With Compliments

Dr A Rai & Partners

Clydebank Health and Care Centre
Queens Quay
Main Avenue
Clydebank
G81 1BS
0141 531 6464

Registration Details - Patient No: 10073

Personal details...		Address details...	
Title	Mr	**Post Code**	G81 4DP
Surname	Cassidy	**House Name Flat No**	
Forenames	James	**No and Street**	75 Benbow Road
Calling Name	James	**Village**	DALMUIR
Previous Surname		**Town**	CLYDEBANK
Birth Surname		**County**	
Date of birth	10/07/1962		
Sex	M		
Marital Status	Single		
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	**Home Tel No**	0141 952 1182
Registered GP	Dr M S Haque	**Work Tel No**	
Usual GP	Dr M S Haque	**Mobile Tel No**	07768 816 853
Residential Inst		**E Mail Address**	
Branch Surgery		**Emergency contact**	
CHI Number	1007626291		

Practice Information...		Distances	
Dispensing	N	**Rural Mileage**	
Hospital Number		**Blocked Special**	
Records At	Dr Haque	**Walking Quarters**	

Further Information		Upload Consent	
Long/Short stay or Dead		**SCI-DC Consent**	Implied Consent (default)
Date of registration	23/01/2017		

AMS\MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	**Patient Consent**	Implied Consent (default)
Pharmacy Details	---		
Item Collected Check	Yes		
MCR Suitability Status	-1		
MCR Registration Status	1		

Medical Record

Drug Allergies		Authorised By	Code
	None		

Non Drug Allergies		Authorised By	Code
	None		

Immunisations		Authorised By	Code
11/10/2012	**Seasonal influenza vaccination (Left arm)** Batch No Enzira 23249411A Expiry 06/13	Dr Haque	65ED
11/10/2012	**Consent given for seasonal influenza vaccination**	Dr Haque	68NV0
24/10/2012	**Pneumococcal vaccination** Batch No.HOO89281622AA EXP 01/2014 Sanofi pasteur	Ms Crawford	6572
24/10/2012	**Consent given for pneumococcal vaccine**	Ms Crawford	68Ne
26/09/2013	**Influenza vaccination invitation first letter sent**	Ms Quinn	9OX9
14/10/2013	**Seasonal influenza vaccination** Imuvac E11 exp 06 14 **(GMS)**	Ms Paulose	65ED
31/10/2014	**Seasonal influenza vaccination** Sanofi L8215-1 Exp 05/2015 **(GMS)**	Ms Paulose	65ED
04/11/2015	**Seasonal influenza vaccination** M8184-1 5/2016 **(GMS)**	Sister McAra	65ED
24/10/2016	**Seasonal influenza vaccination** 33749411A, Exp 06/2017 **(GMS)**	Ms Paulose	65ED
08/12/2017	**Seasonal influenza vaccination** N22N Exp 06-18 **(GMS)**	Ms Paulose	65ED

15/10/2018	**Seasonal influenza vaccination (Left arm)** Batch NoRO4x Expiry 5/19	Ms Paulose	65ED
08/11/2019	**Seasonal influenza vaccination (Left arm)** 18 -64 T3G682V 06-20	Ms Paulose	65ED
22/10/2020	**Seasonal influenza vaccination** P100251265	Ms True	65ED
11/02/2021	**Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left arm)** AB0008/AZ/IM **(GMS)**	Ms True	^ESCT1348323
26/04/2021	**Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left arm)** PW40041/AZ/IM **(GMS)**	Ms True	^ESCT1348325
11/11/2021	**Administration of first inactivated seasonal influenza vacc** 3079181A/ FLUQIVC/IM/Left Arm//FLU - Flucelvax Tetra (QIVc) (The Hub (Clydebank) - Public Vaccination Clinic)		65ED4
11/11/2021	**Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Booster Pfizer (The Hub (Clydebank) - Public Vaccination Clinic)** FK0596/ PF/IM/Right Arm//C-19 Booster Pfizer (The Hub (Clydebank) - Public Vaccination Clinic)		^ESCT1348323
11/11/2021	**Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Right Arm) C-19 Booster Pfizer (J Phee)** FK0596/ PF/IM/Right Arm//C-19 Booster Pfizer (J Phee)		^ESCT1423363
05/11/2022	**Administration of first inactivated seasonal influenza vacc** 440171A/ FLUQIVC/IM/Right Arm//FLU - Seqirus UK (The Hub (Clydebank) - Public Vaccination Clinic)		65ED4
05/11/2022	**Administration of first dose of SARS-CoV-2 vaccine** 200028A/ COVMODERNA/IM/Left Arm//C-19 Moderna (The Hub (Clydebank) - Public Vaccination Clinic)		^ESCT1348323
13/11/2023	**Administration of first inactivated seasonal influenza vacc** 3029228/ FLUQIVC/IM/Right Arm//FLU - Seqirus UK (The Hub (Clydebank) - Public Vaccination Clinic)		65ED4

Consultations

16/05/1995	UnknownUser at Clydebank Health Centre
History	Repeats Reviewed priority=2
	Medication review
-	---
28/09/1999	Dr M S Haque at Clydebank Health Centre
History	Acute Consultation priority=2
-	---
19/04/2000	UnknownUser at Clydebank Health Centre
History	Migrated Data priority=2
Problem	**Anal fissure and fistula** excision of small fistula in ano
Problem	**[M]Dermoid cyst** asymptomatic cyst on the angle of the jaw.
Problem	**Bilateral vasectomy for contraception**
History	Pat. GP7B/GP8B card from HB
	Physiotherapy/remedial therapy
Problem	**Other excision of appendix NOS**
Problem	**Closed fracture of the scaphoid** Right
History	Anxiety states
Problem	**Ischiorectal abscess** incised + drained in theatre
Problem	**Anal fissure and fistula** excised
History	Systolic blood pressure
	Diastolic blood pressure
	O/E - BP borderline raised B P Screening$$.clm - Repeat after an Interval
	Referral for further care Refered To: Western Infirmary/Gartnavel General, NHS. Referral Type: Speciality Type: General Surgery. Referral Nature:
	Referral for further care Refered To: Western Infirmary/Gartnavel General, NHS. Referral Type: Speciality Type: General Surgery. Referral Nature:
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02/12/2005	alison at Clydebank Health Centre
History	Ex smoker Disease: SPICE Basic Health Values, 3 years
	Systolic blood pressure Disease: SPICE Basic Health Values
	Diastolic blood pressure Disease: SPICE Basic Health Values
	Systolic blood pressure
	Diastolic blood pressure
-	---
17/05/2006	Mrs May Brenchley at Clydebank Health Centre
Problem	**Haemorrhoids** Banding
History	Notes summary on computer
-	---
15/08/2006	alison at Clydebank Health Centre
History	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 - weight

	Systolic blood pressure Diastolic blood pressure
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27/01/2009 History	Mrs May Brenchley at Clydebank Health Centre Current smoker Disease: SPICE Basic Health Values, phoned pt started smoking again after 10yrs. Smoking cessation advice Disease: SPICE Basic Health Values,
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23/02/2010 History	Mrs May Brenchley at Clydebank Health Centre Ex smoker Disease: SPICE Basic Health Values, Smoking cessation advice Disease: SPICE Basic Health Values,
-	---
26/02/2010 Problem	Mrs May Brenchley at Clydebank Health Centre **Standard chest X-ray normal** priority=1
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15/03/2010 History	Sister Lyn McCreadie at Clydebank Health Centre Body mass index index 25-29 - overweight Disease: SPICE Basic Health Values, priority=2 Ex smoker Disease: SPICE Basic Health Values, Smoking cessation advice Disease: SPICE Basic Health Values, FH: Ischaemic heart dis. <60 Disease: SPICE Basic Health Values, FH: Diabetes mellitus Disease: SPICE Basic Health Values, Alcohol intake within recommended sensible limits Disease: SPICE Basic Health Values, Enjoys moderate exercise Disease: SPICE Basic Health Values 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
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23/03/2010 History	Mrs May Brenchley at Clydebank Health Centre Free T4 level @306.00 11.4:pmol/l priority=2 Serum TSH level 0.91:mU/l priority=2 Total cholesterol measurement 7.1:mmol/l priority=2 Serum HDL cholesterol level 1.4:mmol/l priority=2 Serum triglycerides @463.00 4.9:mmol/l priority=2 Serum HDL:non-HDL cholesterol ratio @115900 5.1: priority=2 AST/SGOT level normal 18:iu/l priority=2 ALT/SGPT level normal 21:iu/l priority=2 Serum alkaline phosphatase @490.00 73:iu/l priority=2 Serum bilirubin normal 5:umol/l priority=2 Serum albumin normal 38:g/l priority=2 Serum creatinine 90: priority=2 Serum potassium 4.5: priority=2 Serum sodium 144: priority=2 Serum urea level 4.7: priority=2 Haemoglobin high 147:g/dl priority=2 White cell count normal 5.6:10*9/l priority=2 Platelet count normal 255:10*9/l priority=2 Random blood sugar normal 5.2:mmol/l priority=2 Serum ferritin 51:mg/L priority=2 TSH TSH date Value text: 18 Mar 2010 00:00 TSH TSH date Value text: 18 Mar 2010 00:00 Tot Chol Tot Chol date Value text: 18 Mar 2010 00:00 HDL Triglyceride Triglyceride date Value text: 18 Mar 2010 00:00 Serum HDL:non-HDL cholesterol ratio AST/SGOT level normal

	ALT ALT date Value text: 18 Mar 2010 00:00 Alk Phos Alk Phos date Value text: 18 Mar 2010 00:00 Bilirubin Bilirubin date Value text: 18 Mar 2010 00:00 Serum albumin normal Creat Creatinine date Value text: 18 Mar 2010 00:00 K+ K+ date Value text: 18 Mar 2010 00:00 Na+ Na+ date Value text: 18 Mar 2010 00:00 Urea Urea date Value text: 18 Mar 2010 00:00 Haemoglobin high White cell count normal Platelet count normal Random blood sugar normal Serum ferritin
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20/05/2010	Dr M S Haque at Clydebank Health Centre
History	SCI Electronic Referral priority=2 Referral for further care Refered To: Western Infirmary/Gartnavel General, NHS. Referral Type: Out Patient. Speciality Type: General Surgery. Referral Nature: Not Specified. , Referral Reason: Benign Tumour
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17/10/2011	Sister Lyn McCreadie at Clydebank Health Centre
Problem	refer to spirometry
-	---
17/10/2011	Sister Lyn McCreadie at Clydebank Health Centre
History	Cigarette smoker, 10 cigarettes/day
Examination	Blood pressure reading 130/78 mm Hg O/E - height, 182 cm O/E - weight, 89 Kg Body Mass Index, 26.87 Ideal Weight, 76.19 Kg
Social	Aerobic exercise 3+ times/week Alcohol consumption, 0 units/week
Additional	Health ed. - alcohol Health ed. - diet Health ed. - exercise Smoking cessation advice
-	---
15/03/2012	Sister Lyn McCreadie at Clydebank Health Centre
Test Request	FBC, ESR, U and E, LFTs
-	---
17/04/2012	Dr M S Haque at Clydebank Health Centre
Problem	Still coughing frequently and often wheezy despite having been on symbicort bd and salbutamol as required though non-smoker
Examination	Apyrexial. Throat nad. HS normal. Chest few scattered wheezes in both lung fields.
Comment	Spirometry confirmed COPD. Perhaps adding spiriva would help.
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11/10/2012	Dr M S Haque at Dr Rai & Partners (18843)
Examination	Blood pressure reading 140/85 mm Hg
Comment	Increasingly wheezy and has been coughing lately. Has been using inhalers irregularly. Has not had had repeat sript for inhalers since 2-3 months. O/E Temp 36.2. BP 140/85. Throat nad. HS normal. Chest scattered wheeze in both lung fields. Advised to continue both steroid inhalation 2 fupps bd and spiriva once daily and salbutamol if required multidosing as required and as directed. Added complaint–acid eructation. AB nad. Prescribed omeprazole 20mg 1 cap daily and see in 3-4 weeks and advised to attend for COPD review.
	Seasonal influenza vaccination (Left arm) Batch No Enzira 23249411A Expiry

Additional	06/13 Consent given for seasonal influenza vaccination
-	—
24/10/2012 12:00	Ms Ruth Crawford at Dr Rai & Partners (18843)
Examination	Pneumococcal vaccination Batch No.HOO89281622AA EXP 01/2014 Sanofi pasteur
Comment	Consent given for pneumococcal vaccine L deltoid
-	—
24/10/2012 12:12	Ms Ruth Crawford at Dr Rai & Partners (18843)
Problem (REVIEW)	**Chronic obstructive pulmonary disease**
Examination	Chronic obstructive pulmonary disease monitoring
Comment	COPD review, feeling worseing sob and reduced exercise capacity, good technique and compliance with inhalers, declines PR, advised try back to gentle swimming, suggest trial seretide as per guidelines and review 1/12, stop symbicort until review
Additional	Chronic obstructive pulmonary disease annual review
-	—
25/10/2012	Ms Lynn Murray at Data Entry
Comment	Dr Haque printed script for inhaler from my log on.
-	—
26/11/2012	Dr M S Haque at Dr Rai & Partners (18843)
Comment	requested for repeat script for salbutamol, seetide and tiotropium--issued.
Medication	Seretide 500 Accuhaler Dry powder for inhalation *1 inhaler ONE DOSE TO BE INHALED TWICE A DAY*
-	—
14/02/2013	Dr M S Haque at Dr Rai & Partners (18843)
Comment	requested for repeat script for symbocort and spiriva--issued.
-	—
19/02/2013	Dr M S Haque at Dr Rai & Partners (18843)
Comment	Requested for salbutamol inhaler and omeprazole--issued.
-	—
26/03/2013	Ms Lynn Murray at Data Entry
Comment	Script for Budesonide and tiotropium dated 14/02/13 not collected, shredded.
-	—
27/06/2013	Dr M S Haque at Dr Rai & Partners (18843)
Comment	Requested for repeat script for Migraleveand omeprazole for recurrence of migraine and acid reflux. and also for salbutamol, tiotropium and budesonide with formoterol inhaler--issued.
-	—
02/10/2013	Dr M S Haque at Dr Rai & Partners (18843)
Comment	Not feeling well, feels fatigued and sleeps more at night. Appetite good . No loos of weight. Bowel opens 3-4 x a day lately and occasional breathlessness due to asthma.. All investigations and blood tests and were normal last year. CXR last COPD. O/E Temp 36.5. P 78. BP 120/80. Throat and chest clear. HS normal. AB nad. N/S grossly intact. Weight 16 and 1/2 ST.. Reassured aand advised to attend P/N for blood tests--FBC, LFT, U/E, RBS
-	—
14/10/2013	Ms Shani Paulose at Dr Rai & Partners (18843)
Comment	Bloods for lft, fbc, rbs U&E, obtained as requested. Has got appt for COPD next week. IMU VAC given to left arm.
-	—
04/11/2013	Ms Shani Paulose at Dr Rai & Partners (18843)
Social	Interpreter not needed
Result	FEV1 before bronchodilation 3.11 General well - being schedule 3
History	Nocturnal cough / wheeze
Result	Numb COPD exacer in past year 0 Oxygen saturation at periphery 98 %
History	Inhaler technique observed Depression screen using quest Alcohol intake within rec limt
Result	Alcohol units per week 0 Alcohol screen - FAST completd 0
History	Healthy diet GPPAQ physical act ind: active

Social	In paid employment
	Healthy lifestyle program stat
Result	Wants to lose weight 1
History	Declined referral to physical exercise programme
	Advice about weight
	Pt gi writ adv benef phy activ
	Goal identification

04/11/2013	Ms Shani Paulose at Dr Rai & Partners (18843)
Examination	O/E - blood pressure
	Blood pressure reading 131/83 mm Hg , pulse 89/mt .
Comment	COPD rv,, SOB on moderate exertion and frequent cough with whitish spit and occational wheeze at night, Uses Saba twice dialy, told takes inhaler dose daily but Not issed script as regular. PEFR 4.74 L, and FEV1 3.11 L, O2 Sat 98%, Inhaler tech good, active at work and also regular walk. diet advise given and to target to loose weight, Bloods for Lipids obtained. Discussed the importance of regular use of preventer and to rv 2/12. and for Spiro referral in 2/12.

05/11/2013	Dr Devendra Singh at Telephone Consultation
Comment	Pt says he is to be on Seretide 500mcg inh and not symbicort. Discussed. Rxed along with other request.
Medication	Migraleve Tablets *48 tablet AS DIRECTED*
	Omeprazole Capsules (Gastro-Resistant) 10 mg *28 capsule ONE TO BE TAKEN EACH DAY*
	Tiotropium Dry powder for inhalation + inhaler 18 micrograms *1 pack ONE DOSE TO BE INHALED EACH DAY*
	Seretide 500 Accuhaler Dry powder for inhalation *1 inhaler ONE DOSE TO BE INHALED TWICE A DAY*
	Salbutamol Cfc-free inhaler 100 micrograms/puff *1 inhaler ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY*

07/11/2013	Dr Arun Rai at Data Entry
History	Chol and TG 7.8. To be discussed.

19/11/2013	Dr M S Haque at Dr Rai & Partners (18843)
Comment	High lipid. No other risk factors. Discussed and dietary advice given also advised to attend P/N for further advice and monitoring lipids.

24/12/2013	Dr Devendra Singh at Special Request
History	SR: salbutamol inh, seretide, tiotropium, migraleve,omeprazole
Comment	Taking Omeprazole sparingly. Shifted to Acute Rxs.
Medication	Migraleve Tablets *48 tablet AS DIRECTED*
	Omeprazole Capsules (Gastro-Resistant) 10 mg *28 capsule ONE TO BE TAKEN EACH DAY*
	Salbutamol Cfc-free inhaler 100 micrograms/puff *1 inhaler ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY*
	Seretide 500 Accuhaler Dry powder for inhalation *1 inhaler ONE DOSE TO BE INHALED TWICE A DAY*
	Tiotropium Dry powder for inhalation + inhaler 18 micrograms *1 pack ONE DOSE TO BE INHALED EACH DAY*

03/02/2014	Dr M S Haque at Dr Rai & Partners (18843)
Comment	Requested for repeat script for migraleve, omeprazole and seretide, salbutamol and tiotropium–issued.

21/02/2014	Dr M S Haque at Dr Rai & Partners (18843)
Comment	Coughing out Grenish plegm and wheezy and having back pain increases during coughing. Temp 36.8. Throat nad. HS normal. Chest few scattered wheezes in both lung fields. Slight tenderness on upper back muscles. No rash. AB nad. Prescribed amoxycillin for 1 week and paracetamol 2 tab 6-8 hourly as required and advised salbutamol inhalation –multidosing as directed.
Medication	Amoxicillin Capsules 500 mg *21 capsule ONE TO BE TAKEN THREE TIMES A DAY*
	Paracetamol Tablets 500 mg *56 tablet 2 TABS 3 TIMES DAILY*

22/05/2014	Dr Eileen M Morley at Dr Rai & Partners (18843)
History	Ear probs 2w, R ear pain/tinnitus, 2d vertigo. Also deaf L ear - wax, been using drops 3w.
Examination	Soft wax L canal, R ear, no wax, no sign Ot ext. No nystagmus.
Comment	For syringing L ear, try stemetil for poss labyrinthitis.

Medication	Prochlorperazine Maleate Tablets 5 mg *28 tablet ONE TO BE TAKEN THREE TIMES A DAY*
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30/05/2014	Dr M S Haque at Dr Rai & Partners (18843)
Comment	Feels fatigued and often gets gets breathless even without cough or whheze for sometime and sleeps a bit for more but no chest pain.Taking inhaler regularly. Throat and chest clear. HS normal. AB slightly bulky. High lipids. Discussed and advice given and stressed on reducing weight and lipids via diet and exercise and review in couple of months.
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02/06/2014	Dr M S Haque at Dr Rai & Partners (18843)
Comment	C/O hearing loss and echoing noise in both ears since 4-5 months despite having ears syringed today. Both ears clear with slight impairment of hearing mainly in left ear. He works in place where vibrating noise around him all day since many years and he suspects his hearing problem probably due to this noise. Referred to ENT clinic.
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31/10/2014	Ms Shani Paulose at Dr Rai & Partners (18843)
History	MRC Breathless Scale: grade 1
Result	Numb COPD exacer in past year 1
	Oxygen saturation at periphery 98 %
	Percent pred FEV1 bronchodiln 86 %
History	Inhaler technique observed
Result	General well - being schedule 3
	General anxie dis 2 scale 1
	Depression screen using quest 0
Social	Chron dis mngt ann rev compltd
History	COPD annual review
	Alcohol intake within rec limt
Result	Alcohol units per week 0
History	Diet poor
	GPPAQ physical act ind: active
Social	In paid employment
	Healthy lifestyle program stat
Result	Patient initiated diet NOS 2
	Wt management program offered 2
History	Advice about weight
	Pt gi writ adv benef phy activ
	Goal identification
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31/10/2014	Ms Shani Paulose at Dr Rai & Partners (18843)
Examination	O/E - blood pressure
	Blood pressure reading 124/94 mm Hg
Comment	COPD rv, random bloods for lft, fbc, RBS l;ipids U&E obtained, active at work, frequent cough, with minimal greenish or black spit , unable to expectorate pain on right upper back while coughing, and SOB increased 2/52, PEFR 4.83L, FEV 3.21L, inhaler tech good Use of SABA 2--3 times daily now. FLU VAC given to left arm Previous chol 7.8, F/H Dad died of HF and had anginal maternal uncle died f ?MI at the age of 45. ASSIGN score from last year Lipids level 19. Diet advise given also to target to loose weight. RV after blood result.
Additional	Seasonal influenza vaccination Sanofi L8215-1 Exp 05/2015 **(GMS)**
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05/11/2014	Dr Devendra Singh at Data Entry
Comment	Chol 7.2 For apptt
-	---
07/11/2014	Dr M S Haque at Dr Rai & Partners (18843)
Comment	Cholesterol still very high. No risk factor. Discussed and life-style and dietary advice given and a balanced diet and low-cholestero dietary sheet handed and plan to check lipids in 6 months.
-	---
07/05/2015	Dr M S Haque at Dr Rai & Partners (18843)
Comment	Headache with occasional dizziness since 2-3 days. Can not sleep very well. Comuter work--stressful and stressed. Urn of migraleve and inhalers. Temp 36.5. P 74. BP 130/90. ENT nad. HS normal. Chest clear. AB nad. N/S grossly intact. All craniales intact. Reassured and prescribed migraleve for headache as directed.
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01/10/2015	Dr M S Haque at Dr Rai & Partners (18843)
	Gets breathless despite taking all his inhaler. C/O pain in upper back and chest during coughing.. Also a painful lump in right ear since 2-3 days. Temp 36.8. A

Comment	small furuncle in right ext meatus just behind tragus. Throat and chest clear. AB nad. Explained and reassured and davice given and requested for CXR. Prescribed flucloxacillin 500mg 1 cap qid for 1 week and see in couple of weeks.

12/10/2015	Dr M S Haque at Dr Rai & Partners (18843)
Comment	Right earache still has remained persistent. But swelling and pain in and ariund tragus area resolved. Temp 36.5. Throat and chest clear. Right ear--T/M injected and near end of ext meatus narrowed and red.. No discharge. Prescribed Otomize 1 spray tid as directed and amoxycillin 500mg 1 cap tid for 5 days and paracetamol 2 tabs 6 hourly as required and see in a week.
Medication	Otomize Spray *1 SPRAY ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY* Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY* Paracetamol Tablets 500 mg *100 tablet 2 TABS 4 TIMES DAILY*

04/11/2015	Sister Doris McAra at Dr Rai & Partners (18843)
Problem (REVIEW)	**Chronic obstructive pulmonary disease**
Comment	struggluing with breathing at present.as previously noted reassured Xray was clear .Advised TMA with GP?further investigation ?combination of breathing issues compounded by stress. Several deep breaths during consultation feels he has to do this Difficulty doing PF makes him cough taking double dose of tiotropium afdvised to take at beginning of day .Also has ongoing heartburn eats reg meals and on omeprazole Managing swimming 6 days a week
Follow up	(diary entry deleted) (Not Known)
Additional	Seasonal influenza vaccination M8184-1 5/2016 **(GMS)** Chronic obstructive pulmonary disease annual review

04/11/2015	Sister Doris McAra at Dr Rai & Partners (18843)
Social	Interpreter not needed
History	MRC Breathless Scale: grade 3
Result	Numb COPD exacer in past year 0
	Oxygen saturation at periphery 95
History	[D]Sleep disturbances
Result	Weight 104 Kg
	BMI 31.4 kg/m2
History	Inhaler technique observed
	Inhaler technique - good
Result	General well - being schedule 3
History	Depression screen using quest
Social	Chron dis mngt ann rev compltd
History	COPD annual review
	Ex smoker
	Current non drinker
	Healthy diet
	GPPAQ physical act ind: active
Social	In paid employment
	Healthy lifestyle program stat
History	Advice about weight
	Health ed. - diet
	Pt gi writ adv benef phy activ
	Goal identification

11/11/2015	Dr M S Haque at Dr Rai & Partners (18843)
Comment	Getting inreasing acid reflux and 1 cap of omeprazole not lelpful and sometomes he take 2 . P 78. BP 130/85. THroat and chest clear. AB nad. Increased dose of omeprazole to 20mg daily and if required advised to inctrease 1 cap bd. Under lot work-related stress and often finnding difficulty in breathing for short spell-gasping ?perhaps more while under stress. ? Anxiety. Discussed and advised for attending for counselling. Not keen for tranquiliser or antidepressant.
Medication	Omeprazole Capsules (Gastro-Resistant) 20 mg *56 CAPSULE ONE TO BE TAKEN EACH DAY*

