

Subject Access Request



Patient	Mr James Hepburn
Date of birth	19-Aug-1963 (age 62)
Gender	M
NHS number	1908631694
Patient's address	8 -3 Clearburn Road Edinburgh EH16 5EY
Date range selected	Full record
Organisation	Aiker Legal Ltd
Reference	

Problems

Active

18-Nov-2013 Dr Richard Smith
Dermatophytosis of nail

07-Dec-2011 Dr Linda Maccallum
Constipation

04-Nov-2011 Dr Richard Smith
O/E - dry skin

21-Apr-2011 Dr Richard Smith
[M]Hodgkin's disease

04-May-2010 Dr Linda Maccallum
+Med: Nasal allergy

26-Feb-2010 Dr Linda Maccallum
+Med: Asthma prevention

26-Feb-2010 Dr Linda Maccallum
+Med: Asthma symptoms

02-Jan-2009 Miss Tracey Smith
Drug reaction NOS

02-Jan-2009 Miss Tracey Smith
Anaphylactic shock

30-Apr-1999 Miss Tracey Smith
HIV positive

Significant Past

This section is empty.

Minor Past

This section is empty.

Consultations

02-Dec-2025 Ms Leesa Ormiston Other

21-Nov-2025 Ms Scarlett Hunter Administration

12-Oct-2025 Data Transferred from other system

Intervention Administration of first inactivated seasonal influenza vacc *FLU - Seqirus UK (HSCP - Conan Doyle Medical Centre)*

12-Oct-2025 Data Transferred from other system

Intervention Administration of first dose of SARS-CoV-2 vaccine *C-19 Comirnaty (HSCP - Conan Doyle Medical Centre)*

08-Oct-2025 Ms Scarlett Hunter Administration

22-Sept-2025 Mrs Caroline Sparks Other

Administration Administration NOS HEPBURN, James
 (P3) 19/08/1963askmyGP 37115173[10/09/2025 12:27]
 (Scarlett Hunter (PCT)) (Internal Note) Pt requesting call
 back from a GP to discuss extended sick line and wants
 GP to be aware its re him re contacting his family after 40
 years. He is contacting a solicitor re historic child abuse
 causing imense stress and anxiety [10/09/2025 13:17]
 (John Magill (Doctor)) (Internal Note) telephone
 appointment please[11/09/2025 10:40] (Abbie
 Churchmichael (PCT)) (Message to patient) Hi there, I
 have been asked to book you a telephone consultation.
 The first available slot we have is 19/9 between
 3pm&4pmCan you confirm you are able to take this call?
 What is the best number to contact you on?Kind Regards
 Abbie

19-Sept-2025 Dr John Magill Surgery consultation

Intervention Planned telephone contact Hx as per AMGPHas been
 (P1) quite a stress ful few weeks. Reconnected with his sister
 and brother after 40 years. Thought his brother had died.
 They had lived for 6 and 10 years in an abusive foster
 home. Has been filing a report to Historical Abuse panel
 and was discussing this with his older brother has a better
 memory of the events. His mother and father separated -
 father was physically abusive to his mother. Then moved
 into foster home where the foster mother was
 abusiveFound out his biological mother had died 2 years
 ago, hadn't seen her since he was 16. Some regrets he
 didn't get in touch sooner. Reconnection has gone better
 than he'd expected. Glad that he's reconnected.
 PlanThing have mostly settled - no need to med3
 extension and declined any input at present. If any
 concerns arise he will get in touch.

11-Sept-2025 Dr Wasim Haider Other

Administration Administration NOS HEPBURN, James
 (P3) 19/08/1963askmyGP 37138482[11/09/2025 11:56]
 (James Hepburn) Form: Consult a clinician Consult a
 clinician Form submitted at 11/09/2025 11:56 by James
 Hepburn * New/Existing/Other: New medical problem *
 About: I require a sick line due to stress for family * Would
 like help from: Anyone * How long?: About ten days *
 Details A: My family split up when I was four years old, but
 my sister traced and contacted me for the first time in over
 forty years. We have since had several conversations
 over the phone and I am planning to go up to Elgin, where
 she stays, at the weekend, to see her and my brother
 This whole event has proven very stressful for me and I
 feel emotionally all over the place and have taken this
 week of work, and my emotional state had not been
 helped by my having had just started compiling a report
 for a solicitor to submit to the Historical Abuse Panel. My
 brother(the one I am going up Moray to meet) and I, had
 to stay 8 years with a violent foster parent. This has been
 a strange coincidence but should be helpful, as I can talk
 with my brother Robert about these painful events. It is
 difficult for me to relate in this space how all this is
 affecting me, but just to say that I had already been
 finding things hard, trying to dredge up very painful
 memories from my past, and now my stomach is in knots
 with having to deal with meeting family after such a long,
 long time, not to mention sleeping very poorly. I cannot
 deal with all of this, and be at work at the same time and
 ask for you to provide me with a 14 day sick line, starting
 from the 8th of September. If you have any questions over
 this, I can be reached on 07419 751 896. Thank you,
 James. * Prefer contact by: Email message[11/09/2025
 13:40] (Wasim Haider (Dr. Haider)) (Internal Note) med 3
 Issued. WH [11/09/2025 14:33] (Abbie Churchmichael
 (PCT)) (Message to patient) Hi James, The doctor has
 issued this and is ready to collect at reception. Kind
 regardsAbbie

Administration eMED3 (2010) new statement issued, not fit for work Fit
 Note (Diagnosis: Stress related problem; Duration 08-
 Sep-2025 - 21-Sep-2025)

22-July-2025 Ms Ailsa Macrae Other

Intervention Medication requested amorolfine requested - Hx
 (P3) recurrent nail infections, last issued August 2024

21-July-2025 Ms Eilidh Scott Other

01-May-2025 Data Transferred from other system

Intervention Administration of first dose of SARS-CoV-2 vaccine C-19 Moderna (Ocean Terminal)

15-Jan-2025 Miss Eleanor Mackinnon Medicine Management

Examination Patient immunocompromised - coded as per docman
 (P1) letter 27/1/25
 Administration Outpatient clinic letter received Sexual & Reproductive
 (P3) Health Service, attended 12/12/24-HIV therapy changed
 to Dovato (Dolutegravir 50mg/Lamivudine 300mg), 1 tab
 daily. Advised that patient has about 3 months supply left
 of previous regime, so will finish this and then switch to
 Dovato.ACTION:-patient coded as immunocompromised
 as advised in letter-Previous regime not on record as out
 of practice items. Have added Dovato (generic) to out of
 practice repeats.E MacKinnon (Pharm Tech)

07-Jan-2025 Mrs Caroline Sparks Third Party Consultation

Administration Letter from consultant Clinical Letter Chalmers Sexual
(P3) Health Centre Sexual Health

19-Dec-2024 Miss Jasmyn Cairns Medicine Management

Intervention Other medication review Beclometasone 50mcg/dose
(P3) nasal spray removed as not issued >18mths as per NCMR
protocol

27-Oct-2024 Data Transferred from other system

Intervention Administration of first inactivated seasonal influenza vacc *FLU - Seqirus UK (HSCP - Conan Doyle*
Medical Centre)

27-Oct-2024 Data Transferred from other system

Intervention Administration of first dose of SARS-CoV-2 vaccine *C-19 Comirnaty (HSCP - Conan Doyle Medical*
Centre)

15-Oct-2024 Dr John Magill Surgery consultation

Administration eConsultation via online application HEPBURN, James
(P3) 19/08/1963askmyGP 31100833[15/10/2024 15:10]
(James Hepburn) Form: Consult a clinician Consult a
clinician Form submitted at 15/10/2024 15:10 by James
Hepburn * New/Existing/Other: New medical problem *
About: Chest infection head cold HIV+ * Would like help
from: Anyone * How long?: Chest Infection 6wks * Details
A: Chest infection not cleared up after 6 weeks, was
getting better, but now developed a bad head cold. I need
course of Amoxicillin to clear things up. Had this before
and it has always worked. You will see from notes I am
HIV+ for more than 25yrs. immune system needs help with
chest infection. Feeling miserable and can't make it to
surgery. Can doctor call me on 07849 090 599. * Prefer
contact by: Telephone * Preferred call time: As soon as
possible

15-Oct-2024 Dr John Magill Surgery consultation

Intervention Planned telephone contact Called as he's concerned
(P3) LRTI 6 weeks ago had cough which hasn't fully cleared.
Over the last 4 days has developed coryza,
headaches Pain in chest when coughing. Difficult sleeping
due to cough. Dry cough HIV+ve - on treatment and viral
load normal. Has had similar in past that improved with
amox. OESpeaking in full sentences. Imp ?URTI ?
LRTIPlanDiscussed more likely URTI at present with MSK
pain the source of chest pain given 6 week hx coughing.
Discussed should be assessed as ex smoker with 6 week
hx cough, although has had infective symptoms to explain
this. Keen on abx - px done to cover LRTI. Advsiad we
need to see him if cough persists despite these given
smoking hx.If not improving / any worsening tcb for review.

15-Oct-2024 Mrs Caroline Sparks Other

Administration Did not attend - reason given cancelled emergency gp
(P3) apt at 1hr before apt

15-Oct-2024 Ms Scarlett Hunter Administration

Administration Administration NOS Monica Alsina (Monica) re-opened
(P3) this requestMonica Alsina (Monica) wrote15/10/2024
13:15pt phoned, he's feeling really unwell, got some
medicine from the shops but he was wondering if he could
have a phone appointment instead of a f2f?Monica Alsina
(Monica) wrote15/10/2024 13:24tried to phone. pt needs
to come f2f appointmentMonica Alsina (Monica)
wrote15/10/2024 13:28pt phoned back. he will try to come
in for his appoint,15/10/2024 13:36Elle Green (Patient
Care Team) completed this requestElle Green (Patient
Care Team) wrote15/10/2024 13:36How was this request
resolved?Message15/10/2024 13:36Elle Green (Patient
Care Team) re-opened this requestElle Green (Patient
Care Team) wrote15/10/2024 13:36rcs locked

15-Oct-2024 Miss Monica Alsina Other**15-Oct-2024 Miss Monica Alsina Other**

15-Oct-2024 Ms Scarlett Hunter Administration

Administration Administration NOS HEPBURN, James
(P3) 19/08/1963askmyGP 31092556[15/10/2024 10:00] (Eilidh Scott (Patient Care Team)) (Internal Note) pt phoned. He has a chest infection for about 6 weeks but thought it had cleared up. He now has a heavy cold and feels the chest infection has come back - would like antibiotics. Also asked for Med 3 but I advised pt can self certify for 1 week. If you want to call pt he's on his work number today 07849090599[15/10/2024 10:24] (Jane Marshall) (Internal Note) He would need to be seen and assessed. Please offer GP F2F today[15/10/2024 10:27] (Scarlett Hunter (PCT)) (Internal Note) pt confirmed 4.30pm today

19-Aug-2024 Dr Wasim Haider Other

Diagnosis Assessing cardiovascular risk using SIGN score
Administration Telephone encounter 1_chat re: statins. on anti-retroviral Rx. ASSIGN 12.79. read about statins already and happy to start. usual advice/Rx. issued . 2+asking rpt. topical anti-fungal toe-nail rx./nasal spray>Issued.

13-Aug-2024 Ms Scarlett Hunter Administration**07-Jun-2024 Data Transferred from other system**

Intervention Administration of first dose of SARS-CoV-2 vaccine C-19 Moderna (Waverly Mall)

05-Jun-2024 Dr Tashya Abhayaratna Results recording

04-Jun-2024 Examination BCSP faecal occult blood test normal No action required
04-Jun-2024 Examination **BCSP faecal occult blood test normal**No action required: **Negative**
BCSP faecal occult blood test normal No action required (No range available)

10-Apr-2024 Data Transferred from other system

Intervention Administration of 2nd dose Varicella-zoster vacc for Shingles SHINGLES - Shingrix (Ocean Terminal)

12-Mar-2024 Mrs Chloe Stevenson Lennie Third Party Consultation

06-Mar-2024 Administration Letter encounter from patient Clinical Letter Chalmers
(P3) Sexual Health Centre Sexual Health

12-Mar-2024 Mrs Chloe Stevenson Lennie Administration**06-Feb-2024 Data Transferred from other system**

Intervention Administration of 1st dose Varicella-zoster vacc for Shingles SHINGLES - Shingrix (Ocean Terminal)

05-Nov-2023 Data Transferred from other system

Intervention Administration of first inactivated seasonal influenza vacc FLU - Seqirus UK (HSCP - Conan Doyle Medical Centre)

05-Nov-2023 Data Transferred from other system

Intervention Administration of first dose of SARS-CoV-2 vaccine C-19 Comirnaty (HSCP - Conan Doyle Medical Centre)

22-Aug-2023 Mrs Chloe Stevenson Lennie Third Party Consultation

16-Aug-2023 Administration Letter encounter from patient Clinical Letter Chalmers
(P3) Sexual Health Centre Infectious Diseases

15-Apr-2023 Data Transferred from other system

Intervention Administration of first dose of SARS-CoV-2 vaccine C-19 Moderna (Mass - Craigmillar Medical Centre)

27-Mar-2023 Mrs Chloe Stevenson Lennie Third Party Consultation

03-Mar-2023 Administration Letter encounter from patient Admin Letter Edinburgh
(P3) health and social care partnership Chalmers

27-Feb-2023 Ms Scarlett Hunter Administration

Administration Administration NOS HEPBURN, James
(P3) 19/08/1963askmyGP 21271143History from patient: Nasel passage problemRepeat prescription of aquios nasel spray for left nasel passage(Scarlett Hunter (PCT)) (Message to patient) **THIS IS A PRE-SET MESSAGE TO ACKNOWLEDGE YOUR REQUEST**All repeat prescriptions are generated within 48 hours of receiving request. Practice Hours Monday -Friday 08.00 - 18.00Prescription requests once authorised by the GP will be processed within 48 hours. If this request is not authorised the Patient Care Team will be in touch with you.Please allow ample time between ordering and collecting prescription from either Practice or Pharmacy.Kind regards Patient Care Team

25-Feb-2023 Ms Dawn Johnstone Medicine Management

Intervention Medication requested beconase nasal spray issued and
(P3) added to repeat

24-Feb-2023 Ms Scarlett Hunter Administration**22-Dec-2022 Mrs Mandy Stewart Other**

Administration Administration NOS HEPBURN, James
(P3) 19/08/1963askmyGP 20186408History from patient: Sickness line request correction.Hi there, I submitted a request yesterday 21.12.22 for a sickness certificate to cover me or this week, beginning 19.12.22, and accidentally added an extra @ to the email address that I gave you to send certificate, it should have read ***** or if you need a named person to send it to, please send to g***** My apologies for the mistake. The request is due to my having to be of work because of testing positive for Covid-19. Could I ask that the duty doctor, or whoever is available to call me today on 07419 751 896. I need this sickness certificate to be submitted this week, or it could affect my being paid the correct amount. I appreciate your help at this time of year.(Wasim Haider (Dr. Haider)) (Internal Note) MED3 issued 21/12/22. It is patient,s responsibility to send it along wherever they need to send it to. Can admin staff please check if previous MED3 was attached to the thread? if not can be attached here via this thread and he cans end it along. WH(Debbie Smith (Patient Care Team)) (Message to patient) Hi Mr HepburnPlease find attached Med3/Sick Note as requested. I'm afraid you will need to send this on to the required person as we are restricted who we can email from an NHS email address and can't do it from this platform.Hope this helpsRegardsDebbie [attachment: document.jh.pdf](James Hepburn) Understood, thank you. James Hepburn

22-Dec-2022 Ms Abbie Cameron Other

Administration Administration NOS HEPBURN, James
(P3) 19/08/1963askmyGP 20169363History from patient: Request for sick line due to Covid-19.Good morning doctor, I have been of work since 12.12.22, as I have been testing positive for Covid-19. I work at the North East Recovery Service, and because it is a health care service, i have not been allowed to attend work, so am requesting a sickness line to cover all of this week. Fortunately the trace line on my test this morning has begun to fade (see attachment), but whilst my work was ok for last week, head office need me to provide a sick line for this week, beginning 19.12.22. Could you please send it directly to ***** I would be grateful if this could be sorted out today, or tomorrow at latest, and if you need to talk to me, please call: 07419 751 896. Thank you, James Hepburn [attachment: 20169363_2694878.png](Wasim Haider (Dr. Haider)) (Internal Note) MED3 issued. WH (Scarlett Hunter) (Message to patient) Hi James,A sick note has been issued.Kind Regards Scarlett(James Hepburn) Thank you.

21-Dec-2022 Dr Wasim Haider Other

Administration eMED3 (2010) new statement issued, not fit for work Fit
Note (Diagnosis: MED3 - doctor's statement; Duration 19-
Dec-2022 - 25-Dec-2022)

15-Dec-2022 Dr Wasim Haider Other

Administration eConsultation via online application HEPBURN, JAMES (P3) 19/08/1963askmyGP 20017540History from patient: I have tested positive for Covid-195 daysI started feeling unwell last Friday with sore throat and flu like symptoms developed over weekend, and I tested positive for covid yesterday. I have informed work colleagues. The trace line was strong and appeared straight away. I am isolating at home and following NHS inform guidelines re drinking plenty of fluid. Apart from flu symptoms i have change in taste and smell, and feeling tired a lot, but no persistent cough. I am informing you as advised to by NHS website as I am in a high risk group. I am fully vaccinated with last one a couple of weeks ago + flu jab. If you have any further advice please let me know, or I will contact you if condition worsens.(Wasim Haider (Dr. Haider)) (Message to patient) Thanks James,This is very helpful. I think it is fine to continue supportive supportive treatments as you are. keep us updated if any new symptoms etc.

01-Dec-2022 Dr Ravneet Sidhu Surgery consultation**25-Nov-2022 Data Transferred from other system**

Intervention Administration of first dose of SARS-CoV-2 vaccine C-19 Moderna (Ocean Terminal)

31-Oct-2022 Ms Scarlett Hunter Administration

Administration Administration NOS Pt cancelled app to get ear syringed (P3) at 9.15am as medication given has cleared up his ear

28-Oct-2022 Miss Elle Green Administration

Administration SMS text message sent to patient You have an (P3) appointment at Boroughloch Medical Practice on Monday the 31st at 3:50pm. Please be aware this will be at our new premises. See address on our website.Please make us aware if you are not able to attend on 0131 229 7529. Also, bring a mask with you, unless exempt.Thank you

26-Oct-2022 Miss Elle Green Administration

Administration Administration NOS HEPBURN, JAMES (P3) 19/08/1963askmyGP 19125340(Scarlett Hunter) (Internal Note) Would like ear syringed - he is on annual leave next week if possible to fit him in then (Beth Stewart) (Message to patient) Has Helen got any appointments available next week?(Elle Green (Patient Care Team)) (Internal Note) tried to call booked for monday 31st at 3:50(Elle Green (Patient Care Team)) (Message to patient) Hi James, I tried to call but no worries.I have booked you for Monday at 3:50pm. Can you make this?(JAMES HEPBURN) Hi there, Sorry, keep my personal phone on DND at work. Monday 31.10.22, at 3:50, is fine for me.Thanks,James.

25-Oct-2022 Data Transferred from other system

Intervention Administration of first inactivated seasonal influenza vacc FLU - Seqirus UK (Ocean Terminal)

20-Oct-2022 Dr Wasim Haider Other**10-Oct-2022 Mrs Debbie Smith Third Party Consultation**

05-Sept-2022 Administration Letter from consultant Clinical Letter Chalmers Sexual (P3) Health Centre Sexual Health

10-Oct-2022 Mrs Debbie Smith Administration**20-Sept-2022 Dr Wasim Haider Other****16-Sept-2022 Miss Elle Green Administration****20-Aug-2022 Data Transferred from other system**

Intervention Administration of first dose of SARS-CoV-2 vaccine C-19 Booster Pfizer (Ocean Terminal)

20-Aug-2022 Data Transferred from other system

Administration Immunisation course maintain protection against SARS-CoV-2 MAINT C-19 Booster Pfizer (T Hepburn)

11-Aug-2022 Dr Sukhdeep Gill Surgery consultation**14-July-2022 Dr Sabraj Gill Medicine Management****14-Jun-2022 Miss Elle Green Administration**

Administration Administration NOS HEPBURN, JAMES
(P3) 19/08/1963askmyGP 16804631(Mandy Stewart (Mandy))
(Internal Note) Pt called advised he has had a very dry chest cough now for 4 weeks, covid negative, also producing phlegm that is very thick(Wasim Haider (Dr. Haider)) (Internal Note) Rx. issued for antibiotics. Please let patient know. Thanks. WH(Elle Green (Patient Care Team)) (Internal Note) actioned

14-Jun-2022 Dr Wasim Haider Other**31-May-2022 Dr Tashya Abhayaratna Triage****30-May-2022 Miss Elle Green Administration****24-Apr-2022 Data Transferred from other system**

Intervention Administration of first dose of SARS-CoV-2 vaccine C-19 Booster Moderna (Ocean Terminal)

24-Apr-2022 Data Transferred from other system

Administration Immunisation course maintain protection against SARS-CoV-2 MAINT C-19 Booster Moderna (T Burnett)

19-Apr-2022 Dr Jane Marshall Results recording

14-Apr-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
14-Apr-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2	
14-Apr-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub):	(No range available)
		2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	(No range available)
14-Apr-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2: Coronavirus ribonucleic acid detection assay SARS-CoV-2	(No range available)

19-Apr-2022 Dr Jane Marshall Results recording

12-Apr-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
12-Apr-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2	
12-Apr-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub):	(No range available)
		2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	(No range available)
12-Apr-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2: Coronavirus ribonucleic acid detection assay SARS-CoV-2	(No range available)

13-Apr-2022 Dr Tashya Abhayaratna Triage

Administration Telephone encounter Phoned as per amgp request.
(P3) Feels has chest infection, symptoms ongoing for a week. Works in a healthcare env and is exposed to multiple vulnerable people. Has sore throat, voice is more husky. Occasional cough. No fever. History noted.Explained sounds more like viral URTI, supportive measures discussed and advised to contact back if symptoms not settling gradually in 1-2 weeks or asap if worsening. Agreed with plan.

Administration Administration NOS HEPBURN, JAMES
(P3) 19/08/1963askmyGP 15757480(Debbie Smith (Patient Care Team)) (Internal Note) Pt phoned looking to speak to a GP. Thinks has chest inf? has had for 7 days but not clearing. worried as works in healthcare environment & coming up to Easter break. Has done lfts but negative.

12-Apr-2022 Dr Jane Marshall Results recording

05-Apr-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
05-Apr-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2	
05-Apr-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub):	(No range available)
05-Apr-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
05-Apr-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2: Coronavirus ribonucleic acid detection assay SARS-CoV-2	(No range available)

06-Apr-2022 Dr Jane Marshall Results recording

17-Mar-2020	Examination	BCSP faecal occult blood test normal No action required	
17-Mar-2020	Examination	BCSP faecal occult blood test normal No action required: Negative	(No range available)
		BCSP faecal occult blood test normal No action required	

06-Apr-2022 Dr Jane Marshall Results recording

22-Mar-2022	Examination	BCSP faecal occult blood test normal No action required	
22-Mar-2022	Examination	BCSP faecal occult blood test normal No action required: Negative	(No range available)
		BCSP faecal occult blood test normal No action required	

05-Apr-2022 Dr Jane Marshall Results recording

28-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
28-Mar-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2	
28-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub):	(No range available)
		2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
28-Mar-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2: Coronavirus ribonucleic acid detection assay SARS-CoV-2	(No range available)

05-Apr-2022 Dr Jane Marshall Results recording

01-Apr-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
01-Apr-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2	
01-Apr-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub):	(No range available)
		2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
01-Apr-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2: Coronavirus ribonucleic acid detection assay SARS-CoV-2	(No range available)

31-Mar-2022 Dr Jane Marshall Results recording

25-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
25-Mar-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2	
25-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub):	(No range available)
		2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
25-Mar-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2: Coronavirus ribonucleic acid detection assay SARS-CoV-2	(No range available)

31-Mar-2022 Dr Sabraj Gill Surgery consultation

Administration Consultation Reports nostril feels like it closes up and difficult to breathe in and out of. Streaming in the morning and feels affects breathing. O/E: HR 94, sats 99%, Ears wax, nose narrow passage. mucus. ?rhinitis. Tiral nasal steroid spray, drops for ears. Corrected prescription for patches

29-Mar-2022 Dr Jane Marshall Results recording

21-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
21-Mar-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2	
21-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub):	(No range available)
21-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
21-Mar-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2: Coronavirus ribonucleic acid detection assay SARS-CoV-2	(No range available)

29-Mar-2022 Dr Jane Marshall Results recording

22-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
22-Mar-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2	
22-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub):	(No range available)
22-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
22-Mar-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2: Coronavirus ribonucleic acid detection assay SARS-CoV-2	(No range available)

24-Mar-2022 Dr Sabraj Gill Medicine Management**23-Mar-2022 Dr Wasim Haider Other**

Administration Administration NOS please call pt landline- 0131 241 3621, missed call due mobile signal. MSTE
 Administration Telephone encounter odd symptom, left side of collapsing when breathing in. no PND/headaches/facial pains on that side. no left otalgia. denies any trauma. no known allergies. long term smoker but used nicotine to stop (multiple times). dw pt. unlikely clinically significant but given sx. better to assess F2F /anterior nasal/ENT exam. A&C staff to book patient in.

23-Mar-2022 Dr Wasim Haider Other

Administration Telephone encounter to direct message line.
 (P3)

23-Mar-2022 Dr Wasim Haider Other

Administration Telephone encounter no reply. m/l to phone back.
 (P3)

23-Mar-2022 Dr Jane Marshall Results recording

15-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
15-Mar-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2	
15-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub):	(No range available)
15-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
15-Mar-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2: Coronavirus ribonucleic acid detection assay SARS-CoV-2	(No range available)

23-Mar-2022 Dr Jane Marshall Results recording

18-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
18-Mar-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2	
18-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub):	(No range available)
18-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
18-Mar-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2: Coronavirus ribonucleic acid detection assay SARS-CoV-2	(No range available)

22-Mar-2022 Miss Elle Green Administration**21-Mar-2022 Miss Elle Green Administration****21-Mar-2022 Mrs Mandy Stewart Other**

Administration Administration NOS HEPBURN, JAMES (P3) 19/08/1963askmyGP 15261379History from patient: Left nasal passage collapsing when breathing in.several monthsHaving to continually breathe through mouth, especially when exerting myself in any way. Feel as if not getting enough oxygen through nose (Sabraj Gill) (Internal Note) telephone call any GP(Elle Green (Patient Care Team)) (Message to patient) Hi James, I have booked you in for a telephone call with the GP for Monday the 21st between 3-4pm.Kind regards,Elle(JAMES HEPBURN) I am at work on Monday 21st,can we make it any time on the 23/03/22 as I am at home all day for my annual gas check?(Elle Green (Patient Care Team)) (Message to patient) Hi James, The GP will give you a call on Wednesday the 23rd between 11-12pm.Kind regards,Elle

15-Mar-2022 Dr Jane Marshall Results recording

11-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
11-Mar-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2	
11-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub):	(No range available)
11-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
11-Mar-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2: Coronavirus ribonucleic acid detection assay SARS-CoV-2	(No range available)

10-Mar-2022 Dr Jane Marshall Results recording

08-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
08-Mar-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2	
08-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub):	(No range available)
08-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
08-Mar-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2: Coronavirus ribonucleic acid detection assay SARS-CoV-2	(No range available)

08-Mar-2022 Dr Jane Marshall Results recording

02-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
02-Mar-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2	
02-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub):	(No range available)
02-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
02-Mar-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2: Coronavirus ribonucleic acid detection assay SARS-CoV-2	(No range available)

08-Mar-2022 Dr Jane Marshall Results recording

04-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
04-Mar-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2	
04-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub):	(No range available)
04-Mar-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
04-Mar-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2: Coronavirus ribonucleic acid detection assay SARS-CoV-2	(No range available)

25-Feb-2022 Dr Jane Marshall Results recording

21-Feb-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
21-Feb-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2	
21-Feb-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub):	(No range available)
21-Feb-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)	
21-Feb-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2: Coronavirus ribonucleic acid detection assay SARS-CoV-2	(No range available)

28-Jan-2022 Dr Jane Marshall Results recording

07-Jan-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample taken at - PEDESTRIANS ONLY ?? NO VEHICLE ACCESS, Craigmillar Medical Centre Car Park. Sample analysed in the National Lighthouse Laboratory (Glasgow)	
07-Jan-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2	
07-Jan-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample taken at - PEDESTRIANS ONLY ?? NO VEHICLE ACCESS, Craigmillar Medical Centre Car Park. Sample analysed in the National Lighthouse Laboratory (Glasgow):	(No range available)
07-Jan-2022	Examination	2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample taken at - PEDESTRIANS ONLY ?? NO VEHICLE ACCESS, Craigmillar Medical Centre Car Park. Sample analysed in the National Lighthouse Laboratory (Glasgow)	
07-Jan-2022	Examination	Coronavirus ribonucleic acid detection assay SARS-CoV-2: Coronavirus ribonucleic acid detection assay SARS-CoV-2	(No range available)

27-Jan-2022 Miss Elle Green Administration**27-Jan-2022 Mrs Debbie Smith Administration**

Administration Administration NOS HEPBURN, JAMES (P3) 19/08/1963askmyGP 14278156History from patient: Repeat PrescriptionMay I please have 3 x 21mg nicotone patches, and 3 each of the 14 and 7mg patches please. (Debbie Smith (Patient Care Team)) (Message to patient) Hi James,Just to let you know that your prescription was done on 25.01 and should be ready to collect at Newington Pharmacy for you.Kind regardsDebbie

25-Jan-2022 Dr Wasim Haider Other**18-Jan-2022 Ms Kerry Proudfoot Administration****09-Dec-2021 Mr Sys System Supervisor Third Party Consultation**

03-Dec-2021 Administration Letter from consultant Clinical Letter Edinburgh Health (P3) and Social Care Partnership Sexual Health

19-Nov-2021 Data Transferred from other system

Intervention Administration of first inactivated seasonal influenza vacc *FLU - Fluceivax Tetra (QIVc) (Mass - Royal Highland Show Grounds)*

19-Nov-2021 Data Transferred from other system

Intervention Administration of third dose of SARS-CoV-2 vaccine *C-19 Pfizer (Mass - Royal Highland Show Grounds)*

02-Aug-2021 Ms Lorna Igoe Administration**25-Jun-2021 Miss Eleanor Mackinnon Medicine Management**

Intervention (P3) Other medication management NCMR - Amorolfine and Terbinafine removed from repeats, not issued in over 24 months. E Mackinnon

15-Jun-2021 Miss Ashley Howie Third Party Consultation

11-Jun-2021 Administration Letter encounter from patient (P3) Clinical Letter Chalmers Sexual Health Centre

11-May-2021 Dr Jane Marshall Data Transferred from other system

Intervention Admin sec dose SARS-CoV-2 vacc C-19 AstraZeneca (By G Muir)

24-Mar-2021 Dr Andrew Lever Medicine Management**10-Mar-2021 Dr Andrew Lever Medicine Management****22-Feb-2021 Dr Jane Marshall Data Transferred from other system**

Intervention Admin first dose SARS-CoV-2 vac C-19 AstraZeneca (By R Cairns)

20-Jan-2021 Ms Kerry Proudfoot Administration

14-Nov-2020 Intervention Administration of first inactivated seasonal influenza vacc

19-Oct-2020 Dr Wasim Haider Surgery consultation**04-Aug-2020 Dr Wasim Haider Surgery consultation****24-Apr-2020 Ms Helen Dickson Administration****16-Mar-2020 Miss Stephanie Macdonald Administration**

Administration (P3) Administration NOS tried to call to inform patient px dated 05/03/2020 sent to marchmont pharmacy for collection - no answer

05-Mar-2020 Mrs Debbie Smith Administration**18-Nov-2019 Dr Jane Marshall Results recording**

17-Nov-2019 Administration (P3) No response to bowel cancer screening programme invitation

24-Oct-2019 Ms Helen Dickson Administration**22-Oct-2019 Ms Helen Dickson Surgery consultation**

Intervention Administration of first inactivated seasonal influenza vacc No c/i

28-Aug-2019 Dr Philippa Wheble Other**06-Aug-2019 Dr Locum A Gp Other**

Administration (P3) Administration skinning for next stage of nicotine patch GVenters

30-July-2019 Ms Helen Dickson Surgery consultation

Intervention (P3) Irrigation of external auditory canal for removal of wax L ear successfully irrigated. Drum appears normal. Very small wafer thin piece of wax in canal. Will not reduce hearing but may be annoying if water gets in his ear. Advised to add more drops for a few days if that happens. Otherwise leave alone. Rechecked R ear - canal is still slightly red but no skin break. No discomfort at all so leave alone.

17-July-2019 Ms Helen Dickson Surgery consultation

Intervention (P3) Irrigation of external auditory canal for removal of wax
Came for ear irrigation. R ear successfully cleared. Canal is a bit inflamed but should settle. L ear still blocked and unable to remove wax. Pt admitted he only started oil in L ear 3/7 ago. Will continue drops and review in 1/52.

Administration (P3) Consultation Opportunistic chat about patient's respiratory history. Was treated as asthma for a few years. Was referred several years ago for spirometry but DNA. Pt states that the sx were related to his smoking and since he stopped smoking cigarettes he has no problems at all. No cough or spit. No SOB.

09-July-2019 Dr Jane Marshall Surgery consultation

Administration (P3) Consultation 1)S right otalgia since 1am this night O left small amount of wax right occluded with wax unable to visualise TM throat red A ?? wax pressing on TM A right otalgia P script issued review 1 week 2) managing to reduce cigarettes with patches asking for further script

Administration Medication review with patient

07-Jun-2019 Dr Locum A Gp Surgery consultation

Administration (P3) Consultation Motivated to stop smoking. had lapse.
Given 3 weeks of each patch to down titrate which was successful last time

07-Mar-2019 Ms Sarah Robertson Administration**22-Feb-2019 Dr Jane Marshall Results recording**

21-Feb-2019	Examination	Serum alkaline phosphatase	U/L	82	U/L	
21-Feb-2019	Examination	Serum alanine aminotransferase level	Serum ALT level -	29	U/L	
			U/L			
21-Feb-2019	Examination	Serum total bilirubin level		6	umol/L	
21-Feb-2019	Examination	Serum gamma-glutamyl transferase level	Serum gamma	17	U/L	
			GT level -		U/L	
21-Feb-2019	Examination	Liver function test	<none>			
21-Feb-2019	Examination	Serum alkaline phosphatase	U/L:	82	U/L	(Range: 40 - 125)
21-Feb-2019	Examination	Serum alanine aminotransferase level	Serum ALT level -	29	U/L	(Range: 10 - 50)
			U/L			
21-Feb-2019	Examination	Serum total bilirubin level:		6	umol/L	(Range: 3 - 21)
21-Feb-2019	Examination	Serum gamma-glutamyl transferase level	Serum gamma	17	U/L	(Range: 10 - 55)
			GT level -		U/L	
21-Feb-2019	Examination	Liver function test	<none>:			(No range available)
			Liver function test	<none>		

21-Feb-2019 Ms Helen Dickson Surgery consultation

Examination Blood sample -> Lab NOS Repeat LFT sent. Will ring for results.

Examination **Blood sample -> Lab NOS** Repeat LFT sent. Will ring for results.:
Blood sample -> Lab NOS Repeat LFT sent. Will ring for results. (No range available)

31-Jan-2019 Ms Sarah Robertson Third Party Consultation

17-Jan-2019 Administration Letter encounter from patient Clinical Letter Chalmers
(P3) Sexual Health Centre Sexual Health

24-Jan-2019 Dr Andrew Lever Administration

18-Jan-2019 Dr Jane Marshall Results recording

17-Jan-2019	Examination	Serum alkaline phosphatase U/L	84 U/L	
17-Jan-2019	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 35 U/L	
17-Jan-2019	Examination	Serum total bilirubin level	6 umol/L	
17-Jan-2019	Examination	Serum gamma-glutamyl transferase level GT level - U/L	Serum gamma 17 U/L	
17-Jan-2019	Examination	Liver function test <none>		
17-Jan-2019	Examination	Serum alkaline phosphatase U/L:		
		Serum alkaline phosphatase U/L	84 U/L	(Range: 40 - 125)
17-Jan-2019	Examination	Serum alanine aminotransferase level	Serum ALT level - U/L:	
		Serum alanine aminotransferase level U/L	Serum ALT level - 35 U/L	(Range: 10 - 50)
17-Jan-2019	Examination	Serum total bilirubin level:		
		Serum total bilirubin level	6 umol/L	(Range: 3 - 21)
17-Jan-2019	Examination	Serum gamma-glutamyl transferase level	Serum gamma GT level - U/L:	
		Serum gamma-glutamyl transferase level U/L	Serum gamma 17 U/L	(Range: 10 - 55)
17-Jan-2019	Examination	Liver function test <none>:		
		Liver function test <none>		(No range available)

17-Jan-2019 Ms Helen Dickson Surgery consultation

Administration Consultation (P3) No problems with terbinafine. LFT sent. Will ring for result.

10-Dec-2018 Dr Gregor Venters Surgery consultation

Administration Consultation (P3) discussion re nails still quite damaged expaliend that funus not seen on samples and dystrophy not typical but is very concerned re appearance and upset byt that disscussion re that discussion re risks of terbinafine v keen to continue rx as below and for review with lfts in 6 w has reastared cigs dsicussion re that try as below

01-Dec-2018 Dr Piotr Konieczny Results recording

30-Nov-2018	Examination	Serum alkaline phosphatase U/L	103 U/L	
30-Nov-2018	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 39 U/L	
30-Nov-2018	Examination	Serum total bilirubin level	6 umol/L	
30-Nov-2018	Examination	Serum gamma-glutamyl transferase level GT level - U/L	Serum gamma 18 U/L	
30-Nov-2018	Examination	Liver function test <none>		
30-Nov-2018	Examination	Serum alkaline phosphatase U/L:		
		Serum alkaline phosphatase U/L	103 U/L	(Range: 40 - 125)
30-Nov-2018	Examination	Serum alanine aminotransferase level	Serum ALT level - U/L:	
		Serum alanine aminotransferase level U/L	Serum ALT level - 39 U/L	(Range: 10 - 50)
30-Nov-2018	Examination	Serum total bilirubin level:		
		Serum total bilirubin level	6 umol/L	(Range: 3 - 21)
30-Nov-2018	Examination	Serum gamma-glutamyl transferase level	Serum gamma GT level - U/L:	
		Serum gamma-glutamyl transferase level U/L	Serum gamma 18 U/L	(Range: 10 - 55)
30-Nov-2018	Examination	Liver function test <none>:		
		Liver function test <none>		(No range available)

16-Nov-2018 Ms Sarah Robertson Administration**09-Nov-2018 Ms Helga Careianu Administration**

08-Nov-2018 Dr Piotr Konieczny Results recording

- 24-Oct-2018 Examination Mycology microscopy, culture and sensitivities Mycology, microscopy Direct microscopy for fungal hyphae :
NEGATIVE Mycology, culture Culture for fungi :
NEGATIVE If a previous positive microscopy result has been received, appropriate therapy should be prescribed as a high proportion of infected nail specimens fail to grow anything significant on culture. The most likely cause of a microscopy positive, culture negative result is a dermatophyte infection.; Mycology MC&S
- 24-Oct-2018 Examination **Mycology microscopy, culture and sensitivities** Mycology, microscopy Direct microscopy for fungal hyphae : NEGATIVE Mycology, culture Culture for fungi : NEGATIVE If a previous positive microscopy result has been received, appropriate therapy should be prescribed as a high proportion of infected nail specimens fail to grow anything significant on culture. The most likely cause of a microscopy positive, culture negative result is a dermatophyte infection.; Mycology MC&S:
Mycology microscopy, culture and sensitivities Mycology, (No range available)
microscopy Direct microscopy for fungal hyphae :
NEGATIVE Mycology, culture Culture for fungi :
NEGATIVE If a previous positive microscopy result has been received, appropriate therapy should be prescribed as a high proportion of infected nail specimens fail to grow anything significant on culture. The most likely cause of a microscopy positive, culture negative result is a dermatophyte infection.; Mycology MC&S

08-Nov-2018 Dr Andrew Lever Administration**26-Oct-2018 Ms Sarah Robertson Third Party Consultation**

- 24-Oct-2018 Administration Letter encounter from patient Laboratory Report Royal
(P3) Infirmary of Edinburgh Microbiology

25-Oct-2018 Dr Piotr Konieczny Results recording

- 24-Oct-2018 Examination Mycology microscopy, culture and sensitivities Mycology, microscopy Direct microscopy for fungal hyphae :
NEGATIVE Mycology, culture Result to follow; Mycology MC&S
- 24-Oct-2018 Examination **Mycology microscopy, culture and sensitivities** Mycology, microscopy Direct microscopy for fungal hyphae : NEGATIVE Mycology, culture Result to follow; Mycology MC&S:
Mycology microscopy, culture and sensitivities Mycology, (No range available)
microscopy Direct microscopy for fungal hyphae :
NEGATIVE Mycology, culture Result to follow; Mycology MC&S

24-Oct-2018 Ms Helen Dickson Administration

- Intervention Seasonal influenza vaccination *Given by locum GP today*

24-Oct-2018 Dr Locum A Gp Surgery consultation

- Administration Consultation ongoing fungal nail infection not responded to two oral anti-fungals. NICE recommend re-sending clippings for culture and trying oral and topical. Patient aware needs LFT's tested every 6 weeks while on terbinafine. Flu-jab also given.
(P3)

17-Aug-2018 Ms Sarah Robertson Third Party Consultation

- 08-Aug-2018 Administration Letter from consultant Clinical Letter Chalmers Sexual
(P3) Health Centre Sexual Health

12-Dec-2017 Ms Helen Dickson Surgery consultation

- Examination O/E - blood pressure reading 120 / 76 mm Hg
Examination Ex smoker Stopped smoking a year ago. Asthma sx now // cigarettes / cigars /
have resolved. No longer requires inhalers. tobacco
Intervention Seasonal influenza vaccination *HIV/ immunocompromised. No c/i. Up to date with pneumovax.*

18-Nov-2017 Dr Jane Marshall Results recording

- 17-Nov-2017 Administration No response to bowel cancer screening programme
(P3) invitation

26-May-2017 Dr Piotr Konieczny Surgery consultation

- Administration Consultation A few months of pain sole of left foot. O/E
(P3) tender point under 2nd MCPJ. See podiatrist.

02-Feb-2017 Ms Locum Nurse Surgery consultation

- Intervention Advice to patient - subject fit and well requesting flu vac
given with patients consent
Intervention Seasonal influenza vaccination

29-Dec-2016 Dr Locum A Gp Surgery consultation

Administration Consultation post viral cough for 4 weeks with green spt
(P3) he says; No sob or wheeze; no fever Ex-smoker 5m ago
after 30 pack years Works in Supermarket; denies
alcohol P 70 reg; T=N BP 118/62 Chest: moist crackles bilat
but probably longstanding Impression No sign bact
infection. Adv steam inhalations Explained atbs not
indictaed - not happy; always needs them when his chest
is like this Not convinced but given amox as delayed Rx; will
try regulat sream inh

23-Dec-2016 Dr Piotr Konieczny Administration

Administration Telephone encounter TC from pt, throat still sore. Asking
(P3) for Med3
Administration eMED3 (2010) new statement issued, not fit for work Fit
Note (Diagnosis: Viral illness; Duration 21-Dec-2016 - 28-
Dec-2016)

22-Dec-2016 Miss Stephanie Macdonald Administration**19-Dec-2016 Dr Piotr Konieczny Surgery consultation**

Administration Consultation Had a sudden loss of voce last week, then
(P3) this resolved, but followed with sore throat and cough,
feeling run down and unwell. O/E chest clear, temp 36.3,
sats 98, HR 63, well clinically. Throat NAD. Likely post-viral
now, advice, when to seek further help.

12-Oct-2016 Ms Lorna Igoe Other**11-Oct-2016 Ms Lorna Igoe Other****23-Sept-2016 Dr Locum B Gp Surgery consultation**

Administration Consultation Final stage of GUS with Nicotinell
(P3)

26-Aug-2016 Dr Piotr Konieczny Other

Administration Consultation In for next step patches - only started taking
(P3) the last prescription recently, not smoking since end July.

30-Jun-2016 Dr Locum A Gp Medicine Management**13-Jun-2016 Mr Lee Stewart Administration****20-May-2016 Mr Lee Stewart Administration****04-May-2016 Dr Piotr Konieczny Other**

Administration Consultation In to discuss itraconazole - last LFTs ok.
(P3) Long h/o fungal nail infections. Cont for now, to discuss
with his Chalmers consultant next time. Lost DLA, will be
looking for part time job - all in Edi details given. Wants to
quit smoking, already has some patches bought from
pharmacy, and has follow up patches, prescribed before,
but nto used (?in date), so only needs the starting dose.

26-Apr-2016 Dr Piotr Konieczny Results recording

25-Apr-2016	Examination	Serum alkaline phosphatase	U/L	90 U/L	
25-Apr-2016	Examination	Serum alanine aminotransferase level	Serum ALT level -	38 U/L	
			U/L		
25-Apr-2016	Examination	Serum total bilirubin level		9 umol/L	
25-Apr-2016	Examination	Serum gamma-glutamyl transferase level	Serum gamma	20 U/L	
			GT level -	U/L	
25-Apr-2016	Examination	Liver function test	<none>		
25-Apr-2016	Examination	Serum alkaline phosphatase	U/L:		
		Serum alkaline phosphatase	U/L	90 U/L	(Range: 40 - 125)
25-Apr-2016	Examination	Serum alanine aminotransferase level	Serum ALT level -	U/L:	
		Serum alanine aminotransferase level	Serum ALT level -	38 U/L	(Range: 10 - 50)
			U/L		
25-Apr-2016	Examination	Serum total bilirubin level:			
		Serum total bilirubin level		9 umol/L	(Range: 3 - 21)
25-Apr-2016	Examination	Serum gamma-glutamyl transferase level	Serum gamma	GT level -	U/L:
		Serum gamma-glutamyl transferase level	Serum gamma	20 U/L	(Range: 10 - 55)
			GT level -	U/L	
25-Apr-2016	Examination	Liver function test	<none>:		
		Liver function test	<none>		(No range available)

25-Apr-2016 Ms Anne Frater Surgery consultation

09-Mar-2016 Dr Jane Marshall Surgery consultation

Intervention	Emergency asthma admission since last appointment	
Management	Asthma annual review	
Examination	Peak exp. flow rate: PEFR/PFR Previous Best Ever = 630 L/min	
	670.0, Predicted = .	
Diagnosis	Asthma control test	
Administration	Scanned Document	
	<i>Other Attachment : Peak Expiratory Flow Rate</i>	
Administration	Scanned Document	
	<i>Other Attachment : Asthma Control Test (ACT)</i>	
Diagnosis	Asthma not disturbing sleep	
(P3)		
Diagnosis	Asthma never causes daytime symptoms	
(P3)		
Diagnosis	Asthma not limiting activities	
(P3)		
Administration	Consultation S attends for asthma review asthma very well controlled spends his time volunteering for waverley care and positive help O per screen excellent inhaler technique P discussed possible step down of treatment-will consider given pneumovac	
(P3)		
Examination	Current smoker	// cigarettes / cigars / tobacco
Intervention	Smoking cessation advice	
Examination	O/E - weight	62 Kg
Examination	Body Mass Index	20.7
Examination	O/E - height	1.73 m
Intervention	Pneumococcal vaccination	
Examination	Peak exp. flow rate: PEFR/PFR Previous Best Ever = 670.0, Predicted = .	
	Peak exp. flow rate: PEFR/PFR Previous Best Ever = 630 L/min	(No range available)
	670.0, Predicted = .	

29-Feb-2016 Dr Piotr Konieczny Other

26-Feb-2016 Miss Stephanie Macdonald Administration

Intervention	Smoking cessation advice declined	
(P3)		
Examination	Current smoker	6 // cigarettes / cigars / tobacco

06-Jan-2016 Dr Piotr Konieczny Other

05-Jan-2016 Mr Lee Stewart Administration

29-Dec-2015 Dr Jane Marshall Results recording

Examination	Serum alkaline phosphatase U/L	96 U/L	
Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 34 U/L	
Examination	Serum total bilirubin level	5 umol/L	
Examination	Serum gamma-glutamyl transferase level U/L	Serum gamma GT level - U/L	
Examination	Liver function test <none>		
Examination	Serum alkaline phosphatase U/L:		
	Serum alkaline phosphatase U/L	96 U/L	(Range: 40 - 125)
Examination	Serum alanine aminotransferase level U/L:		
	Serum alanine aminotransferase level U/L	Serum ALT level - 34 U/L	(Range: 10 - 50)
Examination	Serum total bilirubin level:		
	Serum total bilirubin level	5 umol/L	(Range: 3 - 21)
Examination	Serum gamma-glutamyl transferase level U/L:		
	Serum gamma-glutamyl transferase level U/L	Serum gamma GT level - U/L	(Range: 10 - 55)
Examination	Liver function test <none>:		
	Liver function test <none>		(No range available)

29-Dec-2015 Ms Anne Frater Surgery consultation

09-Dec-2015 Mr Lee Stewart Administration

18-Nov-2015 Dr Jane Marshall Results recording

17-Nov-2015	Administration	No response to bowel cancer screening programme invitation
	(P3)	

09-Nov-2015 Miss Louise Watt Administration

07-Oct-2015 Dr Piotr Konieczny Other

Administration Consultation Review of itraconazole - there's still some
(P3) visible fungal change, especially on big toenail, so cont tx.
LFTs normal.
Administration Medication review with patient

05-Oct-2015 Miss Louise Watt Administration**05-Oct-2015 Miss Louise Watt Administration****01-Oct-2015 Dr Jane Marshall Results recording**

30-Sept-2015 Examination	Serum alkaline phosphatase U/L	92 U/L	
30-Sept-2015 Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 42 U/L	
30-Sept-2015 Examination	Serum total bilirubin level	9 umol/L	
30-Sept-2015 Examination	Serum gamma-glutamyl transferase level U/L	Serum gamma GT level - 26 U/L	
30-Sept-2015 Examination	Liver function test	<none>	
30-Sept-2015 Examination	Serum alkaline phosphatase U/L:		
	Serum alkaline phosphatase U/L	92 U/L	(Range: 40 - 125)
30-Sept-2015 Examination	Serum alanine aminotransferase level U/L:		
	Serum alanine aminotransferase level U/L	Serum ALT level - 42 U/L	(Range: 10 - 50)
30-Sept-2015 Examination	Serum total bilirubin level:		
	Serum total bilirubin level	9 umol/L	(Range: 3 - 21)
30-Sept-2015 Examination	Serum gamma-glutamyl transferase level U/L:		
	Serum gamma-glutamyl transferase level U/L	Serum gamma GT level - 26 U/L	(Range: 10 - 55)
30-Sept-2015 Examination	Liver function test <none>:		
	Liver function test <none>		(No range available)

30-Sept-2015 Mrs Deborah Smeeton Other

Intervention Seasonal influenza vaccination
Intervention Pneumococcal vaccination

22-Sept-2015 Dr Locum A Gp Surgery consultation

Administration Consultation Productive cough green sputum, SOB and
(P3) wheeze for the last week. Using inhaler more frequently than usual. No fever. OE - Well, sats 98% RA, RR 16, PR 80, heart sounds pure, Crackle LLL. Imp - LRTI. Plan - Amox and review if not resolving. 2. Keen to have LFTs rechecked as almost completed course of antifungal. Do LFTs prior to completing course. C Buchan 6157406

11-Sept-2015 Dr Piotr Konieczny Other**09-Sept-2015 Mr Lee Stewart Administration****11-Aug-2015 Mr Lee Stewart Administration****08-July-2015 Dr Piotr Konieczny Other**

Administration Administration See docman - email from Dr Clutterbuck
(P3) re itraconazole.

08-July-2015 Dr Piotr Konieczny Results recording

07-July-2015 Examination	Serum alkaline phosphatase U/L	79 U/L	
07-July-2015 Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 45 U/L	
07-July-2015 Examination	Serum total bilirubin level	10 umol/L	
07-July-2015 Examination	Serum gamma-glutamyl transferase level U/L	Serum gamma GT level - 25 U/L	
07-July-2015 Examination	Liver function test	<none>	
07-July-2015 Examination	Serum alkaline phosphatase U/L:		
	Serum alkaline phosphatase U/L	79 U/L	(Range: 40 - 125)
07-July-2015 Examination	Serum alanine aminotransferase level U/L:		
	Serum alanine aminotransferase level U/L	Serum ALT level - 45 U/L	(Range: 10 - 50)
07-July-2015 Examination	Serum total bilirubin level:		
	Serum total bilirubin level	10 umol/L	(Range: 3 - 21)
07-July-2015 Examination	Serum gamma-glutamyl transferase level U/L:		
	Serum gamma-glutamyl transferase level U/L	Serum gamma GT level - 25 U/L	(Range: 10 - 55)
07-July-2015 Examination	Liver function test <none>:		
	Liver function test <none>		(No range available)

07-July-2015 Dr Piotr Konieczny Other

Administration Consultation On itraconazole for fungal nail infection
(P3) from Chalmers - see letters. He came for more tabs, but not had the LFTs done - so done today and I'll email dr Clutterbuck.

24-Jun-2015 Mr Lee Stewart Administration**08-Jun-2015 Miss Louise Watt Administration****04-Jun-2015 Miss Louise Watt Administration****07-May-2015 Miss Stephanie Macdonald Administration****16-Apr-2015 Dr Piotr Konieczny Results recording**

01-Apr-2015 Examination Mycology microscopy, culture and sensitivities Mycology, microscopy Direct microscopy for fungal hyphae : POSITIVE
Mycology, culture Culture for fungi : NEGATIVE
high proportion of infected nail specimens fail to grow on culture. Since the most likely cause is a dermatophyte, appropriate therapy should be prescribed; Mycology MC&S

01-Apr-2015 Examination **Mycology microscopy, culture and sensitivities** Mycology, microscopy Direct microscopy for fungal hyphae : POSITIVE
Mycology, culture Culture for fungi : NEGATIVE
high proportion of infected nail specimens fail to grow on culture. Since the most likely cause is a dermatophyte, appropriate therapy should be prescribed; Mycology MC&S: (No range available)

Mycology microscopy, culture and sensitivities Mycology, microscopy Direct microscopy for fungal hyphae : POSITIVE
Mycology, culture Culture for fungi : NEGATIVE
high proportion of infected nail specimens fail to grow on culture. Since the most likely cause is a dermatophyte, appropriate therapy should be prescribed; Mycology MC&S

07-Apr-2015 Miss Stephanie Macdonald Administration**02-Apr-2015 Dr Piotr Konieczny Results recording**

01-Apr-2015 Examination Mycology microscopy, culture and sensitivities Mycology, microscopy Direct microscopy for fungal hyphae : POSITIVE
Mycology, culture Result to follow; Mycology MC&S

01-Apr-2015 Examination **Mycology microscopy, culture and sensitivities** Mycology, microscopy Direct microscopy for fungal hyphae : POSITIVE
Mycology, culture Result to follow; Mycology MC&S: (No range available)

Mycology microscopy, culture and sensitivities Mycology, microscopy Direct microscopy for fungal hyphae : POSITIVE
Mycology, culture Result to follow; Mycology MC&S

30-Mar-2015 Dr Piotr Konieczny Other

Administration Consultation Bashed left hand last night, has bruising and swelling over 5th/4th MC left. ?fracture - advised to go to A&E. Also looking for result of mycology from before Xmass - nil here, nil on Scistore. Repeat and see podiatrist?

12-Feb-2015 Dr Jane Marshall Acute visit

Administration Telephone encounter S further message from patient: asking re nail clipping result
(P3)

12-Feb-2015 Miss Victoria Simmons Repeat Issue**13-Jan-2015 Ms Lorna Igoe Other****04-Dec-2014 Dr Jane Marshall Surgery consultation**

Administration Consultation S attends for review as requested: ongoing fungal nail problem co-incidentally spoke to dr clutterbuck about same issue last week and has handed in a nail clipping sample would like toe nails to be better O numerous onychomycotic nails with partial clearance P agreed I will check result 6-8 weeks and get back to him
(P3)

25-Nov-2014 Mrs Deborah Smeeton Other

Intervention	Smoking cessation advice	Pt keen to use patches.
Intervention	Asthma sometimes restricts exercise	If running for bus.
Intervention	Asthma sometimes restricts exercise	
Intervention	Asthma treatment compliance satisfactory	
Intervention	Asthma management plan given	
Examination	Inhaler technique observed	Good
Symptom	Night cough present	No night cough
Symptom	Employment milestones	On jobseekers allowance
Management	Asthma annual review	
Management	Asthma monitoring check done	
Symptom	Asthma	Never experienced attack
Examination	Peak exp. flow rate: PEFR/PFR	Previous Best Ever = 670 L/min 580.0, Predicted = .
Diagnosis (P3)	Asthma	not disturbing sleep
Diagnosis (P3)	Asthma	never causes daytime symptoms
Administration (P3)	Consultation	Pt just had work down on house therefore dust has exacerbated some of asthma symptoms over past 4 weeks. Otherwise Asthma well controlled and ACT score 19/25/
Examination	Cigarette smoker	20 // cigarettes / cigars / tobacco
Examination	Asthma	never causes daytime symptoms
Examination	Asthma	not disturbing sleep
Examination	Asthma	not limiting activities
Examination	O/E - weight	63 Kg
Examination	Body Mass Index	21
Intervention	Seasonal influenza vaccination	
Examination	Peak exp. flow rate: PEFR/PFR	Previous Best Ever = 580.0, Predicted = . : Peak exp. flow rate: PEFR/PFR Previous Best Ever = 670 L/min (No range available) 580.0, Predicted = .

18-Nov-2014 Dr Jane Marshall Medicine Management**06-Nov-2014 Mrs Deborah Smeeton Other****27-Oct-2014 Dr Richard Smith Surgery consultation**

Administration Consultation ATOS assessment this Friday, mixture of
(P3) calm and panic. I will print out summary sheet

21-Oct-2014 Dr Richard Smith Administration**01-Oct-2014 Miss Victoria Simmons Repeat Issue****11-Sept-2014 Mrs Deborah Smeeton Other****03-Sept-2014 Mrs Linda Bradley Repeat Issue****27-Aug-2014 Miss Victoria Simmons Repeat Issue****14-Aug-2014 Dr Jane Marshall Administration**

Administration Administration NOS S script per pt req see dr re NRT-
(P3) recent course

06-Aug-2014 Dr Richard Smith Administration

Diagnosis Erectile dysfunction
(P3)

01-July-2014 Mrs Linda Bradley Repeat Issue

Administration Telephone encounter repeat prescription
(P3)

02-Jun-2014 Dr Linda Maccallum Surgery consultation

Administration Consultation Needs inhalers etc. Wanted to review how
(P3) nails are doing. Small ones are beginning to clear.

02-Jun-2014 Mrs Linda Bradley Repeat Issue**30-Apr-2014 Miss Victoria Simmons Repeat Issue**

31-Mar-2014 Dr Richard Smith Surgery consultation

Administration Consultation meds prescribed. Loss of hair and grey
(P3) hairs get him down, discussed beard oils

25-Mar-2014 Miss Tracey Smith Administration

Administration Excepted from asthma quality indicators: Informed dissent
(P3) pt did not respond to 3 recall invites

18-Mar-2014 Dr Richard Smith Administration

Administration Administration NOS SR nasep adn daktacort
(P3)

11-Mar-2014 Mrs Linda Bradley Administration

17-Nov-2013 Diagnosis Bowel cancer screening programme patient did not
(P3) respond to invite

04-Mar-2014 Mrs Linda Bradley Repeat Issue**06-Jan-2014 Ms Lorraine Mcbain Administration****20-Dec-2013 Dr Richard Smith Surgery consultation**

Administration Consultation two extra meds needed. Previously has
(P3) used naseptin erratically - going to attempt a more regular approach this time

18-Dec-2013 Dr Richard Smith Surgery consultation

Administration Consultation 1. needs inhaler 2. quite bad angular
(P3) chelitis, no success with aciclovir cream - try fung/ bac combination 3. will have to stop smoking but two relapses recent days 4. discussed coming off DLA, aiming to be on ESA for a little time to get training etc then aiming back to work. Leg weakness, drained feeling, exacs of asthma/ chest infections

18-Nov-2013 Dr Richard Smith Surgery consultation

Diagnosis Dermatophytosis of nail
(P3)
Administration Consultation toenail will need a good deal more time.
(P3) Just in case amox script done - avoid using if possible

05-Nov-2013 Miss Tracey Smith Administration

24-Oct-2013 Administration Telephone triage encounter appt 28/10
(P3)

28-Oct-2013 Ms Ingrid Uglow Other

Administration Consultation No contraindications to flu vacc pt
(P3) consented to vacc
Intervention Seasonal influenza vaccination

15-Oct-2013 Miss Victoria Simmons Repeat Issue**11-Oct-2013 Miss Tracey Smith Administration****08-Oct-2013 Ms Lorna Igoe Other**

Administration DNA hospital appointment Edin Guided self Help Service
(P3)

24-Sept-2013 Dr Linda Maccallum Surgery consultation

Administration Consultation Since treatment for cancer unable to get an
(P3) erection can get a bit but collapses rapidly. Really has got very low self esteem especially about appearance and body image. Really low about it all. requesting viagra. May need it for sometime until situation changes.

Administration Medication review with patient

20-Sept-2013 Dr Richard Smith Surgery consultation

Administration Consultation for inhalers and to discuss fungal toe nails.
(P3) I will email Dan Clutterbuck for advice

11-Sept-2013 Miss Tracey Smith Administration**23-Aug-2013 Dr Linda Maccallum Administration**

22-Jan-1999 Intervention Drug therapy Commenced ART (P2)
 11-Oct-1993 Intervention Perianal region operations Excision perianal sinus (P2)

21-Aug-2013 Miss Victoria Simmons Administration

26-Mar-1996 Intervention 1st hepatitis A vaccination
 12-Jan-1979 Intervention First tetanus vaccination
 12-Jan-1979 Intervention First polio vaccination
 01-Dec-1964 Intervention First diphtheria vaccination

21-Aug-2013 Miss Tracey Smith Administration

Administration Notes summary on computer (P3)
 27-Mar-2007 Diagnosis Iron deficiency anaemias (P2)
 14-Nov-2003 Diagnosis Closed fracture-dislocation, metacarpophalangeal joint (P3) 1st
 11-Dec-2002 Diagnosis Syphilis secondary (P2)
 19-Mar-1999 Intervention Excision of skin tag of anus (P3)
 17-Feb-1999 Diagnosis Peripheral neuropathy - hereditary or idiopathic (P1)
 11-Nov-1998 Diagnosis Shingles left chest T4/5 (P2)
 24-Aug-1998 Intervention Drainage of perianal abscess EUA (P2)
 22-Dec-1997 Diagnosis Perianal abscess with fistula (P2)
 11-Oct-1993 Intervention Excision of perianal skin tag (P2)
 11-Oct-1993 Diagnosis Anal polyp excision (P2)
 21-May-1992 Diagnosis [X]Depression NOS (P1)
 16-Mar-1984 Symptom History relating to Royal Air Force service Discharged (P3) from RAF (Homosexual)
 15-July-1980 Symptom History relating to Royal Air Force service was in RAF (P3)
 30-Mar-1979 Diagnosis Closed fracture-dislocation, metacarpophalangeal joint (P3) left 5th
 20-Mar-1977 Intervention Foster care in (P3)
 31-Mar-1975 Intervention Bilateral orchidopexy (P2)
 31-Mar-1975 Intervention Standard circumcision (P2)
 12-Feb-1975 Diagnosis Undescended testicle bil (P3)

20-Aug-2013 Dr Richard Smith Administration**07-Aug-2013 Miss Tracey Smith Administration****22-July-2013 Mrs Linda Bradley Repeat Issue****26-Jun-2013 Mrs Maggie Gilchrist Repeat Issue****05-Jun-2013 Mrs Maggie Gilchrist Repeat Issue****28-May-2013 Miss Victoria Simmons Administration**

Intervention	Smoking cessation advice	
Examination	Current smoker	20 // cigarettes /
Examination	Teetotaller	cigars / tobacco
		units per week

28-May-2013 Dr Linda Maccallum Surgery consultation

Administration Consultation Been really depressed also feeling very (P3) lonely. Has keys to flat is on 3rd floor.

