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

NHS
Greater Glasgow and Clyde

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	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐
OPEN EYES	☐
PODIATRY	☐
ORTHOTICS	☐

EMERGENCY DEPARTMENT
INVERCLYDE ROYAL HOSPITAL
LARKFIELD ROAD
GREENOCK
PA16 0XN

NHS
Greater Glasgow and Clyde

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

NHS
Greater Glasgow and Clyde

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

NHS
Greater Glasgow and Clyde

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.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

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 of referral 18-May-2009 **Date sent** 18-May-2009

PATIENT DETAILS

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

Patient's address

Jericho House
14 Shankland Rd
GREENOCK
PA15 2NE

Contact number(s)
-

**	Unique Care Pathway Number:

REGISTERED GP DETAILS

Name	Dr McCartney		
GMC code	3490462	GP code	C35211
Practice name	The Health Centre		
Practice code	86271		

Practice address

2 Bay Street
PORT GLASGOW
PA14 5EW

Contact number(s)
Voice: 01475 745321

REFERRING GP DETAILS

Name	Dr. Michael McCartney		
GMC code	3490462	GP code	35211
Practice name	The Health Centre (86271)		
Practice code	86271		

Practice address

2 Bay Street
Port Glasgow

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: 12/1/15

GIVEN BY:

L Graham

CHI: 1707795134
CRN: 298332 17/07/1979
REYNOLDS KEVIN M
JERICHO 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 relevent 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

NHS
Greater Glasgow and Clyde

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	Day / Date	Time	Hospital No.
	A71HGC	Wed 19/9/07	10.10	298332

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Dermatology A7
AC General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Inverclyde Royal Hospital

— **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 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

17 AUG 2007

INVERCLYDE ROYAL HOSPITAL
MEDICAL RECORDS
10 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

Rate
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

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**

INVERCLYDE ROYAL HOSPITAL

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

...eet

DATE	NAME
19/9/7	Warts on penis
	- present approximately 1 year
	- Getting worse
	O/E
	several warts
	=> cryo
	? why not sent to GUM?
31/10/7	DNA => NFA

STY1922D

DATE	NAME	UNIT No.

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

Inverclyde Royal Hospital
Larkfield Road

GREENOCK
PA16 OXN

Telephone (01475) 633777
Fax: (01475) 505223

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

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

298332

Hospital use only	Clinic	Day / Date	Time	Hospital No.
	AIMSNCLEX	FRI 31/7/09	3-30	

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

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	86271		

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	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
18 MAY 2009

21 MAY 2009

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

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**

INVERCLYDE ROYAL HOSPITAL

Continuation Sheet

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

DATE	NAME	UNIT No.

DATE	NAME	UNIT No.

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	Day / Date	Time	Hospital No.
	AIDLNL	Fri 21/7/07	2.00	298382

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

Hepatic 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

20 JUL 2007

INVERCLYDE ROYAL HOSPITAL
MEDICAL RECORDS
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

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**

INVERCLYDE ROYAL HOSPITAL

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

DATE	NAME
22/1/08	DNA Hep C nurse led clinic
1/2/08	DNA Hep C clinic [illegible]

STY1922D

DATE	NAME	UNIT No.

Inverclyde Royal Hospital

Department of Orthopaedics, Inverclyde Royal Hospital

FRACTURE CLINIC

CONSULTANT **MR M BUCHAN**

X-RAY NUMBER

DIAGNOSIS

CHI: 17 07 79 2289

G.P.: Dr Jefferies, PGHC

DATE OF FIRST ATTENDANCE **DAT OF ARR. 16.08.07**

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

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

COMBTH 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 RENFREWSHIRE	**Telephone:**	741950		
Date of Birth:	17.07.79	**Sex:**	M	**Age:**	28 yrs

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

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

DRUG PRESCRIPTIONS IN A&E (INCLUDING TETANUS PROPHYLAXIS)

Given	Drug (block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given by
10?	[illegible]	400mg	OD	1900	[illegible]	

[illegible] Time 1848.

Playing football 2hrs ago,
twisting injury to (L) knee.
No direct injury.
[illegible] finished playing.
[illegible] swelling, unable to wt bear few hours later.

[illegible]

PHx NKDA. NKA.

[illegible] # (L) knee 6yrs ago

Unable to fully extend (L) knee.

[illegible] knee effusion ++ swelling around quadriceps
[illegible] patella tap (+).

[illegible] Drawer test [illegible]
[illegible] cruciates ✓
[illegible] collaterals ✓

[illegible] ✓

s/b Dr. Howie.

