Legal Aspects Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

NHS
Greater Glasgow and Clyde

MMA LEGAL LIMITED
STOK
43-59 PRINCES STREET
STCOKPORT
SK11RY

Date: 22nd May 2026
Your Ref: 100069
Our Ref: LAT/ACCESS/ JM
Enquiries to: JESSICA MCGHIE
Direct Line: 0141 211 3019
Email: Jessica.mcghie@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: ROBERT LEITCH **D.O.B: 15/08/1977**

Thank you for your request received **6th May 2026** in which you seek a copy of your client's personal information.

Your request has been dealt with in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:

NHS GREATER GLASGOW AND CLYDE HOSPITALS
PLEASE NOTE ANY RADIOLOGY WILL FOLLOW VIA EMAIL LINK

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports
- Complaints files
- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25th birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection Officer. Their contact details are noted below

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email: data.protection@ggc.scot.nhs.uk

Yours sincerely

Legal Aspects Team

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☑		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☑	MATERNITY	☐
[illegible]YAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST AMBULATORY CARE HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
[illegible]DICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐

Gartnavel Sleep Clinic

Dr C Carlin — Consultant Physician
Dr M Rouse — GP with Specialist Interest
Mrs H Ambler — Clinical Physiology Manager
Mrs D Mortimer — Secretary

Telephone: 211 3482 - Secretary
211 3108 - Respiratory lab
211 6735 - Helpline
211 3072 - Clinic reception

First clinic appointment

P: 1508773076
LEITCH
Robert
ROYAL AN LOCHAN
Tighnabruaich, Argyll
PA21 2BE
M
05/08/1977

07867 30 | 85

Clinic date: Dr: Buse

Height 183 cm **Weight** 127.3 kg **Neck size** 20 **BP** 152/93 **SpO2** 95

BMI 38 **Epworth** 20/24 **STOP** 3/4 **STOP-BANG** 6/8

Referral from: GP ☑ Other *(specify)* _____

Daytime symptoms: *(unrefreshing sleep, intrusive daytime sleepiness, headache, impaired concentration or memory, accidents, cataplexy, restless legs)*

Can have a good sleep / otherwise feels tired / Manages job / Can fall asleep
Has to have a sleep at night / Falls asleep at night leaving dog walks and TV

Nighttime symptoms: *(snoring, witnessed apnoeas, choking awakenings, if and why fragmented sleep, nocturia, parasomnia features, sleep paralysis, hypnogogic or hypnopompic hallucinations)*

Gets to sleep ok / Wakes 2-4 hrs at night / Snores - aware of this / wakes himself

History: Works 8.30 - 2pm

Sleep hygiene: *(caffeine, alcohol, TV and computer use, bedtime, risetime, shiftwork, posture)*

12mid - 8am / No alcohol / 4 x coffee / 2-2 Litres Irn Bru Extra / Smokes 20/day / No cannabis

Driving or occupational issues: Chef / Non Driver

Mood: Stable

Other history: *(eg hypertension, diabetes, cardiorespiratory disease, CVA, family history sleep disorder)*

Nil — FH - nil

Medications: *(hypnotics, SSRIs, other antidepressants, opiates, other sedatives, others)*

Co-codamol

ENT issues: *(nasal status, tonsils, previous surgery, macroglossia, goitre)*

Nil

Dentition: Healthy ☑ False teeth ☐ Retrognathia ☐

Exam findings: *(neurological, other)*

Oropharynx

Class 1 ☐ Class 2 ☑ Class 3 ☐ Class 4 ☐

Provisional Diagnosis & Plan: POS + MLST

Driving advice given? ☐ N/A **Weight loss advice given?** ☑ **Signature** _____

Gartnavel Sleep Clinic

Dr C Carlin — Consultant Physician
Dr M Rouse — GP with Specialist Interest
Mrs H Ambler — Clinical Physiology Manager
Mrs D Mortimer — Secretary

Telephone: 211 3482 - Secretary
211 3108 - Respiratory lab
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211 3072 - Clinic reception

First clinic appointment

Patient deta

1508773076
LEITCH — M
Robert — 15/08/1977
ROYAL AN LOCHAN
Tighnabruaich, Argyll
PA21 2BE

Epworth sleep questionnaire

We are trying to find out how likely you are to doze off or fall asleep in the following situations, in contrast to just feeling tired. This refers to your usual way of life in recent times. Even if you have not done some of the things recently, try to work out how they would have affected you. Choose the most appropriate number for each situation:

0 = would never doze 1 = slight chance of dozing
2 = moderate chance of dozing 3 = high chance of dozing

Situation	Chance of dozing
Sitting and reading	1
Watching television	2
Sitting inactive in a public place	2
As a passenger in a car for an hour without a break	2
Lying down to rest in the afternoon when circumstances permit	3
Sitting and talking to someone	1
Sitting quietly after lunch without alcohol	2
In a car while stopped for a few minutes in the traffic	2

STOP - BANG questionnaire (we will check your BMI and collar size in the clinic today)

Questions	Yes	No	
Do you snore loudly (louder than talking or loud enough to be heard through closed doors?)	✓		
Do you often feel tired, fatigued or sleepy during daytime?	✓		
Has anyone observed you stop breathing during your sleep?	✓	–	Sometimes
Are you now or have you been treated for high blood pressure?		✓	
Is your BMI more than 35 kg/m2?	✓		
Is your age over 50 years old?		✓	
Is your neck circumference greater than 40cm / 16 inches?	✓		
Are you male?	✓		

Sleep questions

Do you often experience:-	Yes	No	
Fatigue?	✓		
Problems with remembering things?	✓		
Unrefreshing sleep?	✓		
Irritability?			Sometimes
Tiredness during the day?	✓		
Problems with concentration?			??
Problems with attention?		✓	
A need to take planned or unplanned naps?	✓		
At night:-			
Do you often waken yourself choking or with snoring?	✓		
Are you restless?	✓		
Has anyone observed you stop breathing during your sleep?	–	✓	Sometimes
Do you snore?	✓		
Is your sleep disrupted by a need to go to the bathroom frequently?	✓		
Do you ever talk or move abnormally in sleep?		✓	
Do you act out dreams?		✓	

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.

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 2x 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.

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

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

Letter to Patient:

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

Robert Leitch
Royal An Lochan
Tighnabruaich
Argyll
PA21 2BE

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
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

246 Argyll St
Dunoon PA23 7HW

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Respiratory Medicine - 25012016 Referral 65039

Additional Support Needs:
No known ASN requirements

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 Support Needs

No known ASN requirements

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

Respiratory Medicine -
25012016_Referral_65039

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

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

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 Support Needs

No known ASN requirements

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**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

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 07-Nov-2012 **Date sent** 07-Nov-2012

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

01 PIER ROAD
ROYAL BRAE
INNELLAN
DUNOON
PA23 7TH

Contact number(s)

Voice: 830779

1010044596669

Unique Care Pathway Number: 1010044596669

REGISTERED GP DETAILS

Name	Dr L Taylor - Kavanagh		
GMC code	4307206	GP code	69663
Practice name	Drs Campbell Taylor-Kavanagh Mosley		
Practice code	84256		

Practice address

246 ARGYLL STREET
DUNOON
ARGYLL
PA23 7HW

Contact number(s)

Voice: 01369703354

REFERRING GP DETAILS

Name	Dr. Louise Taylor-Kavanagh		
GMC code	4307206	GP code	69663
Practice name	Drs Campbell & Partners (84256)		
Practice code	84256		

Practice address

246 Argyll St
Dunoon
PA23 7HW

Contact number(s)

Voice: 01369 703279

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Sleep apnoea clinic

Comment: Please could you assess this 35 year old gentleman who complains of feeling tired all the time and sleeping excessively. He thinks he may snore but is not aware of any obvious sleep apnoea and he is an ex-smoker. He has lost weight recently but his collar size is still 18 ½ and his Epworth Score is 19. Please could you explore the possibility of sleep apnoea with the patient?

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

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

Description	Comment	Date of onset	Date recorded
H/O: alcoholism	Attending AA : DATE_RECORDED=30/06/2003	27-Dec-2002	27-Dec-2002
Alcoholism	Family counselling re alcohol and anxiety problems : DATE_RECORDED=30/06/2003	16-Apr-1991	16-Apr-1991
[X]Anxiety state	counselling re: alcoholism	01-Apr-1991	01-Apr-1991
Nondependent alcohol abuse NOS	-	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
Amoxicillin 500mg capsules	21	capsule	1 THREE TIMES A DAY	-	05-Nov-2012	05-Nov-2012
VARENICLINE tabs 1mg	56	tablet	TAKE ONE TWICE DAILY	-	28-May-2012	28-May-2012
FLUCLOXACILLIN caps 250mg	28	capsule	TAKE ONE FOUR TIMES DAILY	-	28-May-2012	28-May-2012

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:	Smoking status on date of event: Ex-smoker, Date patient stopped smoking: [illegible]0/2012.	05-Nov-2012
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 50.	24-Apr-2012
Current smoker:	Smoking status on date of event: Smoker.	21-Mar-2012
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	09-Mar-2009
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	19-Oct-2006
Teetotaller:	Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0. NOTES: ACTION=No Action Required : PROTOCOL=Alcohol Intake$$.	03-Jun-2003

Heavy drinker - 7-9u/day:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0. NOTES: ACTION=Repeat after an Interval : PROTOCOL=Alcohol Intake$$.	15-Mar-2000

Clinical warnings

Additional Support Needs
No known ASN requirements

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**

Previous Patient Notes for Oral and Maxillofacial Surgery (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		**Outpatient Note**
Date/Time: 01-Jan-2024 18:38	**Created By:** FY2 Dentist - Pujan Rai	**Role:**
Specialty: Oral and Maxillofacial Surgery	**Organisation:**	Sensitive

Note:

Patient seen in Treatment room ward 63 (Shona /Pujan)

Patient referred from Dunoon by GP for R facial swelling and drooping
Patient c/o right sided facial swelling lateral to nose for a day. No previous hx of similar swelling.