01/12/2015	Dr M S Haque at Dr Rai & Partners (18843)
Comment	Sustained sudden strain on right side of chest and back during heavy lifting at work about 10 days ago and since then having pain in right side of chest and lower back mainly during movement and in certain position. No bruise or swelling but some tenderness on right lower l.C muscles and right lower paraspinal muscles. No rash. Chest clear. AB soft. No tenderness.. Musculo-skeletal pain. Explained and advised to attend Physio and prescribed ibuprofen gel 5% to apply on tender area as directed.. Requested for repeat script for

	salbutamol, seretide and tiotropium--issued.
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08/02/2016 16:11	Ms Joan Miller at Data Entry
Comment	under use/ordering despite SOB, educate, review inhaler technique and compliance issues. JDM
Additional	Respiratory medication Letter sent to patient Respiratort review with Pharmacist
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05/09/2016	Dr M S Haque at Dr Rai & Partners (18843)
Comment	Spasmodic pain in left side of abdomen since about a week and also having a bit lose motions 2-3 x a day and coughing out greenish sputum with cough. Temo 36.8. P 76. BP 120/85. Throat nad. Chest few sacttered wheeze. AB soft. Slight tenderness in left iliac fossa. BS +. Advised increased fluid intake and prescribed tab mebeverine 135mg 1 tab tid as required and amoxycillin 500mg 1 cap tid for 5 days and advised to continue salbutamol inhalation as required.and see in 2-3 weeks.
Medication	Mebeverine Hydrochloride Tablets 135 mg *84 tablet ONE TO BE TAKEN THREE TIMES A DAY 20-30 MINS BEFORE MEALS* Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
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24/10/2016	Ms Shani Paulose at Dr Rai & Partners (18843)
Comment	Well today FLU Vac given to left arm .
Additional	Seasonal influenza vaccination 33749411A, Exp 06/2017 **(GMS)**
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06/01/2017 16:27	Ms Joan Miller at Data Entry
Comment	COPD- currently prescribed Seretide 500 Accuhaler, according to current GG&C guidelines preferred inhaler at Step 3 COPD is Fostair Nexthaler 100/6 2puffs BD,JDM
Additional	Respiratory medication
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16/01/2017	Dr M S Haque at Dr Rai & Partners (18843)
Comment	Still c/o left sided abdominal pain. Also added frequent motions daily 4-5x a day since about 2 months.?. AB soft. slight tenderness on left loin and left iliac fossa.. . Urionalysis--l clear. As he still C/O dysuria. MSU sent to lab for culture.. Advised to bring stool sample for microbiology. Discussed and changed seretide-500 to Fostair nexthaler 100/6 2 puffs bd as suggested by Joan.
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16/01/2017	Dr M S Haque at Dr Rai & Partners (18843)
Additional	
-	---
19/01/2017	Dr M S Haque at Dr Rai & Partners (18843)
Medication	Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose *1 dose 2 PUFFS BD*
Comment	Still C/O left sided abdominal pain mainly in left loin and still tender though abdomen soft and no lump felt. Urine and stool culture--both negative. Requestyed for US--renal tract.
-	---
07/02/2017	Ms Alison Quinn at Data Entry
Comment	No response to letter or phone invite for Annual Review.
-	---
19/05/2017 14:33	Ms Joan Miller at Data Entry
History	Patient switched from Tiotropium 18mcg to Braltus 10mcg, info leaflet on switch to be given to patient with Rx when Braltus Tiotropium next requested. JDM
Medication	Braltus Inhalation Powder Capsules With Inhaler 10 micrograms *1*30 capsule ONE DOSE TO BE INHALED EACH DAY*
-	---
05/06/2017 13:41	Ms Joan Miller at Dr Rai & Partners (18843)
History	Rep.presc. monitoring NOS MM LES MM LES Omeprazole aligned to 28days with rest of medication Equivalent quantities for all medication checked MM LES MM LES
-	---
16/06/2017 16:56	Ms Joan Miller at Data Entry
Comment	Patient contacted practice to say that takes 2x20mg Omeprazole 20mg as discussed with Dr Haque, Jan 2015. Current dose on record is 20mg daily. tried to phone patient back to discuss this and advise that if requires 2x20mg daily then should attend GP for review of symptoms, however not available and not

	able to leave message on mobile. JDM
-	---
19/06/2017	Dr Arun Rai at Dr Rai & Partners (18843)
History	Ongoing left sided abd pain on and off, some time 4-5 times looser stools/day. Weight appetite fine. Omeprazole 20 mg bd helps in epigastric pain. Not drank alcohol 1 year. Says 25 yrs was told he had colitis. US scan Feb 17 normal. Renal colic diagnosis deleted.
Examination	soft, left illiac fossa tender.
Social	Alcohol units per week, 0 U/week
Comment	Omeprazole up to bd again, blood taken, refer Gastro.
Medication	Omeprazole Capsules (Gastro-Resistant) 20 mg *56 CAPSULE ONE CAP BD*
Test Request	CRP - *Completed*, Urea and Electrolytes - *Completed*, Ferritin - *Completed*, Liver Function Tests - *Completed*, Full Blood Count - *Completed*
Additional	Medication review with patient
-	---
26/06/2017	Ms Shani Paulose at Dr Rai & Partners (18843)
Comment	Repeat bloods obtained, says taking Zink tablets daily buy from shop
Test Request	Urea and Electrolytes - *Completed*
-	---
03/08/2017	Dr Arun Rai at Dr Rai & Partners (18843)
Comment	Jackie patient phoned today message left CDM overdue but he has his own shop and can only do a 5pm appt will call back
-	---
08/12/2017	Ms Shani Paulose at Dr Rai & Partners (18843)
Comment	well today FLU VAC given to left arm .
Additional	Seasonal influenza vaccination N22N Exp 06-18 **(GMS)**
-	---
04/01/2018	Dr Arun Rai at Clinic
History	2 weeks h/o productive cough. Needs usual meds.
Examination	Afebrile, throat- pharyngitis, chest- right basal crackles.
Medication	Clarithromycin Tablets 500 mg *10 TABLET ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS* Braltus Inhalation Powder Capsules With Inhaler 10 micrograms *1*30 capsule ONE DOSE TO BE INHALED EACH DAY* Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose *1 dose 2 PUFFS BD* Migraleve Pink tablets *24 tablet TWO TO BE TAKEN AT ONSET OF ATTACK* Omeprazole Capsules (Gastro-Resistant) 20 mg *56 CAPSULE ONE CAP BD* Salbutamol Cfc-free inhaler 100 micrograms/puff *1 inhaler ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY*
-	---
09/01/2018	Dr Francis Tierney at Telephone Consultation
History	feels clarithromycin has helped but needs a full 7 day course rather than 5 days given last week.
Medication	Clarithromycin Tablets 500 mg *5 tablet ONE TO BE TAKEN TWICE DAILY*
-	---
23/07/2018 14:23	Ms Joan Miller at Data Entry
Problem	**Respiratory inhaler review**
Comment	Letter sent to patient Document1.doc, COPD review of inhalers: Triple therapy currently using Fostair Nexthaler 100/6 2puffs BD and Braltus 10mcg 1puff OD, review and consider for switch to Trimbow MDI 2puffs BD or Trelegy Ellipta 1puff OD as per current GG&C guidelines. JDM
-	---
15/10/2018	Dr M S Haque at Dr Rai & Partners (18843)
Problem	Migraleve not available–wanted triptan /.
Comment	I phoned but he was not available . His wife told me he would phone back tomorrow as he would not be back from work before 11 PM.
-	---
15/10/2018	Ms Shani Paulose at Dr Rai & Partners (18843)
Examination	O/E - blood pressure Blood pressure reading 139/83 mm Hg
Comment	COPD review, resp symptoms not worsening, Now works 2-3 days /week in whisky distillary and had to use SABA 3–4 times other wise better controlled symptoms needed twice daily, active with regular swimmnig, Diets healthy, Discussed to change of inhaler to tripple theray and happy to start. O2 sat 97%, MRC score–3. will attend clinic if any issues with new inhaler, Inhaler tech excellent. Flu Vac QIV given to left arm
Medication	Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose *2 dose TWO PUFFS TO BE INHALED TWICE A DAY*

Additional	Seasonal influenza vaccination (Left arm) Batch NoRO4x Expiry 5/19
-	—
15/10/2018	Ms Shani Paulose at Dr Rai & Partners (18843)
Social	Interpreter not needed
History	MRC Breathless Scale: grade 3
Result	Numb COPD exacer in past year 1
	Oxygen saturation at periphery 97 %
	Weight 100 Kg
	BMI 30.2 kg/m2
History	Inhaler technique observed
	Inhaler technique - good
Result	General well - being schedule 3
	General anxie dis 2 scale 0
	Depression screen using quest 0
Social	Chron dis mngt ann rev complted
History	COPD annual review
	Ex smoker
	Current non drinker
	Healthy diet
	GPPAQ physical act ind: active
Social	Healthy lifestyle program stat
History	Advice about weight
	Health ed. - diet
	Pt gi writ adv benef phy activ
	Goal identification
-	—
15/10/2018 14:36	Dr Kate Makharoblidze at Dr Rai & Partners (18843)
History	Trimbow satrted by PN - Shani, Fostair and Braltus stopped.
-	—
16/10/2018	Dr M S Haque at Dr Rai & Partners (18843)
Comment	SR--imigran which helped his migraine in the past as migraleve now unavailable at the moment. Prescribedsumatriptan 50mg x6 tabs to be taken as directed.and cancelled prescription of migraleve.
-	—
21/12/2018 14:28	Dr Kate Makharoblidze at Dr Rai & Partners (18843)
History	SR - manufacturer issue with migraleve
Medication	Co-Codamol 30/500 Tablets *60 tablet ONE TO BE TAKEN THREE TIMES A DAY IF NEEDED*
-	—
10/01/2019	Dr M S Haque at Dr Rai & Partners (18843)
Comment	SR--co-codamol. Prescribed co-codamol 30/500mg 1 tab tidx60.
-	—
04/02/2019 09:38	Dr Kate Makharoblidze at Dr Rai & Partners (18843)
History	SR - co-codamol
Medication	Co-Codamol 30/500 Tablets *60 tablet ONE TO BE TAKEN THREE TIMES A DAY IF NEEDED*
-	—
26/02/2019	Dr Arun Rai at Special Request
History	Co Codamol
Comment	I see he is ordering Trimbow x 2 packs every month. Should last 2 months. Written letter sent to see Doctor or Nurse. In mean time put on acute.
Medication	Co-Codamol 30/500 Tablets *60 tablet ONE TO BE TAKEN THREE TIMES A DAY IF NEEDED*
-	—
21/03/2019	Dr Arun Rai at Special Request
History	co codamol... Trimbow
Medication	Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose *120 DOSE TWO PUFFS TO BE INHALED TWICE A DAY*
	Co-Codamol 30/500 Tablets *60 tablet ONE TO BE TAKEN THREE TIMES A DAY IF NEEDED*
-	—
12/04/2019 14:55	Dr Kate Makharoblidze at Dr Rai & Partners (18843)
History	SR - Co-codamool, Trimbow
Medication	Co-Codamol 30/500 Tablets *60 tablet ONE TO BE TAKEN THREE TIMES A DAY IF NEEDED*
	Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose *120 DOSE TWO PUFFS TO BE INHALED TWICE A DAY*

08/05/2019 12:32	Dr Eileen M Morley at Special Request
Comment	sr trimbow inhaler, added to rpt, 2p bd so lasts 1m.
Medication	Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose *120 DOSE TWO PUFFS TO BE INHALED TWICE A DAY*
Additional	Medication review done

09/05/2019	Dr Arun Rai at Special Request
History	co-codamol
Comment	Looks still ordering salbutamol inhaler every month. Needs PN appt for COPD review and response of Trimbow. I sent written message.
Medication	Co-Codamol 30/500 Tablets *60 tablet ONE TO BE TAKEN THREE TIMES A DAY IF NEEDED*

14/05/2019	Dr Arun Rai at Phone Encounter
History	3 days h/o feeling ill, cough, shivery. Says "never felt ill my life like this". Yesterday back from own shop early. Not taking cocodamol. I told to take PCM or cocodamol to bring down temp if any! Offered to see him in afternoon, says can not come as going to work. Wants double dose Abx!
Comment	Will collect scrip for Amoxicillin, if no better then come for review in 3-4 days.
Medication	Amoxicillin Capsules 500 mg *21 capsule ONE TO BE TAKEN THREE TIMES A DAY*

16/05/2019	Dr Arun Rai at Clinic
History	O/E - BP reading Cough with reddish spit. Feels vey unwell, never felt like this. Was at work yesterday. P 90, T 36.6, O2 96%, chest- bilat scattered faint wheeze.
Examination	Blood pressure reading 120/80 mm Hg
Comment	Appt given for blood test tomorrow. Get CXR. Advised SC1.
Test Request	Glucose - *Requested*, Bone Profile - *Requested*, CRP - *Requested*, Urea and Electrolytes - *Requested*, Liver Function Tests - *Requested*, Thyroid function tests - *Requested*, Full Blood Count - *Requested* XR Chest - *Completed*

17/05/2019	Dr Arun Rai at Data Entry
History	CXR- left lower zone consolidation. Repeat advised after 4-6 weeks of therapy.

17/05/2019	Ms Shani Paulose at Dr Rai & Partners (18843)
Examination	O/E - weight, 99 Kg Body Mass Index, 29.89
Social	Alcohol units per week, 0 U/week
Comment	Bloods obtained as requested.
Test Request	Glucose - *Completed*, Bone Profile - *Completed*, CRP - *Completed*, Urea and Electrolytes - *Completed*, Liver Function Tests - *Completed*, Thyroid function tests - *Completed*, Full Blood Count - *Completed*
Additional	Alcohol screen - fast alcohol screening test completed, 0

20/05/2019 11:14	Dr Eileen M Morley at Dr Rai & Partners (18843)
History	CXR showed consolidation L base. CRP raised, 223. Amoxicillin has helped a bit. Still coughing bit of blood. PHx COPD, ex smoker stopped 31 yrs ago. Prev worked factories with graphite and now banned substances in air. No anorexia, no wt loss. Systemically well until this LRTI.
Examination	afebrile, pO2 98%, p 82, chest - mild creps L base. No Cx LNs.
Comment	ongoing LRTI, start clatirh. Rpt CRP 2 wks, CXR 6 wks, rev with result CXR. May need ref respy if haemoptysis not resolving after Rx LRTI.
Medication	Clarithromycin Tablets 500 mg *14 tablet ONE TO BE TAKEN TWICE DAILY* Co-Codamol 30/500 Tablets *100 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)*

30/05/2019	Ms Lynn Murray at Clinic
Comment	Repeat test as per Dr Morley.
Test Request	CRP - *Completed*

03/06/2019 10:41	Dr Kate Makharoblidze at Telephone Consultation
History	Has to have repeat CXR, wants to know about the appointment date ahead as needs to take time off work. Called Xray dep - they have not got electronic referral for the repeat CXR.
Comment	CXR requested as below.
Test Request	XR Chest - *Completed*

-	---
18/06/2019 12:10	Dr Kate Makharoblidze at Dr Rai & Partners (18843)
History	Had repeat CXR - almost complete resolution of consolidation, but still some residual LLZ consolidation - report advising to reasess and give further ABX if needed and further CXR in 4 -6 weeks time.
-	---
19/06/2019	Dr Arun Rai at Clinic
History	Came to discuss CXR result. Going on holiday on 22nd July. Still productive cough, tired. Asking what was wrong initially? Explained it was pnemonia/LRTI. Asking further Abx. Explained needs sputum test.
Comment	Bottle and form given to hand in sputum as already had 2 different Abx. We will repeat x Ray after 6 weeks of Abx when he returns from holiday.
-	---
25/06/2019	Dr Arun Rai at Data Entry
History	Sputum specimen not processed as details illegible!
Comment	Bottle and form left at reception for sending other sample.
-	---
28/06/2019 14:49	Dr Kate Makharoblidze at Dr Rai & Partners (18843)
History	SR - Migraleve
-	---
16/07/2019	Dr M S Haque at Dr Rai & Partners (18843)
Comment	SR--repeat migraleve--issued.
-	---
18/10/2019	Dr M S Haque at Dr Rai & Partners (18843)
Problem	Coughing out yellowish/greenish phlegm. and feeling tired.
Examination	Temp 36.5. Throat and chest clear.
Comment	Discussed. Last sputum culture was negative. CXR showed resolving probable infective consolidation and was suggested to repeat CXR after a course of antibiotic if appropriate. Probable chest infection. He had amoxycicline and clarithromycine--he he mentioned none did work. Prescribed doxycycline 100mgx2 caps stat and 1 cap daily for a week and advised to attend in 6 weeks for repeat CXR.
Medication	Doxycycline Hyclate Capsules 100 mg *8 capsule 2 CAPS 1ST DAY AND THEN 1 CAP DAILY*
-	---
23/10/2019	Sister Doris McAra at Dr Rai & Partners (18843)
Examination	Blood pressure reading 143/97 mm Hg
Comment	resp issues continue currently on antibiotics so flu inj witheld today O2 98% used SABAtwice a day swimming each day although reduced lengths. feels he has to gasp for breath at times. PF400 Dr Morely offered to see him but declined as too busy .
Result	O/E - BP reading P 91
Follow up	(diary entry deleted) (Not Known)
Additional	Chronic obstructive pulmonary disease annual review
-	---
23/10/2019	Sister Doris McAra at Dr Rai & Partners (18843)
History	MRC Breathless Scale: grade 4
Result	Numb COPD exacer in past year 0
	Oxygen saturation at periphery 98 %
	Weight 104 Kg
	BMI 31.4 kg/m2
	General well - being schedule 3
Social History	Chron dis mngt ann rev compltd
	COPD annual review
	Ex smoker
	Teetotaller
	Healthy diet
Social	In paid employment
	Healthy lifestyle program stat
History	Health ed. - diet
	Goal identification
-	---
08/11/2019	Ms Shani Paulose at Dr Rai & Partners (18843)
Comment	Well today FLU VAC given to left arm .
Additional	Seasonal influenza vaccination (Left arm) 18 -64 T3G682V 06-20
-	---
02/12/2019	Dr Arun Rai at Data Entry

History	message "Dr haque wanted the man to have another xray for chest put hadnt done it."
Comment	I see he had left lower consolidation.
Test Request	XR Chest - *Completed*

16/12/2019	Dr M S Haque at Dr Rai & Partners (18843)
Problem	Having spasmodic pain in left side of abdomen since few days--had constipation but aft taking lactulose from his wife bowel moved this morning.
Examination	AB soft. Slight tenderness on left iliac region. . BS +.
Comment	Probable intestinal colic. Buscopan did not help in the past. Prescribed mebeverine 135mg 1 tab tid as requiredx28. Wanted to know the result of CXR--explained and reassured thar shadow in left lower zone resolved.
Medication	Mebeverine Hydrochloride Tablets 135 mg *28 tablet ONE TO BE TAKEN THREE TIMES A DAY 20-30 MINS BEFORE MEALS*

03/04/2020 17:24	Dr Kate Makharoblidze at Dr Rai & Partners (18843)
Follow up	Key information summary review date (04/10/2021)
Additional	Send key information summary (KIS) upload
	Consent for key information summary upload as per COVID-19 protocol

09/04/2020 16:35	Dr Kate Makharoblidze at Telephone Consultation
History	Had a discussion with patient - received a letter from CMO about COVID and self isolation, following rulles as instructed, daughter does shoppig, has not got emergency meds, will be prescribed this.
Problem (FIRST)	**Had a discussion with patient**
Medication	Doxycycline Hyclate Capsules 100 mg *6 CAPSULE TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS. EMERGENCY MEDICATION*
	Prednisolone Tablets 5 mg *30 tablet SIX TO BE TAKEN IN THE MORNING. EMERGENCY MEDICATION*

13/08/2021 09:37	Dr Kate Makharoblidze at Telephone Consultation
History	Feeling tired and coughing more, bringing up purulent sputum, started 4 days ago, no fever, no SOB but tired. Asking for ABX, LFTs for COVID is negative. Advised to get PCR test, will get Doxycycline for 5 days.

16/08/2021	Ms Shani Paulose at Dr Rai & Partners (18843)
Social	Interpreter not needed
History	MRC Breathless Scale: grade 3
Result	Numb COPD exacer in past year 1
	Oxygen saturation at periphery 97 %
	Weight 101 Kg
	BMI 30.5 kg/m2
History	Inhaler technique - good
Result	General well - being schedule 3
	General anxie dis 2 scale 1 due to tiredness.
	Depression screen using quest 0
Social	Chron dis mngt ann rev compltd
History	COPD annual review
	Ex smoker
	Teetotaller
	Healthy diet
	GPPAQ physical act ind: active on his limit.
Social	In paid employment
	Healthy lifestyle program stat
History	Advice about weight
	Health ed. - diet
	Pt gi writ adv benef phy activ
	Goal identification

16/08/2021 17:28	Ms Shani Paulose at Dr Rai & Partners (18843)
Examination	O/E - blood pressure
	Blood pressure reading 122/90 mm Hg , pulse 80/mt.
Comment	COPD review On antibiotic for exacerbation, a bit better now, says TATT for a year. Diets ok , getting out of house with his Dog , still working, MRC score -3, PEFR 250L, compliant with inhalers. Bloods obtained as below.
Test Request	Glucose - *Completed*, Bone Profile - *Completed*, Urea and Electrolytes - *Completed*, Liver Function Tests - *Completed*, Lipid profile (inc. HDL) - *Completed*, Thyroid function tests - *Completed*, Full Blood Count - *Completed*

18/08/2021	Dr M S Haque at Dr Rai & Partners (18843)
Comment	Lipids high cholesterol 7.9 and triglyceride 4.9--no risk factor. I phoned him and left dietary advice and have lipids checked in 6 months.
-	---
20/08/2021	Ms Shani Paulose at Phone Encounter
Comment	T/C re high triglycerides and chol , says got message chol 4.9 discussed triglycerides HDL, LDL, chat re diet and exercise unable to do lot of exercise due to COPD, advised to shart walks on frequent intervals and diet low in sat fats like cut down red meat, add chicken or fish instead but sadly he is not eating chicken, poerk, or fish these makes him vomiting. advised to add more veg mainly high fibre vegs, calculated ASSIGN score 28 , In view of his high score and F/H of IHD (Dad had MI <60 yrs) its better to start Statin. he is happy to start medications, will discuss with Doctro.
Examination	Assessing cardiovascular risk using SIGN score, 28 %
Additional	Lifestyle counselling Exercise status screening Health ed. - diet
-	---
24/08/2021	Dr M S Haque at Dr Rai & Partners (18843)
Comment	T/C His chhest infection was resolving with a course of doxycycline but he feels getting chesty again and coughing out greenish phlegm and wanted same antibiotic for another 5 days. And also discussed high lipids and willingg to try statin--his ASSIGN score 28. Will try small dose of atorvastatin 10mg 1 tabd daily and put on repeat--would repeat lipids in 4-6 months.
Medication	Atorvastatin Tablets 10 mg *56 TABLET ONE TO BE TAKEN EACH DAY* Doxycycline Hyclate Capsules 100 mg *6 CAPSULE TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS*
Test Request	Chol / Triglyceride - *Requested*
-	---
04/11/2021	Dr Arun Rai at Phone Encounter
History	Message "ingrowing toenail, unable to e-mail pics, mobile". Has long standing IGTN. Now it seems infected, says it is red, painful, feels Abx required. I advised to see chiropodist once infections settles.
Medication	Flucloxacillin Capsules 500 mg *20 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS*
-	---
12/11/2021	
Additional	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Right Arm) C-19 Booster Pfizer (J Phee) FK0596/ PF/IM/Right Arm//C-19 Booster Pfizer (J Phee)
-	---
12/11/2021	
Additional	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Booster Pfizer (The Hub (Clydebank) - Public Vaccination Clinic) FK0596/ PF/IM/Right Arm//C-19 Booster Pfizer (The Hub (Clydebank) - Public Vaccination Clinic)
-	---
12/11/2021	
Additional	Administration of first inactivated seasonal influenza vacc 3079181A/ FLUQIVC/IM/Left Arm//FLU - Flucelvax Tetra (QIVc) (The Hub (Clydebank) - Public Vaccination Clinic)
-	---
06/01/2022 15:55	Dr Kate Makharoblidze at Telephone Consultation
History	Known COPD, producing more sputum than usual, no flu symptoms, no fever, LFT negative, not keen on getting PCR as convinced that it is not COVOD, insisting on ABX. In the view of background of COPD and absance of flu sysmtpoms, will get ABX for 5 days but if this is not helpful advised will have to have negative PCR test as will need to be assesssed F2F.
-	---
13/01/2022	Dr Arun Rai at Data Entry
Examination	PIP FORM COMPLETED.
-	---
14/02/2022	Dr M S Haque at Dr Rai & Partners (18843)
Comment	T/C multiple problems with his COPD , anxiety/depression. Not getting anywhere with BA. He can not walk very well Very ill with COPD but BA not considering and noit getting money etsc. =Wanted to know how bad he is and give him stronger letter mentioning his COPD so bad hardly he can walk so that he can be successful for his appeal ?. He was reviewed last year August. I advised him if he thinks his COPD very bad and can not cope with his breathing then make an appointment with Shani again for his COPD assessment/review--not very happy after long discussion aboiut his illness and benefit entitlement. .

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20/05/2022	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: This is confirmation of your appointment at 11:20 on Mon, 23 of May at Dr Rai & Partners. If unable to attend please send CANCEL to 07903590756.
-	---
22/05/2022	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 11:20 on Monday 23 of May at Dr Rai & Partners. Please call 0141 531 6464 if you can't attend or text CANCEL to 07903590756.
-	---
23/05/2022	Dr M S Haque at Dr Rai & Partners (18843)
Problem	C/C a small cystic lump on left eye lid--asymptomatic. Added chesty cough on and off and now coughing out greenish sputum. Taking inhaler Ok.
Examination	Chalazion on right upper eye lid. Temp 36.9. Chest few wheze and crackles in ledt lung.
Comment	Explained and reassured about chalazion with advice . Probable chest infection. I prescribed clarithromycine 500mg 1 tab bd for a week and requested CXR.
Medication	Clarithromycin Tablets 500 mg *14 tablet 1 TAB BD*
Test Request	XR Chest - *Completed*
-	---
02/06/2022	Dr M S Haque at Dr Rai & Partners (18843)
Comment	I phoned him with reassuring CXR result and he mentioned he started feeling better after taking antibiotic.
-	---
05/08/2022	Ms Lynn Murray at Data Entry
Comment	As per MMLES excess ordering of atorvastatin and trimbow. Amended atorvastatin to 28 days in line with other tablets as looks like been getting issued every month when not due.
-	---
30/09/2022	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Please make appointment for your COPD Review. Call Dr Rai's Surgery on 0141 531 6464.
-	---
15/11/2022	
Additional	Administration of first dose of SARS-CoV-2 vaccine 200028A/ COVMODERNA/IM/Left Arm//C-19 Moderna (The Hub (Clydebank) - Public Vaccination Clinic)
-	---
15/11/2022	
Additional	Administration of first inactivated seasonal influenza vacc 440171A/ FLUQIVC/IM/Right Arm//FLU - Seqirus UK (The Hub (Clydebank) - Public Vaccination Clinic)
-	---
08/12/2022	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: This is confirmation of your appointment at 16:45 on Mon, 12 of Dec at Dr Rai & Partners. If unable to attend please send CANCEL to 07903590756.
-	---
11/12/2022	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 16:45 on Monday 12 of December at Dr Rai & Partners. Please call 0141 531 6464 if you can't attend or text CANCEL to 07903590756.
-	---
12/12/2022 16:45	Ms Shani Paulose at Dr Rai & Partners (18843)
History	MRC Breathlessness Scale: grade 3
Examination	Peak exp. flow rate: PEFR/PFR, 516 L/min
	Forced expired volume in 1 second, 2.57 litres
	Blood pressure reading 136/96 mm Hg
	O/E - weight, 110 Kg
	Body Mass Index, 33.21
Social	Alcohol units per week, 0 U/week

	Ex smoker
Comment	COPD review, Breathless after five minutes walk on ground, No cough, minimal spit in the morning. can wheeze day and night PEFR very good, 516 L, No spirometry results, this has done and been diagnosed from work place. Says inhaler not making any changes however the PEFR and FEV1 much improved appeared the symptoms more related to Asthma / COPD mixed picture. advised may go back to previous inhaler Fostair or try another inhaler spiromax and tiotropium sepate. not keen at present , will think about and will attend clinic if wishes to change.
Result	Oxygen saturation at periphery, 98 %
Additional	Alcohol screen - fast alcohol screening test completed, 0
	COPD self-management plan given
	Inhaler technique - good
	Medication review done

15/05/2023 16:41	Dr Kate Makharoblidze at Dr Rai & Partners (18843)
History	cough with very thick and yellow sputu, feeling tired , no fever, no sore throat, able to attend work, no increase in SOB. Insisting od ABX as feels the same as when had pneumonia few years ago.
Examination	temp - 36.8C, sats - 97%, throat - NAD, no lymphadenopathy, chest clear, no wheeze
Comment	not accpteing the fact that chest is clear, not accepting Amoxicillin, Doxycycline given for 5 days, wanted 7 days course, advised I do not have a very strong evidence even for needing the 5 days course... if any worsening to speak to us will be assessed if need prolonged ABX therapy.

26/10/2023	Dr Arun Rai at Clinic
History	1 week h/o productive cough, feels 7 days course of abx required, wants strong Abx. No SOB. P 70, O2 97%, chest- bilat scattered faint wheeze.
Comment	Explained how Abx works. If not Iresolved with doxycycline, send sputum for C&S. I see taking omeprazole 1 bd x 6 years for heartburn. Advised SE and reduce to 1 OD.
Medication	Doxycycline Hyclate Capsules 100 mg *8 capsule TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY*
Additional	Medication review with patient

27/11/2023	
Additional	Administration of first inactivated seasonal influenza vacc 3029228/ FLUQIVC/IM/Right Arm//FLU - Seqirus UK (The Hub (Clydebank) - Public Vaccination Clinic)

05/02/2024	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: This is confirmation of your appointment at 16:45 on Mon, 12 of Feb at Dr Rai & Partners. If unable to attend please send CANCEL to 07903590756.

11/02/2024	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 16:45 on Monday 12 of February at Dr Rai & Partners. Please call 0141 531 6464 if you can't attend or text CANCEL to 07903590756.

