Name:	Robert Leitch	Recorded:	08/01/2018 16:43:04
Number:	9696	Read back:	09/01/2018 12:47:00
Gender:	Male	Recorded by:	
Birthdate:	15/08/1977 40 years	Referring physician:	
Comment:		Location:	

UNCONFIRMED INTERPRETATION

Numbers	Time	Systolic	SD	Diastolic	SD	Heart rate	SD	% Succeeded
1 - 1	16 - 17 h	179	0.0	111	0.0	79	0.0	50%
2 - 2	17 - 18 h	169	0.0	116	0.0	94	0.0	100%
3 - 3	18 - 19 h	160	0.0	103	0.0	105	0.0	50%
4 - 5	19 - 20 h	149	5.7	81	3.5	88	0.7	100%
6 - 6	20 - 21 h	125	0.0	56	0.0	93	0.0	100%
7 - 8	21 - 22 h	149	6.4	81	0.0	90	4.9	100%
9 - 16	22 - 23 h	156	29.6	91	19.0	75	10.0	28%

Overall: 16 (41% Succeeded) Awake: 13 (42% Succeeded) Asleep: 3 (38% Succeeded)

NHS Confidential: Personal data about a patient

Name:	Robert Leitch	Recorded:	08/01/2018 16:43:04
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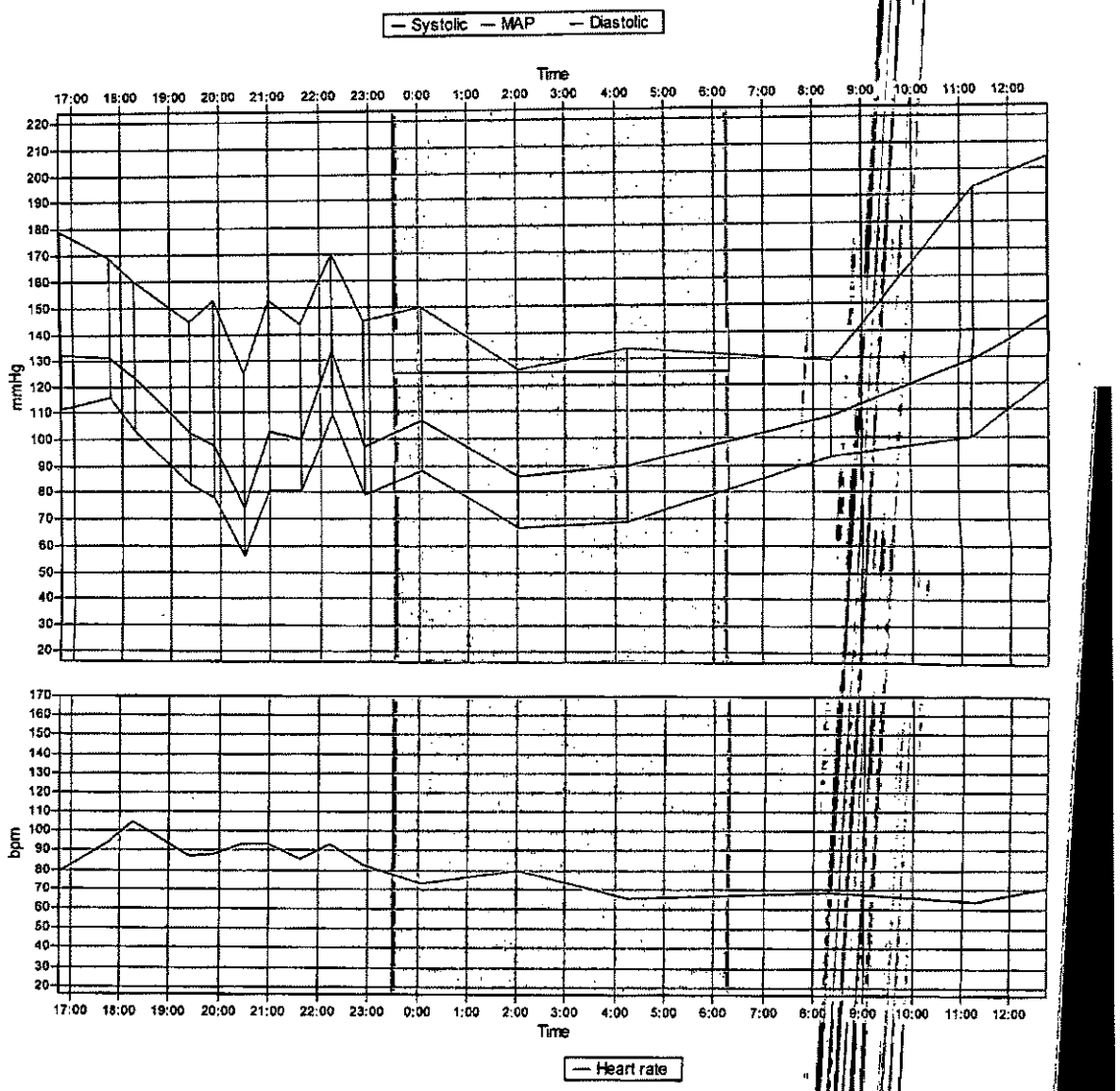
UNCONFIRMED INTERPRETATION



Overall: 16 (41% Succeeded) Awake: 13 (42% Succeeded) Asleep: 3 (38% Succeeded)

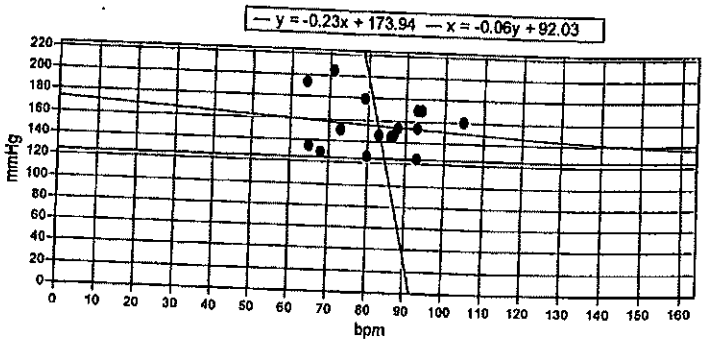
[redacted]

Name:	Robert Leitch	Recorded:	08/01/2018 16:43:04	UNCONFIRMED INTERPRETATION
Number:	9696	Read back:	09/01/2018 12:47:00	
Gender:	Male	Recorded by:		
Birthdate:	15/08/1977 40 years	Referring physician:		
Comment:		Location:		

Overall:

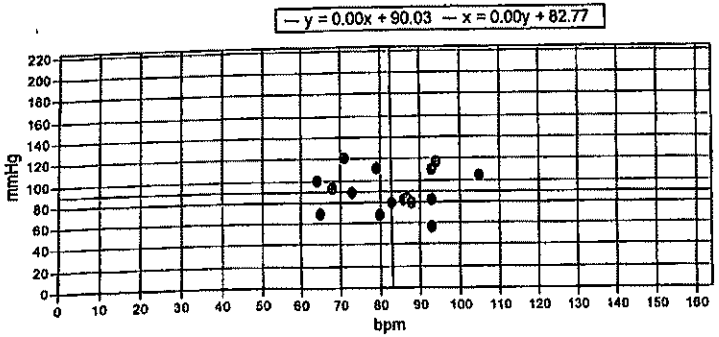
Systolic against Heart rate

Correlation coefficient: -0.12
Cloud's centre: 154.9 / 82.6



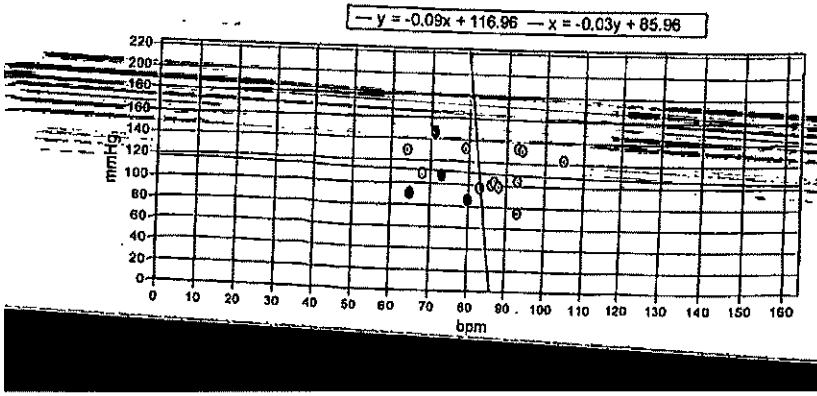
Diastolic against Heart rate

Correlation coefficient: 0.00
Cloud's centre: 89.7 / 82.6



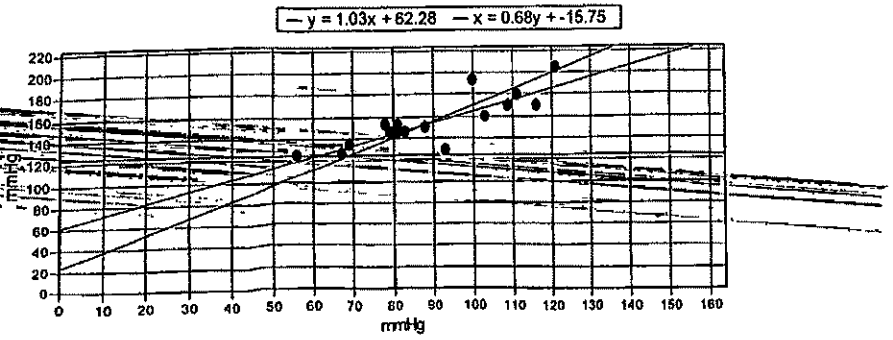
Map against Heart rate

Correlation coefficient: -0.05
Cloud's centre: 109.9 / 82.6



Systolic against Diastolic

Correlation coefficient: 0.84
Cloud's centre: 154.9 / 89.7



Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR17.0)

REFERRAL TO

Chiropody/Podiatry
H GG&C Protocol

Consultant / receiving practitioner and/or specialty clinic

Cowal Community Hospital
360 Argyll Street
Dunoon
PA23 7RL

Hospital and hospital address

Hospital location code: C106H

Email address: -

Urgency of referral ROUTINE
Date of referral 14-Feb-2018 **Date sent** 14-Feb-2018

PATIENT DETAILS

Surname	Leitch
Forename(s)	Robert
Title	Mr
Sex	Male
Date of birth	15-Aug-1977
CHI no.	1508773076
Area of Residence	-

Patient's address

Cot House Inn
Sandbank
Dunoon
PA23 8QS

Contact number(s)

Voice:07867301185
E-mail:robertleitch93@gmail.com

101015483412N Unique Care Pathway Number: 101015483412N

REGISTERED GP DETAILS

Name	Dr Sabeel Saleem		
GMC code	6154222	GP code	69485
Practice name	Church Street Surgery		
Practice code	84241		

Practice address

30 Church Street
Dunoon
Argyll and Bute
PA23 8BG

Contact number(s)

Voice:01369 702772
Facsimile:01369 704502

REFERRING GP DETAILS

Name	Dr. Paul Hickman		
GMC code	2805489	GP code	69876
Practice name	Church Street Surgery (84241)		
Practice code	84241		

Practice address

30 Church Street
Dunoon
PA23 8BG

Contact number(s)

Voice:01369 703482

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Avulse both great toenails

Comment: Dear Colleague,

Robert leitch is a 40 year old man who has just moved to Sandbank from Tighnabruiach. While he lived in Tighnabruaich he was referred to podiatry and it was agreed to avulse both great toenails. Since moving he has received no mail and he feels that he has not received his appointment. I would be most grateful if you he could be called for again as he has failed to receive the mail. I look forward to your further help and advice.

Best wishes,

Yours sincerely,

Dr P Hickman

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

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

Description	Date of onset	Date recorded
[D]Sleep apnoea syndrome	13-Feb-2018	13-Feb-2018

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Refer to podiatry	13-Feb-2018	13-Feb-2018

Family conditions (All priorities)

Description	Date of Onset
FH: Diabetes mellitus	20-Dec-2017
FH: Ischaemic heart dis. >60	20-Dec-2017

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)

No recent medications recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 30 Cigarettes/day:		20-Dec-2017
Alcohol consumption, 0 units/week:		20-Dec-2017
Aerobic exercise 2 times/week:		20-Dec-2017

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has Additional Support Needs:No

Patient has disability or requires wheelchair access:No
Referred By:Registered GP
Electronic Attachment Present:No

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

Mr Robert Leitch **15/08/1977** **Male** **Transferred Out**

Address

Royal An Lochan Tighnabruaich PA21 1BE
40 Ardensate Crescent Kirn Dunoon Argyll PA22 8NE
Temporary Residents

Address Type: Main address
Address Type: Permanent registered address for

Communication numbers

Mobile phone	07867301185
Telephone - business	01700811239

Problems

Currently Relevant Started: 10/12/2015 Ended:

Medical History

08/08/2017 Ingrowing great toe nail Bilateral Referred to Podiatry October but no word Will re-refer. Dr David Syme

08/08/2017 Back pain without radiation NOS Recurrence low back pain. Is on his feet a lot in his work as a chef. Continue Co-codamol but maybe best to avoid Naproxen as ahs had further bruising..... Dr David Syme

08/08/2017 Jury exempt form given Further Soul and Conscience letter given He alleges there is a past problem between himself and the Sherriff's Office Dr David Syme

23/03/2017 Jury exempt form asked for Requesting letter for Jury DutySoul and conscience letrter given Dr Scott Goudie

20/02/2017 Non-alcoholic fatty liver nafld score -1.5 therefore low risk fibrosis. plan monitor lfts 3 monthly and encourage weight loss, monitor hba1c. Dr Nicola Hallum

14/02/2017 Consultation 1) had a bad weekend with smoking- mum went into lochgilphead due to dementia and decision now that she needs full time care. disucssed stressors- hasn't bought any today- prefers oral spray to patches, don't give up as was doing well.2) tfts normal3) waiting for sleep study appointment.4) not heard from podiatry - 4/12 ago apparently self referred- ask EM to chase. Dr Alida Macgregor

24/01/2017 Consultation continuing with NRT not finding it easy but has resisted buying cigs - excellent and takes long daily walks and uses plasystation as distraction therapy Ms Jacqueline Roxburgh

10/01/2017 Consultation unsatisfactory sleep clinic visit, saw a female dr, not dr carlin, found her abrupt. may repeat tests, said to see gp anyway. ? will ring to find out. sounds like sleep issue, 8hrs at night, snores, daytime naps getting longer. changed job, lost weight, exercising, doesnt smoke. check tfts. 2.sees haem tomorrow re coag. 3.smoking cessation, will try patches plus spray. 20 cig per day. Dr Nicola Hallum

25/10/2016 Consultation still luq pain. def now upper not lower qud. eating ok. no nausea. no vomiting. pain not there when getsup but there most of rest of day. bowels bladde rok, weight down a little, intentionally i think. abdo soft, tender far luq round to renal angle. possibly firmness, dullness to percussion ?speen or renal mass. due uss upper abdo next week. i think this is next step. then rtn for rv. haem rv later in nov. pct for pain. urine sample dip for blood pls when can Dr Nicola Hallum

18/10/2016 Consultation left lower quadrant pain since flu type illness last week. bowels loose initially, now improved. shooting pains up from lower left side to under left ribs. oe apyrex pulse 68 looks well abdo soft tender to deep palpation lif, no peritonism and no herniae. chap declined. ?diverticulitis. treat with coamox and review if no improvement next week, warned may get further loose stool with ab. scope if happens again. Dr Nicola Hallum

06/10/2016 Consultation unable to measure waist as tape measure not long enough Ms Jacqueline Roxburgh

04/10/2016 Consultation 1) has appoint for bloods on thursday2) no sleep clinic appoint yet- ask EM to chase this up ?what has happened as referred in Jan3) left great toe- ingrowing nail- needs to see podiatry for Rx- self refer Dr Alida Macgregor

22/09/2016 Discussed with consultant spoke with Dr Clarke- she thinks with Hx of bruising it does merit further IX, LFTs suggest ?liver/metabolic syndrome may be cause here but other haem pathology to be rules out. We'll send liver screen off pending clinic appointment so they have results to hand.AST:ALT ration is 0.44 which suggests NAFLD and certainly a metabollic profile but has very significant alcohol use in past so may need referral as this raise is persistant and has been tee-total for 15 years. Dr Alida Macgregor

22/09/2016 Administration NOS called to discuss with haem- consultant Dr Clark to call back. non-traumatic spontaneous brusing ongoing for several months. PT ok, APTT borderline up, plats ok. LFts ok. prev alcohol abuse. ?significance of APTT ?next step or just monitor. do they need to see? Dr Alida Macgregor

29/08/2016 Consultation back pain since friday. a frequent occurance, twisted at work. pain in lumbar spine and shooting pain down left leg. intermittent. mobilising well. no bladder bowel prob or change. no saddle anaest. no weakness noticed. on exam slr 90 bilat, a little uncomfortable left side. tender paraspinal left l1l2 level forward flexion reasonable. pns lower limbs intact. mild radicular symptoms. analgesia. mobilise. ws. also rpt coag as mildly outwith n range. said no more unexplained bruises though. Dr Nicola Hallum

21/07/2016 Consultation further large bruise rt side. bloods unremarkle plats ok an clotting slightly raised APTT ?significance.tetotal for 15 years drank to excess from age 16-24, laterally 50+units per day. not sure what we need to do next- i'll d/w NH ?full liver screen ?refer haem re bruising. Dr Alida Macgregor

19/07/2016 Consultation Robert noticed new bruising on his rt side, on examination pale broad area of bruising noted roughly mid axilla line travelling approx 5 inches across, back, 3 inches at widest. area marked. Pt denies any trauma or any other bleeding no new symptoms just usual leg discomfort which he has had for years, he is chef spend 10-12 hours on his feet at work. Has appointment with gp later in week Ms Jacqueline Roxburgh

14/07/2016 Consultation 1) still no sleep clinic appoint - referre din Jan that is a bit too long now! goven aclinic number advise dhim to call.2) 10days ago noticed brusie on left leg near back of the knee, was initailly size of 10p but then spread to whole inner thigh , lower leg and same on other side. Feeling ok otherwise. no other bleeding noticed- cut himself a few times and stopped fine. o/e brusing in area indicated- subtle but there. - no trauma he remembers. plan should do bloods as minimum I think and if recurs need ot look at further. his mum told him a cousin and his gran both had something similar done and ended up needing something in knee taken out ?bakers cyst but no knee pain or swelling so not sure how that fits into the picture. for FBc and coag screen, LFts nd UEs please Dr Alida Macgregor

12/05/2016 Low back pain 3 week ago slid in walk in fridge (at work) caught himself on shelves, back niggling at time but pain got worse over next few days- self referred physio in Dunoon (private)- gave exercises to do- been doing since monday and woke up this morning and pain worse in back. Left side, into left buttock, occ shooting pains into left thigh. pain also in right side but less so. No paresthesia.o/e: can SLR bilat to 90 but does induce some increased pain. no midline tenderness but paraverterbal muscle spasm. no increased pain on axial loading.imp: musculoskeletal back pain with some left leg radiation following slip.increase analgesia, advised GI safety re naproxen. seeing physio on monday again, worsening advice given Dr Alida Macgregor

18/03/2016 Consultation talked over xray result. healed now. no pain. reasonable function in toe. nail looks fungal. try paint, 12 weeks, protect skin around when apply paint. happy with this. confirmed he has been referred to sleep clinic. 25/1/16 Dr Nicola Hallum

07/03/2016 Notes summary on computer Dr Laura Cameron

09/02/2016 Consultation ask for help in stopping smoking, however note that being Ix for sleep apnoea, possible narcolepsy so probably best to avoid champix which would be his preference, discussed alternatives and would like to try patches, review 2w Dr Catriona Ramsay

25/01/2016 Refer for X-Ray Dr Jenny Leigh

25/01/2016 Consultation R big toe still sore if standing long periods. remains red and tender but not hot/inflamed. dry with some crusting down lateral side of nail. had 12d penv and flucloxref XR ? bone # or infection Dr Jenny Leigh

25/01/2016 Consultation discussed cholesterol - has been tersting menus this month and eating very unhealthily. reluctant to have statin. eats fruit, veg, salads and fish. will cut down on butter/fat etc. repeat cholesterol in 3m Dr Jenny Leigh

25/01/2016 Consultation ongoing sleepiness during the day. falls asleep in his breakfast, sitting down for a minute, on the bus or mid conversation. has been tested for sleep apnoea 2013 and negative. changed wotrk, lost 4 stone and still problems ? narcolepsy. if laughing can feel as though going to fall asleep. epworth sleepiness scale : 22refer back to gartnaval Dr Jenny Leigh

22/01/2016 Patient MRE received from HB Mrs Elizabeth Mitchell

14/01/2016 Consultation toe now healing well, discussed smoking and smoking cessation and previously had Champix for 7 m but ran out and started smokimg again, recovering alcoholic, no abstinemt, no PH depression/ anxiety, , needs up to date U/e LFT, FBC, lipids and blood sugar then review re starting champix Dr Catriona Ramsay

06/01/2016 Consultation toe improving , less red, minimal tenderness, no discharge. no indication for X-ray at present but extend AB 5 days and review by me next week Dr Catriona Ramsay

31/12/2015 Consultation stubbed R big toe 20d ago. had 5d course fluclox but pain getting worse over the last week and redness which had improved now sreading from site of avulsed nail up to IPjoint.well in self. working as chef so on feet all day in sweaty environmento/e t 36.5 R big toe toender, warm and red to IPj. nail bed weepingfor higher dose fluclox and pen v. review if erythema spreadign further over w/end or unwell. if not settling may need admission for iv antibiotics and XR to exclude #/osteomyelitis Dr Jenny Leigh

10/12/2015 Consultation stubbed toe rigt foot great toe 2 weeks ago and lost part of the nail and as this has started to grow back very painful and now infected, not diabetic, no PMH of note, smokes 20/day. o/e paronychia, right great toe, no allergies knonw, will be in this area for at least 3 m, chef at Royal an Lochan, for flucloxacillin 5 daysand review if not improving, may need referal podiatry for wedge excision if recurs Dr Catriona Ramsay

01/03/1991 Alcohol dependence syndrome Dr Laura Cameron

Acute and Repeat Issue Therapy

08/08/2017	issued	Co-codamol 30mg/500mg tablets	Supply: (100) tablet	TAKE TWO TABLETS FOUR TIMES PER DAY, MAXIMUM OF 8 TABLETS IN 24 HOURS
12/07/2017	issued	Naproxen 250mg tablets	Supply: (56) tablet	1-2 TABLET TWICE DAILY
12/07/2017	issued	Co-codamol 30mg/500mg tablets	Supply: (100) tablet	TAKE TWO TABLETS FOUR TIMES PER DAY, MAXIMUM OF 8 TABLETS IN 24 HOURS
23/03/2017	issued	Nicorette invisi 25mg/16hours patches (McNeil Products Ltd)	Supply: (14) patch	ONE PATCH PER DAY, REMOVE AT NIGHT. ROTATE SITE
23/03/2017	issued	Nicotine 1mg/dose oromucosal spray sugar free	Supply: (26.4) ml	1-2 SPRAYS TO PREVENT CRAVINGS. MAX 4 SPRAYS PER HOUR. 64 SPRAYS PER 24HRS
14/02/2017	issued	Nicotine 1mg/dose oromucosal spray sugar free	Supply: (26.4) ml	1-2 SPRAYS TO PREVENT CRAVINGS. MAX 4 SPRAYS PER HOUR. 64 SPRAYS PER 24HRS
10/01/2017	issued	Nicotine 1mg/dose oromucosal spray sugar free	Supply: (26.4) ml	1-2 SPRAYS TO PREVENT CRAVINGS. MAX 4 SPRAYS PER HOUR. 64 SPRAYS PER 24HRS
10/01/2017	issued	Nicorette invisi 25mg/16hours patches (McNeil Products Ltd)	Supply: (14) patch	ONE PATCH PER DAY, REMOVE AT NIGHT. ROTATE SITE
18/10/2016	issued	Co-amoxiclav 500mg/125mg tablets	Supply: (21) tablet	1 TABLET THREE TIMES A DAY
29/08/2016	issued	Omeprazole 20mg gastro-resistant capsules	Supply: (28) capsule	1 CAPSULE ONCE A DAY
29/08/2016	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	1 TABLET THREE TIMES DAILY
29/08/2016	issued	Co-codamol 30mg/500mg tablets	Supply: (100) tablet	TAKE TWO TABLETS FOUR TIMES PER DAY, MAXIMUM OF 8 TABLETS IN 24 HOURS
21/07/2016	issued	Co-codamol 30mg/500mg tablets	Supply: (100) tablet	TAKE TWO TABLETS FOUR TIMES PER DAY, MAXIMUM OF 8 TABLETS IN 24 HOURS
12/05/2016	issued	Co-codamol 30mg/500mg tablets	Supply: (100) tablet	TAKE TWO TABLETS FOUR TIMES PER DAY, MAXIMUM OF 8 TABLETS IN 24 HOURS
12/05/2016	issued	Naproxen 250mg tablets	Supply: (56) tablet	1-2 TABLET TWICE DAILY
18/03/2016	issued	Amorolfine 5% medicated nail lacquer	Supply: (5) ml	APPLY TO THE INFECTED NAIL ONCE WEEKLY