Mhx: DM, Complex sleep apnoea, Narcolepsy
Meds: Metformin, modafinil, co-codamol
Allergic to Ibuprofen

O/E:
diffuse swelling on right maxilla lateral to nose (nasolabial fold obliterated), soft and tender
Right infra orbital swelling - puffiness, nontender
Mouth opening - normal
UR2 tender to palpation and percussion, grade I mobility, Buccal composite restoration
Tenderness on the buccal sulcus UR2
UR4 - amalgam restoration, mobility grade I, non tender

OPG - Secondary caries UR2, UR4, UL2, UL4, Caries LL4

Plan:
1 Extraction UR2 and drainage
2. Antibiotics and RCT in later date

Patient prefer to extract the tooth today

Consent taken

Procedure:
LA 2% Lignocaine 1:80,000 adrenaline 4.4ml given
Tooth UR2 elevated out
socket explored and washed out with normal saline
No pus noted
HA
POIG

Oral antibiotics and follow up with his own dentist for further dental treatment

Worsening advice given

Pujan Rai
Junior clinical fellow

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	
Patient's surname / family	1508773076 LEITCH
Patient's first name	Robert M
Date of birth	15/08/1977
	97 ARDENSLATE ROAD KIRN Dunoon, Argyll PA23 8NN
Gender	Male ☐ Female ☐
CHI number	
Special requirements (e.g. other language / communication method)	

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Extraction of upper right lateral incisor & drainage of infection under local anaesthetic.

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

Pain, Swelling, bleeding, bruising, infection, may require further surgery.

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner	
Name / Designation (print)	JCF
Date	6/1/2024

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

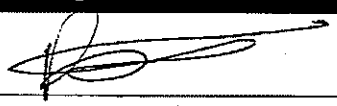
I have been told about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

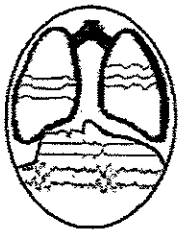
Patient / parent agreement to treatment

Signature 	Date 11/24
Name (print) K. LEITCH	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date



NHS
Greater Glasgow and Clyde

Sleep Disordered Breathing Service
Gartnavel General Hospital
Primary Phys:
Ref. Physician:
Ordering Phys:
Scorer:
Tel: 0141 211 6735
Email: sleepserviceggh@ggc.scot.nhs.uk

Address: 1052 Great Western Road
Glasgow
G12 0YN

Recorder:
Fax: 0141 211 6737
WEB

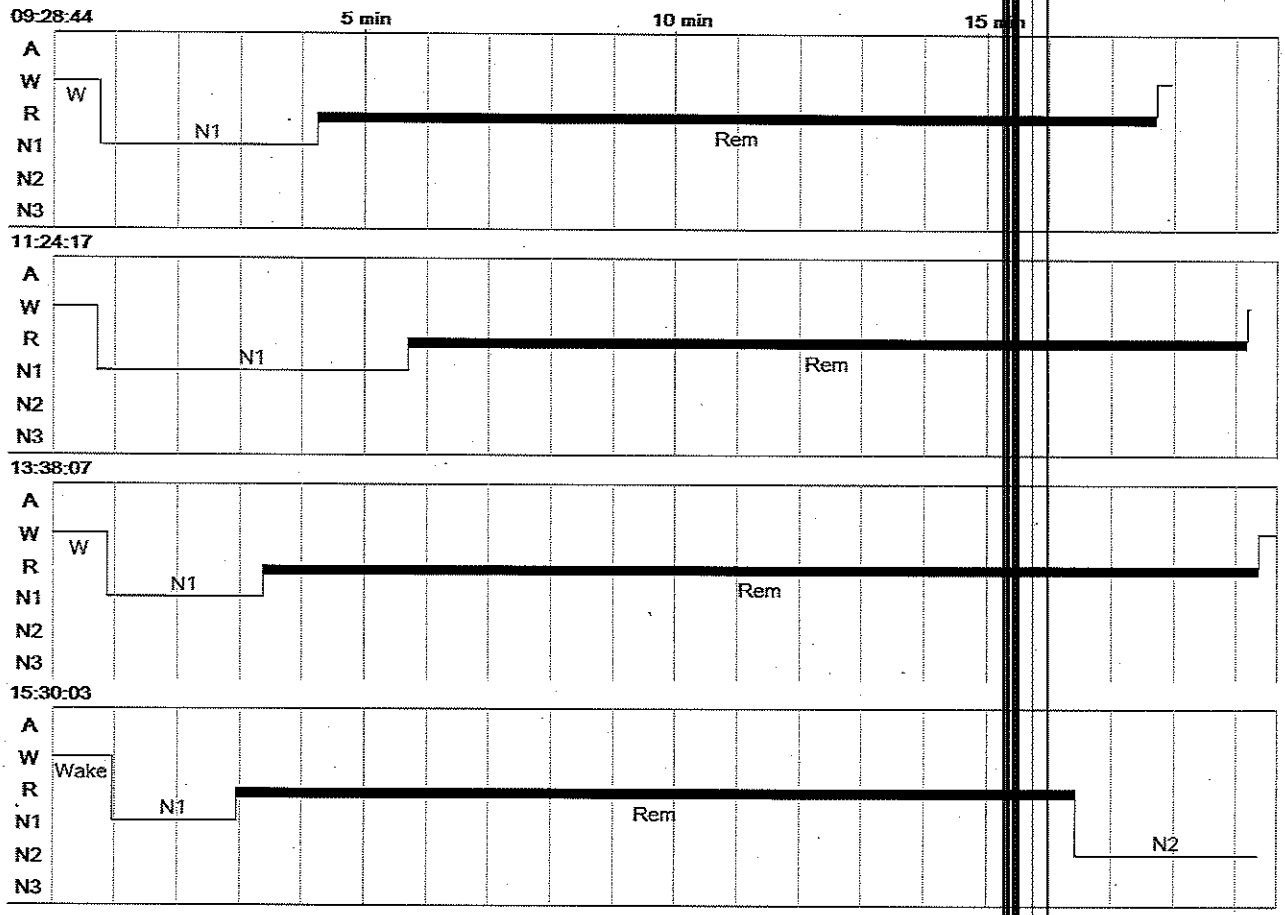
Patient Data

Last Name:	**Leitch**	ID:	**1508773076**	Height:	cm
First Name:	**Robert**	Crit. 1:		Weight:	kg
Date of Birth:	**15/08/1977**	Crit. 2:		BMI:	kg/m²

Montage name: **GGH ++ MSLT**
Description:

	from	to	Artefact	Duration
Recorded Time	08/06/2017 09:24:00	08/06/2017 15:50:00		6:26:00

Sleep Stages



MSLT	TIB	REM latency [m]	Latency N1 [m]	Latency N2 [m]	Latency N3 [m]	SOL [m]
Record 1 - 09:28:44	00:17:59	3.5	0.8	-	-	0.8
Record 2 - 11:24:17	00:19:16	5.0	0.7	-	-	0.7
Record 3 - 13:38:07	00:19:39	2.5	0.9	-	-	0.9
Record 4 - 15:30:03	00:19:22	2.0	0.9	16.4	-	0.9
Average	00:19:04	3.3	0.8	16.4	-	0.8

Sleep Disordered Breathing Service
Gartnavel General Hospital
Primary Phys: **Dr. C. Carlin**
Ref. Physician: Dr. C. Carlin
Ordering Phys: Dr. C. Carlin
Scorer: **Chris Canavan RPsgT**
Tel: 0141 211 6735
Email: sleepserviceggh@ggc.scot.nhs.uk