13-May-2013 Mrs Linda Bradley Repeat Issue

Administration Telephone encounter repeat prescription
(P3)

16-Apr-2013 Mrs Maggie Gilchrist Repeat Issue**25-Mar-2013 Mrs Linda Bradley Repeat Issue**

Administration Telephone encounter repeat prescription
(P3)

04-Mar-2013 Mrs Maggie Gilchrist Repeat Issue**13-Feb-2013 Mrs Maggie Gilchrist Repeat Issue****11-Jan-2013 Dr Richard Smith Surgery consultation**

Intervention Asthma causes night symptoms 1 to 2 times per month
Intervention Asthma causes daytime symptoms 1 to 2 times per month

Management Asthma annual review
Diagnosis Asthma not limiting activities
(P3)

Diagnosis Asthma never causes daytime symptoms
(P3)

Administration Consultation wasn't sure if script down at C Toll or not. I called and it was. Dsicussed asthma which is well controlled between exacerbations, knows the smoking has to stop. His concern re abx is avoiding getting flu again after terrible experience before

10-Jan-2013 Dr Linda Maccallum Telephone call from a patient

Administration Consultation productive sputum +++
(P3)

08-Jan-2013 Miss Helen Cockburn Surgery consultation

Diagnosis Asthma not limiting activities
(P3)

Diagnosis Asthma disturbing sleep
(P3)

Diagnosis Asthma never causes daytime symptoms
(P3)

07-Jan-2013 Mrs Linda Bradley Repeat Issue**23-Nov-2012 Dr Richard Smith Surgery consultation**

Intervention Medication review done
(P3)

Administration Consultation needing meds - asthma in partic. Discussed sild at more length. Possibly caused by some trauma from catheter - doesn't pee like used to. Discussed indications for NHS treatment, asked to ix treatment by internet pharmacy

27-Oct-2012 Dr Linda Maccallum Results recording

26-Oct-2012	Examination	Serum albumin	48 g/L	
26-Oct-2012	Examination	Serum alkaline phosphatase U/L	139 U/L	
26-Oct-2012	Examination	ALT/SGPT serum level U/L	54 U/L	
26-Oct-2012	Examination	Serum total bilirubin level	7 umol/L	
26-Oct-2012	Examination	Serum calcium	2.53 mmol/L	
26-Oct-2012	Examination	Corrected serum calcium level	2.37 mmol/L	
26-Oct-2012	Examination	Serum creatinine	62 umol/L	
26-Oct-2012	Examination	Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	39 U/L	
26-Oct-2012	Examination	Serum lactate dehydrogenase level Serum LDH level - U/L - Please note new reference range for LDH from 25/10/11	243 U/L	
26-Oct-2012	Examination	Serum potassium	4.4 mmol/L	
26-Oct-2012	Examination	Serum sodium	133 mmol/L	
26-Oct-2012	Examination	Serum urea level	5.7 mmol/L	
26-Oct-2012	Examination	Bone profile <none>		
26-Oct-2012	Examination	Liver function test <none>		
26-Oct-2012	Examination	Urea and electrolytes <none>		
26-Oct-2012	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - >60	mL/min	
26-Oct-2012	Examination	Serum albumin: Abnormal		
26-Oct-2012	Examination	Serum albumin	48 g/L	(Range: 30 - 45)
26-Oct-2012	Examination	Serum alkaline phosphatase U/L: Abnormal		
26-Oct-2012	Examination	Serum alkaline phosphatase U/L	139 U/L	(Range: 40 - 125)
26-Oct-2012	Examination	ALT/SGPT serum level U/L: Abnormal		
26-Oct-2012	Examination	ALT/SGPT serum level U/L	54 U/L	(Range: 10 - 50)
26-Oct-2012	Examination	Serum total bilirubin level:		
26-Oct-2012	Examination	Serum total bilirubin level	7 umol/L	(Range: 3 - 21)
26-Oct-2012	Examination	Serum calcium:		
26-Oct-2012	Examination	Serum calcium	2.53 mmol/L	(Range: 2.1 - 2.6)
26-Oct-2012	Examination	Corrected serum calcium level:		
26-Oct-2012	Examination	Corrected serum calcium level	2.37 mmol/L	(Range: 2.1 - 2.6)
26-Oct-2012	Examination	Serum creatinine:		
26-Oct-2012	Examination	Serum creatinine	62 umol/L	(Range: 60 - 120)
26-Oct-2012	Examination	Serum gamma-glutamyl transferase level Serum gamma GT level - U/L:		
26-Oct-2012	Examination	Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	39 U/L	(Range: 10 - 55)
26-Oct-2012	Examination	Serum lactate dehydrogenase level Serum LDH level - U/L - Please note new reference range for LDH from 25/10/11: Abnormal		
26-Oct-2012	Examination	Serum lactate dehydrogenase level Serum LDH level - U/L - Please note new reference range for LDH from 25/10/11	243 U/L	(Range: 125 - 220)
26-Oct-2012	Examination	Serum potassium:		
26-Oct-2012	Examination	Serum potassium	4.4 mmol/L	(Range: 3.6 - 5)
26-Oct-2012	Examination	Serum sodium: Abnormal		
26-Oct-2012	Examination	Serum sodium	133 mmol/L	(Range: 135 - 145)
26-Oct-2012	Examination	Serum urea level:		
26-Oct-2012	Examination	Serum urea level	5.7 mmol/L	(Range: 2.5 - 6.6)
26-Oct-2012	Examination	Bone profile <none>:		
26-Oct-2012	Examination	Bone profile <none>		(No range available)
26-Oct-2012	Examination	Liver function test <none>:		
26-Oct-2012	Examination	Liver function test <none>		(No range available)
26-Oct-2012	Examination	Urea and electrolytes <none>:		
26-Oct-2012	Examination	Urea and electrolytes <none>		(No range available)
26-Oct-2012	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - >60:		
26-Oct-2012	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - >60	mL/min	(No range available)

27-Oct-2012 Dr Linda Maccallum Results recording

26-Oct-2012	Examination	Eosinophil count x10 ⁹ /l	0.15 10 ⁹ /L	
26-Oct-2012	Examination	Haemoglobin estimation g/l	149 g/L	
26-Oct-2012	Examination	Mean corpusc. haemoglobin(MCH) pg	30.1 pg/mL	
26-Oct-2012	Examination	Mean corpusc. Hb. conc. (MCHC) g/dl	35.1 g/dL	
26-Oct-2012	Examination	Mean corpuscular volume (MCV) fl	86 fL	
26-Oct-2012	Examination	Monocyte count x10 ⁹ /l	0.59 10 ⁹ /L	
26-Oct-2012	Examination	Neutrophil count x10 ⁹ /l	4.08 10 ⁹ /L	
26-Oct-2012	Examination	Platelet count x10 ⁹ /l	269 10 ⁹ /L	
26-Oct-2012	Examination	Red blood cell (RBC) count x10 ¹² /l	4.95 10 ¹² /L	
26-Oct-2012	Examination	Total white cell count x10 ⁹ /l	7.6 10 ⁹ /L	
26-Oct-2012	Examination	Lymphocyte count x10 ⁹ /l	2.76 10 ⁹ /L	
26-Oct-2012	Examination	Full blood count - FBC <none>		
26-Oct-2012	Examination	Haematocrit	0.425 ratio	
26-Oct-2012	Examination	Basophil count x10 ⁹ /l	0.03 10 ⁹ /L	
26-Oct-2012	Examination	Eosinophil count x10 ⁹ /l:		
		Eosinophil count x10 ⁹ /l	0.15 10 ⁹ /L	(Range: 0.04 - 0.4)
26-Oct-2012	Examination	Haemoglobin estimation g/l:		
		Haemoglobin estimation g/l	149 g/L	(Range: 135 - 180)
26-Oct-2012	Examination	Mean corpusc. haemoglobin(MCH) pg:		
		Mean corpusc. haemoglobin(MCH) pg	30.1 pg/mL	(Range: 27 - 32)
26-Oct-2012	Examination	Mean corpusc. Hb. conc. (MCHC) g/dl:		
		Mean corpusc. Hb. conc. (MCHC) g/dl	35.1 g/dL	(Range: 31 - 36)
26-Oct-2012	Examination	Mean corpuscular volume (MCV) fl:		
		Mean corpuscular volume (MCV) fl	86 fL	(Range: 78 - 98)
26-Oct-2012	Examination	Monocyte count x10 ⁹ /l:		
		Monocyte count x10 ⁹ /l	0.59 10 ⁹ /L	(Range: 0.2 - 0.8)
26-Oct-2012	Examination	Neutrophil count x10 ⁹ /l:		
		Neutrophil count x10 ⁹ /l	4.08 10 ⁹ /L	(Range: 2 - 7.5)
26-Oct-2012	Examination	Platelet count x10 ⁹ /l:		
		Platelet count x10 ⁹ /l	269 10 ⁹ /L	(Range: 150 - 350)
26-Oct-2012	Examination	Red blood cell (RBC) count x10 ¹² /l:		
		Red blood cell (RBC) count x10 ¹² /l	4.95 10 ¹² /L	(Range: 4.5 - 6.5)
26-Oct-2012	Examination	Total white cell count x10 ⁹ /l:		
		Total white cell count x10 ⁹ /l	7.6 10 ⁹ /L	(Range: 4 - 11)
26-Oct-2012	Examination	Lymphocyte count x10 ⁹ /l:		
		Lymphocyte count x10 ⁹ /l	2.76 10 ⁹ /L	(Range: 1.5 - 4)
26-Oct-2012	Examination	Full blood count - FBC <none>:		
		Full blood count - FBC <none>		(No range available)
26-Oct-2012	Examination	Haematocrit:		
		Haematocrit	0.425 ratio	(Range: 0.4 - 0.54)
26-Oct-2012	Examination	Basophil count x10 ⁹ /l:		
		Basophil count x10 ⁹ /l	0.03 10 ⁹ /L	(Range: 0.01 - 0.1)

26-Oct-2012 Dr Richard Smith Surgery consultation

26-Oct-2012 Dr Richard Smith Surgery consultation

Administration Consultation missed recent haematology appt, I took (P3) bloods today and he will contact Fiona Scott to discuss results and follow up. C/o fruity cough, chest clear and apyrexial, hard not to treat given history

04-Oct-2012 Miss Helen Cockburn Surgery consultation

Intervention	Asthma treatment compliance satisfactory		
Examination	Inhaler technique observed		
Symptom	Night cough present		
Symptom	Employment milestones		
Symptom	Asthma		
Examination	Peak exp. flow rate: PEFR/PFR Previous Best Ever =, Predicted = .	580 L/min	
Examination	Peak exp. flow rate: PEFR/PFR Previous Best Ever = 580.0, Predicted = .	580 L/min	
Diagnosis (P3)	Asthma management plan given		
Examination	Cigarette smoker	20 // cigarettes / cigars / tobacco	
Examination	Asthma daytime symptoms		
Examination	Asthma not disturbing sleep		
Examination	Asthma not limiting activities		
Intervention	Smoking cessation advice		
Examination	O/E - weight	73 Kg	
Examination	Body Mass Index	24.3	
Examination	O/E - height	1.73 m	
Intervention	Seasonal influenza vaccination		
Examination	Peak exp. flow rate: PEFR/PFR Previous Best Ever =, Predicted = .:		
	Peak exp. flow rate: PEFR/PFR Previous Best Ever =, Predicted = .	580 L/min	(No range available)
Examination	Peak exp. flow rate: PEFR/PFR Previous Best Ever = 580.0, Predicted = .:		
	Peak exp. flow rate: PEFR/PFR Previous Best Ever = 580 L/min	580 L/min	(No range available)
	580.0, Predicted = .		

25-Sept-2012 Miss Tracey Smith Third Party Consultation

Administration Asthma monitor 1st letter
(P3) \\Gp70732srv\NetworkShare\70732\Letters\Asthma_25092012113558276.doc

25-Sept-2012 Miss Gill Mchenry Administration**13-Sept-2012 Dr Richard Smith Administration****12-Sept-2012 Mrs Linda Bradley Repeat Issue****07-Sept-2012 Dr Locum A Gp Surgery consultation**

Administration Consultation Mouth ulcer. Upper right mucosa. No
(P3) tenderness at gums. Has been using corysyal. Smoker.
Approx 0.5cm, smooth, quite superficial. Present about 8
or 9 days. Try topical steroid and see back in a week to
ensure healing kreid

20-Aug-2012 Dr Richard Smith Surgery consultation

Administration Consultation doing well post near death ICU admission.
(P3) Unable to achieve erections of any sort, though not
having a lot of sex currently. Also back to smoking. I
agreed to prescribe NRT as special circumstances. Silden
is a diagnostic trial and not for regular use which he
understands. He will discuss with Dan C at GUM soon in
any case

24-July-2012 Dr Linda Maccallum Medicine Management**23-July-2012 Miss Tracey Smith Repeat Issue**

Administration Telephone encounter patient called to order fostair and
(P3) salbutamol via telephone scrtip line. salbutamol needs
reissued so passed to doctor.

19-Jun-2012 Miss Angela Turpin Repeat Issue**14-May-2012 Miss Tracey Smith Repeat Issue**

Administration Telephone encounter patient called to order salbutamol,
(P3) fostair and chlorhexidine gluconate via telephone script
line

11-May-2012 Dr Richard Smith Administration**02-May-2012 Miss Tracey Smith Administration**

14-Mar-2012 Intervention Admit to I.T.U.
(P3)

14-Mar-2012 Diagnosis Pneumonia and influenza influenza A
(P3)

10-Apr-2012 Miss Victoria Simmons Repeat Issue

29-Mar-2012 Dr Linda Maccallum Results recording

06-Mar-2012	Examination	Eosinophil count x10 ⁹ /l	0.06 10 ⁹ /L	
06-Mar-2012	Examination	Haemoglobin estimation g/l	113 g/L	
06-Mar-2012	Examination	Mean corpusc. haemoglobin(MCH) pg	30.2 pg/mL	
06-Mar-2012	Examination	Mean corpusc. Hb. conc. (MCHC) g/dl	34.1 g/dL	
06-Mar-2012	Examination	Mean corpuscular volume (MCV) fl	89 fL	
06-Mar-2012	Examination	Monocyte count x10 ⁹ /l	0.48 10 ⁹ /L	
06-Mar-2012	Examination	Neutrophil count x10 ⁹ /l	1.55 10⁹/L	
06-Mar-2012	Examination	Platelet count x10 ⁹ /l	185 10 ⁹ /L	
06-Mar-2012	Examination	Red blood cell (RBC) count x10 ¹² /l	3.74 10¹²/L	
06-Mar-2012	Examination	Total white cell count x10 ⁹ /l	3.2 10⁹/L	
06-Mar-2012	Examination	Lymphocyte count x10 ⁹ /l	1.12 10⁹/L	
06-Mar-2012	Examination	Full blood count - FBC <none>		
06-Mar-2012	Examination	Erythrocyte sedimentation rate	No specimen received.	mm/h
06-Mar-2012	Examination	Haematocrit	0.331 ratio	
06-Mar-2012	Examination	Basophil count x10 ⁹ /l	0.02 10 ⁹ /L	
06-Mar-2012	Examination	Eosinophil count x10 ⁹ /l:		
		Eosinophil count x10 ⁹ /l	0.06 10 ⁹ /L	(Range: 0.04 - 0.4)
06-Mar-2012	Examination	Haemoglobin estimation g/l: Abnormal		
		Haemoglobin estimation g/l	113 g/L	(Range: 135 - 180)
06-Mar-2012	Examination	Mean corpusc. haemoglobin(MCH) pg:		
		Mean corpusc. haemoglobin(MCH) pg	30.2 pg/mL	(Range: 27 - 32)
06-Mar-2012	Examination	Mean corpusc. Hb. conc. (MCHC) g/dl:		
		Mean corpusc. Hb. conc. (MCHC) g/dl	34.1 g/dL	(Range: 31 - 36)
06-Mar-2012	Examination	Mean corpuscular volume (MCV) fl:		
		Mean corpuscular volume (MCV) fl	89 fL	(Range: 78 - 98)
06-Mar-2012	Examination	Monocyte count x10 ⁹ /l:		
		Monocyte count x10 ⁹ /l	0.48 10 ⁹ /L	(Range: 0.2 - 0.8)
06-Mar-2012	Examination	Neutrophil count x10 ⁹ /l: Abnormal		
		Neutrophil count x10 ⁹ /l	1.55 10⁹/L	(Range: 2 - 7.5)
06-Mar-2012	Examination	Platelet count x10 ⁹ /l:		
		Platelet count x10 ⁹ /l	185 10 ⁹ /L	(Range: 150 - 350)
06-Mar-2012	Examination	Red blood cell (RBC) count x10 ¹² /l: Abnormal		
		Red blood cell (RBC) count x10 ¹² /l	3.74 10¹²/L	(Range: 4.5 - 6.5)
06-Mar-2012	Examination	Total white cell count x10 ⁹ /l: Abnormal		
		Total white cell count x10 ⁹ /l	3.2 10⁹/L	(Range: 4 - 11)
06-Mar-2012	Examination	Lymphocyte count x10 ⁹ /l: Abnormal		
		Lymphocyte count x10 ⁹ /l	1.12 10⁹/L	(Range: 1.5 - 4)
06-Mar-2012	Examination	Full blood count - FBC <none>:		
		Full blood count - FBC <none>		(No range available)
06-Mar-2012	Examination	Erythrocyte sedimentation rate No specimen received.:		
		Erythrocyte sedimentation rate	No specimen received.	mm/h (No range available)
06-Mar-2012	Examination	Haematocrit: Abnormal		
		Haematocrit	0.331 ratio	(Range: 0.4 - 0.54)
06-Mar-2012	Examination	Basophil count x10 ⁹ /l:		
		Basophil count x10 ⁹ /l	0.02 10 ⁹ /L	(Range: 0.01 - 0.1)

14-Mar-2012 Dr Linda Maccallum Medicine Management**13-Mar-2012 Miss Tracey Smith Repeat Issue**

Administration Telephone encounter patient called to order
(P3) chlorhexidine and benzydamine via telephone scrtip line.
Also requested lactulose, senicot, dihydrocodine and anti
sickness tablet 4 mg all on acute so passed to doctor.

06-Mar-2012 Mrs Marion Steedman Surgery consultation

Administration Consultation pre chemo bloods to lab
(P3)
Examination Blood sample -> Lab NOS U+E LFT FBC - pre chemo
Examination **Blood sample -> Lab NOS**U+E LFT FBC - pre chemo:
Blood sample -> Lab NOS U+E LFT FBC - pre chemo (No range available)

01-Mar-2012 Dr Richard Smith Administration

Administration Administration NOS speical requests done
(P3)

29-Feb-2012 Miss Tracey Smith Administration

Administration Telephone encounter patient called to order Fostair and
(P3) benzydamine via telephone script line. Also requested
400ml lactose, 16mg Nictine and Dihydrocodeine 30mg not
on repeats so passed to doctor.

21-Feb-2012 Mrs Marion Steedman Surgery consultation

Administration Consultation pre chemo bloods to lab
(P3)
Examination Blood sample -> Lab NOS pre chemo bloods to WGH
Examination **Blood sample -> Lab NOS**pre chemo bloods to WGH:
Blood sample -> Lab NOS pre chemo bloods to WGH (No range available)

17-Feb-2012 Dr Richard Smith Administration

16-Feb-2012 Miss Tracey Smith Repeat Issue

Administration Telephone encounter patient called to order salbutamol, chlorhexidine, E45 and Benzylamine via telephone script line. Also asked for Zantac and Ondansetron but not on repaerts so passed to docotr.

Administration Telephone encounter slightly swollen knee and sore foot, had been for a walk. Doesn't think neutropenic and certainly not pyrexial. I agreed to script for amitriptyline (he is limited in range of painkillers he can use) but recommended ice and said he must come up if it is worse tomorrow

07-Feb-2012 Mrs Marion Steedman Surgery consultation

Examination Blood sample -> Lab NOS pre chemo bloods to WGH
Examination **Blood sample -> Lab NOS** pre chemo bloods to WGH:
Blood sample -> Lab NOS pre chemo bloods to WGH

(No range available)

02-Feb-2012 Dr Linda Maccallum Medicine Management**25-Jan-2012 Dr Linda Maccallum Medicine Management****24-Jan-2012 Mrs Marion Steedman Surgery consultation**

Examination Blood sample -> Lab NOS Pre - chemo bloods to WGH
Examination **Blood sample -> Lab NOS** Pre - chemo bloods to WGH:
Blood sample -> Lab NOS Pre - chemo bloods to WGH

(No range available)

10-Jan-2012 Miss Tracey Smith Administration

12-Aug-1988 Diagnosis Human immunodeficiency virus infection
(P1)

10-Jan-2012 Mrs Marion Steedman Surgery consultation

Administration Consultation right foot new blister - drained but not derooft and Mepilex Lite applied
(P3)
Examination Blood sample -> Lab NOS U+E LFT Ca GGT Mg LDH Alb
pre chemo

Examination **Blood sample -> Lab NOS** U+E LFT Ca GGT Mg LDH Alb pre chemo:
Blood sample -> Lab NOS U+E LFT Ca GGT Mg LDH Alb
pre chemo

(No range available)

09-Jan-2012 Mrs Marion Steedman Surgery consultation

Intervention Dressing of wound bilateral pressure blisters on heels -
(P3) dead skin debrided from non raw areas and new mepilex border dressings applied - look to be healing well

04-Jan-2012 Dr Linda Maccallum Surgery consultation

Administration Consultation feet a problem. Both heels blistered an red
(P3) and a bit infected looking.

Examination Current smoker

// cigarettes / cigars /
tobacco

30-Dec-2011 Miss Victoria Simmons Administration**29-Dec-2011 Dr Richard Smith Administration****28-Dec-2011 Miss Tracey Smith Administration**

Administration Telephone encounter patient called to order
(P3) Dihydrocodeine via tlephone scrip tline but acute only so passed to doctor.

23-Dec-2011 Dr Richard Smith Surgery consultation

Administration Consultation has developed hypersensitivity of his feet
(P3) over last three or four days. His palms and soles are red but this has been a feature for as long as he can remember. Deep heat has helped a little. He is moisturising. I will call haem on-call during the morning and get back to him. PS he actually called Fiona Scott who suggested amitriptyline, faxed to boot cameron toll

Administration Administration NOS 5371903 -Fiona Scott
(P3)

21-Dec-2011 Dr Linda Maccallum Medicine Management

12-Dec-2011 Mrs Marion Steedman Surgery consultation

Examination Blood sample -> Lab NOS pre chemo bloods as per WGH labels 1 serum gel 1 edta
 Examination **Blood sample -> Lab NOS** pre chemo bloods as per WGH labels 1 serum gel 1 edta:
 Blood sample -> Lab NOS pre chemo bloods as per WGH labels 1 serum gel 1 edta (No range available)

07-Dec-2011 Dr Linda Maccallum Medicine Management

Symptom Constipation
 (P3)

06-Dec-2011 Mrs Maggie Gilchrist Repeat Issue

29-Nov-2011 Mrs Marion Steedman Surgery consultation

Examination Blood sample -> Lab NOS pre chemo bloods to lab
 Examination **Blood sample -> Lab NOS** pre chemo bloods to lab:
 Blood sample -> Lab NOS pre chemo bloods to lab (No range available)

24-Nov-2011 Dr Linda Maccallum Surgery consultation

21-Nov-2011 Dr Richard Smith Administration

21-Apr-2011 Diagnosis [M]Hodgkin's disease
 (P3)

21-Nov-2011 Dr Linda Maccallum Surgery consultation

18-Nov-2011 Miss Tracey Smith Repeat Issue

Administration Telephone encounter patient called to order fostiar but
 (P3) only got on 31/10 so will ask doctor if due. Also requesting
 a nase spray he hasnt had in a while and Defflan mouth
 rinse which he only just started. also passed to doctor

17-Nov-2011 Dr Linda Maccallum Surgery consultation

Administration Consultation needs supplements.
 (P3)

14-Nov-2011 Mrs Marion Steedman Surgery consultation

Examination Blood sample -> Lab NOS Pre chemo bloods as per WGH labels
 Examination **Blood sample -> Lab NOS** Pre chemo bloods as per WGH labels:
 Blood sample -> Lab NOS Pre chemo bloods as per WGH labels (No range available)

14-Nov-2011 Dr Richard Smith Administration

Administration Administration NOS telephone request for fluconazole
 (P3) 'urgently', too unwell to come in. Done as he usually
 knows what he is doing

04-Nov-2011 Dr Richard Smith Administration

04-Nov-2011 Miss Tracey Smith Repeat Issue

Administration Telephone encounter patient called to order
 (P3) Chlorhexidine via telephone script line. Also requested
 body lothian? E45 and Ferrouse Fumarate but that is only
 on acutes will pass to doctor.

31-Oct-2011 Dr Richard Smith Surgery consultation

Management Asthma annual review
 Administration Consultation bloods done. Feels generally rotten -
 (P3) poisoned. Which is accurate. Struggling with motivation
 and energy ++. Early days yet - likely to get worse.
 Applying for higher rate DLA given quite severe features.
 Discussed breathing

18-Oct-2011 Mrs Marion Steedman Surgery consultation

Examination Blood sample -> Lab NOS pre chemo bloods
 Examination **Blood sample -> Lab NOS** pre chemo bloods:
 Blood sample -> Lab NOS pre chemo bloods (No range available)

06-Oct-2011 Mrs Marion Steedman Administration

Administration Administration NOS Pre chemo appts given for next 3
(P3) cycles

03-Oct-2011 Dr Linda Maccallum Surgery consultation

Intervention Influenza vaccination

22-Aug-2011 Miss Tracey Smith Repeat Issue

Administration Telephone encounter patient called to order Fostiar and
(P3) Salbutamol via telephone script line

11-July-2011 Dr Linda Maccallum Repeat Issue**29-Jun-2011 Miss Tracey Smith Other****08-Jun-2011 Miss Victoria Simmons Repeat Issue****30-May-2011 Miss Tracey Smith Administration**

07-Mar-2011 Diagnosis [M]Hodgkin's disease Lymphoma
(P1)

16-May-2011 Mrs Marion Steedman Surgery consultation**06-May-2011 Dr Richard Smith Surgery consultation**

Intervention Smoking cessation therapy plans to delay chemo for
(P3) Hodgkin's for a month to get his lifestyle and habits sorted. Plans to stop smoking, eat more healthily, get good exercise and maintain hygiene in flat better - difficult washing sheets nightly from night sweats. Try patches and see again 3 weeks

Symptom House infested as a result of not cleaning sheets after
(P3) night sweats. Knows needs to be doing this

27-Apr-2011 Mrs Marion Steedman Surgery consultation

Administration Administration NOS Pt6 requesting fluvac but now
(P3) outwith season

27-Apr-2011 Mrs Marion Steedman Surgery consultation

Intervention Removal of suture of skin ROS x 5 from biopsy site on
(P3) right upper tree nodes

21-Apr-2011 Dr Richard Smith Administration

Administration Administration NOS note frquent requests for fostair ?
(P3) using more than just twice daily - discuss next time

13-Apr-2011 Dr Linda Maccallum Surgery consultation

Examination O/E - blood pressure reading 124 / 87 mm Hg
Administration Consultation has had biopsy Monday Giiven waterproof
(P3) dressing.

07-Apr-2011 Dr Richard Smith Administration

Administration Administration NOS note message from preadmission
(P3) clinic at Lauriston re bloods. SCstore reveals: bil 29, ALT 38, ALP 356, Na 132, Hb 93, MCV 73. These are not new features - present when seen by haematology earlier in year. Under investigation

21-Mar-2011 Dr Linda Maccallum Surgery consultation

Administration Consultation Develpoed URTi with lack of energy. has
(P3) prodcutive cough

08-Feb-2011 Dr Linda Maccallum Surgery consultation

Administration Consultation Currently undergoing investaigation ?
(P3) lymphoma waiting to move.

Examination Cigarette smoker 20 // cigarettes /
cigars / tobacco

Administration Medication review with patient
Intervention Health ed. - smoking

07-Jan-2011 Dr Richard Smith Surgery consultation

Symptom (P3) History / symptoms requesting letter of leave from jury duty. Has done duty before, feels concentration and sleepiness are affecting him badly just now and would prevent adequate performance

08-Dec-2010 Dr Linda Maccallum Surgery consultation

Administration Consultation (P3) chest infection

10-Nov-2010 Miss Tracey Smith Repeat Issue

Administration Telephone encounter (P3) patient ordered Fostair and Salbutamol via telephone script line TS

05-Oct-2010 Dr Linda Maccallum Surgery consultation**17-Sept-2010 Dr Linda Maccallum Surgery consultation****20-Aug-2010 Dr Locum A Gp Surgery consultation**

Administration Patient encounter data NOS (P3) S/R Ferrous sulphate 200mg. Not clear from notes why on these but has had them for some time. SM

19-Aug-2010 Dr Linda Maccallum Surgery consultation**23-July-2010 Dr Linda Maccallum Surgery consultation****08-July-2010 Mrs Marion Steedman Surgery consultation**

Examination	SPICE Asthma Measurement: Best PEFR	575	
Examination	SPICE Asthma Measurement: PEFR exp.	615	
Examination	SPICE Asthma Measurement: PEFR actual	531	
Diagnosis (P3)	Asthma not disturbing sleep		
Symptom (P3)	No respiratory symptoms		
Diagnosis (P3)	Asthma not limiting activities		
Diagnosis (P3)	SPICE Asthma Measurement: Non-routine Occurrences since last routine review= 2		
Diagnosis (P3)	Recall: SPICE Asthma Action		
Administration (P3)	Patient encounter data NOS Taken off COPD recall + added to Asthma		
Diagnosis (P3)	Asthma medication review		
Examination (P3)	O/E - height	1.75 m	
Examination	SPICE Asthma Measurement: Best PEFR:		
	SPICE Asthma Measurement: Best PEFR	575	(No range available)
Examination	SPICE Asthma Measurement: PEFR exp.:		
	SPICE Asthma Measurement: PEFR exp.	615	(No range available)
Examination	SPICE Asthma Measurement: PEFR actual:		
	SPICE Asthma Measurement: PEFR actual	531	(No range available)

21-Jun-2010 Dr Linda Maccallum Surgery consultation

Administration (P3) Seen in GP's surgery in for script better with fostair
Administration (P3) Seen in GP's surgery cleared up re inhalers

31-May-2010 Mrs Marion Steedman Surgery consultation

Intervention SPICE Asthma Action: Discussion trigger factors &
(P3) avoidance Yes
Examination Inhaler technique - good
(P3)
Diagnosis Asthma taken off COPD + put on asthma
(P1)
Examination Spirometry reversibility pos
(P3)
Administration Seen in GP's surgery See nurse assessment for fostair
(P3)
Administration Seen in GP's surgery Came for COPD appt but
(P3) spirometry shows normal lung function - has been using
more B2's so go for trial of Fostair for 1/12 - please
prescribe Remove from COPD register

22-Jun-2001 Symptom
(P3) Asthma

22-Jun-2001 Diagnosis
(P3) Asthma taken off COPD + put on asthma

17-May-2010 Mrs Marion Steedman Surgery consultation

Administration Patient encounter data NOS COPD recall reset
(P3)

04-May-2010 Dr Linda Maccallum Surgery consultation

Intervention +Med: Nasal allergy ENT, Eye & Allergy
(P3)

19-Apr-2010 Dr Linda Maccallum Surgery consultation

Administration Seen in GP's surgery In for scripts fine on ferrous
(P3) sulphate

13-Apr-2010 Miss Tracey Smith Surgery consultation

Administration Patient encounter data NOS removed COPD exemption
(P3) 2009/2010

29-Mar-2010 Mrs Marion Steedman Surgery consultation

Administration Patient encounter data NOS Exempted from COPD +
(P3) recall reset for 3/12

25-Mar-2010 Mrs Marion Steedman Surgery consultation

Administration Telephone encounter Left message to make COPD appt
(P3)

23-Mar-2010 Dr Locum A Gp Surgery consultation

Administration Seen in GP's surgery In for rpt inhalers. Has asthma r/v
(P3) booked for nxt week. No current problems.EB

26-Feb-2010 Dr Linda Maccallum Surgery consultation

Intervention +Med: Asthma prevention Respiratory
(P3)

Intervention +Med: Asthma symptoms Respiratory
(P3)

Administration Seen in GP's surgery rpt inhalers - urged to see nurse
(P3) for spirometry (RL)

24-Feb-2010 Mrs Marion Steedman Surgery consultation

Administration Patient encounter data NOS needs lung function testing
(P3)

05-Feb-2010 Dr Locum A Gp Surgery consultation

Administration Seen in GP's surgery in for inhalers only. Has appt GUM
(P3) next week. Meds issued explained repeat prescription
system will try and use in future to save him waiting. jl
locum

19-Jan-2010 Dr Linda Maccallum Surgery consultation

Administration Seen in GP's surgery not needing nasal spray any more
(P3)

Diagnosis Medication review
(P3)

Diagnosis Medication review
(P3)

13-Jan-2010 Dr Linda Maccallum Surgery consultation

Administration Patient encounter data NOS If comes in encourage to
(P3) contact GUM

15-Dec-2009 Dr Scott Obrzud Surgery consultation

Administration Seen in GP's surgery Given 2nd dose of H1N1 vacc
(P3)
Intervention PNDMRX - 2nd fluA (H1N1v)09 va GIVEN WITH CONSENT INTO LEFT DELTOID BN A81CA095A
EXP 05/11

07-Dec-2009 Dr Linda Maccallum Surgery consultation**23-Nov-2009 Dr Scott Obrzud Surgery consultation**

Administration Seen in GP's surgery In for script
(P3)
Administration Seen in GP's surgery Given H1N1 vacc
(P3)
Intervention PNDMRX - 1st fluA (H1N1v)09 va BN A81CA054A EXP 08/10 WITH CONSENT LEFT DELTOID

19-Nov-2009 Dr Linda Maccallum Surgery consultation

Administration Patient encounter data NOS See hospital letter script
(P3) and letter sent

06-Nov-2009 Mrs Maggie Gilchrist Surgery consultation

Administration Patient encounter data NOS Message left to phone back
(P3) for SWINE FLU VAC APPT

14-Oct-2009 Dr Scott Obrzud Surgery consultation

Intervention Smoking cessation advice Recorded through Combined
(P3) Vaccination
Symptom Influenza vacc consent given Recorded through
(P3) Combined Vaccination
Administration Seen in GP's surgery has a gum infection using corysdyl
(P3)
Administration Seen in GP's surgery Given Flu Vacc
(P3)
Examination Current smoker Recorded through Combined 0 // cigarettes /
(P3) Vaccination cigars / tobacco
Diagnosis Medication review
(P3)
Intervention Influenza vaccination Site: Left Arm - Batch Number: Agrippal 092321 Expiry Date: 5/2010

08-Oct-2009 Dr Linda Maccallum Surgery consultation**04-Sept-2009 Dr Locum A Gp Surgery consultation**

Administration Seen in GP's surgery rpt script for inhalers - adv re
(P3) inhalers & COPD. smokes 20/d - adv. (R Lazaro)

04-Jun-2009 Dr Calum Mackenzie Surgery consultation

Administration Telephone encounter Chat re the content of the letter
(P3) which he is happy with. He will collect it next week.

07-May-2009 Dr Calum Mackenzie Surgery consultation

Administration Seen in GP's surgery In for a script. He is currently doing
(P3) an access course for uni. He had a couple of bad months
when he had marked side effects from his ART. These
would seem very reasonable grounds to appeal on should
this prove to be the case.

26-Jan-2009 Dr Linda Maccallum Surgery consultation

Administration Patient encounter data NOS Script request
(P3)

09-Jan-2009 Dr Linda Maccallum Surgery consultation**02-Jan-2009 Miss Tracey Smith Surgery consultation**

Diagnosis Drug reaction NOS Efavirenz - Rash
(P3)
Diagnosis Anaphylactic shock to Efavirenz - rash
(P1)
Diagnosis Drug reaction NOS Efavirenz - Rash
(P3)

29-Dec-2008 Miss Tracey Smith Surgery consultation

Administration White Scottish

(P3)

Administration Seen in GP's surgery Side effects from ART. The probable culprit is the efaverencz. Given paracetamol to take reg + NSAID to use PRN and stemetil one hour before his ART. To try and persevere until his review appt on 08/01/09.

15-Dec-2008 Dr Calum Mackenzie Surgery consultation

Administration Seen in GP's surgery Bronchitis. Still smoking. Nil focal.
(P3)

13-Oct-2008 Dr Scott Obrzud Surgery consultation

Intervention Smoking cessation advice Recorded through Combined
(P3) Vaccination

Symptom Influenza vacc consent given Recorded through
(P3) Combined Vaccination

Administration Seen in GP's surgery Given Flu vacc
(P3)

Administration Seen in GP's surgery Bronchitis. Tx with amoxyl. Sputum
(P3) for C+S if it dose not settle rapidly. Counts etc are fine.

Intervention Influenza vaccination Site: Left Arm - Batch Number: enzira 11002 Expiry Date: 6/2009

24-Jun-2008 Dr Lorraine Norri Surgery consultation

Administration Patient encounter data NOS notes opened re SESP
(P3)

27-May-2008 Dr Linda Maccallum Surgery consultation**26-Feb-2008 Dr Lorraine Norri Surgery consultation**

Administration Except COPD qual ind: Inf dis
(P3)

Intervention Spirometry test declined
(P3)

Administration Patient encounter data NOS COPD - letter from
(P3) respiratory - DNA appointment

19-Feb-2008 Dr Lorraine Norri Surgery consultation

Administration Patient encounter data NOS Opened to check docman -
(P3) awaiting RFT results

30-Jan-2008 Dr Lorraine Norri Surgery consultation

Intervention Smoking cessation advice
(P3)

Examination Inhaler technique - good
(P3)

Diagnosis COPD annual review
(P3)

Administration Seen in GP's surgery FOR HEIGHT WEIGHT AND BP
(P3) NEXT TIME IN Attended for COPD check. Is now on repeat salbutamol and referred for RFT. Says takes inhaled steroid BD and up until now not been using B2. Advice re smoking. OK Night morning and day although sometimes chest tightness with exercise. See 2/52 following RFT

Examination Current smoker
(P3)

0 / / cigarettes /
cigars / tobacco

29-Jan-2008 Dr Linda Maccallum Surgery consultation

Administration Patient encounter data NOS Script request
(P3)

23-Jan-2008 Dr Lorraine Norri Surgery consultation

Administration Patient encounter data NOS IF ATTEND HE NEEDS TO
(P3) GO FOR RFT. SEEMS NEVER TO HAVE BEEN. ALSO SHOULD BE ON B2 FOR COPD BEFORE OR AS WELL AS BEING ON INHALED STEROID. HAVE SENT HIM A LETTER TO ATTEND FOR COPD CHECK

28-Nov-2007 Dr Linda Maccallum Surgery consultation

30-Oct-2007 Dr Scott Obrzud Surgery consultation

Intervention Smoking cessation advice Recorded through Combined
(P3) Vaccination
Symptom Consent pneumococcal vaccine Recorded through
(P3) Combined Vaccination
Symptom Influenza vacc consent given Recorded through
(P3) Combined Vaccination
Administration Seen in GP's surgery Given Flu and Pnuemococcal.
(P3)
Examination Current smoker Recorded through Combined 0 // cigarettes /
(P3) Vaccination cigars / tobacco
Intervention Pneumococcal vaccination given Batch Number: ND29600 Expiry Date: 3/2008
Intervention Influenza vaccination Batch Number: M20 Expiry Date: 6/2008

26-Oct-2007 Dr Staff Unknown Member of Staff Surgery consultation

Administration Patient encounter data NOS Flu invite sent.
(P3)

25-Sept-2007 Dr Calum Mackenzie Surgery consultation

Administration Seen in GP's surgery Itchy rash hands feet and mouth.
(P3) Well and little to find. ? Hand foot and mouth. Add betnovate and continue with the antihistamine.

06-Aug-2007 Dr Linda Maccallum Surgery consultation

Administration Seen in GP's surgery In for inhalers. Repeats reviewed.
(P3)
Diagnosis Medication review
(P3)

19-July-2007 Dr Staff Unknown Member of Staff Surgery consultation

Administration Patient encounter data NOS PLEASE CHECK HEIGHT
(P3) AND WEIGHT

20-Jun-2007 Dr Lorraine Norri Surgery consultation

Administration Patient encounter data NOS put on spice copd recall
(P3)

14-Jun-2007 Dr Linda Maccallum Surgery consultation

Administration Seen in GP's surgery rash all, over ? scabies all night
(P3) sweat 2 nights ago ? viral rash

11-Jun-2007 Dr Linda Maccallum Surgery consultation**03-Apr-2007 Dr Linda Maccallum Surgery consultation**

Administration Seen in GP's surgery Needing brown inhaler finds it
(P3) helps. Has some circulation problems advised re smoking

29-Mar-2007 Dr Calum Mackenzie Surgery consultation

Administration Patient encounter data NOS Fe prescribed as per
(P3) hospital letter.

20-Mar-2007 Dr Staff Unknown Member of Staff Surgery consultation

Administration Patient encounter data NOS letter sent to invite to
(P3) discuss COPD on inhaled steroid but not B2

22-Dec-2006 Dr Scott Obrzud Surgery consultation

Intervention Smoking cessation advice Recorded through Combined
(P3) Vaccination
Symptom Influenza vacc consent given Recorded through
(P3) Combined Vaccination
Administration Seen in GP's surgery Given Flu vacc
(P3)
Examination Current smoker Recorded through Combined 0 // cigarettes /
(P3) Vaccination cigars / tobacco
Intervention Influenza vaccination Site: Left Arm - Batch Number: 04303 Expiry Date: 6/2007

20-Dec-2006 Dr Linda Maccallum Surgery consultation**22-Nov-2006 Dr Linda Maccallum Surgery consultation**

Administration Letter sent to patient Influenza ; Influenza Vaccination
(P3) invitation letter sent
Administration Patient encounter data NOS Combined Vaccination
(P3) Recall (Influenza)

26-Sept-2006 Dr Linda Maccallum Surgery consultation

21-July-2006 Dr Linda Maccallum Surgery consultation

29-Mar-2006 Dr Linda Maccallum Surgery consultation

13-Jan-2006 Dr Staff Unknown Member of Staff Surgery consultation

Diagnosis Medication review done
(P3)
Diagnosis Medication review
(P3)

02-Dec-2005 Dr Calum Mackenzie Surgery consultation

23-Nov-2005 Dr Linda Maccallum Surgery consultation

13-Oct-2005 Dr Scott Obrzud Surgery consultation

Intervention Smoking cessation advice Recorded through Combined
(P3) Vaccination
Symptom Influenza vacc consent given Recorded through
(P3) Combined Vaccination
Examination O/E - BP reading normal ACTION=Repeat after an 120 / 78 mm Hg
(P3) Interval : PROTOCOL=B P Screening\$\$
Examination Current smoker Recorded through Combined 0 / / cigarettes /
(P3) Vaccination cigars / tobacco
Intervention Influenza vaccination Batch Number: 3000852 Expiry Date: 6/2006

20-Sept-2005 Dr Calum Mackenzie Surgery consultation

13-July-2005 Dr Staff Unknown Member of Staff Surgery consultation

Intervention Smoking cessation advice
(P3)
Administration Except COPD qual ind: Inf dis Patient declined
(P3) Respiratory Function Tests
Examination Current smoker 0 / / cigarettes /
(P3) cigars / tobacco

12-July-2005 Dr Linda Maccallum Surgery consultation

25-Apr-2005 Dr Linda Maccallum Surgery consultation

29-Mar-2005 Dr Scott Obrzud Surgery consultation

Symptom Irritation of ear
(P3)

23-Mar-2005 Dr Scott Obrzud Surgery consultation

Symptom Irritation of ear
(P3)

11-Mar-2005 Dr Calum Mackenzie Surgery consultation

04-Mar-2005 Dr Calum Mackenzie Surgery consultation

23-Feb-2005 Dr Staff Unknown Member of Staff Surgery consultation

Intervention Smoking cessation advice
(P3)
Examination Heavy smoker - 20-39 cigs/day 0 / / cigarettes /
(P3) cigars / tobacco
Diagnosis Medication review done
(P3)
Diagnosis Medication review
(P3)

05-Jan-2005 Dr Calum Mackenzie Surgery consultation

29-Nov-2004 Dr Linda Maccallum Surgery consultation

15-Sept-2004 Dr Linda Maccallum Surgery consultation

12-July-2004 Dr Linda Maccallum Surgery consultation

04-Jun-2004 Dr Calum Mackenzie Surgery consultation

Administration Telephone encounter
(P3)
Administration Telephone encounter
(P3)

28-May-2004 Dr Calum Mackenzie Surgery consultation

09-Apr-2004 Dr Calum Mackenzie Surgery consultation

29-Mar-2004 Dr Calum Mackenzie Surgery consultation

Diagnosis Medication review
(P3)

16-Mar-2004 Dr Linda Maccallum Surgery consultation

04-Feb-2004 Dr Linda Maccallum Surgery consultation

02-Feb-2004 Dr Calum Mackenzie Surgery consultation

07-Jan-2004 Dr Calum Mackenzie Surgery consultation

08-Dec-2003 Dr Linda Maccallum Surgery consultation

01-Dec-2003 Dr Linda Maccallum Surgery consultation

20-Nov-2003 Dr Calum Mackenzie Surgery consultation

08-Oct-2003 Dr Ivy Swenson Surgery consultation

Intervention Influenza vaccination Batch Number: 765595 Expiry Date: 5/2004

30-Sept-2003 Dr Linda Maccallum Surgery consultation

08-Aug-2003 Dr Linda Maccallum Surgery consultation

23-Jun-2003 Dr Linda Maccallum Surgery consultation

06-May-2003 Dr Calum Mackenzie Surgery consultation

Diagnosis Medication review
(P3)

10-Apr-2003 Dr Linda Maccallum Surgery consultation

07-Mar-2003 Dr Linda Maccallum Surgery consultation

05-Feb-2003 Dr Linda Maccallum Surgery consultation

04-Feb-2003 Dr Calum Mackenzie Surgery consultation

21-Jan-2003 Dr Linda Maccallum Surgery consultation

13-Jan-2003 Dr Linda Maccallum Surgery consultation

11-Dec-2002 Dr Staff Unknown Member of Staff Surgery consultation

Diagnosis Latent early syphilis early latent or secondary :
(P2) DATE_RECORDED=18/12/2002

21-Nov-2002 Dr Calum Mackenzie Surgery consultation

Diagnosis Medication review
(P3)

25-Oct-2002 Dr Scott Obrzud Surgery consultation

Administration Letter invite to screening ACTION=Repeat after an
(P3) Interval : PROTOCOL=DO NOT USE influenza Vaccinati
Intervention Pneumococcal vaccination
Intervention Influenza vaccination

18-Sept-2002 Dr Linda Maccallum Surgery consultation

05-Sept-2002 Dr Linda Maccallum Surgery consultation

28-Jun-2002 Dr Linda Maccallum Surgery consultation

27-Jun-2002 Dr Linda Maccallum Surgery consultation

30-May-2002 Dr Linda Maccallum Surgery consultation

Administration Telephone encounter
(P3)

09-May-2002 Dr Linda Maccallum Surgery consultation

08-May-2002 Dr Linda Maccallum Surgery consultation

21-Feb-2002 Dr Linda Maccallum Surgery consultation

15-Jan-2002 Dr Linda Maccallum Surgery consultation

20-Dec-2001 Dr Linda Maccallum Surgery consultation

12-Dec-2001 Dr Linda Maccallum Surgery consultation

30-Nov-2001 Dr Linda Maccallum Surgery consultation

29-Nov-2001 Dr Linda Maccallum Surgery consultation

01-Nov-2001 Dr Linda Maccallum Surgery consultation

Diagnosis Homosexuality
(P3)

26-Oct-2001 Dr Linda Maccallum Surgery consultation

07-Sept-2001 Dr Staff Unknown Member of Staff Surgery consultation

Administration Letter invite to screening ACTION=Call for screening :
(P3) RECALL_LETTER_STATUS=First recall letter on queue :
PROTOCOL=Urinalysis\$\$

31-Aug-2001 Dr Linda Maccallum Surgery consultation

24-Aug-2001 Dr Linda Maccallum Surgery consultation

20-Aug-2001 Dr Linda Maccallum Surgery consultation

22-Jun-2001 Dr Linda Maccallum Surgery consultation

29-May-2001 Dr Linda Maccallum Surgery consultation

27-Feb-2001 Dr Linda Maccallum Surgery consultation

13-Nov-2000 Dr Linda Maccallum Surgery consultation

27-Oct-2000 Dr Linda Maccallum Surgery consultation

06-Sept-2000 Dr Staff Unknown Member of Staff Surgery consultation

Administration Letter invite to screening ACTION=Call for screening :
(P3) RECALL_LETTER_STATUS=First recall letter on queue :
PROTOCOL=Smoker\$\$ Status

05-Sept-2000 Dr Linda Maccallum Surgery consultation

Administration Telephone encounter NSU
(P3)

21-July-2000 Dr Linda Maccallum Surgery consultation

Administration Seen in GP's surgery ? gingivitis
(P3)

18-May-2000 Dr Linda Maccallum Surgery consultation

17-Jan-2000 Dr Linda Maccallum Surgery consultation

Administration Seen in GP's surgery URTI+
(P3)

15-Dec-1999 Dr Linda Maccallum Surgery consultation

Administration Seen in GP's surgery URTI
(P3)

27-Oct-1999 Dr Gill Davies Surgery consultation

Administration Seen in GP's surgery URTI with cough
(P3)

30-Apr-1999 Dr Staff Unknown Member of Staff Surgery consultation

13-Jan-1999 Dr Linda Maccallum Surgery consultation

23-Dec-1998 Dr Linda Maccallum Surgery consultation

30-Nov-1998 Dr Linda Maccallum Surgery consultation

19-Feb-1998 Dr Linda Maccallum Surgery consultation

08-Nov-1996 Dr Staff Unknown Member of Staff Surgery consultation

Administration Pat. GP7B/GP8B card from HB
(P3)

15-July-1994 Dr Staff Unknown Member of Staff Surgery consultation

Examination O/E - BP reading normal ACTION=Repeat after an 125 / 70 mm Hg
(P3) Interval : PROTOCOL=B P Screening\$\$

Medications (inc. issues)

Acute

21-Nov-2025 Atorvastatin 20mg tablets
56 tablet - 1 TABLET ONCE A DAY

22-July-2025 Amorolfine 5% medicated nail lacquer
5 ml - APPLY TO THE INFECTED NAIL ONCE WEEKLY

Repeat

21-Nov-2025 Atorvastatin 20mg tablets
56 tablet - 1 TABLET ONCE A DAY

Past

08-Oct-2025 Atorvastatin 20mg tablets Acute Medication (Past) 56 tablet - 1 TABLET ONCE A DAY
21-July-2025 Atorvastatin 20mg tablets Acute Medication (Past) 56 tablet - 1 TABLET ONCE A DAY
31-Dec-9999 Dovato 50mg/300mg tablets (ViiV Healthcare UK Ltd) Repeat Medication (Past) 1 tablet - FOR INFO ONLY, SUPPLIED BY HOSPITAL. AS DIRECTED BY SPECIALIST. SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY
15-Oct-2024 Amoxicillin 500mg capsules Acute Medication (Past) 15 capsule - ONE CAPSULE THREE TIMES A DAY FOR 5 DAYS
19-Aug-2024 Amorolfine 5%medicated nail lacquer Acute Medication (Past) 5 ml - APPLY TO THE INFECTED NAIL ONCE WEEKLY
19-Aug-2024 Beclometasone 50micrograms/dose nasal spray Acute Medication (Past) 200 dose - TWO SPRAYS TO EACH NOSTRIL FOR 4 WEEKS THEN REDUCE TO ONE SPRAY EACH NOSTRIL
19-Aug-2024 Atorvastatin 20mg tablets Acute Medication (Past) 56 tablet - 1 TABLET ONCE A DAY
25-Feb-2023 Beclometasone 50micrograms/dose nasal spray Repeat Medication (Past) 200 dose - TWO SPRAYS TO EACH NOSTRIL FOR 4 WEEKS THEN REDUCE TO ONE SPRAY EACH NOSTRIL
25-Feb-2023 Beclometasone 50micrograms/dose nasal spray Acute Medication (Past) 200 dose - TWO SPRAYS TO EACH NOSTRIL FOR 4 WEEKS THEN REDUCE TO ONE SPRAY EACH NOSTRIL
01-Dec-2022 Amorolfine 5%medicated nail lacquer Acute Medication (Past) 5 ml - APPLY TO THE INFECTED NAIL ONCE WEEKLY
20-Oct-2022 Beclometasone 50micrograms/dose nasal spray Acute Medication (Past) 200 dose - TWO SPRAYS TO EACH NOSTRIL FOR 4 WEEKS THEN REDUCE TO ONE SPRAY EACH NOSTRIL
20-Oct-2022 Amorolfine 5%medicated nail lacquer Acute Medication (Past) 5 ml - APPLY TO THE INFECTED NAIL ONCE WEEKLY
20-Oct-2022 Almond oil liquid Acute Medication (Past) 10 ml - INSTIL INTO EACH EAR CANAL TWICE A DAY
20-Sept-2022 Beclometasone 50micrograms/dose nasal spray Acute Medication (Past) 200 dose - TWO SPRAYS TO EACH NOSTRIL FOR 4 WEEKS THEN REDUCE TO ONE SPRAY EACH NOSTRIL
20-Sept-2022 Amorolfine 5%medicated nail lacquer Acute Medication (Past) 5 ml - APPLY TO THE INFECTED NAIL ONCE WEEKLY
11-Aug-2022 Beclometasone 50micrograms/dose nasal spray Acute Medication (Past) 200 dose - TWO SPRAYS TO EACH NOSTRIL FOR 4 WEEKS THEN REDUCE TO ONE SPRAY EACH NOSTRIL
14-July-2022 Beclometasone 50micrograms/dose nasal spray Acute Medication (Past) 200 dose - TWO SPRAYS TO EACH NOSTRIL FOR 4 WEEKS THEN REDUCE TO ONE SPRAY EACH NOSTRIL
14-Jun-2022 Amoxicillin 500mg capsules Acute Medication (Past) 15 capsule - ONE CAPSULE THREE TIMES A DAY FOR 5 DAYS
31-May-2022 Beclometasone 50micrograms/dose nasal spray Acute Medication (Past) 200 dose - TWO SPRAYS TO EACH NOSTRIL FOR 4 WEEKS THEN REDUCE TO ONE SPRAY EACH NOSTRIL
31-Mar-2022 Almond oil liquid Acute Medication (Past) 10 ml - INSTIL INTO EACH EAR CANAL TWICE A DAY
31-Mar-2022 Beclometasone 50micrograms/dose nasal spray Acute Medication (Past) 200 dose - TWO SPRAYS TO EACH NOSTRIL FOR 4 WEEKS THEN REDUCE TO ONE SPRAY EACH NOSTRIL
31-Mar-2022 Nicotinell TTS 10 patches (GlaxoSmithKline Consumer Healt... Acute Medication (Past) 21 patch - APPLY ONE PATCH DAILY
24-Mar-2022 Nicotinell TTS 30 patches (GlaxoSmithKline Consumer Healt... Acute Medication (Past) 14 patch - APPLY ONE PATCH DAILY
25-Jan-2022 Nicotinell TTS 30 patches (GlaxoSmithKline Consumer Healt... Acute Medication (Past) 14 patch - APPLY ONE PATCH DAILY
25-Jan-2022 Nicotinell TTS 20 patches (GlaxoSmithKline Consumer Healt... Acute Medication (Past) 14 patch - APPLY ONE PATCH DAILY
02-Aug-2021 Sildenafil 100mg tablets Acute Medication (Past) 8 tablet - 1 TABLET WHEN REQUIRED
24-Mar-2021 Nicotinell TTS 30 patches (GlaxoSmithKline Consumer Healt... Acute Medication (Past) 14 patch - APPLY ONE PATCH DAILY
24-Mar-2021 Nicotinell TTS 20 patches (GlaxoSmithKline Consumer Healt... Acute Medication (Past) 14 patch - APPLY ONE PATCH DAILY
24-Mar-2021 Nicotinell TTS 10 patches (GlaxoSmithKline Consumer Healt... Acute Medication (Past) 14 patch - DAILY Notes for patient: to discuss with doctor if requiring any more.
10-Mar-2021 Nicotinell TTS 30 patches (GlaxoSmithKline Consumer Healt... Acute Medication (Past) 7 patch - APPLY ONE PATCH DAILY
10-Mar-2021 Nicotinell TTS 20 patches (GlaxoSmithKline Consumer Healt... Acute Medication (Past) 7 patch - APPLY ONE PATCH DAILY
10-Mar-2021 Nicotinell TTS 10 patches (GlaxoSmithKline Consumer Healt... Acute Medication (Past) 7 patch - DAILY
19-Oct-2020 Nicotinell TTS 30 patches (GlaxoSmithKline Consumer Healt... Acute Medication (Past) 14 patch - APPLY ONE PATCH DAILY

19-Oct-2020	Nicotinell TTS 20 patches (GlaxoSmithKline Consumer Healt...	Acute Medication (Past)
14 patch - APPLY ONE PATCH DAILY		
19-Oct-2020	Nicotinell TTS 10 patches (GlaxoSmithKline Consumer Healt...	Acute Medication (Past)
14 patch - DAILY		
04-Aug-2020	Almond oil liquid	Acute Medication (Past)
10 ml - INSTIL INTO EACH EAR CANAL TWICE A DAY		
04-Aug-2020	Nicotinell TTS 10 patches (GlaxoSmithKline Consumer Healt...	Acute Medication (Past)
7 patch - DAILY		
04-Aug-2020	Nicotinell TTS 20 patches (GlaxoSmithKline Consumer Healt...	Acute Medication (Past)
7 patch - APPLY ONE PATCH DAILY		
04-Aug-2020	Nicotinell TTS 30 patches (GlaxoSmithKline Consumer Healt...	Acute Medication (Past)
7 patch - APPLY ONE PATCH DAILY		
05-Mar-2020	Sildenafil 100mg tablets	Acute Medication (Past)
8 tablet - 1 TABLET WHEN REQUIRED		
28-Aug-2019	Nicotinell TTS 10 patches (GlaxoSmithKline Consumer Healt...	Acute Medication (Past)
21 patch - APPLY ONE PATCH DAILY		
06-Aug-2019	Nicotinell TTS 20 patches (GlaxoSmithKline Consumer Healt...	Acute Medication (Past)
21 patch - APPLY ONE PATCH DAILY		
09-July-2019	Almond oil liquid	Acute Medication (Past)
10 ml - INSTIL INTO EACH EAR CANAL TWICE A DAY		
09-July-2019	Nicotinell TTS 30 patches (GlaxoSmithKline Consumer Healt...	Acute Medication (Past)
21 patch - APPLY ONE PATCH DAILY		
07-Jun-2019	Amorolfine 5%medicated nail lacquer	Repeat Medication (Past)
5 ml - APPLY TO THE INFECTED NAIL ONCE WEEKLY		
07-Jun-2019	Nicotinell TTS 10 patches (GlaxoSmithKline Consumer Healt...	Acute Medication (Past)
21 patch - APPLY ONE PATCH DAILY		
07-Jun-2019	Nicotinell TTS 20 patches (GlaxoSmithKline Consumer Healt...	Acute Medication (Past)
21 patch - APPLY ONE PATCH DAILY		
07-Jun-2019	Nicotinell TTS 30 patches (GlaxoSmithKline Consumer Healt...	Acute Medication (Past)
21 patch - APPLY ONE PATCH DAILY		
07-Jun-2019	Amorolfine 5%medicated nail lacquer	Acute Medication (Past)
5 ml - APPLY TO THE INFECTED NAIL ONCE WEEKLY		
07-Mar-2019	Terbinafine 250mg tablets	Acute Medication (Past)
42 tablet - 1 TABLET ONCE A DAY		
07-Mar-2019	Terbinafine 250mg tablets	Repeat Medication (Past)
42 tablet - 1 TABLET ONCE A DAY		
24-Jan-2019	Terbinafine 250mg tablets	Acute Medication (Past)
42 tablet - 1 TABLET ONCE A DAY		
10-Dec-2018	Amorolfine 5%medicated nail lacquer	Repeat Medication (Past)
5 ml - APPLY TO THE INFECTED NAIL ONCE WEEKLY		
10-Dec-2018	Terbinafine 250mg tablets	Repeat Medication (Past)
42 tablet - 1 TABLET ONCE A DAY		
10-Dec-2018	Terbinafine 250mg tablets	Acute Medication (Past)
42 tablet - 1 TABLET ONCE A DAY		
10-Dec-2018	Amorolfine 5%medicated nail lacquer	Acute Medication (Past)
5 ml - APPLY TO THE INFECTED NAIL ONCE WEEKLY		
10-Dec-2018	Nicotinell TTS 30 patches (GlaxoSmithKline Consumer Healt...	Acute Medication (Past)
7 patch - AS DIRECTED		
10-Dec-2018	Nicotinell TTS 20 patches (GlaxoSmithKline Consumer Healt...	Acute Medication (Past)
7 patch - PATCHES SHOULD BE APPLIED ON WAKING TO DRY, NON-HAIRY SKIN ON THE HIP, TRUNK, OR UPPER ARM		
10-Dec-2018	Nicotinell TTS 10 patches (GlaxoSmithKline Consumer Healt...	Acute Medication (Past)
7 patch - DAILY		
16-Nov-2018	Sildenafil 100mg tablets	Acute Medication (Past)
8 tablet - 1 TABLET WHEN REQUIRED		
24-Oct-2018	Terbinafine 250mg tablets	Repeat Medication (Past)
42 tablet - 1 TABLET ONCE A DAY		
24-Oct-2018	Amorolfine 5%medicated nail lacquer	Repeat Medication (Past)
5 ml - APPLY TO THE INFECTED NAIL ONCE WEEKLY		
24-Oct-2018	Amorolfine 5%medicated nail lacquer	Acute Medication (Past)
5 ml - APPLY TO THE INFECTED NAIL ONCE WEEKLY		
24-Oct-2018	Terbinafine 250mg tablets	Acute Medication (Past)
42 tablet - 1 TABLET ONCE A DAY		
29-Dec-2016	Amoxicillin 500mg capsules	Acute Medication (Past)
21 capsule - 1 CAPSULE THREE TIMES A DAY		
23-Sept-2016	Nicotinell TTS 10 patches (Novartis Consumer Health UK Ltd)	Acute Medication (Past)
28 patch - DAILY		
26-Aug-2016	Nicotinell TTS 20 patches (Novartis Consumer Health UK Ltd)	Acute Medication (Past)
28 patch - PATCHES SHOULD BE APPLIED ON WAKING TO DRY, NON-HAIRY SKIN ON THE HIP, TRUNK, OR UPPER ARM		

26-Aug-2016 Itraconazole 100mg capsules Acute Medication (Past)
120 capsule - 2 CAPS ONCE A DAY

30-Jun-2016 Itraconazole 100mg capsules Acute Medication (Past)
120 capsule - 2 CAPS ONCE A DAY

13-Jun-2016 Fostair 100micrograms/dose / 6micrograms/dose inhaler (Ch... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

04-May-2016 Itraconazole 100mg capsules Acute Medication (Past)
120 capsule - 2 CAPS ONCE A DAY

04-May-2016 NicotineII TTS 30 patches (Novartis Consumer Health UK Ltd) Acute Medication (Past)
21 patch - AS DIRECTED

29-Feb-2016 Itraconazole 100mg capsules Acute Medication (Past)
120 capsule - 2 CAPS ONCE A DAY - PLEASE SEE A DOCTOR WHEN THIS IS FINISHED IF STILL REQUIRED

26-Feb-2016 Fostair 100micrograms/dose / 6micrograms/dose inhaler (Ch... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

06-Jan-2016 Itraconazole 100mg capsules Acute Medication (Past)
120 capsule - 2 CAPS ONCE A DAY - PLEASE SEE A DOCTOR WHEN THIS IS FINISHED IF STILL REQUIRED

09-Dec-2015 Fostair 100micrograms/dose / 6micrograms/dose inhaler (Ch... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

09-Nov-2015 Fostair 100micrograms/dose / 6micrograms/dose inhaler (Ch... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

07-Oct-2015 Itraconazole 100mg capsules Acute Medication (Past)
180 capsule - 2 CAPS ONCE A DAY FOR 3 MONTHS AND REVIEW TREATMENT WITH A DOCTOR

05-Oct-2015 Fostair 100micrograms/dose / 6micrograms/dose inhaler (Ch... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

22-Sept-2015 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule - 1 CAPSULE THREE TIMES A DAY

13-Jun-2016 Fostair 100micrograms/dose / 6micrograms/dose inhaler (Ch... Repeat Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

11-Sept-2015 Fostair 100micrograms/dose / 6micrograms/dose inhaler (Ch... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

11-Aug-2015 Sildenafil 100mg tablets Acute Medication (Past)
8 tablet - 1 TABLET WHEN REQUIRED

11-Aug-2015 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

08-July-2015 Itraconazole 100mg capsules Acute Medication (Past)
180 capsule - 2 CAPS ONCE A DAY FOR 3 MONTHS AND REVIEW TREATMENT WITH A DOCTOR

07-July-2015 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

08-Jun-2015 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

04-Jun-2015 Terbinafine 250mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

07-May-2015 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

07-Apr-2015 Terbinafine 250mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

07-Apr-2015 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

30-Mar-2015 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - 1 TO 2 TABLETS UP TO FOUR TIMES DAILY AS REQUIRED

30-Mar-2015 Ibuprofen 400mg tablets Acute Medication (Past)
30 tablet - 1 TABLET THREE TIMES DAILY

12-Feb-2015 Terbinafine 250mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

12-Feb-2015 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

13-Jan-2015 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

04-Dec-2014 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

04-Dec-2014 Terbinafine 250mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

18-Nov-2014 Naseptin nasal cream (Alliance Pharmaceuticals Ltd) Acute Medication (Past)
30 gram - APPLY FOUR TIMES DAILY

27-Oct-2014 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

04-Jun-2015 Terbinafine 250mg tablets Repeat Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

21-Oct-2014 Terbinafine 250mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

01-Oct-2014 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
400 dose - 2 PUFFS TAKE AS REQUIRED

01-Oct-2014 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

03-Sept-2014 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

27-Aug-2014 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
400 dose - 2 PUFFS TAKE AS REQUIRED

27-Aug-2014 Terbinafine 250mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

14-Aug-2014 Naseptin nasal cream (Alliance Pharmaceuticals Ltd) Acute Medication (Past)
30 gram - APPLY FOUR TIMES DAILY

11-Aug-2015 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Repeat Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

02-Aug-2021 Sildenafil 100mg tablets Repeat Medication (Past)
8 tablet - 1 TABLET WHEN REQUIRED

01-Oct-2014 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
400 dose - 2 PUFFS TAKE AS REQUIRED

06-Aug-2014 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

01-July-2014 Terbinafine 250mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

01-July-2014 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

02-Jun-2014 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

02-Jun-2014 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

02-Jun-2014 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

02-Jun-2014 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

02-Jun-2014 Naseptin nasal cream (Alliance Pharmaceuticals Ltd) Acute Medication (Past)
30 gram - APPLY FOUR TIMES DAILY

02-Jun-2014 Sterimar 31.8%isotonic nasal spray (Church & Dwight UK Ltd) Acute Medication (Past)
50 ml - 2 PUFFS TWICE A DAY

30-Apr-2014 Terbinafine 250mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

30-Apr-2014 Sildenafil 100mg tablets Acute Medication (Past)
8 tablet - 1 TABLET WHEN REQUIRED

30-Apr-2014 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

30-Apr-2014 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

31-Mar-2014 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

31-Mar-2014 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

31-Mar-2014 NiQuitin Clear 14mg patches (GlaxoSmithKline Consumer Hea... Acute Medication (Past)
14 patch - APPLY ONE DAILY

31-Mar-2014 NiQuitin Clear 7mg patches (GlaxoSmithKline Consumer Heal... Acute Medication (Past)
14 patch - APPLY ONCE DAILY

18-Mar-2014 Naseptin nasal cream (Alliance Pharmaceuticals Ltd) Acute Medication (Past)
30 gram - APPLY FOUR TIMES DAILY

18-Mar-2014 Daktacort cream (Janssen-Cilag Ltd) Acute Medication (Past)
30 gram - APPLY TWICE A DAY FOR 7 DAYS

04-Mar-2014 Terbinafine 250mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

04-Mar-2014 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

06-Jan-2014 Terbinafine 250mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

06-Jan-2014 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

06-Jan-2014 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

06-Jan-2014 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

20-Dec-2013 Naseptin nasal cream (Alliance Pharmaceuticals Ltd) Acute Medication (Past)
30 gram - APPLY FOUR TIMES DAILY

20-Dec-2013 Chlorhexidine gluconate 0.2% mouthwash Acute Medication (Past)
300 ml - RINSE MOUTH WITH 10ML TWICE DAILY (SUPPLY FRESHMINT)

18-Dec-2013 NiQuitin Clear 21mg patches (GlaxoSmithKline Consumer Hea... Acute Medication (Past)
14 patch - APPLY AS DIRECTED

18-Dec-2013 Miconazole 2% cream Acute Medication (Past)
30 gram - APPLY FOUR TIMES DAILY

18-Dec-2013 Sodium fusidate 2% ointment Acute Medication (Past)
30 gram - APPLY THREE TO FOUR TIMES DAILY

18-Dec-2013 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

27-Aug-2014 Terbinafine 250mg tablets Repeat Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

18-Nov-2013 Terbinafine 250mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

18-Nov-2013 NiQuitin Clear 21mg patches (GlaxoSmithKline Consumer Hea... Acute Medication (Past)
14 patch - APPLY AS DIRECTED

18-Nov-2013 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
120 dose - USE ONE TWICE DAILY

18-Nov-2013 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule - 1 CAPSULE THREE TIMES A DAY

15-Oct-2013 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

15-Oct-2013 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

30-Apr-2014 Sildenafil 100mg tablets Repeat Medication (Past)
8 tablet - 1 TABLET WHEN REQUIRED

