX

Hospital No.: 21072918

A/E No.

Previous Number:

General Practitioner

Name BONNE
WIEBE

Address SOUTHFIELD LOAN
14 SOUTHFIELD LOAN
EDINBURGH
EH15 1QR

PATIENT INFORMATION

Surname MACKIE
Forenames GARY

Address 135/1 MARIONVILLE ROAD
EDINBURGH

Post Code EH7 6BG

Telephone 661 0693

D.O.B. 7 663

Age 38 Sex M

Religion

Date and Time of Attendance
17/10/2001/1015

Mode of Arrival
OWN TRANS

Source of Referral SELF

Address [redacted]

Telephone Number Home same
Work

CLINICAL NOTES

history;
This 38 yr old gentleman presents having tripped and hyperextended his big last toe, c/o pain, able to WB.

OE: no swelling or deformity, GROM, pain on palpation over 1st MT head. NVI.

X-ray showed no obvious fracture but many sesmoids visible.
IMP: STI.

PLAN: discharged with advice and ibuprofen.
DR SUSSMANN/JD
18 10 01

NORMAL	FILE
SEE DOC	REPEAT
SEE NURSE	ON RX
PHONE PI	COLLECT RX
SIGNATURE	NOTES

S Blake
19/10/01

benefits agency Medical SERVICES

Dr Bonnar
14 Southfield Road
Edinburgh

Date: 28/6/96
Our reference:

Dear Dr Bonnar

I examined your patient today on behalf of the Benefits Agency:

Client's name	Gary Mackie
Client's address	28 Ruthrie Marshall Cres Edinburgh.
Client's date of birth	7/6/63

During the assessment I found the following:

BP 160/130.

continue overleaf if needed

I have/~~have not~~ informed your patient of these findings.

I have/~~have not~~ advised your patient to consult you.

Yours sincerely

Lisa Barr.

Form AC4

benefits agency

An Executive Agency of the Department of Social Security

14 JUN 1995

John Strachan
District Manager

Benefits Agency
275 Portobello High Street
Edinburgh
EH15 2AQ

ORIGINAL RETURNED 14/6/95.

Dr Bonne
14 Southfield Loan
Edinburgh
EH11 1QR

Switchboard <0131> 657 7400
Direct Line <0131> 657 7_____
Facsimile <0131> 657 7500

Your reference
Our reference
Date 5.6.95

Benefits Agency

About your patient Gary Mackie

Dear Dr Bonne

RE: Name GARY MACKIE
NI number NA 14 38 66C
Date of birth 7.6.63
Address

Your patient is in receipt of benefit based on incapacity for work. Their entitlement to benefit is now being re-considered by the adjudicating authority who have asked for advice from the Benefits Agency Medical Services (BA Medical Services) before reaching a decision.

I have been asked by BA Medical Services to write to you to ask for some further information. I would be grateful if you could answer the questions overleaf. I have your patient's written consent to approach you for this information.

May I draw your attention to the fact that if you are treating this patient under the NHS, you are obliged by your terms of service to supply clinical information to a doctor from BA Medical Services if you have issued or refused to issue a medical certificate to them. You are not obliged to do this if you are not treating this patient under the NHS but any information you are willing to provide would be much appreciated. Unfortunately we would be unable to pay you for it.

A reply within 7 days would be appreciated. Please ensure the whole of this letter is returned. You should address your reply to Dr Westbrook at 44 York Place, Edinburgh your local BA Medical Services Unit, who will also be happy to answer any queries you may have about this letter.

Thank you for your assistance.

Yours sincerely

for Manager

Name GARY MACKIE
NI number NA 14 38 66 C
DOB 7 6 63

Your reply

What is the full diagnosis(es)? LUMBO-SACRAL SPRAIN + OBESITY AND LEFT VENTRICULAR HYPERTROPHY.

What are the main symptoms? BACKACHE & DYSPNOEA.

What are the main physical signs? OBESITY - BP 170/105 under-recorded
NO ABNORMAL SIGNS DUE TO BACK PROBLEM.

In what way is your patient disabled? OBESITY IS PROBABLY THE MAIN CAUSE OF HIS SYMPTOMS AND HE IS AWAITING DIETARY ADVICE.

What treatment has been given? DIETARY ADVICE
BP UNDER REVIEW
IBUPROFEN 600mg TD.

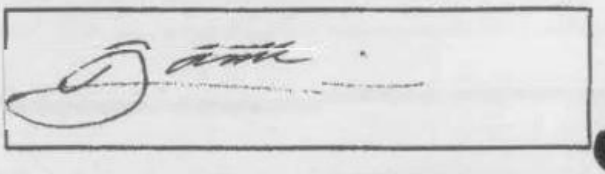
What is the outlook for this patient's condition? HE HAS HAD SERIOUS FAMILY PROBLEMS AS WELL AND I DETECT A DISTINCT RELUCTANCE TO RESUME WORK UNTIL HIS OBESITY IS CORRECTED (A DIFFICULT TASK INDEED!)

Letter DL/S 587

Is your patient fit to attend for examination? YES

I understand that, in certain circumstances, this report will be released to my patient, his/her legal representative and any authority deciding an appeal in relation to his entitlement to benefit. I further understand that certain information may be withheld if it appears to the adjudicating authority that its disclosure may be harmful to the patient.

Signature



Name

Dr W. R. BONNE
14 SOUTHFIELD LOAN
EDINBURGH EH15 1QR
Tel 031 669 0686

Date 16/6/95

For Official use

	8511

29 MAY 1995

DR. BOWIE.
SOUTHFIELD SURGERY
SOUTHFIELD ROAD
EDINBURGH

19/5/95

Dear Dr BOWIE.

I have today examined your patient

(name) GARY MACRIE.

(address) 28 HYDRIE HARTSCHAW CRES
EDINBURGH

in connection with a claim for benefit. I think you will wish to be informed of the following finding(s):

B.P. 160/100 WT. 125+ Kg.

I *~~have~~/*have not informed your patient of my findings.

I *~~have~~/*have not advised your patient to consult you.

*~~This notification confirms my telephone call.~~

Yours sincerely

Member of Medical Boarding Panel

Form MX 43

MCR 039140/1/8162120 10m 11/88 MCL

East and Midlothian NHS Trust

EASTERN GENERAL HOSPITAL
Seafield Street, Edinburgh EH6 7LN
Telephone 031-554 4444
Fax No. 031-555 5118

Dr W. R. Bonne
14 Southfield Loan
EDINBURGH
EH15 1QR

Your Ref
Our Ref
Date
Enquiries to
Ext. No.

