Subject Access Request

Patient	Mr Colin DONNELLY
Date of birth	09-Apr-1974 (age 52)
Gender	M
NHS number	
Patient's address	1-1 47 hyndland street Glasgow G11 5QF
Date range selected	Full record
Organisation	MMA Legal
Reference	100848

Problems

Active

06-Oct-2020 Dr Andrew Marshall (DRMARSHALL14428)
Malignant neoplasm of kidney parenchyma (Left)
papillary renal cell carcinoma

29-Sept-2020 Mrs Helen Brown (HELENBROWN14428)
Pseudocyst of pancreas

29-Sept-2020 Mrs Helen Brown (HELENBROWN14428)
Endoscopic ultrasound examination of pancreas

26-Sept-2020 Mrs Helen Brown (HELENBROWN14428)
COVID-19 excluded by laboratory test

08-Feb-2019 Dr Andrew Marshall (DRMARSHALL14428)
Alcohol dependence syndrome

09-Nov-2004 Mrs May Cassidy (MAY_14428)
Fracture of upper limb
right fifth metacarpal

23-Apr-2002 UnknownUser (UnknownUse14428)
Primary repair of inguinal hernia NOS
Right

17-July-1994 UnknownUser (UnknownUse14428)
Closed fracture zygoma
Left

11-Feb-1994 UnknownUser (UnknownUse14428)
Fracture of nasal bones

Significant Past

13-Apr-2021 Dr Andrew Marshall (DRMARSHALL14428)
Partial nephrectomy (Left)

Minor Past

04-Sept-2020 Mrs Helen Brown (HELENBROWN14428)
COVID-19 excluded by laboratory test

22-Sept-2015 Dr Jordan Quispia-Lang (JQL)
Oral thrush

22-Sept-2015 Dr Jordan Quispia-Lang (JQL)
Fall - accidental

Consultations

15-May-2026 Dr. Mohammed Falak Sheikh (MFS) The Broomhill PracticeMain Surgery

Problem	Problem Bloods for haemachromatosis
History	History PAtient states his ***** called him and has advised to get blood checked for iron levels as he has been disagnosed for haemachromatosis. Patient himself denies any ongoing problem apart from back pain and some pins and needles in his hands and feet. No chenge in skin color, can get abdominal cramps but this has been ongoing since his left kidney had been removed some time ago (tumor). He is otherwise well. We briefly discussed back pain and no features of CES. Patient also asking for repeat co-codamol prescription.
Comment	Comment We have agreed to check for his blood as Hb in 2022 was fine. Slightly on higher side. He will contact phlebs and make an appointment. I have given some laxido along with co-codamol.
Medication	Medication Macrogol Compound Oral Powder (sachets) NPF Sugar Free 20 sachet ONE TO BE TAKEN TWICE A DAY
Medication	Medication Co-Codamol 30/500 Tablets 50 TABLET TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

15-May-2026 Mrs Fiona MacLean (FMAC) The Broomhill PracticeMain Surgery

Comment	Comment Plaese call on mobile . looking for bloods to be ***** has too much iron . He needs to be tested also.

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

Read Code	***** Code Administration Summary of text message sent to patient / Dear Colin DONNELLY, We have an update in regards to staff changes at the practice. Please go to www.thebroomhillpractice.co.uk/changes-at-the-practice/ for more details. Kind regards the Broomhill Practice. Please do not reply to this mailbox as it is not monitored.

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

Read Code	***** Code Administration Summary of text message sent to patient / Dear ColinDONNELLY, The Broomhill Practice will be closed Fri 3rd April and Mon 6th April for the public holidays. If you require medical attention that cannot wait then please call NHS 24 on 111. Please make sure that you order any repeat medication in sufficient time to allow the prescription to be processed and ready at the pharmacy. Kind regards The Broomhill Practice. Please do not respond to this mailbox has it is not monitored.

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

Read Code	***** Code Administration Summary of ***** message sent to patient / Dear ColinDONNELLY, We are having a practice meeting between 12:30 and 1:30pm today. During this time the practice doors will be closed and the phone lines we will only be accepting emergency calls only. We will be happy to assist outwith this time. Sorry for any inconvenience this may cause. Kind regards the Broomhill Practice. Please do not reply to this message as mailbox not monitored.

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

Read Code	***** Code Administration Summary of text message sent to patient / Dear MrColinDONNELLY, We are piloting extended hours preâ?'bookable appointments that can now be booked online. These faceâ?'toâ?'face appointments are available on Wednesdays and Fridays from 7:30-8:30am. Please only book if you are able to attend the surgery at this time. Appointments can be booked via Patient Access. Visit our practice website for details on how to register for Patient Access. Kind regards The Broomhill Practice

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

Read Code ***** Code Administration Summary of text message sent to patient / This is a reminder we will be closed Thu 25th Dec, Fri 26th Dec, Thu 1st Jan and Fri2nd Jan for the Christmas public holidays. During these weeks we will being prioritising urgent issues. If you do have something that can wait please ask reception for a prebookable appointment for the new year. If you require medical attention whilst we are closed please contact NHS 24 on 111. Please ensure you order your scripts in time. The Broomhill practice would like to wish all their patients a Merry Christmas and best wishes for the New Year. Broomhill Practice.

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

Read Code ***** Code Administration Summary of ***** message sent to patient / Dear ColinDONNELLY, We are having a practice meeting between 1:00pm -2:00pm today. During this time the practice doors will be closed and the phone lines we will only be accepting emergency calls only. We will be happy to assist outwith this time. Sorry for any inconvenience this may cause. Kind regards the Broomhill Practice. Please do not reply to this message as mailbox not monitored.

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

Read Code ***** Code Administration Summary of text message sent to patient / Dear ColinDONNELLY, As respiratory conditions increase in the local area, we kindly ask that if you have respiratory symptoms, please wear a face mask when entering the practice. Masks are available at reception. This helps reduce the spread of illness to other patients and staff. Thank you for your cooperation. Kind regards The Broomhill Practice

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

Read Code ***** Code Administration Summary of ***** message sent to patient / Dear ColinDONNELLY, We are having a practice meeting between 12:30 and 1:30pm today. During this time the practice doors will be closed and the phone lines we will only be accepting emergency calls only. We will be happy to assist outwith this time. Sorry for any inconvenience this may cause. Kind regards the Broomhill Practice. Please do not reply to this message as mailbox not monitored.

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

Read Code ***** Code Administration Summary of text message sent to patient / We are sorry to report that Dr Cuthbertson has taken unwell and is expected to be absent for the foreseeable future. This has coincided with Dr McFadden's maternity leave. We are seeking replacement cover urgently but ask for your understanding if our service is impacted in the weeks ahead. The Broomhill Practice.

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

Read Code SMS text sent to patient

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

Read Code ***** Code Administration Summary of ***** message sent to patient / Dear ColinDONNELLY, This is a reminder the Broomhill Practice will be closed Mon 29th of September for the public holiday. Please ensure that you order your prescriptions in advance if due. When we are closed if you have a urgent issue that cannot wait until we re-open then please call NHS 24 on 111. The Broomhill Practice.

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

Read Code ***** Code Administration Summary of ***** message sent to patient / Dear ColinDONNELLY, We are having a practice training session between 1 and 2pm today. During this time the practice doors will be closed and the phone lines we will only be accepting emergency calls only. We will be happy to assist outwith this time. Sorry for any inconvenience this may cause. Kind regards the Broomhill Practice. Please do not reply to this message as mailbox not monitored.

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

Read Code ***** Code Administration Summary of ***** message sent to patient / Dear ColinDONNELLY, this is a reminder that the Broomhill Practice will be closed on Mon 21st July for the public holiday. If you require medical attention that cannot wait till we reopen please contact NHS 24 on 111. Kind regards The Broomhill Practice. Please do not respond to this message as mailbox is not monitored.

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

Read Code ***** Code Administration Summary of text message sent to patient / Dear Patient, Due to Staff absence today, we will have limited availability for appointments today and it may take longer for your call to be answered. Where possible, please ask to book a pre-bookable appointment. We will prioritise urgent calls. Thank you for your ***** and understanding. The Broomhill Practice / Staff Shortages message

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

Read Code ***** Code Administration Summary of ***** message sent to patient / Dear ColinDONNELLY, We are having a practice meeting between 1 and 2pm today. During this time the practice doors will be closed and the phone lines we will only be accepting emergency calls only. We will be happy to assist outwith this time. Sorry for any inconvenience this may cause. Kind regards the Broomhill Practice. Please do not reply to this message as mailbox not monitored.

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

Read Code ***** Code Administration Summary of ***** message sent to patient /

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

Read Code ***** Code Administration Summary of ***** message sent to patient / We are delighted to announce that we are being allocated an in-house physiotherapist who will start on the 15th of May. ***** is an experienced first contact physiotherapist who is able to assess patients with bone joint and muscle problems. If necessary he's able to order blood investigations and x-rays and make onward referrals to treatment physiotherapy as well as other specialist services. If you're contacting the practice regarding a problem with bones joints or muscles you will be offered an appointment with ***** rather than the GP in the first place and we encourage you to take advantage of this new specialised service. We think it will be of great benefit to our patients as well as releasing around 24 GP appointments per week for other patients to use. The Broomhill Practice.

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

Read Code ***** Code Administration Summary of ***** message sent to patient / Dear ColinDONNELLY, This is a reminder the Broomhill Practice will be closed Mon 5th May and Mon 26th of May for the public holidays. Please ensure that you order your prescriptions in advance if due. When we are closed if you have a urgent issue that cannot wait until we re-open then please call NHS 24 on 111. The Broomhill Practice.

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

Read Code ***** Code Administration Summary of ***** message sent to patient / Dear ColinDONNELLY, This is a reminder that the Broomhill Practice will be closed till Tues 22nd April for the public holidays. If you require medical attention that cannot wait till we reopen please contact NHS 24 on 111. Kind regards The Broomhill Practice. Please do not respond to this message as mailbox is not monitored.

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

Read Code ***** Code Administration Summary of ***** message sent to patient / Dear Colin DONNELLY, We are having an admin meeting between 1:00pm and 2:00pm today. We would greatly appreciate if you could avoid calling us during this time. Many thanks for your understanding. The Broomhill Practice. Do not reply to this message as the mail box is not monitored.

17-Dec-2024 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of text message sent to patient / Dear ColinDONNELLY, The Broomhill practice will only be able to deal with emergencies calls only between 1:00-2:00pm on Wed 18th Dec 24. The surgery doors will be closed during this time also. This is due to a practice meeting. We will be happy to assist you outwith this time. Sorry for any inconvenience. The Broomhill Practice.

13-Dec-2024 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of text message sent to patient / This is a reminder we will be closed Wed 25th Dec, Thu 26th Dec, Wed 1st Jan and Thu 2nd Jan for the Christmas public holidays. During these weeks we will being prioritising urgent issues. If you do have something that can wait please ask reception for a prebookable appointment for the new year. If you require medical attention whilst we are closed please contact NHS 24 on 111. The Broomhill practice would like to wish all their patients a Merry Christmas and best wishes for the New Year. Broomhill Practice.

08-Oct-2024 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of text message sent to patient / The prescription line is down at the moment while the BT engineer works onsite. We will notify you when it is back up again. It may take longer to get through on the phone line as we only have one handset. Please bare with us during this time. The Broomhill Practice

08-Oct-2024 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of text message sent to patient / The phone and prescription line is back up and running. Thank you for your ***** and understanding. Kind regards The Broomhill Practice

07-Oct-2024 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Good Afternoon there is currently a problem with our phone lines we are waiting on BT engineer coming to look at this please bare with us whilst we try to fix this problem. Please do not leave any prescription requests on script line as we cannot access this at the moment. You can order online via the practice website at ggc.gp40121clinical nhs.scot Kind regards Broomhill Practice

07-Oct-2024 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Phone lines and script line now working

26-Sept-2024 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of text message sent to patient / Dear ColinDONNELLY, The Broomhill practice will only be able to deal with emergencies calls only between 1:00-2:00pm on Fri 27th Sept. The surgery doors will be closed during this time also. This is due to a practice meeting. We will be happy to assist you outwith this time. Sorry for any inconvenience. The Broomhill Practice.

19-Aug-2024 Dr Rona MacSween (RONA) The Broomhill PracticeMain Surgery

History History He had noticed a small lump left upper thigh recently which felt like an ingrown hair. He squeezed it and not much came out. However, over the past week it has become much larger in size and looks like pus under the surface. He is systemically well. No fever.

Examination Examination T36.8 Looks well Abscess left thigh, not pointing

Comment Comment Plan) Treat with oral abx and strict worsening advice given-he knows to seek medical review if not settling with abx or worsening symptoms including fever, growth of lump, spreading erythema

Medication Medication Flucloxacillin Capsules 500 mg 28 capsule ONE TO BE TAKEN FOUR TIMES A DAY FOR 7 DAYS

19-Aug-2024 Ms Evonne Gonnella (EG) The Broomhill PracticeMain Surgery

Comment Comment infection in leg been advised by chemist to speak to gp telno above

11-July-2024 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of ***** message sent to patient / Dear ColinDONNELLY, this is a reminder that the Broomhill Practice will be closed on Mon 15th July for the public holiday. If you require medical attention that cannot wait till we reopen please contact NHS 24 on 111. Kind regards The Broomhill Practice. Please do not respond to this message as mailbox is not monitored.

05-July-2024 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of ***** message sent to patient /

05-July-2024 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of ***** message sent to patient / Dear ColinDONNELLY, We have our phone lines back up and the prescription line is now working too. Thank you for your ***** while we were fixing this. The Broomhill Practice

04-July-2024 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient

20-Jun-2024 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of ***** message sent to patient / With holiday season coming up The Broomhill Practice would like to remind patients to ensure they order their prescriptions in plenty of time. Also remember if you become unwell whilst on holiday you must seek advice from the health professionals in the area you are. We cannot treat patients remotely. Thank you for your co-operation. The Broomhill Practice.

12-Jun-2024 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of ***** message sent to patient / Dear Colin DONNELLY, We are having an admin meeting between 1:00pm and 2:00pm today. We would greatly appreciate if you could avoid calling us during this time. Many thanks for your understanding. The Broomhill Practice. Do not reply to this message as the mail box is not monitored.

29-May-2024 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of text message sent to patient / Dear Patient, Due to Staff absence today, we will have limited availability for appointments today and it may take longer for your call to be answered. Where possible, please ask to book a pre-bookable appointment. We will prioritise urgent calls. Thank you for your ***** and understanding. The Broomhill Practice / Staff Shortages message

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

Read Code ***** Code Administration Summary of ***** message sent to patient / Dear MrDONNELLY, The Broomhill Practice will be closed Mon 27th May for the public holiday. If you require medical attention that cannot wait until we reopen. Please call NHS 24 on 111. The Broomhill Practice. Please don't respond to this message as the mailbox is not monitored.

04-May-2024 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of ***** message sent to patient /

03-May-2024 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of ***** message sent to patient /

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

Read Code ***** Code Administration Summary of ***** message sent to patient / Dear MrDONNELLY, The Broomhill Practice has reduced capacity due to clinical staff sickness. For non-urgent matters we ask that you please call on another day. We will prioritise urgent medical issues. Thank you for your support. The Broomhill Practice. Please do not respond to this message as the mailbox is not monitored.

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

Read Code ***** Code Administration Summary of ***** message sent to patient / Dear MrColinDONNELLY, The Broomhill practice will only be able to deal with emergencies calls only during 1-2pm today. The surgery doors will be closed during this time also. This is due to a practice meeting. Sorry for any inconvenience. The Broomhill Practice.

21-Mar-2024 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of ***** message sent to patient / Dear ColinDONNELLY, This is a reminder that the Broomhill Practice will be closed Friday 29th March and Mon 1st April for the public holidays. Please ensure you order your prescription in advance either via our online form or our prescription line on 0141 334 2009. If you require medical attention while the practice is closed, please call NHS 24 on 111. Kind regards The Broomhill Practice. Please be aware this mailbox is not monitored.

06-Mar-2024 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of ***** message sent to patient / The Broomhill Practice will be closed at lunchtime between 1-2pm on Thursday 7th March 24 as all staff have to update their CPR training. We will only be able to deal with emergency calls during this time. We will be happy to help with any other enquires outwith this time. Sorry for any inconvenience this may cause. The Broomhill Practice. Please do not respond to this text message as it is not monitored.

15-Feb-2024 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of ***** message sent to patient / Mr Colin DONNELLY, There has been a ***** incident on Broomhill Drive and ***** have closed off the road from Broomhill Avenue. If you do have a F2F appointment this afternoon you will be able to access the practice via the Broomhill ***** end of Broomhill Drive. The ***** will be able to direct you into the practice. Please could you avoid coming to the practice if you are collecting a prescription or sick line. If this is urgent then contact us on 0141 339 3626 and we will try to assist. We have been told this will be the case for the rest of the day. Sorry for any inconvenience this may cause.

09-Jan-2024 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of text message sent to patient / Dear Patient, Due to Staff absence today, we will have limited availability for appointments today and it may take longer for your call to be answered. Where possible, please ask to book a pre-bookable appointment. We will prioritise urgent calls. Thank you for your ***** and understanding. The Broomhill Practice / Staff Shortages message

23-Dec-2023 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration

15-Nov-2023 Miss Charlene Lennox (CHLE) The Broomhill PracticeMain Surgery

Comment Comment cocodamol ~ houllihans

16-Oct-2023 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration

23-Sept-2023 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of text message sent to patient / Dear MrColinDONNELLY, This is a reminder the Broomhill Practice will be closed for the public holiday on Monday 25th Sept 23. If you require medical attention that cannot wait until we reopen, please call NHS 24 on 111.

22-Aug-2023 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of text message sent to patient / DearMrColinDONNELLY, Please find attached a copy of our latest Newsletter. If you require a paper copy please ask at reception next time you are in the practice. The Broomhill Practice Click to view: https://m.mjog.net/V3lxbcf

25-July-2023 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of text message sent to patient / A reminder we are emergency appointments only today as we are getting our server upgrade. Thank you for your understanding. The Broomhill practice. / Reminder server upgrade

22-July-2023 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of text message sent to patient / A reminder the Broomhill practice will only be able to see emergency appointments on Tuesday 25th July 23 due to our server being upgraded. We will not have access to medical records. We also will not be able to process any prescription requests on that day. Sorry for any inconvenience this may cause. The Broomhill Practice / Server upgrade

15-July-2023 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of text message sent to patient / A reminder the Broomhill practice will be closed Monday 17th July 23 for the public holiday. If you require medical attention that cannot wait until we reopen then please call NHS 24 on 111.

13-July-2023 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of text message sent to patient / The health board are upgrading our computer server on Tuesday 25th July 23. On this day we will have no access to medical records. We will only be able to see emergencies appointments on that day. We will not be able to produce any prescriptions on this day. Please ensure you have ordered your scripts in advance. Sorry for any inconvenience this may cause. The Broomhill Practice

23-Jun-2023 Dr Stewart Gingles (SGIN) The Broomhill PracticeMain Surgery

History History Acute on chronic back pain with no CES. Wondering about Co-Codamol but agreed its not best option. Will try NSAID and PPI as also has some bloating. Wil provide up to date weight.

Comment Comment Will self refer to PT. Consider back pain clinic referral for MRI. If ongonig weight loss I will consider CT/ referral to Gastro.

Medication Medication Naproxen Tablets 250 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

23-Jun-2023 Mrs Fiona MacLean (FMAC) The Broomhill PracticeMain Surgery

Comment Comment back pain looking for co codamol please call on mobile

29-May-2023 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of text message sent to patient / This is a reminder, The Broomhill Practice is closed Monday 29th May for Bank holiday. If you require medical attention that cannot wait until we reopen then please call NHS 24 on 111. The Broomhill Practice

08-May-2023 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of text message sent to patient / A reminder, The Broomhill Practice is closed Monday 8th May for the Coronation Public Holiday. If you require medical attention that can't wait until we reopen please contact NHS 24 on 111. / Coronation Public holiday message

01-May-2023 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of text message sent to patient / Reminder, The Broomhill Practice is closed Monday 1st May 23 for public holiday. We will reopen Tuesday 2nd May. If you require medical attention that cannot wait until we reopen then please call NHS 24 on 111. / Public holiday Text

24-Mar-2023 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient

16-Mar-2023 Mrs Fiona MacLean (FMAC) The Broomhill PracticeMain Surgery

Comment Comment co codamol please send to houlihans flare up of back condition

10-Mar-2023 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / As of the 1st March 2023, The Broomhill Practice has renegotiated the practice boundary and no longer accepts G13 3, G13 4 and G14 0. See attached map of our new boundary. Click to view: [[SMART_LINK:215]] / As of the 1st March 2023, The Broomhill Practice has renegotiated the practice boundary and no longer accepts G13 3, G13 4 and G14 0. See attached map of our new boundary.

28-Feb-2023 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / Dear Patient, Our prescription line is back up and running. Sorry for any inconvenience. The Broomhill Practice

12-Oct-2022 Mr Anonymous User (ANON) MJog

Read Code ***** Code Administration Summary of text message sent to patient / Dear Colin DONNELLY, Please find attached a copy of the Broomhill Practice practice newsletter with information on how our appointment system and prescription requests are changing. It also incudes other information on what's new at the practice. Click to view: https://m.mjog.net/CxMgHEX / Practice newsletter Oct 22

03-May-2022 Dr Helen Main (HMAI) The Broomhill PracticeMain Surgery

Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: back pain; Duration: 03/05/2022 - 24/05/2022)

03-May-2022 Miss Emma Whiteside (EMWH) The Broomhill PracticeMain Surgery

Comment Comment asking to extend his sickline

07-Apr-2022 Dr Wendy Nixon (WNIX) The Broomhill PracticeMain Surgery

History History Has lost some further weight, is exerising more (though not yet back to swimming), app good but not eating in the same way as he did when he was working (construction), alcohol intake varies from day to day, perhaps still 24u/week. Bowels/bladder fine. Chest fine. Has CT scan appt on 20th April. Gets pain over left side where operation was but also left back and radiates up back and down back of left leg.
Examination O/E - weight 61 Kg
Comment Comment bloods repeated, await CT scan.
Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Back pain; Duration: 03/04/2022 - 03/05/2022)

31-Mar-2022 Miss Eleanor McMonagle (EMCM) The Broomhill PracticeMain Surgery

Comment Comment ongoing issue, above mobile

03-Mar-2022 Dr Wendy Nixon (WNIX) The Broomhill PracticeMain Surgery

Comment	Comment Needs further sicknote. Has abdo uss booked 10th march. Will book his rpt bloods shortly too.	
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Back pain; Duration: 03/03/2022 - 03/04/2022)*	

22-Feb-2022 Miss Eleanor McMonagle (EMCM) The Broomhill PracticeMain Surgery

Comment	Comment wishes to discuss his blood reults, above mboile	

22-Feb-2022 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of ***** message sent to patient / Message from Broomhill Practice Dear Colin DONNELLY, Just to let you know that all your bloods were fine apart from a slight rise in your liver enzymes. Could you please make an appointment for 2-3 weeks time so that we can recheck this again. Kind Regards SS Broomhill Practice 0141 339 3626	

18-Feb-2022 Dr Wendy Nixon (WNIX) The Broomhill PracticeMain Surgery

History	History ALT 251 AST 135, MCV 105.1. Says he is drinking up to 24 units/week now and has been for 4-5years. plan: will write to uro as planned but also rpt LFTs 3-4 weeks and request uss abdo.	

17-Feb-2022 Dr Wendy Nixon (WNIX) The Broomhill PracticeMain Surgery

History	History Ongoing left sided back pains and into left leg, weight loss.	
Examination	O/E - weight urinalysis blood +, abdo snt no masses	62.5 Kg
Examination	O/E - BP reading	
Comment	Comment msu, bloods and will write to uro.	
Examination	Systolic blood pressure	105 mm Hg
Examination	Diastolic blood pressure	79 mm Hg

11-Feb-2022 Dr Wendy Nixon (WNIX) The Broomhill PracticeMain Surgery

History	History Poor line, difficult to hear well, but ongoing back pain and stomach cramps (since op to remove kidney for renal ca), so looking for sicknote, on questioning says he has lost 3 stone since his operation to remove his kidney (due CT scan follow up in April). Given hx and ongoing symptoms, offered face to face appt, declined today so offered next week. Asking for a fitnnote - went back few days before last expired as had felt good for swimming and sauna but pain returned on being more busy with work.	
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Back pain; Duration: 02/02/2022 - 02/03/2022)*	

11-Feb-2022 Ms Evonne Gonnella (EG) The Broomhill PracticeMain Surgery

Comment	Comment re sickline tel no above	

11-Jan-2022 Mr Anonymous User (ANON)

07-Jan-2022	Vaccination	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Moderna (Partick Burgh ***** public vaccination clinic) *000059A/ MOD/IM/Left Arm//C-19 Booster Moderna (Partick Burgh ***** public vaccination clinic)*

11-Jan-2022 Mr Anonymous User (ANON)

07-Jan-2022	Vaccination	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Moderna (A O Donnell) *000059A/ MOD/IM/Left Arm//C-19 Booster Moderna (A O Donnell)*

05-Jan-2022 Dr Anna Hamilton (AL) Telephone Consultation

History	History Self cert pre Christmas. Sharp pain left back, lower, can radiate into leg. Wondering if due to work - construction or any relation to previous nephrectomy for renal Ca (fully resected and low risk). Passing urine fine. Bowels ok, can be a bit loose at times, just OD. Lost weight over 2 years - through stress. Nil cauda equina.	
Comment	Comment Will hand in urine and get bloods - for dipstick ?blood. Worsening advice given. Planning to get back to swimming and sign-posted to NHS Inform.	
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Back pain; Duration: 05/01/2022 - 02/02/2022)*	

05-Jan-2022 Mrs Fiona MacLean (FMAC) The Broomhill PracticeMain Surgery

Comment	Comment looking for a sickline has done self cert. please call on mobile	

13-Oct-2021 Dr Helen Main (HMAI) The Broomhill PracticeMain Surgery

History	History 2/52 cramping back pain L&gtR over scar and also epigastrium. Nil when out at work but moreso when resting. PU N, no dysuria, no blood. BO- at times looser for past 2/52, no blood in stool. Weight stable. E and D normally. No temperatures/fevers. Taking regular paracetamol. No CP or problems with breathing. Drinking 4 cans lager/day. Still been managing to work in construction- struggling with long hours. No reflux or heartburn.	
Examination	O/E - BP reading Appears comfortable, walking with ease and on/off cough. Chest clear SpO2 98% HR 96, reg. urine +blood. Abdo soft, no tenderness or masses. C/o pain over scar but appears well healed.	
Comment	Comment Bloods, MSU. To make appt for review with results. Strong worsening/changing advice given including frank haematuria. Advised to cut down drinking	
Examination	Systolic blood pressure	152 mm Hg
Examination	Diastolic blood pressure	100 mm Hg

13-Oct-2021 Miss Caitlin Wilson (CWI) The Broomhill PracticeMain Surgery

Comment	Comment severe abdo pains please call on mobile	

02-July-2021 Mr Anonymous User (ANON)

29-Jun-2021	Vaccination	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pifzer (By S Cringean) *FD5613/ PF/IM/LUA//C-19 Pifzer (By S Cringean)*

07-May-2021 Dr David Alexander (DALE) The Broomhill PracticeMain Surgery

History	History Having some left sided epigastric discomfort. Sounds like it is actually some sensory disturbance and numbness. Area is non-tender. No issues with indigestion/acid reflux. Bowels regular. Taking Prctml regularly.	
Comment	Comment Asking re Ibuprofen - suggested best to avoid given risk of gastric irritation. Sensory disturbance likely related to surgery - hopefully will improve with time. WSG	

07-May-2021 Ms Evonne Gonnella (EG) The Broomhill PracticeMain Surgery

Comment	Comment 07494928004 regarding stronger pain relief	

05-May-2021 Mr Anonymous User (ANON)

04-May-2021	Vaccination	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Pifzer (By J Farquharson) *EW2245/ PF/IM/RUA//C-19 Pifzer (By J Farquharson)*

15-Apr-2021 Dr Anna Hamilton (AL) Telephone Consultation

History	History Op on 9th April - went well. Difficulty sleeping last 6-8 months. Currently off alcohol. Would like to stay off it. Speaks to someone at GCA - weekly, this is helping. Tried AA, not for him. Anxiety and depression affecting sleep. Speaks about this at GCA. Offered lifelink/PCMHT - declined at present. Since stopped working sleep poor - feels mood related to not working and tumour and impacting on sleep. Falls asleep ok about 10, wakes at midnight and wakes the whole night. Naps for an hour or so during the day.	
Comment	Comment Discussed sleep hygiene - caffeine and no naps may help. Out for 2 hour walk daily. Discussed short-term zopiclone, how to take. Knows no further script in next few weeks/months. Aware of dependence issues and keen for only short-term himself. Needs further 2 weeks blood thinner.	
Medication	Medication Zopiclone Tablets 3.75 mg 7 TABLET ONE TO BE TAKEN AT NIGHT	
Medication	Medication Inhixa Solution for injection 40 mg/0.4 ml pre-filled syringe 14 pre-filled disposable injection TO BE USED AS DIRECTED	

15-Apr-2021 Mrs Fiona MacLean (FMAC) The Broomhill PracticeMain Surgery

Comment	Comment post surgery struggling to sleep looking for something to help with sleep . please call on mobile	

10-Mar-2021 Dr Andrew Marshall (DRMARSHALL14428) Data Entry

Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Back pain and renal tumour; Duration: 10/03/2021 - 07/04/2021)

10-Mar-2021 Miss Caitlin Wilson (CWI) The Broomhill PracticeMain Surgery

Comment Comment requesting fitnote extension for further month. wants to pick it up from surgery tomorrow

12-Feb-2021 Dr Nitin Gambhir (DRGAMBHIR_14428) Telephone Consultation

History History 1. Extension of fit note as requested 2. Self ref stop smoking adviced.
Comment Comment Co-Vid 19 crisis Consultation
Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Back pain and renal tumor; Duration: 12/02/2021 - 14/03/2021)

10-Feb-2021 Miss Caitlin Wilson (CWI) The Broomhill PracticeMain Surgery

Comment Comment wants to discuss fitnote, mob as above

26-Jan-2021 Dr Andrew Marshall (DRMARSHALL14428) Telephone Consultation

Problem Alcohol dependence syndrome
History History Not totally coherent when I spoke to him but issues are ongoing alcohol excess daily drinking from when he wakens ongoing back pain and renal tumour investigations - encouraged toattend upcoming CT appts discussed and encouraged agrees to CAT referral cocodamol for back and fit note sorted he will keep in touch
New Referral New Referral 8H...: Referral for further care (SCI Gateway Referral)
Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Back pain and renal tumour; Duration: 14/01/2021 - 15/02/2021)

25-Jan-2021 Miss Caitlin Wilson (CWI) The Broomhill PracticeMain Surgery

Comment Comment wishing call to discuss fitnote, mob as above

14-Jan-2021 Miss Caitlin Wilson (CWI) The Broomhill PracticeMain Surgery

Comment Comment script for ralvo phoned to dicksons whiteinch at patient's request

14-Jan-2021 Dr Nitin Gambhir (DRGAMBHIR_14428) Telephone Consultation

History History Chronic back pain occasional radiation left LL also same side renal mass awaits surgical removal. Pain dull ache better on movement, sleep not an issue, currently takes co-codamol, tramadol side effects, doesn't help but more so doesn't like tablets and has been keen for trial Ralvo (***** ***** used them with good effect). Explained better effect with neuropathic pain but keen to try 7/7 so offered same as trial and if no better should revert back to simple analgesia.
Comment Comment Co-Vid 19 crisis Consultation
Medication Medication Ralvo Medicated Plaster 700 mg 10 patch apply for 12 hrs once daily

14-Jan-2021 Mrs Fiona MacLean (FMAC) The Broomhill PracticeMain Surgery

Comment Comment looking for advice ref pain patches instead of tablet form pain killers . please call on mobile

30-Nov-2020 Dr Andrew Marshall (DRMARSHALL14428) Data Entry

History History see OOH write to pt may need support wit alcohol/ pain management

30-Nov-2020 Mr Docman Docman (DOC1) Docman

30-Oct-2020 Dr Claire Crothers (CC) Telephone Consultation

History History As below, tried to phone no answer, no answer machine.

28-Oct-2020 Mrs Fiona MacLean (FMAC) The Broomhill PracticeMain Surgery

Comment Comment due to have an kidney removed but unsure if it will be full or part of it. Seen by Dr Q at GGH . They have said he will email us looking for some more information , Please call on mobile

07-May-2020 Sister Susan Stewart (SUSAN2_14428) The Broomhill PracticeMain Surgery

Comment Comment please update smoking status and

10-Feb-2020 Dr Victoria Scott (VS) The Broomhill PracticeMain Surgery

History History low back pain- chronic for years. seen by urology and underwent CT scan. has review appt this week on 12/02/120. pain affecting mood. has been drinking to excess- whiskey. aware not the answer. no suicidal intent. no effect from co-codamol. manual worked at height. boss aware of alcohol intake. been off last 2 days
Examination Examination can smell alcohol on breath. engaging. lumbar spine-no bony tenderness, full ROM. pain right paraspinal region. SLR negative. both hip-nad. power 5/5 both legs. normal tone and sensation
Social Social non driver
Comment Comment supportive chat. aware to not work whilst intoxicated. declined CAT input. try tramdolol and review next week. await urology
Medication Medication Tramadol Hydrochloride Capsules 50 mg 60 capsule ONE TO BE TAKEN FOUR TIMES A DAY

02-Dec-2019 Mr Docman Docman (DOC1) Docman

22-Nov-2019 Mr Docman Docman (DOC1) Docman

01-Nov-2019 Mr Docman Docman (DOC1) Docman

29-Aug-2019 Dr Amanda Rodger (AR) The Broomhill PracticeMain Surgery

History History spoke with Mr Donnelly. He states he had been aware of the urology appt and still wishes to attend. unfortunatly he has had a few clinics this month and got muddled with his dates so that is why he missed appts. He mentions he has a few things he would like to ask regarding his ongoing appts and his medication that alcohol team have started him on. he would prefer to do this face to face. apologised that I will be changing job after today but booked with Dr McFadden for review on monday.
Comment Comment I have re-referred to urology.

29-Aug-2019 Ms Elizabeth Arthur (ELIZABETH_14428) The Broomhill PracticeMain Surgery

Comment Comment ***** Mr. Donnely's referral letter ready. Thank you E.

28-Aug-2019 Dr Amanda Rodger (AR) Data Entry

History History letter from urology stating that Mr Donnelly has not attended appt. cyst found on USS - requires further investigation. tried to contact Mr Donnelly to check he was aware of appt and if he wishes re-referred, unfortunately he is unable to speak at present but will phone me back

22-Aug-2019 Dr Amanda Rodger (AR) Data Entry

History History letter from alcohol team - started on acamprosate 666mgs tds. issued by clinic

10-July-2019 Mrs Lorna Watson (LOH) The Broomhill PracticeMain Surgery

Comment Comment patient has appointment with urology for 27th July and he will attend.

18-Apr-2019 Ms Elizabeth Arthur (ELIZABETH_14428) The Broomhill PracticeMain Surgery

Comment Comment ***** Mr. Donnelly's referral letter ready. Thank you E.

17-Apr-2019 Dr Amanda Rodger (AR) Telephone Call

History	History Abdo USS report - complex 3cm cyst at midpole of left kidney - advised urology opinion. also noted to have some gallbladder polyps and possible gallstone - ? require follow up - will write to surgeons for advice regarding this. I have spoken to patient and updated him. advised he hand in urine sample for us to dip to check for haematuria. he is happy for me to refer for ongoing advice and possible further inves.
Comment	Comment unsure if this should be urgent suspected cancer referral or urgent.
History	History requires further fit note.
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: alcohol dependence; Duration: 17/04/2019 - 17/05/2019)*

17-Apr-2019 Dr Amanda Rodger (AR) Data Entry

History	History spoke with urology oncall due to size of cyst suggest refer as urgent suspected cancer, no need to wait for urine sample.
New Referral	New Referral 8H...: Referral for further care (SCI Gateway Referral)

02-Apr-2019 Dr Anna Hamilton (AL) The Broomhill PracticeMain Surgery

History	History Keen to stop drinking - asking about a deterrant medication. Reports he had been prescribed one from us before but no record of this and it would be unusual. Encouraged him to engage with CAT. Reports he is waiting for them to phone. I encouraged him to get in touch. If there are any issues or needs re-referred to leave a message for me and I will do this. Mood is ok - if he's drinking1-2 pints a day. Worsening mood if he drinks more, can be up to 10 pints a day.
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: alcohol dependence; Duration: 22/03/2019 - 19/04/2019)*

22-Feb-2019 Dr Amanda Rodger (AR) The Broomhill PracticeMain Surgery

History	History attends to discuss blood results. MCV high 106 and ALT 162; AST 127. consistent with high alcohol intake. has been cutting down gradually himself. knows dangerous to stop suddenly. no withdrawal symptoms. no previous alcohol related seizure. going to see CAT next wednesday. trying to keep busy with DIY at home. feeling less stressed as not at work. sleep a little erratic. was thinking about starting swimming.
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: alcohol dependence; Duration: 22/02/2019 - 22/03/2019)*
Comment	Comment discussed importance of engaging with CAT to try and cut down and stop alcohol with support - he seems motivated to try this. continues with thiamine. suggest attend in one month for recheck of liver function and I will also request USS.

08-Feb-2019 Dr Andrew Marshall (DRMARSHALL14428) The Broomhill PracticeMain Surgery

Problem	Alcohol dependence syndrome
History	History Alcohol issues are escalating and binge pattern lost his job (craen driver) told his boss He doesn't drive vehicles daily drinking and dependent patterna ffecting job family and mood keen to get help
Examination	Examination abd nad
Comment	Comment will get bloods updates start thiamine refer cat and rev 2/52 discussed and encouraged
Medication	Medication Thiamine Hydrochloride Tablets 100 mg 84 tablet ONE TO BE TAKEN THREE TIMES A DAY
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Alcohol dependence; Duration: 08/02/2019 - 22/02/2019)*

27-Nov-2018 Dr Amanda Rodger (AR) The Broomhill PracticeMain Surgery

History	History alcohol excess. feels this is resulting in low mood and losing temper with his family. denies self harm or suicidal thoughs. no violence towards family. wonders about trying antabuse. advised to contact CAT team for support and they can initiate this medication if they feel appropriate. offered to refer but he will contact CAT himself. number provided.

10-Sept-2018 Dr Annie Ning (AN) The Broomhill PracticeMain Surgery

History	History alcohol dependence. attended Drumchapel last week and has return appointment - no letter on docman yet. drinking 4-6 pints lager daily. always has the urge to drink, also drinking as feels has nothing else to do. ***** ***** and ***** who are protective factors. is motivated to stop as scared will lose family and job. ***** loading up cranes but never operates cranes. boss at work aware of ongoing issues with alcohol. states never hangover at work. does not drive. low mood, poor appetite. no thoughts of DSH or SI. tried fluoxetine and stopped due to side effects.
Examination	Examination appropriately dressed, good eye contact. appear low mood, normal speech
Medication	Medication Sertraline Hydrochloride Tablets 50 mg 28 tablet ONE TO BE TAKEN EACH DAY
Comment	Comment agreed to try sertraline. will make appt to see me in around 4 weeks. plans to cont to attend Drumchapel

30-Aug-2018 Dr Annie McAlister (AMCA) The Broomhill PracticeMain Surgery

New Referral	New Referral EMISSPR1: Speciality referrals (SCI Gateway Referral)

29-Aug-2018 Dr Annie McAlister (AMCA) The Broomhill PracticeMain Surgery

History	History ongoing issues with alcohol. saw CAT team this morning, feeling quite positive about this and glad he went. low mood ongoing- has had occasional thoughts of 'ending it' but no plans. ***** and ***** protective factors. was started on fluoxetine at start of month, took it for a week then stopped as couldn't tolerate - headache, dry mouth and also said it made him feel worse and was being verbally abusive. re work aware there is a safety issue with this. hasn't been operating cranes. meeting with new employer tomorrow and is going to disclose issues. further fitnote issued. not getting much exercise but trying to go for walks. wants to avoid seeing friends and this usually involves alcohol. alcohol intake slightly cut down - 4 pints last night and says couldn't finish them. asking re other options for mood other than medication. discussed exercise and also CBT. would be keen to try talking therapy, I will refer to PCMHT.
Comment	Comment advice given re where to seek help in crisis. aware about blood tests just hasn't had a chance to come for them. too late today but will make a morning appointment
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: alcohol dependence, low mood; Duration: 22/08/2018 - 30/09/2018)*

28-Aug-2018 Miss Caitlin Wilson (CWI) The Broomhill PracticeMain Surgery

Comment	Comment 079494928004 says needs to speak to a doctor today - offered emerg appt but declined as had another appointment elsewhere at 3pm. would not tell me what it was regarding

28-Aug-2018 Dr Andrew Marshall (DRMARSHALL14428) The Broomhill PracticeMain Surgery

History	History spoke to him on phone asking if ican phone later - seems to be in apublic place says itisa bout a repeat scripts

28-Aug-2018 Dr Andrew Marshall (DRMARSHALL14428) Telephone Consultation

History	History phoned again at 1630 but no response

03-Aug-2018 Dr Janet Chapman (JC) The Broomhill PracticeMain Surgery

History	History attended. recognises tahtd ependent on alcohol. drinks 6-7 pints a night and needign to drink spirits in the am to fucntion. ***** construction. been avaoifding operating cranes but recognsies he is putting himself and others at risk. work is aware ***** wants him out of the house. ***** former alcoholic. mood low bu denies self harm thoughts or intent
Comment	Comment urgent ref CAT, check bloods. med 3 4/52 start fluxoetine aim to cut out am drinking rv 2/52
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 28 capsule ONE TO BE TAKEN EACH DAY
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: alcohol dependency; Duration: 03/08/2018 - 31/08/2018)*

03-Aug-2018 Ms Elizabeth Arthur (ELIZABETH_14428) The Broomhill PracticeMain Surgery

Comment	Comment ***** Mr. Donnelly's referral letter ready for completion please. Thank you E.

23-Oct-2017 Dr Andrew Marshall (DRMARSHALL14428) The Broomhill PracticeMain Surgery

History	History Late see 2016 ongoing issue with binge drinking at weekend not durig the week - he works loading cranes and is subject to drugs and alcohol checks but has notified his employer today He is not a driver. been taking librium under the impression that this reduces craving which it wouldn't so I don't think he should ct no withdrawal sx 24 hrsafter last driink suggested he self refer CAT contacts supplied and willcome for bloods then rev

04-July-2016 Mr Docman Docman (DOC1) Docman

Read Code	Letter encounter to patient

04-July-2016 Dr Gemma Cross (GC) The Broomhill PracticeMain Surgery

History	History Failed encounter for renal USS, have written to patient re follow up with renal clinic pending urine/BP results. will re-refer for USS if patinet wishes this. May need to update telephone details as no luck on trying to contact patient via telephone.

