PATCH TEST / CUTANEOUS ALLERGY REFERRAL FORM

GRATTON AF5403178H
LEON
3 Makgill Row
Springfield 17/03/1975
CUPAR 1703751191
KY15 5SA

patches
4/12

Date of referral 19/9/17

Consultant Dr Forster

Referred by N Dalton

Notes required NW / Perth / Angus / Fife (Please circle)

After completion of phototherapy Yes / No (Please circle)

Groups		Please tick
A	Latex allergy Contact urticaria Complex occupational	
B	Confirmation of allergy after reacted to common products or treatment Confirmation or exclusion of contact allergy in **straightforward** cases of localised eczema (e.g. hands and feet), atopic eczema, leg ulcer, vulval disease, and other primary diseases (e.g. psoriasis, rosacea, seborrhoeic dermatitis)	✓
C	Others	

For unusual cases / tests (eg intradermal testing), please discuss with Dr Ghaffar.

If needing urgent appointments, please discuss with either Dr Ghaffar or Dr Green.

PLEASE REMEMBER TO GIVE THE PATCH TEST/CUTANEOUS ALLERGY INFORMATION LEAFLET TO THE PATIENT.

PLEASE SEND THE FORM TO THE DERMATOLOGY SECRETARIES, NINEWELLS. FOR PATIENTS IN OTHER HOSPITALS, PLEASE SCAN & EMAIL THE FORM FIRST TO Tay-UHB.patchtest@nhs.net BEFORE SENDING.

4/12/17

NHS Tayside Cutaneous Allergy Unit Data Form

updated Jan 2017

GRATTON LEON 3 Makgill Row Springfield CUPAR KY15 5SA	AF5403178H 17/03/1975 1703751191

Pregnancy	☐
Recent UV	☐
Immunosuppression	☐
Topical steroids	☐
Active rash on back	☐
Antihistamines (for immediate tests only)	☐
None of the above	☐

Date tested
Authorised
Applied
Not tested

Clinical notes

Latex	
Gloves	Balloons
Condoms	Dentist/Hospital
Fruits	Other

Local/Rhinoconjunctival/Systemic reactions

Treatment

Sites Affected (2 Maximum, rank 1,2)

Hand	- not specified		**Ear**	Not specified		**Arm**	Not specified	
	-entire			Canal			Elbow	
	-back (dorsal)			Lobe			Lower arm	
	-palm (not spec)		**Neck**	Not specified			Upper arm	
	-palm central			Front			Wrist-entire	
	-palm (peripheral)			Back			Wrist-extensor	
	-finger (not spec)			Side			Wrist-flexor	
	-finger interdigital		**Trunk**	Not specified		**Leg**	Not specified	
	-finger tip			Front			Upper leg	
Face	-not specified			Back			Knee	
	-eyelid			Groin			Lower leg	
	-periorbital			Axilla		**Foot**	Not specified	
	-mouth-lip		**Perineal**	Ano-genital			Toe	
	-oral mucosa			Peri-anal			Dorsum	
	peri-oral			Genital			sole	
Head	Not specified		**Flexures**	Not specified		**Generalised**	generalised	
	Scalp-not spec.			Elbow				
	Scalp-margin			politeal				
	Scalp-centre							

Atopy (Tick if yes)	
Eczema	☐
Rhino-conjunctivitis	☐
Asthma	☐
FH atopy	☐

Duration	
0-3 months	☐
4-12 months	☐
1-3 yrs	☐
4-7 yrs	☐
>8 yrs	☐

Suspected Allergy	
Nickel	☐
Fragrance	☐
Previous Patch test	Yes/No
Results:	

Occupation
Main .....
Industry .....
Duration .....
Other .....
PPE.....
Full time/part time
Work related? Yes ☐ No ☐ Unsure ☐

Hobbies .....
.....

Small children Yes No
Pets Yes No

Contactants

Clothing, textiles	☐	Cutting fluids	☐	Food – skin contact	☐
Shoes, boots	☐	Oils/greases	☐	Animal proteins	☐
Gloves	☐	Solvents	☐	Building materials	☐
Leather, other	☐	Rinse off, shampoo	☐	Glues	☐
Rubber (other)	☐	Disinfecting wash	☐	Woods	☐
Dressing	☐	Alcohol gel	☐	Paints, lacquers	☐
Plastics	☐	Skin wipes	☐	Plants, not food	☐
Metal jewellery	☐	Deterrent cleaners	☐	Pesticides, herbicides	☐
Metal (eg coins)	☐	Surface wipes	☐	House dust	☐
Tools (metal, etc)	☐	Disinfectants, bleaches	☐	Office materials	☐
Dental prostheses	☐	Leave-on cosmetics	☐	External drugs	☐
Dental fillings	☐	Hair cosmetics	☐	Internal drugs	☐
Metal implants	☐	Nail cosmetics	☐	Medical materials	☐
Metal (worked with)	☐	Perfume, deodorant	☐		

Tests Performed

Patch Tests

BSCA Standard	☑	Face	☐	Hairdressing	☐	Shoe	☐
Medicament	☐	Perfume	☐	Bakery	☐	Textile	☐
Corticosteroid	☑	Sunscreen	☐	Dental	☐	Epoxy resin	☐
Leg	☐	Plant	☐	Oral	☐	Acrylate	☐
Ear	☐	Rubber	☐	Local anaesthetic	☐	Plastic and glue	☐
Eye	☐	Vulval	☐	Staff	☐	Oils and coolants	☐
Orthopaedic	☐	Prosthesis	☐				
Own	☑	Other	☐	.....			

Immediate tests

Open patch test

Food additives	☐	.....
Other	☐	.....
Skin Prick test	☐	.....
Intradermal test	☐	.....
Glove challenge	☐	.....

CHECK LIST

CONSENT	☐
SERIES	☐
OWN PRODUCTS.....	☐
FLUIDS	☐

Other tests

Swab ☐ Scraping ☐ IgE ☐

PRESCRIPTION RECOMMENDATION
FOR ACTION BY THE G.P.

Patient stic GRATTON AF5403178H
LEON
3 Makgill Row
Springfield 17/03/1975
CUPAR 1703751191
KY15 5SA

I RECOMMEND THE FOLLOWING CHANGE IN PRESCRIPTION(S) FOR THE ABOVE NAMED:

ALTERATION OF DOSE

Name	Old Strength	Old Frequency	New Strength	New Frequency

NEW MEDICATION

Name	Is it on Fife Formulary?	Formulation	Strength	Frequency	Anticipated Duration	Reason
Protopic	Yes / No	ointment	0.03%	bd	2/12	eczema
	Yes / No					
	Yes / No					

STOPPED MEDICATION

Name	Reason for stopping	Code

CODE
1. Ineffective
2. Adverse event
3. Inter-action
4. Compliance problem
5. Other (explain)

The above changes have already been implemented YES ☐ NO ☐

The patient has been instructed to contact surgery YES ☐ NO ☐

The GP practice is requested to implement the change without further contact YES ☑ NO ☐

NOTES:
- If prescription is required quickly, it should be issued on a "Blue Pad"
- Illegible or ambiguous prescriptions will NOT be issued without phoning the named doctor
- Please ask patient to allow 24 hours for prescription to be issued by GP

COMMENTS

MS1402

DOCTORS NAME: DKN **CLINIC/DEPT:** Dermatology OPD

SIGNATURE: **DATE:** **BLEEP NUMBER:**

WHITE COPY: General Practitioner BLUE COPY: Patients Notes

PRESCRIPTION RECOMMENDATION
FOR ACTION BY THE G.P.

Patient:
GRATTON
LEON
3 Makgill Row
Springfield
CUPAR
KY15 5SA

AF5403178H

17/03/1975
1703751191

I RECOMMEND THE FOLLOWING CHANGE IN PRESCRIPTION(S) FOR THE ABOVE NAMED:

ALTERATION OF DOSE

Name	Old Strength	Old Frequency	New Strength	New Frequency

NEW MEDICATION

Name	Is it on Fife Formulary?	Formulation	Strength	Frequency	Anticipated Duration	Reason
Fucibet	Yes / No	ointment		bd	3-4/52	100g eczema
Cetirizine	Yes / No	tab	10mg	daily	2/12	"
	Yes / No					"

STOPPED MEDICATION

Name	Reason for stopping	Code

CODE
1. Ineffective
2. Adverse event
3. Inter-action
4. Compliance problem
5. Other (explain)

The above changes have already been implemented	YES ☐	NO ☐
The patient has been instructed to contact surgery	YES ☐	NO ☐
The GP practice is requested to implement the change without further contact	YES ☑	NO ☐

NOTES:
- If prescription is required quickly, it should be issued on a "Blue Pad"
- Illegible or ambiguous prescriptions will NOT be issued without phoning the named doctor
- Please ask patient to allow 24 hours for prescription to be issued by GP

COMMENTS

MS1402

DOCTORS NAME: DNKN

CLINIC/DEPT: Dermatology OPD

SIGNATURE:

DATE: 13/12/14

BLEEP NUMBER:

WHITE COPY: General Practitioner BLUE COPY: Patients Notes

PRESCRIPTION RECOMMENDATION
FOR ACTION BY THE G.P.

