NHS
Greater Glasgow and Clyde

SAR Team
Medical Records
Royal Alexandra Hospital
Corsebar Rd
Paisley
Pa2 9PN

MMA Legal
STOK, 43-59 Princess ST
Stockport
SK1 1RY

Date 27/04/26
Your Ref 100346
Our Ref: LAT/JM/FG 1108626173
Enquiries to: Fiona Gamble
Direct Line: 0141 532 7292
E-mail: Fiona.Gamble@nhs.scot

Dear Sir/Madam

Subject Access Request under the General Data Protection Regulation

Patient Richard Halligan DOB **11/08/1962**

Thank you for your request received on 15/04/26 in which you seek a copy of your client's personal information.

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

Royal Alexandra & Inverclyde Royal Hospital Medical Records

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

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.
This personal information can be both clinical and non-clinical in nature, and can include:-

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

The source of our data includes patients, General Practitioners, healthcare, social and welfare organisations, legal representatives and police forces.
We sometimes need to share the personal information we process with the individual themselves and also with other organizations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation.

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

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

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

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

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

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

Yours sincerely

SAR Team

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐

Royal Alexandra Hospital Skin Cancer Clinic

2009

1108626173
HALLIGAN M
Richard 11/08/1962
17 HOLEHOUSE BRAE
NEILSTON
Glasgow. Lanarkshire
G78 3LX

56

po;
Dermatology ☑
Plastic Surgery ☐
Date of Referral ..... **Clinic Date** 27/9/18
Referring Dr ☑ GP ☐ Other

Site of Lesion(s) (L) ant shin. Size of Lesion: 1cm papule, central keratin
Reason for Concern
2/52 Hx. ? bleeding, some itch, tender.
No increase in size.

History of:	Yes	No
Multiple Naevi	☐	☐
Sunbeds>50hrs/yr	☐	☑
FH of melanomas	☐	☑
Transplant	☐	☑
Concomitant-Ciclosporin Methotrexate-Azathioprine	☐	☑
Lived abroad >1year	☐	☑

Clinical Diagnosis

BCC ☐ SCC ☐ Melanoma ☐
Type .....
Atypical Naevus ☐ Other AK/BCP/Benign Naevus ☐
Rule out Malignancy ☐

Additional Comments
D/W Dr Mutter
Squamoid ff - ? viral
- ? KA
- exclude Mal.

Treatment Circle option(s)

Cryotherapy (Curretage) Shave Topical 5FU/Imiquimod PDT Photography

Formal Surgical Procedure Needed: Biopsy Excision Other

Outcome

	yes	no
Discharge	☐	☐

Pending path.

Follow up
1. Dermatology
2. Plastics
3. Onward Referral to MOHS
4. Radiotherapy

Interval .....

Patient advised to report any new lesions or changing skin lesions to their GP without delay

Signature **Print Name** McCrossan **Grade** ST1

0 +

NHS Greater Glasgow and Clyde

Dermatological Surgery

Pre-operative Risk Assessment *(Complete at biopsy booking)*

☐ GRI ☐ STB ☐ WIG/GGH ☐ SGH ☐ VIG ☐ ~~RAH~~ ☐ IRH

Date: 27/9/18
Consultant: _____
Doctor: mccuskey
Biopsy Date: ___/___/___

1108626173
HALLIGAN M
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NEILSTON
Glasgow, Lanarkshire
G78 3LX

Bleeding Risk YES / NO

☐ Aspirin/clopidogrel continuing/stopped.....days
☐ Warfarin/heparin continuing/stopped.....days
☐ Bleeding disorder ..... ☐ **For pre-op INR = ...**

Anaphylaxis Risk YES / NO

☐ latex/rubber allergy ☐ H/O anaphylaxis
☐ H/O local anaesthetic reaction ☐ other allergy..... Penicillin

Cardiovascular/respiratory Risk YES / NO

☐ pacemaker ☒ defibrillator ☐ valve defect/prosthetic valve
☐ severe cardiovascular/respiratory impairment

♦ **Antibiotic prophylaxis required:** YES / NO

Medications *(relevant: MAOI, phenothiazines, tricyclics, beta-blockers..)*

☐ .....

Infective Risk YES / NO

☐ HIV ☐ Hepatitis B ☐ Hepatitis C ☐ MRSA
☐ other .....

Risk of poor wound healing/ wound infection YES / NO

☐ systemic steroids ☐ immunosuppressants ☐ diabetes mellitus
☐ peripheral vascular disease ☐ ulcerated/infected lesion
☐ ~~Smoker~~ : YES / NO ...6.....cpd + cannabis

Operative risks discussed with patient YES / NO

☐ ~~Infection~~ ☐ ~~bleeding~~ ☐ nerve damage
☐ ~~scarring~~ ☐ wound dehiscence ☐ ~~incomplete excision~~

Biopsy request *(Please mark site overleaf)*

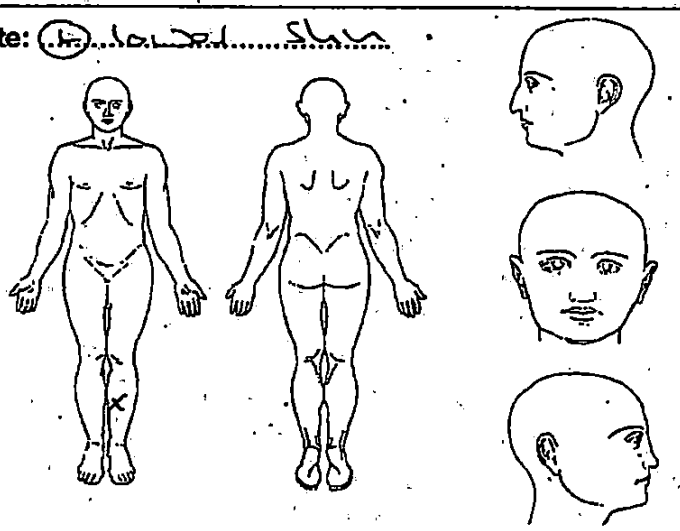
☐ incisional ☐ ~~excisional~~

☐ ~~curettage~~ ☐ shave ☐ punch.....mm ☐ elliptical
☐ flap/graft ☐ other.....

Date 27/9/18

Consent: ☑ written ☐ verbal ☐ other .....

Site: (L) lower shin



Lesion details:	Yes	No
Ulceration		✓
Pigmentation		✓
Infection		✓

Maximum diameter
= ..... mm

Clinical Diagnosis:
☐ benign lesion
☐ BCC ☐ SCC ☐ MM
☐ for diagnosis
☐.....

Biopsy type: ☐ **incision** ☐ **excision**
☐ shave ☐ curettage: *single/double/triple*
☐ punch [☐ 2mm ☐ 3mm ☐ 4mm ☐ 5mm ☐ 6mm]
☐ elliptical ☐ circular ☐ flap/graft ☐ other.....

Anaesthetic: *(Local)*
☐ 0.5% lignocaine ☐ 1% lignocaine ☐ 2% lignocaine
☐ with adrenaline ☐ no adrenaline ☐ other.....
♦ **Total amount used** .....3-4.....mls

Haemostasis: ☐ chemical ☐ hyfrecator ..l.o..high/low ☐ sutures..... ☐ pressure

Closure: ☐ glue ☐ steristrips ☐ sutures ☐ secondary intention

☐ subcuticular number..... size..... type.....
☐ cuticular number..... size..... type.....

♦ Removal of sutures ..... days – GP / Dermatology unit / District Nurse

Excision Margins:
a) Lateral = ... mm
b) Deep = ☐ intradermal ☐ just below dermis ☐ cuff of s/c fat ☐ fascia ☐ deeper

Additional notes:
Dressing
Advice Sheet

Investigations: ☐ H&E ☐ IMF ☐ culture ☐ EM ☐ other.....

Follow-up: ☐ appointment _____ weeks ☐ discharge to GP ☐ pending results

Surgeon (Print) ABrown Position Dr Assistant Dmcnab N/A

Surgical Safety Checklist
GG&C Dermatology Directorate

1108626173
HALLIGAN M
Richard 11/08/1962
17 HOLEHOUSE BRAE
NEILSTON
Glasgow. Lanarkshire
G78 3LX

Date: 27/9/18

Before lying on bed (all boxes must be ticked before proceeding)

1. **identity** ask the patient their name and date of birth ☑

   procedure 'do you know what you are having done today?' does this agree with the clinical notes? ☑

   site ask patient to point to lesion. does this agree with clinical notes, photos and/or diagrams? ☑

   * mark the site at this stage * e.g. circle or arrow – **this is not the surgical margin** show the patient the marked site to confirm (may need mirror) ☑

2. **check** the pre-assessment form in particular - allergies, pacemaker / implant, defibrillator ☑

3. ensure **informed** consent has been gained ☑

Before incision
(to be read out loud)

☑ patients **identity**

☑ **procedure** to be carried out

☑ **site** of the lesion Remember

is there an **allergy**? (Yes) / No

is there a **pacemaker/ICD?**
Yes / (No)

To assistant – **any concerns?**

Before patient leaves
(to be read out loud)

operator - '**sharps** have been disposed'

assistant - '**specimen** is in pot'

assistant - **read** patients name from;
Label
Form

I confirm each of the above steps have been checked and read out loud.

