# Subject Access Request

| | |
|---|---|
| **Patient** | Mr David Mcgeown |
| **Date of birth** | 08-Dec-1975 (age 50) |
| **Gender** | M |
| **NHS number** | 0812753232 |
| **Patient's address** | 175 Gallowhill Road Paisley PA3 4UG |
| **Date range selected** | 08-Dec-1975 - 02-July-2026 |
| **Organisation** | |
| **Policy number** | |

# Problems

## Active

**21-Jun-2024 Ms Chloe Brines**
Drug misuse behaviour

**16-Apr-2024 Ms Chloe Brines**
Notes summary on computer

**14-Dec-2021 Mrs Elaine Paul**
[D]Drop attack

**02-Jun-2021 Mrs Elaine Paul**
Misuse of Opiates unspecified

**31-Mar-2021 Mrs Elaine Paul**
Hepatitis C PCR negative

**10-Feb-2021 Mrs Elaine Paul**
Substance misuse of Cannabis

**24-Jan-2020 Mrs Maureen Foy**
Misuse of Heroin illicit

**24-Jan-2020 Mrs Maureen Foy**
Misuse of Diazepam

**06-Apr-2010 Mrs Janet Neilson**
Hepatitis C PCR positive

**03-Apr-2008 Mrs Janet Neilson**
Drug dependence

## Significant Past

This section is empty.

## Minor Past

**23-Jan-2026 Dr George Gibson**
Anxiety with depression

**15-Dec-2025 Mr George Burt**
Medication review

**01-Dec-2025 Dr George Gibson**
Patient reviewed

**28-July-2024 Mrs Elaine Paul**
Closed fracture of clavicle

**04-Mar-2024 Dr George Gibson**
Cellulitis and abscess NOS

**01-Mar-2024 Mrs Elaine Paul**
Cutaneous abscess

**26-Feb-2024 Miss Jayne Adams**
Electronic general practitioner medical record received

**26-Feb-2024 Miss Jayne Adams**
Total notes on computer

**02-Dec-2021 Dr George Gibson**
Cough

**06-Nov-2021 Mrs Elaine Paul**
Notes summary on computer

**24-Sept-2021 Mrs Janet Neilson**
Electronic general practitioner medical record received

**24-Sept-2021 Mrs Janet Neilson**
Total notes on computer

**02-Jun-2021 Mrs Elaine Paul**
[D]Fit (in non epileptic) NOS

**28-May-2021 Ms Chloe Brines**
Dog bite

**08-Mar-2021 Mrs Elaine Paul**
Computerised tomograph scan

**11-Feb-2021 Dr George Gibson**
[D]Blackout

**16-Dec-2020 Dr George Gibson**
Shaking

**30-Nov-2020 Mrs Elaine Paul**
Addiction services

**18-Feb-2020 Mrs Janet Neilson**
Total notes on computer

**10-Oct-2018 Mrs Janet Neilson**
Closed fracture of carpal bone (Left)

**21-Nov-2017 Mrs Elaine Paul**
Cellulitis NOS

**18-Dec-2016 Mrs Elaine Paul**
Fracture of thumb

**20-Dec-2013 Mrs Elaine Paul**
Cellulitis NOS

**12-Aug-2012 Mrs Elaine Paul**
Chest pain

**12-Aug-2012 Mrs Elaine Paul**
ECG normal

**22-Jan-2012 Mrs Elaine Paul**
Chest pain

**30-Sept-2011 Mrs Elaine Paul**
Memory loss symptom

**22-Sept-2011 Mrs Janet Neilson**
Implantation of insertable loop recorder

**25-Feb-2010 Mrs Elaine Paul**
Computerised tomograph scan

**01-Jan-2009 Mrs Elaine Paul**
[D]Blackout

**01-Jan-2009 Mrs Elaine Paul**
[SO]Ventricle of brain

**28-Nov-2008 Mrs Janet Neilson**
Craniotomy

**01-Sept-2008 Mrs Elaine Paul**
[X]Assault

**26-July-2008 Mrs Elaine Paul**
Cellulitis NOS

**03-Apr-2008 Mrs Janet Neilson**
Asthma resolved



# Consultations

**02-Jun-2026 Dr George Gibson Administration**

| | | |
|---|---|---|
| Free Text | *Added to file coded med_hist record of patient non-attendance of appointment* | |
| Administration (P3) | Failed encounter | Failed to attend Student Led appointment with Dr George Gibson on Tuesday 02 June 2026 at 10:40:00 |

**29-May-2026 Miss Jenna Brown Administration**

| | | |
|---|---|---|
| Administration (P3) | Administration NOS | pt aware of below review booked |

**29-May-2026 Dr Lynne Galloway Surgery consultation**

Administration (P3) Administration NOS it wasnt missed: I asked him to make a review appointment with Dr Gibson: remember med 3s are meant to go to the GP actually seeing the patient! i have done it but I have not been seeing this patient so can't really comment if he is fit or not. make sure he has follow up with Dr Gibson please.
Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: anxiety and depression; Duration 01-May-2026 - 29-May-2026)

**29-May-2026 Miss Jenna Brown Administration**

Administration (P3) Administration NOS Dr Galloway, pt called requesting med 3 from 01/05, for the same duration as previous I thnk this was maybe missed as was requested on the 6th may, sorry, states needs this for job centre, thank you

**07-May-2026 Dr Donna Boyd Medicine Management**

Administration (P3) Consultation meds issued from special request. the way that vision displays this looks like the response about patient needing review was about meds but think it is actually about med 3 -

**06-May-2026 Dr Lynne Galloway Surgery consultation**

Administration (P3) Message given to patient pt was asked to make review appointment with Dr Gibson, has he made appointment?

**06-May-2026 Miss Jenna Brown Administration**

Administration (P3) Administration NOS Dr galloway, pt req further med3 from 01/05 for same duration thank you
Administration (P3) Administration NOS pt requesting venlafaxine and amitriptyline
Administration (P3) Administration NOS Patient aware of entry below

**22-Apr-2026 Mrs Tracey Gibb Administration**

Administration (P3) SMS text message sent to patient The practice will be closed from 1:00pm on Wednesday 13th of May for essential staff training. The emergency telephone line will be in operation only. Kelburn Practice {Patient Group Pts Over 16 Not Hb}

**16-Apr-2026 Ms Maria Clark Administration**

Administration (P3) SMS text message sent to patient Hi David, Could you please call the Practice, regarding your recent request. Kind Regards, Maria Kelburn Practice

**14-Apr-2026 Dr Lynne Galloway Surgery consultation**

Administration (P3) Message given to patient see Dr Gibson notes he wanted to see pt back for review.

