

## Golden Jubilee National Hospital

## COLONOSCOPY REPORT

Name: **Anthony LEWIS (M)**  
 Date of birth: **19/09/1959**  
 CHI No: **1909595276**  
 Case note no.: **1909595276**

Address: **2 Lennoxtown Place  
 38 Shore Road  
 Dunoon  
 Argyll  
 PA23 7RF**

GP: **Chant, Darren  
 Church Street Surgery  
 30 Church Street  
 Dunoon  
 Argyll  
 PA23 8BG**

Procedure date: **25th February 2026 (15:16)**  
 Priority: **Routine**  
 Status: **Outpatient/NHS**  
 Hospital: **Inverclyde Royal Hospital,  
 Greenock**  
 Referring Cons: **GP  
 (Direct Access)**

**Indications**

Clinically important comments: Polyp follow up. No bowel symptoms.

**Report**

Bowel preparation with 2 x Plenvu was good.  
 A digital rectal examination was performed.  
 The colonoscope was inserted via the anus to the caecum, which was identified by the ileocecal valve and the appendicular orifice. The scope was retroflexed in the rectum.

**Site b: Caecum**

Lesions: 1 sessile polyp (3mm) excised (removed using cold snare), retrieved and sent to labs.  
 Specimens: Polyps.

**Site d: Proximal ascending**

Lesions: 3 sessile polyps (largest 2mm) excised (removed using cold snare), retrieved and sent to labs.  
 Specimens: Polyps.

**Site e: Mid transverse**

Lesions: 1 sessile polyp (5mm) excised (removed using cold snare), retrieved and sent to labs.  
 Specimens: Polyps.

**Site f: An area extending from the distal sigmoid to the mid descending**

Diverticula: several.

**Diagnoses**

Diverticulosis and Colonic polyps.

**Advice/comments**

5 small polyps removed and sent for histology. I will write when histology results are available and arrange any necessary follow up

**Follow up**

Awaiting pathology results.

**Consultant/Endoscopist**

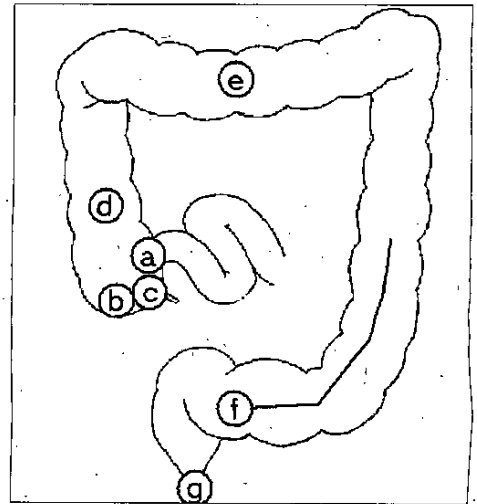
Miss Rebecca Hughes  
 Nurses: Eileen Buckley  
 Scott Conlin

**Instrument**

CF EZ1500DL 142

**Premedication**

No Sedation



- a:** Ileocecal valve (photographed)  
**b:** Caecum (photographed)  
**c:** Appendiceal orifice (photographed)  
**d:** Proximal ascending (photographed)  
**e:** Mid transverse (photographed)  
**f:** An area extending from the distal sigmoid to the mid descending  
**g:** Anal margin (photographed)

**Miss Rebecca Hughes**

**Doctor**

c.c. GP

Lewis, Anthony

Inverclyde Royal Hospital  
Larkfield Rd  
Greenock PA16 0XN  
Contact Telephone Number, Endoscopy Department: 0141 201 3682

12/01/2026

Patient: Anthony Lewis  
Address: 2, LENNOXTOWN PLACE  
38 SHORE ROAD, INNELLAN  
Dunoon PA23 7RF  
CHI Number: 1909595276  
Date of Ref: 08/01/2026  
Urgency: ROUTINE  
Specialty: Gastroenterology  
Hospital: Inverclyde Royal Hospital

Dear Dr DH Paterson

Thank you for referring the above patient for colorectal investigations at high clinical priority. This referral has been triaged based on your patient's statistical risk of serious colorectal disease. From the qFIT and clinical information you have provided for this patient, they have a risk of serious colorectal disease of less than 3%. In keeping with NHSGGC guidance, they have been put on the waiting list for a category 3A colonoscopy. Category 3A procedures can take longer to date. We aim to complete within 3-4 months but hopefully sooner than this. Whilst we are working hard to reduce waiting lists for all patients, categorisation allows us to investigate patients with the highest risk of serious colorectal disease sooner.

We are working hard to reduce waiting lists for all patients. Your patient remains at high priority on the waiting list and if your patient was referred as USOC priority they will be tracked. If their clinical information changes, please submit an updated high priority referral indicating what has changed.

You may be receiving this letter as a result of a referral made within secondary care for colorectal investigation, please note your patient has been added to the waiting list as per above.

Regards,

Endoscopy Service GGC



## Welcome to the QRISK<sup>®</sup>3-2018 risk calculator <https://qrisk.org>

This web site should not be used for direct patient care by health professionals. This calculator is only valid if you do not already have a diagnosis of coronary heart disease (including angina or heart attack) or stroke/transient ischaemic attack, and not on statins.

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**About you**

Age (25-84): 66

Sex:  Male  Female

Ethnicity: White or not stated

UK postcode: leave blank if unknown

Postcode: PA23 7RF

**Clinical information**

Smoking status: ex-smoker

Diabetes status: type 2

Angina or heart attack in a 1st degree relative < 60?

Chronic kidney disease (stage 3, 4 or 5)?

Atrial fibrillation?

On blood pressure treatment?

Do you have migraines?

Rheumatoid arthritis?

Systemic lupus erythematosus (SLE)?

Severe mental illness? (this includes schizophrenia, bipolar disorder and moderate/severe depression)

On atypical antipsychotic medication?

Are you on regular steroid tablets?

A diagnosis of or treatment for erectile dysfunction?

Leave blank if unknown

Cholesterol/HDL ratio: 8.9

Systolic blood pressure (mmHg): 114

Standard deviation of at least two most recent systolic blood pressure readings (mmHg):

Body mass index

Height (cm): 181

Weight (kg): 103

Calculate risk

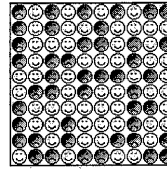
### Your results

Your risk of having a heart attack or stroke within the next 10 years is:

45.4%

Note. The score is based on a cohort of patients without pre-existing cardiovascular disease and not on at the start. The cohort includes patients who subsequently started statins (or other lifestyle modifier) Consequently the actual risk of a patient may be more than this score implies if they do not take prevent actions. If they do take preventative actions the risk would be reduced.

In other words, in a crowd of 100 people with the same risk factors as you, 45 are likely to have a heart or stroke within the next 10 years.



Risk of a heart attack or stroke

Your score has been calculated using estimated data, as some information was left blank.

Your body mass index was calculated as 31.44 kg/m<sup>2</sup>.

### How does your 10-year score compare?

Your score	
Your 10-year QRISK <sup>®</sup> 3 score	45.4%
The score of a healthy person with the same age, sex, and ethnicity*	12.8%
Relative risk**	3.5
Your QRISK <sup>®</sup> 3 Healthy Heart Age*** is out of the (30-84) range	

\* This is the score of a healthy person of your age, sex and ethnic group. I.e. with no adverse clinical indicators and a cholesterol ratio of 4.0, a stable systolic blood pressure of 125, and BMI of 25.

\*\* Your relative risk is your risk divided by the healthy person's risk.

\*\*\* Your QRISK<sup>®</sup>3 Healthy Heart Age is the age at which a healthy person of your sex and ethnicity has your 10-year QRISK<sup>®</sup>3 score.

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CHI: 1909595276 19/09/1959 M

LEWIS Anthony

t: 07837760340

2 Lennoxton Place, 38 Sho, PA23 7RF

Nareenah Wakefield N/A5

The Surgery, PA23 8BG

17/11/2025 16:12 Practice: 84241



Glasgow Royal Infirmary  
Alexandra Parade  
Glasgow  
G31 2ER

07/05/2024

Dr DJ Chant  
Church Street Surgery  
30 Church Street  
Dunoon  
Argyll  
PA23 8BG

Dear Dr DJ Chant

**Re Patient:**  
Anthony Lewis  
FLAT 2, RIVERSIDE HOUSE  
VICTORIA PARADE  
Dunoon  
PA23 7HU

**CHI Number:** 1909595276

**Speciality:** Respiratory Medicine

It would appear from our records that one of the following applies:

- Your patient has not responded to our recent letters inviting them to arrange an appointment.
- Your patient has indicated that they no longer require an appointment.
- Your patient has refused two reasonable offers of appointment.

We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with the NHS Greater Glasgow and Clyde's Did Not Attend Policy.

If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

Dean McMahon

Referral Management Centre South/Clyde

User ID: Tarandip Singh

Anthony Lewis

190959

Current Medication

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
31/03/2023	Bricanyl Turbohaler 500 micrograms/dose ONE DOSE TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED 1 dose	23/01/2024P	Dr Karen Hopkins	REPEAT
24/03/2023	Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose ONE PUFF TO BE USED ONCE DAILY 30 DOSE	23/01/2024P	Dr Karen Hopkins	REPEAT
07/06/2018	Omeprazole Capsules (Gastro-Resistant) 20 mg ONE TO BE TAKEN DAILY FOR INDIGESTION EPISODES AS REQUIRED 56 CAPSULE	30/10/2023P	Dr Karen Hopkins	REPEAT

### Past Medication

Past Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
23/01/2024	Amitriptyline Hydrochloride Tablets 25 mg ONE TO BE TAKEN IN THE EVENING 28 TABLET	23/01/2024P	Sr Maura Kennedy	ACUTE
23/01/2024	Amitriptyline Hydrochloride Tablets 10 mg ONE OR 2 TO BE TAKEN IN THE EVENING 28 TABLET	23/01/2024P	Sr Maura Kennedy	ACUTE
17/11/2023	Amitriptyline Hydrochloride Tablets 25 mg ONE TO BE TAKEN IN THE EVENING 28 TABLET	17/11/2023P	Dr Karen Hopkins	ACUTE
17/11/2023	Amitriptyline Hydrochloride Tablets 10 mg ONE OR 2 TO BE TAKEN IN THE EVENING 28 TABLET	17/11/2023P	Dr Karen Hopkins	ACUTE
03/11/2023	Folic Acid Tablets 5 mg ONE TO BE TAKEN EACH DAY AS DIRECTED BY RHEUMATOLOGY 56 tablet	03/11/2023P	Dr Emily Owen	ACUTE
07/09/2023	Betamethasone Dipropionate And Calcipotriol Ointment 0.05 % + 50 micrograms/gram APPLY ONCE DAILY TO AFFECTED AREA(S) 30 GRAM	07/09/2023P	Dr Emily Owen	ACUTE
07/09/2023	Zerobase Cream 11 % APPLY LIBERALLY AS EMOLLIENT OR SOAP SUBSTITUTE AS DIRECTED 500 GRAM	07/09/2023P	Dr Emily Owen	ACUTE
07/07/2023	Sterimar Isotonic Nasal Spray 31.8 % TWICE DAILY 50 ml	07/07/2023P	Dr Karen Hopkins	ACUTE
07/07/2023	Cetirizine Hydrochloride Tablets 10 mg ONE TO BE TAKEN EACH DAY 60 tablet	07/07/2023P	Dr Karen Hopkins	ACUTE
07/07/2023	Doxycycline Hyclate Capsules 100 mg ONE CAPSULE TWICE DAILY FOR 3 WEEKS 42 capsule	07/07/2023P	Dr Karen Hopkins	ACUTE
07/07/2023	Trimovate Cream APPLY TO THE AFFECTED AREA ONCE OR TWICE DAILY 30 gram	07/07/2023P	Dr Karen Hopkins	ACUTE
07/07/2023	Hydromol Ointment AS DIRECTED 500 gram	07/07/2023P	Dr Karen Hopkins	ACUTE
11/05/2023	Carbocisteine Capsules 375 mg TWO TO BE TAKEN THREE TIMES A DAY 188 CAPSULE	11/05/2023P	Sr Maura Kennedy	ACUTE
28/04/2023	Nacsys Effervescent tablets 600 mg ONE TO BE TAKEN DAILY 28 TABLET	28/04/2023P	Sr Maura Kennedy	ACUTE
21/04/2023	Epaderm Ointment APPLY THREE TIMES A DAY 500 gram	21/04/2023P	Dr Karen Hopkins	ACUTE
21/04/2023	Betamethasone Valerate Ointment 0.1 % Apply Sparingly Once daily 30 GRAM	21/04/2023P	Dr Karen Hopkins	ACUTE
21/04/2023	Doxycycline Hyclate Capsules 100 mg TAKE TWO CAPSULES AS FIRST DOSE ON FIRST DAY THEN TAKE ONE CAPSULE DAILY FOR NEXT 13 DAYS 15 CAPSULE	21/04/2023P	Dr Karen Hopkins	ACUTE
21/04/2023	Beclomethasone Aqueous nasal spray 50 micrograms/actuation TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY 200 DOSE	21/04/2023P	Dr Karen Hopkins	ACUTE
31/03/2023	Nacsys Effervescent tablets 600 mg ONE TO BE TAKEN DAILY 28 TABLET	31/03/2023P	Sr Maura Kennedy	ACUTE
24/03/2023	Doxycycline Hyclate Capsules 100 mg TAKE TWO CAPSULES AS FIRST DOSE ON FIRST DAY THEN TAKE ONE CAPSULE DAILY FOR NEXT 13 DAYS 15 CAPSULE	24/03/2023P	Dr Karen Hopkins	ACUTE
27/04/2022	Doxycycline Hyclate Capsules 100 mg TAKE TWO CAPSULES AS FIRST DOSE ON FIRST DAY THEN TAKE ONE CAPSULE DAILY FOR NEXT 13 DAYS 15 CAPSULE	27/04/2022P	Dr J Kennedy	ACUTE
27/04/2022	Prednisolone E/c tablets 5 mg SIX TABLETS (30MG) ONCE DAILY IN MORNING FOR 5 DAYS. DELAYED PRESCRIPTION 30 tablet	27/04/2022P	Dr J Kennedy	ACUTE
27/04/2022	Beclomethasone Aqueous nasal spray 50 micrograms/actuation TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY 200 DOSE	27/04/2022P	Dr J Kennedy	ACUTE
28/01/2022	Doxycycline Hyclate Capsules 100 mg TAKE TWO CAPSULES AS FIRST DOSE ON FIRST DAY THEN TAKE ONE CAPSULE DAILY FOR NEXT 9 DAYS 11 CAPSULE	28/01/2022P	Dr J Kennedy	ACUTE
28/01/2022	Prednisolone E/c tablets 5 mg SIX TABLETS (30MG) ONCE DAILY IN MORNING FOR 5 DAYS. DELAYED PRESCRIPTION 30 tablet	28/01/2022P	Dr J Kennedy	ACUTE
01/12/2021	Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose ONE DOSE TO BE INHALED ONCE DAILY 60 DOSE	01/12/2021P	Dr Karen Hopkins	ACUTE
01/12/2021	Ipratropium Bromide Nasal spray 21 micrograms/dose 2 SPRAYS EACH NOSTRIL TWICE DAILY 180 spray	01/12/2021P	Dr Karen Hopkins	ACUTE

## Registration Details

Personal details...		Address details...	
Date of birth	19/09/1959	Post Code	G33 6HA
Sex	M	House Name Flat No	
Surname	Lewis	No and Street	Flat 2
Previous Surname		Village	146a Cumbernauld Road
Forenames	Anthony	Town	GLASGOW
Calling Name	Tony	County	
Title	Mr		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin			
HA/HB Details...		Contact details...	
Trading partner	Lanarkshire	Home Tel No	07837 760340
Registered GP	Dr Karen Hopkins	Work Tel No	0141 779 1691
Usual GP	Dr Emily Owen	Mobile Tel No	
Residential Inst		E Mail Address	
Branch Surgery		GPass Contact	
CHI Number	1909595276	GPass Contact Relationship	
NHS Number	S573/1/59/2013		
Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At	Dr J Kennedy Stepps	Walking Quarters	
Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	27/01/2022		
AMS\MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
MCR Suitability Status	-1		
MCR Registration Status	1		

## Problems

Active Problems		Authorised By	Code
20/11/2023	Osteoarthritis NOS, of the hand	Doctor Orme	N05z4
16/04/2022	Colonoscopic polypectomy	Ms McDermott	771G4
13/07/2017	Diverticulosis	Sr Kennedy	J510
14/04/2015	Erectile dysfunction	Sr Kennedy	E2273-1
11/02/2015	Chronic obstructive pulmonary disease Stage 2	Sr Kennedy	H3

Past Problems		Authorised By	Code
07/09/2023	Hand arthritis NOS	Dr Owen	N08z4-1
07/09/2023	Psoriasis NOS	Dr Owen	M161z
07/07/2023	Hand pain	Doctor Orme	N245-4
07/07/2023	[D]Rash and other nonspecific skin eruption NOS	Doctor Orme	R021z
21/04/2023	Dermatitis NOS	Dr Hopkins	M12z0
24/03/2023	Folliculitis	Dr Hopkins	M244
15/03/2021	Voice hoarseness	Dr Kennedy	1CA2-1
02/09/2020	Voice hoarseness	Dr Hopkins	1CA2-1
01/03/2019	Excision of lesion of skin NEC Right eyebrow and Ear	Sr Kennedy	7G033
01/08/2017	Colonoscopic polypectomy x 1	Sr Kennedy	771G4
13/07/2017	Colonoscopic polypectomy X 1	Sr Kennedy	771G4
03/09/2010	Excision of anal polyp & chronic sebaceous cyst - in anterior midline anal canal	Ms Leggat	77312
21/03/2007	Seborrhoeic keratosis	Ms McCallum	M223
09/11/1999	Domestic stress	Ms McCallum	13HT1-1
20/01/1995	Anxiety states	Ms McCallum	E200
29/09/1983	Subcutaneous mastectomy for gynaecomastia Right	Ms Leggat	71307
29/09/1983	Unilateral gynaecomastia Right	Ms Leggat	K3110

Health Admin Problems	Authorised By	Code
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## Investigations

Investigations	Authorised By	Code
02/05/2023	Serum gamma-glutamyl transferase level (Source: LAB) normal - no action (AMYO).	44G9.
02/05/2023	Liver function tests - general (Source: LAB) normal - no action (AMYO).	44D..
04/04/2023	Serum ferritin (Source: LAB) normal - no action (AMYO). Males 15-300 (<15 iron deficiency ) Females 15-200 (<15 iron deficiency ) 15-50 intermediate result. Consider iron deficiency in anaemic patients, older patients and those with inflammatory disease.	42R4.
04/04/2023	Serum folate (Source: LAB) mild low at 2.6, await b12 (AMYO).	42U5.
04/04/2023	Serum vitamin B12 (Source: LAB) normal - no action (EMIL).	42T..
04/04/2023	Plasma C reactive protein (Source: LAB) normal - no action (AMYO).	44CC.
04/04/2023	Urea and electrolytes (Source: LAB) normal - no action (AMYO).	44JB.
04/04/2023	Liver function tests - general (Source: LAB) repeat 4 weeks (ALT 88, AST 55) (AMYO).	44D..
04/04/2023	Thyroid function tests (Source: LAB) normal - no action (AMYO).	442..
04/04/2023	Haemoglobin A1c level - IFCC standardised (Source: LAB) normal - no action (AMYO).	42W5.
04/04/2023	Full blood count - FBC (Source: LAB) normal - no action (AMYO).	424..
04/04/2023	Erythrocyte sedimentation rate (Source: LAB) normal - no action (AMYO).	42B6.
03/05/2022	Full blood count - FBC (Source: LAB) on abx (HOPK).	424..
03/05/2022	Blood glucose result (Source: LAB) Normal - no action (HOPK). Non-fasting sample	44U..
03/05/2022	Bone profile (Source: LAB) Normal - no action (HOPK).	44Z2.
03/05/2022	Plasma C reactive protein (Source: LAB) Normal - no action (HOPK).	44CC.
03/05/2022	Urea and electrolytes (Source: LAB) Normal - no action (HOPK).	44JB.
03/05/2022	Liver function tests - general (Source: LAB) Normal - no action (HOPK).	44D..
03/05/2022	Thyroid function tests (Source: LAB) Normal - no action (HOPK).	442..
29/04/2022	Bowel Cancer Screening Result (Source: Manually filed).	686A.
16/02/2021	Serum gamma-glutamyl transferase level (Source: LAB) normal - no action (EMIL).	44G9.
16/02/2021	Liver function tests - general (Source: LAB) normal - no action (EMIL).	44D..
19/01/2021	Haemoglobin A1c level - IFCC standardised (Source: LAB) Normal - no action (SEANK_16683).	42W5.
19/01/2021	Bone profile (Source: LAB) normal - no action (EMIL).	44Z2.
19/01/2021	Urea and electrolytes (Source: LAB) normal - no action (EMIL).	44JB.
19/01/2021	Liver function tests - general (Source: LAB) alt 76 ast 40 repeat 4 weeks (EMIL).	44D..
19/01/2021	Full blood count - FBC (Source: LAB) normal - no action (EMIL).	424..
09/09/2020	Quantitative faecal immunochemical test (Source: LAB) Normal - routine appt to discuss (EMIL). Negative qFIT result. Refer to NHS GG&C guidelines for symptom based triage.	47K..
08/09/2020	Plasma C reactive protein (Source: LAB) Normal - no action (SEANK_16683).	44CC.
08/09/2020	Urea and electrolytes (Source: LAB) Normal - no action (SEANK_16683).	44JB.
08/09/2020	Liver function tests - general (Source: LAB) Normal - no action (SEANK_16683).	44D..
08/09/2020	Thyroid function tests (Source: LAB) Normal - no action (SEANK_16683).	442..
08/09/2020	Haemoglobin A1c level - IFCC standardised (Source: LAB) Normal - no action (EMIL).	42W5.
08/09/2020	Full blood count - FBC (Source: LAB) Normal - no action (HOPK).	424..
25/09/2019	Bowel Cancer Screening Result (Source: Manually filed).	686A.

## Values

Date	Last Entry	Normal Range Indicator	Normal Range
02/05/2023	Serum gamma-glutamyl transferase level 33 U/L	..... ...	11-50
02/05/2023	Serum total bilirubin level 9 umol/L	..... ...	
02/05/2023	ALTSGPT serum level 49 U/L	.....	5-40
02/05/2023	ASTserum level 30 U/L	..... ...	
02/05/2023	Serum alkaline phosphatase 86 U/L	..... ...	30-130
02/05/2023	Serum albumin 39 g/L	.. .....	35-50
04/04/2023	Serum ferritin 230 ug/l	..... ..	15-300
04/04/2023	Serum folate 2.6 ug/l	.....	3.1-20
04/04/2023	Serum vitamin B12 454 ng/l	.....	200-883
04/04/2023	Serum C reactive protein level 4 mg/L	..... ...	0-10
04/04/2023	Serum sodium 137 mmol/L	.. .....	133-146
04/04/2023	Serum potassium 4.4 mmol/L	..... ...	3.5-5.3
04/04/2023	Serum chloride 102 mmol/L	..... ...	95-108
04/04/2023	Serum urea level 4.9 mmol/L	..... ...	2.5-7.8
04/04/2023	Serum creatinine 77 umol/L	..... ...	40-130
04/04/2023	GFR calculated abbreviated MDRD > 60		
04/04/2023	Serum TSH level 1.62 mU/L	.. .....	0.35-5
04/04/2023	Serum free T4 level 10.9 pmol/L	.. .....	9-21
04/04/2023	Serum total T3 level		
04/04/2023	Haemoglobin A1c level - IFCC standardised 39 mmol/mol	..... .	20-41
04/04/2023	Total white cell count 7.3 x10^9/l	..... ...	4-10
04/04/2023	Red blood cell (RBC) count 4.74 x10^12/l	.....	4.5-6.5
04/04/2023	Haemoglobin estimation 145 g/l	.. .....	130-180
04/04/2023	Haematocrit 0.421 l/l	.....	0.4-0.54
04/04/2023	Mean corpuscular volume (MCV) 88.8 fl	.. .....	83-101
04/04/2023	Mean corpusc. haemoglobin(MCH) 30.6 pg	..... ...	27-32
04/04/2023	Platelet count 260 x10^9/l	..... ...	150-410
04/04/2023	Neutrophil count 4.1 x10^9/l	..... ...	2-7
04/04/2023	Lymphocyte count 2.3 x10^9/l	..... ...	1.1-5
04/04/2023	Monocyte count 0.6 x10^9/l	..... ...	0.2-1
04/04/2023	Eosinophil count 0.25 x10^9/l	..... ...	0.02-0.5
04/04/2023	Basophil count 0.1 x10^9/l	.....	0-0.1
04/04/2023	Nucleated red blood cell count 0 x10^9/l		
04/04/2023	Erythrocyte sedimentation rate 9 mm/hr	..... ...	0-14
31/03/2023	Blood pressure reading 117/86 mm Hg		
31/03/2023	O/E - BP reading		
31/03/2023	O/E - weight 91 Kg		
03/05/2022	Plasma glucose level 4 mmol/L	.. .....	3.5-6
03/05/2022	Serum calcium 2.43 mmol/L	..... ...	2.2-2.6
03/05/2022	Corrected serum calcium level 2.39 mmol/L	..... ...	2.2-2.6
03/05/2022	Serum inorganic phosphate 1.53 mmol/L	.....	0.8-1.5
29/04/2022	BCSP faecal occult blood test normal Negative		
01/12/2021	Body Mass Index 27.9 kg/m2	.....	20-25
01/12/2021	O/E - height 175.25 cm	..... ..	10-250
01/12/2021	Ideal weight 85.73 Kg		
01/12/2021	Ex-Cigarette Smoker 15 cigs/day (past) Semi retired - auctioneer		
09/09/2020	Quantitative faecal immunochemical test < 9		
02/03/2005	O/E - BP reading normal B P Screening\$.clm - Repeat after an Interval		

## Attachments

Attachments	Authorised By	Code
21/11/2023 <b>Seen in hospital out-pat.</b> GP Letter Glasgow Royal Infirmary Rheumatology <a href="#">D7_00315183.XXX</a>	Dr Link	EMISATTACHMENT
31/10/2023 <b>Seen in hospital out-pat.</b> Hospital Clinic Letter Stobhill Hospital Rheumatology Dr Anne McEntegart <a href="#">D7_00315074.XXX</a>	Dr Link	EMISATTACHMENT
31/10/2023 <b>Seen in hospital out-pat.</b> Hospital Letter Stobhill Hospital Rheumatology <a href="#">D7_00312461.XXX</a>	Dr Link	EMISATTACHMENT
25/10/2023 <b>Seen in hospital out-pat.</b> Hospital Letter Stobhill Hospital Rehabilitation Centre <a href="#">D7_00312365.XXX</a>	Dr Link	EMISATTACHMENT
29/08/2023 <b>Seen in hospital out-pat.</b> Imaging Result - XR Hand Lt Stobhill Hospital Imaging Dr Gregory O'Neill <a href="#">D7_00305866.XXX</a>	Dr Link	EMISATTACHMENT
07/07/2023 <b>eMED3 (2010) new statement issued, not fit for work</b> FitNote.pdf, (Diagnosis: Chronic obstructive pulmonary disease; Duration: 07/07/2023 - 07/09/2023) <a href="#">FitNote_c81cbeb6-5b0a-49ae-85da-42309696b67d.pdf</a>	Doctor Ome	9D15
07/07/2023 <b>eMED3 (2010) new statement issued, not fit for work</b> FitNote.pdf, (Diagnosis: Chronic obstructive pulmonary disease; Duration: 07/07/2023 - 07/09/2023) <a href="#">FitNote_e1d65c45-21de-4449-b3e1-754477931a7.pdf</a>	Doctor Ome	9D15
19/05/2023 <b>eMED3 (2010) new statement issued, not fit for work</b> FitNote.pdf, (Diagnosis: Chronic obstructive pulmonary disease; Duration: 19/05/2023 - 10/07/2023) <a href="#">FitNote_3fce51fa-65f2-486d-b166-ae9555c50b89.pdf</a>	Dr Hopkins	9D15
25/04/2023 <b>Letter encounter</b> Hospital Letter Glasgow Royal Infirmary ENT <a href="#">D7_00291818.XXX</a>	Dr Link	EMISATTACHMENT
25/04/2023 <b>Letter encounter</b> Hospital Letter Glasgow Royal Infirmary ENT <a href="#">D7_00291816.XXX</a>	Dr Link	EMISATTACHMENT
21/04/2023 <b>eMED3 (2010) new statement issued, not fit for work</b> FitNote.pdf, (Diagnosis: Chronic obstructive pulmonary disease; Duration: 21/04/2023 - 22/05/2023) <a href="#">FitNote_a2061d1c-d345-4c6b-9464-f79445c7ef02.pdf</a>	Dr Hopkins	9D15
27/03/2023 <b>Seen in hospital out-pat.</b> Imaging Result - XR Chest Stobhill Hospital Imaging Dr Helen Griffiths <a href="#">D7_00288278.XXX</a>	Dr Link	EMISATTACHMENT
24/03/2023 <b>eMED3 (2010) new statement issued, not fit for work</b> FitNote.pdf, (Diagnosis: Chronic obstructive pulmonary disease; Duration: 24/03/2023 - 28/04/2023) <a href="#">FitNote_6c199317-79ba-48bf-916a-d83b9772d3fc.pdf</a>	Dr Hopkins	9D15
05/05/2022 <b>Letter encounter</b> Hospital Letter Glasgow Royal Infirmary X-Ray Department <a href="#">D7_00265446.XXX</a>	Dr Link	EMISATTACHMENT
16/04/2022 <b>Seen in hospital out-pat.</b> Hospital Letter Stobhill Hospital Gastroenterology <a href="#">D7_00264254.XXX</a>	Dr Link	EMISATTACHMENT
21/02/2022 <b>Seen in hospital out-pat.</b> Result Stobhill Hospital Sigmoidoscopy Report <a href="#">D7_00258478.XXX</a>	Dr Link	EMISATTACHMENT
10/12/2021 <b>Seen in hospital out-pat.</b> Result Stobhill Hospital colonoscopy <a href="#">D7_00251272.XXX</a>	Dr Link	EMISATTACHMENT
08/12/2021 <b>Laboratory result</b> Virology Result North Sector Labs Unknown <a href="#">D7_00250287.XXX</a>	Dr Link	EMISATTACHMENT
24/12/2020 <b>Laboratory result</b> UK Covid Results UK Covid Results Results Unknown <a href="#">D7_00216983.XXX</a>	Dr Link	EMISATTACHMENT
02/09/2020 <b>Sample - microbiological exam</b> Result Glasgow Royal Infirmary Microbiology <a href="#">D7_00210240.XXX</a>	Dr Link	EMISATTACHMENT
14/08/2020 <b>Letter encounter</b> GP Letter Stobhill Hospital ENT <a href="#">D7_00209317.XXX</a>	Dr Link	EMISATTACHMENT
07/05/2020 <b>Letter encounter</b> GP Letter Stobhill Hospital ENT <a href="#">D7_00204798.XXX</a>	Dr Link	EMISATTACHMENT
17/04/2019 <b>Seen in hospital out-pat.</b> Hospital Letter Glasgow Royal Infirmary Plastics <a href="#">D7_00178993.XXX</a>	Dr Link	EMISATTACHMENT
17/04/2019 <b>Seen in hospital out-pat.</b> GP Letter Plastic Surgery Unit Plastics <a href="#">D7_00178872.XXX</a>	Dr Link	EMISATTACHMENT
08/03/2019 <b>Referral for further care</b> Treatment Room Report Primary Care Trust District Nurse <a href="#">D7_00177970.XXX</a>	Dr Link	EMISATTACHMENT
01/03/2019 <b>Seen in hospital out-pat.</b> Hospital Letter Glasgow Royal Infirmary Plastics <a href="#">D7_00176397.XXX</a>	Dr Link	EMISATTACHMENT
21/01/2019 <b>Seen in hospital out-pat.</b> GP Letter Stobhill Hospital General Surgery <a href="#">D7_00173429.XXX</a>	Dr Link	EMISATTACHMENT

30/10/2018	<b>Letter encounter</b> Back To Referrer Letter Stobhill Hospital General Surgery Nurse Mairi MacKenzie	<a href="#">D7_00168192.XXX</a>	Dr Link	EMISATTACHMENT
10/05/2018	<b>Administration NOS</b> Administration Letter Registration	<a href="#">D7_00157689.XXX</a>	Dr Link	EMISATTACHMENT

## Due Diary Entries

Due Diary Entries	Authorised By	Code
18/09/2024      Influenza vaccination	Dr Kennedy	65E..

### Overdue Diary Entries

Overdue Diary Entries		Authorised By	Code
18/10/2023	Medication review OVERDUE 23/01/2024	Dr Owen	8B314

## Alerts

Alerts	Authorised By	Code
None		

## Drug Allergies

Drug Allergies	Authorised By	Code
None		

## Non-Drug Allergies

Non Drug Allergies	Authorised By	Code
None		

## Family History

Family History	Authorised By	Code
None		

## Referrals

Referrals		Authorised By	Code
31/10/2023	Refer for X-Ray Xray arranged for knees, right hand - normal	Ms McGinty	8HQ1
10/07/2023	8H...: Referral for further care (SCI Gateway Referral)	Doctor Orme	8H
10/07/2023	8H...: Referral for further care (SCI Gateway Referral)	Doctor Orme	8H
10/07/2023	8H...: Referral for further care (SCI Gateway Referral)	Doctor Orme	8H
01/12/2021	8H...: Referral for further care (SCI Gateway Referral)	Dr Hopkins	8H
01/12/2021	8H...: Referral for further care (SCI Gateway Referral)	Dr Hopkins	8H
30/04/2020	8H53.: ENT referral (SCI Gateway Referral)	Dr Soutar	8H53
31/10/2018	EMISSPR100: General surgery referral (SCI Gateway Referral)	Dr Soutar	EMISSPR100
25/10/2018	EMISSPR100: General surgery referral (SCI Gateway Referral)	Dr Soutar	EMISSPR100

## Immunisations

Immunisations	Authorised By	Code
15/11/2019	Consent given for seasonal influenza vaccination	Sr Kennedy 68NV0
15/11/2019	Seasonal influenza vaccination Flucelvax Tetra Seqirus BN P100120851 Exp June 2020	Sr Kennedy 65ED
09/10/2018	Consent given for seasonal influenza vaccination	Sr Kennedy 68NV0
09/10/2018	Seasonal influenza vaccination (Right arm) Mylan Batch No RO4X Expiry 05/19	Sr Kennedy 65ED

## Health Status

Health Status	
01/12/2021	Height 175.25 cm
31/03/2023	Weight 91 Kg
01/12/2021	Body Mass Index 27.9 kg/m <sup>2</sup>
31/03/2023	Blood pressure reading O/E - BP reading
31/03/2023	Blood pressure reading 117/86 mm Hg
01/12/2021	Smoking Status Ex- Cigarette Smoker 15 cigs/day (past)

## Miscellaneous

Other Observations	Authorised By	Code
03/11/2023	Outpatient clinic letter received Rheumatology Stobhill 31/10/23	MR McMaster 9N3D2
07/07/2023	Chronic obstructive pulmonary disease (REVIEW)	Doctor Orme H3
19/05/2023	Chronic obstructive pulmonary disease (REVIEW)	Dr Hopkins H3
28/04/2023	Chronic obstructive pulmonary disease (REVIEW)	Sr Kennedy H3
21/04/2023	Chronic obstructive pulmonary disease (REVIEW)	Dr Hopkins H3
18/04/2023	Medication review	Dr Owen 8B314
24/03/2023	Chronic obstructive pulmonary disease (REVIEW)	Dr Hopkins H3
01/12/2021	Telephone encounter to review Omeprazole. Recent change in diet (reduction in full fat milk). Only having to use PRN (indicated by ordering history) so no reason to change current therapy. Counselling on long term risk of PPI's (Osteoporosis, C.diff infection). Also gave WS in relation to any change in symptoms or any red flag symptoms to contact surgery. Will try and lose weight put on during lockdown Moved onto Respiratory and ENT problems. Complains of a completely blocked left nostril - previously seen ENT at the beginning of the COVID pandemic and felt they were quite dismissive. Having to use Ventolin QDS very recently due to the change in weather. Feels that breathing is severely affected by nasal blockage - but see has COPD diagnosis and not taking Ekira properly so this will be having an impact on breathing (potentially switch to Anoro as currently only on LAMA and Lanarkshire COPD guidelines suggest LABA?LAMA?). Patient adamant that Ventolin much better - explained it will be as it is a reliever and is faster acting. Due to speak to Dr. Hopkins today will discuss	MR McMaster 9N31
15/03/2021	Ex smoker Stopped approx 2018	Dr Kennedy 137S
17/05/2018	Notes summary on computer & brown folder	Ms Leggat 9344
13/10/2005	GP22-moved out of area priority=1	Dr UnknownUser 923B
05/10/2005	Trivial drinker - <1u/day Alcohol.clm - Repeat after an Interval	Dr UnknownUser 1362
23/05/2005	IB113 DLS Incapacity for work form completed priority=2	Dr UnknownUser 9DG1
16/03/2005	Patient MRE received from HB priority=1	Dr UnknownUser 9125
09/03/2005	Notes summary on computer priority=2	Dr UnknownUser 9344
02/03/2005	Current smoker Smoker Status.clm - Repeat after an Interval	Dr UnknownUser 137R
02/03/2005	MED3 issued to patient Stress priority=2	Dr UnknownUser 9D11
02/03/2005	Smoking cessation advice priority=2	Dr UnknownUser 8CAL
18/02/2005	Pat. GP7B/GP8B card from HB priority=1	Dr UnknownUser 9124
17/02/2005	Patient reg. form sent to HB priority=1	jodie1 9123
Not Known	Marital Status: Marital state unknown	Dr UnknownUser 133F

## Consultations

Consultations	
<u>23/01/2024</u>	<u>Sr Maura Kennedy at Data Entry</u>
Comment	SR to book review appt for next issue with Pharmacotherapist Added to RS
Medication	Amitriptyline Hydrochloride Tablets 10 mg 28 TABLET ONE OR 2 TO BE TAKEN IN THE EVENING Amitriptyline Hydrochloride Tablets 25 mg 28 TABLET ONE TO BE TAKEN IN THE EVENING
<u>21/11/2023</u>	<u>Dr Docman Link at Docman</u>
Additional	Seen in hospital out-pat. GP Letter Glasgow Royal Infirmary Rheumatology
<u>17/11/2023 11:34</u>	<u>Dr Karen Hopkins at Stepps Surgery</u>
History	complex issue around current property, feeling stressed with landlord issue, struggling with sleep-on 25mg AMT, felt AMT helped with sleep, esp COPD.
Family History	happy to increase dose-suggest 35mg for a week then 45mg for a week and review with scott.
Medication	Amitriptyline Hydrochloride Tablets 25 mg 28 TABLET ONE TO BE TAKEN IN THE EVENING Amitriptyline Hydrochloride Tablets 10 mg 28 TABLET ONE OR 2 TO BE TAKEN IN THE EVENING
<u>03/11/2023</u>	<u>MR Scott McMaster at Stepps Surgery</u>
Comment	To start on Folic acid - no duration Prescription issued and signed
Medication	Folic Acid Tablets 5 mg 56 tablet ONE TO BE TAKEN EACH DAY AS DIRECTED BY RHEUMATOLOGY
Additional	Outpatient clinic letter received Rheumatology Stobhill 31/10/23
<u>31/10/2023</u>	<u>Dr Docman Link at Docman</u>
Additional	Seen in hospital out-pat. Hospital Clinic Letter Stobhill Hospital Rheumatology Dr Anne McEntegart
<u>31/10/2023</u>	<u>Dr Docman Link at Docman</u>
Additional	Seen in hospital out-pat. Hospital Letter Stobhill Hospital Rheumatology
<u>25/10/2023</u>	<u>Dr Docman Link at Docman</u>
Additional	Seen in hospital out-pat. Hospital Letter Stobhill Hospital Rehabilitation Centre
<u>07/09/2023 15:20</u>	<u>Dr Emily Owen at Stepps Surgery</u>
Problem (FIRST)	<b>Psoriasis NOS</b>
Examination	?patchy psoriasis on legs, both lower legs patchy rough skin.
Medication	Betamethasone Dipropionate And Calcipotriol Ointment 0.05 % + 50 micrograms/gram 30 GRAM APPLY ONCE DAILY TO AFFECTED AREA(S) Zerobase Cream 11 % 500 GRAM APPLY LIBERALLY AS EMOLLIENT OR SOAP SUBSTITUTE AS DIRECTED
Test Request	XR Hand Rt - Completed
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Problem (FIRST)	<b>Hand arthritis NOS</b>
History	hand pain right side increasing, wants xray pre rheum review, prev fracture.
<u>29/08/2023</u>	<u>Dr Docman Link at Docman</u>
Additional	Seen in hospital out-pat. Imaging Result - XR Hand Lt Stobhill Hospital Imaging Dr Gregory O'Neill
<u>28/08/2023 17:20</u>	<u>Dr Emily Owen at Data Entry</u>
History	pain and swelling to DIP region left hand index finger DIP -red/swollen, tender to palpate, synovitis, ?inflammatory OA ??rheumatoid. did not attend xray in time was turned away as outwith 30 days of request re requested
Test Request	XR Hand Lt - Completed
<u>15/08/2023 14:12</u>	<u>Dr Emily Owen at Data Entry</u>
History	SDD form completed.
<u>18/07/2023</u>	<u>User Locum Locum at Stepps Surgery</u>
Comment	failed to arrive for bloods/jg

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<u>07/07/2023</u>	<u>Doctor Amy Ome at Stepps Surgery</u>
Problem (REVIEW)	<b>Chronic obstructive pulmonary disease</b>
History	Progressive gradual. doesn't smoke. now SOB after 15-20 yds. reports has cannister O2 at home, occ gives self a blast. on triple therapy inhaler, antimucolytic. ongoing nasal/sinus issue-see last ENT letter. hayfever and humidity doesn't help
Examination	sats 96%. chest clear. pulse 82 reg. HS pure, bp 117/85, temp 37.2 talking fs+
Medication	Sterimar Isotonic Nasal Spray 31.8 % 50 ml TWICE DAILY Cetirizine Hydrochloride Tablets 10 mg 60 tablet ONE TO BE TAKEN EACH DAY
Comment	refer pulm rehab, and resp. ?for ambulatory sats. add in antihistamine and salty nasal spray. fit note issued
Medication	Doxycycline Hyclate Capsules 100 mg 42 capsule ONE CAPSULE TWICE DAILY FOR 3 WEEKS Trimovate Cream 30 gram APPLY TO THE AFFECTED AREA ONCE OR TWICE DAILY Hydromol Ointment 500 gram AS DIRECTED
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Chronic obstructive pulmonary disease; Duration: 07/07/2023 - 07/09/2023) eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Chronic obstructive pulmonary disease; Duration: 07/07/2023 - 07/09/2023)
New Referral	(NHS), , , 8H...: Referral for further care (SCI Gateway Referral)
-----	
Test Request	XR Hand Lt - Completed
Problem (FIRST)	<b>[D]Rash and other nonspecific skin eruption NOS</b>
History	Lesion to lower left outer shin region. wondered if a bite or tick. 6 weeks ago. reports was a bullseye appearance. wont clear
Examination	red lesion approx 1.5cm, darker red outline. not erythema migrans currently
Comment	treat for Lyme as worst case scenario, nkda. check bloods
-----	
Problem (FIRST)	<b>Hand pain</b>
History	Hands, dermatitis -is improved. now reprot pain and swelling to DIP region
Examination	left hand index finger DIP -red/swollen, tender to palpate
Comment	synovitis. ?inflammatory OA ??rheumatoid. check xray, bloods. refer rheum
-----	
History	intermittent swelling/exudate from suspected abscess to perianal /pilonidal region. reprot can chronically discharge. as COPD advises will not be offered GA. prev I&D
Examination	inner left buttock near midline close to perianal region, small tract, not discharging
Comment	think best to re-review after completed ABx
-----	
History	I politely asked Mr Lewis in future to attend with one issue, or to request a double appt if numerous concerns
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	Asking if GP can provide a reference for him, with regards to needing to find a new private rental. nil family/friends. advised to hand in paper work for GP to view first of all
<hr/>	
<u>19/05/2023 15:10</u>	<u>Dr Karen Hopkins at Stepps Surgery</u>
Problem (REVIEW)	<b>Chronic obstructive pulmonary disease</b>
History	AMT heping sleep/anxiety. seen ENT-having anaesthetic review pending septoplasty. COPD worsening. not fit enough to work in ship yards, due to chemicals.
Medication	Amitriptyline Hydrochloride Tablets 25 mg 56 tablet ONE TO BE TAKEN IN THE EVENING
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Chronic obstructive pulmonary disease; Duration: 19/05/2023 - 10/07/2023)
<hr/>	
<u>02/05/2023</u>	<u>Doctor Amy Ome at General Practice Surgery</u>
Result	Liver function tests - general normal - no action (AMYO) Serum gamma-glutamyl transferase level normal - no action (AMYO)
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<u>02/05/2023</u>	<u>User Locum Locum at Stepps Surgery</u>
Comment	Bloods to labs as per order comms. YK
<hr/>	
<u>28/04/2023</u>	<u>Sr Maura Kennedy at Stepps Surgery</u>
Problem (REVIEW)	<b>Chronic obstructive pulmonary disease</b>

History	AMT helping sleep Occasional wakes with nasal congestion and Panics Snores Occupational hazards working on ship yards Likes Turbohaler device Showers Steam inhalation helps and saline nasal washout helps
Comment	To continue with current inhalers
Medication	Nacsys Effervescent tablets 600 mg 28 TABLET ONE TO BE TAKEN DAILY
<u>25/04/2023</u>	<u>Dr Docman Link at Docman</u>
Additional	Letter encounter Hospital Letter Glasgow Royal Infirmary ENT
<u>25/04/2023</u>	<u>Dr Docman Link at Docman</u>
Additional	Letter encounter Hospital Letter Glasgow Royal Infirmary ENT
<u>21/04/2023 15:18</u>	<u>Dr Karen Hopkins at Stepps Surgery</u>
Problem (REVIEW)	<b>Chronic obstructive pulmonary disease</b>
History	nasal congestion. AMT has helped less anxious. skin imp on doxy but flared again-try furtehr course
Examination	not sure inhalers have helped. CXR normal.
Medication	Beclometasone Aqueous nasal spray 50 micrograms/actuation 200 DOSE TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf. (Diagnosis: Chronic obstructive pulmonary disease; Duration: 21/04/2023 - 22/05/2023)
<u>21/04/2023 15:09</u>	<u>Dr Karen Hopkins at Stepps Surgery</u>
Problem (FIRST)	<b>Dermatitis NOS</b>
History	contact. hand
Medication	Epadem Ointment 500 gram APPLY THREE TIMES A DAY Betamethasone Valerate Ointment 0.1 % 30 GRAM Apply Sparingly Once daily
<u>06/04/2023</u>	<u>Doctor Amy Ome at Stepps Surgery</u>
Test Request	Gamma GT - Requested, Liver Function Tests - Requested
<u>04/04/2023</u>	<u>Dr Karen Hopkins at General Practice Surgery</u>
Result	Serum vitamin B12 normal - no action (EMIL) Serum folate mild low at 2.6, await b12 (AMYO) Serum ferritin normal - no action (AMYO)
<u>04/04/2023</u>	<u>Doctor Amy Ome at General Practice Surgery</u>
Result	Thyroid function tests normal - no action (AMYO) Liver function tests - general repeat 4 weeks (ALT 88, AST 55) (AMYO) Urea and electrolytes normal - no action (AMYO) Plasma C reactive protein normal - no action (AMYO)
<u>04/04/2023</u>	<u>Doctor Amy Ome at General Practice Surgery</u>
Result	Haemoglobin A1c level - IFCC standardised normal - no action (AMYO)
<u>04/04/2023</u>	<u>Doctor Amy Ome at General Practice Surgery</u>
Result	Erythrocyte sedimentation rate normal - no action (AMYO) Full blood count - FBC normal - no action (AMYO)
<u>04/04/2023</u>	<u>User Locum Locum at Stepps Surgery</u>
Comment	bloods to lab as req jg
<u>31/03/2023</u>	<u>Sr Maura Kennedy at Stepps Surgery</u>
History	Wakes cant breath at night Panics Hyperventilates mucus cough Over using SAB Suspected sleep apnoea Disturbed sleep pattem Poor dextenty for MDI CXR normal Asking for Oxygen Cant stop talking
Examination	O/E - weight, 91 Kg
Medication	Nacsys Effervescent tablets 600 mg 28 TABLET ONE TO BE TAKEN DAILY
Comment	Explained inhalers Switch SAB to Turbohaler To use 4 to 6 hly only Need to allow more time for Trelegy To practice Deep Breathing Exercises to calm self at night FU 4/52 Query Sleep clinic
Medication	Bricanyl Turbohaler 500 micrograms/dose 1 dose ONE DOSE TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED
-----	
Examination	O/E - BP reading Blood pressure reading 117/86 mm Hg
<u>27/03/2023</u>	<u>Dr Docman Link at Docman</u>

Additional	Seen in hospital out-pat. Imaging Result - XR Chest Stobhill Hospital Imaging Dr Helen Griffiths
<u>24/03/2023 15:31</u>	<u>Dr Karen Hopkins at Stepps Surgery</u>
Problem (REVIEW)	<b>Chronic obstructive pulmonary disease</b>
History	works in ship yards. brown sputum. ex forces. prev on AMT-helped mood and sleep/aches. asking re oxygen-prev told could have it
Examination	sats 98. HR 88. chest-poor air entry
Comment	bloods, CXR, trial trelegy. review 4 weeks, try AMT. suspect needs resp ref. line
Medication	Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose <b>30 DOSE ONE PUFF TO BE USED ONCE DAILY</b> Amitriptyline Hydrochloride Tablets 10 mg <b>56 tablet TAKE TWO (20MG) IN THE EVENING</b>
Test Request	Vitamin B12 - <i>Requested</i> , CRP - <i>Requested</i> , Urea and Electrolytes - <i>Requested</i> , Ferritin - <i>Requested</i> , Liver Function Tests - <i>Requested</i> , Folate - <i>Requested</i> , Thyroid function tests - <i>Requested</i> , HbA1c - <i>Requested</i> , ESR - <i>Requested</i> , Full Blood Count - <i>Requested</i> , XR Chest - <i>Completed</i>
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Chronic obstructive pulmonary disease; Duration: 24/03/2023 - 28/04/2023)
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Problem (FIRST)	<b>Folliculitis</b>
History	legs, groin
Examination	Tx with doxycycline
<u>21/02/2023 14:03</u>	<u>Dr Emily Owen at Stepps Surgery</u>
History	copd review due,
<u>19/12/2022 18:09</u>	<u>Dr Emily Owen at Stepps Surgery</u>
History	needs med review
<u>05/05/2022</u>	<u>Dr Doocman Link at Doocman</u>
Additional	Letter encounter Hospital Letter Glasgow Royal Infirmary X-Ray Department
<u>03/05/2022</u>	<u>Dr Karen Hopkins at General Practice Surgery</u>
Result	Full blood count - FBC on abx (HOPK)
<u>03/05/2022</u>	<u>Dr Karen Hopkins at General Practice Surgery</u>
Result	Blood glucose result Normal - no action (HOPK)
<u>03/05/2022</u>	<u>Dr Karen Hopkins at General Practice Surgery</u>
Result	Thyroid function tests Normal - no action (HOPK) Liver function tests - general Normal - no action (HOPK) Urea and electrolytes Normal - no action (HOPK) Plasma C reactive protein Normal - no action (HOPK) Bone profile Normal - no action (HOPK)
<u>03/05/2022</u>	<u>Mrs Roz Stark at Stepps Surgery</u>
Test Request	Glucose - <i>Completed</i> , Bone Profile - <i>Completed</i> , CRP - <i>Completed</i> , Urea and Electrolytes - <i>Completed</i> , Liver Function Tests - <i>Completed</i> , Thyroid function tests - <i>Completed</i> , Full Blood Count - <i>Completed</i>
<u>27/04/2022</u>	<u>Doctor Amy Orme at Stepps Surgery</u>
History	Telephone call - feels that 10 days of Doxy gave partial relief with cough, but thinks could have done with a few more days to fully clear it, has wax and waned since. Intermittent ongoing cough. Has felt a bit cold lately. Nil fevers. Apeptide intact. Sligh SOB. Nil chest pains. Bit lethargic, and achey. Some wheeze. Congested sounding, nasal sounding. Ex smoker. Still getting out and about. Sligh headaches.
Examination	Nil resp distress.
Comment	IE COPD, post nasal drip/sinus congestion. Try below, 2 week course of Doxy this time. For bloods and CXR. R/v if not settling, and given WSG
Medication	Beclometasone Aqueous nasal spray 50 micrograms/actuation <b>200 DOSE TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY</b> Doxycycline Hyclate Capsules 100 mg <b>15 CAPSULE TAKE TWO CAPSULES AS FIRST DOSE ON FIRST DAY THEN TAKE ONE CAPSULE DAILY FOR NEXT 13 DAYS</b> Prednisolone E/c tablets 5 mg <b>30 tablet SIX TABLETS (30MG) ONCE DAILY IN MORNING FOR 5 DAYS. DELAYED PRESCRIPTION</b>
Test Request	Glucose - <i>Requested</i> , Bone Profile - <i>Requested</i> , CRP - <i>Requested</i> , Urea and Electrolytes - <i>Requested</i> , Liver Function Tests - <i>Requested</i> , Thyroid function tests - <i>Requested</i> , Full Blood Count - <i>Requested</i>

