Subject Access Request

Patient	Mr Gary Boyle
Date of birth	03-Nov-1979 (age 46)
Gender	M
NHS number	680/79/644
Patient's address	1c Low Road Ayr South Ayrshire KA8 9RY
Date range selected	Full record
Organisation	MMA Legal Limited
Reference	100821

Problems

Active

19-Jun-2025 Dr Colin Haddow (CHH)
Alcohol dependence syndrome

29-Oct-2012 Dr J Ashcroft (JLA)
Gout

Significant Past

This section is empty.

Minor Past

08-Jan-2025 Mrs Lynn Callaghan (LCCC)
Prepatellar bursitis (Right)

19-Dec-2024 Dr Nicholas Hill (NH)
Did not attend - no reason

09-Dec-2024 Dr Chloe Ferguson (CF)
[D]Rash and other nonspecific skin eruption NOS

09-Dec-2024 Dr Chloe Ferguson (CF)
Otitis externa NOS

09-Dec-2024 Dr Chloe Ferguson (CF)
Anxiety states

06-Nov-2024 Dr L Walker (LINSEY_3623)
[D]Seizure NOS

26-Jun-2024 Mrs Joanne Cullen (JCH)
Otitis externa NOS

08-Nov-2023 Mrs Lynn Callaghan (LCCC)
Otitis media NOS

15-July-2021 Mrs Lynn Callaghan (LCCC)
Alcohol dependence syndrome

15-July-2021 Mrs Lynn Callaghan (LCCC)
O/E - varicose veins

14-Jun-2019 Mrs Susan Paton (SPPP)
O/E - itchy rash

01-Aug-2017 Dr K Ali (KALI)
Anxiety states

13-Apr-2017 Dr A White (ALAN_3623)
Viral labyrinthitis

23-Oct-2015 Dr K Ali (KALI)
Anxiety states

15-Oct-2015 Dr K Ali (KALI)
Head injury

27-July-2015 Dr K Ali (KALI)
Head injury

29-Jun-2015 Dr K Ali (KALI)
Head injury

30-Dec-2014 Dr Stephen Dunne (SD)
Epididymitis (Right)

24-July-2014 Mrs Alexandra King (SK)
Ankle pain

04-Apr-2013 Dr K Ali (KALI)
Acute back pain - lumbar

23-Jan-2013 Dr A White (ALAN_3623)
Acute back pain - lumbar

29-Oct-2012 Dr J Ashcroft (JLA)
Contact dermatitis

12-May-2010 Dr K Ali (KALI)
Other shoulder injuries

23-Mar-2010 Dr K Ali (KALI)
[D]Musculoskeletal pain

Consultations

23-Apr-2026 Ms Marina Niven (MNI) Data Entry

Comment	Repeated prescription
Comment	Medication requested due rv re sertraline - note added to Rx
Medication	Medication Sertraline Hydrochloride Tablets 100 mg 28 tablet ONE TABLET TO BE TAKEN DAILY
Medication	Medication Naproxen Tablets 500 mg 56 TABLET 1 TAB TWICE DAILY
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 capsule ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH
Read Code	Prescription by supplementary prescriber mn

24-Feb-2026 Ms Rachel Falconer (RWWW) Data Entry

	Comment	Prescription by supplementary prescriber - to make appt for mood rv with regards to sertraline
	Medication	Medication Naproxen Tablets 500 mg 56 TABLET 1 TAB TWICE DAILY
	Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 capsule ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH
	Medication	Medication Sertraline Hydrochloride Tablets 100 mg 28 tablet ONE TABLET TO BE TAKEN DAILY

19-Jun-2025 Dr Colin Haddow (CHH) The Fullarton PracticeMain Surgery

	Problem	Gout
	History	History Recurrent gout to left 1st MTP. Alcoholic 10 bottle so lager daily. Wihtdrawal symptoms if doesn't drink. Afraid of detox.
	Examination	Examination Warm red 1st MTP jt on right foot.
	Comment	Comment Naproxen but given appt for UEs and Uric acid. if raised then for allopurinol.
	Problem	Alcohol dependence syndrome
	Comment	Comment Discussed self referral to WAWY as he would require in-patient detox given previous withdrawal seizures.

19-Jun-2025 Nurse Yasmine Breingan (YS) The Fullarton PracticeMain Surgery

	Comment	Comment non fasting bloods
	Read Code	Venepuncture

08-Jan-2025 Mrs Lynn Callaghan (LCCC) The Fullarton PracticeMain Surgery

	Problem	Prepatellar bursitis (Right)
	History	History painful swollen right knee for 3 days not trauma or injury was "dancing around" at hogmany but does not remember any injury , pain with mobilising and cannot straighten knee has has issues with this knee for years hasd tear in medial meniscus and ACL right knee 2007 had meniscectomy . Never had pain like this and never swollen does sometime feel a small bulge at popliteal fossa from time to time been there for some time but not causing any pain or swelling . Has been using ibuprofen gell / paracetamol/ice and compression . No chet pain or SOB
	Examination	Examination Obvious swollen right knee mainly to upper aspect on knee, tender around poplital fossa no obvious visible bulge but likely due to swelling , small swelling felt and tender to touch , no heat or redness to joint , limping when walking and walking on tip toe states cannot bed due to pain/swelling. limited ROM with flexion and extention of knee and with passive , avtive movemnet but likely due to swelling . Calf soft and non tender no swelling. ? Bakers cyst? bursitis. No concern re DVT NSAIDS and ***** WSG in with ***** today

19-Dec-2024 Dr Nicholas Hill (NH) The Fullarton PracticeMain Surgery

	Problem	Did not attend - no reason

09-Dec-2024 Dr Chloe Ferguson (CF) The Fullarton PracticeMain Surgery

	Problem	[D]Rash and other nonspecific skin eruption NOS
	History	History very itchy rash started on inner arms and across lower abdomen thursday night - got eurax and cetirizine from pharmayc but hasn;t helped - no obvious trigger. started sertraline a month ago but no other new meds
	Examination	Examination urticarial looking rash across inner arms and lower torso, no excoriations/breaks in skin. no rash elsewhere. no angioedema
	Comment	Comment treat with steorids/antihitaine/soap substitute/emollient - review if not settling.
	Medication	Medication Gentamicin Ear/eye drops 0.3 % 10 ml TWO DROPS TO BE USED THREE TIMES A DAY FOR 5 DAYS
	Medication	Medication Dermol 500 Lotion 500 ml TO BE USED AS SOAP SUBSTITUTE
	Medication	Medication Zerobase Cream 11 % 500 gram APPLY TWICE A DAY
	Medication	Medication Eumovate Cream 0.05 % 30 gram APPLY THINLY TWICE A DAY FOR NO LONGER THAN ONE WEEK
	Medication	Medication Fexofenadine Hydrochloride Tablets 120 mg 14 tablet ONE TABLET TO BE TAKEN DAILY
	Medication	Medication Sertraline Hydrochloride Tablets 100 mg 28 tablet ONE TABLET TO BE TAKEN DAILY
	Problem	Otitis externa NOS
	History	History similar symtpoms as previous, ear feels wet and itchy, note heavy growht of pseudomonus in june but never got gent for it as sympotms settled with otomise.
	Examination	Examination ear canal red and lots of purulent discharge/debris. TM not totally visible but what can be seen looks dull
	Comment	Comment swab taken and given gentamicin ear drops as per prev sensitivities - review if not setlting
	Problem	Anxiety states
	History	History note recent ?alcohol withdrawal seizure, related anxiety and diazpema rx with plan to reduce na stop. asking for more diazepam. discussed this and reason why I don;t think this is a good idea. hasn't had any etoh since before seizure and has reduced diazepam to less than one a day, using only hen feels very anxious or sweaty.
	Comment	Comment cont setraline 100mg for a few more weeks and then consdier upping this again. no further diazepam. is going to AA meetings, advised to seek support there for managing wories about starting drinking again and also reccomended seeing our mental health practioner.

09-Dec-2024 Dr L Walker (LINSEY_3623) General Practice Surgery

	Result	**(Non Coded Event - Ear Swab)**:	
		Culture	(No range available)

28-Nov-2024 Ms Marina Niven (MNI) Data Entry

	Comment	Medication requested note pt due bloods - note remains on Rx
	Medication	Medication Naproxen Tablets 500 mg 28 tablet ONE TO BE TAKEN TWICE A DAY AS REQUIRED. PLEASE ARRANGE BLOOD TESTS FOR FURTHER PRESCRIPTION
	Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 capsule ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH
	Read Code	Prescription by supplementary prescriber mn

13-Nov-2024 Ms Karen Greig (KGR) Data Entry

	Problem	Problem Alcohol-withdrawal seizures (note discharge date as 13/11? pt seen by GP 11/11)
	Comment	Comment Pt discharged against medical advice
	History	Discharged from hospital
06-Nov-2024	History	Admission to hospital

11-Nov-2024 Dr L Walker (LINSEY_3623) The Fullarton PracticeMain Surgery

Medication	Medication Sertraline Hydrochloride Tablets 50 mg 56 tablet ONE TO BE TAKEN EACH DAY INCREASING TO 100MG AFTER 1 WEEK
Medication	Medication Diazepam Tablets 2 mg 20 tablet ONE TO BE TAKEN UP TO THREE TIMES A DAY FOR SHORT TERM USE
Problem	[D]Seizure NOS
History	History Admitted with what looks like alcohol w/d seizure last week. D/c over weekend. CT head and bloods ok (did have head injury in Sept but CT head ok then too). Was given reducing temaz detox dose in hosp. Seen by ? MH team in hosp. Still feeling very anxious and worried about starting drinking again. Sleep poor longterm one of the reasons he drinks, also chronic anxiety. Keen for diaz/temaz to calm him down. Doesn't drive and signed off work long term at present.
Comment	Comment Discussed risks of replacing one addiction with another. Was also looking for analgeisa for muscle pains post seizure but understood rationale for not adding opioids at this point, has naprox at home. Strongly encouraged to make contact with alcohol support teams today. Discussed importance of treating anxiety with a long term option. Given recent seizure rx sertraline as safest seizure profile. Prev on 100mg of that in 2018 so titrate up fairly quickly. Given a small supply of diazepam to cover initial titration but explained at length why not a long term option. Rview after a few weeks on sertraline.

02-July-2024 Mrs Joanne Cullen (JCH) Data Entry

Comment	Comment Swab result shows heavy growth of pseudomonas. Gent sensitive. Attempted to call to see if still symptomatic. No answer, have left message asking him to call back if she is still symptomatic - for topical gentamicin if he is.

26-Jun-2024 Mrs Joanne Cullen (JCH) The Fullarton PracticeMain Surgery

Problem	Otitis externa NOS
History	History Sore left ear, hearing feels muffled, like his ear needs to pop. Feels it can look a bit swollen on occasion. Symptomatic for a few weeks now.
Examination	Examination Left ear canal red and inflammed, some purulent debris visible. TM intact, dulled and slightly retracted.
Comment	Comment Swab of ear taken for C&S. Cover with otomize. Advised to keep ear as dry as possible. Review if symptoms persist/worsen.
Medication	Medication Otomize Spray 1 SPRAY ONE SPRAY TO BE USED THREE TIMES A DAY

29-Apr-2024 Dr Emily Murphy (EMA) Data Entry

History	History As below - recurrent naproxen requests, last bloods 2014, prev issues alcohol coded. Small supply issued with PPI but needs U+E.

05-Mar-2024 Ms Marina Niven (MNI) The Fullarton PracticeMain Surgery

Problem	Problem special request
Comment	Prescription by supplementary prescriber note pt due bloods. request for naproxen. note had PPI in past . Issued both with note to arrange rv blood appt.
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY - WHILE ON NAPROXEN
Medication	Medication Naproxen Tablets 500 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY

08-Nov-2023 Mrs Lynn Callaghan (LCCC) The Fullarton PracticeMain Surgery

History	History ear ache , right ear

08-Nov-2023 Mrs Lynn Callaghan (LCCC) The Fullarton PracticeMain Surgery

Problem	Otitis media NOS
History	History ear pain for 2 days worse last night and today throbing pain radating down into neck No Nausea of vomiting Normal bowel and bladder activity feeling well enough in self
Examination	Examination TEmp 37 left ear clear right ear some external swelling , tender to tragus , non tender at mastoid , some raised LN canal red inflammed tender unable to view TM narrow canal due to inflammation otits externa and media advice given tcbi if fts
Medication	Medication Ciprofloxacin Eye drops 0.3 % 5 ml 2 Drops 4 times daily TO AFFECTED EAR
Medication	Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY

16-Nov-2022 Ms Carmen Chan (CKC) The Fullarton PracticeMain Surgery

Comment	Comment see column- request for zopiclone- noted 28x zopiclone issued on 2/11/22 so early and consultation below noted short course of sleepers so rx not issued today

02-Nov-2022 Mrs Lynn Callaghan (LCCC) The Fullarton PracticeMain Surgery

History	History still stuggling with alcohol and drug addiction cannot get detoxing as no fixed abode, found friend in house dead last week tramatized with this not sleeping , cough surfing at the moment trying to get rented accomodation ,
Examination	Examination in with ***** today who is at her wits end with worry and stress with Gary, upset re resent trauma no sleeping at all night mare if dozing off, agree short course of sleepers and chat about lifestyle needs to change this

27-Oct-2022 Ms Laura Scott (LSSS) The Fullarton PracticeMain Surgery

Comment	Prescription by supplementary prescriber
Comment	Comment Update bloods, rx annotated
Medication	Medication Naproxen Tablets 500 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

24-Jan-2022 Dr Zoe Ballantine (ZB) Telephone Consultation

History	History speaking to *****, *****; permission from Gary to speak on his behalf. Gary on the list for a house on the ayrshire housing association. ***** doesn't want to let him go 'homeless' because it means he could be placed anywhere. Therefore he has been homeless since may 2021. has been sofa surfing since then.
Social	Social patient keen to do home rehab and ***** would be happy to allow him to do it at her house but the addiction team have said that he cant do it unless it is his own address. ***** cant have him stay with her because she is on benefits/pension; therefore she wouldn't get her benefits. Gary is currently drinking 5-10 beers each night and sometimes cans of larger on top. if he goes to pub at weekend could be drinking all day. didn't want to do inpatient alcohol rehab.
Comment	Comment avoids people, ***** has to fill in all forms for him and look after him. I will write a letter explaining his situation

22-Dec-2021 Mr Anonymous User (ANON)

21-Dec-2021	Vaccination	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) (GMS) C-19 Booster Pfizer (80081 - The Barns Medical Practice, Ayr 80081) *FN3543/ PF/IM/Left Arm/(GMS) /C-19 Booster Pfizer (80081 - The Barns Medical Practice, Ayr 80081)*

22-Dec-2021 Mr Anonymous User (ANON)

21-Dec-2021	Vaccination	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) (GMS) C-19 Booster Pfizer (T ***** 80081) *FN3543/ PF/IM/Left Arm/(GMS) /C-19 Booster Pfizer (T ***** 80081)*

20-Dec-2021 Dr Prithvi Shiva Kumar (PSK) Telephone Consultation

History	History Spoke to ***** ***** on 07752170557. ***** thinks Gary needs Naproxen for Gout. Pain can be in both legs, sometimes toes, ankles, knees or legs. No particular point. No swelling of big toe or redness. Swelling noticed by ***** in knees or ankles occasionally. Naproxen & Omeprazole helps with pains & recurrent attacks. Doesn't remember trial of Allopurinol from 2009, stated maybe didn't work. Last bloods 2014 uric acid 481.
Comment	Comment Offered to restart Allopurinol, to update bloods, ***** wasn't too keen due to ongoing alcohol issues & wanted Naproxen & Omeprazole for now. Script issued.
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 56 capsule ONE TO BE TAKEN EACH DAY
Medication	Medication Naproxen Tablets 500 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY
History	History Discussed alcohol issues, ***** was aware of my conversation with Gary from Sept. Had the phone numbers and already known to addictions team. Both ***** & Gary have their number. ***** mentioned Gary doesn't have own place to start home de-addiction program and also doesn't want to go away to ward/hospital de-addiction program.
Comment	Comment ***** aware to contact addictions services when required.

21-Sept-2021 Mrs Lynn Callaghan (LCCC) The Fullarton PracticeMain Surgery

Examination	MED3 issued to patient 19/09/21- 19/11/21 Drug & alcohol addiction

13-Sept-2021 Dr Prithvi Shiva Kumar (PSK) Telephone Consultation

History	History PIP had called admin team as concerned about mental health of patient & abt £100 daily cocaine usage. Spoke over mobile, in drunk state (?at bar), couldn't talk much, admitted needing help with quitting alcohol and drugs. Not able to hold productive conversation & passed to someone to take down phone number for him.
Comment	Comment Gave the local number for 'We are with you' team (01292 430529) to get in touch with them for quitting alcohol & drugs.

21-July-2021 Mr Anonymous User (ANON)

20-July-2021	Vaccination	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By F Aitken) *PV46694/ AZ/IM/LUA//C-19 (By F Aitken)*

19-July-2021 Mrs Lynn Callaghan (LCCC) The Fullarton PracticeMain Surgery

History	MED3 issued to patient 18/07/21 - 18/09/21 alcohol and drug addiction

15-July-2021 Mrs Lynn Callaghan (LCCC) The Fullarton PracticeMain Surgery

Problem	Alcohol dependence syndrome
History	History drug and alcohol addiction ongoing for over a year in with ***** today who support Gary, started with separation from ***** not able to see ***** due to addiction, drinks 1 bottle of buckfast and 10-12 cans of beer take cocaine street valium and basically anything he can get hands on , has been in touch with addiction services offered detox but worried about getting admitted to do this as friend died during rehab due to liver problems. homless at the moment couch surfing ***** support with meal and washing clothes but cant have Gary stay due to her own personal circumstances but gary turning up at ***** house all hours.
Examination	Examination Under influence of alcohol but well dresses, presented , desperate to get out this addiction had drink today tied to stop abruptly but had shakes has seizure before . Advisd needs to withdraw slowly from alcohol and only option is to go in as an inpatient to rehab, long chat about effects addictions having on health /age impact as gets older. will engage with addiction team and try and get in patient detox . Will need med cert from 18/7 ***** will call Monday,
Medication	Medication Compression Hosiery Class II Below Knee Stocking, Circular Knit Standard stock size 2 stocking AS DIRECTED
Medication	Medication Naproxen Tablets 500 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 56 capsule ONE TO BE TAKEN EACH DAY
Problem	O/E - varicose veins
History	History right leg tender varicose vein had for a long time feels getting worse
Examination	Examination prominent long saphenous vein from ankle to upper thigh , no obvious thrombophlebitis to vein soft mild tender , some engorging of posterior branches but soft, non tender no erythema or eczematous features, reviewed by Dr Haddow, agree treat with nsaid topical or oral has gout so will go with oral with PPI,

17-Jun-2021 Mrs Lynn Callaghan (LCCC) The Fullarton PracticeMain Surgery

History	MED3 issued to patient 17/06/21-17/07/21 alcohol and drug addiction

26-May-2021 Mr Anonymous User (ANON)

25-May-2021	Vaccination	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By M Coll) *PV46696/ AZ/IM/LUA//C-19 (By M Coll)*

19-Mar-2021 Dr Stephen Dunne (SD) The Fullarton PracticeMain Surgery

History	History As below - long Hx alcohol/cocaine misuse. Drinking bottle buckfast + 2-3 cans lager/night. Spending £70-100/week on cocaine. Some thoughts suicide whilst intoxicated only. No attempts/plans, no current ideation. Chaotic lifestyle, not working, has moved back in with *****. Feeling low. Poor sleep. Has number for addictions services - he will call them today.

17-Mar-2021 Mrs Lynn Callaghan (LCCC) Triage

History	History stuggling with alcohol and drug abuse spoke to Gary and ***** today gary desperate for help with addictions, very low not sleeping, going to ***** door in the middle of the night saying he wants to die, ***** concenred lowest she has seen Gary. spoke to gary also keen for help
Examination	MED3 issued to patient Addiction services number given must contact and engage with them and try to withdraw from drugs/alcohol , 17/03/21 -17/06/21 Alcohol and drug addiction , appt with Dr Dunne to discuss medicaiton

31-Jan-2020 Dr Prithvi Shiva Kumar (PSK) The Fullarton PracticeMain Surgery

Examination	Examination Red rash over the inside of foreskin, no bleeding, no pustules noted. Smelling of alcohol.
History	History Rash over penis, redness of the foreskin, unable to pull the foreskin back 10 days ago, when he started Etoricoxib, took 1 tablet. Had some minor bleeding & pain, which resolved. Thought Etoricoxib made it and stopped taking it, doesn't want to take that again. Went back on Naproxen and feels fine with his gout.
Social	Social 10 pints during weekends.
Comment	Comment Likely balanitis. Reassured that it is not drug reaction, but coincidence. Doesn't want Etoricoxib at all - advised to return to pharmacy. To come back if Sx not settling or worsens.
Medication	Medication Timodine Cream 30 gram Apply sparingly Twice daily

17-Jan-2020 Ms Lisa Malcolm (LMM) The Fullarton PracticeMain Surgery

Medication	Medication Etoricoxib Tablets 120 mg 7 tablet ONE TABLET TO BE TAKEN DAILY
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 capsule ONE TO BE TAKEN EACH DAY
Medication	Medication Urea Hydrogen Peroxide Ear drops 5 % 8 ml 1 DROP BD
Problem	Gout
History	History takes nsaids for flares of gout. discussed management. try arcoxia then start nsaids if fails to resolve with PPI cover. may require prophylactic if fails to settle.

21-Oct-2019 Ms Lisa Malcolm (LMM) The Fullarton PracticeMain Surgery

History	History using naproxen no PPI cover. advised to attend before next issue. ? ankle pain assessment.

09-July-2019 Ms Rachel Falconer (RWWW) The Fullarton PracticeMain Surgery

Comment	Prescription by supplementary prescriber - acute request
Medication	Medication Naproxen Tablets 500 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY WITH FOOD

14-Jun-2019 Nurse S Wylie (NSW) Triage

History	History returned from holiday, red fiery itchy blistery rash down arms and under arms, has had piriton with no effect, not aware of any bites, doesn't look burnt
Comment	Comment appt for this pm

14-Jun-2019 Mrs Susan Paton (SPPP) The Fullarton PracticeMain Surgery

Problem	O/E - itchy rash
History	History Returned from holiday this morning (Spain), has had fiery rash on right armpit for 2 days.Has similar rash under left armpit, but not as fiery, itcy over torso. Not aware of of any insect bites, noticed it after coming out of the sea. Otherwise feeling well.
Examination	Examination Areas reddened, not raised
Comment	Comment To try antihistamine, emolient and steroid cream; explained how and when to use. For further review if symptoms worsen or fail to improve.
Medication	Medication Fexofenadine Hydrochloride Tablets 180 mg 30 tablet ONE TABLET TO BE TAKEN DAILY
Medication	Medication Hydromol Ointment 500 GRAM APPLY WHEN REQUIRED
Medication	Medication Hydrocortisone Cream 1 % 50 gram Apply sparingly Twice daily

26-Apr-2019 Mrs Susan Paton (SPPP) Data Entry

Comment	Comment Request for medication; issued today.
Medication	Medication Naproxen Tablets 500 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY WITH FOOD

18-Dec-2017 Dr Stephen Dunne (SD) The Fullarton PracticeMain Surgery

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: post traumatic stress illness; Duration: 18/12/2017 - 05/03/2018)*

14-Nov-2017 Dr J Ashcroft (JLA) The Fullarton PracticeMain Surgery

History	History in with ***** who did most of talking for him.mood still low.stopped zopiclone as gave him nightmares.back to drinking 8 cans per night.***** asking what else we can do for him.
Comment	Comment advised alcohol is depressant.advised needs to contact ACA as was advised by addiction services in July.try increase dose sertraline.

27-Sept-2017 Dr K Ali (KALI) Data Entry

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Post traumatic stress illness; Duration: 27/09/2017 - 18/12/2017)*

19-Sept-2017 Dr K Ali (KALI) The Fullarton PracticeMain Surgery

History	History has reduced alcohol to just at weekends. sleep problematic. agreed short course not to be repeated. encouraged to attend ACA and for routine in life. is improving with sertraline.
Medication	Medication Zopiclone Tablets 7.5 mg 14 tablet ONE TO BE TAKEN AT NIGHT

01-Aug-2017 Dr K Ali (KALI) The Fullarton PracticeMain Surgery

History	History is beginning to reduce alcohol. ***** noticing some improvement. seen by Addiction services ?outcome. increase sertraline to 100mg .review in 4/52.
Medication	Medication Sertraline Hydrochloride Tablets 100 mg 28 TABLET ONE TO BE TAKEN EACH DAY
Problem	Anxiety states

03-July-2017 Dr K Ali (KALI) The Fullarton PracticeMain Surgery

History	History still drinking 8 cans of cider daily. cannot go without now. shaky in the mornings. refer Addiction services ?approp for home detox. no change in mood. strongly advised to slowly reduce alcohol as risk of liver failure and death if continues to drink to excess. also advised both him and his *****, mood will not improve and nor will psychology/CMHT see him until alcohol use under control.
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Post traumatic Stress Illness; Duration: 30/06/2017 - 29/09/2017)*

24-May-2017 Dr K Ali (KALI) The Fullarton PracticeMain Surgery

History	History in with *****. struggling with mood and motivation since assault in 2015. drinking daily and cocaine at weekends. not worked for almost a year. nil suicidal. advised to reduce/stop drinking and cocaine and given number for Addaction. restart sertraline see in 3-4 weeks and will need CMHT referral once drug/alcohol free.
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Post traumatic Stress Illness; Duration: 19/05/2017 - 30/06/2017)*

13-Apr-2017 Dr A White (ALAN_3623) The Fullarton PracticeMain Surgery

History	History Balance disturbance which has been present for some time has been worse since saturday.	
Examination	O/E - BP reading	
Examination	Systolic blood pressure TMs normal. Clearly catarrhal.	110 mm Hg
Examination	Diastolic blood pressure	74 mm Hg
Medication	Medication Betahistine Dihydrochloride Tablets 16 mg 42 tablet ONE TO BE TAKEN THREE TIMES A DAY	
Comment	Comment May not be fit to work next week.	
Problem	Viral labyrinthitis	
Read Code	Hypertension monitoring	

07-Dec-2015 Dr Gemma Freestone (GT) Data Entry

History	History Note work capability outcome - fit for work

20-Nov-2015 Dr K Ali (KALI) Data Entry

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Post traumatic Stress Head injury; Duration: 20/11/2015 - 11/01/2016)*

23-Oct-2015 Dr K Ali (KALI) The Fullarton PracticeMain Surgery

History	History remains anxious and irritable since head injury. perpetrators have pled guilty and awaiting sentencing. being threatened by their associates. not sleeping. some post traumatic stress symptoms. denies excess alcohol. unable to work as roofer.
Medication	Medication Sertraline Hydrochloride Tablets 50 mg 28 TABLET ONE TO BE TAKEN EACH DAY
Comment	Comment start rx. see in 1/12 or prn.
Problem	Anxiety states
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Post traumatic Stress Head injury; Duration: 23/10/2015 - 20/11/2015)*
Social	Current smoker
Read Code	Smoking cessation advice

15-Oct-2015 Dr K Ali (KALI) Data Entry

Problem	Head injury	
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Head injury; Duration: 06/10/2015 - 23/10/2015)*	

25-Sept-2015 Dr Gemma Freestone (GT) Data Entry

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Head Injury; Duration: 22/09/2015 - 06/10/2015)*	

08-Sept-2015 Dr K Ali (KALI) Data Entry

Problem	Head injury	
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Head injury; Duration: 08/09/2015 - 22/09/2015)*	

25-Aug-2015 Dr K Ali (KALI) Data Entry

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Head Injury; Duration: 25/08/2015 - 08/09/2015)*	

17-Aug-2015 Dr K Ali (KALI) Data Entry

Problem	Head injury	
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Head injury; Duration: 10/08/2015 - 25/08/2015)*	

27-July-2015 Dr K Ali (KALI) Data Entry

Problem	Head injury	
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Head injury post head and facial injury concusion; Duration: 27/07/2015 - 10/08/2015)*	

29-Jun-2015 Dr K Ali (KALI) The Fullarton PracticeMain Surgery

History	History roofer. still some dizziness on bending and getting up quickly. fractured zygoma and head injury (head was stamped on) with LOC.	
Examination	O/E - BP reading no diplopia.	
Examination	Systolic blood pressure	130 mm Hg
Examination	Diastolic blood pressure	80 mm Hg
Problem	Head injury	
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: post head and facial injury concussion; Duration: 29/06/2015 - 27/07/2015)*	

15-Jun-2015 Dr K Ali (KALI) Data Entry

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Head and Facial Injuries; Duration: 15/06/2015 - 29/06/2015)*	

08-Jun-2015 Dr Gemma Freestone (GT) The Fullarton PracticeMain Surgery

History	History Head injury one week ago, has come in as ***** feels he is having nightmares, waking up at night. Also intermittent lightheaded episodes and forgetfulness over the past week, no worse since injury but not getting better. ? facial fracture due to be seen back at fracture clinic tomorrow. Patient requesting something to help him sleep, med3 and stiches out today.	
Examination	O/E - BP reading , Fundoscopy normal. no focal neuro, subconjunctival haemorrhages left eye.	
Examination	Systolic blood pressure	110 mm Hg
Examination	Diastolic blood pressure	80 mm Hg
Comment	Comment Med3 issued as below, advised against meds for sleeping as sounds like a normal reaction secondary to recent events. Advised simple measures, stitches out today. Fracture clinic as planned tomorrow, advised to discuss concerns above again tomorrow with orthopaedics.	
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Assault, facial injuries; Duration: 08/06/2015 - 15/06/2015)*	

08-Jun-2015 Sister Mary Gallery (MARYG_3623) The Fullarton PracticeMain Surgery

Examination	Examination Ethilon3x4/.0removed from Eye brow (R) , beaten up las T sun Night in Ayr has appt tomorrow at hosp , re facial injury	

01-Jun-2015 Dr K Ali (KALI) Data Entry

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Assault Facial Injuries; Duration: 01/06/2015 - 08/06/2015)*	

30-Dec-2014 Dr Stephen Dunne (SD) The Fullarton PracticeMain Surgery

Problem	Epididymitis (Right)	
History	History ?can feel lump right testicle. Very tender. No discharge, no new sexual *****, no urinary symptoms.	
Examination	Examination Tender right epididymis, no palpable lump	
Comment	Comment To hand in FVU, doxy 2/52, refer US	
Medication	Medication Doxycycline Hyclate Capsules 100 mg 28 capsule ONE TO BE TAKEN TWICE A DAY	

19-Aug-2014 Mrs Alexandra King (SK) The Fullarton PracticeMain Surgery

History	History Lying in bath felt lump in right testicle. No pain.	
Examination	Examination Unable to identify any abnormal findings today on examination.	
Comment	Comment In view of patient's concern also asked doctor to check. Checked by Dr Dunne and identified patient is feeling epididymis. Advised to return if identifies any further signs, symptoms of concern.	

24-July-2014 Mrs Alexandra King (SK) The Fullarton PracticeMain Surgery

Problem	Ankle pain	
History	History Left ankle painful last night and swollen lateral aspect. Crying with the pain. Taken paracetamol which helped and able to get to sleep. Bad varicose veins in that leg more prominent at the moment. No history of trauma. Episodes of gout in past but usually affecting feet.	
Examination	Examination No tenderness on palpation over veins, no redness over veins. Veins soft. Tenderness over lateral aspect of ankle and slight redness of skin. Swelling around lateral ankle area.	
Medication	Medication Naproxen Tablets 500 mg 28 tablet ONE TO BE TAKEN TWICE A DAY WITH FOOD	
Comment	Comment ? gout. Literature on gout given to look at lifestyle etc to see if changes can be made. Blood to labs for urate level. Advised to seek further medical advice if worsening, not settling or further problems, concerns.	

30-Dec-2013 Dr I Rewhorn (IAN) Data Entry

History	History c28 lumbar pain	

03-Dec-2013 Dr I Rewhorn (IAN) The Fullarton PracticeMain Surgery

History	History c28 spk to working health solutions re ongoing pain and early physio keen to get bk to work as roofer	

06-Nov-2013 Dr Nithya Ramalingam (NR) The Fullarton PracticeMain Surgery

History	History back pain much the same. has not got appointment with physio yet. also some radiation down the hip.bowel/bladder normal
Examination	Examination tender L3-L5 and para spinal region. SLr right-60, left-70. no sensory/motor weakness.
Comment	Comment analgesics. med3 for 4 weeks from 03/11 back pain.

10-Oct-2013 Dr Nithya Ramalingam (NR) The Fullarton PracticeMain Surgery

History	History has back pain for 6 months. not attending physio as has rescheduled few appointments and so was discharged. pain worse. req sick line. no red flags.
Comment	Comment adv to cntact physio. emphasised the need for physio. will contact them. if have problems will contact us to re refer. MED3- low back pain with sciatica for 4 weeks from 06/10 given.

10-Sept-2013 Dr A Hannah (ADAM_3623) Data Entry

History	MED3 - doctor's statement FROM 6/9 C28

08-Aug-2013 Dr I Rewhorn (IAN) Data Entry

History	History c28 mech l bp

19-Jun-2013 Dr I Rewhorn (IAN) The Fullarton PracticeMain Surgery

History	History c28.

28-May-2013 Dr I Rewhorn (IAN) The Fullarton PracticeMain Surgery

History	History mech low back pain on and off for yrs bad last 3 m attending physio appt end june no red flags c28
Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

21-May-2013 Dr A Hannah (ADAM_3623) Data Entry

History	History TCI for review.

08-May-2013 Dr A Hannah (ADAM_3623) Data Entry

History	MED3 - doctor's statement 14

18-Apr-2013 Dr J Ashcroft (JLA) Data Entry

Comment	MED3 issued to patient 14 back pain

04-Apr-2013 Dr K Ali (KALI) The Fullarton PracticeMain Surgery

History	History ongoing back pain and muscular spasm. refer Working Health Solutions. self-employed roofer.
Medication	Medication Etoricoxib Tablets 90 mg 28 tablet ONE TABLET TO BE TAKEN DAILY
Comment	MED3 - doctor's statement No red flag symptoms and Nil to suggest CES. 28 days back pain
Problem	Acute back pain - lumbar

20-Mar-2013 Dr A Hannah (ADAM_3623) Data Entry

History	History TCI

06-Mar-2013 Dr A Hannah (ADAM_3623) Telephone Consultation

History	MED3 - doctor's statement 14 TCI before next line

19-Feb-2013 Dr A Hannah (ADAM_3623) Data Entry

History	MED3 - doctor's statement 14

06-Feb-2013 Dr A Hannah (ADAM_3623) Data Entry

History	MED3 issued to patient 14 Back injury

29-Jan-2013 Dr A White (ALAN_3623) Data Entry

History	MED3 - doctor's statement CF 4/2/13 back injury.

23-Jan-2013 Dr A White (ALAN_3623) The Fullarton PracticeMain Surgery

History	History E: fell down 4 steps trying to help with pram. Tender with restricted movements.
Medication	Medication Methocarbamol Tablets 750 mg 100 tablet 2 TABS QID FOR PAIN
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 100 capsule ONE OR TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED
Problem	Acute back pain - lumbar

29-Oct-2012 Dr K Ali (KALI) Telephone Consultation

History	History acute gout but also swollen ring finger. see today.

29-Oct-2012 Dr J Ashcroft (JLA) The Fullarton PracticeMain Surgery

History	History E-acute contact dermatitis r ring finger just distal to ring.
Medication	Medication Fusidic Acid And Betamethasone Valerate Cream 2 % + 0.1 % 30 GRAM APPLY TWICE A DAY
Problem	Contact dermatitis
History	History flare up gout l 1st MT
Comment	Comment start arcoxia
Problem	Gout

12-May-2010 Dr K Ali (KALI) The Fullarton PracticeMain Surgery

History	History R shoulder rotator cuff injury. attending physio. works as roofer.
Examination	Examination abduction reduced to 80 deg.
Comment	MED3 - doctor's statement advised by physio 6-8 weeks before fit to climb roofs again. 28 days " R shoulder injury"
Problem	Other shoulder injuries

30-Apr-2010 Dr K Ali (KALI) Data Entry

Comment	MED3 - doctor's statement 7 days "injury to chest/shoulder"

13-Apr-2010 Dr K Ali (KALI) Data Entry

Comment	MED3 - doctor's statement 25/03/10 until 12/04/10 "injury to chest/shoulder"

12-Apr-2010 Dr Kirsty Cattanach (KC) The Fullarton PracticeMain Surgery

History	History physio 29th for shoulder injury still gross limitation of movment advised continue with anti inflammatories No fracture ? rotator cuff tear
Examination	Examination gross limitation of all shoulder movments - right side
Comment	MED3 issued to patient for 2 weeks roofer cannot climb ladders safetly advised to reurn if not improving for further x ray

31-Mar-2010 Dr K Ali (KALI) Data Entry

Comment	MED3 - doctor's statement 7 days "injury to chest/shoulder"

23-Mar-2010 Dr K Ali (KALI) The Fullarton PracticeMain Surgery

	History	History E: "jumped" last thurs. was drunk. thinks was kicked in chest and around R shoulder.
	Examination	Examination no external bruising or swelling on chest or shoulder. tender sternum. no crepitus. no shoulder bony tenderness. Abduction reduced but other ROM normal. chest clear with good a/e to bases.
	Comment	MED5 - doctor's special stat. STI chest/shoulder. 18/3/10 until today + 7days.
	Problem	[D]Musculoskeletal pain

09-Nov-2009 Dr K Ali (KALI) The Fullarton PracticeMain Surgery

	History	History off work past 10 days with viral ?flu like illness. now feels much better. employer requests btw line.
	Comment	MED5 issued to patient viral illness 2/11/9 until today.

