Subject Access Request Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

NHS
Greater Glasgow and Clyde

MMA Legal Ltd
23 Goodlass road
Building B
Speke Liverpool
L24 9HJ

Date: 7TH JULY 2026
Your Ref: 100124
Our Ref: SAR/TEAM/TH
Enquiries to: Tracy Hunter
Direct Line: 0141 211 0667
Email: tracy.hunter3@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: JACQUELINE GOOD **Date: 14.05.961**

Thank you for your request received **17TH JUNE 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:

QUEEN ELIZABETH UNIVERSITY HOSPITAL – NEW VICTORIA INFIRMARY HOSPITAL RECORDS

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

SAR Team

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 AMBULATORY CARE HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

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

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 name	1405613246 GOOD Jacqueline 14/05/19[illegible] 76 WHITEHAUGH AVENUE Paisley, Renfrewshire PA1 3S
Patient's first name	
Date of birth	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).

Right lower lid lesion. Shave biopsy

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

Pain. Scar. Eye injury / loss of vision.
Infection Recurrence Nerve injury.
Bleeding / bruising 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	[signature]
Name / Designation (print)	A. Farmer (CO SS)
Date	18/7/24

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 18/7/24
Name (print)	

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 & CLYDE

SURNAME (Block Letters)	FIRST NAME	UNIT No.

ADDRESS	RELIGION	SEX	DATE OF BIRTH
1405613246 GOOD Jacqueline F 14/05/1961 76 WHITEHAUGH AVENUE Paisley, Renfrewshire PA1 3SR			

PHONE No.

CHANGE OF ADDR

NEXT OF KIN (Name and Address)

NAME AND ADDRESS OF OWN DOCTOR

PHONE No.

CHANGE OF ADDRESS

NAME AND ADDRESS OF OWN DOCTOR

PHONE No.

UNITCASE RECORDS (Delete)

	YES	NO
DISABILITY	☐	☐

CHI NUMBER

ETHNIC ORIGIN

25950

INDEX OF ATTENDANCES

Every NEW out-patient attendance, and EACH in-patient admission must be noted below

DATE	CLINIC / WARD	DOCTOR	DIAGNOSIS / OPERATION	CODED	DISCH. DATE

USE RED INK FOR NOTIFICATION OF DEATH – ALL OTHER ENTRIES IN BLACK

Continued

DATE	CLINIC / WARD	DOCTOR	DIAGNOSIS / OPERATION	CODED	DISCH. DATE

OTHER ENTRIES IN BLACK

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	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST AMBULATORY CARE HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

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

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000
Pain Management Clinic
0141 355 1494
www.paindata.org

Dr. JM Hislop
The Barony Practice
Northcroft Medical Centre
Paisley
PA3 4AD

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 18/12/2025
Reference: PG/1405613246
Dictated Date: 10/12/2025
Transcribed Date: 10/12/2025

Dear Dr Hislop,

Jacqueline Good; D.O.B: 14/05/1961; CHI: 1405613246
76 WHITEHAUGH AVENUE, Paisley, Renfrewshire, PA1 3SR

Referral Information

Patient attended Pain Management Service for in-person consultation

GP referral: Low back pain

Long-standing low back and bilateral hip pain for several years

X-rays show mild degenerative changes only

Reluctant to attend physiotherapy due to pain

On regular opioid medication for approximately 6 years

Currently taking 240mg Dihydrocodeine daily and variable paracetamol (never more than 6/day)

GP hopes alternative pain management options can be offered to reduce opioid use

Background

- Mild arthritis diagnosed in pelvis, hips, knees, and elbow
- Severe widespread pain worsening over last 2 years
- Feels insufficient investigation into cause of pain
- Emotional impact: frustration, embarrassment, low mood, tearfulness
- On citalopram for mood stability

- Feels judged and misunderstood, reports loneliness and isolation
- Previous occupation: retail manager for 30+ years; stepped down 2 years ago due to pain
- Currently works 2 days/week; wishes to continue working
- Manages family/social contact and daily tasks with pacing
- Broken sleep due to pain
- Concerned about high medication use but feels unable to cope without it
- Side effects: constipation requiring laxatives