09/02/2016	issued	Nicorette invisi 25mg/16hours patches (McNeil Products Ltd)	Supply: (14) patch	APPLY TO NON HAIRY SKIN, LEAVE ON 16HRS AND LEAVE OFF OVERNIGHT
06/01/2016	issued	Flucloxacillin 500mg capsules	Supply: (20) capsule	TAKE ONE CAPSULE FOUR TIMES A DAY
06/01/2016	issued	Phenoxymethylpenicillin 250mg tablets	Supply: (40) tablet	2 TABLETS FOUR TIMES DAILY
31/12/2015	issued	Phenoxymethylpenicillin 250mg tablets	Supply: (56) tablet	2 TABLETS FOUR TIMES DAILY
31/12/2015	issued	Flucloxacillin 500mg capsules	Supply: (28) capsule	TAKE ONE CAPSULE FOUR TIMES A DAY
10/12/2015	issued	Flucloxacillin 250mg capsules	Supply: (28) capsule	1 CAPSULE FOUR TIMES A DAY

Consultation

19/09/2017	Other	Mrs Linda Aitken
19/09/2017	Other	Mrs Linda Aitken
09/08/2017	Other	Dr David Syme
08/08/2017	Other	Dr David Syme
12/07/2017	Medicine Management	Dr Alida Macgregor
23/03/2017	Other	Dr Scott Goudie
20/02/2017	Surgery consultation	Dr Nicola Hallum
14/02/2017	Surgery consultation	Dr Alida Macgregor
25/01/2017	Results recording	Dr Alida Macgregor
24/01/2017	Surgery consultation	Ms Jacqueline Roxburgh
10/01/2017	Surgery consultation	Dr Nicola Hallum
25/10/2016	Surgery consultation	Dr Nicola Hallum
21/10/2016	Results recording	Dr Alida Macgregor
18/10/2016	Surgery consultation	Dr Nicola Hallum
13/10/2016	Results recording	Dr Alida Macgregor
07/10/2016	Results recording	Dr Alida Macgregor
07/10/2016	Results recording	Dr Alida Macgregor
07/10/2016	Results recording	Dr Alida Macgregor
07/10/2016	Results recording	Dr Alida Macgregor
06/10/2016	Surgery consultation	Ms Jacqueline Roxburgh
04/10/2016	Administration	Dr Alida Macgregor
04/10/2016	Surgery consultation	Dr Alida Macgregor
22/09/2016	Administration	Dr Alida Macgregor
05/09/2016	Surgery consultation	Dr Nicola Hallum
30/08/2016	Results recording	Dr Nicola Hallum
29/08/2016	Surgery consultation	Dr Nicola Hallum
21/07/2016	Surgery consultation	Dr Alida Macgregor
20/07/2016	Results recording	Dr Nicola Hallum
20/07/2016	Results recording	Dr Nicola Hallum
20/07/2016	Results recording	Dr Nicola Hallum
19/07/2016	Surgery consultation	Ms Jacqueline Roxburgh
14/07/2016	Surgery consultation	Dr Alida Macgregor
12/05/2016	Surgery consultation	Dr Alida Macgregor
18/03/2016	Surgery consultation	Dr Nicola Hallum
17/03/2016	Other	Mrs Theresa Taylor-Byrne
11/03/2016	Administration	Mrs Elizabeth Mitchell
07/03/2016	Administration	Dr Laura Cameron
09/02/2016	Other	Dr Catriona Ramsay
25/01/2016	Surgery consultation	Dr Jenny Leigh
22/01/2016	Administration	Mrs Elizabeth Mitchell
19/01/2016	Results recording	Dr Nicola Hallum
19/01/2016	Results recording	Dr Nicola Hallum
19/01/2016	Results recording	Dr Nicola Hallum
18/01/2016	Surgery consultation	Ms Jacqueline Roxburgh
14/01/2016	Other	Dr Catriona Ramsay
06/01/2016	Other	Dr Catriona Ramsay
31/12/2015	Surgery consultation	Dr Jenny Leigh
31/12/2015	Other	Mrs Theresa Taylor-Byrne
14/12/2015	Other	Mrs Theresa Taylor-Byrne
10/12/2015	Other	Dr Catriona Ramsay

Blood pressure

24/01/2017 10:36.00	BP 116/80 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading
06/10/2016 16:03.00	BP 126/80 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading

18/01/2016 12:07.00 BP 120/84 taken Sitting Cuff: Standard recall due: O/E - blood pressure reading
14/01/2016 11:22.00 BP 134/88 taken Sitting Cuff: Standard recall due: O/E - blood pressure reading

Health Promotion - Smoking
24/01/2017 Smoking cessation advice for Smoking
10/01/2017 Smoking cessation advice for Smoking

Weight
06/10/2016 Weight: 125.2 kgs BMI: 39.5 O/E - weight

Height
06/10/2016 Height: 1.78 metres O/E - height Ms Jacqueline Roxburgh

Albumin

06/10/2016	Serum albumin	= 41 g/L		Albumin -
06/10/2016	Serum albumin	= 41 g/L		Albumin -
19/07/2016	Serum albumin	= 42 g/L		Albumin -
18/01/2016	Serum albumin	= 40 g/L		Albumin -

Alkaline Phosphatase

06/10/2016	Serum alkaline phosphatase	= 115 U/L		Alkaline Phosphatase - U/L
06/10/2016	Serum alkaline phosphatase	= 115 U/L		Alkaline Phosphatase - U/L
19/07/2016	Serum alkaline phosphatase	= 109 U/L		Alkaline Phosphatase - U/L
18/01/2016	Serum alkaline phosphatase	= 100 U/L		Alkaline Phosphatase - U/L

Alanine Aminotransferase

06/10/2016	ALT/SGPT serum level	= 102 U/L	Abnormal	ALT - U/L
19/07/2016	ALT/SGPT serum level	= 111 U/L	Abnormal	ALT - U/L
18/01/2016	ALT/SGPT serum level	= 101 U/L	Abnormal	ALT - U/L

Aspartate Aminotransferase

06/10/2016	AST serum level	= 54 U/L	Abnormal	AST - U/L
19/07/2016	AST serum level	= 49 U/L	Abnormal	AST - U/L
18/01/2016	AST serum level	= 49 U/L	Abnormal	AST - U/L

Bilirubin

06/10/2016	Serum total bilirubin level	= 9 umol/L		Total Bilirubin -
19/07/2016	Serum total bilirubin level	= 10 umol/L		Total Bilirubin -
18/01/2016	Serum total bilirubin level	= 13 umol/L		Total Bilirubin -

Calcium

06/10/2016	Serum calcium	= 2.53 mmol/L		Calcium -

Calcium adjusted

06/10/2016	Corrected serum calcium level	= 2.5 mmol/L		Calcium (adjusted) -

Serum chloride

19/07/2016	Serum chloride	= 103 mmol/L		Chloride -
18/01/2016	Serum chloride	= 106 mmol/L		Chloride -

Serum cholesterol

18/01/2016	Serum cholesterol	= 7.4 mmol/L		Cholesterol -

Serum creatinine

19/07/2016	Serum creatinine	= 80 umol/L		Creatinine -
18/01/2016	Serum creatinine	= 81 umol/L		Creatinine -

Eosinophil count

06/10/2016	Eosinophil count	= 0.2 10*9/L		Eosinophils - x10^9/l
19/07/2016	Eosinophil count	= 0.2 10*9/L		Eosinophils - x10^9/l
18/01/2016	Eosinophil count	= 0.2 10*9/L		Eosinophils - x10^9/l

Serum iron tests

06/10/2016	Serum iron level	= 25 umol/L		Iron -

Gamma Glutamyl Transpeptidase

06/10/2016	Serum gamma-glutamyl transferase level	= 132 U/L	Abnormal	Gamma-GT - U/L

Haemoglobin

06/10/2016	Haemoglobin estimation	= 163 g/L		Haemoglobin - g/l
19/07/2016	Haemoglobin estimation	= 169 g/L		Haemoglobin - g/l
18/01/2016	Haemoglobin estimation	= 171 g/L		Haemoglobin - g/l

High Density Lipoprotein

18/01/2016	Serum HDL cholesterol level	= 0.9 mmol/L		HDL Cholesterol -
Low Density Lipoprotein				
18/01/2016	Calculated LDL cholesterol level	= 4.8 mmol/L		LDL-Cholest (calc'd) -
Mean corpuscular haemoglobin				
06/10/2016	Mean corpusc. haemoglobin(MCH)	= 32.6 pg/mL	Abnormal	MCH - pg
19/07/2016	Mean corpusc. haemoglobin(MCH)	= 32.8 pg/mL	Abnormal	MCH - pg
18/01/2016	Mean corpusc. haemoglobin(MCH)	= 31.6 pg/mL		MCH - pg
Mean corpuscular volume				
06/10/2016	Mean corpuscular volume (MCV)	= 97.4 fL		Mean Cell Volume - fl
19/07/2016	Mean corpuscular volume (MCV)	= 105 fL	Abnormal	Mean Cell Volume - fl
18/01/2016	Mean corpuscular volume (MCV)	= 92.6 fL		Mean Cell Volume - fl
Monocyte count				
06/10/2016	Monocyte count	= 0.3 10*9/L		Monocytes - x10^9/l
19/07/2016	Monocyte count	= 0.2 10*9/L		Monocytes - x10^9/l
18/01/2016	Monocyte count	= 0.3 10*9/L		Monocytes - x10^9/l
Neutrophil count				
06/10/2016	Neutrophil count	= 3 10*9/L		Neutrophils - x10^9/l
19/07/2016	Neutrophil count	= 3.5 10*9/L		Neutrophils - x10^9/l
18/01/2016	Neutrophil count	= 3.7 10*9/L		Neutrophils - x10^9/l
Serum Inorganic Phosphate				
06/10/2016	Serum inorganic phosphate	= 1.21 mmol/L		Phosphate -
Platelets				
06/10/2016	Platelet count	= 211 10*9/L		Platelet Count - x10^9/l
19/07/2016	Platelet count	= 209 10*9/L		Platelet Count - x10^9/l
18/01/2016	Platelet count	= 216 10*9/L		Platelet Count - x10^9/l
Potassium				
19/07/2016	Serum potassium	= 4.3 mmol/L		Potassium -
18/01/2016	Serum potassium	= 4.6 mmol/L		Potassium -
Red blood cell count				
06/10/2016	Nucleated red blood cell count	= 0 10*9/L		Nucleated RBC - x10^9/l
06/10/2016	Red blood cell (RBC) count	= 5 10*12/L		Red Cell Count - x10^12/l
19/07/2016	Nucleated red blood cell count	= 0 10*9/L		Nucleated RBC - x10^9/l
19/07/2016	Red blood cell (RBC) count	= 5.16 10*12/L		Red Cell Count - x10^12/l
18/01/2016	Nucleated red blood cell count	= 0 10*9/L		Nucleated RBC - x10^9/l
18/01/2016	Red blood cell (RBC) count	= 5.41 10*12/L		Red Cell Count - x10^12/l
Sodium				
19/07/2016	Serum sodium	= 138 mmol/L		Sodium -
18/01/2016	Serum sodium	= 139 mmol/L		Sodium -
Triodothyronine				
24/01/2017	Serum total T3 level	= nmol/L		Total T3
Triglycerides				
18/01/2016	Serum triglycerides	= 3.8 mmol/L	Abnormal	Triglycerides -
Thyroid Stimulating Hormone				
24/01/2017	Serum TSH level	= 2.06 mU/L		TSH - mU/L
Urea - blood				
19/07/2016	Serum urea level	= 2.8 mmol/L		Urea -
18/01/2016	Serum urea level	= 3.9 mmol/L		Urea -
Very low density lipoprotein				
18/01/2016	Serum VLDL cholesterol level	= 1.7 mmol/L		VLDL-Chol (calc'd) -
White blood count				
06/10/2016	Total white cell count	= 5.8 10*9/L		White Blood Count - x10^9/l
19/07/2016	Total white cell count	= 6.1 10*9/L		White Blood Count - x10^9/l
18/01/2016	Total white cell count	= 6.9 10*9/L		White Blood Count - x10^9/l
Lymphocyte count				
06/10/2016	Lymphocyte count	= 2.2 10*9/L		Lymphocytes - x10^9/l
19/07/2016	Lymphocyte count	= 2.1 10*9/L		Lymphocytes - x10^9/l
18/01/2016	Lymphocyte count	= 2.6 10*9/L		Lymphocytes - x10^9/l
Blood glucose				
18/01/2016	Plasma glucose level	= 5.8 mmol/L		Glucose -

18/01/2016	Plasma glucose level	= mmol/L		Fasting sample; Glucose
Bone studies				
06/10/2016	Bone profile	=		Alkaline Phosphatase results IFCC aligned
from 03/08/15.; Bone Profile				
Clotting tests				
06/10/2016	Thrombin time ratio	= 1		TCT ratio
06/10/2016	APTT	= 39 second	Abnormal	s
06/10/2016	Prothrombin time ratio	= 0.9		PT Ratio
06/10/2016	Coagulation/bleeding tests	=		Coagulation Screen
29/08/2016	Thrombin time ratio	= 1		TCT ratio
29/08/2016	APTT	= 40 second	Abnormal	s
29/08/2016	Prothrombin time ratio	= 0.9		PT Ratio
29/08/2016	Coagulation/bleeding tests	=		Coagulation Screen
19/07/2016	Thrombin time ratio	= 1		TCT ratio
19/07/2016	APTT	= 39 second	Abnormal	s
19/07/2016	Prothrombin time ratio	= 0.9		PT Ratio
19/07/2016	Coagulation/bleeding tests	=		Coagulation Screen
Full blood count				
06/10/2016	Full blood count - FBC	=		Full Blood Count
19/07/2016	Full blood count - FBC	=		Full Blood Count
18/01/2016	Full blood count - FBC	=		Full Blood Count
Liver Function tests				
06/10/2016	Liver function tests	=		Test performed on mouse tissueLKM abs =
Liver kidney microsomal absLC1 abs = Liver cytosolic antigen type 1 abs; I Autoantibodies				
06/10/2016	Liver function test	=		Alkaline Phosphatase results IFCC aligned
from 03/08/15.; Liver Function Tests				
19/07/2016	Liver function test	=		Alkaline Phosphatase results IFCC aligned
from 03/08/15.; Liver Function Tests				
18/01/2016	Liver function test	=		Alkaline Phosphatase results IFCC aligned
from 03/08/15.; Liver Function Tests				
Thyroid function				
24/01/2017	Thyroid function test	=		Thyroid funct test
Urea and Electrolytes				
19/07/2016	Urea and electrolytes	=		Urea & Electrolytes
18/01/2016	Urea and electrolytes	=		Urea & Electrolytes
Hb A1C - Diabetic control				
06/10/2016	Haemoglobin A1c level - IFCC standardised	= 43 mmol/mol	Abnormal	HbA1c (IFCC) - mmol/mol
06/10/2016	Haemoglobin A1c level - IFCC standardised	= mmol/mol		Please note change in method for HbA1c
analysis from 16/02/16.; HbA1C (IFCC)				
Anti Mitochondrial antibodies				
06/10/2016	Antimitochondrial autoantibod.	=		Mitochondrial ab - Negative
Other Laboratory tests				
06/10/2016	Transferrin saturation index	= 37 %		T'ferrin Saturation -
18/01/2016	Lipid fractionation	=		Lipid profile
Occupation				
06/10/2016	Occupations	This is a SERUM sample.; HBSAG		Dr Alida Macgregor
Packed Cell Volume				
06/10/2016	Haematocrit	= 0.487 L/L		l/l
19/07/2016	Haematocrit	= 0.542 L/L	Abnormal	l/l
18/01/2016	Haematocrit	= 0.501 L/L		l/l
Basophil count				
06/10/2016	Basophil count	= 0 10*9/L		Basophils - x10^9/l
19/07/2016	Basophil count	= 0 10*9/L		Basophils - x10^9/l
18/01/2016	Basophil count	= 0 10*9/L		Basophils - x10^9/l
Prothrombin time				
06/10/2016	Prothrombin time	= 10 second		Prothrombin Time - s
29/08/2016	Prothrombin time	= 10 second		Prothrombin Time - s
19/07/2016	Prothrombin time	= 10 second		Prothrombin Time - s
Partial thromboplastin time				
06/10/2016	Activated partial thromboplastin time ratio	= 1.3 second	Abnormal	APTT Ratio
29/08/2016	Activated partial thromboplastin time ratio	= 1.3 second	Abnormal	APTT Ratio

19/07/2016	Activated partial thromboplastin time ratio	= 1.3 second	Abnormal	APTT Ratio

Infectious titres and antibodies

06/10/2016	Hepatitis C antibody test	=	HCV antibody : - Not detected by Architect
06/10/2016	Hepatitis C antibody test	=	This is a SERUM sample.; Hepatitis C antibody
06/10/2016	HBsAg antibody level	=	HBsAg : - Not detected by Architect

Anti smooth muscle autoantibodies

06/10/2016	Anti smooth muscle autoantibod	=	Smooth Muscle ab - Negative

Parietal cell autoantibodies

06/10/2016	Parietal cell autoantibodies	=	Gastric Parietal Cel - Negative

HDL/LDL Ratio

18/01/2016	Serum cholesterol/HDL ratio	= 8.2 ratio	Chol/HDL ratio

Free Thyroxine

24/01/2017	Serum free T4 level	= 12.9 pmol/L	Free T4 -

Other autoantibodies

06/10/2016	Anti liver cytosol type 1 antibody level	=	Liver Cytosol 1 ab - Negative
06/10/2016	Anti liver kidney microsomal antibody level	=	LKM abs - Negative

Scoring Test Result

25/01/2016	Score: 7.82	Method: ASSIGN for: Dr Jenny Leigh

Enzymes/Specific proteins

06/10/2016	Serum transferrin	= 2.7 g/L	Transferrin -
06/10/2016	Serum transferrin	= mmol/L	Transferrin / Iron
06/10/2016	Serum caeruloplasmin	= mmol/L	Caeruloplasmin
06/10/2016	Serum caeruloplasmin	= 1.34 g/L	Alpha-1-Antitrypsin -

Thrombin time

06/10/2016	Thrombin time	= 13 second	s
29/08/2016	Thrombin time	= 14 second	s
19/07/2016	Thrombin time	= 14 second	s

Immunology Screening Tests

06/10/2016	Nuclear autoantibody screening test	=	Nuclear ab (rodent)

Procedures, Specimens and Samples

24/01/2017	Blood sample -> Lab NOS tft
06/10/2016	Blood sample -> Lab NOS lft ggt fbc coag(2) bone hba1c hep b + c, iron studies, autoantibodies,serum antitrypsin serum caeruloplasmin
22/09/2016	Blood test requested Repeat Lfts, GGT, FBC, coag x2, bone, HbA1cViral hepatitis serologyIron studies (for haemochromatosis), autoantibodies, serum £\-1-antitrypsin andserum caeruloplasminplease do BMI, waist circumference and BP also
29/08/2016	Blood sample -> Lab NOS coag
19/07/2016	Blood sample -> Lab NOS ue lft fbc coag screen
18/01/2016	Blood sample -> Lab NOS ue lft lipids hdl fasting chol fbc

Glomerular Filtration Rate

19/07/2016	GFR calculated abbreviated MDRD	> 60 mL/min	Estimated GFR - ml/min
18/01/2016	GFR calculated abbreviated MDRD	> 60 mL/min	Estimated GFR - ml/min

Other Lab Result Information

06/10/2016	Occupations	= 0.22 g/L	Caeruloplasmin -

Total patients for report 1

NHS Confidential: Personal data about a patient

NHS Circular:
PCA(M)(2013)4

Weds 20/12/17
4.30pm

Annex A

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

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

Male* ☑ Female* ☐ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☑ Will you be in the area for more than 3 months?* Yes ☑ No ☐
(If 'No', please ask for form GMSTRF001)

Date of Birth* 15-8-1977

Title* MR

Surname* LEITCH

Forenames* ROBERT JOHN

Previous Surname*

email address # ROBERTLEITCH93@GMAIL.COM

Address* CAT HOUSE INN, SAND BANK, DUNOON, ARGYLL

Postcode* PA23 8QS

Telephone #

Mobile # 07867301185

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

Community Health Index (CHI) Number*

NHS Number*

The following information can be found on your birth certificate:

Town of Birth* DUNOON

Country of Birth* SCOTLAND

Registered district of birth (Scotland only) ARGYLL

Mother's maiden name INNES

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

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

Address in UK when you were last registered with a GP* ROYAL ANN LOCHGILPHEAD, SHORE ROAD, TIGHNA BRUICH

Postcode* PA21 2BR

Name and address of previous GP Practice in UK* KYLES MEDICAL CENTRE, TIGHNA BRUICH

Postcode* PA21 2BR

If you are from abroad:

Date you first came to live in the UK*

If previously resident in the UK, date of leaving*

Your most recent country of residence*

If you have served in the British Armed Forces:

Service Number

Enlistment date*

If yes, please provide your address before enlisting*

Are you a Reservist?* ☐ Yes ☐ No

Leaving date*

Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No

Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

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

Any of my organs and tissue ☐ Or my

Kidneys ☑ Eyes ☐ Heart ☑ Lungs ☑ Liver ☑ Pancreas ☑ Small bowel ☑ Tissue ☑

Patient signature

Date 20-12-2017

GMSGPR001 v1 (05-2013)

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.scotland.gov.uk

DIGNITY IN PEOPLE

NHS Circular:
PCA(M)(2013)4

4. HOW WE USE YOUR INFORMATION

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

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

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.
For more information on how NHS National Services Scotland uses your personal information visit www.nhsnss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.
NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature _____ Date 20 / 12 / 2017

Representative's name (if applicable) _____

Relationship to patient (if applicable) _____

6. FOR PRACTICE USE

GP reference number _____ GP name _____

Practice code _____ Mileage (No.) _____ Road _____ Water _____ Footpath _____

Identification seen - do not take or retain photocopies

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

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

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

Authorised Practice signature _____ Date ___/___/___

7. OFFICIAL USE ONLY

Input by _____

Checked by _____

Date ___/___/___

GMSGPR001 v1 (05-2013)

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.scotland.gov.uk

NHS Confidential: Personal data about a patient

Health Visitor
Name .....
Address .....
.....

ARGYLL & BUTE CHP
Accident / Emergency Form

Islay
Bothesay
Dunoon
Campbeltown
Lochgilphead

7625
2017

Hospital: Cowal Community

Surname	Forenames	Birth Surname
LEITCH	ROBERT JOHN	LEITCH

Address: COT HOUSE INN
Patient's Own Occupation: CHEF

Postcode	Telephone No.	Date of Birth	Sex	Marital status	Religion
PA23 8QS	07867361185	15-8-77	M	Single	

Next of Kin: Name	Relationship	Family Doctor: Surname	Initials
ANNETTE GOUR	SISTER	DR Hallum	

Address	Address
	TIGHNABRUAICH SARSPORT

Postcode	Telephone No.	Postcode	Telephone No.
	07511 460171		01700 811207

Accident / Emergency: Date of Attendance	Previous Attendance at this Hospital Yes / No	In / Out Patient	Year
23-11-17			

Time of Attendance	Reason for Attendance
19.45	FALL OUTSIDE HIT HEAD & STOMACH

Date of Injury or Illness	Time of Injury	Type (Code)	Source of Referral
23-11-17	17.00		GP ____ Self ✓ Police ____ Other (Code) ____

Road Traffic Accident Place | Details

Home Accident Probable Cause

1508773076
EITCH
ROBERT
15/08/1977 M
Royal An Lochan
PA21 2BE

To be completed by Medical Officer after seeing Patient
ANN GRAY NP

Dear Doctor Hallum

The above named patient attended Accident and Emergency Department today

Diagnosis: Patient attended department due to a fall patient slipped on ice. Injuring face, stomach and right leg baseline observation NEWS = 0 Glasgow Coma Scale = 15 Visual Acuity 6/5 both eyes no loss of consciousness no nausea ear and nose clear - small laceration above right eye cleansed and closed using tissue adhesive and steristrips grazes wound to stomach and right thigh cleansed Tetanus up to date according to patient. Head injury and wound care advice given to patient

X-Ray film / ECG shows

Treatment Given

Drugs ____ days supply of ____ has been given.