Patient sticker here

13/9/11

I RECOMMEND THE FOLLOWING CHANGE IN PRESCRIPTION(S) FOR THE ABOVE NAMED:

ALTERATION OF DOSE

Name	Old Strength	Old Frequency	New Strength	New Frequency

NEW MEDICATION

Name	Is it on Fife Formulary?	Formulation	Strength	Frequency	Anticipated Duration	Reason
Epidermal Dermal 200	Yes / No	80gp wb		daily		Rc Zeus
Oilatum Fucibet	Yes / No	bath oil		2x weekly		"
	Yes / No	Ointment			100g	"

STOPPED MEDICATION

Name	Reason for stopping	Code

CODE
1. Ineffective
2. Adverse event
3. Inter-action
4. Compliance problem
5. Other (explain)

The above changes have already been implemented YES ☐ NO ☐

The patient has been instructed to contact surgery YES ☐ NO ☐

The GP practice is requested to implement the change without further contact YES ☑ NO ☐

NOTES:
- If prescription is required quickly, it should be issued on a "Blue Pad"
- Illegible or ambiguous prescriptions will NOT be issued without phoning the named doctor
- Please ask patient to allow 24 hours for prescription to be issued by GP

COMMENTS

MS1402

DOCTORS NAME: OAKIN

CLINIC/DEPT: Dem OPD

SIGNATURE: NDR

DATE: 13/9/11

BLEEP NUMBER:

WHITE COPY: General Practitioner BLUE COPY: Patients Notes

PRESCRIPTION RECOMMENDATION
FOR ACTION BY THE G.P.

Patie GRATTON
LEON
3 Makgill Row
Springfield
CUPAR
KY15 5SA

AF5403178H

17/03/1975
1703751191

I RECOMMEND THE FOLLOWING CHANGE IN PRESCRIPTION(S) FOR THE ABOVE NAMED:

ALTERATION OF DOSE

Name	Old Strength	Old Frequency	New Strength	New Frequency

NEW MEDICATION

Name	Is it on Fife Formulary?	Formulation	Strength	Frequency	Anticipated Duration	Reason
Flucloxacillin	Yes / No	cap	500mg	qds	28	infected eczema
Fucidet	Yes / No	ointment		bd	for 7/52	then 2-3 times daily
	Yes / No					

STOPPED MEDICATION

Name	Reason for stopping	Code

CODE
1. Ineffective
2. Adverse event
3. Inter-action
4. Compliance problem
5. Other (explain)

The above changes have already been implemented YES ☐ NO ☐

The patient has been instructed to contact surgery YES ☐ NO ☐

The GP practice is requested to implement the change without further contact YES ☐ NO ☐

NOTES:
- If prescription is required quickly, it should be issued on a "Blue Pad"
- Illegible or ambiguous prescriptions will NOT be issued without phoning the named doctor
- Please ask patient to allow 24 hours for prescription to be issued by GP

COMMENTS

MS1400

DOCTORS NAME: OAKN

CLINIC/DEPT: Dermat N2

SIGNATURE:

DATE:

BLEEP NUMBER:

WHITE COPY: General Practitioner BLUE COPY: Patients Notes

PRESCRIPTION RECOMMENDATION
FOR ACTION BY THE G.P.

Patient sticker here

I RECOMMEND THE FOLLOWING CHANGE IN PRESCRIPTION(S) FOR THE ABOVE NAMED:

ALTERATION OF DOSE

Name	Old Strength	Old Frequency	New Strength	New Frequency

NEW MEDICATION

Name	Is it on Fife Formulary?	Formulation	Strength	Frequency	Anticipated Duration	Reason
[illegible]	Yes / No	[illegible]		[illegible]	[illegible]	[illegible]
[illegible]	Yes / No	[illegible]		[illegible]	[illegible]	
[illegible]	Yes / No	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

STOPPED MEDICATION

Name	Reason for stopping	Code

CODE
1. Ineffective
2. Adverse event
3. Inter-action
4. Compliance problem
5. Other (explain)

The above changes have already been implemented YES ☐ NO ☐

The patient has been instructed to contact surgery YES ☐ NO ☐

The GP practice is requested to implement the change without further contact YES ☐ NO ☐

NOTES:
- If prescription is required quickly, it should be issued on a "Blue Pad"
- Illegible or ambiguous prescriptions will NOT be issued without phoning the named doctor
- Please ask patient to allow 24 hours for prescription to be issued by GP

COMMENTS

MS1402

DOCTORS NAME: [illegible] **CLINIC/DEPT:** [illegible]

SIGNATURE: [illegible] **DATE:** [illegible] **BLEEP NUMBER:**

WHITE COPY: General Practitioner BLUE COPY: Patients Notes

Patient sticker here

31799

PRESCRIPTION RECOMMENDATION FOR ACTION BY GENERAL PRACTITIONER

N.B. If the medicine needs to be started within 3 working days, it should be prescribed on a HBP prescription for supply from a community pharmacy or if it is a hospital only medicine a White Hospital prescription form.

I recommend the following change in prescribed medicine(s) for the above named patient

Product Description Form & Strength	Action – Stop / Start / Change	Required Dose	Required Frequency	Expected Duration	Formulary Y/N	Indication / Rationale for Stopping or Justification for Non Formulary Recommendation

Prescriber Name		Clinic/Dept		Date	
Signature		Professional Registration Number		Contact Number	

WHITE COPY : General Practitioner BLUE COPY : Patient's Notes PINK COPY: Pharmacy department

MS1402A

HISTORY/CONTINUATION SHEET

Ward/Clinic/
Hosp ..... Cons.

Surname .. GRATTON
First Name LEON
Address ... 5 Macgill Row
Springfield
CUPAR
KY15 5SA

Occupation

G.P. & Address

AF5403178H
17/03/1975
1703751191

..... Unit No.
..... D. of B.
..... M. State
..... Sex

USE BLOCK CAPITALS

..... UNIT/WARD/DEPT

DATE	
13/9/16	41yo ♂, atopic dermatitis for years, was attending VNK but now difficult to travel so prefers St Andrews. Recent infection to skin requiring fluclox.
	o/e severe atopic dermatitis
	- face, trunk, limbs. Quite red + weepy
	Try Demol 200, oilatum bath, epaderm + fucibet bd
	See 1/52. Info re UVB. ? T/R Cupar. (NP)
20/9/16.	Much better - probably because stopped using e-cig as only got Rx yesterday.
	With CPN. Feet a bit weepy so fucibet bd to feet etc. FIV 4/52 (NP)
25/10/16.	DNA - 1 further (NP)
13/12/16.	Eczema flared again. Red + weepy limbs/trunk
	- going to stay with mum in Denny over Christmas so will have regular Rx - for fucibet + anti-his
	See 6/52 (NP)
24/1/17	Skin good over Christmas but flare again since return home. Keen for UVB. Discussed + s/es. Refer (NP)

FHB (MR) 44

DATE

19/9/17. Skin not much better after 79 UVB treatments.
Using 30g fucibet /week. — will try to reduce.
Could try protopic
Refer patch test
See 2/12 (NO)

21/11/17. Skin worse at present. awaits patch test (9/12)
Red + weepy hands + legs
Using fucibet 2-3 x weekly so ↑ to bd for 2/82
only. add fluclox acilh 500mg qds (28) (NO)
See 3/12.

8/3/18. Skin OK arms + legs but hands not good;
Discussed itch / scratch cycle and will try and
stop. Use fucibet sparingly (NO)

2/10/18. DNA - 1 further (NO)

17/1/19. Skin much better. Only hands + elbows inflamed
Using fucibet daily — advised to try and
reduce. Use protopic instead. (NO).
Open appt

3/9/19. Feet very bad - scaly + flaky
Try diprosalic bd 2-3 weeks then 2x weekly
Protopic 0.03% bd to legs + fluclox (NO)

10.12.19 A D + [illegible]
[illegible] 2-3 y hx
home UVB [illegible]

HISTORY/CONTINUATION SHEET

Derm
UNIT/WARD/DEPT

Ward/Clinic/
Hosp

Surname: GRATTON
First Name: LEON
Address: 3 Makgill Row, Springfield, CUPAR, KY15 5SA
Occupation

G.P. & Address

AF5403178H

17/03/1975
1703751191

Cons.
Unit No.
D. of B.
M. State
Sex

USE BLOCK CAPITALS

DATE	
14/5/24.	ΔAD. - telephone apt. Rowlands - Cupar. - Tuesday.
	not receiving MTX regularly. ~~[illegible]~~.
	- called his pharmacy, last prescription was done on the 28th March.
	→ ECS has a prescription for 1st May.
	→ will ask GP pharmacist to investigate.
	managing with emollients only at present.
	[illegible]
17/9/24.	ΔAD - Telephone apt.
	newly diabetic - MTX - Tues.
	Sandy positive on telephone.
	- 'skin is great' - they are covering it.
	(P) Continue 10g MTX.
	encouraged to keep ~~[illegible]~~ taking folic Acid.
	Emollients.
	not needing steroids at present.
	f/u 3m. tel. [illegible]

FHB (MR) 44

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of
Gastroenterology
Tel: 01592 643355 ext 28898
http://www.nhsfife.scot.nhs.uk

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CHI: 1703751191

Letter ID: 100305186

Dear Dr MacLaren

Clinic Date: 23/01/2020

Date: 31/01/2020

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA

Date of Birth: 17/03/1975

Leon failed to attend the liver clinic appointment today 23/01/2020.

If you would like this appointment to be rearranged please get in touch with the secretary whose details are on this letter.

