Subject Access Request

Patient	Mr George McGhee
Date of birth	13-Nov-1961 (age 64)
Gender	M
NHS number	
Patient's address	Flat 0-1 129 Earl Street Glasgow Lanarkshire G14 0DE
Date range selected	13-Nov-1961 - 05-Jun-2026
Organisation	
Policy number	

Problems

Active

24-Sept-2025 Ms Zoe Cosh (ZCOS)
Cirrhosis of liver NOS

28-Apr-2025 Ms Michelle Pringle-V (MP)
Rhinitis - acute
mild

21-May-2024 Dr David Byford-V (DBY)
Erectile dysfunction

02-Apr-2024 Dr Mairi Scullion (DMS18837)
Acne rosacea

13-Mar-2024 Mrs Lynn Don (LDLD)
Kingsway

01-Dec-2023 Mrs Lynn Don (LDLD)
Bronchiectasis

28-Sept-2023 Ms Laura Sartain Macdonald (LAURA STAR18837)
Notes summary on computer

09-Aug-2023 Mrs Lynn Don (LDLD)
Consent given to receive clinical information by SMS text messaging

08-Aug-2023 Ms Laura Sartain Macdonald (LAURA STAR18837)
Consent given for communication by SMS text messaging

12-May-2023 Ms Laura Sartain Macdonald (LAURA STAR18837)
Pre-diabetes

04-Apr-2019 Dr David Byford-V (DBY)
Airways obstruction reversible

18-Oct-2004 Ms Laura Sartain Macdonald (LAURA STAR18837)
Hyperlipidaemia NOS
cholesterol 8.5

29-Jun-2004 Ms Laura Sartain Macdonald (LAURA STAR18837)
Oesophagitis

Significant Past

02-Feb-2017 Ms Laura Sartain Macdonald (LAURA STAR18837)
Bronchiectasis (Right)
middle lobe

29-Jun-2004 Ms Laura Sartain Macdonald (LAURA STAR18837)
Dyspepsia

29-Jun-2004 Ms Laura Sartain Macdonald (LAURA STAR18837)
[D]Chest pain

29-Jun-2004 Ms Laura Sartain Macdonald (LAURA STAR18837)
[D]Alcohol blood level excessive

Minor Past

23-Apr-2025 Ms Jennifer Gemmell-V (JG1)
Medication review

06-Sept-2024 DR Joanne Crawley (JC1)
Medication review

12-May-2023 Ms Laura Sartain Macdonald (LAURA STAR18837)
Referral for laboratory tests
HBA1C

16-Jun-2022 Ms Laura Sartain Macdonald (LAURA STAR18837)
BCSP faecal occult blood test normal
normal

07-Sept-2002 Ms Laura Sartain Macdonald (LAURA STAR18837)
Fracture of mandible

02-Nov-1997 Ms Laura Sartain Macdonald (LAURA STAR18837)
Suspected gallstones

02-Nov-1997 Ms Laura Sartain Macdonald (LAURA STAR18837)
Renal colic

28-Mar-1993 Ms Laura Sartain Macdonald (LAURA STAR18837)
Head injury

17-July-1973 Ms Laura Sartain Macdonald (LAURA STAR18837)
Greenstick fracture

Consultations

08-May-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / MrGeorgeMcGhee We value your feedback. Please complete the survey below. Your views help us improve our service. Thank you. https://www.surveymonkey.com/r/R2DR8R3 Barclay Medical Practice Harbourside01419595500

30-Mar-2026 Dr Liz Berry K (LB18837) Acute Prescription Request

History	History SR lymecycline -see consultation in Feb - plan was for 3 month break - called Mr. McGhee -says his skin is good at the moment but when he requests medications online it seems to automatically put through a request for lymecycline but he doesn't need it for now. will let us know if skin flares up again
History	History Was advised by liver clinic to follow a nutritious diet and is looking for a bit more information on where to start with this. Asked for leaflets - happy for me to send him some links via mjog for British Liver trust and NHS Eat well

30-Mar-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Good afternoon - as discussed here are some links to some information on eating a healthy nutritious diet. The British Liver Trust has some useful information specific to liver problems. The NHS information is more generalised. https://britishlivertrust.org.uk/information-and-support/living-with-a-liver-condition/diet-and-liver-disease/ www.nhs.uk/live-well/eat-well/food-guidelines-and-food-labels/the-eatwell-guide/ Kind regards, Dr. Berry

27-Mar-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / MrGeorgeMcGhee We're pleased to remind you about our GP Practice Open Day. Please note that during the open day no consultations, appointments, or prescription services will be available. This event is dedicated to showcasing our services, meeting the team, and providing general information only.Click to view: https://m.mjog.net/xYFAcBF Barclay Medical Practice

13-Mar-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / MrGeorgeMcGhee We are pleased to invite you to our upcoming open day Click to view: https://m.mjog.net/WYIZSGA Barclay Medical Practice Clydeside01419595500 PLEASE DONT REPLY AS MAILBOX NOT MONITORED

10-Mar-2026 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / MrGeorgeMcGhee To improve our service and patient safety, prescription requests must now be made through our online ordering system https://harboursidebarclay.com/manage-my-prescriptions/ Phone lines will only be open 11am-1pm for patients without internet access only. Thank you for your support. Barclay Medical Practice PLEASE DO NOT RESPOND MAILBOX NOT MONITORED

13-Feb-2026 Dr Stuart Hutchison (DSH18837) Telephone Consultaion

History History Request for lymecycline for rosacea as below. Has been on it for 6 months now. Advised would not recommend course of lymecycline for longer than 6 months and is important for a 3 month break from lymecycline - has been off it for approx a month already and feels that face has remained well controlled.

Comment Comment Happy to take a break from lymecycline for now and assess how things go over the next 2-3 months. Knows he can get in touch at any time if concerns.

06-Feb-2026 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / MrGeorgeMcGhee We're thinking about hosting an Open Day at the practice and would love your feedback. The idea is to give patients the opportunity to: Meet our team Learn how to use our website and online services Ask questions and get to know us better We would really appreciate a few minutes of your time to let us know if this is something you'd be interested in. Please click the link below to complete a short survey: https://www.surveymonkey.com/r/PJ9BY5K PLEASE DO NOT REPLY MAILBOX NOT MONITORED

16-Jan-2026 Dr Elizabeth Bell-V (EB1) Barclay Medical Practice 1Branch Surgery

History History SR - fostair, lymecycline, azithromycin, mirtazapine. Medication review in april for antidepressant. Has had 6/12 of lymecycline, needs review. Others issued and MJOG sent.

16-Jan-2026 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / MrGeorgeMcGhee Your prescription has been processed, however you are due a review before we issue further lymecycline. Please contact the surgery at 8.30am to arrange an appointment for a review before you order your next prescription. Barclay Medical Practice DO NOT REPLY - THIS MAILBOX IS NOT MONITORED

08-Dec-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / MrGeorgeMcGhee We are looking for some feedback about our care and how you access services. Please use the link to complete - it will take 30 seconds. Thank you. https://www.surveymonkey.com/r/PZKQQH5 The Barclay Medical Practice

18-Oct-2025 Mrs Suzanne Bell-V (SB1) Barclay Medical Practice 1Branch Surgery

History History 2nd TC ?, weight issues got letter from liver specilist to get weight down will be reffered to dietician via liver clinic pt did have issue with alcohol excess - not had alcohol for 3.65 months

Examination Examination pt is aorund 85 kgs and was advised to get weight down- doesn't eat healthy diet a lot of fatty foods/carbs and did drink excessively- high sugar/salt intake in diet- letter in docman form gastro CAP 130 severe fibrosis and early cirrohis and fatty liver- letter menitons ideas for healthy eating has been advised against supplements for treating like milk thistle suggested ideas for wiehg tloss in letter-

Comment Comment pt is under the care of Gastro /liver clinic has f/u arranged letter mentions some weight loss general chat with pt re healthy eating food/drink avoidences aim for slow weight loss reduce salts/sugar fat/high carbs in diet some mild exercising health permitting- rv if any new concerns can alsp self refer to weright management programme and contact liver dept and ask for a dietician referla pt is happy with advise

18-Oct-2025 Mrs Suzanne Bell-V (SB1) Barclay Medical Practice 1Branch Surgery

History History TC re discuss ? weight issues
Comment Comment no reply VM left will recall later

09-Oct-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / MrGeorgeMcGhee Important Patient Notice Due to unforeseen staff shortages, our practice is currently operating with limited capacity . As a result, we will only be able to attend to urgent and emergency medical issues on Friday 10.10.25 We kindly ask for your understanding and patience during this period. For non-urgent matters, please consider contacting us at a later date or using online services where available. Thank you for your cooperation and continued support. Barclay Medical Practice

21-Aug-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / MrGeorgeMcGhee From Monday 25th August, some telephone appointments can be booked online via our website (https://www.harboursidebarclay.com/on-the-day-appointment/) Appointments will be released each weekday morning between 5:00 am and 8:00 am. Phone booking remains available as normal. We hope this makes it easier for you to access NHS care, and we'll continue improving our services to support you. Barclay Medical Practice Clydeside DO NOT REPLY MAILBOX NOT MONITORED

07-Aug-2025 Mr Docman *****do Not Edit Or Delete*** (DOC1) Docman**

25-July-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of smart message sent to patient / MrGeorgeMcGhee Notice to All Patients Please be advised thatwe do not offer a walk-in service at Barclay Medical Practice To arrange any appointments please call the practice on ***** at 8.30am Thank you for your understanding and cooperation. Many Thanks Barclay Medical Practice

17-July-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / MrGeorgeMcGhee We'd love your feedback! Please take a moment to answer two quick questions using the link below. Your thoughts will help us improve our new website https://www.surveymonkey.com/r/BQ8826V The Barclay Medical Practice

11-Jun-2025 Dr Preethy Balaji-V (PB) Acute Scripts

Comment Comment SR - lymecycline re-auth and issue - ha shad prev- allowed

11-Jun-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of smart message sent to patient / Dear George McGhee, We hope this message finds you well. We want to inform you that, based on valuable feedback from our patients and ongoing efforts to improve accessibility and service, we will be closing one of our current sites (Victoria Park). To better serve you, we will be relocating to our Kingsway branch -12 Kingsway Court G14 9DS, which offers improved access and parking. This change is part of our commitment to providing the best possible care and experience for all our patients. Prescriptions collected by pharmacies will continue as before. We encourage all patients not using this service to advise of your preferred pharmacy by completing the link below. https://www.harboursidebarclay.com/manage-my-prescriptions/ Barclay Medical Practice DO NOT REPLY - MAILBOX NOT MONITORED

23-May-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / MrGeorgeMcGhee ***Please note*** The surgery will be closed for the bank holiday on Monday 26th May 2025. If you need help with an urgent medical condition that cannot wait until the practice re-opens please call 111 or visit www.nhsinform.scot or call 999 in an emergency. Kind Regards Barclay Medical Practice

08-May-2025 Mrs Suzanne Bell-V (SB1) Barclay Medical Practice 1Main Surgery

History	History TC requesitng meds suggested by hopistal last week no letter in docman from last week to recommend alterntive medication- attended RAH last week to ENT
Comment	Comment pt wonders if any correspondance from ENT last week checked docman nil as yet advised George will contact in due course once letter is received with recommended treatment pt happy with plan

30-Apr-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / MrMcGhee Please note the surgery will be closed on Monday 05/05/2025 for the Bank holiday. We have attached a link to our new website please take a look and familiarise yourself with our new improved services, your health your way. https://www.harboursidebarclay.com Barclay Medical Practice DO NOT REPLY - MAILBOX NOT MONITORED

23-Apr-2025 Ms Jennifer Gemmell-V (JG1) Telephone Consultaion

Problem	Medication review
History	History TC with patient:
History	History for medication review of mirtazepine. has been taking now 3 years.
History	History feeling a bit down at present. is currently awaiting MRI of liver due to deranged LFTs- states was phoned by hospital Gartnavel about this. admits does drink alcohol. has *****- gets her every 2nd weekend. has a 1/4 of bottle of vodka every 2nd weeks when not looking after *****. has now stopped alcohol due to this news about liver. no fever or vomiting. E+D well. PU and BO fine he states.
History	History lives alone. does a lot of diamond craft at present. likes this. aware of mens matters but not keen on engaging with any clubs. content at the moment. sleeping well. no TOSH or suicidal intent when asked.
Examination	Examination speaking in full sentences - same rate and tone throughout conversation
Comment	Comment plan- med review done. review again in 6-9months. pt keen to remain on this and same dose. rpts reauthorised. supprotive chat. signposted to resources. Strict worsening advice given. Aware to recontact the practice if in hours or NHS 111 if OOH period if symptoms worsen or do not improve. Patient happy with this plan.

02-Apr-2025 Dr Frank Mayaya (FM1) Barclay Medical Practice 1Branch Surgery

Problem	Problem Lump on back
History	History 3 days ago noticed a lump on his back, just by chance, not painful, no skin changes, not sure how long has been there
Examination	Examination About 2-3cm firm lump right lumbar region, not painful, mobile
Comment	Comment likely Lipoma, for scan confirmation

25-Mar-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / MrGeorgeMcGhee Unfortunately we are having an issue with our prescription lines, we are working hard to resolve the issue. In the meantime please use the website to request your prescription. We appreciate your patience and understanding. Barclay Medical Practice Clydeside DONOT REPLY - MAILBOX NOT MONITORED

25-Feb-2025 Mrs Katy Mitchell-Pharmacist (KM1) Barclay Medical Practice 1Branch Surgery

History	History aerochamber
History	History Asking for a replacement aerochamber (blue)has one at home. Also req Azithromycin
Medication	Medication Aerochamber Plus Spacer device standard (blue) 1*1 device USE WITH INHALER
Medication	Medication Azithromycin Tablets 500 mg 24 TABLET 1 TAB MON WED FRI ONLY
Read Code	Medication requested Acute Rx Issued
Read Code	Prescription by supplementary prescriber Rx issued by Pharmacist Independent Prescriber

30-Dec-2024 Mrs Katy Mitchell-Pharmacist (KM1) Barclay Medical Practice 1Branch Surgery

History	History lymecycline re-auth
History	History Due review - mjog sent
Medication	Medication Lymecycline Capsules 408 mg 56 capsule ONE TO BE TAKEN EACH DAY
Read Code	Repeated prescription Repeat Rx Issued
Read Code	Prescription by supplementary prescriber Rx issued by Pharmacist Independent Prescriber

09-Dec-2024 Mrs Suzanne Bell-V (SB1) Barclay Medical Practice 1Main Surgery

History	History TC re wishes advise on how long to leave cough cough note seen f2f as per below was given Doxy for 5 days not comlpeted course- pt states spit has improved not fully resolved- pt known to reps medicine hx of bronchiectasis-
Examination	Examination pt is feeling better overall is still troubled by ciough mainly not productive now- still has oe day of Abx to finish- on fever/chills no SOBOE/rest sleeping elevated to ease cough which appears to be working - is ED no N&V no weight loss- speaking in clear full setences on call no resp distress - no haemoptysis
Comment	Comment Advised pt that reassuring sx are settling still to complet Abx course advise pt to complete cough can be troublesoe for few weeks after chest infeciton or flare ups- no new sx or red flags over all is feelgin better advised to try hot lemon and honey drinks and report any new or WS

04-Dec-2024 Dr Frank Mayaya (FM1) Telephone Consulation

History	History heavy coughing, short of breath,dark green phlegm, fever, to com in this aftertoon at KW

04-Dec-2024 Dr Frank Mayaya (FM1) Barclay Medical Practice 1Branch Surgery

History	History In for review
Examination	Examination creps, not wheezy, speaking full sentences, chest pain only when coughing , T 38.4C, Sats 96%, HR118, RR 20
Comment	Comment LRTI, cover with Abx, regular pcm, strong worsening statement discussd
Medication	Medication Doxycycline Hyclate Capsules 100 mg 8 capsule TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 6 DAYS

25-Nov-2024 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Reception apologies but we are having issues with our phone system this morning. if you urgently need an appointment please try to pop into the surgery. / phone lines not working

18-Sept-2024 Ms Jennifer Gemmell-V (JG1) Telephone Consultaion

History	History TC with pt:
History	History reports 3 days hx of cold symptoms. nose running. some nasal discharge but mainly clear. is ' getting groggers in throat" in the mornings. no cough. no chest pain. no SOB. no haemoptysis. no leg or ankle swelling. no pain anywhere. no body ache. no headache. no sore throat. no ear ache. is E+D well- drinking lots of water. appetite good. no weight loss unexplained. PU and BO fine for the pt. no fever. no N+V. took paracetamol yesterday and felt a bit better. is on azithromycin for hx of bronchiectasis- due to see Resp round about now for review.
History	History ex-smoker
Examination	Examination speaking in full clear sentences. no SOB audible. no cough
Comment	Comment imp- current viral illness- cold sx
Comment	Comment plan- advised on self-care. push fluids. keep hydrated. continue reg abx as rpt medications. rest and use pcm as and when required. monitor sx. should expect these to improve over the weekend. TMA if sx persisting or worsening due to hx. Strict worsening advice given. Aware to recontact the practice if in hours or NHS 111 if OOH period if symptoms worsen or do not improve. Patient happy with this plan.

06-Sept-2024 DR Joanne Crawley (JC1) Barclay Medical Practice 1Branch Surgery

Problem	Medication review
History	History on mirtazepine. taking for 2 years. has found very helpful. keen to remain on for forseeable future.
History	History has phone appt with resp. they are happy with his azithromycin and inhaler thearpy.
History	History finding the lymecycline very beneficial for his skin.

19-July-2024 Mrs Sharon Burgess-V (SB3) Barclay Medical Practice 1Branch Surgery

History	History SR - mirtazapine re-auth
Comment	Comment Needs review. QR code applied to script to complete online MH review.

28-May-2024 Dr Nicola Clark (NICOLA_18818837) Barclay Medical Practice 3Branch Surgery

Problem	Acne rosacea
History	History had been much improved on lymecycline but flared despite this recetnly after a visit to barbers-- unsure if the hot towl shave might have triggered outbreak across forehead chin and nose. - metromidazole gel made it worse. -- suggest trial ivermecxtin as alternative -- may also cuase irritation-s top if this is case. - away to benidrom advised re sun protection.
Medication	Medication Ivermectin Cream 10 mg/gram 45 gram APPLY ONCE AT NIGHT FOR 3 MONTHS

21-May-2024 Dr David Byford-V (DBY) Administration

Comment	Comment Special Request- salbutamol inh, sterimar nasal soln, mometasone nasal spray, mirtazapine, sildenafil, lymecycline. Known bronchiectasis and had spirometry in 2019 -&gt some airways obstruction with degree of reversibility. Added to repeat list. Various issue limits in line with conditions/most recent reviews.
Read Code	Medication review done

14-May-2024 Mr Docman *****do Not Edit Or Delete*** (DOC1) Docman**

24-Apr-2024 Dr Preethy Balaji-V (PB) Telephone Consultation

History	History tel cons - med review - calle dpt to disucss - reports was advised was not due his azithromycin but runing out. confirmed with resp letter about same - to cont indef. aded to rpts and changed to 2 monthly scrpipts and issued

24-Apr-2024 Mr Docman *****do Not Edit Or Delete*** (DOC1) Docman**

23-Apr-2024 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Dear George McGhee, Your azithromycin medication is not due. Barclay Medical Practice Clydeside

23-Apr-2024 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / MrGeorgeMcGheeReception Hello, we are reorganising our Practice and have been advised to remove the telephone prescription line. You can order your prescription through our website or ask your pharmacy to order your items for you., many thanks for your co-operation. / prescription line

19-Apr-2024 Dr Zoe Noonan (ZN18837) Special Request

History	History SR azithromycin - see notes below, should have enough for 4/12 as advised.

08-Apr-2024 Dr Lucy McLoughlin-V (LMCL) Barclay Medical Practice 1Main Surgery

History	History SR azithromycin / mirtazapine / sildenafil
Comment	Comment Azithromycin advised 21/12 by resp for 3x weekly for 4/12 period. Issued 48 tablets which is enough for 4 months if taking 3x daily so have not issued any further today.
Comment	Comment Mirtazapine too early + due review

02-Apr-2024 Dr Mairi Scullion (DMS18837) Barclay Medical Practice 3Branch Surgery

Problem	Acne rosacea
History	History As per earlier TC
Comment	Comment Issued as below. Chat re triggers - alcohol / UV exposure. Review efficacy at 8 - 12 weeks.
Medication	Medication Lymecycline Capsules 408 mg 56 capsule ONE TO BE TAKEN EACH DAY

02-Apr-2024 Dr Mairi Scullion (DMS18837) Telephone Consultaion

History	History Spoke w George. Ongoing facial rash - had for some time now. Saw last GP and given HC and Epimax - feels Epimax makes it worse and HC relieves it but then it comes back. Skin on forehead and sides of nose affected. Sounds like rosacea. He drinks 1/2 bottle vodka every other week. Unable to send photos. Will attend for F2F assessment to confirm

11-Mar-2024 Mr Anonymous User (ANON18837) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Mr George Martine McGhee Reception ***** Our IT computer system will be merging with the Barclay group between Wednesday 13/03/2024 till Monday 18/03/2024. During this period we will be operating on urgent/emergency calls only. Please ensure you have enough medication to take you over this period. Remember that your local pharmacy can deal with minor ailments and medication enquiries, (NHS Pharmacy First Scotland). THERE IS NO NEED FOR YOU TO CONTACT THE SURGERY REGARDING THIS MESSAGE AS THIS IS FOR YOUR INFORMATION ONLY. / IT MERGER MARCH 2024

23-Jan-2024 Mr Anonymous User (ANON18837) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Mr George Martine McGhee Reception ***** Kingsway Medical Practice we will be changing our telephone number in the very near future. The number will be changing from ***** to *****.If you call the surgery on the old number and this is no longer connected then we will have changed to our new number. Please ensure you take a note of the new number. Please do not reply to our call the surgery as this is for your information only. / new telephone number

03-Jan-2024 Dr Mairi Scullion (DMS18837) Acute Script Request

Comment	Comment as per GP2GP - no recent review of same so note on script
Medication	Medication Mirtazapine Tablets 45 mg 56 TABLET ONE TO BE TAKEN AT NIGHT

03-Jan-2024 Dr E Cameron K (CAMERON_1818837) Data Entry

Comment	Comment please check dose of mirtszapine required.

27-Dec-2023 Dr Nicola Clark (NICOLA_18818837) Data Entry

History	History see letter from resp- for azithro M/W/F for 4 months
Medication	Medication Azithromycin Tablets 500 mg 48 tablet ON MONDAYS WEDNESDAYS AND FRIDAYS FOR A 4 MONTHS PERIOD FROM 27/12/23

12-Dec-2023 Dr Richard Murphy K (RM1) Kingsway Medical PracticeMain Surgery

History	History Coming to end of second course of doxycycline. Overall he is improving but still has mild residual cough. Breathing is okay. No SOB. Has bronchiectasis. Suggest keep an eye - cough will clear but may take little longer - no indication further course abx.

07-Dec-2023 Dr Elizabeth Murphy K (DEM18837) Telephone Call

History	History Spoke to George. See recent entry below - he attended ED last week and was dx with LRTI and discharged with abx and steroids. has ongoing cough with green sputum after this. Feeling better than he did last week but symptoms persisting. CXR had shown ". New ill-defined opacity left mid zone is most likely to reflect consolidation due to infection given the clinical setting. Follow-up after antibiotic therapy with repeat examination in 04-06 weeks is recommended to ensure resolution." He was given doxy and pred.
Comment	Comment Asked that he come down this afternoon for r/v. Also may need f/u CXR requested for 4-6wks as I can't see that hospital requested this.

07-Dec-2023 Dr Stuart Hutchison (DSH18837) Kingsway Medical PracticeMain Surgery

History	History As below, attended hospital 1/12/23, diagnosed with LRTI and discharged with ABx and steroids. Underlying diagnosis of bronchiectasis. Completed ABx yesterday. Ongoing cough, productive of green sputum, doesn't feel symptoms have completely cleared - intermittent heaviness in chest, worse when coughing. No fever. Eating and drinking OK. Dyspnoea associated with cough but not dyspnoeic at rest.
Examination	Examination Speaking in full sentences. Not dyspnoeic at rest. Persistent cough during consultation. SpO2 96%. HR 88 reg. Temp 36.6. BP 139/83. Chest good air entry. Mild wheeze. Scattered creps, maximally heard in axillae.
Comment	Comment For further 5 day course of ABx and further steroids. Worsening statement given regarding worsening dyspnoea, systemic upset, etc.
Medication	Medication Doxycycline Hyclate Capsules 100 mg 6 CAPSULE TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS
Medication	Medication Prednisolone Tablets 5 mg 30 TABLET SIX TO BE TAKEN IN THE MORNING FOR 3 DAYS

01-Dec-2023 Dr Cara Bezzina (DCB18837) Kingsway Medical PracticeMain Surgery

History	History Dear Doctor, I would be grateful for your assessment of this 62 year old gentleman with a history of bronchiectasis and hypertension, who has presented with a 3 day history of acute onset shortness of breath, chest pain and feeling generally unwell. He states he has had a dry cough and is feeling very cold. He denies any fever/chills/other URTI or infective symptoms. He states he had pain across his chest three days ago that did not radiate. He denies palpitation or episodes of LOC. He has had no episodes of chest pain since. He states he has been unable to sleep due to breathing difficulties and has been struggling to use his inhalers. Unable to use inhalers today. On clinical examinationt today he looks unwell & is pale. He is speaking to me in sentences but his breathing is effortful (he states he struggles because of his broken nose) T 37.2 HR reg at 120bpm. BP 158/93. Sats sitting on air between 94-95%. Chest is clear ?!. Nil peripheral oedema. Imp - Unwell. No clear infectious foci on clinical examination ?Resp ? PE ? Cardiac. Needs further investigation. P - Referred to QE via medical receiving. He does not drive & has no one to accompany him to hospital. I have arranged for him to be transported via taxi.
Comment	Comment Admitted to QE.
New Referral	New Referral 8H2..: Emergency hospital admission (SCI Gateway Referral)

06-Nov-2023 Mr Anonymous User (ANON18837)

04-Dec-2021 Vaccination Administration of first inactivated seasonal influenza vacc *P100368835/ FLUQIVC/IM/Left Arm//FLU - Flucelvax Tetra (QIVc) (The Hub (Clydebank) - Public Vaccination Clinic 08/12/2021 09:13:09 - ILLONA_18835 - Mrs Illona ***** - PM1)*

06-Nov-2023 Mr Anonymous User (ANON18837)

04-Dec-2021 Vaccination Administration of first dose of SARS-CoV-2 vaccine *FK9712/ COVPFIZER/IM/Left Arm//C-19 Pfizer (The Hub (Clydebank) - Public Vaccination Clinic 08/12/2021 09:13:09 - ILLONA_18835 - Mrs Illona ***** - PM1)*

06-Nov-2023 Mr Anonymous User (ANON18837)

07-Nov-2022 Vaccination Administration of first inactivated seasonal influenza vacc *440171A/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK (Drumchapel Community ***** Public Vaccination Clinic 09/11/2022 09:29:49 - ILLONA_18835 - Mrs Illona ***** - PM1)*

06-Nov-2023 Mr Anonymous User (ANON18837)

07-Nov-2022 Vaccination Administration of first dose of SARS-CoV-2 vaccine *200020A/ COVMODERNA/IM/Left Arm//C-19 Moderna (Drumchapel Community ***** Public Vaccination Clinic 09/11/2022 09:29:49 - ILLONA_18835 - Mrs Illona ***** - PM1)*

06-Nov-2023 Mr Anonymous User (ANON18837)

29-Oct-2023 Vaccination Administration of first inactivated seasonal influenza vacc *3029508/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK (The Hub (Clydebank) - Public Vaccination Clinic)*

06-Nov-2023 Mr Anonymous User (ANON18837)

29-Oct-2023 Vaccination Administration of first dose of SARS-CoV-2 vaccine *710025A/ COVMODERNA/IM/Left Arm//C-19 Moderna (The Hub (Clydebank) - Public Vaccination Clinic)*

06-Nov-2023 Mr Anonymous User (ANON18837)

04-Dec-2021 Vaccination Immunisation course to maintain protection against SARS-CoV-2 *FK9712/ COVPFIZER/IM/Left Arm//C-19 Booster Pfizer (E Inglis 08/12/2021 09:13:09 - ILLONA_18835 - Mrs Illona ***** - PM1)*

24-Oct-2023 Mr Anonymous User (ANON18837) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / MrGeorge MartineMcGhee The practice has to have some essential IT maintenance work carried out from 6pm on Thursday 26/10/23 to Friday 27/10/23, Access to our Computer system on Friday 27/10/2023 will be very limited, as such can you please contact us on an emergency basis only. For any other health queries please contact NHSInform for advice. Reception Kingsway Medical Practice / server migration

06-Oct-2023 Dr Mairi Scullion (DMS18837) Kingsway Medical PracticeMain Surgery

History History Back in again today. Still not feeling right " bringing up spittle " - states bright green in colour, there was small amount of blood in it this morning. Has diagnosis of bronchiectasis - no recent +ve sputum on system. Ex smoker - stoppped 13 years ago.

Examination Examination Noticed to be sniffing lots throughout consult - recently started Nasonex from last GP for rhinitis. ? sl deviated septum - states no previous nasal injury. Chest generally clear a/e throughout.

Comment Comment Plan: given bronchiectasis - suggest ABx to cover chest / sinusitis. Suspect nasal issues may be contributing to sputum. Add in Sterimar to see if helps. Clear worsening adv given - if ongoing blood streaked sputum will need CXR

Medication Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

Medication Medication Sterimar Hypertonic Nasal Spray 75 % 50 ml AS DIRECTED

04-Oct-2023 Dr E Cameron K (CAMERON_1818837) Kingsway Medical PracticeMain Surgery

	History	History GPST3 S.Hutchison dual consulting. 3 day history of painful throat, worst yesterday and settling a little into today. Some discomfort on swallowing. Some cough productive of green sputum. No fever. No chest pain. No increased dyspnoea. No systemic upset - eating and drinking normally.	
	Examination	O/E - blood pressure reading SpO2 97%. HR 85 reg. Temp 36.4. Throat mildly erythematous, tonsils NAD. Chest clear, good air entry.	
	Examination	Systolic blood pressure	151 mm Hg
	Examination	Diastolic blood pressure	81 mm Hg
	Medication	Medication Benzydamine Hydrochloride Spray Sugar Free 0.15 % 1 spray 3-4 SPRAYS EVERY 4 HOURS PRN	
	Comment	Comment Likely viral sore throat. Advised simple analgesia. Hold off ABx at present. Worsening statement given regarding worsening symptoms, failure to improve, etc. Difflam given for symptomatic relief.	
	Social	Ex smoker	
04-Oct-2010	History	Stopped smoking	

26-Sept-2023 Any Docman Docman (DOC218837) Docman

Medications (inc. issues)

Acute

11-Apr-2024 Azithromycin Tablets 500 mg
6 tablet - 1 TAB MON WED FRI ONLY

02-Apr-2024 Lymecycline Capsules 408 mg
56 capsule - ONE TO BE TAKEN EACH DAY

Repeat

15-May-2026 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

15-May-2026 Lymecycline Capsules 408 mg
56 capsule - ONE TO BE TAKEN EACH DAY

14-May-2026 Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose
2 INHALER - TWO PUFFS TO BE INHALED TWICE DAILY

14-May-2026 Sterimar Hypertonic Nasal Spray 75 %
50 ml - AS DIRECTED

14-May-2026 Simvastatin Tablets 40 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

14-May-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY

14-May-2026 Nacsys Effervescent tablets 600 mg
56 TABLET - ONE TO BE TAKEN DAILY

14-May-2026 Sildenafil Citrate Tablets 100 mg
8 TABLET - ONE TO BE TAKEN AS DIRECTED. SLS

14-May-2026 Azithromycin Tablets 500 mg
24 TABLET - 1 TAB MON WED FRI ONLY

30-Mar-2026 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

30-Mar-2026 Azithromycin Tablets 500 mg
24 TABLET - 1 TAB MON WED FRI ONLY

30-Mar-2026 Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose
2 INHALER - TWO PUFFS TO BE INHALED TWICE DAILY

30-Mar-2026 Nacsys Effervescent tablets 600 mg
56 TABLET - ONE TO BE TAKEN DAILY

30-Mar-2026 Mometasone Furoate Nasal spray 50 micrograms/dose
1 bottle - 2 PUFFS EACH NOSTRIL DAILY

30-Mar-2026 Simvastatin Tablets 40 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

30-Mar-2026 Sildenafil Citrate Tablets 100 mg
8 TABLET - ONE TO BE TAKEN AS DIRECTED. SLS

30-Mar-2026 Sterimar Hypertonic Nasal Spray 75 %
50 ml - AS DIRECTED

30-Mar-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY

16-Jan-2026 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

16-Jan-2026 Azithromycin Tablets 500 mg
24 TABLET - 1 TAB MON WED FRI ONLY

16-Jan-2026 Sterimar Hypertonic Nasal Spray 75 %
50 ml - AS DIRECTED

16-Jan-2026 Mometasone Furoate Nasal spray 50 micrograms/dose
1 bottle - 2 PUFFS EACH NOSTRIL DAILY

16-Jan-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY

16-Jan-2026 Easychamber Spacer device
1 device - USE WITH INHALER

16-Jan-2026 Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose
2 INHALER - TWO PUFFS TO BE INHALED TWICE DAILY

16-Jan-2026 Simvastatin Tablets 40 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

16-Jan-2026 Nacsys Effervescent tablets 600 mg
56 TABLET - ONE TO BE TAKEN DAILY

05-Dec-2025 Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose
2 INHALER - TWO PUFFS TO BE INHALED TWICE DAILY

05-Dec-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY

05-Dec-2025 Sildenafil Citrate Tablets 100 mg
8 TABLET - ONE TO BE TAKEN AS DIRECTED. SLS

05-Dec-2025 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

05-Dec-2025 Simvastatin Tablets 40 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

05-Dec-2025 Mometasone Furoate Nasal spray 50 micrograms/dose
1 bottle - 2 PUFFS EACH NOSTRIL DAILY

05-Dec-2025 Nacsys Effervescent tablets 600 mg
56 TABLET - ONE TO BE TAKEN DAILY

05-Dec-2025 Sterimar Hypertonic Nasal Spray 75 %
50 ml - AS DIRECTED

05-Dec-2025 Azithromycin Tablets 500 mg
24 TABLET - 1 TAB MON WED FRI ONLY

05-Nov-2025 Lymecycline Capsules 408 mg
56 capsule - ONE TO BE TAKEN EACH DAY

30-Sept-2025 Azithromycin Tablets 500 mg
24 TABLET - 1 TAB MON WED FRI ONLY

30-Sept-2025 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

30-Sept-2025 Simvastatin Tablets 40 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

30-Sept-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY

30-Sept-2025 Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose
2 INHALER - TWO PUFFS TO BE INHALED TWICE DAILY

30-Sept-2025 Nacsys Effervescent tablets 600 mg
56 TABLET - ONE TO BE TAKEN DAILY

30-Sept-2025 Sildenafil Citrate Tablets 100 mg
8 TABLET - ONE TO BE TAKEN AS DIRECTED. SLS

30-Sept-2025 Sterimar Hypertonic Nasal Spray 75 %
50 ml - AS DIRECTED

30-Sept-2025 Mometasone Furoate Nasal spray 50 micrograms/dose
1 bottle - 2 PUFFS EACH NOSTRIL DAILY

30-July-2025 Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose
2 INHALER - TWO PUFFS TO BE INHALED TWICE DAILY

30-July-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY

30-July-2025 Mometasone Furoate Nasal spray 50 micrograms/dose
1 bottle - 2 PUFFS EACH NOSTRIL DAILY

30-July-2025 Lymecycline Capsules 408 mg
56 capsule - ONE TO BE TAKEN EACH DAY

30-July-2025 Nacsys Effervescent tablets 600 mg
56 TABLET - ONE TO BE TAKEN DAILY

30-July-2025 Simvastatin Tablets 40 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

30-July-2025 Azithromycin Tablets 500 mg
24 TABLET - 1 TAB MON WED FRI ONLY

30-July-2025 Sterimar Hypertonic Nasal Spray 75 %
50 ml - AS DIRECTED

30-July-2025 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

11-Jun-2025 Lymecycline Capsules 408 mg
56 capsule - ONE TO BE TAKEN EACH DAY

11-Jun-2025 Sildenafil Citrate Tablets 100 mg
8 TABLET - ONE TO BE TAKEN AS DIRECTED. SLS

11-Jun-2025 Azithromycin Tablets 500 mg
24 TABLET - 1 TAB MON WED FRI ONLY

11-Jun-2025 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

11-Jun-2025 Simvastatin Tablets 40 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

11-Jun-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY

11-Jun-2025 Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose
2 INHALER - TWO PUFFS TO BE INHALED TWICE DAILY

16-Apr-2025 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

16-Apr-2025 Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose
2 INHALER - TWO PUFFS TO BE INHALED TWICE DAILY

16-Apr-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY

16-Apr-2025 Nacsys Effervescent tablets 600 mg
56 TABLET - ONE TO BE TAKEN DAILY

16-Apr-2025 Sterimar Hypertonic Nasal Spray 75 %
50 ml - AS DIRECTED

16-Apr-2025 Simvastatin Tablets 40 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

16-Apr-2025 Mometasone Furoate Nasal spray 50 micrograms/dose
1 bottle - 2 PUFFS EACH NOSTRIL DAILY

16-Apr-2025 Azithromycin Tablets 500 mg
24 TABLET - 1 TAB MON WED FRI ONLY

25-Feb-2025 Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose
2 INHALER - TWO PUFFS TO BE INHALED TWICE DAILY

25-Feb-2025 Nacsys Effervescent tablets 600 mg
56 TABLET - ONE TO BE TAKEN DAILY

25-Feb-2025 Simvastatin Tablets 40 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

25-Feb-2025 Sildenafil Citrate Tablets 100 mg
8 TABLET - ONE TO BE TAKEN AS DIRECTED. SLS

25-Feb-2025 Azithromycin Tablets 500 mg
24 TABLET - 1 TAB MON WED FRI ONLY

25-Feb-2025 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

25-Feb-2025 Mometasone Furoate Nasal spray 50 micrograms/dose
1 bottle - 2 PUFFS EACH NOSTRIL DAILY

25-Feb-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY

30-Dec-2024 Azithromycin Tablets 500 mg
24 TABLET - 1 TAB MON WED FRI ONLY

30-Dec-2024 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

30-Dec-2024 Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose
2 INHALER - TWO PUFFS TO BE INHALED TWICE DAILY

30-Dec-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY

30-Dec-2024 Lymecycline Capsules 408 mg
56 capsule - ONE TO BE TAKEN EACH DAY

30-Dec-2024 Sildenafil Citrate Tablets 100 mg
8 TABLET - ONE TO BE TAKEN AS DIRECTED. SLS

30-Dec-2024 Nacsys Effervescent tablets 600 mg
56 TABLET - ONE TO BE TAKEN DAILY

30-Dec-2024 Simvastatin Tablets 40 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

30-Oct-2024 Azithromycin Tablets 500 mg
24 TABLET - 1 TAB MON WED FRI ONLY

28-Oct-2024 Lymecycline Capsules 408 mg
56 capsule - ONE TO BE TAKEN EACH DAY

28-Oct-2024 Simvastatin Tablets 40 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

28-Oct-2024 Nacsys Effervescent tablets 600 mg
56 TABLET - ONE TO BE TAKEN DAILY

28-Oct-2024 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

28-Oct-2024 Mometasone Furoate Nasal spray 50 micrograms/dose
1 bottle - 2 PUFFS EACH NOSTRIL DAILY

28-Oct-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS AS DIRECTED

28-Oct-2024 Sterimar Hypertonic Nasal Spray 75 %
50 ml - AS DIRECTED

28-Oct-2024 Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose
2 INHALER - TWO PUFFS TO BE INHALED TWICE DAILY

28-Oct-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY

06-Sept-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY

06-Sept-2024 Simvastatin Tablets 40 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

06-Sept-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS AS DIRECTED

06-Sept-2024 Sildenafil Citrate Tablets 100 mg
8 TABLET - ONE TO BE TAKEN AS DIRECTED. SLS

06-Sept-2024 Azithromycin Tablets 500 mg
24 TABLET - 1 TAB MON WED FRI ONLY

06-Sept-2024 Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose
2 INHALER - TWO PUFFS TO BE INHALED TWICE DAILY

06-Sept-2024 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

06-Sept-2024 Mometasone Furoate Nasal spray 50 micrograms/dose
1 bottle - 2 PUFFS EACH NOSTRIL DAILY

06-Sept-2024 Sterimar Hypertonic Nasal Spray 75 %
50 ml - AS DIRECTED

06-Sept-2024 Lymecycline Capsules 408 mg
56 capsule - ONE TO BE TAKEN EACH DAY

06-Sept-2024 Nacsys Effervescent tablets 600 mg
56 TABLET - ONE TO BE TAKEN DAILY

06-Aug-2024 Azithromycin Tablets 500 mg
24 TABLET - 1 TAB MON WED FRI ONLY

06-Aug-2024 Sterimar Hypertonic Nasal Spray 75 %
50 ml - AS DIRECTED

06-Aug-2024 Lymecycline Capsules 408 mg
56 capsule - ONE TO BE TAKEN EACH DAY

19-July-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY

19-July-2024 Nacsys Effervescent tablets 600 mg
56 TABLET - ONE TO BE TAKEN DAILY

19-July-2024 Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose
2 INHALER - TWO PUFFS TO BE INHALED TWICE DAILY

19-July-2024 Sildenafil Citrate Tablets 100 mg
8 TABLET - ONE TO BE TAKEN AS DIRECTED. SLS

19-July-2024 Mirtazapine Tablets 45 mg
28 TABLET - ONE TO BE TAKEN AT NIGHT

19-July-2024 Simvastatin Tablets 40 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

28-May-2024 Azithromycin Tablets 500 mg
24 TABLET - 1 TAB MON WED FRI ONLY

21-May-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY

21-May-2024 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

21-May-2024 Sildenafil Citrate Tablets 100 mg
8 TABLET - ONE TO BE TAKEN AS DIRECTED. SLS

21-May-2024 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

21-May-2024 Lymecycline Capsules 408 mg
56 capsule - ONE TO BE TAKEN EACH DAY

21-May-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS AS DIRECTED

21-May-2024 Mometasone Furoate Nasal spray 50 micrograms/dose
1 bottle - 2 PUFFS EACH NOSTRIL DAILY

21-May-2024 Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose
2 INHALER - TWO PUFFS TO BE INHALED TWICE DAILY

21-May-2024 Sterimar Hypertonic Nasal Spray 75 %
50 ml - AS DIRECTED

21-May-2024 Simvastatin Tablets 40 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

21-May-2024 Mometasone Furoate Nasal spray 50 micrograms/dose
1 bottle - 2 PUFFS EACH NOSTRIL DAILY

21-May-2024 Sterimar Hypertonic Nasal Spray 75 %
50 ml - AS DIRECTED

21-May-2024 Nacsys Effervescent tablets 600 mg
56 TABLET - ONE TO BE TAKEN DAILY

21-May-2024 Sildenafil Citrate Tablets 100 mg
8 TABLET - ONE TO BE TAKEN AS DIRECTED. SLS

21-May-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - TWO PUFFS AS DIRECTED

24-Apr-2024 Azithromycin Tablets 500 mg
24 TABLET - 1 TAB MON WED FRI ONLY

11-Apr-2024 Azithromycin Tablets 500 mg
24 TABLET - 1 TAB MON WED FRI ONLY

08-Apr-2024 Simvastatin Tablets 40 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

08-Apr-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY

08-Apr-2024 Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose
2 INHALER - TWO PUFFS TO BE INHALED TWICE DAILY

02-Apr-2024 Lymecycline Capsules 408 mg
56 capsule - ONE TO BE TAKEN EACH DAY

22-Mar-2024 Nacsys Effervescent tablets 600 mg
56 TABLET - ONE TO BE TAKEN DAILY

19-Feb-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY

19-Feb-2024 Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose
2 INHALER - TWO PUFFS TO BE INHALED TWICE DAILY

19-Feb-2024 Simvastatin Tablets 40 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

08-Jan-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY

03-Jan-2024 Nacsys Effervescent tablets 600 mg
56 TABLET - ONE TO BE TAKEN DAILY

03-Jan-2024 Simvastatin Tablets 40 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

03-Nov-2023 Nacsys Effervescent tablets 600 mg
56 TABLET - ONE TO BE TAKEN DAILY

03-Nov-2023 Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose
2 INHALER - TWO PUFFS TO BE INHALED TWICE DAILY

26-Sept-2023 Simvastatin Tablets 40 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

26-Sept-2023 Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose
2 INHALER - TWO PUFFS TO BE INHALED TWICE DAILY

26-Sept-2023 Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose
2 INHALER - TWO PUFFS TO BE INHALED TWICE DAILY

26-Sept-2023 Simvastatin Tablets 40 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

06-Sept-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY

06-Sept-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY

06-Sept-2023 Nacsys Effervescent tablets 600 mg
56 TABLET - ONE TO BE TAKEN DAILY

06-Sept-2023 Nacsys Effervescent tablets 600 mg
56 TABLET - ONE TO BE TAKEN DAILY

Past

25-Feb-2025 Aerochamber Plus Spacer device standard (blue) Repeat Medication (Past)
1*1 device - USE WITH INHALER

25-Feb-2025 Aerochamber Plus Spacer device standard (blue) Repeat Medication (Past)
1*1 device - USE WITH INHALER

04-Dec-2024 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
8 capsule - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 6 DAYS

04-Dec-2024 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
8 capsule - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 6 DAYS

28-May-2024 Ivermectin Cream 10 mg/gram Acute Medication (Past)
45 gram - APPLY ONCE AT NIGHT FOR 3 MONTHS

28-May-2024 Ivermectin Cream 10 mg/gram Acute Medication (Past)
45 gram - APPLY ONCE AT NIGHT FOR 3 MONTHS

08-Apr-2024 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 TABLET - ONE TO BE TAKEN AS DIRECTED. SLS

08-Apr-2024 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 TABLET - ONE TO BE TAKEN AS DIRECTED. SLS

02-Apr-2024 Metronidazole Gel 0.75 % Acute Medication (Past)
40 gram - APPLY THINLY TWICE DAILY TO FACE

02-Apr-2024 Mometasone Furoate Nasal spray 50 micrograms/dose Acute Medication (Past)
1 bottle - 2 PUFFS EACH NOSTRIL DAILY

02-Apr-2024 Mometasone Furoate Nasal spray 50 micrograms/dose Acute Medication (Past)
1 bottle - 2 PUFFS EACH NOSTRIL DAILY

02-Apr-2024 Metronidazole Gel 0.75 % Acute Medication (Past)
40 gram - APPLY THINLY TWICE DAILY TO FACE

19-Feb-2024 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 TABLET - ONE TO BE TAKEN AS DIRECTED. SLS

19-Feb-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS AS DIRECTED

19-Feb-2024 Sterimar Hypertonic Nasal Spray 75 % Acute Medication (Past)
50 ml - AS DIRECTED

19-Feb-2024 Sterimar Hypertonic Nasal Spray 75 % Acute Medication (Past)
50 ml - AS DIRECTED

19-Feb-2024 Mirtazapine Tablets 45 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

19-Feb-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS AS DIRECTED

19-Feb-2024 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 TABLET - ONE TO BE TAKEN AS DIRECTED. SLS

03-Jan-2024 Sterimar Hypertonic Nasal Spray 75 % Acute Medication (Past)
50 ml - AS DIRECTED

03-Jan-2024 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 TABLET - ONE TO BE TAKEN AS DIRECTED. SLS

03-Jan-2024 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 TABLET - ONE TO BE TAKEN AS DIRECTED. SLS

03-Jan-2024 Mirtazapine Tablets 45 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

03-Jan-2024 Mirtazapine Tablets 45 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

03-Jan-2024 Sterimar Hypertonic Nasal Spray 75 % Acute Medication (Past)
50 ml - AS DIRECTED

03-Jan-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS AS DIRECTED

03-Jan-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS AS DIRECTED

27-Dec-2023 Azithromycin Tablets 500 mg Acute Medication (Past)
48 tablet - ON MONDAYS WEDNESDAYS AND FRIDAYS FOR A 4 MONTHS PERIOD FROM 27/12/23

27-Dec-2023 Azithromycin Tablets 500 mg Acute Medication (Past)
48 tablet - ON MONDAYS WEDNESDAYS AND FRIDAYS FOR A 4 MONTHS PERIOD FROM 27/12/23

12-Dec-2023 Ralvo Medicated Plaster 700 mg Acute Medication (Past)
15 patch - APPLY AT NIGHT REMOVE IN THE MORNING

12-Dec-2023 Ralvo Medicated Plaster 700 mg Acute Medication (Past)
15 patch - APPLY AT NIGHT REMOVE IN THE MORNING

07-Dec-2023 Prednisolone Tablets 5 mg Acute Medication (Past)
30 TABLET - SIX TO BE TAKEN IN THE MORNING FOR 3 DAYS

07-Dec-2023 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
6 CAPSULE - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS

07-Dec-2023 Prednisolone Tablets 5 mg Acute Medication (Past)
30 TABLET - SIX TO BE TAKEN IN THE MORNING FOR 3 DAYS

07-Dec-2023 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
6 CAPSULE - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS

06-Oct-2023 Sterimar Hypertonic Nasal Spray 75 % Acute Medication (Past)
50 ml - AS DIRECTED

06-Oct-2023 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

06-Oct-2023 Sterimar Hypertonic Nasal Spray 75 % Acute Medication (Past)
50 ml - AS DIRECTED

06-Oct-2023 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

04-Oct-2023 Benzydamine Hydrochloride Spray Sugar Free 0.15 % Acute Medication (Past)
1 spray - 3-4 SPRAYS EVERY 4 HOURS PRN

04-Oct-2023 Benzydamine Hydrochloride Spray Sugar Free 0.15 % Acute Medication (Past)
1 spray - 3-4 SPRAYS EVERY 4 HOURS PRN

26-Sept-2023 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 TABLET - ONE TO BE TAKEN AS DIRECTED. SLS

26-Sept-2023 Mometasone Furoate Nasal spray 50 micrograms/dose Acute Medication (Past)
1 bottle - 2 PUFFS EACH NOSTRIL DAILY

26-Sept-2023 Mometasone Furoate Nasal spray 50 micrograms/dose Acute Medication (Past)
1 bottle - 2 PUFFS EACH NOSTRIL DAILY

26-Sept-2023 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 TABLET - ONE TO BE TAKEN AS DIRECTED. SLS

26-Sept-2023 Easychamber Spacer device Acute Medication (Past)
1 device - AS DIRECTED

26-Sept-2023 Easychamber Spacer device Acute Medication (Past)
1 device - AS DIRECTED

Allergies

This section is empty.

Vaccinations

29-Oct-2023 Mr Anonymous User (ANON18837)
Administration of first inactivated seasonal influenza vacc
3029508/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK (The Hub (Clydebank) - Public Vaccination Clinic)

29-Oct-2023 Mr Anonymous User (ANON18837)
Administration of first dose of SARS-CoV-2 vaccine
710025A/ COVMODERNA/IM/Left Arm//C-19 Moderna (The Hub (Clydebank) - Public Vaccination Clinic)

07-Nov-2022 Mr Anonymous User (ANON18837)
Administration of first inactivated seasonal influenza vacc
*440171A/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK (Drumchapel Community ***** Public Vaccination Clinic 09/11/2022 09:29:49 - ILLONA_18835 - Mrs Illona ***** - PM1)*

07-Nov-2022 Mr Anonymous User (ANON18837)
Administration of first dose of SARS-CoV-2 vaccine
*200020A/ COVMODERNA/IM/Left Arm//C-19 Moderna (Drumchapel Community ***** Public Vaccination Clinic 09/11/2022 09:29:49 - ILLONA_18835 - Mrs Illona ***** - PM1)*

04-Dec-2021 Mr Anonymous User (ANON18837)
Administration of first inactivated seasonal influenza vacc
*P100368835/ FLUQIVC/IM/Left Arm//FLU - Flucelvax Tetra (QIVc) (The Hub (Clydebank) - Public Vaccination Clinic 08/12/2021 09:13:09 - ILLONA_18835 - Mrs Illona ***** - PM1)*

04-Dec-2021 Mr Anonymous User (ANON18837)
Administration of first dose of SARS-CoV-2 vaccine
*FK9712/ COVPFIZER/IM/Left Arm//C-19 Pfizer (The Hub (Clydebank) - Public Vaccination Clinic 08/12/2021 09:13:09 - ILLONA_18835 - Mrs Illona ***** - PM1)*

04-Dec-2021 Mr Anonymous User (ANON18837)
Immunisation course to maintain protection against SARS-CoV-2
*FK9712/ COVPFIZER/IM/Left Arm//C-19 Booster Pfizer (E Inglis 08/12/2021 09:13:09 - ILLONA_18835 - Mrs Illona ***** - PM1)*

Referrals

01-Dec-2023 Dr Nicola Clark (NICOLA_18818837)
8H2..: Emergency hospital admission (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

Test Requests

This section is empty.

Test Results

19-Jun-2024 Ms Sharon McGhee-V (LAY2)
Result: Bowel Cancer Screening Result
BCSP faecal occult blood test normal Negative (No range available)

Other Items

21-May-2026	Recall	Medication review
24-Sept-2025	Read Code	Cirrhosis of liver NOS
28-Apr-2025	Read Code	Rhinitis - acute mild
11-Sept-2024	Recall	Patient "recall" admin. NOS *prediabetes*
21-May-2024	Read Code	Erectile dysfunction
13-Mar-2024	Read Code	Kingsway
01-Dec-2023	Read Code	Bronchiectasis
28-Sept-2023	Read Code	Notes summary on computer
09-Aug-2023	Read Code	Consent given to receive clinical information by SMS text messaging
08-Aug-2023	Read Code	Consent given for communication by SMS text messaging
08-Aug-2023	Read Code	Never smoked tobacco
08-Aug-2023	Read Code	Body Mass Index 29.37
08-Aug-2023	Read Code	O/E - weight 82.55 Kg
08-Aug-2023	Read Code	O/E - height 167.64 cm
08-Aug-2023	Read Code	Alcohol consumption unknown
12-May-2023	Read Code	Referral for laboratory tests HBA1C
12-May-2023	Read Code	Pre-diabetes
16-Jun-2022	Read Code	BCSP faecal occult blood test normal normal
04-Apr-2019	Read Code	Airways obstruction reversible
02-Feb-2017	Read Code	Bronchiectasis (Right) middle lobe
18-Oct-2004	Read Code	Hyperlipidaemia NOS cholesterol 8.5
29-Jun-2004	Read Code	Dyspepsia
29-Jun-2004	Read Code	[D]Chest pain
29-Jun-2004	Read Code	[D]Alcohol blood level excessive

29-Jun-2004	Read Code	Oesophagitis
07-Sept-2002	Read Code	Fracture of mandible
02-Nov-1997	Read Code	Suspected gallstones
02-Nov-1997	Read Code	Renal colic
28-Mar-1993	Read Code	Head injury
17-July-1973	Read Code	Greenstick fracture

Attachments

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

SURNAME	MCGHEE
FORENAME	GEORGE
Hosp No.	23135190L
CHI No	1311616039
D.O.B	13.11.61 SEX Male
ADDRESS	0-1 18 HOWGATE AVE
CONSULTANT/GP	DR C. GRIEVE
HOSP/PRACTICE	DR GRIEVE'S SURGERY
WARD/TOWN	DRUMCHAPEL HEALTH CENTRE

Collected	Received	Report Issued
15.11.11 @ 13:47	16.11.11 @ 12:10	16.11.11 @ 15:05

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

	Sodium		mmol/L
	Potassium		mmol/L
	Chloride		mmol/L
	Bicarbonate		mmol/L
	Urea		mmol/L
	Creatinine	§	µmol/L
	eGFR (estimated GFR)		mL/min
4.8	Plasma Glucose 3.5-5.5		mmol/L
	CRP		mg/L
	Amylase		U/L
	Urate	§	mmol/L
	Troponin I		µg/L
	CK		U/L
	Bilirubin		µmol/L
	AST		U/L
	ALT		U/L
	Gamma-GT	§	U/L
	Alk.Phos.	§	U/L
	Protein		g/L
	Albumin		g/L
	Globulins		g/L
	Calcium		mmol/L
	Adjusted Calcium		mmol/L
	Phosphate	§	mmol/L
	Magnesium		mmol/L
4.10	Cholesterol target <5.0		mmol/L
1.00	HDL Cholesterol target >1.0		mmol/L
4.1	Chol/HDL ratio		
* 5.10	Triglycerides target <2.3		mmol/L
	LDL Cholesterol target <3.0		mmol/L
	TSH		mU/L
	Free T4		pmol/L
	T3		nmol/L
	IgA	§	g/L
	IgG	§	g/L
	IgM	§	g/L

NB Unless otherwise stated analyses carried out on serum

Lab No. N.11.734491A Run No. 242

High Triglyceride - LDL not calculable

§Significant sex/age differences

Authorised by
Ian Pattie
Date Reported 16.11.11

[redacted]
Accredited Medical Laboratory
Reference No:2335

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Department of Respiratory Medicine
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
[redacted]

www.nhsaaa.net

NHS Ayrshire & Arran

Dr J Grayston
Townhead Surgery
6/8 High Street
Irvine
Ayrshire
KA12 0AY

Our Ref: SND/HG/
Hospital No:
Ref Date: 04/07/2019
Date Dictated: 04/07/2019
Date Typed: 04/07/2019
Enquiries to Jaki Lynch
Direct Line: 01563 825231
Ext. Number: 25231
Email: [redacted]

Dear Dr Grayston,

GEORGE MCGHEE **DOB: 13/11/1961** **CHI No: 1311616039**
192 DICKSON DRIVE, IRVINE, AYRSHIRE, KA12 9HB

I have the results for the lung function test and the functional antibodies. The functional antibodies suggest that there is adequate protection against pneumococcus as well as tetanus. Nonetheless, the Haemophilus influenza b antibodies were low and I would suggest a booster vaccination for Haemophilus influenza.

The lung function tests were normal to begin with. However on bronchodilation there is an improvement of 7% of FEV1 and FEF 25-75 improves by just under 20% suggestive of some airways limitation along with reversibility.

I would suggest that he continues with Fostair or an equivalent which he was already on when you kindly referred him to the clinic.

I will review him in due course to discuss the results.

Yours sincerely

Authorised on 04/07/2019 11:26:30 by Typist Helen Grant, not verified by Consultant.

Dr Shalin Nishit Diwanji
Consultant in Respiratory Medicine (Medinet)
GMC No: 7051002

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

1311616039

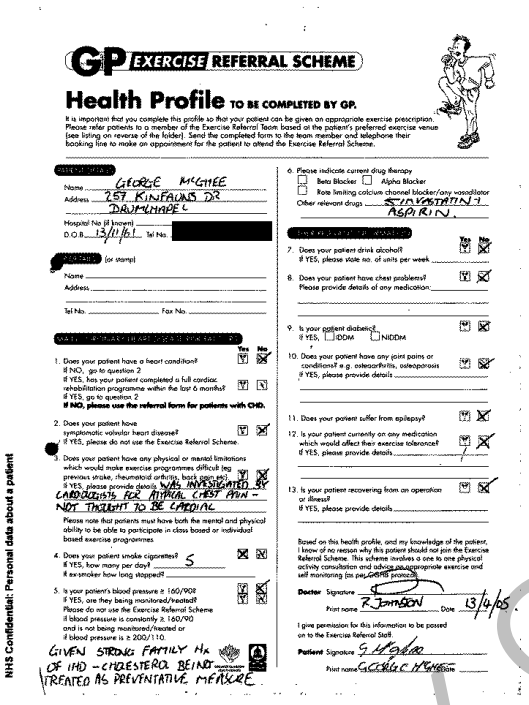
McGhee

George

Historical

Week 24

Townhead Surgery



GP EXERCISE REFERRAL SCHEME

Health Profile TO BE COMPLETED BY GP.

It is important that you complete this profile so that your patient can be given an appropriate exercise prescription. Please refer patients to a member of the Exercise Referral Team based at the patient's preferred exercise venue (see listing on reverse of the folder). Send the completed form to the team member and telephone their booking line to make an appointment for the patient to attend the Exercise Referral Scheme.

PATIENT DETAILS

Name GEORGE MCGHEE
Address 257 KINFAUNS DR
DRUMCHAPEL
Hospital No (if known)
D.O.B. 13/11/61 Tel No. [redacted]

GP DETAILS (or stamp)

Name
Address
Tel No. Fax No.

PATIENT MEDICAL QUESTIONNAIRE

	Yes	No
1. Does your patient have a heart condition? If NO, go to question 2 If YES, has your patient completed a full cardiac rehabilitation programme within the last 6 months? If YES, go to question 2 **If NO, please use the referral form for patients with CHD.**	☐	☒
2. Does your patient have symptomatic valvular heart disease? If YES, please do not use the Exercise Referral Scheme.	☐	☒
3. Does your patient have any physical or mental limitations which would make exercise programmes difficult (eg previous stroke, rheumatoid arthritis, back pain etc). If YES, please provide details WAS INVESTIGATED BY CARDIOLOGISTS FOR ATYPICAL CHEST PAIN – NOT THOUGHT TO BE CARDIAC Please note that patients must have both the mental and physical ability to be able to participate in class based or individual based exercise programmes	☐	☒
4. Does your patient smoke cigarettes? If YES, how many per day? 5 If ex-smoker how long stopped?	☒	☐
5. Is your patient's blood pressure ≥ 160/90? If YES, are they being monitored/treated? Please do not use the Exercise Referral Scheme if blood pressure is constantly ≥ 160/90 and is not being monitored/treated or if blood pressure is ≥ 200/110.	☐	☒

GIVEN STRONG FAMILY HX OF IHD – CHOLESTEROL BEING TREATED AS PREVENTATIVE MEASURE.

6. Please indicate current drug therapy
☐ Beta Blocker ☐ Alpha Blocker
☐ Rate limiting calcium channel blocker/any vasodilator
Other relevant drugs SIMVASTATIN 40 ASPIRIN.

	Yes	No
7. Does your patient drink alcohol? If YES, please state no. of units per week	☐	☒
8. Does your patient have chest problems? Please provide details of any medication	☐	☒
9. Is your patient diabetic? If YES, ☐ IDDM ☐ NIDDM	☐	☒
10. Does your patient have any joint pains or conditions? e.g. osteoarthritis, osteoporosis If YES, please provide details	☐	☒
11. Does your patient suffer from epilepsy?	☐	☒
12. Is your patient currently on any medication which would affect their exercise tolerance? If YES, please provide details	☐	☒
13. Is your patient recovering from an operation or illness? If YES, please provide details	☐	☒

Based on this health profile, and my knowledge of the patient, I know of no reason why this patient should not join the Exercise Referral Scheme. This scheme involves a one to one physical activity consultation and advice on appropriate exercise and self monitoring (as per GMHS protocol).

Doctor Signature R JOHNSON Date 13/4/05.
Print name

I give permission for this information to be passed on to the Exercise Referral Staff.

Patient Signature G McGhee
Print name GEORGE MCGHEE

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

WHITEVALE MEDICAL GROUP

30 Whitevale Street
GLASGOW
G31 1QS

Dr. Roger A.L. Black
Dr. Lee Gek Teh
Dr. Roger J. Hardman

Tele: 0141-554-4536/554-2974

Fax: [redacted]

Our Ref: CS/MMcG

20th December, 2004.

Mr. George McGhee
100 Bluevale Street (1/2)
GLASGOW
G31 1EF

Dear Mr. McGhee,

I see you have an appointment for a blood test on Friday 24/12/04 in the afternoon.

As this is Xmas Eve, there is no collection in the afternoon for blood samples to go to the hospital.

I would be grateful therefore if you could come to have your blood test taken at 11.00am on Friday 24/12/04.

Yours sincerely,

Christina Shafi
PRACTICE NURSE.

NHS Confidential: Personal data about a patient

Faxed 6/12/04

SPIROMETRY REQUEST FORM

Administrative Centre
Department of Respiratory Medicine
Queen Elizabeth Building
Glasgow Royal Infirmary
Alexandra Parade
Glasgow G31 2ER
Tel 0141 211 5462 • Fax form to

NHS Greater Glasgow

DATE OF REQUEST: 3/12/04 DATE APPOINTED:

PATIENT DETAILS

Name GEORGE MCGUIRE
Address 100 BANKVIEW ST
G31 1GF
Hospital No (if known) Post Code
D.O.B. 13/11/61 Tel No. [redacted]
CHI No. 6039

GP DETAILS (or stamp)

Name [redacted]
Address [redacted]
Post Code
Tel No. Fax No.

SMOKING HISTORY:
current ex never
INTENDS TO STOP

TESTS REQUESTED:
Spirometry with Reversibility Spirometry alone
2.5 mg Nebulised Salbutamol

BRIEF CLINICAL RESUME:
CHRONIC COUGH @ 4/12 NOW PRODUCTIVE
? CAUSE

CURRENT RESPIRATORY MEDICATION: NIL

Signed: Date: 3/12/04
Please print name ST GARDINER

NHS Confidential: Personal data about a patient

COPY

WHITEVALE MEDICAL GROUP

30 Whitevale Street
GLASGOW
G31 1QS

Dr. Roger A.L. Black
Dr. Lee Gek Teh
Dr. Roger J. Hardman

Tele: 0141-554-4536/554-2974

Fax: 0141-554-3979

Our Ref: JG/MMcG

25th October, 2004.

Mr. George McGhee
100 Bluevale Street
GLASGOW
G31 1EF

Dear Mr. McGhee,

I would be grateful if you could make an appointment to come and see one of the doctors at the practice as we have just received your blood results from 18/10/04.

Your Cholesterol in particular is quite high and I feel that it is important to discuss this with yourself.

Thank you.

Yours sincerely,

DR. JANE GARDINER – GP REGISTRAR.

NHS Confidential: Personal data about a patient

CONSULTANT
Dr Stevenson

GLASGOW ROYAL INFIRMARY
84 CASTLE STREET, GLASGOW G4 0SF

Telephone No. [redacted]
Ext.

ADMITTED	DISCHARGED	WARD	AGE	HOSPITAL NUMBER
29.06.04	01.07.04	43	13.11.61	23135190L

DISPOSAL
Home

FOLLOW UP

NAME AND ADDRESS
George McGhee
Flat 1/2
100 Bluevale Street
Glasgow
G31 1EF

FINAL DIAGNOSIS AND ANY OTHER COMPLICATING ILLNESS

	I.S.C. CODE
1. Atypical chest pain/dyspepsia	
2. Alcohol excess	
3. Previous pericarditis and atrial flutter	
4.	
5.	
6.	

DISTRIBUTION OF LETTERS
Dr R Black
Whitevale Medical Group
30 Whitevale Street
Glasgow
G31 1QS

OPERATION	CODE
1.	
2.	
3.	

AM/RS Dictated 12.08.04 Typed 25.08.04

Dear Dr Black

History: This 42 year old was admitted with central chest pain aggravated by eating and drinking with vomiting and a very minor haematemisis.

Examination: On arrival his vital signs were stable. Examination was unremarkable. Investigations revealed normal ECG and chest x-ray. Full blood count was normal. Liver function tests were slightly deranged with AST 76, ALT 167, alk phos 391, gamma GT 265. The impression was that his symptoms were most likely dyspeptic. His abnormal liver function were thought likely secondary to alcohol excess. His condition rapidly stabilised and he was fit for discharge on 1st July 2004. I note he was reviewed by gastro during his admission and they suggested performing liver screen and liver ultrasound. I do not think this was performed during admission but would seem reasonable to organise as an outpatient and should there be any abnormalities he could be referred on to the liver clinic.

Discharge Medication: Omeprazole 20 mg bd. It would also seem reasonable to add Vitamin B and Thiamine.

Yours sincerely

Dr A Mullan
Senior House Officer

05181

NHS Confidential: Personal data about a patient

IMMEDIATE DISCHARGE LETTER

MA 1.05 239580

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

NHS Greater Glasgow

GLASGOW ROYAL INFIRMARY
GLASGOW G31 2ER
Tel: [redacted]

PATIENT IDENTIFICATION

GEORGE McGHEE
2313519GL
1/2 100 BLUEVALE ST
GLASGOW G31 1EF

FIX ID LABEL TO ALL 4 COPIES

DATES

ADMISSION 29/6/04
DISCHARGE 1/7/04
TRANSFER TO
RE-ADMISSION
DEATH

GP IDENTIFICATION

Dr BLACK
30 WHITEVALE ST
GLASGOW G31

OTHER DISTRIBUTION

MEDICAL IDENTIFICATION

WARD 17
CONSULTANT Dr. STEVENSON (BLOCK CAPITALS)
CONTACT Dr. (BLOCK CAPITALS)

PRESENTING COMPLAINT(S)
Chest Pain

ADMISSION
DAY CASE ☐ ARRANGED ☐ EMERGENCY ☐ TRANSFER ☐

ACTIVE DIAGNOSIS/PROBLEMS/OPERATIONS

1) OESOPHAGITIS
2) ALCOHOL XS
3)
4)
5)
6)

INACTIVE DIAGNOSIS/PROBLEMS

1)
2)
3)

INFORMATION GIVEN TO PATIENT (SPECIFY)
↓ Alcohol intake

THE PATIENT WAS DISCHARGED ON THE MEDICATION TREATMENT DETAILED BELOW. RECOMMENDED DURATION OF TREATMENT IS FROM THE DATE OF DISCHARGE. WHERE TREATMENT IS INDEFINITE, A SEVEN DAY COURSE HAS BEEN DISPENSED.

MEDICINE	FORM	DOSE	TIMES OF ADMINISTRATION 8am	10am	12pm	2pm	6pm	10pm	DURATION	PHARMACY TO COMPLETE QUANTITY, STRENGTH, BRAND
OMEPRAZOLE	TAB	20mg	✓				✓		*	14x20mg

FOLLOW-UP REVIEW

HOSPITAL OP YES/NO
SPECIFY
GP SURGERY YES/NO
SPECIFY

CARE ARRANGEMENTS
NONE ☑
SWD ☐
DISTRICT NURSE ☐
OTHER

DRESSING/SUNDRIES SUPPLIED TO PATIENT

PRODUCT	SIZE	NUMBER ISSUED

Signature:-

COMMENTS: * for 1 month then ↓ to 20mg am only

Please recheck LFTs 1-2/12
(AST 76 YGT 265
ALT 176 Alp 391 bili 20)

Signed ..... Page No. RADIO

(Prescriber) SHO (SpR) : CONS (please tick)

White Copy - GP Pink Copy - Case Notes Yellow Copy - Retain in Ward Blue Copy - Pharmacy 05180

NHS Confidential: Personal data about a patient

BLACKPOOL HOSPITAL SERVICES

No. 842277

Please complete using BALL-POINT on a HARD surface

Surname: Mc Ghee
First Name: George
Address: Flat 3 Lytham Rd, Blackpool FY4 1JH
DOB: 13/11/1961 Hosp. No. 437424

LETTER TO GENERAL PRACTITIONER

Dear Dr. Dr. Gustang

This patient received treatment on Ward: MAU at:-

Victoria Hosp ☑ Sth Shore Hosp ☐ Lytham Hosp ☐ Fleetwood Hosp ☐
Rossall Hosp ☐ Clifton Hosp ☐ Wesham Hosp ☐ Devonshire Rd Hosp ☐

Under the care of Mr. / Dr. El Khatib

Date of Admission: 20. 06. 03 Day Case ☐ Date of Discharge: 20. 06. 03

Discharged/Transferred to:- Home

Diagnosis / problem on admission	Consultant	Code
# Atypical chest pain		

Additional diagnoses made after admission	Date	Code

Procedure(s)	Date	Time	Code
ECG: LVH c̄ ventricular ectopics; Trop < 0.03, WCC 8.4			

A post-operative analgesia pack was prescribed as shown:-

	Approved Name	Dose		Qty	Dr. Signature	Nursing Issue
1	Co-Codamol 30/500 tabs.	1 or 2, 4-6 hrly prn		30		
2	Co-Codamol 30/500 tabs. Ibuprofen 800mg c/r tabs	1 or 2, 4-6 hrly prn; 1 BD		30; 6		
3	Co-Codamol 30/500 tabs. Ibuprofen 800mg c/r tabs; Tramadol	1 or 2, 4-6 hrly prn; 1 BD; 50-100mg, 6 hrly prn	NB! AFTER DAY CASE SURGERY ONLY	30; 6; 10		
4	Cyclizine	50mg TDS prn		6		

(FOR ADULTS & OVER 16's ONLY)

Along with other medication as follows:-

Approved Name	Dose	Route	Frequency	Pharmacy

Drugs dispensed (usually a 7 days supply). Please state length of antibiotic course. PLEASE WRITE LEGIBLY

Prescribing Doctor: E. Mahbub

Date 20 . 06 . 03

Dispensed by / Checked by:

Date ___/___/___

Advice: Need to check BP (was normotensive today) - ? Cause of LVH
If further episodes → needs to be referred for an ETT

Pharmacist check

Services arranged as follows:-
District Nurse ☐
Physiotherapy ☐
Home Help / Meals ☐

Investigations / appointments
Date ___/___/___
Time ______

NHS Confidential: Personal data about a patient

BUCHANAN MEDICAL CENTRE

73-75 BUCHANAN STREET
BLACKPOOL
FY1 6N
TEL: [redacted]
FAX: [redacted]

DR S.I.AHMED

SIA/SM

5 September 2002

Mr M Khurshid
Consultant General Surgeon
Blackpool Victoria Hospital
Whinney Heys Road
BLACKPOOL
FY3 8NR

Mr Khurshid

RE: George McGhee DOB 13.11.1961
61 Peter Street BLACKPOOL FY1 3NL

I would appreciate it very much if you could see this patient of mine who has asked for a snipping to be done.