Current Concerns

Persistent pain despite medication

Fear of losing ability to work

Desire for alternative pain management strategies

Concern about opioid dependence and side effects

Impact of Pain

Pain significantly disrupts sleep, with the patient achieving only 3–4 hours per night and waking frequently. Daily functioning is heavily impacted; although she manages essential tasks and work, these require considerable pacing and effort, leaving her exhausted and unable to pursue other interests. She expresses frustration and emotional distress related to her limitations, particularly the loss of her previous role and reduced independence. Despite these challenges, she remains motivated to maintain work and family engagement.

Medication History

Current:

Dihydrocodeine: up to 240mg/day – 2x30 mg am 60mg late morning 60mg afternoon/eve 2x30mg bedtime (prefers short-acting)

Paracetamol: intermittent use, causes nausea

Citalopram 20mg daily

Laxatives for opioid-induced constipation

Previous:

Tramadol – no benefit

Co-Codamol – caused nausea

Amitriptyline – caused drowsiness, no pain relief

Topical creams/gels – minimal benefit

Past Medical History

1. COPD
2. Essential hypertension
3. Duodenitis
4. Endometriosis (hysterectomy at age 32)
5. Polymenorrhoea
6. Cervicitis/endocervicitis (treated with cautery)

Patient Expectations

- Reduce pain
- Maintain ability to work
- Explore non-medication strategies

Discussion

We discussed the role and limitations of opioids in chronic pain, including risks of dependence, bowel side effects, and diminishing effectiveness over time. The patient is strongly attached to short-acting dihydrocodeine and reluctant to consider changes, though she acknowledges concerns about long-term use. Education was provided on self-management strategies and non-pharmacological options. She expressed openness to exploring these approaches but remains resistant to medication reduction at present.

Clinical Impression

The patient presents with chronic widespread musculoskeletal pain, with significant functional and psychosocial impact. There is high reliance on opioids, which may influence future management. Motivation to maintain work and engagement is positive, but confidence in alternative strategies is low. No red flags identified.

Management Plan:

The following management plan was agreed with the patient and Dr Rae.

1. Provide TENS unit
2. Pain Education - referred to Clinical nurse specialist Living Well Programme

3. Explore physiotherapy and Pain Management Programme in future
4. Consider gradual opioid reduction when patient readiness improves
5. For constipation issues you could consider addition of Lactulose 15ml twice daily or docusate sodium 100-500mg daily as per guidance in https://handbook.ggcmedicines.org.uk/guidelines/gastrointestinal-system/management-of-constipation/ on opioid induced constipation. Further to this in patients with opioid-induced constipation who have not adequately responded to at least two classes of laxatives (given at an adequate dose for a sufficient duration), consider naloxegol 25mg once daily.

Thank you for your ongoing care and support.

Yours sincerely,

Pamela Gavin

Advanced Practice Physiotherapist – Pain Management

Independent Prescriber

HCPC NO. PH52335

Electronically Signed: Physiotherapist Pam Gavin, Physiotherapist

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. JM Hislop
The Barony Practice
Northcroft Medical Centre
Paisley
PA3 4AD

Main Switchboard: 0141 201 6000
Department: OPHTHALMOLOGY DEPARTMENT
Contact Tel: 0141 347 8031
Enquiries to: suzanne.mcminn@ggc.scot.nhs.uk
Letter Date: 25/07/2024
Reference: CA/TJ
Dictated Date: 25/07/2024
Transcribed Date: 29/07/2024

Dear Dr. JM Hislop,

Jacqueline Good; D.O.B: 14 May 1961; CHI: 1405613246
76 WHITEHAUGH AVENUE, Paisley, Renfrewshire, PA1 3SR

Attendance: Specialty - Ophthalmology; Clinic - VIAJEY8-DR A JAMISON EYES THURSDAY EYELID PM
Date and Time of Appointment - 25/07/2024 15:00

Clinical Comments:
Mrs Good attended the minor lids clinic today and underwent shave biopsy of right lower lid lesion under local anaesthetic. The lesion has been sent for histopathology examination and I will write to the patient in due course with the results of this to arrange follow up as necessary.