02-Oct-2009 Dr A Hannah (ADAM_3623) Data Entry

	History	MED3 - doctor's statement from 2/10 for 7/7

05-Aug-2009 Dr A White (ALAN_3623) The Fullarton Practice

	History	Encounter E: further episode of gout - stop allopurinol and restart Arcoxia. R 2/52. priority=2

01-July-2009 Dr J Ashcroft (JLA) The Fullarton Practice

	History	Encounter E-further episode acute gout l 1st MT.start arcoxia.advised to start allopurinol in around 2 weeks if settled as second episode. priority=2
	History	Medication review

12-Jun-2009 Ms Lynn Dawe (LD) The Fullarton Practice

	History	Data Entry priority=2

01-Apr-2009 Dr K Ali (KALI) The Fullarton Practice

	History	Encounter E: itchy symmetrical maculopapular rash on neck only. ?related to chain. see prn. priority=2

10-Mar-2009 Mrs Mary Alexander (MA) The Fullarton Practice

	History	Data Entry priority=2
16-Jan-2009	Problem	Current smoker Disease: SPICE Basic Health Values,
16-Jan-2009	History	Smoking cessation advice Disease: SPICE Basic Health Values, priority=2

16-Jan-2009 Mr Dr Chris Black - Room 5 (chris_3623) The Fullarton Practice

	History	Data Entry Urate raised at 0.46. Not for allopurinol at present, but consider if recurs. priority=2

16-Jan-2009 gloria (gloria_3623) The Fullarton Practice

	History	Data Entry priority=2
	History	Na+ 141
	History	K+ 3.7
	History	Urea 5.1
	History	Serum creatinine 95

16-Jan-2009 Mrs Hayley Wallace (HAYLEY_3623) The Fullarton Practice

	History	Data Entry priority=2

15-Jan-2009 Mr Dr Chris Black - Room 5 (chris_3623) The Fullarton Practice

	History	Encounter 48 hour history of pain in left foot. Inflammation of 1st met/p joint. Pain and heat. No history of trauma. Some skin erythema and heat. ?gout/?infefction. Treat for both and check bloods. Discussed lifestyle factors in gout. priority=2

15-Jan-2009 Mrs Ellis Milligan (EM) The Fullarton Practice

	History	Data Entry priority=2
	History	Blood sample -> Haematol Lab FBC, results received 16/01 priority=2
	History	Blood sample -> Biochem Lab urate, U+E, -res 16/1/09 priority=2

15-Jan-2009 Mrs Karen Hunter (KH) The Fullarton Practice

	History	Encounter Bloods taken from left arm for fbc ue and uric acid KR ***** priority=2

10-Oct-2008 Dr A Hannah (ADAM_3623) The Fullarton Practice

	History	Data Entry Cert F 13/10 priority=2

01-Oct-2008 Dr A Hannah (ADAM_3623) The Fullarton Practice

	History	Data Entry Cert 14 from 27/9 priority=2

17-Sept-2008 Dr A Hannah (ADAM_3623) The Fullarton Practice

	History	Encounter Cert 14 from 13/9. Still feeling a bit unsteady on stooping, rising, turning. - BP 120/80 sitting, 130/80 standing. No nystagmus, no Romberg, no other CNS signs. Few Prochlorperazine. priority=2

02-Sept-2008 Dr A Hannah (ADAM_3623) The Fullarton Practice

	History	Data Entry Cert 14 priority=2

15-Aug-2008 Dr A Hannah (ADAM_3623) The Fullarton Practice

	History	Data Entry Cert 21 from 9/8 (hosp) Head injury + laceration priority=2

15-Aug-2008 Mrs Karen Hunter (KH) The Fullarton Practice

	History	Encounter ROS x 3 from lt eyebrow. Steri strips applied. ROS x 5 from outer lip. steristrips applied. ROS x 5 from scalp. 1 suture adhered to scab so cut and left to come out with scab. Advised re hair washing and to return if any problems KR ***** priority=2

12-Aug-2008 Dr A Hannah (ADAM_3623) The Fullarton Practice

	History	Day Home Visit Seen 12/8 Head injury w/end. Charges pending. Lacerations to scalp/side of face - see report. Caused by golf club. Also to ribs. Lip stitched. Fundi clear. unable to sleep - advice. To call if changes. priority=2

11-Aug-2008 Dr I Rewhorn (IAN) The Fullarton Practice

	History	Data Entry priority=2

08-Aug-2008 Ms Shona Templeton Room 7 (linda_3623) The Fullarton Practice

	History	Encounter Three sutures removed from right shoulder. Wound clean and dry, steristrips applied, return if any concerns. S.Templeton. priority=2

06-May-2008 Dr J Ashcroft (JLA) The Fullarton Practice

	History	Data Entry advised by GU clinic to obtain rx for chlamydia as wait for appt. priority=2

25-Apr-2008 Dr I Rewhorn (IAN) The Fullarton Practice

	History	Encounter e? chlamydia contact reffered g-u clinic contactnos given priority=2

07-Apr-2008 Dr Ann Gemmell (ANN_3623) The Fullarton Practice

	History	Data Entry med 3 to return to work 8th April. "viral illness" priority=2

09-Jan-2008 Mrs Maggie Gillespie (MAG) The Fullarton Practice

	History	Encounter SCI Electronic Referral priority=2
	History	Referral for further care *Refered To: Ayr Hospital, NHS. Referral Type: Out Patient. Speciality Type: General Surgery. Referral Nature: Not Specified. , Referral Reason: Excision of lipoma required. Referral Type: Unknown (0)*

09-Jan-2008 Mrs Maggie Gillespie (MAG) The Fullarton Practice

	History	Data Entry priority=2

07-Jan-2008 Mrs Maggie Gillespie (MAG) The Fullarton Practice

	History	Data Entry priority=2

04-Jan-2008 Dr Ann Gemmell (ANN_3623) The Fullarton Practice

	History	Encounter E - small <1cm lipoma just medial and below rt scapula. Reassured but adamant wants removal. Discussed procedure and scarring. Refer priority=2

25-July-2007 backrec (backrec_3623) The Fullarton Practice

	History	Data Entry priority=2
12-July-2007	History	Arthroscopy (GPASS code: 366A.) EUA/Arthroscopy and medial meniscectomy right knee priority=2

23-July-2007 Dr A Hannah (ADAM_3623) The Fullarton Practice

	History	Data Entry Cert 28 Op to knee - TCI priority=2

23-July-2007 kevin (kevin_3623) The Fullarton Practice

	History	Data Entry priority=2

23-July-2007 kevin (kevin_3623) The Fullarton Practice

	History	Data Entry priority=2
	History	Computer summary updated priority=2

23-Apr-2007 Dr A Hannah (ADAM_3623) The Fullarton Practice

	History	Data Entry Cert 28 Knee. priority=2

29-Mar-2007 Ms Dr Mallika Room 1 (mallika_3623) The Fullarton Practice

	History	Encounter MED3 4 WEEKS FROM 23/3/07 FOR KNEE INJURY priority=2

26-Feb-2007 Dr A Hannah (ADAM_3623) The Fullarton Practice

	History	Data Entry Cert28 Knee pain priority=2

29-Jan-2007 Dr A Hannah (ADAM_3623) The Fullarton Practice

	History	Data Entry Cert 28 priority=2

20-Dec-2006 Dr A White (ALAN_3623) The Fullarton Practice

	History	Encounter Off work last week - now returned. CF 18/12. priority=2

02-Aug-2006 Mr Dr Emily Dann - Room 5 (emily_3623) The Fullarton Practice

	History	Encounter E Sore throat for 2/7. Still able to swallow. Asking for sick line as off for 2/7. Systemically well. O/E Afeb, cervical lymphadenopathy, TM-NAD, bilateral red tonsils with exudate++. Plan-pen V TT qds (56), analgesia, fluids, advised to self certify, r/vif not settling priority=2

25-May-2006 UnknownUser (UnknownUse3623) The Fullarton Practice

	History	Encounter cantacted by social work criminal justice team, using line he requested to excuse him for work as roofer to excuse him from supervised attendence which involves sitting at a bench. I see no reason why he cannot continue with this + will write a letter tothem to this effect. priority=2

17-May-2006 UnknownUser (UnknownUse3623) The Fullarton Practice

	History	Encounter requesting continuation of sick line. awaiting result of MRI R knee priority=2

19-Apr-2006 Dr Dr J S M Holms - Room 1 (stuart_3623) The Fullarton Practice

	History	Encounter still some effusion and pain over medial cartilage+ reduced extension in R knee attending physio, is roofer.waiting for MRIC28 R knee injury priority=2

18-Apr-2006 Dr Dr J S M Holms - Room 1 (stuart_3623) The Fullarton Practice

	History	Encounter priority=2

28-Mar-2006 Dr Dr J S M Holms - Room 1 (stuart_3623) The Fullarton Practice

	History	Encounter "E" had haemarthrosis of R knee drained this am at opd due to attend physio , is roofer and using crutchesC28 injury R knee priority=2

08-Mar-2006 UnknownUser (UnknownUse3623) The Fullarton Practice

	History	Encounter requesting sick line, no longer using mirtazepine, didn't find it helpfullgranmother in hospital recently, c/o poor sleep, irritability, arguing with *****, appetite N, continues to socialise normally, drinks 10 pints per weekencouraged to return towork priority=2

24-Jan-2006 Dr Dr J S M Holms - Room 1 (stuart_3623) The Fullarton Practice

	History	Encounter ***** died suddenly and unexpected 2/52 ago, still not coping and works as a roofer smokes 10/day BP 122/80 C&F 6 stress reaction priority=2	
	Problem	Current smoker Disease: SPICE Basic Health Values,	
	Problem	Smoking cessation advice Disease: SPICE Basic Health Values,	
	History	Systolic blood pressure Disease: SPICE Basic Health Values,	122
	History	Diastolic blood pressure Disease: SPICE Basic Health Values,	80

12-Jan-2006 Dr A Hannah (ADAM_3623) The Fullarton Practice

	History	Encounter priority=2

11-Nov-2005 Dr I Rewhorn (IAN) The Fullarton Practice

	History	Encounter attending comm service vomiting 8/11/05 needs cert 1 day priority=2

20-Aug-2003 Dr Dr J S M Holms - Room 1 (stuart_3623) The Fullarton Practice

	History	Encounter priority=2

24-Apr-2003 Dr A Hannah (ADAM_3623) The Fullarton Practice

History Encounter priority=2

09-Dec-2002 Dr Dr J S M Holms - Room 1 (stuart_3623) The Fullarton Practice

History Encounter priority=2

15-Nov-2002 Dr A White (ALAN_3623) The Fullarton Practice

History Encounter priority=2

08-Oct-2002 Dr A Hannah (ADAM_3623) The Fullarton Practice

History Encounter priority=2

08-Dec-1998 UnknownUser (UnknownUse3623) The Fullarton Practice

History Data Entry Migrated Data priority=2
29-Nov-1994 History Rubella vaccination *Rubella Screening$$.clm*
29-Nov-1994 History Measles vaccination *Mmr Immunis.$$.clm*
11-Mar-1993 Problem Tuberculosis (BCG) vaccination priority=1
03-Nov-1979 Problem Pat. GP7B/GP8B card from HB priority=1

06-Nov-1991 UnknownUser (UnknownUse3623) The Fullarton Practice

History Data Entry Repeats Reviewed priority=2
History Medication review

06-Nov-1991 Dr A Hannah (ADAM_3623) The Fullarton Practice

History Encounter Acute Consultation priority=2

Medications (inc. issues)

Acute

23-Apr-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

23-Apr-2026 Naproxen Tablets 500 mg
56 TABLET - 1 TAB TWICE DAILY

Repeat

23-Apr-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

23-Apr-2026 Naproxen Tablets 500 mg
56 TABLET - 1 TAB TWICE DAILY

24-July-2025 Allopurinol Tablets 100 mg
56 tablet - ONE TO BE TAKEN EACH DAY

20-Jun-2025 Allopurinol Tablets 100 mg
56 tablet - ONE TO BE TAKEN EACH DAY

20-Jun-2025 Allopurinol Tablets 100 mg
56 tablet - ONE TO BE TAKEN EACH DAY

Past

23-Apr-2026 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

23-Apr-2026 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

24-Feb-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

24-Feb-2026 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - 1 TAB TWICE DAILY

24-Feb-2026 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

24-Feb-2026 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

24-Feb-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

24-Feb-2026 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - 1 TAB TWICE DAILY

20-Nov-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

20-Nov-2025 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

20-Nov-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - 1 TAB TWICE DAILY

20-Nov-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - 1 TAB TWICE DAILY

20-Nov-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

20-Nov-2025 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

24-Sept-2025 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

24-Sept-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

24-Sept-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

24-Sept-2025 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

24-July-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - 1 TAB TWICE DAILY

24-July-2025 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

24-July-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

24-July-2025 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

19-Jun-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - 1 TAB TWICE DAILY

19-Jun-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

19-Jun-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - 1 TAB TWICE DAILY

19-Jun-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

29-May-2025 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

29-May-2025 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

27-Mar-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - 1 TAB TWICE DAILY

27-Mar-2025 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

27-Mar-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

27-Mar-2025 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

14-Feb-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - 1 TAB TWICE DAILY

14-Feb-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - 1 TAB TWICE DAILY

14-Feb-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

08-Jan-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - 1 TAB TWICE DAILY

08-Jan-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - 1 TAB TWICE DAILY

08-Jan-2025 Co-Codamol 8/500 Tablets Acute Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

08-Jan-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

08-Jan-2025 Co-Codamol 8/500 Tablets Acute Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

09-Dec-2024 Eumovate Cream 0.05 % Acute Medication (Past)
30 gram - APPLY THINLY TWICE A DAY FOR NO LONGER THAN ONE WEEK

09-Dec-2024 Gentamicin Ear/eye drops 0.3 % Acute Medication (Past)
10 ml - TWO DROPS TO BE USED THREE TIMES A DAY FOR 5 DAYS

09-Dec-2024 Eumovate Cream 0.05 % Acute Medication (Past)
30 gram - APPLY THINLY TWICE A DAY FOR NO LONGER THAN ONE WEEK

09-Dec-2024 Zerobase Cream 11 % Acute Medication (Past)
500 gram - APPLY TWICE A DAY

09-Dec-2024 Dermol 500 Lotion Acute Medication (Past)
500 ml - TO BE USED AS SOAP SUBSTITUTE

09-Dec-2024 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

09-Dec-2024 Dermol 500 Lotion Acute Medication (Past)
500 ml - TO BE USED AS SOAP SUBSTITUTE

09-Dec-2024 Fexofenadine Hydrochloride Tablets 120 mg Acute Medication (Past)
14 tablet - ONE TABLET TO BE TAKEN DAILY

09-Dec-2024 Gentamicin Ear/eye drops 0.3 % Acute Medication (Past)
10 ml - TWO DROPS TO BE USED THREE TIMES A DAY FOR 5 DAYS

09-Dec-2024 Zerobase Cream 11 % Acute Medication (Past)
500 gram - APPLY TWICE A DAY

09-Dec-2024 Fexofenadine Hydrochloride Tablets 120 mg Acute Medication (Past)
14 tablet - ONE TABLET TO BE TAKEN DAILY

09-Dec-2024 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

28-Nov-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

28-Nov-2024 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY AS REQUIRED. PLEASE ARRANGE BLOOD TESTS FOR FURTHER PRESCRIPTION

27-Nov-2024 Diazepam Tablets 2 mg Acute Medication (Past)
10 TABLET - ONE TO BE TAKEN UP TO THREE TIME DAY REDUCE TO STOP

11-Nov-2024 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY INCREASING TO 100MG AFTER 1 WEEK

11-Nov-2024 Diazepam Tablets 2 mg Acute Medication (Past)
20 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY FOR SHORT TERM USE

11-Nov-2024 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY INCREASING TO 100MG AFTER 1 WEEK

11-Nov-2024 Diazepam Tablets 2 mg Acute Medication (Past)
10 TABLET - ONE TO BE TAKEN UP TO THREE TIME DAY REDUCE TO STOP

18-Oct-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

18-Oct-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

18-Oct-2024 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY AS REQUIRED. PLEASE ARRANGE BLOOD TESTS FOR FURTHER PRESCRIPTION

18-Oct-2024 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY AS REQUIRED. PLEASE ARRANGE BLOOD TESTS FOR FURTHER PRESCRIPTION

08-Aug-2024 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY AS REQUIRED. PLEASE ARRANGE BLOOD TESTS FOR FURTHER PRESCRIPTION

08-Aug-2024 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY AS REQUIRED. PLEASE ARRANGE BLOOD TESTS FOR FURTHER PRESCRIPTION

08-Aug-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

08-Aug-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

03-July-2024 Gentamicin Ear/eye drops 0.3 % Acute Medication (Past)
10 ml - TWO-THREE DROPS TO BE USED FOUR TIMES A DAY

03-July-2024 Gentamicin Ear/eye drops 0.3 % Acute Medication (Past)
10 ml - TWO-THREE DROPS TO BE USED FOUR TIMES A DAY

26-Jun-2024 Otomize Spray Acute Medication (Past)
1 SPRAY - ONE SPRAY TO BE USED THREE TIMES A DAY

26-Jun-2024 Otomize Spray Acute Medication (Past)
1 SPRAY - ONE SPRAY TO BE USED THREE TIMES A DAY

04-Jun-2024 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY AS REQUIRED. PLEASE ARRANGE BLOOD TESTS FOR FURTHER PRESCRIPTION

04-Jun-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

29-Apr-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

29-Apr-2024 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY AS REQUIRED. PLEASE ARRANGE BLOOD TESTS FOR FURTHER PRESCRIPTION

29-Apr-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN TO PROTECT STOMACH

29-Apr-2024 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY AS REQUIRED. PLEASE ARRANGE BLOOD TESTS FOR FURTHER PRESCRIPTION

05-Mar-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY - WHILE ON NAPROXEN

05-Mar-2024 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

05-Mar-2024 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

05-Mar-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY - WHILE ON NAPROXEN

15-Dec-2023 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

15-Dec-2023 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

08-Nov-2023 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

08-Nov-2023 Ciprofloxacin Eye drops 0.3 % Acute Medication (Past)
5 ml - 2 Drops 4 times daily TO AFFECTED EAR

08-Nov-2023 Gentamicin And Hydrocortisone Acetate Ear drops 0.3 %+ 1 % Acute Medication (Past)
10 ml - 2 Drops Twice daily

08-Nov-2023 Ciprofloxacin Eye drops 0.3 % Acute Medication (Past)
5 ml - 2 Drops 4 times daily TO AFFECTED EAR

08-Nov-2023 Gentamicin And Hydrocortisone Acetate Ear drops 0.3 %+ 1 % Acute Medication (Past)
10 ml - 2 Drops Twice daily

08-Nov-2023 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

26-Oct-2023 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

26-Oct-2023 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

26-Oct-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

26-Oct-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

25-Aug-2023 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

25-Aug-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

25-Aug-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

25-Aug-2023 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

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

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

08-Jun-2023 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

08-Jun-2023 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

21-Apr-2023 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

21-Apr-2023 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

30-Dec-2022 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

30-Dec-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

30-Dec-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

30-Dec-2022 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

02-Nov-2022 Zopiclone Tablets 3.75 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

02-Nov-2022 Zopiclone Tablets 3.75 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

27-Oct-2022 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

27-Oct-2022 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

27-Oct-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-Oct-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

29-Aug-2022 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

29-Aug-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

29-Aug-2022 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

29-Aug-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

26-July-2022 Prednisolone Tablets 5 mg Acute Medication (Past)
40 TABLET - TO BE TAKEN AS DIRECTED 6 TABS DAILY FOR 5 DAYS

26-July-2022 Prednisolone Tablets 5 mg Acute Medication (Past)
40 TABLET - TO BE TAKEN AS DIRECTED 6 TABS DAILY FOR 5 DAYS

21-Jun-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

21-Jun-2022 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

21-Jun-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

24-May-2022 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

24-May-2022 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

10-May-2022 Colchicine Tablets 500 micrograms Acute Medication (Past)
12 TABLET - ONE TO BE TAKEN TWO TO FOUR TIMES A DAY UNTIL SYMPTOMS RELIEVED (MAX 6MG PER COURSE)

10-May-2022 Colchicine Tablets 500 micrograms Acute Medication (Past)
12 TABLET - ONE TO BE TAKEN TWO TO FOUR TIMES A DAY UNTIL SYMPTOMS RELIEVED (MAX 6MG PER COURSE)

18-Mar-2022 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

18-Mar-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

18-Mar-2022 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

18-Mar-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

22-Dec-2021 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

22-Dec-2021 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

20-Dec-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

20-Dec-2021 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

20-Dec-2021 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

20-Dec-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

09-Sept-2021 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

09-Sept-2021 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

15-July-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

15-July-2021 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

15-July-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

15-July-2021 Compression Hosiery Class II Below Knee Stocking, Circular Knit Standard stock size Acute Medication (Past)
2 stocking - AS DIRECTED

15-July-2021 Compression Hosiery Class II Below Knee Stocking, Circular Knit Standard stock size Acute Medication (Past)
2 stocking - AS DIRECTED

15-July-2021 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

04-May-2021 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

04-May-2021 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

27-Jan-2021 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

27-Jan-2021 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

27-Jan-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

27-Jan-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

15-Oct-2020 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

15-Oct-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

15-Oct-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

15-Oct-2020 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

14-Aug-2020 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

14-Aug-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

17-July-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

17-July-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

17-July-2020 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

17-July-2020 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

01-Jun-2020 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

28-Apr-2020 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

28-Apr-2020 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

26-Mar-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

26-Mar-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

09-Mar-2020 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

09-Mar-2020 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

31-Jan-2020 Timodine Cream Acute Medication (Past)
30 gram - Apply sparingly Twice daily

31-Jan-2020 Timodine Cream Acute Medication (Past)
30 gram - Apply sparingly Twice daily

17-Jan-2020 Etoricoxib Tablets 120 mg Acute Medication (Past)
7 tablet - ONE TABLET TO BE TAKEN DAILY

17-Jan-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

17-Jan-2020 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

17-Jan-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

17-Jan-2020 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

17-Jan-2020 Etoricoxib Tablets 120 mg Acute Medication (Past)
7 tablet - ONE TABLET TO BE TAKEN DAILY

17-Jan-2020 Urea Hydrogen Peroxide Ear drops 5 % Acute Medication (Past)
8 ml - 1 DROP BD

17-Jan-2020 Urea Hydrogen Peroxide Ear drops 5 % Acute Medication (Past)
8 ml - 1 DROP BD

21-Oct-2019 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

10-Sept-2019 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

10-Sept-2019 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

09-July-2019 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

14-Jun-2019 Hydromol Ointment Acute Medication (Past)
500 GRAM - APPLY WHEN REQUIRED

14-Jun-2019 Fexofenadine Hydrochloride Tablets 180 mg Acute Medication (Past)
30 tablet - ONE TABLET TO BE TAKEN DAILY

14-Jun-2019 Fexofenadine Hydrochloride Tablets 180 mg Acute Medication (Past)
30 tablet - ONE TABLET TO BE TAKEN DAILY

14-Jun-2019 Hydrocortisone Cream 1 % Acute Medication (Past)
50 gram - Apply sparingly Twice daily

14-Jun-2019 Hydrocortisone Cream 1 % Acute Medication (Past)
50 gram - Apply sparingly Twice daily

14-Jun-2019 Hydromol Ointment Acute Medication (Past)
500 GRAM - APPLY WHEN REQUIRED

03-Jun-2019 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

26-Apr-2019 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

26-Apr-2019 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

01-Mar-2019 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

23-Jan-2019 Ibuprofen Tablets 400 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

23-Jan-2019 Ibuprofen Tablets 400 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

23-Jan-2019 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

29-Oct-2018 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

19-Sept-2018 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

19-Sept-2018 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

23-July-2018 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

23-July-2018 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

01-May-2018 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

01-May-2018 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

16-Feb-2018 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

16-Feb-2018 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

16-Feb-2018 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

16-Feb-2018 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

04-Jan-2018 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

04-Jan-2018 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

04-Jan-2018 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

04-Jan-2018 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

15-Dec-2017 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

15-Dec-2017 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

14-Nov-2017 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

14-Nov-2017 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

14-Nov-2017 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

25-Oct-2017 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

25-Oct-2017 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

25-Oct-2017 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

19-Sept-2017 Zopiclone Tablets 7.5 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT

19-Sept-2017 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

19-Sept-2017 Zopiclone Tablets 7.5 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT

29-Aug-2017 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

29-Aug-2017 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

29-Aug-2017 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

29-Aug-2017 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

01-Aug-2017 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

01-Aug-2017 Sertraline Hydrochloride Tablets 100 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

18-July-2017 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

20-Jun-2017 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

20-Jun-2017 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

20-Jun-2017 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

24-May-2017 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

24-May-2017 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

13-Apr-2017 Betahistine Dihydrochloride Tablets 16 mg Acute Medication (Past)
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY

13-Apr-2017 Betahistine Dihydrochloride Tablets 16 mg Acute Medication (Past)
42 tablet - ONE TO BE TAKEN THREE TIMES A DAY

20-Feb-2017 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

20-Feb-2017 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY WITH FOOD

24-Nov-2016 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY WITH FOOD

24-Nov-2016 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY WITH FOOD

22-Aug-2016 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY WITH FOOD

22-Aug-2016 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY WITH FOOD

06-May-2016 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY WITH FOOD

06-May-2016 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY WITH FOOD

05-Jan-2016 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY WITH FOOD

05-Jan-2016 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY WITH FOOD

19-Nov-2015 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

23-Oct-2015 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

23-Oct-2015 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

22-July-2015 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY WITH FOOD

22-July-2015 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY WITH FOOD

05-Jun-2015 Co-Codamol 15/500 Tablets Acute Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

05-Jun-2015 Co-Codamol 15/500 Tablets Acute Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

30-Apr-2015 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY WITH FOOD

30-Apr-2015 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY WITH FOOD

17-Feb-2015 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY WITH FOOD

17-Feb-2015 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY WITH FOOD

06-Feb-2015 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN TWICE A DAY

06-Feb-2015 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN TWICE A DAY

30-Dec-2014 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN TWICE A DAY

30-Dec-2014 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN TWICE A DAY

24-July-2014 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY WITH FOOD

24-July-2014 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY WITH FOOD

06-Nov-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE OR TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

06-Nov-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE OR TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

14-Jun-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE OR TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

14-Jun-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE OR TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

28-May-2013 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

28-May-2013 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

04-Apr-2013 Etoricoxib Tablets 90 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

04-Apr-2013 Etoricoxib Tablets 90 mg Acute Medication (Past)
28 tablet - ONE TABLET TO BE TAKEN DAILY

12-Mar-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE OR TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

12-Mar-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE OR TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

08-Feb-2013 Methocarbamol Tablets 750 mg Acute Medication (Past)
100 tablet - 2 TABS QID FOR PAIN

08-Feb-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE OR TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

23-Jan-2013 Methocarbamol Tablets 750 mg Acute Medication (Past)
100 tablet - 2 TABS QID FOR PAIN

23-Jan-2013 Methocarbamol Tablets 750 mg Acute Medication (Past)
100 tablet - 2 TABS QID FOR PAIN

23-Jan-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE OR TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

23-Jan-2013 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE OR TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

20-Nov-2012 Etoricoxib Tablets 120 mg Acute Medication (Past)
14 tablet - 1 Tab Daily

29-Oct-2012 Fusidic Acid And Betamethasone Valerate Cream 2 %+ 0.1 % Acute Medication (Past)
30 GRAM - APPLY TWICE A DAY

29-Oct-2012 Fusidic Acid And Betamethasone Valerate Cream 2 %+ 0.1 % Acute Medication (Past)
30 GRAM - APPLY TWICE A DAY

29-Oct-2012 Etoricoxib Tablets 120 mg Acute Medication (Past)
14 tablet - 1 Tab Daily

29-Oct-2012 Etoricoxib Tablets 120 mg Acute Medication (Past)
14 tablet - 1 Tab Daily

08-Mar-2012 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY AFTER FOOD

08-Mar-2012 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY AFTER FOOD

12-May-2010 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY AFTER FOOD

12-May-2010 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY AFTER FOOD

12-Apr-2010 Co-Codamol 30/500 Capsules Acute Medication (Past)
100 capsule - ONE OR TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

12-Apr-2010 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY AFTER FOOD

12-Apr-2010 Co-Codamol 30/500 Capsules Acute Medication (Past)
100 capsule - ONE OR TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

23-Mar-2010 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY AFTER FOOD

23-Mar-2010 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

23-Mar-2010 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

23-Mar-2010 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY AFTER FOOD

02-Oct-2009 Co-Codamol 30/500 Capsules Acute Medication (Past)
100 capsule - ONE OR TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

02-Oct-2009 Co-Codamol 30/500 Capsules Acute Medication (Past)
100 capsule - ONE OR TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

05-Aug-2009 ETORICOXIB TABLETS 120MG Acute Medication (Past)
14.000 tablet - 1 Tab Daily

05-Aug-2009 Etoricoxib Tablets 120 mg Acute Medication (Past)
14 tablet - 1 Tab Daily

01-July-2009 Allopurinol Tablets 100 mg Repeat Medication (Past)
56 tablet - 1 Tab At night

01-July-2009 ALLOPURINOL TABLETS 100MG Repeat Medication (Past)
56.000 tablet - 1 Tab At night

01-July-2009 ETORICOXIB TABLETS 120MG Acute Medication (Past)
7.000 tablet - 1 Tab Daily

01-July-2009 Etoricoxib Tablets 120 mg Acute Medication (Past)
7 tablet - 1 Tab Daily

01-Apr-2009 FEXOFENADINE HYDROCHLORIDE TABLETS 180MG Acute Medication (Past)
30.000 tablet - 1 Tab Daily

01-Apr-2009 Betamethasone Valerate Cream 0.1 % Acute Medication (Past)
100 gram - Apply morning and night

01-Apr-2009 BETAMETHASONE VALERATE CREAM 0.1% Acute Medication (Past)
100.000 gram - Apply morning and night

01-Apr-2009 Fexofenadine Hydrochloride Tablets 180 mg Acute Medication (Past)
30 tablet - 1 Tab Daily

15-Jan-2009 Naproxen Tablets 250 mg Acute Medication (Past)
42 tablet - 1 Tab 3 times daily

15-Jan-2009 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 capsule - 1 Cap 4 times daily

15-Jan-2009 FLUCLOXACILLIN CAPSULES 500MG Acute Medication (Past)
28.000 capsule - 1 Cap 4 times daily

15-Jan-2009 NAPROXEN TABLETS 250MG Acute Medication (Past)
42.000 tablet - 1 Tab 3 times daily

17-Sept-2008 Prochlorperazine Maleate Tablets 5 mg Acute Medication (Past)
30 tablet - 1 Tab 3 times daily

17-Sept-2008 PROCHLORPERAZINE MALEATE TABLETS 5MG Acute Medication (Past)
30.000 tablet - 1 Tab 3 times daily

11-Aug-2008 Co-Amoxiclav 250/125 Tablets Acute Medication (Past)
21 tablet - 1 Tab 3 times daily

11-Aug-2008 CO-AMOXICLAV 250MG/125MG TABLETS Acute Medication (Past)
21.000 tablet - 1 Tab 3 times daily

06-May-2008 AZITHROMYCIN TABLETS 500MG Acute Medication (Past)
2.000 tablet - 2 Tabs today

06-May-2008 Azithromycin Tablets 500 mg Acute Medication (Past)
2 tablet - 2 Tabs today

20-Dec-2006 AMOXICILLIN CAPSULES 500MG Acute Medication (Past)
15.000 capsule - 1 Cap 3 times daily

20-Dec-2006 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - 1 Cap 3 times daily

02-Aug-2006 PENICILLIN V TABLETS 250MG Acute Medication (Past)
56.000 tablet - 2 Tabs 4 times daily

02-Aug-2006 Penicillin V Tablets 250 mg Acute Medication (Past)
56 tablet - 2 Tabs 4 times daily

12-Jan-2006 MIRTAZAPINE ORODISPERSIBLE TABLETS 15MG Acute Medication (Past)
56.000 tablet - 1 or 2 Tabs At night

12-Jan-2006 Mirtazapine Orodispersible tablets 15 mg Acute Medication (Past)
56 tablet - 1 or 2 Tabs At night

24-Apr-2003 CO-AMOXICLAV 250MG/125MG TABLETS Acute Medication (Past)
21.000 tablet - 1 Tab 3 times daily

24-Apr-2003 Co-Amoxiclav 250/125 Tablets Acute Medication (Past)
21 tablet - 1 Tab 3 times daily

Allergies

This section is empty.

Vaccinations

21-Dec-2021 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) (GMS) C-19 Booster Pfizer (80081 - The Barns Medical Practice, Ayr 80081)
FN3543/ PF/IM/Left Arm/(GMS) /C-19 Booster Pfizer (80081 - The Barns Medical Practice, Ayr 80081)

21-Dec-2021 Mr Anonymous User (ANON)
Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) (GMS) C-19 Booster Pfizer (T ***** 80081)
*FN3543/ PF/IM/Left Arm/(GMS) /C-19 Booster Pfizer (T ***** 80081)*

20-July-2021 Mr Anonymous User (ANON)
Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By F Aitken)
PV46694/ AZ/IM/LUA//C-19 (By F Aitken)

25-May-2021 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By M Coll)
PV46696/ AZ/IM/LUA//C-19 (By M Coll)

29-Nov-1994 UnknownUser (UnknownUse3623)
Rubella vaccination
Rubella Screening$$.clm
History

29-Nov-1994 UnknownUser (UnknownUse3623)
Measles vaccination
Mmr Immunis.$$.clm
History

Referrals

05-July-2017 Dr K Ali (KALI)
8H7p.: Referral to community alcohol team (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

09-Jan-2008 UnknownUser (UnknownUse3623)
Referral for further care
Refered To: Ayr Hospital, NHS. Referral Type: Out Patient. Speciality Type: General Surgery. Referral Nature: Not Specified. , Referral Reason: Excision of lipoma required. Referral Type: Unknown (0)

Test Requests

30-Dec-1899 Nurse Yasmine Breingan (YS)
Status Sampled
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Dr Emily Murphy (EMA)
Status Requested
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Ms Marina Niven (MNI)
Status Requested
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Ms Laura Scott (LSSS)
Status Requested
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Mrs Alexandra King (SK)
Status Sampled
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

Test Results

09-Dec-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Ear Swab)

Culture		(No range available)

19-Jun-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - URIC ACID)

Uric Acid	**503 umol/L**	**(Range: 200 - 430)**

19-Jun-2025 Mr Anonymous User (ANON)
Result: Urea and electrolytes

eGFR result/1.73m2 >60		(No range available)
Chloride	101 mmol/L	(Range: 95 - 108)
Potassium	3.7 mmol/L	(Range: 3.5 - 5.3)
Sodium	141 mmol/L	(Range: 133 - 146)
Creatinine	68 µmol/L	(Range: 50 - 120)
Urea	5.5 mmol/L	(Range: 2.5 - 7.8)

26-Jun-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Ear Swab)

Culture		(No range available)

31-Dec-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - NO SPECIMEN)
Specimen not processed (No range available)

24-July-2014 Mr Anonymous User (ANON)
Result: (Non Coded Event - URIC ACID)
Uric Acid **481 umol/L** **(Range: 200 - 430)**

Other Items

20-Sept-2026	Recall	Medication review
08-Jun-2026	Read Code	SMS text message sent to patient 0792****862: As part of ***** Week, we want to recognise our patients who provide care for someone else. If you are a ***** please let us know so we are aware and can su
14-Jan-2026	Read Code	SMS text message sent to patient 0792****862: Fullarton Medical Practice is having an essential server upgrade on Wednesday 21st January 2026. On the 21st please only call for a GP appointment if urg Tuesday 20th until Thursday 22nd. We thank you in advance for your co-operation and understanding.
24-Nov-2025	Read Code	SMS text message sent to patient 0792****862: To help aid us in keeping patients up to date on practice and local health issues we invite you to follow our Facebook page. Link is below: https://www.facebo
06-Oct-2025	Read Code	Registered for access to Patient Facing Service
19-Jun-2025	Read Code	SMS text message sent to patient 0792****862: An appointment has been booked for you: On: 19/06/2025 14:00 With: Dr ***** Haddow To cancel this appointment, text 'CANCEL' to 07860035293 or contac
19-Jun-2025	Read Code	SMS text message sent to patient 0792****862: Please remember to attend your appointment: On: 19/06/2025 14:00 With: Dr ***** Haddow To cancel this appointment, text 'CANCEL' to 07860035293 or co
16-Jun-2025	Read Code	***** Health invite 0792****862: Fullarton Medical Practice has partnered with ***** Health to offer patients free habit coaching (to help sleep, exercise, eating and mental wellbeing). The app may serve as ar gp&data=05%7C02%7CBarbara.Milby%40aapct.scot.nhs.uk%7C4c69a5fb358c4b3de57508dc1b48fe79%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C638415247510521248%7CUnknov
24-Feb-2025	Read Code	SMS Text message sent to patient 0792****862: Please note Fullarton Medical Practice will be closed from 1pm on Tuesday 25th February for training. If you have a medical concern which cannot wait until
08-Jan-2025	Read Code	SMS text message sent to patient 0792****862: An appointment has been booked for you: On: 23/01/2025 14:00 With: Mr ***** Scarisbrick To cancel this appointment, text 'CANCEL' to 07860035293 or cor
08-Jan-2025	Read Code	SMS text message sent to patient 0792****862: An appointment has been booked for you: On: 08/01/2025 14:45 With: Mrs ***** Callaghan To cancel this appointment, text 'CANCEL' to 07860035293 or cor
08-Jan-2025	Read Code	SMS text message sent to patient 0792****862: Please remember to attend your appointment: On: 08/01/2025 14:45 With: Mrs ***** Callaghan To cancel this appointment, text 'CANCEL' to 07860035293 or
18-Dec-2024	Read Code	SMS text message sent to patient 0792****862: Please remember to attend your appointment: On: 19/12/2024 10:30 With: Dr ***** ***** To cancel this appointment, text 'CANCEL' to 07860035293 or contac
17-Dec-2024	Read Code	SMS text message sent to patient 0792****862: An appointment has been booked for you: On: 19/12/2024 10:30 With: Dr ***** ***** To cancel this appointment, text 'CANCEL' to 07860035293 or contact the
09-Dec-2024	Read Code	SMS text message sent to patient 0792****862: An appointment has been booked for you: On: 09/12/2024 15:00 With: Dr ***** ***** To cancel this appointment, text 'CANCEL' to 07860035293 or contact the
09-Dec-2024	Read Code	SMS text message sent to patient 0792****862: Please remember to attend your appointment: On: 09/12/2024 15:00 With: Dr ***** ***** To cancel this appointment, text 'CANCEL' to 07860035293 or contac
09-Dec-2024	Read Code	SMS text message sent to patient 0792****862: An appointment has been booked for you: On: 09/12/2024 10:45 With: Dr ***** ***** To cancel this appointment, text 'CANCEL' to 07860035293 or contact the
09-Dec-2024	Read Code	SMS text message sent to patient 0792****862: Please remember to attend your appointment: On: 09/12/2024 10:45 With: Dr ***** ***** To cancel this appointment, text 'CANCEL' to 07860035293 or contac
25-Nov-2024	Read Code	SMS text message sent to patient 0792****862: Please note the practice is closed on Wednesday 27th November from 13:00 for Training. We re-open our phone lines at 08:30 on 28th November. Fullarton
06-Nov-2024	Read Code	[D]Seizure NOS
13-Sept-2024	Read Code	SMS text message sent to patient 0792****862: Please note that Fullarton Medical Practice will be closed on Friday 20th and Monday 23rd September for the Local Public Holiday.
21-Dec-2021	Read Code	SMS text message sent to patient 07925628862: Fullarton Practice. We have Covid vaccination appointments available. Please phone 01292 292161 or 01292 264260 to book.
20-Dec-2021	Read Code	SMS text message sent to patient 07925628862: Fullarton Practice. Covid Booster aapointments available. Please phone 01292 264260 to book your appointment.
11-May-2020	Read Code	SMS text message sent to patient 0792****862: Medicines are NOT in short supply. Only order medicines you need. Do NOT order all medicines every time. Tell us your preferred pharmacy for prescription
20-Mar-2020	Read Code	SMS text message sent to patient 07925628862: Fullarton useful website: Online isolation notes are now available: https://111.nhs.uk/isolation-note. If you have a long term condition e.g. asthma and need
20-Mar-2020	Read Code	SMS text message sent to patient 07925628862: We hope this information is helpful. Repeat prescriptions. Please only ask for what you need and no earlier than 7 days before you need it. Steroid Inhalers
18-Mar-2020	Read Code	SMS text message sent to patient 07925628862: Fullarton Practice. Advice for patients. If you are well with no symptoms of Coronavirus continue to take your anti-inflammatory medication as normal. If you
20-Jan-2020	Read Code	SMS text message sent to patient 07925628862: Fullarton Medical Practice. From Mon 24 Feb we will move to a 24hr automated service. Please still allow 48 hours for us to process your request.
18-Sept-2017	Read Code	SMS text message sent to patient 07925628862: Please remember to attend your appointment: On: 18/09/2017 14:40 With: Dr K ***** Please ring the surgery on 01292 264260 if you cannot attend this ap
04-Sept-2017	Read Code	SMS text message sent to patient 07925628862: An appointment has been booked for you: On: 18/09/2017 14:40 With: Dr K ***** Please ring the surgery on 01292 264260 if you cannot attend this appoin
28-Aug-2017	Read Code	SMS text message sent to patient 07925628862: Please remember to attend your appointment: On: 28/08/2017 14:30 With: Dr K ***** Please ring the surgery on 01292 264260 if you cannot attend this ap
07-Aug-2017	Read Code	SMS text message sent to patient 07925628862: An appointment has been booked for you: On: 28/08/2017 14:30 With: Dr K ***** Please ring the surgery on 01292 264260 if you cannot attend this appoin

31-July-2017	Read Code	SMS text message sent to patient	07925628862: Please remember to attend your appointment: On: 01/08/2017 16:20 With: Dr K ***** Please ring the surgery on 01292 264260 if you cannot attend this ap
04-July-2017	Read Code	SMS text message sent to patient	07925628862: An appointment has been booked for you: On: 01/08/2017 16:20 With: Dr K ***** Please ring the surgery on 01292 264260 if you cannot attend this appoin
02-July-2017	Read Code	SMS text message sent to patient	07925628862: Please remember to attend your appointment: On: 03/07/2017 09:10 With: Dr K ***** Please ring the surgery on 01292 264260 if you cannot attend this ap
14-Jun-2017	Read Code	SMS text message sent to patient	07925628862: An appointment has been booked for you: On: 03/07/2017 09:10 With: Dr K ***** Please ring the surgery on 01292 264260 if you cannot attend this appoin
23-May-2017	Read Code	SMS text message sent to patient	07925628862: An appointment has been booked for you: On: 23/05/2017 16:00 With: Dr K ***** Please ring the surgery on 01292 264260 if you cannot attend this appoin
23-May-2017	Read Code	SMS text message sent to patient	07925628862: Please remember to attend your appointment: On: 23/05/2017 16:00 With: Dr K ***** Please ring the surgery on 01292 264260 if you cannot attend this ap
28-Apr-2017	Read Code	Total notes on computer	
26-Apr-2017	Read Code	Total notes on computer	
12-Apr-2017	Read Code	SMS text message sent to patient	07925628862: Please remember to attend your appointment: On: 13/04/2017 15:50 With: Dr A White Please ring the surgery on 01292 264260 if you cannot attend this a
12-Apr-2017	Read Code	SMS text message sent to patient	07925628862: An appointment has been booked for you: On: 13/04/2017 15:50 With: Dr A White Please ring the surgery on 01292 264260 if you cannot attend this appo
05-July-2016	Read Code	SMS text message sent to patient	07925628862: An appointment has been booked for you: On: 11/07/2016 16:10 With: Dr K *****
05-July-2016	Read Code	Ethnic group not recorded	
07-Apr-2015	Read Code	Well adult monitor.1st letter	
04-Apr-2013	Read Code	Current smoker	
29-Oct-2012	Read Code	Gout	

Attachments

Scanned Document
11-Jun-2026 ALISONW_3623
Additional: Scanned Document

Filename: G Boyle 4.pdf
Extension: .tif
Pages:

NHS Confidential: Personal data about a patient

University Hospital Ayr **Dalmellington Road** **Ayr** **KA6 6DX** **Phone: 01292 610 555**	**Immediate Discharge Letter** **&** **Prescription**

To: The Fullarton Medical Practice 40 Dalblair Road AYR AYRSHIRE KA7 1UL	**Re:** GARY J BOYLE 1C LOW ROAD , , AYR , AYRSHIRE , KA8 9RY DOB: 03/11/1979 Hosp. No.: 0311793215 CHI No.: 0311793215

Date of Admission: 06/11/2024
Mode of Admission: Emergency
Admission Reason: Alcohol withdrawal seizures
Discharge Date: 13/11/2024

Ward: STATION 9-AYR
Consultant: DR RAJESH THIMMAPPA (General Medicine)
Follow Up:

Diagnoses Alcohol-withdrawal seizures

- ( )

Secondary Diagnoses EtOHx related seizure 2021Mx head injury assaults 2018 and Sept 2024
Gout

- DR [redacted] SUTHERLAND (2024-11-12 14:50:50)

Clinical Progress Retrosepective IDL
Dear Dr,
Your patient, Gary Boyle, was admitted to UHA on 06/11 due to generalised tonic-clonic seizure. He was treated for alcohol withdrawal seizures with AAMAWS and IV thiamine.
The patient discharged against medical advice.