**13-Apr-2026 Mrs Emma Macneil Administration**

Administration (P3) Administration NOS Pt requesting amitriptyline and venlafaxine

**06-Mar-2026 Dr Lynne Galloway Other**

Free Text *Location Type: Did Not Attend*
Administration Scanned Document
*Other Attachment : FitNote.pdf FitNote.pdf, (Diagnosis: anxiety and depression; Duration: 06/03/2026 - 01/05/2026)*
Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 06-Mar-2026 - 06-Mar-2026)

**06-Mar-2026 Mrs Janet Neilson Other**

Free Text *Location Type: Did Not Attend*
Diagnosis (P3) LG - patient requesting a further sickline for same amount of time please

**18-Feb-2026 Dr George Gibson Other**

Free Text *Location Type: Elsewhere Non-Payment*

**17-Feb-2026 Dr George Gibson Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | Anxiety with depression |
| Diagnosis (P3) | Attends for review. Unfortunately ***** lost Venlafaxine script- so pt never started it. Mood been mixed. Relapsed back on to alcohol- x3 magnums per/day. States partly due to boredom. Currently attending RDS for reducing dose Buvidal. No contact from *****. Nil drug use. |
| Diagnosis (P3) | Have re-issued script, and will r/v in 4/52- sooner if any issues. |

**17-Feb-2026 Miss Jenna Brown Other**

| | |
|---|---|
| Free Text | *Location Type: Elsewhere Non-Payment* |
| Diagnosis (P3) | pt requesting amitriptyline |

**23-Jan-2026 Dr George Gibson Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | Anxiety with depression |
| Diagnosis (P3) | Attends for review. Continues to attend RDS for reducing Buvidal- feels managing this week. Ongoing issues with anxiety- seldom leaves the house. ***** *****  *****. Did not like Mirtazapine- caused very vivid dreams. Previously tried SSRIs- but didn't like them, and not keen to be started on these again. Supportive *****. |
| Diagnosis (P3) | RDS have put pt forward for counselling. Agree could try Venlafaxine- normal QTc in September 2024. Will see back in 3-4/52 for r/v and blood pressure check. Sooner if any issues. |

**21-Jan-2026 Mrs Emma Macneil Other**

| | |
|---|---|
| Free Text | *Location Type: Did Not Attend* |
| Diagnosis (P3) | Dr GG - Pt confirmed he is not keen to continue taking due to dreams it is giving him. Already has Review appt with yourself for Fri so happy to wait till then and discuss |

**19-Jan-2026 Miss Jenna Brown Other**

| | |
|---|---|
| Free Text | *Location Type: Elsewhere Non-Payment* |
| Diagnosis (P3) | pt requesting amitriptyline and mirtazapine |

**19-Jan-2026 Dr George Gibson Other**

| | |
|---|---|
| Free Text | *Location Type: Elsewhere Non-Payment* |
| Diagnosis (P3) | SR- Amitriptyline and Mirtazapine- I see r/v by GB below that Mirtazapine poorly tolerated ?pt still taking. |

**15-Jan-2026 Dr George Gibson Administration**

| | |
|---|---|
| Free Text | *Location Type: Telephone* |
| Administration | Scanned Document<br>*Other Attachment : FitNote.pdf FitNote.pdf, (Diagnosis: anxiety and depression; Duration: 15/01/2026 - 06/03/2026)* |
| Diagnosis (P3) | SR- Med3. |
| Administration | eMED3 (2010) new statement issued, not fit for work  Fit Note (Diagnosis: FitNote.pdf; Duration 15-Jan-2026 - 15-Jan-2026) |

**15-Jan-2026 Mrs Emma Macneil Other**

| | |
|---|---|
| Free Text | *Location Type: Did Not Attend* |
| Diagnosis (P3) | Pt requesting med 3 extension please |

**15-Dec-2025 Mr George Burt Telephone Consultation**

| | |
|---|---|
| Free Text | *Location Type: Telephone Consultation* |
| Diagnosis (P3) | Finally got a hold of prison to confirm med doses given messy KARDEX. D/w David and also confirmed, did not collect Rx from last week so will cancel and do Rx for 1/12. Happy with this, discussed meds and feels that not that helpful. Started mitazapine 3 months ago and making his nightmares a bit worse*****; amitriptyline not too good for pain. I've advised him to book in for a review with GP to discuss and hopefully get him on something which may be more helpful/refer to psych? Happy with this - advised to order meds again once has 1 week left. |
| Intervention (P3) | Polypharmacy medication review |
| Diagnosis (P3) | Discussed with healthcare professional Spoke to Secondary Care |
| Intervention | Medication review |
| Intervention | Medication review |
| Intervention | Medication review |
| Intervention | Medication review |

**10-Dec-2025 Dr Donna Boyd Administration**

| | |
|---|---|
| Free Text | *Location Type: Telephone* |
| Diagnosis (P3) | issued small supply based on hand written and very messy drug chart to tide him over till review - unusual meds combination esp with his buvidal also |

**04-Dec-2025 Ms Gael Montgomery Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Intervention (P3) | Other medication management : Low Moss Discharge Paperwork. Discussed with ARDS worker - they are only supplying Buvidial - they will send over OPL. Please note page 13 very unclear for medications supplied when liberated - ARDS unable to clarify. Admin please pass to GP to confirm next steps: 1. will need review with prescriber to confirm what medications he is currently taking - GB dose not have appointment till following week and pt requires urgent supply. 2. can we clarify with Low Moss what was supplied when liberated/ask for clearer discharge paperwork. Buvidial added as outside med for info only - Rx not to be supplied by surgery. |
| Diagnosis (P3) | Discussed with healthcare professional Spoke to Secondary Care |
| Administration (P3) | Site of encounter NOS Actioned in Pharmacotherapy Hub |

**01-Dec-2025 Dr George Gibson Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Administration | Scanned Document<br>*Other Attachment : FitNote.pdf FitNote.pdf, (Diagnosis: anxiety and depression; Duration: 13/11/2025 - 16/01/2026)* |
| Diagnosis (P3) | Patient reviewed |
| Diagnosis (P3) | Attends for review. Liberated from Low Moss last month- states was discharged with just clothes he had on.***** ***** tomorrow- but living off borrowed money from friends. Remains on Buvidal. Admits still smokes cannabis- but no other substance misuse. Has contacted RDS worker today- due call back later this week. |
| Diagnosis (P3) | Agree will issue Med3. Admin, could we get list of pt's meds from Low Moss pls- has 1/52 supply left. |
| Administration | eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 01-Dec-2025 - 01-Dec-2025) |

**21-Nov-2025 Mrs Jennifer Kean Administration**

| | |
|---|---|
| Free Text | *Location Type: Telephone* |
| Diagnosis (P3) | re-registered following release from prison -***** |

**08-Jan-2025 Miss Colette MacKintosh Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | PATIENT DEDUCTED FROM PRACTICE |

**06-Sept-2024 Ms Louise Keenan Administration**

| | |
|---|---|
| Free Text | *Location Type: Telephone* |
| Intervention (P3) | Post hospital dischrge med reconciliation with medical notes RAH 3/9/24. Alleged assault. Stab wound to left flank and right thumb. For stitch removal 10/7. Pain review in 3/7. |
| Intervention (P3) | New medication commenced Discharged with Co-Amoxiclav for 5/7, Co-codamol for 3/7. |
| Administration (P3) | Site of encounter NOS Actioned in Pharmacotherapy Hub |