Yours sincerely

Dr Caoimhe Henry

ST3 in Ophthalmology

Electronically Signed: Dr Caoimhe Henry, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. JM Hislop
The Barony Practice
Northcroft Medical Centre
Paisley
PA3 4AD

Main Switchboard:	
Department:	OPHTHALMOLOGY DEPARTMENT
Contact Tel:	0141 347 8031
Enquiries to:	suzanne.mcminn@ggc.scot.nhs.uk
Letter Date:	18/07/2024
Reference:	AJ/SM
Dictated Date:	18/07/2024
Transcribed Date:	22/07/2024

Dear Dr. JM Hislop,

Jacqueline Good; D.O.B: 14 May 1961; CHI: 1405613246
76 WHITEHAUGH AVENUE, Paisley, Renfrewshire, PA1 3SR

Attendance: Specialty - Ophthalmology; Clinic - VIAJEY8-DR A JAMISON EYES THURSDAY PM
Date and Time of Appointment - 18/07/2024 13:15

Clinical Comments:

Thank you for referring Ms Good to my occuloplastic clinic. She has a right lower lid margin pedunculated papilloma which is dark at the tip although I wonder if this is a necrotic change rather than melanocytic pigmentation. There were no concerning features in clinic today. I have listed Ms Good for minor lid clinic to have a shave biopsy of the lesion.

Yours sincerely

Dr Aaron Jamison

Consultant Ophthalmologist

Electronically Signed: Dr Aaron Jamison, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Dr. JM Hislop
The Barony Practice
Northcroft Medical Centre
Paisley
PA3 4AD

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 04/02/2017
Reference:
Dictated Date:
Transcribed Date:

Dear Dr. JM Hislop,

Jacqueline Good; D.O.B: 14 May 1961; CHI: 1405613246
55 Langcraigs Drive, Paisley, Renfrewshire, PA2 8JP

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic -
Date and Time of Appointment - 04/02/2017 15:00

Clinical Comments:
Dear Doctor

This pleasant 55 year old lady attended ward 11B emergency clinic with recurrent epistaxis in the preceding days and an episode lasting 45minutes prior to attendance. This did not stop with first aid, although poor first aid technique. She is not on any blood thinning medication however she is known to have hypertension which she intends to be reviewed by her GP.

On examination the right nostril was suctioned removing any clots and fresh blood from her previous episode. There was no active bleeding during her attendance. Adrenaline soaked patties were inserted and showed a some blood staining from her posterior cavity. No prominent vessels nor sites of active bleeding were visualised however as there had been some light blood staining a small amount of nasopore coated in naseptin was inserted. She was educated in appropriate epistaxis management and given naseptin cream which she should use 4 times per day for 2 weeks. No routine follow up required but happy to review if bleeding persists. Many thanks for continuing the care of this patient in the community

Kind regards
Victoria Carswell
ENT clinical fellow

Electronically Signed: ,

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Anaesthetics - Pain Clinic GGC Chronic Pain	——	**Consultant / receiving practitioner** and/or **specialty clinic**
New Victoria Hospital 55 Grange Road Glasgow G42 9LF	——	**Hospital** and **hospital address** Hospital location code. G306H Email address -

Urgency of referral Routine
Date of referral 07-Jul-2025 **Date sent** 07-Jul-2025

PATIENT DETAILS

Surname	GOOD
Forename(s)	JACQUELINE
Title	MS
Sex	Female
Date of birth	14-May-1961
CHI no.	1405613246
Area of Residence	-

Patient's address

76 WHITEHAUGH AVENUE
PAISLEY
PA1 3SR

Contact number(s)
Voice: 07943 1208 65

101036986837R | Unique Care Pathway Number: 101036986837R

REGISTERED GP DETAILS

Name	Dr J Hislop		
GMC code	2343590	GP code	38440
Practice name	The Barony Practice		
Practice code	87606		