Tetanus / Prophylaxis has / has not been administered. patient's nurse friend TT Booster HATI (Please tick)

Would you please arrange

Discharge Codes: Please circle

1. Admission	3. Refer to GP	5. Died	7. Irregular Discharge
2. Discharge	4. Transfer to Other Hospital (see below)	6. Refer to CP clinic (see below)	8. DOA

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

Follow up	Not arranged	Arranged	To be arranged

Clinic referred to	A&E	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others specify

Medical Officers Name (in block capitals): ANN GRAY NP
Cons SR Reg SHO / JHO Clin Assist (Please circle)

Signature of Medical Officer

GP Copy Pink - Medical records copy Yellow - Health Visitors copy Blue - Treatment card copy White

STY0441D

Leitch Robert CHI: 1508773076 8477

Letter to Patient:

NHS
Greater Glasgow and Clyde
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Robert Leitch
Royal An Lochan
Tighnabruaich
Argyll
PA21 2BE

Main Switchboard:
Department: Respiratory Medicine
Contact Tel: 0141 451 6088
Enquiries to: Jean.Riach@ggc.scot.nhs.uk
Letter Date: 29/08/2017
Reference: CC/LH
Dictated Date: 07/08/2017
Transcribed Date: 16/08/2017

Dear Mr Leitch,

Thank you for coming for the repeat sleep test recently and I have now got the full results from these. I know the team had started you up trialling CPAP equipment to see if that would be helpful after a sleep test. From the initial discussions that you had with them you have been using CPAP and your remote monitoring of this is all satisfactory. You haven't however felt that this helped your sleepiness.

Your sleep test results otherwise are quite different from before and I think that helps us pin things down and I think we can also talk about trialling you with some treatment to help with daytime sleepiness.

I would like to see you back at my sleep clinic and I have asked for you to get an appointment.

Best wishes.

Yours sincerely

Chris Carlin

Consultant Physician

Sleep, Breathing Support & Respiratory Medicine

Enc

Electronically Signed: Dr Chris Carlin, Consultant

cc Dr A J MacGregor
Dr Taylor-Kavanagh & Partner

Leitch Robert CHI: 1508773076 GCL 07/08/2017 v1

246 Argyll St
Dunoon PA23 7HW

Leitch Robert CHI: 1508773076

Clinical letter - GP: Haem OP clinic 16/3/17

NHS
Greater Glasgow and Clyde

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
01475 633777

Dr. AJ MacGregor
Dr Taylor-kavanagh & Partner
246 Argyll St
Dunoon
PA23 7HW

Main Switchboard:	
Department:	Haematology, IRH
Contact Tel:	01475 504418
Enquiries to:	Stephanie Docherty (Secretary)
Letter Date:	03/04/2017
Reference:	FP/CW
Dictated Date:	21/03/2017
Transcribed Date:	21/03/2017

Dear Dr MacGregor,

Robert Leitch; D.O.B: 15/08/1977; CHI: 1508773076
Royal An Lochan, Tighnabruaich, Argyll, PA21 2BE

Diagnosis:
Previous easy bruising - since resolved - likely secondary to NSAID use and liver disease

Mr Leitch returned to the Haematology clinic on the16th of March 2017. He has had no significant bruising since we saw him in November. At that stage we felt his bruising was likely a combination of NSAID use and liver disease (he had a previous ultrasound scan that showed hepatomegaly with coarse echotexture).

His full blood count today is normal and his repeat coagulation screen was also normal. He has no lupus anticoagulant or anti-cardiolipin antibody and hepatitis B, hepatitis C and HIV screens were negative.

Given that he has a normal full blood count and coagulation screen and has had no further bruising, I have discharged him from the clinic today.

Yours sincerely

Dr Fraser Patrick
Consultant Haematologist

Electronically Signed: Dr Fraser Patrick, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

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

Respiratory Medicine
0141 451 6088
Jean.Riach@ggc.scot.nhs.uk

Dr. AJ MacGregor
Dr Taylor-kavanagh & Partner
246 Argyll St
Dunoon
PA23 7HW

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 06/01/2017
Reference: MR/ED
Dictated Date: 06/01/2017
Transcribed Date: 17/01/2017

Dear Dr. AJ MacGregor,

Robert Leitch; D.O.B: 15 Aug 1977; CHI: 1508773076
Royal An Lochan, Tighnabruaich, Argyll, PA21 2BE

Attendance: Specialty - Respiratory Medicine; Clinic - GGCCRE0-DR CARLIN SLEEP CLINIC FRI PM
Date and Time of Appointment - 06/01/2017 13:50

Clinical Comments:
ESS 20/24, STOP 3/4, STOP-BANG 6/8

Thank you for your referral of this 39 year old man to Dr Carlin's Sleep Clinic. He was seen in 2013 with a sleep test at this time. He tells me he feels many mornings he has had great a sleep. Other mornings he can feel quite tired and could just go back to sleep. He manages his job although he can fall asleep a couple of hours after getting up and has fallen asleep eating toast at work. He does have to have a sleep most afternoons. He falls asleep if he was watching television without fail and just feels tired the whole time. He gets to sleep at night quite easily. He wakes 2 - 4 times/ night. He snores and is aware of this and wakes himself occasionally. He works 8.30 a.m. - 2 p.m. having reduced his hours. He has tried to change his lifestyle, improving his diet, losing weight and reducing smoking but was fairly disgruntled today that this has not improved things despite having been advised to do this at the last Clinic. He tries to go to bed before midnight and gets up at 8 a.m. for work. He doesn't drink alcohol. He drinks 4 cups of coffee/day. He drinks 2 x 2 litre bottles of Irn Bru Xtra which he informs me is caffeine free. He smokes less than 20 cigarettes/day. He doesn't take any cannabis or other drugs. He works as a chief, he is a non driver. He describes his mood as being stable.

There is no past medical history or family history of note.

He is on Co-codamol occasionally.

On examination today his height was 1.83 metres, weight was 127 kgm giving a BMI of 38, neck size was 20", blood pressure 152/93, oxygen saturation on air was 95%. His teeth are his own. There were no ENT issues. He was Mallampati Class 2.

I discussed his previous sleep test with him which was normal and showed no evidence of abnormality in terms of obstructive sleep apnoea. He did seem to have some sleep fragmentation although there was no obvious cause for this. He again said that he was very unhappy that he had been told to lose weight, exercise, he had reduced his work hours and reduced his work stress and he still was exhausted all the time. I have suggested that we do a polysomnograph with planned naps, MLST and have a look to try to rule out any other sleep disorder. I did wonder if he possibly had mild narcolepsy although the sleep test before would not really suggest that. He is however extremely tired all the time and can sleep very easily and I felt this was worth doing. He wasn't particularly keen to do this but has agreed and we will be in touch with an appointment. We will obviously write to him and to the GP with his results.

Than you for your help.

Yours sincerely

Dr Mary Rouse

GP with special interest

Electronically Signed: Dr Mary Rouse1, Doctor

cc.

Leitch Robert CHI: 1508773076

Clinical letter - GP: Haem New OP clinic 16/11/2016

NHS
Greater Glasgow and Clyde

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
01475 633777

Haematology, IRH
01475 504418
Stephanie Docherty (Secretary)

Dr. AJ MacGregor
Dr Taylor-kavanagh & Partner
246 Argyll St
Dunoon
PA23 7HW

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 22/11/2016
Reference: RMDC/SKD
Dictated Date: 16/11/2016
Transcribed Date: 16/11/2016

Dear Dr MacGregor,

Robert Leitch; D.O.B: 15/08/1977; CHI: 1508773076
ROYAL AN LOCHAN, Tighnabruaich, Argyll, PA21 2BE

I had the pleasure of seeing Robert Leitch in the Haematology new patient clinic on 16th November 2016. You sent him to Haematology because of an episode of easy and extensive bruising in August of this year.

I checked his file and found that his coagulation screen did have a slightly prolonged APTT, which was recurrent, but the main thing seemed to me to be that his liver function tests were always quite deranged, namely for a very increased ALT and less increased AST and for a very increased Gamma GT. That is a profile typical of alcoholic liver disease and this gentleman, although he has not been drinking for more than a decade, does have a past history of alcoholic liver disease, which may be the cause of this susceptibility to easy bruising. Besides, he was previously on anti-inflammatories, namely Ibuprofen and Naproxen, which by themselves may induce bruising.

His physical examination showed a slightly overweight man with a vesicular rash in the upper part of his anterior thorax and, apart from that, no other relevant findings, namely of bruises or of evidence of bleeding. Although I do not think that this episode of bruising was due to his liver disease, as I said above, I will do a coagulation screen and will have him come in 2 months to discuss the results of that coagulation screen, of which I will inform you as soon as he comes back to us.

Yours truly

Ricardo Marques da Costa
Haematology Consultant

Electronically Signed: Dr Ricardo Marques da Costa, Consultant

cc.

Inverclyde Royal Hospital: Clinical Report

Patient: **LEITCH, Robert** DOB: **15/08/1977**

Referrer: Dr Alida MacGregor
Ref Loc: GP PRACTICE GP
Ref Src: Kyles Medical Centre, Tighnabruaich, PA21 2BE,

CHI No: 1508773076
CRIS No: 25504226

Clinical History :
39-year-old male. Abnormal LFTs and clotting.. Tee total for 15 years but legacy of 10 years heavy alcohol use:? Liver pathology.

US Abdomen :
Scanned by Morgyn Sneddon, sonographer.

Technically difficult examination due to patient obesity. Poor image quality.

The liver is enlarged measuring 21.4 cm. There is a coarse echo texture throughout with an associated reduction in sound throughput. These appearances are suggestive of diffuse fatty infiltration/parenchymal disease. Within the right lobe of liver, adjacent to the gallbladder, there are several hypoechoic, wedge-shaped areas the largest measuring 3.2 cm. Appearances are suggestive of focal fatty sparing. No other overt focal pathology or intrahepatic duct dilatation evident on limited imaging.

Common bile duct and aorta are obscured. The gallbladder is normal.
The pancreas demonstrates an increased echogenicity and lobulated anterior outline suggestive of diffuse fatty infiltration. Nil focal.

Both kidneys appear sonographically normal, however, the patient demonstrates exquisite tenderness on direct scanning of the left kidney.
Spleen is poorly visualised, however appears grossly normal. No abdominal free fluid.

VERIFIED

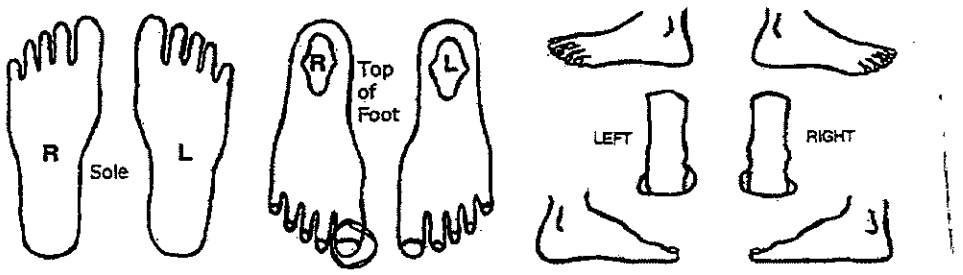
Reported By: **Morgyn Sneddon**
2nd Reporter:
Verified By: **Morgyn Sneddon**

E-30956470 Exam Date: 04/11/16
Exams: **US Abdomen**

NHS Confidential: Personal data about a patient

Please list all medical conditions (e.g. diabetes, heart, kidney, or liver disease, MRSA, etc)		
Also please list any physical disability (e.g. blind, wheel chair, etc)		
If **NONE** please tick this box	✓	
Allergies:		
Please list all your current medications (attach a prescription tear-off slip if preferred)		
If **NONE** please tick this box	✓	

Use the diagram below to show where your feet are concerning you. Circle the relevant part(s).



Briefly describe your concerns. How do you think podiatry can help?

IN GROWING TOE NAIL - DR SAID IT SHOULD BE REMOVED

*** NHS PODIATRY DOES NOT CARRY OUT SIMPLE NAIL CUTTING ***

Signed		Date stamp office use only
Date	5-10-16	

If you are signing on behalf of patient please state your relationship.

Office use only

Location Code	Core	Low	Medium	High	GP Code	Practice Code

Office use only

MPI ..... CHI .....

NHS Highland

NHS Highland Podiatry Service does not carry out simple nail cutting.

ALL sections MUST be completed in BLOCK CAPITALS.

Incomplete forms will be returned.

NB: Your first appointment may be for assessment only.
Treatment may not be given during this assessment.

Please return completed forms to

ROBERT LEITCH
Royal An Lochan Dhai
Tighnabruaich
PA21 1BE

Title	MR
Surname	LEITCH
First name(s)	ROBERT
Address	THE ROYAL ROAD TIGHNABRUAICH
Post code	PA21 2BB
Date of Birth	10/8/1977
Home Tel.	01700 811239
Work Tel.	01700 811239
Mobile Tel.	
Other Tel.	
GP's Name	Dr MCGREGOR
GP's Address	KYLES MEDICAL CENTRE TIGHNABRUAICH
Tel.	
Post code	PA21 2BB

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR17.0)

REFERRAL TO

Chiropody/Podiatry
H GG&C Protocol

Consultant / receiving practitioner and/or specialty clinic

Cowal Community Hospital
360 Argyll Street
Dunoon
PA23 7RL

Hospital and hospital address

Hospital location code.
C106H

Email address
-

Urgency of referral ROUTINE
Date of referral 09-Aug-2017 **Date sent** 09-Aug-2017

PATIENT DETAILS

Surname	LEITCH
Forename(s)	ROBERT
Title	MR
Sex	Male
Date of birth	15-Aug-1977
CHI no.	1508773076
Area of Residence	-

Patient's address

ROYAL AN LOCHAN
TIGHNABRUAICH
PA21 1BE

Contact number(s)
Voice:07867301185

1010142220437 Unique Care Pathway Number: 1010142220437

REGISTERED GP DETAILS

Name	Dr Alida Macgregor		
GMC code	6120486	GP code	69540
Practice name	Kyles Medical Centre		
Practice code	84773		

Practice address

KYLES MEDICAL CENTRE
SCHOOL ROAD
TIGHNABRUAICH
ARGYLL
PA21 2BE

Contact number(s)
Voice:01700811207

REFERRING GP DETAILS

Name	Dr David Syme		
GMC code	2335045	GP code	69540
Practice name	Kyles Medical Centre		
Practice code	84773		

Practice address

KYLES MEDICAL CENTRE
SCHOOL ROAD
TIGHNABRUAICH
ARGYLL
PA21 2BE

Contact number(s)
Voice:01700811207

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Ingrowing toenail Right foot

Comment: ThIs chap put in a self-referral form last October but has had no word of an appointment. If he is on the list and you are busy then there is no need to expedite but I wonder if he has slipped through the cracks? MAny thanks

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Date of onset	Date recorded
Alcohol dependence syndrome	01-Mar-1991	01-Mar-1991

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	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Co-codamol 30mg/500mg tablets	100	tablet	TAKE TWO TABLETS FOUR TIMES P[more]	-	08-Aug-2017	08-Aug-2017
Naproxen 250mg tablets	56	tablet	1-2 TABLET TWICE DAILY	-	12-Jul-2017	12-Jul-2017
Co-codamol 30mg/500mg tablets	100	tablet	TAKE TWO TABLETS FOUR TIMES P[more]	-	12-Jul-2017	12-Jul-2017
Nicorette invisi 25mg/16hours patches (McNeil Products Ltd)	14	patch	ONE PATCH PER DAY, REMOVE AT [more]	-	23-Mar-2017	23-Mar-2017
Nicotine 1mg/dose oromucosal spray sugar free	26.40	ml	1-2 SPRAYS TO PREVENT CRAVING [more]	-	23-Mar-2017	23-Mar-2017

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has Additional Support Needs:No

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

NHS Confidential: Personal data about a patient

Radiology Referral Form

Appt. Details .....

NHS Highland

Patie
Addr
CHI: 1508773076 15/08/1977 M
LEITCH, ROBERT
Royal An Lochan, ,
PA21 1BE
Dr Alida MacGregor, 69540
Kyles Medical Centre, PA21 2BE
04/10/2016 14:08. Practice: 84773

CHI DOB

Tel : 07867 301185
Patients preferred method of contact.
Details :

Ward .....

Male ☐ Female ☐

OP ☑ AE ☐ GP ☐

Transport	☑	Patient type	☑
Bed		NHS	
Trolley		PP	
Wheelchair		Cat 2	
Walking		Research	
Portable		Medico-legal	
O2			

Hospital transport required Y / N

INVESTIGATION REQUESTED :
UPPER ABDO USS PLEASE

Consultant :

GP Stamp here please
Dr A MacGregor
Dr N Hallum
Kyles Medical Centre
Tighnabruaich PA21 2BE
Tel: 01700 811207
Fax: 01700 811766

Clinical Summary / Question to be answered
39 ♂ abnormal LFTs and clotting
Tee - total BV 15 years but legacy of 10 years heavy alcohol use.
? Liver pathology

Urgent ☐
Routine ☑
Cancer Tracking Tool ☐

Infection Status Y / N If YES to infection - Type? :

Pregnant Y / N Significant Disability Y / N Description :

Please indicate if patient weight is over 24 stone / 150 kg :

Previous Examinations

Safety Questionnaire for CT, IVU, Barium, Angio

Please complete for all contrast exams by circling Y or N

Previous Contrast Reaction	Y N
Known Allergies / Severe Asthma	Y N
Diabetes	Y N
On Metformin	Y N
On Anti-coagulant/Anti-platelet drug	Y N

For invasive procedures, last coagulation results : Platelets .....
PT.....PTT.....Fibrinogen..... Date :

Renal Function eGFR..... Date :

If eGFR < 60 have you considered stopping nephrotoxic drugs for 48 hrs?

MRI Safety Questionnaire - CONSULTANT REFERRAL ONLY

Please complete if the patient has any of the following by circling Y or N

Pacemaker or automatic defibrillator	Y N
Surgical clips, aneurysm clips, intracranial or vascular clips	Y N
A middle ear implant	Y N
Metal implants eg: hip joint, Harrington rods	Y N
A nerve stimulator	Y N
Artificial heart valve	Y N
Has the patient had an operation in the last 6 weeks	Y N
Has the patient ever had metal fragments in the eye?	Y N
Does the patient suffer from claustrophobia?	Y N

If Yes to any of the above, give details

Please tick if medical or non-medical. Signature and printed name mandatory

Medical Referrers ✔ ✔ Non-Medical Referrer ✔

Signature: ..... and Print Name DR ALIDA MACGREGOR

Practitioner

Protocol (for radiology use only) :

Tel/Ext No

Bleep No

Date 04/10/2016

Date

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

Haematology
GGC General Referral

Consultant / receiving practitioner and/or specialty clinic

Inverclyde Royal Hospital
Larkfield Road
Greenock
PA16 0XN

Hospital and hospital address

Hospital location code: C313H

Email address:

Urgency of referral Routine
Date of referral 04-Oct-2016 **Date sent** 04-Oct-2016

PATIENT DETAILS

Surname	LEITCH
Forename(s)	ROBERT
Title	MR
Sex	Male
Date of birth	15-Aug-1977
CHI no.	1508773076
Area of Residence	-

Patient's address

ROYAL AN LOCHAN
TIGHNABRUAICH
PA21 1BE

Contact number(s)

Voice:07867301185

101012260675M Unique Care Pathway Number: 101012260675M

REGISTERED GP DETAILS

Name	Dr Alida Macgregor		
GMC code	6120486	GP code	69540
Practice name	Kyles Medical Centre		
Practice code	84773		

Practice address

KYLES MEDICAL CENTRE
SCHOOL ROAD
TIGHNABRUAICH
ARGYLL
PA21 2BE

Contact number(s)

Voice:01700811207

REFERRING GP DETAILS

Name	Dr. Alida MacGregor		
GMC code	6120486	GP code	69540
Practice name	Dr A MacGregor & Dr N Hallum (84773)		
Practice code	84773		

Practice address

Kyles Medical Centre
Tighnabruaich
Argyll
PA21 2BE

Contact number(s)

Voice:01700 811207

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: non-traumatic spontaneous bruising

Comment: Dear Doctor,

Many thanks for seeing this patient who I discussed with Dr Clarke. Robert presented with recurrent significant spontaneous bruising. Initial bloods demonstrated normal Hb and platelets, normal PT but slightly increased APTT. His LFt's are abnormal, on review they have been persistently up. Robert has been tee-total for 15 years but does have a significant history of 10 years heavy alcohol abuse. Following discussion with Dr Clarke I have requested a liver screen including USS but she felt haematology clinic review was appropriate with the bruising history.

Yours sincerely

Dr Alida MacGregor

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Date of onset	Date recorded
Alcohol dependence syndrome	01-Mar-1991	01-Mar-1991

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	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole 20mg gastro-resistant capsules	28	capsule	1 CAPSULE ONCE A DAY	-	29-Aug-2016	29-Aug-2016
Ibuprofen 400mg tablets	84	tablet	1 TABLET THREE TIMES DAILY	-	29-Aug-2016	29-Aug-2016
Co-codamol 30mg/500mg tablets	100	tablet	TAKE TWO TABLETS FOUR TIMES P[more]	-	29-Aug-2016	29-Aug-2016
Co-codamol 30mg/500mg tablets	100	tablet	TAKE TWO TABLETS FOUR TIMES P[more]	-	21-Jul-2016	21-Jul-2016
Co-codamol 30mg/500mg tablets	100	tablet	TAKE TWO TABLETS FOUR TIMES P[more]	-	12-May-2016	12-May-2016
Naproxen 250mg tablets	56	tablet	1-2 TABLET TWICE DAILY	-	12-May-2016	12-May-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
18-Jan-2016	120	84
14-Jan-2016	134	88

Body Measurements

No Body Measurements Recorded

Clinical warnings

Additional relevant information

Administrative information

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

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

01367 10442

Argyle St Sorg

Name: Robert Leitch	DOB:15-Aug-1977	Date	:19-Jul-2010 14:0
CHI : 1508773076			
Tel No :		Call ID	:84294
Address: King Haakon Bar		Attending GP	:Murray, Leo, Bro
		Consult Start at:	19-Jul-2010 14:0
Reg GP: INT (Unregistered) -		Call Rec NHS24	:19-Jul-2010 14:0
		Call Rec Hub	: __:__

Caller Origin: 01 Walk In -Self
Call Type: Appointment Consultation Location:

Reported Condition:
Symptoms: shooting pain in upper left arm
numbness
Questions:
This patient is:: New
This patient is being dealt with as:: Acute assessment

NHS24 Call Outcome:

OOH Detail
History
awoke today with paraesthesaie in left hand

Examination
clearly confined to median distrubution

Diagnosis

Clinical code: zV6.. ([V]Other reasons for encounter)

Treatment
first episdoe - expect resolution - seek rv sos. lm

Followup
follow up message (No Follow Up)
ááááááááááá

Prescription

Call No: 84294 Patient Name : Robert Leitch

END END END END END END END END END END END END END END END END END END

HA: 1 Pier Rd
Royal Brae
Innellan
Dunoon PA23 7TH

GP: Dr. A Thomson C3915

Practice 84256

NHS Confidential: Personal data about a patient

Inverclyde Royal Hospital, Larkfield Road, Greenock PA16 0XN

HAEMATOLOGY

Hospital Number	Surname	Forename	Sex	Dob
1508773076	LEITCH	ROBERT	M	15/08/1977

Location	246 Argyll Street, Dunoon	CHI Number	1508773076
Consultant/GP	Dr Louise Taylor-Kavanagh	Copy to	Dr Louise Taylor-Ka DGP1
Patients Address	01 PIER ROAD ROYAL BRAE INNELLAN DUNOON	Clinical Details	Sleep disturbance

Hb g/l	RBC 10^{12}/l	Hct l/l	MCV fl	MCHC g/l	MCH pg	RDW %	WBC 10^9/l	Ne 10^9/l	Ly 10^9/l	Mo 10^9/l	Eo 10^9/l	Ba 10^9/l	Plat 10^9/l
171	5.38	0.496	92	345	31.8	14.0	6.4	3.4	2.5	0.3	0.2	0.0*	215

Date of Collection:	Lab Number:	Tests Performed
30/04/2012 09:40	BL871280E	FBC

STY1824D

INVERCLYDE ROYAL HOSPITAL
GREENOCK PA16 0XN

CLINICAL BIOCHEMISTRY

CHI Number	150 877 3076	DETTCH	ROBERT Forename	Sex M	Date of Birth 15/08/1977
Location	246 Argyll Street, Dunoon				Hospital Number 1508773076
Consultant/GP	Dr Louise Taylor-Kav	Report To	Dr Louise Taylor-Kav		DGP1
Patient Address	01 PIER ROAD ROYAL BRAE INNELLAN	Clinical Details	Sleep disturbance		

30/04/12
09:40
BC871280B

Glucose	mmol/L	(3.5-6.0)	5.3
HbAlc (IFCC)	mmol/mol	(20-42)	40
Sodium	mmol/L	(133-146)	139
Potassium	mmol/L	(3.5-5.3)	4.5
Chloride	mmol/L	(95-108)	103
Bicarbonate	mmol/L	(22-29)	25
Urea	mmol/L	(2.5-7.8)	4.9
Creatinine	umol/L	(50-120)	85
estimated GFR	ml/min	(60-200)	GT60
Total Protein	g/L	(60-80)	72
Albumin	g/L	(35-50)	41
Globulins	g/L	(23-38)	31
Alk Phos	IU/L	(30-130)	105
Bilirubin	umol/L	(3-21)	13
AST	IU/L	(10-45)	57
ALT	IU/L	(5-55)	133
Cholesterol	mmol/L	(3.1-5.0)	7.2
HDL	mmol/L	(0.9-1.8)	0.9
LDL Chol(calc)	mmol/L		5.4
CHDL			7.7
Triglycerides	mmol/L	(0.0-2.3)	2.0

PLEASE RETAIN ONLY
LATEST ISSUE OF EACH PAGE

Autovalidation
Authorised by:

02/05/2012 09:01
Date/Time of Report

INVERCLYDE ROYAL HOSPITAL
GREENOCK PA16 0XN

CLINICAL BIOCHEMISTRY

CHI Number 150 877 3076	[illegible]TCH	ROBERT Forename	Sex M	Date of Birth 15/08/1977
Location 246 Argyll Street, Dunoon				Hospital Number 1508773076
Consultant/GP Dr Angela Mosley	Report to Dr Angela Mosley			DGP1
Patient Address 01 PIER ROAD ROYAL BRAE INNELLAN	Clinical Details No clinical details provided.			