He has 3 children all live and active and he is now convinced now that he doesn't want any more children from anyone. They have got a very good and stable family relationship. I would agree him.

O/E there is nothing abnormal there.

I would be grateful if he could be taken for a vasectomy. Thanking you in anticipation.

Yours sincerely

Dr S I Ahmed

NHS Confidential: Personal data about a patient

OTC

Blackpool Victoria Hospital NHS
NHS Trust

DEPARTMENT OF UROLOGY

Whinney Heys Road
Blackpool
Lancashire
FY3 8NR

RECEIVED 21 AUG 2001

please ask for Mr. Rothwell's Secretary
NR.MK.937429

Telephone:
Fax No: 306996
Minicoms: 01253 306735/306737

TO: RECEPTION FROM: DR.	TICK
FILE	
NOTES PLEASE	
PRESCRIPTION	
MAKE APPT at Dr / bl Nurse	
DR. TO VISIT	
H/V TO VISIT	
OTHER	

date of clinic : 2nd August 2001
date typed : 10th August 2001

Dear Dr. Ahmed,

re: George McGhee d.o.b. 13.11.61. 61 Peter Street, Blackpool.

This man has failed to keep a second appointment. I shall not be sending for him again.

Yours sincerely,

MR. N. ROTHWELL, M.D., F.R.C.S.
CONSULTANT UROLOGIST

Dr. S. Ahmed

NHS Confidential: Personal data about a patient

Blackpool Victoria Hospital NHS
NHS Trust
DEPARTMENT OF UROLOGY
Mr Rothwell's Secretary
Whinney Heys Road
Blackpool
Lancashire
FY3 8NR
Tel: [redacted]
Fax: [redacted]
Telephone:
Fax No:
Minicoms: 01253 306735/306737

RECEIVED - 5 MAR 2001

TO: RECEPTION
FROM: DR
TICK
FILE
NOTES PLEASE
PRESCRIPTION
DR TO VISIT
HV TO VISIT
OTHER

PSR/SS/937429

01/03/01

Dear Dr Ahmed

Re: **George McGhee, 61 Peter Street, Blackpool, dob. 13/11/61**

This gentleman's renogram done on 21st February showed percentage function on the right to be 52% versus the left 48%. Excretory curves were normal bilaterally.

I have arranged for clinic review in 2 months time.

Yours sincerely

Mr P S Rao
Specialist Urologist

Dr S I Ahmed

NHS Confidential: Personal data about a patient

Blackpool Victoria Hospital NHS
NHS Trust

DEPARTMENT OF UROLOGY

Whinney Heys Road
Blackpool
Lancashire
FY3 8NR

Telephone:
Fax No: 306996
Minicoms: [redacted]

please ask for Mr. Rothwell's Secretary
NR.MK.937429

date of clinic : 8th February 2001
date typed : 13th February 2001

RECEIVED 15 FEB 2001

Dear Dr. Ahmed,

re: George McGee d.o.b. 13.11.61. 61 Peter Street, Blackpool.

I reviewed this man. He has not had any more severe colic. He has had some vague aching in the left loin and he has not been aware of passing anything.

A KUB today showed him to be a little constipated but I think the suspicious stone has been passed. There is a fleck of calcification along the left border of the sacrum and a further one at the level of the ischial spine but I think both of these are extra-ureteric.

I am arranging an urgent diuresis renogram to hopefully confirm all is well.

Yours sincerely,

MR. N. ROTHWELL, M.D., F.R.C.S.,
CONSULTANT UROLOGIST

Dr. S.I. Ahmed

TO: RECEPTION
FROM: DR. _____ TICK
FILE
NOTES PLEASE
PRESCRIPTION
MAKE APPT at Dr
St Nurse
DR. TO VISIT
HV TO VISIT
OTHER

NHS Confidential: Personal data about a patient

RECEIVED 29 JAN 2001

OTC

Blackpool Victoria Hospital NHS
NHS Trust

DEPARTMENT OF UROLOGY
Mr Rothwell's Secretary

Whinney Heys Road
Blackpool
Lancashire
FY3 8NR

Tel: [redacted]
Fax: 01253 307825

Telephone:
Fax No:
Minicoms: 01253 306735/306737

TO: RECEPTION
FROM: DR. _____

	TICK
FILE	
NOTES PLEASE	
PRESCRIPTION	
MAKE APPT as Dr bl Nurse	
DR. TO VISIT	
HV TO VISIT	
OTHER	

PSR/SS/937429

26/01/01

Dear Dr Ahmed

Re: **George McGhee, 61 Peter Street, Blackpool, dob. 13/11/61**

I write to inform you that this 39 year old gentleman was admitted on 17th January and presented with left loin pain radiating to the left flank. No associated urinary symptomotology was present. Abdomen was unremarkable. An urgent IVP was arranged. This showed a 4mm linear opacity in the left pelvis which seemed to lie within the left ureter, however showing no evidence of obstruction of the left upper tract following injection of contrast. As the patient remained symptom free and afebrile conservative management was adopted and we plan to see him in our clinic in 2 weeks time with a KUB on arrival.

Yours sincerely

Mr P S Rao
Specialist Urologist

Dr S I Ahmed

NHS Confidential: Personal data about a patient

RECEIVED 23 JAN 2007

BLACKPOOL HOSPITAL SERVICES

No. 677602

Please complete using BALL-POINT on a HARD surface

LETTER TO GENERAL PRACTITIONER

Surname McGHEE
First Names GEORGE
Address 61 PETER St
BLACKPOOL
DOB ______ Hosp. No. 95742C

Dear Dr. Ahmed

This patient received treatment on Ward 9 at:-
Victoria Hosp ☑ Sth Shore Hosp ☐ Lytham Hosp ☐ Fleetwood Hosp ☐
Rossall Hosp ☐ Clifton Hosp ☐ Wesham Hosp ☐ Devonshire Rd Hosp ☐
Under the care of Mr. / Dr. NR
Date of Admission __/__/__ Day Case ☐ Date of Discharge 19/1/07
Discharged/Transferred to:- Home

Diagnosis / problem on admission	Grade / Stage	Code
Lt loin pain		

Additional diagnosis made after admission	Date	Code

Procedure(s)	Date	Time	Code
URS Lt ureteric stone not obstructing Lt kidney			

A post-operative analgesia pack was prescribed as shown:-

	Approved Name	Dose	Qty	Dr. Signature	Nursing Issue
1	Co-Codamol 30/500 tabs.	1 or 2, 4-6 hrly prn	30	[signature]	–
2	Co-Codamol 30/500 tabs. Ibuprofen 800mg c/r tabs	1 or 2, 4-6 hrly prn 1 BD	30 6		
3	Co-Codamol 30/500 tabs. Ibuprofen 800mg c/r tabs Tramadol	1 or 2, 4-6 hrly prn 1 BD 50-100mg, 6 hrly prn — NB! AFTER DAY CASE SURGERY ONLY	30 6 10		
4	Cyclizine	50mg TDS prn	6		

NB! ADULTS & OVER 16's ONLY

Along with other medication as follows:-

Approved Name	Dose	Route	Frequency	Pharmacy

Drugs dispensed (usually a 7 days supply). Please state length of antibiotic course. PLEASE WRITE LEGIBLY

Prescribing Doctor ______
Date __/__/__

Dispensed by / Checked by
Holland CHocking
Date __/__/__

Pharmacist check ☐

Advice

OPA 4/52 TKUB

[signature]

TO: RECEPTION
FROM: DR. ______
TICK
FILE ✓
NOTES PLEASE
PRESCRIPTION
MAKE APPT a) Dr
b) Nurse
DR. TO VISIT
H/V TO VISIT
OTHER

Services arranged as follows:-
District Nurse ☐
Physiotherapy ☐
Home Help / Meals ☐
Investigations / Appointments
Date __/__/__
Time ______
Dept. ______

GP (white) Notes (yellow) Coding Office (blue) Pharmacy (pink) DJC Aug 9_ VS844

NHS Confidential: Personal data about a patient

benefits agency

DR SL AHMED NN 635 078 3879 F/F

RECEIVED 12 JUL 2001

An Executive Agency of the Department of Social Security

SOCIAL SECURITY

Your reference is WM997309C
Please tell us this number if you get in touch with us

L&SDA 20 JUL 2001 LHA

DR J GOLDIE
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA ROAD
GLASGOW
G34 6HY

Blackpool North DO
Mexford House
Mexford Avenue
Blackpool
Lancs
FY2 0XN

11/02/99

DCI

Phone 01253 502000
TEXTPHONE for the deaf/hard of hearing ONLY [redacted]

Date 07/11/2000
FOR MR GEORGE MARTIN MCGHEE

INFORMATION ABOUT A PATIENT

About the patient

Name MR GEORGE MARTIN MCGHEE

Address 33 RAIKES PARADE
BLACKPOOL
FY1 4EY

No Action Seen Appt

13 NOV 2000

Computer Repeat

National Insurance Number WM997309C

Date of Birth 13/11/1961

TO: RECEPTION
FROM: DR.

	TICK
FILE	
NOTES PLEASE	
PRESCRIPTION	
TAKE APPT at Dr	
to Nurse	
VISIT	
SIT	

Payment of benefit and the award of National Insurance credits due to incapacity for work are subject to an incapacity test. If a customer satisfies the test or is incapable of work, they no longer need to send us medical certificates.

6879/0318

Page 01 of 02

NHS Confidential: Personal data about a patient

07/11/2000

MR GEORGE MARTIN MCGHEE REF: WM997309C

The patient shown above has satisfied the incapacity test or is treated as incapable of work so we do not require further NHS medical certificates for this person's present claim for benefit. However, we may need to contact you for further information about your patient in the future.

Proof of incapacity or illness may still be required for other interested groups or organisations such as employers and insurance 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 'A guide for registered medical practitioners' gives you more information. If you do not already have this booklet, you can get it from your local Family Health Authority or Health Board.

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.

Yours sincerely,

IB74

6879/0318 Page 02 of 02

NHS Confidential: Personal data about a patient

NEWHILLS MEDICAL PRACTICE
EASTERHOUSE HEALTH CENTRE
9 AUCHINLEA ROAD
EASTERHOUSE
GLASGOW
G34 9HQ

DR A COLE
DR F COLLINS
DR E BROWN
DR J GOLDIE
DR K LINDSAY
DR C CAHILL

28 November 1997

ATC/SM

Dict

Re George McGhee.
13.11.61
6 Lochbridge Rd
Glasgow
G34 9AG.

Dear Mr McGhee

We have received the results of your recent investigations. Please make an appointment with the Doctor to discuss them at your convenience.

Yours sincerely

Dr A T Cole

NHS Confidential: Personal data about a patient

West Glasgow Hospitals University NHS Trust

Western Infirmary
Dumbarton Road
Glasgow G11 6NT

Our Ref: WSH/LB/677815/H

Direct Line: [redacted]

DEPARTMENT OF CARDIOLOGY

Dr W Stewart Hillis' Cardiology Clinic

Dictated: 2.6.97

Typed: 3rd June 1997

Dr Coll
123 Kilmarnock Road
Glasgow

Dear Dr Coll

GEORGE MCGHEE D.O.B 13.11.61 6 Lochbridge Road, Glasgow

ATCdlc 28/2/97

I saw this patient for routine review. He states he has had a little chest pain but as you know our investigations have been essentially normal. I think that his ECG which shows a high take off is a normal variant and also we have had no specific abnormality detected. The tachycardia noticed on his 24 hour tape appeared to be sinus as the rate was only 117 beats per minute. He had very occasional drop beats but otherwise there was no specific changes.

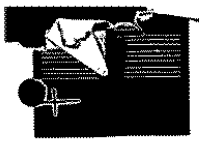
I have arranged for an echocardiogram on this occasion to determine his LV function and exclude a pericardial problem.

Yours sincerely

DR W STEWART HILLIS
Reader/Consultant Cardiologist

P.S. Echocardiography confirms normal left ventricular function with no other abnormalities. I have taken a reassurance brief. We have discharged him from routine attendance but we would be pleased to see him in the future if you felt it was desirable.

NHS Confidential: Personal data about a patient



West Glasgow Hospitals University NHS Trust

AT Cole

Western Infirmary
Dumbarton Road
Glasgow G11 6NT

Direct Line: [redacted]

Our Ref: MP/LB/677815

DEPARTMENT OF CARDIOLOGY

Consultant - Dr Hillis

Dictated: 8.4.97 Typed: 9th April 1997

Dr Coll
123 Kilmarnock Road
Glasgow

Dear Dr Coll

GEORGE MCGHEE D.O.B 13.11.61 6 Lochbridge Road, Glasgow

Date of Admission: 31.3.97 **Date of Discharge:** 2.4.97

Diagnosis: Possible atrial flutter

As you are aware this gentleman presented to the cardiac clinic with several atypical symptoms. These are primarily a "niggle" in the left side of his chest along with transient dizzy spells. He has been seen in the Clinic by Dr Jacob and Dr Clark and the positive findings on investigations thus far have been an ECG which showed LVH criteria and a 24 hour tape which showed a narrow complex tachycardia which was in keeping with atrial flutter.

To further delineate the situation Dr Clark arranged for Mr McGhee to spend 2 or 3 days in Level 9 Cardiology. Mr McGhee was therefore admitted and fortunately had several episodes of his chest pain during which time his ECG was unchanged and he remained in sinus rhythm throughout the 48 hours.

Unfortunately he has not had an echocardiogram as yet so I have therefore arranged one further cardiac out patient review primarily to receive the results of the echocardiogram but for the sake of completeness I have also arranged for him to have a cardiomemo prior to review to ensure our investigations are exhaustive.

Yours sincerely

DR MARK PETRIE
SHO III in Cardiology

NHS Confidential: Personal data about a patient

West Glasgow Hospitals University NHS Trust

WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

DIRECT LINE [redacted]

AC/SM/677815

Dictated: 24.02.97
Typed: 03.03.97

DEPARTMENT OF CARDIOLOGY

Dr Coll
123 Kilmarnock Road
GLASGOW
G41 3YT

AT Cole
28/2/97

Dear Dr Coll

GEORGE MCGHEE DOB: 13.11.61
6 LOCHBRIDGE ROAD, GLASGOW G34 9AG

Mr McGhee's Halter results are now available. He is predominantly in sinus rhythm. At about 7.00am he had a couple of non conducted P waves which are probably of no significance. He does, however, have a couple of episodes of a tachycardia. This is supraventricular and at a rate of approximately 150 beats per minute. The ending of this arrhythmia is abrupt. It finishes with a sinus beat followed by a non conducted P wave followed by the return of normal sinus rhythm.

It is difficult to be certain what this represents as we do not get a full 12 lead ECG with this. It is possible that this is sinus tachycardia slowing unusually abruptly, but it is more likely that this represents atrial flutter. We could only really make a firm diagnosis if we managed to get a 12 lead ECG whilst he was in his tachycardia and I would think the easiest way to do this is to admit him for a couple of days. I have sent him another appointment to be seen in outpatients so we can go through his symptoms again and see if this is necessary.

Yours sincerely

ANDREW CLARK
SENIOR REGISTRAR IN CARDIOLOGY

NHS Confidential: Personal data about a patient

[redacted]

Accident and Emergency Department
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 OSF

Telephone: [redacted]
Direct line: [redacted]

DR A COLE
EASTERHOUSE HC
9 AUCHINLEA RD
GLASGOW

G34 9HQ

Friday, 20/9/1996

Dear Dr.COLE

AT Cole 28/249

Re: GEORGE MCGHEE
Our Ref : AA00083694
Date of Birth : 13/11/1961
[redacted] 6 LOCHBRIDGE ROAD
EASTERHOUSE
GLASGOW

G34

Your patient attended this A&E department at 12:36 on 20/9/1996 with the following complaint - CHEST PAINS

Discharge Type: Discharge with GP Follow-up

Diag; pericarditis
Chest pain, sharp, non pleuritic, assoc with dizzieness.
ECG pericarditis
CXR, FBC, U&E NAD.
Rx ibuprofen + home.

[redacted] you have any queries, please do not hesitate to contact us.

Yours Sincerely

Dr E Crawford
Senior House Officer, Accident & Emergency (A&E)

DATE ... TO FILE
NOTES PLEASE
TO MAKE APPT
TO RING ME
PRESCRIPTION
TELL PT NORMAL

NHS Confidential: Personal data about a patient

[redacted]

West Glasgow Hospitals University NHS Trust

CORONARY CARE DISCHARGE SUMMARY

TB/LR/677815

23rd July 1996

Dr McLuskey
Drumchapel Health Centre
80~90 Kinfauns Drive
Glasgow G15

Dear Dr McLuskey

George McGhee ~ d.o.b. 13.11.61
47 Bonhill Street Glasgow G22 5RJ

Date of Admission: 10.7.96
Date of Discharge: 11.7.96

DIAGNOSIS: Abnormal ECG

This gentleman was admitted to us having attended at Casualty with a short lived episode of atypical chest pain associated with dizziness. On admission he was well with no abnormal clinical findings. However his ECG was abnormal in that it showed widespread ST elevation (high take off). On this basis he was moved to Coronary Care for overnight observation. Serial cardiac enzymes and ECG's were unchanged and it was felt that this gentleman probably has an abnormal resting ECG. On that basis he underwent exercist tolerance testing which showed no abnormalities and he was discharged home on the 11th of July 1996. He will be reviewed again on one occasion in Dr Hillis's out~patient clinic.

Yours sincerely

TRACEY BAIRD
SENIOR HOUSE OFFICER

RECEIVED
25 JUL 1996

Incorporating the Western Infirmary, Gartnavel General Hospital, The Glasgow Homoeopathic Hospital, Drumchapel Hospital, Glasgow Eye Infirmary, Knightswood Hospital, Blawarthill Hospital & Ruchill Hospital

NHS Confidential: Personal data about a patient

West Glasgow Hospitals University NHS Trust

Western Infirmary
Dumbarton Road
Glasgow G11 6NT

Our Ref: AJ/LB/677815/H

Direct Line: [redacted]

DEPARTMENT OF CARDIOLOGY

Dr W Stewart Hillis' Cardiology Clinic
Dictated: 19.8.96

28/249

Typed: 16th September 1996

Dr McLuskey
Health Centre
[redacted]-90 Kinfauns Drive
Drumchapel

AT
CC6

Dear Dr McLuskey

GEORGE MCGHEE D.O.B 13.11.61 47 Bonhill Street, Glasgow

Active problems: Abnormal ECG
Musculoskeletal chest pain
Dizzy spells

I reviewed this gentleman on 19th August. He continues to report occasional niggles on the left side of his chest which are reproduced precisely by pressure. I am confident that these are msuculoskeletal in origin. He is still troubled by transient dizzy spells on effort with no other associated features and no loss of consciousness.

A 12 lead ECG today was unchanged and again showed voltage criteria for LVH together with widespread ST elevation consistent with pericarditis. You will remember that he managed over 12 minutes on the treadmill last month with no chest pain and no significant ECG changes.

I have reassured Mr McGhee that there is no evidence of a serious cardiac problem. For completeness sake I have organised an out patient 24 hour tape and echocardiogram but I would be surprised if any significant abnormalities were detected. I have suggested that he take simple analgesics for his chest pain and I have also reminded him about the importance of not smoking.

Although no review appointment has been issued, we would be pleased to see him again if required.

Recommended treatment: simple analgesic

Yours sincerely

Ashok Jacob

DR ASHOK JACOB
Senior Registrar in Cardiology

RECEIVED
17 SEP 1996

NHS Confidential: Personal data about a patient

TEL:041 334 9033 WSH P.02

Western Infirmary
Dumbarton Road
Glasgow G11 6NT

Our Ref: AJ/LB/677815/H

Direct Line: [redacted]

DEPARTMENT OF CARDIOLOGY

Dr W Stewart Hillis' Cardiology Clinic
Dictated: 19.8.96 Typed: 16th September 1996

Dr McLuskey
Health Centre
80-90 Kinfauns Drive
Drumchapel

Dear Dr McLuskey

GEORGE MCGHEE D.O.B 13.11.61 47 Bonhill Street, Glasgow

Active problems: Abnormal ECG
Musculoskeletal chest pain
Dizzy spells

I reviewed this gentleman on 19th August. He continues to report occasional niggles on the left side of his chest which are reproduced precisely by pressure. I am confident that these are musculoskeletal in origin. He is still troubled by transient dizzy spells on effort with no other associated features and no loss of consciousness.

A 12 lead ECG today was unchanged and again showed voltage criteria for LVH together with widespread ST elevation consistent with pericarditis. You will remember that he managed over 12 minutes on the treadmill last month with no chest pain and no significant ECG changes.

I have reassured Mr McGhee that there is no evidence of a serious cardiac problem. For completeness sake I have organised an out patient 24 hour tape and echocardiogram but I would be surprised if any significant abnormalities were detected. I have suggested that he take simple analgesics for his chest pain and I have also reminded him about the importance of not smoking.

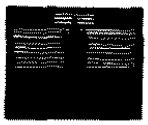
Although no review appointment has been issued, we would be pleased to see him again if required.

Recommended treatment: simple analgesic

Yours sincerely

DR ASHOK JACOB
Senior Registrar in Cardiology

NHS Confidential: Personal data about a patient



West Glasgow Hospitals University NHS Trust

CORONARY CARE DISCHARGE SUMMARY

TB/LR/677815

23rd July 1996

Dr McLuskey
Drumchapel Health Centre
80-90 Kinfauns Drive
Glasgow G15

Dear Dr McLuskey

George McGhee ~ d.o.b. 13.11.61
47 Bonhill Street Glasgow G22 5RJ

Date of Admission: 10.7.96
Date of Discharge: 11.7.96

DIAGNOSIS: Abnormal ECG

This gentleman was admitted to us having attended at Casualty with a short lived episode of atypical chest pain associated with dizziness. On admission he was well with no abnormal clinical findings. However his ECG was abnormal in that it showed widespread ST elevation (high take off). On this basis he was moved to Coronary Care for overnight observation. Serial cardiac enzymes and ECG's were unchanged and it was felt that this gentleman probably has an abnormal resting ECG. On that basis he underwent exercist tolerance testing which showed no abnormalities and he was discharged home on the 11th of July 1996. He will be reviewed again on one occasion in Dr Hillis's out-patient clinic.

Yours sincerely

TRACEY BAIRD
SENIOR HOUSE OFFICER

NHS Confidential: Personal data about a patient

Benefits Agency Medical Services
Corunna House
29 Cadogan Street
GLASGOW
G2 7BR

Direct Line: 0141-249-[redacted]
Switchboard:
Fax:
Minicom:

Dr Cole
Easterhouse Health Centre
9 Auchinlea Road
GLASGOW G34 9NT

Your reference
Our reference DL/S 576
Date 10 October 1996

Dear Dr Cole

NAME: **GEORGE MARTIN McGHEE**
NI NUMBER: **WM 99 73 09 C**
DATE OF BIRTH: **13/11/61**
ADDRESS: **6 LOCHBRIDGE ROAD EASTERHOUSE GLASGOW G34**

I understand your patient suffers from heart problems. The above named has claimed Incapacity Benefit. We now have to look at whether your patient can undertake any work, not just their own job. From the information we have it appears that they may be one of those people who can be treated as incapable of work without having to undergo a full assessment.

I have been asked 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 10 days would be appreciated. Please ensure the whole of this letter is returned to myself at the above address. I will be happy to answer any queries you may have about this letter.

Thank you for your assistance.

Yours sincerely

[redacted]

Medical Adviser

20/10/96

Please turn over>

DL/S 576(KJ)

NHS Confidential: Personal data about a patient

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
ACCIDENT/EMERGENCY FORM

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 0141-211-2304/2409

1700 10 AT Cole

CRN: 677815

PATIENT							
Surname: MCGHEE	Forename: GEORGE M	Age: 34	Date of Birth: 13/11/61	Arr Date: 10/07/96	Time: 15:15	AE Number: 823542/96	
Address: 47 Bonhill Street GLASGOW	Sex: Male	Religion: Ch.of Scotla	Date of Inc: 10/07/96	Time:			
PC: G22 5RJ Tel: NONE	Marital Status: Single /	Occupation/School:	Type of Inc: Other	Mode of Arrival: By Ambul			

GP		
Name: Dr MCLUSKEY	Address: DRUMCHAPEL HEALTH CE 80/90 KINFAUNS DRIVE GLASGOW G15 7TS	Referred by: OTHER
[redacted]	[redacted]	Complaint:

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

TRIAGE

TRIAGE TIME TRIAGE CATEGORY

Dear Doctor,

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

Diagnosis ACUTE MI

INITIAL COMPLAINT
Medical Other

X-Ray film/ECG shows

INITIAL TREATMENT

Treatment given ADMIT

for CMP

FILED BY MRCMACD

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

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)
CCU.		

RECEIVED 17 JUL 1996

Follow up	Not arranged	Arranged	To be arranged

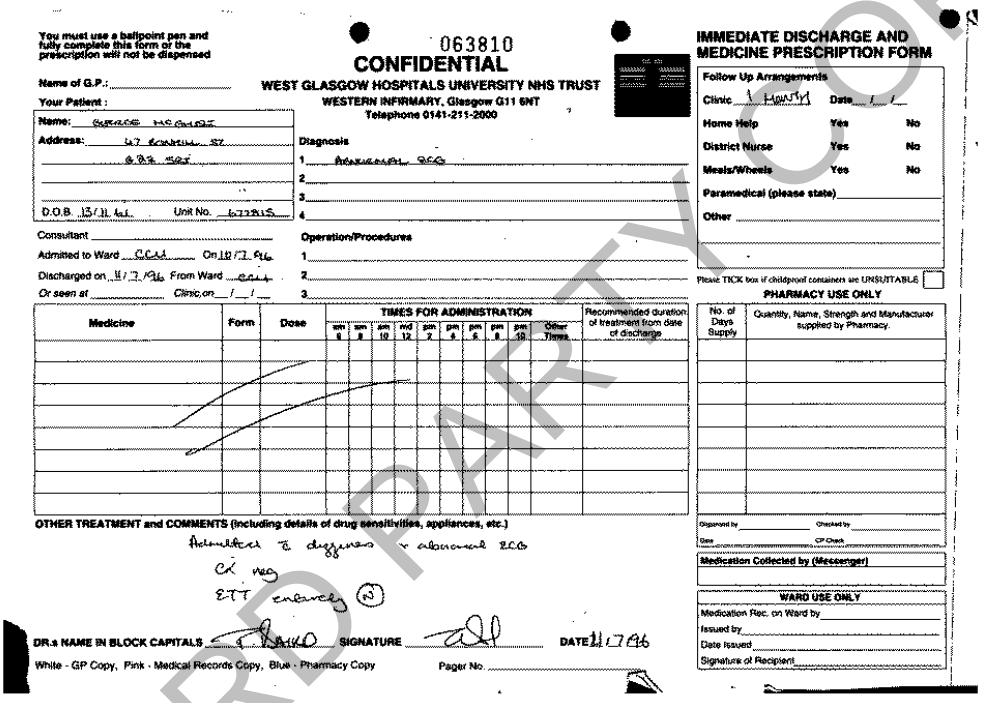
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn	Others Specify

Medical Officers Name (In Block Letters) OLIVER

Signature of Medical Officer

Cons SR Reg (SHO/JHO) Clin Assist (please circle)

NHS Confidential: Personal data about a patient



You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed

063810

CONFIDENTIAL

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
WESTERN INFIRMARY, Glasgow G11 6NT
Telephone 0141-211-2000

Name of G.P.:

Your Patient :

Name: [illegible]

Address: [illegible]

D.O.B. 13/11/61 Unit No. [illegible]

Consultant

Admitted to Ward [illegible] On 10/7/96

Discharged on 11/7/96 From Ward [illegible]

Or seen at Clinic on / /

Diagnosis

1 [illegible]

2

3

4

Operation/Procedures

1

2

3

Medicine	Form	Dose	TIMES FOR ADMINISTRATION									Recommended duration of treatment from date of discharge
			am 8	am 9	am 10	mid 12	pm 2	pm 4	pm 6	pm 8	pm 10	Other Times

OTHER TREATMENT and COMMENTS (including details of drug sensitivities, appliances, etc.)

Antibiotics & diazepam + aldomet ECG

CXR req

ETT endoscopy (2)

DR.s NAME IN BLOCK CAPITALS [illegible] SIGNATURE [illegible] DATE 11/7/96

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

Pager No.

IMMEDIATE DISCHARGE AND MEDICINE PRESCRIPTION FORM

Follow Up Arrangements

Clinic [illegible] Date / /

Home Help	Yes	No
District Nurse	Yes	No
Meals/Wheels	Yes	No

Paramedical (please state)

Other

Please TICK box if childproof containers are UNSUITABLE

PHARMACY USE ONLY

No. of Days Supply	Quantity, Name, Strength and Manufacturer supplied by Pharmacy.

Dispensed by Checked by

Date GP Check

Medication Collected by (Messenger)

WARD USE ONLY

Medication Rec. on Ward by

Issued by

Date Issued

Signature of Recipient

NHS Confidential: Personal data about a patient

ADMISSION No. 65

GREATER GLASGOW HEALTH BOARD

SHORT STAY WARD WESTERN INFIRMARY GLASGOW G11 6NT
CONSULTANT IN CHARGE - MR TULLETT

PATIENT	GEORGE McGHEE	AGE	HOSP. No. 677815
ADDRESS	50 WHITECROOK STREET, CLYDEBANK, G81 2JN	DATE OF BIRTH	13.11.61
ADMITTED	28.3.93	DISCHARGED	28.3.93
DIAGNOSIS 1st	HEAD INJURY	OPERATION 1st	
DIAGNOSIS 2nd		OPERATION 2nd	
DIAGNOSIS 3rd		OPERATION 3rd	
DIAGNOSIS 4th		OPERATION 4th	

CASE SUMMARY

GMcN/WAG

Dictated 30.3.93

31 March 1993

Dr McLuskey
121 Dunkenny Road
GLASGOW
G15

Dear Dr McLuskey

This gentleman was admitted after he had been assaulted. He had been drinking heavily in a social club and had been assaulted after he had left the club. He could only remember that he had been kicked about the head. He had lost consciousness for approximately 15 minutes. On admission to the A&E Department he was fully conscious, with no focal neurological deficit. There was swelling on the right side of his face and at the right occipital region. He was also tender on his lower ribs on the left-hand side.

Skull x-ray and mandible x-ray were both normal, and a chest x-ray suggested the possibility of fractured 10th and 11th ribs on the left.

He was admitted for overnight observation and made a full recovery. He was fit for discharge home the following day.

Yours sincerely

GORDON McNAUGHTON
REGISTRAR IN ACCIDENT & EMERGENCY MEDICINE

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

North Glasgow University Hospitals Division
Orthopaedic Department Notes

NHS Greater Glasgow

George McGhee
0/1 257 Kinfauns Drive
Glasgow
G15 7BD

DOB: 13.11.61

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
[redacted]
0141 211-2938
0141 211-2422

Mr B Rana Fracture Clinic – 01.08.06

I saw this gentleman now nearly 2 week's following right comminuted fracture right lateral malleolus. About the syndesmosis this was a direct blow injury. He is comfortable in a below light weight cast. There is no distal neurovascular deficit; check X-ray today show the fracture has remained in a satisfactory position and ankle mortis is well maintained.

The plan is for non weight bearing mobilisation for a further 4 week's. **Review in the clinic in 4 week's with removal of the plaster and X-ray on arrival of right ankle.** Due to the comminuted nature of the fracture I suspect he may require plaster protection for 2 – 3 months depending on the X-ray findings

BR/CB/23135190L

Yours sincerely

MR B RANA F.R.C.S orth
CONSULTANT ORTHOPAEDIC SURGEON

Dr C Grieve
Drumchaple Health Centre
80/90 Kinfauns Drive
Drumchaple
G15 7TS

00592

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

North Glasgow University Hospitals
Division

DEPARTMENT OF ORTHOPAEDICS
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

NHS
Greater
Glasgow

Secretary Tel: [redacted] **(Caroline Blair)**
Secretary Fax: 0141-211-2466
Waiting List: 0141-211-3190 **(Miss Christine Thomson)**

OUR REF: FD/TM/23135190L

Mr B RANA'S FRACTURE CLINIC –24.10.06

DICTATED: 24.10.06
TYPED: 1.11.06

Dr C Grieve
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Grieve,

George McGhee DOB: 13.11.61 (6039)
0/1, 257 Kinfauns Drive, Glasgow G15 7BD

I reviewed Mr McGhee back in the Fracture Clinic today. He sustained a comminuted Webber C type fracture of his right malleolus whilst in Blackpool in July. This was treated conservatively in a cast and he was taken out of this 4 weeks ago. He has been mobilising while out of cast although he carries crutches with him he has not really been using them for support. He walks with a slight limp although he is experiencing no pain.

On examination today he has no tenderness around the fracture site and has palpable callus. He has a good range of movement at the ankle.

X-ray repeated today showed good position to be maintained and progression of bony healing from last time.

He should continue to mobilise out of cast as he is at present and I have referred him to the physiotherapist at Drumchapel Health Centre for strengthening exercises to see if we can improve his gait. We will see him back ourselves in 3 months time **with repeat x-ray right ankle AP lateral on arrival.**

Yours sincerely

Fraser Dean
SHO III Orthopaedics

01811

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Lab Report ID : B,13.1367958.H
Filed By User :
Assigned to :

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (3834) George McGhee DOB : 13/11/1961 CHI : 1311616039 SEX : M
ADR : Flat 1 - 2 266 Drumry Road GLASGOW
SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Cholesterol					
Cholesterol		7.1	mmol/L		NK
R Lipid profile					
-Non-fasting sample					
-LDL & VLDL-chol should be estimated on blood from fasting patient.					
Cholesterol		7.1	mmol/L		NK
Triglycerides		2.1	mmol/L	(0.2-2.3 U)	NK
HDL Cholesterol		1.0	mmol/L		NK
LDL-Cholest (calc'd)		NA			NK
R VLDL-Chol (calc'd)		NA			NK
Chol/HDL ratio		7.1			NK

Sample Collected Date : 21/03/2013 10:33:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 21/03/2013 16:47:00
Received Date : 22/03/2013 11:00:17
Requestor : GRIEVE, CHRISTINE
Requestor GMC Code :

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Independent Assessment Services
Delivered by Atos

98072 030017 0001 E 30600 H2

Duty GP
Drumchapel Health Centre
80-90 Kinfauns Drive
GLASGOW
G15 7TS

30600

Our address: Independent Assessment Services
c/o DWP PIP(1)
Mail Handling Site A
Wolverhampton
WV98 1AA

Telephone: [redacted]

Our Ref: WM997309C

Date: 13th August 2020

PERSONAL INDEPENDENCE PAYMENT

Request for Further Medical Evidence

Dear Doctor,
I am writing to you about a patient who has made a claim for Personal Independence Payment:

Patient's name: **Mr GEORGE M MCGHEE**
Date of birth: **13/11/1961**
Address: **2/1 69 Abbotshall Avenue, GLASGOW, G15 8PL**

Independent Assessment Services is contracted to carry out assessments for Personal Independence Payment by the Department for Work and Pensions. It would be very helpful in assessing your patient's benefit claim if you could complete the enclosed factual report form. **Your patient (or a person appointed to handle their affairs due to the claimant's mental incapacity to do so) has given their consent for us to request this information from you.**

When completing your report, please provide information on the following key areas:

- Please advise on this gentleman's conditions and treatments including community input.
- Please advise on his functional restrictions and abilities with regard to the Personal Independence Payment benefit. Thank you.

You should base your report on your knowledge of the patient and on his records. A special appointment is not required. Please include in your report any relevant information contained in letters or reports from hospitals or consultants. It may be helpful to your patient to enclose any relevant correspondence contained in their file, such as recent consultant letters or letters from a Community Mental Health Team. If the patient has died or recently moved to another area please still complete the report if you can.

OP101

Providing assessment services on behalf of Department for Work & Pensions

Independent Assessment Services

Delivered by Atos

Guidance on completion of section 6

The assessment for Personal Independence Payment considers the claimant's ability to carry out a series of everyday activities as per section 6.

In this section, please provide information on the claimant's ability to carry out the relevant activities, if you are able.

Write what has been observed by yourself or another healthcare professional in relation to these listed activities. For example: self-care -"rose unaided from a chair in surgery, no bending difficulty noted"; getting around - "walks slowly with marked right sided limp using a walking stick, not breathless or very breathless when attends surgery for routine check".

Please only include observations, not opinions.

To consider when completing the form:

Here are **examples of information** that is particularly useful to us for the following conditions.

- **Respiratory conditions** including asthma and COPD - exercise tolerance, **recorded** variability, peak flow readings (including serial readings), spirometry results, treatment and compliance - prescriptions requested regularly / when was last prescription, oral steroids and hospital admissions in last 12 months.
- **Ischaemic Heart Disease** - investigations including results of formal exercise testing, exercise tolerance, clinical findings, response to treatment including nitrates, treatment compliance, hospital admissions in last 12 months.
- **Musculoskeletal conditions - recorded** symptoms, recorded history of falls, detailed clinical findings **including range of joint movements**, treatment including planned surgical treatment with dates, response to treatment and compliance - prescriptions requested regularly / when was last prescription.
- **Mental health conditions** - documented history of self-harm, self-neglect, detailed mental state findings, history of admissions - voluntary or compulsory, regular prescriptions and last one ordered.
- **Sensory impairment** - visual and auditory acuity.

Independent Assessment Services is a trading name of Atos IT Services UK Limited
Atos IT Services UK Limited is registered in England and Wales
Registered Office: Second Floor, MidCity Place, 71 High Holborn, London, WC1V 6EA
Registered No. 01245534. VAT No. GB 232327983

OP101

Providing assessment services on behalf of Department for Work & Pensions

NHS Confidential: Personal data about a patient

Your GP Factual Report **757256011**

Patient's name & Ref No Mr GEORGE M MCGHEE **WM997309C**

Date when patient last seen by a health professional 16/02/2023

Where and by whom Dr Amer Saleem consultant respiratory medicine Crosshouse Hospital, Kilmarnock.

Notes:

- *Please record relevant information based on your knowledge of the patient and their medical records.*
- *Please write down facts rather than opinion. We require an objective report - please only include information about symptoms that are recorded in the patient's records and information about disabling effects that you or another healthcare professional have directly observed.*
- *It may be helpful to your patient to enclose any relevant correspondence contained in their file - for example, recent consultant letters or letters from a Community Mental Health Team. Please ensure that any third party information is removed. Third party information is any sensitive information that refers to someone other than the patient - for example, the patient's family*
- *Please complete all sections as fully as possible but write "not known" if appropriate. "Not known" can be helpful.*
- *Relevant information is anything that relates to health conditions or disabilities which impact on the patient's functional ability.*

1. Disabling conditions

Please list conditions or impairments which affect the patient's functional ability.

Bronchiectasis 2017
Gastro-oesophageal reflux
Hypertension
Panic attacks / low mood related to family distress

2. History of condition(s). Include details of any relevant special investigations

Recurrent infective exacerbations of bronchiectasis
CT - confirms right middle lobe bronchiectatic changes
Lung function tests 2019 normal
Ex smoker

5. Treatment - Current, planned, response and prognosis

Please provide details of drug and non-drug treatment and aids and appliances used (prescribed or, if known, non-prescribed). Please specify frequency of treatment and, for medication, dose as relevant.

Medication as on summary -
Carries out physiotherapy postural drainage exercises (number of) several times each day.

6. Effects of the disabling condition(s) on day to day life

If known, it would be helpful to have information on the patient's ability to:

- *Manage their health conditions and treatment*
- *Communicate*
- *Walk or move around*
- *Get somewhere on their own*
- *Make simple decisions*
- *Prepare, cook and eat food*
- *Wash, bathe and use the toilet/ manage incontinence*
- *Dress and undress*

Only include information that has been confirmed by a health professional. Please state if this is not known.

Patient has rejoined our practice & not actually been here since 2017 so unable to comment on this

NHS Confidential: Personal data about a patient

GP Factual Report Invoice

To: Independent Assessment Services
c/o DWP PIP(1)
Mail Handling Site A
Wolverhampton
WV98 1AA

Related GP Factual Report

GPFR serial no:	**757256011**
Date requested:	**13th August 2020**
DWP ref:	**WM997309C**
Patient's name:	**Mr GEORGE M MCGHEE**
Date of birth:	**13/11/1961**
GP/surgery invoice ref:	3972386

Payee details:

Payee name: ANNE TURNBULL

Payee name to be the same as the account holder

Surgery name and address:

DRS. TURNBULL & COYLE
DRUMCHAPEL HEALTH CENTRE
80/90 KINFAUNS DRIVE
GLASGOW G15 7TS
TEL: 0141 211 6110

Postcode:

VAT status

☐ VAT registered: VAT no:

NET amount:	£33.50
VAT 20%:	£6.70
Total amount	£40.20

☑ Not VAT registered: Total amount: £33.50

Bank Details (Payment will be made by BACS transfer)

[redacted]

I hereby claim the appropriate fee for completing the above GP factual report

Print name: ANNE TURNBULL Tel no: 0141 211 6110

Signature: Anne Turnbull Date: 04/09/20

GMC no. of the GP who completed the GPFR (must be completed): 3617373

Authorisation (ATOS USE ONLY) WBS: GB.704471.010.06 GL code: 604102

Print name:

Signature:

GPFR received: / /

Payment Approved: / /

Atos GPFR Inv

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

SURNAME	MCGHEE
FORENAME	GEORGE
Hosp No	23135190L
CHI No	1311616039
D.O.B	13.11.61 SEX Male
ADDRESS	1/2 100 Bluevale Street
CONSULTANT/GP	C GRIEVE
HOSP/PRACTICE	DRUMCHAPEL HC 40559
WARD/TOWN	80/90 KINFAUNS DR

Collected	Received	Report Issued
05.06.07 @ 10:50	05.06.07 @ 13:20	05.06.07 @ 14:26

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

	Sodium	135–145	mmol/L
	Potassium	3.5–5.0	mmol/L
	Chloride	98–108	mmol/L
	Bicarbonate	21–28	mmol/L
	Urea	2.5–7.5	mmol/L
	Creatinine	§	µmol/L
	eGFR (est. Glomerular Filtration Rate)		
	Glucose	3.5–5.5	mmol/L
	CRP	<10	mg/L
	Amylase	<100	U/L
	Urate	§	mmol/L
	Troponin I	<0.04	µg/L
	CK	<210	U/L
	Bilirubin	3–22	µmol/L
	AST	<40	U/L
	ALT	<50	U/L
	Gamma–GT	§	U/L
	Alk.Phos.	§	U/L
	Protein	60–80	g/L
	Albumin		g/L
	Globulins		g/L
	Calcium		mmol/L
	Adjusted Calcium	2.10–2.60	mmol/L
	Phosphate	0.70–1.40 §	mmol/L
	Magnesium	0.70–1.00	mmol/L
4.00	Cholesterol	target <5.0	mmol/L
* 0.90	HDL Cholesterol	target >1.0	mmol/L
4.4	Chol/HDL ratio		
1.50	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
	TSH		mU/L
	Free T4		pmol/L
	T3		nmol/L
	IgA	0.8 –4.0 §	g/L
	IgG	6 –16 §	g/L
	IgM	0.5 –2.0 §	g/L

Lab No. N,07 7231410 Run No. 394

Non–fasting sample – LDL not calculable.

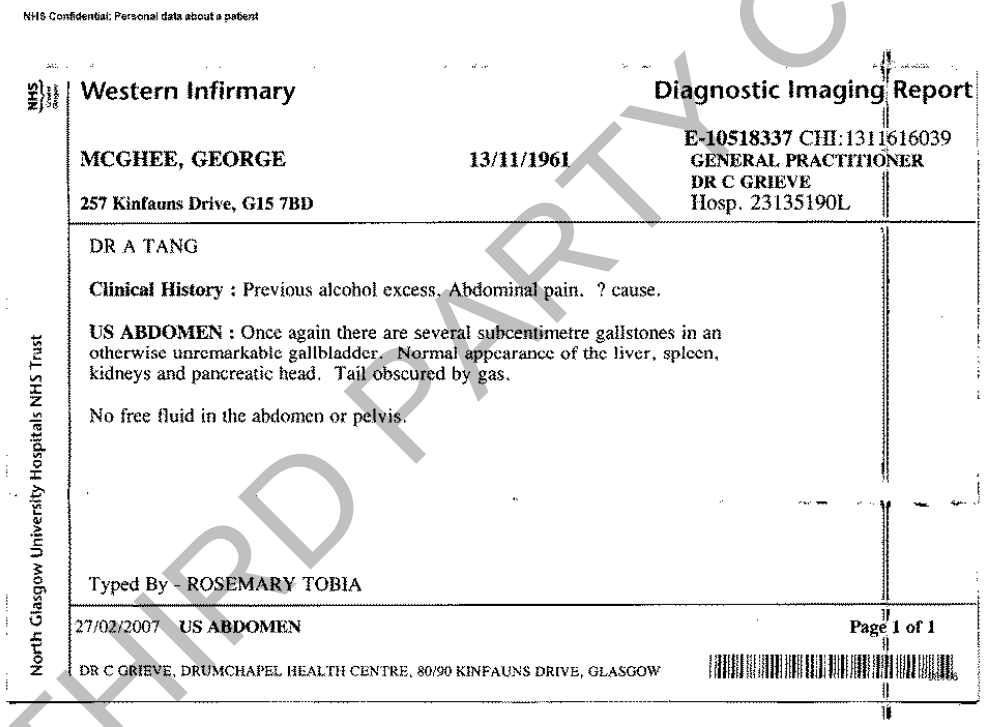
§Significant sex/age differences – See handbook

Authorised by
Auto Check
Date Reported 05.06.07

Accredited Medical Laboratory
Reference No:2335

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:



NHS Confidential: Personal data about a patient

NHS

Western Infirmary — **Diagnostic Imaging Report**

MCGHEE, GEORGE **13/11/1961**
257 Kinfauns Drive, G15 7BD

E-10518337 CHI:1311616039
GENERAL PRACTITIONER
DR C GRIEVE
Hosp. 23135190L

DR A TANG

Clinical History : Previous alcohol excess. Abdominal pain. ? cause.

US ABDOMEN : Once again there are several subcentimetre gallstones in an otherwise unremarkable gallbladder. Normal appearance of the liver, spleen, kidneys and pancreatic head. Tail obscured by gas.

No free fluid in the abdomen or pelvis.

Typed By - ROSEMARY TOBIA

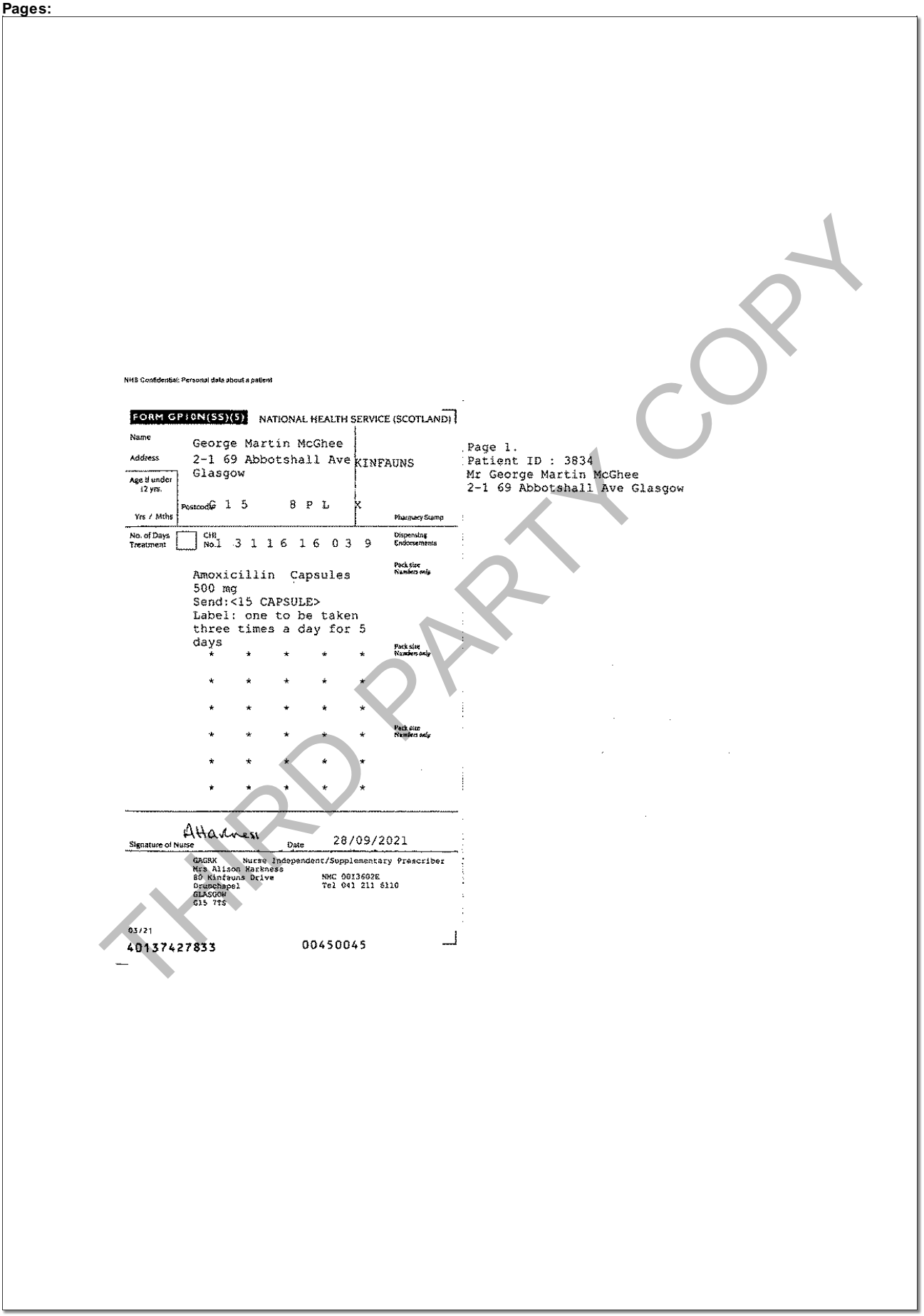
27/02/2007 **US ABDOMEN** **Page 1 of 1**

DR C GRIEVE, DRUMCHAPEL HEALTH CENTRE, 80/90 KINFAUNS DRIVE, GLASGOW

North Glasgow University Hospitals NHS Trust

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:



NHS Confidential: Personal data about a patient

FORM GP10N(SS)(5) NATIONAL HEALTH SERVICE (SCOTLAND)

Name George Martin McGhee
Address 2-1 69 Abbotshall Ave KINFAUNS
Glasgow
Age if under 12 yrs. Yrs / Mths
Postcode G 1 5 8 P L X
Pharmacy Stamp
No. of Days Treatment
CHI No. 3 1 1 6 1 6 0 3 9
Dispensing Endorsements
Pack size Numbers only

Amoxicillin Capsules
500 mg
Send:<15 CAPSULE>
Label: one to be taken
three times a day for 5
days

Pack size Numbers only
Pack size Numbers only

Signature of Nurse AHarkness Date 28/09/2021

GAGRK Nurse Independent/Supplementary Prescriber
Mrs Alison Harkness
80 Kinfauns Drive NMC 00I3602E
Drumchapel Tel 041 211 6110
GLASGOW
G15 7TS

03/21
40137427833 00450045

Page 1.
Patient ID : 3834
Mr George Martin McGhee
2-1 69 Abbotshall Ave Glasgow

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGhee George CHI: 1311616039

Clinical letter - GP: Discharge

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. A Turnbull
Dr Turnbull & Dr Coyle
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard: [redacted]
Department: MSK Physiotherapy Department Drumchapel Health Centre
Contact Tel: [redacted]
Enquiries to:
Letter Date: 04/02/2016
Reference:
Dictated Date: 04/02/2016
Transcribed Date:

Dear Dr Turnbull,

George McGhee; D.O.B: 13/11/1961; CHI: 1311616039
F2-2, 46 JEDWORTH AVE, Glasgow, Lanarkshire, G15 7QH

This patient was referred to Physiotherapy on: 19/11/15

Via: Self Referral
Presenting Condition: Right shoulder pain

He received treatment(s) from 20/11/15 to 08/12/15

GP Action Required: no

Discharge Outcome:

- Failed to attend or cancelled review appointment on 06/01/16

Additional Physiotherapy Comments: Had been improving.

This patient has now been discharged from our care.

Yours sincerely

Cheryl Gillies

Senior Physiotherapist

Electronically Signed: Physiotherapist Cheryl Gillies, Physiotherapist

Printed on 04/02/2016 12:33 by Cheryl Gillies Page 1 of 2

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

1311616039[CHI]{,,};MCGHEE, George ;13-Nov-1961;Male Page 1 of 1

XR Chest

Time Collected	04-Jan-2017 09:36	Time Received	11-Jan-2017 14:16
Time Reported	11-Jan-2017 14:14	Order Number	GS04I32201537
Status	Final	Source System	MiSys

XR Chest Final
George McGhee
Clinical History :
Ex smoker with persistent cough

XR Chest :
Comparison with 14/07/2016.

Normal heart size and mediastinal contours. There is an irregular opacity medially at the right base which is associated with atelectasis and has progressed since the previous film. Appearances could reflect infection or neoplasm.

Urgent respiratory referral to facilitate CT evaluation is advised.

Reported by: Dr Sue Lassman
Verified by: Dr Sue Lassman

Please scan into notes

https://www.ggc-portal.scot.nhs.uk/results/SingleResult.action?pageTitle=Single+Radiology+Result+Vie... 12/01/2017

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Dr. Christine Grieve
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow G15 7TS
Tel No: [redacted]
Fax No: [redacted]

Date as Postmark

Dear George

I refer to the enclosed letter received from the Bowel Screening Department.

I would encourage you to participate in the Bowel Cancer Screening Programme. Bowel cancer is the third most common cancer in Scotland and even your doctor can't see it in its early stages, so the best way to find it is to do a home screening test.

Should you have any concerns regarding participation in this scheme then please contact the surgery and ask to speak to the Practice Nurse for further advice.

Alternatively, please contact the Screening Centre Helpline on [redacted] to request a screening kit (if you no longer have your original kit) which will be posted to your home address, or you could phone the Practice and Sharon our Receptionist will order a kit for you.

I would again stress the importance of participating in this screening programme.

Yours sincerely

Sharon.

pp *DR CHRISTINE GRIEVE*

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 CHRISTINE GRIEVE
DR CHRISTINE GRIEVE
DRUMCHAPEL HEALTH CENTRE
80/90 KINPAUNS DRIVE
GLASGOW
G15 7TS

Date: 11 Feb 2014
CHI Number 1311616039

Bowel Screening
Helpline Number: 0800 0121 833

Dear Doctor,

Your patient **1311616039 , GEORGE MCGHEE , FLAT 6 , 6 ONSLOW ROAD , GLASGOW , , , G31 2LX** was invited to participate in the Bowel Screening Programme on **13/11/2013**

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.

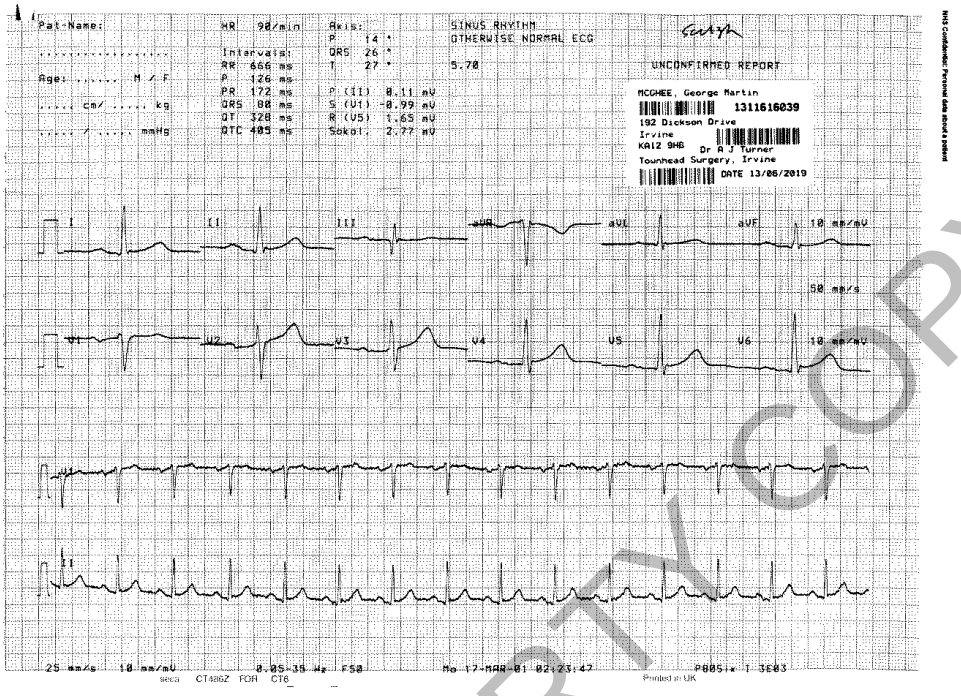
If your patient no longer has their screening kit, it is possible to request another by calling the Scottish Bowel Screening Helpline on [redacted]

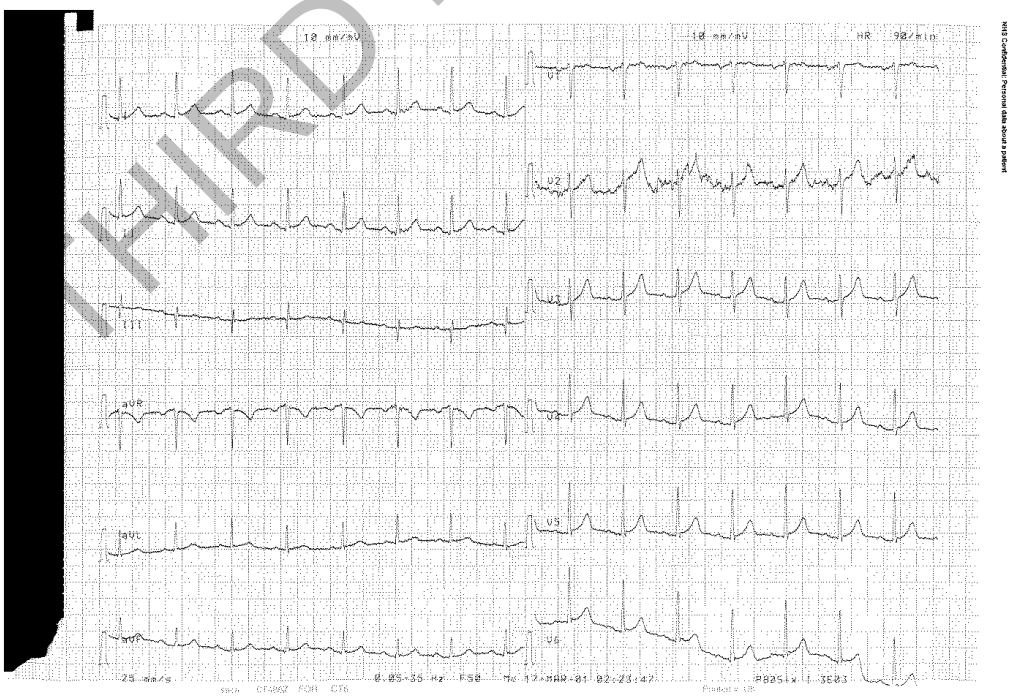
Yours sincerely

Professor Steele
Clinical Director

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:





Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGhee George Martin CHI: 1311616039

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Dr. NJ Clark
1398 Dumbarton Road
Glasgow
G14 9DR

Main Switchboard:	0141-314-7294
Department:	Ear, Nose & Throat
Contact Tel:	[redacted]
Enquiries to:	
Letter Date:	28/04/2025
Reference:	AR/BN
Dictated Date:	28/04/2025
Transcribed Date:	26/05/2025

Dear Dr. NJ Clark,

George Martin McGhee; D.O.B: 13 Nov 1961; CHI: 1311616039
FLAT 0-1, 129 EARL STREET, Glasgow, Lanarkshire, G14 0DE

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - RAAREN201D-MR ROBERTSON ENT MON PM
Date and Time of Appointment - 28/04/2025 14:15

Clinical Comments:
Diagnosis:

Mild rhinitis.

This gentleman feels his nose is a bit stuffy at times, but generally it's not too bad. The breathing through it is OK, he's not got a runny nose, he doesn't sneeze too often. He has been on a spray but he doesn't find it that helpful. He has not smoked for quite a long time.

On examination, his septum bends a little bit to the right, however, he's got good airways on both sides. I had a look further back in his nose with the scope and it actually looks pretty healthy. I don't see too much going on in his nose, he's probably got a mild degree of rhinitis. Should his problems start up again, perhaps you could get him some nasal steroid spray such as Mometasone. I have discharged him from the clinic.

Yours sincerely,

Mr A Robertson

McGhee George Martin CHI: 1311616039 OPCL 28/04/2025 v1

Consultant Otolaryngologist/Head & Neck Surgeon

Electronically Signed: Mr Alasdair Robertson, Consultant

cc.

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Department of Respiratory Medicine
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
[redacted]
www.nhsaaa.net

NHS Ayrshire & Arran

Dr AJ Turner
Townhead Surgery
6/8 High Street
Irvine
Ayrshire
KA12 0AY

Our Ref: AS/SAF
Hospital No:
Clinic Date: 09/06/2019
Date Dictated: 12/06/2019
Date Typed: 12/06/2019
Enquiries to Jacqueline Lynch
Direct Line: 01563 825231 Direct Line
Ext. Number: 25231
Email: [redacted]

Dear Dr Turner,

GEORGE MCGHEE DOB: 13/11/1961 CHI No: 1311616039
192 DICKSON DRIVE, IRVINE, AYRSHIRE, KA12 9HB

Diagnosis: **Bronchiectasis**
Gastro-oesophageal reflux symptoms
Hypertension
Panic attacks
High cholesterol

Medication: **Salbutamol Inhaler to be used on prn basis, Fostair MDI 2 puffs bd with spacer device, Carbocisteine 750 mg tds, Mometasone nasal spray, Omeprazole and Simvastatin**

Many thanks for referring this 57 year old gentleman to the Respiratory Clinic and he attended along with his [redacted] He is an ex-smoker who stopped smoking about 8 years ago and prior to that he was a heavy smoker for more than 30 years. He has worked as a Chef in the past and has now retired. He was diagnosed with Bronchiectasis in 2017 and unfortunately for the last few months he has been suffering from recurrent infective exacerbation episodes of Bronchiectasis requiring antibiotics and steroids.

There is no childhood history of asthma, no history of hayfever, he also denies any previous history of recurrent pneumonias or chest infections. He has a dog and a cat as a pet but there are no apparent allergies to that, no exposure to birds.

Recent 3 sputum samples done in April were clear and didn't show any growth of bacteria. His chest x-ray in January this year was clear as well.

GEORGE MCGHEE DOB: 13/11/1961 CHI No: 1311616039
192 DICKSON DRIVE, IRVINE, AYRSHIRE, KA12 9HB

He also had pulmonary function tests which were done last week and it shows normal findings, there is nothing to suggest COPD and there is no reversibility.

I feel he would benefit from a referral to the physiotherapists and he will need postural drainage exercises and I am going to refer him to the Physiotherapists for that. I am also requesting HRCT chest to see whether his Bronchiectasis has worsened or not. I have mentioned that he should continue with his current regular inhaler therapy and we will see him again in clinic in 4 months time.

Action for GP – if he develops any further infective exacerbations in the next few weeks then I would suggest you kindly start him on long term prophylactic immune modulator Azithromycin 250 mg three times a week (Monday, Wednesday and Friday) and please check his QT interval on ECG to make sure there is no long QT interval. He will need monitoring of liver function tests while he is on Azithromycin initially fortnightly for a month and then once a month.

Thank you

Yours sincerely

Authorised on 17/09/2019 09:24:06 by Typist Jaki Lynch, not verified by Consultant.

Dr Amer Saleem
Consultant in Respiratory Medicine (Medinet)
GMC No: 7048887

Respiratory Physiotherapist
Physiotherapy Department
Ground Floor
University Hospital Crosshouse
KILMARNOCK
KA2 0BE

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

1311616039

McGhee

George

Labs

Week 24

Townhead Surgery

NHS Confidential: Personal data about a patient

28/01 2005 11:04 FAX 002

DEPARTMENT OF RESPIRATORY MEDICINE
GLASGOW ROYAL INFIRMARY
NORTH GLASGOW UNIVERSITY HOSPITALS TRUST

MCGHEE George GP Referral Gardiner Whitevale U.No. 084102/08
100 Bankvale Street H.No. D.o.b. 13.11.1961
Glasgow G31 1EF Male Date 26.01.2005

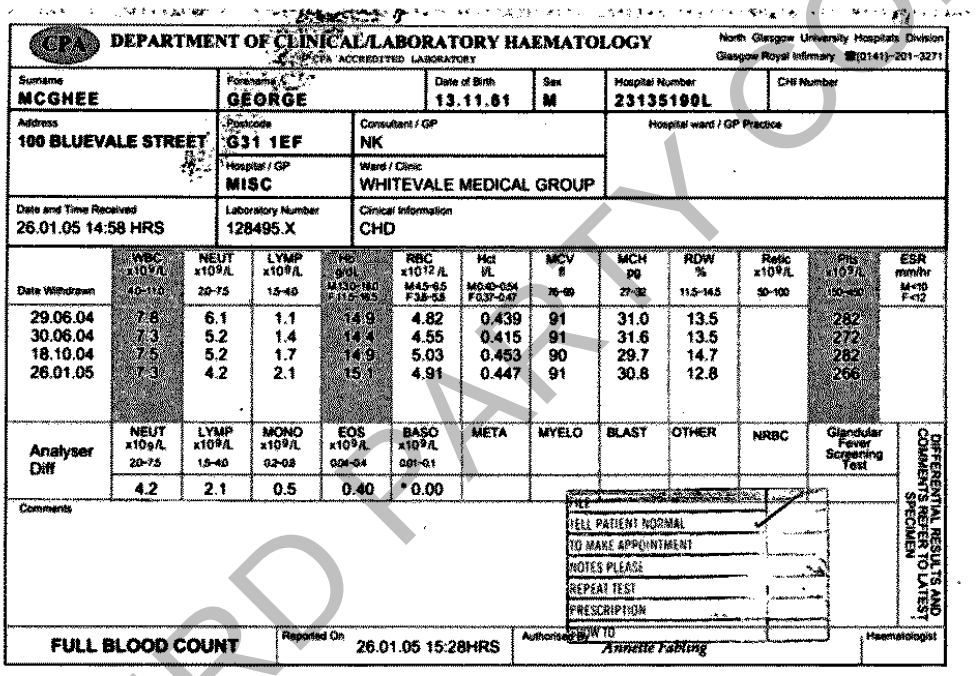
PREVIOUS RESULTS - None

	Pre BD	%Pred	Post BD	Normal Range
SPIROMETRY				
FVC	4.33		4.25	
FEV1	3.46	98	3.41	(2.68 - 4.36)
FEV1/FVC%	79	99	80	(68 - 91)

There is no airflow obstruction on dynamic testing
THis does not exclude asthma or some forms of interstitial lung disease. Consider further referral if clinical uncertainty.

DR R Carter

NHS Confidential: Personal data about a patient



CPA **DEPARTMENT OF CLINICAL/LABORATORY HAEMATOLOGY**
CPA ACCREDITED LABORATORY

North Glasgow University Hospitals Division
Glasgow Royal Infirmary ☎(0141)-201-3271

Surname	Forename(s)	Date of Birth	Sex	Hospital Number	CHI Number
MCGHEE	GEORGE	13.11.61	M	23135190L	

Address	Postcode	Consultant / GP	Hospital ward / GP Practice
100 BLUEVALE STREET	G31 1EF	NK	
	Hospital / GP	Ward / Clinic	
	MISC	WHITEVALE MEDICAL GROUP	

Date and Time Received	Laboratory Number	Clinical Information
26.01.05 14:58 HRS	128495.X	CHD

Date Withdrawn	WBC x10⁹/L 4.0–11.0	NEUT x10⁹/L 2.0–7.5	LYMP x10⁹/L 1.5–4.0	Hb g/dL M 13.0–18.0 F 11.5–16.5	RBC x10¹²/L M 4.5–6.5 F 3.8–5.8	Hct l/L M 0.40–0.54 F 0.37–0.47	MCV fl 76–99	MCH pg 27–32	RDW % 11.5–14.5	Retic x10⁹/L 30–100	Plts x10⁹/L 150–400	ESR mm/hr M <10 F <12
29.06.04	7.6	6.1	1.1	14.9	4.82	0.439	91	31.0	13.5		282	
30.06.04	7.3	5.2	1.4	14.4	4.55	0.415	91	31.6	13.5		272	
18.10.04	7.5	5.2	1.7	14.9	5.03	0.453	90	29.7	14.7		282	
26.01.05	7.3	4.2	2.1	15.1	4.91	0.447	91	30.8	12.8		266	

Analyser Diff	NEUT x10⁹/L 2.0–7.5	LYMP x10⁹/L 1.5–4.0	MONO x10⁹/L 0.2–0.8	EOS x10⁹/L 0.04–0.4	BASO x10⁹/L 0.01–0.1	META	MYELO	BLAST	OTHER	NRBC	Glandular Fever Screening Test
	4.2	2.1	0.5	0.40	* 0.00						

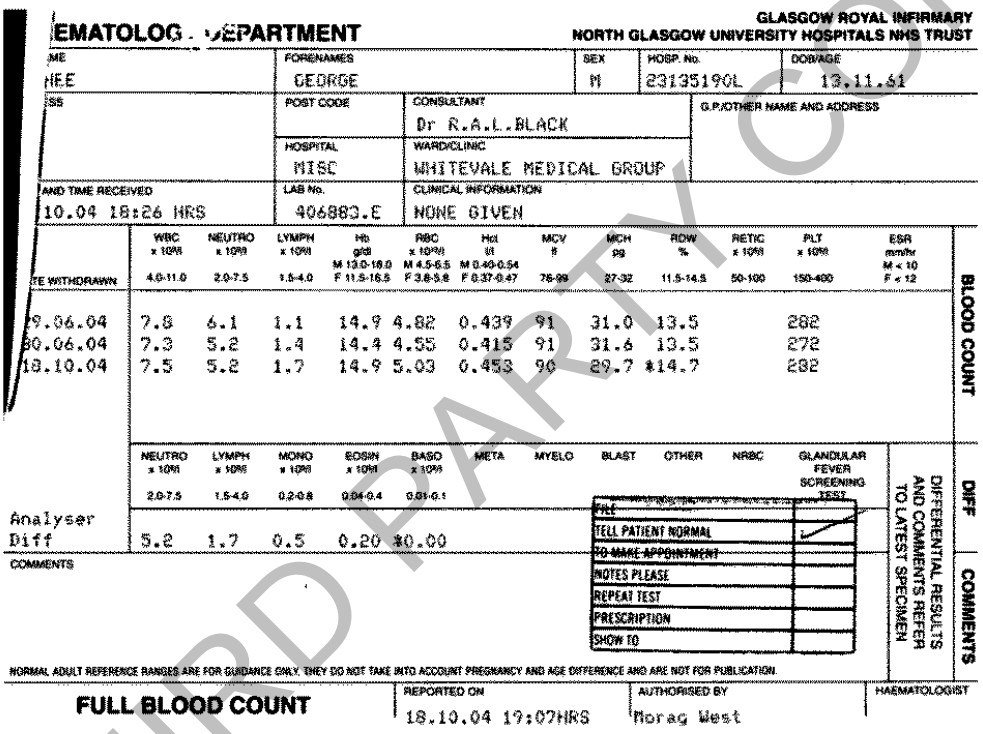
Comments

DIFFERENTIAL RESULTS AND COMMENTS REFER TO LATEST SPECIMEN

FILE
TELL PATIENT NORMAL
TO MAKE APPOINTMENT
NOTES PLEASE
REPEAT TEST
PRESCRIPTION
FLOW TO

FULL BLOOD COUNT | Reported On 26.01.05 15:28HRS | Authorised By *Annette Fahling* | Haematologist

NHS Confidential: Personal data about a patient



EMATOLOG . EPARTMENT

GLASGOW ROYAL INFIRMARY
NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

ME	FORENAMES	SEX	HOSP. No.	DOB/AGE
NEE	GEORGE	M	23135190L	13.11.61

SS	POST CODE	CONSULTANT	G.P./OTHER NAME AND ADDRESS
		Dr R.A.L.BLACK	
	HOSPITAL: NISC	WARD/CLINIC: WHITEVALE MEDICAL GROUP	

AND TIME RECEIVED	LAB No.	CLINICAL INFORMATION
10.04 18:26 HRS	406883.E	NONE GIVEN

BLOOD COUNT

TE WITHDRAWN	WBC x 10⁹/l	NEUTRO x 10⁹/l	LYMPH x 10⁹/l	Hb g/dl	RBC x 10¹²/l	Hct l/l	MCV fl	MCH pg	RDW %	RETIC x 10⁹/l	PLT x 10⁹/l	ESR mm/hr
	4.0-11.0	2.0-7.5	1.5-4.0	M 13.0-18.0 F 11.5-16.5	M 4.5-6.5 F 3.8-5.8	M 0.40-0.54 F 0.37-0.47	76-99	27-32	11.5-14.5	50-100	150-400	M < 10 F < 12
9.06.04	7.8	6.1	1.1	14.9	4.82	0.439	91	31.0	13.5		282	
30.06.04	7.3	5.2	1.4	14.4	4.55	0.415	91	31.6	13.5		272	
18.10.04	7.5	5.2	1.7	14.9	5.03	0.453	90	29.7	*14.7		282	

DIFF

	NEUTRO x 10⁹/l	LYMPH x 10⁹/l	MONO x 10⁹/l	EOSIN x 10⁹/l	BASO x 10⁹/l	META	MYELO	BLAST	OTHER	NRBC	GLANDULAR FEVER SCREENING TEST
	2.0-7.5	1.5-4.0	0.2-0.8	0.04-0.4	0.01-0.1						
Analyser Diff	5.2	1.7	0.5	0.20	*0.00						

DIFFERENTIAL RESULTS AND COMMENTS REFER TO LATEST SPECIMEN

COMMENTS

COMMENTS

FILE
TELL PATIENT NORMAL
~~TO MAKE APPOINTMENT~~
NOTES PLEASE
REPEAT TEST
PRESCRIPTION
SHOW TO

NORMAL ADULT REFERENCE RANGES ARE FOR GUIDANCE ONLY. THEY DO NOT TAKE INTO ACCOUNT PREGNANCY AND AGE DIFFERENCE AND ARE NOT FOR PUBLICATION

FULL BLOOD COUNT

REPORTED ON	AUTHORISED BY	HAEMATOLOGIST
18.10.04 19:07HRS	Morag West	

NHS Confidential: Personal data about a patient

GREATER GLASGOW HEALTH BOARD — **BACTERIOLOGY**

Lab No.: B8951051 **Name:** McGHEE George **Hosp. No.:** Not Stated

Initialled as seen: **Phys./Surg.** Dr Priddle **Ward:** CHC

Direct Film; No pus cells but occasional organisms seen.