**03-Sept-2024 Mrs Elaine Paul Other**

| | |
|---|---|
| Diagnosis (P1) | Stab wound |

**07-Aug-2024 Dr Donna Boyd Third Party Consultation**

| | |
|---|---|
| Free Text | *Location Type: Third party Consultation* |
| Diagnosis (P3) | we do need to be really careful for him with medication - flagged not for opiates on notes and his ***** should not be giving him pregabalin - there is nothing on cas card to say they gave him any medication - I've issued him some naproxen for the pain with omeprazole to protect stomach - he can also take paracetamol with this as well s his usual medication but not ibuprofen |

**07-Aug-2024 Ms Maria Clark Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | Dr B, pts ***** called today for advice. Said pt needs spoken to today as pt in terrible pain. Broken collar bone last sunday, attended A&E then and also this morning. ***** said has given pt a Pregabalin 50mg, she is aware should not be doing that but she wanted pt to have some ease of pain. |

**28-July-2024 Mrs Elaine Paul Other**

| | |
|---|---|
| Diagnosis (P1) | Closed fracture of clavicle |

**21-Jun-2024 Ms Chloe Brines Other**

| | |
|---|---|
| Symptom (P1) | Drug misuse behaviour |

**13-May-2024 Ms Holly Young Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Administration (P3) | Outpatient clinic letter received ADRS 09/05/24 Pt has been started on Buvidal - no dose stated. Will add as outside med for info only. Letter is to advise pt is not to be prescribed any medication containing opioids. |
| Administration (P3) | Site of encounter NOS Actioned in Pharmacotherapy Hub |

**08-May-2024 Mrs Emma Macneil Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | ADRS called to advise they have started patient on Buvidal. Letter to follow |

**08-May-2024 Dr George Gibson Administration**

| | |
|---|---|
| Free Text | *Location Type: Telephone* |
| Diagnosis (P3) | Below noted, thanks. |

**16-Apr-2024 Ms Chloe Brines Other**

| | |
|---|---|
| Administration (P1) | Notes summary on computer |

**11-Apr-2024 Ms Patrick Lafferty Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | CWN - Discussed David with CMHT NTL who agreed that a stepped care model should be used and David should continue with support from ADRS and reduce/stop illicit drug use ***** If David completes this and getting benefit from this and is ready then a referral to CMHT would be looked at.***** *****. |

**10-Apr-2024 Dr Donna Boyd Third Party Consultation**

| | |
|---|---|
| Free Text | *Location Type: Third party Consultation* |
| Diagnosis (P3) | can you pass this query to ***** as he did a detailed assessment weith him recently and he will be aware whether they would offer this at present when open to RDS thanks |

**10-Apr-2024 Mrs Jennifer Kean Other**

| | |
|---|---|
| Free Text | *Location Type: Did Not Attend* |
| Diagnosis (P3) | Dr DB - Alex from turning point called,*****. Pt is in recovery and working with RDS. |

**09-Apr-2024 Ms Sharon Birney Administration**

| | |
|---|---|
| Free Text | *Location Type: Telephone* |
| Administration (P3) | Outpatient clinic letter received Renfrewshire Drug Service 13/03/2024 |
| Intervention (P3) | New medication commenced Espranor - added as outside drug. |
| Administration (P3) | Site of encounter NOS Actioned in Pharmacotherapy Hub |

**21-Mar-2024 Ms Patrick Lafferty Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |

**18-Mar-2024 Ms Suzi Mcdonald Administration**

| | |
|---|---|
| Free Text | *Location Type: Telephone* |
| Diagnosis (P3) | new pt meds rec please JK |
| Diagnosis (P3) | Nil meds on GP2GP summary to add - Already has outside items on repeat. |
| Intervention (P3) | Other medication management GP2GP summary |
| Administration (P3) | Site of encounter NOS Actioned in Pharmacotherapy Hub |

**15-Mar-2024 Mrs Jennifer Kean Administration**

| | |
|---|---|
| Free Text | *Location Type: Telephone* |
| Diagnosis (P3) | DOCMAN ONLY RECORD COMPLETE |

**08-Mar-2024 Dr Donna Boyd Third Party Consultation**

| | |
|---|---|
| Free Text | *Location Type: Third party Consultation* |
| Diagnosis (P3) | lab phoned through group A strep from wound swab - already on co-amoxiclav as culture from pus grew group pA strep so he is already on expected correct treatment - no further action needed |

**06-Mar-2024 Dr George Gibson Administration**

| | |
|---|---|
| Free Text | *Location Type: Telephone* |
| Diagnosis (P3) | Below noted, thanks. As per IDL have issued Co-Amoxiclav- could we inform pt pls? |

**06-Mar-2024 Ms Maria Clark Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | Dr GG, TR Nurse Karen called today to ask if antibiotics can be left for pt as feels he really needs them. Advised letter received requesting antibiotics but not issued as yet. Asking if pt can get today |

**04-Mar-2024 Ms Chloe Brines Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | 8H...: Referral for further care (SCI Gateway Referral) |

**04-Mar-2024 Ms Chloe Brines Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | Attended for wound review. |
| Diagnosis (P3) | Wound clean, no sign of infection. Wound irrigated, packed with aquacel ribbon, kliniderm border applied. Will refer onto to treatment room for on going wound management. Supericial wound to right wrist, thinks might of burnt it. Cleansed and dressed with atrauman and premierpore, no sign of infection. |
| Diagnosis (P3) | David to update phone number at reception before referring on. |

**04-Mar-2024 Dr George Gibson Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Intervention | 8HHL.: Referral to community drug dependency team (SCI Gateway Referral) *Out Patient. Sender: Dr George Gibson; Reason: 8HHL.: Referral to community drug dependency team (SCI Gateway Referral)* |
| Intervention | 8H...: Referral for further care (SCI Gateway Referral) *Out Patient. Sender: Dr George Gibson; Reason: 8H...: Referral for further care (SCI Gateway Referral)* |
| Diagnosis (P3) | Cellulitis and abscess NOS |
| Diagnosis (P3) | Attends for review. Was in hospital over the weekend with an infected injection site left upper arm. Required incision and drainage. Pt had informed pt he wanted home- so called him a taxi, pt states has no f/u. Feels sytemically well. Not taking any analgesia. Last injected Heroin 2/7 ago. Unable to sleep due to the pain. |
| Diagnosis (P3) | Apyrexial, dressing over left upper arm removed- 2cm x 1.5cm sinus over left upper arm. Surrounding erythema seems to have subsided from demarcation line. |
| Diagnosis (P3) | Have arrange r/v with CM this morning ?wound need packing, will likely also need TR f/u for ongoing dressings. Simple analgesia. Pt requesting referral to RDS, agree. Worsening advice/red flags. |