12/02/2024 16:48	Ms Shani Paulose at Dr Rai & Partners (18843)
History	MRC Breathlessness Scale: grade 3
Examination	O/E - height, 182 cm
	Blood pressure reading 146/87 mm Hg
	O/E - weight, 105 Kg
	Body Mass Index, 31.7
	Peak exp. flow rate: PEFR/PFR, 397 L/min
	Forced expired volume in 1 second, 2.39 litres
	Ideal Weight, 76.19 Kg
Social	Ex smoker
Examination	Forced expired volume in 1 second percentage change, 71 %
Additional	COPD self-management plan given
	Inhaler technique - good
	Health ed. - diet
Comment	COPD review, recurrent cough , with yellowish or greenish sputum and breathless on exertion Use SABA 3--4 timws daily, upset saying not getting antibiotic when needed. PEFR 397L, FEV1 checked using vitalograph 2.39L, Predicted 3.37L <71% from predicted.discussed recurrent antibiotic use not good as organism can be resistant. advised for a repeat spirmetry test again but declined . informed if worsening symptoms to speak to doctor at present not

	required antibiotic.
Result	Oxygen saturation at periphery, 97 %
Additional	Medication review done
-	—
09/05/2024	Dr Arun Rai at Phone Encounter
History	Message " breathing bad, needs AbX". I phoned- mobile, O2 VM on. Wife answered land line. says he is out just now. He has productive cough. I told script being sent to Willis.
-	—
13/02/2025	Ms Lynn Murray at Data Entry
Comment	As per MMLES excess supply of trimbow inhaler, looks like patient ordering extra on occasions.
-	—
24/02/2025	at MJog
Additional	SMS text sent to patient Summary of text message sent to patient / Please make appointment for COPD review. Call Dr Rai's surgery on 0141 531 6464
-	—
24/02/2025 17:41	Ms Shani Paulose at Dr Rai & Partners (18843)
History	MRC Breathlessness Scale: grade 3
Examination	Peak exp. flow rate: PEFR/PFR, 331 L/min
	Forced expired volume in 1 second, 2.15 litres
	Forced expired volume in 1 second percentage change, 64 %
	Blood pressure reading 153/93 mm Hg , pulse 91/mt.
	O/E - height, 182 cm
	O/E - weight, 110 Kg
	Body Mass Index, 33.21
	Ideal Weight, 76.19 Kg
Social	Alcohol units per week, 0 U/week
	Ex smoker
Comment	COPD review, B/P raised 155/97, 153/93, says not feelinh good for few months, Very tired , always greeninsh spit, No recurrent cough, Not worsening breathlessness, use SABA twice daily own busciness lifting heavy loads, struggling, saying may need antibiotic , I don't think he needs antibiotic at present no crackles on hest when coughing, informed can sent a sputum sample for C&S if worsening symptoms, Compliant with inhaler, PEFR 331L, FEV1 using vitalograph 2.15L, Predicted 3.37L, < 64% predicted normal, this was lower than last review , In view of his symptoms try different inhaler Trixeo, and bloods for health check including TFT, and B/P review in three week prior to finish trimbo. he will make appt on due time.
Result	Oxygen saturation at periphery, 95 %
Additional	Alcohol screen - fast alcohol screening test completed, 0
	COPD self-management plan given
	Inhaler technique - good
	Medication review done
	Health ed. - diet
-	—
17/10/2025 10:53	Dr Kate Makharoblidze at Dr Rai & Partners (18843)
History	Cough with brown sputum, worreid, no SOB, mild nurry nose, no fever, states has been taking paracetamol with no effect. Takin inhalers as usual.
Examination	sats - 98%. HR 80, pulse regular, no lymphadenopathy, chest clear.
Comment	advised likely has URTI, but very keen on ABX as has COPD, advised if any worsening can get Amoxicillin and can start this.
Medication	Paracetamol Tablets 500 mg *56 TABLET 2 TABS 4 TIMES DAILY*
-	—
31/10/2025 15:07	Dr Kate Makharoblidze at Dr Rai & Partners (18843)
History	Had Amoxicillin for cough the cough isbetter now, but has unilateral left sided severe sore throat, affecting swallowing, no fever.
Examination	sats - 98%, temp - 36.8C, tender left sided submandibular lymphadneopathy, throat - marked left sided tonsilar and pharyangeal arc erythema.
Medication	Phenoxymethylpenicillin Tablets 250 mg *28 tablet 2 TABS 4 TIMES DAILY*
-	—
06/04/2026	at MJog
Additional	Fail encntr-SMS delivry failur
-	—
13/04/2026 17:26	Ms Shani Paulose at Dr Rai & Partners (18843)
Test Request	Lipid profile (inc. HDL) - *Completed*
History	MRC Breathlessness Scale: grade 3
Examination	Blood pressure reading 130/84 mm Hg
	Ideal Weight, 76.19 Kg

	O/E - height, 182 cm
	O/E - weight, 110 Kg
	Body Mass Index, 33.21
	Peak exp. flow rate: PEFR/PFR, 317 L/min
	Forced expired volume in 1 second, 2.19 litres
	Forced expired volume in 1 second percentage change, 64 %
Social	Alcohol units per week, 0 U/week
	Ex smoker
	Aerobic exercise 3+ times/week
Comment	COPD review, B/P 166/86, 157/86, 130/84, no worsening respiratory symptoms still use SABA 2-3 times daily , works in a shop, daily walks and goes for swimming , PEFR 317 L, FEV1 using vitalograph 2.19 L, Predicted 3.45 L, <64% predicted normal, no changes from last review, No changes in weight, Only one proper meal a day. discussed and demonstrated Breathing exercises. happy to do .On Statin for many years no bloods been done since started done as below.
Result	Oxygen saturation at periphery, 98 %
Additional	Alcohol screen - fast alcohol screening test completed, 0
	COPD self-management plan given
	Inhaler technique - good
	Health ed. - diet
	Medication review done

-	—
16/04/2026	Dr Arun Rai at Dr Rai & Partners (18843)
History	Chol 8. On Atorva 10 mg for 3-4 years.
Comment	I phoned- poor compliance. Does not drink alcohol. Discussed long term harms with high chol. Advised to take daily, increase dose to 40 mg.
Medication	Atorvastatin Tablets 40 mg *56 TABLET ONE TO BE TAKEN EACH DAY*
Additional	Medication review with patient

Medication

Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
16/04/2026	**Atorvastatin Tablets 40 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	11/08/2026P	Dr Arun Rai	REPEAT
21/12/2018	**Co-Codamol 30/500 Tablets** ONE TO BE TAKEN THREE TIMES A DAY IF NEEDED 60 tablet	11/08/2026P	Dr Arun Rai	REPEAT
15/10/2018	**Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose** TWO PUFFS TO BE INHALED TWICE A DAY 120 DOSE	21/07/2026P	Dr Arun Rai	REPEAT
11/11/2015	**Omeprazole Capsules (Gastro-Resistant) 20 mg** 1 CAP ONCE DAILY 56 CAPSULE	11/08/2026P	Dr Arun Rai	REPEAT
24/12/2013	**Salbutamol Cfc-free inhaler 100 micrograms/puff** ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1 inhaler	21/07/2026P	Dr Arun Rai	REPEAT

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
31/10/2025	**Phenoxymethylpenicillin Tablets 250 mg** 2 TABS 4 TIMES DAILY 28 tablet	31/10/2025P	Dr Kate Makharoblidze	ACUTE
17/10/2025	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	17/10/2025P	Dr Kate Makharoblidze	ACUTE
17/10/2025	**Paracetamol Tablets 500 mg** 2 TABS 4 TIMES DAILY 56 TABLET	17/10/2025P	Dr Kate Makharoblidze	ACUTE
09/05/2024	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY 6 capsule	09/05/2024P	Dr Arun Rai	ACUTE
26/10/2023	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY 8 capsule	26/10/2023P	Dr Arun Rai	ACUTE
15/05/2023	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS 6 CAPSULE	15/05/2023P	Dr Kate Makharoblidze	ACUTE
23/05/2022	**Clarithromycin Tablets 500 mg** 1 TAB BD 14 tablet	23/05/2022P	Dr M S Haque	ACUTE
06/01/2022	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS 6 CAPSULE	06/01/2022P	Dr Kate Makharoblidze	ACUTE
04/11/2021	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS 20 CAPSULE	04/11/2021P	Dr Arun Rai	ACUTE
	Doxycycline Hyclate Capsules 100 mg TWO TO BE			

24/08/2021	TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS 6 CAPSULE	24/08/2021P	Dr M S Haque	ACUTE
13/08/2021	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS. EMERGENCY MEDICATION 6 CAPSULE	13/08/2021P	Dr Kate Makharoblidze	ACUTE
09/04/2020	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS. EMERGENCY MEDICATION 6 CAPSULE	09/04/2020P	Dr Kate Makharoblidze	ACUTE
09/04/2020	**Prednisolone Tablets 5 mg** SIX TO BE TAKEN IN THE MORNING. EMERGENCY MEDICATION 30 tablet	09/04/2020P	Dr Kate Makharoblidze	ACUTE
16/12/2019	**Mebeverine Hydrochloride Tablets 135 mg** ONE TO BE TAKEN THREE TIMES A DAY 20-30 MINS BEFORE MEALS 28 tablet	16/12/2019P	Dr M S Haque	ACUTE
18/10/2019	**Doxycycline Hyclate Capsules 100 mg** 2 CAPS 1ST DAY AND THEN 1 CAP DAILY 8 capsule	18/10/2019P	Dr M S Haque	ACUTE
28/06/2019	**Migraleve Tablets** AS DIRECTED 48 tablet	16/07/2019P	Dr M S Haque	ACUTE
20/05/2019	**Clarithromycin Tablets 500 mg** ONE TO BE TAKEN TWICE DAILY 14 tablet	20/05/2019P	Dr M S Haque	ACUTE
20/05/2019	**Co-Codamol 30/500 Tablets** TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 100 tablet	20/05/2019P	Dr M S Haque	ACUTE
14/05/2019	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	14/05/2019P	Dr Arun Rai	ACUTE
16/10/2018	**Sumatriptan Succinate Tablets 50 mg** ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS 6 TABLET	16/10/2018P	Dr M S Haque	ACUTE
09/01/2018	**Clarithromycin Tablets 500 mg** ONE TO BE TAKEN TWICE DAILY 5 tablet	09/01/2018P	Dr M S Haque	ACUTE
04/01/2018	**Clarithromycin Tablets 500 mg** ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS 10 TABLET	04/01/2018P	Dr Arun Rai	ACUTE
05/09/2016	**Mebeverine Hydrochloride Tablets 135 mg** ONE TO BE TAKEN THREE TIMES A DAY 20-30 MINS BEFORE MEALS 84 tablet	05/09/2016P	Dr M S Haque	ACUTE
05/09/2016	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	05/09/2016P	Dr M S Haque	ACUTE
01/12/2015	**Ibuprofen Gel 5 %** APPLY AS DIR 100 GRAMS	01/12/2015P	Dr M S Haque	ACUTE
12/10/2015	**Otomize Spray** ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY 1 SPRAY	12/10/2015P	Dr M S Haque	ACUTE
12/10/2015	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	12/10/2015P	Dr M S Haque	ACUTE
12/10/2015	**Paracetamol Tablets 500 mg** 2 TABS 4 TIMES DAILY 100 tablet	12/10/2015P	Dr M S Haque	ACUTE
01/10/2015	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 CAPSULE	01/10/2015P	Dr M S Haque	ACUTE
31/10/2014	**Simple Linctus sugar free** 10 ml 3 times daily 200 ML	31/10/2014P	Dr Arun Rai	ACUTE
22/05/2014	**Prochlorperazine Maleate Tablets 5 mg** ONE TO BE TAKEN THREE TIMES A DAY 28 tablet	22/05/2014P	Dr Eileen M Morley	ACUTE
21/02/2014	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	21/02/2014P	Dr M S Haque	ACUTE
21/02/2014	**Paracetamol Tablets 500 mg** 2 TABS 3 TIMES DAILY 56 tablet	21/02/2014P	Dr M S Haque	ACUTE
05/11/2013	**Seretide 500 Accuhaler Dry powder for inhalation** ONE DOSE TO BE INHALED TWICE A DAY 1 inhaler	05/11/2013P	Dr Devendra Singh	ACUTE
02/10/2013	**Salbutamol Cfc-free inhaler 100 micrograms/puff** ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1 inhaler	05/11/2013P	Dr Devendra Singh	ACUTE
02/10/2013	**Tiotropium Dry powder for inhalation + inhaler 18 micrograms** ONE DOSE TO BE INHALED EACH DAY 1 pack	05/11/2013P	Dr Devendra Singh	ACUTE
02/10/2013	**Migraleve Tablets** AS DIRECTED 48 tablet	05/11/2013P	Dr Devendra Singh	ACUTE
02/10/2013	**Budesonide And Formoterol Dry Powder Inhaler 100 micrograms + 6 micrograms/actuation** ONE OR TWO PUFFS TO BE INHALED TWICE A DAY 1 inhaler	02/10/2013P	Dr M S Haque	ACUTE
27/06/2013	**Salbutamol Cfc-free inhaler 100 micrograms/puff** ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1 inhaler	27/06/2013P	Dr M S Haque	ACUTE
27/06/2013	**Budesonide And Formoterol Dry Powder Inhaler 100 micrograms + 6 micrograms/actuation** ONE OR TWO PUFFS TO BE INHALED TWICE A DAY 1 inhaler	27/06/2013P	Dr M S Haque	ACUTE
27/06/2013	**Tiotropium Dry powder for inhalation + inhaler 18 micrograms** ONE DOSE TO BE INHALED EACH DAY 1 pack	27/06/2013P	Dr M S Haque	ACUTE
27/06/2013	**Migraleve Tablets** AS DIRECTED 48 tablet	27/06/2013P	Dr M S Haque	ACUTE
19/02/2013	**Omeprazole Capsules (Gastro-Resistant) 20 mg** ONE TO BE TAKEN EACH DAY 56 CAPSULE	19/02/2013P	Dr M S Haque	ACUTE
19/02/2013	**Salbutamol Cfc-free inhaler 100 micrograms/puff** ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED	19/02/2013P	Dr M S Haque	ACUTE

	UP TO FOUR TIMES A DAY 1 inhaler			
14/02/2013	**Budesonide And Formoterol Dry Powder Inhaler 100 micrograms + 6 micrograms/actuation** ONE OR TWO PUFFS TO BE INHALED TWICE A DAY 1 inhaler	14/02/2013P	Dr M S Haque	ACUTE
14/02/2013	**Tiotropium Dry powder for inhalation + inhaler 18 micrograms** ONE DOSE TO BE INHALED EACH DAY 1 pack	14/02/2013P	Dr M S Haque	ACUTE
11/10/2012	**Tiotropium Dry powder for inhalation + inhaler 18 micrograms** ONE DOSE TO BE INHALED EACH DAY 1 pack	11/10/2012P	Dr M S Haque	ACUTE
11/10/2012	**Salbutamol Cfc-free inhaler 100 micrograms/puff** ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1 inhaler	11/10/2012P	Dr M S Haque	ACUTE
11/10/2012	**Budesonide And Formoterol Dry Powder Inhaler 100 micrograms + 6 micrograms/actuation** ONE OR TWO PUFFS TO BE INHALED TWICE A DAY 1 inhaler	11/10/2012P	Dr M S Haque	ACUTE
11/10/2012	**Omeprazole Capsules (Gastro-Resistant) 20 mg** ONE TO BE TAKEN EACH DAY 56 CAPSULE	11/10/2012P	Dr M S Haque	ACUTE
17/04/2012	**Budesonide And Formoterol Dry Powder Inhaler 100 micrograms + 6 micrograms/actuation** ONE OR TWO PUFFS TO BE INHALED TWICE A DAY 1 inhaler	17/04/2012P	Dr M S Haque	ACUTE
17/04/2012	**Salbutamol Cfc-free inhaler 100 micrograms/puff** ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1 inhaler	17/04/2012P	Dr M S Haque	ACUTE
17/04/2012	**Tiotropium Dry powder for inhalation + inhaler 18 micrograms** ONE DOSE TO BE INHALED EACH DAY 1 pack	17/04/2012P	Dr M S Haque	ACUTE
28/06/2011	**Omeprazole Capsules (Gastro-Resistant) 20 mg** ONE TO BE TAKEN EACH DAY 56 CAPSULE	28/06/2011P	Dr M S Haque	ACUTE
28/06/2011	**Migraleve Tablets** AS DIRECTED 48 tablet	28/06/2011P	Dr M S Haque	ACUTE
28/04/2011	**Migraleve Tablets** AS DIRECTED 48 tablet	28/04/2011P	Dr M S Haque	ACUTE
28/04/2011	**Omeprazole Capsules (Gastro-Resistant) 20 mg** ONE TO BE TAKEN EACH DAY 56 CAPSULE	28/04/2011P	Dr M S Haque	ACUTE
24/08/2021	**Atorvastatin Tablets 10 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	07/04/2026P	Dr M S Haque	REPEAT
19/05/2017	**Braltus Inhalation Powder Capsules With Inhaler 10 micrograms** ONE DOSE TO BE INHALED EACH DAY 1*30 capsule	25/09/2018P	Dr Arun Rai	REPEAT
16/01/2017	**Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose** 2 PUFFS BD 1 dose	25/09/2018P	Dr Arun Rai	REPEAT
20/02/2015	**Migraleve Pink tablets** TWO TO BE TAKEN AT ONSET OF ATTACK 24 tablet	29/11/2018P	Dr Arun Rai	REPEAT
24/12/2013	**Migraleve Tablets** AS DIRECTED 48 tablet	22/12/2014P	Dr M S Haque	REPEAT
24/12/2013	**Seretide 500 Accuhaler Dry powder for inhalation** ONE DOSE TO BE INHALED TWICE A DAY 1 inhaler	29/12/2016P	Dr M S Haque	REPEAT
24/12/2013	**Tiotropium Dry powder for inhalation + inhaler 18 micrograms** ONE DOSE TO BE INHALED EACH DAY 1 pack	17/05/2017P	Dr M S Haque	REPEAT
02/10/2013	**Omeprazole Capsules (Gastro-Resistant) 10 mg** ONE TO BE TAKEN EACH DAY 28 capsule	22/10/2015P	Dr M S Haque	REPEAT

Blood Sciences Biochemistry Report

Patient Details

Surname	CASSIDY
Forename	JAMES
CHI	1007626291
Date of birth	10.07.1962
Sex	Male
Address	75 Benbow Road DALMUIR CLYDEBANK DUNBARTO G81 4DP

Specimen Details

Specimen Number	B,26.1170935.F
Specimen Type	Blood
Date/Time Collected	13.04.26 / 17:49
Date/Time Received	13.04.26 / 18:47
Requested By	Dr Arun Rai
GP Practice	40703
Date/Time Reported	14.04.26 / 09:07
Details	on STATIN

Results

Lipid profile - Authorised on 14.04.26 at 09:01

Cholesterol		8.0	mmol/L	
Triglycerides	+	4.9	mmol/L	(0.2-2.3)
HDL Cholesterol		1.1	mmol/L	
LDL-Cholest (calc'd)			mmol/L	
VLDL-Chol (calc'd)			mmol/L	
Chol/HDL ratio		7.3		

Comments:
Calculation of LDL & VLDL-chol only valid when Trig <4.50 mmol/L.

End of Report

Gartnavel General Hospital: Diagnostic Imaging Report

CASSIDY, JAMES DoB : **10-Jul-1962**
75 BENBOW ROAD, CLYDEBANK, DUNBARTONSHIRE, G81 4DP CHI. No. : **1007626291**
Ref. Locn. : **GP PRACTICE** CRIS No. : **5625632**
Referrer : **Dr Mohammed Haque** Curr Ward: **GP**

VERIFIED Verified By: Dr Sean Kelly 02-Jun-2022 0817.

Clinical History :

ASthmatic and getting repated chest infection and now on antibiotic.

XR Chest :

The heart is not enlarged. The lungs are clear of active disease. No significant change in appearance allowing for technical differences compared to 10/12/2019.
Longstanding static appearing right upper zone atelectasis plus mild bilateral apical pleural thickening. The lungs appear relatively translucent and mildly hyperinflated in keeping with the history of asthma.
There is no pneumothorax.

Event Number : E-36644843 Examination Date : **01-Jun-2022**
Ref. Source : Dr Mohammed Haque, Dr A Rai & Partners, Clydebank Health & Care Centre, Queens Quay Main Aven
Examinations : **XR Chest**

Gartnavel General Hospital: Diagnostic Imaging Report

Patient	JAMES CASSIDY	**Address**	75 BENBOW ROAD, CLYDEBANK, DUNBARTONSHIRE, G81 4DP
DOB	10/07/1962	**CHI No.**	1007626291
Ref. Source	Dr A Rai & Partners	**Practice Code**	40703
Referrer	Dr Mohammed Haque	**Exam Date**	01/06/2022 14:14

Report Summary

Clinical History :
ASthmatic and getting repated chest infection and now on antibiotic.

XR Chest

XR Chest :
The heart is not enlarged. The lungs are clear of active disease. No significant change in appearance allowing for technical differences compared to 10/12/2019.
Longstanding static appearing right upper zone atelectasis plus mild bilateral apical pleural thickening. The lungs appear relatively translucent and mildly hyperinflated in keeping with the history of asthma.
There is no pneumothorax.

Last verified by: 3488188 (Dr Sean Kelly)
Reported by: 3488188 (Dr Sean Kelly)

Blood Sciences Biochemistry Report

Patient Details

Surname	CASSIDY
Forename	JAMES
CHI	1007626291
Date of birth	10.07.1962
Sex	Male
Address	75 Benbow Road DALMUIR CLYDEBANK DUNBARTO G81 4DP

Specimen Details

Specimen Number	B,21.1863833.X
Specimen Type	Blood
Date/Time Collected	16.08.21 / 17:51
Date/Time Received	17.08.21 / 11:38
Requested By	Dr Arun Rai
GP Practice	40703
Date/Time Reported	17.08.21 / 12:22
Details	TATT, COPD

Results

Glucose - Authorised on 17.08.21 at 12:18

Glucose	4.6	mmol/L	(3.5-6.0)

Comments:
Non-fasting sample

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	CASSIDY
Forename	JAMES
CHI	1007626291
Date of birth	10.07.1962
Sex	Male
Address	75 Benbow Road DALMUIR CLYDEBANK DUNBARTO G81 4DP

Specimen Details

Specimen Number	B,21.1863832.B
Specimen Type	Blood
Date/Time Collected	16.08.21 / 17:51
Date/Time Received	17.08.21 / 11:34
Requested By	Dr Arun Rai
GP Practice	40703
Date/Time Reported	17.08.21 / 12:57
Details	TATT, COPD

Results

Bone Profile - Authorised on 17.08.21 at 12:16

Calcium		2.51	mmol/L	(2.20-2.60)
Calcium (adjusted)		2.51	mmol/L	(2.20-2.60)
Phosphate		1.33	mmol/L	(0.80-1.50)
Albumin		39	g/L	(35-50)
Alkaline Phosphatase		79	U/L	(30-130)

Urea & Electrolytes - Authorised on 17.08.21 at 12:16

Sodium		139	mmol/L	(133-146)
Potassium		4.0	mmol/L	(3.5-5.3)
Chloride		103	mmol/L	(95-108)
Urea		3.4	mmol/L	(2.5-7.8)
Creatinine		83	umol/L	(40-130)
Estimated GFR		>60	ml/min	(>60)

Liver Function Tests - Authorised on 17.08.21 at 12:16

Total Bilirubin		7	umol/L	(<20)
ALT		18	U/L	(<50)
AST		17	U/L	(<40)
Alkaline Phosphatase		79	U/L	(30-130)
Albumin		39	g/L	(35-50)

Lipid profile - Authorised by Dr Peter Galloway on 17.08.21 at 12:19

Cholesterol		7.9	mmol/L	
Triglycerides	+	4.9	mmol/L	(0.2-2.3)
HDL Cholesterol		1.1	mmol/L	
LDL-Cholest (calc'd)			mmol/L	
VLDL-Chol (calc'd)			mmol/L	
Chol/HDL ratio		7.2		

Comments:
Calculation of LDL & VLDL-chol only valid when Trig <4.50 mmol/L.

Blood Sciences Biochemistry Report

Thyroid funct test - Authorised on 17.08.21 at 12:53

TSH	1.36	mU/L	(0.35-5.00)
Free T4	13.6	pmol/L	(9.0-21.0)
Total T3		nmol/L	

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	CASSIDY
Forename	JAMES
CHI	1007626291
Date of birth	10.07.1962
Sex	Male
Address	75 Benbow Road DALMUIR CLYDEBANK DUNBARTO G81 4DP

Specimen Details

Specimen Number	B,21.1863830.K
Specimen Type	Blood
Date/Time Collected	16.08.21 / 17:51
Date/Time Received	17.08.21 / 11:41
Requested By	Dr Arun Rai
GP Practice	40703
Date/Time Reported	17.08.21 / 11:52
Details	TATT, COPD

Results

Full Blood Count - Authorised on 17.08.21 at 11:48

White Blood Count	5.7	x10^9/l	(4.0-10.0)
Red Cell Count	4.66	x10^12/l	(4.50-6.50)
Haemoglobin	147	g/l	(130-180)
Haematocrit	0.426	l/l	(0.400-0.540)
Mean Cell Volume	91.4	fl	(83.0-101.0)
MCH	31.5	pg	(27.0-32.0)
Platelet Count	235	x10^9/l	(150-410)
Neutrophils	3.0	x10^9/l	(2.0-7.0)
Lymphocytes	1.9	x10^9/l	(1.1-5.0)
Monocytes	0.5	x10^9/l	(0.2-1.0)
Eosinophils	0.26	x10^9/l	(0.02-0.50)
Basophils	0.0	x10^9/l	(0.0-0.1)
Nucleated RBC	0.0	x10^9/l	

Report comments:

South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
for scope on schedule. Please see the user handbook for clarification

End of Report

Clydebank Health Centre: Diagnostic Imaging Report

CASSIDY, JAMES DoB : **10-Jul-1962**

75 BENBOW ROAD, CLYDEBANK, DUNBARTONSHIRE, G81 4DP CHI. No. : **1007626291**

Ref. Locn. : **GP PRACTICE** CRIS No. : **5625632**

Referrer : **Dr Arun Rai** Curr Ward: **GP**

VERIFIED Verified By: Dr Annemarie Sinclair 10-Dec-2019 0939.

Clinical History :

H/O left lower consolidation, had courses of Abx. To see it has resolved.

XR Chest :

Comparison has been made with the previous film dated 17 06/2019.

The consolidative changes at the left lung base have resolved. Prominent azygos lobe is noted as previously. Normal cardiac size and hilar contours.

Event Number : E-34311032 Examination Date : **10-Dec-2019**

Ref. Source : Dr Arun Rai, Dr A Rai & Partners, Clydebank Health Centre, Kilbowie Road, Clydebank, G81 2TQ

Examinations : **XR Chest**

GP Links Microbiology Report

Patient Details	
Surname	CASSIDY
Forename	JAMES
CHI	1007626291
Date of birth	10.07.1962
Address	75 Benbow Road DALMUIR CLYDEBANK G81 4DP

Specimen Details	
Specimen Number	M,19.5659962.T
Specimen Type	Sputum
Date/Time Collected	25.06.19 / 13:30
Date/Time Received	27.06.19 / 14:37
Requested By	Dr Arun Rai
GP Practice	40703
Date/Time Reported	28.06.19 / 12:47

Results

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

** FINAL REPORT **

INVESTIGATION: Routine Culture
SPECIMEN TYPE: Sputum

CONS/GP: Dr Arun Rai Order No:
LOCATION: Singh Rai Haque Clydebank

CULTURE RESULT: No significant growth

If TB/Mycobacteria is suspected, TB culture must be specifically requested on TRAK/ICE or Microbiology form Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: John Robinson QEUH MIC
Date/Time authorised: 28.06.2019 12:45
** END OF REPORT **

CASSIDY, JAMES DoB : 10-Jul-1962
75 BENBOW ROAD, CLYDEBANK, DUNBARTONSHIRE, G81 4DP CHI. No. : 1007626291
Ref. Locn. : GP PRACTICE CRIS No. : 5625632
Referrer : Dr Ketevan Makharoblidze Curr Ward: GP

VERIFIED Verified By: Dr Annemarie Sinclair 18-Jun-2019 1129.

Clinical History :

Had CXR on the 16th of May L lower zone consolidation seen, repeat CXR is suggested in 4/6 weeks time. Plese allocate for repeat CXR for around 20th of June.

XR Chest :

Comparison has been made with the previous chest x-ray dated 16/05/2019.

There has been almost complete resolution of the left lower zone consolidation compared with the previous film. Small amount of residual consolidation remains peripherally. If the patient is symptomatic, would suggest further course of antibiotics and a further follow-up film in 4-6 weeks time.

Event Number : E-33778391 Examination Date : 17-Jun-2019
Ref. Source : Dr Ketevan Makharoblidze, Dr A Rai & Partners, Clydebank Health Centre, Kilbowie Road, Clydebank, (
Examinations : **XR Chest**

Blood Sciences Biochemistry Report

Patient Details

Surname	CASSIDY
Forename	JAMES
CHI	1007626291
Date of birth	10.07.1962
Sex	Male
Address	75 Benbow Road DALMUIR CLYDEBANK DUNBARTO G81 4DP

Specimen Details

Specimen Number	B,19.1485251.X
Specimen Type	Blood
Date/Time Collected	30.05.19 / 08:32
Date/Time Received	30.05.19 / 11:20
Requested By	Dr Eileen Morley
GP Practice	40703
Date/Time Reported	30.05.19 / 12:02
Details	Repeat

Results

Authorised on 30.05.19 at 11:59

C Reactive Protein	5	mg/L	(0-10)

End of Results

Blood Sciences Haematology Report

Patient Details

Surname	CASSIDY
Forename	JAMES
CHI	1007626291
Date of birth	10.07.1962
Sex	Male
Address	75 Benbow Road DALMUIR CLYDEBANK DUNBARTO G81 4DP

Specimen Details

Specimen Number	B,19.1452305.D
Specimen Type	Blood
Date/Time Collected	17.05.19 / 09:55
Date/Time Received	17.05.19 / 13:40
Requested By	Dr Arun Rai
GP Practice	40703
Date/Time Reported	17.05.19 / 14:32
Details	LRTI, feels unwell

Results

Authorised on 17.05.19 at 14:28

White Blood Count		4.7	x10^9/l	(4.0-10.0)
Red Cell Count		4.86	x10^12/l	(4.50-6.50)
Haemoglobin		148	g/l	(130-180)
Haematocrit		0.438	l/l	(0.400-0.540)
Mean Cell Volume		90.1	fl	(83.0-101.0)
MCH		30.5	pg	(27.0-32.0)
Platelet Count		210	x10^9/l	(150-410)
Neutrophils		3.1	x10^9/l	(2.0-7.0)
Lymphocytes	-	0.9	x10^9/l	(1.1-5.0)
Monocytes		0.5	x10^9/l	(0.2-1.0)
Eosinophils		0.05	x10^9/l	(0.02-0.50)
Basophils		0.0	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

Report comments:

South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
for scope on schedule. Please see the user handbook for clarification

End of Results

Blood Sciences Biochemistry Report

Patient Details

Surname	CASSIDY
Forename	JAMES
CHI	1007626291
Date of birth	10.07.1962
Sex	Male
Address	75 Benbow Road DALMUIR CLYDEBANK DUNBARTO G81 4DP

Specimen Details

Specimen Number	B,19.1452306.S
Specimen Type	Blood
Date/Time Collected	17.05.19 / 09:55
Date/Time Received	17.05.19 / 13:40
Requested By	Dr Arun Rai
GP Practice	40703
Date/Time Reported	17.05.19 / 14:22
Details	LRTI, feels unwell

Results

Authorised on 17.05.19 at 14:20

Glucose	5.3	mmol/L	(3.5-6.0)

Comments:

Non-fasting sample

End of Results

Blood Sciences Biochemistry Report

Patient Details

Surname	CASSIDY
Forename	JAMES
CHI	1007626291
Date of birth	10.07.1962
Sex	Male
Address	75 Benbow Road DALMUIR CLYDEBANK DUNBARTO G81 4DP

Specimen Details

Specimen Number	B,19.1452304.R
Specimen Type	Blood
Date/Time Collected	17.05.19 / 09:55
Date/Time Received	17.05.19 / 13:40
Requested By	Dr Arun Rai
GP Practice	40703
Date/Time Reported	17.05.19 / 15:57
Details	LRTI, feels unwell

Results

Authorised on 17.05.19 at 14:28

Calcium		2.31	mmol/L	(2.20-2.60)
Calcium (adjusted)		2.42	mmol/L	(2.20-2.60)
Phosphate		0.92	mmol/L	(0.80-1.50)
Albumin	-	32	g/L	(35-50)
Alkaline Phosphatase		93	U/L	(30-130)

Authorised on 17.05.19 at 14:28

C Reactive Protein	+	223	mg/L	(0-10)

Authorised on 17.05.19 at 14:28

Sodium		136	mmol/L	(133-146)
Potassium		3.7	mmol/L	(3.5-5.3)
Chloride		99	mmol/L	(95-108)
Urea		4.0	mmol/L	(2.5-7.8)
Creatinine		92	umol/L	(40-130)
Estimated GFR		>60	ml/min	(>60)

Authorised on 17.05.19 at 14:28

Total Bilirubin		9	umol/L	(<20)
ALT		43	U/L	(<50)
AST	+	43	U/L	(<40)
Alkaline Phosphatase		93	U/L	(30-130)
Albumin	-	32	g/L	(35-50)

Comments:

Blood Sciences Biochemistry Report

Please note change in Abbott Total Bilirubin method from 18/01/18

Authorised on 17.05.19 at 15:00

TSH	2.85	mU/L	(0.35-5.00)
Free T4	15.3	pmol/L	(9.0-21.0)
Total T3		nmol/L	

End of Results

Clydebank Health Centre: Diagnostic Imaging Report

CASSIDY, JAMES
75 BENBOW ROAD, CLYDEBANK, DUNBARTONSHIRE, G81 4DP
Ref. Locn. : **GP PRACTICE**
Referrer : **Dr Arun Rai**

DoB : **10-Jul-1962**
CHI. No. : **1007626291**
CRIS No. : **5625632**
Curr Ward: **GP**

VERIFIED Verified By: Dr Sue Lassman 16-May-2019 1214:

Clinical History :

COPD, reddish spit, feels very unwell

XR Chest :

Comparison with 06/10/19.