24-Sept-2013 Terbinafine 250mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

24-Sept-2013 NiQuitin Clear 21mg patches (GlaxoSmithKline Consumer Hea... Acute Medication (Past)
14 patch - APPLY AS DIRECTED

24-Sept-2013 Sildenafil 100mg tablets Acute Medication (Past)
8 tablet - 1 TABLET WHEN REQUIRED

20-Sept-2013 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

20-Sept-2013 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

20-Sept-2013 Naseptin nasal cream (Alliance Pharmaceuticals Ltd) Acute Medication (Past)
15 gram - APPLY FOUR TIMES DAILY

01-July-2014 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Repeat Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

02-Jun-2014 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

25-Sept-2012 Chlorhexidine gluconate 0.2% mouthwash Repeat Medication (Past)
600 ml - 5 ML 4 TIMES DAILY (FRESHMINT PLEASE)

20-Aug-2013 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

22-July-2013 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

22-July-2013 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

26-Jun-2013 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

05-Jun-2013 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

05-Jun-2013 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

13-May-2013 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

13-May-2013 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

16-Apr-2013 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

16-Apr-2013 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

25-Mar-2013 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

25-Mar-2013 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

04-Mar-2013 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

13-Feb-2013 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

13-Feb-2013 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

11-Jan-2013 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

11-Jan-2013 Prednisolone 5mg tablets Acute Medication (Past)
30 tablet - TAKE SIX DAILY FOR FIVE DAYS

10-Jan-2013 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule - 1 CAPSULE THREE TIMES A DAY

07-Jan-2013 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

07-Jan-2013 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

21-Nov-2011 Beclometasone 50micrograms/dose nasal spray Repeat Medication (Past)
200 dose - 2 PUFFS AS DIRECTED

22-July-2013 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Repeat Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

23-Nov-2012 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

23-Nov-2012 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

23-Nov-2012 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - 1 TABLET WHEN REQUIRED

26-Oct-2012 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule - 1 CAPSULE THREE TIMES A DAY

26-Oct-2012 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

26-Oct-2012 Nicotinell TTS 20 patches (Novartis Consumer Health UK Ltd) Acute Medication (Past)
7 patch - USE ONE DAILY

26-Oct-2012 Nicotinell TTS 10 patches (Novartis Consumer Health UK Ltd) Acute Medication (Past)
7 patch - USE ONE DAILY

25-Sept-2012 Benzydamine 0.15% mouthwash sugar free Acute Medication (Past)
600 ml - 15ML EVERY THREE HOURS

25-Sept-2012 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

25-Sept-2012 Chlorhexidine gluconate 0.2% mouthwash Acute Medication (Past)
600 ml - 5 ML 4 TIMES DAILY (FRESHMINT PLEASE)

25-Sept-2012 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

13-Sept-2012 Fluconazole 50mg capsules Acute Medication (Past)
7 capsule - TAKE ONE DAILY

12-Sept-2012 Chlorhexidine gluconate 0.2% mouthwash Acute Medication (Past)
600 ml - 5 ML 4 TIMES DAILY (FRESHMINT PLEASE)

25-Sept-2012 Benzydamine 0.15% mouthwash sugar free Repeat Medication (Past)
600 ml - 15ML EVERY THREE HOURS

07-Sept-2012 Benzydamine 0.15% mouthwash sugar free Acute Medication (Past)
600 ml - 15ML EVERY THREE HOURS

07-Sept-2012 Hydrocortisone 2.5mg muco-adhesive buccal tablets sugar free Acute Medication (Past)
20 tablet - QID

20-Aug-2012 Nicotinell TTS 30 patches (Novartis Consumer Health UK Ltd) Acute Medication (Past)
28 patch - USE DAILY, DISPENSE WEEKLY

20-Aug-2012 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - 1 TABLET WHEN REQUIRED

20-Aug-2012 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

20-Aug-2012 Chlorhexidine gluconate 0.2% mouthwash Acute Medication (Past)
600 ml - 5 ML 4 TIMES DAILY (FRESHMINT PLEASE)

20-Aug-2012 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

25-Sept-2012 Chlorhexidine gluconate 0.2% mouthwash Repeat Medication (Past)
600 ml - 5 ML 4 TIMES DAILY (FRESHMINT PLEASE)

22-July-2013 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

24-July-2012 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

23-July-2012 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

19-Jun-2012 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

19-Jun-2012 CHLORHEXIDINE GLUCONATE mouthwash 0.2% Acute Medication (Past)
600 ml - 5 ML 4 TIMES DAILY (FRESHMINT PLEASE)

19-Jun-2012 SALBUTAMOL cfc free inh 100micrograms/inhalation Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

14-May-2012 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

14-May-2012 CHLORHEXIDINE GLUCONATE mouthwash 0.2% Acute Medication (Past)
600 ml - 5 ML 4 TIMES DAILY (FRESHMINT PLEASE)

14-May-2012 SALBUTAMOL cfc free inh 100micrograms/inhalation Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

10-Apr-2012 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

10-Apr-2012 CHLORHEXIDINE GLUCONATE mouthwash 0.2% Acute Medication (Past)
600 ml - 5 ML 4 TIMES DAILY (FRESHMINT PLEASE)

31-Dec-9999 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
500 ml - 15ML TWICE DAILY

31-Dec-9999 Ondansetron 4mg tablets Repeat Medication (Past)
20 tablet - TAKE ONE TWICE DAILY

13-Mar-2012 BENZYLAMINE HCl mouthwash 0.15% Acute Medication (Past)
300 ml - 15ML EVERY THREE HOURS

13-Mar-2012 CHLORHEXIDINE GLUCONATE mouthwash 0.2% Acute Medication (Past)
600 ml - 5 ML 4 TIMES DAILY (FRESHMINT PLEASE)

01-Mar-2012 DIHYDROCODEINE tabs 30mg Acute Medication (Past)
60 tablet - TAKE ONE EVERY FOUR TO SIX HOURS

01-Mar-2012 LACTULOSE soln 3.1-3.7g/5ml Acute Medication (Past)
500 ml - 15ML TWICE DAILY

01-Mar-2012 NICOTINELL 20 TTS patch 14mg/24 hours Acute Medication (Past)
14 patch - USE DAILY, DISPENSE WEEKLY

29-Feb-2012 BENZYLAMINE HCl mouthwash 0.15% Acute Medication (Past)
300 ml - 15ML EVERY THREE HOURS

29-Feb-2012 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

17-Feb-2012 ONDANSETRON tabs 4mg Acute Medication (Past)
20 tablet - TAKE ONE TWICE DAILY

17-Feb-2012 RANITIDINE tabs 150mg Acute Medication (Past)
120 tablet - TAKE ONE TWICE DAILY

16-Feb-2012 BENZYLAMINE HCl mouthwash 0.15% Acute Medication (Past)
300 ml - 15ML EVERY THREE HOURS

16-Feb-2012 E45 lotion [RECKITT B] Acute Medication (Past)
500 ml - APPLY AS NEEDED

16-Feb-2012 CHLORHEXIDINE GLUCONATE mouthwash 0.2% Acute Medication (Past)
600 ml - 5 ML 4 TIMES DAILY (FRESHMINT PLEASE)

16-Feb-2012 SALBUTAMOL cfc free inh 100micrograms/inhalation Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

16-Feb-2012 AMITRIPTYLINE HCl tabs 10mg Acute Medication (Past)
56 tablet - TAKE ONE AT NIGHT

02-Feb-2012 GRANISETRON tabs 1mg Acute Medication (Past)
20 tablet - TAKE ONE TWICE DAILY

02-Feb-2012 LOPERAMIDE caps 2mg Acute Medication (Past)
60 capsule - 1-2 CAPS AS DIRECTED

02-Feb-2012 ONDANSETRON tabs 4mg Acute Medication (Past)
20 tablet - TAKE ONE TWICE DAILY

25-Jan-2012 DIHYDROCODEINE tabs 30mg Acute Medication (Past)
60 tablet - TAKE ONE EVERY FOUR TO SIX HOURS

25-Jan-2012 ACICLOVIR tabs 400mg Acute Medication (Past)
35 tablet - 1 TABLET(S) 5 TIMES DAILY

25-Jan-2012 SENNA tabs 7.5mg Acute Medication (Past)
60 tablet - TAKE 1 OR 2 AT NIGHT

25-Jan-2012 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

25-Jan-2012 CHLORHEXIDINE GLUCONATE mouthwash 0.2% Acute Medication (Past)
600 ml - 5 ML 4 TIMES DAILY (FRESHMINT PLEASE)

24-Jan-2012 BENZYLAMINE HCl mouthwash 0.15% Acute Medication (Past)
300 ml - 15ML EVERY THREE HOURS

24-Jan-2012 E45 lotion [RECKITT B] Acute Medication (Past)
500 ml - APPLY AS NEEDED

04-Jan-2012 FLUCLOXACILLIN caps 250mg Acute Medication (Past)
28 capsule - TAKE ONE FOUR TIMES DAILY

04-Jan-2012 DIHYDROCODEINE tabs 30mg Acute Medication (Past)
60 tablet - TAKE ONE EVERY FOUR TO SIX HOURS

04-Jan-2012 SENNA tabs 7.5mg Acute Medication (Past)
60 tablet - TAKE 1 OR 2 AT NIGHT

04-Jan-2012 CHLORHEXIDINE GLUCONATE mouthwash 0.2% Acute Medication (Past)
600 ml - 5 ML 4 TIMES DAILY (FRESHMINT PLEASE)

04-Jan-2012 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

29-Dec-2011 DIHYDROCODEINE tabs 30mg Acute Medication (Past)
60 tablet - TAKE ONE EVERY FOUR TO SIX HOURS

23-Dec-2011 TRANSVASIN crm Acute Medication (Past)
40 gram - APPLY AS NEEDED

23-Dec-2011 AMITRIPTYLINE HCl tabs 10mg Acute Medication (Past)
56 tablet - TAKE ONE AT NIGHT

21-Dec-2011 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

21-Dec-2011 CHLORHEXIDINE GLUCONATE mouthwash 0.2% Acute Medication (Past)
600 ml - 5 ML 4 TIMES DAILY (FRESHMINT PLEASE)

21-Dec-2011 SALBUTAMOL cfc free inh 100micrograms/inhalation Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

21-Dec-2011 DIHYDROCODEINE tabs 30mg Acute Medication (Past)
60 tablet - TAKE ONE EVERY FOUR TO SIX HOURS

21-Dec-2011 ACICLOVIR tabs 400mg Acute Medication (Past)
56 tablet - 1 TABLET(S) TWICE DAILY

21-Dec-2011 RANITIDINE tabs 150mg Acute Medication (Past)
60 tablet - TAKE ONE TWICE DAILY

07-Dec-2011 SENNA tabs 7.5mg Acute Medication (Past)
60 tablet - TAKE 1 OR 2 AT NIGHT

25-Jan-2012 Senna 7.5mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 AT NIGHT

06-Dec-2011 BENZYLAMINE HCl mouthwash 0.15% Acute Medication (Past)
300 ml - 15ML EVERY THREE HOURS

06-Dec-2011 CHLORHEXIDINE GLUCONATE mouthwash 0.2% Acute Medication (Past)
600 ml - 5 ML 4 TIMES DAILY (FRESHMINT PLEASE)

24-Nov-2011 DIHYDROCODEINE tabs 30mg Acute Medication (Past)
60 tablet - TAKE ONE EVERY FOUR TO SIX HOURS

24-Nov-2011 BENZYLAMINE HCl mouthwash 0.15% Acute Medication (Past)
300 ml - 15ML EVERY THREE HOURS

21-Nov-2011 BENZYLAMINE HCl mouthwash 0.15% Acute Medication (Past)
300 ml - 15ML EVERY THREE HOURS

21-Nov-2011 BECLOMETASONE aqueous nasal spray 50micrograms/actuation Acute Medication (Past)
200 dose - 2 PUFFS AS DIRECTED

21-Nov-2011 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

21-Nov-2011 Beclometasone 50micrograms/dose nasal spray Repeat Medication (Past)
200 dose - 2 PUFFS AS DIRECTED

13-Mar-2012 Benzylamine 0.15% mouthwash sugar free Repeat Medication (Past)
300 ml - 15ML EVERY THREE HOURS

21-Nov-2011 ACICLOVIR tabs 400mg Acute Medication (Past)
35 tablet - 1 TABLET(S) 5 TIMES DAILY

17-Nov-2011 Fortisip Bottle liq [NUTRICIA] Acute Medication (Past)
120 200 mls vanilla, toffee, chocolate, banana, tropical fruits and orange - 4 CARTONS DAILY

17-Nov-2011 CHLORHEXIDINE GLUCONATE mouthwash 0.2% Acute Medication (Past)
600 ml - 5 ML 4 TIMES DAILY (FRESHMINT PLEASE)

14-Nov-2011 FLUCONAZOLE caps 50mg Acute Medication (Past)
14 capsule - TAKE ONE DAILY

04-Nov-2011 FERROUS FUMARATE tabs 210mg Acute Medication (Past)
100 tablet - TAKE ONE THREE TIMES DAILY

04-Nov-2011 E45 lotion [RECKITT B] Acute Medication (Past)
500 ml - APPLY AS NEEDED

16-Feb-2012 E45 lotion (Forum Health Products Ltd) Repeat Medication (Past)
500 ml - APPLY AS NEEDED

04-Nov-2011 CHLORHEXIDINE GLUCONATE mouthwash 0.2% Acute Medication (Past)
600 ml - 5 ML 4 TIMES DAILY (FRESHMINT PLEASE)

31-Oct-2011 NICOTINELL 30 TTS patch 21mg/24 hours Acute Medication (Past)
21 patch - USE DAILY, DISPENSE WEEKLY

31-Oct-2011 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
2 120 dose inhaler - 1 Puff morning and night

31-Oct-2011 DIHYDROCODEINE tabs 30mg Acute Medication (Past)
60 tablet - TAKE ONE EVERY FOUR TO SIX HOURS

26-Oct-2012 Fostair 100micrograms/dose/6micrograms/dose inhaler (Chie... Repeat Medication (Past)
240 dose - 1 PUFF MORNING AND NIGHT

03-Oct-2011 FERROUS FUMARATE tabs 210mg Acute Medication (Past)
84 tablet - TAKE ONE THREE TIMES DAILY

03-Oct-2011 CHLORHEXIDINE GLUCONATE mouthwash 0.2% Acute Medication (Past)
600 ml - 5 ML 4 TIMES DAILY (FRESHMINT PLEASE)

03-Oct-2011 SALBUTAMOL cfc free inh 100micrograms/inhalation Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

03-Oct-2011 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
2 120 dose inhaler - 1 Puff morning and night

03-Oct-2011 NICOTINELL 30 TTS patch 21mg/24 hours Acute Medication (Past)
21 patch - USE DAILY, DISPENSE WEEKLY

19-Jun-2012 Chlorhexidine gluconate 0.2% mouthwash Repeat Medication (Past)
600 ml - 5 ML 4 TIMES DAILY (FRESHMINT PLEASE)

22-Aug-2011 SALBUTAMOL cfc free inh 100micrograms/inhalation Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

22-Aug-2011 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
2 120 dose inhaler - 1 Puff morning and night

11-July-2011 SALBUTAMOL cfc free inh 100micrograms/inhalation Acute Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

11-July-2011 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
2 120 dose inhaler - 1 Puff morning and night

19-Jun-2012 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
2 dose - 2 PUFFS TAKE AS REQUIRED

08-Jun-2011 SALBUTAMOL cfc free inh 100micrograms/inhalation Acute Medication (Past)
1 200 dose inhaler - 2 Puffs Take as required

08-Jun-2011 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
2 120 dose inhaler - 1 Puff morning and night

06-May-2011 NICOTINELL 30 TTS patch 21mg/24 hours Acute Medication (Past)
21 patch(es) - USE DAILY, DISPENSE WEEKLY

06-May-2011 CHLORHEXIDINE GLUCONATE mouthwash 0.2% Acute Medication (Past)
600 mls - 5 ml 4 times daily (freshmint please)

06-May-2011 LYCLEAR dermal crm Acute Medication (Past)
30 gram(s) - USE AS DIRECTED

06-May-2011 SALBUTAMOL cfc free inh 100micrograms/inhalation Acute Medication (Past)
1 200 dose inhaler - 2 Puffs Take as required

06-May-2011 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
2 120 dose inhaler - 1 Puff morning and night

21-Apr-2011 FERROUS SULPHATE tabs 200mg Acute Medication (Past)
100 tablet(s) - 1 Tab 3 times daily

21-Apr-2011 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
2 120 dose inhaler - 1 Puff morning and night

13-Apr-2011 SALBUTAMOL cfc free inh 100micrograms/inhalation Acute Medication (Past)
1 200 dose inhaler - 2 Puffs Take as required

13-Apr-2011 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
2 120 dose inhaler - 1 Puff morning and night

08-Jun-2011 SALBUTAMOL cfc free inh 100micrograms/inhalation Repeat Medication (Past)
1 200 dose inhaler - 2 Puffs Take as required

21-Mar-2011 FERROUS SULPHATE tabs 200mg Acute Medication (Past)
100 tablet(s) - 1 Tab 3 times daily

21-Mar-2011 AMOXICILLIN caps 500mg Acute Medication (Past)
21 capsule(s) - TAKE ONE 3 TIMES/DAY

21-Mar-2011 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
2 120 dose inhaler - 1 Puff morning and night

21-Mar-2011 SALBUTAMOL cfc free inh 100micrograms/inhalation Acute Medication (Past)
2 200 dose inhaler - 2 Puffs Take as required

21-Mar-2011 BECLOMETASONE aqueous nasal spray 50micrograms/actuation Acute Medication (Past)
1 200 dose nasal spray - 2 puffs As directed

08-Feb-2011 FERROUS SULPHATE tabs 200mg Acute Medication (Past)
100 tablet(s) - 1 Tab 3 times daily

08-Feb-2011 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
2 120 dose inhaler - 1 Puff morning and night

07-Jan-2011 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
2 120 dose inhaler - 1 Puff morning and night

07-Jan-2011 FERROUS SULPHATE tabs 200mg Acute Medication (Past)
100 tablet(s) - 1 Tab 3 times daily

08-Dec-2010 AMOXICILLIN caps 500mg Acute Medication (Past)
21 capsule(s) - TAKE ONE 3 TIMES/DAY

08-Dec-2010 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
2 120 dose inhaler - 1 Puff morning and night

08-Dec-2010 SALBUTAMOL cfc free inh 100micrograms/inhalation Acute Medication (Past)
2 200 dose inhaler - 2 Puffs Take as required

08-Dec-2010 FERROUS SULPHATE tabs 200mg Acute Medication (Past)
100 tablet(s) - 1 Tab 3 times daily

21-Mar-2011 SALBUTAMOL cfc free inh 100micrograms/inhalation Repeat Medication (Past)
2 200 dose inhaler - 2 Puffs Take as required

31-Oct-2011 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Repeat Medication (Past)
2 120 dose inhaler - 1 Puff morning and night

10-Nov-2010 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Acute Medication (Past)
1 120 dose inhaler - 1 Puff morning and night

10-Nov-2010 SALBUTAMOL cfc free inh 100micrograms/inhalation Acute Medication (Past)
1 200 dose inhaler - 2 Puffs Take as required

05-Oct-2010 Fostair 100/6 120 Dose Cfc Free INHAL Acute Medication (Past)
1 - 1 Puff morning and night

05-Oct-2010 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

17-Sept-2010 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

17-Sept-2010 Fostair 100/6 120 Dose Cfc Free INHAL Acute Medication (Past)
1 - 1 Puff morning and night

17-Sept-2010 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

20-Aug-2010 Ferrous Sulphate TABS 200MG Acute Medication (Past)
84 - 1 Tab 3 times daily

19-Aug-2010 Fostair 100/6 120 Dose Cfc Free INHAL Acute Medication (Past)
1 - 1 Puff morning and night

19-Aug-2010 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

23-July-2010 Fostair 100/6 120 Dose Cfc Free INHAL Acute Medication (Past)
1 - 1 Puff morning and night

23-July-2010 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

10-Nov-2010 FOSTAIR cfc free inh 100micrograms + 6micrograms/actuation Repeat Medication (Past)
1 120 dose inhaler - 1 Puff morning and night

21-Jun-2010 Fostair 100/6 120 Dose Cfc Free INHAL Acute Medication (Past)
1 - 1 Puff morning and night

21-Jun-2010 Fostair 100/6 120 Dose Cfc Free INHAL Acute Medication (Past)
1 - 1 Puff morning and night

21-Jun-2010 Clenil Modulite 100 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
2 - 2 Puffs Twice daily

21-Jun-2010 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

31-May-2010 Fostair 100/6 120 Dose Cfc Free INHAL Acute Medication (Past)
1 - 1 Puff morning and night

31-May-2010 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

21-Mar-2011 BECLOMETASONE aqueous nasal spray 50micrograms/actuation Repeat Medication (Past)
1 200 dose nasal spray - 2 puffs As directed

04-May-2010 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

04-May-2010 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

04-May-2010 Clenil Modulite 100 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
2 - 2 Puffs Twice daily

04-May-2010 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

19-Apr-2010 Clenil Modulite 100 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
2 - 2 Puffs Twice daily

19-Apr-2010 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

19-Apr-2010 Ferrous Sulphate TABS 200MG Acute Medication (Past)
84 - 1 Tab 3 times daily

23-Mar-2010 Clenil Modulite 100 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
2 - 2 Puffs Twice daily

23-Mar-2010 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

31-Dec-9999 CLENIL MODULITE cfc free inh 100micrograms/actuation Repeat Medication (Past)
2 200 dose inhaler - 2 Puffs Twice daily

10-Nov-2010 SALBUTAMOL cfc free inh 100micrograms/inhalation Repeat Medication (Past)
1 200 dose inhaler - 2 Puffs Take as required

26-Feb-2010 Clenil Modulite 100 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
2 - 2 Puffs Twice daily

26-Feb-2010 Clenil Modulite 100 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
2 - 2 Puffs Twice daily

26-Feb-2010 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

26-Feb-2010 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

05-Feb-2010 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

05-Feb-2010 Clenil Modulite 100 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
2 - 2 Puffs Twice daily

19-Jan-2010 Ferrous Sulphate TABS 200MG Acute Medication (Past)
84 - 1 Tab 3 times daily

19-Jan-2010 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

19-Jan-2010 Clenil Modulite 100 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
2 - 2 Puffs Twice daily

07-Dec-2009 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

07-Dec-2009 Clenil Modulite 100 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
2 - 2 Puffs Twice daily

23-Nov-2009 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

23-Nov-2009 Clenil Modulite 100 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
2 - 2 Puffs Twice daily

19-Nov-2009 Ferrous Sulphate TABS 200MG Acute Medication (Past)
84 - 1 Tab 3 times daily

14-Oct-2009 Amoxicillin CAPS 500MG Acute Medication (Past)
21 - 1 Cap 3 times daily

14-Oct-2009 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
300 - 5 ml 4 times daily

14-Oct-2009 Clenil Modulite 100 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
2 - 2 Puffs Twice daily

14-Oct-2009 Clenil Modulite 100 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
2 - 2 Puffs Twice daily

14-Oct-2009 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

08-Oct-2009 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

08-Oct-2009 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

04-Sept-2009 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

04-Sept-2009 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

04-Sept-2009 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

04-Sept-2009 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

07-May-2009 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

07-May-2009 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

26-Jan-2009 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

26-Jan-2009 Dermol 500 LOT Acute Medication (Past)
500 - Apply Daily

26-Jan-2009 Chlorphenamine Maleate TABS 4MG Acute Medication (Past)
42 - 1 Tab 3 times daily

26-Jan-2009 Paracetamol TABS 500MG Acute Medication (Past)
200 - 2 Tabs 4 times daily

26-Jan-2009 Paracetamol TABS 500MG Acute Medication (Past)
200 - 2 Tabs 4 times daily

26-Jan-2009 Ibuprofen TABS 400MG Acute Medication (Past)
84 - 1 Tab 3 times daily

26-Jan-2009 Ibuprofen TABS 400MG Acute Medication (Past)
84 - 1 Tab 3 times daily

26-Jan-2009 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

26-Jan-2009 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

09-Jan-2009 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

09-Jan-2009 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

09-Jan-2009 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

29-Dec-2008 Paracetamol TABS 500MG Acute Medication (Past)
200 - 2 Tabs 4 times daily

29-Dec-2008 Ibuprofen TABS 400MG Acute Medication (Past)
84 - 1 Tab 3 times daily

29-Dec-2008 Prochlorperazine Maleate TABS 5MG Acute Medication (Past)
84 - 1 Tab 3 times daily

15-Dec-2008 Amoxicillin CAPS 500MG Acute Medication (Past)
21 - 1 Cap 3 times daily

15-Dec-2008 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

15-Dec-2008 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

13-Oct-2008 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

13-Oct-2008 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

13-Oct-2008 Amoxicillin CAPS 500MG Acute Medication (Past)
21 - 1 Cap 3 times daily

27-May-2008 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

27-May-2008 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

27-May-2008 Ferrous Sulphate TABS 200MG Acute Medication (Past)
56 - 1 Tab Twice daily

27-May-2008 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

29-Jan-2008 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

29-Jan-2008 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

29-Jan-2008 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

29-Jan-2008 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Take as required

28-Nov-2007 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

28-Nov-2007 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

28-Nov-2007 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

25-Sept-2007 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

25-Sept-2007 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

25-Sept-2007 Betamethasone Valerate CREAM 0.025% Acute Medication (Past)
100 - Apply 3 times daily

06-Aug-2007 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

06-Aug-2007 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

06-Aug-2007 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

14-Jun-2007 Permethrin Dermal CREAM 5% Acute Medication (Past)
30 - Apply As directed

11-Jun-2007 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

11-Jun-2007 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

11-Jun-2007 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

03-Apr-2007 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

03-Apr-2007 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

03-Apr-2007 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

29-Mar-2007 Ferrous Sulphate TABS 200MG Acute Medication (Past)
56 - 1 Tab Twice daily

20-Dec-2006 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

20-Dec-2006 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

20-Dec-2006 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

20-Dec-2006 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

26-Sept-2006 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

26-Sept-2006 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

26-Sept-2006 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

26-Sept-2006 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

21-July-2006 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

21-July-2006 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

29-Mar-2006 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

29-Mar-2006 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

29-Mar-2006 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

29-Mar-2006 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

13-Jan-2006 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

13-Jan-2006 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

13-Jan-2006 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

13-Jan-2006 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

13-Jan-2006 Amoxicillin CAPS 500MG Acute Medication (Past)
21 - 1 Cap 3 times daily

02-Dec-2005 Amoxicillin CAPS 500MG Acute Medication (Past)
21 - 1 Cap 3 times daily

02-Dec-2005 Ibuprofen TABS 400MG Acute Medication (Past)
48 - 1 Tab 3 times daily

23-Nov-2005 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

23-Nov-2005 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

23-Nov-2005 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

23-Nov-2005 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

20-Sept-2005 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

20-Sept-2005 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

20-Sept-2005 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

20-Sept-2005 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

12-July-2005 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

12-July-2005 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

12-July-2005 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

12-July-2005 Amoxicillin CAPS 500MG Acute Medication (Past)
21 - 1 Cap 3 times daily

25-Apr-2005 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

25-Apr-2005 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

25-Apr-2005 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

25-Apr-2005 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

11-Mar-2005 Erythromycin Ec TABS 250MG Acute Medication (Past)
28 - 1 Tab 4 times daily

11-Mar-2005 Ibuprofen TABS 400MG Acute Medication (Past)
48 - 1 Tab 3 times daily

11-Mar-2005 Senna TABS 7.5MG Acute Medication (Past)
28 - 2 Tabs At night

04-Mar-2005 Amoxicillin CAPS 500MG Acute Medication (Past)
21 - 1 Cap 3 times daily

23-Feb-2005 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

23-Feb-2005 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

23-Feb-2005 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

23-Feb-2005 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

05-Jan-2005 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

05-Jan-2005 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

05-Jan-2005 Co-Amoxiclav 250mg/125mg TABS Acute Medication (Past)
21 - 1 Tab 3 times daily

29-Nov-2004 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

29-Nov-2004 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

29-Nov-2004 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

29-Nov-2004 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

15-Sept-2004 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

15-Sept-2004 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

15-Sept-2004 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

15-Sept-2004 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

15-Sept-2004 Salbutamol 200 Dose INHAL 100MCG/DOSE Acute Medication (Past)
1 - 1-2 PUFFS TAKE AS REQUIRED

12-July-2004 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

12-July-2004 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

12-July-2004 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

12-July-2004 Co-Amoxiclav 250mg/125mg TABS Acute Medication (Past)
21 - 1 Tab 3 times daily

28-May-2004 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

28-May-2004 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

28-May-2004 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

28-May-2004 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

09-Apr-2004 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

09-Apr-2004 Amoxicillin CAPS 500MG Acute Medication (Past)
21 - 1 Cap 3 times daily

29-Mar-2004 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

29-Mar-2004 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

16-Mar-2004 Trimethoprim TABS 200MG Acute Medication (Past)
14 - 1 Tab Twice daily

04-Feb-2004 Ibuprofen TABS 400MG Acute Medication (Past)
84 - 1 Tab 3 times daily

04-Feb-2004 Co-Codamol 30mg/500mg CAPS Acute Medication (Past)
100 - 1 or 2 Caps 4 times daily

02-Feb-2004 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

02-Feb-2004 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

02-Feb-2004 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

02-Feb-2004 Flucloxacillin CAPS 250MG Acute Medication (Past)
28 - 1 Cap 4 times daily

02-Feb-2004 Salbutamol 200 Dose INHAL 100MCG/DOSE Acute Medication (Past)
1 - 1-2 PUFFS TAKE AS REQUIRED

02-Feb-2004 Fusidic Acid CREAM 2% Acute Medication (Past)
30 - Apply 3 times daily

07-Jan-2004 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

07-Jan-2004 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

07-Jan-2004 Clarithromycin TABS 250MG Acute Medication (Past)
14 - 1 Tab Twice daily

07-Jan-2004 Salbutamol 200 Dose INHAL 100MCG/DOSE Acute Medication (Past)
1 - 1-2 PUFFS TAKE AS REQUIRED

08-Dec-2003 Amoxicillin CAPS 500MG Acute Medication (Past)
21 - 1 Cap 3 times daily

01-Dec-2003 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

01-Dec-2003 Ensure Plus Fruits Of The Forest 200ml LIQ Acute Medication (Past)
60 - 1 Carton Twice daily

20-Nov-2003 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

20-Nov-2003 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

20-Nov-2003 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

20-Nov-2003 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

30-Sept-2003 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

30-Sept-2003 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

30-Sept-2003 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

30-Sept-2003 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

08-Aug-2003 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

08-Aug-2003 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

08-Aug-2003 Ensure Plus Fruits Of The Forest 200ml LIQ Acute Medication (Past)
60 - 1 Carton Twice daily

23-Jun-2003 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

23-Jun-2003 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

23-Jun-2003 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

06-May-2003 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

06-May-2003 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

06-May-2003 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

06-May-2003 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

06-May-2003 Ensure Plus Fruits Of The Forest 200ml LIQ Acute Medication (Past)
60 - 1 Carton Twice daily

10-Apr-2003 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

10-Apr-2003 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

10-Apr-2003 Amoxicillin CAPS 500MG Acute Medication (Past)
21 - 1 Cap 3 times daily

07-Mar-2003 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

07-Mar-2003 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

07-Mar-2003 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

07-Mar-2003 Ensure Plus Fruits Of The Forest 200ml LIQ Acute Medication (Past)
60 - 1 Carton Twice daily

05-Feb-2003 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

04-Feb-2003 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

04-Feb-2003 Salbutamol 200 Dose INHAL 100MCG/DOSE Acute Medication (Past)
1 - 1-2 PUFFS TAKE AS REQUIRED

04-Feb-2003 Amoxicillin CAPS 500MG Acute Medication (Past)
21 - 1 Cap 3 times daily

21-Jan-2003 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

21-Jan-2003 Aqueous CREAM Acute Medication (Past)
500 - Apply As directed

21-Jan-2003 Ensure Plus Fruits Of The Forest 200ml LIQ Acute Medication (Past)
60 - 1 Carton Twice daily

13-Jan-2003 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

13-Jan-2003 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

13-Jan-2003 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

21-Nov-2002 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

21-Nov-2002 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

21-Nov-2002 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

21-Nov-2002 Ensure Plus Fruits Of The Forest 200ml LIQ Acute Medication (Past)
60 - 1 Carton Twice daily

18-Sept-2002 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

18-Sept-2002 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

18-Sept-2002 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

18-Sept-2002 Aqueous CREAM Acute Medication (Past)
500 - Apply As directed

18-Sept-2002 Ensure Plus Fruits Of The Forest 200ml LIQ Acute Medication (Past)
60 - 1 Carton Twice daily

18-Sept-2002 Daktacort CREAM Acute Medication (Past)
30 - Apply As directed

18-Sept-2002 Amoxicillin CAPS 500MG Acute Medication (Past)
21 - 1 Cap 3 times daily

18-Sept-2002 Salbutamol 200 Dose INHAL 100MCG/DOSE Acute Medication (Past)
1 - 1-2 PUFFS TAKE AS REQUIRED

05-Sept-2002 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

05-Sept-2002 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

05-Sept-2002 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

05-Sept-2002 Ensure Plus Fruits Of The Forest 200ml LIQ Acute Medication (Past)
60 - 1 Carton Twice daily

28-Jun-2002 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

28-Jun-2002 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

28-Jun-2002 Nystatin Pastilles Acute Medication (Past)
28 - 1 Tab 4 times daily

27-Jun-2002 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

27-Jun-2002 Aqueous CREAM Acute Medication (Past)
500 - Apply As directed

27-Jun-2002 Ensure Plus Fruits Of The Forest 200ml LIQ Acute Medication (Past)
60 - 1 Carton Twice daily

30-May-2002 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

30-May-2002 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

30-May-2002 Amoxicillin CAPS 500MG Acute Medication (Past)
21 - 1 Cap 3 times daily

09-May-2002 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

09-May-2002 Penicillin V TABS 250MG Acute Medication (Past)
28 - 1 Tab 4 times daily

08-May-2002 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

08-May-2002 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

08-May-2002 Ensure Plus Fruits Of The Forest 200ml LIQ Acute Medication (Past)
60 - 1 Carton Twice daily

21-Feb-2002 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

21-Feb-2002 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

21-Feb-2002 Ensure Plus Fruits Of The Forest 200ml LIQ Acute Medication (Past)
60 - 1 Carton Twice daily

15-Jan-2002 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

15-Jan-2002 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

15-Jan-2002 Ensure Plus Fruits Of The Forest 200ml LIQ Acute Medication (Past)
60 - 1 Carton Twice daily

20-Dec-2001 Prednisolone Ec TABS 5MG Acute Medication (Past)
28 - 4 Tabs Daily

20-Dec-2001 Amoxicillin CAPS 500MG Acute Medication (Past)
21 - 1 Cap 3 times daily

12-Dec-2001 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

12-Dec-2001 Aqueous CREAM Acute Medication (Past)
500 - Apply As directed

12-Dec-2001 Ensure Plus Fruits Of The Forest 200ml LIQ Acute Medication (Past)
60 - 1 Carton Twice daily

12-Dec-2001 Ciprofloxacin TABS 500MG Acute Medication (Past)
10 - 1 Tab Twice daily

30-Nov-2001 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

30-Nov-2001 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

29-Nov-2001 Ensure Plus Fruits Of The Forest 200ml LIQ Acute Medication (Past)
60 - 1 Carton Twice daily

29-Nov-2001 Ciprofloxacin TABS 500MG Acute Medication (Past)
10 - 1 Tab Twice daily

29-Nov-2001 Ciprofloxacin TABS 500MG Acute Medication (Past)
10 - 1 Tab Twice daily

26-Oct-2001 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

26-Oct-2001 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

26-Oct-2001 Ensure Plus Fruits Of The Forest 200ml LIQ Acute Medication (Past)
60 - 1 Carton Twice daily

26-Oct-2001 Daktacort CREAM Acute Medication (Past)
30 - Apply As directed

26-Oct-2001 Daktacort CREAM Acute Medication (Past)
30 - Apply As directed

26-Oct-2001 Salbutamol 200 Dose INHAL 100MCG/DOSE Acute Medication (Past)
1 - 1-2 PUFFS TAKE AS REQUIRED

31-Aug-2001 Clarithromycin TABS 250MG Acute Medication (Past)
14 - 1 Tab Twice daily

24-Aug-2001 Amoxicillin CAPS 250MG Acute Medication (Past)
21 - 1 Cap 3 times daily

20-Aug-2001 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

20-Aug-2001 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

20-Aug-2001 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
100 - - AS DIRECTED

20-Aug-2001 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

20-Aug-2001 Aqueous CREAM Acute Medication (Past)
500 - Apply As directed

20-Aug-2001 Ensure Plus Fruits Of The Forest 200ml LIQ Acute Medication (Past)
60 - 1 Carton Twice daily

20-Aug-2001 Ensure Plus Fruits Of The Forest 200ml LIQ Acute Medication (Past)
60 - 1 Carton Twice daily

20-Aug-2001 Salbutamol 200 Dose INHAL 100MCG/DOSE Acute Medication (Past)
1 - 1-2 PUFFS TAKE AS REQUIRED

22-Jun-2001 Ensure Plus Fruits Of The Forest 200ml LIQ Acute Medication (Past)
60 - 1 carton Twice daily

22-Jun-2001 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

22-Jun-2001 Beclometasone Dipropionate 200 Dose Breath Actuated Aerosol Acute Medication (Past)
1 - 2 Puffs Twice daily

22-Jun-2001 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

22-Jun-2001 Aqueous CREAM Acute Medication (Past)
500 - Apply As directed

22-Jun-2001 Aqueous CREAM Acute Medication (Past)
500 - Apply As directed

22-Jun-2001 Amoxicillin CAPS 500MG Acute Medication (Past)
21 - 1 Cap 3 times daily

29-May-2001 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

29-May-2001 Sildenafil Sls TABS 100MG Acute Medication (Past)
8 - 1 Tab As directed

29-May-2001 Ensure Plus Fruits Of The Forest 200ml LIQ Acute Medication (Past)
60 - 1 carton Twice daily

29-May-2001 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
100 - - AS DIRECTED

29-May-2001 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

29-May-2001 Salbutamol 200 Dose INHAL 100MCG/DOSE Acute Medication (Past)
1 - 1-2 PUFFS TAKE AS REQUIRED

27-Feb-2001 Metronidazole TABS 200MG Acute Medication (Past)
21 - 1 Tab 3 times daily

27-Feb-2001 Penicillin V TABS 250MG Acute Medication (Past)
28 - 1 Tab 4 times daily

27-Feb-2001 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

27-Feb-2001 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
100 - - AS DIRECTED

27-Feb-2001 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

27-Feb-2001 Salbutamol 200 Dose INHAL 100MCG/DOSE Acute Medication (Past)
1 - 1-2 PUFFS TAKE AS REQUIRED

13-Nov-2000 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

13-Nov-2000 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
100 - - AS DIRECTED

27-Oct-2000 Beclometasone Dipropionate 200 Dose INHAL 100MCG/DOSE Acute Medication (Past)
1 - 2 Puffs Twice daily

27-Oct-2000 Sildenafil 50 mg Acute Medication (Past)
4 - Apply As directed

05-Sept-2000 Doxycycline CAPS 100MG Acute Medication (Past)
8 - 1 Cap As directed

21-July-2000 Penicillin V TABS 250MG Acute Medication (Past)
28 - 1 Tab 4 times daily

21-July-2000 Metronidazole TABS 200MG Acute Medication (Past)
21 - 1 Tab 3 times daily

21-July-2000 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

21-July-2000 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
100 - - AS DIRECTED

18-May-2000 Oilatum Emollient EMULS Acute Medication (Past)
250 - Apply As directed

18-May-2000 Oilatum Emollient EMULS Acute Medication (Past)
250 - Apply As directed

18-May-2000 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

15-Dec-1999 Co-Amoxiclav 250mg/125mg TABS Acute Medication (Past)
21 - 1 Tab 3 times daily

15-Dec-1999 Daktacort CREAM Acute Medication (Past)
60 - APPLY AS DIRECTED

15-Dec-1999 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

15-Dec-1999 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

15-Dec-1999 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MC Acute Medication (Past)
1 - 2 puffs As directed

15-Dec-1999 Sildenafil 50 mg Acute Medication (Past)
4 - Apply As directed

27-Oct-1999 Amoxicillin CAPS 250MG Acute Medication (Past)
21 - 1 Cap 3 times daily

27-Oct-1999 Miconazole Sf Oral GEL 24MG/ML Acute Medication (Past)
15 - Apply 4 times daily

13-Jan-1999 Domperamol TABS Acute Medication (Past)
32 - 2 TABS 6 HOURLY

13-Jan-1999 Domperamol TABS Acute Medication (Past)
32 - 2 TABS 6 HOURLY

23-Dec-1998 Salbutamol 200 Dose INHAL 100MCG/DOSE Acute Medication (Past)
1 - 1-2 PUFFS TAKE AS REQUIRED

23-Dec-1998 Salbutamol 200 Dose INHAL 100MCG/DOSE Acute Medication (Past)
1 - 1-2 PUFFS TAKE AS REQUIRED

30-Nov-1998 Eurax Hydrocortisone CREAM Acute Medication (Past)
30 - APPLY AS DIRECTED

30-Nov-1998 Eurax Hydrocortisone CREAM Acute Medication (Past)
30 - APPLY AS DIRECTED

30-Nov-1998 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
100 - - AS DIRECTED

30-Nov-1998 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
100 - - AS DIRECTED

19-Feb-1998 Daktacort CREAM Acute Medication (Past)
60 - APPLY AS DIRECTED

19-Feb-1998 Daktacort CREAM Acute Medication (Past)
60 - APPLY AS DIRECTED

19-Feb-1998 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

19-Feb-1998 Chlorhexidine Gluconate Sf Mouthwash Mint SOL 0.2% Acute Medication (Past)
600 - As directed

Allergies

02-Jan-2009 Dr Linda Maccallum
Drug reaction NOS
Efavirenz - Rash
RCT001
Episodicity - EPI000

Vaccinations

12-Oct-2025
Administration of first inactivated seasonal influenza vacc
FLU - Seqirus UK (HSCP - Conan Doyle Medical Centre)
Intervention
FLUAQIV

12-Oct-2025
Administration of first dose of SARS-CoV-2 vaccine
C-19 Comirnaty (HSCP - Conan Doyle Medical Centre)
Intervention
COVPFIZER

01-May-2025
Administration of first dose of SARS-CoV-2 vaccine
C-19 Moderna (Ocean Terminal)
Intervention
COVMODERNA

27-Oct-2024
Administration of first inactivated seasonal influenza vacc
FLU - Seqirus UK (HSCP - Conan Doyle Medical Centre)
Intervention
FLUQIVC

27-Oct-2024
Administration of first dose of SARS-CoV-2 vaccine
C-19 Comirnaty (HSCP - Conan Doyle Medical Centre)
Intervention
COVPFIZER

07-Jun-2024
Administration of first dose of SARS-CoV-2 vaccine
C-19 Moderna (Waverly Mall)
Intervention
COVMODERNA

10-Apr-2024
Administration of 2nd dose Varicella-zoster vacc for Shingles
SHINGLES - Shingrix (Ocean Terminal)
Intervention
SHINGRIX

06-Feb-2024
Administration of 1st dose Varicella-zoster vacc for Shingles
SHINGLES - Shingrix (Ocean Terminal)
Intervention
SHINGRIX

05-Nov-2023
Administration of first inactivated seasonal influenza vacc
FLU - Seqirus UK (HSCP - Conan Doyle Medical Centre)
Intervention
FLUQIVC

05-Nov-2023

Administration of first dose of SARS-CoV-2 vaccine
C-19 Comirnaty (HSCP - Conan Doyle Medical Centre)
 Intervention
 COVPFIZER

15-Apr-2023

Administration of first dose of SARS-CoV-2 vaccine
C-19 Moderna (Mass - Craigmillar Medical Centre)
 Intervention
 COVMODERNA

25-Nov-2022

Administration of first dose of SARS-CoV-2 vaccine
C-19 Moderna (Ocean Terminal)
 Intervention
 COVMODERNA

25-Oct-2022

Administration of first inactivated seasonal influenza vacc
FLU - Seqirus UK (Ocean Terminal)
 Intervention
 FLUQVC

20-Aug-2022

Administration of first dose of SARS-CoV-2 vaccine
C-19 Booster Pfizer (Ocean Terminal)
 Intervention
 COVPFIZER

24-Apr-2022

Administration of first dose of SARS-CoV-2 vaccine
C-19 Booster Moderna (Ocean Terminal)
 Intervention
 COVMODERNA

19-Nov-2021

Administration of first inactivated seasonal influenza vacc
FLU - Flucelvax Tetra (QIVc) (Mass - Royal Highland Show Grounds)
 Intervention
 FLUQVC

19-Nov-2021

Administration of third dose of SARS-CoV-2 vaccine
C-19 Pfizer (Mass - Royal Highland Show Grounds)
 Intervention
 COVPFIZER

11-May-2021 Dr Jane Marshall

Admin sec dose SARS-CoV-2 vacc
C-19 AstraZeneca (By G Muir)
 Intervention
 COVOXFORD

22-Feb-2021 Dr Jane Marshall

Admin first dose SARS-CoV-2 vac
C-19 AstraZeneca (By R Cairns)
 Intervention
 COVOXFORD

14-Nov-2020

Administration of first inactivated seasonal influenza vacc
 Intervention
 FLU

22-Oct-2019 Ms Helen Dickson

Administration of first inactivated seasonal influenza vacc
No c/i
 Intervention
 FLU

24-Oct-2018 Ms Helen Dickson

Seasonal influenza vaccination
Given by locum GP today
 Intervention
 FLU

12-Dec-2017 Ms Helen Dickson

Seasonal influenza vaccination
HIV/ immunocompromised. No c/i. Up to date with pneumovax.
 Intervention
 FLU

02-Feb-2017 Ms Locum Nurse

Seasonal influenza vaccination
 Intervention
 FLU

09-Mar-2016 Dr Jane Marshall

Pneumococcal vaccination
 Intervention
 PNEUMOPOLY

30-Sept-2015 Mrs Deborah Smeeton

Seasonal influenza vaccination
 Intervention
 FLU

30-Sept-2015 Mrs Deborah Smeeton

Pneumococcal vaccination
Intervention
PNEUMOCONJ13

25-Nov-2014 Mrs Deborah Smeeton

Seasonal influenza vaccination
Intervention
FLU

28-Oct-2013 Ms Ingrid Uglow

Seasonal influenza vaccination
Intervention
FLU

04-Oct-2012 Miss Helen Cockburn

Seasonal influenza vaccination
Intervention
FLU

03-Oct-2011 Dr Linda Maccallum

Influenza vaccination
Intervention
FLU

15-Dec-2009 Dr Scott Obrzud

PNDMRX - 2nd fluA (H1N1v)09 va
GIVEN WITH CONSENT INTO LEFT DELTOID BN A81CA095A EXP 05/11
Intervention
PFLUGSK

23-Nov-2009 Dr Scott Obrzud

PNDMRX - 1st fluA (H1N1v)09 va
BN A81CA054A EXP 08/10 WITH CONSENT LEFT DELTOID
Intervention
PFLUGSK

14-Oct-2009 Dr Scott Obrzud

Influenza vaccination
Site: Left Arm - Batch Number: Agrippal 092321 Expiry Date: 5/2010
Intervention
FLU

13-Oct-2008 Dr Scott Obrzud

Influenza vaccination
Site: Left Arm - Batch Number: enzira 11002 Expiry Date: 6/2009
Intervention
FLU

30-Oct-2007 Dr Scott Obrzud

Pneumococcal vaccination given
Batch Number: ND29600 Expiry Date: 3/2008
Intervention
PNEUMOCOC

30-Oct-2007 Dr Scott Obrzud

Influenza vaccination
Batch Number: M20 Expiry Date: 6/2008
Intervention
FLU

22-Dec-2006 Dr Scott Obrzud

Influenza vaccination
Site: Left Arm - Batch Number: 04303 Expiry Date: 6/2007
Intervention
FLU

13-Oct-2005 Dr Scott Obrzud

Influenza vaccination
Batch Number: 3000852 Expiry Date: 6/2006
Intervention
FLU

08-Oct-2003 Dr Ivy Swenson

Influenza vaccination
Batch Number: 765595 Expiry Date: 5/2004
Intervention
FLU

25-Oct-2002 Dr Scott Obrzud

Pneumococcal vaccination
Intervention
PNEUMOCOC

25-Oct-2002 Dr Scott Obrzud

Influenza vaccination
Intervention
FLU

26-Mar-1996

1st hepatitis A vaccination
Intervention
HEPATITIS_A

12-Jan-1979

First tetanus vaccination
Intervention
TETANUS

12-Jan-1979

First polio vaccination
Intervention
POLIO

01-Dec-1964

First diphtheria vaccination
Intervention
DIPHTHERIA

Referrals

This section is empty.

Test Requests

21-Feb-2019 Ms Helen Dickson

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: On terbinafine Priority: non-urgent, Ordered from: Biochemistry, All samples collectedTest: LFTs, Status: Complete, Updated: 21/02/2019

Status

Innoculation Risk False
Priority Routine
Has Fasted? False
Is Pregnant? False

17-Jan-2019 Ms Helen Dickson

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: started terbinafine Priority: non-urgent, Ordered from: Biochemistry, All samples collectedTest: LFTs, Status: Complete, Updated: 17/01/2019

Status

Innoculation Risk False
Priority Routine
Has Fasted? False
Is Pregnant? False

30-Nov-2018 Dr Jane Marshall

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: Priority: non-urgent, Ordered from: Biochemistry, All samples collectedTest: LFTs, Status: Complete, Updated: 30/11/2018

Status

Innoculation Risk False
Priority Routine
Has Fasted? False
Is Pregnant? False

24-Oct-2018 Ms Helen Dickson

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: fungal toenail infection suspected - has tried 1y terbinafine adn 1y itraconazole. we are re-assessing diagnosis Priority: non-urgent, Ordered from: Microbiology, All samples collectedTest: Nail (whole/clippings or scrapings), Status: Complete, Updated: 24/10/2018

Status

Innoculation Risk False
Priority Routine
Has Fasted? False
Is Pregnant? False

25-Apr-2016 Ms Anne Frater

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: recheck blood Priority: non-urgent, Ordered from: Biochemistry, All samples collectedTest: LFTs, Status: Complete, Updated: 25/04/2016

Status

Innoculation Risk False
Priority Routine
Has Fasted? False
Is Pregnant? False

29-Dec-2015 Ms Anne Frater

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: repeat blood Priority: non-urgent, Ordered from: Biochemistry, All samples collectedTest: LFTs, Status: Complete, Updated: 29/12/2015

Status

Innoculation Risk False
Priority Routine
Has Fasted? False
Is Pregnant? False

30-Sept-2015 Mrs Deborah Smeeton

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: on anti-fungal meds Priority: non-urgent, Ordered from: Biochemistry, All samples collected Test: LFTs, Status: Complete, Updated: 30/09/2015

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

07-July-2015 Dr Piotr Konieczny

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: review of LFTs on itraconazole (on anti-retrovirals) Priority: non-urgent, Ordered from: Biochemistry, All samples collected Test: LFTs, Status: Complete, Updated: 07/07/2015

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

Test Results

04-Jun-2024 Dr Tashya Abhayaratna**Result:** BCSP faecal occult blood test normal No action required

Negative

BCSP faecal occult blood test normal No action required

(No range available)

14-Apr-2022 Dr Jane Marshall**Result:** 2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)

2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)

(No range available)

14-Apr-2022 Dr Jane Marshall**Result:** Coronavirus ribonucleic acid detection assay SARS-CoV-2

Coronavirus ribonucleic acid detection assay SARS-CoV-2

(No range available)

12-Apr-2022 Dr Jane Marshall**Result:** 2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)

2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)

(No range available)

12-Apr-2022 Dr Jane Marshall**Result:** Coronavirus ribonucleic acid detection assay SARS-CoV-2

Coronavirus ribonucleic acid detection assay SARS-CoV-2

(No range available)

05-Apr-2022 Dr Jane Marshall**Result:** 2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)

2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)

(No range available)

05-Apr-2022 Dr Jane Marshall**Result:** Coronavirus ribonucleic acid detection assay SARS-CoV-2

Coronavirus ribonucleic acid detection assay SARS-CoV-2

(No range available)

17-Mar-2020 Dr Jane Marshall**Result:** BCSP faecal occult blood test normal No action required

Negative

BCSP faecal occult blood test normal No action required

(No range available)

22-Mar-2022 Dr Jane Marshall**Result:** BCSP faecal occult blood test normal No action required

Negative

BCSP faecal occult blood test normal No action required

(No range available)

28-Mar-2022 Dr Jane Marshall**Result:** 2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)

2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)

(No range available)

28-Mar-2022 Dr Jane Marshall**Result:** Coronavirus ribonucleic acid detection assay SARS-CoV-2

Coronavirus ribonucleic acid detection assay SARS-CoV-2

(No range available)

08-Mar-2022 Dr Jane Marshall			
Result: Coronavirus ribonucleic acid detection assay SARS-CoV-2			
Coronavirus ribonucleic acid detection assay SARS-CoV-2			(No range available)
02-Mar-2022 Dr Jane Marshall			
Result: 2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)			
2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)			(No range available)
02-Mar-2022 Dr Jane Marshall			
Result: Coronavirus ribonucleic acid detection assay SARS-CoV-2			
Coronavirus ribonucleic acid detection assay SARS-CoV-2			(No range available)
04-Mar-2022 Dr Jane Marshall			
Result: 2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)			
2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)			(No range available)
04-Mar-2022 Dr Jane Marshall			
Result: Coronavirus ribonucleic acid detection assay SARS-CoV-2			
Coronavirus ribonucleic acid detection assay SARS-CoV-2			(No range available)
21-Feb-2022 Dr Jane Marshall			
Result: 2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)			
2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample analysed in the National Lighthouse Laboratory (East Regional Hub)			(No range available)
21-Feb-2022 Dr Jane Marshall			
Result: Coronavirus ribonucleic acid detection assay SARS-CoV-2			
Coronavirus ribonucleic acid detection assay SARS-CoV-2			(No range available)
07-Jan-2022 Dr Jane Marshall			
Result: 2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample taken at - PEDESTRIANS ONLY ?? NO VEHICLE ACCESS, Craigmillar Medical Centre Car Park. Sample analysed in the National Lighthouse Laboratory (Glasgow)			
2019-nCoV (novel coronavirus) RNA not detected SARS-CoV-2 Negative - Negative by PCR - Sample taken at - PEDESTRIANS ONLY ?? NO VEHICLE ACCESS, Craigmillar Medical Centre Car Park. Sample analysed in the National Lighthouse Laboratory (Glasgow)			(No range available)
07-Jan-2022 Dr Jane Marshall			
Result: Coronavirus ribonucleic acid detection assay SARS-CoV-2			
Coronavirus ribonucleic acid detection assay SARS-CoV-2			(No range available)
21-Feb-2019 Dr Jane Marshall			
Result: Serum alkaline phosphatase U/L			
Serum alkaline phosphatase U/L	82 U/L		(Range: 40 - 125)
21-Feb-2019 Dr Jane Marshall			
Result: Serum alanine aminotransferase level Serum ALT level - U/L			
Serum alanine aminotransferase level Serum ALT level - U/L	29 U/L		(Range: 10 - 50)
21-Feb-2019 Dr Jane Marshall			
Result: Serum total bilirubin level			
Serum total bilirubin level	6 umol/L		(Range: 3 - 21)
21-Feb-2019 Dr Jane Marshall			
Result: Serum gamma-glutamyl transferase level Serum gamma GT level - U/L			
Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	17 U/L		(Range: 10 - 55)
21-Feb-2019 Dr Jane Marshall			
Result: Liver function test <none>			
Liver function test <none>			(No range available)
21-Feb-2019 Ms Helen Dickson			
Result: Blood sample -> Lab NOS Repeat LFT sent. Will ring for results.			
Blood sample -> Lab NOS Repeat LFT sent. Will ring for results.			(No range available)
17-Jan-2019 Dr Jane Marshall			
Result: Serum alkaline phosphatase U/L			
Serum alkaline phosphatase U/L	84 U/L		(Range: 40 - 125)
17-Jan-2019 Dr Jane Marshall			
Result: Serum alanine aminotransferase level Serum ALT level - U/L			
Serum alanine aminotransferase level Serum ALT level - U/L	35 U/L		(Range: 10 - 50)
17-Jan-2019 Dr Jane Marshall			
Result: Serum total bilirubin level			
Serum total bilirubin level	6 umol/L		(Range: 3 - 21)

17-Jan-2019 Dr Jane Marshall			
Result: Serum gamma-glutamyl transferase level	<i>Serum gamma GT level - U/L</i>		
Serum gamma-glutamyl transferase level	Serum gamma GT level - U/L	17 U/L	(Range: 10 - 55)
17-Jan-2019 Dr Jane Marshall			
Result: Liver function test<none>			
Liver function test	<none>		(No range available)
30-Nov-2018 Dr Piotr Konieczny			
Result: Serum alkaline phosphatase	<i>U/L</i>		
Serum alkaline phosphatase	U/L	103 U/L	(Range: 40 - 125)
30-Nov-2018 Dr Piotr Konieczny			
Result: Serum alanine aminotransferase level	<i>Serum ALT level - U/L</i>		
Serum alanine aminotransferase level	Serum ALT level - U/L	39 U/L	(Range: 10 - 50)
30-Nov-2018 Dr Piotr Konieczny			
Result: Serum total bilirubin level			
Serum total bilirubin level		6 umol/L	(Range: 3 - 21)
30-Nov-2018 Dr Piotr Konieczny			
Result: Serum gamma-glutamyl transferase level	<i>Serum gamma GT level - U/L</i>		
Serum gamma-glutamyl transferase level	Serum gamma GT level - U/L	18 U/L	(Range: 10 - 55)
30-Nov-2018 Dr Piotr Konieczny			
Result: Liver function test<none>			
Liver function test	<none>		(No range available)
24-Oct-2018 Dr Piotr Konieczny			
Result: Mycology microscopy, culture and sensitivities	<i>Mycology, microscopy Direct microscopy for fungal hyphae : NEGATIVE</i>		
<i>Mycology, culture Culture for fungi : NEGATIVE</i>	<i>If a previous positive microscopy result has been received, appropriate therapy should be prescribed as a high proportion of infected nail specimens fail to grow anything significant on culture. The most likely cause of a microscopy positive, culture negative result is a dermatophyte infection.; Mycology MC&S</i>		
Mycology microscopy, culture and sensitivities	Mycology, microscopy Direct microscopy for fungal hyphae : NEGATIVE		(No range available)
Mycology, culture Culture for fungi : NEGATIVE	If a previous positive microscopy result has been received, appropriate therapy should be prescribed as a high proportion of infected nail specimens fail to grow anything significant on culture. The most likely cause of a microscopy positive, culture negative result is a dermatophyte infection.; Mycology MC&S		
24-Oct-2018 Dr Piotr Konieczny			
Result: Mycology microscopy, culture and sensitivities	<i>Mycology, microscopy Direct microscopy for fungal hyphae : NEGATIVE</i>		
<i>Mycology, culture Result to follow; Mycology MC&S</i>	<i>Mycology, culture Result to follow; Mycology MC&S</i>		
Mycology microscopy, culture and sensitivities	Mycology, microscopy Direct microscopy for fungal hyphae : NEGATIVE		(No range available)
Mycology, culture Result to follow; Mycology MC&S	Mycology, culture Result to follow; Mycology MC&S		
25-Apr-2016 Dr Piotr Konieczny			
Result: Serum alkaline phosphatase	<i>U/L</i>		
Serum alkaline phosphatase	U/L	90 U/L	(Range: 40 - 125)
25-Apr-2016 Dr Piotr Konieczny			
Result: Serum alanine aminotransferase level	<i>Serum ALT level - U/L</i>		
Serum alanine aminotransferase level	Serum ALT level - U/L	38 U/L	(Range: 10 - 50)
25-Apr-2016 Dr Piotr Konieczny			
Result: Serum total bilirubin level			
Serum total bilirubin level		9 umol/L	(Range: 3 - 21)
25-Apr-2016 Dr Piotr Konieczny			
Result: Serum gamma-glutamyl transferase level	<i>Serum gamma GT level - U/L</i>		
Serum gamma-glutamyl transferase level	Serum gamma GT level - U/L	20 U/L	(Range: 10 - 55)
25-Apr-2016 Dr Piotr Konieczny			
Result: Liver function test<none>			
Liver function test	<none>		(No range available)
09-Mar-2016 Dr Jane Marshall			
Result: Peak exp. flow rate: PEFR/PFR	<i>Previous Best Ever = 670.0, Predicted = .</i>		
Peak exp. flow rate: PEFR/PFR	Previous Best Ever = 670.0, Predicted = .	630 L/min	(No range available)
29-Dec-2015 Dr Jane Marshall			
Result: Serum alkaline phosphatase	<i>U/L</i>		
Serum alkaline phosphatase	U/L	96 U/L	(Range: 40 - 125)
29-Dec-2015 Dr Jane Marshall			
Result: Serum alanine aminotransferase level	<i>Serum ALT level - U/L</i>		
Serum alanine aminotransferase level	Serum ALT level - U/L	34 U/L	(Range: 10 - 50)
29-Dec-2015 Dr Jane Marshall			
Result: Serum total bilirubin level			
Serum total bilirubin level		5 umol/L	(Range: 3 - 21)
29-Dec-2015 Dr Jane Marshall			
Result: Serum gamma-glutamyl transferase level	<i>Serum gamma GT level - U/L</i>		
Serum gamma-glutamyl transferase level	Serum gamma GT level - U/L	19 U/L	(Range: 10 - 55)

29-Dec-2015 Dr Jane Marshall

Result: Liver function test <none>
Liver function test <none>

(No range available)

30-Sept-2015 Dr Jane Marshall

Result: Serum alkaline phosphatase U/L
Serum alkaline phosphatase U/L

92 U/L

(Range: 40 - 125)

30-Sept-2015 Dr Jane Marshall

Result: Serum alanine aminotransferase level Serum ALT level - U/L
Serum alanine aminotransferase level Serum ALT level - U/L

42 U/L

(Range: 10 - 50)

30-Sept-2015 Dr Jane Marshall

Result: Serum total bilirubin level
Serum total bilirubin level

9 umol/L

(Range: 3 - 21)

30-Sept-2015 Dr Jane Marshall

Result: Serum gamma-glutamyl transferase level Serum gamma GT level - U/L
Serum gamma-glutamyl transferase level Serum gamma GT level - U/L

26 U/L

(Range: 10 - 55)

30-Sept-2015 Dr Jane Marshall

Result: Liver function test <none>
Liver function test <none>

(No range available)

07-July-2015 Dr Piotr Konieczny

Result: Serum alkaline phosphatase U/L
Serum alkaline phosphatase U/L

79 U/L

(Range: 40 - 125)

07-July-2015 Dr Piotr Konieczny

Result: Serum alanine aminotransferase level Serum ALT level - U/L
Serum alanine aminotransferase level Serum ALT level - U/L

45 U/L

(Range: 10 - 50)

07-July-2015 Dr Piotr Konieczny

Result: Serum total bilirubin level
Serum total bilirubin level

10 umol/L

(Range: 3 - 21)

07-July-2015 Dr Piotr Konieczny

Result: Serum gamma-glutamyl transferase level Serum gamma GT level - U/L
Serum gamma-glutamyl transferase level Serum gamma GT level - U/L

25 U/L

(Range: 10 - 55)

07-July-2015 Dr Piotr Konieczny

Result: Liver function test <none>
Liver function test <none>

(No range available)

01-Apr-2015 Dr Piotr Konieczny

Result: Mycology microscopy, culture and sensitivities Mycology, microscopy Direct microscopy for fungal hyphae : POSITIVE Mycology, culture Culture for fungi : NEGATIVE A high proportion of infected nail specimens fail to grow on culture. Since the most likely cause is a dermatophyte, appropriate therapy should be prescribed; Mycology MC&S
Mycology microscopy, culture and sensitivities Mycology, microscopy Direct microscopy for fungal hyphae : POSITIVE Mycology, culture Culture for fungi : NEGATIVE A high proportion of infected nail specimens fail to grow on culture. Since the most likely cause is a dermatophyte, appropriate therapy should be prescribed; Mycology MC&S

(No range available)

01-Apr-2015 Dr Piotr Konieczny

Result: Mycology microscopy, culture and sensitivities Mycology, microscopy Direct microscopy for fungal hyphae : POSITIVE Mycology, culture Result to follow; Mycology MC&S
Mycology microscopy, culture and sensitivities Mycology, microscopy Direct microscopy for fungal hyphae : POSITIVE Mycology, culture Result to follow; Mycology MC&S

(No range available)

25-Nov-2014 Mrs Deborah Smeeton

Result: Peak exp. flow rate: PEF/PFR Previous Best Ever = 580.0, Predicted = .
Peak exp. flow rate: PEF/PFR Previous Best Ever = 580.0, Predicted = .