	<u>XR Chest - Completed</u>
<u>16/04/2022</u>	<u>Dr Docman Link at Docman</u>
Additional	Seen in hospital out-pat. Hospital Letter Stobhill Hospital Gastroenterology
<u>21/02/2022</u>	<u>Dr Docman Link at Docman</u>
Additional	Seen in hospital out-pat. Result Stobhill Hospital Sigmoidoscopy Report
<u>28/01/2022</u>	<u>Doctor Amy Ome at Stepps Surgery</u>
History	T/c due to pandemic - 1 week or so of cough, feels has a "chest infection". Feels unable to expectorate at times. Whiet creamy phylegm if does come up. No temp. E&D. "head cold"-helped by warm shower. Blocked up. Occ intermittent chest discomfort only with a very forceful cough, nil outwith cough, nil pleuntic or exertional. Slight SOB only. moving arund ok. Exact same as before. LFT negative. unvaccinated. Sligh wheeze. NKDA. Amox doesn't generally work, got prolonged Doxy course last time.
Comment	Cover for IE COPD. Should really obtain PCR test. WSG re pain SOB acute unwell - contact !!!
Medication	Prednisolone E/c tablets 5 mg 30 tablet <i>SIX TABLETS (30MG) ONCE DAILY IN MORNING FOR 5 DAYS. DELAYED PRESCRIPTION</i> Doxycycline Hyclate Capsules 100 mg 11 CAPSULE TAKE TWO CAPSULES AS FIRST DOSE ON FIRST DAY THEN TAKE ONE CAPSULE DAILY FOR NEXT 9 DAYS
<u>27/01/2022 10:59</u>	<u>Dr Sharyl Alexander at Stepps Surgery</u>
History	tried x 2 'automated msg cant take call'
<u>10/12/2021</u>	<u>Dr Docman Link at Docman</u>
Additional	Seen in hospital out-pat. Result Stobhill Hospital colonoscopy
<u>08/12/2021</u>	<u>Dr Docman Link at Docman</u>
Additional	Laboratory result Virology Result North Sector Labs Unknown
<u>01/12/2021 15:18</u>	<u>Dr Karen Hopkins at Telephone Consultation</u>
History	long cpsultation. ongoing nasal Sx. dissatisfied with ENT last year. will ref back mean time try ipratropium, switch inhaler, try spacer for salbutamol. inhaler disposal advice.
Medication	Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose 60 DOSE ONE DOSE TO BE INHALED ONCE DAILY Ipratropium Bromide Nasal spray 0.03 % 180 spray 2 SPRAYS EACH NOSTRIL TWICE DAILY
New Referral	Easychamber Spacer device 1 device USE ALONG WITH INHALER (NHS), , , 8H...: Referral for further care (SCI Gateway Referral)
<u>01/12/2021</u>	<u>MR Scott McMaster at Stepps Surgery</u>
History	Triggers - Alcohol, fatty foods, spicy foods
Social	Ex-Cigarette Smoker 15 cigs/day (past) Semi retired - auctioneer
Comment	Telephone encounter to review Omeprazole. Recent change in diet (reduction in full fat milk). Only having to use PRN (indicated by ordering history) so no reason to change current therapy. Counsellled on long term risk of PPI's (Osteoporosis, C.diff infection). Also gave WS in relation to any change in symptoms or any red flag symptoms to contact surgery. Will try and lose weight put on during lockdown Moved onto Respiratory abnd ENT problems. Complains of a completely blocked left nostril - previously seen ENT at the beginning of the COVID pandemic and felt they were quite dismissive. Having to use Ventolin QDS very recently due to the change in weather. Feels that breathing is severely affected bu nasal blockage - but see has COPD diagnosis and not taking Ekira properly so this will be having an impact on breathing (potentially switch to Anoro as currently only on LAMA and Lanarkshire COPD guidelines suggesyt LABA?LAMA?). Patient adamant that Ventolin much better - explained it will be as it is a reliever and is faster acting. Due to speak to Dr. Hopkins today will discuss Ideal weight 85.73 Kg O/E - height 175.25 cm Body Mass Index 27.9 kg/m2
<u>15/03/2021 16:25</u>	<u>Dr J Kennedy at Telephone Consultation</u>
Problem (NEW)	<b>Voice hoarseness</b>
Medication	Azelastine Hydrochloride Nasal spray 140 micrograms/dose 1*22 ml ONE SPRAY TO BE USED IN EACH NOSTRIL FOUR TIMES A DAY Itraconazole Capsules 100 mg 1*4 capsule ONE TO BE TAKEN TWICE A DAY

Social	Ex smoker Stopped approx 2018
<u>16/02/2021</u>	<u>Dr Emily Owen at General Practice Surgery</u>
Result	Liver function tests - general normal - no action (EMIL) Serum gamma-glutamyl transferase level normal - no action (EMIL)
<u>21/01/2021 18:10</u>	<u>Dr Emily Owen at Data Entry</u>
History	Ifis mildly elevated- repeat 4weeks with ggt.
Test Request	Gamma GT - <i>Requested</i> , Liver Function Tests - <i>Requested</i>
<u>19/01/2021</u>	<u>Dr J Kennedy at General Practice Surgery</u>
Result	Haemoglobin A1c level - IFCC standardised Normal - no action (SEANK_16683)
<u>19/01/2021</u>	<u>Dr Emily Owen at General Practice Surgery</u>
Result	Liver function tests - general alt 76 ast 40 repeat 4 weeks (EMIL) Urea and electrolytes normal - no action (EMIL) Bone profile normal - no action (EMIL)
<u>19/01/2021</u>	<u>Dr Emily Owen at General Practice Surgery</u>
Result	Full blood count - FBC normal - no action (EMIL)
<u>13/01/2021 16:29</u>	<u>Dr Emily Owen at Telephone Consultation</u>
History	tongue coating gone. still dry back of throat. as to cough up phelgm. wants to have sample sent to lab. agree but not concerning. suggest bloods including hb1a1c ?t2dm denies excessive thirst.
Test Request	HbA1c - <i>Requested</i> , Bone Profile - <i>Requested</i> , Urea and Electrolytes - <i>Requested</i> , Liver Function Tests - <i>Requested</i> , Full Blood Count - <i>Requested</i> , Sputum (C&S) - <i>Requested</i>
<u>11/01/2021 12:01</u>	<u>Dr Emily Owen at Data Entry</u>
History	goes to voicemail x3. rearrange appt if ongoing issue.
<u>24/12/2020</u>	<u>Dr Docman Link at Docman</u>
Additional	Laboratory result UK Covid Results UK Covid Results Results Unknown
<u>07/10/2020 17:29</u>	<u>Dr Emily Owen at Telephone Consultation</u>
History	very anxious about coating back of throat and tongue. nad on ent review at clinic. slight improvement with fluconazole. normal tongue swab. try post nasal drip treatment. review if worsening
Medication	Beclometasone Aqueous nasal spray 50 micrograms/actuation 200 DOSE TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY Fluticasone Propionate And Azelastine Nasal spray 50 micrograms/dose + 137 micrograms/dose 120 dose USE ONE SPRAY IN EACH NOSTRIL TWICE A DAY
<u>16/09/2020 15:08</u>	<u>Dr Karen Hopkins at Telephone Consultation</u>
History	swaBS -VE. bloods all normal. seen by ENT-nil significant. feels its affecting his throat, started after inhalers-now stopped. had 1 course Tx already-try another, discussed cutting out sugar etc. Review if not settling
Medication	Fluconazole Capsules 50 mg 7 CAPSULE ONE TO BE TAKEN DAILY FOR 7 DAYS Nystatin Oral suspension 100,000 units/ml 30 ML USE 1ML IN THE MOUTH FOUR TIMES DAILY AFTER FOOD FOR 7 DAYS CONTINUED FOR 48 HOURS AFTER LESIONS HEALED
<u>09/09/2020</u>	<u>Dr Emily Owen at General Practice Surgery</u>
Result	Quantitative faecal immunochemical test Normal - routine appt to discuss (EMIL)
<u>09/09/2020</u>	<u>Dr Emily Owen at Telephone Consultation</u>
History	asking re bowel screening- told to expect a colonoscopy 2020- last in 2017 and polyps excised. called endoscopy - told no routine screening happening at moment.. multiple bowel polyps removed previously. told to have surveillance colonoscopies - not happening at present. worried as parents and grandparents died with colon issues. feels well. no blood in stool. no change in bowel habit. some weight loss - slight. will monitor.
Comment	suggest qfit then tc to discuss routine referral back to surgeons or urgent if qfit raised.
Test Request	qFIT - <i>Completed</i>
<u>08/09/2020</u>	<u>Dr J Kennedy at General Practice Surgery</u>

Result	Thyroid function tests Normal - no action (SEANK_16683) Liver function tests - general Normal - no action (SEANK_16683) Urea and electrolytes Normal - no action (SEANK_16683) Plasma C reactive protein Normal - no action (SEANK_16683)
<u>08/09/2020</u>	<u>Dr Karen Hopkins at General Practice Surgery</u>
Result	Full blood count - FBC Normal - no action (HOPK)
<u>08/09/2020</u>	<u>Ms Jean Marshall at Stepps Surgery</u>
Test Request	CRP - <i>Completed</i> , Urea and Electrolytes - <i>Completed</i> , Liver Function Tests - <i>Completed</i> , Thyroid function tests - <i>Completed</i>
<u>02/09/2020 15:38</u>	<u>Dr Karen Hopkins at Telephone Consultation</u>
Problem (FIRST)	<b>Voice hoarseness</b>
History	saw ENT. NAD. tongue still coated and altered taste. has been Tx for thrush prev. feels all related to flu vaccine last year. never right since. denies GORD Sx. very pressured in speech. suggest we swab it and do bloods. feels like has ongoing cold and asking for abx-had 2 courses this year which didn't help-Sx since last winters flu jag. suggest bloods and swab tongue. HbA1c - <i>Requested</i> , Bone Profile - <i>Requested</i> , CRP - <i>Requested</i> , Urea and Electrolytes - <i>Requested</i> , Liver Function Tests - <i>Requested</i> , Thyroid function tests - <i>Requested</i> , Full Blood Count - <i>Requested</i> , Throat swab (C&S) - <i>Completed</i>
Test Request	
<u>02/09/2020</u>	<u>Dr Docman Link at Docman</u>
Additional	Sample - microbiological exam Result Glasgow Royal Infirmary Microbiology
<u>14/08/2020</u>	<u>Dr Docman Link at Docman</u>
Additional	Letter encounter GP Letter Stobhill Hospital ENT
<u>07/05/2020</u>	<u>Dr Docman Link at Docman</u>
Additional	Letter encounter GP Letter Stobhill Hospital ENT
<u>30/04/2020</u>	<u>Dr Alice Soutar at Stepps Surgery</u>
Problem	further phone consult under covid policy. Now has intermittent but persisting longer term croak in throat and hoarseness and feels something stuck (no catarrh at present) Refer after discussion AS
<u>16/04/2020</u>	<u>Dr Alice Soutar at Stepps Surgery</u>
Problem	telephone consult under covid policy. Has had improvement in chest and mouth no longer furred but has sig PND and sinus infection ongoing (no high temps) and has secretions and nasal blockage++ As below and advice re longer term FU as had broken nose when younger and feels has airflow probs adding to probs on one side.
Medication	Doxycycline Hyclate Capsules 100 mg 11 capsule TWO TABS DAILY THEN ONE DAILY WITH FOOD FOR 10 DAYS Beclomethasone Aqueous nasal spray 50 micrograms/actuation 200 DOSE TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY FOR 4 - 6 WEEKS
<u>20/03/2020</u>	<u>Dr Alice Soutar at Stepps Surgery</u>
Problem	Phone consult under covid policy has had chronic sore throat and no temo Catarrh and very white furred tongue Convinced and doesn't accept may have GOR issue causing burning in throat. has lost taste too and has stopped using inhalers as better re COPD (Advised+++ re use of thes for good breathing control with covid issues at present) Nil red flags
Comment	suspect thrush and PND/catrh+ No swallowing issues and speech normal Nil breathlessness. Longer term issue hence rx below and can advise in 2-3 weeks how progressing. Safely netted re worsening or new possibly covid issues AS
Medication	Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS Fluconazole Capsules 50 mg 7 capsule 1 CAPSULE DAILY Nystatin Oral suspension 100,000 units/ml 30 ML 1 DROP TO TONGUE AFTER FOOD AND AT NIGHT Chlorhexidine Gluconate Mouth wash 0.2 % 300 ML RINSE MOUTH WITH 10ML FOR ABOUT 1 MINUTE TWICE A DAY
<u>15/11/2019</u>	<u>Sr Maura Kennedy at Stepps Surgery</u>
Additional	Seasonal influenza vaccination Flucelvax Tetra Seqirus BN P100120851 Exp June 2020 Consent given for seasonal influenza vaccination
<u>17/04/2019</u>	<u>Dr Docman Link at Docman</u>

Additional	Seen in hospital out-pat. Hospital Letter Glasgow Royal Infirmary Plastics
<u>17/04/2019</u>	<u>Dr Docman Link at Docman</u>
Additional	Seen in hospital out-pat. GP Letter Plastic Surgery Unit Plastics
<u>08/03/2019</u>	<u>Dr Docman Link at Docman</u>
Additional	Referral for further care Treatment Room Report Primary Care Trust District Nurse
<u>01/03/2019</u>	<u>Dr Docman Link at Docman</u>
Additional	Seen in hospital out-pat. Hospital Letter Glasgow Royal Infirmary Plastics
<u>21/01/2019</u>	<u>Dr Docman Link at Docman</u>
Additional	Seen in hospital out-pat. GP Letter Stobhill Hospital General Surgery
<u>30/10/2018</u>	<u>Dr Docman Link at Docman</u>
Additional	Letter encounter Back To Referrer Letter Stobhill Hospital General Surgery Nurse Mairi MacKenzie
<u>25/10/2018</u>	<u>Dr Alice Soutar at Stepps Surgery</u>
Problem	ISQ referral for both recurrently discharging cysts AS
<u>11/10/2018</u>	<u>Dr Alice Soutar at Stepps Surgery</u>
Problem	Has long term issue with chronic refilling abscess in lower R pinna and has seb cyst on R upper eyebrow margin nil infection seen in that Causing eyelid to be pushed down.
Comment	abs for abscess and review next week for likely referral of both Advised re not fulfillinh nhs for viagra
<u>11/10/2018</u>	<u>Dr Alice Soutar at Stepps Surgery</u>
Medication	Co-Amoxiclav 500/125 Tablets 21 tablet <i>ONE TO BE TAKEN THREE TIMES A DAY FOR A WEEK</i>
<u>09/10/2018</u>	<u>Sr Maura Kennedy at Stepps Surgery</u>
Comment	Advised needs appt for COPD review
Additional	Seasonal influenza vaccination (Right arm) Mylan Batch No RO4X Expiry 05/19 Consent given for seasonal influenza vaccination
<u>04/10/2018</u>	<u>Dr Alice Soutar at Stepps Surgery</u>
Problem	issues private rx for sildenafil and advised by message not eligible for nhs. Suggest see doc to discuss if issues AS
<u>15/08/2018</u>	<u>Dr Alice Soutar at Stepps Surgery</u>
Medication	Sildenafil Citrate Tablets 100 mg 8 <i>TABLET ONE TO BE TAKEN AS DIRECTED. SLS</i>
<u>07/06/2018</u>	<u>Dr Alice Soutar at Stepps Surgery</u>
Medication	Eklira Genuair Dry Powder Inhaler 322 micrograms/dose <i>120 DOSE TWO PUFFS TWICE DAILY</i> Salbutamol Cfc-free inhaler 100 micrograms/puff 2 <i>inhaler 2 PUFFS UP TO 4 X DAILY</i> Omeprazole Capsules (Gastro-Resistant) 20 mg 56 <i>CAPSULE ONE TO BE TAKEN DAILY FOR INDIGESTION EPISODES AS REQUIRED</i> Sildenafil Citrate Tablets 100 mg 8 <i>TABLET ONE TO BE TAKEN AS DIRECTED. SLS</i>
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Problem	from practice across rd. has COPD asthma Confirmed as below are existing Rxs Also has seb cyst ion r eyebrow area annoying him but not for action at current status Advised to come in when at worst with swelling/inflamm Also advised to see Sr K for chronic disease reg and monitoring AS
<u>10/05/2018</u>	<u>Dr Docman Link at Docman</u>
Additional	Administration NOS Administration Letter Registration
<u>13/10/2005</u>	<u>Dr UnknownUse16683 UnknownUser at Stepps Surgery</u>
History	Automatically generated by transaction priority=2
Problem	<b>GP22-moved out of area priority=1</b>
<u>05/10/2005</u>	<u>Dr J Kennedy at Stepps Surgery</u>

History	Mother died 20th Sept. Buried last week. Software engineer. C1/52 Stress. priority=2 Trivial drinker - <1u/day Alcohol.clm - Repeat after an Interval (diary entry deleted) (Not Known )
<u>10/08/2005</u>	<u>Dr J Kennedy at Stepps Surgery</u>
History	has bankrutcy hearing coming up. not sleeping well again. benefit from trazodone in march. C2/52 priority=2
<u>23/05/2005</u>	<u>Dr J Kennedy at Stepps Surgery</u>
History	IB113 DLS Incapacity for work form completed priority=2
<u>31/03/2005</u>	<u>Dr J Kennedy at Stepps Surgery</u>
History	stress, anxiety, smoking more, business folding. poor concentration. cannot sleep. I feel he is depressed. Try trazodone. RV 1/12. C-1/12 priority=2
<u>16/03/2005</u>	<u>Dr UnknownUse16683 UnknownUser at Stepps Surgery</u>
History	Automatically generated by transaction priority=2
Problem	<b>Patient MRE received from HB</b> priority=1
<u>09/03/2005</u>	<u>Dr UnknownUse16683 UnknownUser at Stepps Surgery</u>
History	Notes summary on computer priority=2 Unilateral gynaecomastia Right Subcutaneous mastectomy for gynaecomastia Right O/E - BP reading normal B P Screening\$.clm - Repeat after an Interval (diary entry deleted) (Not Known )
<u>02/03/2005</u>	<u>Dr J Kennedy at Stepps Surgery</u>
History	Smoking cessation advice priority=2 MED3 issued to patient Stress priority=2 Current smoker Smoker Status.clm - Repeat after an Interval (diary entry deleted) (Not Known ) Systolic blood pressure Diastolic blood pressure O/E - BP reading normal B P Screening\$.clm - Repeat after an Interval (diary entry deleted) (Not Known )
<u>18/02/2005</u>	<u>Dr UnknownUse16683 UnknownUser at Stepps Surgery</u>
History	Automatically generated by transaction priority=2
Problem	<b>Pat. GP7B/GP8B card from HB</b> priority=1
<u>17/02/2005</u>	<u>Dr J Kennedy at Stepps Surgery</u>
Additional	
<u>17/02/2005</u>	<u>josie1 at Stepps Surgery</u>
History	Automatically generated by transaction priority=2
Problem	<b>Patient reg. form sent to HB</b> priority=1

### Current Medication

Current				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
31/03/2023	<b>Bricanyl Turbohaler 500 micrograms/dose</b> ONE DOSE TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED 1 dose	23/01/2024P	Dr Karen Hopkins	REPEAT
24/03/2023	<b>Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose</b> ONE PUFF TO BE USED ONCE DAILY 30 DOSE	23/01/2024P	Dr Karen Hopkins	REPEAT
07/06/2018	<b>Omeprazole Capsules (Gastro-Resistant) 20 mg</b> ONE TO BE TAKEN DAILY FOR INDIGESTION EPISODES AS REQUIRED 56 CAPSULE	30/10/2023P	Dr Karen Hopkins	REPEAT

## Past Medication

Past				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
23/01/2024	<b>Amitriptyline Hydrochloride Tablets 25 mg</b> ONE TO BE TAKEN IN THE EVENING 28 TABLET	23/01/2024P	Sr Maura Kennedy	ACUTE
23/01/2024	<b>Amitriptyline Hydrochloride Tablets 10 mg</b> ONE OR 2 TO BE TAKEN IN THE EVENING 28 TABLET	23/01/2024P	Sr Maura Kennedy	ACUTE
17/11/2023	<b>Amitriptyline Hydrochloride Tablets 25 mg</b> ONE TO BE TAKEN IN THE EVENING 28 TABLET	17/11/2023P	Dr Karen Hopkins	ACUTE
17/11/2023	<b>Amitriptyline Hydrochloride Tablets 10 mg</b> ONE OR 2 TO BE TAKEN IN THE EVENING 28 TABLET	17/11/2023P	Dr Karen Hopkins	ACUTE
03/11/2023	<b>Folic Acid Tablets 5 mg</b> ONE TO BE TAKEN EACH DAY AS DIRECTED BY RHEUMATOLOGY 56 tablet	03/11/2023P	Dr Emily Owen	ACUTE
07/09/2023	<b>Betamethasone Dipropionate And Calcipotriol Ointment 0.05 % + 50 micrograms/gram</b> APPLY ONCE DAILY TO AFFECTED AREA(S) 30 GRAM	07/09/2023P	Dr Emily Owen	ACUTE
07/09/2023	<b>Zerobase Cream 11 %</b> APPLY LIBERALLY AS EMOLLIENT OR SOAP SUBSTITUTE AS DIRECTED 500 GRAM	07/09/2023P	Dr Emily Owen	ACUTE
07/07/2023	<b>Sterimar Isotonic Nasal Spray 31.8 %</b> TWICE DAILY 50 ml	07/07/2023P	Dr Karen Hopkins	ACUTE
07/07/2023	<b>Cetirizine Hydrochloride Tablets 10 mg</b> ONE TO BE TAKEN EACH DAY 60 tablet	07/07/2023P	Dr Karen Hopkins	ACUTE
07/07/2023	<b>Doxycycline Hyclate Capsules 100 mg</b> ONE CAPSULE TWICE DAILY FOR 3 WEEKS 42 capsule	07/07/2023P	Dr Karen Hopkins	ACUTE
07/07/2023	<b>Trimovate Cream</b> APPLY TO THE AFFECTED AREA ONCE OR TWICE DAILY 30 gram	07/07/2023P	Dr Karen Hopkins	ACUTE
07/07/2023	<b>Hydromol Ointment</b> AS DIRECTED 500 gram	07/07/2023P	Dr Karen Hopkins	ACUTE
11/05/2023	<b>Carbocisteine Capsules 375 mg</b> TWO TO BE TAKEN THREE TIMES A DAY 168 CAPSULE	11/05/2023P	Sr Maura Kennedy	ACUTE
28/04/2023	<b>Nacsys Effervescent tablets 600 mg</b> ONE TO BE TAKEN DAILY 28 TABLET	28/04/2023P	Sr Maura Kennedy	ACUTE
21/04/2023	<b>Epaderm Ointment</b> APPLY THREE TIMES A DAY 500 gram	21/04/2023P	Dr Karen Hopkins	ACUTE
21/04/2023	<b>Betamethasone Valerate Ointment 0.1 %</b> Apply Sparingly Once daily 30 GRAM	21/04/2023P	Dr Karen Hopkins	ACUTE
21/04/2023	<b>Doxycycline Hyclate Capsules 100 mg</b> TAKE TWO CAPSULES AS FIRST DOSE ON FIRST DAY THEN TAKE ONE CAPSULE DAILY FOR NEXT 13 DAYS 15 CAPSULE	21/04/2023P	Dr Karen Hopkins	ACUTE
21/04/2023	<b>Beclometasone Aqueous nasal spray 50 micrograms/actuation</b> TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY 200 DOSE	21/04/2023P	Dr Karen Hopkins	ACUTE
31/03/2023	<b>Nacsys Effervescent tablets 600 mg</b> ONE TO BE TAKEN DAILY 28 TABLET	31/03/2023P	Sr Maura Kennedy	ACUTE
24/03/2023	<b>Doxycycline Hyclate Capsules 100 mg</b> TAKE TWO CAPSULES AS FIRST DOSE ON FIRST DAY THEN TAKE ONE CAPSULE DAILY FOR NEXT 13 DAYS 15 CAPSULE	24/03/2023P	Dr Karen Hopkins	ACUTE
27/04/2022	<b>Doxycycline Hyclate Capsules 100 mg</b> TAKE TWO CAPSULES AS FIRST DOSE ON FIRST DAY THEN TAKE ONE CAPSULE DAILY FOR NEXT 13 DAYS 15 CAPSULE	27/04/2022P	Dr J Kennedy	ACUTE
27/04/2022	<b>Prednisolone E/c tablets 5 mg</b> SIX TABLETS (30MG) ONCE DAILY IN MORNING FOR 5 DAYS. DELAYED PRESCRIPTION 30 tablet	27/04/2022P	Dr J Kennedy	ACUTE
27/04/2022	<b>Beclometasone Aqueous nasal spray 50 micrograms/actuation</b> TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY 200 DOSE	27/04/2022P	Dr J Kennedy	ACUTE
28/01/2022	<b>Doxycycline Hyclate Capsules 100 mg</b> TAKE TWO CAPSULES AS FIRST DOSE ON FIRST DAY THEN TAKE ONE CAPSULE DAILY FOR NEXT 9 DAYS 11 CAPSULE	28/01/2022P	Dr J Kennedy	ACUTE
28/01/2022	<b>Prednisolone E/c tablets 5 mg</b> SIX TABLETS (30MG) ONCE DAILY IN MORNING FOR 5 DAYS. DELAYED PRESCRIPTION 30 tablet	28/01/2022P	Dr J Kennedy	ACUTE
01/12/2021	<b>Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose</b> ONE DOSE TO BE INHALED ONCE DAILY 60 DOSE	01/12/2021P	Dr Karen Hopkins	ACUTE
01/12/2021	<b>Ipratropium Bromide Nasal spray 21 micrograms/dose</b> 2 SPRAYS EACH NOSTRIL TWICE DAILY 180 spray	01/12/2021P	Dr Karen Hopkins	ACUTE

01/12/2021	<b>Easychamber Spacer device</b> USE ALONG WITH INHALER 1 device	01/12/2021P	Dr Karen Hopkins	ACUTE
15/03/2021	<b>Azelastine Hydrochloride Nasal spray 140 micrograms/dose</b> ONE SPRAY TO BE USED IN EACH NOSTRIL FOUR TIMES A DAY 1*22 ml	15/03/2021P	Dr J Kennedy	ACUTE
15/03/2021	<b>Itraconazole Capsules 100 mg</b> ONE TO BE TAKEN TWICE A DAY 1*4 capsule	15/03/2021P	Dr J Kennedy	ACUTE
07/10/2020	<b>Fluticasone Propionate And Azelastine Nasal spray 50 micrograms/dose + 137 micrograms/dose</b> USE ONE SPRAY IN EACH NOSTRIL TWICE A DAY 120 dose	20/10/2020P	Sr Maura Kennedy	ACUTE
07/10/2020	<b>Beclometasone Aqueous nasal spray 50 micrograms/actuation</b> TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY 200 DOSE	07/10/2020P	Dr Emily Owen	ACUTE
16/09/2020	<b>Fluconazole Capsules 50 mg</b> ONE TO BE TAKEN DAILY FOR 7 DAYS 7 CAPSULE	16/09/2020P	Dr Karen Hopkins	ACUTE
16/09/2020	<b>Nystatin Oral suspension 100,000 units/ml</b> USE 1ML IN THE MOUTH FOUR TIMES DAILY AFTER FOOD FOR 7 DAYS CONTINUED FOR 48 HOURS AFTER LESIONS HEALED 30 ML	16/09/2020P	Dr Karen Hopkins	ACUTE
16/04/2020	<b>Doxycycline Hyclate Capsules 100 mg</b> TWO TABS DAILY THEN ONE DAILY WITH FOOD FOR 10 DAYS 11 capsule	16/04/2020P	Dr Alice Soutar	ACUTE
16/04/2020	<b>Beclometasone Aqueous nasal spray 50 micrograms/actuation</b> TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY FOR 4 - 6 WEEKS 200 DOSE	16/04/2020P	Dr Alice Soutar	ACUTE
20/03/2020	<b>Amoxicillin Capsules 500 mg</b> ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS 15 CAPSULE	20/03/2020P	Dr Alice Soutar	ACUTE
20/03/2020	<b>Fluconazole Capsules 50 mg</b> 1 CAPSULE DAILY 7 capsule	20/03/2020P	Dr Alice Soutar	ACUTE
20/03/2020	<b>Nystatin Oral suspension 100,000 units/ml</b> 1 DROP TO TONGUE AFTER FOOD AND AT NIGHT 30 ML	20/03/2020P	Dr Alice Soutar	ACUTE
20/03/2020	<b>Chlorhexidine Gluconate Mouth wash 0.2 %</b> RINSE MOUTH WITH 10ML FOR ABOUT 1 MINUTE TWICE A DAY 300 ML	20/03/2020P	Dr Alice Soutar	ACUTE
11/10/2018	<b>Co-Amoxiclav 500/125 Tablets</b> ONE TO BE TAKEN THREE TIMES A DAY FOR A WEEK 21 tablet	11/10/2018P	Dr Alice Soutar	ACUTE
04/10/2018	<b>Sildenafil Citrate Tablets 100 mg</b> ONE TO BE TAKEN AS DIRECTED. SLS 8 TABLET	04/10/2018X	Dr Alice Soutar	ACUTE
15/08/2018	<b>Sildenafil Citrate Tablets 100 mg</b> ONE TO BE TAKEN AS DIRECTED. SLS 8 TABLET	15/08/2018P	Dr Alice Soutar	ACUTE
15/08/2018	<b>Hydrocortisone And Miconazole Ointment 1 % + 2 %</b> APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY UNTIL SETTLING 30 GRAM	15/08/2018P	Dr Alice Soutar	ACUTE
15/08/2018	<b>Amoxicillin Oral Suspension Sugar Free 125 mg/5 ml</b> ONE 5ML SPOONFUL TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS 100 ML	15/08/2018P	Dr Alice Soutar	ACUTE
13/08/2018	<b>Sildenafil Citrate Tablets 100 mg</b> ONE TO BE TAKEN AS DIRECTED. SLS 8 TABLET	13/08/2018X	Dr Alice Soutar	ACUTE
07/06/2018	<b>Sildenafil Citrate Tablets 100 mg</b> ONE TO BE TAKEN AS DIRECTED. SLS 8 TABLET	07/06/2018X	Dr Alice Soutar	ACUTE
10/08/2005	<b>Trazodone Hydrochloride Tablets 150 mg</b> 1 Tab At night 28 TABS	10/08/2005P	Dr Inactive DR LOCUM	ACUTE
31/03/2005	<b>Trazodone Hydrochloride Tablets 150 mg</b> 1 Tab At night 28 TABS	31/03/2005P	Dr Inactive DR LOCUM	ACUTE
02/03/2005	<b>Fucidin H Cream</b> Apply morning and night 30 g	02/03/2005P	Dr Inactive DR LOCUM	ACUTE
19/05/2023	<b>Amitriptyline Hydrochloride Tablets 25 mg</b> ONE TO BE TAKEN IN THE EVENING 56 tablet	30/10/2023P	Dr Karen Hopkins	REPEAT
24/03/2023	<b>Amitriptyline Hydrochloride Tablets 10 mg</b> TAKE TWO (20MG) IN THE EVENING 56 tablet	21/04/2023P	Dr Karen Hopkins	REPEAT
13/01/2022	<b>Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose</b> ONE DOSE TO BE INHALED ONCE DAILY 60 DOSE	14/03/2023P	Dr Emily Owen	REPEAT
07/06/2018	<b>Salbutamol Cfc-free inhaler 100 micrograms/puff</b> 2 PUFFS UP TO 4 X DAILY 2 inhaler	14/03/2023P	Dr Emily Owen	REPEAT
07/06/2018	<b>Eklira Genuair Dry Powder Inhaler 322 micrograms/dose</b> TWO PUFFS TWICE DAILY 120 DOSE	05/11/2019P	Dr Alice Soutar	REPEAT

<b>File Status</b>	Filed.	<b>Tasks</b>	No Tasks.
<b>Assigned User</b>	Dr J Kennedy	<b>Filed By User</b>	Dr J Kennedy
<b>Patient Matched</b>	Yes.	<b>BoSS Message Type</b>	Result

electronic Notification of Bowel Screening Results Service  
New BOSS Report

<b>CHI Number</b>	1909595276
<b>Name</b>	LEWIS, ANTHONY
<b>Date Of Birth</b>	19/ 09/ 1959
<b>Registered GP</b>	L3368
<b>Practice Code</b>	L60088

<b>Report Date</b>	25Sep2019
<b>Letter ID</b>	61030804089761
<b>Kit ID</b>	9724018624
<b>Result</b>	BCSP faecal occult blood test normal(686A.)
<b>Report Comments</b>	Negative
<b>Recommended Management</b>	No action required

Lab Report ID : B,20.6151976.Z                    Coding Status                    : Coded  
 Filed By User : Dr Karen Hopkins                File Status                      : Filed  
 Assigned to    :                                    Task Status                      : No Tasks

Patient Details : (3706) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M  
 ADR : Flat 2 146a Cumbernauld Road GLASGOW

**Report Text :**  
 -haorseness, tongue coatin...

**SPECIMEN : Blood**

	Abn	Value	Units	Range	Status
R Full blood count - FBC					
<b>Normal - no action (HOPK)</b>					
White Blood Count		7.0	x10 <sup>9</sup> /l	(4.0-10.0 U)	NK
Red Cell Count		4.71	x10 <sup>12</sup> /l	(4.50-6.50 U)	NK
Haemoglobin		141	g/l	(130-180 U)	NK
Haematocrit		0.423	l/l	(0.400-0.540 U)	NK
Mean Cell Volume		89.8	fl	(83.0-101.0 U)	NK
MCH		29.9	pg	(27.0-32.0 U)	NK
Platelet Count		251	x10 <sup>9</sup> /l	(150-410 U)	NK
Neutrophils		2.9	x10 <sup>9</sup> /l	(2.0-7.0 U)	NK
Lymphocytes		3.3	x10 <sup>9</sup> /l	(1.1-5.0 U)	NK
Monocytes		0.5	x10 <sup>9</sup> /l	(0.2-1.0 U)	NK
Eosinophils		0.22	x10 <sup>9</sup> /l	(0.02-0.50 U)	NK
Basophils		0.1	x10 <sup>9</sup> /l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10 <sup>9</sup> /l		NK

Sample Collected Date : 08/09/2020 09:23:00  
 Collection Start Date :  
 Collection End Date :  
 Received by Lab Date : 08/09/2020 13:59:00  
 Received Date : 08/09/2020 15:01:28  
 Requestor :  
 Requestor GMC Code :

Lab Report ID : B,20.7649613.N                      Coding Status                      : Coded  
 Filed By User : Dr J Kennedy                      File Status                      : Filed  
 Assigned to :                      Task Status                      : No Tasks

Patient Details : (3706) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M  
 ADR : Flat 2 146a Cumbernauld Road GLASGOW

Report Text :  
 -Routine

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Plasma C reactive protein					
<b>Normal - no action (SEANK_16683)</b>					
C Reactive Protein		1	mg/L	(0-10 U)	NK
R Urea and electrolytes					
<b>Normal - no action (SEANK_16683)</b>					
Sodium		140	mmol/L	(133-146 U)	NK
Potassium		4.3	mmol/L	(3.5-5.3 U)	NK
Chloride		105	mmol/L	(95-108 U)	NK
Urea		3.2	mmol/L	(2.5-7.8 U)	NK
Creatinine		80	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver function tests - general					
<b>Normal - no action (SEANK_16683)</b>					
Total Bilirubin		6	umol/L	(<<20 U)	NK
ALT		39	U/L	(<<50 U)	NK
AST		27	U/L	(<<40 U)	NK
Alkaline Phosphatase		81	U/L	(30-130 U)	NK
Albumin		40	g/L	(35-50 U)	NK
R Thyroid function tests					
<b>Normal - no action (SEANK_16683)</b>					
TSH		1.26	mU/L	(0.35-5.00 U)	NK
Free T4		13.0	pmol/L	(9.0-21.0 U)	NK
Total T3					NK

Sample Collected Date : 08/09/2020 09:29:00  
 Collection Start Date :  
 Collection End Date :  
 Received by Lab Date : 08/09/2020 13:46:00  
 Received Date : 09/09/2020 07:00:14  
 Requestor :  
 Requestor GMC Code :

Lab Report ID : B,20.4768511.A                    Coding Status                    : Coded  
Filed By User : Dr Emily Owen                    File Status                    : Filed  
Assigned to    :                                    Task Status                    : No Tasks

Patient Details : (3706) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M  
ADR : Flat 2 146a Cumbernauld Road GLASGOW

**Report Text :**  
-haorseness, tongue coatin...

**SPECIMEN :** Blood

	Abn	Value	Units	Range	Status
R Haemoglobin A1c level - IFCC standardised					
<b>Normal - no action (EMIL)</b>					
HbA1c (IFCC)		38	mmol/mol	(20-41 U)	NK

Sample Collected Date : 08/09/2020 09:23:00  
Collection Start Date :  
Collection End Date :  
Received by Lab Date : 08/09/2020 13:57:00  
Received Date : 09/09/2020 15:00:13  
Requestor :  
Requestor GMC Code :

Lab Report ID : B,20.4751770.R                      Coding Status                      : Part Read Coded  
 Filed By User : Dr Emily Owen                      File Status                        : Filed  
 Assigned to    :    Task Status                        : No Tasks

Patient Details : (3706) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M  
 ADR : Flat 2 146a Cumbernauld Road GLASGOW

**Report Text :**  
 -some weight loss. multipl...

SPECIMEN : Faeces		Abn	Value	Units	Range	Status
R	Quantitative faecal immunochemical test					
	<b>Normal - routine appt to discuss (EMIL)</b>					
	-Negative qFIT result.					
	-Refer to NHS GG&C guidelines for symptom based triage.					
R	qFIT		< 9	ug Hb/g faeces	(<<9 U)	NK

Sample Collected Date : 09/09/2020 15:43:00  
 Collection Start Date :  
 Collection End Date :  
 Received by Lab Date : 15/09/2020 10:26:00  
 Received Date : 16/09/2020 15:00:19  
 Requestor :  
 Requestor GMC Code :

Lab Report ID : B,21.5836871.H                      Coding Status                      : Coded  
 Filed By User : Dr Emily Owen                      File Status                          : Filed  
 Assigned to    :    Task Status                          : No Tasks

Patient Details : (3706) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M  
 ADR : Flat 2 146a Cumbernauld Road GLASGOW

**Report Text :**  
 -dry throat.

**SPECIMEN : Blood**

	Abn	Value	Units	Range	Status
R Full blood count - FBC					
<b>normal - no action (EMIL)</b>					
White Blood Count		7.0	x10 <sup>9</sup> /l	(4.0-10.0 U)	NK
Red Cell Count		4.77	x10 <sup>12</sup> /l	(4.50-6.50 U)	NK
Haemoglobin		143	g/l	(130-180 U)	NK
Haematocrit		0.422	l/l	(0.400-0.540 U)	NK
Mean Cell Volume		88.5	fl	(83.0-101.0 U)	NK
MCH		30.0	pg	(27.0-32.0 U)	NK
Platelet Count		259	x10 <sup>9</sup> /l	(150-410 U)	NK
Neutrophils		3.3	x10 <sup>9</sup> /l	(2.0-7.0 U)	NK
Lymphocytes		2.7	x10 <sup>9</sup> /l	(1.1-5.0 U)	NK
Monocytes		0.7	x10 <sup>9</sup> /l	(0.2-1.0 U)	NK
Eosinophils		0.29	x10 <sup>9</sup> /l	(0.02-0.50 U)	NK
Basophils		0.1	x10 <sup>9</sup> /l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10 <sup>9</sup> /l		NK

Sample Collected Date : 19/01/2021 15:36:00  
 Collection Start Date :  
 Collection End Date :  
 Received by Lab Date : 19/01/2021 18:36:00  
 Received Date : 19/01/2021 19:00:57  
 Requestor :  
 Requestor GMC Code :

Lab Report ID : B,21.4357171.K                    Coding Status                    : Coded  
 Filed By User : Dr Emily Owen                   File Status                    : Filed  
 Assigned to    :                                    Task Status                    : No Tasks

Patient Details : (3706) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M  
 ADR : Flat 2 146a Cumbernauld Road GLASGOW

**\*\* ABNORMAL \*\***

Report Text :  
 -dry throat.

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Bone profile					
<b>normal - no action (EMIL)</b>					
Calcium		2.32	mmol/L	(2.20-2.60 U)	NK
Calcium (adjusted)		2.29	mmol/L	(2.20-2.60 U)	NK
Phosphate		1.04	mmol/L	(0.80-1.50 U)	NK
Albumin		41	g/L	(35-50 U)	NK
Alkaline Phosphatase		71	U/L	(30-130 U)	NK
R Urea and electrolytes					
<b>normal - no action (EMIL)</b>					
Sodium		138	mmol/L	(133-146 U)	NK
Potassium		4.2	mmol/L	(3.5-5.3 U)	NK
Chloride		101	mmol/L	(95-108 U)	NK
Urea		4.6	mmol/L	(2.5-7.8 U)	NK
Creatinine		76	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver function tests -                    Y					
general					
<b>alt 76 ast 40 repeat 4 weeks (EMIL)</b>					
Total Bilirubin		10	umol/L	(<<20 U)	NK
ALT	+	76	U/L	(<<50 U)	NK
AST	+	42	U/L	(<<40 U)	NK
Alkaline Phosphatase		71	U/L	(30-130 U)	NK
Albumin		41	g/L	(35-50 U)	NK

Sample Collected Date : 19/01/2021 15:36:00  
 Collection Start Date :  
 Collection End Date :  
 Received by Lab Date : 19/01/2021 18:54:00  
 Received Date : 20/01/2021 15:00:27  
 Requestor :  
 Requestor GMC Code :

Lab Report ID : B,21.4357172.J                      Coding Status                      : Coded  
Filed By User : Dr J Kennedy                      File Status                      : Filed  
Assigned to :                      Task Status                      : No Tasks

Patient Details : (3706) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M  
ADR : Flat 2 146a Cumbernauld Road GLASGOW

Report Text :  
-dry throat.

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Haemoglobin A1c level - IFCC standardised					
Normal - no action (SEANK_16683)					
HbA1c (IFCC)		39	mmol/mol	(20-41 U)	NK

Sample Collected Date : 19/01/2021 15:36:00  
Collection Start Date :  
Collection End Date :  
Received by Lab Date : 19/01/2021 18:55:00  
Received Date : 22/01/2021 15:00:28  
Requestor :  
Requestor GMC Code :

Lab Report ID : B,21.4422668.Y                    Coding Status                    : Coded  
 Filed By User : Dr Emily Owen                    File Status                    : Filed  
 Assigned to    :                                    Task Status                    : No Tasks

Patient Details : (3706) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M  
 ADR : Flat 2 146a Cumbernauld Road GLASGOW

**Report Text :**  
 -mildly derranged lfts

**SPECIMEN : Blood**

	Abn	Value	Units	Range	Status
R Serum gamma-glutamyl transferase level					
<b>normal - no action (EMIL)</b>					
Gamma-GT		25	U/L	(<<70 U)	NK
R Liver function tests - general					
<b>normal - no action (EMIL)</b>					
Total Bilirubin		9	umol/L	(<<20 U)	NK
ALT		40	U/L	(<<50 U)	NK
AST		28	U/L	(<<40 U)	NK
Alkaline Phosphatase		61	U/L	(30-130 U)	NK
Albumin		46	g/L	(35-50 U)	NK

Sample Collected Date : 16/02/2021 15:51:00  
 Collection Start Date :  
 Collection End Date :  
 Received by Lab Date : 16/02/2021 18:22:00  
 Received Date : 17/02/2021 15:00:20  
 Requestor :  
 Requestor GMC Code :

<b>File Status</b>	Filed.	<b>Tasks</b>	No Tasks.
<b>Assigned User</b>	Dr J Kennedy	<b>Filed By User</b>	Dr J Kennedy
<b>Patient Matched</b>	Yes.	<b>BoSS Message Type</b>	Result

electronic Notification of Bowel Screening Results Service  
New BOSS Report

<b>CHI Number</b>	1909595276
<b>Name</b>	LEWIS, ANTHONY
<b>Date Of Birth</b>	19/ 09/ 1959
<b>Registered GP</b>	L3368
<b>Practice Code</b>	L60088

<b>Report Date</b>	29Apr2022
<b>Letter ID</b>	21037334791321
<b>Kit ID</b>	9126144595
<b>Result</b>	BCSP faecal occult blood test normal(686A.)
<b>Report Comments</b>	Negative
<b>Recommended Management</b>	No action required

Lab Report ID : B,22.6011788.T                      Coding Status                      : Coded  
 Filed By User : Dr Karen Hopkins                      File Status                      : Filed  
 Assigned to :                      Task Status                      : No Tasks

Patient Details : (3706) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M  
 ADR : Flat 2 146a Cumbernauld Road GLASGOW

**\*\* ABNORMAL \*\***

Report Text :  
 -cough recurrent

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full blood count - FBC	Y				
on abx (HOPK)					
White Blood Count	+	13.7	x10 <sup>9</sup> /l	(4.0-10.0 U)	NK
Red Cell Count		4.72	x10 <sup>12</sup> /l	(4.50-6.50 U)	NK
Haemoglobin		148	g/l	(130-180 U)	NK
Haematocrit		0.429	l/l	(0.400-0.540 U)	NK
Mean Cell Volume		90.9	fl	(83.0-101.0 U)	NK
MCH		31.4	pg	(27.0-32.0 U)	NK
Platelet Count		340	x10 <sup>9</sup> /l	(150-410 U)	NK
Neutrophils	+	7.5	x10 <sup>9</sup> /l	(2.0-7.0 U)	NK
Lymphocytes	+	5.1	x10 <sup>9</sup> /l	(1.1-5.0 U)	NK
Monocytes		0.9	x10 <sup>9</sup> /l	(0.2-1.0 U)	NK
Eosinophils		0.17	x10 <sup>9</sup> /l	(0.02-0.50 U)	NK
Basophils		0.1	x10 <sup>9</sup> /l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10 <sup>9</sup> /l		NK

Sample Collected Date : 03/05/2022 14:03:00  
 Collection Start Date :  
 Collection End Date :  
 Received by Lab Date : 03/05/2022 18:09:00  
 Received Date : 03/05/2022 19:00:19  
 Requestor :  
 Requestor GMC Code :

Lab Report ID : B,22.4642449.V                    Coding Status                    : Coded  
Filed By User : Dr Karen Hopkins                File Status                     : Filed  
Assigned to    :                                    Task Status                     : No Tasks

Patient Details : (3706) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M  
ADR : Flat 2 146a Cumbernauld Road GLASGOW

**Report Text :**  
-cough recurrent

**SPECIMEN :** Blood

	Abn	Value	Units	Range	Status
R Blood glucose result					
<b>Normal - no action (HOPK)</b>					
-Non-fasting sample					
Glucose		4.0	mmol/L	(3.5-6.0 U)	NK

Sample Collected Date : 03/05/2022 14:03:00  
Collection Start Date :  
Collection End Date :  
Received by Lab Date : 03/05/2022 18:29:00  
Received Date : 04/05/2022 11:00:11  
Requestor :  
Requestor GMC Code :

Lab Report ID : B,22.4642455.D                    Coding Status                    : Coded  
 Filed By User : Dr Karen Hopkins                File Status                      : Filed  
 Assigned to    :                                    Task Status                      : No Tasks

Patient Details : (3706) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M  
 ADR : Flat 2 146a Cumbernauld Road GLASGOW

**\*\* ABNORMAL \*\***

**Report Text :**

-cough recurrent

**SPECIMEN : Blood**

	Abn	Value	Units	Range	Status
R Bone profile	Y				
<b>Normal - no action (HOPK)</b>					
Calcium		2.43	mmol/L	(2.20-2.60 U)	NK
Calcium (adjusted)		2.39	mmol/L	(2.20-2.60 U)	NK
Phosphate	+	1.53	mmol/L	(0.80-1.50 U)	NK
Albumin		42	g/L	(35-50 U)	NK
Alkaline Phosphatase		80	U/L	(30-130 U)	NK
R Plasma C reactive protein					
<b>Normal - no action (HOPK)</b>					
C Reactive Protein		3	mg/L	(0-10 U)	NK
R Urea and electrolytes					
<b>Normal - no action (HOPK)</b>					
Sodium		142	mmol/L	(133-146 U)	NK
Potassium		3.8	mmol/L	(3.5-5.3 U)	NK
Chloride		103	mmol/L	(95-108 U)	NK
Urea		5.6	mmol/L	(2.5-7.8 U)	NK
Creatinine		79	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver function tests - general					
<b>Normal - no action (HOPK)</b>					
Total Bilirubin		5	umol/L	(<<20 U)	NK
ALT		28	U/L	(<<50 U)	NK
AST		19	U/L	(<<40 U)	NK
Alkaline Phosphatase		80	U/L	(30-130 U)	NK
Albumin		42	g/L	(35-50 U)	NK
R Thyroid function tests					
<b>Normal - no action (HOPK)</b>					
TSH		0.95	mU/L	(0.35-5.00 U)	NK
Free T4		16.3	pmol/L	(9.0-21.0 U)	NK
Total T3					NK

Sample Collected Date : 03/05/2022 14:03:00  
 Collection Start Date :  
 Collection End Date :  
 Received by Lab Date : 03/05/2022 18:30:00  
 Received Date : 04/05/2022 15:00:45  
 Requestor :  
 Requestor GMC Code :

Lab Report ID : B,23.5993778.E                    Coding Status                    : Coded  
 Filed By User : Doctor Amy Orme                File Status                     : Filed  
 Assigned to    :                                    Task Status                     : No Tasks

Patient Details : (3706) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M  
 ADR : Flat 2 146a Cumbernauld Road GLASGOW

**Report Text :**  
 -COPD. ship yearstd ?patho...

**SPECIMEN : Blood**

	Abn	Value	Units	Range	Status
<b>R Full blood count - FBC</b>					
<b>normal - no action (AMYO)</b>					
White Blood Count		7.3	x10 <sup>9</sup> /l	(4.0-10.0 U)	NK
Red Cell Count		4.74	x10 <sup>12</sup> /l	(4.50-6.50 U)	NK
Haemoglobin		145	g/l	(130-180 U)	NK
Haematocrit		0.421	l/l	(0.400-0.540 U)	NK
Mean Cell Volume		88.8	fl	(83.0-101.0 U)	NK
MCH		30.6	pg	(27.0-32.0 U)	NK
Platelet Count		260	x10 <sup>9</sup> /l	(150-410 U)	NK
Neutrophils		4.1	x10 <sup>9</sup> /l	(2.0-7.0 U)	NK
Lymphocytes		2.3	x10 <sup>9</sup> /l	(1.1-5.0 U)	NK
Monocytes		0.6	x10 <sup>9</sup> /l	(0.2-1.0 U)	NK
Eosinophils		0.25	x10 <sup>9</sup> /l	(0.02-0.50 U)	NK
Basophils		0.1	x10 <sup>9</sup> /l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10 <sup>9</sup> /l		NK
<b>R Erythrocyte sedimentation rate</b>					
<b>normal - no action (AMYO)</b>					
ESR		9	mm/hr	(0-14 U)	NK

Sample Collected Date : 04/04/2023 13:08:00  
 Collection Start Date :  
 Collection End Date :  
 Received by Lab Date : 04/04/2023 18:13:00  
 Received Date : 05/04/2023 07:00:20  
 Requestor :  
 Requestor GMC Code :

Lab Report ID : B,23.4549627.G                    Coding Status                    : Coded  
Filed By User : Doctor Amy Orme                File Status                     : Filed  
Assigned to    :                                    Task Status                     : No Tasks

Patient Details : (3706) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M  
ADR : Flat 2 146a Cumbernauld Road GLASGOW

Report Text :  
-COPD. ship yeardsd ?patho...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Haemoglobin A1c level - IFCC standardised					
<b>normal - no action (AMYO)</b>					
HbA1c (IFCC)		39	mmol/mol	(20-41 U)	NK

Sample Collected Date : 04/04/2023 13:08:00  
Collection Start Date :  
Collection End Date :  
Received by Lab Date : 04/04/2023 19:00:00  
Received Date : 05/04/2023 11:00:09  
Requestor :  
Requestor GMC Code :

Lab Report ID : B,23.4549631.G                    Coding Status                    : Coded  
 Filed By User : Doctor Amy Orme                File Status                     : Filed  
 Assigned to    :                                    Task Status                     : No Tasks

Patient Details : (3706) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M  
 ADR : Flat 2 146a Cumbernauld Road GLASGOW

**\*\* ABNORMAL \*\***

**Report Text :**

-COPD. ship yearstd ?patho...