01-July-2016 Dr Gemma Cross (GC) The Broomhill PracticeMain Surgery

History	Failed encounter Note low Folate, will write to patient as need to organise follow up for microscopic haematuria.
Medication	Medication Folic Acid Tablets 5 mg 28 tablet 1 Tab Daily

10-Jun-2016 Dr Gemma Cross (GC) The Broomhill PracticeMain Surgery

History	History Seen for microscopic haematuria follow up, no urinary symptoms, has inguinal hernia mesh repair which twinges occasionally on twisting but otherwise asymptomatic. No FH of kidney problems.
Examination	Examination Chaperone declined DRE, prostate smooth and not enlarged. urinalysis 2+ blood and trace protein. Send for culture. Abdo SNT no masses palpable, no loin tenderness, no hernia.
Comment	Comment Will organise bloods and USS and review with results.
History	History Has been off the drink now for 2 weeks and feels the benefit for this, drinking water++ in palce of alcohol. Discuss prompting factors, explained his relationship had been a bit rocky recently however since stopping drinking things are slightly better. Work aware of his current situation and have scheduled time off work until he gets himself sorted. Not keen to go to CAT team or GCA at present thinks he is doing ok himself. Work are going to place more random breath tests to ensure that he abstains whilst at work due to the serious nature of his job. They are fully in the picture. Has finished chlordiazepoxide and found this has helped. Looks better this week. Encourage him to keep up the good work.

07-Jun-2016 Dr Gemma Cross (GC) The Broomhill PracticeMain Surgery

History	History Nagena ***** from CAT team phoned to say that they had struggled to get hold of him on Mobile, have left message. Has appt for Monday 20th June at 1.30pm however can be assessed if drops in beforehand. She commented on recent domestic violence visti by ***** 2/6/16, this was not disclosed during recent appt. ***** was intoxicated. SW involvement. He has an appt with me on Friday, will discuss this further then.

03-Jun-2016 Dr Gemma Cross (GC) The Broomhill PracticeMain Surgery

Medication	Medication Chlordiazepoxide Hydrochloride Capsules 10 mg 20 capsule TAKE A TABLET 4 TIMES A DAY ON DAY 1 AND THREE TIMES AD AY ON DAY 2 AND 3 THEN TWICE DAILY ON DAY 4 AND 5 AND THEN ONCE DAILY ON DAY 6 AND 7.
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: alcohol withdrawal; Duration: 03/06/2016 - 17/06/2016)*
History	Alcohol intake Seen with ***** 2 issues1. alcohol 42 units/week excessive intake and dependence, note he works operating cranes and therefore implications this may hold. He states he has had epsiodes of black out usually alcohol related, not had one for 2-3 weeks. Recent occupational health check alcohol level &lt0.02. Has had days were he has called in sick because he woke up drunk. Drinks approx 4-6 pints a day. Last drank 5 days ago. Feels shaky, no early morning cravings, usually at end of day after work. Is keen to have support as wishes to stop.
Examination	Examination Tremulous, HR 84,
Comment	Comment Refer to CAT team will drop in on Monday but will send a referral also to ensure follow up, Gave number for GCA and review in 1 week. To help him abstain over weekend have given him a reducing dose of chlordiazepoxide as per BNF. Have told him to disclose to work due to safety issues with regards to blackouts and public safety. Have signed him off for 2 weeks to allow him to get the help he needs.
History	History 2. Has microscopic haematuria on urine sample. No urinary symptoms. Smoker. Will hand in sample for urianlysis and MSSU on Monday and then review on Friday re further investigation.
Comment	Comment PLEASE DIP URINE before sending.
New Referral	New Referral 8H...: Referral for further care (SCI Gateway Referral)

17-Feb-2016 Mrs Lorna Watson (LOH) The Broomhill PracticeMain Surgery

Comment	Smoking cessation advice Letter sent offering smoking cessation advice

30-Nov-2015 Sister Susan Stewart (SUSAN2_14428) The Broomhill PracticeMain Surgery

Comment	Comment please update smoking status

22-Sept-2015 Dr Jordan Quispia-Lang (JQL) The Broomhill PracticeMain Surgery

Problem	Oral thrush
History	History First noticed over weekend. Also reports some discomfort with tongue, affecting eating.
Examination	Examination White plaques over surface of tongue
Comment	Comment Mouth wash issued.
Medication	Medication Nystan Oral suspension 100,000 units/ml 30 MILLILITRES USE 1ML IN THE MOUTH AFTER FOOD FOUR TIMES A DAY, USUALLY FOR SEVEN DAYS
Medication	Medication Co-Codamol 30/500 Tablets 50 TABLET TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Accidental injury; Duration: 20/09/2015 - 27/09/2015)*
Problem	Fall - accidental
History	History Was returning to his flat on Saturday night after drinking, lost balance and fell down 15 stairs. Most injuries on head, couple of bruises on body. Denies losing consciousness after fall, no blood or discharge from ears, no LOC since. No change in vision. Has taken time off work since yesterday.
Examination	Examination O/E significant swelling over right periorbital region, upper lip. Some scrapes on forehead hairline. No sings of base of skull fracture
Comment	Comment Given sick line for this week, also given analgesia. Given advice regarding red flags.

20-May-2015 Sister Susan Stewart (SUSAN2_14428) The Broomhill PracticeMain Surgery

Comment	Comment Please update smoking status

12-Dec-2014 Dr Kerry Platt (KP) The Broomhill PracticeMain Surgery

Comment	Comment X-ray report; "peripherally in the left mid zone there is 2.4cm poorly defined area of fluffy opacification. A further similar area in the right lower zone is noted. Appearances may be infective. A follow up x-ray in 6/8 weeks is advised". Spoke on the phone, says chest not completely better but would prefer not to have antibiotics unless its getting worse, in which case he will come back to see me. For x-ray and repeat urine sample in 6-8 weeks, will leave form at reception for him to collect for this.

10-Dec-2014 Mrs Helen Brown (HELENBROWN14428) The Broomhill PracticeMain Surgery

Comment	Comment urinalysis showed traces of protein sample sent for acr and pcr as requested

09-Dec-2014 Dr Kerry Platt (KP) The Broomhill PracticeMain Surgery

History	History Rash almost completely gone now and no longer having any pain in his ribs but since Sunday has had abdominal pain that he describes as feeling as if it is moving around, or like "being cut down the middle". Says that if he moves to the side when lying down it feels as if it moves down. No change in bowel habit, no vomiting but does have poor appetite. Taking co-codamol not sure if 8 or 30/500s, only when most severe as doen't like taking tablets. However, says he did consider going to A&E last night when the pain was really bad.
Examination	Examination Moving around normally in the room. Adbomen generally tender, no specific points. No rebound or percussion tenderness. Normal bowel sounds. No organomegally or masses palpable. Apyrexial. Rash almost resolved on his legs.
Comment	Comment Bloods taken, await x-rays and will take painkillers regularly and add PPI. Returning on Friday. Have updated contact details so I can reach him if results need discussed before friday.
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 capsule ONE TO BE TAKEN EACH DAY

09-Dec-2014 Dr Kerry Platt (KP) Telephone Consultation

Comment	Comment Has not yet handed in urine sample and I forgot to ask for one as consultation, called and he will bring one in. Need urinalysis for ?protein

08-Dec-2014 Dr Kerry Platt (KP) Data Entry

History	History ESR 99 and CRP 155. Unable to reach patient on the phone, different number on recent OOH record no answer on this either, left message to call back. Spoke to Dr *****, oncall dermatologist, who advises that on their own these levels are not unusual for vasculitis and can rapidly improve. Advised to review patient and repeat bloods, can try topical steroid e.g. dermovate, if any concerns or not improving to call oncall derm again but may resolve spontaneously and he is not worried by these blood results alone.

05-Dec-2014 Dr Kerry Platt (KP) The Broomhill PracticeMain Surgery

History	History Had a cough for a week 2-3 weeks ago that resolved spontaneously but since then had had right sided chest pain and had been keeping him awake at night. Since Monday has had rash over legs, buttocks, lower back and lower abdomen. No itch or pain. No one else in the household has the same. Has used ibuprofen for about 1 week, 1 week ago but had not been strong enough, given co-codamol by OOH doctor which does help with the pain.
Examination	Examination Alert and looks well. Chest clear. Tender to palpation at right lower lateral ribcage. No bruising or swelling there. Rash reviewed with Dr ***** non-blanching purpuric rash, red/purpleish colour. No scale, not palpable. Vasculitis rash.
Comment	Comment Will get CxR, bloods taken. Unable to produce urine sample now to dip but will leave one in for urinalysis.

27-Mar-2013 Mrs Lorna Watson (LOH) The Broomhill PracticeMain Surgery

Comment	Comment Letter to patient
Read Code	Health ed. - smoking
Read Code	Smoking cessation advice

22-Mar-2013 Ms Evonne Gonnella (EG) The Broomhill PracticeMain Surgery

Comment	Comment please check up to date tel no	

16-Jan-2013 Sister Susan Stewart (SUSAN2_14428) The Broomhill PracticeMain Surgery

Comment	Comment please check smoking status	

27-Apr-2010 Dr Joanne Cuthbertson (DRCUTHBERT14428) The Broomhill Practice

History	History wondering about bvasectomy, is with ***** and have 2 children 15 and 7 he also has ***** 18 from prev relationship. sure no more ***** wanted. ***** had sought sterilisation but declined ?too young only 33. has used a variety of contraceptive methods. discussed vasectomy and no for sandyford given priority=2	

27-Apr-2009 Dr Helen Jamieson (DRJAMIESON14428) The Broomhill PracticeData Entry

History	History Hand inj, left A and E before being seen. priority=2	

08-Nov-2007 Dr Bryan Whitty (DRWHITTY_14428) The Broomhill PracticeData Entry

History	Notes summary on computer ***** priority=2	

04-Jan-2007 Dr Helen Jamieson (DRJAMIESON14428) The Broomhill Practice

History	History 1) Flu symptoms since dec 26th, now has prod cough with green sputum. 2) Foot problem, has ? verruca ?FB in lat aspect of right foot. Advised re open access podiatry. priority=2	
History	Current smoker Disease: SPICE Basic Health Values, priority=2	
History	Smoking cessation advice Disease: SPICE Basic Health Values, priority=2	
History	Systolic blood pressure Disease: SPICE Basic Health Values	129
History	Diastolic blood pressure Disease: SPICE Basic Health Values	96
History	Systolic blood pressure	129
History	Diastolic blood pressure	96
History	Systolic blood pressure	129
History	Diastolic blood pressure	96

24-May-2006 Dr DR BL WHITTY (DR BL WHIT14428) The Broomhill PracticeData Entry

Problem	No known allergies priority=1	
History	Gpass allergies updated priority=2	

07-Apr-2006 Dr Joanne Cuthbertson (DRCUTHBERT14428) The Broomhill Practice

History	History inversion injury left ankle few months ago and recurring similar problem since.had been a little swollen feels ankle lax. advised re tubigrip support and self refer physio priority=2	
History	O/E - weight	51.7

18-Apr-2005 Sister Susan Stewart (SUSAN2_14428) The Broomhill Practice

History	1st hepatitis A vaccination *BN AHAVB 026AC priority=2*	
History	Booster tetanus and low dose diphtheria vaccination *BN Yo121-3 priority=2*	

13-Apr-2005 Sister Susan Stewart (SUSAN2_14428) The Broomhill Practice

History	History Going to Bulgaria - travel advice given priority=2	

13-Apr-2005 Dr Andrew Marshall (DRMARSHALL14428) The Broomhill PracticeData Entry

History	History PN request priority=2	

09-Nov-2004 Mrs May Cassidy (MAY_14428) The Broomhill PracticeData Entry

Problem	Fracture of upper limb right fifth metacarpal	

22-July-2004 Dr Bryan Whitty (DRWHITTY_14428) The Broomhill PracticeData Entry

25-Apr-2001	Problem	Candidal balanitis priority=1	

07-May-2002 UnknownUser (UnknownUse14428) The Broomhill PracticeData Entry

22-July-2004	History	Gpass record corrected and updated ***** priority=2	
	History	History GPASS record corrected and updated priority=2	
23-Apr-2002	Problem	Primary repair of inguinal hernia NOS Right	
01-Jan-2002	Problem	Genital herpes simplex priority=1	

13-Feb-2002 UnknownUser (UnknownUse14428) The Broomhill PracticeData Entry

22-Mar-1996	Problem	Chlamydia antigen test positive priority=1	

16-Jun-2000 UnknownUser (UnknownUse14428) The Broomhill PracticeData Entry

30-May-1999	Problem	Cellulitis and abscess of hand excluding digits Right priority=1	
22-Mar-1996	Problem	Urethritis due to non venereal causes priority=1	
17-July-1994	Problem	Closed fracture zygoma Left	
11-Feb-1994	Problem	Fracture of nasal bones	

11-Jan-2000 UnknownUser (UnknownUse14428) The Broomhill PracticeData Entry

	History	History Migrated Data priority=2	
03-Sept-1996	Problem	GP/HPC-health promotion clinic priority=1	
03-Sept-1996	History	Light smoker - 1-9 cigs/day Smoker$$ Status.clm - Repeat after an Interval In GP care	
03-Sept-1996	History	Systolic blood pressure	102
03-Sept-1996	History	Diastolic blood pressure	66
03-Sept-1996	History	O/E - BP reading normal B P Screening$$.clm - Repeat after an Interval In GP care	
03-Sept-1996	History	O/E - weight Weight$$.clm - Repeat after an Interval In GP care	51.71
03-Sept-1996	History	O/E - height Height$$.clm - Repeat after an Interval In GP care	165
03-Sept-1996	History	Trivial drinker - <1u/day Alcohol Intake$$.clm - Repeat after an Interval In GP care	

Medications (inc. issues)

Acute

15-May-2026 Co-Codamol 30/500 Tablets
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

15-May-2026 Macrogol Compound Oral Powder (sachets) NPF Sugar Free
20 sachet - ONE TO BE TAKEN TWICE A DAY

15-May-2026 Co-Codamol 30/500 Tablets
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

15-May-2026 Macrogol Compound Oral Powder (sachets) NPF Sugar Free
20 sachet - ONE TO BE TAKEN TWICE A DAY

Repeat

Past

19-Aug-2024 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN FOUR TIMES A DAY FOR 7 DAYS

19-Aug-2024 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN FOUR TIMES A DAY FOR 7 DAYS

17-Nov-2023 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)

17-Nov-2023 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)

23-Jun-2023 Naproxen Tablets 250 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN TWICE A DAY

23-Jun-2023 Naproxen Tablets 250 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN TWICE A DAY

23-Jun-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

23-Jun-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

16-Mar-2023 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)

16-Mar-2023 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)

13-Oct-2021 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)

13-Oct-2021 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)

15-Apr-2021 Zopiclone Tablets 3.75 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

15-Apr-2021 Inhixa Solution for injection 40 mg/0.4 ml pre-filled syringe Acute Medication (Past)
14 pre-filled disposable injection - TO BE USED AS DIRECTED

15-Apr-2021 Zopiclone Tablets 3.75 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

15-Apr-2021 Inhixa Solution for injection 40 mg/0.4 ml pre-filled syringe Acute Medication (Past)
14 pre-filled disposable injection - TO BE USED AS DIRECTED

26-Jan-2021 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)

26-Jan-2021 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)

14-Jan-2021 Ralvo Medicated Plaster 700 mg Acute Medication (Past)
10 patch - apply for 12 hrs once daily

14-Jan-2021 Ralvo Medicated Plaster 700 mg Acute Medication (Past)
10 patch - apply for 12 hrs once daily

10-Feb-2020 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

10-Feb-2020 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
60 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

22-Aug-2019 Acamprosate Calcium E/c tablets 333 mg Acute Medication (Past)
1 tablet - TWO TO BE TAKEN THREE TIMES A DAY

22-Aug-2019 Acamprosate Calcium E/c tablets 333 mg Acute Medication (Past)
1 tablet - TWO TO BE TAKEN THREE TIMES A DAY

08-Feb-2019 Thiamine Hydrochloride Tablets 100 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

08-Feb-2019 Thiamine Hydrochloride Tablets 100 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

10-Sept-2018 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

10-Sept-2018 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

03-Aug-2018 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

03-Aug-2018 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

01-July-2016 Folic Acid Tablets 5 mg Acute Medication (Past)
28 tablet - 1 Tab Daily

01-July-2016 Folic Acid Tablets 5 mg Acute Medication (Past)
28 tablet - 1 Tab Daily

03-Jun-2016 Chlordiazepoxide Hydrochloride Capsules 10 mg Acute Medication (Past)
20 capsule - TAKE A TABLET 4 TIMES A DAY ON DAY 1 AND THREE TIMES AD AY ON DAY 2 AND 3 THEN TWICE DAILY ON DAY 4 AND 5 AND THEN ONCE DAILY ON DAY 6 AND 7.

03-Jun-2016 Chlordiazepoxide Hydrochloride Capsules 10 mg Acute Medication (Past)
20 capsule - TAKE A TABLET 4 TIMES A DAY ON DAY 1 AND THREE TIMES AD AY ON DAY 2 AND 3 THEN TWICE DAILY ON DAY 4 AND 5 AND THEN ONCE DAILY ON DAY 6 AND 7.

22-Sept-2015 Nystan Oral suspension 100,000 units/ml Acute Medication (Past)
30 MILLILITRES - USE 1ML IN THE MOUTH AFTER FOOD FOUR TIMES A DAY, USUALLY FOR SEVEN DAYS

22-Sept-2015 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)

22-Sept-2015 Nystan Oral suspension 100,000 units/ml Acute Medication (Past)
30 MILLILITRES - USE 1ML IN THE MOUTH AFTER FOOD FOUR TIMES A DAY, USUALLY FOR SEVEN DAYS

22-Sept-2015 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)

09-Dec-2014 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

09-Dec-2014 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

04-Jan-2007 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPS - 1 Cap 3 times daily

04-Jan-2007 Amoxicillin CAPS 500MG Acute Medication (Past)
15 CAPS - 1 Cap 3 times daily

13-Apr-2005 Havrix Monodose Vaccine, Suspension For Injection 1 ml pre-filled syringe Acute Medication (Past)
1 VACC -

13-Apr-2005 Havrix Monodose Prefilled Syringe 1440 Elisa Units/Ml 1ml VACC Acute Medication (Past)
1 VACC -

Allergies

This section is empty.

Vaccinations

07-Jan-2022 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Moderna (Partick Burgh ***** public vaccination clinic)
*000059A/ MOD/IM/Left Arm//C-19 Booster Moderna (Partick Burgh ***** public vaccination clinic)*

07-Jan-2022 Mr Anonymous User (ANON)
Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Moderna (A O Donnell)
000059A/ MOD/IM/Left Arm//C-19 Booster Moderna (A O Donnell)

29-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 Pifzer (By S Cringean)
FD5613/ PF/IM/LUA//C-19 Pifzer (By S Cringean)

04-May-2021 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Pifzer (By J Farquharson)
EW2245/ PF/IM/RUA//C-19 Pifzer (By J Farquharson)

18-Apr-2005 susan (susan_14428)
1st hepatitis A vaccination
BN AHAVB 026AC priority=2
History

18-Apr-2005 susan (susan_14428)
Booster tetanus and low dose diphtheria vaccination
BN Yo121-3 priority=2
History

Referrals

26-Jan-2021 Dr Andrew Marshall (DRMARSHALL14428)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

29-Aug-2019 Dr Amanda Rodger (AR)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

18-Apr-2019 Dr Amanda Rodger (AR)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

17-Apr-2019 Dr Amanda Rodger (AR)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

08-Feb-2019 Dr Andrew Marshall (DRMARSHALL14428)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

30-Aug-2018 Dr Annie McAlister (AMCA)
EMISSPR1: Speciality referrals (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

03-Aug-2018 Dr Janet Chapman (JC)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

03-Jun-2016 Dr Gemma Cross (GC)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

Test Requests

30-Dec-1899 Dr Andrew Marshall (DRMARSHALL14428)

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

30-Dec-1899 Dr Gemma Cross (GC)

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

30-Dec-1899 Dr Gemma Cross (GC)
Status Requested
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Dr Kerry Platt (KP)
Status Sampled
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Dr Kerry Platt (KP)
Status Requested
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

Test Results

07-Jun-2024 Mrs Fiona MacLean (FMAC)
Result: Bowel Cancer Screening Result

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

07-Apr-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - ESR)

ESR	2 mm/hr	(No range available)

07-Apr-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.07 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.4 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.6 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4.9 x10^9/l	(Range: 2 - 7)
Platelet Count	258 x10^9/l	(Range: 150 - 410)
MCH	**35.6 pg**	**(Range: 27 - 32)**
Mean Cell Volume	**102.4 fl**	**(Range: 83 - 101)**
Haematocrit	0.475 l/l	(Range: 0.4 - 0.54)
Haemoglobin	165 g/l	(Range: 130 - 180)
Red Cell Count	4.64 x10^12/l	(Range: 4.5 - 6.5)
White Blood Count	7 x10^9/l	(Range: 4 - 10)

07-Apr-2022 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	1.54 mU/L	(Range: 0.35 - 5)

07-Apr-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	44 g/L	(Range: 35 - 50)
Alkaline Phosphatase	109 U/L	(Range: 30 - 130)
AST	77 U/L	(No range available)
ALT	82 U/L	(No range available)
Total Bilirubin	9 umol/L	(No range available)

07-Apr-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	72 umol/L	(Range: 40 - 130)
Urea	**2.1 mmol/L**	**(Range: 2.5 - 7.8)**
Chloride	102 mmol/L	(Range: 95 - 108)
Potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
Sodium	143 mmol/L	(Range: 133 - 146)

07-Apr-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Bone Profile)

Alkaline Phosphatase	109 U/L	(Range: 30 - 130)
Albumin	44 g/L	(Range: 35 - 50)
Phosphate	1.06 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.23 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.3 mmol/L	(Range: 2.2 - 2.6)

07-Apr-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Protein EP & Igs)

IgM	0.65 g/L	(Range: 0.4 - 2.4)
IgA	3.4 g/L	(Range: 0.8 - 4)
IgG	8.3 g/L	(Range: 6 - 16)
Paraprotein 3 (Non Coded Event - Paraprotein 3) NA		(No range available)
Paraprotein 2 (Non Coded Event - Paraprotein 2) NA		(No range available)
Paraprotein 1 (Non Coded Event - Paraprotein 1) NA		(No range available)
Electrophoresis		(No range available)
Total Protein	78 g/L	(Range: 60 - 80)

07-Apr-2022 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	1.54 mU/L	(Range: 0.35 - 5)

07-Apr-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	44 g/L	(Range: 35 - 50)
Alkaline Phosphatase	109 U/L	(Range: 30 - 130)
AST	77 U/L	(No range available)
ALT	82 U/L	(No range available)
Total Bilirubin	9 umol/L	(No range available)

07-Apr-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	72 umol/L	(Range: 40 - 130)
Urea	**2.1 mmol/L**	**(Range: 2.5 - 7.8)**
Chloride	102 mmol/L	(Range: 95 - 108)
Potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
Sodium	143 mmol/L	(Range: 133 - 146)

07-Apr-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Bone Profile)

Alkaline Phosphatase	109 U/L	(Range: 30 - 130)
Albumin	44 g/L	(Range: 35 - 50)
Phosphate	1.06 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.23 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.3 mmol/L	(Range: 2.2 - 2.6)

10-Mar-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - US Abdomen)

US Abdomen (Non Coded Event - US Abdomen)		(No range available)

17-Feb-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.19 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	1 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.9 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4.2 x10^9/l	(Range: 2 - 7)
Platelet Count	153 x10^9/l	(Range: 150 - 410)
MCH	**36.6 pg**	**(Range: 27 - 32)**
Mean Cell Volume	**105.1 fl**	**(Range: 83 - 101)**
Haematocrit	0.451 l/l	(Range: 0.4 - 0.54)
Haemoglobin	157 g/l	(Range: 130 - 180)
Red Cell Count	**4.29 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	7.3 x10^9/l	(Range: 4 - 10)

17-Feb-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	40 g/L	(Range: 35 - 50)
Alkaline Phosphatase	92 U/L	(Range: 30 - 130)
AST	135 U/L	(No range available)
ALT	251 U/L	(No range available)
Total Bilirubin	13 umol/L	(No range available)

17-Feb-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	71 umol/L	(Range: 40 - 130)
Urea	6 mmol/L	(Range: 2.5 - 7.8)
Chloride	106 mmol/L	(Range: 95 - 108)
Potassium	4.8 mmol/L	(Range: 3.5 - 5.3)
Sodium	140 mmol/L	(Range: 133 - 146)

17-Feb-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Bone Profile)

Alkaline Phosphatase	92 U/L	(Range: 30 - 130)
Albumin	40 g/L	(Range: 35 - 50)
Phosphate	**1.58 mmol/L**	**(Range: 0.8 - 1.5)**
Calcium (adjusted)	2.34 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.35 mmol/L	(Range: 2.2 - 2.6)

11-Apr-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - US Abdomen)

US Abdomen (Non Coded Event - US Abdomen)		(No range available)

11-Feb-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.2 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.7 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.6 x10^9/l	(Range: 1.1 - 5)
Neutrophils	3.7 x10^9/l	(Range: 2 - 7)
Platelet Count	211 x10^9/l	(Range: 150 - 410)
MCH	**35.3 pg**	**(Range: 27 - 32)**
Mean Cell Volume	**106 fl**	**(Range: 83 - 101)**
Haematocrit	0.459 l/l	(Range: 0.4 - 0.54)
Haemoglobin	153 g/l	(Range: 130 - 180)
Red Cell Count	**4.33 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	6.2 x10^9/l	(Range: 4 - 10)

11-Feb-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Glucose)

Glucose	5 mmol/L	(Range: 3.5 - 6)

11-Feb-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Thyroid funct test)

Total T3		(No range available)
Free T4	12.4 pmol/L	(Range: 9 - 21)
TSH	2.25 mU/L	(Range: 0.35 - 5)

11-Feb-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Lipid profile)

Chol/HDL ratio	3.1	(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)	2.8 mmol/L	(No range available)
HDL Cholesterol	1.5 mmol/L	(No range available)
Triglycerides	0.8 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	4.7 mmol/L	(No range available)

11-Feb-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	42 g/L	(Range: 35 - 50)
Alkaline Phosphatase	103 U/L	(Range: 30 - 130)
AST	127 U/L	(No range available)
ALT	162 U/L	(No range available)
Total Bilirubin	13 umol/L	(No range available)

11-Feb-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	68 umol/L	(Range: 40 - 130)
Urea	5.8 mmol/L	(Range: 2.5 - 7.8)
Chloride	106 mmol/L	(Range: 95 - 108)
Potassium	4.7 mmol/L	(Range: 3.5 - 5.3)
Sodium	145 mmol/L	(Range: 133 - 146)

11-Feb-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.2 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.7 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.6 x10^9/l	(Range: 1.1 - 5)
Neutrophils	3.7 x10^9/l	(Range: 2 - 7)
Platelet Count	211 x10^9/l	(Range: 150 - 410)
MCH	**35.3 pg**	**(Range: 27 - 32)**
Mean Cell Volume	**106 fl**	**(Range: 83 - 101)**
Haematocrit	0.459 l/l	(Range: 0.4 - 0.54)
Haemoglobin	153 g/l	(Range: 130 - 180)
Red Cell Count	**4.33 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	6.2 x10^9/l	(Range: 4 - 10)

11-Feb-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.2 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.7 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.6 x10^9/l	(Range: 1.1 - 5)
Neutrophils	3.7 x10^9/l	(Range: 2 - 7)
Platelet Count	211 x10^9/l	(Range: 150 - 410)
MCH	**35.3 pg**	**(Range: 27 - 32)**
Mean Cell Volume	**106 fl**	**(Range: 83 - 101)**
Haematocrit	0.459 l/l	(Range: 0.4 - 0.54)
Haemoglobin	153 g/l	(Range: 130 - 180)
Red Cell Count	**4.33 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	6.2 x10^9/l	(Range: 4 - 10)

24-Jun-2016 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.2 x10^9/l	(No range available)
Monocytes	0.4 x10^9/l	(Range: 0.2 - 0.8)
Lymphocytes	1.8 x10^9/l	(Range: 1.5 - 4)
Neutrophils	3.8 x10^9/l	(Range: 2 - 7.5)
Platelet Count	216 x10^9/l	(Range: 150 - 400)
MCH	**36.1 pg**	**(Range: 27 - 32)**
Mean Cell Volume	**106.8 fl**	**(Range: 80 - 100)**
Haematocrit	0.468 l/l	(Range: 0.4 - 0.54)
Haemoglobin	158 g/l	(Range: 130 - 180)
Red Cell Count	**4.38 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	6.2 x10^9/l	(Range: 4 - 11)

24-Jun-2016 Mr Anonymous User (ANON)
Result: (Non Coded Event - Prostate Specific Ag)

Prostate Spec Ag	1.4 ug/L	(No range available)

24-Jun-2016 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	63 umol/L	(Range: 40 - 130)
Urea	5.1 mmol/L	(Range: 2.5 - 7.8)
Chloride	105 mmol/L	(Range: 95 - 108)
Potassium	4.1 mmol/L	(Range: 3.5 - 5.3)
Sodium	143 mmol/L	(Range: 133 - 146)

24-Jun-2016 Mr Anonymous User (ANON)
Result: (Non Coded Event - Blood Film)

Blood Film Yes		(No range available)

24-Jun-2016 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.2 x10^9/l	(No range available)
Monocytes	0.4 x10^9/l	(Range: 0.2 - 0.8)
Lymphocytes	1.8 x10^9/l	(Range: 1.5 - 4)
Neutrophils	3.8 x10^9/l	(Range: 2 - 7.5)
Platelet Count	216 x10^9/l	(Range: 150 - 400)
MCH	**36.1 pg**	**(Range: 27 - 32)**
Mean Cell Volume	**106.8 fl**	**(Range: 80 - 100)**
Haematocrit	0.468 l/l	(Range: 0.4 - 0.54)
Haemoglobin	158 g/l	(Range: 130 - 180)
Red Cell Count	**4.38 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	6.2 x10^9/l	(Range: 4 - 11)

24-Jun-2016 Mr Anonymous User (ANON)
Result: (Non Coded Event - Serum Ferritin)

Serum Ferritin	**3179 ug/l**	**(Range: 20 - 300)**

24-Jun-2016 Mr Anonymous User (ANON)
Result: Serum folate

Serum Folate	**2.6 ug/l**	**(Range: 3.1 - 20)**

24-Jun-2016 Mr Anonymous User (ANON)
Result: (Non Coded Event - Serum Vitamin B12)

Serum Vitamin B12	615 ng/l	(Range: 200 - 900)

10-Dec-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Protein)

U Protein:Creatinine NA		(No range available)
Urine Protein/volume		(No range available)
Urine Protein (Non Coded Event - Urine Protein)		(No range available)
Urine Protein < 0.100		(No range available)
Urine Creatinine	11.2 mmol/L	(No range available)
Collection time (Non Coded Event - Collection time)		(No range available)
Time (Hrs.Mins) (Non Coded Event - Time (Hrs.Mins))		(No range available)
Urine volume (ml) NA		(No range available)

10-Dec-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Albumin)

U Albumin excretion		(No range available)
U Alb/Creat Ratio	0.6 mg/mmol creatinine	(No range available)
24hr Urine Albumin NA		(No range available)
Urine Albumin	7 mg/L	(No range available)

10-Dec-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Protein)

U Protein:Creatinine	10 mg/mmol creatinine	(No range available)
Urine Protein/volume		(No range available)
Urine Protein (Non Coded Event - Urine Protein)	113 mg/L	(No range available)
Urine Protein	0.113 g/L	(No range available)
Urine Creatinine	11.1 mmol/L	(No range available)
Collection time (Non Coded Event - Collection time)		(No range available)
Time (Hrs.Mins) (Non Coded Event - Time (Hrs.Mins))		(No range available)
Urine volume (ml) NA		(No range available)

10-Dec-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Albumin)

U Albumin excretion		(No range available)
U Alb/Creat Ratio	0.6 mg/mmol creatinine	(No range available)
24hr Urine Albumin NA		(No range available)
Urine Albumin	7 mg/L	(No range available)

09-Dec-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	**32 g/L**	**(Range: 35 - 50)**
Alkaline Phosphatase	72 U/L	(Range: 30 - 130)
AST	18 U/L	(No range available)
ALT	23 U/L	(No range available)
Total Bilirubin	7 umol/L	(No range available)

09-Dec-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	60 umol/L	(Range: 40 - 130)
Urea	4.1 mmol/L	(Range: 2.5 - 7.8)
Chloride	102 mmol/L	(Range: 95 - 108)
Potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
Sodium	138 mmol/L	(Range: 133 - 146)

09-Dec-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - C-reactive Protein)

C Reactive Protein	**67 mg/L**	**(No range available)**

09-Dec-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.4 x10^9/l	(No range available)
Monocytes	0.6 x10^9/l	(Range: 0.2 - 0.8)
Lymphocytes	1.8 x10^9/l	(Range: 1.5 - 4)
Neutrophils	7.5 x10^9/l	(Range: 2 - 7.5)
Platelet Count	**442 x10^9/l**	**(Range: 150 - 400)**
MCH	**33.6 pg**	**(Range: 27 - 32)**
Mean Cell Volume	92.9 fl	(Range: 80 - 100)
Haematocrit	0.403 l/l	(Range: 0.4 - 0.54)
Haemoglobin	146 g/l	(Range: 130 - 180)
Red Cell Count	**4.34 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	10.4 x10^9/l	(Range: 4 - 11)

09-Dec-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - ESR)

ESR	**52 mm/hr**	**(Range: 1 - 10)**

09-Dec-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.4 x10^9/l	(No range available)
Monocytes	0.6 x10^9/l	(Range: 0.2 - 0.8)
Lymphocytes	1.8 x10^9/l	(Range: 1.5 - 4)
Neutrophils	7.5 x10^9/l	(Range: 2 - 7.5)
Platelet Count	**442 x10^9/l**	**(Range: 150 - 400)**
MCH	**33.6 pg**	**(Range: 27 - 32)**
Mean Cell Volume	92.9 fl	(Range: 80 - 100)
Haematocrit	0.403 l/l	(Range: 0.4 - 0.54)
Haemoglobin	146 g/l	(Range: 130 - 180)
Red Cell Count	**4.34 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	10.4 x10^9/l	(Range: 4 - 11)

05-Dec-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - Coagulation Screen)

TCT ratio (Non Coded Event - TCT ratio)	0.9	(No range available)
Thrombin time (Non Coded Event - Thrombin time)	13 s	(Range: 11 - 15)
APTT Ratio	1.2	(Range: 0.8 - 1.2)
APTT	37 s	(Range: 27 - 38)
PT Ratio (Non Coded Event - PT Ratio)	1.2	(No range available)
Prothrombin Time	**14 s**	**(Range: 9 - 13)**

05-Dec-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.4 x10^9/l	(No range available)
Monocytes	0.6 x10^9/l	(Range: 0.2 - 0.8)
Lymphocytes	1.9 x10^9/l	(Range: 1.5 - 4)
Neutrophils	7.2 x10^9/l	(Range: 2 - 7.5)
Platelet Count	397 x10^9/l	(Range: 150 - 400)
MCH	**34.5 pg**	**(Range: 27 - 32)**
Mean Cell Volume	100 fl	(Range: 80 - 100)
Haematocrit	**0.383 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	132 g/l	(Range: 130 - 180)
Red Cell Count	**3.83 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	10.3 x10^9/l	(Range: 4 - 11)

05-Dec-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - ESR)

ESR	**99 mm/hr**	**(Range: 1 - 10)**

05-Dec-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.4 x10^9/l	(No range available)
Monocytes	0.6 x10^9/l	(Range: 0.2 - 0.8)
Lymphocytes	1.9 x10^9/l	(Range: 1.5 - 4)
Neutrophils	7.2 x10^9/l	(Range: 2 - 7.5)
Platelet Count	397 x10^9/l	(Range: 150 - 400)
MCH	**34.5 pg**	**(Range: 27 - 32)**
Mean Cell Volume	100 fl	(Range: 80 - 100)
Haematocrit	**0.383 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	132 g/l	(Range: 130 - 180)
Red Cell Count	**3.83 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	10.3 x10^9/l	(Range: 4 - 11)

05-Dec-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	**33 g/L**	**(Range: 35 - 50)**
Alkaline Phosphatase	69 U/L	(Range: 30 - 130)
AST	41 U/L	(No range available)
ALT	33 U/L	(No range available)
Total Bilirubin	9 umol/L	(No range available)

05-Dec-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	59 umol/L	(Range: 40 - 130)
Urea	4.7 mmol/L	(Range: 2.5 - 7.8)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium	4.7 mmol/L	(Range: 3.5 - 5.3)
Sodium	140 mmol/L	(Range: 133 - 146)

05-Dec-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - C-reactive Protein)

C Reactive Protein	**155 mg/L**	**(No range available)**

Other Items

13-Apr-2021	Read Code	Partial nephrectomy (Left)
06-Oct-2020	Read Code	Malignant neoplasm of kidney parenchyma (Left) papillary renal cell carcinoma
29-Sept-2020	Read Code	Pseudocyst of pancreas
29-Sept-2020	Read Code	Endoscopic ultrasound examination of pancreas
26-Sept-2020	Read Code	COVID-19 excluded by laboratory test
04-Sept-2020	Read Code	COVID-19 excluded by laboratory test
08-July-2020	Read Code	COVID-19 excluded by laboratory test negative test
02-Sept-2019	Read Code	SMS text received from patient Type: Appointment Reminder Status: Reply Received Message: cancel.
19-Feb-2019	Read Code	SMS text received from patient Type: Appointment Reminder Status: Reply Received Message: Cancel - colin donnelly.
31-Aug-2018	Read Code	SMS text received from patient Type: Appointment Reminder Status: Reply Received Message: Cancel.
31-Aug-2018	Read Code	SMS text received from patient Type: Appointment Reminder Status: Reply Received Message: Cancel - colin donnelly.
06-Aug-2018	Read Code	SMS text received from patient Type: Appointment Reminder Status: Reply Received Message: CANCEL.
22-May-2018	Read Code	Consent commun SMS text messag Consent received for SMS text messages
26-Aug-2011	Read Code	Bilateral vasectomy for contraception
01-Jan-1899	Read Code	Marital Status: Marital state unknown

Attachments

Scanned Document
28-May-2026 WC
Additional: Scanned Document

Filename: Colin Donnelly Referrals.pdf
Extension:.tif
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow (Glasgow, v17.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

North West CAT Team
GGC Mental Health

CAT (Community Addiction Team)
SCI Gateway Virtual Location Code

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

Hospital and **hospital address**

Hospital location code.
G004G

Email address
-

Urgency of referral	Routine		
Date of referral	26-Jan-2021	**Date sent**	26-Jan-2021

PATIENT DETAILS

Surname	DONNELLY
Forename(s)	Colin
Title	Mr
Sex	Male
Date of birth	09-Apr-1974
CHI no.	0904746151
Area of Residence	-

Patient's address

1-1
47 hyndland street
Glasgow
G11 5QF

Contact number(s)

Voice:07494928004
Voice:07494928004

101022507436T Unique Care Pathway Number: 101022507436T

REGISTERED GP DETAILS

Name	Dr [redacted]		
GMC code	3128273	GP code	08061
Practice name	The Broomhill Practice		
Practice code	40121		

Practice address

41
Broomhill Drive
Glasgow
G11 7AD

Contact number(s)

Voice:0141 339 3626
Facsimile:0141 334 2399
E-mail:GG-UHB.GP40121clinical@nhs.net

REFERRING GP DETAILS

Name	Dr. [redacted]		
GMC code	3128273	GP code	08061
Practice name	The Broomhill Practice (40121)		
Practice code	40121		

Practice address

41 Broomhill Drive
Glasgow
G11 7AD

Contact number(s)

Voice:0141 339 3626
Facsimile:0141 334 2399

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: alcohol dependence

Comment: Ongoing alcohol issues daily drinking wishes to get support

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Malignant neoplasm of kidney parenchyma (Left)	papillary renal cell carcinoma	06-Oct-2020	06-Oct-2020
Pseudocyst of pancreas	-	29-Sep-2020	29-Sep-2020
Alcohol dependence syndrome	-	08-Feb-2019	08-Feb-2019
Fracture of upper limb	right fifth metacarpal	09-Nov-2004	09-Nov-2004
Closed fracture zygoma	Left	17-Jul-1994	17-Jul-1994
Fracture of nasal bones	-	11-Feb-1994	11-Feb-1994

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Endoscopic ultrasound examination of pancreas	-	29-Sep-2020	29-Sep-2020
Primary repair of inguinal hernia NOS	Right	23-Apr-2002	23-Apr-2002

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Co-Codamol 30/500 Tablets	50	50 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	26-Jan-2021	26-Jan-2021
Raivo Medicated Plaster 700 mg	10	10 patch	apply for 12 hrs once daily	-	14-Jan-2021	14-Jan-2021

Blood Pressure

Date Recorded	Systolic	Diastolic
04-Jan-2007	129	96
04-Jan-2007	129	96
04-Jan-2007	129	96
03-Sep-1996	102	66

Body Measurements

Date Recorded	Height	Weight	BMI
07-Apr-2006	-	51.7	-
03-Sep-1996	165	51.71	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	Disease: SPICE Basic Health Values, priority=2	04-Jan-2007
Light smoker - 1-9 cigs/day:	Smoker$$ Status.clm - Repeat after an IntervalIn GP care	03-Sep-1996
Trivial drinker - <1u/day:	Alcohol Intake$$.clm - Repeat after an IntervalIn GP care	03-Sep-1996

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Risk of Suicide:No
Past history of suicide attempt:No
Risk of deliberate self harm:No
Is patient responsible for children?:No
Risk to others including children/dependents/clinicians/other:No
Risk from others:No
Risk of Self Neglect:No
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Urology
GGC General Referral

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

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

Hospital and **hospital address**

Hospital location code.
G516H

Email address
-

Urgency of referral Urgent - Suspected Cancer
Date of referral 29-Aug-2019 **Date sent** 29-Aug-2019

PATIENT DETAILS

Surname	DONNELLY
Forename(s)	Colin
Title	Mr
Sex	Male
Date of birth	09-Apr-1974
CHI no.	0904746151
Area of Residence	-

Patient's address

2-1
202 Earl Street
Glasgow
G14 0BY

Contact number(s)
Voice:07494928004
Voice:09494928004

101019476122J Unique Care Pathway Number: 101019476122J

REGISTERED GP DETAILS

Name	Dr [redacted]		
GMC code	3128273	GP code	08061
Practice name	The Broomhill Practice		
Practice code	40121		

Practice address

41
Broomhill Drive
[redacted]

Contact number(s)
Voice:0141 339 3626
Facsimile:0141 334 2399

REFERRING GP DETAILS

Name	Dr. [redacted] Rodger		
GMC code	7133631	GP code	-
Practice name	-		
Practice code	G40121		

Practice address

Contact number(s)
-

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Incidental finding on ultrasound of a 3 cm kidney cyst located at mid pole of left kidney.

Comment: Dear Doctor,

I would be very grateful if you could reassign this 45 year old gentleman an urgent appointment.

He tells me that he has had a lot of Clinic appointments this month and unfortunately got mixed up with his dates, which is why he missed his most recent appointment with yourselves.