**04-Mar-2024 Dr George Gibson Administration**

| | |
|---|---|
| Free Text | *Location Type: Telephone* |
| Diagnosis (P3) | 8HHL.: Referral to community drug dependency team (SCI Gateway Referral) |

**01-Mar-2024 Mrs Elaine Paul Other**

| | |
|---|---|
| Diagnosis (P1) | Cutaneous abscess furuncle and carbuncle of limb |

**26-Feb-2024 Miss Jayne Adams Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | GP2GP Filed as Attachment [GP2GP1] |
| Administration (P3) | Electronic general practitioner medical record received |
| Administration (P3) | Total notes on computer |

**26-Feb-2024 Miss Jayne Adams Other**

| | |
|---|---|
| Free Text | *Location Type: Did Not Attend* |
| Diagnosis (P3) | ANY PREVIOUS INFORMATION PRIOR TO 13/02/2024 IS FROM A PREVIOUS PRACTICE |

**14-Feb-2024 Dr George Gibson Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | Drug dependence |
| Diagnosis (P3) | Attends for review. Recently rejoined practice. Had moved to Bolton for rehab- was through a Christian aid organisation. Was there for about 12 months- came down from 120ml Morphine. Moved back to Paisley last June. States this was the worst thing he could have done. Relapsed at Christmas- smoking x1 bag of Heroin per/day. Also drinking x1 bottle Buckfast per/day*****, ***** |
| Diagnosis (P3) | Good eye contact, appropriate, bit unkempt looking. |
| Diagnosis (P3) | Discussed options- pt really not keen to restart Methadone, states it was the worst thing he ever did. Not wishing input from RDS- felt they just kept increasing his Methadone. Wants restarted on Quetiapine, but advised would really need input from mental health services for this. Will arrange appt with *****. |

**06-Feb-2024 Miss Jayne Adams Other**

| | |
|---|---|
| Administration (P3) | Did not attend - no reason |

**24-Nov-2022 Ms Jena Brines Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | PATIENT DEDUCTED FROM PRACTICE |

**07-July-2022 Ms Louise Capuano Other**

| | | |
|---|---|---|
| Free Text | *Location Type: Third Party* | |
| Intervention (P3) | Medication requested Acute Rx Issued | |

**06-July-2022 Miss Jayne Adams Other**

| | | |
|---|---|---|
| Free Text | *Location Type: Elsewhere Non-Payment* | |
| Diagnosis (P3) | patient requesting new script for folic acid lost his last one | |

**27-Jun-2022 Miss Jayne Adams Administration**

| | | |
|---|---|---|
| Free Text | *Location Type: Externally Entered* | |
| Administration (P3) | Administration phleb appt | |

**22-Jun-2022 Dr George Gibson Administration**

| | | |
|---|---|---|
| Free Text | *Location Type: Telephone* | |
| Diagnosis (P3) | Note raised Glucose, transaminitis and insuffiecient coag. Will arrange repeat in first instance. | |

**22-Jun-2022 Ms Chloe Brines Telephone Consultation**

| | | | |
|---|---|---|---|
| Free Text | *Location Type: Telephone Consultation* | | |
| Examination | Folate blood level <c>- 2.0. Spoke with David advised folate levels are low and will require replacement usually for around 4 months. States buys frozen veg and boils it and serves with potatoes. I have attached some written advice to his prescription today of foods containing folate. | 0 | |
| Examination | **Folate blood level**<c>- 2.0. Spoke with David advised folate levels are low and will require replacement usually for around 4 months. States buys frozen veg and boils it and serves with potatoes. I have attached some written advice to his prescription today of foods containing folate.: Folate blood level <c>- 2.0. Spoke with David advised folate levels are low and will require replacement usually for around 4 months. States buys frozen veg and boils it and serves with potatoes. I have attached some written advice to his prescription today of foods containing folate. | 0 | (No range available) |

**21-Jun-2022 Other**

| | | |
|---|---|---|
| Examination | Serum albumin SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 41 g/L |
| Examination | Serum alkaline phosphatase SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 72 U/L |
| Examination | ALT/SGPT serum level SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 116 U/L |
| Examination | AST serum level SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 142 U/L |
| Examination | Serum Vitamin B12 SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 462 ng/L |
| Examination | Serum total bilirubin level SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 8 umol/L |
| Examination | Serum chloride SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 103 mmol/L |
| Examination | Serum creatinine SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 97 umol/L |
| Examination | Eosinophil count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 0.07 |
| Examination | Serum Ferritin SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 107 ug/L |
| Examination | Serum Folate SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | **2 ug/L** |
| Examination | Serum gamma-glutamyl transferase level SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 13 U/L |
| Examination | Haemoglobin estimation SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 131 g/L |
| Examination | Mean corpusc. haemoglobin(MCH) SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 31.2 pg |
| Examination | Mean corpuscular volume (MCV) SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 90.2 fL |
| Examination | Monocyte count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 0.4 |
| Examination | Neutrophil count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 5.3 |
| Examination | Platelet Count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 198 |
| Examination | Serum potassium SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 4.1 mmol/L |
| Examination | Nucleated red blood cell count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 0 |
| Examination | Red blood cell (RBC) count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | **4.2** |
| Examination | Serum sodium SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 137 mmol/L |