**SPECIMEN : Blood**

	Abn	Value	Units	Range	Status
R Plasma C reactive protein					
<b>normal - no action (AMYO)</b>					
C Reactive Protein		4	mg/L	(0-10 U)	NK
R Urea and electrolytes					
<b>normal - no action (AMYO)</b>					
Sodium		137	mmol/L	(133-146 U)	NK
Potassium		4.4	mmol/L	(3.5-5.3 U)	NK
Chloride		102	mmol/L	(95-108 U)	NK
Urea		4.9	mmol/L	(2.5-7.8 U)	NK
Creatinine		77	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver function tests - general	Y				
<b>repeat 4 weeks (ALT 88, AST 55) (AMYO)</b>					
Total Bilirubin		6	umol/L	(<<20 U)	NK
ALT	+	88	U/L	(<<50 U)	NK
AST	+	55	U/L	(<<40 U)	NK
Alkaline Phosphatase		118	U/L	(30-130 U)	NK
Albumin		36	g/L	(35-50 U)	NK
R Thyroid function tests					
<b>normal - no action (AMYO)</b>					
TSH		1.62	mU/L	(0.35-5.00 U)	NK
Free T4		10.9	pmol/L	(9.0-21.0 U)	NK
Total T3					NK

Sample Collected Date : 04/04/2023 13:08:00  
 Collection Start Date :  
 Collection End Date :  
 Received by Lab Date : 04/04/2023 18:55:00  
 Received Date : 05/04/2023 15:00:11  
 Requestor :  
 Requestor GMC Code :

Lab Report ID : B,23.4549631.G                    Coding Status                    : Coded  
 Filed By User : Dr Karen Hopkins                File Status                     : Filed  
 Assigned to    :                                    Task Status                     : No Tasks

Patient Details : (3706) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M  
 ADR : Flat 2 146a Cumbernauld Road GLASGOW

**\*\* ABNORMAL \*\***

**Report Text :**

-COPD. ship yeardsd ?patho...

**SPECIMEN : Blood**

	Abn	Value	Units	Range	Status
R Serum ferritin					
<b>normal - no action (AMYO - v.1)</b>					
-Males 15-300 (<15 iron deficiency )					
-Females 15-200 (<15 iron deficiency )					
-15-50 intermediate result. Consider iron deficiency					
-in anaemic patients, older patients and those					
-with inflammatory disease.					
Serum Ferritin		230	ug/l	(15-300 U)	NK
R Serum folate	Y				
<b>mild low at 2.6, await b12 (AMYO - v.1)</b>					
Serum Folate	-	2.6	ug/l	(3.1-20.0 U)	NK
R Serum vitamin B12					
<b>normal - no action (EMIL)</b>					
Serum Vitamin B12		454	ng/l	(200-883 U)	NK

Sample Collected Date : 04/04/2023 13:08:00  
 Collection Start Date :  
 Collection End Date :  
 Received by Lab Date : 04/04/2023 18:55:00  
 Received Date : 06/04/2023 15:00:20  
 Requestor :  
 Requestor GMC Code :

Lab Report ID : B,23.4716553.Q                      Coding Status                      : Coded  
 Filed By User : Doctor Amy Orme                      File Status                      : Filed  
 Assigned to :                      Task Status                      : No Tasks

Patient Details : (3706) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M  
 ADR : Flat 2 146a Cumbernauld Road GLASGOW

**Report Text :**

-rpt

**SPECIMEN : Blood**

	Abn	Value	Units	Range	Status
R Serum gamma-glutamyl transferase level					
<b>normal - no action (AMYO)</b>					
Gamma-GT		33	U/L	(<<70 U)	NK
R Liver function tests - general					
<b>normal - no action (AMYO)</b>					
Total Bilirubin		9	umol/L	(<<20 U)	NK
ALT		49	U/L	(<<50 U)	NK
AST		30	U/L	(<<40 U)	NK
Alkaline Phosphatase		86	U/L	(30-130 U)	NK
Albumin		39	g/L	(35-50 U)	NK

Sample Collected Date : 02/05/2023 13:06:00  
 Collection Start Date :  
 Collection End Date :  
 Received by Lab Date : 02/05/2023 18:45:00  
 Received Date : 03/05/2023 15:01:19  
 Requestor :  
 Requestor GMC Code :

Hospital use only	Clinic	Day Date	Time	Hospital No.
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## REFERRAL LETTER

### MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

<b>REFERRAL TO</b>	
General Surgery GGC General Referral	— <b>Consultant / receiving practitioner and/or specialty clinic</b>
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	— <b>Hospital and hospital address</b> Hospital location code: <input type="text" value="G207H"/> Email address: <input type="text" value="-"/>
<b>Urgency of referral</b> Routine <b>Date of referral</b> 25-Oct-2018 <b>Date sent</b> 25-Oct-2018	

<b>PATIENT DETAILS</b>		<b>Patient's address</b>
<b>Surname</b>	<input type="text" value="Lewis"/>	Flat 2 146a Cumbernauld Road GLASGOW G33 6HA
<b>Forename(s)</b>	<input type="text" value="Anthony"/>	
<b>Title</b>	<input type="text" value="Mr"/>	Contact number(s) Voice: 0141 779 1691 Voice: 07837 760340
<b>Sex</b>	<input type="text" value="Male"/>	
<b>Date of birth</b>	<input type="text" value="19-Sep-1959"/>	
<b>CHI no.</b>	<input type="text" value="1909595276"/>	
<b>Area of Residence</b>	<input type="text" value="-"/>	

\*101017272960D\* Unique Care Pathway Number: 101017272960D

<b>REGISTERED GP DETAILS</b>		<b>Practice address</b>
<b>Name</b>	<input type="text" value="Dr J Kennedy"/>	Stepps Surgery 131 Cumbernauld Road Stepps G33 6EY
<b>GMC code</b>	<input type="text" value="3133392"/> <b>GP code</b> <input type="text" value="33685"/>	
<b>Practice name</b>	<input type="text" value="Stepps Surgery"/>	Contact number(s) Voice: 0141 779 4445 Facsimile: 0141 779 9879 E-mail: GG-UHB.GP46541@nhs.net
<b>Practice code</b>	<input type="text" value="60088"/>	

<b>REFERRING GP DETAILS</b>		<b>Practice address</b>
<b>Name</b>	<input type="text" value="Dr. Alice Soutar"/>	131 Cumbernauld Road STEPPS G33 6EY
<b>GMC code</b>	<input type="text" value="3205372"/> <b>GP code</b> <input type="text" value="11321"/>	
<b>Practice name</b>	<input type="text" value="Stepps Surgery (60088)"/>	Contact number(s) Voice: 0141 779 4445 Facsimile: 0141 779 9879
<b>Practice code</b>	<input type="text" value="60088"/>	

**CLINICAL INFORMATION**

**History of presenting complaint****Presenting complaint**

Description: 2 abscess/cysts with intermittent discharging for shelling and excision

Comment: This gentleman has had two discharging cysts for years One is in the lower pinna, and builds up into a grape sized abscess (though always present residually even when not at fullest or discharging) in R ear The discharge has a very bad smell to it and comes out both anteriorly and posterior anteriorly. The other lesion is above his r eyebrow laterally This also at present is growing and appears to be filling with white materisl. It is slightly pushing down the skin of the brow and eye and is beginning to look like it will cause some obstruction of vision eventually indirectly. It is sore to touch Thanks ofr seeing to treat these definitively

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Diverticulosis	-	13-Jul-2017	13-Jul-2017
Erectile dysfunction	-	14-Apr-2015	14-Apr-2015
Chronic obstructive pulmonary disease	Stage 2	11-Feb-2015	11-Feb-2015
Seborrhoeic keratosis	-	21-Mar-2007	21-Mar-2007
Domestic stress	& 17/02/05	09-Nov-1999	09-Nov-1999
Anxiety states	& 16/08/2000	20-Jan-1995	20-Jan-1995
Unilateral gynaecomastia	Right priority=2	29-Sep-1983	29-Sep-1983

**Past procedures** (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Colonoscopic polypectomy	x 1	01-Aug-2017	01-Aug-2017
Colonoscopic polypectomy	X 1	13-Jul-2017	13-Jul-2017
Excision of anal polyp	& chronic sebaceous cyst - in anterior midline anal canal	03-Sep-2010	03-Sep-2010
Subcutaneous mastectomy for gynaecomastia	Right priority=2	29-Sep-1983	29-Sep-1983

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Eklira Genuair Dry Powder Inhaler 322 micrograms/dose	120	120 DOSE	TWO PUFFS TWICE DAILY	-	07-Jun-2018	03-Oct-2018
Salbutamol Cfc-free inhaler 100 micrograms/puff	2	2 inhaler	2 PUFFS UP TO 4 X DAILY	-	07-Jun-2018	03-Oct-2018
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN DAILY FOR INDIGESTION EPISODES AS REQUIRED	-	07-Jun-2018	07-Jun-2018

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Co-Amoxiclav 500/125 Tablets	21	21 tablet	ONE TO BE TAKEN THREE TIMES A DAY FOR A WEEK	-	11-Oct-2018	11-Oct-2018
Sildenafil Citrate Tablets 100 mg	8	8 TABLET	ONE TO BE TAKEN AS DIRECTED. SLS	-	04-Oct-2018	04-Oct-2018
Sildenafil Citrate Tablets 100 mg	8	8 TABLET	ONE TO BE TAKEN AS DIRECTED. SLS	-	15-Aug-2018	15-Aug-2018
Hydrocortisone And Miconazole Ointment 1 % + 2 %	30	30 GRAM	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY UNTIL SETTLLING	-	15-Aug-2018	15-Aug-2018
Amoxicillin Oral Suspension Sugar Free 125 mg/5 ml	100	100 ML	ONE 5ML SPOONFUL TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	15-Aug-2018	15-Aug-2018
Sildenafil Citrate Tablets 100 mg	8	8 TABLET	ONE TO BE TAKEN AS DIRECTED. SLS	-	13-Aug-2018	13-Aug-2018
Sildenafil Citrate Tablets 100 mg	8	8 TABLET	ONE TO BE TAKEN AS DIRECTED. SLS	-	07-Jun-2018	07-Jun-2018



Hospital use only	Clinic	Day Date	Time	Hospital No.
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**REFERRAL LETTER**  
MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

<b>REFERRAL TO</b>	
General Surgery GGC General Referral	— <b>Consultant / receiving practitioner and/or specialty clinic</b>
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	— <b>Hospital and hospital address</b>
	Hospital location code. G207H
	Email address -
<b>Urgency of referral</b> Routine	<b>Date sent</b> 31-Oct-2018
<b>Date of referral</b> 31-Oct-2018	

<b>PATIENT DETAILS</b>		<b>Patient's address</b>
<b>Surname</b> Lewis		Flat 2 146a Cumbernauld Road GLASGOW G33 6HA
<b>Forename(s)</b> Anthony		
<b>Title</b> Mr		
<b>Sex</b> Male		Contact number(s)
<b>Date of birth</b> 19-Sep-1959		Voice: 0141 779 1691
<b>CHI no.</b> 1909595276		Voice: 07837 760340
<b>Area of Residence</b> -		

\*101017310267Q\* Unique Care Pathway Number: 101017310267Q

<b>REGISTERED GP DETAILS</b>		<b>Practice address</b>
<b>Name</b> Dr J Kennedy		Stepps Surgery 131 Cumbernauld Road Stepps G33 6EY
<b>GMC code</b> 3133392	<b>GP code</b> 33685	
<b>Practice name</b> Stepps Surgery		Contact number(s)
<b>Practice code</b> 60088		Voice: 0141 779 4445
		Facsimile: 0141 779 9879
		E-mail: GG-UHB.GP46541@nhs.net

<b>REFERRING GP DETAILS</b>		<b>Practice address</b>
<b>Name</b> Dr. Alice Soutar		131 Cumbernauld Road STEPPS G33 6EY
<b>GMC code</b> 3205372	<b>GP code</b> 11321	
<b>Practice name</b> Stepps Surgery (60088)		Contact number(s)
<b>Practice code</b> 60088		Voice: 0141 779 4445
		Facsimile: 0141 779 9879

**CLINICAL INFORMATION**

**History of presenting complaint****Presenting complaint**

Description: discharging cystic lesions request from you for more info

Comment: The size of this gentlemans R pinna lesion is 1.5mm at it's least but it can swell to fill the whole lower pinna. The eyebrow lesion is 1cm diam. Thanks

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Diverticulosis	-	13-Jul-2017	13-Jul-2017
Erectile dysfunction	-	14-Apr-2015	14-Apr-2015
Chronic obstructive pulmonary disease	Stage 2	11-Feb-2015	11-Feb-2015
Seborrhoeic keratosis	-	21-Mar-2007	21-Mar-2007
Domestic stress	& 17/02/05	09-Nov-1999	09-Nov-1999
Anxiety states	& 16/08/2000	20-Jan-1995	20-Jan-1995
Unilateral gynaecomastia	Right priority=2	29-Sep-1983	29-Sep-1983

**Past procedures** (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Colonoscopic polypectomy	x 1	01-Aug-2017	01-Aug-2017
Colonoscopic polypectomy	X 1	13-Jul-2017	13-Jul-2017
Excision of anal polyp	& chronic sebaceous cyst - in anterior midline anal canal	03-Sep-2010	03-Sep-2010
Subcutaneous mastectomy for gynaecomastia	Right priority=2	29-Sep-1983	29-Sep-1983

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Eklira Genuair Dry Powder Inhaler 322 micrograms/dose	120	120 DOSE	TWO PUFFS TWICE DAILY	-	07-Jun-2018	03-Oct-2018
Salbutamol Cfc-free inhaler 100 micrograms/puff	2	2 inhaler	2 PUFFS UP TO 4 X DAILY	-	07-Jun-2018	03-Oct-2018
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN DAILY FOR INDIGESTION EPISODES AS REQUIRED	-	07-Jun-2018	07-Jun-2018

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Co-Amoxiclav 500/125 Tablets	21	21 tablet	ONE TO BE TAKEN THREE TIMES A DAY FOR A WEEK	-	11-Oct-2018	11-Oct-2018
Sildenafil Citrate Tablets 100 mg	8	8 TABLET	ONE TO BE TAKEN AS DIRECTED. SLS	-	04-Oct-2018	04-Oct-2018
Sildenafil Citrate Tablets 100 mg	8	8 TABLET	ONE TO BE TAKEN AS DIRECTED. SLS	-	15-Aug-2018	15-Aug-2018
Hydrocortisone And Miconazole Ointment 1 % + 2 %	30	30 GRAM	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY UNTIL SETTLING	-	15-Aug-2018	15-Aug-2018
Amoxicillin Oral Suspension Sugar Free 125 mg/5 ml	100	100 ML	ONE 5ML SPOONFUL TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	15-Aug-2018	15-Aug-2018
Sildenafil Citrate Tablets 100 mg	8	8 TABLET	ONE TO BE TAKEN AS DIRECTED. SLS	-	13-Aug-2018	13-Aug-2018
Sildenafil Citrate Tablets 100 mg	8	8 TABLET	ONE TO BE TAKEN AS DIRECTED. SLS	-	07-Jun-2018	07-Jun-2018

**Blood Pressure**

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
02-Mar-2005	123	71
01-Jul-2004	122	72

**Body Measurements**

No Body Measurements Recorded

**Lifestyle Risks and Alerts / Examinations and Investigations**

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Current smoker:	Smoker Status.clin - Repeat after an Interval	02-Mar-2005
Trivial drinker - &lt;1u/day:	Alcohol.clin - Repeat after an Interval	05-Oct-2005

**Clinical warnings**

**Additional relevant information**

**Administrative information**

OK to send correspondence to home address?:Yes  
Patient will accept any site:Yes  
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes  
Referred By:Referring GP  
Electronic Attachment Present:Yes

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

Hospital use only	Clinic	Day Date	Time	Hospital No.
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**REFERRAL LETTER**

## MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

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

<b>REFERRAL TO</b>	
Ear, Nose & Throat (ENT) GGC General Referral	— <b>Consultant / receiving practitioner and/or specialty clinic</b>
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	— <b>Hospital and hospital address</b> Hospital location code. G207H Email address -
<b>Urgency of referral</b> <b>Date of referral</b>	<b>Urgent - Suspected Cancer</b> 30-Apr-2020 <b>Date sent</b> 30-Apr-2020

<b>PATIENT DETAILS</b>		<b>Patient's address</b>
<b>Surname</b>	Lewis	Flat 2 146a Cumbernauld Road GLASGOW G33 6HA
<b>Forename(s)</b>	Anthony	
<b>Title</b>	Mr	Contact number(s)
<b>Sex</b>	Male	Voice: 0141 779 1691
<b>Date of birth</b>	19-Sep-1959	Voice: 07837 760340
<b>CHI no.</b>	1909595276	
<b>Area of Residence</b>	-	

\*1010210217780\*

Unique Care Pathway Number: 1010210217780

<b>REGISTERED GP DETAILS</b>		<b>Practice address</b>
<b>Name</b>	Dr J Kennedy	Stepps Surgery 131 Cumbernauld Road Stepps G33 6EY
<b>GMC code</b>	3133392	
<b>GP code</b>	33685	Contact number(s)
<b>Practice name</b>	Stepps Surgery	Voice: 0141 779 4445
<b>Practice code</b>	60088	Facsimile: 0141 779 9879
		E-mail: GG-UHB.GP46541@nhs.net

<b>REFERRING GP DETAILS</b>		<b>Practice address</b>
<b>Name</b>	Dr. Alice Soutar	131 Cumbernauld Road STEPPS G33 6EY
<b>GMC code</b>	3205372	
<b>GP code</b>	11321	Contact number(s)
<b>Practice name</b>	Stepps Surgery (60088)	Voice: 0141 779 4445
<b>Practice code</b>	60088	Facsimile: 0141 779 9879

**CLINICAL INFORMATION**

**History of presenting complaint****Presenting complaint**

Description: acute on chronic sore throat now with intermittent but severe croakiness.

Date of onset: 02-Dec-2020

Comment: This gentleman has had a sore throat since early december. he also has a past injury from years ago which caused one nostril to be blocked and he has queried a polyp or distortion. He was examined prior to covid policies re this and no significant abnormality was seen. When I have examined him he has had signs of chronic post nasal drip and sinus/eustachian tube blockage and I think clinically that this is an ongoing issue despite several antibiotic (including doxy) course, and long term nasal steroid spray. he is also on long term omeprazole bd so it is unlikely that GOR is part of this and he has no assoc symptoms on omeprazole. he has had management also with mouth washes and furred tongue intermittently (responded to anti fungal). He is now describing (and I can hear) a 'frog in his throat'. I am now making referral despite current covid policies and practice as I am concerned about his new hoarseness and croaky throat and am concerned there is an underlying issue Thanks

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Diverticulosis	-	13-Jul-2017	13-Jul-2017
Erectile dysfunction	-	14-Apr-2015	14-Apr-2015
Chronic obstructive pulmonary disease	Stage 2	11-Feb-2015	11-Feb-2015
Seborrhoeic keratosis	-	21-Mar-2007	21-Mar-2007
Domestic stress	& 17/02/05	09-Nov-1999	09-Nov-1999
Anxiety states	& 16/08/2000	20-Jan-1995	20-Jan-1995
Unilateral gynaecomastia	Right priority=2	29-Sep-1983	29-Sep-1983

**Past procedures** (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Excision of lesion of skin NEC	Right eyebrow and Ear	01-Mar-2019	01-Mar-2019
Colonoscopic polypectomy	x 1	01-Aug-2017	01-Aug-2017
Colonoscopic polypectomy	X 1	13-Jul-2017	13-Jul-2017
Excision of anal polyp	& chronic sebaceous cyst - in anterior midline anal canal	03-Sep-2010	03-Sep-2010
Subcutaneous mastectomy for gynaecomastia	Right priority=2	29-Sep-1983	29-Sep-1983

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ekira Genuair Dry Powder Inhaler 322 micrograms/dose	120	120 DOSE	TWO PUFFS TWICE DAILY	-	07-Jun-2018	05-Nov-2019
Salbutamol Cfc-free inhaler 100 micrograms/puff	2	2 inhaler	2 PUFFS UP TO 4 X DAILY	-	07-Jun-2018	05-Nov-2019
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN DAILY FOR INDIGESTION EPISODES AS REQUIRED	-	07-Jun-2018	05-Nov-2019

<b>Recent medication</b> (Any medication issued within last 90 days not shown above)						
<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Doxycycline Hyclate Capsules 100 mg	11	11 capsule	TWO TABS DAILY THEN ONE DAILY WITH FOOD FOR 10 DAYS	-	16-Apr-2020	16-Apr-2020
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY FOR 4 - 6 WEEKS	-	16-Apr-2020	16-Apr-2020
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	20-Mar-2020	20-Mar-2020
Fluconazole Capsules 50 mg	7	7 capsule	1 CAPSULE DAILY	-	20-Mar-2020	20-Mar-2020
Nystatin Oral suspension 100,000 units/ml	30	30 ML	1 DROP TO TONGUE AFTER FOOD AND AT NIGHT	-	20-Mar-2020	20-Mar-2020
Chlorhexidine Gluconate Mouth wash 0.2 %	300	300 ML	RINSE MOUTH WITH 10ML FOR ABOUT 1 MINUTE TWICE A DAY	-	20-Mar-2020	20-Mar-2020

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**Blood Pressure**

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
02-Mar-2005	123	71
01-Jul-2004	122	72

**Body Measurements**  
No Body Measurements Recorded

**Lifestyle Risks and Alerts / Examinations and Investigations**

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Current smoker:	Smoker Status.clm - Repeat after an Interval	02-Mar-2005
Trivial drinker - &lt;1u/day:	Alcohol.clm - Repeat after an Interval	05-Oct-2005

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**Clinical warnings**

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**Additional Support Needs**  
No known ASN requirements

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

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

\_\_\_\_\_  
**Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.
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**REFERRAL LETTER**  
**MEDICAL IN CONFIDENCE**  
 GGC Colorectal Protocol (Glasgow, v15.0)

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

<b>REFERRAL TO</b>	
General Surgery - Colorectal GGC Colorectal	— <b>Consultant / receiving practitioner and/or specialty clinic</b>
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	— <b>Hospital and hospital address</b>
	Hospital location code. G107H
	Email address -
<b>Urgency of referral</b> Routine	<b>Date sent</b> 01-Dec-2021
<b>Date of referral</b>	

<b>PATIENT DETAILS</b>		<b>Patient's address</b>
<b>Surname</b> Lewis		Flat 2 146a Cumbernauld Road GLASGOW G33 6HA
<b>Forename(s)</b> Anthony		
<b>Title</b> Mr		
<b>Sex</b> Male		Contact number(s)
<b>Date of birth</b> 19-Sep-1959		Voice: 0141 779 1691 Voice: 07837 760340
<b>CHI no.</b> 1909595276		
<b>Area of Residence</b> -		

\*101025003591Y\*

Unique Care Pathway Number: 101025003591Y

<b>REGISTERED GP DETAILS</b>		<b>Practice address</b>
<b>Name</b> Dr J Kennedy		Stepps Surgery 131 Cumbernauld Road Stepps Glasgow G33 6EY
<b>GMC code</b> 3133392	<b>GP code</b> 33685	
<b>Practice name</b> Stepps Surgery		Contact number(s)
<b>Practice code</b> 60088		Voice: 0141 779 4445 Facsimile: 0141 779 9879 E-mail: lan.clinicalsteppssurgery60088@nhs.scot

<b>REFERRING GP DETAILS</b>		<b>Practice address</b>
<b>Name</b> Dr. Karen Hopkins		131 Cumbernauld Road STEPPS G33 6EY
<b>GMC code</b> 7134177	<b>GP code</b> 10421	
<b>Practice name</b> Stepps Surgery (60088)		Contact number(s)
<b>Practice code</b> 60088		Voice: 0141 779 4445 Facsimile: 0141 779 9879

**CLINICAL INFORMATION****History of presenting complaint****Presenting complaint**

Description: colonoscopy -surveillance

Comment: apparently for 2 yearly surveillance-cant see this on notes however but was told by consultant at the time Strong Fhx. Polyps removed 2017. Last scope 2017.

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Diverticulosis	-	13-Jul-2017	13-Jul-2017
Erectile dysfunction	-	14-Apr-2015	14-Apr-2015
Chronic obstructive pulmonary disease	Stage 2	11-Feb-2015	11-Feb-2015
Domestic stress	-	09-Nov-1999	09-Nov-1999
Anxiety states	-	20-Jan-1995	20-Jan-1995
Unilateral gynaecomastia	Right	29-Sep-1983	29-Sep-1983

**Past procedures** (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Excision of lesion of skin NEC	Right eyebrow and Ear	01-Mar-2019	01-Mar-2019
Colonoscopic polypectomy	x 1	01-Aug-2017	01-Aug-2017
Colonoscopic polypectomy	X 1	13-Jul-2017	13-Jul-2017
Excision of anal polyp	& chronic sebaceous cyst - in anterior midline anal canal	03-Sep-2010	03-Sep-2010
Subcutaneous mastectomy for gynaecomastia	Right	29-Sep-1983	29-Sep-1983

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Salbutamol Cfc-free inhaler 100 micrograms/puff	2	2 inhaler	2 PUFFS UP TO 4 X DAILY	-	07-Jun-2018	18-Nov-2021
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN DAILY FOR INDIGESTION EPISODES AS REQUIRED	-	07-Jun-2018	18-Oct-2021

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose	60	60 DOSE	ONE DOSE TO BE INHALED ONCE DAILY	-	01-Dec-2021	01-Dec-2021
Ipratropium Bromide Nasal spray 0.03 %	180	180 spray	2 SPRAYS EACH NOSTRIL TWICE DAILY	-	01-Dec-2021	01-Dec-2021
Easychamber Spacer device	1	1 device	USE ALONG WITH INHALER	-	01-Dec-2021	01-Dec-2021

**Blood Pressure**

Date Recorded	Systolic	Diastolic
02-Mar-2005	123	71
01-Jul-2004	122	72

**Body Measurements**

Date Recorded	Height	Weight	BMI
01-Dec-2021	175.25	-	27.9

**Lifestyle Risks and Alerts / Examinations and Investigations**

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker :	Stopped approx 2018	15-Mar-2021
Current smoker:	Smoker Status.clm - Repeat after an Interval	02-Mar-2005
Trivial drinker - &lt;1u/day:	Alcohol.clm - Repeat after an Interval	05-Oct-2005

**Clinical warnings**

**Additional Support Needs**

No known ASN requirements

**Additional relevant information**

QFIT requested?:Not Required due to new rectal or abdominal mass  
OK to send correspondence to home address?:Yes  
Patient will accept any site:Yes  
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes  
Referred By:Referring GP  
Electronic Attachment Present:No

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

\_\_\_\_\_  
**Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.
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**REFERRAL LETTER**

## MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

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

<b>REFERRAL TO</b>	
Ear, Nose & Throat (ENT) GGC General Referral	— <b>Consultant / receiving practitioner and/or specialty clinic</b>
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	— <b>Hospital and hospital address</b>
	Hospital location code. G107H
	Email address -
<b>Urgency of referral</b> Routine	<b>Date sent</b> 01-Dec-2021
<b>Date of referral</b>	

<b>PATIENT DETAILS</b>		<b>Patient's address</b>
<b>Surname</b> Lewis		Flat 2
<b>Forename(s)</b> Anthony		146a Cumbernauld Road
<b>Title</b> Mr		GLASGOW
<b>Sex</b> Male		G33 6HA
<b>Date of birth</b> 19-Sep-1959		Contact number(s)
<b>CHI no.</b> 1909595276		Voice: 0141 779 1691
<b>Area of Residence</b> -		Voice: 07837 760340

\*1010250036601\*

Unique Care Pathway Number: 1010250036601

<b>REGISTERED GP DETAILS</b>		<b>Practice address</b>
<b>Name</b> Dr J Kennedy		Stepps Surgery
<b>GMC code</b> 3133392	<b>GP code</b> 33685	131 Cumbernauld Road
<b>Practice name</b> Stepps Surgery		Stepps
<b>Practice code</b> 60088		Glasgow
		G33 6EY
		Contact number(s)
		Voice: 0141 779 4445
		Facsimile: 0141 779 9879
		E-mail: lan.clinicalsteppssurgery60088@nhs.scot

<b>REFERRING GP DETAILS</b>		<b>Practice address</b>
<b>Name</b> Dr. Karen Hopkins		131 Cumbernauld Road
<b>GMC code</b> 7134177	<b>GP code</b> 10421	STEPS
<b>Practice name</b> Stepps Surgery (60088)		G33 6EY
<b>Practice code</b> 60088		Contact number(s)
		Voice: 0141 779 4445
		Facsimile: 0141 779 9879

**CLINICAL INFORMATION****History of presenting complaint****Presenting complaint**

Description: ongoing congestion

Comment: Seen last March but unhappy with consultation and "felt dismissed". Since then ongoing congestion in LEFT side, sensation of a mass/bone there but little to see when examined. Sx of Post nasal drip but no response to steroid inhalers-now trialing ipratropium. Struggling with breathing due to this. ?warrants further IX.

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Diverticulosis	-	13-Jul-2017	13-Jul-2017
Erectile dysfunction	-	14-Apr-2015	14-Apr-2015
Chronic obstructive pulmonary disease	Stage 2	11-Feb-2015	11-Feb-2015
Domestic stress	-	09-Nov-1999	09-Nov-1999
Anxiety states	-	20-Jan-1995	20-Jan-1995
Unilateral gynaecomastia	Right	29-Sep-1983	29-Sep-1983

**Past procedures** (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Excision of lesion of skin NEC	Right eyebrow and Ear	01-Mar-2019	01-Mar-2019
Colonoscopic polypectomy	x 1	01-Aug-2017	01-Aug-2017
Colonoscopic polypectomy	X 1	13-Jul-2017	13-Jul-2017
Excision of anal polyp	& chronic sebaceous cyst - in anterior midline anal canal	03-Sep-2010	03-Sep-2010
Subcutaneous mastectomy for gynaecomastia	Right	29-Sep-1983	29-Sep-1983

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Salbutamol Cfc-free inhaler 100 micrograms/puff	2	2 inhaler	2 PUFFS UP TO 4 X DAILY	-	07-Jun-2018	18-Nov-2021
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN DAILY FOR INDIGESTION EPISODES AS REQUIRED	-	07-Jun-2018	18-Oct-2021

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose	60	60 DOSE	ONE DOSE TO BE INHALED ONCE DAILY	-	01-Dec-2021	01-Dec-2021
Ipratropium Bromide Nasal spray 0.03 %	180	180 spray	2 SPRAYS EACH NOSTRIL TWICE DAILY	-	01-Dec-2021	01-Dec-2021
Easychamber Spacer device	1	1 device	USE ALONG WITH INHALER	-	01-Dec-2021	01-Dec-2021

**Blood Pressure**

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
02-Mar-2005	123	71
01-Jul-2004	122	72

**Body Measurements**

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
01-Dec-2021	175.25	-	27.9

**Lifestyle Risks and Alerts / Examinations and Investigations**

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker :	Stopped approx 2018	15-Mar-2021
Current smoker:	Smoker Status.clm - Repeat after an Interval	02-Mar-2005
Trivial drinker - &lt;1u/day:	Alcohol.clm - Repeat after an Interval	05-Oct-2005

**Clinical warnings**

**Additional Support Needs**

No known ASN requirements

**Additional relevant information**

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

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

\_\_\_\_\_  
**Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.
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**REFERRAL LETTER**  
 MEDICAL IN CONFIDENCE  
 GGC Pulmonary Rehab

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

<b>REFERRAL TO</b>	
Pulmonary Rehabilitation GGC Pulmonary Rehab	— <b>Consultant / receiving practitioner and/or specialty clinic</b>
Respiratory Direct Access Services NHS Greater Glasgow & Clyde	— <b>Hospital and hospital address</b>
	Hospital location code. G035G
	Email address -
<b>Urgency of referral</b>	<b>Date sent</b>
Routine	10-Jul-2023
<b>Date of referral</b>	

<b>PATIENT DETAILS</b>		<b>Patient's address</b>
<b>Surname</b>	Lewis	Flat 2 146a Cumbernauld Road GLASGOW G33 6HA  Contact number(s) Voice: 07837 760340
<b>Forename(s)</b>	Anthony	
<b>Title</b>	Mr	
<b>Sex</b>	Male	
<b>Date of birth</b>	19-Sep-1959	
<b>CHI no.</b>	1909595276	
<b>Area of Residence</b>	-	

\*1010301320862\* Unique Care Pathway Number: 1010301320862

<b>REGISTERED GP DETAILS</b>		<b>Practice address</b>
<b>Name</b>	Dr Karen Hopkins	Stepps Surgery 131 Cumbernauld Road Stepps Glasgow G33 6EY  Contact number(s) Voice: 0141 779 4445 Facsimile: 0141 779 9879 E-mail: lan.clinicalsteppssurgery60088@nhs.scot
GMC code	7134177	
GP code	10421	
Practice name	Stepps Surgery	
Practice code	60088	

<b>REFERRING GP DETAILS</b>		<b>Practice address</b>
<b>Name</b>	Dr A Orme	Contact number(s)
GMC code	7457705	-
GP code	-	
Practice name	-	
Practice code	60088	

**CLINICAL INFORMATION**

**History of presenting complaint****Presenting complaint**

Description: COPD

Comment: COPD  
MRC grade 4  
on trelegy and carbocisteine**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
[D]Rash and other nonspecific skin eruption NOS	-	07-Jul-2023	07-Jul-2023
Hand pain	-	07-Jul-2023	07-Jul-2023
Diverticulosis	-	13-Jul-2017	13-Jul-2017
Erectile dysfunction	-	14-Apr-2015	14-Apr-2015
Chronic obstructive pulmonary disease	Stage 2	11-Feb-2015	11-Feb-2015
Domestic stress	-	09-Nov-1999	09-Nov-1999
Anxiety states	-	20-Jan-1995	20-Jan-1995
Unilateral gynaecomastia	Right	29-Sep-1983	29-Sep-1983

**Past procedures** (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Colonoscopic polypectomy	-	16-Apr-2022	16-Apr-2022
Excision of lesion of skin NEC	Right eyebrow and Ear	01-Mar-2019	01-Mar-2019
Colonoscopic polypectomy	x 1	01-Aug-2017	01-Aug-2017
Colonoscopic polypectomy	X 1	13-Jul-2017	13-Jul-2017
Excision of anal polyp	& chronic sebaceous cyst - in anterior midline anal canal	03-Sep-2010	03-Sep-2010
Subcutaneous mastectomy for gynaecomastia	Right	29-Sep-1983	29-Sep-1983

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amitriptyline Hydrochloride Tablets 25 mg	56	56 tablet	ONE TO BE TAKEN IN THE EVENING	-	19-May-2023	07-Jun-2023
Bricanyl Turbohaler 500 micrograms/dose	1	1 dose	ONE DOSE TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED	-	31-Mar-2023	07-Jun-2023
Trelegy Eliпта Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose	30	30 DOSE	ONE PUFF TO BE USED ONCE DAILY	-	24-Mar-2023	07-Jun-2023
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN DAILY FOR INDIGESTION EPISODES AS REQUIRED	-	07-Jun-2018	18-Apr-2023

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Sterimar Isotonic Nasal Spray 31.8 %	50	50 ml	TWICE DAILY	-	07-Jul-2023	07-Jul-2023
Cetirizine Hydrochloride Tablets 10 mg	60	60 tablet	ONE TO BE TAKEN EACH DAY	-	07-Jul-2023	07-Jul-2023
Doxycycline Hyclate Capsules 100 mg	42	42 capsule	ONE CAPSULE TWICE DAILY FOR 3 WEEKS	-	07-Jul-2023	07-Jul-2023
Trimovate Cream	30	30 gram	APPLY TO THE AFFECTED AREA ONCE OR TWICE DAILY	-	07-Jul-2023	07-Jul-2023
Hydromol Ointment	500	500 gram	AS DIRECTED	-	07-Jul-2023	07-Jul-2023
Carbocisteine Capsules 375 mg	168	168 CAPSULE	TWO TO BE TAKEN THREE TIMES A DAY	-	11-May-2023	11-May-2023
Nacsys Effervescent tablets 600 mg	28	28 TABLET	ONE TO BE TAKEN DAILY	-	28-Apr-2023	28-Apr-2023
Epaderm Ointment	500	500 gram	APPLY THREE TIMES A DAY	-	21-Apr-2023	21-Apr-2023
Betamethasone Valerate Ointment 0.1 %	30	30 GRAM	Apply Sparingly Once daily	-	21-Apr-2023	21-Apr-2023
Doxycycline Hyclate Capsules 100 mg	15	15 CAPSULE	TAKE TWO CAPSULES AS FIRST DOSE ON FIRST DAY THEN TAKE ONE CAPSULE DAILY FOR NEXT 13 DAYS	-	21-Apr-2023	21-Apr-2023
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	21-Apr-2023	21-Apr-2023
Nacsys Effervescent tablets 600 mg	28	28 TABLET	ONE TO BE TAKEN DAILY	-	31-Mar-2023	31-Mar-2023
Doxycycline Hyclate Capsules 100 mg	15	15 CAPSULE	TAKE TWO CAPSULES AS FIRST DOSE ON FIRST DAY THEN TAKE ONE CAPSULE DAILY FOR NEXT 13 DAYS	-	24-Mar-2023	24-Mar-2023
Amitriptyline Hydrochloride Tablets 10 mg	56	56 tablet	TAKE TWO (20MG) IN THE EVENING	-	24-Mar-2023	21-Apr-2023
Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose	60	60 DOSE	ONE DOSE TO BE INHALED ONCE DAILY	-	13-Jan-2022	14-Mar-2023
Salbutamol Cfc-free inhaler 100 micrograms/puff	2	2 inhaler	2 PUFFS UP TO 4 X DAILY	-	07-Jun-2018	14-Mar-2023

**Blood Pressure**

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
31-Mar-2023	117	86
02-Mar-2005	123	71
01-Jul-2004	122	72

**Body Measurements**

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
31-Mar-2023	-	91	-
01-Dec-2021	175.25	-	27.9

**Lifestyle Risks and Alerts / Examinations and Investigations**

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker :	Stopped approx 2018	15-Mar-2021
Current smoker:	Smoker Status.clm - Repeat after an Interval	02-Mar-2005
Trivial drinker - &lt;1u/day:	Alcohol.clm - Repeat after an Interval	05-Oct-2005

**Investigations**

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Diagnosis of COPD:	true	-
MRC grade 4:	true	-
On optimum drug therapy:	true	-
Has the patient completed pulmonary rehabilitation before?:	NO	-
Has your patient any Psychiatric, cognitive or locomotor problems that would prevent participation in exercise or in a group setting?:	NO	-
Does your patient have decompensated heart failure?:	NO	-

**Clinical warnings**

**Additional Support Needs**

No known ASN requirements

**Additional relevant information**

Patient has agreed to participate:true  
 Preferred hospital:Stobhill Hospital  
 OK to send correspondence to home address?:Yes  
 Patient will accept any site:Yes  
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes  
 Referred By:Referring GP  
 Electronic Attachment Present:No

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

\_\_\_\_\_  
**Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.
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## REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Gen Ref or Advice - Respiratory Protocol

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

<b>REFERRAL TO</b>	
Respiratory Medicine GGC Gen Ref or Advice - Resp	— <b>Consultant / receiving practitioner and/or specialty clinic</b>
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	— <b>Hospital and hospital address</b>
	Hospital location code. G107H
	Email address -
<b>Urgency of referral</b> Routine	<b>Date sent</b> 10-Jul-2023
<b>Date of referral</b>	

<b>PATIENT DETAILS</b>		<b>Patient's address</b>
<b>Surname</b> Lewis		Flat 2
<b>Forename(s)</b> Anthony		146a Cumbernauld Road
<b>Title</b> Mr		GLASGOW
<b>Sex</b> Male		G33 6HA
<b>Date of birth</b> 19-Sep-1959		Contact number(s)
<b>CHI no.</b> 1909595276		Voice: 07837 760340
<b>Area of Residence</b> -		

\*101030132124A\* Unique Care Pathway Number: 101030132124A

<b>REGISTERED GP DETAILS</b>		<b>Practice address</b>
<b>Name</b> Dr Karen Hopkins		Stepps Surgery
<b>GMC code</b> 7134177	<b>GP code</b> 10421	131 Cumbernauld Road
<b>Practice name</b> Stepps Surgery		Stepps
<b>Practice code</b> 60088		Glasgow
		G33 6EY
		Contact number(s)
		Voice: 0141 779 4445
		Facsimile: 0141 779 9879
		E-mail: lan.clinicalsteppssurgery60088@nhs.scot

<b>REFERRING GP DETAILS</b>		<b>Practice address</b>
<b>Name</b> Dr A Orme		Contact number(s)
<b>GMC code</b> 7457705	<b>GP code</b> -	-
<b>Practice name</b> -		
<b>Practice code</b> 60088		

**CLINICAL INFORMATION**

**History of presenting complaint****Presenting complaint**

Description: progressive copd

Comment: 63 yr old

COPD  
 Ex smoker  
 MRC grade 4  
 On trelegy, carbocisteine/nacys  
 Has bought home O2, gives himself a blast on occasion  
 SOBOE, after 15-20 yards  
 Also ENT issues, nasal obstruction  
 O/E sats 96% at rest, chest clear  
 I wonder if he requires ambulatory sats monitoring  
 seems to be on maximal inhaled therapy  
 Mhany thanks  
 Dr Orme

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
[D]Rash and other nonspecific skin eruption NOS	-	07-Jul-2023	07-Jul-2023
Hand pain	-	07-Jul-2023	07-Jul-2023
Diverticulosis	-	13-Jul-2017	13-Jul-2017
Erectile dysfunction	-	14-Apr-2015	14-Apr-2015
Chronic obstructive pulmonary disease	Stage 2	11-Feb-2015	11-Feb-2015
Domestic stress	-	09-Nov-1999	09-Nov-1999
Anxiety states	-	20-Jan-1995	20-Jan-1995
Unilateral gynaecomastia	Right	29-Sep-1983	29-Sep-1983

**Past procedures** (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Colonoscopic polypectomy	-	16-Apr-2022	16-Apr-2022
Excision of lesion of skin NEC	Right eyebrow and Ear	01-Mar-2019	01-Mar-2019
Colonoscopic polypectomy	x 1	01-Aug-2017	01-Aug-2017
Colonoscopic polypectomy	X 1	13-Jul-2017	13-Jul-2017
Excision of anal polyp	& chronic sebaceous cyst - in anterior midline anal canal	03-Sep-2010	03-Sep-2010
Subcutaneous mastectomy for gynaecomastia	Right	29-Sep-1983	29-Sep-1983

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amitriptyline Hydrochloride Tablets 25 mg	56	56 tablet	ONE TO BE TAKEN IN THE EVENING	-	19-May-2023	07-Jun-2023
Bricanyl Turbohaler 500 micrograms/dose	1	1 dose	ONE DOSE TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED	-	31-Mar-2023	07-Jun-2023
Trelegy Elipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose	30	30 DOSE	ONE PUFF TO BE USED ONCE DAILY	-	24-Mar-2023	07-Jun-2023
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN DAILY FOR INDIGESTION EPISODES AS REQUIRED	-	07-Jun-2018	18-Apr-2023

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Sterimar Isotonic Nasal Spray 31.8 %	50	50 ml	TWICE DAILY	-	07-Jul-2023	07-Jul-2023
Cetirizine Hydrochloride Tablets 10 mg	60	60 tablet	ONE TO BE TAKEN EACH DAY	-	07-Jul-2023	07-Jul-2023
Doxycycline Hyclate Capsules 100 mg	42	42 capsule	ONE CAPSULE TWICE DAILY FOR 3 WEEKS	-	07-Jul-2023	07-Jul-2023
Trimovate Cream	30	30 gram	APPLY TO THE AFFECTED AREA ONCE OR TWICE DAILY	-	07-Jul-2023	07-Jul-2023
Hydromol Ointment	500	500 gram	AS DIRECTED	-	07-Jul-2023	07-Jul-2023
Carbocisteine Capsules 375 mg	168	168 CAPSULE	TWO TO BE TAKEN THREE TIMES A DAY	-	11-May-2023	11-May-2023
Nacsys Effervescent tablets 600 mg	28	28 TABLET	ONE TO BE TAKEN DAILY	-	28-Apr-2023	28-Apr-2023
Epaderm Ointment	500	500 gram	APPLY THREE TIMES A DAY	-	21-Apr-2023	21-Apr-2023
Betamethasone Valerate Ointment 0.1 %	30	30 GRAM	Apply Sparingly Once daily	-	21-Apr-2023	21-Apr-2023
Doxycycline Hyclate Capsules 100 mg	15	15 CAPSULE	TAKE TWO CAPSULES AS FIRST DOSE ON FIRST DAY THEN TAKE ONE CAPSULE DAILY FOR NEXT 13 DAYS	-	21-Apr-2023	21-Apr-2023
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	21-Apr-2023	21-Apr-2023
Nacsys Effervescent tablets 600 mg	28	28 TABLET	ONE TO BE TAKEN DAILY	-	31-Mar-2023	31-Mar-2023
Doxycycline Hyclate Capsules 100 mg	15	15 CAPSULE	TAKE TWO CAPSULES AS FIRST DOSE ON FIRST DAY THEN TAKE ONE CAPSULE DAILY FOR NEXT 13 DAYS	-	24-Mar-2023	24-Mar-2023
Amitriptyline Hydrochloride Tablets 10 mg	56	56 tablet	TAKE TWO (20MG) IN THE EVENING	-	24-Mar-2023	21-Apr-2023
Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose	60	60 DOSE	ONE DOSE TO BE INHALED ONCE DAILY	-	13-Jan-2022	14-Mar-2023
Salbutamol Cfc-free inhaler 100 micrograms/puff	2	2 inhaler	2 PUFFS UP TO 4 X DAILY	-	07-Jun-2018	14-Mar-2023

**Blood Pressure**

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
31-Mar-2023	117	86
02-Mar-2005	123	71
01-Jul-2004	122	72

**Body Measurements**

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
31-Mar-2023	-	91	-
01-Dec-2021	175.25	-	27.9

**Lifestyle Risks and Alerts / Examinations and Investigations**

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker :	Stopped approx 2018	15-Mar-2021
Current smoker:	Smoker Status.cfm - Repeat after an Interval	02-Mar-2005
Trivial drinker - &lt;1u/day: Alcohol.cfm - Repeat after an Interval		05-Oct-2005

**Clinical warnings****Additional Support Needs**

No known ASN requirements

**Additional relevant information**

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

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

\_\_\_\_\_  
**Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.
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**REFERRAL LETTER**  
 MEDICAL IN CONFIDENCE  
 GGC General Referral or Advice Protocol

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

<b>REFERRAL TO</b>	
Rheumatology GGC General Referral or Advice	— <b>Consultant / receiving practitioner and/or specialty clinic</b>
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	— <b>Hospital and hospital address</b>
	Hospital location code. G107H
	Email address -
<b>Urgency of referral</b> Urgent	<b>Date sent</b> 10-Jul-2023
<b>Date of referral</b> 10-Jul-2023	

<b>PATIENT DETAILS</b>		<b>Patient's address</b>
<b>Surname</b> Lewis		Flat 2
<b>Forename(s)</b> Anthony		146a Cumbernauld Road
<b>Title</b> Mr		GLASGOW
<b>Sex</b> Male		G33 6HA
<b>Date of birth</b> 19-Sep-1959		Contact number(s)
<b>CHI no.</b> 1909595276		Voice: 07837 760340
<b>Area of Residence</b> -		

\*101030132189U\* Unique Care Pathway Number: 101030132189U

<b>REGISTERED GP DETAILS</b>		<b>Practice address</b>
<b>Name</b> Dr Karen Hopkins		Stepps Surgery
<b>GMC code</b> 7134177	<b>GP code</b> 10421	131 Cumbernauld Road
<b>Practice name</b> Stepps Surgery		Stepps
<b>Practice code</b> 60088		Glasgow
		G33 6EY
		Contact number(s)
		Voice: 0141 779 4445
		Facsimile: 0141 779 9879
		E-mail: lan.clinicalsteppssurgery60088@nhs.scot

<b>REFERRING GP DETAILS</b>		<b>Practice address</b>
<b>Name</b> Dr A Orme		Contact number(s)
<b>GMC code</b> 7457705	<b>GP code</b> -	-
<b>Practice name</b> -		
<b>Practice code</b> 60088		

**CLINICAL INFORMATION**

**History of presenting complaint****Presenting complaint**

Description: hand joint pain/swelling/redness

Comment: 63 yr old

New left hand, pain, redness, swelling. hands can be stiff  
 o/e left hand index finger DIP is red/swollen, tender on squeezing  
 xray awaited, bloods inc RhF too  
 ?synovitis, ?inflammatory OA  
 Many thanks  
 Dr Orme

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
[D]Rash and other nonspecific skin eruption NOS	-	07-Jul-2023	07-Jul-2023
Hand pain	-	07-Jul-2023	07-Jul-2023
Diverticulosis	-	13-Jul-2017	13-Jul-2017
Erectile dysfunction	-	14-Apr-2015	14-Apr-2015
Chronic obstructive pulmonary disease	Stage 2	11-Feb-2015	11-Feb-2015
Domestic stress	-	09-Nov-1999	09-Nov-1999
Anxiety states	-	20-Jan-1995	20-Jan-1995
Unilateral gynaecomastia	Right	29-Sep-1983	29-Sep-1983

**Past procedures** (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Colonoscopic polypectomy	-	16-Apr-2022	16-Apr-2022
Excision of lesion of skin NEC	Right eyebrow and Ear	01-Mar-2019	01-Mar-2019
Colonoscopic polypectomy	x 1	01-Aug-2017	01-Aug-2017
Colonoscopic polypectomy	X 1	13-Jul-2017	13-Jul-2017
Excision of anal polyp	& chronic sebaceous cyst - in anterior midline anal canal	03-Sep-2010	03-Sep-2010
Subcutaneous mastectomy for gynaecomastia	Right	29-Sep-1983	29-Sep-1983

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amitriptyline Hydrochloride Tablets 25 mg	56	56 tablet	ONE TO BE TAKEN IN THE EVENING	-	19-May-2023	07-Jun-2023
Bricanyl Turbohaler 500 micrograms/dose	1	1 dose	ONE DOSE TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED	-	31-Mar-2023	07-Jun-2023
Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose	30	30 DOSE	ONE PUFF TO BE USED ONCE DAILY	-	24-Mar-2023	07-Jun-2023
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN DAILY FOR INDIGESTION EPISODES AS REQUIRED	-	07-Jun-2018	18-Apr-2023

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Sterimar Isotonic Nasal Spray 31.8 %	50	50 ml	TWICE DAILY	-	07-Jul-2023	07-Jul-2023
Cetirizine Hydrochloride Tablets 10 mg	60	60 tablet	ONE TO BE TAKEN EACH DAY	-	07-Jul-2023	07-Jul-2023
Doxycycline Hyclate Capsules 100 mg	42	42 capsule	ONE CAPSULE TWICE DAILY FOR 3 WEEKS	-	07-Jul-2023	07-Jul-2023
Trimovate Cream	30	30 gram	APPLY TO THE AFFECTED AREA ONCE OR TWICE DAILY	-	07-Jul-2023	07-Jul-2023
Hydromol Ointment	500	500 gram	AS DIRECTED	-	07-Jul-2023	07-Jul-2023
Carbocisteine Capsules 375 mg	168	168 CAPSULE	TWO TO BE TAKEN THREE TIMES A DAY	-	11-May-2023	11-May-2023
Nacsys Effervescent tablets 600 mg	28	28 TABLET	ONE TO BE TAKEN DAILY	-	28-Apr-2023	28-Apr-2023
Epaderm Ointment	500	500 gram	APPLY THREE TIMES A DAY	-	21-Apr-2023	21-Apr-2023
Betamethasone Valerate Ointment 0.1 %	30	30 GRAM	Apply Sparingly Once daily	-	21-Apr-2023	21-Apr-2023
Doxycycline Hyclate Capsules 100 mg	15	15 CAPSULE	TAKE TWO CAPSULES AS FIRST DOSE ON FIRST DAY THEN TAKE ONE CAPSULE DAILY FOR NEXT 13 DAYS	-	21-Apr-2023	21-Apr-2023
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	21-Apr-2023	21-Apr-2023
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Anoro Ellipta Dry Powder Inhaler 55 micrograms + 22 micrograms/dose	60	60 DOSE	ONE DOSE TO BE INHALED ONCE DAILY	-	13-Jan-2022	14-Mar-2023
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01-Dec-2021	175.25	-	27.9

**Lifestyle Risks and Alerts / Examinations and Investigations**

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Ex smoker :	Stopped approx 2018	15-Mar-2021
Current smoker:	Smoker Status.cfm - Repeat after an Interval	02-Mar-2005
Trivial drinker - &lt;1u/day:	Alcohol.cfm - Repeat after an Interval	05-Oct-2005

**Clinical warnings****Additional Support Needs**

No known ASN requirements

**Additional relevant information**

Performance Status: 2 - Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours  
OK to send correspondence to home address?: Yes  
Patient will accept any site: Yes  
Patient will accept cancellation or short notice appointment (within 1-6 days): Yes  
Referred By: Referring GP  
Electronic Attachment Present: No

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

\_\_\_\_\_  
**Date**

End of Document. Total Pages (including this one): 74

1 of 3

# APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

ALL FIELDS MARKED \* ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE



12053

## 1. PERSONAL DETAILS

Is this your first registration with a GP Practice in the UK? Yes  No

Will you be in the area for more than 3 months? Yes  No

(If 'No', please complete a temporary resident form)

Male \*  Female \*

Date of birth \*

Address \*

Title \*

Surname \*

Forenames \*

Previous surname \*

Postcode \*

Telephone #

Email address #

Mobile #

# the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system.

The following information can be found on your current medical card:

Community Health Index (CHI) number \*

NHS number \*

The following information can be found on your birth certificate:

Town of birth \*

Country of birth \*

Registered district of birth (Scotland only)

Mother's maiden name

## 2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP \*

Postcode \*

Name and address of previous GP Practice in UK \*

Postcode \*

If you are from abroad:

Date you first came to live in the UK \*

If previously resident in the UK, date of leaving \*

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date \*

Are you a Reservist? Yes  No

If yes provide your address before enlisting \*

Leaving date \*

Postcode \*

Is this your first registration with a GP since leaving the armed forces?