Letter dictated by Dr Rachel Sutherland MBChB Speciality Trainee to Dr Gilchrist

Yours sincerely

Dr S Gilchrist
Consultant Physician and Gastroenterologist

Authorised on 10/02/2020 11:21:39 by Sian Gilchrist.

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Respiratory
Tel: 01592 643355 21755
Michele Salvaggio, Secretary
http://www.nhsfife.scot.nhs.uk

NHS
Fife

Leon Gratton
3 Makgill Row
Springfield
Cupar
Fife
KY15 5SA

CHI: 1703751191
Our Ref: IM/SB

ADMINISTRATIVE
LETTER

Letter ID: 200259049

Dictated: 18/11/2025
Date: 15/12/2025

Dear Leon Gratton

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA

Date of Birth: 17/03/1975

Thank you for coming for your chest x-ray. We did this because of your pneumonia and I am pleased to see the changes on your x-ray have recovered. Sometimes your symptoms can take longer than your x-ray changes to recover, but I hope your breathing continues to improve.

Yours sincerely

Dr Iain Murray
Consultant in Respiratory Medicine

Authorised on 17/12/2025 12:09:22 by Iain Murray.

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

V700828K

Fife Area Laboratory CLINICAL BIOCHEMISTRY

Surname: GRATTON Forename: Leon D.o.B.: 17 Mar 1975 Sex: M Case No: 1703751191
Address: 85 SPITTALFIELD ROAD INVERKEITHING Post code: KY11 1DZ CHI: 1703751191
Cons/GP: Dr Sian GILCHRIST Source: Outpatient Department
Victoria Hospital

Current clin. details: NAFLD/ FIBROSIS ASSESSMENT

Date	20/12/13	12/11/13	16/07/13	10/06/13	21/05/13
Time	11:45	10:40	AM	AM	AM
Labno.	C6169761K	C6132105V	C6007244J	C5970035V	C5950553B
Sodium (134-144 mmol/L)	137	144	143	142	141
Potassium (3.6-5.4 mmol/L)	4.5	4.3	4.0	4.5	HAE
Urea (3.0-8.5 mmol/L)	5.9	6.0	4.8		
Creatinine (50-120 umol/L)	72	69	75	70	70
eGFR (mL/min)	> 60	> 60	> 60	> 60	> 60
Glucose (3.3-6.1 mmol/L)	6.8H				
HbA1C (IFCC) (31.0-44.3 mmol/mol)	39				
Albumin (38-50 g/L)	49	45	47	47	HAE
Protein (Total) (60-80 g/L)	76	72	73	77	HAE
IgG (7.0-19.0 g/L)	9.76				
IgA (0.90-4.5 g/L)	2.13				
IgM (0.45-1.80 g/L)	0.33L				
Alkaline phosphatase (35-115 U/L)	93	91	98	92	HAE
Gamma-Glutamyltransfera (7-50 U/L)	296H			356H	HAE
Alanine transaminase (0-40 U/L)	58H	35	61H	74H	HAE
Bilirubin (Total) (2-20 umol/L)	7	7	7	6	HAE
TSH (0.5-3.9 mU/L)	1.84				
Free Thyroxine (10-19 pmol/L)	15				

HAE = Sample haemolysed, unsuitable for analysis
Aspartate transaminase 65 U/L
Hyaluronic Acid 18.6
ANALYSED BY EXTERNAL LABORATORY, I.D. ON SCI STORE
C5950553B 21/05/13 Please give clinical details

ALL RESULTS APPLY TO SERUM/PLASMA UNLESS OTHERWISE INDICATED
Current Items Reported : EL LF GL HBA1 TS IP AS GT HYAL SARC UR
Current Items Requested: EL LF GL HBA1 TS IP AFP AAN CAE AS GT HYAL SARC UR
Current Spec. Rec'd: 15:06 20 Dec 2013 Printed: 29 Jan 2014 Authorised by:

V700828K

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE EDINBURGH & S E SCOTLAND BLOOD TRANSFUSION CENTRE
Royal Infirmary of Edinburgh, 51 Little France Crescent, Edinburgh EH16 4SA
Clinical Immunology 0131-242 7525 / 9 Lothian Network x 27525 / 9

NHS National Services Scotland

IMMUNOLOGY SERVICES

CLINICAL IMMUNOLOGY REPORT

SURNAME GRATTON D.O.B. 17/03/1975 LAB REG. No. S2279498S HI926893X
FORENAME/S LEON Specimen: Blood
DATE SAMPLE TAKEN 20/12/2013 u/k
HOSPITAL NUMBER 1703751191 DATE RECEIVED 23/12/2013 14:32

TEST	RESULT	NORMAL RANGE
Gastric Parietal Cell	Negative	
Mitochondrial Antibody	Negative	
Smooth muscle Antibody	Negative	

GPC,AMA and SMA are all tested on a composite liver/ kidney/stomach block.Consequently,requests for any one of these will result in all three being reported.

Sample aliquot received.

FOLD HERE

FOLD HERE

14 JAN

Further details in Laboratory Handbook at http://www.scotblood.co.uk/publications.asp

REPORT TO BE RETURNED TO: Dr Craig Ferguson
Microbiology, North Lab,VHK
Victoria Hospital
Hayfield Road
Dr Gilchrist
VOPD, VHK

DATE REPORTED 13/01/2014 09:39

CONSULTANT CLINICAL SCIENTIST 0131 242 7535
PLEASE PHONE FOR DISCUSSION OF RESULTS IF NECESSARY

SIGNATURE.

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Ear, Nose & Throat (ENT) C5
Fife General Referral

Consultant / receiving practitioner and/or specialty clinic

Victoria Hospital

Hospital and hospital address

Hospital unit no.
F704H

Email address

Urgency of referral Routine

PATIENT DETAILS

Surname	Gratton
Forename(s)	Leon James
Title	Mr
Sex	Male
Date of birth	17-Mar-1975
CHI no.	1703751191

Patient's address

85 Spittalfield Road
INVERKEITHING
DUNFERMLINE
Fife
KY11 1DZ

Contact number(s)

Voice: 415625

REFERRING PRACTITIONER DETAILS

Name	Dr. David Taylor		
GMC code	1323746	GP code	92827
Practice name	INVERKEITHING MEDICAL CENTRE (20752)		
Practice code	20752		

Practice address

5 FRIARY COURT
INVERKEITHING
FIFE

Contact number(s)

Voice: 01383 413234

Date submitted by practice: 04-Aug-2009

04 AUG 2009

RELEVANT EVIDENCE - see review schedule

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Dizziness.

Comment: Dear Doctor

Thank you for seeing Leon who has complained of feeling light-headed and the room spinning in spells over the past couple of years. Leon has schizophrenia and at present is on Nitrazepam one at night, Diazepam one daily, Chlorpromazine one twice a day and monthly antipsychotic injections from the Continuing Care Group at Haldane House. There is no nystagmus, no past pointing, Romberg's negative, ears are clear and free of wax. Blood pressure is normal and pulse is 62 per minute in sinus rhythm. I would be grateful if you could see this young gentleman who complains of longstanding but intermittent spells of dizziness.

Thank you in advance.

Examinations and Investigations

Blood Pressure (systolic):	110	-
Blood Pressure (diastolic):	66	-
Height (m):	1.82	-
Weight (kg):	88	-
Body Mass Index:	26.57	-
Current smoker:	28-Jan-2009	
Alcohol intake above recommended sensible limits:	28-Jan-2009	
Enjoys heavy exercise:	28-Jan-2009	

Reason for referral

Care type requested: Out Patient

Expected outcome: Treat

Past Medical History

Pre-existing conditions (High and Medium Priority)

Description	Modifier	Comment	Date Recorded
Psychotic episode NOS	Persistent	-	12-Sep-2008
[X]Deliberate drug overdose / other poisoning	-	paracetamol	08-Jun-2008
Unspecified schizophrenia	-	Admitted 4 weeks.	08-Jun-2008
[X]Deliberate drug overdose / other poisoning	-	Loratadine and paracetamol - impulsive.	11-Mar-2007
Unspecified schizophrenia	-	Admitted 4 weeks.	28-Jun-2004
Psychotic episode NOS	Recurrence	admitted	22-Nov-2003
Psychotic episode NOS	Persistent	-	24-Oct-2001
Borderline personality disorder	-	-	01-Jan-2001

Past Procedures (High and Medium priority)

Description	Modifier	Comment	Date Recorded
Psychiatry care plan	-	-	23-Jan-2009

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Ranitidine	01.03.01.0	TABS 150MG	1 Tab	Twice daily	13-Apr-2006	-

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Diazepam	04.01.02.0	TABS 5MG	1 Tab	Daily	08-Jul-2009	-

Chlorpromazine Hydrochloride	04.02.01.0	TABS 25MG	1 Tab bd dispense	daily	08-Jul-2009	-
Nitrazepam	04.01.01.0	TABS 5MG	1 nocte	dispense daily	08-Jul-2009	-
Naproxen	10.01.01.0	Ec TABS 250MG	1 or 2 Tabs twice	daily with food	29-Jun-2009	-
Orphenadrine Hydrochloride	04.09.02.0	TABS 50MG	1 Tab	Daily PRN	29-Jun-2009	-
Amoxicillin	05.01.01.3	CAPS 500MG	1 Cap	3 times daily	29-Jun-2009	-
Diazepam	04.01.02.0	TABS 5MG	1 Tab	Daily	08-Jun-2009	-
Chlorpromazine Hydrochloride	04.02.01.0	TABS 25MG	1 Tab bd dispense	daily	08-Jun-2009	-
Nitrazepam	04.01.01.0	TABS 5MG	1 nocte	dispense daily	08-Jun-2009	-
Diazepam	04.01.02.0	TABS 5MG	1 Tab	Daily	06-May-2009	-
Chlorpromazine Hydrochloride	04.02.01.0	TABS 25MG	1 Tab bd dispense	daily	06-May-2009	-
Nitrazepam	04.01.01.0	TABS 5MG	1 nocte	dispense daily	06-May-2009	-