Practice address

NORTHCROFT MEDICAL CENTRE
NORTH CROFT STREET
PAISLEY
RENFREWSHIRE
PA3 4AD

Contact number(s)
Voice: 01418893732

REFERRING GP DETAILS

Name	Dr. Andrew Houston		
GMC code	7495646	GP code	34380
Practice name	The Barony Practice (87606)		
Practice code	87606		

Practice address

Northcroft Medical Centre
Paisley
PA3 4AD

Contact number(s)
Voice: 0141 889 3732

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Low back pain

Comment: This lady has been suffering low back and bilateral hip pain for several years an on reg opiate medication for approx. 6 years.
XR's show mild degenerative changes only. She is reluctant to attend physio due the pain.
She is currently taking 240mg of DHC a day and variable amounts of paracetamol, never more than 6 a day.
I was hoping she could be seen and offered some alternative forms of pain management in the hope of reducing her opiate use.

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	Comment	Date of onset	Date recorded
Moderate chronic obstructive pulmonary disease	-	16-Aug-2022	16-Aug-2022
Chronic obstructive pulmonary disease	stage 2- see docman	25-Jul-2022	25-Jul-2022
Essential hypertension	-	21-Dec-2020	21-Dec-2020
Duodenitis	on scope	29-May-2018	29-May-2018
Endometriosis	++	01-Jan-1992	01-Jan-1992
Polymenorrhoea	-	01-Jan-1992	01-Jan-1992
Cervicitis and endocervicitis	cautery Rx	01-Jan-1982	01-Jan-1982

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Abdominal hysterectomy + BSO	18-Jul-2001	18-Jul-2001
TAH and BSO	21-May-1993	21-May-1993
Abdominal hysterectomy	01-Jan-1993	01-Jan-1993

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Dihydrocodeine 30mg tablets	112	tablet	1 TABLET(S) UP TO FOUR TIMES [more]	-	07-Jul-2025	07-Jul-2025
Dihydrocodeine 60mg modified-release tablets	56	tablet	1 TABLET TWICE DAILY	-	07-Jul-2025	07-Jul-2025
Ramipril 5mg capsules	56	capsule	1 CAPSULE ONCE A DAY	-	10-Jun-2025	10-Jun-2025
Citalopram 20mg tablets	28	tablet	1 TABLET DAILY	-	14-Feb-2022	10-Jun-2025
Lactulose 3.1-3.7g/5ml oral solution	500	ml	15 MLS TWICE A DAY	-	28-Feb-2025	28-Feb-2025
Paracetamol 500mg caplets (A A H Pharmaceuticals Ltd)	224	tablet	2 TABLETS UP TO FOUR TIMES DA [more]	-	28-Feb-2025	07-Jul-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Peptac liquid aniseed (Teva UK Ltd)	500	ml	10 MLS AFTER MEALS AND AT BEDTIME	-	01-May-2025	01-May-2025
Doxycycline 100mg capsules	6	capsule	2 CAPS NOW THEN 1 CAP DAILY	-	29-Apr-2025	29-Apr-2025
	56	tablet		-	28-Feb-2025	

Dihydrocodeine 120mg modified-release tablets			1 TABLET TWICE DAILY			10-Jun-2025
Dihydrocodeine 30mg tablets	28	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	18-Feb-2025	18-Feb-2025
Dihydrocodeine 30mg tablets	112	tablet	1 OR 2 TABLETS WHEN REQUIRED [more]	-	20-Jan-2025	20-Jan-2025
Citalopram 20mg tablets	28	tablet	1 TABLET DAILY	-	14-Feb-2022	14-Feb-2025
Ramipril 5mg capsules	56	capsule	1 CAPSULE ONCE A DAY	-	14-Feb-2022	29-Apr-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
17-Jun-2025	120	80
21-Jun-2023	110	60
14-Oct-2022	120	70

Body Measurements

Date Recorded	Height	Weight	BMI
17-Jun-2025	1.6	66	26.7
21-Jun-2023	1.57	67.9	27.5
14-Oct-2022	1.57	70	28.3