- DR [redacted] SUTHERLAND (2024-11-12 14:50:50)

Allergy/Intolerance	Reaction
***No Known Drug Allergies	

Allergy records are as recorded at time and [redacted] of printing.

No medicines prescribed on discharge

Discharged by: DR ERIN SUTHERLAND

Page: 1 of 1
Report generated on: 13/11/2024 09:08

BOYLE, GARY **CHI Number** 0311793215 **Date of Birth** 03-Nov-1979 (45y)
Sex Male

Adult MH/Alcohol & Drug Liaison Team Contact Record

Date of Activity 09 November 2024 17:03 by [redacted] **Status** Closed
Centre of Care Alcohol & Drug Liaison Team

Contact Details

Nature of contact

Other

Duration of patient/client contact

8hrs

Duration of patient/client related activity

Not applicable

Contact method

Telephone

Summary of Contact

Summary of contact

Paged by CAU regarding Gary. They explained that Gary had decided that he wanted to take his own discharge this evening. Medics felt that Gary had capacity to make this decision and informed him of the possible consequences of his decision. They advised that Gary had left the ward. Our intention was to return on Monday to provide Gary with relevant information and carry out assessment, we will send this to Gary by post so that he has the contact numbers available to him should he wish to engage with the team.

Interventions

Outcome of Contact

Outcome of Contact

Discharge from service

Printed 11/11/24 by [redacted] Armstrong - Staff copy Page 1 of 1

BOYLE, GARY **CHI Number** 0311793215 **Date of Birth** 03-Nov-1979 (45y)
Sex Male

Mental Health Liaison Service/CRT/Duty Assessment v2

Date of Activity 08 November 2024 18:54 by Vicki [redacted] **Status** Closed
Centre of Care Alcohol & Drug Liaison Team

Situation

Situation

Referral received 07/11/24, Gary is under the care of Dr [redacted] CAL Ambulatory Care. Requesting ALN input.
Admitted - 06/11/24 following witnessed alcohol related seizure at home.
No current NHS or third sector service involvements.

Background

Background

Known to Addiction services South and Connect 4 Change in the past.

Assessment

Ayrshire Mental Health Risk Assessment Framework

Mental state

Mental state

Green

Note: Denied any concerns re current mental state, nil DSH / suicide ideation voiced. Objectively no concerns re Gary's mental state to note. Gary was orientated, well kempt, gave good eye contact, and engaged well in the conversation. He described his mood as "brilliant" and he described "I feel like myself again". no evidence of any acute mental illness or insight impairing illness. Reports sleeping well since in hospital. Documented that historicall Gary has reported times of a a deterioration to his mental state , linked to his alcohol use. Therefore Gary has experience and knowledge of the detrimental impact increased alcohol use can have to mental health.

Engagement

Engagement with services

Green

Medication management

Green

Note: Gary enquired about the possibility of having some diazepam to take home, however discussed the rationale for why this is not routinely given by the service/hospital and Gary was accepting of this. Medication as recorded o referral: Diazepam Paracetamol Ondansetron Thiamine Dalteparin .

Risk of suicide/self-harm

Printed 11/11/24 by [redacted]rmstrong - Staff copy Page 1 of 5

BOYLE, GARY CHI Number 0311793215 Date of Birth 03-Nov-1979 (45y)
Sex Male

Risk of self-harm

[redacted]

Note: Denied any concerns re current mental state, nil DSH / suicide ideation voiced. Objectively no concerns re Gary's mental state to note. Noted hx of suicidal ideation however no apparent hx of plan making or intent, action. Should Gary continue to drink alcohol post discharge from hospital, he will be at increased risk of further deterioration to his health. This admission due to alcohol related withdrawal seizure. Hx drug and alcohol use together. Gary is aware of the risks of accidental harm to self through misadventure with substances and alcohol. Increased risk of impulsiveness to act upon any new future DSH or suicidal ideation should alcohol use resume.

Risk of suicide

Green

Note: Denied any concerns re current mental state, nil DSH / suicide ideation voiced. Objectively no concerns re Gary's mental state to note. Noted hx of suicidal ideation however no apparent hx of plan making or intent, action. Family are noted to be protective factors.

Risk of harm to or from others

Risk of harm to others

[redacted]

Note: Rated [redacted] only due to historical issues as below- risk may be amplified should alcohol/ drug use resume Gary denied any thoughts of harming others. Hx documentation - He reported that he has been charges with assault and breach of the peace historically. Gary also advised he has been significantly attacked in recent years and sustained a head injury. No apparent risk to staff - pleasant today.

Abuse issues

Green

Note: No apparent issues, nil disclosed.

Neglect/Vulnerability issues (consider ASP/AWIA)

Green

Child protection concerns

Green

Note: Children - 24yrs, 22yrs, 11yrs, [redacted] Gary 11yrs - lives with [redacted] [redacted] nearby. [redacted] 1yr old. Gary on further discussion assured that he does not drink alcohol in the presence of younger [redacted] or [redacted] apart from a holiday last year where there were other adults present and had childcare responsibility. Nor does he have any childcare / babysitting responsibilities either whilst drinking alcohol or post alcohol given risk becoming unwell physically. Note historically Gary was denied contact with his children due to drug use. unclear whether this was imposed via social work or family, or both.

Child well-being concerns

Green

Risk from substance misuse

Substance misuse

[redacted]

Note: Attended CAU Pink zone at approx 1145hrs to obtain update re Gary. Spoke with NN [redacted] who advised

BOYLE, GARY CHI Number 0311793215 Date of Birth 03-Nov-1979 (45y)
Sex Male

that Gary has not been scoring on GMAWS and following medic review this morning ,fixed dose Diazepam to reduce to 15mg QDS at lunch time dose today. Observed GMAWS chart - recording "fixed dose" on chart at times. Yet to have lunch time dose of fixed dose. 08/11/24 - 0550hrs - scored 1- sweat. "fixed dose". NN reporting this was prior to fixed dose being issued therefore no PRN given. 0030hrs-0. 07/11/24 - 2000hrs - 0. 1730hrs - 0. "fixed dose". 1445hrs - 0. 1285hrs - 1 - tremor - "fixed dose". 0850hrs- 0. "fixed dose". 0300hrs- 3 "fixed dose". While speaking with Gary, undertook GMAWs scoring at 1200hrs - score of 0 for all aspects. No evidence of any alcohol withdrawals objectively on observation nor subjectively reported by Gary at time of speaking with him. Explored with Gary the events leading to admission, he discussed that "I was coming off the drink", and had "felt a seizure coming on". He stated he had a seizure episode approx 3 years ago also in the context of being in alcohol withdrawal. Gary reported he had been drinking heavily last Friday, Saturday and Sunday and it had also been his birthday on the Sunday. Reports lives close to a local pub and says this is a temptation for him. States over that weekend he had had approx 11 x pints and 8 x [redacted] & Coke each day. Then had stopped alcohol use Monday and Tuesday. Reports feeling symptomatic of a potential oncoming seizure on the Tuesday, (5/11) ,generally feeling unwell. Gary reports he was able to tell in the past when he was about to have a seizure and recognised the same feelings this time. Gary reports his [redacted] had found him, the next thing he remembers was waking up and having family around him in his home and feeling confused. Gary denied being a dependant drinker prior to admission, reports only normally drinks at the weekend but this would normally be from 12pm until around 8pm. Harm reduction discussed re the importance of making gradual reductions to alcohol use when weaning self off, as opposed to abrupt alcohol withdrawal. Discussed risks of this and the links / increased risk of to seizure activity. Gary reporting a good effect since he has been given prescribed Diazepam while here in hospital, reports feeling "brilliant". Gary enquired about the possibility of having some diazepam to take home, however discussed the ratio[redacted] for why this is not routinely given by the service/hospital and Gary was accepting of this. Discussed Gary's goals relating to alcohol use - He does not wish to be completely abstinent from alcohol however wishes to still be able to drink socially, just to lesser amounts. He is aware of the risks of drinking to exter and the implications this can have on his health. Gary denied alcohol being problematic for him at the present time Denied any history of alcohol supports either formally or informally, no hx detox or rehab reported by Gary. IV Thiamine, (pabrinex shortage). NEWS 0 -obs taken by student nurse approx 1220hrs. No further seizure activity since being in CAU. Last seizure was when in ED with 1 x seizure at home. Denied any current or recent illicit drug or non px medication misuse.

Social and personal risks

Support network

Green

Note: Gary [redacted] his own. Well supported by [redacted] who lives locally and own family- 2 [redacted] Lots of friends. Gary describes having a lot of friends who are social drinkers which may impair Gary's ability to move towards an alcohol free lifestyle in the future.

Physical health

[redacted]

Note: Should Gary continue to drink alcohol post discharge from hospital, he will be at increased risk of further deterioration to his health. This admission due to alcohol related withdrawal seizure. Discussed Gary's goals relating to alcohol use - He does not wish to be completely abstinent from alcohol however wishes to still be able t drink socially, just to lesser amounts. He is aware of the risks of drinking to extent and the implications this can have on his health. Gary denied alcohol being problematic for him at the present time. Denied any history of alcohol supports either formally or informally, no hx detox or rehab reported by Gary. IV Thiamine, (pabrinex shortage). NEWS 0 -obs taken by student nurse approx 1220hrs. No further seizure activity since being in CAU. Last seizure was when in ED with 1 x seizure at home.

Occupation of time

Green

Note: Works casually as a groundsman. Spends a lot of time in the pub.

Housing and finances

Green

Printed 11/11/24 by [redacted] Armstrong - Staff copy Page 3 of 5

BOYLE, GARY CHI Number 0311793215 Date of Birth 03-Nov-1979 (45y)
Sex Male

Note: [redacted] own flat however this is very close to a local pub.

Any other issues

Any other issues

Green

Overall Impression of Risk

Overall Impression of Risk

[redacted]

Note: Should Gary continue to drink alcohol post discharge from hospital, he will be at increased risk of further deterioration to his health. This admission due to alcohol related withdrawal seizure. Hx drug and alcohol use together. Gary is aware of the risks of accidental harm to self through misadventure with substances and alcohol. Increased risk of impulsiveness to act upon any new future DSH or suicidal ideation should alcohol use resume.

Immediate Risk Management Plan

Immediate Risk Management Plan

PLAN
-Gary is aware fixed dose diazepam is reducing today at lunchtime, encouraged him however should he have any withdrawal symptoms in the interim periods between fixed doses, to let CAU staff know.
-Encouraged staff to continue scoring on GMAWS regularly to rule out any emerging alcohol withdrawals, discussed importance of assessing withdrawals objectively also. If any PRN required, to discuss with MHALT as fixed dose may require review.
-Signposting information pack issued re local addiction / recovery / advocacy services and advised that Gary can self refer in future if he feels the need for same.
-Harm reduction discussion around risks of abrupt alcohol withdrawal should he return to same in future.
-MHALT continue to oversee detox. No assessment required at discharge as completed today.

Recommendations

Recommendations

PLAN
-Gary is aware fixed dose diazepam is reducing today at lunchtime, encouraged him however should he have any withdrawal symptoms in the interim periods between fixed doses, to let CAU staff know.
-Encouraged staff to continue scoring on GMAWS regularly to rule out any emerging alcohol withdrawals, discussed importance of assessing withdrawals objectively also. If any PRN required, to discuss with MHALT as fixed dose may require review.
-Signposting information pack issued re local addiction / recovery / advocacy services and advised that Gary can self refer in future if he feels the need for same.
-Harm reduction discussion around risks of abrupt alcohol withdrawal should he return to same in future.
-MHALT continue to oversee detox. No assessment required at discharge as completed today.

Gender Based Violence Assessment

Was gender based violence routine enquiry carried out during this assessment?

No - Not relevant as already carried out

Gender Based Violence Disclosure Assessment (ONLY COMPLETE THIS SECTION IF ANSWERED YES (OUTCOME:VICTIM) ABOVE, FOR ALL OTHER ANSWERS LEAVE AS 'NOT APPLICABLE')

BOYLE, GARY CHI Number 0311793215 Date of Birth 03-Nov-1979 (45y)
Sex Male

What type of GBV is involved

Not applicable

Is abuse current or past or both?

Not applicable

Describe the relationship between the service user and the perpetrator

Not applicable

What is the sex of perpetrator(s)?

Not applicable

Response to disclosure

Consent to care and treatment

Sufficient information provided?

Yes

Does the person understand the information given to them that is relevant to the decision?

Yes

Can the person retain that information long enough to be able to make the decision?

Yes

Can the person use or weigh up the information as part of the decision-making process?

Yes

Can the person communicate their decision?

Yes

Is consent valid?

Yes

Is the consent given voluntarily?

Yes

NHS Confidential: Personal data about a patient

To: JL.ASHCROFT

University Hospital Ayr Emergency Department
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 614578

DUTY CONSULTANT: DR MOHYUDIN DINGLE

PATIENT DETAILS

Patient Name	Gary Boyle
CHI Number	0311793215
DOB	03/11/1979
Address	3 OAKWOOD AVENUE,AYR,,, KA8 0NX
Previous Attendances	No Attendances in Last 12 months:2Total Number of Attendances:44

ATTENDANCE DETAILS

Arrival Date & Time	08/09/2024 17:39
Presenting Complaint	assault\facial\visio
Diagnosis	Concussion
Treatment	Advice
Investigations	X-Ray,Face, CT Brain (head)
Additional Information	CT head/face normal

DISCHARGE DETAILS

Discharge Date & Time	09/09/2024 00:20
Left Department Date & Time	08/09/2024 22:46
	Discharge, no follow up Usual place of residence
Child Protection	None
Adult Protection /Concern Referral?	No
Clinician Seen	Mohyudin Dingle,Spec Trainee Year 6

NHS Confidential: Personal data about a patient

To: JL.ASHCROFT

University Hospital Ayr Emergency Department
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 614578

DUTY CONSULTANT: RITA DAS

PATIENT DETAILS

Patient Name	Gary Boyle
CHI Number	0311793215
DOB	03/11/1979
Address	3 OAKWOOD AVENUE,AYR,,, KA8 0NX
Previous Attendances	No Attendances in Last 12 months: 1Total Number of Attendances:43

ATTENDANCE DETAILS

Arrival Date & Time	06/09/2024 01:51
Presenting Complaint	knee pain
Diagnosis	Bursitis Patella Left
Treatment	Take home drugs Advice
Investigations	
Additional Information	Pt attended due to 3 days history of knee pain that was not settling with taking naproxen at home. No obvious swelling or erythema/heat of the knee. Full ROM. Weight bearing and bale to walk but finding this more difficult. Painful to palpate the patella/ tendon. IMP: bursitis.Advised rest, ice and analgesia. Provided co-codamol to go home with.

DISCHARGE DETAILS

Discharge Date & Time	06/09/2024 05:41
Left Department Date & Time	06/09/2024 04:02
	Discharge, no follow up Usual place of residence
Child Protection	None
Adult Protection /Concern Referral?	No

NHS Confidential: Personal data about a patient

Clinician Seen [redacted]

NHS Confidential: Personal data about a patient

To: JL.ASHCROFT

University Hospital Ayr Emergency Department
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 614578

DUTY CONSULTANT: DR E OFEI

PATIENT DETAILS

Patient Name	Gary Boyle
CHI Number	0311793215
DOB	03/11/1979
Address	12B OAKWOOD AVENUE,AYR,AYR,AYRSHIRE, KA8 0NX

ATTENDANCE DETAILS

Arrival Date & Time	16/12/2021 12:03
Attendance Number	AYR-21-029507-1
Diagnosis	Bursitis Elbow Right
Treatment	Advice
Investigations	X-Ray,Elbow Right
Additional Information	red, inflamed R. elbow/erythematous area, warm to touch, fell 2/7 prior to attending and landed on elbow, X-ray: no # seen, Imp: ? cellulitis/infective bursitis R. elbow, Plan: flucloxacillin 500mg QDS 1/52 course given, HAS applied, erythematous area marked with pen, strongly advised to seek R/V if any problems

DISCHARGE DETAILS

Discharge Date & Time	16/12/2021 20:30
Left Department Date & Time	16/12/2021 12:41
	Discharge, no follow up Usual place of residence
Child Protection	None
Adult Protection /Concern Referral?	No
Clinician Seen	Jill [redacted],Advanced Nurse Practioner

NHS Confidential: Personal data about a patient

To: JL.ASHCROFT

University Hospital Ayr Emergency Department
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 614578

DUTY CONSULTANT: DR E OFEI

PATIENT DETAILS

Patient Name	Gary Boyle
CHI Number	0311793215
DOB	03/11/1979
Address	12B OAKWOOD AVENUE,AYR,AYR,AYRSHIRE, KA8 0NX

ATTENDANCE DETAILS

Arrival Date & Time	16/12/2021 22:42
Attendance Number	AYR-21-029507-2
Diagnosis	Cellulitis Arm Right
Treatment	Advice
Investigations	
Additional Information	-review as spread beyond lines in some areas, better in others

DISCHARGE DETAILS

Discharge Date & Time	16/12/2021 23:12
Left Department Date & Time	16/12/2021 23:08
	Discharge, no follow up Usual place of residence
Child Protection	None
Adult Protection /Concern Referral?	No
Clinician Seen	Carl Williams,Specialty Doctor

NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

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

Patient Details

Surname	Boyle
Forename	Gary
CHI	0311793215
Date of birth	1979-11-03
Sex	[redacted]
Address	12B OAKWOOD AVENUE AYR KA8 0NX

Specimen Details

Specimen Processed Date	26-10-2021 18:36
Test Start Date	26-10-2021 10:40
Test End Date	26-10-2021 10:41
GP Practice	80113
Specimen Number	KNA15516714
Administration Method	self

End of Report

Report Date: 26/10/2021

NHS Confidential: Personal data about a patient

To: JL.ASHCROFT

University Hospital Ayr Emergency Department
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 614578

DUTY CONSULTANT: **DR [redacted]**

PATIENT DETAILS

Patient Name	Gary Boyle
CHI Number	0311793215
DOB	03/11/1979
Address	12B OAKWOOD AVENUE,AYR,AYR,AYRSHIRE, KA8 0NX

ATTENDANCE DETAILS

Arrival Date & Time	01/10/2021 11:58
Attendance Number	AYR-21-023472-1
Diagnosis	Seizure unspecified
Treatment	Advice
Investigations	
Additional Information	ETOH related seizure after several months of drinking, reviewed by ED cons, given advice and gradual ETOH reduction. Discharged to community services

DISCHARGE DETAILS

Discharge Date & Time	02/10/2021 11:00
Left Department Date & Time	01/10/2021 13:08
	Discharge, Primary Care follow up Usual place of residence
Child Protection	None
Adult Protection /Concern Referral?	No
Clinician Seen	[redacted],ED Consultant

NHS Confidential: Personal data about a patient

Ayrshire Doctors On Call

adastra

1 Patient Contacts for Fullarton Practice

Patient : Gary Boyle
(Gender: Male) (DOB: 03/11/1979) (Age: 41 years) (CHI: 0311793215)

Case No 69785 **Case Date** 28/09/2021 22:39
Own Dr Haddow, [redacted]

Emergency Care Summary viewed on case

Current Address
3 Oakwood Avenue Ayr

KA8 0NX

Home Address (If Different)
128 Oakwood Avenue Ayr

Current Phone 01292 280126 **Home Phone (If Different)**

Case Type Doctor Advice
Priority On Reception Within 2 Hours

NHS 24 Advice by Fiona [redacted] (Usc Call Taker) ()
Clinical summary created by: Fiona [redacted] (Usc Call Taker) () [28/09/2021 22:51:48]
Reason for call: PANICKY,ANXIOUS, NOT SLEPT FEW DAYS
ADDICT - ALCOHOL AND COCAINE. CONCERNED MAY HAVE A SEIZURE. PREVIOUS SEIZURE 3 YRS AGO.
NO COVID SYMPTOMS
28:09:2021 22:48:22 MCCOSHK.. NOT SLEPT SINCE SATURDAY NIGHT, LAST TOOK COCAINE SATURDAY.
AGITATION SINCE PM, SOB 2HRS. ADVISED PCEC 2HRS, HUB TO CONTACT...
Outcome: PCEC within 2 Hrs

Triage Start 22:40
Triage End 22:50

Case Questions
NHS 24 Feedback
Do you agree with the outcome determined by NHS 24? - Yes

CLINICAL PORTAL -
Did you perform a lookup on the A&A Clinical Portal? - No

Pocked Aremote Consult by:
Start Type **End Type**
Consult Start
Consult End

Adastra Consult by Sondhi, Ravindra
Start Type Doctor Advice **End Type** Doctor Advice
Consult Start 23:11
Consult End 23:27

History
CO- h/f patient has struggled with sleep -panicky and anxious- has been abusing drugs- used cocaine on Saturday- has been agitated for a few days no headache no confusion. Claims he just wants to sleep- advised aviid stimulant drugs caffeine alcohol- denies any alcohol - adv GP review and refer to Addaction

Examination

Diagnosis

Treatment

Date 29/09/2021	AW	ASH	LW	SD	GF	ANP	NB ✓
Norm	Sat ✓	C/S to Dr	Phone pat	Dr to phone	Appt	CSS	QOF
Action					Staff sign		

Report Statistics: Report produced by Adastra Version 3 - 28/09/2021 23:43:54

NHS Confidential; Personal data about a patient

Patient : Gary Boyle

(Gender: Male) (DOB: 03/11/1979) (Age: 41 years) (CHI: 0311793215)

Clinical Code(s)
E24.. Drug dependence

Prescriptions

Informational Outcome(s)
Patient Told To Contact GP -

Date 29/09/2021			AW	ASH	LW	SD	GF	ANP	NB
Norm	Sat			C/S to Dr	Phone pat		Dr to phone	Appt	CSS	QOF
Action								Staff		

Report Statistics: Report produced by Adastra Version 3 - 28/09/2021 23:43:54

NHS Confidential: Personal data about a patient

Ayr Hospital
Emergency Department
Tel: 01292 614578

Emergency Department Discharge Letter

To: JL ASHCROFT

Re: **Gary Boyle**
3 OAKWOOD AVENUE,,AYR,AYRSHIRE,
KA8 0NX
DOB: 03/11/1979
ED Attendance No: AYR-21-021372-1
CHI No.: 0311793215

Attendance Details
Date of Attendance: 06/09/2021 **Time of Attendance:** 15:15:00
Presenting Complaint: L eye inj **Duty Consultant:** Dr Sathyaprakash Ranganath
Additional Information: No Attendances in Last 12 months:2 Total Number of Attendances:38

Diagnosis

Treatment

Investigations

Discharge Information:

Additional Information

Discharged by: Rosemary [redacted] Charge Nurse

---

page1 of 1

If you have any queries about this patient, please contact one of the staff at the above number

NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

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

Patient Details

Surname	BOYLE
Forename	GARY
CHI	0311793215
Date of birth	1979-11-03
Sex	Male
Address	12B OAKWOOD AVENUE AYR KA8 0NX

Specimen Details

Specimen Processed Date	25-08-2021 07:25
Test Start Date	24-08-2021 15:35
Test End Date	24-08-2021 15:35
GP Practice	80113
Specimen Number	AAN05253199
Administration Method	health_care_professional

End of Report

Report Date: 25/08/2021

NHS Confidential. Personal data about a patient

UC 113

UC Universal Credit

Universal Credit

71868 000193 0003 E 30800 H2

Dr Dunne
THE FULLARTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UL

30800/3

Posted 24/5/21

Our phone number is: 0141 314 5496

If you [redacted] textphone,
you can call on: 18001 0141 314 5496

If you get in touch with us, tell us this reference number: JT643338C

Date: 16th May 2021

About your patient

Address
12b, Oakwood Avenue, Ayr, KA8 0NX

Full Name Mr Gary [redacted] Boyle

NINo JT643338C

Date of birth 3rd November 1979

Dear Doctor,

Your patient is being assessed for Universal Credit and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a face-to-face work capability assessment and if so support that assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at **https://www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners**
- **A fully completed form may help inform the face to face work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement.**

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our Healthcare Professional staff, please phone the number above and ask for a member of the Healthcare Professional staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that it can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.
Thank you for your help.
Yours sincerely,

Mrs Yvonne Beattie

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL

Version 10/17

NHS Confidential - Personal data about a patient

UC113

Client Name:
Mr Gary [redacted] Boyle

Client NINo:
JT643338C

Client Date of Birth:
03.11.1979

Freepost RTZY-JCHS-LZET
Centre for Health and Disability Assessments
Glasgow BSC
Mail Handling Site A
Wolverhampton
WV98 2EQ

Your reply

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please continue at Part 7.

1 When did your patient last see a GP?

19/03/21

2 Current conditions affecting ability to work

Please give us details of those conditions which may have significant effect on the person's capacity to work. Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, where relevant.

If you are sending a computerised printout of current medication you do not need to list this here.

*Please complete **both sides** of this form and return the completed form in the supplied envelope - with the above address showing in the window.*

Condition and date of diagnosis	Symptoms and signs	Investigations & management, inc. medication
Cocaine Alcohol Anxiety	misuse dependence	> Self referral addictions team.

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL

Version 19/17

Registration Details - Patient No: 2244

Personal details...		Address details...	
Date of birth	03/11/1979	Post Code	KA8 0NX
Title	Mr	House Name Flat No	
Surname	Boyle	No and Street	12b Oakwood Avenue
Forenames	Gary J	Village	
Sex	M	Town	Ayr
Previous Surname		County	South Ayrshire
Calling Name	Gary		
Birth Surname			
Marital Status	Single		
Ethnic Origin	Not Stated		

HA/HB Details...		Contact details...	
Trading partner	Ayrshire & Arran	Home Tel No	280126
Registered GP	Dr Colin Haddow	Work Tel No	
[redacted]	Dr Colin Haddow	Mobile Tel No	07925628862
CHI Number	0311793215	E Mail Address	
NHS Number	680/79/644	Keysafe	
Residential Inst		Next of kin	
Branch Surgery	The Fullarton Practice		

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Water Miles	
Footpath Miles			

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied [redacted] (default)
Date of registration	03/03/2021		

ECS (GP Summary) Consent		AMS\CMS Details	
Patient Consent	Implied Consent (default)	AMS Consent	Yes
Pharmacy Details			
Item Collected Check	No		

Medical Record

Problems

Active Problems		Authorised By	Code
Not Known	Gout	Dr Ashcroft	C34

Past Problems	Authorised By	Code

Alerts	Authorised By	Code
None		

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Health Status		
13/04/2017		Blood pressure reading O/E - BP reading
13/04/2017		Blood pressure reading 110/74 mm Hg
23/10/2015		Smoking Status Current smoker

Consultations	
19/03/2021	Dr S[redacted] Dunne at The Fullarton Practice
History	As below - long Hx alcohol/cocaine misuse. Drinking bottle buckfast + 2-3 cans lager/night. Spending £70-100/week on cocaine. Some thoughts suicide whilst intoxicated only. No attempts/plans, no current ideation. Chaotic lifestyle, not working, has moved back in with [redacted] Feeling low, Poor sleep. Has number for addictions services - he will call them today.
17/03/2021	Mrs Lynn Callaghan at Triage
History	stuggling with alcohol [redacted] drug abuse spoke to Gary and Mum today gary desperate for help with addictions, very low not sleeping, going to [redacted] door in the middle of the night saying he wants to die, [redacted] concenred lowest she has seen Gary, spoke to gary also keen for help
Examination	MED3 issued to patient Addiction services number given must contact and engage with them and try to withdraw from drugs/alcohol , 17/03/21 -17/06/21 Alcohol and drug addiction , appt with Dr Dunne to discuss medicaiton
31/01/2020	Dr Prithvi Shiva Kumar at The Fullarton Practice
History	Rash over penis, redness of the foreskin, unable to pull the foreskin back 10 days ago, when he started Etoricoxib, took 1 tablet. Had some minor bleeding & pain, which resolved. Thought Etoricoxib made it and stopped taking it, doesn't want to take that again. Went back on Naproxen and feels fine with his gout.
Examination	Red rash over the inside of foreskin. no bleeding, no pustules noted. Smelling of alcohol.
Social	10 pints during weekends.
Comment	Likely balanitis. Reassured that it is not drug reaction, but coincidence. Doesn't want Etoricoxib at all - advised to return to pharmacy. To come back if Sx not settling or worsens.
Medication	Timodine Cream *30 gram Apply sparingly Twice daily*
17/01/2020	Ms [redacted] Malcolm at The Fullarton Practice
Medication	Etoricoxib Tablets 120 mg *7 tablet ONE TABLET TO BE TAKEN DAILY*
Problem (REVIEW)	**Gout**
History	takes nsaids for flares of gout. discussed management. try arcoxia then start nsaids if fails to resolve with PPI cover. may require prophylactic if fails to settle.
Medication	Omeprazole Capsules (Gastro-Resistant) 20 mg *28 capsule ONE TO BE TAKEN EACH DAY* Urea Hydrogen Peroxide Ear drops 5 % *8 ml 1 DROP BD*
21/10/2019	Ms [redacted] Malcolm at The Fullarton Practice
History	using naproxen no PPI cover. advised to attend before next issue. ? ankle pain assessment.

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
04/05/2021	**Naproxen Tablets 500 mg** ONE TO BE TAKEN TWICE A DAY WITH FOOD 56 TABLET	04/05/2021P	Ms Lisa Malcolm	ACUTE

NHS Confidential. Personal data about a patient

UC113

About your patient - continued

NINo: JT643338C

3 Current conditions not affecting ability to work
Please list any other relevant conditions that do not affect the ability to work.

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	
Transferring between seats	
Reaching	
Picking up objects	
Manual dexterity	
Communicating with others	
Continence	
Learning simple tasks	
Awareness of hazards	
Initiating and completing personal actions	
Coping with changes or social engagement	
Appropriateness of behaviour	
Eating or drinking	

Not formally assessed.

5 Does the patient have a history of threatening or violent behaviour? No ☐ Yes ☑

Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

6 Could your patient travel to an examination centre by public transport or taxi? No ☐ Yes ☑

Please tell us why at **Part 7**

7 Additional information
Please continue on a separate sheet if necessary.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature

Name IN CAPITALS Dr S. Dunne

Date 21/05/21

Practice stamp

Dr S Dunne
Fullarton Practice
40 Dalblair Rd, Ayr, KA7 1UL
Tel: 01292 264260
Fax: 01292 292160

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL

Version 10/17

NHS Confidential: Personal data about a patient

Ayr Hospital
Emergency Department
Tel: 01292 614578

Emergency Department Discharge Letter

To: JL ASHCROFT

Re: **Gary Boyle**
3 OAKWOOD AVENUE,,AYR,AYRSHIRE,
KA8 0NX
DOB: 03/11/1979
ED Attendance No: AYR-20-023615-1
CHI No.: 0311793215

Attendance Details
Date of Attendance: 09/10/2020 **Time of Attendance:** 13:07:00
Presenting Complaint: inj rt ankle **Duty Consultant:** Jorge Becerra
Additional Information: No Attendances in Last 12 months:1 Total Number of Attendances:37

Diagnosis Minor soft tissue injury,Lateral malleolus,Right

Treatment Take home drugs

Investigations X-Ray,

Discharge Information: Discharge, Usual place of residence no follow up

Additional Information Roofing , right ankle injury , tender over lateral malleolus and navicular bone, difficulty weight bearing, nil acute on x-ray. Self discharged before completion of treatment

Discharged by: Adedapo Adesokan,Locum

If you have any queries about this patient, please contact one of the staff at the above number

NHS Confidential: Personal data about a patient

Ayr Hospital
Emergency Department
Tel: 01292 614578

Emergency Department Discharge Letter

To: JL ASHCROFT

Re: **Gary Boyle**
3 OAKWOOD AVENUE,,AYR,AYRSHIRE,
KA8 0NX
DOB: 03/11/1979
ED Attendance No: AYR-19-027713-1
CHI No.: 0311793215

Attendance Details
Date of Attendance: 09/09/2019 **Time of Attendance:** 14:53:00
Presenting Complaint: inj rt knee **Duty Consultant:** A Krichell
Additional Information: No Attendances in Last 12 months:1 Total Number of Attendances:36

Diagnosis Minor soft tissue injury,Knee,Right

Treatment
Take home drugs
Tubigrip
Exercise programme
Analgesia
Advice

Investigations X-Ray,

Discharge Information: Discharge, Usual place of residence no follow up

Additional Information 39 year old presented to ED with right knee injury. Reported had been playing football 2/7 ago and had suffered twisting injury to knee - planted foot and quickly changed direction. Unable to play on - limped off pitch. Swelling developed 20 mins after. Pain mainly in lateral and posterior aspects. Reported difficulty weightbearing. No

Discharged by: Blair [redacted]

If you have any queries about this patient, please contact one of the staff at the above number

NHS Confidential: Personal data about a patient

Ayr Hospital
Emergency Department
Tel: 01292 614578

Emergency Department Discharge Letter

To: JL.ASHCROFT

Re: **Gary Boyle**
3 OAKWOOD AVENUE,,AYR,AYRSHIRE,
KA8 0NX
DOB: 03/11/1979
ED Attendance No: AYR-19-027713-1
CHI No.: 0311793215

relief with naproxen. O/E: patient mobilsed independently into assesment area with antalgic gait. Swollen right knee. No erythema/increased temp. No obvious effusion on patella tap/ballioting. Pain on palpation of lateral and posterior aspect of knee. Active motion limited to 60 degrees flexion. Full R.O.M on passive movement. No laxity when assessing MCL and LCL. Anterior and posterior draw test negative. X-ray knee: no obvious fractures seen. Discharged home with knee exercises leaflet, analgesia, and tubigrip. Given information on how to self-refer to physio.