25 NOV 1994

Dear Dr Bonne

RE: GARY MACKIE (07.06.63), 135/1 MARIONVILLE ROAD, EDINBURGH, EH2 6BG

Thank you for referring this gentleman for weight reducing advice regarding his obesity.

ASSESSMENT

Weight: 154.8 kg
Height: 1.79 m
BMI: 48 (20-24.9 desirable range)

Mr Mackie's dietary assessments shows a high energy, fat and concentrated carbohydrate intake. He drinks 3-4 litres of coke per day. He does not have a breakfast but has one large meal per day with snacks during the evening.

EDUCATION

I have explained healthy eating principles to Mr Mackie. I explained that his present weight was a serious risk to his health.

DIETARY ADVICE AND CARE PLAN

The initial advice suggested changing to low calorie drinks and having a regular meal pattern. The next aim is to reduce his fat intake by avoiding fried foods and using low fat products. I issued and discussed the meal wheel leaflet and a healthy weight booklet.

The main emphasis of care is to encourage changes in eating habits which can be maintained long term.

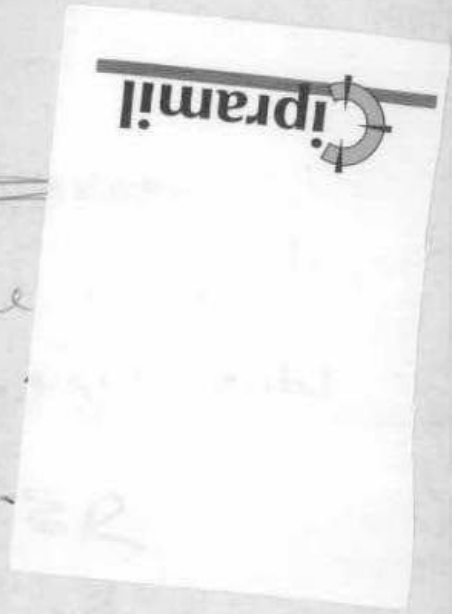
We have agreed on an initial weight loss target of 1-2 lbs per week and a final target of 15-16 stones.

I plan to review him in 6 weeks time.

Yours sincerely,

Mairi Macaulay

MAIRI MACAULAY
DIETITIAN



MEDICO

File
in

WRB/ER

19th October 1994.

Dr. Chris Pugh
Medical Advisor
AH Occupational Health
Morelands
Astley Ainslie Hospital
[redacted]ge Loan
Edinburgh.
EH9 2HL

MEDICAL REPORT

Re: Gary Mackie, 7/7 Piershill Square West, Edinburgh. D.O.B. 7.6.63.

Dear Dr. Pugh,

Thank you for your letter dated 18th October 1994. Gary came to me on the 20th June complaining of low back pain after lifting a heavy presentation seat at work and he felt immediate pain in his lower back and left leg and came to me for advice. Examination was unrevealing, straight leg raising was 30 right and left which was mainly because of his obesity, power, sensation and reflexes were normal and my diagnosis was lumbo sacral sprain and I signed him off work at that time.
He has since found it difficult to even think about going back to work in spite of Ibuprofen 600 mgs. tid.
In July, he came to me complaing of left sided chest pain and, although I did not suspect severe heart problem, I sent him for a cardiograph and chest x-ray and found his B/P to be normal at 140/80 his pulse was regular at 80. Heart sounds were normal. Chest x-ray was normal but the cardiograph showed L. ventricular hypertrophy only.
I encouraged him to try losing weight and asked him to join a swimming club but he also told me that he had considerable family problems as his [redacted] has had to have a therapeutic abortion because of a severe kidney problem.
To be on the safe side, I did a FBC, ESR and full biochemical profile and these were all normal except for his slightly raised LD at 447 u/l. I explained to him that LVH means an enlarged heart which can be as a result of his obesity and tried to encourage him to lose weight in order that we might prevent heart disease.

Because of all his problems, I felt it necessary to keep him on sickness benefit and I really cannot see him getting back to work at the moment unless his weight does decrease a good bit.

Yours sincerely,

Dr. W.R.Bonne.

LH Occupational Health
FIT FOR WORK



19 OCT 1994

IN CONFIDENCE

Our Ref: CP/JC

Copy of reply
[illegible]
18/10/94

17 October 1994

Dr W Bonne
14 Southfield Loan
Edinburgh
EH15 1QR

Dear Dr Bonne

RE: GARY MACKIE, 7/7 PIERSHILL SQUARE WEST, EDINBURGH. D.O.B. 7.6.63

The above patient of yours is employed by the Edinburgh District Council as a painter. As you know he has been on continuous sick leave for some eighteen weeks now, complaining of low back pain. Arising from a concern about his ability to provide regular effective service in the future, I was asked to see him and this I did on October 14th.

Clearly Gary is experiencing problems with his back at present, this he attributes to a lifting injury at work, however, his gross obesity will not be helping matters. It was encouraging to learn that he is on a diet and has lost 1½ stone in weight. During my consultation with him he also gave a history of having been investigated recently at the Eastern, after an episode of central chest pain. He stated that the results of the investigations had indicated that "he had had a warning that he may have a heart attack". Before I provide the District Council with any advise, I would be grateful if you could provide me with a medical report detailing the history of his problems with his back and also what was found during the investigations into this episode of central chest pain.

Mr Mackie has given his permission for you to release medical in confidence information and I enclose a copy of his mandate with this letter. Lothian Health is willing to pay a fee of £16.70 for your report. Please send a separate note of your fee.

Yours sincerely

Dr Chris Pugh
MEDICAL ADVISER, LH OCCUPATIONAL HEALTH

LH Occupational Health
Morelands • Astley Ainslie Hospital
[redacted]ge Loan • Edinburgh EH9 2HL
Direct Line: 031 668 3387 • Fax: 031 668 3386

DEPARTMENT OF CLINICAL BIOCHEMISTRY
WESTERN GENERAL HOSPITALS, NHS TRUST, EDINBURGH EH4 2XU

GP657574E **MACKIE** GARY 07/06/63 M
DR BONNE GP651 14 SOUTHFIELD LOAN,EDINBURGH,EH15

Date Collected	29/08/94
Time "	09:00
Date Received	29/08/94
Time "	13:30
Spec	371107
No.	371118