			11/05/12 10:56 BC878160D	30/04/12 09:40 BC871280B
Glucose	mmol/L	(3.5-6.0)		5.3
HbA1c (IFCC)	mmol/mol	(20-42)		40
Sodium	mmol/L	(133-146)		139
Potassium	mmol/L	(3.5-5.3)		4.5
Chloride	mmol/L	(95-108)		103
Bicarbonate	mmol/L	(22-29)		25
Urea	mmol/L	(2.5-7.8)		4.9
Creatinine	umol/L	(50-120)		85
estimated GFR	ml/min	(60-200)		GT60
Total Protein	g/L	(60-80)	66	72
Albumin	g/L	(35-50)	37	41
Globulins	g/L	(23-38)	29	31
Alk Phos	IU/L	(30-130)	112	105
Bilirubin	umol/L	(3-21)	8	13
AST	IU/L	(10-45)	35	57
ALT	IU/L	(5-55)	94	133
Cholesterol	mmol/L	(3.1-5.0)		7.2
HDL	mmol/L	(0.9-1.8)		0.9
LDL Chol(calc)	mmol/L			5.4
CHDL				7.7
Triglycerides	mmol/L	(0.0-2.3)		2.0
TSH	mU/L	(0.35-4.0)	1.20	
Free T4	pmol/L	(9.0-21.0)	14.0	

11/05/12 BC878160D:
Free T4:
Euthyroid results.

PLEASE RETAIN ONLY LATEST ISSUE OF EACH PAGE

Autovalidation
Authorised by

11/05/2012 20:50
Date/Time of Report

Acute Services Division

Emergency Care and Medicine Services Directorate

Department of Respiratory Medicine

DR. CARLIN'S RESPIRATORY CLINIC

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Switchboard: 0141 211 3000
Fax: 0141 211 3464

NHS
Greater Glasgow and Clyde

Clinic 04/01/2013
Dictated 04/01/2013
Typed 24/01/2013
Your Ref
Our Ref CC/CM
Enquiries to 0141 211 3482

Dr Louise Taylor-Kavanagh
Drs Campbell
246 Argyll St
PA23 7HW

Dear Dr Taylor-Kavanagh

Robert Leitch ~ 15/08/1977 ~ CHI: 1508773076 ~ CRN: 64597456K
01 Pier Road, Royal Brae, Innellan, PA23 7TE

Many thanks for referring this young gentleman who I think quite likely has obstructive sleep apnoea syndrome.

He is overweight, he does smoke and he previously took alcohol to excess and prominent snoring, choking awakenings, unrefreshing sleep, poor concentration and day time sleepiness have been long lying problems, much worse over the last 3-4 years. There has been some partial improvement as he has achieved 3-stone weight loss and cut back his busy split shift working as a chef in a hotel. He now works 2am-2.30pm and 6-10.30 pm. He falls asleep uncontrollably in the afternoon and he will often be asleep in bed shortly after his shift is finished.

There is no nasal trouble. Oropharnx isn't overtly crowded. His teeth aren't very healthy. BMI is 36 and a weight of 121 kilos today. Collar size is 19 inches. Epworth sleepiness score was 20/24. Blood pressure was 122/94.

I have of course advised on further weight loss. I have also said he must stop smoking. I explained the suspected diagnosis to him and discussed the possibility of treatment. Given the travel distances we will arrange to investigate him as an over night inpatient to stay in the sleep room in the coming weeks. If this confirms sleep apnoea we will proceed on to initiate CPAP the following morning and I will write with an update after all of that.

Currently he doesn't drive but he is aware of the responsibilities should that change in future.

Yours sincerely,

Chris Carlin
Consultant Physician

Acute Services Division

Emergency Care and Medicine Services Directorate

Department of Respiratory Medicine

DR. CARLIN'S RESPIRATORY CLINIC

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Switchboard: 0141 211 3000
Fax: 0141 211 3464

NHS Greater Glasgow and Clyde

Clinic	12/02/2013
Dictated	12/02/2013
Typed	20/02/2013
Our Ref	CC/LH
Enquiries to	0141 211 3482

Dr Louise Taylor-Kavanagh
Drs Campbell
246 Argyll St
PA23 7HW

Dear Dr Taylor-Kavanagh

Robert Leitch ~ 15/08/1977 ~ CHI: 1508773076 ~ CRN: 64597456K
01 Pier Road, Royal Brae, Innellan, PA23 7TE

Mr Leitch came for sleep testing. Contrary to my expectations this was reassuring. Full analysis will take some time but there is no major obstructive sleep apnoea. There is some minor flow limitation in keeping with his build but this will not be causing particular sleep disruption.

I therefore think his daytime sleepiness is a result of his shift-work and previous extended hours. He has cut his hours back further but he is still finding fatigue a problem. I have suggested further attempts at weight loss; adopting something of an exercise routine and I have explained that it takes many months at least for sleep routines to recover from shift work upsets.

I haven't arranged further review but if there's anything arising from the full analysis on his polysomnography I'll be in touch again.

Yours sincerely

Chris Carlin
Consultant Physician

Form: SA Run: 116

CLYDE HOSPITALS
BIOCHEMISTRY REPORT

Surname: LEITCH
Forename: ROBERT
DOB/Age: 15.08.77
Address: 01 PIER ROAD
Location: Drs Taylor-Kavan & Mosley
Diagnosis: tired

CHI/Unit No: 1508773076
Sex: Male
Requestor: Dr Angela Mosley

[[CURRENT]]

Lab Number			B,13.9094113.Q
Date/Time collected			10.12.13 09:13
Date/Time received			10.12.13 16:20
Sodium	mmol/L	(133-146)	140
Potassium	mmol/L	(3.5-5.3)	3.8
Chloride	mmol/L	(95-108)	106
Bicarbonate	mmol/L	(22-29)	
Urea	mmol/L	(2.5-7.8)	5.0
Creatinine	umol/L	(40-130)	73
GFR (est'd)	ml/min	(>60)	>60
Glucose	mmol/L	(3.5-6.0)	
CRP	mg/L	(0-10)	
Magnesium	mmol/L	(0.70-1.00)	
Calcium	mmol/L	(2.20-2.60)	2.44
Adj Calcium	mmol/L	(2.20-2.60)	2.46
Phosphate	mmol/L	(0.80-1.50)	1.34
Albumin	g/L	(35-50)	38
Alk Phos	U/L	(30-130)	102
Tot Bilirubin	umol/L	(0-20)	7
Conj Bilirubin	umol/L		
AST	U/L	(0-40)	31
gGT	U/L	(0-70)	+ 86
ALT	U/L	(0-50)	+ 92
Amylase	U/L	(0-100)	
CK	U/L	(40-320)	
Troponin I	ug/L	(<0.04)	
Total Protein	g/L	(60-80)	
Globulins	g/L	(23-38)	
Urate	mmol/L	(0.20-0.43)	
Osmolality	mOsm/Kg	(275-295)	
Cholesterol	mmol/L		
Triglyceride	mmol/L	(0.2-2.3)	
VLDL Chol	mmol/L		
LDL Chol	mmol/L		
HDL Chol	mmol/L		
Chol/HDL			

Result Comments:

Date reported: 10.12.13 Authoriser: Automatic release by system

[IRH]

CLYDE HOSPITALS
HAEMATOLOGY REPORT

Surname: **LEITCH**
Forename: **ROBERT**
DOB/Age: **15.08.77**
Address: **01 PIER ROAD**
Location: **Drs Taylor-Kavan & Mosley**
Diagnosis: **tired**

CHI/Unit No: **1508773076**
Sex: **Male**
Requestor: **Dr Angela Mosley**

[[CURRENT]]

Lab Number			B.13.9291886.N
Date/Time collected			10.12.13 09:13
Date/Time received			10.12.13 16:20
Haemoglobin	g/L	(130-180)	156
WBC	x10^9/L	(4.0-11.0)	7.1
Platelet Cnt	x10^9/L	(150-400)	203
RBC	x10^12/L	(4.50-6.50)	4.75
Haematocrit	%	(0.400-0.540)	0.451
MCV	fl	(80.0-100.0)	94.9
MCH	pg	(27.0-32.0)	+ 32.8
Neutrophils	x10^9/L	(2.0-7.5)	3.2
Lymphocytes	x10^9/L	(1.5-4.0)	3.2
Monocytes	x10^9/L	(0.2-0.8)	0.4
Eosinophils	x10^9/L	(0.0-0.4)	0.3
Basophils	x10^9/L	(0.0-0.1)	0.0
Myelocytes	x10^9/L		
Blasts	x10^9/L		
Others	x10^9/L		
Nucleated RBC	x10^9/L		
ESR	mm/hr	(1-10)	
Retics	x10^9/L	(10-90)	
Glandular Fever Scr			
Blood Film			

Result Comments:

Date reported: **11.12.13** Authoriser: Run No: **55**

[SC1 Run: 130]

CLYDE HOSPITALS
BIOCHEMISTRY REPORT

Surname: **LEITCH**
Forename: **ROBERT**
DOB/Age: **15.08.77**
Address: **01 PIER ROAD**
Location: **Drs Taylor-Kavan & Mosley**
Diagnosis: **tired**
Details:

CHI/Unit No: **1508773076**
Sex: **Male**
Requestor: **Dr Angela Mosley**

Lab No: **B,13.9094114.H**
Collected: **10.12.13 09:13**
Received: **10.12.13 16:20**
Authorised: **12.12.13**
Authorised by: **Automatic release by sys**

25-OH Vitamin D	25	nmol/L	

Comments:

Vitamin D: Borderline low 25-OH Vit D. Risk of developing hyperparathyroidism
Consider increase in Vitamin D intake.

Date reported: 12.12.13

Form: SB Run: 121

CLYDE HOSPITALS
BIOCHEMISTRY REPORT

Surname: **LEITCH** CHI/Unit No: **1508773076**
Forename: **ROBERT**
DOB/Age: **15.08.77** Sex: **Male**
Address: **01 PIER ROAD**
Location: **Drs Taylor-Kavan & Mosley** Requestor: **Dr Angela Mosley**
Diagnosis: **tired**

[[CURRENT]]

Lab Number			B,13.9094113.Q
Date/Time collected			10.12.13 09:13
Date/Time received			10.12.13 16:20
TSH	mU/L	(0.35-5.00)	4.20
Free T4	pmol/L	(9.0-21.0)	13.0
T3	nmol/L	(0.90-2.50)	
TPO	U/mL	(<6.0)	
TRAB	U/L	(0-15)	
LH	U/L		
FSH	U/L		
Oestradiol	pmol/L		
Prolactin	mU/L	(0-490)	
Progesterone	nmol/L		
Testosterone	nmol/L	(10.0-36.0)	
SHBG	nmol/L	(13-70)	
FAI			
Free Testo	pmol/L	(>200)	
AFP	kU/L	(<6)	
HCG	U/L	(<5)	
CEA	ug/L	(<5.0)	
CA125	kU/L	(0-35)	
PSA	ug/L	(0.0-3.0)	
LDH	U/L	(80-240)	

Result Comments:
10.12.13 TFT : Patient likely to be euthyroid.

Date reported: **11.12.13** Authoriser: **Angela Kremmyda CLY BIO**

[IRH]

CLYDE HOSPITALS
HAEMATOLOGY REPORT

Name: **LEITCH ROBERT** CHI/Unit No: **1508773076**

DOB/Age: **15.08.77** Sex: **Male**
Address: **01 PIER ROAD**
Current Location: **Drs Taylor-Kavan & Mosley** Requestor: **Dr Angela Mosley**
Admission diagnosis: **tired**
Clinical details:

Lab No: **B,13.9094114**
Collected: **10.12.13 09:13** Received: **10.12.13 16:20**
Authorized: **12.12.13** Authorizer:

B12				
Serum Vitamin B12	210	ng/l		(189-883)
SF				
Serum Folate	- 1.1	ug/l		(2.7-20.0)
FER				
Serum Ferritin	281	ug/l		(20-300)

Comments:
The Serum Vitamin B12 level is NORMAL.
Ferritin may vary with age and sex of patient and can rise during an acute phase response
The Serum Ferritin is NORMAL
The Serum Folate is LOW

Enquiries: Phone 01475504324 Date reported: 12.12.13

Form: SA Run: 274

CLYDE HOSPITALS
BIOCHEMISTRY REPORT

Surname: **LEITCH**
Forename: **ROBERT**
DOB/Age: **15.08.77**
Address: **01 PIER ROAD**
Location: **Drs Taylor-Kavan & Mosley**
Diagnosis: **rpt ??**

CHI/Unit No: **1508773076**
Sex: **Male**
Requestor: **Dr Angela Mosley**

[[CURRENT]]

Lab Number				B,14.9002109.Z	B,13.9094113.Q
Date/Time collected				07.01.14 09:14	10.12.13 09:13
Date/Time received				07.01.14 15:31	10.12.13 16:20
Sodium	mmol/L	(133-146)			140
Potassium	mmol/L	(3.5-5.3)			3.8
Chloride	mmol/L	(95-108)			106
Bicarbonate	mmol/L	(22-29)			
Urea	mmol/L	(2.5-7.8)			5.0
Creatinine	umol/L	(40-130)			73
GFR (est'd)	ml/min	(>60)			>60
Glucose	mmol/L	(3.5-6.0)			
CRP	mg/L	(0-10)			
Magnesium	mmol/L	(0.70-1.00)			
Calcium	mmol/L	(2.20-2.60)			2.44
Adj Calcium	mmol/L	(2.20-2.60)			2.46
Phosphate	mmol/L	(0.80-1.50)			1.34
Albumin	g/L	(35-50)	42		38
Alk Phos	U/L	(30-130)	99		102
Tot Bilirubin	umol/L	(0-20)	13		7
Conj Bilirubin	umol/L				
AST	U/L	(0-40)	+ 45		31
gGT	U/L	(0-70)			+ 86
ALT	U/L	(0-50)	+ 114		+ 92
Amylase	U/L	(0-100)			
CK	U/L	(40-320)			
Troponin I	ug/L	(<0.04)			
Total Protein	g/L	(60-80)			
Globulins	g/L	(23-39)			
Urate	mmol/L	(0.20-0.43)			
Osmolality	mOsm/Kg	(275-295)			
Cholesterol	mmol/L				
Triglyceride	mmol/L	(0.2-2.3)			
VLDL Chol	mmol/L				
LDL Chol	mmol/L				
HDL Chol	mmol/L				
Chol/HDL					

Result Comments:

Date reported: 07.01.14 Authoriser: Automatic release by system

NHS Highland

Argyll & Bute CHP

Physiotherapy Department
Cowal Community Hospital
360 Argyll Street
Dunoon, PA23 7RL
01369704341

NHS Highland

Dr Taylor-Kavanagh
246 Argyll Street
DUNOON
PA23 7HW

Date: 20/01/15

Enquiries to: Physiotherapy
Extension: 28340
Direct Line: 01369 708340

Dear Dr Taylor-Kavanagh

NAME: ROBERT LEITCH **DOB: 15/08/77**

ADDRESS: 1 PIER ROAD, ROYAL BRAE, INNELLAN, BY DUNOON

The above patient arranged an appointment/ appointments but has failed to attend. We have therefore discharged them from the waiting list.

Yours sincerely

Physiotherapy Department

NHS Confidential: Personal data about a patient

WEST OF SCOTLAND SPECIALIST VIROLOGY CENTRE

LEVEL 5, NEW LISTER BUILDING, GLASGOW ROYAL INFIRMARY, 10-16 ALEXANDRA PARADE, GLASGOW, G31 2ER

Tel: 0141 201 8722 Fax: 0141 201 8723 CPA: 0406

SURNAME	FORENAME	UNIT NO.	SEX DOB
LEITCH	ROBERT		M 15.08.77
SOURCE	CONSULTANT	CHI NO.	
246 Argyll St., Duno		CHI:1508773076	
SPECIMEN	LAB NO.	GP DR A MOSLEY	YOUR REF. NO.
F	V.14.0605934.W	REPORT STATUS: Final	

Hepatitis C antibody:Negative

Hep B surface antigen :Negative

VIROLOGY	DATE COLLECTED	DATE RECEIVED	DATE AUTHORISED	AUTHORISED BY
	24.01.14	29.01.14	30.01.14 14:33	Mrs A Devanney

Report to: Copy for: 246 Argyll St., Dunoon

NHS Confidential: Personal data about a patient

Kyles Medical Centre
Tighnabruaich
PA21 2BE

Dr Alida J MacGregor
Dr Nicola S Hallum

Tel: 01700 811207
Fax: 01700 811766

TEMPORARY RESIDENT

DATE: 10-12-15

PHONE NO: (Local): 01700 811239

NAME: Robert R. LEITCH

DATE OF BIRTH: 15-8-77

TEMPORARY/HOLIDAY ADDRESS:
ROYAL AN LOCHAN HOTEL, SHORE ROAD
TIGHNABRUAICH

HOME ADDRESS (Address where registered with GP):
40 ARDENSHIP CRESCENT, KIRN, DUNOON

POST CODE: PA23 8NE

OWN GP/PRACTICE ADDRESS: Dr Campbell.
ARGYLL ST SURGERY DUNOON

LENGTH OF STAY -

MORE THAN 15 DAYS	☑
LESS THAN 15 DAYS	☐
LESS THAN 24 hrs	☐

CLINICAL INFORMATION

Full Report

Mr Robert Leitch **15/08/1977** **Male** **532/77/145** **Transferred Out**

Address
40 Ardenslate Crescent Kirn Dunoon Argyll PA23 8NG Address Type: Main address

Communication numbers
Telephone - home 830779

Problems
Currently Relevant Started: 21/03/2012 Ended:

Medical History
28/10/2015 Stop smoking monitor 1st lettr Smoking Clinical.doc Mrs Heather Lancaster
20/01/2015 DNA hospital appointment physio
10/12/2014 Low back pain Bent down to get something from kitchen on Sunday and felt something crack in his back, since then pain and tightness across lower back with burning radiating down into left leg. Does feel the leg is weak with the pain, radites into knee, particularly when getting up from sitting. No numbness or tingling. Felt it was close to giving way a couple of times when getting up out of chair, but no actually given way, no locking and no swelling/redness or skin changes.Has had back problems many times before, usually goes ot chiropractor, but not this time. Using some paracetamol alternating with co-codamol, not together, and found the co-codamol helpful. No incontinence urine/stool and no saddle paraesthesia. Worried about progressive nature of back problems, suggested he refer himself to physio for back strengthening. Also worried there is genetic component as dad and grandfather had problems and surgery too, but not clear. Suggested he asks his father/grandfather what problems they have for more accurate assessment of whether or not there is genetic link.O/E 6 cm flexion, 3 cm extension, 35 lateral flexion bilaterally with 25 rotation to left and 40 to right. Midline discomfort in lower back L3 and also at T8 and T2. No boney deformity visible or palpable. No muscle spasm or locking. No heat redness or overlying skin changes.SLR 85 left and 90 right. Demonstrated exacerbation of pain with dorsiflexion left ankle. Knee present left side but right not evident, patient struggling to rtelax leg. Ankle reflexes intact and normal, plantar downgoing bilaterally. Equal power 5/5 in lower limbs, equal and normal sensation and tone.Possible disc protrusion with pain, often settles down in 6 weeks or so. Patient worried as busy time of year but encouraged to take regular analgesia and maintain normal level of activity, but avoiding aggravating activities such as twisting and heavy lifting other than from the legs rather than with back. Self-refer to physio and review if deterioration in symptoms or new neurological development. Dr Aaron Donald
24/01/2014 Consultation U&Es, LFTs and Hepatitis screen taken. Mrs Margaret Reilly - Wood
07/01/2014 Consultation LFT TAKEN Sister Fiona Gow
17/12/2013 Patient reviewed see bloods- Rx for low folate and Vit D- repeat LFTs 1/12 Dr Angela Mosley
10/12/2013 Consultation bloods taken as requested Sister Fiona Gow
09/12/2013 Consultation still feeling TATT and sleeping a lot through the day when not working.has been to resp clinic- no major sleep apnoea.Hasnt lost weight but trying to walk the dog more. still smoking- advisedcheck FBC U+E LFT TFT GGT bone chem and Vit D and haematinics- rv with resultsnow working regular hours Dr Angela Mosley
04/03/2013 Consultation Back pain 3/7. Liftingin work as chef but not aware of injury. O/e excellent forward flexion, restricted extension and sideways movement. Tender lower thoracic and lumbar regions. Some muscle spasm. Adv nsaid and heat pack. Musculoskeletal back pain. Discussed ongoing attempts to lose weight. Adv re exercise Dr L Taylor - Kavanagh
12/02/2013 Seen in respiratory clinic Dr Carlin, Gartnavel Hospital
12/02/2013 Sleep studies
04/01/2013 Seen in sleep clinic Gartnavel Mrs Margaret Reilly - Wood
04/01/2013 Body mass index 30+ - obesity
05/11/2012 Consultation 1) stopped smoking 4/52 ago., Has had urti with sinusitis, green mucus since. O/e chest clear. 2) still feels tatt. Has not worked all summer because hotel did not re-open. High Epworth score. Collar size 18 1/2 (has lost weight). Refer sleep studies clinic Dr L Taylor - Kavanagh
28/05/2012 Consultation Bilateral ingrown toenials, both great toes cellulitic. Pus R great toe. Cleansed and dressed with Inadine and gauze. Will make appt with chiropodist. Review as req. Mrs Ayshea Robertson
09/05/2012 Consultation see bloods - raised liver enzymes - otherwise ok. no drugs or OTC RX, no h/o hepatitis. PH of alcohol abuse. - recheck LFT and TFT in 2 weeks ? for u/s liver if still abnormal. still TATT. works average of 94 hrs /week as chef- discussed cholesterol-advice re diet. wt 119kg. on champix but bloods done prior to Rx starting. rv with results Dr Angela Mosley
03/05/2012 Consultation away working for 3 weeks so given extra champix... Sister Fiona Gow
30/04/2012 Consultation Asking for Champix, states has discussed with LTK. Confirm same - has PMH of psych issues. Px printed but not issued, await confirmation form GP Mrs Ayshea Robertson
29/04/2012 Consultation checked paper notes - was referred to Dr Sandler in 2005 but DNA'd. Was falsely accused of sexual assault and cleared. Also alcohol problem in teens. Suffered nightmares. Dr L Taylor - Kavanagh
24/04/2012 Consultation 1) excessive sleepiness for > 1 year. Works as chef, same work pattern for 20 years. Sleeps ok at night in terms of hours but sleep can be fitful. Has started getting nightmares again recently (wants to be referred back to psychology - used to be under psychology as a teenager because he was accused of crime he did not commit). Does not know if he snores. Collar size 18 1/2, Denies wt gain. Epworth score = 20. Pt had been wondering if he diabetes. Plan. 1) Pt will ask prev partner if he snores etc (? OSA). 2) For fasting bloods - FBC, LFT, U&E, FBG, HbA1C, lipids. 3) Review with results and arrange referral to sleep clinic and psyhology?Cpns after checking paper notes. Dr L Taylor - Kavanagh
09/03/2009 Telephone encounter Yes still smokes, but not in house Dr Peter Campbell
19/10/2006 Seen in GP's surgery R knee med lig sprain. Quads good tone but needs improve to protect knee fully. Mx Intensive quad Xs 6-8 weeks. Advice. RM locum Dr Roddy Mcleod
18/10/2005 DNA - psychiatry clinic Dr Staff Unknown Member Of Staff
04/10/2005 Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Psychiatry : REFERRAL_TO=NHS : REFERRAL_NATURE=Advise : PROVIDER=Cowal Community Hospital : ATTENDANCE_TYPE=1st Visit Dr Staff Unknown Member Of Staff
06/09/2005 Notes summary on computer Dr Staff Unknown Member Of Staff