Discharged by: [redacted]

If you have any queries about this patient, please contact one of the staff at the above number

NHS Confidential: Personal data about a patient

Ayr Hospital
Tel: 01292 614578

A&E Discharge Letter

To: JLASHCROFT

Re: **Gary Boyle**
3 OAKWOOD AVENUE,,AYRAYR SHIRE
KA8 0NX
DOB: 03/11/1979
A & E No: AYR-18-020263-1
CHI No.: 0311793215

Attendance Details
Date of Attendance: 15/07/2018 **Time of Attendance:** 09:36:00
Presenting Complaint: assaulted **Duty Consultant:** M McNaught
Additional Information: No Attendances in Last 12 months:3 Total Number of Attendances:35

Diagnosis See diagnosis below,,

Treatment Advice

Investigations X-Ray,

Discharge Information: Discharge, Usual place of residence no follow up

Additional Information alleged assault, kicked & punched about head, wound to left side of cheek, c/o left chest wall pain, no loc, no neuro symptoms. wound toilet, wound left open-wound from last night, superficial, d/c home, hi advice, softtissue injury to chest wall.

Discharged by: [redacted]gilmore,Senior Staff Nurse

If you have any queries about this patient, please contact one of the staff at the above number

NHS Confidential: [redacted] data about a patient

Department of Trauma and Orthopaedics
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
01292 610555
01292 614537
www.nhsaaa.net

NHS Ayrshire & [redacted]

Confidential - Clinical Information

Dr JL Ashcroft
The Fullarton Medical Practice
40 Dalblair Road
Ayr
Ayrshire
KA7 1UL

Our Ref: WW/KB
Hospital No:
Clinic Date: 08/05/2018
Date Dictated: 08/05/2018
Date Typed: 10/05/2018
Enquiries to Mrs D [redacted]
Direct Line:
Ext. Number: 14861
Email: denise[redacted].scot.nhs.uk

Dear Dr Ashcroft,

GARY BOYLE DOB: 03/11/1979 CHI No: 0311793215
3 OAKWOOD AVENUE, AYR, KA8 0NX

DIAGNOSIS: Right ankle lateral ligament sprain
OUTCOME: Discharged

This 37 year old man injured his right ankle when he was intoxicated a few weeks ago. He re-attended with some persistent swelling and discomfort. He is managing to mobilise without any walking aids and is in normal footwear. He has some persistent swelling, the ankle is stable on the anterior drawer and he was able to perform knee to wall but his movement is slightly limited compared to the contralateral side.

X-ray reveals some anterior osteophyte with no fracture. I have reassured him that he has sustained a minor sprain of the ATFL and this requires symptomatic treatment only.

Yours sincerely

Authorised on 15/05/2018 12:07:00 by Mr Cheng's Assistant.

Mr [redacted] Wilson, GMC: 7134228
ST5 to Mr K Cheng, Consultant Orthopaedic Surgeon

NHS Confidential: Personal data about a patient

Ayr Hospital
Tel: 01292 614615

A&E Discharge Letter

To: JLASHCROFT

Re: **Gary Boyle**
3 OAKWOOD AVENUE,,AYRAYR SHIRE
KA8 0NX
DOB: 03/11/1979
A & E No: AYR-18-010401-2
CHI No.: 0311793215

Attendance Details
Date of Attendance: 25/04/2018 **Time of Attendance:** 09:43:00
Presenting Complaint: painful r foot **Duty Consultant:** E Ofei
Additional Information: No Attendances in Last 12 months:2 Total Number of Attendances:34

Diagnosis Sprain,Medial Ankle ligament,Right

Treatment Take home drugs

Investigations X-Ray,

Discharge Information: Discharge, Usual place of residence follow up arranged, A&E Clinic

Additional Information Attended 17th April with a few days of ankle pain. Now says was intoxicated, does not know if he fell and woke up with ankle pain. Now tender on both malleoli. Slightly swollen. Xray - no fracture. Feels it's not like his gout. (not hot not red). Limping. Try moonboot, own naproxen, cocodamol 30/500, advice. Fit note for 2 weeks and review in clinic.

Discharged by: [redacted] Learmonth,ED Consultant

If you have any queries about this patient, please contact one of the staff at the above number

NHS Confidential: Personal data about a patient

Ayr Hospital
Tel: 01292 614615

A&E Discharge Letter

To: JLASHCROFT

Re: **Gary Boyle**
3 OAKWOOD AVENUE,,AYRAYR SHIRE
KA8 0NX
DOB: 03/11/1979
A & E No: AYR-18-010401-1
CHI No.: 0311793215

Attendance Details
Date of Attendance: 17/04/2018 **Time of Attendance:** 11:49:00
Presenting Complaint: painful r foot **Duty Consultant:** A Krichell
Additional Information: No Attendances in Last 12 months:1 Total Number of Attendances:33

Diagnosis Minor soft tissue injury,Medial Ankle ligament,Right

Treatment Advice

Investigations

Discharge Information: Discharge, Usual place of residence no follow up

Additional Information Painful Rt foot for 3 days with no history of injury. No bony tenderness, bruising, swelling, deformity. Full range of movement and mobile. Imp: ??STI. [redacted] advice, own analgesia, GP if not settling

Discharged by: Janet Falls,ENP

If you have any queries about this patient, please contact one of the staff at the above number

boots Whitletts

Sign up for an easier life

Complete your details below, or if you'd like to use online ordering just register at boots

Your details:

Mr Gary J Boyle
3 Oakwood Avenue, Ayr, South Ayrshire, KA8 0QR
07925628682
(0)
13/03/2018

Name

Address

Email address

Mobile

Trust Boots
42 Main Road
KA8 9LQ, 01292 267745
KEEP OUT OF REACH & SIGHT OF CHILDREN

Doctor's name: DR ASHCROFT

Surgery name: FULLARTON

Surgery address: 40 DALBLAIR RD AYR

Postcode: KA7 1UL

Date of birth: 03 11 1979 Gender Male ✓ Female

COPIED

What services would you like to sign up for?

Repeat Prescription Service

[illegible]

Text reminders*

[illegible]

Dispensing Service

[illegible]

Boots UK Ltd confirms that we will not share your information with anyone outside of the Alliance Boots group of companies.

[illegible]

Signed: Eileen Boyle Date: 13 03 2018

5 045092 261613
Collect only

5 045095 209407
RPS sign up

Store number
For store use only

Nominating a representative for text reminders (to be completed by the representative)

Representative's name

Mobile

I confirm that I am authorised by the above named person to receive updates on the status of their prescriptions.

Representative's signature

Date

Participating Boots Pharmacies only
Participating surgeries only

RECEIVED 14/03/2018 17:41

NHS Confidential: Personal data about a patient

UC 113

Universal Credit

Universal Credit

Dr Ali
THE FULLARTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UL

30800/3

40940

P554698/000444/1/2

Our phone number is: 01213350708

If you have a textphone, you can call on: 18001 01213350708

If you get in touch with us, tell us this reference number: JT643338C

Date: 2nd November 2017

About your patient

Address: 3, Oakwood Avenue, Ayr, KA8 0NX

Full Name	Mr Gary Boyle
NINo	JT643338C
Date of birth	3rd November 1979

Dear Doctor,

Your patient is being assessed for Universal Credit and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a face-to-face work capability assessment and if so support that assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at **https://www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners**
- **A fully completed form may help inform the face to face work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement.**

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:

- Active problems.
- Current medication with last prescribed date.
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our Healthcare Professional staff, please phone the number above and ask for a member of the Healthcare Professional staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that it can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely,

Ms Lorraine Mccarron

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS

RESTRICTED - MEDICAL

Version 09/17

NHS Confidential: Personal data about a patient

UC113

Client Name: Mr Gary Boyle

Client NINo: JT643338C

Client Date of Birth: 03.11.1979

Freepost RTGB-KGKS-AEEZ
Centre for Health and Disability Assessments
Glasgow ASC
Mail Handling Site A
Wolverhampton
WV98 1SN

Your reply

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please continue at Part 7.

1. When did your patient last see a GP? 19/9/17

2. Current conditions affecting ability to work:
Please give us details of those conditions which may have significant effect on the person's capacity to work. Include

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, where relevant.

If you are sending a computerised printout of current medication you do not need to list this here.

*Please complete **both sides** of this form and return the completed form in the supplied envelope - with the above address showing in the window.*

Condition and date of diagnosis	Symptoms and signs	Investigations & management, inc. medication
See enclosed		

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS

RESTRICTED - MEDICAL

Version 08/17

NHS Confidential: Personal data about a patient

UC113

About your patient - continued

Nino: JT643338C

3. **Current conditions not affecting ability to work**
Please list any other relevant conditions that do not affect the ability to work.

4. **If known from your knowledge of the patient**, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

- Walking or moving
- Transferring between seats
- Reaching
- Picking up objects
- Manual dexterity
- Communicating with others
- Continence
- Learning simple tasks
- Awareness of hazards
- Initiating and completing personal actions
- Coping with changes or social engagement
- Appropriateness of behaviour
- Eating or drinking

5. **Does the patient have a history of threatening or violent behaviour?** No ☑ Yes ☐

Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**.

6. **Could your patient travel to an examination centre by public transport or taxi?** No ☐ Yes ☑

Please tell us why at **Part 7**.

7. **Additional information**
Please continue on a separate sheet if necessary.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature [signature]

Name IN CAPITALS Dr JOANNE ASHCROFT

Date 6 / 11 / 17

Practice stamp

Dr [redacted] L Ashcroft
Fullarton Practice
40 Dalblair Road
Ayr
KA7 1UL
Tel 01292 264260
Fax 01292 292160

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS

RESTRICTED - MEDICAL

Version 08/17

NHS Confidential: Personal data about a patient

Service User Copy Printed 09/08/2017 by Mr Gary Brown (Charge Nurse (Addictions))

carepartner

BOYLE, GARY

Date of Birth 03-Nov-1979 (37y)	Gender Male	CHI Number 0311793215

Activity Record - ADDICTIONS V3

Status Closed	Centre of Care NHS Addictions South	Location .Patient/Client's Home/Residence

Date of Activity 24th Jul 2017 at 14:01 by Mr Gary Brown (Charge Nurse (Addictions))

Contact details

Attendance
Attended

Contact type
New contact with client

Status of contact
Routine

Main substance use
Alcohol

Treatment Package
Community Detoxification

Actions undertaken

Screening for ABI (FAST Screening)
Undertaken

Note: score 10

ABI
Undertaken

Wound care management
Not undertaken

CBT intervention
Not undertaken

Administering Medication
Not undertaken

Breathalyzer
Undertaken

Note: 0.00%mmgs BrAc

Drug screen
Not undertaken

Family involvement
Undertaken

Note: [redacted] in attendance and involved in assessment.

E.M.D.R.
Not undertaken

Other psychological therapy
Not undertaken

Contact outcome

NHS Confidential; Personal data about a patient

Service User Copy Printed 09/08/2017 by Mr Gary Brown (Charge Nurse (Addictions)) carepartner

BOYLE, GARY

Date of Birth 03-Nov-1979 (37y)	Gender Male	CHI Number 0311793215

Refer to ACA
Yes

Note: Gary equipped with ACA detail and encouraged to self refer, [redacted] informed of available family support also.

Refer to Addaction
No

Refer to Momentum
No

Refer to Richmond
No

Refer to other addiction service
No

Signpost to Mutual Aid Service
No

Refer to Crisis Team/CRT
No

Refer to other
No

Intervention outcome

Non prescribed drug use
Abstinent/drug free

Alcohol use
No change

Physical health
No change - stable

Mental health
No change

Social functioning
No change

Summary of contact/details

Summary of contact/details
Gary was referred to NHS Addiction Services by his GP Dr Kashif Ali due to concerns with his alcohol consumption. I met with Gary at his home address today to assess his suitability for a formal alcohol detoxification intervention, Gary's [redacted] was also in attendance.

Gary was initially quiet and withdrawn in conversation, with his [redacted] providing information on historical events and although Gary did engage, this was minimal throughout. It is reported that Gary is currently drinking 8 cans of Strongbow cider per evening, with an additional bottle of [redacted] over a Friday and Saturday evening. Gary also reported using Cocaine each weekend (Saturday), spending £80 per time. This pattern of alcohol and drug use has existed for an approx. 2 year period following Gary (and his [redacted] being the victim of a serious and violent assault. This incident has led to reported changes in Gary's personality, mental health and social interaction. Although Gary drank 'socially' with some recreational cocaine use before, his consumption has changed following the assault. Gary also reports losing his job after the assault due to being socially withdrawn and taking time off work. Currently Gary drinks at home [redacted] address) from 4pm onwards each day. Gary reports first drinking aged 14, when he drank Buckfast with peers and then when aged 18 he reports he would drink on a Friday in the pub after work and then out on a Saturday to socialise. Gary, and his [redacted] felt his alcohol use was sociable, albeit with some resultant charges and 2 x 3 month custodial sentences being accrued due to BoP's and assaults. Gary felt his alcohol use remained unproblematic until the age of 35 when he was then the victim of the assault and his alcohol use then increased. Gary denied any history of significant alcohol withdrawals, other than nocturnal sweats,

Service User Copy Printed 09/08/2017 by Mr Gary Brown (Charge Nurse (Addictions)) carepartner

BOYLE, GARY

Date of Birth 03-Nov-1979 (37y)	Gender Male	CHI Number 0311793215

and none were evident nor reported today when providing a 0.00%mmgs BrAc reading. Gary's BP 125/80 and pulse 72 were also stable. Gary, and his [redacted] did report a 'seizure' last year approx. 7 days after his last drink of alcohol which was unexplained and although it followed Gary ceasing his alcohol use, this falls outwith the expected time frame for an 'alcohol withdrawal seizure' although this may have been one of a number of factors. Other factors including head trauma, were also discussed as possible contributors to this.

Gary and his [redacted] report significant changes in his personality and social engagement since being assaulted which has resulted in his alcohol use increasing. Gary's [redacted] reported the difficulty in Gary being socially engaged and only with her persistence did he attend his GP appointment with yourself, due to her concerns. Gary is reported as being withdrawn and distant with evidence of other 'post traumatic stress symptoms'. Gary has since 'lost' his job due to taking time off work and now spends most of his time at home. Gary has 3 offspring: Dionne Boyle aged 17, 8/11/99, Derren Boyle aged 15, 23/8/01 and Gary Boyle Jnr aged 4, 13/1/13 who all [redacted] their [redacted]. Gary has contact but there are no overnight stays with Gary's [redacted] strong 'safeguard' to any risk and Gary also aware of his alcohol use in front of his children. No immediate child protection risk was evident at this time and I have liaised with the Child Protection Advisor for NHS Ayrshire and Arran regarding this.

I have discussed and encouraged Gary to endeavour to break the routine of his drinking. We also discussed there being no physical dependency on alcohol, evidenced by the absence of alcohol withdrawals reported when alcohol free, or observed today when providing a negative breathalyser reading. Gary and his [redacted] understand the need for possible psychological treatment and the [redacted] for him to be either alcohol free or drinking less alcohol for this to be considered further.

Due to the absence of any physical dependency on alcohol and concerns with regards to Gary's motivation to abstain from alcohol, Gary is not in requirement of nor deemed suitable for a formal alcohol detoxification. I have equipped Gary and his [redacted] with details for Ayrshire Council on Alcohol (ACA), encouraging self referral for counselling (for both).

I had contacted the GP surgery to discuss my assessment further but you were not available. I have now discharged Gary from NHS Addiction Services with no further appointment arranged.

PLAN:
discharged from NHS Addiction Services,
provided with ACA detail and encouraged to self refer,
GP liaison.

NHS Confidential: Personal data about a patient

Ayr Hospital
Tel: 01292 614615

A&E Discharge Letter

To: **JL.ASHCROFT**

Re: **Gary Boyle**
3 OAKWOOD AVENUE,,AYRAYRSHIRE
KA8 0NX
DOB: 03/11/1979
A & E No: AYR-17-002577-1
CHI No.: 0311793215

Attendance Details
Date of Attendance: 23/01/2017 **Time of Attendance:** 10:48:00
Presenting Complaint: inj r ankle **Duty Consultant:** N[redacted]
Additional Information: No Attendances in Last 12 months:5 Total Number of Attendances:32

Diagnosis Sprain,Ankle,Right

Treatment Advice

Investigations X-Ray,

Discharge Information: Discharge, Usual place of residence no follow up

Additional Information xr right ankle - nbi

Discharged by: [redacted],Staff Grade doctor

If you have any queries about this patient, please contact one of the staff at the above number

NHS Confidential: Personal data about a patient

Ayr Hospital
Tel: 01292 614615

A&E Discharge Letter

Dr A T Hand, Dr E Ofei, Dr A [redacted] Dr A Krichell, Dr S Learmonth, Dr N Bartlett

To: JLASHCROFT

Re: **Gary Boyle**
3 OAKWOD AVENUE,,AYRAYRSHIRE
KA8 0NX
DOB: 03/11/1979
A & E No: AYR-16-029938-1
CHI No.: 0311793215

Attendance Details
Date of Attendance: 24/08/2016 **Time of Attendance:** 10:42:00
Presenting Complaint: rt side/chest pain **Duty Consultant:**
Additional Information: No Attendances in Last 12 months:5 Total Number of Attendances:31

Diagnosis Lower respiratory tract infection,,

Treatment Advice

Investigations X-Ray,

Discharge Information: Discharge, Usual place of residence no follow up

Additional Information right sided pleuritic chest pain and 4/7 hx of productive cough. CXR-NAD. Blood +d-dimer-NAD. likely viral. d/c home with advice

Discharged by: Jankee [redacted],FY2

If you have any queries about this patient, please contact one of the staff at the above number

NHS Confidential: [redacted] data about a patient

MSK DISCHARGE REPORT

NHS Ayrshire & [redacted]

Patient Name:	Gary Boyle
Address:	3 Oakwood Avenue, Ayr, KA8 0NX
CHI:	0311793215
GP:	Department A&E
Consultant:	
Referrer Source:	
Referral Date:	21/06/2016
Start Date:	26/07/2016
Discharge Date:	18/09/2016
No. of treatments:	1
Discharge Reason:	Discharged with self management programme/advice
Treatment Outcome:	Treatment Outcome - Advice Only
Therapist:	[redacted] Brown
Location:	PHYSIOTHERAPY DEPARTMENT, OUTPATIENT AREA, AYR HOSPITAL

Dear A&E

Diagnosis: Right Acromioclavicular Joint Sprain

On assessment Mr Boyle had full range of movement at her shoulder with only minimal pain at the end of range flexion. There was slight decrease in strength and scarf test was positive. He was given a programme of home exercises and advised to contact the department if he wanted to be seen again. He did not recontact and has now been discharged.

Actions for GP/Follow up recommendations: nil

Referred on to _____(if applicable)

Yours sincerely,
Authorised on 25/10/2016 12:28:15 by [redacted] Brown.
[redacted] Brown
25/10/2016

Dr JL Ashcroft
The Fullarton Medical Practice
40 Dalblair Road
Ayr
Ayrshire
KA7 1UL

NHS Confidential: [redacted] data about a patient

Confidential - Clinical Information

Neurology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 826996
01563 825171
www.nhsaaa.net

NHS Ayrshire & [redacted]

Dr JL Ashcroft
The Fullarton Medical Practice
40 Dalblair Road
Ayr
Ayrshire
KA7 1UL

Our Ref:	SR/SS
Clinic Date:	10/07/2016
Date Dictated:	10/07/2016
Date Typed:	11/07/2016
Enquiries to	Neurology Secretary
Direct Line:	01563 826996
Ext. Number:	26996
Email:	[redacted]Currie@aaaht.scot.nhs.uk

Dear Dr Ashcroft,

GARY BOYLE **DOB: 03/11/1979** **CHI No: 0311793215**
3 OAKWOOD AVENUE, AYR, KA8 0NX

This patient did not attend his appointment at the First Seizure Clinic today. Due to pressure on clinic space, no further appointment has been arranged.

Kind Regards

Yours sincerely

Authorised on 11/07/2016 15:59:05 by [redacted]Razvi.

Dr S Razvi
Consultant Neurologist and Epilepsy Specialist

NHS Confidential: Personal data about a patient

Ayr Hospital
Tel: 01292 614615

A&E Discharge Letter

Dr A T Hand, Dr E Ofei, Dr A [redacted] Dr A Krichell, Dr S Learmonth, Dr N Bartlett

To: JLASHCROFT

Re: Gary Boyle
3 OAKWOD AVENUE,,AYRAYRSHIRE
KA8 0NX
DOB: 03/11/1979
A & E No: AYR-16-021402-1
CHI No.: 0311793215

Attendance Details
Date of Attendance: 19/06/2016 **Time of Attendance:** 10:03:00
Presenting Complaint: inj rt shoulder **Duty Consultant:** E Ofei
Additional Information: No Attendances in Last 12 months:4 Total Number of Attendances:30

Diagnosis Muscle tear,Shoulder muscle,Right

Treatment Take home drugs
Collar and Cuff
Advice

Investigations X-Ray,

Discharge Information: Discharge, Usual place of residence follow up arranged, Physiotherapist

Additional Information injurt to rt shoulder play fighting , advice and exercises given, physio referral

Discharged by: [redacted] ENP

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page1 of 1

If you have any queries about this patient, please contact one of the staff at the above number

NHS Confidential: Personal data about a patient

Dr AT Hand Dr E Ofei Dr A Stevenson Dr A Krichell Dr S Learmonth Dr F [redacted]

Dr. JL ASHCROFT
THE FULLARTON MEDICAL PRACTICE
40 DALBLAIR ROAD
AYR
AYRSHIRE
KA7 1UL

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX

Phone: 01292 614615
Fax: 01292 288105

Duty Consultant Dr [redacted] Learmonth

Gary Boyle
17D HARTHAL
AYR
AYRSHIRE, KA7 0NY

DOB: 03/11/1979
A/E No: AYR-16-014572
CHI No: 0311793215

Date and Time of Attendance: 29 Apr 2016 09:41
Total A&E Attendances = 28 , attendances in last year = 3

Diagnosis Seizure, unspecified

Treatment Advice

Drugs:

Investigations X-Ray , Chest

Follow up: Discharge, follow up arranged
Other referral
Usual place of residence

Additional Information: Seizure like episode at work. Fully recovered. Referred first seizure clinic (advice not to drive or work on roofs). Bloods- WCC 13.8, Advise repeat bloods to ensure resolved.

Dr [redacted]
ED SHO

If you have any queries about this patient, please contact one of the staff at the above number.

NHS Confidential: Personal data about a patient

Dr AT Hand Dr E Ofei Dr A [redacted] Dr A Krichell Dr S Learmonth Dr F [redacted]

Dr. JL ASHCROFT
THE FULLARTON MEDICAL PRACTICE
40 DALBLAIR ROAD
AYR
AYRSHIRE
KA7 1UL

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX
Phone: 01292 614615
Fax: 01292 288105

Duty Consultant Dr [redacted]

Gary Boyle
17D HARTHAL
AYR
AYRSHIRE, KA7 0NY

DOB: 03/11/1979
A/E No: AYR-16-004141
CHI No: 0311793215

Date and Time of Attendance: 06 Feb 2016 09:05
Total A&E Attendances = 27 , attendances in last year = 2

Diagnosis Chest pain

Treatment Analgesia

Drugs:

Investigations

Follow up: Discharge, Primary Care follow up

Usual place of residence

Additional Information: chest wall cramp post cocaine use

Shauibu Dambatta
Staff Grade doctor

If you have any queries about this patient, please contact one of the staff at the above number.

[redacted]

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jobcentreplus

Website: www.jobcentreplus.gov.uk

02536
Dr Freestone
FULLARTON PRACTISE
40 DALBLAIR ROAD
AYR
KA7 1UL

Your reference is JT643338C
Please tell us this number
if you get in touch with us

Greenock Benefit Centre
Mail Handling Site A
Wolverhampton
WV98 1DJ

Phone 0345 6088545
TEXTPHONE for the deaf/hard of
hearing ONLY 0845 6088551

Date 2 December 2015

Dear Doctor Freestone

Work Capability Assessment Outcome Notification

Patients Name Mr G J Boyle
Patients Address 17D Harthall
Ayr
KA8 0NY

Patients D.O.B : 3 November 1979

This patient has been claiming Employment and Support Allowance. We recently assessed their ability to work using the Work Capability Assessment.

WCA Effective Date 2 December 2015

We have decided that your patient is capable of work from and including 2 December 2015.

This means that you do not have to give your patient any more medical certificates for Employment and Support Allowance purposes unless they appeal against this decision. But you may need to again if their condition worsens significantly, or they have a new medical condition.

We have sent a summary of the Work Capability Assessment to your patient.

If you want to ask us anything about this letter please get in touch with us. Our phone number and address are at the top of the letter.

Yours sincerely

George McLellan

Manager

2383/0093 05734000930010011 8 Page 01 of 01

NHS Confidential: Personal data about a patient

Dr AT Hand Dr E Ofei Dr A [redacted] Dr A Krichell Dr S Learmonth Dr F [redacted]

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX
Phone: 01292 614615
Fax: 01292 288105

Dr. JL ASHCROFT
THE FULLARTON MEDICAL PRACTICE
40 DALBLAIR ROAD
AYR
AYRSHIRE
KA7 1UL

Duty Consultant Dr [redacted] HAND

Gary Boyle
17D HARTHAL
AYR
AYRSHIRE, KA7 0NY

DOB: 03/11/1979
A/E No: AYR-15-033622
CHI No: 0311793215

Date and Time of Attendance: 02 Oct 2015 00:11
Total A&E Attendances = 26 , attendances in last year = 1

Diagnosis Laceration , Eyebrow , Left

Treatment Stitches

Drugs:

Investigations

Follow up: Discharge, Primary Care follow up

Usual place of residence

Additional Information: Intoxicated,had a fall with laceration to left upper eye lid. Required stitches. GCS 15. Would require removal of stitches in 5 days please.

Chiburuoma Iroegbu
Senior Grade

If you have any queries about this patient, please contact one of the staff at the above number.

NHS Confidential: [redacted] data about a patient

Confidential - Clinical Information

Oral & Maxillofacial Department
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
01292 610555
01292 617064
www.nhsaaa.net

NHS Ayrshire & [redacted]

Dr JL Ashcroft
The Fullarton Medical Practice
40 Dalblair Road
Ayr
Ayrshire
KA7 1UL

Our Ref:	GT/IB (Mr Halsnad)
Hospital No:	A100594317
Clinic Date:	09/06/2015
Date Dictated:	18/06/2015
Date Typed:	18/06/2015
Enquiries to	Mrs [redacted]
Direct Line:	
Ext. Number:	14181
Email:	[redacted]

Dear Dr Ashcroft

GARY BOYLE **DOB: 03/11/1979** **CHI No: 0311793215**
17D HARTHALL, AYR, AYRSHIRE, KA8 0NY

Mr Boyle attended the outpatient department today following an alleged assault on the night of 31 May. Mr Boyle has previously been assaulted and not attended a follow-up within our department.

He explained today that he was assaulted using fists and feet and was jumped on his head only. He did not report any other injuries. An eyebrow laceration was sutured in A&E by my colleagues.

On examination today there did not appear to be any displacement of the right zygomatic complex. There was [redacted] bruising noted with a degree of neuropraxia in the distribution of the right intra orbital nerve. There were no acute visual changes and no occlusal changes. Both eyes were equal and reactive to light with no visual acuity or diplopia noted. There is no evidence of enophthalmos.

On occipital mental views there was no evidence of a fracture.

In discussion with Mr Halsnad we both agree that the patient does not require an operation and we advised him to avoid any nose blowing to reduce the risk of an emphysema. The patient has been discharged from our clinic with no follow-up required.

With kind regards.

Yours sincerely

Authorised on 23/06/2015 20:29:36 by Greig [redacted]

Greig D [redacted]
CT2 Oral & Maxillofacial Surgery
GDC 227280

NHS Confidential: Personal data about a patient

Dr AT Hand Dr E Ofei Dr A [redacted] Dr A Krichell Dr S Learmonth Dr F [redacted]

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX
Phone: 01292 614615
Fax: 01292 288105

Dr. JL ASHCROFT
THE FULLARTON MEDICAL PRACTICE
40 DALBLAIR ROAD
AYR
AYRSHIRE
KA7 1UL

Duty Consultant Dr E Ofei

Gary Boyle
17D HARTHAL
AYR
AYRSHIRE, KA7 0NY

DOB: 03/11/1979
A/E No: AYR-15-017818
CHI No: 0311793215

Date and Time of Attendance: 01 Jun 2015 02:43
Total A&E Attendances = 25 , attendances in last year = 0

Diagnosis Minor head injury
Laceration , Eyebrow , Right
simple # , Cheek , Right

Treatment Advice, Local anaesthesia, Stitches

Drugs:

Investigations X-Ray , Mandible, Face

Follow up: Discharge, follow up arranged
Max-Facial Clinic
Usual place of residence

Additional Information: Alledged assault. Head stamped on. Min displaced fracture to zygoma. 4*4/0 ethilon inserted into eyebrow wound. To be removed in 5 days.

Dr Alan Krichell
ED Consultant

If you have any queries about this patient, please contact one of the staff at the above number.

NHS Confidential: Personal data about a patient

NHS Ayrshire & Arran General Hospital Division Area Laboratory Clinical Biochemistry

BOYLE,GARY
3 OAKWOOD AVENUE
AYR
KA8 0NX

CHI No. 0311793215
Unit No.
DOB 03/11/1979
Sex M

Clinician: Nurse Practitioner 1
Request Location: GP, Ayr: The Fullarton Practice

This report to : Nurse Practitioner 1 , GP, Ayr: The Fullarton Practice

		Result	Units	Normal Range
Uric Acid	H	481	umol/L	200 - 430

Lab No 14B336519
Printed 25/07/14 06:50

Date Collected 24/07/14 15:35
Sample Type

Authorised By BHI W7AUQPRO Service Account
Page 1 of 1

If you have received this report in error, please return to the Clinical Biochemistry Laboratory

NHS Confidential: Personal data about a patient

jobcentreplus

Website: www.jobcentreplus.gov.uk

Your reference is JT643338C
Please tell us this number
if you get in touch with us

02536
Dr [redacted]
FULLARTON PRACTICE
40 DALBLAIR ROAD
AYR
AYRSHIRE
KA7 1UL

Kilmarnock Benefit Centre
Mail Handling Site A
Wolverhampton
WV98 1BN

Phone 0845 6088598
TEXTPHONE for the deaf/hard of
hearing ONLY 0845 6088551

Date 17 January 2014

Dear Doctor [redacted]

Work Capability Assessment Outcome Notification

Patients Name	Mr G J Boyle
Patients Address	Room 2 17D Harthall Ayr KA8 0NY

Patients D.O.B : 3 November 1979

This patient has been claiming Employment and Support Allowance. We recently assessed their ability to work using the Work Capability Assessment.

WCA Effective Date 10 January 2014

We have decided that your patient is capable of work from and including 10 January 2014.

This means that you do not have to give your patient any more medical certificates for Employment and Support Allowance purposes unless they appeal against this decision. But you may need to again if their condition worsens significantly, or they have a new medical condition.

We have sent a summary of the Work Capability Assessment to your patient.

If you want to ask us anything about this letter please get in touch with us. Our phone number and address are at the top of the letter.

Yours sincerely

Ken [redacted]

Manager

5317/0656 73928006560010011 1 Page 01 of 01

NHS Confidential: Personal data about a patient

Dr AT Hand Dr E Ofei Dr A [redacted] Dr A Krichell Dr S Learmonth Dr F [redacted]

Dr. [redacted] AC [redacted]
FULLARTON MEDICAL PRACTICE
THE FULLARTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UL

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX
Phone: 01292 614615
Fax: 01292 288105

Duty Consultant Dr [redacted] HAND

Gary Boyle
3 OAKWOOD AVENUE
AYR
AYRSHIRE, KA8 0NX

DOB: 03/11/1979
A/E No: AYR-13-043648
CHI No: 0311793215

Date and Time of Attendance: 15 Dec 2013 15:15
Total A&E Attendances = 24 , attendances in last year = 0

Diagnosis See diagnosis below

Treatment Stitches

Drugs:

Investigations

Follow up: Discharge, Primary Care follow up

Usual place of residence

Additional Information: Cut lip. Sutured. Please remove in 7/7

[redacted] **Sales**
A&E SHO

If you have any queries about this patient, please contact one of the staff at the above number.

NHS Confidential: Personal data about a patient

CONSULTATION REVIEW CONSENT FORM

Date		**Name of consulting doctor**	
Name of patient		**Names of persons accompanying patient to consultation**	

Dr ..... is making a video recording of his/her consultations. Intimate physical examinations will not be recorded and the camera will be switched off on request.

The consultation will be used for the purposes of assessment of the doctor, research, learning and teaching and may be required to be copied securely for these purposes.

Dr ..... is responsible for the security and confidentiality of the recording. If the recording is to leave the practice premises it will be sent registered post or by personal messenger.

Today's recording will be seen inside your practice and it may also need to be seen outside the practice by other doctors who will give feedback to your doctor on his/her consultations. The tape will be erased as soon as possible but definitely not later than five years after the date of the recording.

If you reconsider and once you have left the surgery wish Dr.....to destroy the recorded consultation, please contact Dr ..... in writing, by telephone or in person as soon as possible.

TO BE COMPLETED BY THE PATIENT

I have [redacted] and understand the information leaflet (please tick appropriate box)

☐ I give my permission for my consultation to be video recorded
☐ I do not give my permission for my consultation to be video recorded

State here if you wish to limit the use to which the tape might be put and whether you require the tape to be erased within a specified period of time.

.....

Signature of patient **BEFORE CONSULTATION**

..... Date: .....

Signature of person accompanying patient to consultation

..... Date: .....

Following my consultation I am still willing/I no longer wish my consultation to be used for the above purposes

Signature of patient **AFTER CONSULTATION**

..... Date: .....

Signature of person accompanying patient to consultation

..... Date:

BOYLE, Gary J 0311793215
3 Oakwood Avenue
AYR
KA8 0NX Dr Kashif Ali
40 Dalblair Road Ayr, KA8 1UL
note

NHS Confidential: Personal data about a patient

Rozelle Corridor
Ailsa Hospital
Dalmellington Road
Ayr
KA6 6AB
01292 513880

NHS Ayrshire & Arran

PRIVATE AND CONFIDENTIAL

19/04/2013

Dr [redacted]
The Fullarton Medical Practice
40 Dalblair Road
Ayr
KA7 1UL

Dear Dr [redacted]

WORKING HEALTH SERVICES

Re:	Name:	Gary Boyle	DoB:	03.11.1979	CHI:	0311793215
	Address:	3 Oakwood Avenue, Ayr KA8 0NX				

The above client was referred to Working Health Services, NHS Ayrshire & [redacted] with lower back pain on 10/4. He was not assessed until today as he had forgotten his appointment for last week. He has now been referred to physiotherapy and will be seen within 10 working days.

He has also been provided with information on 'Sensible Drinking' (26.4 units in one evening), gout (with its link to beer drinking), smoking cessation & the NHS Inform website MSK zone.

If you have any questions with regards to this referral, or if you wish to provide me with any information you feel may be relevant, please do not hesitate to contact me on the above number.

Yours sincerely

[redacted] Vooght
Case Manager
Working Health Services
NHS Ayrshire & [redacted]
[redacted].Vooght@aapct.scot.nhs.uk

NHS Confidential: Personal data about a patient

MSK DISCHARGE REPORT

Physiotherapy, Occupational Therapy, Podiatry

NHS Ayrshire & Arran

Location: Ayr | Therapist: Gillian Hannah

CHI: 0311793215 | Grade: 7 | Discipline: PHYSIOTHERAPY

Surname: Boyle | Forename: Gary | M/F: Male

Address: 3 Oakwood Avenue

Town: AYR | Postcode: KA8 0NX

Date Referred: 24/04/2013	Name Referred by:	Discharge Reason:
Start Date: 18/04/2013	GP: Dr [redacted] Fullton Med	Failed to Attend
Discharge Date:	Cons:	Failed to Continue ✓
No of Attendances:	WHS: WHS	Treatment Complete
Is this MSK presentation the cause of work absence: Yes ✓ No	NHS 24:	Other – Specify:
Return to work on discharge:	Rheumatology:	Worse / same / improved
	Other - Specify:	

	Signposted to:	Referral to:	Patient declined	N/A
W Work				
A Alcohol				
T Tobacco				
O Overweight				
M Mental Health				
Physical Activity				

Intervention: [redacted]		Treatment: [redacted]		Body Part: [redacted]	
Complex Case Clinic		Advice	✓	Low Back	✓
Level 1 Pain Management		Manual Therapy		Thoracic	
Onward Referral:		Electrotherapy		Neck	
Orthopaedics		Exercise Plan	✓	Shoulder	
Rheumatology		Class		Elbow/ Wrist/Hand	
Pain Service		Hydrotherapy		Hip	
Interdisciplinary Referral: Specify:		Splint Fabrication /Provision		Knee	
		Orthotic Provision		Foot/Ankle	
INVESTIGATION		Acupuncture			
MRI	Bloods	Steroid Injection			
X Ray	CT	Other – Specify:			

StarT Tool	Low	Med	High	2nd Score	Low	Med	High
STarT Back							
STarT MSK							

OUTCOME MEASURES		Initial	Vas	End	Vas
All	EQ 5D 5L				
Hand/Elbow/Wrist	D A S H				
Shoulder	Quick Dash				
Knee	Oxford Knee Score				
Hip	Oxford				
Foot/Ankle	Manchester Oxford				
	H A D S				

COMMENTS: Mr Boyle attended his initial appt. He then rescheduled his next 3 appts and he PTA today D/C

Gillian Hannah

NHS Confidential: [redacted] data about a patient

Dr AT Hand Dr E Ofei Dr A Stevenson Dr A Krichell Dr S Learmonth Dr F [redacted]

Dr. ADAM AC HANNAH
FULLARTON MEDICAL PRACTICE
THE FULLARTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UL

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX
Phone: 01292 614615
Fax: 01292 288105

Duty Consultant Dr [redacted] Krichell

Gary Boyle
3 OAKWOOD AVENUE
AYR
AYRSHIRE, KA8 0NX

DOB: 03/11/1979
A/E No: AYR-11-037360
CHI No: 0311793215

Date and Time of Attendance: 21 Oct 2011 04:22
Total A&E Attendances = 22 , attendances in last year = 0

Diagnosis Muscle strain , Groin , Left

Treatment Advice, Take home drugs

Drugs: Ibuprofen 400mg 8 hourly, Co-codamol 8/500 - 2 tabs six hourly

Investigations

Follow up: Discharge, no follow up

Usual place of residence

Additional Information: Presented with abdominal/groin pain. no hx injury. Nil to find on examination, no hernias. Dishcarged with analgesia and advice to rest. Will return if pain gets worse or develops other symptoms.

[redacted] Kinnear
A&E SHO

If you have any queries about this patient, please contact one of the staff at the above number.