Yes  No

2

### 3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

You have a choice about organ or tissue donation after your death. To find out more about why it is important that you take the time to make your donation decision and record it, go to [www.organdonationscotland.org](http://www.organdonationscotland.org)

### 4. HOW WE USE INFORMATION

The information you have provided will be used by NHS Scotland to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHS Scotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform website under the "How the NHS handles your personal health information" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

### 5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature

*Anthony Smith*

Date \*

1-3-2024

Representative's name (if applicable)

Relationship to patient (if applicable)

### 6. FOR PRACTICE USE

GP reference number

GP name

Practice code

#### Identification seen – do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert  Student ID card  Driving licence  Passport or  Home Office  Other / None   
HC2 cert  app reg card

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature

Date \*

### 7. FOR OFFICIAL USE ONLY

Input by

Checked by

Date

Practice stamp

Page: 1  
Patient ID: 3706  
Mr Anthony Lewis  
909595276  
Flat 2, 146a, Cumbernauld Road, GLASGOW, G33 6HA

PLEASE TICK BOX FOR THE MEDICINE(S) YOU REQUIRE  
PLEASE ALLOW 48 HOURS BEFORE COLLECTION

Prescriber: Dr Emily Owen  
Date Printed: 23.01.2024  
Date Printed: 23.01.2024

Triacnyl Turbohaler 500 micrograms/dose  
ONE DOSE TO BE INHALED UP TO FOUR TIMES  
A DAY WHEN REQUIRED  
Quant: 1 dose

omeprazole Capsules (Gastro-Resistant) 20 [ ]  
mg  
ONE TO BE TAKEN DAILY FOR INDIGESTION  
EPISODES AS REQUIRED  
Quant: 56 CAPSULE

Crelegy Ellipta Dry Powder Inhaler 92 [ ]  
micrograms + 55 micrograms + 22  
micrograms/dose  
ONE PUFF TO BE USED ONCE-DAILY  
Quant: 30 DOSE

Dear Mr Anthony Lewis,  
before your next prescription is due, will  
you please make an appointment to see the  
doctor for a review of your treatment no  
later than 18.10.2023.  
Thank you.

Review Date: 18.10.2023  
\*\*\*REVIEW OVERDUE\*\*\*

*Needed*

Lewis Anthony

CHI: 1909595276

---

**Clinical letter - GP:**



Glasgow Royal Infirmary  
Alexandra Parade  
Glasgow  
G31 2ER  
0141 211 4000  
Rheumatology  
0141 355 1514/1050

Dr. K Hopkins  
Stepps Surgery  
131 Cumbernauld Road  
Stepps  
G33 6EY

Main Switchboard:  
Department:  
Contact Tel:  
Enquiries to:  
Letter Date:  
Reference:  
Dictated Date:  
Transcribed Date:

21/11/2023  
AMcE/JD  
17/11/2023  
20/11/2023

Dear Dr Hopkins,

**Anthony Lewis; D.O.B: 19/09/1959; CHI: 1909595276  
FLAT 2, 146A CUMBERNAULD ROAD, STEPPS, Glasgow, Lanarkshire, G33 6HA**

The following results are available for this patient.

Inflammatory markers are normal, rheumatoid factor and anti CCP antibodies are negative.

X-rays of his knees and his right hand are reported as normal.

I had repeated his liver function tests and these have now also returned to normal. I have copied this letter to him for his information.

Clinically therefore in summary the main finding has been that the x-ray of his left hand reports degenerative change (osteoarthritis) in the left 1<sup>st</sup> DIP joint. The rest of his x-rays and blood tests are normal. I hope this information is of help.

Kind regards

Yours sincerely

Dr Anne McEntegart


Consultant Rheumatologist

Electronically Signed: Dr Anne McEntegart, Consultant

cc. Anthony Lewis  
Flat 2, 146A Cumbernauld Road  
Stepps  
G33 6HA



G33 6HA



1909595276  
 LEWIS M  
 Anthony 19/09/1959  
 FLAT 2, 146A CUMBERNAULD  
 ROAD  
 STEPPS  
 Glasgow, Lanarkshire

Dear Dr Hopkin's

The patient attended Rheum Clinic at 875 Hill

Hospital on 3/1/23 and I would advise a change to drug therapy from

to

or additional therapy of Folic acid 5mg/day

as detailed below. Full letter to follow.

Additional Comments:

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
--------------	------	-----------	------------------------

Yours Sincerely

Signature: [Handwritten Signature]

Name (print)

Grade:

[Handwritten Name]

Ext. No:

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

Lewis Anthony

CHI: 1909595276

---

**Clinic Letter**



Stobhill Hospital  
133 Balornock Road  
Glasgow  
G21 3UW  
0141 201 3000

Dr. K Hopkins  
Stepps Surgery  
131 Cumbernauld Road  
Stepps  
G33 6EY

Main  
Switchboard:  
Department: Rheumatology  
Contact Tel: 0141 355 1514  
Enquiries to:  
Letter Date: 31/10/2023  
Reference: AM/LS  
Dictated: 31/10/2023  
Date:  
Transcribed: 01/11/2023  
Date:

Dear Dr. K Hopkins,

**Anthony Lewis; D.O.B: 19 Sep 1959; CHI: 1909595276  
FLAT 2,146A CUMBERNAULD ROAD, STEPPS, Glasgow, Lanarkshire, G33 6HA**

Attendance: Specialty - Rheumatology; Clinic - STAMCRH4S2-RHEUM ACH DR A MCENTEGART  
TUESDAY PM

Date and Time of Appointment - 31/10/2023 13:30

**Clinical Comments:**

This gentleman was reviewed as a new patient today, issues are as follows;

Joints: His main complaint is his left index DIP joint. He also has some discomfort in the right hand. He said he had an injury to the right hand and arm many years ago and the dorsum of the hand is sore and I have arranged to X-Ray this. I note the X-Ray of his left hand reports degenerative change at the left first DIP joint. He has a skin rash on his hands but also a couple of lesions on his legs, the lesions on the legs do look possibly psoriatic although he has never had a formal diagnosis of this. Additionally he has discomfort in his knees.

Clinically today no joint looked synovitic or swollen, there were no knee effusions. I am arranging for some X-Rays of the knees and the right hand. I have checked his immunology. I note his ESR and CRP were normal back in April.

Deranged liver function: This has been repeated. I note there was an elevation in his AST and ALT in April. He denies any alcohol consumption.

Lewis Anthony

CHI: 1909595276

OPCL 31/10/2023 v1

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Folate deficiency: I note he is folate deficient and would be grateful as per my handwritten note if you could start him on Folic acid 5mg a day. For analgesia I have suggested he could take some Paracetamol. He also takes Amitriptyline at night time.

Follow up: I have given him some literature about osteoarthritis today and said I will be in touch with his blood results and X-Ray results once they are available, with you but also with him.

In summary I think the features look inkeeping with osteoarthritis.

Yours Sincerely,

Dr Anne McEntegart

Consultant Rheumatologist

Electronically Signed: Dr Anne McEntegart, Consultant

cc.



Stobhill Hospital  
133 Balornock Road  
Glasgow  
G21 3UW

25/10/2023

Dr K Hopkins  
Stepps Surgery  
131 Cumbernauld Road  
Stepps  
G33 6EY

Dear Dr K Hopkins

**Re Patient:**

Anthony Lewis  
FLAT 2,146A CUMBERNAULD ROAD  
STEPPS  
Glasgow  
G33 6HA

**CHI Number: 1909595276**

**Speciality: Pulmonary Rehabilitation**

**It would appear from our records that one of the following applies:**

- Your patient has not responded to our recent letters inviting them to arrange an appointment.
- Your patient has indicated that they no longer require an appointment.
- Your patient has refused two reasonable offers of appointment.

**We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with the NHS Greater Glasgow and Clyde's Did Not Attend Policy.**

**If you still wish your patient to be seen, we will require a new referral.**

**Yours sincerely**

User ID Chris Marshall

SCGC Opwl Removal to GP V1

## Stobhill Hospital: Diagnostic Imaging Report

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<b>Patient</b>	ANTHONY LEWIS	<b>Address</b>	FLAT 2,146A CUMBERNAULD ROAD, STEPPS, GLASGOW, LANARKSHIRE, G33 6HA
<b>DOB</b>	19/09/1959	<b>CHI No.</b>	1909595276
<b>Ref. Source</b>	Stepps Surgery	<b>Practice Code</b>	60088
<b>Referrer</b>	Dr Amy Orme (Locum)	<b>Exam Date</b>	29/08/2023 13:30

### Report Summary

---

**Clinical History :**

pain and swelling to DIP region left hand index finger DIP -red/swollen, tender to palpate. synovitis. ?inflammatory OA ??rheumatoid.

### XR Hand Lt

---

**XR Hand Lt :**

There is joint space narrowing at the DIP joint of the index finger with some associated sclerosis and a small area of cystic change in the radial aspect of the head of the middle phalanx. The appearance is probably due to osteoarthritis. Mild degenerate change at the distal radioulnar joint. No other finding of note.

**Last verified by:** 3691593 (Dr Gregory O'Neill)

**Reported by:** 3691593 (Dr Gregory O'Neill)

Lewis Anthony

CHI: 1909595276

**Clinical letter - Others:**

Dr Sawsan Ghonaimy  
Consultant Anaesthetist  
Queen Elizabeth University Hospital  
1345 Govan Road  
Govan  
G51 4TF

Main Switchboard:  
Department:  
Contact Tel:  
Enquiries to:  
Letter Date:  
Reference:  
Dictated Date:  
Transcribed Date:



Greater Glasgow  
and Clyde

Glasgow Royal Infirmary  
Alexandra Parade  
Glasgow  
G31 2ER  
0141 211 4000  
ENT  
0141 451 5998  
Secretary  
27/04/2023  
JM/LM  
25/04/2023  
26/04/2023

Dear Sawsan,

**Anthony Lewis; D.O.B: 19/09/1959; CHI: 1909595276  
FLAT 2,146A CUMBERNAULD ROAD, STEPPS, Glasgow, Lanarkshire, G33 6HA**

I saw Mr Lewis today who has nasal obstruction and COPD. He is very keen to consider a septoplasty. He does have a marked bend in the nasal septum to the left hand side. There is no recent history of trauma. I have no doubt the nasal blockage is longstanding and I would be concerned that some of his worsening symptoms are due to a degree of worsening in his COPD but nevertheless he is very keen to go ahead with surgery if that is an option.

It would be very helpful to know what information you require to consider whether or not surgery would be an option for him. He had a chest x-ray last month and his last respiratory function tests on portal are from 2015 when he had "moderate obstructive pulmonary impairment). He stopped smoking 6 years ago.

Many thanks.

Yours Sincerely,

Mr John Marshall

Consultant ENT Surgeon

Electronically Signed: Mr John Marshall, Consultant.

cc. Dr Hopkins  
Stepps Surgery  
131 Cumbernauld Road  
Stepps  
Glasgow

Lewis Anthony

CHI: 1909595276

GCL 25/04/2023 v1

G33 6EY

Lewis Anthony

CHI: 1909595276

**Letter to Patient:**

Anthony Lewis  
FLAT 2, 146A CUMBERNAULD ROAD  
STEPS  
Glasgow  
Lanarkshire  
G33 6HA

Main Switchboard:  
Department:  
Contact Tel:  
Enquiries to:  
Letter Date:  
Reference:  
Dictated Date:  
Transcribed Date:

**NHS**  
Greater Glasgow  
and Clyde  
Glasgow Royal Infirmary  
Alexandra Parade  
Glasgow  
G31 2ER  
0141 211 4000  
ENT  
0141 451 5998  
ENT Secretary  
27/04/2023  
JM/ASA  
25/04/2023  
25/04/2023

Dear Mr Lewis,

It was nice to see you today. In summary, you have had increasing problems with nasal obstruction and you have COPD. You have some nasal valve issues on the left hand side so pulling the cheek makes the nose feel clearer and you do have a moderate bend in the nasal septum. You would potentially benefit from a septoplasty but I am concerned that the worsening of your symptoms is primarily due to your COPD and that this would also create an increased risk for having a general anaesthetic.

I have written to my Anaesthetist already, to ask for a review to see if any further tests would help decision making about suitability for surgery. We have discussed the pros and cons of this operation today. You are aware that it is non essential. I have suggested that you try nasal strips in the meantime. I would avoid using decongestant nasal sprays and you sometimes use water in the nose but I think a salt water spray such as Sterimar would be more comfortable to use in the nose.

Yours sincerely

Mr John Marshall

Consultant ENT Surgeon

Electronically Signed: Mr John Marshall, Consultant

cc. Dr Hopkins  
Stepps Surgery  
131 Cumbernauld Road  
Stepps  
Glasgow  
G33 6EY

## Stobhill Hospital: Diagnostic Imaging Report

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<b>Patient</b>	ANTHONY LEWIS	<b>Address</b>	FLAT 2,146A CUMBERNAULD ROAD, STEPPS, GLASGOW, LANARKSHIRE, G33 6HA
<b>DOB</b>	19/09/1959	<b>CHI No.</b>	1909595276
<b>Ref. Source</b>	Stepps Surgery	<b>Practice Code</b>	60088
<b>Referrer</b>	Dr Karen Hopkins	<b>Exam Date</b>	27/03/2023 13:29

### Report Summary

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Clinical History :  
COPD. ship yeardsd ?pathology

### XR Chest

---

XR Chest :  
Comparison made to the previous examination dated 05/05/2022.  
The heart is not enlarged and the lungs are clear.

**Last verified by:** 3469769 (Dr Helen Griffiths)  
**Reported by:** 3469769 (Dr Helen Griffiths)

**Glasgow Royal Infirmary: Diagnostic Imaging Report**

Page 1 of 1

**LEWIS, ANTHONY**

DoB : **19-Sep-1959**

FLAT 2,146A CUMBERNAULD ROAD, STEPPS, GLASGOW, LANARKSHIRE, G33 6HA

CHI. No. : **1909595276**

Ref. Locn. : **GP PRACTICE**

CRIS No. : **25340786**

Referrer : **Dr Amy Orme (Locum)**

Curr Ward: **G207HENDODL**

**VERIFIED** Verified By: Dr Laura Thomson 06-May-2022 1531.

**Clinical History :**

ongoing cough, ex smoker, second course of abx. ?lung pathology

**XR Chest :**

Comparison is made to previous study of 13/10/2014. Cardiac and mediastinal contours are normal. The lungs are clear with no evidence of focal collapse or consolidation. The bony thorax is intact. No acute findings. If there are persistent symptoms in a smoker, consider referral for cross-sectional imaging despite normal chest x-ray.

Event Number : E-36571697



Examination Date : **05-May-2022**

Ref. Source : Dr Amy Orme (Locum), Stepps Surgery, 131 Cumbernauld Road, Stepps, Glasgow, G33 6EY

Examinations : **XR Chest**

Lewis Anthony

CHI: 1909595276

**Letter to Patient:**



Stobhill Hospital  
133 Balornock Road  
Glasgow  
G21 3UW  
0141 201 3000  
Gastroenterology  
0141 201 6368  
Secretary  
25/04/2022  
SB/RM  
16/04/2022  
20/04/2022

Anthony Lewis  
FLAT 2, 146A CUMBERNAULD ROAD  
STEPS  
Glasgow  
Lanarkshire  
G33 6HA

Main Switchboard:  
Department:  
Contact Tel:  
Enquiries to:  
Letter Date:  
Reference:  
Dictated Date:  
Transcribed Date:

Dear Mr Lewis,

I have received the results of the polyp removed at your recent sigmoidoscopy. This shows no worrying changes. In view of the polyps removed, we would recommend repeat colonoscopy in three years time to remove any further polyps identified. We would also encourage you to submit stool samples to discuss your bowel cancer screening programme every two years when requested. This picks up larger more significant polyps as well as cancers.

I trust the above is reassuring.

Yours sincerely

Dr Stephen Barclay

Consultant Gastroenterologist

Electronically Signed: Dr Stephen Barclay, Consultant

cc. Dr J Kennedy  
Steps Surgery  
131 Cumbernauld Road  
Steps  
Glasgow  
G33 6EY

-----  
Eileen McIlroy  
Endoscopy Co-ordinator  
Ground Floor, Medical Block  
Glasgow Royal Infirmary

Dear Eileen, for interval scope three years time, thanks.

## NHS Greater Glasgow and Clyde

### SIGMOIDOSCOPY REPORT

Name: **Anthony LEWIS (M)**  
Date of birth: **19/09/1959**  
CHI No: **1909595276**  
Case note no.: **1909595276**

Address: **Flat 2,146a Cumbernauld Road  
Stepps  
Glasgow  
Lanarkshire  
G33 6HA**

GP: **KENNEDY, JOHN  
Stepps Surgery  
131 Cumbernauld Road  
Stepps  
G33 6EY**

Procedure date: **21st February 2022 (10:20)**  
Priority: **Elective**  
Status: **Day patient/NHS**  
Hospital: **STO ACH**  
Ward: **(none)**  
Referring Cons: **GP  
(Direct Access)**

#### Indications

Right sided polyps, left side bowel prep poor at recent colonoscopy.

#### Consultant/Endoscopist

Dr. Stephen Barclay

#### Report

Bowel preparation with klean prep x 3 was good.  
The sigmoidoscope was inserted via the anus to the caecum, insertion confirmed by caecum, which was identified by the ileocecal valve, the appendicular orifice and the tri-radiate caecal fold.  
There were no peri-operative complications.

#### Instrument

SCANTRACK

#### Premedication

No sedation

#### Site b: Distal sigmoid

Lesions: 1 sessile polyp (5mm) excised (removed using cold snare),  
retrieved and sent to labs.  
Specimens: Polyps.

#### Diagnosis

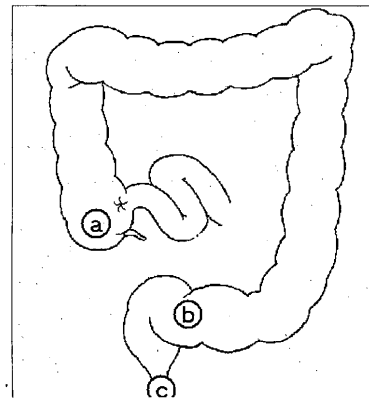
Colonic polyp.

#### Advice/comments

Single small polyp.  
I will write with results.

#### Follow up

Awaiting pathology results.



a: Caecum (photographed)  
b: Distal sigmoid  
c: Anal margin (photographed)

  
**Dr. Stephen Barclay**  
TEST

## NHS Greater Glasgow and Clyde

### COLONOSCOPY REPORT

Name: **Anthony LEWIS (M)**  
Date of birth: **19/09/1959**  
CHI No: **1909595276**  
Case note no.: **1909595276**

Address: **Flat 2,146a Cumbernauld Road  
Stepps  
Glasgow  
Lanarkshire  
G33 6HA**

GP: **KENNEDY, JOHN  
Stepps Surgery  
131 Cumbernauld Road  
Stepps  
G33 6EY**

Procedure date: **10th December 2021 (10:30)**  
Priority: **Repeat/Scheduled**  
Status: **Outpatient/NHS**  
Hospital: **STO ACH**  
Referring Cons: **GP  
(Direct Access)**

#### Indications

Previous polyps.

#### Consultant/Endoscopist

Sister Gemma McLean

#### Report

Bowel preparation with 4 Klean prep was satisfactory. A digital rectal examination was performed. The colonoscope was inserted via the anus to the caecum, which was identified positively by the ileocecal valve, the appendicular orifice and the tri-radiate caecal fold. The scope was retroflexed in the rectum. There were no peri-operative complications.

#### Site b: Proximal transverse

Lesions: 2 pedunculated polyps (largest 11mm) excised (removed entirely using hot snare cauterisation), retrieved and sent to labs. Endoscopic mucosal resection: using Gelfusin/ad/patent blue, total volume 7ml. Specimens: Polyps.

#### Site c: An area extending from the distal descending to the distal sigmoid

Diverticula: several scattered with mild narrowing/tortuosity of the diverticular segment.

#### Diagnoses

Diverticulosis and colonic polyps.

#### Advice/comments

Scope passed of caecum. Two polyps at prox transverse, (11mm and 9mm), injected, removed with hot snare, retrieved and sent for pathology.

The bowel prep on the left side wasn't great. With the polyps having to be brought back with a net, good views weren't obtained. I will therefore book a flexi-sig for Anthony for completeness.

#### Follow up

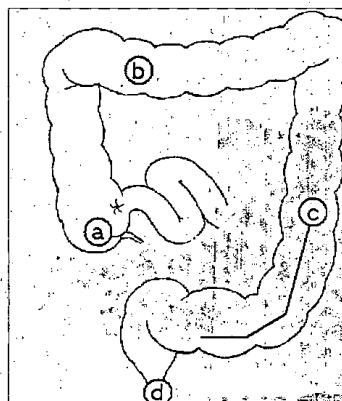
Awaiting pathology results. Further procedure(s): sigmoidoscopy 6-8 weeks with movi-prep please.

#### Instrument

SCANTRACK

#### Premedication

No sedation



- a: Caecum (photographed)
- b: Proximal transverse (photographed)
- c: An area extending from the distal descending to the distal sigmoid
- d: Anal margin (photographed)

*Gemma McLean*

**Sister Gemma McLean**  
**Specialist Nurse Endoscopist**  
c.c. GP (Direct Access)  
Lewis, Anthony



## UK Covid-19 Test Report

### Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

### Patient Details

Surname	Lewis
Forename	Anthony
CHI	1909595276
Date of birth	1959-09-19
Sex	Male
Address	FLAT 2 146A CUMBERNAULD ROAD STEPPS GLASGOW G336HA

### Specimen Details

Specimen Processed Date	23-12-2020 20:48
Test Start Date	21-12-2020 20:00
Test End Date	21-12-2020 20:05
GP Practice	60088
Specimen Number	AAI30579733
Administration Method	self

End of Report

Report Date: 24/12/2020

GLASGOW MICROBIOLOGY SERVICES      NHS GREATER GLASGOW & CLYDE

NORTH SECTOR MICROBIOLOGY  
Enquiries 0141 201 8551

Patient / Specimen details

LEWIS ANTHONY  
Flat 2  
146a Cumbernauld Road G33 6HA  
CHI/Hosp. No. 1909595276 1909595276

D.O.B. 19.09.1959  
Sex M

Cons/GP Dr Karen Hopkins  
Loc. Stepps Surgery Glasgow  
Coll'd 02.09.2020 15:42  
Rec'd 02.09.2020 19:37  
Senders ref. No.

Routine Culture      Order No. IS13039975  
Throat swab

Copy to:  
Stepps Surgery Glasgow

\* FINAL REPORT \*

CULTURE RESULT: No significant growth

Tests included in UKAS Accreditation (8078) Scope.

Authorised by Christopher Campbell NOR MIC  
Date/Time authorised 04.09.2020 12:38

Lab No. M.20.1517256.L

Lewis Anthony

CHI: 1909595276

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**Clinical letter - GP:**



Stobhill Hospital  
133 Balornock Road  
Glasgow  
G21 3UW

Dr. J Kennedy  
Stepps Surgery  
131 Cumbernauld Road  
Stepps  
G33 6EY

Main Switchboard: 0141 201 3000  
Department: ENT  
Contact Tel: 0141 211 1660  
Enquiries to: Karen.Clark2@ggc.scot.nhs.uk  
Letter Date: 14/08/2020  
Reference: SR/AM  
Dictated Date: 05/08/2020  
Transcribed Date: 05/08/2020

Dear Dr Kennedy,

**Anthony Lewis; D.O.B: 19/09/1959; CHI: 1909595276  
FLAT 2,146A CUMBERNAULD ROAD, STEPPS, Glasgow, Lanarkshire, G33 6HA**

I reviewed Anthony at my clinic today. You referred him as "urgent suspicion of cancer" back in April 2020 and I conducted a telephone consultation with him shortly afterwards. I downgraded his referral to routine, reassuringly him that he was very unlikely to have cancer based on risk calculation. However, he contacted my secretary recently, asking to be seen urgently at clinic. He describes non-specific pharyngeal symptoms which have been present since late 2019. He attributes most of his symptoms to previous flu vaccination. He denies pain on swallowing without restriction. He feels that his voice is weak at times. He denies any hard nasal symptoms. His past history includes COPD and reflux.

The oral cavity and oropharynx were healthy today. His tongue was coated but I reassured him that this was nothing to worrying about. His neck was clear. Flexible endoscopy confirmed healthy mucosal appearances throughout the visible upper aerodigestive tract.

I have reassured Anthony again that, as expected, there is no suspicious or sinister cause in relation to his chronic symptoms. We discussed conservative measures and he has been discharged from the clinic. Please contact if you have any concerns in the future.

Yours sincerely

**Mr Stuart M Robertson**

**Consultant ENT, Head & Neck Surgeon**

Electronically Signed: Mr Stuart Robertson, Consultant

Lewis Anthony

CHI: 1909595276

GCL 05/08/2020 v1

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cc.

Lewis Anthony

CHI: 1909595276

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**Clinical letter - GP:**



Stobhill Hospital  
133 Balornock Road  
Glasgow  
G21 3UW

Dr. J Kennedy  
Stepps Surgery  
131 Cumbernauld Road  
Stepps  
G33 6EY

Main Switchboard: 0141 201 3000  
Department: ENT  
Contact Tel: 0141 211 1660  
Enquiries to: karen.clark2@ggc.scot.nhs.uk  
Letter Date: 07/05/2020  
Reference: SR/ND  
Dictated Date: 05/05/2020  
Transcribed Date: 05/05/2020

Dear Dr Kennedy,

**Anthony Lewis; D.O.B: 19/09/1959; CHI: 1909595276  
FLAT 2,146A CUMBERNAULD ROAD, STEPPS, Glasgow, Lanarkshire, G33 6HA**

Thank you for referring this 60 year-old ex-smoker to the ENT service as "urgent/suspicion of cancer". I conducted a telephone conversation with him today. His problems in relation to the throat appear to have developed following flu vaccination last autumn. He denies overt pain currently although is aware of intermittent discomfort at times. He feels that his voice has a harsh quality at times but again, this is an intermittent symptom. His weight and appetite are stable. He has had no stridor. He appears to describe an abnormal sensation in the mouth rather than the throat but the exact nature of his symptoms are a little difficult to describe. He appears to be swallowing without any restriction. There is no history of oral swelling or ulceration and he denies otalgia. He is not aware of any neck lumps or skin lesions.

Using the latest ENT-UK risk calculator, he is at low risk of malignancy based on his symptoms, age and risk factors. Accordingly I have downgraded your referral to routine priority. I have given him my secretary's contact details and asked him to get in touch with us should his symptoms change or progress. If this is the case, then I would be delighted to expedite his appointment. Please contact me with any concerns in the meantime.

Yours sincerely

**Mr Stuart M. Robertson**

**Consultant ENT Head and Neck Surgeon**

Electronically Signed: Mr Stuart Robertson, Consultant

cc.

Lewis Anthony

CHI: 1909595276

---

**Clinical letter - GP: discharge**



Plastic Surgery Unit  
84 Castle Street  
Glasgow  
G4 0SF

Dr. J Kennedy  
Stepps Surgery  
131 Cumbernauld Road  
Stepps  
G33 6EY

Main Switchboard: 0141 211 4000  
Department: outpatient  
Contact Tel: 0141-211-5732  
Enquiries to: Nurse Practitioners Office  
Letter Date: 17/04/2019  
Reference: mm/cs  
Dictated Date: 17/04/2019  
Transcribed Date: 17/04/2019

Dear Dr Kennedy,

**Anthony Lewis; D.O.B: 19/09/1959; CHI: 1909595276  
FLAT 2,146A CUMBERNAULD ROAD, STEPPS, Glasgow, Lanarkshire, G33 6HA**

Admission Date: 04/03/19

Procedure Date: 04/03/19

Procedure: Excision of Cysts x2 from Right Eyebrow & Right Earlobe

Pathology: available on clinical portal, paper copy to follow

Follow Up: No follow up required regarding this procedure

Yours Sincerely

Marion McAneny

Nurse Practitioner

Electronically Signed: ,

cc.

Lewis Anthony

CHI: 1909595276

**Clinical letter - GP: discharge**

**NHS**

Greater Glasgow  
and Clyde

Plastic Surgery Unit  
84 Castle Street  
Glasgow  
G4 0SF

Dr. J Kennedy  
Stepps Surgery  
131 Cumbernauld Road  
Stepps  
G33 6EY

Main Switchboard:

0141 211 4000

Department:

outpatient

Contact Tel:

0141-211-5732

Enquiries to:

Nurse Practitioners Office

Letter Date:

17/04/2019

Reference:

mm/cs

Dictated Date:

17/04/2019

Transcribed Date:

17/04/2019

Dear Dr Kennedy,

**Anthony Lewis; D.O.B: 19/09/1959; CHI: 1909595276**  
**FLAT 2,146A CUMBERNAULD ROAD, STEPPS, Glasgow, Lanarkshire, G33 6HA**

Admission Date: 04/03/19

Procedure Date: 04/03/19

Procedure: Excision of Cysts x2 from Right Eyebrow & Right Earlobe

Pathology: available on clinical portal, paper copy to follow

Follow Up: No follow up required regarding this procedure

Yours Sincerely

Marion McAneny

Nurse Practitioner

Electronically Signed:

cc.

NHS GREATER GLASGOW AND CLYDE  
PATHOLOGY DEPARTMENT

Name : LEWIS ANTHONY CHI No.: 1909595276  
Address : /{FLAT 2,146A CUMBERNAULD ROAD DoB : 19.09.1959  
STEPPS  
G33 6HA  
Location: Plast Sur Local Anaes GRI Sender : Marion Ann McAnerly

**CYST EXCISION RIGHT EYEBROW & RIGHT EARLOBE**

**CLINICAL HISTORY:**

Excision of ruptured cysts.

- 1-Right eyebrow.
- 2-Right earlobe.

**MACRO:**

**A. RIGHT EYEBROW CYST EXCISION:**

A pale and membranous piece of tissue 12 x 9 x 2mm.

**MICRO:**

Sections show fragments of benign epidermoid cyst wall. In some pieces, the lining has been replaced by histiocytes and multinucleate giant cells in keeping with rupture.

**B. CYST EXCISION RIGHT EARLOBE:**

**MACRO:**

A skin ellipse 10 x 6 x 5mm with two smaller grey fragments each 4 x 4 x 2mm.

**MICRO:**

Sections show skin. There is a dilated sinus tract lined by inflamed squamous epithelium with surrounding fibrosis and mixed acute and chronic inflammatory cells.

No fungal organisms are identified.

**Conclusion:**

The features are those of an inflamed squamous lined sinus tract. Is there any history of trauma at this site (for example ear piercing)?

There is no evidence of dysplasia or malignancy.

Dr J Gareze (ST3)  
Dr C Harper (Consultant)

Reported:13/03/19

Typed:15/03/19 GG

*2/4/19  
Discharge  
MMK*

Reporting Pathologist : Jonathan Gareze PATH  
Consultant Pathologist: Christina Harper

Page 1 of 2

Date received: 04.03.19  
Date authorised: 20.03.19

Lab No: D,19.0017294.F

NHS GREATER GLASGOW AND CLYDE  
PATHOLOGY DEPARTMENT

Name: LEWIS ANTHONY

CHI No.: 1909595276

Electronically Authorised by Dr Christina Harper

Reporting Pathologist : Jonathan Gareze PATH  
Consultant Pathologist: Christina Harper

Page 2 of 2

Date received : 04.03.19  
Date authorised: 20.03.19

Lab No: D,19.0017294.F

CHI: 1909595276 19/09/1959 M  
 LEWIS Anthony F  
 Flat 2, G33 6HA  
 0141 779 1691  
 Dr Sean Kennedy, 3133392  
 Stepps Surgery, G33 6EY  
 DATE TIME Practice: 60088

Referrer's details: (or attach label)  
**DR. SEAN KENNEDY**  
 STEPPS SURGERY  
 131 CUMBERNAULD ROAD  
 GLASGOW G33 6EY  
 TEL: 0141 7794445  
 Signature: \_\_\_\_\_



**MUIRHEAD CLINIC**  
 192 Cumbernauld Road  
 Muirhead  
 G69 9NB  
 0141 779 1941

### Treatment Room Referral

**Patient to be seen:**  Routine appointment  Same day  Urgent

**Clinical details:** (include known allergies)

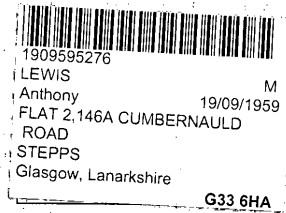
Reason for Referral	Tick	Tick
Ear Irrigation (Please check patient has no contraindications)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Care of PVC lines	<input type="checkbox"/>	<input type="checkbox"/>
First aid	<input type="checkbox"/>	<input type="checkbox"/>
Minor surgery assistance	<input type="checkbox"/>	<input type="checkbox"/>
Other: (specify)		

Medication Administration - please print details							
Date	Drug	Dose	Route	Frequency	Prescriber Signature	End Date	

Date/Time	Nursing Notes	Signature/Designation
8/3/19	Referred for suture removal following excision of lesions to (R) eyebrow and ear.	
	3 sutures removed from (R) eyebrow and 4 sutures removed from behind (R) ear.	
	Both hands dry and clean.	RSWS
	No follow up required.	

LATS22  
NMAHP.TTRREC.104684.P

**Canniesburn Plastic Surgery Unit  
Glasgow Royal Infirmary  
84 Castle Street  
Glasgow G4 0SF**



Date: **01/03/19**

A surgical procedure was performed today

By **Sr. S. McLeod – Nurse Practitioner**

For **Excision Lesions Right Eyebrow & Right Ear**

- Should pain relief be required, simple pain killers, such as paracetamol, may be taken but **NOT** aspirin (unless prescribed by GP)
- If post operative bleeding occurs, gentle pressure should be applied to the wound with a clean tissue/towel for 10 minutes.
- Wound should be kept clean and dry for **2 Days**

You will require an appointment with **G.P. Practice Nurse**

For **Removal Sutures**

On **Friday 8<sup>th</sup> March**

No Plastic Surgical review is required

**If you have any problems or questions please contact us**  
**Minor Surgery – 0141 211 5732**

Lewis Anthony

CHI: 1909595276

---

**Clinical letter - GP: GP letter**

Dr. J Kennedy  
Stepps Surgery  
131 Cumbernauld Road  
Stepps  
G33 6EY

Main  
Switchboard:  
Department:  
Contact Tel:  
Enquiries to:  
Letter Date:  
Reference:  
Dictated  
Date:  
Transcribed  
Date:

**NHS**  
Greater Glasgow  
and Clyde  
Stobhill Hospital  
133 Balornock Road  
Glasgow  
G21 3UW  
0141 201 3000  
General Surgery  
0141 355 1504  
Kelly Clarke  
21/01/2019  
TF/LMcM  
07/01/2019  
08/01/2019

Dear Dr Kennedy,

**Anthony Lewis; D.O.B: 19/09/1959; CHI: 1909595276  
FLAT 2,146A CUMBERNAULD ROAD, STEPPS, Glasgow, Lanarkshire, G33 6HA**

This gentleman attended Minor Op's Clinic regarding two sebaceous cysts, one on the right eyebrow and another one on his right ear. Both of them are chronically infected and need to be assessed by the Plastic Surgeons.

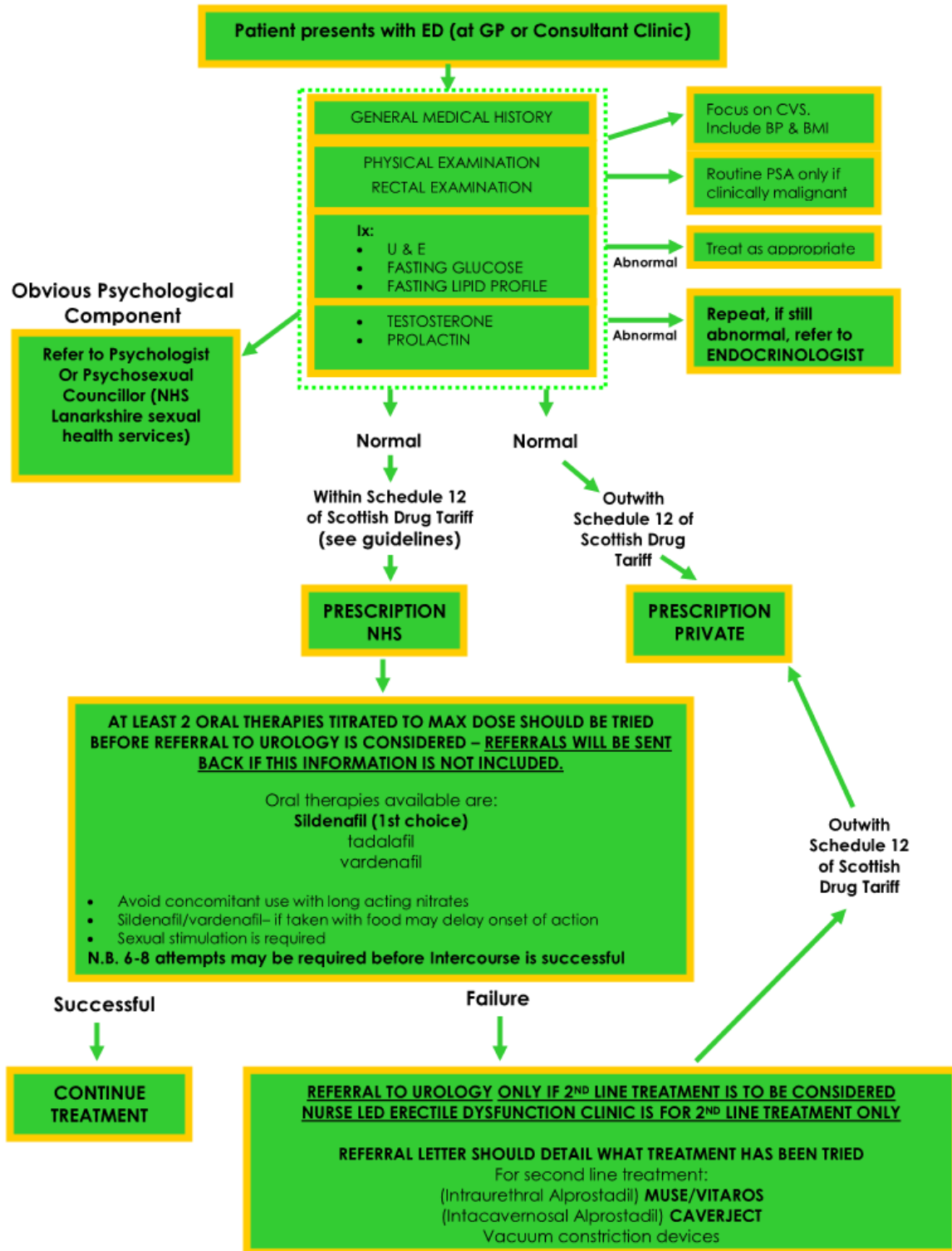
We will send an appointment in due course.

Yours sincerely,

Electronically Signed: Dr Teresa Fernandez, Consultant

cc.

## GUIDELINES FOR MANAGEMENT OF PATIENTS WITH ERECTILE DYSFUNCTION IN NHS LANARKSHIRE



## **SCHEDULE 12**

### **Prescribing Drugs for the Treatment of Erectile Dysfunction**

#### **Prescribing Regulations**

Drug treatment of erectile dysfunction falls into Schedule 5, Part 3 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004, which outlines restrictions on prescribing by medical practitioners. These restrictions apply to drugs, medicines and other substances that may be prescribed on NHS prescriptions **only** in certain circumstances.

Part 12 of the Scottish Drug Tariff details the drugs and restrictions for the treatment of erectile dysfunction under these regulations.

#### **Medication may only be prescribed on NHS prescriptions for the treatment of erectile dysfunction to men who: -**

- were receiving NHS prescriptions for one of these drugs on 14<sup>th</sup> September 1998
- are suffering from any of the following -
  - diabetes
  - multiple sclerosis
  - Parkinson's disease
  - poliomyelitis
  - prostate cancer
  - severe pelvic injury
  - single gene neurological disease
  - spina bifida
  - spinal cord injury
- are receiving treatment for renal failure by dialysis
- have had the following surgery
  - prostatectomy
  - radical pelvic surgery
  - renal failure treated by transplant
- have been assessed by the relevant consultant (or GP) and/or advised by the relevant consultant (or GP) as suffering severe distress as a result of erectile dysfunction

Men who fall outside of these restrictions and are therefore not eligible for an NHS prescription may be issued with a private prescription by their GP. GPs are not entitled to charge for writing a private prescription for these drugs.

NHS prescriptions must be endorsed 'SLS' by the prescriber which verifies that the patient falls into one of the above categories.

Non-drug treatments for erectile dysfunction are unaffected by these regulations.

## Registration Details - Patient No: 5311

Personal details...		Address details...	
Sex	M	Post Code	G33 6HA
Title	Mr	House Name Flat No	Flat 2
Surname	Lewis	No and Street	148A Cumbernauld Road
Previous Surname		Village	STEPPS
Forenames	Anthony	Town	Glasgow
Calling Name	Anthony	County	
Date of birth	19/09/1959		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin	(White) British		
HA/HB Details...		Contact details...	
Trading partner	Lanarkshire	Home Tel No	
Registered GP	Dr Rohini Nalagatla	Work Tel No	
Usual GP	Dr Rohini Nalagatla	Mobile Tel No	07837 760 340
Residential Inst		E Mail Address	
Branch Surgery	Dr Nalagatla		
CHI Number	1909595276		
NHS Number	S573/1/59/2013		
Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At	Stepps	Walking Quarters	
Upload Consent		ECS (GP Summary) Consent	
SCI-DC Consent	Implied Consent (default)	Patient Consent	Implied Consent (default)
AMS/CMS Details		Imported user defined fields	
AMS Consent	Yes	Contact	
Pharmacy Details		Contact Relationship	
Item Collected Check	Yes		
CMS Suitability Status	-1		
CMS Registration Status	1		

## Medical Record

### Problems

Active Problems		Authorised By	Code
01/08/2017	Colonoscopic polypectomy	Dr Nalagatla	771G4
20/01/2016	Failed encounter	Sister Geor	9N4
11/02/2015	Chronic obstructive pulmonary disease	Dr Sinha	H3
20/06/2014	Vitiligo	Dr Nalagatla	M2951
Past Problems		Authorised By	Code
18/07/2017	Diverticulosis of the colon & polyps x 3	Dr Chan	J5105
24/08/2015	Abscess NOS I&D	Dr Siddiqui	M03z1
Health Admin Problems		Authorised By	Code
Investigations		Authorised By	Code
22/11/2017	Bone profile (Source: LAB) .		44Z2.
22/11/2017	Urea and electrolytes (Source: LAB) . Please note change to Abbott Enzymatic Creat method from 24/04/17]		44JB.
22/11/2017	Liver function test (Source: LAB) . Please note change in Abbott Total Bilirubin method from 01/11/17]		44D6.
22/11/2017	Serum cholesterol (Source: LAB) .		44P..

22/11/2017	Thyroid hormone tests (Source: LAB) .	442..
22/11/2017	(Non Coded Event - Prolactin ) (Source: LAB) .	
22/11/2017	(Non Coded Event - Testosterone ) (Source: LAB) .	
22/11/2017	Serum vitamin B12 (Source: LAB) .	42T..
22/11/2017	Serum ferritin (Source: LAB) . Males 20-300 (<20 iron deficiency )Females 15-200 (<15 iron deficiency ) 15-50 intermediate result. Consider iron deficiency in anaemic patients, older patients and those with inflammatory disease.	42R4.
22/11/2017	Serum folate (Source: LAB) .	42U5.
22/11/2017	Bone profile (Source: LAB) .	44Z2.
22/11/2017	Urea and electrolytes (Source: LAB) . Please note change to Abbott Enzymatic Creat method from 24/04/17	44JB.
22/11/2017	Liver function test (Source: LAB) . Please note change in Abbott Total Bilirubin method from 01/11/17	44D6.
22/11/2017	Serum cholesterol (Source: LAB) .	44P..
22/11/2017	Thyroid hormone tests (Source: LAB) .	442..
22/11/2017	Full blood count - FBC (Source: LAB) .	424..
22/11/2017	Erythrocyte sedimentation rate (Source: LAB) .	42B6.
22/11/2017	Plasma glucose level (Source: LAB) . Non-fasting sample	44g..
04/10/2017	Bowel Cancer Screening Result (Source: Manually filed) .	686A.
05/07/2017	Serum C reactive protein level (Source: LAB) .	44CS.
05/07/2017	Urea and electrolytes (Source: LAB) . Please note change to Abbott Enzymatic Creat method from 24/04/17	44JB.
05/07/2017	Liver function test (Source: LAB) .	44D6.
05/07/2017	Thyroid hormone tests (Source: LAB) .	442..
05/07/2017	Plasma glucose level (Source: LAB) . Non-fasting sample	44g..
05/07/2017	Full blood count - FBC (Source: LAB) .	424..
05/07/2017	Erythrocyte sedimentation rate (Source: LAB) .	42B6.
05/07/2017	Serum vitamin B12 (Source: LAB) .	42T..
05/07/2017	Serum ferritin (Source: LAB) . Males 20-300 (<20 iron deficiency )Females 15-200 (<15 iron deficiency ) 15-50 intermediate result. Consider iron deficiency in anaemic patients, older patients and those with inflammatory disease.	42R4.
05/07/2017	Serum folate (Source: LAB) .	42U5.
02/11/2015	Bowel Cancer Screening Result (Source: Manually filed) .	686A.
24/11/2014	Full blood count - FBC (Source: LAB) .	424..
24/11/2014	Erythrocyte sedimentation rate (Source: LAB) .	42B6.
24/11/2014	Bone profile (Source: LAB) .	44Z2.
24/11/2014	Urea and electrolytes (Source: LAB) .	44JB.
24/11/2014	Liver function test (Source: LAB) .	44D6.
24/11/2014	Serum cholesterol (Source: LAB) .	44P..
24/11/2014	Thyroid hormone tests (Source: LAB) .	442..
24/11/2014	Prostate specific antigen (Source: LAB) . PSA within reference interval for age.	43Z2.
24/11/2014	Plasma glucose level (Source: LAB) .	44g..
18/11/2014	(Non Coded Event - Urine Albumin ) (Source: LAB) .	
18/11/2014	(Non Coded Event - Urine Protein ) (Source: LAB) .	

Values			
Date	Last Entry	Normal Range Indicator	Normal Range
22/11/2017	Serum calcium 2.39 mmol/L	.....	2.2-2.6
22/11/2017	Corrected serum calcium level 2.44 mmol/L	.....	2.2-2.6
22/11/2017	Serum inorganic phosphate 1.19 mmol/L	.....	0.8-1.5
22/11/2017	Serum albumin 36 g/L	.....	35-50
22/11/2017	Serum alkaline phosphatase 66 U/L	.....	30-130
22/11/2017	Serum sodium 139 mmol/L	.....	133-146
22/11/2017	Serum potassium 4.5 mmol/L	.....	3.5-5.3
22/11/2017	Serum chloride 103 mmol/L	.....	95-108
22/11/2017	Serum urea level 3.6 mmol/L	.....	2.5-7.8
22/11/2017	Serum creatinine 80 umol/L	.....	40-130
22/11/2017	GFR calculated abbreviated MDRD > 60		
22/11/2017	Serum total bilirubin level 8 umol/L		
22/11/2017	ALT/SGPT serum level 19 U/L	.....	5-40
22/11/2017	AST serum level 18 U/L		
22/11/2017	Serum cholesterol 6.7 mmol/L	.....	3.5-6.5
22/11/2017	Serum triglycerides 2.3 mmol/L	.....	0.2-2.3
22/11/2017	Serum HDL cholesterol level 0.9 mmol/L		
22/11/2017	Calculated LDL cholesterol level 4.7 mmol/L		
22/11/2017	Serum VLDL cholesterol level 1.1 mmol/L		
22/11/2017	Serum cholesterol/HDL ratio 7.4		
22/11/2017	Serum TSH level 0.46 mU/L	.....	0.35-5
22/11/2017	Serum free T4 level 14 pmol/L	.....	9-21
22/11/2017	Serum total T3 level		
22/11/2017	Serum prolactin level 113 mU/L		
22/11/2017	Serum testosterone 17 nmol/L	.....	10-36
22/11/2017	Serum sex hormone binding globulin level 39 nmol/L	.....	13-70
22/11/2017	Free androgen index NA		
22/11/2017	Calculated free testosterone NA		
22/11/2017	Serum vitamin B12 838 ng/l	.....	200-900
22/11/2017	Serum ferritin 98 ug/l	.....	20-300
22/11/2017	Serum folate 6.2 ug/l	.....	3.1-20
22/11/2017	Total white cell count 8.9 x10 <sup>9</sup> /l	.....	4-11

22/11/2017	Red blood cell (RBC) count 5.07 x10 <sup>12</sup> /l	.....]	4.5-6.5
22/11/2017	Haemoglobin estimation 158 g/l	.....]	130-180
22/11/2017	Haematocrit 0.462 l/l	.....]	0.4-0.54
22/11/2017	Mean corpuscular volume (MCV) 91.1 fl	.....]	80-100
22/11/2017	Mean corpusc. haemoglobin(MCH) 31.2 pg	.....]	27-32
22/11/2017	Platelet count 233 x10 <sup>9</sup> /l	.....]	150-400
22/11/2017	Neutrophil count 4.8 x10 <sup>9</sup> /l	.....]	2-7.5
22/11/2017	Lymphocyte count 3.2 x10 <sup>9</sup> /l	.....]	1.5-4
22/11/2017	Monocyte count 0.4 x10 <sup>9</sup> /l	.....]	0.2-0.8
22/11/2017	Eosinophil count 0.36 x10 <sup>9</sup> /l	.....]	0-0.4
22/11/2017	Basophil count 0.1 x10 <sup>9</sup> /l	.....]	0-0.1
22/11/2017	Nucleated red blood cell count 0 x10 <sup>9</sup> /l	.....]	
22/11/2017	Erythrocyte sedimentation rate 5 mm/hr	.....]	1-10
22/11/2017	Plasma glucose level 6.6 mmol/L	.....]	3.5-6
22/11/2017	Plasma random glucose level 6.6 mmol/L	.....]	
22/11/2017	Body Mass Index 24.93	.....]	20-25
22/11/2017	O/E - weight 79 Kg	.....]	
22/11/2017	Blood pressure reading 120/80 mm Hg	.....]	
04/10/2017	BCSP faecal occult blood test normal Negative	.....]	
05/07/2017	Serum C reactive protein level 6 mg/L	.....]	0-10
10/02/2017	Peak exp. flow rate: PEFR/PFR 440 L/min	.....]	
10/02/2017	Alcohol units per week 2	.....]	
10/02/2017	Cigarette consumption 12	.....]	
10/02/2017	General well - being schedule 4	.....]	
10/02/2017	Oxygen saturation at periphery 99 %	.....]	
10/02/2017	Number of COPD exacerbations in past year	.....]	
10/02/2017	Chronic obstructive pulmonary disease assessment test 13	.....]	
27/01/2016	Cigarette smoker 20	.....]	
06/03/2015	Alcohol consumption 1 units/week	.....]	
06/03/2015	O/E - height 178 cm	.....]	10-250
06/03/2015	Ideal weight 72.87 Kg	.....]	
06/03/2015	Exercise grading NOS 1	.....]	
06/03/2015	Patient initiated diet NOS 1	.....]	
06/03/2015	Wants to lose weight 2	.....]	
06/03/2015	Feels should cut down drinking 2	.....]	
28/11/2014	Plasma total cholesterol level 6.2 mmol/L	.....]	
28/11/2014	Assessing cardiovascular risk using SIGN score 17 % Template Added	.....]	
28/11/2014	Calculated Using Complete Data Comparison Score: 17	.....]	
24/11/2014	Prostate specific antigen 0.4 ug/L	.....]	0-4
18/11/2014	Urine albumin 7 mg/L	.....]	
18/11/2014	24 hour urine albumin output NA	.....]	
18/11/2014	Urine albumin:creatinine ratio 0.5 mg/mmol creatinine	.....]	0-2.5
18/11/2014	Albumin excretion rate	.....]	
18/11/2014	Urine volume NA	.....]	
18/11/2014	(Non Coded Event - Time (Hrs.Mins) ) NA	.....]	
18/11/2014	(Non Coded Event - Collection time )	.....]	
18/11/2014	Urine creatinine 13.6 mmol/L	.....]	
18/11/2014	Urine total protein 0.103 g/L	.....]	
18/11/2014	103 mg/L (Non Coded Event - Urine Protein )	.....]	
18/11/2014	24 hour urine protein output	.....]	
18/11/2014	Urine protein/creatinine ratio 8 mg/mmol creatinine	.....]	
02/11/2010	Body mass index index 25-29 - overweight Disease: SPICE Basic Health Values, priority=2	.....]	
01/10/2009	Helicobacter blood test positive priority=2	.....]	
29/09/2009	Blood glucose level 5.6	.....]	
29/09/2009	Free T4 level 13	.....]	13-30
29/09/2009	HDL :total cholesterol ratio 5.5	.....]	
29/09/2009	Serum LDL cholesterol level 3.26	.....]	
29/09/2009	Total cholesterol measurement 5.8	.....]	
29/09/2009	Serum gamma-glutamyl transferase level 78	.....]	
29/09/2009	Serum alanine aminotransferase level 18	.....]	
29/09/2009	Serum bilirubin level 6	.....]	3-17
29/09/2009	Urea 4.8	.....]	3.1-6.6
23/09/2009	Thyroid function test Disease: SPICE Lab Results, priority=2	.....]	
23/09/2009	Liver function test Disease: SPICE Lab Results, priority=2	.....]	
23/09/2009	Urea and electrolytes Disease: SPICE Lab Results, priority=2	.....]	
29/06/2000	Plain X-ray ankle joint no fracture seen priority=2	.....]	