Full Report

Mr Robert Leitch **15/08/1977** **Male** **532/77/145** **Transferred Out**

20/06/2003 Pat. GP7B/GP8B card from HB Dr Staff Unknown Member Of Staff
03/06/2003 Acute alcoholic intoxication Recovering Dr Staff Unknown Member Of Staff
26/05/2003 Patient reg. form sent to HB Dr Staff Unknown Member Of Staff
27/12/2002 H/O: alcoholism Attending AA : DATE_RECORDED=30/06/2003 Dr Staff Unknown Member Of Staff
16/10/2002 GP22-practice changed-moved Dr Staff Unknown Member Of Staff
15/03/2000 Health education given ACTION=Repeat after an Interval : PROTOCOL=Weight$$ Recall due: 15/03/2003 Dr Staff Unknown Member Of Staff
15/03/2000 Screening offered ACTION=Repeat after an Interval : PROTOCOL=Height$$ Recall due: 15/03/2001 Dr Staff Unknown Member Of Staff
29/02/2000 Patient reg. form sent to HB Dr Staff Unknown Member Of Staff
16/04/1991 Alcoholism Family counselling re alcohol and anxiety problems : DATE_RECORDED=30/06/2003 Dr Staff Unknown Member Of Staff
01/04/1991 [X]Anxiety state counselling re: alcoholism Dr Staff Unknown Member Of Staff
01/03/1991 Nondependent alcohol abuse NOS Dr Staff Unknown Member Of Staff

Acute and Repeat Issue Therapy

10/12/2014	issued	Paracetamol 500mg tablets	Supply: (200) tablet	1 TO 2 TABLETS UP TO FOUR TIMES DAILY AS REQUIRED
10/12/2014	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	1 TABLET THREE TIMES DAILY
17/12/2013	issued	Folic acid 5mg tablets	Supply: (90) tablet	1 TABLET ONCE A DAY
17/12/2013	issued	Fultium-D3 800unit capsules (Internis Pharmaceuticals Ltd)	Supply: (90) capsule	ONE CAP DAILY
11/03/2013	issued	Co-codamol 8mg/500mg tablets	Supply: (32) tablet	1-2 TABLETS UP TO FOUR TIMES DAILY
04/03/2013	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	WHEN REQUIRED THREE TIMES A DAY
05/11/2012	issued	Amoxicillin 500mg capsules	Supply: (21) capsule	1 THREE TIMES A DAY
28/05/2012	issued	FLUCLOXACILLIN caps 250mg	Supply: (28) capsule	TAKE ONE FOUR TIMES DAILY
28/05/2012	issued	VARENICLINE tabs 1mg	Supply: (56) tablet	TAKE ONE TWICE DAILY
03/05/2012	issued	VARENICLINE tabs 1mg	Supply: (56) tablet	TAKE ONE TWICE DAILY
30/04/2012	issued	VARENICLINE tabs 500micrograms + 1mg	Supply: (25) tablet	TWICE A DAY AS DIRECTED
21/08/2003	0 issued	Disulfiram TABS 200MG	Supply: (50)	1 Tab Daily

Recall

15/03/2000 Recall on 15/03/2001 for Heavy drinker - 7-9u/day with Dr Staff Unknown Member Of Staff Status:
ACTION=Repeat after an Interval : PROTOCOL=Alcohol Intake$$
15/03/2000 Recall on 15/03/2003 for Health education given with Dr Staff Unknown Member Of Staff Status:
ACTION=Repeat after an Interval : PROTOCOL=Weight$$
15/03/2000 Recall on 15/03/2003 for O/E - weight with Dr Staff Unknown Member Of Staff Status:
ACTION=Repeat after an Interval : PROTOCOL=Weight$$
15/03/2000 Recall on 15/03/2001 for Screening offered with Dr Staff Unknown Member Of Staff Status:
ACTION=Repeat after an Interval : PROTOCOL=Height$$
15/03/2000 Recall on 15/03/2001 for O/E - height with Dr Staff Unknown Member Of Staff Status:
ACTION=Repeat after an Interval : PROTOCOL=Height$$
15/03/2000 Recall on 15/09/2000 for O/E - BP reading normal with Dr Staff Unknown Member Of Staff Status:
ACTION=Repeat after an Interval : PROTOCOL=B P Screening$$
15/03/2000 Recall on 15/03/2001 for Moderate smoker - 10-19 cigs/d with Dr Staff Unknown Member Of Staff Status:
ACTION=Repeat after an Interval : PROTOCOL=Smoker$$

Consultation

28/10/2015	Administration	Mrs Heather Lancaster
21/01/2015	Administration	Mrs Dawn Caunter
10/12/2014	Surgery consultation	Dr Aaron Donald
24/01/2014	Administration	
24/01/2014	Results recording	Dr Angela Mosley
24/01/2014	Surgery consultation	Mrs Margaret Reilly - Wood
07/01/2014	Results recording	Dr Angela Mosley
07/01/2014	Surgery consultation	Sister Fiona Gow
20/12/2013	Results recording	Dr Angela Mosley
17/12/2013	Results recording	Dr Angela Mosley
12/12/2013	Results recording	Dr Angela Mosley
12/12/2013	Results recording	Dr Angela Mosley

Full Report

Mr Robert Leitch **15/08/1977 Male** **532/77/145** **Transferred Out**

11/12/2013	Results recording	Dr Angela Mosley
10/12/2013	Results recording	Dr Angela Mosley
10/12/2013	Results recording	Dr Angela Mosley
10/12/2013	Surgery consultation	Sister Fiona Gow
09/12/2013	Surgery consultation	Dr Angela Mosley
11/03/2013	Medicine Management	Dr Angela Mosley
04/03/2013	Surgery consultation	Dr L Taylor - Kavanagh
12/02/2013	Administration	
04/01/2013	Administration	Mrs Margaret Reilly - Wood
07/11/2012	Administration	Mrs Margaret Reilly - Wood
05/11/2012	Surgery consultation	Dr L Taylor - Kavanagh
28/05/2012	Surgery consultation	Dr Peter Campbell
28/05/2012	Other	Mrs Ayshea Robertson
11/05/2012	Administration	
11/05/2012	Surgery consultation	Mrs Margaret Mcsharry
09/05/2012	Surgery consultation	Dr Angela Mosley
03/05/2012	Surgery consultation	Sister Fiona Gow
30/04/2012	Administration	Mrs Alison Mcphee
30/04/2012	Administration	Mrs Alison Mcphee
30/04/2012	Administration	Mrs Alison Mcphee
30/04/2012	Other	Mrs Ayshea Robertson
29/04/2012	Surgery consultation	Dr L Taylor - Kavanagh
24/04/2012	Surgery consultation	Dr L Taylor - Kavanagh
21/03/2012	Telephone call to a patient	Ms Aileen Melville
09/03/2009	Other	Dr Peter Campbell
19/10/2006	Other	Dr Roddy Mcleod
18/10/2005	Other	Dr Staff Unknown Member Of Staff
04/10/2005	Other	Dr Staff Unknown Member Of Staff
06/09/2005	Other	Dr Staff Unknown Member Of Staff
21/08/2003	Other	Dr F A Murdoch
20/06/2003	Other	Dr Staff Unknown Member Of Staff
03/06/2003	Other	Dr Staff Unknown Member Of Staff
30/05/2003	Other	Dr Staff Unknown Member Of Staff
26/05/2003	Other	Dr Staff Unknown Member Of Staff
27/12/2002	Other	Dr Staff Unknown Member Of Staff
16/10/2002	Other	Dr Staff Unknown Member Of Staff
15/03/2000	Other	Dr Staff Unknown Member Of Staff
29/02/2000	Other	Dr Staff Unknown Member Of Staff
16/04/1991	Other	Dr Staff Unknown Member Of Staff
01/04/1991	Other	Dr Staff Unknown Member Of Staff
01/03/1991	Other	Dr Staff Unknown Member Of Staff

Blood pressure

04/03/2013 09:29.00	BP 118/62 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading
04/01/2013 15:25.00	BP 122/94 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading
05/11/2012 11:22.00	BP 124/78 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading
03/06/2003	BP 148/92		recall due:	O/E - BP borderline raised ACTION=No Action Required : PROTOCOL=B P Screening$$
15/03/2000	BP 0/0		recall due: 15/09/2000	O/E - BP reading normal ACTION=Repeat after an Interval : PROTOCOL=B P Screening$$

Referrals

07/11/2012 Refer for Referral to sleep clinic at Gartnavel General department of with by: Dr L Taylor - Kavanagh

04/10/2005 Refer for Referral for further care at department of with by: Dr Staff Unknown Member Of Staff

Smoking

04/03/2013	Smoker	10 cigarettes per day	Current smoker	Dr L Taylor - Kavanagh
04/01/2013	Smoker	cigarettes per day	Current smoker	
05/11/2012	Ex-smoker	cigarettes per day	Ex smoker	Dr L Taylor - Kavanagh
24/04/2012	Smoker	50 cigarettes per day	Current smoker	Dr L Taylor - Kavanagh
21/03/2012	Smoker	cigarettes per day	Current smoker	Ms Aileen Melville
09/03/2009	Smoker	0 cigarettes per day	Current smoker	Dr Peter Campbell
19/10/2006	Smoker	0 cigarettes per day	Current smoker	Dr Roddy Mcleod

Full Report

Mr Robert Leitch **15/08/1977** **Male** **532/77/145** **Transferred Out**

03/06/2003 Smoker 0 cigarettes per day Heavy smoker - 20-39 cigs/day ACTION=No Action Required :
PROTOCOL=Smoker$$ Dr Staff Unknown Member Of Staff
30/05/2003 Smoker 0 cigarettes per day Current smoker Dr
Staff Unknown Member Of Staff
15/03/2000 Smoker 0 cigarettes per day Moderate smoker - 10-19 cigs/d ACTION=Repeat after an Interval :
PROTOCOL=Smoker$$ Dr Staff Unknown Member Of Staff

Alcohol

03/06/2003 Life teetotaler 0 units per week Teetotaller ACTION=No Action Required :
PROTOCOL=Alcohol Intake$$ Dr Staff Unknown Member Of Staff
15/03/2000 Current drinker 0 units per week Heavy drinker - 7-9u/day ACTION=Repeat after an Interval :
PROTOCOL=Alcohol Intake$$ Dr Staff Unknown Member Of Staff

Weight

04/03/2013 Weight: 117.4 kgs BMI: 36.2 O/E - weight
04/01/2013 Weight: 121 kgs BMI: 37.3 O/E - weight
03/06/2003 Weight: 93.1 kgs BMI: 28.7 O/E - weight ACTION=No Action Required :
PROTOCOL=Weight$$
15/03/2000 Weight: 96 kgs BMI: 30.9 O/E - weight ACTION=Repeat after an Interval :
PROTOCOL=Weight$$

Height

03/06/2003 Height: 1.8 metres O/E - height ACTION=No Action Required :
PROTOCOL=Height$$ Dr Staff Unknown Member Of Staff
15/03/2000 Height: 1.76 metres O/E - height ACTION=Repeat after an Interval :
PROTOCOL=Height$$ Dr Staff Unknown Member Of Staff

Albumin

24/01/2014	Serum albumin	= 41 g/L		Albumin -
07/01/2014	Serum albumin	= 42 g/L		Albumin -
10/12/2013	Serum albumin	= 38 g/L		Albumin -
10/12/2013	Serum albumin	= 38 g/L		Albumin -
11/05/2012	Serum albumin	= 37 g/L		
30/04/2012	Serum albumin	= 41 g/L		

Alkaline Phosphatase

24/01/2014	Serum alkaline phosphatase	= 104 U/L		Alkaline Phosphatase - U/L
07/01/2014	Serum alkaline phosphatase	= 99 U/L		Alkaline Phosphatase - U/L
10/12/2013	Serum alkaline phosphatase	= 102 U/L		Alkaline Phosphatase - U/L
10/12/2013	Serum alkaline phosphatase	= 102 U/L		Alkaline Phosphatase - U/L
11/05/2012	Serum alkaline phosphatase	= 112 IU/L		
30/04/2012	Serum alkaline phosphatase	= 105 IU/L		

Alanine Aminotransferase

24/01/2014	ALT/SGPT serum level	= 128 U/L	Abnormal	ALT - U/L
07/01/2014	ALT/SGPT serum level	= 114 U/L	Abnormal	ALT - U/L
10/12/2013	ALT/SGPT serum level	= 92 U/L	Abnormal	ALT - U/L
11/05/2012	ALT/SGPT serum level	= 94 IU/L		
30/04/2012	ALT/SGPT serum level	= 133 IU/L	High	

Aspartate Aminotransferase

24/01/2014	AST serum level	= 60 U/L	Abnormal	AST - U/L
07/01/2014	AST serum level	= 45 U/L	Abnormal	AST - U/L
10/12/2013	AST serum level	= 31 U/L		AST - U/L
11/05/2012	AST - aspartate transam.(SGOT)	= 35 IU/L		
30/04/2012	AST - aspartate transam.(SGOT)	= 57 IU/L	High	

B12 Levels

10/12/2013 Serum vitamin B12 = 210 ng/L Serum Vitamin B12 - ng/l
10/12/2013 Serum vitamin B12 = umol/L The Serum Vitamin B12 level is
NORMAL.; Serum Vitamin B12

Bilirubin

24/01/2014	Serum total bilirubin level	= 19 umol/L	Total Bilirubin -
07/01/2014	Serum total bilirubin level	= 13 umol/L	Total Bilirubin -
10/12/2013	Serum total bilirubin level	= 7 umol/L	Total Bilirubin -
11/05/2012	Serum bilirubin level	= 8 umol/L	
30/04/2012	Serum bilirubin level	= 13 umol/L	

Calcium

10/12/2013 Serum calcium = 2.44 mmol/L Calcium -

Calcium adjusted

10/12/2013 Corrected serum calcium level = 2.46 mmol/L Calcium (adjusted) -

Serum chloride

24/01/2014	Serum chloride	= 104 mmol/L	Chloride -
10/12/2013	Serum chloride	= 106 mmol/L	Chloride -
30/04/2012	Serum chloride	= 103 mmol/L	

Full Report

Mr Robert Leitch | **15/08/1977** | **Male** | **532/77/145** | **Transferred Out**

Serum cholesterol				
30/04/2012	Serum cholesterol	= 7.2 mmol/L	High	
Serum creatinine				
24/01/2014	Serum creatinine	= 75 umol/L		Creatinine -
10/12/2013	Serum creatinine	= 73 umol/L		Creatinine -
30/04/2012	Serum creatinine	= 85 umol/L		
Eosinophil count				
10/12/2013	Eosinophil count	= 0.3 10*9/L		Eosinophils - x10^9/l
Folate level				
10/12/2013	Serum folate	= 1.1 ug/L	Abnormal	Serum Folate - ug/l
10/12/2013	Serum folate	= ug/L		The Serum Folate is LOW; Serum Folate
Gamma Glutamyl Transpeptidase				
10/12/2013	Serum gamma-glutamyl transferase level	= 86 U/L	Abnormal	Gamma-GT - U/L
Haemoglobin				
10/12/2013	Haemoglobin estimation	= 156 g/L		Haemoglobin - g/l
30/04/2012	Haemoglobin estimation	= 171 g/L		
High Density Lipoprotein				
30/04/2012	Serum HDL cholesterol level	= 0.9 mmol/L		
Low Density Lipoprotein				
30/04/2012	Serum LDL cholesterol level	= 5.4 mmol/L		
Mean corpuscular haemoglobin				
10/12/2013	Mean corpusc. haemoglobin(MCH)	= 32.8 pg/mL	Abnormal	Mean Cell Hgb - pg
Mean corpuscular volume				
10/12/2013	Mean corpuscular volume (MCV)	= 94.9 fL		Mean Cell Volume - fl
Monocyte count				
10/12/2013	Monocyte count	= 0.4 10*9/L		Monocytes - x10^9/l
Neutrophil count				
10/12/2013	Neutrophil count	= 3.2 10*9/L		Neutrophils - x10^9/l
Serum Inorganic Phosphate				
10/12/2013	Serum inorganic phosphate	= 1.34 mmol/L		Phosphate -
Platelets				
10/12/2013	Platelet count	= 203 10*9/L		Platelet Count - x10^9/l
30/04/2012	Platelet count	= 215 10*9/L		
Potassium				
24/01/2014	Serum potassium	= 4.2 mmol/L		Potassium -
10/12/2013	Serum potassium	= 3.8 mmol/L		Potassium -
30/04/2012	Serum potassium	= 4.5 mmol/L		
Red blood cell count				
10/12/2013	Nucleated red blood cell count	= 10*12/L		Nucleated RBC -
10/12/2013	Red blood cell (RBC) count	= 4.75 10*12/L		Red Cell Count - x10^12/l
Sodium				
24/01/2014	Serum sodium	= 137 mmol/L		Sodium -
10/12/2013	Serum sodium	= 140 mmol/L		Sodium -
30/04/2012	Serum sodium	= 139 mmol/L		
Triodothyronine				
10/12/2013	Serum total T3 level	= nmol/L		Total T3 -
Total protein				
11/05/2012	Serum / plasma proteins	= 66 g/L		
30/04/2012	Serum / plasma proteins	= 72 g/L		
Triglycerides				
30/04/2012	Serum triglycerides	= 2 mmol/L		
Thyroid Stimulating Hormone				
10/12/2013	Serum TSH level	= 4.2 mU/L		TSH - mU/L
11/05/2012	TSH - thyroid stim. hormone	= 1.2 MicroU/L		
Urea - blood				
24/01/2014	Serum urea level	= 4.2 mmol/L		Urea -
10/12/2013	Serum urea level	= 5 mmol/L		Urea -
30/04/2012	Blood urea	= 4.9 mmol/L		
White blood count				
10/12/2013	Total white cell count	= 7.1 10*9/L		White Blood Count - x10^9/l

Full Report

Mr Robert Leitch | **15/08/1977** | **Male** | **532/77/145** | **Transferred Out**

30/04/2012 Total white cell count = 6.4 10*9/L

Lymphocyte count
10/12/2013 Lymphocyte count = 3.2 10*9/L — Lymphocytes - x10^9/l

Blood glucose
30/04/2012 Blood glucose result = 5.3 mmol/L

Bone studies
10/12/2013 Bone profile = — Bone Profile

Full blood count
10/12/2013 Full blood count - FBC =
30/04/2012 Full blood count - FBC = — Full Blood Count

Liver Function tests
24/01/2014 Liver function test = — Liver Function Tests
07/01/2014 Liver function test = — Liver Function Tests
10/12/2013 Liver function test = — Liver Function Tests

Thyroid function
10/12/2013 Thyroid function test = — Patient likely to be euthyroid.; Thyroid funct test

Urea and Electrolytes
24/01/2014 Urea and electrolytes = — Urea & Electrolytes
10/12/2013 Urea and electrolytes = — Urea & Electrolytes

Hb A1C - Diabetic control
30/04/2012 Haemoglobin A1c level - IFCC standardised = 40 mmol/mol

Advice Given
04/03/2013 Smoking cessation advice — Advice — Smoking
04/01/2013 Smoking cessation advice — Advice — Dr Chris Carlin
28/05/2012 Smoking cessation advice — Advice — One cigarette at weekend, no issues other than that. Keen to continue. further 2/52 issued
24/04/2012 Smoking cessation advice — Advice — wants to be seen at smoking cessation clinic
09/03/2009 Smoking cessation advice
19/10/2006 Smoking cessation advice

Other Laboratory tests
10/12/2013 Serum ferritin = 281 ug/L — Serum Ferritin - ug/l
10/12/2013 Serum ferritin = — Ferritin may vary with age and sex of patient and can riseduring an acute phase responseThe Serum Ferritin is NORMAL; Serum Ferritin

Packed Cell Volume
10/12/2013 Haematocrit = 0.451 L/L — l/l

Basophil count
10/12/2013 Basophil count = 0 10*9/L — Basophils - x10^9/l

Infectious titres and antibodies
24/01/2014 Hepatitis C antibody test = — negative

Serum bicarbonate
30/04/2012 Serum bicarbonate = 25 mmol/L

Serum globulin
11/05/2012 Serum globulin = 29 g/L
30/04/2012 Serum globulin = 31 g/L

Blood trace elements/vitamins
10/12/2013 Serum 25-Hydroxy vitamin D3 level = 25 nmol/L — 25-OH Vitamin D -
10/12/2013 Serum vitamin D = pmol/L — Borderline low 25-OH Vit D. Risk of developing hyperparathyroidismConsider increase in Vitamin D intake.; Vitamin D

HDL/LDL Ratio
30/04/2012 Total cholesterol:HDL ratio = 7.7 ratio

Free Thyroxine
10/12/2013 Serum free T4 level = 13 pmol/L — Free T4 -
11/05/2012 Free T4 level = 14 pmol/L

Scoring Test Result
04/01/2013 Score: 0.833 Positive — Method: for: [D]Sleep apnoea syndrome
05/11/2012 Score: — Method: for: Score = 19 Dr L Taylor - Kavanagh

Glomerular Filtration Rate
24/01/2014 GFR calculated abbreviated MDRD > 60 mL/min — Estimated GFR - ml/min
10/12/2013 GFR calculated abbreviated MDRD > 60 mL/min — Estimated GFR - ml/min
30/04/2012 Glomerular filtration rate > 60 mL/min

Full Report

Mr Robert Leitch	**15/08/1977**	**Male**	**532/77/145**	**Transferred Out**

NHS Confidential: Personal data about a patient

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

0/C

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

Male* ☑ Female* ☐ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☑ Will you be in the area for more than 3 months?* Yes ☑ No ☐
(If 'No', please ask for form GMSTRF001)

Date of Birth* 18-8-1977

Title* MR

Surname* LEITCH

Forenames* ROBERT JOHN

Previous Surname*

email address # ROBERTLEITCH493@GMAIL.COM

Address* 40 ALDENSLATE CRESCENT ICIRN DUNOON

Postcode* PA23 8NG

Telephone #

Mobile # 07867 301185

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

Community Health Index (CHI) Number*

NHS Number*

The following information can be found on your birth certificate:

Town of Birth* DUNOON

Country of Birth* SCOTLAND

Registered district of birth (Scotland only) ARGYLL

Mother's maiden name INNES

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

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

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

40 ALDENSLATE CRESCENT ICIRN DUNOON

Postcode* PA23 8NG

Name and address of previous GP Practice in UK*

ARGYLL STREET SURGERY DUNOON

Postcode* PA22

If you are from abroad:

Date you first came to live in the UK* DD-MM-YYYY

If previously resident in the UK, date of leaving* DD-MM-YYYY

Your most recent country of residence

If you have served in the British Armed Forces:

Enlistment date* DD-MM-YYYY

Are you a Reservist?* ☐ Yes ☐ No

Leaving date* DD-MM-YYYY

Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No

Service Number

If yes, please provide your address before enlisting*

Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

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

Any of my organs and tissue ☐ Or my

Kidneys ☑ Eyes ☐ Heart ☑ Lungs ☑ Liver ☑ Pancreas ☑ Small bowel ☑ Tissue ☑

Patient signature [signature] Date 6-1-2016

4. HOW WE USE YOUR INFORMATION

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

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

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

For more information on how NHS National Services Scotland uses your personal information visit www.nhsnss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.

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

5. PATIENT DECLARATION

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

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

Patient/Patient's representative signature _____ Date 16 - 1 - 2018

Representative's name (if applicable) _____

Relationship to patient (if applicable) _____

6. FOR PRACTICE USE

GP reference number _____ - _____ GP name _____

Practice code _____ - _____ Mileage (No.) Road _____ Water _____ Footpath _____

Identification seen - do not take or retain photocopies

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

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

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

Authorised Practice signature _____ Date 18 - 1 - YYYY

7. OFFICIAL USE ONLY

Input by _____

Checked by _____

Date DD - _____ - YYYY

Practice Stamp

NHS Confidential: Personal data about a patient

Kyles Medical Centre

Date: 6-1-2016

This letter invites you as a newly registered patient to have a health check. This service involves answering some questions and a basic review with the practice nurse. This service is offered to all our newly registered patients over the age of five years.

It would be very helpful if you could complete this form before you are seen.

Surname: LEITCH	**Forenames:** ROBERT	**Title:** MR	
Address: THE ROYAL AN LOCHAN HOTEL TIGHNABRUICH ARGYLL		**Postcode:** PA21 2BE	
Date of birth: 15-8-77	**Telephone number:** 01700 811234		
Status:	(Single) / Married / Separated / Divorced / Widowed / Other		
Housing:	House / Masionette / Flat / Mobile home / (Other)		
Occupation: CHEF			
Emergency contact: ALLAN LEITCH	**Telephone number:** 07479256432		

What serious illnesses have you had?
NONE
Do you have any medical problems at the moment?
YES - SORE TOE
Are there any serious illnesses that affect members of your family (close relatives)?
YES
Please list any allergies you have:
NONE
Please list any tablets, medicines or other treatments you are taking, including those bought from a chemist: (please include strength and doses where possible) *Attach an up to date repeat slip if possible*

Smoking:	Current smoker	YES	Ex-smoker	Non-smoker
	Number per day:	30	Year stopped:	
Alcohol:	Do you drink alcohol?	NO	If yes please fill out reverse of form	
Please describe any special diet you are on				
Height:	5'11.5"			
Weight:	19-7			

Women only:

When did you last have a cervical smear?	
When did you last have a breast examination?	