Clinical Warnings

Lifestyle risks

Exercise status: Not Known

Allergies

Allergy, unspecified

Smoking status

Not Known

Alcohol consumption

Units per day
? (not known)

Additional relevant information

Administrative Information
Patient can accept a short notice appointment:yes
Interpreter Required:no

RELEVANT EVIDENCE - see review schedule

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Haematology
Tel: 01592 643355 Ext 29484 -
Meg Ross
http://www.nhsfife.scot.nhs.uk

Dr Sandeep Datta
Locum Specialty Doctor
Stratheden Hospital
CUPAR
Fife
KY15 5RR

CLINIC LETTER

CHI: 1703751191
Hospital ID: V700828K

Letter ID: 214428

Dear Dr Datta

Clinic Date: 14/05/2012

Date: 15/05/2012

Leon Gratton, C/O Dunino Ward, Stratheden Hospital, Cupar, Fife, KY15 5RR
Date of Birth: 17/03/1975

Thanks for your note about this patient who I saw in clinic today with concerns about swellings in his axillae. These haven been a problem on and off for several months usually accompanied by a crop of small boils in the axilla. Ultrasound has shown small lymph glands no more than 4mm or 5mm in diameter and a biopsy has shown reactive changes only. In addition to the axillary problems he complains of pain in most parts of her body, particularly chest and abdomen and pain in passing urine. He has no cough or sputum production. He is smoking about half an ounce of tobacco a day.

Current Medications

Nitrazepam 10mg at night, Omeprazole 20mg per day, Pizotifen 1.5mg at night, Paracetamol prn, Trifluoperazine 15mg x bd and Sertraline 50mg per day. He has recently smoked and swallowed drugs of abuse but never injected.

Allergies

Nil.

He is currently an in-patient at Stratheden for rehabilitation.

On examination, he was clearly anxious about his symptoms. He was tender in both axillae with a number of scars in the skin and some pea-sized lymph nodes, particularly on the right. There was no other peripheral lymphadenopathy and no positive findings in the chest or abdomen. He's had a recent normal full blood count and biochemistry.

I think these must be reactive nodes from his superficial boils in the axilla and I really don't think further investigation is required here. He is clearly anxious about a number of physical symptoms but I suspect this is all part of his psychiatric state and I don't think it would be indicated or wise to pursue further investigations at this stage.

Best wishes.

Yours sincerely

Dr Peter J Williamson
Consultant Haematologist

This document has NOT been verified.

(P) Dr DM Taylor, Inverkeithing Medical Centre, 5 Friary Court, Inverkeithing, Fife, KY11 1NU

CT15/12.
14/5/12

Kirkcaldy & Levenmouth CHP
Mental Health Services

Personal/Patient Information – Medical Confidential

To: Dr Williamson, Haematology Dept, VHK.	Fax No:	01592 648055
From: Dr S Datta, Locum Speciality Doctor, Stratheden Hospital, Cupar	Fax No:	01334 696042
Date: 18 April 2012		No. of Pages(including this page) 5

Subject: Referral for - LG

new
SCL as outpatient

If you have any difficulties in reading this please telephone:
01334 696362

Ask for: **Margaret Thomson**

Please call me back to let me know you have received this fax.

☐ urgent

☐ for information

☐ please comment

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Kirkcaldy & Levenmouth CHP
Mental Health Service

Medical Offices
Stratheden Hospital
CUPAR
Fife
KY15 5RR
Tel: 01334 652611
Fax: 01334 696042

NHS Fife

PRIVATE & CONFIDENTIAL

Dr Williamson
Haematology Department
Victoria Hospital
Hayfield Road
KIRKCALDY
KY2 5AH

Date Dictated: 18 April 2012
Date Typed: 18 April 2012
Your Ref:
Our Ref: SD/MT/SF5152833A

Enquiries to: Margaret Thomson
Direct Line: 01334 696362
Internal ext: 56362
E-mail: m.thomson5@nhs.net

Dear Dr Williamson

Leon Gratton, C/o Dunino Ward, Stratheden Hospital, Cupar, KY15 5RR
CHI – 1703751191

I would be very grateful for your opinion on the above patient, Mr Gratton. He is currently an inpatient in Dunino rehabilitation ward at Stratheden Hospital. He has a diagnosis of schizophrenia and borderline personality disorder, and he has taken overdoses in the past.

With regard to his past medical history, he suffered from weight loss and tremors and also has a diagnosis of hidradenitis suppurativa. Late last year Mr Gratton had some superficial axillary masses which were red and tender, therefore an ultrasound scan of both axillae was conducted. The scan showed bilateral enlarged axillary nodes, cortex measuring 4 mm on the right and 4.5 mm on the left. It was concluded that this may be reactive to superficial infection and a more sinister cause could not be excluded, therefore it was suggested that a referral to Haematology may be worthwhile. However, in March of this year he was seen by the surgical team who did a biopsy which confirmed reactive changes compatible with a history of chronic infection and hidradenitis suppurativa. As can be seen from the letter enclosed it was decided that there was no further investigation planned. I would be very grateful for your advice regarding this patient.

His current medication includes:

Nitrazepam – 10 mgs at night.
Omeprazole – 20 mgs in the morning.
Pizotifen – 1.5 mgs at night.
Paracetamol – 1 gm four times a day.
Trifluoperazine liquid – 15 mgs twice a day.
Sertraline – 50 mgs once in the morning.

- ☐ Original
- ☐ Case notes
- ☐ Nursing notes
- ☐ Medical office
- ☐ Medical records

Leon Gratton – SF5153833A
CHI - 1703751191

18 April 2012

I would be very grateful for your opinion and advice regarding this patient. Please do not hesitate to contact me if you require any further information.

Kind regards.

Yours sincerely

Dr Sandip Datta
Locum Specialty Doctor

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

Breast Services
Tel: 01383 626623 Ext 23701
http://www.nhsfife.scot.nhs.uk

NHS
Fife

Dr F Williams
Psychiatry Dept
Queen Margaret Hospital
Dunfermline

ADMINISTRATIVE LETTER

CHI: 1703751191
Hospital ID: D659366L

Letter ID 153658

Date: 09/03/2012

Dear Dr Williams

Leon Gratton, 85 Spittalfield Road, Inverkeithing, Fife, KY11 1DZ

Date of Birth: 17/03/1975

I reviewed the result of needle aspiration of this gentleman's left axillary node which has confirmed reactive changes which is compatible with his history of chronic infection and hidradenitis suppurativa. This was discussed in our MDT meeting where it was decided no further investigation or treatment is planned.

I am therefore happy to discharge him from our clinic back to your care.

Yours sincerely

Mr H Ahmad
Staff Grade Surgeon

Authorised on 09/03/2012 14:30:19 by Typist Jean Lowe, not verified by Consultant.

(P) Dr D Somerville, Inverkeithing Medical Group, 5 Friary Court, Inverkeithing, KY11 1NU

SCI Store - Patient Result Report

Report ID: E-04016690

Fife SCI Store Live

Sample Collected: 06/12/2011 14:46:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON GRATTON	1703751191	17/03/1975	36	GARMANY, DAVID	INVERKEITHING MEDICAL CENTRE	CAVANAGH, P	(Q2) Ward 2 QMH

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Joseph, CAVANAGH, Paul	(F80SHBCQ) QMH BREAST CLINIC	E-04016690	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store
IMAGING	06/12/2011 14:46:00	08/12/2011 11:30:03.987	08/12/2011 11:32:09

Report

US Axilla Both

Leon Gratton
Clinical Information: Bilateral superficial axillary masses. Red and tender on the left. ? abscesses. Known hidradenitis suppurativa.

ULTRASOUND BOTH AXILLAE
There are bilateral enlarged axillary nodes. Cortex measures 4 mm on the right and 4.5 mm on the left. These may be reactive to superficial infection, and the patient does mention that he probably has groin masses as well, but a more sinister cause cannot be excluded (? haematological)

CONCLUSION:
U3. Please refer to the haematologist for further assessment.