670 L/min

(No range available)

26-Oct-2012 Dr Linda Maccallum

Result: Serum albumin
Abnormal
Serum albumin

48 g/L

(Range: 30 - 45)

26-Oct-2012 Dr Linda Maccallum

Result: Serum alkaline phosphatase U/L
Abnormal
Serum alkaline phosphatase U/L

139 U/L

(Range: 40 - 125)

26-Oct-2012 Dr Linda Maccallum

Result: ALT/SGPT serum level U/L
Abnormal
ALT/SGPT serum level U/L

54 U/L

(Range: 10 - 50)

26-Oct-2012 Dr Linda Maccallum

Result: Serum total bilirubin level
Serum total bilirubin level

7 umol/L

(Range: 3 - 21)

26-Oct-2012 Dr Linda Maccallum

Result: Serum calcium

Serum calcium

2.53 mmol/L

(Range: 2.1 - 2.6)

26-Oct-2012 Dr Linda Maccallum

Result: Corrected serum calcium level

Corrected serum calcium level

2.37 mmol/L

(Range: 2.1 - 2.6)

26-Oct-2012 Dr Linda Maccallum

Result: Serum creatinine

Serum creatinine

62 umol/L

(Range: 60 - 120)

26-Oct-2012 Dr Linda Maccallum

Result: Serum gamma-glutamyl transferase level Serum gamma GT level - U/L

Serum gamma-glutamyl transferase level Serum gamma GT level - U/L

39 U/L

(Range: 10 - 55)

26-Oct-2012 Dr Linda Maccallum

Result: Serum lactate dehydrogenase level Serum LDH level - U/L - Please note new reference range for LDH from 25/10/11

Abnormal

Serum lactate dehydrogenase level Serum LDH level - U/L - Please note new reference range for LDH from 25/10/11

243 U/L

(Range: 125 - 220)

26-Oct-2012 Dr Linda Maccallum

Result: Serum potassium

Serum potassium

4.4 mmol/L

(Range: 3.6 - 5)

26-Oct-2012 Dr Linda Maccallum

Result: Serum sodium

Abnormal

Serum sodium

133 mmol/L

(Range: 135 - 145)

26-Oct-2012 Dr Linda Maccallum

Result: Serum urea level

Serum urea level

5.7 mmol/L

(Range: 2.5 - 6.6)

26-Oct-2012 Dr Linda Maccallum

Result: Bone profile <none>

Bone profile <none>

(No range available)

26-Oct-2012 Dr Linda Maccallum

Result: Liver function test <none>

Liver function test <none>

(No range available)

26-Oct-2012 Dr Linda Maccallum

Result: Urea and electrolytes <none>

Urea and electrolytes <none>

(No range available)

26-Oct-2012 Dr Linda Maccallum

Result: GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - >60

GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - >60

mL/min

(No range available)

26-Oct-2012 Dr Linda Maccallum

Result: Eosinophil count x10⁹/lEosinophil count x10⁹/l0.15 10⁹/L

(Range: 0.04 - 0.4)

26-Oct-2012 Dr Linda Maccallum

Result: Haemoglobin estimation g/l

Haemoglobin estimation g/l

149 g/L

(Range: 135 - 180)

26-Oct-2012 Dr Linda Maccallum

Result: Mean corpusc. haemoglobin (MCH) pg

Mean corpusc. haemoglobin (MCH) pg

30.1 pg/mL

(Range: 27 - 32)

26-Oct-2012 Dr Linda Maccallum

Result: Mean corpusc. Hb. conc. (MCHC) g/dl

Mean corpusc. Hb. conc. (MCHC) g/dl

35.1 g/dL

(Range: 31 - 36)

26-Oct-2012 Dr Linda Maccallum

Result: Mean corpuscular volume (MCV) fl

Mean corpuscular volume (MCV) fl

86 fL

(Range: 78 - 98)

26-Oct-2012 Dr Linda Maccallum

Result: Monocyte count x10⁹/lMonocyte count x10⁹/l0.59 10⁹/L

(Range: 0.2 - 0.8)

26-Oct-2012 Dr Linda Maccallum

Result: Neutrophil count x10⁹/lNeutrophil count x10⁹/l4.08 10⁹/L

(Range: 2 - 7.5)

26-Oct-2012 Dr Linda Maccallum

Result: Platelet count x10⁹/lPlatelet count x10⁹/l269 10⁹/L

(Range: 150 - 350)

26-Oct-2012 Dr Linda Maccallum

Result: Red blood cell (RBC) count x10¹²/lRed blood cell (RBC) count x10¹²/l4.95 10¹²/L

(Range: 4.5 - 6.5)

26-Oct-2012 Dr Linda Maccallum Result: Total white cell count $\times 10^9/l$ Total white cell count $\times 10^9/l$	7.6 $10^9/L$	(Range: 4 - 11)
26-Oct-2012 Dr Linda Maccallum Result: Lymphocyte count $\times 10^9/l$ Lymphocyte count $\times 10^9/l$	2.76 $10^9/L$	(Range: 1.5 - 4)
26-Oct-2012 Dr Linda Maccallum Result: Full blood count - FBC<none> Full blood count - FBC <none>		(No range available)
26-Oct-2012 Dr Linda Maccallum Result: Haematocrit Haematocrit	0.425 ratio	(Range: 0.4 - 0.54)
26-Oct-2012 Dr Linda Maccallum Result: Basophil count $\times 10^9/l$ Basophil count $\times 10^9/l$	0.03 $10^9/L$	(Range: 0.01 - 0.1)
04-Oct-2012 Miss Helen Cockburn Result: Peak exp. flow rate: PEFR/PFR <i>Previous Best Ever = , Predicted = .</i> Peak exp. flow rate: PEFR/PFR <i>Previous Best Ever = , Predicted = .</i>	580 L/min	(No range available)
04-Oct-2012 Miss Helen Cockburn Result: Peak exp. flow rate: PEFR/PFR <i>Previous Best Ever = 580.0, Predicted = .</i> Peak exp. flow rate: PEFR/PFR <i>Previous Best Ever = 580.0, Predicted = .</i>	580 L/min	(No range available)
06-Mar-2012 Dr Linda Maccallum Result: Eosinophil count $\times 10^9/l$ Eosinophil count $\times 10^9/l$	0.06 $10^9/L$	(Range: 0.04 - 0.4)
06-Mar-2012 Dr Linda Maccallum Result: Haemoglobin estimationg/l Abnormal Haemoglobin estimation g/l	113 g/L	(Range: 135 - 180)
06-Mar-2012 Dr Linda Maccallum Result: Mean corpusc. haemoglobin(MCH)pg Mean corpusc. haemoglobin(MCH) pg	30.2 pg/mL	(Range: 27 - 32)
06-Mar-2012 Dr Linda Maccallum Result: Mean corpusc. Hb. conc. (MCHC)g/dl Mean corpusc. Hb. conc. (MCHC) g/dl	34.1 g/dL	(Range: 31 - 36)
06-Mar-2012 Dr Linda Maccallum Result: Mean corpuscular volume (MCV)fl Mean corpuscular volume (MCV) fl	89 fL	(Range: 78 - 98)
06-Mar-2012 Dr Linda Maccallum Result: Monocyte count $\times 10^9/l$ Monocyte count $\times 10^9/l$	0.48 $10^9/L$	(Range: 0.2 - 0.8)
06-Mar-2012 Dr Linda Maccallum Result: Neutrophil count $\times 10^9/l$ Abnormal Neutrophil count $\times 10^9/l$	1.55 $10^9/L$	(Range: 2 - 7.5)
06-Mar-2012 Dr Linda Maccallum Result: Platelet count $\times 10^9/l$ Platelet count $\times 10^9/l$	185 $10^9/L$	(Range: 150 - 350)
06-Mar-2012 Dr Linda Maccallum Result: Red blood cell (RBC) count $\times 10^{12}/l$ Abnormal Red blood cell (RBC) count $\times 10^{12}/l$	3.74 $10^{12}/L$	(Range: 4.5 - 6.5)
06-Mar-2012 Dr Linda Maccallum Result: Total white cell count $\times 10^9/l$ Abnormal Total white cell count $\times 10^9/l$	3.2 $10^9/L$	(Range: 4 - 11)
06-Mar-2012 Dr Linda Maccallum Result: Lymphocyte count $\times 10^9/l$ Abnormal Lymphocyte count $\times 10^9/l$	1.12 $10^9/L$	(Range: 1.5 - 4)
06-Mar-2012 Dr Linda Maccallum Result: Full blood count - FBC<none> Full blood count - FBC <none>		(No range available)
06-Mar-2012 Dr Linda Maccallum Result: Erythrocyte sedimentation rate <i>No specimen received.</i> Erythrocyte sedimentation rate <i>No specimen received.</i>	mm/h	(No range available)

06-Mar-2012 Dr Linda Maccallum Result: Haematocrit Abnormal Haematocrit	0.331 ratio	(Range: 0.4 - 0.54)
06-Mar-2012 Dr Linda Maccallum Result: Basophil count x10 ⁹ /l Basophil count x10 ⁹ /l	0.02 10 ⁹ /L	(Range: 0.01 - 0.1)
06-Mar-2012 Mrs Marion Steedman Result: Blood sample -> Lab NOSU+E LFT FBC - pre chemo Blood sample -> Lab NOS U+E LFT FBC - pre chemo		(No range available)
21-Feb-2012 Mrs Marion Steedman Result: Blood sample -> Lab NOSpre chemo bloods to WGH Blood sample -> Lab NOS pre chemo bloods to WGH		(No range available)
07-Feb-2012 Mrs Marion Steedman Result: Blood sample -> Lab NOSpre chemo bloods to WGH Blood sample -> Lab NOS pre chemo bloods to WGH		(No range available)
24-Jan-2012 Mrs Marion Steedman Result: Blood sample -> Lab NOSPre - chemo bloods to WGH Blood sample -> Lab NOS Pre - chemo bloods to WGH		(No range available)
10-Jan-2012 Mrs Marion Steedman Result: Blood sample -> Lab NOSU+E LFT Ca GGT Mg LDH Alb pre chemo Blood sample -> Lab NOS U+E LFT Ca GGT Mg LDH Alb pre chemo		(No range available)
12-Dec-2011 Mrs Marion Steedman Result: Blood sample -> Lab NOSpre chemo bloods as per WGH labels 1 serum gel 1 edta Blood sample -> Lab NOS pre chemo bloods as per WGH labels 1 serum gel 1 edta		(No range available)
29-Nov-2011 Mrs Marion Steedman Result: Blood sample -> Lab NOSpre chemo bloods to lab Blood sample -> Lab NOS pre chemo bloods to lab		(No range available)
14-Nov-2011 Mrs Marion Steedman Result: Blood sample -> Lab NOSPre chemo bloods as per WGH labels Blood sample -> Lab NOS Pre chemo bloods as per WGH labels		(No range available)
18-Oct-2011 Mrs Marion Steedman Result: Blood sample -> Lab NOSpre chemo bloods Blood sample -> Lab NOS pre chemo bloods		(No range available)
08-July-2010 Mrs Marion Steedman Result: SPICE Asthma Measurement: Best PEFR SPICE Asthma Measurement: Best PEFR	575	(No range available)
08-July-2010 Mrs Marion Steedman Result: SPICE Asthma Measurement: PEFR exp. SPICE Asthma Measurement: PEFR exp.	615	(No range available)
08-July-2010 Mrs Marion Steedman Result: SPICE Asthma Measurement: PEFR actual SPICE Asthma Measurement: PEFR actual	531	(No range available)

Other Items

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Attachments

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IMMUNISATIONS AND		VACCINATIONS		
Diphtheria	Date	Smallpox	Date	Result
Perussis		Tuberculin Test Method	Date	Result
Tetanus Toxoid				
Serum		B.C.G.	Date	Result
Polomyelitis				
		Rh. Factor	Date	Blood Group
Others				
MAJOR ALLERGIES AND NOTES OF ANY SERUM ADMINISTRATION				

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HEPBURN		JAMES				
SURNAME		CHRISTIAN NAMES			OCCUP	
National Health Service Number		Single Married Widowed	Date of Birth	19	8	63
S168 1963-1971						(Note changes and to
Address (1)		Name of Practitioner		Executive Council Cipher - Date		
107, Meadow crescent Elgin		Dr J.W. Gammie		N 29-4-77		
19 Earlston Forsyth		Dr Mustay		N 28-9-79		
(3)	(3)	(3)	(3)	3/80... CAUSE OF		
(4)	(4)	(4)	(4)	1. _____ 2. _____		
Form E.C.5B (Scotland) -- MALE					Signature of	

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	SCENARIOS
LOCATION	
(set year of change)	
19.....	
19.....	
19.....	
19.....	
DEATH	CHRISTIAN NAMES
Practitioner	

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MALE

Surname
HEPBURN

Forenames
James A.

Date of Birth
19-8-63

Address
**Room 220
 YMCA
 18 Tottenham Lane
 No. 108**

Subsequent Addresses

Tel. No.

Tel. No.

Tel. No.

Tel. No.

Occupations

Year

Registrar's Name
S. Maneksh

Committee of the
LINE

29-3-88

Occupations

Year

19

SURNAME

FORENAMES

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THE LABORATORY, CITY HOSPITAL, ABERDEEN AB9 8AV Tel. No. 22242. F.O. Box No. 42. SL J. Bradie, M.D., B.P.H., F.R.C. Path., Consultant-in-Charge		Lab. Reference No. B702200 Unit Number (if known)		R. R. KHAUNO, M.B., B.S., B.C.P., M.R.C. Consultant in Haematology I. A. PORTER, M.D., F.R.C.Path., Consultant in Seroimmunology						
Doctor's name and address Dr. McLeod, Kinnore, Elgin.			Patient's name and address James Hepburn, 167 Meadow Crescent, New Elgin.							
Received 11.11.77		Reported 11.11.77		Specimen Request						
5.00 p.m.										
RESULT:-	WBC 10 ⁹ /l	RBC 10 ¹² /l	Hb g/dl	PCV (%)	MCV fl	MCH pg	MCHC g/dl	Plats. 10 ⁹ /l	Retic %	E
	3.6x	4.60	12.1	0.351	76.	26.1	34.2			B
DIFF. WBC %	Neutrophils	Eosinophils	Basophils	Lymphocytes	Monocytes	Blast Cells	Promyelocytes	Myelocytes	Metamyelocytes	Nuc. ?
	61	4	-	28	7					
COMMENT: RBC's slightly microcytic, hypochromic. Mild leucopenia. No immature cell seen. Platelets adequate.										
<i>R. J. [Signature]</i>										

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S. R.
mm/hr
isc/isc wsc



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ROYAL INFIRMARY OF EDINBURGH NHS TRUST : MEDICAL MICROBIOLOGY SERVICE		
DEPARTMENT OF MEDICAL MICROBIOLOGY, UNIVERSITY MEDICAL SCHOOL, EH8 9AG		
Patient : HEBURN, JAMES [M]	Tel: 0131	
Number : ZM06396158 DOB : 19/08/1963		
Report to : DR MACCALLUM	Date Taken :	
Address : 32 Lauriston Place,	Received :	
	Reported :	
Swab FISTULA (No. 15196/8/98) REPORT		
Moderate numbers of Bacteroides sp. on culture		
Metronidazole----- Sensitive		
Specimen(s) : SW	DR A.G.FRASER	
Taken on : 28/08/98	GP Bacteriology Service	



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GP IMAGING REQUEST		— BY APPOINTMENT ONLY —			
<p>CLINICAL PROBLEM</p> <p><i>Smoker has a cough</i></p>		<p>GP - NAME & ADDRESS</p> <p><i>S. Khan</i></p> <p><i>Dr S. MAHMOOD 21-23, Tottenham Avenue, Tottenham London, E11 1JL Tel: 01 840 6882</i></p> <p>Signature: <i>[Signature]</i> Date: <i>20.7.88</i></p>		<p>PATIENT DATA</p> <p>SURNAME: <i>WEP</i> FORENAME/S: <i>TA</i> D OF BIRTH: <i>19.8.1</i> ADDRESS: <i>186 Tottenham</i> TEL. NO.: <i>340 231</i> PREVIOUS X-RAYS: <i>Nil</i> (STATE YEAR) <i>N/A</i> 10 DAY RULE: <input type="checkbox"/> OBSERVE <input type="checkbox"/> IGNORE</p>	
<p>PLEASE FILL IN 'EXAMINATION REQ.' COLUMN - BOTTOM LEFT</p>					
<p>REPORT</p> <p><i>CHEST: Normal heart shadow. Clear lungs.</i></p>					
<p>EXAMINATION REQUESTED</p> <p><i>Chest X-ray to include lung pathology</i></p>		<p>APPOINTMENT</p> <p><i>2.7.88</i></p>			
<p>X-RAY NO.</p> <p><i>2306</i></p>		<p>SIGNATURE</p> <p><i>N.S.</i></p>			
<p>OFFICE TRACING</p>		<p>DEPARTMENTAL OBSER</p>			
<p>RADIOGRAPHER SIGNATURE</p> <p><i>M.S.</i></p>					

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IERN HOSPITAL
 372 7777 EXT. 251
 ITRAL HOSPITAL
 340 8744 EXT. 138

NHS/OTHER
 BURN

MFI

23 MALE/FEMALE

Mr. Paul

(S. Penn. NY)
 HC. WHIT. 220

LNF SIGNATURE

VATIONS

1 21-78
 FILMS | DATE

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HAEMATOLOGY		REQUEST AND REPORT FORM		ISLINGTON H.A.								
CLINICAL DATA (including drugs) + ETHNIC ORIGIN <i>Caucasian</i> <i>chronically anaemic</i>		Date Blood Taken <i>2/10/98</i> Time <i>10.30a</i>	Surname <i>Hepburn</i> Forenames <i>James</i> (BLOCK CAPITALS PLEASE) <i>19</i>									
EXAMINATION REQUESTED <i>full blood count include ESR please</i>		Consultant <i>Dr. S. Maneksha</i>		Hospital								
DOCTOR'S NAME (BLOCK CAPITALS) <i>DR S MANEKSHA</i>		Report to be sent to: <i>24 HEYHES</i>		(BLOCK CAPITALS PLEASE)								
Neuts.....% Lymphs.....% Monos.....% Eosino.....% Basos.....% Metam.....% Myelos.....% Promyelos.....% Blasts.....%		Aniso..... Hypo..... Micro..... Macro..... Poly..... Poik..... Targets.....	LAB. USE ON: HEPATITIS RISK! <i>Report ESRs not done on H-12. Sfm.</i>									
		N.Rbcs/100 Wbcs Corrected Wbc..... $\times 10^9/l$	ESR.....mm in 1 hr Retic.....%	Lab. Signature								
WBC $\times 10^9/l$	RBC $\times 10^{12}/l$	Hgb g/dl	PCV	MCV fl	MCH pg	MCHC g/dl	RDW	PLT $\times 10^9/l$	Pct %	MPV fl	PDW	TEST No.
66.7	4.60	13.5	40	88	79.5	33.3		219				243

THIRD PARTY

Reg. No.
Sex
M/W/D/S
8-63 Date of Birth
Ward/Dpt.
15K1K1
RW AVE
164
JB-C4478
116243
DATE
20 07 98
2072 (a)

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JAMES HEPBURN
6/1 CALDFORNIAN CRESCENT
EDINBURGH
EH11 2DE
20/8/01

Dear Linda,

I am writing to ask if you can get me out of jury service. It is not that I do not wish to do it, as I appreciate it is an important part of my social responsibility. I wish to avoid doing this because I am starting a full time college course on Monday 27/8/01 at Stevenson's College. I can hear you saying about bloody time! and wish to commit myself fully to what I see to perhaps my last chance to do something constructive with my life. It is a one year access course at the end of which, if I pass, I am guaranteed an offer of a degree course at Edinburgh University. Anyway one day at a time I think I if you mention my medical condition, this would be no problem, although I accept I may have to do it anyway, so don't worry if you are unable to help. I will call in on Friday 24th August for the letter. I know this is short notice and I can wait to a few days before the actual date 3/9/01 but to get a letter from you, and then take it straight to Chambers Street.

I would also appreciate a repeat prescription of the following items as I may find it difficult to get to you in the near future.

- *1. Penicillin and Anti-biotics, as a standby incase of an episode of bronchitis.
2. Inhaler and nasal spray.
3. D. Dihydrochadime tablets and chlorasol mouthwash.
4. Viagra
5. Aglicous cream
6. Ensure Plus.

P.T.O.

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DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
4.9.79		Mumps ? Flu 3-4 days ago c. Swelling, sore throat & mumps Throat not TPN Out for 2 days	(M)
		Seen by Dr. [unclear] on 5/9/79 in error. [unclear] diagnosed as Mumps.	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

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MALE		S168 ¹ -1963-1971	
SURNAME HEPBURN		CHRISTIAN NAMES James	
ADDRESS Sawquhart Mans, 2nd St. Andra		Date of Birth 19 8 62	
DATE	AGE	CLINICAL NOTES	DIAGNOSIS
20/6/74		1st child - h2	
12/2/75		biopsy endometrial tissue. - shows signs of squamous metaplasia to persist into cervix. → for biopsy	
9/1/76		Referral for S.W. Dept.	
20/3/77		In case of S.W. Dept: Pap smear for Neuros Newcastle. Unhappy with biopsy, not eating. Diets get on with false antibodies who demands being in custody (false parents due to your to help). Seem with false antibodies but not forthcoming. 12 visits by medical S.W. no? change of false lines	
3/1/77		Next medical visit. happy to stay with false parents	

Dr. J. C. Adams M2+

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: _____

* 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.7a (Scotland)

26 JAN 1971

G.S.69) (E5385) Dtd. 202211 200,000 689 J. & C. I. Ltd. Clp 229

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MALE 5168/1/63/1971

SURNAME Hepburn **CHRISTIAN NAMES** James

ADDRESS 107 Meadow Crescent
Edinburgh

Date of Birth 19 8 63

DATE	C.F.	CLINICAL NOTES	DIAGNOSIS
7.11.77		Some pain (Upper chest) Short 1) tract 1 day. Rx T.A. Splenic lip neoplasia Chest X-ray. Small ? adenoma (splenic)	
		R. Posterior T.A. (splenic)	
30.3.79		Injury to D little finger and abductor	
30.3.79		X Ray. Left Hand - Fracture separation of epiphysis of proximal phalanx of 5th finger.	
9.8.79		Paraffoma on lower lip of hand	

Dr. J. W. Gansoni

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 29/1/77

* 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.7a (Scotland)**

399676 200M 2/78 J&CI 289

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MALE	Surname: HEPBURN Forenames: James	
Address: 184 Tollerham Lane, NS		
National Health Service Number	Date of Birth: 19.8.63	
Date	* (initials)	CLINICAL NOTES
19 JUL 98		for urine, blood
20/7/98		* HIV test & chest Xray
		URINE - SPECIFIC GRAVITY 1.030 PH 5.0
		NAD Blood for tests for HIV, FBC, ESR chest Xray

* This column has been provided for doctors to enter A, V or C at their discretion.

Printed in the UK for HMSO, 0.8578822 & 300m £1/86.

Form 997

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MALE <input checked="" type="radio"/>	Surname: <u>Heaven</u>
Forename: <u>James</u>	Address: <u>Room 220, Y.H.C.A., 194 Tottenham Lane</u>
National Health Service Number: <u>340-2345</u>	Date of Birth: <u>19-8-63</u>
Date: <u>19/1/88</u>	* <u>SMOKER</u> CLINICAL NOTES <u>Un-employed</u>
	FPI: <u>MR Dr. M.</u>
	PAST HISTORY: <u>-</u>
	HOSPITALISATION: <u>-</u>
	OCCHIDOPEXY: <u>age 12</u>
	ILLNESSES: <u>-</u>
	MEDICATIONS: <u>-</u>
<u>19 JUL 1988</u> <u>10/ day</u> <u>6 1/2 week</u>	NIL going to work for an American Cruise Ship Company, requires full medical including chest X-ray, urine + blood samples Cruise Ships Veterinary Employment Dr. Daniel Poston

Printed in the UK for HMSO. D.8979922 8.300m 11/85. Form PP7

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19 JUL 1988 (contd)

Date * CLINICAL NOTES

wants me to include
 an HIV test - he says
 he is a homosexual
 & has been counselled
 at the Hammerston
 hospital (Special Clinic)
 on the 3 occasions he
 has already had this
 test in JAN '88 & at 6 month
 intervals before that
 "They were all NEGATIVE"
 Wt - 9 st 10 lbs
 Ht - 5' 8"
 Vision - R 6/6 (L) 6/5
 Both eyes, throat, nose & ears - NAD
 Spine & limbs - NAD
 No W.S.
 No hernia

* This column has been provided for doctors to enter A, V or C at their discretion

THIS RECORD IS THE PROPERTY OF THE SECRETARY OF STATE FOR
 SOCIAL SERVICES

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THE SURGERY
LAURISTON PLACE

JAMES
8/3 CLEAR
ENIG
4/0

Dear Linda,

Sorry if you get this
have already dealt with my recd
but given how busy you are, I
had forgotten to enclose a stc
envelope incase it was more
for you to ~~sum~~ answer by
of phoning.

It regards the appor
for me to put on the D.L.A for
my ongoing chest problems.
this was a bit of a rush as
I have to return the form
JANUARY.

I appreciate your time in

G. Aepbur
0131 662

HEPBURN
BURN ROAD
SEY

1108

after you
at request,
realised, a
umped addressed
convenient
cost instead

provids term
m to describe
Sorry if
equipt, but
ly the 14TH

this matter

n.

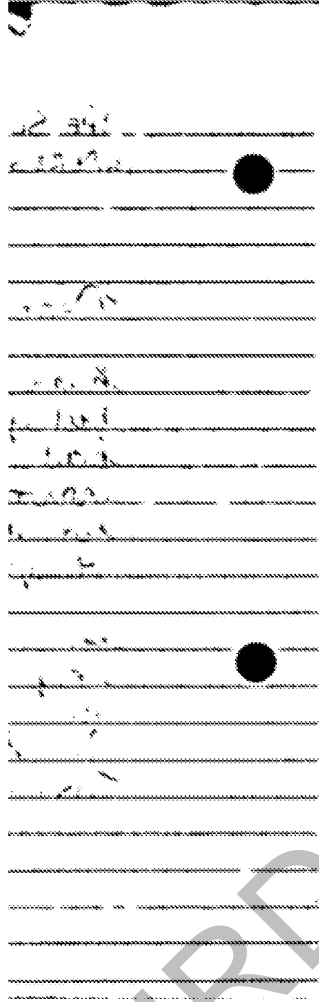
1902

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Handwritten notes on lined paper, possibly a patient record or clinical notes. The text is illegible due to blurring and a large watermark. The notes appear to be organized into sections, possibly by date or topic, with some lines starting with a bullet point.

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3

① ✓

COUNSELLING SERVICE

TREATMENT RECORD

NAME: JAMES HEBURN

Did not wait NRP

DATE

See letter on
back of pages

ASSESSMENT 22-8-06

TREATMENT 1

TREATMENT 2

TREATMENT 3

TREATMENT 4

FURTHER TREATMENT

YES/NO

TREATMENT 5

TREATMENT 6

FURTHER TREATMENT

YES/NO

TREATMENT 7

TREATMENT 8

FURTHER TREATMENT

YES/NO

TREATMENT 9

TREATMENT 10

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2

LAURISTON MEDICAL PRACTICE
COUNSELLING SERVICE

I confirm that I wish to be placed on the counselling service waiting list to be seen by the practice counsellor.

Please confirm your contact details in the areas below.

Name: JAMES HEBURN

Address FLAT 3, 8, CLEARBURN ROAD,
EDINBURGH, EH16 5EY

Phone 0131 662 1902

Mobile NONE

Please indicate how we can best reach you should an appointment become available at short notice:

0131 662 1902.

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FAO: Marc Richelieu

3

COUNSELLOR REFERRAL FORM

Patient's Surname: HEBURN
First name(s): JAMES
Address: F3 8 CLARBURN RD
EH16 5EY
Telephone No: 662 1902

Sex: M / F
D.O.B: 19/ 8/ 63

Priority: Low / Medium / High

Is the patient taking psychotropic drugs? Yes No

if 'yes' please specify:

Has the patient previously be referred to a mental health service?

No

If 'yes' please give details.

Reason for referral.

PATIENT REQUEST WITH RESPECT
TO PAST LIVE STUFF SEE ATTACHED
LETTER

G P's signature

[Handwritten Signature]

Date

24/7/06

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Reception s70732

From: lothianoutofhours@lothian.scot.nhs.uk
Sent: 14 June 2007 01:00
To: Reception s70732
Subject: Call #26190 13-Jun-2007

Call #: 26190 Received NHS24: 13-Jun-2007 20:14
 Full cover

Patient's Name: James Hepburn
 Community Health Index Number: 1908631694
 Date of birth: 19-Aug-1963 (Age: 43 years)
 Sex: Male | Received PCES: 20:43
 Home Address: 8/3 Clearburn Road | Passed : 20:49
 Edinburgh | Advised: 20:53
 Intercom/Buzzer Entry EH16 5EY (NT:277 7
 Current Address:

()
 Tel No: 0131 662 1902 Origin: NHS24 | Arrived : _:_
 Urgency: Within 30 Mins Type: Doctor Advice | Departed: _:_
 Consulted by: Qureshi, K.N. Own Doctor: MacCallum, L

Message received:
 LOCB SORE EYES, RASH ALL OVER, LETHARGIC, SWEATING 24 HRS SEE A/V

NHS24 Consultation Begin: 13-Jun-2007 20:14
 NHS24 Consultation End: 13-Jun-2007 20:14
 NHS24 Consultation by: Qureshi, K.N.

NHS24 Clinical Summary:
 Clinical summary created: 13-Jun-2007
 HUB TO TRIAGE

NHS24 Outcome : Dr to phone patient within 10 Mins

Advised: 20:53 Advised by: Qureshi, K.N.

Time of Visit/Base: 20:53 Consulting Doctor:

Past Medical History:
 BRONCHITIS
 HIV POSITIVE

Current Problem History:
 Patient has rash, feels lethargic and sore eyes today, has no discharge
 , suffers from HIV and iron deficiency anaemia, has maintained oral intake
 possible viral infection
 advised to maintain nutrition and see own GP if required.

Examination:

Outcome:

Clinical codes: A79z. (Viral infection NOS)

Final Treatment:

1

Yale
Call

NHS Confidential: Personal data about a patient

Prescriptions: _____

UCS Outcome: _____

Followups:
follow up message (Patient To Contact Own Surgery)

Patient's Name: James Hepburn

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University Hospitals Division

Dept of G U Medicine
Level 1, Lauriston Building
Lauriston Place, Edinburgh EH3 9HA
Tel: 0131 536 2098
Fax: 0131 536 2110



CONFIDENTIAL

Ref: DC/CE/19924M
Date: 22nd October 2007

Dr L MacCallum
The Surgery
32 Lauriston Place
EDINBURGH

Dear Dr MacCallum

**JAMES HEPBURN FLAT 3 (1F1) 8 CLEARBURN ROAD EDINBURGH EH16 5EY
DOB: 19.08.63**

Date of Clinic Visit: 18.10.07
Diagnosis: HIV Infection
Iron Deficiency Anaemia
Current Treatment: Trizivir one tablet twice a day
Active Problems: Iron Deficiency Anaemia
Probable Syphilis Re-infection
Medication: Trizivir one tablet bd
CD4 Count: 512/mm³ (31%) - 2.10.07
Viral Load: <40 copies/ml - 2.10.07
Hb: 125 g/l - 2.10.07

James remains anaemic and continues to blame this on his diet. He takes 4 Complan drinks each day and sometimes doesn't even have a single meal. However, I would have expected things to improve more. His Hb is slightly better than it was at this time last year, but his blood picture still suggests iron deficiency anaemia. He has no history suggestive of bleeding from any site.

His routine syphilis serology showed an increase in his VDRL from 2.0 to 8.0. Although other serological markers remain negative, this is suspicious of re-infection. He agreed to an STI screen and on examination there was an ulcer in the natal cleft. James says that this is a pressure sore due to him sitting in the same position for so long, but it was rather suspicious of a syphilitic chancre. He agreed to testing for STI's and to re-treatment for possible syphilis re-infection with Benzathine Penicillin in 3

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DWP Department for
Work and Pensions**Disability and Carers Service**Website: www.direct.gov.uk/disabilityDoctor Linda McAllum
32 Lauriston Place
Edinburgh

EH3 9EZ

If you get in touch with us tell us this
reference number **NA290302D**A112 3047
Warbreck House
Warbreck Hill Road
Blackpool
FY2 0YEOur phone number **08457 331333**If you have a
textphone **08457 224433**

Date 16 January 2008

Dear Doctor McAllum

Factual Report for Disability Living Allowance

I am writing to you about Mr James Hepburn

Date of Birth 19/08/1963

**Note. If the person has died or recently moved to another area
please still complete the report if you can.**

Your patient has been in receipt of Disability Living Allowance since 29/07/1992. The award was made under the Special Rules provision on the grounds that he or she was terminally ill. The Special Rules are for people who have a progressive disease from which their death can reasonably be expected within 6 months.

We are currently reviewing the claim and would be grateful if you would answer the questions on this factual report based on your knowledge of the patient and their records. A special examination is not required.

We hold your patient's (or a person appointed to handle their affairs) written consent to allow us to approach you for this information.

It would be very helpful in assessing your patient's benefit claim if you could complete and return this form within 10 working days. You can use the envelope we sent you. It does not require a stamp. I enclose a form for you to claim a fee of £33.50 which should accompany this report.

GPFR (TI)

01/07

Page 1

NHS Confidential: Personal data about a patient

DWP Department for
Work and PensionsCustomer Name: James Hepburn
NINO: NA290302D

The person making the claim may, at any stage, request a copy of this report to be sent to them.

If there is any information you think would be harmful to their health, for example an adverse diagnosis or prognosis unknown to them, please provide details on the appropriate section of the enclosed report, marked '**Harmful Information**'.

Please include in your report any relevant information contained in letters or reports from hospitals or consultants. If you think it is essential to send us originals or any copies of any letters from consultants, please obtain the author's consent for the correspondence to be used in connection with your patient's claim.

To ensure compliance with 'Rehabilitation of Offenders Act 1974', your report should not contain any reference to criminal convictions, whether spent or not, unless the information is directly relevant to the customer's condition or disability.

This report is not subject to the Access to Medical Reports Act 1998. The patient does not need to read it before it is returned.

If you want to ask about anything in this letter please get in touch with us using the number shown on the front page of this letter

Thank you for your help.

Yours sincerely



Mrs D. Morican

On behalf of the Department for Work and Pensions

NHS Confidential: Personal data about a patient

DWP Department for
Work and Pensions

Customer Name: James Hepburn
NINO: NA290302D

0112 2047

Customer's Details

Full Name Mr James Hepburn

Date of Birth 19/08/1963

Address Flat (1F1)
8 Clearburn Road
Edinburgh
EH16 5EY

Information from your patient's claim shows that they have the following medical condition/disabilities.

1 HIV

For the attention of the General Practitioner

In the section headed YOUR REPORT please consider and comment in your response on the following;

Please give details of the progress of the above condition.

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DWP Department for
Work and PensionsCustomer Name: James Hebburn
NINO: NA290302D
Benefit: Disability Living Allowance
Section: A112**Your Report**Date when patient last seen **1. Diagnosis(es)** of the conditions. In particular has the diagnosis mentioned on page 3 changed.

HIV.
COPD
Iron DEFICIENCY ANAEMIA

2. Please give brief details of history of the condition, and include details of any relevant special investigations.

HIV on ANTIRETROVIRALS
18yrs ? Iron DEF ANAEMIA related to this
Rx.
COPD DIAGNOSED 1999 - Deteriorating

3. Relevant clinical features - in particular in relation, to the diagnosis mentioned on page 3 (e.g. rate of progression, recurrence, staging, tumour markers, CD4 count and viral load; bulbar involvement and respiratory and/or heart failure).

HIV - CD4 512 VL < 40 copies
They rechecked & less supplement daily.
Has night sweats & diarrhoea. May lead
changing therapy due to IDA.
COPD - deteriorated this year & therapy
just changed to an to improve exercise tolerance
Always RPT'S

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DWP Department for Work and Pensions

Customer Name: James Hepburn
NINO: NA290302D
Benefit: Disability Living Allowance
Section: A112

4. Treatment - please give details of relevant past, current and planned treatment (with dates) including response (if none or palliative please state).

ANTI-RETROVIRALS - ABACAVIR, LAMIVUDINE & ZIDOVUDINE
FERROUS SULFATE
SALBUTAMOL o. BSC LONGSTAYERS

5. Please give details, IF KNOWN, of the effects of the disabling condition(s) on day to day life;

- (a) Self care - for example, washing, dressing, feeding, using the toilet, continence, and ability to rise from the chair.
None
- (b) Insight and awareness of danger.
None
- (c) Ability to get around including pain, gait, balance, breathlessness and visual loss.
Exercise tolerance decreased due to breathlessness for COPD and asthma

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DWP Department for Work and Pensions

Customer Name: James Hepburn
NINO: NA290302D
Benefit: Disability Living Allowance
Section: A112

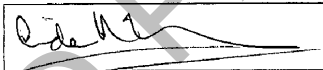
Please add any further details you think would be helpful to the Department when deciding on this claim

[Empty box for additional details]

Thank you

Now please sign and date your report.

I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit. I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health.

Signature  Date

Name in capital letters

Surgery Stamp

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Lauriston Medical Practice

Dr Linda MacCallum MB.ChB.

32 Lauriston Place
Edinburgh EH3 9EZ
Phone: 0844 477 8755
Fax: 0131 221 9563

Email: Linda.MacCallum@lothian.scot.nhs.uk

Mr James Hepburn
8 -3 Clearburn Road
EDINBURGH
EH16 5EY

23 January 2008

Dear James,

I am writing to invite you in to discuss the inhaler you are on for your breathing.

I have written in the past to say that you may benefit from another inhaler as it is not normal for the brown one you are on to be prescribed without a blue one. I would be grateful if you could make an appointment to see me in the near future.

Please phone reception on 0844 477 87 55 to make an appointment with me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Lorraine', written over the typed name.

Nurse Lorraine Norris

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DIRECT ACCESS SPIROMETRY REQUEST
Respiratory Function Service

Please note: Due to increased workload, patients can no longer turn up on an ad-hoc basis.

Please fill in patient's details and indicate where tests should be carried out and which test are required. Once completed the form should be posted or faxed to the relevant Laboratory. Patients will then be sent an appointment giving them details of their appointment and instructions regarding withdrawing inhaled therapy before testing.

Respiratory Function Laboratory
Royal Infirmary of Edinburgh
Old Dalkeith Road
EDINBURGH EH16 4SU
Telephone: 0131 242 1806
Fax: 0131 242 1809

Respiratory Function Laboratory
Western General Hospital
Crewe Road South
EDINBURGH EH4 2XU
Telephone: 0131 537 1984
Fax: 0131 537 2351

Patients details

Name: _____
Address: _____
HEPBURN JAMES
Postcode: 8 -3 Clearburn Road
D.O.B.: EDINBURGH 19/08/1963
Telephone: EH16 5EY



GP details Dr Calum Mackenzie

Name: _____
Address: _____
Lauriston Medical
32 Lauriston Pl.
Edinburgh
EH3 9EZ
Postcode: 45560
D.O.B.: 0844 477 8755
Telephone: _____



Please state clinical details and relevant current medication.

? COPD smokes 20 years 20/02
on beclomethasone + salbutamol

Are any specific infection control measures required? Yes No

Please indicate test requested:

FEV1/VC (test takes 10 - 15 minutes)

Reversibility to Salbutamol (2.5mg) (test takes 30 minutes)

Reversibility to Ipratropium Bromide (0.25mg) (test takes 60 minutes)

Test patient's inhaler technique (with current device)

Inhaler assessment (using different inhaler device to assess which the patient can use best)

Signed PP Shaw

Date 30/1/08

TESTS WILL NOT BE PERFORMED UNLESS FORM IS SIGNED AND DATED

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University Hospitals Division

RESPIRATORY FUNCTION SERVICE – Royal Infirmary of Edinburgh
Old Dalkeith Road, Little France, Edinburgh, EH16 4SU

Director:	Dr J.A. Innes	0131 537 1782
Enquiries/main Lab:		0131 242 1806
Senior Chief Technician:	Ms J. Lenney	0131 242 1803
Senior Clinical Scientist:	Dr A.G. Robson	0131 242 1802

NHS
Lothian

Doctor Mackenzie
Lauriston MP
32 Lauriston Place
Edinburgh
EH3 9EZ

25 February 2008

Dear Dr Mackenzie

James Hepburn
8-3 Clearburn Road
Edinburgh
DOB: 19/08/63

Thank you for your request form regarding the above patient. I am writing to let you know that he was sent an appointment for breathing tests on 25/02/08. He did not attend and did not get in touch to explain or change the appointment to a more convenient time.

I regret that, in keeping with Departmental policy, no further appointment will be sent out at this time.

Yours sincerely,



Laboratory Technician.

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Dept of G U Medicine
Level 1, Lauriston Building
Lauriston Place, Edinburgh EH3 9HA
Tel: 0131 536 2098
Fax: 0131 536 2110

NHS
Lothian

CONFIDENTIAL

Ref: DC/CE/19924M
Date: 7th April 2008

Dr L MacCallum
The Surgery
32 Lauriston Place
EDINBURGH

Dear Dr MacCallum

JAMES HEPBURN FLAT 3 (1F1) 8 CLEARBURN ROAD EDINBURGH EH16 5EY
DOB: 19.08.63

Date of Clinic Visit: 2.4.08

Diagnosis: HIV Infection
Iron Deficiency Anaemia

Current Treatment: Trizivir one tablet twice a day

Active Problems: Iron Deficiency Anaemia
Probable Syphilis Re-infection

Medication: Trizivir one tablet bd

CD4 Count: 603/mm³ (31%) – 20.3.08

Viral Load: <40 copies/ml – 20.3.08

Iron: 5 umol/l – 20.3.08

Transferrin: 1.99 g/l – 20.3.08

Transferrin Sat: 10%

Ferritin: 282 ug/l

Vitamin B12: 581 ng/l

Serum Folate: 24 ug/l

James remains well, although he is breathless during yoga and thinks he needs to give up smoking. He remains anaemic with low iron and I am sure his breathlessness is partly due to this. I suggested discontinuation of AZT to try and improve his symptoms. James wants to try stopping smoking first and seeing if he improves. He has recently undergone a DLA review and lost the care component of his allowance. He thinks he can cope with this. He has also returned to study under a New Horizons course. He has a further supply of Trizivir and will be reviewed in 4 months' time.

Yours sincerely



D J CLUTTERBUCK FRCP
Consultant Physician

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University Hospitals Division



Dept of G U Medicine
 Level 1, Lauriston Building
 Lauriston Place, Edinburgh EH3 9HA
 Tel: 0131 536 2097
 Fax: 0131 536 2110

CONFIDENTIAL

Ref: BF/SM/19924M
 Date: 25/07/08

Dr L MacCallum
 The Surgery
 32 Lauriston Place
 EDINBURGH

Dear Dr MacCallum.

re: James Hepburn, Flat 3 (1F1), 8 Clearburn Road, Edinburgh EH16 5EY
 DOB:19/08/63

Date of clinic: 24/07/08
 Diagnosis: HIV infection
 Iron deficiency anaemia
 Current Treatment: Trizivir – one tablet b.d.
 Active problems: Continued iron deficiency anaemia
CD4 Count: 648/mm³ (32%) – 10/07/08
Viral Load: <40 copies/ml of plasma – 10/07/08
 Next follow up: 4 months
Actions required: Review of iron studies along with coeliac and H-pylori serology, and assess any dietary change over the past four months.

It was a pleasure to meet James in our HIV Clinic today. I am pleased to report that since his last review he remains well and reports no new physical issues. His compliance with Trizivir remains excellent and he suffers no side effects and reports no missed doses. He was happy with his CD4 count and continued suppressed viral load.

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The main issue I discussed with James today was regarding his chronic iron deficiency anaemia. Firstly we discussed his diet. I am afraid he continues to have a poor diet which basically consists of having four Complan meals per day, followed by a meal in the evening. Sadly, this meal rarely contains red meat or any vegetables. He reports that he occasionally gets prescriptions for iron from the GP but these only last approximately two weeks and therefore he is having to buy his own iron supplements. He tells me that as they are relatively expensive currently, he is having to cut them down and therefore taking them on an intermittent basis. I imagine his diet, along with lack of consistent iron supplementation is the most likely cause of his continued deficiency. When asked regarding past investigations other than blood tests James cannot recall any formal investigations such as an OGD or colonoscopy. I discussed the possibility that the AZT component of Trizivir could be contributing to this, however given his lack of formal investigation along with his continued poor dietary iron intake it is difficult to pinpoint the exact cause and I suspect it is a number of factors. One option at this point would be to alter his Trizivir to a different combination such as Kivexa and Efavirenz or Kivexa and Atazanavir. I discussed this option today with James who is reluctant to change his current combination given that he has no side effects and that the combination is working well.

In light of the above discussion I have agreed on a plan with James today. We will continue his Trizivir currently and over the next four months I have asked James to improve his dietary intake of iron. I advised him that it is best that he substitutes at least one of his Complan meals with another proper meal. I have asked him to approach your surgery and I would appreciate it if he could be supplied with enough ferrous sulphate to cover him till his next clinic appointment. I am unsure as to whether James' H-pylori serology or coeliac serology has been checked and therefore I will add these on to the next set of bloods. When he returns for his blood test in approximately three and a half months, we will re-check his iron studies and if low, it may be necessary to arrange formal GI investigations to exclude the possibility of a GI cause. We will re-discuss this with James at his next clinic visit. If you have any further queries, please do not hesitate to contact me.

Yours sincerely



Dr Brian Flynn
SpR in GU Medicine

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University Hospitals Division
Dept of G U Medicine
Level 1, Lauriston Building
Lauriston Place, Edinburgh EH3 9HA
Tel: 0131 536 2098
Fax: 0131 536 2110

NHS
Lothian

CONFIDENTIAL

Ref: CO/CE/19924M
Date: 18th November 2008

Dr L MacCallum
The Surgery
32 Lauriston Place
EDINBURGH

Dear Dr MacCallum

JAMES HEPBURN FLAT 3 8 CLEARBURN ROAD EDINBURGH EH16 5EY
DOB: 19.08.63

Date of Clinic Visit: 13.11.08

Diagnosis: HIV Infection -- January 1990
Iron Deficiency Anaemia (probably secondary to AZT)

Current Treatment: Trizivir one tablet twice a day

CD4 Count: 595/mm³ (30%) -- 30.10.08
Viral Load: <40 copies/ml -- 30.10.08

James remains generally tired and with signs of anaemia on his full blood count, despite being on ferrous sulphate 3 times a day for almost one year. You may recall that his B12 and folate were normal. His latest iron level was 9 umol/l and his ferritin was 338 ug/l. His transferrin and transferrin saturations are normal. His Hb is 123 (MCV 101). It seems the most likely reason for this would be his AZT component of Trizivir, as discussed previously.

He is now quite willing to change therapy. I have taken today an HLA-B*5701 and given him literature about possible combinations. These include Kivexa, Efavirenz, Kaletra and Atazanavir. We are planning to review him in 3 weeks' time to discuss this further and possibly commence a new regime.

Kind regards.

Yours sincerely

Car

CARLOS OROZ
Staff Grade

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Dept of G U Medicine
Level 1, Lauriston Building
Lauriston Place, Edinburgh EH3 9HA
Tel: 0131 536 2098
Fax: 0131 536 2110

NHS
Lothian

CONFIDENTIAL

Ref: DC/CE/19924M
Date: 22 December 2008

Dr L MacCallum
The Surgery
32 Lauriston Place
EDINBURGH

Dear Dr MacCallum

JAMES HEPBURN FLAT 3 8 CLEARBURN ROAD EDINBURGH EH16 5EY
DOB: 19.08.63

Date of Clinic Visit: 4.12.08

Diagnosis: HIV Infection
Iron Deficiency Anaemia (probably secondary to AZT)

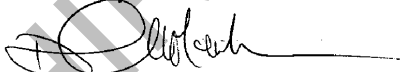
Current Treatment: Truvada one tablet twice a day
(changed today) Efavirenz 600 mg once daily

CD4 Count: 595/mm³ (30%) – 30.10.08

Viral Load: <40 copies/ml – 30.10.08

James attended for a further discussion around antiretrovirals. We discussed the options again. Unfortunately the HLA-B*5701 was not available, so I have commenced him on Truvada and Efavirenz. We discussed the possible side effects in some detail and he will re-attend in 2 weeks' time.


Yours sincerely



D J CLUTTERBUCK FRCP
Consultant Physician

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	Lauriston Medical Practice	Dr Linda MacCallum MB.ChB.
		Dr Calum MacKenzie MB.ChB.

32 Lauriston Place
 Edinburgh EH3 9EZ
 Phone: 0844 477 8755
 Fax: 0131 221 9563
 Email: R.S70732@lothian.scot.nhs.uk

Lauriston Medical Practice: Patient Questionnaire

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity to support your health care. More information about it is on the back of this form but please ask a member of staff if you need more explanation.
 We should be grateful if you could complete one for each family member within/joining the practice.

Name JAMES HEBBURN DOB 19/8/63

Do you need an interpreter or sign language support? Yes No

If you do need an interpreter what language do you speak?
 Please state

What is your ethnic group?

Choose ONE section from A to E then tick ONE box which best describes your ethnic group or background.

A White

- Scottish
- English
- Welsh
- Northern Irish
- British
- Irish
- Gypsy/Traveller
- Polish
- Any other white ethnic group, please write in

B Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups

C Asian, Asian Scottish or Asian Black

- Pakistani, Pakistani Scottish or Pakistani British
- India, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Other, Please write in

D African, Caribbean or Black

- African, African Scottish or African British
- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Other, please write in

E Other ethnic group

- Arab
- Other, please write in

If you do not wish to give this information, please tick here

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Patient Information

People registered with this practice and others in Scotland are being asked to give their ethnic group. Your ethnic group you identify with because of your language, culture, family background or country of birth. It is not necessarily the same as your nationality. For example you may see yourself as White Scottish, Polish or Pakistani. Your ethnic group is important for your care as it may influence your risk of disease. Knowing your ethnic group may also help us to provide services that meet your individual needs and to check that our services treat people from all backgrounds fairly and equally. For children, information about ethnic group can be provided by their parents or guardians.

People are also being asked to say whether they need an interpreter when talking with NHS staff, including the need for sign language support.

Why am I being asked these questions?

Practices across Scotland which are participating in this exercise are asking all their patients to give their ethnic group and if they need interpreter support when talking to NHS staff.

What do you mean by ethnic group?

An ethnic group is a group we identify with as a result of our culture, family background, the language we speak and the food we eat. For example most people in Scotland would identify themselves as White Scottish, while others might identify themselves as Indian. Ethnic group is different from nationality – for example people of many different ethnic groups have British nationality.

What has my ethnic group got to do with my health care?

Disease like diabetes, heart disease and cancer are more common in some ethnic groups than others. We want to make sure that NHS services treat people equally whatever their ethnic group, gender, age, religion, disability or medical background.

Isn't it obvious what my ethnic group is?

No it isn't. Only an individual can say which ethnic group they identify with. It is important not to make assumptions about people without asking.

Why do I need to answer a question about needing an interpreter?

We know that most of our patients can speak English, but some people may find it difficult to explain their health problems in English. By collecting information on patients' needs for an interpreter, the NHS will be able to better plan their provision of interpreter services.

Who will have access to this information?

Only staff in the practice will have access to information that identifies you personally. Sometimes it would be helpful to share this information with other NHS staff to make sure that your health care needs are met. This might happen for example if you are being referred to hospital. We sometimes prepare statistical reports for the NHS to help plan services and to check that the NHS is treating people from different backgrounds fairly. These reports will never identify you individually.

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Directorate of
Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITALS NHS TRUST



THE ROYAL INFIRMARY OF EDINBURGH
Old Dalkeith Road,
Edinburgh EH16 4SU
Telephone: 0131 242 1300
Fax: 0131 242 1344



Consultants:
Clinical Lead: Dr. A. Gray
Clinical Nurse Manager:
Mrs. A. Donaldson

A/E no. E1395803

Previous no.

UHPI no. 610100157X

General Practitioner

Name Dr L MacCallum
Address 32 Lauriston Place
Edinburgh
EH3 9EZ

PATIENT INFORMATION

Surname Hepburn
Forenames James
Address 6/1 Caledonian Crescent
Edinburgh
Midlothian
Post Code EH11 2DE Telephone 313 3228
D.O.B. 19/08/1963
Age 45 Sex Male

Date and Time of Attendance

02/01/2009 8:02

Mode of Arrival

Private Transport

Source of Referral Self Referral to A&E

Contact Address

Unknown

Telephone Number

H
W

CLINICAL NOTES

CHI: 1908631694

45yr old male

PC - rash, fever, headache, muscle ache and SOB at rest

HPC: HIV positive, started new ART Efavirenz (non NRTI) 10 days ago, 1st change of antiretroviral in 5 years as CD4 count had deteriorated. Dizziness and headache prominent SEs since (expected) but last night noticed rash, took evening dose anyway and awoke this morning with widespread rash all over trunk and limbs feeling SOB at rest No chest pain but has asthma, has uses salb inhaler 3x today. Feeling feverish and achey, taking regular paracetamol and ibuprofen

PMHx HIV diagnosed 15yrs ago

Meds- efavirenz and trueda, also started 10/7 ago, inhalers

NKDA prior to this

Lives alone, on university access course, smokes 20cpd, no etoh

Obs temp 37.3, BP 112/59, Pulse 90, RR 18, Sats 98% RA

CV WWP HS pure PPPs

RS PN resonant chest clear no LNs, throat NAD mucous membranes normal

GI abd SNT no masses BS present

Neuro GCS 15 Grossly intact

Skin- widespread erythematous macular blanching rash over chest, back and arms Face normal. No desquamation/blistering.

CXR- lung fields clear

Bloods sent

Imp anaphylactic reaction to efavirenz

Plan, hydrocortisone 100mg iv, fluids, salbutamol neb, chlorpheniramine 10mg iv, oxygen, dw ID SPR she will kindly review on ward 43 between 9-5pm today, to continue NNRTI for now

Nina Talbot Doctor

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NHS Confidential: Personal data about a patient

University Hospitals Division
REGIONAL INFECTIOUS DISEASES UNIT
Western General Hospital, Edinburgh EH4 2XU
Tel: 0131 537 1000 Fax: 0131 537 2878

NHS
Lothian

Private & Confidential
Dr L MacCallum
32 Lauriston Place
Edinburgh

Ref: KS/LF
Date: 10 February 2009
Enq: Linda Findlay
Tel: 0131 537 2853
E-Mail: linda.findlay@whl.scot.nhs.uk

Inpatient Discharge Summary

Dear Dr MacCallum

James Hepburn, 6/1 Caledonian Crescent, Edinburgh EH11 2DE
DOB: 19.08.1963 CHI: 1908631694 500565355M

Date of admission:	02 January 2009	Ward: 43	Consultant: Dr Wilks
Date of Discharge:	06 January 2009		
Principal diagnosis:	Rash reaction to Efavirenz		
Other diagnoses:	HIV infection		
Discharge medication:	Efavirenz 600mg od Truvada 1 tablet od Lactulose 10ml od Piriton 4mg tds Paracetamol 1g qds		
Follow up:	Nil		

This 45 year old man who normally sees Dr Clutterbuck at the Genito-urinary clinic presented with a rash on his chest which had been present for 3 days and had spread to his back, and also a feeling of headache and light-headedness. This had all started almost immediately after starting Efavirenz. He was initially given emollient Piriton and advised to re-contact the acute receiving unit if the rash didn't go away and he re-presented on 2 January 2009 as his rash had improved, but not completely gone. In addition to his rash he was also not complaining of any strange dreams or nightmares.

On examination his observations were stable and he had a mild macular rash on his hands, arms and legs and this was noted to be much improved compared to the two days before. His blood tests were normal. He did have one temperature spike to 39.1 during admission. This very quickly came down and his rash settled. He was sent home on 6 January 2009 with a plan to be seen in the Genito-urinary clinic on 8 January 2009.

If you have any further questions or concerns please do not hesitate to contact us.

Kind regards
Yours sincerely

Dr Katie Steen
FY2 to Dr Wilks



Dr David Wilks
Consultant Physician

Consultant Physicians: Dr R Brette, Dr F Faggian, Dr Jones, Dr C Leen, Dr D Wilks; Consultant Psychologist: Dr A Richardson, Consultant Psychiatrist: Dr A Tall

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PATIENT DISCHARGE INFORMATION SUMMARY

Western General Hospital, Crewe Road South, Edinburgh EH4 2DE

GP/Address: <i>Dr MacCallum</i> <i>EH 3 9 5 2</i>		Affiliation: <i>Hepburn, James</i> Patient: <i>6/1 Caledonian Crescent,</i> DOB: <i>Edinburgh,</i> CHI: <i>Midlothian,</i> CHI: <i>EH11 2DE</i> Tel No: <i>CHI 1908631694</i> Tel No: <i>170732 L. MacCallum</i>																																																																																												
Admitting Ward:	Discharge Ward:	Consultant:																																																																																												
Date Admitted:	Date Discharged:	Ward Tel No: 0131																																																																																												
Principal Diagnosis/Operation: <i>Efavirenz reaction; - maculopathy</i>																																																																																														
Treatment/Comments incl Details of Special Instructions/Additional Information: (Community Services, leaflets, fact sheets etc.) <i>Order: Efavirenz to continue. as symptoms settling</i> <i>To be reviewed at GUM clinic 8/1/9.</i>																																																																																														
Future Investigations:																																																																																														
Follow Up: OPD Clinic: <input checked="" type="checkbox"/> Yes / No		Type of Clinic: <i>GUM</i>																																																																																												
Location: <i>Not to be seen 8/1/9</i>		Tel No:																																																																																												
Date:		Time:																																																																																												
Transport Booked: Yes / No		If 'No' patient to make appt within days																																																																																												
Has appt been made at surgery? Yes / No																																																																																														
Warfarin		Not Applicable <input type="checkbox"/> Started <input type="checkbox"/> Continued <input type="checkbox"/> Stopped <input type="checkbox"/>																																																																																												
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Discharge Medication</th> <th rowspan="2">Form</th> <th rowspan="2">Dose</th> <th colspan="3">Admin Times</th> <th rowspan="2">Quantity Supplied</th> <th rowspan="2">Additional Information Reason if non-formulary drug</th> </tr> <tr> <th>8</th> <th>12</th> <th>18</th> </tr> </thead> <tbody> <tr> <td>1 EFAVIRENZ</td> <td>ORAL</td> <td>600mg</td> <td></td> <td></td> <td></td> <td>✓ 16 TABS</td> <td></td> </tr> <tr> <td>2 TRUVADA</td> <td>ORAL</td> <td>✓</td> <td></td> <td></td> <td></td> <td>✓ 16 TABS</td> <td></td> </tr> <tr> <td>3 LACTULOSE</td> <td></td> <td>10ml</td> <td>✓</td> <td></td> <td></td> <td>✓ Pt refused</td> <td>whilst commenced</td> </tr> <tr> <td>4 RITONAVIR</td> <td></td> <td>4mg</td> <td>✓</td> <td></td> <td></td> <td>✓ 24 TABS</td> <td>as required</td> </tr> <tr> <td>5 PARACETAMOL</td> <td>ORAL</td> <td>1g</td> <td></td> <td></td> <td></td> <td>✓ 1 week</td> <td>32 TABS</td> </tr> <tr> <td>6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Discharge Medication	Form	Dose	Admin Times			Quantity Supplied	Additional Information Reason if non-formulary drug	8	12	18	1 EFAVIRENZ	ORAL	600mg				✓ 16 TABS		2 TRUVADA	ORAL	✓				✓ 16 TABS		3 LACTULOSE		10ml	✓			✓ Pt refused	whilst commenced	4 RITONAVIR		4mg	✓			✓ 24 TABS	as required	5 PARACETAMOL	ORAL	1g				✓ 1 week	32 TABS	6								7								8								9								10							
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Final Check: <i>Dr MacCallum</i>		Date: <i>6.1.18</i>																																																																																												
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University Hospitals Division
Dept of G U Medicine
Level 1, Lauriston Building
Lauriston Place, Edinburgh EH3 9HA
Tel: 0131 536 2098
Fax: 0131 536 2110

NHS
Lothian

CONFIDENTIAL

Ref: CO/CE/19924M
Date: 20 January 2009

Dr L MacCallum
The Surgery
32 Lauriston Place
EDINBURGH

Dear Dr MacCallum

JAMES HEPBURN FLAT 3 8 CLEARBURN ROAD EDINBURGH EH16 5EY
DOB: 19.08.63

Date of Clinic Visit: 8.1.09

Diagnosis: HIV Infection
Iron Deficiency Anaemia (probably secondary to AZT)

Current Treatment: Truvada one tablet once a day
Efavirenz 600 mg once daily

CD4 Count: 595/mm³ (30%) – 30.10.08
Viral Load: <40 copies/ml – 30.10.08

I reviewed James 2 weeks after switching his antiretroviral therapy from Trizivir to the above regime. Unfortunately he had a reaction to Efavirenz and ended up being admitted to the Infectious Diseases Unit at the Western General Hospital. He described an intense headache and generalised rash. This is now settling and he is feeling much better without having discontinued his antiretrovirals. His only complaint was of some eczematous skin rash adjacent to both external palpebral angles. I have given him some Daktacort cream for this. He tells me that he had recently had all his routine bloods taken at the Western General and I saw little point in repeating this. We have given him a 2 months supply of his antiretrovirals and are planning to see him in 6 weeks' time.

Kind regards.

Yours sincerely

Car

CARLOS OROZ
Staff Grade

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JAMES HEPBURN
8/3 CLEARBURN ROAD

PRESTONFIELD

EDINBURGH

EH16 5EY

12/01/09

TEL: 0662 1902

E-MAIL: Jameshepburn711@btinternet.com

DR LINDA MacALLUM

THE SURGERY

32 LAURISTON PLACE.

DEAR LINDA,

I hope you had a pleasant Christmas and New Year and i am sorry to have to ask for your help so early in the New Year, but you may see from a letter sent to you by the Western General, that i spent a few days there recently after an adverse reaction to one of the new drugs i have been put on. I am dealing better with it now although it may be some time before i begin to feel the real benefits of it, and for the moment i am still dealing with a bit of Anaemia and generally feeling quite fatigued. As you will see i have enclosed a copy of the statement i have submitted to the DLA, with a request to be put back onto one of the rates for personal care. After a review last April, whilst i made a case for staying on the Mobility component which i have retained, i naively thought i could do without care help. After having a pretty miserable year last year where i felt constantly weak and tired i realise that i need more financial help with dealing with symptoms. Although i may benefit in the long run from a changed drugs regime, there is no guarantee of this and i may yet have to try something else.

What happened over Christmas made me realise how vulnerable i am when things go wrong, especially as i think you no how much time i spend on my own

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and tend not to bother other people. I know things would be better for me if i could learn to socialise a bit more, but i am content most of the time to keep to myself and in fact went the whole of last year without going out, although most of the time i just did not have the energy. You will be pleased to know that i have persisted with the Access Course, and now have just Five months of hard work to get two two's to guarantee an offer at Edinburgh Uni. This makes it all the more important that i have the resources to deal with any health problems that arise as i cannot afford any time of, and this is another reason for reapplying for the care component of DLA, especially if i have to rely on taxis for going to and fro to Access, and good quality ready meals if i don't have the energy to cook. I hope you feel able to support my application, as it could be a real help if they contact you for information. Hopefully they will contact you before the Surgery moves as i only gave them the Lauriston Address. Please tell reception to let me know if you are moving soon so that i could send them the new address, although i presume there will be arrangements for forwarding mail. Sorry to have to ask for your help again Linda but i really feel i need more financial help to get my health back on a more stable footing.

Yours sincerely

J. Aspinburn

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More about the way your illnesses or disabilities affect you

Describe in your own words any ways that your illnesses or disabilities affect you that you have not been able to put anywhere else on this form.

The more you can tell us about the problems you have, the easier it is for us to get a complete picture of the help you need.

You may want to tell us if your condition changes from day to day, or over a period of time or in different conditions which means that the amount of help you need varies.

Tell us about any equipment you use that you have not already told us about on this form.

We need to know about the help you need, even if you do not actually get that help.

But we do not need to know here about the help you need with domestic duties.

My difficulty with walking, and generally feeling weak, means I have to take a taxi there and back when going to the supermarket. And because I have no confidence in crowds, I go early in the morning. The food I do buy is nearly always ready meals, as I know I will not have the energy to cook anything. I tend to drink only lemon juice during the day. This diet makes me feel weaker, and I have lost most muscle on my legs and arms. I used to go swimming as this helped my Asthma, but no longer feel confident enough to go on my own. When I have bad nights with night sweats and not sleeping well, I feel weak the next day and don't bother dressing or washing. Over the last 8 months I have lost contact with former friends, as I won't go out, especially at night as I have lost all confidence in myself. I had become depressed and angry over being on benefit, and thought I could manage by myself, but this has just made things worse. I feel if I could get help 3 or 4 days a week I could then stabilise my health again. Most days I have muscle pains and can get dizzy spells. I often have difficulty getting enough oxygen into my body.

Continue on a separate piece of paper, if necessary. Remember to write your name and national insurance number at the top of each page.

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JAMES HEPBURN
NA 29 03 02 D

MORE ABOUT THE WAY MY ILLNESS + DISABILITIES AFFECT ME

Although up until 8 months ago I had some control over my HIV, and was able to cope reasonably well, since my care component of D.L.A stopped, I have grown gradually worse in health. The combination of not being able to look after myself and not going out has made me feel weaker and more depressed. Having no contact with anyone for nearly six months has really got me down. This deterioration has recently led to a substantial drop in my blood count, leading me to spending 4 days in hospital over Christmas, when I felt so weak I just could not look after myself. My situation is not being helped by trying to come to terms with a new drugs regime.

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University Hospitals Division



Dept of G U Medicine
Level 1, Lauriston Building
Lauriston Place, Edinburgh EH3 9HA
 Tel: 0131 536 2097
 Fax: 0131 536 2110

CONFIDENTIAL

Ref: LG/SM/19924M

Date: 04/02/09

Dr L MacCallum
 The Surgery
 32 Lauriston Place
 EDINBURGH

Dear Dr MacCallum

re: James Hepburn, Flat 3 (1F1), 8 Clearburn Road, Edinburgh EH16 5EY
DOB:19/08/63

Date of clinic: 26/01/09

Diagnosis: HIV infection
 Iron deficiency anaemia (probably secondary to AZT)

Current Treatment: Truvada – one tablet once daily
 Atazanavir – 300mg once daily
 Ritonavir – 100mg once daily
 (changed from Truvada and Efavirenz today)

CD4 Count: 648/mm³ (32%) – 10/07/08
Viral Load: <40 copies/ml of plasma – 10/07/08

James attended clinic for review today earlier than planned as he was feeling that he was unable to cope with the side effects of his new antiretroviral therapy. Since changing from Trizivir to Truvada and Efavirenz one month ago, James has been feeling extremely fatigued, unable to perform his daily activities as a result of this. He also describes feeling as though he has lost his temperature control in that he feels that his hands are constantly cold and over the last month he has had several episodes of night sweats. These night sweats are not drenching and are intermittent. He has no associated symptoms of lymphadenopathy or weight loss. We today discussed that these symptoms are not typical of Efavirenz side effects though James feels that they have definitely started since changing to Efavirenz and he was very keen to discontinue this today. Following further discussion about possible alternative antiretroviral therapies, James has decided to continue with his Truvada and switch

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his Efavirenz to boosted Atazanavir. I have given James a one-month supply of these medications and arranged to review him back at clinic in two weeks' time to see how he is getting on.

Yours sincerely



LISA GOODALL
SpR in GU Medicine

THIRD PARTY COPY

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University Hospitals Division

Dept of G U Medicine
Level 1, Lauriston Building
Lauriston Place, Edinburgh EH3 9HA
Tel: 0131 536 2097
Fax: 0131 536 2110

NHS
Lothian

CONFIDENTIAL

Ref: CT/SM/19924M
Date: 25/02/09

Dr L MacCallum
The Surgery
32 Lauriston Place
EDINBURGH

Dear Dr MacCallum

re: James Hepburn, Flat 3 (1F1), 8 Clearburn Road, Edinburgh EH16 5EY
DOB: 19/08/63

Diagnosis: HIV infection
Iron deficiency anaemia (probably secondary to AZT)
Severe Efavirenz reaction

Current Treatment: Truvada – one tablet once daily
Atazanavir – 300mg once daily
Ritonavir – 100mg once daily

CD4 Count: 595/mm³ - 30/10/09
Viral Load: <40 copies/ml of plasma - 30/10/09

I reviewed James on 16/02/09 when he was feeling much better. His only ongoing problem is some continuing night sweats but these are improving and are much less troublesome than a couple of weeks ago.

We discussed the fact that his haemoglobin had dropped to 80 and he had quite abnormal LFTs (ALT 82, alk phos 354, GGT 228) at his last visit two weeks ago, but in view of the fact that he was symptomatically better, I have merely repeated these today along with his viral load and CD4 count. *(much better)*

I have renewed his prescription for the first three months and asked him to keep his appointment which had already been arranged for 26/02/09 to discuss his haematology and biochemistry results to assess whether any further investigation is required.