NHS Highland is routinely asking all patients to complete the following questionnaire about alcohol use. Mark your score against each question and then add your total at the bottom.

What is a unit?

1 unit = 10ml of pure alcohol, the number of units of alcohol in a drink depends on the size and strength of drink.

1 pint of normal strength lager (4% abv) =	**2.2** units of alcohol	330ml bottle of medium strength beer (5% abv) =	**1.7** units of alcohol
250ml (large) glass of wine (12.5% abv) =	**3.1** units of alcohol	175ml (standard) glass of wine (12.5% abv) =	**2.2** units of alcohol
1 standard measure of spirit 25ml (40% abv) =	**1** unit of alcohol	750ml bottle of wine (12.5% abv) =	**9.4** units of alcohol

Question 1 asks about units of alcohol, please use the information on units in the box above to give an honest and accurate answer as this will be of help to the doctor or nurse.

1. **How often do you have:**

6 or more units on one occasion? / **8 or more units on one occasion?**

Never	Less than monthly	Monthly	Weekly	Daily or almost daily	score
0	1	2	3	4	0

2. **In the last year, how often have you been unable to remember things from the night before because you had been drinking?**

Never	Less than monthly	Monthly	Weekly	Daily or almost daily	score
0	1	2	3	4	0

3. **In the last year, how often have you been unable to do what was normally expected of you because you had been drinking?**

Never	Less than monthly	Monthly	Weekly	Daily or almost daily	score
0	1	2	3	4	0

4. **In the last year, has anyone suggested you should cut down your drinking?**

Never	Yes on one occasion	Yes on more than one occasion	score
0	2	4	0

total: 0

Please add up your total score and write it in the box.

Thanks for your cooperation

Form: CIA Run:430

CLYDE HOSPITALS
BIOCHEMISTRY REPORT

Surname: LEITCH
Forename: ROBERT
DOB/Age: 15.08.77 Sex: Male
CHI/Unit No: 1508773076
Address: 40 ARDENSLATE CRESCENT
Details: NEW PATIENT SCREEN

Location: Kyles Medical Centre
Tighnabruaich

Argyll & Bute Highland HB
Requestor: Dr Nikki Hallum
Ext Labno:

			[[CURRENT]]		
Lab Number			B,16.7054170.V	B,14.9006655.J	B,14.9002109.Z
Date/Time collected			18.01.16 10:40	24.01.14 10:11	07.01.14 09:14
Date/Time received			19.01.16 11:53	24.01.14 15:41	07.01.14 15:31
Sodium	mmol/L	(133-146)	139	137	
Potassium	mmol/L	(3.5-5.3)	4.6	4.2	
Chloride	mmol/L	(95-108)	106	104	
Bicarbonate	mmol/L	(22-29)			
Urea	mmol/L	(2.5-7.8)	3.9	4.2	
Creatinine	umol/L	(40-130)	81	75	
GFR (est'd)	ml/min	(>60)	>60	>60	
CRP	mg/L	(0-10)			
Magnesium	mmol/L	(0.70-1.00)			
Calcium	mmol/L	(2.20-2.60)			
Adj Calcium	mmol/L	(2.20-2.60)			
Phosphate	mmol/L	(0.80-1.50)			
Albumin	g/L	(35-50)	40	41	42
Alk Phos	U/L	(30-130)	100	104	99
Tot Bilirubin	umol/L	(<20)	13	19	13
Conj Bilirubin	umol/L				
AST	U/L	(<40)	*49	*60	*45
gGT	U/L	(<70)			
ALT	U/L	(<50)	*101	*128	*114
Amylase	U/L	(<100)			
CK	U/L	(40-320)			
Total Protein	g/L	(60-80)			
Globulins	g/L	(23-38)			
Urate	mmol/L	(0.20-0.43)			
Cholesterol	mmol/L		7.4		
Triglyceride	mmol/L	(0.2-2.3)	*3.8		
VLDL Chol	mmol/L		1.7		
LDL Chol	mmol/L		4.8		
HDL Chol	mmol/L		0.9		
Chol/HDL			8.2		
TSH	mU/L	(0.35-5.00)			
Free T4	pmol/L	(9.0-21.0)			
Total T3	nmol/L	(0.9-2.5)			

Result Comments:
Sample centrifuged
18.01.16 LFTS : Alkaline Phosphatase results YFCC aligned from 03/08/15.

Date reported: 19.01.16 Authoriser: Automatic release by system

CLYDE HOSPITALS
BIOCHEMISTRY REPORT

Form: CIGLU Run: 430

Surname:	LEITCH	Location:	Kyles Medical Centre
Forename:	ROBERT		Tighnabruaich
DOB/Age:	15.08.77 Sex: Male		
CHI/Unit No:	1508773076		Argyll & Bute Highland HB
Address:	40 ARDENSLATE CRESCENT	Requestor:	Dr Nikki Hallum
Details:	NEW PATIENT SCREEN	Ext Labno:	

Lab Number	Collected	Received	Glucose mmol/L (3.5-6.0)	HbAlc (IFCC) mmol/mol (20-42)
B,16.7054171.R	18.01.16 10:40	19.01.16 11:53	5.8	

Result Comments:

Sample centrifuged

18.01.16 Glucose : Fasting sample

Date reported: 19.01.16 Authorised by: Automatic release by system

CLYDE HOSPITALS
HAEMATOLOGY REPORT

[Form:VOL]

Surname:	LEITCH	Location:	Kyles Medical Centre
Forename:	ROBERT		Tighnabruaich
DOB/Age:	15.08.77 Sex: Male		
CHI/Unit No:	1508773076		Argyll & Bute Highland HB
Address:	40 ARDENSLATE CRESCENT	Requestor:	Dr Nikki Hallum
Details:	NEW PATIENT SCREEN	Ext Labno:	

			[[CURRENT]]	
Lab Number			B,16.7054172.D	B,13.9291886.N
Date/Time collected			18.01.16 10:40	10.12.13 09:13
Date/Time received			19.01.16 11:53	10.12.13 16:20
WBC	x10^9/l	(4.0-11.0)	6.9	7.1
RBC	x10^12/l	(4.50-6.50)	5.41	4.75
Haemoglobin	g/l	(130-180)	171	156
Haematocrit	l/l	(0.400-0.540)	0.501	0.451
MCV	fl	(80.0-100.0)	92.6	94.9
MCH	pg	(27.0-32.0)	31.6	32.8
Platelet Count	x10^9/l	(150-400)	216	203
Neutrophils	x10^9/l	(2.0-7.5)	3.7	3.2
Lymphocytes	x10^9/l	(1.5-4.0)	2.6	3.2
Monocytes	x10^9/l	(0.2-0.8)	0.3	0.4
Eosinophils	x10^9/l	(0.0-0.4)	0.2	0.3
Basophils	x10^9/l	(0.0-0.1)	0.0	0.0
Nucleated RBC	x10^9/L		0.0	
Myelocytes	x10^9/L			
Blasts	x10^9/L			
Others	x10^9/L			
ESR	mm/hr	(1-10)		
Retics	x10^9/L	(10-90)		

Glan Fever Scr
Blood Film

Result Comments:

Date reported: 19.01.16 Authoriser: Run No: 768

Cowal Community Hospital: Clinical Report

Patient: **LEITCH, Robert** DOB: **15/08/1977**

Referrer: Jennifer Leigh
Ref Loc: General Practitioner
Ref Src: Kyles Medical Centre, Tighnabruaich, Argyll, PA21 2BE,

HospNo:

CHI No: 1508773076
CRIS No: 20824450

Clinical History : Stub big toe in December. Query underlying fracture or infection.

XR Toe great Rt : There is a probable healing fracture of the lateral aspect of the tuft of the terminal phalanx. No evidence of infection.

VERIFIED

Reported By: **Dr Peter Thorpe (Radiologist)**
2nd Reporter:
Verified By: **Dr Peter Thorpe (Radiologist)**

E-21547788 Exam Date: 01/03/16
Exams: **XR Toe great Rt**

Kyles Medical Centre
Tighnabruaich
PA21 2BE

Dr Alida J MacGregor
Dr Nicola S Hallum

Tel: 01700 811207
Fax: 01700 811766

AMacG

22 September 2016

Mr Robert Leitch
40 Ardenslate Crescent
Kirn
Dunoon
PA23 8NG

Dear Robert,

I have disucssed your blood results and bruising with the Haematology team at the hospital. They agree that further investigation is required.

Can you please make an appointment with the nurse to have some further blood tests done, please mention this letter when you call. These blood tests will look more closely at how your blood clots and also at your liver. I will also request an ultrasound scan of your liver.

You will get an appointment for an ultrasound at Inverclyde Royal Hospital and then an appointment with Haematology at Inverclyde at a later date. Hopefully by the second appointment all the results of the bloods and scan will be availble to aid them at the clinic.

Any questions about this please contact me at the surgery or speak with the nurse when in for your blood tests.

Yours sincerely

Dr Alida MacGregor

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR17.0)

REFERRAL TO

Respiratory Medicine
GGC General Referral

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

Western Infirmary/Gartnavel General
Dumbarton Road
Glasgow
G11 6NT

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

Hospital location code.
G516H

Email address
-

Urgency of referral	Routine		
Date of referral	25-Jan-2016	**Date sent**	25-Jan-2016

PATIENT DETAILS

Surname	LEITCH
Forename(s)	ROBERT
Title	MR
Sex	Male
Date of birth	15-Aug-1977
CHI no.	1508773076
Area of Residence	-

Patient's address

40 ARDENSLATE CRESCENT
KIRN
DUNOON
PA23 8NG

Contact number(s)
Voice:07867301185

101010702794T Unique Care Pathway Number: 101010702794T

REGISTERED GP DETAILS

Name	Dr Alida Macgregor		
GMC code	6120486	GP code	69540
Practice name	Kyles Medical Centre		
Practice code	84773		

Practice address

KYLES MEDICAL CENTRE
SCHOOL ROAD
TIGHNABRUAICH
ARGYLL
PA21 2BE

Contact number(s)
Voice:01700811207

REFERRING GP DETAILS

Name	Dr Jenny Leigh		
GMC code	6075978	GP code	69540
Practice name	Kyles Medical Centre		
Practice code	84773		

Practice address

KYLES MEDICAL CENTRE
SCHOOL ROAD
TIGHNABRUAICH
ARGYLL
PA21 2BE

Contact number(s)
Voice:01700811207

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: excessive daytime sleepiness

Comment: Please could you see this 38 year old chef who has ongoing excessive sleepiness during the day. He was previously seen by Dr Carlin in 2013 where sleep studies were unremarkable. He has since changed his job and no longer works shifts as well as losing 4 stone in weight. Despite this he continues to find himself falling asleep during meals, in the middle of conversations and whilst on the bus. He is unable to read a newspaper or watch tv without falling asleep. He also notes that if he is laughing very hard he can feel as though he is unable to move for a short period. He doesn't drink alcohol and has no problem getting to sleep however can wake up once in the early hours of the morning. I wondered about narcolepsy however he denies any history of hallucinations or sleep paralysis.
Epworth Sleepiness Score is 22.
I would appreciate your further assessment with a view to diagnosis as this is having a significant impact on his well being.

Many thanks,

Yours Sincerely

Dr Jenny Leigh

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Flucloxacillin 500mg capsules	20	capsule	TAKE ONE CAPSULE FOUR TIMES A DAY	-	06-Jan-2016	06-Jan-2016
Phenoxymethylpenicillin 250mg tablets	40	tablet	2 TABLETS FOUR TIMES DAILY	-	06-Jan-2016	06-Jan-2016
Phenoxymethylpenicillin 250mg tablets	56	tablet	2 TABLETS FOUR TIMES DAILY	-	31-Dec-2015	31-Dec-2015
Flucloxacillin 500mg capsules	28	capsule	TAKE ONE CAPSULE FOUR TIMES A DAY	-	31-Dec-2015	31-Dec-2015
Flucloxacillin 250mg capsules	28	capsule	1 CAPSULE FOUR TIMES A DAY	-	10-Dec-2015	10-Dec-2015

Clinical warnings

Additional relevant information
Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

HIGHLAND HOSPITALS - RADIOLOGY REQUEST: Cowal Community Hospital

Shaded areas for department use only ----------**INCOMPLETE CARDS WILL BE RETURNED**

Appt:	at:
Appt:	at:

Date Referral Created: 25-Jan-2016

101010700773Z

Unique Care Pathway Number: 101010700773Z

Date Referral Submitted (This date is fixed at hospital end): 22-Feb-2016

PATIENT DETAILS

Surname	LEITCH
Forename(s)	ROBERT
Title	MR
Sex	Male
Marital Status	Single
Other Surname	-
Date of birth	15-Aug-1977
CHI no.	1508773076

Patient's address

40 ARDENSLATE CRESCENT
KIRN
DUNOON
PA23 8NG

Contact number(s)

-

Name	Dr Jenny Leigh
GMC code	6075978
GP code	69540
Practice name	Kyles Medical Centre
Practice code	84773

KYLES MEDICAL CENTRE
SCHOOL ROAD
TIGHNABRUAICH
ARGYLL
PA21 2BE

Contact number(s)

Voice: 01700811207

Urgency of referral Routine **Referral type:** Out Patient

1508773076

CHI No:1508773076

Ser		Rad		F24		F30		F45		F40		F43		L14		L17		OPT		Occ		IO	

Patient circumstances

Description/Question	Result/Comment	Date
Allergies:	NO	-
Diabetes:	NO	-
High Risk:	NO	-
Pregnant:	NO	-
Mobility:	WALKING	-

Provisional diagnosis: ?healing # ? osteomyelitis

Relevant clinical data: stubbed R big toe in december. split along lateral margin of nail. had 2 courses oral antibiotics for infection. Toe remains red and tender ++ to touch. swells and painful to walk on. ? underlyign # or bone infection

Examinations requested: XR Right big toe please

Other information

This referral has been requested by a suitable clinician:true
I agree to retain a signed copy of this request in the patient's records:true
Referring Clinician's role (where not a Resident GP of the practice):
Relevant Laboratory Results will be available:No
Access Support Needs/ Requirements:No
Does this request comply with Royal College of Radiologists guidelines?:Yes

Exposure justifications:

Dr Jenny Leigh	**Date of referral:** 25-Jan-2016	(Radiographer/Radiologist's initials)	
Signature of referring doctor (or other professional) accepted as holograph	**Out of hours contact number** -	**Patient ID checked:** (Radiographer/Radiologist's initials)	

I understand that there may be a risk from x-rays in pregnancy **Patient's signature**					**LMP**
Radiography dose	**cGycm^2**	**Fluoroscopy Dose:**	**cGycm^2**	**Screening time:**	**mins**
Radiologist		**Contrast type:**		**Contrast amount:**	**mls**
Doctor:		**Time given:**		**Batch No.:**	
InjectingRadiographer:		**Date given:**		**Use by date:**	

Please act as my referee for a CitizenCard ID

Robert Leitch <robertleitch93@gmail.com>
Thu 05/05/2022 11:40

To: HEALTH, Churchstdunoon (NHS HIGHLAND) <churchstdunoon.health@nhs.scot>

Hello,

This is Robert john Leitch. As discussed, please act as my referee for a CitizenCard, a proof of age and ID card.

You will have to confirm my identity from your official records held at your place of work.

Please complete the Digital Referee Declaration Form, available online at:

https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fonline.citizencard.com%2Freferee%2Fdrd%2Ff65ab9a2-16a4-4680-ab95-1b3b014a2b83&data=05%7C01%7Cchurchstdunoon.health%40nhs.scot%7C0ad80e56ff28484dc8d308da2e8c060c%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C637873476303141980%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000%7C%7C%7C&sdata=J2DZGj8I%2Bdj8XijO%2FVDfIUOgIw%2B8u1WXXtWW2yfHIdk%3D&reserved=0

Kind Regards,

Robert john Leitch

Sent from my iPhone
Regards
Robert Leitch

UK Covid-19 Test Report

Result

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

Patient Details

Surname	Loch
Forename	Robert
CHI	1508773076
Date of birth	1977-08-15
Sex	Male
Address	97 ARDENSLATE ROAD KIRN DUNOON PA238NN

Specimen Details

Specimen Processed Date	13-08-2020 05:48
Test Start Date	12-08-2020 16:53
Test End Date	12-08-2020 16:54
GP Practice	84241
Specimen Number	AAA40028977
Administration Method	health_care_professional

End of Report

Report Date: 13/08/2020

NHS Highland OOH Call Incident Report

Call number:	**90608**	Receive Date:	**9-May-2020 10:24**
Patient's Name:	**Robert Leitch**		
Date of birth:	**15-Aug-1977 (42 years)**	Gender:	**M**
Address:	**97 Ardenslate Road** **Kirn Dunoon** **PA23 8NN**	Current Address:	**Portsonachan Hotel - The Cave** **Portsonachan Dalmally** **PA33 1BJ**
Return Contact No:			
Tel No:	**01369 830779**		**01369 830779**
Mobile No:			
Priority:	**Within 4 Hours**	Call Origin:	**02D - NHS 24**
Received:	**9-May-2020 10:24**	Calltype:	**NHS24 Advice Only**
Advised:	**10:47**	Arrived PCC:	
Final Cons start:		Final Cons End:	
Consulting Doctor:		Own doctor:	**Sabeel Saleem**

NHS Number:
1508773076

Reported Condition:
FACIAL SWELLING 2HRS

NHSD details:

Received By - Triage	**Anne Hamilton (Clinical Nurse) ()**
Start Time - Triage	**9-May-2020 10:24**
End Time -	**9-May-2020 10:58**

Clinical Summary -

Clinical summary created by: Anne Hamilton (Clinical Nurse) ()
[09/05/2020 10:58:57]
Reason for call: FACIAL SWELLING 2HRS
VOMITING FROM 2330 LAST NIGHT - LAST EPSIODE 2HRS AGO. UNABLE TO KEEP ANYTHING DOWN. ON RESMED MACHINE AT NIGHT.
09:05:2020 10:27:15 MURPHYA3.. CALLER NOT WITH PT, ADVISED

UNABLE TO ASSESS - CALLER WILL GO TO PTS ROOM NOW... HOTELS TELEPHONE NUMBER - 01866833224.. T2 DIABETIC.. 09:05:2020 10:58:28 HAMILTONA.. CALL FROM FRIEND INITIALLY. SPOKE TO PATIENT . VOMITING FROM 2300HRS TO 0430 HOURS. VOMITING AND RETCHING AT FORCE. HAS FACIAL SWELLING AT CHEEKS AND FOREHEAD AND RASH ACROSS CHEEKS THIS MORNING... SWELLING IS AROUND AREA WHERE CPAP MASK IS POSITIONED OVERNIGHT CALLER STATES DID NOT WEAR IT FOR FULL NIGHT LAST NIGHT. ABLE TO TALK NO BREATHING CONCERNS. ADVISED UPRIGHT POSITION TAKE ANTIHISTAMINE OBSERVE. (WORSENING TO ATTEND A&E) SELF CARE..
Outcome: Patient given self care advice - For Information Only

Questions

- **Algorithm: DECISION SUPPORT**

Keyword 1
[X] Face

Keyword 2
[X] Vomiting

Have you been outside Europe or to an affected country in the last 21 days?
--NO

Keyword selected
[X] VOMITING

Do you have fever?
--NO

Are you/person about whom you are calling so unwell that you/person cannot stand at all e.g. walk to the toilet or sit up unaided without falling back down?
--NO

Algorithm:

Select the additional marker of the keyword that defines the callers complaint: (Select one)
[X] Diabetes

Algorithm: DECISION SUPPORT

Reason for choosing selected endpoint:
[X] TRIAGE

Please confirm caller's current location details
[X] The details are still correct

Disposition Self Care

Followups:
None

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

Respiratory Medicine - Sleep
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 Routine
Date of referral 04-Oct-2016 **Date sent** 04-Oct-2016

PATIENT DETAILS

Surname	LEITCH
Forename(s)	ROBERT
Title	MR
Sex	Male
Date of birth	15-Aug-1977
CHI no.	1508773076
Area of Residence	-

Patient's address

ROYAL AN LOCHAN
TIGHNABRUAICH
PA21 1BE

Contact number(s)

Voice:07867301185

101012258178K Unique Care Pathway Number: 101012258178K

REGISTERED GP DETAILS

Name	Dr Alida Macgregor		
GMC code	6120486	GP code	69540
Practice name	Kyles Medical Centre		
Practice code	84773		

Practice address

KYLES MEDICAL CENTRE
SCHOOL ROAD
TIGHNABRUAICH
ARGYLL
PA21 2BE

Contact number(s)

Voice:01700811207

REFERRING GP DETAILS

Name	Dr. Alida MacGregor		
GMC code	6120486	GP code	69540
Practice name	Dr A MacGregor & Dr N Hallum (84773)		
Practice code	84773		

Practice address

Kyles Medical Centre
Tighnabruaich
Argyll
PA21 2BE

Contact number(s)

Voice:01700 811207

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: excessive daytime sleepiness

Comment: This patient was originally referred to the clinic in January, he apparently DNA'd an appointment in April but he denies ever receiving an appointment. His symptoms are ongoing and worsening so can he please be given another appointment for review.

Regards

Alida MacGregor

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Date of onset	Date recorded
Alcohol dependence syndrome	01-Mar-1991	01-Mar-1991

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	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole 20mg gastro-resistant capsules	28	capsule	1 CAPSULE ONCE A DAY	-	29-Aug-2016	29-Aug-2016
Ibuprofen 400mg tablets	84	tablet	1 TABLET THREE TIMES DAILY	-	29-Aug-2016	29-Aug-2016
Co-codamol 30mg/500mg tablets	100	tablet	TAKE TWO TABLETS FOUR TIMES P[more]	-	29-Aug-2016	29-Aug-2016
Co-codamol 30mg/500mg tablets	100	tablet	TAKE TWO TABLETS FOUR TIMES P[more]	-	21-Jul-2016	21-Jul-2016
Co-codamol 30mg/500mg tablets	100	tablet	TAKE TWO TABLETS FOUR TIMES P[more]	-	12-May-2016	12-May-2016
Naproxen 250mg tablets	56	tablet	1-2 TABLET TWICE DAILY	-	12-May-2016	12-May-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
18-Jan-2016	120	84
14-Jan-2016	134	88

Body Measurements

No Body Measurements Recorded

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:Yes

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

NHS Confidential: Personal data about a patient

Health Visitor
Name .....
Address .....
.....

ARGYLL & BUTE CHP
Accident / Emergency Form

1453
2019

Islay
Rothesay
Dunoon
Campbeltown
Lochgilphead

Hospital: CowAL COMMUNITY

Surname: Leitch	Forenames: Robert	Birth Surname	
Address: 97 Ardenslate Road.		Patient's Own Occupation	
Postcode	Telephone No.	Date of Birth: 15/8/1977 Sex: M	Marital status / Religion
Next of Kin: Name: Anette Gold	Relationship	Family Doctor: Surname: Dr Saleem	Initials
Address		Address: Church Street.	
Postcode	Telephone No.: 01369 830779	Postcode	Telephone No.

Accident / Emergency: Date of Attendance: 5/3/19	Previous Attendance at this Hospital Yes / No	In / Out Patient	Year
Time of Attendance: 20.55	Reason for Attendance: Burn to Right hand.		
Date of Injury or Illness: 05/03/19	Time of Injury: 20.20	Type (Code)	Source of Referral: self
Road Traffic Accident Place	Details	GP ____ Self ____ Police ____ Other (Code) ____	

Home Accident Probable Cause

To be completed by Medical Officer after seeing Patient

Dear Doctor Saleem.

The above named patient attended Accident and Emergency Department today

Diagnosis: Minor burns to (R) thumb, Index and middle fingers Jelonet dressing Review tomorrow.

X-Ray film / ECG shows

Treatment Given

10/3/19 discharged to practise nurse

Drugs ____ days supply of ____ has been given.

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

Would you please arrange

Discharge Codes: Please circle

1. Admission
2. Discharge
3. Refer to GP
4. Transfer to Other Hospital (see below)
5. Died
6. Refer to CP clinic (see below)
7. Irregular Discharge
8. DOA

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

Follow up	Not arranged	Arranged	To be arranged

Clinic referred to	A&E	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn	Others specify

Medical Officers Name (in block capitals): MFerguson NP

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

Signature of Medical Officer: MFergus

GP Copy Pink - Medical records copy Yellow - Health Visitors copy Blue - Treatment card copy White

STY0441D

Cowal Community Hospital: Clinical Report

Patient: **LEITCH, Robert** DOB: **15/08/1977**

Referrer: Sabeel Saleem
Ref Loc: General Practitioner
Ref Src: Church Street Surgery, 30 Church Street, Dunoon, Argyll, PA23 8BG,

HospNo:

CHI No: 1508773076
CRIS No: 20824450

Clinical History : Fall tender lumbar spine

XR Lumbar Spine : There is straightening of the normal lumbar lordosis but vertebral alignment is preserved with no bony injury demonstrated.

XR Pelvis : No bony injury. Normal bone and joint appearances.

VERIFIED

Reported By: **Dr Peter Thorpe (Radiologist)**
2nd Reporter:
Verified By: **Dr Peter Thorpe (Radiologist)**

E-21627519
Exams: **XR Lumbar Spine,XR Pelvis**

Exam Date: 03/01/19

Leitch Robert CHI: 1508773076

Clinic Letter

NHS
Greater Glasgow and Clyde

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

Respiratory Medicine
0141 451 6088
Jean.Riach@ggc.scot.nhs.uk

Dr. S Saleem
Church Street Surgery
30 Church Street
Dunoon
PA23 8BG

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 13/04/2018
Reference: GM/LH
Dictated Date: 13/04/2018
Transcribed Date: 25/04/2018

Dear Dr. S Saleem,

Robert Leitch; D.O.B: 15 Aug 1977; CHI: 1508773076
COT HOUSE INN, SANDBANK, Dunoon, Argyll, PA23 8QS

Attendance: Specialty - Respiratory Medicine; Clinic - GGCCRE0-DR CARLIN SLEEP CLINIC FRI PM
Date and Time of Appointment - 13/04/2018 15:30

Clinical Comments:

Diagnosis:

1. Obstructive sleep apnoea syndrome
2. Narcolepsy - for a trial of Modafinil

I reviewed this 40 year old gentleman in the Sleep Clinic today. He has had a long standing history of sleep disruption and intrusive daytime somnolence. He had a full polysomnography done in July 2017, which indicates a severe sleep disordered breathing at this point. His AHI was 42 and an ODI of 16 events per hour. He had REM without atonia but no sleep movement disorder. As a result he was commenced on CPAP and has been using this on a regular basis for at least 6 or 7 hours a night every night. Unfortunately, despite this treatment he has an Epworth of 24. He has, however, managed to hold down his regular job as a chef, and does work most mornings and some evening shifts. He does find that he has a nap during the day to counteract his daytime somnolence.

MSLT following his full polysomnography showed a reduced sleep onset and achieved REM in all 4 naps. This was diagnostic of narcolepsy. In the first instance he was trialled with CPAP alone, but in view of his daytime somnolence not improving with the CPAP, I have chosen to give him a trial of Modafinil in addition to this. I have advised him to start with a dosage of 200 mgs once in the morning and try this for at least 1 week. I have advised him on the common side effects, mostly being GI. He can then increase and add in an additional dose of 100 mgs at midday, if he feels that he still requires this to overcome his daytime somnolence. I have given him a hand written letter to had in to

your practice for him to get a repeat prescription for this. He can titrate his dose up as required to a maximum dose of 400 mgs a day. He is due to have an apnoea review at the start of July, and I have timed his return appointment with our Sleep Ventilation Clinic at the same time. He is to continue on his Modafinil if tolerated until his review in July.

Please do not hesitate to contact me if you have any questions about this gentleman's visit to the clinic.

Yours sincerely

Grace McDowell

Clinical Fellow - Sleep and Breathing Support Medicine

Electronically Signed: Dr Grace McDowell, Doctor

cc.

Registration Details - Patient No: 10747

Personal details...		Address details...	
Date of birth	15/08/1977	**Post Code**	PA238NN
Sex	M	**House Name Flat No**	97
Surname	Leitch	**No and Street**	Ardenslate Road
Previous Surname		**Village**	
Forenames	Robert John	**Town**	Dunoon
Calling Name	Robert	**County**	Argyll
Title	Mr		
Birth Surname			
Marital Status			
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Argyll and Clyde	**Home Tel No**	
CHI Number	1508773076	**Work Tel No**	
Registered GP	Dr Sabeel Saleem	**Mobile Tel No**	07867301185
Usual GP	Dr Sabeel Saleem	**E Mail Address**	robertleitch93@gmail.com
NHS Number	532/77/145	**Power of Attorney**	
Residential Inst		**poa contact#**	
Branch Surgery		**Parent/guardian**	
parent/guardian contact			
NOK			

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

Further Information		Upload Consent	
Long/Short stay or Dead		**SCI-DC Consent**	Implied Consent (default)
Date of registration	10/07/2019		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	**Patient Consent**	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
CMS Suitability Status	-1		
CMS Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
07/03/2018	Notes summary on computer	Mrs Duncanson	9344

Past Problems		Authorised By	Code
11/03/2019	**Burn of wrist or hand NOS**	Dr Hickman	SH4z
04/10/2018	**Failed encounter**	Dr Thorne	9N4
29/05/2018	**Did not attend - no reason**	Dr Hickman	9N42
19/03/2018	**Patient reviewed** patient	Dr Saleem	6A
13/02/2018	**[D]Sleep apnoea syndrome**	Dr Hickman	R0053-1
11/04/1991	**Nondependent alcohol abuse**	Mrs Duncanson	E250

Health Admin Problems		Authorised By	Code

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
20/03/2020	**Co-Codamol 30/500 Tablets** TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 50 TABLET	20/03/2020P	Dr Sabeel Saleem	REPEAT
17/04/2018	**Modafinil Tablets 100 mg** TAKE TWO IN THE MORNING AND ONE AT MIDDAY 90 TABLET	24/02/2020P	Dr Sabeel Saleem	REPEAT

NHS Confidential: Personal data about a patient

Health Visitor
Name .....
Address .....
.....

ARGYLL & BUTE CHP
Accident / Emergency Form

0833
2018

Islay
Rothesay
Dunoon
Campbeltown
Lochgilphead

Hospital: CowAL COMMUNITY

Surname	Forenames	Birth Surname
LEITCH.	ROBERT	

Address	Patient's Own Occupation
THE COTHOUSE INN	

Postcode	Telephone No.	Date of Birth	Sex	Marital status	Religion
PA23 8QS		15/08/77.	M.		

Next of Kin: Name	Relationship	Family Doctor: Surname	Initials
ANNETTE GOLF	SISTER.	DR HICKMAN.	

Address	Address
BULLWOOD RD.	CHURCH ST

Postcode	Telephone No.	Postcode	Telephone No.
	NIK.		

Accident / Emergency: Date of Attendance	Previous Attendance at this Hospital Yes / No	In / Out Patient	Year
08/08/18			

Time of Attendance	Reason for Attendance
1700.	Unresponsive episode

Date of Injury or Illness	Time of Injury	Type (Code)	Source of Referral
			GP____ Self____ Police 999 Other (Code)____

Road Traffic Accident Place	Details

Home Accident Probable Cause

To be completed by Medical Officer after seeing Patient

Dear Doctor HICKMAN

The above named patient attended Accident and Emergency Department today

Diagnosis brought in by ambulance
Known sleep apnoea

X-Ray film / ECG shows Snoozy at friend's house: witnessed apnoeic episode (no

Treatment Given CPAP machine on. Punched, called 999.

on review GCS 15 ECG Sr NAD
HS 1+11+0 BP 118/75 Pulse 85. date 8/.

Imp Sleep apnoea.

Drugs days supply of Reassured and discharged to post has been given.

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

Would you please arrange

Discharge Codes: Please circle

1. Admission	3. Refer to GP	5. Died	7. Irregular Discharge
2. Discharge	4. Transfer to Other Hospital (see below)	6. Refer to CP clinic (see below)	8. DOA

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

Follow up	Not arranged		Arranged			To be arranged				
Clinic referred to	A&E	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others specify

Medical Officers Name (In block capitals) Dr WILLIAM THORNE

Signature of Medical Officer

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

Discharged 1720

GP Copy Pink - Medical records copy Yellow - Health Visitors copy Blue - Treatment card copy White

STY0441D

Dr. SALEEM
Patients BP
been raised
in surgery
a few times
last

Name:	Robert Leitch	Recorded:	08/01/2018 16:43:04
Number:	9696	Read back:	09/01/2018 12:47:00
Gender:	Male	Recorded by:	
Birthdate:	15/08/1977 40 years	Referring physician:	
Comment:		Location:	

UNCONFIRMED INTERPRETATION

General:	Overall:	Awake:	Asleep:
Nr. measurements	16	13	3
% Succeeded	41%	42%	38%
Total time	20:01:00	11:43:00	08:18:00
Average	155 / 90 mmHg	159 / 93 mmHg	137 / 75 mmHg
SD	23.2 / 18.8 mmHg	23.4 / 18.8 mmHg	12.2 / 11.6 mmHg
Pulse Pressure	65.3 mmHg	66.0 mmHg	62.0 mmHg
Systolic:			
Nr. measurements	12 (75%) >= 140	11 (85%) >= 140	3 (100%) >= 125
Maximum	204 mmHg at 12:47	204 mmHg at 12:47	150 mmHg at 0:04
Minimum	125 mmHg at 20:28	125 mmHg at 20:28	126 mmHg at 2:02
Diastolic:			
Nr. measurements	7 (44%) >= 90	7 (54%) >= 90	1 (33%) >= 80
Maximum	121 mmHg at 12:47	121 mmHg at 12:47	88 mmHg at 0:04
Minimum	56 mmHg at 20:28	56 mmHg at 20:28	67 mmHg at 2:02
Heart rate:			
Average	83 bpm	85 bpm	73 bpm
SD	11.9 bpm	11.7 bpm	7.5 bpm
Maximum	105 bpm at 18:17	105 bpm at 18:17	80 bpm at 2:02
Minimum	64 bpm at 11:16	64 bpm at 11:16	65 bpm at 4:15

Awake/asleep decrease, early morning:

Decrease:	14.1% / 19.8% (Not a dipper)
Morning average:	129.0 / 93.0 mmHg

Name:	Robert Leitch	Recorded:	08/01/2018 16:43:04
Number:	9696	Read back:	09/01/2018 12:47:00
Gender:	Male	Recorded by:	
Birthdate:	15/08/1977 40 years	Referring physician:	
Comment:		Location:	

UNCONFIRMED INTERPRETATION

Nr.	Date & Time	Syst.	MAP	Diast.	HR	PP	RPP	Comment
1	08/01/2018 16:46	**179**	132	**111**	79	68	14141	Manual measurement
Event	08/01/2018 17:21							Error measurement (nr. 2)
2	08/01/2018 17:46	**169**	131	**116**	94	53	15886	
3	08/01/2018 18:17	**160**	123	**103**	105	57	16800	
Event	08/01/2018 18:50							Error measurement (nr. 2)
4	08/01/2018 19:24	**145**	102	83	87	62	12615	
5	08/01/2018 19:52	**153**	98	78	88	75	13464	
6	08/01/2018 20:28	125	74	56	93	69	11625	
7	08/01/2018 21:00	**153**	103	81	93	72	14229	
8	08/01/2018 21:38	**144**	100	81	86	63	12384	
9	08/01/2018 22:15	**170**	133	**109**	93	61	15810	
10	08/01/2018 22:53	**145**	97	79	83	66	12035	
11 ☽	09/01/2018 00:04	**150**	107	**88**	73	62	10950	
Event	09/01/2018 01:03							Error measurement (nr. 3)
12 ☽	09/01/2018 02:02	**126**	86	67	80	59	10080	
Event	09/01/2018 03:07							Error measurement (nr. 5)
13 ☽	09/01/2018 04:15	**134**	90	69	65	65	8710	
Event	09/01/2018 05:18							Error measurement (nr. 5)
Event	09/01/2018 06:20							Error measurement (nr. 5)
Event	09/01/2018 07:23							Error measurement (nr. 2)
14	09/01/2018 08:22	129	108	**93**	68	36	8772	
Event	09/01/2018 08:51							Error measurement (nr. 5)
Event	09/01/2018 09:19							Error measurement (nr. 3)
Event	09/01/2018 09:38							Error measurement (nr. 3)
Event	09/01/2018 10:02							Error measurement (nr. 3)
Event	09/01/2018 10:26							Error measurement (nr. 3)
Event	09/01/2018 10:52							Error measurement (nr. 5)
15	09/01/2018 11:16	**193**	129	**100**	64	93	12352	
Event	09/01/2018 11:40							Error measurement (nr. 5)
Event	09/01/2018 12:03							Error measurement (nr. 2)
Event	09/01/2018 12:27							Error measurement (nr. 5)
16	09/01/2018 12:47	**204**	145	**121**	71	83	14484	
Event	09/01/2018 13:06							Error measurement (nr. 2)
Event	09/01/2018 13:38							Error measurement (nr. 5)
Event	09/01/2018 14:08							Error measurement (nr. 5)
Event	09/01/2018 14:43							Error measurement (nr. 3)
Event	09/01/2018 15:16							Error measurement (nr. 5)
Event	09/01/2018 15:50							Error measurement (nr. 3)
Event	09/01/2018 16:27							Error measurement (nr. 5)

Overall: 16 (41% Succeeded) Awake: 13 (42% Succeeded) Asleep: 3 (38% Succeeded)

Name:	Robert Leitch	Recorded:	08/01/2018 16:43:04
Number:	9696	Read back:	09/01/2018 12:47:00
Gender:	Male	Recorded by:	
Birthdate:	15/08/1977 40 years	Referring physician:	
Comment:		Location:	

UNCONFIRMED INTERPRETATION

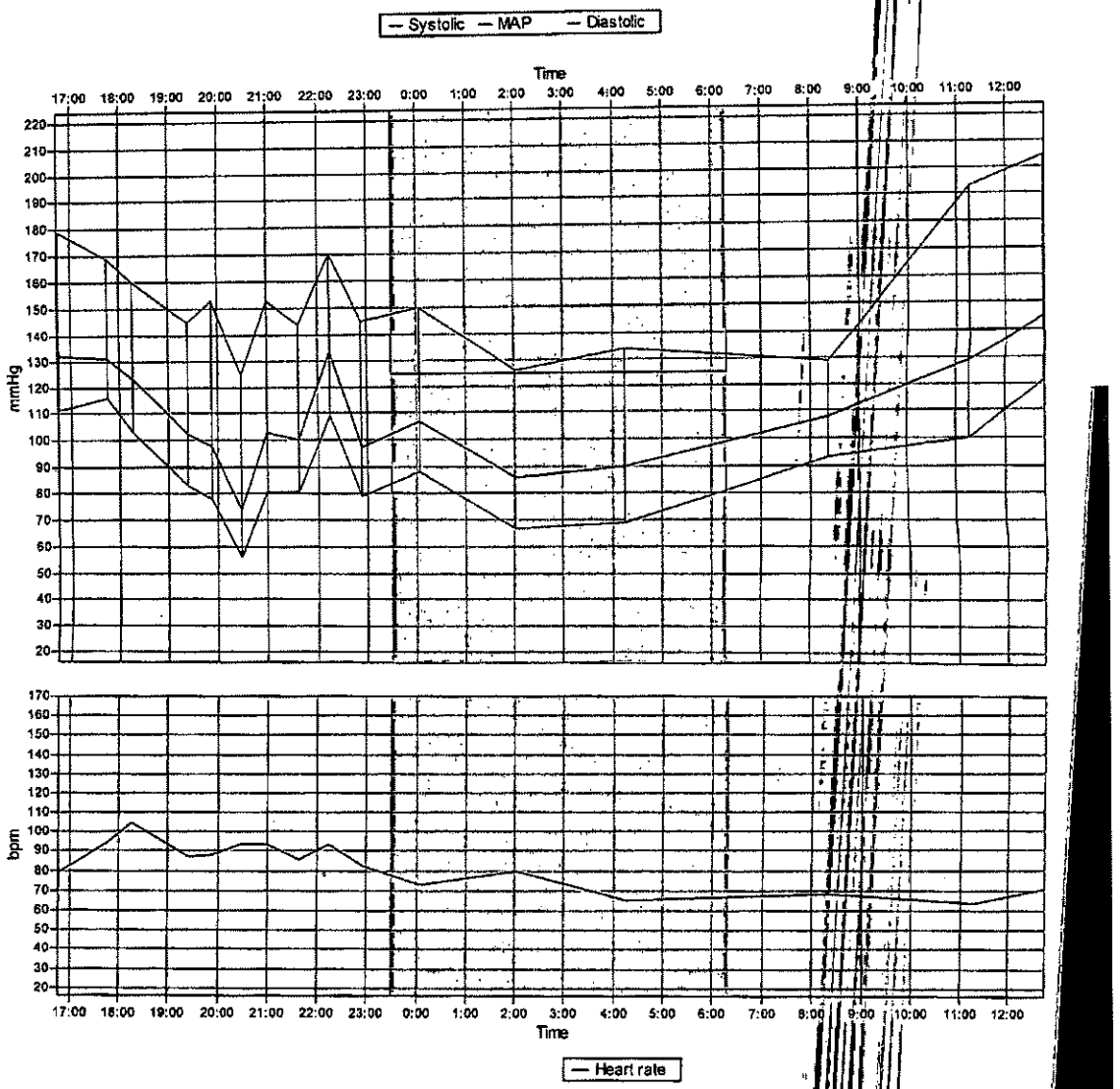
Numbers	Time	Systolic	SD	Diastolic	SD	Heart rate	SD	% Succeeded
1 - 1	16 - 17 h	179	0.0	111	0.0	79	0.0	50%
2 - 2	17 - 18 h	169	0.0	116	0.0	94	0.0	100%
3 - 3	18 - 19 h	160	0.0	103	0.0	105	0.0	50%
4 - 5	19 - 20 h	149	5.7	81	3.5	88	0.7	100%
6 - 6	20 - 21 h	125	0.0	56	0.0	93	0.0	100%
7 - 8	21 - 22 h	149	6.4	81	0.0	90	4.9	100%
9 - 16	22 - 23 h	156	29.6	91	19.0	75	10.0	28%

Overall: 16 (41% Succeeded) Awake: 13 (42% Succeeded) Asleep: 3 (38% Succeeded)

NHS Confidential: Personal data about a patient

Name:	Robert Leitch	Recorded:	08/01/2018 16:43:04
Number:	9696	Read back:	09/01/2018 12:47:00
Gender:	Male	Recorded by:	
Birthdate:	15/08/1977 40 years	Referring physician:	
Comment:		Location:	

UNCONFIRMED INTERPRETATION



Overall: 16 (41% Succeeded) Awake: 13 (42% Succeeded) Asleep: 3 (38% Succeeded)

[redacted]

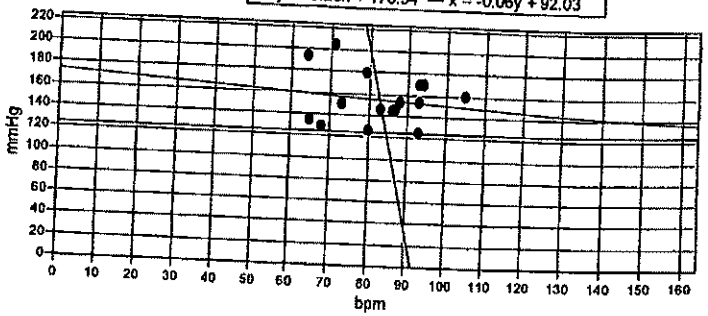
Name:	Robert Leitch	Recorded:	08/01/2018 16:43:04	UNCONFIRMED INTERPRETATION
Number:	9696	Read back:	09/01/2018 12:47:00	
Gender:	Male	Recorded by:		
Birthdate:	15/08/1977 40 years	Referring physician:		
Comment:		Location:		

Overall:

Systolic against Heart rate

Correlation coefficient: -0.12
Cloud's centre: 154.9 / 82.6

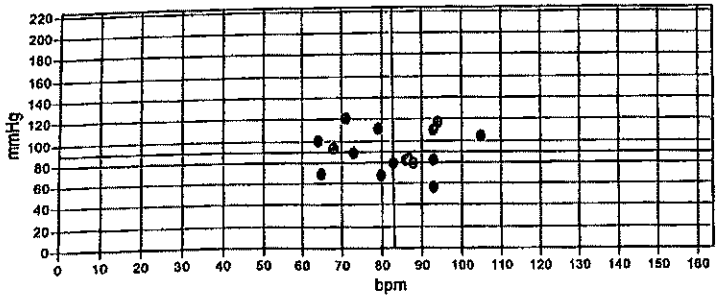
— y = -0.23x + 173.94 — x = -0.06y + 92.03



Diastolic against Heart rate

Correlation coefficient: 0.00
Cloud's centre: 89.7 / 82.6

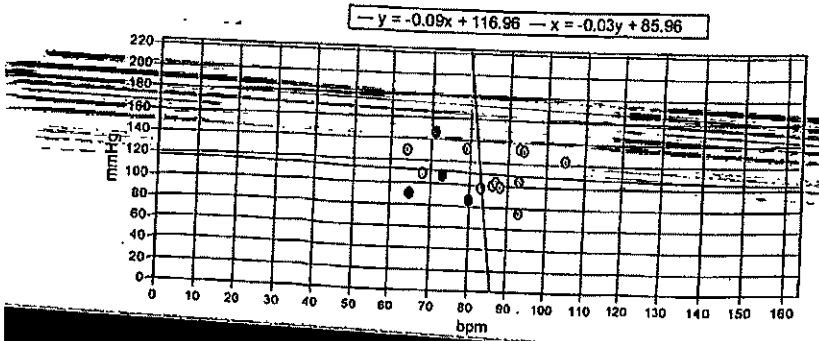
— y = 0.00x + 90.03 — x = 0.00y + 82.77



Map against Heart rate

Correlation coefficient: -0.05
Cloud's centre: 109.9 / 82.6

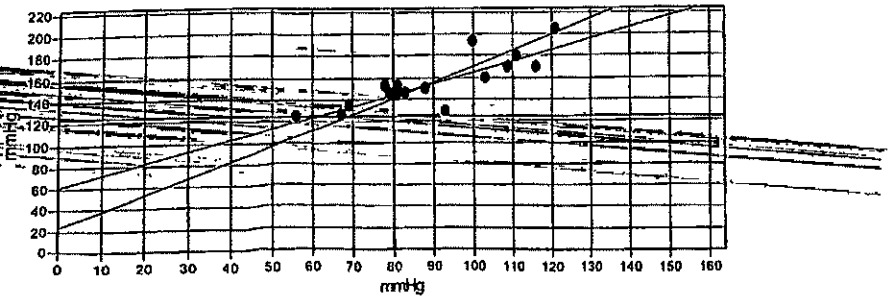
— y = -0.09x + 116.96 — x = -0.03y + 85.96



Systolic against Diastolic

Correlation coefficient: 0.84
Cloud's centre: 154.9 / 89.7

— y = 1.03x + 62.28 — x = 0.68y + -15.75



[redacted]

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR17.0)

REFERRAL TO

Chiropody/Podiatry
H GG&C Protocol

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

Cowal Community Hospital
360 Argyll Street
Dunoon
PA23 7RL

— **Hospital and hospital address**

Hospital location code.: C106H

Email address: -

Urgency of referral ROUTINE
Date of referral 14-Feb-2018 **Date sent** 14-Feb-2018

PATIENT DETAILS

Surname	Leitch
Forename(s)	Robert
Title	Mr
Sex	Male
Date of birth	15-Aug-1977
CHI no.	1508773076
Area of Residence	-

Patient's address

Cot House Inn
Sandbank
Dunoon
PA23 8QS

Contact number(s)

Voice:07867301185
E-mail:robertleitch93@gmail.com

101015483412N Unique Care Pathway Number: 101015483412N

REGISTERED GP DETAILS

Name	Dr Sabeel Saleem		
GMC code	6154222	GP code	69485
Practice name	Church Street Surgery		
Practice code	84241		

Practice address

30 Church Street
Dunoon
Argyll and Bute
PA23 8BG

Contact number(s)

Voice:01369 702772
Facsimile:01369 704502

REFERRING GP DETAILS

Name	Dr. Paul Hickman		
GMC code	2805489	GP code	69876
Practice name	Church Street Surgery (84241)		
Practice code	84241		

Practice address

30 Church Street
Dunoon
PA23 8BG

Contact number(s)

Voice:01369 703482

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Avulse both great toenails

Comment: Dear Colleague,

Robert leitch is a 40 year old man who has just moved to Sandbank from Tighnabruiach. While he lived in Tighnabruaich he was referred to podiatry and it was agreed to avulse both great toenails. Since moving he has received no mail and he feels that he has not received his appointment. I would be most grateful if you he could be called for again as he has failed to receive the mail. I look forward to your further help and advice.