Operator
Signature: [signature]
Print Name: [signature]

Assistant
Signature: [signature]
Print Name: [signature]

NHS
Greater Glasgow and Clyde

1108626173
HALLIGAN M
Richard 11/08/1962
17 HOLEHOUSE BRAE
NEILSTON
Glasgow, Lanarkshire
G78 3LX

The patient attended DERM Clinic at RAH

Hospital on 27/12/17 and I would advise a change to drug therapy from

_____ to _____

or additional therapy of _____

_____

as detailed below. Full letter to follow.

Additional Comments: CHRONIC DERMATITIS NODULARIS HELICIS

_____

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
Elocon CREAM		once daily to ear	0/x1

Yours Sincerely

Signature:

Name (print) Bowman Grade: SCI Ext. No:

White copy to - G.P. Pink copy - *File this copy in Case Records*

00545 GGC0004

Clinical letter - GP: Results

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Older People and Stroke Service
Contact Tel: 0141 314 6191
Enquiries to: erin.connor@ggc.scot.nhs.uk
Letter Date: 18/11/2022
Reference: AJ/EC
Dictated Date: 17/11/2022
Transcribed Date: 18/11/2022

Dr. LD McTaggart
Neilston Medical Practice
The Medical Centre
1 High Street
Neilston
G78 3HJ

Dear Dr McTaggart,

Richard Halligan; D.O.B: 11/08/1962; CHI: 1108626173
68 CRAIG ROAD, NEILSTON, Glasgow, Lanarkshire, G78 3LX

Mr Halligan presented to my Neurovascular Clinic following your referral with leg weakness however he stated that both legs happened to be weak at the same time on two separate occasions. I have requested an MRI spine and the results has now been passed on to me. The summary of the study showed no evidence of spinal disease. There are however multiple degenerative disc pathology as detailed in the study which is visible on Clinical Portal. No evidence of cauda equina compression.

Kind regards.

Yours sincerely

Dr Al-Sadik Jaly

Locum Consultant Stroke Physician

MBChB, MRCP, MRCPI, MSc neuro (London), Dip neuro (London), Dip stroke & cerebrovascular disease (RCPI)

Electronically Signed: Dr Al-Sadik Jaly, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-314-7294

Trauma and Orthopaedics
0141 314 6946

Dr. LD McTaggart
Neilston Medical Centre
1 High Street
Neilston
G78 3HJ

Main Switchboard:	
Department:	Trauma and Orthopaedics
Contact Tel:	0141 314 6946
Enquiries to:	
Letter Date:	09/01/2026
Reference:	MI/DM
Dictated Date:	09/01/2026
Transcribed Date:	09/01/2026

Dear Dr. LD McTaggart,

Richard Halligan; D.O.B: 11 Aug 1962; CHI: 1108626173
68 Craig Road, Neilston, Glasgow, G78 3HU

Attendance: Specialty - Orthopaedics ; Clinic - RAJUSOR001D-MS SMITH ORTHO FRI PM
Date and Time of Appointment - 09/01/2026 13:05

Follow Up: Discharged

Clinical Comments:
Diagnosis: Lumbosacral spondylosis

Plan: Discharge from Orthopaedics to Physiotherapy

I reviewed Mr Halligan today to update him about the results of his MRI. Mr Halligan was absolutely fine today, his back pains are getting much better with physiotherapy and he is managing fine. I reassured him about the results of the MRI and I discussed that the results showed spondylosis to his lumbosacral with no particular compression on the nerves. He was understanding of what is happening, and knows that spondylosis is a sort of arthritis of the intervertebral discs.

He will continue with physiotherapy and as discussed with him there is no need for any further appointment for his back. I have discharged him.

Yours sincerely

Mr Mohamed Ismail

FRCS T&O (England), FEBOT, PHD Cairo University, SCF T&O

Electronically Signed: Dr Mohamed Ismail, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-314-7294

Dr. LD McTaggart
Neilston Medical Centre
1 High Street
Neilston
G78 3HJ

Main Switchboard:	0141-314-7294
Department:	Orthopaedics
Contact Tel:	0141 314 6946
Enquiries to:	
Letter Date:	09/07/2025
Reference:	JS/DM
Dictated Date:	09/07/2025
Transcribed Date:	26/08/2025

Dear Dr. LD McTaggart,

Richard Halligan; D.O.B: 11 Aug 1962; CHI: 1108626173
68 Craig Road, Neilston, Glasgow, G78 3HU

Attendance: Specialty - Orthopaedics ; Clinic - RAJUSOR04S-MS SMITH ORTHO EXTRA CLINIC
Date and Time of Appointment - 09/07/2025 18:00

Requested Out-patient Investigations:
MRI scan

Follow Up: Contact with results

Clinical Comments:
Many thanks for referring this 62 year old gentleman to the clinic. He has been complaining of back pain and stiffness for many years and originally saw someone in Ross Hall, probably in 2015 according to his records. He tells me that he had an MRI scan at that point for his back, and then was also seen by the same person regarding a possible trochanteric bursitis in the right hip. Last time he was seen he tells me was two and a half years ago, and he has had three injections into this trochanteric bursa. He says that the first one lasted about nine months and the second one only lasted about two weeks, and then he had a third one which made no difference.

His main problem just now is back pain and stiffness, with pain radiating into the right buttock and into the right thigh, and then on the left side radiating down the back of his leg to the foot.

He said that he walks a few steps and then it becomes painful, and if he continues on he really has to slow down. Inclines make things significantly worse.

He is not describing any weakness as such in the legs, and there are no sensory symptoms.

He lives with family and has a 12 year old daughter. He drives and can manage to do this, but getting in and out of the car is difficult. He does not currently work. He is not on any painkillers as he feels that they do not really help. He has very occasionally taken Paracetamols.

Over the years he has visited physiotherapy both privately and then he had an appointment at the Glasgow Royal Infirmary, but he said it was too painful to proceed with.

On examination he has a slow gait and is slim. There was no tenderness on palpation over the greater trochanter of the right hip, but he was very slim. He had a full range of movement in that hip. Power and sensation was normal throughout the lower limbs today.

The symptoms he was describing coming down the left leg could well be due to sciatica, and he is also having pain on the right side which is being put down to this trochanteric bursa, but certainly there is no tenderness on palpation of that today, and it may well be that this is also coming from his back.

I have explained to him that we will get an MRI scan, but I think the mainstay of treatment here may well be physiotherapy and I did go over the importance of persevering with this if that is what we suggest.

I will be in touch with him once he has had his scan.

Yours sincerely,

Ms Julie Smith

Consultant Orthopaedic Surgeon

Electronically Signed: Ms Julie Smith, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
0141 314 9504

Dr. LD McTaggart
Neilston Medical Centre
1 High Street
Neilston
G78 3HJ

Main Switchboard:
Department: Orthopaedics
Contact Tel: 01475 504712
Enquiries to: yvonne.gibson@ggc.scot.nhs.uk
Letter Date: 27/11/2023
Reference: MRB/CN
Dictated Date: 27/11/2023
Transcribed Date: 08/12/2023

Dear Dr. LD McTaggart,

Richard Halligan; D.O.B: 11 Aug 1962; CHI: 1108626173
68 CRAIG ROAD, NEILSTON, Glasgow, Lanarkshire, G78 3LX

Attendance: Specialty - Orthopaedics ; Clinic - IRMRBOR2-MR BROADBENT NEW ORTHO MON PM
Date and Time of Appointment - 27/11/2023 15:50

Requested Out-patient Investigations:
CT scan

Follow Up: Review with results

Clinical Comments:
Diagnosis: Right elbow osteoarthritis

I saw Mr Halligan in the clinic today regarding his right elbow. He's previously had osteoarthritis diagnosed and treated at the GRI around ten years ago. He now presents with a similar pattern of problems in his right side. His current complaint is difficulty fully flexing and extending and he now can't get his hand to his face. Clinically today his extension and flexion is 0/40/100°.

X-rays taken last year demonstrate osteoarthritis. He also describes intermittent locking. No numbness or tingling in the fingers. I am going to organise a CT scan of his elbow, once this is performed we will see him back.

Yours sincerely

Mr M R Broadbent

MBChB, FRCS (Tr & Ortho) Diploma in hand surgery (BSSH)

Electronically Signed: Mr Mark Broadbent, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. LD McTaggart
Neilston Medical Practice
The Medical Centre
1 High Street
Neilston
G78 3HJ

Main Switchboard:
Department: Older People and Stroke Service
Contact Tel: 0141 314 6191
Enquiries to: erin.connor@ggc.scot.nhs.uk
Letter Date: 17/10/2022
Reference: AJ/EC
Dictated Date: 18/10/2022
Transcribed Date: 21/10/2022

Dear Dr. LD McTaggart,

Richard Halligan; D.O.B: 11 Aug 1962; CHI: 1108626173
68 CRAIG ROAD, NEILSTON, Glasgow, Lanarkshire, G78 3LX

Attendance: Specialty - Geriatric Medicine; Clinic - RAASJGEI-DR JALY EXTRA CLINIC
Date and Time of Appointment - 17/10/2022 13:30

Requested Out-patient Investigations:
MRI spine

Clinical Comments:

Thank you for referring Mr Halligan to the Neurovascular Clinic. I spoke to him over the telephone. Mr Halligan gave a clear history dating back three months when he was walking and suddenly felt both legs were weak and he became unsteady. He managed to support himself until the episode resolved after approximately five minutes. About four weeks ago while standing in his house reading a paper he felt both legs going weak. He felt flushed and frightened and thought he was going to die. It took approximately ten minutes to resolve. During this time he convinced himself he could walk on a straight line but felt that the right leg was going to the right while the left leg was going to the left. Despite both legs recovered after ten minutes, it took him approximately another 45 minutes to recover from the body upset created by this episode. He denied any other focal neurology, chest pain, palpitations, collapse or falling. He complain of chronic lower back pain.