Yours sincerely


DR CAROLYN THOMPSON
Consultant in Genito-Urinary Medicine

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University Hospitals Division

Dept of G U Medicine
Level 1, Lauriston Building
Lauriston Place, Edinburgh EH3 9HA
Tel: 0131 536 2098
Fax: 0131 536 2110



CONFIDENTIAL

Ref: BF/CE/19924M
Date: 25th May 2009

Dr L MacCallum
Boroughloch Medical Practice
1 Meadow Place
EDINBURGH

Dear Dr MacCallum

JAMES HEBBURN FLAT 3 8 CLEARBURN ROAD EDINBURGH EH16 5EY
DOB: 19.08.63

Date of Clinic Visit: 21.5.09

Diagnosis: HIV Infection

Inactive Problems: Previous Iron Deficiency Anaemia (probably secondary to AZT)
Severe Efavirenz reaction

Current Treatment: Truvada one tablet once a day
Atazanavir 300 mg once a day
Ritonavir 100 mg once a day

CD4 Count: 535/mm³ (28%) – 1.5.09

Viral Load: <40 copies/ml – 1.5.09

Follow Up: 3 months

Actions required: Review Testosterone levels
Review LFT's

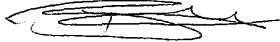
It was good to see James once again in today's clinic for his routine HIV review. James tells me he is physically well and reports no further problems since switching his antiretroviral regime. He was pleased with his CD4 count and continued suppressed viral load.

James tells me that the past 6 months have been particularly difficult for him, given the switch in medications and also various external stressors. I asked whether he had had any further sexual contact since his last STI screen and he reported that he had not had any contacts, because of his low libido. I believe this has previously been discussed with Dr Clutterbuck, but James revisited the issue today. He reports that he tends not to think about sex at all and is worried whether there is a problem with him. I discussed that we could check his testosterone level today, but he was fairly reluctant for another blood test and therefore I suggested we add it on to his next set of bloods. On questioning further with regards to James's psychological state, he does report that with the medication changes, side effects and now he is failing his current course, this is the most likely factor behind his generally low libido. He has no symptoms consistent with clinical depression and at this point declines any psychological input. Overall he feels that as things are slowly improving, he just wants to see how things get on. I have explained that we will see what his testosterone level is at the next clinic visit.

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I have therefore re-prescribed his medications and we will see him in approximately 3 months' time. I have advised James that he can contact us in the meantime for support should he feel he needs it.

Yours sincerely



BRIAN FLYNN
Specialist Registrar

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JAMES HEPBURN

8/3 CLEARBURN RD

EDINBURGH

EH16 5EY

TEL: 662 1902

14/05/09.

DR. MCKENZIE

BOROUGHLOCH MEDICAL PRACTICE

Dear Doctor McKenzie,

As I mentioned to you on my recent visit to the clinic, I require your help in the form of a letter giving evidence to the recent difficulties I have had over having to twice adjust to new drugs for the treatment of my HIV, as this is the only way in which the Access Course Administrator has told me that they would be able to justify my being allowed to sit the course again.

Even before the first change of drugs at the beginning of December I had been having problems with fatigue, and I found myself falling asleep during the day which disrupted my sleep at night. I learnt that this was due to the Trizavir I was on becoming less effective and my being slightly anaemic due to this. When I did start the combination of Sustiva and Truvada, I seem to have the misfortune of having to run the full gamut of possible side effects associated with taking Sustiva, of these, the headaches were the worst. I found them almost crippling in nature, waking in the middle of the night afraid to move, knowing the pain and feelings of nausea that would come if I did. Further symptoms included night sweats and all over muscle pain. All of this left me feeling exhausted during the day, and unable to eat properly. A further complication came when I started to develop a rash. This spread all over my body, and became so bad at one point that I had to go to the Accident and Emergency department of the

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Edinburgh Royal Infirmary with my body temperature out of control, and having difficulties with breathing properly.

Having been warned of the possible side effects, I tried to persevere with the new drug treatment in the hope that the symptoms would calm down after a while. But despite this, and a short stay in Ward 42 of the Western General to try and help me get through the worst of it, they seemed to persist. I felt I could not go on like this, and asked for a further change of drugs in late January. During all of this I found it impossible to concentrate affectively on any work for the Access Course, and whilst the further change of drugs got rid of the headaches and nausea, I continued to suffer form night sweats for a further month or so. Some of these were so bad that I awoke several times during the night soaked in sweat, and having to change my bed clothes. These continued symptoms further disrupted my sleep pattern and left me very tired during the daytime.

Although I have begun to feel much better in the last few months, suffering no further problems health wise, I feel the culmination of all of this prevented me applying myself to something which was going to be a big enough challenge for me even without all of this. Even though I now have to accept that I am not going to be able to achieve the required grades in order for me to take up the conditional offer I have from Edinburgh University, I am keen to get a second chance to do a course in which I know I can do much better.

The Access Course Administrator Suzanne Spalding is aware of my HIV status, so if you could address any letter to her, and let me have something within the next four weeks I would be extremely grateful Dr. McKenzie.

Yours sincerely,

J. Hepburn,

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considerable side effects which would affect his ability to study.

I would be grateful if this information could be dealt with sympathetically and I am of the opinion that another opportunity to study the access course would be wholly appropriate in the circumstances.

Many thanks for your help.

Yours sincerely



Dr Calum MacKenzie

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Boroughloch Medical Practice



1 Meadow Place
EDINBURGH
EH9 1JZ
Tel: 0131 229 7529
Fax: 0131 656 4500

Dr L. R. MacCallum M.B.Ch.B GMC 2339427

Ms Spalding
Access Course Administrator
Office of Life Long Learning
University of Edinburgh

CM/MG

3rd June 2009

Dear Ms Spalding

Re **James Hepburn 8/3 Clearburn Road EH16 5EY DOB 19/08/63**

I have recently spoken to Mr Hepburn regarding his access course which he is currently undertaking. He has had number of health issues dating back to early November 2008 which will have significantly impacted on his ability to study.

Mr Hepburn advised me that you are well aware of his HIV status and equally that he was happy to disclose medical information in relation to this in an attempt to be allowed to re-sit the access course.

In early November 2008 it became apparent that Mr Hepburn was becoming anaemic. This was thought to be secondary to his AZT which he was taking for his HIV. This in itself would have caused significant lethargy and fatigue and the decision was made in conjunction with his consultant to switch him to a new drug regime.

As a consequence he was switched to a drug called Efavirenz but unfortunately had an anaphylactic reaction to this medication requiring hospitalisation on 2nd January 2009. Following a four day inpatient stay his medication had to be further adjusted. He initially suffered from very significant night sweats and muscle pain which resulted in sleep disturbance. However, he is now established on a regime of Ritonavir, Atazanavir and Truvada.

I have no doubt whatsoever that Mr Hepburn has had a difficult six months. He has had to change therapy on two occasions and in addition to the severe allergic reaction he sustained in January he has suffered from very

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CONFIDENTIAL

Ref: DC/CE/19924M

Date: 18 August 2009

Dr L MacCallum
Boroughloch Medical Practice
1 Meadow Place
EDINBURGH

Dear Dr MacCallum

JAMES HEPBURN FLAT 3 8 CLEARBURN ROAD EDINBURGH EH16 5EY
DOB: 19.08.63

Date of Clinic Visit: 13.8.09

Diagnosis: HIV Infection

Inactive Problems: Previous Iron Deficiency Anaemia (probably secondary to AZT)
Severe Efavirenz reaction

Current Treatment: Truvada one tablet once a day
Atazanavir 300 mg once a day
Ritonavir 100 mg once a day

CD4 Count: 613/mm³ (30%) – 30.7.09

Viral Load: <40 copies/ml – 30.7.09

Testosterone: 8.5 nmol/l

James is physically well, but still tired, demotivated and low in mood. He is still suffering from the after effects of his reaction to medication earlier in the year and the fact that this stopped him from completing his university access course. He is still awaiting news on whether he can re-enter the course in the next academic year. He is finding it difficult to motivate himself to do things, or to socialise.

I note that the testosterone done on his last visit is below the lower limit of normal at 8.5 nmol/l. I explained to James that this is very common in men with HIV and that although it could manifest as low libido, it is more likely to cause the sort of problems he describes of lethargy, lack of energy and low mood. I certainly felt it was worth trying replacement therapy. Unfortunately James is not prepared to consider regular testosterone injections, mainly because he does not want to attend the department every 3 weeks. I am keen that he tries testosterone replacement, so I have arranged to prescribe a month of Testogel to see if it has any effect. I have made James aware that we won't be prescribing this long term, as it costs so much more than testosterone injections. I also note that there were 2 pluses of protein on stix testing of his urine and given the fact that he is taking Tenofovir, I

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have checked his urinary protein:creatinine ratio. He will be reviewed in a month to see if testosterone replacement has had any beneficial effect.

Yours sincerely



D J CLUTTERBUCK FRCP
Consultant Physician

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Fax: 0131 536 2110

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CONFIDENTIAL

Ref: CO/SM/19924M
Date: 16/11/09

Dr L MacCallum
Boroughloch Surgery
1 Meadow Place
EDINBURGH
EH9 1JZ

Dear Dr MacCallum

re: James Hepburn, Flat 3 (1F1), 8 Clearburn Road, Edinburgh EH16 5EY
DOB: 19/08/63

Date of clinic: 05/11/09
Diagnosis: HIV infection – January 1990
Active problem: Chronic microcytic anaemia
Current Treatment: Truvada – one tablet once daily
Atazanavir – 300mg once daily
Ritonavir – 100mg once daily

CD4 Count: 398/mm³ (28%) – 22/10/09
Viral Load: <40 copies/ml of plasma – 22/10/09

James reports no new medical problems since his last attendance. His haemoglobin is 92g/l with an MCV of 71. Reviewing his notes I note that his haemoglobin was first noticed to be slightly low in March 2006 (126g/L). At that time his red blood cells were microcytic and this was thought to be secondary to Zidovudine. His antiretroviral therapy was changed in December 2008 and from then on his MCV declined to firstly normal levels, but now microcytic. His weight is stable. He has no specific symptoms and no constitutional symptoms. On further enquiry, the only thing he has noticed was a need to increase his steroid inhaler because perhaps his asthma is worsening. He is a long term smoker with a likely degree of COPD. I have arranged for a chest x-ray. I have also taken bloods for ESR, CRP, phosphate, glucose, ferritin, iron, Vitamin B12 and folate. We will wait for these results and contact James over the phone to discuss this. We may consider GI investigations. From the HIV point of view, we have given him a four-month supply of his antiretrovirals and arranged for him to be seen on 14/02/10 and 04/03/10.

Kind regards,

Yours sincerely

Caros
CARLOS OROZ
Associate Specialist

Dear Linda, see results:

- IRON 4 μ mol/L (14-32) ↓
- FERRITIN 500 (20-300) μ g/L ↑
- CRP 16.5
- ESR 102

Could you please start him on Ferron 450mg and I will arrange further investigations. Thanks

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Tel: 0131 536 2097
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Lothian

~~CONFIDENTIAL~~

Ref: CO/SM/19924M
Date: 18/11/09

~~Consultant Gastroenterologist
Dept of Gastroenterology
WGH~~

Dear Doctor

re: **James Hepburn, Flat 3 (1F1), 8 Clearburn Road, Edinburgh EH16 5EY**
DOB: 19/08/63

I would be grateful if you could see James for possible endoscopic investigations of iron deficiency anaemia. James was diagnosed HIV positive in January 1990 and from the HIV point of view he is doing well on Truvada, Atazanavir and Ritonavir. His latest viral load was undetectable on 22/10/09 and his CD4 count was 398.

Clinically, other than being tired, there are no specific or constitutional symptoms. His haemoglobin was first noticed slightly low in March 2006 at 126g/L. At that time he was on Trizivir, which contains Zidovudine and with an increased MCV, this was thought to be the cause. His antiretroviral therapy was changed last year and his haemoglobin has gradually declined, the most recent results are attached to this letter. As you can see, his haemoglobin is 92 with an MCV of 73fl. Please note that both his inflammatory markers are well elevated with an ESR of 102 and a CRP of 165. His iron is very low at 4umol/L and his ferritin is high at 500ug/L, probably as an inflammatory marker. Both vitamin B12 and folate levels are normal.

James is a smoker with a history of asthma, for which he takes Beclomethasone and Salbutamol inhalers and he reports a recent increase in their use. I guess this is more likely to be secondary to his anaemia as there are no other specific respiratory symptoms. His weight is stable at around 66kg. He has a past history of treated syphilis but no evidence of recent re-infection or re-activation. His Hepatitis C antibody test was negative in July this year. I cannot find his Hepatitis B serology but please note that his antiretroviral Truvada contains both Tenofovir and Emtricitabine which are active against Hepatitis B.

Many thanks for seeing him as soon as you can.

Yours sincerely

Caros

CARLOS OROZ
Associate Specialist

✓ Cc: Dr Linda MacCallum, Boroughloch Surgery, 1 Meadow Place, Edinburgh EH9 1JZ

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Dept of G U Medicine
Level 1, Lauriston Building
Lauriston Place, Edinburgh EH3 9HA
Tel: 0131 536 2097
Fax: 0131 536 2110

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Ref: CO/SM/19924M
Date: 11/12/09

Mr James Hepburn
Flat 3 (1F1)
8 Clearburn Road
Edinburgh
EH16 5EY

Dear James

This is to inform you that I have referred you to the Gastroenterologists for possible investigation of you anaemia. You may recall that the last time I saw you I repeated some blood tests which once again showed that you are anaemic and the level of iron in your blood is low. The main reason for investigation is to try to find out whether you are losing blood from your digestive system. If these are normal, we shall refer you to one of our colleagues at the Haematology Department. I hope this is okay with you. Please do not hesitate to contact us if you want to discuss this further.

Yours sincerely


CARLOS OROZ
Associate Specialist

✓ Cc: Dr L MacCallum, Boroughloch Medical Practice, 1 Meadow Place, Edinburgh

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Tel: 0131 536 2098
Fax: 0131 536 2110

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CONFIDENTIAL

Ref: DC/CE/19924M
Date: 10th March 2010

Dr L MacCallum
Boroughloch Medical Practice
1 Meadow Place
EDINBURGH

Dear Dr MacCallum

JAMES HEPBURN FLAT 3 8 CLEARBURN ROAD EDINBURGH EH16 5EY
DOB: 19.08.63

Date of Clinic Visit: 22.4.10
Diagnosis: HIV Infection
Active Problems: Chronic Microcytic Anaemia
Current Treatment: Truvada one tablet once a day
Atazanavir 300 mg once a day
Ritonavir 100 mg once a day
CD4 Count: 467/mm³ (26%) – 26.3.10
Viral Load: <40 copies/ml – 26.3.10
Other Results 26.3.10: Hb. - 100 g/l
MCH - 23.1
CRP - 165
Iron - 4 umol/l
Ferritin - 500 ug/l

James missed both his recent GUM and Gastroenterology appointments. He said he has had another period of feeling "scunnered" with everything. He is not studying for any courses and feels he is starting things and not finishing. He seemed quite clear that he is not depressed and said his mood is very good. He does little else other than read books all day. He feels a lack of energy or strength, but attributes this to doing no exercise at all. He has not used the testosterone patches with which I previously supplied him.

I have asked him whether he wishes to be seen in gastroenterology to investigate his anaemia and says he will go if he is re-referred. He was also keen to consider long-acting injectable testosterone rather than patches and we have ordered this. It remains to be seen whether he will attend the department for the injection. He is clearly taking his antiretrovirals well and his HIV is under control. I have arranged to see him in 3 months' time.

Yours sincerely



D J CLUTTERBUCK FRCP
Consultant Physician

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University Hospitals Division Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU



Department of Gastroenterology

Dr L MacCallum
32 Lauriston Place
Edinburgh
EH3 9EZ

Date 07/06/2010
Our Ref 500565355M
CHI 1908631694

Dear Dr MacCallum,

A COPY OF THE FOLLOWING LETTER HAS BEEN SENT TO YOUR PATIENT:

Patient: Hepburn, James **DOB:** 19/08/1963
Address: 8/3 Clearburn Road, Edinburgh, Midlothian, EH16 5EY

Dear Mr Hepburn

Notification of Removal From the Gastroenterology Outpatient Waiting List

You contacted us requesting to be removed from the waiting list as below:

Specialty: Gastroenterology

However, should you feel that you still require treatment, please do not hesitate to contact your GP who may arrange a re-referral.

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University Hospitals Division

Royal Infirmary of Edinburgh
 Outpatient Department 4
 51 Little France Crescent
 Edinburgh
 EH16 4SA



Department of Gastroenterology

Dr D J Clutterbuck
 Consultant Physician
 Department of GU Medicine
 Lauriston Building
 RIE

Date First Created 15/12/2010
 Date Authorised
 Date/Time Printed 15/12/2010 11:56
 Our Ref 500565355M
 CHI 1908631694

Patient:	Mr James Hepburn 8/3 Clearburn Road Edinburgh EH16 5EY	UHPI:	500565355M
		Date of Birth:	19/08/1963
Clinic Code:	GI/AMCG	Attendance Date:	14/12/2010
Specialty:	Gastroenterology		
Consultant:	Dr A MacGilchrist		

Dear Dr D J Clutterbuck,

Dr MacGilchrist

Thanks for referring this interesting chap. I note that he has HIV disease which is on a good control with his antiretroviral therapy. For at least a year, he has had abnormal blood tests, which comprise a microcytic anaemia with reduced transferrin saturation but a raised ferritin, and which has not responded to oral iron supplementation. He also has a persistently raised CRP between 1 and 200, and persistent mild proteinuria and haematuria on urinalysis.

Regarding symptoms, he is virtually symptoms free. He does lack of energy and has an odd impairment of his appetite whereby he takes only Complan rather than solid food. He denies any upper GI symptoms or any abdominal pain. He has chronic constipation for which he takes Senna on a daily basis. His weight is stable. He describes no fevers or other infective symptoms, he has no specific urinary tract symptoms and no arthralgia or rashes. He is a chronic smoker, 20 per day.

On examination, the only abnormality I could detect was his striking palmar erythema. However, he describes no other cutaneous signs of chronic liver disease and abdominal examination was normal. He also has no tissue stigmata of iron deficiency either. He was not clubbed and has no lymphadenopathy.

There is something going on causing both anaemia and raised inflammatory markers in the context of stable HIV disease and antiretroviral therapy. I am not convinced this is true iron deficiency, and I am not convinced that the problem lies within the GI tract though I accept both are possible. The one positive clue is the persistent proteinuria and haematuria and I would be inclined to pursue that first. I have today simply rechecked his bloods (including a coeliac screen) and arranged a CT scan principally of his renal tract and taking the opportunity to also scan his chest/abdomen/pelvis. If that draws a blank, my next step would be a cystoscopy, if that also draws a blank, he may yet require GI tract examined or even a bone marrow examination. I will be in touch when I have his results. Thanks for the referral.

Gastroenterology

Prof P C Hayes
 Secretary - 2421625

Dr A J Bathgate
 Secretary - 2421225

Dr C S Blair
 Secretary - 2421225

Dr A J MacGilchrist
 Secretary - 2421623

Dr J N Plevis
 Secretary - 2421631

Dr K J Simpson
 Secretary - 2421717

Dr K C Trimble
 Secretary - 2422054

Prof S J Forbes
 Secretary - 2421631

Dr Nick Church
 Dr I D Penman
 Secretary - 2423098

Associate Specialists
 Dr T Koulaouzidis
 Dr L Meekison
 Secretary - 2421619

Nurse Practitioners
 Secretary - 2421630

Ward Secretary
 0131 242 2056

Fax
 0131 242 1638

Appointments
 0131 242 3063

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University Hospitals Division

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA



Cont'd...

Ref: 500565355M

Patient Name: Mr James Hepburn

Kind regards
Yours sincerely

A handwritten signature in black ink, appearing to read 'am', positioned above the typed name of the sender.

Dr Alastair MacGilchrist
Consultant Gastroenterologist
[MC: typed 15/12/10, dictated 14/12/10]

Copy to:

Dr MacCallum
32 Lauriston Place
Edinburgh
EH3 9EZ

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University Hospitals Division

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA



Department of Gastroenterology

Dr D J Clutterbuck
Consultant Physician
Department of GU Medicine
Lauriston Building
RIE

Date First Created 28/01/2011
Date Authorised
Date/Time Printed 28/01/2011 09:53
Our Ref 500565355M
CHI 1908631694

Patient: Mr James Hepburn 8/3 Clearburn Road Edinburgh EH16 5EY	UHPI: 500565355M Date of Birth: 19/08/1963
Clinic Code: GI/AMCG	Attendance Date: 14/12/2010
Specialty: Gastroenterology	
Consultant: Dr A MacGilchrist	

Gastroenterology

Prof P C Hayes
Secretary - 2421625

Dr A J Bathgate
Secretary - 2421225

Dr C S Blair
Secretary - 2421225

Dr A J MacGilchrist
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Dr J N Plevis
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Dr K J Simpson
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Associate Specialists
Dr T Koulaouzidis
Dr L Meekison
Secretary - 2421619

Nurse Practitioners
Secretary - 2421630

Ward Secretary
0131 242 2056

Fax
0131 242 1638

Appointments
0131 242 3063

Dear Dr D J Clutterbuck,

I regret to report that this man's CT scan shows hepatosplenomegaly and extensive predominantly abdominal lymphadenopathy, which in a clinical setting is considered most likely to be due to a lymphoma.

I am leaving today on a 10 day vacation and perhaps I can ask you to make contact with Mr Hepburn and arrange the necessary further management.

Thanks in anticipation.

Yours sincerely,

Dr A MacGilchrist
Consultant Gastroenterologist
Dict. 28 01 11/Typed 28 01 11/jd

Cc

✓ Dr MacCallum
32 Lauriston Place
EDINBURGH
EH3 9EZ

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Tel: 0131 536 2098
Fax: 0131 536 2110

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Lothian

CONFIDENTIAL

Ref: DC/CE/19924M
Date: 1st February 2011

Dr John Davies
Consultant Haematologist
Haematology Department
Western General Hospital
EDINBURGH

Dear Dr Davies

JAMES HEPBURN FLAT 3 8 CLEARBURN ROAD EDINBURGH EH16 5EY
DOB: 19.08.63

Problem: Suspected HIV related Lymphoma

Active Problems: Chronic Microcytic Anaemia
Resistance to attending for investigation

Current Treatment: Truvada one tablet once a day
Atazanavir 300 mg once a day
Ritonavir 100 mg once a day

CD4 Count: 451/mm³ (31%) – 29.7.10
Viral Load: <40 copies/ml – 27.9.10

I would be grateful if you could see this man, who has been HIV positive since 1990. He has had a microcytic anaemia since 2006. Initial investigations showed normal B12 and folate, transferrin and transferrin saturation. Although he was fatigued, he was very resistant to referral for investigation and attributed his anaemia to his poor diet. He eventually agreed to see Alastair MacGilchrist in December 2010, at which time his Hb was 99, with a haematocrit of 0.32, MCV 77, reticulocyte count 23.8. His ESR was 102 mm/hr and C-reactive protein was 152 mg/l. I enclose Alastair MacGilchrist's clinic letter. He organised a CT scan, which shows hepatosplenomegaly and extensive abdominal lymphadenopathy. The likeliest diagnosis seems to be an HIV related lymphoma. I have discussed with Dr Jenny Easterbrook, who agrees that direct referral to Haematology is probably the best course of action.

I have not yet been successful in speaking to him, but will discuss the possible diagnosis as soon as I can.

Yours sincerely



D J CLUTTERBUCK FRCP
Consultant Physician

cc. Dr Linda MacCallum, Boroughloch Medical Practice, 1 Meadow Place, Edinburgh
Dr A MacGilchrist, Consultant Gastroenterologist, RIE

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University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh EH4 2XU

Department of Haematology

ENT Consultant
Head & Neck Team
Lauriston Building
Lauriston Place
Edinburgh

Date First Created 14/02/2011
Date Authorised
Date/Time Printed 14/02/2011 10:17
Our Ref 500565355M
CHI 1908631694

Patient: Mr James Hepburn 8/3 Clearburn Road Edinburgh EH16 5EY	UHPI: 500565355M Date of Birth: 19/08/1963
Clinic Code: FMS/MON Specialty: Haematology Consultant: Dr Fiona Margaret Scott	Attendance Date: 07/02/2011

Haematology

Consultants:

Dr J M Davies
Tel: 0131 537 1905
john.davies
@luht.scot.nhs.uk

Dr P R E Johnson
Tel: 0131 537 2595
peter.johnson
@luht.scot.nhs.uk

Dr P H Roddie
(Professional Lead)
Tel: 0131 537 1182
huw.roddie
@luht.scot.nhs.uk

Dr P C A Shepherd
Tel: 0131 537 3759
pat.shepherd
@luht.scot.nhs.uk

Dr F M Scott
Tel: 0131 537 1903
fiona.m.scott
@luht.scot.nhs.uk

Dr M H Farquharson
Tel: 0131 537 3759
mira.farquharson
@luht.scot.nhs.uk

Fax: 0131 537 1172

Ward 8
Tel: 0131 537 2199

Ward 1
Tel: 0131 537 2481

Dear ENT Consultant,

I would be grateful if you could review this 47 year old gentleman who was seen in the haematology clinic recently.

Mr Hepburn has longstanding HIV which is currently well controlled with his antiviral therapy. In addition he has had a persistent anaemia over the last couple of years and was seen by the GI Team as further investigation of this. They undertook a CT scan which has shown generalised lymphadenopathy and hepatosplenomegaly and raised concerns about the possibility of an underlying lymphoma. We reviewed his scans at the Haematology MDM and these show that he has some marked right cervical adenopathy albeit it located quite deeply. I wonder therefore if he could be seen with a view to an excision biopsy to try and determine whether or not the CT changes do indeed reflect lymphoma.

Thanking you in anticipation.

Yours sincerely,

Dr Fiona M Scott
Consultant Haematologist

cc

Linda McCallum, Boroughloch Medical Practice, 1 Meadow Place,
Edinburgh EH9 1JZ

NHS Confidential: Personal data about a patient

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh EH4 2XU

Department of Haematology

Mr James Hepburn
8/3 Clearburn Road
Edinburgh
EH16 5EY

Date First Created 14/02/2011
Date Authorised
Date/Time Printed 14/02/2011 10:21
Our Ref 500565355M
CHI 1908631694

Patient: Mr James Hepburn 8/3 Clearburn Road Edinburgh EH16 5EY	UHPI: 500565355M Date of Birth: 19/08/1963
Clinic Code: FMS/MON Specialty: Haematology Consultant: Dr Fiona Margaret Scott	Attendance Date: 07/02/2011

Haematology

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peter.johnson
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huv.roddie
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Tel: 0131 537 3759
pat.shepherd
@luht.scot.nhs.uk

Dr F M Scott
Tel: 0131 537 1903
fiona.m.scott
@luht.scot.nhs.uk

Dr M H Farquharson
Tel: 0131 537 3759
m.h.farquharson
@luht.scot.nhs.uk

Fax: 0131 537 1172

Ward 8
Tel: 0131 537 2199

Ward 1
Tel: 0131 537 2481

Dear Mr James Hepburn,

It was nice to meet you in the clinic recently. We reviewed your recent scans and in fact these show that you do have some slightly enlarged glands in the neck and it may be easier to try and take a sample of the these. I have therefore written to my colleagues in the Ear, Nose & Throat Department and asked them if they would see you to see if they feel that this is feasible.

Best wishes.

Yours sincerely,

Dr Fiona M Scott
Consultant Haematologist

CC

Dr J. McCallum, Boroughloch Medical Practice, 1 Meadow Place,
Edinburgh EH9 1JZ

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University Hospitals Division

Dept of G U Medicine
Level 1, Lauriston Building
Lauriston Place, Edinburgh EH3 9HA
Tel: 0131 536 2098
Fax: 0131 536 2110

NHS
Lothian

CONFIDENTIAL

Ref: DC/CE/19924M
Date: 18th March 2011

Dr L MacCallum
Boroughloch Medical Practice
1 Meadow Place
EDINBURGH

Dear Dr MacCallum

JAMES HEPBURN FLAT 3 8 CLEARBURN ROAD EDINBURGH EH16 5EY
DOB: 19.08.63

Date of Clinic Visit: 3.3.11

Diagnosis: HIV Infection

Active Problems: Chronic Microcytic Anaemia
Intra-abdominal Lymphadenopathy – under investigation
Raised ESR and C-reactive Protein

Current Treatment: Truvada one tablet once a day
Atazanavir 300 mg once a day
Ritonavir 100 mg once a day

CD4 Count: 662/mm³ (31%) – 17.2.11

Viral Load: <40 copies/ml – 17.2.11

James tells me he has seen a haematologist following recent referral. He has had further blood taken and has been referred to the ENT Surgeons for a lymph node biopsy. Unfortunately I have not had any correspondence about this and James was not sure which Haematologist he saw. If you have received a letter, I would be grateful if you could forward me a copy. James's symptoms remain unchanged. He is still tired and sometimes breathless on exercise. He has infrequent night sweats. Things are unchanged from the HIV perspective and his routine review is in 4 months' time.

Yours sincerely



D J CLUTTERBUCK FRCP
Consultant Physician

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University Hospitals Division **Lauriston Building**
ENT Outpatient Department
Lauriston Place
Edinburgh
EH3 9HA



Department of Ear Nose and Throat

Dr Fiona Scott
Consultant Haematologist
Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

Date First Created 09/03/2011
Date Authorised
Date/Time Printed 09/03/2011 10:26
Our Ref 500565355M
CHI 1908631694

Patient: Mr James Hepburn 8/3 Clearburn Road Edinburgh EH16 5EY	UHPI: 500565355M Date of Birth: 19/08/1963
---	---

Clinic Code: ENT/RA Specialty: Ear Nose and Throat Consultant: Mr Richard M Adamson	Attendance Date: 07/03/2011
--	------------------------------------

Consultants

Mr R Adamson
Mr M Armstrong
Mr A Bennett
Mr A Evans
Dr G MacDougall
Dr ML Montague
Mr S Morales
Mr A Sharma
Mr D W Sim
Mr G A Vernham
Mr A T Williams

Clinical Lead
Mr D W Sim

Dear Dr Fiona Scott,

Thank you very much for your letter on Mr Hepburn. As you say he has been under investigation for persistent anaemia and a recent CT scan showed generalised lymphadenopathy. He has obviously palpable lymph nodes in the right neck and I have arranged for him to come in and have one of these removed.

Yours sincerely

(dictated but not signed for expediency)

R ADAMSON
Consultant ENT Surgeon
ra/lj
09/03/11
Secretary - 0131 536 3742 - Email ann.burns@luht.scot.nhs.uk

cc Dr MacCallum
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

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University Hospitals Division Western General Hospital
 Crewe Road South
 Edinburgh EH4 2XU



Department of Haematology

Dr Clutterbuck
 Consultant Physician
 Dept of G U Medicine
 Level 1
 Lauriston Building
 Lauriston Place
 Edinburgh

Date First Created 09/02/2011
 Date Authorised
 Date/Time Printed 09/02/2011 12:56
 Our Ref 500565355M
 CHI 1908631694

Patient: Mr James Hepburn 8/3 Clearburn Road Edinburgh EH16 5EY	UHPI: 500565355M Date of Birth: 19/08/1963
Clinic Code: FMS/MON Specialty: Haematology Consultant: Dr Fiona Margaret Scott	Attendance Date: 07/02/2011

Haematology

Consultants:

Dr J M Davies
 Tel: 0131 537 1905
 john.davies
 @luht.scot.nhs.uk

Dr P R E Johnson
 Tel: 0131 537 2595
 peter.johnson
 @luht.scot.nhs.uk

Dr P H Roddie
 (Professional Lead)
 Tel: 0131 537 1182
 huw.roddie
 @luht.scot.nhs.uk

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 Tel: 0131 537 3759
 pat.shepherd
 @luht.scot.nhs.uk

Dr F M Scott
 Tel: 0131 537 1903
 fiona.m.scott
 @luht.scot.nhs.uk

Dr M H Farquharson
 Tel: 0131 537 3759
 mira.farquharson
 @luht.scot.nhs.uk

Fax: 0131 537 1172

Ward 8
 Tel: 0131 537 2199

Ward 1
 Tel: 0131 537 2481

Dear Dr Clutterbuck,

This 47-year-old man with well controlled HIV disease was seen in the haematology clinic today.

As indicated in your helpful letter, he has had a microcytic anaemia since 2006 and was recently reviewed by Dr MacGilchrist to determine whether or not this was related to GI pathology. In the course of his review Dr MacGilchrist organised a CT scan which has demonstrated hepatosplenomegaly and intra-abdominal adenopathy, raising concerns about a possible HIV related lymphoma.

When seen for review Mr Hepburn himself was relatively asymptomatic. He does complain of fatigue but there is no history of sweats, weight loss or abdominal pain. He does have a slightly unusual diet which seems to consist almost entirely of Complan due to disinterest or difficulty in tolerating food. He denies any problems with indigestion or heartburn. He is prone to constipation which he rightly I suspect attributes to his slightly unusual diet and for which he takes Senna.

Past medical history has been unremarkable apart from asthma and his medication at present consists of laxatives, oral Iron, Salbutamol inhaler and his antiviral therapy. He smokes 20 cigarettes a day and is tee-total. He lives alone and has no contact with his family.

On examination he was pale. He did not however have any clinically significant peripheral adenopathy. He was not clubbed and there is no splinter haemorrhages. Heart sounds I and II only were audible and his chest was clear. Abdominal examination was unremarkable in that his

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University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh EH4 2XU

Cont'd... **Ref:** 500565355M **Patient Name:** Mr James Hepburn
abdomen was soft and there was no obvious hepatosplenomegaly or
detectable masses.

Mr Hepburn is aware of the results of the recent scan and appreciates that we need to determine the aetiology of the adenopathy. He also understands that there is a concern that these changes may reflect lymphoma which which he appreciates is a form of cancer of the lymph glands.

I have arranged a variety of blood tests today including CMV, EBV and HHV8 status and I will arrange to review his scans in the Haematology MDM this week to see if we can expedite a CT guided biopsy.

I plan to see Mr Hepburn in 4 weeks when hopefully we should have some more information.

Thank you for your kind referral.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Fiona M Scott'.

Dr Fiona M Scott
Consultant Haematologist

cc

Dr Linda McCallum, Boroughloch Medical Practice, 1 Meadow Place,
Edinburgh EH9 1JZ

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University Hospitals Division **Lauriston Building**
ENT Outpatient Department
Lauriston Place
Edinburgh
EH3 9HA



Department of Ear Nose and Throat

Dr Fiona Scott
Consultant Haematologist
WGH
Edinburgh

Date First Created 21/04/2011
Date Authorised
Date/Time Printed 21/04/2011 14:15
Our Ref 500565355M
CHI 1908631694

Patient:	Mr James Hepburn 8/3 Clearburn Road Edinburgh EH16 5EY	UHPI:	500565355M
		Date of Birth:	19/08/1963
Clinic Code:	ENT/RA	Attendance Date:	07/03/2011
Specialty:	Ear Nose and Throat		
Consultant:	Mr Richard M Adamson		

Consultants

Mr R Adamson
Mr M Armstrong
Mr A Bennett
Mr A Evans
Dr G MacDougall
Dr M L Montague
Mr S Morrice
Mr A Sharma
Mr D W Sim
Mr G A Verham
Mr A T Williams

Clinical Lead
Mr D W Sim

Dear Dr Fiona Scott,

I am sure you have already picked up on this but in case you haven't Mr Hepburn's incisional biopsy of right cervical lymph node showed classical Hodgkin lymphoma.

We were due to see him back but I have cancelled this and would be grateful for you taking this forward.

Yours sincerely

(dictated but not signed for expediency)

R ADAMSON

Consultant ENT Surgeon

ra/ab

Secretary - 0131 536 3742 -Email ann.burns@luht.scot.nhs.uk
21/04/11

c.c.

Dr MacCallum
Boroughloch Medical Practice
1 Meadow Place
Edinburgh

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NHS Confidential: Personal data about a patient

West Lothian Healthcare Division

St. John's Hospital at Howden
 Howden Road West
 Livingston
 West Lothian EH54 6PP
 Telephone 01506 419666
 www.show.scot.nhs.uk/wlt



500565355M M 19/08/1963 Case Procedure - Discharge Letter / Operation Note

Patient L: Hepburn, James
 8/3 Clearburn Road,
 Edinburgh,
 Midlothian,
 EH16 5EY
 CHI 1908631694
 70732 L MacCallum

Consultant:
 Operator's Name: KARNEY
 GP:

Dear Doctor,
 Your patient underwent the following operative procedure or investigation as a day case and will be discharged home later today:

Procedure / Investigation:	Biopsy Right neck Lymph nodes Level II		
Relevant findings / Result of Investigation:	Right Cervical Lymphadenopathy		
Further treatment is planned as follows:			
Removal of Sutures:	By G.P. in one week time		
Outpatient follow-up appointment:			
DRUGS ON DISCHARGE - Clinician to sign. Nurse to sign after dispensing drugs			
Antibiotics		Analgesia	
Flucloxacillin 250mg Capsules One capsule every 6 hours	/	Codydramol Tablets (10/500) One or Two tablets every 4 - 6 hours	/
Co-amoxiclav 375mgs Tablets One tablet every 8 hours	/	Dihydrocodeine 30mg Tablets One tablet every 4 - 6 hours	/
	/	Diclofenac 50mg Tablets One tablet every 8 hours	/
Patients Instructions: ENT OPD 3 weekly J.Morland			

Yours sincerely,

 J.C. KARNEY Date: 11/12/11

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University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP



Department of Ear Nose and Throat

Dr MacCallum
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Date First Created 12/04/2011
Date Authorised
Date/Time Printed 12/04/2011 17:01
Our Ref 500565355M
CHI 1908631694

Patient: James Hepburn 8/3 Clearburn Road Edinburgh EH16 5EY	UHPI: 500565355M Date of Birth: 19/08/1963
Ward: SJH Day Surgery Centre	Admission Date: 11/04/2011
Consultant: Mr Andrew S Evans	Discharge Date: 12/04/2011

Consultants

Mr R Adamson
Mr M Armstrong
Mr A Bennett
Mr A Evans
Dr G MacDougall
Dr M L Montague
Mr S Moralec
Mr A Sharma
Mr D W Sim
Mr G A Vernham
Mr A T Williams

Clinical Lead
Mr D W Sim

Diagnosis: ? lymphoma
Procedure: Biopsy of right cervical lymph node level V (11.4.11)
Post op: sutures to be removed by GP in one week; follow up in ENT outpatients
in 3 weeks time with Mr Adamson.

Yours sincerely

Mr G Karney
Locum Consultant ENT Surgeon

GK/jaw

Dictated by Mr Karney and not signed for expediency

ENT Discharge Secretary contact - 01506 523387

cc Dr F Scott, Consultant Haematologist, Western General Hospital

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University Hospitals Division Western General Hospital
Crewe Road South
Edinburgh EH4 2XU



Department of Haematology

Dr MacCallum
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Date First Created 18/04/2011
Date Authorised
Date/Time Printed 18/04/2011 14:45
Our Ref 500565355M
CHI 1908631694

Patient: Mr James Hepburn 8/3 Clearburn Road Edinburgh EH16 5EY	UHPI: 500565355M Date of Birth: 19/08/1963
Clinic Code: FMS/MON Specialty: Haematology Consultant: Dr Fiona Margaret Scott	Attendance Date: 18/04/2011

Haematology

Consultants:

Dr J M Davies
Tel: 0131 537 1905
john.davies
@luht.scot.nhs.uk

Dr P R E Johnson
Tel: 0131 537 2595
peter.johnson
@luht.scot.nhs.uk

Dr P H Roddie
Tel: 0131 537 1182
huw.rodie
@luht.scot.nhs.uk

Dr P C A Shepherd
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@luht.scot.nhs.uk

Dr M H Farquharson
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mira.farquharson
@luht.scot.nhs.uk

Fax: 0131 537 1172

Ward 8
Tel: 0131 537 2199

Ward 1
Tel: 0131 537 2481

Dear Dr MacCallum,

PROBLEMS:
Lymphadenopathy and hepatosplenomegaly ? cause
HIV infection

Mr Hepburn attended the haematology clinic today. He is stable but not great. He has not lost any further weight and had no new symptoms since last review.

He had an excision node biopsy undertaken last week, unfortunately the results of this are still awaited and I was unable to inform Mr Hepburn of the results at present. Examination today was also stable with no new lymphadenopathy and liver edge remains palpable. His chest is clinically clear.

I have warned Mr Hepburn that the node biopsy may just show reactive changes and that if this is the case then we have not absolutely ruled out an underlying lymphoproliferative disorder and may yet need to consider a liver biopsy.

I have arranged to check his HHV8 and EBV DNA levels today and will contact him as soon as I have the biopsy result available.

Best wishes.

Yours sincerely,

Page 1 of 2

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University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh EH4 2XU

Department of Haematology

Dr MacCallum
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZDate First Created 17/05/2011
Date Authorised
Date/Time Printed 17/05/2011 12:03
Our Ref 500565355M
CHI 1908631694

Patient: Mr James Hepburn 8/3 Clearburn Road Edinburgh EH16 5EY	UHPI: 500565355M Date of Birth: 19/08/1963
Clinic Code: FMS/THU Specialty: Haematology Consultant: Dr Fiona Margaret Scott	Attendance Date: 21/04/2011

Haematology

Consultants:

Dr J M Davies
Tel: 0131 537 1905
john.davies
@luht.scot.nhs.ukDr P R E Johnson
Tel: 0131 537 2595
peter.johnson
@luht.scot.nhs.ukDr P H Roddie
Tel: 0131 537 1182
huw.roddie
@luht.scot.nhs.ukDr P C A Shepherd
Tel: 0131 537 3759
pct.shepherd
@luht.scot.nhs.ukDr F M Scott
Tel: 0131 537 1903
fiona.m.scott
@luht.scot.nhs.ukDr M H Farquharson
Tel: 0131 537 3759
mira.farquharson
@luht.scot.nhs.uk

Fax: 0131 537 1172

Ward 8
Tel: 0131 537 2199Ward 1
Tel: 0131 537 2481

Dear Dr MacCallum,

PROBLEMS:Newly diagnosed Hodgkin's disease
HIV infection

Mr Hepburn as you know has recently been found to have Hodgkin's disease. Unfortunately I had to discuss the diagnosis with him over the telephone as the biopsy results were not available when he came to the clinic. He indicated that he finds attending the hospital difficult and I therefore sent him the information about the diagnosis and likely treatment plan via the post to allow him to read this at home. Subsequent to this we have made a number of appointments for him to attend Ward 1 to facilitate further discussions allowing diagnosis and treatment and also to allow us to commence treatment.

Thus far Mr Hepburn has felt unable to attend for any of these appointments. I am concerned both about I am sure his understandable anxiety about diagnosis and treatment and the fact that we had been unable to have detailed discussions with him to address some of these issues, I am also concerned about the fact that at present he has untreated Hodgkin's disease and this is a disorder that can do very well with the appropriate therapy.

I have tried to contact him on a number of occasions with little success and I wonder therefore if you could clarify whether or not Mr Hepburn feels able to attend haematology department again and also it would give us a better idea as to what his views would be on possible treatment options. It is important that he understands that Hodgkin's disease in the current clinical

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University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh EH4 2XU



Cont'd... **Ref:** 500565355M **Patient Name:** Mr James Hepburn
setting can respond very well to treatment with a reasonable long-term
outlook and I would be very keen that we could try and support him through
this difficult time.

Thanking you in anticipation.

Yours sincerely,


Dr Fiona M Scott
Consultant Haematologist

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Boroughloch Medical Practice



1 Meadow Place
EDINBURGH
EH9 1JZ
Tel: 0131 229 7529
Fax: 0131 656 4500

Dr L. R. MacCallum M.B.Ch.B GMC 2339427

Mr James Hepburn
8 -3 Clearburn Road
Edinburgh
EH16 5EY

29 June 2011

Dear Mr Hepburn,

Our records show that you are due an Asthma Review.
Please contact reception on the above number to arrange a **30-minute nurse appointment**. Please remember to bring your inhalers with you when attend.

An annual asthma review is important however **if you do not intend to respond to this invitation please inform me by contacting reception** and I will not contact you again about this for a further year.

Please tell the reception staff you have received a letter to make an appointment.

Yours sincerely

Dr Linda MacCallum
Principal GP

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NHS Confidential: Personal data about a patient

LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine Biochemistry, RIE

PATIENT: HEPBURN, JAMES		UPI: 1908631694		CHI: 1908631694		
DOB: 19/08/1963		SEX: M		CONSULTANT/GP: Practice Nurse		
SOURCE: Burougloch MP, 1 Meadow Place			SENDER:			
CLINICAL DETAILS: Pre-chemotherapy						
		07/02/11	06/04/11	18/04/11	26/09/11	18/10/11
		u/k	15:23	u/k	u/k	14:25
		QC836419	HB336452	QC837935	QB173475	HB027969
		Blood	Blood	Blood	Blood	Blood
Ferritin	ug/L	20-300	555	472		
Urea	mmol/L	2.5-6.6	5.1	5.7	6.2	5.3
Creatinine	umol/L	60-120	52	47	56	58
eGFR (/1.73m2)	ml/min		>60	>60		
eGFR (/1.73m2)	ml/min		>60			
eGFR (/1.73m2)	ml/min				>60	>60
Sodium	mmol/L	135-145	137	132	137	135
Potassium	mmol/L	3.6-5	4.8	4.7	4.7	5.0
TCO2	mmol/L	22-30		26		
Bilirubin	umol/L	3-21	29	29	29	21
ALT	U/L	10-50	61	38	43	31
Alk.Phos	U/L	40-125	378	356	267	318
GGT	U/L	10-55	100		54	107
Albumin	g/L	30-45	42		33	36
Calcium	mmol/L	2.1-2.6	2.39		2.44	2.32
Adjusted Calcium	mmol/L	2.1-2.6	2.35		2.58	2.40
Magnesium	mmol/L	0.70-1.00				1.01
LDH	U/L	208-460	349		304	151
Urate	mmol/L	0.12-0.42	0.20		0.25	
Total Protein	g/L	60-80	80			

COMMENTS:

DATE PRINTED: 19/10/2011
 TIME PRINTED: 14:17

INDEX OF COMMENT CODES

HM Haemolysed IS Insufficient UNK Unknown LP Lipaemic NDET Not Detected
 T/F Result to Follow TL Too late for satisfactory analysis TC Test cancelled SB See comment below

Results outwith the reference range are highlighted in BOLD

NHS Confidential: Personal data about a patient

Department of Laboratory Medicine Haematology, RIE

PATIENT: HEBBURN, JAMES		PIN: 1908631694		CHI: 1908631694		
DOB: 19/08/1963		SEX: M		CONSULTANT/GP: Practice Nurse		
SOURCE: Buroughloch MP, 1 Meadow Place		SENDER:				
CLINICAL DETAILS:						
Pre-chemotherapy						
DATE		07/02/11	06/04/11	18/04/11	26/09/11	18/10/11
TIME		u/k	15:23	u/k	u/k	14:25
SPECIMEN No.		836419	298407	837935	173476	002515
Hb (g/l)	[M 130-180; F 115-165]	101	93	104	101	114
RBC (x10¹²/l)	[M 4.5-6.5; F 3.8-5.8]	4.06	4.11	4.39	4.55	4.97
Hct	[M 0.40-0.54; F 0.37-0.47]	0.298	0.298	0.319	0.319	0.371
MCV (fl)	[M/F 78-98]	73.3	73	72.8	70	75
MCH (pg)	[M/F 27-32]	24.8	22.6	23.6	22.2	22.9
Retic (x10⁹/l)	[M/F 25-85]					
WBC (x10⁹/l)	[M/F 4.0-11.0]	7.8	8.2	6.9	5.9	3.3
Neutrophils (x10⁹/l)	[M/F 2.0-7.5]	4.90	4.78	3.60	2.59	0.79
Lymphocytes (x10⁹/l)	[M/F 1.5-4.0]	1.90	2.09	2.20	2.16	1.86
Monocytes (x10⁹/l)	[M/F 0.2-0.8]	0.80	1.09	0.80	0.91	0.44
Eosinophils (x10⁹/l)	[M/F 0.04-0.4]	0.20	0.16	0.20	0.18	0.12
Basophils (x10⁹/l)	[M/F 0.01-0.1]	0.00	0.03	0.00	0.04	0.04
Metamyelocytes (x10⁹/l)						
Myelocytes (x10⁹/l)						
Promyelocytes (x10⁹/l)						
Blast Cells (x10⁹/l)						
Nrbc / 100 WBC						
PLT (x10⁹/l)	[M/F 150-350]	411	396	424	437	261
ESR (mm/hr)	[M 1-10; F 3-15]					
Monospot						
PT Patient (secs)		13.1				
Control (secs)	[N 10.5-13.5]					
Ratio (INR)	[TR 2.0-4.5]					
APTT Patient (secs)		40.1				
Control (secs)	[N 26-36]					
Ratio	[TR 2.0-3.0]					
Mix (secs)						
Fibrinogen (g/l)	[N 1.5-4.0]	8.7				
D-Dimer (ng/ml)	[N < 200]					
HR002515J Neutropenia						
Note: Specimen type is BLOOD unless otherwise stated.						
Please Note: Specimen type is blood unless otherwise stated				DATE PRINTED: 19/10/2011		
				TIME PRINTED: 15:45		

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LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine Biochemistry, RIE

PATIENT: HEPBURN, JAMES		UPI: 1908631694	CHI: 1908631694				
DOB: 19/08/1963		SEX: M	CONSULTANT/GP: Practice Nurse				
SOURCE: Burougloch MP, 1 Meadow Place		SENDER:					
CLINICAL DETAILS: Pre-chemotherapy							
		07/02/11	06/04/11	18/04/11	26/09/11	18/10/11	
		u/k	15.23	u/k	u/k	14.25	
		QC836419	HB336452	QC837935	QB173475	HB027969	
		Blood	Blood	Blood	Blood	Blood	
Urea	mmol/L	2.5-6.6	5.1	5.7	5.7	6.2	5.3
Creatinine	umol/L	60-120	52	47	56	58	58
eGFR (/1.73m2)	ml/min		>60		>60		
eGFR (/1.73m2)	ml/min			>60		>60	>60
Sodium	mmol/L	135-145	137	132	137	135	136
Potassium	mmol/L	3.6-5	4.8	4.7	4.7	5.0	4.7
TCO2	mmol/L	22-30		25			
Bilirubin	umol/L	3-21	29	29	29	29	21
ALT	U/L	10-50	61	38	43	31	76
Alk. Phos	U/L	40-125	378	356	267	318	170
GGT	U/L	10-55	100		54	107	61
Albumin	g/L	30-45	42			33	36
Calcium	mmol/L	2.1-2.6	2.39			2.44	2.32
Adjusted Calcium	mmol/L	2.1-2.6	2.35			2.58	2.40
Magnesium	mmol/L	0.70-1.00					1.01
LDH	U/L	208-460	349		304		321 a
LDH -Architect	U/L	125-220					151 b
Urate	mmol/L	0.12-0.42	0.20		0.25		
Total Protein	g/L	60-80	80				

COMMENTS:

- a) Note: amended LDH result.
- b) Please note new reference range for LDH from 25/10/11

DATE PRINTED: 05/12/2011
 TIME PRINTED: 22:00

INDEX OF COMMENT CODES

HM Haemolysed IS Insufficient UNK Unknown LP Lipaemic NDET Not Detected
 T/F Result to Follow TL Too late for satisfactory analysis TC Test cancelled SB See comment below
 Results outwith the reference range are highlighted in BOLD

NHS Confidential: Personal data about a patient

Department of Laboratory Medicine		Haematology, RIE				
PATIENT: HEPBURN, JAMES		PIN: 1908631694		CHI: 1908631694		
DOB: 19/08/1963		SEX: M		CONSULTANT/GP: Dr L Maccallum		
SOURCE: Burougloch MP, 1 Meadow Place		SENDER:				
CLINICAL DETAILS:						
DATE		06/04/11	18/04/11	26/09/11	18/10/11	31/10/11
TIME		15:23	u/k	u/k	14:25	u/k
SPECIMEN No.		298407	837935	173476	002515	401180
Hb (g/l)	[M 130 - 180; F 115 - 165]	93	104	101	114	123
RBC (x10 ¹² /l)	[M 4.5 - 6.5; F 3.8 - 5.8]	4.11	4.39	4.55	4.97	5.20
Hct	[M 0.40 - 0.54; F 0.37 - 0.47]	0.298	0.319	0.319	0.371	0.381
MCV (fl)	[M / F 78 - 98]	73	72.8	70	75	73
MCH (pg)	[M / F 27 - 32]	22.6	23.6	22.2	22.9	23.7
Retic (x10 ⁹ /l)	[M / F 25 - 85]					
WBC (x10 ⁹ /l)	[M / F 4.0 - 11.0]	8.2	6.9	5.9	3.3	4.2
Neutrophils (x10 ⁹ /l)	[M / F 2.0 - 7.5]	4.78	3.60	2.59	0.79	1.58
Lymphocytes (x10 ⁹ /l)	[M / F 1.5 - 4.0]	2.09	2.20	2.16	1.86	1.85
Monocytes (x10 ⁹ /l)	[M / F 0.2 - 0.8]	1.09	0.80	0.91	0.44	0.58
Eosinophils (x10 ⁹ /l)	[M / F 0.04 - 0.4]	0.16	0.20	0.18	0.12	0.12
Basophils (x10 ⁹ /l)	[M / F 0.01 - 0.1]	0.03	0.00	0.04	0.04	0.03
Metamyelocytes (x10 ⁹ /l)						
Myelocytes (x10 ⁹ /l)						
Promyelocytes (x10 ⁹ /l)						
Blast Cells (x10 ⁹ /l)						
Nrbc / 100 WBC						
PLT (x10 ⁹ /l)	[M / F 150 - 350]	396	424	437	261	252
ESR (mm/hr)	[M 1 - 10; F 3 - 15]					
Monospot						
PT Patient (secs)						
Control (secs)	[N 10.5 - 13.3]					
Ratio (INR)	[TR 2.0 - 4.5]					
APTT Patient (secs)						
Control (secs)	[N 26 - 36]					
Ratio	[TR 2.0 - 3.0]					
Mix (secs)						
Fibrinogen (g/l)	[N 1.5 - 4.0]					
D-Dimer (ng/ml)	[N < 200]					
HR002515J Neutropenia						
Note: Specimen type is BLOOD unless otherwise stated.						
Please Note: Specimen type is blood unless otherwise stated				DATE PRINTED:	31Oct11	
				TIME PRINTED:	23:00	

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Department of Laboratory Medicine

Haematology, RIE

PATIENT: HEPBURN, JAMES PIN: 1908631694 CHI: 1908631694
 DOB: 19/08/1963 SEX: M CONSULTANT/GP: Dr L Maccallum
 SOURCE: Burougloch MP, 1 Meadow Place SENDER:

CLINICAL DETAILS:

DATE	06/04/11	18/04/11	26/09/11	18/10/11	31/10/11
TIME	15:23	u/k	u/k	14:25	u/k
SPECIMEN No.	298407	837935	173476	002515	401180
Hb (g/l) [M 130 - 180; F 115 - 165]	93	104	101	114	123
RBC (x10 ¹² /l) [M 4.5 - 6.5; F 3.8 - 5.8]	4.11	4.39	4.55	4.97	5.20
Hct [M 0.40 - 0.54; F 0.37 - 0.47]	0.298	0.319	0.319	0.371	0.381
MCV (fl) [M/F 78 - 98]	73	72.8	70	75	73
MCH (pg) [M/F 27 - 32]	22.6	23.6	22.2	22.9	23.7
Retic (x10 ⁹ /l) [M/F 25 - 85]					
WBC (x10 ⁹ /l) [M/F 4.0 - 11.0]	8.2	6.9	5.9	3.3	4.2
Neutrophils (x10 ⁹ /l) [M/F 2.0 - 7.5]	4.78	3.60	2.59	0.79	1.58
Lymphocytes (x10 ⁹ /l) [M/F 1.5 - 4.0]	2.09	2.20	2.16	1.86	1.85
Monocytes (x10 ⁹ /l) [M/F 0.2 - 0.8]	1.09	0.80	0.91	0.44	0.58
Eosinophils (x10 ⁹ /l) [M/F 0.04 - 0.4]	0.16	0.20	0.18	0.12	0.12
Basophils (x10 ⁹ /l) [M/F 0.01 - 0.1]	0.03	0.00	0.04	0.04	0.03
Metamyelocytes (x10 ⁹ /l)					
Myelocytes (x10 ⁹ /l)					
Promyelocytes (x10 ⁹ /l)					
Blast Cells (x10 ⁹ /l)					
Nrbc / 100 WBC					
PLT (x10 ⁹ /l) [M/F 150 - 350]	396	424	437	261	252
ESR (mm/hr) [M 1 - 10; F 3 - 15]					
Monospot					
PT Patient (secs)					
Control (secs) [N 10.5 - 13.5]					
Ratio (INR) [TR 2.0 - 4.5]					
APTT Patient (secs)					
Control (secs) [N 26 - 36]					
Ratio [TR 2.0 - 3.0]					
Mix (secs)					
Fibrinogen (g/l) [N 1.5 - 4.0]					
D-Dimer (ng/ml) [N < 200]					

HR002515J Neutropenia

Note: Specimen type is BLOOD unless otherwise stated.

Please Note: Specimen type is blood unless otherwise stated

DATE PRINTED: 1Nov11

TIME PRINTED: 12:25

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LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: HEPBURN, JAMES UPI: 1908631694 CHI: 1908631694
 DOB: 19/08/1963 SEX: M CONSULTANT/GP: Dr L MacCallum
 SOURCE: Burougloch MP, 1 Meadow Place SENDER:

CLINICAL DETAILS:

	06/04/11	18/04/11	26/09/11	18/10/11	31/10/11
	15:23	u/k	u/k	14:25	u/k
	HB336452	QC837935	QB173475	HB027969	HB431318
	Blood	Blood	Blood	Blood	Blood
Ferritin ug/L	20-300	472			
Urea mmol/L	2.5-6.6	5.7	5.7	6.2	5.3
Creatinine umol/L	60-120	47	56	58	56
eGFR (/1.73m2) ml/min		>60			
eGFR (/1.73m2) ml/min					
eGFR (/1.73m2) ml/min			>60	>60	>60
Sodium mmol/L	135-145	132	137	135	136
Potassium mmol/L	3.6-5	4.7	4.7	5.0	4.7
TCO2 mmol/L	22-30	26			
Bilirubin umol/L	3-21	29	29	29	21
ALT U/L	10-50	38	43	31	76
Alk. Phos U/L	40-125	356	267	318	170
GGT U/L	10-55		54	107	61
Albumin g/L	30-45			33	36
Calcium mmol/L	2.1-2.6			2.44	2.32
Adjusted Calcium mmol/L	2.1-2.6			2.58	2.40
Magnesium mmol/L	0.70-1.00				1.01
LDH U/L	208-460		304		151
LDH -Architect U/L	125-220				181 a
Urate mmol/L	0.12-0.42		0.25		

COMMENTS:

a) Please note new reference range for LDH from 25/10/11

DATE PRINTED: 01/11/2011
 TIME PRINTED: 12:46

INDEX OF COMMENT CODES

HM Haemolysed IS Insufficient UNK Unknown LP Lipaemic NDET Not Detected
 T/F Result to Follow TL Too late for satisfactory analysis TC Test cancelled SB See comment below
 Results outwith the reference range are highlighted in BOLD

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Edinburgh Community Healthcare Partnership

Chalmers Sexual Health Centre
2a Chalmers Street
Edinburgh EH3 9ESTelephone 0131 536 1070
Fax: 0131 536 1609
www.lothianssexualhealth.scot.nhs.uk**CONFIDENTIAL**Ref: DC/CE/ANO2352184
Date: 22nd November 2011Dr Fiona M Scott
Consultant Haematologist
Western General Hospital
EDINBURGHDear Dr Scott *hmc***JAMES HEPBURN FLAT 3 8 CLEARBURN ROAD EDINBURGH EH16 5EY**
DOB: 19.08.63Date of Clinic Visit: 8.11.11Diagnosis: HIV InfectionActive Problems: Hodgkin's Disease
Painful Swallowing
Potential drug interaction (Ranitidine/Atazanavir)
ConstipationCurrent Treatment: Truvada one tablet once a day
Darunavir 800 mg once a day (changed today)
Ritonavir 100 mg once a dayOther Medication: Ranitidine 150 mg b.d. (from today)
Dihydrocodeine 30 mg prn
Fluconazole 50 mg once dailyCD4 Count: 998/mm³ (38%) – 8.11.11Viral Load: <40 copies/ml – 8.11.11

James contacted the clinic to ask if Linda MacCallum could do his HIV bloods to reduce the number of appointments. However, when I spoke to him by phone, he thought he had oral thrush and agreed to come up to the department. He is due his 4th cycle of ABVD next Wednesday. He is coping well, but has required anti-emetics in the last few days. For a short time he uses Ranitidine regularly and now uses it only occasionally. Ranitidine does significantly lower Atazanavir levels and although I was not keen to change his antiretrovirals, I think rather than restrict his use of antacids, we should change to something that doesn't interact. From tomorrow he will taken Darunavir 800 mg once daily in lieu of Atazanavir.

James feels that he has had thrush for the last couple of days, as he had significant pain in his mouth and on swallowing. On examination there was no convincing evidence of candidiasis and I understand James has been taking Fluconazole 50 mg daily. I gave him a single dose of 150 mg Fluconazole in addition and will review him by phone to see if this makes any difference. I have re-checked his HIV markers and also his routine full blood count, U & E's and liver function tests prior to his next dose of chemotherapy. These are done under his name, so should be available to you

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through Apex. I will speak to him by phone next week, but have not yet arranged another appointment. He has 2 months supply of his new medication.

Yours sincerely



D J CLUTTERBUCK FRCP
Consultant Physician

cc. Dr Linda MacCallum, Boroughloch Medical Practice, 1 Meadow Place, Edinburgh

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LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine Biochemistry, RIE

PATIENT: HEPBURN, JAMES		UPI: 1908631694		CHI: 1908631694			
DOB: 19/08/1963		SEX: M		CONSULTANT/GP: Dr L Maccallum			
SOURCE: Burougloch MP, 1 Meadow Place			SENDER:				
CLINICAL DETAILS: Pre-chemotherapy							
		26/09/11	18/10/11	31/10/11	08/11/11	14/11/11	
		u/k	14:25	u/k	u/k	12:20	
		QB173475	HB027969	HB431318	HB631611	HB029733	
		Blood	Blood	Blood	Blood	Blood	
Urea	mmol/L	2.5-6.6	6.2	5.3	6.2	6.4	4.3
Creatinine	umol/L	60-120	58	58	56	50	54
eGFR (/1.73m2)	ml/min		>60	>60	>60	>60	>60
Sodium	mmol/L	135-145	135	136	136	129	133
Potassium	mmol/L	3.6-5	5.0	4.7	4.5	TL	4.4
TCO2	mmol/L					TL	
Bilirubin	umol/L	3-21	29	21	12	31	5
ALT	U/L	10-50	31	76	91	121	74
Alk.Phos	U/L	40-125	318	170	151	121	130
GGT	U/L	10-55	107	61	65		66
Albumin	g/L	30-45	33	36	41		36
Calcium	mmol/L	2.1-2.6	2.44	2.32			2.30
Adjustd Calcium	mmol/L	2.1-2.6	2.58	2.40			2.38
Phosphate	mmol/L	0.8-1.4					1.38
Magnesium	mmol/L	0.70-1.00		1.01	0.97		0.91
LDH	U/L	208-460		151			
LDH -Architect	U/L	125-220			181 b		180 a

COMMENTS:

- a) Please note new reference range for LDH from 25/10/11
- b) Please note new reference range for LDH from 25/10/11

DATE PRINTED: 14/11/2011
 TIME PRINTED: 22:00

INDEX OF COMMENT CODES

HM Haemolysed IS Insufficient UNK Unknown LP Lipaemic NDET Not Detected
 T/F Result to Follow TL Too late for satisfactory analysis TC Test cancelled SB See comment below
 Results outwith the reference range are highlighted in BOLD

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Department of Laboratory Medicine **Haematology, RIE**

PATIENT: HEPBURN, JAMES PIN: 1908631694 CHI: 1908631694
 DOB: 19/08/1963 SEX: M CONSULTANT/GP: Dr L Maccallum
 SOURCE: Burougloch MP, 1 Meadow Place SENDER:

CLINICAL DETAILS:
 Pre-chemotherapy

DATE	26/09/11	18/10/11	31/10/11	08/11/11	14/11/11
TIME	u/k	14:25	u/k	u/k	12:20
SPECIMEN No.	173476	002515	401180	729290	003759
Hb (g/l) [M:130-180;F:115-165]	101	114	123	121	120
RBC (x10 ¹² /l) [M:4.5-6.5;F:3.8-5.8]	4.55	4.97	5.20	4.95	4.87
Hct [M:0.40-0.54;F:0.37-0.47]	0.319	0.371	0.381	0.355	0.359
MCV (fl) [M/F:78-98]	70	75	73	72	74
MCH (pg) [M/F:27-32]	22.2	22.9	23.7	24.4	24.6
Retic (x10 ⁹ /l) [M/F:25-85]					
WBC (x10 ⁹ /l) [M/F:4.0-11.0]	5.9	3.3	4.2	7.2	3.5
Neutrophils (x10 ⁹ /l) [M/F:2.0-7.5]	2.59	0.79	1.58	4.16	0.82
Lymphocytes (x10 ⁹ /l) [M/F:1.5-4.0]	2.16	1.86	1.85	2.78	2.01
Monocytes (x10 ⁹ /l) [M/F:0.2-0.8]	0.91	0.44	0.58	0.06	0.56
Eosinophils (x10 ⁹ /l) [M/F:0.04-0.4]	0.18	0.12	0.12	0.13	0.05
Basophils (x10 ⁹ /l) [M/F:0.01-0.1]	0.04	0.04	0.03	0.02	0.01
Metamyelocytes (x10 ⁹ /l)					
Myelocytes (x10 ⁹ /l)					
Promyelocytes (x10 ⁹ /l)					
Blast Cells (x10 ⁹ /l)					
Nrbc / 100 WBC					
PLT (x10 ⁹ /l) [M/F:150-350]	437	261	252	219	210
ESR (mm/hr) [M:1-10;F:3-15]					
Monospot					
PT Patient (secs)					
Control (secs) [N:10.5-13.5]					
Ratio (INR) [TR:2.0-4.5]					
APTT Patient (secs)					
Control (secs) [N:26-36]					
Ratio [TR:2.0-3.0]					
Mix (secs)					
Fibrinogen (g/l) [N:1.5-4.0]					
D-Dimer (ng/ml) [N<200]					

HR003759L Rbc microcytic hypochromic+ Neutropenia
 HR002515J Neutropenia

Note: Specimen type is BLOOD unless otherwise stated.