Best wishes,

Yours sincerely,

Dr P Hickman

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

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

Description	Date of onset	Date recorded
[D]Sleep apnoea syndrome	13-Feb-2018	13-Feb-2018

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Refer to podiatry	13-Feb-2018	13-Feb-2018

Family conditions (All priorities)

Description	Date of Onset
FH: Diabetes mellitus	20-Dec-2017
FH: Ischaemic heart dis. >60	20-Dec-2017

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)

No recent medications recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 30 Cigarettes/day:		20-Dec-2017
Alcohol consumption, 0 units/week:		20-Dec-2017
Aerobic exercise 2 times/week:		20-Dec-2017

Clinical warnings

Additional relevant information
Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has Additional Support Needs:No

Patient has disability or requires wheelchair access:No
Referred By:Registered GP
Electronic Attachment Present:No

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

NHS Confidential: Personal data about a patient

NHS Circular:
PCA(M)(2013)4

Weds 20/12/17
4.30pm

Annex A

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

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

Male* ☑ Female* ☐ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☑ Will you be in the area for more than 3 months?* Yes ☑ No ☐
(If 'No', please ask for form GMSTRF001)

Date of Birth* 15 8 1978

Title* MR

Surname* LEITCH

Forenames* ROBERT JOHN

Previous Surname*

email address # [redacted]

Address* COT HOUSE INN
SAND BANK
DUNOON
ARGYLL

Postcode* PA23 8QS

Telephone #

Mobile # 07867301185

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

Community Health Index (CHI) Number*

NHS Number*

The following information can be found on your birth certificate:

Town of Birth* DUNOON

Country of Birth* SCOTLAND

Registered district of birth (Scotland only) ARGYLL

Mother's maiden name* INNES

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

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

Address in UK when you were last registered with a GP*
ROYAL AV LODGE HOTEL
SHORE ROAD
TIGHNABRUAICH

Postcode* PA21 2BE

Name and address of previous GP Practice in UK*
KYLES MEDICAL CENTRE
TIGHNABRUAICH

Postcode* PA21 2BE

If you are from abroad:

Date you first came to live in the UK* ☐☐ ☐☐ ☐☐☐☐ If previously resident in the UK, date of leaving* ☐☐ ☐☐ ☐☐☐☐

Your most recent country of residence*

If you have served in the British Armed Forces:

Service Number

Enlistment date* ☐☐ ☐☐ ☐☐☐☐

Are you a Reservist?* ☐ Yes ☐ No

Leaving date* ☐☐ ☐☐ ☐☐☐☐

Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No

If yes, please provide your address before enlisting*

Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

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

Any of my organs and tissue ☐ Or my

Kidneys ☑ Eyes ☐ Heart ☑ Lungs ☑ Liver ☑ Pancreas ☑ Small bowel ☑ Tissue ☑

Patient signature [signature] Date 20 12 2017

GMSGPR001 v1 (05-2013)

NHS Circular:
PCA(M)(2013)4

4. HOW WE USE YOUR INFORMATION

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

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

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.
For more information on how NHS National Services Scotland uses your personal information visit www.nhsnss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – It's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.
NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature _____ Date 20 / 12 / 2017

Representative's name (if applicable) _____

Relationship to patient (if applicable) _____

6. FOR PRACTICE USE

GP reference number _____ GP name _____

Practice code _____ Mileage (No.) Road _____ Water _____ Footpath _____

Identification seen - do not take or retain photocopies

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

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

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

Authorised Practice signature _____ Date ☐☐/☐☐/☐☐

7. OFFICIAL USE ONLY

Input by _____

Checked by _____

Date ☐☐/☐☐/☐☐

GMSGPR001 v1 (05-2013)

NHS Confidential: Personal data about a patient

Health Visitor
Name .....
Address .....
.....

ARGYLL & BUTE CHP
Accident / Emergency Form

Islay
Rothesay
Dunoon
Campbeltown
Lochgilphead

7625
2017

Hospital: Cowal Community

Surname	Forenames	Birth Surname
LEITCH	ROBERT JOHN	LEITCH

Address: COT HOUSE INN
Patient's Own Occupation: CHEF

Postcode	Telephone No.	Date of Birth	Sex	Marital status	Religion
PA23 8QS	07867301185	15-8-77	M	Single	

Next of Kin: Name	Relationship	Family Doctor: Surname	Initials
ANNETTE GOUR	SISTER	Dr Hallum	

Address: 1
Address: TIGHNABRUAICH Sandbank

Postcode	Telephone No.	Postcode	Telephone No.
	07511 460171		01700 811207

Accident / Emergency: Date of Attendance	Previous Attendance at this Hospital Yes / No	In / Out Patient	Year
23-11-17			

Time of Attendance	Reason for Attendance
19.45	Fall outside hit head & stomach

Date of Injury or Illness	Time of Injury	Type (Code)	Source of Referral
23-11-17	17.00		GP ___ Self ✓ Police ___ Other (Code) ___

Road Traffic Accident Place | Details

Home Accident Probable Cause

1508773076
LEITCH
ROBERT
15/08/1977 M
Royal An Lochan
PA21 2BE

To be completed by Medical Officer after seeing Patient

Dear Doctor Hallum — ANN GRAY NP

The above named patient attended Accident and Emergency Department today

Diagnosis: Patient attended department due to a fall patient slipped on ice. Injuring face, stomach and right leg baseline observation NEWS = 0 Glasgow Coma Scale = 15 Visual

X-Ray film / ECG shows: Acuity 6/5 both eyes no loss of consciousness no nausea ear and nose clear - small laceration above right eye cleansed and closed using tissue adhesive and steristrips grazes wound to stomach and right thigh cleansed Tetanus up to date according

Treatment Given: to patient Head injury and wound care advice give to

Drugs: ___ days supply of ___ has been given.

Tetanus / Prophylaxis has / has not been administered. patients course friend TT Booster HATI (Please tick)

Would you please arrange

Discharge Codes: Please circle

1. Admission	3. Refer to GP	5. Died	7. Irregular Discharge
2. Discharge	4. Transfer to Other Hospital (see below)	6. Refer to CP clinic (see below)	8. DOA

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

Follow up	Not arranged			Arranged				To be arranged		
Clinic referred to	A&E	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others specify

Medical Officers Name (in block capitals): ANN GRAY NP
Cons SR Reg SHO / JHO Clin Assist (Please circle)

Signature of Medical Officer

GP Copy Pink - Medical records copy Yellow - Health Visitors copy Blue - Treatment card copy White

STY0441D

Leitch Robert CHI: 1508773076 8477

Letter to Patient:

NHS
Greater Glasgow and Clyde
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Robert Leitch
Royal An Lochan
Tighnabruaich
Argyll
PA21 2BE

Main Switchboard: 0141 211 3000
Department: Respiratory Medicine
Contact Tel: 0141 451 6088
Enquiries to: Jean.Riach@ggc.scot.nhs.uk
Letter Date: 29/08/2017
Reference: CC/LH
Dictated Date: 07/08/2017
Transcribed Date: 16/08/2017

Dear Mr Leitch,

Thank you for coming for the repeat sleep test recently and I have now got the full results from these. I know the team had started you up trialling CPAP equipment to see if that would be helpful after a sleep test. From the initial discussions that you had with them you have been using CPAP and your remote monitoring of this is all satisfactory. You haven't however felt that this helped your sleepiness.

Your sleep test results otherwise are quite different from before and I think that helps us pin things down and I think we can also talk about trialling you with some treatment to help with daytime sleepiness.

I would like to see you back at my sleep clinic and I have asked for you to get an appointment.

Best wishes.

Yours sincerely

Chris Carlin

Consultant Physician

Sleep, Breathing Support & Respiratory Medicine

Enc

Electronically Signed: Dr Chris Carlin, Consultant

cc Dr A J MacGregor
Dr Taylor-Kavanagh & Partner

Leitch Robert CHI: 1508773076 GCL 07/08/2017 v1

246 Argyll St
Dunoon PA23 7HW

Leitch Robert CHI: 1508773076

Clinic Letter

NHS
Greater Glasgow and Clyde

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

Respiratory Medicine
0141 451 6088
Jean.Riach@ggc.scot.nhs.uk

Dr. AJ MacGregor
Dr Taylor-kavanagh & Partner
246 Argyll St
Dunoon
PA23 7HW

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 06/01/2017
Reference: MR/ED
Dictated Date: 06/01/2017
Transcribed Date: 17/01/2017

Dear Dr. AJ MacGregor,

Robert Leitch; D.O.B: 15 Aug 1977; CHI: 1508773076
Royal An Lochan, Tighnabruaich, Argyll, PA21 2BE

Attendance: Specialty - Respiratory Medicine; Clinic - GGCCRE0-DR CARLIN SLEEP CLINIC FRI PM
Date and Time of Appointment - 06/01/2017 13:50

Clinical Comments:
ESS 20/24, STOP 3/4, STOP-BANG 6/8

Thank you for your referral of this 39 year old man to Dr Carlin's Sleep Clinic. He was seen in 2013 with a sleep test at this time. He tells me he feels many mornings he has had great a sleep. Other mornings he can feel quite tired and could just go back to sleep. He manages his job although he can fall asleep a couple of hours after getting up and has fallen asleep eating toast at work. He does have to have a sleep most afternoons. He falls asleep if he was watching television without fail and just feels tired the whole time. He gets to sleep at night quite easily. He wakes 2 - 4 times/ night. He snores and is aware of this and wakes himself occasionally. He works 8.30 a.m. - 2 p.m. having reduced his hours. He has tried to change his lifestyle, improving his diet, losing weight and reducing smoking but was fairly disgruntled today that this has not improved things despite having been advised to do this at the last Clinic. He tries to go to bed before midnight and gets up at 8 a.m. for work. He doesn't drink alcohol. He drinks 4 cups of coffee/day. He drinks 2 x 2 litre bottles of Irn Bru Xtra which he informs me is caffeine free. He smokes less than 20 cigarettes/day. He doesn't take any cannabis or other drugs. He works as a chief, he is a non driver. He describes his mood as being stable.

There is no past medical history or family history of note.

He is on Co-codamol occasionally.

On examination today his height was 1.83 metres, weight was 127 kgm giving a BMI of 38, neck size was 20", blood pressure 152/93, oxygen saturation on air was 95%. His teeth are his own. There were no ENT issues. He was Mallampati Class 2.

I discussed his previous sleep test with him which was normal and showed no evidence of abnormality in terms of obstructive sleep apnoea. He did seem to have some sleep fragmentation although there was no obvious cause for this. He again said that he was very unhappy that he had been told to lose weight, exercise, he had reduced his work hours and reduced his work stress and he still was exhausted all the time. I have suggested that we do a polysomnograph with planned naps, MLST and have a look to try to rule out any other sleep disorder. I did wonder if he possibly had mild narcolepsy although the sleep test before would not really suggest that. He is however extremely tired all the time and can sleep very easily and I felt this was worth doing. He wasn't particularly keen to do this but has agreed and we will be in touch with an appointment. We will obviously write to him and to the GP with his results.

Than you for your help.

Yours sincerely

Dr Mary Rouse

GP with special interest

Electronically Signed: Dr Mary Rouse1, Doctor

cc.

Leitch Robert CHI: 1508773076

Clinical letter - GP: Haem New OP clinic 16/11/2016

NHS
Greater Glasgow and Clyde

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
01475 633777

Dr. AJ MacGregor
Dr Taylor-kavanagh & Partner
246 Argyll St
Dunoon
PA23 7HW

Main Switchboard:	01475 633777
Department:	Haematology, IRH
Contact Tel:	01475 504418
Enquiries to:	Stephanie Docherty (Secretary)
Letter Date:	22/11/2016
Reference:	RMDC/SKD
Dictated Date:	16/11/2016
Transcribed Date:	16/11/2016

Dear Dr MacGregor,

Robert Leitch; D.O.B: 15/08/1977; CHI: 1508773076
ROYAL AN LOCHAN, Tighnabruaich, Argyll, PA21 2BE

I had the pleasure of seeing Robert Leitch in the Haematology new patient clinic on 16th November 2016. You sent him to Haematology because of an episode of easy and extensive bruising in August of this year.

I checked his file and found that his coagulation screen did have a slightly prolonged APTT, which was recurrent, but the main thing seemed to me to be that his liver function tests were always quite deranged, namely for a very increased ALT and less increased AST and for a very increased Gamma GT. That is a profile typical of alcoholic liver disease and this gentleman, although he has not been drinking for more than a decade, does have a past history of alcoholic liver disease, which may be the cause of this susceptibility to easy bruising. Besides, he was previously on anti-inflammatories, namely Ibuprofen and Naproxen, which by themselves may induce bruising.

His physical examination showed a slightly overweight man with a vesicular rash in the upper part of his anterior thorax and, apart from that, no other relevant findings, namely of bruises or of evidence of bleeding. Although I do not think that this episode of bruising was due to his liver disease, as I said above, I will do a coagulation screen and will have him come in 2 months to discuss the results of that coagulation screen, of which I will inform you as soon as he comes back to us.

Yours truly

Ricardo Marques da Costa
Haematology Consultant

Electronically Signed: Dr Ricardo Marques da Costa, Consultant

cc.

Inverclyde Royal Hospital: Clinical Report

Patient: **LEITCH, Robert** DOB: **15/08/1977**

Referrer: Dr Alida MacGregor
Ref Loc: GP PRACTICE GP
Ref Src: Kyles Medical Centre, Tighnabruaich, PA21 2BE,

CHI No: 1508773076
CRIS No: 25504226

Clinical History :
39-year-old male. Abnormal LFTs and clotting. Tee total for 15 years but legacy of 10 years heavy alcohol use:? Liver pathology.

US Abdomen :
Scanned by Morgyn Sneddon, sonographer.

Technically difficult examination due to patient obesity. Poor image quality.

The liver is enlarged measuring 21.4 cm. There is a coarse echo texture throughout with an associated reduction in sound throughput. These appearances are suggestive of diffuse fatty infiltration/parenchymal disease. Within the right lobe of liver, adjacent to the gallbladder, there are several hypoechoic, wedge-shaped areas the largest measuring 3.2 cm. Appearances are suggestive of focal fatty sparing. No other overt focal pathology or intrahepatic duct dilatation evident on limited imaging.

Common bile duct and aorta are obscured. The gallbladder is normal.
The pancreas demonstrates an increased echogenicity and lobulated anterior outline suggestive of diffuse fatty infiltration. Nil focal.

Both kidneys appear sonographically normal, however, the patient demonstrates exquisite tenderness on direct scanning of the left kidney.
Spleen is poorly visualised, however appears grossly normal. No abdominal free fluid.

VERIFIED

Reported By: **Morgyn Sneddon**
2nd Reporter:
Verified By: **Morgyn Sneddon**

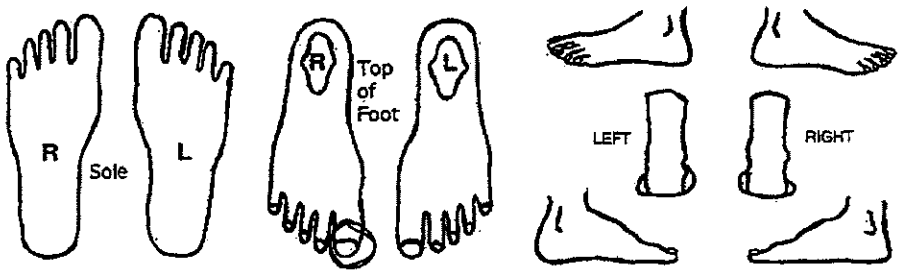
E-30956470 Exam Date: 04/11/16
Exams: **US Abdomen**

NHS Confidential: Personal data about a patient

Please list all medical conditions (e.g. diabetes, heart, kidney, or liver disease, MRSA, etc)		
Also please list any physical disability (e.g. blind, wheel chair, etc)		
If **NONE** please tick this box	✓	

Allergies:		
Please list all your current medications (attach a prescription tear-off slip if preferred)		
If **NONE** please tick this box	✓	

Use the diagram below to show where your feet are concerning you. Circle the relevant part(s).



Briefly describe your concerns. How do you think podiatry can help?
IN GROWING TOE NAIL - DR SAID IT SHOULD BE REMOVED

* **NHS PODIATRY DOES NOT CARRY OUT SIMPLE NAIL CUTTING** *

Signed		Date stamp office use only
Date	5-10-16	

If you are signing on behalf of patient please state your relationship.

Office use only						
Location Code	**Core**	**Low**	**Medium**	**High**	**GP Code**	**Practice Code**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR17.0)

REFERRAL TO

Chiropody/Podiatry
H GG&C Protocol

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

Cowal Community Hospital
360 Argyll Street
Dunoon
PA23 7RL

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

Hospital location code: C106H

Email address: -

Urgency of referral	ROUTINE		
Date of referral	09-Aug-2017	**Date sent**	09-Aug-2017

PATIENT DETAILS

Surname	LEITCH
Forename(s)	ROBERT
Title	MR
Sex	Male
Date of birth	15-Aug-1977
CHI no.	1508773076
Area of Residence	-

Patient's address

ROYAL AN LOCHAN
TIGHNABRUAICH
PA21 1BE

Contact number(s)

Voice:07867301185

1010142220437

Unique Care Pathway Number: 1010142220437

REGISTERED GP DETAILS

Name	Dr Alida Macgregor		
GMC code	6120486	GP code	69540
Practice name	Kyles Medical Centre		
Practice code	84773		

Practice address

KYLES MEDICAL CENTRE
SCHOOL ROAD
TIGHNABRUAICH
ARGYLL
PA21 2BE

Contact number(s)

Voice:01700811207

REFERRING GP DETAILS

Name	Dr David Syme		
GMC code	2335045	GP code	69540
Practice name	Kyles Medical Centre		
Practice code	84773		

Practice address

KYLES MEDICAL CENTRE
SCHOOL ROAD
TIGHNABRUAICH
ARGYLL
PA21 2BE

Contact number(s)

Voice:01700811207

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Ingrowing toenail Right foot

Comment: ThIs chap put in a self-referral form last October but has had no word of an appointment. If he is on the list and you are busy then there is no need to expedite but I wonder if he has slipped through the cracks? MAny thanks

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Date of onset	Date recorded
Alcohol dependence syndrome	01-Mar-1991	01-Mar-1991

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	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Co-codamol 30mg/500mg tablets	100	tablet	TAKE TWO TABLETS FOUR TIMES P[more]	-	08-Aug-2017	08-Aug-2017
Naproxen 250mg tablets	56	tablet	1-2 TABLET TWICE DAILY	-	12-Jul-2017	12-Jul-2017
Co-codamol 30mg/500mg tablets	100	tablet	TAKE TWO TABLETS FOUR TIMES P[more]	-	12-Jul-2017	12-Jul-2017
Nicorette invisi 25mg/16hours patches (McNeil Products Ltd)	14	patch	ONE PATCH PER DAY, REMOVE AT [more]	-	23-Mar-2017	23-Mar-2017
Nicotine 1mg/dose oromucosal spray sugar free	26.40	ml	1-2 SPRAYS TO PREVENT CRAVING [more]	-	23-Mar-2017	23-Mar-2017

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has Additional Support Needs:No

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

Office use only
MPI .... CHI ....

NHS Highland

NHS Highland Podiatry Service does not carry out simple nail cutting.

ALL sections MUST be completed in BLOCK CAPITALS.
Incomplete forms will be returned.
NB: Your first appointment may be for assessment only.
Treatment may not be given during this assessment.

Please return completed forms to

ROBERT. LEITCH
Royal An Lochan
Tighnabruaich
PA21 1BE

Title	MR
Surname	LEITCH
First name(s)	ROBERT
Address	THE ROYAL AN LOCHAN SHORE ROAD TIGHNABRUAICH
Post code	PA21 2BE
Date of Birth	0 8 10 8 1 9 7 7
Home Tel.	01700 811239
Work Tel.	01706 811239
Mobile Tel.	
Other Tel.	
GP's Name	Dr MCGREGOR
GP's Address	KYLES MEDICAL CENT TIGHNABRUICH
Tel.	
Post code	PA21 2BE

NHS Confidential: Personal data about a patient

Radiology Referral Form

Appt. Details .....

NHS Highland

Patient
Address
CHI: 1508773076 15/08/1977 M
LEITCH, ROBERT
Royal An Lochan, [illegible], PA21 1BE
Dr Alida MacGregor, 69540
Kyles Medical Centre, PA21 2BE 04/10/2016 14:08, Practice: 04773

CHI DOB / /

Tel : 07867301185
Patients preferred method of contact.
Details :

Ward .....

Male ☐ Female ☐

OP ☑ AE ☐ GP ☐

Transport	☑	Patient type	☑
Bed		NHS	
Trolley		PP	
Wheelchair		Cat 2	
Walking		Research	
Portable		Medico-legal	
O2			

Hospital transport required Y / N

GP Stamp here please

Dr A MacGregor
Dr N Hallum
Kyles Medical Centre
Tighnabruaich, PA21 2BE
Tel: 01700 811207
Fax: 01700 811766

INVESTIGATION REQUESTED :
UPPER ABDO USS PLEASE

Consultant :

Clinical Summary / Question to be answered
39 ♂ abnormal LFTs and clotting
Tea-total BY 15 years but legacy of 10 years heavy alcohol use.
? Liver pathology

Urgent ☐
Routine ☑
Cancer Tracking Tool ☐

Infection Status Y / N If YES to infection - Type? :

Pregnant Y / N Significant Disability Y / N Description :

Please indicate if patient weight is over 24 stone / 150 kg :

Previous Examinations

Safety Questionnaire for CT, IVU, Barium, Angio.

Please complete for all contrast exams by circling Y or N

Previous Contrast Reaction	Y N
Known Allergies / Severe Asthma	Y N
Diabetes	Y N
On Metformin	Y N
On Anti-coagulant/Anti-platelet drug	Y N

For invasive procedures, last coagulation results : Platelets .....
PT.....PTT.....Fibrinogen..... Date :

Renal Function eGFR..... Date :

If eGFR < 60 have you considered stopping nephrotoxic drugs for 48 hrs?

MRI Safety Questionnaire - CONSULTANT REFERRAL ONLY

Please complete if the patient has any of the following by circling Y or N

Pacemaker or automatic defibrillator	Y N
Surgical clips, aneurysm clips, intracranial or vascular clips	Y N
A middle ear implant	Y N
Metal implants eg: hip joint, Harrington rods	Y N
A nerve stimulator	Y N
Artificial heart valve	Y N
Has the patient had an operation in the last 6 weeks	Y N
Has the patient ever had metal fragments in the eye?	Y N
Does the patient suffer from claustrophobia?	Y N
If Yes to any of the above, give details :	

Please tick if medical or non-medical. Signature and printed name mandatory

Medical Referrers ✓ Non-Medical Referrer ✓

Signature ..... and Print Name DR ALIDA MACGREGOR

Practitioner

Tel/Ext No

Bleep No

Date 04/10/2016

Date

Protocol (for radiology use only) :

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

Haematology
GGC General Referral

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

Inverclyde Royal Hospital
Larkfield Road
Greenock
PA16 0XN

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

Hospital location code.
C313H

Email address
-

Urgency of referral Routine
Date of referral 04-Oct-2016 **Date sent** 04-Oct-2016

PATIENT DETAILS

Surname	LEITCH
Forename(s)	ROBERT
Title	MR
Sex	Male
Date of birth	15-Aug-1977
CHI no.	1508773076
Area of Residence	-

Patient's address

ROYAL AN LOCHAN
TIGHNABRUAICH
PA21 1BE

Contact number(s)
Voice:07867301185

101012260675M Unique Care Pathway Number: 101012260675M

REGISTERED GP DETAILS

Name	Dr Alida Macgregor		
GMC code	6120486	GP code	69540
Practice name	Kyles Medical Centre		
Practice code	84773		

Practice address

KYLES MEDICAL CENTRE
SCHOOL ROAD
TIGHNABRUAICH
ARGYLL
PA21 2BE

Contact number(s)
Voice:01700811207

REFERRING GP DETAILS

Name	Dr. Alida MacGregor		
GMC code	6120486	GP code	69540
Practice name	Dr A MacGregor & Dr N Hallum (84773)		
Practice code	84773		

Practice address

Kyles Medical Centre
Tighnabruaich
Argyll
PA21 2BE

Contact number(s)
Voice:01700 811207

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: non-traumatic spontaneous bruising

Comment: Dear Doctor,

Many thanks for seeing this patient who I discussed with Dr Clarke. Robert presented with recurrent significant spontaneous bruising. Initial bloods demonstrated normal Hb and platelets, normal PT but slightly increased APTT. His LFt's are abnormal, on review they have been persistently up. Robert has been tee-total for 15 years but does have a significant history of 10 years heavy alcohol abuse. Following discussion with Dr Clarke I have requested a liver screen including USS but she felt haematology clinic review was appropriate with the bruising history.

Yours sincerely

Dr Alida MacGregor

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Date of onset	Date recorded
Alcohol dependence syndrome	01-Mar-1991	01-Mar-1991

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	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole 20mg gastro-resistant capsules	28	capsule	1 CAPSULE ONCE A DAY	-	29-Aug-2016	29-Aug-2016
Ibuprofen 400mg tablets	84	tablet	1 TABLET THREE TIMES DAILY	-	29-Aug-2016	29-Aug-2016
Co-codamol 30mg/500mg tablets	100	tablet	TAKE TWO TABLETS FOUR TIMES P[more]	-	29-Aug-2016	29-Aug-2016
Co-codamol 30mg/500mg tablets	100	tablet	TAKE TWO TABLETS FOUR TIMES P[more]	-	21-Jul-2016	21-Jul-2016
Co-codamol 30mg/500mg tablets	100	tablet	TAKE TWO TABLETS FOUR TIMES P[more]	-	12-May-2016	12-May-2016
Naproxen 250mg tablets	56	tablet	1-2 TABLET TWICE DAILY	-	12-May-2016	12-May-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
18-Jan-2016	120	84
14-Jan-2016	134	88

Body Measurements

No Body Measurements Recorded

Clinical warnings

Additional relevant information