As his symptoms do not represent a TIA I have taken the liberty of arranging an MRI of lumbar spine.

I have made no further appointment to see him in the clinic and I feel he may need further referral to Neurology for further assessment of his symptoms.

Kind regards.

Yours sincerely

Dr Al-Sadik Jaly

Locum Consultant Stroke Physician

MBChB, MRCP, MRCPI, MSc neuro (London), Dip neuro (London), Dip stroke & cerebrovascular disease (RCPI)

Electronically Signed: Dr Al-Sadik Jaly, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. LD McTaggart
Neilston Medical Practice
The Medical Centre
1 High Street
Neilston
G78 3HJ.

Main Switchboard:	
Department:	Orthopaedics
Contact Tel:	0141 314 6946
Enquiries to:	carri.pattison@ggc.scot.nhs.uk
Letter Date:	07/02/2022
Reference:	PKS/JC
Dictated Date:	07/02/2022
Transcribed Date:	04/03/2022

Dear Dr. LD McTaggart,

Richard Halligan; D.O.B: 11 Aug 1962; CHI: 1108626173
68 CRAIG ROAD, NEILSTON, Glasgow, Lanarkshire, G78 3LX

Attendance: Specialty - Orthopaedics ; Clinic - RAPKSOR2-MR SHARMA ORTHO MON PM
Date and Time of Appointment - 07/02/2022 14:30

Follow Up: Discharged

Clinical Comments:
Many thanks for referring this 59 year old gentleman who's had pain over his right hip for the past 2 - 3 years. He described having pain over the trochanteric area with various physical activities and his walking is limited due to this. His pain becomes worse if he is carrying anything heavy while walking. He told me he had three Cortisone injections over the painful area and the first injection gave him relief for 8 - 9 months and the other two injections had very little effect. I note from Mr Mansbridge's consultation letter that an MRI scan of his hip had shown trochanteric bursitis and a diagnosis of trochanteric pain syndrome was suggested. He's had physiotherapy and he used shockwave treatment which gave him temporary relief of symptoms. He also suffers from chronic low back pain but there are no radicular symptoms in his legs and no neurological symptom. He is otherwise in good general health and he continues in his job as a builder.

Clinical examination shows a slim man who walks without a limp. Examination of the lumbar spine was unremarkable. Examination of the right hip showed marked tenderness over the greater trochanteric area and he maintains a full range of movement of his hip joint. There was no neurological disturbance.

X-rays of his hips show minor arthritic changes and these changes have remained unchanged compared to the x-rays taken three years ago.

This gentleman has trochanteric pain syndrome and as you are aware, this condition sometimes is refractory to all kinds of treatment. Surgical removal of the trochanteric bursa gives unpredictable results and it is generally not indicated. I have advised him to continue with conservative treatment and it may be useful to provide local anaesthetic patches and GTN patches which he should apply over the affected area.

He has been discharged from the clinic.

Yours sincerely

Mr Pardeep Sharma

Consultant Orthopaedic Surgeon

Electronically Signed: Mr Pardeep Sharma, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Dermatology
Contact Tel: 0141 314 6612 (secretaries)
Enquiries to:

Dr. AD Capaldi
Dr a capaldi & partners
The Medical Centre
1 High Street
Neilston
G78 3HJ

Letter Date: 27/09/2018
Reference: SM/fk
Dictated Date: 27/09/2018
Transcribed Date: 28/09/2018

Dear Dr. AD Capaldi,

Richard Halligan; D.O.B: 11 Aug 1962; CHI: 1108626173
17 HOLEHOUSE BRAE, NEILSTON, Glasgow, Lanarkshire, G78 3LX

Attendance: Specialty - Dermatology; Clinic - RAFMDE7-DR MULLER RAPID ACCESS SKIN LESION THURS AM
Date and Time of Appointment - 27/09/2018 09:10

Clinical Comments:
DIAGNOSIS

Squamoproliferative lesion on left shin

RECOMMENDATIONS

Curette.

FOLLOW UP

Pending pathology.

I reviewed this 56 year-old gentleman today with regards to a two week history of an enlarging tender papule to his left anterior shin. He denied any bleeding but did describe it as tender and felt it came up suddenly around two weeks ago. He is otherwise well with no significant risk factors for skin cancer.

On examination today there is evidence of a 1 cm papule to the right anterior shin with some central keratin to it.

He was also reviewed by Dr. Muller today and we feel this likely represents a squamoproliferative lesion which may be a viral wart or a keratoacanthoma. We have arranged for curette today to exclude any malignancy.

Yours Sincerely,

Dr. Sarah McCusker

ST3 in Dermatology

Electronically Signed: Dr Sarah McCusker, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. AD Capaldi
Dr a capaldi & partners
The Medical Centre
1 High Street
Neilston
G78 3HJ

Main Switchboard:	
Department:	Dermatology Department RAH
Contact Tel:	0141 314 6612 (Secretaries)
Enquiries to:	
Letter Date:	27/12/2017
Reference:	jb/klg
Dictated Date:	27/12/2017
Transcribed Date:	20/01/2018

Dear Dr. AD Capaldi,

Richard Halligan; D.O.B: 11 Aug 1962; CHI: 1108626173
17 HOLEHOUSE BRAE, NEILSTON, Glasgow, Lanarkshire, G78 3LX

Attendance: Specialty - Dermatology; Clinic - RARBDE5-DR BLAIR DERM WED AM
Date and Time of Appointment - 27/12/2017 09:15

Follow Up: None

Clinical Comments:

Thank you for referring this 55 year old gentleman to the Dermatology Clinic. I agree that he has tender areas on his right pinna, which are typical of chondrodermatitis nodularis helices.

Things are actually quite settled just now. In view of that I am not keen to proceed with cryotherapy at this stage. I have stressed the importance of trying to take pressure off his ear, by changing his pillow or sleeping position. There is a product on the market called Pillow with a hole, which some patients have found helpful. For symptom relief I have suggested Elocon cream to apply to the area at bedtime.

At this stage I am happy to discharge him back to your care. If his symptoms do not improve with these measures, please do not hesitate to refer him back to us.

Yours sincerely

Dr Julia Bowman

Staff Grade in Dermatology

Electronically Signed: Dr Julia Bowman, Consultant

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Dermatology
Contact Tel: 0141 314 6612 (Secretaries)
Enquiries to:

Richard Halligan
17 HOLEHOUSE BRAE
NEILSTON
Glasgow
Lanarkshire
G78 3LX

Letter Date: 30/10/2018
Reference: SM/JS
Dictated Date: 02/10/2018
Transcribed Date: 29/10/2018

Dear Mr Halligan ,

I am writing to you with the results of the biopsy we took from your left lower leg, in September. I am pleased to say that, under the microscope, this has shown no evidence of any skin cancer or any concerning changes. The pathologist feels the most likely diagnosis here is something called a keratoacanthoma. This is a benign growth, and I enclose an information leaflet on this.

The scraping procedure you had performed should have been enough to treat this area adequately, but there is a risk that this may recur in future. We would advise that you monitor this area and if you notice any changes, we would see you again, at your GP's request. I hope the biopsy site is healing well and please do not hesitate to contact me if you have any questions.