Attachments	Authorised By	Code
None		
Due Diary Entries	Authorised By	Code
30/11/2018 Medication review	Dr Nalagatia	8B314
Overdue Diary Entries	Authorised By	Code
28/02/2018 Chronic obstructive pulmonary disease monitoring OVERDUE	Sister Geor	66YB.

Alerts		Authorised By	Code
09/01/2018	Alert Needs COPD review - 30 mins nurse appt - to bring inhalers pls	Sister Geor	EMISALERT

Drug Allergies		Authorised By	Code
None			

Non Drug Allergies		Authorised By	Code
None			

Family History		Authorised By	Code
14/02/2007	No family history diabetes Disease: SPICE Basic Health Values, priority=2	Any ElaineNurse	1228
14/02/2007	No FH: Ischaemic heart disease Disease: SPICE Basic Health Values, priority=2	Any ElaineNurse	1228

Referrals		Authorised By	Code
12/01/2018	8H...: Referral for further care (SCI Gateway Referral)	Dr Nalagatla	8H
05/07/2017	8H...: Referral for further care (SCI Gateway Referral)	Dr Nalagatla	8H
06/03/2015	Referral: smok cessatn advisor	Sister Geor	8H7i
03/12/2014	8HRC.: Referral for spirometry (SCI Gateway Referral)	Dr Nalagatla	8HRC
14/04/2014	EMISSPR1: Speciality referrals (SCI Gateway Referral)	Dr Khattak	EMISSPR1
15/07/2011	Referral for further care Referred To: Abronhill Health Centre, NHS. Referral Type: Direct Referral. Speciality Type: Chiropodists/Podiatrists. Referral Nature: Treat.	Dr Barrie	8H
08/07/2011	Referral for further care Referred To: SCI Hospital, NHS. Referral Type: Out Patient. Speciality Type: SCI Specialy. Referral Nature: Not Specified. , Referral Reason: Actual Hospital: Stobhill Hospital callosity over 5th met head on r foot	Dr Barrie	8H
28/07/2010	Referral for further care Referred To: Glasgow Royal Infirmary, NHS. Referral Type: Out Patient. Speciality Type: General Surgery. Referral Nature: Not Specified. , Referral Reason: abscess in perineum	Dr Barrie	8H
19/02/2007	Referral for further care Referred To: Glasgow Royal Infirmary, NHS. Referral Type: Speciality Type: Dermatology. Referral Nature:	Dr McNeill	8H

Immunisations		Authorised By	Code
22/11/2017	Consent given for seasonal influenza vaccination	Sister Geor	88NV0
22/11/2017	Seasonal influenza vaccination (Left arm) Batch No. N13R exp 05/18	Sister Geor	85ED
10/02/2017	Seasonal influenza vaccination declined	Sister Geor	90X51
10/02/2017	Seasonal flu vaccinat declined	Sister Geor	90X51
06/03/2015	Seasonal influenza vaccination declined	Sister Geor	90X51

Health Status	
06/03/2015	Height 178 cm
22/11/2017	Weight 79 Kg
22/11/2017	Body Mass Index 24.93 kg/m2
22/11/2017	Blood pressure reading 120/80 mm Hg
22/11/2017	Smoking Status Ex smoker
06/03/2015	Exercise grading Exercise grading NOS 1

Other Observations		Authorised By	Code
30/11/2017	Medication review done	Dr Nalagatla	8B3V
22/11/2017	Health ed. - diet	Sister Geor	6799
22/11/2017	Ex smoker	Sister Geor	137S
10/02/2017	Chronic obstructive pulmonary disease annual review	Sister Geor	66YM
10/02/2017	Chronic obstructive pulmonary disease monitoring	Sister Geor	66YB
10/02/2017	Medication review done	Sister Geor	8B3V
10/02/2017	Health ed. - diet	Sister Geor	6799
10/02/2017	MRC Breathlessness Scale: grade 2	Sister Geor	173I
10/02/2017	Goal identification	Sister Geor	67L
10/02/2017	Pt gi writ adv benef phy activ	Sister Geor	8CAn
10/02/2017	Health ed. - diet	Sister Geor	6799
10/02/2017	Advice about weight	Sister Geor	67i9
10/02/2017	Declined referral to physical exercise programme	Sister Geor	138S
10/02/2017	Health ed. - alcohol	Sister Geor	6792
10/02/2017	Brief intervent ex alc complet	Sister Geor	9k1A
10/02/2017	Healthy lifestyle program stat	Sister Geor	9m4
10/02/2017	GPPAQ physical act ind: active	Sister Geor	138b
10/02/2017	Healthy diet	Sister Geor	1FH
10/02/2017	Current non drinker	Sister Geor	136M
10/02/2017	Smoking cessation advice	Sister Geor	8CAL
10/02/2017	Current smoker	Sister Geor	137R

10/02/2017	<b>COPD annual review</b>	Sister Geor	66YM
10/02/2017	<b>Chron dis mnngt ann rev compltd</b>	Sister Geor	90EA
10/02/2017	<b>Depression screen using quest</b>	Sister Geor	6896
10/02/2017	<b>General anxie dis 2 scale</b>	Sister Geor	38QN
10/02/2017	<b>Inhaler technique - good</b>	Sister Geor	663H
10/02/2017	<b>Inhaler technique shown</b>	Sister Geor	6636
10/02/2017	<b>MRC Breathless Scale: grade 2</b>	Sister Geor	173I
30/12/2016	<b>Medication review done</b>	Dr Nalagatla	8B3V
27/01/2016	<b>Chronic obstructive pulmonary disease annual review</b>	Sister Geor	66YM
27/01/2016	<b>Chronic obstructive pulmonary disease monitoring</b>	Sister Geor	66YB
27/01/2016	<b>Medication review done</b>	Sister Geor	8B3V
27/01/2016	<b>MRC Breathless Scale: grade 2</b>	Sister Geor	173I
27/01/2016	<b>Goal identification</b>	Sister Geor	67L
27/01/2016	<b>Pt gi writ adv benef phy activ</b>	Sister Geor	8CAn
27/01/2016	<b>Health ed. - diet</b>	Sister Geor	6799
27/01/2016	<b>Advice about weight</b>	Sister Geor	67I9
27/01/2016	<b>Declined referral to physical exercise programme</b>	Sister Geor	138S
27/01/2016	<b>Health ed. - alcohol</b>	Sister Geor	6792
27/01/2016	<b>Brief intervent ex alc complet</b>	Sister Geor	9k1A
27/01/2016	<b>Healthy lifestyle program stat</b>	Sister Geor	9m4
27/01/2016	<b>GPPAQ physical act ind: active</b>	Sister Geor	138b
27/01/2016	<b>Healthy diet</b>	Sister Geor	1FH
27/01/2016	<b>Alcohol intake within rec limt</b>	Sister Geor	136L
27/01/2016	<b>Smoking cessation advice</b>	Sister Geor	8CAL
27/01/2016	<b>Current smoker</b>	Sister Geor	137R
27/01/2016	<b>COPD annual review</b>	Sister Geor	66YM
27/01/2016	<b>Chron dis mnngt ann rev compltd</b>	Sister Geor	90EA
27/01/2016	<b>Depression screen using quest</b>	Sister Geor	6896
27/01/2016	<b>General anxie dis 2 scale</b>	Sister Geor	38QN
27/01/2016	<b>[D]Sleep disturbances</b>	Sister Geor	R005
27/01/2016	<b>MRC Breathless Scale: grade 2</b>	Sister Geor	173I
03/11/2015	<b>BCSP faecal occult blood test normal</b>	Mrs Savage	686A
03/11/2015	<b>Bowel cancer screening programme Negative</b>	Mrs Savage	68W2
06/03/2015	<b>Smoking cessation advice</b>	Sister Geor	8CAL
06/03/2015	<b>White British - ethnic category 2001 census</b>	Sister Geor	9I00
06/03/2015	<b>Chronic obstructive pulmonary disease annual review</b>	Sister Geor	66YM
06/03/2015	<b>Chronic obstructive pulmonary disease monitoring</b>	Sister Geor	66YB
06/03/2015	<b>Medication review done</b>	Sister Geor	8B3V
06/03/2015	<b>Health ed. - exercise</b>	Sister Geor	6798
06/03/2015	<b>Health ed. - diet</b>	Sister Geor	6799
06/03/2015	<b>Health ed. - alcohol</b>	Sister Geor	6792
06/03/2015	<b>Goal identification</b>	Sister Geor	67L
06/03/2015	<b>Pt gi writ adv benef phy activ</b>	Sister Geor	8CAn
06/03/2015	<b>Health ed. - diet</b>	Sister Geor	6799
06/03/2015	<b>Advice about weight</b>	Sister Geor	67I9
06/03/2015	<b>Declined referral to physical exercise programme</b>	Sister Geor	138S
06/03/2015	<b>Alcohol leaflet given</b>	Sister Geor	8CE1
06/03/2015	<b>Smoking cessation advice</b>	Sister Geor	8CAL
06/03/2015	<b>Wants to lose weight</b>	Sister Geor	66CC
06/03/2015	<b>Brief intervent ex alc complet</b>	Sister Geor	9k1A
06/03/2015	<b>Thinking about stop smoking</b>	Sister Geor	137c
06/03/2015	<b>Healthy lifestyle program stat</b>	Sister Geor	9m4
06/03/2015	<b>GPPAQ physical act ind: active</b>	Sister Geor	138b
06/03/2015	<b>Healthy diet</b>	Sister Geor	1FH
06/03/2015	<b>Alcohol intake within rec limt</b>	Sister Geor	136L
06/03/2015	<b>Smoking cessation advice</b>	Sister Geor	8CAL
06/03/2015	<b>Current smoker</b>	Sister Geor	137R
06/03/2015	<b>COPD annual review</b>	Sister Geor	66YM
06/03/2015	<b>Chron dis mnngt ann rev compltd</b>	Sister Geor	90EA
06/03/2015	<b>Depression screen using quest</b>	Sister Geor	6896
06/03/2015	<b>General anxie dis 2 scale</b>	Sister Geor	38QN
06/03/2015	<b>MRC Breathless Scale: grade 2</b>	Sister Geor	173I
11/02/2015	<b>Chronic obstructive pulmonary disease</b>	Dr Sinha	H3
24/11/2014	<b>Health ed. - exercise</b>	Sister Geor	6798
24/11/2014	<b>Health ed. - diet</b>	Sister Geor	6799
24/11/2014	<b>Health ed. - alcohol</b>	Sister Geor	6792
06/10/2014	<b>Heavy smoker - 20-39 cigs/day</b>	Dr Bagnall	1375
29/04/2014	<b>Smoking cessation advice</b>	Dr Nalagatla	8CAL
05/11/2013	<b>BCSP faecal occult blood test normal</b>	Mrs Mouat	686A
25/01/2013	<b>Medication review done</b>	Dr Barrie	8B3V
20/07/2012	<b>Stopped smoking</b>	Dr Barrie	137K
24/02/2011	<b>Medication review</b>	Any UnknownUser	8B314
24/02/2011	<b>Asthma resolved Disease: SPICE Asthma Opening, priority=2</b>	Dr McNeill	21262
28/07/2010	<b>Smoking cessation advice Disease: SPICE Basic Health Values, priority=2</b>	Dr Barrie	8CAL
28/07/2010	<b>Current smoker Disease: SPICE Basic Health Values, priority=2</b>	Dr Barrie	137R
29/09/2009	<b>Glucose date</b> Value text: 23 Sep 2009 00:00	Any ElaineNurse	PCSDT18906_61
29/09/2009	<b>ESR date</b> Value text: 23 Sep 2009 00:00	Any ElaineNurse	PCSDT18906_60
29/09/2009	<b>TSH date</b>	Any ElaineNurse	PCSDT18906_57

29/09/2009	Value text: 23 Sep 2009 00:00 <b>Tot Chol date</b> Value text: 23 Sep 2009 00:00	Any ElaineNurse	PCSDT18906_106
29/09/2009	<b>LFT date</b> Value text: 23 Sep 2009 00:00	Any ElaineNurse	44J9
29/09/2009	<b>eGFR date</b> Value text: 23 Sep 2009 00:00	Any ElaineNurse	PCSDT18906_39
29/09/2009	<b>Creatinine date</b> Value text: 23 Sep 2009 00:00	Any ElaineNurse	22A
08/03/2007	<b>Notes summary on computer</b> priority=2	Any Rae	9344
08/03/2007	<b>Divorced</b> date unknown priority=2	Any Rae	1334
05/03/2007	<b>White British</b> priority=2	Dr Barrie	9S10
28/02/2007	<b>Patient MRE received from HB</b> priority=1	Any Rae	9125
14/02/2007	<b>Enjoys light exercise</b> Disease: SPICE Basic Health Values, priority=2	Any ElaineNurse	1383
14/02/2007	<b>Alcohol intake within recommended sensible limits</b> Disease: SPICE Basic Health Values, priority=2	Any ElaineNurse	136L
14/02/2007	<b>Smoking cessation advice</b> Disease: SPICE Basic Health Values, priority=2	Any ElaineNurse	8CAL
14/02/2007	<b>Current smoker</b> Disease: SPICE Basic Health Values, priority=2	Any ElaineNurse	137R
30/01/2007	<b>Pat. GP7B/GP8B card from HB</b> priority=1	Any UnknownUser	9124
29/01/2007	<b>Patient reg. form sent to HB</b> priority=1	Any Office	9123
01/03/2005	<b>Bankruptcy</b> priority=2	Any Rae	13K4
17/02/2005	<b>Released from prison</b> 6 months in prison for driving while banned priority=2	Any Rae	13H9
16/08/2000	<b>H/O: anxiety state</b> priority=2	Any Rae	1466
05/04/2000	<b>Callosity on foot</b> both forefeet - referred to hospital priority=2	Any Rae	M2014
20/01/1995	<b>Asthma</b> priority=2	Any Rae	H33
16/04/1985	<b>Hay fever - unspecified allergen</b> priority=2	Any Rae	H172
29/09/1983	<b>Excision of sebaceous cyst</b> NEC left cheek priority=2	Any Rae	7G037
29/09/1983	<b>Other mastectomy operations</b> right - gynaecomastia priority=2	Any Rae	7131
12/11/1981	<b>Acne vulgaris</b> priority=2	Any Rae	M2610
Not Known	<b>Marital Status: Marital state unknown</b>	Any UnknownUser	133F

Consultations	
<b>28/03/2018</b>	<b>Dr Rohini Nalagatla at Data Entry</b>
Comment	SR Sildenafil
-----	
<b>30/11/2017</b>	<b>Dr Rohini Nalagatla at Dr Nalagatla</b>
History	in for resulst . emotionally down with ejaculation process . dribbles no sensation . affecting relationship . viagra helping . advised 2 . brownish large >1cm pigmented lesion left temple and irregular pigmentation beside seborrhoeic keratosis on right temple
Comment	refer dermatology
Additional	Medication review done
-----	
<b>22/11/2017</b>	<b>Mrs Sharon Murray at General Practice Surgery</b>
Result	Plasma glucose level
-----	
<b>22/11/2017</b>	<b>Sister Elaine Geor at Dr Nalagatla</b>
Examination	Blood pressure reading 120/80 mm Hg O/E - weight, 79 Kg Body Mass Index, 24.93
Social	Ex smoker
Comment	Bloods taken - NOT fasted
Test Request	Glucose - Completed, Vitamin B12 - Completed, Bone Profile - Completed, Urea and Electrolytes - Completed, Ferritin - Completed, Liver Function Tests - Completed, Lipid profile (inc. HDL) - Completed, Prolactin - Completed, Folate - Completed, Testosterone (Male) - Completed, Thyroid function tests - Completed, ESR - Completed, Full Blood Count - Completed
Additional	Seasonal influenza vaccination (Left arm) Batch No. N13R exp 05/18 Consent given for seasonal influenza vaccination Health ed. - diet
-----	
<b>07/11/2017</b>	<b>Dr Rohini Nalagatla at Dr Nalagatla</b>
History	lumps back of throat 2 wks sore throat . no cough . fluy always gets around this year 2 . ED . used recently as didn't used when issued as was going for colonoscopy . emotionally distressed with ed . 3 small skin lump above right eyebrow . two seborrhoeic warty lesions on both temples one on right temple fell off and bled
Examination	throat inflamed . prominent papillae on post tongue neck no adenopathy
Comment	routine bloods testosterone . prolactin rv results
-----	
<b>27/09/2017</b>	<b>Sister Elaine Geor at Dr Nalagatla</b>
Comment	C/O ??small anal abcess - would like GP to see. Has had anal polyps removed in the past, slightly tender to touch. S/B Dr N - small haemorrhoid evident - advised re: c/o of site & any bleeding. To review again if worsening symptoms. No constipation, no straining - advised re bowels movements
-----	
<b>18/07/2017</b>	<b>Dr Tienon Chan at Data Entry</b>
Problem (FIRST)	<b>Diverticulosis of the colon &amp; polyps x 3</b>
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<b>05/07/2017</b>	<b>Mrs Sharon Murray at General Practice Surgery</b>
Result	Serum folate Serum ferritin Serum vitamin B12

<u>05/07/2017</u>	<u>Dr Rohini Nalagatla at Dr Nalagatla</u>
History	pr bleeding 2/12 . intially mild now more . no altered bowle habit . h/a anal polypectomy in 2015 . feels something inside back pasasge . lost weightd eliberately feels lot better and breadthing much better . no fh bowel prob . last bs 11/2015
Examination	abd soft nontender chaperone declined . no pile s?soft lump felt no blood on glove finger
Comment	refer colorectal clinci urgent
Test Request	Glucose - <i>Completed</i> , Vitamin B12 - <i>Completed</i> , CRP - <i>Completed</i> , Urea and Electrolytes - <i>Completed</i> , Ferritin - <i>Completed</i> , Liver Function Tests - <i>Completed</i> , Folate - <i>Completed</i> , Thyroid function tests - <i>Completed</i> , ESR - <i>Completed</i> , Full Blood Count - <i>Completed</i>
<u>10/02/2017</u>	<u>Sister Elaine Geor at Dr Nalagatla</u>
History	MRC Breathlessness Scale: grade 2
Examination	O/E - weight, 84 Kg Body Mass Index, 26.51 Peak exp. flow rate: PEFR/PFR, 440 L/min
Comment	Attended for COPD review, feeling tn-he benefit fo new inhaler - Eklira & lost 3 stine in weight, no as breathless.
Follow up	(diary entry deleted) (Not Known ) Chronic obstructive pulmonary disease monitoring (28/02/2018)
Additional	Health ed. - diet Medication review done Chronic obstructive pulmonary disease monitoring Chronic obstructive pulmonary disease annual review Seasonal influenza vaccination declined
<u>10/02/2017</u>	<u>Sister Elaine Geor at Dr Nalagatla</u>
History	MRC Breathless Scale: grade 2
Result	COPD assessment test 13 Numb COPD exacer in past year 0 Oxygen saturation at periphery 99 % Weight 84 Kg BMI 26.5 kg/m2
History	Inhaler technique shown Inhaler technique - good
Social	Seasonal flu vaccinat declined
Result	General well - being schedule 4
History	General anxie dis 2 scale Depression screen using quest
Social	Chron dis mngrt ann rev compltd
History	COPD annual review Current smoker
Result	Cigarette consumption 12
History	Smoking cessation advice Current non drinker
Result	Alcohol units per week 2
History	Healthy diet GPPAQ physical act ind: active
Social	Healthy lifestyle program stat Brief intervent ex alc complet
History	Health ed. - alcohol Declined referral to physical exercise programme Advice about weight Health ed. - diet Pt gi writ adv benef phy activ Goal identification
<u>30/12/2016</u>	<u>Dr Rohini Nalagatla at Dr Nalagatla</u>
History	xtra- cough chsety 2 wks . green phlegm . overweight . lost 2 st deliberately . stopped smoking for 4/12 restarted . helped to reduce weight ! onec reaches 12 1/2 st . will stop smoking advised
Examination	apyrexial rr 16 pr 88 sa02 985 chest reduced ae globally oc ccrep
Comment	noted strtaed on clenil for copd . changed to Eklira .
Medication	Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY Eklira Genuair Dry Powder Inhaler 322 micrograms/dose 120 DOSE ONE DOSE TO BE INHALED TWICE A DAY
Additional	Medication review done
<u>25/04/2016 14:09</u>	<u>Dr Ayesha Siddiqui at Dr Nalagatla</u>
History	Cough and cold for 3-4 weeks- feels chesty and lethargic, sore throat. Feels tired. No hemoptysis. Has copd
Examination	Ronchi R base and MZ
Comment	LRTI-- Not keen on amoxil. Says he got Pen v March 2015 which worked a treat and insists on the same again. SINI
Medication	Phenoxymethylpenicillin Tablets 250 mg 56 tablet 2 TABS QID
<u>27/01/2016</u>	<u>Sister Elaine Geor at Dr Nalagatla</u>
History	MRC Breathlessness Scale: grade 2 COPD review done. Peak flow 300, poor technique. To review 3 months for peak flow

Comment	again.
Follow up	(diary entry deleted) (Not Known ) (diary entry deleted) (Not Known )
Additional	Medication review done Chronic obstructive pulmonary disease monitoring Chronic obstructive pulmonary disease annual review
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<u>27/01/2016</u>	<u>Sister Elaine Geor at Dr Nalagatla</u>
History	MRC Breathless Scale: grade 2
Result	Numb COPD exacer in past year 1
History	[D]Sleep disturbances
Result	Weight 89 Kg BMI 28.1 kg/m2
History	General well - being schedule 4 General anxie dis 2 scale Depression screen using quest
Social	Chron dis mngt ann rev compltd
History	COPD annual review Current smoker
Result	Cigarette smoker 20
History	Smoking cessation advice
Result	Cigarette consumption 20
History	Alcohol intake within rec limt
Result	Alcohol units per week 12
History	Healthy diet GPPAQ physical act ind: active
Social	Healthy lifestyle program stat Brief intervent ex alc complet
History	Health ed. - alcohol Declined referral to physical exercise programme Advice about weight Health ed. - diet Pt gi writ adv benef phy activ Goal identification
<hr/>	
<u>24/08/2015 10:34</u>	<u>Dr Ayesha Siddiqui at Dr Nalagatla</u>
Problem (FIRST)	<b>Abscess NOS I&amp;D</b>
History	Has a abscess in R groin area for 5 days. In agony.
Examination	2-3 cm abscess noticed as above. Tender & Fluctuant ++
Comment	Needs I&D- refer surgical team GRI
<hr/>	
<u>14/04/2015</u>	<u>Dr Rohini Nalagatla at Dr Nalagatla</u>
History	in rv reg AMT . no neck pain . helped a lot . takes 20mg .to cont . ED . tried viagra in past ehlpd . wishes try again . no am erection affecting relationship
Medication	Sildenafil Citrate Tablets 100 mg 8 <b>TABLET ONE TO BE TAKEN AS DIRECTED. SLS</b>
<hr/>	
<u>10/03/2015</u>	<u>Dr Neeta Sinha at Dr Nalagatla</u>
History	just finished amoxicillin and prednisolone but still having cough and sore throat. also recurrence of longstanding pain around neck and Left arm. was supposed to attend physio but never got appt. discussed the letter sent by physio regarding appt. o/e syst well. t - 36.7 throat - red and inflamed. noticed few purulent spots as well. gen advice/regular antibiotics. possibly neck and Lt arm pain coming form neck. o/e asymptomatic. no c-spine tenderness. ROM satisfactory. Lt shoulder - good ROM. no focal neurology. try low dose amitriptyline + physio - self access and r/v in 6 weeks
Medication	Phenoxymethylpenicillin Tablets 250 mg 28 <b>TABLET TWO TO BE TAKEN TWICE DAILY FOR 7 DAYS</b> Amitriptyline Hydrochloride Tablets 10 mg 56 <b>TABLET ONE TO BE TAKEN IN THE EVENING</b>
<hr/>	
<u>06/03/2015</u>	<u>Sister Elaine Geor at Dr Nalagatla</u>
History	Cigarette smoker, 20 Cigarettes/day
Examination	Blood pressure reading 110/70 mm Hg Ideal Weight, 72.87 Kg O/E - height, 178 cm O/E - weight, 84 Kg Body Mass Index, 26.51 Peak exp. flow rate: PEFr/PFR, 320 L/min
Social	Alcohol consumption, 1 units/week
Comment	COPD review done. Peak flow 320. says he still has a slight cold. Advised re: smoking cessation - smoking 20 per day at present. Discussed inhalers, not sure if Salbutamol inhaler is any benefit - ?? needs Easyhaler instead. To review 3-6 months time.
Follow up	(diary entry deleted) (Not Known ) (diary entry deleted) (Not Known )
Additional	Health ed. - alcohol Health ed. - diet Health ed. - exercise Medication review done Chronic obstructive pulmonary disease monitoring Chronic obstructive pulmonary disease annual review White British - ethnic category 2001 census Smoking cessation advice

	Seasonal influenza vaccination declined
06/03/2015	Sister Elaine Geor at Dr Nalagatla
History	MRC Breathless Scale: grade 2
Result	Numb COPD exacer in past year 0
	Oxygen saturation at periphery 99
	Weight 84 Kg
	BMI 26.5 kg/m2
History	General well - being schedule 4
	General anxie dis 2 scale
	Depression screen using quest
Social	Chron dis mngt ann rev compltd
History	COPD annual review
	Current smoker
Result	Cigarette smoker 20
History	Smoking cessation advice
Result	Alcohol intake within rec limt
History	Alcohol units per week 6
	Healthy diet
	GPPAQ physical act ind: active
Social	Healthy lifestyle program stat
History	Thinking about stop smoking
Result	Feels should cut down drinking 2
Social	Brief intervent ex alc complet
History	Wants to lose weight
Result	Wants to lose weight 2
	Patient initiated diet NOS 1
	Exercise grading NOS 1
History	Smoking cessation advice
	Alcohol leaflet given
	Declined referral to physical exercise programme
	Advice about weight
	Health ed. - diet
	Pt gi writ adv benef phy activ
	Goal identification
New Referral	Referral: smok cessatn advisor (NHS), , , ,
24/02/2015	Dr Katherine Usher at Dr Nalagatla
History	new diagnosis of COPD. has noted with recebnt cold feeling wheezy painful when coughing can be hard to breath when coughs SOB. green spit. not felt like this before. smokes 20.day has done for some years using salbutamol some effect. plan code for COPD see PN for initial review in a few weeks. start clenil 200microg bd. ct salbutamol pm. amox and pred for current infection. keen to stop smoking will attend services. advised re yearly recall contacting dr sooner with resp sx.
Examination	chest clear hs pure hr 57 sats 96% aur no resp effort chatty.
Medication	Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 2 <i>INHALER TWO PUFFS TO BE INHALED TWICE A DAY</i> Amoxicillin Capsules 500 mg 21 <i>capsule ONE TO BE TAKEN THREE TIMES A DAY</i> Prednisolone Tablets 5 mg 40 <i>TABLET EIGHT TO BE TAKEN IN THE MORNING</i>
03/12/2014	Dr Liliansa Bagnall at Dr Nalagatla
New Referral	(NHS), , , , BHRC.: Referral for spirometry (SCI Gateway Referral)
28/11/2014	Dr Liliansa Bagnall at Dr Nalagatla
History	Patient here to discuss bloods results, patient shoulder pain completely resolved, no pain now, will try to stop smoking. will attend pharmacy.
Examination	Blood pressure reading 108/72 mm Hg Assign cardiovascular disease score, 17 % Template Added Calculated Using Complete Data Comparison Score: 17
Social	Cigarette smoker, 20 Cigarettes/day
Result	Plasma total cholesterol level, 6.2 mmol/L
24/11/2014	Sister Elaine Geor at Dr Nalagatla
History	Cigarette smoker, 20 Cigarettes/day
Examination	Blood pressure reading 110/80 mm Hg O/E - height, 178 cm O/E - weight, 86 Kg Body Mass Index, 27.14 Ideal Weight, 72.87 Kg
Social	Alcohol consumption, 6 units/week
Comment	Bloods for FBC ESR, U+E, LFT, TFT, Lipids, Calcium, Glucose & PSA - NOT fasted.
Test Request	FBC, ESR, Glucose, U and E, LFTs, Serum Lipids, Bone Profile, TFTs, PSA
Additional	Health ed. - alcohol Health ed. - diet Health ed. - exercise
17/11/2014	Dr Liliansa Bagnall at Dr Nalagatla
History	Discussed CXR, patient will try to stop smoking. Also keen on PSA, discussed- aware could be false positive results, keen on testing- advised to make appointment for bloods. Also noctirnal pain in left mid shaft humerus, no lump, declines analgesia, possible muscular- but for X-rays, Patient got card and will attend tomorrow morning.

Test Request	PSA
<u>08/10/2014</u>	<u>Dr Rohini Nalagatla at Dr Nalagatla</u>
History	XTRA- left ear lobe infected pus discharge . left side of face puffy inflamed . blotchy rash on trunk , itchy 1/7 . started naproxen , co-codamol . had it before . rvpm
<u>06/10/2014</u>	<u>Dr Liliana Bagnall at Dr Nalagatla</u>
History	Patient has non specific muscular pain and pain in left shoulder, did not do anything, no recent activity, no cough, weight steady, no nocturnal pain, slightly better after ibuprofen,
Examination	Normal range of movements although pain in all direction, nil esepcific, some tenderness over supraspinatus on palpation, ? tendinitis,
Social	Heavy smoker - 20-39 cigs/day
Comment	As heavy smoker for years CXR to look at Left upper lobe, physio and analgesia, aware of all SE and return if not better.
Medication	Naproxen Tablets 500 mg 56 <i>TABLET ONE TO BE TAKEN TWICE A DAY</i> Co-Codamol 30/500 Tablets 30 <i>tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)</i>
<u>23/06/2014</u>	<u>Dr Rohini Nalagatla at Data Entry</u>
Comment	as per hospital script
<u>29/04/2014</u>	<u>Dr Rohini Nalagatla at Dr Nalagatla</u>
History	Cigarette smoker, 20 Cigarettes/day
Comment	xtra- req another course of fluclox . had 2 wk course . lump gone down with abx . still small lump left nontender . thought abx will clear . small nontender nodular indurated lump ?cyt advised risk of inf . do not req abx now
Additional	Smoking cessation advice
<u>28/04/2014</u>	<u>Dr Rohini Nalagatla at Data Entry</u>
Comment	sr fluclox . had 14 days course . needs appt
<u>17/04/2014</u>	<u>Dr Rohini Nalagatla at Data Entry</u>
Comment	sr flulox as advised by dr k needs second course
<u>11/04/2014</u>	<u>Dr Fazila Khattak at Dr Nalagatla</u>
History	1-takes omeprazole 2 caps instead of one on/off use 2- small swelling rt pinna burst recur , rt pina small swelling inferiorly not red not tender also small area of infection near rt groin pt said burst out gunge away but still red no skin break seen try fluclox adv if worsening needs seen ?drain etc pt aware. 3- hypopigmentation rt side forehead neck on hands refer dermatology . ?vitiligo gets prominent if exposed to sun.
Medication	Omeprazole Capsules (Gastro-Resistant) 20 mg 56 <i>CAPSULE TWO DAILY IF NEEDED</i> Flucloxacillin Capsules 500 mg 28 <i>CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY</i>
<u>04/05/2012</u>	<u>Dr Robert McNeill at Dr Nalagatla</u>
Problem	few months feels unbalanced not any particular way
Medication	Pseudoephedrine Hydrochloride Tablets 60 mg 30 <i>tablet 1 TAB THREE TIMES DAILY</i>
<u>09/11/2011</u>	<u>Dr Robert McNeill at Dr Nalagatla</u>
Problem	unwell few days nausea vomiting sore throat aches and pains o/e apyrexial chest clear throat red nil specific
Comment	advised re line for college
Medication	Erythromycin E/c tablets 250 mg 20 <i>TABLET ONE TO BE TAKEN THREE TIMES A DAY AFTER FOOD</i>
<u>15/07/2011</u>	<u>Any X Office at Dr Nalagatla</u>
History	Referral for further care Referred To: Abronhill Health Centre, NHS. Referral Type: Direct Referral. Speciality Type: Chiropodists/Podiatrists. Referral Nature: Treat.
<u>08/07/2011</u>	<u>Dr Anne Barrie at Dr Nalagatla</u>
History	SCI Electronic Referral priority=2 Referral for further care Referred To: SCI Hospital, NHS. Referral Type: Out Patient. Speciality Type: SCI Specialty. Referral Nature: Not Specified. . Referral Reason: Actual Hospital: Stobhill Hospital callosity over 5th met head on r foot
<u>24/02/2011</u>	<u>Dr Robert McNeill at Dr Nalagatla</u>
History	Asthma resolved Disease: SPICE Asthma Opening, priority=2 Medication review
<u>25/01/2011</u>	<u>Dr Robert McNeill at Dr Nalagatla</u>
History	urti 4/52 urti chest clear advised to stop smoking  ? early lichen planus both legs priority=2
<u>02/11/2010</u>	<u>Dr Anne Barrie at Dr Nalagatla</u>
History	rectal polyp removed abscess incised and drained cf 11/11/2010 priority=2 Body mass index index 25-29 - overweight Disease: SPICE Basic Health Values, priority=2 O/E - height Disease: SPICE Basic Health Values O/E - weight Disease: SPICE Basic Health Values Systolic blood pressure Disease: SPICE Basic Health Values

	Diastolic blood pressure Disease: SPICE Basic Health Values O/E - height O/E - weight Systolic blood pressure Diastolic blood pressure
<u>05/10/2010</u> History	<u>Dr Robert McNeill at Dr Nalagatla</u> needs further sick line priority=2
<u>07/09/2010</u> History	<u>Any X Dr Locum2 at Dr Nalagatla</u> perineal abscess. For surgery. Med3 4 weeks. GF priority=2
<u>31/08/2010</u> History	<u>Dr Robert McNeill at Dr Nalagatla</u> sub conjunctival haemorrhage bp 130/70 advised priority=2
<u>28/07/2010</u> History	<u>Dr Anne Barrie at Dr Nalagatla</u> abscess in groin referred to surgeons priority=2 Current smoker Disease: SPICE Basic Health Values, priority=2 Smoking cessation advice Disease: SPICE Basic Health Values, priority=2
<u>28/07/2010</u> History	<u>Dr Anne Barrie at Dr Nalagatla</u> SCI Electronic Referral priority=2 Referral for further care Referred To: Glasgow Royal Infirmary, NHS. Referral Type: Out Patient. Speciality Type: General Surgery. Referral Nature: Not Specified. , Referral Reason: abscess in perineum
<u>28/10/2009</u> History	<u>Dr Robert McNeill at Dr Nalagatla</u> perineal abscess resolving see if required priority=2
<u>01/10/2009</u> History	<u>Any X Admin at Dr Nalagatla</u> Helicobacter blood test positive priority=2
<u>30/09/2009</u> History	<u>Dr Anne Barrie at Dr Nalagatla</u> Helicobacter blood test positive priority=2
<u>29/09/2009</u> History	<u>Sister Elaine Geor at Dr Nalagatla</u> Urea and electrolytes Disease: SPICE Lab Results, priority=2 Liver function test Disease: SPICE Lab Results, priority=2 Total cholesterol measurement Disease: SPICE Lab Results, priority=2 Thyroid function test Disease: SPICE Lab Results, priority=2 Creatinine date Value text: 23 Sep 2009 00:00 Na+ K+ Urea Creat eGFR eGFR date Value text: 23 Sep 2009 00:00 LFT date Value text: 23 Sep 2009 00:00 Albumin Bilirubin ALT AST Alk Phos Gamma GT Tot Chol date Value text: 23 Sep 2009 00:00 Tot Chol HDL LDL HDL:Chol ratio Triglyceride TSH date Value text: 23 Sep 2009 00:00 TSH Free T4 level ESR ESR date Value text: 23 Sep 2009 00:00 Glucose Glucose date Value text: 23 Sep 2009 00:00
<u>23/09/2009</u> History	<u>Dr X Dr G Fergus at Dr Nalagatla</u> review of perineal abscess. Burst last week so much improved. Discomfort for 6 months tho. Still thickened area perineum . try fluclox for 2 more weeks and RV. if not settled refer. Bloods today inc helicobacter chol gluc and routines. GF priority=2
<u>16/09/2009</u>	<u>Dr Robert McNeill at Dr Nalagatla</u>

History	pain between legs coming to a head and discharged this time hasn't burst abscess perineum priority=2
<u>08/03/2007</u>	<u>Any X Rae at Dr Nalagatla</u>
History	Notes summary on computer priority=2
<u>08/03/2007</u>	<u>Any X Rae at Dr Nalagatla</u>
History	Hay fever - unspecified allergen priority=2 Ankle X-ray no fracture seen priority=2 Asthma priority=2 H/O: anxiety state priority=2 Released from prison 6 months in prison for driving while banned priority=2 Bankruptcy priority=2 Divorced date unknown priority=2 Other mastectomy operations right - gynaecomastia priority=2 Excision of sebaceous cyst NEC left cheek priority=2 Callosity on foot both forefeet - referred to hospital priority=2 Acne vulgaris priority=2 O/E - weight Systolic blood pressure Diastolic blood pressure
<u>05/03/2007</u>	<u>Dr Anne Barrie at Dr Nalagatla</u>
History	White British priority=2
<u>28/02/2007</u>	<u>Any X Rae at Dr Nalagatla</u>
History	Automatically generated by transaction priority=2
Problem	<b>Patient MRE received from HB</b> priority=1
<u>19/02/2007</u>	<u>Any X Office at Dr Nalagatla</u>
History	Referral for further care Referred To: Glasgow Royal Infirmary, NHS. Referral Type: Speciality Type: Dermatology. Referral Nature:
<u>14/02/2007</u>	<u>Sister Elaine Geor at Dr Nalagatla</u>
History	Current smoker Disease: SPICE Basic Health Values, priority=2 Smoking cessation advice Disease: SPICE Basic Health Values, priority=2 No FH: Ischaemic heart disease Disease: SPICE Basic Health Values, priority=2 No family history diabetes Disease: SPICE Basic Health Values, priority=2 Alcohol intake within recommended sensible limits Disease: SPICE Basic Health Values, priority=2 Enjoys light exercise Disease: SPICE Basic Health Values, priority=2 O/E - height Disease: SPICE Basic Health Values O/E - weight Disease: SPICE Basic Health Values Systolic blood pressure Disease: SPICE Basic Health Values Diastolic blood pressure Disease: SPICE Basic Health Values Diastolic blood pressure O/E - height Systolic blood pressure O/E - weight
<u>30/01/2007</u>	<u>Any X UnknownUser at Dr Nalagatla</u>
History	Automatically generated by transaction priority=2
Problem	<b>Pat. GP7B/GP8B card from HB</b> priority=1
<u>29/01/2007</u>	<u>Any X Office at Dr Nalagatla</u>
History	Automatically generated by transaction priority=2
Problem	<b>Patient reg. form sent to HB</b> priority=1

## Medication

Current				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
30/12/2016	<b>Eklira Genuair Dry Powder Inhaler 322 micrograms/dose</b> ONE DOSE TO BE INHALED TWICE A DAY 120 DOSE	27/03/2018P	Dr Rohini Nalagatla	REPEAT
20/02/2015	<b>Salbutamol Cfc-free inhaler 100 micrograms/puff</b> ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1 INHALER	27/03/2018P	Dr Rohini Nalagatla	REPEAT
11/04/2014	<b>Omeprazole Capsules (Gastro-Resistant) 20 mg</b> ONE DAILY IF NEEDED 56 CAPSULE	27/03/2018P	Dr Rohini Nalagatla	REPEAT
Past				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
28/03/2018	<b>Sildenafil Citrate Tablets 100 mg</b> ONE TO BE TAKEN AS DIRECTED. SLS 8 TABLET	28/03/2018P	Dr Rohini Nalagatla	ACUTE
	<b>Phenoxymethylpenicillin Tablets 250 mg</b> 2TAB QID 80			

07/11/2017	tablet	25/04/2016P	Dr Rohini Nalagatla	ACUTE
07/11/2017	<b>Amoxicillin Capsules 500 mg ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE</b>	07/11/2017P	Dr Rohini Nalagatla	ACUTE
07/11/2017	<b>Sildenafil Citrate Tablets 100 mg ONE TO BE TAKEN AS DIRECTED. SLS 8 TABLET</b>	07/11/2017P	Dr Rohini Nalagatla	ACUTE
30/12/2016	<b>Amoxicillin Capsules 500 mg ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE</b>	30/12/2016P	Dr Rohini Nalagatla	ACUTE
25/04/2016	<b>Phenoxymethylpenicillin Tablets 250 mg 2 TABS QID 56 tablet</b>	25/04/2016P	Dr Rohini Nalagatla	ACUTE
14/04/2015	<b>Sildenafil Citrate Tablets 100 mg ONE TO BE TAKEN AS DIRECTED. SLS 8 TABLET</b>	14/04/2015P	Dr Rohini Nalagatla	ACUTE
10/03/2015	<b>Phenoxymethylpenicillin Tablets 250 mg TWO TO BE TAKEN TWICE DAILY FOR 7 DAYS 28 TABLET</b>	10/03/2015P	Dr Rohini Nalagatla	ACUTE
24/02/2015	<b>Amoxicillin Capsules 500 mg ONE TO BE TAKEN THREE TIMES A DAY 21 capsule</b>	24/02/2015P	Dr Rohini Nalagatla	ACUTE
24/02/2015	<b>Prednisolone Tablets 5 mg EIGHT TO BE TAKEN IN THE MORNING 40 TABLET</b>	24/02/2015P	Dr Rohini Nalagatla	ACUTE
08/10/2014	<b>Flucloxacillin Capsules 500 mg ONE TO BE TAKEN FOUR TIMES A DAY 28 CAPSULE</b>	08/10/2014P	Dr Rohini Nalagatla	ACUTE
08/10/2014	<b>Loratadine Tablets 10 mg ONE TO BE TAKEN EACH DAY 28 tablet</b>	08/10/2014P	Dr Rohini Nalagatla	ACUTE
06/10/2014	<b>Naproxen Tablets 500 mg ONE TO BE TAKEN TWICE A DAY 56 TABLET</b>	06/10/2014P	Dr Rohini Nalagatla	ACUTE
06/10/2014	<b>Co-Codamol 30/500 Tablets TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 30 tablet</b>	06/10/2014P	Dr Rohini Nalagatla	ACUTE
23/06/2014	<b>Elocon Cream 0.1 % APPLY DAILY SPARINGLY 30 gram</b>	24/06/2014P	Dr Rohini Nalagatla	ACUTE
11/04/2014	<b>Flucloxacillin Capsules 500 mg ONE TO BE TAKEN FOUR TIMES A DAY 28 CAPSULE</b>	17/04/2014P	Dr Rohini Nalagatla	ACUTE
04/05/2012	<b>Pseudoephedrine Hydrochloride Tablets 60 mg 1 TAB THREE TIMES DAILY 30 tablet</b>	04/05/2012P	Dr Robert McNeill	ACUTE
09/11/2011	<b>Erythromycin E/c tablets 250 mg ONE TO BE TAKEN THREE TIMES A DAY AFTER FOOD 20 TABLET</b>	09/11/2011P	Dr Robert McNeill	ACUTE
08/07/2011	<b>Salicylic Acid Solution 26 % Apply Twice daily 1 SOL</b>	08/07/2011P	Dr Anne Barrie	ACUTE
25/01/2011	<b>Clobetasone Butyrate Ointment 0.05 % Apply sparingly Twice daily 30 OINT</b>	25/01/2011P	Dr R McNeill	ACUTE
02/11/2010	<b>Melolin Dressing 5 cm x 5 cm 30 INVAL</b>	02/11/2010P	Dr Anne Barrie	ACUTE
02/11/2010	<b>Diclofenac Sodium E/c tablets 50 mg 1 Tab 3 times daily 84 TABS</b>	02/11/2010P	Dr Anne Barrie	ACUTE
02/11/2010	<b>Paracetamol Tablets 500 mg 2 Tabs 4 times daily 100 TABS</b>	02/11/2010P	Dr Anne Barrie	ACUTE
02/11/2010	<b>Lactulose Solution 3.1-3.7 g/5 ml 20 ml Twice daily 300 SOLN</b>	02/11/2010P	Dr Anne Barrie	ACUTE
10/08/2010	<b>Magnesium Sulfate Paste Apply Daily 25 PASTE</b>	10/08/2010P	Dr R McNeill	ACUTE
28/07/2010	<b>Melolin Dressing 5 cm x 5 cm Apply 30 INVAL</b>	28/07/2010P	Dr Anne Barrie	ACUTE
28/07/2010	<b>Micropore Surgical Tape 2.5 cm x 5 m 1 INVAL</b>	28/07/2010P	Dr Anne Barrie	ACUTE
28/07/2010	<b>Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap Daily if req 28 CAPS</b>	28/07/2010P	Dr Anne Barrie	ACUTE
28/07/2010	<b>Magnesium Sulfate Paste Apply Daily 25 PASTE</b>	28/07/2010P	Dr Anne Barrie	ACUTE
28/07/2010	<b>Flucloxacillin Capsules 250 mg 1 Cap 4 times daily 28 CAPS</b>	28/07/2010P	Dr Anne Barrie	ACUTE
22/01/2010	<b>Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap Daily if req 28 CAPS</b>	22/01/2010P	Any X Admin	ACUTE
23/09/2009	<b>Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap Daily if req 28 CAPS</b>	23/09/2009P	Dr X Dr G Fergus	ACUTE
23/09/2009	<b>Flucloxacillin Capsules 500 mg 1 Cap 4 times daily 56 CAPS</b>	23/09/2009P	Dr X Dr G Fergus	ACUTE
16/09/2009	<b>Flucloxacillin Capsules 500 mg 1 Cap 4 times daily 28 CAPS</b>	16/09/2009P	Dr R McNeill	ACUTE
16/09/2009	<b>Co-Codamol 30/500 Tablets 2 Tabs 4 times daily 56 TABS</b>	16/09/2009P	Dr R McNeill	ACUTE
10/03/2015	<b>Amitriptyline Hydrochloride Tablets 10 mg 1 OR 2 AT NIGHT 56 TABLET</b>	21/12/2015P	Dr Rohini Nalagatla	REPEAT
24/02/2015	<b>Clenil Modulte Cfc-free inhaler 100 micrograms/actuation TWO PUFFS TO BE INHALED TWICE A DAY 2 INHALER</b>	16/12/2016P	Dr Rohini Nalagatla	REPEAT
08/07/2011	<b>Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap Daily if req 28 CAPS</b>	17/03/2014P	Dr Rohini Nalagatla	REPEAT

**Lab Report ID** : B,14.5003433.K                   **Coding Status** : Part Read Coded  
**Filed By User** : Mrs Caroline Honeyman       **File Status** : Filed  
**Assigned to** :                                       **Task Status** : No Tasks

Patient Details : (5311) Anthony Lewis   DOB : 19/09/1959   CHI : 1909595276   SEX : M

ADR : Flat 2 146A Cumbernauld Road STEPPS Glasgow

**SPECIMEN : Urine**

	Abn	Value	Units	Range	Status
<b>R</b>	<b>Urine Albumin</b>				
	Urine Albumin	7	mg/L	(<<20 U)	NK
	24hr Urine Albumin		NA		NK
	U Alb/Creat Ratio	0.5	mg/mmol	(0.0-2.5 U)	NK
			creatinine		
	U Albumin excretion				NK
<b>R</b>	<b>Urine Protein</b>				
	Urine volume (ml)		NA		NK
	-Urine volume				
R	Time (Hrs.Mins)		NA		NK
R	Collection time				NK
	Urine Creatinine	13.6	mmol/L		NK
	-Urine Creatinine				
	Urine Protein	0.103	g/L	(<<0.200 U)	NK
R	Urine Protein	103	mg/L	(<<200 U)	NK
	Urine Protein/volume				NK
	U Protein:Creatinine	8	mg/mmol	(<<30 U)	NK
			creatinine		

**Sample Collected Date** : 18/11/2014 09:00:00  
**Collection Start Date** :  
**Collection End Date** :  
**Received by Lab Date** : 20/11/2014 14:38:00  
**Received Date** : 20/11/2014 19:01:51  
**Requestor** :  
**Requestor GMC Code** :

Lab Report ID : B,14.5811947.P                      Coding Status                      : Coded  
 Filed By User : Mrs Sharon Murray                File Status                        : Filed  
 Assigned to    :    Task Status                        : No Tasks

Patient Details : (5311) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M

ADR : Flat 2 146A Cumbernauld Road STEPPS Glasgow

**\*\* ABNORMAL \*\***

**SPECIMEN : Blood**

	Abn	Value	Units	Range	Status
<b>R</b>	<b>Full blood count - FBC</b>	<b>Y</b>			
	White Blood Count	10.6		x10 <sup>9</sup> /l (4.0-11.0 U)	NK
	Red Cell Count	5.13		x10 <sup>12</sup> /l(4.50-6.50 U)	NK
	Haemoglobin	153	g/l	(130-180 U)	NK
	Haematocrit	0.465	l/l	(0.400-0.540 U)	NK
	Mean Cell Volume	90.6	fl	(80.0-100.0 U)	NK
	MCH	29.8	pg	(27.0-32.0 U)	NK
	Platelet Count	286		x10 <sup>9</sup> /l (150-400 U)	NK
	Neutrophils	5.4		x10 <sup>9</sup> /l (2.0-7.5 U)	NK
	Lymphocytes	3.8		x10 <sup>9</sup> /l (1.5-4.0 U)	NK
	Monocytes	0.7		x10 <sup>9</sup> /l (0.2-0.8 U)	NK
	Eosinophils +	0.5		x10 <sup>9</sup> /l (0.0-0.4 U)	NK
	Basophils	0.1		x10 <sup>9</sup> /l (0.0-0.1 U)	NK
	Nucleated RBC	0		x10 <sup>9</sup> /l	NK
<b>R</b>	<b>Erythrocyte sedimentation rate</b>				
	ESR	2	mm/hr	(1-10 U)	NK

Sample Collected Date : 24/11/2014 10:00:00  
 Collection Start Date :  
 Collection End Date :  
 Received by Lab Date : 24/11/2014 13:30:00  
 Received Date : 24/11/2014 15:00:33  
 Requestor :  
 Requestor GMC Code :

Lab Report ID : B,14.5038229.N                    Coding Status                    : Coded  
Filed By User : Mrs Sharon Murray            File Status                    : Filed  
Assigned to    :                                    Task Status                    : No Tasks

Patient Details : (5311) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M

ADR : Flat 2 146A Cumbernauld Road STEPPS Glasgow

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R		Plasma glucose level			
		Glucose	5.8	mmol/L (3.5-6.0 U)	NK

Sample Collected Date : 24/11/2014 09:50:00  
Collection Start Date :  
Collection End Date :  
Received by Lab Date : 24/11/2014 13:29:00  
Received Date : 24/11/2014 15:01:12  
Requestor :  
Requestor GMC Code :

Lab Report ID : B,14.5038228.G                    Coding Status                    : Coded  
 Filed By User : Mrs Sharon Murray            File Status                     : Filed  
 Assigned to    :                                    Task Status                     : No Tasks

Patient Details : (5311) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M

ADR : Flat 2 146A Cumbernauld Road STEPPS Glasgow

**\*\* ABNORMAL \*\***

**SPECIMEN : Blood**

R	Abn	Value	Units	Range	Status	
	<b>Bone profile</b>					
	Calcium	2.36	mmol/L	(2.20-2.60 U)	NK	
	Calcium (adjusted)	2.36	mmol/L	(2.20-2.60 U)	NK	
	Phosphate	1.17	mmol/L	(0.80-1.50 U)	NK	
	Albumin	39	g/L	(35-50 U)	NK	
	Alkaline Phosphatase	81	U/L	(30-130 U)	NK	
	<b>Urea and electrolytes</b>					
	Sodium	141	mmol/L	(133-146 U)	NK	
	Potassium	4.5	mmol/L	(3.5-5.3 U)	NK	
	Chloride	+	109	mmol/L	(95-108 U)	NK
	Urea	4.6	mmol/L	(2.5-7.8 U)	NK	
	Creatinine	69	umol/L	(40-130 U)	NK	
	Estimated GFR	> 60	ml/min	(>>60 U)	NK	
	<b>Liver function test</b>					
	Total Bilirubin	7	umol/L	(<<20 U)	NK	
	ALT	36	U/L	(<<50 U)	NK	
	AST	24	U/L	(<<40 U)	NK	
	Alkaline Phosphatase	81	U/L	(30-130 U)	NK	
	Albumin	39	g/L	(35-50 U)	NK	
	<b>Serum cholesterol</b>					
	Cholesterol	6.2	mmol/L		NK	
	Triglycerides	2.0	mmol/L	(0.2-2.3 U)	NK	
	HDL Cholesterol	0.8	mmol/L		NK	
	LDL-Cholest (calc'd)	4.5	mmol/L		NK	
	Serum VLDL cholesterol level			0.9	mmol/L	NK
	Chol/HDL ratio			7.8		NK
	<b>Thyroid hormone tests</b>					
	TSH	0.78	mU/L	(0.35-5.00 U)	NK	
	Free T4	13.6	pmol/L	(9.0-21.0 U)	NK	
	Total T3				NK	
	<b>Prostate specific antigen</b>					
	-PSA within reference interval for age.					
	Prostate Spec Ag	0.4	ug/L	(<<3.0 U)	NK	