Address: 1052 Great Western Road
Glasgow
G12 0YN

Recorder: Emma Giffen
Fax: 0141 211 6737
WEB

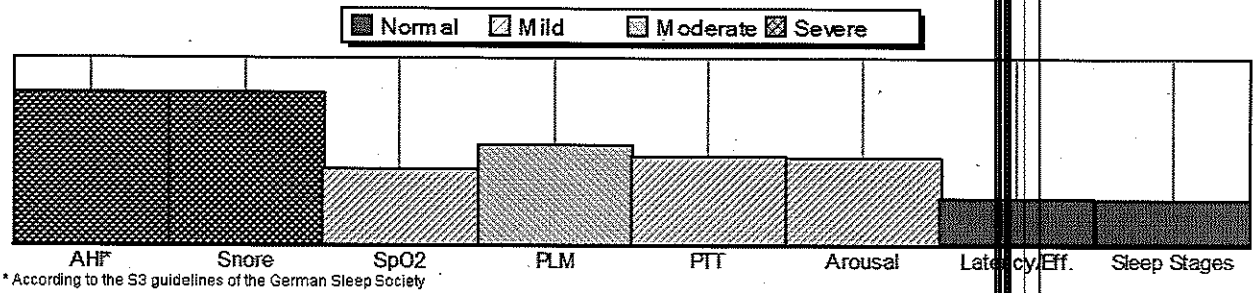
Patient Data

Last Name:	**Leitch**	ID:	**1508773076**	Height:	**183** cm
First Name:	**Robert**	Crit. 1:		Weight:	**123.0** kg
Date of Birth:	**15/08/1977**	Crit. 2:		BMI:	**36.7** kg/m²

Montage name: **Full PSG GGH ++ Nasal Cannula**
Description:

	from	to	Artefact	Duration
Recorded Time	07/06/2017 23:22:00	08/06/2017 06:57:00		07:35:00
TIB	07/06/2017 23:27:55	08/06/2017 06:54:09	-	07:26:13

Summary



* According to the S3 guidelines of the German Sleep Society

Case History

?narcolepsy

Findings

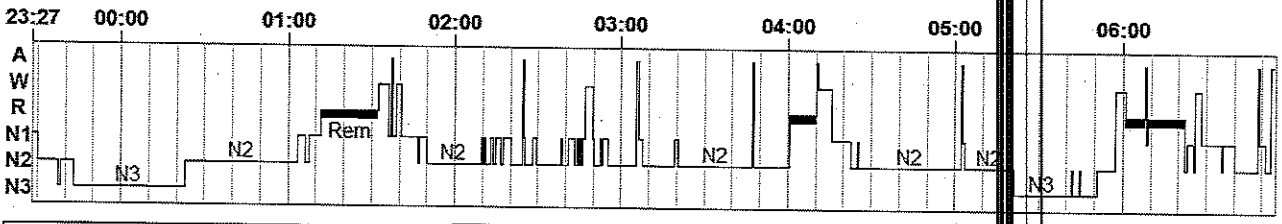
AHI 42.9 events/hour, ODI 16.2 events/hour. Loud, unambiguous snoring recorded 41.8% of recording duration. Reduced baseline SpO2 93%.
Sleep efficiency 94.8%. All sleep stages were identified. Reduced REM sleep, increased Stage 1 as percentage of total sleep time.
REM without atonia observed, but no sleep movement disorder activity present.
Relatively normal hypnogram, sleep architecture and progression.
Reduced sleep latency of 0 minutes (patient asleep by time lights switched off.), prolonged REM latency of 1 hours 43 minutes.
Restless throughout. Fragmented hypnogram. Class. Arousal (Index): 32.77 /h
Leg movement activity present. PLM's (Index): 29.5 /h
Essentially normal evening capillary blood gas status with:
Severely raised ESS of 22/24, mildly raised anxiety (8) and moderately raised depression (12) from HAD scale on night of recording.

MSLT findings: Sleep was achieved in all 4 nap opportunities with a reduced mean sleep onset latency of 0.8 minutes. Sleep onset REM periods were observed in all nap opportunities.

Diagnosis

Results in keeping with a severe degree of sleep disordered breathing with associated loud, unambiguous snoring.
Sleep efficiency was maintained, sleep architecture and progression was relatively normal with only minor fragmentation.
Sleep onset latency was grossly reduced, patient asleep as recording commenced, and sleep was quickly re-established following lead reattachments.
MSLT showed sleep achieved an all nap opportunities, with a severely mean reduced sleep onset latency in keeping with patients perceived daytime somnolence.
Quick progression to REM sleep observed in all nap opportunities. Results are in keeping with Narcolepsy.

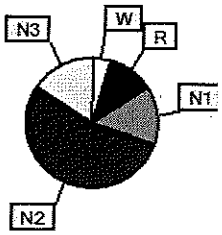
Sleep Stages



Total Sleep Time (TST)	07:03:04
Sleep Efficiency [%]	94.8
Sustained Sleep Eff. [%]	94.8
Sleep Latency [m]	0.0
Sleep Latency N1 [m]	0.0
Sleep Latency N2 [m]	2.1
Deep Sleep Latency [m]	9.6
REM latency [m]	103.6
Total Sleep Period (SPT)	07:25:04
Sleep Stage Change (Index)	89 (12.0)
# Wake (Index)	5 (0.7)

Sleep Stage	Duration	(%) TIB	(%) Sleep Tin
Artefact	-	-	
Wake	00:18:00	4.0	
REM	00:50:30	11.3	11.
N1	01:03:34	14.2	15.
N2	03:59:00	53.6	56.
N3	01:10:00	15.7	16.
Light Sleep	05:02:34	67.8	71.
Deep Sleep	01:10:00	15.7	16.

%TIB



Respiratory Analysis

	Number (Index)
Obstructive	80 (12.1)
Mixed	-
Central	6 (0.9)
Undef Ap.	-
Total Ap.	86 (13.0)
Hypopnea	197 (29.8)
A+H	283 (42.9)
Limitation	1 (0.2)
RERAs	-
RDI	284 (43.0)

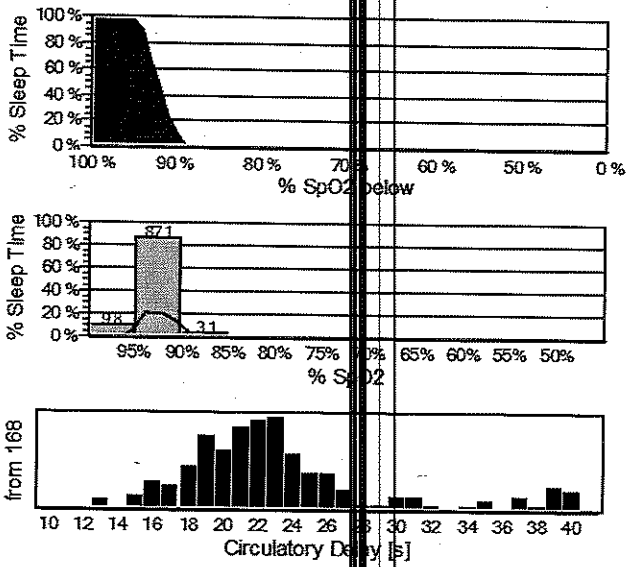
	REM	Non-REM	Sleep
Apnea (Index)	14 (28.5)	72 (11.8)	86 (13.0)
Hypopnea (Index)	12 (24.4)	185 (30.3)	197 (29.8)
AHI [/h]	52.9	42.1	42.9
Flow Limitation (Index)	-	1 (0.2)	1 (0.2)
RERAs (Index)	-	-	-
Max. Apnea Duration [s]	36	22	36
Max. Hypopnea Duration [s]	26	42	42
Average Apnea Dur. [s]	15.9	11.1	11.9
Average Hypopnea Dur. [s]	16.7	13.0	13.3
Artefact [min]	21 (41.6%)	6 (1.6%)	27 (6.4%)

Hypopnea-rules 1: Desaturation 3 %, Ratio 70 %.

Position	Supine	not Supine	Left	Right	Prone	Upright
Sleep Time Fraction [%]	32.9	67.1	35.2	6.9	24.9	-
RDI	75 (32.3)	209 (44.2)	138 (55.5)	14 (28.8)	57 (32.4)	-
Obstructive Apnea (Index)	29 (12.5)	51 (10.8)	34 (13.7)	2 (4.1)	15 (8.5)	-
Central Apnea (Index)	-	6 (1.3)	5 (2.0)	-	1 (0.6)	-
Mixed Apnea (Index)	-	-	-	-	-	-
Hypopnea (Index)	46 (19.8)	151 (31.9)	98 (39.4)	12 (24.7)	41 (23.3)	-
Flow Limitation (Index)	-	1 (0.2)	1 (0.4)	-	-	-
RERAs (Index)	-	-	-	-	-	-

O2 Saturation

	Number (Index)	Time
Number of Desaturations	**109 (16.2)**	
Minimal SpO2 [%]	**86**	**01:37:57**
Baseline O2 Saturation	**93**	
Average SpO2 [%]	93	
Number desaturations < 90 %	34	4.0 %
Number desaturations < 80 %	-	0.0 %
SpO2 Time < 90 %	3.1 %	00:12:20
Biggest Desaturation [%]	8	06:08:54
Average Desaturation [%]	4.7	27.1 s
Longest Desaturation [s]	94.5	04:00:01
Average Min. Saturation [%]	90	
Deepest Desaturation [%]	87	06:12:55
Sum all desaturation	00:49:08	12.2 %
Average Circulatory delay [s]	23.3	
Artefact [min]	19.3 (4.6%)	