Normal cardiomediastinal contours. Azygous lobe fissure noted which is a normal variant. There is consolidation in the left lower zone, consistent with infection in the clinical setting. The lungs are otherwise clear.

A repeat x-ray after treatment, in 4-6 weeks is advised to assess for clearing.

Event Number : E-33715974
Examination Date : **16-May-2019**
Ref. Source : Dr Arun Rai, Dr A Rai & Partners, Clydebank Health Centre, Kilbowie Road, Clydebank, G81 2TQ
Examinations : **XR Chest**

Form: SSA2 Run: 735

SOUTH GLASGOW HOSPITALS
BIOCHEMISTRY REPORT

Surname: CASSIDY
Forename: JAMES
DOB/Age: 10.07.62 Sex: Male
CHI/Unit No: 1007626291
Address: 75 Benbow Road
Details: repeat test. raised K

Location: Drs Singh Rai Haque
Clydebank HC
Kilbowie Rd Clydebank
Greater Glasgow & Clyde
Requestor: Dr Arun Rai
Ext Labno:

			[[CURRENT]]		
Lab Number			B,17.1545683.N	B,17.1523053.P	B,14.2217245.E
Date/Time collected			26.06.17 17:38	19.06.17 08:59	31.10.14 14:16
Date/Time received			27.06.17 13:14	19.06.17 14:14	01.11.14 11:51
Specimen type			Blood	Blood	Blood
Sodium	mmol/L	(133-146)	140	141	139
Potassium	mmol/L	(3.5-5.3)	4.4	*5.7	3.9
Chloride	mmol/L	(95-108)	106	108	106
Bicarbonate	mmol/L	(22-29)			
Urea	mmol/L	(2.5-7.8)	3.1	4.2	4.8
Creatinine	umol/L	(40-130)	91	97	74
GFR (est'd)	ml/min	(>60)	>60	>60	>60
CRP	mg/L	(0-10)		<1	
Magnesium	mmol/L	(0.70-1.00)			
Calcium	mmol/L	(2.20-2.60)			
Adj Calcium	mmol/L	(2.20-2.60)			
Phosphate	mmol/L	(0.80-1.50)			
Albumin	g/L	(35-50)		37	39
Alk Phos	U/L	(30-130)		105	92
Tot Bilirubin	umol/L	(<20)		7	7
Conj Bilirubin	umol/L				
AST	U/L	(<40)		16	23
gGT	U/L	(<70)			
ALT	U/L	(<50)		17	42
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				7.2
Triglyceride	mmol/L	(0.2-2.3)			*2.8
VLDL Chol	mmol/L				1.3
LDL Chol	mmol/L				4.7
HDL Chol	mmol/L				1.2
Chol/HDL					6.0
TSH	mU/L	(0.35-5.00)			
Free T4	pmol/L	(9.0-21.0)			
Total T3	nmol/L	(0.9-2.5)			

Result Comments:
Sample centrifuged
26.06.17 U&E : Please note change to Abbott Enzymatic Creat method from 24/04/17

Date reported: 28.06.17 Authoriser: Automatic release by system

SOUTH GLASGOW HOSPITALS
HAEMATOLOGY REPORT

[Form:HSA]

Surname:	CASSIDY	Location:	Drs Singh Rai Haque
Forename:	JAMES		Clydebank HC
DOB/Age:	10.07.62 Sex: Male		Kilbowie Rd Clydebank
CHI/Unit No:	1007626291		Greater Glasgow & Clyde
Address:	75 Benbow Road	Requestor:	Dr Arun Rai
Details:	Abd discomform? colitis	Ext Labno:	

[[CURRENT]]

Lab Number			B,17.1523094.T	B,14.2217247.P	B,13.2139977.J
Date/Time collected			19.06.17 08:59	31.10.14 14:16	14.10.13 16:08
Date/Time received			19.06.17 14:21	01.11.14 11:51	15.10.13 11:53
Specimen type			Blood	Blood	Blood
WBC	x10^9/l	(4.0-11.0)	4.8	4.6	7.7
RBC	x10^12/l	(4.50-6.50)	5.09	5.04	4.64
Haemoglobin	g/l	(130-180)	152	155	146
Haematocrit	l/l	(0.400-0.540)	0.478	0.446	0.418
MCV	fl	(80.0-100.0)	93.9	88.5	90.1
MCH	pg	(27.0-32.0)	29.9	30.8	32.0
Platelet Count	x10^9/l	(150-400)	227	227	242
Neutrophils	x10^9/l	(2.0-7.5)	2.6	2.2	4.0
Lymphocytes	x10^9/l	(1.5-4.0)	1.3	1.6	2.8
Monocytes	x10^9/l	(0.2-0.8)	0.5	0.6	0.6
Eosinophils	x10^9/l	(0.00-0.40)	0.34	0.2	0.2
Basophils	x10^9/l	(0.0-0.1)	0.1	0.0	0.0
Nucleated RBC	x10^9/L		0.0	0.0	0.0
Myelocytes	x10^9/L				
Blasts	x10^9/L				
Others	x10^9/L				
ESR	mm/hr	(1-15)			
Retics	x10^9/L	(10-90)			

Glan Fever Scr

Blood Film

Result Comments:

Date reported: 20.06.17 Authoriser: Run No: 729

Form: SSA2 Run: 729

SOUTH GLASGOW HOSPITALS
BIOCHEMISTRY REPORT

Surname:	CASSIDY	Location:	Drs Singh Rai Haque
Forename:	JAMES		Clydebank HC
DOB/Age:	10.07.62 Sex: Male		Kilbowie Rd Clydebank
CHI/Unit No:	1007626291		Greater Glasgow & Clyde
Address:	75 Benbow Road	Requestor:	Dr Arun Rai
Details:	Abd discomform? colitis	Ext Labno:	

			[[CURRENT]]		
Lab Number			B,17.1523053.P	B,14.2217245.E	B,13.2206257.T
Date/Time collected			19.06.17 08:55	31.10.14 14:16	04.11.13 15:23
Date/Time received			19.06.17 14:14	01.11.14 11:51	05.11.13 10:41
Specimen type			Blood	Blood	Blood
Sodium	mmol/L	(133-146)	141	139	
Potassium	mmol/L	(3.5-5.3)	*5.7	3.9	
Chloride	mmol/L	(95-108)	108	106	
Bicarbonate	mmol/L	(22-29)			
Urea	mmol/L	(2.5-7.8)	4.2	4.8	
Creatinine	umol/L	(40-130)	97	74	
GFR (est'd)	ml/min	(>60)	>60	>60	
CRP	mg/L	(0-10)	<1		
Magnesium	mmol/L	(0.70-1.00)			
Calcium	mmol/L	(2.20-2.60)			
Adj Calcium	mmol/L	(2.20-2.60)			
Phosphate	mmol/L	(0.80-1.50)			
Albumin	g/L	(35-50)	37	39	
Alk Phos	U/L	(30-130)	105	92	
Tot Bilirubin	umol/L	(<20)	7	7	
Conj Bilirubin	umol/L				
AST	U/L	(<40)	16	23	
gGT	U/L	(<70)			
ALT	U/L	(<50)	17	42	
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			7.2	7.8
Triglyceride	mmol/L	(0.2-2.3)		*2.8	*7.8
VLDL Chol	mmol/L			1.3	NA
LDL Chol	mmol/L			4.7	NA
HDL Chol	mmol/L			1.2	1.2
Chol/HDL				6.0	6.5
TSH	mU/L	(0.35-5.00)			
Free T4	pmol/L	(9.0-21.0)			
Total T3	nmol/L	(0.9-2.5)			

Result Comments:

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

Date reported: 20.06.17 Authoriser: **Automatic release by system**

SOUTH GLASGOW HOSPITALS
HAEMATOLOGY REPORT

[HSB Run: 729

Surname:	CASSIDY	Location:	Drs Singh Rai Haque
Forename:	JAMES		Clydebank HC
DOB/Age:	10.07.62 Sex: Male		Kilbowie Rd Clydebank
CHI/Unit No:	1007626291		Greater Glasgow & Clyde
Address:	75 Benbow Road	Requestor:	Dr Arun Rai
Details:	Abd discomform? colitis	Ext Labno:	

Lab No:	B,17.1523053	Specimen:	Blood
Collected:	19.06.17 08:59	Received:	19.06.17 14:14
Authorised:	19.06.17	Authoriser:	

FER

Serum Ferritin	57	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.

Golden Jubilee National Hospital
Agamemnon Street
Clydebank G81 4DY
National Waiting Times Centre Special Health Board

DEPARTMENT OF RADIOLOGY
Radiology Secretaries
Phone: 0141 951 5023/5862 Fax: 0141 951 5869
(OFFICE HOURS 9.00-5PM MON-FRI)

Golden Jubilee National Hospital
Patients at the heart of progress

NAME: Cassidy, James **DOB:** 10/07/1962
CHI NUMBER: 1007626291 **Examination Number:** D105002075067
Examination Date: 07/02/2017 **Examination Time:** 08:57
Examination: US Renal
Referring Consultant: Haque, Dr M S
Referring Department / Location: CLYDEBANK HEALTH CENTRE (GG)

Clinical Reason: Pain in left loin renal angle tenderness urine culture negative left renal colic? Stone

US Renal:

The left kidney is normal in size and shape measuring 10.4 cm in bipolar length. No ultrasound evidence of renal calculus.

The right kidney is atrophic with generalised reduction in cortical thickness and an area of cortical scarring at the upper pole. The bipolar length is approximately 8.5 cm.
No evidence of hydronephrosis bilaterally.

The urinary bladder is empty at the time of examination.

Patient scanned on Siemens Antares ultrasound unit.

Verified by:
Olivia Steenson
(Ultrasonographer)
RA37966
Reported Created: 07/02/2017 09:50:00

GLASGOW MICROBIOLOGY SERVICES NHS GREATER GLASGOW & CLYDE Enquiries 0141 354 9132
SOUTH SECTOR LABORATORY

Patient / Specimen details
CASSIDY JAMES
75 BENBOW ROAD
CLYDEBANK
G81 4DP

CHI No. 1007626291
Hosp.no
D.O.B 10.07.1962
Sex M

Cons/GP Dr Mohammad S Haque
Loc. Singh Rai Haque Clydebank
Coll'd Not known
Rec'd 17.01.2017 11:44
Senders ref. no.

Enteric Pathogens
Faeces

Order No.

Copy to:
Singh Rai Haque Clydebank

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* FINAL REPORT *
Appearance:-Non diarrhoeal

Microscopy:-
Cryptosporidium: OOCYSTS OF CRYPTOSPORIDIUM NOT SEEN

Culture for: Salmonella NEGATIVE Shigella NEGATIVE
Campylobacter NEGATIVE E.coli 0 157 NEGATIVE

Authorised by Tracy Rooney Trainee BMS
Reported 19.01.2017 11:51 Lab No. M,17.5400633.B

GLASGOW MICROBIOLOGY SERVICES NHS GREATER GLASGOW & CLYDE

Enquiries 0141 354 9132
SOUTH SECTOR LABORATORY

Patient / Specimen details
CASSIDY JAMES
75 BENBOW ROAD
CLYDEBANK
G81 4DP

CHI No. 1007626291
Hosp. No.
D.O.B. 10.07.1962
Sex M

Cons/GP Dr Mohammad S Haque
Loc. Singh Rai Haque Clydebank
Coll'd 16.01.2017 NK
Rec'd 16.01.2017 20:00
Senders ref. no.

Urine Culture
Mid Stream Urine

Order No.

Copy to:
Singh Rai Haque Clydebank

* FINAL REPORT *

Microscopy White cells: Scanty
Organisms: Scanty

Culture: No evidence of urinary tract infection

Authorised by Automatic release by system
Reported 17.01.2017 09:43

Lab No. M,17.5104381.N

Clydebank Health Centre: Diagnostic Imaging Report

CASSIDY, JAMES DoB : **10/07/1962**

75 BENBOW ROAD, CLYDEBANK, DUNBARTONSHIRE, G81 4DP CHI. No. : **1007626291**

Ref. Locn. : **GP PRACTICE** CRIS No. : **5625632**

Referrer : **Dr Mohammed Haque** Curr Ward: **GP**

VERIFIED Verified By: Dr Kirsty Slaven 13/10/15 1436.

Clinical History :

COPD, increasing shortness of breath

XR Chest :

Mediastinal and cardiac contours are unremarkable. Prominent azygos fissure is noted (normal variant).

The lungs are clear with no acute pulmonary pathology. No pleural effusions.

Event Number : E-29892278 Examination Date : **06/10/15**

Ref. Source : Dr Mohammed Haque, Clydebank Health Centre, Kilbowie Road, Clydebank, Glasgow, G81 2TQ

Examinations : **XR Chest**

NHS Confidential: Personal data about a patient

Bowel Screening

Bowel Screening Centre
Kings Cross
Clepington Road
Dundee
DD3 8EA

NHS SCOTLAND

PRIVATE AND CONFIDENTIAL

Dr MOHAMMED HAQUE
DR D SINGH & PARTNERS
CLYDEBANK HEALTH CENTRE
KILBOWIE RD
CLYDEBANK
G81 2TQ

Date: 08 Nov 2014
CHI Number 1007626291

Bowel Screening
Helpline Number: 0800 0121 833

Dear Doctor,

This patient **1007626291 , JAMES CASSIDY , 75 BENBOW RD , CLYDEBANK , , , , G81 4DP** 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

NHS Confidential: Personal data about a patient

Form: SSGLU Run: 749

SOUTH GLASGOW HOSPITALS
BIOCHEMISTRY REPORT

Surname:	CASSIDY	Location:	Drs Singh Rai Haque
Forename:	JAMES		Clydebank HC
DOB/Age:	10.07.62 Sex: Male		Kilbowie Rd Clydebank
CHI/Unit No:	1007626291		Greater Glasgow & Clyde
Address:	75 BENBOW ROAD	Requestor:	Dr Arun Rai
Diagnosis:	Chronic Obstructive Pulmonary	Ext Labno:	

Lab Number	Date/Time collected	Date/Time received	Glucose mmol/L (3.5-6.0)	HbA1c (IFCC) mmol/mol (20-42)
B,14.2217246.Y	31.10.14 14:16	01.11.14 11:51	4.8	
B,13.2139976.K	14.10.13 16:08	15.10.13 11:53	4.6	

Result Comments:

Sample centrifuged

31.10.14 Glucose : Non-fasting sample

Date reported: 03.11.14 Authorised by: Automatic release by system

Form: SSA Run: 751

SOUTH GLASGOW HOSPITALS
BIOCHEMISTRY REPORT

Surname: CASSIDY
Forename: JAMES
DOB/Age: 10.07.62 Sex: Male
CHI/Unit No: 1007626291
Address: 75 BENBOW ROAD
Diagnosis: Chronic Obstructive Pulmonary

Location: Drs Singh Rai Haque
Clydebank HC
Kilbowie Rd Clydebank
Greater Glasgow & Clyde
Requestor: Dr Arun Rai
Ext Labno:

			[[CURRENT]]		
Leb Number			B,14.2217245.E	B,13.2206257.T	B,13.2139975.C
Date/Time collected			31.10.14 14:16	04.11.13 16:23	14.10.13 16:08
Date/Time received			01.11.14 11:51	05.11.13 10:41	15.10.13 11:53
Sodium	mmol/L	(133-146)	139		140
Potassium	mmol/L	(3.5-5.3)	3.9		*3.4
Chloride	mmol/L	(95-108)	106		104
Bicarbonate	mmol/L	(22-29)			
Urea	mmol/L	(2.5-7.8)	4.8		4.6
Creatinine	umol/L	(40-130)	74		84
GFR (est'd)	ml/min	(>60)	>60		>60
CRP	mg/L	(0-10)			
Magnesium	mmol/L	(0.70-1.00)			
Calcium	mmol/L	(2.20-2.60)			
Adj Calcium	mmol/L	(2.20-2.60)			
Phosphate	mmol/L	(0.80-1.50)			
Albumin	g/L	(35-50)	39		42
Alk Phos	U/L	(30-130)	92		77
Tot Bilirubin	umol/L	(<20)	7		9
Conj Bilirubin	umol/L				
AST	U/L	(<40)	23		23
gGT	U/L	(<70)			
ALT	U/L	(<50)	42		32
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		7.2	7.8	
Triglyceride	mmol/L	(0.2-2.3)	*2.8	*7.8	
VLDL Chol	mmol/L		1.3	NA	
LDL Chol	mmol/L		4.7	NA	
HDL Chol	mmol/L		1.2	1.2	
Chol/HDL			6.0	6.5	
TSH	mU/L	(0.35-5.00)			2.49
Free T4	pmol/L	(9.0-21.0)			13.3
Total T3	nmol/L	(0.9-2.5)			

Result Comments:
Sample centrifuged

Date reported: 03.11.14 Authoriser: Automatic release by system

NHS Confidential: Personal data about a patient

[Form:HSA]

SOUTH GLASGOW HOSPITALS
HAEMATOLOGY REPORT

Surname: CASSIDY
Forename: JAMES
DOB/Age: 10.07.62
Address: 75 BENBOW ROAD
Location: Singh Rai Haque Clydebank
Diagnosis: Chronic Obstructive Pulmonary Dis

CHI/Unit No: 1007626291
Sex: Male
Requestor: Dr Arun Rai

[[CURRENT]]

Lab Number			B,14.2217247.P	B,13.2139977.J
Date/Time collected			31.10.14 14:16	14.10.13 16:08
Date/Time received			01.11.14 11:51	15.10.13 11:53
WBC	x10^9/l	(4.0-11.0)	4.6	7.7
RBC	x10^12/l	(4.50-6.50)	5.04	4.64
Haemoglobin	g/l	(130-180)	155	146
Haematocrit	l/l	(0.400-0.540)	0.446	0.418
MCV	fl	(80.0-100.0)	88.5	90.1
MCH	pg	(27.0-32.0)	30.8	32.0
Platelet Count	x10^9/l	(150-400)	227	242
Neutrophils	x10^9/l	(2.0-7.5)	2.2	4.0
Lymphocytes	x10^9/l	(1.5-4.0)	1.6	2.8
Monocytes	x10^9/l	(0.2-0.8)	0.6	0.6
Eosinophils	x10^9/l	(0.0-0.4)	0.2	0.2
Basophils	x10^9/l	(0.0-0.1)	0.0	0.0
MCHC	g/l	(310-360)		
Red Cell DW	cv			
Plateletcrit	l/l			
MPV	fl			
PDW	cv			
Myelocytes	x10^9/L			
Blasts	x10^9/L			
Others	x10^9/L			
Nucleated RBC	x10^9/L		0.0	0.0
ESR	mm/hr	(1-10)		
Retics	x10^9/L	(10-90)		
Glan Fever Scr				
Blood Film				

Result Comments:

Date reported: 03.11.14 Authoriser: Run No: 987

Cassidy James CHI: 1007626291

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Main Switchboard:
Department:
Contact Tel: 0141 211 3212
Enquiries to: Sharon.Woods@ggc.scot.nhs.uk
Letter Date: 12/08/2014
Reference: DC/NM
Dictated Date: 12/08/2014
Transcribed Date: 22/08/2014

Dr. MS Haque
Dr D Singh & Partners
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Dear Dr. MS Haque,

James Cassidy; D.O.B: 10 Jul 1962; CHI: 1007626291
75 BENBOW ROAD, Clydebank, Dunbartonshire, G81 4DP

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - GGDCENI-MR D CRAMPSEY ENT EXTRA CLINIC
Date and Time of Appointment - 12/08/2014 18:30

Clinical Comments:

Thank you for referring Mr Cassidy who complains of bilateral tinnitus and also bilateral hearing loss. He says that he has had noise exposure in his workplace for many years and only recently has ear defence been introduced.

On examination he has normal ears bilaterally. Audiometrically he has a bilateral, fairly symmetrical looking sensorineural hearing loss. His tympanograms are normal.

We discussed the nature of tinnitus and the lack of evidence for treatments for it. Some patients experience benefit using hearing aids, particularly where there is a hearing loss. Actively trying to ignore the tinnitus (with the reassurance that the ears are otherwise healthy) can also be helpful. Mr Cassidy has been assessed for open fit hearing aids which will be dispensed in the next few weeks. He understands the importance of ear defence in the workplace. I have not arranged any routine ENT follow up and he seems happy with this discussion.

Yours sincerely

David Crampsey

Consultant ENT Surgeon

Electronically Signed: Mr David Crampsey, Consultant

cc.

Cassidy James CHI: 1007626291

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Southern General Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 201 1456
Fax: 0141 232 7588
Email:

Date Completed: 22/05/2014

Consultant: Dr Tim Parke

MS Haque
Dr D Singh & Partners
Clydebank Health Centre
Kilbowie Road
Clydebank
Clydebank
G81 2TQ

Dear MS Haque

Re: **Cassidy James** DOB: **10/07/1962** CHI: **1007626291**
75 BENBOW ROAD
Clydebank G81 4DP

Attended on: **21/05/2014 at 09:59 hrs.** Departed on: **21/05/2014 at 11:57 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
hearing prob

Nursing Assessment:
c/o ringing in ears with dullness of hearing for past week-unable to get gp appt

Investigations in ED: **None**

Cassidy James CHI: 1007626291

Diagnosis:

Diagnosis	Side	Site
Otitis media, unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

This gentleman presents with a 2 week history of difficulty in hearing, he had been using some drops in his ears. He has had no real pain, he has had no discharge. He has had no headache, no double vision and he had no prodrome of viral illness. On examination of the ears the left had wax and will need syringed, the right had some fluid and so I have started him on oral antibiotics and I would be grateful if you could follow him up to ensure this is resolving. He is happy with the plan.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Tom Sheddan
Doctor

Copies to:

1. MS Haque (GP)

School Address:

NHS Greater Glasgow and Clyde

GASTROSCOPY REPORT

Name: **James CASSIDY, 20/07/1962 (M)**
CHI No: **2007626012**
Case note no.: **50761217H**

Address: 13 Shinwell Avenue
Clydebank
Dunbartonshire
G81 2RA

Procedure date
19th May 2014

GP: SINGH, DEVENDRA
Dr D Singh & Partners
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Priority: Elective
Status: Day patient/NHS
Hospital: GGH
Ward: (none)
Referring Cons: Dr Simon B Dover (Gastroenterology)

Indications
Reflux symptoms

Consultant/Endoscopist
Dr Ruth Gillespie
Nurses: SSN Mary Jones
S/N Nadia Love

Report
The procedure was completed successfully.
Apparent mucosal junction at 39cm from the incisors.
OESOPHAGUS. Hiatus hernia: sliding of length 2 cm within (a).
STOMACH. Gastric ulcer: 2 chronic within (b).

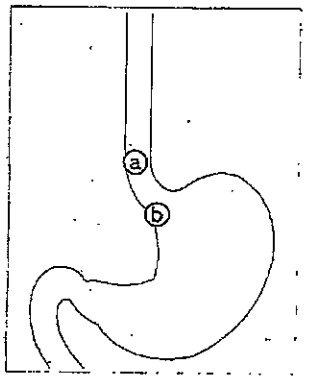
Instrument
SCANTRACK

Premedication
Xylocaine Spray (Oral) 5 spray

Diagnosis
OESOPHAGUS. Hiatus hernia.
STOMACH. Multiple ulcers.
DUODENUM. Normal.

Follow up
Awaiting pathology results. Return to the GI physician.

Advice/comments
No oesophagitis but he has small hiatus hernia and Cameron's erosions in hiatal sac - await histology but not suspicious looking. Not yet had gastric emptying study - chase and review in oesophageal clinic. Patient to have copy of report for GP.



a: *Lower oesophagus*
b: *Lesser curve upper body (photographed)*

Dr Ruth Gillespie
Consultant Gastroenterologist

Specimens taken
Biopsy (x4 site b).

NHS Greater Glasgow and Clyde

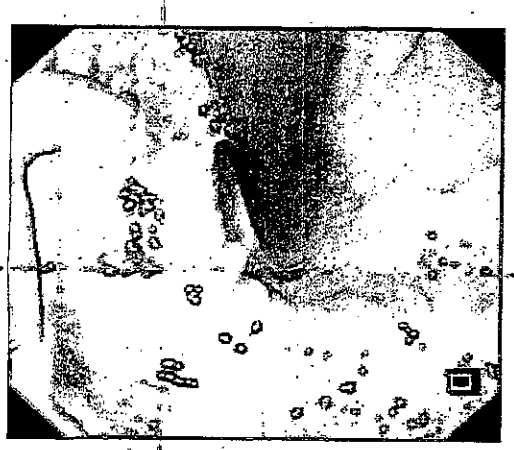
Name: James CASSIDY
CHI No: 2007626012.

Date of birth: 20/07/1962
Case note No: 50761217H

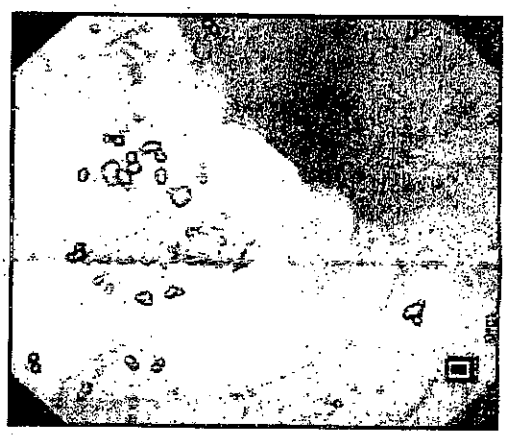
Address: 13 Shinwell Avenue
Clydebank
Dunbartonshire

G81 2RA

Procedure date: 19th May 2014



Site b: Lesser curve upper body
Gastric ulcer: 2 chronic.



Site b: Lesser curve upper body
Gastric ulcer: 2 chronic.