An incidental 3 cm kidney cyst has been found on an ultrasound on Mr. Donnelly. This is located at the mid pole of the left kidney. The ultrasound had initially been completed due to alcohol dependence.

I would be very grateful if you could reassign an appointment for him so we can investigate this a little further. I had spoken to on call regarding this, who advised from looking at USS this should be an urgent suspected cancer referral.

Yours sincerely,

Dr. [redacted] Rodger
G.P. Locum

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Alcohol dependence syndrome	-	08-Feb-2019	08-Feb-2019
Fracture of upper limb	right fifth metacarpal	09-Nov-2004	09-Nov-2004
Closed fracture zygoma	Left	17-Jul-1994	17-Jul-1994
Fracture of nasal bones	-	11-Feb-1994	11-Feb-1994

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Primary repair of inguinal hernia NOS	Right	23-Apr-2002	23-Apr-2002

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Acamprosate Calcium E/c tablets 333 mg	1	1 tablet	TWO TO BE TAKEN THREE TIMES A DAY	-	22-Aug-2019	22-Aug-2019

Blood Pressure

Date Recorded	Systolic	Diastolic
04-Jan-2007	129	96
04-Jan-2007	129	96
04-Jan-2007	129	96
03-Sep-1996	102	66

Body Measurements

Date Recorded	Height	Weight	BMI
07-Apr-2006	-	51.7	-
03-Sep-1996	165	51.71	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	Disease: SPICE Basic Health Values, priority=2	04-Jan-2007
Light smoker - 1-9 cigs/day:	Smoker$$ Status.clm - Repeat after an IntervalIn GP care	03-Sep-1996
Trivial drinker - <1u/day:	Alcohol Intake$$.clm - Repeat after an IntervalIn GP care	03-Sep-1996

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery
GGC General Referral

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

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

Hospital and **hospital address**

Hospital location code.
G516H

Email address
-

Urgency of referral Routine
Date of referral 18-Apr-2019 **Date sent** 18-Apr-2019

PATIENT DETAILS

Surname	DONNELLY
Forename(s)	Colin
Title	Mr
Sex	Male
Date of birth	09-Apr-1974
CHI no.	0904746151
Area of Residence	-

Patient's address

2-1
202 Earl Street
Glasgow
G14 0BY

Contact number(s)
Voice:07494928004
Voice:09494928004

101018519235K Unique Care Pathway Number: 101018519235K

REGISTERED GP DETAILS

Name	Dr [redacted]		
GMC code	3128273	GP code	08061
Practice name	The Broomhill Practice		
Practice code	40121		

Practice address

41
Broomhill Drive
Glasgow
G11 7AD

Contact number(s)
Voice:0141 339 3626
Facsimile:0141 334 2399

REFERRING GP DETAILS

Name	Dr. [redacted] Rodger		
GMC code	7133631	GP code	-
Practice name	-		
Practice code	G40121		

Practice address

Contact number(s)
-

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Advice please.

Comment: Dear Doctor,

I would be very grateful for your opinion regarding an ultrasound which has been completed on this 45 year old gentleman.

Mr. Donnelly has a history of alcohol dependence and had subsequently had some blood tests completed which showed deranged liver function with ALT 162; AST 127 and an MCV of 106.
A subsequent ultrasound report has demonstrated that he has some small polyps within the gallbladder with a larger 4.6 mm hyperechoic focus adherent to the wall which was considered to be a further possible polyp or gallstone. The gallbladder wall was commented to be mildly thick. There was no evidence of any dilated CBD. Of note, there has been also mention of a
kidney cyst for which I have referred him to Urology.

Mr. Donnelly is not complaining of any abdominal symptoms or a change in bowel or urine habits. He is currently engaging with the CAT team to try and cut down on his alcohol intake.

I would appreciate your advice regarding the finding of these possible polyps and gallstone and whether this should be followed-up in due course.

Thank you for your help.

Dr. [redacted] Rodger
G.P. Locum

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

Past medical history

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

Description	Comment	Date of onset	Date recorded
Alcohol dependence syndrome	-	08-Feb-2019	08-Feb-2019
Fracture of upper limb	right fifth metacarpal	09-Nov-2004	09-Nov-2004
Closed fracture zygoma	Left	17-Jul-1994	17-Jul-1994
Fracture of nasal bones	-	11-Feb-1994	11-Feb-1994

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Primary repair of inguinal hernia NOS	Right	23-Apr-2002	23-Apr-2002

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Thiamine Hydrochloride Tablets 100 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	08-Feb-2019	08-Feb-2019

Blood Pressure

Date Recorded	Systolic	Diastolic
04-Jan-2007	129	96
04-Jan-2007	129	96

04-Jan-2007	129	96
03-Sep-1996	102	66

Body Measurements

Date Recorded	Height	Weight	BMI
07-Apr-2006	-	51.7	-
03-Sep-1996	165	51.71	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	Disease: SPICE Basic Health Values, priority=2	04-Jan-2007
Trivial drinker - <1u/day:	Alcohol Intake$$.clm - Repeat after an IntervalIn GP care	03-Sep-1996

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Urology
GGC General Referral

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

Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF

Hospital and **hospital address**

Hospital location code.
G405H

Email address
-

Urgency of referral Urgent - Suspected Cancer
Date of referral 17-Apr-2019 **Date sent** 17-Apr-2019

PATIENT DETAILS

Surname	DONNELLY
Forename(s)	Colin
Title	Mr
Sex	Male
Date of birth	09-Apr-1974
CHI no.	0904746151
Area of Residence	-

Patient's address

2-1
202 Earl Street
Glasgow
G14 0BY

Contact number(s)

Voice:07494928004
Voice:09494928004

101018507457E Unique Care Pathway Number: 101018507457E

REGISTERED GP DETAILS

Name	Dr [redacted]		
GMC code	3128273	GP code	08061
Practice name	The Broomhill Practice		
Practice code	40121		

Practice address

41
Broomhill Drive
[redacted]

Contact number(s)

Voice:0141 339 3626
Facsimile:0141 334 2399

REFERRING GP DETAILS

Name	Dr [redacted] Rodger		
GMC code	7133631	GP code	85235
Practice name	The Broomhill Practice		
Practice code	40121		

Practice address

41
Broomhill Drive
[redacted]

Contact number(s)

Voice:0141 339 3626

Facsimile:0141 334 2399

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: incidental 3cm kidney cyst

Comment: Dear Doctor,

I would be very grateful of your assessment of this 45 year old gentleman who has been found to have a 3cm cyst at the midpole of the left kidney. It has been commented to be complex and to have solid internal echoes. This was found incidentally after bloods and USS were completed due to alcohol dependence.

U+E are normal, LFT demonstrated ALT 162 and AST 127 and his Hb 153. I have asked the gentleman to hand in urine sample to check for NVH. He reports he does on occassion get left sided abdo pain but this has not been an issue recently. He does not report any back pain or weight loss. He denies any urinary symptoms

The scan also commented on some gallbladder polyps and possible gallstone which I have written to the general surgeons about.

Thank-you for your help,
Dr [redacted] Rodger.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Alcohol dependence syndrome	-	08-Feb-2019	08-Feb-2019
Fracture of upper limb	right fifth metacarpal	09-Nov-2004	09-Nov-2004
Closed fracture zygoma	Left	17-Jul-1994	17-Jul-1994
Fracture of nasal bones	-	11-Feb-1994	11-Feb-1994

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Primary repair of inguinal hernia NOS	Right	23-Apr-2002	23-Apr-2002

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Thiamine Hydrochloride Tablets 100 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	08-Feb-2019	08-Feb-2019

Blood Pressure

Date Recorded	Systolic	Diastolic
04-Jan-2007	129	96
04-Jan-2007	129	96
04-Jan-2007	129	96
03-Sep-1996	102	66

Body Measurements

Date Recorded	Height	Weight	BMI
07-Apr-2006	-	51.7	-
03-Sep-1996	165	51.71	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	Disease: SPICE Basic Health Values, priority=2	04-Jan-2007
Light smoker - 1-9 cigs/day:	Smoker$$ Status.clm - Repeat after an IntervalIn GP care	03-Sep-1996
Trivial drinker - <1u/day:	Alcohol Intake$$.clm - Repeat after an IntervalIn GP care	03-Sep-1996

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Performance Status:0
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow (Glasgow, v17.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

North West CAT Team
GGC Mental Health

CAT (Community Addiction Team)
SCI Gateway Virtual Location Code

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

Hospital and **hospital address**

Hospital location code.
G004G

Email address
-

Urgency of referral Routine
Date of referral 08-Feb-2019 **Date sent** 08-Feb-2019

PATIENT DETAILS

Surname	DONNELLY
Forename(s)	Colin
Title	Mr
Sex	Male
Date of birth	09-Apr-1974
CHI no.	0904746151
Area of Residence	-

Patient's address

2-1
202 Earl Street
Glasgow
G14 0BY

Contact number(s)

Voice:07494928004
Voice:09494928004

101017989635W Unique Care Pathway Number: 101017989635W

REGISTERED GP DETAILS

Name	Dr [redacted]		
GMC code	3128273	GP code	08061
Practice name	The Broomhill Practice		
Practice code	40121		

Practice address

41
Broomhill Drive
[redacted]

Contact number(s)

Voice:0141 339 3626
Facsimile:0141 334 2399

REFERRING GP DETAILS

Name	Dr. [redacted]		
GMC code	3128273	GP code	08061
Practice name	The Broomhill Practice (40121)		
Practice code	40121		

Practice address

41 Broomhill Drive
Glasgow
G11 7AD

Contact number(s)

Voice:0141 339 3626

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Alcohol dependence.

Comment: Dear Colleague,

This patient previously attended your Service but didn't engage.

He has now lost his job as a crane driver and is drinking in a dependent fashion and is anxious to access your help again.

Thanks for seeing him.

Dr. [redacted] J [redacted]

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Alcohol dependence syndrome	-	08-Feb-2019	08-Feb-2019
Fracture of upper limb	right fifth metacarpal	09-Nov-2004	09-Nov-2004
Closed fracture zygoma	Left	17-Jul-1994	17-Jul-1994
Fracture of nasal bones	-	11-Feb-1994	11-Feb-1994

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Primary repair of inguinal hernia NOS	Right	23-Apr-2002	23-Apr-2002

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Thiamine Hydrochloride Tablets 100 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	08-Feb-2019	08-Feb-2019
Sertraline Hydrochloride Tablets 50 mg	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	10-Sep-2018	10-Sep-2018

Blood Pressure

Date Recorded	Systolic	Diastolic
04-Jan-2007	129	96
04-Jan-2007	129	96
04-Jan-2007	129	96
03-Sep-1996	102	66

Body Measurements

Date Recorded	Height	Weight	BMI
07-Apr-2006	-	51.7	-
03-Sep-1996	165	51.71	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	Disease: SPICE Basic Health Values, priority=2	04-Jan-2007

Trivial drinker - <1u/day: Alcohol Intake$$.clm - Repeat after an IntervalIn GP care 03-Sep-1996

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Risk of Suicide:No
Past history of suicide attempt:No
Risk of deliberate self harm:No
Is patient responsible for children?:Don't Know
Risk to others including children/dependents/clinicians/other:No
Risk from others:No
Risk of Self Neglect:No
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde

Diagnostic Imaging Request Form

Hospital: West

* The Ionising Radiation (Medical Exposure) Regulations 2000 IR(ME)R require you to complete all this information accurately.
Shaded Areas are for imaging department use. Incomplete/ illegible forms may be returned. Please [redacted] overleaf prior to completion.

CHI: 0904746151 09/04/1974 M
DOMELLY, Colin
2-1,282 Earl Stree,G14 0BY
07494928004
Dr G Cross 7046429
The Broomhill Practi, G11 7AD
10/06/2016 16:48 Practice: 40121

Referring Consultant/GP: Dr Cross
Ward/Clinic/Practice: Broomhill
Phone (day and evening): 07494928004

Appointments:

Postcode:

Investigation(s) requested: [redacted] al USS

Please complete for all outpatients
Is this a New Diagnosis? ☐
Is this a Planned Procedure? ☐
Result required by MDT/Clinic on: Date:
Tracked patient? YES ☐ NO ☐

Clinical summary (to include indication and purpose of examination/intervention under IR(ME)R 2000*):
What is the clinical question? **(Please PRINT boldly in black ink)**

Microscopic haematuria
asymptomatic
smoker.
? renal cause.

Please indicate any previous surgery or history of malignancy?

IR(ME)R Justification: YES ☐ NO ☐ Initials:
Date received:
Preparation:
Fast: Full bladder: Laxative:
Oral contrast: No prep:
Urgency: Initials:
Examination protocol

TO BE COMPLETED BY REFERRING CLINICIAN

Safety information required for all patients requiring IV or IA contrast medium CT/MRI/DSA/IVU/ Intervention

For contrast studies a recent eGFR is **mandatory**. (See note 4 overleaf).
Current eGFR: Date of result:
OR This patient has no risk factors and can proceed to contrast medium without eGFR. Initials:

Is your patient diabetic? Yes ☐ No ☐
If so, does your patient take metformin? (see note 5 overleaf) Yes ☐ No ☐
Has your patient had a contrast medium injection before? Yes ☐ No ☐
Does your patient have a known contrast medium allergy? Yes ☐ No ☐
Does your patient have severe or multiple allergies? Yes ☐ No ☐
Does your patient have asthma? Yes ☐ No ☐

For interventions a coagulation screen is required in certain scenarios – see overleaf for details.
For any interventions (see note 7 overleaf):
Is your patient on anticoagulants: Yes ☐ No ☐ Current INR/coagulation score:

Additional information for MRI patients
Please indicate if patient has any of the following:

	Yes	No
A cardiac pacemaker?	☐	☐
Surgery in the last 8 weeks?	☐	☐
Aneurysm clipped/treated?	☐	☐
Metal fragments in eyes?	☐	☐
Previous cranial surgery?	☐	☐
Any metal in the body?	☐	☐
Claustrophobia?	☐	☐

Pregnancy Rule	AT RISK	Transport GP/Out-patients	Transport/In-patients
Observe: ☐	MRSA: ☐	Walking with assistance (suitable for hospital car) ☐	Trolley: ☐ Chair: ☐
Ignore: ☐	C Diff: ☐	Uses own wheelchair ☐	Oxygen: ☐ Drip: ☐
	Specify:	Stretcher ☐	
		Escort required (must have medical need) ☐	

Referrer's declaration: (NB: This form is a legal document under Ionising Radiation Medical Exposure Regulations 2000)
- **I certify that the correct patient details have been given**
- **I have taken into account the possibility of pregnancy**
- **I have given sufficient information for the request to be justified according to IR(ME)R 2000**
- **I know of no contraindication to performing the examination or intervention I have requested**

Referrer's signature:	Name:	Designation:	Phone/Pager:	Date:
Gemma Cross	GCross	GPST3		10/06/16

NHS 127119

97044

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow (Glasgow, v17.0)

REFERRAL TO

North West CAT Team
GGC Mental Health

CAT (Community Addiction Team)
SCI Gateway Virtual Location Code

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

Hospital and **hospital address**

Hospital location code.
G004G

Email address
-

Urgency of referral Routine
Date of referral 30-Aug-2018 **Date sent** 30-Aug-2018

PATIENT DETAILS

Surname	DONNELLY
Forename(s)	Colin
Title	Mr
Sex	Male
Date of birth	09-Apr-1974
CHI no.	0904746151
Area of Residence	-

Patient's address

2-1
202 Earl Street
Glasgow
G14 0BY

Contact number(s)
Voice:07494928004
Voice:09494928004

101016871144K Unique Care Pathway Number: 101016871144K

REGISTERED GP DETAILS

Name	Dr [redacted]		
GMC code	3128273	GP code	08061
Practice name	The Broomhill Practice		
Practice code	40121		

Practice address

41
Broomhill Drive
[redacted]

Contact number(s)
Voice:0141 339 3626
Facsimile:0141 334 2399

REFERRING GP DETAILS

Name	Dr. Anneliese McAlister		
GMC code	7411033	GP code	99999
Practice name	The Broomhill Practice (40121)		
Practice code	40121		

Practice address

41 Broomhill Drive
Glasgow
G11 7AD

Contact number(s)
Voice:0141 339 3626
Facsimile:0141 334 2399

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: alcohol dependence and low mood

Comment: Dear Colleagues,

I met with Mr Donnelly yesterday after he had been seen at your service. He has alcohol dependence and more recently low mood.
He had been on a trial of fluoxetine which he could not tolerate and had stopped that a few weeks ago.
With his current alcohol use I do not feel anti-depressant medication would be very helpful in this situation, which I have explained to him. He would be very keen on talking therapy or counselling regarding his low mood and I was wondering if this is something your service can offer or arrange, given he is currently being seen by yourselves?

Thank you

Dr [redacted] McAlister
GPST1

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

Past medical history

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

Description	Comment	Date of onset	Date recorded
Fracture of upper limb	right fifth metacarpal	09-Nov-2004	09-Nov-2004
Closed fracture zygoma	Left	17-Jul-1994	17-Jul-1994
Fracture of nasal bones	-	11-Feb-1994	11-Feb-1994

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Primary repair of inguinal hernia NOS	Right	23-Apr-2002	23-Apr-2002

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fluoxetine Hydrochloride Capsules 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	03-Aug-2018	03-Aug-2018

Blood Pressure

Date Recorded	Systolic	Diastolic
04-Jan-2007	129	96
04-Jan-2007	129	96
04-Jan-2007	129	96
03-Sep-1996	102	66

Body Measurements

Date Recorded	Height	Weight	BMI
07-Apr-2006	-	51.7	-
03-Sep-1996	165	51.71	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	Disease: SPICE Basic Health Values, priority=2	04-Jan-2007

Light smoker - 1-9 cigs/day: Smoker$$ Status.clm - Repeat after an IntervalIn GP care 03-Sep-1996
Trivial drinker - <1u/day: Alcohol Intake$$.clm - Repeat after an IntervalIn GP care 03-Sep-1996

Clinical warnings

Additional relevant information
Administrative information
Risk of Suicide:No
Past history of suicide attempt:No
Risk of deliberate self harm:No
Is patient responsible for children?:Yes
Risk to others including children/dependents/clinicians/other:No
Risk from others:Don't Know
Risk of Self Neglect:No
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow (Glasgow, v17.0)

Patient needs staff assistance: Unknown

REFERRAL TO

West CAT Team
GGC Mental Health

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

CAT (Community Addiction Team)
SCI Gateway Virtual Location Code

Hospital and **hospital address**

Hospital location code.
G004G

Email address
-

Urgency of referral Urgent - within 5 working days
Date of referral 03-Aug-2018 **Date sent** 03-Aug-2018

PATIENT DETAILS

Surname	DONNELLY
Forename(s)	Colin
Title	Mr
Sex	Male
Date of birth	09-Apr-1974
CHI no.	0904746151
Area of Residence	-

Patient's address

2-1
202 Earl Street
Glasgow
G14 0BY

Contact number(s)
Voice:07494928004
Voice:09494928004

1010166865942 Unique Care Pathway Number: 1010166865942

REGISTERED GP DETAILS

Name	Dr [redacted]		
GMC code	3128273	GP code	08061
Practice name	The Broomhill Practice		
Practice code	40121		

Practice address

41
Broomhill Drive
[redacted]

Contact number(s)
Voice:0141 339 3626
Facsimile:0141 334 2399

REFERRING GP DETAILS

Name	Dr. [redacted]		
GMC code	4531403	GP code	-
Practice name	-		
Practice code	G40121		

Practice address

Contact number(s)
-

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Alcohol dependency

Comment: Dear Colleague,

Thank you for seeing this 44 year old man who has presented with a clear history of alcohol dependency.

He has previously been seen by yourselves and regularly attends Alcoholics Anonymous and Glasgow Council for Alcohol but despite this reports his drinking has become out of control over the last four months and is now clearly dependent on it.

He [redacted] Construction industry with part of his job description potentially involving driving of cranes which he has managed to unofficially avoid doing but clearly he is working in a risky environment to be under the influence of alcohol. He has been told by his work that he needs to address his drinking and it has come to a crisis point with his [redacted] and [redacted] at home who have asked him to leave.

I am aware that Colin's [redacted] has also had issues with alcohol dependency and has been now teetotal for two years.

Colin generally appears to be motivated to address his drinking as he can see that he is at the risk of losing his job and his family.

Understandably with recent events he is low in mood but denies having any suicidal thoughts or intent.

At the present time he is consuming six to seven pints in the evening but is now drinking spirits in order to function in the morning.

On attendance today he smelt strongly of alcohol.

Colin is at a crisis point; he is clearly motivated to receive professional help and therefore I would appreciate an urgent assessment.

In the meantime I have signed him off his work, started him on Fluoxetine antidepressants and organised for him to have some screening blood work and advised, in the first instance, to reduce his alcohol consumption in the morning.

Dr. [redacted]
G.P. Locum

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Fracture of upper limb	right fifth metacarpal	09-Nov-2004	09-Nov-2004
Closed fracture zygoma	Left	17-Jul-1994	17-Jul-1994
Fracture of nasal bones	-	11-Feb-1994	11-Feb-1994

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Primary repair of inguinal hernia NOS	Right	23-Apr-2002	23-Apr-2002

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fluoxetine Hydrochloride			ONE TO BE TAKEN		03-Aug-	03-Aug-

Capsules 20 mg	28	28 capsule	EACH DAY	-	2018	2018

Blood Pressure

Date Recorded	Systolic	Diastolic
04-Jan-2007	129	96
04-Jan-2007	129	96
04-Jan-2007	129	96
03-Sep-1996	102	66

Body Measurements

Date Recorded	Height	Weight	BMI
07-Apr-2006	-	51.7	-
03-Sep-1996	165	51.71	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	Disease: SPICE Basic Health Values, priority=2	04-Jan-2007
Trivial drinker - <1u/day:	Aicohoi Intake$$.clm - Repeat after an IntervalIn GP care	03-Sep-1996

Clinical warnings

Additional relevant information
Administrative information

Risk of Suicide:No
Past history of suicide attempt:Yes
Risk of deliberate self harm:No
Is patient responsible for children?:Don't Know
If yes to patient responsible for children, please give details:2 [redacted] liing with [redacted]
Risk to others including children/dependents/clinicians/other:No
Risk from others:No
Risk of Self Neglect:No
Unknown:Yes
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow (Glasgow, v17.0)

REFERRAL TO

West CAT Team
GGC Mental Health

Consultant / receiving practitioner and/or specialty clinic

CAT (Community Addiction Team)
SCI Gateway Virtual Location Code

Hospital and hospital address

Hospital location code.
G004G

Email address
-

Urgency of referral	Urgent - within 5 working days		
Date of referral	03-Jun-2016	**Date sent**	03-Jun-2016

PATIENT DETAILS

Surname	DONNELLY
Forename(s)	Colin
Title	Mr
Sex	Male
Date of birth	09-Apr-1974
CHI no.	0904746151
Area of Residence	-

Patient's address

2/1 76 Chancellor Street
Glasgow
G11 5PW

Contact number(s)

Voice:07415680238
Voice:01419548682

101011526155Z

Unique Care Pathway Number: 101011526155Z

REGISTERED GP DETAILS

Name	Dr [redacted]		
GMC code	3128273	GP code	08061
Practice name	The Broomhill Practice		
Practice code	40121		

Practice address

41
Broomhill Drive
[redacted]

Contact number(s)

Voice:0141 339 3626
Facsimile:0141 334 2399

REFERRING GP DETAILS

Name	Dr. [redacted]		
GMC code	7046243	GP code	99999
Practice name	The Broomhill Practice (40121)		
Practice code	40121		

Practice address

41 Broomhill Drive
Glasgow
G11 7AD

Contact number(s)

Voice:0141 339 3626
Facsimile:0141 334 2399

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: alcohol dependence

Comment: Dear Colleague
I would be grateful if you could please review this gentleman who requires support as he wishes to stop drinking. This is the first time he has presented to the surgery with alcohol dependence and states he has had enough and is keen to stop. He does have a history of aicohol induced black outs.
He has been abstinent for 5 days after drinking approx 6 pints daily for many months. I have given him a short supply of chlordiazepoxide to help him over the weekend and have advised him to attend Drumchapel on Monday Morning.
I have also given him the number for GCA. He denies any drug use. He [redacted] his [redacted] and 2 [redacted] who are supporting him through this.

ManyThanks
DrGemma [redacted]
GPST3

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Fracture of upper limb	right fifth metacarpal	09-Nov-2004	09-Nov-2004
Closed fracture zygoma	Left	17-Jul-1994	17-Jul-1994
Fracture of nasal bones	-	11-Feb-1994	11-Feb-1994

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Primary repair of inguinal hernia NOS	Right	23-Apr-2002	23-Apr-2002

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Chlordiazepoxide Hydrochloride Capsules 10 mg	20	20 capsule	TAKE A TABLET 4 TIMES A DAY ON DAY 1 AND THREE TIMES AD AY ON DAY 2 AND 3 THEN TWICE DAILY ON DAY 4 AND 5 AND THEN ONCE DAILY ON DAY 6 AND 7.	-	03-Jun-2016	03-Jun-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
04-Jan-2007	129	96
04-Jan-2007	129	96
04-Jan-2007	129	96
03-Sep-1996	102	66

Body Measurements

Date Recorded	Height	Weight	BMI
07-Apr-2006	-	51.7	-
03-Sep-1996	165	51.71	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	Disease: SPICE Basic Health Values, priority=2	04-Jan-2007
Light smoker - 1-9 cigs/day:	Smoker$$ Status.clm - Repeat after an IntervalIn GP care	03-Sep-1996
Trivial drinker - <1u/day:	Alcohol Intake$$.clm - Repeat after an IntervalIn GP care	03-Sep-1996

Clinical warnings

Additional relevant information
Administrative information

Risk of Suicide:No
Past history of suicide attempt:No
Risk of deliberate self harm:No
Is patient responsible for children?:Yes
If yes to patient responsible for children, please give details:12 year old and 21 year old
Risk to others including children/dependents/clinicians/other:Don't Know
Risk from others:No
Risk of Self Neglect:No
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

Scanned Document
28-May-2026 WC
Additional: Scanned Document

Filename: Colin Donnelly Letters2.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

General Surgery-Pancreatic/Biliary
[redacted] Parade
Glasgow
G31 2ER

09/10/2020

Dr AJ [redacted]
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr AJ [redacted]

Patient Name: Colin Donnelly
CHI Number: 0904746151
Referral Date: 05/10/2020

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

( ) Please refer to the referral guidance directory for referral criteria for this service.

http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/GGC%20Referral%20Guidance/Pages/GGCReferralGuidance.aspx

( ) Insufficient clinical information to allow specialty to triage this referral.

Enter free text here

(X) Other

Your patient was referred to the pancreatic team at Glasgow Royal Infirmary by Mr K Qureshi, Consultant Surgeon at Gartnavel General Hospital. The referral was vetted by Mr N Jamieson, Consultant Pancreatic Surgeon as outlined below. This outcome will be relayed to the referring team.

Vetting Outcome

46 year referred from Urology. EUS has been performed by Lyn [redacted] Pseudocyst. No further intervention required. Abstinence from smoking and alcohol advice given by Dr [redacted] NBJ

Yours sincerely

User ID [redacted] Burns

SCGC Opwl Rem Ref Hosp Req V1

NHS Confidential: Personal data about a patient

Urology
1053 Great Western Road
Glasgow
G12 0YN

30/08/2019

Dr AJ Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr AJ [redacted]

Patient Name: Colin Donnelly
CHI Number: 0904746151
Referral Date: 30/08/2019

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

( ) Please refer to the referral guidance directory for referral criteria for this service.

http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/GGC%20Referral%20Guidance/Pages/GGCReferralGuidance.aspx

( ) Insufficient clinical information to allow specialty to triage this referral.

Patient has already been given apt for 18/9

Yours sincerely

Mr [redacted] Underwood

User ID [redacted] Underwood

NHS Confidential: Personal data about a patient

SCGC Opwl Rem Ref Hosp Req V1

Scanned Document
28-May-2026 WC
Additional: Scanned Document

Filename: Colin Donnelly Letters.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
Tel: 0141-211-2304/2409
Fax: 0141-339-3046

12/12

CONSULTANTS: Mr W M Tullett
Mr P T Grant
Dr S [redacted]
NURSE MANAGER: Mr G D [redacted]

NHS [redacted] Greater Glasgow

CRN: 50899397K

G.P. COPY

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
DONNELLY	COLIN	31	09/04/74	11/07/05	13:10	027968/05

Address	Sex	Religion	Date of Inc	Time
2/1 76 Chancellor Street GLASGOW	Male	Roman Cathol	11/07/05	

Marital Status	[redacted]	Type of Inc	Mode of Arrival
Single -	UK	WORK	OTHER

PC G11 5PW | Tel

GP

Name: Dr [redacted]
Address: 41 BROOMHILL DRIVE, GLASGOW, G11 7AD, 0141 339 3626

Referred by: SELFREF

NEXT OF KIN

Name: CELIA HAY
Relat. [redacted]
Tel. No.
Address: 2/1 76 Chancellor S, GLASGOW, G11 5PW

Complaint

ROAD TRAFFIC ACCIDENT PLACE | DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Triage Time	Triage Category
13:10	CAT.3

Initial Complaint: LIMB PROBLEMS UPPE

Dear Doctor,

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

Diagnosis: (D ring + middle finger

X-ray film/ECG shows: # distal phalynx ring + middle finger).

Treatment given: Co-dydramol 2 tabs PO
firm finger dressing - Y/S2

Drugs _____ days supply of _____ has been given.

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

Would you please arrange _____

DISCHARGE CODES: *Please circle*

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

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

Follow-up: Not Arranged _____ | Arranged _____ | To be arranged _____ | [redacted] _____

Clinic Referred to	AE	Dressings	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn	OHPAT	Others *(specify)*

Medical Officer's Name ~~(in BLOCK LETTERS)~~: Peeny

Signature of Medical Officer: [signature]

(Cons) SpR SHO3 SHO JHO Clin Assist ENP *(please circle)*

NHS Confidential: Personal data [redacted] a patient

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow

Dr Marshall
Broomhill Practice
41 Broomhill Drive
Glasgow

G11 7AD

13 April, 2009

Dear Dr Marshall,

Re. COLIN DONNELLY, 2/1 76 Chancellor Street, GLASGOW, G11 5PW
Date of Birth 09.04.74 Hospital Number: 50899397K CHI Number: 0904746151

Your patient attended Western Infirmary on the 12 APR 2009 at 18:46 pm.

The presenting complaint was:	**LIMB PROBLEM**
Triage Information:	**Punched Wall With R Hand 1/7 Swollen+++++ Some Bruising Apparent**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**** Injury- Not Assault** - Fracture-Possible - Hand - Right Metacarpals - 5th**
The following treatment was given:	**[redacted] Strapping**
At the conclusion of treatment the patient was:	**Discharged From W I G With Referral**
Follow-up:	**Wig A&E Clinic**
Additional Information:	**Nil**

Yours sincerely,

[redacted] Logue
Emergency Department Doctor

Consultants

NHS Confidential: Personal data [redacted] a patient

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow

Dr [redacted]
Broomhill Practice
41 Broomhill Drive
Glasgow

G11 7AD

27 April, 2009

Dear Dr [redacted]

Re. COLIN DONNELLY, 2/2 202 EARL STREET, GLASGOW, G14 0BY
Date of Birth 09.04.74 Hospital Number: 50899397K CHI Number: 0904746151

Your patient attended Western Infirmary on the 26 APR 2009 at 00:11 am.

The presenting complaint was:	**HAND INJURY**
Triage Information:	**Nil**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Nil**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Patient Left Before Being Treated**
Follow-up:	**Not Known**
Additional Information:	**Nil**

Yours sincerely,

Consultants

NHS Confidential: Personal data [redacted] a patient

Emergency Department
Glasgow Royal Infirmary
84 Castle Street
Glasgow

Dr A [redacted]
Broomhill Practice
41 Broomhill Drive
Glasgow

G11 7AD

26 March 2010

Dear Dr Marshall

Re: COLIN DONNELLY, 2/2 202 EARL STREET, GLASGOW, G14 0BY
Date of Birth: 09.04.74 Hospital Number: 50899397K CHI Number: 0904746151

Your patient attended Glasgow Royal Infirmary on the 25 MAR 2010 at 12:32 pm.

The presenting complaint was:	**Finger Wound**
Triage Information:	**Operating Tower Crane - Guiding Metal Basket To Ground. Door Of Basket Slammed Shut - Crush Injury To (L) Little Finger, Involving Nail Bed. Nail Partially Avulsed. Rhd.**
The following investigations were carried out:	**Finger-Ring-Left X-Ray**
The A&E diagnosis was:	**** Injury- Not Assault**** - Fracture-Compound - Hand - Left Fingers - Little - Distal Phalanx**
The following treatment was given:	**Ulnar Nerve Block Digital Nerve Block Wound Irrigation Exploration Under Local Anaesthesia [redacted] Dressing Adaptic Finger Dressing [redacted] Strapping High Arm Sling Ibruprofen Tablet/S-Given In A&E Paracetamol Tablet/S Given In A&E Ibuprofen 400mg Tablets-As Directed**
At the conclusion of treatment the patient was:	**Discharged From G R I With Referral**
Follow-up:	**Other Healthcare Provider / Hospital**
Additional Information:	**Follow up arranged for next A&E review clinic at western infirmary for patient's convenience.**

Yours sincerely,

Suzanne Mccallum
Emergency Nurse Practitioner
[redacted]

NHS Confidential: Personal data [redacted] a patient

Glasgow City
Community Health Partnership
North West Sector

caring about sexual, reproductive and emotional health

Monday, July 11, 2011

Dr [redacted] J Marshall
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr Marshall

Mr COLIN DONNELLY
Flat 2-1
202 EARL STREET
GLASGOW
G14 0BY

Date of birth: 09/04/1974

attended here today for vasectomy counselling.

After full discussion this appears to me to be a reasonable request and the man will now be considered for a vasectomy operation.

Please would you inform me within the next two weeks if you know of any reason why vasectomy should not be performed in this case.

Yours sincerely

[redacted] McAllister
Community Gynaecologist & Consultant in Sexual & Reproductive Health Care

Vasectomy Direct Line 0141 211 8654

NHS
Greater Glasgow and Clyde

NHS Confidential: Personal data [redacted] a patient

Glasgow City
Community Health Partnership
North West Sector

Friday, August 26, 2011

Dr Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr Marshall

COLIN DONNELLY
Flat 2-1
202 EARL STREET
GLASGOW
G14 0BY

Date of birth: 09/04/1974

This patient had a bilateral vasectomy performed here today. There is no need for me to see him again unless there is some complication. He will not be infertile of course, until complete absence of sperm. When two semen analyses show complete absence of sperm I will write to you again.

He has been given a copy of the enclosed instructions.

If I can be of further help please contact me through the clinic office.

Yours sincerely

[redacted] McAllister
Community Gynaecologist & Consultant in Sexual & Reproductive Health Care

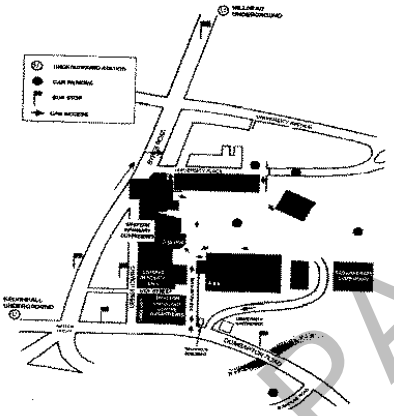
Enclosure

NHS [redacted]

Vasectomy Direct Line 0141 211 8654

NHS Confidential: Personal data about a patient

Results
The results of your sample will be sent to the doctor at Sandyford. They will contact you with your results. The Laboratory cannot give out results to patients.



N:\Masters 2011\B13.doc - Green - amended 14/07/11

B13

NHS
Greater Glasgow and Clyde

Patient Information

Production of samples for investigation following a vasectomy at Sandyford

NHS Confidential: Personal data about a patient

Introduction

After your operation you may resume having intercourse as soon as you feel able. Use contraception until the doctor who performed your vasectomy operation informs you that the post vasectomy semen samples are clear. If there are still sperm in the specimens, your doctor arrange for you to send in [redacted] samples until two consecutive specimens are free from sperm. These instructions are based on the British Andrology Society Guidelines 2002.

When to post your first specimen.

The first semen sample should be posted 20 weeks after your operation and after producing at least 24 ejaculates.

When to post the second specimen

The second semen specimen should be posted four weeks later.

Instructions for collecting the semen sample

You should abstain from intercourse or masturbation (manual stimulation) for three to four days prior to providing the specimen.

The sample must be obtained by masturbation and should be collected directly into the specimen container provided. A condom and/or artificial lubrication must not be used for semen collection as it will kill the sperm.

The complete specimen is needed for this examination, so if any of your specimen spills, you must tell us, as a repeat specimen may be required.

Label the specimen container with your full name, date of birth, and the date and time the specimen was passed.

Ensure the top is screwed on tightly so that it does not leak and then place the specimen pot inside the cardboard container along with the absorbent tissue provided. Place the lid on the container and put into the biohazard bag provided (make sure zip lock is completely sealed). Place inside the relabelled jiffy bag along with the request form.

Request form

Please ensure that your name, date of birth and CHI number are on the request form. The date and time the specimen was passed and the number of days since the last ejaculation **must** also be recorded. We cannot process unlabelled or poorly labelled samples.

Delivery of your sample

When sending your sample to the laboratory by post please ensure your sample is sent in using appropriate transporting container and packaging as provided by Sandyford. This **must** be used to comply with Post Office regulations. Remember 1st class postage must be paid when sending specimens.

Alternatively

The sample can be handed in to the Andrology Laboratory, Room G2, Pathology department, Western Infirmary Glasgow.

The opening hours are between 8.30 am and 3.30 pm, Monday to Friday.

The laboratory is NOT open Saturdays, Sundays or Bank holidays.

How to find the Laboratory

Enter the hospital by the university Place entrance. At the pathology building buzz for entry, go through the double doors and Room G2 specimen reception is the first room on your left. A member of staff will take your specimen from you. See map below.

NHS Confidential: Personal data [redacted] a patient

Glasgow City
Community Health Partnership
North West Sector

Wednesday, May 23, 2012

Dr [redacted] J Marshall
The Broomhill Practice
41 Broomhill Drive

Glasgow
G11 7AD

Dear Dr [redacted]

COLIN DONNELLY
Flat 2-1
202 EARL STREET
GLASGOW
G14 0BY

D.O.B 09/04/1974
CHI: 0904746151

The above named patient has failed to submit the relevant number of specimens following his vasectomy operation at Sandyford.

He has been informed that we will take no further action unless he contacts the clinic for submission of specimens and that he should continue to use an alternative form of contraception.

Yours sincerely

[redacted] McAllister
Community Gynaecologist & Consultant in Sexual & Reproductive Health Care

Vasectomy Direct Line 0141 211 8654

NHS
Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde

Call No: 4267794 **Date** 30/11/2014 **External Case**
Patient's Name: Colin Donnelly **DOB:** 09/04/1974 **Age:** 40 years

Address Today
2/1 202 Earl Street Scotstoun

Glasgow
Postcode: G14 0BY
Current Phone 07960 677264
CHI Number 0904746151

Home Address (If Different)
Flat 2-1 76 Chancellor St

Postcode: G11 5PW
Home Phone (If Different) 0141 954 8682

Callers Name:
Relationship to patient:

Name of GP: [redacted]AJ(013)

Surgery: 013 41 Broomhill Drive
Call Type: No Action Required By Co-op
Priority

Time Call Received NHS24 30/11/2014 13:33:03
Time Received OOH
Time Patient Arrived
Consultation Start
Consultation End

Receptionist: **Time Arrived:** **Time Complete:** 30/11/2014 14:05

HAD PAIN INTERMITTANT FOR 3 WEEKS, NOW CONSTANT, PAINFUL TO TAKE DEEP BREATHS, PAIN IS IN BACK OF NECK, RIB CAGE, SHOULDER AND ALSO DOWN RIGHT SIDE. PAIN ALSO TRAVELS DOWN IN LEG/KNEE AT TIMES (ALL RIGHT SIDED) ((User) (Cardonald))

RIGHT SIDED PAIN 3 WEEKS SEE AV

NOAB Pt advised to contact practice within 36 Hrs - For Information Only

Clinical summary created by: (Nurse Advisor) (Car[redacted] [30/11/2014 14:05:27]
WORSENING RIGHT SIDED RIB PAIN FOR 3-5/7 AND CHEST 2/52 FOLLOWING COUGH/COLD SYMPTOMS, PAIN ALTERNATES FROM FRONT TO BACK & SIDE, OCCASIONALLY RADIATING TO RIGHT SHOULDER & DOWN RIGHT LEG, NO IMPROVEMENT FROM ANALGESIA, ADVICE GIVEN, GP 36HRS.

NHS24 Summary

Remarks:
BP: **PR:** **Temp:**
Doctor/Nurse: **Follow Up:**
Consultation(s):

By: **Start** **Finish**

Clinical Assessment Details:
Started-
Finished-
Initial Assessment

History

Examination

Diagnosis

Report Statistics: Report produced by Adastra Version 3 - 30/11/2014 15:08:11

Treatment

Clinical Coding

Prescription Details

Report Statistics: Report produced by Adastra Version 3 - 30/11/2014 15:08:11

NHS Confidential: [redacted] data about a patient

NHS Greater Glasgow and Clyde

Call No: 4270488 **Date** 03/12/2014 **External Case**
Patient's Name: Colin Donnelly **DOB:** 09/04/1974 **Age:** 40 years

Address Today
Western Infirmary A&E Dumbarton Road

Glasgow
Postcode: G11 6NT
Current Phone 07415 680238
CHI Number 0904746151

Home Address (If Different)
Flat 2-1 76 Chancellor St

Postcode: G11 5PW
Home Phone (If Different) 0141 954 8682

Callers Name:
Relationship to patient:

Name of GP: [redacted]AJ(013)

Surgery: 013 41 Broomhill Drive
Call Type: No Action Required By Co-op
Priority

Time Call Received NHS24 03/12/2014 19:24:27
Time Received OOH
Time Patient Arrived
Consultation Start
Consultation End

Receptionist: **Time Arrived:** **Time Complete:** 03/12/2014 21:11

HAS HAD NECK PAIN GOING DOWN RT SIDE RIB CAGE AND BACK FOR A COUPLE OF WEEKS. SPOKE TO NURSE AT NHS 24 A COUPLE OF DAYS AGO AND WAS ADVISED TO TRY ICE PACK. HAS BEEN TAKING IBUPROFEN AND DEEP HEAT ON FRONT OF LEGS YESTERDAY ((User) (Glasgow))

OPENED FOR RAPID TRIAGE PT NOT HOME, [redacted] JEENA GAVE HIS MOBILE NUMBER AS PER ARLENE BLAIR- PT AT HOSPITAL SEEN BY TRIAGE NURSE AND BEEN ASKED TO WAIT- ASKED IF STILL WANTED ASSESSED - SAID ONLY IF COULD GET SEEN QUICKER-FAST FORWARDED ONTO A DOCTOR- DW ARLENE [redacted] ADVISED CANT FASTFORWARD TO DOCTOR OK TO CLOSE CALL ((User) (Glasgow))

PURPLE /RED SPOTS SPREADING 15 MINS SEE A/V

FIOI For information only

NHS24 Summary

Remarks:
BP: **PR:** **Temp:**
Doctor/Nurse: **Follow Up:**

Consultation(s):

By: **Start** **Finish**

Clinical Assessment Details:
Started-
Finished-
Initial Assessment

History

Examination

Report Statistics: Report produced by Adastra Version 3 - 03/12/2014 22:12:57

Diagnosis

Treatment

Clinical Coding

Prescription Details

Report Statistics: Report produced by Adastra Version 3 - 03/12/2014 22:12:57

NHS Greater Glasgow and Clyde

Call No: 4270549 **Date** 03/12/2014 **External Case**
Patient's Name: Colin Donnelly **DOB:** 09/04/1974 **Age:** 40 years

Address Today
202 Earl Street Flat 2/2
Glasgow

Home Address (If Different)

Postcode: G14 0BY
Current Phone 07806 585692

Postcode:
Home Phone (If Different)

CHI Number

Callers Name:

Relationship to patient: A & E

Name of GP: [redacted]AJ(013)

Surgery: 013 41 Broomhill Drive

Call Type: Walk In Referral From A&E

Priority

Time Call Received NHS24	
Time Received OOH	03/12/2014 21:50:05
Time Patient Arrived	03/12/2014 21:52:44
Consultation Start	03/12/2014 22:16:18
Consultation End	03/12/2014 22:41:00

Receptionist: NORMA **Time Arrived:** 03/12/2014 21:52 **Time Complete:** 03/12/2014 22:41

NHS24 Summary

Symptoms: Referred from A & E. Presents with 1/7 history of all over body rash and 3/52 history of neck pain travelling down back. Temp 35.9; HR 101; BP 132/63; RR 16; Sats 98%.