Sample Collected Date : 24/11/2014 09:50:00  
 Collection Start Date :  
 Collection End Date :  
 Received by Lab Date : 24/11/2014 13:29:00  
 Received Date : 24/11/2014 15:01:26  
 Requestor :  
 Requestor GMC Code :

<b>File Status</b>	Filed.	<b>Tasks</b>	No Tasks.
<b>Assigned User</b>	Unassigned.	<b>Filed By User</b>	Mrs Mary Neilson
<b>Patient Matched</b>	Yes.	<b>BoSS Message Type</b>	Result

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**electronic Notification of Bowel Screening Results Service**

**New BOSS Report**

<b>CHI Number</b>	1909595276
<b>Name</b>	LEWIS, ANTHONY
<b>Date Of Birth</b>	19/ 09/ 1959
<b>Registered GP</b>	L3382
<b>Practice Code</b>	L60073

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<b>Report Date</b>	02Nov2015
<b>Letter ID</b>	21018940645221
<b>Kit ID</b>	9620040768
<b>Result</b>	BCSP faecal occult blood test normal(686A.)
<b>Report Comments</b>	Negative
<b>Recommended Management</b>	No action required

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Lab Report ID : B,17.6153361.C                    Coding Status                    : Coded  
 Filed By User : Mrs Sharon Murray            File Status                    : Filed  
 Assigned to                    :                    Task Status                    : No Tasks

Patient Details : (5311) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M

ADR : Flat 2 146A Cumbernauld Road STEPPS Glasgow

Report Text :  
 -pr bleeding

**SPECIMEN : Blood**

	Abn	Value	Units	Range	Status
<b>R</b>		<b>Full blood count - FBC</b>			
		White Blood Count		9.9 $\times 10^9/l$ (4.0-11.0 U)	NK
		Red Cell Count		5.44 $\times 10^{12}/l$ (4.50-6.50 U)	NK
		Haemoglobin	167	g/l    (130-180 U)	NK
		Haematocrit	0.488	l/l    (0.400-0.540 U)	NK
		Mean Cell Volume		89.7    fl    (80.0-100.0 U)	NK
		MCH	30.7	pg    (27.0-32.0 U)	NK
		Platelet Count		238 $\times 10^9/l$ (150-400 U)	NK
		Neutrophils	5.6	$\times 10^9/l$ (2.0-7.5 U)	NK
		Lymphocytes	3.3	$\times 10^9/l$ (1.5-4.0 U)	NK
		Monocytes	0.6	$\times 10^9/l$ (0.2-0.8 U)	NK
		Eosinophils	0.27	$\times 10^9/l$ (0.00-0.40 U)	NK
		Basophils	0.1	$\times 10^9/l$ (0.0-0.1 U)	NK
		Nucleated RBC	0	$\times 10^9/l$	NK
<b>R</b>		<b>Erythrocyte sedimentation rate</b>			
		ESR	2	mm/hr    (1-10 U)	NK

Sample Collected Date : 05/07/2017 16:30:00  
 Collection Start Date :  
 Collection End Date :  
 Received by Lab Date : 05/07/2017 17:57:00  
 Received Date : 05/07/2017 19:02:13  
 Requestor :  
 Requestor GMC Code :

Lab Report ID : B,17.4782023.S                    Coding Status                    : Coded  
Filed By User : Mrs Sharon Murray            File Status                    : Filed  
Assigned to    :                                    Task Status                    : No Tasks

Patient Details : (5311) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M

ADR : Flat 2 146A Cumbernauld Road STEPPS Glasgow

Report Text :  
-pr bleeding

SPECIMEN : Blood					
	Abn	Value	Units	Range	Status
R		Plasma glucose level			
		-Non-fasting sample			
		Glucose	5.1	mmol/L (3.5-6.0 U)	NK

Sample Collected Date : 05/07/2017 16:30:00  
Collection Start Date :  
Collection End Date :  
Received by Lab Date : 05/07/2017 17:52:00  
Received Date : 05/07/2017 19:02:25  
Requestor :  
Requestor GMC Code :

Lab Report ID : B,17.4782022.D                      Coding Status                      : Coded  
 Filed By User : Mrs Sharon Murray                File Status                        : Filed  
 Assigned to    :                                        Task Status                        : No Tasks

Patient Details : (5311) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M

ADR : Flat 2 146A Cumbernauld Road STEPPS Glasgow

Report Text :  
 -pr bleeding

**SPECIMEN : Blood**

	Abn	Value	Units	Range	Status
<b>R</b>		<b>Serum C reactive protein level</b>			
		C Reactive Protein		6            mg/L	(0-10 U)NK
<b>R</b>		<b>Urea and electrolytes</b>			
		-Please note change to Abbott Enzymatic Creat method from 24/04/17			
		Sodium		137           mmol/L	(133-146 U)    NK
		Potassium		4.5           mmol/L	(3.5-5.3 U)    NK
		Chloride		105           mmol/L	(95-108 U)    NK
		Urea	4.2	mmol/L	(2.5-7.8 U)    NK
		Creatinine		86            umol/L	(40-130 U)    NK
		Estimated GFR		> 60           ml/min	(>>60 U)NK
<b>R</b>		<b>Liver function test</b>			
		Total Bilirubin		11            umol/L	(<<20 U)NK
		ALT	27	U/L	(<<50 U)NK
		AST	22	U/L	(<<40 U)NK
		Alkaline Phosphatase		72            U/L	(30-130 U)    NK
		Albumin	37	g/L	(35-50 U)    NK
<b>R</b>		<b>Thyroid hormone tests</b>			
		TSH	0.61	mU/L	(0.35-5.00 U)    NK
		Free T4		14.8           pmol/L	(9.0-21.0 U)    NK
		Total T3			NK

Sample Collected Date : 05/07/2017 16:30:00  
 Collection Start Date :  
 Collection End Date :  
 Received by Lab Date : 05/07/2017 17:52:00  
 Received Date : 06/07/2017 07:00:46  
 Requestor :  
 Requestor GMC Code :

Lab Report ID : B,17.4782022.D                      Coding Status                      : Coded  
Filed By User : Mrs Sharon Murray                      File Status                      : Filed  
Assigned to :                      Task Status                      : No Tasks

Patient Details : (5311) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M

ADR : Flat 2 146A Cumbernauld Road STEPPS Glasgow

**\*\* ABNORMAL \*\***

Report Text :  
-pr bleeding

**SPECIMEN : Blood**

	Abn	Value	Units	Range	Status	
R	Serum vitamin B12		Y			
	Serum Vitamin B12		+	907	ng/l (200-900 U)	NK
R	Serum ferritin					
	-Males 20-300 (<20 iron deficiency )					
	-Females 15-200 (<15 iron deficiency )					
	-15-50 intermediate result. Consider iron deficiency					
	-in anaemic patients, older patients and those					
	-with inflammatory disease.					
	Serum Ferritin			100	ug/l (20-300 U)	NK
R	Serum folate					
	Serum Folate	11.7	ug/l	(3.1-20.0 U)		NK

Sample Collected Date : 05/07/2017 16:30:00  
Collection Start Date :  
Collection End Date :  
Received by Lab Date : 05/07/2017 17:52:00  
Received Date : 06/07/2017 07:01:07  
Requestor :  
Requestor GMC Code :

<b>File Status</b>	Filed.	<b>Tasks</b>	No Tasks.
<b>Assigned User</b>	Unassigned.	<b>Filed By User</b>	Mrs Mary Neilson
<b>Patient Matched</b>	Yes.	<b>BoSS Message Type</b>	Result

---

**electronic Notification of Bowel Screening Results Service**

**New BOSS Report**

<b>CHI Number</b>	1909595276
<b>Name</b>	LEWIS, ANTHONY
<b>Date Of Birth</b>	19/ 09/ 1959
<b>Registered GP</b>	L3382
<b>Practice Code</b>	L60073

---

<b>Report Date</b>	<b>04Oct2017</b>
<b>Letter ID</b>	<b>51024742498351</b>
<b>Kit ID</b>	<b>5122013384</b>
<b>Result</b>	<b>BCSP faecal occult blood test normal(686A.)</b>
<b>Report Comments</b>	<b>Negative</b>
<b>Recommended Management</b>	<b>No action required</b>

---

**Lab Report ID** : B,17.6403326.C                    **Coding Status** : Coded  
**Filed By User** : Mrs Sharon Murray            **File Status** : Filed  
**Assigned to** :                                        **Task Status** : No Tasks

Patient Details : (5311) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M

ADR : Flat 2 146A Cumbernauld Road STEPPS Glasgow

**Report Text** :  
 -meds review

**SPECIMEN : Blood**

	Abn	Value	Units	Range	Status
<b>R</b>		<b>Full blood count - FBC</b>			
		White Blood Count		8.9    x10 <sup>9</sup> /l (4.0-11.0 U)	NK
		Red Cell Count		5.07    x10 <sup>12</sup> /l (4.50-6.50 U)	NK
		Haemoglobin	158	g/l (130-180 U)	NK
		Haematocrit	0.462	l/l (0.400-0.540 U)	NK
		Mean Cell Volume		91.1    fl (80.0-100.0 U)	NK
		MCH	31.2	pg (27.0-32.0 U)	NK
		Platelet Count		233    x10 <sup>9</sup> /l (150-400 U)	NK
		Neutrophils	4.8	x10 <sup>9</sup> /l (2.0-7.5 U)	NK
		Lymphocytes	3.2	x10 <sup>9</sup> /l (1.5-4.0 U)	NK
		Monocytes	0.4	x10 <sup>9</sup> /l (0.2-0.8 U)	NK
		Eosinophils	0.36	x10 <sup>9</sup> /l (0.00-0.40 U)	NK
		Basophils	0.1	x10 <sup>9</sup> /l (0.0-0.1 U)	NK
		Nucleated RBC	0	x10 <sup>9</sup> /l	NK
<b>R</b>		<b>Erythrocyte sedimentation rate</b>			
		ESR	5	mm/hr (1-10 U)	NK

**Sample Collected Date** : 22/11/2017 14:17:00  
**Collection Start Date** :  
**Collection End Date** :  
**Received by Lab Date** : 22/11/2017 18:39:00  
**Received Date** : 23/11/2017 07:01:03  
**Requestor** :  
**Requestor GMC Code** :

Lab Report ID : B,17.5124684.D                    Coding Status                    : Coded  
Filed By User : Mrs Sharon Murray            File Status                    : Filed  
Assigned to    :                                    Task Status                    : No Tasks

Patient Details : (5311) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M

ADR : Flat 2 146A Cumbernauld Road STEPPS Glasgow

**\*\* ABNORMAL \*\***

Report Text :  
-meds review

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	Plasma glucose level		Y		
	-Non-fasting sample				
	Glucose	+	6.6	mmol/L (3.5-6.0 U)	NK

Sample Collected Date : 22/11/2017 14:17:00  
Collection Start Date :  
Collection End Date :  
Received by Lab Date : 22/11/2017 18:28:00  
Received Date : 23/11/2017 07:01:13  
Requestor :  
Requestor GMC Code :

Lab Report ID : B,17.5124683.R                      Coding Status                      : Coded  
Filed By User : Mrs Sharon Murray                      File Status                      : Filed  
Assigned to :                      Task Status                      : No Tasks

Patient Details : (5311) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M

ADR : Flat 2 146A Cumbernauld Road STEPPS Glasgow

Report Text :  
-meds review

SPECIMEN : Blood

	Abn	Value	Units	Range	Status	
R	Serum vitamin B12					
		Serum Vitamin B12		838	ng/l	(200-900 U)    NK
R	Serum ferritin					
		-Males 20-300 (<20 iron deficiency )				
		-Females 15-200 (<15 iron deficiency )				
		-15-50 intermediate result. Consider iron deficiency				
		-in anaemic patients, older patients and those				
		-with inflammatory disease.				
		Serum Ferritin		98	ug/l	(20-300 U)    NK
R	Serum folate					
		Serum Folate	6.2	ug/l	(3.1-20.0 U)	NK

Sample Collected Date : 22/11/2017 14:17:00  
Collection Start Date :  
Collection End Date :  
Received by Lab Date : 22/11/2017 18:27:00  
Received Date : 23/11/2017 07:01:24  
Requestor :  
Requestor GMC Code :

**Lab Report ID** : B,17.5124683.R                    **Coding Status** : Part Read Coded  
**Filed By User** : Mrs Mary Neilson                **File Status** : Filed  
**Assigned to** :    **Task Status** : No Tasks

Patient Details : (5311) Anthony Lewis    DOB : 19/09/1959    CHI : 1909595276    SEX : M

ADR : Flat 2 146A Cumbernauld Road STEPPS Glasgow

**Report Text :**

-meds review

**SPECIMEN : Blood**

	Abn	Value	Units	Range	Status
<b>R</b>	<b>Bone profile</b>				
	Calcium	2.39	mmol/L	(2.20-2.60 U)	NK
	Calcium (adjusted)		2.44	mmol/L (2.20-2.60 U)	NK
	Phosphate	1.19	mmol/L	(0.80-1.50 U)	NK
	Albumin	36	g/L	(35-50 U)	NK
	Alkaline Phosphatase		66	U/L (30-130 U)	NK
<b>R</b>	<b>Urea and electrolytes</b>				
	-Please note change to Abbott Enzymatic Creat method from 24/04/17				
	Sodium	139	mmol/L	(133-146 U)	NK
	Potassium	4.5	mmol/L	(3.5-5.3 U)	NK
	Chloride	103	mmol/L	(95-108 U)	NK
	Urea	3.6	mmol/L	(2.5-7.8 U)	NK
	Creatinine	80	umol/L	(40-130 U)	NK
	Estimated GFR	> 60	ml/min	(>>60 U)	NK
<b>R</b>	<b>Liver function test</b>				
	-Please note change in Abbott Total Bilirubin method from 01/11/17				
	Total Bilirubin		8	umol/L (<<20 U)	NK
	ALT	19	U/L	(<<50 U)	NK
	AST	18	U/L	(<<40 U)	NK
	Alkaline Phosphatase		66	U/L (30-130 U)	NK
	Albumin	36	g/L	(35-50 U)	NK
<b>R</b>	<b>Serum cholesterol</b>				
	Cholesterol	6.7	mmol/L		NK
	Triglycerides	2.3	mmol/L	(0.2-2.3 U)	NK
	HDL Cholesterol		0.9	mmol/L	NK
	LDL-Cholest (calc'd)		4.7	mmol/L	NK
<b>R</b>	Serum VLDL cholesterol level		1.1	mmol/L	NK
	Chol/HDL ratio		7.4		NK
<b>R</b>	<b>Thyroid hormone tests</b>				
	TSH	0.46	mU/L	(0.35-5.00 U)	NK
	Free T4	14.0	pmol/L	(9.0-21.0 U)	NK
	Total T3				NK
<b>R</b>	<b>Prolactin</b>				
	Prolactin	113	mU/L	(<<400 U)	NK
<b>R</b>	<b>Testosterone</b>				
	Testosterone	17.0	nmol/L	(10.0-36.0 U)	NK
	Sex Hormone B.G.	39	nmol/L	(13-70 U)	NK
	Free Androgen Index		NA		NK
	Free Testosterone		NA		NK

**Sample Collected Date** : 22/11/2017 14:17:00  
**Collection Start Date** :  
**Collection End Date** :  
**Received by Lab Date** : 22/11/2017 18:27:00  
**Received Date** : 23/11/2017 15:00:17  
**Requestor** :  
**Requestor GMC Code** :

① - 3706

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE



1. PERSONAL DETAILS (ALL FIELDS MARKED \* ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male\*  Female\*  Is this your first registration with a GP Practice in the UK?\* Yes  No  Will you be in the area for more than 3 months?\* Yes  No   
 (If 'No', please complete a temporary resident form)

Date of Birth\* 19-9-59 Address\* 146A FLAT 2 CUMBERNAULD RD STEPPS, GLASGOW  
 Title\* MR  
 Surname\* LEWIS  
 Forenames\* ANTHONY Postcode\* G33 6HA  
 Previous Surname\* NIL Telephone # 0141 779 1691  
 email address # TONYLEWIS760@HOTMAIL.COM Mobile #: 07837 760340

The following information can be found on your current medical card:  
 Community Health Index (CHI) Number\* 1909595276 NHS Number\* [ ]

The following information can be found on your birth certificate:  
 Town of Birth\* PAISLEY Country of Birth\* SCOTLAND  
 Registered district of birth (Scotland only) GOVAN Mother's maiden name BAGLE

# the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP\* 146A FLAT 2 CUMBERNAULD RD STEPPS, GLASGOW  
 Name and address of previous GP Practice in UK\* DR MALAGATLA 144-146 CUMBERNAULD RD STEPPS, GLASGOW  
 Postcode\* G33 6HA Postcode\* G33 6HA

If you are from abroad:

Date you first came to live in the UK\* [ ] [ ] [ ] If previously resident in the UK, date of leaving\* [ ] [ ] [ ]  
 Your most recent country of residence N/A

If you have served in the British Armed Forces:

Enlistment date\* 1-5-77 Service Number 24472623  
 Are you a Reservist?  Yes  No If yes, please provide your address before enlisting\* 65 LOCHINVAR RD GREENVAULDS CUMBERNAULD  
 Leaving date\* 30-1-83 Postcode\* G67 4AR  
 Is this your first registration with a GP since leaving the Armed Forces?\*  Yes  No

3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit [www.organdonationscotland.org](http://www.organdonationscotland.org)

Any of my organs and tissue  Or my   
 Kidneys  Eyes  Heart  Lungs  Liver  Pancreas  Small bowel  Tissue

Notes on tissue - heart valves and corneas come under the 'heart' and 'eyes' boxes respectively so the 'tissue' box covers donating other types of

NO

#### 4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit [www.nhsns.org](http://www.nhsns.org). If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality - it's your right', visit the NHS Inform website at [www.nhsinform.co.uk/rights/](http://www.nhsinform.co.uk/rights/) or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

#### 5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken.

To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature Anthony Lewis Date 10-5-2018

Representative's name (if applicable) N/A

Relationship to patient (if applicable) N/A

#### 6. FOR PRACTICE USE

GP reference number   GP name   
Practice code   Mileage (No.)  Road  Water  Footpath

#### Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)

Birth Cert.  Student ID Card  Driving Licence  Passport or HC2 Cert.  Home Office App Reg Card  Other/None specify  Receptionist initials

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature SK Date 11-5-2018

#### 7. OFFICIAL USE ONLY

Input by   
Checked by   
Date

Practice Stamp

Lewis Anthony

CHI: 1909595276

---

## Clinic Letter



Glasgow Royal Infirmary  
Alexandra Parade  
Glasgow  
G31 2ER  
0141 211 4000

Dr. R Nalagatla  
Nalagatla Medical Practice  
146 Cumbernauld Road  
Stepps  
G33 6HA

Main  
Switchboard:  
Department: Dermatology  
Contact Tel: 0141 211 4297  
Enquiries to:  
Letter Date: 24/01/2018  
Reference: IKG/FL  
Dictated: 24/01/2018  
Date:  
Transcribed: 25/01/2018  
Date:

Dear Dr. R Nalagatla,

**Anthony Lewis; D.O.B: 19 Sep 1959; CHI: 1909595276  
FLAT 2,146A CUMBERNAULD RD, STEPPS, Glasgow, Lanarkshire, G33 6HA**

Attendance: Specialty - Dermatology; Clinic - GRSHDE5-DR HOLMES REGISTRAR WED AM  
Date and Time of Appointment - 24/01/2018 09:30

### Clinical Comments:

#### DIAGNOSIS:

Multiple seborrhoeic keratoses

#### MANAGEMENT:

Cryotherapy today

#### FOLLOW-UP:

Cryotherapy clinic x 1 - ?discharged thereafter

Thank you for referring Mr Lewis, who is 58 years old, to the dermatology clinic today. He reports a number of itchy, large, brown lesions on his scalp and temples which he has been concerned about. Clinically however, these are all basal cell papillomas. He also had a small, dark, pin point lesion on his left temple, but again the dermoscopy of this was in keeping with a small seborrhoeic keratosis. These are quite itchy and bothersome, particularly when he has his hair cut so I have treated these with cryotherapy today. The side effects were explained beforehand and an information leaflet provided.

Lewis Anthony

CHI: 1909595276

OPCL 24/01/2018 v1

---

Follow-up has been arranged as a one-off in our cryotherapy clinic and if these areas have resolved, we will likely discharge him at that point.

Kind regards.

Yours sincerely,

DR INGE KREUSER-GENIS

ST4 in Dermatology

Electronically Signed: Doctor Inge Kreuser-Genis, Doctor

cc.

**NORTH GLASGOW BIOCHEMISTRY DEPARTMENT**

Form: NEH Run: 213

Surname: LEWIS  
Forename: ANTHONY  
DOB/Age: 19.09.59 Sex: Male  
CHI/Unit No: 1909595276  
Address: Flat 2  
Details: meds review

Location: 144-146 Cumbernauld Rd  
Stepps  
Lanarkshire Health Board  
Requestor: Dr Rohini Nalagatla  
Ext Labno:

**[ [ CURRENT ] ]**

Lab Number B,17.5124693.R  
Date/Time collected 22.11.17 14:17  
Date/Time received 22.11.17 18:27  
Specimen Type Blood

LH	u/L	(1.0-12.0)	
FSH	u/L	(1.0-12.0)	
Oestradiol	pmol/L		
Prolactin	mU/L	(<400)	113
Progesterone	nmol/L		
Testosterone	nmol/L	(10.0-36.0)	17.0
SHBG	nmol/L	(13-70)	39
FAI			NA
Free Testo	pmol/L	(>200)	NA

Result Comments:

NORTH GLASGOW HOSPITALS  
HAEMATOLOGY REPORT

[GRI Run: 640

Surname: LEWIS  
Forename: ANTHONY  
DOB/Age: 19.09.59 Sex: Male  
CHI/Unit No: 1909595276  
Address: Flat 2  
Details: meds review

Location: 144-146 Cumbernauld Rd  
Stepps  
Lanarkshire Health Board  
Requestor: Dr Rohini Nalagatla  
Ext Labno:

Lab No: B,17.5124683  
Collected: 22.11.17 14:17  
Authorised: 22.11.17

Specimen: Blood  
Received: 22.11.17 18:27  
Authoriser:

B12

Serum Vitamin B12 838 ng/l ( 200-900 )

SF

Serum Folate 6.2 ug/l ( 3.1-20.0 )

FER

Serum Ferritin 98 ug/l ( 20-300 )

Comments:

FER: Males 20-300 (<20 iron deficiency )  
Females 15-200 (<15 iron deficiency )  
15-50 intermediate result. Consider iron deficiency  
in anaemic patients, older patients and those  
with inflammatory disease.

**NORTH GLASGOW HOSPITALS  
HAEMATOLOGY REPORT**

[Form:GRI]

Surname:	<b>LEWIS</b>	Location:	<b>144-146 Cumbernauld Rd</b>
Forename:	<b>ANTHONY</b>		<b>Stepps</b>
DOB/Age:	<b>19.09.59</b> Sex: <b>Male</b>		
CHI/Unit No:	<b>1909595276</b>		<b>Lanarkshire Health Board</b>
Address:	<b>Flat 2</b>	Requestor:	<b>Dr Rohini Nalagatla</b>
Details:	<b>meds review</b>	Ext Labno:	

[[ CURRENT ]]

Lab Number	B,17.6403326.C	B,17.6153361.C	B,15.6247986.F
Date/Time collected	22.11.17 14:17	05.07.17 16:30	24.08.15 13:27
Date/Time received	22.11.17 18:39	05.07.17 17:57	24.08.15 13:47
Specimen type	Blood	Blood	Blood
<b>WBC</b>	x10 <sup>9</sup> /l (4.0-11.0) <b>8.9</b>	<b>9.9</b>	<b>10.1</b>
<b>RBC</b>	x10 <sup>12</sup> /l (4.50-6.50) <b>5.07</b>	<b>5.44</b>	<b>5.08</b>
<b>Haemoglobin</b>	g/l (130-180) <b>158</b>	<b>167</b>	<b>154</b>
<b>Haematocrit</b>	l/l (0.400-0.540) <b>0.462</b>	<b>0.488</b>	<b>0.448</b>
<b>MCV</b>	fl (80.0-100.0) <b>91.1</b>	<b>89.7</b>	<b>88.2</b>
<b>MCH</b>	pg (27.0-32.0) <b>31.2</b>	<b>30.7</b>	<b>30.3</b>
<b>Platelet Count</b>	x10 <sup>9</sup> /l (150-400) <b>233</b>	<b>238</b>	<b>282</b>
<b>Neutrophils</b>	x10 <sup>9</sup> /l (2.0-7.5) <b>4.8</b>	<b>5.6</b>	<b>6.2</b>
<b>Lymphocytes</b>	x10 <sup>9</sup> /l (1.5-4.0) <b>3.2</b>	<b>3.3</b>	<b>3.0</b>
<b>Monocytes</b>	x10 <sup>9</sup> /l (0.2-0.8) <b>0.4</b>	<b>0.6</b>	<b>0.7</b>
<b>Eosinophils</b>	x10 <sup>9</sup> /l (0.00-0.40) <b>0.36</b>	<b>0.27</b>	<b>0.2</b>
<b>Basophils</b>	x10 <sup>9</sup> /l (0.0-0.1) <b>0.1</b>	<b>0.1</b>	<b>0.1</b>
<b>Nucleated RBC</b>	x10 <sup>9</sup> /L <b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Myelocytes</b>	x10 <sup>9</sup> /L		
<b>Blasts</b>	x10 <sup>9</sup> /L		
<b>Others</b>	x10 <sup>9</sup> /L		
<b>ESR</b>	mm/hr (1-10) <b>5</b>	<b>2</b>	
<b>Retics</b>	x10 <sup>9</sup> /L (10-90)		

Glan Fever Scr

Blood Film

Result Comments:

Date reported: 23.11.17

Authoriser:

Run No: 640

Page 1 of 1

## NORTH GLASGOW BIOCHEMISTRY DEPARTMENT

Form: NEA2 Run: 209

Surname: LEWIS  
 Forename: ANTHONY  
 DOB/Age: 19.09.59 Sex: Male  
 CHI/Unit No: 1909595276  
 Address: Flat 2  
 Details: meds review

Location: 144-146 Cumbernauld Rd  
 Stepps  
 Lanarkshire Health Board  
 Requestor: Dr Rohini Nalagatla  
 Ext Labno:

[[ CURRENT ]]				
Lab Number		B,17.5124683.R	B,17.4782022.D	B,15.5024383.A
Date/Time collected		22.11.17 14:17	05.07.17 16:30	24.08.15 13:27
Date/Time received		22.11.17 18:27	05.07.17 17:52	24.08.15 13:42
Specimen type		Blood	Blood	Blood
Sodium	mmol/L (133-146)	139	137	138
Potassium	mmol/L (3.5-5.3)	4.5	4.5	4.3
Chloride	mmol/L (95-108)	103	105	104
Bicarbonate	mmol/L (22-29)			
Urea	mmol/L (2.5-7.8)	3.6	4.2	3.9
Creatinine	umol/L (40-130)	80	86	87
GFR (est'd)	ml/min (>60)	>60	>60	>60
CRP	mg/L (0-10)		6	*23
Magnesium	mmol/L (0.70-1.00)			
Calcium	mmol/L (2.20-2.60)	2.39		
Adj Calcium	mmol/L (2.20-2.60)	2.44		
Phosphate	mmol/L (0.80-1.50)	1.19		
Albumin	g/L (35-50)	36	37	37
Alk Phos	U/L (30-130)	66	72	83
Tot Bilirubin	umol/L (<20)	8	11	9
Conj Bilirubin	umol/L			
AST	U/L (<40)	18	22	17
gGT	U/L (<70)			
ALT	U/L (<50)	19	27	21
Amylase	U/L (<100)			
CK	U/L (40-320)			
Total Protein	g/L (60-80)			
Globulins	g/L (23-38)			
Urate	umol/L (200-430)			
Cholesterol	mmol/L	6.7		
Triglyceride	mmol/L (0.2-2.3)	2.3		
VLDL Chol	mmol/L	1.1		
LDL Chol	mmol/L	4.7		
HDL Chol	mmol/L	0.9		
Chol/HDL		7.4		
TSH	mU/L (0.35-5.00)	0.46	0.61	
Free T4	pmol/L (9.0-21.0)	14.0	14.8	
Total T3	nmol/L (0.9-2.5)			

## Result Comments:

22.11.17 U&E : Please note change to Abbott Enzymatic Creat method from 24/04/17  
 22.11.17 LFTS : Please note change in Abbott Total Bilirubin method from 01/11/17

**NORTH GLASGOW BIOCHEMISTRY DEPARTMENT**

Form: NEGLU Run: 209

Surname: LEWIS  
Forename: ANTHONY  
DOB/Age: 19.09.59 Sex: Male  
CHI/Unit No: 1909595276  
Address: Flat 2  
Details: meds review

Location: 144-146 Cumbernauld Rd  
Stepps  
Lanarkshire Health Board  
Requestor: Dr Rohini Nalagatla  
Ext Labno:

Specimen type: Blood

Lab Number	Collected	Received	Glucose	HbA1c (IFCC)
			mmol/L (3.5-6.0)	mmol/mol (20-42)
B,17.5124684.D	22.11.17 14:17	22.11.17 18:28	6.6*	
B,17.4782023.S	05.07.17 16:30	05.07.17 17:52	5.1	
B,15.5024384.C	24.08.15 13:27	24.08.15 13:42	5.7	
B,14.5038229.N	24.11.14 09:50	24.11.14 13:29	5.8	

**Result Comments:**

22.11.17 Glucose : Non-fasting sample

Lewis Anthony

CHI: 1909595276

---

**Clinical letter - GP:**



Stobhill Hospital  
133 Balornock Road  
Glasgow  
G21 3UW  
0141 201 3000

Dr. R Nalagatla  
Nalagatla Medical Practice  
146 Cumbernauld Road  
Stepps  
G33 6HA

Main  
Switchboard:  
Department: General Surgery  
Contact Tel: 0141 355 1367  
Enquiries to: Ewan.Bell@ggc.scot.nhs.uk  
Letter Date: 15/08/2017  
Reference: EB/TH  
Dictated: 01/08/2017  
Date:  
Transcribed: 14/08/2017  
Date:

Dear Doctor,

**Anthony Lewis; D.O.B: 19/09/1959; CHI: 1909595276  
FLAT 2,146A CUMBERNAULD RD, STEPPS, Glasgow, Lanarkshire, G33 6HA**

Mrs Lewis was referred to colorectal services recently with a history of rectal bleeding. This had settled prior to his attendance.

At straight to test colonoscopy on 13th July, Tony was found to have three small polyps in the colon which were excised. Sadly only one of these were retrieved. This has been reported as a tubular adenoma with low grade dysplasia. There was a further polyp in the sigmoid colon which I did attempt to excise but was not able to achieve an adequate position of the scope. A sigmoidoscopy and polypectomy has therefore been requested on a consultants list.

You will be kept informed of Tony's progress, and any further follow up will be arranged following his sigmoidoscopy.

Yours sincerely

Ewan Bell

Colorectal Nurse Endoscopist

Electronically Signed: Nurse Ewan Bell, Consultant

cc.

## NHS Greater Glasgow and Clyde

### SIGMOIDOSCOPY REPORT

Name: **Anthony LEWIS, 19/09/1959 (M)** Address: Flat 2, 146a Cumbernauld Rd  
CHI No: **1909595276** Stepps  
Case note no.: **64108615H** Glasgow  
Lanarkshire  
G33 6HA

**Procedure date**  
1st August 2017

GP: **NALAGATLA, ROHINI**  
Nalagatla Medical Practice  
146 Cumbernauld Road  
Stepps  
G33 6HA

**Priority:** Elective  
**Hospital:** Glasgow Royal  
**Ward:** (none)  
**Referring Cons:** GP (Direct Access)

#### Indications

Following up a previous examination within the last month. Previous polyps.

#### Consultant/Endoscopist

Mr Graham MacKay  
Nurses: S/N Cheryl Burns  
S/N Hannah Harvey

#### Report

Bowel preparation with Phosphate enema was good. A digital rectal examination was performed. The sigmoidoscope was inserted via the anus to the distal transverse. Lesions: 1 pedunculated polyp (15mm) excised (hot snare cauterisation), retrieved and sent to labs from within (a). The rest of the examination to the limit of insertion was normal. There were no peri-operative complications.

**Instrument**  
SCANTRACK

**Premedication**  
No sedation

#### Diagnosis

Colonic polyp.

#### Therapeutic procedures

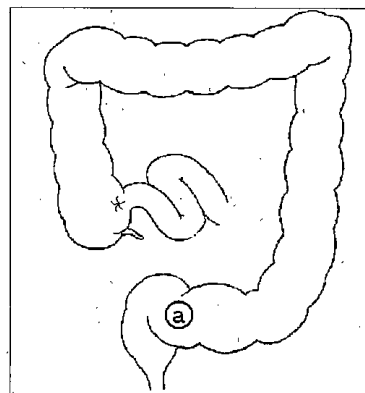
Injection: 2ml of Injection solution Adrenaline 1:10000 in Gelofusi via 6 Injections  
Polypectomy: 1 excised (hot snare cauterisation)

#### Follow up

Awaiting pathology results.

#### Advice/comments

The polyp in the sigmoid at 20cm was excised, marked with tattoo and sent to pathology. I will write with the results and to arrange any further follow-up.



a: Distal sigmoid (marked by tattoo and photographed)

**Specimens taken**  
Polyps (x1)

  
Mr Graham MacKay  
Consultant Colorectal Surgeon

## NHS Greater Glasgow and Clyde

### COLONOSCOPY REPORT

Name: **Anthony LEWIS, 19/09/1959 (M)** Address: Flat 2, 146a Cumbernauld Rd  
CHI No: **1909595276** Steps  
Case note no.: **64108615H** Glasgow  
Lanarkshire  
G33 6HA

**Procedure date**  
13th July 2017

GP: **NALAGATLA, ROHINI**  
Nalagatla Medical Practice  
146 Cumbernauld Road  
Steps  
G33 6HA

**Priority:** Elective  
**Status:** Day patient/NHS  
**Hospital:** Glasgow Royal  
**Ward:** (none)  
**Referring Cons:** GP (Direct Access)

#### Indications

Fresh pr bleeding rectal bleeding.  
Clinically important comments: Mr Lewis has had some fresh rectal bleeding, but this has settled. he has had no bleeding for 4 weeks.  
No change in bowel habit, abdominal pain or unexplained weight loss.

#### Report

Bowel preparation with klean prep was satisfactory.  
A digital rectal examination was performed.  
The colonoscope was inserted via the anus to the caecum, which was identified positively by the ileocecal valve, the appendicular orifice, the tri-radiate caecal fold and ileal intubation. The scope was retroflexed in the rectum.  
Lesions: 1 sessile polyp (6mm) excised (hot snare cauterisation), retrieved and sent to labs from within (b).  
Lesions: 1 pedunculated polyp (10mm) within (c). Lesions: 1 sessile polyp (5mm) excised (hot snare cauterisation) from within (d). Lesions: 1 sessile polyp (10mm) excised (hot snare cauterisation) from within (e). Diverticula: a few within (f).  
There were no peri-operative complications.

#### Diagnoses

Diverticulosis and colonic polyps.

#### Therapeutic procedures

Injection: Injection solution Adrenaline 1 :10000 in Gelofusi (sites b and e)  
Polypectomy: 1 excised (hot snare cauterisation) (b, d and e)

#### Follow up

Awaiting pathology results. Further procedure(s): sigmoidoscopy/polypectomy.

#### Advice/comments

I have excised three polyps today. Only one was retrieved. There is a further polyp remaining in the sigmoid colon, which is pedunculated. I attempted several times to excise this today, but was unable to obtain a position which allowed the snare to be passed

[Continued page 2]

## COLONOSCOPY REPORT

Name: **ANTHONY LEWIS**

Page 2

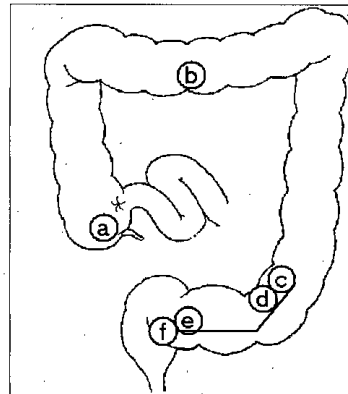
through the scope and round the polyp. Tony will require a further sigmoidoscopy/polypectomy on a consultant list. This should be allocated 3 points.

**Consultant/Endoscopist**

Endoscopist No1: Ewan Bell  
Nurses: SN Margaret Barlow  
S/N Martin Hall

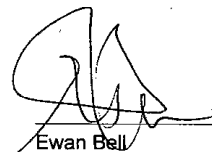
**Instrument**  
SCANTRACK

**Premedication**  
No sedation



- a: Caecum (photographed)
- b: Mid transverse
- c: Proximal sigmoid
- d: Proximal sigmoid
- e: Distal sigmoid (photographed)
- f: An area extending from the distal sigmoid to the proximal sigmoid

**Specimens taken**  
Polyps (x1 site b)

  
Ewan Bell  
Nurse Endoscopist

**NORTH GLASGOW BIOCHEMISTRY DEPARTMENT**

Form: NEGLU Run: 663

Surname: LEWIS Location: 144-146 Cumbernauld Rd  
Forename: ANTHONY Stepps  
DOB/Age: 19.09.59 Sex: Male  
CHI/Unit No: 1909595276 Lanarkshire Health Board  
Address: Flat 2 Requestor: Dr Rohini Nalagatla  
Details: pr bleeding Ext Labno:

---

Lab Number	Collected	Received	Glucose	HbA1c (IFCC)
			mmol/L (3.5-6.0)	mmol/mol (20-42)
B,17.4792023.S	05.07.17 16:30	05.07.17 17:52	5.1	
B,15.5024384.C	24.08.15 13:27	24.08.15 13:42	5.7	
B,14.5038229.N	24.11.14 09:50	24.11.14 13:29	5.8	

**Result Comments:**

05.07.17 Glucose : Non-fasting sample

---

Date reported: 06.07.17

Authorised by: Automatic release by system

## NORTH GLASGOW BIOCHEMISTRY DEPARTMENT

Form: NEA Run: 663

Surname: LEWIS  
 Forename: ANTHONY  
 DOB/Age: 19.09.59 Sex: Male  
 CHI/Unit No: 1909595276  
 Address: Flat 2  
 Details: pr bleeding

Location: 144-146 Cumbernauld Rd  
 Stepps  
 Lanarkshire Health Board  
 Requestor: Dr Rohini Nalagatla  
 Ext Labno:

		[[ CURRENT ]]		
Lab Number		B,17.4782022.D	B,15.5024383.A	B,14.5038228.G
Date/Time collected		05.07.17 16:30	24.08.15 13:27	24.11.14 09:50
Date/Time received		05.07.17 17:52	24.08.15 13:42	24.11.14 13:29
Sodium	mmol/L (133-146)	137	138	141
Potassium	mmol/L (3.5-5.3)	4.5	4.3	4.5
Chloride	mmol/L (95-108)	105	104	*109
Bicarbonate	mmol/L (22-29)			
Urea	mmol/L (2.5-7.8)	4.2	3.9	4.6
Creatinine	umol/L (40-130)	86	87	69
GFR (est'd)	ml/min (>60)	>60	>60	>60
CRP	mg/L (0-10)	6	*23	
Magnesium	mmol/L (0.70-1.00)			
Calcium	mmol/L (2.20-2.60)			2.36
Adj Calcium	mmol/L (2.20-2.60)			2.36
Phosphate	mmol/L (0.80-1.50)			1.17
Albumin	g/L (35-50)	37	37	39
Alk Phos	U/L (30-130)	72	83	81
Tot Bilirubin	umol/L (<20)	11	9	7
Conj Bilirubin	umol/L			
AST	U/L (<40)	22	17	24
gGT	U/L (<70)			
ALT	U/L (<50)	27	21	36
Amylase	U/L (<100)			
CK	U/L (40-320)			
Total Protein	g/L (60-80)			
Globulins	g/L (23-38)			
Urate	umol/L (200-430)			
Cholesterol	mmol/L			6.2
Triglyceride	mmol/L (0.2-2.3)			2.0
VLDL Chol	mmol/L			0.9
LDL Chol	mmol/L			4.5
HDL Chol	mmol/L			0.8
Chol/HDL				7.8
TSH	mU/L (0.35-5.00)	0.61		0.78
Free T4	pmol/L (9.0-21.0)	14.8		13.6
Total T3	nmol/L (0.9-2.5)			

## Result Comments:

05.07.17 U&amp;E : Please note change to Abbott Enzymatic Creat method from 24/04/17

Date reported: 06.07.17

Authoriser: Automatic release by system

**NORTH GLASGOW HOSPITALS  
HAEMATOLOGY REPORT**

[Form:GRI]

Surname: <b>LEWIS</b>	Location: <b>144-146 Cumbernauld Rd</b>
Forename: <b>ANTHONY</b>	<b>Stepps</b>
DOB/Age: <b>19.09.59</b> Sex: <b>Male</b>	
CHI/Unit No: <b>1909595276</b>	<b>Lanarkshire Health Board</b>
Address: <b>Flat 2</b>	Requestor: <b>Dr Rohini Nalagatla</b>
Details: <b>pr bleeding</b>	Ext Labno:

[[ CURRENT ]]

Lab Number	B,17.6153361.C	B,15.6247986.F	B,14.5811947.P
Date/Time collected	05.07.17 16:30	24.08.15 13:27	24.11.14 10:00
Date/Time received	05.07.17 17:57	24.08.15 13:47	24.11.14 13:30
Specimen type	Blood	Blood	Blood
<b>WBC</b>	x10 <sup>9</sup> /l (4.0-11.0) <b>9.9</b>	<b>10.1</b>	<b>10.6</b>
<b>RBC</b>	x10 <sup>12</sup> /l (4.50-6.50) <b>5.44</b>	<b>5.08</b>	<b>5.13</b>
<b>Haemoglobin</b>	g/l (130-180) <b>167</b>	<b>154</b>	<b>153</b>
<b>Haematocrit</b>	l/l (0.400-0.540) <b>0.488</b>	<b>0.448</b>	<b>0.465</b>
<b>MCV</b>	fl (80.0-100.0) <b>89.7</b>	<b>88.2</b>	<b>90.6</b>
<b>MCH</b>	pg (27.0-32.0) <b>30.7</b>	<b>30.3</b>	<b>29.8</b>
<b>Platelet Count</b>	x10 <sup>9</sup> /l (150-400) <b>238</b>	<b>282</b>	<b>286</b>
<b>Neutrophils</b>	x10 <sup>9</sup> /l (2.0-7.5) <b>5.6</b>	<b>6.2</b>	<b>5.4</b>
<b>Lymphocytes</b>	x10 <sup>9</sup> /l (1.5-4.0) <b>3.3</b>	<b>3.0</b>	<b>3.8</b>
<b>Monocytes</b>	x10 <sup>9</sup> /l (0.2-0.8) <b>0.6</b>	<b>0.7</b>	<b>0.7</b>
<b>Eosinophils</b>	x10 <sup>9</sup> /l (0.00-0.40) <b>0.27</b>	<b>0.2</b>	<b>0.5</b>
<b>Basophils</b>	x10 <sup>9</sup> /l (0.0-0.1) <b>0.1</b>	<b>0.1</b>	<b>0.1</b>
<b>Nucleated RBC</b>	x10 <sup>9</sup> /L <b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Myelocytes</b>	x10 <sup>9</sup> /L		
<b>Blasts</b>	x10 <sup>9</sup> /L		
<b>Others</b>	x10 <sup>9</sup> /L		
<b>ESR</b>	mm/hr (1-10) <b>2</b>		<b>2</b>
<b>Retics</b>	x10 <sup>9</sup> /L (10-90)		

Glan Fever Scr

Blood Film

Result Comments:

NORTH GLASGOW HOSPITALS  
HAEMATOLOGY REPORT

[GRI Run: 153]

Surname: LEWIS Location: 144-146 Cumbernauld Rd  
Forename: ANTHONY Stepps  
DOB/Age: 19.09.59 Sex: Male  
CHI/Unit No: 1909595276 Lanarkshire Health Board  
Address: Flat 2 Requestor: Dr Rohini Nalagatla  
Details: pr bleeding Ext Labno:

Lab No: B,17.4782022 Specimen: Blood  
Collected: 05.07.17 16:30 Received: 05.07.17 17:52  
Authorised: 05.07.17 Authoriser:

B12

Serum Vitamin B12 + 907 ng/l ( 200-900 )

SF


Serum Folate 11.7 ug/l ( 3.1-20.0 )

FER

Serum Ferritin 100 ug/l ( 20-300 )

Comments:

FER: Males 20-300 (<20 iron deficiency )  
Females 15-200 (<15 iron deficiency )  
15-50 intermediate result. Consider iron deficiency  
in anaemic patients, older patients and those  
with inflammatory disease.

CHI: 1909595276 19/09/1959 M  
 Your name: **LEWIS Anthony**  
 Flat 2, 146A Cumbernau, G33 6HA  
 Today's date: **10/2/17**  
 Dr R Nalagalla, 5164226  
 144-146 Cumbernau, G336HA  
 10/02/2017 12:09. Practice: **60073**  


## How is your COPD? Take the COPD Assessment Test™ (CAT)

This questionnaire will help you and your healthcare professional measure the impact COPD (Chronic Obstructive Pulmonary Disease) is having on your wellbeing and daily life. Your answers, and test score, can be used by you and your healthcare professional to help improve the management of your COPD and get the greatest benefit from treatment.

For each item below, place a mark (X) in the box that best describes you currently. Be sure to only select one response for each question.

**Example:** I am very happy  0  1  2  3  4  5 I am very sad

			SCORE
I never cough	<input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I cough all the time	3
I have no phlegm (mucus) in my chest at all	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	My chest is completely full of phlegm (mucus)	4
My chest does not feel tight at all	<input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	My chest feels very tight	0
When I walk up a hill or one flight of stairs I am not breathless	<input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	When I walk up a hill or one flight of stairs I am very breathless	2
I am not limited doing any activities at home	<input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I am very limited doing activities at home	0
I am confident leaving my home despite my lung condition	<input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I am not at all confident leaving my home because of my lung condition	0
I sleep soundly	<input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I don't sleep soundly because of my lung condition	0
I have lots of energy	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I have no energy at all	4
			<b>TOTAL SCORE</b>
			13



Bowel Screening Centre  
Kings Cross  
Cleington Road  
Dundee  
DD3 8EA



**PRIVATE AND CONFIDENTIAL**

Dr ROHINI NALAGATLA  
NALAGATLA MEDICAL PTCE  
144-146 CUMBERNAULD RD  
STEPPS  
GLASGOW  
G33 6HA

Date: 02 Nov 2015  
CHI Number 1909595276

Bowel Screening  
Helpline Number: 0800 0121 833

Dear Doctor,

This patient **1909595276**, **ANTHONY LEWIS**, **FLAT 2**, **146A CUMBERNAULD RD**, **STEPPS GLASGOW**, , , **G33 6HA** returned a bowel screening test kit. **The test was negative.**

This means that no faecal occult blood was detected and therefore no further investigations are required. Your patient will be called for screening every two years until they reach the age of 74.

Please note that the bowel screening test will not detect all colorectal cancers. This is because not all cancers or polyps bleed all of the time and the screening test is looking for blood. The screening test picks up two out of every three existing bowel cancers. Cancer can also develop between one screening test and the next, so it is important that your patient repeats the screening test every two years and never ignores symptoms.

Symptoms and signs of colorectal cancer:

- Persistent rectal bleeding without an obvious anal cause.
- Persistent change in bowel habit (> 6 weeks), especially to looser stools.
- Right sided abdominal mass.
- Palpable rectal mass.
- Unexplained iron deficiency anaemia.

These symptoms can be caused by a number of conditions including bowel cancer. If your patient makes you aware of these symptoms please note that it may be bowel cancer despite the negative screening test and consider making an urgent suspected cancer referral through SCI Gateway.

Cancer may occur as a result of a genetic predisposition particularly if the affected individual is young or there are several cases in the family. Referral guidelines have been developed for breast, ovarian and colorectal cancer. Where there is concern in asymptomatic patients, a detailed family history should be taken and patients should be referred to the Regional Cancer Genetics Unit for a comprehensive risk assessment and surveillance as appropriate.

Bowel Cancer referral guidelines can be accessed at:-

<http://www.scotland.gov.uk/quickreferenceguide/suspectedcancer>

Yours sincerely

Professor Steele  
Clinical Director

Lewis Anthony

CHI: 1909595276

**Immediate Discharge Letter**

Highly Sensitive: No Consent for Sharing Withheld: No

Dr. R Nalagatla  
Nalagatla Medical Practice  
146 Cumbernauld Road  
Stepps  
G33 6HA

Glasgow Royal Infirmary  
Alexandra Parade  
Glasgow  
G31 2ER  
Main Switchboard: 0141 211 4000  
Date of Completion: 28/08/2015

Dear Dr R Nalagatla,

Name	CHI	DoB	Address
Anthony Lewis	1909595276	19/09/1959	FLAT 2,146A CUMBERNAULD RD Glasgow G33 6HA

Admitted	Type	Discharged	Destination
24/08/2015 12:52	In Patient	25/08/2015	

Specialty	Consultant	Ward	Telephone
General Surgery	Mr Colin Kenneth MacKay	GRI Ward 66 General Surgery	0141 211 1930

Reason for Admission and Presenting Complaints	Admission Category
Incision and drainage of right inner thigh abscess	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

**Clinical Comments:** Dear Doctor,  
The above named patient was admitted for incision and drainage of right inner thigh abscess. The procedure went ahead without complications and he made a good recovery back on the ward.  
No changes to regular medication were made and he has been discharged with district / practice nurse follow up for daily dressings.  
If you have any further questions regarding his care, please do not hesitate to contact the ward.

Kind regards,

Heather Osborne

FY1, General Surgery, GRI

Lewis Anthony

CHI: 1909595276

IDL 25/08/2015 v1

**Treatments:** Incision and drainage of right inner thigh abscess

**Follow-up arranged:** District / practice nurse for daily dressing. No other follow up

**Planned Outpatient Investigations:** None

**Final Discharge letter to follow:** Yes

**Medication Info:**

**Allergies:**

**Height:** cm

**Weight:** kg

**Discharge Medication:**

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
----------	-------	------	-----	-----------	----------	------------------

**New Medication Started:** NO

**Discontinued Medication:**

Drug Name	Dose	UOM	Reason
-----------	------	-----	--------

Yours sincerely,  
 Dr Heather Kate Osborne  
 Doctor

**Prescription Review**

Medications Reviewed by Pharmacist: ,  
 Dispensed Medications Checked by Pharmacy: ,  
 Nurse discharging patient: Heather Kate Osborne, Doctor

Lewis Anthony

CHI: 1909595276



## Immediate Discharge Letter

**Highly Sensitive: No Consent for Sharing Withheld: No**

This letter supersedes previous version of 28 Aug 2015 11:50

Dr. R Nalagatla  
Nalagatla Medical Practice  
146 Cumbernauld Road  
Stepps  
G33 6HA

Glasgow Royal Infirmary  
Alexandra Parade  
Glasgow  
G31 2ER  
Main Switchboard: 0141 211 4000  
Date of Completion: 13/10/2015

Dear Dr R Nalagatla,

Name	CHI	DoB	Address
Anthony Lewis	1909595276	19/09/1959	FLAT 2,146A CUMBERNAULD RD Glasgow G33 6HA

Admitted	Type	Discharged	Destination
24/08/2015 12:52	In Patient	25/08/2015	

Specialty	Consultant	Ward	Telephone
General Surgery	Mr Colin Kenneth MacKay	GRI Ward 66 General Surgery	0141 211 1930

Reason for Admission and Presenting Complaints	Admission Category
Incision and drainage of right inner thigh abscess	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations
24/08/2015	DRAINAGE OF LESION OF SKIN NEC
24/08/2015	SKIN OF LEG NEC
24/08/2015	INCISION OF LESION OF SKIN NEC
24/08/2015	SKIN OF LEG NEC

**Clinical Comments:** Dear Doctor,  
The above named patient was admitted for incision and drainage of right inner thigh abscess. The procedure went ahead without complications and he made a good recovery back on the ward.  
No changes to regular medication were made and he has been discharged with district / practice nurse follow up for daily dressings.  
If you have any further questions regarding his care, please do not hesitate to contact the ward.