Periodic Leg Movement (PLM)

	Sleep	REM	Non-REM	Wake	Total
Total LMs (Index)	330 (46.8)	84 (99.8)	246 (39.6)	27 (90.0	357 (48.6)
Isolated-LMs (Index)	122 (17.3)	21 (25.0)	101 (16.3)	8 (26.7	130 (17.7)
PLMs (Index)	208 (29.5)	63 (74.9)	145 (23.4)	19 (63.3	227 (30.9)
Resp-LMs (Index)	29 (4.1)	15 (17.8)	14 (2.3)	4 (13.3	33 (4.5)
Body Position-LMs (Index)	4 (0.6)	-	4 (0.6)	6 (20.0	10 (1.4)
PLMs with Arousal (Index)	**26 (3.7)**	8 (9.5)	18 (2.9)	1 (3.3	27 (3.7)
LMs with Arousal (Index)	**28 (4.0)**	3 (3.6)	25 (4.0)	2 (6.7	30 (4.1)

PLMs Distribution

Time	Sleep	Wake
07.06 23:27 - 00:00	0 (0,00)	0 (0,00)
08.06 00:00 - 01:00	4 (4.00)	0 (0.00)
01:00 - 02:00	37 (37.00)	3 (3.00)
02:00 - 03:00	21 (21.00)	5 (5.00)
03:00 - 04:00	39 (39.00)	3 (3.00)
04:00 - 05:00	40 (40.00)	4 (4.00)
05:00 - 06:00	7 (7.00)	1 (1.00)
06:00 - 06:54	60 (66.47)	3 (3.32)

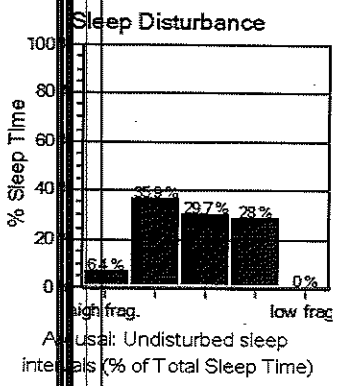
Snore Analysis

	All	Prone	Supine	Left	Right	Upright
Snore (Index)	3151 (446.9)	969 (551.1)	929 (400.1)	1101 (443.2)	152 (3	-
Absolute Snore [min]	48.6	19.1	11.0	17.0	1.6	-
Snore episodic [min]	176.9	55.8	48.7	65.4	7.2	-

Snore episodic [% TST] **41.8**

Arousal

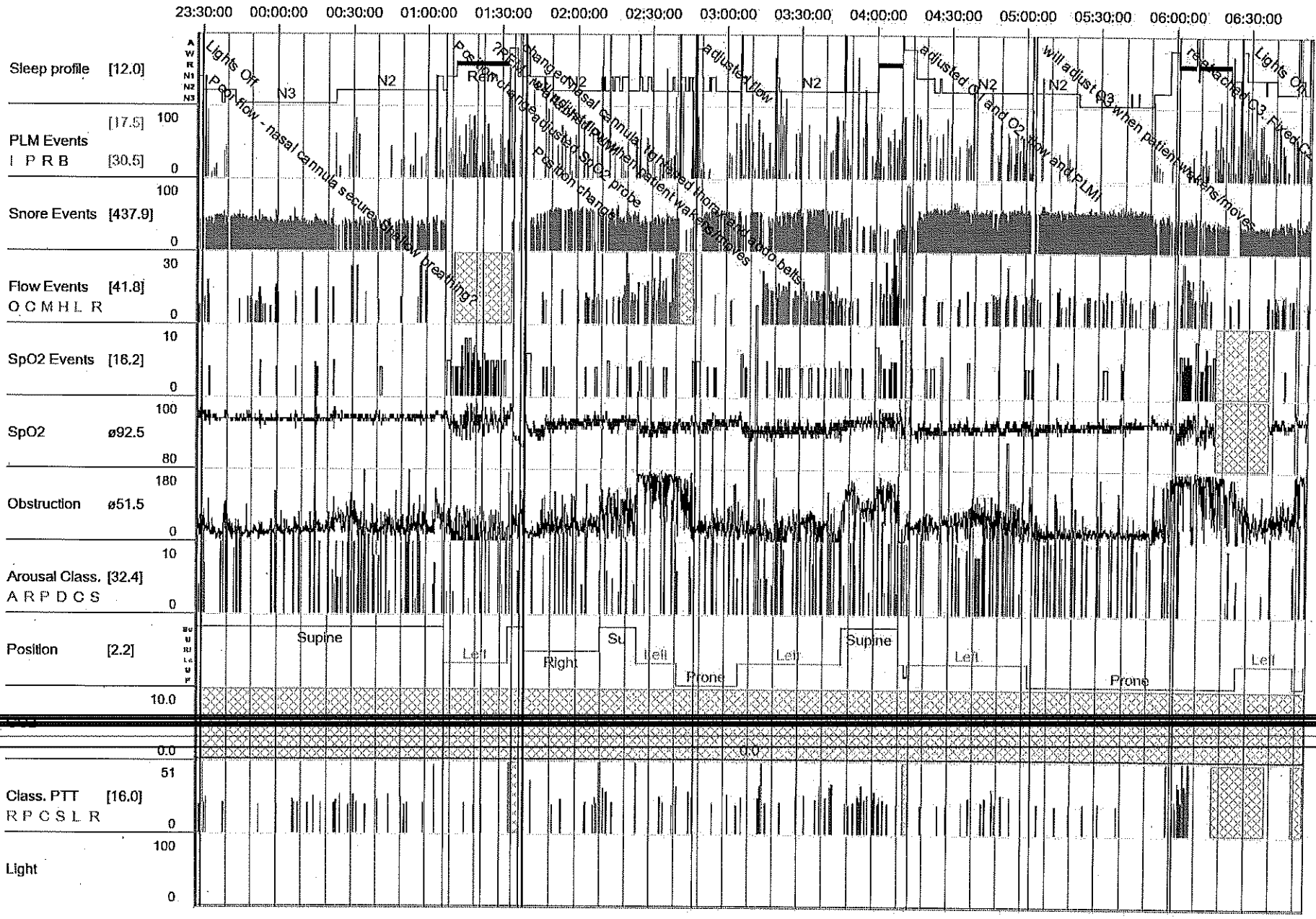
	REM	Non-REM	Sleep	
Total	**25 (29.7)**	**206 (33.2)**	**231 (32.8)**	
Arousal EEG/EMG	**10 (11.9)**	**117 (18.8)**	**127 (18.0)**	
Pleth	**15 (17.8)**	**89 (14.3)**	**104 (14.8)**	
Respiratory MA	5 (5.9)	36 (5.8)	41 (5.8)	17.7 %
Flow Limitation MA	-	-	-	0 %
Desaturation MA	4 (4.8)	7 (1.1)	11 (1.6)	4.8 %
PLM MA	8 (9.5)	18 (2.9)	26 (3.7)	11.3 %
LM MA	3 (3.6)	25 (4.0)	28 (4.0)	12.1 %
Snore MA	-	32 (5.2)	32 (4.5)	13.9 %
Heart rate MA	-	-	-	0 %
Spontaneous MA	5 (5.9)	88 (14.2)	93 (13.2)	40.3 %
Artefact [min]	0.0	0.1	0.1	0.0 %



Arousal: Undisturbed sleep intervals (% of Total Sleep Time)

Pulse Transit Time

Inc./Dec. (Index) **241 (36.7)**


23:30:00
00:00:00
00:30:00
01:00:00
01:30:00
02:00:00
02:30:00
03:00:00
03:30:00
04:00:00
04:30:00
05:00:00
05:30:00
06:00:00
06:30:00
Sleep profile [12.0]
PLM Events [17.5]
I P R B [30.5]
Snore Events [437.9]
Flow Events [41.8]
O C M H L R
SpO2 Events [16.2]
SpO2 ø92.5
Obstruction ø51.5
Arousal Class. [32.4]
A R P D C S
Position [2.2]
Supine
Left
Right
Prone
Class. PTT [16.0]
R P C S L R
Light
Lights Off
Lights On
N3
N2
Rem
adjusted flow
adjusted O1 and O2 flow and PLM
will adjust O3 when patient wakes/moves
replaced O3 - Fixed O2
Position changed
adjusted thoracic and abdo belts

ResMed

AirView™

Gartnavel Hospital
1053 Great Western Road
Glasgow
Scotland, G12 0YN

Email: Duncan.macfarlane@nhs.net

Leitch, Robert

09/06/2017 - 22/06/2017
Patient ID: 1508773076
DOB: 15/08/1977
Age: 39 years

Compliance Report

Usage

Usage	09/06/2017 - 22/06/2017
Usage days	**12/14 days (86%)**
>= 4 hours	**10 days (71%)**
< 4 hours	**2 days (14%)**
Usage hours	59 hours 58 minutes
Average usage (total days)	**4 hours 17 minutes**
Average usage (days used)	5 hours 0 minutes
Median usage (days used)	5 hours 15 minutes