S/Pl SODIUM (135-145) mmol/l	139
S/Pl POTASSIUM (3.5-5) mmol/l	4.6
Serum/Pl UREA (3.3-6.6) mmol/l	4.0
S/Pl GLUCOSE (3.9-5) mmol/l	4.9
Serum/Pl LD (72-395) u/l	447
Serum/Pl ALT (5-59) u/l	57
S/Pl BILIRUBIN (3-16) umol/l	8
S/Pl ALK PHOS (30-140) u/l	119
S/Pl CREATININE (70-110) umol/l	64
CREATINE KINASE (24-161) u/l	223
Serum/Pl Y-GT (8-49) units/l	31
CK MB (0-25) u/l	13
CK-MB (0-6) %TOTAL CK	5.8

OK
observe
2
results

Report printed on 29-Aug-94 16:13:16 (page 1) (End of Report)

Department of Clinical and Laboratory Haematology
Western General Hospital, Edinburgh EH4 2XU

Z9489682 MACKIE GARY 07/06/63 M
DR BONNE 14 SOUTHFIELD LOAN EDINBURGH

Date	29/08/94
Time	14:17
Specimen No.	04186
Haemoglobin (120-180g/l)	148
Haematocrit (40%-54%)	42.7
Mean Cell Vol (78-98 fl)	88.0
Platelet Count (150-400 x 10⁹/l)	354
Total WBC (4-11 x 10⁹/l)	8.3
Differential WBC	
Neutrophils (2.0-7.5 x 10⁹/l)	4.3
Lymphocytes (1.5-4.0 x 10⁹/l)	3.1
Monocytes (0.2-0.8 x 10⁹/l)	0.6
Eosinophils (<0.7 x 10⁹/l)	0.2
Basophils (<0.2 x 10⁹/l)	0.1
Myelocytes	
Promyelocytes	
Blast Cells	
NRBC/100 WBC	
E.S.R. (1mm-9mm/hr)	
Reticulocytes (10-100 x 10⁹/l)	

urea's, creat. glucose Ck LFT's gGT. to come

30 AUG 1994

Blood film comment/Results:

(REMOVE APPROPRIATE PREVIOUS REPORT BEFORE FILING IN CASE NOTES)

MACKIE. GARY ID: 000000000 11-JUL-94 10:17

12 JUL 1994 keep OUT for CMS

25mm/s
10mm/mV
40Hz
Pgm 004C
12SL v72

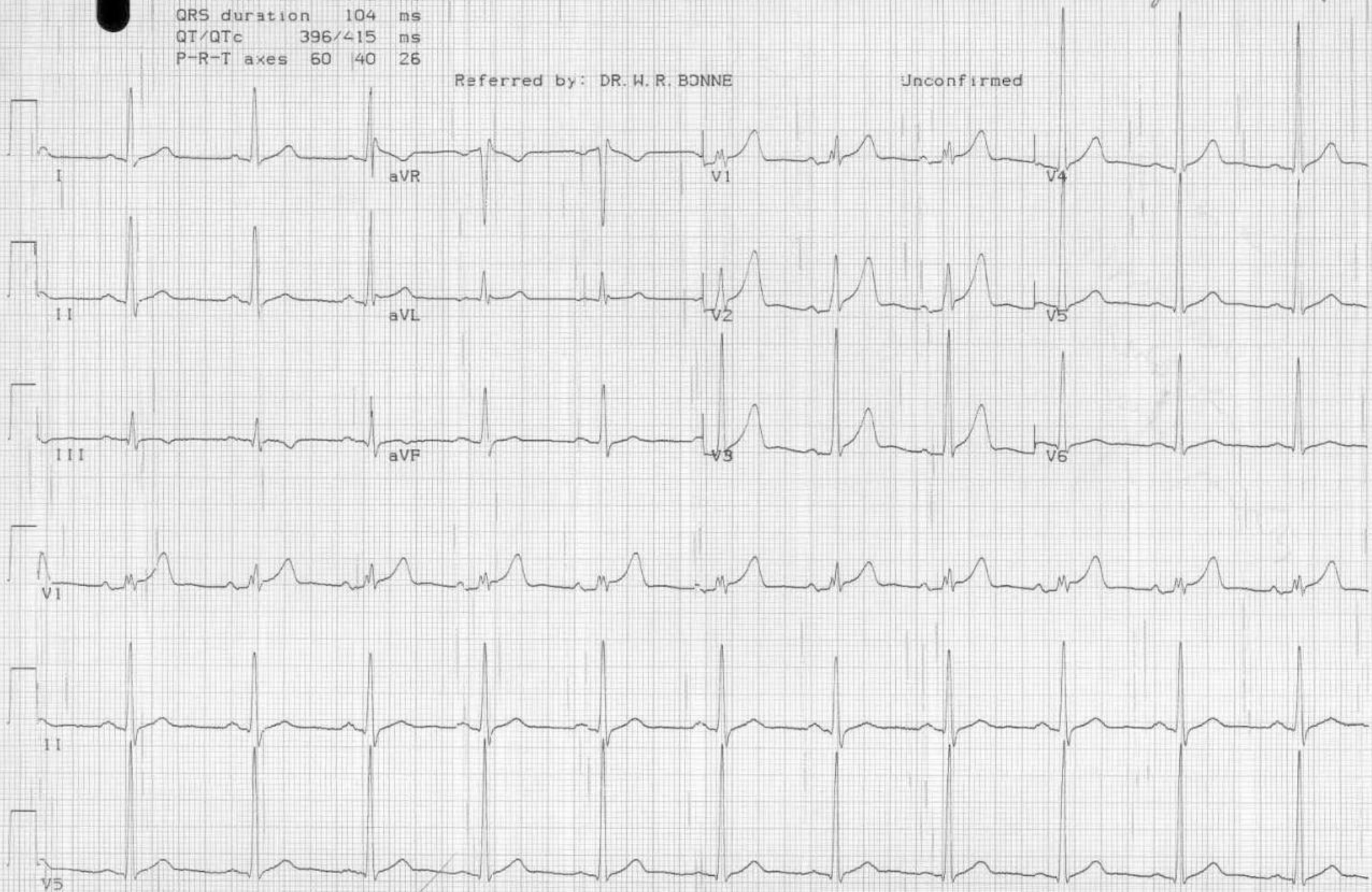
Med: None
31yr 70in 262lb
Sex: M Race: Cauc
Loc: 1 Room: 1

NORMAL SINUS RHYTHM
LEFT VENTRICULAR HYPERTROPHY WITH QRS WIDENING
ABNORMAL ECG

appt for CXR + Echo in Dec.

Vent. rate	68 BPM
PR interval	172 ms
QRS duration	104 ms
QT/QTc	396/415 ms
P-R-T axes	60 40 26

Referred by: DR. W. R. BONNE Unconfirmed



Please quote our reference ASL/MACKIE/T93/1179 in any correspondence to us.