Kind regards,

Lewis Anthony

CHI: 1909595276

IDL 25/08/2015 v2

Heather Osborne

FY1, General Surgery, GRI

**Final Comments: SD/TH 15.9.15 Typed 23.9.15**

**NIL TO ADD**

**Treatments:** Incision and drainage of right inner thigh abscess

**Follow-up arranged:** District / practice nurse for daily dressing. No other follow up

**Planned Outpatient Investigations:** None

**Final Discharge letter to follow:** no

**Medication Info:**

**Allergies:**

**Height:** cm

**Weight:** kg

**Discharge Medication:**

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
----------	-------	------	-----	-----------	----------	------------------

**New Medication Started:** NO

**Discontinued Medication:**

Drug Name	Dose	UOM	Reason
-----------	------	-----	--------

Yours sincerely,  
Doctor Sumanta Dutta  
Doctor

**Prescription Review**

Medications Reviewed by Pharmacist: ,  
Dispensed Medications Checked by Pharmacy: ,  
Nurse discharging patient: Jocelyn Kennedy,

## Direct Access Spirometry Report

OUTREACH SPIROMETRY SERVICE

Pre vs. Post Report

### Patient Information

<b>Name:</b> Lewis, Anthony	<b>ID:</b> 1909595276	Birthdate: 19/09/1959
Height at test (cm): 175.0	Sex: Male	Smoking history (pk-yrs): 39
Weight at test (kg): 86.9	Age at test: 55	Predicted set: ECCS 1983/93, Polgar(Peds)1971

Comments: Dr Nalagatla 46536

Diagnosis:

Interpreted by:

### Interpretation

**Moderate obstructive pulmonary impairment. Bronchodilator produces a moderate response but airflow obstruction persists. Post bronchodilator results consistent with QOF COPD Stage 2 (NICE). Suggest re-inforcement of smoking cessation advice and trial of symptomatic bronchodilator therapy as per COPD Management Guidelines. Results cannot exclude asthma. MRC 2, SpO2 96%. Clare Masson / R Vaughn**

Site: KoKo987078

Effort protocol: ATS/ERS 2005

Test date/time: 11/02/15 12:08:58

Physician:

Bronchodilator:

Pre-BD Number of efforts performed: 3

Technician: Clare Masson

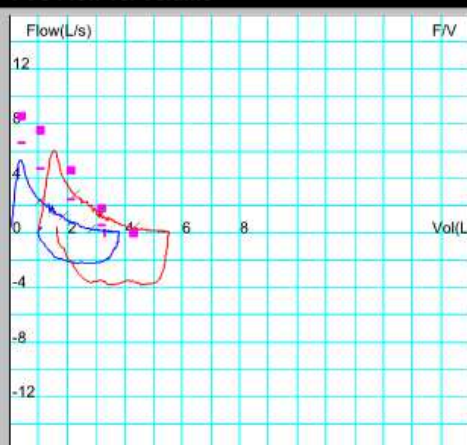
Post-BD Number of efforts performed: 4

### Results

Result	Pred	Pre	%Prd	Post	%Prd	%Chg
FVC (L)	4.30	3.81	89%	4.53	105%	19%
FEV1 (L)	3.44	2.06	60%	2.41	70%	17%
FEV1/FVC	0.77	0.54		0.53		-2%
FEF25-75% (L/s)	3.74	0.71	19%	0.83	22%	16%
PEFR (L/s)	8.54	5.31	62%	5.99	70%	13%
Vext %	---	2.72	---	3.13	---	15%

Comments: Dr Nalagatla 46536

### FVC Flow vs. Volume



### FVC Volume vs. Time



**N O R T H   G L A S G O W   H O S P I T A L S**  
**H A E M A T O L O G Y   R E P O R T**

[Form:GRI]

Surname:	<b>LEWIS</b>	Location:	<b>146 Cumbernauld Rd</b>
Forename:	<b>ANTHONY</b>		<b>Stepps</b>
DOB/Age:	<b>19.09.59</b>	Sex:	<b>Male</b>
CHI/Unit No:	<b>1909595276</b>		<b>Lanarkshire Health Board</b>
Address:	<b>146A CUMBERNAULD</b>	Requestor:	<b>Dr Rohini Nalagatla</b>
Diagnosis:	<b>Not given</b>	Ext Labno:	

[[ CURRENT ]]

Lab Number	<b>B,14.5811947.P</b>
Date/Time collected	<b>24.11.14 10:00</b>
Date/Time received	<b>24.11.14 13:30</b>

<b>WBC</b>	$\times 10^9/L$ (4.0-11.0)	<b>10.6</b>
<b>RBC</b>	$\times 10^{12}/L$ (4.50-6.50)	<b>5.13</b>
<b>Haemoglobin</b>	$g/L$ (130-180)	<b>153</b>
<b>Haematocrit</b>	$L/L$ (0.400-0.540)	<b>0.465</b>
<b>MCV</b>	$fL$ (80.0-100.0)	<b>90.6</b>
<b>MCH</b>	$pg$ (27.0-32.0)	<b>29.8</b>
<b>Platelet Count</b>	$\times 10^9/L$ (150-400)	<b>286</b>
<b>Neutrophils</b>	$\times 10^9/L$ (2.0-7.5)	<b>5.4</b>
<b>Lymphocytes</b>	$\times 10^9/L$ (1.5-4.0)	<b>3.8</b>
<b>Monocytes</b>	$\times 10^9/L$ (0.2-0.8)	<b>0.7</b>
<b>Eosinophils</b>	$\times 10^9/L$ (0.0-0.4)	<b>0.5</b>
<b>Basophils</b>	$\times 10^9/L$ (0.0-0.1)	<b>0.1</b>
<b>Nucleated RBC</b>	$\times 10^9/L$	<b>0.0</b>
<b>Myelocytes</b>	$\times 10^9/L$	
<b>Blasts</b>	$\times 10^9/L$	
<b>Others</b>	$\times 10^9/L$	
<b>ESR</b>	$mm/hr$ (1-10)	<b>2</b>
<b>Retics</b>	$\times 10^9/L$ (10-90)	

**Glan Fever Scr**  
**Blood Film**

**Result Comments:**

Date reported: **24.11.14**

Authoriser:

Run No: **988**



**NORTH GLASGOW BIOCHEMISTRY DEPARTMENT**

Form: NEGLU Run: 449

Surname: LEWIS Location: 146 Cumbernauld Rd  
Forename: ANTHONY Steps  
DOB/Age: 19.09.59 Sex: Male  
CHI/Unit No: 1909595276 Lanarkshire Health Board  
Address: 146A CUMBERNAULD Requestor: Dr Rohini Nalagatla  
Diagnosis: Ext Labno:

---

Lab Number	Date/Time collected	Date/Time received	Glucose mmol/L (3.5-6.0)	HbA1c (IFCC) mmol/mol (20-42)
B,14.5038229.N	24.11.14 09:50	24.11.14 13:29	5.8	

Result Comments:

---

Date reported: 24.11.14

Authorised by: Automatic release by system

**NORTH GLASGOW BIOCHEMISTRY DEPARTMENT**

Form: NEA Run: 449

Surname: **LEWIS**  
 Forename: **ANTHONY**  
 DOB/Age: **19.09.59** Sex: **Male**  
 CHI/Unit No: **1909595276**  
 Address: **146A CUMBERNAULD**  
 Diagnosis:

Location: **146 Cumbernauld Rd  
 Steps**  
**Lanarkshire Health Board**  
 Requestor: **Dr Rohini Nalagatla**  
 Ext Labno:

[[ CURRENT ]]			
Lab Number			B,14.5038228.G
Date/Time collected			24.11.14 09:50
Date/Time received			24.11.14 13:29
Sodium	mmol/L	(133-146)	141
Potassium	mmol/L	(3.5-5.3)	4.5
Chloride	mmol/L	(95-108)	*109
Bicarbonate	mmol/L	(22-29)	
Urea	mmol/L	(2.5-7.8)	4.6
Creatinine	umol/L	(40-130)	69
GFR (est'd)	ml/min	(>60)	>60
CRP	mg/L	(0-10)	
Magnesium	mmol/L	(0.70-1.00)	
Calcium	mmol/L	(2.20-2.60)	2.36
Adj Calcium	mmol/L	(2.20-2.60)	2.36
Phosphate	mmol/L	(0.80-1.50)	1.17
Albumin	g/L	(35-50)	39
Alk Phos	U/L	(30-130)	81
Tot Bilirubin	umol/L	(<20)	7
Conj Bilirubin	umol/L		
AST	U/L	(<40)	24
gGT	U/L	(<70)	
ALT	U/L	(<50)	36
Amylase	U/L	(<100)	
CK	U/L	(40-320)	
Total Protein	g/L	(60-80)	
Globulins	g/L	(23-38)	
Urate	mmol/L	(0.20-0.43)	
Cholesterol	mmol/L		6.2
Triglyceride	mmol/L	(0.2-2.3)	2.0
VLDL Chol	mmol/L		0.9
LDL Chol	mmol/L		4.5
HDL Chol	mmol/L		0.8
Chol/HDL			7.8
TSH	mU/L	(0.35-5.00)	0.78
Free T4	pmol/L	(9.0-21.0)	13.6
Total T3	nmol/L	(0.9-2.5)	

Result Comments:

Date reported: 24.11.14

Authoriser: Automatic release by system

**NORTH GLASGOW BIOCHEMISTRY DEPARTMENT**

Form: NURINE Run: 441

Surname: LEWIS  
Forename: ANTHONY  
DOB/Age: 19.09.59 Sex: Male  
CHI/Unit No: 1909595276  
Address: 146A CUMBERNAULD  
Diagnosis:

Location: 146 Cumbernauld Rd  
Stepps  
Lanarkshire Health Board  
Requestor: Dr Rohini Nalagatla  
Ext Labno:

---

**[[ CURRENT ]]**

Lab No B,14.5003433.K  
Date/Time collected 18.11.14 09:00  
Date/Time received 20.11.14 14:38

Volume ml NA  
Time hrs.mins NA

Urine Albumin mg/L (<20) 7  
24hr Urine Albumin mg/vol (0-30) NA  
U Alb/Creat Ratio mg/mmol creat (0.0-2.5) 0.5  
U Albumin excretion ug/min (0-20)  
Collection time minutes  
Urine Creatinine mmol/L 13.6  
Urine Protein g/L (<0.200) 0.103  
Urine Protein mg/L (<200) 103  
Urine Protein/volume mg/volume  
U Protein:Creatinine mg/mmol creat (<30) 8

Result Comments:

---

Date reported: 21.11.14

Authorised by:



Stobhill Hospital  
133 Balornock Road  
Glasgow G21 3UW  
07/11/2014

Dr R Nalagatla  
Nalagatla Medical Practice  
146 Cumbernauld Road  
Stepps  
Glasgow  
G33 6HA

Dear Dr R Nalagatla

**Patient Name:** Mr Anthony Lewis  
**Address:** 146a Cumbernauld Road Stepps  
Glasgow  
G33 6HA  
**CHI Number:** 1909595276

It would appear from our records that:

- Your patient has not responded to our ~~two~~ recent letters ~~by~~ inviting them to arrange an appointment.  
 Your patient has indicated that they no longer require an appointment.

**We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with NHS Greater Glasgow and Clyde's Did Not Attend Policy.**

If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

User ID Sharon Law

SCGC Opwl Removal to GP V1



Glasgow Royal Infirmary  
Alexandra Parade  
Glasgow G31 2ER

24/10/2014

Dr R Nalagatla  
Nalagatla Medical Practice  
146 Cumbernauld Road  
Stepps  
Glasgow G33 6HA

Dear Dr R Nalagatla

**Re Patient:** Mr Anthony Lewis  
146a Cumbernauld Road  
Stepps  
Glasgow G33 6HA  
**CHI Number:** 1909595276  
**Consultant:** Dr Colin Clark  
**Specialty:** Dermatology  
**Hospital:** Glasgow Royal Infirmary  
**Date and time:** 24/10/2014, at 09:40

It would appear from our records that your patient did not keep the above appointment and did not notify us that they would not be attending.

**No further appointment will be offered, your patient has been removed from the waiting list and we would require a new referral if you consider this necessary. This is in line with the NHS Greater Glasgow and Clyde's Did Not Attend Policy.**

**Please note, your patient has also been notified of this removal.**

Yours sincerely

**Kate Blacklock Health Records Manager**



Stobhill Hospital  
133 Balornock Road  
Glasgow G21 3UW

14/10/2014

Mr Anthony Lewis  
146a Cumbernauld Road  
Stepps  
Glasgow  
G33 6HA

Dear Mr Anthony Lewis

**CHI Number: 1909595276**

We have received a referral to provide you with a **Physiotherapists** outpatient appointment:

Please telephone us on: **0141 355 1642** to arrange a suitable date and time, or email\*

Opening Hours are: Monday - Thursday 9am - 5pm, Friday 9am - 4pm

If we do not hear from you within two weeks of the date on this letter, we will assume that you no longer require an appointment. We will remove your name from the waiting list and will inform your GP or Referrer accordingly.

\*If you are contacting us by email you should include the following information:

**Your name**  
**Your CHI number**  
**Consultant name**  
**Date and time of your appointment**  
**Reason: e.g. Unable to attend and require a further appointment.**  
**For security purposes, please do not include any clinical information in your email.**

Yours sincerely

## Patient Information for Musculoskeletal Physiotherapy



### What is Musculoskeletal Physiotherapy?

Musculoskeletal physiotherapy involves the assessment and treatment of muscles, tendons, ligaments, bones, joints, nerves and other structures in order to:

- Improve your movement and strength
- Help you to do more of your normal activities
- Help you reduce or manage your pain
- Help you to understand and manage your problem with our support.

### What to expect

Your first appointment may last up to 45 minutes  
Follow up appointments may last up to 30 minutes

We will try not to keep you waiting. If you have to wait more than 10 minutes please highlight this to a member of staff.

**Caution:** If you have a pacemaker, please tell the staff on your arrival as some of our equipment in the treatment area may interfere with it.

You will see either a qualified physiotherapist, student physiotherapist or a physiotherapy support worker. We will ask questions about your problem. Everything you tell us is confidential. The physical assessment may involve the physiotherapist testing your movement and strength. You are free to withdraw your consent to assessment or treatment at any time.

After your assessment, we will discuss your problem, agree goals and a treatment plan with you.

~~We can also offer advice on how you can manage your problem yourself. When your treatment ends, we will send a discharge letter to your doctor.~~

### Changing your appointments

To cancel or change your appointment, please telephone the number on your appointment letter with as much notice as possible. This will allow us to give your appointment time to another patient. We need your help to run an efficient service.

If you fail to attend without telling us in advance, or if you cancel at short notice on more than two occasions, we will remove you from our list and write to your doctor. This is in line with NHS Greater Glasgow and Clyde's Did Not Attend and Cancellation Policy.

### What to bring with you

- Your appointment letter
- A note of all medicines that you are taking
- Reading glasses if you need them
- Loose clothing e.g. Shorts, T-Shirt or Vest top as we may ask you to remove some clothes to make it easier for the physiotherapist to assess you.

### How can I get the most out of treatment?

Please ask if there is anything you don't understand. We would encourage you to ask the physiotherapist questions about your problem.

Help yourself and us by following any agreed advice and exercises we give you and attending your appointments on time. If you are more than 10 minutes late, we may not be able to see you. Remember to let the physiotherapist know if there are any changes in your health which may affect your treatment.

Please switch mobile phone off during your appointment.

## Student Teaching

An important part of our work is teaching and training students. You have the right to decide whether or not you wish to take part in student teaching. We will ask you about this before your appointment.

## Help with specific needs

If you have any sight, hearing problems, need an interpreter or have any other specific needs, please let us know before you attend your appointment.

## Patient Ambulance Transport

A hospital or clinic appointment does not mean you qualify for patient transport. If for medical reasons, you need this form of transport, you or your carer should arrange this. **Please call the Scottish Ambulance Service on 0300 123 1236.** They will ask you a series of questions to determine your need.

## Courtesy to staff

At your appointment you can expect staff to treat you politely with dignity and respect. Equally we expect you to treat our staff the same. We will not accept racial, sexual or any other kind of harassment, violent behaviour or abuse.

## Look after yourself

Evidence has shown that to achieve good health and wellbeing, the following should be addressed:

- Achieving your ideal weight and eating a balanced diet
- Taking part in regular exercise
- Reducing excessive stress
- Stopping smoking
- Drinking alcohol in moderation.

If you would like any further information on any of the above points, your physiotherapist would be happy to discuss these with you.

## Health Information Leaflets

Leaflets are available within the department on specific conditions and general health improvement. A useful website for musculoskeletal problems is: [www.nhsinform.co.uk/msk](http://www.nhsinform.co.uk/msk)

## No Smoking

NHS GG&C operates a No Smoking Policy. No smoking means no smoking in any NHS building, entrance, doorway, grounds or car park.

## Fire safety

In the event of the fire alarm ringing, the staff will advise you what to do.

## Confidentiality of Health Information

All staff are legally bound by the NHS Code of Practice on Protecting Patient Confidentiality.

## Comments: Suggestions: Complaints

We welcome comments and suggestions about any aspect of your physiotherapy. Please speak to a member of staff. If you want to complain, speak with a senior member of staff. A guidance leaflet is also available. Please ask for one if you need it.



**Stobhill Hospital**  
**LEWIS, Anthony**

146A Cumbernauld Road, Stepps, Glasgow, Lanarkshire, G33 6HA  
Referrer: Dr Rohini Nalagatla - GP PRACTICE

**Diagnostic Imaging Report**

DoB: **19/09/1959**  
Chi No: **1909595276**  
CRIS No: **25340786**  
Hosp No:

**VERIFIED** Verified By: Dr Fiona Bryden 30/10/14 1237.

**Clinical History :**

Heavy smoker of 20 per day. Nonspecific pressure and pain in left shoulder. Chest X-ray: to assess left upper lobe.

**XR Chest :**

The cardiothoracic ratio is 145/342. The heart is not enlarged. There is a slightly prominent left cardiophrenic fat pad. This is of no clinical significance. The lungs are slightly hyperinflated in keeping with the smoking history and a background of COPD. No focal superimposed pulmonary mass lesion seen.





1909: 35276  
 LEWIS M  
 Anthony 19/09/1959  
 146a Cumbernauld Road  
 Stepps  
 Glasgow, Lanarkshire G33 6 1A

The patient attended Dermatology Clinic at GAU

Hospital on 20/6/14 and I would advise a change to drug therapy from

\_\_\_\_\_ to \_\_\_\_\_

or additional therapy of See below

as detailed below. Full letter to follow.

Additional Comments: \_\_\_\_\_

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
<u>Elocon Cream</u>	<u>1mm</u>	<u>OD to affected areas</u>	

Yours Sincerely

Signature: [Signature]

Name (print) Anthony Lewis

Grade: ST3

Ext. No:

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

Lewis Anthony

CHI: 1909595276

## Clinic Letter



Dr. R Nalagatla  
Nalagatla Medical Practice  
146 Cumbernauld Road  
Stepps  
Glasgow  
G33 6HA

Glasgow Royal Infirmary  
Alexandra Parade  
Glasgow  
G31 2ER

Main Switchboard: 0141 211 4000  
Email Inquiries to:  
Contact Tel Details:

Dictated Date: 20/06/2014

By: MA

Transcribed Date: 20/06/2014

By: Anne Flynn

Dear Dr. R Nalagatla,

### Patient

Name: Lewis Anthony  
CHI: 1909595276  
DOB: 19 Sep 1959  
Address: 146a Cumbernauld Road  
Glasgow  
G33 6HA

### Attendance

Attended: 20/06/2014 09:00  
New/Return: GRI N DERM  
Referral Source: General Practitioner  
Consultant: Dr Colin Clark  
Specialty: Dermatology  
Clinic: GRCCDE9-DR C  
CLARK FRIDAY AM

### Clinical Comments:

#### DIAGNOSES:

Vitiligo - information leaflet given

#### MANAGEMENT:

Topical Elocon

Photographs taken today

Lewis Anthony

CHI: 1909595276

OPCL 20/06/2014 v1

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**FOLLOW-UP:**

Next routine appointment

Thank you for referring this 54 year old man to the Dermatology Department. He is normally fit and well but had noticed an onset of a pale patch approximately 2½ years ago to his right forehead and right head. Since then he feels it has slightly increased size. He is not aware of any other new patches but feels these are much more obvious in the sunny weather. He feels entirely well in himself.

On examination today he has a patch of visible de-pigmentation to the right forehead and to the hands. He also has a few small patches to his back. I also examined Mr Lewis under the Wood's lamp today and he has widespread hypo-pigmentation to the face and trunk with involvement of the hands.

This is clinically consistent with a diagnostic of vitiligo and we have explained this to him today. He is not particularly distressed by the appearance and in the first instance we have suggested Elocon od to the affected areas. I have also given him an information leaflet on vitiligo.

He has an appointment for review.

Yours sincerely

Dr Michelle Anderson

Clinical Fellow in Dermatology

Electronically Signed: Dr Michelle Anderson, Doctor

cc.

NHS Confidential: Personal data about a patient



Bowel Screening Centre  
Kings Cross  
Cleington Road  
Dundee  
DD3 8EA



PRIVATE AND CONFIDENTIAL

Dr ROHINI NALAGATLA  
NALAGATLA MEDICAL PTCE  
144-146 CUMBERNAULD RD  
STEPS  
GLASGOW  
G33 6HA

Date: 05 Nov 2013  
CHI Number: 1909595276

Bowel Screening  
Helpline Number: 0800 0121 833

Dear Doctor,

This patient **1909595276**, **ANTHONY LEWIS, FLAT 2, 146A CUMBERNAULD RD, STEPS GLASGOW, , G33 6HA** returned a bowel screening test kit. **The test was negative.**

This means that no faecal occult blood was detected and therefore no further investigations are required. Your patient will be called for screening every two years until they reach the age of 74.

Please note that the bowel screening test will not detect all colorectal cancers. This is because not all cancers or polyps bleed all of the time and the screening test is looking for blood. The screening test picks up two out of every three existing bowel cancers. Cancer can also develop between one screening test and the next, so it is important that your patient repeats the screening test every two years and never ignores symptoms.

Symptoms and signs of colorectal cancer:

- Persistent rectal bleeding without an obvious anal cause.
- Persistent change in bowel habit (> 6 weeks), especially to looser stools.
- Right sided abdominal mass.
- Palpable rectal mass.
- Unexplained iron deficiency anaemia.

These symptoms can be caused by a number of conditions including bowel cancer. If your patient makes you aware of these symptoms please note that it may be bowel cancer despite the negative screening test and consider making an urgent suspected cancer referral through SCI Gateway.

Cancer may occur as a result of a genetic predisposition particularly if the affected individual is young or there are several cases in the family. Referral guidelines have been developed for breast, ovarian and colorectal cancer. Where there is concern in asymptomatic patients, a detailed family history should be taken and patients should be referred to the Regional Cancer Genetics Unit for a comprehensive risk assessment and surveillance as appropriate.

Bowel Cancer referral guidelines can be accessed at:-

<http://www.scotland.gov.uk/quickreferenceguide/suspectedcancer>

Yours sincerely

Professor Steele  
Clinical Director

## Acute Services Division

Surgery and Anaesthetics Directorate

### PAIN MANAGEMENT RESEARCH CLINIC



Gartnavel General Hospital  
1053 Great Western Road  
Glasgow  
G12 0YN  
Tel. 0141 211 3287

Date: 18<sup>th</sup> October 2012

Dr R McNeill  
146 Cumbernauld Road  
Stepps  
Glasgow  
G33 6HA

Dear Dr McNeill

Re: Anthony Lewis. DOB 19.09.1959 CHI: 1909595276

We previously wrote to advise you that your patient had consented on the 21<sup>st</sup> Sept 2012, to a Phase 2 Evaluation of the efficacy, tolerability, and safety of 7 days treatment with GRT 6010 or Pregabalin in comparison to placebo in subjects with peripheral neuropathic pain.

Unfortunately Mr Lewis did not meet the eligibility criteria on the 4<sup>th</sup> day of his inpatient stay and had to be withdrawn from the study prior to study medication dosing.

He experiences allodynia and hyperalgesia around the scar tissue of his right ankle.

Mr Lewis would need to be referred by you to a Pain Management Clinic at the new ACH Hospital at Stobhill for review if you deem this appropriate.

Alternatively Versatis plasters, although licensed for PHN may also be a possibility, placed over the affected region for 12hours in a 24hour period.

However you may feel oral medication is more appropriate to begin with and a trial of Nortriptyline which has a lower side effect profile to the Amitriptyline and perhaps adjuvant Pregabalin if he does not tolerate an optimum dose of Gabapentin are also possibilities.

Mr Lewis's blood Biochemistry and Haematology assays and ECG's were essentially normal.

***Delivering better health***

[www.nhsggc.org.uk](http://www.nhsggc.org.uk)

40369

We would like to advise you that your patient has now completed their participation in the pre-treatment phase of this study.

Yours sincerely

*Sister M James*

Sister Mairi James  
Pain Research Co-ordinator

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Dr Mick Serpell  
Gartnavel General Hospital  
1053 Great Western Road  
Glasgow  
G12 0YN  
0141 211 3288

33 4653

DATE

Re: 26/09/12 ANTHONY LEWIS (19/09/59) 5276

Dear Doctor,

As part of our process we inform the GPs about the possible participation of their patients in a clinical trial.

Your above patient has expressed interest in participating in a study conducted at Glasgow Clinical Research Facility, Western Infirmary. We conduct this phase IIa study on behalf of the sponsor: Grünenthal GmbH, 52099 Aachen, Germany.

This is a randomized, multicenter, double-blind, double-dummy, active and placebo controlled, parallel group study to evaluate the efficacy, tolerability, and safety of 7 days of treatment with GRT6010 or pregabalin in comparison to placebo in subjects with peripheral neuropathic pain.

Code/class of the product: GRT6010 / peripheral analgesic

Therapeutic indication: peripheral neuropathic pain

Dose and dosing schedule:

**GRT6010/Placebo oral solution:**

Loading dose on Day 1: 6000 µg.  
Daily maintenance dose (Day 2 until Day 7): 600 µg.

**Pregabalin/Placebo over-encapsulated capsules:**

Day 1 until Day 3: 75 mg twice daily (total daily dose 150 mg).  
Day 4 until Day 7: 150 mg twice daily (total daily dose 300 mg).

The study design, as well as the potential side effects of the investigational medicinal product have been explained to the patient.

He or she received a Trial Card with the appropriate details of the study and an emergency contact number 00002 if he or she needs to contact us.

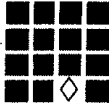
If you have any questions about this study, please do not hesitate to contact the undersigned.

Sincerely,

*Mick Serpell* Research Nurse

Dr Mick Serpell  
KF6010/01\_GP Letter\_EN\_02-Aug-2011

10/10



CPS Research  
3 Todd Campus  
West of Scotland Science Park  
Glasgow G20 0XA  
Tel: 0141 946 7888

Investigator Name: Dr Alan G. Wade

GP Name: Dr McNeil + Barrie  
GP Address: 146 Cumbernauld Rd  
Stepps  
Glasgow  
G33 6HA

Date of letter: 28/8/12

Dear Dr. McNeil + Barrie

The following person has agreed to participate in the clinical study detailed below and has given his / her permission for me to inform you of this.

Name: ANTHONY LEWIS  
Date of birth: 19/SEP/1959  
Address: 146A CUMBERNAULD RD  
STEEPS

Protocol title: A multi-centred, randomised, double-blind, two arm, parallel group, pilot study to assess the effect of Gaviscon Double Action tablets in patients with reflux disease.

Protocol number: GA1203

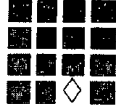
Sponsor: Reckitt Benckiser Healthcare UK Ltd

This is a short study lasting two weeks with three study visits and is looking to test the efficacy of Gaviscon double action tablets compared with placebo in reduction of the overall symptoms of heartburn, acid regurgitation and dyspepsia in patients with GERD.

I enclose a copy of the patient information sheet for your information. Should you require any further information, please contact me at the above address or by phone on 0141 946 7888 or by e-mail at [info@cpsresearch.co.uk](mailto:info@cpsresearch.co.uk).

Yours sincerely,

Dr. Alan G. Wade, Investigator



CPS Research  
3 Todd Campus  
West of Scotland Science Park  
Glasgow G20 0XA  
Tel: 0141 946 7888

## Patient Information Sheet

### PART 1

#### 1. STUDY TITLE

Study Title	A multi-centred, randomised, double-blind, two arm, parallel group, placebo-controlled, pilot study to assess the effect of Gaviscon Double Action Tablets in patients with reflux disease
Simplified Title	Gaviscon Double Action Tablets Pilot Efficacy Study in patients with heartburn, acid reflux and dyspepsia
Study Number	GA1203

#### 2. INVITATION PARAGRAPH

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with your friends and relatives if you feel this is appropriate.

- **PART 1** tells you the purpose of this study and what will happen to you if you take part.
- **PART 2** gives you more detailed information about the conduct of the study.

Ask us if there is anything that is not clear or if you would like more information. Take as much time as you need to decide whether or not you wish to take part.

Thank you for reading this.

#### 3. WHAT IS THE PURPOSE OF THIS STUDY?

Gaviscon Double Action Tablets are a well known medication for the treatment of indigestion and heartburn and works by forming a foamy layer or "raft" over the acid and food in the stomach to prevent the acid from spilling into the oesophagus (gullet or swallowing tube that leads to the stomach) and so preventing indigestion or heartburn pain from occurring.

This is a pilot study to see if taking Gaviscon Double Action Tablets can help in the treatment of patients who have heartburn, acid reflux and indigestion. Reflux is when the liquid content of the stomach backs up (or refluxes) into the oesophagus. Indigestion (sometimes referred to by the medical term dyspepsia) is defined as pain or discomfort centred in the upper abdomen and is a very common complaint. It is often described as a feeling of fullness, bloating, nausea, heartburn or gassy discomfort in the chest or abdomen.

The results from this study will form the basis for further studies of Gaviscon Double Action Tablets.

#### **4. WHY HAVE I BEEN CHOSEN?**

We are studying patients who have frequent symptoms of heartburn, acid reflux and indigestion. A total of 110 patients are needed for the study.

#### **5. DO I HAVE TO TAKE PART?**

No, you do not have to take part. It is up to you to decide. If you do decide to take part, you will be given this Subject Information Sheet (SIS) to keep. You will be asked to sign a consent form and will be given a copy to keep. If you decide to take part you will still be free to leave the study at any time and without giving a reason. If you choose to leave, you should return to the clinic so that your general health can be checked. If you decide not to take part or if you leave the study at any time, the standard of care you receive will not be affected.

#### **6. WHAT WILL HAPPEN TO ME IF I TAKE PART?**

If you enter the study you will attend the study centre on 3 occasions over approximately 2 weeks.

You will attend for a screening visit following your informed consent. The pre-study procedures will consist of taking your medical history and details of any medication that you have taken or are currently taking. You will have a standard physical examination that will focus on your symptoms. An electrocardiogram will be taken (this records the electrical activity of your heart) and a blood sample will be taken to evaluate your overall health. The blood test will require approximately 10ml (2 teaspoons) of blood. Your blood samples will be sent to a laboratory where they will be tested. Female patients of child bearing potential will be required to have a urine pregnancy test. Your blood pressure, heart rate, and oral temperature will be measured.

You may be taking some specific medications for your symptoms of heartburn, acid reflux and indigestion which your study doctor will ask you to stop taking. In particular, you will be required to stop taking any antacids from the day before your next visit until the end of the study. It is very important that if you do need to take any antacids during the study that you contact your study doctor as soon as possible, ideally before taking any antacid medication.

Your next visit will take place immediately after all your screening results are available and within a week after your screening visit. You will be required to complete a questionnaire about your symptoms over the previous week and tell the doctor about any adverse events and any other medications you have taken. If you meet the entry criteria for the study you will be issued with either Gaviscon Double Action Tablets or matching placebo tablets to take for 7 days. The placebo tablets are a dummy treatment which look like the active tablets but do not contain the active ingredients. You stand a 50:50 chance of receiving either the active tablets or the placebo tablets and neither you nor your doctor will know which treatment you received (although if your study doctor needs to find out he can do so).

At your final visit one week later any unused study drugs or empty study drug containers will be collected. You will be required to complete two questionnaires which will help us to assess your response to the study medication. Details of any other medication you have taken will be recorded. You will have a standard physical examination that will focus on your symptoms. A blood sample will be taken to evaluate your overall health. The blood test will require approximately 10ml (2 teaspoons) of blood. Your blood samples will be sent to a laboratory where they will be tested. Female patients of child bearing potential will be required to have a urine pregnancy test. Your blood pressure, heart rate, and oral temperature will be measured.

The sponsor appreciates you participating in the study and will give you £100 as inconvenience compensation for your complete participation.

#### **7. WHAT DO I HAVE TO DO?**

During the study, you will be asked to do the following:

1. Attend all study visits.
2. Take your study medication as directed.
3. Continue to take your other medications. You should discuss these with the study doctor.
4. Let the study doctor know if you are having any problems.
5. It's very important that you let your study doctor know as soon as possible if you need to take any additional medications, including any over-the-counter medications, for your symptoms.
6. Do not agree to be in any other drug studies while you are in this one.

#### **8. WHAT IS THE DRUG BEING TESTED?**

Gaviscon Double Action Tablets is an approved drug. These tablets can be purchased over-the-counter. Gaviscon Double Action Tablets are a combination of two antacids (calcium carbonate and sodium bicarbonate) and an alginate. On ingestion, the medicinal product reacts rapidly with gastric acid in your stomach to form a raft which floats on the stomach contents. Calcium carbonate neutralises gastric acid to provide fast relief from indigestion and heartburn. This effect is increased by the addition of sodium bicarbonate which also has a neutralising action.

You will be instructed to start taking your medication the day after your visit when the treatment is provided. You will take the medication for seven days (two tablets taken four times a day: 30 minutes after breakfast, 30 minutes after lunch, 30 minutes after dinner and immediately before lying down for bed).

The placebo tablets contain only inactive ingredients. It looks and tastes like Gaviscon Double Action Tablets.

#### **9. WHAT ARE THE ALTERNATIVES FOR TREATMENT?**

There are a number of preparations that can be bought over-the-counter or prescribed by your doctor for treatment of heartburn, acid reflux and indigestion

which include antacids, alginates, proton pump inhibitors (PPIs) and histamine H2-receptor antagonists.

**10. WHAT ARE THE SIDE EFFECTS OF ANY TREATMENT RECEIVED WHEN TAKING PART?**

All drugs may cause side effects in some people. Some very rare (affect less than 1 in 10,000 people) side effects of Gaviscon Double Action Tablets are allergic reaction such as an itchy rash (urticaria), breathing difficulties due to a narrowing of the airways (bronchospasm), or anaphylaxis. Anaphylaxis is a severe, potentially life-threatening allergic reaction. It can occur within seconds or minutes of exposure to something you're allergic to, such as the venom from a bee sting or a peanut.

Ingestion of large quantities of calcium carbonate may cause alkalosis, hypercalcaemia, acid rebound, milk alkali syndrome or constipation. These usually occur following larger than recommended dosages

**11. WHAT ARE THE OTHER POSSIBLE DISADVANTAGES AND RISKS OF TAKING PART?**

If you have private medical insurance you should check with your insurance company, before agreeing to take part in the study, whether participation is considered a 'material fact' that should be reported. You will need to do this to ensure that your participation will not affect their medical insurance.

A total of approximately 20 ml of blood (less than 4 teaspoons) will be taken from you during this study. This is far less than that removed during a normal blood donation. There may be side effects of having blood drawn such as: fainting, redness, pain, bruising, bleeding, or infection. If you feel faint, tell the study staff right away.

**For women:**

There is no evidence that this drug affects pregnant women or their unborn child. Open controlled studies in 281 pregnant women did not demonstrate any significant adverse effects of Gaviscon on the course of pregnancy or on the health on the foetus/newborn child.

If you are a woman who might become pregnant, you will be asked to have a urine pregnancy test before taking part. You must agree to use a reliable form of contraception during the study, e.g.

- An oral contraceptive
- An injectable contraceptive
- An approved hormonal implant or topical patch
- Intra-uterine device
- Condoms/diaphragm and spermicide
- Abstinence (not be sexually active during the study)

If you do become pregnant during the course of the study, you must tell your study doctor **immediately** so appropriate action can be discussed.

The pharmaceutical company may also request your consent to collect confidential information about your health and that of the baby.

**12. WHAT ARE THE POSSIBLE BENEFITS OF TAKING PART?**

We cannot promise the study will help you but you may benefit from the treatment provided during study period. The information we get might help improve the treatment of people with heartburn, acid reflux and indigestion.

**13. WHAT HAPPENS WHEN THE RESEARCH STUDY STOPS?**

After your last study visit, you will be discharged from the study. If you have any side-effects that have not yet resolved you may be required to attend the clinic for follow-up procedures.

All data will be stored for up to 15 years by the study investigator. Copies of these data will also be provided to the Sponsor (Reckitt Benckiser Healthcare (UK) Ltd).

**14. WHAT IF THERE IS A PROBLEM?**

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this is given in Part 2.

Please contact Dr Gordon Crawford or Dr Alan Wade at CPS Research on 0141 946 7888 if you have any complaints.

**15. 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.

**16. CONTACT DETAILS:**

Please contact Dr Gordon Crawford or Dr Alan Wade at CPS Research on 0141 946 7888.

**This completes Part 1 of the Information Sheet.**

**If the information in Part 1 has interested you and you are considering participation, please continue to read the additional information in Part 2 before making any decision.**

## **PART 2**

### **17. WHAT IF RELEVANT NEW INFORMATION BECOMES AVAILABLE?**

Sometimes during the course of a research project, new information becomes available about the treatment/drug that is being studied. If this happens, your research doctor will tell you about it and discuss whether you want to or should continue in the study. If you decide not to carry on, your research doctor will make arrangements for your care to continue. If you decide to continue in the study you will be asked to sign an updated consent form.

Also, on receiving new information your research doctor might consider it to be in your best interests to withdraw you from the study. He/she will explain the reasons and arrange for your care to continue.

If the study is stopped for any other reason, you will be told why and your continuing care will be arranged.

### **18. WHAT WILL HAPPEN IF I DON'T WANT TO CARRY ON WITH THE STUDY?**

You can withdraw from treatment but please keep in contact with us to let us know your progress. We would like to arrange a final visit so that we can check that you are in good health. Information collected may still be used.

### **19. WHAT IF THERE IS A PROBLEM?**

#### **Complaints:**

If you have a concern about any aspect of this study, you should ask to speak with the researchers who will do their best to answer your questions (telephone 0141 946 7888). If you remain unhappy and wish to complain formally, you can do this through Dr Alan Wade, CPS Research, 3 Todd Campus, West of Scotland Science Park, Glasgow G20 0XA.

#### **Harm:**

Compensation will be provided for any bodily injury caused by taking part in this study in accordance with the guidelines of the Association of the British Pharmaceutical Industry (ABPI).

We will pay compensation where the bodily injury probably resulted from:-

- A drug being tested or administered as part of the study protocol
- Any test or procedure you received as part of the study

Any payment would be without legal commitment. (Please ask if you require more information on this)

We would not be bound by these guidelines to pay compensation where (amongst other reasons)

- The injury resulted from a drug or procedure outside the study protocol
- The protocol was not followed

**20. WILL MY TAKING PART IN THIS STUDY BE KEPT CONFIDENTIAL?**

If you consent to take part in this study, your medical information collected during the study will be inspected by people authorised by the company sponsoring the research and possibly also by representatives of regulatory authorities, in order to check that the study is being carried out correctly. Your name, however, will not be disclosed outside CPS Research. All information which is collected about you during the research study will be kept strictly confidential. Any information about you which leaves CPS Research will have your name and address removed so that you cannot be recognised from it. The only exception to this may be the removal of study files from the study site for storage in a secure archiving facility. If this happens, access to study files will be very strictly controlled.

The Researcher will inform your GP of your participation in this study. You will be asked about your racial origin because it is known that different racial groups can react to, or handle, drugs in different ways. This and other personal information will be treated as strictly confidential and will not be made available to the public in a form that would allow you to be identified.

The company sponsoring the research will arrange for the study data to be computerised and will take steps to ensure that these personal data are protected, as part of its responsibility as a data controller under the terms of the Data Protection Act. In order to comply with regulations, the data from this research study may be transferred to countries outside the European Economic Area, possibly via sister Companies. It will not be possible for anyone to identify you from the data, as it will not contain your name.

**Involvement of the General Practitioner (GP)**

The Researcher will contact your GP to let him/her know of your participation. If you are not happy for this to happen, you should not agree to take part in this study.

**21. WHAT WILL HAPPEN TO ANY SAMPLES I GIVE?**

Any blood or urine samples that you provide will be destroyed after being analysed.

**22. WILL ANY GENETIC TESTS BE DONE?**

No genetic testing will be performed in this study.

**23. WHAT WILL HAPPEN TO THE RESULTS OF THE RESEARCH STUDY?**

The results of the study will help the study sponsor to develop medicines for use in patients with heartburn, acid reflux and indigestion. The results of the study may be published in the scientific literature, some time after the end of the study. The results may also be submitted to regulatory authorities responsible for approving the widespread use of medicines. You will not be identified in any report/publication.

**24. WHO IS ORGANISING AND FUNDING THE RESEARCH?**

This research study is being funded by Reckitt Benckiser. They are the "sponsor" of the study.

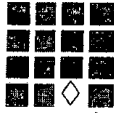
RB will pay CPS Research for including you in this study.

**25. WHO HAS REVIEWED THE STUDY?**

The East of Scotland Research Ethics Committee REC 2, which has responsibility for scrutinising proposals for medical research on humans, has examined the proposal and has raised no objections for the point of view of medical ethics.

It is a requirement that your records in this research, together with any relevant records, be made available for scrutiny by monitors from Reckitt Benckiser (UK) Ltd, whose role is to check that research is properly conducted and the interests of those taking part are adequately protected.

**Thank you very much for considering whether or not to take part in this study.**



CPS Research  
3 Todd Campus  
West of Scotland Science Park  
Glasgow G20 0XA  
Tel: 0141 946 7888

### Patient Consent Form

**Title of Project:** A multi-centred, randomised, double-blind, two arm, parallel group, placebo-controlled, pilot study to assess the effect of Gaviscon Double Action Tablets in patients with reflux disease

Name of Investigator: Dr Gordon Crawford

**Please initial box**

1. I confirm that I have read and understand the information sheet dated 09 August 2012 (version 4) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. I understand that data collected up to the time of my withdrawal from the study will be use for analysis.
3. I understand that relevant sections of any of my medical notes / charts and data collected during the study, may be looked at by responsible individuals from Reckitt Benckiser and from regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
4. I understand that some of the entities that will have access to my coded health information may be based in countries other than my own, including other countries whose data protection and privacy laws may be less strict than those in the UK and I give my permission for the transfer of this information.
5. I agree to my GP being informed of my participation in the study.
6. I agree to take part in the above study.

_____ Name of Subject	_____ Date	_____ Signature
_____ Name of Person taking consent (if different from Investigator)	_____ Date	_____ Signature
_____ Investigator	_____ Date	_____ Signature

**When completed, 1 photocopy for Subject; 1 (original) for Site File**

Sponsor: Reckitt Benckiser  
Protocol: GA1203  
Subject consent form: Version 4

Principal Investigator: Dr Gordon Crawford  
Protocol Version (No. and/or Date): Amendment 1, 20 July 2012  
Subject consent form: 09 August 2012



Department of Podiatry

Clinic stamp

PODIATRY MUIRHEAD CLINIC  
192 CUMBERNAULD ROAD  
GLASGOW  
G69 9NB  
TEL 0141-779-8192

Date: 21.9.11

Dear Dr Barrie

RE: ANTHONY LEWIS

CHI: 190959 5276

Thank you for referring the above patient for Podiatry assessment. The outcome of the assessment appointment was:

- Patient D.N.A. – no further appointment will be offered.
- Patient attended and was treated. No further appointment required.
- Patient attended, was treated and will attend for a defined episode of care\*.

\*Following an episode of care we will review the benefit of Podiatry input using the Care aims clinical reasoning model.

Yours sincerely

*L Walker*

for the Podiatry Department.

Acute Services Division

Rehabilitation and Assessment  
Directorate

1 of 3



S.C.Long Podiatry Team Leader (North Acute)  
Karén Morin Podiatrist  
Julie Nicholson Podiatrist  
June Humphrey Podiatrist

Department of Podiatry  
New Stobhill Hospital  
133 Balornock Rd  
Glasgow G21 3UT  
Tel: 0141 355 1595

Dear DR BARRIE

Date as postmark

64108615H  
LEWIS M  
ANTHONY 19/09/1959  
146a Cumbernauld Road  
Stepps  
GLASGOW G33 6HA  
CHI-1909595276

You recently referred the above patient to our podiatry department at Stobhill Hospital. The podiatry department provides a secondary care service specialising in treating the high risk patient with active foot disease. Your patient is more suitable for treatment at their local community podiatry clinic.

The patient can self refer on the following number 0141 636 8421.

Please do not hesitate to contact me if you require further clarification or wish to discuss this letter.

Yours sincerely

S.C.Long  
Podiatry Team Leader (North Acute)

Enc. Referral letter

Hospital use only	Clinic	Day Date	Time	Hospital No.
-------------------	--------	----------	------	--------------

recd  
12/7/11

64108615

<b>Transport required?</b>	<b>REFERRAL LETTER</b> MEDICAL IN CONFIDENCE GGC Single Stylesheet - [standard dental diagnostic imaging] GGC General Referral Protocol (Glasgow, VR13.0)
----------------------------	--

**REFERRAL TO**

Chiropody/Podiatry GGC General Referral Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	— <b>Consultant / receiving practitioner and/or specialty clinic</b> — <b>Hospital and hospital address</b> Hospital location code: <input type="text" value="G207H"/> Email address: <input type="text"/>
---	---

<b>Urgency of referral</b>	ROUTINE	<b>Date sent</b>	08-Jul-2011
<b>Date of referral</b>	08-Jul-2011		

**PATIENT DETAILS**

Surname: <input type="text" value="Lewis"/> Forename(s): <input type="text" value="Anthony"/> Title: <input type="text" value="Mr"/> Sex: <input type="text" value="Male"/> Date of birth: <input type="text" value="19-Sep-1959"/> CHI no.: <input type="text" value="1909595276"/> Area of Residence: <input type="text"/>	<b>Patient's address</b> <input type="text" value="Flat 2"/> <input type="text" value="146A Cumbernauld Road"/> <input type="text" value="STEPPS"/> <input type="text" value="Glasgow"/> <input type="text" value="G33 6HA"/> Contact number(s): <input type="text" value="Voice: 07974 703849"/>
--	---

\*101002247189L\* Unique Care Pathway Number: 101002247189L

**REGISTERED GP DETAILS**

Name: <input type="text" value="Dr RJ McNeill"/> GMC code: <input type="text" value="2329671"/> GP code: <input type="text" value="G05673"/> Practice name: <input type="text" value="Muirhead"/> Practice code: <input type="text" value="46536"/>	<b>Practice address</b> <input type="text" value="110 Cumbernauld Road"/> <input type="text" value="Muirhead"/> Contact number(s): <input type="text" value="Voice: 0141 779 2017"/>
--	---

**REFERRING GP DETAILS**

Name: <input type="text" value="Dr. Agnes Barrie"/> GMC code: <input type="text" value="2331924"/> GP code: <input type="text" value="05720"/> Practice name: <input type="text" value="Drs McNeill &amp; Barrie (46536)"/> Practice code: <input type="text" value="46536"/>	<b>Practice address</b> <input type="text" value="146 Cumbernauld Road"/> <input type="text" value="Stepps"/> <input type="text" value="Glasgow"/> Contact number(s): <input type="text" value="Voice: 0141 779 2330"/>
--	---

**CLINICAL INFORMATION**

**History of presenting complaint**

**Presenting complaint**

Description: callosity over 5th met head on r foot

Comment: Dear Colleague ,  
Thank you for seeing this man who has a callosity on his right foot . This has defied wart treatment, liquid nitrogen and the ministrations of other podiatrists. The area is exquisitely tender and the pain shoots up his leg.  
I would be grateful for your expert review.  
Yours sincerely

**Reason for referral**

Care type requested: Out Patient  
Expected outcome: Not Specified

**Past medical history**

**Family conditions** (All priorities)

Description	Date of Onset
No FH: Ischaemic heart disease	14-Feb-2007
No family history diabetes	14-Feb-2007

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole	28	CAPS 20MG	1 Cap	Daily if req	25-Jan-2011	18-Apr-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Clobetasono Butyrate	30	OINT 0.05%	Apply sparingly	Twice daily	25-Jan-2011	25-Jan-2011

**Lifestyle Risks and Alerts / Examinations and Investigations**

Description/Question	Result/Comment	Date
Current smoker:		28-Jul-2010
Current smoker:		14-Feb-2007
Alcohol intake within recommended sensible limits:		14-Feb-2007
Enjoys light exercise:		14-Feb-2007

**Clinical warnings**

**Additional relevant information**

**Administrative information**

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

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

## Acute Services Division

### DEPARTMENT OF COLOPROCTOLOGY

Glasgow Royal Infirmary  
16 Alexandra Parade  
Glasgow G31 2ER  
0141 211 4000



Clinic 14/02/2011  
Dictated 14/02/2011  
Typed 14/02/2011  
Your Ref  
Our Ref JHA/AVF  
Direct Dial 0141 211 4793  
Fax 0141 211 4880

#### Consultant Surgeons:

Mr. I. G. Finlay  
Dr Ruth F McKee  
**Mr J H Anderson**  
Professor P G Horgan

#### Consultant Radiologist:

Dr F W Poon

#### Consultant Oncologists:

Dr A McDonald  
Dr A Waterston

### MR J H ANDERSON'S COLOPROCTOLOGY CLINIC

Dr Robert McNeill  
146 Cumbernauld Road  
Stepps  
G33 6HA

Dear Dr McNeill

**Anthony Lewis – 19/09/1959 – CHI: 1909595276 – CRN: 64108615H**  
**146a Cumbernauld Road, Stepps, Glasgow, G33 6HA**

Further to my discharge summary of 26 October 2010, I reviewed your patient today. He has made a satisfactory recovery following his anal surgery. Histological examination was consistent with a benign anal canal polyp and a perianal sebaceous cyst. Neither of these lesions require any further follow-up. I have reassured him and discharged him from my clinic.

Yours sincerely

A handwritten signature in black ink, appearing to read 'John H Anderson', written over a horizontal line.

**John H Anderson**  
Consultant Surgeon

**jobcentreplus**

Website: [www.jobcentreplus.gov.uk](http://www.jobcentreplus.gov.uk)

**02728**  
**Dr Barry**  
**BARRY AND NEIL SURGERY**  
**144-146 CUMBERNAULD ROAD**  
**STEPPS**  
**GLASGOW**  
**G33 6HA**

Your reference is WK116218B  
Please tell us this number  
if you get in touch with us

Coatbridge BDC  
Jobcentre Plus  
PO Box 8909  
Coatbridge  
ML5 3WZ

Phone 0845 6088645  
TEXTPHONE for the deaf/hard of  
hearing ONLY 0845 6088551

Date 3 November 2010

Dear Doctor Barry

**Work Capability Assessment Outcome Notification**

Patients Name Mr A Lewis  
Patients Address Flat 2  
146A Cumbernauld Rd  
Stepps  
Glasgow  
G33 6HA

Patients D.O.B : 19 September 1959

This patient has been claiming Employment and Support Allowance. We recently assessed their ability to work using the Work Capability Assessment.

WCA Effective Date 1 November 2010

We have decided that your patient is capable of work from and including 1 November 2010.

This means that you do not have to give your patient any more medical certificates for Employment and Support Allowance purposes unless they appeal against this decision. But you may need to again if their condition worsens significantly, or they have a new medical condition.

We have sent a summary of the Work Capability Assessment to your patient.

If you want to ask us anything about this letter please get in touch with us. Our phone number and address are at the top of the letter.

Yours sincerely

Gregor Alexander

Manager

## Acute Services Division

DEPARTMENT OF COLOPROCTOLOGY

Glasgow Royal Infirmary  
16 Alexandra Parade  
Glasgow G31 2ER  
0141 211 4000



Clinic 26/10/2010  
Dictated 26/10/2010  
Typed 27/10/2010  
Your Ref  
Our Ref  
Direct Dial 0141 211 4793  
Fax 0141 211 4880

**Consultant Surgeons:**

Mr I G Finlay  
Dr Ruth F McKée  
**Mr J H Anderson**  
Professor P G Horgan

**Consultant Radiologist:**

Dr F W Poon

**Consultant Oncologists:**

Dr A McDonald  
Dr A Waterston

Dr Robert McNeill  
146 Cumbernauld Road  
Stepps  
G33 6HA


Dear Dr McNeill

**Anthony Lewis – 19/09/1959 – CHI: 1909595276 – CRN: 64108615H  
146a Cumbernauld Road, Stepps, Glasgow, G33 6HA**

Admitted: 26.10.2010  
Discharged: 26.10.2010  
Type: Elective  
Disposal: Home  
Follow-up: Colorectal clinic 2 months  
Diagnosis: 1. Anal canal polyp 2. Sebaceous cyst  
Operation: 1. Excision of anal canal polyp 2. Excision of sebaceous cyst  
Complication: None

Mr. Lewis attended electively for further management of chronic perianal discharge. Examination under anaesthetic demonstrated a 2cm long 1cm wide superficial sinus in the left anterior perianal skin consistent with a chronic sebaceous cyst. This was excised and sent for histological examination. The wound was left open to heal by secondary intention. Anal examination showed a 1cm diameter anterior midline anal canal polyp. This was also excised and sent for histological examination. No other significant abnormalities detected. In particular no evidence of underlying fistula-in-ano. He was allowed home later the same day after an uneventful recovery and he will be reviewed in my clinic in two months'.