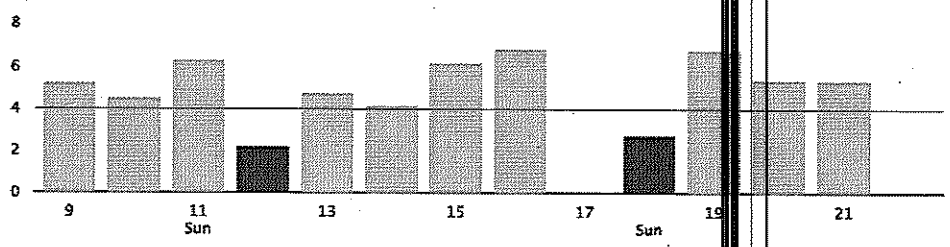
AirSense 10 AutoSet

Serial number	23171334619
Mode	AutoSet
Min Pressure	4 cmH2O
Max Pressure	20 cmH2O
EPR	Off
EPR level	1
Response	Standard

Therapy

Leaks - L/min	Median:	**4.5**	95th percentile:	**29.1**	Maximum:	**91.0**
Events per hour	AI:	**2.1**	HI:	**0.9**	AHI:	**3.0**
Apnoea Index	Central:	**0.2**	Obstructive:	**1.7**	Unknown:	**0.1**
Cheyne-Stokes respiration (average duration per night)						**0 minutes (0%)**

Usage - hours



Gartnavel Sleep Lab CPAP Initiation

Name: Robert Leitch **CHI:** 1508773076

First visit baseline data

Date: 08.06.17
Seen by: G.Scanlon

Sleep study: Patient had full poly and MSLT that are yet to be reported – some SDB and narcolepsy

Epworth: 22 **Cognitive test:**
HAD – A: 8 **HAD – D:** 12
Comments: Patient was issued APAP with Airfit 20 FFM and put on Airview the day after his full poly as per Dr Carlin's request. He coped well with short lab based trial and is very keen to commence treatment. Mask hygiene discussed and sleep helpline card issued.

Second visit

Date:
Seen by:

APAP data:
Comments:

6 week review visit

Date: 21/06/2017
Seen by: RT

Epworth: 12 **Cognitive test:**
HAD – A: **HAD – D:**
Comments: 12/14 avg 5hr AHI 2.1, reasonable usage with identified dryness issues – humidificaction issued. Limited perceived benefit from use but happy to continue useage and aware to get in touch should anything change

CPAP model / serial number: 23171334619 046

Mask: AirFit 20

Consolidation visit

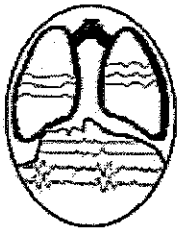
Date:
Seen by:

Comments:

Consolidation visit

Date:
Seen by:

Comments:



NHS
Greater Glasgow and Clyde

Sleep Disordered Breathing Service
Gartnaval General Hospital

Primary Phys.: **Dr. C. Carlin**
Ref. Physician:
Ordering Phys.:
Scorer: **Duncan Macfarlane**
Tel.: 0141 211 6735
Email: sleepserviceggh@ggc.scot.nhs.uk

Address: 1052 Great Western Road
Glasgow
G12 0YN

Recorder: Robin Tourish
Fax : 0141 211 6737
WEB

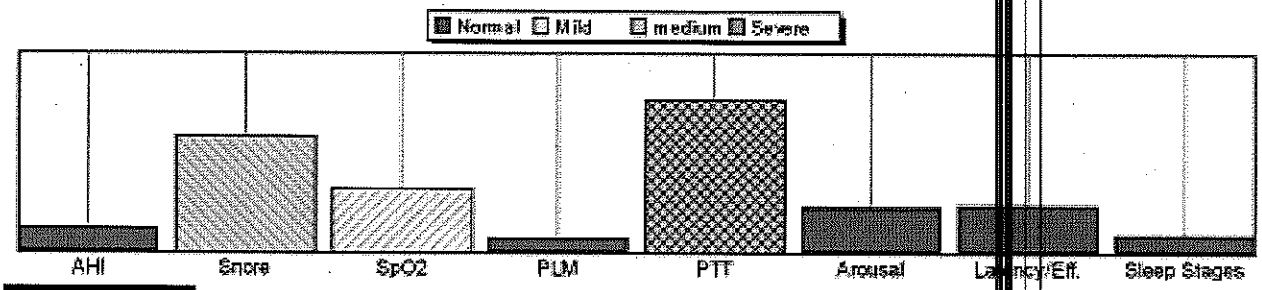
Patient Data

Last Name:	**Leitch**	ID:	**1508773076**	Height:	**180** cm
First Name:	**Robert**	Crit. 1:		Weight:	**120.0** kg
Date of Birth:	**15/08/1977**	Crit. 2:		BMI:	**37.0** kg/m²

Montage name:
Description:

	from	to	Artefact	Duration
Recorded Time	12/02/2013 00:03:00	12/02/2013 07:41:00		7:38:00
TIB	12/02/2013 00:05:51	12/02/2013 07:41:00	-	7:35:08

Summary



Case History

35 year old male with a high clinical probability of OSA. Lives a distance away so outpatient studies would be impractical. For I/P study and commence CPAP if indicated.

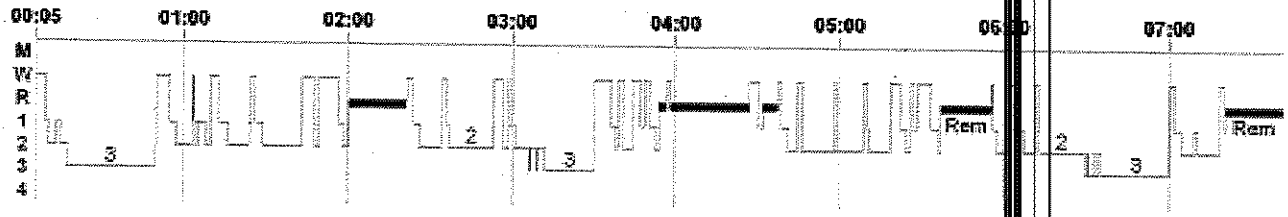
Findings

AHI was within normal limits at 4.8/hr. ODI was normal at <2/hr. There was mild snoring recorded at 10% of the study. Sleep efficiency was good at 85% although there were a number of spontaneous arousals throughout the night. All sleep stages were identified and were relatively normally distributed (slight increase in N1 sleep (13% of TST)).
Sleep latency was short at 3min 38sec. REM latency was normal at 1hr 51min.
ESS was scored at 18 on the night of the study. He scored moderate depression on the HAD scale.

Diagnosis

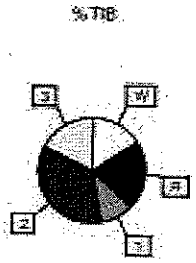
Results exclude OSA. There is significant sleep fragmentation with no obvious cause.

Sleep Stages



Total Sleep Time (TST)	06:25:00
Sleep Efficiency [%]	84.6
Sustained Sleep Eff. [%]	85.3
Sleep Latency Stage 1	00:03:38
Sleep Latency Stage 2	00:04:38
Deep Sleep Latency	00:11:38
REM latency	01:51:00
Total Sleep Period (SPT)	07:30:30
Sleep Stage Change (Index)	104 (13.7)
# Wake (Index)	28 (4.4)

Sleep Stage	Duration	(%) TIB	(%) Sleep Tim
Artefact	-	-	
Movement	-	-	
Wake	01:10:08	15.4	
REM	01:37:00	21.3	25.
Stage 1	00:48:30	10.7	12.
Stage 2	02:40:00	35.2	41.
Stage 3	01:19:30	17.5	20.
Stage 4	-	-	
Light Sleep	03:28:30	45.8	54.
Deep Sleep	01:19:30	17.5	20.



Respiratory Analysis

	Number (Index)
Obstructive	17 (2.6)
Mixed	3 (0.5)
Central	7 (1.1)
Undef A.	-
Total A.	27 (4.2)
Hypopnoea	4 (0.6)
A+H	31 (4.8)
Limitation	126 (19.6)
RERAs	-
RDI	157 (24.5)

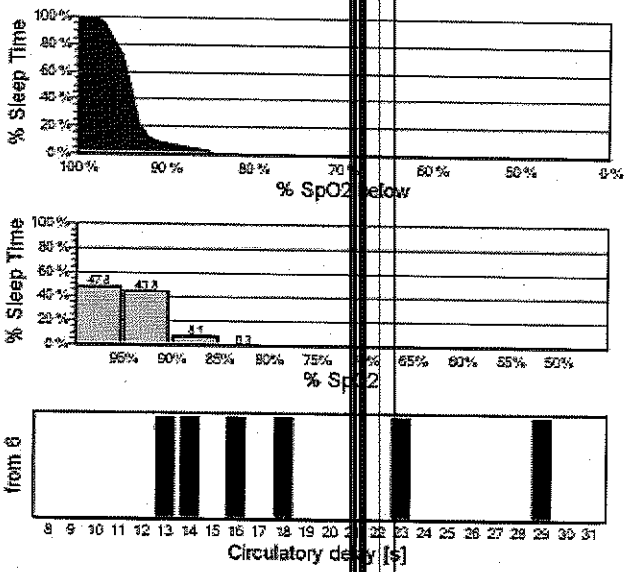
	REM	Non-REM	Sleep
Apnoea (Index)	12 (7.4)	15 (3.1)	27 (4.2)
Hypopnoea (Index)	3 (1.9)	1 (0.2)	4 (0.6)
AHI [/h]	9.3	3.3	4.8
Flow Limitation (Index)	41 (25.4)	85 (17.7)	126 (19.6)
RERAs (Index)	-	-	-
Max. Apnoea Duration [s]	117	16	117
Max. Hypopnoea Duration [s]	31	9	31
Average Apnoea Dur. [s]	38.8	12.5	24.2
Average Hypopnoea Dur. [s]	22.7	9.0	19.3
Artefact [min]	-	-	-

Hypopnoea-rules 1: Desaturation 4 %, Ratio 70 %.

Position	Supine	not Supine	Left	Right	Prone	Upright
Sleep Time Fraction [%]	25.8	74.2	14.8	9.1	50.3	-
Total Events (Index)	13 (7.8)	144 (30.3)	34 (35.8)	15 (25.7)	95 (29.5)	-
Obstructive Apnoea (Index)	5 (3.0)	12 (2.5)	-	-	12 (3.7)	-
Central Apnoea (Index)	3 (1.8)	4 (0.8)	1 (1.1)	-	3 (0.9)	-
Mixed Apnoea (Index)	2 (1.2)	1 (0.2)	1 (1.1)	-	-	-
Hypopnoea (Index)	-	4 (0.8)	1 (1.1)	3 (5.1)	-	-
Flow Limitation (Index)	3 (1.8)	123 (25.8)	31 (32.6)	12 (20.6)	80 (24.8)	-
RERAs (Index)	-	-	-	-	-	-

O2 Saturation

	Number (Index)	Time
Number of Desaturations (Index)	10 (1.9)	
Minimal SpO2 [%]	84	05:51:02
Baseline O2 Saturation	94	
Average SpO2 [%]	94	
Number desaturations < 90 %	-	0.0 %
Number desaturations < 80 %	-	0.0 %
SpO2 Time < 90 %	8.4 %	00:27:08
Biggest Desaturation [%]	4	03:07:05
Average Desaturation [%]	4.0	27.9 s
Longest Desaturation [s]	56.8	03:07:05
Average Min. Saturation [%]	92	
Deepest Desaturation [%]	91	02:07:41
Sum all desaturation	00:04:38	1.4 %
Average Circulatory delay [s]	18.5	
Artefact [min]	60.7 (15.8%)	



Periodic Leg Movement (PLM)

	Sleep	REM	Non-REM	Wake	Total
Total LMs (Index)	127 (19.8)	69 (42.7)	58 (12.1)	92 (78.7	219 (28.9)
Isolated-LMs (Index)	105 (16.4)	59 (36.5)	46 (9.6)	68 (58.2	173 (22.8)
PLMs (Index)	10 (1.6)	5 (3.1)	5 (1.0)	13 (11.1	23 (3.0)
Resp-LMs (Index)	12 (1.9)	5 (3.1)	7 (1.5)	5 (4.3	17 (2.2)
Body Position-LMs (Index)	-	-	-	6 (5.1	6 (0.8)
PLMs with Arousal (Index)	-	-	-	1 (0.9	1 (0.1)

PLMs Distribution

Time	Sleep	Wake
12.02 00:05 - 01:00	0 (0,00)	0 (0,00)
01:00 - 02:00	0 (0,00)	0 (0,00)
02:00 - 03:00	1 (1.00)	3 (3.00)
03:00 - 04:00	5 (5.00)	3 (3.00)
04:00 - 05:00	4 (4.00)	3 (3.00)
05:00 - 06:00	0 (0.00)	4 (4.00)
06:00 - 07:00	0 (0,00)	0 (0,00)
07:00 - 07:41	0 (0,00)	0 (0,00)

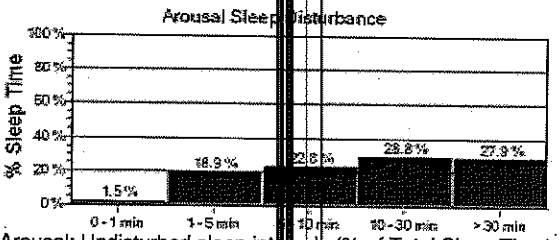
Snore Analysis

	All	Prone	Supine	Left	Right	Upright
Snore (Index)	825 (128.6)	349 (108.2)	232 (139.9)	225 (236.8)	19 (3 .6)	-
Absolute Snore [min]	9.4	4.3	2.4	2.5	0.2	-
Snore episodic [min]	37.7	17.4	9.4	10.7	0.3	-

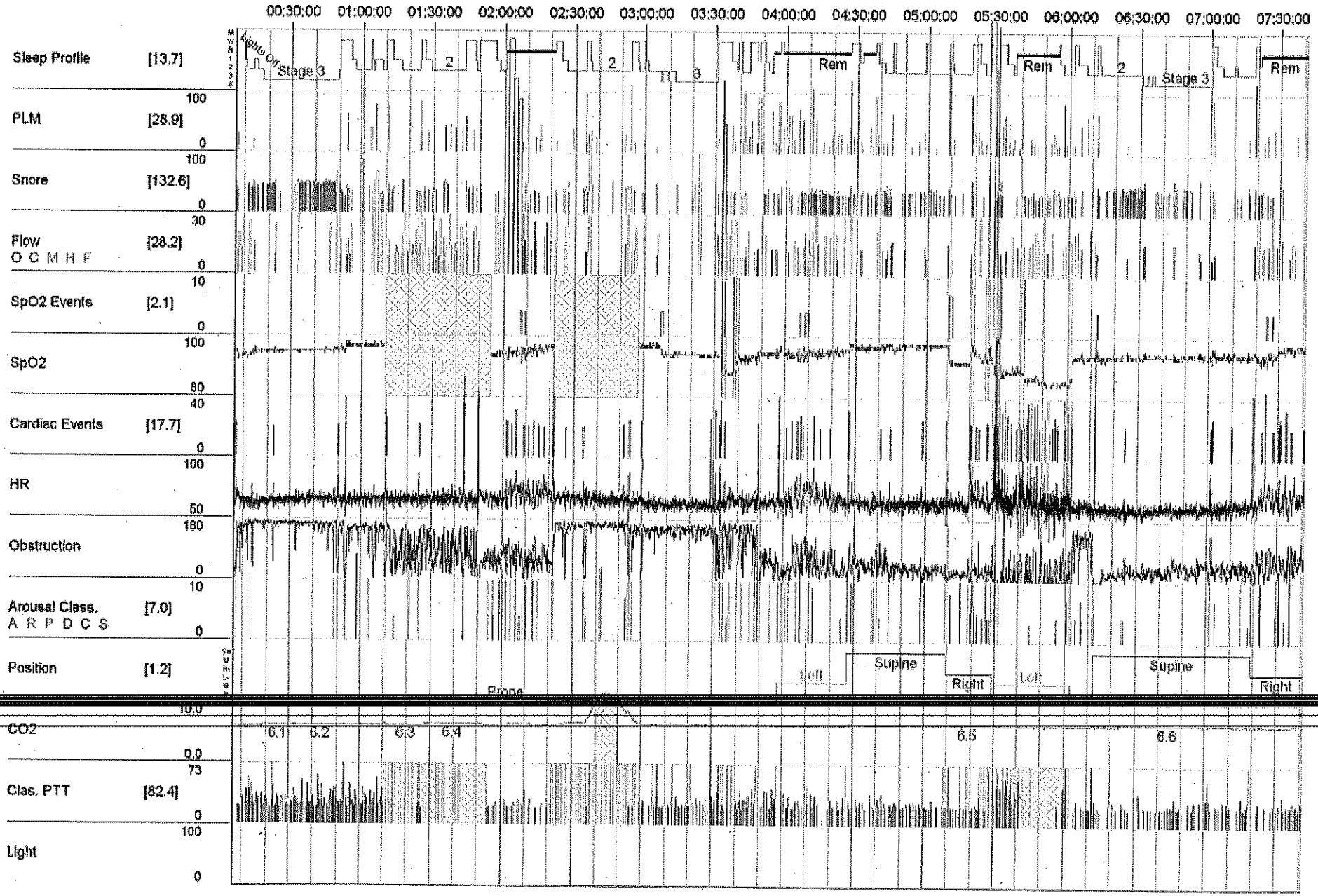
Snore episodic [% Sleep time] **9.8**

Arousal

	REM	Non-REM	Sleep	%
Total	**15 (9.3)**	**24 (5.0)**	**39 (6.1)**	100
Respiratory A.	2 (1.2)	-	2 (0.3)	5.1
Flow Limitation A.	-	2 (0.4)	2 (0.3)	5.1
Desaturation A.	2 (1.2)	2 (0.4)	4 (0.6)	10.3
PLM A.	-	-	-	-
Snore A.	1 (0.6)	-	1 (0.2)	2.6
Heart rate A.	2 (1.2)	-	2 (0.3)	5.1
Spontaneous A.	8 (5.0)	20 (4.2)	28 (4.4)	71.8
Artefact [min]	0.6	0.4	1.1	0.3



