

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

PRIVATE

**MMA LEGAL LTD
23 GOODLASS ROAD
BUILDING B
SPEKE LIVERPOOL
L24 9HJ**

Date: 12.06.2026

Your Ref: 100330

Our Ref: SART / JM / LM / 1707795134

Enquiries to: Lynne McEldowney

Direct Line: 01475 504786

E-mail: lynne.mceldowney@nhs.scot

Dear Sir/Madam

Subject Access Request under the General Data Protection Regulation

Patient: KEVIN REYNOLDS

DOB: 17/07/1979

Thank you for your request for records received 28th May 2026 in which you seek a copy of your client's personal information.

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

COPY INVERCLYDE ROYAL HOSPITAL MEDICAL RECORDS

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

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

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

- patient health records, photographs or Radiology images;
- video/telephone recordings, including CCTV images;
- Witness Statements;
- Incident reports

- Complaints files
- Emails

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

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

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

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

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

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

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

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

Yours sincerely

Lynne McEldowney
SAR Team

ELECTRONIC PATIENT RECORDS

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

EMERGENCY DEPARTMENT
INVERCLYDE ROYAL HOSPITAL
LARKFIELD ROAD
GREENOCK
PA16 0XN



Dr GORDON JEFFERIES
PORT GLASGOW HEALTH CENTRE
2 BAY STREET PORT GLASGOW
PA14 5ED

Date: 16 Aug 2007

Dear Dr GORDON JEFFERIES,

Re: KEVIN REYNOLDS, 14-16 SHANKLAND ROAD, GREENOCK, PA15 2NE
Date of Birth: 17/07/1979 CHI number: 1707795134

Your patient attended Inverclyde Royal Hospital on the 16 Aug 2007 at .

The presenting complaint was:	INJURY LT KNEE
Triage information:	Not recorded
The following investigations were carried out:	KNEE X-RAY - LEFT
The A&E diagnosis was:	SPRAIN - KNEE - LEFT
The following treatment was given:	None
At the conclusion of treatment the patient was:	OUT PATIENT CLINIC
Follow-up:	Not recorded
Additional information:	None

Yours sincerely,

THEIN WIN
EMERG MED DOCTOR

EMERGENCY DEPARTMENT
INVERCLYDE ROYAL HOSPITAL
LARKFIELD ROAD
GREENOCK
PA16 0XN



Dr GORDON JEFFERIES
PORT GLASGOW HEALTH CENTRE
2 BAY STREET PORT GLASGOW
PA14 5ED

Date: 15 Jun 2007

Dear Dr GORDON JEFFERIES,

Re: KEVIN REYNOLDS, 14-16 SHANKLAND ROAD, GREENOCK, PA15 2NE
Date of Birth: 17/07/1979 CHI number: 1707795134

Your patient attended Inverclyde Royal Hospital on the 15 Jun 2007 at .

The presenting complaint was:

SEIZURE

Triage information:

**REFERRAL? , HEADACHE? , RECENT PROBLEM?M PATIENT IS AN
EX IVDA HAS BEEN COLD TURKEY FOR THE PAST 8/7 HABIT WAS
£30 PER DAY OF HEROINE AND ALSO VALIUM SEIZURE THIS AM
WITNESSED BY CARER TEMP 36.4 BM 6.4 MMOLS**

The following investigations were carried out:

ECG

BM STICK

The A&E diagnosis was:

GRAND MAL SEIZURES; UNSPECIFIED (WITH OR WITHOUT PETIT M

The following treatment was given:

ADVICE GIVEN

ADVISED TO RETURN IF NECESSARY

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

Follow-up:

Not recorded

Additional information:

None

Yours sincerely,

**JILL MCKANE
EMERG MED DOCTOR**

EMERGENCY DEPARTMENT
INVERCLYDE ROYAL HOSPITAL
LARKFIELD ROAD
GREENOCK
PA16 0XN



Dr Unknown
PORT GLASGOW HEALTH CENTRE
2 BAY STREET PORT GLASGOW
PA14 5ED

Date: 17 Nov 2006

Dear Dr Unknown,

Re: KEVIN REYNOLDS, 14-16 SHANKLAND ROAD, GREENOCK, PA15 2NE
Date of Birth: 17/07/1979 CHI number: 1707795134

Your patient attended Inverclyde Royal Hospital on the 17 Nov 2006.