NHS Confidential: Personal data about a patient

The Ayr Hospital
Dalmellington Road
Ayr KA6 6DX
Telephone: 01292 610555
Extension: 14181

NHS Ayrshire [redacted]

Please quote hospital reference number in all communications

Hospital Reference: RC/CW/100594317
CHI Number: 0311793215

ORAL & MAXILLOFACIAL SURGERY

MR R CURRIE
CONSULTANT ORAL & MAXILLOFACIAL SURGEON

Date of Clinic: 14.07.10
Date Dictated: 14.07.10
Date Typed: 15.07.10

Dr A.C. [redacted]
The Fullarton Practice
40 Dalblair Road
Ayr
KA7 1UL

Dear Dr. [redacted]

RE: Gary Boyle, 3 Oakwood Avenue, Ayr. 3.11.79.

Further to correspondence from our Emergency Medicine colleagues, your patient was appointed on my Clinic for review today. Unfortunately he failed to attend. This was in relation to an alleged assault resulting in his presentation to the Emergency Medicine Department.

On reviewing his facial films today there is no evidence of an underlying facial fracture and as such I am happy not to arrange a further appointment.

Kind regards.

Yours sincerely,

[redacted] **CURRIE, FDS, FRCS, FRCS (OMFS)**
CONSULTANT ORAL & MAXILLOFACIAL SURGEON

Awarded for excellence

STA 5000

NHS Confidential: Personal data about a patient

NHS
Ayrshire
&[redacted]

FMcC/ST/2023528
CHI No: 0311793215

NHS Ayrshire &[redacted]
Hospital Services
Department of Otolaryngology
CROSSHOUSE HOSPITAL
KILMARNOCK KA2 0BE
Tel: (01563) 521133

susanne.trainor@aaaht.scot.nhs.uk
☎ 01563 827893 (Direct Line)
🖷 01563 827974
DEPARTMENT OF OTOLARYNGOLOGY
Mr[redacted] Consultant ENT Surgeon
GMC: 3299056

NASAL FRACTURE CLINIC

17 June 2010
Clinic: 14.06.10

Dr A C[redacted]
The Fullarton Practice
40 Dalblair Road
AYR
KA7 1UL

Dear Dr[redacted]

RE: GARY BOYLE, 3 OAKWOOD AVENUE, AYR, KA8 ONX (03.11.79)

This patient attended the Nasal Fracture Clinic following nasal injury on the 7th of June 2010. He is not sure regarding epistaxis at the time and has had nil since. He does feel blocked nasally bilaterally. However, he has not noted a deviation. Gary has an appointment for the Maxillofacial Unit at Ayr Hospital tomorrow, the 15th of June 2010 for assessment of ? right malar fracture. He has had a previous manipulation of nasal bones ? under local anaesthetic.

On examination no deviation was noted. However, there is a moderate amount of swelling across the superior concha. No septal deviation identified or haematoma noted. Air entry/exit is symmetrical. The laceration across the superior concha is clean, dry and healing well. I have arranged to review Gary in one week's time at the Nasal Fracture Clinic for final assessment. However, he may cancel this depending on the consultation he has tomorrow.

Kind regards.

Yours sincerely

[redacted] McCABE
ENT NURSE PRACTITIONER

Awarded for Excellence

STA.5800

NHS Confidential: Personal data about a patient

Dr AT Hand Dr E Ofei Dr A Stevenson Dr A Krichell Dr S Learmonth

Dr. A [redacted]
THE FULLARTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UL

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX

Phone: 01292 614615
Fax: 01292 288105

Duty Consultant Dr Sarah Learmonth

Gary Boyle
3 OAKWOOD AVENUE
AYR
AYRSHIRE, KA80NX

DOB: 03/11/1979
A/E No: AYR-10-019597
CHI No: 0311793215

Date and Time of Attendance: 07 Jun 2010 10:51

Diagnosis simple # , Cheek , Right
simple # , Nasal bones , .

Treatment Advice
Drugs:

Investigations X-Ray , Face

Follow up: Discharge, follow up arranged
Max-Facial Clinic
Usual place of residence

Additional Information: patient alledgedly assaulted, infra orbital # on r, and nasal #, no worrying features from head injury point of view, analgesia dispensed and follow up arranged

Dr [redacted] Chung
A&E Consultant

If you have any queries about this patient, please contact one of the staff at the above number.

NHS Confidential: Personal data about a patient

Dr AT Hand Dr E Ofei Dr A [redacted] Dr A Krichell Dr S Learmonth

Dr. A [redacted]
THE FULLARTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UL

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX
Phone: 01292 614615
Fax: 01292 288105

Duty Consultant Dr [redacted] Learmonth

Gary Boyle
3 OAKWOOD AVENUE
AYR
AYRSHIRE, KA80NX

DOB: 03/11/1979
A/E No: AYR-10-010170
CHI No: 0311793215

Date and Time of Attendance: 24 Mar 2010 12:31

Diagnosis Minor soft tissue injury , Shoulder , Right

Treatment Advice, Assessed and referred

Drugs:

Investigations X-Ray , SHOULDER Right

Follow up: Discharge, Primary Care follow up

Usual place of residence

Additional Information: Assault, pain in shoulder since, restricted ROM, no fracture - rotator cuff - referred to physio - GP FU

Dr [redacted] Learmonth
A&E Consultant

If you have any queries about this patient, please contact one of the staff at the above number.

Scanned Document
11-Jun-2026 ALISONW_3623
Additional: Scanned Document

Filename: G Boyle 2.pdf
Extension: .tif
Pages:

NHS Confidential: Personal data about a patient

COPY FOR FILING

Home Office
Identity & Passport Service

PLEASE AFFIX CORRECT POSTAGE

PO Box 302
Durham
DH1 9ZL

958296561
BOYLE
G

10

S RITSON

PLEASE USE THIS LABEL ON YOUR REPLY ENVELOPE

MR GARY J BOYLE
3 OAKWOOD AVENUE
DALMILLING
AYR
AYRSHIRE
KA8 0NX

REF: 958296561

3 June 2009

Dear MR BOYLE

RE: PASSPORT APPLICATION FOR MR GARY J BOYLE

Thank you for your recent passport application.

A passport is a document that provides evidence of the holder's nationality and identity. A passport may only be issued once we are satisfied that the information and documents submitted with the application form confirms the applicant's right to hold a British passport.

In order to fight the increasing threat of identity fraud, we need to verify the information provided on the application form. To do this we need to know where you have lived over a period of time.

To help us confirm this, please provide one or more letters on business headed paper addressed to the Identity and Passport Service from one of the following:

- Your bank or building society
- Your employer
- Your landlord or mortgage company
- Your [redacted] university or education authority
- Your local authority
- The Department of Work and Pension
- Your dentist, or only if absolutely necessary, your GP (We ask that you do not trouble your doctor for non-medical reasons if it can avoided).
- A Commanding Officer (if you are a member of HM Forces).

The letter must confirm that you have been known to them between JANUARY 2008 and JANUARY 2009.
If you provide a letter from your bank, building society, mortgage company or local authority the letter must also confirm that you held an active account throughout this period (i.e it should have been in use the whole time).

Email us at hqenquiries@ips.gsi.gov.uk. Visit our website at www.ips.gov.uk

INVESTOR IN PEOPLE

NHS Confidential: Personal data about a patient

Please note , we will not accept a Bank Statement or utillities bill as suitable confirmation.

Your application cannot be processed further untill we receive your reply.

Please sign, date and return the following statement to us with the evidence provided.

I agree to you checking the information I provide with this letter, with the relevant organisations to confirm my identity and process my passport application.

Your signature .....

Date 8/6/09

Please stick the attached label to the outside of your reply envelope.This office is open from Monday to Friday, excluding Bank Holidays.
Please do not phone us unless it is absolutely necessary. For information on how long we take to process passport applications you may visit our web site www.direct.gov.uk/passports or phone 0300 222 0000.

Yours sincerely

pp MS S RITSON TEL 0191 370 7385 (8.30AM-5.30PM)

Email us at hqenquiries@ips.gsi.gov.uk. Visit our website at www.ips.gov.uk

INVESTOR IN PEOPLE

NHS Confidential: Personal data about a patient

NHS Ayrshire & [redacted] General Hospital Division **Area Laboratory** **Clinical Biochemistry**

BOYLE	*Patient No.* 0311793215	*Clinician*	Practice Registrar
GARY	*Unit No.* AY100594317	*Request Location*	40 Dalblair Road
3 OAKWOOD AVENUE	*DOB* 03/11/1979		Ayr
AYR KA08 0NX	*Sex* M		

This Report To **Practice Registrar GP, Ayr: The Fullarton Practice**

Blood Specimen

Urea	5.1		*mmol/l*	Creatinine	95		*µmol/l*
Sodium	141		*mmol/l*	Potassium	3.7		*mmol/l*
Chloride	102		*mmol/l*	Bicarbonate	31		*mmol/l*
Urate	0.46	Hi	*mmol/l*				

Lab No B.09.806071 *Date/Time Coll* 15/01/2009

Printed 15/01/2009 12:42 *Page* 1 OF 1

If you have received this report in error, please return to the Clinical Biochemistry Laboratory

NHS Confidential: Personal data about a patient

Ayrshire & [redacted] Acute Hospitals NHS Trust — **Area Laboratory** — **Haematology**

BOYLE
GARY
3 OAKWOOD AVENUE
AYR KA08 0NX

Patient No. : 0311793215
Unit No. : AY100594317
DOB : 03/11/1979
Sex : M

Clinician : Practice Registrar
Location : 40 Dalblair Road
Ayr

This Report To : **Practice Registrar GP, Ayr: The Fullarton Practice**

	Result	Units	Normal Range
Hb	14.1	g/dl	13.5-18.0
WBC	9.2	x 10^9/l	4.0-11.5
Plts	287	x 10^9/l	150-450
RBC	4.60	x [redacted]	4.20-6.50
Hct	0.430		0.400-0.550
MCV	93	fl	79-100
MCH	30.7	pg	25.0-32.0
MCHC	32.9	g/dl	30.0-36.0
Neutrophils	6.1	x 10^9/l	1.5-7.5
Lymphocytes	1.9	x 10^9/l	1.5-4.0
Monocytes	0.8	x 10^9/l	0.2-1.0
Eosinophils	0.4	x 10^9/l	0.0-0.5
Basophils	0.0	x 10^9/l	0.0-0.1

JB-03066

Date Collected : 15/01/2009
Time Collected :
Sample Type : Blood
Lab No. : B.09.806071
Printed : 15/01/2009 11:59

If you have received this report in error, please return to the Haematology Laboratory

NHS Confidential: Personal data about a patient

A&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on 01292-614522, quoting account number 08336-00010

To Dr.: AC (GP) [redacted]
THE FULLARTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UL

GARY BOYLE DOB 03/11/79
3 OAKWOOD AVENUE

AYR;;KA80NX
CHI 0311793215

Your patient attended the Ayr Hospital on 01/12/08 at 02:00.

Triage nurse described problem as:

Head+rib injury

Investigations ordered:

NEAR PATIENT TESTING

Procedures

WOUND CARE

Diagnosis

TRAUMA/INJURY/POISONING^MINOR HEAD INJU

Outcome of attendance was:

DISCHARGED NO F/U

Nursing remarks were:

Dr Frazi

Additional remarks were:

left with [redacted]

Follow up plans were:

(None recorded)

Yours Sincerely,

A&E Department.

NHS Confidential: Personal data about a patient

IB113

Incapacity for work

484 E-179
50000
406

DR [redacted]
THE FULLARTON PRACTICE
40 DALBLAIR ROAD
AYR
UK
KA7 1UL

Our phone number is:
0141 249 3648

If you have a textphone, you can call on:
18001 0141 249 3648

If you get in touch with us, tell us this reference number:
JT643338C

Date:
25th September 2008

Full Name	Mr Gary Boyle
NINo	JT643338C
Date of birth	3rd November 1979

Address
3 OAKWOOD AVENUE
AYR
KA8 0NX

Dear Doctor
Your patient has claimed benefit due to incapacity and we now have to assess their capacity to perform any work, not just their own job, using the Personal Capability Assessment procedures. People with certain severe medical conditions can be accepted as meeting the threshold of incapacity for benefit purposes without undergoing the Personal Capability Assessment or, if the assessment has to be applied, without undergoing a medical examination.

From the information you have provided on a medical statement (for example form Med 3), or information otherwise available to the medical officer, it appears that this may be such a case. In order to advise the Department for Work and Pensions Decision Maker in accordance with the law, the medical officer requires further factual information. We would be obliged if you would answer the medical officers questions overleaf clearly indicating on a separate sheet any medical evidence that you think would be harmful to the patients health. An example of what may be harmful information is a diagnosis that is not known to your patient such as malignancy, progressive neurological conditions or major mental illness.

Your patient has given written consent on their claim form to allow us to approach you for this information.

If you have agreed to treat this patient under the NHS (General Medical Services) Regulations 1992 as amended March 1998 and equivalent regulations in Scotland and have issued, or refused to issue, a medical certificate to them, you are obliged by your terms of service to supply clinical information to a medical officer. A similar obligation applies to most hospital and community doctors working within the NHS. You are not obliged to do this if you have not agreed to treat the patient under the NHS but any information you are willing to provide will be much appreciated. Unfortunately, we are unable to pay you for it.

A reply within 7 days will be appreciated and a business reply envelope is enclosed for your use. If you have any queries about this form please contact the medical officer at your Medical Services Centre, see leaflet **IB204** *Guide for Registered Medical Practitioners*.

Thank you for your help
Yours sincerely
Requested by

On behalf of the Manager
For the Medical Officer

MEDICAL SERVICES PROVIDED ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS [Version 8]

NHS Confidential: Personal data about a patient

IB113

GLASGOW
Corunna House
29 Cadogan Street
Glasgow
Glasgow
G2 7SS

Client Name:
Mr Gary Boyle

Client NINo
JT643338C

Client Date of Birth
3rd November 1979

About your patient - continued

Your reply to the Medical Services Doctor

Please answer the following questions from information which is currently available to you.

1. Date patient was last seen or examined for the condition(s) causing incapacity.

12/9/08

2. Diagnosis of all relevant condition(s) and dates(s) of onset.

12/8/08 Head inj/y with lacerations

3 **Factual details of patient's condition.**
Where possible, please include brief factual details of: ✓

- Present medical condition
- Medication and other treatments (e.g. attendance at a day centre, hospital outpatient)
- Outlook for your patient and any proposals for future management

Well.

MEDICAL SERVICES PROVIDED ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS [Version 1]

NHS Confidential: Personal data about a patient

About your patient - continued

4. Where available to you, please give brief details of what the patient has been told about the likely clinical course of their condition(s), and any future treatment.

Back to work From 13/10.

5. Any other information.

- If you have evidence which indicates that, as a result of their medical condition your patient would not be able to attend an examination by using public transport or by taxi please include this here.
- Any additional information about the effects of medical conditions on daily living (self care, indoor mobility, judgment and compliance with medication) would be very helpful.

Only complete the section below if you have diagnosed a psychiatric condition at question 2.

6. Where available to you, please give brief details of any history of recent or serious attempts at suicide or other self injury, or any history of threatening or violent behaviour towards others.

Declaration

I understand that if this person appeals, or asks for an explanation or reconsideration of the decision made by the Department for Work and Pensions, a copy of the information I have given here may be sent to the person, their legal representative and the Appeals Service.

I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health. I have stated any medical evidence that I think may be harmful to the person's health on a separate sheet of paper.

Your Signature

Signature

Name Dr

Date 15 / 10 / 08

Doctor's stamp

Dr Adam C Hannah
Fullarton Practice
40 Dalblair Road
Ayr
KA7 1UL
Tel 01292 264260
Fax 01292 292160

MEDICAL SERVICES PROVIDED ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS [Version 1]

NHS Confidential: Personal data about a patient

Accident & Emergency Department
The Ayr Hospital
Dalmellington Road
Ayr, KA6 6DX

Tel: 01292 610555

NHS Ayrshire & [redacted]

TAJ/MQ/100-594317 CHI: 0311793215

Date admitted	10.08.08
Date discharged:	10.08.08
Date dictated:	10.08.08
Date typed:	15.08.08

Enquiries: Maureen Quinnell, A&E Secretary
Extension: 14615
Direct Dial: 01292 614615
Fax: 01292 288105
E-mail: maureen.quinnell@aaaht.scot.nhs.uk

Dr [redacted]
The Fullarton Practice
40 Dalblair Road
Ayr

Dear Dr [redacted]

GARY BOYLE, 3 OAKWOOD AVENUE, AYR
D.O.B: 03.11.79

Diagnosis: Alleged assault with golf clubs to head and left loin

This patient was brought into the Department in the early hours of today following the above mentioned altercation. He sustained the laceration which was through and through to the left upper lip, also a laceration to the back of the head. These lacerations were sutured. He was fully conscious and alert and orientated and his stay in the Observation Ward was uneventful.

On review this morning I noted a small bruise to the area of the left kidney and urine dipstick did not reveal any haematuria. He was fully alert and orientated with a GCS of 15/15. He was therefore allowed home to the care of his [redacted] and we have no intention to follow him up. However I would appreciate it if the Practice Nurse would remove his stitches in five days time.

Yours sincerely

DR TARIK AL-JANABI MBCH.B, FRCS (ED), DIP IMC. RCS (ED) FCEM
LOCUM CONSULTANT, EMERGENCY MEDICINE

STA 5000

NHS Confidential: Personal data about a patient

IMMEDIATE DISCHARGE LETTER M 011671

Essential: Use Ball Point Pen and Pressure when completing this form

Dear Dr. Hannah — HOSPITAL AYR

ADDRESS The Fullarton Practice — WARD A&E

40 Dalblair Rd. — DATE 10/8/08

KA7 1UL

Your Patient

(Use addressograph label, if available, on all four copies)

Patient I
08222-00142 100594317
Name... BOYLE, GARY
3 OAKWOOD AVENUE
Addres: AYR
KA8 0NX 0311793215
DoB 03/11/1979 Male
Date of Birth ... Hospital No. ...

Admitted on 9/8/08 in the care of Dr/Mr TARIK AL-JANABI

was discharged on 10/8/08 with a diagnosis of

Alleged assault. Injury & lacerations to the face + back of the head

KNOWN DRUG SENSITIVITY:

Pharmacy Use Only

MEDICINE (IN BLOCK CAPITALS)	FORM	DOSE	ROUTE	FREQ./TIME OF ADMIN.	CONTINUE OR STOP*	Quantity & Strength Dispensed	Pharmacy Notes

GH	IR	AW	
ASH	KA	REG	

12 AUG 2008

NORMAL	SAT	GTS TO DOCTOR	
PHONE PAT	DR TO PHONE	APPT	

NUMBER OF DAYS SUPPLY IF MORE THAN 5

ACTION	DATE	Dispensed by	Checked by

* When the medication is to continue write CONT in the column indicated. When the medication is to stop write the date of the last full day on treatment and STOP. A follow-up appointment will/will not be made.

Other comments and treatments:

Discharged on Ibuprofen 400mg tds prn 3/7

Detailed discharge letter will follow within two weeks.

Yours sincerely ... Dr's Name (IN BLOCK CAPITALS) T. AL-JANABI

STA 0273

Distribution of copies, after completion by Pharmacy:
WHITE - General Practitioner YELLOW - Medical Record BLUE - Patient PINK - Pharmacy

JMoC/81128

NHS Confidential: Personal data about a patient

A&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on 01292-614522, quoting account number 08222-00142

To Dr.: AC (GP) [redacted]
THE FULLARTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UL

GARY BOYLE DOB 03/11/79
3 OAKWOOD AVENUE

AYR;;KA80NX
CHI 0311793215

Your patient attended the Ayr Hospital on 09/08/08 at 23:32.

Triage nurse described problem as:

Assaulted,lac to head,lip,eyebrow.

Investigations ordered:

NEAR PATIENT TESTING: Neuro obs; RADIOLOGY: Chest (by BM); RADIOL

Procedures

WOUND CARE: Wounds cleaned and sutured

Diagnosis

TRAUMA/INJURY/POISONING^ ASSAULTED

Outcome of attendance was:

ADMITTED

Nursing remarks were:

-

Additional remarks were:

Xrays-no# seen,neuro obs,wounds cleaned + sutured,admit to obs.

Follow up plans were:

(None recorded)

Yours Sincerely,

A&E Department.

NHS Confidential: Personal data about a patient

Accident and Emergency Department
Ayr Hospital
Dalmellington Road
Ayr, KA6 6DX

Tel: 01292 610555

NHS Ayrshire [redacted]

Our Ref: TA-J/LB/100-588966
CHI number: 2208833333

Date Attended: 06.08.08
Date Dictated: 06.08.08
Date Typed: 09.08.08

Enquiries to: Mrs [redacted] Blades, A & E Secretary
Extension: 14578
Direct Dial: 01292 614578
Fax: 01292 288105
E-mail: louise.blades@aaaht.scot.nhs.uk

Dr [redacted]
The Fullarton Practice
40 Dalblair Road
Ayr

Dear Dr [redacted]

[redacted] BOYLE, 3 OAKWOOD AVENUE, AYR
D.O.B: 22.08.1983

Diagnosis: Soft tissue injury to the right foot

This Patient sustained his injury on the 27th July 2008 and was reviewed in the Review Clinic on the 30th when the above mentioned diagnosis was confirmed by my Colleague, Dr Ofei.

The Patient failed to attend his appointment for today and we have no intention of sending a new appointment for him.

However, we would be more than happy to see him again if needs be.

Yours sincerely

Dr Tarik Al-Janabi MBCh.B, FRCS (Ed), Dip.IMC.RCS (Ed), FCEM
Locum Consultant in Emergency Medicine

STA 5000

NHS Confidential: Personal data about a patient

NHS
Ayrshire
&[redacted]

Day Surgery Unit
(General Surgery – Mr N A Nur)
The Ayr Hospital
Dalmellington Road
AYR KA6 6DX

Date Attended: 31/07/2008
Date Typed: 13/08/2008

Our Ref: JR/HG/100-594317
CHI No: 0311793215

Enquiries to: [redacted]
Direct Line: 01292 614561
Fax: 01292 614641
e.mail: [redacted].graham@aaaht.scot.nhs.uk

Dr A Gemmell
The Fullarton Practice
40 Dalblair Road
AYR

Dear Dr Gemmell

GARY BOYLE, 3 OAKWOOD AVENUE, AYR.
DOB 03/11/1979

Further to my letter of 1st August 2008 this patient's histology is now to hand and I enclose a copy of the report for your information.

I have not arranged any further follow up for this patient but of course we would be quite glad to see him again if you thought it necessary.

Yours sincerely

[redacted]
SHO in General Surgery

enc

STA 5000

AYRSHIRE and [redacted] ACUTE HOSPITALS NHS TRUST

PATHOLOGY DEPARTMENT - CROSSHOUSE HOSPITAL

HISTOPATHOLOGY REPORT

Laboratory No.: P.08.012691

Name:	GARY BOYLE	Hospital No:	AY100594317	Date Taken:	31/07/2008
D.O.B. :	03/11/1979	Sender:	Mr I McMillan	Date Recvd:	01/08/2008
Patient ID:	0311793215	Source:	Ayr Hospital Day Surgery Unit		

CLINICAL HISTORY

Sebaceous cyst right subscapular region.

CYST FROM BACK

A grey skin ellipse 10x4mm overlying a smooth walled white nodule 8x10x8mm. On sectioning, there is a thin walled cyst with soft pale contents.

MICROSCOPY: Sections show skin with underlying cyst containing keratin and lined by keratinising squamous epithelium.

Epidermoid Cyst.

14.8.2008

Reported By: Dr E R Nairn

Trimmed by: B.M.S. - Vanda McTaggart

PAGE 1 OF 1 Date Printed: 11/08/2008 LMV

This Report to: Mr I McMillan Ayr Hospital Day Surgery Unit

NHS Confidential: Personal data about a patient

Day Surgery Unit
(General Surgery – Mr N A Nur)
The Ayr Hospital
Dalmellington Road
AYR KA6 6DX

NHS Ayrshire &[redacted]

Date Attended: 31/07/2008
Date Dictated: 31/07/2008
Date Typed: 01/08/2008

Our Ref: JR/HG/100-594317
CHI No: 0311793215

Enquiries to: Helen Graham
Direct Line: 01292 614561
Fax: 01292 614641
e.mail: helen.graham@aaaht.scot.nhs.uk

Dr A Gemmell
The Fullarton Practice
40 Dalblair Road
AYR

Dear Dr Gemmell

GARY BOYLE, 3 OAKWOOD AVENUE, AYR.
DOB 03/11/1979

DIAGNOSIS: Sebaceous cyst right subscapular area

PROCEDURE: Excision of lesion with primary closure

PLAN: Removal of sutures in 5-7 days
Await histopathology

This 28 year old gentleman attended today for excision of a sebaceous cyst from his right subscapular area. This was performed under local anaesthetic and closed primarily with 4/0 Ethilon.

No plans have been made for this gentleman's follow up routinely. We will be in contact with the histopathology.

Yours sincerely

[redacted]
SHO in General Surgery

Date08/08/2008	AN	IR	W	ASH	KA	AG
Norm	Sat	C/S to Dr	Phone pat	Dr to phone	Appt	CSS	QOF
	✓						
Action					Staff sign		

STA 3004

NHS Confidential: [redacted] data about a patient

The Ayr Hospital
[redacted]
Ayr KA6 6DX
Telephone: 01292 610555
Ext: 4468
www.show.scot.nhs.uk/aaaht

NHS Ayrshire [redacted]

THE [redacted] DAY SURGERY SUITE

Write or attach label

A100-594317
GARY
BOYLE
3 OAKWOOD AVENUE
0311799215
AYR
KA80NX
03/11/1979
[redacted]
40 DALBLAIR ROAD
AYR
M/S

Dear Colleague

The above patient attended The [redacted] Day Surgery Suite on 31-7-08

The procedure carried out was EXC LESION BACK
under local / general anaesthetic.

The patient was discharged home following this.

We would be grateful if you could:-

a) remove sutures in 7 days time.

b) remove the theatre dressing in —— days and dress thereafter as required.

c) reduce the theatre dressing in 24 hours / 48 hours / 72 hours.

d) dressing to remain intact until clinic appointment.

Comments .....

District Nurse visit requested by ansaphone / telephone on .....

Patient will contact surgery to make an appointment with Practice Nurse.

The patient has / has not a review appointment.

A more detailed letter will follow.

Should you require further information please contact us on the above extension.

Yours sincerely, S/N S McNEE

	IR		AW
	KA		REG

04 AUG 2008

C/S TO DOCTOR
TO PHONE | APPT

DRG 035

Awarded for excellence

NHS Confidential: Personal data about a patient

Accident and Emergency Department
Ayr Hospital
Dalmellington Road
Ayr, KA6 6DX

Tel: 01292 610555

Our Ref: EO/LB/100-588966
CHI number: 2208833333

Date Attended: 30.07.08
Date Dictated: 30.07.08
Date Typed: 09.08.08

Enquiries to: Mrs [redacted] Blades, A & E Secretary
Extension: 14578
Direct Dial: 01292 614578
Fax: 01292 288105
E-mail: [redacted].blades@aaaht.scot.nhs.uk

Dr [redacted]
The Fullarton Practice
40 Dalblair Road
Ayr

Dear Dr [redacted]

[redacted] BOYLE, 3 OAKWOOD AVENUE, AYR
D.O.B: 22.08.1983

Diagnosis: Injury to right heel

I reviewed this gentleman in the Clinic today following his attendance on the 27th July 2008. He had jumped out of a window, landing on his right heel. He had no other injuries apart from to the region of his right heel.

X-rays revealed no definite bony injury.

He was given analgesics and brought back for review today.

It is still early days and he therefore unsurprisingly is still unable to heel weight bear. He has no associated swelling or bruising. He has no neurovascular compromise.

I have advised him on further analgesia, rest and elevation.

I plan to review him in the Clinic in one week's time.

Yours sincerely

DR ERNIE OFEI MBChB FRCS (Ed)
LOCUM CONSULTANT IN ACCIDENT & EMERGENCY CARE

NHS Confidential; Personal data about a patient

Department of Trauma and Orthopaedics
The Ayr Hospital
Dalmellington Road
AYR
KA6 6DX

Tel: 01292 610555

NHS Ayrshire [redacted]

Date Typed: 9. 8.07
Clinic Date: 8. 8.07
Our ref: PSR//JD/100-594317
CHI: 031179 3215
Enquiries to:
Extension: 14068
Fax: 01292 614646
E-mail:

MR PS RAE

Dr A Hannah
Room 2
The Fullarton Practice
40 Dalblair Road
AYR

Dear Dr Hannah

Re: **Gary BOYLE 3 Oakwood Avenue AYR**

Your patient was seen for review in the Orthopaedic Outpatient Clinic today.

Please find overleaf a copy of my clinical notes made at the time of the examination.

Yours sincerely

MR PS RAE
CONSULTANT ORTHOPAEDIC SURGEON

Awarded for excellence

[redacted] 15.08.2007		AP	IR	W	ASH	KA	AG
Norm	Sat	C/S to Dr	Phone pat	Dr to phone	Appt	CSS	QOF
Action					Staff sign		

STA 5000

MR P RAE FRACTURE CLINIC

8. 8.07 GARY BOYLE 100-594317

HISTORY: Gary has done well following his arthroscopy and resection of the bucket handle tear. He admits to no ongoing problems and in particular no instability in his knee.

Continue with physiotherapy exercises and he can be seen again should he develop problems of instability in the knee but it looks as if he is coping with his ACL deficiency without the need for surgery.

PS RAE/JD
COPY TO GP

NHS Confidential: Personal data about a patient

National Health Service Number: 680-79-6444

Surname (Block Letters): BOYLE

Forenames (Block Letters): GARY

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

9/80

Address: 8 OAKWOOD AVE, AYR ~~120 Westwood Ave, Ayr~~

Date of Birth: 3-1-79

Date	
Aug 90	Greenstick fracture (R) radius
Apr 98	# of the distal end of the fibula.
7/99	Home detox - alcohol
2/00	CSS Rosyth
2/07/00	Fracture right lateral malleolus Weber Type B
Oct 02	Irregular discharge - laceration to the (R) knee, debridement
2/2/03	Laceration left hand. Repair of FDS, FDP and radial digital nerve left ring finger
03/05	~~CSS Redo~~

Form GP111G

8549421 5560618 500,000 8/05 (22926) A.P. (58877)

NHS Confidential: Personal data about a patient

Department of Trauma and Orthopaedics
The Ayr Hospital
Dalmellington Road
AYR
KA6 6DX

Tel: 01292 610555

NHS Ayrshire & [redacted]

Date: 12 July 2007

Our Reference: PSRSMcC/100-594317
CHI Number : 0311793215
Enquiries to: Mrs [redacted] McCabe
Extension: 14067
Fax: 01292 614646
E-mail: [redacted] uk

MR P S RAE

Dr A C [redacted]
The Fullarton Practice
40 Dalblair Road
AYR

Dear Dr [redacted]

RE : GARY BOYLE, 3 OAKWOOD AVENUE, AYR DOB 3.11.79

DATE OF ADMISSION: **11.7.07**

DATE OF DISCHARGE: **13.7.07**

DIAGNOSIS: **BUCKET HANDLE TEAR MEDIAL MENISCUS AND ANTERIOR CRUCIATE LIGAMENT TEAR RIGHT KNEE**

OPERATION: **EUA/ARTHROSCOPY AND MEDIAL MENISCECTOMY RIGHT KNEE**

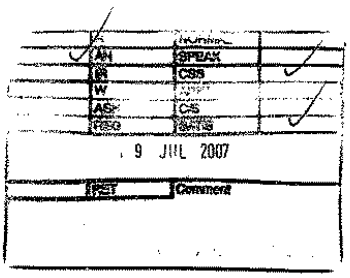
Mr Boyle was admitted for further assessment of his knee. Under anaesthetic anterior cruciate ligament insufficiency was confirmed and that was confirmed at arthroscopy where there was a complete tear of the ACL. However, he did have a displaced bucket handle tear of his medial meniscus which I suspect has probably been causing a lot of his recent trouble so I elected to remove that and we will wait and see just how much trouble he has in relation to his ACL before proceeding to reconstruct the ACL since that would be a much more significant operative procedure and in particular the rehabilitation necessary following the procedure would be quite imposing on Gary's life.

He will be seen for review as an outpatient.

Yours sincerely

P S RAE
CONSULTANT ORTHOPAEDIC SURGEON

Awarded for excellence



STA 5000

NHS Confidential: Personal data about a patient

Fax sent by : 11-07-07 17:13 Pg: 1/1

Ayr Hospital,
Dalmellington Road, Ayr,
KA6 6DX
Phone: 01292 610 555

Immediate Discharge Letter & Prescription

NHS Ayrshire & Arran

Page 1 of 1

Date :

A100-594317

To: BOYLE GARY
3 OAKWOOD AVENUE
0311793215
AYR
KA80NX 03/11/1979

[redacted] (GP)
THE FULLARTON PRACTICE
40 DALBLAIR ROAD
AYR

Re: GARY BOYLE
3 OAKWOOD AVENUE,AYR,KA8 0NX
DOB: 03/11/1979
Hosp. No: 100594317
CHI No.:

Date of Admission: 11/07/2007 **Ward:** STATION 10-AYR
Mode of Admission: Planned Admission **Consultant:** MR [redacted] RAE (Orthopaedics)
Discharge Date: 12/07/2007 **Outpatient Follow-up on:**

Admission Reason: RIGHT KNEE ARTHROSCOPY **Diagnosis:**

Allergy/Intolerance	Reaction
No known drug allergies	

Allergy records are as recorded on the Ayr Hospital HEPMA system at time and date of printing (see above).

Procedures: ARTHROSCOPY OF RIGHT KNEE AND TRIMMING OF MENISCAL BUCKET-HANDLE TEAR

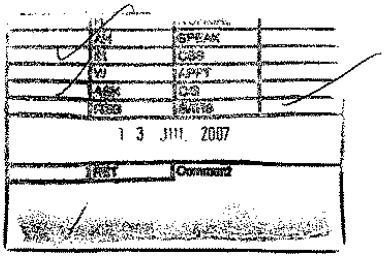
Drug	Dose	Route	Frequency	Days Supply	GP to continue
CO-CODAMOL 30/500 Tablets	2 Tablet PRN For pain	Oral	FOUR times [redacted] 7am;1pm;6pm;10pm	28	NO

Medicines discontinued during admission (admission medicines only)

Drug	Date	Discontinued by	Discontinue reason

None recorded

***** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.**** ****Information here may be incomplete and is for guidance only.*****



Discharged by : DR SAMIR GOYAL
Grade: Senior House Officer
Sleep:
Originally Printed: 12/07/2007 @ 16:19

Dispensed by:
Checked by:
Date:

GP Copy 1/2

NHS Confidential: Personal data about a patient

NHS
Ayrshire
& Arran

OG/KS/C594317
CHI:0311793215

DEPARTMENT OF OTOLARYNGOLOGY
MR [redacted] H DEMPSTER - FRCS

☎ 01563 577861
[redacted].lees@aaaht.scot.nhs.uk
[redacted]
01563 577 974

NASAL FRACTURE CLINIC
Date of clinic 12.04.2007
Typed 16.04.2007

Dr. [redacted]
The Surgery,
40 Dalblair Road
AYR.

Dear Dr. [redacted]

GARY BOYLE 3 OAKWOOD AVENUE, AYR. DOB 03.11.1979.

Following a visit to our A&E Department this patient was seen in the Nasal Fracture Clinic on 12.04.2007.

Gary sustained a nasal injury following an alleged assault on 06.04.2007. There was no nosebleed at the time of the alleged assault but there has been nosebleed since then.

On examination there was left-sided nasal obstruction. The nasal bones were mildly deviated to the right. Air entry was symmetrical today. There was no septal deviation. There was no evidence of haematoma.

The nasal bones were manipulated under a local anaesthetic with a good result achieved.

Gary has been reassured and discharged from the Nasal Fracture Clinic with no plans for any ENT follow-up.

Yours sincerely,

Mr O Greene
SHO in ENT

Awarded for Excellence

Date 26.04.2007	H		Ad	IR	W	ASH	LP	
Norm	Sat ✓	Spk	C/S to Dr	Phone pat	Dr to phone	Appt	CSS	QOF
Action						Staff sign		

STA 5000

NHS Confidential: Personal data about a patient

A&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on 01292-614522, quoting account number 07096-00047

To Dr.: AC (GP) [redacted]
THE FULLARTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UL

GARY BOYLE DOB 03/11/79
3 OAKWOOD AVENUE

AYR;;KA80NX
CHI 0311793215

Your patient attended the Ayr Hospital on 06/04/07 at 11:13.

Triage nurse described problem as:

HEAD JAW INJURY ? FRACTURE

Investigations ordered:

RADIOLOGY: Facial Bones (by SM); RADIOLOGY: Mandible (by XRA)

Procedures

NO PROCEDURE

Diagnosis

ENT^FACIAL INJURIES NO#

Outcome of attendance was:

DCH WITH REFERRAL

Nursing remarks were:

seen by dr mcandrew refer to ent opa

Additional remarks were:

xray opa ent analgesia advice home

Follow up plans were:

OTHER CLINIC

Yours Sincerely,

A&E Department.

Date 11.04.2007	H		AK	IR	W	ASH	LP	
Norm	Sat ✓	Spk	C/S to Dr	Phone pat	Dr to phone	Appt	CSS	QOF
Action						Staff [redacted]		

NHS Confidential: Personal data about a patient

A&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on 01292-614522, quoting account number 07023-00021

To Dr.: AC (GP) [redacted]
THE FULLARTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UL

GARY BOYLE DOB 03/11/79
3 OAKWOOD AVENUE

AYR;;KA80NX
CHI 0311793215

Your patient attended the Ayr Hospital on 23/01/07 at 06:54.

Triage nurse described problem as:

L SIDED CHEST PAIN

Investigations ordered:

NONE

Procedures

NO PROCEDURE

Diagnosis

MUSCULOSKELETAL^

Outcome of attendance was:

DISCHARGED NO F/U

Nursing remarks were:

seen by dr [redacted]

Additional remarks were:

obs reasurrance analgesia home

Follow up plans were:

(None recorded)

Yours Sincerely,

A&E Department.

Date 24.01.2007	H	AH	IR	W	ASH	
Norm	Sat ✓	Spk	C/S to Dr	Phone pat	Dr to phone	Appt	CSS	QOF
Action					Staff sign			

NHS Confidential: Personal data about a patient

Department of Trauma and Orthopaedics
The Ayr Hospital
Dalmellington Road
AYR
KA6 6DX

Tel: 01292 610555

Date Dictated: 24 05 06
Date Typed: 25 05 06
Our Ref: KMS/JH/594317
CHI: 0311793215

Enquiries to: Mrs J Hulme
Extension: 4068
Fax: 01292 614646

MR P S RAE

Dr A C [redacted]
The Fullarton Medical Practice
40 Dalblair [redacted]
AYR

Dear Dr [redacted]

GARY BOYLE 3 OAKWOOD AVENUE AYR
DOB: 03 11 1979

Your patient was seen in the Orthopaedic Clinic today.

Please find overleaf a copy of my clinical findings made at the time of examination.

Yours sincerely

K M SALIH
STAFF GRADE IN ORTHOPAEDICS

Date 02.06.2006	H	SH	IR	W	ASH	DM	
Norm	Sat ✓	Spk	C/S to Dr	Phone pat	Dr to phone	Appt	CSS	QOF
Action					Staff sign			

Awarded for excellence

STA5000

24 05 06 **REVIEW**

GARY BOYLE 594317

HISTORY

This boy with the football injury had an MRI scan which confirmed his anterior cruciate ligament is damaged and the possibility of bucket handle tear median meniscus.

EXAMINATION

On examination his Pivot shift test is positive, anterior drawer sign positive and Lachman Test is positive.

Past medical history – he has a history of operation in his right knee in the past. No history of asthma or high blood pressure.

Socially he has smoked about 20 cigarettes per day for the last 3-4 years.

MANAGEMENT

We are going to put his name on the waiting list for arthroscopy right knee +/- anterior cruciate ligament reconstruction.

KMS/JH (COPY TO GP)

NHS Confidential: Personal data about a patient

Y3

south AYRSHIRE COUNCIL

Social Work, Housing and Health
Acting Director: [redacted] OBE
Acting Head of Social Work: [redacted]

Supervised Attendance Office,
Wellington House, 25 Wellington Square, Ayr, KA7 1EZ
Tel: 01292 264493 Fax: 01292 290837
Our Ref: SH
Date: 26th April 2006
If phoning or calling ask for [redacted]

Dr J. [redacted] Holms
The Medical Centre
40 Dalblair Road
Ayr

Dear Dr Holms

GARY BOYLE - (Dob. 03/11/79) 3 Oakwood Avenue, Ayr

The above patient in your practice is subject to Supervised Attendance Orders imposed at Ayr Sheriff Court for a total of 100 hours, originating from 2004. Since the imposition of the Orders he has failed to attend from the 22nd March 2006 to date, stating that he has an 'injury to his right knee'. He has submitted regular medical certificates since that time to cover his absences.

I am sure that you will appreciate my situation in terms of our requirements to ensure that the Order is completed by the offender. I would therefore appreciate your opinion as to the severity of his condition, whether this is likely to be a prolonged absence and whether Mr Boyle is able to comply with the activities described in the attached information sheet. I would also draw your attention to the fact that the Order does not involve **Unpaid Work**, and all activities are completed whilst sitting and require little or no physical exertion. If it is the case that his condition prohibits him from attending I would be happy to place the matter before the Court asking for a Review of the Order. However, if he were able to comply I would expect him to commence attendance as soon as possible.

I have enclosed a Medical Mandate signed by Mr Boyle and must advise you that if the matter is to be placed before the Court I may use your comments in any report which I may submit. I thank you in anticipation of your reply. Please feel free to telephone if you have any enquiries

Yours sincerely

Susan [redacted]

Susan Hall
Supervising Officer
CRIMINAL JUSTICE TEAM

dealt with

Date 28.04.2006		dl		AH	IR	W	ASH		DM
Norm	Sat	Spk	C/S to Dr	Phone pat		Dr to phone	Appt	CSS	QOF
Action							Staff sign		

SUPERVISED ATTENDANCE ORDER (S.A.O.)

The S.A.O. can be imposed by any Scottish Criminal Court and is used as a direct alternative to Custody for fine default. Although the Order is similar to Community Service (C.S.) in that a number of hours are imposed **it is important to note that the S.A.O. does not involve any physical unpaid work.**

To complete an S.A.O. the offender must attend a series of Social Education modules, which may involve group discussions, computing training and/or arts and crafts. Each module has a duration of 2 ½ hours with a comfort break at the mid-point. This Order is a supervision Order and is not used as a therapeutic tool or as a method of addressing behaviour. Group discussions examine general topics such as drugs, alcohol, money advice, safe driving and road use, etc. All activities are completed whilst sitting and require little or no physical exertion. Clients may, if required for medical reasons "stretch their legs".

To attend for this Order the offender will incur no expense as bus travel warrants may be issued if appropriate and in certain cases the cost of motor fuel may be reimbursed.

The conditions of the Order are such that the individual must attend on time, participate and co-operate and be alcohol and non-prescribed drug free.

Further information can be obtained from:-
The Supervised Attendance Office, 25 Wellington Square, Ayr
Telephone: 01292 264493

NHS Confidential: Personal data about a patient

south AYRSHIRE COUNCIL

Medical Mandate

Name: GARY BOYLE Date of Birth: 3/11/79

Address: 4c OAKWOOD AVENUE
KA8

Subject of a Supervised Attendance Order imposed at KA8 SHERIFF Court
on 2/6/04 for 80 hours.

I give permission for my GP and other Health Services to be contacted, if necessary, and information to be obtained regarding any past or current medical condition or treatment being prescribed to myself.

Signed: Gary Boyle Date: 7/7/04

NHS Confidential; Personal data about a patient

Department of Trauma and Orthopaedics
General Hospitals Division
The Ayr Hopsital
Dalmellington Road
AYR
KA6 6DX

Tel: 01292 610555

Date Dictated: 28 03 06
Date Typed: 28 03 06
Our Ref: PSR/JH/594317

Enquires to: Mrs J Hulme
Extension: 4068
Fax: 01292 614646

MR P S RAE

Dr A C [redacted]
The Fullarton Practice
40 Dalblair Road
AYR

Dear Dr Hannah

GARY BOYLE 3 OAKWOOD AVENUE AYR
DOB: 03 11 1979/CHI: 0311793215

Your patient was seen in the Orthopaedic Clinic today.

Please find overleaf a copy of my clinical findings made at the time of examination.

Yours sincerely

P S RAE
CONSULTANT ORTHOPAEDIC SURGEON

[redacted]	31.03.2006	H		AH	IR	W	ASH	DM
Rem	Sat	Spk	C/S to Dr	Phone pat	Dr to phone	Appt	CSS	QOF
Action						Staff sign		

Awarded for excellence

STA5000

28 03 06 **FRACTURE CLINIC**

GARY BOYLE 594317

HISTORY

This man is a week now since a right knee injury sustained at football. There was no physical contact involved, he merely twisted and his knee gave way on him and has been painful and swollen since.

He told me that he had a similar episode a couple of months ago when he attended A&E, the queue was too long so he just went away and things settled down again.

EXAMINATION

On examination he has an obvious effusion in the knee joint. As a result he is not locking it out fully. He is 10 degrees short of full extension, flexing from there to 90. He is tender generally on the medial side of the knee joint but the ligaments feel stable.

Aspiration of the knee carried out. 50 mls of serous synovial fluid removed. That made the knee much more comfortable. He got out to full extension virtually and this improved the range of flexion as well.

There is some patellofemoral crepitus associated with this and I wonder whether he has had patellar dislocation which has relocated or whether he has a meniscal injury.

TREATMENT

For physiotherapy and MRI scans. See with the result.
PSR/JH (COPY TO GP)

NHS Confidential: [redacted]

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. 01292 610555

Tuesday 21st March 2006

Dr. AC [redacted]
THE FULLARTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UL

GARY BOYLE
3 OAKWOOD AVENUE
AYR
DoB: 03/11/79
CHI: 0311793215

Dear Dr. [redacted]

The above patient attended the Accident & Emergency Department of The Ayr Hospital at **17:38** on **21/03/06**. The following information was noted:

Triage Nurse notes	TWISTED RT KNEE
Diagnosis	MENISCAL INJURY
Attendance group	(NONE RECORDED)
Investigations performed	(NONE RECORDED)
Procedures performed	(NONE RECORDED)
Attendance outcome	HOME
Nursing remarks	(NONE RECORDED)
Additional remarks	DTG TYLEX IBUPROFEN CRUTCHES
[illegible]	[illegible]
Follow up plans	(NONE RECORDED)

If you require any further information, please phone the A&E Clinical Area direct on 01292 614522 quoting Account Number **06081-00006**.

Yours Sincerely,

A&E Department.

Date 23.03.2006		H		AH	IR	W	ASH		DM
Norm	Sat	Spk	C/S to Dr	Phone pat	Dr to phone		Appt	CSS	QOF
Action						Staff sign			

PATIENT CONSENT FORM AND INFORMATION SHEET
SUMMATIVE ASSESSMENT

Patient's name .....

Consent to Video recording for Assessment Purposes

- We are hoping to make video recordings of some of the consultation between patients and Doctor..... whom you are seeing today.
- The videos are for part of an assessment procedure designed to make sure that all doctors who become GPs are fully competent.
- The video is ONLY of you and the doctor talking together. No intimate examination will be done in front of the camera. All video recordings are carried out according to guidelines agreed by the Joint Committee on Postgraduate Training for General Practice which is the body responsible for the training of GPs
- The video will be seen only by doctors involved in assessment and training of general practice GP Registrars. The tape will then be erased. The tape will be stored in a locked cabinet and is subject to the same degree of confidentiality and security as medical records. The West of Scotland Committee will be responsible for storage of the tape. The tape will be erased as soon as practicable and in any event within 1 year. The results of this work may be used for research and educational purposes.
- You do not have to agree to your consultation with the doctor being recorded. If you want the camera turned off, please tell the Receptionist. This is not a problem and will not affect your consultation in any way.
- But if you do not mind your consultation being recorded, we are grateful to you. Improving the assessment of GPs should lead to a better service to patients
- If you wish you may view the tape recording.
- If you consent to this consultation being recorded please sign below
  Thank you very much for your help.

Signed..... Date .....

Signature(s) of any accompanying person(s).. .....

- After you have finished seeing the doctor please sign below to confirm that you are still happy to have the recording used.

Signed..... Date.....

For doctor's use only

VIDEO REG IH

Reference number

NHS Confidential: Personal data about a patient

Website: **www.dss.gov.uk**

Dr [redacted]
The Medical Centre
40 Dalblair Road
Ayr
KA7 1UL

If you get in touch with us, tell us this reference number **JT 64 33 38 C**

Our address
SOCIAL SECURITY OFFICE
WALLACETOUN HOUSE
[redacted] STREET
AYR
KA8 0YD

Our phone number **666000 Ext. 6105**

If you have a textphone

Date **3 December 2003**

Dear Dr [redacted]

About Mr Gary Boyle - Date of Birth 3 November 1979

I am writing to you about your patient Mr Gary Boyle. He has been claiming National Insurance credits because he has been incapable of work. We recently assessed Mr Boyle's ability to work using the Personal Capability Assessment.

We have decided that your patient has not met the threshold of incapacity from and including 3 December 2003. This is based on the medical examination we arranged that Mr Boyle went to on 18 November 2003 and medical information you provided. We also used information that Mr Boyle gave us.

This means that you do not have to give Mr Boyle any more medical certificates for incapacity benefit purposes. But you may need to again if his condition worsens significantly or he has a new medical condition.

We have sent a summary of the Personal Capability Assessment to Mr Boyle.

Yours sincerely

Miss N. [redacted]
Manager

04 DEC

THIS IS A WRITTEN STATEMENT

IB65B

NHS Confidential: Personal data about a patient

AYRSHIRE & [redacted] ACUTE NHS TRUST
THE AYR HOSPITAL
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 610555
Date 25/11/03

AC (GP) [redacted]
THE FULLERTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UL

28 NOV 03

Dear Doctor

RE : GARY BOYLE
3 OAKWOOD AVENUE

AYR
KA80N-X D.O.B. 03/11/79

Hospital Reference number 100-594317

The above named patient failed to attend for an appointment at the OUT-PATIENT CLINIC of Mr.D.F. LARGE on
Tuesday 25/11/03

No further appointment has been issued to the patient.
Mr.D.F. LARGE however would be happy to accept a
re-referral should you consider this necessary.

Yours sincerely
Mr R H Bryden
Patient/Information Services Manager

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. 01292 610555

Monday 3rd November 2003

Dr. AC[redacted]
THE FULLERTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UB.

GARY BOYLE
3 OAKWOOD AVENUE
AYR
DoB: 03/11/79
CHI: 0311790215

Dear Dr. [redacted]

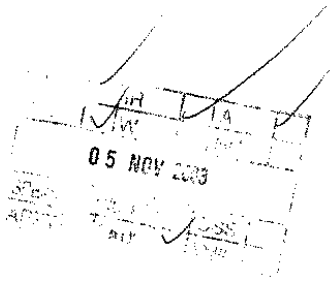
The above patient attended the Accident & Emergency Department of The Ayr Hospital at **17:36** on **03/11/03**. The following information was noted:

Triage Nurse notes	BURST WOUND 2/12 POST OP FINGER
Diagnosis	POST OP WOUND INFECTION
Attendance group	(NONE RECORDED)
Investigations performed	(NONE RECORDED)
Procedures performed	(NONE RECORDED)
Attendance outcome	HOME
Nursing remarks	(NONE RECORDED)
Additional remarks	WOUND CLEANSED + DRESSED WITH INADINE, ANTIBIOTICS AND ADVICE
Follow up plans	FRACTURE CLINIC

If you require any further information, please phone the A&E Clinical Area direct on 01292 614522 quoting Account Number **03307-00538**.

Yours Sincerely,

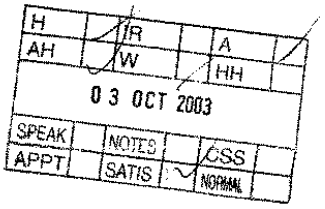
A&E Department.



NHS Confidential: Personal data about a patient

AYRSHIRE & [redacted] ACUTE NHS TRUST
THE AYR HOSPITAL
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 610555
Date 30/09/03

AC (GP) [redacted]
THE FULLERTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UL



Dear Doctor

RE : GARY BOYLE
3 OAKWOOD AVENUE

AYR
KA80N-X D.O.B. 03/11/79

Hospital Reference number 100-594317

The above named patient failed to attend for an appointment at the OUT-PATIENT CLINIC of Mr.D.F. LARGE on
Tuesday 30/09/03

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Mr.D.F. LARGE however would be happy to accept a
re-referral should you consider this necessary.

Yours sincerely
Mr R H Bryden
Patient/Information Services Manager

NHS Confidential: Personal data about a patient

Acute Hospitals NHS Trust

The Ayr Hospital
Dalmellington Road
Ayr KA6 6DX
Telephone: 01292 610555
Fax:
www.show.scot.nhs.uk/aaaht

NHS
Ayrshire
&[redacted]

KMS/av/100-594317

DEPARTMENT OF TRAUMA AND ORTHOPAEDICS
MR D.F. LARGE

Date Attended: 19th August 2003
Date Dictated: 19th August 2003
Date Typed: 19th August 2003

H		IR		A	
AH		W		HH	
22 AUG 2003					
SPEAK		NOTES		CSS	
APPT		SATIS		NORMAL	

Dr Hannah
The Fullarton Practice
40 Dalblair Road
AYR

Dear Dr [redacted]

Re: GARY BOYLE 3 OAKWOOD AVENUE AYR
D.o.B.: 03.11.79

Your patient was seen today in the Orthopaedic Clinic.

Please find overleaf a copy of my clinical findings made at the time of examination.

Yours sincerely,

K M SALIH
STAFF GRADE IN ORTHOPAEDICS

FRACTURE CLINIC - MR D F LARGE

GARY BOYLE - 594317

19/08/03 EXAMINATION:
This gentleman had a repair of his digital nerve and flexor tendon now 17 days ago. The wound is slightly smelly and mucky, but there is no discharge and there is no sign of redness. We are going to wash it, re-dress it and put him in a back slab to keep it in flexion. We have ordered physiotherapy. He will be seen in one weeks time OUT OF THE SPLINT AND MOBILISATION. We wrote a prescription for Flucloxacillin 500mg qds for one week. I do not think he will require any more than a one week course. Copy to the GP. KMS/av.

NHS Confidential: Personal data about a patient

Y3

Social Work, Housing and Health
Acting Director: [redacted] OBE
Acting Head of Social Work: [redacted]

Supervised Attendance Office,
Wellington House, 25 Wellington Square, Ayr, KA7 1EZ
Tel: 01292 264493 Fax: 01292 290837
Our Ref: SH
Date: 26th April 2006
If phoning or calling ask for [redacted]

Dr J. [redacted] Holms
The Medical Centre
40 Dalblair Road
Ayr

Dear Dr Holms

GARY BOYLE - (Dob. 03/11/79) 3 Oakwood Avenue, Ayr

The above patient in your practice is subject to Supervised Attendance Orders imposed at Ayr Sheriff Court for a total of 100 hours, originating from 2004. Since the imposition of the Orders he has failed to attend from the 22nd March 2006 to date, stating that he has an 'injury to his right knee'. He has submitted regular medical certificates since that time to cover his absences.

I am sure that you will appreciate my situation in terms of our requirements to ensure that the Order is completed by the offender. I would therefore appreciate your opinion as to the severity of his condition, whether this is likely to be a prolonged absence and whether Mr Boyle is able to comply with the activities described in the attached information sheet. I would also draw your attention to the fact that the Order does not involve **Unpaid Work**, and all activities are completed whilst sitting and require little or no physical exertion. If it is the case that his condition prohibits him from attending I would be happy to place the matter before the Court asking for a Review of the Order. However, if he were able to comply I would expect him to commence attendance as soon as possible.

I have enclosed a Medical Mandate signed by Mr Boyle and must advise you that if the matter is to be placed before the Court I may use your comments in any report which I may submit. I thank you in anticipation of your reply. Please feel free to telephone if you have any enquiries

Yours sincerely

Susan [redacted]

Susan Hall
Supervising Officer
CRIMINAL JUSTICE TEAM

dealt with

Date 28.04.2006		dl		AH	IR	W	ASH		DM
Norm	Sat	Spk	C/S to Dr	Phone pat		Dr to phone	Appt	CSS	QOF
Action							Staff sign		

SUPERVISED ATTENDANCE ORDER (S.A.O.)

The S.A.O. can be imposed by any Scottish Criminal Court and is used as a direct alternative to Custody for fine default. Although the Order is similar to Community Service (C.S.) in that a number of hours are imposed **it is important to note that the S.A.O. does not involve any physical unpaid work.**

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To attend for this Order the offender will incur no expense as bus travel warrants may be issued if appropriate and in certain cases the cost of motor fuel may be reimbursed.

The conditions of the Order are such that the individual must attend on time, participate and co-operate and be alcohol and non-prescribed drug free.

Further information can be obtained from:-
The Supervised Attendance Office, 25 Wellington Square, Ayr
Telephone: 01292 264493

NHS Confidential: Personal data about a patient

south AYRSHIRE COUNCIL

Medical Mandate

Name: GARY BOYLE Date of Birth: 3/11/79

Address: 4c OAKWOOD AVENUE
KA8

Subject of a Supervised Attendance Order imposed at KA8 SHERIFF Court
on 2/6/04 for 80 hours.

I give permission for my GP and other Health Services to be contacted, if necessary, and information to be obtained regarding any past or current medical condition or treatment being prescribed to myself.

Signed: Gary Boyle Date: 7/7/04

NHS Confidential; Personal data about a patient

Department of Trauma and Orthopaedics
General Hospitals Division
The Ayr Hopsital
Dalmellington Road
AYR
KA6 6DX

Tel: 01292 610555

Date Dictated: 28 03 06
Date Typed: 28 03 06
Our Ref: PSR/JH/594317

Enquires to: Mrs J Hulme
Extension: 4068
Fax: 01292 614646

MR P S RAE

Dr A C [redacted]
The Fullarton Practice
40 Dalblair Road
AYR

Dear Dr Hannah

GARY BOYLE 3 OAKWOOD AVENUE AYR
DOB: 03 11 1979/CHI: 0311793215

Your patient was seen in the Orthopaedic Clinic today.

Please find overleaf a copy of my clinical findings made at the time of examination.

Yours sincerely

P S RAE
CONSULTANT ORTHOPAEDIC SURGEON

[redacted]	31.03.2006	H		AH	IR	W	ASH	DM
Rem	Sat	Spk	C/S to Dr	Phone pat	Dr to phone	Appt	CSS	QOF
Action						Staff sign		

Awarded for excellence

STA5000

28 03 06 **FRACTURE CLINIC**

GARY BOYLE 594317

HISTORY

This man is a week now since a right knee injury sustained at football. There was no physical contact involved, he merely twisted and his knee gave way on him and has been painful and swollen since.

He told me that he had a similar episode a couple of months ago when he attended A&E, the queue was too long so he just went away and things settled down again.

EXAMINATION

On examination he has an obvious effusion in the knee joint. As a result he is not locking it out fully. He is 10 degrees short of full extension, flexing from there to 90. He is tender generally on the medial side of the knee joint but the ligaments feel stable.

Aspiration of the knee carried out. 50 mls of serous synovial fluid removed. That made the knee much more comfortable. He got out to full extension virtually and this improved the range of flexion as well.

There is some patellofemoral crepitus associated with this and I wonder whether he has had patellar dislocation which has relocated or whether he has a meniscal injury.

TREATMENT

For physiotherapy and MRI scans. See with the result.
PSR/JH (COPY TO GP)

NHS Confidential: [redacted]

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. 01292 610555

Tuesday 21st March 2006

Dr. AC [redacted]
THE FULLARTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UL

GARY BOYLE
3 OAKWOOD AVENUE
AYR
DoB: 03/11/79
CHI: 0311793215

Dear Dr. [redacted]

The above patient attended the Accident & Emergency Department of The Ayr Hospital at **17:38** on **21/03/06**. The following information was noted:

Triage Nurse notes	TWISTED RT KNEE
Diagnosis	MENISCAL INJURY
Attendance group	(NONE RECORDED)
Investigations performed	(NONE RECORDED)
Procedures performed	(NONE RECORDED)
Attendance outcome	HOME
Nursing remarks	(NONE RECORDED)
Additional remarks	DTG TYLEX IBUPROFEN CRUTCHES
[illegible]	[illegible]
Follow up plans	(NONE RECORDED)

If you require any further information, please phone the A&E Clinical Area direct on 01292 614522 quoting Account Number **06081-00006**.

Yours Sincerely,

A&E Department.

Date 23.03.2006		H		AH	IR	W	ASH		DM
Norm	Sat	Spk	C/S to Dr	Phone pat	Dr to phone		Appt	CSS	QOF
Action						Staff sign			

PATIENT CONSENT FORM AND INFORMATION SHEET
SUMMATIVE ASSESSMENT

Patient's name .....

Consent to Video recording for Assessment Purposes

- We are hoping to make video recordings of some of the consultation between patients and Doctor..... whom you are seeing today.
- The videos are for part of an assessment procedure designed to make sure that all doctors who become GPs are fully competent.
- The video is ONLY of you and the doctor talking together. No intimate examination will be done in front of the camera. All video recordings are carried out according to guidelines agreed by the Joint Committee on Postgraduate Training for General Practice which is the body responsible for the training of GPs
- The video will be seen only by doctors involved in assessment and training of general practice GP Registrars. The tape will then be erased. The tape will be stored in a locked cabinet and is subject to the same degree of confidentiality and security as medical records. The West of Scotland Committee will be responsible for storage of the tape. The tape will be erased as soon as practicable and in any event within 1 year. The results of this work may be used for research and educational purposes.
- You do not have to agree to your consultation with the doctor being recorded. If you want the camera turned off, please tell the Receptionist. This is not a problem and will not affect your consultation in any way.
- But if you do not mind your consultation being recorded, we are grateful to you. Improving the assessment of GPs should lead to a better service to patients
- If you wish you may view the tape recording.
- If you consent to this consultation being recorded please sign below
  Thank you very much for your help.

Signed..... Date .....

Signature(s) of any accompanying person(s).. .....

- After you have finished seeing the doctor please sign below to confirm that you are still happy to have the recording used.

Signed..... Date.....

For doctor's use only

VIDEO REG IH

Reference number

NHS Confidential: Personal data about a patient

Website: **www.dss.gov.uk**

Dr [redacted]
The Medical Centre
40 Dalblair Road
Ayr
KA7 1UL

If you get in touch with us, tell us this reference number **JT 64 33 38 C**

Our address
SOCIAL SECURITY OFFICE
WALLACETOUN HOUSE
[redacted] STREET
AYR
KA8 0YD

Our phone number **666000 Ext. 6105**

If you have a textphone

Date **3 December 2003**

Dear Dr [redacted]

About Mr Gary Boyle - Date of Birth 3 November 1979

I am writing to you about your patient Mr Gary Boyle. He has been claiming National Insurance credits because he has been incapable of work. We recently assessed Mr Boyle's ability to work using the Personal Capability Assessment.

We have decided that your patient has not met the threshold of incapacity from and including 3 December 2003. This is based on the medical examination we arranged that Mr Boyle went to on 18 November 2003 and medical information you provided. We also used information that Mr Boyle gave us.

This means that you do not have to give Mr Boyle any more medical certificates for incapacity benefit purposes. But you may need to again if his condition worsens significantly or he has a new medical condition.

We have sent a summary of the Personal Capability Assessment to Mr Boyle.

Yours sincerely

Miss N. [redacted]
Manager

04 DEC

THIS IS A WRITTEN STATEMENT

IB65B

NHS Confidential: Personal data about a patient

AYRSHIRE & [redacted] ACUTE NHS TRUST
THE AYR HOSPITAL
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 610555
Date 25/11/03

AC (GP) [redacted]
THE FULLERTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UL

28 NOV 03

Dear Doctor

RE : GARY BOYLE
3 OAKWOOD AVENUE

AYR
KA80N-X D.O.B. 03/11/79

Hospital Reference number 100-594317

The above named patient failed to attend for an appointment at the OUT-PATIENT CLINIC of Mr.D.F. LARGE on
Tuesday 25/11/03

No further appointment has been issued to the patient.
Mr.D.F. LARGE however would be happy to accept a
re-referral should you consider this necessary.

Yours sincerely
Mr R H Bryden
Patient/Information Services Manager

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. 01292 610555

Monday 3rd November 2003

Dr. AC[redacted]
THE FULLERTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UB.

GARY BOYLE
3 OAKWOOD AVENUE
AYR
DoB: 03/11/79
CHI: 0311790215

Dear Dr. [redacted]

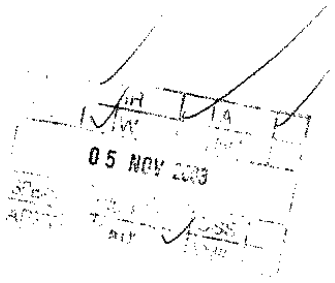
The above patient attended the Accident & Emergency Department of The Ayr Hospital at **17:36** on **03/11/03**. The following information was noted:

Triage Nurse notes	BURST WOUND 2/12 POST OP FINGER
Diagnosis	POST OP WOUND INFECTION
Attendance group	(NONE RECORDED)
Investigations performed	(NONE RECORDED)
Procedures performed	(NONE RECORDED)
Attendance outcome	HOME
Nursing remarks	(NONE RECORDED)
Additional remarks	WOUND CLEANSED + DRESSED WITH INADINE, ANTIBIOTICS AND ADVICE
Follow up plans	FRACTURE CLINIC

If you require any further information, please phone the A&E Clinical Area direct on 01292 614522 quoting Account Number **03307-00538**.

Yours Sincerely,

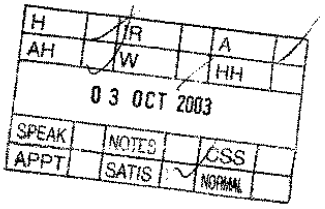
A&E Department.



NHS Confidential: Personal data about a patient

AYRSHIRE & [redacted] ACUTE NHS TRUST
THE AYR HOSPITAL
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 610555
Date 30/09/03

AC (GP) [redacted]
THE FULLERTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UL



Dear Doctor

RE : GARY BOYLE
3 OAKWOOD AVENUE

AYR
KA80N-X D.O.B. 03/11/79

Hospital Reference number 100-594317

The above named patient failed to attend for an appointment at the OUT-PATIENT CLINIC of Mr.D.F. LARGE on
Tuesday 30/09/03

No further appointment has been issued to the patient.
Mr.D.F. LARGE however would be happy to accept a
re-referral should you consider this necessary.

Yours sincerely
Mr R H Bryden
Patient/Information Services Manager

NHS Confidential: Personal data about a patient

Acute Hospitals NHS Trust

The Ayr Hospital
Dalmellington Road
Ayr KA6 6DX
Telephone: 01292 610555
Fax:
www.show.scot.nhs.uk/aaaht

NHS
Ayrshire
&[redacted]

KMS/av/100-594317

DEPARTMENT OF TRAUMA AND ORTHOPAEDICS
MR D.F. LARGE

Date Attended: 19th August 2003
Date Dictated: 19th August 2003
Date Typed: 19th August 2003

H		IR		A	
AH		W		HH	
22 AUG 2003					
SPEAK		NOTES		CSS	
APPT		SATIS		NORMAL	

Dr Hannah
The Fullarton Practice
40 Dalblair Road
AYR

Dear Dr [redacted]

Re: GARY BOYLE 3 OAKWOOD AVENUE AYR
D.o.B.: 03.11.79

Your patient was seen today in the Orthopaedic Clinic.

Please find overleaf a copy of my clinical findings made at the time of examination.

Yours sincerely,

K M SALIH
STAFF GRADE IN ORTHOPAEDICS

Awarded for excellence

Chairman Professor [redacted] M [redacted]
Chief Executive Jim Currie

STA 2035

FRACTURE CLINIC - MR D F LARGE

GARY BOYLE - 594317

19/08/03 **EXAMINATION:**
This gentleman had a repair of his digital nerve and flexor tendon now 17 days ago. The wound is slightly smelly and mucky, but there is no discharge and there is no sign of redness. We are going to wash it, re-dress it and put him in a back slab to keep it in flexion. We have ordered physiotherapy. He will be seen in one weeks time OUT OF THE SPLINT AND MOBILISATION. We wrote a prescription for Flucloxacillin 500mg qds for one week. I do not think he will require any more than a one week course. Copy to the GP. KMS/av.

NHS Confidential: Personal data about a patient

Acute Hospitals NHS Trust

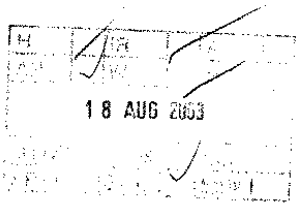
The Ayr Hospital
Dalmellington Road
Ayr KA6 6DX
Telephone: 01292 610555
Fax:
www.show.scot.nhs.uk/aaaht

NHS
Ayrshire
[redacted]

AM/av/100-594317

DEPARTMENT OF TRAUMA AND ORTHOPAEDICS
MR D.F. LARGE

Date Attended: 12.08.03
Date Dictated: 12.08.03
Date Typed: 12.08.03



Dr [redacted]
The Fullarton Practice
40 Dalblair Road
AYR

Dear Dr [redacted]

Re: GARY BOYLE 3 OAKWOOD AVENUE AYR
D.o.B.: 03.11.79

Your patient was seen today in the Orthopaedic Clinic.

Please find overleaf a copy of my clinical findings made at the time of examination.

Yours sincerely,

A [redacted]
SPECIALIST REGISTRAR

Awarded for excellence

Chairman Professor [redacted] M [redacted]
Chief Executive Jim Currie

STA 2035

CASUALTY RETURN - MR D F LARGE

GARY BOYLE - 594317

DIAGNOSIS: REPAIR OF FDS, FDP AND RADIAL DIGITAL NERVE LEFT RING FINGER

12/08/03

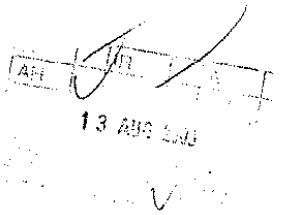
EXAMINATION:
This gentleman is 10 days following the above procedure. The wounds are healing well with no signs of infection. There was a small skin flap at the base of the middle finger which appears to be healing, but needs to have a close eye kept on it.

TREATMENT:
In view of the fact that the wounds have not healed completely I do not think we should commence early physiotherapy for mobilisation of the ring finger. We will see him again in one weeks time to make sure that the wounds are satisfactory. Copy to the GP. AMOHAMMED/av.

NHS Confidential: Personal data about a patient

AYRSHIRE & [redacted] ACUTE NHS TRUST
THE AYR HOSPITAL
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 610555
[redacted] 08/08/03

AC (GP) [redacted]
THE FULLERTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UL



Dear Doctor

RE : GARY BOYLE
3 OAKWOOD AVENUE

AYR
KA80N-X D.O.B. 03/11/79

Hospital Reference number 100-594317

The above named patient failed to attend for an appointment at the OUT-PATIENT CLINIC of Mr.K. YOUNG on
Thursday 07/08/03

No further appointment has been issued to the patient.
Mr.K. YOUNG however would be happy to accept a
re-referral should you consider this necessary.

Yours sincerely
Mr R H Bryden
Patient/Information Services Manager

NHS Confidential: Personal data about a patient

Acute Hospitals NHS Trust

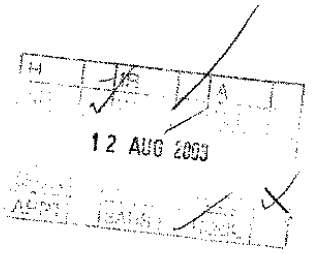
The Ayr Hospital
Dalmellington Road
Ayr KA6 6DX
Telephone: 01292 610555
Fax:
www.show.scot.nhs.uk/aaaht

NHS
Ayrshire
&[redacted]

AM/av/100-594317

DEPARTMENT OF TRAUMA AND ORTHOPAEDICS
MR D.F. LARGE

Date Dictated: 04.08.03
Date Typed: 06.08.03



Dr [redacted]
The Fullarton Practice
40 Dalblair [redacted]
AYR

Dear Dr [redacted]

Re: GARY BOYLE 3 OAKWOOD AVENUE AYR
D.o.B.: 03.11.79

DATE OF ADMISSION: 02.08.03

DATE OF DISCHARGE: 03.08.03

DIAGNOSIS: LACERATION LEFT HAND

OPERATION: WOUND EXPLORATION, DEBRIDEMENT AND REPAIR OF FDS, FDP AND RADIAL DIGITAL NERVE LEFT RING FINGER

Your patient was admitted to hospital after injuring his left hand whilst he was under the influence of alcohol. He sustained the above injury. he was discharged home following surgery and will be reviewed at the clinic in 2 weeks time.

Yours sincerely,

A [redacted]
SPECIALIST REGISTRAR

Awarded for excellence

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. 01292 610555

Sunday 3rd August 2003

H			
AH			
SPEAK			
APPT			

05 AUG 2003

Dr. AC HANNAH,
THE FULLERTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UL

GARY BOYLE
3 OAKWOOD AVENUE
AYR
DoB: 03/11/79
CHI: 0311793215

Dear Dr. [redacted]

The above patient attended the Accident & Emergency Department of The Ayr Hospital at **23:54** on **02/08/03**. The following information was noted:

Triage Nurse notes	LAC.LT.RING/MIDDLE FINGERS-GLASS
Diagnosis	DEEP LACERATION LT.HAND
Attendance group	(NONE RECORDED)
Investigations performed	(NONE RECORDED)
Procedures performed	(NONE RECORDED)
Attendance outcome	ADMIT
Nursing remarks	(NONE RECORDED)
Additional remarks	ADMITTED TO ST10
Follow up plans	(NONE RECORDED)

If you require any further information, please phone the A&E Clinical Area direct on 01292 614522 quoting Account Number **03214-00149**.

Yours Sincerely,

A&E Department.

NHS Confidential: Personal data about a patient

Ayr Hospital,
Daimellington Road, Ayr,
KA6 6DX
Phone: 01292 610 555

Discharge Letter & Prescription

NHS Ayrshire & Arran

Date : (A100- 94317

Page 1 of 1

BOYLE GARY
3 OAKWOOD AVENUE
0311 93215
AYR
KA80NX 03/1 /1979

[redacted] AC (GP)
THE FULLERTON PRACTI E
40 DALBLAIR ROAD
AYR M/S

To:

Re: GARY BOYLE
3 OAKWOOD AVENUE,AYR,KA8 0NX
DOB: 03/11/1979
Hosp. No.: 100594317
NHS No.:

Date of Admission: 03/08/2003 **Ward:** STATION 10-AYR

Mode of Admission: Emergency Ad nission **Consultant:** MR [redacted] LARGE

Discharge Date: 03/08/2003 **Outpatient Follow-up on:**

Admission Reason: PAINFUL LEF HAND **Patient aware of Diagnosis:** Yes

Diagnosis: LACERATION TO LEFT RING FINGER **Further letter will/will not follow**

Procedures: PT UNDERWI NT EXPLORATION OF WOUND ON 03-08-03 AND FLEXOR TENDONS WERE REPAIRED O THE RING FINGER. POP VOLAR SLAB APPLIED. REVIERW AS SCHEDULED.

06 AUG 2003

Drug	Dose	Route	Frequency	Days Supply	GP to continue
CO-CODAMOL 30/500 Tablets	**2 Tablet** PRN For pain	Oral	FOUR times daily - 7am;1pm;6pm;10pm	28	Yes
FLUCLOXACILLIN 250 mg Capsules	**500 mg**	Oral	FOUR times [redacted] 7am;1pm;6pm;10pm	28	No
PENICILLIN V 250 mg Tablets	**500 mg**	Oral	FOUR times daily - 7am;1pm;6pm;10pm	28	No

Discharged by : DR [redacted] S EGMUND **Dispensed by:**

Grade: Senior House Off cer **Checked by:**

Bleep **Date:**

Originally Printed: 03/08/2003 @ 16:32

GP Copy 1/2

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. 01292 610555

Sunday 3rd August 2003

H | JR | A
AH | W
05 AUG 2003
SPEAK
APPT | S

Dr. AC [redacted]
THE FULLERTON PRACTICE
40 DALBLAIR ROAD
AYR
KA7 1UL

GARY BOYLE
3 OAKWOOD AVENUE
AYR
DoB: 03/11/79
CHI: 0311793215

Dear Dr. [redacted]

The above patient attended the Accident & Emergency Department of The Ayr Hospital at **23:54** on **02/08/03**. The following information was noted:

Triage Nurse notes	LAC.LT.RING/MIDDLE FINGERS-GLASS
Diagnosis	DEEP LACERATION LT.HAND
Attendance group	(NONE RECORDED)
Investigations performed	(NONE RECORDED)
Procedures performed	(NONE RECORDED)
Attendance outcome	ADMIT
Nursing remarks	(NONE RECORDED)
Additional remarks	ADMITTED TO ST10
Follow up plans	(NONE RECORDED)

If you require any further information, please phone the A&E Clinical Area direct on 01292 614522 quoting Account Number **03214-00149**.

Yours Sincerely,

A&E Department.

NHS Confidential: Personal data about a patient

Acute Hospitals NHS Trust

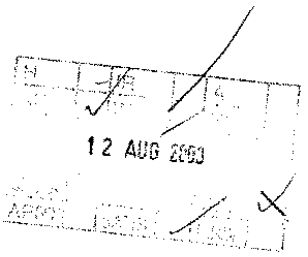
The Ayr Hospital
Dalmellington Road
Ayr KA6 6DX
Telephone: 01292 610555
Fax:
www.show.scot.nhs.uk/aaaht

NHS
Ayrshire
&[redacted]

AM/av/100-594317

DEPARTMENT OF TRAUMA AND ORTHOPAEDICS
MR D.F. LARGE

Date Dictated: 04.08.03
Date Typed: 06.08.03



Dr [redacted]
The Fullarton Practice
40 Dalblair Road
AYR

Dear Dr Hannah

Re: GARY BOYLE 3 OAKWOOD AVENUE AYR
D.o.B.: 03.11.79

DATE OF ADMISSION: 02.08.03

DATE OF DISCHARGE: 03.08.03

DIAGNOSIS: LACERATION LEFT HAND

OPERATION: WOUND EXPLORATION, DEBRIDEMENT AND REPAIR OF FDS, FDP AND RADIAL DIGITAL NERVE LEFT RING FINGER

Your patient was admitted to hospital after injuring his left hand whilst he was under the influence of alcohol. He sustained the above injury. he was discharged home following surgery and will be reviewed at the clinic in 2 weeks time.

Yours sincerely,

A [redacted]
SPECIALIST REGISTRAR

Awarded for excellence

STA 2035

Acute Hospitals NHS Trust

The Ayr Hospital
Dalmellington Road
Ayr KA6 6DX
Telephone: 01292 610555
Fax:
www.show.scot.nhs.uk/aaaht

NHS
Ayrshire
& Arran

ST/PG/100-594317

DEPARTMENT OF TRAUMA AND ORTHOPAEDICS

MR K. A. YOUNG

H	IR	A	
AH	W	R	
16 OCT 2002			
SPEAK	NOTES	CSS	
APPT	SATIS	NORMAL	

Date Attended: 10/10/02
Date Dictated: 10/10/02
Date Typed: 11/10/02

Dr [redacted]
The Surgery
24 Fullarton Street
Ayr

Dear Dr [redacted]

RE: GARY BOYLE 3 OAKWOOD AVENUE AYR
DOB: 03/11/79

Your patient was seen at the Orthopaedic Outpatient Clinic today. Please find overleaf a copy of my clinical findings made at the time of examination.

Yours sincerely

S THOMAS
ORTHOPAEDIC SHO III

FRACTURE CLINIC - MR K A YOUNG

10/10/02 **GARY BOYLE** **100-594317**

DIAGNOSIS: Laceration to anteromedial aspect of right knee.

PLAN: Remove sutures and discharge.

HISTORY:
It is now about 10 days since this gentleman underwent debridement and irrigation of an injury to his right knee along with an arthroscopic washout.

EXAMINATION:
On examination the wounds have healed very well and the stitches have been removed. He has a full range of movement of his knee. There was no swelling, no redness and no tenderness. He is weight bearing without difficulty.

TREATMENT:
I have discharged him.

ST/PG Copy to GP.

NHS Confidential: Personal data about a patient

Acute Hospitals NHS Trust

The Ayr Hospital
Dalmellington Road
Ayr KA6 6DX
Telephone: 01292 610555
Fax:
www.show.scot.nhs.uk/aaaht

NHS
Ayrshire
& Arran

[redacted]

DEPARTMENT OF TRAUMA AND ORTHOPAEDICS

MR K. A. YOUNG

Date Dictated: 03/10/02
Date Typed: 04/10/02

H	IR	A	
AH	W	R	
08 OCT 2002			
SPEAK	NOTES	CSS	
APPT	SATIS	NORMAL	

Dr Hannah
The Surgery
24 Fullarton Street
Ayr

Dear Dr [redacted]

RE : GARY BOYLE 3 OAKWOOD AVENUE AYR
DOB: 03/10/79

DATE OF ADMISSION: 30/09/02

DATE OF DISCHARGE: 01/10/02 (irregular discharge)

DIAGNOSIS: Laceration to the anteromedial aspect of the right knee.

OPERATION: Debridement and irrigation of wound with saline.

Gary sustained a laceration to the anteromedial aspect of the right knee with a broken bottle. An X-ray of the knee identified gas within the infrapatellar fat pad suggesting penetration of the joint. Given this appearance he was taken to theatre for debridement of the main wound as well as arthroscopic irrigation of the knee wound with several litres of saline. He was given intravenous Cefuroxime pre and post-op. The following day it was suggested he remain on IV antibiotics for a further 24 hours, however he elected to take irregular discharge. It was explained to him the potentially serious nature of an infected knee. He was discharged on oral Flucloxacillin 500mg qds for 2 weeks. I would plan to review him at the Fracture Clinic in a week.

Yours sincerely,

K A YOUNG MBChB FRCS Ed (Orth)
CONSULTANT ORTHOPAEDIC SURGEON

Awarded for excellence

STA 2035

NHS Confidential: Personal data about a patient

001

KA6 6DX
Phone: 01292 610 555

& Prescription

NHS Ayrshire &

*** Non-verified Orders Exist ***

Re: GARY BOYLE
3 OAKWOOD AVENUE,AYR,KA8 0NX
DOB: 03/11/1979
Hosp. No.: 100594317
NHS No.:

Date of Admission: 30/09/2002
Ward: STATION 10-AYR
Mode of Admission: Emergency Admission
Consultant: MR [redacted] YOUNG
Discharge Date: 01/10/2002
Outpatient Follow-up on:

Admission Reason: INJURY TO THE RIGHT KNEE
Diagnosis: LACERATED WOUND R TIBIA
Patient aware of Diagnosis: Yes
Further letter will/will not follow

Procedures:
DEBRIDEMENT OF THE WOUND, CLOSURE AND ARTHROSCOPIC LAVAGE GIVEN ON 30-09-2002

Drug	Dose	Route	Frequency	Days Supply	GP to continue
CO-CODAMOL 30/500 effervescent Tablets	2 Tablet PRN For pain	Oral	FOUR times daily 30	28	Yes
FLUCLOXACILLIN 500 mg Capsules	500 mg	Oral	FOUR times daily 60x 500mg	15	No

*** Non-verified Orders Exist ***

1/10/02

H	IR	A	
AH	W	HH	

01 OCT 2002

SPEAK	NOTES	CSS	
APPT	SATIS	NORMAL	

Discharged by: DR AVINASH M [redacted]
Grade: Senior House Officer
Bleep
Dispensed by: OB
Checked by:
Date: 1/10/02

Originally Printed: 01/10/2002 @ 09:42

Notes Copy 2/2

01/10 '02 16:12 TX/RX NO. 0953 P01

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. 01292 610555

Monday 30th September 2002

Dr. AC[redacted]
24 FULLARTON STREET
AYR
KA7 1UB

GARY BOYLE
3 OAKWOOD AVENUE
AYR
DoB: 03/11/79
CHI: 0311793215

Dear Dr. [redacted]

The above patient attended the Accident & Emergency Department of The Ayr Hospital at **11:17** on **30/09/02**. The following information was noted:

Triage Nurse notes	LACERATION R LEG LAST NIGHT
Diagnosis	LACERATION RT LOWER LEG
Attendance group	(NONE RECORDED)
Investigations performed	(NONE RECORDED)
Procedures performed	(NONE RECORDED)
Attendance outcome	ADMIT
Nursing remarks	WOUND ANAESTHETISED, IRRIGATED, ADMIT ST 10 FOR EXPLORATION
Additional remarks	(NONE RECORDED)
Follow up plans	(NONE RECORDED)

If you require any further information, please phone the A&E Clinical Area direct on 01292 614522 quoting Account Number **02273-00210**.

Yours Sincerely,

A&E Department.

H	IR	A	
AH	W	HH	
02 OCT 2002			
SPEAK	NOTES	CSS	
APPT	SATIS	NORMAL	

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. 01292 610555

Monday 16th September 2002

H		IR	A
AH	✓	W	HH

18 SEP 2002

SPEAK		NOTES	CSS
APPT		SATIS	✓ NORMAL

Dr. AC HANNAH,
24 FULLARTON STREET
AYR
[redacted]

GARY BOYLE
8A OAKWOOD AVENUE
AYR
DoB: 03/11/79
CHI: 0311793215

Dear Dr. [redacted]

The above patient attended the Accident & Emergency Department of The Ayr Hospital at **11:49** on **16/09/02**. The following information was noted:

Triage Nurse notes	INJ.LT.RIBS 2/7
Diagnosis	RIB INJURY
Attendance group	(NONE RECORDED)
Investigations performed	(NONE RECORDED)
Procedures performed	(NONE RECORDED)
Attendance outcome	HOME
Nursing remarks	IBUPROFEN PP AS PRESCRIBED
Additional remarks	(NONE RECORDED)
Follow up plans	(NONE RECORDED)

If you require any further information, please phone the A&E Clinical Area direct on 01292 614522 quoting Account Number **02259-00233**.

Yours Sincerely,

A&E Department.

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT,
THE [redacted] HOSPITAL
Tel. 01292 610555

Thursday 18th April 2002

Dr. AC HANNAH,
24 FULLARTON STREET
AYR
KA7 1UB

GARY BOYLE
8A OAKWOOD AVENUE
AYR
DoB: 03/11/79
CHI: 0311793215

Dear Dr. Hannah,

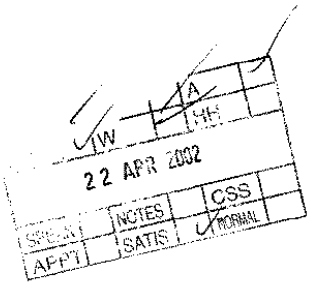
The above patient attended the Accident & Emergency Department of The Ayr Hospital at **10:03** on **18/04/02**. The following information was noted:

Triage Nurse notes	L ANKLE INJURY
Diagnosis	SPRAINED R.ANKLE
Attendance group	(NONE RECORDED)
Investigations performed	(NONE RECORDED)
Procedures performed	(NONE RECORDED)
Attendance outcome	HOME
Nursing remarks	DTG.,BRUFEN & ADVICE GIVEN
Additional remarks	(NONE RECORDED)
Follow up plans	(NONE RECORDED)

If you require any further information, please phone the A&E Clinical Area direct on 01292 614522 quoting Account Number **02108-00132**.

Yours Sincerely,

A&E Department.



JSMH/MAG

28 April 2006

Ms [redacted] Hall
Supervising Officer
Criminal Justice Team
Social Work, Housing & Health
Supervised Attendance Office
Wellington House
25 Wellington Square
AYR KA7 1EZ

Dear Ms [redacted]

RE: GARY BOYLE, 3 OAKWOOD AVENUE, AYR dob 3.11.79

Thank you for your letter of 26 April. I can confirm that I have seen Gary on 2 occasions, on 28 March and 19 April. He sustained an injury to his right knee and developed an effusion. He had the fluid drained from the knee joint on 28 March. When I saw him on 19 April there was still some fluid in the joint and some pain over the medial cartilage with reduced movement of the right knee. He is attending physiotherapy and he told me he was a roofer. I gave him a certificate for 28 days because of that.

Having [redacted] your letter which gives me more information, I can confirm that I feel he is quite fit to undertake Supervised Attendance Orders service as described on the leaflet attached to your letter.

Although he will be in some discomfort, I do not think that what is described there should stop him in any way.

Yours sincerely

Dr J [redacted] M Holms

DMcC/MW

01 June 2006

[redacted]
Supervising Officer for the
Criminal Justice Team
Supervised Attendants Office
Wellington House
25 Wellington Square
AYR
KA7 1EZ

Dear [redacted]

Re: Gary Boyle ,3 Oakwood Avenue, Ayr. D.O.B. 03.11.1979

Further to Dr Holm's letter of the 28th April 2006 I can again confirm that there is no medical reason why Mr Boyle cannot attend to undertake his Supervised Attendance Order as you described to me over the phone and as was described in the leaflet you sent Dr Holms. He was issued with a medical certificate that was intended for his employer. He did not tell me that he was going to use it to avoid his Attendance Order and I did not intend it for that purpose.

Yours sincerely

Dr [redacted]

CSS 13/07/07

Boyle Gary

3 Oakwood Avenue, Ayr 03/11/1979

13/07/07 EUA/ ARTHROSCOPY AND MEDIAL MENISCECTOMY RIGHT KNEE

Gary

Gary

ACH/MAG

17 June 2009

PRIVATE & CONFIDENTIAL

TO WHOM IT MAY CONCERN

RE: GARY J BOYLE, 3 OAKWOOD AVENUE, AYR, KA8 0NX DOB 3.11.79

This note is simply to confirm that the above gentleman has been a patient in this practice for many years and I can confirm that he was known to me between the dates of January 2008 and January 2009, He was seen by my [redacted] in the practice and by myself on numerous occasions throughout that period.

Yours faithfully

Dr [redacted] C [redacted]

GARY BOYLE

03/11/1979 0311793215

Dr [redacted] Dunne
Fullarton Practice
40 Dalblair Road
Ayr KA7 1UL

3 Oakwood Avenue Ayr KA8 0NX

07591852108

Dear colleague

This 35 year old gentleman has had a tender lump in the head of his right epididymis for the past few months. He has been treated for epididymitis and I would be most grateful for a ultrasound to further evaluate this new pea sized lump and the head of his right epididymis. Kind regards

ULTRASOUND RIGHT TESTICLE

Dr [redacted] Dunne

05/01/2015

KA/AW

28 October 2015

TO WHOM IT MAY CONCERN

RE: GARY J BOYLE, 3 OAKWOOD AVENUE, AYR. KA8 0NX DOB: 03.11.79

Gary Boyle is a 35 year old gentleman who unfortunately suffered a severe assault earlier this year. This resulted in a severe head and facial injury requiring hospital admission. He was left with a fractured facial bone and has had considerable post head injury concussion symptoms. More recently however he is displaying some post-traumatic stress symptoms. This is manifesting itself with severe anxiety and social phobia. He has been unable to work as a roofer and I have certified him unfit to work.

It is my opinion that Mr Boyle remains unfit to undertake any formal employment and he has recently been commenced with antidepressant medication. He is being reviewed on a monthly basis and if his symptoms are not improving he will be referred to the Community Mental Health Team for further assessment and treatment. I am hopeful that his fitness will improve over the coming months however I am unable to determine an accurate prognosis of his symptoms at this stage. If you require any further clarification please do not hesitate to contact me directly.

Yours faithfully

Dr Kashif [redacted]

Fullarton Medical Practice

DR LINSEY [redacted]
DR [redacted] DUNNE
DR [redacted] FREESTONE
DR [redacted] BROWN
DR [redacted] HADDOW
DR CATRIONA [redacted]

40 DALBLAIR ROAD
AYR
KA7 1UL
Tel No: 01292 264260
Fax No: 01292 292160

ZB/HW

26 January 2022

To whom it may concern:

RE: Mr Gary Boyle 12b Oakwood Avenue, Ayr, KA8 0NX 03/11/1979

This 42 year old man has been on the list for a house for since May 2021. He has a problem with alcohol dependency and has been engaging with the addictions team in order to have rehab for his alcohol addiction. He has agreed to go through rehabilitation however because he does not have his own address he cannot do this at home. Therefore getting a house would mean that he could start the road to recovery from his alcohol addiction. The alcohol dependence is affecting him day to day and it would really benefit if he could start rehabilitation to get off the alcohol.

Many thanks.

Yours faithfully

Dr [redacted] Ballantyne
GMC: 7481069

L [redacted] GMC 4543419
S Dunne GMC 6167682
G Freestone GMC 6163137
N Brown GMC 7036943
C Haddow GMC 6055607
C [redacted] GMC 6103564

PRACTICE ACCREDITATION
RCGP Scotland
2020- 2023

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery C1
AA Gen Ref - PMH Med & High

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

Ayr Hospital

Hospital and **hospital address**

Hospital unit no.

-

Email address

-

Urgency of referral Routine

PATIENT DETAILS

Surname	Boyle
Forename(s)	Gary J
Title	-
Sex	Male
Date of birth	03-Nov-1979
CHI no.	0311793215

Patient's address

3 Oakwood Avenue
AYR
KA8 0NX

Contact number(s)

Voice: 280126

REGISTERED GP DETAILS

Name	o		
GMC code	o	GP code	o
Practice name	Fullarton Practice		
Practice code	80113		

Practice address

40 Dalblair Road
Ayr
KA7 1UL

Contact number(s)

Voice: 01292 264260
Facsimile: 01292 292160

REFERRING PRACTITIONER DETAILS

Name	Dr. [redacted] Gemmell		
GMC code	6076848	GP code	99999
Practice name	THE FULLARTON PRACTICE (80113)		
Practice code	80113		

Practice address

40 DALBLAIR ROAD
AYR

Contact number(s)

Voice: 01292 264260
Facsimile: 01292 292160

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Excision of lipoma required

Comment: Dear Doctor
I would be grateful if you would see Gary in your minor surgery clinic with a view to excision of a 1cm lipoma in the right subscapular region. Gary claims that this is a new finding. I have examined him and reassured him of the benign nature of this lump, but he is insistent on removal.
Thank you for your assistance.

Examinations and Investigations

Current smoker: 24-Jan-2006 00:00

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Past procedures

Description	Laterality	Modifier	Date performed
Tuberculosis (BCG) vaccination	"	"	"

Current and recent medication

No medications recorded

Clinical warnings Smoking status Alcohol consumption

Additional relevant information

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010139957635

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:0311793215

REFERRAL TO

Addictions - South AyrshireG1A2
AA Mental Health Service

Addiction Service
NHS Ayrshire &

Ethnic Origin	Not Stated
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	**Urgent**
Date of referral	05-Jul-2017
Date submitted	05-Jul-2017

REQUEST FOR HOME DETOXIFICATION

PATIENT DETAILS

Surname	Boyle
Forename(s)	Gary
Title	-
Sex	Male
Date of birth	03-Nov-1979
CHI no.	0311793215

Patient's address

3 Oakwood Avenue
Ayr
KA8 0NX

Contact number(s)

Voice: 280126

REGISTERED GP DETAILS

Name	o		
GMC code	o	GP code	o
Practice name	The Fullarton Practice (3623)		
Practice code	80113		

Practice address

The Fullarton Practice
40 Dalblair Road
AYR

Contact number(s)

Voice: 01292 264260
Facsimile: 01292 292160

REFERRING PRACTITIONER DETAILS

Name	Dr. Kashif		
GMC code	6026662	GP code	22977
Practice name	The Fullarton Medical Practice (80113)		
Practice code	80113		

Practice address

40 Dalblair Road
AYR
AYRSHIRE
KA7 1UL

Contact number(s)

Voice: 01292 264260

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: REQUEST FOR HOME DETOXIFICATION

Comment: Dear Colleague
I would be grateful if you could see this 37 year old gentleman who has been drinking to excess for the past few months on a daily basis. He is drinking up to 8 cans of cider on a daily basis and is now struggling to go without it. He feels shaky and tremulous in the morning and as a result of his drinking he has had a significant dip in his mood. He was a victim of a severe assault 2 years ago and has suffered from post traumatic stress symptoms and I wonder whether this has triggered his alcohol dependence. He has also admitted to use of cocaine in the past but this has not been a recent problem for him. He was commenced on Sertraline 50 mg for his low mood and poor motivation but I suspect it remains ineffective due to his excess alcohol. He is keen to seek your advice and help with dealing with his alcohol dependence and I am grateful for your further assessment. Kind regards.

Examinations and Investigations

Current smoker: 23-Oct-2015 00:00

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Gout	-	-	-	30-Dec-1899	30-Dec-1899

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Naproxen Tablets 500 mg	1001010P0AAAEAE	56 TABLET	ONE TO BE TAKEN TWICE A DAY WITH FOOD	-	20-Jun-2017	42 Days	20-Jun-2017
Sertraline Hydrochloride Tablets 50 mg	0403030Q0AAAAAA	28 TABLET	ONE TO BE TAKEN EACH DAY	-	24-May-2017	69 Days	20-Jun-2017
Betahistine Dihydrochloride Tablets 16 mg	0406000B0AAABAB	42 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	13-Apr-2017	14 Days	13-Apr-2017

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ? (not known)	Units per day ? (not known)

Additional relevant information

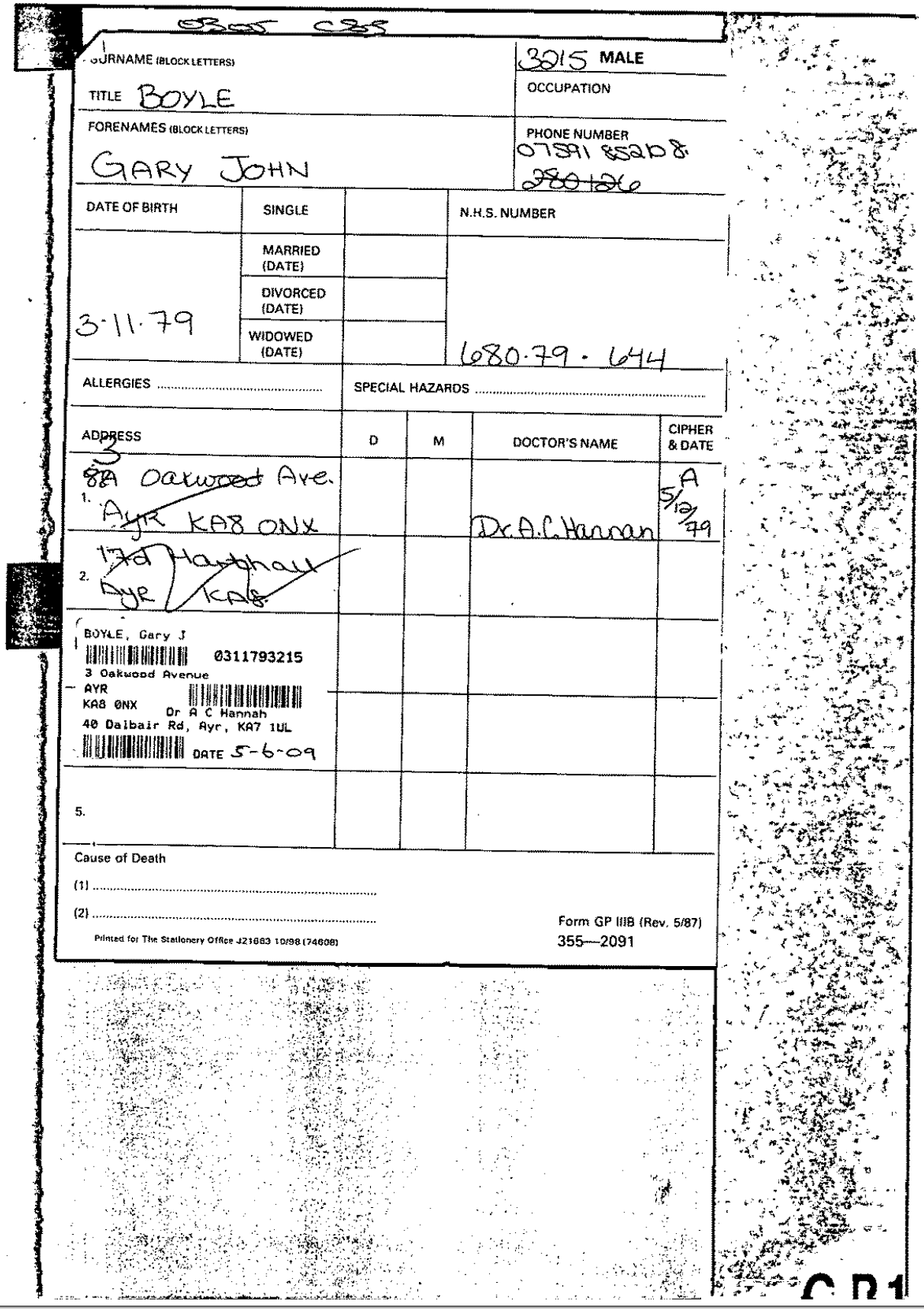
Administrative information

Referred By:Registered GP

Social circumstances

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

NHS Confidential: Personal data about a patient



~~B35 C85~~

SURNAME (BLOCK LETTERS) BOYLE

TITLE

FORENAMES (BLOCK LETTERS) GARY JOHN

3015 MALE

OCCUPATION

PHONE NUMBER 07891 852088 ~~280126~~

DATE OF BIRTH			N.H.S. NUMBER
3.11.79	SINGLE		680.79.644
	MARRIED (DATE)		
	DIVORCED (DATE)		
	WIDOWED (DATE)		

ALLERGIES .....

SPECIAL HAZARDS .....

ADDRESS	D	M	DOCTOR'S NAME	CIPHER & DATE
1. ~~88A Oakwood~~ 3 Oakwood Ave. ~~AYR~~ KA8 0NX			Dr.A.C.Hannan	A 5/12/79
2. ~~17d~~ ~~Haughall~~ ~~AYR~~ ~~KA8~~				
BOYLE, Gary J 0311793215 3 Oakwood Avenue AYR KA8 0NX Dr A C Hannah 40 Dalblair Rd, Ayr, KA7 1UL DATE 5-6-09				
5.				

Cause of Death

(1) .....

(2) .....

Printed for The Stationery Office JZ1663 10/98 (74608)

Form GP IIIB (Rev. 5/87) 355—2091

CD1

MALE 68079644

SURNAME: BOYLE

[redacted] NAMES: GARY JOHN

ADDRESS 126 WESTWOOD AVE. AYR

Date of Birth: 3. 11 7?

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
24 SEP 1980		(3) TRIVAX 699174	
		& O/Polyvac. 517647	
25/9/82		Chickenpox	Vallergan
15 AUG 1984		O/Polyvac 5707 A7.	
		DT/Vac. A56152.	
		[illegible]	
28 JUN 1986		[illegible]	
		[illegible]	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

53-2126 9/78 612915 F. & S. Ltd.

FORM G.P. 7 (Scotland)

NHS Confidential: Personal data about a patient

Ayrshire and [redacted] Acute Hospitals NHS Trust

THE AYR HOSPITAL

PRACTICE **DISTRICT NURSE REFERRAL FORM**

Addresso: A100-594317
BOYLE GARY
8A OAKWOOD AVENUE
0311793215
AYR
KA80NX 03/11/1979

HANNAH, AC (GP)
24 FULLARTON STREET
AYR

Consultant: MR YOUNG. Ward: M/S STATION 10

[redacted] 30/9/02 D of D: 1/10/02

[redacted] MRS EILEEN BOYLE

Address: AS ADDRESSOGRAPH

Tel No: 01292 280126.

Diagnosis: LACERATED

Treatment in Hospital: 30/9/2002. EXPLORATION, WASHOUT + REPAIR OF LACERATION TO RIGHT KNEE UNDER G.A.

Suggested Treatment on Discharge:
REDUCE DRESSINGS TO RIGHT KNEE ON 4/10/2002. SUTURES WILL BE REMOVED AT.

Patient/Family Awareness:

Drug Therapy:

Services Required:
PRACTICE NURSE.

Ability Assessment:
MOBILE PWB 1/C CRUTCHES.

Additional Information:
TOOK IRREGULAR DISCHARGE. CONSULTANT WISHED PATIENT TO HAVE FURTHER 24 HRS OF IV ANTIBIOTICS.

Follow-up Appointment: 10/10/02 @ 9am.

Ward Staff: S/n K Handley

NHS Confidential: Personal data about a patient

CSS 13/07/07

National Health Service Number	
Surname (Block Letters)	Forenames (Block Letters)
Boyle	Gary
Address	Date of Birth
3 Oakwood Avenue, Ayr	03/11/1979

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Date	
13/07/07	EUA/ ARTHROSCOPY AND MEDIAL MENISCECTOMY RIGHT KNEE

Form GP111G 355—2096

Printed for Astron B45683 2/06 (71412)

NHS Confidential: Personal data about a patient

National Health Service Number: 680-79-6444

Surname (Block Letters): BOYLE

Forenames (Block Letters): GARY

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address: 8a OAKWOOD AVE, AYR ~~126 Westwood Ave, Ayr~~

Date of [redacted]: 3-1-79

9/80

Date	
Aug 90	GREENSTICK FRACTURE (R) RADIUS
April 98	# of the distal end of the fibula.
7/99	Home detox - alcohol
3/00	CSS Reviews
20/07/00	Fracture right lateral malleolus Weber Type B
Oct 02	irregular discharge - laceration to the (R) [redacted], debridement
2Aug03	Laceration left hand. Repair of FDS, FDP and radial digital nerve left ring finger.
0305	0309 Recall

Form GP111G

8849421 5600618 500,000 8/85 (22926) A.P. (58977)

NHS Confidential: Personal data about a patient

National Health Service Number	680-79-644

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	
BOYLE	GARY	
Address ~~3~~ 8A OAKWOOD AVE, AYR ~~126 Westwood Ave, Ayr~~		Date of Birth 3-1-79

Date	*	
15 9 [illegible]		[illegible] of hand + ? [illegible] with [illegible]
		[illegible]
~~15 [illegible]~~		[illegible] skin [illegible]
18 09 91		[illegible] Flexagn
5.11.91		back injury last night - simple bruising
21.1.92		Sc[redacted] - Quallach, Ermock area.
2 SEP 1992		Allergic rash ankles, neck & forearms [illegible]
26/5/94		mmr letter sent
15/11/95	Advice	Distressed, having been "lifted" by Police this Am + released at 6Am having "confessed to something he never done". Discussion with mother - seeing lawyer in Am.
23/2/96		(R) sacro-iliac sprain - no nx injury good ROM at back Advice - Ibuprofen -
11/4/97		Cogs Contact
4.11.97		Impetigo - classical eruption @ forearm. - Fluclox 250 x 28.
23.4.98	R	Ibuprofen 400 X60
	Cr	from 20/4/98
4/5/98	cr	
2.6.98	C	?c.
27 10 98		E [illegible] Rx Pen V 250 Qds (28)
15 4 99		DNA

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

NHS Confidential: Personal data about a patient

Date	*	
12 7 99		1990
		Drinks regularly from age 16 yrs Budweiser x1
		per day x 2 cans Miller / vodka
		— bad tempered shaky when tries [redacted] stop.
		Home detox.
-8 AUG 2000		C 8/52 # ℗ ...
11 OCT 2000		Took photos of ...
		x 2 at OPD — Not working
		— Well healed — ...
		C ...
13/2/02		INVITATION FOR MENC
8/10/02		C[18] (flu 2/10)
28/10/02		C 14
15.11.02		Med 5 from 11/11/02.
		C F 29/11. ® knee laceration.
-9 DEC 2002		℗ knee now healed ...
		to work ... looks good
		C
20/6/03	E	... Aims
7/8/03 / AUG 2003		Laceration of tone
		Cut ® ... — ... minor ...
		damage ℗ ...
		— ... 2 ...
		C 4/52 ... ℗ ...
19/9/03		C 4 + Med 4
20 OCT 2003		DNA
1/12/03		C ...

*This column has been provided for doctors to enter A, V or C at their discretion

Od. 8926077 750M 12/85 F. & S. Ltd.

NHS Confidential: Personal data about a patient

	National Health Service Number	650·79·011·1
IMMUNISATIONS AND SCREENING INVESTIGATIONS	Surname (Block Letters) [redacted]	Forenames (Block Letters) GARY
	Address 3 OAKWOOD AVE, AYR 8A ~~[illegible]~~	Date of Birth 3-1-71

IMMUNISATIONS (Insert date where appropriate)

	Diphtheria	Pertussis	Tetanus	Polio	Measles	~~Rubella~~ MR	TAB	Smallpox
1	←	—	26·2·80	→	1·12·80	29/11/91		
2	←	—	17·4·80	→				
3	←	—	19·6·80	→				
Boost	←	×	15·8·84	→				
Boost								
Boost								

Tuberculin Test				BCG.			
Result				Date	11/3/93		
Date							

Other Inoculations

Type							
Date							
Type							
Date							
Type							
Date							

SCREENING INVESTIGATIONS

Chest X-Ray (Date)	Cervical Smear (Date)	Blood Pressure		Urine			Miscellaneous		
		Date		Date	Albumen	Sugar	Date	Weight	Other (Specify)

SCREENING INVESTIGATIONS CONTINUED OVERLEAF

FORM GP111H Dd 8849458 400M 9/85 Ed(227670)

NHS Confidential: Personal data about a patient

AYRSHIRE & [redacted] ACUTE NHS TRUST
THE AYR HOSPITAL
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 610555
Date 24/08/00

AC (GP) [redacted]
24 FULLARTON STREET
AYR

KA7 1UB

Dear Doctor

RE : GARY BOYLE
8A OAKWOOD AVENUE

AYR
KA80N-X D.O.B. 03/11/79

Hospital Reference number 100-594317

The above named patient failed to attend for an appointment at the OUT-PATIENT CLINIC of Mr.A. MUIRHEAD on
Thursday 24/08/00

No further appointment has been issued to the patient.
Mr.A. MUIRHEAD however would be happy to accept a re-referral should you consider this necessary.

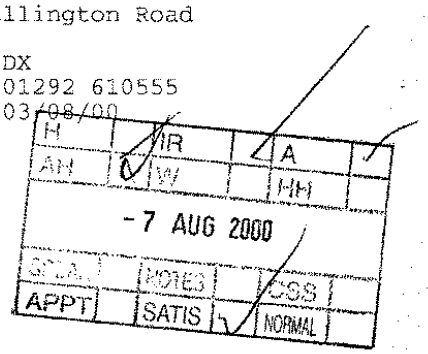
Yours sincerely
Mr R H Bryden
Patient/Information Services Manager

H		IR		A	
AH		W		HH	
28 AUG 2000					
SPEAK		NOTES		CASE	
APPT		SATIS		[illegible]	

NHS Confidential: Personal data about a patient

[redacted]

AYRSHIRE & [redacted] ACUTE NHS TRUST
THE AYR HOSPITAL
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 610555
Date 03/08/00



AC (GP) [redacted]
24 FULLARTON STREET
AYR

KA7 1UB

Dear Doctor

RE : GARY BOYLE
8A OAKWOOD AVENUE

AYR
KA80N-X D.O.B. 03/11/79

Hospital Reference number 100-594317

The above named patient failed to attend for an appointment at the OUT-PATIENT CLINIC of Mr.A. MUIRHEAD on Thursday 03/08/00

No further appointment has been issued to the patient. Mr.A. MUIRHEAD however would be happy to accept a re-referral should you consider this necessary.

Yours sincerely
Mr R H Bryden
Patient/Information Services Manager

[redacted]

NHS Confidential: Personal data about a patient

Ayrshire & [redacted]
ACUTE HOSPITALS NHS TRUST

The Ayr Hospital
Dalmellington Road, Ayr KA6 6DX
Telephone: 01292 610555 Fax:

Your Ref:
Our Ref: AM/ME/594317

ORTHOPAEDIC DEPARTMENT

MR. A. MUIRHEAD

H		IR		A	
AH		W		[illegible]	
28 JUL 2000					
SPEAK		NOTES		ECG	
APPT		SATIS		NORMAL	

Date of clinic : 24th July 2000
Date dictated : 24th July 2000
Date typed : 24th July 2000

Dr. A. C. [redacted]
The Surgery,
24 Fullarton Street,
AYR.

Dear Dr. [redacted]

GARY BOYLE, 3 OAKWOOD AVENUE, AYR (03.11.79)

Your patient was seen at the Orthopaedic Clinic today.

Please find overleaf a copy of my clinical findings made at the time of examination.

Yours sincerely

A Muirhead

A. MUIRHEAD,
CONSULTANT ORTHOPAEDIC SURGEON

STA 2035

Awarded for excellence

CASUALTY RETURN

GARY BOYLE (594317)

DATE OF INJURY : **20.07.00**

INJURY : **FRACTURE RIGHT LATERAL MALLEOLUS WEBER TYPE B**

TREATMENT : **WEIGHT BEARING PLANTIGRADE PLASTER**

24.07.00 **HISTORY:**

This young man was messing around with friends when he twisted his ankle and suffered the above isolated injury. When he was seen in A & E, the medial malleolus was not tender. He was treated in a below knee backslab which unfortunately is in some equinus and we have, therefore, replaced it today with a plantigrade weight bearing plaster.

TREATMENT:

Review is planned in ten days, for an X-ray of his right ankle on arrival.
AM/ME

NHS Confidential: Personal data about a patient

[redacted]

e-mail: enquiries@aapct.scot.nhs.uk

Ayrshire and [redacted]
Primary Care NHS Trust

Home Detox Team
Bentinck Centre
East Netherton Street
KILMARNOCK
Ayrshire KA1 4AX
Tel: (01563) 574237
Fax: (01563) 574238

Ref: 99-1059/SM/TD

11 August 1999

18/8

H	JR	A	
AH	W	HH	
16 AUG 1999			
SPEAK	NOTES	CSS	
APPT	SATIS	NORMAL	

Dr Rewhorn
24 Fullarton Street
AYR
Ayrshire
KA7 1UB

Dear Dr Rewhorn

RE: GARY BOYLE, 8A OAKWOOD AVENUE, AYR
DATE OF BIRTH: 3/11/79

I write to inform you that Mr Boyle has now been discharged from the Home Detoxification Service. Unfortunately Mr Boyle's enthusiasm regarding detoxification soon wavered and he, following his initial assessment, failed to attend for any subsequent appointments.

I tried to contact him on numerous occasions but to no avail. Consequently no further action can be taken at this time but should he require any further help in the future then please do not hesitate to re-refer him.

Yours sincerely

S. McGroy.

[redacted]
Charge Nurse
Home Detox Team

ISO 9002 Awarded to Estates and Hotel Services

Awarded for excellence
Rainbow House
Community Paediatric Services

INVESTOR IN PEOPLE
Community, Mental Health and Support Services

POSITIVE ABOUT DISABLED PEOPLE

PCT 0001

NHS Confidential: Personal data about a patient

e-mail: enquiries@aapct.scot.nhs.uk

Home Detox Team
Bentinck Centre
East Netherton Street
KILMARNOCK
Ayrshire KA1 4AX
Tel: (01563) 574237
Fax: (01563) 574238

Ayrshire and [redacted] Primary Care NHS Trust

Ref: 99-1059/SMCG/sm

Date: 22 July 1999

29/7

28 JUL 1999

Dr Rewhorn
24 Fullarton Street
Ayr
KA7 1UB

Dear Dr Rewhorn

Re: Gary Boyle, 8A Oakwood Avenue, Ayr
DOB: 3/11/79

Thank you for referral of this 19 year old gentleman.

On assessment, Mr Boyle spoke of drinking heavily for approximately 3 years. Since requiring a flat last August his drinking escalated somewhat. His flat was then used as a drinking den and Mr Boyle described drinking upwards of 30 units daily. He now realises he must address his alcohol problem and plans to move back into his [redacted] house in order to Detoxify and perhaps reside there in the future.

As arranged a prescription for 36 x 10mg of Chlordiazepoxide was put in place in order to minimise any withdrawals. Mr Boyle will be offered counselling and support over the coming weeks and I will keep you informed of his progress.

Yours sincerely

S. McCann

[redacted]
Charge Nurse
Home Detox Team

Awarded to Estates and Hotel Services

Awarded for excellence
Raiblaw Hearse
Community Paediatric Services

INVESTOR IN PEOPLE
Community, Mental Health and Support Services

POSITIVE ABOUT DISABLED PEOPLE

PCT 0001

NHS Confidential: Personal data about a patient

IDR/MA

14 July 1999

Home Detox Team
Bentinck Centre
East Netherton Street
KILMARNOCK
KA1 4AX

Dear Sirs

Re: Gary Boyle, 8a Oakwood Avenue, Ayr. D.O.B. 03/11/79.

I would be grateful if you would see this young man who will be staying with his [redacted]
He is nineteen years of age and has been drinking regularly since the age of sixteen and is currently drinking a bottle of Buckfast, cans of [redacted] and Vodka through the day. He says he needs to drink daily and becomes shaky when he tries to stop. He is unemployed and is finding it difficult to make ends meet and I would be grateful for help with detoxification and support.

Yours faithfully

Dr I D Rewhorn

NHS Confidential: Personal data about a patient

[redacted]

Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

You require further information, phone A&E Clinical Area on 92-614522, quoting account number 98331-00015

Dr.: AC (GP) [redacted]
24 FULLARTON STREET
AYR

KA7 1UB

GARY BOYLE DOB 03/11/79
8A OAKWOOD AVENUE

AYR

Seen 03:11 on 27/11/98, ? ACCIDENT

Triage nurse described problem as:

fall-lacn l eyebrow

Investigations ordered:

(None Recorded)

Procedures

SUTURING: 8 x novafil l eyebrow.ros 5/7

Diagnosis

fall-lacn l eyebrow

Attendance group ACCIDENT

Outcome of attendance was:

HOME

Nursing remarks were:

wound cleaned paracetamol hiw

Additional remarks were:

(None recorded)

Follow up plans were:

GP/GP NURSE

30 NOV 1998

H	SPEAK	
AH	APPT	
IR	NOTES TO	
W	SATISFACTORY	✓
A	CSS	

NHS Confidential: Personal data about a patient

South Ayrshire Hospitals NHS Trust
THE AYR HOSPITAL
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 610555
Date 25/06/98

C (GP) [redacted]
4 FULLARTON STREET
YR

A7 1UB

Dear Doctor

RE : GARY BOYLE
3 OAKWOOD AVENUE

AYR
KA80N-X D.O.B. 03/11/79

Hospital Reference number 100-594317

The above named patient failed to attend for an appointment at the OUT-PATIENT CLINIC of Mr.H.E. [redacted] on Thursday 25/06/98

No further appointment has been issued to the patient. Mr.H.E. [redacted] however would be happy to accept a re-referral should you consider this necessary.

Yours sincerely
Mr R H Bryden
Patient/Information Services Manager

26 JUN 1998

H	SPEAK	
AH	APPT	
IR	NOTES TO	
W	SATISFACTORY	✓
✓	CSS	

24/6 mq

NHS Confidential: Personal data about a patient

THE AYR HOSPITAL

DALMELLINGTON ROAD AYR KA6 6DX
TELEPHONE: 01292 610555 FAX: 01292 288952

Ref: HP/RP/AG-594317 Your Ref: If 'phoning please ask for:

ORTHOPAEDIC DEPARTMENT

MR H [redacted]

DATE ATTENDED: 23rd April, 1998
DATE DICTATED: 23rd April, 1998
DATE TYPED: 27th April, 1998

01 MAY 1998

H	SPEAK
AH	APPT
IB	NOTES TO
W	SATISFACTORY
A	CSU

4/5/98

Dr. A.C. [redacted]
The Surgery,
24 Fullarton Street,
AYR

Dear Dr. [redacted]

RE: MR. GARY BOYLE, 3 OAKWOOD AVENUE, AYR D.O.B. 3.11.79

Your patient was seen today in the Orthopaedic Clinic.

Please find overleaf a copy of my clinical notes made at the time of examination.

Yours sincerely,

H. [redacted]
CONSULTANT ORTHOPAEDIC SURGEON

Changing ... for the better

THE SOUTH AYRSHIRE HOSPITALS NHS TRUST

STA 2035

CASUALTY RETURN

23.4.98 **GARY BOYLE - AG-594317**

HISTORY: This young [redacted] injured his left ankle playing football yesterday, apparently with an inverting mechanism. He attended the A&E Department where a backslab was applied and X-rays taken which show a fracture of the distal end of the fibula at the upper end of the syndesmosis with a tiny fragment apparently from the posterior malleolus. At the time Mr. Boyle was aware of pain both medially and laterally.

EXAMINATION: Today his backslab is satisfactory. His toes are sensitive and mobile and the X-ray picture shows an anatomical reduction at the ankle mortice.

TREATMENT: He should therefore retain his slab, remain non-weight bearing with the crtuches he already has elevating the foot as much as he can. He should return for review next week when the backslab will be removed to reassess the ankle which will then be immobilised in a full below knee cast and a further check X-ray then taken.

Copy to G.P. (HP/RP)

NHS Confidential: Personal data about a patient

[redacted]

&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

f you require further information, phone A&E Clinical Area on
1292-614522, quoting account number 98112-00472

o Dr.: AC (GP) [redacted]
24 FULLARTON STREET
AYR

KA7 1UB

GARY BOYLE DOB 03/11/79
3 OAKWOOD AVENUE

AYR

24 APR 1998

H	SPEAR	
AI	APPT	
R	NOTES TO	
W	SATISFACTORY	✓
A	CSS	

Seen 19:50 on 22/04/98, ? ACCIDENT

Triage nurse described problem as:

INJ LEFT ANKLE

Investigations ordered:

RADIOLOGY: Ankle (by JC); RADIOLOGY: Tibia/Fibula (by JC)

Procedures

POP: left b/k backslab

Diagnosis

bimalleolar ankle #

Attendance group ACCIDENT

Outcome of attendance was:

HOME

Nursing remarks were:

COPROXAMOL,BRUFEN AND ADVISED

Additional remarks were:

(None recorded)

Follow up plans were:

FRACTURE CLINIC

NHS Confidential: Personal data about a patient

A&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on 01292-614522, quoting account number 98110-00206

To Dr.: AC (GP) [redacted]
24 FULLARTON STREET
AYR

KA7 1UB

GARY BOYLE DOB 03/11/79
3 OAKWOOD AVENUE

AYR

22 APR 1998 22/4

H	SPEAK	
A/I	APPT	
4R	NOTES TO	
W	SATISFACTORY	✓
A	CSS	

Seen 11:31 on 20/04/98, ? ACCIDENT

Triage nurse described problem as:

FELL INJ L WRIST

Investigations ordered:

RADIOLOGY: Wrist (by KD)

Procedures

WRIST SPLINT

Diagnosis

WRIST SPRAIN

Attendance group ACCIDENT

Outcome of attendance was:

HOME

Nursing remarks were:

BRUFEN,ADVICE

Additional remarks were:

XRAYS - NBI

Follow up plans were:

A&E REVIEW CLINIC

NHS Confidential: Personal data about a patient

AYRSHIRE DOCTORS ON CALL

PATIENT CONTACT RECORD (DROP - IN)

Do not fax ☑ Fax ☐

CENTRE AYR.

DATE 11 / APR / 97

TIME (24 hour clock) 2102

NIGHT VISIT 22.00 – 08.00 ☐

Fax ☐ Time ..... initials .....

TEMPORARY<15 days ☐ RESIDENT >15 days ☐

SURNAME BOYLE

FIRST NAME GARY

ADDRESS 3 OAKWOOD AVE AYR.

TELEPHONE —

REGISTERED DOCTOR DR HANNAH

PRACTICE FULLARTON ST

SERIAL No. 6.

D.O.B. 3. 11. 79.

☑ Male ☐ Female

CALLER DROP - IN

ACTION

Tel. Advice GP ☐ Sister ☐

PCTC Appt. ☑ Time arrived 2102 Time seen 21-40

Home Visit ☐ Mobile informed .....

Emergency ☐ Arrival time ..... Ambulance authorised by .....

HISTORY BY TRIAGE [redacted]

14-APR-1997

AN	BREAK
	SPIT
	NOTES TO
	SATISFACTORY
	CSS

TRIAGE TIME within

1 Hr ☐ 2 Hrs ☐ 4 Hrs ☐

HISTORY AND EXAMINATION BY DOCTOR (Please note that this is a legal record and can be viewed by the patient on request – Therefore it is essential to write legibly and appropriately – PRINT if necessary)

(1) Pain in (R) knee (football injury 3/52 ago)
(2) Some fluid – ? effusion, no signs
G/E.

DIAGNOSIS Tendonitis.

ADVICE, INSTRUCTIONS or RECOMMENDATIONS (by [redacted] or doctor)

to see mr GP own leg pain.

OUTCOME

No follow up ☐

Review by GP

Pt. told to contact GP in ..... days

GP to initiate review in ..... days

Refer to Hospital or other .....

Therapy administered from ADOC stock FELDENE 20mg Dose 20mg No (4) Batch No. G 9701/12B

Therapy administered from ADOC stock ..... Dose ..... No. ..... Batch No. .....

Prescription issued FELDENE 20 Dose (30) No. .....

Prescription issued ..... Dose ..... No. .....

CO-OP Doctor [signature] CO-OP [redacted]

Print Name A. HANNAH 963 Print Name

NHS Confidential: Personal data about a patient

[redacted]

Dep[illegible]ent, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

you [illegible]ire further information, phone A&E Clinical Area on
292-6[illegible]2, quoting account number 97041-00231

Dr.: [illegible](GP) [redacted]
[illegible]GERY
[illegible]FULLARTON STREET

[illegible] 1UB

[illegible]Y BOYLE DOB 03/11/79
[illegible]AKWOOD AVENUE

H	SPEAK	
AN	APPT	
TR	NOTES TO	
W	SATISFACTORY	✓
A	CSS	

02 12/2

Seen [illegible]55 on 10/02/97, referred by SELF

[illegible]riage nurse described problem as:

R HIP PA[illegible]-?SPASM

[illegible]vestigations ordered:

(None R[illegible]ded)

A[illegible]ocedures

(None Re[illegible]ded)

[illegible]agnosis

LOW BACK PAIN, NO TRAUMA
Attendance group ORTHO NON TRAUMA
[illegible]tcome of attendance was:

HOME

[illegible]rsing remarks were:

BRUFEN & CO-PROXAMOL PRE-PACKS

[illegible]ditional remarks were:

NO XRS

[illegible]llow up plans were:

GP/GP NOTES

A&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on 01292-614522, quoting account number 96343-00003

To Dr.: AC (GP) [redacted]
SURGERY
24 FULLARTON STREET
AYR
KA7 1UB

GARY BOYLE DOB 03/11/79
3 OAKWOOD AVENUE

AYR

10 DEC 1996 11.12.96 94

	APPT	
	NOTES TO	
	SATISFACTORY	
	CSS	

Seen 00:31 on 08/12/96, referred by [redacted]

Triage nurse described problem as:

HEAD AND FACIAL INJURIES

Investigations ordered:

RADIOLOGY: SXR,NASAL BONES - NBI

Procedures

(None Recorded)

Diagnosis

LACERATED RT. EYEBROW AND BRUISING TO HEAD
Attendance group ASSAULT
Outcome of attendance was:

TO [redacted]

Nursing remarks were:

CLEANED AND STERI-STRIPS APPLIED/ H.I. ADVICE SHEET GIVEN

Additional remarks were:

(None recorded)

Follow up plans were:

(None recorded)

A&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on 01292-614522, quoting account number 96090-00138

To Dr.: SCOTLAND (GP)

Dr. Howard
Seaforth St
Ayr

09 APR 1996

H	SPEAK	
AH	APPT	
IB	NOTES TO	
W	SATISFACTORY	✓
V	CSS	

AAH 9/4/96

GARY BOYLE DOB 03/11/79
3 OAKWOOD AVENUE

AYR

Seen 22:51 on 30/03/96, referred by 2:01 pm

Triage nurse described problem as:

JUMPED DOWNSTAIRS PAIN BOTH HEELS

Investigations ordered:

RADIOLOGY: BOTH FEET - NBI

Procedures

N/K

Diagnosis

BRUISING TO BOTH FEET

Attendance group
Outcome of attendance was:

HOME

Nursing remarks were:

ELEVATE, BRUFEN+COPROX

Additional remarks were:

(None recorded)

Follow up plans were:

A&E REVIEW CLINIC

NHS Confidential: Personal data about a patient

PATIENT

Surname	Forename C (G) R	Age	Date of Birth	Arr Date	Time	AE Number
BOYLE	GARY	15	3/11/79	4/4/95	21.50	8552

Address	Sex	Religion	[redacted] of Inc	Time
3 OAKWOOD AVE. AYR	M	PROT	4/4/95	

PC	Tel	Marital Status	Occupation/S[redacted]	Type of Inc	Mode of Arrival
	280126	S		OTHER	CAR

GP

Name: HANNAH

Address:

Referred by: SELF How: To

NEXT OF KIN

Name: GEORGE

Relat.

Tel No. STEP-FATHER

Address: 1318 [redacted] BROWN AVE

Complaint: LACD HEAD

Diagnosis: MINOR BUMP TO (R) MID PARIETAL REGION

Examining Doctor: GILBERT

Time: 22.00

Remarks for GP: SXR → N

[redacted] c̄ H.I.I.

06 APR 1995

AH	SPEAK		1
AH	APPT		2
IR	NOTES TO		3
W	SATISFACTORY	✓	(4)
A	CSS		

4/4/95 HO

Patient in

ACCIDENT & EMERGENCY DEPARTMENT

THE AYR HOSPITAL. DALMELLINGTON ROAD. AYR KA6 6DX Tel: (0292) 610555

NHS Confidential: Personal data about a patient

PATIENT

Surname	Forename C O R	Age	Date of Birth	Arr Date	Time	AE Number
BOYLE	GARY	15.	3.11.79 NOT KNOWN	27/03/95	21:58	007756

Address	Sex	Religion	Date of Inc	Time
3 OAKWOOD AVE AYR	MALE	PROT	27/03/95	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
KA8ORJ	280126	SINGLE		OTHER	WALK/OT

GP

Name: FULLERTON ST
Address: AYR

29 MAR 1995

5/4/95 Am

NEXT

Name: EILEN [redacted]
[redacted] Relat.
Address: SA
Tel No.

H	SPEAK	
AH	APPT	
IR	NOTES TO	
W	SATISFACTORY	
A	CSS	

Referred by: How: To

Complaint: LACERATION HEAD/HAND

Diagnosis: Head injury, laceration vertex, 4cm ✓

Examining Doctor: H[illegible]
Time: 2245

Remarks for GP:
1 4 stitches 3.0 Ethilon remove 7/7
2 x-ray skull/hand no # seen.
3 ✓ elevation, BAS, home
4

ACCIDENT & EMERGENCY DEPARTMENT

THE AYR HOSPITAL, DALMELLINGTON ROAD, AYR KA6 6DX Tel: (0292) 610555

THIS CARD IS CONFIDENTIAL – IT MUST NOT BE HANDLED BY PATIENTS OR UNAUTHORISED PERSONS

Patient in: 1

NHS Confidential: Personal data about a patient

PATIENT

Surname	Forename	C	O	R	Age	Date of Birth	Arr Date	Time	AE Number
BOYLE	GARY				14	03/11/1979	07/09/94	10:08	02380C

Address	Sex	Religion	Date of Inc	Time
126 WESTWOOD AVENUE AYR	MALE	PROT	06/09/94	-

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
KA80RJ	280126	SINGLE		OTHER	WALK/OT

GP

Name: [redacted]

Address: THE SURGERY 24 FULLARTON ST AYR

Referred by: How: To

NEXT OF KIN

Name: EILEEN [redacted]

Relat. A/A

Address: A/A

Tel No.

14 SEP 1994

ACK / RPT / NOTES TO / SATISFACTORY / A CCS

Complaint: INJURY L ANKLE

Diagnosis: infected graze L ankle

Examining Doctor: Madden

Time: 10-20

Remarks for GP:

X-ray → NB 1

Ry: dressing, Flucloxacillin 2

TDS ATT 3

Rev 8/9 4

ACCIDENT & EMERGENCY DEPARTMENT

THE AYR HOSPITAL, DALMELLINGTON ROAD, AYR KA6 6DX Tel: (0292) 610555

THIS CARD IS CONFIDENTIAL – IT MUST NOT BE HANDLED BY PATIENTS OR UNAUTHORISED PERSONS

Patient in: 5

NHS Confidential: Personal data about a patient

Surname: BOYLE
Forename: GARY
Age: 12
Date of birth: 03/11/1979
Date of Inc: 15/08/92 18:40
Time: 017115

Address: 126 WESTWOOD AVENUE
AYR
PC: KA8 0RJ
Tel: 280126

Sex: MALE 1
Marital Status: SINGLE
Religion: PROT
Occupation/School: MAINHOLM ACAD
Date of Inc: 15/08/92
Time: 18:10
Type of Inc: HOME ACC
Mode of Arrival: WALK/OT

GP Name: RENNICK
Address: THE SURGERY
24 FULLARTON ST
AYR

Referred by:

Name: [redacted]
Relat.: [redacted]
Address: S/A
Tel No.

Complaint: INJURY
L WRIST

Examining Doctor: [illegible signature]
Time: 18.45

Diagnosis: Bruised ulna aspect of hand
no # seen on Xray

Remarks for GP: Crepe bandage + Sling

[redacted] ACCIDENT & EMERGENCY DEPARTMENT
SPITAL, DALMELLINGTON ROAD, AYR KA6 6DX Tel: (0292) 610555
THIS CARD IS CONFIDENTIAL—IT MUST NOT BE HANDLED BY PATIENTS OR UNAUTHORISED PERSONS

8

NHS Confidential: Personal data about a patient

[redacted]

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
BOYLE	GARY	12	03/11/1979	27/05/92	09:32	009419

Address (TEMP ADDR)	Sex	Religion	Date of Inc	Time
126 WESTWOOD AVE AYR	MALE	PROT	NOT KNOWN	

PC KA8 0EJ Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
	SINGLE	MAINHOLM	OTHER	WALK/OT

GP

Name	Address	Referred by

NEXT OF KIN

Name RENNICK	Address THE SURGERY FULLARTON ST AYR	Complaint
Relat. [redacted]		
Tel No. [redacted]		INJURY

Diagnosis Sprain (R) hand & wrist — SAME

HAND
Examining Doctor [redacted]

Time 09.45 - 8/6/92

Remarks for GP 11d ago yesterday
Tender (R) hand & wrist
X-Ray (R) hand & wrist nad
Dg. Sling Home.

W	SEE
N	SPEAK
H	NORMAL
ABN	SATISFACTORY
IR	INSERT
	C.S.S.
	PRESCRIPTION

ACCIDENT & EMERGENCY DEPARTMENT

THE AYR HOSPITAL, DALMELLINGTON ROAD, AYR KA6 6DX Tel: (0292) 610555

THIS CARD IS CONFIDENTIAL—IT MUST NOT BE HANDLED BY PATIENTS OR UNAUTHORISED PERSONS

NHS Confidential: Personal data about a patient

AYRSHIRE AND [redacted] HEALTH BOARD

Seafield Children's Hospital

DOONFOOT ROAD
AYR KA7 4DW
Tel. 0292 265161

FRACTURE AND ORTHOPAEDIC DEPARTMENT

Consultant Orthopaedic Surgeons
Mr J. [redacted] BROWN
Mr P. McNALLY
Mr P. S. RAE Mr A MUIRHEAD
All communications to be addressed to the Orthopaedic Surgeon

Our Ref.: AM/JS/86954

Your Ref.:

Date: 9 October 1990

Dr Rennick
Surgery
24 Fullarton Street
Ayr

Dear Dr Rennick

Gary Boyle (3.11.79) 126 Westwood Avenue Ayr

This young man has made a satisfactory recovery from his recent wrist fracture, and has been discharged from the Fracture Clinic.

Yours sincerely

A Muirhead.

A MUIRHEAD
Consultant Orthopaedic Surgeon

16/10/90 JMcA

W	SEE
R	SPEAK
H	NORMAL
AW	SATISFACTORY
IR	INSERT
	C.S.S.
	PRESCRIPTION

NHS Confidential: Personal data about a patient

AYRSHIRE AND [redacted] HEALTH BOARD

Seafield Children's Hospital

DOONFOOT ROAD
AYR KA7 4DW
Tel. 0292 265161

FRACTURE AND ORTHOPAEDIC DEPARTMENT

Consultant Orthopaedic Surgeons
Mr J. [redacted] BROWN
Mr P. McNALLY
Mr P. S. RAE

communications to be addressed to the Orthopaedic Surgeon

Our Ref.: PMD/JS/86954

Your Ref.:

Date: 18 September 1990

Dr Rennick
Surgery
24 Fullarton Street
Ayr

Dear Dr Rennick

Gary Boyle (3.11.79) 126 Westwood Avenue Ayr

I saw Gary for review today. The plaster was removed from his arm and the fracture clinically looks quite solid. He has been provided with Tubigrip support and warned to avoid rough activities for a further three to four weeks, and has been discharged from the Clinic.

Yours sincerely

28/9/90

P M [redacted]
Locum Orthopaedic Registrar

N	SEE	
P	SPEAK	
A	NORMAL	
AH	SATISFACTORY	✓
R	INSERT	
	C.S.S.	
	PRESCRIPTION	

NHS Confidential: Personal data about a patient

AYRSHIRE AND [redacted] HEALTH BOARD

Seafield Children's Hospital

DOONFOOT ROAD
AYR KA7 4DW
Telephone Ayr (0292) 265161

FRACTURE AND ORTHOPAEDIC DEPARTMENT

Consultant Orthopaedic Surgeons
Mr J. [redacted] BROWN
Mr P. McNALLY
Mr P. S. RAE Mr A MUIRHEAD

All communications to be addressed to the Orthopaedic Surgeon

Our Ref.: DB/JS/

Your Ref.:

Date: 28 August 1990

W	SEE	
R	SPEAK	
A	NORMAL	
AH	SATISFACTORY	
JB	INSERT	
	C.S.S.	
	PRESCRIPTION	✓

12/9/90 EM

Dr Rennick
Surgery
24 Fullarton Street
Ayr

Dear Dr Rennick

Gary Boyle (3.11.79) 126 Westwood Avenue Ayr

Your patient attended the Clinic today, and I append overleaf a copy of the clinical findings.

Yours sincerely

D BOURLOS
Orthopaedic Registrar

[redacted]

28.8.90 H: This 10-year old boy fell out of a tree on 27 August. He attended Casualty Department and X-ray revealed a greenstick fracture of the distal radius.(right) He was treated initially with a backslab.

E: Seen today at the Clinic, when he was given a Colles plaster.

T: Will be reviewed in three weeks' time. DB/JS

NHS Confidential: Personal data about a patient

AYRSHIRE AND [redacted] HEALTH BOARD

HEATHFIELD HOSPITAL

HEATHFIELD ROAD
AYR KA8 9DZ
Telephone 0292 268621-6

DERMATOLOGICAL DEPT.
Dr. R. A. HARDIE

Our Ref.: JBM/NF 4095/88

Your Ref.:

Date: 22 December 1988

Dr Rewhorn
24 Fullarton Street
Ayr

Dear Dr Rewhorn

GARY BOYLE (3.11.79) 126 Westwood Avenue Ayr

Thank you for referring this young lady. Happily all his warts had magically disappeared before he got here.

Yours sincerely

J.B. [redacted]
Hospital Practitioner

2/1/89

W	SEE
	SPEAK
H	NORMAL
AH	SATISFACTORY
IR	INSERT
	C.S.S.
	PRESCRIPTION

HEATHFIELD HOSPITAL 16/9/88

SKIN CLINIC DR. HARDIE

BOYLE
GARY
126 WESTWOOD AVENUE 3/11/79
AYR

Thank you for seeing this 9 year old boy with what appears to be a crop of flat warts on his hands and more so on his chin.

Yours sincerely,

Dr. I.D. Rewhorn.

NHS Confidential: Personal data about a patient

National Health Service Number	680-7A-644

NURSES AND HEALTH VISITORS RECORDS

Surname (Block Letters)	Forenames (Block Letters)
BOYLE	GARY

Address	Date of Birth
[redacted] WOOD AVE, AYR. 3A ~~126 Westwood Ave, Ayr~~	3-1-79

Date	
3/4/95	4 sutures removed from head ✓
3/10/02	Had. Exp. c Wound Rep lac. to (R) Knee at Ayr Hospital 30/9/02. Seen today for return of dressings. Wound looking slightly inadine applied, NIV Tues (c to go up on Thurs Appt AH for ROS c reassessment.) K Brady
8.10.02	knee wound dry dry dressing applied for ROS. Thurs at hosp AW

FORM GP111M

eMED3 (2010) new statement issued, not fit for work
18-Dec-2017 Dr Stephen Dunne (SD)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: post traumatic stress illness; Duration: 18/12/2017 - 05/03/2018)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Gary J Boyle

I assessed your case on: 18 / 12 / 2017

and, because of the following condition(s): post traumatic stress illness

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 18 / 12 / 2017 to 05 / 03 / 2018

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 18 / 12 / 2017

Doctor's address:
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 04/10- FE86F8D9-DA00-40C2-81B1-CA7BC35FA460

For the patient – what to do now
Please [redacted] the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to [redacted] some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.
If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.
Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.
If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Your details – Please use BLOCK CAPITALS
Surname: Mr, ~~Mrs, Miss, Ms~~ BOYLE
Other names: GARY J
Address: 3 OAKWOOD AVENUE
AYR Postcode KA8 0NX
Date of birth: 03 / 11 / 1979
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (2010) new statement issued, not fit for work
27-Sept-2017 Dr K Ali (KALI)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Post traumatic stress illness; Duration: 27/09/2017 - 18/12/2017)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Gary J Boyle

I assessed your case on: 27 / 09 / 2017

and, because of the following condition(s): Post traumatic stress illness

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 27 / 09 / 2017 to 18 / 12 / 2017

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 27 / 09 / 2017

Doctor's address:
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 04/10- 5E45BFD6-1F8D-428B-9D23-A3CA433983BD

For the patient – what to do now
Please [redacted] the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
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May be fit for work taking account of the following advice:
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Your details – Please use BLOCK CAPITALS
Surname: Mr, ~~Mrs, Miss, Ms~~ BOYLE
Other names: GARY J
Address: 3 OAKWOOD AVENUE
AYR Postcode KA8 0NX
Date of birth: 03 / 11 / 1979
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (2010) new statement issued, not fit for work
03-July-2017 Dr K Ali (KALI)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Post traumatic Stress Illness; Duration: 30/06/2017 - 29/09/2017)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Gary J Boyle

I assessed your case on: 03 / 07 / 2017

and, because of the following condition(s): Post traumatic Stress Illness

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 30 / 06 / 2017 to 29 / 09 / 2017

I will/~~will not~~ need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 03 / 07 / 2017

Doctor's address:
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 04/10- 6E7C05C9-FFA6-423F-8CEC-0BC1EC988B06

For the patient – what to do now
Please [redacted] the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to [redacted] some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.
If you are employed
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Your details – Please use BLOCK CAPITALS
Surname: Mr, ~~Mrs, Miss, Ms~~ BOYLE
Other names: GARY J
Address: 3 OAKWOOD AVENUE
AYR Postcode KA8 0NX
Date of birth: 03 / 11 / 1979
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (2010) new statement issued, not fit for work
24-May-2017 Dr K Ali (KALI)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Post traumatic Stress illness; Duration: 19/05/2017 - 30/06/2017)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Gary J Boyle

I assessed your case on: 24 / 05 / 2017

and, because of the following condition(s): Post traumatic Stress illness

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 19 / 05 / 2017 to 30 / 06 / 2017

I will/~~will not~~ need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 24 / 05 / 2017

Doctor's address:
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 04/10- 17929058-BBCA-480C-8807-E65BFFAE82A4

For the patient – what to do now
Please [redacted] the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
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Your details – Please use BLOCK CAPITALS
Surname: Mr, ~~Mrs, Miss, Ms~~ BOYLE
Other names: GARY J
Address: 3 OAKWOOD AVENUE
AYR Postcode KA8 0NX
Date of birth: 03 / 11 / 1979
National Insurance (NI) number:

Declaration – for social security benefit claimants only
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Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (2010) new statement issued, not fit for work
20-Nov-2015 Dr K Ali (KALI)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Post traumatic Stress Head injury; Duration: 20/11/2015 - 11/01/2016)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Gary J Boyle

I assessed your case on: 20 / 11 / 2015

and, because of the following condition(s): Post traumatic Stress Head injury

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 20 / 11 / 2015 to 11 / 01 / 2016

I will/~~will not~~ need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 20 / 11 / 2015

Doctor's address:
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 04/10- 8F58102F-A52B-43D9-A031-8DCB0A661E9E

For the patient – what to do now
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Your details – Please use BLOCK CAPITALS
Surname: Mr, ~~Mrs, Miss, Ms~~ BOYLE
Other names: GARY J
Address: 3 OAKWOOD AVENUE
AYR Postcode KA8 0NX
Date of birth: 03 / 11 / 1979
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (2010) new statement issued, not fit for work
23-Oct-2015 Dr K Ali (KALI)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Post traumatic Stress Head injury; Duration: 23/10/2015 - 20/11/2015)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Gary J Boyle

I assessed your case on: 23 / 10 / 2015

and, because of the following condition(s): Post traumatic Stress Head injury

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] [redacted] ~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 23 / 10 / 2015 to 20 / 11 / 2015

I will/~~will not~~ need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 23 / 10 / 2015

Doctor's address:
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 04/10- D5A36D93-A318-4E1D-A64E-D620C654AFAE

For the patient – what to do now
Please [redacted] the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

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Your details – Please use BLOCK CAPITALS
Surname: Mr, ~~Mrs, Miss, Ms~~ BOYLE
Other names: GARY J
Address: 3 OAKWOOD AVENUE
AYR Postcode KA8 0NX
Date of birth: 03 / 11 / 1979
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (2010) new statement issued, not fit for work
15-Oct-2015 Dr K Ali (KALI)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Head injury; Duration: 06/10/2015 - 23/10/2015)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Gary J Boyle

I assessed your case on: 15 / 10 / 2015

and, because of the following condition(s): Head injury

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for:
or from 06 / 10 / 2015 to 23 / 10 / 2015

I will/~~will not~~ need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature:

Date of statement: 15 / 10 / 2015

Doctor's address:
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 04/10- 5AFF0CFE-0FFD-490C-B1A5-88022CE64455

For the patient – what to do now
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Other names: GARY J
Address: 3 OAKWOOD AVENUE
AYR Postcode KA8 0NX
Date of birth: 03 / 11 / 1979
National Insurance (NI) number:

Declaration – for social security benefit claimants only
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Signature:
Date: / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (2010) new statement issued, not fit for work
25-Sept-2015 Dr Gemma Freestone (GT)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Head Injury; Duration: 22/09/2015 - 06/10/2015)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Gary J Boyle

I assessed your case on: 25 / 09 / 2015

and, because of the following condition(s): Head Injury

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for:
or from 22 / 09 / 2015 to 06 / 10 / 2015

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature:

Date of statement: 25 / 09 / 2015

Doctor's address:
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 04/10- AE14CD6C-BFA0-4F76-87CF-CB0E9DC8DC9(

For the patient – what to do now
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Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to [redacted] some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.
If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.
Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.
If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Your details – Please use BLOCK CAPITALS
Surname: Mr, ~~Mrs, Miss, Ms~~ BOYLE
Other names: GARY J
Address: 3 OAKWOOD AVENUE
AYR Postcode KA8 0NX
Date of birth: 03 / 11 / 1979
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature:
Date: / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (2010) new statement issued, not fit for work
08-Sept-2015 Dr K Ali (KALI)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Head injury; Duration: 08/09/2015 - 22/09/2015)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Gary J Boyle

I assessed your case on: 08 / 09 / 2015

and, because of the following condition(s): Head injury

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for:
or from 08 / 09 / 2015 to 22 / 09 / 2015

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature:

Date of statement: 08 / 09 / 2015

Doctor's address:
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 04/10- DAE2F508-48C5-4B33-ABCD-1CC2AFE218EE

For the patient – what to do now
Please [redacted] the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to [redacted] some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.
If you are employed
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- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Your details – Please use BLOCK CAPITALS
Surname: Mr, ~~Mrs, Miss, Ms~~ BOYLE
Other names: GARY J
Address: 3 OAKWOOD AVENUE
AYR Postcode KA8 0NX
Date of birth: 03 / 11 / 1979
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature:
Date: / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (2010) new statement issued, not fit for work
25-Aug-2015 Dr K Ali (KALI)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Head Injury; Duration: 25/08/2015 - 08/09/2015)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Gary J Boyle

I assessed your case on: 25 / 08 / 2015

and, because of the following condition(s): Head Injury

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for:
or from 25 / 08 / 2015 to 08 / 09 / 2015

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature:

Date of statement: 25 / 08 / 2015

Doctor's address:
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 04/10- 5B13F2B0-6D70-4A8C-8F76-47F8182B6990

For the patient – what to do now
Please [redacted] the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to [redacted] some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.
If you are employed
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- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Your details – Please use BLOCK CAPITALS
Surname: Mr, ~~Mrs, Miss, Ms~~ BOYLE
Other names: GARY J
Address: 3 OAKWOOD AVENUE
AYR Postcode KA8 0NX
Date of birth: 03 / 11 / 1979
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature:
Date: / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (2010) new statement issued, not fit for work
17-Aug-2015 Dr K Ali (KALI)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Head injury; Duration: 10/08/2015 - 25/08/2015)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Gary J Boyle

I assessed your case on: 17 / 08 / 2015

and, because of the following condition(s): Head injury

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 10 / 08 / 2015 to 25 / 08 / 2015

I will/~~will not~~ need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 17 / 08 / 2015

Doctor's address:
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 04/10- 7020151E-5CE7-47C4-8B6B-AC3FF8B2032E

For the patient – what to do now
Please [redacted] the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to [redacted] some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.
If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.
Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.
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- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Your details – Please use BLOCK CAPITALS
Surname: Mr, ~~Mrs, Miss, Ms~~ BOYLE
Other names: GARY J
Address: 3 OAKWOOD AVENUE
AYR Postcode KA8 0NX
Date of birth: 03 / 11 / 1979
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (2010) new statement issued, not fit for work
27-July-2015 Dr K Ali (KALI)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Head injury post head and facial injury concusion; Duration: 27/07/2015 - 10/08/2015)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Gary J Boyle

I assessed your case on: 27 / 07 / 2015

and, because of the following condition(s): Head injury
post head and facial injury concusion

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 27 / 07 / 2015 to 10 / 08 / 2015

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 27 / 07 / 2015

Doctor's address:
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 04/10- B55837B7-14B8-4FE3-8F34-53F26074303D

For the patient – what to do now
Please [redacted] the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to [redacted] some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.
If you are employed
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- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Your details – Please use BLOCK CAPITALS
Surname: Mr, ~~Mrs, Miss, Ms~~ BOYLE
Other names: GARY J
Address: 3 OAKWOOD AVENUE
AYR Postcode KA8 0NX
Date of birth: 03 / 11 / 1979
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (2010) new statement issued, not fit for work
29-Jun-2015 Dr K Ali (KALI)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: post head and facial injury concussion; Duration: 29/06/2015 - 27/07/2015)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Gary J Boyle

I assessed your case on: 29 / 06 / 2015

and, because of the following condition(s): post head and facial injury concussion

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 29 / 06 / 2015 to 27 / 07 / 2015

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 29 / 06 / 2015

Doctor's address:
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 04/10- 4B8BC42B-7510-4A78-AA2F-EDDB5EAC9E98

For the patient – what to do now
Please [redacted] the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to [redacted] some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.
If you are employed
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Your details – Please use BLOCK CAPITALS
Surname: Mr, ~~Mrs, Miss, Ms~~ BOYLE
Other names: GARY J
Address: 3 OAKWOOD AVENUE
AYR Postcode KA8 0NX
Date of birth: 03 / 11 / 1979
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (2010) new statement issued, not fit for work
15-Jun-2015 Dr K Ali (KALI)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Head and Facial Injuries; Duration: 15/06/2015 - 29/06/2015)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Gary J Boyle

I assessed your case on: 15 / 06 / 2015

and, because of the following condition(s): Head and Facial Injuries

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 15 / 06 / 2015 to 29 / 06 / 2015

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 15 / 06 / 2015

Doctor's address:
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 04/10- D377E253-FCE1-4B4A-A0F8-10E33C870EE5

For the patient – what to do now
Please [redacted] the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
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May be fit for work taking account of the following advice:
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Your details – Please use BLOCK CAPITALS
Surname: Mr, ~~Mrs, Miss, Ms~~ BOYLE
Other names: GARY J
Address: 3 OAKWOOD AVENUE
AYR Postcode KA8 0NX
Date of birth: 03 / 11 / 1979
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (2010) new statement issued, not fit for work
08-Jun-2015 Dr Gemma Freestone (GT)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Assault, facial injuries; Duration: 08/06/2015 - 15/06/2015)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Gary J Boyle

I assessed your case on: 08 / 06 / 2015

and, because of the following condition(s): Assault, facial injuries

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for:
or from 08 / 06 / 2015 to 15 / 06 / 2015

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature:

Date of statement: 08 / 06 / 2015

Doctor's address:
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 04/10- 7CA7DD4B-67AA-4D85-8A2C-33985C988518

For the patient – what to do now
Please [redacted] the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to [redacted] some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.
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- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Your details – Please use BLOCK CAPITALS
Surname: Mr, ~~Mrs, Miss, Ms~~ BOYLE
Other names: GARY J
Address: 3 OAKWOOD AVENUE
AYR Postcode KA8 0NX
Date of birth: 03 / 11 / 1979
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature:
Date: / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (2010) new statement issued, not fit for work
01-Jun-2015 Dr K Ali (KALI)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Assault Facial Injuries; Duration: 01/06/2015 - 08/06/2015)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Gary J Boyle

I assessed your case on: 01 / 06 / 2015

and, because of the following condition(s): Assault Facial Injuries

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for:
or from 01 / 06 / 2015 to 08 / 06 / 2015

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature:

Date of statement: 01 / 06 / 2015

Doctor's address:
The Fullarton Practice
40 Dalblair Road
AYR, KA7 1UL
Telephone: 01292 264260

Unique ID: Med 3 04/10- 2412B621-170D-4BA6-8C92-4B78DB65048C

For the patient – what to do now
Please [redacted] the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to [redacted] some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.
If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.
Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.
If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Your details – Please use BLOCK CAPITALS
Surname: Mr, ~~Mrs, Miss, Ms~~ BOYLE
Other names: GARY J
Address: 3 OAKWOOD AVENUE
AYR Postcode KA8 0NX
Date of birth: 03 / 11 / 1979
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature:
Date: / /

If you have signed this form for someone else, please tick here: [ ]

Smoking cessation advice
12-Mar-2013 Mrs Joanne Gibson (JOANNEG_3623)
Additional: Smoking cessation advice

Filename: smoking cessation.doc
Extension: .tif
Pages:

Tuesday, 12 March 2013

Mr Gary J Boyle
3 Oakwood Avenue
AYR
KA8 0NX

Dear Mr Boyle

Our records show that you currently smoke. You may be interested to find about the support available in your area to help you to stop.

Fresh Air-shire provide a support to smokers who want to stop, their services are free and offered locally. I have enclosed their contact details for your information. The practice nurses can also provide you with smoking cessation advice if you prefer.

If you no longer smoke, or have never smoked please let us know so that we can update your medical record.

Yours sincerely

[redacted]
Practice Manager
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