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	17-Jun-2025
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5.	21-Jun-2023
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5.	05-Aug-2022
Ex smoker:	Smoking status on date of event: Ex-smoker.	25-Jul-2022
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 15.	16-Feb-2021
Alcohol consumption:	Drinking status on eventdate: Current drinker. NOTES: rare.	17-Jun-2025
Alcohol consumption:	Drinking status on eventdate: Current drinker. NOTES: nil.	21-Jun-2023
Teetotaller:	Drinking status on eventdate: Life teetotaler. NOTES: on occassion.	16-Feb-2021
Drinks rarely:	Drinking status on eventdate: Current drinker.	06-Feb-2017
Drinks rarely:	Drinking status on eventdate: Current drinker.	12-Mar-2014

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
Primary reason for referral:Pain Management Programme
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**

Eyelid Biopsy (C)

Performed	25-Jul-2024 16:18	Received	26-Jul-2024 10:26
Reported	01-Aug-2024 11:47	Order Number	D;24.0055669.K
Status	Final	Source System	Telepath

Pathology Final

NHS GREATER GLASGOW AND CLYDE
PATHOLOGY DEPARTMENT ENQUIRIES TO: 0141-354-9487 (89487)

Date collected: 25.07.2024
Date received : 26.07.2024 Date reported: 01.08.2024

Reporting Pathologist : Chee Thum PATH
Consultant Pathologist: Chee Thum PATH

EYELID BIOPSY - RLL

CLINICAL HISTORY:

Pedunculated papilloma on RLL margin, amongst lashes.

MACRO:

A grey warty piece of tissue measuring 4 x 2 x 4 mm and a separate fragment measuring 3 x 3 x 2 mm.

MICROSCOPY:

Microscopy shows 2 fragments of seborrhoeic keratosis with no evidence of dysplasia or malignancy.

Dr C Thum, Consultant

Report written: 01/08/24
Authorised: 01/08/24 by Dr Chee Thum

Oesophageal biopsy,Gastric Biopsy

Performed	23-May-2018 15:14	Received	24-May-2018 17:50
Reported	11-Jun-2018 09:53	Order Number	D,18.0037722.L
Status	Final	Source System	Telepath

Pathology Final

NHS GREATER GLASGOW AND CLYDE
PATHOLOGY DEPARTMENT ENQUIRIES TO: 0141-354-9487 (89487)

Date collected: 23.05.2018
Date received : 24.05.2018 Date reported: 11.06.2018

Reporting Pathologist : Sarah Liptrot PATH
Consultant Pathologist: Sarah Liptrot PATH

CLINICAL HISTORY
Dyspepsia and weight loss.

MACRO
A. Oesophageal biopsy - 1 fragment, 3mm.
B. Gastric biopsy - 2 fragments, larger 4mm.

MICROSCOPY
A. Microscopy shows a superficial fragment of unremarkable oesophageal squamous epithelium.

B. Microscopy shows fragments of mildly inflamed gastric body type mucosa. Helicobacter pylori type organisms are not identified on H&E stained sections. There is no evidence of intestinal metaplasia, dysplasia or malignancy.

Dr S Liptrot (Consultant)
Reported & Typed: 05/06/18 SR
Authorised: 11/06/18 by S. Liptrot

Good, Jacqueline ID:1405613246 17-JUN-2026 13:42:16 GREATER GLASGOW SITE-RAHAE ROUTINE RECORD