Remarks:

BP: **PR:** **Temp:**

Doctor/Nurse: McNicol,MF(329) **Follow Up:** No Follow Up -

Consultation(s):

By: McNicol,MF(329) **Start** 03/12/2014 22:16 **Finish** 03/12/2014 22:41

Clinical Assessment Details:
Started- 03/12/2014 22:16:18
Finished- 03/12/2014 22:41:00
Initial Assessment

History

referral from casualty
j.ure pcn

Unwell 2-3 weeks ago with cough which is now resolving. Tonight developed widespread rash over abdo and down legs

Report Statistics: Report produced by Adastra Version 3 - 03/12/2014 23:42:29

Examination
oe sys well apyrexial thraot nad
pulse 80 bp 130-60 chest clear abdo soft

Rash is blanching .

Diagnosis
? guttate psoriasis

? pityriasis rosea

Treatment
Advised no treatment. Should resolve. If worsens see own GP.

Clinical Coding
Mz... Skin & Subcutaneous Disease NOS

Prescription Details

Report Statistics: Report produced by Adastra Version 3 - 03/12/2014 23:42:29

NHS Confidential: [redacted] data about a patient

Lab Report ID : B,14.2349653.D
Filed By User :
Assigned to : Dr Kerry Platt

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

Patient Details : (3656) Colin DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 2/1 76 Chancellor Street Glasgow

** ABNORMAL **

SPECIMEN : Blood

		Abn	Value	Units	Range	Status
R	**Coagulation Screen**	**Y**				
	Prothrombin Time	+	14	s	(9-13 U)	NK
R	PT Ratio		1.2			NK
	APTT		37	s	(27-38 U)	NK
	APTT Ratio		1.2		(0.8-1.2 U)	NK
R	Thrombin time		13	s	(11-15 U)	NK
R	TCT ratio		0.9			NK

Sample Collected Date : 05/12/2014 12:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 05/12/2014 16:53:00
Received Date : 05/12/2014 19:00:25
Requestor : PLATT, KERRY [redacted]
Requestor GMC Code : 6164771

NHS Confidential: [redacted] data about a patient

Lab Report ID : B,14.2349654.S
Filed By User :
Assigned to : Dr Kerry Platt

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

Patient Details : (3656) Colin DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 2/1 76 Chancellor Street Glasgow

** ABNORMAL **

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count	**Y**				
White Blood Count		10.3	x10^9/l	(4.0-11.0 U)	NK
Red Cell Count	-	3.83	x10^12/l	(4.50-6.50 U)	NK
Haemoglobin		132	g/l	(130-180 U)	NK
Haematocrit	-	0.383	l/l	(0.400-0.540 U)	NK
Mean Cell Volume		100.0	fl	(80.0-100.0 U)	NK
MCH	+	34.5	pg	(27.0-32.0 U)	NK
Platelet Count		397	x10^9/l	(150-400 U)	NK
Neutrophils		7.2	x10^9/l	(2.0-7.5 U)	NK
Lymphocytes		1.9	x10^9/l	(1.5-4.0 U)	NK
Monocytes		0.6	x10^9/l	(0.2-0.8 U)	NK
Eosinophils		0.4	x10^9/l	(0.0-0.4 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK

Sample Collected Date : 05/12/2014 12:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 05/12/2014 16:53:00
Received Date : 05/12/2014 19:00:33
Requestor : PLATT, KERRY [redacted]
Requestor GMC Code : 6164771

NHS Confidential: [redacted] data about a patient

Lab Report ID : B,14.2349654.S
Filed By User :
Assigned to : Dr Kerry Platt

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

Patient Details : (3656) Colin DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 2/1 76 Chancellor Street Glasgow

** ABNORMAL **

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count	Y				
White Blood Count		10.3	x10^9/l	(4.0-11.0 U)	NK
Red Cell Count	-	3.83	x10^12/l	(4.50-6.50 U)	NK
Haemoglobin		132	g/l	(130-180 U)	NK
Haematocrit	-	0.383	l/l	(0.400-0.540 U)	NK
Mean Cell Volume		100.0	fl	(80.0-100.0 U)	NK
MCH	+	34.5	pg	(27.0-32.0 U)	NK
Platelet Count		397	x10^9/l	(150-400 U)	NK
Neutrophils		7.2	x10^9/l	(2.0-7.5 U)	NK
Lymphocytes		1.9	x10^9/l	(1.5-4.0 U)	NK
Monocytes		0.6	x10^9/l	(0.2-0.8 U)	NK
Eosinophils		0.4	x10^9/l	(0.0-0.4 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK
R ESR	Y				
ESR	+	99	mm/hr	(1-10 U)	NK

Sample Collected Date : 05/12/2014 12:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 05/12/2014 16:53:00
Received Date : 08/12/2014 07:00:27
Requestor : PLATT, KERRY [redacted]
Requestor GMC Code : 6164771

NHS Confidential: [redacted] data about a patient

Lab Report ID : B,14.2349655.E
Filed By User :
Assigned to : Dr Kerry Platt

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

Patient Details : (3656) Colla DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 2/1 76 Chancellor Street Glasgow

** ABNORMAL **

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R C-reactive Protein	Y				
C Reactive Protein	+	155	mg/L	(0-10 U)	NK
R Urea & Electrolytes					
Sodium		140	mmol/L	(133-146 U)	NK
Potassium		4.7	mmol/L	(3.5-5.3 U)	NK
Chloride		103	mmol/L	(95-108 U)	NK
Urea		4.7	mmol/L	(2.5-7.8 U)	NK
Creatinine		59	umol/L	(40-130 U)	NK
Estimated GFR		>60	ml/min	(>>60 U)	NK
R Liver Function Tests	Y				
Total Bilirubin		9	umol/L	(<<20 U)	NK
ALT		33	U/L	(<<50 U)	NK
AST	+	41	U/L	(<<40 U)	NK
Alkaline Phosphatase		69	U/L	(30-130 U)	NK
Albumin	-	33	g/L	(35-50 U)	NK

Sample Collected Date : 05/12/2014 12:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 05/12/2014 16:53:00
Received Date : 08/12/2014 11:00:05
Requestor : PLATT, KERRY [redacted]
Requestor GMC Code : 6164771

NHS

Glasgow Royal Infirmary
DONNELLY, Colin
2/2 202 Earl Street, , Glasgow, Lanarkshire, G14 0BY
Referrer: Dr [redacted] Jamieson - GP PRACTICE

Diagnostic Imaging Report
DoB: **09/04/1974**
Chi No: **0904746151**
CRIS No: **5960344**
Hosp No: **50899397K**

VERIFIED Verified By: Dr Sue Lassman 08/12/14 1545.

Clinical History :
2-3 week history of right-sided rib pain. Recently resolved cough. Query rib fracture/pathology.

XR Chest :
No previous.

Normal heart size and mediastinal contours. Peripherally in the left mid zone there is a 2.4 cm poorly defined are of fluffy opacification. A further, similar area in the right lower zone is noted. Appearances may be infective given presentation. A follow-up x-ray in 6/8 weeks after appropriate treatment is advised to ensure clearing.

North Glasgow Hospitals

Ref. Src: 41 Broomhill Drive, Glasgow, G11 7AD
Exams: XR Chest
Exam Date: 08/12/14 Event: E-29063844

NHS Confidential: [redacted] data about a patient

Lab Report ID : B,14.2356623.S
Filed By User :
Assigned to : Dr Kerry Platt

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

Patient Details : (3656) Colin DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 2/1 76 Chancellor Street Glasgow

** ABNORMAL **

Report Text :
-RASH + ABDO PAIN

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R C-reactive Protein	Y				
C Reactive Protein	+	67	mg/L	(0-10 U)	NK
R Urea & Electrolytes					
Sodium		138	mmol/L	(133-146 U)	NK
Potassium		4.2	mmol/L	(3.5-5.3 U)	NK
Chloride		102	mmol/L	(95-108 U)	NK
Urea		4.1	mmol/L	(2.5-7.8 U)	NK
Creatinine		60	umol/L	(40-130 U)	NK
Estimated GFR		>60	ml/min	(>>60 U)	NK
R Liver Function Tests	Y				
Total Bilirubin		7	umol/L	(<<20 U)	NK
ALT		23	U/L	(<<50 U)	NK
AST		18	U/L	(<<40 U)	NK
Alkaline Phosphatase		72	U/L	(30-130 U)	NK
Albumin	-	32	g/L	(35-50 U)	NK

Sample Collected Date : 09/12/2014 10:35:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 09/12/2014 12:28:00
Received Date : 09/12/2014 15:01:02
Requestor : PLATT, KERRY [redacted]
Requestor GMC Code : 6164771

NHS Confidential [redacted] data about a patient

Lab Report ID : B,14.2356624.E
Filed By User :
Assigned to : Dr Kerry Platt

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

Patient Details : (3656) Colin DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 2/1 76 Chancellor Street Glasgow

** ABNORMAL **

Report Text :
-RASH + ABDO PAIN

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count	Y				
White Blood Count		10.4	x10^9/l	(4.0-11.0 U)	NK
Red Cell Count	-	4.34	x10^12/l	(4.50-6.50 U)	NK
Haemoglobin		146	g/l	(130-180 U)	NK
Haematocrit		0.403	l/l	(0.400-0.540 U)	NK
Mean Cell Volume		92.9	fl	(80.0-100.0 U)	NK
MCH	+	33.6	pg	(27.0-32.0 U)	NK
Platelet Count	+	442	x10^9/l	(150-400 U)	NK
Neutrophils		7.5	x10^9/l	(2.0-7.5 U)	NK
Lymphocytes		1.8	x10^9/l	(1.5-4.0 U)	NK
Monocytes		0.6	x10^9/l	(0.2-0.8 U)	NK
Eosinophils		0.4	x10^9/l	(0.0-0.4 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK

Sample Collected Date : 09/12/2014 10:35:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 09/12/2014 12:28:00
Received Date : 09/12/2014 15:01:10
Requestor : PLATT, KERRY [redacted]
Requestor GMC Code : 6164771

NHS Confidential: [redacted] data about a patient

Lab Report ID : E,14.2356624.E
Filed By User :
Assigned to : Dr Kerry Platt

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

Patient Details : (3656) Colin DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 2/1 76 Chancellor Street Glasgow

** ABNORMAL **

Report Text :
-RASH + ABDO PAIN

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count	Y				
White Blood Count		10.4	x10^9/l	(4.0-11.0 U)	NK
Red Cell Count	-	4.34	x10^12/l	(4.50-6.50 U)	NK
Haemoglobin		146	g/l	(130-180 U)	NK
Haematocrit		0.403	l/l	(0.400-0.540 U)	NK
Mean Cell Volume		92.9	fl	(80.0-100.0 U)	NK
MCH	+	33.6	pg	(27.0-32.0 U)	NK
Platelet Count	+	442	x10^9/l	(150-400 U)	NK
Neutrophils		7.5	x10^9/l	(2.0-7.5 U)	NK
Lymphocytes		1.8	x10^9/l	(1.5-4.0 U)	NK
Monocytes		0.6	x10^9/l	(0.2-0.8 U)	NK
Eosinophils		0.4	x10^9/l	(0.0-0.4 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK
R ESR	Y				
ESR	+	52	mm/hr	(1-10 U)	NK

Sample Collected Date : 09/12/2014 10:35:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 09/12/2014 12:28:00
Received Date : 09/12/2014 19:00:47
Requestor : PLATT, KERRY [redacted]
Requestor GMC Code : 6164771

NHS Confidential: [redacted] data about a patient

Lab Report ID : B,14.2364369.B
Filed By User :
Assigned to : Dr Kerry Platt

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

Patient Details : (3656) Colin DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 2/1 76 Chancellor Street Glasgow
SPECIMEN : Urine

		Abn	Value	Units	Range	Status
R	**Urine Albumin**					
	Urine Albumin		7	mg/L	(<<20 U)	NK
	24hr Urine Albumin		NA			NK
	U Alb/Creat Ratio		0.6	mg/mmol creatinine	(0.0-2.5 U)	NK
	U Albumin excretion					NK
R	**Urine Protein**					
	-Unable to calculate protein:creatinine ratio as protein <0.100 g/L					
	Urine volume (ml)		NA			NK
	-Urine volume					
R	Time (Hrs.Mins)					NK
R	Collection time					NK
	Urine Creatinine		11.2	mmol/L		NK
	-Urine Creatinine					
	Urine Protein		<0.100	g/L	(<<0.200 U)	NK
R	Urine Protein					NK
	Urine Protein/volume					NK
	U Protein:Creatinine		NA			NK

Sample Collected Date : 10/12/2014 11:08:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 10/12/2014 15:36:00
Received Date : 11/12/2014 11:00:09
Requestor : PLATT, KERRY [redacted]
Requestor GMC Code : 6164771

NHS Confidential: [redacted] data about a patient

Lab Report ID : B,14.2364347.T
Filed By User :
Assigned to : Dr Kerry Platt

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

Patient Details : (3656) Colla DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 2/1 76 Chancellor Street Glasgow
SPECIMEN : Urine

		Abn	Value	Units	Range	Status
R	**Urine Albumin**					
	Urine Albumin		7	mg/L	(<<20 U)	NK
	24hr Urine Albumin		NA			NK
	U Alb/Creat Ratio		0.6	mg/mmol creatinine	(0.0-2.5 U)	NK
	U Albumin excretion					NK
R	**Urine Protein**					
	Urine volume (ml) -Urine volume		NA			NK
R	Time (Hrs.Mins)					NK
R	Collection time					NK
	Urine Creatinine -Urine Creatinine		11.1	mmol/L		NK
	Urine Protein		0.113	g/L	(<<0.200 U)	NK
R	Urine Protein		113	mg/L	(<<200 U)	NK
	Urine Protein/volume					NK
	U Protein:Creatinine		10	mg/mmol creatinine	(<<30 U)	NK

Sample Collected Date : 10/12/2014 11:08:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 10/12/2014 15:23:00
Received Date : 11/12/2014 11:00:12
Requestor : PLATT, KERRY [redacted]
Requestor GMC Code : 6164771

Donnelly Colin CHI: 0904746151

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen [redacted] University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2810/2811
Fax:
Email:

Date Completed: 23/09/2015

Consultant: Dr [redacted] Long

AJ [redacted]
The Broomhill Practice
41 Broomhill Drive
Glasgow
Glasgow
G11 7AD

Dear AJ [redacted]

Re: **Donnelly Colin** DOB: **09/04/1974** CHI: **0904746151**
2/2 202 EARL STREET
Glasgow G14 0BY

Attended on: **23/09/2015 at 07:12 hrs.** Departed on: **23/09/2015 at 10:37 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
dizziness

Nursing Assessment:
Fall down stairs in close on sat night. ?LOC. Facial swelling ?#mandible, grazing to forehead, broken tooth.

Investigations in ED:
1. XR Orthopantomogram full **2. XR Facial bones** **3. XR Mandible**

NHS Confidential: Personal data about a patient

Donnelly Colin CHI: 0904746151

Diagnosis:

Diagnosis	Side	Site
Localized swelling, mass and lump, specify site	**Right**	**Face**

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Presented to A+E with facial injuries after falling down stairs when intoxicated Tender over right mandibular and maxillary region X-Ray showed no fracture present Reassured that swelling wil go down withanti-inflammatories

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
[redacted] Drummond
Doctor

Copies to:
1. AJ [redacted] (GP)
School Address:

GP Links Microbiology Report	
Patient Details	
Surname	DONNELLY
Forename	COLIN
CHI	0904746151
Date of birth	09.04.1974
Address	2/1 76 Chancellor Street Glasgow G11 5PW
Specimen Details	
Specimen Number	M.16.5151371.A
Specimen Type	Mid Stream Urine
Date/Time Collected	10.06.16 / 14:07
Date/Time Received	10.06.16 / 15:16
Requested By	Not Known Ice
GP Practice	40121
Date/Time Reported	10.06.16 / 15:33

Results

Report issued by Microbiology Glasgow South Sector
* FINAL REPORT *

Specimen:

Microscopy: White Cells: Scanty
Organisms: Scanty

Culture: No evidence of urinary tract infection

NHS Confidential: [redacted] data about a patient

Lab Report ID : B,16.1543846.Y
Filed By User :
Assigned to :

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

Patient Details : (3656) Colla DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 2-1 202 Earl Street Glasgow

** ABNORMAL **

Report Text :
-routine bloods

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count	Y				
White Blood Count		6.2	x10^9/l	(4.0-11.0 U)	NK
Red Cell Count	-	4.38	x10^12/l	(4.50-6.50 U)	NK
Haemoglobin		158	g/l	(130-180 U)	NK
Haematocrit		0.468	l/l	(0.400-0.540 U)	NK
Mean Cell Volume	+	106.8	fl	(80.0-100.0 U)	NK
MCH	+	36.1	pg	(27.0-32.0 U)	NK
Platelet Count		216	x10^9/l	(150-400 U)	NK
Neutrophils		3.8	x10^9/l	(2.0-7.5 U)	NK
Lymphocytes		1.8	x10^9/l	(1.5-4.0 U)	NK
Monocytes		0.4	x10^9/l	(0.2-0.8 U)	NK
Eosinophils		0.2	x10^9/l	(0.0-0.4 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK

Sample Collected Date : 24/06/2016 07:31:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/06/2016 12:37:00
Received Date : 24/06/2016 15:01:07
Requestor : [redacted] [redacted]
Requestor GMC Code :

NHS Confidential: [redacted] data about a patient

Lab Report ID : B,16.1543862.S
Filed By User :
Assigned to :

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

Patient Details : (3656) Colla DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M

ADR : 2-1 202 Earl Street Glasgow

Report Text :

-routine bloods

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Urea & Electrolytes					
Sodium		143	mmol/L	(133-146 U)	NK
Potassium		4.1	mmol/L	(3.5-5.3 U)	NK
Chloride		105	mmol/L	(95-108 U)	NK
Urea		5.1	mmol/L	(2.5-7.8 U)	NK
Creatinine		63	umol/L	(40-130 U)	NK
Estimated GFR		>60	ml/min	(>>60 U)	NK
R Prostate Specific Ag					
Prostate Spec Ag		1.4	ug/L	(<<3.0 U)	NK

Sample Collected Date : 24/06/2016 07:31:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/06/2016 12:37:00
Received Date : 24/06/2016 15:01:10
Requestor : [redacted]
Requestor GMC Code :

NHS Confidential: [redacted] data about a patient

Lab Report ID : B,16.1543846.Y
Filed By User :
Assigned to :

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

Patient Details : (3656) Colla DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 2-1 202 Earl Street Glasgow

**** ABNORMAL ****

Report Text :
-routine bloods

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count	Y				
White Blood Count		6.2	x10^9/l	(4.0-11.0 U)	NK
Red Cell Count	-	4.38	x10^12/l	(4.50-6.50 U)	NK
Haemoglobin		158	g/l	(130-180 U)	NK
Haematocrit		0.468	l/l	(0.400-0.540 U)	NK
Mean Cell Volume	+	106.8	fl	(80.0-100.0 U)	NK
MCH	+	36.1	pg	(27.0-32.0 U)	NK
Platelet Count		216	x10^9/l	(150-400 U)	NK
Neutrophils		3.8	x10^9/l	(2.0-7.5 U)	NK
Lymphocytes		1.8	x10^9/l	(1.5-4.0 U)	NK
Monocytes		0.4	x10^9/l	(0.2-0.8 U)	NK
Eosinophils		0.2	x10^9/l	(0.0-0.4 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK
R Blood Film					
-Red cells mildly macrocytic, normochromic					
Blood Film		Yes			NK

Sample Collected Date : 24/06/2016 07:31:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/06/2016 12:37:00
Received Date : 27/06/2016 15:00:19
Requestor : [redacted]
Requestor GMC Code :

NHS Confidential: [redacted] data about a patient

Lab Report ID : B,16.1543862.S
Filed By User :
Assigned to :

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

Patient Details : (3656) Colla DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 2-1 202 Earl Street Glasgow

** ABNORMAL **

Report Text :
-routine bloods

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Serum Vitamin B12					
Serum Vitamin B12		615	ng/l	(200-900 U)	NK
R Serum folate	Y				
-Red cell folate assay is no longer routinely offered by this					
-laboratory as they rarely change management.					
Serum Folate	-	2.6	ug/l	(3.1-20.0 U)	NK
R Serum Ferritin	Y				
-Males 20-300 (<20 iron deficiency)					
-Females 15-200 (<15 iron deficiency)					
-15-50 intermediate result. Consider iron deficiency					
-in anaemic patients, older patients and those					
-with inflammatory disease.					
Serum Ferritin	+	3179	ug/l	(20-300 U)	NK

Sample Collected Date : 24/06/2016 07:31:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/06/2016 12:37:00
Received Date : 28/06/2016 15:00:22
Requestor : [redacted] [redacted]
Requestor GMC Code :

NHS Confidential: Personal data [redacted]

NHS
Greater Glasgow and Clyde

DONNELLY, Colin
Flat 2-1, 202 Earl Street, Glasgow, Lanarkshire, G14 0BY
Cancelled (Pat Cancel): 30/06/16
Ref: Dr [redacted] Jamieson - GP PRACTICE
US Kidney Both

E-30627654
CRIS: 5960344 ChiNo: 0904746151 DOB: 09/04/1974

Imaging Dept
Stobhill ACH
133 Balornock Road
GLASGOW
G21 3UW

Contact: 0141 355 1432
Supervisor: 0141 355 1450

Date 30/06/16

Dear Doctor,

PLEASE FIND ENCLOSED COPY OF PATIENT'S REFERRAL

We are writing to inform you that despite several attempts by telephone and mail, we have been unable to contact the above patient regarding a Radiology appointment.

We are concerned that your patient still requires their examination. If this is the case, would you please re-request the examination and inform the patient that we need to contact them prior to making an appointment.

Yours sincerely,

Clerical Officer

DR-GGC-FORM-023 Rev 2

NHS Confidential: Personal data about a patient

CRIS: 5960344 E-30627654 Dob: 09/04/1974
Surname: DONNELLY Forename: COLIN

NHS Diagnostic Imaging Request Form Hospital: WEST

Shaded Areas are for imaging department use. Incomplete/illegible forms may be returned. Please read overleaf prior to completion.

Referring Consultant/GP: Dr Cross

West Cross Practice

Beechmill

Phone: day and evening: 07494428004

Appointments:

Postcode:

Investigation(s) requested: Renal USS

Clinical summary: Please PRINT boldly in black ink

microscopic haematuria
asymptomatic
smoker.
? renal cause

Date received

Preparation

Examination protocol

TO BE COMPLETED BY REFERRING CLINICIAN

Safety information required for all patients requiring IV or IA contrast medium CT, MRI, DSA, IVU, Intervention

Additional information for MRI patients

Current eGFR

Pregnancy Rule | FAT RISK | Transport GP/Out-patients | Transport/In-patients

Referrer's declaration: (NB: This form is a legal document under Ionising Radiation Medical Exposure Regulations 2000)

- **I certify that the correct patient details have been given**
- **I have taken into account the possibility of pregnancy**
- **I have given sufficient information for the request to be justified according to IR(ME)R 2000**
- **I know of no contraindication to performing the examination or intervention I have requested**

Referrer's signature: Gemma Cross | Name: G CROSS | Designation: GPST3 | Phone/Pager: | Date: 10/06/16

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**5168100**	Receive Date:	**14-Oct-2017 12:18**
Patient's Name:	**Colin Donnelly**		
Date of birth:	**9-Apr-1974 (43 years)**	Gender:	**M**
Address:	**Flat 2-1 202 Earl St Glasgow G14 0BY**	Current Address:	**Flat 2-1 202 Earl St Glasgow G14 0BY**
Return Contact No:			
Tel No:	**0141 954 8682**		**0141 954 8682**
Mobile No:			
Priority:	**Pr 1 Within 1 hr**	Call Origin:	
Received:	**14-Oct-2017 12:18**	Calltype:	**Dr To Phone Pt Within 1 Hr**
Advised:	**12:31**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	[redacted] **Mcmillan**	Own doctor:	**AJ** [redacted]

CHI Number:
0904746151

NHSD details:

Triage NHSD -	**The symptoms described during this call suggest that the individual should contact the GP practice as soon as possible (at least within 4 hours). WORSENING: If symptoms worsen, call us back or seek Medical care as soon as possible.**
NHSD Comments -	**ALCOHOLIC, WAS PRESCRIBED MEDICATION 6 MONTHS AGO TO HELP WITH CRAVINGS, FEELS HAVING SETBACK AND DOESN'T THINK CAN GET THROUGH WEEKEND WITHOUT TOUCHING ALCOHOL, PATIENT IS ON BAIL AND DOESN'T WANT TO HAVE ALCOHOL AND END UP IN TROUBLE, HAS BEEN THINKING ABOUT ALCOHOL SINCE 1.30AM THIS MORNING, IF HAS CHANCE WILL GO AND GET SOME, CAN'T SPEAK TO DOCTOR AS WEEKEND, HAS INVOLVEMENT WITH SOCIAL WORK BUT CAN'T GET IN TOUCH WITH ANYONE ((User) (Cardonald))**

ADVISED BY TL C. EWART SPEAK TO DOCTOR 1 HOUR ((User) (Cardonald))

Receptionist:
PRESCRIPTION SEE AV
DPP2 Dr to phone patient within 1 Hr
Clinical summary created by: (User) (Cardonald) [14/10/2017 12:30:40]
PRESCRPTION FOR N/A AND ALCOHOLIC, WAS PRESCRIBED MEDICATION 6 MONTHS AGO TO HELP WITH CRAVINGS, FEELS HAVING SETBACK AND DOESN'T THINK CAN GET THROUGH WEEKEND WITHOUT TOUCHING ALCOHOL, PATIENT IS ON BAIL AND DOESN'T WANT TO HAVE ALCOHOL AND END UP IN TROUBLE, HAS BEEN THINKING ABOUT ALCOHOL SINCE 1.30AM THIS MORNING, IF HAS CHANCE WILL GO AND GET SOME, CAN'T SPEAK TO OWN DOCTOR AS WEEKEND, HAS INVOLVEMENT WITH SOCIAL WORK BUT CAN'T GET IN TOUCH WITH ANYONE, ADVISED BY CLINICIAN SPEAK TO DOCTOR 1 HOUR

Triage details:
History - **Phone call, alcoholic, no recent binge, just out of jail on bail and doesn't want to drink but has been thinking about alcohol all night and is worried he'll relapse. Has [redacted] and [redacted] at home. I have agreed to script for chlordiazepoxide. He had medication to help with the cravings six months ago but nil on ECS and can't remember what it was. Script phoned to Partick Pharmacy**

Prescriptions:
chlordiazepoxide capsules 10mg 1 three times a day 30.00

Followups:
No Follow Up

Clinical Codes:
8B3H. Medication requested

NHS Confidential [redacted] data about a patient

Lab Report ID : B,19.0760215.K
Filed By User :
Assigned to : Dr Andrew Marshall

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

Patient Details : (3656) Colin DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 2-1 202 Earl Street Glasgow

**** ABNORMAL ****

Report Text :

-general bloods
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count	**Y**				
White Blood Count		6.2	x10^9/l	(4.0-10.0 U)	NK
Red Cell Count	-	4.33	x10^12/l	(4.50-6.50 U)	NK
Haemoglobin		153	g/l	(130-180 U)	NK
Haematocrit		0.459	l/l	(0.400-0.540 U)	NK
Mean Cell Volume	+	106.0	fl	(83.0-101.0 U)	NK
MCH	+	35.3	pg	(27.0-32.0 U)	NK
Platelet Count		211	x10^9/l	(150-410 U)	NK
Neutrophils		3.7	x10^9/l	(2.0-7.0 U)	NK
Lymphocytes		1.6	x10^9/l	(1.1-5.0 U)	NK
Monocytes		0.7	x10^9/l	(0.2-1.0 U)	NK
Eosinophils		0.20	x10^9/l	(0.02-0.50 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK

Sample Collected Date : 11/02/2019 10:13:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 11/02/2019 12:59:00
Received Date : 11/02/2019 15:00:12
Requestor : [redacted]
Requestor GMC Code :

NHS Confidential: [redacted] data about a patient

Lab Report ID : B,19.0760210.Q
Filed By User :
Assigned to : Dr Andrew Marshall
Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (3656) Colin DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 2-1 202 Earl Street Glasgow

Report Text :

-general bloods

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Glucose					
-Non-fasting sample					
Glucose		5.0	mmol/L	(3.5-6.0 U)	NK

Sample Collected Date : 11/02/2019 10:13:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 11/02/2019 12:55:00
Received Date : 11/02/2019 15:00:40
Requestor : [redacted]
Requestor GMC Code :

NHS Confidential: [redacted] data about a patient

Lab Report ID : B,19.0760213.A
Filed By User :
Assigned to : Dr Andrew Marshall
Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (3656) Colin DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 2-1 202 Earl Street Glasgow

**** ABNORMAL ****

Report Text :
-general bloods

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Urea & Electrolytes					
Sodium		145	mmol/L	(133-146 U)	NK
Potassium		4.7	mmol/L	(3.5-5.3 U)	NK
Chloride		106	mmol/L	(95-108 U)	NK
Urea		5.8	mmol/L	(2.5-7.8 U)	NK
Creatinine		68	umol/L	(40-130 U)	NK
Estimated GFR		>60	ml/min	(>>60 U)	NK
R Liver Function Tests	Y				
-Please note change in Abbott Total Bilirubin method from 18/01/18					
Total Bilirubin		13	umol/L	(<<20 U)	NK
ALT	+	162	U/L	(<<50 U)	NK
AST	+	127	U/L	(<<40 U)	NK
Alkaline Phosphatase		103	U/L	(30-130 U)	NK
Albumin		42	g/L	(35-50 U)	NK
R Lipid profile					
Cholesterol		4.7	mmol/L		NK
Triglycerides		0.8	mmol/L	(0.2-2.3 U)	NK
HDL Cholesterol		1.5	mmol/L		NK
LDL-Cholest (calc'd)		2.8	mmol/L		NK
R VLDL-Chol (calc'd)		0.4	mmol/L		NK
Chol/HDL ratio		3.1			NK
R Thyroid funct test					
TSH		2.25	mU/L	(0.35-5.00 U)	NK
Free T4		12.4	pmol/L	(9.0-21.0 U)	NK
Total T3					NK

Sample Collected Date : 11/02/2019 10:13:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 11/02/2019 12:56:00
Received Date : 11/02/2019 15:00:50
Requestor : [redacted]
Requestor GMC Code :

NHS Confidential: [redacted] data about a patient

Lab Report ID : G516H34811701 **Coding Status** : Not Coded
Filed By User : **File Status** : Not Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (3656) Colin DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 2-1 202 Earl Street Glasgow
SPECIMEN : IMAGING

	Abn	Value	Units	Range	Status
R US Abdomen					
R US Abdomen					NK

I Click for HTML view

-Colin Donnelly
Clinical History :
excess alcohol, deranged LFT

US
Abdomen :
The liver has a normal size, echotexture and outline. Nil focal seen within. Patent portal vein with a normal direction of flow.

The spleen is not enlarged. No free fluid seen.

The non tender mildly thick walled gallbladder was not particularly well distended. Multiple tiny echogenic foci are seen adherent to the wall, in keeping with polyps. A larger 4.6mm hyperechoic focus is also seen adherent to the wall, that may represent a further polyp or an adherent gallstone. Undilated CBD.

A complex 3cm cyst is seen at the midpole of the left kidney, that shows some solid internal echoes. No colour doppler flow seen within. This requires a Urology opinion for further characterisation.
Otherwise, both kidneys outline normally, no other focal lesions seen.

The pancreatic head and body (tail obscured by overlying bowel gas) outline normally.

Normal calibre aorta.

Summary:
Polyps with a possible gallstone. Normal appearance of the liver. Complex left renal cyst requiring further follow-up.

A.Dubojski
Sonographer
RA47326

Reported by: Andrew Dubojski (Sonographer)
Verified by: Andrew Dubojski (Sonographer)

Sample Collected Date : 11/04/2019 15:41:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 12/04/2019 11:12:09
Received Date : 12/04/2019 15:00:08
Requestor : (GPST), Dr [redacted] Rodger
Requestor GMC Code :

NHS Confidential: Personal data about a patient

Donnelly Colin CHI: 0904746151

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. AJ Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Main Switchboard:	0141 201 1100
Department:	Urology
Contact Tel:	0141 451 6008
Enquiries to:	[redacted]toner@ggc.scot.nhs.uk
Letter Date:	23/04/2019
Reference:	NA/RH
Dictated Date:	23/04/2019
Transcribed Date:	22/05/2019

Dear Dr. AJ [redacted]

Colin Donnelly; D.O.B: 09 Apr 1974; CHI: 0904746151
FLAT 2-1, 202 EARL STREET, Glasgow, Lanarkshire, G14 0BY

Attendance: Specialty - Urology; Clinic - SUNAUR3-MR [redacted] URO ADMIN TUES AM
Date and Time of Appointment - 23/04/2019 09:00

Follow Up: Contrast renal CT.

Clinical Comments:
A contrast renal CT has been arranged to classify the cyst in your patient's left kidney.

Yours sincerely

Mr Naeem [redacted]

Consultant Urological Surgeon

Electronically Signed: Mr Naeem [redacted] Consultant

cc.

Donnelly Colin CHI: 0904746151

Referral letter:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Mr [redacted] Aboumarzouk
Consultant Urological Surgeon
Dept of Urology
QEUH

Main Switchboard: 0141 201 1100
Department: Urology
Contact Tel: 01414516008
Enquiries to: [redacted]Toner@ggc.scot.nhs.uk
Letter Date: 08/05/2019
Reference: NA/JW
Dictated Date: 03/05/2019
Transcribed Date: 07/05/2019

Dear [redacted]

Colin Donnelly; D.O.B: 09/04/1974; CHI: 0904746151
FLAT 2-1, 202 EARL STREET, Glasgow, Lanarkshire, G14 0BY

I would be grateful if you could kindly see this gentleman at your Renal Clinic as a matter of urgency. He had a follow up scan for his complex renal cyst. It is now reported as a 3.3 cm enhancing left renal lesion which is highly suspicious of RCC, and biopsy is advised. I think it would be useful for you to see the patient and discuss this with him, and arrange a biopsy and then appropriate treatment.

I would be grateful if you could see the patient in your Renal Clinic as soon as possible. Thank you.

Yours sincerely

Mr Naeem [redacted]

Consultant Urological Surgeon

Electronically Signed: Mr Naeem [redacted] Consultant

cc. Dr A Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

NHS Confidential: Personal data about a patient

Donnelly Colin CHI: 0904746151

Letter to Patient:

NHS
Greater Glasgow and Clyde

Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF

Colin Donnelly
FLAT 2-1
202 EARL STREET
Glasgow
Lanarkshire
G14 0BY

Main Switchboard: 0141 201 1100
Department: Urology
Contact Tel: 01414516008
Enquiries to: [redacted] Toner@ggc.scot.nhs.uk
Letter Date: 08/05/2019
Reference: NA/JW
Dictated Date: 03/05/2019
Transcribed Date: 07/05/2019

Dear Mr Donnelly,

Just a note to inform you that I have reviewed the results of your investigations, i.e. your recent kidney scan done on 2nd May 2019. This scan has shown an abnormality in your left kidney which needs further investigations. I have arranged for you to see Mr Aboumarzouk at his Kidney Clinic so that he can discuss the results of this scan with you in a bit more detail, and arrange further investigations and treatment. You should receive an appointment to see him as soon as possible.

Yours sincerely

Mr Naeem [redacted]

Consultant Urological Surgeon

Electronically Signed: Mr Naeem [redacted] Consultant

cc. Dr A [redacted]
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Mr [redacted] Aboumarzouk
Consultant Urological Surgeon
Dept of Urology
QEUH

Printed on 08/05/2019 07:57 by Irene Slingsby Page 1 of 1

NHS Confidential: Personal data about a patient

Donnelly Colin CHI: 0904746151

Referral letter:

NHS
Greater Glasgow and Clyde

Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF

Mr [redacted] Aboumarzouk
Consultant Urological Surgeon
Dept of Urology
QEUH

Main Switchboard:	0141 201 1100
Department:	Urology
Contact Tel:	01414516008
Enquiries to:	[redacted].Toner@ggc.scot.nhs.uk
Letter Date:	08/05/2019
Reference:	NA/JW
Dictated Date:	03/05/2019
Transcribed Date:	07/05/2019

Dear [redacted]

Colin Donnelly; D.O.B: 09/04/1974; CHI: 0904746151
FLAT 2-1, 202 EARL STREET, Glasgow, Lanarkshire, G14 0BY

I would be grateful if you could kindly see this gentleman at your Renal Clinic as a matter of urgency. He had a follow up scan for his complex renal cyst. It is now reported as a 3.3 cm enhancing left renal lesion which is highly suspicious of RCC, and biopsy is advised. I think it would be useful for you to see the patient and discuss this with him, and arrange a biopsy and then appropriate treatment.

I would be grateful if you could see the patient in your Renal Clinic as soon as possible. Thank you.

Yours sincerely

Mr Naeem [redacted]

Consultant Urological Surgeon

Electronically Signed: Mr Naeem [redacted] Consultant

cc. Dr A [redacted]
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Printed on 08/05/2019 07:56 by Irene Slingsby Page 1 of 1

Donnelly Colin CHI: 0904746151

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. AJ Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Main Switchboard:	0141 201 1100
Department:	Urology
Contact Tel:	0141 451 6008
Enquiries to:	[redacted]toner@ggc.scot.nhs.uk
Letter Date:	21/05/2019
Reference:	NA/ND
Dictated Date:	21/05/2019
Transcribed Date:	16/06/2019

Dear Dr. AJ [redacted]

Colin Donnelly; D.O.B: 09 Apr 1974; CHI: 0904746151
FLAT 2-1, 202 EARL STREET, Glasgow, Lanarkshire, G14 0BY

Attendance: Specialty - Urology; Clinic - SUNAUR3-MR [redacted] URO ADMIN TUES AM
Date and Time of Appointment - 21/05/2019 10:15

Clinical Comments:

As per previous correspondence, your patient is going to see Mr Aboumarzouk on 12th June at his Gartnavel renal clinic. I have not arranged any further follow up with myself.

Yours sincerely

Naeem [redacted]

Consultant Urological Surgeon

Electronically Signed: Mr Naeem [redacted] Consultant

cc.

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN

03/07/2019

Dr AJ [redacted]
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr AJ Marshall

Re: Colin Donnelly
Address: FLAT 2-1202 EARL STREET
Glasgow
G14 0BY

CHI Number: 0904746151

Speciality: Urology

It would appear from our records that:

( ) Your patient has not responded to our recent letters inviting them to arrange an appointment.

( ) Your patient has indicated that they no longer require an appointment.

(/) Your patient has refused two reasonable offers of appointment.

We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with NHS Greater Glasgow and Clyde's Did Not Attend Policy.

If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

User ID Dawn Mulligan

SCGC Opwl Removal to GP V1

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
Drumchapel Social Work Office
7-25 Hecla Square
Glasgow
G15 6NH

www.nhsggc.org.uk

Direct Line: 0141 276 4330
Our Ref: AR/RMacK
Date Dictated: 7th August 2019
Date Typed: 13th August 2019

Dr [redacted]
Broomhill Drive Practice
14 Broomhill Drive
Glasgow
G11 7AD

Dear Dr [redacted]

Name:	Colin Donnelly	**CHI:**	0904746151
Address:	Flat 2/1, 202 Earl Street, Glasgow, G14 0BY		

Diagnosis:	Alcohol dependence F10.22
Prescription Issued:	Acamprosate 666mgs 3 times a day with food.
Dispensing / supervision:	Dispense whole amount unsupervised.
Addictions Care Manager:	[redacted]

This patient attends the North West Alcohol and Drug Recovery service at Hecla Square, Drumchapel and I met him at the new patient alcohol clinic on the 7th August 2019.

Drug Use:
Never had any illicit drugs.Smokes 15 cig/d.

Alcohol Use:
Started drinking as a teenager but only at weekends. It became problematic for past 5 years binge drinking for up to 3 days when was drinking beer until passing out. It worsened for past 2 years drinking daily up to 15 cans of beer/d. He has drunk first thing in the morning if not having to go to work. Longest abstinent 3 weeks a year ago. Currently has gradually cut down his alcohol intake and last time he drunk only 1 pint of beer 2 days ago.

Physical Health:
No issues. Not taking any prescribed medication.

Mental Health:
No issues but is aware of the effect of alcohol in his mood. Never had any antidepressants.

Contact with Children:
He has a 15 year-old [redacted] who [redacted] him and her [redacted] No SW involvement.

Legal:
Never served any custodial sentence but was charged re: sexual offence. Nothing else criminal pending.

Social:
[redacted] his [redacted] and [redacted] in his own tenancy. His partner drinks only socially. He [redacted] construction. No financial issues.

Risk, Harm Reduction and Recovery Interventions:
No driving license. Attending AA meetings and also engaged with GCA which is finding helpful.

He wants to remain abstinent from alcohol for sometime with the aim of being able to drink in a control manner in the future. He wishes to try Acamprosate first to relieve cravings for alcohol but will consider Disulfiram if not effective.

Recent LFT's and U + E's normal.

Prescription given for Acamprosate 666 mg/tds x 28 days.

[redacted] his care manager will carry out an IPSU and will receive weekly home visit until he returns to this clinic in 4 weeks time.

You may wish to consider adding the above prescription to EMIS as medication prescribed by specialist services.