| | | | |
|---|---|---|---|
| Examination | Serum urea level SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 5.4 mmol/L | |
| Examination | Total white cell count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 8.4 | |
| Examination | Lymphocyte count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 2.5 | |
| Examination | Plasma glucose level SPECIMEN ID: B,22.7508786.Y SPECIMEN TYPE: Blood | **7 mmol/L** | |
| Examination | APTT SPECIMEN ID: B,22.7508788.F SPECIMEN TYPE: Blood NA | | |
| Examination | Haematocrit SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | **0.379 L/L** | |
| Examination | Basophil count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 0 | |
| Examination | Prothrombin Time SPECIMEN ID: B,22.7508788.F SPECIMEN TYPE: Blood NA | | |
| Examination | Activated partial thromboplastin time ratio SPECIMEN ID: B,22.7508788.F SPECIMEN TYPE: Blood NA | | |
| Diagnosis | Laboratory procedures -general (Non Coded Event - TCT ratio ) NA | | |
| Diagnosis | Laboratory procedures -general (Non Coded Event - Thrombin time ) NA | | |
| Diagnosis | Laboratory procedures -general (Non Coded Event - PT Ratio ) NA | | |
| Diagnosis | (Non Coded Event - Coagulation Screen ) Specimen Id: B,22.7508788.F Specimen Type: Blood Number of Test(s): 6 Lab comment: Insufficient sample for analysis, please repeat.\| Reviewer comment: Abnormal/Normal Flag: | | |
| Diagnosis | (Non Coded Event - Glucose ) Specimen Id: B,22.7508786.Y Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal | | |
| Diagnosis | (Non Coded Event - Liver Function Tests ) Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 5 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal | | |
| Diagnosis | (Non Coded Event - GGT ) Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: | | |
| Diagnosis | (Non Coded Event - Urea & Electrolytes ) Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag: | | |
| Diagnosis | (Non Coded Event - Full Blood Count ) Specimen Id: B,22.7508787.P Specimen Type: Blood Number of Test(s): 13 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal | | |
| Diagnosis | (Non Coded Event - Serum Folate ) Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal | | |
| Diagnosis | (Non Coded Event - Serum Ferritin ) Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 1 Lab comment: Males 15-300 (<15 iron deficiency )\|Females 15-200 (<15 iron deficiency )\|15-50 intermediate result. Consider iron deficiency\|in anaemic patients, older patients and those\|with inflammatory disease.\| Reviewer comment: Abnormal/Normal Flag: | | |
| Diagnosis | (Non Coded Event - Serum Vitamin B12 ) Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: | | |
| Examination | GFR calculated abbreviated MDRD SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood > 60 | | |
| Examination | **Serum albumin** SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood: Serum albumin SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 41 g/L | (Range: 35 - 50) |
| Examination | **Serum alkaline phosphatase** SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood: Serum alkaline phosphatase SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 72 U/L | (Range: 30 - 130) |
| Examination | **ALT/SGPT serum level** SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood: **Abnormal** ALT/SGPT serum level SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 116 U/L | (No range available) |
| Examination | **AST serum level** SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood: **Abnormal** AST serum level SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 142 U/L | (No range available) |
| Examination | **Serum Vitamin B12** SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood: Serum Vitamin B12 SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 462 ng/L | (Range: 200 - 883) |
| Examination | **Serum total bilirubin level** SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood: Serum total bilirubin level SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 8 umol/L | (No range available) |
| Examination | **Serum chloride** SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood: Serum chloride SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 103 mmol/L | (Range: 95 - 108) |

| | | | |
|---|---|---|---|
| Examination | **Serum creatinine**SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood: Serum creatinine SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 97 umol/L | (Range: 40 - 130) |
| Examination | **Eosinophil count**SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood: Eosinophil count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 0.07 | (Range: 0.02 - 0.5) |
| Examination | **Serum Ferritin**SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood: Serum Ferritin SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 107 ug/L | (Range: 15 - 300) |
| Examination | **Serum Folate**SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood: **Abnormal** Serum Folate SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | **2 ug/L** | **(Range: 3.1 - 20)** |
| Examination | **Serum gamma-glutamyl transferase level**SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood: Serum gamma-glutamyl transferase level SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 13 U/L | (No range available) |
| Examination | **Haemoglobin estimation**SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood: Haemoglobin estimation SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 131 g/L | (Range: 130 - 180) |
| Examination | **Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood: Mean corpusc. haemoglobin(MCH) SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 31.2 pg | (Range: 27 - 32) |
| Examination | **Mean corpuscular volume (MCV)**SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood: Mean corpuscular volume (MCV) SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 90.2 fL | (Range: 83 - 101) |
| Examination | **Monocyte count**SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood: Monocyte count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 0.4 | (Range: 0.2 - 1) |
| Examination | **Neutrophil count**SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood: Neutrophil count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 5.3 | (Range: 2 - 7) |
| Examination | **Platelet Count**SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood: Platelet Count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 198 | (Range: 150 - 410) |
| Examination | **Serum potassium**SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood: Serum potassium SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 4.1 mmol/L | (Range: 3.5 - 5.3) |
| Examination | **Nucleated red blood cell count**SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood: Nucleated red blood cell count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 0 | (No range available) |
| Examination | **Red blood cell (RBC) count**SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood: **Abnormal** Red blood cell (RBC) count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | **4.2** | **(Range: 4.5 - 6.5)** |
| Examination | **Serum sodium**SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood: Serum sodium SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 137 mmol/L | (Range: 133 - 146) |
| Examination | **Serum urea level**SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood: Serum urea level SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 5.4 mmol/L | (Range: 2.5 - 7.8) |
| Examination | **Total white cell count**SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood: Total white cell count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 8.4 | (Range: 4 - 10) |
| Examination | **Lymphocyte count**SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood: Lymphocyte count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 2.5 | (Range: 1.1 - 5) |
| Examination | **Plasma glucose level**SPECIMEN ID: B,22.7508786.Y SPECIMEN TYPE: Blood: **Abnormal** Plasma glucose level SPECIMEN ID: B,22.7508786.Y SPECIMEN TYPE: Blood | **7 mmol/L** | **(Range: 3.5 - 6)** |
| Examination | **APTT**SPECIMEN ID: B,22.7508788.F SPECIMEN TYPE: Blood NA: APTT SPECIMEN ID: B,22.7508788.F SPECIMEN TYPE: Blood NA | | (No range available) |
| Examination | **Haematocrit**SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood: **Abnormal** Haematocrit SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | **0.379 L/L** | **(Range: 0.4 - 0.54)** |
| Examination | **Basophil count**SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood: Basophil count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 0 | (No range available) |
| Examination | **Prothrombin Time**SPECIMEN ID: B,22.7508788.F SPECIMEN TYPE: Blood NA: Prothrombin Time SPECIMEN ID: B,22.7508788.F SPECIMEN TYPE: Blood NA | | (No range available) |
| Examination | **Activated partial thromboplastin time ratio**SPECIMEN ID: B,22.7508788.F SPECIMEN TYPE: Blood NA: Activated partial thromboplastin time ratio SPECIMEN ID: B,22.7508788.F SPECIMEN TYPE: Blood NA | | (No range available) |
| Diagnosis | **Laboratory procedures -general**(Non Coded Event - TCT ratio ) NA: Laboratory procedures -general (Non Coded Event - TCT ratio ) NA | | (No range available) |
| Diagnosis | **Laboratory procedures -general**(Non Coded Event - Thrombin time ) NA: Laboratory procedures -general (Non Coded Event - Thrombin time ) NA | | (No range available) |
| Diagnosis | **Laboratory procedures -general**(Non Coded Event - PT Ratio ) NA: Laboratory procedures -general (Non Coded Event - PT Ratio ) NA | | (No range available) |