Needs ortho r/v.

→ will kindly r/v. (1925hrs).

[signature]

Xray (L) knee

Previous tibial plateau #.

Effusion ?

10/8/07

ORTHO 28/07 playing football
Sudden change of direction

Date	
	Pain + tense effusion developed over 30mins
	Unable to wt bear for a 1 hour post injury
	Previous tibial plateau # 2001 ⇒ screws, no problem
	Hep C +ve
	XRay - Screws insitu
	No #
	O/E Tense effusion Unable to SLR
	Generally sore no joint line tenderness
→	120ml blood aspirated under aseptic conditions
	SLR 90° Flexion 120° Able to fully wt bear
	No joint line tenderness / Patella / Quads tendon ok
	Collaterals intact ? lax ACL
	PL Camp splint Crutches / NWB / Analgesia

DISCHARGE DRUG PRESCRIPTIONS

Mr Buchan # Next Week

Date Given	Drug (block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given by
16/8/07	PARACETAMOL	1g	PO	[signature]		[signature]
16/8/07	IBUPROFEN	400	PO	[signature]		[signature]

Discharge Codes (please circle) [signature] 2000

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 Buchans # 1152 please send appointment

ACCIDENT & EMERGENCY CONTINUATION SHEET A&E No. DATE

SHO – Dr Bender

Inverclyde Royal Hospital

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 FORENAME KEVIN
DATE OF FIRST ATTENDANCE	DAT OF ARR. 11.01.05	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 **plaster off on arrival**. See 02.02.05 @ 9.05am	AB/CMcC
[redacted]	[redacted]	
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

NT & EMERGENCY DEPT.
YDE ROYAL HOSPITAL
REENOCK
A16 0XN
EL: 01475 633777

AE No. C/ NCN

HOSPITAL No. 290819

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
REYNOLDS	KEVIN	25	17/07/1979	11/01/05	19:53	000808

Address	Sex	Religion	Date of Inc	Time
85 BEACHWOOD DRIVE COATBRIDGE	MALE	CATHOLIC	11/01/05	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
ML54RB	01236605710	SINGLE		OTHER	WALK/OT

Name	Address	Referred by
THOMPSON	1 CENTRE PARK COURT NO 1 CENTRE PARK COURT COATBRIDGE	SELF REFERRAL

Name: ELIZABETH
Relat.: MOTHER
Tel: SA
SA

Address: SA

Complaint: 30
INJURY
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
P (1) back slab
(2) # clinic 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

1. Discharge Home	4. Did not Wait	7. Fracture Clinic (circled)	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

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) [signature] CODE 139

Cons SR Reg SHO/JHO (circled) Clin Assist

Signature of Medical Officer [signature]

NURSING NOTES

TRIAGE 4. DATE: 11.01.05. TIME: 20.1.0hr.

CHIEF COMPLAINT: FNS (R) WRIST.

RELEVANT HISTORY:

PHYSICAL SIGNS: Swelling Pain.

VITAL SIGNS:

HR:
BP:
RR:
GCS:
TEMP:
O2 SAT:
BM:
URINALYSIS:

TREATMENT AT TRIAGE:

DISPOSITION:

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 skiing today C/O pain Distal radius swelling over Metacarpals CV & M V

TRIAGE NURSE Jolie 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 2100 Disposal HOME Nurses Signature L Mulhall

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

000808/05
REYNOLDS KEVIN
85 BEACHWOOD DRIVE
COATBRIDGE

ML54RB 01236605710
17/07/1979 MALE

CLINICAL NOTES

DATE

11/1/5 25 male

→ Skiing today, fall on to back & R wrist
– pain ++
– swelling ++
– tach injection → helped.

°IE R wrist → swollen distal radius
→ pulse ✓ sen. ✓
normal rom.

tender distal radius

impn ? # distal radius

plan xray

MBond

OPEN BEFORE WRITING

DATE | CLINICAL NOTES

Xray = # distal radius

plan (1) Bach slab
(2) # clinic tomorrow

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 Referral	**Consultant / receiving practitioner** and/or **specialty clinic**
Inverclyde Royal Hospital DAY SURGERY	**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

Surgical 8/1

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

Description	Laterality	Modifier	Date of onset

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

DATE	NAME	UNIT No.
	CHI: 1707795134 CRN: 298332 REYNOLDS KEVIN 17/07/1979 JERICHO HOUSE M 14 SHANKLAND RD GREENOCK PA15 2NE	

STY1922D

DATE	NAME	UNIT No.