Arousal: Undisturbed sleep intervals (% of Total Sleep Time)


00:30:00
01:00:00
01:30:00
02:00:00
02:30:00
03:00:00
03:30:00
04:00:00
04:30:00
05:00:00
05:30:00
06:00:00
06:30:00
07:00:00
07:30:00
Sleep Profile [13.7]
Lights Off
Stage 3
2
Rem
PLM [28.9]
Snore [132.6]
Flow [28.2]
O C M H F
SpO2 Events [2.1]
SpO2
Cardiac Events [17.7]
HR
Obstruction
Arousal Class. [7.0]
A R P D C S
Position [1.2]
Prone
Left
Supine
Right
CO2
6.1
6.2
6.3
6.4
6.5
6.6
Clas. PTT [62.4]
Light

XR Orthopantomogram full

Performed	01-Jan-2024 17:38	Received	23-Jan-2024 09:24
Reported	23-Jan-2024 09:22	Order Number	G405H40461594
Status	Final	Source System	MiSys

XR Orthopantomogram full Final
Robert Leitch
Clinical History :

Right facial swelling

XR Orthopantomogram full :
For autosign off in TrakCare
A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Should the referrer wish advice or a formal report please contact the Radiology Department. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2017

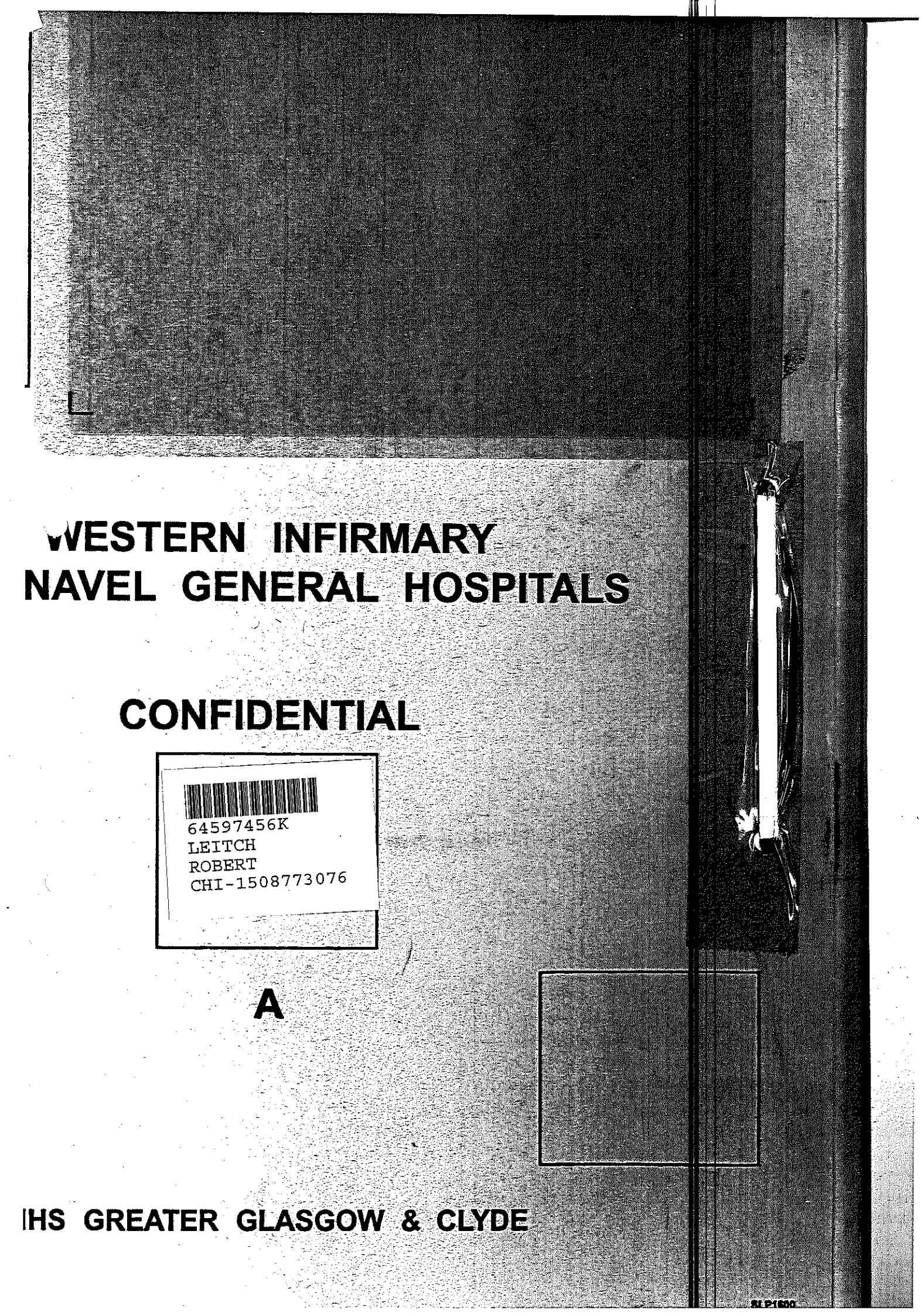
Reported by: Dr Sean Kelly
Verified by: Dr Sean Kelly

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☑		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	



WESTERN INFIRMARY
NAVEL GENERAL HOSPITALS

CONFIDENTIAL

A

IHS GREATER GLASGOW & CLYDE

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

Acute Services Division

Emergency Care and Medicine Services Directorate

Department of Respiratory Medicine

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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 21/24. 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

Hospital use only	Clinic	Day Date	Time	Hospital No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

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 07-Nov-2012 **Date sent** 07-Nov-2012

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

01 PIER ROAD
ROYAL BRAE
INNELLAN
DUNOON
PA23 7TH

Contact number(s)

Voice: 830779

1010044596669 Unique Care Pathway Number: 1010044596669

REGISTERED GP DETAILS

Name	Dr L Taylor - Kavanagh		
GMC code	4307206	GP code	69663
Practice name	Drs Campbell Taylor-Kavanagh Mosley		
Practice code	84256		

Practice address

246 ARGYLL STREET
DUNOON
ARGYLL
PA23 7HW

Contact number(s)

Voice: 01369703354

REFERRING GP DETAILS

Name	Dr. Louise Taylor-Kavanagh		
GMC code	4307206	GP code	69663
Practice name	Drs Campbell & Partners (84256)		
Practice code	84256		

Practice address

246 Argyll St
Dunoon
PA23 7HW

Contact number(s)

Voice: 01369 703279

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Sleep apnoea clinic

Comment: Please could you assess this 35 year old gentleman who complains of feeling tired all the time and sleeping excessively. He thinks he may snore but is not aware of any obvious sleep apnoea and he is an ex-smoker. He has lost weight recently but his collar size is still 18 ½ and his Epworth Score is 19. Please could you explore the possibility of sleep apnoea with the patient?

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

Past medical history

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

Description	Comment	Date of onset	Date recorded
H/O: alcoholism	Attending AA : DATE_RECORDED=30/06/2003	27-Dec-2002	27-Dec-2002
Alcoholism	Family counselling re alcohol and anxiety problems : DATE_RECORDED=30/06/2003	16-Apr-1991	16-Apr-1991
[X]Anxiety state	counselling re: alcoholism	01-Apr-1991	01-Apr-1991
Nondependent alcohol abuse NOS	-	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
Amoxicillin 500mg capsules	21	capsule	1 THREE TIMES A DAY	-	05-Nov-2012	05-Nov-2012
VARENICLINE tabs 1mg	56	tablet	TAKE ONE TWICE DAILY	-	28-May-2012	28-May-2012
FLUCLOXACILLIN caps 250mg	28	capsule	TAKE ONE FOUR TIMES DAILY	-	28-May-2012	28-May-2012

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:	Smoking status on date of event: Ex-smoker, Date patient stopped smoking: 1[illegible]/2012.	05-Nov-2012
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 50.	24-Apr-2012
Current smoker:	Smoking status on date of event: Smoker.	21-Mar-2012
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	09-Mar-2009
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	19-Oct-2006
Teetotaller:	Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0. NOTES: ACTION=No Action Required : PROTOCOL=Alcohol Intake$$.	03-Jun-2003
Heavy drinker - 7-9u/day:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0. NOTES: ACTION=Repeat after an Interval : PROTOCOL=Alcohol Intake$$.	15-Mar-2000

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**

Dept Resp Medicine GGH
Dr SW Banham 211 3482
Secretary 211 0149
Technicians 211 3106

Spommer

64597456K
LEITCH
ROBERT
01 PIER ROAD
ROYAL BRAE
INNELLAN
CHI-1508773076

M
05/08/1977
PA23 7TE

Referral : GP ENT Neuro Resp med Cardiac Endo

Issue : Sleepy Snoring Apnoeas Restless Poor sleep Partner Other sleep event

History :

PMH [HF/asthma
DM,HBP , cardiac ,CVA

Medicines: Nexp, no

Sleep hygiene
Caffeine,alcohol ,posture ,times : Don't drive.