Please Note: Specimen type is blood unless otherwise stated DATE PRINTED: 14Nov11
 TIME PRINTED: 23:00

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LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: HEPBURN, JAMES UPI: 1908631694 CHI: 1908631694
 DOB: 19/08/1963 SEX: M CONSULTANT/GP: Doctor In Charge
 SOURCE: Burougloch MP, 1 Meadow Place SENDER:

CLINICAL DETAILS: For chemotherapy

			18/10/11	31/10/11	08/11/11	14/11/11	29/11/11
			14:25	u/k	u/k	12:20	13:00
			HB027969	HB431318	HB631611	HB029733	HB438251
			Blood	Blood	Blood	Blood	Blood
Urea	mmol/L	2.5-6.6	5.3	6.2	6.4	4.3	5.3
Creatinine	umol/L	60-120	58	56	50	54	58
eGFR (/1.73m2)	ml/min	>60	>60	>60	>60	>60	>60
Sodium	mmol/L	135-145	136	136	129	133	131
Potassium	mmol/L	3.6-5	4.7	4.5	TL	4.4	5.1
TCO2	mmol/L				TL		
Bilirubin	umol/L	3-21	21	12	31	5	3
ALT	U/L	10-50	76	91	121	74	69
Alk.Phos	U/L	40-125	170	151	121	130	123
GGT	U/L	10-55	61	65		66	67
Albumin	g/L	30-45	36	41		36	37
Calcium	mmol/L	2.1-2.6	2.32			2.30	2.29
Adjustd Calcium	mmol/L	2.1-2.6	2.40			2.38	2.35
Phosphate	mmol/L	0.8-1.4				1.38	
Magnesium	mmol/L	0.70-1.00	1.01	0.97		0.91	0.85
LDH	U/L	208-460	151				
LDH -Architect	U/L	125-220		181 c		180 b	161 a

COMMENTS:

- a) Please note new reference range for LDH from 25/10/11
- b) Please note new reference range for LDH from 25/10/11
- c) Please note new reference range for LDH from 25/10/11

DATE PRINTED: 29/11/2011

TIME PRINTED: 22:00

INDEX OF COMMENT CODES

HM Haemolysed IS Insufficient UNK Unknown LP Lipaemic NDET Not Detected
 T/F Result to Follow TL Too late for satisfactory analysis TC Test cancelled SB See comment below
 Results outwith the reference range are highlighted in BOLD

NHS Confidential: Personal data about a patient

Department of Laboratory Medicine Haematology, RIE

PATIENT: HEPBURN, JAMES PIN: 1908631694 CHI: 1908631694
 DOB: 19/08/1963 SEX: M CONSULTANT/GP: Doctor In Charge
 SOURCE: Burougloch MP, 1 Meadow Place SENDER:

CLINICAL DETAILS:
 For chemotherapy

DATE	18/10/11	31/10/11	08/11/11	14/11/11	29/11/11
TIME	14:25	u/k	u/k	12:20	13:00
SPECIMEN No.	002515	401180	729290	003759	408909
Hb (g/l) [M 130-180; F 115-165]	114	123	121	120	120
RBC (x10 ¹² /l) [M 4.5-6.5; F 3.8-5.8]	4.97	5.20	4.95	4.87	4.78
Hct [M 0.40-0.54; F 0.37-0.47]	0.371	0.381	0.355	0.359	0.354
MCV (fl) [M/F 78-98]	75	73	72	74	74
MCH (pg) [M/F 27-32]	22.9	23.7	24.4	24.6	25.1
Retic (x10 ⁹ /l) [M/F 25-85]					
WBC (x10 ⁹ /l) [M/F 4.0-11.0]	3.3	4.2	7.2	3.5	3.9
Neutrophils (x10 ⁹ /l) [M/F 2.0-7.5]	0.79	1.58	4.16	0.82	0.79
Lymphocytes (x10 ⁹ /l) [M/F 1.5-4.0]	1.86	1.85	2.78	2.01	2.18
Monocytes (x10 ⁹ /l) [M/F 0.2-0.8]	0.44	0.58	0.06	0.56	0.82
Eosinophils (x10 ⁹ /l) [M/F 0.04-0.4]	0.12	0.12	0.13	0.05	0.06
Basophils (x10 ⁹ /l) [M/F 0.01-0.1]	0.04	0.03	0.02	0.01	0.03
Metamyelocytes (x10 ⁹ /l)					
Myelocytes (x10 ⁹ /l)					
Promyelocytes (x10 ⁹ /l)					
Blast Cells (x10 ⁹ /l)					
Nrbc / 100 WBC					
PLT (x10 ⁹ /l) [M/F 150-350]	261	252	219	210	216
ESR (mm/hr) [M 1-10; F 3-15]					
Monospot					
PT Patient (secs)					
Control (secs) [N 10.5-13.5]					
Ratio (INR) [TR 2.0-4.5]					
APTT Patient (secs)					
Control (secs) [N 26-36]					
Ratio [TR 2.0-3.0]					
Mix (secs)					
Fibrinogen (g/l) [N 1.5-4.0]					
D-Dimer (ng/ml) [N < 200]					

HR003759L Rbc microcytic hypochromic+ Neutropenia
 HR002515J Neutropenia

Note: Specimen type is BLOOD unless otherwise stated.
 Please Note: Specimen type is blood unless otherwise stated DATE PRINTED: 29/11/2011
TIME PRINTED: 23:00

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University Hospitals Division

Western General Hospital
Outpatient Department
Lower Ground Floor
Anne Ferguson Building
Crewe Road South
Edinburgh EH4 2XU



Department of Haematology

Mr James Hepburn
8/3 Clearburn Road
Edinburgh
EH16 5EY

Date First Created 06/02/2012
Date Authorised
Date/Time Printed 06/02/2012 10:54
Our Ref 500565355M
CHI 1908631694

Patient: Mr James Hepburn 8/3 Clearburn Road Edinburgh EH16 5EY	UHPI: 500565355M Date of Birth: 19/08/1963
Clinic Code: FMS/TUE Specialty: Haematology Consultant: Dr Fiona Margaret Scott	Attendance Date: 29/11/2011

Haematology Consultants:
Dr AJM Broom
Tel: 0131 537 1905
angus.broom
@nhslothian.scot.nhs.uk

Dr MH Farquharson
Tel: 0131 537 1182
mira.farquharson
@luht.scot.nhs.uk

Dr PRE Johnson
Tel: 0131 537 2595
peter.johnson
@luht.scot.nhs.uk

Dr PH Roddie
Tel: 0131 537 1182
huw.roddie
@luht.scot.nhs.uk

Dr FM Scott
Tel: 0131 537 1903
fiona.m.scott
@luht.scot.nhs.uk

Dr PCA Shepherd
Tel: 0131 537 3759

Fax: 0131 537 1172

Ward 8
Tel: 0131 537 2199

Ward 1
Tel: 0131 537 2481

Dear Mr James Hepburn,

As discussed recently on the telephone I am delighted to say your recent CT scan has shown a substantial reduction in the disease following chemotherapy. The plan is to complete the current treatment and then we will evaluate disease status with a further CT scan.

Yours sincerely,

Dr Fiona M Scott
Consultant Haematologist
Tel: 0131 537 1903
Fax: 0131 537 1172

cc

Dr Dan Clutterbuck, Consultant Physician, Chalmers Sexual Health
Centre, 2a Chalmers Street, Edinburgh EH3 9ES
Dr MacCallum, Boroughloch Medical Practice, 1 Meadow Place,
Edinburgh EH9 1JZ

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Page 1 of 1

Linda MacCallum

From: JAMES HEPBURN [jameshepburn1@virginmedia.com]
Sent: 07 December 2011 15:46
To: Linda MacCallum
Subject: copy of D.L.A form
Attachments: page23.zip

Hi Linda, i have decided to give how i am feeling another 24 hours. The problem is that i am producing a lot of flem and feel congested all the time. My temprature remains stable but the glands under my ears are a bit sore. I have spoken to ward 1 and they wanted me to go up there but i dont have a sore head or any other flu like symptoms except the congestion which makes it difficult to breath especially at night. I have got some relief from taking a couple of the Dyhydracodine which drye's things up for a while. It just feels like when my body has wanted to get rid of a lot of mucous which has been lying on my chest, so we will see how it goes.

I enclose a copy of the D.L.A form whici sent away on Monday. I was already on the high rate mobility and the low rate for the personal care, for which i am applying for an increase and to justify this besides having Hodgkins i have emphasised the hardest time thati have been having so far. I do not know if they will contact you but i thought it would be helpful if you had a copy of the form. A thousand apologies for the format i have scanned and sent it to you in but i made a mistake in scanning each pge as a different file. To read extract files from zip folder-view as tiles- choose first page- press preview and roceed to other pages via right hand arrow. Let me know if there is a problem and i will photocopy the form and send it to you.

12/06/2012

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University Hospitals Division

Western General Hospital
 Crewe Road South
 Edinburgh
 EH4 2XU



Department of Haematology

Dr MacCallum
 Boroughloch Medical Practice
 1 Meadow Place
 Edinburgh
 EH9 1JZ

Date First Created 10/12/2011
 Date Authorised
 Date/Time Printed 10/12/2011 14:22
 Our Ref 500565355M
 CHI 1908631694

Patient: James Hepburn 8/3 Clearburn Road Edinburgh EH16 5EY	UHPI: 500565355M Date of Birth: 19/08/1963
Ward: Ward 3 WGH	Admission Date: 09/12/2011
Consultant: Dr Fiona Margaret Scott	Discharge Date: 10/12/2011

Haematology
 Consultants:
 Dr A J M Broom
 Tel: 0131 537 1905
 angus.broom@luht.scot.nhs.uk
 Dr M H Farquharson
 Tel: 0131 537 1182
 mira.farquharson@luht.scot.nhs.uk
 Dr P R E Johnson
 Tel: 0131 537 2595
 peter.johnson@luht.scot.nhs.uk
 Dr P H Roddie
 Tel: 0131 537 1182
 huw.rodzie@luht.scot.nhs.uk
 Dr F M Scott
 Tel: 0131 537 1903
 fiona.m.scott@luht.scot.nhs.uk
 Dr P C A Shepherd
 Tel: 0131 537 3759
 Fax: 0131 537 1172
 Ward 8
 Tel: 0131 537 2199
 Ward 1
 Tel: 0131 537 2481

Discharge Medication	Dose	Frequency	Duration	Additional Info
Clarithromycin Tablets	500 MG	TWICE DAILY	7 Days	To complete 7 day course 11 tablets provided
Aciclovir Dispersible Tablets	400 MG	TWICE DAILY	Short Term	To complete 28 day course own supply
DARUNAVIR. 800mg OD. Long Term	800	ONCE DAILY	Long Term	own supply
Fluconazole Capsules	150 MG	ONCE DAILY	Long Term	own supply
Dihydrocodeine Tablets	30 MG	As Required	2 Weeks	30mg 4-6 hourly as required for pain own supply
Ritonavir Tablets	100 MG	ONCE DAILY	Long Term	own supply
Truvada Tablets	1 TAB(S)	ONCE DAILY	Long Term	200/245 Tablets. 1 tablet OD. own supply

Prescribed By Date Print Name.....
 Dispensed By Date Print Name.....
 Pharmacist Check Date Print Name.....
 Final Check Date Print Name.....

PRINCIPAL DIAGNOSIS/PROCEDURE
 1) Chest infection
 2) HIV+ve
 3) Hodgkin's Disease

This 48 year old presented with 2/7 hx of feeling generally unwell with sweats. He remained apyrexial and had no specific symptoms of cough or SOB.

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University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU



Cont'd... **Ref:** 500565355M **Patient Name:** James Hepburn

His bloods revealed that he was not neutropenic and CXR did not reveal signs of infection. He responded well to oral clarithromycin and has been discharged with a 7 day course of Abx to complete.

He is aware that should he have any further symptoms of temperatures to get in touch with Ward 1, Haematology

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
F/U as previously arranged

CHANGES TO DRUGS SINCE ADMISSION
Oral clarithromycin for 7 days

PREVIOUS ADVERSE DRUG REACTIONS
NKDA

Should you need further information please contact...
Ward 8 WGH

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely.....

Staff Signature..... PrintName.....

Designation..... Date..... Time.....

Patient/Carer Signature.....

This is an immediate discharge letter and a further letter may follow.

THIRD PARTY COPY

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LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine Biochemistry, RIE

PATIENT: HEPBURN, JAMES		UPI: 1908631694	CHI: 1908631694			
DOB: 19/08/1963		SEX: M	CONSULTANT/GP: Doctor In Charge			
SOURCE: Burougloch MP, 1 Meadow Place		SENDER:				
CLINICAL DETAILS: Pre-chemotherapy						
		14/11/11	29/11/11	09/12/11	09/12/11	12/12/11
		12:20	13:00	13:48	13:48	12:00
		HB029733	HB438251	QB256250	QB256249	HB440726
		Blood	Blood	Blood	Blood	Blood
Urea	mmol/L	2.5-6.6	4.3	5.3	5.6	4.2
Creatinine	umol/L	60-120	54	58	52	52
eGFR (/1.73m2)	ml/min		>60	>60	>60	>60
Sodium	mmol/L	135-145	133	131	129	129
Potassium	mmol/L	3.6-5	4.4	5.1	4.1	4.7
Glucose	mmol/L				4.1	
Lactate	mmol/L	0.6-2.4			0.7	
Bilirubin	umol/L	3-21	5	3	4	3
ALT	U/L	10-50	74	69	66	69
Alk.Phos	U/L	40-125	130	123	119	123
GGT	U/L	10-55	66	67	60	71
Albumin	g/L	30-45	36	37	34	37
Calcium	mmol/L	2.1-2.6	2.30	2.29	2.20	2.35
Adjustd Calcium	mmol/L	2.1-2.6	2.38	2.35	2.32	2.41
Phosphate	mmol/L	0.8-1.4	1.38		1.28	
Magnesium	mmol/L	0.70-1.00	0.91	0.85	0.99	0.89
LDH -Architect	U/L	125-220	180 d	161 c	264 b	209 a
C-Reactive Protmg/L		0-5			97	

COMMENTS:

- a) Please note new reference range for LDH from 25/10/11
- b) Note : New reference range for LDH (Architect)
- c) Please note new reference range for LDH from 25/10/11
- d) Please note new reference range for LDH from 25/10/11

DATE PRINTED: 12/12/2011
 TIME PRINTED: 22:00

INDEX OF COMMENT CODES

HM Haemolysed IS Insufficient UNK Unknown LP Lipaemic NDET Not Detected
 T/F Result to Follow TL Too late for satisfactory analysis TC Test cancelled SB See comment below
 Results outwith the reference range are highlighted in BOLD

NHS Confidential: Personal data about a patient

Department of Laboratory Medicine		Haematology, RIE				
PATIENT: HEBBURN, JAMES		PIN: 1908631694		CHI: 1908631694		
DOB: 19/08/1963		SEX: M		CONSULTANT/GP: Doctor In Charge		
SOURCE: Burugloch MP, 1 Meadow Place		SENDER:				
CLINICAL DETAILS:						
Pre-chemotherapy						
DATE		08/11/11	14/11/11	29/11/11	09/12/11	12/12/11
TIME		u/k	12:20	13:00	13:48	12:00
SPECIMEN No.		729290	003759	408909	256251	411784
Hb (g/l)	[M 130-180; F 115-165]	121	120	120	121	120
RBC (x10 ¹² /l)	[M 4.5-6.5; F 3.8-5.8]	4.95	4.87	4.78	4.62	4.64
Hct	[M 0.40-0.54; F 0.37-0.47]	0.355	0.359	0.354	0.343	0.348
MCV (fl)	[M/F 78-98]	72	74	74	74	75
MCH (pg)	[M/F 27-32]	24.4	24.6	25.1	26.2	25.9
Retic (x10 ⁹ /l)	[M/F 25-85]					
WBC (x10 ⁹ /l)	[M/F 4.0-11.0]	7.2	3.5	3.9	6.0	5.9
Neutrophils (x10 ⁹ /l)	[M/F 2.0-7.5]	4.16	0.82	0.79	3.85	2.67
Lymphocytes (x10 ⁹ /l)	[M/F 1.5-4.0]	2.78	2.01	2.18	1.48	2.19
Monocytes (x10 ⁹ /l)	[M/F 0.2-0.8]	0.06	0.56	0.82	0.60	0.95
Eosinophils (x10 ⁹ /l)	[M/F 0.04-0.4]	0.13	0.05	0.06	0.09	0.10
Basophils (x10 ⁹ /l)	[M/F 0.01-0.1]	0.02	0.01	0.03	0.01	0.02
Metamyelocytes (x10 ⁹ /l)						
Myelocytes (x10 ⁹ /l)						
Promyelocytes (x10 ⁹ /l)						
Blast Cells (x10 ⁹ /l)						
Nrbc / 100 WBC						
PLT (x10 ⁹ /l)	[M/F 150-350]	219	210	216	227	249
ESR (mm/hr)	[M 1-10; F 3-15]					
Monospot						
PT Patient (secs)						
Control (secs)	[N 10.5-13.5]					
Ratio (INR)	[TR 2.0-4.5]					
APTT Patient (secs)						
Control (secs)	[N 26-36]					
Ratio	[TR 2.0-3.0]					
Mix (secs)						
Fibrinogen (g/l)	[N 1.5-4.0]					
D-Dimer (ng/ml)	[N < 200]					
HR003759L Rbc microcytic hypochromic+ Neutropenia						
Note: Specimen type is BLOOD unless otherwise stated.						
Please Note: Specimen type is blood unless otherwise stated				DATE PRINTED:	12Dec11	
				TIME PRINTED:	23:00	

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Page 1 of 1

Linda MacCallum

From: JAMES HEPBURN [jameshepburn1@virginmedia.com]
Sent: 19 December 2011 10:23
To: Linda MacCallum
Subject: repeat prescription

Hi Linda, could you please write a prescription for the the following items and fax it to my local Boots chemist at Cameron Toll, No: 666 0886. Fostair and Sabutomol inhalers- Chlorhexidine Gluconate Mouthwash(mint flavour)-Dihydrocodine andZantac150mg. Could you also send me some more Aciclover, Dr Scott wants me to continue using it. I had already been given 28days supply from Ward1 when i got your prescription and having finished those i have started on the 35 you sent me taking 1, 400mg tablet twice a day. I had an overnight stay in ward3 t the Western 9/10 December when my temprature stayed below normal for 24hrs and i was producing a lot of flem along with some blood from the nose, this along with some problems breathing made me think that i might becoming down with something. I waited 24hrs from the Wednesday7, but after the symptoms not getting any better decided to go up to ward1 where they kept me in overnight. The resualts of the blood they took from me did not show up any infection but i was given a 7day supply of Chlarithrmicin to tke which certainly seemed to do the trick. I have a discharge letter which i will get to you asap but if you want any more information please speak to Dr Scott. I hope i am not being to much of a nusiance requesting prescriptions to be faxed Linda but i never know how i am going to be feeling one day from the next and with the holiday post and weather it is easier for me this way for the time being.

I wish you a very happy holiday period, regards James.

12/06/2012

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Page 1 of 1

Linda MacCallum

From: JAMES HEPBURN [jameshepburn1@virginmedia.com]
Sent: 19 December 2011 10:23
To: Linda MacCallum
Subject: repeat prescription

Hi Linda, could you please write a prescription for the following items and fax it to my local Boots chemist at Cameron Toll, No: 666 0886. Fostair and Sabutamol inhalers- Chlorhexidine Gluconate Mouthwash (mint flavour)-Dihydrocodine and Zantac 150mg. Could you also send me some more Aciclover, Dr Scott wants me to continue using it. I had already been given 28 days supply from Ward 1 when I got your prescription and having finished those I have started on the 35 you sent me taking 1, 400mg tablet twice a day. I had an overnight stay in ward 3 at the Western 9/10 December when my temperature stayed below normal for 24hrs and I was producing a lot of phlegm along with some blood from the nose, this along with some problems breathing made me think that I might be coming down with something. I waited 24hrs from the Wednesday 7, but after the symptoms not getting any better decided to go up to ward 1 where they kept me in overnight. The results of the blood they took from me did not show up any infection but I was given a 7 day supply of Clarithromycin to take which certainly seemed to do the trick. I have a discharge letter which I will get to you asap but if you want any more information please speak to Dr Scott. I hope I am not being too much of a nuisance requesting prescriptions to be faxed Linda but I never know how I am going to be feeling one day from the next and with the holiday post and weather it is easier for me this way for the time being.

I wish you a very happy holiday period, regards James.

21/12/2011

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LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: HEPBURN, JAMES		UPI: 1908631694		CHI: 1908631694		
DOB: 19/08/1963		SEX: M		CONSULTANT/GP: Cons Not Given		
SOURCE: Buroughloch MP, 1 Meadow Place			SENDER: PHONE 013105373629			
CLINICAL DETAILS: For chemotherapy						
Date Collected		09/12/2011	09/12/2011	12/12/2011	27/12/2011	10/01/2012
Time Collected		13:48	13:48	12:00	13:28	11:30
Date Received		09/12/2011	09/12/2011	12/12/2011	27/12/2011	10/01/2012
Time Received		14:12	14:13	16:37	13:46	18:54
Specimen Number		QE2562507	QE256249E	HB440726C	CB087083Q	HE033627Y
Urea	2.5-6.6 mmol/L	5.6		4.2	4.8	4.2
Creatinine	60-120 umol/L	52 L		52 L	57 L	60
eGFR (/1.73m2)	ml/min	>60		>60	>60	>60
Sodium	135-145 mmol/L	129 L		129 L	134 L	137
Potassium	3.6-5 mmol/L	4.1		4.7	4.4	5.0
Glucose	mmol/L		4.1			
Spec type	Rand/Fast		Rand(=11)			
Lactate	0.6-2.4 mmol/L		0.7			
Bilirubin	3-21 umol/L	4		3	4	6
ALT	10-50 U/L	66 H		69 H	79 H	79 H
Alk. Phos	40-125 U/L	119		123	103	109
GGT	10-55 U/L	60 H		71 H	66 H	79 H
Albumin	30-45 g/L	34		37	35	37
Calcium	2.1-2.6 mmol/L	2.20		2.35	2.26	2.28
Adjustd Calcium	2.1-2.6 mmol/L	2.32		2.41	2.36	2.34
Phosphate	0.8-1.4 mmol/L	1.28				1.13
Magnesium	0.70-1.00 mmol/L	0.99		0.89	0.95	0.91
LDH -Architect	125-220 U/L	264 H		209	219	238 H
C-Reactive Prot	0-5 mg/L	97 H				

COMMENTS: Only comments on the most recent result are printed

10/01/2012 HB033627Y
 LDH -Architect Please note new reference range for LDH from 25/10/11

DATE PRINTED: 11/01/2012
 TIME PRINTED: 06:53

Specimen type is serum, plasma or blood unless otherwise stated.

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Department of Laboratory Medicine **Haematology, RIE**

PATIENT: HEBBURN, JAMES PIN: 1908631694 CHI: 1908631694
 DOB: 19/08/1963 SEX: M CONSULTANT/GP: Cons Not Given
 SOURCE: Burougloch MP, 1 Meadow Place SENDER:

CLINICAL DETAILS:
 For chemotherapy

DATE	29/11/11	09/12/11	12/12/11	27/12/11	10/01/12
TIME	13:00	13:48	12:00	13:28	11:30
SPECIMEN No.	408909	256251	411784	087084	006475
Hb (g/l) <small>[M 130-180; F 115-165]</small>	120	121	120	112	124
RBC (x10 ¹² /l) <small>[M 4.5-6.5; F 3.8-5.8]</small>	4.78	4.62	4.64	4.09	4.48
Hct <small>[M 0.40-0.54; F 0.37-0.47]</small>	0.354	0.343	0.348	0.315	0.368
MCV (fl) <small>[M/F 78-98]</small>	74	74	75	77	82
MCH (pg) <small>[M/F 27-32]</small>	25.1	26.2	25.9	27.4	27.7
Retic (x10 ⁹ /l) <small>[M/F 25-85]</small>					
WBC (x10 ⁹ /l) <small>[M/F 4.0-11.0]</small>	3.9	6.0	5.9	2.6	3.8
Neutrophils (x10 ⁹ /l) <small>[M/F 2.0-7.5]</small>	0.79	3.85	2.67	0.55	1.56
Lymphocytes (x10 ⁹ /l) <small>[M/F 1.5-4.0]</small>	2.18	1.48	2.19	1.31	1.49
Monocytes (x10 ⁹ /l) <small>[M/F 0.2-0.8]</small>	0.82	0.60	0.95	0.64	0.60
Eosinophils (x10 ⁹ /l) <small>[M/F 0.04-0.4]</small>	0.06	0.09	0.10	0.05	0.09
Basophils (x10 ⁹ /l) <small>[M/F 0.01-0.1]</small>	0.03	0.01	0.02	0.03	0.03
Metamyelocytes (x10 ⁹ /l)					
Myelocytes (x10 ⁹ /l)					
Promyelocytes (x10 ⁹ /l)					
Blast Cells (x10 ⁹ /l)					
Nrbc / 100 WBC					
PLT (x10 ⁹ /l) <small>[M/F 150-350]</small>	216	227	249	218	237
ESR (mm/hr) <small>[M 1-10; F 3-15]</small>					
Monospot					
PT Patient (secs)					
Control (secs) <small>[N 10.5-13.5]</small>					
Ratio (INR) <small>[TR 2.0-4.5]</small>					
APTT Patient (secs)					
Control (secs) <small>[N 26-36]</small>					
Ratio <small>[TR 2.0-3.0]</small>					
Mix (secs)					
Fibrinogen (g/l) <small>[N 1.5-4.0]</small>					
D-Dimer (ng/ml) <small>[N <200]</small>					

Note: Specimen type is BLOOD unless otherwise stated.

Please Note: Specimen type is blood unless otherwise stated DATE PRINTED: 10Jan12
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LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: HEBURN, JAMES		UPI: 1908631694		CHI: 1908631694	
DOB: 19/08/1963		SEX: M		CONSULTANT/GP: GP/Locum/Trainee/Unkno	
SOURCE: Burougloch MP, 1 Meadow Place		SENDER:			
CLINICAL DETAILS: For chemotherapy					
Date Collected	09/12/2011	12/12/2011	27/12/2011	10/01/2012	24/01/2012
Time Collected	13:48	12:00	13:28	11:30	11:30
Date Received	09/12/2011	12/12/2011	27/12/2011	10/01/2012	24/01/2012
Time Received	14:13	16:37	13:46	18:54	18:22
Specimen Number	QB256249E	HB440726C	QB087083Q	HB033627Y	HB034517G
Urea	2.5-6.6 mmol/L	4.2	4.8	4.2	4.0
Creatinine	60-120 umol/L	52 L	57 L	60	53 L
eGFR (/1.73m2)	ml/min	>60	>60	>60	>60
Sodium	135-145 mmol/L	129 L	134 L	137	132 L
Potassium	3.6-5 mmol/L	4.7	4.4	5.0	4.2
Glucose	mmol/L	4.1			
Spec type	Rand/Fast	Limits			
Lactate	0.6-2.4 mmol/L	0.7			
Bilirubin	3-21 umol/L	3	4	6	5
ALT	10-50 U/L	69 H	79 H	79 H	61 H
Alk. Phos	40-125 U/L	123	103	109	97
GGT	10-55 U/L	71 H	66 H	79 H	70 H
Albumin	30-45 g/L	37	35	37	36
Calcium	2.1-2.6 mmol/L	2.35	2.26	2.28	2.17
Adjusted Calcium	2.1-2.6 mmol/L	2.41	2.36	2.34	2.25
Phosphate	0.8-1.4 mmol/L			1.13	1.12
Magnesium	0.70-1.00 mmol/L	0.89	0.95	0.91	0.85
LDH -Architect	125-220 U/L	209	219	238 H	212

COMMENTS: Only comments on the most recent result are printed

24/01/2012 HB034517G
 LDH -Architect Please note new reference range for LDH from 25/10/11

DATE PRINTED: 24/01/2012
TIME PRINTED: 22:00

Specimen type is serum, plasma or blood unless otherwise stated.

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Department of Laboratory Medicine **Haematology, RIE**

PATIENT: HEPBURN, JAMES PIN: 1908631694 CHI: 1908631694
 DOB: 19/08/1963 SEX: M CONSULTANT/GP: GP/Locum/Trainee/Unkno
 SOURCE: Burougloch MP, 1 Meadow Place SENDER:

CLINICAL DETAILS:
 For chemotherapy

DATE	09/12/11	12/12/11	27/12/11	10/01/12	24/01/12
TIME	13:48	12:00	13:28	11:30	u/k
SPECIMEN No.	256251	411784	087084	006475	007112
Hb (g/l) [M 130-180; F 115-165]	121	120	112	124	115
RBC (x10 ¹² /l) [M 4.5-6.5; F 3.8-5.8]	4.62	4.64	4.09	4.48	4.13
Hct [M 0.40-0.54; F 0.37-0.47]	0.343	0.348	0.315	0.368	0.345
MCV (fl) [M/F 78-98]	74	75	77	82	84
MCH (pg) [M/F 27-32]	26.2	25.9	27.4	27.7	27.8
Retic (x10 ⁹ /l) [M/F 25-85]					
WBC (x10 ⁹ /l) [M/F 4.0-11.0]	6.0	5.9	2.6	3.8	4.4
Neutrophils (x10 ⁹ /l) [M/F 2.0-7.5]	3.85	2.67	0.55	1.56	2.12
Lymphocytes (x10 ⁹ /l) [M/F 1.5-4.0]	1.48	2.19	1.31	1.49	1.52
Monocytes (x10 ⁹ /l) [M/F 0.2-0.8]	0.60	0.95	0.64	0.60	0.65
Eosinophils (x10 ⁹ /l) [M/F 0.04-0.4]	0.09	0.10	0.05	0.09	0.09
Basophils (x10 ⁹ /l) [M/F 0.01-0.1]	0.01	0.02	0.03	0.03	0.02
Metamyelocytes (x10 ⁹ /l)					
Myelocytes (x10 ⁹ /l)					
Promyelocytes (x10 ⁹ /l)					
Blast Cells (x10 ⁹ /l)					
Nrbc / 100 WBC					
PLT (x10 ⁹ /l) [M/F 150-350]	227	249	218	237	196
ESR (mm/hr) [M 1-10; F 3-15]					
Monospot					
PT Patient (secs)					
Control (secs) [N 10.5-13.5]					
Ratio (INR) [TR 2.0-4.5]					
APTT Patient (secs)					
Control (secs) [N 26-36]					
Ratio [TR 2.0-3.0]					
Mix (secs)					
Fibrinogen (g/l) [N 1.5-4.0]					
D-Dimer (ng/ml) [N <200]					

Note: Specimen type is BLOOD unless otherwise stated.

Please Note: Specimen type is blood unless otherwise stated DATE PRINTED: 24Jan12
TIME PRINTED: 23:00

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Page 1 of 1

Linda MacCallum

From: JAMES HEPBURN [jameshepburn1@virginmedia.com]
Sent: 03 February 2012 02:22
To: Linda MacCallum
Subject: anti-sickness pills

Hello Linda, Thankyou for the prescription and i am sorry for any hassle caused by my request. I believe the pharmacist at Boots may have called the surgery about this and i apologise that they did so as i am sure that if there was anyone you would want to speak to, if you had to, it would be the patient themselves. It did not register with me when the Pharmacist said she was going to do this or else i would have stopped her, but my mind was elsewhere as they had just told me that they didn't have the 'Kytril' Anyway everything is ok and i have not been sick again. I was out at St John's in Livingston last Friday for a C.A.T. scan but have not seen Fiona Scott to ask about the results although i will probably find out next Thursday when i get my next chemotherapy, thank god it is nearly all over and that i will only need a few more sessions (fingers crossed).

best wishes
James.

12/06/2012

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LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: HEPBURN, JAMES		UPI: 1908631694		CHI: 1908631694		
DOB: 19/08/1963		SEX: M		CONSULTANT/GP: GP/Locum/Trainee/Unkno		
SOURCE: Buroughloch MP, 1 Meadow Place			SENDER:			
CLINICAL DETAILS: For chemotherapy						
PHONE RESULT TO 0131 537 3629						
Date Collected		12/12/2011	27/12/2011	10/01/2012	24/01/2012	07/02/2012
Time Collected		12:00	13:28	11:30	11:30	11:30
Date Received		12/12/2011	27/12/2011	10/01/2012	24/01/2012	07/02/2012
Time Received		16:37	13:46	18:54	18:22	18:19
Specimen Number		HB440726C	QB087083Q	HB033627Y	HB034517G	HB035393F
Urea	2.5-6.6 mmol/L	4.2	4.8	4.2	4.0	3.7
Creatinine	60-120 umol/L	52 L	57 L	60	53 L	54 L
eGFR (/1.73m2)	ml/min	>60	>60	>60	>60	>60
Sodium	135-145 mmol/L	129 L	134 L	137	132 L	128 L
Potassium	3.6-5 mmol/L	4.7	4.4	5.0	4.2	4.1
Bilirubin	3-21 umol/L	3	4	6	5	7
ALT	10-50 U/L	69 H	79 H	79 H	61 H	63 H
Alk.Phos	40-125 U/L	123	103	109	97	106
GGT	10-55 U/L	71 H	66 H	79 H	70 H	70 H
Albumin	30-45 g/L	37	35	37	36	36
Calcium	2.1-2.6 mmol/L	2.35	2.26	2.28	2.17	2.16
Adjusted Calcium	2.1-2.6 mmol/L	2.41	2.36	2.34	2.25	2.24
Phosphate	0.8-1.4 mmol/L			1.13	1.12	
Magnesium	0.70-1.00 mmol/L	0.89	0.95	0.91	0.85	0.82
LDH -Architect	125-220 U/L	209	219	238 H	212	224 H

COMMENTS: Only comments on the most recent result are printed

07/02/2012 HB035393F
 LDH -Architect Please note new reference range for LDH from 25/10/11

DATE PRINTED: 07/02/2012
 TIME PRINTED: 22:00

Specimen type is serum, plasma or blood unless otherwise stated.

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Department of Laboratory Medicine Haematology, RIE

PATIENT: HEPBURN, JAMES PIN: 1908631694 CHI: 1908631694
 DOB: 19/08/1963 SEX: M CONSULTANT/GP: GP/Locum/Trainee/Unkno
 SOURCE: Burougloch MP, 1 Meadow Place SENDER:

CLINICAL DETAILS:
 For chemotherapy
 PHONE RESULT TO 0131 537 3629

DATE	12/12/11	27/12/11	10/01/12	24/01/12	07/02/12
TIME	12:00	13:28	11:30	u/k	11:30
SPECIMEN No.	411784	087084	006475	007112	007728
Hb (g/l) [M 130 - 180; F 115 - 165]	120	112	124	115	115
RBC (x10 ¹² /l) [M 4.5 - 6.5; F 3.8 - 5.8]	4.64	4.09	4.48	4.13	3.96
Hct [M 0.40 - 0.54; F 0.37 - 0.47]	0.348	0.315	0.368	0.345	0.336
MCV (fl) [M/F 78 - 98]	75	77	82	84	85
MCH (pg) [M/F 27 - 32]	25.9	27.4	27.7	27.8	29.0
Retic (x10 ⁹ /l) [M/F 25 - 85]					
WBC (x10 ⁹ /l) [M/F 4.0 - 11.0]	5.9	2.6	3.8	4.4	3.6
Neutrophils (x10 ⁹ /l) [M/F 2.0 - 7.5]	2.67	0.55	1.56	2.12	1.50
Lymphocytes (x10 ⁹ /l) [M/F 1.5 - 4.0]	2.19	1.31	1.49	1.52	1.44
Monocytes (x10 ⁹ /l) [M/F 0.2 - 0.8]	0.95	0.64	0.60	0.65	0.57
Eosinophils (x10 ⁹ /l) [M/F 0.04 - 0.4]	0.10	0.05	0.09	0.09	0.07
Basophils (x10 ⁹ /l) [M/F 0.01 - 0.1]	0.02	0.03	0.03	0.02	0.01
Metamyelocytes (x10 ⁹ /l)					
Myelocytes (x10 ⁹ /l)					
Promyelocytes (x10 ⁹ /l)					
Blast Cells (x10 ⁹ /l)					
Nrbc / 100 WBC					
PLT (x10 ⁹ /l) [M/F 150 - 350]	249	218	237	196	189
ESR (mm/hr) [M 1 - 10; F 3 - 15]					
Monospot					
PT Patient (secs)					
Control (secs) [N 10.5 - 13.3]					
Ratio (INR) [TR 2.0 - 4.3]					
APTT Patient (secs)					
Control (secs) [N 26 - 36]					
Ratio [TR 2.0 - 3.0]					
Mix (secs)					
Fibrinogen (g/l) [N 1.5 - 4.0]					
D-Dimer (ng/ml) [N < 200]					

Note: Specimen type is BLOOD unless otherwise stated.

Please Note: Specimen type is blood unless otherwise stated DATE PRINTED: 7Feb12
TIME PRINTED: 23:00

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Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: HEPBURN, JAMES UPI: 1908631694 CHI: 1908631694
 DOB: 19/08/1963 SEX: M CONSULTANT/GP: Cons Not Known
 SOURCE: Burougloch MP, 1 Meadow Place SENDER:

CLINICAL DETAILS: For chemotherapy

Date Collected	27/12/2011	10/01/2012	24/01/2012	07/02/2012	21/02/2012	
Time Collected	13:28	11:30	11:30	11:30	12:15	
Date Received	27/12/2011	10/01/2012	24/01/2012	07/02/2012	21/02/2012	
Time Received	13:46	18:54	18:22	18:19	17:57	
Specimen Number	QB087083Q	HB033627Y	HB034517G	HB035393F	HB036304V	
Urea	2.5-6.6 mmol/L	4.8	4.2	4.0	3.7	4.1
Creatinine	60-120 umol/L	57 L	60	53 L	54 L	55 L
eGFR (/1.73m2)	ml/min	>60	>60	>60	>60	>60
Sodium	135-145 mmol/L	134 L	137	132 L	128 L	136
Potassium	3.6-5 mmol/L	4.4	5.0	4.2	4.1	4.6
Bilirubin	3-21 umol/L	4	6	5	7	4
ALT	10-50 U/L	79 H	79 H	61 H	63 H	66 H
Alk. Phos	40-125 U/L	103	109	97	106	106
GGT	10-55 U/L	66 H	79 H	70 H	70 H	61 H
Albumin	30-45 g/L	35	37	36	36	36
Calcium	2.1-2.6 mmol/L	2.26	2.28	2.17	2.16	2.28
Adjustd Calcium	2.1-2.6 mmol/L	2.36	2.34	2.25	2.24	2.36
Phosphate	0.8-1.4 mmol/L		1.13	1.12		1.41 H
Magnesium	0.70-1.00 mmol/L	0.95	0.91	0.85	0.82	0.88
LDH -Architect	125-220 U/L	219	238 H	212	224 H	193

COMMENTS: Only comments on the most recent result are printed

21/02/2012 HB036304V
 LDH -Architect Please note new reference range for LDH from 25/10/11

DATE PRINTED: 21/02/2012
 TIME PRINTED: 22:00

Specimen type is serum, plasma or blood unless otherwise stated.

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Department of Laboratory Medicine Haematology, RIE

PATIENT: HEBBURN, JAMES		PIN: 1908631694		CHI: 1908631694		
DOB: 19/08/1963		SEX: M		CONSULTANT/GP: Cons Not Known		
SOURCE: Burougloch MP, 1 Meadow Place			SENDER:			
CLINICAL DETAILS:						
For chemotherapy						
DATE		27/12/11	10/01/12	24/01/12	07/02/12	21/02/12
TIME		13:28	11:30	u/k	11:30	12:15
SPECIMEN No.		087084	006475	007112	007728	008291
Hb (g/l)	[M 130 - 180 ; F 115 - 165]	112	124	115	115	111
RBC (x10¹²/l)	[M 4.5 - 6.5 ; F 3.8 - 5.8]	4.09	4.48	4.13	3.96	3.74
Hct	[M 0.40 - 0.54 ; F 0.37 - 0.47]	0.315	0.368	0.345	0.336	0.327
MCV (fl)	[M / F 78 - 98]	77	82	84	85	87
MCH (pg)	[M / F 27 - 32]	27.4	27.7	27.8	29.0	29.7
Retic (x10⁹/l)	[M / F 25 - 85]					
WBC (x10⁹/l)	[M / F 4.0 - 11.0]	2.6	3.8	4.4	3.6	2.7
Neutrophils (x10⁹/l)	[M / F 2.0 - 7.5]	0.55	1.56	2.12	1.50	0.89
Lymphocytes (x10⁹/l)	[M / F 1.5 - 4.0]	1.31	1.49	1.52	1.44	1.23
Monocytes (x10⁹/l)	[M / F 0.2 - 0.8]	0.64	0.60	0.65	0.57	0.47
Eosinophils (x10⁹/l)	[M / F 0.04 - 0.4]	0.05	0.09	0.09	0.07	0.07
Basophils (x10⁹/l)	[M / F 0.01 - 0.1]	0.03	0.03	0.02	0.01	0.01
Metamyelocytes (x10⁹/l)						
Myelocytes (x10⁹/l)						
Promyelocytes (x10⁹/l)						
Blast Cells (x10⁹/l)						
Nrbc / 100 WBC						
PLT (x10⁹/l)	[M / F 150 - 350]	218	237	196	189	197
ESR (mm/hr)	[M 1 - 10 ; F 3 - 15]					
Monospot						
PT Patient (secs)						
Control (secs)	[N 10.5 - 13.5]					
Ratio (INR)	[TR 2.0 - 4.5]					
APTT Patient (secs)						
Control (secs)	[N 26 - 36]					
Ratio	[TR 2.0 - 3.0]					
Mix (secs)						
Fibrinogen (g/l)	[N 1.5 - 4.0]					
D-Dimer (ng/ml)	[N < 200]					
Note: Specimen type is BLOOD unless otherwise stated.						
Please Note: Specimen type is blood unless otherwise stated				DATE PRINTED:	21Feb12	
				TIME PRINTED:	23:00	

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Page 1 of 1

Linda MacCallum

From: JAMES HEPBURN [jameshepburn1@virginmedia.com]
Sent: 23 February 2012 01:45
To: Linda MacCallum
Subject: shower fitting

hi Linda, this message is to let you know that i have made a request to the council housing department about having a shower installed and i was contacted by someone from the Social Work Department last Saturday morning asking me about my current health condition. They also asked for your surgary address and who my GP was. I told them that i have difficulty pulling myself up out of the bath and that i have become weaker over the last few months due to the ongoing treatment and that i have been unable to take much exercise leading to muscle weakness. i dont know if they will contact you for information but i thought i should let you know about the difficulties i am having. Please contact me if you need to ask anything else about this.

Regards, James Hepburn.

12/06/2012

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LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: HEPBURN, JAMES UPI: 1908631694 CHI: 1908631694
 DOB: 19/08/1963 SEX: M CONSULTANT/GP: Practice Nurse
 SOURCE: Burougloch MP, 1 Meadow Place SENDER:

CLINICAL DETAILS: For chemotherapy

Date Collected		10/01/2012	24/01/2012	07/02/2012	21/02/2012	06/03/2012
Time Collected		11:30	11:30	11:30	12:15	11:30
Date Received		10/01/2012	24/01/2012	07/02/2012	21/02/2012	06/03/2012
Time Received		18:54	18:22	18:19	17:57	17:51
Specimen Number		HB03627Y	HB034517G	HB035393F	HB036304V	HB037379E
Urea	2.5-6.6 mmol/L	4.2	4.0	3.7	4.1	4.7
Creatinine	60-120 umol/L	60	53 L	54 L	55 L	68
eGFR (/1.73m2)	ml/min	>60	>60	>60	>60	>60
Sodium	135-145 mmol/L	137	132 L	128 L	136	134 L
Potassium	3.6-5 mmol/L	5.0	4.2	4.1	4.6	4.6
Bilirubin	3-21 umol/L	6	5	7	4	5
ALT	10-50 U/L	79 H	61 H	63 H	66 H	60 H
Alk.Phos	40-125 U/L	109	97	106	106	106
GGT	10-55 U/L	79 H	70 H	70 H	61 H	60 H
Albumin	30-45 g/L	37	36	36	36	36
Calcium	2.1-2.6 mmol/L	2.28	2.17	2.16	2.28	2.25
Adjusted Calcium	2.1-2.6 mmol/L	2.34	2.25	2.24	2.36	2.33
Phosphate	0.8-1.4 mmol/L	1.13	1.12		1.41 H	1.24
Magnesium	0.70-1.00 mmol/L	0.91	0.85	0.82	0.88	0.85
LDH -Architect	125-220 U/L	238 H	212	224 H	193	246 H

COMMENTS: Only comments on the most recent result are printed

06/03/2012 HB037379E
 LDH -Architect Please note new reference range for LDH from 25/10/11

DATE PRINTED: 06/03/2012
 TIME PRINTED: 22:00

Specimen type is serum, plasma or blood unless otherwise stated.

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Department of Laboratory Medicine

Haematology, RIE

PATIENT: HEBURN, JAMES	PIN: 1908631694	CHI: 1908631694
DOB: 19/08/1963	SEX: M	CONSULTANT/GP: Practice Nurse
SOURCE: Buroughloch MP, 1 Meadow Place	SENDER:	
CLINICAL DETAILS:		
For chemotherapy		
Date: 06/03/2012 Time: 17:52 Specimen No.: HR008909S		
ESR Unsuitable No specimen received.		
Comments:		
Please note: Specimen type is blood unless otherwise stated		
DATE PRINTED:		07/03/2012
TIME PRINTED:		07:40

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University Hospitals Division

Western General Hospital
 Crewe Road South
 Edinburgh
 EH4 2XU



Department of Haematology

Dr MacCallum
 Boroughloch Medical Practice
 1 Meadow Place
 Edinburgh
 EH9 1JZ

Date First Created 29/03/2012
 Date Authorised
 Date/Time Printed 29/03/2012 16:02
 Our Ref 500565355M
 CHI 1908631694

Patient: James Hepburn 8/3 Clearburn Road Edinburgh EH16 5EY	UHPI: 500565355M Date of Birth: 19/08/1963
Ward: Ward 8 Unit WGH	Admission Date: 14/03/2012
Consultant: Dr Fiona Margaret Scott	Discharge Date: 29/03/2012

Haematology Consultants:

Dr AJM Broom
 Tel: 0131 537 1905
 angus.broom
 @nhslothian.scot.nhs.uk

Dr MH Farquharson
 Tel: 0131 537 1182
 mira.farquharson
 @luht.scot.nhs.uk

Dr PRE Johnson
 Tel: 0131 537 2595
 peter.johnson
 @luht.scot.nhs.uk

Dr PH Roddie
 Tel: 0131 537 1182
 huw.roddie
 @luht.scot.nhs.uk

Dr FM Scott
 Tel: 0131 537 1903
 fiona.m.scott
 @luht.scot.nhs.uk

Dr ZT Maung
 Tel: 0131 537 3759
 zor.maung@
 nhslothian.scot.nhs.uk

Fax: 0131 537 1172

Ward 8
 Tel: 0131 537 2199

Ward 1
 Tel: 0131 537 2481

Discharge Medication	Dose	Frequency	Duration	Additional Info
Ritonavir Tablets	100 MG	ONCE DAILY	Long Term	38 tabs & own liquid approx. 80 mls
Truvada Tablets	1 TAB(S)	ONCE DAILY	Long Term	42 tabs
Darunavir 800mg once daily	800	ONCE DAILY	Long Term	76 tabs
Fostair 1puff twice daily	1	TWICE DAILY	Long Term	x1 inhaler
Salbutamol Easi-Breathe Inhaler 100 microgram	2 PUFF(S)	As Required	Long Term	x1 inhaler

Prescribed By Date Print Name.....
 Dispensed By Date Print Name.....
 Pharmacist Check Date Print Name.....
 Final Check Date Print Name.....

Dear Dr,
 PRINCIPAL DIAGNOSIS/PROCEDURE
 1. Influenzae A
 Background
 1. Hodgkins's lymphoma
 2. HIV positive

Patient was admitted on 14/3/12 for fever and coughing. On admission he was very hypotensive and pyrexial. His CXR showed bilateral changes which suggested atypical pneumonia and PCP infection. We therefore started him on antibiotics to cover his chest sepsis. Unfortunately, he continued to deteriorate and developed type 1 respiratory failure which required HDU admission for respiratory support. His viral swab was positive for influenzae A and was therefore started on zanamivir. His sputum sample did not show any evidence of pneumocystis infection. He then had a slow recovery period and was well prior to

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Patient information sheet: version 5; 11th October 2011

The **RECOVER** Study: Evaluation of a **Rehabilitation Complex Intervention** for patients following **Intensive Care Discharge**.

Chief Investigator: Professor Tim Walsh, Consultant in Critical Care, Edinburgh Royal Infirmary

Patient Information Sheet – Part 1

You are being invited to take part in a research study. Before you decide whether you would like to take part it is important for you to understand why the research is being done and what it will involve. Please take your time to read the following information carefully. Talk to others about the study if you wish. Ask if there is anything that is not clear or if you would like further information. Take time to decide whether or not you wish to take part.

Summary of the study

- You have been seriously ill and have been treated on the intensive care unit (ICU).
- People who have been seriously ill can become physically weak and often lose weight.
- Although you are now recovering you might still be quite weak and might have problems with things like walking, eating and getting dressed.
- We want to find out whether giving people more exercises and extra help with nutrition can help them recover quicker.
- The study randomly divides people into two groups. Half of the people in the study will receive normal ward care. The other half will receive normal ward care **and** enhanced rehabilitation e.g. extra exercises and more help with eating and getting dressed. The enhanced rehabilitation will be tailored to each individual so that you don't get too tired.
- We will compare how well each group recovers and hope that this information will help us to support future patients better.

Tim Walsh. The RECOVER Study: Rehabilitation after Intensive Care. Participant Information Sheet. Version 5 11/10/11

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What is the purpose of the study?

This study will look at whether providing enhanced rehabilitation after intensive care can help people recover quicker. We are particularly interested in whether this helps physical recovery, but we are also looking at psychological well being.

Why have I been chosen?

We have approached you because you spent two or more days on a ventilator in the intensive care unit.

Do I have to take part?

No. It is up to you to decide whether or not you want to take part. If you do, we will ask you to sign a consent form. You can change your mind at any time, without having to give a reason. Your care or treatment will not be affected in any way. If you decide not to take part, you will receive normal ward care.

What will happen if I agree to take part?

Sometimes we don't know which way of treating patients is best. To find out, we will randomly divide patients into different treatment groups and compare how well they recover. In this study, one group will receive normal ward care while the other will receive normal ward care **and** enhanced rehabilitation e.g. extra exercises and help with eating. At the end of the study, we will compare how the patients in the two groups are to see if the enhanced rehabilitation helps.

If you go into the enhanced rehabilitation group: You will receive extra help and tailor made rehabilitation. This would be carried out on the normal ward after discharge from the intensive care unit, and would involve visits from a specially trained rehabilitation assistant. An intensive care doctor will also come and explain your time on the intensive care unit and give you the chance to ask any questions. You may be asked for permission to make an audio recording of this discussion. If you agree to this part, you will be given the opportunity to listen to the recording before deciding whether you are happy for us to use it for training, educational or publication purposes. Your name would not be used in the discussion, but there is a small chance your voice may be recognised. You do not have to agree to the recording in order to take part in the main study.

How do we compare the two groups? We will carry out some simple tests to find out how you are during the 12 months after discharge from the intensive care unit. At 3 months we will either visit you in your home or you can come to the hospital if you prefer. We will do some simple tests to test your muscle strength and see how well you are able to perform everyday tasks (e.g. walking). We will also ask you some questions about how you are doing and feeling. Altogether, the tests will take about an hour of your time. At 6 and 12 months after you entered the study, we will either send you some questionnaires to fill in or we will ask you the questions over the telephone.

We would like to find out what happens to patients' health for up to 10 years after taking part in the study. This will be done using information held routinely by the National Health Service Central Register for Scotland (NHSCR). For the purpose of this long-term follow-up named information will be sent to the NHSCR system to retrieve the data. This does not involve contacting you or your relative again. All information will be dealt securely and confidentially.

We would like to take some blood samples.

We would like to take a blood sample (equivalent to 2 teaspoons) at the start of the study and once a week while you are in hospital. Whenever possible, we will take these blood samples at the same time as routine blood tests, in order to minimise any discomfort. We would like to take another when we visit you 3 months after entering the study. This will tell us if you have any inflammation in your body, which might affect how well you respond to the rehabilitation. This part of the study is optional and you can still take part in the study if you decide you do not want the extra blood samples taken.

Tim Walsh. The RECOVER Study: Rehabilitation after Intensive Care. Participant Information Sheet. Version 5 11/10/11

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What do I have to do?

If you are randomised to receive normal ward care, the level of rehabilitation you receive will be the same as if you had decided not to take part in the study. If you are randomised to receive the enhanced rehabilitation you will receive additional visits from a specially trained rehabilitation assistant. They will help you with extra exercises, with nutrition and with other aspects of your rehabilitation; these treatments will be tailored to what you can manage.

What are the possible disadvantages or risks of taking part?

We are not aware of any disadvantages from taking part. If you are randomised to receive normal ward care, the level of rehabilitation you receive would be no different from what currently happens, except that we will perform some simple tests and ask you to fill in some questionnaires to find out how you are. If you are in the group that receives enhanced rehabilitation, you may or may not benefit from the extra treatment; this is what we are trying to find out. It is possible that the extra exercises might make you feel more tired, but we will tailor these exercises to the amount you can manage.

What are the possible advantages?

If you are in the group that receives enhanced rehabilitation, you might get better quicker or get discharged home faster. We do not know whether this will happen or not and this is why we need to do this study. If you agree to take part, you will have a 50% chance of being randomised into this group.

What happens when the enhanced intervention stops?

The group receiving enhanced rehabilitation will only get this when they are in hospital, but will also receive at least one phone call after discharge home to see how you are doing. Anybody in the study who needs any help when they go home will still receive this as this is part of their usual treatment. We will then contact you at 3, 6 and 12 months after your discharge from ICU to perform the tests and ask you to fill in the questionnaires. This will be the same for both groups.

Will my taking part in the study be kept confidential?

Yes. All the information about your participation in this study will be kept confidential. The details are included in Part 2.

Contact details

If you would like any further information or to discuss any issues relating to this study, you can contact the independent advisor on this project:

Dr Alasdair Hay
Ward 118 (Intensive Care Unit)
Edinburgh Royal Infirmary
Little France Crescent
Edinburgh EH16 2SA
0131 2421186

Alternatively you can contact the Dietitian (Judith Merriweather 0131 242 6394) or Physiotherapist (Lisa Salisbury 0131 242 6394) who are involved in the research.

This completes Part 1 of the Information Sheet. Part 2 tells you about some of the safeguards we have put in place to make sure that this research is carried out according to existing guidelines.

Tim Walsh. The RECOVER Study: Rehabilitation after Intensive Care. Participant Information Sheet. Version 5 11/10/11

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The RECOVER Study: Rehabilitation After Intensive Care

Patient Information Sheet – Part 2

What if relevant new information becomes available during the study?

Sometimes during the course of a research project, new information becomes available about the treatment that is being studied. If this happens we will tell you about it and discuss whether you still want to or should continue in the study. If you decide not to carry on your care will continue as normal. If you decide to continue in the study you will be asked to sign an updated consent form.

Also, on receiving new information we might consider it in your best interests to withdraw from the study. We will explain why if this happens. You would continue with your normal treatment. If the study is stopped for any other reason you will be told why and your continuing care will be arranged.

What will happen if I don't want to carry on with the study?

You can change your mind about taking part at any time and without having to give a reason. Your treatment will not be affected in any way.

We would, however, like to use any information already collected, but would ask your permission first.

What if there is a problem?

If there is a problem with either members of staff involved in the research study or what you are being asked to do then you can report this.

If you have concerns about any aspect of this study, ask to speak with the researchers. They will do their best to answer your questions. If you remain unhappy and wish to complain formally, you can do this through the NHS Complaints Procedure. Details can be obtained from the complaints department at Edinburgh Royal Infirmary (0131 242 3382). If something goes wrong and you are harmed during this research, there are no special compensation arrangements. If you are harmed due to someone's negligence, then you may have grounds for legal action or compensation against NHS Lothian, but you may have to pay your legal costs.

Will my taking part in the study be kept confidential?

If you decide to take part, some parts of your medical records and the information we collect will be looked at by authorised persons involved in the research. They may be looked at by people from the Research and Development Office who check to ensure that the study is being carried out correctly and also the NHS Central Register for Scotland who will collect the 10 year data. This information will be treated in the strictest of confidence and nothing that could reveal your identity will be disclosed.

Tim Walsh. The RECOVER Study: Rehabilitation after Intensive Care. Participant Information Sheet. Version 5 11/10/11

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Edinburgh Community Healthcare Partnership

Chalmers Sexual Health Centre
2a Chalmers Street
Edinburgh EH3 9ES

Telephone 0131 536 1070
Fax: 0131 536 1609
www.lothiansexualhealth.scot.nhs.uk

NHS
Lothian

CONFIDENTIAL

Dr L MacCallum
Boroughloch Medical Practice
1 Meadow Place
EDINBURGH

Ref: DC/CE/ANO2352184
Date: 31st May 2012-05-31
Secretary: 0131 536 2098

Dear Dr MacCallum

JAMES HEPBURN FLAT 3 8 CLEARBURN ROAD EDINBURGH EH16 5EY
DOB: 19.08.63

Date of Clinic Visit:

Diagnosis: HIV Infection – diagnosed 1990

Active Problems: Recent treatment for Non-Hodgkins Lymphoma

Inactive Problems: Recent admission with respiratory failure secondary to influenza

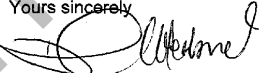
Current Treatment: Truvada one tablet once a day
Darunavir 800 mg once a day
Ritonavir 100 mg once a day

Other Medication: Nil.

CD4 Count: Awaited 756/29% 21/05/12
Viral Load: Awaited <40 copies/ml 21/05/12

I reviewed James in person for the first time since the completion of his treatment for NHL and admission to ITU. He is significantly improved on all fronts. He looked better than he had in years. His mobility is gradually improving and he can walk the 45 minutes from his home to Fort Kinnaird. He is thinking of re-applying for his university access course and I encouraged him to do this. He also seems to be rather more sociable after several years of almost complete social withdrawal. I re-checked his routine bloods and he has supplies of medication. He will be seen again on 21st August.

Yours sincerely



D J CLUTTERBUCK FRCP
Consultant Physician

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Edinburgh Community Healthcare Partnership
Sexual and Reproductive Health Service

Chalmers Centre
2a Chalmers Street
Edinburgh EH3 9ES

Telephone 0131 536 1070
Fax: 0131 536 1609
www.lothiansexualhealth.scot.nhs.uk

NHS
Lothian

CONFIDENTIAL

Ref: AN02352184
Date: CO/SM/AN02352184

Dr. Linda Maccallum
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Dear Dr Maccallum

re: JAMES HEPBURN, Flat 3, 8 Clearburn Road, Prestonfield, Edinburgh EH16 5EY
DOB: 19/08/1963

Date of clinic: 21.08.12
Diagnosis: HIV infection – diagnosed 1990
Active problems: Recent treatment for Non-Hodgkins Lymphoma
Inactive problems: Recent admission with respiratory failure due to influenza
Current treatment: Truvada – one tablet once a day
Darunavir – 800mg once a day
Ritonavir – 100mg once a day
CD4 cell count: 756/mm³ (24%) – 24/05/12
Viral load: <40 copies/ml - 24/05/12

It was good to see James, who is gradually recovering from chemotherapy for NHL followed by an admission to ITU with respiratory failure secondary to Influenza. He looked markedly better and talked a lot about his experience in hospital. He has no new medical problems since his last attendance and adheres 100% to his therapy.

Although he is not sexually active he complains of erectile dysfunction and tells me that you have recently prescribed Sildenafil to use as require. I have checked his testosterone levels today, together with his routine tests. I think these are likely to be low after chemotherapy and although James is not keen on replacement for now, he may consider it in the future.

We are planning to see him in 4 months' time.

Yours sincerely

Car

CARLOS OROZ
Associate Specialist

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LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: HEPBURN, JAMES		UPI: 1908631694		CHI: 1908631694		
DOB: 19/08/1963		SEX: M		CONSULTANT/GP: GP/Locum/Trainee/Unkno		
SOURCE: Burougloch MF, 1 Meadow Place		SENDER:				
CLINICAL DETAILS:						
Date Collected		26/03/2012	29/03/2012	10/05/2012	02/08/2012	26/10/2012
Time Collected		06:00	07:24	u/k	u/k	11:00
Date Received		28/03/2012	29/03/2012	10/05/2012	02/08/2012	26/10/2012
Time Received		08:21	08:38	11:08	10:25	19:25
Specimen Number		QB334485Y	QB33553D	QB176482X	QB196E20Z	HB506159W
Urea	2.5-6.6 mmol/L	3.2	3.6	4.3	3.8	5.7
Creatinine	60-120 umol/L	44 L	43 L	66	59 L	62
eGFR (/1.73m2)	ml/min	>60	>60	>60	>60	>60
Sodium	135-145 mmol/L	136	138	133 L	137	133 L
Potassium	3.6-5 mmol/L	3.7	3.9	4.6	4.4	4.4
Bilirubin	3-21 umol/L			9	9	7
ALT	10-50 U/L			47	46	54 H
Alk.Phos	40-125 U/L			106	117	139 H
GGT	10-55 U/L			45	38	39
Albumin	30-45 g/L	25 L		45	44	48 H
Calcium	2.1-2.6 mmol/L	2.00 L		2.38	2.43	2.53
Adjusted Calcium	2.1-2.6 mmol/L	2.30		2.28	2.35	2.37
Phosphate	0.8-1.4 mmol/L	1.04				
Magnesium	0.70-1.00 mmol/L	0.81				
LDH -Architect	125-220 U/L			221 H	226 H	243 H

COMMENTS: Only comments on the most recent result are printed

26/10/2012 HB506159W
 LDH -Architect Please note new reference range for LDH from 25/10/11

DATE PRINTED: 27/10/2012
TIME PRINTED: 15:35

Specimen type is serum, plasma or blood unless otherwise stated.

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Department of Laboratory Medicine Haematology, RIE

PATIENT: HEPBURN, JAMES		PIN: 1908631694		CHI: 1908631694		
DOB: 19/08/1963		SEX: M		CONSULTANT/GP: GP/Docum/Trainee/Unknc		
SOURCE: Broughloch MP, 1 Meadow Place			SENDER:			
CLINICAL DETAILS:						
DATE		28/03/12	29/03/12	10/05/12	02/08/12	26/10/12
TIME		06:00	07:24	u/k	u/k	11:00
SPECIMEN No.		334481	335542	836692	838453	844106
Hb (g/l)	[M 130 - 180; F 115 - 165]	92	93	126	129	149
RBC (x10 ¹² /l)	[M 4.5 - 6.5; F 3.8 - 5.8]	3.10	3.16	4.30	4.57	4.95
Hct	[M 0.40 - 0.54; F 0.37 - 0.47]	0.265	0.271	0.359	0.365	0.425
MCV (fl)	[M / F 78 - 98]	86	86	84	80	86
MCH (pg)	[M / F 27 - 32]	29.7	29.4	29.3	28.2	30.1
Retic (x10 ⁹ /l)	[M / F 25 - 85]					
WBC (x10 ⁹ /l)	[M / F 4.0 - 11.0]	5.0	5.6	6.5	8.3	7.6
Neutrophils (x10 ⁹ /l)	[M / F 2.0 - 7.5]	2.26	2.10	2.80	4.88	4.08
Lymphocytes (x10 ⁹ /l)	[M / F 1.5 - 4.0]	1.98	2.58	2.99	2.45	2.76
Monocytes (x10 ⁹ /l)	[M / F 0.3 - 0.8]	0.72	0.81	0.56	0.75	0.59
Eosinophils (x10 ⁹ /l)	[M / F 0.04 - 0.4]	0.01	0.04	0.13	0.15	0.15
Basophils (x10 ⁹ /l)	[M / F 0.01 - 0.1]	0.05	0.06	0.02	0.02	0.03
Metamyelocytes (x10 ⁹ /l)						
Myelocytes (x10 ⁹ /l)						
Promyelocytes (x10 ⁹ /l)						
Blast Cells (x10 ⁹ /l)						
Nrbc / 100 WBC						
PLT (x10 ⁹ /l)	[M / F 150 - 350]	290	317	204	200	269
ESR (mm/hr)	[M 1 - 10; F 3 - 15]					
Monospot						
PT Patient (secs)						
Control (secs)	[N 10.5 - 13.5]					
Ratio (INR)	[I/R 2.0 - 4.5]					
APTT Patient (secs)						
Control (secs)	[N 26 - 36]					
Ratio	[I/R 2.0 - 3.0]					
Mix (secs)						
Fibrinogen (g/l)	[N 1.5 - 4.0]					
D-Dimer (ng/ml)	[N < 200]					
Note: Specimen type is BLOOD unless otherwise stated.						
Please Note:	Specimen type is blood unless otherwise stated			DATE PRINTED:	26Oct12	
				TIME PRINTED:	23:00	

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Page 1 of 1

Linda MacCallum

From: JAMES HEPBURN [jameshepburn1@virginmedia.com]
Sent: 10 January 2013 08:33
To: Linda MacCallum
Subject: james hepburn dob: 19/08/63

hi linda,

i am really choked up with flem at the moment and have sore neck glands and a chesty cough. this has developed since monday and the fact that i can't get a consistent nights sleep has just made me feel even more run down. i do not feel able, or have the energy to come up to the clinic and wondered if you could fax a prescription for something to my local chemist, a course of amoxicillin usually sorts me out. please call me if you wish to talk to me, and i must make an appointment with you sometime to have a chat about what i went through last year. i hope the leg is back to full working order.

happy new year, regards james hepburn.

fax: boots cameron toll 666 0886.

*Please scan
into JAMES
FILES*

10/01/2013

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Edinburgh Community Healthcare Partnership
Sexual and Reproductive Health Service

Chalmers Centre
2A Chalmers Street
Edinburgh EH3 9ES

Telephone : 0131 536 1070
Fax : 0131 536 1609
www.lothiansexualhealth.scot.nhs.uk



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Dr Linda MacCallum
Boroughloch Medical Practice
1 Meadow Place
EDINBURGH

Ref: DC/CE/AN02352184
Date: 20th December 2012
Secretary: 0131 536 2098

Dear Dr MacCallum

JAMES HEPBURN FLAT 3 8 CLEARBURN ROAD EDINBURGH EH16 5EY
DOB: 19.08.63

Date of Clinic Visit: 13.12.12

Diagnosis: HIV Infection – diagnosed 1990

Active Problems: Social Withdrawal

Inactive Problems: Previous treatment for Non-Hodgkin's Lymphoma
Previous admission with respiratory failure secondary to influenza

Current Treatment: Truvada one tablet once a day
Darunavir 800 mg once a day
Ritonavir 100 mg once a day

Other Medication: Nil.

CD4 Count: 706/mm³ (29%) – 29.11.12

Viral Load: <40 copies/ml – 23.8.12

Other Results: Testosterone 20.8 nmol/l

James is doing okay. He has gained weight to 77 kilos, although he is not all that happy about the weight distribution. He has been sexually active with casual partners, although does not feel entirely positive about this. He is spending a lot of time ruminating over past regrets and the wrong decisions he feels he has made in the past. We again discussed the likely benefit of engaging with the voluntary sector. He already knows Rick Hodgson, who helped him previously with a DLA application. He asked me not to get Rick to make an appointment to see him, as he does not feel ready to engage with any individual or group work. This seems unfortunate, but I have respected his decision and arranged to see him in 6 months' time.