Yours sincerely

  
**John H Anderson**  
Consultant Surgeon

IB/ESA113

Jobcentreplus

Incapacity for work/Employment and Support Allowance



807 E 391  
605  
400-1

Dr A Barry  
Doctors Surgery  
144-146 Cumbernauld Road  
Glasgow  
UK  
G33 6HA

Our phone number is: 0141 249 3696

If you have a textphone,  
you can call on: 18001 0141 249 3696

If you get in touch with us, tell us this  
reference number: WK116218B

Date: 22nd September 2010

About your patient

Full Name Mr Anthony Lewis

N/No WK116218B

Date of birth 19th September 1959

Address

146A CUMBERNAULD ROAD  
STEPPS  
GLASGOW  
G33 6HA

Dear Doctor

Your patient has made a claim for Incapacity Benefit or Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form you will help our medical staff decide whether your patient needs a face-to-face medical assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at [www.dwp.gov.uk/healthcare-professional/guidance](http://www.dwp.gov.uk/healthcare-professional/guidance)
- **A well completed form may mean that your patient will not need a further medical assessment and will help in making a fair decision on benefit entitlement.**

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data

If you have any queries about this form please phone the number above. If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely

Ms Lynn Elliott  
For the Medical Officer



IB/ESA113

Jobcentreplus

Incapacity for work/Employment and Support Allowance



807 E 391
605
400-1
Dr A Barry Doctors Surgery 144-146 Cumbernauld Road Glasgow UK G33 6HA

Our phone number is: 0141 249 3696

If you have a textphone,  
you can call on: 18001 0141 249 3696

If you get in touch with us, tell us this  
reference number: WK116218B

Date: 22nd September 2010

About your patient

Full Name	Mr Anthony Lewis
NI No	WK116218B
Date of birth	19th September 1959

Address

146A CUMBERNAULD ROAD  
STEPPS  
GLASGOW  
G33 6HA

Dear Doctor

Your patient has made a claim for Incapacity Benefit or Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form you will help our medical staff decide whether your patient needs a face-to-face medical assessment.

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Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely

Ms Lynn Elliott  
For the Medical Officer

## Acute Services Division

### DEPARTMENT OF COLOPROCTOLOGY

Glasgow Royal Infirmary  
16 Alexandra Parade  
Glasgow G31 2ER  
0141 211 4000



Clinic 03/09/2010  
Dictated 03/09/2010  
Typed 06/09/2010  
Your Ref  
Our Ref JHA/AVF  
Direct Dial 0141 211 4793  
Fax 0141 211 4880

**Consultant Surgeons:**

Mr J G Finlay  
Dr Ruth F McKee  
**Mr J H Anderson**  
Professor P G Horgan

**Consultant Radiologist:**

Dr F W Poon

**Consultant Oncologists:**

Dr A McDonald  
Dr A Waterston

### MR J H ANDERSON'S COLOPROCTOLOGY CLINIC

Dr Robert McNeill  
146 Cumbernauld Road  
Stepps  
G33 6HA

Dear Dr McNeill

**Anthony Lewis – 19/09/1959 – CHI: 1909595276 – CRN: 64108615H**  
**146a Cumbernauld Road, Stepps, Glasgow, G33 6HA**

Thank you for referring Mr Lewis regarding his chronic perianal discharge. Examination confirmed the presence of two small sinuses at the left base of his scrotum 3 cm from the anal verge. The underlying diagnosis is probably hidradenitis and possibly fistula-in-ano. His general health is good. I will arrange to undertake examination under anaesthetic and excision of the infected tissue under general anaesthesia as a day case. He may struggle to get an overnight escort after his anaesthetic so a 23 hour bed might be required.

Yours sincerely

  
**John H Anderson**  
Consultant Surgeon

NHS Confidential: Personal data about a patient

SURNAME <b>LEWIS</b>	UNIT No. <b>ZC0128615</b>	CONS/GP <b>MCNEILL</b>
FORENAME <b>Anthony</b>	CHI No. <b>1909595276</b>	DESTINATION <b>146 CUMBERNAULD RD GLASGOW G33 6HA</b>
D.O.B <b>19.09.59</b> SEX <b>M</b>	ADDRESS <b>146A CUMBERNAULD ROAD</b>	


HP Serology : Positive

ACTION RECOMMENDED IN GGHB DYSPEPSIA GUIDELINES  
One week of any licensed PPI BD (full dose) +  
Clarithromycin (500mgs BD) + Amoxicillin (1g BD) OR  
Tetracycline (500mgs BD) if allergic to penicillin

<b>Dept of Clinical Biochemistry North Glasgow Sector NHSGGC</b>
Laboratory Number <b>3105335</b>
Collected DATE <b>23.09.09</b> TIME <b>10:49</b>
Received DATE <b>23.09.09</b> TIME <b>14:39</b>
Report issued DATE <b>29.09.09</b> TIME <b>14:15</b>
Authorised by <i>Auto Check</i>

**Helicobacter Pylori Serology**

  
Accredited Medical Laboratory  
Reference No:2335

SURNAME <b>LEWIS</b>		
FORENAME <b>Anthony</b>		
Hosp No	<b>ZC0128615</b>	
CHI No	<b>1909595276</b>	
D.O.B	<b>19.09.59</b> SEX <b>Male</b>	
ADDRESS <b>146A CUMBERNAULD ROAD</b>		
CONSULTANT/GP	<b>MCNEILL</b>	
HOSP/PRACTICE	<b>146 CUMBERNAULD RD</b>	
WARD/TOWN	<b>GLASGOW G33 6HA</b>	
Collected 23.09.09 @ 10:49	Received 23.09.09 @ 13:37	Report Issued 23.09.09 @ 16:30
Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC		
<b>137</b>	Sodium	135-145 mmol/L
<b>3.9</b>	Potassium	3.5-5.0 mmol/L
<b>103</b>	Chloride	98-108 mmol/L
	Bicarbonate	21-28 mmol/L
<b>4.8</b>	Urea	2.5-7.5 mmol/L
<b>101</b>	Creatinine	75-125 § µmol/L
<b>&gt;60</b>	eGFR (est. Glomerular Filtration Rate)	
<b>* 5.6</b>	Glucose	3.5-5.5 mmol/L
	CRP	<10 mg/L
	Amylase	<100 U/L
	Urate	§ mmol/L
	Troponin I	<0.04 µg/L
	CK	<210 U/L
<b>6</b>	Bilirubin	3-22 µmol/L
<b>20</b>	AST	<40 U/L
<b>18</b>	ALT	<50 U/L
<b>* 78</b>	Gamma-GT	<70 § U/L
<b>70</b>	Alk.Phos.	40-150 § U/L
<b>69</b>	Protein	60-80 g/L
<b>39</b>	Albumin	32-45 g/L
<b>30</b>	Globulins	23-38 g/L
	Calcium	mmol/L
	Adjusted Calcium	2.10-2.60 mmol/L
	Phosphate	0.70-1.40 § mmol/L
	Magnesium	0.70-1.00 mmol/L
<b>* 5.80</b>	Cholesterol	target <5.0 mmol/L
<b>1.06</b>	HDL Cholesterol	target >1.0 mmol/L
<b>5.5</b>	Chol/HDL ratio	
<b>* 3.21</b>	Triglycerides	target <2.3 mmol/L
<b>* 3.26</b>	LDL Cholesterol	target <3.0 mmol/L
<b>0.87</b>	TSH	0.35-5.00 mU/L
<b>13</b>	Free T4	9-21 pmol/L
	T3	nmol/L
	IgA	0.8-4.0 § g/L
	IgG	6-16 § g/L
	IgM	0.5-2.0 § g/L
Lab No. N.09.4254589      Run No. 310		
Fasting specimen Calculated LDL. Euthyroid TFT results		
§Significant sex/age differences - See handbook		
Authorised by <i>Auto Check</i> Date Reported 23.09.09	 Accredited Medical Laboratory Reference No:2335	

NHS Confidential: Personal data about a patient

CPA		DEPARTMENT OF CLINICAL/LABORATORY HAEMATOLOGY				North Glasgow University Hospitals Division						
CPA ACCREDITED LABORATORY		Glasgow Royal Infirmary ☎(0141)-211-5165										
Surname <b>LEWIS</b>	Forename <b>ANTHONY</b>	Date of Birth <b>19.09.59</b>	Sex <b>M</b>	Hospital Number <b>ZGH0930398</b>	CHI Number							
Address <b>146A CUMBERNAULD RD</b>	Postcode <b>G33</b>	Consultant / GP <b>NK</b>		Hospital ward / GP Practice <b>DR MCNEILL</b>								
	Hospital / GP <b>GP</b>	Ward / Clinic <b>G.P.</b>		<b>146 CUMBERNAULD RD</b> <b>G33</b>								
Date and Time Received <b>23.09.09 13:42 HRS</b>	Laboratory Number <b>5321699.</b>	Clinical Information <b>NONE GIVEN</b>										
	WBC x10 <sup>9</sup> /L	NEUT x10 <sup>9</sup> /L	LYMP x10 <sup>9</sup> /L	Hb g/dL	RBC x10 <sup>12</sup> /L	Hct l/L	MCV fl	MCH pg	RDW %	Retic x10 <sup>9</sup> /L	Pfts x10 <sup>9</sup> /L	ESR mm/hr
Date Withdrawn	4.0-11.0	2.0-7.5	1.5-4.0	M130-180 F115-165	M4.5-6.5 F3.8-5.8	M0.40-0.54 F0.37-0.47	76-99	27-32	11.5-14.5	50-100	150-400	M<10 F<12
<b>23.09.09</b>	<b>9.5</b>	<b>5.5</b>	<b>3.1</b>	<b>15.2</b>	<b>4.80</b>	<b>0.460</b>	<b>96</b>	<b>31.7</b>	<b>12.9</b>		<b>304</b>	<b>4</b>
Analysed	NEUT x10 <sup>9</sup> /L	LYMP x10 <sup>9</sup> /L	MONO x10 <sup>9</sup> /L	EOS x10 <sup>9</sup> /L	BASO x10 <sup>9</sup> /L	META	MYELO	BLAST	OTHER	NRBC	Glandular Fever Sergering Test	DIFFERENTIAL RESULTS AND COMMENTS REFER TO LATEST SPECIMEN
Diff	2.0-7.5	1.5-4.0	0.2-0.8	0.04-0.4	0.01-0.1							
Comments	<b>5.5</b>	<b>3.1</b>	<b>0.5</b>	<b>0.32</b>	<b>0.07</b>							
<b>FULL BLOOD COUNT</b>		Reported On	<b>23.09.09 15:30HRS</b>		Authorised By	<i>Auto Check</i>		Haematologist				



HAI Services  
TB Contact Tracing Service  
Cleland Hospital  
Bellside Road  
Cleland ML1 5NR

Mr Anthony Lewis  
146a Flat 2  
Cumbernauld Road  
Stepps  
G33 6HA

Date 29 June 2009  
Your Ref  
Our Ref TBCTS/KG/09CP43  
Enquiries to TB Contact Tracing  
Service  
Extension  
Direct Line 01698 863215

Dear Mr Lewis (19/9/09)

After your recent investigation as a contact of a case of Tuberculosis, I am pleased to inform you that all results are normal and you do not require any further follow-up.

You should report your contact with Tuberculosis to your family doctor if you develop any relevant symptoms in the future. This is most important if you have any chest symptoms.

Should you require any further information or advice please contact me on the above number.

Yours sincerely

A handwritten signature in black ink, appearing to be 'C. Weir' or similar, written in a cursive style.

Christine Weir/Lesley Ritchie  
Tuberculosis Contact Tracing Service

c.c. Dr McNell & Barry, 144 Cumbernauld Road, Stepps, G33 6HA



HAI Service  
TB Contact Tracing Service  
Cleland Hospital  
Bellside Road  
Cleland ML1 5NR

Mr Anthony Lewis  
146a, Flat 2  
Cumbernauld Road  
Stepps  
G33 6HA

Date 8 June 2009  
Your Ref  
Our Ref TBCTS/KG/09CP43  
Enquiries to TB Contact Tracing  
Service  
Extension  
Direct Line 01698 863215

Dear Mr Lewis (19/9/09)

I am advised that you have recently had contact with someone who has Tuberculosis. Health Service policy requires that as a precautionary measure you are given a chest x-ray.

Please find enclosed an x-ray card, which you should take with you to the **x-ray department at Central Health Centre, Cumbernauld at your earliest convenience, between 9.00 a.m. – 5.00 p.m. Monday to Friday.** I will be in touch with you in due course thereafter.

If you have any concerns regarding this please contact me at the above number and I will be happy to discuss them with you.

Please find enclosed an information leaflet about Tuberculosis

Yours sincerely

A handwritten signature in black ink, appearing to be 'C Weir' or similar, written in a cursive style.

Christine Weir/Lesley Ritchie  
Tuberculosis Contact Tracing Service

c.c. Dr McNeill & Barry, 144 Cumbernauld Road, Stepps, G33 6HA



# Incapacity for work

Jobcentre Plus  
Coatbridge BDC  
Baird Street  
Glasgow  
G90 8AG

Part of the Department  
for Work and Pensions

DR KENNETH
131 CUMBERNAULD ROAD
GLASGOW
G33 6EU

**Our direct dial number is**

Code 0845	Number 608 8645
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**Textphone users with speech or hearing difficulties call**

Code 0845	Number 608 8631
-----------	-----------------

**If you get in touch with us, tell us this reference number**

WK 11 62 18B
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**Date**

07	/	10	/	2008
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## Personal Capability Assessment

Dear Doctor

**Patient's name** ANTHONY LEWIS

**Date of birth** 19 / 09 / 1959

This patient has been claiming

- Incapacity Benefit
- Severe Disablement Allowance
- National Insurance credits

because they have been incapable of work. We recently assessed their ability to work using the Personal Capability Assessment.

We have decided that your patient is capable of work from and including 07 / 10 / 2008 .

This is based on

- the medical examination we arranged that your patient went to on 23 / 9 / 2008 .
- medical information you provided.
- information that your patient gave us.

This means that you do not have to give your patient any more medical certificates for Incapacity Benefit purposes. But you may need to again if their condition worsens significantly, or they have a new medical condition.

We have sent a summary of the Personal Capability Assessment to your patient.

Yours sincerely

for Manager

**IB65B** 04/08

jobcentreplus

Your reference is WK116218B  
Please tell us this number  
if you get in touch with us

— DR KENNEDY  
— 131 CUMBERNAULD ROAD  
STEPPS  
GLASGOW  
G33 6EY

Cumbernauld B0  
Fleming House  
2 Tryst Road  
Cumbernauld  
Glasgow  
G67 1JW

Phone 01236 786500  
TEXTPHONE for the deaf/hard of  
hearing ONLY 01236 786620

Date 20/10/2005  
FOR MR ANTHONY LEWIS

INFORMATION ABOUT YOUR PATIENT

Name MR ANTHONY LEWIS

Address 1 CLARENDON PLACE  
STEPPS  
GLASGOW  
G33 6EB

Payment of Incapacity Benefits and the award of National Insurance credits are subject to an incapacity assessment. If a person meets, or is treated as meeting, the threshold of incapacity, medical certificates are no longer needed to support their claim.

As the patient shown above meets or is treated as meeting the threshold of incapacity under the Personal Capability Assessment you no longer need to issue NHS medical certificates for this person's claim for benefit. However, we may need to contact you for further information about your patient's incapacity in the future.

Proof of incapacity or illness may still be required for other interested groups or organisations such as employers and insurance companies. The provision of this information is not usually an NHS requirement.

If your patient makes another claim for benefit in the future, we will require medical certificates from the date of incapacity. The booklet IB204 'A guide for registered medical practitioners' gives more information. If you do not have this booklet, you can get it from your local Jobcentre Plus/social security office. It is also published on the DSS website at [www.dwp.gov.uk/hq/pubs/medical](http://www.dwp.gov.uk/hq/pubs/medical)

If you want to ask us anything about this letter, please get in touch with us. Our phone number and address are at the top of this letter.  
IB74

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SURNAME (BLOCK LETTERS)		MALE	
TITLE LEWIS		OCCUPATION	
FORENAMES (BLOCK LETTERS) ANTHONY		PHONE NUMBER <del>07710 873536</del>	
DATE OF BIRTH	SINGLE	N.H.S. NUMBER	
19/9/59 5276	MARRIED (DATE)	S573/1/59/2013	
	DIVORCED (DATE)		
	WIDOWED (DATE)		
ALLERGIES .....		SPECIAL HAZARDS .....	
ADDRESS	D	M	DOCTOR'S NAME
1. 150 KYLE RD KILDRUM GLASGOW G67 2DY			DR HANIF
2. Feet 2 1240A Cumbernauld Rd Stepps Glasgow			RJ McNeill
3. 11 11 11			KEWNEY
4.			
5.			
Cause of Death			
(1) .....			
(2) .....			

CHI 1909395276  
C  
8424  
2/4/24  
SH

29/1/07  
26 FEB 2007  
1/05/18

L6008

Ed Rep 140m 3/91 (080877)

Form GP 111B (Rev. 5/87)

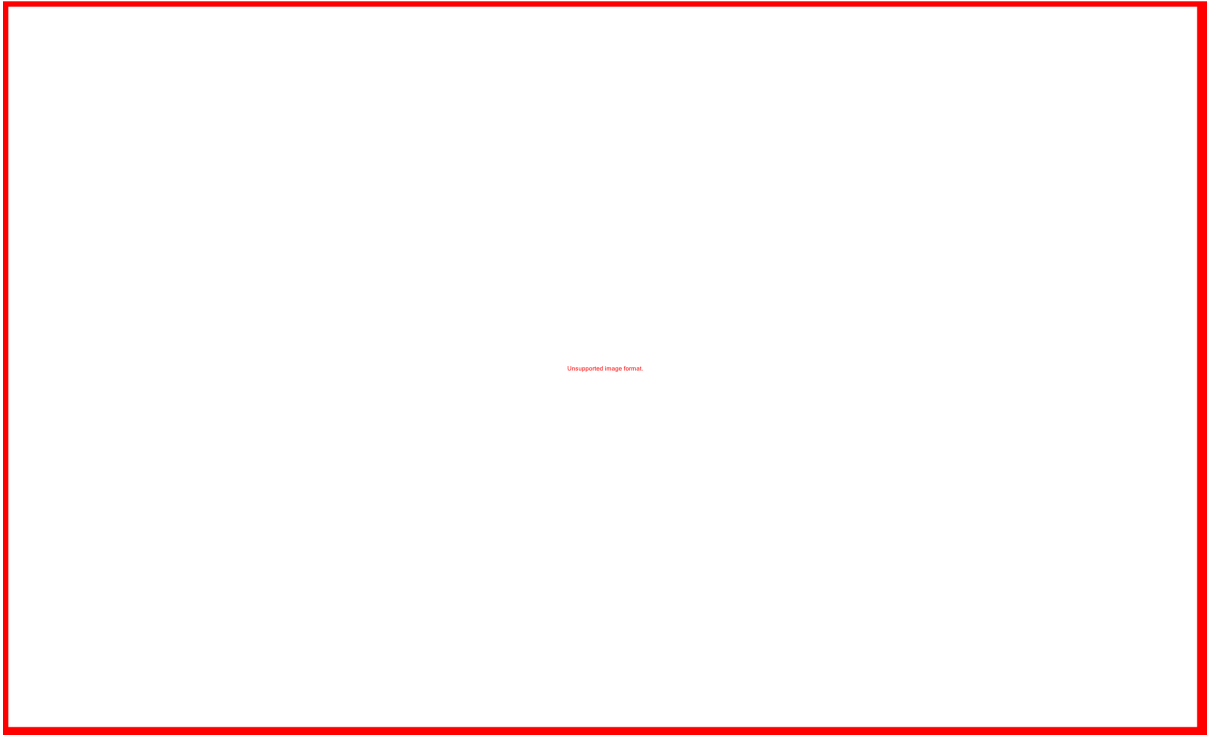
\*MR01781B5\*

CHI No: 190959 - 5276  
NHS No: S573/1/59/2013  
Name: LEWIS  
ANTHONY

G.P.111.

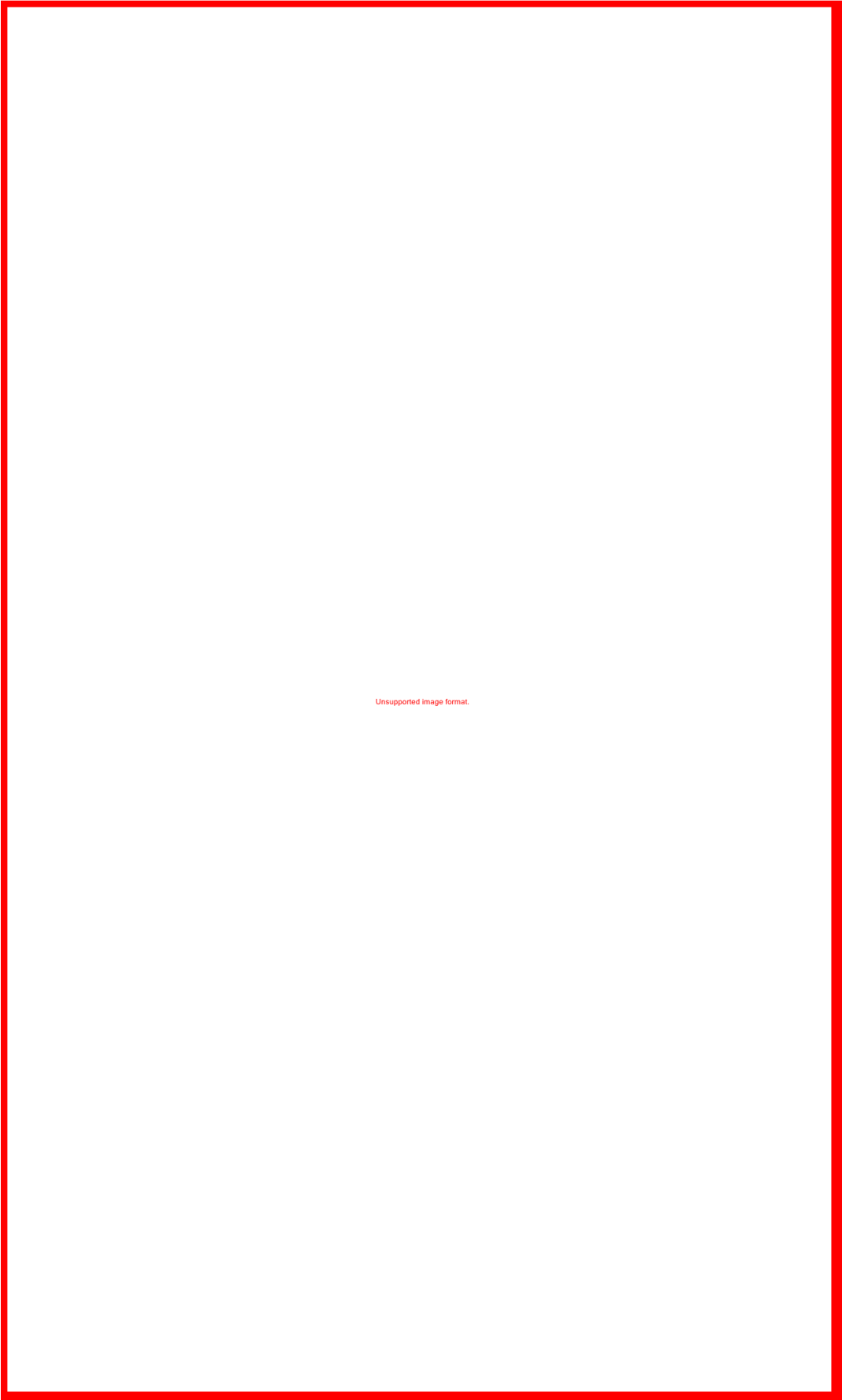
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NHS Confidential: Personal data about a patient



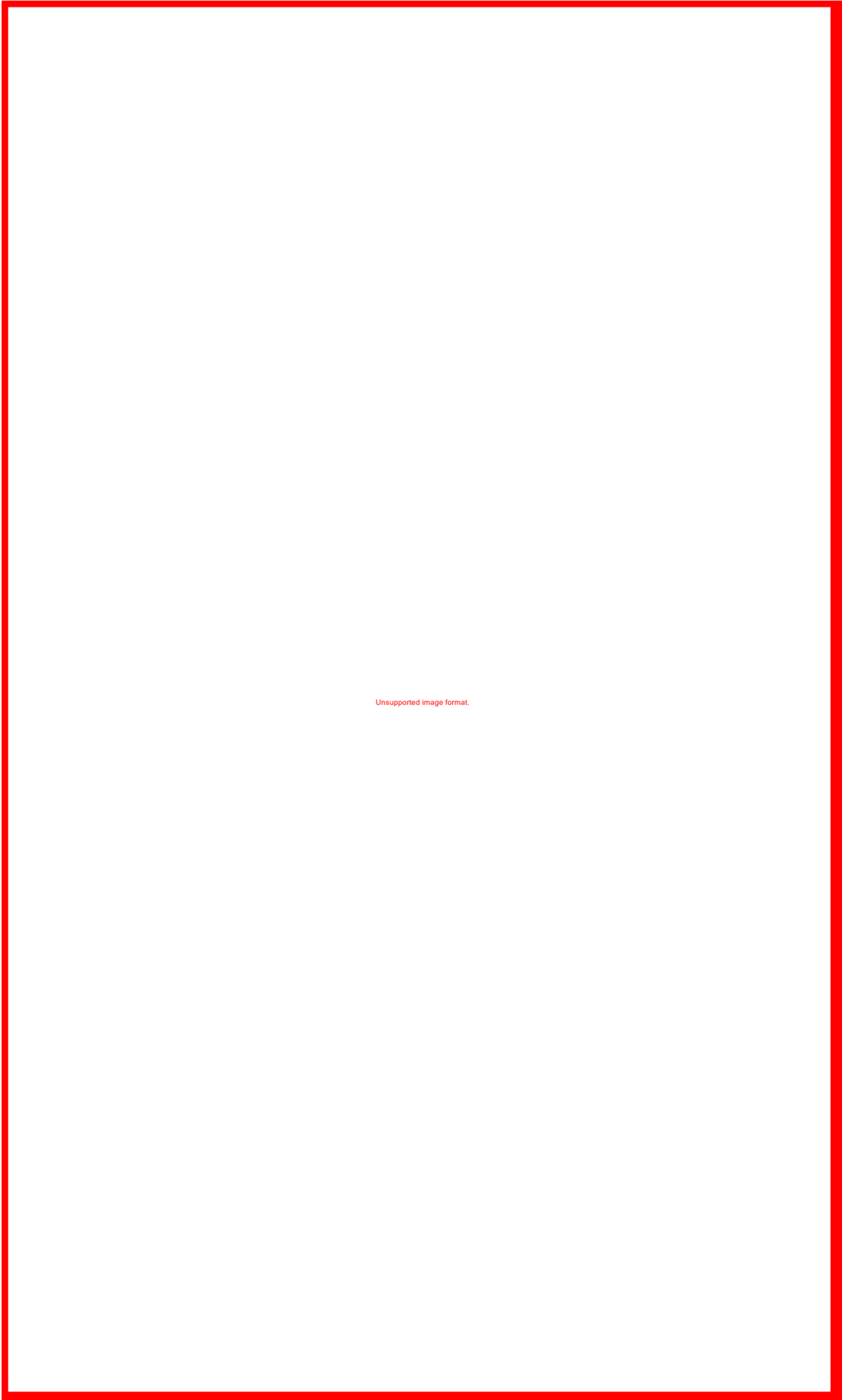
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NHS Confidential: Personal data about a patient



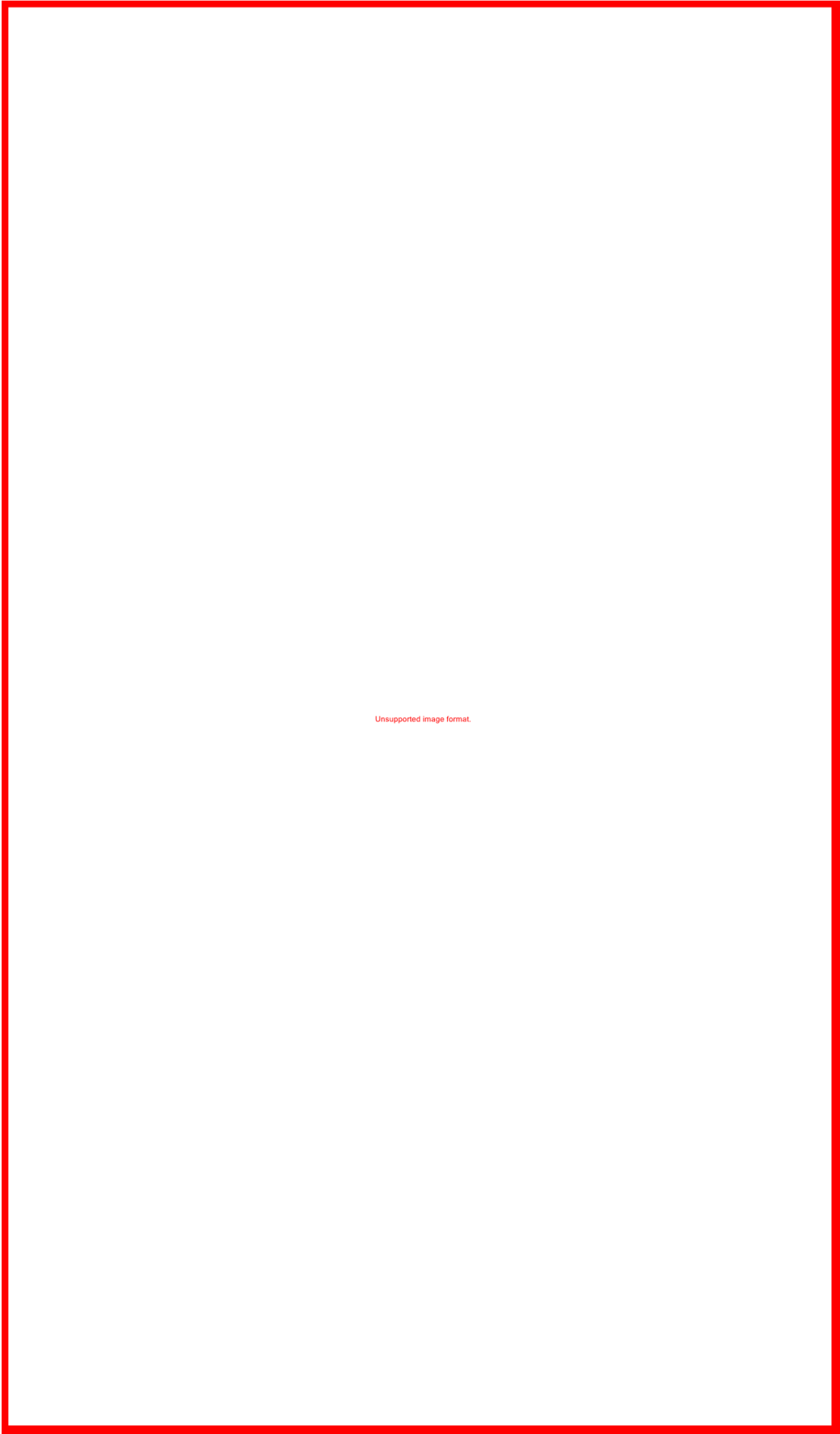
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NHS Confidential: Personal data about a patient



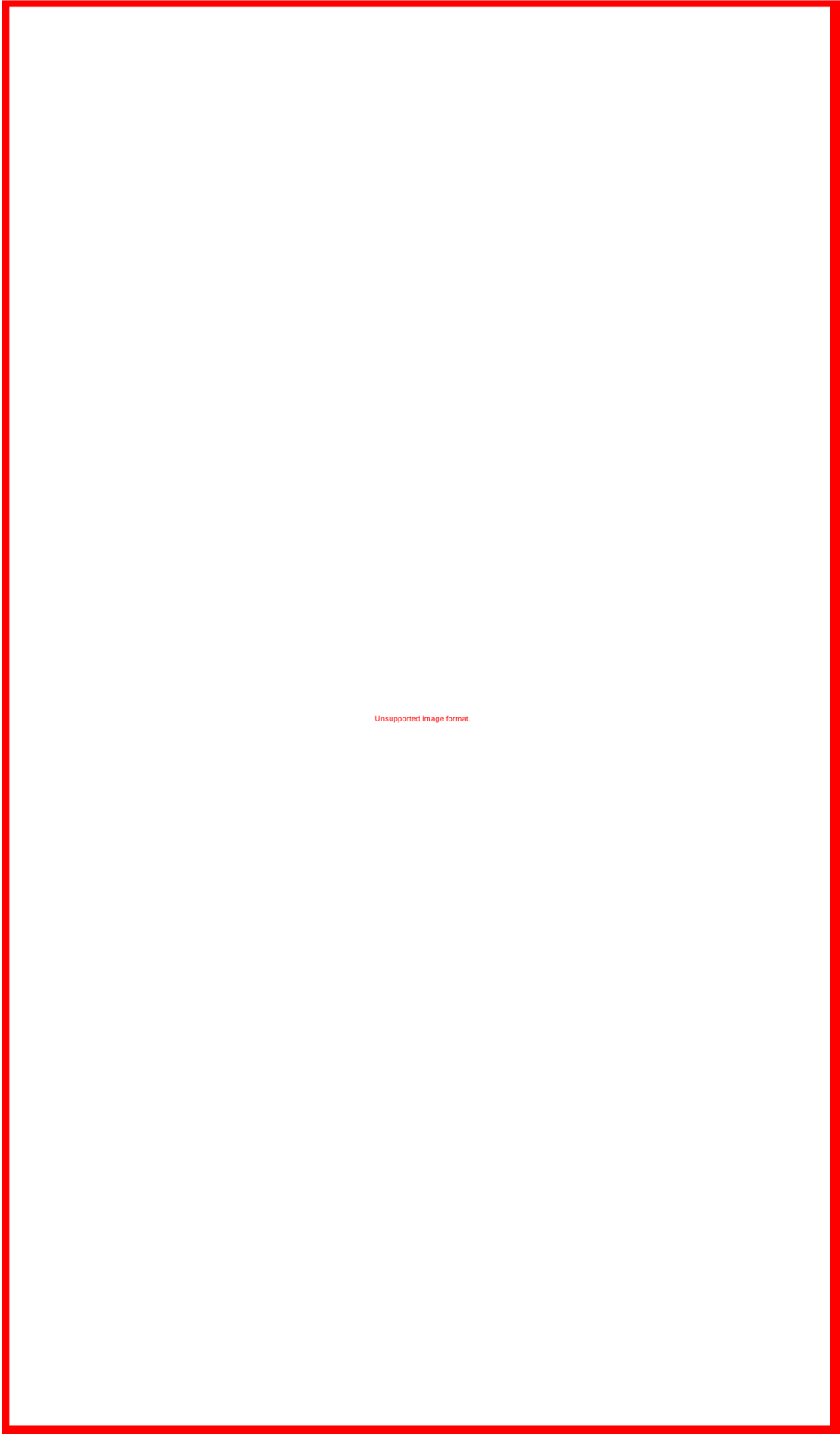
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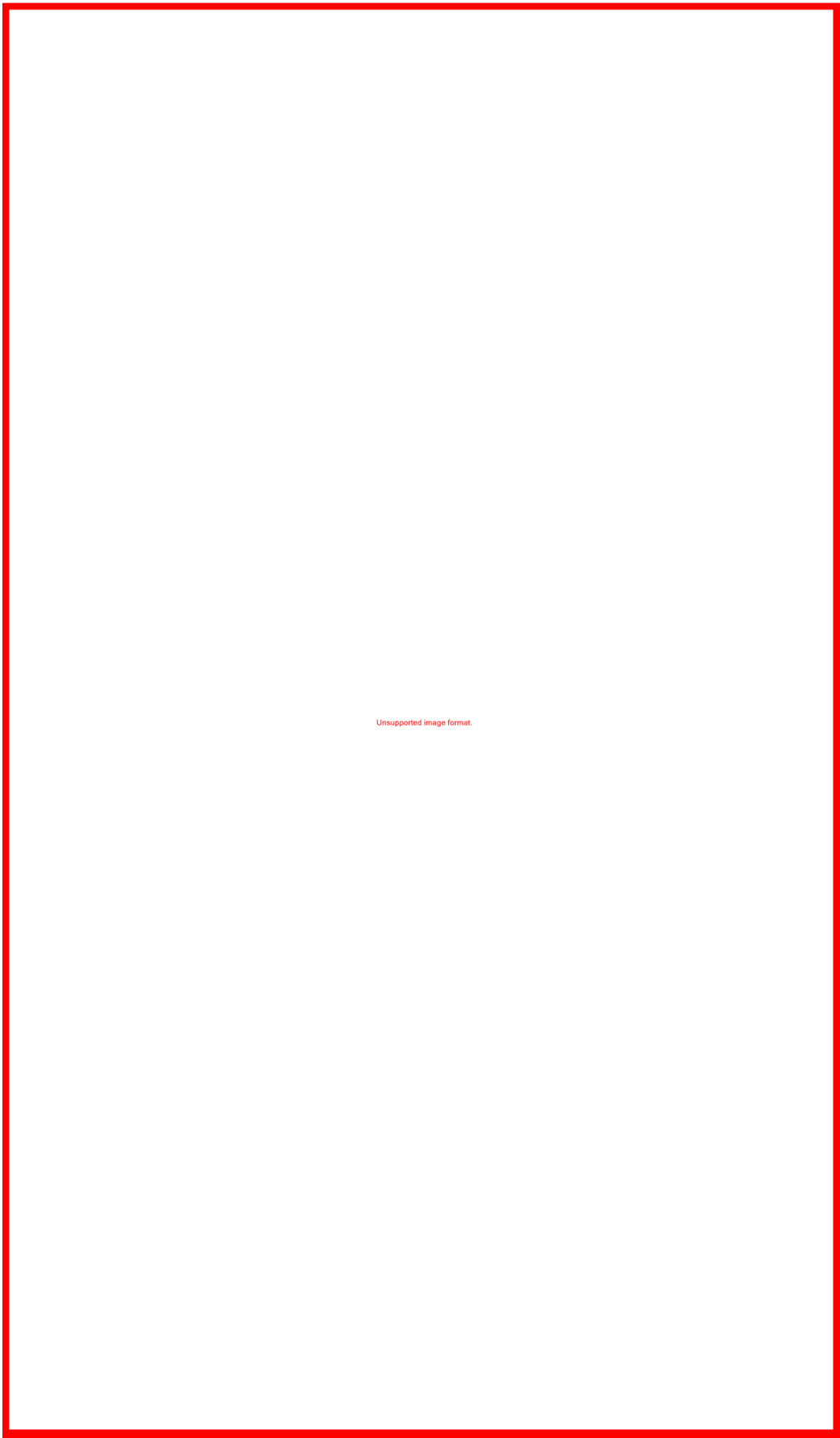
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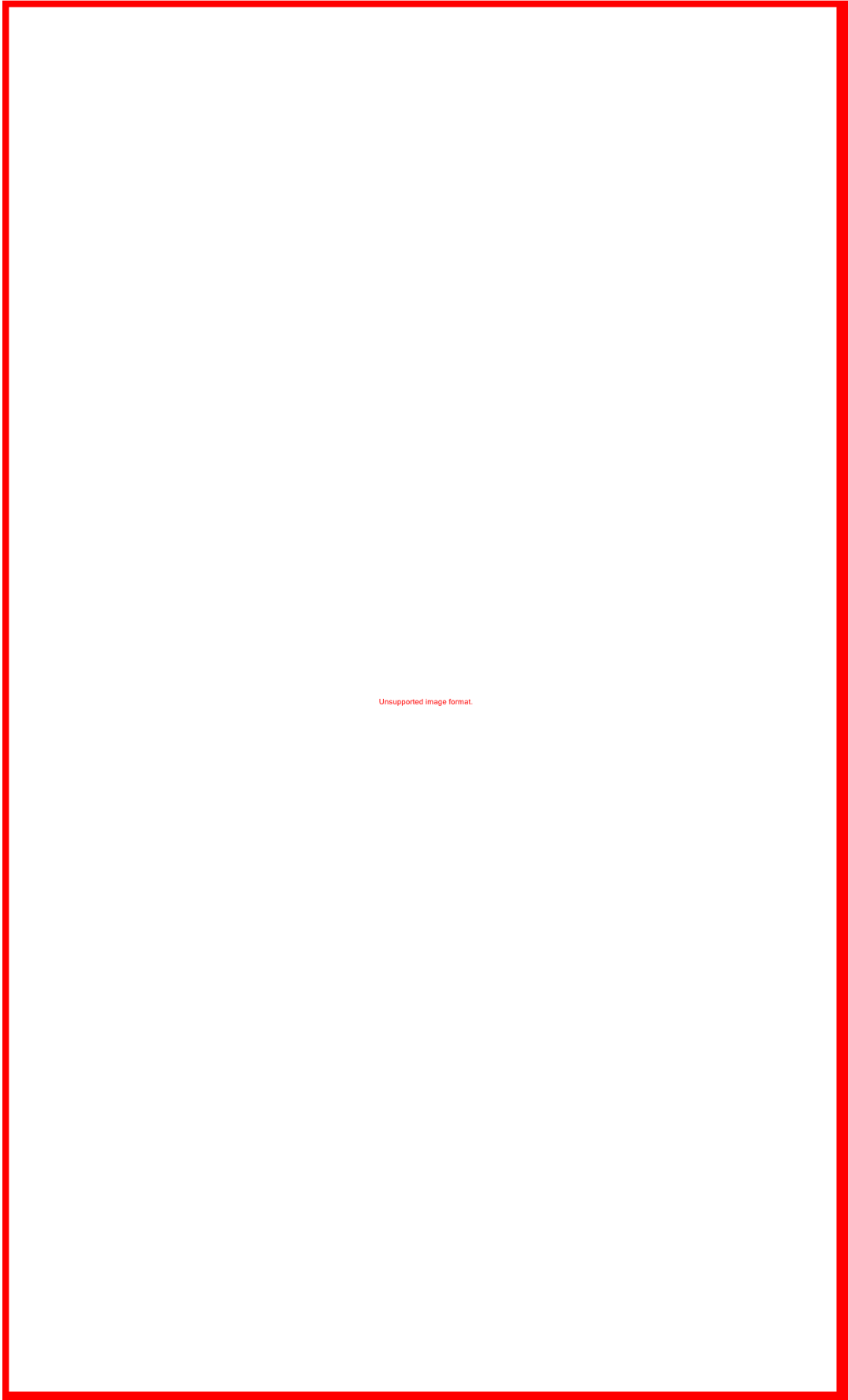


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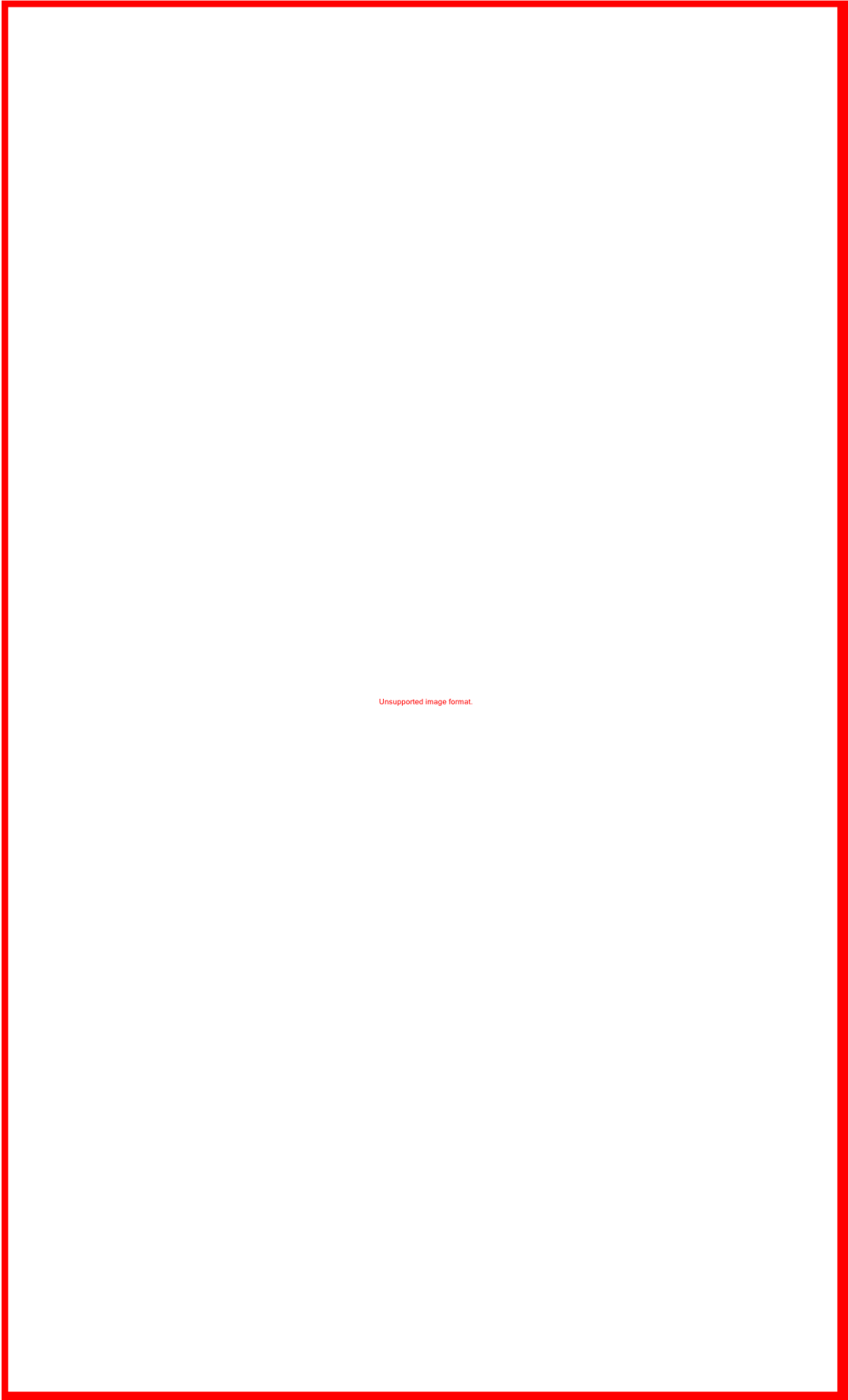
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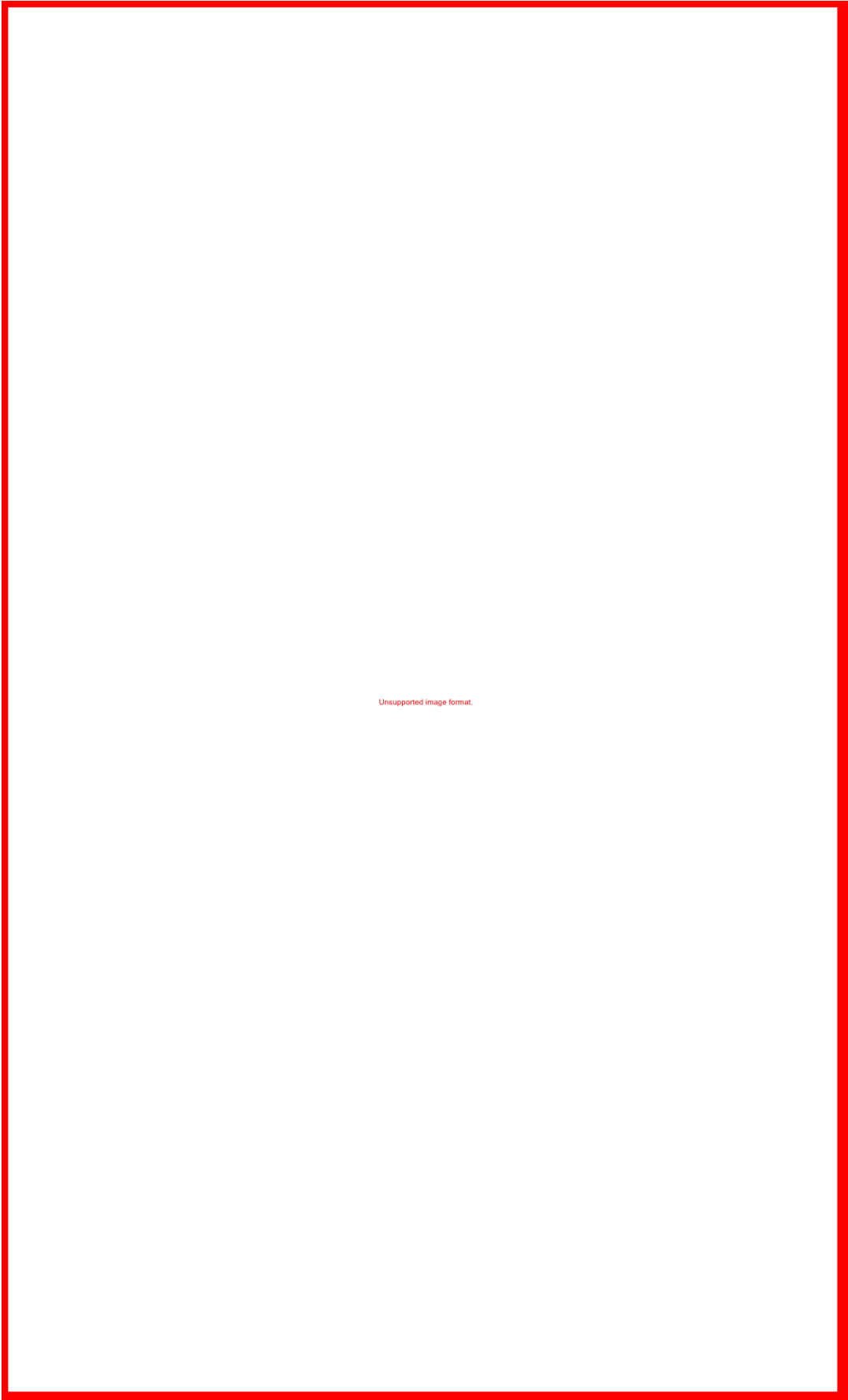


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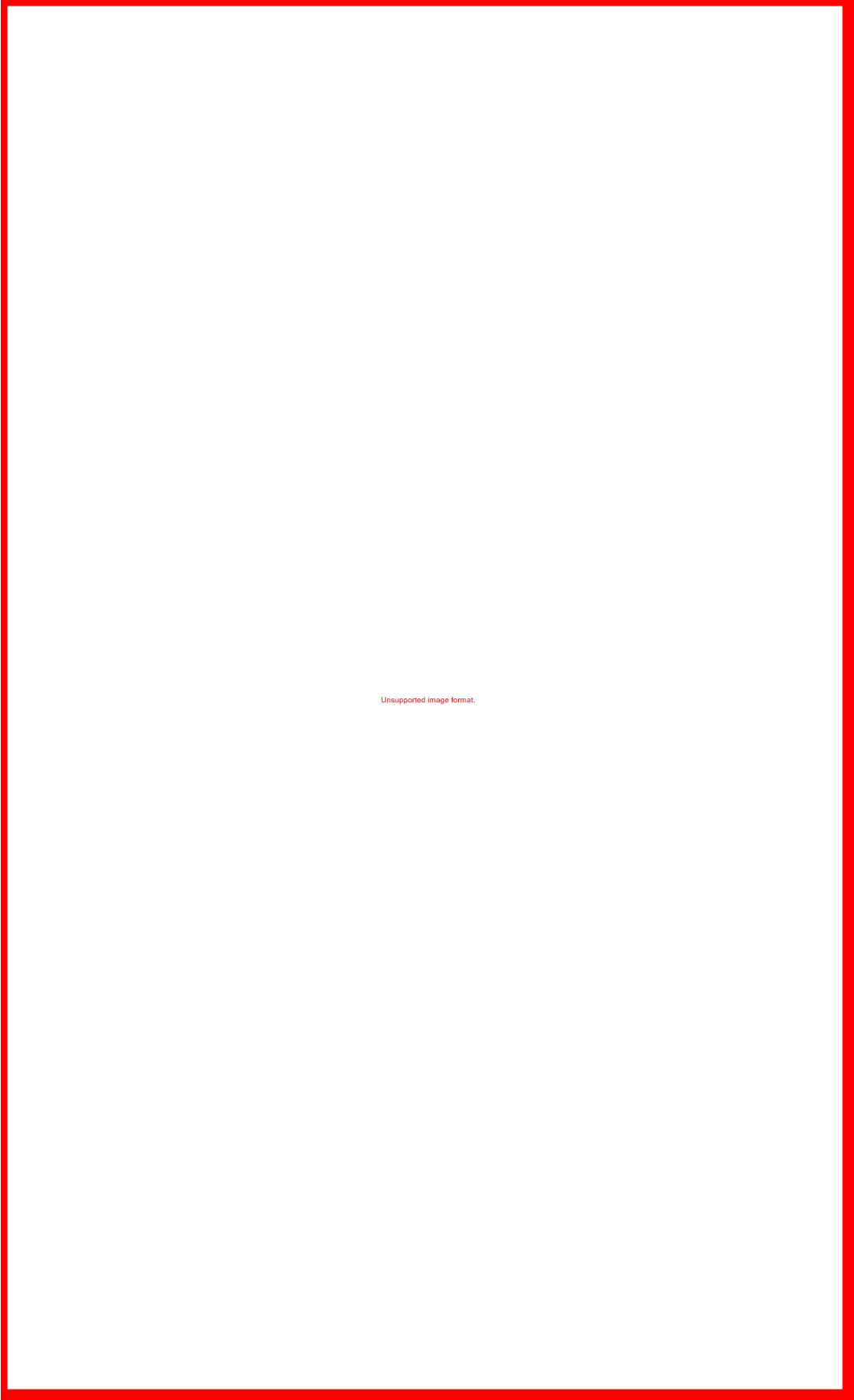


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