Yours sincerely

K Priov

pp Dr Adelaida Romero-Portillo
Medical Officer
North West Alcohol and Drug Recovery Service

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN

21/08/2019

Dr AJ [redacted]
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr AJ [redacted]

Re: Colin Donnelly
Address: FLAT 2-1202 EARL STREET
Glasgow
G14 0BY

CHI Number: 0904746151

Speciality: Urology

It would appear from our records that:

( ) Your patient has not responded to our recent letters inviting them to arrange an appointment.

( ) Your patient has indicated that they no longer require an appointment.

(✓) Your patient has refused two reasonable offers of appointment.

We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with NHS Greater Glasgow and Clyde's Did Not Attend Policy.

If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

User ID Dawn Mulligan

SCGC Opwl Removal to GP V1

NHS Confidential: Personal data about a patient

Donnelly Colin CHI: 0904746151

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
New [redacted] Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 18/09/2019

Consultant: Dr [redacted] Littlewood

AJ Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
Glasgow
G11 7AD

Dear AJ [redacted]

Re: **Donnelly Colin** DOB: **09/04/1974** CHI: **0904746151**
Flat 2-1
Glasgow G14 0BY

Attended on: **18/09/2019 at 12:57 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
cut to the eyebrow

Nursing Assessment:

Investigations in ED: **None**

NHS Confidential: Personal data about a patient

Donnelly Colin CHI: 0904746151

Diagnosis:

Diagnosis	Side	Site
Open wound of face, chin or cheek		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Attended with a small wound over left eyebrow...area cleaned and sutured x2 and home with head injury advice

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
[redacted]
Nurse

Copies to:
1. AJ [redacted] (GP)
[redacted] Address:

NHS Confidential: Personal data about a patient

Donnelly Colin CHI: 0904746151

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. AJ Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Main Switchboard: 0141 201 1100
Department: General Surgery
Contact Tel: 0141 451 6047
Enquiries to: andrina.[redacted]scot.nhs.uk
Letter Date: 02/10/2019
Reference: EY/JY
Dictated Date: 02/10/2019
Transcribed Date: 22/10/2019

Dear Dr. AJ [redacted]

Colin Donnelly; D.O.B: 09 Apr 1974; CHI: 0904746151
Flat 2-1, 202 Earl Street, Glasgow, Lanarkshire, G14 0BY

Attendance: Specialty - General Surgery; Clinic - SGPWGS5-MR WITHERSPOON SURG WED AM
Date and Time of Appointment - 02/10/2019 11:10

Clinical Comments:
This patient failed to attend his General Surgery Clinic appointment with Mr Witherspoon today. This was for review with regard to his gallstones and gallbladder polyp. However, I note that he has already been seen by the Pancreatic Team in July 2019. We will not be offering any further appointments. However, if he needs to be reviewed, please do not hesitate to re-refer him to us.

Yours sincerely,

Ms Elaine Yeap

ST8 in General Surgery

Electronically Signed: Dr Elaine Yeap, Doctor

cc.

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN

13/11/2019

Dr AJ [redacted]
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr AJ [redacted]

Re: **Colin Donnelly**
Address: **Flat 2-1202 Earl Street**
Glasgow
G14 0BY

CHI Number: **0904746151**

Speciality: **Urology**

It would appear from our records that:

( ) Your patient has not responded to our recent letters inviting them to arrange an appointment.

( ) Your patient has indicated that they no longer require an appointment.

(✓) Your patient has refused two reasonable offers of appointment.

We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with NHS Greater Glasgow and Clyde's Did Not Attend Policy.

If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

User ID Dawn Mulligan

SCGC Opwl Removal to GP V1

[redacted]

NHS Confidential: Personal data about a patient

[redacted]

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN

27/11/2019

Dr AJ [redacted]
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr AJ [redacted]

Re: Colin Donnelly
Address: Flat 2-1202 Earl Street
Glasgow
G14 0BY

CHI Number: 0904746151

Speciality: Urology

It would appear from our records that:

( ) Your patient has not responded to our recent letters inviting them to arrange an appointment.

( ) Your patient has indicated that they no longer require an appointment.

(✓) Your patient has refused two reasonable offers of appointment.

We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with NHS Greater Glasgow and Clyde's Did Not Attend Policy.

If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

User ID Dawn.Mulligan

SCGC Opwl Removal to GP V1

Donnelly Colin CHI: 0904746151

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: UROLOGY
Contact Tel: 0141-211-0128
Enquiries to: Janice.Craven@ggc.scot.nhs.uk

Colin Donnelly
Flat 2-1
202 Earl Street
Glasgow
Lanarkshire
G14 0BY

Letter Date: 02/12/2019
Reference: [redacted]
Dictated Date: 27/11/2019
Transcribed Date: 02/12/2019

Dear Mr Donnelly,

I note that you failed to attend clinic to see you in relation to your kidney problem. This is very unwise. I have made another appointment for you to be seen, so that we can discuss management. There is a potential that you do have cancer of your kidney, thus your attendance at clinic is imperative. I have made an appointment for the next 4 weeks.

Kind regards,

Yours sincerely

Khaver Qureshi

Consultant Urologist

Enc: appointment

Electronically Signed:

cc. Dr A J [redacted]
The Broomhill Practice
41 Broomhill Drive
GLASGOW
G11 7AD

Donnelly Colin CHI: 0904746151

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen [redacted] University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 23/12/2019

Consultant: Dr Cieran McKiernan

AJ [redacted]
The Broomhill Practice
41 Broomhill Drive
Glasgow
Glasgow
G11 7AD

Dear AJ [redacted]

Re: **Donnelly Colin** DOB: **09/04/1974** CHI: **0904746151**
Flat 2-1
Glasgow G14 0BY

Attended on: **23/12/2019 at 16:20 hrs.** Departed on: **23/12/2019 at 19:39 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
pain in kidneys

Nursing Assessment:
C/o left sided flank pain, states has had an ongoing problem but pain worse today. Missed outpatient appts and now awaiting appt with urology in jan

Investigations in ED:
1. Amylase **2. CRP** **3. Urea and Electrolytes**
4. Bicarbonate **5. LFT** **6. Glucose**
7. Full Blood Count

NHS Confidential: Personal data about a patient

Donnelly Colin CHI: 0904746151

Diagnosis:

Diagnosis	Side	Site
Abdominal pain - unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Presented with tenderness over left kidney at site of known lesion - noted has DNAd previous appointments for investigation of this. New appointment booked for January; discussed with urology, no further need to update imaging or change appointment timeslots. Discharged with analgesia and strong advice to attend the next clinic appointment

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
[redacted] Cawley
Doctor

Copies to:
1. AJ [redacted] (GP)
[redacted] Address:

Donnelly Colin CHI: 0904746151

Clinical letter - GP: CLINICAL

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: DEPARTMENT OF UROLOGY
Contact Tel: 0141 451 6004
Enquiries to:
Letter Date: 30/01/2020
Reference: GO/KMcL
Dictated Date: 15/01/2020
Transcribed Date: 15/01/2020

Dr. AJ Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr Marshall,

Colin Donnelly; D.O.B: 09/04/1974; CHI: 0904746151
Flat 2-1, 202 Earl Street, Glasgow, Lanarkshire, G14 0BY

This 45 year old gentleman eventually attended the clinic today. As you know he was initially referred back in April last year when he had an ultrasound done for deranged LFT's which revealed a complex cyst within the left kidney. He does drink to excess but if otherwise reasonably fit and well with no significant past medical or surgical history.

As it is now 9 months since his [redacted] sectional imaging I have arranged an urgent re-staging CT. He is aware of the possible underlying malignancy and he assured me that he will attend.

We will see him back with the results of this.

Yours sincerely

Gren Oades

Consultant Urological Surgeon

Electronically Signed: Mr Grenville Oades, Consultant

cc.

Donnelly Colin CHI: 0904746151

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: Urology
Contact Tel: 0141 211 0128
Enquiries to: Janice.Craven@ggc.scot.nhs.uk
Letter Date: 02/04/2020
Reference: KQ/LW
Dictated Date: 18/02/2020
Transcribed Date: 21/02/2020

(Emailed)
[redacted] Dickson
Surgery and Anaesthetics
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Dear [redacted]

Colin Donnelly; D.O.B: 09/04/1974; CHI: 0904746151
FLAT 2-1, 202 EARL STREET, Glasgow, Lanarkshire, G14 0BY

Diagnosis - Alcohol Excess

Cystic lesion arising from posterior pancreatic tear, which has increased in size to 2.6cm

Left Renal lesion, MRI scan organised

Outcome - Request Pancreatic Opinion

I would appreciate your opinion with regards the above gentleman. He has insight but is dependant on alcohol and he is seeking help for this. Imaging has revealed a cystic lesion from the posterior pancreatic tear which is increasing in size and I would appreciate your opinion with regards to this.

I am organising an MRI scan in view of his indeterminate lesion affecting his left kidney. I thank you in anticipation.

Kind Regards,

Yours Sincerely,

Khaver Qureshi

Consultant Urological Surgeon

'Dictated by Mr Qureshi but not signed'

Electronically Signed: ,

cc. Dr Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Donnelly Colin CHI: 0904746151

MDT letter:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
[redacted] Parade
Glasgow
G31 2ER

Mr Khaver Qureshi
Consultant Urologist
Urology Department
Queen [redacted] University Hospital
1345 Govan [redacted]
Glasgow
G51 4TF

Main Switchboard: 0141 211 4000
Department: General Surgery
Contact Tel: 0141 211 4702
Enquiries to: [redacted] Burns@ggc.scot.nhs.uk
Letter Date: 03/04/2020
Reference: NJ/LM
Dictated Date: 02/04/2020
Transcribed Date: 02/04/2020

Dear Mr Qureshi,

Colin Donnelly; D.O.B: 09/04/1974; CHI: 0904746151
FLAT 2-1, 202 EARL STREET, Glasgow, Lanarkshire, G14 0BY

We discussed this 45 year old gentleman at the Pancreatic MDT. He is known to have a left sided renal lesion for which he is undergoing surveillance . We reviewed his MRI imaging today to assess a cystic lesion arising potentially from the superior posterior aspect of the pancreatic tail.

On MRI this multilobulated cystic lesion measures 2.5cm. It is in the posterior superior aspect of the body of pancreas. It is in contact with the pancreas and has slowly increased in size since April last year. It certainly does not appear to be arising from the pancreatic parenchyma and has no concerning features associated with it on either CT scan or MRI.

We have previously offered this gentleman an endoscopic ultrasound assessment of this lesion however on two occasions this did not happen as 1), the patient cancelled and 2), the patient failed to attend.

MDM Opinion

In view of the current challenges we have in obtaining endoscopic ultrasound in view of the COVID-19 pandemic, we would not offer any further assessment at this time of this pancreatic lesion.

Management Plan

1. Continue surveillance of his left sided renal lesion and please update us with regards to any changes that would appear in this pancreas lesion in due course, however we will not formally arrange imaging at this time as we have a low suspicion regarding this lesion.

Yours sincerely

Mr Nigel B Jamieson, MBChB, BSc(Hons), FRCA, PhD

Clinical Senior Lecturer in General Surgery and

Honorary Pancreatic Surgeon,

Cancer Research UK Clinical Scientist

Electronically Signed: Mr Nigel Jamieson, Consultant

cc. Dr [redacted]
The Broomhill Practice
41 Broomhill Drive
Glasgow,G11 7AD

Donnelly Colin CHI: 0904746151

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Main Switchboard:
Department: UROLOGY
Contact Tel: Janice.Craven@ggc.scot.nhs.uk
Enquiries to: 0141-211-0128
Letter Date: 24/06/2020
Reference: KQ/JC
Dictated Date: 24/06/2020
Transcribed Date: 24/06/2020

Dr. AJ Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr. AJ [redacted]

Colin Donnelly; D.O.B: 09 Apr 1974; CHI: 0904746151
FLAT 2-1, 202 EARL STREET, Glasgow, Lanarkshire, G14 0BY

Attendance: Specialty - Urology; Clinic - GGKQUR5-MR QURESHI/MR OADES JOINT RENAL WED AM
Date and Time of Appointment - 24/06/2020 11:05

Clinical Comments:
Diagnosis - 1) Left renal mass

2) Cystic lesion arising from the posterior aspect of pancreatic tale

3) Patient cancelled endoscopic ultrasound assessment of pancreas

Outcome - For percutaneous left renal biopsy

I reviewed our mutual patient today as part of a telephone clinic consultation process. I have explained to him the issues in relation to his left kidney and his pancreas. He is now keen on investigation. I have thus organised a percutaneous left-sided renal biopsy first. He is aware of the risks and once we have the results, I will ask my Colleague to organise an endoscopic ultrasound scan assessment of his pancreas. He will be keen now to attend for this. He will be reviewed in due course.

Kind regards,

Yours sincerely

Donnelly Colin CHI: 0904746151 OPCL 24/06/2020 v1

Khaver Qureshi

Consultant Urologist

Electronically Signed: ,

cc. (By e-mail)
Dr [redacted] Alcorn
Consultant Interventional Radiologist
GGH

NHS Confidential: Personal data about a patient

Covid19 Report

Patient Details

Surname	DONNELLY
Forename	COLIN
CHI	0904746151
Date of birth	09.04.1974
Sex	Male
Address	FLAT 2-1 202 EARL STREET GLASGOW LANARKSH G14 0BY

Specimen Details

Specimen Number	V.20.0530122.Y
Specimen Type	THROAT AND NOSE SWAB
Date/Time Collected	07.07.20 / 09:57
Date/Time Received	07.07.20 / 15:08
Requested By	Mr Khaver Qureshi
GP Practice	40121
Date/Time Reported	07.07.20 / 21:17
Details	routine pre procedure sc....

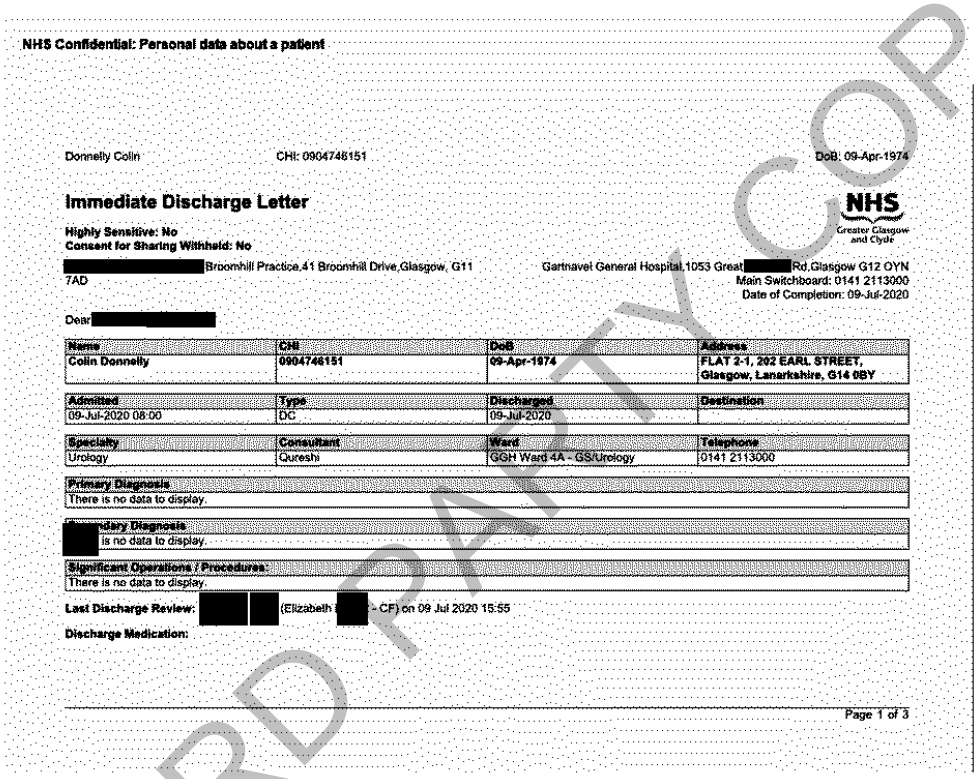
Results

2019 NCoV - Authorised on 07.07.20 at 21:12

2019 NCoV	Not detected

Comments:
Tests NOT included in UKAS Accreditation (9319) Scope.
This is a THROAT and NOSE SWAB sample.

End of Report



NHS Confidential: Personal data about a patient

Donnelly Colin CHI: 0904746151 DoB: 09-Apr-1974

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

[redacted] Broomhill Practice,41 Broomhill Drive,Glasgow, G11 7AD

Gartnavel General Hospital,1053 Great[redacted]Rd,Glasgow G12 0YN
Main Switchboard: 0141 2113000
Date of Completion: 09-Jul-2020

Dear [redacted]

Name	CHI	DoB	Address
Colin Donnelly	0904746151	09-Apr-1974	FLAT 2-1, 202 EARL STREET, Glasgow, Lanarkshire, G14 0BY

Admitted	Type	Discharged	Destination
09-Jul-2020 08:00	DC	09-Jul-2020	

Specialty	Consultant	Ward	Telephone
Urology	Qureshi	GGH Ward 4A - GS/Urology	0141 2113000

Primary Diagnosis
There is no data to display.

[redacted]ndary Diagnosis
[redacted] is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: [redacted] (Elizabeth [redacted] - CF) on 09 Jul 2020 15:55

Discharge Medication:

Page 1 of 3

NHS Confidential: Personal data about a patient

[redacted] Colin CHI: 0904746151 DoB: 09-Apr-1974

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Co-codamol 30mg/500mg tablets	oral	2 tablets every six hours , Take 1-2 tablets every 4-6 hours as required for pain. Maximum 8 tablets in 24 hours.	Yes				Added

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

[redacted] Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:

Dear DR,

Mr Donnelly was briefly admitted to GGH, where he was to undergo a CT guided biopsy of the left kidney. Unfortunately, due to difficulties reaching the kidney during the procedure, no biopsies were obtained.

Post-procedurally there was evidence of a small apical pneumothorax. A CXR was repeated 2 hours post-procedure which [redacted] that the pneumothorax was not enlarging. Mr Donnelly had no evidence of respiratory distress or an oxygen requirement during his post-operative observation period.

Mr Donnelly has been reviewed on the ward Dr Sheridan (consultant radiologist) and it is felt that he is fit for home with some simple analgesia. He has been provided with worsening advice regarding his small, but resolving pneumothorax.

Page 2 of 3

NHS Confidential: Personal data about a patient

[redacted] Colin CHI: 0904746151 DoB: 09-Apr-1974

	F/u is to be arranged. Kind regards, Elizabeth Moss FY2
Follow Up:	Yes as above
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Elizabeth [redacted]

Prescription Review
Checked by: [redacted] Brannan (Staff Nurse)
Discharged by: [redacted] Brannan (Staff Nurse)

Page 3 of 3

Donnelly Colin CHI: 0904746151

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Main Switchboard:
Department: UROLOGY
Contact Tel: 0141-211-0128
Enquiries to: Janice.Craven@ggc.scot.nhs.uk

Letter Date: 19/08/2020
Reference: KQ/JC
Dictated Date: 19/08/2020
Transcribed Date: 20/08/2020

Dr. AJ Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr. AJ [redacted]

Colin Donnelly; D.O.B: 09 Apr 1974; CHI: 0904746151
FLAT 2-1, 202 EARL STREET, Glasgow, Lanarkshire, G14 0BY

Attendance: Specialty - Urology; Clinic - GGKQUR5-MR QURESHI/MR OADES JOINT RENAL WED AM
Date and Time of Appointment - 19/08/2020 10:40

Clinical Comments:
Diagnosis - 1) Left renal abnormality

2) Failed left percutaneous renal biopsy

3) Multilobulated cystic lesion affecting the posterior superior aspect of the body of the pancreas

Outcome - 1) For repeat percutaneous left renal biopsy at the QEUH

2) Referral letter back to Nigel Jamieson in relation to organising further endoscopic ultrasound

I reviewed our mutual patient today as part of a telephone clinic consultation process and I have suggested that he requires a repeat percutaneous left renal biopsy for treatment. He has agreed to have this done at the QEUH rather than at Gartnavel. I have organised bloods for him to have this performed and at the same time I have copied this letter to Nigel Jamieson so that he can organise a further endoscopic ultrasound for the assessment of his pancreatic lesion. Mr Donnelly has stated that he will attend for both procedures. He will be reviewed in due course.

Kind regards,

Yours sincerely

Khaver Qureshi

Consultant Urologist

Electronically Signed: ,

cc. (By e-mail)
Dr [redacted] Alcorn/Amit [redacted]
Consultant Interventional Radiologist
Department of Radiology
GGH

(By e-mail)
Mr Nigel Jamieson
Clinical Senior Lecturer in General Surgery & Honorary Pancreatic Surgeon
Department of General Surgery
GLASGOW ROYAL INFIRMARY
[redacted] Parade
GLASGOW
G31 2ER

NHS Confidential: Personal data about a patient

Covid19 Report

Patient Details

Surname	DONNELLY
Forename	COLIN
CHI	0904746151
Date of birth	09.04.1974
Sex	Male
Address	FLAT 2-1 202 EARL STREET GLASGOW LANARKSH G14 0BY

Specimen Details

Specimen Number	V.20.0599198.L
Specimen Type	THROAT AND NOSE SWAB
Date/Time Collected	03.09.20 / 09:56
Date/Time Received	04.09.20 / 11:28
Requested By	Mr Khaver Qureshi
GP Practice	40121
Date/Time Reported	04.09.20 / 16:42
Details	pre-op check

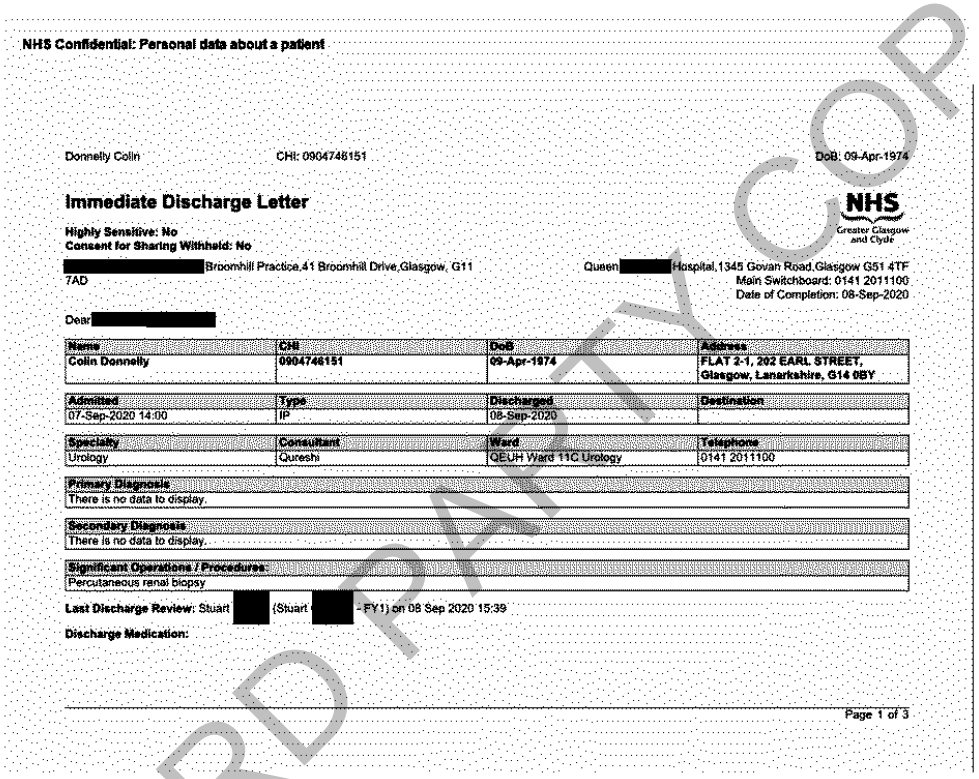
Results

2019 NCoV - Authorised on 04.09.20 at 16:41

2019 NCoV	Not detected

Comments:
Tests NOT included in UKAS Accreditation (9319) Scope.
This is a THROAT and NOSE SWAB sample.

End of Report



NHS Confidential: Personal data about a patient

Donnelly Colin CHI: 0904746151 DoB: 09-Apr-1974

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

[redacted] Broomhill Practice,41 Broomhill Drive,Glasgow, G11 7AD

Queen [redacted] Hospital,1345 Govan Road,Glasgow G51 4TF
Main Switchboard: 0141 2011100
Date of Completion: 08-Sep-2020

Dear [redacted]

Name	CHI	DoB	Address
Colin Donnelly	0904746151	09-Apr-1974	FLAT 2-1, 202 EARL STREET, Glasgow, Lanarkshire, G14 0BY

Admitted	Type	Discharged	Destination
07-Sep-2020 14:00	IP	08-Sep-2020	

Specialty	Consultant	Ward	Telephone
Urology	Qureshi	QEUH Ward 11C Urology	0141 2011100

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
Percutaneous renal biopsy

Last Discharge Review: Stuart [redacted] (Stuart [redacted] - FY1) on 08 Sep 2020 15:39

Discharge Medication:

Page 1 of 3

NHS Confidential: Personal data about a patient

Donnelly Colin CHI: 0904746151 DoB: 09-Apr-1974

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Paracetamol 500mg tablets	oral	2 tablets four times daily when required	Yes				Added

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments

There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2020-09-08	Co-codamol 30mg/500mg tablets	oral	2 tablets every six hours . Take 1-2 tablets every 4-6 hours as required for pain. Maximum 8 tablets in 24 hours.		Stopped Before Admission

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:

Dear GP,

Procedure: percutaneous renal biopsy
Indication: left renal mass
Follow up: Mr Qureshi (urology) will arrange
Medication changes: none. Given paracetamol PRN as inpatient.

NHS Confidential: Personal data about a patient

Donnelly Colin CHI: 0904746151 DoB: 09-Apr-1974

	Mr Donnelly was admitted for a percutaneous renal biopsy on the 7/9/2020. This was performed under ultrasound guidance on the 08/09 by interventional radiology. Three 18-gauge cores were taken from the mass via left superolateral approach to be kidney. Biopsy tract was below the pleural reflection. He recovered well on the ward and is medically fit for discharge. Histology is awaited. The urology team will contact Mr Donnelly with regards to further appointments. Yours sincerely, Dr [redacted] FY1 11c urology QEUH
Follow Up:	Yes Mr Qureshi to arrange follow up as needed.
Results Awaited:	Yes Histology is awaited.
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Stuart Gibson

Prescription Review
Checked by: [redacted] McGroarty (staff nurse)
Discharged by: [redacted] McGroarty (staff nurse)

Page 3 of 3

NHS Confidential: Personal data about a patient

Covid19 Report

Patient Details

Surname	DONNELLY
Forename	COLIN
CHI	0904746151
Date of birth	09.04.1974
Sex	Male
Address	FLAT 2-1 202 EARL STREET GLASGOW LANARKSH G14 0BY

Specimen Details

Specimen Number	V.20.0758990.V
Specimen Type	THROAT AND NOSE SWAB
Date/Time Collected	26.09.20 / 10:00
Date/Time Received	26.09.20 / 14:59
Requested By	Generic Clin Consult
GP Practice	40121
Date/Time Reported	27.09.20 / 12:02
Details	pre scope

Results

2019 NCoV - Authorised on 27.09.20 at 11:58

2019 NCoV	Not detected

Comments:
Tests NOT included in UKAS Accreditation (9319) Scope.
This is a THROAT and NOSE SWAB sample.

End of Report

NHS Confidential: Personal data [redacted] a patient

NHS Greater Glasgow and Clyde

ENDOSCOPIC ULTRASOUND (HPB) REPORT

Name: **Colin DONNELLY (M)**
Date of birth: **09/04/1974**
CHI No: **0904746151**
Case note no.: **0904746151**

Address: **Flat 2-1**
202 Earl Street
Glasgow
Lanarkshire
G14 0BY

GP: [redacted]
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Procedure date: **29th September 2020 (16:10)**
Priority: **Elective**
Status: **Outpatient/NHS**
Hospital: **GRI**
Referring Cons: **Mr Qureshi (Urology)**

Indications
CT imaging revealed pancreatic mass.

Report
Visualisation: The biliary system was not visualised but the whole pancreatic system was.
There were no peri-operative complications.

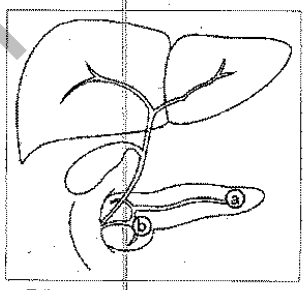
Diagnosis
PANCREAS. Pseudocyst.

Advice/comments
Referral from Urology. Under work up for renal lesion. Noted biopsied at start of the month and due to attend clinic tomorrow to discuss results. CT imaging has demonstrated cystic lesion tail of pancreas. EUS arranged for further assessment.
EUS - the entire pancreatic parenchyma is abnormal in keeping with minimal change / early chronic pancreatitis. There is a solid / cystic lesion measuring 22mm arising in the pancreatic tail. No clear communication with the PD. It does NOT enhance with Sonovue. Appearances in keeping with a pseudocyst / inflammatory lesion. No need to aspirate.
Summary - chronic pancreatitis (min change) with pseudocyst. No follow up of this lesion is required. Patient should abstain from alcohol and smoking.

Consultant/Endoscopist
Dr Lyn [redacted]

Instrument
SCANTRACK

Premedication
Fentanyl (IV) 75 mcg
Midazolam (IV) 4 mg
Xylocaine (Spray) 100 mg



a: *Tail*
b: *Head*

Dr Lyn [redacted]
Consultant Gastroenterologist
c.c. Mr Qureshi (Urology)
Donnelly, Colin

NHS Confidential: Personal data about a patient

Donnelly Colin CHI: 0904746151

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Main Switchboard:
Department: UROLOGY
Contact Tel: 0141-211-0128
Enquiries to: Janice.Craven@ggc.scot.nhs.uk

Letter Date: 30/09/2020
Reference: KQ/JC
Dictated Date: 30/09/2020
Transcribed Date: 05/10/2020

Dr. AJ Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr. AJ [redacted]

Colin Donnelly; D.O.B: 09 Apr 1974; CHI: 0904746151
FLAT 2-1, 202 EARL STREET, Glasgow, Lanarkshire, G14 0BY

Attendance: Specialty - Urology; Clinic - GGKQUR5-MR QURESHI/MR OADES JOINT RENAL WED AM
Date and Time of Appointment - 30/09/2020 09:20

Clinical Comments:
Diagnosis - 1) Left papillary renal cell carcinoma

2) Multilobulated cystic pancreatic lesion

Outcome - 1) Patient to discuss options of either open partial nephrectomy or total laparoscopic nephrectomy

2) Face-to-face clinic appointment on 21 October 2020

3) For communication to Pancreatic team regarding follow-up of pancreatic lesion

I reviewed our mutual patient today as part of a telephone clinic consultation process. I explained to him his pathology that he has a papillary renal cell carcinoma. Options are either a difficult open partial nephrectomy or total laparoscopic nephrectomy. I have explained the options and the pro's and cons to Mr Donnelly. It is quite sensible that he wants to think about this. I have thus sent information about both procedures through the post and will plan to see him again in 3 weeks time for his decision. In addition to this, I have copied this letter to Mr Nigel Jamieson at the Glasgow Royal Infirmary so that we can organise follow-up of his pancreatic lesion.

Kind regards,

Yours sincerely

Khaver Qureshi

Consultant Urologist

Electronically Signed: ,

cc. (By e-mail)
Mr Nigel Jamieson
Clinical Senior Lecturer in General Surgery & Honorary Pancreatic Surgeon
Department of General Surgery
GLASGOW ROYAL INFIRMARY
[redacted] Parade
GLASGOW
G31 2ER

Donnelly Colin CHI: 0904746151

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: Urology
Contact Tel: 0141 211 0128
Enquiries to: Janice.Craven@ggc.scot.nhs.uk

Letter Date: 09/11/2020
Reference: KQ/LW
Dictated Date: 28/10/2020
Transcribed Date: 28/10/2020

Dr. AJ Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Doctor,

Colin Donnelly; D.O.B: 09/04/1974; CHI: 0904746151
FLAT 2-1, 202 EARL STREET, Glasgow, Lanarkshire, G14 0BY

Diagnosis:

1. Pancreatic pseudocyst.

2. Left T1a N0M0 papillary cell renal cell carcinoma .

Outcome:

1. For left total laparoscopic nephrectomy.

I reviewed our mutual patient today. He has gone through the options of either an open partial nephrectomy or a left total laparoscopic nephrectomy. He has opted for the latter, he is aware of the risks of bleeding, infection, conversion to an open operation, life threatening complications and death.

He has been fully informed, I obtained his verbal consent and he has been listed accordingly. He already had written information which was provided at his last consultation.

Kind Regards,

Yours Sincerely.

Khaver Qureshi

Consultant Urological Surgeon

Electronically Signed: Dr Khaver Qureshi, Consultant

cc. Gillian Mawston
Urology MDT Co-ordinator
Urology
GGH
Glasgow
(Emailed)

MDT Patient Summary

WoS Regional Renal-Oncology MDT

NHS Greater Glasgow and Clyde

CHI: 0904746151 **Patient:** Colin Donnelly **DOB:** 09/04/1974

Definitive Diagnosis:

Date of Definitive Diagnosis: 08/09/2020

Preliminary Diagnosis:

Date of Preliminary Diagnosis:

Type:

WHO/ECOG:

Grade At Diagnosis

Grading Date:	Grade Type:	Grade:

TNM

Staging Date	T	N	M	Comments

Clinical Notes

MDT Details	Referral Notes	Meeting Notes
19/11/2020 WoS Regional Renal-Oncology MDT Qureshi Khaver renal - new case	On waiting list for left lap. Not booked 10/11/20	Imaging: Left renal mass. Pancreatic abnormality. Diagnosis/staging: T1a N0 Mx (July 2020) Recommendation: • Optimal (usual) recommendation as it would be if services operating as business as usual: For updated CT CAP. For open partial nephrectomy or left laparoscopic nephrectomy. • In light of current pandemic the MDT recommends following on basis of emergency guidelines and modified risk/benefit analyses: As above (no change). • In line with National NHS risk stratification this patient is category: 3 Appointments: Already on surgical waiting list.

Date Printed: 19/11/2020 14:33:44

17/12/2020 surgery bkd 24/11/20 __

WoS Regional Renal Oncology MDT

__

renal - post-surgical

NHS Greater Glasgow & Clyde
Acute Services Division

Date Printed: 19/11/2020

Private & Confidential

Dr [redacted] Marshall
41 Broomhill Drive
Glasgow
G11 7AD

[redacted] Agarwal
0141 531 3716
gg-uhb.mdtrenaloncwos@nhs.net
www.nhsgg.org.uk

Dear Dr [redacted]

The case described herein was discussed at the MDT meeting. Please find details below:

Name: Colin Donnelly **CHI:** 0904746151 **CRN:**
Address: Flat 2-1, 202 Earl Street, Lanarkshire, G14 0BY

Consultant: Qureshi Khaver
MDT Meeting: WoS Regional Renal-Oncology MDT

Date of MDT Review: 19/11/2020
Reason for Referral: renal - new case
Outcome of MDT Review:

Imaging: Left renal mass. Pancreatic abnormality.

Diagnosis/staging: T1a N0 Mx (July 2020)

Recommendation:
• Optimal (usual) recommendation as it would be if services operating as business as usual: For updated CT CAP. For open partial nephrectomy or left laparoscopic nephrectomy.
• In light of current pandemic the MDT recommends following on basis of emergency guidelines and modified risk/benefit analyses: As above (no change).
• In line with National NHS risk stratification this patient is category: 3

Appointments: Already on surgical waiting list.

For further information please contact [redacted] Agarwal.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

NHS Greater Glasgow & Clyde
Acute Services Division

Date Printed: 19/11/2020

For further information please contact [redacted] Agarwal.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**6198971**	Receive Date:	**27-Nov-2020 18:27**
Patient's Name:	**Colin Donnelly**		
Date of birth:	**9-Apr-1974 (46 years)**	Gender:	**M**
Address:	**2/1** **202 Earl Street** **Glasgow** **G14 0BY**	Current Address:	**2/1** **202 Earl Street** **Glasgow** **G14 0BY**
Return Contact No:			
Tel No:	**07494 928004**		**07494 928004**
Mobile No:			
Priority:	**Pr 2 Within 2 hrs**	Call Origin:	
Received:	**27-Nov-2020 18:27**	Calltype:	**PCEC Within 2 Hrs**
Advised:	**18:34**	Arrived PCC:	**27-Nov-2020 19:35**
Cons start:	**27-Nov-2020 19:49**	Cons End:	**27-Nov-2020 20:26**
Consulting Doctor:	**Atul Mishra**	Own doctor:	**AJ** [redacted]

CHI Number:
0904746151

NHSD details:

Receptionist:
LOWER BACK PAIN - 2 DAYS.
PCC3 PCEC within 2 Hrs
Clinical summary created by: St[redacted] Irvine (Call Taker Si) () [27/11/2020 18:34:42]
Reason for call: LOWER BACK PAIN - 2 DAYS. DIAGNOSED WITH CANCER 4-6 MONTHS AGO. ALCOHOLIC. DUE TO GO IN FOR OPERATION TO GET KIDNEY REMOVED AT END OF JANUARY. HAS NO PAIN RELIEF. NO COVID SYMPTOMS. Confirmed Symptom(s): Cancer related pain relief enquiry 27:11:2020 18:33:59 IRVINES.. STRUGGLING [redacted]ANAGE PAIN. TRYING TO AVOID TAKING ALCOHOL. PAIN HAS NOW INCREASED IN SEVERITY. SCN D AMPHLETT. PCEC 2 HRS. HUB TO ARRANGE.. Outcome: PCEC within 2 Hrs

Consultation details:
History - **Background of ETOH excess and Left Renal Carcinoma. Awaiting Nephrectomy in January. Main issue is Left Flank pain. Says trying to**

cut down on drinking and has started to notice pain more. says Paracetamol and Ibuprofen not helping much with pain. has also tried OTC Co-Codamol but not much benefit from this. Worried about taking opioid analgesia as works as Crane Slinger and gets Drug and alcohol tested. Says never drinks before job so when breathalysed passes test.

Opening bowels normall, no vomiting, says urine is dark but no dysuria.

Social Hx/ Alcoholism, says currently drinking 4 pint cans of [redacted] daily, 84 units weekly. Previously known to CAT team and on Acamprosate but has relapsed 8 months ago due to "family issues". [redacted] Partner, Smokes 15 roll ups daily. Denies illicit drugs.

Examination - Alert and undistressed, smells of alcohol, not visibly inebriated.

Temp 36.4C

A;Own
B; O2 sat 97%RA
C: Hr 97bpm regular, BP 120/83mmHg

Abdomen Soft, Tender to palpation left flank, no guarding

Urinalysis Blood 1+, nil else

Diagnosis - ? related to Cancer. Left Renal pain. No signs of infection, not severely distressed and no radiation so unlikel to be renal colic.

Treatment - Advised to avoid Ibuprofen as heavy drinker and has renal cancer. Says no benefit from 8/500 Co-codamol. Says only takes one due to his weight under 50kg.

Try Co-Codamol 30/500 1 tablet QDS. Can only take one as underweight. Advised not to mix with PCM or weaker Co-codamol.

Advised of sideffects including constipation, nausea. Should get laxatives if constipated as pt says doesn't think he needs them now. Pt doesn't drive. Shouldn't work if sedated. I advised will show up in work drugs test as opioid but if evidence that taking for medical reason then should be okay. Please could GP follow up with CAT Tteam if pt willing to engage and cut down on ETOH.

Co-Codamol 30/500 2 tablets dispensed from Stobhill OOH supply

BN 9NG631
Exp 09/2022

Prescriptions:

Co-codamol 30mg/500mg capsules 1 capsule - every 6 hours - oral - Maximum dose 4 doses DAILY 10.00

Followups:
GP Follow Up - Advised to call back NHS 24 if not settling or to dial 999 if suddenly deteriorates

Clinical Codes:
R090. [D]Abdominal pain

Donnelly Colin CHI: 0904746151

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: Urology
Contact Tel: 0141 451 6004
Enquiries to: [redacted]mclauchlan@ggc.scot.nhs.uk
Letter Date: 29/12/2020
Reference: JHLW
Dictated Date: 16/12/2020
Transcribed Date: 24/12/2020

Dr. AJ Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Doctor,

Colin Donnelly; D.O.B: 09/04/1974; CHI: 0904746151
FLAT 2-1, 202 EARL STREET, Glasgow, Lanarkshire, G14 0BY

Diagnosis:

Left T1a N0M0 papillary cell renal cell carcinoma.

Patient postponed surgery after confirming wished left laparoscopic nephrectomy.

Multilobulated cystic pancreatic lesions, been defaulting clinic appointments.

Outcome:

Telephone clinic mid February after CT chest, abdomen and pelvis.

This gentleman has been quite difficult to contact. He first had his kidney biopsied in September of this year which showed a papillary cell carcinoma. He was given the options of open partial nephrectomy or left laparoscopic total nephrectomy.

I phoned him today given that he had postponed his surgery, he tells me due to personal commitments. On the phone he was a bit confused as to the options of laparoscopic total nephrectomy or open partial nephrectomy. His imaging is somewhat outdated from back in July when he had his biopsy therefore I have requested a repeat CT chest abdomen and pelvis.

He does not wish his surgery despite it being for cancer, until around March time. I have arranged a telephone assessment for mid February by which time I hope he will have had his scan.

Yours Sincerely.

Donnelly Colin CHI: 0904746151 GCL 16/12/2020 v1

[redacted] Hendry

Consultant Urologist.

Electronically Signed: Miss [redacted] Hendry, Consultant

cc.

NHS Confidential: Personal data about a patient

OFFICIAL

Glasgow City HSCP
Health and Social Care Partnership

Interim Chief Officer
Susanne Millar
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
North West Alcohol & Drug Recovery Service
Possilpark Health & Care Centre
99 Saracen Street
Glasgow
G22 5AP

www.glasgow.gov.uk
www.nhsggc.org.uk

Direct Line: 0141 800 0670
Ref: NWADRS/ACCESS/0904746151
Date: 26th January 2021

Colin Donnelly
Flat 1/1
47 Hyndland Street
Glasgow
G11 5QF

Dear Colin

Re: Referral Acknowledgement Letter

We are writing to acknowledge you have been referred to the Alcohol & Drugs Recovery Services (ADRS) for Assessment. Our usual full range of services have been suspended due to the COVID-19 outbreak and the need for us to adhere to Government advice and guidance with regard to limiting the spread of the coronavirus.

We have a team of staff providing telephone services in the first instance and as a result of this our initial contact with you will be by telephone. You can contact the service yourself on the above contact number where you can leave your contact details and we will return your call on the same day. Please keep your phone available as contact will be made from a withheld number. Please answer as we will be unable to follow up with a home visit initially.

Please do not present at our offices, both Possilpark H&CC site and Hecla site of North West Alcohol and Drugs Recovery Services are closed and all operational staff are based within the Woodside Health Centre but there is NO PUBLIC ACCESS

If you are invited to the office for a consultation then you should enter at the Garscube Road/Hinshaw Street entrance.

In order to discuss how we can best assist you during this very challenging period then we want to talk to you about how we do this at the very earliest opportunity.

Staff are responding to referrals on a daily basis and where you have provided a contact number we will make contact with you therefore there is no need for you to call us.

We have attached a list of helpline numbers on the back of this letter. You may wish to use these at this time.

There are a number of supports we can offer over the phone and we look forward to discussing these with you.

Yours sincerely
NW ADRS Management Team

Copied to Referrer: Dr [redacted] Broomhill Practice, 41 Broomhill Drive, Glasgow, G11 7AD

Donnelly Colin CHI: 0904746151

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Urology
0141 451 6004
Kirsteen.McLauchlan@ggc.scot.nhs.uk

Dr. AJ Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 24/02/2021
Reference: JH/IS
Dictated Date: 24/02/2021
Transcribed Date: 15/03/2021

Dear Dr. AJ [redacted]

Colin Donnelly; D.O.B: 09 Apr 1974; CHI: 0904746151
FLAT 1-1, 47 HYNDLAND ST, Glasgow, Lanarkshire, G11 5QF

Attendance: Specialty - Urology; Clinic - GGJHUR5-J HENDRY URO WED AM
Date and Time of Appointment - 24/02/2021 10:45

Follow Up: Open partial nephrectomy Cat 3 likely end of March 2021

Clinical Comments:
Diagnosis:

1. T1a N0 M0 left renal lesion

2. Patient has been considering options for some time due to COVID and indecision

Outcome:

1. For left open partial nephrectomy Category 3 likely dating end of March

I phoned this gentleman regarding his ongoing lesion within his left kidney. He has had an up to date scan and this confirms that it is still a T1a lesion. He has previously swithered between lap total and open partial. He also today tried to suggest he would go down the route of surveillance and I have explained to a 46 year old man it is reasonable to attempt an open partial nephrectomy to preserve has many nephrons as he can and to get on and get it done. He seems happy enough with this and we will do it probably at the end of March.

Yours sincerely

[redacted] Hendry

Consultant Urological Surgeon

Electronically Signed: Miss [redacted] Hendry, Consultant

cc.

Covid19 Report

Patient Details

Surname	DONNELLY
Forename	COLIN
CHI	0904746151
Date of birth	09.04.1974
Sex	Male
Address	FLAT 1-1 47 HYNDLAND ST GLASGOW LANARKSH G11 5QF

Specimen Details

Specimen Number	V.21.2116536.Q
Specimen Type	THROAT AND NOSE SWAB
Date/Time Collected	06.04.21 / 06:46
Date/Time Received	06.04.21 / 15:52
Requested By	Mr Grenville Oades
GP Practice	40121
Date/Time Reported	07.04.21 / 08:07
Details	pre op

Results

2019 NCoV - Authorised on 07.04.21 at 08:06

2019 NCoV	Not detected

Comments:
The laboratory will discard negative SARS-CoV-2 PCR specimens after one week.
Tests NOT included in UKAS Accreditation (9319) Scope.
This is a THROAT and NOSE SWAB sample.

End of Report

NHS Confidential: Personal data about a patient

Covid19 Report

Patient Details

Surname	DONNELLY
Forename	COLIN
CHI	0904746151
Date of birth	09.04.1974
Sex	Male
Address	FLAT 1-1 47 HYNDLAND ST GLASGOW LANARKSH G11 5QF

Specimen Details

Specimen Number	V.21.2124668.D
Specimen Type	THROAT AND NOSE SWAB
Date/Time Collected	12.04.21 / 13:57
Date/Time Received	12.04.21 / 21:03
Requested By	Mr Grenville Oades
GP Practice	40121
Date/Time Reported	13.04.21 / 16:12
Details	routine

Results

2019 NCoV - Authorised on 13.04.21 at 16:10

2019 NCoV	Not detected

Comments:
The laboratory will discard negative SARS-CoV-2 PCR specimens after one week.
Tests NOT included in UKAS Accreditation (9319) Scope.
This is a THROAT and NOSE SWAB sample.

End of Report

NHS Confidential: Personal data about a patient

Donnelly Colin CHI: 0904746151 DoB: 09-Apr-1974

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

[redacted] Broomhill Practice,41 Broomhill Drive,Glasgow, G11 7AD

Main Switchboard:
Date of Completion: 13-Apr-2021

Dear ANDREW [redacted]

Name	CHI	DoB	Address
Colin Donnelly	0904746151	09-Apr-1974	FLAT 1-1, 47 HYNDLAND ST, Glasgow, Lanarkshire, G11 5QF

Admitted	Type	Discharged	Destination
09-Apr-2021 07:14	IP	13-Apr-2021	

Specialty	Consultant	Ward	Telephone
Urology	Oades	QEUH Ward 11C Urology	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Daniel Dolan (Daniel [redacted] - FY1) on 13 Apr 2021 12:41

Discharge Medication:

Page 1 of 4

NHS Confidential: Personal data about a patient

Donnelly Colin CHI: 0904746151 DoB: 09-Apr-1974

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily , Stop when pain controlled, continue with paracetamol until pain under control	No	Patient's own supply			Added
Enoxaparin sod [redacted] solution for injection pre-filled syringes	[redacted]	1 pre-filled disposable injection once daily , Fixed Period 28 Day(s) from 09 Apr 2021	Yes		**Dispensing Details:** 10 syringes supplied - Inhixa brand		Added
Metoclopramide 10mg tablets	oral	1 tablet three times [redacted] when required , STOP WHEN BOWELS OPENING	Yes		**Dispensing Details:** 14x10mg tabs supplied		Added
Paracetamol 500mg tablets	oral	2 tablets four times [redacted]	No	Patient's own supply			Added

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments

Dispensed - AHenderson 13.04.2021
Checked - RDouglas 13.04.2021

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2021-04-09	Paracetamol 500mg tablets	oral	2 tablets four times daily when required		Course Completed

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor,

NHS Confidential: Personal data about a patient

Donnelly Colin CHI: 0904746151 DoB: 09-Apr-1974

	Mr Donnelly attended the QEUH on 09/04/2021 for a left open partial nephrectomy. He had had a T1a N0 M0 left renal tumour noted on CT in February of this year. His procedure went as planned, with no acute complications. He had a low grade fever day 2 post-operatively, and CRP climbed to >300. This settled without any antimicrobial treatment. Repeat CT abdo/pelvis was arranged to rule out any intraabdominal complications, it showed post-operative changes only with no evidence of infection. His bowels were slow to get going post-operatively and so he was kept on metoclopramide for a few days. No changes to regular medications. Follow up: - OPC with Mr Oades in 6/52 Best wishes, Dr Daniel Dolan FY1 Ward 11C QEUH
Discharge Comments:	
Follow Up:	Yes - OPC with Mr Oades in 6/52
Results Awaited:	Yes Awaiting pathology from nephrectomy
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Page 3 of 4

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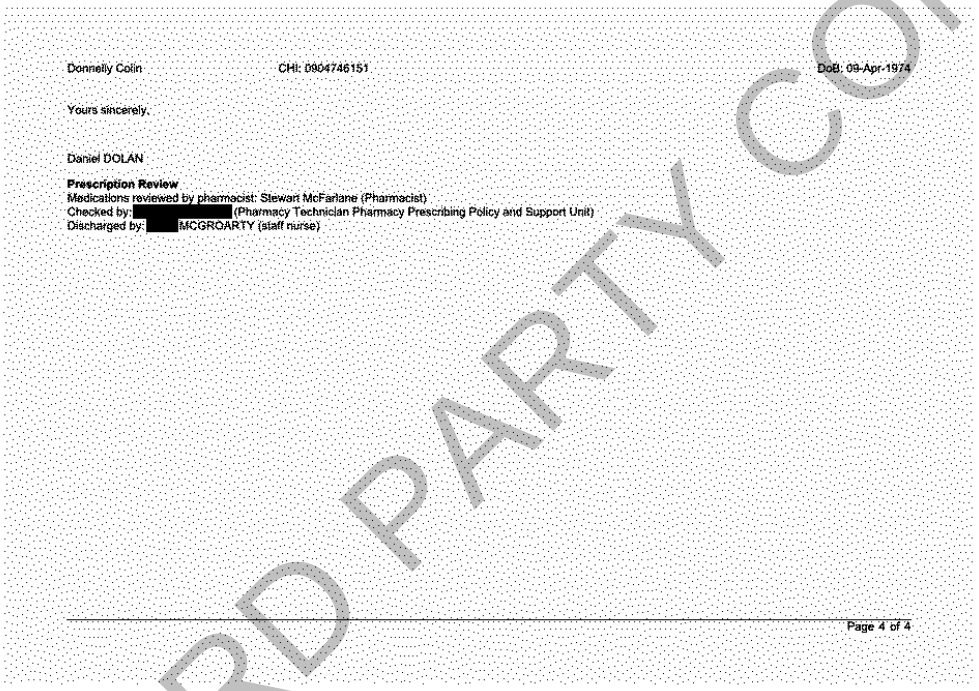


Donnelly Colin CHI: 0804746151 DoB: 09-Apr-1974

Yours sincerely,

Daniel DOLAN

Prescription Review
Medications reviewed by pharmacist: Stewart McFarlane (Pharmacist)
Checked by: [redacted] (Pharmacy Technician Pharmacy Prescribing Policy and Support Unit)
Discharged by: [redacted]MCGROARTY (staff nurse)

Page 4 of 4

NHS Greater Glasgow & Clyde
Acute Services Division

Date Printed: 29/04/2021

Private & Confidential

Dr [redacted]
41 Broomhill Drive
Glasgow
G11 7AD

[redacted] Agarwal
0141 531 3716
ggc.mdtrenaloncwos@nhs.scot
www.nhsgg.org.uk

Dear Dr [redacted]

The case described herein was discussed at the MDT meeting. Please find details below:

Name: Colin Donnelly **CHI:** 0904746151 **CRN:**
Address: Flat 2-1, 202 Earl Street, Lanarkshire, G14 0BY

Consultant: Qureshi Khaver
MDT Meeting: WoS Regional Renal-Oncology MDT

Date of MDT Review: 29/04/2021
Reason for Referral: renal - post-surgical
Outcome of MDT Review:

For further information please contact [redacted] Agarwal.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

NHS Greater Glasgow & Clyde
Acute Services Division

Date Printed: 29/04/2021

Pathology: Partial Nephrectomy 09.04.21 –
- Renal cell carcinoma present
- ISUP grade: 2
- Subtype: Papillary, type 1
- Perinephric fat invasion: not present
- Renal sinus fat invasion: not assessable
- Coagulative necrosis: present
- Sarcomatoid change: Not present
- Rhabdoid change: Not seen
- Microvascular invasion: not present
- Resection margin: Tumour lies very close to the resection margin in the main specimen, where marked with a suture (red ink). However, the separate specimen of lateral margin (B) comprises benign parenchyma. The resection is therefore regarded as being clear.
- pT1a pNx R0 (TNM 8)

Recommendation:
• Optimal (usual) recommendation as it would be if services operating as business as usual: Low risk RCC. For standard follow up.
• In light of current pandemic the MDT recommends following on basis of emergency guidelines and modified risk/benefit analyses: As above (no change).

Appointments: 02.06.21 with Mr Oades at Gartnavel Hospital

For further information please contact [redacted] Agarwal.

Please note that [redacted] clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

NHS Greater Glasgow & Clyde
Acute Services Division

Date Printed: 29/04/2021

For further information please contact [redacted] Agarwal.

Please [redacted] that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

MDT Patient Summary

WoS Regional Renal-Oncology MDT

NHS Greater Glasgow and Clyde

CHI: 0904746151 **Patient:** Colin Donnelly **DOB:** 09/04/1974

Definitive Diagnosis:

Date of Definitive Diagnosis: 08/09/2020

Preliminary Diagnosis:

Date of Preliminary Diagnosis:

Type:

WHO/ECOG:

Grade At Diagnosis

Grading Date:	Grade Type:	Grade:

TNM

Staging Date	T	N	M	Comments

Clinical Notes

MDT Details	Referral Notes	Meeting Notes
19/11/2020 WoS Regional Renal-Oncology MDT Qureshi Khaver renal - new case	On waiting list for left lap. Not booked 10/11/20	Imaging: Left renal mass. Pancreatic abnormality. Diagnosis/staging: T1a N0 Mx (July 2020) Recommendation: • Optimal (usual) recommendation as it would be if services operating as business as usual: For updated CT CAP. For open partial nephrectomy or left laparoscopic nephrectomy. • In light of current pandemic the MDT recommends following on basis of emergency guidelines and modified risk/benefit analyses: As above (no change). • In line with National NHS risk stratification this patient is category: 3 Appointments: Already on surgical waiting list.

Date Printed: 29/04/2021 13:33:05

29/04/2021 WoS Regional Renal Oncology MDT Qureshi Khaver renal · post surgical	Pt unavailable for surgery until late JAN 2021 Surgery bkd 9/4/21.	Pathology: Partial Nephrectomy 09.04.21 – - Renal cell carcinoma present - ISUP grade: 2 - Subtype: Papillary, type 1 - Perinephric fat invasion: not present - Renal sinus fat invasion: not assessable - Coagulative necrosis: present - Sarcomatoid change: Not present - Rhabdoid change: Not seen - Microvascular invasion: not present - Resection margin: Tumour lies very close to the resection margin in the main specimen, where marked with a suture (red ink). However, the separate specimen of lateral margin (B) comprises benign parenchyma. The resection is therefore regarded as being clear. - pT1a pNx R0 (TNM 8) Recommendation: • Optimal (usual) recommendation as it would be if services operating as business as usual: Low risk RCC. For standard follow up. • In light of current pandemic the MDT recommends following on basis of emergency guidelines and modified risk/benefit analyses: As above (no change). Appointments: 02.06.21 with Mr Oades at Gartnavel Hospital

NHS Confidential: Personal data about a patient

Donnelly Colin CHI: 0904746151

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. AJ Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Main Switchboard:	
Department:	Urology
Contact Tel:	0141 451 6004
Enquiries to:	[redacted] McLauchlan@ggc.scot.nhs.uk
Letter Date:	02/06/2021
Reference:	JH/NM
Dictated Date:	02/06/2021
Transcribed Date:	14/06/2021

Dear Dr. AJ [redacted]

Colin Donnelly; D.O.B: 09 Apr 1974; CHI: 0904746151
FLAT 1-1, 47 HYNDLAND STREET, Glasgow, Lanarkshire, G11 5QF

Attendance: Specialty - Urology; Clinic - GGGOUR5-MR OADES RENAL WED AM
Date and Time of Appointment - 02/06/2021 12:00

Clinical Comments:
Diagnosis:

ISUP grade 2 pT1a papillary type 1 RCC - partial nephrectomy April 2021

Cystic lesion on pancreas improved on last CT

Outcome: For CT chest, abdomen and pelvis April 2022 with telephone clinic thereafter

This 47 year old gentleman is recovering well from his open partial nephrectomy. He tells me his wounds have healed well and his pathology is reassuring with a negative resection margin. I have explained to him that that is his disease all out but we scan him in a year's time as part of low risk surveillance with a CT chest, abdomen and pelvis in April 2022.

Of note, he was previously discussed with the Pancreatic Team for a complex cystic area within the pancreas. Mr Jamieson at that time felt that this was low risk and had advised that we just keep this under review when we were monitoring his lesion prior to partial nephrectomy. His last CT scan prior to his partial nephrectomy showed this area had got a bit smaller and I have asked on his surveillance CT that the radiologist comments on this area. If this has changed in any way then we will get back in touch with the Pancreatic Team.

Yours sincerely,

Donnelly Colin CHI: 0904746151 OPCL 02/06/2021 v1

Miss [redacted] Hendry

Consultant Urologist

Electronically Signed: Miss [redacted] Hendry, Consultant

cc.

GP Links Microbiology Report

Patient Details

Surname	DONNELLY
Forename	COLIN
CHI	0904746151
Date of birth	09.04.1974
Address	1-1 47 hyndland street Glasgow G11 5QF

Specimen Details

Specimen Number	M.21.5198750.Z
Specimen Type	Mid Stream Urine
Date/Time Collected	13.10.21 / 15:53
Date/Time Received	14.10.21 / 11:45
Requested By	Dr [redacted] Main
GP Practice	40121
Date/Time Reported	15.10.21 / 08:42

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 Helen Main Order No:IS15989329
LOCATION: Broomhill Pract Glasgow

RESULT: No significant growth

Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Automatic release by system
Date/Time authorised: 15.10.2021 08:37
** END OF REPORT **

NHS Confidential: Personal data about a patient

Lab Report ID : B,22.0784930.B
Filed By User :
Assigned to :
Coding Status : Part [redacted] Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (3656) Colin DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 1-1 47 hyndland street Glasgow

**** ABNORMAL ****

Report Text :

-left sided back pain sinc...
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count	**Y**				
White Blood Count		7.3	x10^9/l	(4.0-10.0 U)	NK
Red Cell Count	-	4.29	x10^12/l	(4.50-6.50 U)	NK
Haemoglobin		157	g/l	(130-180 U)	NK
Haematocrit		0.451	l/l	(0.400-0.540 U)	NK
Mean Cell Volume	+	105.1	fl	(83.0-101.0 U)	NK
MCH	+	36.6	pg	(27.0-32.0 U)	NK
Platelet Count		153	x10^9/l	(150-410 U)	NK
Neutrophils		4.2	x10^9/l	(2.0-7.0 U)	NK
Lymphocytes		1.9	x10^9/l	(1.1-5.0 U)	NK
Monocytes		1.0	x10^9/l	(0.2-1.0 U)	NK
Eosinophils		0.19	x10^9/l	(0.02-0.50 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK

Sample Collected Date : **17/02/2022 10:44:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **17/02/2022 12:09:00**
Received Date : **17/02/2022 15:00:36**
Requestor : [redacted] [redacted]
Requestor GMC Code :

NHS Confidential: Personal data about a patient

Lab Report ID : B,22.0784917.W
Filed By User :
Assigned to :
Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (3656) Colin DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 1-1 47 hyndland street Glasgow

**** ABNORMAL ****

Report Text :
-left sided back pain sinc...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Bone Profile	**Y**				
Calcium		2.35	mmol/L	(2.20-2.60 U)	NK
Calcium (adjusted)		2.34	mmol/L	(2.20-2.60 U)	NK
Phosphate	+	1.58	mmol/L	(0.80-1.50 U)	NK
Albumin		40	g/L	(35-50 U)	NK
Alkaline Phosphatase		92	U/L	(30-130 U)	NK
R Urea & Electrolytes					
Sodium		140	mmol/L	(133-146 U)	NK
Potassium		4.8	mmol/L	(3.5-5.3 U)	NK
Chloride		106	mmol/L	(95-108 U)	NK
Urea		6.0	mmol/L	(2.5-7.8 U)	NK
Creatinine		71	umol/L	(40-130 U)	NK
Estimated GFR		>60	ml/min	(>>60 U)	NK
R Liver Function Tests	**Y**				
Total Bilirubin		13	umol/L	(<<20 U)	NK
ALT	+	251	U/L	(<<50 U)	NK
AST	+	135	U/L	(<<40 U)	NK
Alkaline Phosphatase		92	U/L	(30-130 U)	NK
Albumin		40	g/L	(35-50 U)	NK

Sample Collected Date : **17/02/2022 10:44:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **17/02/2022 12:11:00**
Received Date : **17/02/2022 15:00:43**
Requestor : [redacted]
Requestor GMC Code :

GP Links Microbiology Report

Patient Details

Surname	DONNELLY
Forename	COLIN
CHI	0904746151
Date of birth	09.04.1974
Address	1-1 47 hyndland street Glasgow G11 5QF

Specimen Details

Specimen Number	M.22.5117155.D
Specimen Type	Mid Stream Urine
Date/Time Collected	17.02.22 / 10:50
Date/Time Received	17.02.22 / 12:25
Requested By	Dr [redacted]
GP Practice	40121
Date/Time Reported	18.02.22 / 08:42

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 Wendy Nixon Order No:IS16884704
LOCATION: Broomhill Pract Glasgow

RESULT: No growth

Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Automatic release by system
Date/Time authorised: 18.02.2022 08:40
** END OF REPORT **

NHS Confidential: Personal data about a patient

Lab Report ID : G516H38161465 **Coding Status** : Not Coded
Filed By User : **File Status** : Not Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (3656) Colin DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 1~1 47 hyndland street Glasgow
SPECIMEN : IMAGING

	Abn	Value	Units	Range	Status
R US Abdomen					
R US Abdomen					NK

I Click for HTML view

-Colin Donnelly
Clinical History :
papillary renal cell carcinoma ~
partial nephrectomy 2yr ago, has lost 3 stone in weight over two years, gets back/abdo pains since the op. Raised ALT/AST/MCV (previous heavier drinking but now up to 24 units/week). ?liver pathology

US Abdomen :

Echogenic liver suggesting fatty infiltration. No focal lesions seen.
Patent portal vein with a normal direction of flow.

Mildly thick walled
gallbladder shows a 3mm echogenic focus adherent to the wall, suggestive of an adherent gallstone or polyp. Undilated CBD.

Left kidney measures 10.
2cm and shows a reduction in cortical thickness at the midpole, suggestive of scarring/previous surgery. No focal lesions identified.

Normal
appearance of the pancreatic head(body and tail obscured by bowel gas), aorta, spleen and right kidney. No free fluid.

A.
Dubojski
Sonographer
RA47326

Reported by: [redacted] Dubojski (Sonographer)
Verified by: [redacted] Dubojski (Sonographer)

Sample Collected Date : **10/03/2022 09:49:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **10/03/2022 10:21:00**
Received Date : **10/03/2022 11:00:30**
Requestor : [redacted] **Dr** [redacted]
Requestor GMC Code :

NHS Confidential: Personal data about a patient

Lab Report ID : B,22.1060000.H
Filed By User :
Assigned to :

Coding Status : Part [redacted] Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (3656) Colin DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 1-1 47 hyndland street Glasgow

**** ABNORMAL ****

Report Text :
-back pains, weight loss
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full Blood Count	**Y**				
White Blood Count		7.8	x10^9/l	(4.0-10.0 U)	NK
Red Cell Count		4.64	x10^12/l	(4.50-6.50 U)	NK
Haemoglobin		165	g/l	(130-180 U)	NK
Haematocrit		0.475	l/l	(0.400-0.540 U)	NK
Mean Cell Volume	+	102.4	fl	(83.0-101.0 U)	NK
MCH	+	35.6	pg	(27.0-32.0 U)	NK
Platelet Count		258	x10^9/l	(150-410 U)	NK
Neutrophils		4.9	x10^9/l	(2.0-7.0 U)	NK
Lymphocytes		1.6	x10^9/l	(1.1-5.0 U)	NK
Monocytes		0.4	x10^9/l	(0.2-1.0 U)	NK
Eosinophils		0.07	x10^9/l	(0.02-0.50 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK
R ESR					
ESR		2	mm/hr	(0-10 U)	NK

Sample Collected Date : **07/04/2022 11:27:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **07/04/2022 16:18:00**
Received Date : **07/04/2022 19:00:46**
Requestor : [redacted] [redacted]
Requestor GMC Code :

NHS Confidential: Personal data about a patient

Lab Report ID : B,22.1062075.N
Filed By User :
Assigned to :
Coding Status : Part [redacted] Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : (3656) Colin DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 1-1 47 hyndland street Glasgow

**** ABNORMAL ****

Report Text :
-back pains, weight loss

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Bone Profile					
Calcium		2.30	mmol/L	(2.20-2.60 U)	NK
Calcium (adjusted)		2.23	mmol/L	(2.20-2.60 U)	NK
Phosphate		1.06	mmol/L	(0.80-1.50 U)	NK
Albumin		44	g/L	(35-50 U)	NK
Alkaline Phosphatase		109	U/L	(30-130 U)	NK
R Urea & Electrolytes	Y				
Sodium		143	mmol/L	(133-146 U)	NK
Potassium		4.3	mmol/L	(3.5-5.3 U)	NK
Chloride		102	mmol/L	(95-108 U)	NK
Urea	-	2.1	mmol/L	(2.5-7.8 U)	NK
Creatinine		72	umol/L	(40-130 U)	NK
Estimated GFR		>60	ml/min	(>>60 U)	NK
R Liver Function Tests	Y				
Total Bilirubin		9	umol/L	(<<20 U)	NK
ALT	+	82	U/L	(<<50 U)	NK
AST	+	77	U/L	(<<40 U)	NK
Alkaline Phosphatase		109	U/L	(30-130 U)	NK
Albumin		44	g/L	(35-50 U)	NK
R Thyroid funct test					
TSH		1.54	mU/L	(0.35-5.00 U)	NK
Free T4		11.6	pmol/L	(9.0-21.0 U)	NK
Total T3					NK

Sample Collected Date : **07/04/2022 11:27:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **07/04/2022 16:32:00**
Received Date : **08/04/2022 11:00:15**
Requestor : [redacted]
Requestor GMC Code :

NHS Confidential: Personal data about a patient

Lab Report ID : B,22.1062075.N **Coding Status** : Part [redacted] Coded
Filed By User : Mrs [redacted] MacLean **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (3656) Colin DONNELLY DOB : 09/04/1974 CHI : 0904746151 SEX : M
ADR : 1-1 47 hyndland street Glasgow

Report Version 1 of 2

**** ABNORMAL ****

Report Text :
-back pains, weight loss

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Bone Profile					
Calcium		2.30	mmol/L	(2.20-2.60 U)	NK
Calcium (adjusted)		2.23	mmol/L	(2.20-2.60 U)	NK
Phosphate		1.06	mmol/L	(0.80-1.50 U)	NK
Albumin		44	g/L	(35-50 U)	NK
Alkaline Phosphatase		109	U/L	(30-130 U)	NK
R Urea & Electrolytes	**Y**				
Sodium		143	mmol/L	(133-146 U)	NK
Potassium		4.3	mmol/L	(3.5-5.3 U)	NK
Chloride		102	mmol/L	(95-108 U)	NK
Urea	-	2.1	mmol/L	(2.5-7.8 U)	NK
Creatinine		72	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver Function Tests	**Y**				
Total Bilirubin		9	umol/L	(<<20 U)	NK
ALT	+	82	U/L	(<<50 U)	NK
AST	+	77	U/L	(<<40 U)	NK
Alkaline Phosphatase		109	U/L	(30-130 U)	NK
Albumin		44	g/L	(35-50 U)	NK
R Thyroid funct test					
TSH		1.54	mU/L	(0.35-5.00 U)	NK
Free T4		11.6	pmol/L	(9.0-21.0 U)	NK
Total T3					NK

Sample Collected Date : **07/04/2022 11:27:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **07/04/2022 16:32:00**
Received Date : **08/04/2022 11:00:15**
Requestor : [redacted]
Requestor GMC Code :

Report Version 2 of 2

**** ABNORMAL ****

Report Text :
-back pains, weight loss

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Bone Profile					
Calcium		2.30	mmol/L	(2.20-2.60 U)	NK
Calcium (adjusted)		2.23	mmol/L	(2.20-2.60 U)	NK
Phosphate		1.06	mmol/L	(0.80-1.50 U)	NK
Albumin		44	g/L	(35-50 U)	NK
Alkaline Phosphatase		109	U/L	(30-130 U)	NK
R Urea & Electrolytes	**Y**				
Sodium		143	mmol/L	(133-146 U)	NK
Potassium		4.3	mmol/L	(3.5-5.3 U)	NK
Chloride		102	mmol/L	(95-108 U)	NK
Urea	-	2.1	mmol/L	(2.5-7.8 U)	NK
Creatinine		72	umol/L	(40-130 U)	NK
Estimated GFR		>60	ml/min	(>>60 U)	NK
R Liver Function Tests	**Y**				
Total Bilirubin		9	umol/L	(<<20 U)	NK
ALT	+	82	U/L	(<<50 U)	NK
AST	+	77	U/L	(<<40 U)	NK
Alkaline Phosphatase		109	U/L	(30-130 U)	NK

NHS Confidential: Personal data about a patient

Albumin	44	g/L	(35-50 U)	NK
R Thyroid funct test				
TSH	1.54	mU/L	(0.35-5.00 U)	NK
Free T4	11.6	pmol/L	(9.0-21.0 U)	NK
Total T3				NK
R Protein EP & Igs				
-No paraprotein detected.				
-If screening for myeloma, suggest send urine for				
-electrophoresis (BJP) to complete screen.				
Total Protein	78	g/L	(60-80 U)	NK
Electrophoresis				NK
-No paraprotein detected				
[redacted] Paraprotein 1	NA			NK
Paraprotein 2	NA			NK
Paraprotein 3	NA			NK
IgG	8.3	g/L	(6.0-16.0 U)	NK
IgA	3.4	g/L	(0.8-4.0 U)	NK
IgM	0.65	g/L	(0.4-2.4 U)	NK

Sample Collected Date : **07/04/2022 11:27:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **07/04/2022 16:32:00**
Received Date : **08/04/2022 15:00:05**
Requestor : [redacted]
Requestor GMC Code :

NHS Confidential: Personal data about a patient

Donnelly Colin CHI: 0904746151

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Main Switchboard:
Department: Urology
Contact Tel: 0141 211 0128
Enquiries to: Janice.Craven@ggc.scot.nhs.uk

Letter Date: 08/06/2022
Reference: GO/IS
Dictated Date: 10/06/2022
Transcribed Date: 03/08/2022

Dr. AJ [redacted]
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr. AJ [redacted]

Colin Donnelly; D.O.B: 09 Apr 1974; CHI: 0904746151
FLAT 1-1, 47 HYNDLAND STREET, Glasgow, Lanarkshire, G11 5QF

Attendance: Specialty - Urology; Clinic - GGGOUR5-MR OADES RENAL WED AM
Date and Time of Appointment - 08/06/2022 09:30

Clinical Comments:
Diagnosis:

ISUP Grade 2 pT1a papillary type 1 renal cancer, treated with partial nephrectomy April 2021

Cystic lesion on pancreas - on surveillance

I had a telephone consultation with Mr Donnelly today. He remains well in himself. His weight has stabilised and I note his renal function has slightly improved. His last CT showed no evidence of recurrent disease. The lesion within his pancreas is unchanged.

I have booked an interval scan and we will keep him under review.

Kind regards.

Yours sincerely

Mr Gren Oades

Consultant Urological Surgeon

Electronically Signed: Mr Grenville Oades, Consultant

cc.

Donnelly Colin CHI: 0904746151

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Urology
Contact Tel: 01412110128
Enquiries to: catrin.lawton-westerland@ggc.scot.nhs.uk

Dr. AJ Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Letter Date: 14/06/2023
Reference: PD/JW
Dictated Date: 14/06/2023
Transcribed Date: 10/08/2023

Dear Dr. AJ [redacted]

Colin Donnelly; D.O.B: 09 Apr 1974; CHI: 0904746151
FLAT 1-1, 47 HYNDLAND STREET, Glasgow, Lanarkshire, G11 5QF

Attendance: Specialty - Urology; Clinic - GGGOUR5-MR OADES RENAL WED AM
Date and Time of Appointment - 14/06/2023 09:30

Follow Up: For repeat CT scan in December 2023; Telephone clinic appointment thereafter -- booked 06/12/2023

Clinical Comments:
Outcome: For repeat CT scan in December 2023

Telephone clinic appointment thereafter

Colin had a telephone clinic appointment today, but I was unable to contact him on his telephone number despite multiple tries. He has a background of a pT1a left papillary renal cell carcinoma. This gentleman is post- left partial nephrectomy in April 2021 and is on surveillance.

His latest CT scan shows a small liver lesion which is too small to characterise but conspicuous this time, and no local recurrence post partial nephrectomy.

He is for a repeat CT scan in December 2023 to follow up on the recent changes, and telephone clinic appointment thereafter.

Yours sincerely

Mr Pradeep Durai

Consultant Urologist

Electronically Signed: ,

cc. Colin Donnelly
FLAT 1-1
47 HYNDLAND STREET
Glasgow
Lanarkshire
G11 5QF

NHS Confidential: Personal data about a patient

Donnelly Colin CHI: 0904746151

Clinical letter - GP: gp

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Urology
Contact Tel: 0141 451 6020
Enquiries to: Christine Hardie
Letter Date: 04/03/2024
Reference: GO/CH
Dictated Date: 17/01/2024
Transcribed Date: 27/02/2024

Dr. AJ Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr [redacted]

Colin Donnelly; D.O.B: 09/04/1974; CHI: 0904746151
FLAT 1-1, 47 HYNDLAND STREET, Glasgow, Lanarkshire, G11 5QF

Diagnosis: ISUP Grade 2 PT1a capillary renal cancer treated with partial nephrectomy April 2021.

I spoke to Mr Donnelly on the phone today. He remains well with no symptoms suggestive of recurrent renal cancer. His CT carried out just before Christmas shows no evidence of recurrent disease and suggest a small benign hepatic cyst. I have booked an interval scan in a year and we will keep in touch with you with the results.

kind regards

Yours sincerely

Gren Oades

Consultant Urological Surgeon

Electronically Signed: Mr Grenville Oades, Consultant

cc.

Donnelly Colin CHI: 0904746151

Clinic Letter

NHS
Greater Glasgow and Clyde
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. AJ Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Main Switchboard:	0141 211 3000
Department:	Urology
Contact Tel:	0141 451 6020
Enquiries to:	[redacted]@ggc.scot.nhs.uk
Letter Date:	29/01/2025
Reference:	GO/IS
Dictated Date:	29/01/2025
Transcribed Date:	19/03/2025

Dear Dr. AJ [redacted]

Colin Donnelly; D.O.B: 09 Apr 1974; CHI: 0904746151
FLAT 1-1, 47 HYNDLAND STREET, Glasgow, Lanarkshire, G11 5QF

Attendance: Specialty - Urology; Clinic - GGGOUR5-MR OADES RENAL WED AM
Date and Time of Appointment - 29/01/2025 10:15

Clinical Comments:

Diagnosis:
- ISUP Grade 2 pT1a papillary renal cancer treated with partial nephrectomy April 2021

I had a telephone consultation with Mr Donnelly today. He reports no symptoms to suggest progressive malignancy. His most recent CT scan showed nothing of any concern.

I have booked interval imaging.

Kind regards.

Yours sincerely

Mr Gren Oades

Donnelly Colin CHI: 0904746151 OPCL 29/01/2025 v1

Consultant Urological Surgeon

Electronically Signed: Mr Grenville Oades, Consultant

cc.

Scanned Document
28-May-2026 WC
Additional: Scanned Document

Filename: Colin Donnelly Historical.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

MICROBIOLOGY DEPARTMENT **WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST**

Name: COLIN DONNELLY Sex: M Age: 09.04.74 Hosp: General practitioner Hosp No.: Z9683485
Address: Cons.: DR MARSHALL Practice Number: 40121
Ward: Dr Whitty & [redacted]
41 Broomhill Drive
Specimen: Penis swab Investigation: C & S Taken: 31.01.96 Reported: 02.02.96

3/2/96

TEST[illegible]
APPOINTMENT
FELL POSITIVE
[illegible]NORMAL
C.P

pus cells not seen
yeast bodies not seen
trichomonads not seen
[redacted] intracellular diplococci not seen

1. Light growth of Normal commensal flora
2.
3.
4.

Organism
Antibiotic 1. 2. 3. 4.

Neisseria gonorrhoeae and yeasts were NOT isolated.

To make appointment

Microbiologists: Dr S. Sanavedan Penis swab Lab No.: B,98.0012357.B

NHS Confidential: Personal data about a patient

IMMUNISATIONS AND SCREENING INVESTIGATIONS	National Health Service Number	
	Surname (Block letters)	Forename (Block letters)
	Address	Date of Birth

IMMUNISATIONS (Insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Measles	Rubella	MMR	BCG
Date				17/2 [illegible]				
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

ALLERGIES & HYPERSENSITIVITIES

	Influenza	Hep.B.	Typhoid	Cholera				
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

IMMUNOLOGICAL STATUS

	Tuberculin Test	Rubella Antibodies	HIV	Hep.B.
Date				
Result				
Date				
Result				
Date				
Result				

Form GP 111H

NHS Confidential: Personal data about a patient

SCREENING INVESTIGATIONS

Date	Blood Pressure	Weight	Height	Tobacco Per Day	Alcohol Units/Week	Cholesterol	Trigylerides	URINE	
								Glucose	Albumin

CERVICAL CYTOLOGY		MAMMO-GRAPHY		CHEST X-RAY		OTHERS	
Date	Result	Date	Result	Date	Result	Date	Result

Ed Rep 250m 4/91 (081796)

NHS Confidential: Personal data about a patient

MALE SURNAME DONNELLY

334-1800
CHRISTIAN NAMES Colin

ADDRESS 13/15 TURNBERRY Rd. G12

Date of Birth 9 4 74

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
16/11/9	G7	Recurrent back pain for 2/52.	
		~~Ma preg ahw~~	
		∴ caused by a fall whilst	
		playing football.	
		O/E tender over (L) scapula	
		area	
		– father 109, + 40	
		Works as a painter & decorator	
21.1.91		pain in stomach since	
		tablets – advised to	
		Paracetamol + Ibuprofen gel	
20/2/91		Not sleeping	
		For HIV test → needle-	
		stick injury ? town.	
		(going to ...)	
		– ? ... [redacted]	
05/?/91		woke 2/7 ago with	
		swollen gland & sore throat	
		O/E + cervical LN – nil else	
		Rx – Pen V ...	
			tonsilitis
2.5.91		Sore throat continued	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

Form G.P. 7 (Scotland)

Dd8178352MD 180M 8/89 R.P.(53791)

NHS Confidential: Personal data about a patient

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
		Itchy throat.	
		O/E Pink fauces	
		plain T/swab	
		Tyrozets	
		c 1/52 — Chloramph Mixture	
		Paracetamol.	
		AJ	
24/07/91		Appl CeF 2 → 4	Univ
11.7.91		Age 17 yrs.	Smoker -
		Non smoker	
		PERLA	No Weeks
		Parmax + 36.	
22/07/91		no complaints	
		came for a chest physio	
		sure I he's well	
		and causes. no	
		complaints ... noted.	
		Lee [redacted]	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

NHS Confidential: Personal data about a patient

MALE

SURNAME: Donnelly

[redacted] NAMES: Colin B

ADDRESS: Eglington Childrens
6 Cleveden Gdns G3 Hme

Date of Birth: 9 | 4 | 74

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
15/12/87.		Go Headaches.	
		Ears ✓✓ Throat ✓	Chest
		CVS ✓ Pupils ✓	Fundi ✓✓
		No Despair[illegible]	[illegible]
21/3/88		Renew URTI	
11/4/88.		To Orthopt	
27/5/88.		BCG given.	
6/10/88		had dose.	[illegible]

Dr. K R McClure

This person has been placed on your list in accordance with your acceptance and this card should be used until his medical record envelope is sent to you. It should then be placed in the envelope.

Date 30 SEP 1987

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD — FORM G.P. 7a (Scotland)

L. L. Ltd. 8359057 7/81

NHS Confidential: Personal data about a patient

MALE

SURNAME	[redacted] NAMES
DONNELLY	COLIN

ADDRESS 12 [illegible] RD.

Date of Birth: 9 | 4 | 7x

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
10/8/7-		[illegible]	
		[illegible]	
22/10/7[illegible]		[illegible]	
3/12/7[illegible]		[illegible]	
21/7/77		[illegible]	
3/2/7[illegible]		[illegible]	
		[illegible]	
		[illegible]	
3/11/77		[illegible]	
19/1/79		[illegible]	[illegible]
26/1/79		[illegible]	
29/7/80		[illegible]	RTI
		[illegible]	
		[illegible]	
4/3/81		[illegible]	RTI
		[illegible]	
		[illegible]	
10/6/7-		[illegible]	
7/9/81		[illegible]	[illegible]
		[illegible]	
		[illegible]	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD — FORM E.C. 7 (Scotland)

(30.12.74) (B18370) Dd. No. 960829 200,000 3/75 J.&G.L.Ltd. Gp. 259

NHS Confidential: Personal data about a patient

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
		[illegible] 1021	
1/12/81		almost certainly [illegible]	[illegible]
		[illegible]	+ F
		Problem [illegible]	
		→ Dr [illegible]	
		for eye check	
5/11/82		Quellada [illegible]	
2/12/82		[illegible]	Tonsillitis
		[illegible]	
23/3/83		Quellada lotion 100ml	[illegible]
23/11/83		[illegible] —	RTI
		[illegible]	
		[illegible]	
		[illegible] 1021	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

NHS Confidential: Personal data about a patient

DONNELLY, Colin
DoB: 09/04/1974

Report Valid On 09/11/04 10:18

The Broomhill Practice
Page number 1

Registration

Mr Colin DONNELLY
11 HAYLYNN STREET
GLASGOW
Glasgow

G14 9RR

Telephone:
[redacted]

Service Code: Permanent
DoB: 09/04/1974
Age: 30

ContactRelship: ?

CHI Number: 0904746151 NHS Number: 814/74/313

Priority Clinical / User Marker

09/11/2004	High	Fracture of upper limb right fifth metacarpal	
23/04/2002	High	Primary repair of inguinal [redacted] NOS	Right
01/01/2002	High	Genital herpes simplex	
25/04/2001	High	Candidal balanitis	
30/05/1999	High	Cellulitis and abscess of hand excluding digits	Right
22/03/1996	High	Chlamydia antigen test positive	
22/03/1996	High	Urethritis due to non venereal causes	
17/02/1994	High	Closed fracture zygoma	Left
11/02/1994	High	Fracture of nasal bones	

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Review

Summary Sheet: Broomhill Sur[redacted] (AJM)

Printed at 09/11/2004 10:18:02

NHS Confidential: Personal data [redacted] a patient

National Health Service Number

Surname (Block Letters): Donnelly

Forenames (Block Letters): Colin

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address: ~~4020 Dunstanburgh Rd~~ GH4 9LLJ

Date of Birth: 9/04/74

Date	
	1994 # NASAL Bones - manipulated
8/7/96	Chlamydia urethritis (GU clinic SGH)
1999	Cellulitis (R) hand
2002	Chlam Genital chlamydia (GUM)
2002	INGUINAL HERNIA
10/04	# UPPER LIMB

Form GP111G

Od 8291194 500M 4/91 Ed(288334)

CLINICAL NOTES

National Health Service Number	
Surname (Block Letters)	Donnelley
Forenames (Block Letters)	Colin
Address	~~2/1 1020 Dumbarton Rd.~~ 2/2, 11 HAYLYNN ST G14 9HJ
Date of Birth	9/4/74

Date	*	
3·4·92		Could not get [illegible] c Dr Reid [illegible] to a [illegible] - [illegible] [illegible]
		[illegible] practice
		R [illegible] 150 [illegible] (60)
		[illegible] [illegible]
10·4·92		Blood result not back - phone Monday - [illegible] to [illegible]
30·3·93		Cough ++ [illegible] - fluids ++ Paracetamol + [illegible]
8/2/95		Flu symptoms + v. sore throat c difficulty swallowing + nausea etc.
		O/E looks pale + unwell -
		Cervical adenopathy ++
		Tonsils inflamed.
		R Amoxicillin Syrup 250mg/5 [redacted]
		Soluble Paracet. 500mg tabs x 60
		Vitamin tab x100 (1 tid)
		[redacted] WORKLINK to explain absence over past 2days.
31.1.96		[illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
		[illegible] [illegible] [redacted] [illegible]
		[illegible] [illegible] [illegible] 30g [illegible] [redacted]
9/2/96		[illegible] swab -ve
		[illegible] [illegible] clinic. [illegible]
		↳ Had chlamydia urethritis cleared c a/b.
		Zineryt lotion for old acne
5/8/96		Requests Zineryt again for spots which recurred post stopping prev. prescription. O/E minimal spots.
		R Zineryt x1
2.9.96		→ Cave
		afternoon app. Pyorrhoea. Adv → dentist
28.11.96		a person forced his way into his flat.

*This column has been provided for doctors to enter A, V or C at their discretion

Been reported to police. No witness.
Been hassle for months.

FORM GP111F

Date	*	
		Threatening.. Spitting or chasing him.
		He assaulted him c steel pole. (over 1/12 ago
		— Sunday morning).
		No evidence of injury.
		"I feel paranoid if go out on street" [illegible]
		+ sleeping through the day.
		Adv → Social worker
12.12.96		Tonsillitis. L > R.
		T. Pen V. 250 mg QID. (20).
		Says things are a bit better
10.11.00.		RIH inj GOH
		3/52. Works as 'banksman' radio control cranes.
26.4.01.		a) DNA for op. — [illegible] cancelled op.
		? Paid for a Sat or for op.
		[illegible] 5.30 – 6.30. → home.
		Been u/e for 4 yrs + at last has job + [illegible]
		keep its
17/1/02.	ER	[illegible] [illegible] 1/52
		No [illegible] [illegible] [illegible] [illegible]
		[illegible] not [illegible]
		[illegible] [illegible] + [illegible] [illegible] of [illegible]
		[illegible] [illegible] [illegible]
		→ [illegible] [illegible].
[redacted]		1) [illegible] [illegible] — all [illegible] [illegible] [illegible]
		2) Problem c (R) [illegible] [illegible]
		[illegible] [illegible] W/L [illegible]
		[illegible]
		[illegible] W Molloy
24/4/02	T	[illegible] [illegible] op. [illegible] [redacted]
		[illegible] 2/52 [illegible] op.
3/5/02		2/52 Post [illegible]
		[illegible] [illegible] [illegible]
		[illegible] side
		[illegible] [illegible] [illegible] [illegible]
		[illegible] [illegible] [illegible] [illegible]

*This column has been provided for doctors to enter A, V or C at their discretion

med 3 → 15/5 post [illegible]

Dd 8277[illegible] 1500M 11/91 Ed(295286)

CLINICAL NOTES

National Health Service Number		
Surname (Block Letters)	Forenames (Block Letters)	
[redacted] [illegible]	[illegible]	
Address ~~Flat 1/2 1020 Dumbarton Rd~~ ~~[illegible] [illegible] Rd~~ 3/2 11 HAYUNN ST		Date of Birth 9 4 74

Date	*	
13/11/91		Off work URTI - Sore throat. O/E [redacted]
20/11/91		chest clear Throat [illegible]
		- [illegible]
21/9/91		[illegible]
		- [illegible]
		[illegible]

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

National Health Service Number	

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	
DONNELLY	C.	
Address 2/2 11 HAYLYNN ST-		Date of Birth 9-4-74

Date	*	
9/11/84		URTI - simplinors (100ml)
21/3/86		Ponstan 250mg x 3 (15) Phenergan
8/8/86		[redacted] - (24) Q.??
11/11/86		laryngitis
		Rx Paracetamol 500mg qid.
28/11/86		Erythromycin 200 g/5ml pump. qid.

*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

NEW PATIENT INFORMATION CARD

Date 18/1/91

Surname DONNELLY

First name(s) COLIN MICHAEL

Full address 13/5 TURNBERRY Road HYNDLAND

GLASGOW G12

Tel. no. home 334 1800 work

Marital status SINGLE Date of birth 09 04 74

Country of origin SCOTLAND Sex MALE

Occupation PAINTING + Decorating

GENERAL HISTORY

Have you had any serious illnesses or operations, X-rays or similar tests and when?

NONE

Do you suffer from indigestion, e.g. heartburn? NO

What medicines are you taking? NONE AT ALL

Have you any allergies to medicines or anything else? NO

How much tobacco or cigarettes do you smoke? (AV) 20 daily

How much alcohol do you consume per week? (quantity)

Wine Beer ✓ Spirits

A service provided by Glaxo Laboratories

NHS Confidential: Personal data about a patient

FAMILY HISTORY

Please tick appropriate boxes

Which of your blood relations have suffered from the following

Heart attack	☐	Cancer	☐
Diabetes	☐	High blood pressure	☐
Asthma	☐	Tuberculosis	☐
Stroke	☐	Other serious illness	☐

VACCINATIONS

Which vaccinations have you had and when?

Diptheria	☐	? at School.	Polio	☐	? at School
German measles	✓	COLIN +2 BROTHERS	Tetanus	☐	? at School
Typhoid	☐		Measles	✓	COLIN +2 BROTHERS
Cholera	☐		BCG	☐	? at School.
Yellow fever	☐		MMR	☐	
Whooping cough	☐	CHICKIN POX		✓	COLIN +2 BROTHERS

FOR FEMALE PATIENTS ONLY

Have you had any children? ☐ give ages

Have you had a miscarriage? ☐ date

Have you had a termination of pregnancy? ☐ date

Have you had a hysterectomy? ☐ date

Which method of contraception are you using at present?

When was your last smear test?

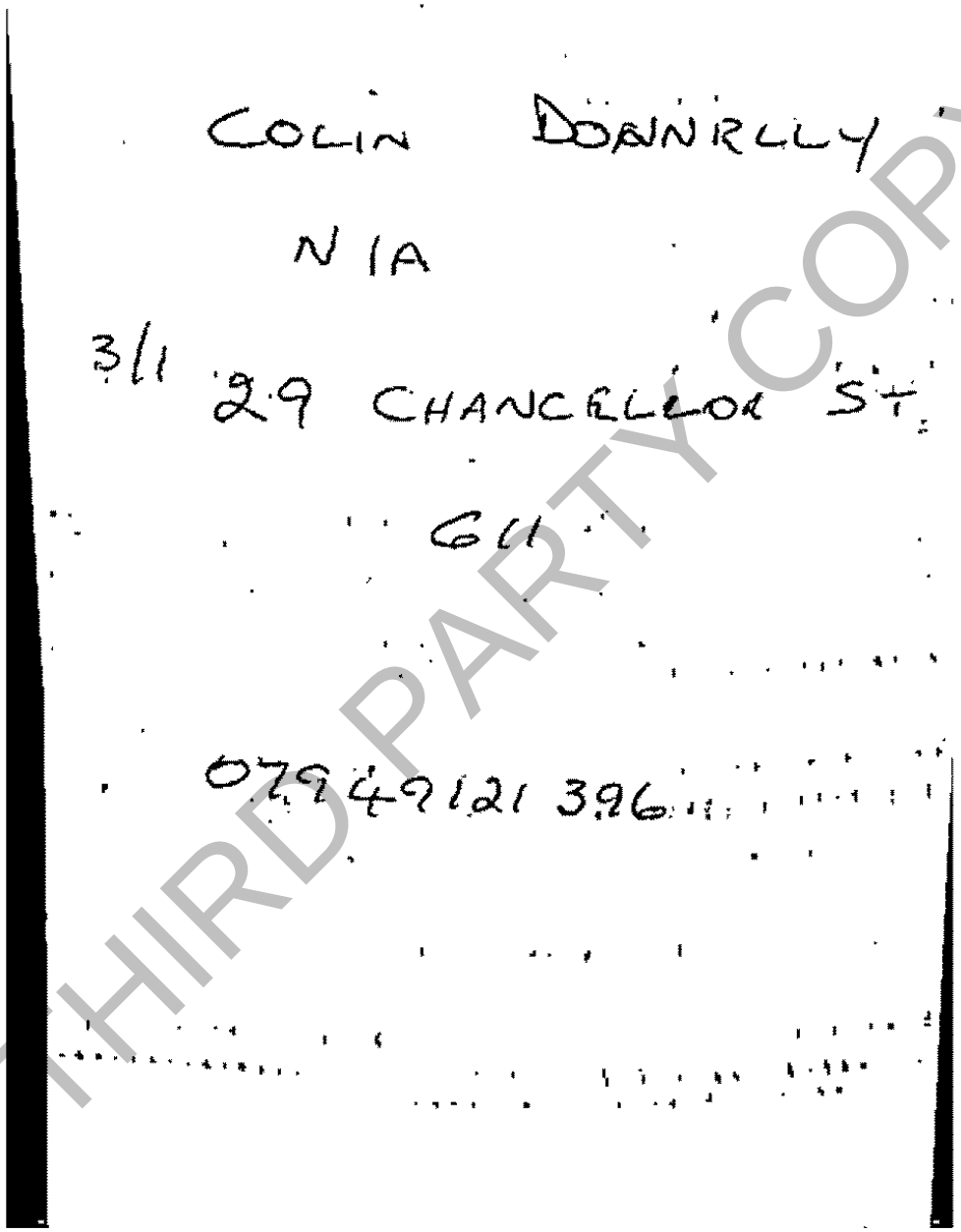
DO NOT COMPLETE THIS SECTION

Urine		Glucose		Albumin	
BP	135/80	Weight	48Kg.	Height	5' 6"

Date

GG 1083—BP/Oct 1990

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

[redacted] complete and sign Part B. [redacted]

show the person dispensing your prescription valid proof of why you do not have to pay, such as a benefit book or certificate of exemption. If you cannot show proof, you will still get your medicine free of charge, but the NHS may check your entitlement later. You may be contacted in the course of these checks.

- Pension Credit guarantee credit replaces Minimum Income Guarantee (MIG) in October 2003. If you get Pension Credit **guarantee credit** (PCGC) tick Box C opposite, "is 60 years of age or over". If you are under 60 but your [redacted] gets PCGC, tick Box H opposite. Pension Credit **savings credit** does not entitle you to free prescriptions.
- People who are found to have wrongly claimed free prescriptions have to pay the charge for their prescription plus a Penalty Charge, and could face prosecution. Routine checks are carried out on exemption claims, including some where proof may have been shown. You may be contacted in the course of such checks.
- Leaflet HC11, "*Are you entitled to help with health costs?*", contains detailed information about exemption from prescription charges. Some pharmacies, GP surgeries and main Post Offices have them, or you can go to www.doh.gov.uk/nhscharges/hc11.htm Information about free prescriptions is also available on a free telephone advice line: 0800 224488.

[redacted] list of

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Band 1

Smoking 5-10 Health Ed Y/N

Band 2

Blood Pressure 102/66 Health Ed Y/N

Band 3

Family History Ht Disease <60 Nil

>60.....

Alcohol.....

Height 5' 4½ Weight 8st 2.

Previous M.I. / C.V.A. — no.

Health Ed Football — daily

Swimming weekly.

NHS Confidential: Personal data about a patient

North Glasgow University Hospitals
NHS Trust

Accident & Emergency Department
Western Infirmary
GLASGOW
G11 6NT
Telephone Number: 0141-211 2731
Fax Number: 0141-211 6303

Consultants: Mr W M Tullett
Mr P T Grant
Dr S [redacted]

NHS Greater Glasgow

ACCIDENT & EMERGENCY RETURNS CLINIC: *26.10.04*

SP/WAG

28 October 2004

Dr [redacted]
Surgery
41 Broomhill Drive
GLASGOW
G11 7AD

Dear Dr [redacted]

Colin Donnelly Date of Birth 9.4.74
202 Earl Street Glasgow

Diagnosis: fractured right fifth metacarpal

This 30 year old gentleman attended the Accident & Emergency Department on 10 October after sustaining an injury to his right hand when his [redacted] jumped onto him. On examination he was bruised, swollen and tender over the right fifth metacarpal and he had a full range of movement. X-ray examination showed there to be a fracture to the fifth metacarpal. He was treated with a volar slab.

He was reviewed today at the A & E Returns Clinic and, on examination, there is minimal tenderness over the fracture site and he has a full range of movement of the hand, with no shortening or rotational deformity.

He has been discharged from the Clinic.

Yours sincerely

[redacted] Rerry FRCP
Consultant in Accident & Emergency Medicine

01811

NHS Confidential: Personal data about a patient

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
Tel: 0141-211-2304/2409
Fax: 0141-339-3046

CONSULTANTS: Mr W M Tullett, Mr P T [redacted], Dr S Perry
NURSE MANAGER: Mr G D [redacted]

RM 120

NHS Greater Glasgow

CRN: 50899397K

G.P. COPY

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
DONNELLY	COLIN	30	09/04/74	14/10/04	16:55	042459/04

Address	Sex	Religion	Date of Inc	Time
202 Earl Street GLASGOW	Male	[redacted] Cathol	14/10/04	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G14 0BY	07949121396	Single -	UE	Other	Other

GP

Name: Dr MARSHALL
Address: 41 BROOMHILL DRIVE, GLASGOW, G11 7AD, 0141 339 3626
Referred by: Selfref

NEXT OF KIN

Name: CELIA HAY
Relat.: MOTHER
Tel. No.: 07790314722
Address: 29 Chancellor Stree, GLASGOW, G11 5RJ

Complaint:

ROAD TRAFFIC ACCIDENT PLACE | DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Triage Time: 16:55 | Triage Category: Category 4

Dear Doctor,

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

Initial Complaint: LIMB PROBLEMS UPPE

Diagnosis NOR. HAL. SWELLING FOLLOWING. INJURY

X-ray film/ECG shows ELEVATION. BLING OVERNIGHT.

Treatment given ADVISE TO ATTEND PLASTER ROOM IN AM.

Drugs _____ days supply of _____ has been given.

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

Would you please arrange _____

DISCHARGE CODES: *Please circle*

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

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

Follow-up: Not Arranged _____ Arranged _____ To be arranged _____ IRIS _____

Clinic Referred to: AE | Dressings | Hand | Fracture | Ortho | Medical | Surgical | Skin | ENT | Gyn | OHPAT | Others *(specify)*

Medical Officer's Name *(in BLOCK LETTERS)*

Signature of Medical Officer: A S Martin

Cons SpR SHO3 SHO JHO Clin Assist ENP *(please circle)*

NHS Confidential: Personal data about a patient

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
Tel: 0141-211-2304/2409
Fax: 0141-339-3046

CONSULTANTS: Mr W M Tullett, Mr P T[redacted], Dr S Perry
NURSE MANAGER: Mr G D Wright

MIU E

NHS Greater Glasgow
G.P. COPY

CRN: 50899397K

PATIENT	Surname: DONNELLY	Forename: COLIN	Age: 30	Date of Birth: 09/04/74	Arr Date: 10/10/04	Time: 11:15	AE Number: 041781/04
	Address: 202 Earl Street GLASGOW	Sex: [redacted]	Religion: [redacted] Cathol		Date of Inc: 10/10/04	Time:	
	PC: G14 0SY	Tel: 07949121396	Marital Status: Single -	[redacted] UE	Type of Inc: Home	Mode of Arrival: Walking	
GP	Name: Dr MARSHALL	Address: 41 BROOMHILL DRIVE GLASGOW G11 7AD 0141 339 3626			Referred by: Selfref		
NEXT OF KIN	Name: [redacted] HAY	Address: 29 Chancellor Stree GLASGOW G11 5RJ			Complaint:		
	Relat. MOTHER						
	Tel. No. 07790314722						

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

[redacted] ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Triage Time: 11:15 | Triage Category: Category 4

Initial Complaint: LIMB PROBLEMS UPPE

Dear Doctor,

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

Diagnosis: # 5th MC

X-ray film/ECG shows: Minimal displaced # neck of 5th MC

Treatment given: Wolor Slab elevation

Drugs ___ days supply of ___ has been given.

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

Would you please arrange ___

DISCHARGE CODES: *Please circle*

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

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

Follow-up: Not Arranged ___ Arranged ✓ To be arranged ___ IRIS ___

Clinic Referred to: (AE circled) Dressings Hand Fracture Ortho Medical Surgical Skin ENT Gyn OHPAT Others *(specify)*

Medical Officer's Name *(in BLOCK LETTERS)*: CARA PHILP

Cons SpR SHO3 SHO JHO Clin Assist (ENP circled) *(please circle)*

Signature of Medical Officer: [signature]

NHS Confidential: Personal data about a patient

GREATER GLASGOW PRIMARY CARE NHS TRUST

GENITOURINARY MEDICINE

The Sandyford Initiative

KS/AK/200513

Dictated: 22nd February 2002
Typed: 3rd April 2002

Dr [redacted]
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr [redacted]

COLIN DONNELLY, FLAT 2/2, 11 HAYLYNN STREET, WHITEINCH G14 9RR
D.O.B. - 09.04.74

Thank you for your referral. We saw this 27 year old gentleman on 18th January 2002. He complained of blisters appearing on his penis and some dysuria. He had been diagnosed with herpes one year ago and was treated at the Western for this.

On examination he had balano posthitis but no visible herpetic vesicles. He also had a large right indirect inguinal hernia. A full sexual health screen was performed. He was found to be chlamydia positive and was treated appropriately with antibiotics for this.

His history was suggestive of recent recurrence of herpes and was given advice regarding this however we still do not have a firm laboratory diagnosis. We would be happy to see him again if required.

Yours sincerely

[redacted]
Specialist Registrar
Genitourinary Medicine Services

gu medicine

POSITIVE ABOUT DISABLED PEOPLE

6 Sandyford Place, Glasgow G3 7NB Tel: 0141 211 8601/8602 Fax: 0141 211 8609 Minicom: 0141 211 6703

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

AM
BW

OPERATION NOTE

HOSPITAL GARTNAVEL GENERAL **HOSPITAL NO** 0899397

ADMISSION DATE 23/04/2002 **OPERATION DATE** 23/04/2002

PATIENT'S NAME COLIN DONNELLY

DATE OF BIRTH 09/04/1974 **AGE** 28 yrs **WARD**

PRINCIPAL SURGEON [redacted] G MOLLOY

ASSISTANT SURGEON

ANAESTHETIST

DIAGNOSIS

INDIRECT INGUINAL HERNIA (550.9)

PROCEDURE

RIGHT INGUINAL HERNIA REPAIR (T20.9)

OPERATION DETAILS

A right inguinal incision was made. The external oblique was divided. The vast vessels and indirect sac were identified. The vast vessels, and the sac itself were quite oedematous, and I suspect this hernia had been incarcerated for some days prior to the admission. The indirect sac was mobilised from the vasting vessels to the level of the deep ring. It was then transfixed at this point. The ileo-inguinal nerve was identified and preserved. Posterior wall was rather lax with the start of a direct sac, and a mesh was therefore inserted. A Polypropylene mesh was sutured from the inguinal ligament inferiorly to the inferior border of the mesh, starting at the pubic tubicle medially. The suture with Prolene was continued to a point 1cm lateral to the deep ring. The mesh was then incised in order to fashion a new deep ring. The superior fold was sutured down again with Prolene. The upper borders of the mesh were tacked down with interrupted Vicryl sutures. The external oblique was closed with a continuous Vicryl suture. Skin was closed with subcuticular Monocryl. The entire wound was infiltrated with 40cc's of a combination of 0.5% Lignocaine and 0.25% Marcaine, plus Adrenaline.

RGM/CC

NHS Confidential: Personal data about a patient

AJM
BW ✓

West Glasgow Hospitals

Gartnavel General Hospital, 1053 Great Western [redacted] Glasgow, G12 0YN

DIRECTORATE OF GENERAL AND E.N.T. SURGERY

Reply to: [redacted] G MOLLOY
Our Ref : Hospital No 0899397

Direct Line: 0141 211 3193
FAX Line : 0141 357 4725

1 May 2002

Dr A J [redacted]
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr Marshall,

Re: COLIN DONNELLY, D.O.B. 09/04/1974
11 HAYLYNN ST, GLASGOW, G14 9RR

Your patient was admitted as a day case to Gartnavel General Hospital on 23 April 2002.

MAIN DIAGNOSIS FOR EPISODE
INDIRECT INGUINAL HERNIA (550.9)

PROCEDURES PERFORMED
23/04/2002 RIGHT INGUINAL HERNIA REPAIR (T20.9)

COMPLICATIONS
NONE (V65.8)

OUTCOME
SATISFACTORY AT DISCHARGE

ADDITIONAL COMMENTS
Mr Donnelly underwent a mesh repair of a rather inflamed oedematous right inguinal hernia. We have not arranged for further review, but would be happy to see him should he run into problems.

Your patient was discharged home on 23 April 2002. No further appointment has been arranged in this unit, but I would be pleased to see this patient again if required.

Yours sincerely

RICHARD G MOLLOY
Consultant Surgeon

NHS Confidential: Personal data about a patient

THE BROOMHILL PRACTICE

Dr. [redacted] L Whitty
Dr. [redacted] T Jamieson
Dr. [redacted] J [redacted]

41 Broomhill Drive,
Glasgow, G11 7AD
Telephone: 0141 339 3626

13th February 2002

Hospital No. 0899397

Mr. [redacted] G Molloy,
Consultant Surgeon,
Gartnavel General Hospital,
Glasgow G12 OYN

Dear Mr. Molloy,

Re: Colin Donnelly, dob 09/04/1974, 11 Haylynn Street, Glasgow, G14 9RR

You had previously seen this patient and listed him for repair of indirect inguinal hernia. He was removed from your waiting list when he didn't attend. However, he has told me that he is having a lot of bother with his hernia now and would like to proceed with surgery and I would be grateful if he could be placed on your waiting list again.

Yours sincerely,

[redacted] J M[redacted]

NHS Confidential: Personal data about a patient

[redacted]

West Glasgow Hospitals

Gartnavel General Hospital, 1053 Great Western Road, Glasgow, G12 0YN

DIRECTORATE OF GENERAL AND E.N.T. SURGERY

Reply to: [redacted] G MOLLOY
Our Ref: Hospital No 0899397

Direct Line: 0141 211 3193
Fax Line: 0141 357 4725

1 May 2001

DR A J [redacted]
41 BROOMHILL DRIVE
GLASGOW
G11 7AD

Dear Dr [redacted]

Re: COLIN DONNELLY, D.O.B. 09/04/1974
11 HAYLYNN ST, GLASGOW
G14 9RR

This patient was removed from my surgical waiting list on 1 May 2001.

PROVISIONAL DIAGNOSIS:

INDIRECT INGUINAL HERNIA

PROPOSED TREATMENT:

INGUINAL HERNIA REPAIR

DATE PLACED ON WAITING LIST: 11/01/2001

REASON FOR REMOVAL: DID NOT ATTEND - NO RESPONSE TO QUERY

Yours sincerely,

[redacted] G MOLLOY
CONSULTANT SURGEON

c.c. Miss M Cowan, Waiting List, Gartnavel General Hospital

NHS Confidential: Personal data about a patient

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
ACCIDENT/EMERGENCY FORM

Am

G.P. COPY

8

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

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
DONNELLY	COLIN	27	09/04/74	25/04/01	21:00	017256/01

CRN: 895357

Address	Sex	Religion	Date of Inc	Time
11 Haylynn Street GLASGOW	Male	Roman Cathol	25/04/01	

Marital Status	Occupation/School	Type of Inc	Mode of Arrival
Single /	UE	Other	Walking

PC G14 9RR Tel 9545615

GP

Name: Dr [redacted]
Address: 41 BROOMHILL DRIVE, GLASGOW, G11 7AD

Referred by: Selfref

Complaint:

NEXT OF KIN

Name: MS [redacted]
Relat. [redacted]
Tel. No.
Address: 167 Edinburgh Road, Baillieston, GLASGOW, G69 6RG

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

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

Diagnosis [redacted]dida infection under foreskin

X-Ray film/ECG shows

Treatment given Clotrimazole cream

TRIAGE

TRIAGE TIME: 21:00
TRIAGE CATEGORY: Category 3

INITIAL COMPLAINT: Urological Condition

INITIAL TREATMENT

FILED BY: MRSBELL

Drugs ______ days supply of ______ has been given.

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

Would you please arrange

DISCHARGE CODES: Please Circle

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

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

Follow up: Not arranged ______ Arranged ______ To be arranged ______

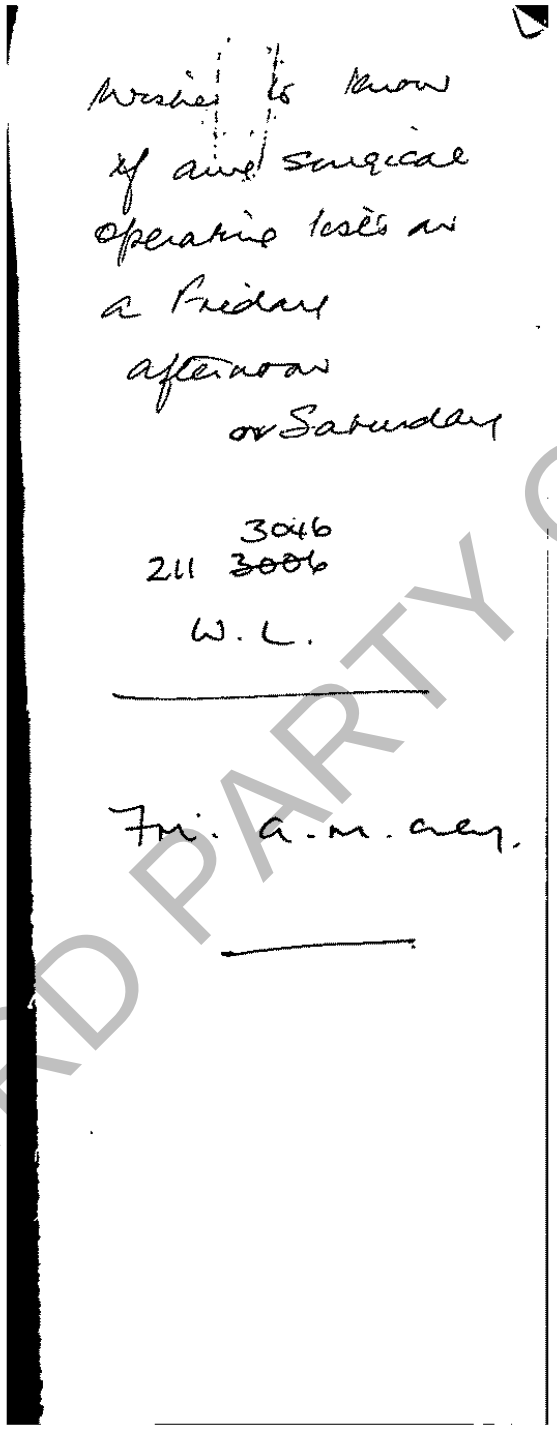
Clinic Referred to	AE	Hand	[redacted]	Ortho	Medical	Surgical	[redacted]	ENT	Gyn.	Others Specify

Medical Officers Name (in Block Letters): McBride

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

Signature of Medical Officer: [signature]

NHS Confidential: Personal data about a patient



Wishes to know
if any surgical
operative lists on
a Friday
afternoon
or Saturday

3046
211 ~~3006~~

W. L.

Fri. a.m. only.

Practice accreditation

1 Accessibility
2 Communication
3 Prescribing
4 Investigation
5 Preventative health services and health promotion
6 Chronic Disease Care
7 Children's health
8 Mental health services

West Glasgow Hospitals

DEPARTMENT OF DIGESTIVE DISEASES
MR R G MOLLOY'S SURGICAL CLINIC

Our Ref: DC/AMK
Your Ref:

Gartnavel General Hospital
1053 Great Western Road
GLASGOW
G12 0YN

☎ Direct Line: 0141 211 3193
Fax No. 0141 357 4725

Date Dictated: 11 January 2001
Date Typed: 9 February 2001

Dr [redacted]
The Broomhill Practice
41 Broomhill Drive
GLASGOW
G11 7AD

Dear Dr Marshall

Colin Donnelly 11 Hylynn Street GLASGOW G14 9RR DOB 9.4.74 Hospital Number 899397

Many thanks for referring this gentleman to Mr Molloy's clinic. He has an indirect right inguinal hernia I have arranged for this to be repaired in the Day Surgery Unit in March.

Yours sincerely

D CHONG
SPECIALIST REGISTRAR IN SURGERY

NHS Confidential: Personal data about a patient

West Glasgow Hospitals

Gartnavel General Hospital, 1053 Great Western Road, Glasgow, G12 0YN

DIVISION OF SURGERY

Reply to: [redacted] G MOLLOY
Ref No: Hospital No 0899397

Direct Line: 0141 211 3193
Direct FAX: 0141 357 4725

16 January 2001

DR [redacted]
41 BROOMHILL DRIVE
GLASGOW
G11 7AD

Dear Dr [redacted]

Re: COLIN DONNELLY, D.O.B. 09/04/1974
11 HAYLYNN ST, GLASGOW
G14 9RR

Thank you for referring this patient for a surgical opinion. He was put on the non-urgent waiting list on 11/01/2001 under the care of [redacted] G Molloy for admission to Gartnavel General Hospital Day Surgery Unit.

PROVISIONAL DIAGNOSIS:

INDIRECT INGUINAL HERNIA

PROPOSED TREATMENT:

INGUINAL HERNIA REPAIR

Yours sincerely,

[redacted] CHONG
SPECIALIST REGISTRAR IN SURGERY

NHS Confidential: Personal data about a patient

HOSPITAL USE ONLY	CLINIC	DAY DATE	TIME	HOSPITAL NO	GP112

40121 **REQUEST FOR OUTPATIENT CONSULTATION**

APPOINTMENT CATEGORY
ROUTINE SOON URGENT

Hospital **Gartnavel General Hospital** Date **13/11/00** CHI No

Please arrange for this patient to attend the **Surgical O.P.** clinic of Dr/Mr

Patient's Surname **Donnolly** Maiden Surname

First Name **Colin** Single/Married/Widowed/Other

Address **11 Haylynn Street, Glasgow,** Date of Birth **09/04/74**

Patient's Occupation

Postal Code **G14 9RR** Contact Tel. No

Has the patient attended hospital before ?

Name of Hospital **GGH**

Year of Attendance 1994 Hospital No. **899397**

If the patient's name and/or address have changed since then please give details :

Can the patient attend at short notice ?

Name, Address and telephone number of Medical Practitioner

Dr [redacted] L.Whitty,
The Broomhill Practice,
41, Broomhill Dr ,
Glasgow, G11 7AD.
0141 339 3626

I would be grateful for your opinion and advice on the above named patient. A brief outline of history symptoms and signs is given below.

I would be very grateful if you could see Colin who appears to have developed a right inguinal hernia.

Diagnosis/ Provisional Diagnosis

Xrays Available from Number if known

NHS Confidential: Personal data about a patient

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
ACCIDENT/EMERGENCY FORM

G.P. COPY

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

CRN: 899397

PATIENT	Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
	O'DONNELLY	COLIN	25	09/04/74	30/05/99	15:46	022636/99

Address	Sex	Religion	Date of Inc	Time
11 Haylynn Street GLASGOW	Male	[redacted] Cathol	30/05/99	

Marital Status	Occupation/School	Type of Inc	Mode of Arrival
Single /	UE	Other	Walking

PC G14 9RR Tel 9545615

GP	Name	Address 2	Referred by
	Dr [redacted]	[redacted] CIRCUS GLASGOW	Selfref

NEXT OF KIN	Name	Address	Complaint
	MS [redacted]	G12 9LD 167 Edinburgh Road Baillieston GLASGOW G69 6RS	Mrs J Marshall 3/4012
	Relat. [redacted]		
	No.		

ROAD TRAFFIC ACCIDENT PLACE | DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

TRIAGE

Dear Doctor,

TRIAGE TIME 15:46 — TRIAGE CATEGORY Category 3

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

Diagnosis DOG BITE (R) HAND. CELLULITIS

INITIAL COMPLAINT
Bite Animal

X-Ray film/ECG shows

INITIAL TREATMENT

Treatment given CLEANED, DRESSING, ANTIBIOTICS, ELEVATION SLING

FILED BY MRJMCG

Drugs 7 days supply of FLUCLOXACILLIN / FLAGYL / BENDROFLU has been given.

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

Would you please arrange

DISCHARGE CODES: Please Circle

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

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

Follow up: Not arranged ____ Arranged 2 DAYS DRESSING To be arranged ____

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

Medical Officers Name (In Block Letters) C. AWES

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

Signature of Medical Officer

1 JUN 1999

NHS Confidential: Personal data about a patient

Department of Genito-Urinary Medicine,
Southern General Hospital NHS Trust,
1345 Govan [redacted] Glasgow.

Tel. 0141 201 1690 Fax. 0141 201 1695

22.3.96

JR/ES/109017

Dr. [redacted]
The Broomhill Practice
G11.

Dear Dr. [redacted]

COLIN DONNELLY DOB 9.4.74
2/2, 11 HAYLYNN ST., G14.

Thank you for referring this patient with a rash on his penis to the Department of G.U. Medicine. He also had a slight mucoid discharge.

On examination he had a circinate balanitis. Swabs taken showed the presence of a Chlamydial infection and this was treated with Doxycycline. When he returned to the clinic he still had a rash although his discharge was better, he was given some Trimovate ointment to use. A Chlamydia test of cure was negative and other screening tests were also negative.

We arranged to see him two weeks later for follow up but unfortunately he failed to attend.

Yorus sincerely,

J. [redacted]
CONSULTANT IN GENITO URINARY MEDICINE.

NHS Confidential: Personal data about a patient

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
ACCIDENT/EMERGENCY FORM

G.P. COPY

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

KPS

E

AMW

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
DONNELLY	COLIN	21	09/04/1974	21/09/95	16:25	040981/95

Address	Sex	Religion	Date of Inc	Time
11 HAYLYNN ST WHITEINCH GLASGOW	MALE	CATHOLIC	21/09/95	-

Marital Status	Occupation/[redacted]	Type of Inc	Mode of Arrival
SINGLE	UNEMP.	HOME ACC	WALKING/OTHER

PC G14 9RR Tel 954 7447

GP

Name [redacted]
Address 41 BROOMHILL DRIVE
GLASGOW
G11 7AD

Referred by SELF REFERRAL

NEXT OF KIN

Name [redacted] LEES
Address 24 WARE RD
EASTERHOUSE
Relat. [redacted]
No.

Complaint INJURY
2 TOES R/FOOT

[redacted] TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor, CLARK

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

Diagnosis soft tissue injury 4th + 5th toes (R) foot

X-Ray film/ECG shows

Treatment given Buddy strapping
bruises

Drugs ____ days supply of ____ has been given.

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

Would you please arrange

DISCHARGE CODES: Please Circle

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

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

[redacted] Not arranged ____ Arranged ____ To be arranged ____

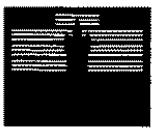
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters) QUASIM

Signature of Medical Officer

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

NHS Confidential: Personal data about a patient



West Glasgow Hospitals University NHS Trust

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

DEPARTMENT OF OTOLARYNGOLOGY

Our ref : PT/EDB/899397

Your ref :

Please reply to :

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Direct Line :
Fax No. :

15th August 1994
(dict.: 02 08 94)

Dr I [redacted]
Northcote Surgery
2 [redacted] Circus
GLASGOW. G12 9LD

Dear Dr [redacted]

RE: COLIN DONNELLY DOB 09/04/74
1020 DUMBARTON ROAD GLASGOW G14 9UJ

Colin was referred to us by the oral surgeons for assessment of a nasal injury sustained three weeks ago. Colin tells me that since his injury, he feels that his nasal bones are deviated to the left and also he has noticed a bump on his nose and profile. He also feels that breathing through his right nostril is not as good as previously.

On examination, he had deviated nasal bones which were immobile. He had also slight nasal hump on profile. The septum was slightly deviated to the right but he had good nasal airways bilaterally and there was no evidence of septal haematoma.

I discussed rhinoplasty with Colin but at present he is not significantly bothered by the shape of his nose to want to have further surgery carried out. I have explained to him that the injury is too old and fixed for just simple manipulation and that rhinoplasty would be the only procedure to give him a good result.

As he does not wish to have any further treatment at present, I have discharged him from the Clinic but would be happy to see him again should he change his mind.

Yours sincerely

P Townsley
ENT - Senior House Officer

RECEIVED
20 AUG 1994

NHS Confidential: Personal data about a patient

West Glasgow Hospitals University NHS Trust

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

Our ref : DIR/AG/899397

Your ref :

Please reply to : 211 3000

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Direct Line :
Fax No. :

DEPARTMENT OF ORAL SURGERY

RECEIVED
- 4 AUG 1994
fm 5/8/94

Clinic: 19.7.94
Typed: 27.7.94

Dr [redacted]
Northcote Surgery
2 [redacted] Circus
GLASGOW G12 9LD

Dear Dr [redacted]

Re: Colin Donnelly, Dob 09.04.74, 1020 Dumbarton Rd, Glasgow.

I reviewed the above patient recently following his attendance at the Accident and Emergency Department. He had sustained injuries to the left side of his face and his nose.

No immediate surgical treatment is necessary and I will be seeing him again in 1 week's time once the swelling has subsided to determine whether any treatment is needed for his fractured left zygoma and nose.

With kind regards

Yours sincerely

D I RUSSELL
Consultant Oral Surgeon

lm

NHS Confidential: Personal data about a patient

899 397E at 25/7/94. RM 9 05-30 **G.P. COPY**

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

ACCIDENT/EMERGENCY FORM

AE No. C/97 [redacted]

HOSPITAL CODE 6516 H

SURNAME DONNELLY		FORENAMES COLIN		BIRTH SURNAME	
ADDRESS FL 1/2 1020 DUMBARTON RD				PATIENT'S OWN OCCUPATION U/E	
POSTCODE G14 9UJ	TELEPHONE No. —	DATE OF BIRTH 9-4-74 (20)	SEX 1	MARITAL STATUS 1	RELIGION RC
NEXT OF KIN: NAME BARBARA LEES		RELATIONSHIP	FAMILY DOCTOR: SURNAME REID		INITIALS
ADDRESS 26 WARE RD EASTERHOUSE			ADDRESS HIGHBURGH RD		
POSTCODE	TELEPHONE No.		POSTCODE	TELEPHONE No.	
ACCIDENT/EMERGENCY: DATE OF ATTENDANCE 17/7/94		PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO YES	IN/OUT PATIENT	YEAR	
TIME OF ATTENDANCE 04-10		REASON FOR ATTENDANCE HEAD & [redacted] INJ L.THUMB			
DATE OF INJURY OR ILLNESS 17/7/94	TIME OF INJURY 01-30	TYPE (CODE) O	SOURCE OF REFERRAL GP ___ SELF ___ POLICE ___ OTHER (CODE) ___		
ROAD TRAFFIC ACCIDENT PLACE		DETAILS			
HOME ACCIDENT PROBABLE CAUSE					

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

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

RECEIVED 20 JUL 1994

Diagnosis ? (L) Zygomatic #

X-Ray film/ECG shows as above

Treatment given Admit to (L) 105

Drugs ___ days supply of ___ has been given.

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

Would you please arrange ___

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

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)
LEVEL 10 SURG	WIG	MAXILLOFACIAL

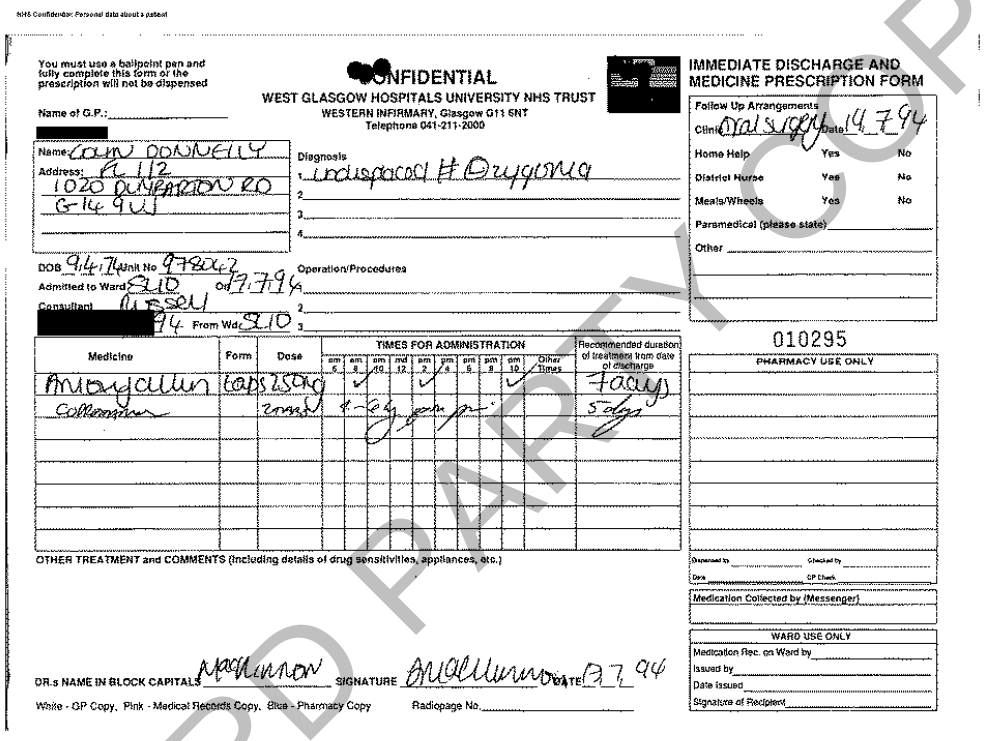
Follow Up	Not arranged ___	Arranged ___	To be arranged ___							
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters) MAL A CORRIO

Signature of Medical Officer

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

FH/952 5944



NHS Confidential: Personal data about a patient

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

CONFIDENTIAL

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
WESTERN INFIRMARY, Glasgow G11 6NT
Telephone 041-211-2000

IMMEDIATE DISCHARGE AND MEDICINE PRESCRIPTION FORM

Name of G.P.:

[redacted]

Name: COLIN DONNELLY
Address: FLAT 1/2
1020 DUMBARTON RD
G14 9UJ

Diagnosis
1. Undisplaced # Olecranon
2.
3.
4.

DOB 9.4.74 Unit No 978042
Admitted to Ward SAU on 9.7.94
Consultant MR SELL
[redacted] 94 From Wd SAU

Operation/Procedures
1.
2.
3.

Follow Up Arrangements
Clinic Orthopaedic Date 14.7.94
Home Help Yes No
District Nurse Yes No
Meals/Wheels Yes No
Paramedical (please state)
Other

010295

Medicine	Form	Dose	TIMES FOR ADMINISTRATION									Recommended duration of treatment from date of discharge
			am 6	am 8	pm 10	mid 12	am 2	pm 4	pm 6	pm 8	am 10	Other Times
Dihydrocodeine	tabs	30mg		✓			✓				✓	7 days
Co-Codamol		2 tabs	4-6 hrly prn									5 days

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

PHARMACY USE ONLY

Dispensed by Checked by
Date GP Check

Medication Collected by (Messenger)

WARD USE ONLY
Medication Rec. on Ward by
Issued by
Date Issued
Signature of Recipient

DR.s NAME IN BLOCK CAPITALS N MACMILLAN SIGNATURE N MacMillan DATE 9.7.94

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

Radiopage No.