Kind regards

Yours sincerely

SARAH McCUSKER

ST3 IN DERMATOLOGY

Electronically Signed: Dr Sarah McCusker, Doctor

cc. Dr A Capaldi
The Medical Centre
1 High Street
NEILSTON G78 3HJ

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma & Orthopaedic - Hip GGC MSK Physio Ortho Hip	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital** and **hospital address** Hospital location code. C418H Email address -

Urgency of referral Routine
Date of referral 17-Mar-2026 **Date sent** 17-Mar-2026

PATIENT DETAILS

Surname	Halligan
Forename(s)	Richard
Title	Mr
Sex	Male
Date of birth	11-Aug-1962
CHI no.	1108626173
Area of Residence	-

Patient's address

68 Craig Road
Neilston
Glasgow
G78 3HU

Contact number(s)

Voice: 07859046918

101039391687T

Unique Care Pathway Number: 101039391687T

REGISTERED GP DETAILS

Name	Dr Lara McTaggart		
GMC code	4614357	GP code	39756
Practice name	Neilston Medical Centre (18999)		
Practice code	87023		

Practice address

1 HIGH STREET
NEILSTON
G78 3HJ

Contact number(s)

Voice: 0141 880 6505

REFERRING GP DETAILS

Name	Dr. Alanna MacRae		
GMC code	6134456	GP code	36200
Practice name	Neilston Medical Centre (87023)		
Practice code	87023		

Practice address

1 High Street
Neilston
G78 3HJ

Contact number(s)

Voice: 0141 880 6505

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Groin pain

Comment: FAI.
Richard is having a lot of pain in both hips. He finds it is present on waking and is worse on the side he sleeps on.
He reports he is now struggling to walk even short distances and feels he is heading for a wheelchair. He reports the legs giving way.
On examination he seems to have lost thigh muscle bulk. He has restricted movement on both sides but more evident on the right.
He does not find analgesia effective at all.
His X ray shows CAM type impingement on both sides but preserved joint spaces.
I would be grateful if you could consider further management.
I am going to send him to physio meanwhile because he is deconditioned and losing function fast.
Many thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Hand pain	-	04-Mar-2026	04-Mar-2026
Lumbosacral spondylosis without myelopathy	-	09-Jan-2026	09-Jan-2026
Osteoarthritis	left elbow	01-Jan-2010	01-Jan-2010
Oligospermia	confirmed by semen analysis	01-Jan-2009	01-Jan-2009
Subfertility	low sperm counts and motility	01-Jan-1984	01-Jan-1984
Closed fracture of humerus, shaft (Left)	-	08-Jun-1977	08-Jun-1977
Closed fracture of mandible, angle of jaw	right. dental occlusion deranged, managed with closed reduction using cast silver cap splints and elastic traction	01-Jan-1977	01-Jan-1977

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Plain x-ray of joint	-	23-Feb-2026	23-Feb-2026
Primary laparoscopic repair of inguinal hernia	right	07-Apr-2015	07-Apr-2015
Tonsillectomy and adenoidectomy (Bilateral)	-	08-Jun-1967	08-Jun-1967

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Dihydrocodeine Tablets 30 mg	50	50 tablet	2 TABLETS X4 DAILY	-	17-Mar-2026	17-Mar-2026
Paracetamol Tablets 500 mg	100	100 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	17-Mar-2026	17-Mar-2026
	56	56 TABLET	ONE TO BE TAKEN IN THE EVENING. CAN BE	-	04-Mar-2026	

Amitriptyline Hydrochloride Tablets 10 mg			INCREASED BY ONE 10MG TABLET EVERY 4-7 DAYS UP TO 50MG PER NIGHT BEFORE REVIEWING WITH DOCTOR			04-Mar-2026
Naproxen Tablets 250 mg	28	28 TABLET	ONE TO BE TAKEN TWICE A DAY	-	17-Nov-2025	17-Nov-2025
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN	-	17-Nov-2025	17-Nov-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
01-Jun-2021	114	77
07-Oct-2015	100	58

Body Measurements

Date Recorded	Height	Weight	BMI
07-Oct-2015	167	66	23.67

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d :	Night sweats 4m, no recent weight loss. 1 year increasing SOBOE - going up flights stairs. Hip pain has slowed him down. Thinks weight ok,	01-Jun-2021
Ex smoker:		07-Oct-2015
Non-drinker alcohol :	cannabis until a month ago.	22-Feb-2021
Alcohol consumption, 1 units/week:		07-Oct-2015

Clinical warnings

Allergies

Description	Comment	Date recorded
H/O: penicillin allergy	Advised to attend MIU for x-ray as need to rule out bony injury. Acute Rx as below issued. .	01-Jun-2022
Adverse reaction to Penicillins	Collapsed after taking	07-Oct-2015

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White British

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma & Orthopaedic - Spine GGC General Referral		**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN		**Hospital** and **hospital address** Hospital location code. C418H Email address

Urgency of referral Routine
Date of referral 21-Aug-2024 **Date sent** 21-Aug-2024

PATIENT DETAILS

Surname	Halligan
Forename(s)	Richard
Title	Mr
Sex	Male
Date of birth	11-Aug-1962
CHI no.	1108626173
Area of Residence	

Patient's address

68 Craig Road
Neilston
Glasgow
G78 3HU

Contact number(s)

Voice: 07859046918

1010339678742

Unique Care Pathway Number: 1010339678742

REGISTERED GP DETAILS

Name	Dr Lara McTaggart		
GMC code	4614357	GP code	39756
Practice name	Neilston Medical Centre (18999)		
Practice code	87023		

Practice address

1 HIGH STREET
NEILSTON
G78 3HJ

Contact number(s)

Voice: 0141 880 6505

REFERRING GP DETAILS

Name	Dr. Lara McTaggart		
GMC code	4614357	GP code	39756
Practice name	Neilston Medical Centre (87023)		
Practice code	87023		

Practice address

1 High Street
Neilston
G78 3HJ

Contact number(s)

Voice: 0141 880 6505

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: lower back pain with possible bilateral sciatica

Comment: Dear Colleagues,

I'd be grateful if you would consider updating this man's lumbar MRI. He has a long history of LBP and hip pain. He has worsening lower back pain in recent months which worsens on walking any sort of distance with radiation to the whole pelvis and an associated numbness in both buttocks. He has recently seen the pain clinic who had considered him for SI joint injections. OE: he has +ve SLR bilaterally L>R. Normal power in lower limbs. Given the possible sciatica on history and examination I wonder if he warrants a repeat MRI lumbar spine to assess for worsening disc disease. If this is excluded, perhaps we can then focus on management of mechanical symptoms (rather than radicular). Last MRI was 2015 in the private sector - this showed degenerative change with minor disc bulge at L4/5 (R>L side) but no neural compression.

Kind regards,
Charlotte Nicholl GP Locum

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Osteoarthritis	left elbow	01-Jan-2010	01-Jan-2010
Oligospermia	confirmed by semen analysis	01-Jan-2009	01-Jan-2009
Subfertility	low sperm counts and motility	01-Jan-1984	01-Jan-1984
Closed fracture of humerus, shaft (Left)	-	08-Jun-1977	08-Jun-1977
Closed fracture of mandible, angle of jaw	right. dental occlusion deranged, managed with closed reduction using cast silver cap splints and elastic traction	01-Jan-1977	01-Jan-1977

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Primary laparoscopic repair of inguinal hernia	right	07-Apr-2015	07-Apr-2015
Tonsillectomy and adenoidectomy (Bilateral)	-	08-Jun-1967	08-Jun-1967

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Duloxetine Gastro-resistant Capsules 60 mg	56	56 capsule	ONE TO BE TAKEN DAILY	-	05-Jul-2024	05-Jul-2024
Duloxetine Gastro-resistant Capsules 20 mg	28	28 capsule	ONE TO BE TAKEN DAILY	-	05-Jul-2024	05-Jul-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
01-Jun-2021	114	77
07-Oct-2015	100	58

Body Measurements

Date Recorded	Height	Weight	BMI
07-Oct-2015	167	66	23.67

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d :	Night sweats 4m, no recent weight loss. 1 year increasing SOBOE - going up flights stairs. Hip pain has slowed him down. Thinks weight ok,	01-Jun-2021
Ex smoker:		07-Oct-2015
Non-drinker alcohol :	cannabis until a month ago.	22-Feb-2021
Alcohol consumption, 1 units/week:		07-Oct-2015

Clinical warnings

Allergies

Description	Comment	Date recorded
H/O: penicillin allergy	Advised to attend MIU for x-ray as need to rule out bony injury. Acute Rx as below issued. .	01-Jun-2022
Adverse reaction to Penicillins	Collapsed after taking	07-Oct-2015

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Locum

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White British

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day / Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Trauma and Orthopaedic Surgery - 28012022 Labs 460958

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma & Orthopaedic - Elbow GGC General Referral		**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN		**Hospital** and **hospital address** Hospital location code. C418H Email address

Urgency of referral Routine
Date of referral 04-Aug-2023 **Date sent** 04-Aug-2023

PATIENT DETAILS

Surname	Halligan
Forename(s)	Richard
Title	Mr
Sex	Male
Date of birth	11-Aug-1962
CHI no.	1108626173
Area of Residence	-

Patient's address
68 Craig Road
Neilston
Glasgow
G78 3HU

Contact number(s)
Voice: 07859046918

101030369113Y

Unique Care Pathway Number: 101030369113Y

REGISTERED GP DETAILS

Name	Dr Lara McTaggart		
GMC code	4614357	GP code	39756
Practice name	Neilston Medical Centre (18999)		
Practice code	87023		

Practice address
1 HIGH STREET
NEILSTON
G78 3HJ

Contact number(s)
Voice: 0141 880 6505

REFERRING GP DETAILS

Name	Dr Alanna MacRae		
GMC code	6134456	GP code	36200
Practice name	Neilston Medical Centre (18999)		
Practice code	87023		