Culture yielded no significant growth.

PLEASE NOTE:-
SPECIMEN COLLECTED 12/9
SPECIMEN RECEIVED 13/9

D Alastair R Simmons

Checked by ec

SPECIMEN INVESTIGATION:	DATE OF COLLECTION:	DATE OF REPORT
MSU	12.9.89	14.9.89

NHS Confidential: Personal data about a patient

BELVIDERE HOSPITAL GLASGOW
REPORT FROM RADIOLOGICAL DEPARTMENT

21/11/97 No. 975443

MCGHEE GEORGE
6 LOCHBRIDGE RD

13/11/61 OP
TOWN EHC

REPORT:—

ABDOMINAL ULTRASOUND - several small echogenic foci are present within the gall bladder. On balance, I think this most probably is due to small gall stones, rather than polyps. CBD and liver are normal. Normal pancreas, kidneys and spleen.

F W POON

21 NOV 1997
notes to AT
Patient to be seen

NHS Confidential: Personal data abou

SURNAME MCGHEE
FORENAME GEORGE 90

Hosp No -23135190L
CHI No 1311616039
D.O.B 13.11.61 SEX M
ADDRESS 1/2 100 Bluevale

CONSULTANT/GP C GRIEVE
HOSP/PRACTICE DRUMCHAPEL HC 40559
WARD/TOWN 80/90 KINFAUNS DR

Requested	Received	Laboratory No.
14.03.05 @ 09:15	14.03.05 @ 11:58	7156248

CPA CLINICAL BIOCHEMISTRY
CPA ACCREDITED LABORATORY

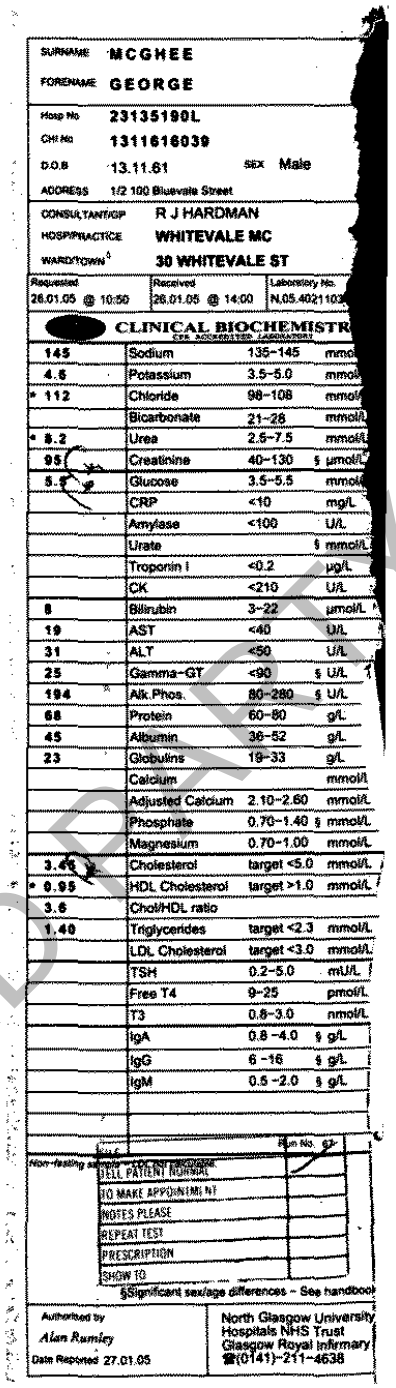
* 146	Sodium	135–145	mmol/L
4.9	Potassium	3.5–5.0	mmol/L
* 112	Chloride	98–108	mmol/L
	Bicarbonate	21–26	mmol/L
* 8.6	Urea	2.5–7.5	mmol/L
99	Creatinine	40–130 §	µmol/L
5.0	Glucose	3.5–5.5	mmol/L
	CRP	<10	mg/L
	Amylase	<100	U/L
	Urate	§	mmol/L
	Troponin I	<0.2	µg/L
	CK	<210	U/L
5	Bilirubin	3–22	µmol/L
25	AST	<40	U/L
39	ALT	<50	U/L
24	Gamma–GT	<90 §	U/L
241	Alk.Phos.	80–280 §	U/L
	Protein	60–80	g/L
45	Albumin	36–52	g/L
	Globulins	19–33	g/L
	Calcium		mmol/L
	Adjusted Calcium	2.10–2.60	mmol/L
	Phosphate	0.70–1.40 §	mmol/L
	Magnesium	0.70–1.00	mmol/L
4.20	Cholesterol	target <5.0	mmol/L
* 0.90	HDL Cholesterol	target >1.0	mmol/L
4.7	Chol/HDL ratio		
1.80	Triglycerides	target <2.3	mmol/L
2.48	LDL Cholesterol	target <3.0	mmol/L
1.2	TSH	0.2–5.0	mU/L
13	Free T4	9–25	pmol/L
	T3	0.8–3.0	nmol/L
	IgA	0.8 –4.0 §	g/L
	IgG	6 –16 §	g/L
	IgM	0.5 –2.0 §	g/L
	Run No. 482		

§Significant sex/age differences – See handbook

Authorised by
Ian Pattie
Date Reported 14.03.05

North Glasgow University Hospitals Division
Gartnavel General
☎(0141)–211–3355

NHS Confidential: Personal data ab



SURNAME MCGHEE
FORENAME GEORGE
Hosp No 23135190L
CHI No 1311616039
D.O.B 13.11.61 SEX Male
ADDRESS 1/2 100 Bluevale Street
CONSULTANT/GP R J HARDMAN
HOSP/PRACTICE WHITEVALE MC
WARD/TOWN 30 WHITEVALE ST

Requested	Received	Laboratory No.
26.01.05 @ 10:50	26.01.05 @ 14:00	N.05.4021103

CLINICAL BIOCHEMISTR
CPA ACCREDITED LABORATORY

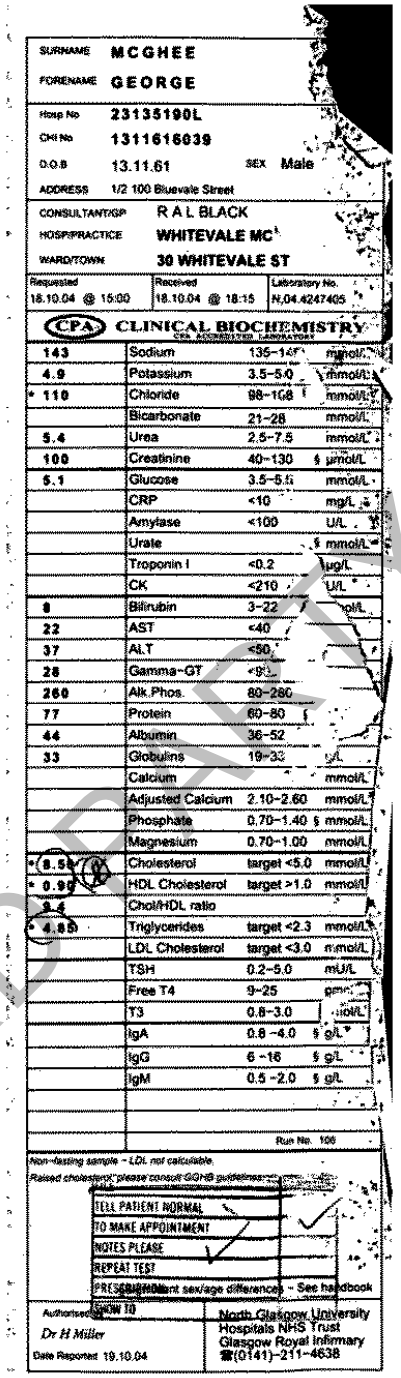
145	Sodium	135–145	mmol
4.6	Potassium	3.5–5.0	mmol
* 112	Chloride	98–108	mmol
	Bicarbonate	21–28	mmol/L
* 8.2	Urea	2.5–7.5	mmol/L
95	Creatinine	40–130 §	µmol/L
5.5	Glucose	3.5–5.5	mmol/
	CRP	<10	mg/L
	Amylase	<100	U/L
	Urate	§	mmol/L
	Troponin I	<0.2	µg/L
	CK	<210	U/L
8	Bilirubin	3–22	µmol/L
19	AST	<40	U/L
31	ALT	<50	U/L
25	Gamma-GT	<90 §	U/L
194	Alk.Phos.	80–280 §	U/L
68	Protein	60–80	g/L
45	Albumin	36–52	g/L
23	Globulins	19–33	g/L
	Calcium		mmol/l
	Adjusted Calcium	2.10–2.60	mmol/L
	Phosphate	0.70–1.40 §	mmol/L
	Magnesium	0.70–1.00	mmol/L
3.4	Cholesterol	target <5.0	mmol/L
* 0.95	HDL Cholesterol	target >1.0	mmol/L
3.6	Chol/HDL ratio		
1.40	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
	TSH	0.2–5.0	mU/L
	Free T4	9–25	pmol/L
	T3	0.8–3.0	nmol/L
	IgA	0.8 –4.0 §	g/L
	IgG	6 –16 §	g/L
	IgM	0.5 –2.0 §	g/L

Non-fasting sample - ADDITIONAL TESTS Item No.
WELL PATIENT NORMAL
TO MAKE APPOINTMENT
NOTES PLEASE
REPEAT TEST
PRESCRIPTION
SHOW TO
§Significant sex/age differences – See handbook

Authorised by
Alan Rumley
Date Reported 27.01.05

North Glasgow University Hospitals NHS Trust
Glasgow Royal Infirmary
☎(0141)-211-4638

NHS Confidential: Personal data abc



SURNAME MCGHEE
FORENAME GEORGE
Hosp No 23135190L
CHI No 1311616039
D.O.B 13.11.61 SEX Male
ADDRESS 1/2 100 Bluevale Street
CONSULTANT/GP R A L BLACK
HOSP/PRACTICE WHITEVALE MC
WARD/TOWN 30 WHITEVALE ST

Requested	Received	Laboratory No.
18.10.04 @ 15:00	18.10.04 @ 18:15	N.04.4247405

CPA CLINICAL BIOCHEMISTRY

143	Sodium	135–147	mmol/L
4.9	Potassium	3.5–5.0	mmol/L
* 110	Chloride	98–108	mmol/L
	Bicarbonate	21–28	mmol/L
5.4	Urea	2.5–7.5	mmol/L
100	Creatinine	40–130 §	µmol/L
5.1	Glucose	3.5–5.5	mmol/L
	CRP	<10	mg/L
	Amylase	<100	U/L
	Urate	§	mmol/L
	Troponin I	<0.2	µg/L
	CK	<210	U/L
8	Bilirubin	3–22	
22	AST	<40	
37	ALT	<50	
28	Gamma-GT	<50	
260	Alk.Phos.	80–280	
77	Protein	60–80	
44	Albumin	36–52	
33	Globulins	19–33	
	Calcium		mmol/L
	Adjusted Calcium	2.10–2.60	mmol/L
	Phosphate	0.70–1.40 §	mmol/L
	Magnesium	0.70–1.00	mmol/L
* 8.5	Cholesterol	target <5.0	mmol/L
* 0.99	HDL Cholesterol	target >1.0	mmol/L
8.4	Chol/HDL ratio		
* 4.85	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
	TSH	0.2–5.0	mU/L
	Free T4	9–25	pmol/L
	T3	0.8–3.0	nmol/L
	IgA	0.8 –4.0 §	g/L
	IgG	6 –16 §	g/L
	IgM	0.5 –2.0 §	g/L

Run No. 106

Non-fasting sample – LDL not calculable.
Raised cholesterol: please consult CGHB guidelines.

TELL PATIENT NORMAL
TO MAKE APPOINTMENT
NOTES PLEASE
REPEAT TEST
PRESCRIPTION
SHOW TO

§ Different sex/age differences – See handbook

Authorised
Dr H Miller
Date Reported 19.10.04

North Glasgow University Hospitals NHS Trust
Glasgow Royal Infirmary
☎(0141)–211–4638

NHS Confidential: Personal data abou

SURNAME	MCGHEE
FORENAME	GEORGE
Hosp No	50677815L
CHI No	1311616039
D.O.B	13.11.61 SEX Male
ADDRESS	100 BLUEVALE STREET,GLASGOW
CONSULTANT/GP	R A L BLACK
HOSP/PRACTICE	WHITEVALE MC
WARD/TOWN	30 WHITEVALE ST

Requested	Received	Laboratory No.
21.07.04 @ 14:41	21.07.04 @ 18:08	N.04.4170581

CPA CLINICAL BIOCHEMISTRY
CPA ACCREDITED LABORATORY

	Sodium	135–145		mmol/L
	Potassium	3.5–5.0		mmol/L
	Chloride	98–108		mmol/L
	Bicarbonate	21–28		mmol/L
	Urea	2.5–7.5		mmol/L
	Creatinine		§	µmol/L
	Glucose	3.5–5.5		mmol/L
	CRP	<10		mg/L
	Amylase	<100		U/L
	Urate		§	mmol/L
	Troponin I	<0.2		µg/L
	CK	<210		U/L
9	Bilirubin	3–22		µmol/L
28	AST	<40		U/L
* 54	ALT	<50		U/L
51	Gamma–GT	<90	§	U/L
200	Alk.Phos.	80–280	§	U/L
69	Protein	60–80		g/L
41	Albumin	36–52		g/L
28	Globulins	19–33		g/L
	Calcium			mmol/L
	Adjusted Calcium	2.10–2.60		mmol/L
	Phosphate	0.70–1.40	§	mmol/L
	Magnesium	0.70–1.00		mmol/L
	Cholesterol	target <5.0		mmol/L
	HDL Cholesterol	target >1.0		mmol/L
	Chol/HDL ratio			
	Triglycerides	target <2.3		mmol/L
	LDL Cholesterol	target <3.0		mmol/L
	TSH	0.2–5.0		mU/L
	Free T4	9–25		pmol/L
	T3	0.8–3.0		nmol/L
	IgA	0.8 –4.0	§	g/L
	IgG	6 –16	§	g/L
	IgM	0.5 –2.0	§	g/L

Run No. 234

FILE	
TELL PATIENT NORMAL	✓
TO MAKE APPOINTMENT	
NOTES PLEASE	
REPEAT TEST	
PRESCRIPTION	
SHOW TO	

§Significant sex/age differences – See handbook

Authorised by
Auto Check
Date Reported 22.07.04

North Glasgow University Hospitals NHS Trust
Glasgow Royal Infirmary
☎(0141)–211–4638

NHS Confidential: Personal data abou

SURNAME	MCGHEE		
FORENAME	GEORGE	162	
Hosp No	23135190L		
CHI No	1311616039		
D.O.B	13.11.61	SEX M	
ADDRESS	1/2 100 Bluevale		
CONSULTANT/GP	C GRIEVE		
HOSP/PRACTICE	DRUMCHAPEL HC 40559		
WARD/TOWN	80/90 KINFAUNS DR		

Requested	Received	Laboratory No.
13.09.05 @ 09:40	13.09.05 @ 13:09	7305838

CLINICAL BIOCHEMISTRY
CPA ACCREDITED LABORATORY

145	Sodium	135–145		mmol/L
4.1	Potassium	3.5–5.0		mmol/L
106	Chloride	98–108		mmol/L
	Bicarbonate	21–28		mmol/L
* 8.0	Urea	2.5–7.5		mmol/L
94	Creatinine	75–122	§	µmol/L
5.0	Glucose	3.5–5.5		mmol/L
	CRP	<10		mg/L
	Amylase	<100		U/L
	Urate		§	mmol/L
	Troponin I	<0.2		µg/L
	CK	<210		U/L
10	Bilirubin	3–22		µmol/L
* 43	AST	<40		U/L
* 89	ALT	<50		U/L
32	Gamma-GT	<90	§	U/L
188	Alk.Phos.	80–280	§	U/L
	Protein	60–80		g/L
44	Albumin	36–52		g/L
	Globulins	19–33		g/L
	Calcium			mmol/L
	Adjusted Calcium	2.10–2.60		mmol/L
	Phosphate	0.70–1.40	§	mmol/L
	Magnesium	0.70–1.00		mmol/L
3.70	Cholesterol	target <5.0		mmol/L
1.20	HDL Cholesterol	target >1.0		mmol/L
3.1	Chol/HDL ratio			
1.20	Triglycerides	target <2.3		mmol/L
1.95	LDL Cholesterol	target <3.0		mmol/L
1.6	TSH	0.2–5.0		mU/L
12	Free T4	9–25		pmol/L
	T3	0.8–3.0		nmol/L
	IgA	0.8 –4.0	§	g/L
	IgG	6 –16	§	g/L
	IgM	0.5 –2.0	§	g/L
	Run No. 581			

§Significant sex/age differences - See handbook

Authorised by	North Glasgow University Hospitals Division
Auto Check	Gartnavel General
Date Reported 14.09.05 09:25	☎(0141)-211-3355

NHS Confidential: Personal data about a patient

DATE OF REGISTRATION 17.2.05

NAME George McGhee DATE OF BIRTH 3.11.61

ADDRESS 257 Kingsmuir Drive, Flat 0/1 Drumchapel

POST CODE G15 7BD TEL N [redacted]

Height 1.73m Weight 58kg

Smoking status (Y) ✓ (N) ... How many a day ..... Alcohol units per wk Ex alcoholic

Exercise (how much per week) ONE SESSION

When did you last have a smear ..... Contraception .....

When did you last have a tetanus NOT WITHIN 10 YEARS

PAST MEDICAL HISTORY:

? MI - 9 years ago
Liver Damage - ALD

FAMILY HI[redacted]
Heart disea[redacted] Cancer .....
Asthma ... Stroke .....
Epilepsy ..... High blood pressure .....

CURRENT MEDICATION

ANY ALLERGIES ..... None Known

BMI 19.4 URINE ..... BP 110/70

COMMENTS* Smokes hash at night *

NHS Confidential: Personal data about a patient

McGhee, George Drumchapel Health Cen
DoB: 13/11/1961 **Report Valid On 21/03/05 14:51** Page numbe

Adverse Reactions

Read Code	Description

Clinical / User Marker

17/07/1973	High	Greenstick fracture
28/03/1993	High	Head injury
02/11/1997	High	Renal colic
02/11/1997	High	Suspected gallstones
07/09/2002	High	Fracture of mandible
29/06/2004	High	[D]Alcohol blood level excessive
29/06/2004	High	[D]Chest pain
29/06/2004	High	Dyspepsia
29/06/2004	High	Oesophagitis
16/07/1996	Medium	[D]Electrocardiogram (ECG) abnormal
16/07/1996	Medium	Echocardiogram normal
16/07/1996	Medium	Exercise tolerance test negative
02/11/1997	Medium	Intravenous pyelogram
26/01/2005	Medium	Spirometry

Summary Sheet: basic summary Printed at 21/03/2005 14:51:57

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Ayrshire Doctors On Call

adastra

1 Patient Contacts for Townhead Surgery

Patient : George Mcghee

(Gender: Male) (DOB: 13/11/1961) (Age: 57 years) (CHI: 1311616039)

Case No 35998 **Case Date** 30/03/2019 13:20
Own Dr Turner, Alison

Emergency Care Summary viewed on case

Current Address
4 Mull Crescent Broomlands Irvine

KA11 1HW
Current Phone [redacted]

[redacted]

Case Type PCTC (Doctor)
Priority On Reception Within 4 Hours

NHS 24 Advice by Alice Luczak (Usc Call Taker) () **Triage Start** 13:20
Triage End 13:29

Clinical summary created by: Alice Luczak (Usc Call Taker) () [30/03/2019 13:29:53]
Reason for call: STRUGGLING TO BREATHE - 4 DAYS
BRONCHIAL CONDITION - SIMILAR TO COPD, INHALER NOT HELPING, COUGHING.
Confirmed Symptom(s):
Struggling to breathe
Patient has emphysema or COPD
Breathing is causing concern
30:03:2019 13:21:49 LUCZAKA.. STOMACH PAIN TODAYYDAY - SHARP PAIN L/CHEST - NOT CHEST PAIN... PT HAS COUGHING FITS... DW SCN P DONNACHIE - PT HAS ADVANCED FORM OF COPD - PROCEED WITH VOPD... DW CS A FOX BEGLEY - LIP COLOUR - NORMAL, PT USING NECK MUSCLES TO BREATHE, SOMETIMES PT HAS WHEEZE AND NOISY BREATHING - ADVISED PCEC 4HRS,.. PCEC 4HRS - HUB TO ARRANGE PLEASE...
Outcome: PCEC within 4 Hrs

Case Questions
NHS 24 Feedback
Do you agree with the outcome determined by NHS 24? - Yes
CLINICAL PORTAL -
Did you perform a lookup on the A&A Clinical Portal? - No

Pocked Aremote Consult by: **Consult Start**
Start Type **End Type** **Consult End**

Adastra Consult by Lennox, Stuart **Consult Start** 15:33
Start Type PCTC (Doctor) **End Type** PCTC (Doctor) **Consult End** 15:46

History
has ?COPD. no reg inhalers. has amox and pred 3 weeks ago. steroids helped. ex smoker 8 yrs ago. feel more sob last week, cough white phlegm, wheezy. blue inhaler doesn't think it helps. relative wondering re longer term shouldhe be on reg inhaler

Examination
sats 95 talking sentences, p100, rr16-20. well, temp 36.2. chest few creps right base but not actually wheezy. had

Report Statistics: Report produced by Adastra Version 3 - 30/03/2019 16:48:26

Patient : George Mcghee

(Gender: Male) (DOB: 13/11/1961) (Age: 57 years) (CHI: 1311616039)

taken salbutamol inhaler 15 mins ago though

Diagnosis

?ongoinog exaccopd. try doxy pred again. don't have all pts notes so said once hes over this ep can dw gp re long term inhalers if they are warranted for his dx

Treatment

Clinical Code(s)

H06z1 Lower resp tract infection

Prescriptions

Prednisolone 5mg tablets 8 tablets - every MORNING - with or after food - oral 56.00
Doxycycline 100mg capsules 1 capsule - ONCE a DAY - oral 8.00

Informational Outcome(s)

Patient Told To Contact GP -

Report Statistics: Report produced by Adastra Version 3 - 30/03/2019 16:48:26

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential; Personal data about a patient

Director [redacted]

Cultural and Leisure Services
Glasgow City Council
20 Trongate
Glasgow G1 5ES
Phone [redacted]
Fax [redacted]
Email [redacted]
www.glasgow.gov.uk

[redacted]
Live Active Exercise Referral Officer
The Donald Dewar Leisure Centre
220 Garscadden Road
Drumchapel
Glasgow
G15 8SX
Tel:0141 944 9710

LIVE ACTIVE REFERRAL SCHEME

Dear DR. GRIEVE

I am writing to update you on the exercise prescription and activity goals that have been agreed upon with your patient re

Name: GEORGE McGHEE DOB: 13/11/61

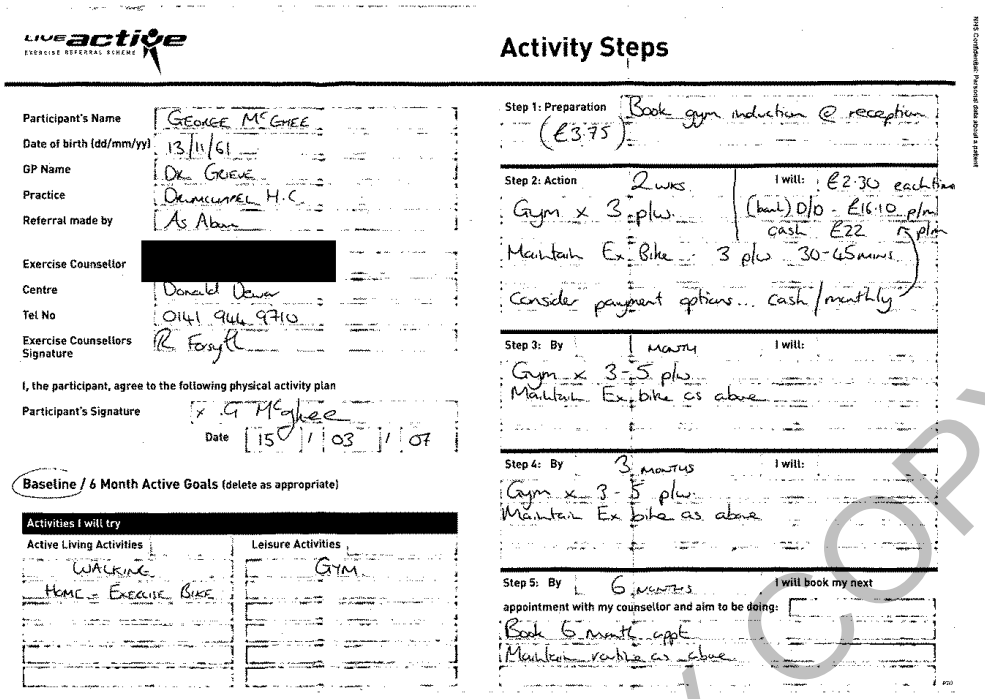
This exercise prescription is to be followed by the patient over the next 3-6 months. I hope that their goals and predicted progression are to your satisfaction.

Should you feel that part of this prescription is unsuitable at this time, please do not hesitate to contact me at the address or telephone number above.

Yours sincerely

[redacted]

Live Active Exercise Referral Officer



LIVE active EXERCISE REFERRAL SCHEME

Activity Steps

Participant's Name: GEORGE McGHEE
Date of birth (dd/mm/yy): 13/11/61
GP Name: Dr. GRIEVE
Practice: DENNISTOUN H.C.
Referral made by: As Above
Exercise Counsellor: [redacted]
Centre: Donald Dewar
Tel No: 0141 944 9710
Exercise Counsellors Signature: R. Forsyth

I, the participant, agree to the following physical activity plan

Participant's Signature: x G McGhee
Date: 15 / 03 / 07

Baseline / 6 Month Active Goals (delete as appropriate)

Activities I will try	
Active Living Activities	Leisure Activities
WALKING	GYM
HOME - EXERCISE BIKE	

Step 1: Preparation: Book gym induction @ reception (£3.75)

Step 2: Action: 2 WKS — I will: £2.30 each time (Maint) D/D - £16.10 p/m cash £22 p/m
Gym x 3 p/w
Maintain Ex Bike 3 p/w 30-45 mins
Consider payment options... cash / monthly

Step 3: By 1 MONTH — I will:
Gym x 3-5 p/w
Maintain Ex bike as above

Step 4: By 3 MONTHS — I will:
Gym x 3-5 p/w
Maintain Ex bike as above

Step 5: By 6 MONTHS — I will book my next appointment with my counsellor and aim to be doing:
Book 6 month appt
Maintain routine as above

NHS Confidential Personal data about a patient

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Blackpool, Fylde and Wyre Hospitals NHS

NHS Trust

CARE OF ELDERLY

Dr RS Gulati Dr MJ O'Donnell Dr MY El-Khateeb
Dr T Kathikeyan Dr Y Seth Dr S K Talab

Victoria Hospital
Whinney Heys Road
Blackpool
Lancashire
FY3 8NR

E.ma [redacted]

Telephone: [redacted]
Fax:
Minicoms: [redacted]

MYEK/CM/937429/6350723279

03 July 2003

Dear Dr Ahmed

Re: George McGhee, 13/11/61,
61 Peter Street, Blackpool, lancashire

Date of Admission:20/06/03 to Medical Admission Ward, VHB
Date of Discharge:20/06/03

ENTERED ON COMPUTER

Problems:

1. Admitted with palpitation - MI screen was negative
2. Left ureteric stone in January 2001 - passed spontaneously

This 51 years old man was admitted with palpitation as well as chest tightness which lasts for approximately ½ hour. Apparently he consumes alcohol regularly and he smoke 25 cigarettes day.

On admission clinical examination was unremarkable apart from sinus tachycardia with frequent ventricular ectopics. His CPK was high at 864 however his troponin was negative.

He was given Magnesium Sulphate intravenously as well as Pabrinex for possible alcohol withdrawal symptoms. His condition was stable and he did not have any further chest pain. He was advised to reduce his alcohol intake as well as to stop smoking and was discharged home. His TSH needs to be checked and if he develops further chest pain arranging an exercise stress test would be appropriate.

Yours sincerely

Dr M Y El-Khateeb
Locum Consultant Physician

Dr S I Ahmed
Buchanan Medical Centre
73-75 Buchanan Street
Blackpool

TO RECEPTION FROM: DR
FILE
NOTES PLEASE
REGISTRATION
MAKE APPT. w Dr.
DR TO VISIT
HV TO VISIT
OTHER
TICK

RECEIVED 07 JUL 2003

INVESTOR IN PEOPLE

Chairman: Beverly J Lester, LLB. Chief Executive: Roy Male, MA, MCIPD, MHSM.

POSITIVE ABOUT DISABLED PEOPLE

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

SURNAME	MCGHEE
FORENAME	GEORGE
Hosp No	23135190L
CHI No	1311616039
D.O.B	13.11.61 SEX Male
ADDRESS	1/2 100 Bluevale Street
CONSULTANT/GP	C GRIEVE
HOSP/PRACTICE	DRUMCHAPEL HC 40559
WARD/TOWN	80/90 KINFAUNS DR

Collected	Received	Report Issued
19.01.07 @ 15:09	19.01.07 @ 16:13	20.01.07 @ 10:46

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

140	Sodium	135–145		mmol/L
4.7	Potassium	3.5–5.0		mmol/L
106	Chloride	98–108		mmol/L
	Bicarbonate	21–28		mmol/L
5.9	Urea	2.5–7.5		mmol/L
95	Creatinine	75–125	§	µmol/L
>60	eGFR (est. Glomerular Filtration Rate)			
5.0	Glucose	3.5–5.5		mmol/L
	CRP	<10		mg/L
70	Amylase	<100		U/L
	Urate		§	mmol/L
	Troponin I	<0.04		µg/L
	CK	<210		U/L
6	Bilirubin	3–22		µmol/L
25	AST	<40		U/L
34	ALT	<50		U/L
22	Gamma-GT	<90	§	U/L
69	Alk.Phos.	40–150	§	U/L
70	Protein	60–80		g/L
44	Albumin	32–45		g/L
26	Globulins	23–38		g/L
	Calcium			mmol/L
	Adjusted Calcium	2.10–2.60		mmol/L
	Phosphate	0.70–1.40	§	mmol/L
	Magnesium	0.70–1.00		mmol/L
	Cholesterol	target <5.0		mmol/L
	HDL Cholesterol	target >1.0		mmol/L
	Chol/HDL ratio			
	Triglycerides	target <2.3		mmol/L
	LDL Cholesterol	target <3.0		mmol/L
	TSH			mU/L
	Free T4			pmol/L
	T3			nmol/L
	IgA	0.8 –4.0	§	g/L
	IgG	6 –16	§	g/L
	IgM	0.5 –2.0	§	g/L

Lab No. N07.7121071 Run No. 570

Alk phos, albumin, globulin reference ranges changed from 05.11.06

§Significant sex/age differences – See handbook

Authorised by
Auto Check
Date Reported 20.01.07

Accredited Medical Laboratory

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGhee George CHI: 1311616039

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. J Coyle
Dr Turnbull & Dr Coyle
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	[redacted]
Department:	immediate assessment unit
Contact Tel:	0141 452 2322/3
Enquiries to:	
Letter Date:	24/11/2016
Reference:	bw/sm
Dictated Date:	18/11/2016
Transcribed Date:	22/11/2016

Dear Dr Coyle,

George McGhee; D.O.B: 13/11/1961; CHI: 1311616039
F2-2, 46 JEDWORTH AVE, Glasgow, Lanarkshire, G15 7QH

This gentleman has now had his 24 hour tape following his admission in July with what sounds like a syncopal episode at a funeral. This shows sinus rhythm with 4 dropped beats over the period that was monitored. These occurred in isolation and were not associated with any symptoms. I don't think anything else requires to be done with this, and I have not arranged any further follow-up.

Yours sincerely

Dr Beth White

Consultant Physician

Electronically Signed: Dr Beth White, Consultant

cc.

Printed on 24/11/2016 09:05 by Janice Davidson Page 1 of 1

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

North Glasgow University Hospitals Division
Orthopaedic Department Notes

NHS Greater Glasgow

George McGhee
0/1 257 Kinfauns Drive
Glasgow
G15 7BD

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
0141 211 2563

DOB: 13.11.61(6039)

[redacted]

Mr B Rana Fracture Clinic – 29.08.06

I saw this gentleman now 6 weeks following right comminuted fracture right lateral malleolus. On removal of plaster today there was no local tenderness at the fracture site and there was no tenderness over the lateral or medial ligaments or the fibular neck.

X-ray of right ankle shows the fracture alignment in a satisfactory position. However there is little callous seen due to comminution at the fracture site. The position of talus and ankle mortise in well maintained.

The plan is for a below light weight cast, weight bearing mobilise as able. Review in clinic in 4 weeks with removal of plaster and X-ray of right ankle AP and lateral views on arrival.

BR/CB/23135190L

Yours sincerely

Rana BB

MR B RANA F.R.C.S orth
CONSULTANT ORTHOPAEDIC SURGEON

Dr C Grieve
Drumchaple Health Centre
80/90 Kinfauns Drive
Drumchaple
G15 7TS

00592

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Registration Details

Personal details...		Address details...	
Date of birth	13/11/1961	Post Code	G15 8PL
Sex	M	House Name Flat No	2-1
Surname	McGhee	No and Street	69 Abbotshall Ave
Previous Surname		Village	
Forenames	George Martin	Town	Glasgow
Calling Name	George	County	
Title	Mr		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin	(White) Scottish		

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	Home Tel No	
Registered GP	Dr Victoria Shotton	Work Tel No	
Usual GP	Dr Victoria Shotton	Mobile Tel No	
Residential Inst		E Mail Address	[redacted]
Branch Surgery			
CHI Number	1311616039		
NHS Number	835 072 3279		

Practice information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At	Drumchapel Health Centre	Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	19/08/2023		

AMS\MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
MCR Suitability Status	-1		
MCR Registration Status	1		

Problems

Active Problems		Authorised By	Code
12/05/2023	Referral for laboratory tests Hba1c	Mrs Harkness	8HP
12/05/2023	Pre-diabetes	Mrs Harkness	C11y5
02/02/2017	Bronchiectasis (Right) middle lobe	Miss Purdon	H34
18/10/2004	Hyperlipidaemia NOS Cholesterol 8.5	Dr Grieve	C324
29/06/2004	Dyspepsia	UnknownUser	J16y4
29/06/2004	{D}Chest pain	UnknownUser	R065
29/06/2004	{D}Alcohol blood level excessive	UnknownUser	R103
29/06/2004	Oesophagitis	UnknownUser	J101
07/09/2002	Fracture of mandible	UnknownUser	S0283
02/11/1997	Suspected gallstones	UnknownUser	1J5
02/11/1997	Renal colic	UnknownUser	1A52
28/03/1993	Head injury	UnknownUser	S046
17/07/1973	Greenstick fracture	UnknownUser	S3z00

Past Problems		Authorised By	Code
16/06/2022	**BCSP faecal occult blood test normal**	Miss Kennedy	686A
28/09/2021	**Chest infection**	Mrs Harkness	H06z0-1
03/02/2016	**BCSP faecal occult blood test normal**	Miss McDonald	686A
31/10/2014	**Advice given about bowel cancer screening programme**	Miss McDonald	8CAy
31/10/2014	**No response to bowel cancer screening programme invitation**	Miss McDonald	9Ow2
13/02/2014	**No response to bowel cancer screening programme invitation**	Mrs McLean	9Ow2

Health Admin Problems	Authorised By	Code

Investigations

Investigations		Authorised By	Code
11/05/2023	**(Non Coded Event - HbA1C (IFCC))** (Source: LAB) pre-diabetic (AH).		
11/05/2023	**(Non Coded Event - Bone Profile)** (Source: LAB) passed to GP (AH).		
11/05/2023	**(Non Coded Event - Urea & Electrolytes)** (Source: LAB) Passed to GP (AH).		
11/05/2023	**(Non Coded Event - Liver Function Tests)** (Source: LAB) Passed to GP (AH).		
11/05/2023	**(Non Coded Event - Lipid profile)** (Source: LAB) satisfactory (AH).		
11/05/2023	**(Non Coded Event - Thyroid funct test)** (Source: LAB) Normal - no action (AH).		
11/05/2023	**(Non Coded Event - Glucose)** (Source: LAB) hba1c indicate pre-diabetes (AH). Non-fasting sample		
16/06/2022	**Bowel Cancer Screening Result** (Source: Manually filed) .		686A.
16/06/2021	**2019-nCoV (novel coronavirus) not detected** (Source: LAB) .		^ESCT1299077
28/01/2016	**Bowel Cancer Screening Result** (Source: Manually filed) .		686A.
15/11/2013	**(Non Coded Event - Liver Function Tests)** (Source: LAB) .		
15/11/2013	**(Non Coded Event - Lipid profile)** (Source: LAB) . Non-fasting sample		
21/03/2013	**(Non Coded Event - Cholesterol)** (Source: LAB) .		
21/03/2013	**(Non Coded Event - Lipid profile)** (Source: LAB) . Non-fasting sample|LDL & VLDL-chol should be estimated on blood from fasting patient.|	
26/11/2012	**(Non Coded Event - Full Blood Count)** (Source: LAB) .		
26/11/2012	**(Non Coded Event - Glucose)** (Source: LAB) .		
26/11/2012	**(Non Coded Event - Urea & Electrolytes)** (Source: LAB) .		
26/11/2012	**(Non Coded Event - Liver Function Tests)** (Source: LAB) .		
26/11/2012	**(Non Coded Event - Lipid profile)** (Source: LAB) . Non-fasting sample|LDL & VLDL-chol should be estimated on blood from fasting patient.|	
26/11/2012	**(Non Coded Event - Thyroid funct test)** (Source: LAB) .		

Values

Values

Date	Last Entry	Normal Range Indicator	Normal Range
24/05/2023	Alcohol consumption 0 units/week		
24/05/2023	Ideal weight 68.84 Kg		
24/05/2023	Body Mass Index 26.73		20-25
24/05/2023	O/E - weight 80 Kg		
24/05/2023	O/E - height 173 cm		10-250
11/05/2023	Haemoglobin A1c level - IFCC standardised 47 mmol/mol		20-41
11/05/2023	Serum calcium 2.32 mmol/L		2.2-2.6
11/05/2023	Corrected serum calcium level 2.4 mmol/L		2.2-2.6
11/05/2023	Serum inorganic phosphate 0.73 mmol/L		0.8-1.5
11/05/2023	Serum albumin 40 g/L		35-50
11/05/2023	Serum alkaline phosphatase 92 U/L		30-130
11/05/2023	Serum sodium 143 mmol/L		133-146
11/05/2023	Serum potassium 4.4 mmol/L		3.5-5.3
11/05/2023	Serum chloride 110 mmol/L		95-108
11/05/2023	Serum urea level 5.7 mmol/L		2.5-7.8
11/05/2023	Serum creatinine 87 umol/L		40-130
11/05/2023	GFR calculated abbreviated MDRD > 60		
11/05/2023	Serum total bilirubin level 10 umol/L		
11/05/2023	ALT/SGPT serum level 82 U/L		5-40
11/05/2023	AST serum level 37 U/L		
11/05/2023	Serum cholesterol 4.6 mmol/L		3.5-6.5
11/05/2023	Serum triglycerides 2.7 mmol/L		0.2-2.3
11/05/2023	Serum HDL cholesterol level 0.9 mmol/L		
11/05/2023	Calculated LDL cholesterol level 2.5 mmol/L		
11/05/2023	1.2 mmol/L (Non Coded Event - VLDL-Chol (calc'd))		
11/05/2023	Serum cholesterol/HDL ratio 5.1		
11/05/2023	Serum TSH level 1.32 mU/L		0.35-5
11/05/2023	Serum free T4 level 12.6 pmol/L		9-21
11/05/2023	Serum total T3 level		
11/05/2023	Plasma glucose level 8.6 mmol/L		3.5-8
16/08/2022	BCSP faecal occult blood test normal Negative		
16/06/2021	2019-nCoV (novel coronavirus) not detected		
15/07/2016	Plasma total cholesterol level 6.2 mmol/L		
15/07/2016	Cigarette smoker 0 Cigarettes/day		
15/07/2016	Assessing cardiovascular risk using SIGN score 21 % Template Added Calculated Using Complete Data Comparison Score: 16		
15/07/2016	Blood pressure reading 136/82 mm Hg		
14/07/2016	O/E - BP reading Well. GCS 15. Balance fine. Pulse 70, reg. HSI+II+0, no murmurs.		
15/11/2013	Ex-Cigarette Smoker 20 cigs/day (past)		
26/11/2012	Total white cell count 5.3 x10^9/l		4-11
26/11/2012	Red blood cell (RBC) count 5.1 x10^12/l		4.5-5.9
26/11/2012	Haemoglobin estimation 150 g/l		130-180
26/11/2012	Haematocrit 0.474 l/l		0.4-0.54
26/11/2012	Mean corpuscular volume (MCV) 92.9 fl		80-100
26/11/2012	Mean corpusc. haemoglobin(MCH) 29 pg		26-34
26/11/2012	Platelet count 267 x10^9/l		150-410
26/11/2012	Neutrophil count 3 x10^9/l		1.8-7.7
26/11/2012	Lymphocyte count 1.2 x10^9/l		1-4.8
26/11/2012	Monocyte count 0.6 x10^9/l		0.2-1
26/11/2012	Eosinophil count 0.4 x10^9/l		0.1-1
26/11/2012	Basophil count 0 x10^9/l		0-0.1
26/11/2012	Nucleated red blood cell count 0 x10^9/l		
26/11/2012	(Non Coded Event - Fasting) No		
26/11/2012	Alcohol screen - fast alcohol screening test completed		
26/11/2012	Alcohol units per week 8 U/week		
26/11/2012	O/E - pulse rate NOS 72		
17/11/2011	Exercise grading NOS 2		
17/11/2011	Exercise grading 3		
17/11/2011	Patient initiated diet NOS 2		
17/11/2011	HAD scale: depression score 99 /21		0-21
17/11/2011	HAD scale: anxiety score 99 /21		0-21

17/11/2011	Wants to lose weight 6		
17/11/2011	Number of portions of fruit and vegetables daily 0 /day		
15/11/2011	Serum random glucose level 4.8 mmol/L		
31/08/2010	O/E - pulse rate 72 Unknown		
31/08/2010	O/E - BP reading normal B P Screening$$.clm - Repeat after an interval		
05/05/2010	Serum HDL:non-HDL cholesterol ratio 4.1 Unknown		
05/05/2010	Triglyceride 1.8 mmol/l		
05/05/2010	Total cholesterol measurement 4.9 mmol/l		
05/05/2010	Serum albumin normal 40 g/l		
05/05/2010	Gamma glutamyl transferase level normal 25 u/l		
05/05/2010	Serum bilirubin level 8 umol/l	. .{.....	3-17
05/05/2010	Serum alk. phos. normal 91 iu/l		
05/05/2010	Serum alanine aminotransferase level 26 iu/l		
05/05/2010	AST/SGOT level normal 18 iu/l		
17/03/2009	Urea 9.5 Unknown	.. . .{	3.1-6.6
17/03/2009	Random blood sugar normal 5.4 mmol/l		
17/03/2009	Platelet count normal 261 10^9/l		
17/03/2009	White cell count normal 5.93 10^9/l		
17/03/2009	Haemoglobin normal 14.7 g/dl		
20/03/2008	Plasma C reactive protein 1 mg/l	.{.....	0-10
20/03/2008	Fasting blood glucose level 5.3 mmol/l		
21/02/2007	INR - international normal ratio normal 1 u		
24/01/2007	Blood glucose level 5 mmol/l		
24/01/2007	Serum bilirubin normal 6 umol/l		
24/01/2007	ALT/SGPT level normal 34 iu/l		
24/01/2007	Glomerular filtration rate >60		
22/05/2006	Blood urea abnormal 6.6 mmol/l		
22/05/2006	Normal serum potassium level 4 mmol/l		
22/05/2006	Serum sodium level normal 144 mmol/l		
16/09/2005	AST/SGOT level raised 43 iu/l		

Attachments

Attachments			Authorised By	Code
29/04/2016	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Right shoulder pain. Awaiting rheumatology appointment; Duration: 26/04/2016 - 27/05/2016)	FitNote_1a1e60b1-8720-4c0a-ab88-e8e3cc388882.pdf	Dr Coyle	9D15
31/03/2016	**eMED3 (2010) duplicate issued, not fit for work** (Diagnosis: Right shoulder pain. Awaiting rheumatology appointment.; Duration: 29/03/2016 - 26/04/2016)	FitNote_c8e3536f-fd52-488c-bf7e-08c3155c120e.pdf	Miss Purdon	9D17
31/03/2016	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Right shoulder pain. Awaiting rheumatology appointment.; Duration: 29/03/2016 - 26/04/2016)	FitNote_c8e3536f-fd52-488c-bf7e-08c3155c120e.pdf	Dr Coyle	9D15
01/03/2016	**eMED3 (2010) duplicate issued, not fit for work** (Diagnosis: Right shoulder pain. Awaiting rheumatology appointment.; Duration: 01/03/2016 - 29/03/2016)	FitNote_5e9c0d8a-a1ae-4fdb-9801-dca588d731be.pdf	Miss Purdon	9D17
01/03/2016	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Right shoulder pain. Awaiting rheumatology appointment.; Duration: 01/03/2016 - 29/03/2016)	FitNote_5e9c0d8a-a1ae-4fdb-9801-dca588d731be.pdf	Dr Coyle	9D15
17/02/2016	**eMED3 (2010) duplicate issued, not fit for work** (Diagnosis: right shoulder pain; Duration: 17/02/2016 - 02/03/2016)	FitNote_48bffd54-3870-4bb7-a3d4-c8096a2a8bb1.pdf	Miss Purdon	9D17
17/02/2016	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: right shoulder pain; Duration: 17/02/2016 - 02/03/2016)	FitNote_48bffd54-3870-4bb7-a3d4-c8096a2a8bb1.pdf	Dr Sambi	9D15
03/12/2014	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: severe low back pain. Has been referred to physiotherapy; Duration: 01/12/2014 - 15/12/2014)	FitNote_087119a2-4833-4317-aa0b-60ef50a7f3e1.pdf	Dr Turnbull	9D15
24/11/2014	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Back pain; Duration: 24/11/2014 - 01/12/2014)	FitNote_bed2c8f7-cd34-4a04-8deb-aaf0152fcd10.pdf	Dr Francks	9D15
18/11/2014	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: back pain; Duration: 18/11/2014 - 25/11/2014)	FitNote_fdcbbf01-e6fa-4d48-b8a0-bad4e8e03485.pdf	Dr Turnbull	9D15

Due Diary Entries

Due Diary Entries		Authorised By	Code
13/11/2026	Influenza vaccination	Dr Turnbull	65E..
02/12/2023	Chronic obstructive pulmonary disease annual review	Mrs Harkness	66YM.

Overdue Diary Entires

Overdue Diary Entries		Authorised By	Code
15/04/2021	Medication review **OVERDUE** 03/04/2023	Dr Turnbull	8B31 4

Alerts

Alerts	Authorised By	Code

None

Drug Allergies

Drug Allergies	Authorised By	Code
None		

Non-Drug Allergies

Non Drug Allergies	Authorised By	Code
None		

Family History

Family History		Authorised By	Code
17/11/2011	No FH: Stroke/TIA	Mrs Allen	1225
17/11/2011	No FH: Ischaemic heart disease	Mrs Allen	1226

Referrals

Referrals		Authorised By	Code
24/05/2023	**8HkX.: Referral to exercise on referral programme (SCI Gateway Referral)**	Dr Shotton	8HkX
12/05/2023	**Referral for laboratory tests** Hba1c	Mrs Harkness	8HP
02/12/2022	**8H7u.: Referral to pulmonary rehabilitation (SCI Gateway Referral)**	Dr Shotton	8H7u
10/11/2022	**8H4g.: Referral to respiratory physician (SCI Gateway Referral)**	Dr Shotton	8H4g
16/01/2017	**8H4g.: Referral to respiratory physician (SCI Gateway Referral)**	Dr Coyle	8H4g
17/02/2016	**8H...: Referral for further care (SCI Gateway Referral)**	Dr Coyle	8H
20/01/2015	**8H...: Referral for further care (SCI Gateway Referral)**	Dr Grieve	8H
19/12/2012	**8HTj.: Referral to erectile dysfunction clinic (SCI Gateway Referral)**	Dr Grieve	8HTj
22/08/2007	**Referral for further care** Refered To: Western Infirmary/Gartnavel General. NHS. Referral Type: Out Patient. Speciality Type: Dermatology. Referral Nature: Not Specified. . Referral Reason: Wishes brow lesion removed	Dr Grieve	8H

Immunisations

Immunisations		Authorised By	Code
07/11/2022	**Administration of first dose of SARS-CoV-2 vaccine** 200020A/ COVMODERNA/IM/Left Arm//C-19 Moderna (Drumchapel Community Hall Public Vaccination Clinic)		^ESCT1348323
07/11/2022	**Administration of first inactivated seasonal influenza vacc** 440171A/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK (Drumchapel Community Hall Public Vaccination Clinic)		65ED4
04/12/2021	**Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Pfizer (E Inglis)** FK9712/ PF/IM/Left Arm//C-19 Booster Pfizer (E Inglis)		^ESCT1423363
04/12/2021	**Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Pfizer (The Hub (Clydebank) - Public Vaccination Clinic)** FK9712/ PF/IM/Left Arm//C-19 Booster Pfizer (The Hub (Clydebank) - Public Vaccination Clinic)		^ESCT1348323
04/12/2021	**Administration of first inactivated seasonal influenza vacc** P100388835/ FLUQIVC/IM/Left Arm//FLU - Fluceivax Tetra (QIVc) (The Hub (Clydebank) - Public Vaccination Clinic)		65ED4
22/04/2021	**Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right arm)** PV46662 AZ/IM **(GMS)**	Dr Turnbull	^ESCT1348325
12/02/2021	**Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left arm)** AB0002 Ex 04/21 AZ/IM **(GMS)**	Dr Turnbull	^ESCT1348323
07/10/2020	**Seasonal influenza vaccination (Left arm)** Batch No P100243203 Exp 05/21	Mrs Allen	65ED
07/10/2020	**Flu vaccination administration**	Mrs Allen	9OX-1

Health Status

Health Status	
24/05/2023	Height 173 cm
24/05/2023	Weight 80 Kg
24/05/2023	Body Mass Index 26.73 kg/m2
15/07/2016	Blood pressure reading 136/82 mm Hg
14/07/2016	Blood pressure reading O/E - BP reading
02/12/2022	Smoking Status Ex-heavy smoker (20-39/day)
17/11/2011	Exercise grading Exercise grading NOS, 2

Miscellaneous

Other Observations		Authorised By	Code
24/05/2023	**Health ed. - diet**	Dr Shotton	6799
18/01/2023	**Telephone encounter**	Ms Castle	9N31
18/01/2023	**Medication requested** Acute Rx issued	Ms Castle	8B3H
02/12/2022	**Chronic obstructive pulmonary disease annual review**	Mrs Harkness	66YM
02/12/2022	**Medication review done**	Mrs Harkness	8B3V
02/12/2022	**Ex-heavy smoker (20-39/day)** Worsening symptoms of bronchiectasis. SOB, productive cough., "nasty" taste in mouth. Moved here 3 years ago and awaiting respiratory clinic and physio. According to pt the last GP was to chase respiratory. Also worried about constant sniffing and sputum production.	Mrs Harkness	137A
09/09/2022	**SMS text sent to patient** Summary of text message sent to patient / Dear Patient, Kinfauns Medical Practice wish to inform you that Dr Tumbull has retired as of Friday 9th September. Dr Shotton will be your GP from this date and the practice will be moving to "on the day" appointments. If you require a doctors appointment, telephone [redacted] 8.30am when the surgery opens to request a face to face appointment. Reception will ask you the nature of your request in order to direct you to the most appropriate medical professional for e.g. GP, Advanced Nurse Practitioner (ANP), Pharmacist or Phlebotomist. We wish Dr Tumbull all the best in her retirement.		9N3G
17/03/2022	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	Mr. Spence	9N1Z
17/03/2022	**Rep.presc. monitoring NOS** MM LES Level 1 Review	Mr. Spence	66RZ
17/03/2022	**Medication review done by medicines management technician** PSW	Mr. Spence	8BMX
17/12/2021	**Patient "recall" admin. NOS**	Mrs Harkness	9O4Z
17/12/2021	**Chronic obstructive pulmonary disease annual review**	Mrs Harkness	66YM
28/09/2021	**Patient "recall" admin. NOS**	Mrs Harkness	9O4Z
08/10/2020	**Previous treatment continue**	Ms Castle	8B4
15/04/2020	**Medication review without patient**	Dr Tumbull	8B3h
24/04/2017	**Medication review without patient**	Dr Tumbull	8B3h
20/12/2016	**Ex smoker** ex-stopped 5 years ago, previously 10 a day	Dr Coyle	137S
28/11/2016	**Ex smoker** treat as chest infection.	Dr Tumbull	137S
23/11/2016	**Rep.presc. monitoring NOS** MM LES	Miss Purdon	66RZ
23/11/2016	**Equivalent quantities for all medication checked** MM LES	Miss Purdon	8BIQ
05/04/2016	**Medication review without patient**	Dr Tumbull	8B3h
03/03/2016	**Rep.presc. monitoring NOS** MM LES	Miss Purdon	66RZ
03/03/2016	**Equivalent quantities for all medication checked** MM LES	Miss Purdon	8BIQ
01/10/2015	**ex Dr Grieve**	Mrs Bonar	PCS18835EX1
01/10/2015	**ex Dr Grieve**	Mrs Bonar	PCS18835EX1
13/01/2015	**Medication review without patient**	Dr Tumbull	8B3h
29/01/2014	**Rep.presc. monitoring NOS** MM LES	Miss Purdon	66RZ
29/01/2014	**Equivalent quantities for all medication checked** MM LES	Miss Purdon	8BIQ
29/11/2013	**Medication review done**	Dr Grieve	8B3V
25/11/2013	**Rep.presc. monitoring NOS** MM LES	Miss Purdon	66RZ
25/11/2013	**Equivalent quantities for all medication checked** MM LES	Miss Purdon	8BIQ
23/10/2013	**Smoking cessation advice**	Dr Grieve	8CAL
23/10/2013	**Ex smoker**	Dr Grieve	137S
04/01/2013	**Health ed. - smoking**	Dr MacDonald	6791
04/01/2013	**Ex-light smoker (1-9/day)**	Dr MacDonald	1378
07/12/2012	**JBS cardiovascular disease risk 10-20% over next 10 years**	Mrs Allen	662I
26/11/2012	**Ex smoker**	Mrs Allen	137S
26/11/2012	**O/E - pulse rhythm regular**	Mrs Allen	2431
12/11/2012	**Medication review done**	Dr Grieve	8B3V
17/11/2011	**JBS cardiovascular disease risk 10-20% over next 10 years**	Mrs Allen	662I
17/11/2011	**Depression screening using questions**	Mrs Allen	6896
17/11/2011	**Health ed. - exercise**	Mrs Allen	6798
17/11/2011	**Exercise on prescription**	Mrs Allen	8BAH
17/11/2011	**Health ed. - diet**	Mrs Allen	6799
17/11/2011	**Primary prevention of ischaemic heart disease**	Mrs Allen	6C0
17/11/2011	**Benefits - other, specified**	Mrs Allen	13OY
17/11/2011	**Unemployed**	Mrs Allen	13J7
17/11/2011	**Ex smoker**	Mrs Allen	137S
17/11/2011	**O/E - pulse rhythm regular**	Mrs Allen	2431
17/11/2011	**Chest pain not present**	Mrs Allen	1821
17/11/2011	**No breathlessness**	Mrs Allen	1731
07/11/2011	**Stopped smoking**	Mrs Allen	137K
12/08/2011	**Rep.presc. monitoring NOS** MM LES	Miss Shaw	66RZ
12/08/2011	**Equivalent quantities for all medication checked** MM LES	Miss Shaw	8BIQ

28/06/2011	**Medication review done**	Dr Grieve	8B3V
15/06/2011	**Scottish - ethnic category 2001 census**	Miss Shaw	9i21
05/05/2011	**Primary prevention of ischaemic heart disease** priority=2	Mrs Bonar	6C0
14/10/2010	**Smoking cessation advice** referred Smokefree	Dr Grieve	8CAL
14/10/2010	**Current smoker** 10/day	Dr Grieve	137R
14/10/2010	**Smoking cessation advice** referred Smokefree: priority=2	Dr Grieve	8CAL
14/10/2010	**Current smoker** 10/day: priority=2	Dr Grieve	137R
31/08/2010	**O/E - pulse rate** 72: priority=2	Dr Grieve	242
05/05/2010	**Triglyceride date** Value text: 05 May 2010 00:00	Miss Purdon	PCSDT18835_101
05/05/2010	**Tot Chol date** Value text: 05 May 2010 00:00	Miss Purdon	PCSDT18835_99
05/05/2010	**Bilirubin date** Value text: 05 May 2010 00:00	Miss Purdon	PCSDT18835_16
05/05/2010	**ALT date** Value text: 05 May 2010 00:00	Miss Purdon	PCSDT18835_14
05/05/2010	**Serum HDL:non-HDL cholesterol ratio** @116000 4.1: priority=2	Miss Purdon	44P8
05/05/2010	**Serum triglycerides** @463.00 1.80:mmol/l priority=2	Miss Purdon	44Q
05/05/2010	**Serum HDL cholesterol level** 1.20:mmol/l priority=2	Miss Purdon	44P5
05/05/2010	**Total cholesterol measurement** 4.90:mmol/l priority=2	Miss Purdon	44PH
05/05/2010	**Serum albumin normal** 40:g/l priority=2	Miss Purdon	44M40
05/05/2010	**Gamma glutamyl transferase level normal** 25:u/l priority=2	Miss Purdon	44G40
05/05/2010	**Serum bilirubin normal** 8:umol/l priority=2	Miss Purdon	44E1
05/05/2010	**Serum alk. phos. normal** 91:iu/l priority=2	Miss Purdon	44F1
05/05/2010	**ALT/SGPT level normal** 26:iu/l priority=2	Miss Purdon	44G30
05/05/2010	**AST/SGOT level normal** 18:iu/l priority=2	Miss Purdon	44H50
18/02/2010	**Medication review**	UnknownUser	8B314
07/12/2009	**Smoking cessation advice** : priority=2	Dr Grieve	8CAL
07/12/2009	**Current smoker** : priority=2	Dr Grieve	137R
26/05/2009	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	Dr Anderson	8CAL
26/05/2009	**Current smoker** Disease: SPICE Basic Health Values, priority=2	Dr Anderson	137R
20/03/2009	**White Scottish** : priority=2	Miss Purdon	9S13
17/03/2009	**Bilirubin date** Value text: 17 Mar 2009 00:00	Miss Purdon	PCSDT18835_16
17/03/2009	**Alk Phos date** Value text: 17 Mar 2009 00:00	Miss Purdon	PCSDT18835_42
17/03/2009	**ALT date** Value text: 17 Mar 2009 00:00	Miss Purdon	PCSDT18835_14
17/03/2009	**Urea date** Value text: 17 Mar 2009 00:00	Miss Purdon	PCSDT18835_24
17/03/2009	**Na+ date** Value text: 17 Mar 2009 00:00	Miss Purdon	PCSDT18835_23
17/03/2009	**K+ date** Value text: 17 Mar 2009 00:00	Miss Purdon	PCSDT18835_21
17/03/2009	**Creatinine date** Value text: 17 Mar 2009 00:00	Miss Purdon	PCSDT18835_19
17/03/2009	**eGFR date** Value text: 17 Mar 2009 00:00	Miss Purdon	PCSDT18835_50
17/03/2009	**eGFR >60**	Miss Purdon	PCSDT18835_49
17/03/2009	**Serum albumin normal** 41:g/l priority=2	Miss Purdon	44M40
17/03/2009	**Gamma glutamyl transferase level normal** 21:u/l priority=2	Miss Purdon	44G40
17/03/2009	**Serum bilirubin normal** 7:umol/l priority=2	Miss Purdon	44E1
17/03/2009	**Serum alkaline phosphatase** @490.00 75:iu/l priority=2	Miss Purdon	44F
17/03/2009	**ALT/SGPT level normal** 34:iu/l priority=2	Miss Purdon	44G30
17/03/2009	**AST/SGOT level normal** 23:iu/l priority=2	Miss Purdon	44H50
17/03/2009	**Serum urea level** 9.5: priority=2	Miss Purdon	44J9
17/03/2009	**Serum sodium** 142: priority=2	Miss Purdon	44I5
17/03/2009	**Serum potassium** 4.5: priority=2	Miss Purdon	44I4
17/03/2009	**Serum creatinine** 86: priority=2	Miss Purdon	44J3
17/03/2009	**Serum chloride** 107: priority=2	Miss Purdon	44I6
17/03/2009	**Glomerular filtration rate** >60: priority=2	Miss Purdon	451F
17/03/2009	**Triglyceride date** Value text: 17 Mar 2009 00:00	Miss Purdon	PCSDT18835_101
17/03/2009	**Tot Chol date** Value text: 17 Mar 2009 00:00	Miss Purdon	PCSDT18835_99
17/03/2009	**Serum HDL:non-HDL cholesterol ratio** @116000 4.1: priority=2	Miss Purdon	44P8
17/03/2009	**Serum triglycerides** @463.00 2.10:mmol/l priority=2	Miss Purdon	44Q
17/03/2009	**Serum HDL cholesterol level** 1.20:mmol/l priority=2	Miss Purdon	44P5
17/03/2009	**Total cholesterol measurement** 4.90:mmol/l priority=2	Miss Purdon	44PH
17/03/2009	**Random blood sugar normal** 5.4:mmol/l priority=2	Miss Purdon	44T10

17/03/2009	**Platelet count normal** 261:10*9/l priority=2	Mrs Clark	42P1
17/03/2009	**White cell count normal** 5.93:10*9/l priority=2	Mrs Clark	42H1
17/03/2009	**Haemoglobin normal** 14.7:g/dl priority=2	Mrs Clark	4237
20/12/2008	**[M]Intradermal naevus** excised from forehead priority=1	Mrs Bonar	BBEJ
09/10/2008	**Medication review**	UnknownUser	8B314
29/08/2008	**Heavy smoker - 20-39 cigs/day** Smoker$$ Status.clm - Repeat after an interval	LOCUM	1375
20/03/2008	**Platelet count normal** 269:10*9/l priority=2	Mrs Clark	42P1
20/03/2008	**White cell count normal** 8.50:10*9/l priority=2	Mrs Clark	42H1
20/03/2008	**Haemoglobin normal** 14.4:g/dl priority=2	Mrs Clark	4237
20/03/2008	**TSH date** Value text: 20 Mar 2008 00:00	Mrs Clark	PCSDT18835_6
20/03/2008	**TSH date** Value text: 20 Mar 2008 00:00	Mrs Clark	PCSDT18835_6
20/03/2008	**Bilirubin date** Value text: 20 Mar 2008 00:00	Mrs Clark	PCSDT18835_16
20/03/2008	**ALT date** Value text: 20 Mar 2008 00:00	Mrs Clark	PCSDT18835_14
20/03/2008	**Fasted glucose date** Value text: 20 Mar 2008 00:00	Mrs Clark	PCSDT18835_26
20/03/2008	**eGFR date** Value text: 20 Mar 2008 00:00	Mrs Clark	PCSDT18835_60
20/03/2008	**eGFR >60**	Mrs Clark	PCSDT18835_49
20/03/2008	**Urea date** Value text: 20 Mar 2008 00:00	Mrs Clark	PCSDT18835_24
20/03/2008	**Na+ date** Value text: 20 Mar 2008 00:00	Mrs Clark	PCSDT18835_23
20/03/2008	**K+ date** Value text: 20 Mar 2008 00:00	Mrs Clark	PCSDT18835_21
20/03/2008	**Creatinine date** Value text: 20 Mar 2008 00:00	Mrs Clark	PCSDT18835_19
20/03/2008	**Serum TSH level** 1.6:mU/l priority=2	Mrs Clark	442W
20/03/2008	**Free T4 level** @306.00 11:pmol/l priority=2	Mrs Clark	4427
20/03/2008	**Serum albumin normal** 41:g/l priority=2	Mrs Clark	44M40
20/03/2008	**Gamma glutamyl transferase level normal** 15:u/l priority=2	Mrs Clark	44G40
20/03/2008	**Serum bilirubin normal** 5:umol/l priority=2	Mrs Clark	44E1
20/03/2008	**Serum alk. phos. normal** 84:iu/l priority=2	Mrs Clark	44F1
20/03/2008	**ALT/SGPT level normal** 17:iu/l priority=2	Mrs Clark	44G30
20/03/2008	**AST/SGOT level normal** 15:iu/l priority=2	Mrs Clark	44H50
20/03/2008	**Plasma C reactive protein** @642.00 1.0:mg/l priority=2	Mrs Clark	44CC
20/03/2008	**Fasting blood sugar** @287.00 5.3:mmol/l priority=2	Mrs Clark	44T2
20/03/2008	**Glomerular filtration rate** >60: priority=2	Mrs Clark	451F
20/03/2008	**Serum chloride** 109: priority=2	Mrs Clark	44I6
20/03/2008	**Serum urea level** 8.0: priority=2	Mrs Clark	44J9
20/03/2008	**Serum sodium** 144: priority=2	Mrs Clark	44I5
20/03/2008	**Serum potassium** 4.3: priority=2	Mrs Clark	44I4
20/03/2008	**Serum creatinine** 84: priority=2	Mrs Clark	44J3
19/03/2008	**Moderate smoker - 10-19 cigs/d** Smoker$$ Status.clm - Repeat after an interval	LOCUM	1374
19/03/2008	**Smoking cessation advice** priority=2	LOCUM	8CAL
28/01/2008	**Medication review**	UnknownUser	8B314
04/12/2007	**Medication review**	UnknownUser	8B314
05/06/2007	**Triglyceride date** Value text: 05 Jun 2007 00:00	Mrs Bonar	PCSDT18835_101
05/06/2007	**Tot Chol date** Value text: 05 Jun 2007 00:00	Mrs Bonar	PCSDT18835_99
05/06/2007	**Serum triglycerides** @464.00 1.50:mmol/l priority=2	Mrs Bonar	44Q
05/06/2007	**Serum HDL cholesterol level** @459.00 0.90:mmol/l priority=2	Mrs Bonar	44P5
05/06/2007	**Total cholesterol measurement** 4.0:mmol/l priority=2	Mrs Bonar	44PH
18/04/2007	**Xray report received** priority=2	UnknownUser	9ND4
13/04/2007	**Standard chest X-ray** Normal - productive cough, smoker priority=1	Mrs Allen	535
12/04/2007	**Smoking cessation advice** priority=2	Dr Grieve	8CAL
12/04/2007	**Current smoker** 12/day priority=2	Dr Grieve	137R
12/04/2007	**Peak exp. flow rate: PEFR/PFR** 530 predicted = 600 priority=2	Dr Grieve	3395
26/02/2007	**Bilirubin date** Value text: 26 Feb 2007 00:00	Dr Grieve	PCSDT18835_16
26/02/2007	**ALT date** Value text: 26 Feb 2007 00:00	Dr Grieve	PCSDT18835_14
26/02/2007	**Serum albumin normal** 41:g/l priority=2	Mrs Allen	44M40
26/02/2007	**Gamma glutamyl transferase level normal** 17:u/l priority=2	Mrs Allen	44G40

26/02/2007	**Serum bilirubin normal** 6:umol/l priority=2	Mrs Allen	44E1
26/02/2007	**Serum alk. phos. normal** 81:iu/l priority=2	Mrs Allen	44F1
26/02/2007	**ALT/SGPT level normal** 19:iu/l priority=2	Mrs Allen	44G30
26/02/2007	**AST/SGOT level normal** 15:iu/l priority=2	Mrs Allen	44H50
21/02/2007	**INR - international normal ratio normal** 1.0:u priority=2	Mrs Allen	42QE0
21/02/2007	**Platelet count normal** 264:10*9/l priority=2	Mrs Allen	42P1
21/02/2007	**White cell count normal** 8.4:10*9/l priority=2	Mrs Allen	42H1
21/02/2007	**Haemoglobin normal** 14.3:g/dl priority=2	Mrs Allen	4237
15/02/2007	**Smoking cessation advice** priority=2	Dr Grieve	8CAL
15/02/2007	**Current smoker** 11cigs per day priority=2	Dr Grieve	137R
29/01/2007	**Platelet count normal** 250:10*9/l priority=2	UnknownUser	42P1
29/01/2007	**White cell count normal** 6.59:10*9/l priority=2	UnknownUser	42H1
29/01/2007	**Haemoglobin normal** 14.7:g/dl priority=2	UnknownUser	4237
24/01/2007	**Fasting blood sugar** @287.00 5.0:mmol/l priority=2	LOCUM	44T2
24/01/2007	**Serum chloride level normal** : priority=2	LOCUM	44H80
24/01/2007	**Serum urea level** 6.9: priority=2	LOCUM	44J9
24/01/2007	**Serum sodium** 140: priority=2	LOCUM	44I5
24/01/2007	**Serum potassium** 4.7: priority=2	LOCUM	44I4
24/01/2007	**Serum creatinine** 95: priority=2	LOCUM	44J3
24/01/2007	**Serum albumin normal** 44:g/l priority=2	LOCUM	44M40
24/01/2007	**Gamma glutamyl transferase level normal** 22:u/l priority=2	LOCUM	44G40
24/01/2007	**Serum bilirubin normal** 6:umol/l priority=2	LOCUM	44E1
24/01/2007	**Serum alk. phos. normal** 89:iu/l priority=2	LOCUM	44F1
24/01/2007	**ALT/SGPT level normal** 34:iu/l priority=2	LOCUM	44G30
24/01/2007	**AST/SGOT level normal** 25:iu/l priority=2	LOCUM	44H50
24/01/2007	**Glomerular filtration rate** >60: priority=2	LOCUM	451F
24/01/2007	**Serum creatinine normal** : priority=2	LOCUM	44J32
24/01/2007	**Serum creatinine** : priority=2	LOCUM	44J3
24/01/2007	**Glucose date** Value text: 24 Jan 2007 00:00	Dr Grieve	PCSDT18835_110
24/01/2007	**Creatinine date** Value text: 24 Jan 2007 00:00	Dr Grieve	PCSDT18835_19
19/01/2007	**Platelet count normal** 283:10*9/l priority=2	UnknownUser	42P1
19/01/2007	**White cell count normal** 6.96:10*9/l priority=2	UnknownUser	42H1
19/01/2007	**Haemoglobin normal** 14.4:g/dl priority=2	UnknownUser	4237
19/01/2007	**Smoking cessation advice** Disease: SPICE Basic Health Values. priority=2	LOCUM	8CAL
19/01/2007	**Current smoker** Disease: SPICE Basic Health Values. priority=2	LOCUM	137R
19/01/2007	**Did not attend - no reason** nurse priority=2	UnknownUser	9N42
29/11/2006	**Notes summary on computer** priority=2	UnknownUser	9344
18/10/2006	**allergy coded electronically** priority=2	UnknownUser	PCSDT18835_9
02/08/2006	**Medication review**	UnknownUser	8B314
21/07/2006	**Fracture of lateral malleolus** right side priority=1	UnknownUser	S349
22/05/2006	**Serum albumin normal** 43:g/l priority=2	UnknownUser	44M40
22/05/2006	**Gamma glutamyl transferase level normal** 29:u/l priority=2	UnknownUser	44G40
22/05/2006	**Serum bilirubin normal** 7:umol/l priority=2	UnknownUser	44E1
22/05/2006	**Serum alk. phos. normal** 180:iu/l priority=2	UnknownUser	44F1
22/05/2006	**ALT/SGPT level normal** 27:iu/l priority=2	UnknownUser	44G30
22/05/2006	**AST/SGOT level normal** 23:iu/l priority=2	UnknownUser	44H50
22/05/2006	**Serum creatinine normal** 89:umol/l priority=2	UnknownUser	44J32
22/05/2006	**Blood urea abnormal** @167.00 6.6:mmol/l priority=2	UnknownUser	44J2
22/05/2006	**Normal serum potassium level** 4.0:mmol/l priority=2	UnknownUser	44I40
22/05/2006	**Serum sodium level normal** 144:mmol/l priority=2	UnknownUser	44I50
22/05/2006	**Creatinine date** Value text: 22 May 2006 00:00	Dr Grieve	PCSDT18835_19
19/05/2006	**Blood glucose result** 3.7 priority=2	UnknownUser	44U
19/05/2006	**Serum TSH level** 1.2:mU/l priority=2	UnknownUser	442W
19/05/2006	**Free T4 level** @306.00 13:pmol/l priority=2	UnknownUser	4427
19/05/2006	**Serum HDL:non-HDL cholesterol ratio** @116000 4.4: priority=2	UnknownUser	44P8
19/05/2006	**Serum triglycerides** @483.00 3.20:mmol/l priority=2	UnknownUser	44Q
19/05/2006	**Serum HDL cholesterol level** @460.00 1.00:mmol/l priority=2	UnknownUser	44P5
19/05/2006	**Total cholesterol measurement** 4.40:mmol/l priority=2	UnknownUser	44PH
19/05/2006	**TSH date** Value text: 19 May 2006 00:00	Dr Grieve	PCSDT18835_6
19/05/2006	**TSH date** Value text: 19 May 2006 00:00	Dr Grieve	PCSDT18835_6
19/05/2006	**Tot Chol date** Value text: 19 May 2006 00:00	Dr Grieve	PCSDT18835_99
19/05/2006	**Glomerular filtration rate** >60: priority=2	UnknownUser	451F
16/08/2005	**Blood glucose normal** priority=2	UnknownUser	44U8