NHS Confidential: Personal data about a patient

GREATER GLASGOW HEALTH BOARD
WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL UNIT

DEPARTMENT OF OTOLARYNGOLOGY

Our Ref EDK/MPM/899397
Your Ref
If phoning ask for [redacted] E.N.T.Secretary
211 3212

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Tel No 041-211 3000
Fax No 041-357 4552
Direct Line

GA Clark
3/13

Mr.H.R.Chandrachud
Mr.D.G.Carrick
Mr.N.K.Geddes
Mr.M.Chaurasia
Mr.M.S.C.Morrisey

RECEIVED
30 MAR 1994

Dict 16 February 1994
Typed 15 March 1994

Dr [redacted]
62 Highburgh Road
GLASGOW

← NOT OUR PATIENT

Dear Dr [redacted]

Colin Donnelly 1020 Dumbarton Rd Glasgow G14 9UJ - DOB 09.04.74

I reviewed this patient at the ENT clinic today. Patient had trauma to the nose about 6 days ago. She had an associated bilateral epistaxis.

Clinical examination revealed deviated nasal bone to the left. The nasal septum was well placed in the mid line. The nasal airway was adequate. There are no abnormalities in the ears and the pharynx. I have placed patient on an urgent waiting list for nasal manipulation.

Yours sincerely

E D KITCHER
ENT Senior House Officer

IW

NHS Confidential: Personal data about a patient

ADMISSION No.

GREATER GLASGOW HEALTH BOARD

CONSULTANT IN CHARGE MR M S C MORRISSEY

PATIENT	COLIN DONNELLY	AGE	899397 HOSP. No.
ADDRESS	1020 DUMBARTON ROAD GLASGOW G14 9UJ	DATE OF BIRTH	09.04.74.
ADMITTED	22.02.1994.	DISCHARGED	23.02.94.
DIAGNOSIS 1st	FRACTURED NASAL BONES	OPERATION	NASAL MANIPULATION
DIAGNOSIS 2nd		OPERATION 2nd	
DIAGNOSIS 3rd		OPERATION 3rd	
DIAGNOSIS 4th		OPERATION 4th	

EDK/SW CASE SUMMARY
DATE OF DICTATION 07.03.1994.
DATE OF TYPING 10.03.1994.

Dr [redacted]
Northcote Surgery
2 [redacted] Circus
GLASGOW G12 9LD

RECEIVED 14 MAR 19[redacted]

Dear Dr [redacted]

Your patient underwent the above named operation without any complications. Upon discharge no further follow up appointment has been arranged.

Yours sincerely

E D KITCHER
SHO IN ENT

NHS Confidential: Personal data about a patient

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT

GREATER GLASGOW HEALTH BOARD

ACCIDENT/EMERGENCY FORM

AE No. C/ 954636 E

HOSPITAL CODE 6516H.

SURNAME	FORENAMES	BIRTH SURNAME
DONNELLY	COLIN	—

ADDRESS: 10/20 DUMBARTON RD. WHITEINCH

PATIENT'S OWN OCCUPATION: UNEM.

POSTCODE	TELEPHONE No.	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
G14 9UJ	—	9-4-74	1	1	R/C.

NEXT OF KIN: NAME	RELATIONSHIP	FAMILY DOCTOR: SURNAME	INITIALS
B. LEES.	FRIEND.	CLARK.	

ADDRESS: 14 WARDIE RD. EASTERHOUSE.

ADDRESS: [redacted]

POSTCODE	TELEPHONE No.	POSTCODE	TELEPHONE No.

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
11/2/94	YES	OUT	87

TIME OF ATTENDANCE	REASON FOR ATTENDANCE
23-45	NOSE INJ

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
11/2/94	23-00	8	GP ___ SELF ✓ POLICE ___ OTHER (CODE) 1

ROAD TRAFFIC ACCIDENT PLACE | DETAILS

[redacted] ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

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

Diagnosis: NOSE INJURY

X-Ray film/ECG shows:

Treatment given: Dsg, pack

Analgesia

Drugs ___ days supply of ___ has been given.

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

Would you please arrange

DISCHARGE CODES: Please Circle

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

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

Follow Up: Not arranged ___ Arranged 5/7 To be arranged ___

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

Medical Officers Name (In Block Letters): [redacted]

Signature of Medical Officer: [redacted]

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

NHS Confidential: [redacted] data about a patient

R8

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

ACCIDENT/EMERGENCY FORM

G.P. COPY

AE No. C/931032

HOSPITAL CODE G516H.

SURNAME: DONNELLY. FORENAMES: COLIN. BIRTH SURNAME:

ADDRESS: 1020 DUMBARTON ROAD. PATIENT'S OWN OCCUPATION: RADIATOR ENG.

POSTCODE: G14-9UJ. TELEPHONE No.: — DATE OF BIRTH: 9-4-74 /19. SEX: 01 MARITAL STATUS: 1 RELIGION: R/C

NEXT OF KIN: NAME RELATIONSHIP FAMILY DOCTOR: SURNAME Clark INITIALS

ADDRESS ADDRESS 43 Broomhill Dr

POSTCODE TELEPHONE No. POSTCODE G11. TELEPHONE No.

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE 2-9-93 PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO YES IN/OUT PATIENT A&E YEAR

TIME OF ATTENDANCE 0015. REASON FOR ATTENDANCE SUNBURN ON BODY

DATE OF INJURY OR ILLNESS TIME OF INJURY TYPE (CODE) 8. SOURCE OF REFERRAL GP___ SELF___ [redacted]___ [redacted] (CODE) 1

ROAD TRAFFIC ACCIDENT PLACE DETAILS

[redacted] ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

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

Diagnosis: Sun-burn.

X-Ray film/ECG shows

Treatment given: Advised to use [redacted] sun liberally. Drink plenty etc.

Drugs____days supply of____has been given.

Tetanus Prophylaxis has/has not been administered. TT Course____ TT Booster____ HATI____ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle
1. Admission 3. Refer to G.P. 5. Died 7. Irregular Discharge
2. Discharge (circled) 4. Transfer to other hospital (see below) 6. Refer to O.P. Clinic (see below) 8. D.O.A.

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

Follow Up	Not arranged____	Arranged____	To be arranged____

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

Medical Officers Name (In Block Letters): JENNY [redacted]

Cons SR Reg SHO (circled)/HO Clin Assist (please circle)

Signature of Medical Officer: Jenny [signature]

NHS Confidential: Personal data about a patient

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

ACCIDENT/EMERGENCY FORM

AE No. C/ 854550

Q3

HOSPITAL CODE: G51GH

SURNAME	FORENAMES	BIRTH SURNAME
DONNELLY	COLIN	

ADDRESS: 21/1020 DUMBARTON Rd

PATIENT'S OWN OCCUPATION: TRAINEE CHEF.

POSTCODE	TELEPHONE No.	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
G11 9UJ.	-	9.4.74 17.	1.	1	R/C

NEXT OF KIN: NAME	RELATIONSHIP	FAMILY DOCTOR: SURNAME	INITIALS
		FIELD	

ADDRESS	ADDRESS
CHILDRENS HOME 15 TUMBERRY Rd HYNDLAND.	62 HIGHBURGH Rd

POSTCODE	TELEPHONE No.	POSTCODE	TELEPHONE No.

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
5.4.92.	YES.	OUT	1991?

TIME OF ATTENDANCE	REASON FOR ATTENDANCE
09.15.	SURG COND

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
		8.	✓ GP ____ SELF ____ POLICE ____ OTHER (CODE) ____

ROAD TRAFFIC ACCIDENT PLACE | DETAILS

HOME ACCIDENT PROBABLE [redacted]

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

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

Diagnosis: C/O pain epigastrium & burning sensation for 2½. Pain relieved by eating esp ice cream. NO H/O nausea / vomiting.

X-Ray film/ECG shows: 2° : ? Peptic ulcer – looks pale and ↓ feeling weak.

Treatment given: TAB Zantac 1 BD
Alludrox – Blood sample taken & sent for FBC. Results to be sent to GP. Ltr to GP for further management.

Drugs ____ days supply of ____ has been given.

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

Would you please arrange ____

DISCHARGE CODES: Please Circle

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

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

Follow Up	Not arranged ____	Arranged ____	To be arranged ____

Clinic Referred to	AE	[redacted]	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters): ANONYMOUS

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

Signature of Medical Officer

NHS Confidential: Personal data about a patient

[redacted] MERGENCY DEPT. [redacted] RMARY [redacted] 8822

GREATER GLASGOW HEALTH BOARD

ACCIDENT/EMERGENCY FORM

AE No. C/ 790473

Q 30/6/90 TRANS TO F1 K.R. McCLURE

HOSPITAL CODE G516H

SURNAME	FORENAMES	BIRTH SURNAME
DONNELLY	COLIN	

ADDRESS	PATIENT'S OWN OCCUPATION
AILSA CHILDRENS HOME, 13/15 TURNBERRY RD	COMM. IND.

POSTCODE	TELEPHONE No	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
G11		19.4.74	1	1	RC

NEXT OF KIN NAME	RELATIONSHIP	FAMILY DOCTOR SURNAME	INITIALS
MRGT RAMSAY		KAUSAR	

ADDRESS	ADDRESS
HEAD OF ABOVE HOME	10 QUEENS CRES GLASGOW

POSTCODE	TELEPHONE No.	POSTCODE	TELEPHONE No.
		G4	

ACCIDENT/EMERGENCY DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
2/1/91		OUT	1990.

TIME OF ATTENDANCE	REASON FOR ATTENDANCE
14.45	ABDOM. PAIN.

DATE OF [redacted] OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
		8	GP ___ SELF ✓ POLICE ___ OTHER (CODE) 1

ROAD TRAFFIC ACCIDENT PLACE	DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

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

Diagnosis: Pulled Rectus Abdominis muscles

X-Ray film/ECG shows:

Treatment given: continue paracetamol

Drugs ___ days supply of ___ has been given.

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

Would you please arrange ___

DISCHARGE CODES: Please Circle

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

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

[redacted] Not arranged ✓ | Arranged ___ | To be arranged ___

[redacted]	E	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

[redacted] Name (In Block Letters): HOGBEN

Reg / SHO (circled) / JHO / Clin Assist (please circle)

Signature of Medical Officer: T. Hogben

NHS Confidential: Personal data about a patient

FIFE HEALTH BOARD

Dunfermline & West Fife Hospital

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS

School Dr
Hillside Sch.
Aberdour
(Glasgow)

PATIENT DATA

D.O.B. 9/4/[redacted] Unit No.

Surname DONNELLY

Forename(s) Colin

Address Hillside School
Aberdour

30 NOV 1989

Occupation School Religion Catholic

Phone No. 860731

Consultant [redacted] Mother

Glasgow

Home Phone →

~~Work Phone~~ 6492415

Date and Time of Attendance	Date and Time of Accident
10.40	[redacted].00

TYPE OF INCIDENT
R.T.A.: Work; Home; (Sport); Other *(Specify)*

LOCATION	SOURCE OF REFERRAL
Gym	Self

ALLERGIES— Penicillin

OTHER—*(Specify)* /

ALERT

T. P. R. B.P.

INVESTIGATIONS— *(Please tick)*

Bact. Ct.Chem. Haem. Hist. Urin. E.C.G.

X-ray

CURRENT THERAPY— Insulin Steroids ATS Betablockers

OTHER—*(Specify)* /

PROVISIONAL DIAGNOSIS

Injury (L) buttock

TREATMENT— *(Please tick)*

Dressing Bandage/Splint P.O.P. Suture

Minor Procedure—

Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR 11:10

Prescription Issued:

HISTORY/CLINICAL DETAILS

This young man was playing football tonight when he landed awkwardly on his back. The area is most tender at the left sacral iliac joint and although he felt some pins and needles down his leg on formal testing there was no limitation of movement, sensation or power. He can partially weight bear.
X-ray of the sacro-iliac joint revealed no damage. I advised that this is a very stable area of the body but if the little area of movement at this joint is compromised it feels quite sore so I have gave him some advice about Paracetamol and he seemed to be happy enough with that.

DR. L. HEALY,
CASUALY S.H.O.,
LH/LS.

Signature.....

A. & E.I.

PLEASE USE BALLPOINT PEN

NHS Confidential: Personal data about a patient

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

ACCIDENT/EMERGENCY FORM

AE No. C/644031

HOSPITAL CODE 601

SURNAME: Donnelly | FORENAMES: Lisa | BIRTH SURNAME:

ADDRESS: 6 Clevedon Rdns. Eglinton Home | PATIENT'S OWN OCCUPATION: School

POSTCODE | TELEPHONE No.: 339-5014 | DATE OF BIRTH: 9.4.74 | SEX: 1 | MARITAL STATUS: 1 | RELIGION: R.C.

NEXT OF KIN: NAME | RELATIONSHIP: Mother | FAMILY DOCTOR: SURNAME: M.C. CLURE | INITIALS

ADDRESS | ADDRESS: 10, Queens Cres.

POSTCODE | TELEPHONE No. | POSTCODE: G4 | TELEPHONE No.

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE: 30.5.88 | PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO: NO | IN/OUT PATIENT | YEAR

TIME OF ATTENDANCE: 03:10 | REASON FOR ATTENDANCE: ? INJURY TO RIBS

DATE OF INJURY OR ILLNESS: 30.5.88 | TIME OF INJURY: 02:50 | TYPE (CODE): 7 | SOURCE OF REFERRAL: GP ____ SELF ____ POLICE ____ OTHER (CODE) 1

ROAD TRAFFIC ACCIDENT PLACE | DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

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

Diagnosis: Soft tissue inj (L) anterchest wall over ribs 10-12.

X-Ray film/ECG shows: Chest & abd -ve.

Treatment given: Analgesia

Drugs 2 days supply of Codydramol 2 tabs 6hrly has been given.

Tetanus Prophylaxis has/has not been administered. TT Course____ TT Booster____ HAT____ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle

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

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

Follow Up: Not arranged____ Arranged____ To be arranged____

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

Medical Officers Name (in Block Letters): M. Donagh

Signature of Medical Officer: M. Donagh

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

K+J

NHS Confidential: Personal data about a patient

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

AE No. C/582479

ACCIDENT/EMERGENCY FORM

RIB BAY 2 HOSPITAL CODE 601.

SURNAME DONNE[redacted] FORENAMES COLIN. BIRTH SURNAME

ADDRESS 117 ST VINCENT COURT 38b ST VINCENT ST GLASGOW PATIENT'S OWN OCCUPATION SCHOOL BOY

POSTCODE G3 8RH. TELEPHONE No. 226 4207 DATE OF BIRTH 9 4 74 SEX M. MARITAL STATUS S RELIGION

NEXT OF KIN: NAME MRS DONNELLY RELATIONSHIP MOTHER FAMILY DOCTOR: SURNAME M. MENZIES INITIALS

ADDRESS 8/A ADDRESS EASTERHOUSE H/C CTRE GLASGOW.

POSTCODE TELEPHONE No. POSTCODE TELEPHONE No.

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE 21. 4. 87 PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO IN/OUT PATIENT YEAR

TIME OF ATTENDANCE 09.50 REASON FOR ATTENDANCE INJURY TO (L) FOOT STOOD ON NAIL

DATE OF INJURY OR ILLNESS TIME OF INJURY TYPE (CODE) SOURCE OF REFERRAL

GP____ SELF____ POLICE____ OTHER (CODE)____

ROAD TRAFFIC ACCIDENT PLACE DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

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

Diagnosis Shard on a nail

X-Ray film/ECG shows

Treatment given Analgesia 24

Drugs____ days supply of____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course____ TT Booster____ HATI____ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle

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

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

Follow Up (Not arranged) Arranged____ To be arranged____

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

Medical Officers Name (In Block Letters) P. SINGH

Signature of Medical Officer

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

KJ

NHS Confidential: Personal data about a patient

[redacted]

GLASGOW ROYAL INFIRMARY

R2

ACCIDENT AND EMERGENCY DEPARTMENT 041-552 3535

NUMBER 45771

SURNAME	FORENAMES	DATE	TIME	DATE OF INJURY
DONNELLY	COLIN.	4.8.85	1604	

ADDRESS	G.P. NAME	SEX	MARITAL STATUS	PLACE OF INJURY (PLEASE TICK)
12 WARDIE RD	Dr. MCKENZIE	M	M. S. W.	HOME ☐
GLAS	ADDRESS EASTHOUSE M/C	AGE 11.	DATE OF BIRTH 9.4.74	SCHOOL ☐
TEL. No.				WORK ☐

NEXT OF KIN	REFERRED BY: (PLEASE TICK) G.P.	AMB.	WORKS	OTHER	SELF	SPORT ☐
MOTHER					✓	ROAD ☐
S/A	NATURE OF INJURY OR ILLNESS					OTHER ☑
TEL. No.	(L) HAND INJ.					

DUTY CONSULTANT

OCCUPATION

DEAR DOCTOR MCKENZIE

THIS PATIENT WAS SEEN AS ABOVE

SUFFERING FROM Cut to (L) thumb.

INVESTIGATIONS

X RAY Showed no FB.

TREATMENT 3 x Erythro 50

~~ANTI~~TETANUS < (SPECIFY) NOT GIVEN HUMAN IMMUNOGLOBULIN ☐ TETANUS TOXOID ☐ BOOSTER < RECOMMENDED 6/52 6/12 NOT REQUIRED

~~OTHER~~

ADMISSION WARD _____ FROM _____ TO _____

~~FOLLOW UP~~ ARRANGED AT / NOT ARRANGED _____ CLINIC ON _____

~~DRUGS~~ _____ DAYS SUPPLY OF _____ / NOT GIVEN

SICK LINE GIVEN FOR _____ / NOT GIVEN

FURTHER TREATMENT SUGGESTED Swabbing out 1 week.

DIAGNOSIS:

CODE: N883

SIGNED [signature]

BLOCK LETTERS [illegible]

POSITION SHO.

GREATER GLASGOW HEALTH BOARD

SOUTH-EASTERN DISTRICT

c.c. C.H.M.O.
Easterhouse Clinic

c.c. Dr. [redacted] MacIntyre
Clinical Co-ordinator
Eastern District

The Balvicar Centre
(Child Assessment)
46 Balvicar Street
Glasgow G42 8QU.

Telephone 041 423-8899.

[redacted] 3rd January 1979.

To: Dr. F. [redacted]
11 Newhills Road
Glasgow G33.

Dear Dr. [redacted]

Name: Colin Donnelly

Date of Birth: 9.4.74

Address: 12 Wardie Road, Glasgow

The above patient of yours has been in Carnbooth/Middlemoor Children's Home.

He/~~she~~ was referred by yourself and was admitted on 7.11.78

Clinical Report:

He appeared a healthy child who had a few spots for which had recently been prescribed Eurax Hydrocortisone and his skin settled well during his stay. He is of small stature, his height is just below the 3rd centile. His weight is above the 3rd centile. His skull [redacted] just below the 3rd centile.

He was a co-operative child who got on well with the staff but could be very quiet at examination. At development screening he co-operated well and though immature his tests showed he was within the normal range.

Stycar 5 letter screening test of vision satisfactory.
Stycar 7 toy test of hearing satisfactory.

One would suggest further observation of this child's growth to record his speed of growth as well as his place in range of height.

6 JAN 1979

Discharged on 22.12.78

Yours sincerely,

[redacted] M. [redacted]
Senior Medical Officer.

NHS Confidential: Personal data about a patient

CONSENT FORM – PLEASE DETACH HERE

IN CONFIDENCE

B.C.G. IMMUNISATION CONSENT FORM

Child's Name COLIN DONNOLLY ..... Date of Birth 09.04.74 ... Sex M. ....

Address EGLINTON CHILDRENS HOME, CLEVEDEN GARDENS, GLASGOW G12

School Attended HILLSIDE RESIDENTIAL, ABERDOUR Class .....

Name of Family Doctor COSSAR, 10 QUEENS CRES ~~Health Centre or~~ Surgery GLASGOW G4 9BL

Has your child ever had:–

(1) A BCG immunisation ..... If YES, at what approx. age ..... and where .....

(2) A previous chest X-Ray ..... If YES, at what approx. age ..... and where .....

(3) Is there, or has there ever been, any known case of Tuberculosis in the household? YES/NO

(4) If your child suffers from any serious medical condition or is currently on any medical treatment please give me details.

.....

A. I consent to my child whose details are indicated above, having a skin test for tuberculosis and then a BCG immunisation or X-Ray examination should this be indicated.

Signature J. Robertson School Matron ..... Date 2.3.89

Parent or Guardian

B. I do NOT consent to my child named above having a skin test for Tuberculosis, BCG immunisation or X-Ray examination.

Signature [redacted]

Parent or Guardian

Panda/4/88/16712 PCD/CHS 26

NHS Confidential: Personal data about a patient

7/3/89 - Heat ES100RA

range prev. BCG scar ∴ not immunised

L. [illegible]

GREATER GLASGOW HEALTH BOARD

SOUTH-EASTERN DISTRICT

The Balvicar Centre
(Child Assessment),
46 Balvicar Street
Glasgow G42 8QU.

Telephone 041 423-8899

7/11/78

Dear Dr. Collins,

Name: Colin Donnelly,

Date of Birth: 9/4/74

Address: 12, Wardie Road

The above child was admitted to Millerge/Carnbooth Children's Home for convalescence. 7/11/78

A report will be sent to you on discharge.

Yours sincerely,

[redacted] G. Pate
Senior Medical Officer.

10 NOV 1978

Copy to: Child Health Medical Officer
District H.V.
District Clinical Co-ordinator.

c.c. C.H.M.O.,
Easterhouse Clinic, 74 Wellhouse Cres.
Dr. E. MacIntyre.

GREATER GLASGOW HEALTH BOARD

SOUTH-EASTERN DISTRICT

The Balvicar Centre
(Child Assessment),
46 Balvicar Street,
Glasgow G42 8QU.

Telephone 041 423-8899

25th October 1978.

Dr. F. [redacted]
11 Newhills Road,
Glasgow, G33.

Dear Dr. [redacted]

Name: Colin Donnelly

Date of Birth: 9.4.74.

Address: 12 Wardie Road, Easterhouse

Thank you for referring the above child. We will offer him/hxx a vacancy in Mickhxxxx/Carnbooth Convalescent Home as soon as possible.

You will be notified of admission and discharge.

Yours sincerely,

Dr. Jean C. Main.
Clinical Co-ordinator Community Health Services,
South-Eastern District.

27 OCT 1978

Copy to: Child Health Medical Officer
District H.V.
District Clinical Co-ordinator.

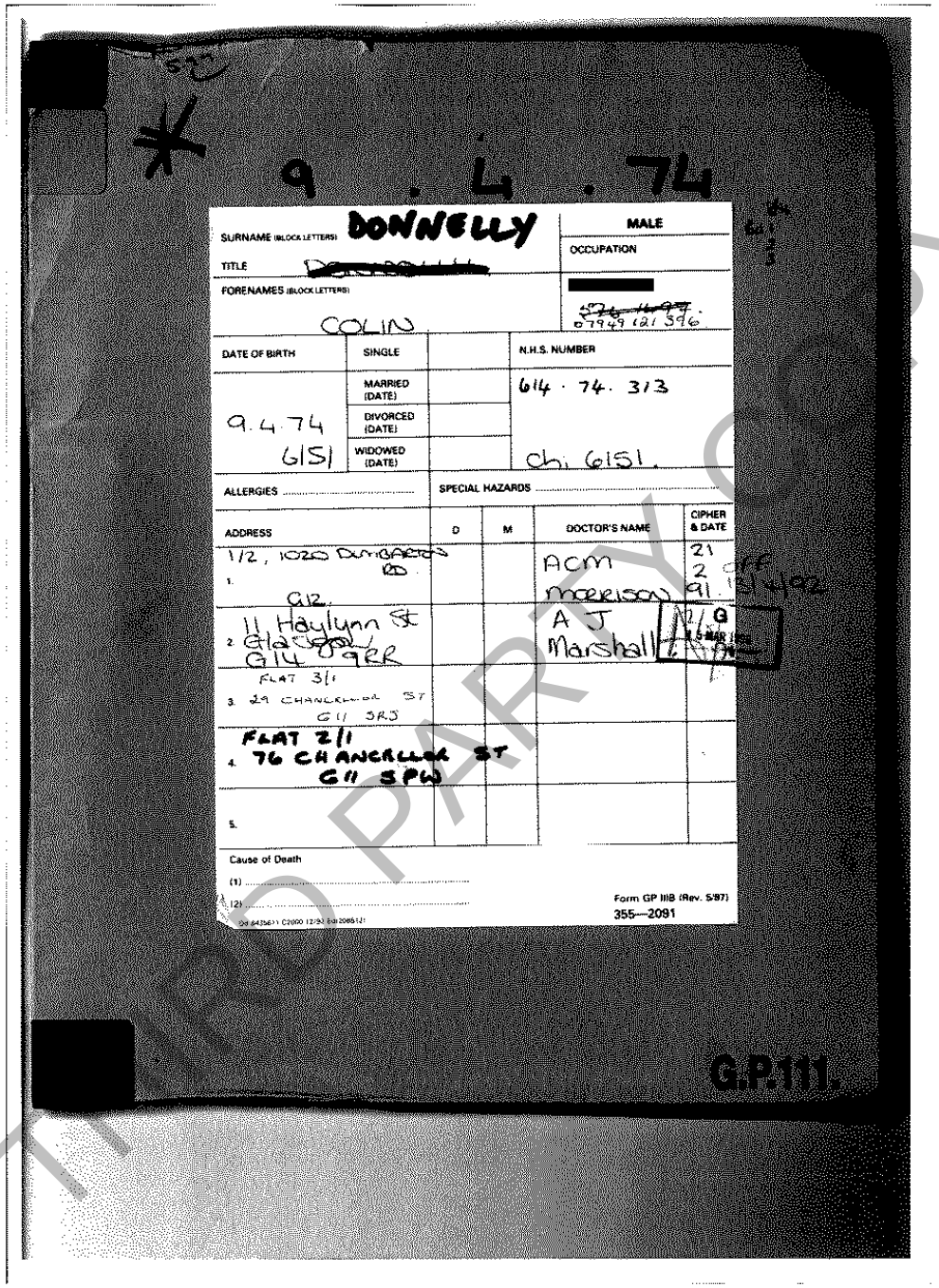
NHS Confidential: Personal data about a patient

Blood Results C Donnelly

White count 2·4·6

Hb. : 15·5

PL. : 2·03 Normal



SURNAME (BLOCK LETTERS) DONNELLY
MALE
TITLE
OCCUPATION
FORENAMES (BLOCK LETTERS) COLIN
07949 121 396
DATE OF BIRTH 9.4.74 6151
SINGLE
MARRIED (DATE)
DIVORCED (DATE)
WIDOWED (DATE)
N.H.S. NUMBER 614 · 74. 313
ch. 6151.
ALLERGIES
SPECIAL HAZARDS

ADDRESS	D	M	DOCTOR'S NAME	CIPHER & DATE
1. 1/2, 1020 DUMBARTON RD G12.			ACM Morrison	21 2 Sept 91
2. 11 Haylynn St Glasgow G14 9RR			A J Marshall	
3. FLAT 3/1 29 CHANCELLOR ST G11 5RJ				
4. FLAT 2/1 76 CHANCELLOR ST G11 5PW				
5.				

Cause of Death
(1)
(2)

Form GP IIIB (Rev. 5/87)
355—2091

G.P.111.

NHS Confidential: Personal data about a patient

CHANGE OF ADDRESS

HAVE YOU CHANGED YOUR ADDRESS???

PLEASE COMPLETE THIS SLIP AND HAND TO RECEPTION

NAME Colin Donnelly

OLD ADDRESS 11 HAYLYNN ST

NEW ADDRESS 76 CHANCELLOR ST PARTICK

TELEPHONE NO 07949121396

NHS Confidential: Personal data about a patient

SURNAME	[redacted] NAMES	OCCUPATION
DONNELLY	COLIN B.	

National Health Service Number	Single Married Widowed	Date of Birth				[redacted] changes and insert year of change)
614. 74. 313			09	04	74	19 ....

Address (1)	Name of Practitioner	Executive Council Cipher – Date	
Eglinton Childrens Home 6 Aldwarden Gdns G12	Dr. K.R. McClure	8.6.88	19 .... 19 ....
(2)	(2)	(2)	Died .... 19 ....
(3)	(3)	(3)	CAUSE OF DEATH 1. ____ 2. ____
(4)	(4)	(4)	F 28/4/89.
[redacted] MALE Form G.P.5B (Scotland)			Signature of Practitioner

SURNAME

CHRISTIAN NAMES

eMED3 (2010) new statement issued, not fit for work
03-May-2022 Dr Helen Main (HMAI)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: back pain; Duration: 03/05/2022 - 24/05/2022)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Colin DONNELLY

I assessed your case on: 03 /05 / 2022

and, because of the following condition(s): back pain

I advise you that:
[X] 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~~ [ ] [redacted] ~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 03 /05 / 2022 **to** 24 /05 / 2022

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 03 /05 / 2022

Doctor's address
The Broomhill Practice
Broomhill Drive
Glasgow, G11 7AD
Telephone: 0141 339 3626

Unique ID: Med 3 01/17 107D3A2C-6435-408F-A8D6-E68F39646D1D

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**

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** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

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 [redacted] 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** and type 'patients and employees' into the search [redacted]

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~~ DONNELLY
Other names COLIN
Address 1-1, 47 HYNDLAND STREET
GLASGOW Postcode G11 5QF
Date of birth 09 / 04 / 1974 **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** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work
07-Apr-2022 Dr Wendy Nixon (WNIX)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Back pain; Duration: 03/04/2022 - 03/05/2022)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Colin DONNELLY

I assessed your case on: 07 /04 / 2022

and, because of the following condition(s): Back pain

I advise you that:
- [X] 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~~
- [ ] [redacted] ~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 03 /04 / 2022 **to** 03 /05 / 2022

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 07 /04 / 2022

Doctor's address
The Broomhill Practice
Broomhill Drive
Glasgow, G11 7AD
Telephone: 0141 339 3626

Unique ID: Med 3 01/17 61DCA828-0436-4E8B-9C6F-3515D2461547

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- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

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For more information please visit **www.gov.uk** and type 'patients and employees' into the search [redacted]

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~~ DONNELLY

Other names COLIN

Address 1-1, 47 HYNDLAND STREET
GLASGOW Postcode G11 5QF

Date of birth 09 / 04 / 1974 **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** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work
03-Mar-2022 Dr Wendy Nixon (WNIX)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Back pain; Duration: 03/03/2022 - 03/04/2022)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Colin DONNELLY

I assessed your case on: 03 /03 / 2022

and, because of the following condition(s): Back pain

I advise you that:
- [X] 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~~
- [ ] [redacted]~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 03 /03 / 2022 **to** 03 /04 / 2022

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 03 /03 / 2022

Doctor's address
The Broomhill Practice
Broomhill Drive
Glasgow, G11 7AD
Telephone: 0141 339 3626

Unique ID: Med 3 01/17 19918E67-7B78-428B-8131-E01938D3A795

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**

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** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

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 [redacted] 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** and type 'patients and employees' into the search [redacted]

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~~ DONNELLY

Other names COLIN

Address 1-1, 47 HYNDLAND STREET
GLASGOW Postcode G11 5QF

Date of birth 09 / 04 / 1974 **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.
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eMED3 (2010) new statement issued, not fit for work
11-Feb-2022 Dr Wendy Nixon (WNIX)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Back pain; Duration: 02/02/2022 - 02/03/2022)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Colin DONNELLY

I assessed your case on: 11 /02 / 2022

and, because of the following condition(s): Back pain

I advise you that:
- [X] 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~~
- [ ] [redacted]~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 02 /02 / 2022 **to** 02 /03 / 2022

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 11 /02 / 2022

Doctor's address
The Broomhill Practice
Broomhill Drive
Glasgow, G11 7AD
Telephone: 0141 339 3626

Unique ID: Med 3 01/17 256F0E7E-4078-4EC3-8BBC-AA93739FF288

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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~~ DONNELLY

Other names COLIN

Address 1-1, 47 HYNDLAND STREET
GLASGOW Postcode G11 5QF

Date of birth 09 / 04 / 1974 **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.
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eMED3 (2010) new statement issued, not fit for work
05-Jan-2022 Dr Anna Hamilton (AL)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Back pain; Duration: 05/01/2022 - 02/02/2022)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Colin DONNELLY

I assessed your case on: 05 /01 / 2022

and, because of the following condition(s): Back pain

I advise you that:
- [X] 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~~
- [ ] [redacted] ~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 05 /01 / 2022 **to** 02 /02 / 2022

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 05 /01 / 2022

Doctor's address
The Broomhill Practice
Broomhill Drive
Glasgow, G11 7AD
Telephone: 0141 339 3626

Unique ID: Med 3 01/17 40AA2BAA-BA0F-4920-9FC4-55074FB76A51

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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~~ DONNELLY

Other names COLIN

Address 1-1, 47 HYNDLAND STREET
GLASGOW Postcode G11 5QF

Date of birth 09 / 04 / 1974 **Mobile**

NI number

What you need to do now
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eMED3 (2010) new statement issued, not fit for work
10-Mar-2021 Dr Andrew Marshall (DRMARSHALL14428)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Back pain and renal tumour; Duration: 10/03/2021 - 07/04/2021)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Colin DONNELLY

I assessed your case on: 10 /03 / 2021

and, because of the following condition(s): Back pain and renal tumour

I advise you that:
[X] 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~~
[ ] [redacted]~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 4 Week(s)
or from / / **to** / /

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 10 /03 / 2021

Doctor's address
The Broomhill Practice
Broomhill Drive
Glasgow, G11 7AD
Telephone: 0141 339 3626

Unique ID: Med 3 01/17 FC78D5F9-4B16-470C-A842-400898362A1B

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Help getting back to work if you are employed
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- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

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 [redacted] 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** and type 'patients and employees' into the search [redacted]

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~~ DONNELLY
Other names COLIN
Address 1-1, 47 HYNDLAND STREET
GLASGOW Postcode G11 5QF
Date of birth 09 / 04 / 1974 **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.
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eMED3 (2010) new statement issued, not fit for work
12-Feb-2021 Dr Nitin Gambhir (DRGAMBHIR_14428)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Back pain and renal tumor; Duration: 12/02/2021 - 14/03/2021)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Colin DONNELLY

I assessed your case on: 12 /02 / 2021

and, because of the following condition(s): Back pain and renal tumor

I advise you that:
[X] 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~~ [ ] [redacted] ~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 12 /02 / 2021 **to** 14 /03 / 2021

I ~~will/will~~ not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 12 /02 / 2021

Doctor's address
The Broomhill Practice
Broomhill Drive
Glasgow, G11 7AD
Telephone: 0141 339 3626

Unique ID: Med 3 01/17 27C717B2-E34E-41CE-8A3F-378AC9B6C8D0

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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 [redacted] 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** and type 'patients and employees' into the search [redacted]

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~~ DONNELLY

Other names COLIN

Address 1-1, 47 HYNDLAND STREET
GLASGOW Postcode G11 5QF

Date of birth 09 / 04 / 1974 **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** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work
26-Jan-2021 Dr Andrew Marshall (DRMARSHALL14428)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Back pain and renal tumour; Duration: 14/01/2021 - 15/02/2021)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Colin DONNELLY

I assessed your case on: 26 /01 / 2021

and, because of the following condition(s): Back pain and renal tumour

I advise you that:
[X] 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~~ [ ] [redacted]~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 14 /01 / 2021 **to** 15 /02 / 2021

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 26 /01 / 2021

Doctor's address
The Broomhill Practice
Broomhill Drive
Glasgow, G11 7AD
Telephone: 0141 339 3626

Unique ID: Med 3 01/17

B6E19C8C-43DF-4211-9487-C1612E24E541

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Help getting back to work if you are employed
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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 [redacted] 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.
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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~~ DONNELLY
Other names COLIN
Address 1-1, 47 HYNDLAND STREET
GLASGOW Postcode G11 5QF
Date of birth 09 / 04 / 1974 **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.
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eMED3 (2010) new statement issued, not fit for work
17-Apr-2019 Dr Amanda Rodger (AR)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: alcohol dependence; Duration: 17/04/2019 - 17/05/2019)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Colin DONNELLY

I assessed your case on: 17 /04 / 2019

and, because of the following condition(s): alcohol dependence

I advise you that:
- [X] 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~~
- [ ] [redacted] ~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 17 /04 / 2019 **to** 17 /05 / 2019

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 17 /04 / 2019

Doctor's address
The Broomhill Practice
Broomhill Drive
Glasgow, G11 7AD
Telephone: 0141 339 3626

Unique ID: Med 3 01/17 2C193750-36D7-4D19-AE87-4BE0331D4E85

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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~~ DONNELLY
Other names COLIN
Address 2-1, 202 EARL STREET
GLASGOW Postcode G14 0BY
Date of birth 09 / 04 / 1974 **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.
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eMED3 (2010) new statement issued, not fit for work
02-Apr-2019 Dr Anna Hamilton (AL)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: alcohol dependence; Duration: 22/03/2019 - 19/04/2019)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Colin DONNELLY

I assessed your case on: 02 /04 / 2019

and, because of the following condition(s): alcohol dependence

I advise you that:
- [X] 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~~
- [ ] [redacted] ~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 22 /03 / 2019 **to** 19 /04 / 2019

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 02 /04 / 2019

Doctor's address
The Broomhill Practice
Broomhill Drive
Glasgow, G11 7AD
Telephone: 0141 339 3626

Unique ID: Med 3 01/17
F2326C92-9B0F-4130-B642-BB7B419B52AE

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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 [redacted] 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** and type 'patients and employees' into the search [redacted]

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~~ DONNELLY
Other names COLIN
Address 2-1, 202 EARL STREET
GLASGOW Postcode G14 0BY
Date of birth 09 / 04 / 1974 **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** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work
22-Feb-2019 Dr Amanda Rodger (AR)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: alcohol dependence; Duration: 22/02/2019 - 22/03/2019)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Colin DONNELLY

I assessed your case on: 22 /02 / 2019

and, because of the following condition(s): alcohol dependence

I advise you that:
- [X] 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~~
- [ ] [redacted] ~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 22 /02 / 2019 **to** 22 /03 / 2019

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 22 /02 / 2019

Doctor's address
The Broomhill Practice
Broomhill Drive
Glasgow, G11 7AD
Telephone: 0141 339 3626

Unique ID: Med 3 01/17 5D26E8EC-1807-44C3-A71E-D5D7EEB14BEE

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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** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

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 [redacted] 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.
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Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ DONNELLY

Other names COLIN

Address 2-1, 202 EARL STREET
GLASGOW Postcode G14 0BY

Date of birth 09 / 04 / 1974 **Mobile**

NI number

What you need to do now
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eMED3 (2010) new statement issued, not fit for work
08-Feb-2019 Dr Andrew Marshall (DRMARSHALL14428)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Alcohol dependence; Duration: 08/02/2019 - 22/02/2019)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Colin DONNELLY

I assessed your case on: 08 /02 / 2019

and, because of the following condition(s): Alcohol dependence

I advise you that:
- [X] 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~~
- [ ] [redacted] ~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 08 /02 / 2019 **to** 22 /02 / 2019

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 08 /02 / 2019

Doctor's address
The Broomhill Practice
Broomhill Drive
Glasgow, G11 7AD
Telephone: 0141 339 3626

Unique ID: Med 3 01/17 497F517E-91D5-4758-B179-E4385FDC2843

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Help getting back to work if you are employed
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- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

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'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 [redacted] 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.
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Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ DONNELLY

Other names COLIN

Address 2-1, 202 EARL STREET
GLASGOW Postcode G14 0BY

Date of birth 09 / 04 / 1974 **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.
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- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work
29-Aug-2018 Dr Annie McAlister (AMCA)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: alcohol dependence, low mood; Duration: 22/08/2018 - 30/09/2018)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Colin DONNELLY

I assessed your case on: 29 /08 / 2018

and, because of the following condition(s): alcohol dependence, low mood

I advise you that:
- [X] 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~~
- [ ] [redacted]~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 22 /08 / 2018 **to** 30 /09 / 2018

I ~~will/will~~ not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 29 /08 / 2018

Doctor's address
The Broomhill Practice
Broomhill Drive
Glasgow, G11 7AD
Telephone: 0141 339 3626

Unique ID: Med 3 01/17 4BEBF65D-4367-4769-A475-9AEDDC2F2546

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**

Help getting back to work if you are employed
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- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

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 [redacted] 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.
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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~~ DONNELLY

Other names COLIN

Address 2-1, 202 EARL STREET
GLASGOW Postcode G14 0BY

Date of birth 09 / 04 / 1974 **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.
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- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work
03-Aug-2018 Dr Janet Chapman (JC)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: alcohol dependency; Duration: 03/08/2018 - 31/08/2018)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Colin DONNELLY

I assessed your case on: 03 /08 / 2018

and, because of the following condition(s): alcohol dependency

I advise you that:
- [X] 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~~
- [ ] [redacted]~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 4 Week(s)

or from / / **to** / /

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 03 /08 / 2018

Doctor's address
The Broomhill Practice
Broomhill Drive
Glasgow, G11 7AD
Telephone: 0141 339 3626

Unique ID: Med 3 01/17

314861D2-63D9-42FF-AC51-7FA08A0F2736

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- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

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 [redacted] 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** and type 'patients and employees' into the search [redacted]

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~~ DONNELLY

Other names COLIN

Address 2-1, 202 EARL STREET
GLASGOW Postcode G14 0BY

Date of birth 09 / 04 / 1974 **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** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work
03-Jun-2016 Dr Gemma Cross (GC)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: alcohol withdrawal; Duration: 03/06/2016 - 17/06/2016)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Colin DONNELLY

I assessed your case on: 03 / 06 / 2016

and, because of the following condition(s): alcohol withdrawal

I advise you that:
- [X] 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 03 / 06 / 2016 to 17 / 06 / 2016

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 03 / 06 / 2016

Doctor's address:
The Broomhill Practice
Broomhill Drive
Glasgow, G11 7AD
Telephone: 0141 339 3626

Unique ID: Med 3 04/10- 85DF73C0-25A4-46EA-AD4F-37D864914761

For the patient – what to do now

Please [redacted] the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to [redacted] some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Your details – Please use BLOCK CAPITALS

Surname: Mr, ~~Mrs, Miss, Ms~~ DONNELLY
Other names: COLIN
Address: 2/1 76 CHANCELLOR STREET
GLASGOW Postcode G11 5PW
Date of birth: 09 / 04 / 1974
National Insurance (NI) number:

Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (2010) new statement issued, not fit for work
22-Sept-2015 Dr Jordan Quispia-Lang (JQL)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Accidental injury; Duration: 20/09/2015 - 27/09/2015)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Colin DONNELLY

I assessed your case on: 22 / 09 / 2015

and, because of the following condition(s): Accidental injury

I advise you that:
- [X] 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 20 / 09 / 2015 to 27 / 09 / 2015

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 22 / 09 / 2015

Doctor's address:
The Broomhill Practice
Broomhill Drive
Glasgow, G11 7AD
Telephone: 0141 339 3626

Unique ID: Med 3 04/10- 49BAFD01-651D-4653-B194-66A55EED8AA2

For the patient – what to do now

Please [redacted] the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to [redacted] some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

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Your details – Please use BLOCK CAPITALS

Surname: Mr, ~~Mrs, Miss, Ms~~ DONNELLY
Other names: COLIN
Address: 2/1 76 CHANCELLOR STREET
GLASGOW Postcode G11 5PW
Date of birth: 09 / 04 / 1974
National Insurance (NI) number:

Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]