Reported by: SHARMA, Ashwini Dr
Verified by: SHARMA, Ashwini Dr

Printed By: fionnuala williams on 08/12/2011 14:14:06

VICTORIA HOSPITAL, KIRKCALDY

HAEMATOLOGY MOUNT SHEET

ADMISSION
DISCHARGE
DIAGNOSIS &
OPERATION

GRATTON V700828K
LEON
85 Spittalfield Road
INVERKEITHING 17/03/1975
KY11 1DZ 1703751191

DATE	NOTES
14/5/12	See letter.
	In Stratheden. Sores / boils in axilla. U/S. small nodes
	4-5 mm. Bxy - reactive RBC (N)
	Pains in chest not pleuritic. No cough / sputum.
	Cigs 1/2 oz 1-2 days.
	Abdo pains in abdo too. Passing urine. painful
Drugs	Nitrypan 10 mg mote
	Omeprazole 20 mg od
	Pyrotrifen 1.5 mg mote
	P'mol pun
	Triflorpeyine 15 mg bd
	Tetralene 50 mg od
Allergy	Nil
	O/E no nodes. Tender both axillae + lower abdo chest NAD
	No need for further Ix

Recent oral / smoked drug abuse

Scars +

(D) letter

cc GP

MS1356

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Hayfield Road
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Fife
KY2 5AH

Department of Gastroenterology
Tel: 01592 643355 Ext 28898
http://www.nhsfife.scot.nhs.uk

NHS
Fife

Leon Gratton
3 Macgill Row
Springfield
Cupar
KY15 5SA

ADMINISTRATIVE LETTER

CHI: 1703751191
Hospital ID: V700828K
Ref: SG/PM
Dictated: 25/03/2015

Letter ID: 1441700

Date: 08/04/2015

Dear Mr Gratton

Leon Gratton, 3 Macgill Row, Springfield, Cupar, KY15 5SA

Date of Birth: 17/03/1975

Following your clinic appointment at the beginning of February I now have the blood results. These do not show any deterioration in your liver and therefore I will not arrange to see you again, but would be happy to do so again at the request of your GP.

Yours sincerely

Dr S Gilchrist
Consultant Physician and Gastroenterologist

This document has NOT been verified.

(D) Dr KC Taylor, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

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NHS Fife

Dr KC Taylor
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CLINIC LETTER

CHI: 1703751191
Hospital ID: V700828K

Letter ID: 1377820

Dear Dr Taylor

Clinic Date: 05/02/2015

Date: 05/03/2015

Leon Gratton, 3 Macgill Row, Springfield, Cupar, KY15 5SA

Date of Birth: 17/03/1975

Diagnosis:	Non-alcoholic fatty liver disease Schizophrenia on Clozapine
Pending investigations:	Non-alcoholic fatty liver disease fibrosis score
Follow up:	To be determined

I met up with Leon Gratton today some 4 years earlier than planned. He doesn't look like he is doing quite so well from a mental health point of view at the moment. He certainly seemed very worried today in clinic. I think he had had a recent viral infection which was settling down now though, and his weight unfortunately is going up.

I have repeated his NAFLD fibrosis score today and depending on what that is like I will probably not arrange to see him again at this stage but I would be delighted to receive a re-referral in due course if that is required.

Yours sincerely

Dr S Gilchrist
Consultant Physician and Gastroenterologist

This document has NOT been verified.

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Fife
KY2 5AH

Department of
Gastroenterology
Tel: 01592 643355 Ext 21162
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NHS
Fife

Dr JJ Allan
Inverkeithing Medical Group
Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
KY11 1NU

CLINIC LETTER

CHI: 1703751191
Hospital ID: V700828K
Ref: SG/PM
Dictated: 17/04/2014

Letter ID: 993677

Dear Dr Allan

Clinic Date: 17/04/2014

Date: 22/04/2014

Leon Gratton, 3 Macgill Row, Springfield, Cupar, KY15 5SA

Date of Birth: 17/03/1975

Main diagnosis: Non-alcoholic fatty liver disease without evidence of fibrosis

I met up with this chap again and went through the results of his liver screen and non-invasive fibrosis assessment. His liver screen has been negative and his non-fibrosis assessment suggests an absence of significant fibrosis. I see that he has been started back on Clozapine since I last saw him and his weight unfortunately has gone up by about 7 kilos. Obviously this is a risk to his physical health in the long term, but I have told him I do not currently have any concerns about his liver. I have asked him to let the Health Records Staff know that I would like to see him again in about 5 years time to reassess his fibrosis status at that stage, and I have encouraged him to try to lose weight if possible, but more importantly to be a bit more physically active again, as he is able.

Yours sincerely

Dr S Gilchrist
Consultant Physician and Gastroenterologist

This document has NOT been verified.

* 5 yr appt req'd. 22/4/14.

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NHS Fife

Leon Gratton
3 Macgill Row
Springfield
Cupar
KY15 5SA

CLINIC LETTER

1703751191

CHI: 1703751191
Hospital ID: V700828K
Ref: SG/PM
Dictated: 09/01/2014

Letter ID: 863251

Dear Mr Gratton

Clinic Date: 09/01/2014

Date: 09/01/2014

Leon Gratton, 3 Macgill Row, Springfield, Cupar, KY15 5SA

Date of Birth: 17/03/1975

For some reason you were due to come and see me in clinic today which is a little earlier than we had planned, I will put your appointment back to sometime in April.

Yours sincerely

Dr S Gilchrist
Consultant Physician and Gastroenterologist

This document has NOT been verified.

(D) Dr JJ Allan, Inverkeithing Medical Group, Inverkeithing Medical Centre, 5 Friary Court, Inverkeithing, KY11 1NU

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Kirkcaldy
Fife
KY2 5AH

Department of
Gastroenterology
Tel: 01592 643355 Ext 21162
http://www.nhsfife.scot.nhs.uk

Dr Sandeep Datta
Locum Specialty Doctor
Medical Offices
Stratheden Hospital
Cupar, Fife
Fife
KY15 5RR

CLINIC LETTER

CHI: 1703751191
Hospital ID: V700828K
Ref: SG/PM
Dictated: 28/11/2013

Letter ID: 817472

Dear Dr Datta

Clinic Date: 28/11/2013

Date: 03/12/2013

Leon Gratton, 3 Macgill Row, Springfield, Cupar, KY15 5SA

Date of Birth: 17/03/1975

Main diagnosis: Likely non-alcoholic fatty liver disease

Pending investigations: Full liver screen, non-invasive fibrosis assessment

Follow-up: 4 months

Thank you for referring this gentleman who was until recently a psychiatric inpatient but is now living in the community in Cupar. He had put on a lot of weight over the last year, he said that when he was first admitted to Stratheden he had lost a lot of weight but with the various psychiatric medications on their being an inpatient, he had put on a fair amount such that he now weighs 111 kilos which at his height of 184cms gives him a BMI of 32.84. He does not currently drink any alcohol, tells me that he has never injected drugs although he has smoked and snorted various illicit substances in the past and his medication currently includes Clozapine, Omeprazole, Pizotifen, Simvastatin and Buscopan, as well as Sertraline and Paracetamol. Neither his ultrasound nor his routine liver blood tests are suspicious for cirrhosis however I have sent off the remainder of his liver screen and also a non-invasive fibrosis assessment today in order to get a little more information, but my suspicion is that this is non-alcoholic fatty liver disease. He currently eats a relatively varied diet and although he is not taking any exercise at the moment, is planning on joining a gym and a walking group in the New Year so hopefully he will manage to move a lot of fat out of his liver that way. I have arranged to see him again in 4 months time to see how he is getting on in terms of exercise and also to discuss with him the results of his liver screen and his non-invasive fibrosis assessment.

Yours sincerely

Dr S Gilchrist
Consultant Physician and Gastroenterologist

This document has NOT been verified.

(D) Dr JJ Allan, Inverkeithing Medical Group, Inverkeithing Medical Centre, 5 Friary Court, Inverkeithing, KY11 1NU

V700828K

Kirkcaldy & Levenmouth CHP
Mental Health Service

Medical Offices
Stratheden Hospital
CUPAR
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KY15 5RR
Tel: 01334 652611
Fax: 01334 696042

NHS Fife

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Dr Gilchrist, Gastroenterology Consultant
Victoria Hospital
Hayfield Road
KIRKCALDY
KY2 5AH

Ext. 21162

Date Dictated: 12 June 2013
Date Typed: 13 June 2013
Your Ref:
Our Ref: SD/MT/SF5153833A

Enquiries to: Margaret Thomson
Direct Line: 01334 696362
Internal ext: 56362
E-mail: m.thomson5@nhs.net

Dear Dr Gilchrist

Leon Gratton, C/o Dunino Ward, Stratheden Hospital, Cupar, KY15 5RR
CHI – 1703751191

I would be grateful for your opinion on the above patient, Mr Leon Gratton, who is currently an inpatient on Dunino rehabilitation ward at Stratheden Hospital. He has a diagnosis of schizophrenia. Mr Gratton has had abnormal LFTs for a number of months. In September 2012 he had a Gamma-GT of 154 and in April of this year this had increased to 342. Coupled with this he has also had a raised Alt which currently stands at 61. Due to these raised LFTs we conducted an ultrasound scan which was done on 07.05.13. The scan stated there is a diffuse slight increase in echogenicity within the liver parenchyma without focal disease which most likely reflects fatty infiltration, no gall stones or biliary dilatation. The pancreas was also of increased echogenicity, again suggesting fatty infiltration but no local lesion. The spleen and kidneys appear normal. Currently Mr Gratton has been physically well and is not complaining of any symptoms.

With respect to his past medical history Mr Gratton had quite severe eczema in childhood. He was also referred for a twenty four hour ECG in August 2002 as it was felt he may have pareximal tachycardia. However, no follow-up was required. In June 2007 Mr Gratton attended his GP complaining of an episode of haematemisis and also intermittent fresh rectal bleeding. The GP requested an opinion from the surgeons and also the urologist as to whether further investigation would be useful. In October 2012 Mr Gratton was seen by the general surgeon for a diagnosis of bilateral auxiliary hidradenitis. He was offered excision of the affected areas or a trial of antibiotics in the first instance and he had the antibiotics which settled the hidradenitis.