Yours faithfully

pp. ANGUS LOGAN
ROBIN THOMPSON & [redacted]S

CAS

[redacted] GENERAL HOSPITAL

REQUEST FOR E.C.G.

[redacted]E/ADDRESSOGRAPH LABEL

GARY MACKIE

AGE 30

UNIT No

pl[redacted]ring

WALKING CHAIR

IN WARD

AMBULANCE REQUIRED

ADDRESS

124 RESTALRIG RD S

URGENT/ROUTINE

PREVIOUS E.C.Gs YES/NO

ARE THESE IN OUR NOTES YES/NO

CONSULTANT

WARD

CLINICAL DETAILS

Chest Pains

NORMAL

PREVIOUS HISTORY OF MI/IHD NONE

RELEVANT DRUGS BETA BLOCKERS NONE

DIGOXIN

OTHER

BLOOD PRESSURE 150/80

YOUR NAME

DR W. R. BONNE
14 Southfield Loan
Edinburgh EH15 1QR
Tel: 031 669 0686/7

DATE 6-7-93

LHB 238

ID

Date 26/07/93 Time 13:30

HP 031

SZ (N ans

NJ else.

26 JUL 93

28 JUL 93

EE57867E100E/S/S

Limb 10 Chest 12 mm/mv

ACCIDENT AND EMERGENCY DEPARTMENT
ROYAL INFIRMARY OF EDINBURGH

Consultants: Dr K Little
Dr C E Robertson
Mr D J Steedman

A&E No.
A&E Ref: 061194

General Practitioner: Name and Address		PATIENT INFORMATION
DR COUPLAND 14 SOUTHFIELD LOAN EDINBURGH		Surname MACKIE Unit No. Forename(s) GARY Date of Birth 07/06/63 Address 124 RESTALRIG ROAD SOUTH Age 29 Sex M EDINBURGH Post code EH7 6JA Occupation MAINTENANCE PAINTER Telephone (H) 661 1236
Date and Time of Attendance 07/12/92 12:19	Date and Time of Incident / /	Next of Kin Relationship Address Escort
Type of Incident	Location of Incident	
Source of Referral GP	Mode of Arrival	Telephone (Home) (Work) Triage

HISTORY; 29 yr. old right handed man tripped while out drinking on Saturday p.m. falling onto his outstretched right hand. Increased pain and swelling since.

OE; Diffuse swelling dorsum of right hand, distal circulation and sensation normal. ASB tender ++

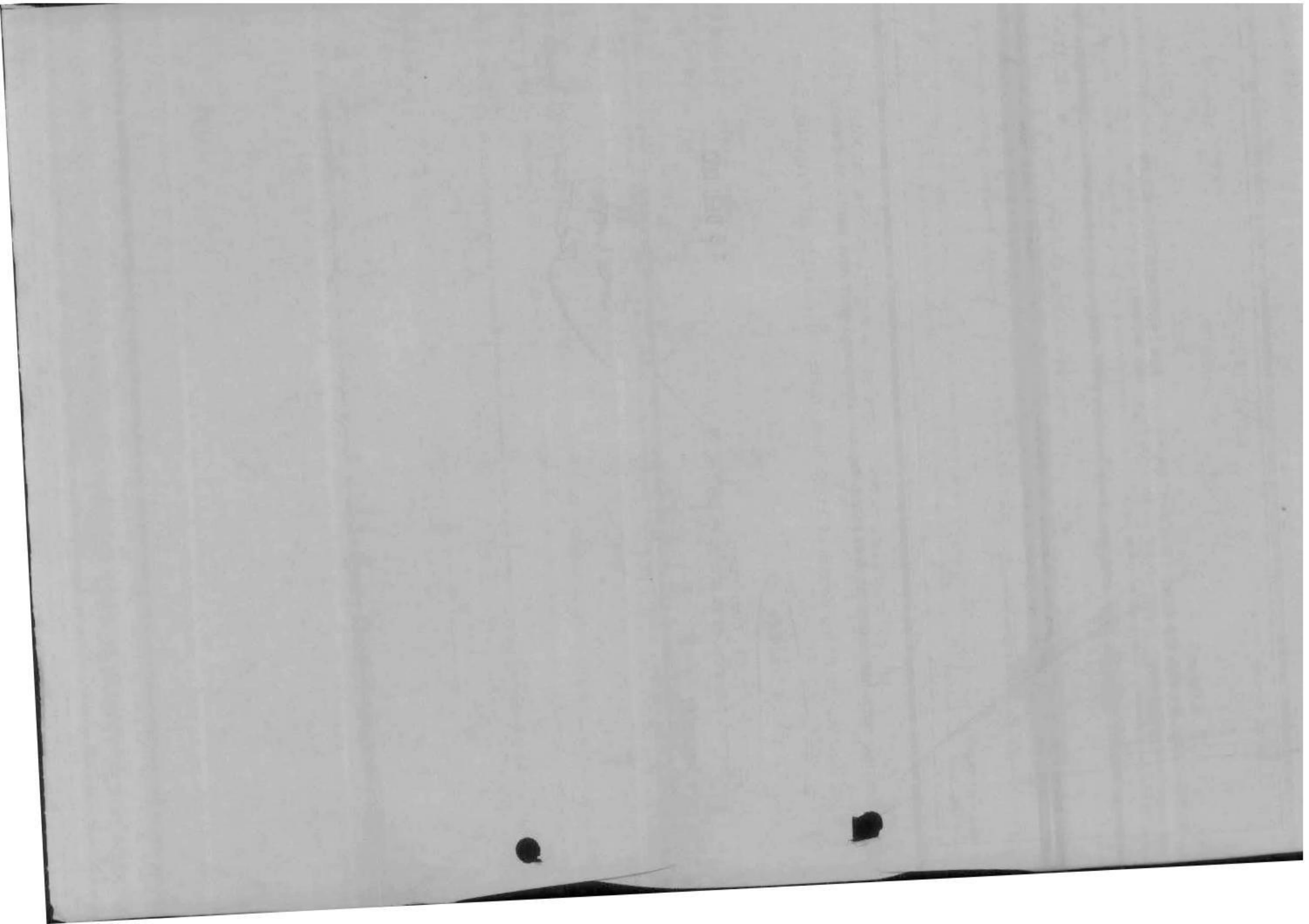
XRAY scaphoid fracture

Given scaphoid POP, Codydramol.
Discharged for review FRACTURE CLINIC 8.12.92.

09 DEC 1992

DR F WELLS/ST

SELF
REFERRAL



LOTHIAN HEALTH BOARD MENTAL HEALTH UNIT

Royal Edinburgh Hospital

Morningside Terrace Edinburgh EH10 5HF Telephone 031-447 2011
Ext:

THE ANDREW DUNCAN CLINIC

Your Ref
Our Ref JDC/MFM/
Date 20 August 1992
Enquiries to
Ext. No.

Dr M. Coupland
14 Southfield Loan
EDINBURGH EH15

24 AUG 1992

Alcohol Problems Clinic

Dear Dr Coupland

Re: Gary Mackie, 124 Restalrig Road South Edinburgh

The above mentioned did not keep his outpatient appointment at the **Alcohol Problems Clinic** on 18/8/92 at 9-30

If you would like us to arrange another appointment, please do not hesitate to get back in touch with the Department.

Yours sincerely

M. McCaffery

J D Chick
Consultant Psychiatrist

File

DEPARTMENT OF CLINICAL BIOCHEMISTRY

WESTERN GENERAL HOSPITAL, EDINBURGH EH4 2XU

GP547518B **MACKIE** GARY 07/06/63 M
DR BONNE GP651 14 SOUTHFIELD LOAN,EDINBURGH,EH15

	Date 29/07/92 Time 10:30 Spec No. 868550
Plasma SODIUM (135-145) mmol/l	141
P1 POTASSIUM (3.5-5) mmol/l	3.9
Plasma UREA (3.3-6.6) mmol/l	4.8
Plasma GLUCOSE (3.9-5) mmol/l	NOFLOX
Plasma ALT (5-59) u/l	75
P1 BILIRUBIN (3-14) umol/l	10
P1 ALK PHOS'ASE (30-140) u/l	113
P1 CREATININE (70-110) umol/l	84
Plasma Y-GT (8-49) units/l	40
THYROXINE (60-145) nmol/l	118
TSH (.1-5.5) mU/l	1.68

3 AUG 1992

Normal complete ?

Report printed on 30-Jul-92 5:20 PM (Page 1) (End of Report)

Department of Clinical and Laboratory Haematology
Western General Hospital, Edinburgh EH4 2XU

Z9228711 MACKIE GARY 07/06/63 M
DR BONNE 14 SOUTHFIELD LOAN EDINBURGH

30 JUL 1992

Date	29/07/92
Time	14:28
Specimen No.	03129
Haemoglobin (120-180g/l)	156
Haematocrit (40%-54%)	44.7
Mean Cell Vol (78-98 fl)	88.2
Platelet Count (150-400 x 10⁹/l)	380
Total WBC (4-11 x 10⁹/l)	8.0
Differential WBC	
Neutrophils (2.0-7.5 x 10⁹/l)	5.0
Lymphocytes (1.5-4.0 x 10⁹/l)	2.7
Monocytes (0.2-0.8 x 10⁹/l)	.7
Eosinophils (<0.7 x 10⁹/l)	<.1
Basophils (<0.2 x 10⁹/l)	<.2
Myelocytes	
Promyelocytes	
Blast Cells	
NRBC/100 WBC	
E.S.R. (1mm-9mm/hr)	6
Reticulocytes (10-100 x 10⁹/l)	

mild lymphocytosis ?

Blood film comment/Results:

(REMOVE APPROPRIATE PREVIOUS REPORT BEFORE FILING IN CASE NOTES)

ROYAL EDINBURGH 2.7.92

ALCOHOL PROBLEMS CLINIC

MACKIE
GARY
124 Restalrig Road South 8.6.67
EDINBURGH
EH7 6JA 661 6760

Dear Doctor

PRESENTING PROBLEM: ALCOHOLISM

I should be grateful for your opinion on the further management of this patient, who now admits to alcoholism. His [redacted] left him redently as a consequence of his alcoholism. He had attended a disiplinary hearing with his employer, Edinburgh District Council, and has been advised that he will lose his job if he does not stop drinking. He admits that sometimes, when supposed to be working, he goes for a drink at lunchtime and never returns to work. He admits to drinking over ten pinks a day and his worst period is at night. He has now lost interest in life, even in his hobby, racing pigeons. He sleeps well but his appetite is poor.

His [redacted] died recently.

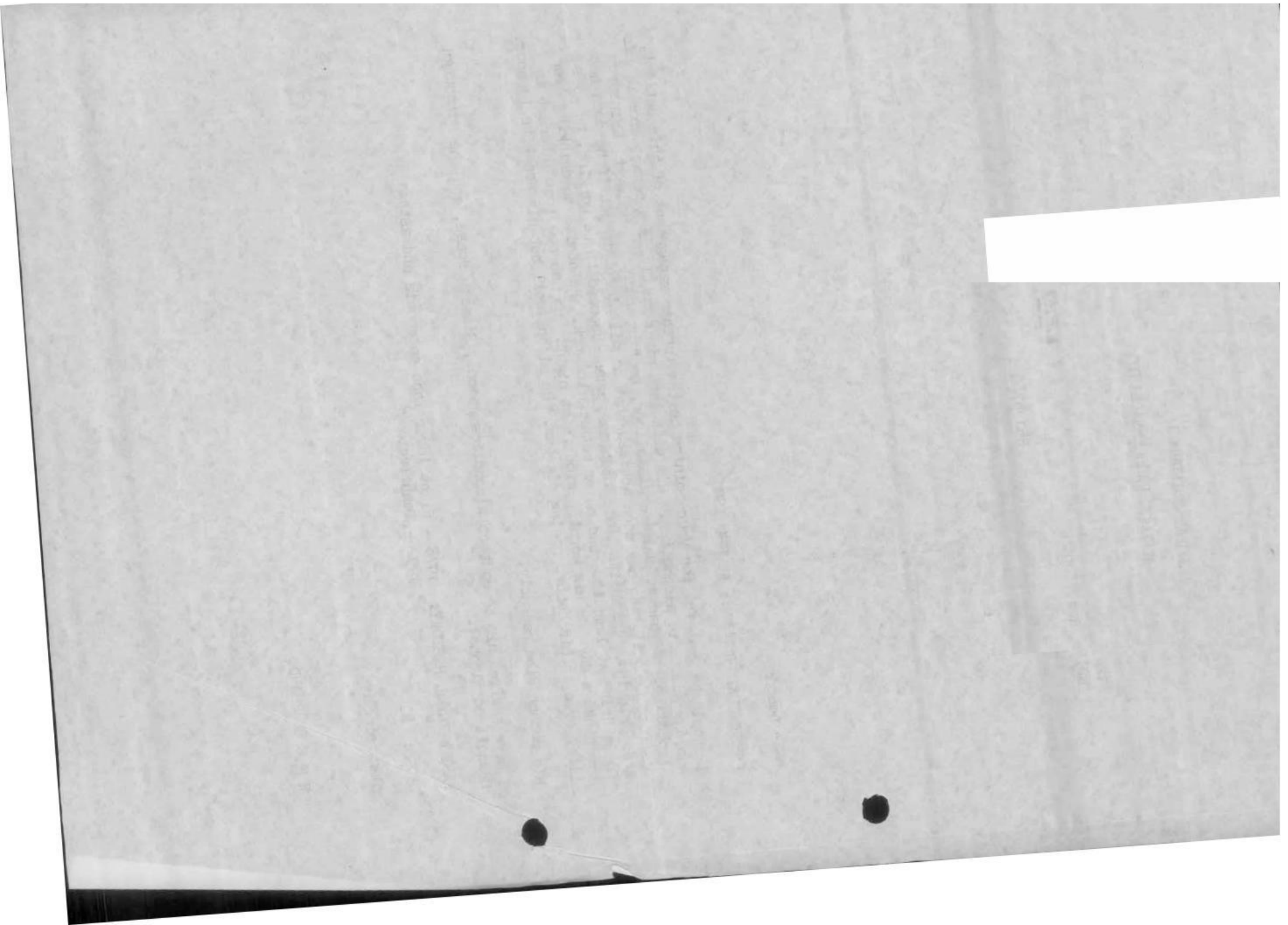
I have advised him to contact Alcoholics Annon., Simpson House, and the Edinburgh Council on Alcohol.

PAST MEDICAL HISTORY: 1976 - Right lower lobe pneumonia and asthma
1992 - Tonsilectomy

DRUGS: NIL

YOurs sincerely

DR M C COUPLAND



LOTHIAN HEALTH BOARD DISCHARGE SUMMARY : COPY FOR GENERAL PRACTITIONER

Hospital : city (JW/IEJ/6.5.92)	**Date of admission:** 22.4.92
To:	**Date of discharge:** 26.4.92
Dr W R Bonne 14 Southfield Loan EDINBURGH	**Ward:** 3
	Consultant: DR B A B DALE

11 MAY 1992

Surname:	**Forenames:**	**Number:**
MACKIE	GARY	RL070663

Address:	**Date of Birth:**
124 RESTALRIG ROAD SOUTH, EDINBURGH	7.6.63

Principal Diagnosis	**Principal Operation**
CHRONIC TONSILLITIS	TONSIL DISSECTION F 3 4 1
Other Conditions	**Date of Operation** 23.4.92
	Other Operations
External cause of injury	
PM / no PM Tumour Type	Histological Verification of Tumour Verified/not Verified

Dear Dr Bonne

This patient underwent the above procedure without complication and was discharged with no further follow up.

Yours sincerely

JIMMY WONG
SHO

HB/318

LOTHIAN HEALTH BOARD

Royal Infirmary of Edinburgh *and Associated Hospitals*

39 Lauriston Place Edinburgh EH3 9EN Telephone 031-229 2477
Ext.

DEPARTMENT OF OTOLARYNGOLOGY

Surgeons
Dr B.A.B. Dale
Dr A.I.G. Kerr

DR W R BONNE
14 SOUTHFIELD LOAN
EDINBURGH

Your Ref
Our Ref BABD/GD/070663
Date 30 September 1991
Enquiries to
Ext. No.

Dear Dr Bonne

GARY MACKIE 124 Restalrig Road South, Edinburgh 9 /96

Thank you for asking me to see this patient who gives a good story of recurring attacks of tonsillitis. He has unhealthy tonsils with enlarged glands in his neck. There was an attic defect in the right eardrum but this has been probably present for many years and is inactive.

I am sure he would benefit from tonsil dissection and I have put his name on the waiting list to have this done.

Kind regards

Yours sincerely

4 OCT 1991

B A B DALE
CONSULTANT.

Consultant Physicians:
Dr. N.W. Horne
Dr. D.C.F. Muir
Dr. J.D. Ross

CHEST UNIT,
CITY HOSPITAL
GREENBANK DRIVE,
EDINBURGH,
EH10 5SB
Telephone: 031-447 1001

PT/CPH
69557

4th October, 1976

Dr. W. R. Bonne,
4 Dalziel Place,
Edinburgh.
EH7 5TR

Dear Dr. Bonne,

Gary Mackie (6.6.63)
22 Restalrig Drive,
Edinburgh.

Admitted: 23.9.76 Discharged: 30.9.76 Consultant: Dr. Horne
Diagnosis: Right lower lobe pneumonia
Asthma
Treatment on discharge: ampicillin 250 mg. q.d.s for three days
Follow up: City Hospital on 15.10.76

For several years this boy has been intermittently wheezy and breathless especially when near dogs and cats. This tendency to wheeze and breathlessness has not kept him off school or in bed and he is better since his cat has stopped sleeping in his bedroom.

For three days before his present admission there was right sided chest pain made worse by inspiration together with cough, sputum which was swallowed and feverishness.

There was pyrexia at 38.5°C. The heart rate was 90 per minute regular in time and volume. The respiratory rate was 20 per minute. There was no cyanosis. There were coarse crepitations at the right mid and lower zones posteriorly. There were a few scattered expiratory rhonchi.

The haemoglobin was 12.5 g/dl with a white cell count of 8.1 x 10^9/l, (70% neutrophils) and the blood urea 4.4 mmol/l with normal serum electrolytes and normal liver function tests. No pathogenic bacteria were grown from sputum. Viral titres on admission did not show a diagnostic elevation. The chest x-ray showed an opacity in the right lower lobe.

Skin testing showed allergy to house dust mite, grasses, horse, cat, dog and early summer flowers.

Treatment was started with ampicillin 250 mg. q.d.s. and the temperature had settled within 24 hours. The crepitations in the chest disappeared within five days and the chest x-ray was almost completely normal at the time of discharge. A Tine test had been performed but unfortunately was not read before Gary left the ward/

ward and I will repeat this when I see him again at the Clinic.

His tendency to asthma is slight and does not require treatment at present.

Yours sincerely,

P. Thornley.

P. Thornley
Registrar

EASTERN GENERAL HOSPITAL X RAY REPORT

Chest

I guess this is a large patient, we have had some difficulty getting suitably penetrated views.
Lung fields clear.
No pneumothorax.

Normal
Appt for WHS scan
Bone pain

Jon glass right.

12 JUL 1994

lg/HL MacDonald Checked by HL MacDonald 11/07/94

MACKIE gary
11/07/94 Dr Bonne Sfield
0000000 07/06/63 Cmp# 064269
124 restalrig rd sth Edinburgh
Chest

DEPT. USE ONLY

SURNAME

MACKIE

Gai[redacted] 21

22 Restalrig Drive

WESTERN GENERAL HOSPITAL
EDINBURGH

Chest: Normal cardiac and mediastinal contour.
Rather poor inspiratory effort but the lung fields appear clear.

ING

FRIDAY, 12 APR 1985

NATURE OF X-RAY	DATE	WARD/DEPT.
	10.4.85	Bonne

Patient No :
Name : MACKIE, GARY
Address : 124 RESTALRIG ROAD SOUTH

Date of Birth : 07/06/1963
Sex : U

Location : 14 Southfield Loan
Report to : Dr. BONNE
Date Taken : 22/07/92

Date Reported : 30/07/92
Date Received : 27/07/92

SPUTUM LAB NO. B523292 FINAL REPORT

Large numbers of Haemophilus influenzae on culture
- Ampicillin---------- Sensitive
- Chloramphenicol-------- Sensitive
- Cotrimoxazole---------- Sensitive
- Cefuroxime---------- Sensitive

Large numbers of Streptococcus pneumoniae on culture
- Ampicillin---------- Sensitive
- Erythromycin---------- Sensitive
- Penicillin---------- Sensitive
- Cephalexin---------- Sensitive

Q. will see R anyway.

31 JUL 1992

Specimen(s) : SPT
Taken on : 22/07/92

MICROBIOLOGY
DR.M.F.HANSON

DEPARTMENT OF CLINICAL BIOCHEMISTRY
WESTERN GENERAL HOSPITALS, NHS TRUST, EDINBURGH EH4 2XU

GP761385K MACKIE GARY 07/06/63 M
DR BONNE GP651 14 SOUTHFIELD LOAN,EDINBURGH,EH15

Date Collected	16/07/96
Time "	09:45
Date Received	16/07/96
Time "	13:14
Spec	745360
No.	745371

S/Pl SODIUM (135-145) mmol/l	142
S/Pl POTASSIUM (3.5-5) mmol/l	4.2
Serum/Pl UREA (3.3-6.6) mmol/l	4.3
S/Pl GLUCOSE (3.9-5) mmol/l	5.0
Serum/Pl LD (208-508) u/l	472
Serum/Pl ALT (5-59) u/l	77
S/Pl BILIRUBIN (3-16) umol/l	5
S/Pl ALK PHOS (30-140) u/l	116
S/Pl CHOLEST'OL (3.9-6.2) mmol/l	4.2
S/Pl TRIGLYC'DE (.8-2.1) mmol/l	5.07
S/Pl CREATININE (70-110) umol/l	71
Serum/Pl Y-GT (8-49) units/l	50

Reduce fat in diet. Recheck 3 months

Report printed on 17-Jul-96 10:19:44 (page 1) (End of Report)

18 JUL 1996

Department of Clinical and Laboratory Haematology
Western General Hospital, Edinburgh EH4 2XU

Z9489682 MACKIE GARY 07/06/63 M
DR BONNE 14 SOUTHFIELD LOAN EDINBURGH

Date	29/08/94	16/07/96
Time	14:17	13:10
Specimen No.	04186	0365N
Haemoglobin (120-180g/l)	148	156 ✓
Haematocrit (40%-54%)	42.7	44.0
Mean Cell Vol (78-98 fl)	88.0	86.7 ✓
Platelet Count (150-400 x 10⁹/l)	354	291
Total WBC (4-11 x 10⁹/l)	8.3	8.4
Differential WBC		
Neutrophils (2.0-7.5 x 10⁹/l)	4.3	4.4
Lymphocytes (1.5-4.0 x 10⁹/l)	3.1	2.9
Monocytes (0.2-0.8 x 10⁹/l)	0.6	0.7
Eosinophils (<0.7 x 10⁹/l)	0.2	0.3
Basophils (<0.2 x 10⁹/l)	0.1	0.1 ✓
Myelocytes		
Promyelocytes		
Blast Cells		
NRBC/100 WBC		
E.S.R.		
(1mm-9mm/hr)		
Reticulocytes		
(10-100 x 10⁹/l)		

17 JUL 1996

Blood film comment/Results:

(REMOVE APPROPRIATE PREVIOUS REPORT BEFORE FILING IN CASE NOTES)

LOTHIAN UNIVERSITY HOSPITALS N.H.S. TRUST
Western General Hospital
Department of Clinical & Laboratory Haematology

0706631315 MACKIE GARY M 07/06/1963
14 Southfield Loan Dr Sylvia V Merino

DATE COLLECTED		20/11/00				
TIME COLLECTED		09:30				
DATE RECEIVED		20/11/00				
TIME RECEIVED		14:55				
SPECIMEN NUMBER		291827				
Haemoglobin	130-180 g/l	146				
Haematocrit	40-54 %	41.9				
Red Cell Count	4.5-6.5 10^12/l	4.56				
Mean Cell Volume	78-98 fl	91.8				
Platelet Count	150-400 10^9/l	279				
White Cell Count	4-11 10^9/l	6.8				
Neutrophil Count	2-7.5 10^9/l	4.1				
Lymphocyte Count	1.5-4 10^9/l	1.9				
Monocyte Count	0.2-0.8 10^9/l	0.4				
Eosinophil Count	0.0-0.4 10^9/l	0.3				
Basophil Count	0.0-0.1 10^9/l	0.0				

More pending

21 NOV 2000

COMMENTS

NORMAL	FILE
SEE DOC	REPEAT
SEE NURSE	ON RX
PHONE DR	COLLECT RX
SIGNATURE	NOTES

LOTHIAN UNIVERSITY HOSPITALS N.H.S. TRUST
Western General Hospital
Department of Clinical Biochemistry

0706631315 MACKIE GARY GARNER M 07/06/1963
St Triduanas Medical Practice Dr HMB Cronin Ref No

DATE COLLECTED		20/11/00	28/11/01			
TIME COLLECTED		09:30	u/k			
DATE RECEIVED		20/11/00	28/11/01			
TIME RECEIVED		14:55	16:40			
SPECIMEN NUMBER		291827	220471			
Urea	3.3-6.6 mmol/L	3.1	5.5			
Creatinine	70-110 umol/L	64	73			
Sodium	135-145 mmol/L	148	142			
Potassium	3.5-5.0 mmol/L	4.8	4.6			
Bilirubin (total)	3-16 umol/L	5				
ALT	5-59 U/L	61				
Alk. Phos.	30-140 U/L	109				
Plasma Glucose	3.6-5.8 mmol/L	NOFLOX	8.6			
Cholesterol	3.9-6.2 mmol/L	4.5	4.5			
HDL Cholesterol	0.9-1.7 mmol/L		0.76			
Chol./HDL Ratio			5.9			
Triglycerides	0.8-2.1 mmol/L		6.2			
LDL Cholesterol	(mmol/L)		See below			
TSH	0.5-4.7 mU/L	1.35				
Free Thyroxine	9-24 pmol/L	12				

30 NOV 2001

Computer	Doctor	
	Normal	
	No further action	
	Notes required	

COMMENTS

28/11/01 QC220471W

LDL Calculation Invalid - Triglyceride > 4.5 mmol/L

LOTHIAN UNIVERSITY HOSPITALS NHS TRUST
MEDICAL MICROBIOLOGY SERVICES

Clinical Bacteriology, Royal Infirmary of Edinburgh,
51 Little France Crescent, EDINBURGH, EH16 4SA

PIN/CHI: 0706631315 **D.O.B:** 07/06/1963
Patient: MACKIE, GARY **Sex:** Male

Tel: 0131 242 7777

Report to: ~~Doctor In Charge~~ DL
Address: St Triduanas Medical Practice

Date Taken: 09/12/2003
Time Taken: u/k

Date Received: 10/12/2003
Time Received: 10:59

Date Reported: 10/12/2003

Lab. Ref. No.:MU367539T Spec.:Mid Stream Urine

White cells	:	No increase in White Cells detected
Red cells	:	Not present
Epithelial cells	:	Few

No Bacteriuria detected by Flow Cytometry

Computer	Doctor	
	Normal	
	12 DEC 2003	
	No further action	✓
	Notes required	

Authorised by : Internal review For Dr I Laurenson

Department of Laboratory Medicine

Clinical Biochemistry, WGH

PATIENT: MACKIE, GARY **UPI:** 0706631315 **REF:**

DOB: 07/06/1963 **SEX:** M **CONSULTANT/GP:** Dr MW Whitley

SOURCE: St Triduanas Medical Practice **SENDER:**

Date Collected		04/11/02	16/12/03	Unknown		
Time Collected		09:00	09:30	u/k		
Date Received		04/11/02	16/12/03	05/01/04		
Time Received		13:32	13:37	12:45		
Specimen Number		398449	380039	387119		
Urea	2.5-6.6 mmol/L	5.6	4.6	4.0		
Creatinine	60-120 umol/L	63	66	70		
Sodium	135-145 mmol/L	143	141	143		
Potassium	3.6-5 mmol/L	4.6	4.3	4.8		
Glucose (Plasma)	3.6-5.8 mmol/L	**6.7**		**6.2**		
Bilirubin	3-16 umol/L		6			
ALT	10-50 U/L		**53**			
Alk.Phos	40-125 U/L		116			
Cholesterol	(mmol/L)	4.1	4.8			
Triglyceride	0.8-2.1 mmol/L	**3.07**				
HDL Chol.	0.9-1.7 mmol/L	**0.70**				
LDL Chol.	2-5 mmol/L	2.0				
Chol:HDLC Ratio		5.9				

COMMENTS:

Computer | Doctor
Normal
07 JAN 2004
No further action
Notes required

MW

DATE/TIME PRINTED: 06/01/2004 09:12

Results outwith the reference range are highlighted in BOLD

Department of Laboratory Medicine

Haematology, WGH

PATIENT: MACKIE, GARY **UPI:** 0706631315 **REF:**

DOB: 07/06/1963 **SEX:** M **CONSULTANT/GP:** Dr MW Whitley

SOURCE: St Triduanas Medical Practice **SENDER:**

Date Collected		10/12/01	12/12/01	16/12/03	Unknown
Time Collected		u/k	u/k	09:30	u/k
Date Received		10/12/01	12/12/01	16/12/03	05/01/04
Time Received		17:01	13:04	13:37	12:45
Specimen Number		115648	116424	380039	387119
Haemoglobin	130-180 g/L	141	141	139	148
Red cell count	4.5-6.5 10^12/L	4.58	4.68	4.53	4.82
Haematocrit	0.40-0.54 ratio	0.413	0.419	0.411	0.422
Mean cell volume	78.0-98.0 fL	90.2	89.5	90.6	87.6
White cell count	4.0-11.0 10^9/L	9.7	10.0	6.8	8.6
Neutrophil Count	2.0-7.5 10^9/L	6.36	6.44	3.67	4.62
Lymphocyte Count	1.5-4.0 10^9/L	2.45	2.50	2.33	3.05
Monocyte Count	0.2-0.8 10^9/L	0.63	0.77	0.40	0.60
Eosinophil Count	0.04-0.4 10^9/L	0.22	0.27	0.29	0.32
Basophil Count	0.01-0.1 10^9/L	0.04	0.02	0.08	0.05
Platelet count	150-350 10^9/L	288	271	267	286
Prothrombin Time	8.0-11.0 secs			10	
APTT	27.0-38.0 secs			32	
Fibrinogen	1.5-4.0 g/L	3.8		**4.1**	
PT ratio	0.8-1.2 ratio	0.9		1.1	
APTT (ratio)	0.8-1.2 ratio	1.0		1.0	

COMMENTS:

Computer | Doctor
Normal
07 JAN 2004
No further action
Notes required

DATE/TIME PRINTED: 06/01/2004 08:43

Results outwith the reference range are highlighted in BOLD

LOTHIAN UNIVERSITY HOSPITALS NHS TRUST
MEDICAL MICROBIOLOGY SERVICES

Regional Clinical Virology Laboratory
Royal Infirmary of Edinburgh, 51 Little France Crescent
Edinburgh EH16 4SA

PIN/CHI: 0706631315 /0706631315 **D.O.B:** 07/06/1963
Patient: MACKIE, GARY **Sex:** Male

Tel: 0131 242 6025/6026
Internal 26025/26026

Report to: Dr MW Whitley

Address: St Triduanas Medical Practice

Date Taken: 05/01/2004
Time Taken: u/k

Date Received: 05/01/2004
Time Received: 16:07

Date Reported: 10/01/2004

Laboratory Number: MS319914X Specimen: Clotted Blood

Complement Fixation Test Titrations

Chlamydia	<16

No serological evidence of recent infection
Please repeat if clinically relevant

Complement Fixation Tests- Titrations

Computer | Doctor
Normal
12 JAN 2004
No further action
Notes required

Authorised by : Dr N F Hallam