14-MAY-1961 (65 yr)
Female Caucasian

Room:
Loc:800

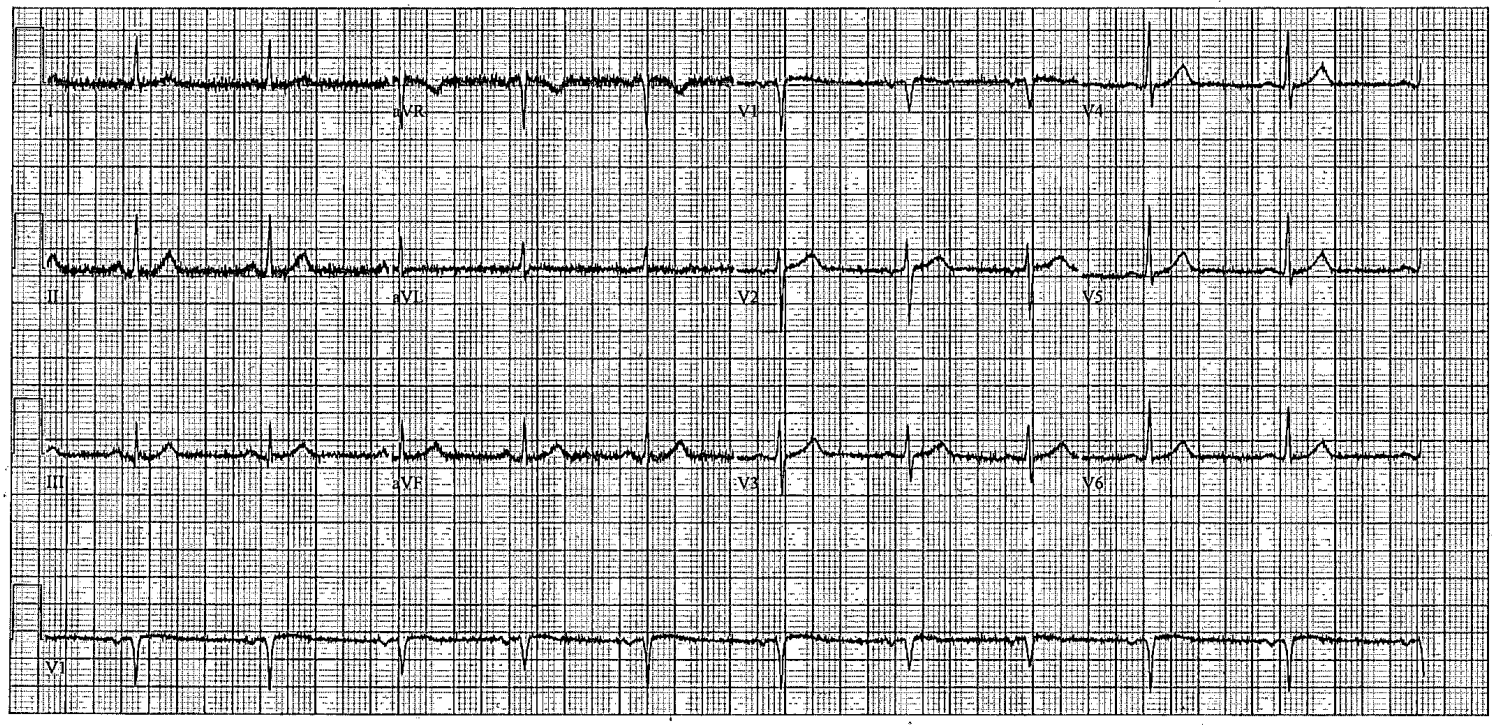
Vent. rate	65	BPM
PR interval	148	ms
QRS duration	72	ms
QT/QTc	374/388	ms
P-R-T axes	75 49	68

Normal sinus rhythm
Normal ECG

Technician:
Test ind:

Unconfirmed

Location: Comments:



25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1806

SID: 2016726 EID:13 EDT: ORDER:

Good, Jacqueline ID:1405613246 01-MAY-2019 13:05:44 GREATER GLASGOW SITE-RAHECT ROUTINE RECORD