16/09/2005	**Serum albumin normal** 44:g/l priority=2	UnknownUser	44M40
16/09/2005	**Gamma glutamyl transferase level normal** 32:u/l priority=2	UnknownUser	44G40
16/09/2005	**Serum bilirubin normal** 10:umol/l priority=2	UnknownUser	44E1
16/09/2005	**Serum alk. phos. normal** 188:iu/l priority=2	UnknownUser	44F1
16/09/2005	**ALT/SGPT serum level** @116.00 89:iu/l priority=2	UnknownUser	44G3
16/09/2005	**AST/SGOT level raised** 43:iu/l priority=2	UnknownUser	44H52
16/09/2005	**Serum creatinine normal** 94:umol/l priority=2	UnknownUser	44J32
16/09/2005	**Blood urea abnormal** @187.00 8.0:mmol/l priority=2	UnknownUser	44J2
16/09/2005	**Normal serum potassium level** 4.1:mmol/l priority=2	UnknownUser	44I40
16/09/2005	**Serum sodium level normal** 145:mmol/l priority=2	UnknownUser	44I50
16/09/2005	**Thyroid function test** : priority=2	UnknownUser	442J
16/09/2005	**Serum TSH level** 1.6:mU/l priority=2	UnknownUser	442W
16/09/2005	**Free T4 level** @396.00 12:pmol/l priority=2	UnknownUser	4427
16/09/2005	**Total cholesterol measurement** 3.7:mmol/L priority=2	UnknownUser	44PH
16/09/2005	**Creatinine date** Value text: 16 Sep 2005 00:00	Dr Grieve	PCSDT18835_19
16/09/2005	**TSH date** Value text: 16 Sep 2005 00:00	Dr Grieve	PCSDT18835_6
16/09/2005	**TSH date** Value text: 16 Sep 2005 00:00	Dr Grieve	PCSDT18835_6
16/09/2005	**Tot Chol date** Value text: 16 Sep 2005 00:00	Dr Grieve	PCSDT18835_99
16/05/2005	**Did not attend - no reason** priority=2	UnknownUser	9N42
19/04/2005	**Medication review**	UnknownUser	8B314
18/04/2005	**Medication review**	UnknownUser	8B314
13/04/2005	**Smoking cessation advice** : priority=2	LOCUM	8CAL
13/04/2005	**Current smoker** : priority=2	LOCUM	137R
21/03/2005	**Notes summary on computer** priority=2	UnknownUser	9344
21/03/2005	**Forced expired volume in 1 second** 3.46 priority=2	UnknownUser	339O
17/03/2005	**Total cholesterol measurement** 4.2:mmol/L priority=2	UnknownUser	44PH
17/03/2005	**Fasting blood glucose level** 5.0:mmol/L priority=2	UnknownUser	44TK
04/03/2005	**Patient MRE received from HB** priority=2	UnknownUser	9125
18/02/2005	**Pat. GP7B/GP8B card from HB** priority=2	UnknownUser	9124
17/02/2005	**Patient reg. form sent to HB** priority=2	UnknownUser	9123
17/02/2005	**Light smoker - 1-9 cigs/day** SmokerSS Status.clm - Repeat after an interval	UnknownUser	1373
17/02/2005	**Smoking cessation advice** priority=2	UnknownUser	8CAL
26/01/2005	**Spirometry** priority=1	UnknownUser	5882
02/11/1997	**Intravenous pyelogram** priority=1	UnknownUser	54C
16/07/1996	**Echocardiogram normal** priority=1	UnknownUser	585R
16/07/1996	**Exercise tolerance test** negative priority=1	UnknownUser	33B9
16/07/1996	**[D]Electrocardiogram (ECG) abnormal** priority=1	UnknownUser	R1431
Not Known	**Marital Status: Marital state unknown**	UnknownUser	133F

Consultations

Consultations	
24/05/2023 10:37	Dr Victoria Shotton at Drumchapel Health Centre
History	went over prediabetes posted info re diet wellbeing and exercise
Examination	O/E - height, 173 cm
	O/E - weight, 80 Kg
	Body Mass Index, 26.73
	Ideal Weight, 68.84 Kg
Social	Alcohol consumption, 0 units/week
New Referral	(NHS). . . , 8HkX.: Referral to exercise on referral programme (SCI Gateway Referral)
Additional	Health ed. - diet
12/05/2023 14:58	Mrs Alison Harkness at Drumchapel Health Centre
Comment	Letter sent regarding pre-diabetes - unable to contact pt.
11/05/2023	Mrs Alison Harkness at General Practice Surgery
Result	(Non Coded Event - HbA1C (IFCC)) pre-diabetic (AH)
11/05/2023 09:33	Mrs Alison Harkness at Drumchapel Health Centre
Test Request	HbA1c - *Completed*
11/05/2023	Mrs Alison Harkness at General Practice Surgery
Result	(Non Coded Event - Thyroid funct test) Normal - no action (AH)
	(Non Coded Event - Lipid profile) satisfactory (AH)
	(Non Coded Event - Liver Function Tests) Passed to GP (AH)
	(Non Coded Event - Urea & Electrolytes) Passed to GP (AH)
	(Non Coded Event - Bone Profile) passed to GP (AH)
11/05/2023	Mrs Alison Harkness at General Practice Surgery
Result	(Non Coded Event - Glucose) hba1c indicate pre-diabetes (AH)
11/05/2023 09:29	Mrs Alison Harkness at Drumchapel Health Centre
History	Pt feels unable to work due to being overweight?
Comment	Plan - bloods taken today - pt came back into the clinic room after his consultation and reports he is "unable to work due to weight, ? help needed". GP to discuss as ? MH.
Test Request	Glucose - *Completed*, Bone Profile - *Completed*, Urea and Electrolytes - *Completed*, Liver Function Tests - *Completed*, Lipid profile (inc. HDL) - *Completed*, Thyroid function tests - *Completed*
04/05/2023 13:14	Dr Anthony Whyte at Drumchapel Health Centre
Comment	SR: alt to nacsys, supply issue
Medication	Carbocisteine Capsules 375 mg *112 capsule TWO TO BE TAKEN TWICE A DAY*
11/04/2023 14:52	Dr Anthony Whyte at Drumchapel Health Centre
History	TC: wondering why not seen specialist about breathing. was having 6/12 reviews in A&A for bronchiectasis. no recent change in breathing, no exacerbations. advised normally not managed in secondary care unless issues. note was actually discharged from resp in 2020 as stable. finds nasal congestion worsening in recent months. nil benefit beconase
Comment	has referral to resp from last year, await outcome but no obvious need for secondary care input. trial mometasone for rhinitis. wsg re Tx failure or signs exacerbations of bronch
Medication	Mometasone Furoate Nasal spray 50 micrograms/dose *1 bottle TWO SPRAYS TO BE USED IN EACH NOSTRIL EACH DAY*
18/01/2023 16:02	Ms Helen Castle at Drumchapel Health Centre
Comment	Itchy dry skin on forehead, was given hydrocortisone and epimax in october. Has been using both on and off, has another flare up. Advised one week max treatment with hydrocortisone would be advised as can have skin thinning effect. Once flare up is under control to continue using epimax regularly to keep on top of it. Will try this. Worsening advice given. Has enough epimax to last
Additional	Medication requested Acute Rx issued
	Telephone encounter

11/01/2023	Dr Christopher McClure at Drumchapel Health Centre
History	advises told reception was for chest infection but not the case. c/o perianal itch past 3-4 months. scratching this daily. no change in bowel habit. no PR bleeding. no creams being used at present. similar issue 6 years ago. started shaving perianal 6/12 ago.
Examination	consent, mild perianal irritation but nil fissuring/bleeding points
Comment	pruritus ani. use below for a week then stop. following this can use epimax ointment as emollient. discussed itch/scratch cycle and avoid scratching as this will lead to continual itch. return if any further concerns.
Medication	Scheriproct Ointment *30 gram APPLY THINLY TWICE A DAY AS DIRECTED FOR A WEEK*
02/12/2022	Mrs Alison Harkness at Drumchapel Health Centre
Comment	According to Sci gateway he was referred to repiratory in November 2022.
New Referral	(NHS). . . . 8H7u. : Referral to pulmonary rehabilitation (SCI Gateway Referral)
02/12/2022	Mrs Alison Harkness at Drumchapel Health Centre
History	Ex-heavy smoker (20-39/day) Worsening symptoms of bronchiectasis. SOB, productive cough., "nasty" taste in mouth. Moved here 3 years ago and awaiting respiratory clinic and physio. According to pt the last GP was to chase respiratory. Also worried about constant sniffing and sputum production.
Examination	Constant sniffing - ?habitual or due to sinuses. Sputum clear.
Comment	Plan - taking fostair 100mcg BD with some effect with aerochamber. Inhaler changed to 200mcg BD with aerochamber. To refer to pulmonary rehab and chase respiratory, although according to last letter he was discharged back into primary care? May benefit from triple therapy if repeat exacerbations. Advised how to take steroid nasal spray.
Follow up	(diary entry deleted) (Not Known)
Additional	Medication review done
	Chronic obstructive pulmonary disease annual review
17/11/2022 11:39	Dr Anna McDade at Drumchapel Health Centre
Comment	F2F- feels ongoing cough. See has bronchiectasis and COPD, has had CXR this month- ok, sputum checked- candida- has had fluconazle orally, has had 2-3 course sAb and ored too. Been ref to redspiratory medicine. O/e afebrile, sats 97% o. n air, pulse 80, chest clear today, no wheeze. He seems to clear his throat frequently. Is on nacsys, salbutamol, encouraged to try using this with spacer. is taking fostair- 2 puffs bd, sputum is clear. Does not feel unwell, just annoying cough, wonders if needs CT scan, has been ref to sec care. No weight loss, ex smoker of 13 yrs. No chest pains. Have not given more AB/ pred today, sugg taking blue inh qid via spacer and see if helps at all. If not think should return to be reviewed again ? can GPs order CT scans chest or not.
10/11/2022 13:44	Dr Victoria Shotton at Drumchapel Health Centre
New Referral	(NHS). . . . 8H4g. : Referral to respiratory physician (SCI Gateway Referral)
10/11/2022 09:50	Dr Victoria Shotton at Drumchapel Health Centre
History	in for review, cough started again last 4/5 days, no soutum up, no fever, using salbutmaol 4-5 times a day, up all night coughing, note candida on sputum sample so discussed same and has script, lft yesterday and today NAD
Examination	ENT catarrhal, chest, widespread wheeze nil focal
Comment	start below withfluconazole, will refer resp as unclear if care has been transferred from A+A when moved
Medication	Prednisolone Tablets 5 mg *40 TABLET EIGHT TO BE TAKEN IN THE MORNING*
10/11/2022 08:43	Dr Victoria Shotton at Drumchapel Health Centre
Comment	candida in sputum culture
Medication	Fluconazole Capsules 50 mg *7 capsule 1 Cap Daily*
09/11/2022	
Additional	Administration of first dose of SARS-CoV-2 vaccine 200020A/ COVMODERNA/IM/Left Arm//C-19 Moderna (Drumchapel Community Hall Public Vaccination Clinic)
09/11/2022	
Additional	Administration of first inactivated seasonal influenza vacc 4401?1A/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK (Drumchapel Community Hall Public Vaccination Clinic)
04/11/2022 14:50	Dr Anthony Whyte at Drumchapel Health Centre

History	known bronchiectasis, 2x course abx and steroids, ongoing cough, not productive. no fevers, no chest pain, no N&V. ex smoker. used sabs 3x daily which is normal for him. chest had been settled until recently.
Examination	looks well, no inc wob but occasional double inhalation through nose during consult. temp 37.2 HR 95 sats 95-96% chest clear, no wheeze
Comment	given bronchiectasis, agree longer course alternative steroid > 7/7 doxy, hold statin on abx. for CXR and sputum sample given multiple abx and ongoing Sx. wsg re Tx failure or worsening Sx
Medication	Doxycycline Hyclate Capsules 100 mg *8 capsule TWO CAPS ON DAY ONE. THEN TAKE ONE A DAY TO COMPLETE COURSE*
Test Request	XR Chest - *Completed*, Sputum (C&S) - *Requested*

26/10/2022 11:33 — Dr Victoria Shotton at Drumchapel Health Centre

History	felt chest was improving with amoxil and pred but as soon as stopped felt sob and coughing again, only using salbutamol OD and no clear reason why not used more often when sounds like he needs it, but is compliant with fostair, feels fever has settled, feels congested and can't breathe through nose
Examination	temp 37.2 sao2 97% ra PR 88 reg HS noramt ENT congested, chest dulled R base good a/e elsewhere
Comment	further course amoxil and pred, add in nasal xpray, use salbutamol more, checked technique and using correctly, strict wsg re breathing
Medication	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS* Prednisolone Tablets 5 mg *40 TABLET EIGHT TO BE TAKEN IN THE MORNING* Xylometazoline Hydrochloride Nasal spray 0.1 % *1 SPRAY USE ONE SPRAY INTO EACH NOSTRIL TWO TO THREE TIMES DAILY WHEN REQUIRED FOR A MAXIMUM OF SEVEN DAYS*

18/10/2022 — Mrs Alison Harkness at Telephone Call

History	1 week history of dry flaky face. Also requesting steroids for chest infection, as only A/B given by OOH last night. PMH of bronchiectasis
Comment	Plan - agreed oral pred, but F2F required if not helping. To try epimax wash and hydrocortisone to face. To collect script. WSG.
Medication	Prednisolone Tablets 5 mg *30 TABLET SIX TO BE TAKEN IN THE MORNING FOR 5 DAYS* Epimax Ointment *500 GRAM APPLY AS DIRECTED OR USE AS SOAP SUBSTITUTE* Hydrocortisone Ointment 1 % *30 GRAM APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY*

13/09/2022 13:57 — Dr Victoria Shotton at Phone Encounter

History	productive cough, green spuutm feeling wheezy, using max salbutamol, no fever, felt warm overnight, no CVP, no lat flow test recommended to do same. Given J/C amoxil and pred, if feeling no better can start same

---

09/09/2022 — at MJog

Additional	SMS text sent to patient Summary of text message sent to patient / Dear Patient. Kinfauns Medical Practice wish to inform you that Dr Turnbull has retired as of Friday 9th September. Dr Shotton will be your GP from this date and the practice will be moving to "on the day" appointments. If you require a doctors appointment, telephone 0141 211 6110 at 8.30am when the surgery opens to request a face to face appointment. Reception will ask you the nature of your request in order to direct you to the most appropriate medical professional for e.g. GP, Advanced Nurse Practitioner (ANP), Pharmacist or Phlebotomist. We wish Dr Turnbull all the best in her retirement.

26/08/2022 — Dr Anne Turnbull at Telephone Consultation

History	asking for letter for housing to request ground floor flat. Will issue summary and he can use this as back up and explain his situation to them No other comptaints offered today

---

25/05/2022 — Dr Anne Turnbull at Telephone Consultation

History	productive cough for a week with green spit and more sob. Sounds a bit breathless on phone. Left fostair at caravan. For treat as IE COPD.

17/03/2022 14:11 — Mr. Kevin Spence at Drumchapel Health Centre

Additional	Medication review done by medicines management technician PSW Rep,presc. monitoring NOS MM LES Level 1 Review Site of encounter NOS Actioned in Pharmacotherapy Hub

---

17/12/2021 — Mrs Alison Harkness at Telephone Call

History	requesting letter for council to move to a lower / ground floor flat due to SOB and stairs. No issues with inhalers at present. last infection back in September 2021.
Comment	review in 6 months. WSG.
Follow up	(diary entry deleted) (Not Known)
	(diary entry deleted) (Not Known)
	(diary entry deleted) (Not Known)
Additional	Chronic obstructive pulmonary disease annual review
	Patient "recall" admin. NOS

08/12/2021

Additional	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Pfizer (E Inglis) FK9712/ PF/IM/Left Arm//C-19 Booster Pfizer (E Inglis)

08/12/2021

Additional	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Pfizer (The Hub (Clydebank) - Public Vaccination Clinic) FK9712/ PF/IM/Left Arm//C-19 Booster Pfizer (The Hub (Clydebank) - Public Vaccination Clinic)

08/12/2021

Additional	Administration of first inactivated seasonal influenza vacc P100368835/ FLUQIVC/IM/Left Arm//FLU - Fluceivax Tetra (QIVc) (The Hub (Clydebank) - Public Vaccination Clinic)

28/09/2021 Mrs Alison Harkness at Telephone Call

Problem (FIRST)	**Chest infection**
History	3 day history of productive cough with dirty sputum. Takes fostair and salbutamol. No chest tightness, but some SOB. requesting A/B.
Comment	Plan - script for A/B sent to Kinfauns. Has bronchiectasis. WSG.
Medication	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS*
Follow up	(diary entry deleted) (Not Known)
	(diary entry deleted) (Not Known)
Additional	Patient "recall" admin. NOS

28/07/2021 Dr Anne Tumbull at Telephone Consultation

History	pain left side over left lateral ribcage. Pain on movment past 3 days. Does some exercises for COPD but does not recall straining or injurying self No cough or sob and no signs DVT. able to take a deep breath which is not painful. Moving around easily and does not feel he needs to take any analgesia No change in bowel or bladder
Comment	sounds like could be musculoskeletal. Will monsotr and call back if any worse

20/05/2021 Dr Anne Tumbull at Telephone Consultation

History	called to review mirtazapine. Feels a bit calmer on higher dose though does not always sleep well. Waiting to hear from PCMHT.
Comment	continue on 45mg dose

22/04/2021 Dr Anne Tumbull at Drumchapel Health Centre

History	here for vaccine today. Worsening anxiety and depression lately. Started on mirtazapine but does not feel is helping. Will increase to 45mg. Advised refer to PCMHT. son will do this as GEorge has literacy problems- cannot read. To call back in 3-4 weeks to review antidepressant
Medication	Mirtazapine Tablets 45 mg *28 tablet ONE TO BE TAKEN AT NIGHT*
Additional	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right arm) PV46662 AZ/IM **(GMS)**

12/02/2021 Dr Anne Tumbull at Drumchapel Health Centre

Additional	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left arm) AB0002 Ex 04/21 AZ/IM **(GMS)**

18/01/2021 Dr Anne Tumbull at Telephone Consultation

History	cough productive of small amounts green spit and increased sob past 1-2 days. says this is typical of his usual recurrent chest infections and is unwilling to get covid test. Feels well otherwise.
Examination	coughing on phone. SLightly dyspnoeic sounding.
Comment	will treat with ab and steroid.
Medication	Doxycycline Hyclate Capsules 100 mg *8 capsule TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS*

	Prednisolone Tablets 5 mg *40 TABLET EIGHT TO BE TAKEN IN THE MORNING*
04/11/2020	Dr Anne Tumbull at Data Entry
History	message that physio has asked us to refer to gym- ?any specific reason. Speak to GP
08/10/2020 12:03	Ms Helen Castle at Drumchapel Health Centre
Comment	SR aerochamber
Medication	Easychamber Spacer device *1 DEVICE FOR USE WITH INHALER*
Additional	Previous treatment continue
07/10/2020	Mrs Hazel Allen at Drumchapel Health Centre
Comment	Flu vaccination administration
Additional	Seasonal influenza vaccination (Left arm) Batch No P100243203 Exp 05/21
15/04/2020	Dr Anne Tumbull at Data Entry
History	has rejoined practice. Brief summary from last GP in Ayrshire
Medication	Mirtazapine Tablets 30 mg *28 tablet ONE TO BE TAKEN AT NIGHT* Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose *1 inhaler 1 PUFF TWICE DAILY* Sildenafil Citrate Tablets 100 mg *8 TABLET ONE TO BE TAKEN AS DIRECTED. SLS* Salbutamol Cfc-free inhaler 100 micrograms/puff *1 INHALER ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY* Nacsys Effervescent tablets 600 mg *28 TABLET 1 ONCE DAILY*
15/04/2020	Dr Anne Tumbull at Data Entry
History	asking for meds but need summary
24/04/2017	Dr Anne Tumbull at Drumchapel Health Centre
History	flare up of hand dermatitis. Works as kitchen porter. Hands in and out of water cleaning dishes. Advised re gloves. He is keen to get another job.
Examination	small skin tag above left ear. Has grown in past year and he is keen to have it removed. Painful and catching on it when combing hair etc
Medication	Zerodem Ointment *125 GRAM(S) APPLY AS DIRECTED*
Additional	Medication review without patient
17/01/2017	Dr Jennifer Coyle at Drumchapel Health Centre
History	Spoke to patient re CXR report. Cough has gone since taking doxycycline. explained that there is a shadow on his cXR but cant tell if this is just infection or something more worrying. He knows that I have done a referral to respiratory and he will hear from them in next couple of weeks. They will probably do a cT of his chest. Knows to see GP if any change
16/01/2017	Dr Jennifer Coyle at Data Entry
History	Tried again to contact patient, number not recognised.
13/01/2017	Dr Jennifer Coyle at Data Entry
History	Message from radiology re abnormal CXR result. Unable to contact patient by phone today to bring in for appointment. I have done urgent respiratory referral and we will continue to try and contact him.
20/12/2016	Dr Jennifer Coyle at Drumchapel Health Centre
History	Ex smoker ex-stopped 5 years ago, previously 10 a day Coughing since last encounter. Works in kitchen. No change in home or work environment. doesn't feel unwell.
Examination	Sniffing a lot. Coughing. Chest clear. Throat NAD.
Comment	Add doxy. If not working try beconase for few weeks. If no better needs CXR- I have given him a form today. Knows must return for review if not settling completely.
Medication	Doxycycline Hyclate Capsules 100 mg *6 CAPSULE TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS* Beclometasone Aqueous nasal spray 50 micrograms/actuation *200 DOSE TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY* Clobetasone Butyrate Cream 0.05 % *30 GRAM Apply Twice daily* Zerobase Cream 11 % *500 GRAM(S) APPLY FREQUENTLY*
History	Dermatitis on hands, hands in water all day at work.
28/11/2016	Dr Anne Tumbull at Drumchapel Health Centre

History	non-productive cough for 5 days. Slightly more sob with it. Throat pain. Previous chest infections.
Examination	chest- scattered creps more in left base.
Comment	Ex smoker treat as chest infection.
Medication	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*

15/07/2016 Dr Jennifer Coyle at Drumchapel Health Centre

History	See A+E letter. Says they told him something not quite right with ecg, letter states refering for 24 hour tape but no reason why. has course of amoxil to start. was told to come in to discuss cholesterol result. Assign 21%. Was on statin previously. Happy to restart. Recheckb loods in 6 months. Advised let travel insurer know about recent events as travelling to Spain tonight.
Examination	Blood pressure reading 136/82 mm Hg Assign cardiovascular disease score: 21 % Template Added Calculated Using Complete Data Comparison Score: 16
Social	Cigarette smoker, 0 Cigarettes/day
Result	Plasma total cholesterol level, 6.2 mmol/L
Medication	Simvastatin Tablets 40 mg *28 TABLET ONE TO BE TAKEN AT NIGHT*

14/07/2016 Dr Jennifer Coyle at Drumchapel Health Centre

History	Unwell for 48 hours. Was at a funeral and felt legs giving way, eyes went blurry, felt to ground but no LOC. Sat for about 15 mins and legs felt better but not right since then. Vague about symptoms but sounds like coughing, intermittent heaviness or tightness in chest. No palpitations. No fever. Says had an irregular heart beat about 15 to 20 years ago but not sure, thinks maybe had a funny turn when that was diagnosed, no other cardiac probs. No CVAs.
Examination	O/E - BP reading Well. GCS 15. Balance fine. Pulse 70, reg. HSI+II+0, no murmurs. Blood pressure reading 136/82 mm Hg Coughing. Chest clear.
Comment	Admit MAU in light of chest tightness, need to exclude cardiac cause for symptoms. I think likely to have been a vasobvagal episode +/- LRTI. Script for amoxil given because going to Spain this weekend for 10 days.

14/07/2016 Dr Jennifer Coyle at Drumchapel Health Centre

Medication	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*

29/04/2016 Dr Jennifer Coyle at Data Entry

History	Asking for sickline. Has hopsital appointment today.
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Right shoulder pain. Awaiting rheumatology appointment; Duration: 26/04/2016 - 27/05/2016)

31/03/2016 Dr Jennifer Coyle at Drumchapel Health Centre

Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Right shoulder pain. Awaiting rheumatology appointment.; Duration: 29/03/2016 - 26/04/2016)

31/03/2016 Dr Jennifer Coyle at Data Entry

History	Asking for another sickline.

01/03/2016 Dr Jennifer Coyle at Drumchapel Health Centre

History	See last encounter. Finding amitriptyline quite helpful but shoulder still very sore., Has appointmenbt for rheumatology in April. Needs another line. Employer realises that he needs to get this fixed.
Medication	Amitriptyline Hydrochloride Tablets 50 mg *28 TABLET ONE TO BE TAKEN IN THE EVENING*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Right shoulder pain. Awaiting rheumatology appointment.; Duration: 01/03/2016 - 29/03/2016)

17/02/2016 09:16 Dr Kulwant Sambi at Drumchapel Health Centre

History	rt shoulder pain - has been ongoing for amny months- works as a claener in the pub- hasreceived notes that he is nto doing his job properly(showed me these notes) and others having ot do it again. feels due to his shoulde rpain struggles to do his job well. prev been tp physio- not helped but lied ot them that it was gettign better as did not want to go off sick as xmas tiem was busy period.
Examination	rt shoulder- rom dec in all aspetcs & seems very stiff.
Comment	refer rheu.can take AMT 2 tabs if 1 not helping.

Medication	Amitriptyline Hydrochloride Tablets 25 mg *28 TABLET ONE TO BE TAKEN IN THE EVENING*
	Diclofenac Diethylammonium Gel 1.16 % *100 gramAPPLY THREE TIMES A DAY*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis; right shoulder pain; Duration: 17/02/2016 - 02/03/2016)

24/08/2015 Dr Christine Grieve at Drumchapel Health Centre

Comment	still has pain at R shoulder and hoping for physio input soon continues at work - can manage tramadol and get doing a good job during the day but wakes at night try amitriptyline
Medication	Tramadol Hydrochloride Capsules 50 mg *200 capsule TWO CAPSULES 3 TIMES A DAY*
	Amitriptyline Hydrochloride Tablets 10 mg *28 TABLET ONE AT NIGHT AND INCREASE TO 2 AT NIGHT*

13/08/2015 Dr Richard Grant at Drumchapel Health Centre

Problem	impingement syndrome
History	right shoulder painful arc, still has FROM, works as window cleaner. will be 2/12 u/s PT review, would benefit from steroid injection. Further tramadol provided, can't take paracetmol as conemed about liver (alcohol xs) and dyspepsia rules out oral NSAID. further tramadol and NSAID gel provided in interim.

29/06/2015 09:30 Dr Kulwant Sambi at Drumchapel Health Centre

History	here re rt shoulder pain- was advised tcb for r/v, managing work ok with tramadol- pain mainly worse at night, no injury.
Examination	rt shoulder- good rom- no local tenderness. pointing to trapezius for pain though no locla tenderness threre too.
Comment	?MSK plan. explained that xray wil nto chnage mx- best option is physio- has applied & a/w appt. denies any constipation with tramadol. dyspepsia inspite of ppi- inc dose btu advised re aggravating factors- does drink alcohol few days a week.
Medication	Omeprazole Capsules (Gastro-Resistant) 20 mg *28 capsule ONE DAILY 30 MINS BEFORE MEALS*

17/06/2015 Dr Anne Turnbull at Drumchapel Health Centre

History	fairly constant pain at right shoulder for 3 weeks,. Works as cleaner and no history of injury. Good range of movement. Pain no worse on exertion. Worse at night when lies on it.
Examination	good rom at shoulder and neck. No localised tenderness
Comment	try analgesia and self refer physio/ To return if not settling ?xray as not entirely typical pain
Medication	Tramadol Hydrochloride Capsules 50 mg *60 capsule 2 CAPSULES 4 TIMES DAILY*
	Ibuprofen Gel 5 % *100 GRAMS APPLY THREE TIMES A DAY*

20/01/2015 Dr Anne Turnbull at Drumchapel Health Centre

History	dry cough and having to clear throat frequently. tender slightly enlarged cervical gland left side throat. Voice has been hoarse past 8 weeks. ex-smoker 3 years. Occ alcohol only
Examination	throat- nad
Comment	refer ENT for review

05/01/2015 09:16 Dr Kulwant Sambi at Drumchapel Health Centre

History	sore throat, cold , cough for >2/52.green spututm.
Examination	t-36.1 ; p- 99 reg ; sats-97% chest clear. hs-pure. bil cx nodes +. throat congeste. midl discomfort ove rbil max sinuses.
Comment	rx as acute sinusitis.
Medication	Amoxicillin Capsules 500 mg *15 capsule 1 CAP THREE TIMES DAILY*

29/12/2014 Dr Christine Grieve at Drumchapel Health Centre

Comment	slipped on frsty steps coming out of the close this morning o/e red skin with abrasions at the midthoracic paravertebral area no tenderness over vertebral colum swollen muscle likely haematoma in muscle
Medication	Co-Codamol 30/500 Tablets 56 *tablet 2 TABLETS FOUR TIMES DAILY*

03/12/2014 Dr Anne Turnbull at Drumchapel Health Centre

History	ongoing back pain is affecting sleep. Not improving. Analgesia is helping to a degree.
Comment	for self-refer physio. Advised re gentle stretching/exercise.

Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: severe low back pain. Has been referred to physiotherapy; Duration: 01/12/2014 - 15/12/2014)
24/11/2014 09:16	Dr Allister Francis at Drumchapel Health Centre
History	mechanical LBP. B&B ok. No red flags. Advised re mobilisation. Co-codamol not helping. Add reg NSAID and AMT at night
Medication	Naproxen Tablets 500 mg 56 *TABLET ONE TO BE TAKEN TWICE A DAY* Co-Codamol 30/500 Tablets *100 TABLET TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)* Amitriptyline Hydrochloride Tablets 25 mg *28 TABLET ONE TO BE TAKEN IN THE EVENING*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Back pain; Duration: 24/11/2014 - 01/12/2014)
18/11/2014	Dr Anne Turnbull at Drumchapel Health Centre
History	sudden onset upper lumbar back pain after moving fridge freezer. No radiation of pain. No bladder/bowel upset. Ibuprofen helping a little
Examination	mild localised tenderness. pain on all movement
Comment	for co-codamol and 1 week off work
Medication	Co-Codamol 30/500 Tablets *60 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: back pain; Duration: 18/11/2014 - 25/11/2014)
21/10/2014	Dr Christine Grieve at Drumchapel Health Centre
Comment	George ticked a health questionaire at his new gym that he had had high cholesterol. This was in the past when he consumed more alcohol. Handwritten letter explaing Chol level OK statin stopped and no risk factors
27/05/2014	Dr Anne Turnbull at Drumchapel Health Centre
History	productive cough with copious green spit for 4 days/ Not sob
Examination	feels warm. P88 Chest sounds clear. THroat- nad
Comment	treat as chest infection. 2 children have head lice
Medication	Doxycycline Hyclate Capsules 100 mg *8 capsule 2 CAPS ON FIRST DAY THEN 1 Cap Daily* Malathion Aqueous Lotion 0.5 % *200 ml TO BE USED AS DIRECTED*
29/11/2013	Dr Christine Grieve at Data Entry
Comment	omeprazole script lost replacement given
Additional	Medication review done
15/11/2013	Mrs Hazel Allen at Drumchapel Health Centre
Examination	Blood pressure reading 122/82 mm Hg Ex-Cigarette Smoker, 20 cigs/day (past) O/E - height, 173 cm O/E - weight, 73 Kg Body Mass Index, 24.39 Ideal Weight, 68.84 Kg
Social	Alcohol consumption, 0 units/week Stopped smoking
Comment	Bloods for cholesterol and LFT. Has stopped smoking and drinks alcohol once a week, 1/2 litre vodka. does not try to eat a healthy diet. diet is low in F&V and high in fat.
23/10/2013	Dr Christine Grieve at Drumchapel Health Centre
Comment	productive cough green spit sore throat for a week o/e flushed T38 both TMs slightly pink throat nil bilat enlarged neck glands Left>Right nil focal in chest Has been off cigarettes for 2 years
Medication	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
21/10/2013	Mrs Hazel Allen at Drumchapel Health Centre
Comment	DNA practice nurse
25/07/2013	Dr Kathryn Anderson at Drumchapel Health Centre

History	in police custody over weekend following an argument with [redacted] court case pending a [redacted] alleged assault. Patient reports struggled with angry outbursts over many years asking for anger management counselling. "i can't control my temper" card given - this includes tom allen number- advised patient to self refer. drinks alcohol 1/week. advised abstinence as alcohol has frequently been involved when looses temper. says is single [redacted] of 2 [redacted] admits raises his voice to them but states never physically aggressive to children. patient says had lots of thinking time in police cell over weekend. hence seeking help. has previously served a 7 year prison sentence and does not wish to return.
05/04/2013	Dr Kathryn Anderson at Drumchapel Health Centre
History	stopped omeprazole 2-3 weeks ago, has been using peptac. vomiting x 3 episodes last night. no diarrhoea. sore throat following vomiting. has not taken any oral intake yet today- fearful would vomit. advised sips of fluids. omeprazole 20mg for 7 days then 10mg od. worsening advice given- knows how to access OOHs if needed
Examination	o/e abdomen soft slightly tender epigastrium no rebound no guarding. BS normal. chest clear. throat bit inflammed no pus. sats 98%. PR 98 reg.
History	patient mentioned he was told his March cholesterol was "average". advised him holesterol has increased since stopping statin. March 7.1 previously 4.9. advised re dietary measures, repeat cholesterol in 6 months. If increased further consider resume of statin.
21/03/2013	Mrs Hazel Allen at Drumchapel Health Centre
Comment	Bloods for fasting cholesterol, stopped statin December for trial without.
27/02/2013	Dr Carolyn MacDonald at Drumchapel Health Centre
History	Red itchy spots appearing on arms, abd and legs after running or hot shower past 2/12.
Examination	Excoriated papules. No evidence of infestation. Dermographism demonstarted on back.
Comment	?mild heat-induced urticaria, rash produced by excoration. Try antihistamine and eumovate to spots to relieve itch.
Medication	Cetirizine Hydrochloride Tablets 10 mg *30 tablet ONE TO BE TAKEN EACH DAY* Eumovate Ointment 0.05 % *30 GRAM APPLY THINLY TO THE AFFECTED AREA ONCE DAILY* Peptac Liquid (peppermint) *500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME IF REQUIRED*
History	Req rpt omeprazole. Adv re prn use, using peptac to try and withdraw altogether. Happy with this approach, keen to get off reg meds.
04/01/2013	Dr Carolyn MacDonald at Drumchapel Health Centre
History	Unwell with sore throat and productive cough 3/52. copious green spit. Stopped smoking 16/12 ago, no underlying chest problems.
Examination	T 37.4. Coughing++ but not sob or wheezy. Throat ok chest - scattered mild wheeze esp midzones.
Social	Ex-light smoker (1-9/day) Health ed. - smoking
Comment	Imp LRTI. rx in view of fever and duration sx. Worsening advice given.
Medication	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
19/12/2012	Dr Christine Grieve at Drumchapel Health Centre
Comment	eczematous scaling rash at nasal folds hasn't happened before lines of dryness and circular red patches R side fading looks like seborrhoea is not on scalp or rest of face
Medication	Hydrocortisone Cream 1 % *15 gram Apply Twice daily* Sildenafil Citrate Tablets 100 mg *4 TABLET ONE TO BE TAKEN AS DIRECTED. SLS*
Comment	Sildelafil review - opportunistic tool 50mg - not very effective took 2x50mg - satisfactory Given 100mg strength Can order without seeing GP unless he wants to try another type eg cialis
07/12/2012	Mrs Hazel Allen at Drumchapel Health Centre
Examination	Assessing cardiovascular risk using SIGN score. 15 %
Comment	JBS2 11.8%, has reduced this by 2.2% over this year due to stopping smoking and trying to improve lifestyle.
Additional	JBS cardiovascular disease risk 10-20% over next 10 years

06/12/2012	Dr Christine Grieve at Drumchapel Health Centre
Comment	results reviewed: stop simvastatin and aspirin as he may not have primary prevention need recheck chol in March 13 and make sure it has not gone back up to 8mmol which it was years ago when drinking
	CVS bloods satisfactory start sildenafil 50mg to come back if he needs 100mg
Medication	Sildenafil Citrate Tablets 50 mg *4 TABLET ONE TO BE TAKEN AS DIRECTED. SLS*
26/11/2012	Mrs Hazel Allen at General Practice Surgery
Additional	WML document Cholesterol Printed
26/11/2012	Mrs Hazel Allen at Drumchapel Health Centre
Examination	Blood pressure reading 120/80 mm Hg
	O/E - pulse rhythm regular
	O/E - pulse rate NOS, 72
Social	Ex smoker
	Alcohol units per week, 8 U/week
Comment	General health review- had Keep Well review one year ago, has now been off cigarettes for a year and has reduced his alcohol intake significantly, drinks alcohol once a week, drinks shandy wil have abot 6 pints, no other intake, has gained weight intends to start addressing this, discussed diet and changes that could be made, wants to become more active, used to exercise a lot but has stopped now, keen on Live Active Referral- completed.
Test Request	FBC, U and E, Glucose, LFTs, Serum Lipids, TFTs
Additional	Alcohol screen - fast alcohol screening test completed, 0
26/11/2012	Dr Christine Grieve at Drumchapel Health Centre
Examination	O/E - BP reading
	Blood pressure reading 120/80 mm Hg
Comment	Asked to come in for review because of h/o high chol and previous chest pain od peptic origin. Rarely get heartburn and does not get any chest pain. The only time he notices heartburn is if there has been a social occasion like a wedding and social alcohol consumed advised to take an extra omeprazole. To continue on aspirin and simvastatin due to hypercholesterolaemia. Consumption of alcohol much less than years ago when he had the high chol and chest pain. For Keep Well input
	Reports erection problems: gets an erection but it fades very quickly. IH will assess his CVS risk factors re this issue and bring him back in 10 days. Given ED print out. Hazel please do gluc chol FBC UE LFT TFT
13/11/2012	Dr Christine Grieve at Data Entry
Comment	Medication review: Is on primary prevention aspirin and simvastatin. Hypercholesterolaemia diagnosed 2004 Chol 8.5 Also in 1986 he has had atypical chest pain that was thought to be due to peptic disease. He had coronary investigations in 1986. Slight high voltage ECG Normal Echocardiogram Normal ETT Appt to review ? Refer Keep Well
24/02/2012	Dr Carolyn MacDonald at Drumchapel Health Centre
History	Itchy eruption on fingers. Has had dermatitis in the past. Also has itchy patches in axillae, left wrist and behind left knee.
Examination	Pomphyix on fingers, eczematous rash in other affected areas.
Comment	Rx avoid soap/irritants, adv re use of emollients, trimovate to axillae, Eumovate elsewhere. Verbal and written instructions to clarify use. Review prn.
Medication	Oilatum Shower gel *70 % 150 gram USE AS SOAP IN SHOWER*
	Diprobase Cream *500 GRAM APPLY TO AFFECTED AREA WHEN REQUIRED*
	Trimovate Cream *30 GRAM APPLY TO THE AFFECTED AREA UNDER ARMS TWICE DAILY*
	Clobetasone Butyrate Ointment 0.05 % *100 gram APPLY THINLY TO THE AFFECTED AREAS ONCE DAILY*
26/01/2012	Dr Christine Grieve at Drumchapel Health Centre
Comment	L groin irritation o/e scattered folliculitis at various stages and various sizes some chaffing worried he has an STD but also says he jogs and he gets hot in this area I spoke on the phone to his [redacted] who has told him that OOH treated her for an STD she tells me she got fucidin CREAM gave G booklet for Sandyford and have treated what I see today to go and get an STD screen
Medication	Flucloxacillin Capsules 500 mg *20 capsule ONE TO BE TAKEN FOUR TIMES A DAY*

	Hydrocortisone And Miconazole Cream 1 % + 2 % *30 GRAM APPLY TO GROIN FOLD TWICE A DAY*
17/11/2011	Mrs Hazel Allen at Drumchapel Health Centre
History	No breathlessness
	Chest pain not present
	Number of portions of fruit and vegetables daily, 0 /day
Examination	Blood pressure reading 122/80 mm Hg
	O/E - pulse rhythm regular
	O/E - height, 173 cm
	O/E - weight, 68 Kg
	O/E - pulse rate NOS, 72
	Body Mass Index, 22.72
	Wants to lose weight, 6
	HAD scale: anxiety score, 99 /21
	HAD scale: depression score, 99 /21
Family History	No FH: Ischaemic heart disease
Examination	Assessing cardiovascular risk using SIGN score, 9 %
Family History	No FH: Stroke/TIA
Social	Ex smoker
	Patient initiated diet NOS, 2
	Exercise grading, 3
	Exercise grading NOS, 2
	Alcohol units per week, 10 U/week
	Unemployed
	Benefits - other, specified
Comment	Single [redacted] of 2 not working at present would like to but difficulty finding something to fit in school hours, Has stopped smoking and with this has stopped his cannabis use, doen this by using medication bought from interm=net from Bulgaria called Tabax, asked me about, advised I have not heard of it but as it was nit liscensed for use in this country I would not recommend it, he thinks it has been great , course now complete. Assign 9%, JBS2 13.8%
Additional	Primary prevention of ischaemic heart disease
	Health ed. - diet
	Exercise on prescription
	Health ed. - exercise
	Alcohol screen - fast alcohol screening test completed, 0
	Alcohol screen - fast alcohol screening test completed, 0
	Depression screening using questions
	JBS cardiovascular disease risk 10-20% over next 10 years
05/05/2011	Mrs Christine Bonar at Drumchapel Health Centre
History	Primary prevention of ischaemic heart disease priority=2
14/04/2011	Dr Carolyn MacDonald at Drumchapel Health Centre
History	Very painful jaw after alleged assault. Attended A&E, xray ok, provided with co-codamol but run out. Only able to eat 45 mins after taking tab. no bruising/swelling visible externally. Rx. adv re ses of drowsiness/constipation, can req more if reqd. 2. Given up smoking with Champix, has been spinning out last tabs taking x1 per day, would like extension to script as still has cravings. Rx. priority=2
23/03/2011	Dr ACUTE SCRIPTS at Drumchapel Health Centre
History	Script for final 2/52 course varenicline. Appt to discuss if feels needs for longer. CM priority=2
14/01/2011	Dr Carolyn MacDonald at Drumchapel Health Centre
History	1. itchy rash on left lower leg and under scrotum, blames on change of washing powder. O/e excoriated rash on leg, slight erythema under scrotum. Rx. 2. V keen to stop smoking again, relapsed due to break-up of relationship. Agreed to further course varenicline, no ses last time. Given Smokefree Community Referral, adv must attend. priority=2
14/10/2010	Dr Christine Grieve at Drumchapel Health Centre
History	Current smoker 10/day: priority=2
	Smoking cessation advice referred Smokefree: priority=2
	Current smoker 10/day
	Smoking cessation advice referred Smokefree
12/10/2010	Dr Christine Grieve at Drumchapel Health Centre

History — still has a cough. I explained that because he is a longterm smoker he will take longer to get over infections smokes 10/day, advised he is destroying his lungs. referral form faxed to Smokefree service. hi [redacted] has COPD, advised this is what he will develop. 2) missed an appt at jobcentre so benefit stopped. single [redacted] of 2 children who were both ill and of [redacted] at the time. handwritten note stating all 3 of them ill, dates of GP attendance provided priority=2

29/09/2010 — Locum A at Drumchapel Health Centre

History — cough green spit, sore throat. throat pink, chest clear. alcohol free-- amoxil given priority=2

31/08/2010 — Dr Christine Grieve at Drumchapel Health Centre

History — O/E - pulse rate 72: priority=2
Systolic blood pressure
Diastolic blood pressure
O/E - BP reading normal B P Screening$$.clm - Repeat after an interval (diary entry deleted) (Not Known)
O/E - pulse rate

31/08/2010 — Dr Christine Grieve at Drumchapel Health Centre

History — fell backwards hitting the froun 5 days ago. initially L lower ant chest wall area was sore although not hit directly. yesterday upper ant R chest wall became sore and insp and moving and coughing hurts it. o/e slightly sore when rotating trunk not locally sore BP 118/70 pulse 72/min reg Ht sds 1&2 lungs clear Imp: chest wall soft tissue strain priority=2

23/07/2010 — Dr Christine Grieve at Drumchapel Health Centre

History — Info: Work Capability report has come in: considered fit for work from 20/7/10 priority=2

21/07/2010 — Dr Christine Grieve at Drumchapel Health Centre

History — Med 3 for 4 weeks backdated to 19/7/10 general debility he has not heard from DWP about their decision yet priority=2

30/06/2010 — Dr Christine Grieve at Drumchapel Health Centre

History — Med 3 for 3 weeks General Debility No word from DWP yet, either to George or myself. Says that DWP 'fraud Squad' called him to to alert him that he had been receiving payments for being blind. will not have to pay it back priority=2

08/06/2010 — Dr ACUTE SCRIPTS at Drumchapel Health Centre

History — Med 3 for 3 weeks from 7/6/10, spoke to George on the phone. was at cadogan street last week and is waiting to hear the outcome. advised if found fit then we wont issue more certs. it is difficult to conclude non-fitness for work so I have indicated on the Med 3 'phased return to work priority=2

07/06/2010 — Locum GP at Drumchapel Health Centre

History — again in re MED 3 --> advised as last time ??reason for MED 3 had assessment at cadogan st last week, asking for MED3 until recieves outcome letter from them. advised cant see reason why he should be on the sick and nil on computer records to sway this decision. I will look at paper records aswell. if no reason found and pt well then I will not be happy to issue MED 3. priority=2

24/05/2010 — Locum GP at Drumchapel Health Centre

History — asking for MED 3 - when questioned reason for being off work - not sure, tells me it was an irregular heart beat which hey found years ago, not on any meds except aspirin and statin. see Dr McDonalds note earlier - no prev documented diagnosis, discused, not "unfit" for work, would be fit for work considering a phased return as been off for many years (18 years)... doesnt seem too happy but i feel this gentleman would be fit for work. priority=2

10/05/2010 — Miss Amanda Purdon at Drumchapel Health Centre

History — AST/SGOT level normal 18:iu/l priority=2
ALT/SGPT level normal 26:iu/l priority=2
Serum alk. phos. normal 91:iu/l priority=2
Serum bilirubin normal 8:umol/l priority=2
Gamma glutamyl transferase level normal 25:u/l priority=2
Serum albumin normal 40:g/l priority=2
Total cholesterol measurement 4.90:mmol/l priority=2
Serum HDL cholesterol level 1.20:mmol/l priority=2
Serum triglycerides @463.00 1.80:mmol/l priority=2
Serum HDL:non-HDL cholesterol ratio @116000 4.1: priority=2
AST/SGOT level normal

ALT
ALT date
Value text: 05 May 2010 00:00
Serum alk. phos. normal
Bilirubin
Bilirubin date
Value text: 05 May 2010 00:00
Gamma glutamyl transferase level normal
Serum albumin normal
Tot Chol
Tot Chol date
Value text: 05 May 2010 00:00
HDL
Triglyceride
Triglyceride date
Value text: 05 May 2010 00:00
Serum HDL:non-HDL cholesterol ratio

05/05/2010 — Practice Nurse at Drumchapel Health Centre

History — Bp 114/70. Wt 82.5 kg. Bloods for routine cholesterol review(non fasting sample). Stpped smoking 16 days gao, 1-2 units alcohol per week. priority=2

28/04/2010 — Dr Carolyn MacDonald at Drumchapel Health Centre

History — D/W Dr G. MED 3 backdated to 17/3/10 for further 4/52 up tp 25/5/10 General Debility. Endorsed Previously on long term incapacity Benefit - cause unclear. Job Centre have requested sick line from 17/3/10. priority=2

28/04/2010 — Dr Carolyn MacDonald at Drumchapel Health Centre

History — Has been on Incapacity Benefit for years, cardiac problem, now advised requires cert. No definite diagnosis on review of notes. Adv call back this am for cert. priority=2

26/04/2010 — Locum GP at Drumchapel Health Centre

History — seen alone, [redacted] 1/2 years unfaithful. been with a man who has multiple [redacted] in thailand etc etc. worried re STIs. no sx at all of dysuria, frequency, penile disch or scrotal pain. discussion around these. explained we can test for chlamydia and gonorrhoea but if worried re HIV etc then refer sandyford for counselling and pre test discussion etc etc. happy just to go to sandyford on thursday here at drumchapel and see them. priority=2

14/04/2010 — Dr Carolyn MacDonald at Drumchapel Health Centre

History — Chest still tight, feeling breathless. Persistent cough, small amnt white spit. Cut down smoking, v keen to stop. Little relief from salbutamol. Checked technique - poor coordination of release/ inspiration. O/E PEFR 340 - definite improvement, had salbutamol 10 mins before consult. Chest clear. Rx salmol easibreathe. No further abs indicated. Review if persistent/worsening symptoms. priority=2

01/04/2010 — Dr Carolyn MacDonald at Drumchapel Health Centre

History — Tightness across upper chest, dry cough, no green spit. Previously relieved by salbutamol but run out. Still smoking. main problem is can't get off cannabis, unable to sleep without it. Adv re CAT. O/E PEFR 230 Chest clear. Rx salbutamol. delayed script for amoxicillin (no pen allergy) Worsening statement given. Refer spirometry. priority=2

31/03/2010 — Dr Carolyn MacDonald at Drumchapel Health Centre

History — Early request for simvastatin, aspirin and omeprazole allowed to replace stolen script. priority=2

18/02/2010 — Dr Christine Grieve at Drumchapel Health Centre

History — Medication review

27/01/2010 — Dr Christine Grieve at Drumchapel Health Centre

History — Longterm omeprazole reduced from 20mg to 10mg maintenance dose priority=2

15/01/2010 — Dr Christine Grieve at Drumchapel Health Centre

History — resp infection and feels central chest tight and sob sometimes o/e T38 TMs and throat slightly red no glands no creps occasional rhonchus post fields smoking 10/day and wants help with stopping again. previously stopped for 9 months. given pharmacy smokefree referral slip priority=2

30/12/2009	Dr Carolyn MacDonald at Drumchapel Health Centre
History	Persistent pain in left side chest, exacerbated by coughing and twisting movement. Persistent cough, but not productive. Abs made no difference, caused diarrhoea. SI sob, no wheeze. No haemoptysis. O/E T 36.4 No inc glands. Chest clear. No evidence of bact infection. Rx paracetamol. Review if cough .6/52 or haemoptysis for CXR, or if deteriorates. priority=2
07/12/2009	Dr Christine Grieve at Drumchapel Health Centre
History	3 weeks resp infection and still has a cough, not productive, getting discomfort at ant chest when coughing, not aware of a temp. o/e T35.7 L ear canal and TM red altho no pain. throat nil, enlarged R neck gland chest clear imp: bronchitis. resumed smoking as [redacted] ended relationship. Given freephone no for community smoking services when ready to tackle it again priority=2 Current smoker : priority=2 Smoking cessation advice : priority=2
01/09/2009	Dr ACUTE SCRIPTS at Drumchapel Health Centre
History	3rd continuation champix supply - advised last in the course priority=2
19/08/2009	Dr Christine Grieve at Drumchapel Health Centre
History	PPI review: Has been on omeprazole 20mg daily since 2005. Has a h/o oesophagitis and is on Aspirin. leave dose unchanged priority=2
05/08/2009	Dr Carolyn MacDonald at Drumchapel Health Centre
History	In for more Champix, off smoking altogether, nightmares initially, no other SEs. Feeling well, slight wt gain. Rx Adv can phone in for final 2/52 script. Appt if feels needs to ct thereafter. priority=2 Systolic blood pressure Diastolic blood pressure O/E - BP reading normal B P Screening$$.clm - Repeat after an interval (diary entry deleted) (Not Known)
15/07/2009	Dr Carolyn MacDonald at Drumchapel Health Centre
History	dr eon - urti sorethroat and aches in his bones, ex smoker on champix replacement . going on holiday in 2 weeks . unemployed .o/e sweaty but apyrexial rr normal pulse 70 throat mildlyinflammed and chest clear . priority=2
30/06/2009	Dr Christine Grieve at Drumchapel Health Centre
History	Is down to 4 cigs a day and is not needing to smoke the minute he gets up. Advised he should now be moving towards stopping completely. G is very pleased with his progress. Advised he will be on weekly disp for 3 full strength scripts priority=2
18/06/2009	Dr Carolyn MacDonald at Drumchapel Health Centre
History	Dizzy spell May, assessed at A&E, discharged but adv prob with BP. Y/day, cold sweat, dizzy, heart pumping fast when watching tv, on and off 30 mins. No chest pain/sob/nausea but felt "weird". Tingling in fingers. Felt panicky. Trying to stop smoking cannabis 10/day. 2 units/wk, prev heavy drinker, liver damage. Denies other drug use. P 73 BP 130/70 HS+II+0 Chest clear. Characteristic of panic attack, adv. Wants to stop smoking, rx, contact Sm Cess Gp. Adv re SEs. priority=2
26/05/2009	Dr Kathryn Anderson at Drumchapel Health Centre
History	asking re champix, smoking trying to stop tried extra strength patches over past week without success, previously stopped smoking for 9 months with patches 4-5 yrs ago. BP118/75 pr 75. regularly smokes cannabis trying to stop this also. advised 1st to try another NRT preparation, smoking cessation group declined. nicorette inhalator agreed upon. advised re use. can re-order cartridges when needs more or if unsuccessful review appt to discuss champix script. priority=2 Current smoker Disease: SPICE Basic Health Values, priority=2 Smoking cessation advice Disease: SPICE Basic Health Values, priority=2 Systolic blood pressure Disease: SPICE Basic Health Values Diastolic blood pressure Disease: SPICE Basic Health Values Systolic blood pressure Diastolic blood pressure
20/03/2009	Miss Amanda Purdon at Drumchapel Health Centre
History	White Scottish : priority=2 Glomerular filtration rate >60: priority=2 Serum chloride 107: priority=2 Serum creatinine 86: priority=2

Serum potassium 4.5; priority=2
Serum sodium 142; priority=2
Serum urea level 9.5; priority=2
AST/SGOT level normal 23:iu/l priority=2
ALT/SGPT level normal 34:iu/l priority=2
Serum alkaline phosphatase @490.00 75:iu/l priority=2
Serum bilirubin normal 7;umol/l priority=2
Gamma glutamyl transferase level normal 21:u/l priority=2
Serum albumin normal 41:g/l priority=2
eGFR >60
eGFR date
Value text: 17 Mar 2009 00:00
Serum chloride
Creat
Creatinine date
Value text: 17 Mar 2009 00:00
K+
K+ date
Value text: 17 Mar 2009 00:00
Na+
Na+ date
Value text: 17 Mar 2009 00:00
Urea
Urea date
Value text: 17 Mar 2009 00:00
AST/SGOT level normal
ALT
ALT date
Value text: 17 Mar 2009 00:00
Alk Phos
Alk Phos date
Value text: 17 Mar 2009 00:00
Bilirubin
Bilirubin date
Value text: 17 Mar 2009 00:00
Gamma glutamyl transferase level normal
Serum albumin normal

20/03/2009 — Miss Amanda Purdon at Drumchapel Health Centre

History
Random blood sugar normal 5.4:mmol/l priority=2
Total cholesterol measurement 4.90:mmol/l priority=2
Serum HDL cholesterol level 1.20:mmol/l priority=2
Serum triglycerides @483.00 2.10:mmol/l priority=2
Serum HDL:non-HDL cholesterol ratio @118000 4.1; priority=2
Random blood sugar normal
Tot Chol
Tot Chol date
Value text: 17 Mar 2009 00:00
HDL
Triglyceride
Triglyceride date
Value text: 17 Mar 2009 00:00
Serum HDL:non-HDL cholesterol ratio

20/03/2009 — Mrs Ilona Clark at Drumchapel Health Centre

History
Haemoglobin normal 14.7:g/dl priority=2
White cell count normal 5.93:10^9/l priority=2
Platelet count normal 261:10^9/l priority=2
Haemoglobin normal
White cell count normal
Platelet count normal

17/03/2009 — Practice Nurse at Drumchapel Health Centre

History
In for annual check. BP 115/68 P85 regular. Has been smoking cannabis since age 15 stopped smoking yesterday. priority=2
Systolic blood pressure
Diastolic blood pressure
O/E - BP reading normal B P Screening$$.clm - Repeat after an interval (diary entry deleted) (Not Known)

17/12/2008	Dr Christine Grieve at Drumchapel Health Centre
History	scaling 'nervous' rash lower abdo both legs and arms dry excoriated very stressed with recent house move. on own with 2 childre[redacted] very jangly and cant switch off priority=2
09/10/2008	Dr Kathryn Anderson at Drumchapel Health Centre
History	when walking along pavement reprots pain coming anterior and medial aspects of right ankle. felt ankle give way- the discription patient gives of this is very vague. no stumbles or falls, no trauma recalled. o/e FROM ankle, no bruising no swelling, nontender to palpation, no ligament laxity detected. Uncertain diagnosis. explained xray not currently indicated. self referral to physio for review. Has been buying ibuprofen tabs advised to stop wamed re gi s/effects-nil reported. can try ibugel but wamed priority=2
09/10/2008	Dr Christine Grieve at Drumchapel Health Centre
History	Medication review
29/08/2008	LOCUM at Drumchapel Health Centre
History	Stil smoking cannabis, wants to stop, but finds difficulty sleeping++ on withdrawl. looking for help. Discussed. Will contact sm cess/CAT for further advice and support. Rx Temazepam 10mg x7, adv this 4 week supply, will not be repeated without further consult. Sharp shooting pains lasting secs on left side chest assoc with dizziness when smoking joint. 2 yrs. No hx sugg of angina. P 64 BP 128/78 HSI+II+0. Review 4/52. CM priority=2 Heavy smoker - 20-39 cigs/day Smoker$$ Status.clm - Repeat after an Interval (diary entry deleted) (Not Known) Systolic blood pressure Diastolic blood pressure O/E - BP reading normal B P Screening$$.clm - Repeat after an Interval (diary entry deleted) (Not Known)
27/03/2008	Mrs Ilona Clark at Drumchapel Health Centre
History	Haemoglobin normal 14.4:g/dl priority=2 White cell count normal 8.50:10*9/l priority=2 Platelet count normal 269:10*9/l priority=2 Haemoglobin normal White cell count normal Platelet count normal
27/03/2008	Mrs Ilona Clark at Drumchapel Health Centre
History	Serum creatinine 84: priority=2 Serum potassium 4.3: priority=2 Serum sodium 144: priority=2 Serum urea level 8.0: priority=2 Serum chloride 109: priority=2 Glomerular filtration rate >60: priority=2 Fasting blood sugar @267.00 5.3:mmol/l priority=2 Plasma C reactive protein @642.00 1.0:mg/l priority=2 AST/SGOT level normal 15:iu/l priority=2 ALT/SGPT level normal 17:iu/l priority=2 Serum alk. phos. normal 84:iu/l priority=2 Serum bilirubin normal 5:umol/l priority=2 Gamma glutamyl transferase level normal 15:u/l priority=2 Serum albumin normal 41:g/l priority=2 Free T4 level @306.00 11:pmol/l priority=2 Serum TSH level 1.6:mU/l priority=2 Creat Creatinine date Value text: 20 Mar 2008 00:00 K+ K+ date Value text: 20 Mar 2008 00:00 Na+ Na+ date Value text: 20 Mar 2008 00:00 Urea Urea date Value text: 20 Mar 2008 00:00 Serum chloride eGFR >60

eGFR date
Value text: 20 Mar 2008 00:00
Fasted glucose
Fasted glucose date
Value text: 20 Mar 2008 00:00
Plasma C reactive protein
AST/SGOT level normal
ALT
ALT date
Value text: 20 Mar 2008 00:00
Serum alk. phos. normal
Bilirubin
Bilirubin date
Value text: 20 Mar 2008 00:00
Gamma glutamyl transferase level normal
Serum albumin normal
TSH
TSH date
Value text: 20 Mar 2008 00:00
TSH
TSH date
Value text: 20 Mar 2008 00:00

19/03/2008 LOCUM at Drumchapel Health Centre

History
1. Recurrence of discoid eczema mainly on extensor aspects arms, and left leg. Rx Betnovate C cream daily, review and hopefully7 reduce strength of steroid cream for maintenance. 2. Feeling run down , eats lots but losing wt. Smioked cannabis 30 yrs, no other drugs, wants to stop. Sharp lower abd pains. No nausea, vomiting, change bowel habit, no symptoms of GI bleeding. Abd soft, sl tender RIF, no guarding, no masses felt. Given contact details for CAT, self-refer. Check urinalysis and bloods and review. priority=2
Smoking cessation advice priority=2
Moderate smoker - 10-19 cigs/d Smoker$$ Status.clm - Repeat after an interval
(diary entry deleted) (Not Known)
O/E - weight Weight$$.clm - No Action Required

28/01/2008 Dr Christine Grieve at Drumchapel Health Centre
History Medication review

03/01/2008 Dr Christine Grieve at Drumchapel Health Centre
Problem **[M]Intradermal naevus** excised from forehead priority=1

07/12/2007 LOCUM at Drumchapel Health Centre

History
Had mole removed from forehead, stitches removed today. Caught wound with rings in shower - opened up again. Cleansed with sterile saline and steristrip and mepore applied. Adv likely to get more obvious scar as result of this, but not concerned. CM priority=2

04/12/2007 Dr Christine Grieve at Drumchapel Health Centre
History Medication review

02/08/2007 Dr Christine Grieve at Drumchapel Health Centre

History
bilateral axillary fungal dermatitis. extensive very red very dry. nil else where priority=2

22/06/2007 Dr Christine Grieve at Drumchapel Health Centre
History SCI Electronic Referral priority=2
Referral for further care Refered To: Western Infirmary/Gartnavel General, NHS, Referral Type: Out Patient, Speciality Type: Dermatology, Referral Nature: Not Specified. , Referral Reason: Wishes brow lesion removed

21/06/2007 Dr Christine Grieve at Drumchapel Health Centre

History
R brow lesion, rounded 5mm polyp-type growth, refer dermatology. new partner c/o his severe snoring - she sleeps in living room. Has nostril crusts in the morning. o/e TMs nil L nasal lining congested. throat nil smoker L submandibular gland up but has parenasal raw skin. priority=2

07/06/2007 Mrs Christine Bonar at Drumchapel Health Centre
History Total cholesterol measurement 4.0:mmol/l priority=2
Serum HDL cholesterol level @459.00 0.90:mmol/l priority=2
Serum triglycerides @464.00 1.50:mmol/l priority=2

Tot Chol
Tot Chol date
Value text: 05 Jun 2007 00:00
HDL
Triglyceride
Triglyceride date
Value text: 05 Jun 2007 00:00

05/06/2007 — Practice Nurse at Drumchapel Health Centre
History — Bloods for cholesterol check. priority=2

19/04/2007 — Mrs Hazel Allen at Drumchapel Health Centre
Problem — **Standard chest X-ray** Normal- productive cough, smoker priority=1

18/04/2007 — UnknownUser at Drumchapel Health Centre
History — Xray report received priority=2

12/04/2007 — Dr Christine Geeve at Drumchapel Health Centre
History — still has a productive cough of clear mucous. when he lies down he starts to cough. o/e chest clear PEFR 530 to go for CXR longterm smoker. smokes 12/day advised that cigs are now damaging his airways. try salbutamol inhaler. has lesion on roof of mouth and is scared to get it removed. going back to Dental Hospital in 2 weeks. reassured re clotting screen priority=2
Peak exp. flow rate: PEFR/PFR 530 predicted = 600 priority=2
Current smoker 12/day priority=2
Smoking cessation advice priority=2
Fasting blood glucose level
Total cholesterol measurement
Tot Chol
Tot Chol date
Value text: 16 Sep 2005 00:00
TSH date
Value text: 16 Sep 2005 00:00
TSH
TSH date
Value text: 16 Sep 2005 00:00
Serum sodium level normal
Normal serum potassium level
Blood urea abnormal
Creat
Creatinine date
Value text: 16 Sep 2005 00:00
AST/SGOT level raised
ALT/SGPT serum level
Serum alk. phos. normal
Serum bilirubin normal
Gamma glutamyl transferase level normal
Serum albumin normal
Serum sodium level normal
Normal serum potassium level
Blood urea abnormal
Creat
Creatinine date
Value text: 22 May 2006 00:00
AST/SGOT level normal
ALT/SGPT level normal
Serum alk. phos. normal
Serum bilirubin normal
Gamma glutamyl transferase level normal
Serum albumin normal
Tot Chol
Tot Chol date
Value text: 19 May 2006 00:00
HDL
Serum triglycerides
Serum HDL:non-HDL cholesterol ratio
TSH
TSH date
Value text: 19 May 2006 00:00
TSH

TSH date
Value text: 19 May 2006 00:00
Glomerular filtration rate >60
O/E - weight
Systolic blood pressure
Diastolic blood pressure
Glomerular filtration rate >60
AST/SGOT level normal
ALT/SGPT level normal
Serum alk. phos. normal
Serum bilirubin normal
Gamma glutamyl transferase level normal
Serum albumin normal
Creat
Creatinine date
Value text: 24 Jan 2007 00:00
Serum potassium
Serum sodium
Serum urea level
Glucose
Glucose date
Value text: 24 Jan 2007 00:00
Haemoglobin normal
White cell count normal
Platelet count normal
O/E - height
O/E - weight
O/E - height
O/E - weight
Haemoglobin normal
White cell count normal
Platelet count normal
AST/SGOT level normal
ALT
ALT date
Value text: 26 Feb 2007 00:00
Serum alk. phos. normal
Bilirubin
Bilirubin date
Value text: 26 Feb 2007 00:00
Gamma glutamyl transferase level normal
Serum albumin normal
Haemoglobin normal
White cell count normal
Platelet count normal
INR - international normal ratio normal

28/03/2007 — Locum GP at Drumchapel Health Centre
History — chesty cough, chest clear. priority=2

28/02/2007 — Dr Christine Grieve at Drumchapel Health Centre
History — INR - international normal ratio normal 1.0:u priority=2

28/02/2007 — Dr Christine Grieve at Drumchapel Health Centre
History — copies of bloods sent to Dental Hosp priority=2

28/02/2007 — Dr Christine Grieve at Drumchapel Health Centre
History — Haemoglobin normal 14.3:g/dl priority=2
White cell count normal 8.4:10*9/l priority=2
Platelet count normal 264:10*9/l priority=2

28/02/2007 — Mrs Hazel Allen at Drumchapel Health Centre
History — AST/SGOT level normal 15:iu/l priority=2
ALT/SGPT level normal 19:iu/l priority=2
Serum alk. phos. normal 81:iu/l priority=2
Serum bilirubin normal 6:umol/l priority=2
Gamma glutamyl transferase level normal 17:u/l priority=2
Serum albumin normal 41:g/l priority=2

22/02/2007	Dr Christine Grieve at Drumchapel Health Centre
History	Dry excoriated rash at both anterior iliac areas and occasional areas on limbs. similar episode a few months ago. not typically fungal or psoriatic. treat as eczema-might be contact dermatitis hard to tell. moisturise and use steroid. Sinus pain at maxillae and brow. one week. o/e TMs throat glands nil priority=2
21/02/2007	Mrs Hazel Allen at Drumchapel Health Centre
History	Bloods for FBC Coagulation screen and LFT as requested priority=2
20/02/2007	Dr Christine Grieve at Drumchapel Health Centre
History	Dental Hosp wish him to have coagulation screen done priority=2
15/02/2007	Dr Christine Grieve at Drumchapel Health Centre
History	wishes referral to D dewar centre. small lump at thumb web R hand. feels like a small growth on tendon priority=2 Current smoker 11cigs per day priority=2 Smoking cessation advice priority=2 Systolic blood pressure Diastolic blood pressure O/E - BP reading normal B P Screening$$.clm - Repeat after an interval (diary entry deleted) (Not Known)
07/02/2007	UnknownUser at Drumchapel Health Centre
History	Haemoglobin normal 14.7:g/dl priority=2 White cell count normal 6.59:10^9/l priority=2 Platelet count normal 250:10^9/l priority=2
05/02/2007	Locum GP at Drumchapel Health Centre
History	patient telephoned- advised US abdomen being requested- advised to see GP 3 weeks after US for follow-up of results. encouraged to remain off alcohol. priority=2
02/02/2007	Locum GP at Drumchapel Health Centre
History	results of blood tests to patient. feels epigastric discomfort settled. reports past 3-4 months right hypochondrial pain- usually brief sharp pain has been trying to ignore this. weight 63kg today gained 2 kg in 2 weeks. no gi upset. plan will review paper records patient thinks had ultrasound liver about 3 years ago. priority=2 O/E - height Disease: SPICE Basic Health Values O/E - weight Disease: SPICE Basic Health Values O/E - height O/E - weight
31/01/2007	UnknownUser at Drumchapel Health Centre
History	Haemoglobin normal 14.4:g/dl priority=2 White cell count normal 6.96:10^9/l priority=2 Platelet count normal 283:10^9/l priority=2
24/01/2007	Locum GP at Drumchapel Health Centre
History	Serum creatinine : priority=2 Serum creatinine normal : priority=2 Glomerular filtration rate >60: priority=2 AST/SGOT level normal 25:iu/l priority=2 ALT/SGPT level normal 34:iu/l priority=2 Serum alk. phos. normal 89:iu/l priority=2 Serum bilirubin normal 6:umol/l priority=2 Gamma glutamyl transferase level normal 22:u/l priority=2 Serum albumin normal 44:g/l priority=2 Serum creatinine 95: priority=2 Serum potassium 4.7: priority=2 Serum sodium 140: priority=2 Serum urea level 5.9: priority=2 Serum chloride level normal : priority=2 Fasting blood sugar @267.00 5.0:mmol/l priority=2
19/01/2007	Locum GP at Drumchapel Health Centre

History	past hx of alcohol excess. had binge of alcohol at new year and again last week at friends 50th. Past 5 days upper abdo pain intermittent, no melena, PR blood or vomiting. weight steady 9st 8 lb. o/e alert undistressed, PR 76, abdomen soft slightly tender epigastrium and right upper quadrant, not distended, BS normal. Impression alcohol related, plan double omeprazole, check bloods fbc, lft, glu, ue, amylase remain off alcohol. review 2 weeks worsening statement given. priority=2 Current smoker Disease: SPICE Basic Health Values. priority=2 Smoking cessation advice Disease: SPICE Basic Health Values. priority=2 O/E - weight Disease: SPICE Basic Health Values Diastolic blood pressure Systolic blood pressure O/E - weight
19/01/2007	UnknownUser at Drumchapel Health Centre
History	Did not attend - no reason nurse priority=2
29/11/2006	UnknownUser at Drumchapel Health Centre
History	Notes summary on computer priority=2
18/10/2006	UnknownUser at Drumchapel Health Centre
History	allergy coded electronically priority=2
02/10/2006	LOCUM at Drumchapel Health Centre
History	had fracture to rt leg 11wks ago asking for analgesia priority=2
31/08/2006	UnknownUser at Drumchapel Health Centre
Problem	**Fracture of lateral malleolus** right side priority=1
02/08/2006	Dr Christine Greeve at Drumchapel Health Centre
History	Medication review
21/07/2006	Locum GP at Drumchapel Health Centre
History	been attach while he was in black pool, sowllen tender Rt ankle reluctant to go to AE given X-ay card. repeat issued priority=2
06/06/2006	UnknownUser at Drumchapel Health Centre
History	Glomerular filtration rate >60: priority=2
25/05/2006	UnknownUser at Drumchapel Health Centre
History	Serum sodium level normal 144:mmol/l priority=2 Normal serum potassium level 4.0:mmol/l priority=2 Blood urea abnormal @187.00 6.6:mmol/l priority=2 Serum creatinine normal 89:umol/l priority=2 AST/SGOT level normal 23:iu/l priority=2 ALT/SGPT level normal 27:iu/l priority=2 Serum alk. phos. normal 180:iu/l priority=2 Serum bilirubin normal 7:umol/l priority=2 Gamma glutamyl transferase level normal 20:u/l priority=2 Serum albumin normal 43:g/l priority=2 Total cholesterol measurement 4.40:mmol/l priority=2 Serum HDL cholesterol level @460.00 1.00:mmol/l priority=2 Serum triglycerides @463.00 3.20:mmol/l priority=2 Serum HDL non-HDL cholesterol ratio @116000 4.4: priority=2 Free T4 level @306.00 13:pmol/l priority=2 Serum TSH level 1.2:mU/l priority=2 Blood glucose result 3.7 priority=2
19/05/2006	Practice Nurse at Drumchapel Health Centre
History	requesting bloods says he has full check up regularly. u+e's, lfts, tft's chol and gluc taken priority=2
06/02/2006	LOCUM at Drumchapel Health Centre
History	patch of dry eczematous skin on L shin. No obvious cause. Plan betnovate and e45 priority=2
19/10/2005	LOCUM at Drumchapel Health Centre
History	Systolic blood pressure