His current medication list includes Omeprazole 20 mgs once daily, Pizotifen 1.5 mgs at night, Simvastatin 40 mgs at night, Cetraben one application topical twice daily, Hyoscine Hydrobromide 300 mcgs three times a day, Clozapine 275 mgs at night, Clozapine 125 mgs at lunchtime, Sertraline 100 mgs in the morning and Paracetamol 1 gm three times a day. I would be grateful for your advice abnormal LFTs and abdominal scan results. Please do not hesitate to contact me if you require any further information. Kind regards.

Yours sincerely

Dr Sandip Datta
Locum Speciality Doctor

* Appt req'd 20/6/13

Liver Clinic

POSITIVE ABOUT DISABLED PEOPLE

Acting CHP General Manager Mary Porter

SCI Store - Patient Result Report

Report ID: E-04516311
Fife SCI Store Live

Sample Collected: 07/05/2013 09:43:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
Leon GRATTON	1703751191	17/03/1975	38	GARMANY, DAVID	Inverkeithing Medical Group	UNKNOWN, -	(SDUN) Dunino Ward Stratheden

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Scot, STEVENSON, Gary	(F712HS14) STRATHEDEN WARD 14 DUNINO	E-04516311	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
IMAGING	07/05/2013 09:43:00	07/05/2013 10:18:08.717	07/05/2013 10:18:24	Active

Report

US Abdomen

Leon Gratton
US Abdomen :
There is a diffuse slight increase in echogenicity within the liver parenchyma without focal disease, which most likely reflects fatty infiltration. No gallstones or biliary dilatation. The pancreas is also of increased echogenicity, again suggesting fatty infiltration, but no focal lesion. The spleen and kidneys appear normal.

Reported by: REID, William Dr
Verified by: REID, William Dr

Last 1 users to access this result

Name	System	Location	Time
alyson henderson	Fife NHS	SCI Store	12/06/2013 13:47:18

Printed By: Margaret Thomson on 14/06/2013 08:59:52

HISTORY/CONTINUATION SHEET

UNIT/WARD/DEPT

Ward/Clinic/
Hosp ..... Cons.

Surname ..... GRATTON V700828K ..... Unit No.
First Name ... LEON ..... D. of B.
Address ..... 85 Spittalfield Road ..... M. State
..... INVERKEITHING 17/03/1975 ..... Sex
Occupation ... KY11 1DZ 1703751191
.....
G.P. & Address

USE BLOCK CAPITALS

DATE

See letter dated 13/6/13 from Dr Datta Haematology section.

DATE 28/11/13
WEIGHT 111.2 kg
HEIGHT 184
BLOOD PRESSURE

3 MacGill Row
Springfield
Cupar

DATE 17/4/14
WEIGHT 118.1 Kgs
HEIGHT
BLOOD PRESSURE

DATE 5/2/15
WEIGHT 121 kg
HEIGHT
BLOOD PRESSURE

N/A D. Menfield

FHB (MR) 44

GRATTON
LEON
3 Macgill Row
Springfield
Cupar
KY15 5SA

V700828K

17/03/1975
1703751191

DEPARTMENT OF DERMATOLOGY, VICTORIA HOSPITAL

Contact Tel no:

Attendance next week.

Diagnosis
infected eczema

Allergies

Medical History
E-cigarettes

Systemic treatment

Review date
1/52. Dr r/v ? as reqd or 4–6/52.

Smoker/non smoker
Fire hazard information given to patient

DATE	NO	TREATMENT	SITES	DOCTOR SIGNATURE	DISCONTINUE DATE
29/11/16	1	DERMA 500 to wash			
"	2	BETNOVATE C OINTMENT	affected areas		
"	3	50:50 WSP:LP			
"	4	ICHTHAMOL IN WSP			
		↓ as above.			
		CPN BRIAN DUFFY 01334 696014			

DATE	COMMENTS	SIGNATURE
29.7.16	S/B Dr Fraser. Skin extremely dry all over and excoriated. Topicals applied as overleaf. Encouraged to use as much moisturiser as possible. Fire hazard leaflet given. Written and verbal instructions and supplies for RIV 5/8/16 Dr Fraser will RIV if required	SN [illegible]
5/8/16	Skin today very active and excoriated, trunk, limbs, feet, hands, buttocks. Leon is a poor historian, not sure what or how often he has been applying his topical treatment. Today, betnovate C applied to all areas, and ichthammol strips applied to arms + legs. Leon's CPN Brian Duffy was with him today – Leon was not keen to attend dressings regularly as he didn't think he could get transport arranged, but Brian can bring him on Monday afternoon for review. Supplies given for the weekend, demonstration, and written and verbal instructions. Brian will arrange for a support worker to visit Leon over the weekend to see if he is managing. Ichthammol in YSP given for legs and trunk over the weekend because we have no yellow line to give Leon home. Returning Monday. He will wash with dermol 500 and moisturise with diprobase gel or cetraben.	S/N [illegible]
8/8/16	Skin today slightly better only – still very active with excoriated areas trunk and legs + arms. Leon did not manage to apply ichthammol strips over the weekend but he says he applied 50/50, betnovate C and ichthammol in YSP – he thinks maybe 2 or 3 times over the weekend. Leon's CPN, Brian was with him today, the earliest he can bring Leon back to dermatology is Friday – he said he will get Leon's support worker to help apply his topical treatment Tuesday Wednesday Thursday. If no improvement, will ask Dr. Fraser to review. Topical treatments applied today (Betnovate C and ichthammol in YSP)	S/N Yvonne Sloan

DATE	COMMENTS	SIGNATURE
12/8/16	Minimal improvement, given supplies & instructions for treatment over weekend. Cetraben as emollient after bathing, betnovate 'c' to excoriated areas with vitamins in YSP to follow & has 50/50 as & when needed. returning on Monday.	SNHM
15/8/16.	Hands, arms and knees very active and excoriated. Given fucibet to apply until Friday as Leon will need to see Dr Fraser if no improvement	SNEHancock
19/8/16	Much worse today – Eczema very active & inflamed – discussed with Dr Fraser, increase steroid to Dermovate & refer to Adamson Hospital in Cupar which would be much easier for Leon to attend. Unfortunately Leon's CPN going on holiday for 3 weeks therefore Leon would be unable to attend our department for treatment. Dr Fraser has done an urgent referral to Adamson for them to take over Leon's care as this would be much easier for him as regards distance but also with his ~~other medical~~ anxiety at attending hospitals. All supplies & instructions given to Leon & Brian (CPN).	SNHM SNHM

Leon Gratton V700828K CH1 1703751191

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NHS Fife

Dr Robert Dawe
Consultant Dermatologist
Dermatology Department
Adamson Hospital
Cupar

REFERRAL LETTER

CHI: 1703751191
Hospital ID: V700828K

Letter ID: 2122970

Dear Dr Dawe

Referral Date: 19/08/2016

Date: 19/08/2016

Leon Gratton, 3 Macgill Row, Springfield, Cupar, KY15 5SA

Date of Birth: 17/03/1975

DIAGNOSIS – ATOPIC ECZEMA WITH RECENT FLARE SECONDARY TO IMPETIGENISATION
BACKGROUND OF SCHIZOPHRENIA

I would be very grateful if you could offer this gentleman an appointment reasonably urgently. He had been referred to yourselves by his GP, but due to an acute flare in his eczema, he was subsequently referred to the Victoria Hospital Kirkcaldy as an emergency.

He has longstanding atopic eczema, but over the last year or so it has got a lot worse, and he blames this on switching from cigarettes to E-cigarettes. He has a history of schizophrenia, and attended with his community psychiatric nurse, but this condition has been reasonably well controlled on Clozapine and Aripiprazole.

When I saw him at the end of July he had widespread impetigenised eczema, which initially partially responded to Betnovate C, emollient and Ichthammol. He struggles to apply the treatments himself, and unfortunately he is really struggling to attend our Department, and his community psychiatric nurse is going to be on holiday for several weeks, so it would be very helpful if he could receive some treatment closer to home.

With many thanks and kind regards.

Yours sincerely

Dr Susannah Fraser
Consultant Dermatologist

Authorised on 19/08/2016 17:01:33 by Dr Susannah Fraser.

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Dermatology
Tel: 01592 643355 EXT: 28634
http://www.nhsfife.scot.nhs.uk

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CLINIC LETTER

CHI: 1703751191
Hospital ID: V700828K
SF/JM
Dictated: 29/07/16
Typed: 17/08/16

Letter ID: 2097632

Dear Dr MacLaren

Clinic Date: 29/07/2016

Date: 17/08/2016

Leon Gratton, 3 Macgill Row, Springfield, Cupar, KY15 5SA

Date of Birth: 17/03/1975

Diagnosis: Impetiginised atopic eczema

Management:
Complete course of Co-amoxiclav
Betnovate C 1 application once-twice daily
50/50 of emollient 1% Ichthammol and yellow soft paraffin to soothe skin
Early review arranged

This 41-year-old gentleman attended with his community psychiatric nurse. He has a background of schizophrenia which he tells me is quite well controlled. He has a longstanding history of eczema, but over the last year or so it has got a lot worse. This is around the same time as he switched from cigarettes to e-cigarettes.