Work[shiftwork ,
driving , machinery, travel] Chef 10-2.30, 6-22.30 → asleep.

ENT history /findings:

Nose

Teeth/jaw & other relevant clinical findings

Retrognathia

Neuro /m	Chronic Resp. dis.	Cardiac	ESS[self] : Partn :	BP :	BMI :	Collar, ins	Mood *	Metabolic synd.

* specify

Provisional Diagnosis & Plan Probable OSA

PATIENT INFORMATION/QUESTIONNAIRE SLEEP CLINIC GARTNAVEL GENERAL

NAME: HOSP. NO: M/F

DOB: 64597456K LEITCH ROBERT 01 PIER ROAD ROYAL BRAE INNELLAN CHI-1508773076 M 15/08/1977 PA23 7TE

DATE: 4/4/13

AND SPOUSE QUESTIONNAIRE

PATIENT: Please answer YES/NO +/- details

1. Do you wake up during sleep with a choking sensation? YES
2. Are you restless during sleep i.e. legs move about? YES
3. Do you wake up in the morning feeling refreshed? NO
4. Do you wake up in the morning with a headache? NO
5. Do you sleep walk NO
6. Do you have 'hallucinations' starting or ending sleep NO
7. Do you have vivid dreams? NO
8. How many times do you get up during the night? [ ]

SPOUSE:

1. Does the patient snore?
2. Does patient stop breathing during sleep?
3. Is the patient restless during sleep?

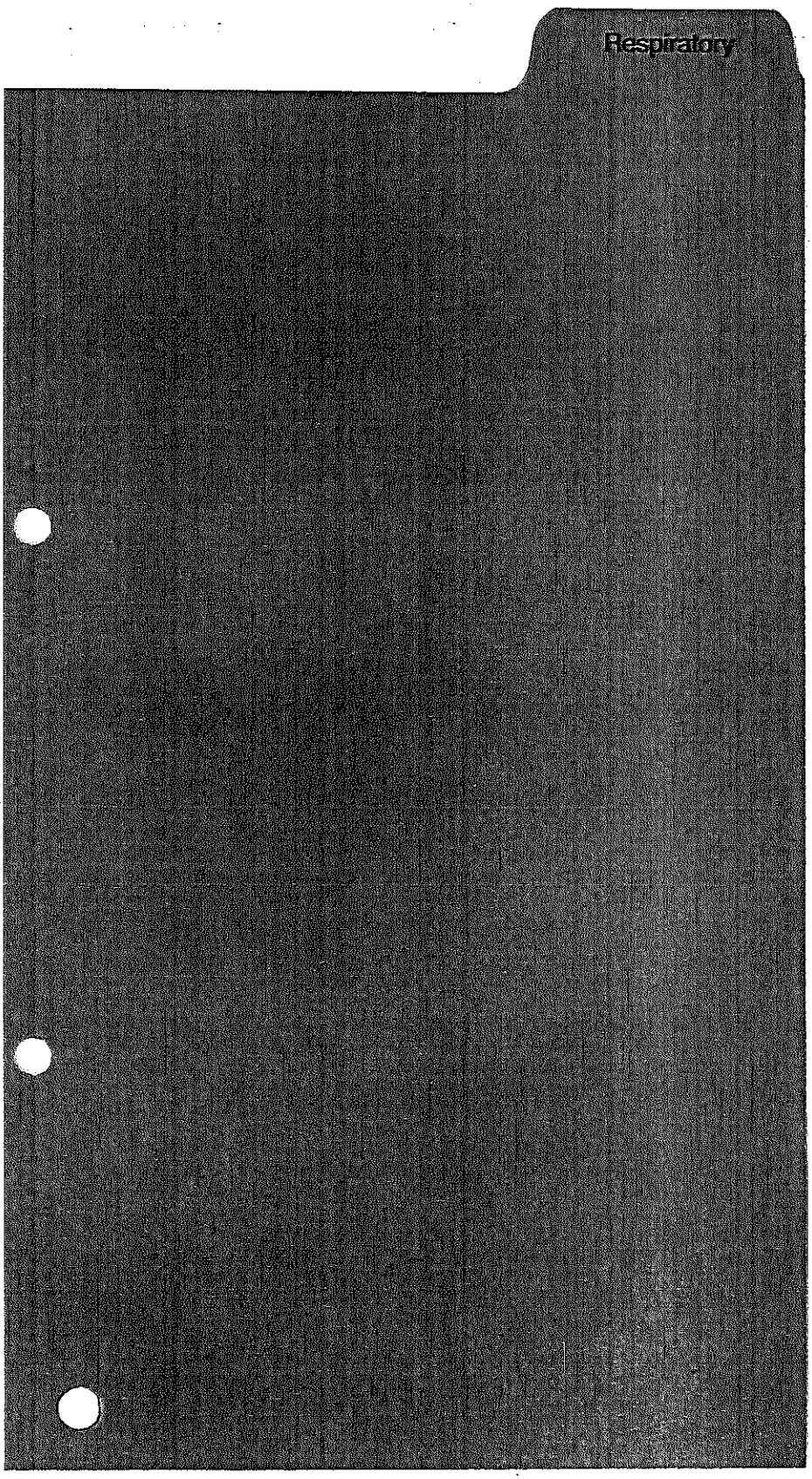
Any other relevant information ?

We are trying to find out how likely you are to doze off or fall asleep in the following situations in contrast to just feeling tired. This refers to your usual way of life in recent times. Even if you have not done some of the things recently, try to work out how they would have affected you. Choose the most appropriate number for each situation:

0 -would never doze 1 -slight chance of dozing 2 -moderate chance of dozing 3 -high chance of dozing

SITUATION	CHANCE OF DOZING
SITTING AND READING	3
WATCHING TELEVISION	3
SITTING INACTIVE IN A PUBLIC PLACE	2
AS A PASSENGER IN A CAR FOR A HOUR WITHOUT A BREAK	3
LYING DOWN TO REST IN THE AFTERNOON WHEN CIRCUMSTANCES PERMIT	3
SITTING AND TALKING TO SOMEONE	2
SITTING QUIETLY AFTER LUNCH WITHOUT ALCOHOL	2
IN A CAR, WHILE STOPPED FOR A FEW MINUTES IN THE TRAFFIC	2

Thanks for completing form to assist your consultation


Respiratory

Department of Respiratory Medicine
Western Infirmary
Gartnavel General Hospital

OUTPATIENT RECORDS

NHS Greater Glasgow and Clyde

Name:
Address:

64597456K
LEITCH M
ROBERT 15/08/1977
01 PIER ROAD
ROYAL BRAE
INNELLAN PA23 7TE
CHI-1508773076

Unit No. D.O.B.

Consultant:
GP Name:
Address:

History:
Respiratory / Other:

Past History:

Drug History:

Smoking, alcohol and Social History:

Family History:

Occupational History:

Allergies / pets / atopy:

BCG vaccination Yes / No

Examination

Clubing Yes / No

Lymphadenopathy Yes / No

Cyanosis Yes / No

ENT

Dyspnoea grade (NYHA)

Respiratory:

ardiovascular:

Other:

Investigations

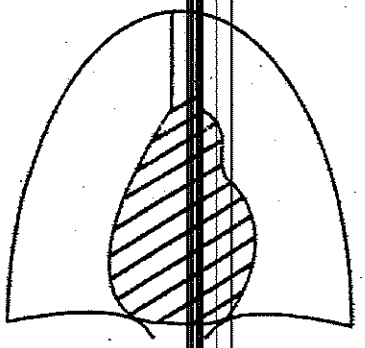
~~Height:~~

Weight:

Urine examination:

Pulmonary Function:

Radiology:



Other Investigations:

Diagnosis and Treatment:

Information given to patient:

Education: smoking
inhaler technique

Follow - up:

Signature: .....

MIS 147394

Respiratory medicine follow up

NHS
Greater Glasgow and Clyde

Name:
Address:

64597456K
LEITCH
ROBERT M
01 PIER ROAD 15/08/1977
ROYAL BRAE
INNELLAN PA23 7TE
CHI-1508773076

Unit No.: B.:

Date:

Current problem(s):

Current treatment(s):

Action:

FEV1/FVC:

follow-up:

Current problem(s):

Current treatment(s):

Action:

FEV1/FVC:

follow-up:

Respiratory medicine follow up

NHS
Greater Glasgow and Clyde

Name:
Address:

Unit No.: D.O.B.:

Date:

Current problem(s):

Current treatment(s):

Action:

follow-up:

FEV1/FVC:

Current problem(s):

Current treatment(s):

Action:

follow-up:

FEV1/FVC:

MIS243928