	Diastolic blood pressure O/E - BP reading normal B P Screening$$.clm - Repeat after an interval (diary entry deleted) (Not Known)
16/09/2005	UnknownUser at Drumchapel Health Centre
History	Total cholesterol measurement 3.7:mmol/L priority=2 Free T4 level @308.00 12:pmol/l priority=2 Serum TSH level 1.8:mU/l priority=2 Thyroid function test : priority=2 Serum sodium level normal 145:mmol/l priority=2 Normal serum potassium level 4.1:mmol/l priority=2 Blood urea abnormal @167.00 8.0:mmol/l priority=2 Serum creatinine normal 94:umol/l priority=2 AST/SGOT level raised 43:iu/l priority=2 ALT/SGPT serum level @116.00 89:iu/l priority=2 Serum alk. phos. normal 188:iu/l priority=2 Serum bilirubin normal 10:umol/l priority=2 Gamma glutamyl transferase level normal 32:u/l priority=2 Serum albumin normal 44:g/l priority=2
16/05/2005	UnknownUser at Drumchapel Health Centre
History	Did not attend - no reason priority=2
19/04/2005	Dr Christine Grieve at Drumchapel Health Centre
History	Medication review
18/04/2005	LOCUM at Drumchapel Health Centre
History	Medication review
13/04/2005	LOCUM at Drumchapel Health Centre
History	Current smoker : priority=2 Smoking cessation advice : priority=2 Systolic blood pressure Diastolic blood pressure O/E - BP reading normal B P Screening$$.clm - Repeat after an interval (diary entry deleted) (Not Known) Systolic blood pressure Diastolic blood pressure O/E - BP reading normal B P Screening$$.clm - Repeat after an interval (diary entry deleted) (Not Known)
17/03/2005	UnknownUser at Drumchapel Health Centre
History	Fasting blood glucose level 5.0:mmol/L priority=2 Total cholesterol measurement 4.2:mmol/L priority=2
04/03/2005	UnknownUser at Drumchapel Health Centre
History	Automatically generated by transaction priority=2 Patient MRE received from HB priority=2
18/02/2005	UnknownUser at Drumchapel Health Centre
History	Automatically generated by transaction priority=2 Pat. GP7B/GP8B card from HB priority=2
17/02/2005	UnknownUser at Drumchapel Health Centre
History	Automatically generated by transaction priority=2 Patient reg. form sent to HB priority=2
Problem	**Greenstick fracture**
Problem	**Head injury**
Problem	**[D]Electrocardiogram (ECG) abnormal** priority=1
Problem	**Exercise tolerance test** negative priority=1
Problem	**Echocardiogram normal** priority=1
Problem	**Renal colic**
Problem	**Intravenous pyelogram** priority=1
Problem	**Suspected gallstones**
Problem	**Fracture of mandible**
Problem	**Oesophagitis**
Problem	**[D]Alcohol blood level excessive**
Problem	**[D]Chest pain**

Problem	**Dyspepsia**
Problem	**Spirometry** priority=1
History	Forced expired volume in 1 second 3.46 priority=2
	Notes summary on computer priority=2
	Blood glucose normal priority=2
17/02/2005	UnknownUser at Drumchapel Health Centre
History	Smoking cessation advice priority=2
	Systolic blood pressure
	Diastolic blood pressure
	O/E - BP reading normal B P Screening$$.clm - Repeat after an Interval (diary entry deleted) (Not Known)
	O/E - height Height$$.clm - No Action Required
	Light smoker - 1-9 cigs/day Smoker$$ Status.clm - Repeat after an Interval (diary entry deleted) (Not Known)
	O/E - weight Weight$$.clm - No Action Required

Current Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
11/04/2023	**Mometasone Furoate Nasal spray 50 micrograms/dose** TWO SPRAYS TO BE USED IN EACH NOSTRIL EACH DAY 1 bottle	22/05/2023P	Dr Anthony Whyte	REPEAT
07/03/2023	**Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose** TWO PUFFS TO BE INHALED TWICE DAILY 2 INHALER	27/07/2023P	Dr Victoria Shotton	REPEAT
18/10/2022	**Epimax Ointment** APPLY AS DIRECTED OR USE AS SOAP SUBSTITUTE 500 GRAM	27/07/2023P	Dr Victoria Shotton	REPEAT
08/09/2022	**Mirtazapine Tablets 45 mg** ONE TO BE TAKEN AT NIGHT 56 TABLET	27/07/2023P	Dr Victoria Shotton	REPEAT
15/04/2020	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 8 TABLET	27/07/2023P	Dr Victoria Shotton	REPEAT
15/04/2020	**Salbutamol Cfc-free inhaler 100 micrograms/puff** ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1 INHALER	27/07/2023P	Dr Victoria Shotton	REPEAT
15/04/2020	**Nacsys Effervescent tablets 600 mg** 1 ONCE DAILY 28 TABLET	27/07/2023P	Dr Victoria Shotton	REPEAT
15/07/2016	**Simvastatin Tablets 40 mg** ONE TO BE TAKEN AT NIGHT 56 TABLET	27/07/2023P	Dr Victoria Shotton	REPEAT
29/06/2015	**Omeprazole Capsules (Gastro-Resistant) 20 mg** ONE DAILY 30 MINS BEFORE MEALS 56 CAPSULE	27/07/2023P	Dr Victoria Shotton	REPEAT

Past Medication

Past Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
19/06/2023	**Easychamber Spacer device** FOR USE WITH INHALER 1 DEVICE	19/06/2023P	Dr Victoria Shotton	ACUTE
24/05/2023	**Hydrocortisone Ointment 1 %** APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY FOR ONE WEEK. ONCE SKIN HAS SETTLE CONTINUE TO USE EPIMAX CREAM AVOIDING AREA AROUND EYES 30 GRAM	24/05/2023P	Dr Victoria Shotton	ACUTE
04/05/2023	**Carbocisteine Capsules 375 mg** TWO TO BE TAKEN TWICE A DAY 112 capsule	04/05/2023P	Dr Anthony Whyte	ACUTE
18/01/2023	**Hydrocortisone Ointment 1 %** APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY FOR ONE WEEK. ONCE SKIN HAS SETTLE CONTINUE TO USE EPIMAX CREAM AVOIDING AREA AROUND EYES 30 GRAM	18/01/2023P	Dr Victoria Shotton	ACUTE
11/01/2023	**Scheriproct Ointment** APPLY THINLY TWICE A DAY AS DIRECTED FOR A WEEK 30 gram	11/01/2023P	Dr Victoria Shotton	ACUTE
02/12/2022	**Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose** TWO PUFFS TO BE INHALED TWICE DAILY 2 INHALER	15/12/2022P	Dr Victoria Shotton	ACUTE
10/11/2022	**Fluconazole Capsules 50 mg** 1 Cap Daily 7 capsule	10/11/2022P	Dr Victoria Shotton	ACUTE
10/11/2022	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	10/11/2022P	Dr Victoria Shotton	ACUTE
04/11/2022	**Doxycycline Hyclate Capsules 100 mg** TWO CAPS ON DAY ONE. THEN TAKE ONE A DAY TO COMPLETE COURSE 8 capsule	04/11/2022P	Dr Victoria Shotton	ACUTE
26/10/2022	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS 15 CAPSULE	26/10/2022P	Dr Victoria Shotton	ACUTE
26/10/2022	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	26/10/2022P	Dr Victoria Shotton	ACUTE
26/10/2022	**Xylometazoline Hydrochloride Nasal spray 0.1 %** USE ONE SPRAY INTO EACH NOSTRIL TWO TO THREE TIMES DAILY WHEN REQUIRED FOR A MAXIMUM OF SEVEN DAYS 1 SPRAY	26/10/2022P	Dr Victoria Shotton	ACUTE
18/10/2022	**Prednisolone Tablets 5 mg** SIX TO BE TAKEN IN THE MORNING FOR 5 DAYS 30 TABLET	18/10/2022P	Mrs Alison Harkness	ACUTE
18/10/2022	**Hydrocortisone Ointment 1 %** APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY 30 GRAM	18/10/2022P	Mrs Alison Harkness	ACUTE
13/09/2022	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS 15 CAPSULE	13/09/2022P	Dr Victoria Shotton	ACUTE
13/09/2022	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	13/09/2022P	Dr Victoria Shotton	ACUTE
19/07/2022	**Mirtazapine Tablets 45 mg** ONE TO BE TAKEN AT NIGHT 28 tablet	19/07/2022P	Dr Anne Turnbull	ACUTE
25/05/2022	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS 15 CAPSULE	25/05/2022P	Dr Anne Turnbull	ACUTE
25/05/2022	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	25/05/2022P	Dr Anne Turnbull	ACUTE
10/05/2022	**Easychamber Spacer device** FOR USE WITH INHALER 1 DEVICE	10/05/2022P	Dr Victoria Shotton	ACUTE
22/04/2022	**Mirtazapine Tablets 45 mg** ONE TO BE TAKEN AT NIGHT 28 tablet	24/05/2022P	Dr Anne Turnbull	ACUTE
28/09/2021	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS 15 CAPSULE	28/09/2021P	Mrs Alison Harkness	ACUTE
05/07/2021	**Easychamber Spacer device** FOR USE WITH INHALER 1 DEVICE	05/07/2021P	Dr Anne Turnbull	ACUTE
15/06/2021	**Mirtazapine Tablets 45 mg** ONE TO BE TAKEN AT NIGHT 28 tablet	27/01/2022P	Dr Anne Turnbull	ACUTE
22/04/2021	**Mirtazapine Tablets 45 mg** ONE TO BE TAKEN AT NIGHT 28 tablet	18/05/2021P	Dr Anne Turnbull	ACUTE
18/01/2021	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS 8 capsule	18/01/2021P	Dr Anne Turnbull	ACUTE
18/01/2021	**Prednisolone Tablets 5 mg** EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	18/01/2021P	Dr Anne Turnbull	ACUTE
08/10/2020	**Easychamber Spacer device** FOR USE WITH INHALER 1 DEVICE	08/10/2020P	Dr Anne Turnbull	ACUTE
18/05/2020	**Mirtazapine Tablets 30 mg** ONE TO BE TAKEN AT NIGHT 28 tablet	18/05/2021P	Dr Anne Turnbull	ACUTE

15/04/2020	**Mirtazapine Tablets 30 mg** ONE TO BE TAKEN AT NIGHT 28 tablet	15/04/2020P	Dr Anne Tumbull	ACUTE
15/04/2020	**Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose** 1 PUFF TWICE DAILY 1 inhaler	08/03/2023P	Dr Victoria Shotton	ACUTE
20/06/2017	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	20/06/2017P	Dr Anne Tumbull	ACUTE
24/04/2017	**Clobetasone Butyrate Cream 0.05 %** Apply Twice daily 30 GRAM	24/04/2017P	Dr Anne Tumbull	ACUTE
24/04/2017	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	24/04/2017P	Dr Anne Tumbull	ACUTE
24/04/2017	**Zerobase Cream 11 %** APPLY FREQUENTLY 500 GRAM(S)	24/04/2017P	Dr Anne Tumbull	ACUTE
24/04/2017	**Zeroderm Ointment** APPLY AS DIRECTED 125 GRAM (S)	24/04/2017P	Dr Anne Tumbull	ACUTE
17/01/2017	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	16/02/2017P	Dr Jennifer Coyle	ACUTE
20/12/2016	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS 6 CAPSULE	20/12/2016P	Dr Jennifer Coyle	ACUTE
20/12/2016	**Beclometasone Aqueous nasal spray 50 micrograms/actuation** TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY 200 DOSE	20/12/2016P	Dr Jennifer Coyle	ACUTE
20/12/2016	**Clobetasone Butyrate Cream 0.05 %** Apply Twice daily 30 GRAM	20/12/2016P	Dr Jennifer Coyle	ACUTE
20/12/2016	**Zerobase Cream 11 %** APPLY FREQUENTLY 500 GRAM(S)	20/12/2016P	Dr Jennifer Coyle	ACUTE
28/11/2016	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	28/11/2016P	Dr Anne Tumbull	ACUTE
14/07/2016	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	14/07/2016P	Dr Jennifer Coyle	ACUTE
13/07/2016	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	23/11/2016P	Dr Jennifer Coyle	ACUTE
01/06/2016	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	01/06/2016P	Dr Jennifer Coyle	ACUTE
05/04/2016	**Amitriptyline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN IN THE EVENING 28 TABLET	05/04/2016P	Dr Jennifer Coyle	ACUTE
05/04/2016	**Diclofenac Diethylammonium Gel 1.16 %** APPLY THREE TIMES A DAY 100 gram	05/04/2016P	Dr Jennifer Coyle	ACUTE
01/03/2016	**Amitriptyline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN IN THE EVENING 28 TABLET	01/03/2016P	Dr Jennifer Coyle	ACUTE
24/02/2016	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	05/04/2016P	Dr Jennifer Coyle	ACUTE
24/02/2016	**Tramadol Hydrochloride Capsules 50 mg** TWO CAPSULES 3 TIMES A DAY 200 capsule	05/04/2016P	Dr Jennifer Coyle	ACUTE
17/02/2016	**Amitriptyline Hydrochloride Tablets 25 mg** ONE TO BE TAKEN IN THE EVENING 28 TABLET	17/02/2016P	Dr Anne Tumbull	ACUTE
17/02/2016	**Diclofenac Diethylammonium Gel 1.16 %** APPLY THREE TIMES A DAY 100 gram	17/02/2016P	Dr Anne Tumbull	ACUTE
08/01/2016	**Tramadol Hydrochloride Capsules 50 mg** TWO CAPSULES 3 TIMES A DAY 200 capsule	08/01/2016P	Dr Christine Grieve	ACUTE
08/01/2016	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	08/01/2016P	Dr Christine Grieve	ACUTE
29/10/2015	**Tramadol Hydrochloride Capsules 50 mg** TWO CAPSULES 3 TIMES A DAY 200 capsule	29/10/2015P	Dr Christine Grieve	ACUTE
27/08/2015	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	20/10/2015P	Dr Christine Grieve	ACUTE
24/08/2015	**Tramadol Hydrochloride Capsules 50 mg** TWO CAPSULES 3 TIMES A DAY 200 capsule	17/09/2015P	Dr Christine Grieve	ACUTE
24/08/2015	**Amitriptyline Hydrochloride Tablets 10 mg** ONE AT NIGHT AND INCREASE TO 2 AT NIGHT 28 TABLET	08/01/2016P	Dr Christine Grieve	ACUTE
13/08/2015	**Ibuprofen Gel 5 %** APPLY THREE TIMES A DAY 100 GRAMS	08/01/2016P	Dr Christine Grieve	ACUTE
17/06/2015	**Tramadol Hydrochloride Capsules 50 mg** 2 CAPSULES 4 TIMES DAILY 60 capsule	13/08/2015P	Dr Christine Grieve	ACUTE
17/06/2015	**Ibuprofen Gel 5 %** APPLY THREE TIMES A DAY 100 GRAMS	29/06/2015P	Dr Christine Grieve	ACUTE
17/06/2015	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	17/06/2015P	Dr Anne Tumbull	ACUTE
05/01/2015	**Amoxicillin Capsules 500 mg** 1 CAP THREE TIMES DAILY 15 capsule	05/01/2015P	Dr Christine Grieve	ACUTE
29/12/2014	**Co-Codamol 30/500 Tablets** 2 TABLETS FOUR TIMES DAILY 56 tablet	29/12/2014P	Dr Christine Grieve	ACUTE
24/11/2014	**Naproxen Tablets 500 mg** ONE TO BE TAKEN TWICE A DAY 56 TABLET	24/11/2014P	Dr Christine Grieve	ACUTE

24/11/2014	**Co-Codamol 30/500 Tablets** TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 100 TABLET	03/12/2014P	Dr Christine Grieve	ACUTE
24/11/2014	**Amitriptyline Hydrochloride Tablets 25 mg** ONE TO BE TAKEN IN THE EVENING 28 TABLET	24/11/2014P	Dr Christine Grieve	ACUTE
18/11/2014	**Co-Codamol 30/500 Tablets** TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 60 tablet	18/11/2014P	Dr Christine Grieve	ACUTE
17/11/2014	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	09/04/2015P	Dr Christine Grieve	ACUTE
14/08/2014	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	15/09/2014P	Dr Christine Grieve	ACUTE
24/06/2014	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	24/06/2014P	Dr Christine Grieve	ACUTE
27/05/2014	**Doxycycline Hyclate Capsules 100 mg** 2 CAPS ON FIRST DAY THEN 1 Cap Daily 8 capsule	27/05/2014P	Dr Christine Grieve	ACUTE
27/05/2014	**Malathion Aqueous Lotion 0.5 %** TO BE USED AS DIRECTED 200 ml	27/05/2014P	Dr Christine Grieve	ACUTE
02/05/2014	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	02/05/2014P	Dr Christine Grieve	ACUTE
31/01/2014	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	03/03/2014P	Dr Christine Grieve	ACUTE
29/11/2013	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	29/11/2013P	Dr Christine Grieve	ACUTE
23/10/2013	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	23/10/2013P	Dr Christine Grieve	ACUTE
15/10/2013	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	15/10/2013P	Dr Christine Grieve	ACUTE
05/08/2013	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	05/08/2013P	Dr Christine Grieve	ACUTE
20/05/2013	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	19/06/2013P	Dr Christine Grieve	ACUTE
28/03/2013	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	28/03/2013P	Dr Christine Grieve	ACUTE
27/02/2013	**Cetirizine Hydrochloride Tablets 10 mg** ONE TO BE TAKEN EACH DAY 30 tablet	27/02/2013P	Dr Christine Grieve	ACUTE
27/02/2013	**Eumovate Ointment 0.05 %** APPLY THINLY TO THE AFFECTED AREA ONCE DAILY 30 GRAM	27/02/2013P	Dr Christine Grieve	ACUTE
27/02/2013	**Peptac Liquid (peppermint)** 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME IF REQUIRED 500 ML	27/02/2013P	Dr Christine Grieve	ACUTE
31/01/2013	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	27/02/2013P	Dr Christine Grieve	ACUTE
04/01/2013	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	04/01/2013P	Dr Christine Grieve	ACUTE
19/12/2012	**Hydrocortisone Cream 1 %** Apply Twice daily 15 gram	19/12/2012P	Dr Christine Grieve	ACUTE
19/12/2012	**Sildenafil Citrate Tablets 100 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	07/01/2013P	Dr Christine Grieve	ACUTE
06/12/2012	**Sildenafil Citrate Tablets 50 mg** ONE TO BE TAKEN AS DIRECTED. SLS 4 TABLET	06/12/2012P	Dr Christine Grieve	ACUTE
24/02/2012	**Oilatum Shower gel 70 %** USE AS SOAP IN SHOWER 150 gram	24/02/2012P	Dr Christine Grieve	ACUTE
24/02/2012	**Diprobase Cream** APPLY TO AFFECTED AREA WHEN REQUIRED 500 GRAM	24/02/2012P	Dr Christine Grieve	ACUTE
24/02/2012	**Trimovate Cream** APPLY TO THE AFFECTED AREA UNDER ARMS TWICE DAILY 30 GRAM	24/02/2012P	Dr Christine Grieve	ACUTE
24/02/2012	**Clobetasone Butyrate Ointment 0.05 %** APPLY THINLY TO THE AFFECTED AREAS ONCE DAILY 100 gram	24/02/2012P	Dr Christine Grieve	ACUTE
26/01/2012	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY 20 capsule	26/01/2012P	Dr Christine Grieve	ACUTE
26/01/2012	**Hydrocortisone And Miconazole Cream 1 % + 2 %** APPLY TO GROIN FOLD TWICE A DAY 30 GRAM	26/01/2012P	Dr Christine Grieve	ACUTE
01/08/2011	**Cetirizine Hydrochloride Tablets 10 mg** 1 Tab Daily 30 TABS	01/08/2011P	Dr Christine Grieve	ACUTE
15/06/2011	**Cetirizine Hydrochloride Tablets 10 mg** 1 Tab Daily 30 TABS	15/06/2011P	Dr Christine Grieve	ACUTE
05/05/2011	**Cetirizine Hydrochloride Tablets 10 mg** 1 Tab Daily 30 TABS	05/05/2011P	Dr Christine Grieve	ACUTE
27/04/2011	**Omeprazole Capsules (Gastro-Resistant) 10 mg** 1 Cap Daily 28 CAPS	20/05/2015P	Dr Christine Grieve	ACUTE
14/04/2011	**Co-Codamol 30/500 Tablets** 2 Tabs 4 times daily 56 TABS	14/04/2011P	Dr Carolyn MacDonald	ACUTE

14/04/2011	**Varenicline Tablets 1 mg** 1 Tab morning and night 28 dispense weekly	14/04/2011P	Dr Carolyn MacDonald	ACUTE
13/04/2011	**Cetirizine Hydrochloride Tablets 10 mg** 1 Tab Daily 30 TABS	13/04/2011P	Dr Christine Grieve	ACUTE
23/03/2011	**Varenicline Tablets 1 mg** 1 Tab morning and night 28 dispense weekly	23/03/2011P	Dr Carolyn MacDonald	ACUTE
03/03/2011	**Cetirizine Hydrochloride Tablets 10 mg** 1 Tab Daily 30 TABS	03/03/2011P	Dr Christine Grieve	ACUTE
21/02/2011	**Varenicline Tablets 1 mg** 1 Tab morning and night 56 dispense weekly	21/02/2011P	Dr Christine Grieve	ACUTE
14/01/2011	**Varenicline Tablets 1 mg** 1 Tab morning and night 56 dispense weekly	14/01/2011P	Dr Carolyn MacDonald	ACUTE
14/01/2011	**Varenicline Tablets 1 mg + 500 micrograms** 1 Tab As directed 1 TABS	14/01/2011P	Dr Carolyn MacDonald	ACUTE
14/01/2011	**Dermol 500 Lotion** use instead of soap 500 LOT	14/01/2011P	Dr Carolyn MacDonald	ACUTE
14/01/2011	**Cetirizine Hydrochloride Tablets 10 mg** 1 Tab Daily 30 TABS	14/01/2011P	Dr Carolyn MacDonald	ACUTE
14/01/2011	**Clobetasone Butyrate Ointment 0.05 %** Apply sparingly Daily 30 OINT	14/01/2011P	Dr Carolyn MacDonald	ACUTE
29/09/2010	**Amoxicillin Capsules 500 mg** 1 Cap 3 times daily 21 CAPS	29/09/2010P	LOCUM	ACUTE
14/04/2010	**Salbutamol Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/dose** 2 Puffs every 4 hours 1 INHAL	14/04/2010P	Dr Carolyn MacDonald	ACUTE
01/04/2010	**Amoxicillin Capsules 250 mg** 1 Cap 3 times daily 15 CAPS	01/04/2010P	Dr Carolyn MacDonald	ACUTE
01/04/2010	**Salbutamol Cfc-free inhaler 100 micrograms/puff** 2 Puffs 4 times daily 1 INHAL	01/04/2010P	Dr Carolyn MacDonald	ACUTE
15/01/2010	**Salbutamol Cfc-free inhaler 100 micrograms/puff** 2 Puffs 4 times daily 1 INHAL	15/01/2010P	Dr Christine Grieve	ACUTE
15/01/2010	**Oxytetracycline Tablets 250 mg** 1 Tab 4 times daily 20 TABS	15/01/2010P	Dr Christine Grieve	ACUTE
30/12/2009	**Paracetamol Tablets 500 mg** 2 Tabs 4 times daily 100 TABS	30/12/2009P	Dr Carolyn MacDonald	ACUTE
07/12/2009	**Amoxicillin Capsules 250 mg** 1 Cap 3 times daily 15 CAPS	07/12/2009P	Dr Christine Grieve	ACUTE
01/09/2009	**Varenicline Tablets 1 mg** 1 Tab morning and night 56 dispense weekly	01/09/2009P	Dr Christine Grieve	ACUTE
05/08/2009	**Varenicline Tablets 1 mg** 1 Tab morning and night 56 dispense weekly	05/08/2009P	Dr Carolyn MacDonald	ACUTE
15/07/2009	**Paracetamol Tablets 500 mg** 1 or 2 Tabs Twice daily 32 TABS	15/07/2009P	LOCUM	ACUTE
30/06/2009	**Varenicline Tablets 1 mg** 1 Tab morning and night 56 dispense weekly	30/06/2009P	Dr Christine Grieve	ACUTE
18/06/2009	**Varenicline Tablets 1 mg + 500 micrograms** 1 Tab As directed 1 TABS	18/06/2009P	Dr Carolyn MacDonald	ACUTE
26/05/2009	**Nicorette Inhalator Inhalation cartridge with mouthpiece (starter pack) 10 mg/cartridge** 6 INVAL	26/05/2009P	Dr Kathryn Anderson	ACUTE
26/05/2009	**Nicorette Inhalator Inhalation cartridge with mouthpiece (refill) 10 mg/cartridge** 42 x 2	26/05/2009P	Dr Kathryn Anderson	ACUTE
17/12/2008	**Diazepam Tablets 2 mg** half to 1 tab Twice daily 28 TABS	17/12/2008P	Dr Christine Grieve	ACUTE
17/12/2008	**Betnovate-C Cream** Apply sparingly Daily 60 CREAM	17/12/2008P	Dr Christine Grieve	ACUTE
17/12/2008	**Aqueous Cream** apply bd as moisturiser 100 CREAM	17/12/2008P	Dr Christine Grieve	ACUTE
09/10/2008	**Ibuprofen Cream 5 %** Apply sparingly 3 times daily 1 CREAM	09/10/2008P	LOCUM	ACUTE
29/08/2008	**Temazepam Tablets 10 mg** 1 Tab At night 7 This is a 4 week supply	29/08/2008P	LOCUM	ACUTE
19/03/2008	**Betnovate-C Cream** Apply sparingly Daily 60 CREAM	19/03/2008P	LOCUM	ACUTE
02/08/2007	**Betamethasone Valerate Cream 0.1 %** Apply ONCE daily 30 CREAM	02/08/2007P	Dr Christine Grieve	ACUTE
02/08/2007	**Terbinafine Hydrochloride Cream 1 %** Apply Twice daily 30 gram x 2	02/08/2007P	Dr Christine Grieve	ACUTE
21/06/2007	**Beclometasone Aqueous nasal spray 50 micrograms/actuation** 2 puffs both nostrils Twice daily 1 dose	21/06/2007Q	Dr Christine Grieve	ACUTE
21/06/2007	**Cetirizine Hydrochloride Tablets 10 mg** 1 Tab Daily 28 TABS	21/06/2007P	Dr Christine Grieve	ACUTE
21/06/2007	**Fucidin H Cream** Apply 3 times daily 30 CREAM	21/06/2007P	Dr Christine Grieve	ACUTE
12/04/2007	**Salbutamol Cfc-free inhaler 100 micrograms/puff** 2 Puffs 4 times daily 1 INHAL	12/04/2007P	Dr Christine Grieve	ACUTE
28/03/2007	**Amoxicillin Capsules 250 mg** 1 Cap 3 times daily 21 CAPS	28/03/2007P	LOCUM	ACUTE

22/02/2007	**Amoxicillin Capsules 250 mg** 1 Cap 3 times daily 15 CAPS	22/02/2007P	Dr Christine Grieve	ACUTE
22/02/2007	**E45 Cream** Apply Twice daily 125 CREAM	22/02/2007P	Dr Christine Grieve	ACUTE
22/02/2007	**Betamethasone Valerate Cream 0.1 %** Apply Twice daily 100 CREAM	22/02/2007P	Dr Christine Grieve	ACUTE
02/10/2006	**Co-Codamol 30/500 Caplets** 1 or 2 Tabs 4 times daily 96 TABS	02/10/2006P	LOCUM	ACUTE
21/07/2006	**Co-Codamol 30/500 Caplets** 1 or 2 Tabs 4 times daily 100 TABS	21/07/2006P	UnknownUser	ACUTE
06/02/2006	**Betamethasone Valerate Cream 0.1 %** DELETED for reason of: Wrong patient – Apply sparingly morning and night -1 INVALID	06/02/2006P	UnknownUser	ACUTE
06/02/2006	**Betamethasone Valerate Cream 0.1 %** Apply sparingly morning and night 100 CREAM	06/02/2006P	UnknownUser	ACUTE
06/02/2006	**E45 Cream** Apply as required 125 CREAM	06/02/2006P	UnknownUser	ACUTE
06/02/2006	**E45 Cream** DELETED for reason of: Wrong patient – Apply as required -1 INVALID	06/02/2006P	UnknownUser	ACUTE
11/10/2005	**Amoxicillin Capsules 500 mg** 1 Cap 3 times daily 21 CAPS	11/10/2005P	LOCUM	ACUTE
20/05/2005	**Omeprazole Capsules (Gastro-Resistant) 20 mg** 1 Cap Daily 28 CAPS	20/05/2005P	LOCUM	ACUTE
29/04/2005	**Clopidogrel Tablets 75 mg** 1 Tab Daily 28 TABS	29/04/2005P	LOCUM	ACUTE
29/04/2005	**Omeprazole Capsules (Gastro-Resistant) 20 mg** 1 Cap Daily 28 CAPS	29/04/2005P	LOCUM	ACUTE
18/04/2005	**Betamethasone Valerate Cream 0.1 %** Apply sparingly Twice daily 30 CREAM	18/04/2005P	LOCUM	ACUTE
30/03/2005	**Omeprazole Capsules (Gastro-Resistant) 20 mg** 1 Cap Daily 28 CAPS	30/03/2005P	LOCUM	ACUTE
30/03/2005	**Simvastatin Tablets 40 mg** 1 Tab Daily 28 TABS	30/03/2005P	LOCUM	ACUTE
30/03/2005	**Clopidogrel Tablets 75 mg** 1 Tab Daily 28 TABS	30/03/2005P	LOCUM	ACUTE
14/11/2022	**Beclometasone Aqueous nasal spray 50 micrograms/actuation** TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY 200 DOSE	03/04/2023P	Dr Victoria Shotton	REPEAT
27/04/2011	**Simvastatin Tablets 40 mg** 1 Tab At night 28 TABS	12/11/2012P	Dr Christine Grieve	REPEAT
27/04/2011	**Aspirin Tablets 75 mg** 1 Tab Daily 28 TABS	12/11/2012P	Dr Christine Grieve	REPEAT
27/01/2010	**Omeprazole Capsules (Gastro-Resistant) 20 mg** 1 Cap Daily 28 CAPS	27/01/2010P	Dr Christine Grieve	REPEAT
19/05/2008	**Co-Codamol 30/500 Caplets** 1 or 2 Tabs 4 times daily 100 TABS	19/05/2008P	Dr Christine Grieve	REPEAT
19/05/2008	**Gaviscon Advance Oral suspension (peppermint)** 5 ml 4 times daily 300 LIQ	19/05/2008P	Dr Christine Grieve	REPEAT

NHS Confidential: Personal data about a patient

Lab Report ID : 8,12.3362960.8 **Coding Status** : Part Read Coded
Filed By User : Miss Jacqueline McGhie **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (3834) George Martin McGhee DOB : 13/11/1961 CHI : 1311616039 SEX : M

ADR : 2-1 69 Abbotshall Ave Glasgow

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count					
White Blood Count		5.3	x10^9/l	(4.0-11.0 U)	NK
Red Cell Count		5.10	x10^12/l	(4.50-5.90 U)	NK
Haemoglobin		150	g/l	(130-180 U)	NK
Haematocrit		0.474	l/l	(0.400-0.540 U)	NK
Mean Cell Volume		92.9	fl	(80.0-100.0 U)	NK
Mean Cell Hgb		29.0	pg	(26.0-34.0 U)	NK
Platelet Count		267	x10^9/l	(150-410 U)	NK
Neutrophils		3.0	x10^9/l	(1.8-7.7 U)	NK
Lymphocytes		1.2	x10^9/l	(1.0-4.8 U)	NK
Monocytes		0.6	x10^9/l	(0.2-1.0 U)	NK
Eosinophils		0.4	x10^9/l	(0.1-1.0 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK

Sample Collected Date : **26/11/2012 09:57:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **26/11/2012 16:19:00**
Received Date : **27/11/2012 08:00:07**
Requestor :
Requestor GMC Code :

Lab Report ID : B,12.1509205.D **Coding Status** : Part Read Coded
Filed By User : Miss Jacqueline McGhie **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (3834) George Martin McGhee DOB : 13/11/1961 CHI : 1311616039 SEX : M
ADR : 2-1 69 Abbotshall Ave Glasgow

**** ABNORMAL ****

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Glucose					
Glucose		5.3	mmol/L	(3.5-6.0 U)	NK
R Fasting		No			NK
R Urea & Electrolytes					
Sodium		142	mmol/L	(133-146 U)	NK
Potassium		4.9	mmol/L	(3.5-5.3 U)	NK
Chloride		106	mmol/L	(95-108 U)	NK
Urea		6.7	mmol/L	(2.5-7.8 U)	NK
Creatinine		80	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver Function Tests	Y				
Total Bilirubin		9	umol/L	(0-20 U)	NK
ALT	+	84	U/L	(0-50 U)	NK
AST		40	U/L	(0-40 U)	NK
Alkaline Phosphatase		85	U/L	(30-130 U)	NK
Albumin		41	g/L	(35-50 U)	NK
R Lipid profile	Y				
-Non-fasting sample					
-LDL & VLDL-chol should be estimated on blood from fasting patient.					
Cholesterol		5.0	mmol/L		NK
Triglycerides	+	2.8	mmol/L	(0.2-2.3 U)	NK
HDL Cholesterol		0.9	mmol/L		NK
LDL-Cholest (calc'd)		NA			NK
R VLDL-Chol (calc'd)		NA			NK
Chol/HDL ratio		5.6			NK
R Thyroid funct test					
TSH		1.83	mU/L	(0.35-5.00 U)	NK
Free T4		13.9	pmol/L	(9.0-21.0 U)	NK
Total T3					NK

Sample Collected Date : 26/11/2012 09:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/11/2012 18:00:00
Received Date : 27/11/2012 14:00:10
Requestor :
Requestor GMC Code :

Lab Report ID : 8,13.1367958.8 **Coding Status** : Part Read Coded
Filed By User : Mrs Illona Clark **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (3834) George Martin McGhee DOB : 13/11/1961 CHI : 1311616039 SEX : M
ADR : 2-1 69 Abbotshall Ave Glasgow
SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Cholesterol					
Cholesterol		7.1	mmol/L		NK
R Lipid profile					
-Non-fasting sample					
-LDL & VLDL-chol should be estimated on blood from fasting patient.					
Cholesterol		7.1	mmol/L		NK
Triglycerides		2.1	mmol/L	(0.2-2.3 U)	NK
HDL Cholesterol		1.0	mmol/L		NK
LDL-Cholest (calc'd)		NA			NK
R VLDL-Chol (calc'd)		NA			NK
Chol/HDL ratio		7.1			NK

Sample Collected Date : 21/03/2013 10:33:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 21/03/2013 16:47:00
Received Date : 22/03/2013 11:00:17
Requestor :
Requestor GMC Code :

Lab Report ID : 8,13.2244625.Q **Coding Status** : Part Read Coded
Filed By User : Mrs Illona Clark **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (3834) George Martin McGhee DOB : 13/11/1961 CHI : 1311616039 SEX : M
ADR : 2-1 69 Abbotshall Ave Glasgow

** ABNORMAL **

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Liver Function Tests					
Total Bilirubin		12	umol/L	(0-20 U)	NK
ALT		39	U/L	(0-50 U)	NK
AST		28	U/L	(0-40 U)	NK
Alkaline Phosphatase		89	U/L	(30-130 U)	NK
Albumin		37	g/L	(35-50 U)	NK
R Lipid profile	Y				
-Non-fasting sample					
Cholesterol		6.6	mmol/L		NK
Triglycerides	+	3.5	mmol/L	(0.2-2.3 U)	NK
HDL Cholesterol		1.0	mmol/L		NK
LDL-Cholest (calc'd)		NA			NK
R VLDL-Chol (calc'd)		NA			NK
Chol/HDL ratio		6.6			NK

Sample Collected Date : 15/11/2013 10:05:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 15/11/2013 13:44:00
Received Date : 15/11/2013 17:00:12
Requestor :
Requestor GMC Code :

File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Unassigned.	**Filed By User**	Miss Sharon McDonald
Patient Matched	Yes.	**BoSS Message Type**	Result

electronic Notification of Bowel Screening Results Service

New BOSS Report

CHI Number	1311616039
Name	MCGHEE, GEORGE
Date Of Birth	13/ 11/ 1961
Registered GP	G0496
Practice Code	G40559

Report Date	[redacted]
Letter ID	
Kit ID	
Result	
Report Comments	
Recommended Management	

Lab Report ID : AAL93200244 **Coding Status** : Coded
Filed By User : Miss Amanda Purdon **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (3834) George Martin McGhee DOB : 13/11/1961 CHI : 1311616039 SEX : M

ADR : 2-1 69 Abbotshall Ave Glasgow

SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) not detected					
R 2019-nCoV (novel coronavirus) not detected					NK

-SARS-CoV-2 Negative by PCR
-Sample taken at GCD and analysed in the National Lighthouse Laboratory

Sample Collected Date : 16/06/2021 12:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 17/06/2021 19:00:11
Requestor :
Requestor GMC Code :

NHS Confidential: Personal data about a patient

File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Unassigned.	**Filed By User**	Miss Hollie Kennedy
Patient Matched	Yes.	**BoSS Message Type**	Result

electronic Notification of Bowel Screening Results Service
New BOSS Report

CHI Number	1311616039
Name	MCGHEE, GEORGE
Date Of Birth	13/ 11/ 1961
Registered GP	G0496
Practice Code	G40559

Report Date	[redacted]
Letter ID	
Kit ID	
Result	
Report Comments	
Recommended Management	

Lab Report ID : 8,23.1272962.A **Coding Status** : Part Read Coded
Filed By User : Mrs Alison Barkness **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (3834) George Martin McGhee DOB : 13/11/1961 CHI : 1311616039 SEX : M
ADR : 2-1 69 Abbotshall Ave Glasgow

**** ABNORMAL ****

Report Text :
-annual check

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Glucose	Y				
hba1c indicate pre-diabetes (AH)					
-Non-fasting sample					
Glucose	+	8.6	mmol/L	(3.5-6.0 0)	MK

Sample Collected Date : 11/05/2023 09:31:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 11/05/2023 13:44:00
Received Date : 11/05/2023 15:00:07
Requestor :
Requestor GMC Code :

Lab Report ID : 8,23.1272960.8 **Coding Status** : Part Read Coded
Filed By User : Mrs Alison Barkness **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (3834) George Martin McGhee DOB : 13/11/1961 CHI : 1311616039 SEX : M
ADR : 2-1 69 Abbotshall Ave Glasgow

**** ABNORMAL ****

Report Text :
-annual review

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R HbA1C (IFCC)	Y				
pre-diabetic (AH)					
HbA1c (IFCC)	+	47	mmol/mol	(20-41 U)	NK

Sample Collected Date : 11/05/2023 09:34:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 11/05/2023 13:34:00
Received Date : 11/05/2023 15:00:08
Requestor :
Requestor GMC Code :

NHS Confidential: Personal data about a patient

Lab Report ID : B,23.1272961.W
Filed By User : Mrs Alison Barkness
Assigned to :
Coding Status : Part Read Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (3834) George Martin McGhee DOB : 13/11/1961 CHI : 1311616039 SEX : M

ADR : 2-1 69 Abbotshall Ave Glasgow

**** ABNORMAL ****

Report Text :
-annual check

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Bone Profile	Y				
passed to GP (AH)					
Calcium		2.32	mmol/L	(2.20-2.60 U)	NK
Calcium (adjusted)		2.40	mmol/L	(2.20-2.60 U)	NK
Phosphate	-	0.73	mmol/L	(0.80-1.50 U)	NK
Albumin		40	g/L	(35-50 U)	NK
Alkaline Phosphatase		92	U/L	(30-130 U)	NK
R Urea & Electrolytes	Y				
Passed to GP (AH)					
Sodium		143	mmol/L	(133-146 U)	NK
Potassium		4.4	mmol/L	(3.5-5.3 U)	NK
Chloride	+	110	mmol/L	(95-108 U)	NK
Urea		5.7	mmol/L	(2.5-7.8 U)	NK
Creatinine		87	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver Function Tests	Y				
Passed to GP (AH)					
Total Bilirubin		10	umol/L	(<<20 U)	NK
ALT	+	82	U/L	(<<50 U)	NK
AST		37	U/L	(<<40 U)	NK
Alkaline Phosphatase		92	U/L	(30-130 U)	NK
Albumin		40	g/L	(35-50 U)	NK
R Lipid profile	Y				
satisfactory (AH)					
Cholesterol		4.6	mmol/L		NK
Triglycerides	+	2.7	mmol/L	(0.2-2.3 U)	NK
HDL Cholesterol		0.9	mmol/L		NK
LDL-Cholest (calc'd)		2.5	mmol/L		NK
R VLDL-Chol (calc'd)		1.2	mmol/L		NK
Chol/HDL ratio		5.1			NK
R Thyroid funct test					
Normal - no action (AH)					
TSH		1.32	mU/L	(0.35-5.00 U)	NK
Free T4		12.6	pmol/L	(9.0-21.0 U)	NK
Total T3					NK

Sample Collected Date : 11/05/2023 09:31:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 11/05/2023 13:43:00
Received Date : 11/05/2023 19:00:04
Requestor :
Requestor GMC Code :

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC ED Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

Severe Distress Confirmation
GGC Erectile Dysfunction

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

Erectile Dysfunction Service (GG&C Only)
NHS Greater Glasgow and Clyde

Hospital and **hospital address**

Hospital location code.
G044G

Email address
-

Urgency of referral ROUTINE
Date of referral 19-Dec-2012 **Date sent** 19-Dec-2012

PATIENT DETAILS

Surname	McGhee
Forename(s)	George
Title	Mr
Sex	Male
Date of birth	13-Nov-1961
CHI no.	1311616039
Area of Residence	-

Patient's address

Flat 1 - 2 266 Drumry Road
GLASGOW
G15 8PH

Contact number(s)

[redacted]

101004654396F Unique Care Pathway Number: 101004654396F

REGISTERED GP DETAILS

Name	Dr Christine Grieve		
GMC code	2555313	GP code	05550
Practice name	Drumchapel Health Centre (18835)		
Practice code	40559		

Practice address

80 Kinfauns Drive
Drumchapel
GLASGOW
G15 7TS

Contact number(s)

Voice:041 211 6110
[redacted]

REFERRING GP DETAILS

Name	Dr. Christine Grieve		
GMC code	2555313	GP code	05550
Practice name	Dr Grieve (40559)		
Practice code	40559		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)

Voice:0141 211 6110

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint
Description: ED

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR17.0)

REFERRAL TO

Ear, Nose & Throat (ENT)
GGC General Referral

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

Western Infirmary/Gartnavel General
Dumbarton Road
Glasgow
G11 6NT

Hospital and **hospital address**

Hospital location code.
G516H

Email address
-

Urgency of referral URGENT
Date of referral 20-Jan-2015 **Date sent** 20-Jan-2015

PATIENT DETAILS

Surname	McGhee
Forename(s)	George
Title	Mr
Sex	Male
Date of birth	13-Nov-1961
CHI no.	1311616039
Area of Residence	-

Patient's address

F2-2
132 Drummore Road
Glasgow
G15 7NJ

Contact number(s)

Voic[redacted]

1010085641286

Unique Care Pathway Number: 1010085641286

REGISTERED GP DETAILS

Name	Dr Christine Grieve		
GMC code	2555313	GP code	05550
Practice name	Drumchapel Health Centre (18835)		
Practice code	40559		

Practice address

80 Kinfauns Drive
Drumchapel
GLASGOW
G15 7TS

Contact number(s)

Voice:041 211 6110
Facsimile:0141 211 6117

REFERRING GP DETAILS

Name	Dr. Christine Grieve		
GMC code	2555313	GP code	05550
Practice name	Dr Grieve (40559)		
Practice code	40559		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)

Voice:0141 211 6110

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: hoarseness 6 weeks and discomfort throat

Comment: This man complains of hoarseness for the past 6 weeks and feels the need to clear his throat frequently. He is coughing up clear spit and saliva. He also has some tenderness of the left side of his neck.

His throat appears normal. He has a slightly enlarged tender cervical lymph node on the left side of his neck.

He is an ex-smoker of 3 years and tells me he rarely drinks alcohol.

Could he be seen for examination at your clinic?

Dr Anne Turnbull

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

[redacted]

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR17.0)

REFERRAL TO

Rheumatology
GGC General Referral

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

Western Infirmary/Gartnavel General
Dumbarton Road
Glasgow
G11 6NT

Hospital and **hospital address**

Hospital location code.
G516H

Email address

Urgency of referral Routine
Date of referral 17-Feb-2016 **Date sent** 17-Feb-2016

PATIENT DETAILS

Surname	McGhee
Forename(s)	George
Title	Mr
Sex	Male
Date of birth	13-Nov-1961
CHI no.	1311616039
Area of Residence	-

Patient's address

[redacted]
46 Jedowrth Ave
Glasgow
G15 7QH

Contact number(s)
Voice:07491096119

1010108587721

Unique Care Pathway Number: 1010108587721

REGISTERED GP DETAILS

Name	Dr [redacted] Turnbull		
GMC code	3617373	GP code	04961
Practice name	Drumchapel Health Centre (18835)		
Practice code	40559		

Practice address

80 Kinfauns Drive
Drumchapel
GLASGOW
G15 7TS

Contact number(s)
Voice:041 211 6110
[redacted]

REFERRING GP DETAILS

Name	Dr. Jennifer Coyle		
GMC code	6055982	GP code	02160
Practice name	Dr Turnbull & Dr Coyle (40559)		
Practice code	40559		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)
Voice:0141 211 6110

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Right shoulder pain

Comment: Dear Doctor

Thank you for your expert review of this gentleman who has been complaining of right shoulder pain since May 2015. He works as a cleaner in a pub and there is no history of injury or trauma. In the past few months he has been struggling to do his job properly and has various notes from his employer dui to the unfinished work. He has been struggling and he has had various analgesics and also physiotherapy with limited benefit. His right shoulder is tender anteriorly and has a range of movement which is reasonably good but with restricted at extremes and especially painful on external rotation. He was diagnosed with impingement syndrome and I wonder if he needs a steroid injection which might help improve the pain as he is struggling to cope at work.

Thank you for your specialist review and opinion.

Yours sincerely

Dr Kulwant Sambi

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

[redacted]

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

Respiratory Medicine
GGC General Referral

Consultant / receiving practitioner and/or specialty clinic

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

Hospital and hospital address

Hospital location code.
G516H

Email address
-

Urgency of referral Urgent - Suspected Cancer
Date of referral 16-Jan-2017 **Date sent** 16-Jan-2017

PATIENT DETAILS

Surname	McGhee
Forename(s)	George
Title	Mr
Sex	Male
Date of birth	13-Nov-1961
CHI no.	1311616039
Area of Residence	-

Patient's address

F2-2
46 Jedowrth Ave
Glasgow
G15 7QH

Contact number(s)
[redacted]

101012840093Y Unique Care Pathway Number: 101012840093Y

REGISTERED GP DETAILS

Name	Dr Anne Turnbull		
GMC code	3617373	GP code	04961
Practice name	Drumchapel Health Centre (18835)		
Practice code	40559		

Practice address

80 Kinfauns Drive
Drumchapel
GLASGOW
G15 7TS

Contact number(s)
Voice:041 211 6110
[redacted]

REFERRING GP DETAILS

Name	Dr. Jennifer Coyle		
GMC code	6055982	GP code	02160
Practice name	Dr Turnbull & Dr Coyle (40559)		
Practice code	40559		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)
Voice:0141 211 6110

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Abnormal CXR, ? malignancy. Persistent cough

Comment: Dear Doctor

Thank you for seeing this fifty five year old man. He has been coughing since mid November 2016. When he was seen in late November he had some creps in the left base and was treated with Amoxicillin. He returned on the 20th December with an ongoing cough. At that point his chest was clear. He works in a kitchen and there has been no recent change in his home or work environment and he feels well. He is an ex -smoker. He stopped about five years ago and had been smoking up to about ten cigarettes a day until that point. A chest x-ray was requested and has been reported as showing an irregular opacity medially at the right base associated with atelectasis. This has progressed since the previous film. The appearances could reflect infection or neoplasm. An urgent respiratory referral was advised.

In light of his abnormal chest x-ray and persistent cough I would appreciate your urgent assessment.

Thank you for seeing him.

Yours sincerely

Dr Jennifer Coyle

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

[redacted]

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

2021 GGC General Referral Protocol (Glasgow, vR20.5)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Respiratory Medicine
GGC General Referral

Consultant / receiving practitioner and/or specialty clinic

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

Hospital and hospital address

Hospital location code.
G516H

Email address
-

Urgency of referral Routine
Date of referral 10-Nov-2022 **Date sent** 10-Nov-2022

PATIENT DETAILS

Surname	McGhee
Forename(s)	George
Title	Mr
Sex	Male
Date of birth	13-Nov-1961
CHI no.	1311616039
Area of Residence	-

Patient's address

2-1
69 Abbotshall Ave
Glasgow
G15 8PL

Contact number(s)

[redacted]
E-mail: [redacted]

1010279350960

Unique Care Pathway Number: 1010279350960

REGISTERED GP DETAILS

Name	Dr Victoria Shotton		
GMC code	6144081	GP code	01686
Practice name	Drumchapel Health Centre (18835)		
Practice code	40559		

Practice address

Drumchapel Health Centre
80 Kinfauns Drive
Drumchapel
GLASGOW
G15 7TS

Contact number(s)

Voice:041 211 6110
Facsimile:NO FAX
E-mail:ggc.gp40559@nhs.scot

REFERRING GP DETAILS

Name	Dr. Victoria Shotton		
GMC code	6144081	GP code	01686
Practice name	Drs Turnbull & Shotton (40559)		
Practice code	40559		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)

[redacted]
Facsimile:NO FAX

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Known bronchiectasis

Comment: Dear colleagues
I wonder if you could review this 60 year old man who was diagnosed with the above in Ayrshire and Arran trust in 2017. He is having issues with expectorations and SOB despite his fostair and salbutamol and nacys, and has not had specialist review since 2017.
Many thanks
V Shotton

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

[redacted]

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Pulmonary Rehab (Glasgow, vR20.5)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Pulmonary Rehabilitation
GGC Pulmonary Rehab

Consultant / receiving practitioner and/or specialty clinic

Respiratory Direct Access Services
NHS Greater Glasgow & Clyde

Hospital and hospital address

Hospital location code.
G035G

Email address
-

Urgency of referral Routine
Date of referral 02-Dec-2022 **Date sent** 02-Dec-2022

PATIENT DETAILS

Surname	McGhee
Forename(s)	George
Title	Mr
Sex	Male
Date of birth	13-Nov-1961
CHI no.	1311616039
Area of Residence	-

Patient's address

2-1
69 Abbotshall Ave
Glasgow
G15 8PL

Contact number(s)
[redacted]

1010281370611U Unique Care Pathway Number: 1010281370611U

REGISTERED GP DETAILS

Name	Dr Victoria Shotton		
GMC code	6144081	GP code	01686
Practice name	Drumchapel Health Centre (18835)		
Practice code	40559		

Practice address

Drumchapel Health Centre
80 Kinfauns Drive
Drumchapel
GLASGOW
G15 7TS

Contact number(s)
Voice:041 211 6110
Facsimile:NO FAX
E-mail:ggc.[redacted]

REFERRING GP DETAILS

Name	Dr. Victoria Shotton		
GMC code	6144081	GP code	01686
Practice name	Dr Shotton (40559)		
Practice code	40559		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)
Voice:0141 211 6110

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: COPD

Comment: Thank you for seeing this 61 year old gentleman who was diagnosed with bronchiectasis in 2017. He is an ex-heavy smoker and moved to the area three years ago. His breathing and sputum expectoration has worsened and he is keen to learn exercises to help him to cope with the shortness of breath. I would appreciate an assessment and advice for this gentleman. Thank you for your time.

Kind regards

Alison Harkness
Advanced Nurse Practitioner.

Reason for referral

Care type requested: Out Patient
Expected outcome: Treat

[redacted]

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Live Active without est Heart Disease Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Glasgow - Glasgow Club Donald Dewar
GGC Live Active Without est HD

Consultant / receiving practitioner and/or specialty clinic

Live Active (GG&C)
NHS Greater Glasgow & Clyde

Hospital and hospital address

Hospital location code.
G946G

Email address
-

Urgency of referral Routine
Date of referral 24-May-2023 **Date sent** 24-May-2023

PATIENT DETAILS

Surname	McGhee
Forename(s)	George
Title	Mr
Sex	Male
Date of birth	13-Nov-1961
CHI no.	1311616039
Area of Residence	-

Patient's address

2-1
69 Abbotshall Ave
Glasgow
G15 8PL

Contact number(s)
[redacted]
E-mail: [redacted]

101029680122K Unique Care Pathway Number: 101029680122K

REGISTERED GP DETAILS

Name	Dr Victoria Shotton		
GMC code	6144081	GP code	01686
Practice name	Drumchapel Health Centre (18835)		
Practice code	40559		

Practice address

Drumchapel Health Centre
80 Kinfauns Drive
Drumchapel
GLASGOW
G15 7TS

Contact number(s)
Voice:041 211 6110
Facsimile:NO FAX
E-mail: [redacted]

REFERRING GP DETAILS **Practice address**

NHS Confidential: Personal data about a patient

Name	Dr Victoria Shotton		
GMC code	6144081	GP code	01686
Practice name	Drumchapel Health Centre (18835)		
Practice code	40559		

Drumchapel Health Centre
80 Kinfauns Drive
Drumchapel
GLASGOW
G15 7TS

Contact number(s)

Voice:041 211 6110
Facsimile:NO FAX

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Keen foradvice re exercising and weight loss
Comment: 80kg, 176cm tall BMI of just over 26. Keen to lose weight and improve wellbeing

Many thanks
V Shotton

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

[redacted]

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential; Personal data about a patient

File Status	Not Filed.	**Tasks**	No Tasks.
Assigned User	Unassigned.	**Filed By User**	Not Filed
Patient Matched	Yes.	**BoSS Message Type**	Result

electronic Notification of Bowel Screening Results Service

New BOSS Report

CHI Number	1311616039
Name	MCGHEE, GEORGE
Date Of Birth	13/11/1961
Registered GP	G0498
Practice Code	G40559

Report Date	28Jan2016
Letter ID	31019658180231
Kit ID	5528139341
Result	BCSP faecal occult blood test normal(686A.)
Report Comments	Negative
Recommended Management	No action required

Emis PCS

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

SANDYFORD

caring about sexual, reproductive and emotional health

Monday, January 28, 2013

Dr Christine Grieve
Dr Grieve
Drumchapel Health Centre
80/90 Kinfauns Drive
G15 7TS

Dear Dr Grieve

George Mcghee
Flat 1 - 2
266 Drumry Rd
G15 8PH

Date of birth: 13/11/1961
CHI Number: 1311616039

Thank you for referring the above patient for the assessment of their severe distress in relation to erectile dysfunction.

I am satisfied that the above patient meets the criteria for severe distress as described in the NHS Scotland Circular PCA(M)(1999)9/(PCA(P)(1999)3. This patient is therefore able to receive any of the approved drugs for the treatment of erectile dysfunction listed under Schedule 2 of Section 17N(6) of the NHS (Scotland) Act 1978.

The patient is entitled to one treatment per week and the prescription should be endorsed (SLS) for them to receive an NHS prescription.

Please find enclosed a copy of the NHS Greater Glasgow and Clyde pathway for the treatment of erectile dysfunction for your further information, along with the referral guidance which may be helpful in assessing treatment response.

Yours sincerely,

Dr David Gerber MBChB MRCPsych MBA
Consultant Psychiatrist
Clinical Lead for Transgender and Psychosexual Services
Sandyford Sexual Health Services
GMC: 4333210

NHS Greater Glasgow and Clyde

2/6 Sandyford Place, Glasgow, G3 7NB, [redacted] www.sandyford.org

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

1311616039

McGhee

George

Administration

Week 24

Townhead Surgery

NHS Confidential: Personal data about a patient

SURNAME (BLOCK LETTERS) McGhee			MALE
TITLE			OCCUPATION
FORENAMES (BLOCK LETTERS) George MARTIN			[redacted]
DATE OF BIRTH	SINGLE		N.H.S. NUMBER
13·11·61	MARRIED (DATE)		6350723279
	DIVORCED (DATE)		C.H.I. NUMBER 6039
	WIDOWED (DATE)		
ALLERGIES		SPECIAL HAZARDS	

ADDRESS	D	M	DOCTOR'S NAME	CIPHER & DATE
1. Flat 0-1 257 kinfauns DR G15 7BD			C Grieve	
2. 12 GLADSMUIR BROOMLANDS IRVINE KA11 1DW			A. TURNER	AMG4 31/08/17
3.				
4.				
5.				

Cause of Death
(1) .....
(2) .....

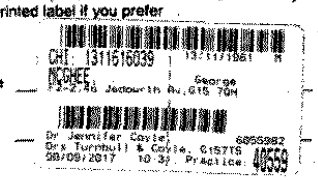
Form GP IIIB (Rev. 5/87)
355—2091

Printed for Aspron B20956 7/01 (017302)

NHS Confidential: Personal data about a patient

PATIENT TRANSFER NOTIFICATION FORM

Please enter the patient details below or alternatively attach a printed label if you prefer



Forename

Surname

CHI No
(please note the full CHI No)

Please enter the Practice Stamp in the box below

DRS. TURNBULL & COYLE
DRUMCHAPEL HEALTH CENTRE
80/90 KINFAUNS DRIVE
GLASGOW G15 7TS
TEL: 0141 211 5110

Does the patient have a paper medical record:

Yes, attached ☑ No, there is no paper record ☐

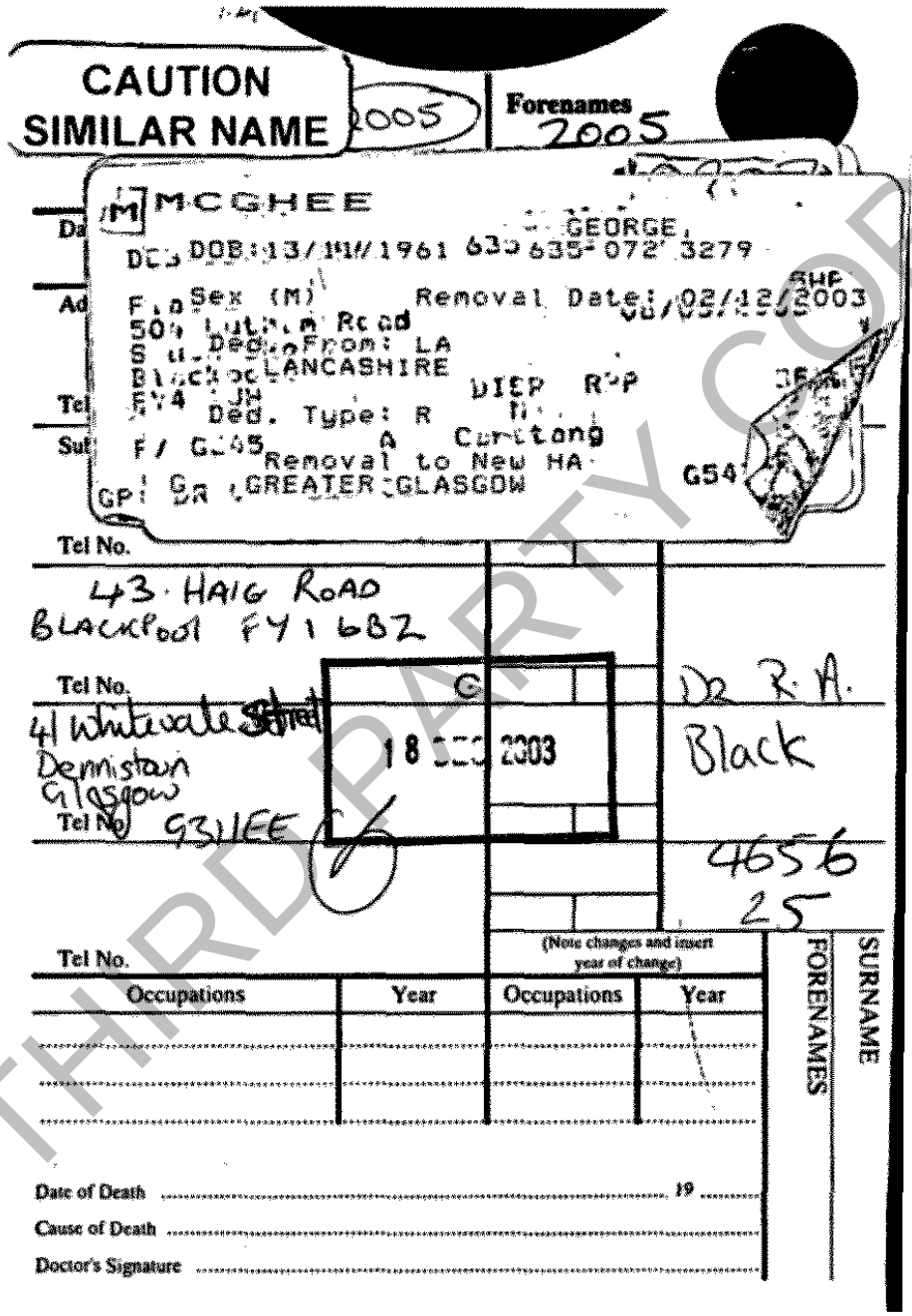
The Patient Summary is:

Scanned into Docman ☑ Within the Paper Record ☐ Attached (only document) ☐

Does the patient have Docman images:

Yes, already transferred ☑ To be transferred ☐ No images ☐

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

[redacted]

MALE 4728

Surname Mc GHee

Forenames George Martin

Date of Birth 13.11.61

National Health Service Number

Address 61 Peter Street Blackpool

Tel No. FY1 3NL

Doctor's Name Dr Ahmad

Authority's Cipher and Stamp 5.6.00

Subsequent Addresses

Tel No.

Tel No.

Tel No.

Tel No.

(Note changes and insert year of change)

Occupations	Year	Occupations	Year

FORENAMES

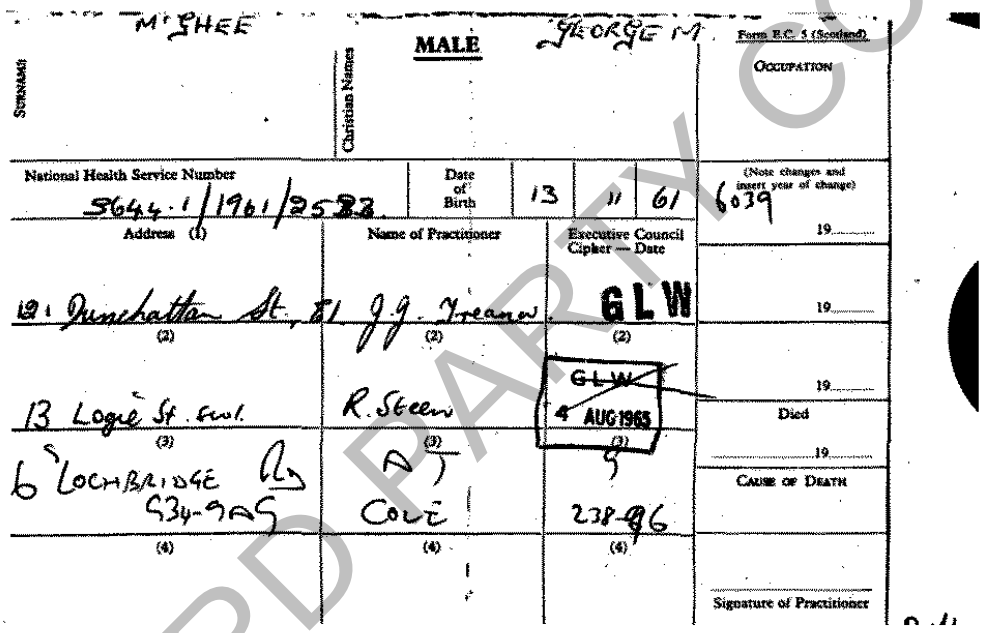
SURNAME

Date of Death ..... 19 .....

Cause of Death .....

Doctor's Signature .....

NHS Confidential: Personal data about a patient



M'SHEE — GEORGE M — MALE — Form E.C. 5 (Scotland)

Surname | Christian Names | Occupation

National Health Service Number: 5644.1/1961/2583 | Date of Birth: 13 / 11 / 61 | (Note changes and insert year of change): 6039

Address (1) | Name of Practitioner | Executive Council Cipher — Date

(2): 121 Dunchatton St, 81 | J.J. Treanor | GLW

(3): 13 Logie St. Fwl. | R. Steen | GLW 4 AUG 1965 | Died

(4): 6 Lochbridge 534-9AS | A) Cole | 238-96 | Cause of Death

Signature of Practitioner

NHS Confidential: Personal data about a patient

[redacted]

MALE | Surname: McGhee | Forenames: George.

Address: Flat 3 504 Lytham Road

National Health Service Number: | Date of Birth: 13/11/61

Date	★	CLINICAL NOTES
		A/p health check booked 13/5/03.
13/5/03		N/p health check done

★ This column has been provided for doctors to enter A, V or C at their discretion.

Form FP7

Produced in the UK by the Astron Group. J0137935 4/01 001607

NHS Confidential: Personal data about a patient

[redacted]

MALE | Surname: McGhee | Forenames: George

Address

National Health Service Number | Date of Birth: 13.11.61

Date	★	CLINICAL NOTES
11/8/02		(R) sided chest pain Holds breathing - Hurts ✓ Rub ✓ Cough ✓ ΔCRP. ℞ 1) Ciprofloxacin 250mg BD #(10) 2) Ibuprofen 400 #(28)
	[redacted]	Resp. Telephone Rpt to Urgent

★ This column has been provided for doctors to enter A, V or C at their discretion.

Form FP7

Produced in the UK by the Astron Group, J0137939 4/01 001607

NHS Confidential: Personal data about a patient

MALE ● Surname Mc Ghee Forenames George

Address

National Health Service Number | Date of Birth

Date	★	CLINICAL NOTES
26.6.00		NPM letter sent amb
4.07.00		DNA NAM JBeech
15/08/00		DNA blood test ECG JBeech
19/9/00		DNA ECG, Blood test ST
17/11/00		Pain came early am
DV.		in abdomen, Ache
		came 1/2 ago to tell
		me, no vomiting
		C/E Tender lower abdomen
		Registrar
		Gut feel ok
		Acute abdom

★ This column has been provided for doctors to [illegible]

Produced in the UK by Tactica Solutions, D00028395, 2/00, 39625

NHS Confidential: Personal data about a patient

Date	★	CLINICAL NOTES
2/12/09		Hx fall strong Bruising both legs now Bruising Diazepam — 10D for appointments
5/3/10		DNA for appointment RELIEF NURSE
23/4/10		Diarrhea + Vomiting Chef — Diarrhea has stopped o/e Tender abdomen Soft Ext and normal Ciprofloxacin 250mg BD = (5) Advised to drink plenty of fluids

★ This column has been provided for doctors to enter A, V or C at their discretion.

THIS RECORD IS THE PROPERTY OF THE FAMILY HEALTH SERVICES AUTHORITY

NHS Confidential: Personal data about a patient

[redacted] CIN 2005 [redacted]

MALE Surname Forenames

Mc GHEE | GEORGE

46 WEST MORLAND AVE
BLACKPOOL FY4 5PG /Pool

Na. . . . f Birth

13-11-61

Date	★	CLINICAL NOTES Accepted
8-2-99		Gms1 Completed 11/2/99
		Smoke - YES (10)
		Alcohol - YES SOCIALLY.
		Allergic - NO
		Asthma - NO.
		Operations - NO.
		Medication - NO.
		Employed - NO.
10.2.99		Attended New Patient Medical
		Details as per Summary card dan
23.6.99		Oral Polio BN. 5/125ML
		Exp 10.99. [signature]

★ This column has been provided for doctors to enter A,V or C at their discretion.

Form FP7

Produced in the UK by The Stationery Office Ltd, D0002582, 05/97, 36825.

NHS Confidential: Personal data about a patient

[redacted]

Appointment Sent | Date Attended 10.2.99

HEALTH SUMMARY **MALE**

Name George McGhee Address 255 Promenade

D.O.B.	13.11.61	SMWD	M		
Own Occupation	NONE				
Partner's Occupation	NONE				
Date 10.2.99	Date		Date		
1st B/P 110/80	2nd B/P		3rd B/P		Mean if Applicable
Weight 9st 10lb	Ideal Weight		Height 5'6"		
Nutrition Advice Poor diet			Exercise walking		
Smoker YES	Cigarettes 10/DAY		Pipe	Since 1979	
Non Smoker	Never		Stopped 19		
Family History of CVA or MI	[redacted] CVD				
Diabetes N/K	Yes	Insulin	OHD	Diet	
	No				
Date of Tetanus	1st	2nd	3rd	Booster 1995	
Urine Date	Protein		Sugar		
Alcohol 1/2 litre vodka/WK					

Notes / Advice Given / Further Action

HSM

NHS Confidential: Personal data about a patient

MEDICAL HISTORY

Illnesses

/

Allergies

N/K

Hereditary Conditions

Current Medication

Nil

SOCIAL FACTORS AFFECTING HEALTH

Employment

/

Housing

Flat

Family Circumstances

Lives with 4 Children

Current State of Health

NHS Confidential: Personal data about a patient

[redacted]

SURNAME (BLOCK LETTERS) | MALE

TITLE Mc GHEE | OCCUPATION

FORENAMES (BLOCK LETTERS) | PHONE NUMBER

GEORGE

DATE OF BIRTH | SINGLE | N.H.S. NUMBER

13-11-61 | MARRIED (DATE) |

6039 | DIVORCED (DATE) |

WIDOWED (DATE) | 564/4/1/61/2583

ALLERGIES | SPECIAL HAZARDS

ADDRESS	D	M	DOCTOR'S NAME	CIPHER & DAT
1. 34 KATENELL AVE G15			DR. CONNELLY AT G20	19/4/1
2. 6 Lochbridge Rd G34 9AE				11/9/96
3.				
4.				
5.				

18 SEP 1998

Cause of Death

(1) .....

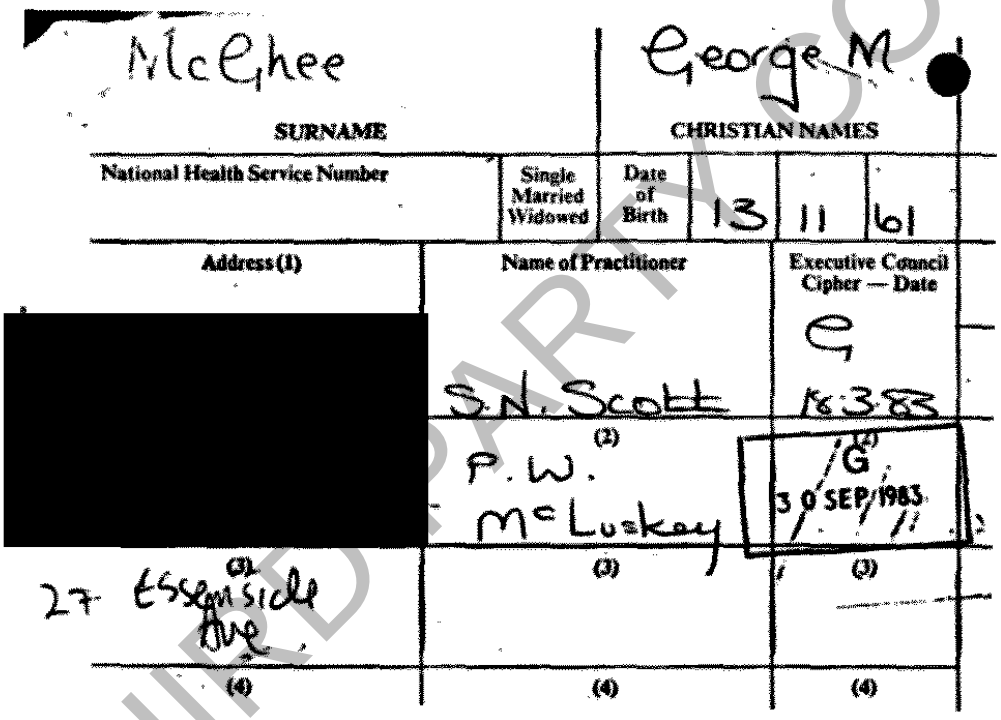
(2) .....

Od 8435811 C2000 12/92 Ed(206512)

Form GP IIIB (Rev. 5/87)

355—2091

NHS Confidential: Personal data about a patient



SURNAME	CHRISTIAN NAMES
McGhee	George M

National Health Service Number	Single / Married / Widowed	Date of Birth			
		13	11	61	

Address (1)	Name of Practitioner	Executive Council Cipher — Date
[redacted]	S.N. Scott (2)	G 1838 (2)
	P.W. McLuskey (3)	G 30 SEP 1983 (3)
27 Essendale Ave. (4)	(4)	(4)

NHS Confidential: Personal data about a patient

SURNAME (BLOCK LETTERS) Mc GHEE — MALE

TITLE Mr C GHEE — OCCUPATION

FORENAMES (BLOCK LETTERS) George M — PHONE NUMBER

DATE OF BIRTH			N.H.S. NUMBER
13.11.61	SINGLE		
	MARRIED (DATE)		
	DIVORCED (DATE)		
	WIDOWED (DATE)		

ALLERGIES ..... SPECIAL HAZARDS .....