Form: SA Run: 922

SOUTH GLASGOW HOSPITALS
BIOCHEMISTRY REPORT

Surname: **CASSIDY**
Forename: **JAMES**
DOB/Age: **10.07.62**
Address: **75 BENBOW RD**
Location: **Singh Rai Haque Clydebank**
Diagnosis: **health check**

CHI/Unit No: **1007626291**
Sex: **Male**
Requestor: **Dr Mohammad S Haque**

[[CURRENT]]

Lab Number			B,13.2206257.T	B,13.2139975.C	B,13.2139976.K
Date/Time collected			04.11.13 16:23	14.10.13 15:08	14.10.13 16:08
Date/Time received			05.11.13 10:41	15.10.13 11:53	15.10.13 11:53
Sodium	mmol/L	(133-146)		140	
Potassium	mmol/L	(3.5-5.3)		3.4	
Chloride	mmol/L	(95-108)		104	
Bicarbonate	mmol/L	(22-29)			
Urea	mmol/L	(2.5-7.8)		4.6	
Creatinine	umol/L	(40-130)		84	
GFR (est'd)	ml/min	(>60)		>60	
Glucose	mmol/L	(3.5-6.0)			4.6
CRP	mg/L	(0-10)			
Magnesium	mmol/L	(0.70-1.00)			
Calcium	mmol/L	(2.20-2.60)			
Adj Calcium	mmol/L	(2.20-2.60)			
Phosphate	mmol/L	(0.80-1.50)			
Albumin	g/L	(35-50)		42	
Alk Phos	U/L	(30-130)		77	
Tot Bilirubin	umol/L	(0-20)		9	
Conj Bilirubin	umol/L				
AST	U/L	(0-40)		23	
gGT	U/L	(0-70)			
ALT	U/L	(0-50)		32	
Amylase	U/L	(0-100)			
CK	U/L	(40-320)			
Troponin I	ug/L	(<0.04)			
Total Protein	g/L	(60-80)			
Globulins	g/L	(23-38)			
Urate	mmol/L	(0.20-0.43)			
Osmolality	mOsm/Kg	(275-295)			
Cholesterol	mmol/L		7.8		
Triglyceride	mmol/L	(0.2-2.3)	* 7.6		
VLDL Chol	mmol/L		NA		
LDL Chol	mmol/L		NA		
HDL Chol	mmol/L		1.2		
Chol/HDL			6.5		

Result Comments:
04.11.13 Lipids : Non-fasting sample

Date reported: 05.11.13 Authoriser: **Computer validation**

[Form:HSA]

SOUTH GLASGOW HOSPITALS
HAEMATOLOGY REPORT

Surname: **CASSIDY**
Forename: **JAMES**
DOB/Age: **10.07.62**
Address: **75 BENBOW RD**
Location: **Singh Rai Haque Clydebank**
Diagnosis: **WEAKNESS**

CHI/Unit No: **1007626291**
Sex: **Male**
Requestor: **Dr Mohammad S Haque**

[[CURRENT]]

Lab Number			B.13.2139977.J
Date/Time collected			14.10.13 16:08
Date/Time received			15.10.13 11:53
WBC	x10^9/l	(4.0-11.0)	7.7
RBC	x10^12/l	(4.50-5.90)	4.64
Haemoglobin	g/l	(130-180)	146
Haematocrit	l/l	(0.400-0.540)	0.418
MCV	fl	(80.0-100.0)	90.1
MCH	pg	(26.0-34.0)	32.0
Platelet Count	x10^9/l	(150-410)	242
Neutrophils	x10^9/l	(1.8-7.7)	4.0
Lymphocytes	x10^9/l	(1.0-4.8)	2.8
Monocytes	x10^9/l	(0.2-1.0)	0.6
Eosinophils	x10^9/l	(0.1-1.0)	0.2
Basophils	x10^9/l	(0.0-0.1)	0.0
MCHC	g/l	(310-360)	
Red Cell DW	cv		
Plateletcrit	l/l		
MPV	fl		
PDW	cv		
Myelocytes	x10^9/L		
Blasts	x10^9/L		
Others	x10^9/L		
Nucleated RBC	x10^9/L		0.0
ESR	mm/hr	(1-10)	
Retics	x10^9/L	(10-90)	
Glan Fever Scr			
Blood Film			

Result Comments:

Date reported: **15.10.13** Authoriser: Run No: **107**

Form: SB Run: 637

S O U T H G L A S G O W H O S P I T A L S
B I O C H E M I S T R Y R E P O R T

Surname: **CASSIDY**
Forename: **JAMES**
DOB/Age: **10.07.62**
Address: **75 BENBOW RD**
Location: **Singh Rai Haque Clydebank**
Diagnosis: **WEAKNESS**

CHI/Unit No: **1007626291**
Sex: **Male**
Requestor: **Dr Mohammad S Haque**

[[CURRENT]]

Lab Number			B,13.2139975.C
Date/Time collected			14.10.13 16:08
Date/Time received			15.10.13 11:53
TSH	mU/L	(0.35-5.00)	2.49
Free T4	pmol/L	(9.0-21.0)	13.3
T3	nmol/L	(0.90-2.50)	
TPO	U/mL	(<6.0)	
TRAB	U/L	(0-15)	
LH	U/L		
FSH	U/L		
Oestradiol	pmol/L		
Prolactin	mU/L	(0-600)	
Progesterone	nmol/L		
Testosterone	nmol/L	(18.0-36.0)	
SHBG	nmol/L	(13-70)	
FAI			
Free Testo	pmol/L	(>200)	
AFP	kU/L	(<6)	
HCG	U/L	(<5)	
CEA	ug/L	(<5.0)	
CA125	kU/L	(0-35)	
PSA	ug/L	(0.0-3.0)	
LDH	U/L	(80-240)	

Result Comments:

Date reported: **15.10.13** Authoriser: **Computer validation**

Form: SA Rum: 636

SOUTH GLASGOW HOSPITALS
BIOCHEMISTRY REPORT

Surname: **CASSIDY**
Forename: **JAMES**
DOB/Age: **10.07.62**
Address: **75 BENBOW RD**
Location: **Singh Rai Haque Clydebank**
Diagnosis: **WEAKNESS**

CHI/Unit No: **1007626291**
Sex: **Male**
Requestor: **Dr Mohammad S Haque**

[[CURRENT]]

Lab Number			B,13.2139975.C	B,13.2139976.K
Date/Time collected			14.10.13 16:08	14.10.13 16:08
Date/Time received			15.10.13 11:53	15.10.13 11:53
Sodium	mmol/L	(133-146)	140	
Potassium	mmol/L	(3.5-5.3)	3.4	
Chloride	mmol/L	(95-108)	104	
Bicarbonate	mmol/L	(22-29)		
Urea	mmol/L	(2.5-7.8)	4.6	
Creatinine	umol/L	(40-130)	84	
GFR (est'd)	ml/min	(>60)	>60	
Glucose	mmol/L	(3.5-6.0)		4.6
CRP	mg/L	(0-10)		
Magnesium	mmol/L	(0.70-1.00)		
Calcium	mmol/L	(2.20-2.60)		
Adj Calcium	mmol/L	(2.20-2.60)		
Phosphate	mmol/L	(0.80-1.50)		
Albumin	g/L	(35-50)	42	
Alk Phos	U/L	(30-130)	77	
Tot Bilirubin	umol/L	(0-20)	9	
Conj Bilirubin	umol/L			
AST	U/L	(0-40)	23	
gGT	U/L	(0-70)		
ALT	U/L	(0-50)	32	
Amylase	U/L	(0-100)		
CK	U/L	(40-320)		
Troponin I	ug/L	(<0.04)		
Total Protein	g/L	(60-80)		
Globulins	g/L	(23-38)		
Urate	mmol/L	(0.20-0.43)		
Osmolality	mOsm/kg	(275-295)		
Cholesterol	mmol/L			
Triglyceride	mmol/L	(0.2-2.3)		
VLDL Chol	mmol/L			
LDL Chol	mmol/L			
HDL Chol	mmol/L			
Chol/HDL				

Result Comments:
14.10.13 Glucose : Non-fasting sample

Date reported: **15.10.13** Authoriser: **Computer validation**

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **3650777** Date: **05 Jan 2013** Time of Call: **16:13**

Patient's Name: **James Cassidy** DOB: **10/07/1962** Age: **50 Y**

Address Today: **75 Benbow Road Clydebank**

Home Address If different: **75 Benbow Road Clydebank**

Post Code: **G81 4DP**

Post Code: **G81 4DP**

Phone Number Today: **(0141) 952 1182** -

Home Phone If different: **()** -

NHS24 Call ID : 0

Callers Name:

Relationship to patient:

Name of GP: **Haque MS**

Practice No: **031**

Surgery: **031Clydebank Health Centre**

Cipher No: **G0328 0**

Address: **Dr D Singh Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ**

Fax No: **0141 531 6419**

Speed Dial: **186**

Call Type: **Walk In** **NOT GIVEN**

NHS24 Time Passed:

Receptionist's Name:**JCALD** Time Arrived: **05/01/2013**

Time Complete: **05/01/2013 16:42:47**

Patient's Complaint:

Fall at work.

Patient's Complaint:

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **3095**

Follow Up: GP Follow Up

Consultation(s):

By: WALSH ALISON **Start:** 05/01/2013 16:23:27 **Finish** 05/01/2013 16:42:19

Clinical Assessment Details
Started-05/01/2013 16:23:27
Finished-05/01/2013 16:42:19
History
factory suipervisor, had to leave factory in dark as lights been turned off for weekend. walked into large roller on ground and fell over, injuered shinms and abdom wall. no loc. also had cough past few days, known copd and seen reg at HC and taks inh's
Examination
TEMP 36.4 PULSE 112 o/e chest good ae, added crackles at bases, tender over mid back, also 'oblong shaped bruise upper abdiomen, , red, no bleeding or broken skin, ant lower leg abrasion s l lower leg and rside, superficial flap area red and crusting also small crusted areaprev 'mole 'there. do not appear infected
Diagnosis
sloft tissue injury and chest inf
Treatment
plan analgesia, diff to take tabs so rx soluble and antibiotics for chest. up to date with tetanus. see gp if not settling- and re mole or return here
Clinical Coding
Clinical code: TC... (Accidental falls)
Clinical code: H06z1 (Lower resp tract infection)

NHS Confidential: Personal data about a patient

Prescription Details
Drug Name-AMOXIL capsules 500mg [SMITHKLINE]
Preparation-capsule(s)
Dosage-1 tab three times a day
Quantity-15
Drug Name-paracetamol soluble tablet 500mg
Preparation-tablet(s)
Dosage-1 to 2 tabs 4 to 6 hourly as required
Quantity-24

NHS

Gartnavel General Hospital

CASSIDY, James
75 Benbow RD.,, Clydebank, , , G81 4PD
Referrer: Dr Mohammed Haque - GP PRACTICE

Diagnostic Imaging Report

DoB: **10/07/1962**
Chi No: **1007626291**
CRIS No: **5625632**
Hosp No: **50620768K**

~~**VERIFIED** Verified By: Dr Stuart Ballantyne 21/03/12 1248.~~

Clinical History :
Recent diagnosis of COPD. Persistent aching lungs.

XR Chest :
Heart mediastinal contours are unremarkable. There is persisting linear opacity consistent with fibrosis in the right upper lobe. This is unchanged in comparison to the previous film from December 2010. The lungs show background changes of COPDbut are otherwise clear. No significant interval change.

13 APR 2012

~~Ref. Src: Clydebank Health Centre, Kilbowie Road, Clydebank, Glasgow, G81 2TQ~~
Exams: XR Chest
Exam Date: 13/03/12 Event: E-26463249

08963

North Glasgow Hospitals

Western [redacted]nary

CASSIDY, James
75 Benbow RD.,, Clydebank, , , G81 4PD
Referrer: DR MS HAQUE - GP PRACTICE

Diagnostic Imaging Report
DoB: **10/07/1962**
Chi No: **1007626291**
CRIS No: **5625632**
Hosp No: **50620768K**

VERIFIED Verified By: DR JG MOSS 25/02/10 1734.
Clinical History : Breathing difficulty.

XR Chest : Heart size is normal. There is evidence of hyper expansion of the lungs and some pleural thickening and fibrosis at the right apex. No acute pathology.

26 FEB 2010

Ref. Src: Clydebank Health Centre, Kilbowie Road, Clydebank, Glasgow, G81 2TQ
Exams: XR Chest
Exam Date: 23/02/10 Event: E-12244526

08966

North Glasgow Hospitals

[redacted] Infirmary

Gartnavel [redacted] al Hospital

Diagnostic Imaging Report

CASSIDY, JAMES **10/07/1962**

75 Benbow Rd.,, G81 4PD

E-9555349 CHI:1007626291
GENERAL PRACTITIONER
DR M HAQUE
Hosp. 50620768K

DR N MCMILLAN

Clinical History : Recurrent chest infection.

CHEST :

No significant abnormality seen in the heart or lung fields. No evidence of any underlying infection.

Typed By - LYNN WHITE

10/08/2004 **CHEST**

DR M HAQUE, CLYDEBANK HEALTH CEN, KILBOWIE ROAD, CLYDEBANK

08963

NHS Confidential: Personal data about a patient

[redacted]

CLYDEBANK HEALTH CENTRE

X-Ray Report

Name .....James Cassidy.....
Address .....5, Low Crescent.....
.....CLYDEBANK.....
.....N. C. Jain.....
Part Examined ....Chest.....
.....

Age .....28.....
X-Ray No. ..323/91.....
Date.....21.1.91.....

519.43

REPORT GS/MAP **X-RAY No**.....323/91.... **Date**.....21.1.91.....

Chest

The lungs appear over inflated but I suspect this simply reflects a very vigorous inspiratory effort which the patient made prior to the radiograph. The lungs themselves are clear. Heart is not enlarged.

G. Stenhouse

Consultant Radiologist

99090757 W	25/11/99		XR 0135300 620768	**X-RAY W.I.G.** 10/7/62
CASSIDY, James	37Y	M	M, AITCHISON	GOPUR

75 BENBOW RD.,, CLYDEBANK, G81 4PD

Copy Report provided on 06 Dec 1999

US TESTES

Both testes and epididymi are normal.

There are small bilateral varicoceles, more marked on the left than on the right.

*DR G BAXTER/MW 01/12/99

01/12/99 - US TESTES

NHS Confidential: Personal data about a patient

VALE OF LEVEN HOSPITAL **HAEMATOLOGY DEPARTMENT** **01389 817265** VHFBC 78

CHI Number **1007626291**
CRN
Surname **CASSIDY** Sex **Male**
Forename **JAMES** Date of Birth **10/07/1962**

Patient Address: 75 BENBOW ROAD, DALMUIR, CLYDEBANK, DUNBARTONSHIRE, G81 4DP

Clinician: **DR S HAQUE**
Address: **CLYDEBANK HC NO 4**, CLYDEBANK HEALTH CENTRE, KILBOWIE ROAD, CLYDEBANK, GLASGOW, G81 2TQ

Clinical Details: Reason for Request Not Stated

Laboratory Ref. **BL469311N** Page **1 of 1**

16 MAR 2012

Normal Adult reference Ranges are for Guidance Only. They do not take into account age difference.

Date / Time Received	Neut	Lymph	Mono	Eos	Baso	Meta	Myelo	Blast	Others	Atypical Lymph	NRBC
15/03/2012 15:27	10^9/L (2.0 - 7.5)	10^9/L (1.5 - 4.0)	10^9/L (0.2 - 0.8)	10^9/L (0.0 - 0.4)	10^9/L (0.01 - 0.10)						
Date / Time Reported	2.2	2.1	0.6	0.2	0.0						
15/03/2012 16:59											

Date / Time Collected	WCC	Hb	RCC	Hct	MCV	MCH	RDW	Retic	Platelets	Infectious Mono Screen	ESR
	10^9/L (4.0 - 11.0)	g/L (130 - 180)	10^12/L (4.50 - 6.50)	L/L (0.400 - 0.540)	fL (78 - 89)	pg (27.0 - 32.0)	% (11.5 - 14.5)		10^9/L (150 - 400)		mm/hr (1 - 12)
15/03/2012 10:58	5.2	155	5.07	0.463	91	30.6	12.7		242		2

NHS Confidential: Personal data about a patient

[redacted]

VALE OF LEVEN HOSPITAL **HAEMATOLOGY DEPARTMENT** **01389 817265**

VRFBC 47

CHI Number **1007626291**

CRN

Surname **CASSIDY** Sex **Male**

Forename **JAMES** Date of Birth **10/07/1962**

Patient Address: 75 BENBOW ROAD, DALMUIR, CLYDEBANK, DUNBARTONSHIRE, G81 4DP

Clinician: **DR S HAQUE**

Address: **CLYDEBANK HC NO 4**, CLYDEBANK HEALTH CENTRE, KILBOWIE ROAD, CLYDEBANK, GLASGOW, G81 2TQ

Clinical Details: FEELS UNWELL RECENT C/O CHEST PAIN

Laboratory Ref. **BL569304B**

Page **1 of 1**

HiC

17 MAR 2010

C

Normal Adult reference Ranges are for Guidance Only. They do not take into account age difference.

Date / Time Received / Reported / Collected	Neut 10^9/L (2.0 - 7.5)	Lymph 10^9/L (1.5 - 4.0)	Mono 10^9/L (0.2 - 0.8)	Eos 10^9/L (0.0 - 0.4)	Baso 10^9/L (0.01 - 0.10)	Meta	Myelo	Blast	Others	Atypical Lymph	NRBC
16/03/2010 11:30 / 16/03/2010 11:51 / 15/03/2010 11:57	3.2	1.8	0.5	0.2	0.0						

WCC 10^9/L (4.0 - 11.0)	Hb g/L (130 - 180)	RCC 10^12/L (4.50 - 6.50)	Hct L/L (0.400 - 0.540)	MCV fL (78 - 99)	MCH pg (27.0 - 32.0)	RDW % (11.5 - 14.5)	Retic	Platelets 10^9/L (150 - 400)	Infectious Mono Screen	ESR
5.6	147	4.69	0.440	94	31.3	13.0		255		

NHS Confidential: Personal data about a patient

[redacted]

BLOOD TRANSFUSION REPORT

[redacted]le of Leven District General Hospital, Alexandria, Dunbarto[redacted]e

Tel: 01389 754121 Ext: 3502

Surname	Patient ID No	Lab Ref No	Source
CASSIDY		H513842	Dr M HAQUE
Forename	**Date of birth**	**Date received**	Clydebank Health Centre 4
James	10 ~~9~~ 7 1962	16 May 2000	Kilbowie Road
		Date of report	Clydebank
75 BENBOW ROAD	Male	26 May 2000	13:30
~~CLYDEBANK~~			**Time**

Clinical details: PAIN IN L HIP/SIDE. FREQUENCY OF MUCTURITION

Serum B12	270	pg/ml	(223-1132)
Red cell folate	406	ng/ml	(186-596)

Normal B12 and folate results.

20 MAY 2000

	Date of Specimen
B12 and folate	15 May 2000

NHS Confidential: Personal data about a patient

HAEMATOLOGY REPORT

[redacted]le of Leven District General Hospital, Alexandria, Dunbarton[redacted]e, G83 0UA
Tel: 01389 603865

CPA Accredited

Surname	Patient ID No	Lab Ref No	Source
CASSIDY		H513842	Dr M HAQUE
Forename	**Date of birth**	**Date received**	Clydebank Health Centre 4
James	10 ~~Oct~~ 1962	16 May 2000	Kilbowie Road
		Date of report	Clydebank
75 BENBOW ROAD	Male	16 May 2000	13:30
CLYDEBANK			**Time**

Clinical details: PAIN IN L HIP/SIDE. FREQUENCY OF MUCTURITION

17 MAY 2000

Please see reverse for normal values.

Neuts X 10⁹/l	Lymph X 10⁹/l	Monos X 10⁹/l	Eosinos X 10⁹/l	Basos X 10⁹/l	Metamyelocyte X 10⁹/l	Myelocyte X 10⁹/l	Promyelocyte X 10⁹/l	Blast X 10⁹/l	NRBC per 100 WBC	ESR mm/hour	IM Test
5.1	1.4	1.6	0.10	0.0						5	

WBC X 10⁹/l	RBC X 10¹²/l	HB g/dl	Hct ratio	MCV fl	MCH pg	RDW %	PLATS X 10⁹/l	Other results	Date of Specimen
8.2	4.62	14.7	.440	95	31.9	12.6	251	FBC ESR B12 and fo	15 May 2000

NHS Confidential: Personal data about a patient

VALE OF LEVEN HOSPITAL BIOCHEMISTRY DEPARTMENT 01389 817568

VCNE 79

CHI Number 1007626291

CRN

Surname CASSIDY Sex Male

Forename JAMES Date of Birth 10/07/1962

Patient Address 75 BENBOW ROAD
DALMUIR
CLYDEBANK
DUNBARTONSHIRE
G81 4DP

Clinician DR S HAQUE

Address CLYDEBANK HC NO 4
CLYDEBANK HEALTH CENTRE
KILBOWIE ROAD
CLYDEBANK
GLASGOW, G81 2TQ

Clinical Details Reason for Request Not Stated

Fasting U

Laboratory Ref. BC469311J

Page 1 of 1

Date Reported / Time Reported / Date Received / Time Received / Specimen Type	GLUCOSE	SODIUM mmol/L	POTASSIUM mmol/L	CHLORIDE mmol/L	BICARBONATE mmol/L	UREA mmol/L	CREATININE umol/L	eGFR mls/min
15/03/2012 / 16:17 / 15/03/2012 / 15:27 / BLOOD		138 (135 - 145)	4.6 (3.5 - 5.0)	105 (95 - 108)	27 (23 - 30)	5.8 (2.5 - 7.5)	81 (40 - 130)	>60 (60 - 140)
	CRP	ADJ CALCIUM	CALCIUM	PHOSPHATE	MAGNESIUM	URATE	CK	AMYLASE
	BILIRUBIN umol/L	ALK PHOS IU/L	GAMMA GT	AST IU/L	ALT IU/L	TOTAL PROTEIN g/L	ALBUMIN g/L	GLOBULINS g/L
	7 (3 - 21)	85 (25 - 110)		18 (10 - 45)	23 (5 - 55)	73 (60 - 80)	39 (35 - 50)	34 (23 - 38)

AUTHORISED BY DUTY CLINICIAN/SCIENTIST

16 MAR 2012

Normal Adult Reference Ranges are for Guidance Only. They do not take into account age difference.

BIOCHEMISTRY LFT,SEP,UEL Date / Time Collection 15/03/2012 10:58 Page 1 of 1

NHS Confidential: Personal data about a patient

VALE OF LEVEN HOSPITAL **BIOCHEMISTRY DEPARTMENT 01389 817568**

CHI Number **1007626291**

CRN

Surname **CASSIDY** Sex **Male**

Forename **JAMES** Date of Birth **10/07/1962**

Patient Address: 75 BENBOW ROAD, DALMUIR, CLYDEBANK, DUNBARTONSHIRE, G81 4DP

Clinician: **DR S HAQUE**

Address: **CLYDEBANK HC NO 4**, CLYDEBANK HEALTH CENTRE, KILBOWIE ROAD, CLYDEBANK, GLASGOW, G81 2TQ

Clinical Details: FEELS UNWELL RECENT C/O CHEST PAIN

Laboratory Ref. **BC569304W** Page **1 of 1**

4WC

Cholesterol	* 7.1	mmol/L	(3.1 - 5.0)	
HDL Cholesterol	1.4	mmol/L	(0.9 - 1.8)	
LDL (calculated)	Trig. too High to calculate LDL			
Chol/HDL Ratio	5.1			
Triglycerides	* 4.9	mmol/L	(0.0 - 2.3)	
Ferritin	51	ug/L	(30 - 400)	(a)
TSH	0.91	mU/L	(0.35 - 4.0)	(b)
Free T4	11.4	pmol/L	(9.0 - 21.0)	

(a) NOTE METHOD CHANGE (ABBOTT) FROM 26/01/10

(b) Euthyroid levels.

17 MAR 2010

Normal Adult Reference Ranges are for Guidance Only. They do not take into account age difference.

Date / Time Received 16/03/2010 11:30

Date / Time Reported 16/03/2010 13:41

BIOCHEMISTRY | FERR,FLIP,LFT,SEP,TFT,VGLU,VUE | Date / Time Collected 15/03/2010 11:57 | Page 1 of 1

NHS Confidential: Personal data about a patient

[redacted]

CHI Number 1007626291

CRN

Surname CASSIDY Sex Male

Forename JAMES Date of Birth 10/07/1962

Patient Address 75 BENBOW ROAD
DALMUIR
CLYDEBANK
DUNBARTONSHIRE
G81 4DP

Clinician DR S HAQUE

Address CLYDEBANK HC NO 4
CLYDEBANK HEALTH CENTRE
KILBOWIE ROAD
CLYDEBANK
GLASGOW, G81 2TQ

Clinical Details FEELS UNWELL RECENT C/O CHEST PAIN

Fasting U

Laboratory Ref. BC569304W

Page 1 of 1

Date Reported / Time Reported / Date Received / Time Received / Specimen Type	GLUCOSE mmol/L	SODIUM mmol/L	POTASSIUM mmol/L	CHLORIDE mmol/L	BICARBONATE mmol/L	UREA mmol/L	CREATININE umol/L	eGFR
16/03/2010 / 13:42 / 16/03/2010 / 11:30 / BLOOD	5.2 (3.5 - 5.5)	144 (135 - 145)	4.5 (3.5 - 5.0)	111* (98 - 108)	24 (23 - 30)	4.7 (2.5 - 7.5)	90 (40 - 130)	>60
	CRP	ADJ CALCIUM	CALCIUM	PHOSPHATE	MAGNESIUM	URATE	CK	AMYLASE
	BILIRUBIN umol/L	ALK PHOS IU/L	GAMMA GT	AST IU/L	ALT IU/L	TOTAL PROTEIN g/L	ALBUMIN g/L	GLOBULINS g/L
	5 (3 - 20)	73 (40 - 150)		18 (5 - 40)	21 (5 - 50)	68 (60 - 80)	38 (32 - 45)	30 (23 - 38)

HiC

17 MAR 2010

Normal Adult Reference Ranges are for Guidance Only. They do not take into account age difference.

BIOCHEMISTRY

FERR,FLIP,LFT,SEP,TFT,VGLU,VUE

Date / Time Collection 15/03/2010 11:57

[redacted]

NHS Confidential: Personal data about a patient

REPORT

...of Leven... ...ct General Hospital, Alexandria, Dunbarton G83 0UA
Tel: 01389 603863

CPA Accredited

Surname	Patient ID No	Lab Ref No	Source
CASSIDY		513842	Dr M HAQUE
Forename	**Date of birth**	**Date received**	Clydebank Health Centre 4
James	10 Oct 1962	16 May 2000	Kilbowie Road
			Clydebank
75 BENBOW ROAD		**Date of report**	
CLYDEBANK	Male	18 May 2000	
			Venous Blood

Time

Clinical details: PAIN IN L HIP/SIDE. FREQUENCY OF MUCTURITION

	Ferritin ug/l (female 20-80, postmenopausal & male 30-300)
15/05/00	16 *

19 MAY 2000

Please see reverse for normal ranges

Date of Specimen

15 May 2000

NHS Confidential: Personal data about a patient

BIOCHEMISTRY REPORT

...gle of Leven District General Hospital, Alexandria, Dunbarto...re, G83 0UA
Tel: 01389 603868

CPA Accredited

Surname	Patient ID No	Lab Ref No	Source
CASSIDY		513842	Dr N HAQUE
Forename	**Date of birth**	**Date received**	Clydebank Health Centre 4
James	10 ~~Oct~~ 7 1962	16 May 2000	Kilbowie Road
75 BENBOW ROAD	Male	**Date of report** 16 May 2000	Clydebank
CLYDEBANK			Venous Blood

Time

Clinical details: PAIN IN L HIP/SIDE. FREQUENCY OF MUCTURITION

	TSH	FT4	T3	LH	FSH	PROL	OEST	PROG	TEST
5/05/00	1.91								

Euthyroid levels

17 MAY 2000

Please see reverse for normal ranges

Please see back of form for normal ranges and units.

SEP FERR TSH LIP UEL GLU1

Date of Specimen

15 May 2000

NHS Confidential: Personal data about a patient

BIOCHEMISTRY REPORT

Vale of Leven District General Hospital, Alexandria, Dunbarte e, G83 0UA
Tel: 01389 603868

CPA Accredited

Surname: CASSIDY	Patient ID No:	Lab Ref No: 513842	Source: Dr M HAQUE
Forename: James	Date of birth: 10 Oct 1962	Date received: 16 May 2000	Clydebank Health Centre 4 Kilbowie Road Clydebank
75 BENBOW ROAD CLYDEBANK	Male	Date of report: 16 May 2000	
			Venous Blood Time 13:30

Clinical details: PAIN IN L HIP/SIDE. FREQUENCY OF MUCTURITION

Sodium	141	mmol/l	(135-145)	Cholesterol	6.4	mmol/l
Potassium	4.2	mmol/l	(3.5-5.0)	Triglyceride	1.2	mmol/l
Bicarb	28	mmol/l	(23-31)	LDL Chol	4.1	mmol/l
Urea	3.3	mmol/l	(2.5-7.0)	HDL Chol	1.8	mmol/l
Creat	88	umol/l	(60-120)	Chol/HDL Ratio	3.6	
Glucose	5.6	mmol/l	(3.0-6.0)			
Bilirubin	13	umol/l	(3-20)			
AST	20	iu/l	(5-40)			
ALT	14	iu/l	(2-40)			
CK						
Alk Phos	214	iu/l	(60-270)			
GammaGT	9	iu/l	(4-45)			
Protein	66	g/l	(62-80)			
Albumin	42	g/l	(37-50)			
Globs	24	g/l	(22-33)			

17 MAY 2000

Please see reverse for normal ranges

SEP FERR TSH LIP UEL GLUI

Date of Specimen
15 May 2000

NHS Confidential: Personal data about a patient

ROYAL ALEXANDRA HOSPITAL MICROBIOLOGY DEPARTMENT 0141 314 6172

RMVE 92

CHI Number 1007626291
CRN
Surname CASSIDY Sex Male
Forename JAMES Date of Birth 10/07/1962

Patient Address 75 BENBOW ROAD
DALMUIR
CLYDEBANK
DUNBARTONSHIRE
G81 4DP

Clinician DR S HAQUE
Address CLYDEBANK HC NO 4
CLYDEBANK HEALTH CENTRE
KILBOWIE ROAD
CLYDEBANK
GLASGOW, G81 2TQ

Clinical Details H/O EPIGASTRIC PAIN OVER YEAR BUT NOW INCREASING

Laboratory Ref. ME031978R

Page 1 of 1

Specimen

Antibiotic **Not Stated**

Helico Faecal Antigen Test Positive
Antigen test should not be requested until at least
2 weeks after Proton Pump Inhibitor therapy and 4 weeks
post antibiotic therapy.