Yours sincerely

D J CLUTTERBUCK FRCP
Consultant Physician

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University Hospitals Division

Western General Hospital
 Outpatient Department
 Lower Ground Floor
 Anne Ferguson Building
 Crewe Road South
 Edinburgh EH4 2XU



Department of Haematology

Mr Donat
 Consultant Urologist
 WGH
 Edinburgh

Date First Created 19/02/2013

Date Authorised

Date/Time Printed 20/02/2013 08:45

Our Ref 500565355M

CHI 1908631694

Patient:	Mr James Hepburn 8/3 Clearburn Road Edinburgh EH16 5EY	UHPI:	500565355M
		Date of Birth:	19/08/1963
Clinic Code:	FMS/THU	Attendance Date:	14/02/2013
Specialty:	Haematology		
Consultant:	Dr Fiona Margaret Scott		

Haematology Consultants:

Dr AJM Broom
 Tel: 0131 537 1905
 angus.broom
 @nhslothian.scot.nhs.uk

Dr MH Farquharson
 Tel: 0131 537 1182
 mira.farquharson
 @luht.scot.nhs.uk

Dr PRE Johnson
 Tel: 0131 537 2595
 peter.johnson
 @luht.scot.nhs.uk

Dr ZT Maung
 Tel: 0131 537 3759
 zor.maung@
 nhslothian.scot.nhs.uk

Dr PH Roddie,
 Clinical Director
 Tel: 0131 537 1182
 huw.roddie
 @luht.scot.nhs.uk

Dr FM Scott
 Tel: 0131 537 1903
 fiona.m.scott
 @luht.scot.nhs.uk

Fax: 0131 537 1172

Ward 8
 Tel: 0131 537 2199

Ward 1
 Tel: 0131 537 2481

Dear Mr Donat,

I would be grateful for your advice regarding further management of this 49-year-old man who attends the Haematology Department at the Western with a diagnosis of Hodgkin's disease.

Mr Hepburn developed Hodgkin's disease in the context of longstanding well controlled HIV disease about 2 years ago. He completed combination chemotherapy and has been in remission for the last 12 months.

At recent review he was feeling well but was experiencing some problems with erectile dysfunction. He had spent a period in ITU with severe influenza environment and had an indwelling catheter for some time and he had linked the erectile dysfunction to the catheter use. I have indicated that this is an unlikely cause. His endocrine profiles and PSA are satisfactory. He has no history of hypertension but he does continue on regular anti-retroviral therapy.

Mr Hepburn is however finding the impairment of his erectile dysfunction of some distress and I would be grateful for your guidance as to whether there is any intervention that would be appropriate.

Thanking you in anticipation.

Best wishes.
 Yours sincerely,

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University Hospitals Division

Western General Hospital
Outpatient Department
Lower Ground Floor
Anne Ferguson Building
Crewe Road South
Edinburgh EH4 2XU



Cont'd...

Ref: 500565355M

Patient Name: Mr James Hepburn

Dr Fiona Margaret Scott
Consultant Haematologist
Tel: 0131 537 1903 Fax: 0131 537 1172

cc
✓ **Dr MacCallum, Boroughloch Medical Practice, 1 Meadow Place,
Edinburgh EH9 1JZ**

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University Hospitals Division

Western General Hospital
Crewe Road, Edinburgh, EH4 2XU

Department of Urology

Consultant:
ROLAND DONATEnquiries:
Laura Coull
Tel: 0131 537 1581
Fax: 0131 537 1019Reference: lrc/rd
Typed: 11/3/2013
Date: 4/5/2013Dr Fiona Scott
Consultant Haematologist
Western General Hospital

Dear Dr Scott

Mr James Hepburn, 8/3 Clearburn Road, Edinburgh, EH16 5EY
UHPI:500565355M, DoB: 19/8/1963, CHI: 1908631694

Thank you for your letter regards this patient. Having a catheter does normally not cause any erectile dysfunction whilst anti-retroviral drugs can as well as many other systemic illnesses. Primary treatment of erectile dysfunction would be with a phosphodiesterase inhibitor prescribed by the general practitioner. If the erectile dysfunction causes severe distress then an NHS prescription can be obtained by referral to the Severe Distress Assessment clinic electronically at "edclinic" via the intranet.

Should he fail to respond to phosphodiesterase inhibitors or have a contra-indication to this I should be happy to see him in the Andrology clinic on receipt of a further letter. Otherwise I trust that Dr MacCallum can kindly arrange the above steps.

With kind regards.

Yours sincerely

Mr ROLAND DONAT
Consultant Urologistcc: Dr Linda MacCallum
Boroughloch Medical Practice
1 Meadow Place
Edinburgh, EH9 1JZ ✓

STA034

NHS Confidential: Personal data about a patient

Lothian NHS Board

Public Health & Health Policy
Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG

NHS
Lothian

Date: 3 May 2011

Email: EDclinic@nhslothian.scot.nhs.uk

Dear Colleagues

We are writing to inform you about a new referral pathway for men with severe distress relating to erectile dysfunction (ED) who wish to be considered for ongoing treatment on the NHS.

The Scottish Government has recently changed the regulations in relation to the prescribing of ED treatments on the NHS. This means that, after an initial assessment by a specialist service to confirm severe distress, treatments for ED may be prescribed in primary care on an NHS prescription marked "SLS".

It is not considered necessary for this specialist assessment to be face to face and it may be based on information provided by the referrer.

We have therefore devised a referral pro-forma that can be completed for a patient and sent to a secure email address. The proforma may be copied and pasted into the email or sent as an attachment to the email (ED@nhslothian.scot.nhs.uk). You may set it up as a template within your clinical system.

If the necessary criteria are met you will receive a reply authorising you to issue ongoing NHS prescriptions for ED treatment on the grounds of severe distress. These may be for 5-phosphodiesterase inhibitors, such as Viagra, or other treatments you feel are clinically indicated.

This service is solely designed to assess a patient's eligibility for NHS treatment and such assessment may be required even in patients who have contra-indications for ED therapy or in whom previous treatment has failed. If required, these patients may also be referred either to Urology (using the Erectile Dysfunction protocol) or to the Sexual Problems clinic at the Royal Infirmary for assessment and recommendations on alternative treatments.

RefHelp has advice and guidance on the assessment of patients with erectile dysfunction in primary care.

Please make sure that you supply your contact details, including a regularly used secure email address, on the pro-forma to ensure that you receive a prompt reply. If you wish to further discuss a patient's eligibility for prescribing *under the severe distress category*, please indicate that you wish a telephone call from the specialist and give a number for them to call you on. This should not be used for clinical queries relating to the appropriateness of a particular therapy for an individual – please refer these to Urology or the Sexual Problems clinic.

Yours sincerely



Dr. Ewen Stewart
On behalf of Lothian Sexual & Reproductive Health Service

Headquarters
Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG

NHS Confidential: Personal data about a patient

Lothian NHS Board

Public Health & Health Policy
Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG

NHS
Lothian

Date: 3 May 2011

Email: EDclinic@nhslothian.scot.nhs.uk

Dear Colleagues

We are writing to inform you about a new referral pathway for men with severe distress relating to erectile dysfunction (ED) who wish to be considered for ongoing treatment on the NHS. The Scottish Government has recently changed the regulations in relation to the prescribing of ED treatments on the NHS. This means that, after an initial assessment by a specialist service to confirm severe distress, treatments for ED may be prescribed in primary care on an NHS prescription marked "SLS".

It is not considered necessary for this specialist assessment to be face to face and it may be based on information provided by the referrer.

We have therefore devised a referral pro-forma that can be completed for a patient and sent to a secure email address. The proforma may be copied and pasted into the email or sent as an attachment to the email (ED@nhslothian.scot.nhs.uk). You may set it up as a template within your clinical system.

If the necessary criteria are met you will receive a reply authorising you to issue ongoing NHS prescriptions for ED treatment on the grounds of severe distress. These may be for 5-phosphodiesterase inhibitors, such as Viagra, or other treatments you feel are clinically indicated.

This service is solely designed to assess a patient's eligibility for NHS treatment and such assessment may be required even in patients who have contra-indications for ED therapy or in whom previous treatment has failed. If required, these patients may also be referred either to Urology (using the Erectile Dysfunction protocol) or to the Sexual Problems clinic at the Royal Infirmary for assessment and recommendations on alternative treatments.

RefHelp has advice and guidance on the assessment of patients with erectile dysfunction in primary care.

Please make sure that you supply your contact details, including a regularly used secure email address, on the pro-forma to ensure that you receive a prompt reply. If you wish to further discuss a patient's eligibility for prescribing *under the severe distress category*, please indicate that you wish a telephone call from the specialist and give a number for them to call you on. This should not be used for clinical queries relating to the appropriateness of a particular therapy for an individual – please refer these to Urology or the Sexual Problems clinic.

Yours sincerely



Dr. Ewen Stewart
On behalf of Lothian Sexual & Reproductive Health Service

Headquarters
Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG

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If you wish to further discuss a patient's eligibility for prescribing *under the severe distress category* please indicate that you wish a telephone call from the specialist and give a number for them to call you on.

This service is designed to assess a patient's eligibility for NHS treatment and such assessment may be required even in patients who have contra-indications for 5 phosphodiesterase therapy or in whom previous treatment has failed. These patients should also be referred either to Urology (using the Erectile Dysfunction protocol) or to the Sexual Problems clinic at the Royal Infirmary for assessment and recommendations on alternative treatments.

	Yes/No
<p><i>Does this man's erectile dysfunction have:</i></p> <p>a) a marked negative effect on his mood or behaviour?</p> <p>OR</p> <p>b) a marked negative effect on his interpersonal relationships?</p>	
<p>Do these effects cause significant disruption to normal life activities?</p>	
<p>Does this man, in your opinion, suffer from severe mental distress as a result of his erectile dysfunction?</p>	
<p>I wish to speak to the specialist about this patient's eligibility for NHS prescriptions under the severe distress category</p> <p>Telephone number:</p>	

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Lothian NHS Board



Erectile Dysfunction – SEVERE DISTRESS

Please complete BOTH pages and email this form to EDclinic@nhslothian.scot.nhs.uk

Protocol Text	
Patient Name	
Patient date of birth	
CHI	
Patient Address	
GP /Referrer	
Reference number:	
Practice Name & Address	
Practice telephone number:	
Secure email address for reply;	

This referral service is for men who may suffer from *severe distress as a result of erectile dysfunction* and who may benefit from 5 phosphodiesterase drugs or other treatments to help this. Scottish Government regulations now allow GP SLS prescriptions for these drugs after a specialist opinion to confirm eligibility due to severe distress.

If the criteria for severe distress in this protocol are met you will receive a reply confirming that the patient is eligible for NHS SLS prescriptions for erectile dysfunction treatments. This is NOT an opinion on the suitability of the patient for 5phosphodiesterase drugs (the usual first line medication). The responsibility for appropriate assessment and prescribing remains with the prescriber of the medication.

RefHelp has advice and guidance on the assessment of patients with erectile dysfunction in primary care.

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✓ Advised

STF

Boroughloch Medical Practice



1 Meadow Place
EDINBURGH
EH9 1JZ
Tel: 0131 229 7529
Fax: 0131 656 4500

Dr L. R. MacCallum M.B.Ch.B GMC 2339427

Name: JAMES HEBURN Date of Birth: 19/08/63

To complete some information about your health we would be grateful if you could answer the following questions:

Smoking

- Do you smoke?
 - No
 - Yes – How many a day? 20
 - Ex smoker – when did you stop? _____
 - How many did you smoke? _____
- If you answered yes would you be interested in smoking cessation?
Yes / ~~No~~

Alcohol

- How many units of alcohol do you drink in an average week? Given that 1 unit is equal to: ½ Pint Beer/Lager or 1 Glass Wine or 1 Pub Measure of Spirits

Non Drinker <10 11-20 21-30 31-40 41-50 51+

- What type of alcohol do you drink in an average week: Wine, Spirit, Cider, Beer, Ale, Alcopops.
- How many of these would you drink in the average week?

.....

PLEASE RETURN TO RECEPTION ONCE COMPLETED

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PORT OF LEITH
HOUSING ASSOCIATION

Dr Linda R MacCallum
Boroughloch Medical Practice
1 Meadow Place
EDINBURGH
EH9 1JZ

4 June 2013

Dear Dr MacCallum,

Re: James Hepburn, 8/3 Clearburn Road, Edinburgh, EH16 5EY

Thank you for your letter of 31 May 2013 concerning Mr Hepburn.

A copy of your correspondence has been forwarded to Edindex and your letter will be retained on file.

Yours sincerely

PP Claire Traynor
Senior Housing Officer

THIRD PARTY COPY



Chief Executive: Keith Anderson BA, MCIH, MRICS, FRSA
Port of Leith Housing Association Limited
108 Constitution Street, Leith, Edinburgh, EH6 6AZ
Telephone: 0131 554 0403 Fax: 0131 555 1504 Email: info@polha.co.uk
www.polha.co.uk
Scottish Charity SC027945 Property Factor Registration PF000283



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JAMES HEPBURN

8/3 CLEARBURN ROAD

EH16 5EY

D.O.B: 19/08/63

Dear Linda,

Following our discussion yesterday about my impending move to Albert St and the affect this was having on my health and how I felt that it was too much of an undertaking for me to proceed with at this time, I have informed Port Of Leith of my decision. I have enclosed a copy of the letter I have sent them and having talked to someone at EDINDEX , I was told that although officially I did not need to send them anything, the person I was speaking to advised me to do so anyway, just to keep the record straight. So along with the support letter you have kindly agreed to write for me, if you could just send them a copy of the letter I have made out to the Port Of Leith I would be very grateful. I have enclosed two stamped addressed envelopes.

I very much appreciate your help in all of this Linda and promise to try and not get myself into such a pickle again.

With kind regards

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JAMES HEPBURN
8/3 CLEARBURN ROAD
EH16 5EY
0131 662 1902
29/05/13

SIMON DAVIES
PORT OF LEITH HOUSING ASSOCIATION

Dear Simon,

I had been on the EDINDEX list for nearly eight years and Leith was the area to which I wanted to move as I have friends who live around there and I felt such a move now would be good for me after the events of last year. Unfortunately I may have allowed emotion to influence my decision without fully appreciating what was involved in moving house. Over the period of ten days travelling back and fore on the bus and carrying things, walking up and down three flights of stairs, I became aware of the amount of energy this was taking and the toll this amount of effort was having on me, especially since for the last ten years I have been living on the first floor. It was after experiencing having to stand on the sixth rung of a stepladder and finding that I would still have to be at full stretch using a paint roller to decorate the roof and top of the walls and not feeling at all safe or secure, that I finally had to face up to the fact that I had undertaken something that I was not yet fit or well enough to see through.

After discussing with my G.P, who will write to you in due course, the affect my current situation was having on my health, I have reluctantly come to the decision that I can no longer proceed with the move to 7(3f1) Albert Street. As I explained to you yesterday, last year I underwent six months of chemotherapy treatment for cancer followed by a further three week stay in hospital, seven days of which I was incubated to help my body fight the influenza A I had developed. The influenza left me severely debilitated and unable to walk and it has been a slow process regaining the strength in my legs and healing the damage done to my lungs. The hospital had said to me that it could take anything up to a year for me to fully recover from all of this and I now see that I need more time to do so.

I am sincerely sorry for the disruption this causes everyone but hope you understand why I have had to make this decision. I accept responsibility for paying you the sum of £147.60 to cover rent for the two weeks I have held the keys, which I agree to pay within four weeks. I

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am sorry but this is the best I can do based on my present income. I have removed everything I had taken down there and left the flat in the same condition as it was presented to me on 17/05/13. Finally, I would be grateful if you would let me know that because I still wish to move to the Leith area, and may want to bid for one of your properties appearing on EDINDEX again, that Port Of Leith would have no objection in my doing so. I assure you that because of this experience, and the stress and worry it has caused me, any future bid would only be made after carefully assessing that it was suitable for my circumstances at that time.

Yours sincerely,

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Edinburgh Guided Self-Help Service

Private and Confidential

Dr R Smith
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

3rd October 2013

Re: HEPBURN, James (CHI: 15/05/1961)

Dear Dr Smith,

I am writing to you regarding the above patient whom you referred to Edinburgh Guided Self-Help Service.

We wrote to Mr Hepburn on 9th September 2013 enclosing detailed information about the service and inviting him to opt-in to the waiting list for the service. We ask patients to contact us within seven working days of receiving our invitation.

He has not been in contact; therefore we are unable to provide a service for him at this time.

Please do not hesitate to contact us if you have any questions regarding this matter.

Yours Sincerely,

Edinburgh Guided Self-Help Service

Guided Self-Help Service, 40 Shandwick Place, Edinburgh, EH2 4RT. Tel: 0131 2256508

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**Edinburgh Community Healthcare Partnership
Sexual and Reproductive Health Service**

Chalmers Centre
2A Chalmers Street
Edinburgh EH3 9ES

NHS
Lothian

Telephone : 0131 536 1070
Fax : 0131 536 1609
www.lothiansexualhealth.scot.nhs.uk

CONFIDENTIAL

Ref: DC/CE/AN02352184
Date: 25th June 2013
Secretary: 0131 536 2098

Dr Linda MacCallum
Boroughloch Medical Practice
1 Meadow Place
EDINBURGH

Dear Dr MacCallum

**JAMES HEPBURN FLAT 3 8 CLEARBURN ROAD EDINBURGH EH16 5EY
DOB: 19.08.63**

Date of Clinic Visit: 13.6.13
Diagnosis: HIV Infection – diagnosed 1990
Active Problems: Social Withdrawal
Inactive Problems: Previous treatment for Non-Hodgkin's Lymphoma
Previous admission with respiratory failure secondary to influenza
Current Treatment: Truvada one tablet once a day
Darunavir 800 mg once a day
Ritonavir 100 mg once a day
Other Medication: Nil.
CD4 Count: 735/mm³ (29%) – 30.5.13
Viral Load: <40 copies/ml – 30.5.13
Other Results: eGFR - >90 ml/min
Cholesterol - 4.9 mmol/l
Triglycerides - 1.4 mmol/l
HDL - 1.4 mmol/l
LDL - 2.9 mmol/l
Chol:HDLC Ratio – 3.5

James appears to be in better spirits. He tells me he feels that he is unfit. He took a 4th floor flat as an exchanged, but had to pull out of the arrangement, when he realised how difficult it was climbing the extra flights of stairs. He walks a lot for exercise, but doesn't feel this gives him enough cardiovascular fitness. He is going to start doing more exercise. He has had made previous attempts to stop smoking and has some 20 mg patches. He plans to have a further attempt in the near future.

James had an STI screen when his bloods were done and this was all negative. He had had a condom accident and I did a further STI screen today.

Yours sincerely

ht *es*
D J CLUTTERBUCK FRCP
Consultant Physician

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**Edinburgh Community Healthcare Partnership
Sexual and Reproductive Health Service**

Chalmers Centre
2A Chalmers Street
Edinburgh EH3 9ES



Telephone : 0131 536 1070
Fax : 0131 536 1609
www.lothiansexualhealth.scot.nhs.uk

CONFIDENTIAL

Dr Linda MacCallum
Boroughloch Medical Practice
1 Meadow Place
EDINBURGH

Ref: DC/CE/AN02352184

Date: 8th January 2014

Secretary: 0131 536 2098

Dear Dr MacCallum

JAMES HEPBURN FLAT 3 8 CLEARBURN ROAD EDINBURGH EH16 5EY**DOB: 19.08.63**Date of Clinic Visit: 19.12.13Diagnosis: HIV Infection – diagnosed 1990Active Problems: Social WithdrawalInactive Problems: Previous treatment for Non-Hodgkin's Lymphoma
Previous admission with respiratory failure secondary to influenzaCurrent Treatment: Truvada one tablet once a day
Darunavir 800 mg once a day
Ritonavir 100 mg once a dayOther Medication: Nil.CD4 Count: 919/mm³ (27%) – 5.12.13Viral Load: <40 copies/ml – 5.12.13Other Results 5.12.13: Cholesterol - 5.3 mmol/l
Triglycerides – 1.2 mmol/l
HDL - 1.3 mmol/l
LDL – 3.4 mmol/l
Chol:HDLC Ratio – 4

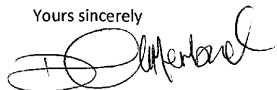
James is physically well. He has received a form regarding review of his DLA entitlement. He seems very quite content to accept that he will lose DLA now that his health has improved. He is more concerned about the prospect of changes to employment support allowance. James seems ready to face returning to looking for work, even though this is a challenge. He is anxious about this being forced upon him. I have advised him to speak to Rick Hodgeson at Waverley Care, who can provide him with support and advice, both in dealing with ESA review and with volunteering and returning to the workplace. James knows of Rick and will make the referral himself.

His physical problems include angular cheilitis and fungal toenail infection. Thanks for providing him with treatment for these. He was also concerned about discomfort around a previous anal fistula. I examined this today. There was a ridge of scarring on the perineum that was slightly inflamed. There was no evidence of

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any abscess formation. I have given him Daktacort, with which to treat the area. He has his haematology review in January and his next review here is in June 2014.

Yours sincerely



D J CLUTTERBUCK FRCP
Consultant Physician

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Edinburgh Community Healthcare Partnership
Sexual and Reproductive Health Service

Chalmers Centre
2a Chalmers Street
Edinburgh EH3 9ES

NHS
Lothian

Telephone 0131 536 1070
Fax: 0131 536 1609
www.lothiansexualhealth.scot.nhs.uk

CONFIDENTIAL

Dr Linda MacCallum
Boroughloch Medical Practice
1 Meadow Place
EDINBURGH

Ref: CO/SM/AN02352184
Date: 30/06/14
Secretary: 0131 536 2098

Dear Dr MacCallum

JAMES HEPBURN FLAT 3 8 CLEARBURN ROAD EDINBURGH EH16 5EY
DOB: 19.08.63

Date of Clinic Visit: 26/06/14

Diagnosis: HIV Infection – diagnosed 1990

Active Problems: Social Withdrawal

Inactive Problems: Previous treatment for Non-Hodgkin's Lymphoma
Previous admission with respiratory failure secondary to influenza

Current Treatment: Truvada one tablet once a day
Darunavir 800 mg once a day
Ritonavir 100 mg once a day

Other Medication: Terbinafine

CD4 Count: 525/mm³ (26%) – 05/06/14

Viral Load: <40 copies/ml – 05/06/14

James remains clinically well with no new medical problems since his last attendance and with good HIV control. His haemoglobin remains on the low side with 132g/l (red cell count 4.21 and haematocrit 0.36). His MCV is normal at 86fl. This is really unchanged for the last two years. He tells me that he is still on Terbinafine for a fungal toenail infection and has had very little benefit although he is aware that this may take a long time to improve. James is not sexually active at the moment. His estimated risk of developing a fatal cardiovascular event in the next 10 years is only 11%. We are planning to see him in six months' time.

Yours sincerely



Dr Carlos Oroz
Associate Specialist

cc: Dr Fiona Scott, Consultant Haematologist, WGH

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**Edinburgh Community Healthcare Partnership
Sexual and Reproductive Health Service**

Chalmers Centre
2a Chalmers Street
Edinburgh EH3 9ES

Telephone 0131 536 1070
Fax: 0131 536 1609
www.lothiansexualhealth.scot.nhs.uk

**CONFIDENTIAL**

Ref: DJC/SM/AN02352184
Date: 15 December 2014

Dr. Linda Maccallum
Boroughloch Surgery
1 Meadow Place
Edinburgh
EH9 1JZ

Dear Dr Maccallum

re: Patient Details JAMES HEPBURN DOB: 19/08/1963

Clinic date: 27/11/14

Diagnosis: HIV infection

Active problems: Fungal toenail infection

Inactive problems:

ARV Treatment: Truvada - one tablet once a day
Darunavir - 800mg once a day
Ritonavir - 100mg once a day

Other medication: Terbinafine 250mg o.d

Drug Allergies:

CD4: 634/mm³ (34%) - 11/11/14

Viral Load: <40 copies/ml - 11/11/14

Hepatitis B & C status: HepBsAg negative 15/10/10
HepCAb negative 05/06/14
HepBsAb titre 1000mIU/mL 05/06/14

STI (history and tests) Screen 13/06/13

CVD Risk Assessment: 10 year risk 13%

Reproductive health:

Vaccination history: Measles immune
Hepatitis A vaccination given

Actions:

Next appointment:

Dr Gordon Scott
Dr Dan Clutterback
Secretary:
(0131) 536 2098

Dr Imali Fernando
Dr Jackie Patterson
Dr Carlos Oroz
Secretary:
(0131) 536 2097

An HIV nurse
specialist is available
Monday to Friday
9am-4pm for any
clinical queries on
07580 852672.

Our clinical HIV
pharmacists can also
be contacted for
advice on
prescribing:
Direct Line:
(0131) 536 1606.
RIE.PharmacyChalmers@nhslothian.scot.nhs.uk

James is well. He has recently undergone an ATOS review of his benefits. As he expected, he has lost employment support allowance but is still receiving Job Seeker's Allowance and DLA. This has prompted him to explore volunteering with Positive Help and Waverley Care in order to obtain some references when looking for work. He seems to have a very positive attitude to this. His only persistent clinical symptom is that his toenails still appeared to be infected after almost a year on Terbinafine. I took a further clipping for culture and sensitivity today. James has no evidence of Hepatitis A immunity and does not know if he has had measles. Today I checked his measles and VZV serology and gave him a dose of MMR and Haverix. His measles IgG is positive so he does not require further vaccination.

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins.
Check interactions at <http://www.hiv-druginteractions.org/>

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Yours sincerely



Dr D J Clutterbuck FRCP
Consultant Physician

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*Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins.
Check interactions at <http://www.hiv-druginteractions.org/>*

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James Hepburn
8 -3 Clearburn Road
Edinburgh
EH16 5EY

the health and well-being of
ia. By taking control of their
could be free from disruption
to exercise.

Asthma
Control
Test™



Why take the Asthma Control Test™?

The Asthma Control Test™ will provide you with a snapshot of how well your asthma has been controlled over the last four weeks, giving you a simple score out of 25. Asthma symptoms can vary from month to month, so it is worth keeping the test handy to see if your score changes. You can also share your results with your doctor or asthma nurse to help explain just how your asthma affects you.

Are you in control of your asthma? Or is your asthma in control of you? Here's how to find out

- Step 1: Read each question below carefully, circle your score and write it in the box.
- Step 2: Add up each of your five scores to get your total Asthma Control Test™ score.
- Step 3: Use the score guide to learn how well you are controlling your asthma.

Q1	During the past 4 weeks, how often did your asthma prevent you from getting as much done at work, school or home?	Score:
	All of the time 1 Most of the time 2 Some of the time 3 A little of the time 4 None of the time 5	
Q2	During the past 4 weeks, how often have you had shortness of breath?	Score:
	More than once a day 1 Once a day 2 3-4 times a week 3 1-2 times a week 4 Not at all 5	
Q3	During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, chest tightness, shortness of breath) wake you up at night or earlier than usual in the morning?	Score:
	4 or more times a week 1 2-3 nights a week 2 Once a week 3 Once or twice 4 Not at all 5	
Q4	During the past 4 weeks, how often have you used your reliever inhaler (usually blue)?	Score:
	3 or more times a day 1 2 times a day 2 2-3 times a week 3 Once a week or less 4 Not at all 5	
Q5	How would you rate your asthma control during the past 4 weeks?	Score:
	Not controlled 1 Poorly controlled 2 Somewhat controlled 3 Well controlled 4 Completely controlled 5	

Total Score 19

What does your score mean?

Score: 25 – WELL DONE

- Your asthma appears to have been UNDER CONTROL over the last 4 weeks.
- However, if you are experiencing any problems with your asthma, you should see your doctor or nurse.

Score: 20 to 24 – ON TARGET

- Your asthma appears to have been REASONABLY WELL CONTROLLED during the past 4 weeks.
- However, if you are experiencing symptoms your doctor or nurse may be able to help you.

Score: less than 20 – OFF TARGET

- Your asthma may NOT HAVE BEEN CONTROLLED during the past 4 weeks.
- Your doctor or nurse can recommend an asthma action plan to help improve your asthma control.

What can you do now?

Like many other people in the UK, it is possible that your asthma could have less impact on your everyday life. You can get a free pack full of information about how to take control of your asthma, including an action plan to fill in with your doctor or asthma nurse, from Asthma UK.

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US English version modified for use in UK. The production of this leaflet has been supported by GlaxoSmithKline

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NHS Lothian

Western General Hospital
Outpatient Department
Lower Ground Floor
Anne Ferguson Building
Crewe Road South
Edinburgh EH4 2XU

Dr Marshall
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Date: 19/01/2015

Outpatient Clinic Letter

Patient	James Hepburn 8/3 Clearburn Road Edinburgh EH16 5EY	CHI Date of Birth / Age UHPI	1908631694 19/08/1963 (51 years) 500565355M
Specialty Consultant	Haematology Dr Fiona Margaret Scott	Attendance Date	15/01/2015

Dear Dr Marshall

PROBLEMS:
Hodgkin's disease - CR1
HIV positive

Haemoglobin 140gm/L, white count 7.4, platelets 250.

Mr Hepburn attended the haematology clinic today. He is extremely well and had no major problems since last review. Weight is steady, he has had no significant infections, appetite is good and he has a much better diet.

On examination he was well. He had no palpable peripheral adenopathy. Abdomen was soft with no hepatosplenomegaly or detectable masses and his chest was clear.

It is now 3 years since Mr Hepburn completed modified ABVD chemotherapy and clinically he remains in remission. I plan to see him again in 6 months.

Best wishes.
Yours sincerely

Dr Fiona Margaret Scott
Consultant Haematologist
Tel: 0131 537 1903

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JAMES HEPBURN
D.O.B 19/08/63

Dear Dr Marshall,

This letter was for Dr Smith, but as he is no longer here, I wonder if you could please allow me to use you as a reference. The letter explains why, but if you have any questions or feel unable to help, please contact me or if you feel you don't know me well enough, Dr Dan Blutterbuck at the Chalmers St Clinic (HIV) has known me for a long time.

Yours sincerely
J. Hepburn.

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DR RICHARD SMITH
BOROUGHLOCH MEDICAL PRACTICE
REF: JAMES HEPBURN D:O:B 19/08/63

13/01/15.

Dear Dr Smith,

I am writing to ask you if it is OK for me to use you as one of two people Dan Clutterbuck being the other one, as character references for my application to join the PVG Scheme to enable me to work as a volunteer for both Positive Help and Waverly Care. I hope you don't mind as you two are the only two professional people that have known me for any length of time. Positive Help are in desperate need of support drivers and I would be working on reception for Waverly Care and I am doing their training course through February. If you could let me know as soon as possible by either telephoning me on 01316621902 or e-mail jhepburn180@gmail.com I would be very grateful. I hope you had a pleasant Christmas and I wish you a happy new year.

Yours sincerely,

J. Hepburn

22.1.15 OK. Please phone or email as requested then scan to notes

JH

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NHS Lothian

Dr J Marshall
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Date: 13/03/2015

Emergency Discharge Summary

Patient	James Hepburn 8/3 Clearburn Road Edinburgh Midlothian EH16 5EY	CHI Date of Birth / Age UHPI A&E Attendance Number	1908631694 19/08/1983 (51 years) 500568355M E2943345
Attendance Date	12/03/2015		
Attendance Time	14:32		
Mode of Arrival	Walked		
Source of Referral	Other		
Discharge Date	12/03/2015		
Discharge To			

Dear Dr J Marshall

Presentation: dpg bite to leg

51 YOM. Sustained dog bite this pm from unknown dog to L posterior lower leg.

PMHx - HIV+, Hx of Hodgkins lymphoma - now clear, asthma.

MEDs - anti retrovirals, inhalers.

NKDA

? Tetanus status.

O/E L Leg - DNVI. 2 x small superficial puncture wounds at lower psoterior leg at calve. No sensation of FB. Small active bleeds.

IMP - Superficial Dog Bite wound.

PLAN - Wound irrigated NACL. Mepore applied. Monitor for infection. PO Coamoxiclav 625mg TDS 7/7 and IM revaxis tetanus + advice. Worsening statement.

Yours Sincerely,

Darren J Bennet, Nurse Practitioner

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NHS Lothian

Dr J Marshall
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Date: 01/04/2015

Emergency Discharge Summary

Patient	James Hepburn 8/3 Clearburn Road Edinburgh Midlothian EH16 5EY	CHI Date of Birth / Age UHP1 A&E Attendance Number	1908631694 19/08/1963 (51 years) 500565355M E2956578
Attendance Date	30/03/2015	Contact	No One
Attendance Time	13:44		
Mode of Arrival	Walked		
Source of Referral	Self Referral to A&E		
Discharge Date	30/03/2015		
Discharge To			

Dear Dr J Marshall

Presentation: I hand inj

Diagnosis:

Left Hand: Metacarpal, Fifth, Shaft Or Neck (Boxer's) Fracture

Clinical notes: 51 y o M. RHD.

HPC - DIY today. Trying to fix a leaking tap when his hand slipped and struck the tap.
Isolated injury.

o/c L hand - swollen / red / tender over 5th MC head. No bruising noted nor deformity. Skin intact. DNVI.

Mild pain over 4th MC also. Non tender rest of hand incl littel finger + carpus / wrist.
GROM fingers with no rotational deformity. GROM wrist.

XR L hand - undisplaced 5th MC head fracture

Plan - buddy strapping / rest / ice / elevate / simple analgesia.

Referred to: Orthopaedic Trauma Triage Clinic

Place of injury: Other

Mechanism of injury: Other

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Patient consents to be contacted by orthopaedics service by telephone: Yes
Home number: 0131 662 1902

The relevant advice leaflet has been provided: Yes

Yours Sincerely,

Anne Grant , Nurse Practitioner

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University Hospitals Division
Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA



Department of Trauma and Orthopaedic Surgery

Dr Marshall
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Date First Created: 31/03/2015
Date/Time Printed: 01/04/2015 10:35
Our Ref: 500565355M
CHI: 1908631694

Patient: Mr James Hepburn 8/3 Clearburn Road Midlothian Edinburgh EH16 5EY	UHPI: 500565355M Date of Birth: 19/08/1963
Specialty: Orthopaedic Trauma Triage Clinic	Consultant:

This Patient's Emergency Departments records and x-rays were reviewed at the Trauma Triage Clinic by Mr CM Robinson on 31/03/2015 and the following was determined:

Date of injury:
Mechanism of injury: Other

Clinical note : 51 year old with boxers fracture, discharged as per protocol.

The management plan is for Discharge. No further intervention required. Self management as per ED leaflet

Kind regards

Mr C M Robinson FRCSEd (Orth)
Consultant Orthopaedic Surgeon
Royal Infirmary of Edinburgh

Secretary: 0131 242 3407

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LOTHIAN UNIVERSITY HOSPITALS DIVISION MEDICAL MICROBIOLOGY SERVICES www.edinburghlabmed.co.uk			
Clinical Bacteriology, Royal Infirmary of Edinburgh 51 Little France Crescent, EDINBURGH, EH16 4SA			
PIN/CHI: 1908631694 / 1908631694	D.O.B: 19/08/1963	Tel: 0131 242 6048 / 6025	
Patient: HEPBURN, JAMES	Sex: Male		
Report to: Dr Piotr Konieczny		Taken: u/k u/k	
Address: Boroughloch MP, Meadow PI-NEW		Received: 01/04/2015 16:46	
	Clinical Details:	Date Reported: 03/04/2015	
Lab. Ref. No.: MF055339Z Spec.: Nail, clip toe Mycology, microscopy Direct microscopy for fungal hyphae : POSITIVE Mycology, culture Result to follow			
Authorised by : Background Authorisation for Dr A P Gibb			

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LOTHIAN UNIVERSITY HOSPITALS DIVISION MEDICAL MICROBIOLOGY SERVICES			
www.edinburghlabmed.co.uk			
Clinical Bacteriology, Royal Infirmary of Edinburgh 51 Little France Crescent, EDINBURGH, EH16 4SA			
PIN/CHI: 1908631694 / 1908631694	D.O.B: 19/08/1963	Tel: 0131 242 6048 / 6025	
Patient: HEPBURN, JAMES	Sex: Male		
Report to: Dr Piotr Koniczny		Taken: u/k	u/k
Address: Boroughloch MP, Meadow PI-NEW		Received: 01/04/2015	16:46
	Clinical Details:	Date Reported: 16/04/2015	
<p>Lab. Ref. No.:MF055339Z Spec.:Nail, clip toe</p> <p>Mycology, microscopy Direct microscopy for fungal hyphae : POSITIVE</p> <p>Mycology, culture Culture for fungi : NEGATIVE A high proportion of infected nail specimens fail to grow on culture. Since the most likely cause is a dermatophyte, appropriate therapy should be prescribed</p>			
Authorised by : Background Authorisation for Dr A P Gibb			

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**Edinburgh Community Healthcare Partnership
Sexual and Reproductive Health Service**

Chalmers Centre
2a Chalmers Street
Edinburgh EH3 9ES

Telephone 0131 536 1070
Fax: 0131 536 1609
www.lothiansexualhealth.scot.nhs.uk

**CONFIDENTIAL**

Ref: DW/SM/AN02352184
Date: 27th May 2015

Dr. Jane Marshall
Boroughloch Surgery
1 Meadow Place
Edinburgh
EH9 1JZ

Dear Dr Marshall

re: **Patient Details** JAMES HEPBURN DOB: 19/08/1963**Clinic date:** 14/05/15**Diagnosis:** HIV infection - diagnosed 01/01/90**Active problems:** Ongoing fungal infection affecting all toenails. He has been on Terbinafine for two years with no effect. He feels this is getting him down.**Inactive problems:****ARV Treatment:** Truvada - one tablet once a day
Darunavir - 800mg once a day
Ritonavir - 100mg once a day**Other medication:** Terbinafine 250mg o.d**Drug Allergies:** None recorded**CD4:** 563/mm³ - 01/05/15**Viral Load:** <40 copies/ml - 01/05/15**Hepatitis B serology**
Hepatitis A IgG negative - 23/08/12
Hep BcAb positive - 14/10/10
Hep BsAg negative 15/10/10
Hep CAb negative 05/06/14
Hep BsAb titre 1000mIU/mL 05/06/14
Anti HCV negative = 05/06/14**STI (history and tests)** Declined STI screen which was offered on 30/04/15**CVD Risk Assessment:** Estimated 14% over the next ten years**Reproductive health:****Vaccination history:** Measles IgG positive on 28/11/14
Hepatitis A test negative - I note had one vaccination 27/11/14, should have further vaccination when next attends.
Hepatitis B - has had infection previously, no further vaccination required.**Actions:****Next appointment:** In six months

I saw James in clinic on 14th May 2015. He is doing very well. His CD4 count was 536 and his viral load

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins.
Check interactions at <http://www.hiv-druginteractions.org/>

Dr Gordon Scott
Dr Don Clutterbuck
Secretary:
(0131) 536 2098

Dr Imali Fernando
Dr Jackie Patterson
Dr Carlos Oroz

Secretary:
(0131) 536 2097

An HIV nurse
specialist is available
Monday to Friday
9am-4pm for any
clinical queries on
07580 832672.

Our clinical HIV
pharmacists can also
be contacted for
advice on
prescribing:
Direct Line:
(0131) 536 1606.
RHP.Pharmacy@chalm
ers@nhshlothian.scot
nhs.uk

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undetectable. He acknowledged missing one dose of his medication but felt he was doing well with this otherwise. His main concern is a fungal nail infection which has affected all toes for at least the last 2 years. He has been on Terbinafine for two years with no effect. His little toenails fall off regularly because of the infection. He feels very down about the infection and feels it affects his self esteem. I discussed with Dr Gilson at that time and we wondered if Itraconazole may be okay. Pharmacy have investigated this and there are potential interactions between Itraconazole when given with Ritonavir or Darunavir although the evidence is low. Pharmacy also noted that Terbinafine has potential interactions with Darunavir and Ritonavir. Dr Gilson has asked if it would be possible for the surgery to do a toe nail scraping to ascertain what type of fungal infection James has and we are then happy to discuss anti fungals. I believe Dr Gilson had wondered re using fluconazole but felt the toe nail sample needed to be taken first

His estimated cardiovascular risk over the next ten years is 14%. He smokes 20 cigarettes per day but is keen to stop smoking. He has patches at home and may try these. He says he is okay during the day but evenings are worse when he feels more isolated. I offered support but he declined this at present. He had issues last year around benefits which were reviewed. He is now volunteering for Waverley Care and working as a driver for Positive Voice which is due to start soon. He feels that if he can get six months experience under his belt in voluntary work then he will be more able to get back into the job market, which is his longterm plan. He talked also about feeling isolated. This is partly due to where he stays. He is on a priority list for rehoming and hopes to move back in the centre of town where he feels able to get out and about more. He also thinks that if he manages to find work or with the voluntary work he is doing at the moment, that may help him feel less isolated. The plan is to review in six months with a nurse appointment followed by a doctor appointment two weeks later. He was re-issued with the HIV mobile number in case of any problems in the meantime.

Yours sincerely



Debbie White
HIV Nurse Practitioner

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Sexual and Reproductive Health Service

Chalmers Centre
2a Chalmers Street
Edinburgh EH3 9ES

Telephone 0131 536 1070
Fax: 0131 536 1609
www.lothianssexualhealth.scot.nhs.uk



CONFIDENTIAL

Dr. Jane Marshall
Boroughloch Surgery
1 Meadow Place
Edinburgh
EH9 1JZ

Ref: DC/CE/AN02352184
Date: 27th May 2015

Dear Dr Marshall

re: Patient Details JAMES HEPBURN DOB: 19/08/1963
Clinic date: Not Seen
Diagnosis: HIV infection - diagnosed 01/01/90
Active problems: Candida Albicans Nail Infection - no sensitivities
Inactive problems:
ARV Treatment: Truvada - one tablet once a day
Darunavir - 800mg once a day
Ritonavir - 100mg once a day
Other medication: Itraconazole 200 mg once daily for one month
Drug Allergies: None recorded
CD4: 563/mm³ - 01/05/15
Viral Load: <40 copies/ml - 01/05/15
Hepatitis B serology Hepatitis A IgG negative - 23/08/12
Hep BcAb positive - 14/10/10
Hep BsAg negative 15/10/10
Hep CAb negative 05/06/14
Hep BsAb titre 1000mIU/mL 05/06/14
Anti HCV negative - 05/06/14

Dr Gordon Scott
Dr Don Clutterbuck

Secretary:
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Direct Line:
(0131) 536 1606.
NHS Pharmacy Chalmers
scs@nhslothian.scot.nhs.uk

STI (history and tests) Declined STI screen which was offered on 30/04/15
CVD Risk Assessment: Estimated 14% over the next ten years
Reproductive health:
Vaccination history: Measles IgG positive on 28/11/14
Hepatitis A test negative - I note had one vaccination 27/11/14,
should have further vaccination when next attends.
Hepatitis B - has had infection previously, no further vaccination
required.
Actions:
Next appointment:

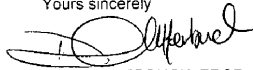
James contacted the department by letter regarding treatment for his fungal nail infection. The possibility of using other antifungals had been investigated, but I am afraid we had not got back to him. I am very sorry about this. I think the risk of significant interaction and his antiretrovirals is low. The levels of Itraconazole will be elevated,

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins.
Check interactions at <http://www.hiv-druginteractions.org/>

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but I think this is unlikely to be significant. The fungal culture from 27th November last year showed *Candida Albicans* on culture. Unfortunately there were no sensitivities. I have prescribed a month of Itraconazole for him to collect from the department. We will see him to check his liver function after that and continue the course if required.

Yours sincerely



D.J. GLUTTERBUCK FRCP
Consultant Physician

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Check interactions at <http://www.hiv-druginteractions.org/>*

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LOTHIAN UNIVERSITY HOSPITALS DIVISION
 www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: HEPBURN, JAMES **UPI:** 1908631694 **CHI:** 1908631694
DOB: 19/08/1963 **SEX:** M **CONSULTANT/GP:** Dr Piotr Konieczny
SOURCE: Boroughloch MP,1 Meadow Pl-NEW **SENDER:**

CLINICAL DETAILS: review of LFTs on itraconazole (on anti-retrovirals).

	05/09/2013	09/01/2014	10/07/2014	15/01/2015	07/07/2015
Date Collected	05/09/2013	09/01/2014	10/07/2014	15/01/2015	07/07/2015
Time Collected	09:11	09:18	09:07	09:11	11:31
Date Received	05/09/2013	09/01/2014	10/07/2014	15/01/2015	07/07/2015
Time Received	09:22	09:27	09:22	09:20	16:17
Specimen Number	QB213416D	QB107906J	QB080948G	QB079653Y	HR958726B
Urea	2.5-6.6 mmol/L	6.2	6.1	7.7 H	5.7
Creatinine	60-120 umol/L	72	70	69	67
eGFR (/1.73m2)	ml/min	>60	>60	>60	>60
Sodium	135-145 mmol/L	136	132 L	132 L	129 L
Potassium	3.6-5 mmol/L	5.7 H	4.6	4.9	4.6
Bilirubin	3-21 umol/L	12	6	6	10
ALT	10-50 U/L	52 H	30	53 H	43
Alk.Phos	40-125 U/L	80	94	105	101
GGT	10-55 U/L	20	21	23	25
Albumin	30-45 g/L	44	40	39	43
Calcium	2.1-2.6 mmol/L	2.45	2.45	2.36	2.39
Adjusted Calcium	2.1-2.6 mmol/L	2.37	2.45	2.38	2.33
LDH -Architect	125-220 U/L	304 H	164	263 H	209
TSH	0.2-4.5 mU/L	1.1			
Free T4	9-21 pmol/L	13			

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DATE PRINTED: 08/07/2015
 TIME PRINTED: 11:47

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Page 1 of 1

Piotr Konieczny

From: Clutterbuck Daniel (NHS LOTHIAN) [daniel.clutterbuck@nhs.net]
Sent: 08 July 2015 16:24
To: Piotr Konieczny
Subject: RE: Re.: JH 19/06/63

Piotr
I am sorry if there has been confusion - there has been a lot of correspondence by letter and email but still the plan was not clear.
Thanks for checking his LFTs.
AS the infection is well established in his nails I think continue for 3 months and review - if they are not completely clear continue for a further 3
Dan

Dr Dan Clutterbuck
Consultant in Genitourinary & HIV medicine, NHS Lothian
Lead Clinician Sexual Health, NHS Borders
Borders Sexual Health, Currie Rd, Galashiels, TD1 2UA: 01896 663700
Chalmers Sexual Health Centre, 2A Chalmers St, Edinburgh, EH3 9ES: 01315361070
GMC 3682061

PA:
Lothian: Christina Early 0131 536 2098
Borders: Debbie White/Carol Campbell 01896 663703

From: Piotr Konieczny [Piotr.Konieczny@lothian.scot.nhs.uk]
Sent: 08 July 2015 16:22
To: Clutterbuck Daniel (NHS LOTHIAN)
Subject: Re.: JH 19/06/63

Dear Dr Clutterbuck,

I saw James on 07/07 when he asked me to give him prescription for itraconazole. You have started this recently and asked him to attend Chalmers for LFTs and further script (your letter 27/5). He was surprised....

I did the LFTs and they came back normal today. Will you be happy for me to continue his itraconazole script? How long do you think he should be on it?

Thanks,
Piotr

Dr Piotr Konieczny
GP
Boroughloch Medical Practice
1 Meadow Place
EMP 11Z, Edinburgh
Tel.: 0131 229 75 29
Email: piotr.konieczny@lothian.scot.nhs.uk

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08/07/2015

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NHS Lothian

Western General Hospital
Outpatient Department
Lower Ground Floor
Anne Ferguson Building
Crewe Road South
Edinburgh EH4 2XU

Dr Marshall
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Date: 17/07/2015

Outpatient Clinic Letter

Patient	James Hepburn 8/3 Clearburn Road Edinburgh EH16 5EY	CHI Date of Birth / Age UHPI	1908631694 19/08/1963 (51 years) 500565355M
Specialty Consultant	Haematology Dr Fiona Margaret Scott	Attendance Date	16/07/2015

Dear Dr Marshall

PROBLEMS:
Hodgkin's disease - CR1
HIV positive

Haemoglobin 132gm/L, white count 5.5, platelets 202.

Mr Hepburn attended the haematology clinic today. I am delighted to say he is very well with no major issues since last review. He continues on his antiretroviral therapy. His antifungal has been switched to Itraconazole as a toe-clipping has shown the presence of candida. Weight is steady, appetite is good and he has no significant systemic symptoms.

On examination he was extremely well. He had no palpable peripheral adenopathy, hepatosplenomegaly or abdominal masses.

Clinically Mr Hepburn is in remission and I plan to see him in 6 months.

Best wishes,
Yours sincerely

Dr Fiona Margaret Scott
Consultant Haematologist
Tel: 0131 537 1903

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cc
Dr Clutterbuck
Consultant Physician
Chalmers Sexual Health Centre
2a Chalmers Street
Edinburgh
EH3 9ES

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Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: HEPBURN, JAMES	UPI: 1908631694	CHI: 1908631694			
DOB: 19/08/1963	SEX: M	CONSULTANT/GP: Deborah A Smeeton (Prac)			
SOURCE: Boroughloch MP,1 Meadow Pl-NEW	SENDER:				
CLINICAL DETAILS: on anti-fungal meds.					
Date Collected	10/07/2014	15/01/2015	07/07/2015	16/07/2015	30/09/2015
Time Collected	09:07	09:11	11:31	09:43	11:36
Date Received	10/07/2014	15/01/2015	07/07/2015	16/07/2015	30/09/2015
Time Received	09:22	09:20	16:17	09:51	16:34
Specimen Number	QB080948G	QB079653Y	HB958726B	QB079477V	HR929959Y
Urea	2.5-6.6 mmol/L	7.7 H	5.7	5.0	
Creatinine	60-120 umol/L	69	67	65	
eGFR (/1.73m2)	ml/min	>60	>60	>60	
Sodium	135-145 mmol/L	132 L	129 L	128 L	
Potassium	3.6-5 mmol/L	4.9	4.6	4.9	
Bilirubin	3-21 umol/L	6	6	10	9
ALT	10-50 U/L	53 H	43	45	42
Alk.Phos	40-125 U/L	105	101	79	95
GGT	10-55 U/L	23	25		26
Albumin	30-45 g/L	39	43	40	
Calcium	2.1-2.6 mmol/L	2.36	2.39	2.26	
Adjustd Calcium	2.1-2.6 mmol/L	2.38	2.33	2.26	
LDH -Architect	125-220 U/L	263 H	209	190	

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Telephone: 0131 536 1070
Fax: 0131 536 1609
www.lothiansexualhealth.scot.nhs.uk

Ref: KB/AJM/AN02352184
Date: 4th November 2015

CONFIDENTIAL

Dr. Jane Marshall
Boroughloch Surgery
1 Meadow Place
Edinburgh
EH9 1JZ

Dear Dr Marshall

re: Patient Details JAMES HEPBURN DOB: 19/08/1963
Clinic date: 27/10/15
Diagnosis: HIV infection - diagnosed 01/01/90
Active problems: Candida Albicans Nail Infection
Inactive problems: Nil
ARV Treatment: Truvada - one tablet once a day
 Darunavir - 800mg once a day
 Ritonavir - 100mg once a day
Other medication: Itraconazole 200 mg once daily
Drug Allergies: None recorded
CD4: 504/mm³ - 16/10/15
Viral Load: <40 copies/ml - 16/10/15
Hepatitis B serology Hepatitis A IgG negative - 23/08/12
 Hep BcAb positive - 14/10/10
 Hep BsAg negative 01/05/15
 Hep CAb negative 05/06/14
 Hep BsAb titre 1000mIU/mL 01/05/15
 Anti HCV negative - 01/05/15
STI (history and tests) Declined STI screen
CVD Risk Assessment: Estimated 13% over the next ten years
 Smokes around 20 per day- discussed
 Is using patches when at volunteer work, and is planning to reduce
 this further
Reproductive health: NA
Vaccination history: Measles immune
 Hepatitis A requires vaccination at next review
 Flu vaccination - requires seasonal vaccine
 Pneumovax - requires vaccination and booster every 5 years
Actions: Seasonal flu vaccine at GP practice and consider pneumococcal
 vaccination at same time
Next appointment: 6 months

Dr Gordon Scott
Dr Dan Clutterbuck
Secretary:
(0131) 536 2098

Dr Imati Fernando
Dr Jackie Patterson
Dr Carlos Oroz
Secretary:
(0131) 536 2097

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ers.nhs.uk

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Check interactions at <http://www.hiv-druginteractions.org/>

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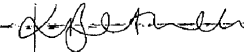
I was pleased to meet with James on behalf of his medical team. He continues to do very well and his HIV monitoring bloods are reassuring. He has no issues with taking his antiviral combination of Darunavir and Truvada, and tells me that he does not get any adverse side effects with these.

He has been having an ongoing issue with the candida on his toes, which has improved somewhat but not gone completely. He tells me that your practice is prescribing Itraconazole and you have also been monitoring his liver function and his recent results from here were also reassuring.

He did not require a sexual health screen. His cardiovascular risk is around 13% and this is primarily due to his ongoing smoking. He is keen on smoking cessation and tells me that he has been using a patch when he volunteers and will carry on with using this. He knows that there are various options in terms of support or advice with this if he should so wish, however, he feels that he is able to continue to reduce on his own. I was pleased to hear that he carries on volunteering and is hoping for some part-time work soon. He declined our One Stop Shop appointments, and therefore will continue to attend for bloods and medical appointments a few weeks apart and we will see him in 6 months time for this.

Kind regards,

Yours sincerely



Katherine Bethell
Clinical Nurse Specialist

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Bowel Screening Centre
Kings Cross
Cleington Road
Dundee
DD3 8EA



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Dr JANE MARSHALL
BOROUGHLOCH MED PRACTICE
1 MEADOW PLACE
EDINBURGH
EH9 1JZ

Date: 17 Nov 2015
CHI Number: 1908631694

Bowel Screening
Helpline Number: 0800 0121 833

Dear Doctor,

Your patient **1908631694, JAMES HEPBURN, 8 -3 CLEARBURN ROAD, EDINBURGH, . . . EH16 5EY** was invited to participate in the Bowel Screening Programme on **19/08/2015**

It is 3 months since your patient was sent a bowel screening invitation and bowel screening test kit. As of today's date your patient has not participated. At 6 months your patient will return to re-call and be invited again in two years time.

Anything your GP Practice can offer to help your patient's awareness and understanding of the benefits and risks of the Bowel Screening Programme would be appreciated - this will help them to reach an informed decision regarding participation.

If your patient no longer has their screening kit, it is possible to request another by calling the Scottish Bowel Screening Helpline on 0800 0121 833

Yours sincerely

Professor Steele
Clinical Director

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www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: HEPBURN, JAMES	UPI: 1908631694	CHI: 1908631694			
DOB: 19/08/1963	SEX: M	CONSULTANT/GP: Dr Jane Marshall			
SOURCE: Boroughloch MP,1 Meadow Pl-NEW	SENDER:				
CLINICAL DETAILS: repeat blood.					
Date Collected	15/01/2015	07/07/2015	16/07/2015	30/09/2015	29/12/2015
Time Collected	09:11	11:31	09:43	11:36	09:57
Date Received	15/01/2015	07/07/2015	16/07/2015	30/09/2015	29/12/2015
Time Received	09:20	16:17	09:51	16:34	12:14
Specimen Number	QB079653Y	HB958726B	QB079477V	HB929959Y	HB907208D
Urea	2.5-6.6 mmol/L	5.7		5.0	
Creatinine	60-120 umol/L	67		65	
eGFR (/1.73m2)	ml/min	>60		>60	
Sodium	135-145 mmol/L	129 L		128 L	
Potassium	3.6-5 mmol/L	4.6		4.9	
Bilirubin	3-21 umol/L	6	10	9	5
ALT	10-50 U/L	43	45	46	34
Alk.Phos	40-125 U/L	101	79	95	96
GGT	10-55 U/L		25		19
Albumin	30-45 g/L	43		40	
Calcium	2.1-2.6 mmol/L	2.38		2.26	
Adjusted Calcium	2.1-2.6 mmol/L	2.33		2.26	
LDH -Architect	125-220 U/L	209		190	

COMMENTS: Only comments on the most recent result are printed

DATE PRINTED: 30/12/2015
TIME PRINTED: 11:47

Specimen type is serum, plasma or blood unless otherwise stated

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NHS Lothian

Western General Hospital
Outpatient Department
Lower Ground Floor
Anne Ferguson Building
Crewe Road South
Edinburgh EH4 2XU

Dr Marshall
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Date: 25/01/2016

Outpatient Clinic Letter

Patient	James Hepburn 8/3 Clearburn Road Edinburgh EH16 5EY	CHI Date of Birth / Age UHPI	1908631894 19/08/1963 (52 years) 500565355M
Specialty Consultant	Haematology Dr Fiona Margaret Scott	Attendance Date	21/01/2016

Dear Dr Marshall

PROBLEMS:
Hodgkin's disease, Stage 4 - CR1
Post ABVD x 6
HIV positive

Haemoglobin 136g/L, white count 6.2, platelets 191.

Mr Hepburn attended the haematology clinic today. Generally he is well. He has lost a little weight and he is uncertain as to why this is as his appetite is good, he has had no abdominal pain or GI symptoms and there is no history of sweats. He continues on his regular antiretroviral medication plus Itraconazole for his fungal nail infection.

On examination he was well with no palpable peripheral adenopathy, abdomen was soft with no hepatosplenomegaly or detectable masses. Heart sounds I and II only were audible and his chest was clear.

It is nearly 4 years since Mr Hepburn completed his chemotherapy and clinically he remains in remission. I am happy therefore to see him in 6 months.

Best wishes.
Yours sincerely

Dr Fiona Margaret Scott

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Consultant Haematologist
Tel: 0131 537 1903

cc
Dr Clutterbuck
Consultant Physician
Chalmers Sexual Health Centre
2a Chalmers Street
Edinburgh
EH3 9ES

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**Edinburgh Community Healthcare Partnership
Sexual and Reproductive Health Service**Chalmers Centre
2a Chalmers Street
Edinburgh EH3 9ESTelephone 0131 536 1070
Fax: 0131 536 1609
www.lothiansexualhealth.scot.nhs.uk**CONFIDENTIAL**Dr. Jane Marshall
Boroughloch Surgery
1 Meadow Place
Edinburgh
EH9 1JZRef: DC/CE/AN02352184
Date: 19 April 2016

Dear Dr. Marshall

re: Patient Details JAMES HEPBURN DOB: 19/08/1963
Flat 3, Clearburn Road
Prestonfield
EDINBURGH
EH16 5EY

Clinic date: 14/04/16

Diagnosis: HIV infection - diagnosed 01/01/90

Active problems: Imminent loss of Personal Independence Payment
Erectile dysfunction
Smoking - reduced to 5 cigarettes per day

Inactive problems: Nil

ARV Treatment: Truvada - one tablet once a day
Darunavir - 800mg once a day
Ritonavir - 100mg once a day

Other medication: Itraconazole 200 mg once daily

Drug Allergies: None recorded

CD4: 629/mm³ (31%) - 31/03/16

Viral Load: <40 copies/ml - 31/03/16

Hepatitis B serology Hepatitis A IgG negative - 23/08/12
Hep BcAb positive - 14/10/10
Hep BsAg negative 01/05/15
Hep CAbs negative 05/06/14
Hep BsAb titre 1000mIU/mL 01/05/15
Anti HCV negative - 01/05/15

STI (history and tests) Declined STI screen

CVD Risk Assessment: Estimated 13% over the next ten years
Smokes around 20 per day- discussed
Is using patches when at volunteer work, and is planning to reduce this further

Reproductive health: NA

Vaccination history: Measles immune
Hepatitis A requires vaccination at next review
Flu vaccination - requires seasonal vaccine
Prevarin - requires vaccination next visit

Dr Gordon Scott
Dr Dan Clutterbuck
Secretary:
(0131) 536 2098Dr Imali Fernando
Dr Jackie Patterson
Dr Carlos OrozSecretary:
(0131) 536 2097An HIV nurse
specialist is available
Monday to Friday
9am-4pm for any
clinical queries on
07580 852672.Our clinical HIV
pharmacists can also
be contacted for
advice on
prescribing:
Direct Line:
(0131) 536 1606.
RLE.Pharmacy@chalmers.scot.nhs.uk

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins.
Check interactions at <http://www.hiv-druginteractions.org/>

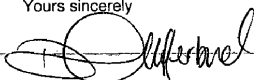
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Actions: Nil
Next appointment: 6 months

James is physically well. His main preoccupation is the imminent loss of his Personal Independence Payment. However, he has accepted the inevitability of this and is making great efforts to return to work. As you know, he is already volunteering for Waverley Care and Positive Help. He has also engaged with a work group at Remploy and is about to undertake a placement in a bank. Nonetheless reduction in income is causing him some considerable stress. His only physical complaint was erectile dysfunction. He thinks that this is partly attributable to his smoking, although he has reduced this from 20 to about 5 cigarettes daily.

I know he receives Viagra from you occasionally. He says this is only partly successful. We arranged that he would have a testosterone level checked today, along with a Previnar 13 pneumonia vaccine. However, he left the clinic before these could be given, so we will do them next time. He will continue on 6 monthly review.

Yours sincerely



D J CLUTTERBUCK FRCP
Consultant Physician

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*Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins.
Check interactions at <http://www.hiv-druginteractions.org/>*

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www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: HEPBURN, JAMES	UPI: 1908631694	CHI: 1908631694			
DOB: 19/08/1963	SEX: M	CONSULTANT/GP: Dr Piotr Konieczny			
SOURCE: Boroughloch MP,1 Meadow Pl-NEW	SENDER:				
CLINICAL DETAILS: recheck blood.					
Date Collected	16/07/2015	30/09/2015	29/12/2015	21/01/2016	25/04/2016
Time Collected	09:43	11:36	09:57	08:56	13:11
Date Received	16/07/2015	30/09/2015	29/12/2015	21/01/2016	25/04/2016
Time Received	09:51	16:34	12:14	09:15	16:34
Specimen Number	QB079477V	HB929959Y	HB907208D	QB085223W	HB907756C
Urea	2.5-6.6 mmol/L	5.0		5.2	
Creatinine	64-111 umol/L	65		70	
eGFR (/1.73m2)	ml/min	>60		>60	
Sodium	135-145 mmol/L	128 L		132 L	
Potassium	3.6-5 mmol/L	4.9		5.2 H	
Bilirubin	3-21 umol/L	9	9	5	9
ALT	10-50 U/L	46	42	34	38
Alk.Phos	40-125 U/L	95	92	96	107
GGT	10-55 U/L		26	19	22
Albumin	36-47 g/L	40		42	
Calcium	2.2-2.6 mmol/L	2.26		2.36	
Adjustd Calcium	2.2-2.6 mmol/L	2.26		2.36	
LDH -Architect	125-220 U/L	190		172	

COMMENTS: Only comments on the most recent result are printed

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Specimen type is serum, plasma or blood unless otherwise stated

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Outpatient Department
Lower Ground Floor
Anne Ferguson Building
Crewe Road South
Edinburgh EH4 2XU

Dr Marshall
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Date: 25/07/2016

Outpatient Clinic Letter

Patient	James Hepburn 8/3 Clearburn Road Edinburgh EH16 5EY	CHI Date of Birth / Age UHPI	1908631694 19/08/1963 (52 years) 500565355M
Specialty Consultant	Haematology Dr Fiona Margaret Scott	Attendance Date	21/07/2016

Dear Dr Marshall

Problems:
Hodgkin's discase, stage 4 - CR1
Post ABVD x 6
HIV

Mr Hepburn attended the Haematology clinic today. He is extremely well and had no new medical issues since last review. Weight is steady, there is no history of sweats or fevers and he has required no antibiotics. He continues on his longstanding antiretroviral medication.

On examination he was well. He had no clinically palpable peripheral adenopathy. Abdomen was soft with no hepatosplenomegaly or detectable masses and his chest was clear.

It is 4 years since Mr Hepburn completed treatment. Clinically he remains in remission. I plan to see him in 6 months and thereafter it would be for annual review.

Best wishes

Yours sincerely

Dr Peter R. E. Johnson
Consultant Haematologist

PREJ/SC 22/07/16

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Tel: 0131 537 2595
Email: peter.johnson@luht.scot.nhs.uk

Copy:

Dr Clutterbuck
Consultant in GU Medicine
Chalmers Centre
Edinburgh

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Edinburgh Community Healthcare Partnership
Sexual and Reproductive Health Service

Chalmers Centre
2a Chalmers Street
Edinburgh EH3 9ES

Telephone 0131 536 1070
Fax: 0131 536 1609
www.lothiansexualhealth.scot.nhs.uk

**CONFIDENTIAL**

Dr. Jane Marshall
Boroughloch Surgery
1 Meadow Place
Edinburgh
EH9 1JZ

Ref: DJC/SM/AN02352184
Date: 11th October, 2016

Dear Dr Marshall

re: Patient Details

JAMES HEBBURN DOB: 19/08/1963
Flat 3, Clearburn Road
Prestonfield
EDINBURGH
EH16 5EY

Dr Gordon Scott
Dr Don Clutterbuck
Secretary:
(0131) 536 2098

Clinic date:

29/09/16

Diagnosis:

HIV infection - diagnosed 01/01/90

Active problems:

Painful knee
Recent stopped smoking

Inactive problems:

Nil

ARV Treatment:

Truvada - one tablet once a day
Darunavir - 800mg once a day
Ritonavir - 100mg once a day

Dr Imali Fernando
Dr Jackie Patterson
Dr Carlos Oroz
Secretary:
(0131) 536 2097

An HIV nurse
specialist is available
Monday to Friday
9am-4pm for any
clinical queries on
07580 852672.

Other medication:**Drug Allergies:**

None recorded

CD4:376/mm³ (27%) - 29/09/16**Viral Load:**

<40 copies/ml - 29/09/16

Hepatitis B serology

Hepatitis A IgG negative - 23/08/12
Hep BcAb positive - 14/10/10
Hep BsAg negative 01/05/15
Hep CAb negative 05/06/14
Hep BsAb titre 1000mIU/mL 01/05/15
Anti HCV negative - 01/05/15

Our clinical HIV
pharmacists can also
be contacted for
advice on
prescribing:
Direct Line:
(0131) 536 1606,
R1E, PharmacyChalm
ers@nhslothian.scot.
nhs.uk

STI (history and tests)

Declined STI screen

CVD Risk Assessment:

Estimated 13% over the next ten years
Smokes around 20 per day- discussed
Is using patches when at volunteer work, and is planning to reduce
this further

Reproductive health:

NA

Vaccination history:

Measles immune
Hepatitis A requires vaccination at next review
Flu vaccination - requires seasonal vaccine
Prevenar PCV-13 - requires vaccination next visit*

*Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins.
Check interactions at <http://www.hiv-druginteractions.org/>*

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4/5

Actions Chalmers: Prevenar PCV-13 due next visit*

Next appointment: 6 months

James remains completely well. I am pleased to hear that he has stopped smoking altogether for the last 8 weeks. He has had a sore right knee for one week. There was no precipitating injury but he has quite a significant limp.