ADDRESS	D	M	DOCTOR'S NAME	CIPHER & DATE
1. 27 Essenside Ave G14 9LZ			D.P.W. McLusky	30/7/71
2. 6 Lochbridge Rd. G31			AT	
3.				
4.				
5.				

Cause of Death

(1) .....

(2) .....

Form GP IIIB (Rev. 5/87)

Dd 8291706MD 7/91 R.P.(53791)

NHS Confidential: Personal data about a patient

SURNAME (BLOCK LETTERS) MCGHEE — MALE

TITLE — OCCUPATION

FORENAMES (BLOCK LETTERS) GEORGE [redacted]

DATE OF BIRTH	SINGLE		N.H.S. NUMBER
13/11/61	MARRIED (DATE)		CHI 6039
	DIVORCED (DATE)		
	WIDOWED (DATE)		6356 070 3279

ALLERGIES — SPECIAL HAZARDS

ADDRESS	D	M	DOCTOR'S NAME	CI &
1 WHITEVALE ST G31 1EE			R.R.L. BLACK	LI GFO 18/12/86
100 Bluevale St G31 1EF [redacted]				
3. 257 Kinfauns Dr G15 7BD			C. Grieve-n.	G
4.				
5.				

Cause of Death

(1) .....

(2) .....

Printed by HMSO Scotland Dd 8381957 9/85 (103677)

For 355

HEALTH CENTRE

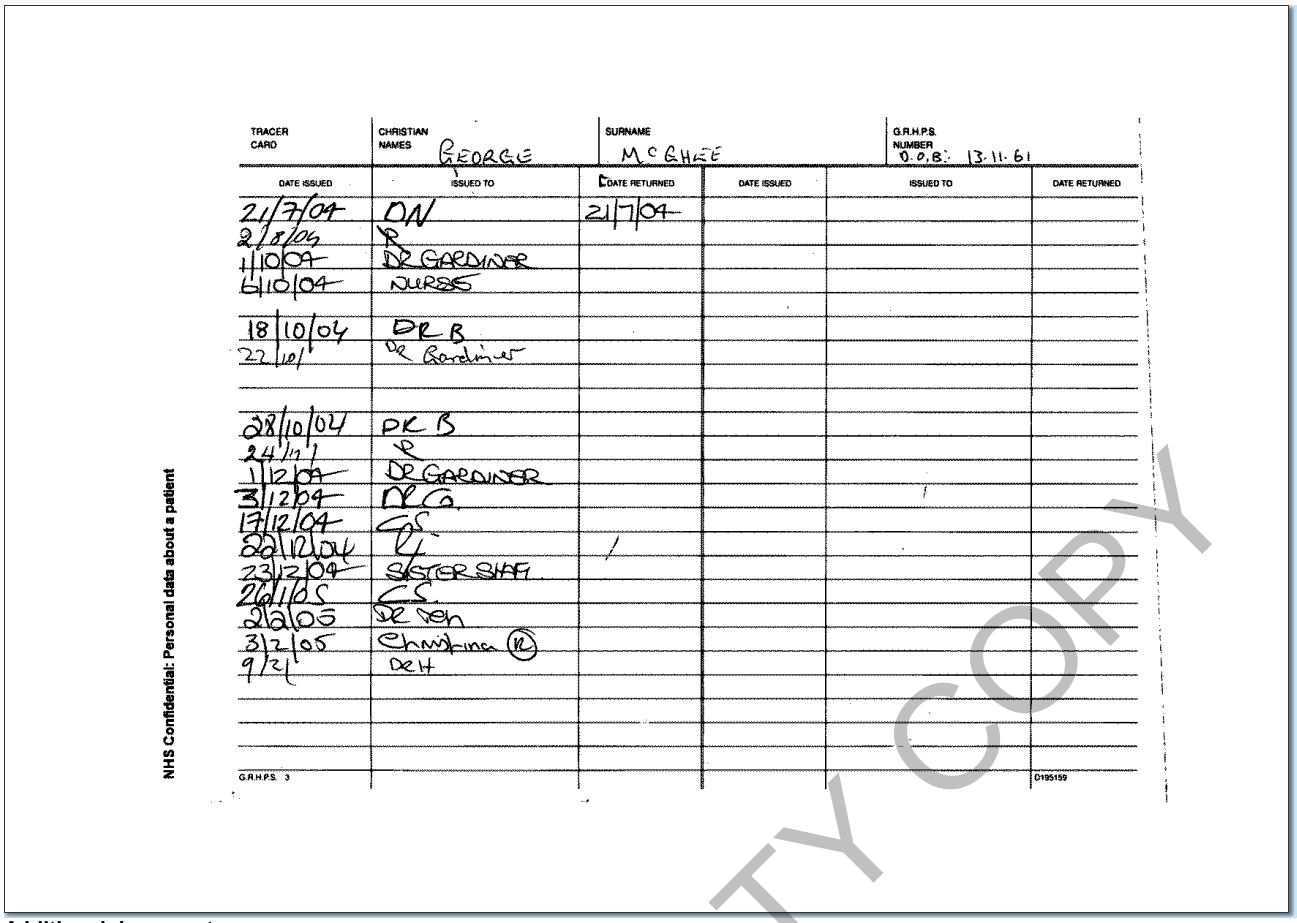
TREATMENT CARD

NAME: GEOLBE MCGHEE D.O.B. 13/11/61 DIAGNOSIS.

ADDRESS: 100 Blane Gdns EV DOCTOR'S SIGNATURE:

DATE	TREATMENT	PROGRESS NOTES	INITIALS
21/7/04	LFT's, Venous blood obtained LFT.		
18.10.04	Bloods - glucose, PSA, TSH, LFT + cholesterol. Venous Bloods obtained as requested.		

NHS Confidential: Personal data about a patient



TRACER CARD | CHRISTIAN NAMES: GEORGE | SURNAME: McGHEE | G.R.H.P.S. NUMBER | D.O.B: 13.11.61

DATE ISSUED	ISSUED TO	DATE RETURNED	DATE ISSUED	ISSUED TO	DATE RETURNED
21/7/04	ON	21/7/04			
2/8/04	R				
1/10/04	DR GARDINER				
6/10/04	NURSES				
18/10/04	DR B				
22/10/	Dr Gardiner				
28/10/04	DR B				
24/11/	R				
1/12/04	DR GARDINER				
3/12/04	NRG				
17/12/04	GS				
22/12/04	R				
23/12/04	SISTER SHAW				
26/1/05	ES				
2/2/05	DR Fen				
3/2/05	Christina (N)				
9/2/	DRH				

G.R.H.P.S. 3 — D195159

NHS Confidential: Personal data about a patient

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

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 CHRISTINE GRIEVE
DR CHRISTINE GRIEVE
DRUMCHAPEL HEALTH CENTRE
80/90 KINFAUNS DRIVE
GLASGOW
G15 7TS

Date: 11 Feb 2014
CHI Number 1311616039

Bowel Screening
Helpline Number 0800 0121 833

Dear Doctor,

Your patient **1311616039 , GEORGE MCGHEE , FLAT 6 , 6 ONSLOW ROAD , GLASGOW , , G31 2LX** was invited to participate in the Bowel Screening Programme on **13/11/2013**

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 [redacted]

Yours sincerely

Professor Steele
Clinical Director

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

NHS

Gartnavel General Hospital

Diagnostic Imaging Report

E-10582138 CHI:1311616039
GENERAL PRACTITIONER
DR C GRIEVE
Hosp. 23135190L

MCGHEE, GEORGE **13/11/1961**
257 Kinfauns Drive, G15 7BD

DR MD COWAN

Clinical History : Productive cough. Smoker.

CHEST : The heart is of normal size and shape and the lungs show no active disease.

Typed By - ROSEMARY TOBIA

13/04/2007 **CHEST** **Page 1 of 1**

DR C GRIEVE, DRUMCHAPEL HEALTH CENTRE, 80/90 KINFAUNS DRIVE, GLASGOW

North Glasgow Hospitals

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

4145 Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	MCGHEE
Forename	GEORGE MARTIN
CHI	1311616039
Date of birth	13.11.1961
Sex	Male
Address	2-1 69 Abbotshall Ave Glasgow GLASGOW LANARKSH G15 8PL

Specimen Details

Specimen Number	B,23.1272960.H
Specimen Type	Blood
Date/Time Collected	11.05.23 / 09:34
Date/Time Received	11.05.23 / 13:34
Requested By	Alison Harkness
GP Practice	40559
Date/Time Reported	11.05.23 / 14:42
Details	annual review

Results

HbA1C (IFCC) - Authorised on 11.05.23 at 14:38

HbA1c (IFCC)	+	47	mmol/mol	(20-41)

End of Report

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

NHS GREATER GLASGOW & CLYDE — **DEPARTMENT OF HAEMATOLOGY**

CONSULTANT & PATIENT LOC. OR GP NAME & ADDRESS	DR.GRIEVE D.H.C. DRUMCHAPEL HEALTH CEN 80/90 KINFAUNS DR	SURNAME: MCGHEE	FORENAME: GEORGE	
		SEX: M	D.O.B. AGE: 13.11.61	HOSPITAL: ZH07216406
				LABORATORY No.: H,70221.1637.E

REPORT

Cumulative FBC's

	19.01.07	21.02.07	
WBC	**5.96**	**8.40**	(4.00-11.00)
RBC	4.77	4.88	(4.50-6.50)
Hb	**14.4**	**14.3**	(13.0-18.0)
Hct	0.442	0.444	(0.400-0.540)
MCV	92.7	91.0	(80.0-100.0)
MCH	30.2	29.3	(27.0-32.0)
Plts	**283**	**264**	(150-400)
Neuts	4.88	5.61	(2.00-7.50)
Lymphs	1.35	1.51	(1.50-4.00)
Monos	0.51	0.80	(0.20-0.80)
Eos	0.19	0.45	(0.04-0.40)
ESR			(0-10)
GFST			
Retics			(25.0-85.0)

DATE OF REPORT	TIME
21.02.07	16:23
RUN: 666	
DATE OF SAMPLE	TIME
21.02.07	16:13

FULL BLOOD COUNT

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

SURNAME	MCGHEE
FORENAME	GEORGE
Hosp No	23135190L
CHI No	1311616039
D.O.B	13.11.61 SEX Male
ADDRESS	0-1 18 HOWGATE AVE
CONSULTANT/GP	C GRIEVE
HOSP/PRACTICE	DRUMCHAPEL HC 40559
WARD/TOWN	80/90 KINFAUNS DR

Collected	Received	Report Issued
05.05.10 @ 11:26	05.05.10 @ 15:47	06.05.10 @ 12:25

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

	Sodium	135-145		mmol/L
	Potassium	3.5-5.0		mmol/L
	Chloride	98-108		mmol/L
	Bicarbonate	21-28		mmol/L
	Urea	2.5-7.5		mmol/L
	Creatinine		§	µmol/L
	eGFR (estimated GFR)			mL/min
	Plasma Glucose	3.5-5.5		mmol/L
	CRP	<10		mg/L
	Amylase	<100		U/L
	Urate		§	mmol/L
	Troponin I	<0.04		µg/L
	CK	<210		U/L
8	Bilirubin	3-22		µmol/L
18	AST	<40		U/L
26	ALT	<50		U/L
25	Gamma-GT	<70	§	U/L
91	Alk.Phos.	40-150	§	U/L
65	Protein	60-80		g/L
40	Albumin	32-45		g/L
25	Globulins	23-38		g/L
	Calcium			mmol/L
	Adjusted Calcium	2.10-2.60		mmol/L
	Phosphate	0.70-1.40	§	mmol/L
	Magnesium	0.70-1.00		mmol/L
4.90	Cholesterol	target <5.0		mmol/L
1.20	HDL Cholesterol	target >1.0		mmol/L
4.1	Chol/HDL ratio			
1.80	Triglycerides	target <2.3		mmol/L
	LDL Cholesterol	target <3.0		mmol/L
	TSH			mU/L
	Free T4			pmol/L
	T3			nmol/L
	IgA	0.8 -4.0	§	g/L
	IgG	6 -16	§	g/L
	IgM	0.5 -2.0	§	g/L

NB Unless otherwise stated analyses carried out on serum

Lab No. N,10.Y185734 Run No. 88

Non-fasting sample - LDL not calculable.

§Significant sex/age differences - See handbook

Authorised by
Auto Check
Date Reported 06.05.10

Accredited Medical Laboratory
Reference No:2335

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Department of Respiratory Medicine
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
[redacted]
www.nhsaaa.net

NHS Ayrshire & Arran

Dr J Grayston
Townhead Surgery
6/8 High Street
Irvine
Ayrshire
KA12 0AY

Our Ref: AS/SAF
Hospital No:
Clinic Date: 16/02/2020
Date Dictated: 17/02/2020
Date Typed: 03/03/2020
Enquiries to Jacqueline Lynch
Direct Line: [redacted] Direct Line
Ext. Number: 25231
Email: [redacted]

Dear Dr Grayston,

GEORGE MCGHEE DOB: 13/11/1961 CHI No: 1311616039
192 DICKSON DRIVE, IRVINE, AYRSHIRE, KA12 9HB

Diagnosis: **Right middle lobe bronchiectasis**
Gastroesophageal reflux
Hypertension
Panic attacks
High cholesterol

Medication: **Fostair MDI two puffs bd via spacer device, Salbutamol MDI prn, Carbocisteine 750 mg three times a day, Omeprazole, Simvastatin**

I reviewed this pleasant 58 year old gentleman in the Respiratory Clinic today. He is an ex heavy smoker and worked as a Chef in the past. He has a diagnosis of bronchiectasis since 2017 and in the past he had recurrent infective exacerbations. At present he is doing well, he had one infective exacerbation of bronchiectasis in the last 6 months. Now he has attended the respiratory physiotherapist and is doing postural drainage on a regular basis. We discussed the signs and symptoms of infective exacerbation and I have mentioned that he needs to start antibiotics +/- steroids earlier at the time of the infective exacerbation of bronchiectasis. He will benefit from the annual flu vaccination. I have discharged him from the clinic back to your care but we would be happy to see him again in the future if the need arises.

Thank you

GEORGE MCGHEE DOB: 13/11/1961 CHI No: 1311616039
192 DICKSON DRIVE, IRVINE, AYRSHIRE, KA12 9HB

Yours sincerely

Authorised on 03/03/2020 08:08:09 by Typist Shirley Ann Ferguson, on behalf of Amer Saleem.

Dr Amer Saleem
Consultant in Respiratory Medicine (Medinet)
GMC No: 7048887

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Glasgow City CHP
North West Sector

NHS Greater Glasgow and Clyde

PHYSIOTHERAPY DEPARTMENT, DRUMCHAPEL HEALTH CENTRE,
80-90 KINFAUNS DRIVE, GLASGOW, G15 7TS. Tel 0141-211-6147

DISCHARGE/UPDATE SUMMARY

Dear Dr Grieve

Regarding George McGhee

Address:132 Drummore Road

CHI:1311616039

GP:

Consultant: Dept

This patient accessed physiotherapy via:

Self Referral x Hospital Referral GP Referral On 3/12/14

The reason for referral was back pain.

He/She

- ☐ was triaged and given: advice / exercises
- ☐ received a full assessment
- ☐ received a course of treatment
- ☐ was given advice / exercises
- ☐ was to contact us if further help was required and has not
- ☐ failed to attend first / review appointment on .....
- ☐ was put on the waiting list but failed to contact us for an appointment
- ☐ was given an appliance

Physiotherapy comments

Patient failed to opt in for appointment, therefore discharged.

Recommended GP Action: Yes / No .....

This patient has now been discharged from our care.

Yours sincerely,

Senior Physiotherapist

Date: 31/12/14

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Acute Services Division
Acute Services Division
Acute Services Division
Acute Services Division
Acute Services Division
Medical Services Directorate
Emergency Care and
Medical Services Directorate
Medical Services Directorate
GLASGOW
G11 6NT

DIRECT LINE: [redacted]

NHS
Greater Glasgow and Clyde

Dear Practice Nurse

23135190L M
MCGHEE 15/11/1961
GEORGE
0/1 257 Kinfauns Drive
GLASGOW G15 7BD
CHI-1311616039

Your patient ....., has undergone skin surgery in our department today ...31/12/07... For their convenience, I would be grateful if you could arrange to remove the sutures on ...7/1/08...

Please do not hesitate to contact me on the above number if there are any post-operative problems.

Your patient will / will not be seen again at our clinic.

Yours faithfully

D. Emmadder Thomson ..... (Please print name underneath)

7.12.07 3 Sutures removed and clean & Dry.

NUMBER OF CUTICULAR SUTURES: 3

Delivering better health
Delivering better health
Delivering better health
Delivering better health
www.nhsggc.org.uk
www.nhsggc.org.uk

40372
40389
40372
40372

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

24/12/2020 NHSGC Version 0.3

CHI: 1311616039 13/11/1961 M
MCGHEE, George Martin
2-1,68 Abbotshall ,G15 8PL

Dr Anne Turnbull : 3617373
Drs Turnbull & Coyle, G15 7TS
DATE TIME Practice: 48550

NHS Greater Glasgow and Clyde

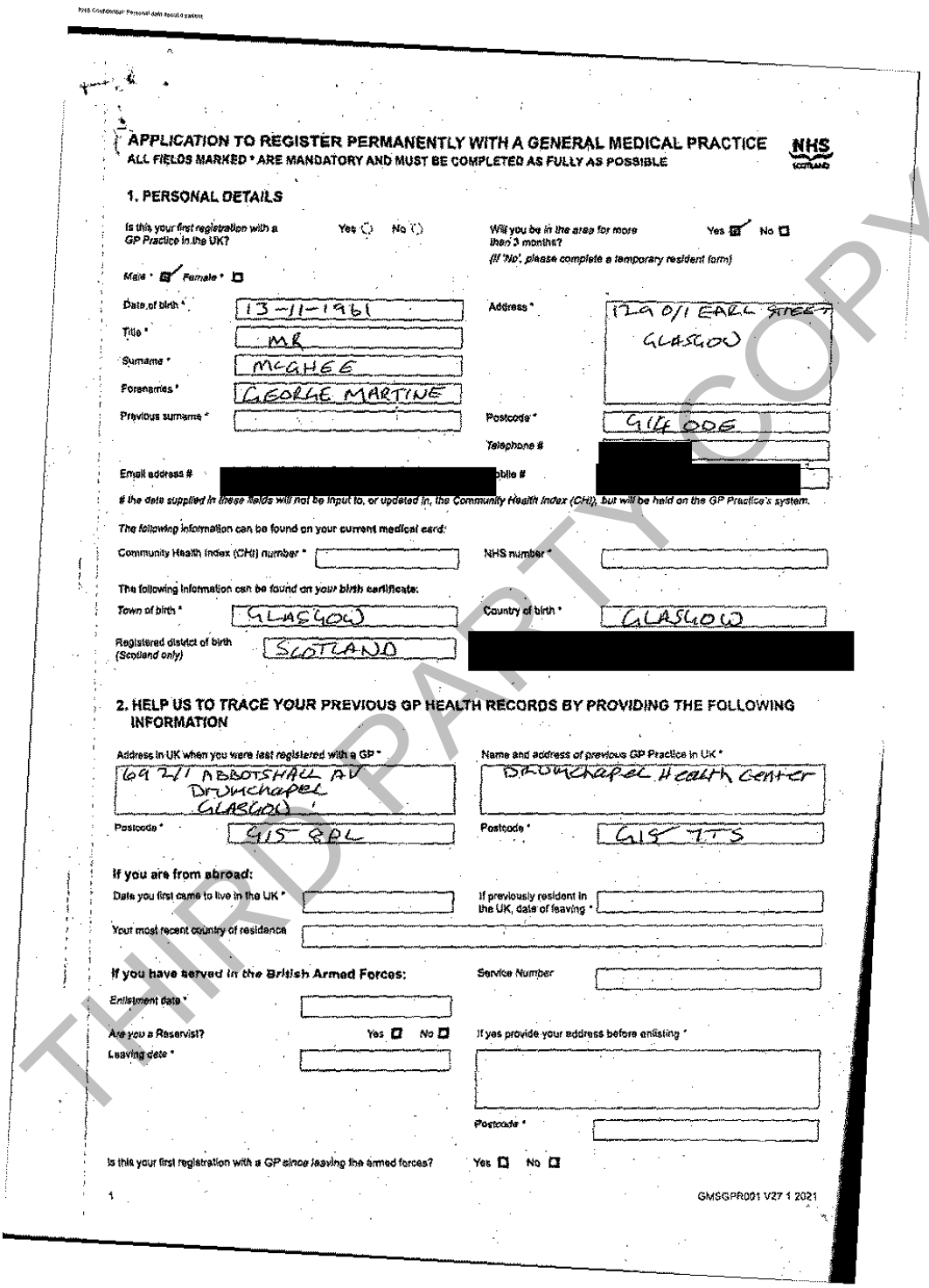
COVID-19 Pre-Vaccinat[illegible]n

Prior to vaccine administration, please go through the following questions with the person being vaccinated:

* *Vaccinator to note: if any of the responses to **questions 3-8** below are **"Yes", please do not vaccinate** in the first instance - please consult with your Clinical Lead or call the Public Health Protection Unit 9am – 5pm on 0141 201 4917 (9am-5pm) or [redacted] (out of hours, request to speak to on-call Public Health) for advice.*	Yes	No	Details
1. Are you well today?	✓		
2. Do you have a health condition that we should be aware of?		✓	
3. Have you received any other vaccination in the last 7 days?		✓	
4. * Have you ever had a **significant** allergic/anaphylactic reaction to any of the following:			
• Any vaccine?		✓	
• A previous dose of a COVID-19 vaccine?		✓	
• A confirmed anaphylactic reaction to any components of the vaccine?		✓	
• A medicine?		✓	
• Any food?		✓	
5. Are you currently pregnant? • *Women who think they may be pregnant should defer vaccination until they are sure they are not.* • *Women who are planning to get pregnant in the next three months should delay the vaccination.*			
6. Are you currently breastfeeding?			
7. Have you tested positive for coronavirus infection within the last four weeks?		✓	
8. Are you participating in a clinical trial of COVID-19 vaccines?		✓	
9. Do you have a bleeding disorder, or are you currently taking or have you recently stopped taking warfarin?		✓	
10. Have you read the patient information leaflet?	✓		
11. Do you consent to receiving the COVID-19 vaccination?	✓		

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:



NHS Confidential Personal data should be stored

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE

NHS SCOTLAND

1. PERSONAL DETAILS

Is this your first registration with a GP Practice in the UK? Yes ○ No ○

Will you be in the area for more than 3 months? Yes ☑ No ☐

(If 'No', please complete a temporary resident form)

Male * ☑ Female * ☐

Date of birth * 13-11-1961

Title * MR

Surname * MCGHEE

Forenames * GEORGE MARTINE

Previous surname *

Address * 129 0/1 EARL STREET GLASGOW

Postcode * G14 0DE

Telephone # [redacted]

Email address # [redacted] Mobile # [redacted]

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system.

The following information can be found on your current medical card:

Community Health Index (CHI) number *

NHS number *

The following information can be found on your birth certificate:

Town of birth * GLASGOW

Country of birth * GLASGOW

Registered district of birth (Scotland only) SCOTLAND [redacted]

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP * 69 2/1 ABBOTSHALL AV DRUMCHAPEL GLASGOW

Postcode * G15 8RL

Name and address of previous GP Practice in UK * DRUMCHAPEL HEALTH CENTRE

Postcode * G15 7TS

If you are from abroad:

Date you first came to live in the UK *

If previously resident in the UK, date of leaving *

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date *

Are you a Reservist? Yes ☐ No ☐

Leaving date *

If yes provide your address before enlisting *

Postcode *

Is this your first registration with a GP since leaving the armed forces? Yes ☐ No ☐

1

GMSGPR001 V27 1 2021

NHS Confidential. Personal data should be kept

3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

You have a choice about organ or tissue donation after your death. To find out more about why it is important that you take the time to make your donation decision and record it, go to www.organdonationscotland.org

4. HOW WE USE INFORMATION

The information you have provided will be used by NHS Scotland to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform website under the "How the NHS handles your personal health information" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature: George McGhee Date *: 4/8/23

Representative's name (if applicable):

Relationship to patient (if applicable):

6. FOR PRACTICE USE

GP reference number: GP name:

Practice code:

Identification seen – do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert ☐ Student ID card ☐ Driving licence ☐ Passport or HC2 cert ☐ Home Office app reg card ☐ Other / None

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct, I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature: Date *:

7. FOR OFFICIAL USE ONLY

Input by:

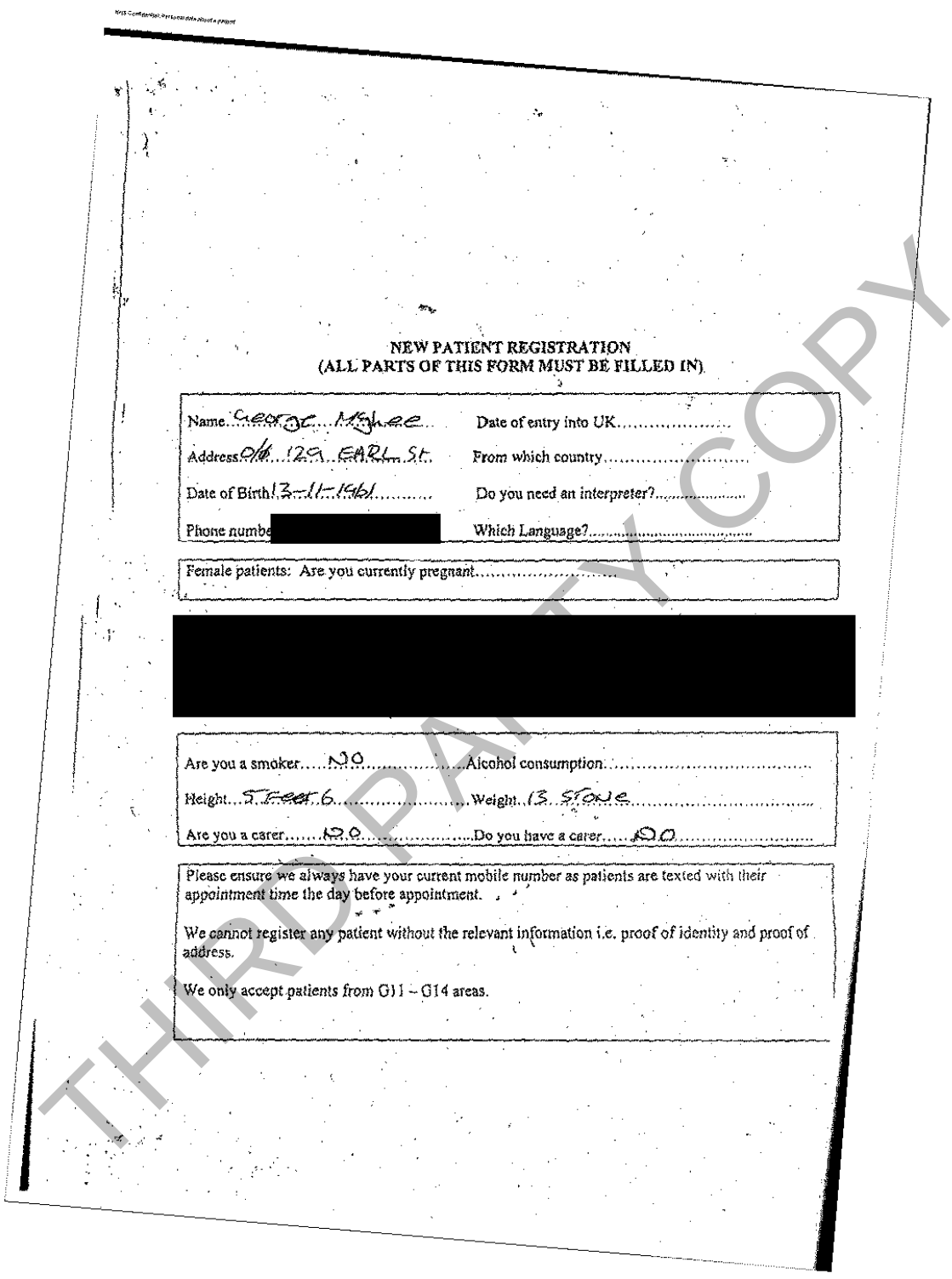
Checked by:

Date: 8/8/23

Practice stamp

2

GMSGPR001 V27 1 2021



NEW PATIENT REGISTRATION
(ALL PARTS OF THIS FORM MUST BE FILLED IN)

Name George McGhee
Address 0/6 129 EARL St.
Date of Birth 13-11-1961
Phone numbe [redacted]
Date of entry into UK.....
From which country.....
Do you need an interpreter?.....
Which Language?.....

Female patients: Are you currently pregnant.....

[redacted]

Are you a smoker NO Alcohol consumption.....
Height 5 Feet 6 Weight 13 Stone
Are you a carer NO Do you have a carer NO

Please ensure we always have your current mobile number as patients are texted with their appointment time the day before appointment.

We cannot register any patient without the relevant information i.e. proof of identity and proof of address.

We only accept patients from G11 – G14 areas.

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Pending 24/11/06 (1)

GREATER GLASGOW PRIMARY CARE DIVISION
PHYSIOTHERAPY REFERRAL

NHS Greater Glasgow

Date of Referral 24/10/06

Patient Details

Surname Mc GHEE
First Name GEORGE
D.O.B. 13/7/27 CHI No. 6638 M ☐ F ☐
Address FLAT 0/1, 257 KINFAUNS DR. GLASGOW
Post Code G15 7BJ Tel (Day) [redacted]

Practice Details Code ☐☐☐☐

Name DR. GRIEVES
Address D. H. C
Tel No.
Fax No.
Name of Referrer DEAN
Designation S.H.O TO MR RANA
Base W. I. G. Tel. No.
Drug History

OUTPATIENT	DOMICILIARY
Routine ☐	Routine ☐
Soon ☐	Soon ☐
Urgent ☐	Urgent ☐
Appliance Only ☐	Appliance Only ☐

Oral Steroids ☐ Anti-Coagulants ☐
Clinical Warnings / Risk Factors ☐

Reason For Referral

#® lateral malleolus

Date of onset ☐☐☐☐☐☐

Relevant Past Medical History

X-Ray Reports / Scans (please attach copies)

RhA ☐ Diabetes ☐
Osteoporosis ☐ Respiratory ☐
Cardiac ☐ Neurological ☐
Epilepsy ☐ Pacemaker ☐

Date Received 24/10/06 First Appointment Offered 27/10/06 @ 11.30AM. Date of Assessment ☐☐☐☐☐☐
Pims 1857477 Number Of Treatments ☐ Cancellations ☐ Failed to Attend ☐

Physiotherapy Diagnosis as per referral

Discharge Summary

Mr McGhee was found to have residual ® ankle stiffness post #. He was shown appropriate exercises and he was happy to continue these exercises independently. His file was kept open for 12 should he require further R - no contact was made.

Physiotherapists Signature: [signature] Date of Discharge: 28/11/06.

195160

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

4145 Confidential: Personal data about a patient

Gartnavel General Hospital: Diagnostic Imaging Report

Patient	GEORGE MCGHEE	**Address**	FLAT 2-1, 69 ABBOTSHALL AVE, GLASGOW, LANARKSHIRE, G15 8PL
DOB	13/11/1961	**CHI No.**	1311616039
Ref. Source	Dr Turnbull & Dr Coyle	**Practice Code**	40559
Referrer	Dr Victoria Shotton	**Exam Date**	07/11/2022 09:51

Report Summary

Clinical History :
bronchiectasis, 3 week cough, 2x course abx, ongoing cough and some SOB
?consolidation ?opacity

XR Chest

XR Chest :
The cardiac and mediastinal contours are normal.
The lungs are clear.
No change from previous radiograph of 20/12/2019.

Last verified by: 4416157 (Dr Iain Andrews)
Reported by: 4416157 (Dr Iain Andrews)

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Gartnavel General Hospital: Diagnostic Imaging Report Page 1 of 1

MCGHEE, GEORGE	DoB : **13/11/1961**
F2-2, 46 JEDWORTH AVE, GLASGOW, LANARKSHIRE, G15 7QH	CHI. No. : **1311616039**
Ref. Locn. : **GP PRACTICE**	CRIS No. : **5510122**
Referrer : **Dr Jennifer Coyle**	Curr Ward: **GP**

VERIFIED Verified By: Dr Sue Lassman 11/01/17 1414.
Clinical History :
Ex-smoker with persistent cough.

XR Chest :
Comparison with 14/07/2016.

Normal heart size and mediastinal contours. There is an irregular opacity medially at the right base which is associated with atelectasis and has progressed since the previous film. Appearances could reflect infection or neoplasm.

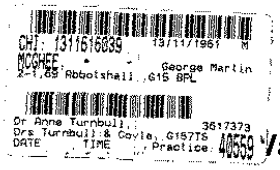
Urgent respiratory referral to facilitate CT evaluation is advised.

Event Number : E-31199533 Examination Date : **04/01/17**
Ref. Source : Dr Jennifer Coyle, Drumchapel Health Centre, 80/90 Kinfauns Drive, Glasgow, G15 7TS
Examinations : **XR Chest**

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient



NHSGGC

Version 0.3

Vaccination Screening Form 2nd Dose

NHS Greater Glasgow and Clyde

Prior to vaccine administration, please go through the following questions with the person being vaccinated:

*Vaccinator to note: if any of the responses to **questions 3-8** below are **"Yes"**, please **do not vaccinate** in the first instance - please consult with your Clinical Lead or call the Public Health Protection Unit 9am – 5pm on [redacted] (9am-5pm) or [redacted] (out of hours, request to speak to on-call Public Health) for advice.*	Yes	No	Details
1. Are you well today?	✓		
2. Do you have a health condition that we should be aware of?	✓		see emis
3. Have you received any other vaccination in the last 7 days?		✓	
4. * Have you ever had a **significant** allergic/anaphylactic reaction to any of the following:			
• Any vaccine?		✓	
• A previous dose of a COVID-19 vaccine?		✓	
• A confirmed anaphylactic reaction to any components of the vaccine?		✓	
• A medicine?		✓	
• Any food?		✓	
5. Are you currently pregnant? • *Women who think they may be pregnant should defer vaccination until they are sure they are not.* • *Women who are planning to get pregnant in the next three months should delay the vaccination.*			
6. Are you currently breastfeeding?			
7. Have you tested positive for coronavirus infection within the last four weeks?		✓	
8. Are you participating in a clinical trial of COVID-19 vaccines?		✓	
9. Do you have a bleeding disorder, or are you currently taking or have you recently stopped taking warfarin?		✓	
10. Have you read the patient information leaflet?	✓		
11. Do you consent to receiving the COVID-19 vaccination?	✓		

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Department of Respiratory Medicine
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
[redacted]
www.nhsaaa.net

NHS Ayrshire & Arran

Dr James Grayston
Townhead Surgery
6/8 High Street
Irvine
Ayrshire
KA12 0AY

Our Ref: SND/SAF
Hospital No:
Clinic Date: 18/05/2019
Date Dictated: 18/05/2019
Date Typed: 05/06/2019
Enquiries to Jaki Lynch
Direct Line: 01563 825231 Direct Line
Ext. Number: 25231
Email: [redacted]

Dear Dr Grayston,

GEORGE MCGHEE DOB: 13/11/1961 CHI No: 1311616039
192 DICKSON DRIVE, IRVINE, AYRSHIRE, KA12 9HB

Diagnosis: Bronchiectasis
GORD

Medication: Omeprazole, Simvastatin, Fostair, Salbutamol

No known drug allergies

Thank you for referring this gentleman. He has had a chronic cough which has been worse for the last year. The cough is difficult to expectorate, it is thick and tenacious with white green expectorate but no haemoptysis. The cough is accompanied by breathlessness and wheeze. His nose is congested but there is no post nasal drip. His reflux symptoms are controlled on Omeprazole. He denies any weight loss. There are no other systemic or constitutional upset.

He has had 5 chest infections which lasted for around 2 to 3 weeks and have been treated by your Practice.

He is Chef, an ex-smoker for 8 years but has a smoking history of 30 pack years. He denies TB and there are no environmental factors which would predispose him to lung disease.

On examination his weight is 87 kg, heart rate 86 bpm and saturation 97% with a clear chest.

The chest x-ray in January was reported to be normal.

2

GEORGE MCGHEE **DOB: 13/11/1961** **CHI No: 1311616039**
192 DICKSON DRIVE, IRVINE, AYRSHIRE, KA12 9HB

I would be grateful if you could add Carbocisteine 750 mg 3 times a day and offer him annual influenza and one off pneumococcal vaccination if he has not had one recently.

I am going to do routine bloods including a ???????? screen and an ABPA screen and lung function test with reversibility. I have referred him to chest physiotherapy and we have gone through the rationale of Bronchiectasis.

Many thanks

Yours sincerely

Authorised on 05/09/2019 12:06:19 by Typist Jaki Lynch, on behalf of Shalin Diwanji.

Dr Shalin Nishit Diwanji
Consultant in Respiratory Medicine (Medinet)
GMC No: 7051002

DEPARTMENT OF
BIOCHEMISTRY/HAEMATOLOGY

Radiology Results displayed are **verified reports only**

Name: **George MCGHEE** D.o.B: **13/11/1961** Sex: **M** CHI No: **1311616039**
Patient ID: **1311616039**
Address: **192 DICKSON DRIVE, , IRVINE, , KA12 9HB** Laboratory Number: **0019B851725** Sample Site: **Blood**
Requester: **Unknown Clinician** Sample Date: **18/05/2019** Location: **Ayr Hosp Respiratory Clinic**
Coded Sample Comments:

Description	Value	Normal Range	Units	H/L	Comment
Investigation: ESR **Auth. Date:** 18/05/2019 11:37					
ESR					NA, No sample received

This Investigation Contains ABNORMAL Results.

Description	Value	Normal Range	Units	H/L	Comment
Investigation: BONE PROFILE **Auth. Date:** 18/05/2019 11:53					
Calcium	2.37	2.2-2.6	mmol/L		
Adjusted Calcium	2.25	2.2-2.6	mmol/L		
Phosphate	**0.66**	0.8-1.5	mmol/L	**Lo**	

Description	Value	Normal Range	Units	H/L	Comment

www.nhsaaa.net

NHS Confidential: Personal data about a patient

Investigation: COMMENT REJECTED SAMPLES					Auth. Date: 18/05/2019 11:37
Comment					No sample received, for FBC & ESR, please repeat.

Description	Value	Normal Range	Units	H/L	Comment
Investigation: FULL BLOOD COUNT					Auth. Date: 18/05/2019 11:36
Haemoglobin					NA, No sample received
White Cell Count					NA
Platelets					NA
Haematocrit					NA
MCV					NA
MCH					NA
MCHC					NA
Neutrophils	Pending		10*9/L		
Lymphocytes	Pending		10*9/L		
Eosinophils	Pending		10*9/L		
Basophils	Pending		10*9/L		
Monocytes	Pending		10*9/L		
RBC					NA

Description	Value	Normal Range	Units	H/L	Comment
Investigation: IMMUNOGLOBULINS					Auth. Date: 18/05/2019 11:53
IgA	3.26	0.8-4	g/L		
IgG	7.6	6-16	g/L		
IgM	1.15	0.5-2	g/L		

This Investigation Contains ABNORMAL Results

Description	Value	Normal Range	Units	H/L	Comment
Investigation: LIVER FUNCTION TEST					Auth. Date: 18/05/2019 11:53
Total Bilirubin	6	3-21	µmol/L		
ALP	96	30-130	U/L		
AST	40	10-45	U/L		
ALT	**69**	5-55	U/L	**Hi**	
Total Protein	67	60-80	g/L		
Albumin	46	35-50	g/L		
Globulin	21	21-35	g/L		

Description	Value	Normal Range	Units	H/L	Comment
Investigation: PROTEIN ELECTROPHORESIS					Auth. Date: 21/05/2019 12:44
Serum protein electrophoresis					Protein Electrophoresis shows no evidence of a paraprotein band.

www.nhsaaa.net

NHS Confidential: Personal data about a patient

Description	Value	Normal Range	Units	H/L	Comment
Investigation: UREA AND ELECTROLYTES				**Auth. Date:** 18/05/2019 11:53	
Urea	5.7	2.5-7.8	mmol/L		
Creatinine	75	50-120	µmol/L		
Sodium	140	133-146	mmol/L		
Potassium	4.5	3.5-5.3	mmol/L		
Chloride	107	95-108	mmol/L		
eGFR result/1.73m2	>60	60-61	mL/min		

BIOCHEM/HAEM REPORT

www.nhsaaa.net

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

NHS GREATER GLASGOW & CLYDE **DEPARTMENT OF HAEMATOLOGY**

CONSULTANT & PATIENT LOC. / OR GP NAME & ADDRESS	SURNAME	FORENAME		
DR.GRIEVE D.H.C.	MCGHEE	GEORGE		
DRUMCHAPEL HEALTH CEN	SEX	D.O.B. AGE	HOSPITAL	LABORATORY No.
80/90 KINFAUNS DR	M	13.11.51	ZH07216408R	H.08.1060479.Q

REPORT CHI\Ancillary No1311516039

Cumulative FBC's

	19.01.07	21.02.07	20.03.08	
WBC	**6.96**	**8.40**	**8.50**	(4.00-11.00)
RBC	4.77	4.88	4.80	(4.50-6.50)
Hb	**14.4**	**14.3**	**14.4**	(13.0-18.0)
Hct	0.442	0.444	0.437	(0.400-0.540)
MCV	92.7	91.0	91.0	(80.0-100.0)
MCH	30.2	29.3	30.0	(27.0-32.0)
Plts	**283**	**264**	**269**	(150-400)
Neuts	4.98	5.61	5.59	(2.00-7.50)
Lymphs	1.35	1.51	1.63	(1.50-4.00)
Monos	0.51	0.90	0.71	(0.20-0.80)
Eos	0.19	0.45	0.54	(0.04-0.40)
ESR			7	(0-10)
GFST				
Retics				(25.0-85.0)

DATE OF REPORT	TIME
20.03.08	14:06
RUN	
847	
DATE OF SAMPLE	TIME
20.03.08	13:57

FULL BLOOD COUNT

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGhee George Martin CHI: 1311616039

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. NJ Clark
1398 Dumbarton Road
Glasgow
G14 9DR

Main Switchboard: [redacted]
Department: Respiratory
Contact Tel: [redacted]
Enquiries to:
Letter Date: 10/04/2025
Reference:
Dictated Date: 06/03/2025
Transcribed Date: 10/03/2025

Dear Dr Clark,

George Martin McGhee; D.O.B: 13/11/1961; CHI: 1311616039
FLAT 0-1, 129 EARL STREET, Glasgow, Lanarkshire, G14 0DE

DIAGNOSES
1. Bronchiectasis - on regular Azithromycin.
2. Ex cigarette smoker.

I reviewed Mr McGhee at Dr Bicknell's respiratory clinic via telephone on 6th March. Since his last appointment in September last year, he tells me he has only had one chest infection in December which was treated with a one week course of oral Doxycycline. He presented at that point to the GP with a cough for 9 days productive of green sputum. After a 7 day course of Doxycline, the cough persisted for a couple of weeks and them completely resolved. Since then he has been symptom free; he has not reported any worsening shortness of breath, cough, haemoptysis or subjective weight loss. From a respiratory stand point, his symptoms are very well controlled. He remains compliaint with Azithromycin on Mondays, Wednesdays & Fridays. He has not had bloods since April last year so I will request routine updated bloods. He is happy to be seen in one years time for a face to face appointment. I have advised that if anything changes in the interim and he feels he should be seen sooner, he can contact his GP and we can try and facilitate an earlier appointment.

Yours sincerely,

Crystal Mieres

GP Trainee

Electronically Signed: Dr Crystal Mieres, Doctor

cc.

Printed on 10/04/2025 10:03 by Marlo Graham Page 1 of 1

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Rec desk MC: 11/6/19.

STA0270

NHS Ayrshire & Arran
Crosshouse Hospital

CROSSHOUSE
KILMARNOCK KA2 0BE
Telephone: [redacted]

.....UNIT

Consultant ..... Dr. A. Saleem (Medinet).

Dear Dr ..... G.P.

Re:

George McGHEE
CHI: 131 616 039
DOB: 13/11/1961

192 Dickson Dr KA12 9HB

This patient was seen at the clinic on 09-06-19

DIAGNOSIS ..... Bronchiectasis.

I have recommended the following treatment: .....

If patient develops further L.R.T.I. Bronchiectasis kindly start Azithromycin 250mg od. day (3 times a week). Please check for long QT interval before starting.

A more detailed letter will / ~~will not~~ follow ✓

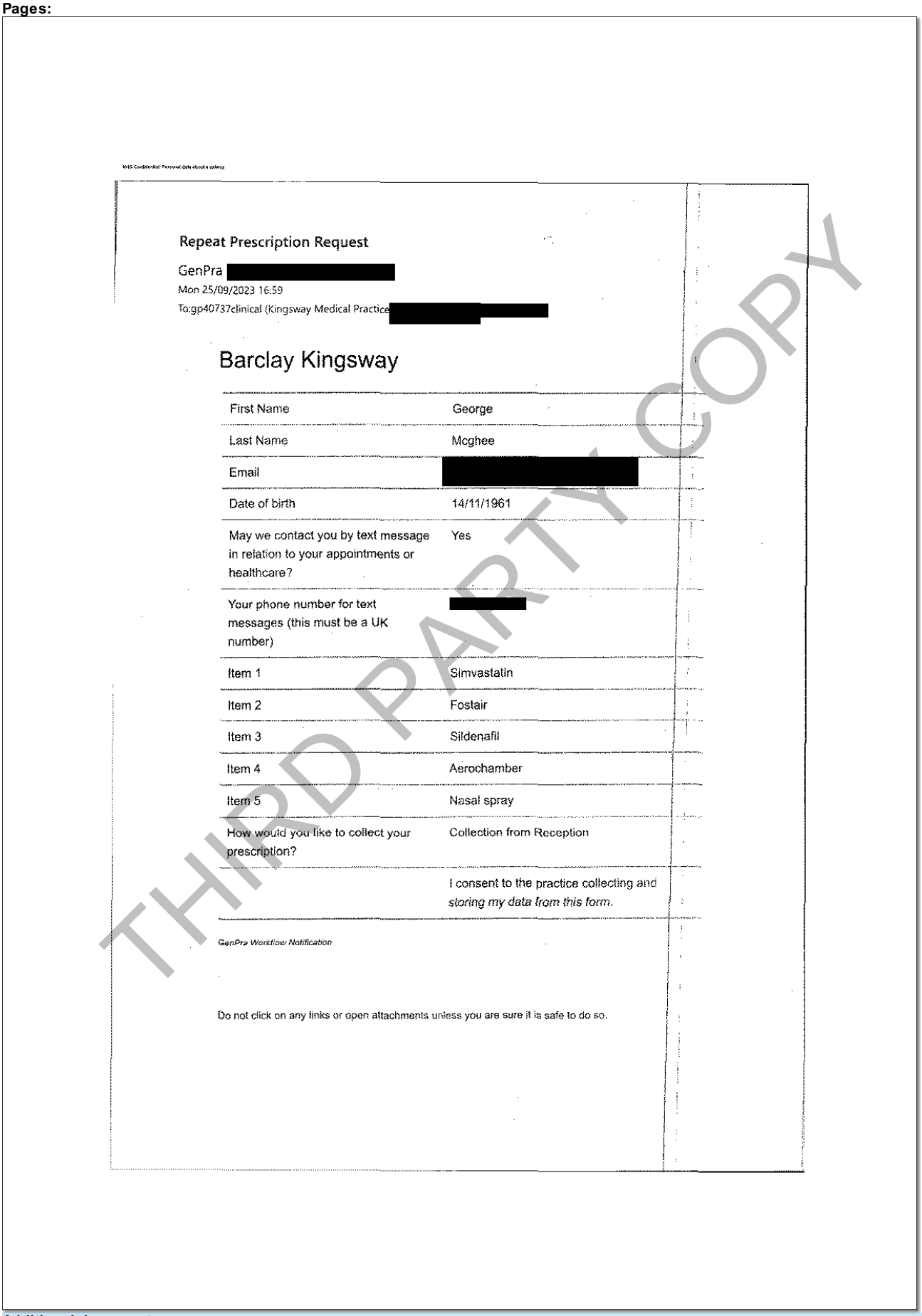
Yours sincerely,

A. Saleem.

WHITE - GP YELLOW - PATIENT PINK - CASENOTE

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:



NHS Confidential: Personal data about a patient

Repeat Prescription Request

GenPra [redacted]
Mon 25/09/2023 16:59
To:gp40737clinical (Kingsway Medical Practice [redacted]

Barclay Kingsway

First Name	George
Last Name	Mcghee
Email	[redacted]
Date of birth	14/11/1961
May we contact you by text message in relation to your appointments or healthcare?	Yes
Your phone number for text messages (this must be a UK number)	[redacted]
Item 1	Simvastatin
Item 2	Fostair
Item 3	Sildenafil
Item 4	Aerochamber
Item 5	Nasal spray
How would you like to collect your prescription?	Collection from Reception
	I consent to the practice collecting and *storing my data from this form.*

GenPra Workflow Notification

Do not click on any links or open attachments unless you are sure it is safe to do so.

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGhee George Martin CHI: 1311616039

Clinical letter - GP:

NHS
Greater Glasgow and Clyde
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. NJ Clark
1398 Dumbarton Road
Glasgow
G14 9DR

Main Switchboard: [redacted]
Department: Respiratory
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 24/04/2024
Reference:
Dictated Date: 18/04/2024
Transcribed Date: 22/04/2024

Dear Dr Clark,

George Martin McGhee; D.O.B: 13/11/1961; CHI: 1311616039
FLAT 0-1, 129 EARL STREET, Glasgow, Lanarkshire, G14 0DE

DIAGNOSES

1. Bronchiectasis - symptoms much improved on regular Azithromycin.

2. Ex cigarette smoker.

I reviewed Mr McGhee in person at my respiratory clinic today. He told me that he is feeling very much better since taking Azithromycin 500mgs 3 times weekly on a regular basis. He has noted almost complete resolution of his cough and sputum with no further infections - he describes the response as "miraculous". Mr McGhee does describe some persisting nasal obstruction which has not improved with the Azithromycin and I will therefore refer him to the ENT department.

On examination Mr McGhee was undistressed at rest. Oxygen saturation was 98% on air. Auscultation of the chest was clear.

I have taken bloods for immunoglobulin levels and aspergillus serology. **I would be grateful if you could prescribed Azithromycin 500mgs 3 times weekly on an indefinite basis.**

I have arranged to review Mr McGhee again in 4 months time.

Yours sincerely,

Steve Bicknell

McGhee George Martin CHI: 1311616039 GCL 18/04/2024 v1

Consultant Physician

Electronically Signed: ,

cc.

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGhee George Martin CHI: 1311616039

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. NJ Clark
1398 Dumbarton Road
Glasgow
G14 9DR

Main Switchboard: [redacted]
Department: Respiratory Medicine
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 14/04/2026
Reference: SB/KM
Dictated Date: 26/03/2026
Transcribed Date: 31/03/2026

Dear Doctor,

George Martin McGhee; D.O.B: 13/11/1961; CHI: 1311616039
FLAT 0-1, 129 EARL STREET, Glasgow, Lanarkshire, G14 0DE

DIAGNOSIS:
1. Bronchiectasis - symptoms improved on Azithromycin
2. Combination of alcohol related liver disease and metabolic liver disease - under review in liver clinic

I spoke to Mr McGhee again from the respiratory clinic recently. He told me he is currently feeling well. He finds that his cough and sputum exacerbations have improved on Azithromycin. On examination Mr McGhee appeared well. Oxygen saturations were 96% on air and auscultation of the chest revealed occasional crackles.

I have requested an interval HRCT scan to be performed in 11 months time and I will see Mr McGhee again in the clinic in one year.

Yours sincerely

Dr Steve Bicknell

Consultant Physician

Electronically Signed: Dr Steve Bicknell, Consultant

cc.

Printed on 14/04/2026 13:35 by Kate Mcnicol Page 1 of 1

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGhee George Martin CHI: 1311616039

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

George McGhee
FLAT 0-1
129 EARL STREET
Glasgow
Lanarkshire
G14 0DE

Main Switchboard: [redacted]
Department: Gastroenterology
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 02/02/2026
Reference: HL/MC
Dictated Date: 07/01/2026
Transcribed Date: 26/01/2026

Dear Mr McGhee,

Diagnoses:

1. Met-ALD with severe fibrosis/early cirrhosis on liver Fibroscan in September 2025;

2. Bronchiectasis

Plan for follow up:

1. Ultrasound as previously planned in March 2026;

2. Liver nurse in 6 months;

3. My clinic 1 year

You were seen sooner than previously planned in clinic today due to you having worries about your health.

You've been in contact with a doctor in Turkey, although from the information you showed me today I couldn't confirm the doctor's specialism. You were asking about an operation for your liver, but I've explained to you that there's nothing about your liver that an operation would fix. The hemangiomas are benign and harmless and do not need removed. In fact removing part of your liver would only make your liver function likely to deteriorate and would not fix any problems.

We discussed again that you have fatty liver disease from a combination of alcohol in the past and metabolic associated fatty change and your liver stiffness is raised in keeping with your diagnosis of severe fibrosis/early cirrhosis. Your liver function is good and you are not having any complications or symptoms from your liver disease.

You are probably slightly over weight at 76kg but you remain active which is very positive.

I am happy to continue on your routine follow up and will arrange to see you again with the nurses in 6 months and in my clinic in 1 years time and we will do another ultrasound on a 6 monthly basis. This is standard care for people with stable liver disease.

You had your blood checked at clinic today and these showed that you have a normal bilirubin at 10, a very mildly raised ALT at 57, AST of 34, Alkaline Phosphatase of 140 and a preserved albumin of 42. These are reassuring results. In addition, your kidney blood tests, full blood count and blood clotting were all within normal parameters.

I hope you take some reassurance from this and will be happy to continue with your routine follow up and at some stage we will repeat your Fibroscan to see if there has been any change for the better or worse in the future.

Kind Regards

Dr Heather Lafferty

Consultant Physician and Gastroenterologist.

Electronically Signed: Dr Heather Lafferty, Consultant

cc.

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Ayrshire Doctors On Call

adastra

1 Patient Contacts for Townhead Surgery

Patient : George Mcghee

(Gender: Male) (DOB: 13/11/1961) (Age: 57 years) (CHI: 1311616039)

Case No 36585 **Case Date** 31/03/2019 13:33
Own Dr Turner, Allison

Current Address
192 Dickson Drive Irvine

KA12 9HB
Current Phone [redacted]

Home Address (If Different)

Home Phone (If Different) [redacted]

Case Type NHS24 Advice
Priority On Reception Within 4 Hours

NHS 24 Advice by Karen Milne (Pharmacist) ()
Clinical summary created by: Karen Milne (Pharmacist) () [31/03/2019 18:08:43]
Reason for call: MEDICATION ENQUIRY
PT PRESCRIBED STEROIDS TO BE TAKEN 8 X ONCE DAILY. PT THINKS MAY HAVE TAKEN 8 TABLETS APPROX 3AM & ANOTHER 8 TABLETS AT 10AM. PRESCRIBED ABX.
31:03:2019 13:39:40 BEURSKENSP.. PT MAY HAVE TAKEN EXTRA DOSE OF PREDNISOLONE. NO SYMPTOMS, OTHERWISE WELL..
31:03:2019 16:00:28 MILNEK.. MEDICATION ERROR, HAD PREDNISOLONE AT 3AM AND THEN AGAIN IN ERROR AT 11AM, NO SYMPTOMS OF CONCERN, ADVISED SAFE, CONTINUE AS NORMAL WITH MEDICTAION, WORSENING GIVEN, OUTCOME SELF CARE..
Outcome: Patient given self care advice - For Information Only

Triage Start 13:35
Triage End 15:59

Case Questions

Pocked Aremote Consult by:
Start Type **End Type** **Consult Start** **Consult End**

Adastra Consult by
Start Type **End Type** **Consult Start** **Consult End**

History

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Informational Outcome(s)

Report Statistics: Report produced by Adastra Version 3 - 31/03/2019 17:03:22

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

NHS GREATER GLASGOW & CLYDE — **DEPARTMENT OF HAEMATOLOGY**

CONSULTANT & PATIENT LOC.	DR.GRIEVE D.H.C.	SURNAME	MCGHEE	FORENAME	GEORGE
OR GP NAME & ADDRESS	DRUMCHAPEL HEALTH CEN 80/90 KINFAUNS DR	SEX: M	D.O.B. AGE: 13.11.61	HOSPITAL: ZH07216408	LABORATORY No.: H,70221.0650.1

REPORT

Coagulation Screen

Prothrombin Time	**11**	Seconds	(9-12)
Partial Throm Time	**32**	Seconds	(25-37)
INR	**1.0**		
Thrombin Clotting T	**12.1**	Seconds	(11.0-15.0)
PTT RATIO	**1.07**		

Authorised by: Helen Finnigan

DATE OF REPORT: 21.02.07	TIME: 16:19
RUN: 316	
DATE OF SAMPLE: 21.02.07	TIME: 16:05

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

GP Links Microbiology Report	
Patient Details	
Surname	MCGHEE
Forename	GEORGE MARTIN
CHI	1311616039
Date of birth	13.11.1961
Address	2-1 69 Abbotshall Ave Glasgow G15 8PL
Specimen Details	
Specimen Number	M,22.5663554.C
Specimen Type	Sputum
Date/Time Collected	07.11.22 / 10:20
Date/Time Received	07.11.22 / 14:48
Requested By	Dr Victoria Shotton
GP Practice	40559
Date/Time Reported	09.11.22 / 12:52

Results

```
Report Issued by NHS GG&C Microbiology South Sector
                          Enquiries 0141 354 9132
** FINAL REPORT **

INVESTIGATION: Routine Culture
SPECIMEN TYPE: Sputum

CONS/GP: Dr Victoria Shotton  Order No:IS18881658
LOCATION: P3 Drumchapel HC Glasgow
-------------------------------------------------------------

CULTURE RESULT:

                                        GROWTH:
a)Candida albicans                      Isolated
b)Candida species                       Isolated
c)
d)
e)
f)

If TB/Mycobacteria is suspected, TB culture must be
specifically requested on TRAK/ICE or Microbiology form

Tests included in UKAS Accreditation (8078) Scope.

-------------------------------------------------------------
Senders ref. no.

Authorised by: Dr P Wright
Date/Time authorised: 09.11.2022  12:50
** END OF REPORT **
```

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

North Glasgow University Hospitals Division
Orthopaedic Department Notes

NHS Greater Glasgow

George McGhee
0/1, 257 Kinfauns Drive
GLASGOW
G15 7BD

DOB: 13.11.1961

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
0141 211-2563
[redacted]
0141 211-2422

MR RANA'S NEW FRACTURE CLINIC – 22.07.06

This gentleman was the victim of an alleged assault whilst in Blackpool one week ago where he sustained a direct blow to his right distal fibula sustaining a comminuted fracture of his distal fibula about 1" from the syndesmosis. As a result of there being a direct blow there appears to be no disruption to the ankle joint itself, certainly clinically there is no evidence of any medial or lateral ligamentus injury. He was placed into a below knee cast today and check x-rays taken. These confirm that there is no talar shift and as a result the fracture, I feel, can be treated conservatively. Despite this we shall see him back in a week or so. After this he should be able to mobilise as able and remain in cast for a further few weeks.
TN/SF/23135190L
CHI No. 1311616039

Tom Nunn
Specialist Registrar in Orthopaedics

Dr Grieve
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

00592

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* ☑ Female* ☐ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☐ Will you be in the area for more than 3 months?* Yes ☑ No ☐
(If 'No', please ask for form GMSTRF001)

Date of Birth* DD 11 1961

Address* 12 PLADDA WYND BROOKLANDS

Title* MR

Surname* McGhee

Forenames* George

Postcode* KA11 1DW

Previous Surname*

Telephone #

email address # [redacted]

The following information can be found on your current medical card:

Community Health Index (CHI) Number*

NHS Number*

The following information can be found on your birth certificate:

Town of Birth* GLASGOW

Country of Birth* GLASGO

Registered district of birth (Scotland only) [redacted]

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP*

34 Jedworth Av
Drumchapel
GLASGOW

Postcode* G15 7QH

Name and address of previous GP Practice in UK*

KINFAUNS DRIVE
Drumchapel Health Center
GLASGOW

Postcode*

If you are from abroad:

Date you first came to live in the UK* DD - - YYYY

If previously resident in the UK, date of leaving* DD - - YYYY

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date* DD - - YYYY

Are you a Reservist?* ☐ Yes ☐ No

If yes, please provide your address before enlisting*

Leaving date* DD - - YYYY

Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No

Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death.
Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonation.nhs.uk.

Any of my organs and tissue ☐ Or my

Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐

Patient signature _____ Date DD - - YYYY

GMSGPR001 v1 (05-2013)

NHS Confidential: Personal data about a patient

4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit www.nhsnss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken.

To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature: George McGhee Date: 29-8-1977

Representative's name (if applicable):

Relationship to patient (if applicable):

6. FOR PRACTICE USE

GP reference number: 2437-6 GP name: DR ALISON TURNER

Practice code: 80346 Mileage (No.) Road: Water: Footpath:

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)

Birth Cert. ☐ Student ID Card ☐ Driving Licence ☐ Passport or HC2 Cert. ☑ Home Office App Reg Card ☐ Other/None - specify: Receptionist initials: MC

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature: Date: DD-MM-YYYY

7. OFFICIAL USE ONLY

Input by:

Checked by:

Date: 30-08-2017

Practice Stamp

GMSGPR001 v1 (05-2013)

NHS Confidential: Personal data about a patient

TOWNHEAD SURGERY
6/8 HIGH STREET
IRVINE
KA12 0AY

Ethnicity

In order that this practice can deliver appropriate services to our patients it is useful for us to monitor which groups are using our services. This will ensure:

- We are providing an appropriate and accessible service to all ethnic groups
- Assess who uses our services
- Identify and assess the health needs and patterns
- Highlight any gaps in our service provision
- Measure the outcome of our services
- Develop staff awareness of our diverse population and the need to respond to individual needs of different ethnic groups

We would be grateful if you could take the time to complete this form. This information will then be recorded on our computer system. Please refer to our practice leaflet, which gives you further detail of how and why we record your Personal Health Information. You have the right to refuse to provide this information. Please tick here if you do not consent to providing the information on the following page ☑

Personal Details
(This section must be completed even if you have not consented to providing details on your ethnic background)

Name: George McGhee

Address: 12 PLADDA WYND
BROOMLANDS
IRVINE

Date of birth: 13-11-1961

Contact Telephone Number: [redacted]

R:\standard operating procedures\registrations\ethnic groups form
Revised July 2017

NHS Confidential: Personal data about a patient

TOWNHEAD SURGERY
6/8 HIGH STREET
IRVINE
KA12 0AY

Name George McKee Date of birth 13-11-1961

What is your ethnic origin - choose ONE section from A toE, then tick the appropriate box to indicate your cultural background.

A. White

Scottish ☑
Other British ☐
Irish ☐

Any other White background Please specify _____

B. Mixed

Any mixed background. Please specify _____

C. Asian, Asian Scottish or Asian British

Indian ☐
Pakistani ☐
Bangladeshi ☐
Chinese ☐

Any other Asian Background. Please specify_____

D. Black, Black Scottish or Black British

Caribbean ☐
African ☐

Any other Black background Please specify_____

E. Other Ethnic background Please specify_____

(Completed form should passed to Lynne/Carol for recording)

R:\standard operating procedures\registrations\ethnic groups form
Revised July 2017

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

Registration Details - Patient No: 38040

Personal details...		Address details...	
Date of birth	13/11/1961	Post Code	KA12 9HB
Sex	M	House Name Flat No	
Surname	McGhee	No and Street	192 Dickson Drive
Previous Surname		Village	
Forenames	George Martin	Town	Irvine
Calling Name	George	County	Ayrshire
Title	Mr		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin	(White) Scottish		

HA/HB Details...		Contact details...	
Trading partner	Ayrshire & Arran	Home Tel No	
Registered GP	Dr Alison Turner	Work Tel No	
Usual GP	Dr Alison Turner	Mobile Tel No	
Residential Inst		E Mail Address	[redacted]
Branch Surgery			
CHI Number	1311616039		
NHS Number	635 072 3279		

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	09/04/2019		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
CMS Suitability Status	-1		
CMS Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
02/02/2017	Bronchiectasis (Right) right middle lobe. Added from update summary.	CO Whyte	H34
18/10/2004	Hyperlipidaemia NOS Added from update summary.	CO Whyte	C324
29/06/2004	Dyspepsia Added from update summary.	CO Whyte	J16y4
29/06/2004	Chest pain Added from update summary.	CO Whyte	182
29/06/2004	Alcohol problem drinking Alcohol excess. Added from update summary.	CO Whyte	E23-2
29/06/2004	Oesophagitis Added from update summary.	CO Whyte	J101
07/09/2002	Fracture of mandible Added from update summary.	CO Whyte	S0283
02/11/1997	Renal colic Added from update summary.	CO Whyte	1A52
28/03/1993	Head injury Added from update summary.	CO Whyte	S64-3
17/07/1973	Greenstick fracture Added from update summary.	CO Whyte	S3z00

Past Problems		Authorised By	Code
02/04/2019	**O/E - BP reading** Bronchiectasis currently on 2nd course of antibiotics and steroids reviewed previously at Gartnavel R middle lobe bronchiectasis with normal spirometry. Daily symptoms frequent exacerbations difficulty sleeping at night .Also has daily nasal symptoms sats 98%, rr 15, , temp 36.0 , pulse 78 reg no benefit from saba has had a recent chest xray and , sputum sample	PN Walker	248-1

Health Admin Problems		Authorised By	Code

Investigations		Authorised By	Code

10/01/2020	Bowel Cancer Screening Result (Source: Manually filed).	686A.
09/01/2020	Sputum culture (Source: LAB) Speak GP (RMF).	4E4..
16/04/2019	Sputum culture (Source: LAB) Satisfactory (ASIM).	4E4..
16/04/2019	Sputum culture (Source: LAB) Satisfactory (ASIM).	4E4..
16/04/2019	Sputum culture (Source: LAB) Satisfactory (ASIM).	4E4..
05/03/2019	Sputum culture (Source: LAB) Satisfactory (HP).	4E4..

Values

Date	Last Entry	Normal Range Indicator	Normal Range
10/01/2020	**BCSP faecal occult blood test normal Negative**		
09/01/2020	**Sputum appearance Mucoid**		
09/01/2020	**Respiratory microscopy, culture and sensitivities**		
30/12/2019	**Blood pressure reading 128/70 mm Hg**		
30/12/2019	**O/E - BP reading temp 37.4 pulse 95/min sats 99% on air**		
20/12/2019	**Standard chest X-ray -SATISFACTORY- RESULT IN DOCMAN**		
24/01/2019	**Tissue sent for histology**		

Attachments			Authorised By	Code
06/02/2020	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Depression; Duration: 06/02/2020 - 05/03/2020)	FitNote_0dd2428c-a9a4-491f-b1f1-e900725d8231.pdf	Dr Wardell	9D15
17/01/2020	**IB113 DLS Incapacity for work form completed** UC113 received for Dr Wardell	UC113.doc	S Blair	9DG1
09/01/2020	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Depression; Duration: 09/01/2020 - 05/02/2020)	FitNote_f749536f-93d7-45db-ae13-2d9eeb41B851.pdf	Dr Wardell	9D15
10/12/2019	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: depression; Duration: 10/12/2019 - 09/01/2020)	FitNote_402c4817-7b64-46c2-8faa-bf0b4642b090.pdf	Dr Turner	9D15
14/11/2019	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Depression; Duration: 14/11/2019 - 12/12/2019)	FitNote_e9a8b229-cfd1-4c80-8059-565dfedf1e53.pdf	Dr Wardell	9D15
10/04/2019	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Bronchiectasis; Duration: 10/04/2019 - 24/04/2019)	FitNote_f7756be8-a2f7-481a-8d1e-6fefd582fc05.pdf	Dr Grove	9D15
31/03/2019	**Patient given telephone advice out of hours** Out of Hours Out of Hours Service	07_01099828.XXX	Ms "do Not Delete"	EMISATTACHMENT
30/03/2019	**Seen in out of hours centre** Out of Hours Seen in PCC	07_01099830.XXX	Ms "do Not Delete"	EMISATTACHMENT
15/01/2019	**Attachment** Document1	Document1.doc	R Convery	EMISATTACHMENT
21/11/2017	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: back pain; Duration: 07/11/2017 - 08/12/2017)	FitNote_c2571e72-5681-4e2c-a873-d0563d71d5a.pdf	Dr Davidson	9D15
31/08/2017	**Attachment** Document1	Document1.doc	R Blair	EMISATTACHMENT

Due Diary Entries		Authorised By	Code
10/11/2020	**Influenza vaccination**	PN Howie	65E..