Shamed Hall given for Dr

23 AUG 2010

Technically Validated By : *A Shaw*

Printed : 20/08/2010 13:06
Received : 18/08/2010 10:28

MICROBIOLOGY	Faeces : Helico Faecal Antigen Test	Collected 17/08/2010 07:35

1. Patient Number : XR0135300 CASSIDY, James
2. Attendance No. : 99090757W Male 10 Jul 62 W- ULT 25 Nov 99
   Radiologist(s) : G BAXTER

Report Text: Clinical Information :
SMALL SWELLING LEFT TESTICLE, PREVIOUS VASECTOMY.

US TESTES
Both testes and epididymi are normal.

There are small bilateral varicoceles, more marked on the left than on the right.

CASSIDY,JAMES 06.02.06 11:57:06

ID: #060206115706

D.O.B. 10.07.1962 43 YEARS
MALE CAUCASIAN
185 cm. 97 kg. B/P: 150/90
Meds: NO MEDICATION
NO MEDICATION
Class: HYPERTENSION
[illegible]
Dr: DR [illegible]
Tech: NURSE
User Field:

Vent. Rate: 73 bpm
P Duration: 78 ms
QRS Duration: 80 ms
PR Interval: 124 ms
[illegible] 386 ms
[illegible] 42 [illegible]

Sinus rhythm
Normal ECG

I
II
II

L: 10 mm/mV
C: 10 mm/mV

CLYDEBANK HEALTH CENTRE

CASSIDY,JAMES 06.02.06 11:
ID: #060[illegible]115706
* Unconfirmed A

STA

Direct Access Spirometry Report

OUTREACH SPIROMETRY SERVICE
Stobhill Hospital

Pre vs. Post Report

Patient Information

Name: Cassidy, James	**ID: 100762**	Birthdate: 10/07/1962
Height at test (cm): 182.9	Sex: Male	Smoking history (pk-yrs):
Weight at test (kg): 93.0	Age at test: 49	Predicted set: ECCS 1983/93, Polgar(Peds)1971

Comments: SpO2 - 98 MRC - 3 Dr Haque
Diagnosis:

Interpreted by:

Interpretation

MILD OBSTRUCTIVE PULMONARY IMPAIRMENT. Bronchodilator produces a moderate response but airflow obstruction persists. Post bronchodilator results suggest a significant asthmatic component. Suggest reinforcement of smoking cessation advice and trial of appropriate anti-asthma medication. Consider trial of oral steroids with formal peak flow monitoring if clinical uncertainty. SpO2 98%, MRC Grade 3: DR R Carter

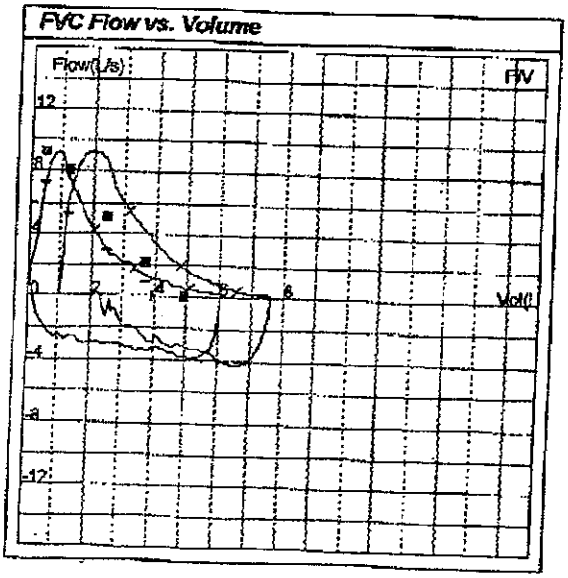
Site: Clydebank HC
Physician: Dr. Haque
Technician: Robin Tourish

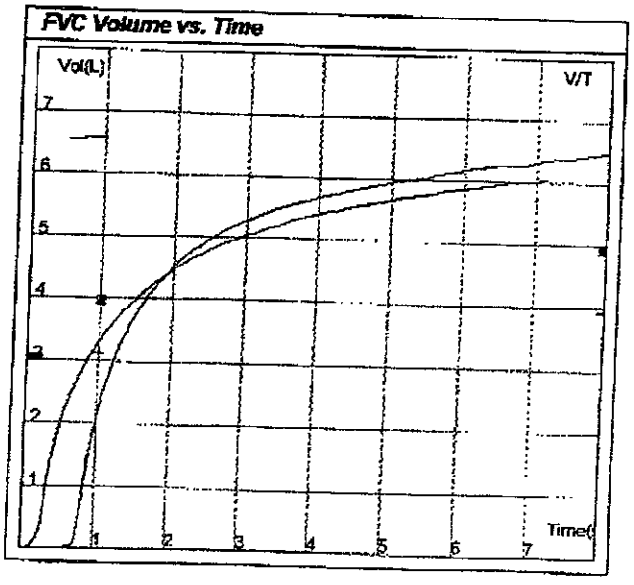
Effort protocol: ATS 1987
Bronchodilator: 2.5mg Nebulised Salbutamol

Test date/time: 07/11/11 09:57:57
Pre-BD Number of efforts performed: 3
Post-BD Number of efforts performed: 4

Results

Result	Pred	Pre	%Pred	Post	%Pred	%Chg
FVC (L)	4.91	6.05	123%	6.58	134%	9%
FEV1 (L)	3.95	3.67	93%	4.17	105%	14%
FEV1/FVC	0.78	¤0.61	[redacted]	¤0.63	[redacted]	5%
FEF25-75% (L/s)	4.15	¤1.80	43%	¤2.16	52%	20%
PEFR (L/s)	9.29	9.25	100%	9.29	100%	0%
Vext %	—	3.49	—	2.13	—	-39%





10 NOV 2011 10 NOV 2011

Form: SA Run: 636

SOUTH GLASGOW HOSPITALS
BIOCHEMISTRY REPORT

Surname: **CASSIDY**
Forename: **JAMES**
DOB/Age: **10.07.62**
Address: **75 BENBOW RD**
Location: **Singh Rai Haque Clydebank**
Diagnosis: **WEAKNESS**

CHI/Unit No: **1007626291**
Sex: **Male**
Requestor: **Dr Mohammad S Haque**

[[CURRENT]]

Lab Number			B,13.2139975.C	B,13.2139976.K
Date/Time collected			14.10.13 16:08	14.10.13 16:08
Date/Time received			15.10.13 11:53	15.10.13 11:53
Sodium	mmol/L	(133-146)	140	
Potassium	mmol/L	(3.5-5.3)	3.4	
Chloride	mmol/L	(95-108)	104	
Bicarbonate	mmol/L	(22-29)		
Urea	mmol/L	(2.5-7.8)	4.6	
Creatinine	umol/L	(40-130)	84	
GFR (est'd)	ml/min	(>60)	>60	
Glucose	mmol/L	(3.5-6.0)		4.6
CRP	mg/L	(0-10)		
Magnesium	mmol/L	(0.70-1.00)		
Calcium	mmol/L	(2.20-2.60)		
Adj Calcium	mmol/L	(2.20-2.60)		
Phosphate	mmol/L	(0.80-1.50)		
Albumin	g/L	(35-50)	42	
Alk Phos	U/L	(30-130)	77	
Tot Bilirubin	umol/L	(0-20)	9	
Conj Bilirubin	umol/L			
AST	U/L	(0-40)	23	
gGT	U/L	(0-70)		
ALT	U/L	(0-50)	32	
Amylase	U/L	(0-100)		
CK	U/L	(40-320)		
Troponin I	ug/L	(<0.04)		
Total Protein	g/L	(60-80)		
Globulins	g/L	(23-38)		
Urate	mmol/L	(0.20-0.43)		
Osmolality	mOsm/Kg	(275-295)		
Cholesterol	mmol/L			
Triglyceride	mmol/L	(0.2-2.3)		
VLDL Chol	mmol/L			
LDL Chol	mmol/L			
HDL Chol	mmol/L			
Chol/HDL				

Result Comments:

14.10.13 Glucose : Non-fasting sample

Date reported: **15.10.13** Authoriser: **Computer validation**

Form: SB Run: 637

SOUTH GLASGOW HOSPITALS
BIOCHEMISTRY REPORT

Surname: **CASSIDY** CHI/Unit No: **1007626291**
Forename: **JAMES**
DOB/Age: **10.07.62** Sex: **Male**
Address: **75 BENBOW RD**
Location: **Singh Rai Haque Clydebank** Requestor: **Dr Mohammad S Haque**
Diagnosis: **WEAKNESS**

[[CURRENT]]

Lab Number			B,13.2139975.C
Date/Time collected			14.10.13 16:08
Date/Time received			15.10.13 11:53
TSH	mU/L	(0.35-5.00)	2.49
Free T4	pmol/L	(9.0-21.0)	13.3
T3	nmol/L	(0.90-2.50)	
TPO	U/mL	(<6.0)	
TRAB	U/L	(0-15)	
LH	U/L		
FSH	U/L		
Oestradiol	pmol/L		
Prolactin	mU/L	(0-400)	
Progesterone	nmol/L		
Testosterone	nmol/L	(10.0-36.0)	
SHBG	nmol/L	(13-70)	
FAI			
Free Testo	pmol/L	(>200)	
AFP	kU/L	(<6)	
HCG	U/L	(<5)	
CEA	ug/L	(<5.0)	
CA125	kU/L	(0-35)	
PSA	ug/L	(0.0-3.0)	
LDH	U/L	(80-240)	

Result Comments:

Date reported: 15.10.13 Authoriser: **Computer validation**

HISTORY
(Use other side first)

Date	
8/5/90	Grimesley [illegible]
	14/5/90
7/6/90	fistula [illegible] 6/6/90
	[illegible] 29/5/90
26/10/90	complaining of chest pain [illegible]
	on chest [illegible]
	BP 90/70. [illegible]
	[illegible]
	[illegible] 4/10/2
22/1/91	[illegible]
16/4/91	
	still sneezing at night
	with [illegible]
	[illegible]
	→ [illegible]
	[illegible] + 30 [illegible]
	[illegible]
	[illegible]
25/6/91	still same
	[illegible] of wind c sneezing
	Gaviscon [illegible]
	27 [illegible] 60 [illegible]
	[illegible] 1/7/91
2/7/91	itch [illegible]
	[illegible]
	[illegible]

GREATER GLASGOW HEALTH BOARD

NAME JAMES CASSIDY
Hospital No. 519.43
Age 10.7.62
Sex
PHYS/SURG. 5, LOW CRES W/CROOK.
Dept.
Ward

OUT PATIENT HISTORY

DATE	
H 16/12/91	security guard - was in a row - with boys - anxiety - depression - seen by the hospital -
	GR [illegible]
	N [illegible]
18/1/92	N [illegible] 17/1/92
	[illegible] chlordiazepoxide [illegible] 30
8/6/92	seen by Casualty Chest pain
	[illegible] ECG - by chest will send the report
	1) [illegible] 30 [illegible]
	2) Brufen 400 100 [illegible]
	chest pain [illegible]
	1) Brufen 400 100 [illegible]
Breezy	2) [illegible] 30 / [illegible]
21.7.92	Sc 1 from 8.5.92 - 10.5.92.
	+ 8.6.92 - 6.7.92. Med 3.
	→ Duplicate issued as reported missing. "Chest pain"
4/5/93	

HISTORY
(Use other side first)

Date	
4/8/93	Dyspnoea — Gen Med Mandy 19/8/93
13-8-93	Feeling very tense + feeling little bursting — getting agitated. Can't sleep. Last + tab (Chlordiazepoxide) no difference. Try Chlorpromazine (25mg) 1 tab tds (40). Explained + warned.
20-8-93	SOB c pain in the chest. Something stuck in the throat. O/E NAD. — arrange for CXR etc. Rx decongestant — Sudafed 1 tds + Coproxamol 2 6-8 hly x60. Review in 2/52
9/11/93	URTI + cystitis — Augmentin 1 tds (21)
11-1-94	Generally well. Lethargic — 2 yrs. Stopped drinking — in a small lump in (R) side. Smell of ... cyst. Wants to have whole body checked from head to foot + a specialist opinion. Refer to MOPD
14/4/94	... Hosp for investigation. No letter yet. Med 4/8/93 Past Visit Debility

GREATER GLASGOW HEALTH BOARD

NAME James CASSIDY
75 BENBOW Rd

Hospital No.

Age 10/7/62

Sex

PHYS/ SURG.

Dept.

Ward

OUT PATIENT HISTORY

DATE	
13.5.94	Med 4/52 Post viral debility
10.6.94	Med 13.6.94 Post viral debility
	Hay fever – [illegible] 1 daily (30)
16-5-95	Dizzy spells c fatigue. Headache
	BP 120/75. [illegible] [illegible] chest clear
	NS [illegible]
	? viral [illegible] c fatigue.
	Review c [illegible] 2 [illegible]
26.6.96	Sustained Laceration injury on left forearm on 24-6-96 while at work. Stitched and dressed at A/E c/o pain – Coproxamol not helping
	Rx Tylex 1-2 caps 6hrly x112 caps
	Med 2/52 f 25.6.96 "Lacerated wound to (L) arm."
8.7.96	Wound in (L) arm infected and SC gaping after removal of stitches – Redress antiseptically
	Rx Flucloxacillin 250mg qid x 1/52

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HISTORY
(Use other side first)

Date	
12.7.96	Medz 4/52 Injury to (L) arm - Can't sleep at all - Rx - Nitrazepam (5mg) 1-2 nocte (40)
26-7-96	Getting pains in (L) forearm ... Scar ... feels (L) arm is weak. O/E No Neurological deficit. Very anxious ... anxiety ... Oxazepam (10mg TD) x 60. See in 2/52
8-8-96	Mentally same - ... sleeping. - Wound in (L) arm almost healing but still c/o pain ... O/E No Neurological deficit. Recommended ... Medz 4/52 Injury to left arm
13.8.96 -	... off ... 19.8.96 ...
12-5-97	Sebaceous cyst on (Rt) face never caught - Referred to ... for removal ✓ Sore throat ... Aspirin gargle.
19-8-97.	c/o pain in (L) side of ... O/E A small ... lymph gland. Throat - NAD - Reassured - ...

National Health Service Number	
Surname (Block Letters)	CASSIDY
Forenames (Block Letters)	JAMES
Address	
Date of Birth	10/7/62

CLINICAL NOTES

Date	•	
1.6.98		Backache 4/12 [illegible] [illegible] [illegible] [illegible] lifting up heavy [illegible] → he works [illegible] lifting works. [illegible] [illegible] [illegible] [illegible] + 1/c [illegible] Ch + chest - SLR = [illegible] (N) Ref to Physio [illegible]
28.9.99		Losing wt. lost 2 stn over 2 yrs?
Ht 6'3"		
Wt 105 [illegible]		[illegible] [illegible] lump in [illegible] [illegible] 2/12 a [illegible] [illegible] [illegible] [illegible] [illegible] Ref to [illegible] OPD
10.5.00		Recurrence of backache [illegible] [illegible] [illegible] - [illegible] / yr. [illegible] [illegible] [illegible] [illegible] BP - 140/90. [illegible] [illegible] [illegible] - [illegible] [illegible]. [illegible] [illegible] [illegible] Rx Motifen 75g [illegible] x 56 [illegible] [illegible] + Check. FBC ESR - BS, TFT LFT U/E. [illegible] [illegible]
22.05.00		wt 11 Stone 4 lbs
8.11.02		[illegible] backache [illegible] [illegible] 2 yrs [illegible]

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FORM GP111F
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Date	•	
		(R) foot – [illegible] – [illegible]
		[illegible] [illegible] [illegible] [illegible]
		[illegible] heavy lifting – Advice [illegible]
		Rx Celebrex 200 [illegible] x 2 [illegible]
14.4.03		of anxiety, losing temper [illegible]
		[illegible] [illegible] [illegible] [illegible]
		angry – does not want to
		attend psychologist or psychiatrist.
		wants something to calm down
		BP 140/85 [illegible] [illegible] [illegible]
		chest clear.
		Rx Oxazepam 10mg [illegible] x56 tabs
1.9.03		Painful lesion in the mouth
		+ cough –
		O/E A tiny [illegible] ulcer [illegible]
		[illegible] tongue. Throat [illegible]
		+ chest clear.
		Rx tab Augmentin 375, TID x 1/52
		Advice Saline gargle
9.8.04		Cough on and off – had some
		chemical [illegible] in work yesterday
		[illegible] coughing since then – O/E Throat
		and chest clear / not happy
		– there must be something [illegible].
		[illegible] CXR ✓
17.8.04		Still coughing – O/E Throat
		+ chest clear
		Added – [illegible] [illegible] [illegible] coughing
		?? [illegible] [illegible] bronchospasm
		2° [illegible] [illegible] inhalants ?
		Rx – Rx Ventolin [illegible] x 100
		2 puffs as required [illegible] 2/12

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	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters) CASSIDY	Forenames (Block Letters) JAMES
	Address	Date of Birth 10/7/62

Date	*	
22/11/04		Stopped 3/12 ago [illegible] [illegible] (R) [illegible] [illegible]
		92 lbs – NOD [illegible] / Gaviscon x50
	T	Heartburn [illegible] [illegible] since stopped smoking
		3 yrs ago. [illegible] [illegible]
		Father's Ranitidine [illegible]
		/ Omeprazole 20g x28
26.9.05		Banged (R) knee [illegible] [illegible] [illegible]
		[illegible] painful – O/E no [illegible]
S[illegible]		[illegible] [illegible] [illegible] [illegible]
[illegible]		full range. [illegible] [illegible]
3 [illegible]		[illegible] and [illegible] [illegible]
		[illegible] and [illegible] [illegible] physio
6.2.06		Had an [illegible] [illegible] [illegible] on
		Friday – since then [illegible] [illegible]
NA 15/12		[illegible] occasional chest pain – [illegible]
		[illegible] [illegible] [illegible] [illegible]
		O/E [illegible] [illegible]
		[illegible] [illegible] [illegible] HR [illegible]
		BP 150/90. – chest clear – Abd soft
		[illegible] [illegible] [illegible]
		[illegible] – [illegible] – [illegible]
		[illegible] [illegible] [illegible]. and
		[illegible] Ranitidine as [illegible]
		did not help.
		– [illegible] – [illegible] [illegible] – Normal
		[illegible] – Plan to check
		H. Pylori and FBC [illegible]
		R/ Ranitidine 150 [illegible] [illegible]

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Advised [illegible] [illegible] O/N.

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Date	*	
6.6.08		Backache following a strain 4/7 ago.
		[illegible] no [illegible] difficulty or [illegible]
		but slightly tenderness on lower para-
		vertebral muscles. [illegible]
		Advised to attend physiotherapy and
		continue analgesic - ? Paracetamol 1-2 [illegible]
27.4.09		Stopped smoking since 2030 [illegible]
		Coughing out yellowish/greenish phlegm
		and [illegible] voice [illegible]
		low back - Apyrexial. Throat
		+ chest clear. Ab [illegible] - [illegible]
		slight tenderness on (L) lower back.
		∴ ? Chest infection ? UTI ??
		Rx Amoxicillin 375 TDS x 1/52
		Adv. to fluid intake.
		Added - wants NRT - agrees
		Rx Nicotinell TTS-30 x 28 patches
		[illegible] 3/52
22.5.09		Stopped smoking since [illegible]
		but has still / some craving for smoking
		+ c/o back ache 6/52. Apyrexial -
		throat + chest clear. Ab - [illegible]
		some tenderness on back - muscular
		Adv to attend physiotherapy
		Rx Co-codamol 30/500 [illegible] x 100 [illegible]
		Nicotinell TTS-20 x 28 patches
		doing [illegible]
26.6.09		Has stopped smoking - but
		still has some cravings for smoking
		Rx Nicotinell TTS-10 x 28 patches
23.2.10.		1 patch [illegible]
Stopped smoking - few months		c/o breathing difficulty on and off
		- few months - no cough or sputum
		O/E throat and chest clear
		Plan - CXR ✓ - see 1/52

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National Health Service Number	

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
Cassidy	James

Address	Date of Birth
	10.7.62

Date	*	Clinical Notes	Diagnosis
1.3.10		c/o still feels difficulty in breathing a/o chest pain. + long-standing CXR — NAD — explained reassured but not happy about chest — [illegible]. Check TFT FBC LFT BS, U/E Ferritin — [illegible]	
15/03/2010		BP 132/78 97K. 1.85 28.3. [illegible] No of 1 yrs. alcohol [illegible] enjoys holidays. lost father [illegible] blood tests as above. ✓ appears anxious > family loss	
17.5.10		Still feels fatigued & breathless [illegible] anxiety / can't get migraine headaches — [illegible]. Ferritin ↓ [illegible] Plan to supplement iron [illegible] Rx [illegible] x 20 tabs. Migraleve x 48 [illegible] as directed. Added — [illegible] Rx Omeprazole x 56 caps. Added [illegible] cystic growth — [illegible] [illegible] — Referred [illegible]	
20.05.10		* Long discussion regarding improving diet [illegible] processed foods crisps / snacks Will not eat fish/chicken positively does not like. [illegible] ? to start lipid therapy + Statin [illegible] re-enforce diet. Clarified therapy has side effects. Will phone on Monday.	

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FORM GP111F

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355 2095

Date	*	Clinical Notes	Diagnosis
22/7/10		C/for post-op X2 (cyst neck)	
		Get [illegible] for [illegible] Jonah and	
		[illegible] [illegible] [illegible] ?	
		[illegible] from 6.8.10 till 30.8.10 [illegible]	
9.8.10		Attended — c/o [illegible] condition — [illegible]	
		[illegible] [illegible] [illegible]	
		Rx Lansoprazole 30g 1 cap [illegible] x 56 caps	
16 08 10		c/o gastric discomfort. Spoke c Microbiology	
		[illegible] > Stool sample (free from Toilet water)	
		to Microbiology ✓ (Spec. form c container given)	
		Test for H Pylori	
23.8.10		H. Pylori +ve — [illegible]	
		Rx (i) Cap Amoxycillin 500g x2 bd x28	
		(ii) Clarithromycin 500g bd x 14	
		(iii) Lansoprazole 30g bd x 28	
		as directed	
		Review ? migraine headache.	
30.9.10		Rx (i) Lansoprazole 30g x 28 caps	
		1 top daily as req	
		(ii) Migraleve x 48 tabs as directed	
25.11.10		Purulent discharge from [illegible] wound	
Wt 15½ st		[illegible] [illegible]	
Non-smoker		? [illegible] [illegible]	
		? [illegible] [illegible] ?	
BP 130/85		Rx Flucloxacillin 500g qid x 1/52	
		and [illegible] see [illegible] 1/52	
21.2.11		Numbness on (L) face c flickering	
		[illegible] light [illegible] [illegible] migraine	
		for migraine — [illegible]	
		O/E Sensation and power intact	
		on face and arms. Fundi NAD	
		[illegible] NAD [illegible] Chest clear	

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National Health Service Number	

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	
Cassidy	[illegible]	
Address		Date of Birth

Date	*	Clinical Notes	Diagnosis
⟶		Hs [illegible] ✓ – Ab – [illegible]	
		BP – 135/84. no rash. no [illegible]	
		Reissued. Dosage [illegible] 1/52	
		Rpt [illegible] Megralane – x 48 tbs, as dir	
		Rpt (11) Omeprazole 20mg x 56 caps	
3.3.11		Still c/o numbness feeling on (R) face. – no motor or sensory deficit. RNS – [illegible] paraesthesia (R) face ? [illegible]. Plan – Diclofenac [illegible] 2-3/12 – if symptoms remained persistent → refer to Neurology clinic.	
28.6.11		Rpt Megralane tbs x 48 as dir (11) Omeprazole 20mg x 56 caps	
21.6.11		Breathlessness. Coughs [illegible] for few days. and has developed eczematous rash on (R) [illegible] – 2° [illegible] contact c chemicals. – [illegible] Afebrile Temp 36.[illegible] Throat – [illegible] Chest – Hs [illegible] Al – [illegible] A [illegible] eczematous [illegible] (R) [illegible] – [illegible] Probable chest infection. →	

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FORM GP111F

PRINTED FOR ASTRON, B43522 9/05 (017302)

355 2095

Date	*	Clinical Notes	Diagnosis
		Rx (i) Amoxycillin 500mg	TDS x 1/52
		(ii) Chloramphenicol drops	[illegible] x 10ml
		(iii) Fucidin oint x	30g as directed [illegible] + [illegible] 2/52
28/6/11		Omeprazole Capsules 56 x 20mg one to be taken each day.	
28.6.11		R[illegible] Migraleve x 48 tabs	as directed
7.10.11		[illegible] cough c occasionally productive - [illegible] [illegible] [illegible] [illegible] [illegible]. OT - [illegible] done. [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] Ch [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] also [illegible] [illegible] [illegible] [illegible] on [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible].	
		Rx (i) Flucloxacillin 500mg	QID x 1/52
		(ii) Fucidin Cr. x 30g	[illegible] [illegible] 2-3/52
17 Oct 11 LD		BP 130/78. wt 89 1.82 26.87 Referred to Spirometry	
50 f R		? Short term [illegible] for Ventolin To discuss c DR Demonstrated TH. Terbutaline agreed to use as reliever	
	*	Discussed short term use of Reliever c DR Not at present.	

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National Health Service Number	

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
Cassiday	James

Address	Date of Birth
	10.7.62

Date	*	Clinical Notes	Diagnosis
29.11.11		Suffers from COPD c ? Asthma Rx (1) Symbicort [illegible] x 120 6/100 mcg 2 puffs bd (1) Salbutamol [illegible] x 100 2-4 puffs as required	
30.11.11		Demonstrated inhalation technique PEF after 2 puffs of Salbutamol = 300 L/min - Advised to continue Symbicort 2 puffs bd as directed + Salbutamol [illegible] as required and r/v 3-4/52	
2.12.11		Feels better and breathing easier after taking Salbutamol Showed technique of inhalation again today. Flu vaccine offered and Flu-vac given	enzira® 2011/2012 Lot: 0966-21202 Exp: 06/12 enzira® 2011/2012 Influenza vaccine (split virion, inactivated)
12.12.11		c Breathlessness eczema [illegible] feet. which at work [illegible] weekend Breathing gets better inhaling - getting lot of dusts in inhalation in work [illegible] not [illegible] - Can't cope c work [illegible] dust [illegible] for [illegible] and [illegible]. Med3 4/52 Chr. Obstructive Pulmonary disease. from 13.12.11	

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Date	*	Clinical Notes	Diagnosis
29.12.11		Still gets breathless occasionally despite	
		[illegible] salbutamol inhaler - often	
		[illegible] at bed in the night.	
		[illegible] - [illegible] anxiety - Rash	
		in foot already [illegible]	
		P-76 [illegible] throat [illegible] Hs 1+11	
		chest clear. No change [illegible] but	
		he insists on getting drugs at [illegible]	
		Rx Prednisolone 5 x 8 [illegible] x 40	
		as directed. [illegible] see 1/52	
5/1/12		Breathing [illegible]	
		chest clear - [illegible]	
		Continue [illegible] / salbutamol	
		[illegible]	
		Rx (I) Symbicort 100/6 x 1 [illegible]	
		(II) Salbutamol [illegible] x 1 [illegible]	
		+ see in 3-4/52	
9.1.12		feeling little better. breathing	
		better and wants to go	
		work from next week.	
		Med3 from 10.1.12 till 16.1.12	
		chronic [illegible]	
27.2.12		c/o coughing - [illegible]	
		[illegible] - 2/7 -	
		o/e temp 36.5 throat - [illegible]	
		Hs 1+11 [illegible]	
		[illegible]	
		Rx (I) Amoxycillin 500 TDS x 1/52	
		(II) Symbicort 100/6 x 1 [illegible]	
		(III) Salbutamol [illegible] x [illegible]	

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National Health Service Number	

Surname (Block Letters)	Forenames (Block Letters)
Cassiday	James

Address	Date of Birth
	10.7.62

CHI. 1007626291 10/07/1962 M
CASSIDY, James
175 Benbow Rd, G81 4DP
0141 952 1182
3382615
Dr M.S.Haque
DR Haque Purple Wing, G81 2TQ 40600
16 03/2012 10 SB. Practice.

Date	*	Clinical Notes	Diagnosis
13/3/12	1150	- No better since recent antibiotic	
		- Not really well since late 2011	- tired,
		feels like an ache in upper back	
		- Dry cough.	
		- Recent diagnosis of COPD, smoked	for about
		2 years in last 25	
		- Works in dusty factory, occ health	are
		reviewing him	
		O/E Chest clear	
		No spine / back tenderness	
		- CXR and bloods - FBC, ESR, U+E,	LFTs please
		- Must see GP to follow up with	results
		Doyle (CAIE)	
16 03 12		BT as above ✓ advised TMA ē Dr for results	
17.4.12		[illegible] often [illegible] breathless and	
		dizzy. No chest pain. [illegible]	
		[illegible] 100 [illegible] 2 puffs bd + Salbutamol PRN	
		[illegible]	
		[illegible] 36.5 Chest [illegible] wheezes in	
		both lung fields. [illegible]	
		+ Rx (1) Spiriva 18mg [illegible] x 100	
		[illegible] Symbicort 100/6 x 100	
		(1) Salbutamol [illegible] x 100	
		+ [illegible] in 2/52	[illegible]

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355 2095

Date	*	Clinical Notes	Diagnosis
11.10.12		[illegible]	
2.10.13		[illegible]	

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GARTNAVEL GENERAL HOSPITAL, GLASGOW G12 0YN S19-43.