The presenting complaint was: **INJ R FOOT**

Triage information: **PT STATES KICKED ON RIGHT FOOT TODAY AT FOOTBALL TENDER
OVER 4/5TH METATARSAL WITH NO SWELLING OR BRUISING 2 X
PARACETAMOL TAKEN AT 18.00PM WEIGHTBEARING , RECENT
PROBLEM? , PAIN?**

The following investigations were carried out: **FOOT X-RAY - RIGHT**

The A&E diagnosis was: **CONTUSION - FOOT - RIGHT**

The following treatment was given: **None**

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

Follow-up: **Not recorded**

Additional information: **None**

Yours sincerely,

**MICHAEL SHERIDAN
EMERG MED DOCTOR**

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

REFERRAL TO			
MANOJ (Consultant) General Medicine AC General Referral			Consultant / receiving practitioner and/or specialty clinic
Inverclyde Royal Hospital HEPATITIS CLINIC			Hospital and hospital address Hospital location code: C313H Email address: -
Urgency of referral	ROUTINE	Date sent	18-May-2009
Date of referral	18-May-2009		

PATIENT DETAILS		Patient's address
Surname	Reynolds	Jericho House 14 Shankland Rd GREENOCK PA15 2NE Contact number(s) -
Forename(s)	Kevin	
Title	Mr	
Sex	Male	
Date of birth	17-Jul-1979	
CHI no.	1707795134	
Area of Residence	-	

**	Unique Care Pathway Number:
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REGISTERED GP DETAILS		Practice address
Name	Dr McCartney	
GMC code	3490462	GP code C35211
Practice name	The Health Centre	
Practice code	86271	
		Contact number(s)
		Voice: 01475 745321

REFERRING GP DETAILS		Practice address
Name	Dr. Michael McCartney	
GMC code	3490462	GP code 35211
Practice name	The Health Centre (86271)	
Practice code	86271	
		Contact number(s)
		Voice: 01475 745321

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

Description: Positive for HCV PCR

Comment: This patient is an intravenous drug abuser who has been sharing needles. He is currently in Jericho House for rehabilitation. In the past he attended Monklands Hospital as he was Hepatitis C positive. A recent blood test is positive again for HCV PCR, and I would be grateful if you would see him for further investigations and treatment.

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

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

Description	Comment	Date of onset
[X]Overdose - heroin	-	21-Jun-1997
Drug dependence	heroin. IVDU.	25-Sep-1996

Past procedures (High and medium priority - all)

Description	Date performed
Smoking cessation advice	23-Nov-2006
Hepatitis C antibody test positive	22-Mar-2001

Family conditions (All priorities)

Description	Date of Onset
No FH: Ischaemic heart disease	23-Nov-2006
FH: Diabetes mellitus	23-Nov-2006

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Cetirizine Hydrochloride	30	TABS 10MG	1 Tab	Daily	18-May-2009	-

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		23-Nov-2006
Enjoys light exercise:		23-Nov-2006

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?: Yes

Patient will accept any site: Yes

Patient will accept cancellation or short notice appointment (within 1-21 days): Yes

Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC

☐

ACS

☐

BEATSON HOSPITAL

☐

CANNIESBURN HOSPITAL

☐

DENTAL HOSPITAL

☐

GARTNAVEL GENERAL HOSPITAL

☐

GLASGOW ROYAL INFIRMARY

☐

INVERCLYDE ROYAL HOSPITAL

☒

MATERNITY: ☐

NEW VICTORIA ACH

☐

PRINCESS ROYAL MATERNITY

☐

QUEEN ELIZABETH UNIVERSITY HOSPITAL

☐

MATERNITY ☐

ROYAL ALEXANDRA HOSPITAL

☐

MATERNITY ☐

ROYAL HOSPITAL FOR CHILDREN

☐

STOBHILL HOSPITAL

☐

VALE OF LEVEN

☐

MATERNITY ☐

WEST CARE AMBULATORY HOSPITAL

☐

WESTERN INFIRMARY RECORDS

☐

Including:

BADGERNET

☐

CAREVUE

☐

MEDICAL ILLUSTRATION

☐

METAVISION

☐

PHYSIOTHERAPY

☐

RADIOLOGY

☐

WEST MARC

☐

LABS

☐

I confirm that I have received a copy
of "Plaster Instructions"

NAME (capital letters please)

KEVIN REYNOLDS

SIGNED: Unable to sign

DATE: 12/1/5

GIVEN BY:

B. Graham



CHI: 1707795134
CRN: 298332 17/07/1979
REYNOLDS KEVIN M
JERICO HOUSE
14 SHANKLAND RD
GREENOCK PA15 2NE

PATIENT ALERTS

DO NOT FILE DOCUMENTS ON TOP OF THIS
DIVIDER. DO NOT REMOVE FROM CASE
RECORD

Any patient alerts (eg drug/anaesthetic reaction, infection risk, disability awareness etc) must be recorded on this sheet with the date and name of person filling in the sheet. Full details should still be recorded in the patient's notes. A yellow "alert" sticker should be affixed to the front cover of the case sheet at the same time. If the alert no longer applies the entry on this sheet should be crossed-through and the sticker removed.