On examination he had widespread impetiginised eczema which was crusted and inflamed. The above management has been instigated and early review arranged. It is difficult to know whether the e-cigarettes are partly to blame. There had been reports in literature of a lichenoid eruption caused by e-cigarettes. The main problem at the moment is however infection.

Yours sincerely

Dr Susannah Fraser
Consultant Dermatologist

This document has NOT been verified.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

NHS Tayside

Hospital use only	Clinic	Day Date	Time	Hospital No.

Unique Care Pathway Number: 1010116928873

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Suspected Cancer Site:
NOT A CANCER REFERRAL

DERMATOLOGY

REFERRAL TO

Dermatology A7
Fife General Referral

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

Adamson Hospital
Bank Street
Cupar
KY15 4JG

— **Hospital** and **hospital address**

Hospital Location Code: F708H

Email address: -

Urgency of referral Routine

PATIENT DETAILS

Surname	Gratton
Forename(s)	Leon
Title	Mr
Sex	Male
Date of birth	17-Mar-1975
CHI no.	1703751191

Patient's address

3 Makgill Row
Springfield
Cupar
KY15 5SA

Contact number(s)

Voice: 01334 769473

REFERRING PRACTITIONER DETAILS

Name	Dr. Kathryn MacLaren		
GMC code	6103632	GP code	92363
Practice name	Bank Street Medical Group (20413)		
Practice code	20413		

Practice address

The Health Centre
Bank Street
Cupar
KY15 4JN

Contact number(s)

Voice: 01334 651201

Date submitted by practice: 01-Jul-2016
Reason for referral
Care type requested: Out Patient - New
Expected outcome: Not Specified

Administrative Information
Suspected Cancer Site:NOT A CANCER REFERRAL
Patient Contact:N/A Not a cancer referrall
Does the patient need to be seen in clinic following any investigations:N/A Not a cancer referrall
Patient can accept a short notice appointment:yes
Interpreter Required:no

Stylesheet version: 16.0.1.3 25-Mar 2013 Comments to: fife-uhb.fifeecci@nhs.net

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Eczema

Comment: Dear Dr I would be grateful if you would see this 41-year-old chap who has very poorly controlled eczema. He has had numerous courses of antibiotics over the last few months with minimal relief. He is itching quite a lot. He has a background of schizophrenia and is under the Weston Day Hospital and psychiatry and has a CPN. Today he has quite a lot of excoriations to his arms hands and back and fissuring of his hands. I have started him on healing tape and Fucibet plus his regular emollients and antibiotic but given the repeated flares and antibiotics I would be grateful for your review and advice. Many thanks Yours sincerely Dr C Colbeck (GP locum)

Examinations and Investigations

Blood Pressure (systolic):	134	-
Blood Pressure (diastolic):	80	-
Height (m):	182	-
Weight (kg):	122	-
Body Mass Index:	36.83	-
Ex smoker:		10-Mar-2016
Alcohol consumption, 0 units/week:		10-Mar-2016

Past Medical History

Pre-existing conditions (High and Medium Priority)

Description	Laterality	Modifier	Comment	Date Recorded
Non-alcoholic fatty liver	-	-	- without fibrosis	28-Nov-2013
Osteoarthritis NOS, of knee (Left)	Left	-	early	11-Oct-2012
[X]Osteopenia	-	-	(xray appearance)	11-Oct-2012
Benzodiazepine dependence	-	-	-	22-Nov-2010
H/O: repeated overdose	-	-	-	22-Nov-2010
Migraine	-	-	-	05-Nov-2010
Psychotic episode NOS	-	-	-	12-Sep-2008
Anxiety states	-	-	-	12-Oct-2006
Schizophrenia NOS	-	-	-	28-Jun-2004
Psychotic episode NOS	-	-	- admission	22-Nov-2003
[X]Depressive episode	-	-	-	01-Nov-2001
Psychotic episode NOS	-	-	-	24-Oct-2001
Morbid jealousy	-	-	- admission 12 weeks	01-Nov-2000
Borderline personality disorder	-	-	-	01-Nov-2000
Psychotic episode NOS	-	-	- 4/12 admission	12-Sep-1993
Accidental poisoning by lysergide, LSD	-	-	-	24-Mar-1993
Misuse of drugs NOS	-	-	-	30-Dec-1992
Eczema NOS	-	-	-	15-Mar-1976

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Light Liquid Paraffin Bath additive 63.4 %	1302011M0BDAEAB	500 ml	USE AS DIRECTED	-	22-Apr-2016	-
Dermol 500 Lotion	130201000BBICBW	500 ML	APPLY AS REQUIRED FOR DRY SKIN	-	06-Jan-2016	-

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Fludroxycortide Tape 4 micrograms/square cm, 7.5 cm	-	2 m	APPLY TO AFFECTED AREA AT NIGHT	-	28-Jun-2016	42 Days
Co-Amoxiclav 500/125	0501013K0AAAJAJ	21 tablet	ONE TO BE TAKEN THREE	-	28-Jun-	7 Days

Tablets			TIMES A DAY		2016	
Fucibet Cream	1304000F0BCABCC	30 GRAM	APPLY ONCE A DAY	-	28-Jun-2016	42 Days
Dermol 600 Bath emollient	-	600 ML	ADD ONE OR TWO CAPFULS TO BATH WATER	-	28-Jun-2016	42 Days
Doublebase Gel	-	500 GRAM	APPLY AS REQUIRED FOR DRY SKIN	-	17-Jun-2016	-
Epaderm Cream	-	500 gram	APPLY AS REQUIRED FOR DRY SKIN	-	22-Apr-2016	42 Days
Flucloxacillin Capsules 500 mg	0501012G0AAABAB	56 capsule	TWO TO BE TAKEN FOUR TIMES A DAY	-	22-Apr-2016	7 Days
Fucibet Cream	1304000F0BCABCC	120 gram	APPLY TWICE DAILY TO ECZEMA FOR 2 WEEKS	-	22-Apr-2016	42 Days

Lifestyle risks

Exercise status: Not Known

HISTORY/CONTINUATION SHEET

Ward/Clinic/
Hosp ..... Cons.

Surname ..... GRATTON
First Name .. LEON
Address ..... 3 Macgill Row
Springfield
Cupar
KY15 5SA
Occupation ..
G.P. & Address

V700828K
17/03/1975
1703751191

..... Unit No.
..... D. of B.
..... M. State
..... Sex

USE BLOCK CAPITALS

Dermatology ... UNIT/WARD/DEPT

DATE		
24/7/16	E-cy.	- citrus fruit
	Omeprazole.	
	Pyridoxin	
	Simva	no contraction.
	Fluoxetine	
	Aripiprazole	
	Clozapine.	Dermal rxn.
	PMH	- Qx
	impetigo cyan	
	-4 dressings	

[signature]

[illegible]

FHB (MR) 44

DATE

19/8/16 d/w S/N Lynne Murrison

- recurrent fraces

- difficult attending

- aim to refer to Alderman Hospital, Cyprus.

J. Kutosh

Consul

SCI Store - Patient Result Report

Report ID: E-07752149
Fife SCI Store Live

Sample Collected: 23/10/2025 14:32:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	51	MacLaren, Kathryn	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Iain, MURRAY,	(F704HCHEV) VHK CHEST	E-07752149	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
IMAGING	23/10/2025 14:32:00	30/10/2025 09:49:07.577	30/10/2025 09:49:24	Active

Report

XR Chest

Leon Gratton
Clinical History:
50M admitted 30/08 with sepsis secondary to pneumonia. Treated with IV abx and discharged 05/09. Could you please arrange 6/52 follow-up CXR?
Many thanks.
Ordered by Watkins Daniel (7952181)
~~(Information via Order Comms)

XR Chest:

Comparison: 30/08/2025.
Resolution of the right lower zone consolidation. Increased bronchovascular markings but no focal lung abnormality.
No pleural effusion.
Stable cardiomediastinal contour.

Opinion: Resolved right lower zone consolidation.

Reported by:
Dr Kate Thomas
Consultant Radiologist
GMC 7014039

Reported by: Kate Thomas

Reported by: THOMAS, Kate and THOMAS, Kate
Verified by: THOMAS, Kate

Last 6 users to access this result

Name	System	Location	Time
Clinical Portal	Orion CP	Location	09/12/2025 12:56:12

Clinical Portal	Orion CP	Location	01/12/2025 15:16:22
Chris Olley	Fife NHS	SCI Store	23/11/2025 11:06:24
ChemoCare ADT Interface	syscode		05/11/2025 11:17:38
Clinical Portal	Orion CP	Location	04/11/2025 13:38:38
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	30/10/2025 10:36:41

Printed By: Tracy Paterson on 23/06/2026 09:43:27

SCI Store - Patient Result Report

Report ID: E-07746997
Fife SCI Store Live

Sample Collected: 30/08/2025 11:12:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	51	MacLaren, Kathryn	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Rajendra, RAMAN,	(F704HAEV) VHK A&E	E-07746997	Radiology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
IMAGING	30/08/2025 11:12:00	04/09/2025 17:36:06.91	04/09/2025 17:36:14	Active

Report

XR Chest

Leon Gratton
Clinical History
new temps + O2 requirement + basal crackes ?pneumonia
Ordered by Biebrach Edward (8054595)
~~(Information via Order Comms)

XR Chest

Comparison made previous film dated 12/05/2017.
AP erect film.

Bilateral hazy airspace opacification in the lower zones, likely secondary to infective consolidation.
Normal cardiac, mediastinal and hilar contours.
No significant bony abnormality.