Telephone: 041-334 8122

CMacK/LJ

FROM Mr C MacKay's Clinic DEPT. Surgical

PATIENT James Cassidy HOSP. No. 620768 DATE

ADDRESS 5 Low Crescent
Clydebank G81

1.11.90

D.O.B. 10.7.62

Dr N Jain
Clydebank Health Centre
Kilbowie Road
Clydebank G81 2TQ

Dear Dr Jain

I saw the above at my clinic on 1 Novebmer 1990. His only complaint was of tiredness. He has had little or no trouble from his perineum in the past three months and on examination the perineum again looked good. There is certainly a general improvement over the past six months and I have arranged to see him again at the clinic in six months time.

Yours sincerely

C MacKay
Consultant Surgeon

NHS Confidential: Personal data about a patient

B17 51943
Date: 13 3 91

Dear Dr. IAIN

re: Mr. JAMES CASSIDY

of 5 LOW- ACRES CLYDEBANK

D.O.B. 10:7-62 Clinic No. V 90 914

This patient had a bilateral vasectomy. Two specimens of semen show no sperm and he has been told that the operation is now complete.

Yours sincerely,

.....Surgeon

NHS Confidential: Personal data about a patient

GREATER GLASGOW HEALTH BOARD
FAMILY PLANNING CENTRE
2 CLAREMONT TERRACE
GLASGOW G3 7XR

~~041-332-9147~~

VASECTOMY CLINIC

DR. JAIN.
CLYDEBANK HEALTH CENTRE
KILBOWIE RD
CLYDEBANK
G81

P.T.O.

473·15

No. B16

GREATER GLASGOW HEALTH BOARD

FAMILY PLANNING CENTRE
2 CLAREMONT TERRACE
GLASGOW G3 7XR
041-332 9144

Our Ref.:
Your Ref.:
If 'phoning
ask for:—

Date: 5. 10 90

Case No. V90 914

Dear Doctor JAIN,

re JAMES CASSIDY
5 LOW QUEEN
CLYDEBANK

Date of birth 10 7 62

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

He has been given a copy of the enclosed instructions.

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

Yours sincerely

SURGEON

enc.

ESBW/PG/24.7.87/Amended
GRH

GREATER GLASGOW HEALTH BOARD No. B13

INSTRUCTIONS TO PATIENTS AFTER VASECTOMY

After the operation it is not necessary to take any time off from work unless your job is a heavy one when it would be wise for you to spend the following day at home.

Millions of sperm (male seed) are still present and capable of being discharged during intercourse for many weeks after the operation.

It is important to continue having intercourse after the operation to wash these away before stopping contraceptive precautions or your wife may still become pregnant.

Two semen examinations (examinations of the fluid you produce during intercourse) under the microscope on two separate occasions at the 16th and 20th weeks after the operation must show no sperm (seed) present, before the man is regarded as being sterile. It is best to leave a few nights without intercourse beforehand.

The specimen must be passed into the jar provided. It may be collected either by incomplete intercourse and withdrawal, or by hand, but if a sheath is used the sheath containing the specimen must be emptied into the jar. The whole of the specimen is required.

Keep the small wounds covered with gauze until healed. There will be no stitches for removal. After the operation you will find it a comfort to wear a pair of 'Y' fronts. Bruising of the scrotum (bag) is common and does not matter.

If you feel a need for further advice please do not hesitate to contact us at:-

041 332 9144

If you are unable to do so (for example late at night or at a weekend) contact your GP. If this is not possible the Casualty Department at any large hospital can always provide medical advice in an emergency.

ESBW/PG/18.2.86

GARTNAVEL GENERAL HOSPITAL, GLASGOW G12 0YN 473·15

Telephone: 041-334 8122

CM/MPW

FROM MR C MACKAY'S CLINIC DEPT. SURGICAL

PATIENT JAMES CASSIDY HOSP. No. 620768 DATE

ADDRESS 5 LOW CRESCENT
CLYDEBANK

D.O.B. 10.07.62 02.05.91

Dr Jain
Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Jain

I saw the above at my clinic on 2.5.91. Generally speaking he was progressing satisfactorily. He still have perineal sepsis from time to time but the attacks are much less than before. On examination there was a small sinus but he appeared to be coping very well with regard to this aspect of his problems. He has however many other symptoms namely tiredness, sneezing, bruising of the chest and I must admit I left this aspect of the situation to your own good self.

Kind regards

Yours sincerely

pp

Colin MacKay BSc FRCS (Eng., Edin. & Glas.)
CONSULTANT SURGEON

GARTNAVEL GENERAL HOSPITAL, GLASGOW G12 0YN 519.43

Telephone: 041-334 8122

CM/MPW

FROM MR C MACKAY'S CLINIC DEPT. SURGICAL

PATIENT JAMES CASSIDY HOSP. No. 620768 DATE

ADDRESS 5 LOW CRESCENT

CLYDEBANK 01.08.91

D.O.B. 10.07.62

Dr Jain
Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Jain

I saw the above at my clinic on 1.8.91. With regard to his perineum he has had infected lesions on and off since last he attended the clinic. When I examined him today the area was moist and there was a small pustule. On the whole I think his perineal problems have become less troublesome in the last year and I would simply suggest continuing with the present management.

The patient complained bitterly of abdominal discomfort, retrosternal discomfort and flatulence and I do feel that endoscopy is indicated. I shall write following the examination.

Kind regards

Yours sincerely

Colin MacKay

Colin MacKay BSc FRCS (Eng., Edin. & Glas.)
CONSULTANT SURGEON

NHS Confidential: Personal data about a patient

GLASGOW ROYAL INFIRMARY

ACCIDENT AND EMERGENCY DEPARTMENT 041-552 3535

PATIENT NUMBER 71849

DATE 14-12-91 TIME 17.55

SURNAME: CASSIDY	AGE: 29	DATE OF BIRTH: 10-7-62	DATE OF INJURY:
FORENAMES: JAMES	SEX: M	MARITAL STATE: (M) S D W	PLACE OF INJURY/ILLNESS: HOME ☐ ROAD ☐ WORK ☐ SPORT ☐
ADDRESS: 5 LOW CRESS. WHITECROOK.	MAIDEN NAME:		OTHER:- B/F Foundstreacher Union St
POST CODE: G81 1AF TEL. No.	OCCUPATION: SECURITY OFFICER.		REFERRED BY: SELF ☐ G.P. ☐ AMB. ✓ WORK ☐ POLICE ☐ OTHER:
NEXT OF KIN: WIFE	GENERAL PRACTITIONER: DR. B JAIN. CLYDEBANK H/C.		
ADDRESS: S/A			
POST CODE: TEL No. 952 0495			TYPE OF INJURY OR ILLNESS: CAS/PTHS.

DEAR DOCTOR Mother In Law.

THIS PATIENT WAS SEEN AS ABOVE

SUFFERING FROM anxiety, depression, aggression

INVESTIGATIONS

X-RAY

TREATMENT

ANTITETANUS GIVEN No ☐ Yes ☐ < TETANUS TOXOID ☐ HUMAN IMMUNOGLOBULIN ☐ BOOSTER ADVISED NO ☐ YES < 6/52 6/12

ADMISSION:- WARD FROM TO

FOLLOW UP < ARRANGED AT NOT ARRANGED CLINIC ON

DRUGS < ____ DAYS SUPPLY OF NOT GIVEN

FURTHER TREATMENT ADVISED please follow-up ? counselling

DIAGNOSTIC CODES 1 2 3

SIGNED D Blett

BLOCK LETTERS BLEETMAN

GRADE SHO

CONSULTANT

GARTNAVEL GENERAL HOSPITAL, GLASGOW G12 0YN

10.7.62

CM/MPW

Telephone 041-334 8122

FROM	MR C MACKAY'S CLINIC	DEPT.	SURGICAL
PATIENT	JAMES CASSIDY	HOSP. No.	620768 DATE
ADDRESS	5 LOW CRESCENT CLYDEBANK		28.11.91
D.O.B.	10.07.62		

Dr Jain
Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Jain

I saw the above at my clinic on 28.11.91. He made an earlier appointment as he has recently had further ano-rectal pain associated with a discharge of blood stained pus. By the time he attended my clinic the area looked remarkably good; there was a small sinus which had previously been noted but there was no induration and no discharge. Rectal examination revealed no other abnormality.

It is likely that James will have problems from time to time but I saw no indication for altering our present management. I have arranged to see him again in about a months time at the clinic.

Kind regards

Yours sincerely

Colin MacKay

Colin MacKay BSc FRCS (Eng., Edin. & Glas.)
CONSULTANT SURGEON

RECEIVED
19 DEC 1991

GARTNAVEL GENERAL HOSPITAL, GLASGOW G12 0YN

10/7/62

Telephone 041-334 8122

CMACK/CM

FROM MR. C. MACKAY

DEPT. SURGICAL

PATIENT James Cassidy

ADDRESS 5 Low Crescent
Clydebank.

HOSP. No. 620768 DATE

Dictated: 30.1.92.
Typed : 11.2.92.

Dr. Jain
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ.

Dear Dr. Jain

I saw James once again at my clinic on 30.1.92. I was sorry to hear that he has been off work recently on account of an injury sustained during the course of work as a store detective. With regard to the perineum however this was very much better and I have simply arranged to see him again as a matter of routine in 3 months time.

Kind regards.

Yours sincerely,

Colin MacKay

Colin MacKay BSc FRCS (Eng.Edin.& Glas.)
Consultant Surgeon

10/7/62

GARTNAVEL GENERAL HOSPITAL, GLASGOW G12 0YN

Telephone: 041-334 8122

FROM MR. C. MACKAY'S DEPT. SURGICAL CLINIC.

PATIENT James CASSIDY, HOSP. No. 620768 DATE

ADDRESS 5 Low Ave.,
Clydebank.G81

CMacK/SD 30.4.92.

Dr. Jain,
Clydebank Health Centre,
Kilbowie Rd.,
Clydebank.G81 2TQ

Dear Dr. Jain,

I saw the above at my clinic on 30.4.92. His perineum has been of little or no trouble since last he attended the clinic and on examination, the area was perfectly satisfactory. He still has a small sinus but there appeared to be no active inflamation in the region.

The patient is still worried about tiredness and weight loss and claims that he has never felt well since he stopped smoking! I have arranged to see him again at the clinic in 4 months' time.

Kind regards,

Yours sincerely,

Colin MacKay

Colin MacKay, BSc. FRCS., (Eng. Edin & Glas)
CONSULTANT SURGEON.

NHS Confidential: Personal data about a patient

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

AE No. C/ 864618

ACCIDENT/EMERGENCY FORM

2.

HOSPITAL CODE G51 4TF

SURNAME: CASSIDAY	FORENAMES: JAMES	BIRTH SURNAME:
ADDRESS: 5 LOW CRES CLYDEBANK		PATIENT'S OWN OCCUPATION: SECURITY OFFICER
POSTCODE: G81 1AF	TELEPHONE No.: —	DATE OF BIRTH: 10/7/62
SEX: 1	MARITAL STATUS: 2	RELIGION: R/C
NEXT OF KIN: NAME: PATRICIA	RELATIONSHIP: WIFE	FAMILY DOCTOR: SURNAME: [redacted] JAIN
ADDRESS: SA		INITIALS
POSTCODE	TELEPHONE No.	ADDRESS: CLYDEBANK H/C
		POSTCODE
		TELEPHONE No.
ACCIDENT/EMERGENCY: DATE OF ATTENDANCE: 5/6/92	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO: YES	IN/OUT PATIENT
TIME OF ATTENDANCE: 10.45	REASON FOR ATTENDANCE: MED. CONDITION	YEAR
DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)
SOURCE OF REFERRAL: GP ____ SELF ✓ POLICE ____ OTHER (CODE) ____		
ROAD TRAFFIC ACCIDENT PLACE	DETAILS	
HOME ACCIDENT PROBABLE CAUSE		

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

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

Diagnosis ? ~~AB~~ POSSIBLE Musculoskeletal chest pain but patient gives history of malaise, weight loss and lassitude and

X-Ray film/ECG shows has 2 small rubbery nodes in (R) side neck and (L) supraclavicular region

Treatment given

CXR / ECG → NAD

Drugs 2 days supply of Brufen 400 mg has been given.

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

Would you please arrange Medical out-patient appt.

DISCHARGE CODES: Please Circle

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

Ward No. (if admitted)			Transfer to Hospital			Consultant (if admitted)				
Follow Up	Not arranged ✓		Arranged ____			To be arranged ____				
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters) MUSHTAQ

Cons SR Reg SHO/JHO Clin Assist (please circle)

Signature of Medical Officer

GREATER GLASGOW HEALTH BOARD
WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL UNIT

Our Ref .....
Your Ref AH/PMB/620768
If phoning ask for .....

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Tel. No: 041-339 8822
Fax. No: 041-339 2628

MEDICAL OUT-PATIENT CLINIC - 10 AUGUST 1992 - DR H L ELLIOTT

14 August 1992

Dr Dr S Haque
Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Haque

JAMES CASSIDY - 5 LOW CRESCENT, CLYDEBANK - DOB 10.07.62

Thank you for referring this 30 year old gentleman to Dr Elliott's Clinic. I saw him on his behalf and note his history of chest pains which he has described for some 2½ to 3 years. They are rather unusual in that they are described as an irritation beginning in his throat coming down his chest and across his chest and which he describes as feeling like "bruised muscles". He feels this is tender to press and also radiates around his chest wall to between his shoulder blades. It is not pleuritic in nature and not associated with any cough or spit. There is no relationship to exercise and no radiation to his arms. He does describe flatulence and occasional acid reflux but unrelated to his symptoms of pain.

Other symptoms include fatigue, only improving as the day wears on. There is no sleep disturbance. He denies in particular anxieties regarding his work or family.

Past history includes alopecia in 1975, appendicectomy in 1977 and an impulsive overdose in 1981. He has been seen by Dr Ball from Woodilee in the past. Other problems have included heamorrhoids in 1988 and ischiorectal abscess which was incised and drained. He has had a number of perineal sinuses and fistula. I understand that at one stage the diagnosis of Crohn's Disease had been proposed but that this was subsequently retracted because of lack of support of histology and the fact that his sinuses were multiple rather than single.

He is an ex-smoker who drinks 4 ot 5 units per alcohol per week. He works as a security officer and is married with a 4 year old daughter.

James Cassidy (620768)

There is a family history of hypertension but none for ischaemic heart disease.

On examination he appeared generally well though rather introspective. He was tall and slimly built with no stigmata of hyperlidpidaemia, clubbing, or lymphadenopathy. Pulse was 86 per minute sinus with good volume. Both heart sounds were audible with no cardiac murmur. Blood pressure was 110/76. There was no radio-femoral delay. There was no pericardial rub audible. Chest was clear at auscultation. There was no apparent localised chest wall tenderness. Abdominal examination revealed some superficial laceration scars and an appendicectomy scar. The abdomen was soft and non-tender with no epigastric tenderness.

I think it is unlikely that this gentleman has significant cardio-respiratory illness. He has had upper GI endoscopy in the past which proved negative, during a period at which he was symptomatic. I think his symptoms are more likely to be muscular and that perhaps his degree of introspection is a factor. He certainly does run a lot and perhaps this may not be the best form of exercise if he is getting chest and back ache.

He had a recent chest x-ray which was unremarkable. I repeated his ECG which showed sinus rhythm with no ST segment changes. Biochemical profile was unremarkable.

I have reassured this gentleman and not arranged any further follow-up. I would be happy to see him again in the future if he gives you cause for concern.

Yours sincerely

AHendry

ANNE HENDRY
SENIOR REGISTRAR

GARTNAVEL GENERAL HOSPITAL, GLASGOW G12 0YN

Telephone. 041-334 8122

CM/MPM

FROM MR C MACKAY'S CLINIC DEPT. SURGICAL

PATIENT JAMES CASSIDY HOSP. No. 620768 DATE

ADDRESS 5 LOW CRESCENT
CLYDEBANK 03.09.92

D.O.B. 10.07.62

Dr Jain
Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Jain

I saw James once again at my clinic on 3.9.92. He has had little or no trouble from his perianal sinus and on examination the situation was very much as before. There has been a general improvement in his anorectal problems over the past year or so and I have simply arranged to see him as a matter of routine in 6 months time.

Kind regards

Yours sincerely

Colin MacKay BSc FRCS (Eng., Edin. & Glas.)
CONSULTANT SURGEON

GARTNAVEL GENERAL HOSPITAL, GLASGOW G12 0YN 10/7/62

Telephone 041-334 8122

CMACK/CM

FROM MR. C. MACKAY

DEPT. SURGICAL

PATIENT James Cassidy

ADDRESS 5 Low Crescent
Clydebank

HOSP No 620768 DATE

Dictated: 4.3.93
Typed : 15.3.93

Dr. Jain
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Dear Dr. Jain

I saw the above once again at my clinic on 4.3.93. I was sorry to hear that he has had abscesses on a few occasions over the past 6 months but on examination the perineum was really looking very good. There was no induration although the sinus opening was still visible.

I have reassured him that nothing further is required and emphasised that he may well have the occasional abscess but he knows how to deal with the situation.

The patient also mentioned vomiting and in view of his negative endoscopy in the past I would simply recommend treatment with Maxolon as required.

Kind regards.

Yours sincerely,

Colin MacKay

Colin MacKay BSc FRCS (Eng.Edin.& Glas.)
Consultant Surgeon

RECEIVED
23 MAR 1993

GREATER GLASGOW HEALTH BOARD
WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL UNIT
DR DAVIES' MEDICAL CLINIC - 17/02/94

Our Ref DLD/CK/620768
Your Ref .....
If phoning ask for .....

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Tel No 041-211 2000
Direct Line .....

21 February 1994

Dr Haque
Clydebank Health Centre
Kilbowie Road
Glasgow
G81 2TQ

Dear Dr Haque

JAMES CASSIDY - 5 LOW CRESCENT GLASGOW G81 1AF
DATE OF BIRTH - 10/07/62

Presenting complaints:-

1. Weight loss (2 stones in 2 months)
2. Tiredness
3. Right posterior chest pain
4. Constant central chest pain
5. Cervical glands in right
6. Sleeping all the time

Thank you for referring this 32 year old married man who works at the Security Office and who arrived 15 minutes late and somewhat restricting time available for consultation.

I note he was seen at Dr Elliot's Outpatients Clinic last year and some of his symptoms are essentially similar. Weight on that occasion was only 2 $^{1/2}$ pounds heavier than at the clinic. I note the past medical history of multiple rectal abscesses/fistulae but I gather that Crohn's Disease, although proposed at one stage, has not been verified. I gather that he was in Knightswood Hospital 13 years ago with tuberculosis. He claims to be coughing up a lot of spit recently but was unable to present us with a specimen at the clinic.

On examination, he was a little " gaunt " but there were no obvious localising features. Blood pressure was 122/80 and his chest was clear. There were no abdominal masses.

Although he has had upper G.I. endoscopy in the past, I think that in view of his present symptoms, which include vomiting every day, it may be worthwhile repeating the investigation. I will make the necessary arrangements.

Present treatment:-

Nil specific

Return appointment:-

After endoscopy

Yours sincerely

D L DAVIES
CONSULTANT PHYSICIAN

West Glasgow Hospitals University NHS Trust

Incorporating the Western Infirmary, Gartnavel General Hospital,
Drumchapel Hospital, Glasgow Eye Infirmary & The Glasgow Homoeopathic Hospital

DR DAVIES' MEDICAL CLINIC - 31/03/94

Our ref : TW/CK/620788

Your ref :

Please reply to : Direct line : 211 2683

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Direct Line :
Fax No. :

7 April 1994

Dr Haque
Clydebank Health Centre
Kilbowie Road
Glasgow
G81 2TQ

Dear Dr Haque

JAMES CASSIDY - 5 LOW CRESCENT GLASGOW G81 1AF
DATE OF BIRTH - 10/07/62

Diagnoses:-

1. Weight loss
2. Tiredness
3. Right posterior chest pain
4. Constant central chest pain
5. Cervical glands in the right
6. Sleeping all the time

This man has now read an article in the Daily Record and says he has all the symptoms of M.E! He is exhausted and feels he has the body of a 70 year old. His limb muscles feel sore and bruised. His weight appears to have been steady over the past 18 months from our records. He still says he is nauseous and vomits twice a week although his appetite seems fine.

He now feels all his symptoms started 2 years ago with a viral infection.

He is still awaiting upper G.I. tract endoscopy. All his other tests were normal including full blood count, profile, ESR, C-Reactive Protein, thyroid function and chest x-ray.

I have tried to reassure him that we can find nothing wrong as yet and I have strongly discouraged him from labelling himself as suffering from M.E. We await the results of the endoscopy and will see him after this.

Yours sincerely

TOM WHITMARSH
SENIOR REGISTRAR IN MEDICINE

Rec'd 13/4/94

West Glasgow Hospitals University NHS Trust

Incorporating the Western Infirmary, Gartnavel General Hospital,
Drumchapel Hospital, Glasgow Eye Infirmary & The Glasgow Homoeopathic Hospital

Dr Davies' General Medical Clinic - 2 June 1994

Our ref : DLD/CK/620768

Your ref :

Please reply to : Direct line : 211 2683

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Direct Line :
Fax No. :

7 June 1994

Dr Rahman
Clydebank Health Centre
Kilbowie Road
Glasgow
G81 2TQ

Dear Dr Rahman

James Cassidy - 5 Low Crescent Glasgow G81 1AF
Date of birth - 10/07/62

This patient's upper G.I. endoscopy showed normal oesophagus, stomach and duodenum. CLO test was positive at 24 hours indicating the presence of helicobacter. In view of his normal endoscopy, I would doubt whether there is a need for eradication therapy.

He continues to suffer various symptoms reported previously but our investigations have drawn a blank. The symptoms date from a " viral illness " 2 years ago. I will check with the gastroenterologists whether they feel eradication therapy would be beneficial but otherwise I have little to suggest. I suppose we have not excluded a pancreatic lesion and in view of his previous alcohol history, I will arrange an abdominal ultrasound. I would not propose to take matters further if this is again normal.

Yours sincerely

D L DAVIES
CONSULTANT PHYSICIAN

13 JUN 1994

NHS Confidential: Personal data about a patient

You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed

056447

CONFIDENTIAL

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
WESTERN INFIRMARY, Glasgow G11 6NT
Telephone 0141-211-2000

IMMEDIATE DISCHARGE AND MEDICINE PRESCRIPTION FORM

Name of G.P.: ______

Your Patient :

Name: James Cassidy
Address: 15 Berbo Rd
Clydebank

D.O.B. 10/7/62 Unit No. ______

Diagnosis
1. Lacer^n (L) forearm
2.
3.
4.

TIME RECEIVED 9.05
TIME REQUIRED done

Consultant ______

Admitted to Ward ______ On __/__/__

Discharged on __/__/__ From Ward 25W

Or seen at ______ *Clinic,on* __/__/__

Operation/Procedures
1. Explor^n & suturing
2.
3.

Follow Up Arrangements

Clinic None Date __/__/__

Home Help Yes No

District Nurse Yes No

Meals/Wheels Yes No

Paramedical (please state) ______

Other ______

Please TICK box if childproof containers are UNSUITABLE ☐

Medicine	Form	Dose	am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 8	pm 10	Other Times	Recommended duration of treatment from date of discharge
Co-proxamol	oral	2 tabs		4-6 hly As req'd									

PHARMACY USE ONLY

No. of Days Supply	Quantity, Name, Strength and Manufacturer supplied by Pharmacy.
	40 x MG 665092

Dispensed by [signature] Checked by [signature]
Date 25-6-96 CP Check

Medication Collected by (Messenger)

OTHER TREATMENT and COMMENTS (Including details of drug sensitivities, appliances, etc.)

WARD USE ONLY
Medication Rec. on Ward by ______
Issued by ______
Date Issued ______
Signature of Recipient ______

DR.s NAME IN BLOCK CAPITALS H [illegible] SIGNATURE [signature] DATE 25/6/96

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

Pager No. 1272

TREATMENT ROOM RE)RD

PATIENTS NAME James Cassidy
ADDRESS 75 Burbank Rd.

DATE OF BIRTH 10-7-62

CLYDEBANK HEALTH CENTRE
TREATMENT ROOM RECORD

G.P. HAQUE

DATE	DIAGNOSIS / TREATMENT REQUIRED / NURSING NOTES	RETURN APPT
8-7-96	Infected wound c L/ arm. Rx antiseptic dressing " Home	
8/7/96	Arm cleaned. Inadine melolin applied. Home dressings given Ret 11/7 E.I.	Ing
12/7/96	Inadine + melolin reapplied. Home dressings Ret 6/7. TR	
18.7.96.	almost healed - Redressed as before. [illegible]	
19/7/96	DNA	

25/7/96. Wound healed. 90 pins & needles in fingers — will see PP tomorrow. (D) TC.

NHS Confidential: Personal data about a patient

TREATMENT ROOM RECORD

PATIENTS NAME JAMES CASSIDY

ADDRESS 75, Kenbow Rd. Dalmuir

DATE OF BIRTH 10/7/62

CLYDEBANK HEALTH CENTRE
TREATMENT ROOM RECORD

G.P. HAQUE

DATE	DIAGNOSIS / TREATMENT REQUIRED / NURSING NOTES	RETURN APPT
28/6/96	Removal of Dressing to let Dr see.	
"	Cleansed & Melolin applied. Sling applied. Home dressing given. Ref 1/52 for S.T-D	
5/7/96	Sutures removed wound intact Dressed	

Western Infirmary/Gartnavel General Hospital Unit
Discharge to Community Nursing Services

Hospital WIG
Consultant Prof Houston

Ward 12AAU Ext. 2401
Named SUSAN FARLANE
Discharge Nurse (BLOCK CAPITALS)

Name and Address (give house/flat number)

JAMES CASSIDY

ADDRESSOGRAPH LABEL
75 BENBOW Rd
CLYDEBANK
G81 4DP

Telephone no. ✓
Date of Birth 10/7/68
Religion ✓

Discharge Address (if different)

Telephone no. .....

Services Requested	YES	NO
Community Nursing Service	✓	
Home Help		
Social Worker		
Meals on Wheels		
Other (specify)		

General Practitioner Name and Address

DR RAHMAN
CLYDEBANK H/C

Telephone no. .....

Confused/Alert (delete)		✓
On Medication	✓	

Diagnosis Laceration (Rt) forearm

Treatment and Progress to Date 24/6/96 Exploration + sutures laceration (Rt) forearm

Dressings on Discharge
Type ..... Date wound swab taken .....
Frequency .....

Liaison/Clinical Nurse Specialist Information/Any Other Comments

For removal of sutures 5/7/96.

Waterlow Score on Discharge

Build/Weight		Continence		Skin Type		Mobility	
Sex/Age		Appetite		Special Risks		TOTAL	

Date of Outpatients Appointment — no formal follow up

Date Community Nursing Services Telephoned — 26/6/96 at treatment room 940.

Date of Confirmation to Community Nursing Services — 26/6/96

26/6/96
DATE

SIGNATURE OF NAMED CHARGE NURSE

GRH

[redacted]

G.P. EMERGENCY MEDICAL SERVICE (GLASGOW)

CENTRE: Drumchapel Hospital

NAME OF GP	Dr Hague 3280
GP ADDRESS	CHC
FAX NO.	086
PATIENT NAME	James CASSIDY
DOB	07/62
ADDRESS TODAY	76 Benbain Rd Dalmuir
POSTCODE	
HOME ADDRESS (IF DIFFERENT)	—
SPECIAL DIRECTIONS	mlD
CALLER'S NAME	
RELATIONSHIP	Wife
TEL. NO.	952 7631
COMPLAINS OF	Cying with pains in head today. Vit. has taken no pain killers.

ACTION: URGENT VISIT ☐ NON-URGENT VISIT ☐ ATTEND:OWN TRANSPORT ☐
ATTEND: PTS TRANSPORT ☐ AMBULANCE ☐ ADVICE ☒

DATE	7/6/1997
RECEPTIONIST NAME	Josie
TIME PHONED	1351 hrs.
TIME PASSED (FOR VISIT/PTS)	
TIME AT CENTRE	
TIME SEEN	

CLINICAL NOTES
Advised to take painkillers & rest & call back if concerned

TREATMENT

REFERRAL

CATEGORY CODE		
SEEN BY DR	ROTA NO.	NURSE

N.B. PLEASE ENSURE THAT ALL AREAS OF THIS FORM ARE COMPLETED, INCLUDING NEW SECTION FOR RECEPTIONIST NAME AND ALL TIMES (BASED ON THE 24 HOUR CLOCK).

West Glasgow Hospitals University NHS Trust

DB/RL/620768

Western Infirmary
Dumbarton Road
GLASGOW
G11 6NT

Tel: 0141-211 2540
Fax: 0141-211 2400

8 August 1997

Department of Dermatology

Dictated: 06.08.97

Dr M S Haque
Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Haque

James Cassidy (D.o.B. 10.07.62)
75 Benbow Road, Clydebank

Thank you for referring this man to the Dermatology department. He has a small asymptomatic epidermoid cyst on the angle of the jaw. I have advised him that this is benign, but could be excised if he wished it. He is not overly keen to have it removed and as it has never caused symptoms, it is perfectly acceptable to leave it in place.

If it became repeatedly inflamed, I have advised him to contact us and we will excise it for him.