| | | |
|---|---|---|
| Diagnosis | **(Non Coded Event - Coagulation Screen )**Specimen Id: B,22.7508788.F Specimen Type: Blood Number of Test(s): 6 Lab comment: Insufficient sample for analysis, please repeat.\| Reviewer comment: Abnormal/Normal Flag:: | |
| | (Non Coded Event - Coagulation Screen ) Specimen Id: B,22.7508788.F Specimen Type: Blood Number of Test(s): 6 Lab comment: Insufficient sample for analysis, please repeat.\| Reviewer comment: Abnormal/Normal Flag: | (No range available) |
| Diagnosis | **(Non Coded Event - Glucose )**Specimen Id: B,22.7508786.Y Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: | |
| | (Non Coded Event - Glucose ) Specimen Id: B,22.7508786.Y Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal | (No range available) |
| Diagnosis | **(Non Coded Event - Liver Function Tests )**Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 5 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: | |
| | (Non Coded Event - Liver Function Tests ) Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 5 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal | (No range available) |
| Diagnosis | **(Non Coded Event - GGT )**Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:: | |
| | (Non Coded Event - GGT ) Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: | (No range available) |
| Diagnosis | **(Non Coded Event - Urea & Electrolytes )**Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:: | |
| | (Non Coded Event - Urea & Electrolytes ) Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag: | (No range available) |
| Diagnosis | **(Non Coded Event - Full Blood Count )**Specimen Id: B,22.7508787.P Specimen Type: Blood Number of Test(s): 13 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: | |
| | (Non Coded Event - Full Blood Count ) Specimen Id: B,22.7508787.P Specimen Type: Blood Number of Test(s): 13 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal | (No range available) |
| Diagnosis | **(Non Coded Event - Serum Folate )**Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: | |
| | (Non Coded Event - Serum Folate ) Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal | (No range available) |
| Diagnosis | **(Non Coded Event - Serum Ferritin )**Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 1 Lab comment: Males 15-300 (<15 iron deficiency )\|Females 15-200 (<15 iron deficiency )\|15-50 intermediate result. Consider iron deficiency\|in anaemic patients, older patients and those\|with inflammatory disease.\| Reviewer comment: Abnormal/Normal Flag:: | |
| | (Non Coded Event - Serum Ferritin ) Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 1 Lab comment: Males 15-300 (<15 iron deficiency )\|Females 15-200 (<15 iron deficiency )\|15-50 intermediate result. Consider iron deficiency\|in anaemic patients, older patients and those\|with inflammatory disease.\| Reviewer comment: Abnormal/Normal Flag: | (No range available) |
| Diagnosis | **(Non Coded Event - Serum Vitamin B12 )**Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:: | |
| | (Non Coded Event - Serum Vitamin B12 ) Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: | (No range available) |
| Examination | **GFR calculated abbreviated MDRD**SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood > 60: | |
| | GFR calculated abbreviated MDRD SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood > 60 | (No range available) |

**14-Dec-2021 Mrs Elaine Paul Other**

| | |
|---|---|
| Diagnosis (P1) | [D]Drop attack RECURRENT |

**02-Dec-2021 Mrs Hann-Nora McCreight Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | Dr GG, patient has had PCR and it came back negative- Patient is suffering with a cough and green phglem is coming up. Same as the nose is quite green when he blows Mobile best |

**02-Dec-2021 Dr George Gibson Telephone Consultation**

| | |
|---|---|
| Free Text | *Location Type: Telephone Consultation* |
| Symptom (P3) | Cough |
| Diagnosis (P3) | Telephone consultation. 8/7 hx of rhinorrhoea and cough. Bringing up green phlegm. No haemoptysis. Occasional dyspnoea. No chest pain. No fevers/sweats. Smoker. Negative PCR yesterday. Agree cover with below, worsening advice. |

**30-Nov-2021 Other**

| | |
|---|---|
| Examination | 2019-nCoV (novel coronavirus) RNA not detected Specimen Id: AAF88199962 Specimen Type: Throat and Nose Swab N Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: |
| Examination | 2019-nCoV (novel coronavirus) RNA not detected SPECIMEN ID: AAF88199962 SPECIMEN TYPE: Throat and Nose Swab N |
| Examination | **2019-nCoV (novel coronavirus) RNA not detected**Specimen Id: AAF88199962 Specimen Type: Throat and Nose Swab N Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:: |
| | 2019-nCoV (novel coronavirus) RNA not detected (No range available) Specimen Id: AAF88199962 Specimen Type: Throat and Nose Swab N Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: |
| Examination | **2019-nCoV (novel coronavirus) RNA not detected**SPECIMEN ID: AAF88199962 SPECIMEN TYPE: Throat and Nose Swab N: |
| | 2019-nCoV (novel coronavirus) RNA not detected (No range available) SPECIMEN ID: AAF88199962 SPECIMEN TYPE: Throat and Nose Swab N |

**06-Nov-2021 Mrs Elaine Paul Other**

| | |
|---|---|
| Administration (P1) | Notes summary on computer |

**24-Sept-2021 Mrs Janet Neilson Other**

| | |
|---|---|
| Free Text | *Location Type: Did Not Attend* |
| Diagnosis (P3) | Further Docman Imported/Complete record |
| Administration (P3) | Electronic general practitioner medical record received |
| Administration (P3) | Total notes on computer |

**06-Sept-2021 Dr Donna Boyd Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | seen for revierrw as planned - pain has settrled but found a small lump and thought should get checked - no problems pu no discahrge bor - no other lumps or hernias - incidental few small red spots down right side of torso now brown - took bike to lochwinnoch and cycled home triggering pain |
| Diagnosis (P3) | with consent - chaparone declined - small cyst in dermis left posterior scrotum about 5mm diameter - smooth - no worriyng features - testes and epididymus feels normal - no hernia - small LN - tiny pale brown patches of skin up to 5mm diameter looks like post inflammation pigmentation |
| Diagnosis (P3) | cyst not symptomatic - don't think anything to worry about and would leave it well alone unless it is causing sx |

**31-Aug-2021 Dr Donna Boyd Third Party Consultation**

| | |
|---|---|
| Free Text | *Location Type: Third party Consultation* |
| Diagnosis (P3) | can you offer f2f review please |

**31-Aug-2021 Ms Maria Clark Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | Dr B, pt called today for advice. Pt has pain in left side of scrotum. Was fishing at weekend and felt this pain on way back whilst cycling. Mobile best contact. Pt said his mobile phone isn't doing great at the moment and takes him longer to answer and he uses hands free |

**02-Jun-2021 Mrs Elaine Paul Other**

| | |
|---|---|
| Symptom (P1) | Misuse of Opiates unspecified |
| Diagnosis (P1) | [D]Fit (in non epileptic) NOS |

**28-May-2021 Ms Chloe Brines Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: General Practice Surgery* |
| Diagnosis (P3) | Dog bite |
| Diagnosis (P3) | Biten by ***** dog 2-3 days ago on right hand and then again today on right hand. No note of recent tetanus in notes. |
| Diagnosis (P3) | No sign of infection to wound, no dressing required today. |
| Diagnosis (P3) | Plan: tetanus vaccine given IM in left deltoid. LOT: T30162V, EXP: 01/2022. Prophylaxic antibiotic cover given for three days. NKDA. |

**31-Mar-2021 Mrs Elaine Paul Other**

| | | |
|---|---|---|
| Examination | Hepatitis C PCR negative HIV WAS ALSO NOT DETECTED EP | |
| Examination | **Hepatitis C PCR negative** HIV WAS ALSO NOT DETECTED EP: Hepatitis C PCR negative HIV WAS ALSO NOT DETECTED EP | (No range available) |