Dr Tianyu Terry Guo. GMC No: 7634991
Radiology Registrar. NHS Lothian. Tianyu.Guo@nhs.scot

Reported by: Dr Terry Guo

Reported by: GUO, Terry and GUO, Terry
Verified by: GUO, Terry

Last 4 users to access this result

Name	System	Location	Time
Clinical Portal	Orion CP	Location	01/12/2025 15:16:11
Clinical Portal	Orion CP	Location	15/10/2025 13:39:34
ChemoCare ADT Interface	syscode		11/09/2025 13:56:03
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	04/09/2025 17:42:12

Printed By: Tracy Paterson on 23/06/2026 09:44:08

SCI Store - Patient Result Report

Report ID: E-05764167

Fife SCI Store Live

Sample Collected: 12/05/2017 09:55:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	51	MacLaren, Kathryn	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Shanti, DAS,	(F20413) BANK STREET MEDICAL GROUP	E-05764167	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
IMAGING	12/05/2017 09:55:00	16/05/2017 14:52:01.467	16/05/2017 14:52:04	Active

Report

XR Chest

Leon Gratton
XR Chest :
Normal cardiac, mediastinal and hilar contours.
Lungs clear with normal pulmonary vascularity.

Reported by: TURNBULL, Colin Dr
Verified by: TURNBULL, Colin Dr

Last 3 users to access this result

Name	System	Location	Time
Chris Olley	Fife NHS	SCI Store	15/06/2017 12:13:57
Brian Duffy	Fife NHS	SCI Store	25/05/2017 11:49:28
Trixy Heather	Fife NHS	SCI Store	17/05/2017 10:18:27

Printed By: Tracy Paterson on 23/06/2026 09:44:28

SCI Store - Patient Result Report

Report ID: E-04516311

Fife SCI Store Live

Sample Collected: 07/05/2013 09:43:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	51	MacLaren, Kathryn	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Scot, STEVENSON, Gary	(F712HS14) STRATHEDEN WARD 14 DUNINO	E-04516311	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
IMAGING	07/05/2013 09:43:00	07/05/2013 10:18:08.717	07/05/2013 10:18:24	Active

Report

US Abdomen

Leon Gratton
US Abdomen :
There is a diffuse slight increase in echogenicity within the liver parenchyma without focal disease, which most likely reflects fatty infiltration. No gallstones or biliary dilatation. The pancreas is also of increased echogenicity, again suggesting fatty infiltration, but no focal lesion. The spleen and kidneys appear normal.

Reported by: REID, William Dr
Verified by: REID, William Dr

Last 3 users to access this result

Name	System	Location	Time
Sangita Bohra	Fife NHS	SCI Store	28/08/2013 13:11:26
margaret thomson	Fife NHS	SCI Store	14/06/2013 08:58:18
alyson henderson	Fife NHS	SCI Store	12/06/2013 13:47:18

Printed By: Tracy Paterson on 23/06/2026 09:44:47

SCI Store - Patient Result Report

Report ID: E-04332077
Fife SCI Store Live

Sample Collected: 11/10/2012 09:50:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	51	MacLaren, Kathryn	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Cullinane, Dr Sharon	(EXT) External	E-04332077	Radiology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
IMAGING	11/10/2012 09:50:00	17/10/2012 09:44:07.603	17/10/2012 09:44:13	Active

Report

XR Hand Both

Leon Gratton
XR BOTH HANDS AND WRISTS: No significant arthropathy.

XR BOTH KNEES: Very minimal OA changes in both knees.

XR BOTH FEET: There are minor OA changes in the 1st MTP joint of the right foot.
No other significant abnormality.

Reported by: GRIEVE, Douglas Dr
Verified by: GRIEVE, Douglas Dr

Last 1 users to access this result

Name	System	Location	Time
alyson henderson	Fife NHS	SCI Store	25/10/2012 08:43:27

Printed By: Tracy Paterson on 23/06/2026 09:44:54

SCI Store - Patient Result Report

Report ID: E-04275449

Fife SCI Store Live

Sample Collected: 21/08/2012 13:45:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	51	MacLaren, Kathryn	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Scot, STEVENSON, Gary	(F712HS14) STRATHEDEN WARD 14 DUNINO	E-04275449	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
IMAGING	21/08/2012 13:45:00	21/08/2012 17:19:04.49	21/08/2012 17:19:10	Active

Report

US Testes

Leon Gratton
CLINICAL DETAILS: Small lump on right testicle, 2 x 2 cm, hard and attached to skin. The lump is painful and has been present for some time.

ULTRASOUND OF TESTES:
The head of the right epididymis contains 2 small cysts which appear to correspond to the area of palpable abnormality. These are measure between 3 and 6 mm in diameter. The rest of the right epididymis and both testes and the left epididymis appear normal.

Reported by: MATTHEWS, Alastair Dr
Verified by: MATTHEWS, Alastair Dr

Last 1 users to access this result

Name	System	Location	Time
alyson henderson	Fife NHS	SCI Store	03/10/2012 15:14:02

Printed By: Tracy Paterson on 23/06/2026 09:45:06

SCI Store - Patient Result Report

Report ID: E-04059435

Fife SCI Store Live

Sample Collected: 14/02/2012 09:41:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	51	MacLaren, Kathryn	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Thomas, NEADES, Glyn	(F805HBCQ) QMH BREAST CLINIC	E-04059435	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
IMAGING	14/02/2012 09:41:00	15/02/2012 10:01:08.883	15/02/2012 10:04:35	Active

Report

US Axilla Both

Leon Gratton
Clinical History : Bilateral axillary nodes. Known schizophrenic and hidradenitis.

US Axilla Both : Both axillary nodes are still enlarged, on the right demonstrating cortical thickness of 4.3 mm maximum, and on the left demonstrating a thickness of 4.8 mm. Following verbal consent, biopsy performed of one of the left axillary nodes, using an 18 gauge non advancing Achieve needle.

US Guided core biopsy axilla Left : Two cores obtained. No immediate complications.

The patient is an inpatient at Stratheden Hospital; a further appointment was not made, please contact Stratheden for repeat clinic appointment if necessary.

Reported by: SHARMA, Ashwini Dr
Verified by: SHARMA, Ashwini Dr

Last 3 users to access this result

Name	System	Location	Time
Sharon Cullinane	Fife NHS	SCI Store	24/05/2012 10:00:22
Peter Williamson	Fife NHS	SCI Store	14/05/2012 14:24:00
Andrew White	Fife NHS	SCI Store	02/03/2012 10:06:37

Printed By: Tracy Paterson on 23/06/2026 09:45:16

SCI Store - Patient Result Report

Report ID: E-04016690

Fife SCI Store Live

Sample Collected: 06/12/2011 14:46:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	51	MacLaren, Kathryn	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Joseph, CAVANAGH, Paul	(F805HBCQ) QMH BREAST CLINIC	E-04016690	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
IMAGING	06/12/2011 14:46:00	08/12/2011 11:30:06.987	08/12/2011 11:32:09	Active

Report

US Axilla Both

Leon Gratton
Clinical Information: Bilateral superficial axillary masses. Red and tender on the left. ? abscesses. Known hidradenitis suppurativa.

ULTRASOUND BOTH AXILLAE:
There are bilateral enlarged axillary nodes. Cortex measures 4 mm on the right and 4.5 mm on the left. These may be reactive to superficial infection, and the patient does mention that he probably has groin masses as well, but a more sinister cause cannot be excluded (? haematological)

CONCLUSION:
U3. Please refer to the haematologist for further assessment.

Reported by: SHARMA, Ashwini Dr
Verified by: SHARMA, Ashwini Dr

Last 3 users to access this result

Name	System	Location	Time
Derek Mulherron	Fife NHS	SCI Store	15/01/2012 19:22:23
Lynsey Walker	Fife NHS	SCI Store	09/12/2011 15:25:51
fionnuala williams	Fife NHS	SCI Store	08/12/2011 14:13:43

Printed By: Tracy Paterson on 23/06/2026 09:45:31

SCI Store - Patient Result Report

Report ID: E-03927212
Fife SCI Store Live

Sample Collected: 22/09/2011 11:05:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	51	MacLaren, Kathryn	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Joseph, CAVANAGH, Paul	(F805HD2) QMH WARD 2 SHORT STAY PSYCHO-GERIATRIC	E-03927212	Radiology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
IMAGING	22/09/2011 11:05:00	22/09/2011 13:28:02.57	22/09/2011 13:28:20	Active

Report

US Testes

Leon Gratton
Clinical History : Small lump in the right epididymis 3 - 4 mm in diameter, tender. No change in size over last few months. ? epididymal mass.

US Testes : Normal appearances of both testes, no focal lesion evident. Epididymi are normal in appearance, tiny cysts seen bilaterally. The palpable lesion is a tiny 4 mm cyst in the right epididymis, which is exophytic.

Reported by: SHARMA, Ashwini Dr
Verified by: SHARMA, Ashwini Dr

Last 3 users to access this result

Name	System	Location	Time
Peter Williamson	Fife NHS	SCI Store	14/05/2012 14:25:20
Lynsey Walker	Fife NHS	SCI Store	09/12/2011 15:26:29
Steven Park	Fife NHS	SCI Store	07/12/2011 21:48:34

Printed By: Tracy Paterson on 23/06/2026 09:45:39