Yours sincerely

DAVID BURDEN
Senior Registrar in Dermatology

12 AUG 1997

NHS Confidential: Personal data about a patient

GREATER GLASGOW COMMUNITY & MENTAL HEALTH SERVICES NHS TRUST

(B)

PHYSIOTHERAPY REFERRAL

Patient Details

Surname: CASSIDY

First Name: JAMES

DOB 100762 CHI No 6271 M☐ F☐

Address: 75 BENBOW RD, CLYDEBANK

Post Code .... Tel (Day) 952 7631

Practice Details Code 40600

Name

Address [illegible] Tel: [illegible]

BC lass 14/8/98 3pm HQ pc sent 28/7

Referring Hospital Department

OUTPATIENT		**DOMICILIARY**	
Routine	☑	Routine	☐
Urgent	☐	Urgent	☐
Appliance Only	☐	Appliance Only	☐

Reason For Referral: Backache 4/12

Relevant Past Medical History: [illegible] 4/12 → [illegible]

Drug History: Analgesic and [illegible]

X-Ray Reports

Pacemaker Present Yes ☐ No ☑

G.P. Signature: [signature] Date: 1.6.98

Date Received 3/6/98 First Appointment offered 14/8/98 Date of Discharge 14/9/98

Date of Assessment 20/8/98.

Number of Treatments [1] Missed Appointments [1] Appliance(s) Provided —

Physiotherapy Diagnosis: Back Pain

Date	Problem	Goals	Outcome
20/8/98	Back Pain Poor Posture Mm tightness ↓ Mob Lx Spine		

Discharge Summary: Mr Cassidy was taught some exercises to ↑ his ROM & improve his posture. He is agreeable to cont. c̄ these at home.

Physiotherapists Signature: [signature] Date: 27/10/98

NHS Confidential: Personal data about a patient

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
ACCIDENT/EMERGENCY FORM

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 0141-211-2304/2409

6

CRN: 620768

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
CASSIDY	JAMES	36	10/07/62	07/02/99	15:42	005572/99

Address	Sex	Religion	Date of Inc	Time
75 Benbow Road CLYDEBANK	Male	Roman Cathol	06/02/99	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G81 4DP	952 7631	Married	PROSSESS WORK	Other	Walking

GP

Name: Dr HAQUE

Address: CLYDEBANK HEALTH CEN
KILBOWIE ROAD
CLYDEBANK
GLASGOW
G81 2TQ

Referred by: Selfref

NEXT OF KIN

Name: PATRICIA

Relat.: WIFE

Tel. No.: NONE

Address: 75 Benbow Road
CLYDEBANK
G81 4DP

Complaint:

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

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

Diagnosis: ? lethargy

X-Ray film/ECG shows:

Treatment given: Advice only

TRIAGE

TRIAGE TIME: 15:42

TRIAGE CATEGORY: Category 3

INITIAL COMPLAINT: Breathlessness

INITIAL TREATMENT

FILED BY MRHMCK

Drugs ____ days supply of ____ has been given.

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

Would you please arrange ____

DISCHARGE CODES: Please Circle

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

Ward No. (If admitted)	Transfer to Hospital	Consultant (If admitted)

Follow up	Not arranged	Arranged	To be arranged

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters): Mcmurray

Cons SR Reg (SHO/JHO) Clin Assist (please circle)

Signature of Medical Officer: [signature]

NHS Confidential: Personal data about a patient

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
ACCIDENT/EMERGENCY FORM

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 0141-211-2304/2409

120

CRN: 620768

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
CASSIDY	JAMES	36	10/07/62	10/02/99	00:33	005923/99

Address	Sex	Religion	Date of Inc	Time
75 Benbow Road CLYDEBANK	Male	Roman Cathol	10/02/99	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G81 4DP	952 7631	Married	PROSSESS WORK	Work	Walking

GP

Name: Dr HAQUE
Address: CLYDEBANK HEALTH CEN, KILBOWIE ROAD, CLYDEBANK, GLASGOW, G81 2TQ
Referred by: Selfref

NEXT OF KIN

Name: PATRICIA
Relat.: WIFE
Tel. No.: NONE
Address: 75 Benbow Road, CLYDEBANK, G81 4DP

Complaint:

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

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

Diagnosis: Soft tissue injury to Right Forefoot

X-Ray film/ECG shows: No Bony injury / dislocation

Treatment given: Tubigrip, Brufen, Rest + Elevation

TRIAGE

TRIAGE TIME: 00:33

TRIAGE CATEGORY: Category 3

INITIAL COMPLAINT: Foot Complaint

INITIAL TREATMENT

FILED BY MRCWEL

Drugs: 2 days supply of: 1 Brufen has been given.

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

Would you please arrange _____

DISCHARGE CODES: Please Circle

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

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

Follow up: Not arranged _____ Arranged _____ To be arranged _____

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters): G. WHITEHEAD

Signature of Medical Officer: G. Whitehead

Cons SR Reg (SHO) JHO Clin Assist (please circle)

C

NHS Confidential: Personal data about a patient

[redacted]

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
ACCIDENT/EMERGENCY FORM

G.P. COPY

10

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 0141-211-2304/2409

CRN: 620768

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
CASSIDY	JAMES	36	10/07/62	13/05/99	03:09	019944/99

Address	Sex	Religion	Date of Inc	Time
75 Benbow Road CLYDEBANK	Male	Roman Cathol	13/05/99	

Marital Status	Occupation/School	Type of Inc	Mode of Arrival
Married	PROSSESS WORK	Work	Other

PC G81 4DP Tel 952 7631

GP

Name: Dr HAQUE
Address: CLYDEBANK HEALTH CEN
KILBOWIE ROAD
CLYDEBANK
GLASGOW
G81 2TQ

Referred by: Selfref

NEXT OF KIN

Name: PATRICIA
Relat.: WIFE
Tel. No.: NONE
Address: 75 Benbow Road
CLYDEBANK
G81 4DP

Complaint:

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

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

Diagnosis: Muscular Neck Pain

X-Ray film/ECG shows

Treatment given: Mobiflex
Analgesics

Drugs _____ days supply of _____ has been given.

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

Would you please arrange

TRIAGE

TRIAGE TIME 03:09

TRIAGE CATEGORY Category 3

INITIAL COMPLAINT
Neck Complaint

INITIAL TREATMENT

FILED BY MRHMCG

DISCHARGE CODES: Please Circle

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

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

Follow up: Not arranged _____ Arranged _____ To be arranged _____

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters): Ruiz

Signature of Medical Officer

Cons SR Reg (SHO) JHO Clin Assist (please circle)

Glasgow Emergency Medical Services (Centre Name)

Call No: 37035	Date: 19/09/1999 12:16:18	Time of Call:
Patient's Name: Cassidy James	D.O.B.Age: 10/07/1962 37Y	
Address Today: 75 Bendow Road Main Door Dalmuir Glasgow Post Code: G81	Home Address If different: Post Code:	
Phone Number Today: 44 0141 952 7631	Home Phone If different:	
Special Directions to Today's address:		
Callers Name:	Relationship to patient:	

Name of GP: Haque MS		Practice No:035
Surgery: Clydebank Health Centre		Cipher No: G0328 0
Address:		Fax No: 0141 531 6386
		Speed Dial: 085W
Call Type: OT		Time Passed:
Receptionist's Name: LYNOB	Time Arrived: 13.43	Time complete:

Patient's Complaint:

lump on testicle.

BP: /	PR: per min	Temp:

Clinical Notes

NOTICED . SWELLING A MONTH AGO - THOUGHT IT WAS A GROIN STRAIN TODAY DIFFICULTY PASSING WATER + SWELLING HAS INCREASED IN SIZE - URINE - CLEAR . HAD VASECTOMY IN THE PAST . NO GLUCOSE

O/E No. evidence hernia ? swelling a epididymis L side

Treatment: NEEDS UROLOGICAL REFERRAL AS HAS LOST 2 STONE IN WEIGHT OVER PAST FEW MONTHS.

Diagnosis Code: ? EPIDIDYMAL CYST.

Referral:

Seen by Dr: DARLSON	Rota No: 438	Nurse:

West Glasgow Hospitals

UROLOGY DEPARTMENT
GARTNAVEL GENERAL HOSPITAL
1,053 GREAT WESTERN ROAD
GLASGOW G12 0YN

MA/JM/620768

Direct Line - 0141-211-3200
Secretary - 1041-211-1045

22 October 1999

Dr Haque
Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Haque

Re: James Cassidy 75 Benbow Road, Clydebank G81 4DP D.O.B. 10/7/62

Following your referral this patient is to undergo an ultrasound scan of his scrotum. The result will be sent to you as soon as it is available together with notification of follow-up arrangements.

Yours sincerely

RP **M Aitchison**
CONSULTANT UROLOGIST

28 OCT 1999

West Glasgow Hospitals

UROLOGY DEPARTMENT
GARTNAVEL GENERAL HOSPITAL
1,053 GREAT WESTERN ROAD
GLASGOW G12 0YN

Direct Line - 0141-211-3200
Secretary - 1041-211-1045

MA/JM/620768

8 December 1999

Dr Haque
Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Haque

Re: James Cassidy 75 Benbow Road, Clydebank G81 4DP D.O.B. 10/7/6[illegible]

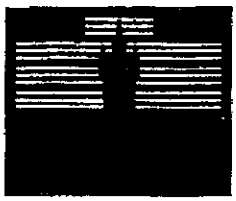
A copy of you patient's testicular ultrasound is enclosed and an appointment is being arranged for him to see his consultant.

Yours sincerely

M Aitchison
CONSULTANT PHYSICIAN

Enc.

13 DEC 1999



West Glasgow Hospitals

DEPARTMENT OF UROLOGY
GARTNAVEL GENERAL HOSPITAL
1053 Great Western Road, Glasgow G12 0YN

Consultant:
Mr Michael Aitchison

Contact Telephone No:
0141-211-0128

Our Ref: GJ/JC/620768

MR M AITCHISON'S CLINIC – FRIDAY 09 JUNE 2000

Typed: 21 June 2000

Dr M S Haque
Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Dear Dr Haque

James CASSIDY – dob: 10/07/62
75 Benbow Road Clydebank G81 4DP

I reviewed this gentleman today. He recently passed through the testicular ultrasound assessment service. He is reputed to have small bilateral varicoceles but no other abnormality. At the moment, his most pressing concern is that of significant nocturia, frequency and urgency associated with encore. He says his flow sprays and has diminished recently. Examination reveals no abnormality in the abdomen. External genitalia on examination reveals changes consistent with previous vasectomy but no worrying pathology. Urinary flow rate was diminished with a Q-max of 12.6 and only 94 ml voided but with a normal bell-shaped curve. His residual urine was 27 ml. I think it unlikely that this man has a stricture as a cause of his frequency but I have arranged a GA cystoscopy to be performed as a day case with the option of a bed overnight. He is aware of this. From the point of view of his varicoceles, these are not clinically evident and require no intervention.

Yours sincerely

GARETH JONES
Specialist Registrar in Urology

27 JUN 2000

NHS Confidential: Personal data about a patient

You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed

173524

CONFIDENTIAL

WEST GLASGOW HOSPITALS

Gartnavel General Hospital, Glasgow G12 0YN
Telephone 0141-211-3000

IMMEDIATE DISCHARGE AND MEDICINE PRESCRIPTION FORM

Name of G.P.:_____

Your Patient :

Name: James Cassidy

Address:_____

D.O.B. 10/7/62 Unit No. 620768

Consultant DAY

Admitted to Ward 6A/B On 18/4/01

Discharged on 19/4/01 From Ward 6A/B

Or seen at _____ *Clinic, on* __/__/__

Diagnosis

1._____
2._____
3._____
4._____

Operation/Procedures

1. Cystoscopy
2._____
3._____

Follow Up Arrangements

Clinic_____ Date__/__/__

Home Help	Yes	No
District Nurse	Yes	No
Meals/Wheels	Yes	No

Paramedical (please state)_____

Other _____

Please TICK box if childproof containers are UNSUITABLE ☐

Medicine	Form	Dose	TIMES FOR ADMINISTRATION										Recommended duration of treatment from date of discharge
			am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 8	pm 10	Other Times	
No current medication													

PHARMACY USE ONLY

No. of Days Supply	Quantity, Name, Strength and Manufacturer supplied by Pharmacy.

Dispensed by_____ Checked by_____

Date_____ CP Check_____

Medication Collected by (Messenger)

WARD USE ONLY

Medication Rec. on Ward by_____

Issued by_____

Date Issued_____

Signature of Recipient_____

OTHER TREATMENT and COMMENTS (including details of drug sensitivities, appliances, etc.)

DR.s NAME IN BLOCK CAPITALS JAMES WEIR **SIGNATURE** J. Weir **DATE** 19/4/01

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

Pager No. 4140

24 APR 2001

West Glasgow Hospitals

DEPARTMENT OF UROLOGY
GARTNAVEL GENERAL HOSPITAL
1053 Great Western Road, Glasgow G12 0YN

Consultant:
Mr T Day
Our Ref: TD/AMR/620768

Contact telephone No:
0141-211-3200

17 May 2001
(Dictated 26 April 2001)

Dr M S Haque
Clydebank Health Centre
Kilbowie Road
Clydebank
Glasgow G81 2TQ

Dear Dr Haque

James CASSIDY D.O.B. 10/07/1962
75 BENBOW ROAD CLYDEBANK G81 4DP

Date of Admission	-	18 April 2001
Date of Discharge	-	20 April 2001
Diagnosis	-	Nocturia, Frequency and Urgency
Procedure	-	Cystoscopy EUA
Follow-up	-	Nil

This young man with a history of nocturia, frequency and urgency was admitted for a cystoscopy. This was performed under general anæsthesia (Dr Makin).

On rectal examination under anæsthesia he had a small benign feeling prostate. The anterior and prostatic urethra was normal. The bladder was normal and in particular no stone, diverticulum or neoplasm was seen.

Investigations: electrolytes and urea normal, HB 13.5, CSU sterile.

Further management: he has been reassured that there is no sinister cause for his urinary symptoms. It would be appropriate to treat him conservatively with a simple bladder sedative. I have not arranged to review him routinely in Out-patients but would be happy to do so at your request if there are any further problems.

Yours sincerely

29 MAY 2001

T DAY
LOCUM CONSULTANT UROLOGIST

Call No: 1897868	Date : 16/06/2007 16:59:09	NHS 24 No: 4658775
Patients Name: James Cassidy	D.O.B. Age 10/07/1962 00:00:00 | 45	Callers Name Franchesca

Address Today: 75 Benbow Road, Clydebank, Front Door, G81 4DP	Home Address if different: 75 Benbow Road, Clydebank, Front Door
Post Code:	Post Code: G81 4DP
Phone Number 0141 952 7631	Call Type Home Visit Within 4 Hours
Name of GP: Haque,MS(035)	Time Call Received at NHS 24: 16/06/2007 15:34:51
Surgery 035Clydebank Health Centre	Time Details Received at GEMS: 16/06/2007 16:01:40
Practice Number	Time Patient Arrived:
Fax Number 0141 531 6386	Consultation Start time: 16/06/2007 16:28:26
Speed Dial 085W	Consultation End time: 16/06/2007 17:03:31 16/06/2007 16:23:33
Dispatched To KIT3	

Clinical Information

VOMITING, SEVERE HEAD ACHE, SWEATING, 1/7 SEE A/VComments: PT HAD DENTAL TROUBLE YESTERDAY WITH AN ABSCESS, WHICH WAS REMOVED
SPOKE TO T/L BERNADETTE JOHNSTONE DUE TO DENTAL SYMPTOMS BUT DENTIST UNABLE TO HELP WITH VOMITING SO GP DEEMED SUITABLE.
Clinical summary created: 16-Jun-2007
C/O PERSISTANT VOMITING AND INCREASING PAINS IN HEAD AND NECK FOLLOWING DENTAL EXTRACTION WITH ABCESS. UNABLE TO KEEP ANALGESIA OR ANTIBIOTICS DOWN. SOME BLEEDING AT TIMES. NO OTHER SYMPTOMS. OFFERED PCEC DUE TO VOMITING BUT FEELS UNABLE TO ATTEND. SPEAK TO GP 2 HOURS

Primary Care Nurse

Has dental abscess, tooth extracted yesterday
vomiting from 6pm last night, also headache, abdo pains.
for home visit

BP: /	Pulse	Temp: °c	Allergies

Clinicians Notes

Examination Results:

Icer rt dental abscess- extraction yeterday- om metronidazole- incr pain mouth and head today- V several times- on pcm- no other pmh/dh
T 36, BP 130/70- socket dry, ? fragment of tooth remainin
Dental abscess
Rx and adv ct metronidazole fluids- see dentist if not settling

Prescription Items: co-codamol capsules 30mg + 500mg 2 as required four times a day 20.00
BUCCASTEM tablets 3mg [RECKITT B] 1 or 2 twice daily 20.00

Clinical Code/s: 1912. Toothache

Informational Outcome:

Referral: **Consulting Clinician:** Levy,RD(003)

Referral:	Seen by Dr:	Rota No:	Nurse:

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GOVAN
GLASGOW G51 4TF
Accident & Emergency Dept
Phone (0141) 201 1456
Fax (0141) 201 2997

DR MOHAMMED MS HAQUE
CLYDEBANK HEALTH CENTRE
CLYDEBANK
G81 2TQ
Tel : 0141-531-6463

Dear Dr MOHAMMED MS HAQUE

Your Patient
Name : **JAMES CASSIDY**
DOB : **10/07/62**
Address : **75 BENBOW ROAD**
CLYDEBANK
GLASGOW
G81 4DP

Consultant : DR **JASON LONG**

Account # : **AE0048608/08** Unit # : **SG03235606** CHI # :

Attended at : **2032** on **02/06/08**
Left A&E at : **0024** on **03/06/08**

Reason for Visit : **BACK INJURY**

Diagnosis : **Muscular Strain** : **NOT APPLICABLE** : **Back**

Investigations :

Treatment :

Prescribed Drugs :

DRUG	DIRECTIONS
Co-codamol	**1-2 Tabs 6 Hrly**
Ibuprofen	**600mg (8Hrly) 7 Days**

Tetanus Given:

Additional Notes:
STRAINED BACK - NON TENDER, STIFF BUT NO NEURO DEFICITS
Follow Up : **NONE**

Yours Sincerely,
LESLEY LAUGHTON
If you require any futher information please quote this attendance number: **AE0048608/08**

06 JUN 2008

NHS Greater Glasgow & Clyde OOH Services

Call No: **2588268** Date: **26 Aug 2009** Time of Call: **23:30**

Patient's Name: **James Cassidy** DOB: **10/07/1962** Age: **47 Y**

Address Today: **75 Benbow Road**
Dalmuir
Clydebank
Main Door
Post Code: **G81 4DP**

Home Address If different: **75 Benbow Road**
Dalmuir
Clydebank
Main Door
Post Code: **G81 4DP**

Phone Number Today: **(0141) 952 7631** -

Home Phone If different: **(0141) 952 7631** -

NHS24 Call ID : 7680746

Callers Name: **Franchesca** Relationship to patient:

Name of GP: **Haque MS** Practice No: **035**

Surgery: **035Clydebank Health Centre** Cipher No: **G0328 0**

Address: **Dr MS Haque Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ** Fax No: **0141 531 6386**

Speed Dial: **182**

Call Type: **No Action Required by Co- NOT GIVEN** Time Passed: **00:25**

Receptionist's Name:**IF** Time Arrived: Time Complete: **27/08/2009 00:24:51**

Patient's Complaint: **Patient's Complaint:**

BURNING UP. HEAD IS SPLITTING. ((Non-Clinical User) (Glasgow))

—

CB VOMITING, HEADACHE 2 HRS SEE A/V

—

Clinical summary created by: (Nurse Advisor) (Edinburgh) [27/08/2009 00:25:16]
HEADACHE FOR TODAY, INCREASING SEVERITY AND UNABLE TO FLEX NECK.VOMITING++.APPEARS SLOW TO RESPOND.?VISUAL DISTURBANCE, UABLE TO ELABORATE.999 ARRANGED

—

This call should be directed via consult telephony route.
WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.
TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within three hours.
This call will now be transferred to the emergency services.
The individual needs an ambulance as soon as possible and if there are any changes please call either 999 or us back straight away.

Remarks: This call should be directed via consult telephony route.

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor Follow Up:

Consultation(s):

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

27 AUG 2009

2588268 23:30 26/08/09 **James Cassidy** 10/07/1962 75 Benbow Road Dalmuir N D08

Patients Telephone Number: - **0141 952 7631**

Symptoms: BURNING UP. HEAD IS SPLITTING. ((Non-Clinical User) (Glasgow))

CB VOMITING, HEADACHE 2 HRS SEE A/V

Clinical summary created by: (Nurse Advisor) (Edinburgh) [27/08/2009 00:25:16]
HEADACHE FOR TODAY, INCREASING SEVERITY AND UNABLE TO FLEX NECK.VOMITING++.APPEARS SLOW TO RESPOND.?VISUAL DISTURBANCE, UABLE TO ELABORATE.999 ARRANGED

This call should be directed via consult telephony route.
WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.
TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within three hours.
This call will now be transferred to the emergency services.
The individual needs an ambulance as soon as possible and if there are any changes please call either 999 or us back straight away.

Remarks: This call should be directed via consult telephony route.
WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.
TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within three hours.
This call will now be transferred to the emergency services.
The individual needs an ambulance as soon as possible and if there are any changes please call either 999 or us back straight away.

Diagnosis: OLC - DIAGNOSIS:-
OLC - HISTORY:-
OLC - EXAMINATION:-
OLC - TREATMENT:-

V3 Examination:
V3 Treatment:
V3 Prescribed:
Clinical Notes:

Hospital Details
Have the Next of Kin been informed?
Has a Death Certificate been Issued?
Fiscal Referral?
Have all Documents from GP been received?

NHS Greater Glasgow & Clyde OOH Services

Call No: **2588277** Date: **27 Aug 2009** Time of Call: **00:48**

Patient's Name: **James Cassidy** DOB: **10/07/1962** Age: **47 Y**

Address Today: **75 Benbow Road**
Dalmuir
Clydebank
Main Door
Post Code: **G81 4DP**

Home Address If different: **75 Benbow Road**
Dalmuir
Clydebank
Main Door
Post Code: **G81 4DP**

Phone Number Today: **(07795) 334 753** -

Home Phone If different: 0 -

NHS24 Call ID : 0

Callers Name: **David Kelly** Relationship to patient:

Name of GP: **Haque MS** Practice No: **035**

Surgery: **035Clydebank Health Centre** Cipher No: **G0328 0**

Address: **Dr MS Haque Clydebank Health Centre Kilbowie Road Clydebank G81 2TQ** Fax No: **0141 531 6386**

Speed Dial: **182**

Call Type: **Tel Advice** **Priority D Dual** Time Passed: **01:03**

Receptionist's Name:**GRIFF** Time Arrived: Time Complete: **27/08/2009 01:03:31**

Patient's Complaint: **Patient's Complaint:**

Amb Crew in attendance - requesting Doctor to call them. C/O Headache, neck stiffness, hot and cold sweats. Returned from Dominican Republic 3/52 ago

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **A334** Follow Up: A & E Follow Up

Consultation(s):

By: Sultana Kishwar **Start:** 27/08/2009 00:56:43 **Finish** 27/08/2009 01:02:59

Clinical Assessment Details
Started-27/08/2009 00:56:43
Finished-27/08/2009 01:02:59
History
TEl from ambulance crew. Returned from Dominian Republic 3 weeks ago, unwell last 2 days, and hot and cold flushes. headaches, photophobia. diarrhoea, weakness all over.for a weak.
Examination
from ambulance crew. bm 8.7 t 35.1 p 72 spO2 99 % bp 130/84
Diagnosis
? flu like illness.
Treatment
Will take him to Western AE to be checked out as symptoms ongoing now for around 3 weeks.
Clinical Coding
Clinical code: zV6.. ([V]Other reasons for encounter)
Prescription Details

27 AUG 2009

NHS Confidential: Personal data about a patient

[redacted]88277 00:48 27/08/09 **James Cassidy** 10/07/1962 75 Benbow Road Dalmuir N A D08 A334 AE

Patients Telephone Number: - 07795 334 753

Symptoms: Amb Crew in attendance - requesting Doctor to call them. C/O Headache, neck stiffness, hot and cold sweats. Returned from Dominican Republic 3/52 ago

Remarks:

Diagnosis: OLC - DIAGNOSIS:-? flu like illness.
OLC - HISTORY:-TEI from ambulance crew. Returned from Dominian Republic 3 weeks ago, unwell last 2 days, and hot and cold flushes. headaches, photophobia.
diarrhoea, weakness all over.for a week.
OLC - EXAMINATION:-from ambulance crew. bm 8.7 t 35.1 p 72 spO2 99 % bp 130/84
OLC - TREATMENT:-Will take him to Western AE to be checked out as symptoms ongoing now for around 3 weeks.

V3 Examination: from ambulance crew. bm 8.7 t 35.1 p 72 spO2 99 % bp 130/84

V3 Treatment: Will take him to Western AE to be checked out as symptoms ongoing now for around 3 weeks.

V3 Prescribed:

27 AUG [illegible]

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow

Dr Haque
Clydebank Health Centre
Kilbowie Road
Clydebank
Glasgow
G81 2TQ

28 August, 2009

Dear Dr Haque,

Re. JAMES CASSIDY, 75 Benbow Road, CLYDEBANK, G81 4DP
Date of Birth 10.07.62 Hospital Number: 50620768K CHI Number: 1007626291

Your patient attended Western Infirmary on the 27 AUG 2009 at 01:38 am.

The presenting complaint was:	**UNWELL ADULT**
Triage Information:	**Headache And Generally Unwell**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Infection/Inflammation - Viral Illness-Specify In Gp Letter**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Discharged**
Follow-up:	**Discharged**
Additional Information:	**Presented with headache, vomiting, diarrhoea and myalgia. No red flags on clinical examination. Headache improved with analgesia and anti-emetic. Due to history of fevers and current symptoms - criteria fulfilled for tamiflu. General advice given. Discharged with tramadol, metoclopramide and tamiflu. Prn review.**

Yours sincerely,

31 AUG 2009

Beth Williams
Emergency Department Doctor

Consultants
:

Bringing service to life

serco

5 October 2011

Private and Confidential
Monica Gallagher
RHI Refractories
Stanford Street
Clydebank
Glasgow G81 1RW

Dear Monica

Re: Health Surveillance

The under-noted employee attended for Health Surveillance as detailed below. The results are as follows:-

Employee: James Cassidy

D.O.B: 10.07.62

Job Title: Team Leader

Assessed by: John Dougan, Occupational Health Advisor.

Assessment: Skin Assessment.

Results:

Skin Assessment:

1. Skin issue identified, which may be work related. In line with the COSHH Regulations 2002, please ensure that exposure to skin sensitisers and irritants is reduced as far as is reasonably practicable in the employee's work area and that a review of the appropriate risk assessment is undertaken. In line with the Personal Protective Equipment at Work Regulations 2002, please ensure the correct use of PPE, where appropriate and I wonder if you could arrange for further advice from the supplier of the safety shoes to be sought regarding this type of footwear issue.

   Jim advises me that he has a 12 month history of dermatitis affecting both feet. During this time he has changed his safety footwear on 3 separate occasions but the problem still remains. He saw his GP for the first time 6 months ago and was prescribed steroid cream that appeared to clear up the dermatitis but upon his return to work the condition flares up again. On examination today there were obvious inflamed areas of skin over his great toes and his first and second digits. Jim states that this results in pain in his feet due to the amount of time spent on his feet during the course of his role. I have advised Jim to arrange for a further review with his GP. There is no other area of his body affected.

ADDITIONAL INFORMATION:

Skin:

I have advised Jim to review his treatment with his GP.

Review:

Skin:

1. In line with the Control of Substances Hazardous to Health Regulations 2002 (COSHH), health surveillance should be carried out where an employee is exposed to chemical agents, which may sensitise the skin, or a risk assessment identifies that chemical agents may be harmful to the skin. In this case, the recommendation is that health surveillance should be repeated annually.

Yours sincerely

John Dougan
Senior Occupational Health Advisor

SPIROMETRY REQUEST FORM

SENT 17.10.11
12.30.

NHS
Greater Glasgow and Clyde

Administrative Centre
Department of Respiratory Medicine
Queen Elizabeth Building
Glasgow Royal Infirmary
Alexandra Parade
Glasgow G31 2ER

Tel 0141 355 1050
Fax 0141 355 1752

DATE OF REQUEST :	DATE APPOINTED:

PATIENT DETAILS	PRACTICE DETAILS
Surname ~~JAMES~~ CASSIDY	GP
Forename JAMES	Address DR M S HAQUE CLYDE VIEW HEALTH CENTRE KILBOWIE ROAD CLYDEBANK DUNBARTONSHIRE G81 2TQ
Address 75 BENBOW ROAD DALMUIR G81 4DP	
D.O.B 10 07 62	Tel. Sorry missed this information
Practice Number 40 600	Fax.
Tel. 0141 531 6463	

SMOKING HISTORY: current / ex / never

off and on since 35 yrs ↑ 6/D.

BRIEF CLINICAL RESUME:

c/o persistant cough
Feeling of tiny to catch the breath
* Recent work advised need for "urgent" Spirometry

TESTS REQUIRED:

Spirometry with Reversibility ☒
2.5 mg Nebulised Salbutamol

Spirometry alone ☐

CURRENT RESIRATORY MEDICATION:

Nil.

Signed: Eleanor E McGeoch Date: 17 Oct 2011