**08-Mar-2021 Mrs Elaine Paul Other**

| | | |
|---|---|---|
| Examination | Computerised tomograph scan did not show any interval changes | |
| Examination | Computerised tomograph scan head/ didnot show any interval changes | |
| Examination | **Computerised tomograph scan** did not show any interval changes: Computerised tomograph scan did not show any interval changes | (No range available) |
| Examination | **Computerised tomograph scan** head/ didnot show any interval changes: Computerised tomograph scan head/ didnot show any interval changes | (No range available) |

**11-Feb-2021 Dr George Gibson Administration**

| | |
|---|---|
| Free Text | *Location Type: Telephone* |
| Intervention | 8H44.: Cardiological referral (SCI Gateway Referral) *Out Patient. Sender: Dr George Gibson; Reason: 8H44.: Cardiological referral (SCI Gateway Referral)* |
| Diagnosis (P3) | [D]Blackout |
| Diagnosis (P3) | Note letter from Neurology- no clear seizure markers in hx and advised review by Cardiology to ensure not underlying cardiac cause. Has had multiple failed appt with Cardiology- pt states will now attend. Agree refer back. |
| Diagnosis (P3) | 8H44.: Cardiological referral (SCI Gateway Referral) |

**10-Feb-2021 Mrs Elaine Paul Other**

| | |
|---|---|
| Symptom (P1) | Substance misuse of Cannabis |

**16-Dec-2020 Ms Maria Clark Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | Dr GG, patient called today for advice. Pt feels that the had a fit the other day, said ahs had one a year ago, body involuntary shaking and went on for an hour. Pt said still has a headache but feels bit better now. Asking to discuss the shaking as feels not normal for him ***** |

**16-Dec-2020 Dr George Gibson Telephone Consultation**

| | |
|---|---|
| Free Text | *Location Type: Telephone Consultation* |
| Symptom (P3) | Shaking |
| Diagnosis (P3) | Telephone consultation in view of Covid19. 2/7 ago pt had episode of generalised 'shaking'. No trigger. Lasted an hour. No collapse or LOC. No neurological sx. Ongoing headache over previous scar site- no change in nature of pain. Not had any more of these episodes since. Currently feels back to baseline. Note DB has referred urgently to Neurology- pt awaiting appt. Had bloods 30/11. Advised pt if episode like this happens again to take himself up to A&E. Worsening advice/red flags. |

**15-Dec-2020 Ms Louise Connolly Clinic**

| | |
|---|---|
| Free Text | *Location Type: Community Clinic* |
| Diagnosis (P3) | CMHT mental health review |
| Intervention (P3) | New medication commenced |
| Administration (P3) | Outpatient clinic letter received RDS |

**30-Nov-2020 Dr Donna Boyd Third Party Consultation**

| | |
|---|---|
| Free Text | *Location Type: Third party Consultation* |
| Diagnosis (P3) | tried to ring Fiona Connor again - went to voicemail again - message left previously - I have written to her instead as not managed to contact by phone |
| Intervention (P1) | Addiction services review |

**26-Nov-2020 Dr Donna Boyd Third Party Consultation**

| | |
|---|---|
| Free Text | *Location Type: Third party Consultation* |
| Intervention | 8H46.: Neurological referral (SCI Gateway Referral) *Out Patient. Sender: Dr Donna Boyd; Reason: 8H46.: Neurological referral (SCI Gateway Referral)* |
| Diagnosis (P3) | tried to call Fiona Connor - voicemail left asking her to call me back |

**25-Nov-2020 Dr Donna Boyd Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | similar ongoing concerns to last conversation - talked about physical sx, mood, previous experiences, worries about leaving the house and poor sleep - explained neuro referral - will upgrade- JN can you put it back on for me to upgrade please - suggested if very worried and has an episode then could attend A+E as they would see in green zone if no symptoms - also given me a mobile for Fiona as I've had problems getting into contact on the landline number - ***** |

**25-Nov-2020 Ms Donna McNeill Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | DB: PT called to say had black out last night again, no new pain other than the pain "he always has" Says he is terrified. Number on file. |

**24-Nov-2020 Dr Donna Boyd Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | I'll drop a line to RDS and hopefully she will get it that way |

**24-Nov-2020 Miss Jayne Adams Other**

| | |
|---|---|
| Free Text | *Location Type: Did Not Attend* |
| Diagnosis (P3) | Dr Boyd still unable to contact Fiona at Renfrewshire addictions 618 5300 telephone message is still waiting for connection please advise thanks |

**17-Nov-2020 Dr Donna Boyd Third Party Consultation**

| | |
|---|---|
| Free Text | *Location Type: Third party Consultation* |
| Diagnosis (P3) | tried to contactr Fiona Connor - just getting waiting for a line message - ADMIN can you let her know I'd like to talk to her for update/ to see what counselling support we can get David into thanks |

**13-Nov-2020 Mrs Janet Neilson Other**

| | |
|---|---|
| Free Text | *Location Type: Did Not Attend* |
| Intervention | 8H46.: Neurological referral (SCI Gateway Referral) *Out Patient. Sender: Dr Donna Boyd; Reason: 8H46.: Neurological referral (SCI Gateway Referral)* |
| Diagnosis (P3) | DB - Fiona Connor of Renfrewshire Addiction Recovery Service has called on patients behalf 618 5300 has no one has contacted patient/I told her they had and got no reply she asked if a gp could please try again on ***** |

**13-Nov-2020 Dr Donna Boyd Telephone Consultation**

| | |
|---|---|
| Free Text | *Location Type: Telephone Consultation* |
| Diagnosis (P3) | struggling with headaches, drop attacks and memory lapses. ***** completedRx for hep C - now reducing diazepam and stabl on methadone and keen for care with any meds - address and phone number are up to date. also ***** - headache present most of the time. "drop attacks" 1-2 times per week - witnessed once or twice - no warning. hurtshoulder - sometimes wet self. episodes of finding himself somewhere and not knowig how he got there, losing chunks of time - frighteing - having to write himself notes to reember to do things - happens 1-2 times per month - pisode on toilet in last few days watching a 1 hour program - felt a buing in his head - remained on the toilet but whenhe became aware again the program had finished. mood is low - doesn't want to self medicate-***** |
| Diagnosis (P3) | 8H46.: Neurological referral (SCI Gateway Referral) |
| Diagnosis (P3) | tried ringing Fiona Conner but unable to get through |

**11-Nov-2020 Dr Lynne Galloway Other**

| | |
|---|---|
| Free Text | *Location Type: Did Not Attend* |
| Diagnosis (P3) | He phoned and I tried to phone him back several times with no success. |

**09-Nov-2020 Dr Lynne Galloway Other**

| | |
|---|---|
| Free Text | *Location Type: Did Not Attend* |
| Diagnosis (P3) | phoned back *****: no answer voice mail left. |