14-MAY-1961 (57 yr)
Female Caucasian

Room:GPOP
Loc:883 Option:76

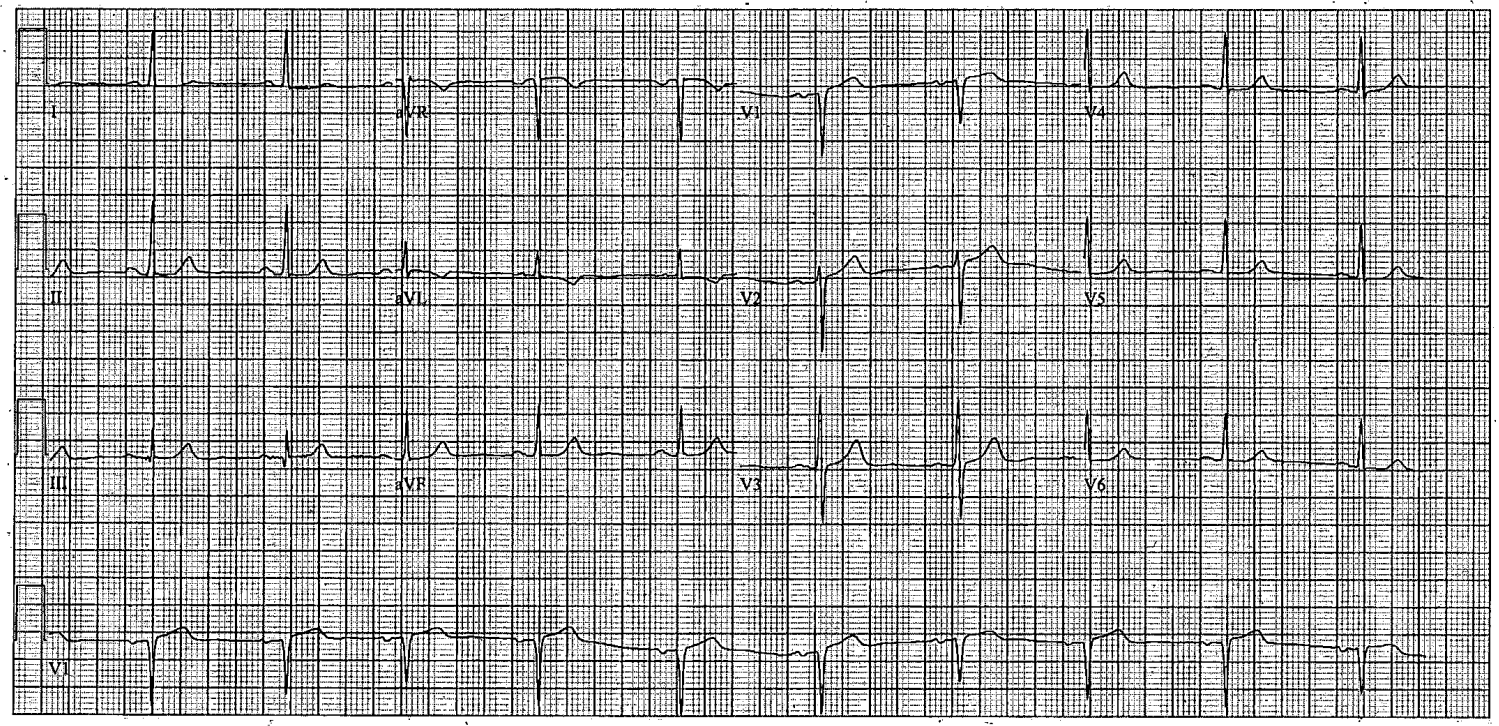
Vent. rate	61	BPM
PR interval	156	ms
QRS duration	80	ms
QT/QTc	386/388	ms
P-R-T axes	51 50	83

Normal sinus rhythm

Technician: 876
Test ind:

Referred by: DR HOUSTON

Unconfirmed



25mm/s 10mm/mV 40Hz 9.0.4 12SL 237 CID: 13

SID: 2016726 EID:2804 EDT: 11:21 02-MAY-2019 ORDER:

Good, Jacqueline ID:1405613246 08-APR-2019 04:03:32 GREATER GLASGOW SITE-RAHAE ROUTINE RECORD