Overdue Diary Entries		Authorised By	Code
08/05/2019	**Medication review OVERDUE**	Dr Turner	8B314

Alerts		Authorised By	Code
	None		

Drug Allergies		Authorised By	Code
	None		

Non Drug Allergies		Authorised By	Code
	None		

Family History		Authorised By	Code
	None		

Referrals		Authorised By	Code
30/04/2019	**8H4g : Referral to respiratory physician (SCI Gateway Referral)**	Dr Turner	8H4g
15/04/2019	**8H4g : Referral to respiratory physician (SCI Gateway Referral)**	Dr Grayston	8H4g

Immunisations		Authorised By	Code
11/11/2019	**Influenza vacc consent given**	PN Howie	88NV
11/11/2019	**Seasonal influenza vaccination (Left arm)** - QIVc P100120851 exp 09/20	PN Howie	65ED

Health Status			
11/11/2019		**Smoking Status Ex smoker**	
30/12/2019		**Blood pressure reading O/E - BP reading**	
30/12/2019		**Blood pressure reading 128/70 mm Hg**	

Other Observations		Authorised By	Code
11/11/2019	**Ex smoker**	PN Howie	137S
29/08/2019	**Telephone encounter** SR monastazone - with pt - feels no benefit since starting, using for issues with sinuses. Advised to trial off if isnt helping. If persisting/worsening can arrange appt for clinician review. Also noted been on carbocisteine TDS since May - feels benefit - reduced to maint dose BD.	Ms Hendrie	9N31
13/06/2019	**SMS text message sent to patien** [redacted] An appointment has been booked for you: On: 13/06/2019 14:20 With: PN Michelle Gray Townhead Surgery	PM Messenger	9N3G
13/06/2019	**E-mail sent to patien** [redacted] Please remember to attend your appointment On: 13/06/2019 14:20 With: PN Michelle Gray Townhead Surgery Please ring the surgery on 01294 441441 if you cannot attend this appointment..	PM Messenger	9N3C
13/06/2019	**E-mail sent to patien** [redacted] This is to confirm your appointment On: 13/06/2019 14:20 With: PN Michelle Gray Townhead Surgery Please ring the surgery on 01294 441441 if you cannot attend this appointment.	PM Messenger	9N3C
09/04/2019	**SMS text message sent to patien** [redacted] An appointment has been booked for you: On: 09/04/2019 10:15 With: NP Karen Nelson Townhead Surgery	PM Messenger	9N3G
09/04/2019	**E-mail sent to patie** [redacted] Please remember to attend your appointment On: 09/04/2019 10:15 With: NP Karen Nelson Townhead Surgery Please ring the surgery on 01294 441441 if you cannot attend this appointment..	PM Messenger	9N3C
09/04/2019	**E-mail sent to patien** [redacted] This is to confirm your appointment On: 09/04/2019 10:15 With: NP Karen Nelson Townhead Surgery Please ring the surgery on 01294 441441 if you cannot attend this appointment.	PM Messenger	9N3C
01/04/2019	**SMS text message sent to patie** [redacted] Please remember to attend your appointment. On: 02/04/2019 08:10 With: PN May Walker Townhead Surgery Send CANCEL to 07880035293 if you do not wish to keep this appointment	PM Messenger	9N3G
01/04/2019	**E-mail sent to patien** [redacted] Please remember to attend your appointment On: 02/04/2019 08:10 With: PN May Walker Townhead Surgery Please ring the surgery on 01294 441441 if you cannot attend this appointment..	PM Messenger	9N3C
26/03/2019	**SMS text message sent to patien** [redacted] An appointment has been booked for you: On: 02/04/2019 08:10 With: PN May Walker Townhead Surgery	PM Messenger	9N3G
26/03/2019	**E-mail sent to patien** [redacted] This is to confirm your appointment On: 02/04/2019 08:10 With: PN May Walker Townhead Surgery Please ring the surgery on 01294 441441 if you cannot attend this appointment.	PM Messenger	9N3C
04/03/2019	**SMS text message sent to patien** [redacted] An appointment has been booked for you: On: 04/03/2019 11:15 With: PN May Walker Townhead Surgery	PM Messenger	9N3G
04/03/2019	**E-mail sent to patien** [redacted] Please remember to attend your appointment On: 04/03/2019 11:15 With: PN May Walker Townhead Surgery Please ring the surgery on 01294 441441 if you cannot attend this appointment..	PM Messenger	9N3C
04/03/2019	**E-mail sent to patien** [redacted] This is to confirm your appointment On: 04/03/2019 11:15 With: PN May Walker Townhead Surgery Please ring the surgery on 01294 441441 if you cannot attend this appointment.	PM Messenger	9N3C
26/02/2019	**SMS text message sent to patien** [redacted] An appointment has been booked for you: On: 26/02/2019 11:30 With: PN May Walker Townhead Surgery	PM Messenger	9N3G
26/02/2019	**E-mail sent to patien** [redacted] Please remember to attend your appointment On: 26/02/2019 11:30 With: PN May Walker Townhead Surgery Please ring the surgery on 01294 441441 if you cannot attend this appointment..	PM Messenger	9N3C
26/02/2019	**E-mail sent to patien** [redacted] This is to confirm your appointment On: 26/02/2019 11:30 With: PN May Walker Townhead Surgery Please ring the surgery on 01294 441441 if you cannot attend this appointment.	PM Messenger	9N3C
22/02/2019	**SMS text message sent to patien** [redacted] An appointment has been booked for you: On: 22/02/2019 18:15 With: PN May Walker Townhead Surgery	PM Messenger	9N3G
22/02/2019	**E-mail sent to patien** [redacted] Please remember to attend your appointment On: 22/02/2019 18:15 With: PN May Walker Townhead Surgery Please ring the surgery on 01294 441441 if you cannot attend this appointment..	PM Messenger	9N3C
22/02/2019	**E-mail sent to patient** [redacted] This is to confirm your appointment On: 22/02/2019 18:15 With: PN May Walker Townhead Surgery Please ring the surgery on 01294 441441 if you cannot attend this appointment.	PM Messenger	9N3C
24/01/2019	**SMS text message sent to patie** [redacted] Please remember to attend your appointment. On: 24/01/2019 11:50 With: Dr James Grayston Townhead Surgery Send CANCEL to [redacted] if you do not wish to keep this appointment	PM Messenger	9N3G
24/01/2019	**E-mail sent to patien** [redacted] Please remember to attend your appointment On: 24/01/2019 11:50 With: Dr James Grayston Townhead Surgery Please ring the surgery on 01294 441441 if you cannot attend this appointment..	PM Messenger	9N3C
24/01/2019	**Cryotherapy**	Dr Grayston	7M07z-1
24/01/2019	**Advised about minor surgery post-operative self care**	Dr Grayston	8CAx
24/01/2019	**Consent given for minor surgery procedure**	Dr Grayston	8923
18/01/2019	**SMS text message sent to patie** [redacted] An appointment has been booked for you: On: 24/01/2019 11:50 With: Dr James Grayston Townhead Surgery	PM Messenger	9N3G
18/01/2019	**E-mail sent to patien** [redacted] This is to confirm your appointment On: 24/01/2019 11:50 With: Dr James Grayston Townhead Surgery Please ring the surgery on 01294 441441 if you cannot attend this appointment.	PM Messenger	9N3C
11/09/2018	**SMS text message sent to patie** [redacted] An appointment has been booked for you: On: 11/09/2018 16:30 With: PN May Walker Townhead Surgery	PM Messenger	9N3G
11/09/2018	**E-mail sent to patien** [redacted] Please remember to attend your appointment On: 11/09/2018 16:30 With: PN May Walker Townhead Surgery Please ring the surgery on 01294 441441 if you cannot attend this appointment..	PM Messenger	9N3C
11/09/2018	**E-mail sent to patien** [redacted] This is to confirm your appointment On: 11/09/2018 16:30 With: PN May Walker Townhead Surgery Please ring the surgery on 01294 441441 if you cannot attend this appointment.	PM Messenger	9N3C
08/06/2018	**Medication review**	Dr Turner	88314
11/02/2018	**No response to bowel cancer screening programme invitation** Non-Responder	R Grayston	9Ow2
29/11/2017	**Notes summary on computer** Lynne Gilmour.	CO Whyte	9344
28/09/2017	**Refused new patient screen**	R Blair	9OW2
31/08/2017	**Scottish - ethnic category 2001 census**	R Blair	9t21

Consultations	
15/04/2020	A Lesley Douglas at Data Entry
Comment	Summary emailed to Amanda of Drumchapel Health Centre [redacted]
06/02/2020	Dr Andrea Wardell at Data Entry
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 06/02/2020 - 05/03/2020)
21/01/2020	A Lesley Douglas at Data Entry

Comment	Universal Credit form completed by Dr Wardell. Posted 22/01/2020.
21/01/2020 Problem	Dr Andrea Wardell at Data Entry UC113 form completed
17/01/2020 Additional	S Donna Blair at Externally Entered IB113 DLS Incapacity for work form completed UC113 received for Dr Wardell
14/01/2020 Problem	Dr Hamish Simpson at Data Entry now wishes rx.
13/01/2020 Problem	Dr Hamish Simpson at Telephone Consultation phoned re sputum result - candida - however, feels significantly improved on ab/steroids, as such finish course, if has ongoing concerns at end can reconsider clinical need to treat.
10/01/2020 00:00 Result	CO Robbie McFadyen at General Practice Surgery Bowel Cancer Screening Result
09/01/2020 Result	CO Robbie McFadyen at General Practice Surgery Sputum culture Speak GP (RMF)
09/01/2020 08:32 Problem History	Dr Duncan Renfrew at Clinical Advice Column abx for chest inf not working - mobile 8.32 - rang to answer phone - message left advising will try again
09/01/2020 Additional	Dr Andrea Wardell at Data Entry eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 09/01/2020 - 06/02/2020)
09/01/2020 Test Request	R Margaret Pauley at Townhead Surgery Sputum
09/01/2020 Problem Medication	Dr Hamish Simpson at Townhead Surgery ongoing prod cough - recent amox, doxy, steroids, cxr fine. Sats 97, t=36.6, moist cough but chest nil focal. Note h/o bronchiectasis - for sputum c/s, add co-amoxiclav. Co-Amoxiclav 500/125 Tablets *21 TABLET ONE TO BE TAKEN THREE TIMES A DAY*
09/01/2020 Problem	Dr Andrea Wardell at Telephone Consultation CAC: 2 courses of antibiotics for chest - no better. Feeling breathless for review
30/12/2019 Problem History Examination Comment Medication	Dr Andrew Gillespie at Townhead Surgery Cough Treated 20/12 f/o posibel LRTI had CXR reported as normal, known R middle lobe bronchiectasis, syas wasn't coughing much6 leastw eek but today cough much worse coughing so much feels dizzy, sputum is white no blood no chest pain, has not fell wheezy and hs not needed to use salbutamol O/E - BP reading temp 37.4 pulse 96/min sats 99% on air Blood pressure reading 128/70 mm Hg few L basal creps AE ok not wheezy RR 18/min at rest no increased work of respiration, coughing in bouts Imp posibel LRTI ongoing chest signs cover with ab's longer course as bronchiectasis se if deteriorating or further concerns. Amoxicillin Capsules 500 mg *30 capsule ONE TO BE TAKEN THREE TIMES A DAY*
30/12/2019 Comment	Dr Andrew Gillespie at Townhead Surgery CAC triage 15.50- struggling with a cough that says has just developed today although has just finished Ab's for chest, added to pm triage.
24/12/2019 Problem Medication	Dr Andrea Wardell at Telephone Consultation Has enough mirtazapine 15mg tabs to double up for next 4 days. After that script for 30mg can be collected from surgery. Pt feeling better. Off to Daughter's for New Year Mirtazapine Tablets 30 mg *28 TABLET ONE TO BE TAKEN AT NIGHT*
20/12/2019 Problem	Dr Keith Allen at Townhead Surgery **Standard chest X-ray** -SATISFACTORY- RESULT IN DOCMAN
20/12/2019 Medication Problem Examination Medication Comment Test Request	Dr Andrea Wardell at Townhead Surgery Doxycycline Hyclate Capsules 100 mg *8 capsule 2 DAY 1 THEN 1 DAILY THEREAFTER* Review of mood today but states has started drinking again - only afford to drink x 3 a week - normally buckfast. Not had any alcohol in last 48hrs. Cough productive of purulent sputum and some haemptysis yesterday. Due to pulm rehab this afternoon. Doesn;t feel wheezy. Denies any nausea or vomiting or haematemesis. Had some central chest pain yesterday as well - lasted seconds. Mood low. Been in Irvine for last 3yrs " nothing to stay here for now" - unable to see [redacted] will not allow him access. He states could only get access if goes to court. All accusations against him have been dropped due to lack of any evidence. Has 7 children -only in contact with 2 of them- both live in Glasgow and wants to get back to Glasgow but owes the Housing Assoc several hundred pounds so cannot go back until debt paid off. Denies any suicidal ideation or intent. Feels mood sl better with mirtazapine 15mg but not great and neither is sleep. Keen to increase to 30mg - has enough tabs to double up on 15mg for next week. chest creps left base no wheeze good air entry o2 sat 98% pulse 88 RR 16 temp 36.7 Prednisolone Tablets 5 mg *40 TABLET 8 DAILY* States will inform hosp today of chest pains and haemoptysis and if pulm rehab cannot help with self present to A+E [redacted] will take him XR Chest - *Completed*
19/12/2019 Problem	Dr Andrea Wardell at Telephone Consultation Mood remains low. Not sure if mirtazapine is helping him or not. Feels lost [redacted] taken into care. I have never seen pt before. Appt released tomorrow for me
19/12/2019	Dr Alison Turner at Data Entry

NHS Confidential: Personal data about a patient

Additional	eMED3 (2010) new statement issued. not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 10/12/2019 - 09/01/2020)
14/11/2019	Ms Ann Abercrombie at Main Surgery
Comment	Appointment scheduled following call from job centre yesterday.Job centre had phoned for a routine review. On speaking with George he became distressed talking of recent events where his [redacted] was removed from his care. Asked him to attend appointment. Concerns regards his mental health which prompted appointment.Presented bleary eyed & upset.Gait appeared slightly unsteady however did not appear under the influence of substances. States he has not slept for 2 days following removal of [redacted] Apparent[redacted] raised concerns he is not managing to look after their[redacted] due to lowered mood.George himself does not feel he is depressed. States she has also told "lies" alleging he may harm their [redacted] Repulsed at the thought of this. Questioned regards symptoms prior t[redacted] removal. Subjectively reports mood 5-6/10/10 being best) Describes impaired sleep- early morning wakening. Poor appetite eating only beans on toast/cereals, impaired concentration/attention.Thoughts of hopelessness/helplessness since recent events although denies any thoughts/plan or intent for DSH/suicide. Acknowledges feeling "things getting on top" of him a little which is exacerbated by social isolation. Moved from Glasgow to be with [redacted] 21/2 yrs ago. Continued to work in Glasgow at a hotel initially however unable to afford transport. Not worked over past 18/12. Living on own following their separation around 5 months ago. No other connections in Irvine.Finds this difficult. Only telephone contact with family members & [redacted] Asked if any others had expressed concerns re his mood. Highlighted several members of staff at job centre had. Objectively he appeared depressed. Attending appointment with solicitor later today.Agreed commence mirtazepine 15mg. Review in 4 weeks.
14/11/2019	Dr Andrea Wardell at Data Entry
Problem	F/Loater: asked to do script for mirtazapine 15mg nocte and f/note for 4 weeks at request of Ann Abercrombie MHW
Additional	eMED3 (2010) new statement issued. not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 14/11/2019 - 12/12/2019)
13/11/2019	Dr Karen Davidson at Clinical Advice Column
Comment	[redacted] removed from his care by police had since 6/12 in job centre removed yesterday ?? under influence but not alcohol
11/11/2019	PN Yvonne Howie at Townhead Surgery
Problem	flu vacc
Social	Ex smoker
Additional	Seasonal influenza vaccination (Left arm) - QIVc P100120651 exp 06/20 Influenza vacc consent given
29/08/2019 15:36	Ms Emma Hendrie at Telephone Consultation
Comment	Telephone encounter SR mometasone - with pt - feels no benefit since starting, using for issues with sinuses. Advised to trial off if isnt helping. If persisting/worsening can arrange appt for clinician review. Also noted been on carbocisteine TDS since May - feels benefit - reduced to maint dose BD.
18/06/2019	Dr Karen Davidson at Telephone Consultation
Comment	re ecg and resp letter - advised not needing to start azith unless further exac but will be safe to do so if req happy with same
13/06/2019	PN Michelle Gray at Townhead Surgery
Comment	Attended for ECG as requested by Respiratory to check QT placed through for signing
11/06/2019	Dr Alison Turner at Data Entry
Problem	rx
21/05/2019	CD Fiona Whyte at Data Entry
Comment	Rx printed as per Docman letter 15/5/19.
Medication	Carbocisteine Capsules 375 mg *168 CAPSULE TWO TO BE TAKEN THREE TIMES A DAY*
08/05/2019	Dr Alison Turner at Data Entry
Problem	rx
23/04/2019	NP Ashley McGurnaghan at Townhead Surgery
Problem	Painful throat
History	throat pain for the past few days. painful on swallowing. no rash, no reflux. Mild congestion. no pnd. Anxious due to previous infections.
Examination	Appears well. glands slightly raised. throat very inflammed, uvula central, no exudayte. no obvious pnd. sats99%, rr16, t36.9. hr80
Result	advised likely viral. delayed rx for abx however unlikely to need to sue this. wrosenign advice
Medication	Benzydamine Hydrochloride Spray Sugar Free 0.15 % *1 spray 4-8 SPRAYS ONTO THE AFFECTED AREA EVERY 2 -3 HOURS* Phenoxymethylpenicillin Tablets 250 mg *80 TABLET TAKE TWO FOUR TIMES A DAY FOR TEN DAYS DELAYED PRESCRIPTION*
23/04/2019	NP Ashley McGurnaghan at Telephone Consultation
Problem	triage-
History	Two day hx of painful throat, struggling to swallow. Reports chronic congestion. No fevers. No rash. wishes seen. appt at 12.15
16/04/2019	A Andrew Simpson at General Practice Surgery
Result	Sputum culture Satisfactory (ASIM)
16/04/2019	A Andrew Simpson at General Practice Surgery
Result	Sputum culture Satisfactory (ASIM)
16/04/2019	A Andrew Simpson at General Practice Surgery
Result	Sputum culture Satisfactory (ASIM)
16/04/2019	R Ann Cairns at Townhead Surgery

Comment	Specimen sent to lab
Test Request	Sputum
12/04/2019	Dr James Grayston at Patient from Pool
Problem	Chest Exacerbation
History	Note reviews below. Background of bronchiectasis. Pt thinks has COPD but I cannot see this as a formal diagnosis. Recurrent chest infections and has had two courses of Abx. Feels that these help (particularly doxycycline) but worse straight away when they stop. Coughing with thick sputum, no blood. No pleuritic chest pain but ribs sore with coughing. No symptoms DVT. No history DVT. Wheezing and trouble sleeping. Asking if can get better inhalers as suggested by ADOC. Awaitin a respiratory referral
Examination	O/E - blood pressure reading Alert and oriented. Speaking in full sentences. Apyrexial HR104 reg SpO2 95% Chest: scattered wheeze, R sided creps.
	Blood pressure reading 130/80 mm Hg
Comment	Discussed. High dose doxy and sputum cultures please. Reducing course prednisolone. COPD diagnosis not confirmed but clinically presenting as this. Agreed to add fostair pending respiratory opinion. CXR not repeated today as had one in January. If not improving/worsening however should seek review.
Medication	Doxycycline Hyclate Capsules 100 mg *14 capsule 2 CAPS DAILY*
	Fostair CfC-free inhaler 100 micrograms + 6 micrograms/dose *1 INHALER 2 PUFFS BD*
	Aerochamber Plus Spacer device standard (blue) *1 DEVICE TO BE USED AS DIRECTED*
	Prednisolone Tablets 5 mg *87 tablet SIX ONCE DAILY FOR SEVEN DAYS THEN REDUCE BY ONE EVERY THREE DAYS*
12/04/2019	Dr Alison Turner at Telephone Consultation
Problem	[redacted] concerned re [redacted] has had recurrent exacerbation copd . /bronchiectasis . sob and cough ++ every day . sleep distrubed by cough . adoc suggested he should be on a additional inhalers ? agreed appt for review .
11/04/2019	PN May Walker at Data Entry
Problem	Respiratory referral done 02/04/19
10/04/2019	Dr Erin Grove at Townhead Surgery
Problem	fitnote for work
History	works as a chef. feels cannot work at present due to symptoms of bronchiectasis. states phoned resp clinic and no sign of referral.
Examination	temp 37.3, chest clear, HR 100, sats 97% on air, RR 18
Comment	2/52 fitnote. Will chase up referral. WS given
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Bronchiectasis; Duration: 10/04/2019 - 24/04/2019)
09/04/2019	NP Karen Nelson at Townhead Surgery
Problem	? chest infection
History	Has just finished course of antibiotics and steroids from out of hours. Feels no better. Has cough, spit white, no sore throat, no earache, no haemoptysis. Had heartburn yesterday. On nasal spray. Awaiting resp review.
Examination	T36.6, RR 20, sats 98%, HR 98, BP 137/85, chest clear. Ankles not swollen.
Comment	DW Dr Turner advised patient to wait for resp review. If worsens to reattend.
02/04/2019	PN May Walker at Townhead Surgery
Problem (FIRST)	**O/E - BP reading** Bronchiectasis currently on 2nd course of antibiotics and steroids reviewd previously at Gartnavel R middle lobe bronchiectasis with normal spirometry. Daily symptoms frequent exacerbations difficulty sleeping at night .Also has daily nasal symptoms sats 98%, rr 15, , temp 36.0 , pulse 78 reg no benefit from saba has had a recent chest xray and , sputum sample
Examination	Blood pressure reading 132/80 mm Hg
Medication	Mometasone Furoate Nasal spray 50 micrograms/dose *140 DOSE TWO SPRAYS TO BE USED IN EACH NOSTRIL EACH MORNING*
Comment	Continue with saba , commence nasal spray refer to resp clinic- Worsening statement given a
31/03/2019	Ms Docman "do Not Delete" at Docman
Additional	Patient given telephone advice out of hours Out of Hours Out of Hours Service
30/03/2019	Ms Docman "do Not Delete" at Docman
Additional	Seen in out of hours centre Out of Hours Seen in PCC
05/03/2019	CO Heather Paterson at General Practice Surgery
Result	Sputum culture Satisfactory (HP)
04/03/2019	A Andrew Simpson at Data Entry
Comment	Specimen sent to lab
Test Request	Sputum
04/03/2019	PN May Walker at Townhead Surgery
Problem	Cough
Examination	O/E - recurring cough persists, worse at night denies reflux , no sob, no haemoptysis initially stated was unaware had bronchiectasis , chest good equal air entry bilaterally ? light creps r side ,light wheeze r side mid zone. Bright alert speech relaxed little benefit from saba, malodourous unkempt, poor historian. Temp 36.4, sats 96%, rr 13, pulse 66 reg, recent chest xray satisfactory
Medication	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
	Prednisolone Tablets 5 mg *40 TABLET 8 DAILY*
Comment	Mild rti treat with antibiotics and steroids and maximise saba review advised if not improving or if cough persists will submit a sputum sample.
26/02/2019	PN May Walker at Townhead Surgery
Problem	Bronchiectasis
Examination	Requesting an inhaler has a recurring dry irritating cough has bronchiectais no other symptoms present , chest clear good equal air entry bilaterally , no chest pain , no haemoptysis . No other symptoms present , sats 98%, rr 14, pulse 68 reg
Comment	wil try a saba for relief then review

22/02/2019	PN May Walker at Townhead Surgery
Problem	Cough
Examination	O/E - sore throat viral flu like symptoms 3rd day aching sweating no cough or spit , no swollen glands or lymph nodes . No headache runny nose throat inflammed and swollen uvula central and mobile , no exudate. Temp 36.3, sats 98%, pulse 72 reg rr 13, no other symptoms present
Medication	Benzydamine Hydrochloride Spray Sugar Free 0.15 % *1 spray 4-8 SPRAYS ONTO THE AFFECTED AREA EVERY 2 -3 HOURS*
Comment	Viral throat treat topically dislikes any analgesia Worsening statement given
24/01/2019	Dr James Grayston at Townhead Surgery
Comment	Cryo to wart lesion on side of scalp.
Result	Tissue sent for histology
Additional	Consent given for minor surgery procedure
	Advised about minor surgery post-operative self care
	Cryotherapy
15/01/2019	R Maria Convery at Externally Entered
Additional	EMIS attachment reference code Document1
09/01/2019	Dr James Grayston at Data Entry
Problem	**Standard chest X-ray** SATISFACTORY (RESULT IN DOCMAN)
04/01/2019	Dr James Grayston at Patient from Pool
Problem	Chest infection
History	Patient with bronchiectasis. Ex-smoker. Recurrent cough in last week with much green sputum. No blood. No chest pain. systemically well.
Examination	O/E - blood pressure reading Speaking in sentences. Apyrexial HR90 Spo2 97% Chest: L basal creps.
	Blood pressure reading 138/80 mm Hg
Comment	Treat as LRTI. CXR given recurrence. Review if not settled/worsening.
Medication	Doxycycline Hyclate Capsules 100 mg *8 capsule 2 DAY 1 THEN 1 DAILY THEREAFTER*
04/01/2019	Dr Amanda Stirling at Clinical Advice Column
History	[redacted] chest inf - feels has chest infection - in bed sore throat / cough / pain in abdo when coughs - appointment given
11/09/2018	PN May Walker at Townhead Surgery
Problem	Mole
Examination	O/E - mole central back regular shape defined border ,no bleeding no change ocassional itch
Comment	Observe meantime review if any changes
Problem	Flu like symptoms
History	2nd day
Examination	O/E - BP reading O/E - runny nose , sweating , no aching, no headache or cough , no nausea vomiting or dizziness . Temp 36.1, sats 98 %, pulse 86 reg. . Flushed ears nad, no sore throat no other symptoms present
	Blood pressure reading 140/88 mm Hg
Comment	Cold symptoms advice re rest and fluids unable to tolerate any analgesia .Review advised if not improving
Problem	Wart
Examination	O/E - wart to the L side of the scalp
Comment	refer for cryo
29/05/2018	Dr Amanda Wilson at Townhead Surgery
History	Recurrence of perianal itchNo change in bowel habit Occasion minimal blood on wiping only. Nil in toilet pan. Felt last ointment issued helped the itch .7 children with 4 different [redacted] no sex with men, Got married 10mnths ago and ha[redacted]
Examination	very hairy perianal Genital warts perianally no ext piles
Comment	Advised to attend Sandyford for Rx of anal warts and for sexual health screen
08/05/2018	Dr Alison Turner at Data Entry
Additional	Medication review
27/02/2018	Dr Jim Campbell at Townhead Surgery
History	Piles Didn't settle with Anusol No recent constipation Diarrhoea
Medication	Cinchocaine Hydrochloride And Hydrocortisone Suppositories 5 mg + 5 mg *24 suppository ONE TO BE INSERTED TWICE A DAY*
	Cinchocaine Hydrochloride And Hydrocortisone Ointment 0.5 % + 0.5 % *1*30 gram APPLY TWICE A DAY*
11/02/2018 00:00	R Andrew Grayston at General Practice Surgery
Follow up	(diary entry deleted) (Not Known)
Comment	No response to bowel cancer screening programme invitation Non-Responder
23/01/2018	NP Ashley McGurnaghan at Townhead Surgery
History	one week hx of sinus pain, congestion, thick mucky sputum, feels feverish. living in a car at present, moving into accomidation friday. also c/o lower back pain, feel co-codamol dosent help, asking to switch to tramadol, note review 17th.
Examination	Appears congested. no sobe, chest feel tight, chest clear, good a/e, no wheeze, upper secrtion, mucky sputum, mucly nasal cmp. sinus pain. sats98%, hr105, rr17, t37.3. no plueritic pain, no haemoptysis, no weight loss. throat inflamme,dno exudate, gland tender, uvula ceantral no abdo pain or rash
Result	advised may just be viral, keen for abx, trial of doxycycline. continue self care. switch back to tramadol, worsening advcie given
Medication	Doxycycline Hyclate Capsules 100 mg *8 capsule 2 DAY 1 THEN 1 DAILY THEREAFTER*
	Benzydamine Hydrochloride Spray Sugar Free 0.15 % *1 SPRAY 4-8 SPRAYS ONTO THE AFFECTED AREA EVERY 11/2 -3 HOURS*
	Tramadol Hydrochloride Capsules 50 mg *100 CAPSULE ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED*

17/01/2018	NP David McSheehy at Townhead Surgery
Problem	chronic lower back pain and flare of haemarrhoids again
History	feels his lower back flaring up, ongoing chronic pain no trauma, no altered sensation no weakness, no bowel or bladder issues no c.e.s. , also haemarrhoids still playing up, no bleeding feels itchy,
Examination	looks well, back no deformity , tender S1 bilaterally tone, power , sensation and reflexes equal bilaterally to both legs , negative SLR several small non thrombosed haemarrhoids,
Comment	advised on treatments and if worsening or not settling or if new symptoms call back or call nhs 24
Medication	*Anusol Cream 30 GRAM apply right, morning and after defecation, for up to 7 days.* Co-Codamol 30/500 Tablets *100 TABLET TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED*
03/01/2018	NP David McSheehy at Townhead Surgery
Problem	chest infection
History	had this for the last 6 days is coughing green phlegmn and feels s.o.b.o.e. and a bit wheezy , feeling his breathing tight , no haemoptysis no weightloss, no fever, also has haemorroids , which are flared up at the moment sometimes bleed when wiping, feels itchy
Examination	looks well, breathing relaxed, talking in sentences, no external wheeze, chest good a/e and expansion equal bilaterally ,vesicular sounds only , spo2 98% resp 15 p 65 reg has several small external haemarrhoids , none thrombosed , not bleeding
Comment	advised on treatments and if worsening or not settling or if new symptoms call back or call nhs 24 , n.k.d.a.
Medication	Cinchocaine Hydrochloride And Hydrocortisone Ointment 0.5 % + 0.5 % *30 gram APPLY THREE TIMES A DAY* Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
21/11/2017	Dr Karen Davidson at Data Entry
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: back pain; Duration: 07/11/2017 - 08/12/2017)
21/11/2017	NP David McSheehy at Townhead Surgery
Problem	lower back pain
History	has been sore for about 5 weeks, no trauma, sleeps in a car or in the kitchen where he works as a kitchen porter, has been using a friends co-codamol, but is only helping a bit, no weight loss no fever, no urinary or bowel issues,no radiation of pain, no weakness, no altered sensation has been off work for 2 weeks,
Examination	looks well, no deformity , non tender, feels the pain at the S1 joint, and surrounding musculature, negative SLR but is very stiff in the lower back, tone, power , sensation and reflexes equal bilaterally to both legs
Comment	advised mechanical back pain advised on treatments and if worsening or not settling or if new symptoms call back or call nhs 24
Medication	Tramadol Hydrochloride Capsules 50 mg *100 CAPSULE ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED* Ketoprofen Gel 2.5 % *100 gram TO BE USED TWICE A DAY* Doublebase Gel *100 gram TO BE USED WHEN REQUIRED FOR DRY SKIN*
26/09/2017	R Lynne Blair at Data Entry
Comment	No response to letter sent re new patient medical. Refused new patient screen
06/09/2017	Dr Michael Wylie at Telephone Consultation
History	new patient asking for rpts
Comment	meds restarted as per rx script
Medication	Simvastatin Tablets 40 mg *56 tablet 1 Tab nocte* Omeprazole Capsules (Gastro-Resistant) 20 mg *56 capsule 1 Cap Daily* Sildenafil Citrate Tablets 100 mg *8 tablet 1 Tab As directed*
31/08/2017	R Lynne Blair at Data Entry
Comment	Letter sent re new patient medical.
Additional	EMIS attachment reference code Document1

Medication

Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
05/07/2019	**Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose** 2 PUFFS BD 1 INHALER	16/03/2020P	Dr Alison Turner	REPEAT
21/05/2019	**Carbocisteine Capsules 375 mg** TWO TO BE TAKEN TWICE DAILY 112 CAPSULE	16/03/2020P	Dr Alison Turner	REPEAT
26/02/2019	**Easyhaler Salbutamol Dry Powder Inhaler 100 micrograms/actuation** TWO PUFFS TO BE INHALED WHEN REQUIRED 1 INHALER	16/03/2020P	Dr Alison Turner	REPEAT
06/09/2017	**Simvastatin Tablets 40 mg** 1 Tab nocte 56 tablet	16/03/2020P	Dr Alison Turner	REPEAT
06/09/2017	**Omeprazole Capsules (Gastro-Resistant) 20 mg** 1 Cap Daily 56 capsule	16/03/2020P	Dr Alison Turner	REPEAT
06/09/2017	**Sildenafil Citrate Tablets 100 mg** 1 Tab As directed 8 tablet	16/03/2020P	Dr Alison Turner	REPEAT

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
28/02/2020	**Aerochamber Plus Spacer device standard (blue)** TO BE USED AS DIRECTED 1 DEVICE	28/02/2020P	Dr Alison Turner	ACUTE
19/02/2020	**Mirtazapine Tablets 30 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET	16/03/2020P	Dr Andrea Wardell	ACUTE
14/01/2020	**Fluconazole Capsules 50 mg** ONE TO BE TAKEN EACH DAY 7 CAPSULE	14/01/2020P	Dr Hamish Simpson	ACUTE

09/01/2020	**Co-Amoxiclav 500/125 Tablets** ONE TO BE TAKEN THREE TIMES A DAY 21 TABLET	09/01/2020P	Dr Hamish Simpson	ACUTE
30/12/2019	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 30 capsule	30/12/2019P	Dr Andrew Gillespie	ACUTE
24/12/2019	**Mirtazapine Tablets 30 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET	14/01/2020P	Dr Hamish Simpson	ACUTE
20/12/2019	**Doxycycline Hyclate Capsules 100 mg** 2 DAY 1 THEN 1 DAILY THEREAFTER 8 capsule	20/12/2019P	Dr Andrea Wardell	ACUTE
20/12/2019	**Prednisolone Tablets 5 mg** 8 DAILY 40 TABLET	20/12/2019P	Dr Andrea Wardell	ACUTE
14/11/2019	**Mirtazapine Tablets 15 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET	05/12/2019P	Dr Andrea Wardell	ACUTE
05/07/2019	**Mometasone Furoate Nasal spray 50 micrograms/dose** TWO SPRAYS TO BE USED IN EACH NOSTRIL EACH MORNING 140 DOSE	05/07/2019P	Dr Karen Davidson	ACUTE
07/06/2019	**Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose** 2 PUFFS BD 1 INHALER	07/06/2019P	Dr Alison Turner	ACUTE
08/05/2019	**Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose** 2 PUFFS BD 1 INHALER	08/05/2019P	Dr Alison Turner	ACUTE
23/04/2019	**Benzydamine Hydrochloride Spray Sugar Free 0.15 % 4-8** SPRAYS ONTO THE AFFECTED AREA EVERY 2 -3 HOURS 1 spray	23/04/2019P	NP Ashley McGurnaghan	ACUTE
23/04/2019	**Phenoxymethylpenicillin Tablets 250 mg** TAKE TWO FOUR TIMES A DAY FOR TEN DAYS DELAYED PRESCRIPTION 80 TABLET	23/04/2019P	NP Ashley McGurnaghan	ACUTE
12/04/2019	**Doxycycline Hyclate Capsules 100 mg** 2 CAPS DAILY 14 capsule	12/04/2019P	Dr James Grayston	ACUTE
12/04/2019	**Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose** 2 PUFFS BD 1 INHALER	12/04/2019P	Dr James Grayston	ACUTE
12/04/2019	**Aerochamber Plus Spacer device standard (blue)** TO BE USED AS DIRECTED 1 DEVICE	12/04/2019P	Dr James Grayston	ACUTE
12/04/2019	**Prednisolone Tablets 5 mg** SIX ONCE DAILY FOR SEVEN DAYS THEN REDUCE BY ONE EVERY THREE DAYS 87 tablet	12/04/2019P	Dr James Grayston	ACUTE
02/04/2019	**Mometasone Furoate Nasal spray 50 micrograms/dose** TWO SPRAYS TO BE USED IN EACH NOSTRIL EACH MORNING 140 DOSE	21/05/2019P	Dr James Grayston	ACUTE
04/03/2019	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	04/03/2019P	PN May Walker	ACUTE
04/03/2019	**Prednisolone Tablets 5 mg** 8 DAILY 40 TABLET	04/03/2019P	PN May Walker	ACUTE
22/02/2019	**Benzydamine Hydrochloride Spray Sugar Free 0.15 % 4-8** SPRAYS ONTO THE AFFECTED AREA EVERY 2 -3 HOURS 1 spray	22/02/2019P	PN May Walker	ACUTE
04/01/2019	**Doxycycline Hyclate Capsules 100 mg** 2 DAY 1 THEN 1 DAILY THEREAFTER 8 capsule	04/01/2019P	Dr James Grayston	ACUTE
29/05/2018	**Cinchocaine Hydrochloride And Hydrocortisone Ointment 0.5 % + 0.5 %** APPLY TWICE A DAY 1*30 gram	29/05/2018P	Dr Alison Turner	ACUTE
27/02/2018	**Cinchocaine Hydrochloride And Hydrocortisone Suppositories 5 mg + 5 mg** ONE TO BE INSERTED TWICE A DAY 24 suppository	27/02/2018P	Dr Jim Campbell	ACUTE
27/02/2018	**Cinchocaine Hydrochloride And Hydrocortisone Ointment 0.5 % + 0.5 %** APPLY TWICE A DAY 1*30 gram	27/02/2018P	Dr Jim Campbell	ACUTE
23/01/2018	**Doxycycline Hyclate Capsules 100 mg** 2 DAY 1 THEN 1 DAILY THEREAFTER 8 capsule	23/01/2018P	NP Ashley McGurnaghan	ACUTE
23/01/2018	**Benzydamine Hydrochloride Spray Sugar Free 0.15 % 4-8** SPRAYS ONTO THE AFFECTED AREA EVERY 1 1/2 -3 HOURS 1 SPRAY	23/01/2018P	NP Ashley McGurnaghan	ACUTE
23/01/2018	**Tramadol Hydrochloride Capsules 50 mg** ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED 100 CAPSULE	23/01/2018P	NP Ashley McGurnaghan	ACUTE
17/01/2018	**Co-Codamol 30/500 Tablets** TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED 100 TABLET	17/01/2018P	NP David McSheehy	ACUTE
17/01/2018	**Anusol Cream** apply night, morning and after defaecation, for up to 7 days. 30 GRAM	05/02/2018P	Dr Alison Turner	ACUTE
03/01/2018	**Cinchocaine Hydrochloride And Hydrocortisone Ointment 0.5 % + 0.5 %** APPLY THREE TIMES A DAY 30 gram	03/01/2018P	NP David McSheehy	ACUTE
03/01/2018	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	03/01/2018P	NP David McSheehy	ACUTE
21/11/2017	**Tramadol Hydrochloride Capsules 50 mg** ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED 100 CAPSULE	21/11/2017P	NP David McSheehy	ACUTE
21/11/2017	**Ketoprofen Gel 2.5 %** TO BE USED TWICE A DAY 100 gram	21/11/2017P	NP David McSheehy	ACUTE
21/11/2017	**Doublebase Gel** TO BE USED WHEN REQUIRED FOR DRY SKIN 100 gram	21/11/2017P	NP David McSheehy	ACUTE

NHS Confidential: Personal data about a patient

File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Unassigned.	**Filed By User**	R Andrew Grayston
Patient Matched	Yes.	**BoSS Message Type**	Exclusion

electronic Notification of Bowel Screening Results Service

New Exclusion

CHI Number	1311616039
Name	MCGHEE, GEORGE
Date Of Birth	13/ 11/ 1961
Registered GP	A2437
Practice Code	A80344

Report Date	**11 Feb 2018**
Letter ID	**510259661125**
Exclusion Reason	**Non-Responder**
Report Comments	**No response to bowel cancer screening programme invitation (90w2.)**
Invitation Date	**13 Nov 2017**

Lab Report ID : G019M102367 **Coding Status** : Coded
Filed By User : CO Heather Paterson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (38040) George Martin McGhee DOB : 13/11/1961 CHI : 1311616039 SEX : M

ADR : 192 Dickson Drive Irvine

SPECIMEN : Sputum

	Abn	Value	Units	Range	Status
R	**Sputum culture**				
	Satisfactory (HP)				
	Appearance		Salivary		NK
	Culture				NK
	-No significant growth				

Sample Collected Date : 05/03/2019 10:53:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 05/03/2019 10:53:00
Received Date : 07/03/2019 19:01:07
Requestor :
Requestor GMC Code :

Lab Report ID : G019M103824 **Coding Status** : Coded
Filed By User : A Andrew Simpson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (38040) George Martin McGhee DOB : 13/11/1961 CHI : 1311616039 SEX : M

ADR : 192 Dickson Drive Irvine

SPECIMEN : Sputum

		Abn	Value	Units	Range	Status
R	**Sputum culture**					
	Satisfactory (ASIM)					
	Appearance		Mucoid			NK
	Culture					NK
	-No significant growth					

Sample Collected Date : 16/04/2019 14:09:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 16/04/2019 14:09:00
Received Date : 18/04/2019 15:00:38
Requestor :
Requestor GMC Code :

Lab Report ID : G019M103825 **Coding Status** : Coded
Filed By User : A Andrew Simpson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (38040) George Martin McGhee DOB : 13/11/1961 CHI : 1311616039 SEX : M

ADR : 192 Dickson Drive Irvine

SPECIMEN : Sputum

		Abn	Value	Units	Range	Status
R	**Sputum culture**					
	Satisfactory (ASIM)					
	Appearance		Mucoid			NK
	Culture					NK
	-No significant growth					

Sample Collected Date : 16/04/2019 14:09:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 16/04/2019 14:09:00
Received Date : 18/04/2019 15:00:38
Requestor :
Requestor GMC Code :

Lab Report ID : G019M103826 **Coding Status** : Coded
Filed By User : A Andrew Simpson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (38040) George Martin McGhee DOB : 13/11/1961 CHI : 1311616039 SEX : M

ADR : 192 Dickson Drive Irvine

SPECIMEN : Sputum

		Abn	Value	Units	Range	Status
R	**Sputum culture**					
	Satisfactory (ASIM)					
	Appearance		Mucoid			NK
	Culture					NK
	-No significant growth					

Sample Collected Date : 16/04/2019 14:09:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 16/04/2019 14:09:00
Received Date : 18/04/2019 15:00:39
Requestor :
Requestor GMC Code :

NHS Confidential: Personal data about a patient

File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Unassigned.	**Filed By User**	CO Robbie McFadyen
Patient Matched	Yes.	**BoSS Message Type**	Result

electronic Notification of Bowel Screening Results Service

New BOSS Report

CHI Number	1311616039
Name	MCGHEE, GEORGE
Date Of Birth	13/ 11/ 1961
Registered GP	A2437
Practice Code	A80344

Report Date	10Jan2020
Letter ID	8103164533948I
Kit ID	5624291077
Result	**BCSP faecal occult blood test normal(686A.)**
Report Comments	**Negative**
Recommended Management	**No action required**

NHS Confidential: Personal data about a patient

Lab Report ID : G020M100320 **Coding Status** : Coded
Filed By User : CO Robbie McFadyen **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (38040) George Martin McGhee DOB : 13/11/1961 CHI : 1311616039 SEX : M

ADR : 192 Dickson Drive Irvine

SPECIMEN : Sputum

		Abn	Value	Units	Range	Status
R	**Sputum culture**					
	Speak GP (RMF)					
	Appearance		Mucoid			NK
	Culture					NK
	-1) Growth of Candida tropicalis					

Sample Collected Date : 09/01/2020 14:34:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 09/01/2020 14:34:00
Received Date : 12/01/2020 11:00:07
Requestor :
Requestor GMC Code :

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGhee George Martin CHI: 1311616039

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: [redacted] (82338)
Fax: Patient Attended
Email: QEUH Assessment Unit

Date Completed: 02/12/2023

Consultant: Dr Alisdair MacConnachie

NJ Clark
Kingsway Medical Practice
12 Kingsway Court
Glasgow
Glasgow
G14 9SS

Dear NJ Clark

Re: **McGhee George Martin** DOB: **13/11/1961** CHI: **1311616039**
FLAT 0-1
Glasgow G14 0DE

Attended on: **01/12/2023 at 11:03 hrs.** Departed on: **01/12/2023 at 15:34 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
IAU - 3 DAY HISTORY OF CHEST PAIN AND SOB SATS 94% HR 119 ?PTE

Nursing Assessment:
SOBOE WITH DRY COUGH - REPORTS PLEURITIC CHEST PAIN. TACHY 119 BPM. POCT TAKEN.

Investigations in ED:

1. Full Blood Count	**2. Coagulation screen**	**3. Urea and Electrolytes**
4. Glucose	**5. LFT**	**6. Bone Profile**
7. CRP	**8. D - Dimer**	**9. D - Dimer**
10. Full Blood Count	**11. Coagulation screen**	**12. XR Chest**

NHS Confidential: Personal data about a patient

McGhee George Martin CHI: 1311616039

Diagnosis:

Diagnosis	Side	Site
Bronchiectasis		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

DX: Infective Exacerbation of Bronchiectasis Mr McGhee was seen with dyspnoea and cough. A CXR showed new changes in left middle lobe. Once medically stable we were able to discharge him. On discharge he received a course of Antibiotics and Steroids. Nil action for GP

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Stella Polzer
Doctor

Copies to:

1. NJ Clark (GP)

School Address:

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Lab Report ID : B,13.2244625.Q
Filed By User :
Assigned to :

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (3834) George McGhee DOB : 13/11/1961 CHI : 1311616039 SEX : M
ADR : Flat 6 6 Onslow Road Glasgow

** ABNORMAL **

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Liver Function Tests					
Total Bilirubin		12	umol/L	(0-20 U)	NK
ALT		39	U/L	(0-50 U)	NK
AST		28	U/L	(0-40 U)	NK
Alkaline Phosphatase		69	U/L	(30-130 U)	NK
Albumin		37	g/L	(35-50 U)	NK
R Lipid profile	**Y**				
-Non-fasting sample					
Cholesterol		6.6	mmol/L		NK
Triglycerides	+	3.5	mmol/L	(0.2-2.3 U)	NK
HDL Cholesterol		1.0	mmol/L		NK
LDL-Cholest (calc'd)		NA			NK
R VLDL-Chol (calc'd)		NA			NK
Chol/HDL ratio		6.6			NK

Sample Collected Date : 15/11/2013 10:05:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 15/11/2013 13:44:00
Received Date : 15/11/2013 17:00:12
Requestor : GRIEVE, CHRISTINE
Requestor GMC Code :

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGhee George Martin CHI: 1311616039

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. NJ Clark
1398 Dumbarton Road
Glasgow
G14 9DR

Main Switchboard:	[redacted]
Department:	Ear, Nose and Throat
Contact Tel:	[redacted]
Enquiries to:	Ashley Smith
Letter Date:	14/05/2024
Reference:	AT/AS
Dictated Date:	09/05/2024
Transcribed Date:	13/05/2024

Dear Dr Clark,

George Martin McGhee; D.O.B: 13/11/1961; CHI: 1311616039
FLAT 0-1, 129 EARL STREET, Glasgow, Lanarkshire, G14 0DE

This patient has been referred to us from the physicians for a stuffy nose. An appointment will be arranged but in the meantime please ensure that he has tried a nasal steroid spray for at least a month if this has not taken place already.

Yours Sincerely,

Mr Alexandros Tsikoudas

Consultant ENT Surgeon

Electronically Signed: Mr Alexandros Tsikoudas, Consultant

cc.

Printed on 14/05/2024 08:08 by Tacha Lintott Page 1 of 1

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* ☑ Female* ☐ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☐ Will you be in the area for more than 3 months?* Yes ☐ No ☐ *(If 'No', please ask for form GMSTRF001)*

Date of Birth* 13-11-1960

Title* MR

Surname* McGhee

Forenames* George MARTINE

Previous Surname*

email address # [redacted]

Address* 69 2/1 ABBOTSHALL AV Drumchapel

Postcode* G15 8PL

Telephone # [redacted]

The following information can be found on your current medical card:

Community Health Index (CHI) Number*

NHS Number*

The following information can be found on your birth certificate:

Town of Birth* GLASGOW

Country of Birth* SCOTLAND

Registered district of birth *(Scotland only)* [redacted]

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP*

Drumchapel Health Center
Drumchapel
192 Dixon Drive

Postcode* G15 KA12 9NB

Name and address of previous GP Practice in UK*

Townhead Surgery
IRVINE
KA12 0AY

Postcode* KA12 0AY

If you are from abroad:

Date you first came to live in the UK* DD-MM-YYYY

If previously resident in the UK, date of leaving* DD-MM-YYYY

Your most recent country of residence

If you have served in the British Armed Forces:

Enlistment date* DD-MM-YYYY

Are you a Reservist?* ☐ Yes ☐ No

Leaving date* DD-MM-YYYY

Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No

Service Number

If yes, please provide your address before enlisting*

Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonation.nhs.uk.

Any of my organs and tissue ☑ Or my

Kidneys ☑ Eyes ☑ Heart ☑ Lungs ☑ Liver ☑ Pancreas ☑ Small bowel ☑ Tissue ☑

Patient signature _____ Date DD-MM-YYYY

GMSGPR001 v1 (05-2013)

NHS Confidential: Personal data about a patient

4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit www.nhsnss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken.

To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature G McGhee Date 03 03 2023

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number GP name

Practice code Mileage (No.) Road Water Footpath

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)

Birth Cert. ☑ GMC Student ID Card ☐ Driving Licence ☐ Passport or HC2 Cert. ☑ Home Office App Reg Card ☐ Other/None - specify Receptionist initials

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature L Clark Date DD MM YYYY

7. OFFICIAL USE ONLY

Input by

Checked by

Date DD MM YYYY

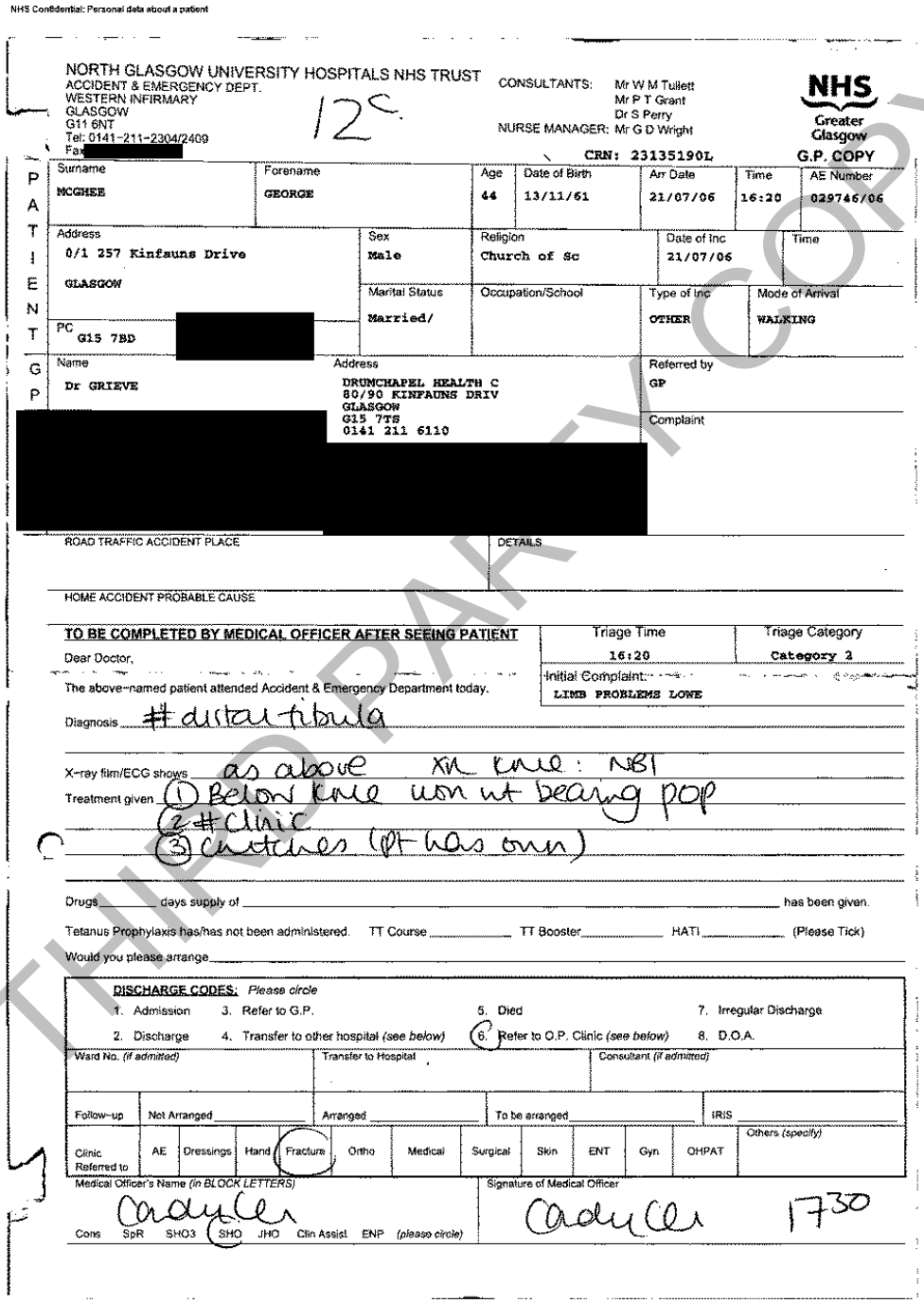
Practice Stamp

DRS. TURNBULL & COYLE
DRUMCHAPEL HEALTH CENTRE
80/90 KINFAUNS DRIVE
GLASGOW G15 7TS
TEL: 0141 211 6110

GMSGPR001 v1 (05-2013)

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:



NHS Confidential: Personal data about a patient

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
Tel: 0141-211-2304/2409
Fax [redacted]

12c.

CONSULTANTS: Mr W M Tullett
Mr P T Grant
Dr S Perry
NURSE MANAGER: Mr G D Wright

NHS Greater Glasgow

CRN: 23135190L

G.P. COPY

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
MCGHEE	GEORGE	44	13/11/61	21/07/06	16:20	029746/06

Address	Sex	Religion	Date of Inc	Time
0/1 257 Kinfauns Drive GLASGOW	Male	Church of Sc	21/07/06	

Marital Status	Occupation/School	Type of Inc	Mode of Arrival
Married/		OTHER	WALKING

PC G15 7BD [redacted]

GP

Name	Address	Referred by
Dr GRIEVE	DRUMCHAPEL HEALTH C 80/90 KINFAUNS DRIV GLASGOW G15 7TS 0141 211 6110	GP

Complaint

[redacted]

ROAD TRAFFIC ACCIDENT PLACE — DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Triage Time	Triage Category
16:20	Category 2

Initial Complaint: LIMB PROBLEMS LOWE

Dear Doctor,

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

Diagnosis #distal fibula

X-ray film/ECG shows as above XR knee: NBI

Treatment given (1) Below knee wonkt bearng POP
(2) #Clinic
(3) crutches (pt has own)

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. Admission 3. Refer to G.P. 5. Died 7. Irregular Discharge
2. Discharge 4. Transfer to other hospital *(see below)* 6. Refer to O.P. Clinic *(see below)* 8. D.O.A.

Ward No. *(if admitted)*	Transfer to Hospital	Consultant *(if admitted)*

Follow-up	Not Arranged	Arranged	To be arranged	IRIS

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

Medical Officer's Name *(in BLOCK LETTERS)* Cradyll

Signature of Medical Officer Cradyll 1730

Cons SpR SHO3 (SHO) JHO Clin Assist ENP *(please circle)*

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

SURNAME	MCGHEE
FORENAME	GEORGE
Hosp No.	23135190L
CHI No	1311616039
D.O.B	13.11.61 SEX Male
ADDRESS	1/2 100 Bluevale Street
CONSULTANT/GP	C GRIEVE
HOSP/PRACTICE	DRUMCHAPEL HC 40559
WARD/TOWN	80/90 KINFAUNS DR

Collected	Received	Report Issued
20.03.08 @ 09:05	20.03.08 @ 12:58	20.03.08 @ 14:25

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

144	Sodium	135–145	mmol/L
4.3	Potassium	3.5–5.0	mmol/L
* 109	Chloride	98–108	mmol/L
	Bicarbonate	21–28	mmol/L
* 8.0	Urea	2.5–7.5	mmol/L
84	Creatinine	75–125 §	µmol/L
>60	eGFR (est. Glomerular Filtration Rate)		
5.3	Glucose	3.5–5.5	mmol/L
1.0	CRP	<10	mg/L
	Amylase	<100	U/L
	Urate	§	mmol/L
	Troponin I	<0.04	µg/L
	CK	<210	U/L
5	Bilirubin	3–22	µmol/L
15	AST	<40	U/L
17	ALT	<50	U/L
15	Gamma–GT	<90 §	U/L
84	Alk.Phos.	40–150 §	U/L
65	Protein	60–80	g/L
41	Albumin	32–45	g/L
24	Globulins	23–38	g/L
	Calcium		mmol/L
	Adjusted Calcium	2.10–2.60	mmol/L
	Phosphate	0.70–1.40 §	mmol/L
	Magnesium	0.70–1.00	mmol/L
	Cholesterol	target <5.0	mmol/L
	HDL Cholesterol	target >1.0	mmol/L
	Chol/HDL ratio		
	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
1.6	TSH	0.350–5.000	mU/L
11	Free T4	9–21	pmol/L
	T3		nmol/L
	IgA	0.8 –4.0 §	g/L
	IgG	6 –16 §	g/L
	IgM	0.5 –2.0 §	g/L

Lab No. N/08/7164539 Run No: 282

Note – New reference range for fT4 from 25th September 2007
Euthyroid TFT results

§Significant sex/age differences – See handbook

Authorised by
Auto Check
Date Reported 20.03.08

GPA
Accredited Medical Laboratory
Reference No:2335

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

SURNAME	MCGHEE
FORENAME	GEORGE
Hosp No	23135190L
CHI No	1311616039
D.O.B	13.11.61 SEX Male
ADDRESS	10 BOON DR
CONSULTANT/GP	C GRIEVE
HOSP/PRACTICE	DRUMCHAPEL HC 40559
WARD/TOWN	80/90 KINFAUNS DR

Collected	Received	Report Issued
17.03.09 @ 10:17	17.03.09 @ 15:55	18.03.09 @ 12:25

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

142	Sodium	135-145	mmol/L
4.5	Potassium	3.5-5.0	mmol/L
107	Chloride	98-108	mmol/L
	Bicarbonate	21-28	mmol/L
* 9.5	Urea	2.5-7.5	mmol/L
86	Creatinine	75-125 §	µmol/L
>60	eGFR (est. Glomerular Filtration Rate)		
5.4	Glucose	3.5-5.5	mmol/L
	CRP	<10	mg/L
	Amylase	<100	U/L
	Urate	§	mmol/L
	Troponin I	<0.04	µg/L
	CK	<210	U/L
7	Bilirubin	3-22	µmol/L
23	AST	<40	U/L
34	ALT	<50	U/L
21	Gamma-GT	<90 §	U/L
75	Alk.Phos.	40-150 §	U/L
67	Protein	60-80	g/L
41	Albumin	32-45	g/L
26	Globulins	23-38	g/L
	Calcium		mmol/L
	Adjusted Calcium	2.10-2.60	mmol/L
	Phosphate	0.70-1.40 §	mmol/L
	Magnesium	0.70-1.00	mmol/L
4.90	Cholesterol	target <5.0	mmol/L
1.20	HDL Cholesterol	target >1.0	mmol/L
4.1	Chol/HDL ratio		
2.10	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
1.3	TSH	0.35-5.00	mU/L
11	Free T4	9-21	pmol/L
	T3		nmol/L
	IgA	0.8 -4.8 §	g/L
	IgG	6 -16 §	g/L
	IgM	0.5 -2.0 §	g/L
	Lab No. N.09.7167364	Run No. 698	

Non-fasting sample - LDL not calculable.
Euthyroid TFT results

§Significant sex/age differences - See handbook

Authorised by
Auto Check
Date Reported 18.03.09

Accredited Medical Laboratory
Reference No:2335

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

Department of Radiology

AYRSHIRE CENTRAL HOSPITAL (IRVINE)
Medical Imaging Department
Kilwinning Road
IRVINE
KA12 8SS

NHS Ayrshire & Arran

RADIOLOGY REPORT

CHI NUMBER: 1311616039 **Examination Number:** 36982270 **Examination Date:** 08/01/2019
Name: MCGHEE, GEORGE MARTIN DOB: 13/11/1961
Address: 4 Mull Cres, Broomlands, Irvine, KA11 1HW -- **CC:** -

Referring Department / Location: GRAYSTON JAMES
Townhead Surgery
6-8 High Street
Irvine

KA12 0AY

Referring Consultant: GP Requestor **Clinical Specialty:** General Practice

Date Dictated: 13/01/2019 **Typed by:** None

Examination: XR Chest

Clinical Indication

Ex-smoker. Bronchiectasis. Recurrent LRTI today. Creps L base ?consolidation

Report:

Chest PA

Report

Heart size is normal.
No alveolar shadowing is seen in the lungs.
CP angles are clear.

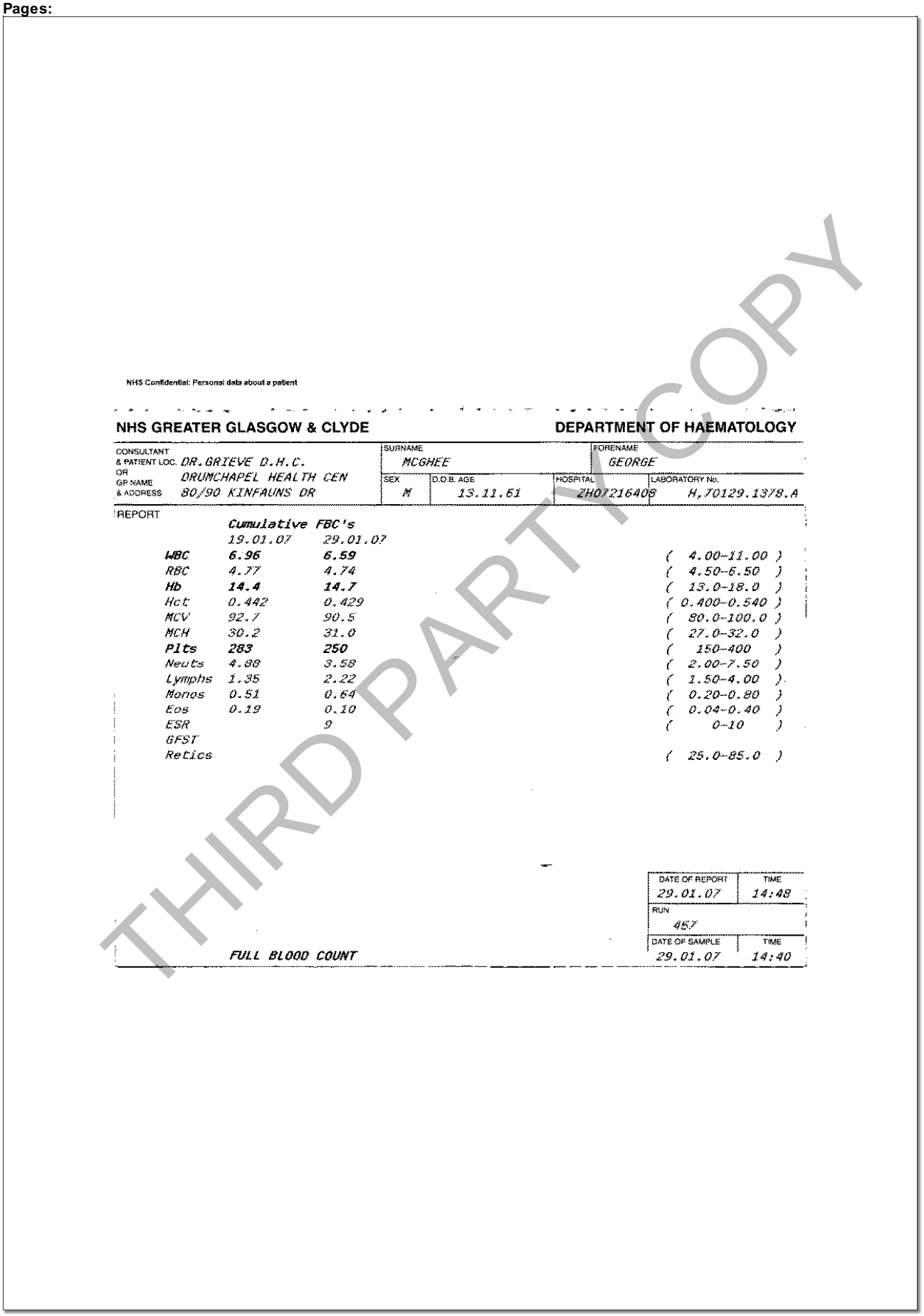
Dictating Radiologist / Clinical Specialist (Medica) Chishti, Fayaz GMC 6114072

Verified by: (Medica) Chishti, Fayaz GMC 6114072

1311616039] **Examination Number:** 36982270 **Examination Date:** 08/01/2019
Name: MCGHEE, GEORGE MARTIN DOB: 13/11/1961
Dose :- 7.29 cGy cm2

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:



NHS Confidential: Personal data about a patient

NHS GREATER GLASGOW & CLYDE — **DEPARTMENT OF HAEMATOLOGY**

CONSULTANT & PATIENT LOC. / OR GP NAME & ADDRESS	SURNAME	FORENAME	SEX	D.O.B. AGE	HOSPITAL	LABORATORY No.
DR.GRIEVE D.H.C. / DRUMCHAPEL HEALTH CEN 80/90 KINFAUNS DR	MCGHEE	GEORGE	M	13.11.61	ZH07216408	H,70129.1378.A

REPORT

Cumulative FBC's

	19.01.07	29.01.07	
WBC	6.96	6.59	(4.00-11.00)
RBC	4.77	4.74	(4.50-6.50)
Hb	14.4	14.7	(13.0-18.0)
Hct	0.442	0.429	(0.400-0.540)
MCV	92.7	90.5	(80.0-100.0)
MCH	30.2	31.0	(27.0-32.0)
Plts	283	250	(150-400)
Neuts	4.88	3.58	(2.00-7.50)
Lymphs	1.35	2.22	(1.50-4.00)
Monos	0.51	0.64	(0.20-0.80)
Eos	0.19	0.10	(0.04-0.40)
ESR		9	(0-10)
GFST			
Retics			(25.0-85.0)

DATE OF REPORT	TIME
29.01.07	14:48
RUN	
457	
DATE OF SAMPLE	TIME
29.01.07	14:40

FULL BLOOD COUNT

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Mcghee
Forename	George
CHI	1311616039
Date of birth	1961-11-13
Sex	Male
Address	FLAT 2-1 69 ABBOTSHALL AVE GLASGOW G15 8PL

Specimen Details

Specimen Processed Date	17-06-2021 07:08
Test Start Date	16-06-2021 12:00
Test End Date	16-06-2021 13:52
GP Practice	40559
Specimen Number	AAL93200244
Administration Method	

End of Report

Report Date: 17/06/2021

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Acute Services Division

NHS
Greater Glasgow and Clyde

Surgery and Anaesthetics Directorate
DEPARTMENT OF ORTHOPAEDICS
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

Secretary Tel: [redacted] (Caroline Blair)
Secretary Fax: [redacted]
Waiting List: 0141-211-3190 (Miss Christine Thomson)

OUR REF: FD/SD/23135190L

Mr B RANA'S ORTHOPAEDIC CLINIC –26.9.06

DICTATED: 26.09.06
TYPED: 12.10.06

Dr C Grieve
Drumchapel Health Centre
80-90 Kinfauns Drive
Drumchapel
Glasgow
G15 7TS

Dear Dr Grieve,

George McGhee, 13.11.1961, 0/1 257 Kinfauns Drive, Glasgow G15 7BD

This patient was reviewed today in the Fracture Clinic. It is almost 10 weeks since he sustained comminuted distal fibula fracture. He has been in a below knee light weight cast for this period and has been mobilising freely in this for the past 4 weeks.

On examination there is no swelling. There is no tenderness around the ankle and in particular around the fracture site. The ankle felt clinically stable. There is reasonable range of movement and no neurovascular deficits.

The fracture remains in good position and the wrist is slightly more callused since the last review. However the fracture is still visible.

The plaster has been removed and the patient has been encouraged to mobilise his symptoms allowing. He will be reviewed in a further 4 weeks. X-ray on arrival.

Yours sincerely

Michael Mullen
SHO III in Orthopaedics

Delivering better health

www.nhsggc.org.uk

40369

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Acute Services Division

Emergency Care and
Medical Services Directorate

NHS
Greater Glasgow and Clyde

THE ALAN LYELL CENTRE FOR DERMATOLOGY
Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Secretary:(Dr Herd, Dr Burden) [redacted] 0141 211 2540
Secretary:(Dr Tillman, Dr Leaun, Dr Beattie)
Appointments: 0141 211 2525
Fax: 0141 211 6263

Management Office - Queens Park House, Victoria Infirmary,
- 0141 201 5807, Fax. 0141 201 5825
South - Professor Colin Munro, Dr David Bilsland, Dr Angela Drummond, Dr Felicity Campbell
West - Dr Robert Herd, Dr David Tillman, Dr David Burden, Dr Paula Beattie, Dr Joyce Leaun
North East - Dr Susan Holmes, Dr Colin Clark, Dr Catherine Jury

DR TILLMAN'S CLINIC (EPA) 14/11/2007

Our Ref: DT/PM

Dictated: 16/11/2007
Typed: 19/11/2007

Dr Christine Grieve
Drumchapel Health Centre
80/90 Kinfauns Drive
G15 7TS

Dear Dr Grieve

George McGhee - 13/11/1961 - CHI: 1311616039 - CRN: 23135190L
0/1 257 Kinfauns Drive, Glasgow, G15 7BD

DIAGNOSIS: FLESHY NAEVUS RIGHT FOREHEAD – FOR EXCISION

Thank you for referring this man to the clinic. He has had a long-term fleshy naevus on the right forehead, which is quite prominent and worthy of excision. I have sent him an appointment for excision, and I will send you the histology when available.

Kind regards

Yours sincerely

Dr David Tillman
Senior Lecturer/
Hon Consultant Dermatologist

Delivering better health
www.nhsggc.org.uk

40372

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Page 1.
Patient ID : 3834
Mr George McGhee
1311616039
F2-2 46 Jedowrth Ave Glasgow, G15 7QH

PLEASE TICK BOX FOR THE MEDICINE(S) YOU REQUIRE.
PLEASE ALLOW 48 HOURS BEFORE COLLECTION.
Usual Doctor : Dr Anne Turnbull.
Date Printed : 14.06.2017.
Date Printed : 14.06.2017

Omeprazole Capsules (Gastro-Resistant) 20 mg [ ]
ONE DAILY 30 MINS BEFORE MEALS
Quant : 56 CAPSULE
Last Issue(s) : 24.04.2017, 16.02.2017, 17.01.2017.

Simvastatin Tablets 40 mg [ ]
ONE TO BE TAKEN AT NIGHT
Quant : 56 TABLET
Last Issue(s) : 24.04.2017, 16.02.2017, 17.01.2017.

Review Date : 24.04.2018

SILDENAFIL 100mg

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGhee George Martin CHI: 1311616039

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. NJ Clark
Kingsway Medical Practice
12 Kingsway Court
Glasgow
G14 9SS

Main Switchboard: [redacted]
Department: Respiratory
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 21/12/2023
Reference:
Dictated Date: 20/12/2023
Transcribed Date: 21/12/2023

Dear Dr Clark,

George Martin McGhee; D.O.B: 13/11/1961; CHI: 1311616039
FLAT 0-1, 129 EARL STREET, Glasgow, Lanarkshire, G14 0DE

DIAGNOSES
1. Bronchiectasis.
2. Ex cigarette smoker.

I spoke to Mr McGhee from the respiratory clinic today. He has a long history of productive cough and a CT scan performed in Gartnavel in 2017 demonstrated mild to moderate bronchiectasis. Mr McGhee told me that at present he is experiencing quite marked persistent symptoms with cough and large amounts of green sputum. He has not experienced haemoptysis or chest pain and his weight is steady. He smoked cigarettes until 13 years ago and previously smoked cannabis. He has not been exposed to industrial irritants and has not kept birds. He takes Fostair and Salbutamol inhalers.

Reviewing the CT scans there is indeed mild to moderate bronchiectasis.

I would be grateful if you would prescribe Azithromycin 500mgs on Mondays, Wednesdays & Fridays for a 4 month period.

I will review Mr McGhee again in person in the respiratory clinic at Gartnavel General Hospital in 4 months time.

Yours sincerely,

Steve Bicknell

Consultant Physician

Printed on 21/12/2023 10:38 by Marlo Graham Page 1 of 2

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

NHS

Gartnavel General Hospital

Diagnostic Imaging Report

MCGHEE, GEORGE **13/11/1961**

257 Kinfauns Drive, G15 7BD

E-10299401 CHI:1311616039
GENERAL PRACTITIONER
DR C GRIEVE
Hosp. 23135190L

DR RD EDWARDS

Clinical History : Trauma, one week ago. Painful right ankle, unable to weight bear.

ANKLE, RIGHT :

There is a comminuted fracture of the distal shaft of the fibula.
The patient was referred directly to casualty.

Typed By - PAULINE DUNN

North Glasgow Hospitals

21/07/2006 **ANKLE, RIGHT** **Page 1 of 1**

DR C GRIEVE, DRUMCHAPEL HEALTH CENTRE, 80/90 KINFAUNS DRIVE, GLASGOW

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

NHS GREATER GLASGOW & CLYDE — **DEPARTMENT OF HAEMATOLOGY**

CONSULTANT & PATIENT LOC OR GP NAME & ADDRESS	DR.GRIEVE O.H.C. DRUMCHAPEL HEALTH CEN 80/90 KINFAUNS DR	SURNAME MCGHEE	FORENAME GEORGE	
		SEX M	D.O.B. AGE 13.11.61	HOSPITAL 2R07216405	LABORATORY NO H/70119.1577.S

REPORT — Cumulative FBC's 19.01.07

WBC	6.96	(4.00-11.00)
RBC	4.77	(4.50-6.50)
Hb	14.4	(13.0-18.0)
Hct	0.442	(0.400-0.540)
MCV	92.7	(80.0-100.0)
MCH	30.2	(27.0-32.0)
Plts	283	(150-400)
Neuts	4.88	(2.00-7.50)
Lymphs	1.35	(1.50-4.00)
Monos	0.51	(0.20-0.80)
Eos	0.19	(0.04-0.40)
ESR		(0-10)
GFST		
Retics		(25.0-85.0)

DATE OF REPORT 19.01.07	TIME 16:01
RUN 377	
DATE OF SAMPLE 19.01.07	TIME 15:54

FULL BLOOD COUNT

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

LIVE active
REFERRAL SCHEME

Alana Laing
Live Active Advisor
Glasgow Club Donald Dewar
220 Gardscadden Road
Glasgow
G15 8SX
[redacted]

LIVE ACTIVE REFERRAL SCHEME

Dear Dr Grieve

Patients Name:- George McGhee

Patients Date of Birth:- 13/11/1961

I have recently met with the above patient for an appointment on the Live Active Referral Scheme. I am writing to update you on the physical activity and/or healthy eating goals that have been agreed upon with your patient. This is to be followed by the patient over the next 6 months when they will be invited for a recall appointment to discuss progress.

Should you feel that any aspect of this prescription is unsuitable at this time, please do not hesitate to contact me where I would be eager to discuss the situation further.

Thank you very much for your time and your referral.

Yours sincerely

[redacted]

Live Active Advisor

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Acute Services Division

Oral Health Directorate

Glasgow Dental Hospital & School
378 Sauchiehall Street
GLASGOW G2 3JZ
Telephone: Switchboard 0141 211 9600
Fax: 0141 211 9800

NHS Greater Glasgow and Clyde

DEPARTMENT OF ORAL SURGERY
Direct Dial: [redacted]
Direct Fax: 0141 211 9837

Our Ref: **KW/EA/7**

Dictated: **14th February 2007**
Typed: **21st February 2007**

Dr Christine Grieve
Drumchapel Health Centre
80/90 Kinfauns Drive
GLASGOW
G15 7TS

Dear Dr Grieve

GEORGE MCGHEE UNIT NO: 716986 DOB: 13 11 61
257 KINFAUNS DRIVE GLASGOW G15 7BD

The above patient who was seen on Professor Ayoub's Oral Surgery Consultant Clinic at Glasgow Dental Hospital on 14th February 2007. The patient requires dental extractions and a small mucosal biopsy. Before we carry out this treatment, we would like to have the results of the patient's prothrombin time. We attempted to take bloods this morning on the clinic but we were unable to access his vein. I, would, therefore, be grateful if you could take bloods for this patient and forward the results on to ourselves at Glasgow Dental Hospital Oral Surgery Department.

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

Thank you very much in advance.

Kind regards.

Yours sincerely

MWiseman

MISS KATE WISEMAN
FOUNDATION TRAINEE
DEPARTMENT OF ORAL SURGERY

Delivering better health

www.nhsggc.org.uk

40370

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

SURNAME	MCGHEE
FORENAME	GEORGE
Hosp No	23135190L
CHI No	1311616039
D.O.B	13.11.61 SEX Male
ADDRESS	1/2 100 Bluevale Street
CONSULTANT/GP	C GRIEVE
HOSP/PRACTICE	DRUMCHAPEL HC 40559
WARD/TOWN	80/90 KINFAUNS DR

Requested	Received	Report Issued
19.05.06 @	19.05.06 @ 16:28	22.05.06 @ 11:25

CLINICAL BIOCHEMISTRY
CPA ACCREDITED LABORATORY

144	Sodium	135–145	mmol/L
4.0	Potassium	3.5–5.0	mmol/L
105	Chloride	98–108	mmol/L
	Bicarbonate	21–28	mmol/L
6.6	Urea	2.5–7.5	mmol/L
89	Creatinine	75–122 §	µmol/L
>60	eGFR (est. Glomerular Filtration Rate)		
3.7	Glucose	3.5–5.5	mmol/L
	CRP	<10	mg/L
	Amylase	<100	U/L
	Urate	§	mmol/L
	Troponin I	<0.04	µg/L
	CK	<210	U/L
7	Bilirubin	3–22	µmol/L
23	AST	<40	U/L
27	ALT	<50	U/L
20	Gamma-GT	<90 §	U/L
180	Alk.Phos.	80–280 §	U/L
67	Protein	60–80	g/L
43	Albumin	36–52	g/L
24	Globulins	19–33	g/L
	Calcium		mmol/L
	Adjusted Calcium	2.10–2.60	mmol/L
	Phosphate	0.70–1.40 §	mmol/L
	Magnesium	0.70–1.00	mmol/L
4.40	Cholesterol	target <5.0	mmol/L
1.00	HDL Cholesterol	target >1.0	mmol/L
4.4	Chol/HDL ratio		
* 3.20	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
1.2	TSH	0.350–5.000	mU/L
13	Free T4	9–24	pmol/L
	T3		nmol/L
	IgA	0.8 –4.0 §	g/L
	IgG	6 –16 §	g/L
	IgM	0.5 –2.0 §	g/L

Lab No. N.06/7206700 Run No. 93

Non-fasting sample – LDL not calculable.
Euthyroid TFT results

§Significant sex/age differences – See handbook

Authorised by
Auto Check
Date Reported 22.05.06

North Glasgow University Hospitals Division
Biochemistry Department

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

Dr. Christine Grieve
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow G15 7TS

Tel No: [redacted]
Fax No: 0141 211 6117

21/10/14

CHI: 1311516039 13/11/1961 M
MCGHEE George
[redacted] Drummore R.G15 7NJ

Dr Grieve. 2555313
Dr Grieve, G157TS 40550
21/10/2014 12:54. Practice: 40049

To Gym Supervisor

Dear Sirs

George does not have a Cholesterol problem. In 1994 he consumed alcohol and this put it up to 8.4. For the last few years this has not been an issue and I stopped his Cholesterol - lowering medication. He has been monitored since and levels are normal.

He has no cardiac or stroke risk factors: He stopped smoking 3 years ago. His blood pressure is normal (BP 120/80) BMI 24.

There is no reason for ~~her~~ George to avoid substantial exercise.

C Grieve GP

DR. C. GRIEVE
DRUMCHAPEL HEALTH CENTRE
80/90 KINFAUNS DRIVE
GLASGOW G15 7TS
TEL:0141 211 6110

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Department of Respiratory Medicine
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
[redacted]
www.nhsaaa.net

NHS Ayrshire & Arran

Chest Physiotherapy
Ground Floor
University Hospital Crosshouse
KILMARNOCK
KA2 0BE

Our Ref: SND/SAF
Hospital No:
Clinic Date: 18/05/2019
Date Dictated: 05/06/2019
Date Typed: 05/06/2019
Enquiries to Jaki [redacted]
Direct Line: [redacted] Direct Line
Ext. Number: 25231
Email: [redacted]

Dear Colleague,

GEORGE MCGHEE DOB: 13/11/1961 CHI No: 1311616039
192 DICKSON DRIVE, IRVINE, AYRSHIRE, KA12 9HB

I would be grateful if you could review this gentleman in your clinic with the diagnosis of right middle Bronchiectasis. I have attached my letter for your reference.

Many thanks

Yours sincerely

Authorised on 05/09/2019 12:07:54 by Typist Jaki Lynch, on behalf of Shalin Diwanji.

Dr Shalin Nishit Diwanji
Consultant in Respiratory Medicine (Medinet)
GMC No: 7051002

Dr James Grayston
Townhead Surgery
6/8 High Street
Irvine
Ayrshire
KA12 0AY

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Department of Respiratory Medicine
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
[redacted]
www.nhsaaa.net

NHS Ayrshire & Arran

Dr James Grayston
Townhead Surgery
6/8 High Street
Irvine
Ayrshire
KA12 0AY

Our Ref: SND/SAF
Hospital No:
Clinic Date: 18/05/2019
Date Dictated: 18/05/2019
Date Typed: 05/06/2019
Enquiries to Jaki Lynch
Direct Line: [redacted] Direct Line
Ext. Number: 25231
Email: [redacted]

Dear Dr Grayston,

GEORGE MCGHEE DOB: 13/11/1961 CHI No: 1311616039
192 DICKSON DRIVE, IRVINE, AYRSHIRE, KA12 9HB

Diagnosis: Bronchiectasis
GORD

Medication: Omeprazole, Simvastatin, Fostair, Salbutamol

No known drug allergies

Thank you for referring this gentleman. He has had a chronic cough which has been worse for the last year. The cough is difficult to expectorate, it is thick and tenacious with white green expectorate but no haemoptysis. The cough is accompanied by breathlessness and wheeze. His nose is congested but there is no post nasal drip. His reflux symptoms are controlled on Omeprazole. He denies any weight loss. There are no other systemic or constitutional upset.

He has had 5 chest infections which lasted for around 2 to 3 weeks and have been treated by your Practice.

He is Chet, an ex-smoker for 8 years but has a smoking history of 30 pack years. He denies TB and there are no environmental factors which would predispose him to lung disease.

On examination his weight is 87 kg, heart rate 86 bpm and saturation 97% with a clear chest.

The chest x-ray in January was reported to be normal.

GEORGE MCGHEE **DOB: 13/11/1961** **CHI No: 1311616039**
192 DICKSON DRIVE, IRVINE, AYRSHIRE, KA12 9HB

I would be grateful if you could add Carbocisteine 750 mg 3 times a day and offer him annual influenza and one off pneumococcal vaccination if he has not had one recently.

I am going to do routine bloods including a ???????? screen and an ABPA screen and lung function test with reversibility. I have referred him to chest physiotherapy and we have gone through the rationale of Bronchiectasis.

Many thanks

Yours sincerely

This document has NOT been verified

Dr Shalin Nishit Diwanji
Consultant in Respiratory Medicine (Medinet)
GMC No: 7051002

DEPARTMENT OF
BIOCHEMISTRY/HAEMATOLOGY

Radiology Results displayed are **verified reports only**

Name: **George MCGHEE** D.o.B: **13/11/1961** Sex: **M** CHI No.: **1311616039**
Patient ID: **1311616039**
Address: **192 DICKSON DRIVE, , IRVINE, , KA12 9HB** Laboratory Number: **0019B851725** Sample Site: **Blood**
Requester: **Unknown Clinician** Sample Date: **18/05/2019** Location: **Ayr Hosp Respiratory Clinic**
Coded Sample Comments:

Description	Value	Normal Range	Units	H/L	Comment
Investigation: ESR **Auth. Date:** 18/05/2019 11:37					
ESR					NA, No sample received

This Investigation Contains ABNORMAL Results.

Description	Value	Normal Range	Units	H/L	Comment
Investigation: BONE PROFILE **Auth. Date:** 18/05/2019 11:53					
Calcium	2.37	2.2-2.6	mmol/L		
Adjusted Calcium	2.25	2.2-2.6	mmol/L		
Phosphate	**0.66**	0.8-1.5	mmol/L	**Lo**	

www.nhsaaa.net

NHS Confidential: Personal data about a patient

Description	Value	Normal Range	Units	H/L	Comment
Investigation: COMMENT REJECTED SAMPLES					**Auth. Date:** 18/05/2019 11:37
Comment					No sample received, for FBC & ESR, please repeat.

Description	Value	Normal Range	Units	H/L	Comment
Investigation: FULL BLOOD COUNT					**Auth. Date:** 18/05/2019 11:36
Haemoglobin					NA, No sample received
White Cell Count					NA
Platelets					NA
Haematocrit					NA
MCV					NA
MCH					NA
MCHC					NA
Neutrophils	Pending		10*9/L		
Lymphocytes	Pending		10*9/L		
Eosinophils	Pending		10*9/L		
Basophils	Pending		10*9/L		
Monocytes	Pending		10*9/L		
RBC					NA

Description	Value	Normal Range	Units	H/L	Comment
Investigation: IMMUNOGLOBULINS					**Auth. Date:** 18/05/2019 11:53
IgA	3.26	0.8-4	g/L		
IgG	7.6	6-16	g/L		
IgM	1.15	0.5-2	g/L		

This Investigation Contains ABNORMAL Results.

Description	Value	Normal Range	Units	H/L	Comment
Investigation: LIVER FUNCTION TEST					**Auth. Date:** 18/05/2019 11:53
Total Bilirubin	6	3-21	µmol/L		
ALP	96	30-130	U/L		
AST	40	10-45	U/L		
ALT	**69**	5-55	U/L	**Hi**	
Total Protein	67	60-80	g/L		
Albumin	46	35-50	g/L		
Globulin	21	21-35	g/L		

Description	Value	Normal Range	Units	H/L	Comment
Investigation: PROTEIN ELECTROPHORESIS					**Auth. Date:** 21/05/2019 12:44
Serum protein electrophoresis					Protein Electrophoresis shows no evidence of a paraprotein band.

www.nhsaaa.net

NHS Confidential: Personal data about a patient

Description	Value	Normal Range	Units	H/L	Comment
Investigation: UREA AND ELECTROLYTES					**Auth. Date:** 18/05/2019 11:53
Urea	5.7	2.5-7.8	mmol/L		
Creatinine	75	50-120	µmol/L		
Sodium	140	133-146	mmol/L		
Potassium	4.5	3.5-5.3	mmol/L		
Chloride	107	95-108	mmol/L		
eGFR result/1.73m2	>60	60-61	mL/min		

BIOCHEM/HAEM REPORT

www.nhsaaa.net

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential; Personal data about a patient

Confidential - Clinical Information

Department of Respiratory Medicine
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
[redacted]
www.nhsaaa.net

NHS Ayrshire & Arran

Respiratory Physiotherapist
Physiotherapy Department
Ground Floor
University Hospital Crosshouse
KILMARNOCK
KA2 0BE

Our Ref: AS/SAF
Hospital No:
Clinic Date: 09/06/2019
Date Dictated: 12/06/2019
Date Typed: 12/06/2019
Enquiries to Jacqueline Lynch
Direct Line: [redacted] Direct Line
Ext. Number: 25231
Email: [redacted]

Dear Colleague,

GEORGE MCGHEE DOB: 13/11/1961 CHI No: 1311616039
192 DICKSON DRIVE, IRVINE, AYRSHIRE, KA12 9HB

Many thanks for accepting this referral. I would be very grateful if you could give an appointment in your clinic. He suffers from Bronchiectasis and was diagnosed in 2017 and was previously seen in Gartnavel Hospital. Unfortunately for the past few months he had recurrent infective exacerbation episodes of Bronchiectasis. At present he is doing well, his spirometry is normal and chest x-ray earlier this year was normal and sputum culture x3 in April were negative. I think he would benefit from postural drainage.

Thank you

Yours sincerely

Authorised on 17/09/2019 09:24:56 by Typist Jaki Lynch, not verified by Consultant.

Dr Amer Saleem
Consultant in Respiratory Medicine (Medinet)
GMC No: 7048887

Dr AJ Turner
Townhead Surgery
6/8 High Street
Irvine
Ayrshire
KA12 0AY

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

1311616039

McGhee

George

Clinical

Week 24

Townhead Surgery

NHS Confidential: Personal data about a patient

National Health Service Number

Surname (Block Letters)

MCGHEE, George Martin
1311616039
4 Mull Cres
IRVINE
KA11 1HU
Dr A J Turner
Townhead Surgery, Irvine
DATE 28/11/2017

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address

e of Birth

Date	
17/07/1993	Green stick fracture
23/03/1993	Head injury
02/11/1993	Renal colic
07/09/2003	Fracture mandible
29/06/2004	Oesophagitis
29/06/2004	Alcohol excess
29/06/2004	Chest pain
29/06/2004	Dyspepsia
13/10/2004	Hyperlipidaemia
02/02/2017	Bronchiectasis right middle lobe Helman 24/11/17

CXR 9/11/18

Form GP111G SG2096

Printed for APS Scotland Group OPPAS11247 (05/17)

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): McGhee

Forenames (Block Letters): George

Address: 257 Kingsway Dr.

Date of Birth: 13/11/61

Date	*	Clinical Notes	Diagnosis
14/10/02		-returned for review -feels a bit better w cough -on closer questioning, pain is retrosternal only present on coughing. O/E chest clear Imp oesophagitis / hoarseness Plan -continue w omeprazole / gaviscon -review if cough persists	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

PRINTED FOR ASTRON, B39112 12/04 (017302)

355 2095

NHS Confidential: Personal data about a patient

CLINICAL NOTES	National Health Service Number	
	Surname (Block Letters): Mcghee	Forenames (Block Letters): George
	Address: 257 Kinfauns Dr, Flat 0-1, G15 7BD.	Date of Birth: 13.11.61

Date	*	Clinical Notes	Diagnosis
23.2.05	AS	Simvastatin 40mg x28 Clopidogrel 75mg x28 Omeprazole 20mg x28	
30/3/05		Simvastatin 40mg x 28. Clopidogrel 75mg x 28. Omeprazole 20mg x 28.	
13/4/05		- wants exercise referral → agreed. - note [redacted] has had MI - stopped [redacted] drinking 4/12 ago - still [redacted] smoking. - note on clopidogrel - why? Change to aspirin. Review if any probs. - try stopping omeprazole.	
13/4/05		- c/o pins + needles on ant. abdominal wall for months - v. itchy. - no pain in stomach or change in bowel habit O/E - skin slightly dry on abdomen - abdomen - soft + non tender - no masses - no obvious sensory deficit. Imp ?cause Plan - try betnovate 30g bd - ?eczema?? - review if not settling	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

355 2095

PRINTED FOR ASTRON, BB37338 8/04 (017302)

NHS Confidential: Personal data about a patient

Date	*	Clinical Notes	Diagnosis
29.4.05		[redacted] stopped omeprazole 20mg x 28 ÷ daily	
20/5/05		OMEPRAZOLE 20mg x 28 (acute)	
1/6/05	(I)	call from [redacted] (exercise co-ordinator at Dundee Dental Centre) - confirmed that George hasn't had confirmed MI	
6/9/05		Started NRT patches last week Presents w/o dyspepsia/oesophagitis 2/7 to alcohol Has practically stopped taking alcohol Wants to check if patches OK with eyes - yes	
12.9.05		BP check 120/70. Bloods taken for [redacted]	
14/10/05		- c/o retrosternal discomfort for 3/7 - note RTI last week - no sputum, cough persists, not SOB - not pleuritic - PMH hx of atypical CP + oesophagitis - not exertional or typically anginal O/E - unstressed, apyrexial, chest clear - chest wall non tender BP 127/76 p/m Δ? oesophagitis Plan - Gaviscon as long as symptoms - review early afternoon	

* This column has been provided for doctors to enter A, V or C at their discretion

SJ2000 204722

NHS Confidential: Personal data about a patient

	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters): Mc Gurr	Forenames (Block Letters): George
	Address	Date of Birth: 13/11/61

Date	*	Clinical Notes	Diagnosis
[redacted]			
5/12/04	NS	Simvastatin 20mg (28) o.d. (ante)	
22/12/04	NS	Simvastatin 20mg (28) 1 (28)	
24/12/04		Cholesterol (random) + LFTs → lab	[illegible]
30/12/04	127/80	Cholesterol 8.5 — [illegible]	
		↑ Simvastatin 40 mg (28).	
		c/o chest discomfort	
		P 72 [illegible]	
		Chest ✓	
		[illegible] ✓✓	
13/01/05	T	Bloods - cholesterol 24/12/04 4.15	BU 8
		Trig 1.50	Ast 27
		HDL 1.05	Alt 53
		Chl/HDL ratio 4.0	Alk phos 212
			GGT 20
			Pr 71 Alb 45
			Glob 26.
26/01/05		CHD review.	
		Ht 5'7" Wt 61 kgs BMI 21	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

PRINTED FOR ASTRON, BB37339 8/04 (017302)

355 2095

NHS Confidential: Personal data about a patient

Date	*	Clinical Notes	Diagnosis
		Chest pain when he coughs. No breathlessness.	
		Was at cardiology yesterday	
		98/62 P76(R)	
		Smokes cannibas +	
		No alcohol now	
		Tries to eat healthily. Eats 3-4 portions fruit + veg daily	
		Walks daily	
		Cholesterol, Us+Es, LFTs glucose + FBC+bloods	
[redacted]			
2/2/05		Cholesterol 4.1S.	
		Lost wt — no more C2H5OH.	
		Taking well.	
		Recheck 3/12's.	
		Start clopidogrel 75 mg OD	
[redacted]			

* This column has been provided for doctors to enter A, V or C at their discretion

5/2000 204722

NHS Confidential: Personal data about a patient

National Health Service Number	

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
McGhee	George

Address	Date of Birth
41 Whitevale [illegible]	13 11 61

Date	*	Clinical Notes	Diagnosis
17.11.03		NP	
		PMH irregular heart beat	
		- attended Victoria [illegible] + [illegible]	
		Not on medication - Attended 3/03	
		No other admissions	
		Not on medication	
		No allergies	
		Alcohol a lot	
		Has cut to ½ bottle every 2 or 3 days + 2 or 3 cans	
		Smoker 10-12 /day	
		FH Heart attack [redacted]	
		PC ? lumps	5'[illegible]
		[illegible]	[illegible]
		[illegible]	110/70
		[illegible] - small [illegible] cyst	Urine [illegible]
		Advised	
		Urinalysis - NAD.	
29/6/04		On Friday (5 days ago) - developed central chest pain - v. severe.	
		no radiation.	
		No breathlessness.	
		Still present. [illegible] - - - - -	
1.7.04	NS	Caps Omeprazole 20mg x 60 x 1 bd.	
28/7/04		DNA	
2/8/04	NS	Tabs Omeprazole 20mg (60) [illegible]	[illegible]
9/8/04		- No further chest pain	
		- [illegible] Losec	

* 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

NHS Confidential: Personal data about a patient

Date	*	Clinical Notes	Diagnosis
[redacted]			
9/10/04		cough (non productive) + chest tightness	
		for 14/7 assoc with sneezing +	
		runny nose	
		no chest pain / SOB	
		was given smoking 4/52	
		O/E: chest clear	
		Plan:- stop smoking advice	
		- reassurance	
7/10/04		DNA VCN clinic, needs cholesterol	
		check. C Hollinshead Nurse Advisor	
28 10 04		Cholesterol 8.50	Alcohol low
		TG. 4.85	Smoke 0/day
		[redacted] MI [redacted] died MI [redacted]	115/60
		Diet + smoking advice	
		For commence Simvastatin 20mg	
		... hepatic dysfunction	
		Monitor lipids + LFT 9/12	
		If stable LFT inc dose.	
24/11/04	M	SIMVASTATIN 20mg (28) OD (auto)	
2/12/04		DNA	

* This column has been provided for doctors to enter A, V or C at their discretion

5/2000 204722

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): McGhee

Forenames (Block Letters): George

Address: [redacted]

Date of Birth: 13.11.61

Date	*	
23 8 96		New pt. Dr [redacted] MacCaskey Pinmdrafel HC Married. Unemployed ° allergies PMH: Nil of note ex a child See hospital note 10/7/96 GTT (N) for 24-hr tape & follow up at medical clinic Smoker: 15 day from 15yrs A(ohol): ½ bottle vodka weekend Exercise: walks regularly Diet: [redacted] FH [redacted] CVA. [redacted] bone cancer BP 120/70 Wt 64kg Ht 1m 73 ° urine sample. Tetanus booster within past 10yrs GP appt next week asking for panel time
29/8/96	4.	See letter - await gtt now ECGs. M.I. section - 7-8 years. worse at night. Drink milk, take remission. no FH. septicaemia. Smoke ✓ alcohol ✓ No NSAI/Aspirin

*This column has been provided for doctors to enter A, U or C at their discretion

Cimetrak 400m 30 (60)

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): McGHEE

Forenames (Block Letters): GEORGE

Address: 15 BLACKCRAIG AV G15

Date of Birth: 13/11/61

Date	*	
		34/15
H/P		unemployed
19.7.96		HT 170cms. no fixed
		WT. 65kgms
		BP 130/96
		Urine NAD
		Alcohol "a lot" Cigs 15 daily
		Medications nil.
		Tetanus + polio immunisations needs update
		Allergies: nil.
		Exercise walk.
		In hospital Tuesday 9am (Western) 24hrs ECG. To return for results.
		Dizzy
		FH STROKE
31.7.96		DNA
9.9.96		DNA EJA

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient

McGhee, George
DoB: 13/11/1961

Report Valid On 30/08/04 15:42

THE WHITEVALE MEDICAL GROUP
Page number 1

Registration

Mr George McGhee
100 bluevale street
DENNISTOUN
GLASGOW

G31 1EF

Telephone:
Contact: ?

ContactRelship: ?

Service Code: Permanent
DoB: 13/11/1961
Age: 42

CHI Number: 1311616039

NHS Number: 6350723279

Marital Status: Unknown

Registered GP: DR BLACK ROOM 1

Clinical / User Marker

29/06/2004 Medium Atypical chest pain
dyspepsia, alcohol excess

08/01/2004 Medium Notes summary on computer

20/08/2003 Medium Atypical chest pain
ECG - LVH, Ventricular ectopics.

17/09/2002 Medium Fracture of mandible
Right mandibular condyle # displacement of dental occlusion.

08/02/2001 Medium Renal colic
Fleck of calcification along left border of sacrum and one at the level of the ischial spine - may be extra ureteric

09/04/1997 Medium Atrial flutter
Possible

20/09/1996 Medium Acute pericarditis
Chest pain

11/07/1996 Medium ECG
Abnormal ECG - Widespread ST Elevation

10/07/1996 Medium MI - acute myocardial infarction

28/02/1993 Medium Head injury
Assaulted - skull and mandible x-ray -ve. CXR - Possible # 10th and 11th ribs

24/04/1985 Medium Laceration of arm
Laceration to elbow - sutured

24/04/1985 Medium Open wound of scalp
Lacerations to scalp - sutured

17/07/1973 Medium Greenstick fracture
Right forearm - both bones

NHS Confidential: Personal data about a patient

National Health Service Number

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Surname (Block Letters): McGHEE

Forenames (Block Letters): GEORGE

Address:

Date of Birth: 13.11.61

Date	
	EARLIEST NOTES: - 1985.
24.4.85	MULTIPLE LACERATIONS - SCALP + ELBOW - SUTURED
17.7.93	GREENSTICK # ® FOREARM - BOTH BONES
08.3.93	HEAD INJURY - ASSAULTED - SKULL + MANDIBLE X-RAY - -VE, CXR - POSSIBLE # 10th + 11th RIBS.
11.7.96	ABNORMAL ECG. - WIDESPREAD ST ELEVATION
10.7.96	ACUTE MI
20.9.96	CHEST PAIN - PERICARDITIS
9.4.97	POSSIBLE ATRIAL FLUTTER
8.2.01	RENAL COLIC - FLECK OF CALCIFICATION ALONG (L) BORDER OF SACRUM + ONE AT THE LEVEL OF THE ISCHIAL SPINE - MAY BE EXTRA-URETERIC
1.3.01	RENOGRAM - ESSENTIALLY NORMAL.
17.9.02	®MANDIBULAR CONDYLE # - DISPLACEMENT OF DENTAL OCCLUSION
20.8.03	ATYPICAL CHEST PAIN - ECG - LVH, VENTRICULAR ECTOPICS
21/8/08	Atypical chest pain dyspepsia, alcohol excess

Form GP111G 355—2096

Designed and Produced on behalf of The Scottish Office by [redacted] Stationery Office
Printed for The Stationery Office J8586 11/96

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

DEPARTMENT OF CLINICAL/LABORATORY HAEMATOLOGY
CPA ACCREDITED LABORATORY

NHS Greater Glasgow and Clyde
Glasgow Western Infirmary ☎(0141)-211-XXXX

Surname	Forename	Date of Birth	Hospital Number	CHI Number
MCGHEE	GEORGE	13.11.1961	ZH07216408	1311616039

Patient Address	Patient Sex	Laboratory Number	Report Delivery Address
	Male	H,09.1553509.H	DRUMCHAPEL HEALTH CEN
	Consultant / GP: DR.GRIEVE D.H.C.		80/90 KINFAUNS DR

	19.01.07	21.02.07	20.03.08	17.03.09		
WBC	6.96	8.40	8.56	5.93		(4.00-11.00)
RBC	4.77	4.88	4.80	5.01		(4.50-6.50)
Hb	14.4	14.3	14.4	14.7		(13.0-18.0)
Hct	0.442	0.444	0.437	0.456		(0.400-0.540)
MCV	92.7	91.0	91.0	89.8		(80.0-100.0)
MCH	30.2	29.3	30.0	29.3		(27.0-32.0)
Plts	283	284	269	261		(150-400)
Neuts	4.88	5.61	5.59	3.96		(2.00-7.50)
Lymphs	1.35	1.51	1.63	1.29		(1.50-4.00)
Monos	0.51	0.80	0.71	0.41		(0.20-0.80)
Eos	0.19	0.46	0.54	0.24		(0.04-0.40)
ESR			7			(0-10)
GFST						
Retics						(25.0-85.0)

Page 1 of 1

Sample Collected	Received in Laboratory	Report Issued	Run No	Authorised By
17.03.09	17.03.09 15:27	17.03.09 15:55	441	*Computer validation*

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Acute Services Division

Surgery and Anaesthetics Directorate

NHS
Greater Glasgow and Clyde

DEPARTMENT OF ORTHOPAEDICS
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

Secretary Tel: 0141-211-2605 (Tom Markey)
Secretary Fax: 0141-211-2466
Waiting List: 0141-211-3186 (Mrs Ann Maher)

Our ref: AC/TM/23135190L
Dictated: 28th November 2006
Typed: 30th November 2006

MR RANA'S FRACTURE CLINIC – 28th November 2006.

Dr C Grieve
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Grieve,

GEORGE MCGHEE DOB: 13.11.61 (6039)
0/1, 257 KINFAUNS DRIVE, GLASGOW G15 7BD

This gentleman's x-ray today shows further callus formation.

He says that the pain that he had at the fracture site has now eased. On examination there is no tenderness to palpate fibula at the fracture. He is able to walk a good distance and he says he is not troubled.

He has been discharged with advice.

Yours sincerely

Mr A Christie
SHO III Orthopaedics

Delivering better health

www.nhsggc.org.uk 40369

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

SURNAME	MCGHEE
FORENAME	GEORGE
Hosp No	23135190L
CHI No	1311616039
D.O.B	13.11.61 SEX Male
ADDRESS	1/2 100 Bluevale Street
CONSULTANT/GP	C GRIEVE
HOSP/PRACTICE	DRUMCHAPEL HC 40559
WARD/TOWN	80/90 KINFAUNS DR

Collected	Received	Report Issued
21.02.07 @	21.02.07 @ 16:54	22.02.07 @ 12:25

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

	Sodium	135–145		mmol/L
	Potassium	3.5–5.0		mmol/L
	Chloride	98–108		mmol/L
	Bicarbonate	21–28		mmol/L
	Urea	2.5–7.5		mmol/L
	Creatinine		§	µmol/L
	eGFR (est. Glomerular Filtration Rate)			
	Glucose	3.5–5.5		mmol/L
	CRP	<10		mg/L
	Amylase	<100		U/L
	Urate		§	mmol/L
	Troponin I	<0.04		µg/L
	CK	<210		U/L
6	Bilirubin	3–22		µmol/L
15	AST	<40		U/L
19	ALT	<50		U/L
17	Gamma–GT	<90	§	U/L
81	Alk.Phos.	40–150	§	U/L
65	Protein	60–80		g/L
41	Albumin	32–45		g/L
24	Globulins	23–38		g/L
	Calcium			mmol/L
	Adjusted Calcium	2.10–2.60		mmol/L
	Phosphate	0.70–1.40	§	mmol/L
	Magnesium	0.70–1.00		mmol/L
	Cholesterol	target <5.0		mmol/L
	HDL Cholesterol	target >1.0		mmol/L
	Chol/HDL ratio			
	Triglycerides	target <2.3		mmol/L
	LDL Cholesterol	target <3.0		mmol/L
	TSH			mU/L
	Free T4			pmol/L
	T3			nmol/L
	IgA	0.8 –4.0	§	g/L
	IgG	6 –16	§	g/L
	IgM	0.5 –2.0	§	g/L

Lab No. N.07.7151512 Run No. 771

Alk phos, albumin, globulin reference ranges changed from 06.11.06

§Significant sex/age differences – See handbook

Authorised by
Auto Check
Date Reported 22.02.07

Accredited Medical Laboratory

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Lab Report ID : E,12.3362960.F
Filed By User :
Assigned to :

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (3834) George McGhee DOB : 13/11/1961 CHI : 1311516039 SEX : M

ADR : Flat 1 - 2 266 Drumry Road GLASGOW

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count					
White Blood Count		5.3	x10^9/l	(4.0-11.0 U)	NK
Red Cell Count		5.10	x10^12/l	(4.50-5.90 U)	NK
Haemoglobin		150	g/l	(130-180 U)	NK
Haematocrit		0.474	l/l	(0.400-0.540 U)	NK
Mean Cell Volume		92.9	fl	(80.0-100.0 U)	NK
Mean Cell Hgb		29.0	pg	(26.0-34.0 U)	NK
Platelet Count		267	x10^9/l	(150-410 U)	NK
Neutrophils		3.0	x10^9/l	(1.8-7.7 U)	NK
Lymphocytes		1.2	x10^9/l	(1.0-4.8 U)	NK
Monocytes		0.6	x10^9/l	(0.2-1.0 U)	NK
Eosinophils		0.4	x10^9/l	(0.1-1.0 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK

Sample Collected Date : 26/11/2012 09:57:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/11/2012 16:19:00
Received Date : 27/11/2012 08:00:07
Requestor : GRIEVE, CHRISTINE
Requestor GMC Code :

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGhee George Martin CHI: 1311616039

Clinical letter - GP:

NHS
Greater Glasgow and Clyde
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. NJ Clark
1398 Dumbarton Road
Glasgow
G14 9DR

Main Switchboard: [redacted]
Department: Respiratory
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 07/08/2025
Reference:
Dictated Date: 03/08/2025
Transcribed Date: 04/08/2025

Dear Dr Clark,

George Martin McGhee; D.O.B: 13/11/1961; CHI: 1311616039
FLAT 0-1, 129 EARL STREET, Glasgow, Lanarkshire, G14 0DE

DIAGNOSES
1. Bronchiectasis - on Azithromycin.
2. Disordered LFT's ? cause - for ultrasound and liver screen.
3. Previous alcohol related hepatitis.

Mr McGhee's LFT's were disordered when checked at his clinic review in March. There was a plan for a liver ultrasound but Mr McGhee has telephoned to say that this has not been requested. I spoke to Mr McGhee today and he tells me that he does have a history of alcoholic hepatitis many years ago but has been drinking much less in recent years. He is overweight but his BMI is likely to be in the 25-30 range. I have now requested a liver ultrasound and a liver screen via the phlebotomy hub. I will refer Mr McGhee to gastroenterology if indicated by the ultrasound or liver screen.

I will continue to review Mr McGhee with regards to his bronchiectasis.

Yours sincerely,

Steve Bicknell

Consultant Physician

Electronically Signed: Dr Steve Bicknell, Consultant

cc.

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGhee George Martin CHI: 1311616039

Letter to Patient:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

George McGhee
FLAT 0-1
129 EARL STREET
Glasgow
Lanarkshire
G14 0DE

Main Switchboard: [redacted]
Department: Initial Assessment Unit
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 25/01/2024
Reference: db/sm
Dictated Date: 24/01/2024
Transcribed Date: 25/01/2024

Dear Mr McGhee,

Thank you for having you chest x-ray repeated on 15th January. I am pleased to let you know that the previously noted opacity in your left lung has now completely disappeared. There is no need for any further follow-up.

Yours sincerely

Dr David Bell

Consultant in Acute Medicine

Electronically Signed: Dr David Bell, Consultant

cc. Kingsway Medical Practice 12 Kingsway Court
Glasgow
G14 9SS

Printed on 25/01/2024 13:37 by Yvonne Andrew Page 1 of 1

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

Department of Radiology

UNIVERSITY HOSPITAL CROSSHOUSE
Medical Imaging Department
CROSSHOUSE
Kilmarnock
KA2 0BE

NHS Ayrshire & Arran

RADIOLOGY REPORT

CHI NUMBER: 1311616039 **Examination Number:** 38017563 **Examination Date: 20/12/2019**
Name: McGhee, George DOB: 13/11/1961
Address: 192 Dickson Drive, , Irvine, KA12 9HB -- CC: -
Referring Department / Location: WARDELL ANDREA
TOWNHEAD SURGERY
6/8 HIGH STREET
IRVINE

KA12 0AY
Referring Consultant: GP Requestor **Clinical Specialty:** General Practice
Date Dictated: 26/12/2019 **Typed by:** Dr J Barber (Medica)
Examination: XR Chest

Clinical Indication

Known bronchiectasis. Now haemoptysis.

Report:

The transverse cardiac diameter is increased. However, the lungs and pleural spaces are clear.

Dictating Radiologist / Clinical Specialist (Medica) Dr J Barber (3678620)

Verified by: (Medica) Dr J Barber (3678620)

Examination Number: 38017563 **Examination Date: 20/12/2019**
Name: McGhee, George DOB: 13/11/1961
Dose :- 3.9 cGy cm2

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

Blood Sciences Biochemistry Report

Patient Details

Surname	MCGHEE
Forename	GEORGE MARTIN
CHI	1311616039
Date of birth	13.11.1961
Sex	Male
Address	2-1 69 Abbotshall Ave Glasgow GLASGOW LANARKSH G15 8PL

Specimen Details

Specimen Number	B,23.1272962.A
Specimen Type	Blood
Date/Time Collected	11.05.23 / 09:31
Date/Time Received	11.05.23 / 13:44
Requested By	Alison Harkness
GP Practice	40559
Date/Time Reported	11.05.23 / 14:32
Details	annual check

Results

Glucose - Authorised on 11.05.23 at 14:28

Glucose	+	8.6	mmol/L	(3.5-6.0)

Comments:
Non-fasting sample

End of Report

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGhee George Martin CHI: 1311616039

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. NJ Clark
1398 Dumbarton Road
Glasgow
G14 9DR

Main Switchboard: [redacted]
Department: Respiratory
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 08/09/2025
Reference:
Dictated Date: 04/09/2025
Transcribed Date: 05/09/2025

Dear Dr Clark,

George Martin McGhee; D.O.B: 13/11/1961; CHI: 1311616039
FLAT 0-1, 129 EARL STREET, Glasgow, Lanarkshire, G14 0DE

DIAGNOSES
1. Bronchiectasis - on Azithromycin - liver ultrasound suggests chronic liver disease - liver screen awaited - MRI requested for hyper echoic lesion in right lobe - referred to gastroenterology.
2. Previous alcohol related hepatitis.

Further to previous correspondence Mr McGhee has attended for a liver ultrasound. This shows changes suggestive of chronic liver disease - a liver blood screen is awaited. The ultrasound mentioned a hyper echoic lesion in the right lobe of the liver and I have requested an urgent MRI for clarification of this. I have referred Mr McGhee for out patient gastroenterology review. I have explained the liver ultrasound results to Mr McGhee and advised him to remain abstinent from alcohol. I will continue to review him in the respiratory clinic.

Yours sincerely,

Steve Bicknell

Consultant Physician

Electronically Signed: Dr Steve Bicknell, Consultant

cc.

Printed on 08/09/2025 08:16 by Megan Rutherford Page 1 of 1

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGhee George Martin CHI: 1311616039

Letter to Patient:

NHS
Greater Glasgow and Clyde
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

George McGhee
FLAT 0-1
129 EARL STREET
Glasgow
Lanarkshire
G14 0DE

Main Switchboard: [redacted]
Department: Gastroenterology
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 15/10/2025
Reference: HL/ASH
Dictated Date: 24/09/2025
Transcribed Date: 07/10/2025

Dear George,

Diagnosis:

Probably Met ALD - ie combination of metabolic and alcohol associated fatty liver change

Liver stiffness 13.8 kPa: CAP Score 310 suggestive of severe fibrosis, possible early cirrhosis and high degree of fatty change

Bronchiectasis

Plan for Investigation:

Repeat ultrasound scan 6 months

Plan for follow up:

Liver Nurse Clinic 6 months

Dr Lafferty's Clinic 1 year

Repeat fibroscan in 1 year

It was nice to meet you in the Liver Clinic today. You had been referred by Dr Bicknell who you see for your bronchiectasis. He had noticed that your liver blood tests were persistently high and had organised imaging of your liver. This had shown fatty change in the liver but also a solid nodular lesion within your liver that required further investigation. You went on to have an MRI scan and I was pleased to tell you that the abnormal solid lesion in your liver is a haemangioma, which is a benign finding of no consequence.

Your liver does have an appearance of fatty change with some irregularity of the liver, which suggests liver scarring or cirrhosis.

We discussed your risk factors for liver disease in the Clinic today. You tell me that you drink half of bottle of vodka once a fortnight on the weekends when you are not looking after your [redacted] Your weight recorded today at 75.9kgs gives you a slightly high BMI but you are not grossly overweight. There is no known family history of liver disease and so far blood tests for genetic, viral causes of liver disease have proved negative, although we have sent further testing today for autoimmune liver diseases. (This also proved negative/normal)

We carried out a fibroscan to measure your liver stiffness and this did give a high reading at 13.8, which along with the MRI appearances makes me concerned that there is potentially severe fibrosis or even early cirrhosis in your liver. This would likely be due to fatty change due to a combination of being slightly overweight and drinking a bit above healthy amounts. This goes along with the high CAP score which is a reflection of fatty change and would fit with this diagnosis.

I have said that we should follow you up as if you have liver cirrhosis but repeat the fibroscan in 1 year's time to see if things got better of worse. I would suggest aiming for a bit of weight loss and also stopping alcohol altogether, which you fully intend to do.

I will arrange for our Nurses to give you a phone call in about 6 months and to see you in the Clinic myself in 1 year's time and in the meantime will repeat an ultrasound scan in 6 months to keep an eye on things.

We also did discuss some supplements that you had bought over the internet, which include a liver detox supplement and a milk thistle supplement and I have recommended against taking these and I thought you should try and get your money back if possible. There is no good evidence for these things and there is a small chance they could cause harm. You had also been given Thiamine by a relative, however, I don't think that you need this. This is something that is given for protection of the nervous system in people who are undernourished or who are suffering from alcohol use disorder and therefore I don't think that you require to take this either.

Best wishes

Yours sincerely

Dr Heather Lafferty

Consultant Physician and Gastroenterologist

Electronically Signed: Dr Heather Lafferty, Consultant

cc. Electronic copy sent to Dr Clark

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

BTS 7th.

Sign up for an easier life

Complete your details below, or if you'd like to use online ordering just register at boots.com/repeats

Your details:

Name GEORGE McGHEE

Address 12 PLAODA WYND

Postcode KA11 1QW

Email address

Mobile

Telepho[redacted]

Doctor's name

Surgery name

Surgery address

Postcode

Date of birth [redacted] Female X

What services would you like to sign up for?

☐ NHS Electronic Prescription Service

I understand the NHS Electronic Prescription Service. I confirm that I have nominated Boots Pharmacy to receive my prescriptions electronically. I understand that I can change or remove my nomination at any time.

☐ Repeat Prescription Service

I give permission for Boots to receive prescriptions from the surgery* above. I'll be in touch if I wish to change this arrangement in the future. I understand Boots will use the information I have given to provide the Repeat Prescription Service.

☐ Text reminders†

I give permission for Boots to contact me (or my representative if named below) regarding the status of my prescriptions. I understand that I may withdraw my consent for text reminders at any time and I will contact Boots if this is the case.

Boots UK Ltd confirms that we will not share your information with anyone outside of the Alliance Boots group of companies.

We may contact you with information about health and other products and services.

Tick here if you DO NOT want to receive this ☐

Signed G McGhee Date

5 045092 261613 Collect only

5 045095 209407 FRPS sign up

Store number
For store use only

Nominating a representative for text reminders (To be completed by the representative)

Representative's name Mobile

I confirm that I am authorised by the above named person to receive updates on the status of their prescription.

Representative's signature Date

*Participating surgeries only
†Participating Pharmacies only

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

jobcentreplus

Website: www.jobcentreplus.gov.uk

Your reference is WM997309C
Please tell us this number
if you get in touch with us

02631
Dr Grieves
DRUMCHAPEL HEALTH CENTRE
KINFAUNS DRIVE
GLASGOW
G15 7TG

Clyde and Fife BDC
Baird Street
Glasgow
G90 8BJ

Phone [redacted]
TEXTPHONE for the deaf/hard of
hearing ONLY [redacted]

Date 20 July 2010

Dear Doctor Grieves

Work Capability Assessment Outcome Notification

Patients Name Mr G M Mcghee
Patients Address 0/1 18 Howgate Av
Glasgow
G15 8QN

Patients D.O.B : 13 November 1961

This patient has been claiming Employment and Support Allowance. We recently assessed their ability to work using the Work Capability Assessment.

WCA Effective Date 20 July 2010

We have decided that your patient is capable of work from and including 20 July 2010.

This means that you do not have to give your patient any more medical certificates for Employment and Support Allowance purposes unless they appeal against this decision. But you may need to again if their condition worsens significantly, or they have a new medical condition.

We have sent a summary of the Work Capability Assessment to your patient.

If you want to ask us anything about this letter please get in touch with us. Our phone number and address are at the top of the letter.

Yours sincerely

[redacted]

Manager

6529/0606 99112006060010011 5 Page 01 of 01

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGhee George CHI: 1311616039

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. J Coyle
Dr Turnbull & Dr Coyle
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard: [redacted]
Department: Rheumatology
Contact Tel: [redacted]
Enquiries to:
Letter Date: 13/05/2016
Reference: MTM/JW
Dictated Date: 29/04/2016
Transcribed Date: 09/05/2016

Dear Dr Coyle,

George McGhee; D.O.B: 13/11/1961; CHI: 1311616039
F2-2, 46 JEDWORTH AVE, Glasgow, Lanarkshire, G15 7QH

Thank you for referring this patient who has a history of shoulder pain. This happened 6 months ago but has since resolved. He describes his pain as 1/10 on the visual analogue scale. He now has no functional deficit and is able to do all activities of daily living and his job with no problems.

On examination he has a full range of movement, full strength and negative impingement tests.

As his symptoms have resolved, I have not given him a joint injection today. He has the clinic number should his symptoms reoccur within one year. He knows that if his symptoms recur after the year then he should get a GP referral back to the clinic.

Thank you for your referral.

Yours sincerely,

Marie Therese McDonald

Clinical Specialist Physiotherapist in Rheumatology

Electronically Signed: ,

cc.

Printed on 13/05/2016 16:06 by Marie Therese McDonald Page 1 of 1

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGhee George CHI: 1311616039

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. C Grieve
Dr Grieve
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard: [redacted]
Department: ENT
Contact Tel: [redacted]
Enquiries to:
Letter Date: 13/02/2015
Reference: FM/CW
Dictated Date: 13/02/2015
Transcribed Date: 18/02/2015

Dear Dr. C Grieve,

George McGhee; D.O.B: 13 Nov 1961; CHI: 1311616039
FLAT 2-2, 132 DRUMMORE RD, Glasgow, Lanarkshire, G15 7NJ

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - GGFMENI-MISS F MACGREGOR ENT EXTRA CLINIC
Date and Time of Appointment - 13/02/2015 13:45

Follow Up: None

Clinical Comments:

Thank you for referring this 53-year-old gentleman who became husky a few weeks ago. It was associated with a cough. He denies dysphagia, throat pain or haemoptysis. There is no weight loss. He stopped smoking three years ago. He tells me that he feels his symptoms have now improved.

On examination, the nose, oral cavity and oropharynx were unremarkable. On flexible nasendoscopy, he had a normal tongue base, larynx and hypopharynx, and the neck was clear on palpation.

I have reassured this gentleman that I do not see anything sinister going on. I have discharged him from the clinic but clearly would be happy to see him in the future if you remain concerned.

With kind regards,

Yours sincerely,

Miss Fiona B MacGregor FRCS, FRCS (ORL)

Consultant Otolaryngologist, Head and Neck Surgeon, Honorary Clinical Senior Lecturer

Electronically Signed: Ms Fiona MacGregor, Consultant

cc.

Printed on 24/02/2015 16:36 by Campbell Wallis Page 1 of 1

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGhee George CHI: 1311616039

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. J Coyle
Dr Turnbull & Dr Coyle
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard: [redacted]
Department: Respiratory Medicine
Contact Tel: [redacted]
Enquiries to:
Letter Date: 02/02/2017
Reference: CC/ED
Dictated Date: 02/02/2017
Transcribed Date: 13/02/2017

Dear Dr. J Coyle,

George McGhee; D.O.B: 13 Nov 1961; CHI: 1311616039
FLAT 2-2, 46 JEDWORTH AVENUE, Glasgow, Lanarkshire, G15 7QH

Attendance: Specialty - Respiratory Medicine; Clinic - GGCCRE8-RESP DR C CARLIN THURSDAY PM
Date and Time of Appointment - 02/02/2017 14:00

Clinical Comments:

Diagnosis:
1. **Right middle lobe bronchiectasis.**
2. **Ex-smoker.**

Thanks for referring George and he came to the Respiratory Clinic this afternoon, having had a CT thorax done a few days ago.

He had a bout of bronchitis in the middle of last year. He had a more prolonged episode (now fully resolved) in December which had prompted chest X-rays. Happily, CT thorax has clarified that the x-ray appearances just relate to right middle lobe syndrome with superimposed consolidation.

Spirometry is normal.

I've said that his right middle lobe bronchus is at an unfavourable angle and that he is going to be prone to (hopefully minor and occasional) bouts of acute bronchitis. There isn't anything that needs done for now. I have given him a sputum sample pot to collect if he has a further infective episode, and he should have a minimum of a week's course of antibiotics at full strength, refocused on any positive sputum microbiology if things don't settle. If he is running into problems with difficult recurrent infections we could see him back on re-referral, but for now I have not arranged routine review.

Yours sincerely

Dr Chris Carlin

Consultant Physician

Sleep, Breathing Support and Respiratory Medicine

Electronically Signed: Dr Chris Carlin, Consultant

cc.

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

Blood Sciences Biochemistry Report

Patient Details

Surname	MCGHEE
Forename	GEORGE MARTIN
CHI	1311616039
Date of birth	13.11.1961
Sex	Male
Address	2-1 69 Abbotshall Ave Glasgow GLASGOW LANARKSH G15 8PL

Specimen Details

Specimen Number	B,23.1272961.W
Specimen Type	Blood
Date/Time Collected	11.05.23 / 09:31
Date/Time Received	11.05.23 / 13:43
Requested By	Alison Harkness
GP Practice	40559
Date/Time Reported	11.05.23 / 15:02
Details	annual check

Results

Bone Profile - Authorised on 11.05.23 at 14:45

Calcium		2.32	mmol/L	(2.20-2.60)
Calcium (adjusted)		2.40	mmol/L	(2.20-2.60)
Phosphate	-	0.73	mmol/L	(0.80-1.50)
Albumin		40	g/L	(35-50)
Alkaline Phosphatase		92	U/L	(30-130)

Urea & Electrolytes - Authorised on 11.05.23 at 14:45

Sodium		143	mmol/L	(133-146)
Potassium		4.4	mmol/L	(3.5-5.3)
Chloride	+	110	mmol/L	(95-108)
Urea		5.7	mmol/L	(2.5-7.8)
Creatinine		87	umol/L	(40-130)
Estimated GFR		>60	ml/min	(>60)

Liver function Tests - Authorised on 11.05.23 at 14:45

Total Bilirubin		10	umol/L	(<20)
ALT	+	82	U/L	(<50)
AST		37	U/L	(<40)
Alkaline Phosphatase		92	U/L	(30-130)
Albumin		40	g/L	(35-50)

Lipid profile - Authorised on 11.05.23 at 14:45

Cholesterol		4.6	mmol/L	
Triglycerides	+	2.7	mmol/L	(0.2-2.3)
HDL Cholesterol		0.9	mmol/L	
LDL-Cholest (calc'd)		2.5	mmol/L	
VLDL-Chol (calc'd)		1.2	mmol/L	
Chol/HDL ratio		5.1		

Thyroid funct test - Authorised on 11.05.23 at 14:57

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

TSH	1.32	mU/L	(0.35-5.00)
Free T4	12.6	pmol/L	(9.0-21.0)
Total T3		nmol/L	

End of Report

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGhee George CHI: 1311616039

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: [redacted]
Date of Completion: 15/07/2016

Dr. J Coyle
Dr Turnbull & Dr Coyle
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr J Coyle,

Name	CHI	DoB	Address
George McGhee	1311616039	13/11/1961	F2-2 Glasgow G15 7QH

Admitted	Type	Discharged	Destination
14/07/2016 11:31	In Patient	14/07/2016	Private Residence - living with relatives or friends

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Beth White	QEUH Immediate Assessment Unit	[redacted]

Reason for Admission and Presenting Complaints	Admission Category
chest tightness	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: 2 days history of upper chest tightness, constant associated with SOB and congested nose. No radiation to arm/ jaw. Denies palpitation, sputum, sweating, nausea or vomiting. Had episode of collapse when attending funeral on the 11th. Complaining of blurred vision, warm face, light headed and legs weak during the episode. Collapse but no LOC. Start to recover back after 3 minutes.ECG - NSR
Imp : vasovagal episode with URTI.
two troponin reading coming back as negative.

Treatments: None recorded.

Follow-up arranged: nil

McGhee George CHI: 1311616039 IDL 14/07/2016 v1

Planned Outpatient Investigations: 24 hour tape

Final Discharge letter to follow: -

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Medication Comment: no change to regular meds

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Syahira Adnan
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Syahira Adnan, Doctor

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow

Dr Grieve
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow

G15 7TS

11 May, 2008

Dear Dr Grieve,

Re. GEORGE MCGHEE, 0/1 257 KINFAUNS DRIVE, GLASGOW, G15 7BD
Date of Birth 13.11.61 Hospital Number: 23135190L CHI Number: 1311616039

Your patient attended Western Infirmary on the 10 MAY 2008 at 11:43 am.

The presenting complaint was:	**CHEST PAIN**
Triage Information:	**Self Ref. 20min Episode Of L Sided Chest Tightness And Feeling Lightheaded At Rest This Am. No Cp At Triage. No Sob. Pmh ? Irregular Heart Beat 15yrs Ago Not On Any Meds For That. Temp 36.3**
The following investigations were carried out:	**Arterial Blood Gas** **Ecg**
The A&E diagnosis was:	**Dizziness And Giddiness**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Discharged**
Follow-up:	**Discharged**
Additional Information:	**Nil**

Yours sincerely,

Anna Quinn
Emergency Department Doctor

Consultants

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Treatment Room Record

NAME: CHI 1311616039
MCGHEE George 13/11/1961 M
ADDRES [redacted] G15 7BD
DATE OF Dr Grieve GMC :2555313
Drumchapel H.C., Practice.:40559
TEL.NO:

PRACTICE STAMP
DR. C. GRIEVE
DRUMCHAPEL HEALTH CENTRE
80/90 KINFAUNS DRIVE
GLASGOW G15 7TS
TEL: [redacted]

KNOWN ALLERGIES:

DATE	DIAGNOSIS	TREATMENT REQUEST	Doctor/Nurses Signature
19/3/08	Wt loss	FBC ESR U&E glucose CRP LFTs TFTs Urinalysis	CMPhaden

DATE	TREATMENT GIVEN	PROGRESS	REVIEW DATE	SIGNATURE
20/3/08		blood taken - urinalysis req		SBgmes

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Lab Report ID : B,12.1509205.D
Filed By User :
Assigned to :

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (3834) George McGhee DOB : 13/11/1961 CHI : 1311616039 SEX : M
ADR : Flat 1 - 2 266 Drumry Road GLASGOW

** ABNORMAL **

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Glucose					
Glucose		5.3	mmol/L	(3.5-6.0 U)	NK
R Fasting		No			NK
R Urea & Electrolytes					
Sodium		142	mmol/L	(133-146 U)	NK
Potassium		4.8	mmol/L	(3.5-5.3 U)	NK
Chloride		106	mmol/L	(95-108 U)	NK
Urea		6.7	mmol/L	(2.5-7.8 U)	NK
Creatinine		80	umol/L	(40-130 U)	NK
Estimated GFR		>60	ml/min	(>=60 U)	NK
R Liver Function Tests	Y				
Total Bilirubin		9	umol/L	(0-20 U)	NK
ALT	+	84	U/L	(0-50 U)	NK
AST		40	U/L	(0-40 U)	NK
Alkaline Phosphatase		85	U/L	(30-130 U)	NK
Albumin		41	g/L	(35-50 U)	NK
R Lipid profile	Y				
-Non-fasting sample					
-LDL & VLDL-chol should be estimated on blood from fasting patient.					
Cholesterol		5.0	mmol/L		NK
Triglycerides	+	2.8	mmol/L	(0.2-2.3 U)	NK
HDL Cholesterol		0.9	mmol/L		NK
LDL-Cholest (calc'd)		NA			NK
R VLDL-Chol (calc'd)		NA			NK
Chol/HDL ratio		5.6			NK
R Thyroid funct test					
TSH		1.83	mU/L	(0.35-5.00 U)	NK
Free T4		13.9	pmol/L	(9.0-21.0 U)	NK
Total T3					NK

Sample Collected Date : 26/11/2012 09:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/11/2012 18:00:00
Received Date : 27/11/2012 14:00:10
Requestor : GRIEVE, CHRISTINE
Requestor GMC Code :

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential. Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

North West Primary Care Mental Health Team
The Sandy Road Centre
12 Sandy Road
Partick, G11 6HE

Telephone: 0141 232 9270

www.glasgow.gov.uk
www.nhsggc.org.uk

Our Ref: CF/KS/1311616039
Dictated: 24th January 2022
Typed: 26th January 2022

Private and Confidential

Dr Turnbull
Drumchapel Health Centre
80 – 90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Turnbull,

RE: MCGHEE, George (Mr) D.O.B 13.11.61(6039)
Address: Flat 2/1, 69 Abbotshall Avenue, Glasgow, G15 8PL

We are writing in regards to a recent self-referral to our service from the above named patient. I note Mr McGhee was assessed by our service in 2021 at that time we did not feel that a brief intervention within PCMHT would be suitable for Mr McGhee. At that time we recommended the community addiction team and following this if he required psychological therapy he may benefit from psychotherapy. We have also written to your patient to let him know that the referral has not been accepted.

Yours Sincerely

Dr Claire Fagan
Counselling Psychologist
On behalf of NWPCMHT.

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGhee George Martin CHI: 1311616039

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. NJ Clark
1398 Dumbarton Road
Glasgow
G14 9DR

Main Switchboard: [redacted]
Department: Respiratory
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 23/09/2024
Reference:
Dictated Date: 05/09/2024
Transcribed Date: 10/09/2024

Dear ,

George Martin McGhee; D.O.B: 13/11/1961; CHI: 1311616039
FLAT 0-1, 129 EARL STREET, Glasgow, Lanarkshire, G14 0DE

DIAGNOSES
1. Bronchiectasis - on regular Azithromycin.
2. Ex cigarette smoker.

I spoke with Mr McGhee on the telephone from Dr Bicknell's respiratory clinic today. I was pleased to hear that he has had no further chest infections since starting on Azithromycin. As well as this, he has complete resolution now of his cough. He does not suffer from any ongoing shortness of breath. He is awaiting to see the ENT team regarding ongoing nasal stuffiness and has been on regular steroid nasal sprays for around 5 months now with no relief in symptoms.

His blood tests performed during his last clinic visit were unremarkable. I have advised Mr McGhee to continue with his Azithromycin and we will review him again in around 6 months time.

Yours sincerely,

Hannah Gorgui-Naguib

IMT3 in Respiratory Medicine

Electronically Signed: Dr Hannah Gorgui-Naguib, Doctor

cc.

Printed on 23/09/2024 08:53 by Marlo Graham Page 1 of 1

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

McGhee George Martin CHI: 1311616039

Clinical letter - GP: Pulmonary Rehabilitation Discharge Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. VJ Shotton
Kinfauns Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard: [redacted]
Department: Pulmonary Rehabilitation
Contact Tel: [redacted]
Enquiries to: Hazel Cullen
Letter Date: 13/06/2023
Reference: JM/HC
Dictated Date: 13/06/2023
Transcribed Date: 13/06/2023

Dear VJ Shotton,

George Martin McGhee; D.O.B: 13/11/1961; CHI: 1311616039
FLAT 2-1, 69 ABBOTSHALL AVE, Glasgow, Lanarkshire, G15 8PL

Thank you for referring the above named person to Pulmonary Rehabilitation on the 2nd December 2022 with history of bronchiectasis.

Mr McGhee attended face-to-face Pulmonary Rehabilitation today on 13th June 2023 at GGH Physiotherapy Department.

The table below is showing the results of his 6 Minute walk Test.

6MWT	*Pre*
BP	135/80
Resting O2/Hr	96% room air, HR-74 BPM
Distance Walked	450m no rest
Lowest O2/Highest Hr	91% room air, HR-98 BPM
BCS	Pre BCS-0, Post BCS-1
CAT	17/40
PHQ8	6/24
LINQ	14/25
GAD7	7/21

Mr McGhee reported to have the MRC 1/2 and he walked 450m in 6 minutes with no rests. His Pre Breathing Control Score was 0 and Post Breathing Score Score 1. The lowest SPO2- 91 and Highest HR- 78 BPM.

The results shows that at the moment he is too fit for our criteria as we take patients with MRC score of 3 and above.

We have now successfully discharged him from our service, but you are free to re-refer him back in future when he meets our criteria

Kind regards

Joyce Mukupa

Respiratory Nurse

Pulmonary Rehabilitation

Electronically Signed: Nurse Joyce Mukupa, Nurse

cc.

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Department of Respiratory Medicine
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
[redacted]
www.nhsaaa.net

NHS Ayrshire & Arran

Dr J Grayston
Townhead Surgery
6/8 High Street
Irvine
Ayrshire
KA12 0AY

Our Ref: AS/SAF
Hospital No:
Clinic Date: 27/10/2019
Date Dictated: 29/10/2019
Date Typed: 08/11/2019
Enquiries to Jacqueline Lynch
Direct Line: 01563 825231 Direct Line
Ext. Number: 25231
Email: [redacted]

Dear Dr Grayston,

GEORGE MCGHEE DOB: 13/11/1961 CHI No: 1311616039
192 DICKSON DRIVE, IRVINE, AYRSHIRE, KA12 9HB

Diagnosis: **Bronchiectasis (right middle lobe Bronchiectasis mainly)**
Gastro-oesophageal reflux
Hypertension
Panic attacks
High cholesterol

Medication: **Salbutamol MDI prn, Fostair MDI 2 puffs bd with a spacer device, Carbocisteine 750 mg tds, Omeprazole and Simvastatin. Patient mentioned that recently Mometasone nasal spray was stopped**

I reviewed this 57 year old pleasant gentleman in the Respiratory Clinic today. He is an ex-smoker who stopped smoking about 8 years ago and prior to that he was a heavy smoker for 30 years. He worked as a Chef in the past and is now retired. He was diagnosed with Bronchiectasis in 2017 and unfortunately earlier this year he had recurrent infective exacerbations. I was happy to note that in the last 4 months there were no further infective exacerbation of Bronchiectasis. He remains stable. We repeated his HRCT and it shows slight worsening in right middle lobe bronchiectatic changes.

Unfortunately he is still waiting for an appointment with the Respiratory Physiotherapists and in the past 2 referrals were sent and I will send a copy of this letter to the Respiratory Physiotherapists for postural drainage exercises.

GEORGE MCGHEE DOB: 13/11/1961 CHI No: 1311616039
192 DICKSON DRIVE, IRVINE, AYRSHIRE, KA12 9HB

His height is 172 cm, weight 85.6 kg, BMI 29, oxygen saturation room air and resting 97%, heart rate 73 bpm. I have advised him to continue with his regular medications and we will review him again in the clinic in 4 months time.

Yours sincerely

Authorised on 08/11/2019 07:00:57 by Typist Shirley Ann Ferguson, on behalf of Amer Saleem.

Dr Amer Saleem
Consultant in Respiratory Medicine (Medinet)
GMC No: 7048887

Pulmonary Rehab
Physiotherapy Department
University Hospital Crosshouse
Kilmarnock
KA2 0BE

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Rec 2015
Cung
Rx Rey

NHS AYRSHIRE & ARRAN

THE AYR HOSPITAL
DALMELLINGTON ROAD
AYR KA6 6DX
Tel: (01292) 610555

Ref. .....

Chest .....Clinic

Dear Dr. .....

CHI: 1311616039
McGhee, George
192 Dickson Drive
Irvine
KA12 9HB
13/11/1961
Dr J Grayston
MRN: 1311616039

The above patient was seen on 18/5/19 (Date)

He/She is suffering from.....

Bronchiectasis

I have recommended the following treatment and will review progress in.....

carbocisteine 750mg TDS

Fuller report will/~~will not~~ follow.....

With kind regards,

Yours sincerely,

Dr. Shalin Diwanji
Consultant Physician
GMC 7051002

STA5111PN

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

4145 Confidential: Personal data about a patient

Stobhill Hospital: Diagnostic Imaging Report

Patient	GEORGE MCGHEE	**Address**	FLAT 0-1, 129 EARL STREET, GLASGOW, G14 0DE
DOB	13/11/1961	**CHI No.**	1311616039
Ref. Source	Barclay Clydeside Medical Practice	**Practice Code**	40761
Referrer	Dr Frank Mayaya	**Exam Date**	20/08/2025 11:05

Report Summary

Is the Lump Tender and/or Non-mobile? : No
Is the size of Lump greater than 5cm? : Yes
Any significant growth over past 3 months? : No
Location of Lump: : Right lumbar back area
Recently noticed a lump on his back, no painful, not sure how long has been there, firm, mobile on examination, ?Lipoma

US Soft tissue

US Soft tissue:
Palpable lump right lower back corresponds to a 2.4 cm lipoma. No concerning features.

Last verified by: RA72223 (Iain McHardy (Sonographer))
Reported by: RA72223 (Iain McHardy (Sonographer))

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Acute Services Division

Emergency Care and
Medical Services Directorate

NHS
Greater Glasgow and Clyde

THE ALAN LYELL CENTRE FOR DERMATOLOGY
Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Secretary:(Dr Herd, Dr Burden) 0141 211 6259
Secretary:(Dr Tillman, Dr Lemon, Dr Beattie) [redacted]
Appointments: [redacted]
Fax: 0141 211 6263

Management Office - Queens Park House, Victoria Infirmary,
- ☎: 0141 201 5807, Fax: 0141 201 5825
South - Professor Colin Munro, Dr David Belsland, Dr Angela Drummond, Dr Felicity Campbell
West - Dr Robert Herd, Dr David Tillman, Dr David Burden, Dr Paula Beattie, Dr Joyce Lemon
North East - Dr Susan Holmes, Dr Colin Clark, Dr Catherine Jury

DR TILLMAN'S CLINIC

Our Ref: DT/PM

Dictated: 20/12/2007
Typed: 21/12/2007

Dr Christine Grieve
Drumchapel Health Centre
80/90 Kinfauns Drive
G15 7TS

Dear Dr Grieve

George McGhee - 13/11/1961 - CHI: 1311616039 - CRN: 23135190L
0/1 257 Kinfauns Drive, Glasgow, G15 7BD

DIAGNOSIS: INTRADERMAL NAEVUS – EXCISED FROM FOREHEAD

The lesion recently excised from this patient's forehead proved to be an intradermal naevus, and excision is complete.

Kind regards

Yours sincerely

Dr David Tillman
Senior Lecturer/
Hon Consultant Dermatologist

Delivering better health

www.nhsggc.org.uk

40372

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow G11 6NT

Dr C Grieve
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow

G15 7TS

13 April 2011

Dear Dr Grieve

Re: GEORGE MCGHEE, 0/1 257 KINFAUNS DRIVE, GLASGOW, G15 7BD
Date of Birth: 13.11.61 Hospital Number: 23135190L CHI Number: 1311616039

Your patient attended Western Infirmary on the 12 APR 2011 at 12:21 pm.

The presenting complaint was:	**Jaw Pain**
Triage Information:	**Nil**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**"Injury-Alleged Assault" - Contusion - Head And Face - Other Region-Specify In Gp Letter**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Discharged**
Follow-up:	**Discharged**
Additional Information:	**Nil**

Yours sincerely,

Ryan Connelly
Emergency Department Doctor

Consultants

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential. Personal data about a patient

New Patient Medical

As your medical notes from your previous Doctor take some time to get to us we ask all new patients to complete this confidential questionnaire .These measures will give us a useful baseline and help us to readily identify any problems. Please complete this questionnaire and return it to reception.

Name	George McGhee	DOB	13-11-1961
Current Address	6/1 EARL Street	Mobile	[redacted]
		Marital Status	
Current Post Code	G14 0DE		
Previous Address	6/9 2/1 abbotshall av		
Previous Post Code	G15 8PL		
Previous GP Details	Drumchapel health center		
Country Of Birth	Scotland		
Date Entered Britain			
Emergency Contact Contact Details	[redacted]		

HAVE YOU PREVIOUSLY BEEN REGISTERED WITH THIS PRACTICE Y/N

Have **you** suffered from any of these illnesses		
Your History	Yes	No
Asthma		✓
COPD		✓
Diabetes		✓
Epilepsy		✓
Hypertension		✓
MI		✓
Angina		✓
Coronary Disease		✓
Stroke		✓
Kidney Disease		✓
Cancer		✓
Hyperlipidaemia		✓
Vasc Disease		✓
Thyroid Disease		✓
Mental Health		✓
Other		✓

BRONCHIECTASIS

Has **anyone in your family** suffered from any of these		
Family History	Yes	No
Asthma		✓
COPD		✓
Diabetes		✓
Epilepsy		✓
Hypertension		✓
MI		✓
Angina		✓
Coronary Disease		✓
Stroke		✓
Kidney Disease		✓
Cancer		✓
Hyperlipidaemia		✓
Vasc Disease		✓
Thyroid Disease		✓
Mental Health		✓
Other		

Operations or disabilities (List below)

NHS Confidential: Personal data about a patient

Medication

Allergies

NONE

Smoking	**Alcohol Consumption**
Never Smoked Current smoker *Ex-smoker*	Units per week

Have you ever had your BLOOD PRESSURE TESTED **Yes/No**
If so, when LAST year Has it ever been high/low **Yes/No**

Any Immunisations (List below)

FEMALE PATIENTS ONLY

Do you take any form of oral contraceptive pill or have you been fitted with a coil or implant?

CARERS

Are you a carer? Either formally or informally? **Yes/No**

Do you have any children living with you under 16years?

Name..... **DOB**.....

NHS Confidential. Personal data about a patient

Information Sharing/ Key Information Summary (KIS):

A The Key Information Summary (KIS) is a collection of information about a patient extracted from the patient's general practice record.

A KIS has to be specifically created for each patient. This is a task normally carried out by a doctor, and with the consent of the patient or their carers. The KIS information is shared centrally making this information available to other people and services looking after the patient, eg, **Out of Hours services, Scottish Ambulance Service or NHS24** may use the KIS to gain more information about people they are in contact with.

The aim is that better information and planning for these patients can help keep them at home or in the community, reducing unnecessary hospital care.

I consent to my information being shared via a Key Information Summary if my doctor decides that it is appropriate to do so.

Signed George McGhee **Date** 4-8-18

MJOG Consent:

We use a text reminder service to remind you of your upcoming appointments and occasionally Health Campaigns, for example, previously during Flu season (for those patients eligible).

Following the introduction of GDPR, we require your consent to send you messages this way.

I CONSENT to:

Receiving text message appointment reminders and Health Campaign Information ☑

We will confirm with you once your registration with the practice has been completed. Until the registration is completed we will not be able to issue prescriptions or book appointments for you. **If you are on repeat medication from your previous GP you must produce evidence i.e. the re-order form.**

NHS Confidential: Personal data about a patient

Prescribing Protocol for New Patients:

It is the policy of the Kingsway Medical Practice to review medication and offer dose reduction where appropriate to ensure safe and effective prescribing, particularly for those drugs that *can be harmful or addictive.*

These include:

- Diazepam
- Lorazepam
- Temazepam
- Gabapentin
- Pregabalin
- Tramadol
- Morphine
- Other Opioids

By registering with us, you are agreeing to work with us to make sure your medication is safe and if deemed appropriate for you, you will participate in a dose reduction program.

Signed George Mcghee **Date** 4-9-23

ETHNIC ORIGIN

White		**Asian, Asian Scottish or Asian British**	
Scottish	✓	Pakistani, Pakistani Scottish or Pakistani British	
English		Indian, Indian Scottish or Indian British	
Welsh		Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
Northern Irish		Chinese, Chinese Scottish or Chinese British	
Irish		Other	
Gypsy/Traveller			
Polish		**African, Caribbean or Black**	
		African, African Scottish or African British	
Other Ethnic Group		Caribbean, Caribbean Scottish or Caribbean British	
Arab		Black, Black Scottish or Black British	
Other		Other	

Any other white group	
Any mixed or ethnic group	

INTERPRETER

Do you need an interpreter? If so, which language: NO

Additional document
27-Jun-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**6774847**	Receive Date:	**17-Oct-2022 18:55**
Patient's Name:	**George Meghee**		
Date of birth:	**13-Nov-1961 (60 years)**	Gender:	**M**
Address:	**Flat 2-1 Flat 2-1 69 Abbotshall Ave G15 8PL**	Current Address:	**Flat 2-1 Flat 2-1 69 Abbotshall Ave G15 8PL**
Return Contact No:			
Tel No:	[redacted]		
Mobile No:			
Priority:	**within 2 hours**	Call Origin:	
Received:	**17-Oct-2022 18:55**	Calltype:	**Attend OOH Appointment**
Advised:	**19:19**	Arrived PCC:	**17-Oct-2022 20:34**
Cons start:		Cons End:	
Consulting Doctor:	**Eric Goldin**	Own doctor:	**Victoria Shotton**

CHI Number:
1311616039

NHSD details:

Receptionist:
FEVER/ SLEEPY - 2 DAYS
PCC3 PCEC within 2 Hrs
Clinical summary created by: Raje Padasivam (Call Taker Si) () [17/10/2022 19:19:24] Reason for call: FEVER/ SLEEPY - 2 DAYSConfirmed Symptom(s): Has Fever General weakness; no other symptoms Endpoint Management Selected (CCT) Risk Factor(s): No travel outside Europe in last 21 days or to an affected country Call Detail(s): Clinical supervisor (First Triage): SUSAN MCINTOSH 17:10:2022 18:56:02 PADASIVAMR.. MOUTH DRY AND SLEEPING MOST OR TIME LAST 2 DAYS . B/P 157/107 HEART RATE 130.. STATES EXHAUSTED SINCE SATURDAY. FEELING COLD DESCRIBING CLOTHES UNDER HIS BLANKET. SWEATY EPISODES. NO PAIN . NOT BREATHLESS. EXCESSIVELY THIRSTY. STATES CANNOT HYDRATE HIMSELF... PASSING URINE HAS NORMAL DENIES ANY PAIN AND DENIES ANY SYMPTOMS PRIOIR TO ONSET ON SATURDAY. SLIGHT HEADACHE. LIVES ALONE. STATES ACTIVE BUT FEELS TOTALLY

EXHAUSTED... CHECKED B/P 157/107, HEART RATE 130. URINE SAMPLE REQUESTED.OUTCOME PCEC 2 HRS HUB TO ARRANGE.. Outcome: PCEC within 2 Hrs

---

Triage details:

History - **in clinic area**

UNWELL OVER THE PAST COUPLE OF DAYS WITH FEVER, ANOREXIA AND SOME GENERALISED WEAKNESS, ALSO SLIGHT HEAD PAIN - NO FOCAL SYMPTOMOLOGY OTHERWISE - HAS HAD 3 COVID VACCINATIONS - NO KNOWN UNWELL CONTACTS.

Examination - **temp 39.5 hr 123 spo2 92 - 94% bp 141/87**
urinalysis
k.duncan hcsw
1 g paracetomol tabs given @ 20.45pm g.ewart pcn

temp 38.5 hr 112 spo2 94% @ 21.37pm k.duncan hcsw

NURSING STAFF'S ENTRIES NOTED (URINALYSIS ALSO REPORTED TO HAVE BEEN NEGATIVE) - RATHER FLUSHED - PULSE REGULAR - RR 18 - CRT, THROAT, HS, LOINS, ABDOMEN AND CALVES ALL NIL OF NOTE - SOME CREPS (ESPECIALLY AT LEFT BASE, THOUGH HE HAS PREEXISTING BRONCHIECTASIS) - NO RHONCHI - HE JUST TENSED UP WHEN I ATTEMPTED TO CHECK FOR NECK STIFFNESS - NO PHOTOPHOBIA.

Diagnosis - **? RESPIRATORY SOURCE OF INFECTION.**

Treatment - **OBS TO BE RECHECKED 45 MINUTES OR SO POST THE PARACETAMOL - WILL NEED SECONDARY CARE EVALUATION IF NO BETTER THEN.**

reported obs on review - temp 38.5 - sats 94% - pulse 112 - reports feeling a little better - I have opted to send him away with 5 days of amoxicillin 500mg tds and a box of paracetamol of prn usage - if worsening in the night, advised to recall '111' - otherwise, if any ongoing in-hours concerns, including no improvement over the coming couple of days, advised to contact his gp surgery.

Followups:

Other

Clinical Codes:

ZV6.. [V]Other reasons for encounter

EMIS attachment reference code
27-Dec-2023 Ms Tracy Cassidy (TC18837)
Additional: EMIS attachment reference code
script
Filename:
Extension:
Pages:

12 Kingsway Court
Glasgow
G14 9DS

Tel: [redacted]
Fax: [redacted]

Wednesday, 27 December 2023

Private & Confidential

Mr George Martine McGhee
Flat 0-1
129 Earl Street
Glasgow
Lanarkshire
G14 0DE

Dear Mr McGhee,

We have received communication from the hospital.

The Doctor has issued a prescription for you which will be collected by your preferred pharmacy.

Yours sincerely,

Administration Department

Dr. E. Cameron
Dr. J. Pinkerton
Dr. F. Kinnon
Dr. N. Clark