[D]General aches and pains	[TRUNCATED]sore all over, tired, for about a month, no obvious reason, joints are sore, does have arthritis. Not tired any pain painkillers . has diclofenac - tried some found quite good,	-	21-Apr-2009	21-Apr-2009
Cough	[TRUNCATED]known asthmatic. 3/12 history of productive cough. Feeling SOB. smoker. weight loss of 6 pounds in 3 months - has been trying to eat healthily. Asthma normally not a problem - takes terbu	-	24-Oct-2007	24-Oct-2007
Pain in joint - arthralgia	avoid nsaids. weakness ++grip. neck tenderness too.?? physio	-	11-May-2007	11-May-2007
Cutaneous abscess	left cheek	-	11-May-2007	11-May-2007
[V]Other eye problems	Bilateral Retinal Emboli	First ever	18-Feb-2003	18-Feb-2003
Dry eye syndrome	-	-	24-Oct-2002	24-Oct-2002
Chest infection NOS	-	-	20-Sep-2002	20-Sep-2002
O/E - ankle oedema	mild - UEs,LFTs cheked	-	30-Aug-2002	30-Aug-2002
Chest infection NOS	-	-	30-Aug-2002	30-Aug-2002
Shortness of breath	-	-	06-Aug-2002	06-Aug-2002
C/O: a pain	-	-	20-May-2002	20-May-2002
Asthma	-	-	21-Feb-2002	21-Feb-2002
Asthma	COUGH VARIENT	-	21-Feb-2002	21-Feb-2002
C/O - a headache	-	-	13-Feb-2002	13-Feb-2002
Pterygium	-	-	04-Jul-2001	04-Jul-2001
Cough	-	-	20-Jun-2001	20-Jun-2001
Arthralgia of shoulder	-	Continuing	18-Jun-2001	18-Jun-2001
Upper respiratory infection NOS	-	-	14-Jun-2001	14-Jun-2001
Acute sinusitis NOS	-	-	06-Jun-2001	06-Jun-2001
Pain in joint - arthralgia	-	-	31-May-2001	31-May-2001
Chest infection NOS	-	-	31-May-2001	31-May-2001
			22-	

Infectious diarrhoea NOS	-	-	May-2001	22-May-2001
Chest infection NOS	-	-	22-May-2001	22-May-2001
Arthralgia of shoulder	-	First ever	11-Dec-2000	11-Dec-2000
Arthralgia of shoulder	-	First ever	21-Aug-2000	21-Aug-2000
Subacromial bursitis	-	Continuing	19-Oct-1998	19-Oct-1998
Shoulder pain	-	-	28-Aug-1998	28-Aug-1998
C/O: a pain	shoulder	-	07-Aug-1998	07-Aug-1998
C/O: a pain	refer physio	First ever	25-Jun-1998	25-Jun-1998
Dyspepsia	-	-	09-Jul-1997	09-Jul-1997
Upper respiratory tract infection NOS	-	First ever	09-Jan-1997	09-Jan-1997
PAIN JOINT	-	-	20-Aug-1996	20-Aug-1996
PAIN WRIST	-	-	16-Jul-1996	16-Jul-1996
TENNIS ELBOW	-	-	07-Jun-1996	07-Jun-1996
TENNIS ELBOW	-	-	09-Oct-1995	09-Oct-1995
ISQ (IN STATUS QUO)	-	-	25-Aug-1995	25-Aug-1995
SORE THROAT	-	-	15-Aug-1995	15-Aug-1995
DEPRESSION	-	-	02-Aug-1995	02-Aug-1995
ARTHRALGIA	-	-	10-Feb-1995	10-Feb-1995
ISQ (IN STATUS QUO)	-	-	15-Nov-1994	15-Nov-1994
LETHARGY	-	-	14-Oct-1994	14-Oct-1994
DEPRESSION	R MED 1	-	27-Sep-1994	27-Sep-1994
DEBILITY	ATTENDED 27/9/94	-	01-Aug-1994	01-Aug-1994
LETHARGY	-	-	13-Jul-	13-Jul-

			1994	1994
TIREDNESS	-	-	09-May-1994	09-May-1994
LACERATION EAR	-	-	11-Apr-1994	11-Apr-1994
VIRAL ILLNESS	-	-	30-Mar-1994	30-Mar-1994
BACK PAIN	-	-	03-Feb-1994	03-Feb-1994
FOOT INJURY	-	-	18-Jul-1993	18-Jul-1993
PAIN KNEE	-	-	25-Sep-1992	25-Sep-1992
NO DIAGNOSIS MADE	-	-	04-Mar-1992	04-Mar-1992
GASTROENTERITIS	-	-	06-Feb-1992	06-Feb-1992
PAIN KNEE	LT	-	04-Feb-1992	04-Feb-1992
PAIN KNEE	LT	-	03-Feb-1992	03-Feb-1992
PAIN KNEE	LT	-	08-Oct-1991	08-Oct-1991
FOREIGN BODY EYE	-	-	07-Oct-1991	07-Oct-1991
PAIN KNEE	-	-	12-Jun-1991	12-Jun-1991
NASAL SEPTUM DEFLECTED	-	-	22-Feb-1991	22-Feb-1991
COUGH PRODUCTIVE	-	-	21-Jan-1991	21-Jan-1991
RHINITIS	-	-	10-Dec-1990	10-Dec-1990
RHINITIS	-	-	26-Oct-1990	26-Oct-1990
PAIN MUSCLE	-	-	26-Oct-1990	26-Oct-1990
DYSPEPSIA	-	-	24-Jul-1990	24-Jul-1990
FRACTURE MALLEOLUS	MEDIAL	-	02-May-1989	02-May-1989
FRACTURE FIBULA	[YEAR OF EVENT 1981]	-	01-Jan-1981	01-Jan-1981
FRACTURE TIBIA	[YEAR OF EVENT 1981] NOTES: MID-SHAFT L.	-	01-Jan-	01-Jan-1981

			1981	
FRACTURE ACETABULUM	[YEAR OF EVENT 1981] NOTES: CHIP L.	-	01-Jan-1981	01-Jan-1981
FRACTURE COMPOUND	[YEAR OF EVENT 1981] NOTES: SHAFT R FEMUR.	-	01-Jan-1981	01-Jan-1981
ROAD TRAFFIC ACCIDENT	[YEAR OF EVENT 1981] NOTES: (MOTOR BIKE).	-	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Medication requested	Acute request ibuprofen gel Not ordered in a while but note using sparingly for joint pain - known significant OA. Issued and watch ordering.	28-Mar-2024	28-Mar-2024
Advice to patient - subject	Type of advice given: Advice, Advice: Risk of CVD. NOTES: SR ibuprofen - available via minor ailments..	25-Mar-2024	25-Mar-2024
Administration of first dose of SARS-CoV-2 vaccine	Type: COVPFIZER, Stage: 1, Status: Given, Due Date: 08/10/2023, Method: Intramuscular, Source: Out of Practice, Batch No: HG2292. NOTES: C-19 Comirnaty (Eastbank Conference Training Centre).	08-Oct-2023	08-Oct-2023
Administration of first inactivated seasonal influenza vacc	Type: FLUQIVC, Stage: 1, Status: Given, Due Date: 08/10/2023, Method: Intramuscular, Source: Out of Practice, Batch No: 6782811P1. NOTES: FLU - Seqirus UK (Eastbank Conference Training Centre).	08-Oct-2023	08-Oct-2023
Rep.presc. monitoring NOS	-	02-Oct-2023	02-Oct-2023
Equivalent quantities for all medication checked	-	02-Oct-2023	02-Oct-2023
Bowel cancer screening programme	-	23-Sep-2023	23-Sep-2023
Medication requested	[TRUNCATED]spoke to pt's partner Nicola with Michael's consent ralvo, ibugel10% using for LBP, spinal stenosis previously been given ralvo, feels helping has recently been using partner's ralvo patc	22-Mar-2023	22-Mar-2023
Assessing cardiovascular risk using SIGN score	Result of Scoring Test: 28.970, Scoring methodology: ASSIGN.	01-Mar-2023	01-Mar-2023
Haemoglobin A1c level - IFCC standardised	44 mmol/mol. Result qualifier: Abnormal, Start of normal range: 20, End of normal range: 41. NOTES: pre-diabetes appt with nurse to discuss.	28-Feb-2023	28-Feb-2023
Serum cholesterol/HDL ratio	6 ratio. NOTES: Chol/HDL ratio.	28-Feb-2023	28-Feb-2023
Laboratory procedures	1.600 mmol/L. NOTES: VLDL-Chol (calc'd) -.	28-Feb-2023	28-Feb-2023
Calculated LDL cholesterol level	3.40 mmol/L. NOTES: LDL-Cholest (calc'd) -.	28-Feb-2023	28-Feb-2023
Serum HDL cholesterol level	1 mmol/L. NOTES: HDL Cholesterol -.	28-Feb-2023	28-Feb-2023
Serum triglycerides	3.50 mmol/L. Result qualifier: Abnormal, Start of normal range: 0.200, End of normal range: 2.300. NOTES: Triglycerides -.	28-Feb-2023	28-Feb-2023
Serum cholesterol	6 mmol/L. NOTES: Cholesterol -.	28-Feb-2023	28-Feb-2023
Lipid fractionation	Fasting sample; Lipid profile	28-Feb-2023	28-Feb-2023
Serum albumin	39 g/L. Start of normal range: 35, End of normal range: 50. NOTES: Albumin -.	28-Feb-2023	28-Feb-2023
Serum alkaline phosphatase	76 U/L. Start of normal range: 30, End of normal range: 130. NOTES: Alkaline Phosphatase - U/L.	28-Feb-2023	28-Feb-2023
AST serum level	35 U/L. NOTES: AST - U/L.	28-Feb-2023	28-Feb-2023
ALT/SGPT serum level	47 U/L. NOTES: ALT - U/L.	28-Feb-2023	28-Feb-2023

Serum total bilirubin level	7 umol/L. NOTES: Total Bilirubin -.	28-Feb-2023	28-Feb-2023
Liver function test	Liver Function Tests	28-Feb-2023	28-Feb-2023
GFR calculated abbreviated MDRD	53 mL/min. Result qualifier: Abnormal. NOTES: Estimated GFR - ml/min.	28-Feb-2023	28-Feb-2023
Serum creatinine	119 umol/L. Start of normal range: 40, End of normal range: 130. NOTES: Creatinine -.	28-Feb-2023	28-Feb-2023
Serum urea level	5 mmol/L. Start of normal range: 2.500, End of normal range: 7.800. NOTES: Urea -.	28-Feb-2023	28-Feb-2023
Serum chloride	108 mmol/L. Start of normal range: 95, End of normal range: 108. NOTES: Chloride -.	28-Feb-2023	28-Feb-2023
Serum potassium	4.60 mmol/L. Start of normal range: 3.500, End of normal range: 5.300. NOTES: Potassium -.	28-Feb-2023	28-Feb-2023
Serum sodium	143 mmol/L. Start of normal range: 133, End of normal range: 146. NOTES: Sodium -.	28-Feb-2023	28-Feb-2023
Urea and electrolytes	Urea & Electrolytes	28-Feb-2023	28-Feb-2023
Plasma glucose level	6.20 mmol/L. Result qualifier: Abnormal, Start of normal range: 3.500, End of normal range: 6. NOTES: Glucose -.	28-Feb-2023	28-Feb-2023
Plasma glucose level	Fasting sample; Glucose	28-Feb-2023	28-Feb-2023
Nucleated red blood cell count	0 10*9/L. NOTES: Nucleated RBC - x10^9/l.	28-Feb-2023	28-Feb-2023
Basophil count	0.10 10*9/L. Start of normal range: 0, End of normal range: 0.100. NOTES: Basophils - x10^9/l.	28-Feb-2023	28-Feb-2023
Eosinophil count	0.49 10*9/L. Start of normal range: 0.020, End of normal range: 0.500. NOTES: Eosinophils - x10^9/l.	28-Feb-2023	28-Feb-2023
Monocyte count	0.70 10*9/L. Start of normal range: 0.200, End of normal range: 1. NOTES: Monocytes - x10^9/l.	28-Feb-2023	28-Feb-2023
Lymphocyte count	2.10 10*9/L. Start of normal range: 1.100, End of normal range: 5. NOTES: Lymphocytes - x10^9/l.	28-Feb-2023	28-Feb-2023
Neutrophil count	5.10 10*9/L. Start of normal range: 2, End of normal range: 7. NOTES: Neutrophils - x10^9/l.	28-Feb-2023	28-Feb-2023
Platelet count	424 10*9/L. Result qualifier: Abnormal, Start of normal range: 150, End of normal range: 410. NOTES: Platelet Count - x10^9/l.	28-Feb-2023	28-Feb-2023
Mean corpusc. haemoglobin(MCH)	30.70 pg. Start of normal range: 27, End of normal range: 32. NOTES: MCH -.	28-Feb-2023	28-Feb-2023
Mean corpuscular volume (MCV)	87.70 fL. Start of normal range: 83, End of normal range: 101. NOTES: Mean Cell Volume - fl.	28-Feb-2023	28-Feb-2023
Haematocrit	0.434 L/L. Start of normal range: 0.400, End of normal range: 0.540. NOTES: l/l.	28-Feb-2023	28-Feb-2023
Haemoglobin estimation	152 g/L. Start of normal range: 130, End of normal range: 180. NOTES: Haemoglobin - g/l.	28-Feb-2023	28-Feb-2023
Red blood cell (RBC) count	4.95 10*12/L. Start of normal range: 4.500, End of normal range: 6.500. NOTES: Red Cell Count - x10^12/l.	28-Feb-2023	28-Feb-2023
Total white cell count	8.40 10*9/L. Start of normal range: 4, End of normal range: 10. NOTES: White Blood Count - x10^9/l.	28-Feb-2023	28-Feb-2023
Full blood count - FBC	Full Blood Count	28-Feb-2023	28-Feb-2023
Advice to patient - subject	[TRUNCATED]Type of advice given: Therapy, Advice printed on script: Yes. NOTES: Re: naproxen As per recent discussion with Dr Rogers, this medication has been discontinued due to your kidney functio	03-Feb-2023	03-Feb-2023
Serum cholesterol/HDL ratio	5.10 ratio. NOTES: Chol/HDL ratio.	26-Jan-2023	26-Jan-2023
Laboratory procedures	1.100 mmol/L. NOTES: VLDL-Chol (calc'd) -.	26-Jan-2023	26-Jan-2023
Calculated LDL cholesterol level	3.80 mmol/L. NOTES: LDL-Cholest (calc'd) -.	26-Jan-2023	26-Jan-2023

Family conditions (All priorities)

Description	Comment	Date of Onset

No FH: Ischaemic heart disease Read code of condition: Ischaemic heart disease [G3...00]. 14-Sep-1993

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Cetirizine 10mg tablets	56	tablet	ONE TABLET EVERY DAY	-	14-Mar-2014	09-Jul-2024
Aspirin 75mg dispersible tablets	56	tablet	ONE IN THE MORNING	-	07-Feb-2003	09-Jul-2024
Gabapentin 300mg capsules	56	capsule	1 CAPSULE MORNING AND AFTERNO[more]	-	04-Nov-2020	09-Jul-2024
Salbutamol 100micrograms/dose inhaler CFC free	200	dose	2 PUFFS WHEN REQUIRED FOUR TI[more]	-	05-Apr-2018	24-Jul-2024
DuoResp Spiromax 320micrograms/dose / 9micrograms/dose dry powder inhaler (Teva UK Ltd)	120	dose	1BD	-	05-Apr-2018	09-Jul-2024
Hylo-Care eye drops preservative free (Scope Ophthalmics Ltd)	10	ml	AS REQUIRED	-	15-Apr-2020	09-Jul-2024
Braltus 10microgram inhalation powder capsules with Zonda inhaler (Teva UK Ltd)	60	capsule	INHALE DOSE FROM ONE CAPSULE DAILY	-	31-Aug-2017	09-Jul-2024
Omeprazole 20mg gastro-resistant capsules	112	capsule	ONE BD	-	14-Jul-2010	09-Jul-2024

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Prednisolone 5mg tablets	40	tablet	EIGHT TABLETS IN THE MORNING [more]	-	29-Jul-2024	29-Jul-2024
Amoxicillin 500mg capsules	15	capsule	ONE THREE TIMES A DAY THIS IS[more]	-	29-Jul-2024	29-Jul-2024
Prednisolone 5mg tablets	40	tablet	EIGHT TABLETS IN THE MORNING [more]	-	24-Jul-2024	24-Jul-2024
Amoxicillin 500mg capsules	15	capsule	ONE THREE TIMES A DAY THIS IS[more]	-	24-Jul-2024	24-Jul-2024
Ralvo 700mg medicated plasters (Grunenthal Ltd)	30	plaster	APPLY IN THE MORNING AND REMO [more]	-	10-Jul-2024	10-Jul-2024
Ralvo 700mg medicated plasters (Grunenthal Ltd)	30	plaster	APPLY IN THE MORNING AND REMO [more]	-	15-May-2024	15-May-2024
Ibuprofen 10% gel	100	gram	APPLY UP TO THREE TIMES A DAY	-	28-Mar-2024	28-Mar-2024
Ralvo 700mg medicated plasters (Grunenthal Ltd)	30	plaster	APPLY IN THE MORNING AND REMO [more]	-	25-Mar-2024	25-Mar-2024
Cetirizine 10mg tablets	56	tablet	ONE TABLET EVERY DAY	-	14-Mar-2014	09-Jul-2024
Aspirin 75mg dispersible tablets	56	tablet	ONE IN THE MORNING	-	07-Feb-2003	09-Jul-2024
Gabapentin 300mg capsules	56	capsule	1 CAPSULE MORNING AND AFTERNO[more]	-	04-Nov-2020	15-May-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
-	170	105

Body Measurements

Date Recorded	Height	Weight	BMI
-	1.69	101.605	35.5

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:	Smoking status on date of event: Ex-smoker.	05-Apr-2018
Ex smoker:	Smoking status on date of event: Ex-smoker.	22-Jan-2016
Ex smoker:	Smoking status on date of event: Ex-smoker.	22-Jan-2016
Never smoked tobacco:	Smoking status on date of event: Never smoked.	15-Aug-2014
Ex smoker:	Smoking status on date of event: Ex-smoker.	06-Aug-2013
Teetotaller:	Drinking status on eventdate: Life teetotaler.	22-Jan-2016
Teetotaller:	Drinking status on eventdate: Life teetotaler.	11-May-2007
ALCOHOL NON-DRINKER:	Drinking status on eventdate: Life teetotaler.	14-Sep-1993
GPPAQ physical activity index: active:	has a prob with plantar fascitis and painful foot, tries to keep active	22-Jan-2016

Clinical warnings

Allergies

Description	Date recorded
Urticaria	28-Jan-2002

Additional Support Needs

No known ASN requirements

Additional relevant information

Contact with patient today:Face to Face
Route of Travel:Private
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

NHS
Greater Glasgow and Clyde

Department of Trauma & Orthopaedics
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Appointments: **0141 451 5880**
Spinal Secretaries: **0141 201 0752 / 53**

Virtual Spinal Clinic

Clinic Date: 10/09/2020
Typed: 10/09/2020

Dr Rogers
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Dear Dr Rogers

Mr Michael Keown ~ DOB: 01/12/1955 ~ CHI: 0112556132;
48 Glencorse Street Glasgow Lanarkshire G32 6JQ

Your patient was recently reviewed at the Virtual Spinal Clinic at Queen Elizabeth University Hospital, Glasgow. The following details were recorded:

Clinician:	Mr Stephen Bain
Patient contacted	Phone
Spinal Site:	Right Lumbar
Suspected Diagnosis:	Radiculopathy
Imaging Requested:	MRI Lumbar/Sacral Spine
Red Flag Signs Present:	No.
Cauda Equina Advice Given:	Cauda Equina advice was given.
Outcome:	Imaging Required - Follow up according to result
Additional Information:	As follows: RTA in Feb 2020 and since then complaining of lower back and right radicular leg pain, over anterior aspect of thigh/knee. No left leg symptoms or CES. MRI lumbar requested to assess for right sided neural compression.

The patient will receive a separate letter regarding their consultation, (where appropriate).

Yours Sincerely,

Mr Stephen Bain

The virtual spinal clinic involves reviewing each patient's referral letter, notes and images electronically. In addition, we attempt to contact each patient for telephone consultation. If we are unable to contact the patient and we feel they require a MRI, we will post a MRI questionnaire and pain diagram. Following MRI patient's will either be appointed to the spinal clinic or contacted by letter and/or telephone. If further investigation is not appropriate patients will either be appointed to a spinal clinic or discharged.

NHS
Greater Glasgow and Clyde

Spinal Advanced Physiotherapy Practitioner

The virtual spinal clinic involves reviewing each patient's referral letter, notes and images electronically. In addition, we attempt to contact each patient for telephone consultation. If we are unable to contact the patient and we feel they require a MRI, we will post a MRI questionnaire and pain diagram. Following MRI patient's will either be appointed to the spinal clinic or contacted by letter and/or telephone. If further investigation is not appropriate patients will either be appointed to a spinal clinic or discharged.

Keown Michael CHI: 0112556132

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 27/08/2020

Consultant: Dr Hannah Bell

PJ Rogers
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
Glasgow
G32 7JZ

Dear PJ Rogers

Re: **Keown Michael** DOB: **01/12/1955** CHI: **0112556132**
48 Glencorse Street
Glasgow G32 6JQ

Attended on: **27/08/2020 at 12:06 hrs.** Departed on: **27/08/2020 at 15:17 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
back injury

Nursing Assessment:
BACK PAIN. Accident in February, wonrsening since. Taken own naproxen and gabapentin. Mobilising independently. Unable to take paracetamol. Low covid risk.

Investigations in ED:
1. **Full Blood Count**
2. **CRP**
3. **Urea and Electrolytes**
4. **LFT**
5. **Bone Profile**

Keown Michael CHI: 0112556132

Diagnosis:

Diagnosis	Side	Site
Sprain and Strain of Lumbar Spine		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

GP action: prescribe lidocaine plaster, consider up titrating gabapentin. Mr Keown presented with new onset lower back pain maximal over L1/L2; denying urinary or faecal symptoms. On examination he was tender to palpation however no focal neurology was identified. No signs of cauda equina. Given no new trauma, a XR lumbar spine was not indicated. Inflammatory bloods were normal. Mr Keown has been discharged with analgesia, diazepam, advice re physio and worsening advice re signs and symptoms of cauda equina. A referral to ortho for MRI may be warranted if symptoms don't improve re MRI.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Alexander Grayston
Doctor

Copies to:

1. PJ Rogers (GP)

School Address:

Keown Michael CHI: 0112556132

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Orthopaedics
Contact Tel: 0141 211 4608
Enquiries to:

Dr. PJ Rogers
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Letter Date: 29/04/2019
Reference: TM/SH
Dictated Date: 02/04/2019
Transcribed Date: 04/04/2019

Dear Dr Rogers,

Michael Keown; D.O.B: 01/12/1955; CHI: 0112556132
48 Glencorse Street, Glasgow, Lanarkshire, G32 6JQ

Diagnosis: Bilateral thumb CMC joint OA

Outcome: Bilateral thumb CMC joint steroid injections. Discharged. Option to review as required

Michael came back to request further injections. With informed consent we repeated these.

Yours sincerely

Matthew Torkington

Consultant Orthopaedic Surgeon

BSc (Hons), Mb ChB, FRCS

Electronically Signed: Mr Matthew Torkington, Consultant

cc.

electronic Notification of Bowel Screening Results Service

New BOSS Report

CHI Number	0112556132
Name	KEOWN, MICHAEL
Date Of Birth	01/ 12/ 1955
Registered GP	G0232
Practice Code	G46081

Report Date	28 Feb 2019
Letter ID	610290620491
Exclusion Reason	Non-Responder
Report Comments	No response to bowel cancer screening programme invitation (9Ow2.)
Invitation Date	30 Nov 2018

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Stobhill Hospital
133 Balornock Road
Glasgow
Lanarkshire
G21 3UW

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 28/02/2019

Consultant: Dr Neil Dignon

PJ Rogers
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
Glasgow
G32 7JZ

Dear PJ Rogers

Re: **Keown Michael** DOB: **01/12/1955** CHI: **0112556132**
48 Glencorse Street
Glasgow G32 6JQ

Attended on: **28/02/2019 at 13:36 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
right knee inj

Nursing Assessment:

Investigations in ED:
1. XR Knee Rt

Keown Michael CHI: 0112556132

Diagnosis:

Diagnosis	Side	Site
Contusion of knee		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Followup :
Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Fiona MCCracken
Nurse

Copies to:
1. PJ Rogers (GP)

School Address:

Your name:

CHI: 0112556132 01/12/1955 M
KEOWN MICHAEL
28 Glencorse S,G32 6JQ
Sister Patricia McGovean, 03E0500S
Shettleston H.C. G3 7JZ
26/02/2019 11:17 Practice: 46081

Today's date:

COPD Assessment Test

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

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

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

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

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

TOTAL SCORE 13

Last Updated: February 24, 2012

Keown Michael CHI: 0112556132

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

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

Dr. PJ Rogers
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Main Switchboard:	
Department:	Orthopaedics
Contact Tel:	0141 211-5146/4608
Enquiries to:	
Letter Date:	20/08/2018
Reference:	MT/BM
Dictated Date:	15/08/2018
Transcribed Date:	17/08/2018

Dear Dr Rogers,

Michael Keown; D.O.B: 01/12/1955; CHI: 0112556132
48 Glencorse Street, Glasgow, Lanarkshire, G32 6JQ

Diagnosis:

1- Bilateral thumb CMC joint OA

2- Bilateral knee, predominantly medial compartment, osteoarthritis

Outcome:

1- Local anaesthetic and steroid injection

2- Patient to consider an increase in exercise/aerobics/strengthening exercise/self refer to physio

This man came back asking for repeat injections into his thumbs. He has got thumb CMC joint osteoarthritis, and as he is still getting results from the steroid injections, we did this with informed consent of the risks as before.

He was also asking me about both knee pain that he is getting, and it seems to be getting him down quite a bit. Clinically he has got bilateral varus deformity to his knee. He has got marked stiffness, and crepitus, particularly in the right knee. He is predominantly tender over the medial side. Weight bearing x-rays confirmed the diagnosis.

We had a chat about his options. As he has not exhausted non-operative management yet, I think it is reasonable to go down this line, particularly in light of his health problems, as he would be a high risk surgical candidate. I did say if he wants to consider arthroplasty, I

would refer him on to one of the knee specialists, however, he is not wanting to do this at this stage after our discussion.

I have said therefore if he does change his mind, he should contact yourself for referral up to the knee team.

I have discharged him from my clinic but I have said to Michael as and when he wants to see me again, if he contacts my secretary and I will see him.

Yours Sincerely

Mr Matthew Torkington

Consultant Orthopaedic Surgeon

BSc (Hons) MBChB, FRCS

Electronically Signed: Mr Matthew Torkington, Consultant

cc.

NHS
Greater Glasgow and Clyde

Department of Trauma & Orthopaedics
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Appointments: **0141 201 0758**
Spinal Secretaries: **0141 201 0752 / 53**

Virtual Spinal Clinic

Clinic Date: 28/05/2018
Typed: 31/05/2018

Dr Rogers
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Dear Dr Rogers

Mr Michael Keown ~ DOB: 01/12/1955 ~ CHI: 0112556132;
48 Glencorse Street Glasgow Lanarkshire G32 6JQ

Your patient was recently reviewed at the Virtual Spinal Clinic at Queen Elizabeth University Hospital, Glasgow. The following details were recorded:

Clinician:	Mr Augustitthis
Patient contacted	Phone
Spinal Site:	Bilateral Cervical
Suspected Diagnosis:	Radiculopathy, Axial neck pain
Imaging Requested:	None
Red Flag Signs Present:	No.
Cauda Equina Advice Given:	Cauda Equina advice N/A.
Outcome:	Discharge - Letter
Additional Information:	As follows: Mostly axial neck pain. Gets short-lived parasthesia in ulnar 3 fingers. Intermitant and last 10 minutes at a time. No a radicular pain. Seen recently by Matthew Torkington who thought there was no evidence of a meaningful peripheral entrapment syndrome. Given neck pain predominates there is no role for spinal surgery. Has no confidence in physiotherapy so refuses to be sen by the. Has not engaged with pain services for same reason. No value in MRI (which will inevitable show spondylosis and

The virtual spinal clinic involves reviewing each patient's referral letter, notes and images electronically. In addition, we attempt to contact each patient for telephone consultation. If we are unable to contact the patient and we feel they require a MRI, we will post a MRI questionnaire and pain diagram. Following MRI patient's will either be appointed to the spinal clinic or contacted by letter and/or telephone. If further investigation is not appropriate patients will either be appointed to a spinal clinic or discharged.

NHS
Greater Glasgow and Clyde

	widespread foraminal stenosis) given he does not want an operatin for ARM symtpoms.

The patient will receive a separate letter regarding their consultation, (where appropriate).

Yours Sincerely,

Mr Augustithis
Consultant Trauma & Orthopaedic Spinal Surgeon.

The virtual spinal clinic involves reviewing each patient's referral letter, notes and images electronically. In addition, we attempt to contact each patient for telephone consultation. If we are unable to contact the patient and we feel they require a MRI, we will post a MRI questionnaire and pain diagram. Following MRI patient's will either be appointed to the spinal clinic or contacted by letter and/or telephone. If further investigation is not appropriate patients will either be appointed to a spinal clinic or discharged.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma & Orthopaedic - Spine
GGC General Referral

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

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

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

Hospital location code.
G516H

Email address
-

Urgency of referral	Urgent		
Date of referral	27-Aug-2020	**Date sent**	27-Aug-2020

PATIENT DETAILS

Surname	KEOWN
Forename(s)	MICHAEL
Title	MR
Sex	Male
Date of birth	01-Dec-1955
CHI no.	0112556132
Area of Residence	-

Patient's address

48 GLENCORSE STREET
CARNTYNE
GLASGOW
GLASGOW
G32 6JQ

Contact number(s)

101021562721T Unique Care Pathway Number: 101021562721T

REGISTERED GP DETAILS

Name	Dr Paula Rogers		
GMC code	3659500	GP code	02321
Practice name	The Cairns Practice		
Practice code	46081		

Practice address

420 OLD SHETTLESTON ROAD
SHETTLESTON
GLASGOW
G32 7JZ

Contact number(s)

Voice:01415316220

REFERRING GP DETAILS

Name	Dr. Fraser McNab		
GMC code	7131989	GP code	00043
Practice name	The Cairns Practice (46081)		
Practice code	46081		

Practice address

Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Contact number(s)

Voice:0141 531 6220

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Worsening low back pain and sciatica

Comment: Dear orthopaedics spinal clinic

This gentleman has a background of chronic low back pain, is on gabapentin and naproxen and occasional amitryptiline for this. Had RTA several months ago in february 2020. Describes severe lumbar back pain waking him from sleep and radiating down right leg. No incontinence of bowels or bladder but says has more urgency to PU and BO. No saddle numbness. Right leg has given way and been weak few occasions in last couple of weeks.

OE pulse 82bpm, temp 36.4, power 4+/5 both lower limbs, antalgic gait, SLR positive 20 degrees right leg and 30 degrees left leg, no significant hip or knee pain. Tender L2 region on palpation. Grateful if can be considered for further imaging with MRI lumbar spine given worsening pain and sciatica.

Many thanks for your review

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Modifier	Date of onset	Date recorded
Gastritis unspecified	, GRI	-	21-Mar-2016	21-Mar-2016
Cataract	- left eye, Ophthalmology OP, Stobhill Hospital	-	21-Nov-2014	21-Nov-2014
Chronic low back pain	[TRUNCATED]left with chronic low back pain after RTA in 1980s also has chronic leg pain and neck pain known OA on nsaid, not controlling low back pain, worse on movement no weight loss no urinary sy	-	14-Mar-2014	14-Mar-2014
[V]Other eye problems	Bilateral Retinal Emboli	First ever	18-Feb-2003	18-Feb-2003
Dry eye syndrome	-	-	24-Oct-2002	24-Oct-2002
Asthma	COUGH VARIENT	-	21-Feb-2002	21-Feb-2002
FRACTURE FIBULA	[YEAR OF EVENT 1981]	-	01-Jan-1981	01-Jan-1981
FRACTURE TIBIA	[YEAR OF EVENT 1981] NOTES: MID-SHAFT L.	-	01-Jan-1981	01-Jan-1981
FRACTURE ACETABULUM	[YEAR OF EVENT 1981] NOTES: CHIP L.	-	01-Jan-1981	01-Jan-1981
FRACTURE COMPOUND	[YEAR OF EVENT 1981] NOTES: SHAFT R FEMUR.	-	01-Jan-1981	01-Jan-1981
ROAD TRAFFIC ACCIDENT	[YEAR OF EVENT 1981] NOTES: (MOTOR BIKE).	-	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Aspirin prophylaxis - IHD	11-May-2007	11-May-2007
ARTHROSCOPY	17-May-1993	17-May-1993
SEPTOPLASTY	07-Nov-1991	07-Nov-1991

Family conditions (All priorities)

Description	Comment	Date of Onset
No FH: Ischaemic heart disease	Read code of condition: Ischaemic heart disease [G3...00].	14-Sep-1993

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole 20mg gastro-resistant capsules	112	capsule	ONE BD	-	14-Jul-2010	17-Aug-2020
Gabapentin 300mg capsules	90	capsule	1 THREE TIMES A DAY	-	25-Apr-2017	17-Aug-2020
Naproxen 500mg tablets	112	tablet	ONE TWICE A DAY	-	25-Apr-2017	17-Aug-2020
Hylo-Care eye drops preservative free (Scope Ophthalmics Ltd)	10	ml	AS REQUIRED	-	15-Apr-2020	17-Aug-2020
Braltus 10microgram inhalation powder capsules with Zonda inhaler (Teva UK Ltd)	60	capsule	INHALE DOSE FROM ONE CAPSULE DAILY	-	31-Aug-2017	17-Aug-2020
DuoResp Spiromax 320micrograms/dose / 9micrograms/dose dry powder inhaler (Teva UK Ltd)	120	dose	1BD	-	05-Apr-2018	17-Aug-2020
Aspirin 75mg dispersible tablets	56	tablet	ONE IN THE MORNING	-	07-Feb-2003	17-Aug-2020
Cetirizine 10mg tablets	56	tablet	ONE TABLET EVERY DAY	-	14-Mar-2014	17-Aug-2020
Salbutamol 100micrograms/dose inhaler CFC free	200	dose	2 PUFFS WHEN REQUIRED FOUR TI[more]	-	05-Apr-2018	17-Aug-2020

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ralvo 700mg medicated plasters (Grunenthal Ltd)	30	plaster	APPLY IN THE MORNING AND REMO[more]	-	27-Aug-2020	27-Aug-2020
Diazepam 2mg tablets	21	tablet	ONE OR TWO UP TO THREE TIMES [more]	-	27-Aug-2020	27-Aug-2020
Trimovate cream (Ennogen Healthcare Ltd)	30	gram	APPLY SPARINGLY TWICE A DAY	-	27-Aug-2020	27-Aug-2020
Omeprazole 20mg gastro-resistant capsules	112	capsule	ONE BD	-	14-Jul-2010	19-Jun-2020

Blood Pressure

Date Recorded	Systolic	Diastolic
-	150	90

Body Measurements

Date Recorded	Height	Weight	BMI
-	1.69	101.605	35.5

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:	Smoking status on date of event: Ex-smoker.	05-Apr-2018
Ex smoker:	Smoking status on date of event: Ex-smoker.	22-Jan-2016
Ex smoker:	Smoking status on date of event: Ex-smoker.	22-Jan-2016
Never smoked tobacco:	Smoking status on date of event: Never smoked.	15-Aug-2014
Ex smoker:	Smoking status on date of event: Ex-smoker.	06-Aug-2013
Teetotaller:	Drinking status on eventdate: Life teetotaler.	22-Jan-2016
Teetotaller:	Drinking status on eventdate: Life teetotaler.	11-May-2007

ALCOHOL NON-DRINKER:	Drinking status on eventdate: Life teetotaler.	14-Sep-1993
GPPAQ physical activity index: active:	has a prob with plantar fascitis and painful foot, tries to keep active	22-Jan-2016

Clinical warnings

Allergies

Description	Date recorded
Urticaria	28-Jan-2002

Additional Support Needs

No known ASN requirements

Additional relevant information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

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

Your n CHI: 0112556132 01/12/1955 M
KEOWN MICHAEL
28 Glencorse S.G32 6JQ
07957 773 552
Sister Patricia McGougan, B3E05005
Shettleston H.C. G3 7J2
05/04/2018 15:57: Practice: 46081

Today's date:

CAT
COPD Assessment Test

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

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

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

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

			SCORE
I never cough	0 1 2 **X** 4 5	**I cough all the time**	3
I have no phlegm (mucus) in my chest at all	0 1 2 **X** 4 5	**My chest is completely full of phlegm (mucus)**	3
My chest does not feel tight at all	**X** 1 2 3 4 5	**My chest feels very tight**	
When I walk up a hill or one flight of stairs I am not breathless	0 1 2 3 4 **X**	**When I walk up a hill or one flight of stairs I am very breathless**	5
I am not limited doing any activities at home	0 1 2 3 4 **X**	**I am very limited doing activities at home**	5
I am confident leaving my home despite my lung condition	0 1 2 3 **X** 5	**I am not at all confident leaving my home because of my lung condition**	4
I sleep soundly	0 1 2 3 4 **X**	**I don't sleep soundly because of my lung condition**	5
I have lots of energy	0 1 2 3 4 **X**	**I have no energy at all**	5
		TOTAL SCORE	30

Last Updated: February 24, 2012

Keown Michael CHI: 0112556132

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
0141 211 2000

Dr. PJ Rogers
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Main Switchboard:	
Department:	Orthopaedics
Contact Tel:	0141 211 4608
Enquiries to:	0141 211 4608
Letter Date:	27/03/2018
Reference:	MT/REM
Dictated Date:	07/03/2018
Transcribed Date:	19/03/2018

Dear Dr Rogers,

Michael Keown; D.O.B: 01/12/1955; CHI: 0112556132
48 Glencorse Street, Glasgow, Lanarkshire, G32 6JQ

Diagnosis 1: Carpal tunnel symptoms, Normal nerve conduction test.

Diagnosis 2: Bilateral thumb CMC joint osteoarthritis

(Outcome: Local anaesthetic steroid injection again today)

Diagnosis 3: Fall with lumbar back pain 3 weeks ago (normal x-ray, no treatment required. GP follow up if symptoms fail to settle)

This gentleman came back. His nerve conduction studies tests were essentially normal. He does have slight symptoms to keep him carpal tunnel but with normal nerve tests I don't think we need to rush in and treat him and he is not that bothered by the symptoms at this stage. If they progress we could consider treatment options such as steroid injection or surgical decompression. He doesn't want to have this done at this stage.

With regards to his thumb CMC joint OA, he did get some relief from the bilateral thumb CMC joint injections therefore with informed consent, I did them again today. I have discharged Michael from the clinic but I have said to him as and when he wants to be seen again with regards to his thumbs or carpal tunnel type symptoms, he can contact me direct.

Yours Sincerely,

Keown Michael CHI: 0112556132 GCL 07/03/2018 v1

Matthew Torkington

Consultant Orthopaedic Surgeon

BSc(Hons) MBCWB

Electronically Signed: Mr Matthew Torkington, Consultant

cc.

Shettleston Health Centre: Diagnostic Imaging Report

KEOWN, MICHAEL DoB : **01/12/1955**

48 GLENCORSE STREET, GLASGOW, LANARKSHIRE, G32 6JQ CHI. No. : **0112556132**

Ref. Locn. : **GP PRACTICE** CRIS No. : **5269049**

Referrer : **Dr Lauren Leishman** Curr Ward: **GP**

VERIFIED Verified By: Dr Colin Noble 20/03/18 1551.

Clinical History :

Ex-smoker with COPD and cough.

XR Chest :

Underinspired film. Allowing for this normal heart and mediastinal contour. No new focal lung pathology when compared with the previous film of 18/06/2015. The bony thorax is intact.

Event Number : E-32478903 Examination Date : **19/03/18**

Ref. Source : Dr Lauren Leishman, The Cairns Practice, Shettleston Health Centre, 420 Old Shettleston Road, Glasg

Examinations : **XR Chest**

Mr Michael Keown 01/12/1955 Male (Unknown) (Details)

Sample Details

Blood

Description:	Blood	**Date/Time Sampled:**	27/11/2017 12:09	**Date/Time Tested:**	
Laboratory Id:	B,17.5133420.L	**Date/Time Received:**	27/11/2017 13:40	**Biohazard Alert:**	

Glucose

Comments: Non-fasting sample

! Code(s)	Description	Value	Normal Range	Comments
+ 44g..	**"Glucose" = *Plasma glucose level***	**6.5 mmol/L**	**3.5 - 6.0**	

Patient Details

Name	Mr Michael Keown
Address Type	Current
Address	48 Glencorse Street Glasgow Lanarkshire G32 6JQ
Date of Birth	01/12/1955
Sex	Male
Marital Status	Unknown
Registered Gp Practice	ROGERS, PAULA The Cairns Practice
HB of Res.	

Identifiers

CHI	0112556132
NHS	S644/1/55/729
CRN	20656660B
GPASS	6538
CRN	SG03292065
NHS	0112556132
CRN	0112556132

Clinical Data Required: REQUESTOR**ED

Requester Details

Name	MARLETTA, ERIN
Organisation	The Cairns Practice
Address	Shettleston Health Centre 420 Old Shettleston Road Glasgow

Identifiers

Requestor	7071084

Administrative Details

Category	Biochemistry

Revision	1.00
Originating HCP	
Attesting HCP	
Attestation Date	27/11/2017

Identifiers

Telepath	B,17.5133420.L

Mr Michael Keown 01/12/1955 Male (Unknown) (Details)

Sample Details
Blood

Description:	Blood	**Date/Time Sampled:**	27/11/2017 12:09	**Date/Time Tested:**	
Laboratory Id:	B,17.5133419.E	**Date/Time Received:**	27/11/2017 13:40	**Biohazard Alert:**	

Urea & Electrolytes

Comments: Please note change to Abbott Enzymatic Creat method from 24/04/17

!	Code(s)	Description	Value	Normal Range	Comments
	44I5.	"Sodium" = *Serum sodium*	139 mmol/L	133 - 146	
	44I4.	"Potassium" = *Serum potassium*	4.5 mmol/L	3.5 - 5.3	
	44I6.	"Chloride" = *Serum chloride*	107 mmol/L	95 - 108	
	44J9.	"Urea" = *Serum urea level*	7.5 mmol/L	2.5 - 7.8	
	44J3.	"Creatinine" = *Serum creatinine*	116 umol/L	40 - 130	
-	**451E.**	**"Estimated GFR"** = *GFR calculated abbreviated MDRD*	**56 ml/min**	**>60 -**	

Liver Function Tests

Comments: Please note change in Abbott Total Bilirubin method from 01/11/17

!	Code(s)	Description	Value	Normal Range	Comments
	44EC.	"Total Bilirubin" = *Serum total bilirubin level*	< 5 umol/L	- <20	
	44G3.	"ALT" = *ALT/SGPT serum level*	46 U/L	- <50	
	44HB.	"AST" = *AST serum level*	33 U/L	- <40	
	44F..	"Alkaline Phosphatase" = *Serum alkaline phosphatase*	76 U/L	30 - 130	
	44M4.	"Albumin" = *Serum albumin*	36 g/L	35 - 50	

Chol/Triglyceride

!	Code(s)	Description	Value	Normal Range	Comments
	44P..	"Cholesterol" = *Serum cholesterol*	5.3 mmol/L		
+	**44Q..**	**"Triglycerides"** = *Serum triglycerides*	**3.0 mmol/L**	**0.2 - 2.3**	

Patient Details

Name	Mr Michael Keown
Address Type	Current
Address	48 Glencorse Street Glasgow Lanarkshire G32 6JQ
Date of Birth	01/12/1955
Sex	Male
Marital Status	Unknown
Registered Gp Practice	ROGERS, PAULA The Cairns Practice
HB of Res.	

Identifiers

CHI	0112556132
NHS	S644/1/55/729

CRN	20656660B
GPASS	6538
CRN	SG03292065
NHS	0112556132
CRN	0112556132

Clinical Data Required: REQUESTOR**ED

Requester Details

Name	MARLETTA, ERIN
Organisation	The Cairns Practice
Address	Shettleston Health Centre 420 Old Shettleston Road Glasgow

Identifiers

Requestor	7071084

Administrative Details

Category	Biochemistry
Revision	1.00
Originating HCP	
Attesting HCP	
Attestation Date	27/11/2017

Identifiers

Telepath	B.17.5133419.E

Mr Michael Keown 01/12/1955 Male (Unknown) (Details)

Sample Details

Blood

Description:	Blood	**Date/Time Sampled:**	27/11/2017 12:09	**Date/Time Tested:**	
Laboratory Id:	B,17.6410477.R	**Date/Time Received:**	27/11/2017 13:37	**Biohazard Alert:**	

Full Blood Count

! Code(s)	Description	Value	Normal Range	Comments
42H..	"White Blood Count" = *Total white cell count*	7.3 x10^9/l	4.0 - 11.0	
426..	"Red Cell Count" = *Red blood cell (RBC) count*	4.59 x10^12/l	4.50 - 6.50	
423..	"Haemoglobin" = *Haemoglobin estimation*	137 g/l	130 - 180	
4258.	Haematocrit	0.400 l/l	0.400 - 0.540	
42A..	"Mean Cell Volume" = *Mean corpuscular volume (MCV)*	87.1 fl	80.0 - 100.0	
428..	"MCH" = *Mean corpusc. haemoglobin(MCH)*	29.8 pg	27.0 - 32.0	
42P..	"Platelet Count" = *Platelet count*	309 x10^9/l	150 - 400	
42J..	"Neutrophils" = *Neutrophil count*	4.2 x10^9/l	2.0 - 7.5	
42M..	"Lymphocytes" = *Lymphocyte count*	1.9 x10^9/l	1.5 - 4.0	
42N..	"Monocytes" = *Monocyte count*	0.7 x10^9/l	0.2 - 0.8	
42K..	"Eosinophils" = *Eosinophil count*	0.40 x10^9/l	0.00 - 0.40	
42L..	"Basophils" = *Basophil count*	0 x10^9/l	0.0 - 0.1	
4266.	"Nucleated RBC" = *Nucleated red blood cell count*	0 x10^9/l		

Patient Details

Name	Mr Michael Keown
Address Type	Current
Address	48 Glencorse Street Glasgow Lanarkshire G32 6JQ
Date of Birth	01/12/1955
Sex	Male
Marital Status	Unknown
Registered Gp	ROGERS, PAULA
Practice	The Cairns Practice
HB of Res.	

Identifiers

CHI	0112556132
NHS	S644/1/55/729
CRN	20656660B
GPASS	6538
CRN	SG03292065
NHS	0112556132
CRN	0112556132

Clinical Data Required: REQUESTOR**ED

Requester Details

Name	MARLETTA, ERIN
Organisation	The Cairns Practice

Address	Shettleston Health Centre 420 Old Shettleston Road Glasgow

Identifiers

Requestor	7071084

Administrative Details

Category	Haematology
Revision	1.00
Originating HCP	
Attesting HCP	
Attestation Date	27/11/2017

Identifiers

Telepath	B,17.6410477.R

Keown Michael CHI: 0112556132

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

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

ORTHOPAEDICS
0141 211 4447

Dr. PJ Rogers
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Main Switchboard:	0141 211 4000
Department:	ORTHOPAEDICS
Contact Tel:	0141 211 4447
Enquiries to:	
Letter Date:	15/08/2017
Reference:	MT/EH
Dictated Date:	01/08/2017
Transcribed Date:	10/08/2017

Dear Dr Rogers,

Michael Keown; D.O.B: 01/12/1955; CHI: 0112556132
48 Glencorse Street, Glasgow, Lanarkshire, G32 6JQ

Diagnosis 1: Bilateral thumb CMC joint osteoarthritis.

Diagnosis 2: Query carpal tunnel syndrome.

Outcome: Local anaesthetic steroid injection to base of both thumbs. Review following nerve conduction study tests.

This gentleman presented at clinic today. He is really quite troubled with his bilateral thumb CMC joint osteoarthritis. It is causing him a lot of pain doing daily functional tasks including putting his hands in his pockets and day to day activities.

He is also complaining of pins and needles within his left hand and also his right hand to a certain extent. He tells me that he has previously had nerve conduction study tests done which are not on the system but it looks like they were in 2011 when he was seen by the neurologist and these were normal.

Examination does show bilateral shouldering. No muscle wasting. He does have provocative carpal tunnel, tests however particularly on the left less so on the right. Previous x-rays do show degenerative changes in thumb CMC joint and osteoarthritis.

I note that he has a history of COPD. He is on Aspirin, he has no allergies to local anaesthetic or steroid.

We went over the diagnosis. We went for local anaesthetic steroid injection and he already has the splints. He is aware of the small risk of infection, swelling, bleeding, pigmentation change, fat necrosis and steroid flare. This was done today with a local and Depo Medrone in an asceptic technique.

Although we did discuss the carpal tunnel symptoms in clinic I did actually leave Michael with an open appointment if required, however I think on balance we should probably repeat his nerve conduction study tests, and as such I will organise these today with copying this letter into the neurophysiologist. I will also copy Michael into this letter so he knows that I have requested the nerve conduction study tests and I will see him back with results.

Yours sincerely

Matthew Torkington

Consultant Orthopaedic Surgeon

BSc (Hons) MBChB, FRCS

Electronically Signed: Mr Matthew Torkington, Consultant

cc. Mr M Keown
48 Glencorse Street
Glasgow
G32 6JQ

Shettleston Health Centre: Diagnostic Imaging Report

KEOWN, MICHAEL
48 GLENCORSE STREET, GLASGOW, LANARKSHIRE, G32 6JQ
Ref. Locn. : **GP PRACTICE**
Referrer : **Dr Anthony Higgins**

DoB : **01/12/1955**
CHI. No. : **0112556132**
CRIS No. : **5269049**
Curr Ward: **GP**

VERIFIED Verified By: Dr Gregory O'Neill 05/05/17 1406.

Clinical History :
Pain in both first CMC joints.

XR Hand Both :
Degenerate change noted at both thumb base carpometacarpal joints (right worse than left).? Artefact from bracelet on right wrist. No other finding of note.

Event Number : E-31525015
Examination Date : **25/04/17**
Ref. Source : Dr Anthony Higgins, The Cairns Practice, Shettleston Health Centre, 420 Old Shettleston Road, Glasgo
Examinations : **XR Hand Both**

electronic Notification of Bowel Screening Results Service

New BOSS Report

CHI Number	0112556132
Name	KEOWN, MICHAEL
Date Of Birth	01/ 12/ 1955
Registered GP	G0232
Practice Code	G46081

Report Date	28 Feb 2017
Letter ID	110229222172
Exclusion Reason	Non-Responder
Report Comments	No response to bowel cancer screening programme invitation (9Ow2.)
Invitation Date	30 Nov 2016

Keown Michael CHI: 0112556132

Clinical letter - GP:

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. PJ Rogers
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Main Switchboard:	0141 201 3000
Department:	Pain Management
Contact Tel:	0141 347 8005/6
Enquiries to:	Secretaries
Letter Date:	30/09/2016
Reference:	SG/MB
Dictated Date:	20/09/2016
Transcribed Date:	20/09/2016

Dear Dr Rogers,

Michael Keown; D.O.B: 01/12/1955; CHI: 0112556132
48 Glencorse Street, Glasgow, Lanarkshire, G32 6JQ

Mr Keown failed to attend the Nurse Led Chronic Pain Clinic on 13th September having previously been reviewed by our Consultant Dr Moffat in June 2016.
I will not make any further appointment as I note that he has declined further patient education, physiotherapy and psychology input from the Pain Service.
I do hope Mr Keown's pain is improving.

Kind regards
Yours sincerely

Sister Sarah Gillies
Clinical Nurse Specialist

Electronically Signed: Nurse Sarah Gillies, Nurse Practitioner

cc.

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow G42 9LF
13/09/2016

Dr PJ Rogers
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow G32 7JZ

Dear Dr PJ Rogers

Re Patient
Mr Michael Keown
48 Glencorse Street
Glasgow G32 6JQ

CHI Number:	0112556132
Consultant:	Nurse Sarah Gillies
Specialty:	Pain Relief
Date and time:	13/09/2016, at 11:00

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

Your patient has been informed of the missed appointment and no further appointment will be offered without further request from the patient or yourself. Your patient has been provided with the hospital contact details to use to request a further appointment. If on consideration of the clinical or social circumstances of the patient you feel it is appropriate to request a further appointment on the patient's behalf please resend the gateway referral.

Yours sincerely

Irene Hunter Referral Management Centre South/Clyde

NHS
Greater Glasgow and Clyde

Acute Services Division
Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Telephone: **0141 211 4239**
Fax: **0141 211 4060**

Typed: 28/07/2016

Mr Michael Keown
48 Glencorse Street
Glasgow
Lanarkshire
G32 6JQ

Dear Mr Keown

Patient Details:	Mr Michael Keown, 01/12/1955
Date at A&E:	27/07/2016
Diagnosis:	Soft tissue injury and Left ankle.
Treatment:	Letter and discharge

Following recent attendance at A&E an Orthopaedic Consultant has reviewed your medical notes and x-rays regarding your recent injury. Our advice is, you can discard any support or splintage as the pain settles usually within the next 2/3 weeks. Early return to normal activity generally speeds recovery. You may need painkillers for the next 2-3 weeks.

Should you have any concerns or problems, **please contact the Fracture Clinic Help Line on 0141 211 4239 for advice**. For urgent problems or concerns out with working hours please contact or attend the local A&E department.

We wish you a speedy recovery.

The Orthopaedic Department
Glasgow Royal Infirmary

CC Dr Rogers
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 27/07/2016

Consultant: Dr Phil Anderson

PJ Rogers
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
Glasgow
G32 7JZ

Dear PJ Rogers

Re: **Keown Michael** DOB: **01/12/1955** CHI: **0112556132**
48 Glencorse Street
Glasgow G32 6JQ

Attended on: **27/07/2016 at 20:03 hrs.** Departed on: **at hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
left ankle injury

Nursing Assessment:

Investigations in ED:
1. XR Ankle Lt **2. XR Foot Lt**

Keown Michael CHI: 0112556132

Diagnosis:

Diagnosis	Side	Site
Sprain and strain of ankle		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

tripped over by dog this evening, landing with L leg underneath him. unable to WB since with pain to L foot and ankle. previous # mid shaft tibia in 1981. takes regular naproxen, unable to take any other analgesia due to vomiting. OE - generally large ankle/foot (same as R side). no obvious swelling. no bruising/breaks to skin. generalised tenderness all over foot (both sides and anteriorly), less tender over ankle. significantly reduced ROM and unable to WB. nv intact. XR - no #'s seen to foot. fragment of bone from distal tibia seen but evidence of healing, which suggests a possible old injury. P. discharged with moon boot and crutches. encouraged to continue his regular analgesia. virtual fracture clinic follow up arranged ?old/new #.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Sarah Zacheshigriva
Doctor

Copies to:

1. PJ Rogers (GP)

School Address:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

Trauma & Orthopaedic - Wrist & Hand
GGC General Referral

Consultant / receiving practitioner and/or specialty clinic

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Hospital and hospital address

Hospital location code.
G107H

Email address
-

Urgency of referral Routine
Date of referral 12-May-2017 **Date sent** 12-May-2017

PATIENT DETAILS

Surname	KEOWN
Forename(s)	MICHAEL
Title	MR
Sex	Male
Date of birth	01-Dec-1955
CHI no.	0112556132
Area of Residence	-

Patient's address

48 GLENCORSE STREET
CARNTYNE
GLASGOW
GLASGOW
G32 6JQ

Contact number(s)
Voice:07957 773 592

101013633748E

Unique Care Pathway Number: 101013633748E

REGISTERED GP DETAILS

Name	Dr Paula Rogers		
GMC code	3659500	GP code	02321
Practice name	The Cairns Practice		
Practice code	46081		

Practice address

420 OLD SHETTLESTON ROAD
SHETTLESTON
GLASGOW
G32 7JZ

Contact number(s)
Voice:01415316220

REFERRING GP DETAILS

Name	Dr Anthony Higgins		
GMC code	3341348	GP code	06769
Practice name	The Cairns Practice		
Practice code	46081		

Practice address

420 OLD SHETTLESTON ROAD
SHETTLESTON
GLASGOW
G32 7JZ

Contact number(s)
Voice:01415316220

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Pain and stiffness in both thumb carpo-metacarpal joints.

Comment: I would be grateful for your assessment of this patient who complains of severe pain in both thumb CMP joints, the right being more severely affected.
Recent Xray report attached.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Modifier	Date of onset	Date recorded
Gastritis unspecified	, GRI	-	21-Mar-2016	21-Mar-2016
Cataract	- left eye, Ophthalmology OP, Stobhill Hospital	-	21-Nov-2014	21-Nov-2014
Chronic low back pain	[TRUNCATED]left with chronic low back pain after RTA in 1980s also has chronic leg pain and neck pain known OA on nsaid, not controlling low back pain, worse on movement no weight loss no urinary sy	-	14-Mar-2014	14-Mar-2014
[V]Other eye problems	Bilateral Retinal Emboli	First ever	18-Feb-2003	18-Feb-2003
Dry eye syndrome	-	-	24-Oct-2002	24-Oct-2002
Asthma	COUGH VARIENT	-	21-Feb-2002	21-Feb-2002
FRACTURE FIBULA	[YEAR OF EVENT 1981]	-	01-Jan-1981	01-Jan-1981
FRACTURE TIBIA	[YEAR OF EVENT 1981] NOTES: MID-SHAFT L.	-	01-Jan-1981	01-Jan-1981
FRACTURE ACETABULUM	[YEAR OF EVENT 1981] NOTES: CHIP L.	-	01-Jan-1981	01-Jan-1981
FRACTURE COMPOUND	[YEAR OF EVENT 1981] NOTES: SHAFT R FEMUR.	-	01-Jan-1981	01-Jan-1981
ROAD TRAFFIC ACCIDENT	[YEAR OF EVENT 1981] NOTES: (MOTOR BIKE).	-	01-Jan-1981	01-Jan-1981

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Aspirin prophylaxis - IHD	11-May-2007	11-May-2007
ARTHROSCOPY	17-May-1993	17-May-1993
SEPTOPLASTY	07-Nov-1991	07-Nov-1991

Family conditions (All priorities)

Description	Comment	Date of Onset
No FH: Ischaemic heart disease	Read code of condition: Ischaemic heart disease [G3...00].	14-Sep-1993

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Gabapentin 300mg capsules	90	capsule	1 THREE TIMES A DAY	-	25-Apr-2017	25-Apr-2017

Naproxen 500mg tablets	56	tablet	ONE TWICE A DAY	-	25-Apr-2017	25-Apr-2017
Omeprazole 20mg gastro-resistant capsules	112	capsule	ONE BD	-	14-Jul-2010	27-Mar-2017
Tiotropium bromide 18microgram inhalation powder capsules	60	capsule	1 DAILY FOR CHEST SYMPTOMS	-	27-Feb-2015	27-Mar-2017
Cetirizine 10mg tablets	56	tablet	ONE TABLET EVERY DAY	-	14-Mar-2014	27-Mar-2017
Viscotears 2mg/g liquid gel (Bausch & Lomb UK Ltd)	10	gram	ONE DROP AS NEEDED	-	18-Oct-2004	27-Mar-2017
Seretide 250 Accuhaler (GlaxoSmithKline UK Ltd)	240	dose	2 PUFFS TWICE DAILY AS DIRECT [more]	-	18-Jan-2016	27-Mar-2017
Aspirin 75mg dispersible tablets	56	tablet	ONE IN THE MORNING	-	07-Feb-2003	27-Mar-2017
Terbutaline 500micrograms/dose dry powder inhaler	200	dose	ONE PUFF WHEN REQUIRED FOUR T [more]	-	23-Aug-2002	27-Mar-2017

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amitriptyline 25mg tablets	112	tablet	TWO AT NIGHT	-	03-Apr-2017	03-Apr-2017
Naproxen 500mg tablets	56	tablet	ONE TWICE A DAY	-	28-Mar-2017	28-Mar-2017
Gabapentin 300mg capsules	90	capsule	1 IN THE MORNING ON DAY 1, 1 [more]	-	28-Mar-2017	28-Mar-2017
Permethrin 5% cream	60	gram	APPLY ALL OVER WEEKLY FOR 2 DOSES.	-	17-Mar-2017	17-Mar-2017
Naproxen 250mg tablets	56	tablet	ONE TWICE A DAY (THIS IS ANTI[more]	-	14-Mar-2017	14-Mar-2017
Amitriptyline 25mg tablets	56	tablet	ONE AT NIGHT	-	14-Mar-2017	14-Mar-2017
Prednisolone 5mg tablets	40	tablet	8 DAILY	-	14-Mar-2017	14-Mar-2017
Amoxicillin 500mg capsules	15	capsule	ONE THREE TIMES A DAY THIS IS[more]	-	14-Mar-2017	14-Mar-2017
Omeprazole 20mg gastro-resistant capsules	112	capsule	ONE BD	-	14-Jul-2010	25-Jan-2017
Tiotropium bromide 18microgram inhalation powder capsules	60	capsule	1 DAILY FOR CHEST SYMPTOMS	-	27-Feb-2015	12-Dec-2016
Cetirizine 10mg tablets	56	tablet	ONE TABLET EVERY DAY	-	14-Mar-2014	12-Dec-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
16-Jul-2014	120	80
06-Aug-2013	124	84
17-Jul-2012	130	80

Body Measurements

Date Recorded	Height	Weight	BMI
15-Feb-2016	1.69	100	35
22-Jan-2016	1.69	96.1	33.6
22-Jan-2016	1.69	96.162	33.6

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date

Ex smoker:	Smoking status on date of event: Ex-smoker.	22-Jan-2016
Ex smoker:	Smoking status on date of event: Ex-smoker.	22-Jan-2016
Never smoked tobacco:	Smoking status on date of event: Never smoked.	15-Aug-2014
Ex smoker:	Smoking status on date of event: Ex-smoker.	06-Aug-2013
Ex smoker:	Smoking status on date of event: Ex-smoker, Date patient stopped smoking: 2011.	05-Sep-2012
Teetotaller:	Drinking status on eventdate: Life teetotaler.	22-Jan-2016
Teetotaller:	Drinking status on eventdate: Life teetotaler.	11-May-2007
ALCOHOL NON-DRINKER:	Drinking status on eventdate: Life teetotaler.	14-Sep-1993
GPPAQ physical activity index: active:	has a prob with plantar fascitis and painful foot, tries to keep active	22-Jan-2016

Clinical warnings

Allergies

Description	Date recorded
Urticaria	28-Jan-2002

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:Yes

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

Keown Michael CHI: 0112556132

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

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

Dr. PJ Rogers
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Main Switchboard:	0141 201 3000
Department:	Pain Management
Contact Tel:	0141 347 8005/6
Enquiries to:	Secretaries
Letter Date:	21/06/2016
Reference:	RM/MB
Dictated Date:	11/06/2016
Transcribed Date:	15/06/2016

Dear Dr Rogers,

Michael Keown; D.O.B: 01/12/1955; CHI: 0112556132
48 Glencorse Street, Glasgow, Lanarkshire, G32 6JQ

I assessed this 60 year old gentleman at the Pain Clinic today. He complains of widespread pain which he attributes to several causes:
1. Significant osteoarthritis affecting his thumbs, neck and back.
2. Lower limbs- both ankles, knees and hips resulting from a polytrauma in the 1980's and he had multiple fractures.
3. Plantar fasciitis in the soles of both feet.

While he has had pain for 30 years it has increased significantly over the past year. He is unable to identify a trigger for this.

His sleep has improved with Amitriptyline 10mgs and he describes his mood as frustrated, denied any low mood and the pain interferes with hobbies such as model building.

He appears to be sensitive to medication side effects, it took some time for the Amitriptyline to be titrated to 10mgs, his partner breaking the tablets into quarters. He is unable to tolerate opiates due to vomiting. His current medication is Naproxen, Amitriptyline, inhalers. Previously, Gabapentin resulted in side-effects.

He has undergone MSK physiotherapy with no improvement and it would be fair to say he is fairly sceptical in any self management advice.

Treatment plan:
1. I would recommend slowly titrating his Amitriptyline in 5-10mgs increments per week to a maximum of 100mgs as tolerated.
2. I have suggested a trial of Capsaicin cream 0.025% which can be applied to his hands, knees and feet. This should be continued for one month and discontinued if ineffective.
3. Next line would be Pregabalin, again I would advise a slow titration due to his history of side effects.

4. He declined any further physiotherapy, patient education or psychology input.

Yours sincerely

Dr Ryan Moffat
Consultant in Anaesthesia & Pain Management

Electronically Signed: Dr Ryan Moffat, Consultant

cc.

NHS Confidential: Personal data about a patient

THE VICTORIA INFIRMARY

Telephone: 0141-201 6000 GLASGOW, G42 9TY

Clinic ..... Pain .....

Date ..... 11/6/15 .....

0112556132
KEOWN M
Michael 01/12/1955
48 Glencorse Street
Glasgow, Lanarkshire
G32 6J

Dear Dr. Rogen

NAME: .....

I saw this patient today and will be writing in detail. Meantime I would be grateful if you would prescribe the following:-

(1) Tramadol Amitriptyline 4mg 100g

(2) Capsaicin Cream 0.025% applied QDS for 1/12 Continue if effective

Thank you

MOFFAT

9191032
VIC 736

Keown Michael CHI: 0112556132

Letter to Patient:

NHS
Greater Glasgow and Clyde

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

Michael Keown
48 Glencorse Street
Glasgow
Lanarkshire
G32 6JQ

Main Switchboard:	
Department:	ENDOSCOPY UNIT
Contact Tel:	0141-355-1364
Enquiries to:	MAREE PASIEKA
Letter Date:	28/04/2016
Reference:	MP/GG
Dictated Date:	14/04/2016
Transcribed Date:	24/04/2016

Dear Mr Keown,

I now have the results of the biopsies taken at your recent gastroscopy. As you are aware there was mild inflammation within your stomach and the biopsies have returned showing no worrying features.

Given your reassuringly normal investigations I have not arranged any further follow-up.

Yours sincerely

Maree Pasieka
Nurse Endoscopist

Electronically Signed: Nurse Maree Pasieka, Consultant

cc. Dr Rogers
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

NHS Greater Glasgow and Clyde

GASTROSCOPY REPORT

Name: **Michael KEOWN, 01/12/1955 (M)**
CHI No: **0112556132**
Case note no.: **20656660B**

Address: 48 Glencorse Street
Glasgow
Lanarkshire
G32 6JQ

Procedure date
21st March 2016

GP: ROGERS, PAULA
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

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

Consultant/Endoscopist
Sister Maree Pasieka
Nurses: SSN Eugene Ihieme
SN Louise Sanders

Instrument
SCANTRACK

Premedication
No sedation
Xylocaine Spray (Oral) 10 spray.

Indications
Reflux symptoms.
Clinically important comments: Takes double dose of PPI which relieves symptoms. No alarm symptoms. Was on naproxen.

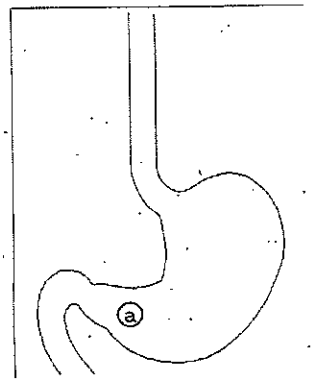
Report
The procedure was completed successfully.
Apparent mucosal junction at 40cm from the incisors.
STOMACH. Gastritis: mild erythematous/exudative with no bleeding within (a).

Diagnosis
OESOPHAGUS. Normal.
STOMACH. Gastritis.
DUODENUM. Normal.

Follow up
Awaiting pathology results.

Advice/comments
There was very mild gastritis and biopsies taken to check for helicobacter as still on PPI. I will be in touch with results but do not anticipate any follow up.

Sister Maree Pasieka
Nurse Endoscopist



a: *Antrum*

Specimens taken
Biopsy (x3)

Mr Michael Keown 01/12/1955 Male (Unknown) (Details)

Sample Details
SERUM (BIOCH.BOTTLE)

Description:	SERUM (BIOCH.BOTTLE)	**Date/Time Sampled:**	18/02/2016 09:50	**Date/Time Tested:**	
Laboratory Id:	V,16.0102422.M	**Date/Time Received:**	18/02/2016 16:25	**Biohazard Alert:**	

H.pylori serology

Comments: For advice regarding Helicobater pylori please contact your local microbiology department
This is a SERUM sample.

! Code(s)	Description	Value	Normal Range	Comments
43WA.	"H.pylori antibody" = *Helicobacter pylori antibody level*	Not detected		

Patient Details

Name	Mr Michael Keown
Address Type	Current
Address	48 Glencorse Street Glasgow Lanarkshire G32 6JQ
Date of Birth	01/12/1955
Sex	Male
Marital Status	Unknown
Registered Gp	ROGERS, PAULA
Practice	The Cairns Practice
HB of Res.	

Identifiers

CHI	0112556132
NHS	S644/1/55/729
CRN	20656660B
GPASS	6538
CRN	SG03292065
NHS	0112556132

Clinical Data Required: REQUESTOR**Ongoing issues with abdo ...

Requester Details

Name	MCKENNA, CRAIG
Organisation	The Cairns Practice
Address	Shettleston Health Centre 420 Old Shettleston Road Glasgow

Identifiers

Requestor	7460840

Administrative Details

Category	Virology
Revision	1.00
Originating HCP	
Attesting HCP	
Attestation Date	19/02/2016

Identifiers

Telepath	V,16.0102422.M

Michael Keown 01/12/1955 Male (Unknown) (Details)

Sample Details

Blood

Description:	Blood	**Date/Time Sampled:**	20/01/2016 16:01	**Date/Time Tested:**	
Laboratory Id:	B,16.4078253.G	**Date/Time Received:**	20/01/2016 18:17	**Biohazard Alert:**	

Urea & Electrolytes

! Code(s)	Description	Value	Normal Range	Comments
44I5.	"Sodium" = *Serum sodium*	141 mmol/L	133 - 146	
44I4.	"Potassium" = *Serum potassium*	4.3 mmol/L	3.5 - 5.3	
44I6.	"Chloride" = *Serum chloride*	104 mmol/L	95 - 108	
44J9.	"Urea" = *Serum urea level*	7.0 mmol/L	2.5 - 7.8	
44J3.	"Creatinine" = *Serum creatinine*	126 umol/L	40 - 130	
- 451E.	**"Estimated GFR"** = *GFR calculated abbreviated MDRD*	**51 ml/min**	**>60 -**	

Liver Function Tests

Comments: Alkaline Phosphatase results IFCC aligned from 03/08/15.

! Code(s)	Description	Value	Normal Range	Comments
44EC.	"Total Bilirubin" = *Serum total bilirubin level*	7 umol/L	- <20	
44G3.	"ALT" = *ALT/SGPT serum level*	31 U/L	- <50	
44HB.	"AST" = *AST serum level*	36 U/L	- <40	
44F..	"Alkaline Phosphatase" = *Serum alkaline phosphatase*	76 U/L	30 - 130	
44M4.	"Albumin" = *Serum albumin*	42 g/L	35 - 50	

Patient Details

Name	Michael Keown
Address Type	Current
Address	48 Glencorse Street Glasgow Lanarkshire G32 6JQ
Date of Birth	01/12/1955
Sex	Male
Marital Status	Unknown
Registered Gp	ROGERS, PAULA
Practice	The Cairns Practice
HB of Res.	

Identifiers

CHI	0112556132
NHS	S644/1/55/729
CRN	20656660B
GPASS	6538
CRN	SG03292065
NHS	0112556132

Clinical Data Required: REQUESTOR**3-4w oesophagtis. Check H...

Requester Details

Name	MCKENNA, CRAIG
Organisation	The Cairns Practice
Address	Shettleston Health Centre 420 Old Shettleston Road Glasgow

Identifiers

Requestor	7460840

Administrative Details

Category	Biochemistry
Revision	1.00
Originating HCP	
Attesting HCP	
Attestation Date	20/01/2016

Identifiers

Telepath	B,16.4078253.G

Michael Keown 01/12/1955 Male (Unknown) (Details)

Sample Details

Blood

Description:	Blood	**Date/Time Sampled:**	20/01/2016 16:01	**Date/Time Tested:**	
Laboratory Id:	B,16.6048418.E	**Date/Time Received:**	20/01/2016 18:10	**Biohazard Alert:**	

Full Blood Count

Code(s)	Description	Value	Normal Range	Comments
42H..	"White Blood Count" = *Total white cell count*	7.8 x10^9/l	4.0 - 11.0	
- 426..	**"Red Cell Count" = *Red blood cell (RBC) count***	**4.46 x10^12/l**	**4.50 - 6.50**	
423..	"Haemoglobin" = *Haemoglobin estimation*	131 g/l	130 - 180	
- 4258.	**Haematocrit**	**0.396 l/l**	**0.400 - 0.540**	
42A..	"Mean Cell Volume" = *Mean corpuscular volume (MCV)*	88.8 fl	80.0 - 100.0	
428..	"MCH" = *Mean corpusc. haemoglobin(MCH)*	29.4 pg	27.0 - 32.0	
42P..	'Platelet Count" = *Platelet count*	302 x10^9/l	150 - 400	
42J..	"Neutrophils" = *Neutrophil count*	5.2 x10^9/l	2.0 - 7.5	
42M..	"Lymphocytes" = *Lymphocyte count*	1.8 x10^9/l	1.5 - 4.0	
42N..	"Monocytes" = *Monocyte count*	0.6 x10^9/l	0.2 - 0.8	
42K..	"Eosinophils" = *Eosinophil count*	0.3 x10^9/l	0.0 - 0.4	
42L..	"Basophils" = *Basophil count*	0 x10^9/l	0.0 - 0.1	
4266.	"Nucleated RBC" = *Nucleated red blood cell count*	0 x10^9/l		

Patient Details

Name	Michael Keown
Address Type	Current
Address	48 Glencorse Street Glasgow Lanarkshire G32 6JQ
Date of Birth	01/12/1955
Sex	Male
Marital Status	Unknown
Registered Gp Practice	ROGERS, PAULA The Cairns Practice
HB of Res.	

Identifiers

CHI	0112556132
NHS	S644/1/55/729
CRN	20656660B
GPASS	6538
CRN	SG03292065
NHS	0112556132

Clinical Data Required: REQUESTOR**3-4w oesophagtis. Check H...

Requester Details

Name	MCKENNA, CRAIG
Organisation	The Cairns Practice
Address	Shettleston Health Centre

420 Old Shettleston Road
Glasgow

Identifiers

Requestor	7460840

Administrative Details

Category	Haematology
Revision	1.00
Originating HCP	
Attesting HCP	
Attestation Date	20/01/2016

Identifiers

Telepath	B,16.6048418.E

Keown Michael CHI: 0112556132

Clinical letter - GP: Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: General Medical Clinic
Contact Tel: 0141-211-4971
Enquiries to: Lindsay Fraser (Secretary)

Dr. A Little
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Letter Date: 13/07/2015
Reference: RK/EJ
Dictated Date:
Transcribed Date: 07/07/2015

Dear Dr Little ,

Michael Keown; D.O.B: 01/12/1955; CHI: 0112556132
48 Glencorse Street, Glasgow, Lanarkshire, G32 6JQ

I reviewed Mr Keown along with his partner today in the general medical clinic. He was seen one week ago with progressive and disabling arthropathy of his hip and knee joints. He had also developed a vasculitic type rash over his lower extremities and the patient and his partner felt that it was due to the recent introduction of his Seretide and Tiotropium. He subsequently stopped taking two of these inhalers and today in clinic the patient and his partner are reassured that his symptoms have completely resolved. His rash is much improved and it is no longer over his neck or upper limbs however there are still small areas of erythema well demarcated over his lower limbs. In terms of his arthropathy there is no evidence of that today and the patient himself feels his joints have completely improved and resolved. Generally the patient feels his breathlessness is back to as it was and he feels that his symptoms from last week have improved which is reassuring. In relation to the patient's initial problems of breathlessness he states he can walk about 10 yards without having to stop due to breathlessness. He usually doesn't have any sputum production however has had some green phlegm over the past few days. He generally can only walk up 13 steps without having to stop due to breathlessness and feels this has not deteriorated since he has been seen in the clinic.

The patient has a past medical history of osteoarthritis, gastritis, Factor V Leiden deficiency, a road traffic accident round about 2012 where he developed multiple fractures and a new diagnosis of mild COPD.

He is an ex smoker who stopped two years ago and smoked 30 a day. He lives with his partner, is unemployed, doesn't drink alcohol and mobilises intermittently with a stick.

He has a family history of having an MI, his father having a bypass and high blood pressure in the family.

His current medications include Aspirin 75mg od, Naproxen 500mg bd, Cetirizine 10mg od, Omeprazole 20mg bd, Furosemide 20mg od and Terbutaline one puff PRN. He stopped last week his Seretide 250 Accuhaler and Tiotropium.

On examination today the patient appeared quite well. There is evidence of nail pitting, no evidence of any cervical or axillary lymphadenopathy. The patient's chest on auscultation today appears clear with no wheeze or crepitations. His heart sounds appear normal and there is no evidence of pitting oedema. His abdomen is soft and non tender with evidence of gynaecomastia. In terms of the patient's rash, his neck and face all appear normal with no evidence of any lesions. There are still approximately five lesions on each shin area bilaterally well demarcated approximately 3cm squared erythematous areas. They appear to be healing and certainly are not warm to touch or painful on palpation.

I have gone through the patient's results today in clinic with the patient and partner including his x-ray from last week which has not been formally reported but appears normal. I also looked at the patient's ECG which reveals normal sinus rhythm. The patient's blood tests reveal a mildly elevated urate level at 0.5 however all other blood tests including thyroid function tests, liver tests, glucose, CRP, bone profile and an ACE are all within the normal range. The patient's ESR is only mildly elevated at 11 and his full blood count is normal. I also note the patient's immunology including an ANCA, ANA and rheumatoid factor have all come back within the normal limits. Certainly this is reassuring to the patient today and he is satisfied that his symptoms have also improved. In terms of inhaled therapy the patient was quite keen to be trialled on something else and I have given him a prescription for Symbicort 100/6 turbo haler to commence however I have given him strict advice that should he develop any ongoing symptoms or problems with this then he should stop it immediately. His urate levels are also elevated and I wonder whether the flare up he had could have been a gout element. I note the patient is on Naproxen currently however if he does develop any further flare ups we may consider adding in Allopurinol once these have settled down. We will see the patient back in two months time and hopefully we will see a response to his inhaled therapy at that point. If you have any further questions please don't hesitate to get in touch. (General medical clinic appointment 27 August 2015 at 3.30pm)

Yours sincerely,

RUTH KEIR

ST3 LAT ACUTE MEDICINE

Note: The CXR from 18/6/15 has been formally reported as normal.

Electronically Signed: Dr Ruth Keir1, Doctor

cc.

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Patient Label
0112556132
KEOWN M
Michael 01/12/1955
48 Glencorse Street
Glasgow, Lanarkshire
G32 6JQ

URGENT

The patient attended GENERAL MEDICINE Clinic at GRI

Hospital on 25/6/15 and I would advise a change to drug therapy from

to

or additional therapy of SYMBICORT 100/6 TURBOHALER

as detailed below. Full letter to follow.

Additional Comments:

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
SYMBICORT TURBOHALER	2 puffs	TWICE DAILY	3 months
BUDESONIDE 100mcg / formoterol 6mcg			

Yours Sincerely

Signature:

Name (print) DR RUTH KERR Grade: ST3 Ext. No: 3589

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

00545

Keown Michael CHI: 0112556132

Clinical letter - GP: Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000
General Medical Clinic
0141-211-4971
Lindsay Fraser (Secretary)

Dr. A Little
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 25/06/2015
Reference: JBN/EJ
Dictated Date: 18/06/2015
Transcribed Date: 24/06/2015

Dear Dr Little ,

Michael Keown; D.O.B: 01/12/1955; CHI: 0112556132
48 Glencorse Street, Glasgow, Lanarkshire, G32 6JQ

DIAGNOSES:

1. Airflow obstruction

2. Peripheral oedema

3. Generalised arthropathy

4. Vasculitic rash – lower extremities

CURRENT MEDICATION:

Aspirin 75mg, Naproxen, Omeprazole, Cetirizine, Bricanyl metered dose inhaler PRN, Seretide 250 inhaler two puffs bd, Spiriva 18mcg od, Furosemide 20mg od

INVESTIGATIONS:

Chest x-ray, ECG, blood tests

RECOMMENDATIONS:

Stop Spiriva and Seretide metered dose inhaler

REVIEW APPOINTMENT:

One week (25 June 2015)