14-MAY-1961 (57 yr)
Female Caucasian

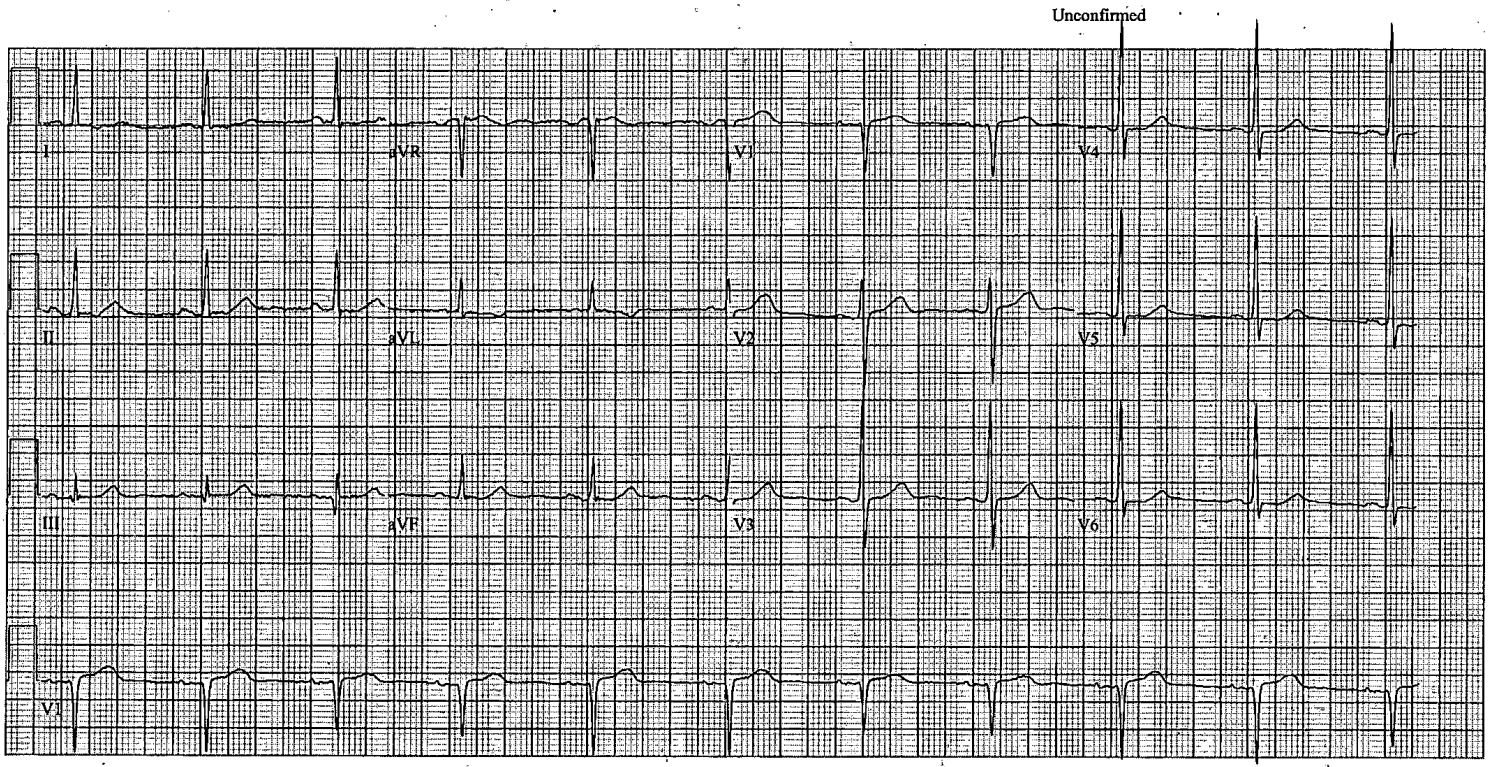
Room:CAS
Loc:800 Option:34

Vent. rate	63	BPM
PR interval	152	ms
QRS duration	82	ms
QT/QTc	420/429	ms
P-R-T axes	37 41	79

*** Poor data quality, interpretation may be adversely affected
Normal sinus rhythm

Technician: 834
Test ind:

Unconfirmed



25mm/s 10mm/mV 40Hz 9.0.4 12SL 239 CID: 13

SID: 2016726 EID: EDT: ORDER: