

## Subject Access Request



<b>Patient</b>	Mr Brian Hunter
<b>Date of birth</b>	07-Oct-1965 (age 60)
<b>Gender</b>	M
<b>NHS number</b>	S564/1965/1549
<b>Patient's address</b>	3c Killearn Road GREENOCK Inverclyde PA15 3DD
<b>Date range selected</b>	07-Oct-1965 - 21-Apr-2026
<b>Organisation</b>	
<b>Policy number</b>	

## Problems

## Active

**08-Aug-2025 Ms Barbara Laing (LAINGB\_18993)**

Is a \*\*\*\*\*  
for \*\*\*\*\* (not our patient)

**19-Nov-2020 Mrs Lorraine Elias (LE)**

2019-nCoV (novel coronavirus) not detected

**26-Nov-2019 Sr Morag Beverstock (MB)**

Essential hypertension

**27-Jun-2012 Ms Maureen Havlin (MAUREEN\_18993)**

Primary prevention of cardiovascular disease

**17-May-2012 Ms Maureen Havlin (MAUREEN\_18993)**

Primary prevention of ischaemic heart disease

**07-Mar-2012 Ms Maureen Havlin (MAUREEN\_18993)**

Computer summary updated

**12-May-1998 Ms Mary Brannigan (MARY\_18993)**

Depressed

**20-Nov-1992 Ms Mary Brannigan (MARY\_18993)**

Anxiety states  
attended stressproofing group.

**29-Sept-1989 Ms Mary Brannigan (MARY\_18993)**

Urethroscopy  
no true stricture seen.

**26-Dec-1988 Ms Mary Brannigan (MARY\_18993)**

Urethrography  
satisfactory.

**23-Nov-1988 Ms Mary Brannigan (MARY\_18993)**

H/O: urethral stricture  
further dilitation of urethral stricture.

**18-Aug-1987 Ms Mary Brannigan (MARY\_18993)**

H/O: urethral stricture  
further assessment - no dilitation or incision required.

**29-Jan-1987 Ms Mary Brannigan (MARY\_18993)**

H/O: urethral stricture  
reincision.

**12-Mar-1984 Ms Mary Brannigan (MARY\_18993)**

Urethral stricture  
almost complete obstruction due to stricture.

**25-Nov-1983 Ms Mary Brannigan (MARY\_18993)**

RTA injury examination  
severe trauma - multiple fractures of pelvis and urethral rupture. Immobilisation of pelvis plus surgical repair of urethral rupture carried out.

## Significant Past

**07-Feb-1995 Ms Mary Brannigan (MARY\_18993)**

Hand fracture - metacarpal bone  
left 5th.

**06-Sept-1978 Ms Mary Brannigan (MARY\_18993)**

Bedwetting  
investigations - M.S.U. & I.V.P. normal.

**28-Oct-1976 Ms Mary Brannigan (MARY\_18993)**Finger fracture  
displaced epyphysis base of right 5th finger.**05-July-1976 Ms Mary Brannigan (MARY\_18993)**

Fracture of humerus

## Minor Past

**24-Feb-2016 Dr Gayle Dunnet (GD)**

Viral upper respiratory tract infection NOS

## Consultations

**13-Apr-2026 Sister Claire Smith (CS) The Health CentreMain Surgery**

History	History	Has been taking amlodipine for past 3 weeks, no ankle oedema,
Examination	O/E - BP reading	BP checked x 3 times,
Comment	Comment	BP still elevated, increase to 10mg and appt given to review. worsening statement given, Advised to seek medical advice/follow up- either via GP/GP Duty doctor/OOH GP via 111 or scottish ambulance service on 999 if deterioration in patients condition.
Examination	Systolic blood pressure	162 mm Hg
Examination	Diastolic blood pressure	96 mm Hg
Medication	Medication	Amlodipine Tablets 10 mg 56 TABLET ONE TO BE TAKEN EACH DAY

**08-Apr-2026 Dr Claire Thorman (CLT) Telephone Consultation**

History	History	tele appt ***** ASSIGN 18, if normal BP, comes down to 11 but still indicating starting statin therapy, statin counselling done, ***** recently starte don same medictaion after admission to GJNH. Happy to start this, LFTS check, if normal c/t lifelong with annual HTN checks. For BP r/w in 2 weeks back on amlodipine.
Read Code	Medication review done	
Read Code	Rep.presc. monitoring NOS	
Medication	Medication	Atorvastatin Tablets 20 mg 56 TABLET ONE TO BE TAKEN EACH DAY

**25-Mar-2026 Sister Claire Smith (CS) The Health CentreMain Surgery**

Examination	Urinalysis = no abnormality
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**25-Mar-2026 Sister Claire Smith (CS) The Health CentreMain Surgery**

Comment	Comment	BP elevated, not had amlodipine since 2024, advised to start back, will hand in urine for dip and review BP in 2 weeks.
Examination	Systolic blood pressure	176 mm Hg
Examination	Diastolic blood pressure	86 mm Hg
Examination	O/E - height	176 cm
Examination	O/E - weight	87 Kg
Examination	Body Mass Index	28.09
Social	Never smoked tobacco	
Social	Alcohol consumption	0 units/week
Medication	Medication	Amlodipine Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY
Read Code	Patient advised re diet	
Read Code	Patient advised about alcohol	
Read Code	Medication review done	
Read Code	Hypertension monitoring	
Read Code	Hypertension annual review	
Read Code	Lifestyle counselling	
Read Code	Exercise status screening	

**25-Mar-2026 Dr Catherine Addiscott (CA) General Practice Surgery**

Result	(Non Coded Event - HbA1C (IFCC)):		
	HbA1c (IFCC)	36 mmol/mol	(Range: 20 - 41)

## 25-Mar-2026 Dr Catherine Addiscott (CA) General Practice Surgery

Result	<b>(Non Coded Event - Lipid profile ):</b>		
	Chol/HDL ratio	4	(No range available)
	VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd) )	0.4 mmol/L	(No range available)
	LDL-Cholest (calc'd)	2.6 mmol/L	(No range available)
	HDL Cholesterol	1 mmol/L	(No range available)
	Triglycerides	0.9 mmol/L	(Range: 0.2 - 2.3)
	Cholesterol	4 mmol/L	(No range available)
Result	<b>(Non Coded Event - Liver Function Tests ):</b>		
	Albumin	42 g/L	(Range: 35 - 50)
	Alkaline Phosphatase	73 U/L	(Range: 30 - 130)
	AST	27 U/L	(No range available)
	ALT	22 U/L	(No range available)
	Total Bilirubin	32 umol/L	(No range available)
Result	<b>(Non Coded Event - Urea &amp; Electrolytes ):</b>		
	Estimated GFR > 60		(No range available)
	Creatinine	76 umol/L	(Range: 40 - 130)
	Urea	6.9 mmol/L	(Range: 2.5 - 7.8)
	Chloride	106 mmol/L	(Range: 95 - 108)
	Potassium	4.1 mmol/L	(Range: 3.5 - 5.3)
	Sodium	143 mmol/L	(Range: 133 - 146)

## 30-Jan-2026 Dr Emma Green (EG) The Health CentreMain Surgery

History History T - MSSU -ve, PSA normal, 1645 no answer x2 pain in arm + legs better withanalgesia, thinks abx have helped waterworks - will complete course + if any symptoms persist = appt for review - poor line today so tricky to hear at points

## 29-Jan-2026 Sr Pamela Conner (PAMELA\_18993) The Health CentreMain Surgery

Comment Comment Bloods to lab.

## 29-Jan-2026 Dr Emma Green (EG) General Practice Surgery

Result	<b>(Non Coded Event - Full Blood Count ):</b>		
	Nucleated RBC, 0	0 x10 <sup>9</sup> /l	(No range available)
	Basophils	0.1 x10 <sup>9</sup> /l	(No range available)
	Eosinophils	0.29 x10 <sup>9</sup> /l	(Range: 0.02 - 0.5)
	Monocytes	0.5 x10 <sup>9</sup> /l	(Range: 0.2 - 1)
	Lymphocytes	<b>0.8 x10<sup>9</sup>/l</b>	<b>(Range: 1.1 - 5)</b>
	Neutrophils	3.7 x10 <sup>9</sup> /l	(Range: 2 - 7)
	Platelet Count	218 x10 <sup>9</sup> /l	(Range: 150 - 410)
	MCH	27.8 pg	(Range: 27 - 32)
	Mean Cell Volume	89.6 fl	(Range: 83 - 101)
	Haematocrit	0.515 l/l	(Range: 0.4 - 0.54)
	Haemoglobin	160 g/l	(Range: 130 - 180)
	Red Cell Count	5.75 x10 <sup>12</sup> /l	(Range: 4.5 - 6.5)
	White Blood Count	5.4 x10 <sup>9</sup> /l	(Range: 4 - 10)

## 29-Jan-2026 Dr Emma Green (EG) General Practice Surgery

Result	<b>(Non Coded Event - Thyroid funct test ):</b>		
	Total T3		(No range available)
	Free T4	14.1 pmol/L	(Range: 9 - 21)
	TSH	1.11 mU/L	(Range: 0.35 - 5)
Result	<b>(Non Coded Event - Prostate Specific Ag ):</b>		
	Prostate Spec Ag	2.6 ug/L	(No range available)
Result	<b>(Non Coded Event - Lipid profile ):</b>		
	Chol/HDL ratio	4.4	(No range available)
	VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd) )	0.6 mmol/L	(No range available)
	LDL-Cholest (calc'd)	2.5 mmol/L	(No range available)
	HDL Cholesterol	0.9 mmol/L	(No range available)
	Triglycerides	1.3 mmol/L	(Range: 0.2 - 2.3)
	Cholesterol	4 mmol/L	(No range available)
Result	<b>(Non Coded Event - Liver Function Tests ):</b>		
	Albumin	44 g/L	(Range: 35 - 50)
	Alkaline Phosphatase	77 U/L	(Range: 30 - 130)
	AST	31 U/L	(No range available)
	ALT	27 U/L	(No range available)
	Total Bilirubin	37 umol/L	(No range available)
Result	<b>(Non Coded Event - Urea &amp; Electrolytes ):</b>		
	Estimated GFR > 60		(No range available)
	Creatinine	103 umol/L	(Range: 40 - 130)
	Urea	<b>8.1 mmol/L</b>	<b>(Range: 2.5 - 7.8)</b>
	Chloride	105 mmol/L	(Range: 95 - 108)
	Potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
	Sodium	144 mmol/L	(Range: 133 - 146)
Result	<b>(Non Coded Event - Bone Profile ):</b>		
	Alkaline Phosphatase	77 U/L	(Range: 30 - 130)
	Albumin	44 g/L	(Range: 35 - 50)
	Phosphate	<b>0.72 mmol/L</b>	<b>(Range: 0.8 - 1.5)</b>
	Calcium (adjusted)	2.34 mmol/L	(Range: 2.2 - 2.6)
	Calcium	2.26 mmol/L	(Range: 2.2 - 2.6)

**29-Jan-2026 Dr Emma Green (EG) General Practice Surgery**

Result	<b>(Non Coded Event - HbA1C (IFCC)) :</b> HbA1c (IFCC)	37 mmol/mol	(Range: 20 - 41)
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**23-Jan-2026 Ms Justine Bell (JB) The Health CentreMain Surgery**

Comment	Did not attend - no reason
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**21-Jan-2026 Dr Emma Green (EG) The Health CentreMain Surgery**

History	<b>History</b> Injured left knee 3 weeks ago - hit it off the sink - sore since, left arm also sore for 4-5 weeks - thinks strained it lifting ***** = she has demntia + he is her ***** + lifts her - given no for CIL to see if anything to aid with lifting
Examination	<b>Examination</b> sore at 90° abduction - unable to touch small of his back - tender anteriorly left knee - full extension, flexion, walking ok - injury - needs more time to recover
Comment	<b>Comment</b> self-ref physio, has been taking para + naproxen - ran out of omeprazole - up to co-codamol + review prn
History	<b>History</b> Dysuria + dark colour for last week or so, wearing pads for 6mnths as frequency + dribbling,
Examination	<b>Examination</b> urinalysos - prt +
Social	<b>Social</b> 3 can irr bru extra
Comment	<b>Comment</b> over with tmp, send urine off, bloods inc psa + review next week - needs ref to urology but await bloods + see urine results + if abx improve anyhting
Medication	<b>Medication</b> Trimethoprim Tablets 200 mg 14 TABLET ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS
Medication	<b>Medication</b> Co-Codamol 30/500 Tablets 50 TABLET TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)
Medication	<b>Medication</b> Omeprazole Capsules (Gastro-Resistant) 20 mg 28 capsule ONE TO BE TAKEN EACH DAY
Medication	<b>Medication</b> Naproxen Tablets 500 mg 56 tablet ONE TO BE TAKEN TWICE A DAY

**21-Jan-2026 Dr Emma Green (EG) General Practice Surgery**

Result	<b>(Non Coded Event - Urine Protein) :</b> U Protein:Creatinine	13 mg/mmol creatinine	(No range available)
	Urine Protein/volume (Non Coded Event - Urine Protein/volume )		(No range available)
	Urine Protein	0.125 g/L	(No range available)
	Urine Creatinine	9.6 mmol/L	(No range available)
	Urine volume (ml) NA		(No range available)
Result	<b>(Non Coded Event - Urine Albumin) :</b> U Alb/Creat Ratio	<b>3.3 mg/mmol creatinine</b>	<b>(No range available)</b>
	Urine Albumin	32 mg/L	(No range available)

**11-Aug-2025 Ms Val Shepherd (VS) The Health CentreMain Surgery**

Comment	<b>Comment</b> CLW Val ***** called pt as his ***** CLW, ***** and CLWA Lorraine are visiting the couple this week. CLW requested permission to share medical info for the purpose of CLWA adding relevant info to housing application. Pt advised that his ***** is no longer coping in their house due to the stairs, especially to external ones, and they would like to access sheltered housing.
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**07-Oct-2024 Ms Val Shepherd (VS) The Health CentreMain Surgery**

Comment	<b>Comment</b> CLW Val ***** called pt to check that his benefits issue had been resolved. Pt advised that no one had been in touch to assist. Pt agreed to his personal details being shared in order to chase up the issue. CLW has emailed Angela ***** to assist as pt's referral may have been lost when previous WAHP left. Angela emailed back to say she would contact pt today.
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**24-Sept-2024 Ms Val Shepherd (VS) The Health CentreMain Surgery**

Comment	<b>Comment</b> CLW Val ***** received a call from her colleague to advise that pt required support around benefits. Pt agreed to their personal details being shared for the purpose of referral to WAHP. CLW has emailed ***** ***** to advise that pt has had no payment since final JSA payment in July. CLW ***** has made a referral for the pt into the ***** Gateway
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**25-July-2024 Dr Claire Thorman (CLT) The Health CentreMain Surgery**

Attachment eMED3 (2010) new statement issued, not fit for work  
*FitNote.pdf, (Diagnosis: Depression and Anxiety with Panic Attacks; Duration: 25/07/2024 - 22/08/2024)*

**19-July-2024 Dr Emma Green (EG) The Health CentreMain Surgery**

History **History** Feeling a lot better - not so stressed - feels mindset more positive - SAMH finished + crown house also - ongoing mind mosaic input, much calmer, sleeping better, eating better, not overthinking as much  
 Examination **Examination** brighter, clamer  
 Comment **Comment** c/t sertraline, extend fit note, review 3-4 weeks  
 Medication **Medication** Sertraline Hydrochloride Tablets 50 mg 28 tablet ONE TO BE TAKEN EACH DAY

**05-July-2024 Dr Emma Green (EG) The Health CentreMain Surgery**

History **History** Attending crown house, taking sertraline, didn't feel diazepam helped much - still feels the same, not suicidal but doesn't want to feel like this - due at corwn hosue at 11.30 - advised he attend , in touch with DBI also, not as worked up today  
 Comment **Comment** review 2 weeks

**05-July-2024 Ms Val Shepherd (VS) The Health CentreMain Surgery**

Comment **Comment** CLW Val \*\*\*\*\* met with pt at home. Pt said he felt a bit calmer today. Discussed looking as positives as pt's current conversation focusses on negative events over many years. Pt feels negative effects of not having holidays recently and the bad summer weather . Pt has had good news about redundancy pay-out but again focussed on negatives. Discussed online resources but pt does not feel able to concentrate

**01-July-2024 Ms Val Shepherd (VS) The Health CentreMain Surgery**

Comment **Comment** CLW Val \*\*\*\*\* called pt to check in regarding wellbeing. He has attended Langhill Clinic and rearranged missed physio appointment. He is heading out to meet with an advocacy worker at Circles Network. Pt advised he has a form to complete for a part time job that a friend told him about. Discussion took place as pt has sick line. He does not feel able to work but could not say no to his friend regarding the job. CLW has made an appointment to meet pt at home on Friday. CLW suggested the pt would benefit from some time to rest and let medication settle in

**28-Jun-2024 Dr Emma Green (EG) Third party Consultation**

History **History** \*\*\*\*\* \*\*\*\*\* from mind mosaic called concerned about pt - explained mental health tea declined to see him yesterday, has been referred to DBI + Crown house, given diazepam, CLW involved - not sure what more we can offer unfortunately at this stage -

**28-Jun-2024 Dr Emma Green (EG) Telephone Consultation**

History **History** T 16.23 mobile rang out then to voicemail - message left

**28-Jun-2024 Dr Emma Green (EG) Telephone Consultation**

History **History** T - pt returned my call + advise dme he was at the hospital - feels he is in a bad place - advised he be assessed at the hospital if he is there already

**28-Jun-2024 Ms Val Shepherd (VS) The Health CentreMain Surgery**

Comment **Comment** Pt's \*\*\*\*\* called CLW Val \*\*\*\*\* as concerned for him as he left the house earlier today in the car and has not come home. She advised that he also left the house last evening even when she had tried to stop him. CLW called pt. He advised he has spoken to DBi worker and they will call him Monday. He has also called The Samaritans and Breathing Space. Pt does not feel he can cope. and that no one is listening. CLW advised pt to present at A&E and explain how he is feeling. CLW called pt's \*\*\*\*\* and advised of this and suggested that if she has ongoing concerns, to call the \*\*\*\*\* or an ambulance. CLW called pt back, he advised he was at the hospital.

**27-Jun-2024 Dr Emma Green (EG) The Health CentreMain Surgery**

**History** *History* Em - thinks he is havinbg a breakdown - lost job in Jan, taken off benefits last month, \*\*\*\*\* has dementia, lots of frustration at trying to cope with life, doesn't know how to get out of this situation, been up since 1am, hitting his head off the wall, struggling with life, was in care from age 1-22 - home in Kilmarnock where abuse occurred, when 12 his \*\*\*\*\* came to his home drnk + tried to strangle him, all this is resurfacing this week - feels so small, so inadequate, wants to be in a safe comfortable place, write poems, plays DS - only time he manages to cope - panic attacks, insomnias, hitting head off wall, not actively suicidal but worried about thoughts he is having

**Comment** *Comment* called MHAU - unhelpful - as not actively suicidal not able to see him - refer crown house + DBI

**Medication** *Medication* Diazepam Tablets 2 mg 14 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

**Medication** *Medication* Sertraline Hydrochloride Tablets 50 mg 28 tablet ONE TO BE TAKEN EACH DAY

**Attachment** *eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression and anxiety, panic attack episodes; Duration: 05/06/2024 - 25/07/2024)*

**27-Jun-2024 Ms Val Shepherd (VS) The Health CentreMain Surgery**

**Comment** *Comment* CLW attended home visit this morning and pt advised that he had got GP appt for 11.15 am. CLW supported pt to appt, chemist for prescription then home. Encouraged pt to lodge his sick line. Spoke with pt and his \*\*\*\*\* around ways of maintaining good mental health. Assisted with list of outcomes from GP visit to remind pt and his \*\*\*\*\* , as she has dementia.

**26-Jun-2024 Ms Val Shepherd (VS) The Health CentreMain Surgery**

**Comment** *Comment* CLW Val \*\*\*\*\* spoke with pt after several missed calls. He advised that he had been at the Jobcentre this morning and had been very emotional. He has been advised to seek a sickline from his GP around his mental health. Pt very anxious about what to do next as unable to get through to the GP. CLW advised that the lines can be busy. CLW offered home visit for 27/06. Pt accepted. Email to \*\*\*\*\* Arkley regarding concern for pt.

**24-Jun-2024 Ms Val Shepherd (VS) The Health CentreMain Surgery**

**Comment** *Comment* CLW Val \*\*\*\*\* spoke with pt. He feels overwhelmed by different aspects of his life. CLW asked what pt's priority is at this time. Pt advised he is sending out CV's with out-of-date information. Pt agreed to his personal information being shared for the purpose of accessing support via The Trust. CLW called for appt to be advised that they are only taking referrals from the Jobcentre. CLW has emailed the DWP for advice. Pt has applied for JSA via the phone and is awaiting confirmation. CLW advised that the WAHP worker is available if further benefit advice is required.

**18-Jun-2024 Dr Emma Green (EG) The Health CentreMain Surgery**

**History** *History* Assessed as fit for work but worried as \*\*\*\*\* has dementia + not sure howto get back into work - stated he has to go buy food + wouldn't be able to do this if working - advised people who work so buy food also - worried she will have a fall when he is working - \*\*\*\*\* \*\*\*\*\* home = he isnt working currently so he is there, panic - on Kalms - attending mind mosaic, appt with hysio next week re:knee pain, occaisional headaches, offeed meds re:panic - doensnt want to be on more meds,

**Comment** *Comment* await physio, c/t mind mosaic -refer back CLW re:job centre as reports no work coach etc

**13-Jun-2024 Sr Pamela Conner (PAMELA\_18993) The Health CentreMain Surgery**

**Comment** *Comment* Blood to lab.

**13-Jun-2024 Dr Emma Green (EG) General Practice Surgery**

**Result** **(Non Coded Event - HbA1c (IFCC) ):**  
HbA1c (IFCC) 38 mmol/mol (Range: 20 - 41)

## 30-May-2024 Sr Pamela Conner (PAMELA\_18993) The Health CentreMain Surgery

Examination	Systolic blood pressure	134 mm Hg
Examination	Diastolic blood pressure	78 mm Hg
Examination	O/E - height	177 cm
Examination	O/E - weight	92.6 Kg
Examination	Body Mass Index	29.56
Examination	Systolic blood pressure	134 mm Hg
Examination	Diastolic blood pressure	78 mm Hg
Examination	O/E - height	177 cm
Examination	O/E - weight	92.6 Kg
Examination	Body Mass Index	29.56
Social	Never smoked tobacco	
Social	Alcohol consumption	0 units/week
Comment	Comment Hypertension review.	
Result	Urine protein test negative	
Read Code	Patient advised re diet	
Read Code	Patient advised about alcohol	
Read Code	Medication review done	
Read Code	Hypertension monitoring	
Read Code	Hypertension annual review	
Read Code	Lifestyle counselling	
Read Code	Exercise status screening	
Read Code	Lifestyle counselling	
Read Code	Lifestyle advice regarding hypertension	
Read Code	Exercise status screening	

## 30-May-2024 Dr M McCartney (MM) General Practice Surgery

Result	<b>(Non Coded Event - Lipid profile ):</b>		
	Chol/HDL ratio	4.8	(No range available)
	VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd) )	0.5 mmol/L	(No range available)
	LDL-Cholest (calc'd)	2.5 mmol/L	(No range available)
	HDL Cholesterol	0.8 mmol/L	(No range available)
	Triglycerides	1.2 mmol/L	(Range: 0.2 - 2.3)
	Cholesterol	3.8 mmol/L	(No range available)

## 30-May-2024 Dr M McCartney (MM) General Practice Surgery

Result	<b>(Non Coded Event - Glucose ):</b>		
	Glucose	6.1 mmol/L	(Range: 3.5 - 6)

## 28-May-2024 Dr Emma Green (EG) The Health CentreMain Surgery

Attachment	eMED3 (2010) new statement issued, not fit for work <i>FitNote.pdf, (Diagnosis: Left knee pain. Urinary issues - under investigation.; Duration: 28/05/2024 - 25/06/2024)</i>
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## 10-May-2024 Sr Pamela Conner (PAMELA\_18993) General Practice Surgery

Result	<b>Bowel Cancer Screening Result:</b>		
	BCSP faecal occult blood test normal Negative		(No range available)

## 30-Apr-2024 Dr Emma Green (EG) The Health CentreMain Surgery

History	History Ongoing urinary issues - been buyng pads for last year, worse over last month or so - had a fall in November also - ?worse since then, manages to sleep 11 till 6, if taps running etc has to go, no back pain, normal bloods - trial cipro for prostatitis type picture - inb = ?BPH ?trial tamsulosin after exam
Medication	Medication Ciprofloxacin Tablets 500 mg 28 TABLET ONE TO BE TAKEN TWICE A DAY FOR 14 DAYS THEN REVIEW
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 56 CAPSULE ONE TO BE TAKEN EACH DAY

## 25-Apr-2024 Ms Justine Bell (JB) The Health CentreMain Surgery

Comment	Comment Bloods obtained successfully from left arm and sent to labs.
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## 25-Apr-2024 Dr Emma Green (EG) General Practice Surgery

Result	<b>(Non Coded Event - Thyroid funct test ):</b> Total T3		(No range available)
	Free T4	11.6 pmol/L	(Range: 9 - 21)
	TSH	1.52 mU/L	(Range: 0.35 - 5)
Result	<b>(Non Coded Event - Prostate Specific Ag ):</b> Prostate Spec Ag	2.8 ug/L	(No range available)
Result	<b>(Non Coded Event - Liver Function Tests ):</b> Albumin	41 g/L	(Range: 35 - 50)
	Alkaline Phosphatase	77 U/L	(Range: 30 - 130)
	AST	22 U/L	(No range available)
	ALT	24 U/L	(No range available)
	Total Bilirubin	25 umol/L	(No range available)
Result	<b>(Non Coded Event - Bone Profile ):</b> Alkaline Phosphatase	77 U/L	(Range: 30 - 130)
	Albumin	41 g/L	(Range: 35 - 50)
	Phosphate	1.06 mmol/L	(Range: 0.8 - 1.5)
	Calcium (adjusted)	2.42 mmol/L	(Range: 2.2 - 2.6)
	Calcium	2.39 mmol/L	(Range: 2.2 - 2.6)
Result	<b>(Non Coded Event - Urea &amp; Electrolytes ):</b> Estimated GFR &gt; 60		(No range available)
	Creatinine	80 umol/L	(Range: 40 - 130)
	Urea	5.7 mmol/L	(Range: 2.5 - 7.8)
	Chloride	108 mmol/L	(Range: 95 - 108)
	Potassium	4 mmol/L	(Range: 3.5 - 5.3)
	Sodium	143 mmol/L	(Range: 133 - 146)
Result	<b>(Non Coded Event - C-reactive Protein ):</b> C Reactive Protein	1 mg/L	(No range available)

## 25-Apr-2024 Dr Emma Green (EG) General Practice Surgery

Result	<b>(Non Coded Event - ESR ):</b> ESR	2 mm/hr	(No range available)
Result	<b>(Non Coded Event - Full Blood Count ):</b> Nucleated RBC, 0	0 x10 <sup>9</sup> /l	(No range available)
	Basophils, 0	0 x10 <sup>9</sup> /l	(No range available)
	Eosinophils	<b>0.51 x10<sup>9</sup>/l</b>	<b>(Range: 0.02 - 0.5)</b>
	Monocytes	0.7 x10 <sup>9</sup> /l	(Range: 0.2 - 1)
	Lymphocytes	1.2 x10 <sup>9</sup> /l	(Range: 1.1 - 5)
	Neutrophils	5.7 x10 <sup>9</sup> /l	(Range: 2 - 7)
	Platelet Count	229 x10 <sup>9</sup> /l	(Range: 150 - 410)
	MCH	28.1 pg	(Range: 27 - 32)
	Mean Cell Volume	85.4 fl	(Range: 83 - 101)
	Haematocrit	0.475 l/l	(Range: 0.4 - 0.54)
	Haemoglobin	156 g/l	(Range: 130 - 180)
	Red Cell Count	5.56 x10 <sup>12</sup> /l	(Range: 4.5 - 6.5)
	White Blood Count	8.1 x10 <sup>9</sup> /l	(Range: 4 - 10)

## 25-Apr-2024 Dr Emma Green (EG) General Practice Surgery

Result	<b>(Non Coded Event - HbA1c (IFCC ):</b> HbA1c (IFCC)	39 mmol/mol	(Range: 20 - 41)
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## 23-Apr-2024 Dr Emma Green (EG) Telephone Consultation

History	History T - Knee continues to be sore - has bought a support + cream, but pain persists -- attending mind mosaic on tuesday, awaiting physio
History	History Urinary issues ongoing - frequency, some discomfort - urinalysis - ve, arrange for PSA + then review ?prostatitis, ?infection, ?cause - will bring further urine sample with him
Attachment	eMED3 (2010) new statement issued, not fit for work <i>FitNote.pdf, (Diagnosis: Left knee pain Urinary issues - under investigation; Duration: 23/04/2024 - 28/05/2024)</i>

## 15-Mar-2024 Dr Emma Green (EG) The Health CentreMain Surgery

History	History Left knee pain continues to bother him - taking naproxen, sore in car, in bed, if been sitting for a while when trying to get up, xray discussed - effusion, OA, patella tendon calcification
Comment	Comment self-ref physio, exted fit note
Attachment	eMED3 (2010) new statement issued, not fit for work <i>FitNote.pdf, (Diagnosis: Left knee injury; Duration: 15/03/2024 - 23/04/2024)</i>
History	History Dysuria, discoloured urine, going more often, happening for a while, ***** has bought him pads - needs to hand in urine sample as hasn't brought one then review

## 15-Mar-2024 Sr Pamela Conner (PAMELA\_18993) Data Entry

Comment	Urinalysis = no abnormality
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**05-Mar-2024 Dr Emma Green (EG) The Health CentreMain Surgery**

History **History** Note for review if further fit note required  
 Attachment **eMED3** (2010) new statement issued, not fit for work  
*FitNote.pdf, (Diagnosis: Left knee injury; Duration: 05/03/2024 - 19/03/2024)*

**19-Feb-2024 Dr Claire Thorman (CLT) The Health CentreMain Surgery**

Attachment **eMED3** (2010) new statement issued, not fit for work  
*FitNote.pdf, (Diagnosis: Left Knee Injury; Duration: 19/02/2024 - 04/03/2024)*

**07-Feb-2024 Dr Emma Green (EG) Telephone Consultation**

History **History** T - 10.22 straight to voicemail 11.47 no ansewr

**05-Feb-2024 Dr M McCartney (MM) Data Entry**

Attachment **eMED3** (2010) new statement issued, not fit for work  
*FitNote.pdf, (Diagnosis: Left knee injury - reduced mobility.; Duration: 04/02/2024 - 19/02/2024)*

**30-Jan-2024 Ms Val Shepherd (VS) The Health CentreMain Surgery**

Comment **Comment** CLW Val \*\*\*\*\* met with pt at surgery. Discussed situation regarding employment termination. CLW advised regarding local Advice and Employment Rights Centre and the Employability Service at The Trust.&lt;br>&lt;br>Pt advised that \*\*\*\*\* had a dementia diagnosis 3 years ago. CLW advised pt to discuss this when engaging with Angela re benefits. CLW sent pt info on local dementia support.&lt;br>&lt;br>Pt spoke about previous experience of panic attacks. CLW spoke about Mind Mosaic counselling service. Pt agreed to his personal info to be shared for the purpose of referral.&lt;br>&lt;br>CLW advised of support available via The \*\*\*\*\* Centre. Pt agreed to his personal info to be shared for the purpose of referral.

**29-Jan-2024 Dr Emma Green (EG) The Health CentreMain Surgery**

History **History** Left knee injury in November, sore since but worse last few weeks, swollen, reduced rom, getting paid off this week after working security for last 10 years - upset about that, no redundancy as they did offer him other work but he felt that unsuitable, has been taking naproxen but hypertnesive on meds so aware this isnt ideal - try ibugel instead.  
 Examination **Examination** tender medially -  
 Comment **Comment** xray, fit note till finishes work on 2nd, ask CLW to contact re;work mood etc  
 Medication **Medication** Ibuprofen Gel 10 % 100 gram APPLY THREE TIMES A DAY  
 Attachment **eMED3** (2010) new statement issued, not fit for work  
*FitNote.pdf, (Diagnosis: Left knee injury - reduced mobility; Duration: 25/01/2024 - 03/02/2024)*

**29-Jan-2024 Ms Val Shepherd (VS) The Health CentreMain Surgery**

Comment **Comment** CLW Val \*\*\*\*\* called pt. He spoke briefly about the issues around work. Pt agreed to his personal details being shared with Angela Barrowcliffe for the purpose of referral for advice re benefits. Appt made for 10 am Tuesday 30th at surgery to discuss issues further

**19-Jan-2024 Sr Pamela Conner (PAMELA\_18993) The Health CentreMain Surgery**

Examination **Systolic blood pressure** 132 mm Hg  
 Examination **Diastolic blood pressure** 72 mm Hg  
 Examination **O/E - pulse rate** 72 beats/minute  
 Examination **O/E - temperature level** 36.2 C  
 Examination **O/E - level of consciousness** alert  
 Examination **O/E - regular pulse**  
 Comment **O/E - BP reading** Working nightshift Feeling dizzy. Sweating and headache. Advised sounds more like flu like illness. Advised Paracetamol fluids and rest. Worsening advice given.

**05-Jan-2024 Sr Morag Beverstock (MB) The Health CentreMain Surgery**

History **History** Fell 2 months ago and twisted L Knee. Was bruised +++ and painful. Bruising settling but inner aspect of knee and R thigh painful at times when on his feet a lot.

Examination **Examination** Some bruising still evident inner aspect of L knee. Very slight swelling around this. No swelling of thigh. No bony abnormality felt. Able to weight bare.

Comment **Comment** has naproxen and omeprazole on repeats for shoulder issue but had run out. Advised to restart this. Given knee exercise sheet. Has appt with physiotherapy in 3 weeks for shoulder so advised to speak to them re knee. Advised to make GP appt if knee worsens or doesn't settle.

Medication **Medication** Naproxen Tablets 500 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY

Medication **Medication** Omeprazole Capsules (Gastro-Resistant) 20 mg 56 CAPSULE ONE TO BE TAKEN EACH DAY

Medication **Medication** Amlodipine Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY

**14-Aug-2023 Dr Claire Thorman (CLT) The Health CentreMain Surgery**

History **History** Rt arm pain- 2 weeks, went to carry 3 shopping bags out of the car in the right arm, is left handed. since then a specific point of pain in the right arm, been using topical nsaid rub helps but wears off

Examination **Examination** FROM arm, pain on extremes of movement, abduction, adduction, ER, IR ok, point tenderness about 10cm down anterior forearm

Comment **Comment** Imp\_ tendon injury to rotator cuff muscle/ biceps tendon rupture or subscapularis tendon rupture, plan self refer physio, c/t topical nsaid and should resolve in 6-8 weeks

History **History** night sweats &gt;4 yrs previous test all normal, still ongoing, agreed to update blood work and no wt loss (gained) and no other red flags

**14-Aug-2023 Sr Pamela Conner (PAMELA\_18993) Data Entry**

Comment **Comment** Urinalysis = no abnormality

**22-Jun-2023 Sr Pamela Conner (PAMELA\_18993) The Health CentreMain Surgery**

Comment **Comment** U&E's to lab.

**22-Jun-2023 Dr M McCartney (MM) General Practice Surgery**

Result	<b>(Non Coded Event - Urea &amp; Electrolytes ):</b>	
	Estimated GFR > 60	(No range available)
	Creatinine	88 umol/L (Range: 40 - 130)
	Urea	<b>8.9 mmol/L (Range: 2.5 - 7.8)</b>
	Chloride	104 mmol/L (Range: 95 - 108)
	Potassium	3.5 mmol/L (Range: 3.5 - 5.3)
	Sodium	143 mmol/L (Range: 133 - 146)

**08-Jun-2023 Sr Pamela Conner (PAMELA\_18993) The Health CentreMain Surgery**

Comment **Comment** Here for bloods Has not increased the potassium in his diet yet so only did HbA1c. Will return in 2 weeks for U&E's

**08-Jun-2023 Dr Emma Green (EG) General Practice Surgery**

Result	<b>(Non Coded Event - HbA1C (IFCC ):</b>	
	HbA1c (IFCC)	40 mmol/mol (Range: 20 - 41)

## 25-May-2023 Sr Pamela Conner (PAMELA\_18993) The Health CentreMain Surgery

Examination	Systolic blood pressure	126 mm Hg
Examination	Diastolic blood pressure	78 mm Hg
Examination	O/E - height	177 cm
Examination	O/E - weight	97 Kg
Examination	Body Mass Index	30.96
Examination	Systolic blood pressure	126 mm Hg
Examination	Diastolic blood pressure	78 mm Hg
Examination	O/E - height	177 cm
Examination	O/E - weight	97 Kg
Examination	Body Mass Index	30.96
Social	Never smoked tobacco	
Social	Alcohol consumption	0 units/week
Comment	Comment Hypertension review. Eats a lot of sweet foods.	
Result	Urine protein test not done	
Read Code	Patient advised re diet	
Read Code	Patient advised about alcohol	
Read Code	Medication review done	
Read Code	Hypertension monitoring	
Read Code	Hypertension annual review	
Read Code	Lifestyle counselling	
Read Code	Exercise status screening	
Read Code	Lifestyle counselling	
Read Code	Lifestyle advice regarding hypertension	
Read Code	Exercise status screening	

## 25-May-2023 Dr M McCartney (MM) General Practice Surgery

Result	(Non Coded Event - Glucose ): Glucose	6.1 mmol/L	(Range: 3.5 - 6)
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## 25-May-2023 Dr M McCartney (MM) General Practice Surgery

Result	(Non Coded Event - Lipid profile ): Chol/HDL ratio	3.2	(No range available)
	VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd) )	0.5 mmol/L	(No range available)
	LDL-Cholest (calc'd)	1.9 mmol/L	(No range available)
	HDL Cholesterol	1.1 mmol/L	(No range available)
	Triglycerides	1.1 mmol/L	(Range: 0.2 - 2.3)
	Cholesterol	3.5 mmol/L	(No range available)
Result	(Non Coded Event - Liver Function Tests ): Albumin	41 g/L	(Range: 35 - 50)
	Alkaline Phosphatase	81 U/L	(Range: 30 - 130)
	AST	27 U/L	(No range available)
	ALT	29 U/L	(No range available)
	Total Bilirubin	17 umol/L	(No range available)
Result	(Non Coded Event - Urea & Electrolytes ): Estimated GFR > 60		(No range available)
	Creatinine	87 umol/L	(Range: 40 - 130)
	Urea	5 mmol/L	(Range: 2.5 - 7.8)
	Chloride	104 mmol/L	(Range: 95 - 108)
	Potassium	3.3 mmol/L	(Range: 3.5 - 5.3)
	Sodium	143 mmol/L	(Range: 133 - 146)

## 04-Apr-2023 Dr Claire Thorman (CLT) The Health CentreMain Surgery

History	Non-smoker 2 weeks cough, sore throat, thinks he has chest infection, no feverish episodes, sputum, yellow, no blood no chest pain, not SOB, just not shifting with OTC treatments	
Examination	Examination t36.8 rr14 PO2 99% chest clear good b/l a/e throat pink, no pus, no tonsils	
Comment	Comment given 2 weeks self care still unwell, -ve LFT cover abx incase secondary bacterial infection, INB 5/7 review Worsening/Persistent advice given to seek further medical review.	
Medication	Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	

## 18-Aug-2022 Dr M McCartney (MM) Telephone Consultation

History	History Anxious and agitated ++ for 2 days - insomnia. Worried about ***** who is 76 and her ***** and *****died causing her to be anxious. Lost his credit and bank cards. Coping ok at work. Negative thoughts which he challenges and replaces with positive thoughts. No SI.	
Comment	Comment Discussed. See Rx. Advised these are s-t Rx and if his Sx persist he might need different Rx (SSRI) and/or counselling.	
Medication	Medication Diazepam Tablets 2 mg 15 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED	
Medication	Medication Zopiclone Tablets 7.5 mg 7 TABLET ONE TO BE TAKEN AT NIGHT	

**31-May-2022 Dr M McCartney (MM) Telephone Consultation**

History **History** Dysuria and frequency for over a week. Nippy feeling but not severe. Urinalysis and GI normal. Says couldn't be a STD.

Comment **Comment** See Rx. Call back INB.

Medication **Medication** Potassium Citrate And Citric Acid Effervescent Tablets Sugar Free 1.5 grams + 250 mg 12 tablet 1 TAB TID

**25-May-2022 Dr M McCartney (MM) Telephone Consultation**

Comment **Comment** Message left at 8.38am.

**23-May-2022 Sr Pamela Conner (PAMELA\_18993) The Health CentreMain Surgery**

Examination Systolic blood pressure 136 mm Hg

Examination Diastolic blood pressure 74 mm Hg

Examination O/E - height 177 cm

Examination O/E - weight 97 Kg

Examination Body Mass Index 30.96

Examination Systolic blood pressure 136 mm Hg

Examination Diastolic blood pressure 74 mm Hg

Examination O/E - height 177 cm

Examination O/E - weight 97 Kg

Examination Body Mass Index 30.96

Social Never smoked tobacco

Social Alcohol consumption 0 units/week

Comment **Urinalysis = no abnormality** Hypertension review He thinks he might have a urine infection Says urine is dark brown in colour.

Result Urine protein test negative

Read Code Patient advised re diet

Read Code Patient advised about alcohol

Read Code Medication review done

Read Code Hypertension monitoring

Read Code Hypertension annual review

Read Code Lifestyle counselling

Read Code Exercise status screening

Read Code Lifestyle counselling

Read Code Lifestyle advice regarding hypertension

Read Code Exercise status screening

**23-May-2022 Dr M McCartney (MM) General Practice Surgery**

Result **(Non Coded Event - Lipid profile ):**

Chol/HDL ratio 4.4 (No range available)

VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd) ) 0.7 mmol/L (No range available)

LDL-Cholest (calc'd) 2 mmol/L (No range available)

HDL Cholesterol 0.8 mmol/L (No range available)

Triglycerides 1.5 mmol/L (Range: 0.2 - 2.3)

Cholesterol 3.5 mmol/L (No range available)

Result **(Non Coded Event - Liver Function Tests ):**

Albumin 39 g/L (Range: 35 - 50)

Alkaline Phosphatase 79 U/L (Range: 30 - 130)

AST 21 U/L (No range available)

ALT 25 U/L (No range available)

Total Bilirubin 25 umol/L (No range available)

Result **(Non Coded Event - Urea & Electrolytes ):**

Estimated GFR > 60 (No range available)

Creatinine 90 umol/L (Range: 40 - 130)

Urea 6.5 mmol/L (Range: 2.5 - 7.8)

Chloride 107 mmol/L (Range: 95 - 108)

Potassium 4 mmol/L (Range: 3.5 - 5.3)

Sodium 141 mmol/L (Range: 133 - 146)

**23-May-2022 Dr M McCartney (MM) General Practice Surgery**

Result **(Non Coded Event - Glucose ):**

Glucose 6 mmol/L (Range: 3.5 - 6)

**09-May-2022 Sr Pamela Conner (PAMELA\_18993) General Practice Surgery**

Result **Bowel Cancer Screening Result:**

BCSP faecal occult blood test normal Negative (No range available)

**13-Dec-2021 Mr Anonymous User (ANON)**

09-Dec-2021 Vaccination Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Pfizer ( Greenock Town \*\*\*\*\* - Public Vaccination Clinic ) FM3802/PF/IM/Left Arm/C-19 Booster Pfizer ( Greenock Town \*\*\*\*\* - Public Vaccination Clinic )

## 13-Dec-2021 Mr Anonymous User (ANON)

09-Dec-2021 Vaccination Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Pfizer (A Wilkie ) FM3802/ PF/IM/Left Arm/C-19 Booster Pfizer (A Wilkie )

## 27-Oct-2021 Sr Morag Beverstock (MB) The Health CentreMain Surgery

History	History	Attended hypertension review.	
Examination	Systolic blood pressure		138 mm Hg
Examination	Diastolic blood pressure		88 mm Hg
Examination	O/E - weight		97.4 Kg
Examination	Body Mass Index		31.09
Social	Never smoked tobacco		
Social	Alcohol consumption		0 units/week
Result	Urine protein test not done		
Read Code	Patient advised re diet		
Read Code	Patient advised about alcohol		
Read Code	Medication review done		
Read Code	Hypertension monitoring		
Read Code	Hypertension annual review		
Read Code	Lifestyle counselling		
Read Code	Exercise status screening		

## 27-Oct-2021 Dr Catherine Addiscott (CA) General Practice Surgery

Result	(Non Coded Event - Glucose ):		
	Glucose	5.9 mmol/L	(Range: 3.5 - 6)

## 27-Oct-2021 Dr M McCartney (MM) General Practice Surgery

Result	(Non Coded Event - Lipid profile ):		
	Chol/HDL ratio	3.9	(No range available)
	VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd) )	0.3 mmol/L	(No range available)
	LDL-Cholest (calc'd)	2.3 mmol/L	(No range available)
	HDL Cholesterol	0.9 mmol/L	(No range available)
	Triglycerides	0.7 mmol/L	(Range: 0.2 - 2.3)
	Cholesterol	3.5 mmol/L	(No range available)
Result	(Non Coded Event - Liver Function Tests ):		
	Albumin	41 g/L	(Range: 35 - 50)
	Alkaline Phosphatase	75 U/L	(Range: 30 - 130)
	AST	21 U/L	(No range available)
	ALT	27 U/L	(No range available)
	Total Bilirubin	18 umol/L	(No range available)
Result	(Non Coded Event - Urea & Electrolytes ):		
	Estimated GFR > 60		(No range available)
	Creatinine	86 umol/L	(Range: 40 - 130)
	Urea	7.5 mmol/L	(Range: 2.5 - 7.8)
	Chloride	106 mmol/L	(Range: 95 - 108)
	Potassium	3.6 mmol/L	(Range: 3.5 - 5.3)
	Sodium	144 mmol/L	(Range: 133 - 146)

## 20-Oct-2021 Sr Morag Beverstock (MB) Data Entry

Comment	Comment	DNA BP check. Will get hypertension review appt sent out to patient
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## 04-Oct-2021 Dr M McCartney (MM) Telephone Consultation

Problem	Problem	Telephone consultation undertaken due to COVID-19 in order to reduce risk of transmission
History	History	See below. Had been forgetting to take his BP meds when on nightshift. Advised he needs to take them every day. Naproxen have helped the hip pain.
Comment	Comment	Advised TMA with PN in next couple of weeks to have his BP checked.
Medication	Medication	Naproxen Tablets 500 mg 28 TABLET ONE TO BE TAKEN TWICE A DAY
Medication	Medication	Omeprazole Capsules (Gastro-Resistant) 20 mg 28 capsule ONE TO BE TAKEN EACH DAY
Medication	Medication	Amlodipine Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY
Medication	Medication	Bisoprolol Fumarate Tablets 2.5 mg 56 TABLET ONE TO BE TAKEN EACH DAY

## 30-Sept-2021 Dr Catherine Addiscott (CA) Data Entry

Comment	Comment	Pt requesting Naproxen this pm. Has not requested BP meds since May and previous severe uncontrolled hypertension. Not happy to prescribe Naproxen.
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## 17-July-2021 Sr Pamela Conner (PAMELA\_18993) General Practice Surgery

Result	2019-nCoV (novel coronavirus) not detected:		
	2019-nCoV (novel coronavirus) not detected		(No range available)

**09-July-2021 Dr Emma Green (EG) The Health CentreMain Surgery**

History **History** Forgot to ask re:skin tags when here on wed - has numerous around neck + under arm - \*\*\*\*\* worried she will gget them - discussed - not contagious, not warts, just little skin tags - applied gentle histofreeze to 7 today - 3 under left arm 4 under right arm - advised re:redness but explained not an awful lot to be done if not bothering him much we tend to leave them alone

**07-July-2021 Dr Emma Green (EG) The Health CentreMain Surgery**

History **History** 20mins late - History as below - left hip sore, though mobilising, wearing support belt which is helping - awaiting xray + physio - not really sure why appt today  
 Examination **Examination** SLR to 80\* bil;aterally, good external rotation of hip bilaterally, left int rotation reduced - pretty limited, walking relatively normally  
 Comment **Comment** c/t plan - analgesia, xray on 28th + await phytsio  
 History **History** Right shoulder pain - had for sometime, unable to lift arm above shoulder height, restricted movement - wondering if would be able to get xray at same time as hip - will request + see

**02-July-2021 Dr M McCartney (MM) General Practice Surgery**

Result **(Non Coded Event - Glucose ):**  
 Glucose 5.6 mmol/L (Range: 3.5 - 6)

**30-Jun-2021 Dr Claire Thorman (CLT) Telephone Consultation**

History **History** Telephone consultation undertaken due to COVID-19 in order to reduce risk of transmission right sided back pain, started on Friday, works as a bus driver, had significant RTA 1983 resulted in damage to this hip, on friday out of the blue sudden onset pain, at time of accident hip disloacted and he feels pain very similar, able to wt bear, no neurological symptoms in leg, no urinary or bladder issues, imp: muscular back pain but with history r/w XR hip, sudden onset OA, analgesia and PPI cvocer (already has co-codamol 30/500 at home)  
 New Referral **New Referral** 8H77.: Refer to physiotherapist (SCI Gateway Referral)  
 Medication **Medication** Naproxen Tablets 500 mg 28 TABLET ONE TO BE TAKEN TWICE A DAY  
 Medication **Medication** Omeprazole Capsules (Gastro-Resistant) 20 mg 28 capsule ONE TO BE TAKEN EACH DAY

**21-Jun-2021 Mr Anonymous User (ANON)**

19-Jun-2021 Vaccination Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By L \*\*\*\*\* ) PV46698/ AZ/IM/LUA/C-19 (By L \*\*\*\*\* )

**13-May-2021 Sr Morag Beverstock (MB) The Health CentreMain Surgery**

History **History** Attended hypertension review. Patient not taking medication regularly and only restarted it 5 days ago. Discussion re importance of taking medication every day.  
 Examination **Examination** Systolic blood pressure 148 mm Hg  
 Examination **Examination** Diastolic blood pressure 97 mm Hg  
 Examination **Examination** O/E - weight 98.6 Kg  
 Examination **Examination** Body Mass Index 31.47  
 Social **Social** Never smoked tobacco  
 Social **Social** Alcohol consumption 1 units/week  
 Comment **Comment** BP raised. Patient asked to return for BP check in 4-6 weeks and to ensure taking antihypertensives every day.  
 Result **Result** Urine protein test not done  
 Read Code **Read Code** Patient advised re diet  
 Read Code **Read Code** Patient advised about alcohol  
 Read Code **Read Code** Medication review done  
 Read Code **Read Code** Hypertension monitoring  
 Read Code **Read Code** Hypertension annual review  
 Read Code **Read Code** Lifestyle counselling  
 Read Code **Read Code** Exercise status screening

**13-May-2021 Dr M McCartney (MM) General Practice Surgery**

Result	<b>(Non Coded Event - Lipid profile ):</b>		
	Chol/HDL ratio	3.7	(No range available)
	VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd) )	0.7 mmol/L	(No range available)
	LDL-Cholest (calc'd)	2.3 mmol/L	(No range available)
	HDL Cholesterol	1.1 mmol/L	(No range available)
	Triglycerides	1.5 mmol/L	(Range: 0.2 - 2.3)
	Cholesterol	4.1 mmol/L	(No range available)
Result	<b>(Non Coded Event - Liver Function Tests ):</b>		
	Albumin	42 g/L	(Range: 35 - 50)
	Alkaline Phosphatase	73 U/L	(Range: 30 - 130)
	AST	29 U/L	(No range available)
	ALT	40 U/L	(No range available)
	Total Bilirubin	17 umol/L	(No range available)
Result	<b>(Non Coded Event - Urea &amp; Electrolytes ):</b>		
	Estimated GFR &gt; 60		(No range available)
	Creatinine	84 umol/L	(Range: 40 - 130)
	Urea	6.8 mmol/L	(Range: 2.5 - 7.8)
	Chloride	<b>109 mmol/L</b>	<b>(Range: 95 - 108)</b>
	Potassium	4 mmol/L	(Range: 3.5 - 5.3)
	Sodium	143 mmol/L	(Range: 133 - 146)

**13-May-2021 Dr Catherine Addiscott (CA) General Practice Surgery**

Result	<b>(Non Coded Event - Glucose ):</b>		
	Glucose NA		(No range available)

**06-Apr-2021 Mr Anonymous User (ANON)**

02-Apr-2021 Vaccination Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By H Hurrell ) PV46676/ AZ/IM/LUA/C-19 (By H Hurrell )

**02-Dec-2020 Dr Claire Thorman (CLT) The Health CentreMain Surgery**

History **History** Requesting sickline backdated- didn't speak to GP until 24th, would need to do self-certificate for the 20th-24th november

**30-Nov-2020 Dr M McCartney (MM) Data Entry**

Comment **Comment** Patient left a message - headache and dizziness resolved.

**27-Nov-2020 Dr M McCartney (MM) Data Entry**

Comment **Comment** Phoned x3 - no answer. Await contact from patient if still symptomatic.

**24-Nov-2020 Dr M McCartney (MM) Telephone Consultation**

Problem **Problem** Telephone consultation undertaken due to COVID-19 in order to reduce risk of transmission

History **History** 6 days ago developed a frontal headache with vertigo, vomiting and diarrhoea. D&V settled after few days and vertigo after 3-4 days. Still frontal headache but is improving. Feels sensation in R thumb altered for past couple of weeks, otherwise no focal CNS Sx. Vision normal. Speech normal. No nasal congestion/rhinorrhoea. Heartburn increased. Covid test is -ve.

Comment **Comment** ?viral. See Rx. I will phone to rev in 3 days but advised him to call back sooner if new Sx or headache is worse.

Medication **Medication** Lansoprazole Capsules (Gastro-Resistant) 30 mg 28 capsule ONE TO BE TAKEN EACH DAY

Medication **Medication** Amitriptyline Hydrochloride Tablets 10 mg 28 tablet ONE OR TWO TO BE TAKEN IN THE EVENING

Attachment **Attachment** eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Viral infection with dizziness ans headaches.; Duration: 24/11/2020 - 01/12/2020)*

**23-Nov-2020 Dr M McCartney (MM) Telephone Consultation**

Problem **Problem** Telephone consultation undertaken due to COVID-19 in order to reduce risk of transmission

Comment **Comment** Phoned at 4.06pm - mob - 'sorry there is no reply' (couldn't leave a message) and home no rang out.

**20-Nov-2020 Dr M McCartney (MM) Telephone Consultation**

Problem **Problem** Telephone consultation undertaken due to COVID-19 in order to reduce risk of transmission

Comment **Comment** Phoned mob and home at 1.34pm - no answer and couldn't leave a message.

**20-Nov-2020 Dr M McCartney (MM) Telephone Consultation**

Problem **Problem** Telephone consultation undertaken due to COVID-19 in order to reduce risk of transmission  
 Comment **Comment** Phoned again at 3.12pm - Mob - 'sorry there is no reply' and home no rang out.

**19-Nov-2020 Ms Lynn Graham (LPG) Data Entry for Out of Hours**

Comment **Comment** SEE DOCMAN

**19-Nov-2020 Dr Catherine Addiscott (CA) General Practice Surgery**

Result **(Non Coded Event - SARS-CoV-2 ):**  
 SARS-CoV-2 (Non Coded Event - SARS-CoV-2 ) (No range available)

**02-Mar-2020 Dr M McCartney (MM) The Health CentreMain Surgery**

History **History** Cough 3 wks. Now improving but has retrosternal pain and L upper parasternal pain when coughs - not related to exertion. Sore throat.  
 Examination **Examination** T36.6°C. HR 60 reg. Sats 97%. Chest clear with good AE. Tender L parasternal area as above. Pharyngitis. No CLNs.  
 Comment **Comment** vURTI - resolving. Chest wall strain and possibly tracheitis.  
 Medication **Medication** Benzydamine Hydrochloride Spray Sugar Free 0.15 % 1 SPRAY 6 SPRAYS EVERY 2-3 HRS

**09-Jan-2020 Dr Emma Green (EG) The Health CentreMain Surgery**

History **History** Medial epicondylitis - pain in left medial aspect of elbow for the last week, LHD, no trauma, worse when moving it - tends to carry heavy bags to laundrette  
 Examination **Examination** tender over medial epicondyle, worse with rotational movements,  
 Comment **Comment** discussed - no analgesia, try ibugel  
 Medication **Medication** Ibuprofen Gel 5 % 50 GRAM(S) APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY  
 History **History** 1 episode of chest pain, resolved with spray - short lived,  
 Examination **O/E - BP reading**  
 Examination **Systolic blood pressure** 137 mm Hg  
 Examination **Diastolic blood pressure** 89 mm Hg  
 Comment **Comment** much improved - c/t current medication - review 2/12

**19-Dec-2019 Sr Pamela Conner (PAMELA\_18993) The Health CentreMain Surgery**

Examination **Systolic blood pressure** 166 mm Hg  
 Examination **Diastolic blood pressure** 105 mm Hg  
 Comment **O/E - BP reading** Blood pressure raised. Hasn't had any medication this morning because he had to fast. Fasting blood sugar to lab.

**19-Dec-2019 Dr Emma Green (EG) General Practice Surgery**

Result **(Non Coded Event - Glucose ):**  
 Glucose 5.2 mmol/L (Range: 3.5 - 6)

**26-Nov-2019 Dr Emma Green (EG) The Health CentreMain Surgery**

History **History** Chest pain since Thursday (6 days) - there when woke up, no worse with exertion, goes away on its own, no radiation to neck, no radiation to arm, no nausea, no sweating, can occur if sitting or if standing, began further up in shouder but now in left side of chest, been at work as security in amazon + no worse when there, eating + drinking ok, \*\*\*\*\* had 7 MI's - died at 59  
 Examination **O/E - BP reading** 171/113 - HS I+II+O, 98% 86bpm  
 Examination **Systolic blood pressure** 160 mm Hg  
 Examination **Diastolic blood pressure** 107 mm Hg  
 Social **Social** non-smoker, gym once/wk  
 Comment **Comment** ECG + review - B P high,

**26-Nov-2019 Dr Emma Green (EG) Data Entry**

History **History** ECG in dookit 4mins after he had it done - 11.12 pt had ben advised to return + I- would see him when he was back but he has left; tried to call mobile - answerphone, message left as shows possible inferior infarct - refer RACP clinic given FH + ECG - will need bloods + repeat BP  
 Comment **Comment** Pt was pain free when seen

## 26-Nov-2019 Dr Emma Green (EG) The Health CentreMain Surgery

History History Returned - discussed ECG - + given FH - refer cardo  
 Medication Medication Glyceryl Trinitrate Pump spray 400 micrograms/dose 200 DOSE ONE OR TWO SPRAYS TO BE ADMINISTERED UNDER THE TONGUE AND THEN CLOSE MOUTH

## 26-Nov-2019 Dr Emma Green (EG) General Practice Surgery

Result	<b>(Non Coded Event - Full Blood Count ):</b>		
	Nucleated RBC, 0	0 x10 <sup>9</sup> /l	(No range available)
	Basophils	0.1 x10 <sup>9</sup> /l	(No range available)
	Eosinophils	0.36 x10 <sup>9</sup> /l	(Range: 0.02 - 0.5)
	Monocytes	0.5 x10 <sup>9</sup> /l	(Range: 0.2 - 1)
	Lymphocytes	1.2 x10 <sup>9</sup> /l	(Range: 1.1 - 5)
	Neutrophils	5.1 x10 <sup>9</sup> /l	(Range: 2 - 7)
	Platelet Count	216 x10 <sup>9</sup> /l	(Range: 150 - 410)
	MCH	28.5 pg	(Range: 27 - 32)
	Mean Cell Volume	85.6 fl	(Range: 83 - 101)
	Haematocrit	0.475 l/l	(Range: 0.4 - 0.54)
	Haemoglobin	158 g/l	(Range: 130 - 180)
	Red Cell Count	5.55 x10 <sup>12</sup> /l	(Range: 4.5 - 6.5)
	White Blood Count	7.3 x10 <sup>9</sup> /l	(Range: 4 - 10)

## 26-Nov-2019 Dr Emma Green (EG) General Practice Surgery

Result	<b>(Non Coded Event - Chol/Triglyceride ):</b>		
	Triglycerides	1.5 mmol/L	(Range: 0.2 - 2.3)
	Cholesterol	4.2 mmol/L	(No range available)
Result	<b>(Non Coded Event - Liver Function Tests ):</b>		
	Albumin	39 g/L	(Range: 35 - 50)
	Alkaline Phosphatase	74 U/L	(Range: 30 - 130)
	AST	24 U/L	(No range available)
	ALT	29 U/L	(No range available)
	Total Bilirubin	27 umol/L	(No range available)
Result	<b>(Non Coded Event - Urea &amp; Electrolytes ):</b>		
	Estimated GFR > 60		(No range available)
	Creatinine	86 umol/L	(Range: 40 - 130)
	Urea	6.6 mmol/L	(Range: 2.5 - 7.8)
	Chloride	107 mmol/L	(Range: 95 - 108)
	Potassium	4.1 mmol/L	(Range: 3.5 - 5.3)
	Sodium	141 mmol/L	(Range: 133 - 146)
Result	<b>(Non Coded Event - Thyroid funct test ):</b>		
	Total T3		(No range available)
	Free T4	12.3 pmol/L	(Range: 9 - 21)
	TSH	1.15 mU/L	(Range: 0.35 - 5)

## 26-Nov-2019 Dr Emma Green (EG) General Practice Surgery

Result	<b>(Non Coded Event - Glucose ):</b>		
	Glucose	6.5 mmol/L	(Range: 3.5 - 6)

## 16-Oct-2019 Sr Pamela Conner (PAMELA\_18993) General Practice Surgery

Result	<b>Bowel Cancer Screening Result:</b>		
	BCSP faecal occult blood test normal Negative		(No range available)

## 28-Mar-2019 Dr Locum Locum (LC) The Health CentreMain Surgery

History History Started at the gym to try and lose weight and over the past few days some pain in right thigh, worse when squatting down, no real joint pain, otherwise well  
 Examination Examination good ROM both knees/hips, no swelling/erythema. slight pain over thigh  
 Comment Comment imp: soft tissue injury. try NSAID. re-review if no resolution  
 Medication Medication Ibuprofen Tablets 400 mg 56 tablet 1 TAB THREE TIMES DAILY

## 31-Jan-2019 Dr Emma Green (EG) The Health CentreMain Surgery

History History Numerous skin tags on neck + under arms - just wanted them checked - \*\*\*\*\* worried about them

Examination Examination Loads of small skin tags - none really bothersome - advised if any become a nuisance, can freeze then - happy to leave currently

Social Non-smoker minimal alcohol

Medication Medication Betamethasone Dipropionate And Clotrimazole Cream 0.064 % + 1 % 30 gram Apply Twice daily

History History Right foot - develops boils then settle + burst - happening for a few months, left foot fine, \*\*\*\*\* security

Examination Examination areas of dry, crusty skin

Comment Comment try lotriderm - review prn

History History Asking for something to help with weight loss, 14 stone, always less than this - aware needs to exercise more - refer live active

## 05-Dec-2018 Dr Catherine Addiscott (CA) General Practice Surgery

Result	<b>(Non Coded Event - Glucose ):</b> Glucose	5.1 mmol/L	(Range: 3.5 - 6)
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## 05-Dec-2018 Dr Catherine Addiscott (CA) General Practice Surgery

Result	<b>(Non Coded Event - ESR ):</b> ESR	2 mm/hr	(No range available)
Result	<b>(Non Coded Event - Full Blood Count ):</b> Nucleated RBC, 0	0 x10 <sup>9</sup> /l	(No range available)
	Basophils	0.1 x10 <sup>9</sup> /l	(No range available)
	Eosinophils	<b>0.6 x10<sup>9</sup>/l</b>	<b>(Range: 0.02 - 0.5)</b>
	Monocytes	0.7 x10 <sup>9</sup> /l	(Range: 0.2 - 1)
	Lymphocytes	1.2 x10 <sup>9</sup> /l	(Range: 1.1 - 5)
	Neutrophils	5.2 x10 <sup>9</sup> /l	(Range: 2 - 7)
	Platelet Count	208 x10 <sup>9</sup> /l	(Range: 150 - 410)
	MCH	28.5 pg	(Range: 27 - 32)
	Mean Cell Volume	87.2 fl	(Range: 83 - 101)
	Haematocrit	0.496 l/l	(Range: 0.4 - 0.54)
	Haemoglobin	162 g/l	(Range: 130 - 180)
	Red Cell Count	5.69 x10 <sup>12</sup> /l	(Range: 4.5 - 6.5)
	White Blood Count	7.7 x10 <sup>9</sup> /l	(Range: 4 - 10)

## 05-Dec-2018 Dr Catherine Addiscott (CA) General Practice Surgery

Result	<b>(Non Coded Event - Thyroid funct test ):</b> Total T3		(No range available)
	Free T4	12.7 pmol/L	(Range: 9 - 21)
	TSH	1.66 mU/L	(Range: 0.35 - 5)
Result	<b>(Non Coded Event - Prostate Specific Ag ):</b> Prostate Spec Ag	2.4 ug/L	(No range available)
Result	<b>(Non Coded Event - Lipid profile ):</b> Chol/HDL ratio	4.9	(No range available)
	VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd) )	0.6 mmol/L	(No range available)
	LDL-Cholest (calc'd)	2.5 mmol/L	(No range available)
	HDL Cholesterol	0.8 mmol/L	(No range available)
	Triglycerides	1.3 mmol/L	(Range: 0.2 - 2.3)
	Cholesterol	3.9 mmol/L	(No range available)
Result	<b>(Non Coded Event - Liver Function Tests ):</b> Albumin	41 g/L	(Range: 35 - 50)
	Alkaline Phosphatase	76 U/L	(Range: 30 - 130)
	AST	35 U/L	(No range available)
	ALT	37 U/L	(No range available)
	Total Bilirubin	26 umol/L	(No range available)
Result	<b>(Non Coded Event - Urea &amp; Electrolytes ):</b> Estimated GFR > 60		(No range available)
	Creatinine	94 umol/L	(Range: 40 - 130)
	Urea	7.1 mmol/L	(Range: 2.5 - 7.8)
	Chloride	103 mmol/L	(Range: 95 - 108)
	Potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
	Sodium	140 mmol/L	(Range: 133 - 146)
Result	<b>(Non Coded Event - C-reactive Protein ):</b> C Reactive Protein	2 mg/L	(No range available)
Result	<b>(Non Coded Event - Bone Profile ):</b> Alkaline Phosphatase	76 U/L	(Range: 30 - 130)
	Albumin	41 g/L	(Range: 35 - 50)
	Phosphate	1.03 mmol/L	(Range: 0.8 - 1.5)
	Calcium (adjusted)	2.42 mmol/L	(Range: 2.2 - 2.6)
	Calcium	2.45 mmol/L	(Range: 2.2 - 2.6)

**04-Dec-2018 Dr Catherine Addiscott (CA) The Health CentreMain Surgery**

History History Urinary frequency for 2 weeks and stinging at the end of penis. No inflammation at end of penis and no discharge. No pain or swelling in testicles.

Examination Examination Urinalysis - NHT blood only

Comment Comment Try below and review INB

Medication Medication Clotrimazole Cream 1 % 20 GRAM APPLY TWO TO THREE TIMES DAILY

History History As well as urinary frequency, he has gained weight especially around abdomen. Possibly related to overeating. Bowels sound OK but quite difficult historian. Appetite OK.

Comment Comment Check bloods

**29-Nov-2017 Sr Pamela Conner (PAMELA\_18993) General Practice Surgery**

Result **Bowel Cancer Screening Result:**  
BCSP faecal occult blood test normal Negative (No range available)

**28-July-2017 Dr Catherine Addiscott (CA) The Health CentreMain Surgery**

History History Feels better and wheeze has gone.

Examination Examination O2 sats 98% Chest clear

Comment Comment Briefly discussed right foot pain ? related to wearing heavy safety boots at work

**20-July-2017 Dr Catherine Addiscott (CA) The Health CentreMain Surgery**

History History Has had a sore throat, runny nose and cough with yellow phlegm. Not aware of heartburn. \*\*\*\*\* concerned because when he lies down at night, he wheezes. Sx ongoing for 4-5 weeks

Examination Examination Apyrexial HR 72 reg O2 sats 96% HS normal Crackles right base

Comment Comment See Rx (not allergic) due to mild hypoxia and chest signs. Review in 1 week. For CXR INB

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

History History Low back pain, worse when not working. Can be bad if he sleeps in too long. 15 mins morning stiffness

Comment Comment See Rx prn

Medication Medication Ibuprofen Tablets 400 mg 84 TABLET ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

Medication Medication Lansoprazole Capsules (Gastro-Resistant) 30 mg 56 CAPSULE ONE TO BE TAKEN EACH DAY

**21-Dec-2016 Dr Catherine Addiscott (CA) The Health CentreMain Surgery**

Problem Anxiety states

History History Feels better already. Zopiclone really helped. Went back to work last night which was fine. \*\*\*\*\* has been better recently too.

Comment Comment Continue for at least 6/12 and review if becomes less effective in the meantime or if needs further course of Zopiclone (intermittent use reasonable due to shift work)

Medication Medication Fluoxetine Hydrochloride Capsules 20 mg 56 CAPSULE ONE TO BE TAKEN EACH DAY

Read Code Rep.presc. monitoring NOS

**07-Dec-2016 Dr Catherine Addiscott (CA) The Health CentreMain Surgery**

History History Pt very stressed and anxious. Ongoing problems with \*\*\*\*\* and has barely slept for 48 hours due to noise during day when he is on night shift. Getting angry and frustrated. Has had fleeting thoughts of throwing himself into the Clyde but this sounds more related to a desire for sleep rather than a DSH. No current thoughts of self-harm. Feels very anxious and has suffered with panic attacks in the past. Has certainly presented with anxiety type Sx in the past.

Comment Comment See Rx and anxiety self-help guide issued. Review in 2 weeks

Medication Medication Fluoxetine Hydrochloride Capsules 20 mg 28 capsule ONE TO BE TAKEN EACH DAY

Medication Medication Zopiclone Tablets 7.5 mg 7 TABLET ONE TO BE TAKEN AT NIGHT

## 01-Nov-2016 Dr Emma Green (EG) The Health CentreMain Surgery

History	<b>History</b> Back pain, been to A&E on Sunday with it, really just looking for sick line but so far not been off - advised can self-cert for first wk + to contact us if off longer than that; works for security company at amazon, no hx trauma, bladder + bowels ok, slight pain into right thigh, nil ese; given co-codamol + iburpfen - helpful, had similar though less sever pain in the past
Examination	<b>Examination</b> Pain over right lumbar musculature, fairly mobile in room, flexion + extion reasonable, able to SLR
Comment	<b>Comment</b> Continue analgesia, review if worsening, self-cert - contact if off for lnger

## 02-Aug-2016 Dr Catherine Addiscott (CA) The Health CentreMain Surgery

History	<b>History</b> Bloods OK and diarrhoea seems to have settled with Buscopan. Under a lot of emotional stress as ***** terminally ill and a few family members have died. Has asked for hours to be reduced at work.
Examination	<b>Examination</b> Urinalysis = no abnormality
Comment	<b>Comment</b> Observe. If diarrhoea recurs, for tTG and refer for colonoscopy as per faecal calprotectin guidelines
History	<b>History</b> Rash on right foot. Both sides. Blisters and some skin peeling. Never affects left foot.
Examination	<b>Examination</b> ? tinea pedis ? psoriasis
Comment	<b>Comment</b> Try 2 week course of Terbinafine
Medication	<b>Medication</b> Terbinafine Hydrochloride Tablets 250 mg 14 TABLET ONE TO BE TAKEN DAILY

## 29-July-2016 Dr M McCartney (MM) General Practice Surgery

Result	<b>(Non Coded Event - Glucose ):</b> Glucose	4.7 mmol/L	(Range: 3.5 - 6)
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## 25-July-2016 Dr Gayle Dunnet (GD) General Practice Surgery

Result	<b>(Non Coded Event - Serum Folate ):</b> Serum Folate	6 ug/l	(Range: 3.1 - 20)
Result	<b>(Non Coded Event - Serum Ferritin ):</b> Serum Ferritin	40 ug/l	(Range: 20 - 300)
Result	<b>(Non Coded Event - Serum Vitamin B12 ):</b> Serum Vitamin B12	445 ng/l	(Range: 200 - 900)

## 25-July-2016 Dr Gayle Dunnet (GD) General Practice Surgery

Result	<b>(Non Coded Event - Thyroid funct test ):</b> Total T3		(No range available)
	Free T4	13.1 pmol/L	(Range: 9 - 21)
	TSH	1.07 mU/L	(Range: 0.35 - 5)
Result	<b>(Non Coded Event - Liver Function Tests ):</b> Albumin	38 g/L	(Range: 35 - 50)
	Alkaline Phosphatase	69 U/L	(Range: 30 - 130)
	AST	21 U/L	(No range available)
	ALT	31 U/L	(No range available)
	Total Bilirubin	27 umol/L	(No range available)
Result	<b>(Non Coded Event - Urea &amp; Electrolytes ):</b> Estimated GFR &gt; 60		(No range available)
	Creatinine	81 umol/L	(Range: 40 - 130)
	Urea	6.1 mmol/L	(Range: 2.5 - 7.8)
	Chloride	106 mmol/L	(Range: 95 - 108)
	Potassium	3.7 mmol/L	(Range: 3.5 - 5.3)
	Sodium	143 mmol/L	(Range: 133 - 146)
Result	<b>(Non Coded Event - Bone Profile ):</b> Alkaline Phosphatase	69 U/L	(Range: 30 - 130)
	Albumin	38 g/L	(Range: 35 - 50)
	Phosphate	0.93 mmol/L	(Range: 0.8 - 1.5)
	Calcium (adjusted)	2.4 mmol/L	(Range: 2.2 - 2.6)
	Calcium	2.38 mmol/L	(Range: 2.2 - 2.6)

## 25-July-2016 Dr Gayle Dunnet (GD) General Practice Surgery

Result	<b>(Non Coded Event - Full Blood Count ):</b> Nucleated RBC, 0	0 x10 <sup>9</sup> /l	(No range available)
	Basophils, 0	0 x10 <sup>9</sup> /l	(No range available)
	Eosinophils	0.3 x10 <sup>9</sup> /l	(No range available)
	Monocytes	0.5 x10 <sup>9</sup> /l	(Range: 0.2 - 0.8)
	Lymphocytes	<b>1.1 x10<sup>9</sup>/l</b>	<b>(Range: 1.5 - 4)</b>
	Neutrophils	4.8 x10 <sup>9</sup> /l	(Range: 2 - 7.5)
	Platelet Count	221 x10 <sup>9</sup> /l	(Range: 150 - 400)
	MCH	28.6 pg	(Range: 27 - 32)
	Mean Cell Volume	85.2 fl	(Range: 80 - 100)
	Haematocrit	0.476 l/l	(Range: 0.4 - 0.54)
	Haemoglobin	160 g/l	(Range: 130 - 180)
	Red Cell Count	5.59 x10 <sup>12</sup> /l	(Range: 4.5 - 6.5)
	White Blood Count	6.8 x10 <sup>9</sup> /l	(Range: 4 - 11)

## 25-July-2016 Dr Gayle Dunnet (GD) General Practice Surgery

Result (Non Coded Event - Glucose ):  
Glucose 6.5 mmol/L (Range: 3.5 - 6)

## 22-July-2016 Dr Locum Locum (LC) The Health CentreMain Surgery

History **History** Attends with \*\*\*\*. Multiple concerns over a long period of time. change of bowel habit 4 weeks. loose stool++ associated with cramping lower abdominal pain. has haemorrhoids and at time wiping with blood. No weight loss.. Feeling under pressure lately and feeling 'nervyt'. Long shifts at work. 1 MONTH PUing frequently and at times stingy. Pain in foot. Advised unable to cover all concerns today. Focus on bowel movements.

Examination **Examination** abdo asoft non tender bs ++ . PR with consent. external and internal haemorrhoids, no thrombosis, Some firm stool in rectum. No blood no masses. apyrexkal pulse 82 reg. seems anxious

Comment **Comment** For bloods and return for review with results. bRING URINE SAMPLE. ?IBS tyupe sx. try buscoipan review

Medication **Medication** Hyoscine Butylbromide Tablets 10 mg 56 tablet 1-2 tabs up to max four times daily

## 24-Feb-2016 Dr Gayle Dunnet (GD) The Health CentreMain Surgery

History **History** 6/52 h/o 'cold' with 4/52 cough. no other sympts, systemically well. sl sore throat. non smoker, no occup hazard.

Examination **Examination** chest clear, hs pure, mild pharyngitis, no exudate, no clns.

Comment **Comment** reassured, temporise and see if ongoing 1/12.

Medication **Medication** Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 % 300 ML RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS

Problem **Problem** Viral upper respiratory tract infection NOS

Social **Social** works nights security

History **History** left great toe pain at times. quiet now. o/e nad. adv see when active ? for urate check then.

History **History** left index finger occasional pain PIPJ. o/e nad. adv incr grip strength, exercises and attend when active.

History **History** recurrence of mix skin tags and senile warts both axillae and neck. can return for rpt histofreeze if wishes.

## 02-Nov-2015 Dr Catherine Addiscott (CA) General Practice Surgery

Result **Bowel Cancer Screening Result:**  
BCSP faecal occult blood test normal Negative (No range available)

## 26-Oct-2015 Dr M McCartney (MM) The Health CentreMain Surgery

History **History** Intermittent low back pain. R neck pain 1 wk.

Examination **Examination** Tender R paravert m and pain on rot neck (worst to the R) and on ext.

Comment **Comment** Musc neck strain. MLBP. Rx naproxen. Advice.

## 12-Jun-2015 Dr M McCartney (MM) General Practice Surgery

Read Code WML document Relaxation Exercises Printed

## 12-Jun-2015 Dr M McCartney (MM) The Health CentreMain Surgery

History **History** Increased anxiety past 2wks and had episode 2 days ago when didn't want to leave the shower due to fear.

Comment **Comment** Given relaxation and breathing control exercises. Rev if persists.

## 22-Oct-2014 Dr M McCartney (MM) General Practice Surgery

Result (Non Coded Event - Full Blood Count ):

Nucleated RBC, 0	0 x10 <sup>9</sup> /l	(No range available)
Basophils, 0	0 x10 <sup>9</sup> /l	(No range available)
Eosinophils	0.4 x10 <sup>9</sup> /l	(No range available)
Monocytes	0.6 x10 <sup>9</sup> /l	(Range: 0.2 - 0.8)
Lymphocytes	<b>1.1 x10<sup>9</sup>/l</b>	<b>(Range: 1.5 - 4)</b>
Neutrophils	5.2 x10 <sup>9</sup> /l	(Range: 2 - 7.5)
Platelet Count	205 x10 <sup>9</sup> /l	(Range: 150 - 400)
MCH	28.3 pg	(Range: 27 - 32)
Mean Cell Volume	85.4 fl	(Range: 80 - 100)
Haematocrit	0.499 l/l	(Range: 0.4 - 0.54)
Haemoglobin	165 g/l	(Range: 130 - 180)
Red Cell Count	5.84 x10 <sup>12</sup> /l	(Range: 4.5 - 6.5)
White Blood Count	7.3 x10 <sup>9</sup> /l	(Range: 4 - 11)

## 22-Oct-2014 Dr M McCartney (MM) General Practice Surgery

Result	(Non Coded Event - Glucose ): Glucose	5.1 mmol/L	(Range: 3.5 - 6)
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## 22-Oct-2014 Dr M McCartney (MM) General Practice Surgery

Result	(Non Coded Event - Thyroid funct test ): Total T3		(No range available)
	Free T4	12.2 pmol/L	(Range: 9 - 21)
	TSH	0.92 mU/L	(Range: 0.35 - 5)
Result	(Non Coded Event - Liver Function Tests ): Albumin	38 g/L	(Range: 35 - 50)
	Alkaline Phosphatase	63 U/L	(Range: 30 - 130)
	AST	23 U/L	(No range available)
	ALT	31 U/L	(No range available)
	Total Bilirubin	25 umol/L	(No range available)
Result	(Non Coded Event - Urea & Electrolytes ): Estimated GFR > 60		(No range available)
	Creatinine	78 umol/L	(Range: 40 - 130)
	Urea	5.8 mmol/L	(Range: 2.5 - 7.8)
	Chloride	104 mmol/L	(Range: 95 - 108)
	Potassium	4.4 mmol/L	(Range: 3.5 - 5.3)
	Sodium	143 mmol/L	(Range: 133 - 146)

## 17-Oct-2014 Dr M McCartney (MM) The Health CentreMain Surgery

History	History Had a turn 10 days ago when stood up after using computer and felt shaky, cold and was pale - lasted 1-2 hrs. Hasn't recurred. No chest pain or LOC.		
Examination	O/E - BP reading Looks well. HR 60 reg.		
Examination	Systolic blood pressure	. HS normal. Chest clear.	130 mm Hg
Examination	Diastolic blood pressure		80 mm Hg
Comment	Comment Check bloods and ECG. Wgt gain - admits he eats too much and doesn't exercise enough - discussed.		

## 13-May-2014 Dr Catherine Addiscott (CA) The Health CentreMain Surgery

History	History Here as has gained a stone in the last year. Has low back pain. Works mixed day and night shifts. Can get irritable and grumpy at times. Denies low mood or anxiety		
Comment	Comment Discussed diet and exercise		

## 21-Oct-2013 Dr M Smith (MS) The Health CentreMain Surgery

Examination	O/E - height	177 cm
Examination	O/E - weight	85 Kg
Examination	Body Mass Index	27.13
Examination	Ideal Weight	72.06 Kg

## 11-Oct-2013 Dr M McCartney (MM) The Health CentreMain Surgery

History	History Needs to have PCV medical to drive minibus for Barnardos.		
Comment	Comment Advised will need 30min appt and practice manager will contact him to arrange this.		

## 24-May-2013 Dr M McCartney (MM) The Health CentreMain Surgery

History	History Can't get a job. Feels mood a bit low though not depressed. Keen to be more active and requested referral to Liveactive.		
Comment	Comment Referred Liveactive.		

## 22-Jan-2013 Dr M McCartney (MM) The Health CentreMain Surgery

History	History Pain sup to R testicle 4 days. R testicle lies higher than L but has always been that way.		
Examination	Examination Slight fullness R groin area cf L side, no lump. No cough impulse. Had surgery R side to repair bladder in 1980's. Testes NAD. Tender R epididymis.		
Comment	Comment See Rx. Rev 2wks.		
Medication	Medication Naproxen Tablets 500 mg 28 tablet 1 Tab At night		
Medication	Medication Trimethoprim Tablets 200 mg 28 tablet ONE TO BE TAKEN TWICE A DAY		

## 22-Oct-2012 Dr M Smith (MS) The Health CentreMain Surgery

History	History	Back pain last few weeks.. Lumbar pain. Worse on movement,. Improved whe he does voluntary work and worse at rest.No red flag features.Also has headaches. Headaches predominantly occipital.	
Examination	O/E - BP reading	Tender paravertebrals. FROM. Function intact.CNS grossly intact.	
Examination	Systolic blood pressure		132 mm Hg
Examination	Diastolic blood pressure		82 mm Hg
Comment	Comment	? tension headache.	
Medication	Medication	Propranolol Hydrochloride Tablets 10 mg 84 TABLET ONE TO BE TAKEN THREE TIMES A DAY	

## 11-July-2012 Sr Morag Beverstock (MB) The Health CentreMain Surgery

Examination	O/E - BP reading		
Examination	Systolic blood pressure		128 mm Hg
Examination	Diastolic blood pressure		88 mm Hg

## 27-Jun-2012 Sr Morag Beverstock (MB) The Health CentreMain Surgery

Problem	Problem	Attended Keepwell review. Blood pressure raised. Check 2 weeks. Referred to employability and money matters. refused literacy referral despite having problem.	
History	No breathlessness, 0		
History	Chest pain not present		
History	Number of portions of fruit and vegetables daily	2 /day	
Examination	Diastolic blood pressure		100 mm Hg
Examination	Systolic blood pressure		150 mm Hg
Examination	O/E - pulse rhythm regular		
Examination	O/E - height		177 cm
Examination	O/E - weight		84 Kg
Examination	O/E - pulse rate NOS		60
Examination	Body Mass Index		26.81
Examination	O/E - height		177 cm
Examination	O/E - weight		84 Kg
Examination	Wants to lose weight		2
Examination	Body Mass Index		26.81
Family History	FH: Ischaemic heart dis. &lt;60		
Family History	FH: CVA/stroke		
Social	Literacy problems		
Social	Never smoked tobacco		
Social	Exercise grading		2
Social	Exercise grading NOS		2
Social	Patient initiated diet NOS		2
Social	Declined referral to physical exercise programme		
Social	Alcohol intake within recommended sensible limits		
Social	Alcohol units per week		1 U/week
Social	Unemployed		
Social	Financial problem		
Read Code	Primary prevention of ischaemic heart disease		
Read Code	NHS Health Check programme		
Read Code	White Scottish		
Read Code	Medication review done		
Read Code	Depression screening using questions		
Read Code	Physical activity opportunity signposted		
Read Code	Alcohol screen - fast alcohol screening test completed, 0		
Read Code	Work-related counselling		
Read Code	Benefits counselling		

## 27-Jun-2012 Ms Jean Cook (COOKJ\_18993) General Practice Surgery

Result	<b>Biochemistry battery tests:</b>		
	Serum triglycerides	1.3 mmol/L	(No range available)
	Serum LDL cholesterol level	2.1 mmol/L	(No range available)
	Serum cholesterol/HDL ratio	4.3	(No range available)
	Serum HDL cholesterol level	<b>0.8 mmol/L</b>	<b>(Range: 0.9 - 1.8)</b>
	Serum cholesterol	3.5 mmol/L	(Range: 3.1 - 5)
	Serum gamma GT level	18 IU/L	(No range available)
	ALT/SGPT serum level	27 IU/L	(Range: 5 - 55)
	Serum total bilirubin level	16 umol/L	(Range: 3 - 21)
	Serum alkaline phosphatase	59 IU/L	(Range: 30 - 130)
	Serum albumin	38 g/L	(Range: 35 - 50)
	GFR calculated abbreviatd MDRD GT60		(No range available)
	Serum creatinine	79 umol/L	(Range: 50 - 120)
	Serum urea level	7.2 mmol/L	(Range: 2.5 - 7.8)
	Serum chloride	107 mmol/L	(Range: 95 - 108)
	Serum potassium	3.7 mmol/L	(Range: 3.5 - 5.3)
	Serum sodium	142 mmol/L	(Range: 133 - 146)
	Plasma glucose level	4.4 mmol/L	(Range: 3.5 - 6)

**26-Aug-2011 Dr M McCartney (MM) The Health CentreMain Surgery**

History History Near miss in car 4-5 wks ago. Panic attacks past 3wks. Feels very tense and mouth goes dry. Mind racing but body slowed down.  
 Comment Comment Discussed. General advice. Rev 2 wks.

**01-Jun-2011 Dr M McCartney (MM) Data Entry**

Examination Assign cardiovascular disease score Template Added 7 %  
 Calculated Using Complete Data Comparison Score: 9

**23-May-2011 Dr M McCartney (MM) The Health CentreMain Surgery**

History History Cryo to multiple skintags axillae.  
 Examination O/E - BP reading  
 Examination Systolic blood pressure 138 mm Hg  
 Examination Diastolic blood pressure 90 mm Hg  
 Social Never smoked tobacco  
 Comment Comment Chol checked.

**16-Feb-2011 Dr M Smith (MS) The Health CentreMain Surgery**

Problem Problem back pain  
 History History Pain in bed at night. OK when at work anf lifting things.Sleep NOT disturbed.  
 Examination O/E - BP reading FROM. Reflexes, power, tonne --NAD.  
 Examination Systolic blood pressure 142 mm Hg  
 Examination Diastolic blood pressure 76 mm Hg  
 Problem Problem Skin tags  
 Examination Examination multiple axillary skin tags. For cautery

**24-Mar-2010 rec1 (rec1\_18993) The Health CentreData Entry**

History White Scottish Disease: Ethnicity, priority=2  
 History Interpreter not needed Disease: Ethnicity, priority=2

**04-Feb-2009 Dr M McCartney (MM) The Health Centre**

History History Pain inf to R scapula 2 wks. Pain R lumbar region 1 month. O/E Non-tender. Pain on int rot/extension shoulder. Pain lumbar region on FF. Works as care assistant and lifting equipment in Compaq. &br&imp - Muscular strains. Advised ibuprofen. priority=2

**16-July-2008 Dr M McCartney (MM) The Health Centre**

History History Cryo to warts R hand and skin tags neck. priority=2

**04-Jun-2008 Dr M McCartney (MM) The Health Centre**

History History Dermatitis R foot + ?fungal infection. See Rx. &br&Skin tags neck. TMA for cryo. priority=2

**26-Feb-2008 rec1 (rec1\_18993) The Health CentreData Entry**

History Referral for further care *Referred To: Larkfield Road, Greenock, PA16 OXN, NHS. Referral Type: Self Referral. Speciality Type: Accident & Emergency. Referral Nature: Not Specified.. Referral Type: Unknown (0)*

**11-Sept-2007 Mrs June McKinlay (MCKINLAYJ\_18993) The Health CentreData Entry**

History Total cholesterol measurement Disease: SPICE Lab Results, priority=2  
 History Tot Chol date &br& Value text: 07 Sep 2007 00:00  
 History Tot Chol 3.4  
 History Triglyceride 0.9  
 History Glucose 4.8  
 History Glucose date &br& Value text: 07 Sep 2007 00:00

**07-Sept-2007 Dr M McCartney (MM) The Health Centre**

History History Pain L hand 2 wks. O/E NAD. Rev if not settling. &br&Pain L chest wall in bed if lies on R side. O/E NAD. &br&Polydipsia. Check GI and requesting chol check. priority=2  
 History Never smoked tobacco Disease: SPICE Basic Health Values, priority=2

**27-Jun-2007 Dr M McCartney (MM) The Health Centre**

History History Skin improved but still dry, flaky areas hand and feet. See Rx. Rev 2 wks. priority=2

**14-Jun-2007 Dr M McCartney (MM) The Health Centre**

History History Infected dermatitis foot and hand. Rx Lotriderm.  
Rev 2 wks. priority=2

**07-Feb-2007 rec1 (rec1\_18993) The Health CentreData Entry**

History Referral for further care *Referred To: Larkfield Road, Greenock, PA16 OXN, NHS. Referral Type: Self Referral. Speciality Type: Accident & Emergency. Referral Nature: Not Specified.. Referral Type: Unknown (0)*

**09-Oct-2006 rec2 (rec2\_18993) The Health CentreData Entry**

History Referral for further care *Referred To: Larkfield Road, Greenock, PA16 OXN, NHS. Referral Type: Self Referral. Speciality Type: Accident & Emergency. Referral Nature: Not Specified.. Referral Type: Unknown (0)*

**10-Mar-2006 Dr M McCartney (MM) The Health Centre**

History History D + V 6 days - vomiting now settled - still diarrhoea & O/E Epigastric tenderness No masses BS normal & Advised fluids + paracetamol Stool sample if doesn't settle & Haemorrhoids Rx proctosedyl & Still neck pain O/E NAD Advice priority=2

**21-Jan-2004 UnknownUser (UnknownUse18993) The Health CentreData Entry**

History Read Code Administration priority=2

**16-May-2002 Dr M Smith (MS) The Health Centre**

History Systolic blood pressure 120  
History Diastolic blood pressure 64

**26-July-2001 UnknownUser (UnknownUse18993) The Health CentreData Entry**

12-May-1998 Problem Depressed  
07-Feb-1995 Problem Hand fracture - metacarpal bone left 5th.  
20-Nov-1992 Problem Anxiety states attended stressproofing group.  
29-Sept-1989 Problem Urethroscopy no true stricture seen.  
26-Dec-1988 Problem Urethrography satisfactory.  
23-Nov-1988 Problem H/O: urethral stricture further dilatation of urethral stricture.  
18-Aug-1987 Problem H/O: urethral stricture further assessment - no dilatation or incision required.  
29-Jan-1987 Problem H/O: urethral stricture re-incision.  
12-Mar-1984 Problem Urethral stricture almost complete obstruction due to stricture.  
25-Nov-1983 Problem RTA injury examination severe trauma - multiple fractures of pelvis and urethral rupture. Immobilisation of pelvis plus surgical repair of urethral rupture carried out.  
06-Sept-1978 Problem Bedwetting investigations - M.S.U. & I.V.P. normal.  
28-Oct-1976 Problem Finger fracture displaced epiphysis base of right 5th finger.  
05-July-1976 Problem Fracture of humerus

**17-Nov-1999 UnknownUser (UnknownUse18993) The Health CentreData Entry**

History History Migrated Data priority=2  
02-July-1999 History Referral for further care *Referred To: Larkfield Road, Greenock, PA16 OXN, NHS. Referral Type: Self Referral. Speciality Type: A+E. Referral Nature: Not Specified.. Referral Type: Unknown (0)*  
12-May-1998 History Referral for further care *Referred To: Larkfield Road, Greenock, PA16 OXN, NHS. Referral Type: Out Patient. Speciality Type: Psychology. Referral Nature: Not Specified.. Referral Type: Unknown (0)*  
21-Feb-1997 History Referral for further care *Referred To: Larkfield Road, Greenock, PA16 OXN, NHS. Referral Type: Self Referral. Speciality Type: A+E. Referral Nature: Not Specified.. Referral Type: Unknown (0)*  
23-Aug-1991 Problem Patient MRE received from HB priority=1  
08-Apr-1991 Problem Patient signed reg. form priority=1

## Medications (inc. issues)

### Acute

**13-Apr-2026 Amlodipine Tablets 10 mg**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**13-Apr-2026 Amlodipine Tablets 10 mg**  
56 TABLET - ONE TO BE TAKEN EACH DAY

### Repeat

**08-Apr-2026 Atorvastatin Tablets 20 mg**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**08-Apr-2026 Atorvastatin Tablets 20 mg**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**25-Mar-2026 Amlodipine Tablets 5 mg**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**19-Aug-2024 Amlodipine Tablets 5 mg**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**11-Apr-2024 Amlodipine Tablets 5 mg**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**05-Jan-2024 Amlodipine Tablets 5 mg**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**18-Oct-2023 Amlodipine Tablets 5 mg**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**28-Jun-2023 Amlodipine Tablets 5 mg**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**10-Oct-2022 Amlodipine Tablets 5 mg**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**28-Apr-2022 Amlodipine Tablets 5 mg**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**10-Nov-2021 Amlodipine Tablets 5 mg**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**04-Oct-2021 Amlodipine Tablets 5 mg**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**10-May-2021 Amlodipine Tablets 5 mg**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**14-Jan-2021 Amlodipine Tablets 5 mg**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**21-Jan-2020 Amlodipine Tablets 5 mg**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**25-Mar-2026 Amlodipine Tablets 5 mg**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**29-Nov-2019 Amlodipine Tablets 5 mg**  
56 TABLET - ONE TO BE TAKEN EACH DAY

## Past

**21-Jan-2026 Naproxen Tablets 500 mg Acute Medication (Past)**  
56 tablet - ONE TO BE TAKEN TWICE A DAY

**21-Jan-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)**  
28 capsule - ONE TO BE TAKEN EACH DAY

**21-Jan-2026 Co-Codamol 30/500 Tablets Acute Medication (Past)**  
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

**21-Jan-2026 Co-Codamol 30/500 Tablets Acute Medication (Past)**  
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

**21-Jan-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)**  
28 capsule - ONE TO BE TAKEN EACH DAY

**21-Jan-2026 Naproxen Tablets 500 mg Acute Medication (Past)**  
56 tablet - ONE TO BE TAKEN TWICE A DAY

**21-Jan-2026 Trimethoprim Tablets 200 mg Acute Medication (Past)**  
14 TABLET - ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS

**21-Jan-2026 Trimethoprim Tablets 200 mg Acute Medication (Past)**  
14 TABLET - ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS

**11-Dec-2024 Naproxen Tablets 500 mg Acute Medication (Past)**  
28 TABLET - ONE TO BE TAKEN TWICE A DAY. FOR SPARING USE AS CAN AFFECT HIGH BLOOD PRESSURE

**11-Dec-2024 Naproxen Tablets 500 mg Acute Medication (Past)**  
28 TABLET - ONE TO BE TAKEN TWICE A DAY. FOR SPARING USE AS CAN AFFECT HIGH BLOOD PRESSURE

**27-Aug-2024 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)**  
28 tablet - ONE TO BE TAKEN EACH DAY

**27-Aug-2024 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)**  
28 tablet - ONE TO BE TAKEN EACH DAY

**05-Aug-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**  
56 CAPSULE - ONE TO BE TAKEN EACH DAY

**05-Aug-2024 Bisoprolol Fumarate Tablets 2.5 mg Repeat Medication (Past)**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**05-Aug-2024 Naproxen Tablets 500 mg Acute Medication (Past)**  
28 TABLET - ONE TO BE TAKEN TWICE A DAY. FOR SPARING USE AS CAN AFFECT HIGH BLOOD PRESSURE

**05-Aug-2024 Naproxen Tablets 500 mg Acute Medication (Past)**  
28 TABLET - ONE TO BE TAKEN TWICE A DAY. FOR SPARING USE AS CAN AFFECT HIGH BLOOD PRESSURE

**19-July-2024 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)**  
28 tablet - ONE TO BE TAKEN EACH DAY

**27-Jun-2024 Diazepam Tablets 2 mg Acute Medication (Past)**  
14 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

**19-July-2024 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)**  
28 tablet - ONE TO BE TAKEN EACH DAY

**27-Jun-2024 Diazepam Tablets 2 mg Acute Medication (Past)**  
14 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

**27-Jun-2024 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)**  
28 tablet - ONE TO BE TAKEN EACH DAY

**12-Jun-2024 Naproxen Tablets 500 mg Acute Medication (Past)**  
28 TABLET - ONE TO BE TAKEN TWICE A DAY. FOR SPARING USE AS CAN AFFECT HIGH BLOOD PRESSURE

**12-Jun-2024 Naproxen Tablets 500 mg Acute Medication (Past)**  
28 TABLET - ONE TO BE TAKEN TWICE A DAY. FOR SPARING USE AS CAN AFFECT HIGH BLOOD PRESSURE

**30-Apr-2024 Ciprofloxacin Tablets 500 mg Acute Medication (Past)**  
28 TABLET - ONE TO BE TAKEN TWICE A DAY FOR 14 DAYS THEN REVIEW

**30-Apr-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**  
56 CAPSULE - ONE TO BE TAKEN EACH DAY

**30-Apr-2024 Ciprofloxacin Tablets 500 mg Acute Medication (Past)**  
28 TABLET - ONE TO BE TAKEN TWICE A DAY FOR 14 DAYS THEN REVIEW

**11-Apr-2024 Naproxen Tablets 500 mg Acute Medication (Past)**  
28 TABLET - ONE TO BE TAKEN TWICE A DAY. FOR SPARING USE AS CAN AFFECT HIGH BLOOD PRESSURE

**11-Apr-2024 Naproxen Tablets 500 mg Acute Medication (Past)**  
28 TABLET - ONE TO BE TAKEN TWICE A DAY. FOR SPARING USE AS CAN AFFECT HIGH BLOOD PRESSURE

**11-Apr-2024 Bisoprolol Fumarate Tablets 2.5 mg Repeat Medication (Past)**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**29-Jan-2024 Ibuprofen Gel 10 % Acute Medication (Past)**  
100 gram - APPLY THREE TIMES A DAY

**29-Jan-2024 Ibuprofen Gel 10 % Acute Medication (Past)**  
100 gram - APPLY THREE TIMES A DAY

**05-Jan-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**  
56 CAPSULE - ONE TO BE TAKEN EACH DAY

**05-Jan-2024 Naproxen Tablets 500 mg Repeat Medication (Past)**  
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**04-Jan-2024 Bisoprolol Fumarate Tablets 2.5 mg Repeat Medication (Past)**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**18-Oct-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**  
56 CAPSULE - ONE TO BE TAKEN EACH DAY

**09-Oct-2023 Naproxen Tablets 500 mg Repeat Medication (Past)**  
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**20-Sept-2023 Naproxen Tablets 500 mg Repeat Medication (Past)**  
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**29-Aug-2023 Bisoprolol Fumarate Tablets 2.5 mg Repeat Medication (Past)**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**19-Apr-2023 Naproxen Tablets 500 mg Repeat Medication (Past)**  
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**06-Apr-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**  
56 CAPSULE - ONE TO BE TAKEN EACH DAY

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

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

**30-Jan-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**  
56 CAPSULE - ONE TO BE TAKEN EACH DAY

**30-Jan-2023 Bisoprolol Fumarate Tablets 2.5 mg Repeat Medication (Past)**  
56 TABLET - ONE TO BE TAKEN EACH DAY

**10-Oct-2022 Naproxen Tablets 500 mg Repeat Medication (Past)**  
56 TABLET - ONE TO BE TAKEN TWICE A DAY

**10-Oct-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)**  
56 CAPSULE - ONE TO BE TAKEN EACH DAY

**18-Aug-2022 Diazepam Tablets 2 mg Acute Medication (Past)**  
15 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

**18-Aug-2022 Zopiclone Tablets 7.5 mg Acute Medication (Past)**  
7 TABLET - ONE TO BE TAKEN AT NIGHT

**18-Aug-2022 Zopiclone Tablets 7.5 mg Acute Medication (Past)**  
7 TABLET - ONE TO BE TAKEN AT NIGHT

**18-Aug-2022 Diazepam Tablets 2 mg Acute Medication (Past)**  
15 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

11-July-2022 Bisoprolol Fumarate Tablets 2.5 mg Repeat Medication (Past)  
56 TABLET - ONE TO BE TAKEN EACH DAY

31-May-2022 Potassium Citrate And Citric Acid Effervescent Tablets Sugar Free 1.5 grams + 250 mg Acute Medication (Past)  
12 tablet - 1 TAB TID

31-May-2022 Potassium Citrate And Citric Acid Effervescent Tablets Sugar Free 1.5 grams + 250 mg Acute Medication (Past)  
12 tablet - 1 TAB TID

28-Apr-2022 Naproxen Tablets 500 mg Repeat Medication (Past)  
56 TABLET - ONE TO BE TAKEN TWICE A DAY

28-Apr-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)  
56 CAPSULE - ONE TO BE TAKEN EACH DAY

09-Dec-2021 Naproxen Tablets 500 mg Repeat Medication (Past)  
56 TABLET - ONE TO BE TAKEN TWICE A DAY

09-Dec-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)  
56 CAPSULE - ONE TO BE TAKEN EACH DAY

11-Nov-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)  
28 capsule - ONE TO BE TAKEN EACH DAY

11-Nov-2021 Naproxen Tablets 500 mg Acute Medication (Past)  
28 TABLET - ONE TO BE TAKEN TWICE A DAY

10-Nov-2021 Bisoprolol Fumarate Tablets 2.5 mg Repeat Medication (Past)  
56 TABLET - ONE TO BE TAKEN EACH DAY

04-Oct-2021 Bisoprolol Fumarate Tablets 2.5 mg Repeat Medication (Past)  
56 TABLET - ONE TO BE TAKEN EACH DAY

05-Aug-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)  
56 CAPSULE - ONE TO BE TAKEN EACH DAY

04-Oct-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)  
28 capsule - ONE TO BE TAKEN EACH DAY

04-Oct-2021 Naproxen Tablets 500 mg Acute Medication (Past)  
28 TABLET - ONE TO BE TAKEN TWICE A DAY

05-Jan-2024 Naproxen Tablets 500 mg Acute Medication (Past)  
56 TABLET - ONE TO BE TAKEN TWICE A DAY

30-Jun-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)  
28 capsule - ONE TO BE TAKEN EACH DAY

30-Jun-2021 Naproxen Tablets 500 mg Acute Medication (Past)  
28 TABLET - ONE TO BE TAKEN TWICE A DAY

30-Jun-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)  
28 capsule - ONE TO BE TAKEN EACH DAY

30-Jun-2021 Naproxen Tablets 500 mg Acute Medication (Past)  
28 TABLET - ONE TO BE TAKEN TWICE A DAY

10-May-2021 Bisoprolol Fumarate Tablets 2.5 mg Repeat Medication (Past)  
56 TABLET - ONE TO BE TAKEN EACH DAY

14-Jan-2021 Bisoprolol Fumarate Tablets 2.5 mg Repeat Medication (Past)  
56 TABLET - ONE TO BE TAKEN EACH DAY

14-Dec-2020 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)  
28 capsule - ONE TO BE TAKEN EACH DAY

07-Dec-2020 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)  
28 tablet - ONE OR TWO TO BE TAKEN IN THE EVENING

24-Nov-2020 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)  
28 capsule - ONE TO BE TAKEN EACH DAY

14-Dec-2020 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)  
28 capsule - ONE TO BE TAKEN EACH DAY

24-Nov-2020 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)  
28 tablet - ONE OR TWO TO BE TAKEN IN THE EVENING

07-Dec-2020 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)  
28 tablet - ONE OR TWO TO BE TAKEN IN THE EVENING

02-Mar-2020 Benzydamine Hydrochloride Spray Sugar Free 0.15 % Acute Medication (Past)  
1 SPRAY - 6 SPRAYS EVERY 2-3 HRS

02-Mar-2020 Benzydamine Hydrochloride Spray Sugar Free 0.15 % Acute Medication (Past)  
1 SPRAY - 6 SPRAYS EVERY 2-3 HRS

21-Jan-2020 Bisoprolol Fumarate Tablets 2.5 mg Repeat Medication (Past)  
56 TABLET - ONE TO BE TAKEN EACH DAY

09-Jan-2020 Ibuprofen Gel 5 % Acute Medication (Past)  
50 GRAM(S) - APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY

09-Jan-2020 Ibuprofen Gel 5 % Acute Medication (Past)  
50 GRAM(S) - APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY

29-Nov-2019 Bisoprolol Fumarate Tablets 2.5 mg Repeat Medication (Past)  
56 TABLET - ONE TO BE TAKEN EACH DAY

05-Aug-2024 Bisoprolol Fumarate Tablets 2.5 mg Repeat Medication (Past)  
56 TABLET - ONE TO BE TAKEN EACH DAY

<b>26-Nov-2019</b>	<b>Glyceryl Trinitrate Pump spray 400 micrograms/dose</b>	<b>Acute Medication (Past)</b>
200 DOSE - ONE OR TWO SPRAYS TO BE ADMINISTERED UNDER THE TONGUE AND THEN CLOSE MOUTH		
<b>26-Nov-2019</b>	<b>Glyceryl Trinitrate Pump spray 400 micrograms/dose</b>	<b>Acute Medication (Past)</b>
200 DOSE - ONE OR TWO SPRAYS TO BE ADMINISTERED UNDER THE TONGUE AND THEN CLOSE MOUTH		
<b>28-Mar-2019</b>	<b>Ibuprofen Tablets 400 mg</b>	<b>Acute Medication (Past)</b>
56 tablet - 1 TAB THREE TIMES DAILY		
<b>28-Mar-2019</b>	<b>Ibuprofen Tablets 400 mg</b>	<b>Acute Medication (Past)</b>
56 tablet - 1 TAB THREE TIMES DAILY		
<b>31-Jan-2019</b>	<b>Betamethasone Dipropionate And Clotrimazole Cream 0.064 % + 1 %</b>	<b>Acute Medication (Past)</b>
30 gram - Apply Twice daily		
<b>31-Jan-2019</b>	<b>Betamethasone Dipropionate And Clotrimazole Cream 0.064 % + 1 %</b>	<b>Acute Medication (Past)</b>
30 gram - Apply Twice daily		
<b>04-Dec-2018</b>	<b>Clotrimazole Cream 1 %</b>	<b>Acute Medication (Past)</b>
20 GRAM - APPLY TWO TO THREE TIMES DAILY		
<b>04-Dec-2018</b>	<b>Clotrimazole Cream 1 %</b>	<b>Acute Medication (Past)</b>
20 GRAM - APPLY TWO TO THREE TIMES DAILY		
<b>20-July-2017</b>	<b>Amoxicillin Capsules 500 mg</b>	<b>Acute Medication (Past)</b>
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY		
<b>20-July-2017</b>	<b>Lansoprazole Capsules (Gastro-Resistant) 30 mg</b>	<b>Acute Medication (Past)</b>
56 CAPSULE - ONE TO BE TAKEN EACH DAY		
<b>20-July-2017</b>	<b>Amoxicillin Capsules 500 mg</b>	<b>Acute Medication (Past)</b>
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY		
<b>20-July-2017</b>	<b>Lansoprazole Capsules (Gastro-Resistant) 30 mg</b>	<b>Acute Medication (Past)</b>
56 CAPSULE - ONE TO BE TAKEN EACH DAY		
<b>20-July-2017</b>	<b>Ibuprofen Tablets 400 mg</b>	<b>Acute Medication (Past)</b>
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD		
<b>20-July-2017</b>	<b>Ibuprofen Tablets 400 mg</b>	<b>Acute Medication (Past)</b>
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD		
<b>21-Dec-2016</b>	<b>Fluoxetine Hydrochloride Capsules 20 mg</b>	<b>Repeat Medication (Past)</b>
56 CAPSULE - ONE TO BE TAKEN EACH DAY		
<b>07-Dec-2016</b>	<b>Zopiclone Tablets 7.5 mg</b>	<b>Acute Medication (Past)</b>
7 TABLET - ONE TO BE TAKEN AT NIGHT		
<b>07-Dec-2016</b>	<b>Zopiclone Tablets 7.5 mg</b>	<b>Acute Medication (Past)</b>
7 TABLET - ONE TO BE TAKEN AT NIGHT		
<b>21-Dec-2016</b>	<b>Fluoxetine Hydrochloride Capsules 20 mg</b>	<b>Repeat Medication (Past)</b>
56 CAPSULE - ONE TO BE TAKEN EACH DAY		
<b>07-Dec-2016</b>	<b>Fluoxetine Hydrochloride Capsules 20 mg</b>	<b>Acute Medication (Past)</b>
28 capsule - ONE TO BE TAKEN EACH DAY		
<b>02-Aug-2016</b>	<b>Terbinafine Hydrochloride Tablets 250 mg</b>	<b>Acute Medication (Past)</b>
14 TABLET - ONE TO BE TAKEN DAILY		
<b>02-Aug-2016</b>	<b>Terbinafine Hydrochloride Tablets 250 mg</b>	<b>Acute Medication (Past)</b>
14 TABLET - ONE TO BE TAKEN DAILY		
<b>22-July-2016</b>	<b>Hyoscine Butylbromide Tablets 10 mg</b>	<b>Acute Medication (Past)</b>
56 tablet - 1-2 tabs up to max four times daily		
<b>22-July-2016</b>	<b>Hyoscine Butylbromide Tablets 10 mg</b>	<b>Acute Medication (Past)</b>
56 tablet - 1-2 tabs up to max four times daily		
<b>24-Feb-2016</b>	<b>Benzylamine Hydrochloride Oral Rinse Sugar Free 0.15 %</b>	<b>Acute Medication (Past)</b>
300 ML - RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS		
<b>24-Feb-2016</b>	<b>Benzylamine Hydrochloride Oral Rinse Sugar Free 0.15 %</b>	<b>Acute Medication (Past)</b>
300 ML - RINSE OR GARGLE WITH 15ML (DILUTED WITH WATER IF STINGING OCCURS) EVERY 90 MINUTES TO 3 HOURS AS REQUIRED, USUALLY FOR NOT MORE THAN 7 DAYS		
<b>26-Oct-2015</b>	<b>Naproxen Tablets 500 mg</b>	<b>Acute Medication (Past)</b>
28 tablet - 1 Tab At night		
<b>26-Oct-2015</b>	<b>Naproxen Tablets 500 mg</b>	<b>Acute Medication (Past)</b>
28 tablet - 1 Tab At night		
<b>22-Jan-2013</b>	<b>Naproxen Tablets 500 mg</b>	<b>Acute Medication (Past)</b>
28 tablet - 1 Tab At night		
<b>22-Jan-2013</b>	<b>Naproxen Tablets 500 mg</b>	<b>Acute Medication (Past)</b>
28 tablet - 1 Tab At night		
<b>22-Jan-2013</b>	<b>Trimethoprim Tablets 200 mg</b>	<b>Acute Medication (Past)</b>
28 tablet - ONE TO BE TAKEN TWICE A DAY		
<b>22-Jan-2013</b>	<b>Trimethoprim Tablets 200 mg</b>	<b>Acute Medication (Past)</b>
28 tablet - ONE TO BE TAKEN TWICE A DAY		
<b>22-Oct-2012</b>	<b>Propranolol Hydrochloride Tablets 10 mg</b>	<b>Acute Medication (Past)</b>
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY		
<b>22-Oct-2012</b>	<b>Propranolol Hydrochloride Tablets 10 mg</b>	<b>Acute Medication (Past)</b>
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY		

**26-Aug-2011 Propranolol Hydrochloride Tablets 10 mg Acute Medication (Past)**  
84 TABLET - 2 TABS TID

**26-Aug-2011 Propranolol Hydrochloride Tablets 10 mg Acute Medication (Past)**  
84 TABLET - 2 TABS TID

**16-Feb-2011 Naproxen Tablets 500 mg Acute Medication (Past)**  
28 tablet - 1 Tab At night

**16-Feb-2011 Naproxen Tablets 500 mg Acute Medication (Past)**  
28 tablet - 1 Tab At night

**04-Jun-2008 LOTRIDERM CREAM Acute Medication (Past)**  
30 CREAM - Apply morning and night

**04-Jun-2008 Lotriderm Cream Acute Medication (Past)**  
30 CREAM - Apply morning and night

**27-Jun-2007 Mometasone Furoate Cream 0.1 % Acute Medication (Past)**  
30 g - Apply morning and night

**27-Jun-2007 MOMETASONE FUROATE CREAM 0.1% Acute Medication (Past)**  
30 g - Apply morning and night

**27-Jun-2007 Doublebase Gel Acute Medication (Past)**  
100 GEL - Apply morning and night

**27-Jun-2007 DOUBLEBASE GEL Acute Medication (Past)**  
100 GEL - Apply morning and night

**14-Jun-2007 LOTRIDERM CREAM Acute Medication (Past)**  
30 CREAM - Apply morning and night

**14-Jun-2007 Lotriderm Cream Acute Medication (Past)**  
30 CREAM - Apply morning and night

**10-Mar-2006 PROCTOSEDYL OINT Acute Medication (Past)**  
30 OINT - Apply morning and night

**10-Mar-2006 Proctosedyl Ointment Acute Medication (Past)**  
30 OINT - Apply morning and night

**23-Oct-2003 CITALOPRAM TABLETS 10MG Acute Medication (Past)**  
28 TABS - 1 Tab In the morning

**23-Oct-2003 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)**  
28 TABS - 1 Tab In the morning

**09-Oct-2003 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)**  
56 TABS - 1 Tab Twice daily

**09-Oct-2003 PROPRANOLOL HYDROCHLORIDE TABLETS 40MG Acute Medication (Past)**  
56 TABS - 1 Tab Twice daily

## Allergies

This section is empty.

## Vaccinations

### 09-Dec-2021 Mr Anonymous User (ANON)

Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Pfizer ( Greenock Town \*\*\*\*\* - Public Vaccination Clinic )  
*FM3802/ PF/IM/Left Arm/C-19 Booster Pfizer ( Greenock Town \*\*\*\*\* - Public Vaccination Clinic )*

### 09-Dec-2021 Mr Anonymous User (ANON)

Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Pfizer (A Wilkie )  
*FM3802/ PF/IM/Left Arm/C-19 Booster Pfizer (A Wilkie )*

### 19-Jun-2021 Mr Anonymous User (ANON)

Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By L \*\*\*\*\* )  
*PV46698/ AZ/IM/LUA/C-19 (By L \*\*\*\*\* )*

### 02-Apr-2021 Mr Anonymous User (ANON)

Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By H Hurrell )  
*PV46676/ AZ/IM/LUA/C-19 (By H Hurrell )*

## Referrals

### 04-Jun-2025 Dr Emma Green (EG)

8H7A: Refer to mental health worker (SCI Gateway Referral)  
. Referral Type: Self Referral; Reason: Out Patient

**27-Jun-2024 Dr Emma Green (EG)**  
EMISSPR710: Mental illness referral (SCI Gateway Referral)  
. Referral Type: Self Referral; Reason: Out Patient

**27-Jun-2024 Dr Emma Green (EG)**  
8H7A.: Refer to mental health worker (SCI Gateway Referral)  
. Referral Type: Self Referral; Reason: Out Patient

**16-Jan-2024 Dr Claire Thorman (CLT)**  
8H54.: Orthopaedic referral (SCI Gateway Referral)  
. Referral Type: Self Referral; Reason: Out Patient

**30-Jun-2021 Dr Claire Thorman (CLT)**  
8H77.: Refer to physiotherapist (SCI Gateway Referral)  
. Referral Type: Self Referral; Reason: Out Patient

**27-Nov-2019 Dr Emma Green (EG)**  
8H44.: Cardiological referral (SCI Gateway Referral)  
. Referral Type: Self Referral; Reason: Out Patient

**01-Feb-2019 Dr Emma Green (EG)**  
8H4c.: Referred for exercise programme (SCI Gateway Referral)  
. Referral Type: Self Referral; Reason: Out Patient

**26-Feb-2008 Dr M McCartney (MM)**  
Referral for further care  
Referred To: Larkfield Road, Greenock, PA16 OXN, NHS. Referral Type: Self Referral. Speciality Type: Accident & Emergency. Referral Nature: Not Specified.. Referral Type: Unknown (0)

**07-Feb-2007 Dr M McCartney (MM)**  
Referral for further care  
Referred To: Larkfield Road, Greenock, PA16 OXN, NHS. Referral Type: Self Referral. Speciality Type: Accident & Emergency. Referral Nature: Not Specified.. Referral Type: Unknown (0)

**09-Oct-2006 Dr M McCartney (MM)**  
Referral for further care  
Referred To: Larkfield Road, Greenock, PA16 OXN, NHS. Referral Type: Self Referral. Speciality Type: Accident & Emergency. Referral Nature: Not Specified.. Referral Type: Unknown (0)

**02-July-1999 Dr M McCartney (MM)**  
Referral for further care  
Referred To: Larkfield Road, Greenock, PA16 OXN, NHS. Referral Type: Self Referral. Speciality Type: A+E. Referral Nature: Not Specified.. Referral Type: Unknown (0)

**12-May-1998 Dr M McCartney (MM)**  
Referral for further care  
Referred To: Larkfield Road, Greenock, PA16 OXN, NHS. Referral Type: Out Patient. Speciality Type: Psychology. Referral Nature: Not Specified.. Referral Type: Unknown (0)

**21-Feb-1997 Dr M McCartney (MM)**  
Referral for further care  
Referred To: Larkfield Road, Greenock, PA16 OXN, NHS. Referral Type: Self Referral. Speciality Type: A+E. Referral Nature: Not Specified.. Referral Type: Unknown (0)

## Test Requests

**30-Dec-1899 Dr Locum Locum (LC)**

Status	Requested
Innoculation Risk	True
Priority	Normal
Has Fasted?	True
Is Pregnant?	True

## Test Results

**25-Mar-2026 Mr Anonymous User (ANON)**

<b>Result:</b> (Non Coded Event - HbA1C (IFCC) )		
HbA1c (IFCC)	36 mmol/mol	(Range: 20 - 41)

**25-Mar-2026 Mr Anonymous User (ANON)**

<b>Result:</b> (Non Coded Event - Lipid profile )		
Chol/HDL ratio	4	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd) )	0.4 mmol/L	(No range available)
LDL-Cholest (calc'd)	2.6 mmol/L	(No range available)
HDL Cholesterol	1 mmol/L	(No range available)
Triglycerides	0.9 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	4 mmol/L	(No range available)

**25-Mar-2026 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Liver Function Tests )

Albumin	42 g/L	(Range: 35 - 50)
Alkaline Phosphatase	73 U/L	(Range: 30 - 130)
AST	27 U/L	(No range available)
ALT	22 U/L	(No range available)
Total Bilirubin	32 umol/L	(No range available)

**25-Mar-2026 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Urea & Electrolytes )

Estimated GFR &gt; 60		(No range available)
Creatinine	76 umol/L	(Range: 40 - 130)
Urea	6.9 mmol/L	(Range: 2.5 - 7.8)
Chloride	106 mmol/L	(Range: 95 - 108)
Potassium	4.1 mmol/L	(Range: 3.5 - 5.3)
Sodium	143 mmol/L	(Range: 133 - 146)

**29-Jan-2026 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Full Blood Count )

Nucleated RBC, 0	0 x10 <sup>9</sup> /l	(No range available)
Basophils	0.1 x10 <sup>9</sup> /l	(No range available)
Eosinophils	0.29 x10 <sup>9</sup> /l	(Range: 0.02 - 0.5)
Monocytes	0.5 x10 <sup>9</sup> /l	(Range: 0.2 - 1)
Lymphocytes	<b>0.8 x10<sup>9</sup>/l</b>	<b>(Range: 1.1 - 5)</b>
Neutrophils	3.7 x10 <sup>9</sup> /l	(Range: 2 - 7)
Platelet Count	218 x10 <sup>9</sup> /l	(Range: 150 - 410)
MCH	27.8 pg	(Range: 27 - 32)
Mean Cell Volume	89.6 fl	(Range: 83 - 101)
Haematocrit	0.515 l/l	(Range: 0.4 - 0.54)
Haemoglobin	160 g/l	(Range: 130 - 180)
Red Cell Count	5.75 x10 <sup>12</sup> /l	(Range: 4.5 - 6.5)
White Blood Count	5.4 x10 <sup>9</sup> /l	(Range: 4 - 10)

**29-Jan-2026 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Thyroid funct test )

Total T3		(No range available)
Free T4	14.1 pmol/L	(Range: 9 - 21)
TSH	1.11 mU/L	(Range: 0.35 - 5)

**29-Jan-2026 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Prostate Specific Ag )

Prostate Spec Ag	2.6 ug/L	(No range available)
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**29-Jan-2026 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Lipid profile )

Chol/HDL ratio	4.4	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd) )	0.6 mmol/L	(No range available)
LDL-Cholest (calc'd)	2.5 mmol/L	(No range available)
HDL Cholesterol	0.9 mmol/L	(No range available)
Triglycerides	1.3 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	4 mmol/L	(No range available)

**29-Jan-2026 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Liver Function Tests )

Albumin	44 g/L	(Range: 35 - 50)
Alkaline Phosphatase	77 U/L	(Range: 30 - 130)
AST	31 U/L	(No range available)
ALT	27 U/L	(No range available)
Total Bilirubin	37 umol/L	(No range available)

**29-Jan-2026 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Urea & Electrolytes )

Estimated GFR &gt; 60		(No range available)
Creatinine	103 umol/L	(Range: 40 - 130)
Urea	<b>8.1 mmol/L</b>	<b>(Range: 2.5 - 7.8)</b>
Chloride	105 mmol/L	(Range: 95 - 108)
Potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
Sodium	144 mmol/L	(Range: 133 - 146)

**29-Jan-2026 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Bone Profile )

Alkaline Phosphatase	77 U/L	(Range: 30 - 130)
Albumin	44 g/L	(Range: 35 - 50)
Phosphate	<b>0.72 mmol/L</b>	<b>(Range: 0.8 - 1.5)</b>
Calcium (adjusted)	2.34 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.26 mmol/L	(Range: 2.2 - 2.6)

**29-Jan-2026 Mr Anonymous User (ANON)****Result:**(Non Coded Event - HbA1C (IFCC) )

HbA1c (IFCC)	37 mmol/mol	(Range: 20 - 41)
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**21-Jan-2026 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Urine Protein )

U Protein:Creatinine	13 mg/mmol creatinine	(No range available)
Urine Protein/volume (Non Coded Event - Urine Protein/volume )		(No range available)
Urine Protein	0.125 g/L	(No range available)
Urine Creatinine	9.6 mmol/L	(No range available)
Urine volume (ml) NA		(No range available)

**21-Jan-2026 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Urine Albumin )

U Alb/Creat Ratio	<b>3.3 mg/mmol creatinine</b>	<b>(No range available)</b>
Urine Albumin	32 mg/L	(No range available)

**13-Jun-2024 Mr Anonymous User (ANON)****Result:**(Non Coded Event - HbA1C (IFCC) )

HbA1c (IFCC)	38 mmol/mol	(Range: 20 - 41)
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**30-May-2024 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Lipid profile )

Chol/HDL ratio	4.8	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd) )	0.5 mmol/L	(No range available)
LDL-Cholest (calc'd)	2.5 mmol/L	(No range available)
HDL Cholesterol	0.8 mmol/L	(No range available)
Triglycerides	1.2 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	3.8 mmol/L	(No range available)

**30-May-2024 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Glucose )

Glucose	<b>6.1 mmol/L</b>	<b>(Range: 3.5 - 6)</b>
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**10-May-2024 Sr Pamela Conner (PAMELA\_18993)****Result:**Bowel Cancer Screening Result

BCSP faecal occult blood test normal Negative		(No range available)
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**25-Apr-2024 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Thyroid funct test )

Total T3		(No range available)
Free T4	11.6 pmol/L	(Range: 9 - 21)
TSH	1.52 mU/L	(Range: 0.35 - 5)

**25-Apr-2024 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Prostate Specific Ag )

Prostate Spec Ag	2.8 ug/L	(No range available)
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**25-Apr-2024 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Liver Function Tests )

Albumin	41 g/L	(Range: 35 - 50)
Alkaline Phosphatase	77 U/L	(Range: 30 - 130)
AST	22 U/L	(No range available)
ALT	24 U/L	(No range available)
Total Bilirubin	25 umol/L	(No range available)

**25-Apr-2024 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Bone Profile )

Alkaline Phosphatase	77 U/L	(Range: 30 - 130)
Albumin	41 g/L	(Range: 35 - 50)
Phosphate	1.06 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.42 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.39 mmol/L	(Range: 2.2 - 2.6)

**25-Apr-2024 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Urea & Electrolytes )

Estimated GFR >= 60		(No range available)
Creatinine	80 umol/L	(Range: 40 - 130)
Urea	5.7 mmol/L	(Range: 2.5 - 7.8)
Chloride	108 mmol/L	(Range: 95 - 108)
Potassium	4 mmol/L	(Range: 3.5 - 5.3)
Sodium	143 mmol/L	(Range: 133 - 146)

**25-Apr-2024 Mr Anonymous User (ANON)****Result:**(Non Coded Event - C-reactive Protein )

C Reactive Protein	1 mg/L	(No range available)
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**25-Apr-2024 Mr Anonymous User (ANON)****Result:**(Non Coded Event - ESR )

ESR	2 mm/hr	(No range available)
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**25-Apr-2024 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Full Blood Count )

Nucleated RBC, 0	0 x10 <sup>9</sup> /l	(No range available)
Basophils, 0	0 x10 <sup>9</sup> /l	(No range available)
Eosinophils	<b>0.51 x10<sup>9</sup>/l</b>	<b>(Range: 0.02 - 0.5)</b>
Monocytes	0.7 x10 <sup>9</sup> /l	(Range: 0.2 - 1)
Lymphocytes	1.2 x10 <sup>9</sup> /l	(Range: 1.1 - 5)
Neutrophils	5.7 x10 <sup>9</sup> /l	(Range: 2 - 7)
Platelet Count	229 x10 <sup>9</sup> /l	(Range: 150 - 410)
MCH	28.1 pg	(Range: 27 - 32)
Mean Cell Volume	85.4 fl	(Range: 83 - 101)
Haematocrit	0.475 l/l	(Range: 0.4 - 0.54)
Haemoglobin	156 g/l	(Range: 130 - 180)
Red Cell Count	5.56 x10 <sup>12</sup> /l	(Range: 4.5 - 6.5)
White Blood Count	8.1 x10 <sup>9</sup> /l	(Range: 4 - 10)

**25-Apr-2024 Mr Anonymous User (ANON)****Result:**(Non Coded Event - HbA1C (IFCC )

HbA1c (IFCC)	39 mmol/mol	(Range: 20 - 41)
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**22-Jun-2023 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Urea & Electrolytes )

Estimated GFR &gt; 60		(No range available)
Creatinine	88 umol/L	(Range: 40 - 130)
Urea	<b>8.9 mmol/L</b>	<b>(Range: 2.5 - 7.8)</b>
Chloride	104 mmol/L	(Range: 95 - 108)
Potassium	3.5 mmol/L	(Range: 3.5 - 5.3)
Sodium	143 mmol/L	(Range: 133 - 146)

**08-Jun-2023 Mr Anonymous User (ANON)****Result:**(Non Coded Event - HbA1C (IFCC )

HbA1c (IFCC)	40 mmol/mol	(Range: 20 - 41)
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**25-May-2023 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Glucose )

Glucose	<b>6.1 mmol/L</b>	<b>(Range: 3.5 - 6)</b>
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**25-May-2023 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Lipid profile )

Chol/HDL ratio	3.2	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd) )	0.5 mmol/L	(No range available)
LDL-Cholest (calc'd)	1.9 mmol/L	(No range available)
HDL Cholesterol	1.1 mmol/L	(No range available)
Triglycerides	1.1 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	3.5 mmol/L	(No range available)

**25-May-2023 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Liver Function Tests )

Albumin	41 g/L	(Range: 35 - 50)
Alkaline Phosphatase	81 U/L	(Range: 30 - 130)
AST	27 U/L	(No range available)
ALT	29 U/L	(No range available)
Total Bilirubin	17 umol/L	(No range available)

**25-May-2023 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Urea & Electrolytes )

Estimated GFR &gt; 60		(No range available)
Creatinine	87 umol/L	(Range: 40 - 130)
Urea	5 mmol/L	(Range: 2.5 - 7.8)
Chloride	104 mmol/L	(Range: 95 - 108)
Potassium	<b>3.3 mmol/L</b>	<b>(Range: 3.5 - 5.3)</b>
Sodium	143 mmol/L	(Range: 133 - 146)

**23-May-2022 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Lipid profile )

Chol/HDL ratio	4.4	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd) )	0.7 mmol/L	(No range available)
LDL-Cholest (calc'd)	2 mmol/L	(No range available)
HDL Cholesterol	0.8 mmol/L	(No range available)
Triglycerides	1.5 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	3.5 mmol/L	(No range available)

**23-May-2022 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Liver Function Tests )

Albumin	39 g/L	(Range: 35 - 50)
Alkaline Phosphatase	79 U/L	(Range: 30 - 130)
AST	21 U/L	(No range available)
ALT	25 U/L	(No range available)
Total Bilirubin	25 umol/L	(No range available)

**23-May-2022 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Urea & Electrolytes )

Estimated GFR > 60		(No range available)
Creatinine	90 umol/L	(Range: 40 - 130)
Urea	6.5 mmol/L	(Range: 2.5 - 7.8)
Chloride	107 mmol/L	(Range: 95 - 108)
Potassium	4 mmol/L	(Range: 3.5 - 5.3)
Sodium	141 mmol/L	(Range: 133 - 146)

**23-May-2022 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Glucose )

Glucose	6 mmol/L	(Range: 3.5 - 6)
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**09-May-2022 Sr Pamela Conner (PAMELA\_18993)****Result:**Bowel Cancer Screening Result

BCSP faecal occult blood test normal Negative		(No range available)
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**27-Oct-2021 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Glucose )

Glucose	5.9 mmol/L	(Range: 3.5 - 6)
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**27-Oct-2021 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Lipid profile )

Chol/HDL ratio	3.9	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd) )	0.3 mmol/L	(No range available)
LDL-Cholest (calc'd)	2.3 mmol/L	(No range available)
HDL Cholesterol	0.9 mmol/L	(No range available)
Triglycerides	0.7 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	3.5 mmol/L	(No range available)

**27-Oct-2021 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Liver Function Tests )

Albumin	41 g/L	(Range: 35 - 50)
Alkaline Phosphatase	75 U/L	(Range: 30 - 130)
AST	21 U/L	(No range available)
ALT	27 U/L	(No range available)
Total Bilirubin	18 umol/L	(No range available)

**27-Oct-2021 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Urea & Electrolytes )

Estimated GFR > 60		(No range available)
Creatinine	86 umol/L	(Range: 40 - 130)
Urea	7.5 mmol/L	(Range: 2.5 - 7.8)
Chloride	106 mmol/L	(Range: 95 - 108)
Potassium	3.6 mmol/L	(Range: 3.5 - 5.3)
Sodium	144 mmol/L	(Range: 133 - 146)

**17-July-2021 Mr Anonymous User (ANON)****Result:**2019-nCoV (novel coronavirus) not detected

2019-nCoV (novel coronavirus) not detected		(No range available)
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**02-July-2021 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Glucose )

Glucose	5.6 mmol/L	(Range: 3.5 - 6)
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**13-May-2021 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Lipid profile )

Chol/HDL ratio	3.7	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd) )	0.7 mmol/L	(No range available)
LDL-Cholest (calc'd)	2.3 mmol/L	(No range available)
HDL Cholesterol	1.1 mmol/L	(No range available)
Triglycerides	1.5 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	4.1 mmol/L	(No range available)

**13-May-2021 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Liver Function Tests )

Albumin	42 g/L	(Range: 35 - 50)
Alkaline Phosphatase	73 U/L	(Range: 30 - 130)
AST	29 U/L	(No range available)
ALT	40 U/L	(No range available)
Total Bilirubin	17 umol/L	(No range available)

**13-May-2021 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Urea & Electrolytes )

Estimated GFR > 60		(No range available)
Creatinine	84 umol/L	(Range: 40 - 130)
Urea	6.8 mmol/L	(Range: 2.5 - 7.8)
Chloride	<b>109 mmol/L</b>	<b>(Range: 95 - 108)</b>
Potassium	4 mmol/L	(Range: 3.5 - 5.3)
Sodium	143 mmol/L	(Range: 133 - 146)

13-May-2021 Mr Anonymous User (ANON)

Result: (Non Coded Event - Glucose )

Glucose NA

(No range available)

19-Nov-2020 Mr Anonymous User (ANON)

Result: (Non Coded Event - SARS-CoV-2 )

SARS-CoV-2 (Non Coded Event - SARS-CoV-2 )

(No range available)

19-Dec-2019 Mr Anonymous User (ANON)

Result: (Non Coded Event - Glucose )

Glucose

5.2 mmol/L

(Range: 3.5 - 6)

26-Nov-2019 Mr Anonymous User (ANON)

Result: (Non Coded Event - Full Blood Count )

Nucleated RBC, 0

0 x10<sup>9</sup>/l

(No range available)

Basophils

0.1 x10<sup>9</sup>/l

(No range available)

Eosinophils

0.36 x10<sup>9</sup>/l

(Range: 0.02 - 0.5)

Monocytes

0.5 x10<sup>9</sup>/l

(Range: 0.2 - 1)

Lymphocytes

1.2 x10<sup>9</sup>/l

(Range: 1.1 - 5)

Neutrophils

5.1 x10<sup>9</sup>/l

(Range: 2 - 7)

Platelet Count

216 x10<sup>9</sup>/l

(Range: 150 - 410)

MCH

28.5 pg

(Range: 27 - 32)

Mean Cell Volume

85.6 fl

(Range: 83 - 101)

Haematocrit

0.475 l/l

(Range: 0.4 - 0.54)

Haemoglobin

158 g/l

(Range: 130 - 180)

Red Cell Count

5.55 x10<sup>12</sup>/l

(Range: 4.5 - 6.5)

White Blood Count

7.3 x10<sup>9</sup>/l

(Range: 4 - 10)

26-Nov-2019 Mr Anonymous User (ANON)

Result: (Non Coded Event - Chol/Triglyceride )

Triglycerides

1.5 mmol/L

(Range: 0.2 - 2.3)

Cholesterol

4.2 mmol/L

(No range available)

26-Nov-2019 Mr Anonymous User (ANON)

Result: (Non Coded Event - Liver Function Tests )

Albumin

39 g/L

(Range: 35 - 50)

Alkaline Phosphatase

74 U/L

(Range: 30 - 130)

AST

24 U/L

(No range available)

ALT

29 U/L

(No range available)

Total Bilirubin

27 umol/L

(No range available)

26-Nov-2019 Mr Anonymous User (ANON)

Result: (Non Coded Event - Urea &amp; Electrolytes )

Estimated GFR &amp;gt; 60

(No range available)

Creatinine

86 umol/L

(Range: 40 - 130)

Urea

6.6 mmol/L

(Range: 2.5 - 7.8)

Chloride

107 mmol/L

(Range: 95 - 108)

Potassium

4.1 mmol/L

(Range: 3.5 - 5.3)

Sodium

141 mmol/L

(Range: 133 - 146)

26-Nov-2019 Mr Anonymous User (ANON)

Result: (Non Coded Event - Thyroid funct test )

Total T3

(No range available)

Free T4

12.3 pmol/L

(Range: 9 - 21)

TSH

1.15 mU/L

(Range: 0.35 - 5)

26-Nov-2019 Mr Anonymous User (ANON)

Result: (Non Coded Event - Glucose )

Glucose

6.5 mmol/L

(Range: 3.5 - 6)

16-Oct-2019 Sr Pamela Conner (PAMELA\_18993)

Result: Bowel Cancer Screening Result

BCSP faecal occult blood test normal Negative

(No range available)

05-Dec-2018 Mr Anonymous User (ANON)

Result: (Non Coded Event - Glucose )

Glucose

5.1 mmol/L

(Range: 3.5 - 6)

05-Dec-2018 Mr Anonymous User (ANON)

Result: (Non Coded Event - ESR )

ESR

2 mm/hr

(No range available)

**05-Dec-2018 Mr Anonymous User (ANON)****Result:** (Non Coded Event - Full Blood Count )

Nucleated RBC, 0	0 x10 <sup>9</sup> /l	(No range available)
Basophils	0.1 x10 <sup>9</sup> /l	(No range available)
Eosinophils	<b>0.6 x10<sup>9</sup>/l</b>	<b>(Range: 0.02 - 0.5)</b>
Monocytes	0.7 x10 <sup>9</sup> /l	(Range: 0.2 - 1)
Lymphocytes	1.2 x10 <sup>9</sup> /l	(Range: 1.1 - 5)
Neutrophils	5.2 x10 <sup>9</sup> /l	(Range: 2 - 7)
Platelet Count	208 x10 <sup>9</sup> /l	(Range: 150 - 410)
MCH	28.5 pg	(Range: 27 - 32)
Mean Cell Volume	87.2 fl	(Range: 83 - 101)
Haematocrit	0.496 l/l	(Range: 0.4 - 0.54)
Haemoglobin	162 g/l	(Range: 130 - 180)
Red Cell Count	5.69 x10 <sup>12</sup> /l	(Range: 4.5 - 6.5)
White Blood Count	7.7 x10 <sup>9</sup> /l	(Range: 4 - 10)

**05-Dec-2018 Mr Anonymous User (ANON)****Result:** (Non Coded Event - Thyroid funct test )

Total T3		(No range available)
Free T4	12.7 pmol/L	(Range: 9 - 21)
TSH	1.66 mU/L	(Range: 0.35 - 5)

**05-Dec-2018 Mr Anonymous User (ANON)****Result:** (Non Coded Event - Prostate Specific Ag )

Prostate Spec Ag	2.4 ug/L	(No range available)
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**05-Dec-2018 Mr Anonymous User (ANON)****Result:** (Non Coded Event - Lipid profile )

Chol/HDL ratio	4.9	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd) )	0.6 mmol/L	(No range available)
LDL-Cholest (calc'd)	2.5 mmol/L	(No range available)
HDL Cholesterol	0.8 mmol/L	(No range available)
Triglycerides	1.3 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	3.9 mmol/L	(No range available)

**05-Dec-2018 Mr Anonymous User (ANON)****Result:** (Non Coded Event - Liver Function Tests )

Albumin	41 g/L	(Range: 35 - 50)
Alkaline Phosphatase	76 U/L	(Range: 30 - 130)
AST	35 U/L	(No range available)
ALT	37 U/L	(No range available)
Total Bilirubin	26 umol/L	(No range available)

**05-Dec-2018 Mr Anonymous User (ANON)****Result:** (Non Coded Event - Urea & Electrolytes )

Estimated GFR &gt; 60		(No range available)
Creatinine	94 umol/L	(Range: 40 - 130)
Urea	7.1 mmol/L	(Range: 2.5 - 7.8)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
Sodium	140 mmol/L	(Range: 133 - 146)

**05-Dec-2018 Mr Anonymous User (ANON)****Result:** (Non Coded Event - C-reactive Protein )

C Reactive Protein	2 mg/L	(No range available)
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**05-Dec-2018 Mr Anonymous User (ANON)****Result:** (Non Coded Event - Bone Profile )

Alkaline Phosphatase	76 U/L	(Range: 30 - 130)
Albumin	41 g/L	(Range: 35 - 50)
Phosphate	1.03 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.42 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.45 mmol/L	(Range: 2.2 - 2.6)

**29-Nov-2017 Sr Pamela Conner (PAMELA\_18993)****Result:** Bowel Cancer Screening Result

BCSP faecal occult blood test normal Negative		(No range available)
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**29-July-2016 Mr Anonymous User (ANON)****Result:** (Non Coded Event - Glucose )

Glucose	4.7 mmol/L	(Range: 3.5 - 6)
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**25-July-2016 Mr Anonymous User (ANON)****Result:** (Non Coded Event - Serum Folate )

Serum Folate	6 ug/l	(Range: 3.1 - 20)
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**25-July-2016 Mr Anonymous User (ANON)****Result:** (Non Coded Event - Serum Ferritin )

Serum Ferritin	40 ug/l	(Range: 20 - 300)
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**25-July-2016 Mr Anonymous User (ANON)****Result:** (Non Coded Event - Serum Vitamin B12 )

Serum Vitamin B12	445 ng/l	(Range: 200 - 900)
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**25-July-2016 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Thyroid funct test )

Total T3		(No range available)
Free T4	13.1 pmol/L	(Range: 9 - 21)
TSH	1.07 mU/L	(Range: 0.35 - 5)

**25-July-2016 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Liver Function Tests )

Albumin	38 g/L	(Range: 35 - 50)
Alkaline Phosphatase	69 U/L	(Range: 30 - 130)
AST	21 U/L	(No range available)
ALT	31 U/L	(No range available)
Total Bilirubin	27 umol/L	(No range available)

**25-July-2016 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Urea & Electrolytes )

Estimated GFR &gt; 60		(No range available)
Creatinine	81 umol/L	(Range: 40 - 130)
Urea	6.1 mmol/L	(Range: 2.5 - 7.8)
Chloride	106 mmol/L	(Range: 95 - 108)
Potassium	3.7 mmol/L	(Range: 3.5 - 5.3)
Sodium	143 mmol/L	(Range: 133 - 146)

**25-July-2016 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Bone Profile )

Alkaline Phosphatase	69 U/L	(Range: 30 - 130)
Albumin	38 g/L	(Range: 35 - 50)
Phosphate	0.93 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.4 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.38 mmol/L	(Range: 2.2 - 2.6)

**25-July-2016 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Full Blood Count )

Nucleated RBC, 0	0 x10 <sup>9</sup> /l	(No range available)
Basophils, 0	0 x10 <sup>9</sup> /l	(No range available)
Eosinophils	0.3 x10 <sup>9</sup> /l	(No range available)
Monocytes	0.5 x10 <sup>9</sup> /l	(Range: 0.2 - 0.8)
Lymphocytes	<b>1.1 x10<sup>9</sup>/l</b>	<b>(Range: 1.5 - 4)</b>
Neutrophils	4.8 x10 <sup>9</sup> /l	(Range: 2 - 7.5)
Platelet Count	221 x10 <sup>9</sup> /l	(Range: 150 - 400)
MCH	28.6 pg	(Range: 27 - 32)
Mean Cell Volume	85.2 fl	(Range: 80 - 100)
Haematocrit	0.476 l/l	(Range: 0.4 - 0.54)
Haemoglobin	160 g/l	(Range: 130 - 180)
Red Cell Count	5.59 x10 <sup>12</sup> /l	(Range: 4.5 - 6.5)
White Blood Count	6.8 x10 <sup>9</sup> /l	(Range: 4 - 11)

**25-July-2016 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Glucose )

Glucose	6.5 mmol/L	(Range: 3.5 - 6)
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**02-Nov-2015 Dr Catherine Addiscott (CA)****Result:**Bowel Cancer Screening Result

BCSP faecal occult blood test normal	Negative	(No range available)
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**22-Oct-2014 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Full Blood Count )

Nucleated RBC, 0	0 x10 <sup>9</sup> /l	(No range available)
Basophils, 0	0 x10 <sup>9</sup> /l	(No range available)
Eosinophils	0.4 x10 <sup>9</sup> /l	(No range available)
Monocytes	0.6 x10 <sup>9</sup> /l	(Range: 0.2 - 0.8)
Lymphocytes	<b>1.1 x10<sup>9</sup>/l</b>	<b>(Range: 1.5 - 4)</b>
Neutrophils	5.2 x10 <sup>9</sup> /l	(Range: 2 - 7.5)
Platelet Count	205 x10 <sup>9</sup> /l	(Range: 150 - 400)
MCH	28.3 pg	(Range: 27 - 32)
Mean Cell Volume	85.4 fl	(Range: 80 - 100)
Haematocrit	0.499 l/l	(Range: 0.4 - 0.54)
Haemoglobin	165 g/l	(Range: 130 - 180)
Red Cell Count	5.84 x10 <sup>12</sup> /l	(Range: 4.5 - 6.5)
White Blood Count	7.3 x10 <sup>9</sup> /l	(Range: 4 - 11)

**22-Oct-2014 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Glucose )

Glucose	5.1 mmol/L	(Range: 3.5 - 6)
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**22-Oct-2014 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Thyroid funct test )

Total T3		(No range available)
Free T4	12.2 pmol/L	(Range: 9 - 21)
TSH	0.92 mU/L	(Range: 0.35 - 5)

**22-Oct-2014 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Liver Function Tests )

Albumin	38 g/L	(Range: 35 - 50)
Alkaline Phosphatase	63 U/L	(Range: 30 - 130)
AST	23 U/L	(No range available)
ALT	31 U/L	(No range available)
Total Bilirubin	25 umol/L	(No range available)

**22-Oct-2014 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Urea & Electrolytes )

Estimated GFR &gt; 60		(No range available)
Creatinine	78 umol/L	(Range: 40 - 130)
Urea	5.8 mmol/L	(Range: 2.5 - 7.8)
Chloride	104 mmol/L	(Range: 95 - 108)
Potassium	4.4 mmol/L	(Range: 3.5 - 5.3)
Sodium	143 mmol/L	(Range: 133 - 146)

**27-Jun-2012 Mr Anonymous User (ANON)****Result:**Biochemistry battery tests

Serum triglycerides	1.3 mmol/L	(No range available)
Serum LDL cholesterol level	2.1 mmol/L	(No range available)
Serum cholesterol/HDL ratio	4.3	(No range available)
Serum HDL cholesterol level	<b>0.8 mmol/L</b>	<b>(Range: 0.9 - 1.8)</b>
Serum cholesterol	3.5 mmol/L	(Range: 3.1 - 5)
Serum gamma GT level	18 IU/L	(No range available)
ALT/SGPT serum level	27 IU/L	(Range: 5 - 55)
Serum total bilirubin level	16 umol/L	(Range: 3 - 21)
Serum alkaline phosphatase	59 IU/L	(Range: 30 - 130)
Serum albumin	38 g/L	(Range: 35 - 50)
GFR calculated abbreviatd MDRD GT60		(No range available)
Serum creatinine	79 umol/L	(Range: 50 - 120)
Serum urea level	7.2 mmol/L	(Range: 2.5 - 7.8)
Serum chloride	107 mmol/L	(Range: 95 - 108)
Serum potassium	3.7 mmol/L	(Range: 3.5 - 5.3)
Serum sodium	142 mmol/L	(Range: 133 - 146)
Plasma glucose level	4.4 mmol/L	(Range: 3.5 - 6)

**05-Dec-2018 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Lipid profile )

Chol/HDL ratio	4.9	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd))	0.6 mmol/L	(No range available)
LDL-Cholest (calc'd)	2.5 mmol/L	(No range available)
HDL Cholesterol	0.8 mmol/L	(No range available)
Triglycerides	1.3 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	3.9 mmol/L	(No range available)

**05-Dec-2018 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Liver Function Tests )

Albumin	41 g/L	(Range: 35 - 50)
Alkaline Phosphatase	76 U/L	(Range: 30 - 130)
AST	35 U/L	(No range available)
ALT	37 U/L	(No range available)
Total Bilirubin	26 umol/L	(No range available)

**05-Dec-2018 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Urea & Electrolytes )

Estimated GFR &gt; 60		(No range available)
Creatinine	94 umol/L	(Range: 40 - 130)
Urea	7.1 mmol/L	(Range: 2.5 - 7.8)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
Sodium	140 mmol/L	(Range: 133 - 146)

**05-Dec-2018 Mr Anonymous User (ANON)****Result:**(Non Coded Event - C-reactive Protein )

C Reactive Protein	2 mg/L	(No range available)
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**05-Dec-2018 Mr Anonymous User (ANON)****Result:**(Non Coded Event - Bone Profile )

Alkaline Phosphatase	76 U/L	(Range: 30 - 130)
Albumin	41 g/L	(Range: 35 - 50)
Phosphate	1.03 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.42 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.45 mmol/L	(Range: 2.2 - 2.6)

**Other Items**

**08-Aug-2025**      Read Code      Is a \*\*\*\*\* for \*\*\*\*\* (not our patient)

10-Mar-2025	Read Code	Dr McCartney ex patient
11-Apr-2024	Read Code	Medication review done
11-Apr-2024	Read Code	Rep.presc. monitoring NOS
30-Jan-2023	Read Code	Rep.presc. monitoring NOS
10-Nov-2021	Read Code	Rep.presc. monitoring NOS
19-Nov-2020	Read Code	2019-nCoV (novel coronavirus) not detected
26-Nov-2019	Read Code	Essential hypertension
11-Sept-2014	Read Code	SMS text sent to patient Initial consent message for SMS reminders and messages
11-Oct-2013	Read Code	Scottish - ethnic category 2001 census
01-May-2013	Read Code	Primary prevention of ischaemic heart disease
26-Apr-2013	Read Code	Primary prevention of ischaemic heart disease
03-July-2012	Read Code	Assign cardiovascular disease score Template Added Calculated Using Complete Data Comparison Score: 9 11 %
03-July-2012	Read Code	JBS cardiovascular disease risk &lt;10% over next 10 years
27-Jun-2012	Read Code	Primary prevention of cardiovascular disease
17-May-2012	Read Code	Primary prevention of ischaemic heart disease
17-May-2012	Read Code	Primary prevention of ischaemic heart disease
07-Mar-2012	Read Code	Computer summary updated
25-May-2011	Read Code	Serum globulin 34 g/L
25-May-2011	Read Code	Serum total protein 74 g/L
25-May-2011	Read Code	Serum random glucose level 5.2 mmol/L
25-May-2011	Read Code	Serum triglycerides 1.5 mmol/l
25-May-2011	Read Code	Serum LDL cholesterol level 2.2 mmol/l
25-May-2011	Read Code	Serum HDL cholesterol level 0.8 mmol/l
25-May-2011	Read Code	Serum cholesterol/HDL ratio 4.6
25-May-2011	Read Code	Serum cholesterol 3.7 mmol/l
25-May-2011	Read Code	Serum total bilirubin level 27 umol/l
25-May-2011	Read Code	AST serum level 20 IU/L
25-May-2011	Read Code	ALT/SGPT serum level 24 U/l
25-May-2011	Read Code	Serum alkaline phosphatase 61 U/l
25-May-2011	Read Code	Serum albumin 40 g/l

## Attachments

Additional document  
06-May-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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## Drs McCartney, Addiscott, Green & Thorman

The Health Centre  
2 Bay Street  
Port Glasgow PA14 5EW  
Tel. [REDACTED]  
[www.mccartneypractice.scot.nhs.uk](http://www.mccartneypractice.scot.nhs.uk)

*File only*

*Brian Hunter  
7/10/05*

PC/PC

30th of May 2023.

Dear Mr Hunter

I am writing to inform you that Dr McCartney has requested a repeat blood test.

A recent blood test has shown a low potassium level and a borderline glucose level.

If you can increase the potassium in your diet i.e. more bananas and tomatoes before getting your blood rechecked.

I have made an appointment for you on the 8<sup>th</sup> of June 2023 at 9.15am

Please do not hesitate to contact me if you require any further information or if this appointment does not suit.

Yours sincerely

[REDACTED]  
Practice Nurse.

Additional document  
06-May-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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Inverclyde Royal Hospital, Larkfield Rd  
A & E Department  
Greenock PA16 0XN, [REDACTED]

Dr MCCARTNEY  
The Health Centre  
2 Bay Street  
Glasgow

PA14 5EW  
February 17 2010

Dear Dr McCartney,

Re: **BRIAN HUNTER, 3C KILLEARN ROAD, GREENOCK, PA15 3DD**

Date of Birth 07.10.65 Hospital Number: R7004887 CHI Number: 0710653050

Your patient attended Inverclyde Royal Hospital, Larkfield Rd on the 17 FEB 2010 15:01.

The presenting complaint was: **LAC L THUMB**

Triage Information:

The following investigations were carried out: Nil

The A&E diagnosis was: **INFECTION/INFLAMMATION - ABSCESS - PARONYCHIA**

The following treatment was given: Nil

At the conclusion of treatment the patient was:

Follow-up: Nil

The patient's departure destination was: **DISCHARGED**

Additional Information: Nil

Yours sincerely,

GORDON MCNEISH  
DOCTOR

Consultants:

Additional document  
06-May-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

GP Links Microbiology Report	
<b>Patient Details</b>	
Surname	HUNTER
Forename	BRIAN
CHI	0710653050
Date of birth	07/10/1965
Address	3c Killeam Road GREENOCK Inverclyde PA15 3DD
<b>Specimen Details</b>	
Specimen Number	M.24.5139822.F
Specimen Type	Mid Stream Urine
Date/Time Collected	30.04.24 / 10:16
Date/Time Received	30.04.24 / 20:00
Requested By	Dr [REDACTED] Green
GP Practice	86271
Date/Time Reported	02.05.24 / 07:32

#### Results

Report issued by NHS GG&C Microbiology South Sector  
Enquiries 0141 354 9132

\*\* FINAL REPORT \*\*

INVESTIGATION: Urine Culture  
SPECIMEN TYPE: Mid Stream Urine

CONS/GP: Dr Emma Green      Order No:1823190047  
LOCATION: Pi Port Glasgow HC 86271

RESULT:    No significant growth

Microbiology guidance/contact/eReferral details here:  
<https://rightdecisions.scot.nhs.uk/ggc-microbiology/>

Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Automatic release by system  
Date/Time authorised: 02.05.2024 07:30  
\*\* END OF REPORT \*\*

Additional document  
06-May-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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Hunter Brian

CHI: 0710653050

*Double sided*

### Emergency Attendance Letter



Emergency Department  
Inverclyde Royal Hospital  
Larkfield Rd  
Greenock

PA16 0XN

Dept. Contact Details:

Tel: [REDACTED]

Fax: [REDACTED]

Email: [REDACTED]

Date Completed: 13/12/2011

Consultant: Dr [REDACTED] Allister

M McCartney  
Drs mccartney [REDACTED] & addiscott  
The Health Centre  
2 Bay Street  
Port Glasgow  
Port Glasgow  
PA14 5EW

Dear M McCartney

Re: **Hunter Brian**  
3c Killearn Road  
Greenock PA15 3DD

DOB: 07/10/1965

CHI: 0710653050

Attended on: 12/12/2011 at 15:48 hrs.  
Discharge Type: 01a - Discharge with no follow up  
Previous ED Attendance in last 12 months: 0

Departed on: 12/12/2011 at 19:40 hrs.  
Destination: Private residence

Presenting complaint  
**pain and swelling l leg**

Nursing Assessment:  
**felt sudden pain around l ankle 1/7 ago today pain spreading up front of leg, swelling, pain and erythema to tibial aspect leg, both calves 16in**

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Cellulitis, unspecified		

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Hunter Brian CHI: 0710653050

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Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

██████████

Doctor

Copies to:

1. M McCartney (GP)

██████████ Address:

THIRD PARTY COPY

Additional document  
 06-May-2026  
 Additional:Additional document

Filename:  
 Extension:  
 Pages:

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GATEWAY INVERCLYDE  
 29 West Stewart Street  
 Greenock  
 PA15 1SH

**GP Referral Form**

Details			
Name	Brian Hunter		
Address	3c Kilearn Road Greenock		
Postcode	PA15 3DD		
Phone Number		Date of Birth	07/10/1965
Economic Status	Unemployed	Cared For	YES
Name of GP			
GP Practice	Birkmyre Practice Port Glasgow Health Centre		

Cared For Details			
Name			
Address	3c Kilearn Road Greenock		
Postcode	PA15 3DD		
Phone Number		Date of Birth	21/11/1946
Relationship to			

(The above person has consented to their details being passed to their GP surgery)

Staff Signature: \_\_\_\_\_  
 Staff Position: \_\_\_\_\_ Support Officer

Date: 29/07/2025



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Additional document  
 06-May-2026  
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Page 1 of 4

Hospital use only	Clinic	Day Date	Time	Hospital No.
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**REFERRAL LETTER**  
MEDICAL IN CONFIDENCE  
GGC Third Sector Referral Protocol

**Additional Support Needs:**  
**No known ASN requirements**

<b>REFERRAL TO</b>	
Inverclyde DBI GGC Third Sector Referral	— <b>Consultant / receiving practitioner and/or specialty clinic</b>
Distress Response Services SCI Gateway Virtual Location	— <b>Hospital and hospital address</b>
	Hospital location code. G153G
	Email address -
<b>Urgency of referral</b> Routine	<b>Date of referral</b> 27-Jun-2024
<b>Date of referral</b> 27-Jun-2024	<b>Date sent</b> 27-Jun-2024

<b>PATIENT DETAILS</b>		<b>Patient's address</b>
<b>Surname</b> Hunter		3c Killearn Road
<b>Forename(s)</b> Brian		GREENOCK
<b>Title</b> Mr		Inverclyde
<b>Sex</b> Male		PA15 3DD
<b>Date of birth</b> 07-Oct-1965		Contact number(s)
<b>CHI no.</b> [REDACTED]		Voice: [REDACTED]
<b>Area of Residence</b> -		

\*101033477664A\* Unique Care Pathway Number: 101033477664A

<b>REGISTERED GP DETAILS</b>		<b>Practice address</b>
<b>Name</b> Dr M McCartney		2
<b>GMC code</b> 3490462	<b>GP code</b> 35211	Bay Street
<b>Practice name</b> The Health Centre		Port Glasgow
<b>Practice code</b> 86271		PA14 5EW
		Contact number(s)
		Voice: [REDACTED]
		E-mail: [REDACTED]

<b>REFERRING GP DETAILS</b>		<b>Practice address</b>
<b>Name</b> Dr. [REDACTED] Green		The Health Centre
<b>GMC code</b> 7072521	<b>GP code</b> 35203	2 Bay Street
<b>Practice name</b> Drs McCartney, Addiscott, Green & T (86271)		Port Glasgow
<b>Practice code</b> 86271		PA14 5EW
		Contact number(s)
		Voice: [REDACTED]

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**CLINICAL INFORMATION**

**History of presenting complaint**

**Presenting complaint**

Description: Struggling to cope

Comment: I would greatly appreciate your help with this 58 year old who is really struggling at the moment. He lost his job in January and then was taken off his benefits last month. His [REDACTED] has dementia and he is her [REDACTED]. He's got lots of frustration with trying to cope with life at the moment and doesn't know how he's going to get himself out of this situation. He has been up since 1am and has been hitting his head off the wall and a lot of his trauma from the past is resurfacing. He was in and out the care system from the age of one and was at one point in a Care Home in Kilmarnock which is well known to have had some troubles.

He was really upset this morning and left the room in tears at one point. He reports he feels so small, so inadequate and wants to be somewhere safe. He writes poems to try and manage it as a coping mechanism but at the moment that's not working for him.

I feel he could really benefit from some input as soon as you are able to provide it and it would be very much appreciated.

Many Thanks

Dr E Green

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Advise

**Past medical history**

[REDACTED]

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

THIRD PARTY COPY

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06-May-2026  
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**Pages:**

**NHS Confidential: Personal data about a patient**



## Distress Management Plan (D-MaP)

### What is it?

- The Distress Management Plan (D-MaP) is a core component of DBI. It is a resource to help someone receiving DBI support to begin to explore and make sense of their distress. Using it they will also clarify their aims and expectations, problem-solve key issues and identify strategies to manage their distress now and in the longer term.
- Given the benefits of a D-MaP, it is considered a mandatory component of DBI. It is expected that all those who are referred to DBI Level 2, and who engage with the service, will develop a D-MaP. There are three parts:

**Part A:** Current distress, concerns and strengths

**Part B:** Problem solving, action planning

**Part C:** Strategies to manage and cope with distress

### What is its purpose?

- The D-MaP focuses attention on a number of different areas which can help a person to manage their distress. The D-MaP breaks down some of the challenging or tricky parts of this process into manageable chunks so as not to overwhelm.
- With your help the person can begin to understand more about their distress and experiences as well as what works well and less well for them. They may also acquire the insight and skills which will help them to manage their health and wellbeing now and in the future. Therefore, the D-MaP is designed to empower those using it to identify personally relevant solutions and actions now and also for the future.
- DBI support is available for a period of 14 consecutive days. Leaving the 14-day period of support with a well-developed D-MaP can help the person take the important next steps beyond DBI support.

2019-05-31 V3.4 D-MaP

**NHS Confidential: Personal data about a patient****How is it used?**

- During the 14-day period of support the D-MaP can be used to keep track and record important issues relevant to the person and their distress. It can also be used to record any actions or plans the person decides upon — therefore, the D-MaP has both a short term and longer term outlook.
- Reviewing their D-MaP can help the person track any progress towards their desired objectives or aims. This might result in updates and/or revisions over the course of the 14 days of contact and support. This is to be expected as a person's experiences, expectations and plans may change over the period of DBI support.
- Not everyone will stay engaged with DBI long enough or feel able to complete the D-MaP from start to finish, so it is important that you use your judgment to decide when a D-MaP is complete.
- When introducing the D-MaP you should explain what it is and why it may be helpful. Let the person know that you can help them to develop and use it, but that it is their D-MaP, and they can add or change parts during the 14-day period of support. At the beginning ask them to sign the D-MaP (or record their verbal consent) in the space provided on the front page. DBI Practitioners should record whether any work/development of the D-MaP has taken place by updating the version number and date on the first page of the D-MaP, regardless of whether the D-MaP is a 'progress' or considered 'complete'.
- The D-MaP is designed to be as straightforward as possible to use and much of it is intuitive. Some people may need your assistance to develop the D-MaP, for example if they have difficulty with reading and writing or are very distressed when you see them. Other people will want to discuss it with you initially and then work on it themselves for a while. There is no fixed way of developing the D-MaP. You will need to be flexible here and judge the best approach for each person you

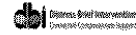
2019-05-31 V1.4 D-MaP

**NHS Confidential: Personal data about a patient****What happens to it?**

- The DBI Level 2 service should keep a full record of the D-MaP during the period of support and once the person has exited the service.
- The person in distress should be provided with the final version of the D-MaP when exiting the 14-day DBI support period. They may also wish to keep a copy for their own reference during the period of support.
- A version of the 'final' or most recent version of the D-MaP should be sent to the person's GP at the end of the period of contact, as well as to any other relevant services involved in the person's care and support.

2019-05-31 V3.4.0-Map

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### My Distress Management Plan

This is your Distress Management Plan. It belongs to you.

You may wish to add information or make changes at different points. Please sign below to show that you understand this is your plan and that it may change over time.

Your signature BH Date 05/06/2025

DBI Practitioner's signature AC Date 05/06/2025

**DBI Service use:**

Has the person given you consent to develop/update D-MaP on their behalf?

Yes  No

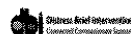
Please update each time D-MaP is worked on/updated/revise

Version	Date	Version	Date
1	05/06/2025	7	_____
2	10/06/2025	8	_____
3	12/06/2025	9	_____
4	13/06/2025	10	_____
5	16/06/2025	11	_____
6	19/06/2025	12	_____

2019-05-31 V1.4 D-MaP

THIRD PARTY COPY

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Name: BH CHI Number: [REDACTED]  
DBI Practitioner: AC

### My Distress Management Plan

#### Part A: What led to me feeling distressed?

##### What things led me to become distressed recently?

###### My emotions

- I don't feel obsolete, I feel helpless
- I think of others before myself
- Panic attacks
- Running on autopilot at the moment- feel like a robot sometimes

###### Family or relationships

- 6<sup>th</sup> Dec last year, my [REDACTED] was in alone and had fell in the shower
- On the 5<sup>th</sup> May, she had fallen again
- She has pain in her back, head etc. Struggling to get a GP appointment for her
- Looking after my [REDACTED] for 5 years who has vascular dementia
- I worry about my [REDACTED] and the pain she is in
- I don't want to worry anyone else

###### Practical (for example housing, money...)

- I get [REDACTED] allowance, but this is minimal
- I am overdrawn with the bank

###### Physical (for example pain, illness...)

- Pain in my knee from an accident years ago
- Sometimes get headaches

###### Other concerns...

2019-05-31 V1.4 D:Map

**NHS Confidential: Personal data about a patient****What has helped me in the past to manage in similar circumstances?**

Family, friends, support services

- I see my [REDACTED] but they have their own things going on
- Mind Mosaic- stopped last August (could have been later than this).

Activities

- Chess on my phone
- Watching the 6 million dollar man

Coping strategies

- I write poetry on my facebook
- I wrote a book years ago
- Grounding techniques and deep breathing

Other...

**Background information...****GP referral notes:**

**Your help would be much appreciated for this gentleman who cares for his [REDACTED] with dementia. He is struggling with panic attacks currently and feels things are all getting on top of him. He had some input last year which he found beneficial and so was keen for referral. Your help would be much appreciated**

2019-05-31 V1.4 D-Map

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**At the beginning of the DBI, please rate the number (0-10) that best describes how much distress you are currently experiencing. Please put the number in the box**

0 = No distress

7

10 = Extreme distress

**At the end of the DBI, please rate the number (0-10) that best describes how much distress you are currently experiencing. Please put the number in the box**

0 = No distress

3

10 = Extreme distress

**Have you felt suicidal or harmed yourself recently?**

Yes / No / Unclear

**Apart from your GP do you receive care or support from another service?**

**Yes** – I receive care or support from anxiety management through The Trust (appointment 09/06).

**No** – I do not receive care or support from another service.

2019-05-21 V1.4 D-Map

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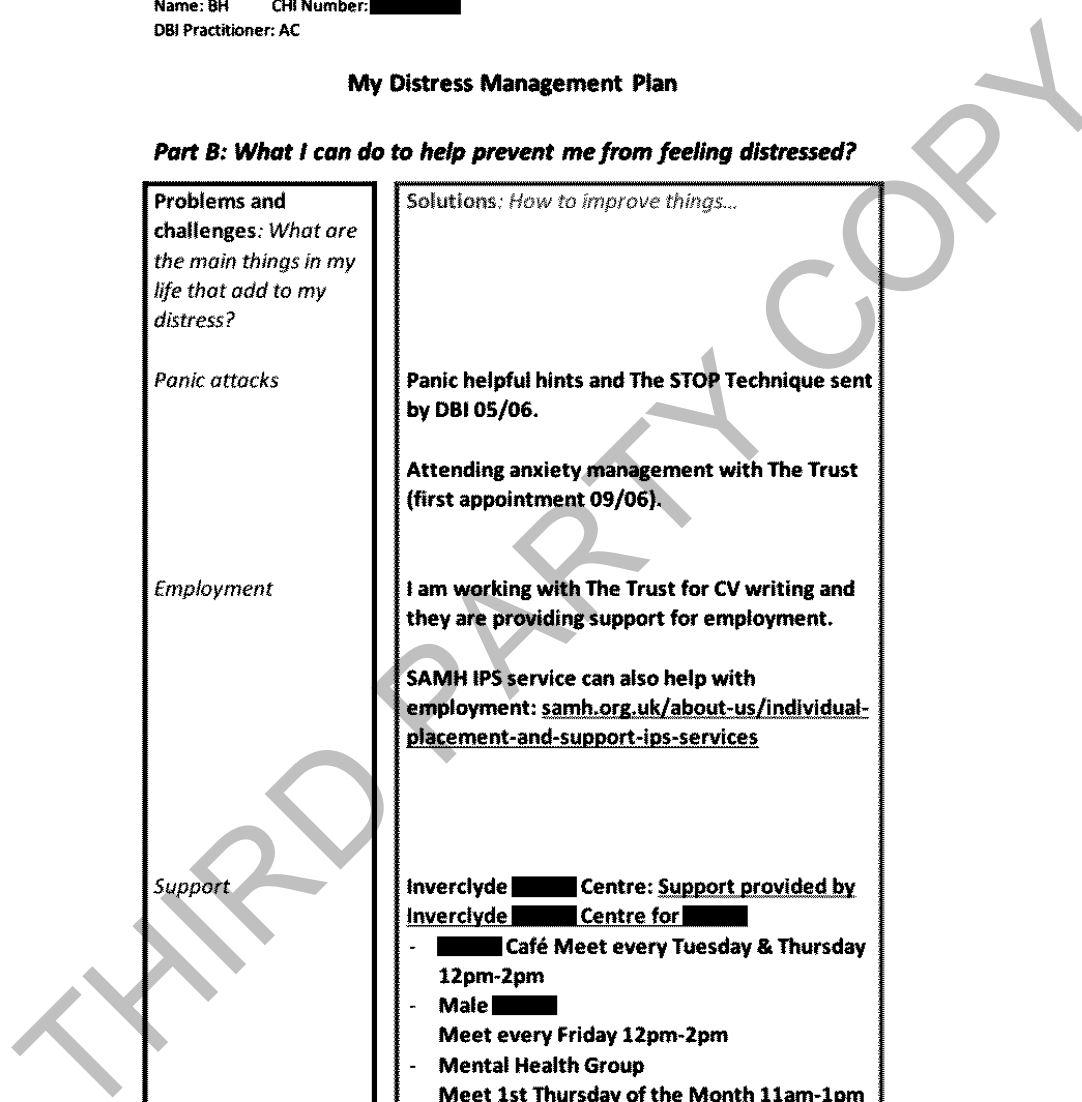
Name: BH CHI Number: [REDACTED]  
 DBI Practitioner: AC

**My Distress Management Plan**

**Part B: What I can do to help prevent me from feeling distressed?**

<b>Problems and challenges:</b> <i>What are the main things in my life that add to my distress?</i>	<i>Solutions: How to improve things...</i>
<i>Panic attacks</i>	<b>Panic helpful hints and The STOP Technique sent by DBI 05/06.</b>
	<b>Attending anxiety management with The Trust (first appointment 09/06).</b>
<i>Employment</i>	<b>I am working with The Trust for CV writing and they are providing support for employment.</b>
	<b>SAMH IPS service can also help with employment: <a href="http://samh.org.uk/about-us/individual-placement-and-support-ips-services">samh.org.uk/about-us/individual-placement-and-support-ips-services</a></b>
<i>Support</i>	<b>Inverclyde [REDACTED] Centre: <u>Support provided by Inverclyde [REDACTED] Centre for [REDACTED]</u></b> - <b>[REDACTED] Café Meet every Tuesday &amp; Thursday 12pm-2pm</b> - <b>Male [REDACTED] Meet every Friday 12pm-2pm</b> - <b>Mental Health Group Meet 1st Thursday of the Month 11am-1pm</b> - <b>Call: [REDACTED] [REDACTED]</b>

2019-05-31 V1.4 D:Map



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	<p><b>Greenock Writers Club: <u>Greenock Writers Club – Everyone has a story to tell</u> (Meet Wednesday nights Jan-April and Sept- Nov). Annual fee £35. Syllabus: <u>Syllabus – Greenock Writers Club</u></b>  ████████████████████</p> <p><b>Team Talk, Inverclyde:</b>  <u>Team Talk Turns 5   My Club Hub</u>  Team Talk is a men's mental health project which started in May 2019. The group meet every Monday from 6pm-8pm at Cappielow Park, Greenock. Team Talk provides an opportunity for men to talk, meet new people and be part of a group. There is no registration required, you can simply turn up. For more information on Team Talk, email ██████████ or call our office on ██████████</p> <p><b>Mind Mosaic- I have been here before and feel I would benefit from this again.</b>  Self-referral link: <u>Make A Referral – MindMosaic</u></p>
--	--

<p><b>Action plans</b>  My overall goal is: Employment</p> <p><b>What will I do?</b>  ██████████ The Trust</p> <p><b>Where will I do it?</b>  The Trust</p> <p><b>When will I do it?</b></p>
--

2019-05-31 V1.4 D-Map

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*Whenever needed- I will attend all appointments*

*How will I do it?*  
*I will attend all appointments with The Trust.*

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2019-05-31 13:40:Map

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Name: BH CHI Number: [REDACTED]  
DBI Practitioner: AC

### My Distress Management Plan

#### Part C: What I can do when I am beginning to feel distressed...

**Triggers:** What things lead me to become distressed?

- Watching the news
- Thinking of/discussing holidays with my [REDACTED]

**Warning signs:** What do I think about? How am I feeling? How am I behaving?

- Put things to the back of my mind
- Don't talk about things

**Coping plans:** What will I do if I think that I might become distressed?  
(If X, then I will Y)

**555 Technique:**

- Breath in for 5 seconds
- Hold for 5 seconds
- Breath out for 5 seconds
- Repeat for 1 minute or until necessary

**54321 Technique:**

- Focus on 5 things you can see
- Focus on 4 things you can touch
- Focus on 3 things you can hear
- Focus on 2 things you can smell
- Focus on 1 thing you can taste

**Reminder to look for 1 positive in every day.**

**Be where my feet are.**

**Remind myself to look for the positives.**

2019-05-31 V1.4 D:Map

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[Redacted]

*Support: If I feel like I need support, I can speak to or contact...*

NHS 24: 111 (open 24 hours every day)  
Samaritans: 116 123 (open 24 hours every day)  
Breathing Space: 0800 83 85 87 (open Mon-Thurs 6pm-2am & Fri-Sun 6pm-6am)  
Text 'SHOUT' to 85258 (24 hours every day)  
Saneline: [Redacted] (open 4pm-10pm every day)

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2019-05-31 V1.4 D-Map

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### DBI Practitioner use only

To help the person in distress you are working with stay safe, it is important to ask whether they have considered intentionally harming themselves and/or ending their own life. If you are unsure how to go about this, you can find some helpful pointers in **DBI Handout 4: Exploring distress, suicide and self-harm**.

If at any time you feel concerned that the person you are working with may be at risk of suicide or self-harm, there are local risk escalation processes in place and you should follow these.

In addition to following local risk escalation processes, you and the person you are working with may also feel it is appropriate to co-develop a safety plan to help them keep safe in future.

Developing a safety plan should be considered, including when working with **younger people**. Younger people may be less experienced at coping with distressing thoughts and more often engage in risky behaviour.

**DBI Tool 11 'Safety Plan'** can be used to facilitate structured discussions around important safety planning issues. Please remember that a person-centred, collaborative and compassionate approach is key – *this is not simply a form to fill in*.

2019-05-31 V3.4.0-Map

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### **DBI Practitioner use only**

#### **Sharing information with other relevant services**

As a default DBI Level 2 services inform a person's GP that a referral was received, whether they engaged and, if developed, a copy of D-MaP.

There may also be other services who provide care or support for the person. As most Level 1 referring services do not routinely inform these other services that a person has been referred to DBI, it is important to ask the person you are working with whether they receive care and support from other services.

This particularly important if they are a young person as these other services may play an important safeguarding role or hold information which is relevant to the support you can provide.

Remember that anyone referred to the DBI Level 2 service has already provided their consent for you to inform other services about their involvement in DBI and their plans for managing their distress.

The extent to which information should be shared with another service will vary, depending on the situation of the person referred and the type of service they receive. In some cases a call to inform the other service that the person has received a DBI referral, and is/is not engaged with DBI support for their distress, may be all that is necessary. In other cases, it may be helpful to provide a copy of the D-MaP or further additional information.

#### **Sharing information with other individuals**

Those referred to DBI have not provided consent to share information with other individuals in their life, such as their friends, [REDACTED] or [REDACTED]. Discussing a person's involvement in DBI can only take place if the person agrees to this first. Any individual eligible for DBI support (i.e. those aged 16+ years) is considered old enough to provide or decline their consent to share information with other people, including their [REDACTED].

2019-05-31 V1.A.D-MaP

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2019-05-21 V1.4 O-Map

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**dbi** Distress Brief Intervention  
Connected Compassionate Support  
<http://www.dbi.scot/>

 Scottish Government  
Riaghaltas na h-Alba  
gov.scot

SAMH, Brunswick House, 51 Wilson Street, Glasgow G1 1UZ

Tel No [REDACTED]

For information only

Date: 12/07/2024

Dear Doctor McCartney

**Re – Brian Hunter**  
**Address: 3c Killearn Road, Greenock, Inverclyde, PA15 3DD**  
**DOB: 07/10/1965**

I am writing to advise you that Brian was referred to our Distress Brief Intervention Service by GP on 27/06/2024.

Following input from our service to assist Brian to manage the distress that he experienced, the following interventions were offered and agreed with them.

1. Emotional support to manage immediate distress
2. Problem solving support and distress management planning
3. Support to connect with local services

Client was discharged from our service on 12/07/2024

Please find a copy of the Distress Management Plan attached.

Yours sincerely,

Laura Brodie  
Service Manager  
DBI Service.

V2 07/12/17

Additional document  
06-May-2026  
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Pages:

**NHS Confidential: Personal data about a patient**

Re: Mr Brian Hunter

██████████ Arkley ██████████

Wed 26/06/2024 14:15

To: Valerie ██████████

Hi Val, I'll let Dr Green know about this.

Many thanks

██████████ Arkley, Practice Secretary (Practice Code: 86271)

Drs McCartney, Addiscott, Green & Thorman, The Health Centre, 2 Bay Street, Port Glasgow PA14 5EW

Tel: ██████████ [www.mccartneypractice.scot.nhs.uk](http://www.mccartneypractice.scot.nhs.uk)

---

From: Valerie ██████████

Sent: 26 June 2024 13:12

To: ██████████ Arkley ██████████

Subject: Mr Brian Hunter

Good afternoon, ██████████

For info.

I have spoken with this patient today (CHI ██████████) and he said he had an emotional breakdown in the Jobcentre this morning. He has asked for a mandatory reconsideration of the decision that he is fit to return to work. He has been trying to get through for an appointment for a sick line.

I have made an appointment to meet him at home tomorrow as he feels overwhelmed at this time and I am concerned about him.

Kind regards

Val ██████████

Val ██████████ (she/her)

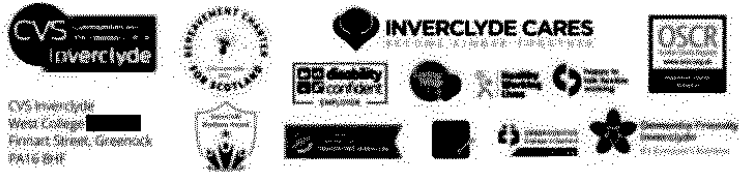
Community Link Worker

Dr McCartney's Practice and Peripatetic CLW

Core working hours 9.00 to 16.30 Monday to Thursday  
9.00 to 16.00 Friday

██████████

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CVS Inverclyde  
West College  
Finnart Street, Greenock  
PA14 5HW

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010 Composite: Percent data report print

### Gartnavel General Hospital: Diagnostic Imaging Report

<b>Patient</b>	BRIAN HUNTER	<b>Address</b>	3C KILLEARN ROAD, GREENOCK, RENFREWSHIRE, PA15 3DD
<b>DOB</b>	07/10/1965	<b>CHI No.</b>	██████████
<b>Ref. Source</b>	Dr McCartney & ██████████	<b>Practice Code</b>	86271
<b>Referrer</b>	Dr ██████████ Thorman	<b>Exam Date</b>	11/01/2024 15:44

#### Report Summary

##### Clinical History :

Is the Lump Tender and/or Non-mobile? : Yes  
Is the size of Lump greater than 5cm? : No  
Any significant growth over past 3 months? : No  
Location of Lump: : right upper forearm  
Injury right forearm, lifting heavy shopping bags, pain and bulge about 10cm down rt forearm, ?subscap tendon ruture or upper biceps tendon rupture

#### US Shoulder Rt

##### US Shoulder Rt :

History confirmed with patient: states pain in shoulder with reduction in movements since holding heavy shopping. Denies any forearm pain or swelling.  
Ultrasound shoulder performed.  
Mild degenerative change of the acromioclavicular joint.  
Supraspinatous tendon is heterogeneous and thickened. At the anterior portion of the supraspinatous tendon, located at the rotator interval, there is absence of the normal tendon with a 1 x 1 cm gap. Features are consistent with a partial width full thickness tear of a mildly tendinopathic supraspinatous.  
Subscapularis tendon is heterogeneous in echotexture, in keeping with mild tendinopathy. No focal defect demonstrated.  
Intact long head of biceps, and infraspinatus tendons.  
Normal glenohumeral joint. No significant bursitis.

##### Conclusion:

Full thickness partial width tear of the anterior portion of the supraspinatous tendon.  
Advise orthopaedic referral in the first instance.  
Tendinopathic supraspinatous and subscapularis tendons

**Last verified by:** C6134754 (Dr V-Liem Soon)

**Reported by:** 7485637 (Dr ██████████ Devine (SpR)) and C6134754 (Dr V-Liem Soon)

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06-May-2026  
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Hunter Brian

CHI: [REDACTED]

### Clinic Letter

Dr. M McCartney  
Drs Mccartney addiscott green & t  
The Health Centre  
2 Bay Street  
Port Glasgow  
PA14 5EW

Main  
Switchboard:  
Department:  
Contact Tel:  
Enquires to:  
Letter Date:  
Reference:  
Dictated  
Date:  
Transcribed  
Date:

10/10/2024  
yvonne edmiston/dm  
10/10/2024  
14/10/2024

**NHS**  
Greater Glasgow  
and Clyde  
Royal Alexandra Hospital  
Corsebar Road  
Paisley  
PA2 9PN  
0141-887-9111  
orthopaedic department

Dear Dr. M McCartney,

**Brian Hunter; D.O.B: 07 Oct 1965; CHI: [REDACTED]**  
**3c Killearn Road, Greenock, Renfrewshire, PA15 3DD**

Attendance: Specialty - Orthopaedics ; Clinic - RAYEOR8-ESP Y EDMISTON ORTHO THUR PM  
Date and Time of Appointment - 10/10/2024 15:30

#### Clinical Comments:

#### ORTHOPAEDIC CONSULTANT MR SHANKER

This new patient consultation today in my Physiotherapy-Led Orthopaedic Upper Limb Clinic was carried out face to face. The patient gave verbal consent, agreed, understood and was happy with their orthopaedic assessment and management today.

**Diagnosis:** Right shoulder pain now resolved.

**Management:** Advice.

**Outcome:** Discharged from orthopaedic clinic.

Thank you for referring this patient whom I saw today in the Physiotherapy-Led Orthopaedic Upper Limb Clinic. My clinic notes and opinion are as follows:-

**History:-** This 59yr old gentleman reports the insidious onset of right shoulder pain around August 2023. This shoulder pain has resolved. He gets very minor stiffness around his right shoulder when it is cold. His sleep is not disturbed and he is managing everything functionally.

Printed on 21/10/2024 16:55 by Dawn McManus

Page 1 of 2

NHS Confidential: Personal data about a patient

Hunter Brian

CHI: [REDACTED]

OPCL 10/10/2024 v1

He otherwise keeps well. Current medication includes Naproxen, Omeprazole, Bisoprolol and Amlodipine. He is a [REDACTED] for his [REDACTED] who has Dementia. Hobbies include writing poems. He is left hand dominant.

**Clinical Examination**:- Today shows no evidence of muscle wasting in the right upper limb. He has full right shoulder range of motion with some end range stiffness in elevation and abduction. He has a negative Hawkins's [REDACTED] Impingement sign and negative AC joint scarf test. He generates good power on abduction internal and external rotations.

**Opinion**:- I note this gentleman has had previous right shoulder ultrasound scan which showed some mild degenerative changes at the AC joint and a supraspinatus tear with some tendinopathy. Overall I have explained to the patient that tearing of the rotator cuff is part of the normal ageing process. There is other muscles around the shoulder that can compensate for this which it has done in this case. He is pain free and no orthopaedic intervention is required. I have discharged the patient from the orthopaedic clinic.

Yours sincerely

Yvonne Edmiston

Advanced Physiotherapy Practitioner

Electronically Signed: Physiotherapist Yvonne Edmiston, Physiotherapist

cc.

Additional document  
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Inverclyde Royal Hospital, Larkfield Rd  
A & E Department  
Greenock PA16 0XN, [REDACTED] [REDACTED]

Dr MCCARTNEY  
PORT GLASGOW HEALTH CENTRE  
2 BAY STREET  
PORT GLASGOW

PA14 5ED

October 4, 2006

Dear Dr Mccartney,  
Re. BRIAN HUNTER, 3c Killenro Road, GREENOCK, Renfrewshire, PA15 3DD

Date of Birth 07.10.65 Hospital Number: [REDACTED] CHI Number: [REDACTED]

Your patient attended Inverclyde Royal Hospital, Larkfield Rd on the 4 OCT 2006 19:28.

The presenting complaint was: **LACERATION L INDEX AND MID FINGERS**

Triage Information: **RECENT PROBLEM? • PAIN? BIT BY OWN DOG. MINOR  
LACERATION MIDDLE FINGER, SMALL PUNCTURE WOUND  
X2, MID AND INDEX FINGERS. UNSUTE TETANUS STATUS.  
NKDA**

The following investigations were carried out: **SOFT TISSUE X RAY LEFT HAND**

The A&E diagnosis was: **BITES/STINGS - FINGER-MIDDLE - LEFT**

The following treatment was given: **CO-AMOXYCLAV 375MG TDS  
AMOXYCILLIN 250MG TDS**

At the conclusion of treatment the patient was: **DISCHARGED - NO FOLLOW UP REQUIRED**

Follow-up: **Nil**

The patient's departure destination was: **DISCHARGED**

Additional Information: **Nil**

Yours sincerely,  
[REDACTED]  
EMERGENCY DEPARTMENT DOCTOR

Consultants:

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GP Links Microbiology Report	
<b>Patient Details</b>	
Surname	HUNTER
Forename	BRIAN
CHI	0710653050
Date of birth	07.10.1965
Address	3c Killeam Road GREENOCK Inverclyde PA15 3DD
<b>Specimen Details</b>	
Specimen Number	M.26.5106470.J
Specimen Type	Mid Stream Urine
Date/Time Collected	21.01.26 / 09:14
Date/Time Received	21.01.26 / 14:41
Requested By	Dr Emma Green
GP Practice	86271
Date/Time Reported	22.01.26 / 08:57

#### Results

Report issued by NHS GG&C Microbiology South Sector  
Enquiries XXXXXXXXXX

\*\* FINAL REPORT \*\*

INVESTIGATION: Urine Culture  
SPECIMEN TYPE: Mid Stream Urine

CONS/GP: Dr Emma Green      Order No:1829622228  
LOCATION: Birkmyre Medical Practice

RESULT:    No growth

Microbiology guidance/contact/eReferral details here:  
<https://rightdecisions.scot.nhs.uk/ggc-microbiology/>

Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Automatic release by system  
Date/Time authorised: 22.01.2026 08:55

\*\* END OF REPORT \*\*

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#### NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	6193051	Receive Date:	19-Nov-2020 10:05
Patient's Name:	Brian Hunter	Gender:	M
Date of birth:	7-Oct-1965 ( 55 years )	Current Address:	3C Killearn Road 3C Killearn Road Greenock PA153DD
Address:	3C Killearn Road 3C Killearn Road Greenock PA153DD		
Return Contact No:			
Tel No:	████████		
Mobile No:			
Priority:	Pr 1 Within 1 hr	Call Origin:	
Received:	19-Nov-2020 10:05	Calltype:	COVID19 Advice
Advised:	10:21	Arrived PCC:	
Cons start:	19-Nov-2020 11:24	Cons End:	19-Nov-2020 11:37
Consulting Doctor:	████████	Own doctor:	████████ McCartney

CHI Number:  
████████

NHSD details:

Receptionist:

Possible Coronavirus : TEMPERATURE 24 HOURS

DPP2 Speak to clinician within 1 Hr

Clinical summary created by: ██████████ Sneddon (Call Taker S1) () [19/11/2020 10:21:45] Reason for call: Possible Coronavirus : TEMPERATURE 24 HOURS PERSPIRING, HEAD PINNING, HEADACHES ALL DAY YESTERDAY, BILE Confirmed Symptom(s): Symptoms of Covid-19 for 1 day COVID 19 Assessment 19:11:2020 10:29:02 SNEDDONK.. DW CS J MILLEN. HAD SYMPTOMS FROM 3PM YESTERDAY, HIGH TEMPERATURE TODAY. SORE CHEST WHEN VOMITING. REPORTS CONFUSION EARLY THIS MORNING BUT ALERT AND ORIENTATED ON PHONE. LAST URINATED AT 4AM TODAY... SKIN FEELS NORMAL TO TOUCH. CAN WALK AROUND THE HOUSE UNAIDED BUT FEELS VERY DIZZY AND LIGHTEADED. THINKS TEMPERATURE WAS 35 DEGREES YESTERDAY BUT APPEARS UNABLE TO USE THERMOMETER EFFECTIVELY AND DIARRHOEA. SPEAK TO CLINICIAN 1 HOUR... Outcome: Speak to clinician within 1 Hr

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Consultation details:

History - **no reply. message left 10.40**

**called back acute onset of dizziness and feelign of spinning 3pm similar to when he had a panic attack in the past. felt anxious and shaky at the time similar to when he has had a panic attack before. dizziness has persisted. temperature last night and has had vomiting and dairrhoea. no cough, sob or chets tightness. no change in sense of taste or smell. frontal headache comes and goes. no sinus symptosm. state svision blurred but is able to focus and read and no defect in visual fields. no neck stiffness or rash.**

**■■■■ security for amazon. ■■■■ worrie dthat he ahs not had flu vaccine**

**phone cut out out at this point x3 attempts to call back "phone not available"**

Examination - **able to talk in full sentences**

Diagnosis - **suspected covid**

Treatment - **rest , advcie, simple nalagesia. to apply for covid test. self isolation advice. advsied of red flags and wsg.**

**suggest they speak to practice re arrangements for flu vaccine as appears to be in a high risk group and entitled to it. they have been unable to source in privately**

---

Followups:

**Self Care Advice - please deal with flu vaccine**

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Clinical Codes:

**R0062 [D]Fever NOS**

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NHS Greater Glasgow & Clyde  
Rapid Access Chest Pain Service  
Telephone: [REDACTED]



Dr. [REDACTED] McCartney  
Port Glasgow Health Centre  
2 Bay Street  
Port Glasgow  
PA14 5EW

Date: 29/11/2019

Dear Dr. [REDACTED] McCartney,

Patient: Mr Brian Hunter CH [REDACTED]  
Address: 3c Killearn Road, Greenock, Renfrewshire, PA15 3DD

54y man with untreated hypertension, complaining of both exertional and non-exertional chest pain lasting for up to 20 min. GTN helps. No other symptoms. PMH: anxiety  
Note that he had just used his GTN spray while waiting outside the Exercise room.

O/E 153/108 mmHg Normal heart sounds and clear chest  
Resting ECG= identical to the one obtained at the surgery and normal (the isolated q in III disappears with deep inspiration)


ETT: Negative to end of stage II (6min). Did not go [REDACTED] due to very high BP 220/115 mmHg at that point. HR 63- > 112 (67% max pred)

CONCLUSION: Negative submaximal ETT & severe hypertension - can explain symptoms

SUGGEST: Please start on Bisoprolol 2.5 mg OD with Amlodipine 5 mg OD added in 2-3 days later. He may need 2-3 agents in combination to control his BP.

Follow up in primary care, but if chest pains persist after his BP has been controlled please let us know. Also please advise to seek emergency medical help if severe chest pain emerges at any time.

Yours sincerely,

  
Dr. [REDACTED] Papaconstantinou, Consultant Cardiologist

Chi Number: 0710653

Mr Brian Hunter

Page 1 of 1

Additional document  
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NHS Confidential: Personal data about a patient

Hunter, Brian  
DoB: 07/10/1965

Report Valid On 26/03/03 17:22

The Health Centre  
Page number 1

**Registration**

Mr Brian Hunter  
3c Killearn Road  
GREENOCK  
Inverclyde

Service Code: Permanent  
DoB: 07/10/1965  
Age: 37

PA15 3DD

**Telephone:**

Contact: ?                      Contact/Relship: ?

CHI Number: ██████████                      NHS Number: S564/1965/1549

BMI: 0.0                      Height: 0 m                      Weight: 0 kg                      BP: 120/64

**Priority Clinical / User Marker**

12/05/1998	High	Depressed
07/02/1995	High	Hand fracture - metacarpal bone left 5th.
20/11/1992	High	Anxiety states attended stressproofing group.
29/09/1989	High	Urethroscopy no true stricture seen.
28/12/1988	High	Urethrography satisfactory.
23/11/1988	High	H/O: urethral stricture further dilatation of urethral stricture.
18/08/1987	High	H/O: urethral stricture further assessment - no dilatation or incision required.
29/01/1987	High	H/O: urethral stricture reincision.
12/03/1984	High	Urethral stricture almost complete obstruction due to stricture.
25/11/1983	High	RTA injury examination severe trauma - multiple fractures of pelvis and urethral rupture. Immobilisation of pelvis plus surgical repair of urethral rupture carried out.
06/09/1978	High	Bedwetting investigations - M.S.U. & I.V.P. normal.
28/10/1976	High	Finger fracture displaced epiphysis base of right 5th finger.
05/07/1976	High	Fracture of humerus

Summary Sheet: practice summary

Printed at 26/03/03

NHS Confidential: Pay no attention to this

Date		
23-12-96	Viral illness / cough / nasal congestion OTC chest, cough, cold relief	C Rx checked to 16.12.96
	Admin Paracetamol	R/C
5/9/97	① knee pain in front warm + f. was quiet. No heat trauma	
	Knee RT - mild fluid - mild inflammation tenderness pressure, warmth appearance normal	
27/4/98	Problems at work. Mood ↓, tearful, slower, ↓ appetite, ↓ motivation	
	Always been self-conscious & tense △ depression & sensitive personality	
	R Venlafaxine XL 75mg (10) C 2 1/2 → new	Muz
11/5/98	Still mood as above. Feels unable to take responsibility - "like a child"	
	Unable to grow up. Self-conscious + feels isolated	
	Unable to start medication as had 'no money for script. Has applied for extra benefits thru' the DSS? should get free scripts	
	R given loperamide 2mg (30) Refer psychology	Muz
	C 4 1/2 'depression'	Muz
07/6/99	Scabies	Hydrocortisone
25/10/99	old mpt	mpt
16/5/02	ENT - catarrhal B1 1/2	lead
	Asx was Paracetamol	
28/1/03	Had sore throat / flu symptoms - now settled. x2 swollen tender C glands R- ant Δ. - Δ reactive glands.	
	Reassured. Rx if don't return to normal.	Muz

\*This column has been provided for doctors to enter A, V or C at their discretion

DH B267270 7500M 9/90 Ed(282873)



NHS Confidential - Personalele informatie

		National Health Service Number	
CLINICAL NOTES		Surname (Block Letters)	Forenames (Block Letters)
		Hunter	Brian
		Address	Date of Birth
			7/10/65

Date	
15/4/03	[Redacted]
27/4/03	<p>short sample                      C<sub>1</sub> gastroenteric                      vomiting - diarrhoea settled NA starting                      not feeling of diarrhoea but feeling of diarrhoea every                      few months - when started. 185?</p>
9/10/03	<p>Form attacks now the nature of agitated                      prepared to try to do                      C<sub>2</sub> 152 NO</p>
23/10/03	<p>very long duration of anxiety                      panic attacks period of 10 minutes - of CPN -                      Citalopram 10mg i - 30                      C<sub>2</sub> 152 NO</p>
31/10/03	<p>Assessed today by CPN - See Initial Assessment                      Plans: Education and management of anxiety. Rev 7/11/03. Am Gage</p>
6/11/03	<p>feeling better - no further panic attacks                      CP 10/4</p>
21.11.03	<p>Patient cancelled appointment. Failed appointment up.                      sent for SA on day of 23/11</p>
25/1/06	<p>Had URTI last week - now still coughing.                      Looks well. Apyrexial. chest clear. EMI - no                      pressured.                      Neck pain - non-tender - reasonable Rom                      → advised OTC ibuprofen.</p>
10/3/06	<p>©</p>

\* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F



NHS Confidential: Personal data about a patient

		National Health Service Number	
CLINICAL NOTES		Surname (Block Letters)	Forenames (Block Letters)
		10 Montgomery St Plw	
		Date of Birth	
		7-10 65	
Date			
7/19/83		Mentt. was in Kiltarnie boys home (Red house) for 4 1/2 yrs. c/o Spigartine discompt. R. Kiltarnie hgt x 3.50mm. 1. Band not too bright.	
8-2-84		was involved in a R.A. i # Pelvis & ruptured ureter. no letter from Hoopner but with report from Hoop. Hoop letter was sent DR McCabum but Dr Hoop has own c/p w/out DR Bagg of Kiltarnie.	
10-2-84	C F	pm 27-1-84 to 20/2/84 me (5)	
20/2/84	C 4	Collection subcutaneous fluid in lumbar region urgent Ref. Cas. Hgt.	
24-2-84		Has a return app to hosp clinic on 28/2/84. c/o sodium & diuretic. R. Kiltarnie x 30 tabs.	
20/3/84	C 4	no letter from Hoop Hgt. spoke to DR. - Mr ORR's secretary. Letter to follow. (arrange to write)	
29-3-84	C 4	no letter from Hoop yet. Still has fluid collection in the form of a pocket over his loins. (want to get back to work) # labri & damaged motor.	
16-4-84	F ->	23-4-84. No letter from Hoop yet. don't get much information out of this man (P. H. V.). spoke to Mr ORR's secretary.	
23-4-84		Comes in looking for a signor off line for today. Advised (SEA 4)	
13-6-84		c/o occasional frontal headaches - has not taken even an aspirin. c/o being sick once yesterday. no limb tenderness. N.B. -> ces. R. Paracetamol x 40 tabs.	
26/6/85		spare of night unable to read. don't see long in it for K.T.S.	

\*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F



NHS Code/Standard: Personal data record's patient

		National Health Service Number	
<b>CLINICAL NOTES</b>	Surname (Block Letters)	Forenames (Block Letters)	
	HUNTER	Brian	
	Address	Date of Birth	
	c/o 58 Davaar Road, GREENOCK.	7.10.65	

Date	
17.7.86	Previous health good. c/o rectal bleeding in the past week. Bowel function normal. P.R. examination suggests internal haemorrhoids. SCHERIPROCT suppositories X 12. (RCS)
11.08.86	Came accompanied with [redacted] today. The complaint is of excessive eating without weight gain! He feels well and all symptoms appear to be normal <sup>3</sup> Weight 9 stone 10 pounds <sup>3</sup> No action taken. SCHERIPROCT SUPP. X 12 (RCS)
6.10.86	DNA
07 OCT 1986	<i>2 bleedings = pile - Angliam - 1 On 6.7.2 - Sept -</i>
20.10.86	Attended Mr. [redacted] Surgeon in Glasgow for consideration of Accident Claim with respect to his injuries received in 1983. This Doctor told him that he should be referred back to the Surgical Cl. for further urethral surgery. The patient states that he does have to press his lower abdomen to enable him to micturate. It would be reasonable for Mr. Orr to see him again. (RCS)
13.02.87	Insurance form completed for United Friendly Insurance. (RCS)
25.02.87	GALCODINE LINCTUS X 300ml for cough. (RCS)
23.3.87	DNA.
26.03.87	Having difficulty in sphincter control at anus. I suggested that he mention this to Mr. Orr when he is re-admitted soon. (RCS)
11.08.87	Acne vulgaris affecting mainly upper part of trunk and back with a little spread to chin area. MINOCIN 50mg b.d. X 60. This therapy will have to be continued for several months. (RCS)
05.12.88	Asking about advisability as starting work as a painter. No contra-indications apparent. (RCS)
28.9.80	<i>Also removed x 36 4 Street then 2 Q10.</i> (RCS)

\* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F







W46 Confidential: Personnel files/about a patient

		National Health Service Number							
<b>IMMUNISATIONS AND SCREENING INVESTIGATIONS</b>		Surname (Block Letters)				Forenames (Block Letters)			
		Address						Date of Birth	
<b>IMMUNISATIONS</b> (Insert date where appropriate)									
	Diphtheria	Pertussis	Tetanus	Polio	Measles	Rubella	TAB	Smallpox	
1									
2									
3									
Boost									
Boost									
Boost									
Tuberculin Test					BCG				
Result				Date					
Date									
<b>Other Inoculations</b>									
Type									
Date									
Type									
Date									
Type									
Date									
<b>SCREENING INVESTIGATIONS</b>									
Chest X-Ray (Date)	Cervical Smear (Date)	Blood Pressure		Urine		Miscellaneous			
		Date	Date	Albumen	Sugar	Date	Weight	Other (Specify)	

SCREENING INVESTIGATIONS CONTINUED OVERLEAF

FORM GP111H

BPL14 Dd.611346 100M 7/78








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INVERGLYDE ROYAL HOSPITAL GREENOCK PA16 0XN		CLINICAL BIOCHEMISTRY	
CHI Number	071 065 3050	SURNAME	HUNTER
Forename	BRIAN	Sex	
Date of Birth	07/10/1965		
Location	Port Glasgow Health Centre 2		Hospital Number
Consultant/GP	DR M MCCARTNEY	Report to	DR M MCCARTNEY
			PGHC2
Patient Address	C KILLEARN ROAD GREENOCK		
Clinical Details	general check up		
	25/05/11	07/09/07	
	u/k	u/k	
	BC930613N	BC931613M	
Glucose	mmol/L (3.5-6.0)	5.2	4.8
Total Protein	g/L (60-80)	74	
Albumin	g/L (32-45)	40	
Globulins	g/L (23-38)	34	
Alk Phos	IU/L (25-110)	61	
Bilirubin	umol/L (3-20)	2.7	
Asp	IU/L (5-40)	20	
ALT	IU/L (5-50)	24	
Cholesterol	mmol/L (3.1-5.0)	3.7	3.4
HDL	mmol/L (0.9-1.8)	0.8	
LDL Chol(calc)	mmol/L	2.2	
CHDL		4.6	
Triglycerides	mmol/L (0.0-2.3)	1.5	0.9
1	PLEASE BE ONLY LATEST ISSUE OF EACH PAGE	Autovalidation Authorised by: 	26/05/2011 12:46
Page		Date/Time of Report	

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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**REFERRAL LETTER****MEDICAL IN CONFIDENCE**

Rapid Access Chest Pain Referral Protocol - Glasgow (Glasgow, v15.0)

**Additional Support Needs:**  
**No known ASN requirements**

<b>REFERRAL TO</b>	
GGC Rapid Access Chest Pain Clinic G Rapid Access Chest Pain	— <b>Consultant / receiving practitioner and/or specialty clinic</b>
Cardiology Direct Access Services (GG&C) NHS Greater Glasgow & Clyde	— <b>Hospital and hospital address</b>
	Hospital location code: G034G
	Email address: -
<b>Urgency of referral</b> Urgent	<b>Date sent</b> 27-Nov-2019
<b>Date of referral</b> 27-Nov-2019	

<b>PATIENT DETAILS</b>		<b>Patient's address</b>
<b>Surname</b> Hunter		3c Killearn Road GREENOCK Inverclyde PA15 3DD
<b>Forename(s)</b> Brian		
<b>Title</b> Mr		
<b>Sex</b> Male		Contact number(s)
<b>Date of birth</b> 07-Oct-1965		Voice: [REDACTED]
<b>CHI no.</b> [REDACTED]		[REDACTED]
<b>Area of Residence</b> -		

\*101020140926R\* Unique Care Pathway Number: 101020140926R

<b>REGISTERED GP DETAILS</b>		<b>Practice address</b>
<b>Name</b> Dr M McCartney		2 Bay Street Port Glasgow PA14 5EW
<b>GMC code</b> 3490462	<b>GP code</b> 35211	
<b>Practice name</b> The Health Centre		Contact number(s)
<b>Practice code</b> 86271		[REDACTED]
		E-mail: [REDACTED]

<b>REFERRING GP DETAILS</b>		<b>Practice address</b>
<b>Name</b> Dr. [REDACTED] Green		The Health Centre 2 Bay Street Port Glasgow PA14 5EW
<b>GMC code</b> 7072521	<b>GP code</b> 35203	
<b>Practice name</b> Drs McCartney, Addiscott & Green (86271)		Contact number(s)

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Practice code	86271	
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THIRD PARTY COPY

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

Description: Rapid access

Comment: I would greatly appreciate if you could see this 54 year old gentleman with a one week history of chest pain. He tells me it is worse when he first wakens. It goes away if he stops what he is doing. He denies any worsening with emotion or exertion, and has no pain on movement. He reports that when the episodes come on they can last a few minutes or up to 20 minutes before resolving. He denies any radiation to his arm or his neck with no nausea or sweating.

Over the last few years he is aware that he has gained some fat, particularly around his abdomen, and is particularly concerned as he reports that his [REDACTED] had seven MI's before sadly dying at the age of 59. He has five [REDACTED] none of whom have any issues with their cardiac health.

On examination, his blood pressure was high at 171/113, his heart sounds were normal with a rate of 86 beats per minute. An ECG was performed which showed sinus rhythm. There are no obvious ST changes however possible inferior infarct aged undetermined reads on the algorithm.

He is a non-smoker and goes to the gym once per week but is overweight.

Given his family history in addition to the ECG which I have attached, I would greatly appreciate your review.

Many thanks

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Advise

Date
[Redacted]
[Redacted]
[Redacted]

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

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INVERGLYDE ROYAL HOSPITAL GREENOCK PATCOGN		CLINICAL BIOCHEMISTRY																																																																																																																																																																																													
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Consultant/Ref	DR M MCCARTNEY		Report to	DR M MCCARTNEY		PGHC2																																																																																																																																																																																									
Patient Address	3C KILLEARN ROAD GREENOCK		Clinical Details keepwell rv																																																																																																																																																																																												
<table border="1"> <thead> <tr> <th></th> <th></th> <th></th> <th>27/06/12</th> <th>25/05/11</th> <th>07/09/07</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>15:27</td> <td>u/k</td> <td>u/k</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>BC904521E</td> <td>BC930613N</td> <td>BC931611M</td> <td></td> <td></td> </tr> <tr> <td>Glucose</td> <td>mmol/L</td> <td>(3.5-6.0)</td> <td>4.4</td> <td>5.2</td> <td>4.8</td> <td></td> <td></td> </tr> <tr> <td>Sodium</td> <td>mmol/L</td> <td>(133-146)</td> <td>142</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Potassium</td> <td>mmol/L</td> <td>(3.5-5.3)</td> <td>3.7</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chloride</td> <td>mmol/L</td> <td>(95-108)</td> <td>107</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Urea</td> <td>mmol/L</td> <td>(2.5-7.8)</td> <td>7.2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Creatinine</td> <td>umol/L</td> <td>(50-120)</td> <td>79</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>estimated GFR</td> <td>ml/min</td> <td>(60-200)</td> <td>GT60</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total Protein</td> <td>g/L</td> <td>(60-80)</td> <td></td> <td>74</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Albumin</td> <td>g/L</td> <td>(35-50)</td> <td>38</td> <td>49</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Globulins</td> <td>g/L</td> <td>(23-38)</td> <td></td> <td>34</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Alk Phos</td> <td>IU/L</td> <td>(30-130)</td> <td>59</td> <td>61</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bilirubin</td> <td>umol/L</td> <td>(3-21)</td> <td>16</td> <td>27</td> <td></td> <td></td> <td></td> </tr> <tr> <td>AST</td> <td>IU/L</td> <td>(5-40)</td> <td></td> <td>20</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ALT</td> <td>IU/L</td> <td>(5-55)</td> <td>27</td> <td>24</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Gamma GT</td> <td>IU/L</td> <td>(0-70)</td> <td>18</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cholesterol</td> <td>mmol/L</td> <td>(3.1-5.0)</td> <td>3.5</td> <td>3.7</td> <td>3.4</td> <td></td> <td></td> </tr> <tr> <td>HDL</td> <td>mmol/L</td> <td>(0.9-1.8)</td> <td>0.8</td> <td>0.8</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LDL Chol(calc)</td> <td>mmol/L</td> <td></td> <td>2.1</td> <td>2.2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CHDL</td> <td></td> <td></td> <td>4.3</td> <td>4.6</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Triglycerides</td> <td>mmol/L</td> <td>(0.0-2.3)</td> <td>1.3</td> <td>1.5</td> <td>0.9</td> <td></td> <td></td> </tr> </tbody> </table>											27/06/12	25/05/11	07/09/07						15:27	u/k	u/k						BC904521E	BC930613N	BC931611M			Glucose	mmol/L	(3.5-6.0)	4.4	5.2	4.8			Sodium	mmol/L	(133-146)	142					Potassium	mmol/L	(3.5-5.3)	3.7					Chloride	mmol/L	(95-108)	107					Urea	mmol/L	(2.5-7.8)	7.2					Creatinine	umol/L	(50-120)	79					estimated GFR	ml/min	(60-200)	GT60					Total Protein	g/L	(60-80)		74				Albumin	g/L	(35-50)	38	49				Globulins	g/L	(23-38)		34				Alk Phos	IU/L	(30-130)	59	61				Bilirubin	umol/L	(3-21)	16	27				AST	IU/L	(5-40)		20				ALT	IU/L	(5-55)	27	24				Gamma GT	IU/L	(0-70)	18					Cholesterol	mmol/L	(3.1-5.0)	3.5	3.7	3.4			HDL	mmol/L	(0.9-1.8)	0.8	0.8				LDL Chol(calc)	mmol/L		2.1	2.2				CHDL			4.3	4.6				Triglycerides	mmol/L	(0.0-2.3)	1.3	1.5	0.9		
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**GP Referral Form**

**Information**

Full Name: Brian Hunter.....

Address: 3C Killearn Road Greenock PA15 3DD.....

Date of Birth: 7/10/1965..... Tel No: .....

Name of GP: ...Dr Green..... Practice: Port Glasgow Health Centre.....

Economic Status: Unemployed.....

Cared for (Please circle) YES

**Cared for information (1)**

Full Name: ..... Date of Birth: 21/11/1946.....

Address: 3C Killearn Road Greenock PA15 3DD.....

GP Name: ..... Practice: Mount Pleasant Practice.....

Tel No: ..... Relationship to .....

*(The above person has consented to their details being passed to their GP surgery)*

Staff Signature: .....

Staff Position: ..... Date: 13/2/2024.....



Inverclyde Carers Centre | 68-70 Cathcart Street | Greenock | Inverclyde | PA15 1DD  
| w: inverclydecarecentre.org.uk

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[RAH]

CLYDE HOSPITALS  
HAEMATOLOGY REPORT

Surname: **HUNTER** CHI/Unit No: ██████████  
Forename: **BRIAN**  
DOB/Age: **07.10.65** Sex: **Male**  
Address: **3C KILLBARN ROAD**  
Location: **PI Port Glasgow EC 86271** Requestor: **Dr ██████████ McCartney**  
Diagnosis: **\*\* No clinical details supplied \*\***

[[ CURRENT ]]

Lab Number B.14.8298635.J  
██████████ collected 22.10.14 11:30  
██████████ received 22.10.14 17:52

Haemoglobin	g/L (120-160)	165
WBC	$\times 10^9/L$ (4.0-11.0)	7.3
Platelet Cnt	$\times 10^9/L$ (150-400)	205
RBC	$\times 10^{12}/L$ (4.50-6.30)	5.84
Haematocrit	% (0.400-0.540)	0.499
MCV	fL (80.0-100.0)	85.4
MCH	pg (27.0-32.0)	28.3
Neutrophils	$\times 10^9/L$ (2.0-7.5)	5.2
Lymphocytes	$\times 10^9/L$ (1.5-4.0)	1.1
Monocytes	$\times 10^9/L$ (0.2-0.8)	0.6
Eosinophils	$\times 10^9/L$ (0.0-0.4)	0.4
Basophils	$\times 10^9/L$ (0.0-0.1)	0.0
Myelocytes	$\times 10^9/L$	
Blasts	$\times 10^9/L$	
Others	$\times 10^9/L$	
Unclated RBC	$\times 10^9/L$	0.0
ESR	mm/hr (1-10)	
Retic	$\times 10^9/L$ (10-90)	
Glandular Fever Scr		
Blood Film		

Result Comments:

22.10.14 FBC: No diagnosis/clinical details supplied with this request.

Date reported: 23.10.14

Authoriser:

Run No: 863

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Hunter Brian CHI: [REDACTED]

**Emergency Attendance Letter**



Emergency Department  
Inverclyde Royal Hospital  
Larkfield Rd  
Greenock  
Renfrewshire  
PA16 0XN

Dept. Contact Details:

Tel: [REDACTED]  
Fax: [REDACTED]  
Email: [REDACTED]

Date Completed: 17/08/2022

Consultant: Dr [REDACTED]

M McCartney  
Drs Mccartney addiscott green & t  
The Health Centre  
2 Bay Street  
Port Glasgow  
Port Glasgow  
PA 14 5EW

Dear M McCartney

Re: **Hunter Brian**  
3c Killearn Road  
Greenock PA15 3DD

DOB: 07/10/1965 [REDACTED]

Attended on: 17/08/2022 at 11:24 hrs.  
Discharge Type: 04a - **Incomplete: left before assessment completed**  
Previous ED Attendance in last 12 months: 0

Departed on: 17/08/2022 at 12:17 hrs.  
Destination: **Not known**

Presenting complaint  
**tablet stuck in throat**

Nursing Assessment:  
**? calms tablet stuck in throat, advised at triage to try bottle of coke to dissolve**

Investigations in ED: **None**

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Hunter Brian

CHI: [REDACTED]

Diagnosis:

Diagnosis	Side	Site
Foreign Body in Oesophagus		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

**PC: pt presented with stuck 'calms' tablet in throat. Dislodged with fizzy drink - pt self discharged before assessment.**

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,  
[REDACTED] Coyle  
Doctor

Copies to:  
1. M McCartney (GP)

School Address:

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010 Composite: Personal data report & print

### Inverclyde Royal Hospital: Diagnostic Imaging Report

<b>Patient</b>	BRIAN HUNTER	<b>Address</b>	3C KILLEARN ROAD, GREENOCK, RENFREWSHIRE, PA15 3DD
<b>DOB</b>	07/10/1965	<b>CHI No.</b>	██████████
<b>Ref. Source</b>	Dr McCartney & ██████████	<b>Practice Code</b>	86271
<b>Referrer</b>	Dr ██████████ Green	<b>Exam Date</b>	29/01/2024 11:46

#### Report Summary

Clinical History :  
Tender medially, injury in November, reduced rom, ?cause

#### XR Knee Lt

XR Knee Lt :  
There is an effusion plus early/minor tri-compartmental degenerative change.  
Calcification noted within the region of the patellar tendon insertion into the patella inferiorly in keeping with potential previous injury/repetitive strain.

**Last verified by:** 3488188 (Dr ██████████)  
**Reported by:** 3488188 (Dr ██████████)

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05732  
Dr Manager  
DR GREENE  
MCCARTNEY PRACTISE  
PORT GLASGOW HEALTH CENTRE  
PORT GLASGOW PA14 5EW  
00094  
9005511307



ESA Clydebank  
Mail Handling Site A  
Wolverhampton  
WV98 2AX

www.gov.uk  
Telephone: [REDACTED]  
Textphone: [REDACTED]

Your reference:  
NM224969B

6 June 2024

Dear Dr Manager,

**We no longer need Statements of Fitness for Work (known as fit notes) for your patient as they are fit for work**

**Patient's name: Mr. Brian Hunter**

**Address: 3C Killearn Rd, Greenock, Renfrewshire PA15 3DD**

**Date of birth: 7 October 1965**

Following your patient's Work Capability Assessment, we've decided they are fit to do some types of work, but this might not be the same as they have done before.

This means you no longer need to provide fit notes for their Employment and Support Allowance (ESA) claim.

**Providing fit notes in the future for their ESA claim**

Subject to your clinical discretion you may issue further fit notes in the future to your patient if:

- their condition gets worse
- they develop a new disability or health condition
- they ask you for evidence for a reconsideration or appeal against our decision.

Further guidance for GPs on completing fit notes is available at:

<https://www.gov.uk/government/publications/fit-note-guidance-for-gps>

<https://www.gov.uk/government/publications/a-short-guide-to-the-benefit-system-for-general-practitioners>

**We have many different ways we can communicate with you.**  
If you would like braille, British Sign Language, a hearing loop, translations, large print, audio or something else please tell us using the phone number at the top of this letter.

Please turn over

4781/0015

Page 1 of 2

cnmp\_jsaps\_AGM1-X6331BUNDL2-486677.atp

DW468\_1\_183147\_0202400055113011102A

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NM224969B Dr Manager

**Helping people back into work**

We know most people are better off in work, so we are encouraging your patient to find out what type of work they may be able to do with their health condition or disability through focused support at their local Jobcentre Plus. Their work coach will take your patient's illness, health condition, or disability into account when setting work requirements.

Your patient has agreed that we can tell you about the decision.

We've sent your patient a summary of their Work Capability Assessment outcome.

**We may need to contact you again about your patient's disability, illness or health condition in the future.**

If you have any questions about this letter or you need it in Braille, large print, or audio please call us on the number at the top of this letter.

Thanks for your help.

Yours sincerely,

Office Manager

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## UK Covid-19 Test Report

### Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

### Patient Details

Surname	Hunter
Forename	Brian
CHI	0710853050
Date of birth	1965-10-07
Sex	Male
Address	3C KILLEARN ROAD GREENOCK PA153DD

### Specimen Details

Specimen Processed Date	18-07-2021 06:23
Test Start Date	17-07-2021 10:00
Test End Date	17-07-2021 10:22
GP Practice	86271
Specimen Number	BAA48143459
Administration Method	

End of Report

Report Date: 18/07/2021

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## UK Covid-19 Test Report

### Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

### Patient Details

Surname	HUNTER
Forename	BRIAN
CHI	
Date of birth	1965-10-07
Sex	Male
Address	3C KILLEARN ROAD GREENOCK PA153DD

### Specimen Details

Specimen Processed Date	19-11-2020 22:00
Test Start Date	19-11-2020 14:11
Test End Date	19-11-2020 14:29
GP Practice	86271
Specimen Number	AAC63067494
Administration Method	self

End of Report

Report Date: 20/11/2020

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**C L Y D E   H O S P I T A L S**  
**B I O C H E M I S T R Y   R E P O R T**

Form: CIGLU Run: 572

Surname: <b>HUNTER</b>	Location: <b>Pl Fort Glasgow HC 86271</b>
Forename: <b>BRIAN</b>	<b>2 Bay St</b>
DOB/Age: <b>07.10.65</b> Sex: <b>Male</b>	<b>Port Glasgow</b>
CHI/Unit No: <b>[REDACTED]</b>	<b>Greater Glasgow &amp; Clyde</b>
Address: <b>3C KILLEARN ROAD</b>	Requestor: <b>Dr [REDACTED] McCartney</b>
Diagnosis: <b>** No clinical details supplied</b>	Labno:

Lab Number	Date/Time collected	Date/Time received	Glucose mmol/L (3.5-6.0)	HbA1c (IFCC) mmol/mol (20-42)
B,14,7592852.N	22.10.14 11:30	22.10.14 17:52	5.1	

Result Comments:

Date reported: 23.10.14      Authorised by: Automatic release by system

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Hunter Brian

CHI: [REDACTED]

**Clinical letter - GP: Discharge**

Dr. M McCartney  
Drs Mccartney addiscott green & t  
The Health Centre  
2 Bay Street  
Port Glasgow  
PA14 5EW

Main Switchboard:  
Department:

Contact Tel:  
Enquiries to:  
Letter Date:  
Reference:  
Dictated Date:  
Transcribed Date:

**NHS**  
Greater Glasgow  
and Clyde  
Royal Alexandra Hospital  
Corsebar Road  
Paisley  
PA2 9PN  
Physiotherapy: Port Glasgow  
Health Centre  
[REDACTED]  
13/09/2024  
13/09/2024

Dear M McCartney ,

**Brian Hunter; D.O.B: 07/10/1965; CHI: [REDACTED]**  
[REDACTED] Killearn Road, Greenock, Renfrewshire, PA15 3DD

GP Action Required: nil

Presenting Condition: L knee pain

Physiotherapy Comments: nil

Onset of symptoms - Traumatic

Mechanism of onset - Traumatic

Diagnosis - Mechanical knee pain secondary to trauma 11/23

Treatment - HEP, Advice and education

Further info - Initially when Mr Hunter attended my clinic he advised he was experiencing low mood was attending SAMH, nil suicidal ideations. During time at physio the patient advised mood has improved significantly with mental health support, increased activity and keen to start back to gym.

Discharge Outcome:

The patient completed a course of treatment and symptoms are now: - Resolved

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Page 1 of 2

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Hunter Brian

CHI: [REDACTED]

GCL 13/09/2024 v1

---

The patient has an exercise programme to continue with self management.

This patient has now been discharged from our care.

Yours sincerely,

[REDACTED] Tanoh

B5PT

Electronically Signed: ,

cc.

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Lifestyle Steps

**LIVE active**  
NATIONAL SCHEME

<p>Participant's Name: <b>Brian Hunter</b></p> <p>Date of birth (dd/mm/yy): <b>7-10-1965</b></p> <p>GP Name: <b>Dr M'Cartney</b></p> <p>Practice: <b>P.R.H.C.</b></p> <p>Referral made by: <b>G.P.</b></p> <p>Health Counsellor: <b>Derek Barnes</b></p> <p>Centre: <b>Greenock S.C.</b></p> <p>Tel No: <b>01475 75786</b></p> <p>Health Counsellors Signature: <b>D. Barnes</b></p> <p>I, the participant, agree to the following lifestyle plan</p> <p>Participant's Signature: <b>Brian Hunter</b></p> <p>Date: <b>17/1/13</b></p>	<p>Step 1: Preparation <b>Book Gym Programme at Greenock S.C. £5.50</b>  <b>Thurs 20th June 11:30am</b></p> <hr/> <p>Step 2: Action <b>2 weeks</b> I will: <b>Complete Gym Programme at Greenock S.C.</b></p> <p><b>"10" TO "20": 3-4 70-80mins walk, brisk</b></p> <hr/> <p>Step 3: By <b>1 month</b> I will: <b>Aim for 2 gym sessions per week              Look to get 1 swim session per week              Cut down on biscuits              See Derek 29th July 10.00am at G.S.C.</b></p> <hr/> <p>Step 4: By <b>3 months</b> I will:</p> <hr/> <p>Step 5: By I will book my next appointment with my counsellor and aim to be doing:</p>
---	---

**Baseline / 6 Month Lifestyle Goals (delete as appropriate)**

Healthy Eating	Physical Activity
<b>Cut down on Biscuits &amp; Gum</b>	<b>Swimming</b>
<b>Cut down on Alcohol</b>	<b>Walking</b>
<b>Sleep</b>	

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**INVERCLYDE PRIMARY CARE MENTAL HEALTH SERVICE**  
**INITIAL ASSESSMENT FORM**

DATE 31.10.05

PERSONAL DETAILS

NAME Bevan Hunter

CHI 0710653050

REASON FOR REFERRAL (please circle)

- 1 Depressed     2 Anxious    3 Safety Risk    4 Non-Dependent Alcohol Use
- 5 Non-Dependent Drug Use    6 Social Crisis    7 Suicidal/Self Harm Ideas
- 8 Bereavement    9 Relationship Problems    10 Other (please specify)

CLIENT REPORT OF CURRENT SYMPTOMS (including physical problems and duration)

Complains of increased symptoms of anxiety Feb  
stomach tightening, perspiring, unable to  
relax, muscle tension Poor concentration  
Lack of confidence Has a unethical problem  
for which he has underwent surgery in the past

H.A.D.S. SCORE

Anxiety..... Depression..... Total.....

HAOS NOT AVAILABLE AT ASSESSMENT

MEDICATION FOR PRESENT EPISODE (including dose and duration)

S.S.R.I - CITALOPRAM 20mg Morn

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SYSTEMATIC ENQUIRY AND OBSERVATION OF MENTAL STATE (please tick if applicable)

Low Mood	Mood Diurnal Variation	Inability to Relax ✓
Loss of Interest	Reduced Concentration ✓	Hallucinations
Disturbed Sleep <sup>not a change</sup>	Reduced Confidence ✓	Delusions
Guilt <u>Low Self Worth</u>	Decreased Libido	Disorganized Speech
Weight Loss	Anxiousness ✓	Bizarre Behaviour
Weight Gain ✓	Palpitations ✓	Emotionally Labile
Increased Appetite ✓	Choking Sensations ✓	Social Isolation
Decreased Appetite	Dizziness Unexplained	Reduced Functioning
Pessimism	Fear Unexplained	Churning Stomach ✓
Fatigue	Dry Mouth ✓	Early Morning Wakening
Agitation ✓ (1)	Sweating ✓	Initial Insomnia
Retardation of Speech	Tremors	Irritability
Retardation of Movement	Tension Headaches	Reduced Motivation

ADDITIONAL OBSERVATIONS

Upright throughout assessment. Speech rapid & delving. Able to maintain reasonable eye contact. Made use of hand gestures. Fidgety, restless

ADDITIONAL INFORMATION (appearance, memory, orientated, insight)

Appeared neat and tidy. Dress appropriate to season. Orientated to R.P.P. appears negligent to current problem

MEDICAL ALERTS

Problems with urinary tract  
Pain # - 27A 1983

PREVIOUS CONTACT WITH MENTAL HEALTH SERVICES

Previous contact with clinical psychology

PREVIOUS SUICIDE/SELF HARM ACTIONS (include method, letters written, organisation of affairs etc)

No previous attempts of D.S.H.

CURRENT SUICIDE/SELF HARM RISK

Not expressing any current ideas of D.S.H. of assessment

CURRENT INDICATORS OF SUICIDE PLANNING (include thinking about methods, letters written, organising affairs etc)

Did not describe any specific plans or thoughts to what any current ideas of D.S.H.

1918 Confidential: Personal information about a patient

Brunner

ALCOHOL ASSESSMENT (include type of alcohol used, duration of use, amount and frequency, periods of abstinence or reduction in use)

DRUG ASSESSMENT (including name of drug, duration of use, amount and frequency, periods of abstinence or reduction in use, cigarettes, caffeine)

Occasional smok.  
No use of illicit substances  
No over-use of tea/coffee

FORENSIC HISTORY/OFFENDING BEHAVIOUR (include dates and duration of previous offences, periods of imprisonment, offences pending, highlight repeat offending)

No forensic history noted

PERSONAL HISTORY AND CURRENT SOCIAL CIRCUMSTANCES (include significant relationships, major life events, pre-morbid personality, daily living skills and areas of deficit, housing, finance/benefits, hobbies)

Has been in and out of care homes over period of 22 yrs. Both parents deceased. He has 4 sisters 3 live locally - 1 in England. His regular contact lives with partner - 19 years older. - Currently works as a security guard on a local site. Normally of a anxious disposition. No financial difficulties. Enjoys parties at going out a bicycle.

FAMILY CONTACT WITH MENTAL HEALTH SERVICES

No family history ~~stated~~ what he was sure of. Thinks 2 of his sisters have had panic symptoms.

CLIENT VIEW TOWARDS [REDACTED] INVOLVEMENT AND/OR [REDACTED] VIEWS

Some doubts both sides of ~~current~~ <sup>EEG</sup> problem. Partner + family aware.

CLIENT CONSENTS TO PARTICIPATE IN SERVICE EVALUATIONS YES

W46 Confidential - Personal Health Record System

INITIAL RISK ASSESSMENT (Please circle)

- |   |   |   |   |
|---|---|---|---|
| 1. History of Harm to Self                        | YES <input checked="" type="radio"/> NO <input type="radio"/> | 5. Environmental & Social Factors         | YES <input checked="" type="radio"/> NO <input type="radio"/> |
| 2. History of Violence to Others, including staff | YES <input checked="" type="radio"/> NO <input type="radio"/> | 6. Risk of Self Neglect                   | YES <input checked="" type="radio"/> NO <input type="radio"/> |
| 3. Alcohol/Drug Use                               | YES/NO  | 7. Risk of Exploitation                   | YES <input checked="" type="radio"/> NO <input type="radio"/> |
| 4. Forensic History                               | YES <input checked="" type="radio"/> NO <input type="radio"/> | 8. Need for more complete Risk Assessment | YES <input checked="" type="radio"/> NO <input type="radio"/> |

IMPRESSION FROM ASSESSMENT

38 year old man. Appears to be suffering from a increase of anxiety symptoms recently taking Citalopram 20mg morn. May benefit from education on anxiety its management and treatment.

OUTCOME OF ASSESSMENT

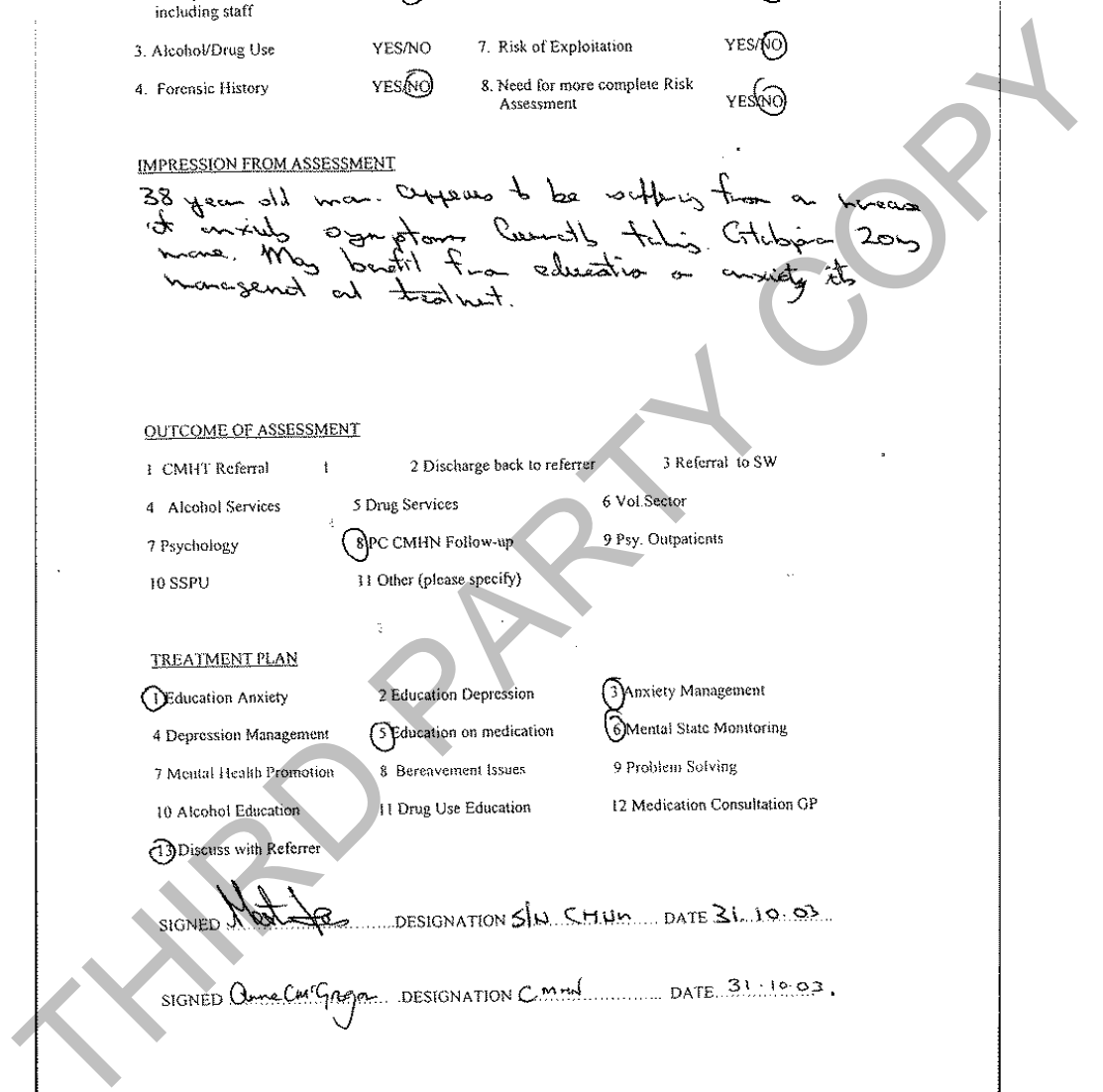
- |                    |                              |                    |
|--------------------|------------------------------|--------------------|
| 1 CMHT Referral    | 2 Discharge back to referrer | 3 Referral to SW   |
| 4 Alcohol Services | 5 Drug Services              | 6 Vol. Sector      |
| 7 Psychology       | 8 PC CMHN Follow-up          | 9 Psy. Outpatients |
| 10 SSPU            | 11 Other (please specify)    |                    |

TREATMENT PLAN

- |                           |                           |                               |
|---------------------------|---------------------------|-------------------------------|
| 1 Education Anxiety       | 2 Education Depression    | 3 Anxiety Management          |
| 4 Depression Management   | 5 Education on medication | 6 Mental State Monitoring     |
| 7 Mental Health Promotion | 8 Bereavement Issues      | 9 Problem Solving             |
| 10 Alcohol Education      | 11 Drug Use Education     | 12 Medication Consultation GP |
| 13 Discuss with Referrer  |                           |                               |

SIGNED *Matia* ..... DESIGNATION *SW CMHN* ..... DATE *31.10.03* .....

SIGNED *Anne Curragan* ..... DESIGNATION *CMHN* ..... DATE *31.10.03* .....



1985 Confidential - Personal data about a patient

DR. [REDACTED]  
 DR. G. D. JEFFERIES.  
 DR. P. J. WYNESS.

PORT GLASGOW HEALTH CENTRE.

Date. 04.04.91

NEW REGISTRATION

Name- BENNY HUNTER D.O.B.- 7.10.65 Tel. No. - Marital State S  
 Address- 16, BOUVIERIE ST. P.G. Occupation- unemployed  
 Weight- 11st Height- 5ft 9" B/P- 128/90  
 Urinalysis -  
 Family History -  
Parents a/w  
5 sisters a/w  
 Past medical History--  
ETA 1983 perforated bladder  
 Medication -  
 Preventive - Last Tetanus- 1983  
 Lifestyle - Smoking- --- Alcohol- --- Exercise- occasional  
 Vision - sat Hearing sat  
 Mobility - active  
 Social Circumstances-  
lives on own in family house  
 Awareness of Benefits- yes  
 Future Services-- Health Promotion Clinic  
 Dietary Advice  
 Antismoking Clinic  
 Recommendations --  
1/1 of Dr Spiers  
Cent. Health Centre

NHS Confidential: Personal data about a patient

AYRSHIRE AND [REDACTED] HEALTH BOARD  
NORTH AYRSHIRE AND [REDACTED] DISTRICT

Telephone [REDACTED]

THE INFIRMARY

KILMARNOCK

KA3 1DJ

Mr R. H. [REDACTED] F.R.C.S.

Mr J. McCARDEL, F.R.C.S.

12.11.75

Re Brian Hunter  
Nazareth House Wm  
Dear Dr. [REDACTED]

The above-named has attended this Department today, and is suffering from —

laceration of scalp

He/she has been treated as follows —

2 PPS

Wound well dressed

cleaned

Further treatment is recommended as follows —

Please remove w

(5) days

A review appointment on

Yours sincerely,

[Signature]  
Casualty Surgeon.

NHS Confidential: Personal data about a patient

AYRSHIRE AND [REDACTED] HEALTH BOARD  
NORTH AYRSHIRE AND [REDACTED] DISTRICT

Telephone [REDACTED]

ORTHOPÆDIC UNIT

Mr [REDACTED]  
Mr McCardelTHE INFIRMARY  
KILMARNOCK  
KA3 1DJ

Hosp. Ref. No.: SVK/ED/222796

5th July, 1976

Dear Dr. Orcharton,

Re: Brian Hunter, Nazareth House, [REDACTED] St.,  
Kilmarnock

This patient fell and sustained a fracture neck  
of the right humerus on 25th of June.

A suitable bandage has been applied and he is  
attending the Fracture Clinic for supervision.

Yours sincerely,

*S. V. Kore*  
S. V. Kore  
Orthopaedic Registrar

12 London Rd.,  
Kilmarnock.

NHS Confidential: Personal data about [REDACTED]

AYRSHIRE AND [REDACTED] HEALTH BOARD  
NORTH AYRSHIRE AND [REDACTED] DISTRICT

Telephone [REDACTED]

ORTHOPÆDIC UNIT

Mr [REDACTED]  
Mr McCardel

THE INFIRMARY

KILMARNOCK

KA3 1DJ

Hosp. Ref. No. ... JMcC/ED/222796

28th October, 1976

Dear Dr. Orcharton,

Re: Brian Hunter, Nazareth House, [REDACTED] St.,  
Kilmarnock

I saw your patient today who has displaced the epiphysis of the base of right little finger when he was kicked.

The position has been improved and his finger has been strapped up. He is coming back to see me in a fortnight if by that time he is not symptom free and fully mobile.

Yours sincerely,

12 London Rd.,  
Kilmarnock.

NHS Confidential: Personal files about a patient

**GATESIDE HOSPITAL**

GREENOCK PA16 9ER

Your Reference

Our Reference

RCS/CAB/145846

Tel: [REDACTED]

Paediatric Unit

If telephoning ask for:

22nd August, 1978

Dr. S. Lapsley,  
Senior Medical Officer,  
36 Nicolson Street,  
Greenock.

o.c. Dr. Crawford,  
37 Regent Street,  
GREENOCK.

Dear Dr. Lapsley,

Brian Hunter, 6 Cobham Street, Greenock d.o.b. 7.10.65

Thank you for your letter about this boy. About the dirty, maledourous and untidy condition I can do but little. The bed wetting has, according to his [REDACTED] improved a little and he has wet only four days in the past two weeks. (I would regard his [REDACTED] history as somewhat suspect).

Bed wetting at twelve is of course not abnormal and one need not search for emotional factors, though they are obviously close to the surface in this particular patient. I would be inclined to investigate at this stage and I have ordered an M.S.U. and an I.V.P. I have put his name on the waiting list for an alarm device but in the meantime I would suggest Amitriptylline 10 - 20mgs. nocte. I have asked his [REDACTED] to attend his surgery for a prescription.

Yours sincerely,



R.C. SHEPHERD  
Consultant Paediatrician

*MSU sterile*

*as*

NHS Confidential: Personal data about a patient

**GATESIDE HOSPITAL**  
GREENOCK PA16 9ER

Your Reference  
Our Reference **RCS/AC**

Tel: GREENOCK 25252

If telephoning ask for:

Dr. S. Lapsley,  
Senior Medical Officer,  
36 Nicolson Street,  
GREENOCK.

c.c. Dr. [REDACTED]

6th September 1978.

Dear Dr. Lapsley,

Brian Hunter, d.o.b. 7.10.65.,  
6 Cobham Street, Greenock.

This boy's M.S.U. and I.V.P. were normal.

Yours sincerely,

  
R.C. SHEPHERD,  
Consultant Paediatrician.

RR

NHS Confidential: Personal data about a patient

Argyll and Clyde Health Board  
Inverclyde District

**Inverclyde Royal Hospital**

LARKFIELD ROAD,  
GREENOCK PA16 0XN  
Tel: [REDACTED]

8th February, 1984

COPY LETTER

Your Ref:  
Our Ref: GMcG/JR/148546  
If phoning please ask for:

Mrs. Rodger

Dr. G. Ramanathan,  
The Health Center,  
PORT GLASGOW.

Dear Dr. Ramanathan,

Brian Hunter, (7.10.65) 10 [REDACTED] Street, Port Glasgow.

This young boy was admitted as an emergency to Inverclyde Royal Hospital on 25.11.83. He was knocked off his bicycle by a bus which was turning a corner and the front wheel of the bus ran over his pelvis. As a result of this he sustained multiple fractures of the pelvis with complete separation of the lateral blade of the ileum and disruption of the symphysis pubis in association with rupture of the urethra.

The rupture of the urethra was treated surgically and catheter was successfully inserted in theatre. The fractures of the pelvis were treated by immobilisation in [REDACTED] traction. The patient's post operative course was slow but satisfactory, the pelvis is stabilised in reasonable position and he is walking well with sticks. From a urinary point of view the indwelling catheter has been removed, he has full bladder control and I understand he has experienced a penile erection since the accident which bodes well for the future.

He will attend my Fracture Clinic for review and will also attend Mr. Orr's Surgical Clinic for follow up of the urethral injury.

Yours sincerely,

G. McGARRITY, F.R.C.S.,  
Consultant Orthopaedic Surgeon

*S. Rodger*  
*See*

*R*  
*9/2/84*

THIS CONFIDENTIAL PERSONAL DATA CONTAINS

BD/M&J/145646

Ext 493

16th February 1984

Dr. H.C. McCallum  
The Health Centre,  
SHEEROCK.

*DR RIAN  
PA M*

Dear Dr. McCallum,

Brian Hunter, 07.10.65  
10 Montgomery Street, Port Glasgow.

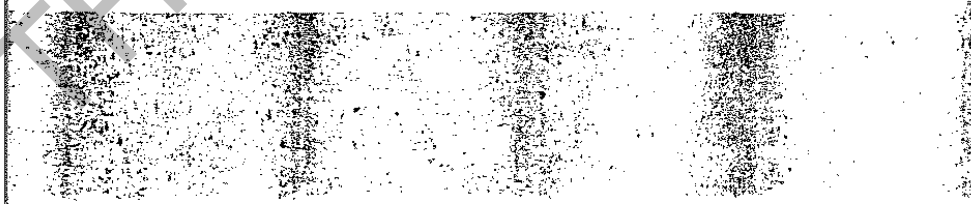
We reviewed this young lad at Mr. Orr's out patient clinic to-day . Following rupture of his urethra the abdominal wound has healed satisfactorily and he has a good flow of urine. He has no problem with control of his urinary flow but he does however feel that straining inhibits his flow of urine. Cystogram was carried out which although rather irregular was not suggestive of bladder outflow obstruction. I do not think there is any suggestion of urethral stricture at present. He has not, however, had a penile erection since he left hospital and there is a high possibility that this may be a long term problem.

There is nothing however that can be done at present and we have merely arranged to see him once again in six months time.

Yours sincerely,

BRIAN [REDACTED]  
Senior House Officer to Mr. G. Orr

*R*



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DR. RAM,  
P.G.H.C.

THIRD PARTY COPY

HIS Confidential: Personal data about a patient

GO/CG/145846

12th March, 1984

SW

Dr. McCallum,  
The Health Centre,  
GREENOCK.

Dear Dr. McCallum,

Brian Hunter, 07.10.65,  
10 Montgomerie Street, Port Glasgow.

This young lad had a urethroscopy today. There appears to be almost complete obstruction proximal to the external sphincter. It was not possible to pass a guide wire through this nor to incise it with the urethrotome. The safest thing would be to have a urethrogram done before embarking on a more formal resection.

Kind regards.

Yours sincerely, ...

GEOFFREY OBE, F.R.C.S.,  
Consultant Surgeon.

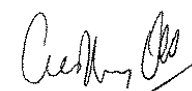
c.c. Mr. G. McGarrity,  
Consultant Orthopaedic Surgeon,  
I.R.H.

R

NHS Confidential - Personal data (2004) 4 (P1411)

CONSULTANT		INVERCLYDE ROYAL HOSPITAL		Telephone No. [REDACTED]	
MR. G. ORR		LARKFIELD ROAD		Ext. 493	
GREENOCK					
ADMITTED	DISCHARGED	WARD	AGE	HOSPITAL NUMBER	
12.3.84	17.3.84	K CENTRE	7.10.65	145846	
DISPOSAL		NAME AND ADDRESS			
Home		Brian Hunter, 10 Montgomerie Street, PORT GLASGOW.			
FOLLOW UP					
Readmit for repeat Urethroscopy in 2 months					
FINAL DIAGNOSIS AND ANY OTHER COMPLICATING ILLNESS		DISTRIBUTION OF LETTERS			
1. Post-traumatic Urethral Stricture		Dr. H.C. McCallum, The Health Centre, GREENOCK.			
		o.c. Mr. G. McGarrity, Consultant Orthopaedic Surgeon, I.R.H.			
		Mr. G. Bell, Consultant Surgeon, I.R.H.			
		OPERATION CODE			
		1. Dilatation			
		2.			
		3.			
GO/CG		26th March, 1984			
Dear Dr. McCallum,					
<p>This young man was admitted for assessment of his urinary difficulties which had followed a severe fracture of his pelvis associated with complete rupture of the penile urethra in November 1983. The urethral rupture had been successfully treated with a rail-roading technique carried out on the evening of admission. The catheter was eventually removed. Initially he had no difficulty passing urine but he has noticed marked diminution in the flow and has had to adopt suprapubic pressure to empty his bladder.</p>					
<u>Investigations:</u>					
<p>At urethroscopy on 12.3.84 there appeared to be a very tight stricture at the level of the previous rupture. Urethrogram confirmed a fairly narrow but tight stricture at this level. A repeat cystoscopy was carried out a few days later. On this occasion it was possible to dilate the stricture fairly easily. Following this he passed urine without difficulty. He will need to be kept under close review and I plan to repeat his cystoscopy in two months' time.</p>					
Yours sincerely,					
<p>GEOFFREY ORR, F.R.C.S., Consultant Surgeon.</p>					

0465 Consultation - Personal data about a patient

CONSULTANT		INVERCLYDE ROYAL HOSPITAL			Telephone No.
MR. G. ORR		LARKFIELD ROAD			Ext. 609
GREENOCK		WARD	AGE	HOSPITAL NUMBER	
ADMITTED	DISCHARGED	SSW	7.10.65	145846	
16.10.85	16.10.85				
DISPOSAL		NAME AND ADDRESS 3050.			
Home		Mr. Brian Hunter, 28 Branchton Road, GREENOCK.			
FOLLOW UP		DISTRIBUTION OF LETTERS			
To have OP urethrogram. To return for formal urethrotomy SOON.		Dr. H. S. McCallum, The Health Centre, GREENOCK.			
FINAL DIAGNOSIS AND ANY OTHER COMPLICATING ILLNESS		I.S.C. CODE	OPERATION		
1. Recurrence of urethral stricture			1. Attempted incision		
2.			2.		
3.			3.		
4.					
5.					
6.					
GO/CG		30th October, 1985			
Dear Dr. McCallum,					
<p>This boy who has defaulted from follow up came back for urethroscopy on 16.10.85. He has a recurrence of a very tight proximal stricture and it was not possible to deal with this with the usual methods. I'd like to have another go when he has had a urethrogram to define the problem.</p>					
Kind regards,					
Yours sincerely,					
 ORR, F.R.C.S., Consultant General Surgeon.					
PRESCRIPTION NORMAL DISCUSS TO COME IN					

THIRD PARTY COPY



NHS Confidential: Personal data should be protected



ARGYLL AND CLYDE HEALTH BOARD INVERCLYDE GENERAL AND COMMUNITY UNIT

**Inverclyde Royal Hospital**  
**Department of Surgery**

LARKFIELD ROAD,  
GREENOCK PA16 0XN  
Tel: [REDACTED] kt.

Mr. G. [REDACTED]  
Mr. M. A. Tehrani  
Mr. J. J. Morrice  
Mr. G. Orr

Your Ref:  
Our Ref: GO/CG/145846

If phoning please ask for:

11th November, 1986

Dr. R. C. Speirs,  
The Health Centre,  
GREENOCK.


Dear Dr. Speirs,

Brian Hunter, 07.10.65,  
c/o 58 Davaar Road, Greenock.

Thank you for asking me to see this man once again. I had expected to readmit him in March for further urethroscopy but this does not seem to have happened. Clearly his symptoms have returned and he needs to be admitted fairly soon for assessment.

Kind regards.

Yours sincerely,

  
GEOFFREY ORR, F.R.C.S.,  
Consultant General Surgeon.

ps.

THIRD PARTY COPY

1986 Confidential Personal data report a patient

CONSULTANT		INVERCLYDE ROYAL HOSPITAL			Telephone No
MR. G. ORR		LARKFIELD ROAD			Ext. 4609
GREENOCK		WARD	AGE	HOSPITAL NUMBER	
ADMITTED	DISCHARGED	K CENTRE	7.10.65	145846	
27.1.87	29.1.87				
DISPOSAL		NAME AND ADDRESS			
Home		Mr. Brian Hunter, c30 58 Davaar Road, GREENOCK.			
FOLLOW UP					
Readmit 1 month/2 months for re-incision of urethral stricture					
FINAL DIAGNOSIS AND ANY OTHER COMPLICATING ILLNESS			DISTRIBUTION OF LETTERS		
Penile Urethral stricture			Dr. R. C. Speirs, The Health Centre, GREENOCK.		
1.		I.S.C. CODE			
2.					
3.					
			OPERATION CODE		
			Incision of urethral stricture		
			1.		
			2.		
			3.		
GO/CG			16th February, 1987		
Dear Dr. Speirs,					
As arranged, this boy was admitted for re-incision of his urethral stricture. This was fairly tight and it was quite difficult to negotiate the channel due to some tortuosity at the site of the original injury. In fact it was much easier to carry out bouginage than incise with the urethrotome.					
He will be readmitted in the near future for this treatment to be repeated.					
Kind regards,					
Yours sincerely,					
<i>eyjort</i>					
GEOFFREY ORR, F.R.C.S., Consultant General Surgeon.					

NHS Confidential: Personal data about a patient

ARGYLL AND CLYDE HEALTH BOARD  
INVERCLYDE DISTRICT

HOSPITAL IRH

ADDRESS GREENOCK

Dear Dr. Speirs

Your patient Brian Hunter

address 43 Brisbane St.  
Greenock

7-10-65

under the care of MR. ORR

was discharged on 20/8/82

was transferred to

Diagnosis Cystoscopy: no urethral  
strictures

Treatment and/or Recommendations:

The patient has been given a limited supply of:

An appointment will ~~will not~~ be made for further attendance as an out-patient.

Yours sincerely,

*RB*

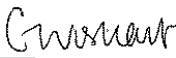

Date 20/8/82

CB Burkard

HO to MR ORR

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

CONSULTANT		INVERCLYDE ROYAL HOSPITAL LARKFIELD ROAD GREENOCK			Telephone No. [REDACTED] Ext. 4609
ADMITTED 18.8.87	DISCHARGED 20.8.87	WARD JN	AGE 7.10.65	HOSPITAL NUMBER 145846	
DISPOSAL Home		NAME AND ADDRESS Brian Hunter, c/o 43 Brisbane Street, GREENOCK.			
FOLLOW UP SOPD 6 Months.					
FINAL DIAGNOSIS AND ANY OTHER COMPLICATING ILLNESS		DISTRIBUTION OF LETTERS			
1. Urethral stricture		I.S.C. CODE		Dr. R.C. Speirs, Health Centre, GREENOCK.	
2.					
3.				OPERATION	
4.				CODE	
5.				1.	
6.				2.	
				3.	
Our ref: GCW/ET		21st August, 1987.			
Dear Dr. Speirs,					
This chap was admitted on 18.8.87 for routine assessment of his urethral stricture.					
At theatre the following day no dilatation or incision was required and the 19 F-scope passed easily.					
He was well enough for discharge home the following day and will be seen at the clinic in six months' time for review.					
Yours sincerely,					
 [REDACTED] C. Wishart, Registrar to Mr. Orr.					
					

THIRD PARTY COPY

NHS Confidential: Pasonele d'el rezeal a p'elent



ARGYLL AND CLYDE HEALTH BOARD INVERCLYDE GENERAL AND COMMUNITY UNIT

**Inverclyde Royal Hospital**  
**Department of Surgery**

LARKFIELD ROAD,  
GREENOCK PA16 0XN  
Tel: [REDACTED]

Mr. G. [REDACTED]  
Mr. M. A. Tehrani  
Mr. J. J. Morrice  
Mr. G. Orr

Your Ref:

Our Ref: WST/VS/145846

If phoning please ask for:

Extn 4609

16th February 1988

Dr R C Speirs,  
The Health Centre,  
GREENOCK

Dear Dr Speirs,

Brian Hunter, 7.10.65  
c/o 43 Brisbane Street, Greenock

I saw this man with urethral stricture at the clinic today. He has had very slight symptoms from this since his last bouginage and he is still having slight hesitancy. I think we should repeat bouginage and I have placed his name on the waiting list for this.


Yours sincerely,

W.S. TAYLOR  
Surgical Registrar to Mr Orr

RES

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NHS Confidential: Personal data about a patient

CONSULTANT		INVERCLYDE ROYAL HOSPITAL			Telephone No. [REDACTED]	
MR. G. ORR		LARKFIELD ROAD GREENOCK			Ext.	
ADMITTED	DISCHARGED	WARD	AGE	HOSPITAL NUMBER		
23.11.88	24.11.88	SSW	7.10.65	145846		
DISPOSAL		NAME AND ADDRESS				
Home		Brian Hunter, 16 Bouverie Street, PORT GLASGOW.				
FOLLOW UP						
Out patient review following out patient urethrogram						
FINAL DIAGNOSIS AND ANY OTHER COMPLICATING ILLNESS			DISTRIBUTION OF LETTERS			
1. Urethral stricture.			Dr. R. C. Speirs, Health Centre, GREENOCK.			
2.						
3.			OPERATION			
4.			1. Cystoscopy			
5.			2. Urethral bouginage.			
6.			3.			
GO/HC		3rd December, 1988				
Dear Dr. Speirs,						
<p>Brian was readmitted for further assessment of his urethral stricture. It was rather difficult to pass the urethrotome as the stricture was rigid and quite tortuous. The stricture was dilated with a bougie. This was straight forward to 24 French. A folly catheter was inserted overnight.</p> <p>He is still having to force to pass urine and I feel that open surgery may be required to resolve the situation. He should have an out patient urethrogram in the first instance.</p> <p>Kind regards,</p> <p style="text-align: right;">Yours sincerely,</p> <p style="text-align: center;">               [REDACTED] F.R.C.S.,              Consultant General Surgeon.         </p> <p style="text-align: right;">RCS</p> <p style="text-align: right;">(S)</p>						

NHS Confidential: Personal data about a patient

ARGYLL AND CLYDE HEALTH BOARD  
INVERCLYDE COWAL AND BUTE UNIT

### Inverclyde Royal Hospital

LARKFIELD ROAD,  
GREENOCK PA16 0XN  
Tel: [REDACTED] Ext.

Your Ref:  
Our Ref:GO/HC/145846  
If phoning please ask for:

Dr. R. C. Speirs,  
Health Centre,  
GREENOCK.

20th December, 1988

Dear Dr. Speirs,

Brian Hunter, 7.10.65  
16 Bouverie Street, Port Glasgow

This lad was reviewed at the clinic today. He is passing urine quite well now and claims to have erections and ejaculate normally. The urethrogram was really not too bad and I think we may be able to control things with the present treatment. He is returning to the clinic in 2 months time.

Kind regards,

Yours sincerely,

*GO*  
GEOFFREY ORR, F.R.C.S.,  
Consultant General Surgeon.

*RS*

THIRD PARTY COPY

NHS Confidential: Pasaport dan email a sistem



ARGYLL AND CLYDE HEALTH BOARD INVERCLYDE GENERAL AND COMMUNITY UNIT

**Inverclyde Royal Hospital**  
**Department of Surgery**

LARKFIELD ROAD,  
GREENOCK PA16 0XN  
Tel: [REDACTED]

Mr. G. [REDACTED]  
Mr. M. A. Tehrani  
Mr. J. J. Morrice  
Mr. G. Orr

Your Ref:

Our RefAAO/ET/145846

If phoning please ask for:  
EXT. 4609

Dr. R. C. Speirs,  
Health Centre,  
GREENOCK.

21st February, 1989

Dear Dr. Speirs,

re: Brian Hunter, dob: 7.10.65  
16 Bouverie Street, Port Glasgow

I reviewed this young man at the clinic today. His function of micturition is quite satisfactory since he had the last bouginage for his urethral stricture.

I have simply arranged for him to come back for another review in 3 months' time

Yours sincerely,

A. A. >

A. Abu-Gwn,  
Surgical Registrar to Mr. Orr

DB

THIRD PARTY COPY

1988 Constitution: Personal data and a patient



ARGYLL AND CLYDE HEALTH BOARD INVERCLYDE GENERAL AND COMMUNITY UNIT

**Inverclyde Royal Hospital**  
**Department of Surgery**

Mr. G. [redacted]  
Mr. M. A. Tehrani  
Mr. J. J. Morrice  
Mr. G. Orr

LARKFIELD ROAD,  
GREENOCK PA16 0XN  
Tel: [redacted] Ext.

Your Ref:

Our Ref: AAO/CG/145846

If phoning please ask for:

23rd May, 1989

Dr. R. C. Speirs,  
The Health Centre,  
GREENOCK.

Dear Dr. Speirs,

Brian Hunter, 07.10.65,  
16 Bouverie Street, Port Glasgow.

This young man with known urethral stricture attended the clinic today for review. There has been no major change in his function of micturition. We agreed today that we do nothing meantime and he will come for review in another three months.

Yours sincerely,

*A.OWN*

A. ABU-OWN,  
Surgical Registrar to Mr. G. Orr.

*pls*

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993 Confidential: Personal data about a patient



ARGYLL AND CLYDE HEALTH BOARD INVERCLYDE COWAL AND BUTE UNIT

**Inverclyde Royal Hospital**  
Department of Surgery

Mr. G. [redacted]  
Mr. M. A. Tehrani  
Mr. J. J. Morrice  
Mr. G. Orr

LARKFIELD ROAD,  
GREENOCK PA16 0XN

Tel: [redacted]

Your Ref:

Our Ref: GO/HC/145846

If phoning please ask for:

10th August, 1989

Dr. R. C. Speirs,  
Health Centre,  
GREENOCK.


Dear Dr. Speirs,

Brian Hunter, 7.10.65  
16 Bouverie Street, Port Glasgow

Brian was reviewed at the clinic today. He is beginning to have difficulty passing urine once again. I have put his name on the urgent waiting list for urethroscopy.

Kind regards,


Yours sincerely,

  
[redacted] ORR, F.R.C.S.,  
Consultant General Surgeon.



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NOTE: Confidential - Please do not discuss with a patient

CONSULTANT		INVERCLYDE ROYAL HOSPITAL			Telephone No [REDACTED]	
MR. G. ORR.		LARKFIELD ROAD GREENOCK			Ext.	
ADMITTED 29.9.89	DISCHARGED 29.9.89	WARD SSW	AGE 7.10.65	HOSPITAL NUMBER 145846		
DISPOSAL Home		NAME AND ADDRESS Brian Hunter, 16 Bouverie Street, PORT GLASGOW.				
FOLLOW UP Surgical clinic review						
FINAL DIAGNOSIS AND ANY OTHER COMPLICATING ILLNESS		I.S.C. CODE	DISTRIBUTION OF LETTERS			
1.			Dr. R. C. Speirs, Health Centre, GREENOCK.			
2.						
3.			OPERATION		CODE	
4.			1. Urethroscopy.			
5.			2.			
6.			3.			
MC/HC		10th October, 1989				
Dear Dr. Speirs,						
<p>This patient was admitted under the care of Mr. Orr on 29th September, 1989 for urethroscopy. This revealed that about ½ cm from the normal external sphincter there was a slightly tortuous area but it was not a true stricture. The bladder and prostatic urethra were normal however. A ridge of a scar was seen on the right wall of the tortuous area but no incision or dilatation was carried out. He will be reviewed in the clinic in due course.</p>						
Yours sincerely,						
						
<p>M. CHECKETTS, S.H.O. to Mr. G. Orr.</p>						

THIRD PARTY COPY

NHS Confidential: For use only about a patient

Argyll and Clyde Health Board  
Inverclyde General and Community Unit

### Port Glasgow Health Centre

BAY STREET,  
PORT GLASGOW PA14 5EW  
Tel: [REDACTED]

Your Ref:  
Our Ref: KS/BEM/145846  
If phoning please ask for:  
IRH [REDACTED]

17th November, 1989

Dr. R.C. Speirs,  
The Health Centre,  
GREENOCK.

Dear Dr. Speirs,

Brian Hunter, 07.10.65  
16 Bouverie Street, Port Glasgow

I reviewed this young man. His urinary symptoms have returned to their previous control to date. He will not require any further procedure at present and I have just asked him to return again in 6 months time.

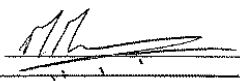
Yours sincerely,

K. SEEX *K. Seex*  
Surgical Registrar to Mr. Orr

*RLB*

THIRD PARTY COPY

NHS Confidential: Personal Data about a patient

INVERCLYDE ROYAL HOSPITAL, GREENOCK. ACCIDENT/EMERGENCY DEPARTMENT						
Surname: HUNTER		Forename: BRIAN		Age: 24	DoB: 7/10/65	A/E Number:
Birth Surname:		Address: 16, BOUVRIE ST PILCHASEAN		[Redacted]		Date: 10/5/90
Marital Status: SI	Sex: M	Address: 177, MARLOCH AVE PILCHASEAN		Phone: [Redacted]		Time: 1229
Tel:		Postcode:		G.P.: SPORS UC ENK		
Accident/Emergency Delete as applicable		Place of Injury: 1 2 3 4 5		Cause of Injury: 7		Date of Injury: 9/5/90
Referred by: 1 2 3 4 5 6		Religion: R/C	Complaint: PUNCTURE WOUND (R) FOOT			
CLINICAL NOTE						
<p>Pl: Stood on a spike phubly.</p> <p>Ob: Punct wound to @ sole</p> <p>1. Clony + DD.</p> <p>ATF</p> <p>Taylor</p>						
Examining Doctor 						
Investigations	x-ray <input type="checkbox"/> ; Lab <input type="checkbox"/> ; ECG <input type="checkbox"/>					
Treatment	Dressing <input type="checkbox"/> ; Suture <input type="checkbox"/> ; Tet <input type="checkbox"/> ; Tox <input type="checkbox"/> ; Pop <input type="checkbox"/> ; Resusc <input type="checkbox"/>					
Diagnosis						
Disposal	Home	Admit	A/E Clinic	Irreg Dis	Died	
	GP	Transfer other Hosp.	Other Clinic	Did not Wait	DOA	

NHS Confidential: Pasword dno e-mail e centre

Argyll and Clyde Health Board  
Inverclyde General and Community Unit

### Port Glasgow Health Centre

BAY STREET,  
PORT GLASGOW PA14 5EW  
Tel: [REDACTED]

Your Ref:  
Our Ref: FGJO/SP/145846  
If phoning please ask for:  
[REDACTED]

18th May 1990.

Dr. R. C. Speirs,  
The Health Centre,  
GREENOCK.

Dear Dr. Speirs,

Brian Hunter, 7.10.65, .  
16 Bouverie Street, port Glasgow

Brian was seen at the clinic today. His urine flow seems reasonable at the moment, although he still has to press a little.

I plan to see him again in 8 months.

Kind regards,  
Yours sincerely,



FGJ Orr, .  
Consultant Surgeon.

RS

THIRD PARTY COPY

NHS Confidential Personal data about a patient



ARGYLL AND CLYDE HEALTH BOARD INVERCLYDE COWAL AND BUTE UNIT

**Inverclyde Royal Hospital**  
Department of Surgery

Mr. G. Bell  
Mr. M. A. Tehrani  
Mr. J. J. Morrice  
Mr. G. Orr

Dr. R. Speirs,  
Health Centre,  
GREENOCK.


Dear Dr. Speirs,

Brian Hunter, 7.10.65  
16 Bouverie Street, Port Glasgow

This man was reviewed at the clinic today. He says he is passing urine well at the present time. Uroflow shows that he is able to achieve 20 mls per second. This is not perfect but I think under the circumstances it is probably reasonable. I will keep an eye on him at the clinic. If his symptoms deteriorate I would be happy to see him sooner.

Kind regards,

Yours sincerely,

  
G. ORR, F.R.C.S.,  
Consultant General Surgeon.

LARKFIELD ROAD,  
GREENOCK PA16 0XN

Tel: [REDACTED]

Your Ref:

Our Ref: GO/HC/145846

If phoning please ask for:

5th February, 1991

RS

**INVERCLYDE ROYAL HOSPITAL, GREENOCK ACCIDENT/EMERGENCY DEPARTMENT**

<b>P</b>	Surname MUNTER	Forename BRIAN	Age 26	Date of Birth 07/10/1965	Arr. Date 04/03/92	Time 10:30	AE Number 004642/92
<b>A</b>	Address 16 BOUVRIE STRETE PORT GLASGOW		Sex MALE	Religion CATHOLIC	Date of Inc. 04/03/92	Time 03:00	
<b>T</b>	PC PA145PQ		Marital Status SINGLE	Occupation/School U	Type of Inc. OTHER	Mode of Arrival WALKING/OTHER	
<b>N</b>	Name [REDACTED]		Address [REDACTED]		Referred by GP REFERRAL		
<b>G</b>	Name [REDACTED]		Address [REDACTED]		Complaint INJURY		
<b>P</b>	Name [REDACTED]		Address [REDACTED]		Relat. R LEG		
<b>NEXT OF KIN</b>	Name [REDACTED]		Address [REDACTED]		Tel No.		

CLINICAL NOTES

Referred by G.P.  
 Went over RT. ankle in a yr.  
 o/ci swollen - tender last. Malles  
 for x-ray - N.B.S.  
 for worst d. change + rest + ch. to  
 + CORRECTION 2nd day  
 sup. h.v.  
 still. sup. hand down left hand  
 when he fell  
 for 7-2 boots

Examining Doctor: *T.M.D.*

Investigations	X-Ray <input checked="" type="checkbox"/> 5502	Lab <input type="checkbox"/>	ECG <input type="checkbox"/>	Blood Bank <input type="checkbox"/>	Bact <input type="checkbox"/>	Diagnosis			
Treatment	Dressing <input checked="" type="checkbox"/>	Suture <input type="checkbox"/>	Tec. Tox <input type="checkbox"/>	Antibiotic <input type="checkbox"/>	Analg <input checked="" type="checkbox"/>	Pat Group	Diag	Anat Sit	
	Pop <input type="checkbox"/>	Sesusc <input type="checkbox"/>				1	I	30	9A
							2		
Disposal	Home <input checked="" type="checkbox"/>	Admit <input type="checkbox"/>	A/E Clinic <input type="checkbox"/>	Ireg. Dis <input type="checkbox"/>	Research:				
	Died <input type="checkbox"/>	DOA <input type="checkbox"/>	GP <input type="checkbox"/>	Transfer <input type="checkbox"/>	Other Clinic <input type="checkbox"/>	DNW <input type="checkbox"/>			

MSA Confidential - Personal Data should be protected



ARGYLL &amp; CLYDE HEALTH BOARD INVERCLYDE COWAL AND BUTE UNIT

Your Ref:

MSA/ELB/18,415

Our Ref:

20 May 1992

Date:

Dr. G. D. Jefferies,  
The Health Centre,  
Bay Street,  
PORT GLASGOW. PA14 5EW

**Ravenscraig Hospital**

INVERKIP ROAD,  
GREENOCK PA16 9HA

Tel: [REDACTED]

Fax: [REDACTED]

If telephoning please ask for:

Dear Dr. Jefferies,

Brian Hunter, 16 Bouverie Street, Port Glasgow  
Date of Birth: 7.10.1965

Thank you for your letter referring this twenty-six year old young man whom I saw at the Health Centre this afternoon. His complaint to me was that "I can't handle people at all", and elaborated on that by saying that people tended to treat him like a child. He cited as an example the previous evening when he had lit a cigarette (he is not in the habit of smoking). His [REDACTED] immediately said to him that he shouldn't be doing that as it wasn't good for him, and it sounds as if he felt quite patronised by the whole episode. This business of interpersonal relationships seems to be his main problem although when I questioned him further he referred back to an incident when he was eleven years of age and he referred to "touching" his two younger [REDACTED] then aged eight and nine. From the way he spoke, it sounded to me to fall something short of incest, but he says that he still feels guilty about this after all this time. He also referred to a spell in his teens when he saw a psychologist in Sauchiehall Street, being referred there from the Home that he was staying in at the time. He gave as his reason for this referral the fact that he used to do stupid things, - it almost seems as if he was doing some street acting and people were throwing coins at him. Even then it sounds as if he was wishing to attract attention to himself.

I reviewed his background at some length. He was born in the Rankin Hospital here in Greenock, but within one year of his birth was already in a Home because of the problems in his [REDACTED] marriage due to his [REDACTED] excess drinking. His [REDACTED] are now divorced and his [REDACTED] [REDACTED] is [REDACTED] down in Leicester. His [REDACTED] is aged [REDACTED] and seems to have been on Invalidity Benefit because of several heart attacks. Of his [REDACTED] he has two elder [REDACTED] a [REDACTED] who is [REDACTED] and [REDACTED] Slaemuir. Mr. Hunter sees her quite often at the weekends as he keeps an eye on her three [REDACTED] Second is [REDACTED] who is [REDACTED] years of age and [REDACTED] in the Strong. Next is the patient and fourthly is [REDACTED] whose married name he does not remember. She [REDACTED] Kennilworth Crescent and apparently he used to see quite a bit of her when he kept an eye on her children, but since he stopped attending the [REDACTED] he is not free to see her any more. Finally there is a [REDACTED] who is married and [REDACTED] Germany.

Mr. Hunter attended various [REDACTED] due to the fact that he was in and out of Children's Homes for most of his first sixteen years of life. This seems to have been due fairly and squarely to his [REDACTED] abuse of

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Intel Confidential - Personal and/or Sensitive

alcohol. He spent some time in the [REDACTED], then in the one in [REDACTED] and then in 1971 went to a [REDACTED] with his younger [REDACTED] where he stayed for five years. He then spent some time in a place called [REDACTED] which was run by Nuns - this was arranged by his [REDACTED] a [REDACTED]. He describes himself as never having been close to any of the other people in these places, tending to play by himself. He always felt that he got the blame for any fighting that went on, even though he was not involved.

In 1978 he came to his [REDACTED] for three months, but there still appears to have been a lot of alcohol abuse, and on one occasion [REDACTED] actually had his hands round Brian's throat. He ended up in a place called [REDACTED] which was a sort of Home/Hostel for boys, but he went on to say "the sort of place if they'd done something bad". He spent five years there but didn't like it because he said "everyone picked on him". He attended [REDACTED] but found that hard and ended up with only one 'O' grade in Science. He left at the age of sixteen, and went to stay in what sounds like supportive housing with a [REDACTED] in [REDACTED]. He was with her for a year and a half until she moved down South, at that time working in various YOP schemes. When she left, the [REDACTED] got him into supportive accommodation in Davara Road where he stayed for three years. At that time he worked as a Play Leader in the [REDACTED].

He then moved on to his [REDACTED] house in [REDACTED] [REDACTED] him and his family for five months. He said that he had to leave then because there was a new [REDACTED] on the way and there would not be any room for him there. He was a bit vague concerning the details of this, but he did say that he had nowhere to go and actually slept rough for a couple of nights before ending up at his sister [REDACTED] in 1987 where he stayed for six months. He finally got his own house in Bouverie Street where he has been for the past four years. He apparently started a course in the [REDACTED] in Computer Studies but found that too hard and left last December, since when he has been working in a voluntary capacity in a Gibhill Garage, perhaps going there a couple of days a week. He says he has tried to get work but can't get any as he has no experience in anything. He does not seem to have any close friends. He spends a lot of time sitting in the house, but tells me that he likes writing poetry. He describes himself as a non-smoker and someone who will only take alcohol on a special occasion.

He made no mention at all of the [REDACTED] to whom you referred, and it was only when I brought up the subject that he said to me that he needed "a [REDACTED] figure" which had led him to having a crush on this lady. However as she is only twenty eight years of age, I feel that she hardly qualifies for this description. He tells me that he feels depressed if he is in alone, and will do stupid things like lashing out and hitting the walls of the house. He says that he has never been in any trouble with the [REDACTED].

He describes his future as not being very bright because there are no jobs in prospect. He says that he has never had a [REDACTED] - apparently he was once quite keen on a girl but she was not interested in him and he never pursued the matter after that as he was afraid of being rejected.

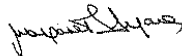
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I should say that he finally mentioned that when he was in the home in [REDACTED] at the age of thirteen, he says that a staff member sexually assaulted him. This only happened on the one occasion but he told no one because he was afraid he would be accused of making it up.

As far as his previous medical history is concerned he tells me that he was in an accident in 1983 when his bike was hit by a bus and he ended up with what sounds like a fractured pelvis and a ruptured bladder. He seems to have made a perfect recovery from this.

I did not find any evidence of psychiatric illness as such in this young man, and if as he says his problem is in interpersonal relationships, I would suggest that he could best be helped by some psychology input. It would also be useful if his records were traced to the time when he was seen by a psychologist in Glasgow some years ago. I have spoken to Mr. Hunter about possible referral and he seemed agreeable to this. I will therefore leave it to you to pursue this course if you feel it appropriate. I myself have not made any arrangements to see him again, but were the situation to change and psychiatric input were considered desirable, I would ofcourse be happy to see him at your request.

Yours sincerely,



[REDACTED] S. Ayana,  
Associate Specialist to Dr. R. [REDACTED]

GDJ/MH

Ravenscraig Hospital

07.05.92

Psychiatry O.P.D.

XX R. [REDACTED]

Hunter  
 Brian  
 16 Bouverie Street,  
 Port Glasgow, PA14 5PQ.

07.10.65

DR. G.D. JEFFERIES, (C3714),  
 THE HEALTH CENTRE,  
 PORT GLASGOW.

Dear Dr. [REDACTED]

I would be grateful for your advice in helping this 26 year old man who joined our practice last year, although he has stayed in Port Glasgow for the past five years. Since joining our practice last April he has been seen on two occasions for minor problems.

When I called to see him today he was at a [REDACTED] house, a young married woman whom he appears to have been visiting frequently and has become infatuated with. He has been writing her notes recently saying that he would commit suicide if she rejected his advances. The lady in question is married and her [REDACTED] works away from home. She would appear to have befriended him but had made it quite clear that she was not interested in any other form of relationship. The problem appears to have come to a head the night previously when he had put the notes, previously mentioned, through her door stating that he was considering suicide. He had also told her that he had had incest with his [REDACTED]

On speaking to Mr. Hunter he was calm and he admitted that his threats of suicide were to attract attention. He told me that he had spent most of his childhood in children's homes and has great difficulty in making friends and forming relationships with other people. He seemed very willing to see somebody for counselling and I would be grateful if you would oblige.

Yours sincerely,

G.D. JEFFERIES.

NHS Confidential: Personal data about a patient

GDJ/MH

Ravenscraig Hospital

29.05.92

Psychology O.P.D.

XX D. Martinage

Hunter  
Brian  
16 Bouverie Street,  
Port Glasgow, PA14 5PQ.

07.10.65

Ravenscraig Hospital  
1992

18415

DR. G.D. JEFFERIES, (C3714),  
THE HEALTH CENTRE,  
PORT GLASGOW.

Dear Mr. Martinage,

I would be grateful if you could help this gentleman who recently joined my practice. He appears to be in need of some counselling.

I would be grateful if he could be seen and assessed by a member of your department.

He was referred to Dr. P. [REDACTED] and seen by Dr. Ayana who suggested that a psychologist would be more appropriate. I have enclosed a photocopy of my referral letter and Dr. Ayana's letter.

Yours sincerely,

G.D. JEFFERIES.

NHS Confidential: Personal data about a patient

DEPARTMENT OF CLINICAL PSYCHOLOGY

Tel: [REDACTED] Ravenscraig Hospital  
Ext: [REDACTED] GREENOCK PA15 9HA

5th June 1992

OUT-PATIENT APPOINTMENT

Dear Dr. Jefferies,

Thank you for referring ..... Brian Hunter (dob 7.10.65) .....

1. The patient will be seen on .....  
and we will keep you informed of progress.

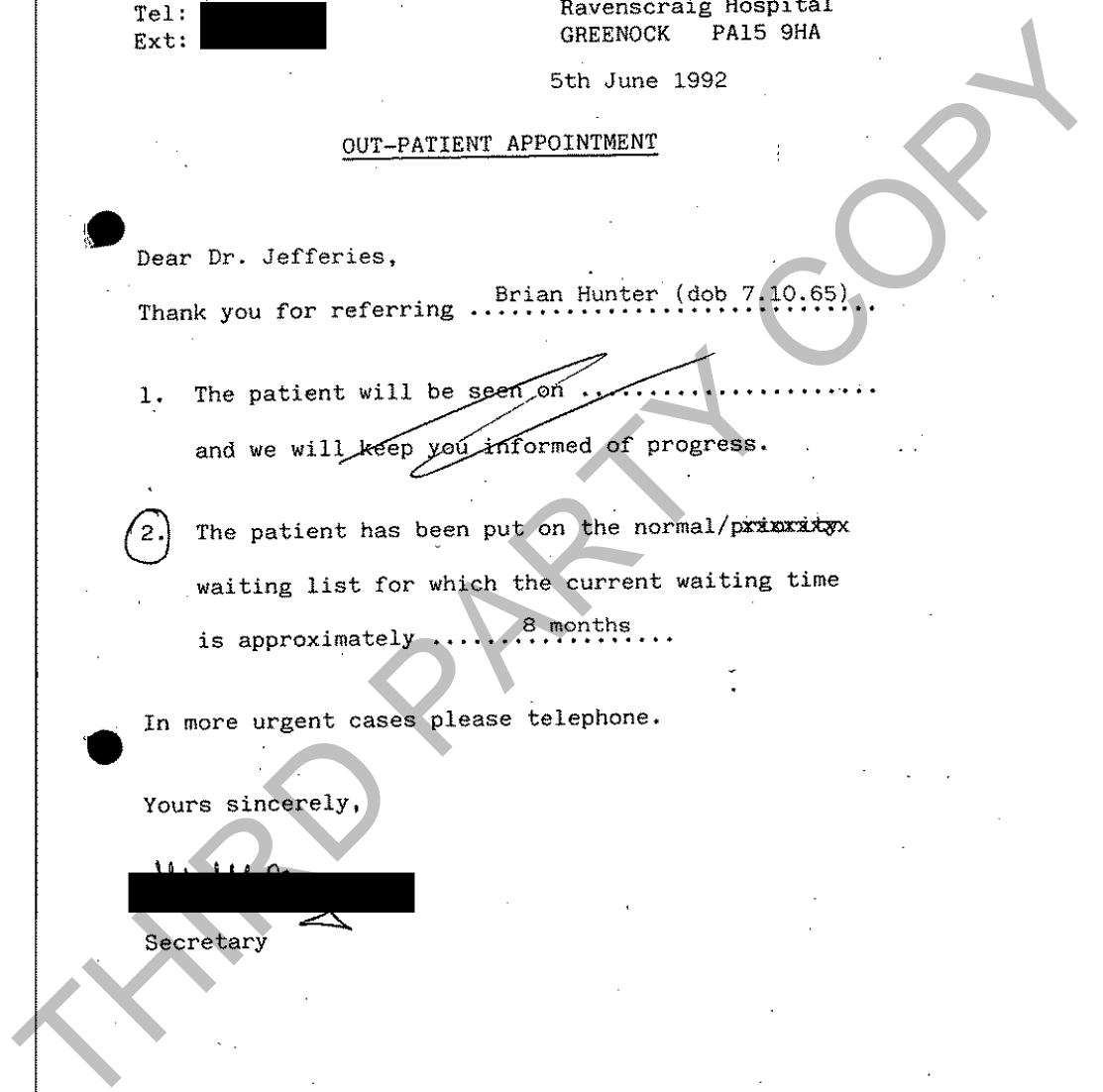
2. The patient has been put on the normal/~~priority~~  
waiting list for which the current waiting time  
is approximately ..... 8 months .....

In more urgent cases please telephone.

Yours sincerely,

[REDACTED SIGNATURE]

Secretary



Not Confidential. Personal data should be protected

ARGYLL AND CLYDE HEALTH BOARD  
INVERCLYDE COWAL AND BUTE UNIT

### Inverclyde Royal Hospital

LARKFIELD ROAD,  
GREENOCK PA16 0XN

Tel [REDACTED]  
FA [REDACTED]

Your Ref:  
Our Ref: 0/HC/145846  
if phoning please ask for:  
Ext. [REDACTED]

NOF *SP*

3rd March, 1992

Dr. R.C. Speirs,  
The Health Centre,  
20 Duncan Street,  
GREENOCK,  
PA15 4LY

Dear Dr. Speirs,

Brian Hunter, 7.10.65  
16 Bouverie Street, Port Glasgow

NOF

This man was reviewed at the clinic today. His urinary symptoms are no worse than usual. I suspect there will continue to be slight obstruction but he is passing urine reasonably well and there is no difficulty with ejaculation.

I have discharged him but will be happy to see him again if there are any further problems.

Kind regards,

Yours sincerely,

*Co*

[REDACTED] ORR, F.R.C.S.,  
Consultant General Surgeon.

*RB*

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THIRD PARTY COPY

NHS Confidential: Personal data about a patient

ARGYLL AND CLYDE HEALTH BOARD INVERCLYDE COWAL AND BUTE UNIT

DEPARTMENT OF CLINICAL PSYCHOLOGY

Mr. A. W. Gillham  
Mr. D. Martinage (Head)  
Ms M. McArdle

Ms S. [REDACTED]  
Mrs. G. Hampson  
Mrs. A. [REDACTED]

**Ravenscraig Hospital**

Inverkip Road  
Greenock PA16 9HA  
Tel. [REDACTED]

Your ref:

Our ref: DM/ML/18415 (2847)

Date: 9 July 1992

If telephoning, please ask for:  
Ext. [REDACTED]

Dr. G. D. Jefferies  
Health Centre  
PORT GLASGOW

Dear Dr. Jefferies,

*Brian Hunter (d.o.b. 07.10.65.)  
16 Bouverie Street, Port Glasgow*

Thank you for referring Mr. Hunter whom I saw at Port Glasgow Health Centre today. His history is recorded in detail in Dr. Ayana's letter of 25.5.92, which you appended with your referral. He also told me that he does not smoke, drinks about 2 units of alcohol per week, and has a moderate caffeine intake. He is not on any medication. He is unemployed at present, and says he has never had a real job, but has only been employed on training schemes. The one which interested him most was when he was attached to a drama project for a year, but the one which he spent most time doing was painting and decorating. He did not obtain any 'O' grades at [REDACTED] but has attempted to improve his education by an attending adult literacy class, which he says has improved his writing (although he is still not happy with it as he feels it is rather child-like) and he enjoys writing poetry. He went on a three month computer course at [REDACTED] last year, but unfortunately failed and is reluctant to try anything else there. He described himself as always having been a loner in his teens, but now has several friends. At first he told me that he took no regular exercise, but in later conversation it emerged that he regularly cycles and goes swimming. This pattern of answer (where he described lack of activity or a deficit, which later turned out not to be the case) recurred throughout the interview.

His main complaints were of poor self-confidence, and poor sleep. Regarding the sleep, he complained that it took him about 20 minutes to get to sleep, and that several times a week he wakes at 5 a.m. (but always gets back to sleep quickly) and he remembers his dreams. For some reason he seems to think these behaviours are abnormal, but I pointed out that in fact he probably sleeps better than most of the population. Regarding his lack of self-confidence, he complained of several problems, each of which proved to be exaggerated or non-existent on further questioning. For instance he said that he was unsure of himself when using the telephone, but on questioning he said the difficulty was in making conversation which would apply just as much to face to face interaction. On questioning further about this, he said he didn't know what to say to people, but when I went through it with him he appeared to know perfectly well but just felt unsure of himself. He also complained of shyness and said that he had never dated any women, but in fact

M46 Confidential: Personal SDU about a patient

Brian Hunter

9 July 1992

/he has had sexual contact with at least three women in the past 2 years (though admittedly these were very brief contacts). He tends to feel self-conscious when going into crowded places, but he does not avoid these places. He also says he has difficulty filling in forms particularly for job interviews, but this appears to mean that he seeks advice from his [REDACTED] in doing so and I am not sure how real difficulty he has.

I put it to him that the problem was not his ability as much as his own attitude towards it, in particular his tendency to be too introspective and ruminative, casting doubt on perfectly normal behaviour. I suggested he should try not to introspect, just to decide what he wanted to do and do it. I also suggested he should try to find some activity that he was good at so that it would improve his self-confidence. Unfortunately I have no techniques for enabling him to carry out these suggestions, so I have not arranged to see him again.

Yours sincerely



[REDACTED] Martinage  
Top Grade Clinical Psychologist  
(Unit Head)

NOTE: Confidential. Personal data about a patient

GDJ/AT

RAVENS CRAIG HOSPITAL

9/11/92

PSYCHOLOGY

XX MARTINAGE

HUNTER  
BRIAN  
16 BOUVERIE STREET  
PORT GLASGOW

7/10/65

RAVENS CRAIG  
1992

18,415

DR G.D.JEFFRIES(C3714)  
HEALTH CENTRE  
PORT GLASGOW

Dear Mr. Martinage,

We would be grateful if you would once again see Brian. He is having difficulty coping at the minute due to his lack of self confidence and anxiety symptoms. I think he might benefit from a little more counselling from a member of your staff.

Yours sincerely,

G.D.JEFFRIES.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Argyll and Clyde Health Board

Inverclyde Psychiatric Unit

**Ravenscraig Hospital**INVERKIP ROAD,  
GREENOCK PA16 9HA

Tel [REDACTED]

Your Ref:

Our Ref:

If phoning please ask for: DM/ML

20 November 1992

Ext: 5270

Dr. G.D. Jefferies  
Health Centre  
Port Glasgow

Dear Dr. Jefferies

Regarding your referral of **Brian Hunter** (dob - 07.10.65) we have asked him/her to attend a four week course on controlling anxiety, starting 27th November 1992 as a precursor to individual treatment.

Yours sincerely

[REDACTED] Martinage  
Top Grade Clinical Psychologist

Not Confidential: Personal data should be protected



ARGYLL AND CLYDE HEALTH BOARD INVERCLYDE COWAL AND BUTE UNIT

DEPARTMENT OF CLINICAL PSYCHOLOGY

Mr. A. W. Gillham  
Mr. D. Martinege (Head)  
Ms M. McArdle

Ms S. [REDACTED]  
Mrs. G. Hampson  
Mrs. A. [REDACTED]  
Dr. M. Keenleyside

### Ravenscraig Hospital

Inverkip Road  
Greenock PA16 9HA  
Tel [REDACTED]

Your ref:

If telephoning, please ask for:

Our ref: FA/MM 18415 (2847)

Ext. 5270

Date: 29 March 1993

Dr. G. D. Jefferies  
Health Centre  
PORT GLASGOW

Dear Dr. Jefferies,

Brian Hunter (d.o.b. 07.10.65)  
16 Bouverie Street, Port Glasgow

I saw Mr. Hunter at my clinic at Ravenscraig Hospital on 24th March 1993. Mr. Hunter attended the Stressproofing Group at Greenock Health Centre in November 1992 and requested an individual appointment following this.

When I saw Mr. Hunter, he described his difficulties as a lack of confidence. He felt that he benefited from attending the Stressproofing Group and continued to use relaxation techniques and find them helpful. However, he feels general lack of confidence, a feeling that people treat him as a child, and an inability to stand up for himself. He feels that his confidence would improve dramatically if he was able to form a long-term relationship with someone, but always tends to get into relationships that do not last and become quite destructive.

My contract with the Psychology Department at Ravenscraig Hospital ends on 31st March 1993. Consequently, my involvement with Mr. Hunter has been primarily only as an assessment. Now that I have identified his needs I will be requesting one of my colleagues to take up his case. In the meantime, I have suggested to Mr. Hunter that he go out as much as possible, looks for some form of voluntary work to keep him busy, and start to put his needs first. I have also discussed in depth his relationship with his [REDACTED] which does appear to be quite destructive. Mr. Hunter feels very much "in love" with this woman, but realises that there is no future in the relationship. He is playing it cool, but she continues to involve him in her life. I have suggested that he keep his distance from her and look for relationships that can last and can be beneficial to him.

I have suggested to Mr. Hunter that he will receive an appointment within four weeks and I am sure you will be kept informed.

Yours sincerely

*Emma Bennett*

[REDACTED]  
Chartered Clinical Psychologist

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ARGYLL AND CLYDE HEALTH BOARD INVERCLYDE COWAL AND BUTE UNIT

ADULT CLINICAL PSYCHOLOGY SERVICE

Mr. A.W. Gillham  
Mr. D. Martinage (Head)  
Ms M. McArdle  
Mrs. G. Hampson

**Ravenscraig Hospital**

Inverkip Road  
Greenock PA16 9HA  
Tel. [REDACTED]

Your ref:

Our ref: DM/ML/18415 (2847)

Date: 22 April 1993

If telephoning, please ask for:

Ext. 5270

Dr. G. D. Jefferies  
Health Centre  
PORT GLASGOW

Dear Dr. Jefferies,

BRIAN HUNTER (D.O.B. 07.10.65.)  
16 BOUVERIE STREET, PORT GLASGOW

Further to Ms [REDACTED] letter of 29 March 1993, I saw Mr. Hunter today to take over his treatment. Unfortunately he has not carried out any of the suggestions that Ms [REDACTED] made. He agrees that he needs to go out and meet people, so I have asked him to try again to find out about local groups, clubs etc., and to go to some before his next appointment at the end of May. If he does not do so I doubt that there is any point in my continuing to see him.

Yours sincerely

[REDACTED] Martinage  
Top Grade Clinical Psychologist  
(Unit Head)

THIRD PARTY COPY

NHS Confidential: Personnel data should be protected



ARGYLL AND CLYDE HEALTH BOARD INVERCLYDE COWAL AND BUTE UNIT

ADULT CLINICAL PSYCHOLOGY SERVICE

Mr. A.W. Gillham  
Mr. D. Martinage (Head)  
Ms M. McArdle  
Mrs. G. Hampson

**Ravenscraig Hospital**

Inverkip Road  
Greenock PA16 9HA  
Tel. [REDACTED]

If telephoning, please ask for

Ext. 5270

Your ref:

Our ref:

DM/VSO/M2847

Date:

5 July 1993

Dr G D Jefferies  
Port Glasgow Health Centre  
Bay Street  
Port Glasgow

Dear Dr Jefferies,

**BRIAN HUNTER (D.O.B 07.10.65)**  
**16 BOUVERIE STREET, PORT GLASGOW**

After I wrote to you on 22nd April 1993, I was due to see Mr Hunter again on 27th May. He did not arrive for his appointment and has not been in contact with us. Given that he has not carried out my previous suggestions, I do not think there is any point in any further appointments. I have therefore closed his case.

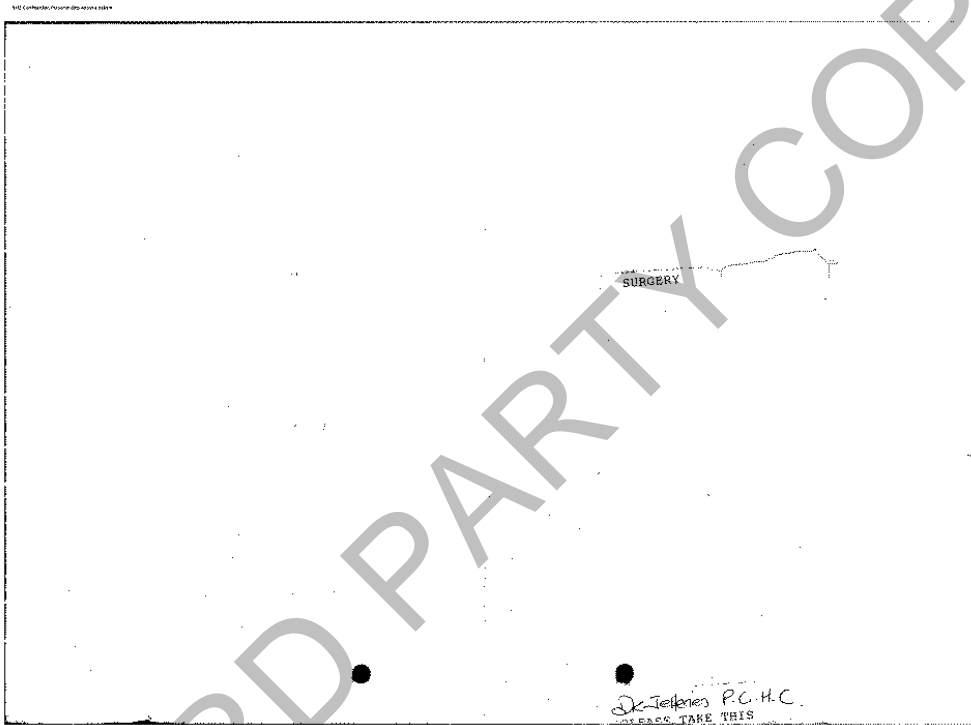
Yours sincerely,

[REDACTED] Martinage  
Top Grade Clinical Psychologist

THIRD PARTY COPY

HMIC Confidential - Personal data should not be published

INVERCLYDE ROYAL HOSPITAL GREENOCK ACCIDENT/EMERGENCY DEPARTMENT							
P A T I E N T	Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
	HUNTER (E)	BRIAN		27 07/10/1965	05/08/93	21:41	018134/93
G P	Address		Sex	Religion	Date of Inc	Time	
	16 BOUVERIE ST PORT GLASGOW		MALE		05/08/93		
N E X T O F R N	PC	Tel	Marital Status	Type of Inc	Mode of Arrival		
			SINGLE	EMERG.	AMBULANCE		
G P	Name	Address		Referred by			
	JEFFERIES	THE HEALTH CENTRE 2 BAY STREET PORT GLASGOW		SELF REFERRAL			
N E X T O F R N	Name	Address		Complaint			
				LACERATION HEAD			
<p>CLINICAL NOTES</p> <p>PC: HIT over head with bottle @ approx 21:30 B.P.: _____                  2cc visual disturb vomiting PULSE: _____                  headaches slightly Has been drinking Cider 2 1/2 Pts. TEMP: _____                  Also kicked in leg (L) TIME: 22:30                  O/E alert, well oriented,                  Nervo Fundi (L) PERL Cranials intact Power 5/5 Tone N/N                  Reflexes poorly obtained - hyporeflexic Plantars (L)                  Chest clear Also soft contusion to (L) lateral upper thigh                  Head                  2x lacerations to frontal region                  1x straight lac 3cm long 1x Z-shaped laceration                  2x contusions - behind (L) ear. // no bony                  - Above (R) eyebrow. // tenderness.</p> <p>ALLERGIES: XR Skull - ? #. but nil obvious.</p> <p>TREATMENT PRESCRIBED: Laceration (suture) [redacted]                  Home E [redacted] (w/ing care)                  Examining Doctor: (Signature) KHAN                  PRINT NAME KHAN</p>							
Investigations	X-Ray	Lab	ECG	Cross Match	Bact	Diagnosis	
	16337						
Treatment	Dressing	Suture	Tet Tox	Antibiotic	Analg	Pat Group	Diag
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
	Pop	Resusc	Nurse's Signature				
			C. Gray				
Disposal Time	Home	Admit	A/E Clinic	Irreg Dis	FD		
23:35	<input checked="" type="checkbox"/>				Research		
Died	DOA	GP	Transfer	Other Clinic	DNW		



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### INVERCLYDE ROYAL NHS TRUST, GREENOCK ACCIDENT/EMERGENCY DEPARTMENT

<b>Surname</b>	HUNTER	<b>Forename</b>	BRIAN	<b>Age</b>	29	<b>Date of Birth</b>	07/10/1965	<b>Arr Date</b>	06/02/95	<b>Time</b>	15:14	<b>AE Number</b>	002780/95
<b>Address</b>	16 BOUVERIE ST PORT GLASGOW		<b>Sex</b>	MALE	<b>Religion</b>	CATHOLIC		<b>Date of Inc</b>	06/02/95		<b>Time</b>		
<b>Marital Status</b>	SINGLE		<b>Occupation/School</b>	UE		<b>Type of Inc</b>	OTHER		<b>Mode of Arrival</b> WALKING/OTHER				
<b>PC</b>	PA14	<b>Tel</b>	NONE										

<b>Name</b>	JEFFERIES	<b>Address</b>	THE HEALTH CENTRE 2 BAY STREET PORT GLASGOW	<b>Referred by</b>	SELF REFERRAL
<b>Complaint</b>	INJURY LT HAND				

<b>Next of Kin</b>	Name: [REDACTED] Address: [REDACTED] Relat.: [REDACTED] Tel No.: 707279	<b>CLINICAL NOTES</b>
--------------------	--	-----------------------

**Patient Category:** Resus  Trolley  Walking

**TIMES TRIAGE:**  **SEEN BY DOCTOR:**

**ALLERGIES:** NO

**TREATMENT PRESCRIBED:**

**Examining Doctor:** (Signature) *[Signature]*  
PRINT NAME: HAMILTON

**CLINICAL NOTES (Handwritten):**  
 Direct blow to head. Last year. PH Good.  
 Bump/swell. MC head injury. Pain - pm/pac for.  
 X-Ray = #5 MC neck.  
 Rx done. Volar slab # crime Co-pax tabs.  
 B.P.: \_\_\_\_\_  
 PULSE: \_\_\_\_\_  
 TEMP: \_\_\_\_\_  
 TIME: \_\_\_\_\_

<b>Investigations</b>	X-Ray	Lab	ECG	Cross Match	Bact	<b>Diagnosis</b>
	3980					
<b>Treatment</b>	Dressing	Suture	Tet Tox	Antibiotic	Analg	Pat Group
						1
	Pop	Resusc	Nurse's Signature			Diag
	<input checked="" type="checkbox"/>		<i>[Signature]</i>			2
<b>Disposal Time</b>	Home	Admit	VE Clinic	Irreg Dis		Anat Sit
16:15	<input checked="" type="checkbox"/>					3
Died	DOA	GP	Transfer	Other Clinic	BNW	FD
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Research

NHS Confidential: Pass on to the patient

49

MR. MC GARRITY

3980

7.10.65

Dr. G. D. Jefferies

HUNTER

BRIAN

6.2.95

7.2.95

This 29 year old gentleman sustained a direct blow to his left hand yesterday.

On examination he has tenderness and bruising over the 5th metacarpal and x-ray shows a fracture of the neck of the 5th metacarpal with ~~an~~ about 20° of volar angulation.

He is presently in a POP volar slab. I have warned him that he will lose the prominence of the knuckle but functionally the hand will be alright and we have agreed to continue with the volar slab and we will see him again in 2 weeks' time.

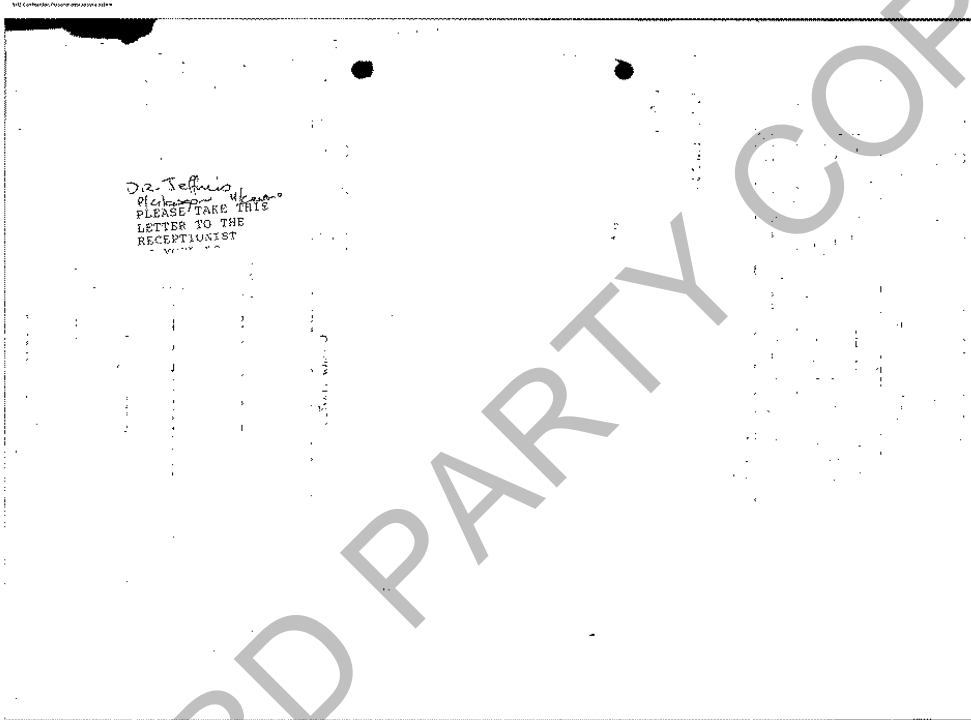
See: 23.2.95 @ 9.20

BT/ST

THIRD PARTY COPY

NHS Confidential - Personal data about a patient

INVERCLYDE ROYAL NHS TRUST, GREENOCK ACCIDENT/EMERGENCY DEPARTMENT							
P A T I E N T	Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
	HUNTER	BRIAN	31	07/10/1965	21/02/97	13:46	004160
	Address		Sex	Religion	Date of Inc	Time	
	16 BOUVERIE ST PORT GLASGOW		MALE	CATHOLIC	21/02/97		
G P	Name	Address		Referred by			
	JEFFERIES	THE HEALTH CENTRE 2 BAY STREET PORT GLASGOW		SELF REFERRAL			
NEXT OF KIN	Name	Address		Complaint			
	Relat.			INJURY			
	Tel No.	707278		L WRIST			
TIMES TRIAGE 13:46 SEEN BY DOCTOR 13:50	Patient Category: Resus <input type="checkbox"/> Trolley <input type="checkbox"/> Walking <input checked="" type="checkbox"/>			CLINICAL NOTES			
	<p><i>Puff ① from</i>  <i>Heavy medical work</i>  <i>likely being needed</i>  <i>① from brace swollen &amp; painful</i>  <i>1/2 ① from splints</i>  <i>Swollen mid forearm</i>  <i>Full ROM wrist, forearm, elbow.</i>  <i>Marked crepitation over anterior tender olecranon</i></p> <p>ALLERGIES: <i>on Dasi steroid of wrist</i></p> <p>TREATMENT PRESCRIBED:  <i>1 bouffant 600g tabs</i>  <i>Cock up splint</i></p>						
				Examining Doctor: <i>[Signature]</i> PRINT NAME: <i>[Name]</i>			
Investigations	X-Ray <input type="checkbox"/>	Lab <input type="checkbox"/>	ECG <input type="checkbox"/>	Cross Watch <input type="checkbox"/>	Bact <input type="checkbox"/>	Diagnosis <i>Tenosynovitis</i>	
Treatment	Dressing <input checked="" type="checkbox"/>	Suture <input type="checkbox"/>	Tet Tox <input type="checkbox"/>	Antibiotic <input type="checkbox"/>	Analg <input checked="" type="checkbox"/>	Pat Group	Diag
	Pop <input type="checkbox"/>	Resusc <input type="checkbox"/>	Nurse's Signature: <i>[Signature]</i>			1 <i>10</i>	2 <i>36</i>
Disposal Time	Home <input checked="" type="checkbox"/>	Admit <input type="checkbox"/>	A/E Clinic <input type="checkbox"/>	Irreg Dis <input type="checkbox"/>	3		Anal Sit <i>RF</i>
Died <input type="checkbox"/>	DOA <input type="checkbox"/>	GP <input type="checkbox"/>	Transfer <input type="checkbox"/>	Other Clinic <input type="checkbox"/>	FD	Research	



MHG Confidential: Personal data about a patient

MMcC/MH

Ravenscraig Hospital

12.05.98

Psychology O.P.D.

Hunter

Brian

16 Bouverie Street,

Port Glasgow,

PA14 5PQ.

07.10.65

Ravenscraig Hospital

1993

18415 (2847)

DR. M. McCARTNEY, (C3521),  
THE HEALTH CENTRE,  
PORT GLASGOW.

Dear Sir/Madam,

Thank you for seeing this 32 year old man who has complained recently of low mood with tearfulness, poor concentration, reduced appetite and motivation and also suicidal thoughts but not actual plans.

He has had problems at work recently and this seems to have triggered the depressive symptoms. He describes always being a very self-conscious person with feelings that other people are better than he is, great discomfort in social situations and a feeling of "isolation".

I have commenced him on Lofepamine 70 mgs. mane and I would be grateful if you would see him for counselling and possibly a cognitive behavioural approach to his low self esteem.

Yours faithfully,

DR. M. McCARTNEY.

NHS Confidential: Personal data about a patient

**DEPARTMENT OF CLINICAL PSYCHOLOGY**

Tel: [REDACTED]  
Ext: [REDACTED]  
20 May 1998

Ravenscraig Hospital  
GREENOCK PA16 9HA

Dear Dr. McCartney,

Thank you for referring **Brian Hunter**  
Date of Birth: 07.10.65

1. ~~The patient will be seen on~~  
and we will keep you informed of progress.
2. The patient has been put on the normal/priority waiting list for which the estimated maximum waiting time is 12 weeks. We have the policy of requesting all normal/priority waiting list outpatients to confirm they will attend an appointment once one is offered to them. In the event of no confirmation being received, the patient will be discharged from our waiting list. This is intended to reduce "wasted" appointments through non-attendance and hence enhance the efficiency of our service and shorten waiting times.
3. The patient has also been put on the invitation list for the next stressproofing course (an anxiety management course of 4 weekly meetings run in Greenock Health Centre). Your patient will be seen at that time, should he/she accept the invitation.

In more urgent cases please telephone.

Yours sincerely,

[REDACTED]

Secretary

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE N.H.S. TRUST INVERCLYDE MENTAL HEALTH DIRECTORATE

## ADULT CLINICAL PSYCHOLOGY SERVICE

Mr. D. Martinage (Head)  
Ms M. McArdle  
Dr. J. [REDACTED]  
Mr. P. [REDACTED]  
Dr. D. [REDACTED]

**RAVENS CRAIG HOSPITAL**  
INVERKIP ROAD  
GREENOCK PA16 9HA  
Tel: [REDACTED]  
Fax: [REDACTED]  
*If telephoning please ask for*  
Ext. 5270

MMcA/ML/2847

25 June 1998

Dr. M. McCartney  
Health Centre  
PORT GLASGOW

Dear Dr. McCartney,

**Brian Hunter (07.10.65)**  
16 Bouverie Street, Port Glasgow

As you know, following your referral Mr. Hunter was placed on the waiting list for an appointment. We have the policy of asking our clients, as they come to the top of that list, to confirm that they will attend an appointment, once offered. Obviously, their circumstances may have changed while they were waiting. In Mr. Hunter's case he has not been in contact to confirm attendance and so I am formally discharging him. Of course you are free to re-refer him should that become appropriate. Thank you for your original referral.

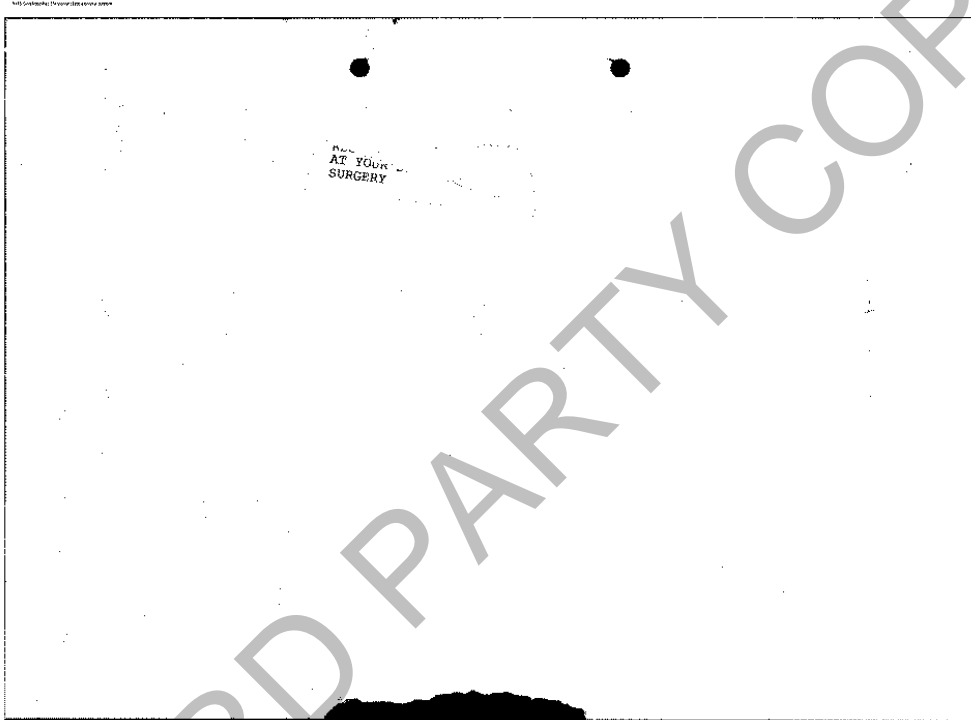
Yours sincerely,



[REDACTED] McArdle  
Top Grade Clinical Psychologist

NHS Confidential - Personal Data - Not for Release

INVERCLYDE ROYAL NHS TRUST, GREENOCK ACCIDENT/EMERGENCY DEPARTMENT							
P	Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
A	HUNTER	BRIAN	33	07/10/1965	02/07/99	11:03	016409
T	Address		Sex	Religion	Date of Inc	Time	
E	16 BOUVERIE ST PORT GLASGOW		MALE	CATHOLIC	02/07/99	-	
N	PC PA14		Marital Status	Occupation/School	Type of Inc	Mode of Arrival	
T	Tel [REDACTED]		SINGLE	KITCHEN PORTE	OTHER	WALK/OT	
G	Name	Address			Referred by		
P	JEFFERIES	THE HEALTH CENTRE 2 BAY STREET PORT GLASGOW			SELF REFERRAL		
NEXT OF KIN	Name	Address			Complaint		
	[REDACTED]	[REDACTED]			-		
	Relat.	NK			CHECK UP <i>WJZ</i>		
	Tel No.	NK					
Patient Category: Resus <input type="checkbox"/> Trolley <input type="checkbox"/> Walking <input checked="" type="checkbox"/>							
CLINICAL NOTES - giving friend lous scabies. - 2 itchy for 1/2, seen by GP, given cream, on Monday. - refer back of <del>skin</del> to GP.  OG looks well.							
ALLERGIES:  TREATMENT PRESCRIBED:							
Examining Doctor: <i>J. D. Gray</i> (Signature) PRINT NAME							
Investigations		X-Ray <input type="checkbox"/>	Lab <input type="checkbox"/>	ECG <input type="checkbox"/>	Cross Match <input type="checkbox"/>	Bact <input type="checkbox"/>	Diagnosis ? scabies
Treatment		Dressing <input type="checkbox"/>	Suture <input type="checkbox"/>	Tet Tox <input type="checkbox"/>	Antibiotic <input type="checkbox"/>	Analgs <input type="checkbox"/>	Pat Group M
		Pop <input type="checkbox"/>	Resusc <input type="checkbox"/>	Nurse's Signature			Diag JDR
		Disposal Time 12:00			Home <input checked="" type="checkbox"/>		
		Admit <input type="checkbox"/>			A/E Clinic <input type="checkbox"/>		
		Died <input type="checkbox"/>			Other Clinic <input type="checkbox"/>		
		DOA <input type="checkbox"/>			DNW <input type="checkbox"/>		
		GP <input type="checkbox"/>			Transfer <input type="checkbox"/>		
		Research			B.		



MIS Conf/Natal: Personal file about a patient



**INVERCLYDE Royal Hospital**

ARGYLL AND CLYDE ACUTE HOSPITALS NHS TRUST

**SURGEONS**

MR I WATT  
MR G [REDACTED]  
MR J J MORRICE  
MR G ORR  
MR J REIDY

LARKFIELD ROAD  
GREENOCK  
PA16 0XN  
FAX: [REDACTED]  
TEL: [REDACTED]  
EXT: [REDACTED]

REF: GO/SG/145846

Dictated: 06/06/00  
Typed: 19/06/00

Dr G D Jefferies  
Health Centre  
PORT GLASGOW

Dear Dr Jefferies

Brian Hunter DOB 07/10/65  
3C Killearn Road Greenock

Brian returned to the clinic today. His testicular discomfort has completely resolved. Ultrasonic scan was unremarkable. He has been discharged.

Yours sincerely

[REDACTED] ORR, M.R.C.S.  
Consultant Urologist

Additional document  
06-May-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.
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**REFERRAL LETTER**  
**MEDICAL IN CONFIDENCE**  
 2021 GGC General Referral Protocol

**Additional Support Needs:**  
**No known ASN requirements**

<b>REFERRAL TO</b>	
Trauma & Orthopaedic - Shoulder GGC General Referral	— <b>Consultant / receiving practitioner and/or specialty clinic</b>
Inverclyde Royal Hospital Larkfield Road Greenock PA16 0XN	— <b>Hospital and hospital address</b>
	Hospital location code: C313H
	Email address: -
<b>Urgency of referral</b> Routine	<b>Date sent</b> 16-Jan-2024
<b>Date of referral</b> 16-Jan-2024	

<b>PATIENT DETAILS</b>		<b>Patient's address</b>
<b>Surname</b> Hunter		3c Killearn Road GREENOCK Inverclyde PA15 3DD
<b>Forename(s)</b> Brian		
<b>Title</b> Mr		
<b>Sex</b> Male		Contact number(s)
<b>Date of birth</b> 07-Oct-1965		Voice: [REDACTED]
<b>CHI no.</b> [REDACTED]		Voice: [REDACTED]
<b>Area of Residence</b> -		

\*101031865264M\* Unique Care Pathway Number: 101031865264M

<b>REGISTERED GP DETAILS</b>		<b>Practice address</b>
<b>Name</b> Dr M McCartney		2 Bay Street Port Glasgow PA14 5EW
<b>GMC code</b> 3490462	<b>GP code</b> 35211	
<b>Practice name</b> The Health Centre		Contact number(s)
<b>Practice code</b> 86271		Voice: [REDACTED]
		E-mail: [REDACTED]

<b>REFERRING GP DETAILS</b>		<b>Practice address</b>
<b>Name</b> Dr. [REDACTED] Thorman		The Health Centre 2 Bay Street Port Glasgow PA14 5EW
<b>GMC code</b> 7072530	<b>GP code</b> 38041	
<b>Practice name</b> Drs McCartney, Addiscott, Green & T (86271)		Contact number(s)
<b>Practice code</b> 86271		Voice: [REDACTED]

file:///P:/PCTI/DOCMAN7/DATA\_S1/Document/DMEDOC01/00002000/00543391.... 21/04/2026

**CLINICAL INFORMATION**

**History of presenting complaint**

**Presenting complaint**

Description: (R) upper arm pain

Comment: Many thanks for reviewing this 58 year old male, who has presented with right arm pain since the start of August 2023. It developed when he was carrying three heavy shopping bags out of the car in his right arm. He informs me he is left hand dominant. He developed pain at a specific point in the right arm, which was approximately 10cms down from the shoulder on the anterior upper arm.

We arranged for a soft tissue ultrasound to be carried out, which was completed in January 2024. The US scan has reported a full thickness partial width tear of the anterior portion of the supraspinatus tendon, and has advised on orthopaedic referral in the first instance.

Many thanks for your ongoing management of Brian and his arm.

Dr Thorman

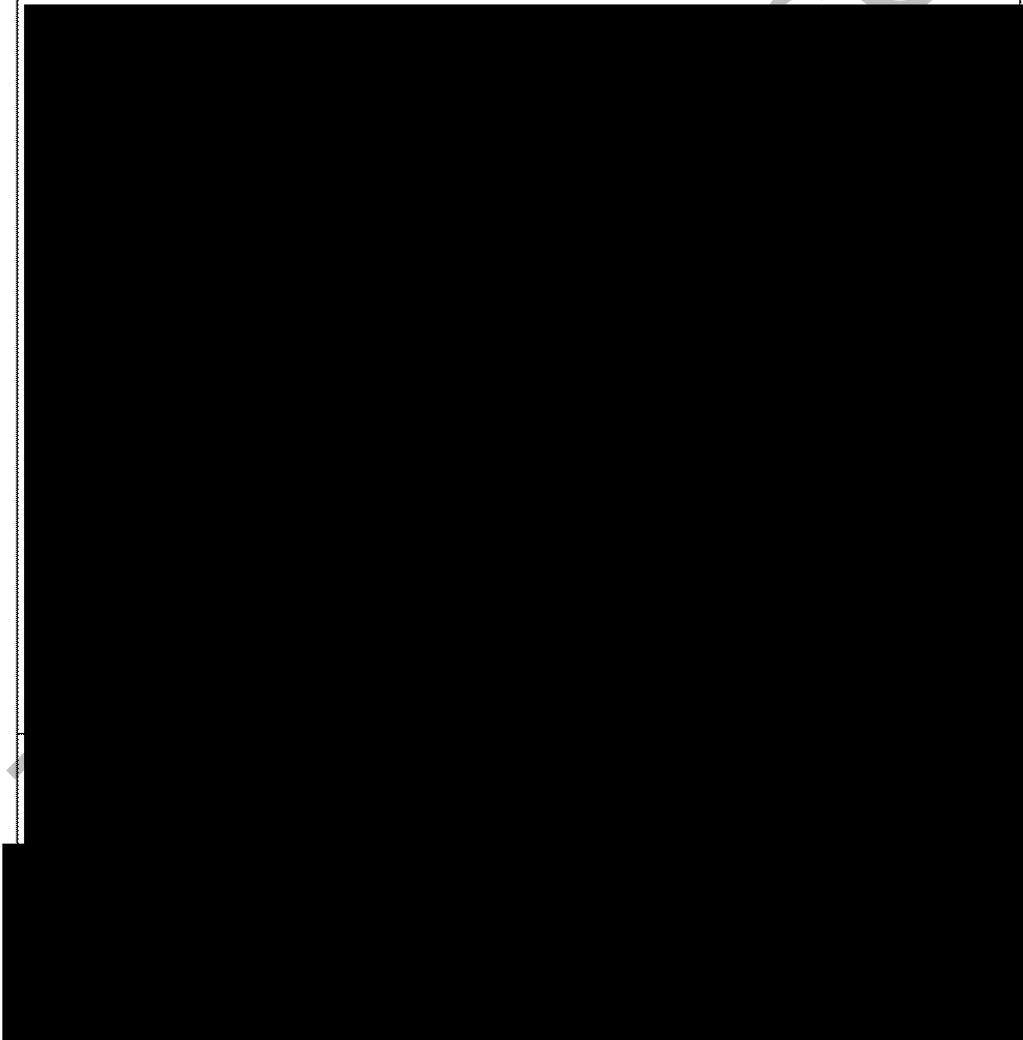
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**Reason for referral**

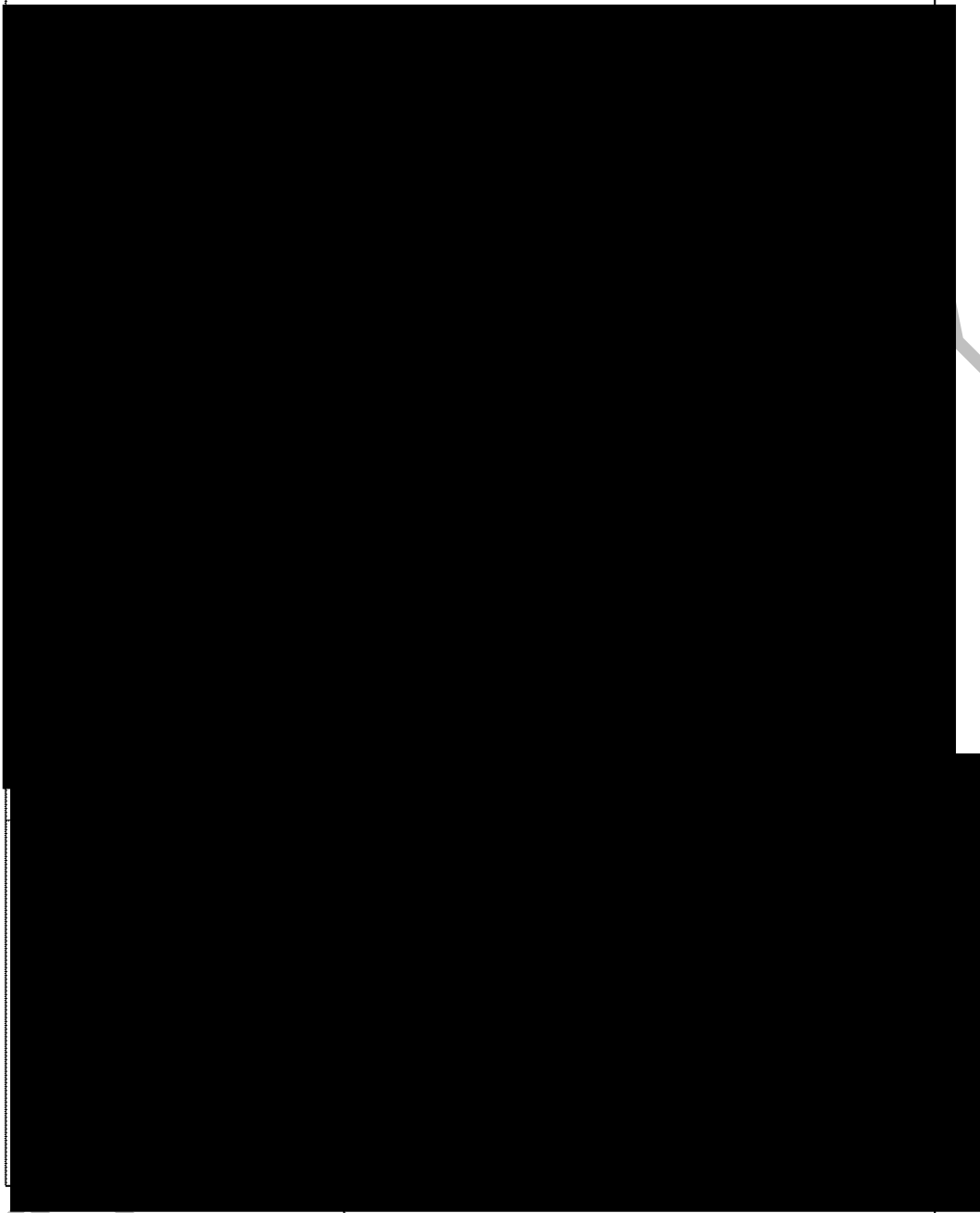
Care type requested: Out Patient

Expected outcome: Advise

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

Additional document  
06-May-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

**NHS Confidential: Personal data about a patient**

**dbi** Distress Brief Intervention  
Connected Compassionate Support  
<http://www.dbi.scot/>

 Scottish Government  
Riaghaltas na h-Alba  
gov.scot

SAMH, Brunswick House, 51 [REDACTED] Street, Glasgow G1 1UZ

Tel No: [REDACTED]  
For Information only

Date: 29/06/2024.

Dear Dr. McCartney

**Re – Brian Hunter**  
**Address: 3c Killearn Road GREENOCK Inverclyde PA15 3DD**  
**Dob: 07/10/1965**

I am writing to advise that the above named individual was referred to our DBI (Distress Brief Intervention) service on 27/06/2024. The patient is now engaging in a period of up to 14 days consecutive DBI support.

Following conclusion of support a further letter will be sent.

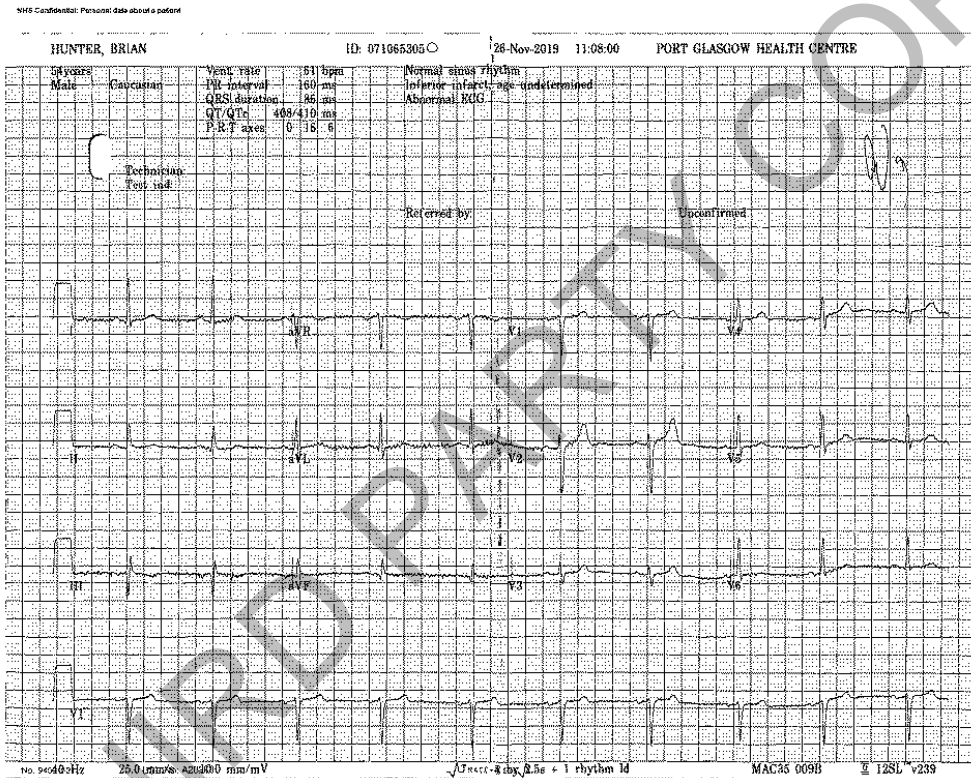
Yours sincerely,

[REDACTED] Bodig,  
Administrative Assistant,  
DBI Service.

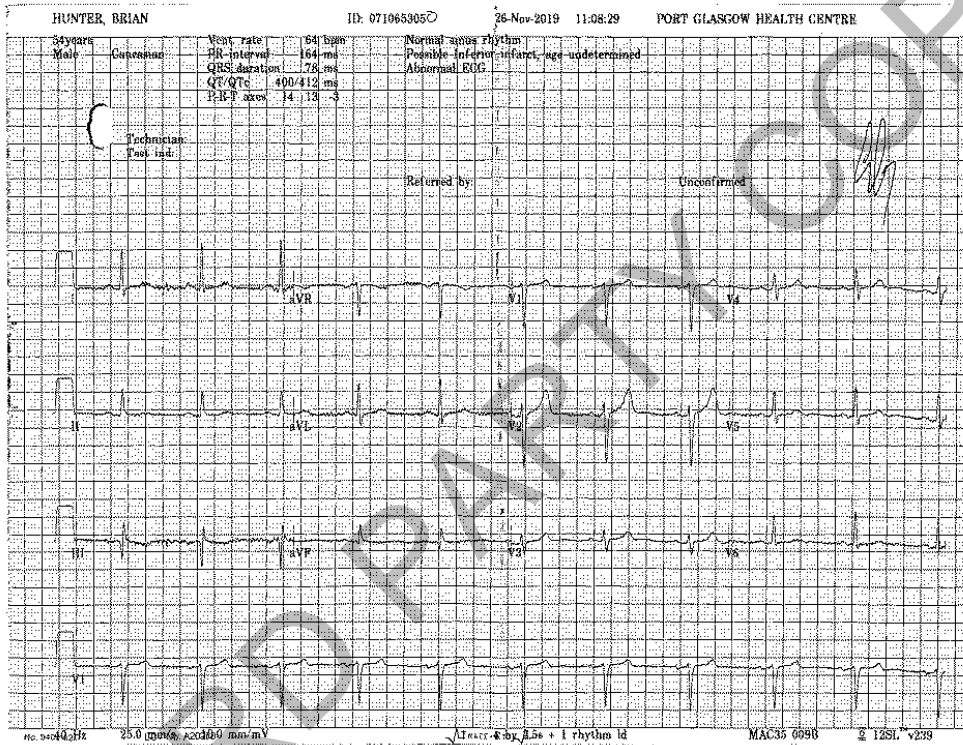
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Health & Social Care Partnership  
Chief Officer: [REDACTED] Rocks



Inverclyde Community Response Service  
Inverclyde Community Mental Health Team  
Crown House  
30 King Street  
GREENOCK  
PA15 1NL

Our Ref: KED  
[REDACTED]

Tel: [REDACTED]

Date: 28<sup>th</sup> June 2024

**PRIVATE AND CONFIDENTIAL**

Mr Brian Hunter  
3c Killearn Road  
GREENOCK  
PA15 3DD

Dear Mr Hunter,

I am writing to confirm your appointment with Community Response Service (CRS) as detailed below:

**Date: Monday 1<sup>st</sup> July 2024**

**Time: 1730**

**Location: Langhill Clinic, Inverclyde Royal Hospital**

**Upon receipt of this letter:**

Please contact [REDACTED] CRS Secretary on [REDACTED] to confirm your attendance at this appointment or to rearrange if this date or time is unsuitable.

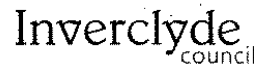
Yours sincerely,

Secretary  
Community Response Service

Encl: Inverclyde Community Mental Health Services Leaflet  
Cc: Dr Green, General Practitioner, Drs McCartney, Addiscott & Green



"Improving Lives"



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Hospital use only	Clinic	Day Date	Time	Hospital No.
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**REFERRAL LETTER****MEDICAL IN CONFIDENCE**

GGC MSK Physiotherapy Protocol (Glasgow, vR15.0)

**Additional Support Needs:**  
**No known ASN requirements**

<b>REFERRAL TO</b>	
Clyde - Port Glasgow Health Centre GGC MSK Physiotherapy	— <b>Consultant / receiving practitioner and/or specialty clinic</b>
Physiotherapy MSK GG&C SCI Gateway Virtual Location Code NHS GG&C	— <b>Hospital and hospital address</b>
	Hospital location code. G049G
	Email address -
<b>Urgency of referral</b> Routine	
<b>Date of referral</b> 30-Jun-2021	<b>Date sent</b> 30-Jun-2021

<b>PATIENT DETAILS</b>		<b>Patient's address</b>	
<b>Surname</b> Hunter		3c Killearn Road	
<b>Forename(s)</b> Brian		GREENOCK	
<b>Title</b> Mr		Inverclyde	
<b>Sex</b> Male		PA15 3DD	
<b>Date of birth</b> 07-Oct-1965		Contact number(s)	
<b>CHI no.</b> [REDACTED]		[REDACTED]	
<b>Area of Residence</b> -			

\*101023739264M\*

Unique Care Pathway Number: 101023739264M

<b>REGISTERED GP DETAILS</b>		<b>Practice address</b>	
<b>Name</b> Dr M McCartney		2	
<b>GMC code</b> 3490462	<b>GP code</b> 35211	Bay Street	
<b>Practice name</b> The Health Centre		Port Glasgow	
<b>Practice code</b> 86271		PA14 5EW	
		Contact number(s)	
		[REDACTED]	
		E-mail: [REDACTED]	

<b>REFERRING GP DETAILS</b>		<b>Practice address</b>	
<b>Name</b> Dr. [REDACTED] Thorman		The Health Centre	
<b>GMC code</b> 7072530	<b>GP code</b> 38041	2 Bay Street	
<b>Practice name</b> Drs McCartney, Addiscott, Green & T (86271)		Port Glasgow	
<b>Practice code</b> 86271		PA14 5EW	
		Contact number(s)	
		[REDACTED]	

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**CLINICAL INFORMATION**

**History of presenting complaint**

**Presenting complaint**

Description: Right lower back Pain

Comment: Dear Team,

Sudden onset pain in right lower back/posterior hip.

Previous RTA 1983 resulted in dislocation of right hip, pain free since then until current episode.

XR request made.

Analgesia and PT referral.

Dr Thorman

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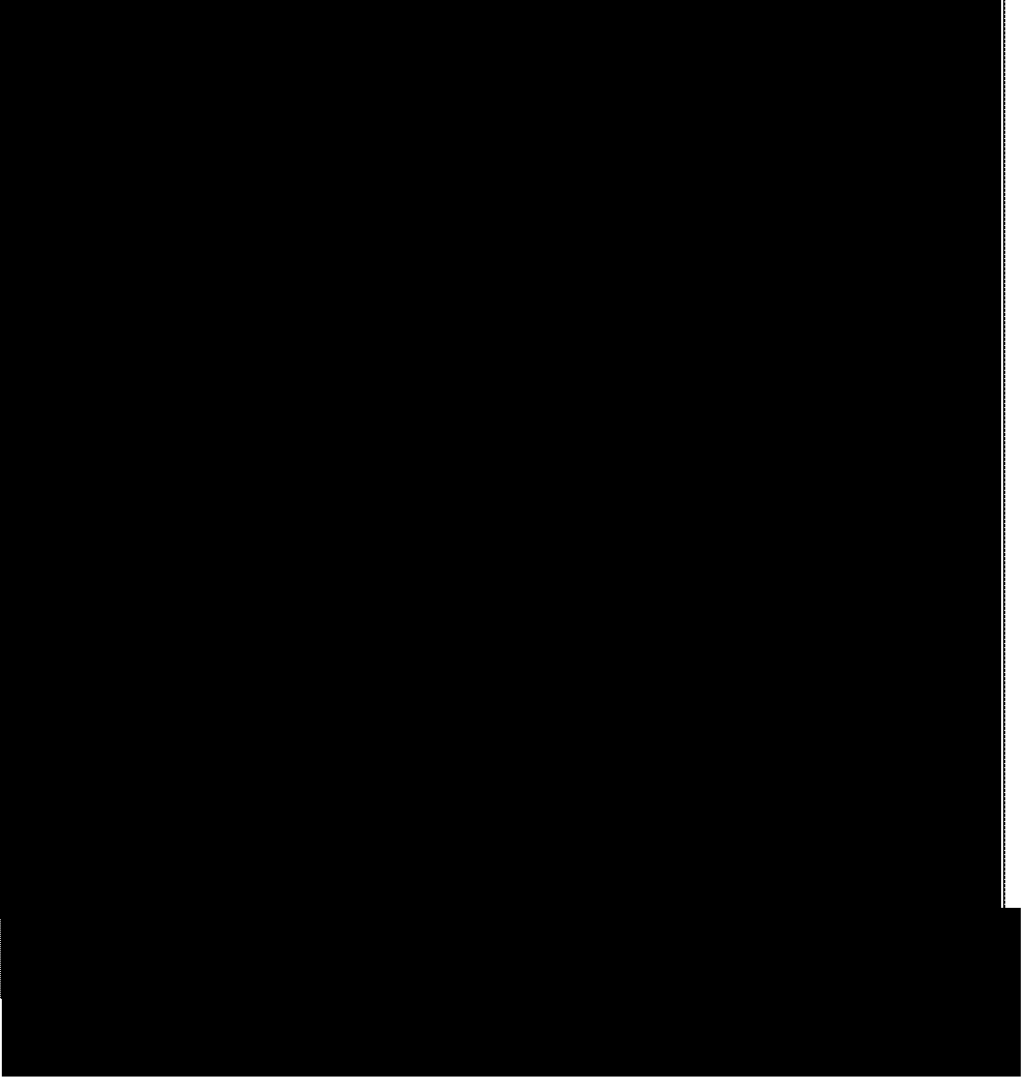
**Reason for referral**

Care type requested: Out Patient

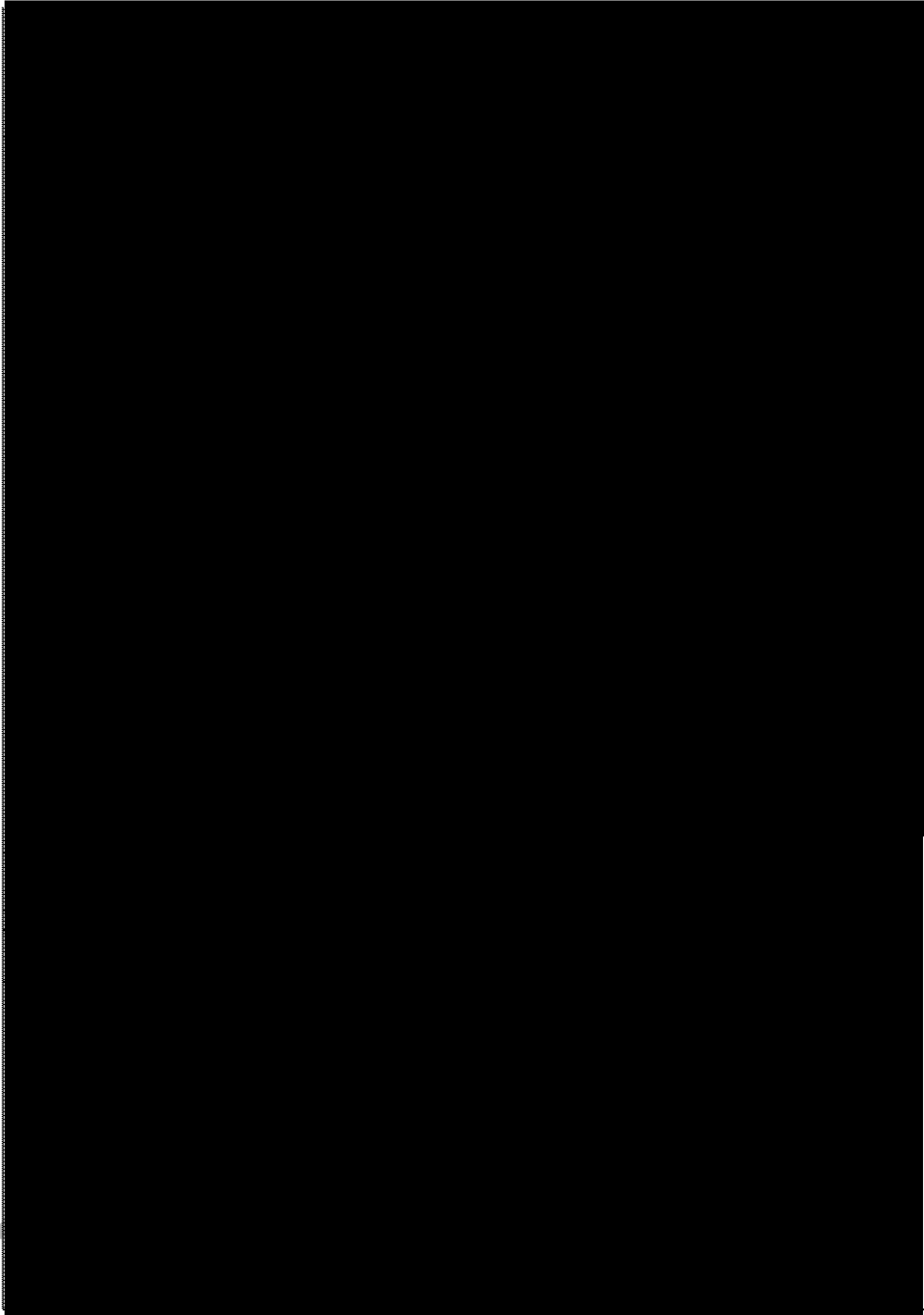
Expected outcome: Not Specified

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**Past medical history**



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Signature of referring doctor (or other professional) Date

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Inverclyde Royal Hospital, Larkfield Rd  
A & E Department  
Greenock PA16 0XN, [REDACTED] [REDACTED]

Dr MCCARTNEY  
PORT GLASGOW HEALTH CENTRE  
2 BAY STREET  
PORT GLASGOW

PA14 5ED

February 4, 2007

Dear Dr Mccartney,

Re. **BRIAN HUNTER**, 3c Killearn Road, GREENOCK, Renfrewshire, PA15 3DD

Date of Birth 07.10.65 Hospital Number: 0710653050 CHI Number: [REDACTED]

Your patient attended Inverclyde Royal Hospital, Larkfield Rd on the 4 FEB 2007 00:14.

The presenting complaint was: **DOG BITE TO RIGHT ARM**

Triage Information: **PAIN? • RECENT PROBLEM? • SWELLING? DOG BITE TO RIGHT ARM**

The following investigations were carried out: Nil

The A&E diagnosis was: **SUPERFICIAL INJURY OF UNSPECIFIED BODY REGION - BITES/STINGS - FOREARM - RIGHT**

The following treatment was given: **CO-AMOXYCLAV 375MG TDS WOUND IRRIGATION**

At the conclusion of treatment the patient was:

Follow-up: Nil

The patient's departure destination was: **DISCHARGED**

Additional Information: Nil

Yours sincerely,

[REDACTED] HARVIE  
EMERGENCY DEPARTMENT DOCTOR

Consultants:

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NHS Confidential - Personal data about a patient

MICROBIOLOGY		NEAREST REPORT	Date	LAB REPORT NO
UNIVERSITY ROYAL HOSPITAL - GREENGLICK PA14 5EW			13 JUN 1984	M84/14635
Date	Last Report No.	Unit No.	Received	
13684				
Specimen	Current Therapy	Name	Date of Birth	
MSSO		Brian Horner	10/6/18	
Examination		Address	Age	Sex C.Stat
cls		10, Mrs Conkey, 1106 St. Mary's St. Mary's	18	
		Postcode	Occ.	
		Hospital/Clinic	Ward/Dept	
		Putc GP De Ram		
		[Address if G.P.]		
REPORT ONLY (Clinical Details on Reverse Please)			Date Reported	14 JUN 1984
W.B.C.	30/ul	Res!		
R.B.C.	1			
Epith. Cells	1			
Culture: No significant growth				
History? Was a <u>urethral swab</u> in transport medium indicated?				
See doctor please				

NHS Confidential. Personal data about a patient

**REQUEST/REPORT**

SURNAME <i>Hunter</i>	CHRISTIAN NAME <i>Burn</i>	AGE <i>6</i>	SEX <i>M</i>	SPECIMEN <i>Stool</i>	N 71 10172
PHYSICIAN/SURGEON <i>H.O.H.</i>	HOSPITAL <i>Leicester</i>	WARD/CLINIC		EXAMINATION <i>Spec intestinal pathogens &amp; sensitivity</i>	DATE RECEIVED <b>29 JUN 1971</b>
DOCTOR'S ADDRESS <i>Dr. H. Ballen</i>	PATIENTS ADDRESS/UNIT No. <i>6 Leaburn St</i>				DATE REPORTED <b>- 1 JUL 1971</b>

**REPORT ONLY (Clinical Details on Reverse Please)**  
*Refer to Dr. H. Ballen please*

**No specific intestinal pathogens isolated**

*J.M.*

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NHS Confidential: Personnel data about a patient

REQUEST/REPORT		CENTRAL LABORATORY GREENOCK		DATE	POP USE ONLY
SURNAME	CHRISTIAN NAME	AGE	SEX	SPECIMEN NO.	M 71 9991
PHYSICIAN/SURGEON	HOSPITAL	WARD/CLINIC		EXAMINATION	25 JUN 1971
DOCTOR'S ADDRESS	PATIENTS ADDRESS/UNIT NO.		DATE REPORTED		28 JUN 1971
REPORT ONLY (Clinical Details on Reverse Please) Copy to Dr. McCallum please  <p style="text-align: center;">No specific intestinal pathogens isolated.</p> <p style="text-align: right;">ggg.</p>					

Additional document  
 06-May-2026  
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NHS Confidential: Personal data about a patient

Hunter Brian

CHI: [REDACTED]

### Emergency Attendance Letter



Emergency Department  
Inverclyde Royal Hospital  
Larkfield Rd  
Greenock  
Renfrewshire  
PA16 0XN

Dept. Contact Details:

Te: [REDACTED]

Fax: [REDACTED]

Email: [REDACTED]

Date Completed: 30/10/2016

Consultant Dr [REDACTED] McMillan

M McCartney  
Drs McCartney & Addiscott  
The Health Centre  
2 Bay Street  
Port Glasgow  
Port Glasgow  
PA14 5EW

Dear M McCartney

Re: **Hunter Brian**  
3c Killearn Road  
Greenock PA15 3DD

DOB: 07/10/1965

CHI: [REDACTED]

Attended on: 30/10/2016 at 05:52 hrs.

Departed on: 30/10/2016 at 08:24 hrs.

Discharge Type: 01a - Discharge with no follow up

Destination: Not known

Previous ED Attendance in last 12 months: 0

Presenting complaint  
**back pain**

Nursing Assessment:  
**right sided lower back pain for last 4/7. states pain radiating down leg. no regular analgesia. no injury**

Investigations in ED: **None**

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NHS Confidential: Personal data about a patient

Hunter Brian

CHI: [REDACTED]

Diagnosis:

Diagnosis	Side	Site
Low back pain		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:  
**Low back pain. No focal neurology or red flags. Discharged with advice**

Followup:  
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,  
Elaine Brown  
Doctor

Copies to:  
1. M McCartney (GP)  
[REDACTED] Address:

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Additional document  
06-May-2026  
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NHS Greater Glasgow & Clyde  
Rapid Access Chest Pain Service  
Telephone: [REDACTED]



Dr. Michael McCartney  
Port Glasgow Health Centre  
2 Bay Street  
Port Glasgow  
PA14 5EW

Date: 29/11/2019

Dear Dr. [REDACTED] McCartney,

Patient: Mr Brian Hunter CHI: 0710653050

Address: 3c Killearn Road, Greenock, Renfrewshire, PA15 3DD

54y man with untreated hypertension, complaining of both exertional and non-exertional chest pain lasting for up to 20 min. GTN helps. No other symptoms. PMH: anxiety  
Note that he had just used his GTN spray while waiting outside the Exercise room.

O/E 153/108 mmHg Normal heart sounds and clear chest  
Resting ECG= identical to the one obtained at the surgery and normal (the isolated q in III disappears with deep inspiration)

ETT: Negative to end of stage II (6min). Did not go further due to very high BP 220/115 mmHg at that point. HR 63- > 112 (67% max pred)

CONCLUSION: Negative submaximal ETT & severe hypertension - can explain symptoms

SUGGEST: Please start on Bisoprolol 2.5 mg OD with Amlodipine 5 mg OD added in 2-3 days later. He may need 2-3 agents in combination to control his BP.

Follow up in primary care, but if chest pains persist after his BP has been controlled please let us know. Also please advise to seek emergency medical help if severe chest pain emerges at any time.

Yours sincerely,

Dr [REDACTED] Papaconstantinou, Consultant Cardiologist

Chi Number: 0710653

Mr Brian Hunter

Page 1 of 1

Additional document  
06-May-2026  
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NHS Confidential: Personal data about a patient

Hunter Brian CHI: [REDACTED]

### Emergency Attendance Letter



Emergency Department  
Inverclyde Royal Hospital  
Larkfield Rd  
Greenock  
Renfrewshire  
PA16 0XN

Dept. Contact Details:

Tel: [REDACTED]

Fax: [REDACTED]

Email: [REDACTED]

Date Completed: 28/06/2024

Consultant: Dr [REDACTED]

M McCartney  
Drs Mccartney addiscott green & t  
The Health Centre  
2 Bay Street  
Port Glasgow  
Port Glasgow  
PA 14 5EW

Dear M McCartney

Re: **Hunter Brian**  
3c Killearn Road  
Greenock PA15 3DD

DOB: 07/10/1965

CHI: [REDACTED]

Attended on: 28/06/2024 at 17:29 hrs.

Departed on: 28/06/2024 at 19:56 hrs.

Discharge Type: 01b - Discharge with follow up by primary care team

Destination: Private residence

Previous ED Attendance in last 12 months: 0

Presenting complaint  
mental health issues

Nursing Assessment:  
attends with low mood, feels stressed , appointment crown house in 3/7 , started on diazepam and setraline

Investigations in ED: None

NHS Confidential: Personal data about a patient

Hunter Brian

CHI: [REDACTED]

Diagnosis:

Diagnosis	Side	Site
Depressive Episode, Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

58M ongoing depressive symptoms - seen by GP yesterday, has been started on sertraline and diazepam. Significant stressors in life - lost job in January, benefits stopped last month, struggling to cope with physical and mental health of [REDACTED] who has dementia. Feels hopeless and insignificant. Struggling to sleep, eat and drink. Nil features of psychotic depression. Nil current suicidal ideation. Pre-arranged for review at Crown House in 3/7. Reassured patient, advised full benefits of antidepressant can take weeks to take effect, and that he is making the right steps seeking help for his ongoing mental health issues. Signposted to NHS24 if develops significant suicidality.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

[REDACTED]

Doctor

Copies to:

1. M McCartney (GP)

[REDACTED] Address:

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## **Distress Management Plan (D-MaP)**

### **What is it?**

- The Distress Management Plan (D-MaP) is a core component of DBI. It is a resource to help someone receiving DBI support to begin to explore and make sense of their distress. Using it they will also clarify their aims and expectations, problem-solve key issues and identify strategies to manage their distress now and in the longer term.
- Given the benefits of a D-MaP, it is considered a mandatory component of DBI. It is expected that all those who are referred to DBI Level 2, and who engage with the service, will develop a D-MaP. There are three parts:

**Part A:** Current distress, concerns and strengths

**Part B:** Problem solving, action planning

**Part C:** Strategies to manage and cope with distress

### **What is its purpose?**

- The D-MaP focuses attention on a number of different areas which can help a person to manage their distress. The D-MaP breaks down some of the challenging or tricky parts of this process into manageable chunks so as not to overwhelm.
- With your help the person can begin to understand more about their distress and experiences as well as what works well and less well for them. They may also acquire the insight and skills which will help them to manage their health and wellbeing now and in the future. Therefore, the D-MaP is designed to empower those using it to identify personally relevant solutions and actions now and also for the future.
- DBI support is available for a period of 14 consecutive days. Leaving the 14-day period of support with a well-developed D-MaP can help the person take the important next steps beyond DBI support.

2019-05-31 V3.4 D-MaP

**NHS Confidential: Personal data about a patient****How is it used?**

- During the 14-day period of support the D-MaP can be used to keep track and record important issues relevant to the person and their distress. It can also be used to record any actions or plans the person decides upon — therefore, the D-MaP has both a short term and longer term outlook.
- Reviewing their D-MaP can help the person track any progress towards their desired objectives or aims. This might result in updates and/or revisions over the course of the 14 days of contact and support. This is to be expected as a person's experiences, expectations and plans may change over the period of DBI support.
- Not everyone will stay engaged with DBI long enough or feel able to complete the D-MaP from start to finish, so it is important that you use your judgment to decide when a D-MaP is complete.
- When introducing the D-MaP you should explain what it is and why it may be helpful. Let the person know that you can help them to develop and use it, but that it is their D-MaP, and they can add or change parts during the 14-day period of support. At the beginning ask them to sign the D-MaP (or record their verbal consent) in the space provided on the front page. DBI Practitioners should record whether any work/development of the D-MaP has taken place by updating the version number and date on the first page of the D-MaP, regardless of whether the D-MaP is a 'work in progress' or considered 'complete'.
- The D-MaP is designed to be as straightforward as possible to use and much of it is intuitive. Some people may need your assistance to develop the D-MaP, for example if they have difficulty with reading and writing or are very distressed when you see them. Other people will want to discuss it with you initially and then work on it themselves for a while. There is no fixed way of developing the D-MaP. You will need to be flexible here and judge the best approach for each person you work with.

2019-05-31 V1.4 D-MaP

**NHS Confidential: Personal data about a patient****What happens to it?**

- The DBI Level 2 service should keep a full record of the D-MaP during the period of support and once the person has exited the service.
- The person in distress should be provided with the final version of the D-MaP when exiting the 14-day DBI support period. They may also wish to keep a copy for their own reference during the period of support.
- A version of the 'final' or most recent version of the D-MaP should be sent to the person's GP at the end of the period of contact, as well as to any other relevant services involved in the person's care and support.

2019-05-31 V3.4.0-Map

NHS Confidential: Personal data about a patient



### My Distress Management Plan

This is your Distress Management Plan. It belongs to you.

You may wish to add information or make changes at different points. Please sign below to show that you understand this is your plan and that it may change over time.

Your signature BH Date 28.06.2024

DBI Practitioner's signature AS Date BH

**DBI Service use:**

Has the person given you consent to develop/update D-MaP on their behalf?

Yes  No

Please update each time D-MaP is worked on/updated/revise

Version	Date	Version	Date
1	28.06.2024	7	_____
2	01.07.2024	8	_____
3	08.07.2024	9	_____
4	09.07.2024	10	_____
5	11.07.2024	11	_____
6	12.07.2024	12	_____

2019-05-31 V1.4 D-MaP

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**NHS Confidential: Personal data about a patient**



Name: BH CHI Number: [REDACTED]  
DBI Practitioner: AS

### My Distress Management Plan

#### Part A: What led to me feeling distressed?

##### What things led me to become distressed recently?

###### My emotions

- Don't know where to turn
- Unsure of the future
- I don't feel like I'm part of the family
- I feel small
- I feel helpless
- I feel invisible
- Feel useless
- Nervous
- Panic attacks
- Depressed
- Overwhelmed
- Anxious
- Lonely
- Scared
- Just want to hide
- Not thinking straight
- Stuck in a rut/hole
- Not eating
- Feel in fight or flight

###### Family or relationships

- My [REDACTED] has dementia
- My [REDACTED] still [REDACTED] home
- I don't have many friends.
- Not spoken to my [REDACTED] in 6 months.
- Traumatic incident with my [REDACTED] when I was younger

2019-05-31 V1.4 D-Map

**NHS Confidential: Personal data about a patient**

Practical (for example housing, money...)

- Lost my job in January
- Spent most of my savings

Physical (for example pain, illness...)

- X

Other concerns...

I have been in the care system from the age of one and have a lot of trauma that have always put to the back of my mind but now I find myself thinking about it regularly

**What has helped me in the past to manage in similar circumstances?**

Family, friends, support services

- My [REDACTED]
- My [REDACTED] (although we don't speak regularly)
- Speaking to Crown House

Activities

- Driving the car/sitting in the car
- Going out walks

Coping strategies

- Write poems
- Lying in my bed

Other...

**Background information...**

**Struggling to cope**

2019-05-31 V1.4 D-Map

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**At the beginning of the DBI, please rate the number (0-10) that best describes how much distress you are currently experiencing. Please put the number in the box**

0 = No distress        
10 = Extreme distress

**At the end of the DBI, please rate the number (0-10) that best describes how much distress you are currently experiencing. Please put the number in the box**

0 = No distress        
10 = Extreme distress

**Have you felt suicidal or harmed yourself recently?**

Yes /  / Unclear

**Apart from your GP do you receive care or support from another service?**

Yes – I receive care or support from \_\_\_\_\_

THIRD PARTY COPY

2019-05-31 V1.4 D-Map

**NHS Confidential: Personal data about a patient**



Name: BH CHI Number: [REDACTED]  
DBI Practitioner: AS

### My Distress Management Plan

#### Part B: What I can do to help prevent me from feeling distressed?

**Problems and challenges:** What are the main things in my life that add to my distress?

I feel the challenges of caring for my [REDACTED] who has dementia and hold the family unit together.

I lost my job in January this year.

**Solutions:** How to improve things...

I can use Alzheimer's Scotland and use their advice in regards to caring for my [REDACTED]. I can also speak to my wife [REDACTED] about helping with daily chores round the house more as my [REDACTED] isn't fit enough and I cannot do everything.

I have been applying for jobs and have been working with my work coach; I have also spoken to agencies for different warehouse jobs.

#### Action plans

My overall goal is:

I want to be able to manage my anxieties and stresses better as I feel I let these overrun my life.

What will I do?

I will [REDACTED] DBI to see what coping strategies work best for me and look to see if I can find services that can support me.

Where will I do it?

I will do this where I feel comfortable such as my own and in professional settings.

2019-05-31 V1.4 D:Map

**NHS Confidential: Personal data about a patient**

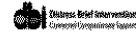
*When will I do it?  
I will do this when I feel myself being triggered or when the stresses of my day to day life start to overwhelm me.*

*How will I do it?  
By working with DBI to see how best I can find a way to manage my stresses and anxieties.*

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2019-05-31 V1.4 D-Map

**NHS Confidential: Personal data about a patient**



Name: BH CHI Number: [REDACTED]  
DBI Practitioner: AS

### **My Distress Management Plan**

#### **Part C: What I can do when I am beginning to feel distressed...**

**Triggers:** What things lead me to become distressed?

- *Being unorganised*
- *Seeing my [REDACTED] distressed with her illness.*
- *Losing my job*
- *Thinking about the past*

**Warning signs:** What do I think about? How am I feeling? How am I behaving?

- *Stressed*
- *I don't know where to turn*
- *Anxious*
- *Stuck in a viscous circle*
- *Nauseas*
- *Butterflies*
- *Short fused*
- *Feel Trapped*
- *Feel Small*

2019-05-31 V1.4 0-Map

NHS Confidential: Personal data about a patient

**Coping plans:** What will I do if I think that I might become distressed?  
(If X, then I will Y)

**The 5-4-3-2-1 grounding technique:** This technique uses all five of your senses. Start by sitting comfortably in your chair (however you would normally sit), now close your eyes and take a deep breath in and then release it slowly. Open your eyes and look around you, slowly taking in your surroundings (this can include looking out of a window). Now, follow the next steps and, remember, there is no need to rush - relax and focus.

**Name out loud:**

**Five things touch you can see.**

**Four things you can touch** (this could be the material of the chair, a rug, flowers, your hair). What do they feel like?

**Three things you can hear** (music, rain, wind, traffic).

**Two things you can smell** (coffee brewing, a candle & your perfume/aftershave).

**One thing you can taste** - you might find for this part it's good to have a boiled sweet, chewing gum or bit of chocolate to hand (you can get up to get something or, if not, try to imagine how it would taste). Then take a deep breath, release it and end the process.

**4-7-8 technique:** focus on the following breathing pattern:

- emptying the lungs of air
- breathing in quietly through the nose for 4 seconds
- holding the breath for a count of 7 seconds
- exhaling forcefully through the mouth, pursing the lips, and making a "whoosh" sound for 8 seconds
- repeating the cycle up to 4 times

**A person may feel lightheaded after doing this for the first few times.**

**Therefore, it is advisable to try this technique when sitting or lying down to prevent dizziness or falls.**

**Support:** If I feel like I need support, I can speak to or contact...

**Samaritans**

Samaritans: Samaritans is a trained listening service that offers 24/7 support for anyone who is feeling in crisis.

- **Telephone:** [REDACTED]

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- **Email:** [REDACTED]

#### **Breathing Space**

*Breathing Space: Breathing Space is a free, confidential phone and web based service for people in Scotland experiencing low mood, depression or anxiety.*

- **Telephone:** [REDACTED]
- **Website:** <https://breathingspace.scot/>
- **opening hours:**
- **weekdays:** Monday-Thursday 6pm to 2am
- **weekend:** Friday 6pm-Monday 6am

#### **Alzheimer's Scotland: Inverclyde Dementia Resource Centre**

*Alzheimer's Scotland: Inverclyde Dementia Resource Centre aims to support people with dementia, their families, relatives and friends at any stage of the illness. Information and advice, community activities for people with dementia and [REDACTED] & peer support groups for people with dementia and their [REDACTED]*

- **Website:** [www.alzscot.org](http://www.alzscot.org)
- **Telephone:** [REDACTED]

#### **[REDACTED] UK**

*[REDACTED] UK: Online access to an active forum where people go on and vent frustrations, give and receive support, explain their situations and other people with lived experiences can get back to them with advice based on lived experience.*

- <https://www.carersuk.org/forum/support-and-advice/>
- [REDACTED]

#### **Share Care Scotland**

*Share Care Scotland: Advice, group CBT sessions and access to short breaks and respite care away from care giving responsibilities.*

<https://www.sharedcarescotland.org.uk/>

#### **ManOn! Inverclyde**

*ManOn! Inverclyde: Suicide prevention & wellbeing [REDACTED] for the adults & young people of Inverclyde & beyond.*

- **Email:** [REDACTED]

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- **Website:** [REDACTED]
- **Address:** 30 [REDACTED] Street, Greenock, PA15 1QH
- **Crisis support every Monday (10am-8pm) it is free to turn up without a referral or an appointment.**
- **Support groups accessible without a waiting list:**
- **Monday social group (6pm-9pm)**
- **Tuesday Peer Support (6pm - 9pm)**
- **Thursday Coffee Morning (11am - 2pm)**

#### **Andy's Mans Club**

[REDACTED] Mans Club: Over 100 free support groups nationwide, running every Monday from 7PM except bank holidays. In these groups, men can open up about the storms affecting their [REDACTED] a safe, judgement-free and non-clinical environment.

- **Website:** <https://andysmanclub.co.uk/find-your-nearest-group/>
- **Mondays at 7pm - local groups**

#### **Financial Fitness**

Financial Fitness: Inverclyde's independent welfare benefit and money advice [REDACTED]

- **Website:** <https://financial-fitness.uk/>
- **Email:** [REDACTED]
- **Telephone:** [REDACTED]
- **Address:** 40 West [REDACTED] Street, Greenock, PA15 1SH

#### **Inverclyde HSCP**

Inverclyde HSCP has a range of services available to people who need assistance with daily living tasks and activities to support them to live as independently as possible at home. Service is available to people living within the community whether alone or as a member of a family.

Services include homecare, reablement, community alarm, tele-healthcare and respite at home. Services are available to a wide range of people including older people, people with physical or sensory disability, people with learning difficulties, and people with mental health problems. We also work jointly with Community Nursing and the local Hospice to provide palliative care. Contact Inverclyde Advice First at [REDACTED] McNeil House to discuss a referral to the service.

- **Telephone:** [REDACTED]
- **Address:** [REDACTED] McNeil House, 7-8 Clyde Square, Greenock, PA15 1NB

2019-05-31 V1.4 D-Map

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***Access First***

***Access First is the single point of contact if you are looking for information about adult Health and Social Care services and support. Access First can help you, or someone close to you, get support with daily living that will help you to live well and as independently as possible at home. If you or your family member and or [REDACTED] would like to find out what is available for you contact Access First. Access First will take your information, assess your need for services and let you know what happens next.***

- ***Email:*** [REDACTED]
- ***Telephone:*** [REDACTED]

2019-05-21 V1.4 D-Map

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### DBI Practitioner use only

To help the person in distress you are working with stay safe, it is important to ask whether they have considered intentionally harming themselves and/or ending their own life. If you are unsure how to go about this, you can find some helpful pointers in **DBI Handout 4: Exploring distress, suicide and self-harm**.

If at any time you feel concerned that the person you are working with may be at risk of suicide or self-harm, there are local risk escalation processes in place and you should follow these.

In addition to following local risk escalation processes, you and the person you are working with may also feel it is appropriate to co-develop a safety plan to help them keep safe in future.

Developing a safety plan should be considered, including when working with **younger people**. Younger people may be less experienced at coping with distressing thoughts and more often engage in risky behaviour.

**DBI Tool 11 'Safety Plan'** can be used to facilitate structured discussions around important safety planning issues. Please remember that a person-centred, collaborative and compassionate approach is key – *this is not simply a form to fill in*.

2019-05-31 V3.4.0-Map

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### **DBI Practitioner use only**

#### **Sharing information with other relevant services**

As a default DBI Level 2 services inform a person's GP that a referral was received, whether they engaged and, if developed, a copy of D-MaP.

There may also be other services who provide care or support for the person. As most Level 1 referring services do not routinely inform these other services that a person has been referred to DBI, it is important to ask the person you are working with whether they receive care and support from other services.

This particularly important if they are a young person as these other services may play an important safeguarding role or hold information which is relevant to the support you can provide.

Remember that anyone referred to the DBI Level 2 service has already provided their consent for you to inform other services about their involvement in DBI and their plans for managing their distress.

The extent to which information should be shared with another service will vary, depending on the situation of the person referred and the type of service they receive. In some cases a call to inform the other service that the person has received a DBI referral, and is/is not engaged with DBI support for their distress, may be all that is necessary. In other cases, it may be helpful to provide a copy of the D-MaP or further additional information.

#### **Sharing information with other individuals**

Those referred to DBI have not provided consent to share information with other individuals in their life, such as their friends, [REDACTED] or [REDACTED]. Discussing a person's involvement in DBI can only take place if the person agrees to this first. Any individual eligible for DBI support (i.e. those aged 16+ years) is considered old enough to provide or decline their consent to share information with other people, including their [REDACTED].

2019-05-31 V1.A.D-MaP

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Inverclyde Royal Hospital: Clinical Report		Page 1 of 1
Patient: <b>HUNTER, Brian</b>		DOB: <b>07-Oct-1965</b>
Referrer: Dr [REDACTED] Thorman	CHI No: 0710653050	
Ref Loc: GP PRACTICE	CRIS No: 20062498	
Ref Src: Dr McCartney & [REDACTED] West Wing, Port Glasgow Health Centre, 2 Bay Street, Port Glasgow, PA14 5EW.		
<b>Clinical History :</b>		
RTA 1983 hip dislocation, had been pain free then sudden onset of similar pain 1 week ago, right sided posterior hip/lower back pain ?sudden onset OA hip		
<b>XR Pelvis :</b>		
I note the above history, I suspect the injury was more than hip dislocation, the patient's pelvis is now very much asymmetric on the imaging table and I note a bony bar across the inferior aspect of the symphysis pubis coming from the inferior left ischio pubic ramus. Separately there looks to be fusion of the left SI joint. I assume these current changes relate to a significant previous pelvic ring injury. There is actually preserved joint space in both hips but there are some degenerative changes at the right hip including osteophytosis in relation to the outer right acetabulum. Particular reason for the very sudden onset pain not clear.		
<b>VERIFIED</b>	Reported By: Dr [REDACTED]	
	2nd Reporter: Verified By: Dr [REDACTED] Walsh	
E-35725884	Exam Date: 28-Jul-2021	
Exams: <b>XR Pelvis</b>		

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**Inverclyde Royal Hospital: Clinical Report**

Page 1 of 1

Patient: <b>HUNTER, Brian</b>		DOB: <b>07-Oct-1965</b>
Referrer: Dr [REDACTED] Green	CHI No: [REDACTED]	
Ref Loc: GP PRACTICE	CRIS No: 20062498	
Ref Src: Dr McCartney & Partners, West Wing, Port Glasgow Health Centre, 2 Bay Street, Port Glasgow, PA14 5EW.		
<b>Clinical History :</b>		
Significant pain + reduced rom for some time; unable to move above shoulder height in any plane. ?cause (NB has appt on 28th for hip xray if any chance these could be aligned)		
<b>XR Shoulder Rt :</b>		
I assume an old healed fracture of right clavicle. Glenohumeral joint is unremarkable. A little cortical roughening in the region of right greater tuberosity, no cuff calcification evident		
<b>VERIFIED</b>	Reported By: Dr [REDACTED]	
	2nd Reporter:	
	Verified By: Dr [REDACTED]	
E-35745670		Exam Date: 28-Jul-2021
Exams: <b>XR Shoulder Rt</b>		

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Hunter Brian

CHI: [REDACTED]

**Clinical letter - GP: Discharge Letter**

Dr. M McCartney  
Drs Mccartney addiscott green & t  
The Health Centre  
2 Bay Street  
Port Glasgow  
PA14 5EW

Main Switchboard:  
Department:  
Contact Tel:  
Enquiries to:  
Letter Date:  
Reference:  
Dictated Date:  
Transcribed Date:

**NHS**  
Greater Glasgow  
and Clyde  
Royal Alexandra Hospital  
Corsebar Road  
Paisley  
PA2 9PN  
0141-887-9111  
Physiotherapy  
Darragh McGarrity  
23/11/2021  
23/11/2021

Dear Dr McCartney,

**Brian Hunter; D.O.B: 07/10/1965; CHI: [REDACTED]  
3c Killearn Road, Greenock, Renfrewshire, PA15 3DD**

Presenting Condition: Left sided LBP

Onset of symptoms - Longstanding - flare approximately 6 months ago

Mechanism of onset - Initially related to RTA in 1984

Diagnosis - Mechanical back pain

Treatment - Home exercise program

Mr Hunter presented to Physiotherapy on the 9/9/21 and had 3 treatment sessions including 1 face to face review. At his review appointment on the 29/10/21 Mr Hunter reported that his symptoms had continued to improved. He reported minimal discomfort and he was happy to self manage at this time.

**Discharge Outcome:**

The patient completed a course of treatment and symptoms are now:

- Resolved.

The patient has an exercise programme to continue with self management.

This patient has now been discharged from our care.

Yours sincerely

Printed on 23/11/2021 12:07 by Darragh McGarrity

Page 1 of 2

NHS Confidential: Personal data about a patient

Hunter Brian

CHI: [REDACTED]

GCL 23/11/2021 v1

---

Darragh McGarrity

MSK Physiotherapist

Electronically Signed: ,

cc.

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Printed on 23/11/2021 12:07 by Darragh McGarrity

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**Drs McCartney, Addiscott, Green & Thorman**

The Health Centre  
2 Bay Street  
Port Glasgow PA14 5EW  
Tel. [REDACTED]  
[www.mccartneypractice.scot.nhs.uk](http://www.mccartneypractice.scot.nhs.uk)

PC/PC

31<sup>st</sup> of May 2024.

Brian Hunter  
7110/65

Dear Mr Hunter.

A recent blood test taken has shown your blood sugar to be raised.

Dr McCartney has asked that I contact you for another blood test.

There is no need to fast for this appointment.

I have made an appointment for you on the 13<sup>th</sup> of June 2024 at 10.30am

If you require any further information or if this appointment does not suit please contact me at the surgery.

Yours sincerely

[REDACTED]  
Practice Nurse



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Hunter Brian CHI: [REDACTED]

Clinical letter - GP: FTA - Discharge



Royal Alexandra Hospital  
Corsebar Road  
Paisley  
PA2 9PN

Dr. CL Addiscott  
Birkmyre Medical Practice  
The Health Centre  
2 Bay Street  
Port Glasgow  
PA14 5EW

Main Switchboard:  
Department:

MSK Physiotherapy  
Inverclyde Royal Hospital

Contact Tel: [REDACTED]  
Enquiries to: [REDACTED]  
Letter Date: 09/02/2026  
Reference:  
Dictated Date: 09/02/2026  
Transcribed Date:

Dear Dr Addiscott,

Brian Hunter; D.O.B: 07/10/1965; CHI: [REDACTED]  
3c Killearn Road, Greenock, Renfrewshire, PA15 3DD

This patient did not keep their first appointment with us on 09/02/26 at 13:00, and did not notify us that they would not be attending.

No further appointment will be offered and they will be removed from our waiting list, unless they contact us within 24 hours.

Yours sincerely

[REDACTED] Doak

Band 6 Physiotherapist

Electronically Signed: ,

cc.

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HEALTH SURNAME		BR.A.I. NAMES			OCCUPATION		SURNAME
National Health Service Number <i>5564/65/1549</i>		Single Married Widowed	Date of Birth	<i>y</i>	<i>10</i>	<i>65</i>	
Address (1) <i>REDHUGH DAPPLE RD. KILBIRNIE</i>		Name of Practitioner <i>Dr. John S. [redacted] KILBIRNIE</i>		Executive Council Cipher - Date <i>A 30/12/78</i>		19.....	
(2)		(2)		(2)		Died ..... 19.....	
(3)		(3)		(3)		CAUSE OF DEATH 1. _____ 2. _____	
<i>10 Montgomerie St Port Glasgow</i>		<i>H. R. [redacted] (2/7/53)</i>		<i>2 MAR 1984</i>			
<i>58 DAVAR RD. GALLOWS</i>		<i>J. G. M'NAB</i>		<i>116 JUL 79</i>			
Form GP.5B (Scotland) - MALE				<i>30-6-86</i>		Signature of Practitioner	

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IMMUNISATIONS AND		VACCINATIONS		
Diphtheria	Date	Smallpox	Date	Result
Pertussis		Tuberculin Test Method	Date	Result
Tetanus Toxoid		B.C.G.	Date	Result
Serum		Rh. Factor	Date	Blood Group
Polioomyelitis				
Others				

MAJOR ALLERGIES AND NOTES OF ANY SERUM ADMINISTRATION

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SURNAME		Names		MALE		Form	
Hunter		Brian		ASR			
National Health Service Number			Date of Birth		(No. inter)		
8564-105-1549			7 10 65				
Address (1)		Name of Practitioner		Executive Council			
6, Cobham St., Greenock		G.M. Crawford		RN		12 NOV 1965	
(2)		(2)		(2)			
Magareth House, Kilmarnock		Dr. Alan M. Orchardon, Kilmarnock		- F.R.		13.12.72	
(3)		(3)		(3)			
6 COBHAM ST. GREENOCK		Dr. D.C. GREEN		27 OCT 1978		29.6.78	
(4)		(4)		(4)			

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**REFERRAL LETTER****MEDICAL IN CONFIDENCE**

GGC Live Active without est Heart Disease Protocol (Glasgow, vR14.0)

**Additional Support Needs:**  
No known ASN requirements

<b>REFERRAL TO</b>	
Inverclyde - Greenock Sports Centre GGC Live Active Without est HD	— <b>Consultant / receiving practitioner and/or specialty clinic</b>
Live Active (GG&C) NHS Greater Glasgow & Clyde	— <b>Hospital and hospital address</b>
	Hospital location code: G046G
	Email address: -
<b>Urgency of referral</b> Routine	
<b>Date of referral</b> 01-Feb-2019	<b>Date sent</b> 01-Feb-2019

<b>PATIENT DETAILS</b>		<b>Patient's address</b>
<b>Surname</b> Hunter		3c Killearn Road GREENOCK Inverclyde PA15 3DD
<b>Forename(s)</b> Brian		
<b>Title</b> Mr		
<b>Sex</b> Male		Contact number(s)
<b>Date of birth</b> 07-Oct-1965		Voic [REDACTED]
<b>CHI no.</b> [REDACTED]		
<b>Area of Residence</b> -		

\*101017940329C\* Unique Care Pathway Number: 101017940329C

<b>REGISTERED GP DETAILS</b>		<b>Practice address</b>
<b>Name</b> Dr M McCartney		2 Bay Street Port Glasgow PA14 5EW
<b>GMC code</b> 3490462	<b>GP code</b> 35211	
<b>Practice name</b> The Health Centre		Contact number(s)
<b>Practice code</b> 86271		[REDACTED]

<b>REFERRING GP DETAILS</b>		<b>Practice address</b>
<b>Name</b> Dr. [REDACTED] Green		The Health Centre 2 Bay Street Port Glasgow PA14 5EW
<b>GMC code</b> 7072521	<b>GP code</b> 35203	
<b>Practice name</b> Drs McCartney, Addiscott & Green (86271)		Contact number(s)
<b>Practice code</b> 86271		[REDACTED]

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**CLINICAL INFORMATION**

**History of presenting complaint**

**Presenting complaint**

Description: Weight loss

Comment: I would greatly appreciate if you could see this gentleman who is keen to lose weight. He is aware that he should exercise more but has been struggling and over recent times has gained more weight, though he feels he eats the same as usual. I discussed with him that he needs to balance his intake and output and he was keen for referral to your service.

Many thanks.

---

**Reason for referral**

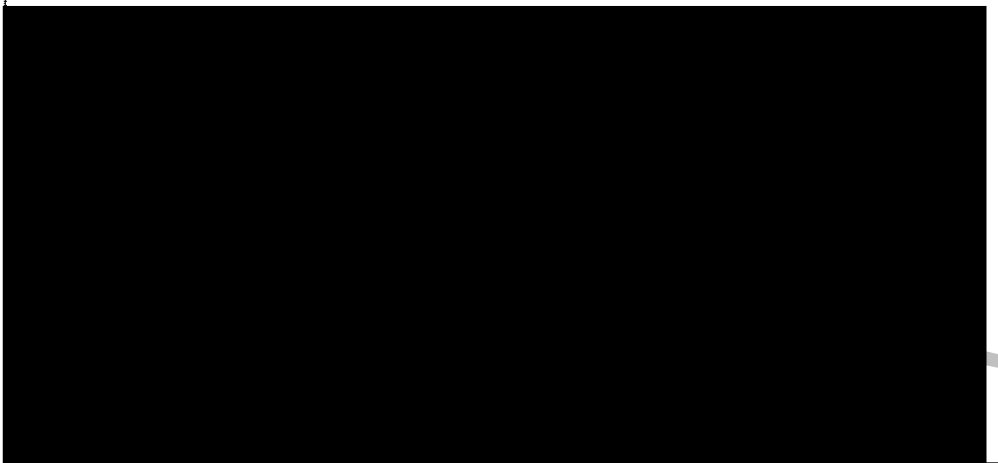
Care type requested: Out Patient

Expected outcome: Advise

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**Past medical history**





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

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### Lifestyle Steps

Participant's Name: BRIAN HUNTER  
 Date of birth (dd/mm/yy): 7/10/65  
 GP Name: DR MCKENNEY  
 Practice: DR MCKENNEY X PTN  
 Referral made by:  
 Health Counsellor: DIANNE MACKENZIE  
 Centre: GREENOCK SPORTS CENTRE  
 Tel No: 01475 213152  
 Health Counsellors Signature: *[Signature]*  
 I, the participant, agree to the following lifestyle   
 Participant's Signature:

Step 1: Preparation ARE ANGL LIVE ACTIVE PAGES.  
 - GYM PROG TUES 7OTH FLE 10AM

Step 2: Action WITHIN 2 WEEKS. I will:  
 \* ATTEND GYM PROGRAMME & MAKE A START AT THE GYM  
 \* TO ↑ WALKING eg WALK TO GYM

Step 3: By 25TH MARCH I will:  
 \* AIM TO ATTEND GYM 2 X PER WEEK FOLLOWING PROGRAMME

Step 4: By I will:

#### Baseline 6 Month Lifestyle Goals (delete as appropriate)

Lifestyle activities or changes I will make

Healthy Eating	Physical Activity
<ul style="list-style-type: none"> <li>↓ SUGAR</li> <li>↓ CHOCOLATE</li> <li>↓ SWEETS</li> <li>↓ BREADS</li> <li>↓ ALL SORTS</li> <li>↓ ALL THE ALTERNATIVE</li> </ul>	<ul style="list-style-type: none"> <li>↑ TIMES GYM</li> </ul>

Step 5: By 15TH MAY I will book my next appointment with my counsellor and aim to be doing: A 15 MIN / X WALKER 15 MIN PER WEEK \* AIM FOR 15 MINUTES OF WALKING PER WEEK

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**REFERRAL LETTER**

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow

**Additional Support Needs:**  
No known ASN requirements

<b>REFERRAL TO</b>	
Inverclyde - CMHT Adult GGC Mental Health	— <b>Consultant / receiving practitioner and/or specialty clinic</b>
Community Mental Health Team - Adult SCI Gateway Virtual Location code	— <b>Hospital and hospital address</b>
	Hospital location code: G002G
	Email address: -
<b>Urgency of referral</b>	Urgent - within 5 working days
<b>Date of referral</b>	27-Jun-2024
<b>Date sent</b>	28-Jun-2024

<b>PATIENT DETAILS</b>		<b>Patient's address</b>	
<b>Surname</b>	Hunter	3c Killearn Road	
<b>Forename(s)</b>	Brian	GREENOCK	
<b>Title</b>	Mr	Inverclyde	
<b>Sex</b>	Male	PA15 3DD	
<b>Date of birth</b>	07-Oct-1965	Contact number(s)	
<b>CHI no.</b>		Voice: [REDACTED]	
<b>Area of Residence</b>	-		

\*101033478007L\* Unique Care Pathway Number: 101033478007L

<b>REGISTERED GP DETAILS</b>		<b>Practice address</b>	
<b>Name</b>	Dr M McCartney	2	
<b>GMC code</b>	3490462	Bay Street	
<b>GP code</b>	35211	Port Glasgow	
<b>Practice name</b>	The Health Centre	PA14 5EW	
<b>Practice code</b>	86271	Contact number(s)	
		Voice: [REDACTED]	
		E-mail: [REDACTED]	

<b>REFERRING GP DETAILS</b>		<b>Practice address</b>	
<b>Name</b>	Dr. [REDACTED] Green	The Health Centre	
<b>GMC code</b>	7072521	2 Bay Street	
<b>GP code</b>	35203	Port Glasgow	
<b>Practice name</b>	Drs McCartney, Addiscott, Green & T (86271)	PA14 5EW	
<b>Practice code</b>	86271	Contact number(s)	
		Voice: [REDACTED]	

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

Description: Anxiety

Comment: I would greatly appreciate your help with this 58 year old who is really struggling at the moment.

He lost his job in January and then was taken off his benefits last month. His [REDACTED] has dementia and he is her [REDACTED]. He's got lots of frustration with trying to cope with life at the moment and doesn't know how he's going to get himself out of this situation.

He has been struggling with insomnia and up since I am hitting his head off the wall. He reports a lot of his trauma from the past is resurfacing. He was in and out the care system from the age of one and was at one point in a Care Home in Kilmarnock which is well known to have had troubles with abuse. His [REDACTED] had issues with alcohol which resulted in some physical abuse.

He was really upset this morning and left the room in tears at one point. He reports he feels so small, so inadequate and wants to be somewhere safe. He writes poems to try and manage it as a coping mechanism but at the moment that's not working for him.

I feel he could really benefit from some input as soon as you are able to provide it and this would be very much appreciated. He seems to be struggling so greatly at the moment having never really had any significant issues with anxiety previously. I wonder if he may need some psychology input further down the line but assistance with anxiety and his current state would be most beneficial currently as he is definitely feeling the effects of his insomnia and anxiety. I prescribed diazepam and he is already on bisoprolol so was unable to give any propranolol.

Many Thanks

Dr E Green

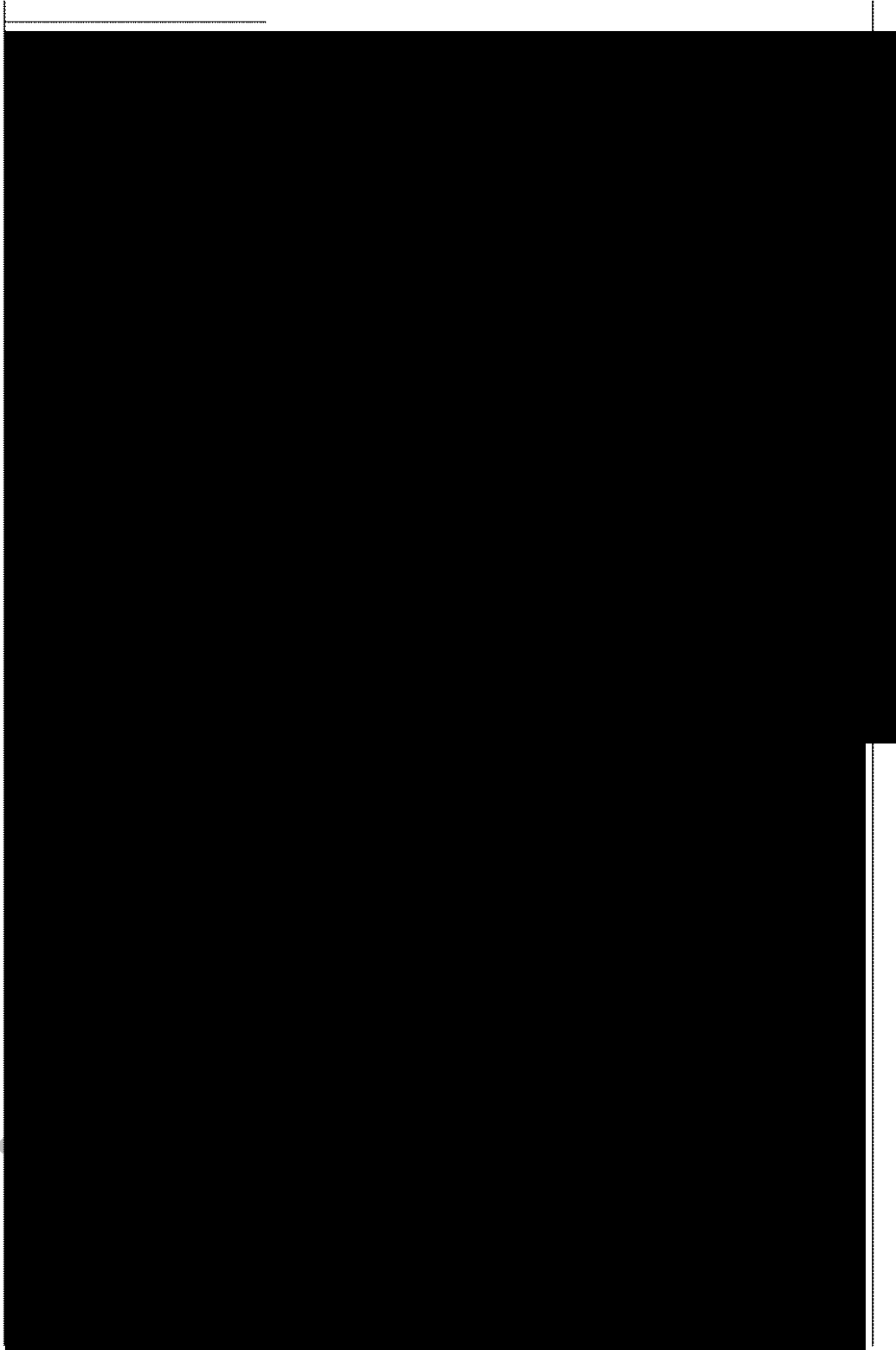
**Reason for referral**

Care type requested: Out Patient

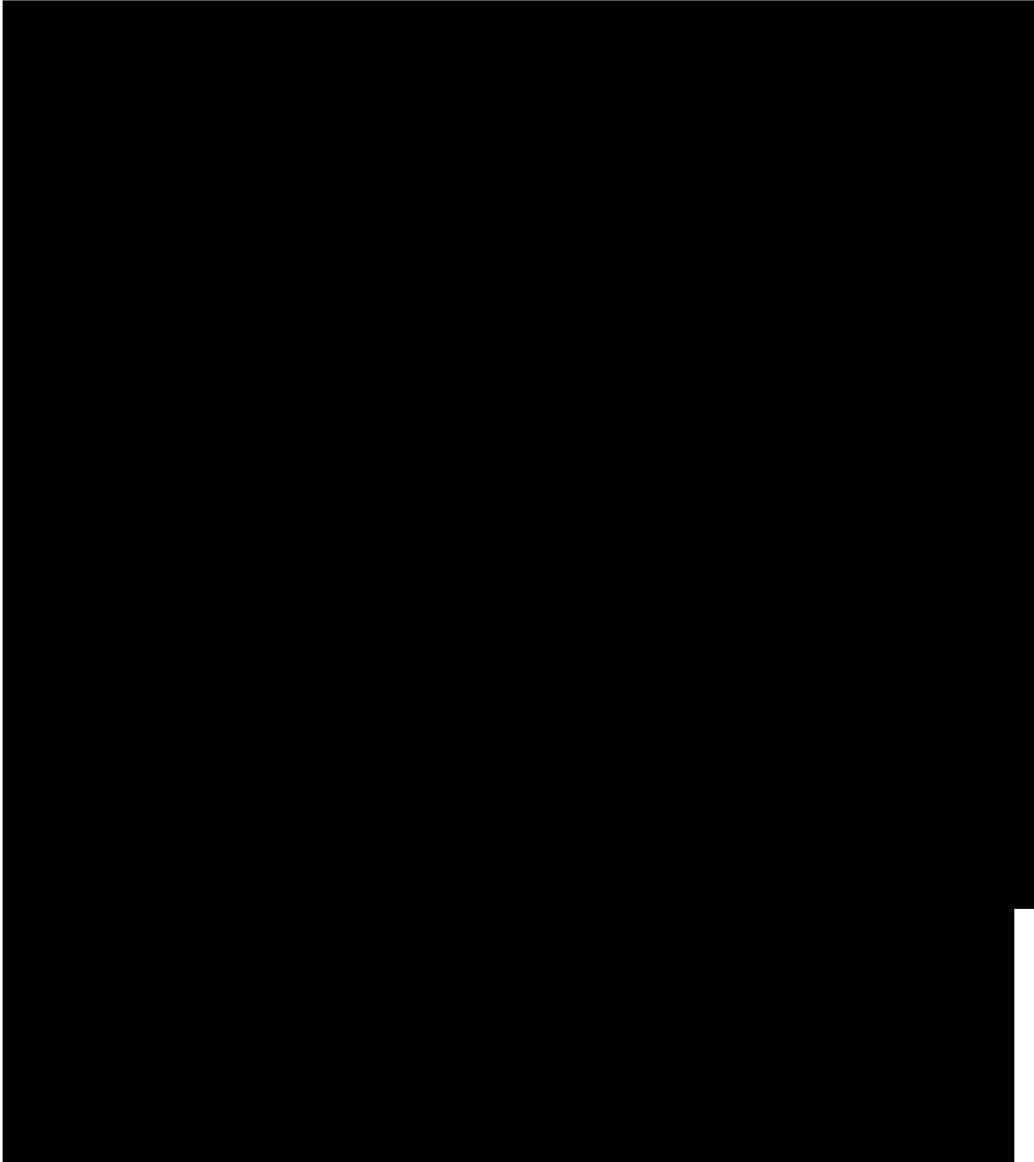
Expected outcome: Advise

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

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_____	_____
<b>Signature</b> of referring doctor (or other professional)	<b>Date</b>

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Inverclyde Royal Hospital, Larkfield Rd  
A & E Department  
Greenock PA16 0XN, [REDACTED]

Dr MCCARTNEY  
The Health Centre  
2 Bay Street  
Port Glasgow

PA14 5EW

February 23, 2008

Dear Dr McCartney,

Re. BELAN HUNTER 30 Blearn Road, GREENOCK, Renfrewshire, PA15 3DD

Date of Birth 07.10.65 Hospital Number: 0710653050 CHI Number: 0710653050

Your patient attended Inverclyde Royal Hospital, Larkfield Rd on the 23 FEB 2008 02:10.

The presenting complaint was: **SICKNESS DIARRHOEA AND NAUSEA, DIZZINESS**

Triage Information:

The following investigations were carried out: **Nil**

The A&E diagnosis was: **DIARRHOEA AND GASTROENTERITIS OF PRESUMED  
INFECTIOUS ORI**

The following treatment was given: **STEMETIL 5MG PO 8 HOURLY**

At the conclusion of treatment the patient was:

Follow-up: **Nil**

The patient's departure destination was: **DISCHARGED**

Additional information: **Seen in AE. Went to bed feeling well. Woke up, felt dizzy, then went to toilet and vomited twice and had 2 episodes diarrhoea. Had headache, dizziness worse on closing eyes. On examination obs all normal, heart/ chest clear. No abdo pain. neurology normal. Likely viral gastroenteritis, discharged with stemetil**

Yours sincerely,

[REDACTED] MILNE  
EMERGENCY DEPARTMENT DOCTOR

Consultants:

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## Acute Services Division

Clyde Acute Directorate

Inverclyde Royal Hospital  
Larkfield Road  
GREENOCK PA16 0XN  
FAX NO - [REDACTED]

**NHS**  
Greater Glasgow  
and Clyde

### Department of Ophthalmology

Dr Sadhu R [REDACTED] & Dr [REDACTED] Tejwani  
Secretary: [REDACTED] Donnachie  
Direct Line: [REDACTED]

Our Ref: SS/JC/145846

Your Ref: [REDACTED]

Dr [REDACTED] Mansfield  
Secretary: [REDACTED] Ferrie  
Direct Line: [REDACTED]

Date Dictated: 05.11.10

Date Typed: 22.11.10

### CONFIDENTIAL

Dr M McCartney  
The Health Centre  
2 Bay Street  
PORT GLASGOW  
PA14 5EW

Dear Dr McCartney

### RE - BRIAN HUNTER - 3C KILLEARN ROAD - GREENOCK (07.10.65)

Mr Hunter who had a blunt injury to his right eye about one week ago attended for review.

His vision was 6/9 in the right eye and 6/6 + 2 in the left eye. He has no complaints today. His eye is absolutely quiet with no conjunctival condition. His wound has healed fully and his fundus was within normal limits. He has been advised to stop all medications and has been discharged back to your care. Thank you.

Yours sincerely

  
Dr S Srivastava  
Associate Specialist in Ophthalmology

*Delivering better health*

www.nhs.gov.uk

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Hunter Brian

CHI: [REDACTED]

Clinical letter - GP: Discharge letter



Royal Alexandra Hospital  
Corsebar Road  
Paisley  
PA2 9PN

Dr. M McCartney  
Drs Mccartney addiscott green & t  
The Health Centre  
2 Bay Street  
Port Glasgow  
PA14 5EW

Main Switchboard:  
Department:  
Contact Tel:  
Enquiries to:  
Letter Date:  
Reference:  
Dictated Date:  
Transcribed Date:

01/07/2024  
01/07/2024

Dear ,

**Brian Hunter; D.O.B: 07/10/1965; CHI: [REDACTED]  
3c Killearn Road, Greenock, Renfrewshire, PA15 3DD**

This patient did not keep their first appointment with us on 01/07/2024 at 10:30, and did not notify us that he would not be attending. No further appointment will be offered and he will be removed from our waiting list, unless he contact us within 24 hours.

Yours sincerely

Somto Onyebuchi

B6 MSK Physiotherapist

Electronically Signed: ,

cc.

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Page 1 of 3

Hospital use only	Clinic	Day Date	Time	Hospital No.
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**REFERRAL LETTER**  
MEDICAL IN CONFIDENCE  
GGC Third Sector Referral Protocol

**Additional Support Needs:**  
**No known ASN requirements**

<b>REFERRAL TO</b>	
Inverclyde DBI GGC Third Sector Referral	— <b>Consultant / receiving practitioner and/or specialty clinic</b>
Distress Response Services SCI Gateway Virtual Location	— <b>Hospital and hospital address</b>
	Hospital location code. G153G
	Email address -
<b>Urgency of referral</b> Routine	
<b>Date of referral</b> 04-Jun-2025	<b>Date sent</b> 04-Jun-2025

<b>PATIENT DETAILS</b>		<b>Patient's address</b>	
<b>Surname</b> Hunter		3c Killearn Road	
<b>Forename(s)</b> Brian		GREENOCK	
<b>Title</b> Mr		Inverclyde	
<b>Sex</b> Male		PA15 3DD	
<b>Date of birth</b> 07-Oct-1965			Contact number(s)
<b>CHI no.</b> [REDACTED]			Voice: [REDACTED]
<b>Area of Residence</b> -			

\*1010366809625\*

Unique Care Pathway Number: 1010366809625

<b>REGISTERED GP DETAILS</b>		<b>Practice address</b>	
<b>Name</b> Dr [REDACTED] Addiscott		2	
<b>GMC code</b> 4310282	<b>GP code</b> 34088	Bay Street	
<b>Practice name</b> The Health Centre		Port Glasgow	
<b>Practice code</b> 86271		PA14 5EW	
			Contact number(s)
			Voice: [REDACTED]
			E-mail: [REDACTED]

<b>REFERRING GP DETAILS</b>		<b>Practice address</b>	
<b>Name</b> Dr. [REDACTED] Green		The Health Centre	
<b>GMC code</b> 7072521	<b>GP code</b> 35203	2 Bay Street	
<b>Practice name</b> Birkmyre Medical Practice (86271)		Port Glasgow	
<b>Practice code</b> 86271		PA14 5EW	
			Contact number(s)
			Voice: [REDACTED]

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**CLINICAL INFORMATION**

**History of presenting complaint**

**Presenting complaint**

Description: Anxiety - panic

Comment: Your help would be much appreciated for this gentleman who cares for his [redacted] with dementia. He is struggling with panic attacks currently and feels things are [redacted] getting on top of him.

He had some input last year which he found beneficial and so was keen for referral. Your help would be much appreciated.

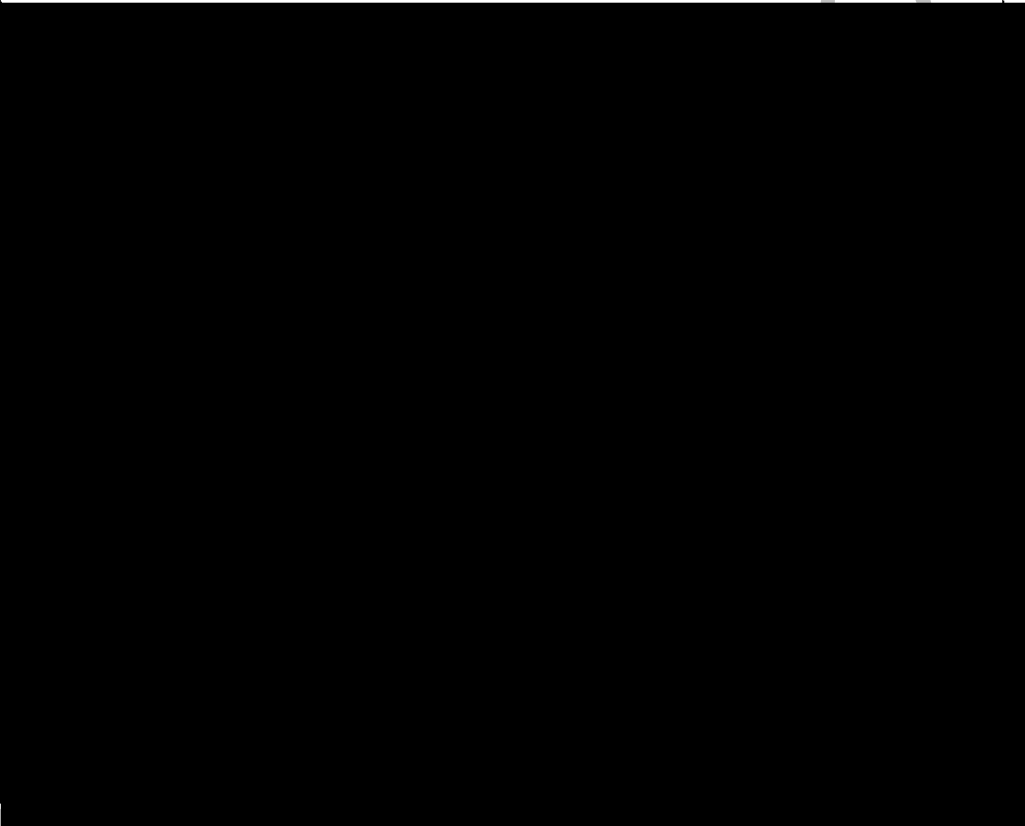
Many thanks

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history**



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

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06-May-2026  
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**Extension:**  
**Pages:**

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Health & Social Care Partnership  
Chief Officer: [REDACTED] Rocks



Our Ref: LF/KED  
[REDACTED]

Inverclyde Community Response Service  
Inverclyde Community Mental Health Team  
Crown House  
30 King Street  
GREENOCK  
PA15 1NL

Tel: [REDACTED]

Date: 11<sup>th</sup> July 2024

**PRIVATE AND CONFIDENTIAL**

Dr Green  
GENERAL PRACTITIONER  
Drs McCartney & Addiscott  
The Health Centre  
2 Bay Street  
PORT GLASGOW  
PA14 5EW

Dear Dr Green,

Re: **Brian Hunter** DoB: **07/10/65**  
Address: **3c Kilearn Road, Greenock PA15 3DD**

CHI: [REDACTED]

Thank you for your referral dated 27<sup>th</sup> June 2024. Mr Hunter was assessed by the Community Response Service (CRS) on 1<sup>st</sup> July 2024.

Mr Hunter has advised that he continues to engage with SAMH for DBI and Mind Mosaic. Mr Hunter has advised CRS that he continues to be compliant with his prescribed medication.

Following a period of support from CRS Mr Hunter has now been discharged.

I have enclosed a copy of the Mental Health Assessment and CRAFT Risk Assessment for your attention/records.

Should you wish to discuss this further please do not hesitate to contact CRS on the above number.

Yours sincerely,

*Ava Atzger*



"Improving Lives"

Inverclyde council

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-2-

██████████  
Senior Crisis Practitioner  
Community Response Service

Encl: Mental Health Assessment & CRAFT Risk Assessment

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*"Improving Lives"*



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HUNTER, Brian (Mr)

NHS GG&C Mental Health Services

HUNTER, Brian (Mr)

Date of Birth: 07-Oct-1965 (58y)

3C Killearn Road, Greenock, Inverclyde, PA15 3DD

CHI Number: [REDACTED]

Usual GP: MCCARTNEY, M (Dr)

Consultations

Date	Consultation Text
11-Jul-2024 14:22	<p>Face to face consultation (Crown House) [REDACTED] Kauser (SeniorCrisisPractitioner)                      Accompanying HCP: [REDACTED] (SeniorCrisisPractitioner)                      Template: CRAFT - Risk Assessment</p> <p>Assessment                      Risk assessment                      When is this review taking place? Other, please state Discharge from CRS                      Risk Assessment                      What do the clinical team, service user and [REDACTED] think the key risks are at the moment, please describe these in detail? Brian appears to have no social support at present and is socially isolated and is living with his [REDACTED] who was diagnosed with Vascular dementia 3 years ago. He is his [REDACTED] only [REDACTED] at present and states the the stress of this is becoming more and more difficult for him to manage emotionally. He is currently experienceing financial difficulties due to losing his job when the factory that he worked in as a security guard closed down and he has recently stopped receiving benefits. Currently raising with Financial fitness and Department of Work and Pensions regarding new benefit claim. Feels that he is a pacifist and that people take advantage of his kind nature leaving him feeling hurt/ angry after a situation. CRS / Nursing - 11/07/2024: Brian reports to his mental health having improved. He reports to now engaging with Mind Mosaic Service, Distress Brief Intervention and SAMH and is finding these services beneficial. Brian reported that he also feels that engaging with Financial Fitness has eased his difficulties.                      What historical risk factors are there that it is important to be aware of? Past childhood trauma - [REDACTED] and [REDACTED] violent alcoholics. Brian remembers seeing his [REDACTED] chase his mother with a knife and her getting away and not returning to the family home. Brian and his 5 [REDACTED] stayed at home with [REDACTED] who was an alcoholic and subsequently entered the care system when he was around age 6. Possible trauma from this. Brian remembers waking up with his [REDACTED] hands around his neck when he was young. Brian reports many head injuries while growing up including being hit with a boulder on the head at age 12 and losing consciousness, being hit over the head with a glass bottle, being hit on the head with a claw hammer and a serious accident being ran over by a bus while cycling to [REDACTED] age 18. Reports his bladder burst in this accident and has struggled to pass urine since then. CRS / Nursing - 11/07/2024: As above.                      What are the obstacles to risk management/what risks canâ€™t be changed? [REDACTED] has vascular dementia and Brian is sole [REDACTED] for her. History of depression. Brian socially isolated with little social support. CRS / Nursing - 11/07/2024: As above.                      What factors are present that reduce risk? Brian feels that his [REDACTED] is a protective factor and that she depends on his help and support. Currently engaging with CRS, SAMH, Financial Fitness and Careres Centre seeking help available to him or his [REDACTED] receiving support from inverclyde dementia coordinator. CRS / Nursing - 11/07/2024: As above.</p> <p>Risk Management                      Under what circumstances are risks likely to increase (This information must be shared with service [REDACTED] Brian stated he has not consumed alcohol for 4 years, risk could increase if he did. If he is not offered support by services he has engaged with lately. If financial issues continue. CRS / Nursing - 11/07/2024: Now engaging with third sector services and is finding this beneficial.                      What is the clinical team going to do about it - In the next few days/between now and next appointment? CRS accepted onto caseload, will offer short term support and further assessment. Wellbeing call tomorrow, 02/07/24 to check wellbeing and assess risk. Continue to sign post to relevant services. He has been provided with contact details for CRS/ NHS24 and agreed to call if he requires support at any time. CRS / Nursing - 11/07/2024: Discharge from CRS back to the care and</p>

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HUNTER, Brian (Mr)

NHS GG&C Mental Health Services

treatment of G.P. Brian is now engaging with third sector services and is finding this beneficial. He is compliant with his prescribed antidepressant medication - Sertraline.

What is the clinical team going to do about it - in the next few months? Receiving ongoing support from GPCRS will liaise with GP at discharge CRS will ensure Brian has been signposted to all relevant services CRS / Nursing - 11/07/2024;

Discharge from CRS back to the care and treatment of G.P. Brian is now engaging with third sector services and is finding this beneficial. He is compliant with his prescribed antidepressant medication - Sertraline.

Are there any other considerations for risk management? Brian is sole [redacted] for [redacted] who has dementia

What should the service [redacted] do if risky situations emerge? Contact G.P / NHS 24 (111)

Have all relevant professionals been informed of the risk management plan? Emis users, GP.

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NHS Greater Glasgow & Clyde – Adult Mental Health Brief Assessment Tool

CHI No:	■■■■	Date:	01/07/2024
Surname:	Hunter	Date of Birth:	07-Oct-1965
First Name:	Brian	Gender:	M
Address & Post Code:	3C Killearn Road Greenock Inverclyde PA15 3DD		
Phone No:	■■■■■■■■■■	Legal Status (MHA, AWI, Guardianship):	Informal
Ethnicity:	White: Scottish - Scotland ethnic category 2011 census	Nationality:	British
Have you or a close family member ever been a part of the UK Armed Forces?		*Select as appropriate	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>
Are you a ■■■■ of someone who is in the Armed Forces or is a veteran?		*Select as appropriate	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>
Consent to sharing info:	Yes		
Communication needs:	No issues reported		
■■■■ / ■■■■ contact details:	Gina Ramage, ■■■■ ■■■■ contact details listed below:		

<b>Alerts (history of violence, offending history)</b>
No history of violence or offending reported or noted.
<b>Reason for referral (referrer's reason[s] for requesting assessment)</b>
Referred by Dr Greene (GP) on the 27th of June 2024. Description: Anxiety Comment: I would greatly appreciate your help with this 58 year old who is really struggling at the moment. He lost his job in January and then was taken off his benefits last month. His ■■■■ has dementia and he is her ■■■■ He's got lots of frustration with trying to cope with life at the moment and doesn't know how he's going to get himself out of this situation. He has been struggling with insomnia and up since 1am hitting his head off the wall.

Name / CHI: Brian Hunter ■■■■

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## NHS Greater Glasgow &amp; Clyde – Adult Mental Health Brief Assessment Tool

He reports a lot of his trauma from the past is resurfacing. He was in and out the care system from the age of one and was at one point in a Care Home in Kilmarnock which is well known to have had troubles with abuse. His [REDACTED] had issues with alcohol which resulted in some physical abuse.

He was really upset this morning and left the room in tears at one point. He reports he feels so small, so inadequate and wants to be somewhere safe. He writes poems to try and manage it as a coping mechanism but at the moment that's not working for him.

I feel he could really benefit from some input as soon as you are able to provide it and this would be very much appreciated. He seems to be struggling so greatly at the moment having never really had any significant issues with anxiety previously. I wonder if he may need some psychology input further down the line but assistance with anxiety and his current state would be most beneficial currently as he is definitely feeling the effects of his insomnia and anxiety. I prescribed diazepam and he is already on bisoprolol so was unable to give any propranolol.

**Reason for attendance (Description of individuals main concerns, their perceptions of difficulties and hopes from the service)**

Mr Hunter reported that he had been to the Job Centre recently and had been feeling overwhelmed and had started crying. He had then attended his GP and had been upset/ distressed there too. He reported that he has been having panic attacks for years and has also felt the way he does now for years. He said that he has experienced several head injuries over the years including being hit on the head with a boulder at the age of twelve and lost consciousness. He did not seek medical advice. He also stated that he had been knocked down on his bike on his way to work by a bus which caused him to require surgery. He reported that his [REDACTED] had assaulted him by hitting him on the head with a claw hammer twice in 1984/85. He stated that he again did not seek medical advice. He also reported that he had been assaulted by two men at his door and on this occasion he was hit over the head with a glass bottle. Again he did not seek medical advice/ support. He reported that he has never had any scans of his head or been advised that he has suffered head injury.

He stated that he lost his job in January in security at Amazon and he is currently waiting to receive redundancy payment of £6000.

Mr Hunter stated that he feels that he has always suffered from anxiety and some low mood/ depression. He stated that he has always struggled with confrontation and finds this distressing. He stated that he is either a coward or a pacifist. He tries to treat others well and feels that others may at times take advantage of him. He said that he will sometimes feel annoyed later on reflection. He denied being a risk to others.

Mr Hunter stated that his [REDACTED] has vascular dementia and that this was diagnosed around three years ago. She has no [REDACTED] visiting and he is her main [REDACTED]. He said that he is her second [REDACTED] and that she sometimes thinks that he is her first [REDACTED] which is upsetting. He stated that his [REDACTED] is 18 years older than he is. They have been married for 25 years. She has children from her previous marriage. He reported that he has no informal social support at this time. He has been to the practice link worker at his GP and she has signposted him to SAMH for support and

Name / CHI: Brian Hunter [REDACTED]

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NHS Greater Glasgow & Clyde – Adult Mental Health Brief Assessment Tool

also to Financial Fitness.

Mr Hunter reported that he was born in this area and that his [redacted] and [redacted] split up when he was 5. He stated that his father had tried to stab her with a knife and he witnessed this. He and his 5 [redacted] were left with his [redacted] for a short time. He stated that his [redacted] was a violent alcoholic. He said that he and his [redacted] were taken into [redacted] in Kilmarnock in 1971 for 5 years and then moved to care in Redheugh in Kilbirnie thereafter. He returned to Port Glasgow when he was 16. He said that he has memories of his [redacted] trying to strangle him on one occasion when his [redacted] was drunk. He stated his [redacted] had told him that he had seen his own [redacted] stabbing his [redacted]. He stated that he had one further contact with his [redacted] when she visited him in 1975 however she had moved to England and had a new family. Mr Hunter reported that he feels that he has some trauma related to his upbringing.

Mr Hunter has been struggling to sleep well and said that this has been a longstanding issue. He usually falls asleep after around 20 mins and may waken up during the night several times. He can struggle to fall asleep again due to his mind becoming active.

He stated that he has had no appetite recently and has not been eating well.

**Psychiatric history (previous/ongoing mental health problems, diagnoses and interventions, via GP or mental health services, and their impact; h/o self harm/attempted suicide; previous admission/detentions)**

Mr Hunter has no EMIS record prior to current referral. He stated that he has had support from his GP with anxiety and depression.

**Current medication details as given by individual (prescribed, over-the-counter, complementary, drug allergies)**

Medication	Dose	Frequency	Duration	Response
Sertraline	50mg	Daily		
Naproxen	500mg	One tablet twice daily		
Omeprazole	20mg	Daily		
Amlodipine	5mg	Daily		
Bisoprolol	2.5mg	Daily		
Diazepam	2mg	As required		

**Allergies:** Hayfever

<b>Dispensing frequency:</b>	Four weekly	<b>Medication concordance:</b>	Concordant
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**Any children/ dependents under the age of 18?**

	Child 1	Child 2	Child 3	Child 4
<b>Name</b>				
<b>Age</b>				

Name / CHI: Brian Hunter [redacted]

NHS Confidential: Personal data [REDACTED] a patient

## NHS Greater Glasgow &amp; Clyde – Adult Mental Health Brief Assessment Tool

<b>Address if different:</b>					
<b>Child protection concerns/agencies involved:</b>					
<b>Impact of mental health on parenting and/or potential risk to children:</b>					
<b>Description of functioning before current difficulties:</b>					
Mr Hunter stated that he has been struggling with his mental health for years. He has tried to manage this on his own but feels that he needs help now.					
<b>Substance use: (caffeine, alcohol, tobacco, non-prescribed drugs, novel psychoactive substances)</b>					
<i>Pattern of current use</i>		No current alcohol use No drug use			
<i>Impact on individual</i>		Not applicable			
<i>Previous history</i>		Mr Hunter has not use alcohol for four years. He stated that he has always been concerned about the family history of alcoholism as his father and [REDACTED] were both alcohol dependent.			
<b>Mental State Examination:</b>					
<i>Appearance</i>		Mr Hunter appeared clean and well kempt. He was dressed in casual clothing appropriate to the season.			
<i>Behaviour</i>		He made good eye contact. He engaged well and appeared to be relaxed.			
<i>Mood &amp; Affect</i>		Mr Hunter reported that his mood is 0 on 0 to 10 scale where 0 is worst and 10 is best. He stated that he has little motivation and that his concentration is poor. He stated that he is anhedonic. He stated that his [REDACTED] will at times prompt him to attend to his personal care. He stated that he can feel anxious at times as if the walls are closing in on him. He experiences physical symptoms of shaking, increased heart rate and feeling clammy. This is in response to external events. He feels that his level of anxiety has increased recently.			
<i>Speech</i>		Normal in rate, tone and content			
<i>Thought form</i>		No formal thought disorder expressed or noted.			
<i>Thought content</i>		Thoughts coherent and linear			
<i>Perceptions</i>		No perceptual abnormalities expressed or noted. No evidence of him responding to external stimuli.			
<i>Cognition</i>		No cognitive impairment expressed or noted. Not formally tested. He was oriented to time, person and place.			
<i>Insight</i>		Intact			
[REDACTED] / [REDACTED] / others views, concerns and expectations from services					

Name / CHI: Brian Hunter [REDACTED]

NHS Confidential: [redacted] data about a patient

NHS Greater Glasgow & Clyde – Adult Mental Health Brief Assessment Tool

Not present

**Additional notes:**

Mr Hunter has support from practice link worker at GP surgery.  
He has had advocacy in the past (Circles)  
He has been referred to SAMH and is due to see them this week.  
His [redacted] has support from Inverclyde Dementia Coordinator Lesley Cummings  
He is receiving support from Financial Fitness.

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Name / CHI: Brian Hunter [redacted]

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NHS Greater Glasgow & Clyde – Adult Mental Health Brief Assessment Tool

**Summary**

<b>Name:</b> HUNTER, Brian (Mr)		<b>CHI:</b> [REDACTED]	
<b>Summary of assessment (Key findings, relevant negatives, initial formulation considering predisposing, precipitating, perpetuating and protective factors)</b>			
Referred by GP due to anxiety. Assessed by [REDACTED] and [REDACTED] (Student Nurse). Mr Hunter is sole [REDACTED] for his [REDACTED] who has dementia. He was made redundant from his job in January 2024. He has trauma in his childhood and was in care during his childhood years. He has suffered several unreported head injuries over the year. He stated that he has difficulty passing urine and that this has been an issue since he had surgery follow an accident when he was 18. He stated that he is too embarrassed to discuss this with his GP. Following assessment it was agreed that he will be offered short term support with CRS. This will allow further information to be gathered to identify appropriate services moving forward.			
<b>Overall impression of risk (CRAFT to be completed separately)</b>			
No risk of suicide. No risk of self-harm. No risk to others. No current risk from others. Mr Hunter has ongoing physical health issues. No current alcohol or drugs.			
<b>Immediate actions (including information provided)</b>			
Mr Hunter provided with contact details for CRS and NHS24. He will be called tomorrow to check on wellbeing and risk and a further face to face appointment arranged.			
<b>Outcome of MDT discussion/ Treatment plan (including follow up arrangements if relevant)</b>			
<b>Primary Diagnosis:</b>	Anxiety		
<b>Any additional diagnoses:</b>			
Suitable for psychological therapies (Y/N):			
<b>Name:</b>	[REDACTED]	<b>Designation:</b>	Nurse Team Lead
<b>Signature:</b>	[REDACTED]	<b>Date:</b>	01/07/2024

Name / CHI: Brian Hunter [REDACTED]

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Additional document  
06-May-2026  
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Filename:  
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Hunter Brian

CHI: [REDACTED]

**Clinical letter - GP: Discharge**

Dr. M McCartney  
 Drs Mccartney addiscott green & t  
 The Health Centre  
 2 Bay Street  
 Port Glasgow  
 PA14 5EW

Main Switchboard:  
 Department:  
 Contact Tel:  
 Enquiries to:  
 Letter Date:  
 Reference:  
 Dictated Date:  
 Transcribed Date:

**NHS**  
 Greater Glasgow  
 and Clyde  
 Royal Alexandra Hospital  
 Corsebar Road  
 Paisley  
 PA2 9PN  
 0141-887-9111  
 MSK Outpatients

24/01/2024

24/01/2024

Dear Dr McCartney ,

**Brian Hunter; D.O.B: 07/10/1965; CHI: [REDACTED]**  
**3c Killearn Road, Greenock, Renfrewshire, PA15 3DD**

GP Action Required: Nil

Presenting Condition: R shoulder pain

Physiotherapy Comments: Patient presented initially on 13/11/2023 with 8 month history of R shoulder pain. On final assessment, Range of motion was full and muscle power was 5/5 for all movements at R shoulder.

Onset of symptoms - Gradual

Mechanism of onset - Atraumatic

Diagnosis - R rotator cuff tendinopathy

Treatment - Education on rotator cuff tendinopathy and recovery, Progressive shoulder loading exercise programme.

Discharge Outcome: The patient completed a course of treatment and symptoms are now:

- Almost Resolved.

The patient has an exercise programme to continue with self management.

This patient has now been discharged from our care.

Yours sincerely

Printed on 24/01/2024 11:20 by [REDACTED]

Page 1 of 2

NHS Confidential: Personal data about a patient

Hunter Brian

CHI: [REDACTED]

GCL 24/01/2024 v1

---

[REDACTED]

Band 5 Physiotherapist

Electronically Signed: ,

cc.

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Printed on 24/01/2024 11:20 by [REDACTED]

Page 2 of 2

eMED3 (2010) new statement issued, not fit for work

25-July-2024 Dr Claire Thorman (CLT)

Additional: eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Depression and Anxiety with Panic Attacks; Duration: 25/07/2024 - 22/08/2024)

Filename:

Extension:

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's name	Mr, Mrs, Miss, Ms Brian Hunter
I assessed your case on:	25 / 07 / 2024
and, because of the following condition(s):	Depression and Anxiety with Panic Attacks
I advise you that:	<input checked="" type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice:-----
If available, and with your employer's agreement, you may benefit from:	
<input type="checkbox"/> a phased return to work	<input type="checkbox"/> amended duties
<input type="checkbox"/> altered hours	<input type="checkbox"/> workplace adaptations
Comments, including functional effects of your condition(s):	
This will be the case for _____ or from 25 / 07 / 2024 to 22 / 08 / 2024	
I will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Issuer's name	Dr Thorman
Issuer's profession	Doctor
Date of statement	25 / 07 / 2024
Issuer's address	The Health Centre Bay Street, Port Glasgow PA14 5EW Telephone: _____
Unique ID: Med 3 04/22	E4783DF1-EA5B-4665-A962-78DA25743729

What your advice means	
<b>'You are not fit for work'</b>	Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
<b>'You may be fit for work'</b>	You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are <b>'not fit for work'</b> . You do not need to get another of these forms.
For more information please visit <a href="http://www.gov.uk">www.gov.uk</a> and type <b>'fit note guidance for patients and employees'</b> into the search field. Fit note guidance for employers is also available.	
Data from <b>page 1</b> of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at <a href="http://www.gov.uk/dwp/fit-note-data">www.gov.uk/dwp/fit-note-data</a>	
Fill in the <b>Your details</b> section. You can ask someone to do this for you if you cannot fill in your details yourself.	
<b>Your details</b> – Please use BLOCK CAPITALS	
Surname	Mr, Mrs, Miss, Ms HUNTER
Other names	BRIAN
Address	3C KILLEARN ROAD GREENOCK INVERCLYDE Postcode PA15 3DD
Date of birth	07 / 10 / 1965 Mobile: _____
NI number	____
<b>What you need to do now</b>	
<ul style="list-style-type: none"> <li><b>If you are employed:</b> Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form <b>SSP1</b> to claim benefits.</li> <li><b>If you are self-employed:</b> You could claim benefits.</li> <li><b>If you are already claiming benefits:</b> Please send this form to the office dealing with your claim.</li> <li><b>If you need to make a claim to benefits:</b> Visit <a href="http://www.gov.uk/browse/benefits">www.gov.uk/browse/benefits</a> or phone _____ (8am to 6pm Monday to Friday). Textphone users call _____</li> </ul>	

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work  
 27-Jun-2024 Dr Emma Green (EG)

Additional: eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Depression and anxiety, panic attack episodes; Duration: 05/06/2024 - 25/07/2024)

Filename:

Extension:

Pages:

### Statement of Fitness for Work For social security or Statutory Sick Pay

**Patient's name** Mr, Mrs, Miss, Ms Brian Hunter

**I assessed your case on:** 27 /06 / 2024

**and, because of the following condition(s):** Depression and anxiety, panic attack episodes

**I advise you that:**  
 you are not fit for work.  
 you may be fit for work taking account of the following advice:-----

**If available, and with your employer's agreement, you may benefit from:**  
 a phased return to work-----  amended duties-----  
 altered hours-----  workplace adaptations-----

**Comments, including functional effects of your condition(s):**

---

**This will be the case for** \_\_\_\_\_  
 or from 05 /06 / 2024 to 25 /07 / 2024

**I will/will not need to assess your fitness for work again at the end of this period.**  
 (Please delete as applicable)

**Issuer's name** Dr [REDACTED] Green  
**Issuer's profession** Doctor  
**Date of statement** 27 /06 / 2024  
**Issuer's address**  
 The Health Centre  
 Bay Street, Port Glasgow  
 PA14 5EW  
 Telephone: [REDACTED]

Unique ID: Med 3 04/22 41EA03A7-5B66-4391-8767-3CD8B944CBF0

### What your advice means

**'You are not fit for work'**  
 Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

**'You may be fit for work'**  
 You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are **'not fit for work'**. You do not need to get another of these forms.

For more information please visit [www.gov.uk](http://www.gov.uk) and type **'fit note guidance for patients and employees'** into the search field. Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at [www.gov.uk/dwp/fit-note-data](http://www.gov.uk/dwp/fit-note-data)

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

**Your details** – Please use BLOCK CAPITALS

**Surname** Mr, Mrs, Miss, Ms HUNTER

**Other names** BRIAN

**Address** 3C KILLEARN ROAD  
 GREENOCK  
 INVERCLYDE **Postcode** PA15 3DD

**Date of birth** 07 / 10 / 1965 **Mobile** \_\_\_\_\_

**NI number** \_\_\_\_\_

**What you need to do now**

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- If you are self-employed:** You could claim benefits.
- If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- If you need to make a claim to benefits:** Visit [www.gov.uk/browse/benefits](http://www.gov.uk/browse/benefits) or phone [REDACTED] (8am to 6pm Monday to Friday). Textphone users call [REDACTED]

THIRD PARTY

eMED3 (2010) new statement issued, not fit for work  
 28-May-2024 Dr Emma Green (EG)

Additional: eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Left knee pain. Urinary issues - under investigation.; Duration: 28/05/2024 - 25/06/2024)

Filename:

Extension:

Pages:

### Statement of Fitness for Work For social security or Statutory Sick Pay

**Patient's name**  Brian Hunter

**I assessed your case on:** 28 / 05 / 2024

**and, because of the following condition(s):** Left knee pain.  
Urinary issues - under investigation.

**I advise you that:**  
 you are not fit for work.  
 you may be fit for work taking account of the following advice:-----

**If available, and with your employer's agreement, you may benefit from:**  
 a phased return to work-----  amended duties-----  
 altered hours-----  workplace adaptations-----


**Comments, including functional effects of your condition(s):**

---

**This will be the case for**   
 or from 28 / 05 / 2024 to 25 / 06 / 2024

**I will not need to assess your fitness for work again at the end of this period.**  
 (Please delete as applicable)

**Issuer's name** Dr [REDACTED] Green  
**Issuer's profession** Doctor  
**Date of statement** 28 / 05 / 2024  
**Issuer's address** The Health Centre  
 Bay Street, Port Glasgow  
 PA14 5EW  
 Telephone: [REDACTED]



Unique ID: Med 3 04/22 1CF4B18D-3E41-4461-9D5B-54A631FAB7A3

#### What your advice means

**'You are not fit for work'**  
 Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

**'You may be fit for work'**  
 You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are **'not fit for work'**. You do not need to get another of these forms.

For more information please visit [www.gov.uk](http://www.gov.uk) and type **'fit note guidance for patients and employees'** into the search field. Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at [www.gov.uk/dwp/fit-note-data](http://www.gov.uk/dwp/fit-note-data)

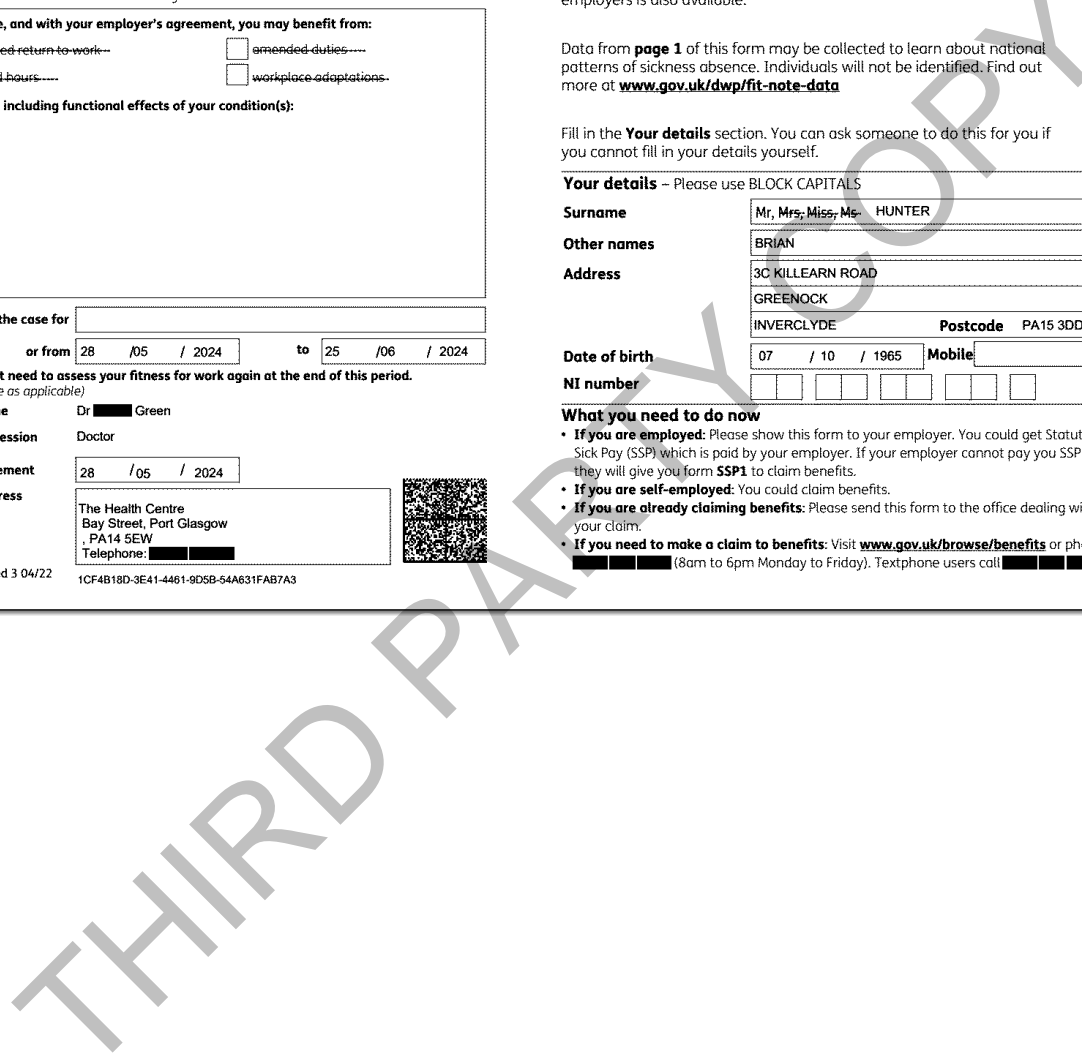
Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

**Your details** – Please use BLOCK CAPITALS

**Surname**   
**Other names**   
**Address**   
  
 **Postcode**   
**Date of birth**  **Mobile**   
**NI number**

**What you need to do now**

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- If you are self-employed:** You could claim benefits.
- If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- If you need to make a claim to benefits:** Visit [www.gov.uk/browse/benefits](http://www.gov.uk/browse/benefits) or phone [REDACTED] (8am to 6pm Monday to Friday). Textphone users call [REDACTED]



eMED3 (2010) new statement issued, not fit for work

23-Apr-2024 Dr Emma Green (EG)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Left knee pain Urinary issues - under investigation; Duration: 23/04/2024 - 28/05/2024)

Filename:

Extension:

Pages:

### Statement of Fitness for Work For social security or Statutory Sick Pay

**Patient's name**  Brian Hunter

**I assessed your case on:** 23 /04 / 2024

**and, because of the following condition(s):** Left knee pain  
Urinary issues - under investigation

**I advise you that:**  
 you are not fit for work.  
 you may be fit for work taking account of the following advice:-----

**If available, and with your employer's agreement, you may benefit from:**  
 a phased return to work-----  amended duties-----  
 altered hours-----  workplace adaptations-----


**Comments, including functional effects of your condition(s):**

---

**This will be the case for**  **or from** 23 /04 / 2024 **to** 28 /05 / 2024

**I will/will not need to assess your fitness for work again at the end of this period.**  
(Please delete as applicable)

**Issuer's name** Dr [REDACTED] Green  
**Issuer's profession** Doctor  
**Date of statement** 23 /04 / 2024  
**Issuer's address** The Health Centre  
Bay Street, Port Glasgow  
PA14 5EW  
Telephone: [REDACTED]



Unique ID: Med 3 04/22 617A91B8-3B70-4C4C-B8F4-5B6EADEC1AAB

#### What your advice means

**'You are not fit for work'**  
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

**'You may be fit for work'**  
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are **'not fit for work'**. You do not need to get another of these forms.

For more information please visit [www.gov.uk](http://www.gov.uk) and type **'fit note guidance for patients and employees'** into the search field. Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at [www.gov.uk/dwp/fit-note-data](http://www.gov.uk/dwp/fit-note-data)

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

**Your details** – Please use BLOCK CAPITALS

**Surname**   
**Other names**   
**Address**   
  
 **Postcode**   
**Date of birth**  **Mobile**   
**NI number**

**What you need to do now**

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- If you are self-employed:** You could claim benefits.
- If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- If you need to make a claim to benefits:** Visit [www.gov.uk/browse/benefits](http://www.gov.uk/browse/benefits) or phone [REDACTED] (8am to 6pm Monday to Friday). Textphone users call [REDACTED]

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work

15-Mar-2024 Dr Emma Green (EG)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Left knee injury; Duration: 15/03/2024 - 23/04/2024)

Filename:

Extension:

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's name	Mr, Mrs, Miss, Ms Brian Hunter
I assessed your case on:	15 /03 / 2024
and, because of the following condition(s):	Left knee injury
I advise you that:	<input checked="" type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice:-----
If available, and with your employer's agreement, you may benefit from:	
<input type="checkbox"/> a phased return to work	<input type="checkbox"/> amended duties
<input type="checkbox"/> altered hours	<input type="checkbox"/> workplace adaptations
Comments, including functional effects of your condition(s):	
This will be the case for _____ or from 15 /03 / 2024 to 23 /04 / 2024	
I will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Issuer's name	Dr [REDACTED] Green
Issuer's profession	Doctor
Date of statement	15 /03 / 2024
Issuer's address	The Health Centre Bay Street, Port Glasgow PA14 5EW Telephone: [REDACTED]
Unique ID: Med 3 04/22	980B199D-D907-40B3-B24C-A756232DDE04

**What your advice means**

**'You are not fit for work'**  
 Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

**'You may be fit for work'**  
 You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are **'not fit for work'**. You do not need to get another of these forms.

For more information please visit [www.gov.uk](http://www.gov.uk) and type **'fit note guidance for patients and employees'** into the search field. Fit note guidance for employers is also available.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

**Your details** – Please use BLOCK CAPITALS

Surname	Mr, Mrs, Miss, Ms HUNTER
Other names	BRIAN
Address	3C KILLEARN ROAD GREENOCK INVERCLYDE
Postcode	PA15 3DD
Date of birth	07 / 10 / 1965
NI number	[REDACTED]
Mobile	[REDACTED]

**What you need to do now**

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- If you are self-employed:** You could claim benefits.
- If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- If you need to make a claim to benefits:** Visit [www.gov.uk/browse/benefits](http://www.gov.uk/browse/benefits) or phone [REDACTED] (8am to 6pm Monday to Friday). Textphone users call [REDACTED]

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work

05-Mar-2024 Dr Emma Green (EG)

Additional: eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Left knee injury; Duration: 05/03/2024 - 19/03/2024)

Filename:

Extension:

Pages:

### Statement of Fitness for Work For social security or Statutory Sick Pay

**Patient's name**  Brian Hunter

**I assessed your case on:** 05 / 03 / 2024

**and, because of the following condition(s):** Left knee injury

**I advise you that:**  
 you are not fit for work.  
 you may be fit for work taking account of the following advice:-----

**If available, and with your employer's agreement, you may benefit from:**  
 a phased return to work-----  amended duties-----  
 altered hours-----  workplace adaptations-----

**Comments, including functional effects of your condition(s):**

---

**This will be the case for**   
**or from** 05 / 03 / 2024 **to** 19 / 03 / 2024

**I will/will not need to assess your fitness for work again at the end of this period.**  
*(Please delete as applicable)*

**Issuer's name** Dr [REDACTED] Green  
**Issuer's profession** Doctor  
**Date of statement** 05 / 03 / 2024  
**Issuer's address**  
 The Health Centre  
 Bay Street, Port Glasgow  
 PA14 5EW  
 Telephone: [REDACTED]

Unique ID: Med 3 04/22 B2B90D44-177B-4055-A7E6-B21A9B403A4D

### What your advice means

**'You are not fit for work'**  
 Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

**'You may be fit for work'**  
 You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are **'not fit for work'**. You do not need to get another of these forms.

For more information please visit [www.gov.uk](http://www.gov.uk) and type **'fit note guidance for patients and employees'** into the search field. Fit note guidance for employers is also available.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

**Your details** – Please use BLOCK CAPITALS

**Surname**   
**Other names**   
**Address**   
  
 **Postcode**   
**Date of birth**  **Mobile**   
**NI number**

**What you need to do now**

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- If you are self-employed:** You could claim benefits.
- If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- If you need to make a claim to benefits:** Visit [www.gov.uk/browse/benefits](http://www.gov.uk/browse/benefits) or phone [REDACTED] (8am to 6pm Monday to Friday). Textphone users call [REDACTED]

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work

19-Feb-2024 Dr Claire Thorman (CLT)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Left Knee Injury; Duration: 19/02/2024 - 04/03/2024)

Filename:

Extension:

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's name	Mr, Mrs, Miss, Ms Brian Hunter
I assessed your case on:	19 / 02 / 2024
and, because of the following condition(s):	Left Knee Injury
I advise you that:	<input checked="" type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice:-----
If available, and with your employer's agreement, you may benefit from:	
<input type="checkbox"/> a phased return to work	<input type="checkbox"/> amended duties
<input type="checkbox"/> altered hours	<input type="checkbox"/> workplace adaptations
Comments, including functional effects of your condition(s):	
This will be the case for _____ or from 19 / 02 / 2024 to 04 / 03 / 2024	
I will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Issuer's name	Dr Thorman
Issuer's profession	Doctor
Date of statement	19 / 02 / 2024
Issuer's address	The Health Centre Bay Street, Port Glasgow PA14 5EW Telephone:
Unique ID: Med 3 04/22	76C07E67-931A-41D3-A15C-F9E289BE2B03

What your advice means	
<b>'You are not fit for work'</b>	Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
<b>'You may be fit for work'</b>	You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You do not need to get another of these forms.
For more information please visit <a href="http://www.gov.uk">www.gov.uk</a> and type 'fit note guidance for patients and employees' into the search field. Fit note guidance for employers is also available.	
Data from <b>page 1</b> of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at <a href="http://www.gov.uk/dwp/fit-note-data">www.gov.uk/dwp/fit-note-data</a>	
Fill in the <b>Your details</b> section. You can ask someone to do this for you if you cannot fill in your details yourself.	
<b>Your details</b> – Please use BLOCK CAPITALS	
Surname	Mr, Mrs, Miss, Ms HUNTER
Other names	BRIAN
Address	3C KILLEARN ROAD GREENOCK INVERCLYDE Postcode PA15 3DD
Date of birth	07 / 10 / 1965 Mobile:
NI number	
<b>What you need to do now</b>	
<ul style="list-style-type: none"> <li><b>If you are employed:</b> Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form <b>SSP1</b> to claim benefits.</li> <li><b>If you are self-employed:</b> You could claim benefits.</li> <li><b>If you are already claiming benefits:</b> Please send this form to the office dealing with your claim.</li> <li><b>If you need to make a claim to benefits:</b> Visit <a href="http://www.gov.uk/browse/benefits">www.gov.uk/browse/benefits</a> or phone (8am to 6pm Monday to Friday). Textphone users call</li> </ul>	

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work

05-Feb-2024 Dr M McCartney (MM)


Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Left knee injury - reduced mobility.; Duration: 04/02/2024 - 19/02/2024)

Filename:

Extension:

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay					
Patient's name	Mr, Mrs, Miss, Ms Brian Hunter				
I assessed your case on:	05 / 02 / 2024				
and, because of the following condition(s):	Left knee injury - reduced mobility.				
I advise you that:	<input checked="" type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice:-----				
If available, and with your employer's agreement, you may benefit from: <table border="0"> <tr> <td><input type="checkbox"/> a phased return to work</td> <td><input type="checkbox"/> amended duties</td> </tr> <tr> <td><input type="checkbox"/> altered hours</td> <td><input type="checkbox"/> workplace adaptations</td> </tr> </table>		<input type="checkbox"/> a phased return to work	<input type="checkbox"/> amended duties	<input type="checkbox"/> altered hours	<input type="checkbox"/> workplace adaptations
<input type="checkbox"/> a phased return to work	<input type="checkbox"/> amended duties				
<input type="checkbox"/> altered hours	<input type="checkbox"/> workplace adaptations				
Comments, including functional effects of your condition(s):					
This will be the case for _____ or from 04 / 02 / 2024 to 19 / 02 / 2024					
I will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)					
Issuer's name	Dr M McCartney				
Issuer's profession	Doctor				
Date of statement	05 / 02 / 2024				
Issuer's address	The Health Centre Bay Street, Port Glasgow PA14 5EW Telephone: _____				
					
Unique ID: Med 3 04/22 123CC16E-0066-4766-9DBA-025A4C3CC0E2					

What your advice means	
<b>'You are not fit for work'</b>	Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
<b>'You may be fit for work'</b>	You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are <b>'not fit for work'</b> . You do not need to get another of these forms.
For more information please visit <a href="http://www.gov.uk">www.gov.uk</a> and type <b>'fit note guidance for patients and employees'</b> into the search field. Fit note guidance for employers is also available.	
Data from <b>page 1</b> of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at <a href="http://www.gov.uk/dwp/fit-note-data">www.gov.uk/dwp/fit-note-data</a>	
Fill in the <b>Your details</b> section. You can ask someone to do this for you if you cannot fill in your details yourself.	
<b>Your details</b> – Please use BLOCK CAPITALS	
Surname	Mr, Mrs, Miss, Ms HUNTER
Other names	BRIAN
Address	3C KILLEARN ROAD GREENOCK INVERCLYDE Postcode PA15 3DD
Date of birth	07 / 10 / 1965 Mobile: _____
NI number	____
<b>What you need to do now</b>	
<ul style="list-style-type: none"> <li><b>If you are employed:</b> Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form <b>SSP1</b> to claim benefits.</li> <li><b>If you are self-employed:</b> You could claim benefits.</li> <li><b>If you are already claiming benefits:</b> Please send this form to the office dealing with your claim.</li> <li><b>If you need to make a claim to benefits:</b> Visit <a href="http://www.gov.uk/browse/benefits">www.gov.uk/browse/benefits</a> or phone _____ (8am to 6pm Monday to Friday). Textphone users call _____</li> </ul>	

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work

29-Jan-2024 Dr Emma Green (EG)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Left knee injury - reduced mobility; Duration: 25/01/2024 - 03/02/2024)

Filename:

Extension:

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's name	Mr, Mrs, Miss, Ms Brian Hunter
I assessed your case on:	29 / 01 / 2024
and, because of the following condition(s):	Left knee injury - reduced mobility
I advise you that:	<input checked="" type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice:-----
If available, and with your employer's agreement, you may benefit from:	
<input type="checkbox"/> a phased return to work	<input type="checkbox"/> amended duties
<input type="checkbox"/> altered hours	<input type="checkbox"/> workplace adaptations
Comments, including functional effects of your condition(s):	
This will be the case for _____ or from 25 / 01 / 2024 to 03 / 02 / 2024	
I will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Issuer's name	Dr [REDACTED] Green
Issuer's profession	Doctor
Date of statement	29 / 01 / 2024
Issuer's address	The Health Centre Bay Street, Port Glasgow PA14 5EW Telephone: [REDACTED]
Unique ID: Med 3 04/22	4F9E6925-4020-43AA-94FA-442F991B59FC

What your advice means	
<b>'You are not fit for work'</b>	Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
<b>'You may be fit for work'</b>	You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are <b>'not fit for work'</b> . You do not need to get another of these forms.
For more information please visit <a href="http://www.gov.uk">www.gov.uk</a> and type <b>'fit note guidance for patients and employees'</b> into the search field. Fit note guidance for employers is also available.	
Data from <b>page 1</b> of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at <a href="http://www.gov.uk/dwp/fit-note-data">www.gov.uk/dwp/fit-note-data</a>	
Fill in the <b>Your details</b> section. You can ask someone to do this for you if you cannot fill in your details yourself.	
<b>Your details</b> – Please use BLOCK CAPITALS	
Surname	Mr, Mrs, Miss, Ms HUNTER
Other names	BRIAN
Address	3C KILLEARN ROAD GREENOCK INVERCLYDE Postcode PA15 3DD
Date of birth	07 / 10 / 1965 Mobile: [REDACTED]
NI number	[REDACTED]
<b>What you need to do now</b>	
<ul style="list-style-type: none"> <li><b>If you are employed:</b> Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form <b>SSP1</b> to claim benefits.</li> <li><b>If you are self-employed:</b> You could claim benefits.</li> <li><b>If you are already claiming benefits:</b> Please send this form to the office dealing with your claim.</li> <li><b>If you need to make a claim to benefits:</b> Visit <a href="http://www.gov.uk/browse/benefits">www.gov.uk/browse/benefits</a> or phone [REDACTED] (8am to 6pm Monday to Friday). Textphone users call [REDACTED]</li> </ul>	

EMIS attachment reference code

19-Apr-2023 Ms Lynn Graham (LPG)

Additional:EMIS attachment reference code

Filename:

Extension:

Pages:

## Drs McCartney, Addiscott, Green & Thorman

The Health Centre

2 Bay Street

Port Glasgow PA14 5EW

Tel. [REDACTED] [REDACTED] Fax. [REDACTED] [REDACTED]

[www.mccartneypractice.scot.nhs.uk](http://www.mccartneypractice.scot.nhs.uk)

19 04 2023

Mr Brian Hunter  
3c Killearn Road  
GREENOCK  
Inverclyde  
PA15 3DD

Dear Mr Hunter

On checking our records, we note that you are due a hypertension (blood pressure) review.

As it is important for you to have your blood pressure and bloods checked regularly I have made an appointment for you to attend on:

..... at .....

This will take approximately 15 minutes. If possible, please bring a urine sample with you.

I do hope you will accept the appointment but if it is unsuitable please contact the surgery when an alternative appointment or home visit, if necessary, can be arranged.

Yours sincerely

[REDACTED] *Conner*

[REDACTED] P [REDACTED]

EMIS attachment reference code  
12-Apr-2022 Ms Lynn Graham (LPG)  
Additional:EMIS attachment reference code

Filename:  
Extension:  
Pages:

**Drs McCartney, Addiscott, Green & Thorman**

The Health Centre  
2 Bay Street  
Port Glasgow PA14 5EW  
Tel. [REDACTED] [REDACTED] Fax. [REDACTED] [REDACTED]  
[www.mccartneypractice.scot.nhs.uk](http://www.mccartneypractice.scot.nhs.uk)

12 04 2022

Mr Brian Hunter  
3c Killeam Road  
GREENOCK  
Inverclyde  
PA15 3DD

Dear Mr Hunter

On checking our records, we note that you are due a hypertension (blood pressure) review.

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This will take approximately 15 minutes. If possible, please bring a urine sample with you.

I do hope you will accept the appointment but if it is unsuitable please contact the surgery when an alternative appointment or home visit, if necessary, can be arranged.

Yours sincerely

[REDACTED] *Conner*

[REDACTED] P [REDACTED]

eMED3 (2010) new statement issued, not fit for work

24-Nov-2020 Dr M McCartney (MM)

Additional: eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Viral infection with dizziness ans headaches.; Duration: 24/11/2020 - 01/12/2020)

Filename:

Extension:

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's name	Mr, Mrs, Miss, Ms--- Brian Hunter
I assessed your case on:	24 /11 / 2020
and, because of the following condition(s):	Viral infection with dizziness ans headaches.
I advise you that:	<input checked="" type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice:-----
<b>If available, and with your employer's agreement, you may benefit from:</b> <input type="checkbox"/> a phased return to work... <input type="checkbox"/> amended duties----- <input type="checkbox"/> altered hours..... <input type="checkbox"/> workplace adaptations.	
Comments, including functional effects of your condition(s):	
This will be the case for _____ or from 24 /11 / 2020 to 01 /12 / 2020	
<b>I will/will not need to assess your fitness for work again at the end of this period.</b> <i>(Please delete as applicable)</i>	
Doctor's signature	
Date of statement	24 /11 / 2020
Doctor's address	The Health Centre Bay Street, Port Glasgow PA14 5EW Telephone: [REDACTED]
Unique ID: Med 3 01/17	606D8453-7CSF-4229-B384-C16D73527693

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at [www.gov.uk/dwp/fit-note-data](http://www.gov.uk/dwp/fit-note-data)

**Help getting back to work if you are employed**  
 If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:

- in England and Wales visit [www.fitforwork.org](http://www.fitforwork.org) or phone [REDACTED]
- in Scotland please visit [www.fitforworkscotland.scot](http://www.fitforworkscotland.scot) or phone [REDACTED]

**What your doctor's advice means**  
**'You are not fit for work':** Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.  
**'You may be fit for work':** You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.  
 For more information please visit [www.gov.uk](http://www.gov.uk) and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

**Your details** – Please use BLOCK CAPITALS

Surname	Mr, Mrs, Miss, Ms--- HUNTER
Other names	BRIAN
Address	3C KILLEARN ROAD GREENOCK INVERCLYDE Postcode PA15 3DD
Date of birth	07 / 10 / 1965 Mobile [REDACTED]
NI number	[REDACTED]

**What you need to do now**

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- If you are self-employed:** You could claim benefits.
- If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- If you need to make a claim to benefits:** Visit [www.gov.uk/browse/benefits](http://www.gov.uk/browse/benefits) or phone [REDACTED] (8am to 6pm Monday to Friday). Textphone users call [REDACTED]