Practice address
1 HIGH STREET
NEILSTON
G78 3HJ

Contact number(s)
Voice: 0141 880 6505

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Elbow pain

Comment: Richard is a 60 year old builder who is currently unable to work due to trochanteric pain syndrome.
His right elbow has caused issues for some time but is now worsening and impacting on function. He feels his range of movement has decreased significantly.
X ray last year showed OA and was suggestive of RSI related to his job.
I would be grateful if he could be seen.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Osteoarthritis	left elbow	01-Jan-2010	01-Jan-2010
Oligospermia	confirmed by semen analysis	01-Jan-2009	01-Jan-2009
Subfertility	low sperm counts and motility	01-Jan-1984	01-Jan-1984
Closed fracture of humerus, shaft (Left)		08-Jun-1977	08-Jun-1977
Closed fracture of mandible, angle of jaw	right. dental occlusion deranged, managed with closed reduction using cast silver cap splints and elastic traction	01-Jan-1977	01-Jan-1977

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Primary laparoscopic repair of inguinal hernia	right	07-Apr-2015	07-Apr-2015
Tonsillectomy and adenoidectomy (Bilateral)	-	08-Jun-1967	08-Jun-1967

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Nortriptyline Capsules 10 mg	28	28 capsule	ONE AT NIGHT	-	25-May-2023	25-May-2023
Hydroxyzine Hydrochloride Tablets 10 mg	84	84 tablet	ONE THREE TIMES DAILY	-	25-May-2023	25-May-2023
Glyceryl Trinitrate Patches 5 mg	14	14 patch	START WITH HALF A PATCH APPLIED DAILY. INC TO 1 IF TOLERATED. APPLY ON SITE OF PAIN	-	15-Mar-2023	15-Mar-2023
Ralvo Medicated Plaster 700 mg	10	10 PLASTER	APPLY AS DIRECTED. LEAVE PATCH ON FOR 12 HOURS AND THEN OFF FOR 12 HOURS.	-	15-Mar-2023	15-Mar-2023

Blood Pressure

Date Recorded	Systolic	Diastolic
01-Jun-2021	114	77
07-Oct-2015	100	58

Body Measurements

Date Recorded	Height	Weight	BMI
07-Oct-2015	167	66	23.67

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d :	Night sweats 4m, no recent weight loss. 1 year increasing SOBOE - going up flights stairs. Hip pain has slowed him down. Thinks weight ok,	01-Jun-2021
Ex smoker:		07-Oct-2015
Non-drinker alcohol :	cannabis until a month ago.	22-Feb-2021
Alcohol consumption, 1 units/week:		07-Oct-2015

Clinical warnings

Allergies

Description	Comment	Date recorded
H/O: penicillin allergy	Advised to attend MIU for x-ray as need to rule out bony injury. Acute Rx as below issued. .	01-Jun-2022
Adverse reaction to Penicillins	Collapsed after taking	07-Oct-2015

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: White British

Trauma and Orthopaedic Surgery - 28012022_Labs_460958

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Geriatric Medicine GGC Rapid Access TIA	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital** and **hospital address** Hospital location code. C418H Email address -

Urgency of referral Urgent
Date of referral 12-Oct-2022 **Date sent** 12-Oct-2022

PATIENT DETAILS

Surname	Halligan
Forename(s)	Richard
Title	Mr
Sex	Male
Date of birth	11-Aug-1962
CHI no.	1108626173
Area of Residence	-

Patient's address

68 Craig Road
Neilston
Glasgow
G78 3HU

Contact number(s)

Voice: 07859046918

101027666820C Unique Care Pathway Number: 101027666820C

REGISTERED GP DETAILS

Name	Dr Lara McTaggart		
GMC code	4614357	GP code	39756
Practice name	Neilston Medical Centre (18999)		
Practice code	87023		

Practice address

1 HIGH STREET
NEILSTON
G78 3HJ

Contact number(s)

Voice: 0141 880 6505

REFERRING GP DETAILS

Name	Dr. Peter Livingstone		
GMC code	6148097	GP code	37303
Practice name	Neilston Medical Practice (87023)		
Practice code	87023		

Practice address

The Medical Centre
1 High Street
Neilston
G78 3HJ

Contact number(s)

Voice: 0141 880 6505

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: left leg weakness - sudden onset ABCD2 score is 4!

Date of onset: 08-Oct-2022

Comment: Dear Colleague,

I would be extremely grateful for your assessment and advice of this 60-year-old gentleman who presented with unilateral weakness in his left leg. It was sudden in onset when getting up from the chair. His brain was telling him to walk but his leg was coming away from him. This lasted for about 45 mins and then gradually resolved. I understand this occurred while out walking about 9-months ago. Same side.

He denies speech or visual symptoms, back or leg pain. He is a heavy smoker (20 cigs/daily). BP was 130/70 and pulse was regular.

I have commenced him on aspirin and advised him not to drive as the history could be a TIA.

I suspect he will need further investigations.

Many thanks,

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
[X]Depression NOS	-	14-Sep-2022	14-Sep-2022
Osteoarthritis	left elbow	01-Jan-2010	01-Jan-2010
Oligospermia	confirmed by semen analysis	01-Jan-2009	01-Jan-2009
Subfertility	low sperm counts and motility	01-Jan-1984	01-Jan-1984
Closed fracture of humerus, shaft (Left)	-	08-Jun-1977	08-Jun-1977
Closed fracture of mandible, angle of jaw	right: dental occlusion deranged, managed with closed reduction using cast silver cap splints and elastic traction	01-Jan-1977	01-Jan-1977

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Primary laparoscopic repair of inguinal hernia	right	07-Apr-2015	07-Apr-2015
Tonsillectomy and adenoidectomy (Bilateral)	-	08-Jun-1967	08-Jun-1967

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Aspirin Dispersible tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	12-Oct-2022	12-Oct-2022
Mirtazapine Tablets 15 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	14-Sep-2022	14-Sep-2022
Co-Codamol 30/500 Tablets	50	50 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN	-	05-Jul-2022	05-Jul-2022

			REQUIRED (MAXIMUM OF 8 IN 24 HOURS)			
Naproxen Tablets 500 mg	56	56 tablet	ONE TO BE TAKEN TWICE A DAY AFTER FOOD IF REQUIRED FOR BREAKTHROUGH PAIN.	-	05-Jul-2022	05-Jul-2022
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY NAPROXEN IS USED.	-	05-Jul-2022	05-Jul-2022
Clarithromycin Tablets 500 mg	14	14 tablet	ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS	-	01-Jun-2022	01-Jun-2022

Blood Pressure

Date Recorded	Systolic	Diastolic
01-Jun-2021	114	77
07-Oct-2015	100	58

Body Measurements

Date Recorded	Height	Weight	BMI
07-Oct-2015	167	66	23.67

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d :	Night sweats 4m, no recent weight loss. 1 year increasing SOBOE - going up flights stairs. Hip pain has slowed him down. Thinks weight ok,	01-Jun-2021
Ex smoker:		07-Oct-2015
Non-drinker alcohol :	cannabis until a month ago.	22-Feb-2021
Alcohol consumption, 1 units/week:		07-Oct-2015

Investigations

Description/Question	Result/Comment	Date
Age:	Over 60	-
BP:	Systolic under 140 and diastolic under 90	-
Clinical features:	Unilateral weakness	-
Duration of symptoms:	10 - 59 minutes	-
Diabetic:	Not diabetic	-
Total ABCD2 score:	4	-

Clinical warnings

Allergies

Description	Comment	Date recorded
H/O: penicillin allergy	Advised to attend MIU for x-ray as need to rule out bony injury. Acute Rx as below issued. .	01-Jun-2022
Adverse reaction to Penicillins	Collapsed after taking	07-Oct-2015

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances
Ethnic Origin: White British

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Trauma and Orthopaedic Surgery - 04032019 Clinical Letter 349170
Trauma and Orthopaedic Surgery - 09032021 Clinical Letter 418443

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma and Orthopaedic Surgery GGC MSK Physio Ortho Clyde	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital** and **hospital address** Hospital location code. C418H Email address -

Urgency of referral Routine
Date of referral 07-May-2021 **Date sent** 07-May-2021

PATIENT DETAILS

Surname	Halligan
Forename(s)	Richard
Title	Mr
Sex	Male
Date of birth	11-Aug-1962
CHI no.	1108626173
Area of Residence	-

Patient's address
17 Holehouse Brae
Neilston
Glasgow
G78 3LX

Contact number(s)
Voice: 07859046918

101023284370R | Unique Care Pathway Number: 101023284370R

REGISTERED GP DETAILS

Name	Dr Lara McTaggart		
GMC code	4614357	GP code	39756
Practice name	Neilston Medical Centre (18999)		
Practice code	87023		

Practice address
1 HIGH STREET
NEILSTON
G78 3HJ

Contact number(s)
Voice: 0141 880 6505

REFERRING GP DETAILS

Name	Dr. Bernard Conway		
GMC code	6128593	GP code	35131
Practice name	Neilston Medical Practice (87023)		
Practice code	87023		

Practice address
The Medical Centre
1 High Street
Neilston
G78 3HJ

Contact number(s)

Voice: 0141 880 6505

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Lower Limb

Comment: Thanks for considering this referral. Mr Halligan is a 58y non smoker who has 5years of intermittent, now constant non radiating pain over his greater trochanter (right). This was confirmed in MRI 2 years ago. Since then he has had 3 injections of the bursa (USS guided) from Mr Manbridge privately. Initially this gave 9months or so of relief, but is now only giving 2-3 weeks of effect.

His pain is not responding to analgesics, physiotherapy or excercise. He walks with a stick, and struggles with distances of >50yds. This is problemmatic when he picks his 7y daughter from school, or tries to lift her etc. Sleep is difficult, whenever he rolls to his right side. It is making him miserable. He is a keen walker but has had to resort to employing a dog walker, having been unable to get up the hills nearby for some time or indeed walk around the park.

On exam he is of slight frame. The area is non tender but very sore on lateral hip rotations. He had full active ROM. His quads are a little under bulked. He walks with an antalgic dipping gait.

I wonder if he might be a candidate for bursectomy, given this is ruining his life. We'll update his xrays shortly. (some OA change in 2019, I think a red herring but we should make sure these are not much worse). I've attached Mr Manbridge's letters for your perusal.

Many thanks
B Conway GP Neilston

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Trochanteric bursitis (Right)	-	07-May-2021	07-May-2021
Night cramps	-	23-Apr-2021	23-Apr-2021
Osteoarthritis	left elbow	01-Jan-2010	01-Jan-2010
Oligospermia	confirmed by semen analysis	01-Jan-2009	01-Jan-2009
Subfertility	low sperm counts and motility	01-Jan-1984	01-Jan-1984
Closed fracture of humerus, shaft (Left)	-	08-Jun-1977	08-Jun-1977
Closed fracture of mandible, angle of jaw	right. dental occlusion deranged, managed with closed reduction using cast silver cap splints and elastic traction	01-Jan-1977	01-Jan-1977

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Primary laparoscopic repair of inguinal hernia	right	07-Apr-2015	07-Apr-2015
Tonsillectomy and adenoidectomy (Bilateral)	-	08-Jun-1967	08-Jun-1967

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Sertraline Hydrochloride Tablets 50 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	22-Feb-2021	22-Feb-2021

Blood Pressure

Date Recorded	Systolic	Diastolic
07-Oct-2015	100	58

Body Measurements

Date Recorded	Height	Weight	BMI
07-Oct-2015	167	66	23.67

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		07-Oct-2015
Non-drinker alcohol.:	cannabis until a month ago.	22-Feb-2021
Alcohol consumption, 1 units/week:		07-Oct-2015

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to Penicillins	Collapsed after taking	07-Oct-2015

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: White British

Trauma and Orthopaedic Surgery - 04032019_Clinical Letter_349170

Trauma and Orthopaedic Surgery - 09032021_Clinical Letter_418443

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Trauma and Orthopaedic Surgery - 04032019_Clinical Letter_349170

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma and Orthopaedic Surgery GGC MSK Physio Ortho Clyde		**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN		**Hospital** and **hospital address** Hospital location code. C418H Email address

Urgency of referral Routine
Date of referral 13-Nov-2019 **Date sent** 13-Nov-2019

PATIENT DETAILS

Surname	Halligan
Forename(s)	Richard
Title	Mr
Sex	Male
Date of birth	11-Aug-1962
CHI no.	1108626173
Area of Residence	-

Patient's address
17 Holehouse Brae
Neilston
Glasgow
G78 3LX

Contact number(s)
Voice: 07859046918

101020038554V

Unique Care Pathway Number: 101020038554V

REGISTERED GP DETAILS

Name	Dr Agnes Capaldi		
GMC code	2547569	GP code	39543
Practice name	Neilston Medical Centre (18999)		
Practice code	87023		

Practice address
1 HIGH STREET
NEILSTON
G78 3HJ

Contact number(s)
Voice: 0141 880 6505
Facsimile: 0141 881 9266

REFERRING GP DETAILS

Name	Dr. Bernard Conway		
GMC code	6128593	GP code	35131
Practice name	Dr A Capaldi & Partners (87023)		
Practice code	87023		

Practice address
The Medical Centre
1 High Street
Neilston
G78 3HJ

Contact number(s)
Voice: 0141 880 6505
Facsimile: 0141 881 9266

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Lateral hip pain

Comment: Thanks for seeing this 57y man with a history of right sided Tronchanteric bursitis/ syndrome. He had a steroid injection by Mr Manbridge a Rosshall in March of this year with great effect. I have attached the clinic letter containing his MRI findings.

His right lateral hip is once again starting to bother him, and he would like to be considered for injection. He is a builder and at the moment is managing to work, I believe.

Many thanks and kind regards
Bernard Conway GP Neilston

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Lipoma	-	06-Nov-2019	06-Nov-2019
Bursitis of hip (Right)	-	06-Nov-2019	06-Nov-2019
Misuse of drugs NOS	-	06-Nov-2019	06-Nov-2019
Osteoarthritis	left elbow	01-Jan-2010	01-Jan-2010
Oligospermia	confirmed by semen analysis	01-Jan-2009	01-Jan-2009
Subfertility	low sperm counts and motility	01-Jan-1984	01-Jan-1984
Closed fracture of humerus, shaft (Left)	-	08-Jun-1977	08-Jun-1977
Closed fracture of mandible, angle of jaw	right. dental occlusion deranged, managed with closed reduction using cast silver cap splints and elastic traction	01-Jan-1977	01-Jan-1977

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Primary laparoscopic repair of inguinal hernia	right	07-Apr-2015	07-Apr-2015
Tonsillectomy and adenoidectomy (Bilateral)	-	08-Jun-1967	08-Jun-1967

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Doxycycline Hyclate Capsules 100 mg	10	10 capsule	ONE TABLET TWICE A DAY FOR 5 DAYS	-	06-Nov-2019	06-Nov-2019

Blood Pressure

Date Recorded	Systolic	Diastolic
07-Oct-2015	100	58

Body Measurements

Date Recorded	Height	Weight	BMI

07-Oct-2015	167	66	23.67

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		07-Oct-2015
Alcohol consumption, 1 units/week:		07-Oct-2015

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to Penicillins	Collapsed after taking	07-Oct-2015

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: White British

Trauma and Orthopaedic Surgery - 04032019 Clinical Letter 349170

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Urology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	——	**Hospital** and **hospital address** Hospital location code. C418H Email address -

Urgency of referral Urgent
Date of referral 07-Jan-2019 **Date sent** 07-Jan-2019

PATIENT DETAILS

Surname	Halligan
Forename(s)	Richard
Title	Mr
Sex	Male
Date of birth	11-Aug-1962
CHI no.	1108626173
Area of Residence	-

Patient's address

17 Holehouse Brae
Neilston
Glasgow
G78 3LX

Contact number(s)

Voice: 07859046918

101017736781C Unique Care Pathway Number: 101017736781C

REGISTERED GP DETAILS

Name	Dr Agnes Capaldi		
GMC code	2547569	GP code	39543
Practice name	Neilston Medical Centre (18999)		
Practice code	87023		

Practice address

1 HIGH STREET
NEILSTON
G78 3HJ

Contact number(s)

Voice: 0141 880 6505
Facsimile: 0141 881 9266

REFERRING GP DETAILS

Name	Dr. Alison McKean		
GMC code	6166060	GP code	94129
Practice name	Dr A Capaldi & Partners (87023)		
Practice code	87023		

Practice address

The Medical Centre
1 High Street
Neilston
G78 3HJ

Contact number(s)

Voice: 0141 880 6505

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: lump under R testicle

Comment: Dear Doctor

I would appreciate your review of this 56 year old who attended with a 3 week history of a palpable lump under his right testicle on the skin. This may have increased in size in the last 3 weeks but there is no associated pain or discharge and no associated testicular pains or swelling or lumps he is aware of in the testicle itself.
On examination there is a small (pea sized) firm hard lump which feels more in the skin under the testicle on the R side.There was some overlying redness. He also has widespread lymph nodes palpable in both R and L inguinals with no obvious recent infection.

He is concerned regarding the lump and would appreciate your assessment in the urology clinic.

I would be grateful for your review.

Yours sincerely

Dr A McKean

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

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

Description	Comment	Date of onset	Date recorded
O/E - a lump	-	07-Jan-2019	07-Jan-2019
Drug addiction	-	07-Jan-2019	07-Jan-2019
Osteoarthritis	left elbow	01-Jan-2010	01-Jan-2010
Oligospermia	confirmed by semen analysis	01-Jan-2009	01-Jan-2009
Subfertility	low sperm counts and motility	01-Jan-1984	01-Jan-1984
Closed fracture of humerus, shaft (Left)	-	08-Jun-1977	08-Jun-1977
Closed fracture of mandible, angle of jaw	right. dental occlusion deranged, managed with closed reduction using cast silver cap splints and elastic traction	01-Jan-1977	01-Jan-1977

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Primary laparoscopic repair of inguinal hernia	right	07-Apr-2015	07-Apr-2015
Tonsillectomy and adenoidectomy (Bilateral)	-	08-Jun-1967	08-Jun-1967

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Clobetasol Propionate Ointment 0.05 %	30	30 gram	Apply Twice daily	-	07-Sep-2018	07-Sep-2018

Blood Pressure

Date Recorded	Systolic	Diastolic

07-Oct-2015	100	58

Body Measurements

Date Recorded	Height	Weight	BMI
07-Oct-2015	167	66	23.67

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		07-Oct-2015
Alcohol consumption, 1 units/week:		07-Oct-2015

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to Penicillins	Collapsed after taking	07-Oct-2015

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White British

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Dermatology GGC General Referral		**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN		**Hospital** and **hospital address** Hospital location code. C418H Email address -

Urgency of referral Urgent - Suspected Cancer
Date of referral 14-Sep-2018 **Date sent** 14-Sep-2018

PATIENT DETAILS

Surname	Halligan
Forename(s)	Richard
Title	Mr
Sex	Male
Date of birth	11-Aug-1962
CHI no.	1108626173
Area of Residence	-

Patient's address

17 Holehouse Brae
Neilston
Glasgow
G78 3LX

Contact number(s)

Voice: 07859046918

1010169833079

Unique Care Pathway Number: 1010169833079

REGISTERED GP DETAILS

Name	Dr Agnes Capaldi		
GMC code	2547569	GP code	39543
Practice name	Neilston Medical Centre (18999)		
Practice code	87023		

Practice address

1 HIGH STREET
NEILSTON
G78 3HJ

Contact number(s)

Voice: 0141 880 6505
Facsimile: 0141 881 9266

REFERRING GP DETAILS

Name	Dr. Agnes Capaldi		
GMC code	2547569	GP code	39543
Practice name	Dr A Capaldi & Partners (87023)		
Practice code	87023		

Practice address

The Medical Centre
1 High Street
Neilston
G78 3HJ

Contact number(s)

Voice: 0141 880 6505
Facsimile: 0141 881 9266

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Skin lesion ? keratoacanthoma/scc

Comment: This 56 year old man presented with what he described as a lump which had suddenly appeared on his shin. Clinically he has a raised, pink, firm nodule about 4 mm diameter with a scaly top on his left anterior shin. There is no history if any previous trauma or insect bite . Clinically it looks like a keratoacanthoma but I appreciate this is not the usual site.
Given its rapid appearance and uncertain diagnosis , I would be grateful for your advice on diagnosis and further management.
His general health is excellent and there is no past history of any skin disorders.

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Skin lesion	skin	07-Sep-2018	07-Sep-2018
Osteoarthritis	left elbow	01-Jan-2010	01-Jan-2010
Oligospermia	confirmed by semen analysis	01-Jan-2009	01-Jan-2009
Subfertility	low sperm counts and motility	01-Jan-1984	01-Jan-1984
Closed fracture of humerus, shaft (Left)	-	08-Jun-1977	08-Jun-1977
Closed fracture of mandible, angle of jaw	right. dental occlusion deranged, managed with closed reduction using cast silver cap splints and elastic traction	01-Jan-1977	01-Jan-1977

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Primary laparoscopic repair of inguinal hernia	right	07-Apr-2015	07-Apr-2015
Tonsillectomy and adenoidectomy (Bilateral)	-	08-Jun-1967	08-Jun-1967

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Clobetasol Propionate Ointment 0.05 %	30	30 gram	Apply Twice daily	-	07-Sep-2018	07-Sep-2018

Blood Pressure

Date Recorded	Systolic	Diastolic
07-Oct-2015	100	58

Body Measurements

Date Recorded	Height	Weight	BMI
07-Oct-2015	167	66	23.67

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		07-Oct-2015
Alcohol consumption, 1 units/week:		07-Oct-2015

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to Penicillins	Collapsed after taking	07-Oct-2015

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White British

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Dermatology GGC General Referral	—	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Alexandra Hospital Corsebar Road Paisley PA2 9PN	—	**Hospital** and **hospital address** Hospital location code. C418H Email address -

Urgency of referral Routine
Date of referral 10-Oct-2017 **Date sent** 10-Oct-2017

PATIENT DETAILS

Surname	Halligan
Forename(s)	Richard
Title	Mr
Sex	Male
Date of birth	11-Aug-1962
CHI no.	1108626173
Area of Residence	-

Patient's address

17 Holehouse Brae
Neilston
Glasgow
G78 3LX

Contact number(s)

Voice: 07859046918

1010146505899

Unique Care Pathway Number: 1010146505899

REGISTERED GP DETAILS

Name	Dr Agnes Capaldi		
GMC code	2547569	GP code	39543
Practice name	Neilston Medical Centre (18999)		
Practice code	87023		

Practice address

1 HIGH STREET
NEILSTON
G78 3HJ

Contact number(s)

Voice: 0141 880 6505
Facsimile: 0141 881 9266

REFERRING GP DETAILS

Name	Dr. Agnes Capaldi		
GMC code	2547569	GP code	39543
Practice name	Dr A Capaldi & Partners (87023)		
Practice code	87023		

Practice address

The Medical Centre
1 High Street
Neilston
G78 3HJ

Contact number(s)

Voice: 0141 880 6505

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Pinna lesion

Comment: Dear colleagues,

I would be grateful for your opinion regarding a lesion on this chap's R ear. He has had it for 1 year and he finds it very painful, so much so that he is now unable to lie on it at night.

On examination he has a small dry lesion over the top of his R pinna. It is approximately 5mm in diameter. There are no sinister features.

It looks like a chondrodermatitis nodularis helicis but I would be grateful for your expert opinion. Given the pain associated I wondered if it would be amenable to liquid nitrogen treatment?

Thank you in advance.

Kind regards,

Dr M Barnes
GPST3

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
[D]Rash and other nonspecific skin eruption NOS	-	10-Oct-2017	10-Oct-2017
Ear pain	-	10-Oct-2017	10-Oct-2017
Erectile dysfunction	-	10-Oct-2017	10-Oct-2017
Osteoarthritis	left elbow	01-Jan-2010	01-Jan-2010
Oligospermia	confirmed by semen analysis	01-Jan-2009	01-Jan-2009
Subfertility	low sperm counts and motility	01-Jan-1984	01-Jan-1984
Closed fracture of humerus, shaft (Left)	-	08-Jun-1977	08-Jun-1977
Closed fracture of mandible, angle of jaw	right. dental occlusion deranged, managed with closed reduction using cast silver cap splints and elastic traction	01-Jan-1977	01-Jan-1977

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Primary laparoscopic repair of inguinal hernia	right	07-Apr-2015	07-Apr-2015
Tonsillectomy and adenoidectomy (Bilateral)	-	08-Jun-1967	08-Jun-1967

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Naproxen Tablets 500 mg	28	28 TABLET	ONE TO BE TAKEN TWICE A DAY	-	02-May-2017	02-May-2017
Diazepam Tablets 2 mg	6	6 tablet	ONE TAB BD	-	02-May-2017	02-May-2017

Blood Pressure

Date Recorded	Systolic	Diastolic
07-Oct-2015	100	58

Body Measurements

Date Recorded	Height	Weight	BMI
07-Oct-2015	167	66	23.67

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		07-Oct-2015
Alcohol consumption, 1 units/week:		07-Oct-2015

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to Penicillins	Collapsed after taking	07-Oct-2015

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White British

Signature of referring doctor (or other professional) **Date**

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

1108626173
HALLIGAN
Richard
17 HOLEHOUSE BRAE
NEILSTON
Glasgow, Lanarkshire
G78 3LX
M
11/08/1962

Hospital / clinic / GP practice: RAH / DERM OP

Patient's surname / family name

Patient's first name

Date of birth

Gender: Male ☐ Female ☐

CHI number

Special requirements (e.g. other language / communication method)

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Curettage & Cautery Skin (D) Shin

26 09 18 04
34265
SKIN BIOPSY
DERMATOLOGY ACAD
AACT1402/001
2018/09/28 STEAM Data processed
5 DOWNES, PAUL
AACU03308417

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were dis

Bleeding
Scar
Infection
Wound dehiscence breakdown

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner: L Brown

Name / Designation (print): A Brown CNS

Date: 27/9/18

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

I have been told about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / ~~parent~~ agreement to treatment

Signature	Date
Name (print)	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

XR Pelvis

Performed	09-Feb-2026 08:50	Received	20-Feb-2026 18:54
Reported	20-Feb-2026 18:52	Order Number	C418H43191209
Status	Final	Source System	MiSys

XR Pelvis Final

Richard Halligan

longtanding R hip pain. Worse recently and also affecting left hip. Struggles with stairs. Pain on internal rotation of R hip ?OA

Indication:
longtanding R hip pain. Worse recently and also affecting left hip. Struggles with stairs. Pain on internal rotation of R hip ?OA

Comparison:
Comparison made with previous imaging dated 07/02/2022.

Report:
AP projection.

Hip joint spaces are preserved. SI joints are intact.

Bilateral CAM deformities.

Degenerative changes at the lower lumbar spine.

Allowing for the differences in projection, no significant interval change.

Impression:
See above.

Mr Imran Ulhaq Pg Dip Chest and Abdomen Reporting. Pg Cert MSK reporting. BSc Diagnostic Radiography
HCPC: RA84254
Diagnostic Radiographer

Reported by Hexarad

Reported by: HEXARAD
Verified by: HEXARAD

MRI Spine lumbar and sacral

Performed	21-Oct-2025 10:11	Received	06-Nov-2025 15:35
Reported	06-Nov-2025 15:33	Order Number	C418H42437669
Status	Final	Source System	MiSys

MRI Spine lumbar and sacral Final

Richard Halligan

Clinical History: low back pain raditaing to right hip and thigh, and left leg (posteriorly- full length). No sensory symptoms. Had scan in private sector in 2015. ?L4/5 DISC

CASE HISTORY:
Clinical History: low back pain raditaing to right hip and thigh, and left leg (posteriorly- full length). No sensory symptoms. Had scan in private sector in 2015. ?L4/5 DISC
}
Exam Description: MRI Spine lumbar and sacral
Findings:
Technique: Routine MR sequences of the lumbar spine obtained.
No preserved lumbar lordosis. Modic type II endplate changes posteriorly at the L1-L2 level and at the L5-S1 level. Marrow signal elsewhere within normal limits allowing for the degree of degenerative change.

At the L2-L3 level degenerative disc abutting the anterior thecal sac with moderate facet joint arthropathy. The disc narrows both neural foramen contacting both exiting L2 nerve root within the neural foramen.

L3-L4 degenerative disc abutting the anterior thecal sac partially impinging both subarticular L4 nerve root. The disc also narrows both neural foramen and in contact and partially impinging both exiting L3 nerve root within the neural foramen.

L4-L5 asymmetrical degenerative disc in contact and impinging the right subarticular L5 nerve root. The disc also narrows both neural foramen and impinges frankly the right exiting L4 nerve root and partially the left exiting L4 nerve root.

L5-S1 degenerative disc but no central lumbar spinal canal stenosis. The disc osteophyte complex impinges both exiting L5 nerve root's within the neural foramen.

Conclusion: Multilevel degenerative disc and facet joint changes. Nerve root contact/impingement particularly L4-L5 level noted.
Overall no severe/critical central lumbar spinal canal stenosis

Dr. Kethes Paramesparan FRCR
Consultant Radiologist
GMC: 7403154
Axon Diagnostics
clinicalqueries@axondiagnostics.com

Reported by: AXON Reporting
Verified by: AXON Reporting

XR Hand Both

Performed	25-Aug-2025 08:53	Received	24-Sep-2025 07:35
Reported	24-Sep-2025 07:33	Order Number	C418H42595265
Status	Final	Source System	MiSys

XR Hand Both Final
Richard Halligan
Clinical History :

Ongoing bilateral hand pain worse in 2nd MCPJs . Physiotherapy have fed back that despite ongoing course of exercise , pain persists . Suspected OA however imaging to characterise the extent and R/O other potential causes of pain

Ongoing bilateral hand pain worse in 2nd MCPJs . Physiotherapy have fed back that despite ongoing course of exercise , pain persists . Suspected OA however imaging to characterise the extent and R/O other potential causes of pain

XR Hand Both :
There are widespread mild plus early/minor degenerative changes scattered throughout both hands and wrists.
There is a small 4 mm focal area of calcification projected over the radial side of the right index fingers metacarpal head possibly representative of previous injury.
There is a tiny 1 mm focus of metallic density superimposed upon the right ring fingers metacarpal head.
There is no significant erosive change.

Reported by: Dr Sean Kelly and None
Verified by: Dr Sean Kelly

MRI Spine lumbar and sacral

Performed	24-Oct-2022 09:23	Received	08-Nov-2022 14:35
Reported	08-Nov-2022 14:33	Order Number	C418H38953824
Status	Final	Source System	MiSys

MRI Spine lumbar and sacral Final
Richard Halligan
Clinical History :
60 years old man> GP referral re: left leg weakness. Talking to Mr Halligan he stated he had two episodes 8 weeks apart where his both legs went weak at the same time. The first episode happened whe he was taking a walk and felt both legs went weak. He managed to hold himself and the episode lasted for approximately 5 minutes before resolving fully. The second episode happened 3 weeks ago when he was standing in his house reading a paper when both legs went weak. The episode was preceded by a sensation of being flushed and he was very frightened by it and felt as if he is going to die. He tried to walk on straight line he felt every leg is walking in a different direction. It took 10 minutes for the episode to resolve but took him 45 minutes to recover from the overwhelming feeling generated by this episode. No other focal neurology. He has been complaining of chronic lower back pain. Need to exclude neoplastic pathology.

MRI Spine lumbar and sacral :
No previous cross-sectional imaging for comparison.
Noncontrast MRI lumbar and sacral spine.

There is no evidence of abnormal bone marrow signal.
Modic type 1 endplate changes are seen adjacent to the L2/L3 intervertebral disc.
Modic type 2 endplate changes are seen adjacent to the L5/S1 intervertebral disc.
Normal vertebral alignment and vertebral body height.
The last mobile intervertebral disc is presumed to be the L5/S1 disc (key image).
The conus medullaris terminates at L2.
The imaged spinal cord returns normal signal.

L1/L2 level: Minor diffuse disc bulge without neural compression.
L2/L3 level: Minor diffuse disc bulge without neural compression.
L3/L4 level: Diffuse disc bulge without neural compression. However, the disc is touching the traversing L4 nerve roots bilaterally which may be causing irritation.
L4/L5 level: Right paracentral/ central disc bulge is causing stenosis of the right subarticular zone and mild stenosis of the left subarticular zone. The disc is touching the traversing L5 nerve roots bilaterally and may be causing irritation.
L5/S1 level: Diffuse disc bulge causing narrowing of the foraminal zones bilaterally compressing the exiting L5 nerve roots.

Summary: No evidence of neoplastic spinal disease. Multilevel degenerative disc pathology as detailed above. No evidence of cauda equina compression.

Reported by: Dr Christin Schulz (SpR) and Dr Shalini Datta
Verified by: Dr Shalini Datta

XR Pelvis

Performed	07-Feb-2022 14:31	Received	16-Mar-2022 11:19
Reported	16-Mar-2022 11:17	Order Number	C418H38109795
Status	Final	Source System	MiSys

XR Pelvis Final
Richard Halligan
Clinical History :

Painful Right Hip ? OA .

XR Pelvis :
Degenerative changes in the lower lumbar spine. Essentially normal hip and SI joints. No major change from 11/06/2021 or 08/01/2019. No new cause identified for unilateral presentation.

Reported by: Dr Alexander Maclennan
Verified by: Dr Alexander Maclennan

XR Pelvis

Performed	11-Jun-2021 15:28	Received	04-Aug-2021 15:30
Reported	04-Aug-2021 15:28	Order Number	C418H37227010
Status	Final	Source System	MiSys

XR Pelvis Final
Richard Halligan
Clinical History :

right sided lateral hip pain over greater trochanter despite treatmetns for bursitis. 2019- OA in hips. any worsening of OA? (trying to delinieate ?degenerative cause for current hip pain vs soft tissue) thanks.

XR Pelvis :
There is mild superior acetabular osteophytosis consistent with mild osteoarthritic change bilaterally. There are also small areas of calcification at the superior acetabular margins which likely represent bilateral calcific tendonopathy.
The SI joints are intact. The visible lower lumbar spine is mildly arthritic.

Report by Katrina Kettlewell - Reporting Radiographer.

Reported by: Katrina Kettlewell (Reporting Radiog)
Verified by: Katrina Kettlewell (Reporting Radiog)

XR Chest

Performed	11-Jun-2021 15:28	Received	21-Jun-2021 10:33
Reported	21-Jun-2021 10:31	Order Number	C418H37309255
Status	Final	Source System	MiSys

XR Chest Final
Richard Halligan
Clinical History :

smoker, night sweats, cough, increased SOBOE. Builder- no history asbestos.

XR Chest :
The heart is not enlarged. There is some linear opacification present at the right base which may represent some infectious change. I would recommend a repeat examination in 4 weeks time following appropriate antibiotic therapy in the first instance.

Reported by: Dr John Morrison
Verified by: Dr John Morrison

XR Pelvis

Performed	08-Jan-2019 09:07	Received	09-Jan-2019 12:00
Reported	09-Jan-2019 11:58	Order Number	C418H34640432
Status	Final	Source System	MiSys

XR Pelvis Final
Richard Halligan
Clinical History :

pain with walking in R hip. for years but worse recently no trauma no falls. exmaines well- no boney tenderness, good ROM ?OA

XR Pelvis :
There is good preservation of joint space at the hip joints bilaterally with subchondral sclerosis and osteophytosis of the acetabuli. Radiographic appearances are consistent with minor degenerative change.

Examination reported by Laura Kennedy - Reporting Radiographer.

Reported by: Laura Kennedy
Verified by: Laura Kennedy

XR Elbow Rt

Performed	28-Jan-2022 11:17	Received	31-Jan-2022 07:42
Reported	31-Jan-2022 07:40	Order Number	C313H38032792
Status	Final	Source System	MiSys

XR Elbow Rt Final
Richard Halligan
Clinical History :

RHD. Works as builder. Severe pain in R elbow mainly over medial condyle head and worse on movement - going for past 6-8/12 and taking analgesia with limited success. pain and tenderness/heat over R medial epicondyl head. ?OA or calcified tendonitis. Dr P Livingstone - GMC no: 6148097

XR Elbow Rt :
There are mild osteoarthritic changes affecting the elbow joint.
There are small bony spur is arising from the medial epicondyle and the olecranon process which are presumed traction related repetitive strain injury given the occupational.
There are no obvious significant erosive changes.

Reported by: Dr Sean Kelly
Verified by: Dr Sean Kelly