On examination there was a full painless range of movement and no evidence of effusion. I have advised him to use simple analgesia for at least a couple of weeks before consulting with you. James has had some improvement in his toenails since after almost two years of antifungals. They are still not particularly beautiful but I think this is about as good as they are going to get. I have advised him to discontinue. James is about to start a job at ASDA for two days a week. This is the first paid work he has had in many years and it is a very positive step forward. Unfortunately there is still some confusion over his Prevenar vaccination, which has been prescribed but not given. We will give this on his next visit.

Yours sincerely



D J CLUTTERBUCK FRCP
Consultant Physician

**Prevenar PCV-13 is indicated in all HIV positive individuals. If PPV23 (Pneumovax) is recommended for other indications, according to national guidelines (Green book) this should be given in addition. The two vaccines should be given at least 3 months apart.*

*Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins.
Check interactions at <http://www.hiv-druginteractions.org/>*

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 Outpatient Department
 Lower Ground Floor
 Anne Ferguson Building
 Crewe Road South
 Edinburgh EH4 2XU

Dr Marshall
 Boroughloch Medical Practice
 1 Meadow Place
 Edinburgh
 EH9 1JZ

Date: 15/02/2017

Outpatient Clinic Letter

Patient	James Hepburn 8/3 Clearburn Road Edinburgh EH16 5EY	CHI Date of Birth / Age UHPI	1908631694 19/08/1963 (53 years) 500565355M
Specialty Consultant	Haematology Dr Fiona Margaret Scott	Attendance Date	08/02/2017

Dear Dr Marshall

PROBLEM:

Hodgkin's disease, Stage 4B - CR1
 Post ABVD x 6
 HIV on antiretroviral therapy

Haemoglobin 123g/L, white count 4.4, platelets 191.

Mr Hepburn attended the haematology clinic today. He is well with no new health issues since last review. Weight is steady, he has had no infections and there is no history of sweats. I was delighted to hear that he has also managed to stop smoking which is clearly important in terms of his long-term health. He continues on his regular antiretroviral therapy.

On examination he was well. He had no palpable peripheral adenopathy. Abdomen was soft with no hepatosplnomegaly or detectable masses and his chest was clear.

It is 5 years since Mr Hepburn completed his chemotherapy and clinically he remains in remission. The likelihood of disease recurrence at this stage is extremely small and I am happy therefore to discharge him from ongoing review. Mr Hepburn is aware however that because of the chemotherapy he has been through he has a slightly higher risk of earlier onset cardiovascular disease together with a slightly higher risk of secondary malignancies particularly lung cancer which is why it is very important that he discontinues smoking. He does understand that he continues to have open access to the department and could contact us to arrange prompt review if he developed any symptoms or signs suggestive of recurrent disease. Clinically however he is in remission and hopefully cured of his Hodgkin's lymphoma and I have therefore discharged him from ongoing review.

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Best wishes.
Yours sincerely

Dr Fiona Margaret Scott
Consultant Haematologist
Tel: 0131 537 1903

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**Edinburgh Community Healthcare Partnership
Sexual and Reproductive Health Service**

Consultants in Genito-Urinary & HIV Medicine:
Dr I M Fernando, Dr D J Clutterbuck, Dr J Paterson, Dr A V Nori
Associate Specialist: Dr C Oroz **Psychologist:** Dr E Caldwell
Secretaries: (0131) 536 2097 / 2098
HIV Nurse Specialist: 07580 852672 (9am - 4pm for clinical queries)
HIV Pharmacists: (0131) 536 1806 (for prescribing advice)
RfE Pharmacists: Chalmers@nhslothian.scot.nhs.uk

Chalmers Centre
2a Chalmers Street
Edinburgh EH3 9ES



Telephone 0131 536 1070
Fax: 0131 536 1609
www.lothiansexualhealth.scot.nhs.uk

CONFIDENTIAL		Ref: DJC/CM/AN02352184
		Date: 22nd March 2017
Dr. Piotr M Konieczny Boroughloch Medical Practice 1 Meadow Place Edinburgh EH9 1JZ		
Dear Dr Konieczny,		
Patient Details:	JAMES HEPBURN DOB: 19/08/1963 Flat 3 8 Clearburn Road Prestonfield EDINBURGH EH16 5EY	
Clinic Date:	06/03/2017	
Diagnosis:	HIV infection - diagnosed 01/01/90	
Active Problems:	Stopped smoking	
Inactive Problems	Nil	
ARV Treatment:	Truvada - one tablet once a day Darunavir - 800mg once a day Ritonavir - 100mg once a day	
Other Medication:	Nil	
ARV Resistance Testing:		
HLA-B5701 Status:		
Drug Allergies:	None recorded	
CD4 Cell Count:	566/mm ³ (33%) - 06/03/2017	
Viral Load:	<40 copies/ml - 06/03/2017	
Hepatitis Serology:	Hep A IgG - Negative - 23/08/2012 Hep BcAb - Positive - 14/10/2010 Hep BsAg - Negative - 01/05/2015 Hep BsAb Titre: 1000 mIU/mL - 06/03/2017 Hep C Ab - Negative - 05/06/2014 Anti HCV - Negative - 01/05/2015	
STI Testing:	Declined STI screen	
CVD Risk Assessment:	Estimated 13% over the next 10 years (Framingham Scale) Is using patches	
FRAX Score:		
Reproductive Health:	N/A	
Vaccination History:	Measles - Immune Hepatitis A requires vaccination at next review Flu vaccination - requires seasonal vaccine Prevenar PCV-13 given 06/03/2017	
<p><i>Note: Prevenar PCV-13 is indicated in all HIV positive individuals. If PPV23 (Pneumovax) is recommended</i></p>		


Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins.
Check interactions at <http://www.hiv-druginteractions.org/>

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	<i>for other indications, according to national guidelines (Green Book) this should be given in addition. The two vaccines should be given at least 3 months apart.</i>
Actions: Chalmers	
Actions: GP	
Next Appointment:	6 months

James is well. Although he is no longer in paid work. He has several volunteer jobs and continues to apply for paid employment. He misses no doses of antiretrovirals and has no gastrointestinal side effects whatsoever. His only other medication is multivitamins. He received Prevenar PCV-13 vaccination today.

Yours sincerely



Dr Daniel Clutterbuck FRCP
Consultant GU Physician

*Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins.
Check interactions at <http://www.hiv-druginteractions.org/>*

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**Edinburgh Community Healthcare Partnership
Sexual and Reproductive Health Service**

Chalmers Centre, 2a Chalmers Street, Edinburgh EH3 9ES
Telephone: (0131) 536 1070
www.lothiansexualhealth.scot.nhs.uk



*Consultants in Genito-Urinary & HIV Medicine: Dr I M Fernando, Dr D J Clutterbuck,
Dr J Paterson
Associate Specialist: Dr C Oroz Psychologist: Dr E Caldwell
Secretaries: (0131) 536 2097 / 2098
HIV Nurse Specialist: 07580 852672 (9am - 4pm for clinical queries)
HIV Pharmacists (0131) 536 1606 (for prescribing advice) RIE.PharmacyChalmers@nhslothian.scot.nhs.uk*

Ref: HP/CM/ AN02352184
Date: 12 October 2017

CONFIDENTIAL
Dr. Piotr M Konieczny
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Dear Dr Konieczny

Re: JAMES HEPBURN Flat 3 8 Clearburn Road Prestonfield EDINBURGH EH16 5EY
DOB: 19/08/1963

Clinic Date:	17th August 2017
Diagnosis:	HIV infection - diagnosed 01/01/90
Active Problems:	Nil
Inactive Problems:	Nil
ARV Treatment:	Truvada - one tablet once a day Darunavir - 800mg once a day Ritonavir - 100mg once a day
Other Medication:	Nil
ARV Resistance Testing:	no sequences on record
HLA-B5701 Status:	not tested
Drug Allergies:	None known
CD4 Cell Count:	501/mm ³ (32%) - 17/08/17
Viral Load:	<40 copies/ml - 17/08/17
Hepatitis Serology:	Hep A IgG - Negative - 23/08/2012 Hep BcAb - Positive - 14/10/2010 Hep BsAg - Negative - 01/05/2015 Hep BsAb Titre: 1000 mIU/mL - 17/08/2017 Hep C Ab - Negative - 17/08/2017 Anti HCV - Negative - 01/05/2015
STI Testing:	Declined STI screen - 17/08/2017
CVD Risk Assessment:	Estimated 7% over the next 10 years (Framingham Scale) - 17/8/17
FRAX Score:	Major fracture risk 3.2. Low risk. 17/8/17

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>

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Reproductive Health:	N/A
Vaccination History:	Measles - Immune Hepatitis A requires vaccination at next review (currently held due to worldwide shortage of Hep A vaccine) Flu vaccination - requires seasonal vaccine Prevenar PCV-13 given 06/03/2017 <i>Note: Prevenar PCV-13 is indicated in all HIV positive individuals. If PPV23 (Pneumovax) is recommended for other indications, according to national guidelines (Green Book) this should be given in addition. The two vaccines should be given at least 3 months apart.</i>
Actions: Chalmers	Nil
Actions: GP	
Next Appointment:	6 months

It was a pleasure to meet James in clinic for the first time today.

He has been well since he was last seen although he does have a couple of minor ailments (corn on his foot and a feeling of reduced breathing through his left nostril) and plans to see his GP about these.

He is happy with his current antiretrovirals with no side effects and no missed doses. There was previous discussion of a switch to Raltegravir once the once daily dosing is available.

If all remains well we will see James again in the clinic in 6 months time.

Yours sincerely



Dr Helen Pollitt
SpR in GU Medicine

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>

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IMMUNISATION CONSENT FORM



1908631694 M

HEPBURN
James
8 -3 Clearburn Road
Edinburgh
EH16 5EY 19/08/1963

Please read the following questionnaire to make sure there are no contra-indications to your immunisations. You will be asked to confirm this by signing this form.

1. Are you unwell today?
2. Do you have a disease which lowers immunity (e.g. Leukaemia, Cancer, HIV/AIDS) or are you taking steroid treatment?
3. Have you received chemotherapy or radiotherapy in the past six months?
4. Have you ever had a severe allergic reaction to any vaccine or drugs?
5. Do you have any severe allergies to anything including eggs?
6. Have you had an injection of immunoglobulin, or received any blood products or a whole blood transfusion within the past year?
7. Could you be pregnant? If so how many weeks are you?
8. Do you have a past history of Guillain-Barre syndrome?
9. Do you have any chronic disease?
10. Have you received other immunisations during the last month?
11. Do you have a bleeding disorder or take blood thinning medication e.g. Warfarin/ Apixaban? (REQUIRES SUBCUTANEOUS VACCINATION)

If you have answered YES to any of the questions, discuss this with the nurse during vaccination.

I confirm that I have read the above and understand the contra-indications. I hereby consent to be immunised as recommended.

Patient Signature *J. HEBURN*

Print Name **JAMES HEBURN**

Parent/ Guardian signature

Date	Vaccination	Consent/Signature
12/12/17	INFLUENZA P2AZI <i>OPHAR</i>	Nurse: <i>[Signature]</i> Authorised by Doctor:
		Nurse: Authorised by Doctor:

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**Edinburgh Community Healthcare Partnership
Sexual and Reproductive Health Service**

Chalmers Centre, 2a Chalmers Street, Edinburgh EH3 9ES
Telephone: (0131) 536 1070
www.lothiansexualhealth.scot.nhs.uk

Consultants in Genito-Urinary & HIV Medicine: Dr I M Fernando, Dr D J Clutterbuck,
Dr J Paterson

Associate Specialist: Dr C Oroz **Psychologist:** Dr E Caldwell

Secretaries: (0131) 536 2087 / 2098

HIV Nurse Specialist: 07580 852672 (9am - 4pm for clinical queries)

HIV Pharmacists (0131) 536 1606 (for prescribing advice) RIE.PharmacyChalmers@nhslothian.scot.nhs.uk

Ref: MD/nw AN02352184

Date: 16 February 2018

CONFIDENTIAL

Dr. Piotr M Konieczny
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Dear Dr Konieczny

Re: JAMES HEPBURN Flat 3 8 Clearburn Road Prestonfield EDINBURGH EH16 6EY
DOB: 19/08/1963

Clinic Date:	01/02/18
Diagnosis:	HIV infection - diagnosed 1990
Active Problems:	Low Sodium
Inactive Problems:	Nil
ARV Treatment:	Truvada - one tablet once a day Darunavir - 800mg once a day Ritonavir - 100mg once a day
Suitable for annual CD4/ routine blood monitoring:	
Other Medication:	Multivitamin (knows to take at a separate time to ARV)
ARV Resistance Testing:	No sequences on record
HLA-B*57:01 Status:	Not tested
Drug Allergies:	None known
CD4 Cell Count:	564 mm ³ (32%) 01/02/18
Viral Load:	<40 copies/ml 01/02/18
Hepatitis Serology:	Hep A IgG - Negative 23/08/12 Hep BcAb - Positive 14/10/10 Hep BsAg - Negative 01/05/15 Hep BsAb Titre: 1000 mIU/mL 17/08/17 Hep C Ab - Negative 17/08/17 Anti HCV - Negative 01/05/15
STI Testing:	Declined STI screen - 01/02/18
CVD Risk Assessment:	Estimated 7% over the next 10 years (Framingham Scale) 17/8/17

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>

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FRAX Score:	Major osteoporotic fracture risk 3.2 (Low risk) 17/8/17
Reproductive Health:	N/A
Vaccination History:	Measles - Immune Hepatitis A requires vaccination at next review (currently held due to worldwide shortage of Hep A vaccine) Flu vaccination - requires seasonal vaccine Prevenar PCV-13 given 06/03/2017 <i>Note: Prevenar PCV-13 is indicated in all HIV positive individuals. If PPV23 (Pneumovax) is recommended for other indications, according to national guidelines (Green Book) this should be given in addition. The two vaccines should be given at least 3 months apart.</i>
Actions: Chalmers	Requires Hepatitis A vaccination when available
Actions: GP	Please kindly repeat U&E
Next Appointment:	6 months

It was a pleasure to review James in the HIV clinic this afternoon. He remains very well and is happy with his antiretroviral regime. At a previous visit it had been suggested he might wish to switch to Truvada and Raltegravir. However as James is not having any difficulty managing three separate tablets currently, and he has no side effects, he would prefer to leave things be.

His HIV remains well controlled with an undetectable viral load. His sodium is 131 (previously 134) with rest of renal function normal. On reviewing his notes it would appear that his sodium has fluctuated up and down for several years. He isn't taking any other medication apart from vitamins over the counter. He is an ex-smoker of cigarettes but still occasionally uses cannabis. I have ordered a chest x-ray and would be very grateful if repeat U&E could be arranged with his GP.

He is due a Hepatitis A vaccination but we do not have any stock available at the moment due to global shortage. He had his seasonal flu vaccine with his GP.

He reported some problems with the Homecare company delivering his medication which I have reported to the pharmacy team and they will investigate this.

We will see him again in 6 months time.

Yours sincerely



Dr Michelle Day
Speciality Doctor in GUM

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>

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**Edinburgh Community Healthcare Partnership
Sexual and Reproductive Health Service**

Chalmers Centre, 2a Chalmers Street, Edinburgh EH3 9ES
Telephone: (0131) 536 1070
www.lothiansexualhealth.scot.nhs.uk



*Consultants in Genito-Urinary & HIV Medicine: Dr I M Fernando, Dr D J Clutterbuck,
Dr J Paterson
Associate Specialist: Dr C Oroz Psychologist: Dr E Caldwell
Secretaries: (0131) 536 2097 / 2098
HIV Nurse Specialist: 07580 852672 (9am - 4pm for clinical queries)
HIV Pharmacists (0131) 536 1606 (for prescribing advice) RIE.PharmacyChalmers@nhslothian.scot.nhs.uk*

Ref: DJC/ae/AN02352184
Date: 08 August 2018

CONFIDENTIAL

Dr. Piotr M Konieczny
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Dear Dr Konieczny

Re: JAMES HEPBURN Flat 3 8 Clearburn Road Prestonfield EDINBURGH EH16 5EY
DOB: 19/08/1963

Clinic Date:	02/08/18
Diagnosis:	HIV infection - diagnosed 1990
Active Problems:	Persistent mild hyponatraemia (133mmol/L) with no other abnormalities significant depression and anxiety - referral to Psychology services
Inactive Problems:	nil
Homecare:	yes
ARV Treatment:	Truvada - one tablet once a day Dolutegravir - 800mg once a day Ritonavir - 100mg once a day
Other Medication:	Multivitamin (knows to take at a separate time to ARV)
ARV Resistance Testing:	No sequences on record
HLA-B5701 Status:	Not tested
Drug Allergies:	none known
Suitable for annual CD4 / routine Blood monitoring:	yes - not yet discussed
CD4 Cell Count:	564/mm ³ (32%) - 01/02/18
Viral Load:	<40 copies/ml - 01/02/18
Hepatitis Serology:	Hep A IgG - Negative (23/08/12) Hep BcAb - Positive (14/10/10) Hep BsAg - Negative (01/05/15) Hep BsAb Titre: 1000 mIU/mL (17/08/17) Hep C Ab - Negative (17/08/17) Anti HCV - Negative (01/05/15)
STI Testing:	Declined STI screen - 01/02/18
CVD Risk Assessment:	Estimated 7% over the next 10 years (Framingham) - 17/08/17
FRAX Score:	Major osteoporotic fracture risk 3.2 (Low risk) - 17/08/17

*Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and
statins. Check interactions at <http://www.hiv-druginteractions.org/>*

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Reproductive Health:	N/A
Vaccination history:	Measles - Immune Hepatitis A requires vaccination at next review (currently held due to worldwide shortage of Hep A vaccine) Flu vaccination - requires seasonal vaccine Prevenar PCV-13 given 06/03/17
Actions Chalmers:	depression score - referral to Psychology
Actions GP:	nil
Next appointment:	6 months

James reported no problems at this routine review. However, I note the finding of hyponatremia at his last visit. He didn't attend your practice to have this repeated. He's also now constipated, opening his bowels only once every 3 or 4 days. He's tired although active at his volunteering jobs. He's also bradycardic with a pulse of 56 beats per minute. Today I've rechecked his U&Es and also thyroid function; I realised after he left the clinic that he's not attended for the x-ray ordered by Dr Day either.

James describes his mood as "okay" but admits to being grumpy and lonely. After further discussion I did a hospital depression score and he scored quite highly both for depression (14) and anxiety (11). There are elements of loneliness, HIV stigma, survivor guilt and "second life syndrome" to James' presentation. He's previously had one Psychology intervention but no regular support. I suggested to James that a further Psychology referral might be worthwhile and he feels ready to address some underlying issues. I've referred him to our Clinical Psychologist, Dr Ellie Caldwell.

On retesting his sodium remains low at 133mmol/L, random cortisol and T4 are normal. I have not ordered any further investigations.

Yours sincerely

Dr Dan Clutterbuck FRCP
Consultant GU Physician

Authorised electronically by DJC150818

cc

Dr Ellie Caldwell, Clinical Psychologist, Chalmers Centre

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>

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LOTHIAN UNIVERSITY HOSPITALS DIVISION MEDICAL MICROBIOLOGY SERVICES			
www.edinburghlabmed.co.uk			
Clinical Bacteriology, Royal Infirmary of Edinburgh 51 Little France Crescent, EDINBURGH, EH16 4SA			
PIN/CHI: 1908631694 / 1908631694	D.O.B: 19/08/1963	Tel: 0131 242 6048 / 6025	
Patient: HEPBURN, JAMES	Sex: Male		
Report to: Dr Piotr Koniczny		Taken: 24/10/2018 14:44	
Address: Boroughloch MP, Meadow PI-NEW		Received: 25/10/2018 08:15	
		Clinical Details:	Date Reported: 26/10/2018
fungal toenail infection suspected - has tried ly terbinafine adm ly itraconazole. we are re-assessing diagnosis.			
Lab. Ref. No.: MP093405C Spec.: Nail, clip right Great toe			
Myology, microscopy Direct microscopy for fungal hyphae : NEGATIVE			
Myology, culture Result to follow			
Authorised by : Background Authorisation for Dr I F Laurensen			

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LOTHIAN UNIVERSITY HOSPITALS DIVISION MEDICAL MICROBIOLOGY SERVICES			
www.edinburghlabmed.co.uk			
Clinical Bacteriology, Royal Infirmary of Edinburgh 51 Little France Crescent, EDINBURGH, EH16 4SA			
PIN/CHI: 1908631694 / 1908631694	D.O.B: 19/08/1963	Tel: 0131 242 6048 / 6025	
Patient: HEPBURN, JAMES	Sex: Male		
Report to: Dr Piotr Koniczny		Taken: 24/10/2018 14:44	
Address: Boroughloch MP, Meadow PI-NEW		Received: 25/10/2018 08:15	
	Clinical Details:	Date Reported: 08/11/2018	
fungal toenail infection suspected - has tried ly terbinafine adm ly itraconazole. we are re-assessing diagnosis.			
Lab. Ref. No.:MP093405C Spec.:Nail, clip right Great toe			
Mycology, microscopy Direct microscopy for fungal hyphae : NEGATIVE			
Mycology, culture Culture for fungi : NEGATIVE If a previous positive microscopy result has been received, appropriate therapy should be prescribed as a high proportion of infected nail specimens fail to grow anything significant on culture. The most likely cause of a microscopy positive, culture negative result is a dermatophyte infection.			
Authorised by : Background Authorisation for Dr F Laurenson			

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LOTHIAN UNIVERSITY HOSPITALS DIVISION
www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Biochemistry, WGH

PATIENT: HEPBURN, JAMES	UPI: 1908631694	CHI: 1908631694			
DOB: 19/08/1963	SEX: M	CONSULTANT/GP: Dr Piotr Konieczny			
SOURCE: Boroughloch MP, 1 Meadow Fl-NEW	SENDER:				
CLINICAL DETAILS:					
Date Collected	21/01/2016	25/04/2016	21/07/2016	08/02/2017	30/11/2018
Time Collected	08:56	13:11	09:07	u/k	12:45
Date Received	21/01/2016	25/04/2016	21/07/2016	08/02/2017	30/11/2018
Time Received	09:15	16:34	09:23	11:08	17:31
Specimen Number	QB085223W	HB907756C	QB011533G	QB835418A	QB650595G
Urea	2.5-6.6 mmol/L	5.2		4.7	4.8
Creatinine	64-111 umol/L	70		70	65
eGFR (/1.73m2)	ml/min	>60		>60	>60
Sodium	135-145 mmol/L	132 L		128 L	134 L
Potassium	3.6-5 mmol/L	5.2 H		5.1 H	4.7
Bilirubin	3-21 umol/L	8	9	12	9
ALT	10-50 U/L	43	38	41	39
Alk.Phos	40-125 U/L	107	90	97	88
GGT	10-55 U/L	22	20		18
Albumin	36-47 g/L	42		42	38
Calcium	2.2-2.6 mmol/L	2.36		2.31	2.32
Adjusted Calcium	2.2-2.6 mmol/L	2.36		2.31	2.38
LDH -Architect	125-220 U/L	172		HAEM	152

COMMENTS: Only comments on the most recent result are printed

30/11/2018 QB650595G

DATE PRINTED: 01/12/2018
TIME PRINTED: 10:58

Specimen type is serum, plasma or blood unless otherwise stated

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LOTHIAN UNIVERSITY HOSPITALS DIVISION
www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Biochemistry, WGH

PATIENT:	HEPBURN, JAMES	UPI:	1908631694	CHI:	1908631694
DOB:	19/08/1963	SEX:	M	CONSULTANT/GP:	Dr Jane Marshall
SOURCE:	Boroughloch MP, 1 Meadow Fl-NEW	SENDER:			
CLINICAL DETAILS: started terbinafine.					
Date Collected	25/04/2016	21/07/2016	08/02/2017	30/11/2018	17/01/2019
Time Collected	13:11	09:07	u/k	12:45	11:30
Date Received	25/04/2016	21/07/2016	08/02/2017	30/11/2018	17/01/2019
Time Received	16:34	09:23	11:08	17:31	16:44
Specimen Number	HB907756C	QB011533G	QB835418A	QB650595G	QB709440D
Urea	2.5-6.6 mmol/L		4.7	4.8	
Creatinine	64-111 umol/L		70	65	
eGFR (/1.73m2)	ml/min		>60	>60	
Sodium	135-145 mmol/L		128 L	134 L	
Potassium	3.6-5 mmol/L		5.1 H	4.7	
Bilirubin	3-21 umol/L	9	12	9	6
ALT	10-50 U/L	38	41	37	35
Alk.Phos	40-125 U/L	90	97	88	103
GGT	10-55 U/L	20		18	17
Albumin	36-47 g/L		42	38	
Calcium	2.2-2.6 mmol/L		2.31	2.32	
Adjusted Calcium	2.2-2.6 mmol/L		2.31	2.38	
LDH -Architect	125-220 U/L		HAEM	152	

COMMENTS: Only comments on the most recent result are printed

17/01/2019 QB709440D

DATE PRINTED: 18/01/2019
TIME PRINTED: 10:58

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Edinburgh Community Healthcare Partnership
Sexual and Reproductive Health Service

Chalmers Centre, 2a Chalmers Street, Edinburgh EH3 9ES
Telephone: (0131) 536 1070
www.lothiansexualhealth.scot.nhs.uk



Consultants in Genito-Urinary & HIV Medicine: Dr I M Fernando, Dr D J Clutterbuck,
Dr J Paterson

Associate Specialist: Dr C Oroz Psychologist: Dr E Caldwell

Secretaries: (0131) 536 2097 / 2098

HIV Nurse Specialist: 07580 852672 (9am - 4pm for clinical queries)

HIV Pharmacists (0131) 536 1606 (for prescribing advice) RIE.PharmacyChalmers@nhslothian.scot.nhs.uk

Ref: AN02352184

Date: 25th of January 2019

CONFIDENTIAL

Dr. Piotr M Konieczny
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Dear Dr Konieczny

Re: JAMES HEPBURN Flat 3-8 Clearburn Road Prestonfield EDINBURGH EH16 5EY
DOB: 19/08/1963

Clinic Date:	17/01/19
Diagnosis:	HIV infection - diagnosed 1990
Active Problems:	Persistent mild hyponatraemia (133mmol/L) with no other abnormalities significant depression and anxiety - referral to Psychology services
Inactive Problems:	nil
Homecare:	yes
ARV Treatment:	Truvada - one tablet once a day DARUNAVIR - 800mg once a day RITONAVIR - 100mg once a day
Other Medication:	Multivitamin (knows to take at a separate time to ARV)
ARV Resistance Testing:	No sequences on record
HLA-B5701 Status:	Not tested
Drug Allergies:	none known
Suitable for annual CD4 / routine Blood monitoring:	yes - discussed 17/01/19
CD4 Cell Count:	533/mm ³ (32%) - 02/08/18
Viral Load:	<40 copies/ml - 17/01/19
Hepatitis Serology:	Hep A IgG - Negative (23/08/12) Hep BcAb - Positive (14/10/10) Hep BsAg - Negative (01/05/15) Hep BsAb Titre: 1000 mIU/mL (17/08/17) Hep C Ab - Negative (17/08/17) Anti HCV - Negative (01/05/15)
STI Testing:	Declined STI screen - 01/02/18
CVD Risk Assessment:	Estimated 7% over the next 10 years (Framingham) - 17/08/17
FRAX Score:	Major osteoporotic fracture risk 3.2 (Low risk) - 17/08/17

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>

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Reproductive Health:	N/A
Vaccination history:	Measles - Immune Hepatitis A requires vaccination at next review (currently held due to worldwide shortage of Hep A vaccine) Flu vaccination - requires seasonal vaccine Prevenar PCV-13 given 06/03/17
Actions Chalmers:	depression score - referral to Psychology
Actions GP:	nil
Next appointment:	6 months

I reviewed James as part of his routine HIV care he is well with no significant issues. We completed his annual review and mental health & wellbeing assessment and we will review him in 6 months time unless he feels it appropriate to do so beforehand.

Yours sincerely,

Steven Sqaunce
Clinical Nurse Specialist
Authorised Electronically by SS 24/01/19

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>

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LOTHIAN UNIVERSITY HOSPITALS DIVISION
www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Biochemistry, WGH

PATIENT: HEPBURN, JAMES	UPI: 1908631694	CHI: 1908631694			
DOB: 19/08/1963	SEX: M	CONSULTANT/GP: Dr Jane Marshall			
SOURCE: Boroughloch MP, 1 Meadow Fl-NEW	SENDER:				
CLINICAL DETAILS: On terbinafine.					
Date Collected	21/07/2016	08/02/2017	30/11/2018	17/01/2019	21/02/2019
Time Collected	09:07	u/k	12:45	11:30	09:11
Date Received	21/07/2016	08/02/2017	30/11/2018	17/01/2019	21/02/2019
Time Received	09:23	11:08	17:31	16:44	11:32
Specimen Number	QB011533G	QB835418A	QB650595G	QB709440D	QB654456R
Urea	2.5-6.6 mmol/L	4.7	4.8		
Creatinine	64-111 umol/L	70	65		
eGFR (/1.73m2)	ml/min	>60	>60		
Sodium	135-145 mmol/L	128 L	134 L		
Potassium	3.6-5 mmol/L	5.1 H	4.7		
Bilirubin	3-21 umol/L	12	9	6	6
ALT	10-50 U/L	41	37	39	29
Alk.Phos	40-125 U/L	97	88	103	84
GGT	10-55 U/L		18	17	17
Albumin	36-47 g/L	42	38		
Calcium	2.2-2.6 mmol/L	2.31	2.32		
Adjustd Calcium	2.2-2.6 mmol/L	2.31	2.38		
LDH -Architect	125-220 U/L	HAEM	152		

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21/02/2019 QB654456R

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TIME PRINTED: 10:58

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IMMUNISATION CONSENT FORM



1908631694 M
HEPBURN
 James
 8 -3 Clearburn Road
 Edinburgh EH16 5EY 0131 662 1902
 19/06/1963

Please read the following questionnaire to make sure there are no contra-indications to your immunisations. You will be asked to confirm this by signing this form.

1. Are you unwell today? **NO**
2. Do you have a disease which lowers immunity (e.g. Leukaemia, Cancer, **HIV/AIDS**) or are you taking steroid treatment? **YES**
3. Have you received chemotherapy or radiotherapy in the past six months? **NO**
4. Have you ever had a severe allergic reaction to any vaccine or drugs? **YES** ANTIRETROVIRALS
5. Do you have any severe allergies to anything including eggs? **NO**
6. Have you had an injection of immunoglobulin, or received any blood products or a whole blood transfusion within the past year? **NO**
7. Could you be pregnant? If so how many weeks are you? **NO**
8. Do you have a past history of Guillain-Barre syndrome? **NO**
9. Do you have any chronic disease? **NO**
10. Have you received other immunisations during the last month? **NO**
11. Do you have a bleeding disorder or take blood thinning medication e.g. Warfarin/ Apixaban? **NO**

If you have answered YES to any of the questions, discuss this with the nurse during vaccination.

I confirm that I have read the above and understand the contra-indications.
 I hereby consent to be immunised as recommended.

Patient Signature..... *J. Hepburn*

Print Name..... **JAMES HEBURN**

Parent/ Guardian signature.....

Date	Vaccination	Consent/Signature
22/10/19	INFLUENZA	Nurse: <i>[Signature]</i> Authorised by Doctor:
	Flucelvax Tetra 20-2020-02040 0.5ml Lot: P100123010	Nurse: <i>[Signature]</i> Authorised by Doctor:

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Edinburgh Health and Social Care Partnership
Sexual and Reproductive Health Service



Chalmers Centre, 2a Chalmers Street, Edinburgh EH3 9ES
Telephone: (0131) 536 1070
www.lothiansexualhealth.scot.nhs.uk

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Dr J Paterson, Dr Rebecca Gilson, Dr Sally Weidling
Associate Specialist: Dr C Oroz Psychologist: Dr E Caldwell
Secretaries: (0131) 536 2098
HIV Nurse Specialist: 07580 852572 (9am - 4pm for clinical queries)
HIV Pharmacists (0131) 536 1606 (for prescribing advice) RIS.PharmacyChalmers@nhslothian.scot.nhs.uk

Ref: SS/CH/AND2352184
Date: 07/08/2020

CONFIDENTIAL
Dr Piotr M Konieczny
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Dear Dr Konieczny

Re: JAMES HEPBURN Flat 3 8 Clearburn Road, Prestonfield, EDINBURGH EH16 5EY
DOB: 19/08/1963

Clinic Date:	20/02/2020
Diagnosis:	HIV infection - diagnosed 1990
Active Problems:	Persistent mild hyponatraemia (133mmol/L) with no other abnormalities significant depression and anxiety - referral to Psychology services
Inactive Problems:	nil
Homecare:	yes
ARV Treatment:	Truvada - one tablet once a day Dolutavir - 800mg once a day Ritonavir - 100mg once a day
Other Medication:	Multivitamin (knows to take at a separate time to ARV)
ARV Resistance Testing:	No sequences on record
HLA-B*57:01 Status:	Not tested
Drug Allergies:	none known
Suitable for annual CD4 / routine blood monitoring:	bloods taken 20/02/20
CD4 Cell Count:	513/mm ³ (31%) - 26/08/19
Viral Load:	<40 copies/ml 20/02/2020
Hepatitis Serology:	Hep A IgG - negative (23/08/12) Hep BcAb - positive (14/10/10) Hep BsAg - negative (01/05/15) Hep BcAb titre: 1000 mIU/mL (17/08/17) Hep C Ab - negative (17/08/17) Anti HCV - negative (01/05/15)
STI Testing:	to be updated (26/08/19)

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>

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CVD Risk Assessment:	estimated 7% over the next 10 years (QRISK3) - 26/08/19
FRAX Score:	major osteoporotic fracture risk 3.2 (Low risk) - 17/08/17
Date of last assessment of psychological/cognitive wellbeing:	26/08/19
Reproductive Health:	N/A
Vaccination history:	Measles - Immune Hepatitis A requires vaccination at next review (currently held due to worldwide shortage of Hep A vaccine) Flu vaccination - requires seasonal vaccine Prevenar PCV-13 given 06/03/17
Actions Chalmers:	needs viral load and U&Es only at next appointment
Actions GP:	nil
Next appointment:	6 months

I saw James as part of his routine HIV review, he is well with no significant issues. Annual review complete. He will be reviewed in 6 months time

Yours sincerely,

Steven Squance
Clinical Nurse Specialist

Electronically authorised by SS 13/08/2020

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>

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**Edinburgh Health and Social Care Partnership
Sexual and Reproductive Health Service**

Chalmers Centre, 2a Chalmers Street, Edinburgh EH3 9ES
Telephone: (0131) 536 1070
www.lothiansexualhealth.scot.nhs.uk



*Consultants in Genito-Urinary & HIV Medicine: Dr Imali Fernando, Dr Daniel Clutterbuck,
Dr Jackie Paterson, Dr Rebecca Gilson, Dr Sally Wiekling
Associate Specialist: Dr Carlos Oroz Psychologist: Dr Ishbel Begg
Secretaries: (0131) 536 2097 / 2098
HIV Pharmacists (0131) 536 1626 (for prescribing advice) RfE.PharmacyChalmers@nhslothian.scot.nhs.uk*

Ref: KH/DH/ AN02352184
Date: 19 January 2021

CONFIDENTIAL

Dr Piotr M Koniczny
Boroughloch Medical Practice
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Dear Dr Koniczny

Re: JAMES HEPBURN Flat 3 8 Clearburn Road Prestonfield EDINBURGH EH16 5EY
DOB: 19/08/1963

Clinic Date: 14/01/2021
Diagnosis: HIV infection - diagnosed 1990
Persistent mild hyponatraemia (133mmol/L) with no other abnormalities

Active Problems: Significant depression and anxiety - referral to Psychology services

Inactive Problems: nil

Homecare: yes

ARV Treatment: Truvada - one tablet once a day
Darunavir - 800mg once a day
Ritonavir - 100mg once a day

Other Medication: Multivitamin (knows to take at a separate time to ARV)

ARV Resistance Testing: No sequences on record

HLA-B5701 Status: Not tested

Drug Allergies: none known

Suitable for annual CD4 / routine Blood monitoring: bloods taken 20/02/20

CD4 Cell Count: 513/mm³ (31%) - 26/08/19

Viral Load: <40 copies/ml 20/02/2020
Hep A IgG - negative (23/08/12)
Hep BcAb - positive (14/10/10)
Hep BsAg - negative (01/05/15)
Hep BsAb titre: 1000 mIU/mL (17/08/17)
Hep C Ab - negative (17/08/17)
Anti HCV - negative (01/05/15)

Hepatitis Serology:

STI Testing: to be updated (26/08/19)

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>

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CVD Risk Assessment: estimated 7% over the next 10 years (QRISK3) - 26/08/19
FRAX Score: 4.9% major osteoporotic fracture risk 0.9% hip fracture risk
Date of last assessment of psychological/cognitive wellbeing: January 2021
Reproductive Health: N/A
 Measles - immune
 Hepatitis A requires vaccination at next review (currently held due to worldwide shortage of Hep A vaccine)
Vaccination history: Flu vaccination - requires seasonal vaccine
 Prevenar PCV-13 given 06/03/17
Actions Chalmers: needs full HIV bloods when happy to come to clinic
Actions GP: nil
Next appointment: 6 months

I had a telephone consultation with James as a part of his HIV care today. He has not been seen for the past year due to the pandemic and due to the recent surge of cases he did not feel comfortable coming in to get his bloods checked today. He reported other than concerns regarding COVID he is well, he has no new medical issues and no new medications. He reports excellent adherence to his ARVs.

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>

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He has tried to keep active during lockdown and was going for 4 mile walk every day. He reports no significant weight gain. He is not sexually active.

We discussed that there is a small risk by delaying his blood check further but he was accepting of this and will get in touch when prior to his next appointment if he feels able.

He is hoping to have his vaccine by May and feels once he has been vaccinated will feel more comfortable travelling to our centre.

Yours sincerely,

Dr Katie Humphries
ST4 GUM

Electronically authorised by [KH] on 21/02/2021

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>

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Edinburgh Health and Social Care Partnership
Sexual and Reproductive Health Service

Chalmers Centre, 2a Chalmers Street, Edinburgh EH3 6ES
Telephone: (0131) 536 1970
www.lothian.nhs.uk/health/scot.nhs.uk



*Consultants in Genito-Urinary & HIV Medicine: Dr Imad Fernando, Dr Daniel Clutterbuck,
Dr Jackie Paterson, Dr Rebecca Gilson, Dr Sally Whilding
Associate Specialist: Dr Carlos Orea Psychologists: Dr Isabel Beag
Secretaries: (0131) 536 2067 / 2068
HIV Pharmacists (0131) 536 1606 (for prescribing advice): RIE.PharmacyChalmers@nhslothian.scot.nhs.uk*

Ref: KHCHIAN02352184
Date: 11 June 2021

CONFIDENTIAL
Dr Piotr M. Konieczny
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH8 1JZ

Dear Dr Konieczny

Re: JAMES HEPBURN Flat 3 8 Clearburn Road Prestonfield EDINBURGH EH16 5EY
DOB: 19/08/1963

Clinic Date:	10/06/2021
Diagnosis:	HIV infection - diagnosed 1990
Active Problems:	Raised cardiovascular risk Persistent mild hyponatraemia (133mmol/L) with no other abnormalities
Inactive Problems:	Significant depression and anxiety - referral to Psychology services
Homecare:	yes
ARV Treatment:	Truvada - one tablet once a day Dolutavir - 600mg once a day Rilunavir - 1000mg once a day
Other Medication:	Multivitamin (knows to take at a separate time to ARV)
ARV Resistance Testing:	No sequences on record
HLA-B*57:01 Status:	Not tested
Drug Allergies:	none known
Suitable for annual CD4 / routine Blood monitoring:	bloods taken 20/02/20
CD4 Cell Count:	480/mm ³ (32%) - 10/06/2021
Viral Load:	<40 copies/ml 10/06/2021

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.bnf-druginteractions.org/>

NHS Confidential: Personal data about a patient

	Hep A IgG - negative (23/08/17)
	Hep BcAb - positive (14/10/19)
Hepatitis Serology:	Hep BsAg - negative (01/08/18)
	Hep BsAb titre: 1000 mIU/ml. (17/08/17)
	Hep C Ab - negative (17/08/17)
	Anti HCV - negative (01/08/18)
STI Testing:	to be updated (26/08/19)
CVD Risk Assessment:	estimated 15.5% over the next 10 years (QRISK3) - June 2021
FRAX Score:	4.2% major osteoporotic fracture risk 0.8% hip fracture risk
Date of last assessment of psychological/cognitive wellbeing:	January 2021
Reproductive Health:	N/A
	Measles - Immune
Vaccination history:	Hepatitis A requires vaccination at next review (currently held due to worldwide shortage of Hep A vaccine)
	Flu vaccination - requires seasonal vaccine
	Prevnar PCV-13 given 08/03/17
Actions Chalmers:	review cardiovascular risk with up to date bloods
Actions GP:	Discussion re regimen change given CVD risk
Next appointment:	will contact with regards to cardiovascular risk 6 months

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.bnf-druginteractions.org/>

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I reviewed James today as part of his HIV care. He reports he has been well throughout the pandemic with no new medical issues or medications. He has had both his COVID vaccines now. Psychologically he is coping well with lockdown and although he lives alone does not feel isolated. He reported no issues with his medications, no side effects and good adherence.

The only issue today was when we calculated his CVD risk via QRISK3 this was elevated at 15.5% due to family history of a brother having heart triple bypass just under 60, his HIV and previous erectile dysfunction and his cholesterol/HDL ratio. We discussed this today, he reports he feels his diet was much poorer when we last did his bloods 2 years ago and was keen to wait for a repeat result. We will update you with these.

We discussed there are a few options to proceed but it maybe be best to consider a therapy switch. His cholesterol result from this appointment has come back a bit lower than previous and following a phone consult we agreed to leave things until his next appointment.

Yours sincerely,

Dr Katie Humphries
ST4 Sexual Health & HIV Medicine

Authorised electronically by KH 15/05/2021

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.bnf-druginteractions.org/>

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Sexual and Reproductive Health Service

Chalmers Centre, 2a Chalmers Street, Edinburgh EH3 9ES
Telephone: (0131) 536 1070
www.lothiansexualhealth.scot.nhs.uk



*Consultants in Genito-Urinary & HIV Medicine: Dr Imali Fernando, Dr Daniel Clutterbuck,
Dr Jackie Paterson, Dr Rebecca Gilson, Dr Sally Wielding*
Associate Specialist: Dr Carlos Oroz **Psychologist: Dr Ishbel Begg**
Secretaries: (0131) 536 2097 / 2098
HIV Pharmacists (0131) 536 1606 (for prescribing advice) RIE.PharmacyChalmers@nhslothian.scot.nhs.uk

Ref: KH/CH/AN02352184
Date: 03.12.2021

CONFIDENTIAL

Dr. Piotr M. Konieczny
Boroughloch Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ

Dear Dr Konieczny

Re: JAMES HEPBURN Flat 3 8 Clearburn Road Prestonfield EDINBURGH EH16 5EY
DOB: 19/08/1953
CHI: 1908631694

Clinic Date: 30/11/2021
Diagnosis: HIV infection - diagnosed 1990
Active Problems: Raised cardiovascular risk
Past medical history: Significant depression and anxiety - referral to Psychology services
Persistent mild hyponatraemia (133mmol/L) with no other abnormalities
Homecare: yes
Truvada - one tablet once a day
ARV Treatment: Darunavir - 800mg once a day
Ritonavir - 100mg once a day
Other Medication: Multivitamin (knows to take at a separate time to ARV)
Drug Allergies: none known
CD4 Cell Count: 490/mm³ (32%) - 10/06/2021
Viral Load: <40 copies/ml 30/11/2021
Other results requiring follow-up:
Hep A IgG - negative (23/08/12)
Hep BcAb - positive (14/10/10)
Hep BsAg - negative (01/05/15)
Hep BsAb titre 1000 mIU/mL (17/08/17)
Hep C Ab - negative (17/08/17)
Anti HCV - negative (01/05/15)
to be updated (26/08/19)
Hepatitis Serology:
STI Testing:
CVD Risk Assessment: estimated 15.5% over the next 10 years (QRISK3) - June 2021
FRAX Score: 4.9% major osteoporotic fracture risk 0.9% hip fracture risk

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>

Page 1 of 3

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Date of last assessment of psychological/cognitive wellbeing: November 2021 No MH/ cognitive issues

Reproductive Health: N/A
Measles - Immune
Hepatitis A requires vaccination at next review (currently held due to worldwide shortage of Hep A vaccine)

Vaccination history: Flu vaccination - requires seasonal vaccine
Prevenar PCV-13 given 06/03/17

Management plan: We discussed medication switch in view of CVD risk keen to switch from PI's. Wishes to wait to see if injectables will be an option for him

Actions GP: flu vaccine
awareness of cardiovascular risk and consideration for primary prevention

Flags:

Next appointment: 6 months

Page 2 of 3
Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>

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I reviewed James today in HIV clinic. He reports he remains well and not has seen a doctor since his last appointment. He has no new medication and no new issues to report. He has recently had his COVID booster. He remains well from a mental health point of view and reports no cognitive or concentration concerns.

As previously documented in view of his age and some other factors he has a raised cardiovascular risk calculated 15.5 % a few months ago. We had discussed considering primary prevention and the switch in his HIV medications. He reported to me today that he will be keen to switch to injectable therapy if this was an option for him. I have discussed that we do not yet have the eligibility criteria but we can discuss this further at his next appointment.

If he is not eligible for injectables at his next appointment we may well consider a medication switch anyway in view of his raised cardiovascular risk and increasing age.

Yours sincerely,

Dr Katie Humphries
ST5 Sexual Health & HIV Medicine

katie.humphries@nhs.uk

Authorised electronically by [KH] on 08/12/21

cc. TRAK

Page 3 of 3
Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>

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Edinburgh Health and Social Care Partnership



Sexual and Reproductive Health Service
 Chalmers Centre, 2a Chalmers Street, Edinburgh EH3 9ES
 Telephone: (0131) 536 1070
www.lothiansexualhealth.scot.nhs.uk

Consultants in Genito-Urinary & HIV Medicine: Dr Imeli Fernando, Dr Daniel Clutterbuck,

Dr Jackie Paterson, Dr Rebecca Gilson, Dr Sally Wielding

Associate Specialist: Dr Carlos Oroz Psychologist: Dr Isabel Begg

Secretaries: (0131) 536 2087 / 2088

HIV Pharmacists (0131) 536 1606 (for prescribing advice) RIE.PharmacyChalmers@nhslothian.scot.nhs.uk

Ref: AN02352184

CHI:

Date: 05.09.2022

CONFIDENTIAL

Dr. Konieczny
 Boroughloch Medical Practice
 1 Meadow Place
 Edinburgh
 EH9 1JZ

Dear Dr Konieczny

Re: JAMES HEPBURN Flat 3 8 Clearburn Road Prestonfield EDINBURGH EH16 5EY
 DOB: 19/08/1963

Clinic Date:	01/09/22
Diagnosis:	HIV infection - diagnosed 1990
Active Problems:	Raised cardiovascular risk
Past medical history:	Significant depression and anxiety - referral to Psychology services Persistent mild hyponatraemia (133mmol/L) with no other abnormalities
Homecare:	yes
ARV Treatment:	Truvada - one tablet once a day Darunavir - 800mg once a day Ritonavir - 100mg once a day
Other Medication:	Multivitamin (knows to take at a separate time to ARV)
Drug Allergies:	none known
CD4 Cell Count:	490/mm ³ (32%) - 10/06/2021
Viral Load:	<40 copies/ml - 01/09/2022

Page 1 of 2

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Other results requiring follow-up:

Hep A IgG - negative (23/08/12)

Hep BcAb - positive (14/10/10)

Hep BsAg - negative (01/05/15)

Hepatitis Serology:

Hep BsAb titre: 1000 mIU/mL (17/08/17)

Hep C Ab - negative (17/08/17)

Anti HCV - negative (01/05/15)

STI Testing:

to be updated (26/06/19)

CVD Risk Assessment:

estimated 15.5% over the next 10 years (QRISK3) - June 2021

FRAX Score:

4.9% major osteoporotic fracture risk 0.9% hip fracture risk

Date of last assessment of

psychological/cognitive

November 2021 No MH/ cognitive issues

wellbeing:

Reproductive Health:

N/A

Measles - Immune

Hepatitis A requires vaccination at next review

Vaccination history:

Flu vaccination - requires seasonal vaccine

Prevenar PCV-13 given 06/03/17

Management plan:

Consider ART switch

Actions GP:

Flags:

Next appointment:

6 months

James is generally well with no new medical problems since his last attendance. There was a discussion about the possibility of switching his ARV therapy on the basis of CVD risk. After reviewing this we agreed there is no pressing need and James will continue with the same regime for now. Above is a summary of his care.

Yours sincerely,

Dr Carlos Oroz FRCP

Associate Specialist

Carlos.Oroz@nhslothian.scot.nhs.uk

Electronically authorised by CO 30/09/2022

CC PATIENT N

CC TRAK Y

*Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>
For specific queries please contact the pharmacy team on RIE.PharmacyChalmers@nhslothian.scot.nhs.uk*

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Boroughmuir
NATIONAL HEALTH SERVICE FOR SCOTLAND

Name: HEPBURN, JAMES (Mr)
Address: 8-8 Clearburn Road Edinburgh
Postcode: EH16 5EY

INVOICE NO: 1908631694

Beconase Aqueous 50micrograms/dose nasal spray
Quant: 200 dose
TWO SPRAYS TO EACH NOSTRIL FOR 4 WEEKS THEN REDUCE TO ONE SPRAY TO EACH NOSTRIL

UC2495000ES7F856

28 FEB 2023

Unscheduled Care - Pharmacy Supply

27 02 2023

Send to GP 2496 2054541
GP Practice Code GP Ref Number 71376

11/2/21 The use of our services is subject to our complete terms and conditions

1017923149\$ 07710771

NHS Confidential: Personal data about a patient

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name
Mr, Mrs, Miss - JAMES HERBURN

I assessed your case on: 19 / 12 / 2022

and, because of the following condition(s):

MEDS - doctor's statement

I advise you that:

you are not fit for work.
 your my/hair/tail for work/working record of the following advice:

If available, and with your employer's agreement, you may benefit from:

adjusted hours
 adjusted duties
 adjusted duties
 adjusted duties

Comments, including functional effects of your condition(s):
COVID +ve

This will be the case for

or from 19 / 12 / 2022 to 25 / 12 / 2022

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name
Dr Wasim Haider
Doctor

Date of statement
22 / 12 / 2022

Issuer's address
Boroughbank Medical Practice
1 Meadow Place
Edinburgh
EH9 1JZ
Phone: 0131 229 7529

Unique ID: Med 3 04/22

ZD7D5M4A-DFEE-4E36-AEAC-95A140B9D565

What your advice means

'You are not fit for work'

Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'

You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are **not fit for work**. You do not need to get another of these forms.

For more information please visit www.gov.uk and type 'fit note guidance for patients and employees' into the search field. Fit note guidance for employers is also available.

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/gov/fit-note-data

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details - Please use BLOCK CAPITALS

Surname
Mr, Mrs, Miss - HERBURN

Other names
JAMES

Address
6-5 Clearburn Road
Edinburgh

Postcode EH15 5EY

Date of birth
19 / 08 / 1963 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/benefits or phone 0800 328 5644 (9am to 6pm Monday to Friday). Telephone users call 0800 328 1344.

NHS Confidential: Personal data about a patient

Hunter, Scarlett

From: Goodyear, Heather
Sent: 27 March 2023 10:09
To: Clinical GP Boroughloch Medical Practice
Subject: FAO Dr Konieczny
Attachments: James Hepburn GP Letter Dr Konieczny.pdf

Dear Dr Konieczny

Please see the attached letter,

Heather Goodyear
HIV & Gum Secretary
Chalmers Sexual Health Centre
2A Chalmers Street
Edinburgh
EH3 9ES

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NHS Confidential: Personal data about a patient

Edinburgh Health and Social Care Partnership
Sexual and Reproductive Health Service

Chalmers Centre, 2a Chalmers Street, Edinburgh EH3 9ES
Telephone: (0131) 536 1070
www.lothiansexualhealth.scot.nhs.uk



Consultants in Genito-Urinary & HIV Medicine: Dr Imeli Fernando, Dr Daniel Clutterbuck,
Dr Jackie Paterson, Dr Rebecca Gilson, Dr Sally Wielding
Associate Specialist: Dr Carica Oroz **Psychologist:** Dr Ishbel Begg
Secretaries: (0131) 536 2097 / 2098
HIV Pharmacists (0131) 536 1606 (for prescribing advice) RIE.PharmacyChalmers@nhslothian.scot.nhs.uk

Ref: AN02352184
Date: 03 March 2023

CONFIDENTIAL

Dr Piotr M Konieczny
Boroughloch Medical Practice
Salisbury Court

102 St Leonards Street
Edinburgh
EH8 9RD

Dear Dr Konieczny

Re: JAMES HEPBURN Flat 3 8 Clearburn Road Prestonfield EDINBURGH EH16 5EY
DOB: 19/08/1963

Clinic Date:	16/02/23
Diagnosis:	HIV infection - diagnosed 1990
Active Problems:	Raised cardiovascular risk
Inactive Problems:	Significant depression and anxiety - referral to Psychology services Persistent mild hyponatraemia
Homecare:	No (changed 16/02/2023)
ARV Treatment:	
Other Medication:	Multivitamin (knows to take at a separate time to ARV)
ARV Resistance Testing:	Truvada - one tablet once a day Dolutavir - 600mg once a day Ritonavir - 100mg once a day
HLA-B5701 Status:	
Drug Allergies:	None Known
Suitable for annual CD4 / routine Blood monitoring:	
CD4 Cell Count:	585/mm ³ (32%) - 16/02/2023
Viral Load:	<40copies/ml - 16/02/2023

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>

Page 1 of 2

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Hepatitis Serology:	Hep A IgG - negative (23/08/12) Hep BcAb - positive (14/10/10) Hep BsAg - negative (01/05/15) Hep BsAb titre: 1000 mIU/mL (17/08/17) Hep C Ab - negative (17/08/17) Anti HCV - negative (01/05/15)
STI Testing:	
CVD Risk Assessment:	estimated 15.5% over the next 10 years (QRISK3) - June 2021
FRAX Score:	4.9% major osteoporotic fracture risk 0.9% hip fracture risk
Date of last assessment of psychological/cognitive wellbeing:	November 2021 No MH/ cognitive issues
Reproductive Health:	
Vaccination history:	Measles - immune Hepatitis A requires vaccination at next review Flu vaccination - requires seasonal vaccine Prevenar PCV-13 given 06/03/17
Actions Chalmers:	Consider ART switch
Actions GP:	
Next appointment:	03/08/2023

James is well with no new medical problems since his last attendance. He tells me that he is now taking betamethasone as nasal spray. Above is a summary of his care.

Yours Sincerely,

Dr Carlos Oroz FRCP
Associate Specialist HIV & GUM

(Electronically signed by Dr Oroz on 13/03/2023)

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>

Page 2 of 2

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**Edinburgh Health and Social Care Partnership
Sexual and Reproductive Health Service**

Secretaries: 0131 536 2097
HIV Pharmacists: 0131 536 1606 (for prescribing advice)
Email: RIE.PharmacyChalmers@nhsthlothian.scot.nhs.uk
HIV Mobile: 07580 852 672

Chalmers Centre
2A Chalmers Street
Edinburgh EH3 9ES



Telephone: 0131 536 1070
www.lothiansexualhealth.scot

In Confidence

Ref: AN02352184

Boroughloch Medical Practice
Salisbury Court
102 St Leonards Street
Edinburgh
EH8 9RD

Date: 16 August 2023

Dear Dr Konieczny

Re: JAMES HEPBURN Flat 3 8 Clearburn Road Prestonfield EDINBURGH
EH16 5EY DOB: 19/08/1963 CHI:

Clinic Date:	03/08/23 - F2F
Diagnosis:	HIV Infection - diagnosed 1990
Active Problems:	Nil
Inactive Problems:	Significant depression and anxiety - referral to Psychology services Persistent mild hyponatremia
Homecare:	No
ARV Treatment:	Tenofovir Disoproxil/Emtricitabine - one tablet once a day Darunavir - 800mg - once a day Ritonavir - 100mg - once a day
Other Medication:	Nil
Drug Allergies:	NKDA
Suitable for annual CD4 / routine Blood monitoring:	Yes
CD4 Cell Count:	482/mm ³ (37%) - 03/08/23
Viral Load:	<40 copies/ml - 03/08/23
Other results requiring follow:	Hb - 128g/L - 03/08/23

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, P-glycoprotein 2 and statins. Check interactions at <http://www.hiv-druginteractions.org/>

NHS Confidential: Personal data about a patient

Hepatitis Serology:	Hep A IgG - negative (23/08/12) Hep BcAb - positive (14/10/10) Hep BsAg - negative (01/05/15) Hep BsAb titre: 1000mIU/mL (03/08/2023) Hep C Ab - negative (16/02/23)
STI Testing:	Declined
CVD Risk Assessment:	5.5% - Qrisk3 - 03/08/23
FRAX Score:	3.8% - Major osteoporotic 0.6% - Hip Fracture - 03/08/23
Date of last assessment of psychological/cognitive wellbeing:	Annual Review - 03/08/23 - No issues
Reproductive Health:	Aware of U=U
Vaccination history:	Measles - Immune Hepatitis A requires vaccination at next review Flu vaccination - requires seasonal vaccine Prevenar PCV-13 given 06/03/17
Actions Chalmers:	Consider ARV switch Discuss Trak Consent
Actions GP:	Nil
Next appointment:	January 2024

Please see attached summary of James's care.

Yours Sincerely

Laura Ellis

Advanced Nurse Practitioner

Chalmers Centre

(electronically signed by LE on 15/08/23)

CC Trak - No consent given.

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, PPIs, statins and statins. Check interactions at <http://www.hiv-druginteractions.org/>

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NHS Confidential: Personal data about a patient

East Lothian Health and Social Care Partnership Chalmers Centre
Sexual and Reproductive Health Service

2A Chalmers St
 Edinburgh EH3 9ES

Secretaries: 0131 536 2097

HIV Pharmacists: 0131 536 1606 (for prescribing advice)

Email: RIE.PharmacyChalmers@nhslothian.scot.nhs.uk

HIV Mobile: 07580 852 672

Telephone : 0131 536 1070

www.lothiansexualhealth.sco.nhs.uk

In Confidence

Ref: AN02352184

Dr. Piotr M Konieczny
 Boroughloch Medical Practice
 Salisbury Court
 102 St Leonards Street
 EH8 9RD

Date: 06 March 2024

Dear Dr Konieczny

Re: JAMES HEPBURN Flat 3 8 Clearburn Road Prestonfield EDINBURGH EH16
 5EY DOB: 19/08/1963 CHI:

Clinic Date:	18/01/2024
Diagnosis:	HIV Infection - diagnosed: 1990
Active Problems:	Nil
Inactive Problems:	Significant depression and anxiety - referral to Psychology services Persistent mild hyponatremia
Homecare:	No
ARV Treatment:	Tenofovir Disproxil/Emtricitabine - one tablet once a day Darunavir - 800mg - once a day Ritonavir - 100mg - once a day
Other Medication:	Nil
Drug Allergies:	NKDA
Suitable for annual CD4 / routine Blood monitoring:	Yes
CD4 Cell Count:	482/mm ³ (37%) - 03/08/23
Viral Load:	<40 copies/ml - 18/01/2024
Other results requiring follow:	Hb - 128g/L - 03/08/23

Page 1 of 2

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>

NHS Confidential: Personal data about a patient

Hepatitis Serology:	Hep A IgG - negative (23/08/12) Hep BcAb - positive (14/10/10) Hep BsAg - negative (01/05/15) Hep BsAb titre: 1000mIU/mL (03/08/2023) Hep C Ab - negative (16/02/23)
STI Testing:	Declined
CVD Risk Assessment:	8.1% - Qrisk3 - 18/01/2024
FRAX Score:	3.8% - Major osteoporotic 0.6% - Hip Fracture - 03/08/23
Date of last assessment of psychological/cognitive wellbeing:	Annual Review - 03/08/23 - No issues
Reproductive Health:	Aware of U=U
Vaccination history:	Measles - Immune Hepatitis A requires vaccination at next review Flu vaccination - requires seasonal vaccine Prevenar PCV-13 given 06/03/17
Actions Chalmers:	Consider ARV switch - monitor CVD risk ?statin Discuss Trak Consent
Actions GP:	To consider home care for next appointment
Next appointment:	6 months time with Nurse Practitioner
Trak/ECS Consent	Patient consents to all

He is well with no new medical problems. His Qrisk3 is 8.1%, there is no need for changing his anti-retroviral therapy. Above is a summary of his care.

Yours Sincerely,

Dr Carlos Oroz
Associate Specialist GUM & HIV
Chalmers Centre

Electronically signed by C Oroz on 06/03/2024

Page 2 of 2

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>

Scanned Document
02-Dec-2025 LEESA
Additional:Scanned Document

Filename: igprda202512021719280.tif
Extension: .tif
Pages:

East Lothian Health and Social Care Partnership Chalmers Centre
Sexual and Reproductive Health Service

2A Chalmers St
 Edinburgh EH3 9ES

Secretaries: 0131 536 2097

HIV Pharmacists: 0131 536 1606 (for prescribing advice)

Email: RIE.PharmacyChalmers@nhsllothian.scot.nhs.uk

HIV Mobile: 07580 852 672

Telephone : 0131 536 1070

www.lothiansexualhealth.sco.nhs.uk

In Confidence

Ref: AN02352184

Dr. Piotr M Konieczny
 Boroughloch Medical Practice
 Salisbury Court
 102 St Leonards Street
 EH8 9RD

Date: 20 December 2024

Dear Dr Konieczny

Re: James Hepburn Flat 3 8 Clearburn Road Prestonfield EDINBURGH EH16
 5EY DOB: 19/08/1963 CHI:

Clinic Date:	12/12/2024
Diagnosis:	HIV Infection - diagnosed 1990
Active Problems:	Nil
Inactive Problems:	Significant depression and anxiety - referral to Psychology services Persistent mild hyponatremia
ARV Treatment:	Changed today- Dovato (Dolutegravir 50mg, Lamivudine 300mg) One tablet once daily Previously: Tenofovir Disproxil/Emtricitabine - one tablet once a day Darunavir - 800mg - once a day Ritonavir - 100mg - once a day
Other Medication:	Nil
Drug Allergies:	NKDA
Suitable for annual CD4 / routine Blood monitoring:	Yes
CD4 Cell Count:	482/mm ³ (37%) - 03/08/23
Viral Load:	<40 copies/ml - 18/01/2024
Other results requiring follow up:	
Hepatitis Serology:	Hep A IgG - negative (23/08/12) Hep BcAb - positive (14/10/10) Hep BsAg - negative (01/05/15) Hep BsAb titre: 1000mIU/mL (03/08/2023) Hep C Ab - negative (16/02/23)

Page 1 of 2

Many antiretrovirals interact with commonly used medications including proton-pump inhibitors, antibiotics and statins. Check interactions at <http://www.hiv-druginteractions.org/>

STI Testing:	Declined DARE- Accept but would like to defer to next visit
CVD Risk Assessment:	8.1% - Qrisk3 – 18/01/2024 Statins to be discussed later following treatment change
FRAX Score:	3.8% - Major osteoporotic 0.6% - Hip Fracture - 03/08/23
Date of last assessment of psychological/cognitive wellbeing:	Annual Review - 03/08/23 - No issues
Reproductive Health:	• Aware of U=U
Vaccination history:	Measles - Immune Hepatitis A requires vaccination at next review Flu vaccination - requires seasonal vaccine Prevenar PCV-13 given 06/03/17
Actions Chalmers:	Switch of ARV therapy
Actions GP:	<ul style="list-style-type: none"> • Please check this patient is coded as being in a clinical risk group and requiring recall for routine flu vaccinations and COVID boosters. • Please update this patient's ECS with current antiviral regimen (note for specialist prescription only) • To consider home care for next appointment.
Next appointment:	6 months time with Nurse Practitioner
Trak/ECS Consent:	Yes- Patient Consents (form on file)

James is very well. We had a discussion about increase cardiovascular risk in HIV and the probable additive risk of protease inhibitors drugs. James has been well on his current regimen for years but has many other options. We decided to make the change as described above. Significant side effects are unlikely but include headache, rude disturbance and a small amount of additional weight gain. He will switch to Dovato when he runs out of his current supply in about 3 months time.

Yours Sincerely,

Dr Dan Clutterbuck
Consultant in Genitourinary and HIV Medicine
Clinical Lead for Sexual and Reproductive Health, NHS Lothian
Chalmers Centre

Electronically signed by D Clutterbuck on 20/12/2024

Scanned Document
 09-Mar-2016 Dr Jane Marshall

Additional: Scanned Document

Other Attachment : Peak Expiratory Flow Rate

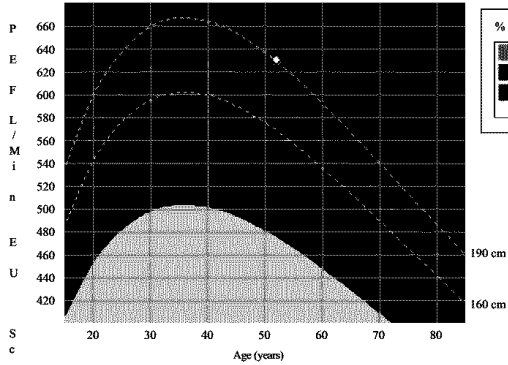
Filename: 000LG006.pdf

Extension: .tif

Pages:

Peak Expiratory Flow Rate

In men, readings up to 100 L/min lower than predicted are within normal limits.



% of predicted	
Over 100%	PEFR <input type="text" value="630"/> Age <input type="text" value="52"/>
80-100%	Height <input type="text" value="173"/> cm
Under 80%	PEFR Target: 595 % of Predicted: 106

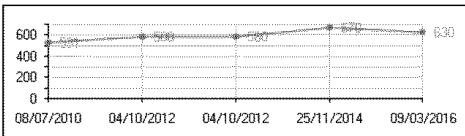
Peak flow reading Read codes:

Percent of predicted Read codes:

Best peak flow Read codes:

Peak flow meter at home Read codes:

Event Date



THIRD PARTY COPY

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09-Mar-2016 Dr Jane Marshall

Additional: Scanned Document

Other Attachment : Asthma Control Test (ACT)

Filename: 000LG007.pdf

Extension: .tif

Pages:

Asthma Control Test (ACT)

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?

- All of the time
 Most of the time
 Some of the time
 A little of the time
 None of the time

2. During the past 4 weeks, how often have you had shortness of breath?

- More than once a day
 Once a day
 3 to 6 times a week
 Once or twice a week
 Not at all

3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?

- 4 or more nights a week
 2 or 3 nights a week
 Once a week
 Once or twice
 Not at all

4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?

- 3 or more times per day
 1 or 2 times per day
 2 or 3 times per week
 Once a week or less
 Not at all

5. How would you rate your asthma control during the past 4 weeks?

- Not controlled at all
 Poorly controlled
 Somewhat controlled
 Well controlled
 Completely controlled

Read code:

38DL. Asthma control test

Event Date

09/03/2016

[Score: 24]