Drug Reactions / Anaesthetic Reactions / Allergies	Date	Name

Blood Transfusion Information *Detail special requirements eg irradiated products, pre-medication etc*

Infection Control *Record infection risk - Blood-Borne Viruses, MSRA, VRE, CJD etc*

Mental Health - *See reverse of divider for Mental Health Information*

Other *Record any other relevant information including behavioural issues eg aggression etc*

Disability Awareness *Please circle any that apply and give details where appropriate*

Blind or partially sighted	Hard of hearing	Other - please give details
Wheel-chair user	Communication/learning difficulties	

Clinical Trial Participation / Cancer Registry *Tick box and give details overleaf*

Living Will *Tick box if in use*

MENTAL HEALTH INFORMATION:

NAMED PERSON:

ADDRESS OF NAMED PERSON:

.....

WELFARE GUARDIAN:

ADDRESS OF WELFARE GUARDIAN:

.....

ADVANCE STATEMENT	DATE STARTED	DATE REVOKED
1.		
2.		
3.		

GREATER GLASGOW AND CLYDE

Inverclyde Royal Hospital
Larkfield Road
GREENOCK, PA16 0XN

Tel: 01475 504508
Fax: 01475 505263



Department of Dermatology

Consultants: Dr C P Fitzsimons
Dr M J Young
Dr I C Hay

Ref: KS/SD/298332

Enquiries to: Dermatology Secretary
Extension No: 64508/64460

19 September 2007

Dr G D Jefferies
Health Centre
PORT GLASGOW

Dear Dr Jefferies

Kevin Reynolds, 17.07.79 5134
Jericho House, 14 Shankland Road, GREENOCK

This gentleman has several warts on his penis which have been present for approximately one year. He feels they are getting worse. I have treated them with Cryotherapy. He has an appointment for review with us although I believe these patients are normally referred to Genito-Urinary Medicine.

Yours sincerely

KENNETH STEWART
Staff Grade to Dr Hay

Hospital use only	Clinic A71HGC	Day Wed	Time 10.10	Hospital No. 298332
Date				

Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE**REFERRAL TO**Dermatology A7
AC General Referral

Inverclyde Royal Hospital

Consultant / receiving practitioner
and/or specialty clinic

Hospital and hospital address

Hospital unit no.

C313H

Email address

Urgency of referral

Routine

PATIENT DETAILS

Surname Reynolds

Forename(s) Kevin

Title Mr

Sex Male

Date of birth 1979-07-17

CHI no. 1707795134

Patient's addressJericho House
14 Shankland Rd
GREENOCK
PA15 2NE

Contact number(s)

REGISTERED GP DETAILS

Name Dr McCartney

GMC code 3490462

GP code

C35211

Practice name The Health Centre

Practice code C8627

Practice address2 Bay Street
PORT GLASGOW
PA14 5EW

Contact number(s)

Voice: 01475 745321

REFERRING PRACTITIONER DETAILS

Name Dr. Gordon Jefferies

GMC code 1353565

GP code

37141

Practice name The Health Centre (86271)

Practice code 86271

Practice address2 Bay Street
Port Glasgow

Contact number(s)

Voice: 01475 745321

INVERCLYDE ROYAL HOSPITAL
MEDICAL RECORDS

10 AUG 2007

17 AUG 2007

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Lesion at base of penis

Comment: Dear Doctor

I would be grateful if you would see this 28-year old gentleman with a papillomatous lesion at the base of his penis. He also has a cluster of what looks like warts on the same area.

I would be grateful for your opinion as how best to treat these.

Kevin has a past history of drug abuse and is presently staying at Jericho House for rehabilitation. He has a history of Hep C.

Examinations and Investigations

Referred By: Registered GP

Electronic Attachment Present: No

Current smoker: 2006-11-23

Enjoys light exercise: 2006-11-23

*Ratio
KS 14/8/07*

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset
[X]Overdose - heroin	21-Jun-1997			21-Jun-1997
Drug dependence	25-Sep-1996		heroin, IVDU	25-Sep-1996

Past procedures

Description	Laterality	Modifier	Date of onset
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Current and recent medication

No medications recorded

Clinical warnings

Smoking status

Alcohol consumption

Additional relevant information

2007-08-10

Signature of referring doctor (or other professional) Date

et

[illegible]

[illegible]

MEDICAL DIRECTORATE

Dr G Curry
Dr K Manoj
Dr A MacKay
Dr D A S Marshall
Dr P Semple

Dr Thomson
Dr H Papaconstantinou

Enquiries to: secretary
Extension: 64847

Date: 31/07/09
Typed: 03/07/09

Dr M McCartney
The Health Centre
2 Bay Street
PORT GLASGOW

Dear Dr McCartney

Kevin Reynolds, Jericho House, 14 Shankland Road, Greenock, DOB 17/07/79

Your patient Kevin Reynolds had an appointment at the Hepatitis/C Nurse led assessment clinic today on the 31st July 2009. Unfortunately the patient has failed to attend. Another appointment will be sent out as soon as we are able.

Yours sincerely

Audrey Anderson
CNS Hepatitis

**Inverclyde Royal Hospital
Larkfield Road**

**GREENOCK
PA16 OXN**

**Telephone (01475) 633777
Fax: (01475) 505223**

Our Ref: AA/TF/298332
Chi No: 1707795134

Hospital use only	Clinic AIM JAVLEX	Day FRI Date 31/7/09	Time 3-30	Hospital No. 298332
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Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO	
MANOJ (Consultant) General Medicine A1 AC General Referral	— Consultant / receiving practitioner and/or specialty clinic
Inverclyde Royal Hospital HEPATITIS CLINIC	— Hospital and hospital address
	Hospital unit no. C313H
	Email address
Urgency of referral	ROUTINE no priority reason given

PATIENT DETAILS		Patient's address
Surname	Reynolds	Jericho House 14 Shankland Rd GREENOCK PA15 2NE
Forename(s)	Kevin	
Title	Mr	
Sex	Male	
Date of birth	1979-07-17	
CHI no.	1707795134	Contact number(s)

REGISTERED GP DETAILS		Practice address
Name	Dr McCartney	2 Bay Street PORT GLASGOW PA14 5EW
GMC code	3490462 GP code C35211	
Practice name	The Health Centre	
Practice code	86271	
		Contact number(s)
		Voice: 01475 745321

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr. Michael McCartney	2 Bay Street Port Glasgow
GMC code	3490462 GP code 35211	
Practice name	The Health Centre (86271)	
Practice code	86271	
		Contact number(s)
		Voice: 01475 745321

INVERCLYDE ROYAL HOSPITAL
MEDICAL RECORDS

18 MAY 2009

21 MAY 2009
Andrew
Cherie
Manoj

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Positive for HCV PCR

Comment: This patient is an intravenous drug abuser who has been sharing needles. He is currently in Jericho House for rehabilitation. In the past he attended Monklands Hospital as he was Hepatitis C positive. A recent blood test is positive again for HCV PCR, and I would be grateful if you would see him for further investigations and treatment.

Examinations and Investigations

Current smoker: 2006-11-23

Enjoys light exercise: 2006-11-23

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

Past medical history**Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset
[X]Overdose - heroin	1997-06-21	-	-	21-Jun-1997
Drug dependence	1996-09-25	-	heroin. IVDU.	25-Sep-1996

Past procedures

Description	Laterality	Modifier	Date of onset
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Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Cetirizine Hydrochloride	30	TABS 10MG	- Daily	Daily	18-May-2009	0 Days

Clinical warnings

Smoking status

- Alcohol consumption

Additional relevant information**Family conditions**

Description	Modifier	Extension	Relation to patient	Date of onset
No FH: Ischaemic heart disease	-	-	-	
FH: Diabetes mellitus	-	-	-	

2009-05-18

Signature of referring doctor (or other professional) Date

CHI: 1707795134
CRN: 298332 17/07/1979
REYNOLDS KEVIN M
JERICHO HOUSE
14 SHANKLAND RD
GREENOCK PA15 2NE

UNIT No.

[illegible]

[illegible]

MEDICAL DIRECTORATE

Dr G Curry
Dr A MacKay
Dr D A S Marshall
Dr P Semple
Dr J B Dilawari
Dr Thomson
Dr H Papaconstantinou

Inverclyde Royal Hospital
Larkfield Road
GREENOCK
PA16 OXN

Telephone (01475) 633777
Fax: (01475) 505223

Enquiries to: Dr Dilawari's secretary
Extension: 64847

Our Ref: AA/TF/298332
Chi No: 1707795134

Date: 02/01/08
Typed: 04/02/08

Dr G Jefferies
The Health Centre
2 Bay Street
PORT GLASGOW

Dear Dr Jefferies

Kevin Reynolds, Jericho House, 14 Shankland Road, Greenock, DOB 17/07/79

Unfortunately Kevin has failed to attend his appointment at the Hepatitis C assessment clinic for the second time. No further appointments will be sent unless we hear from you in which case we will be happy to see him.

Yours sincerely

Audrey Anderson
CNS Hepatitis

MEDICAL DIRECTORATE

Dr G Curry
Dr A MacKay
Dr D A S Marshall
Dr P Semple
Dr J B Dilawari
Dr Thomson
Dr H Papaconstantinou

**Inverclyde Royal Hospital
Larkfield Road
GREENOCK.
PA16 OXN**

**Telephone (01475) 633777
Fax: (01475) 505223**

Enquiries to: Dr Dilawari's secretary
Extension: 64847
Email: Tracey.Finnegan@irh.scot.nhs.uk

Our Ref: AA/TF/298332
Chi No: 1707795134

Date: 02/11/07
Typed: 06/11/07

Dr G Jefferies
The Health Centre
2 Bay Street
PORT GLASGOW

Dear Dr Jefferies

Kevin Reynolds, Jericho House, 14 Shankland Road, Greenock, DOB 17/07/79

Thank you for referring this client to the Hepatitis C clinic. Unfortunately he failed to attend his appointment. We shall send him one more appointment but if he fails to attend no further appointment will be sent.

Yours sincerely

Audrey Anderson
CNS Hepatitis

Hospital use only	Clinic AIDEN	Day Date Fri 2/11/07	Time 2.00	Hospital No. 298382
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Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

J DILAWARI (Consultant)
General Medicine A1
AC General Referral

— Consultant / receiving practitioner
and/or specialty clinic

Inverclyde Royal Hospital
Hepatitis Clinic

— Hospital and hospital address

Hospital unit no.

C313H

Email address

Urgency of referral

Routine

Hepatitis clinic
(NURSE)

PATIENT DETAILS

Surname **Reynolds**
Forename(s) **Kevin**
Title **Mr**
Sex **Male**
Date of birth **1979-07-17**
CHI no. **1707795134**

Patient's address

Jericho House
14 Shankland Rd
GREENOCK
PA15 2NE

Contact number(s)

REGISTERED GP DETAILS

Name **Dr McCartney**
GMC code **3490462** GP code **C35211**
Practice name **The Health Centre**
Practice code **C8627**

Practice address

2 Bay Street
PORT GLASGOW
PA14 5EW

Contact number(s)

Voice: 01475 745321

REFERRING PRACTITIONER DETAILS

Name **Dr. Gordon Jefferies**
GMC code **1353565** GP code **37141**
Practice name **The Health Centre (86271)**
Practice code **86271**

Practice address

2 Bay Street
Port Glasgow

Contact number(s)

Voice: 01475 745321

INVERCLYDE ROYAL HOSPITAL
MEDICAL RECORDS

20 JUL 2007

13 JUL 2007

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Hep C positive

Comment: Dear Doctor

I would be grateful if you would see this 27-year old drug users who is known to have Hepatitis C. He previously attended Monklands Hospital, but is now staying at Jericho House in Greenock. He appears to have stopped heroin in the past month and is on no drugs now. He complains of tiredness.

I would be grateful if you could review his hepatitis status.

Examinations and Investigations

Referred By: Registered GP

Electronic Attachment Present: No

Current smoker: 2006-11-23

Enjoys light exercise: 2006-11-23

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset
[X]Overdose - heroin	21-Jun-1997	-	-	21-Jun-1997
Drug dependence	25-Sep-1996	-	heroin. IVDU.	25-Sep-1996

Past procedures

Description	Laterality	Modifier	Date of onset
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Current and recent medication

No medications recorded

Clinical warnings

Smoking status

Alcohol consumption

Additional relevant information

2007-07-13

Signature of referring doctor (or other professional) Date

[illegible]

[illegible]

Inverclyde Royal Hospital

Department of Orthopaedics, Inverclyde Royal Hospital

FRACTURE CLINIC

CONSULTANT MR M BUCHAN	X-RAY NUMBER	 CHI: 1707795134 CRN: 298332 17/07/1979 REYNOLDS KEVIN M JERICO HOUSE 14 SHANKLAND RD GREENOCK PA15 2NE
DIAGNOSIS CHI: 17 07 79 2289		
G.P.: Dr Jefferies, PGHC		
DATE OF FIRST ATTENDANCE	DAT OF ARR. 16.08.07	Write or attach label

Date	HISTORY AND CLINICAL FINDINGS
30.08.07	This 28 year old man sustained a twisting injury to his knee when playing football. He presented to the Emergency Department with increased pain and swelling and unable to weight bear. He was assessed by orthopaedic doctor who aspirated 120ml of blood from his left knee. Of note there is a history of a tibial plateau fracture in this left knee which required 2 screw fixation a year ago. On examination his pain and swelling has significantly improved and he is now mobilising without too much difficulty. There is still a mild effusion in his left knee and he still lacks 10° to full extension compared to the right side. He also has reduced flexion compared to the right side by approximately 15°. Lachman's and anterior draw test were both unremarkable and I could not elicit any laxity when compared to the right side. Similarly assessing his collateral ligaments was unremarkable compared to the right. I have advised Mr Reynolds to be cautious with this knee and have given him some tubigrip. I have advised him to avoid participating in sports such as football for the next 4 to 6 weeks, however, I am under the impression that he will be non compliant with this. Discharged.

Discharged SG/CMCC

Date

HISTORY AND CLINICAL FINDINGS

CONBTH 30/8/07 @ 1005 298332
Accident and Emergency Department
Inverclyde Royal Hospital, Larkfield Rd



R7002289

A&E No. 07021890

6

Surname	REYNOLDS	First Name	KEVIN	Title:	
Address:	14-16 SHANKLAND ROAD	Postcode	KA30 8SR		
	GREENOCK	Telephone:	741950		
	RENFREWSHIRE				
Date of Birth:	17.07.79	Sex:	M	Age:	28 yrs

GP Name:	JEFFERIES GORDON		
Address:	PORT GLASGOW HEALT...	Postcode	PA14 5ED
	2 BAY STREET		
	PORT GLASGOW	Telephone:	01475 745321

Next of Kin	ELIZABETH		
Relationship:	PARENT		
Address:	85 BEECHWOOD DRIVE	Postcode	ML5 4RB
	COATBRIDGE	Telephone:	
	LANARKSHIRE		
Primary Carer:			

Date of Attendance: 16.08.07 18:44

Date of Incident: 16.08.07 00:00

Presenting Complaint: INJURY LT KNEE

Triage	Tetanus Cover:
	Allergies:
P=	BP= / RR= Sat= BM=
PF=	GCS=E: M: V: Total:

INVERCLYDE ROYAL HOSPITAL
MEDICAL RECORDS

17 AUG 2007

Drugs Prescribed						
Date	Drug	Dose	Route	Signature	Given By	Time
	MR. Buchan					
	# dnic					
	1/52 WK					

DRUG PRESCRIPTIONS IN A&B (INCLUDING TETANUS PROPHYLAXIS)

Given	Drug (block - capitals)	Dose	M Adm	Method of Administration	Time of Administration	Signature	Given by
67	Clap/Don	600mg	00		1200		

12-1-1948 Time 1848

Playing football 2hrs ago,
 A twisting injury to (L) knee.
 No direct injury.
 Still tried playing &
 an swelling, unable to wt bear for hours
 at the time
 to the
 Hx NECA
 NW.
 1. AM
 12.00 (L) knee at
 anterior # (L) knee 6yrs ago
 Unable to fully extend (L) knee.
 (L) knee effusion ++ Swelling around quadriceps
 last 24 hrs - patella tap (+)
 + inst. Draw test +
 - cruciate ✓
 - anterior ✓
 - ligament ✓

SIB Dr. Howie

Body Part Stamp

Needs ortho rlv

→ walk heavily rlv. (1925 hrs)

[Handwritten signature]

Xray $\odot$ knee

fracture distal femur #.

Effusion ++

10/18/07

on the

Date

280' playing football
Sudden change of direction

low + tense effusion developed over 30 mins
Was able to walk for a 1 hour post injury
Previous tibial plate # 2001 $\Rightarrow$ screws, no probl
Hep C +ve

SCR - Screws intact
No #

1/2 tense effusion Unable to SCR
Generally some no joint line tenderness

→ 120ml blood aspirated under aseptic conditions
SCR 90° Flex 120° Able to fully extend
No joint line tenderness / patella / quadr tendon ok
Collaterals intact ? lax ACL
PL / Camp splint / crutches / NUB / Analgesic

DISCHARGE DRUG PRESCRIPTIONS

Mr Bucha # Next Vis

Date Given	Drug (block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given by
10/18/07	PARACETAMOL	1g	PO	Q4H	<i>[Signature]</i>	<i>[Signature]</i>
10/18/07	IBUPROFEN	400mg	PO	Q4H	<i>[Signature]</i>	<i>[Signature]</i>

Discharge Codes (please circle)

1. Discharge Home	2. Refer GP	3. A&E Clinic	4. Fracture Clinic
5. Other Clinic	6. Transfer	7. Admit Ward	8. Patient Deceased

Mr Bucha # 1152 please send appointment

Inverclyde Royal Hospital

SHO - Dr Bender

FRACTURE CLINIC

CONSULTANT	MR M DI PAOLA	X-RAY NUMBER	UNIT No 290819
DIAGNOSIS	D.O.B: 17.07.1979 G.P.: Dr Thompson, 1 Centre Park Crt., Coatbridge	SURNAME	REYNOLDS
DATE OF FIRST ATTENDANCE	DAT OF ARR. 11.01.05	FORENAME	KEVIN
			Write or attach label

Date	HISTORY AND CLINICAL FINDINGS	
12.01.05	Diagnosis: Undisplaced fracture right distal radius Mechanism of injury: skiing. This patient was treated in A&E department yesterday in a back slab. He is comfortable. No signs of neurovascular deficit. Back slab taken off and there was severe tenderness at the distal radius. X ray showed undisplaced distal radial fracture and no other injury. Advised lightweight colles plaster today. See 3 weeks with <u>plaster off on arrival.</u> See 02.02.05 @ 9.05am	AB/CMcC
01.02.05	This patient turned up at the clinic today. He has an undisplaced ? subtle fracture of the distal radius. apparently he lives in Coatbridge and has come all the way from Coatbridge for appointment. Plaster taken off and clinically there was no tenderness over the distal radius. He had good range of movement, therefore given a Spencer splint. Advised him to use it for a couple of weeks and take it easy for a couple of weeks after which he can return back to normal. Discharged.	QJA/CMcC QJA/CMcC

Date

HISTORY AND CLINICAL FINDINGS

ACCIDENT/EMERGENCY FORM

MEDICAL RECORDS COPY

ACCIDENT & EMERGENCY DEPT.
NVL YDE ROYAL HOSPITAL
GREENOCK
A16 0XN
TEL: 01475 633777

AE No. C/ *NCN*

HOSPITAL NO. *290819*

Surname REYNOLDS	Forename KEVIN	Age 25	Date of Birth 17/07/1979	Arr Date 11/01/05	Time 19:53	AE Number 000808
Address 85 BEACHWOOD DRIVE COATBRIDGE		Sex MALE	Religion CATHOLIC	Date of Inc 11/01/05	Time	
PC ML54RB	Tel 01236605710	Marital Status SINGLE	Occupation/School	Type of Inc OTHER	Mode of Arrival WALK/OT	

Name THOMPSON	Address 1 CENTRE PARK COURT NO 1 CENTRE PARK COURT COATBRIDGE	Referred by SELF REFERRAL
Name ELIZABETH	Address <i>1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100</i>	Complaint INJURY
Relat MOTHER	SA	R/WRIST

ROAD TRAFFIC ACCIDENT PLACE	DETAILS
-----------------------------	---------

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

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

Diagnosis *R wrist injury*

X-Ray film/ECG shows *Xray - # distal radius*

Treatment given

*(1) Back slab
(2) #clim name
(3) analgesia (pt refused)*

Drugs _____ days supply of _____ has been given.

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

Would you please arrange _____

DISCHARGE CODES: Please Circle <table> <tr> <td>1. Discharge Home</td> <td>4. Did not Wait</td> <td>7. <u>Fracture Clinic</u></td> <td>10. Admit Ward (see below)</td> </tr> <tr> <td>2. Refer to G.P.</td> <td>5. Ret A/E as advised</td> <td>8. Refer to O.P. Clinic (see below)</td> <td>11. Trans. other Hospital (see below)</td> </tr> <tr> <td>3. Irregular Discharge</td> <td>6. Ret A/E as necessary</td> <td>9. Social Worker</td> <td>12. Died in dept.</td> </tr> <tr> <td colspan="3"></td> <td>13. Dead on Arrival</td> </tr> </table>										1. Discharge Home	4. Did not Wait	7. <u>Fracture Clinic</u>	10. Admit Ward (see below)	2. Refer to G.P.	5. Ret A/E as advised	8. Refer to O.P. Clinic (see below)	11. Trans. other Hospital (see below)	3. Irregular Discharge	6. Ret A/E as necessary	9. Social Worker	12. Died in dept.				13. Dead on Arrival
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			13. Dead on Arrival																						
Ward No. (if admitted)		Transfer to Hospital			Consultant*(if admitted)																				
Follow up	Not arranged	Arranged		To be arranged																					
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify															

Medical Officers Name (in Block Letters)

CODE

Signature of Medical Officer

Cons SR Reg SHO/JHO Clin Assist

139

W. J. ...

NURSING NOTES

TRIAGE 4

DATE: 11.01.05

TIME: 20.1.05

CHIEF COMPLAINT:

INS (R) URIST

RELEVANT HISTORY:

PHYSICAL SIGNS:

Swelling
Pain

VITAL SIGNS:

TREATMENT AT TRIAGE:

DISPOSITION:

HR:

BP:

RR:

GCS:

TEMP:

O2 SAT:

BM:

URINALYSIS:

1. RESUSCITATION:

2. MEDICAL/SURGICAL:

3. TRAUMA:

4. OTHER (SPECIFY):

Nurse Intervention at Triage
Mobility - Mobile/Limping/non-weight bearing/immobile (Please circle)
Condition - Trolley/Chair/Mobile (Please circle)
Other comments fell on outstretched hand while skating today 4/5 pain Distal radius swelling over metacarpals

CV & M ✓

TRIAGE NURSE: Julie Spence SIGN

PRINT

Relatives present	Relatives informed	Clothing/valuables checked	Allergies Nil
Tetanus Booster/Course	Sutures: Signature	POP Signature Time:	X-ray Time: Return:
Refer:	O.P. Appointment	Discharge Medication:	Transport:

DATE	TREATMENT	SIGNATURE

Time Examination Complete: 2200 Disposal: Home Nurses Signature: [Signature]

Against the advice of the Medical Officer responsible for my care, I have decided not to accept/continue the treatment offered. I have been advised by Doctor that my refusal may prejudice my improvement or recovery.

My reason for refusal is:-

Date: Signed:

Witnessed by: Medical Officer:

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

TO BE RECORDED ON ARRIVAL

T _____ P _____ R _____ BP _____

PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)

DATE GIVEN	DRUG (BLOCK CAPITALS)	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION	SIGNATURE	GIVEN BY

CONSULTANT DJ REG/SHO _____ JHO _____

SEEN BY Bender AT (TIME) 21:13

CLINICAL NOTES

000808/05
REYNOLDS KEVIN
85 BEACHWOOD DRIVE
COATBRIDGE

ML54RB 01236605710
17/07/1979 MALE

DATE

14/1/5 25 male

- Skin incision tidar, found on to back of R ant
- pain ++
- swelling ++
- took ibuprofen = 5 helped

° IE R ant → swollen distal radius
→ pulse 1+ sens. 1+
normal ROM

tender distal radius

inflamm? # distal radius

plan xray

inflamm

DATE

CLINICAL NOTES

Xray = # distal radius

plan ① back slab
② # distal radius

allg

ACCIDENT & EMERGENCY CONTINUATION SHEET

A&E No.

DATE

Hospital use only	Clinic	Day Date	Time	Hospital No.
-------------------	--------	----------	------	--------------

Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE**REFERRAL TO**General Surgery C1
AC General ReferralInverclyde Royal Hospital
DAY SURGERYConsultant / receiving practitioner
and/or specialty clinic

Hospital and hospital address

Hospital unit no.

C313H

Email address

Urgency of referral

Routine

PATIENT DETAILS

Surname Reynolds
Forename(s) Kevin
Title Mr
Sex Male
Date of birth 1979-07-17
CHI no. 1707795134

Patient's address

Jericho House
14 Sahnkland Rd
GREENOCK
PA15 2NE

Contact number(s)

REGISTERED GP DETAILS

Name Dr McCartney
GMC code 3490462 GP code C35211
Practice name The Health Centre
Practice code C8627

Practice address

2 Bay Street
PORT GLASGOW
PA14 5EW

Contact number(s)

Voice: 01475 745321

REFERRING PRACTITIONER DETAILS

Name Dr. Michael McCartney
GMC code 3490462 GP code 35211
Practice name PORT GLASGOW HEALTH CENTRE (86271)
Practice code 86271

Practice address

2 BAY STREET
PORT GLASGOW

Contact number(s)

Voice: 01475 745321

09 JAN 2007

INVERCLYDE ROYAL HOSPITAL
MEDICAL RECORDS

05 JAN 2006

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Large papillomatous lesion

Comment: Dear Doctor

Thank you for seeing this 27-year old man who has a large papillomatous lesion at the base of his penis. He is keen to have this excised and I would be grateful if you would see him in this regard.

Examinations and Investigations

Referred By: Registered GP

Electronic Attachment Present: No

Patient will accept any doctor: true

Current smoker: 2006-11-23

Enjoys light exercise:

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

Past medical history**Past procedures**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date of onset</u>
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Current and recent medication

No medications recorded

Clinical warnings

Smoking status

Alcohol consumption

Additional relevant information

2007-01-04

Signature of referring doctor (or other professional) Date

INVERCLYDE ROYAL HOSPITAL

Continuation Sheet

[illegible]

STY1922D

[illegible]