**09-Nov-2020 Ms Donna McNeill Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | Dr Galloway: PT had episode of "passing out" on toilet on thursday, doesn't remember if he was conscious or not but there was a period of 25 mins passed before he came to; had episodes of this over the past few years. Found himself going outisde for no reason and can't remember why, almost set house on fire but doesn't remember why he had oven on in first place. Taking methadone daily, currently detoxing from Diazepam. Has done the toilet on himself 3/4 times in past few months, feels getting worse. Worried about himself and *****, seems delirious on phone. *****. |

**25-Sept-2020 Ms Kate Tees Administration**

| | |
|---|---|
| Free Text | *Location Type: Telephone* |
| Diagnosis (P3) | OPL gastroenterology 21/9/20 |
| Diagnosis (P3) | Started on treatment for chronic hepatitis C infection 11/9/20. Receiving Maviret 3 tablets once daily with food for 8 weeks. Dispensed from community pharmacy. Added as outside supply |
| Diagnosis (P3) | Pt aware whilst on HCV meds any prescribed or OTC meds needs checked prior to taking medication - hep-druginteractions.org |
| Diagnosis (P3) | End of treatment and 12 week post treatment virology to be obtained from RDS |
| Administration (P3) | Outpatient clinic letter received Gastroenterology 21/9/20 |

**25-Aug-2020 Dr Donna Boyd Third Party Consultation**

| | |
|---|---|
| Free Text | *Location Type: Third party Consultation* |
| Diagnosis (P3) | see latest letter in from RDS - very chaotic and polysubstance misuse at present |

**18-Jun-2020 Dr Lynne Galloway Other**

| | |
|---|---|
| Free Text | *Location Type: Did Not Attend* |
| Administration | Scanned Document<br>*Other Attachment : FitNote.pdf FitNote.pdf, (Diagnosis: opiate misuseprevious brain surgery but has not engaged with neurology follow up; Duration: 01/06/2020 - 03/08/2020)* |
| Diagnosis (P3) | I have done a sickline from 1st June we can't really back date it as we have no seen him. Also we have referred to neurology and he did not go so its hard to assess his issues if he does not engage. suggest when he gets to end of this sickline if he wants it extended he comes and discussed thing with us so we can try and help and assess what symptoms he is having. |
| Administration | eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 18-Jun-2020 - 18-Jun-2020) |

**18-Jun-2020 Ms Maria Clark Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | Dr G, patient called today to request a sick line per esa request. Asked pt for more information and he said he had a telephone call this morning from benefits agency and pt has been adkes to call GP in order to submit a "sick line starting 01/06/20 for as far as he can get". Pt said Brain ***** is the reason for line. I told pt we don't have any backup information or previous sick line requests, he said this would be his first. Advised pt he may need to discuss this with the GP prior to issue. ***** |

**28-Feb-2020 Ms Fiona Cairns Administration**

| | |
|---|---|
| Free Text | *Location Type: Telephone* |
| Diagnosis (P3) | Clinic Letter 24/01/20 |
| Diagnosis (P3) | Started on Methadone 30ml OD gradually increasing to 60ml OD. |
| Diagnosis (P3) | To reveive treatemtn for HepC arranged by BBV nurse - awaiting info on meds which can be added as outside med to check for interactions. |
| Administration (P3) | Outpatient clinic letter received Psychiatry |

**22-Feb-2020 Dr Lynne Galloway Other**

| | |
|---|---|
| Free Text | *Location Type: Did Not Attend* |
| Diagnosis (P3) | DNA Neuro once again. |

**18-Feb-2020 Mrs Janet Neilson Other**

| | |
|---|---|
| Free Text | *Location Type: Did Not Attend* |
| Diagnosis (P3) | 1 document imported/complete record |
| Administration (P3) | Total notes on computer |

**24-Jan-2020 Mrs Maureen Foy Other**

| | |
|---|---|
| Symptom (P1) | Misuse of Heroin illicit injecting 2 bags daily |
| Symptom (P1) | Misuse of Diazepam |

**06-Dec-2019 Dr Lynne Galloway Other**

| | |
|---|---|
| Intervention | 8H46.: Neurological referral (SCI Gateway Referral) *Out Patient. Sender: Dr Lynne Galloway; Reason: 8H46.: Neurological referral (SCI Gateway Referral)* |

**03-Dec-2019 Miss Jayne Adams Other**

| | |
|---|---|
| Free Text | *Location Type: Did Not Attend* |
| Intervention | 8HHe.: Referral to community drug and alcohol team (SCI Gateway Referral) *Out Patient. Sender: Dr Donna Boyd; Reason: 8HHe.: Referral to community drug and alcohol team (SCI Gateway Referral)* |
| Diagnosis (P3) | Dr Galloway, patients note are away for backscanning summary from previous practice now in docman |

**02-Dec-2019 Dr Donna Boyd Surgery consultation**

| | |
|---|---|
| Free Text | *Location Type: Main Surgery* |
| Diagnosis (P3) | wanting me to fill in medical questionnaire for him to go back to Border's rehab - doesn't want to see RDS and plans to stay down in Borders in the longer term - he passed me the relevant page which asks about previous detox and MH etc but explaiend we have no records for him yet and RFDS apparently filled the form for him the last time - declined to complete at present as do not feel in a position to do so (appreciate he is frustrated) - aware neuro referral has been done - doesn't want to see RDS but no issue with me aking them if they would see to refer on basis of previous notes - ADMIN can you try and chase up his past records please |

**27-Nov-2019 Dr Lynne Galloway Surgery consultation**

| | | |
|---|---|---|
| Free Text | *Location Type: Main Surgery* | |
| Diagnosis (P3) | New patient: Hx of opiate misuse. was on methadone via RDS then went to rehab in the borders. got back here and was back to smoking herorin fairly quickly. states because of headaches due to surgery in 2008. note Dr in renfrew referred him twice to neuro for follw up but he never went. denies any seizures. no numbess or weakness. just headahces. pleasant and well mananered today but pupils quite small. does not want referred back to RDS. wants to go back to the Borders for rehab. explained I will do neuro referral but he needs to make sure he goes. | |

**28-Oct-2019 Mrs Margaret McIntosh Surgery consultation**

| | | |
|---|---|---|
| Free Text | *Location Type: Main Surgery* | |
| Symptom | FH: Ischaemic heart dis. <60 | |
| Symptom | FH: CVA/stroke | |
| Symptom | FH: Asthma | |
| Examination | O/E - blood pressure reading | 120 / 82 mm Hg |
| Diagnosis (P3) | Patient previously from Clyde View surgery Renfrew resently in rehab in the Scottish Borders for over use of Methodone previously on heroine no longer uses drugs - Had brain operation 2008 for Colloid cyst has had constant headaches since then, feels he would like to discuss with Dr | |
| Examination (P3) | Body Mass Index, 21.3 , Measure: 21.3 | |
| Diagnosis (P3) | Ideal Weight, 74.52 Kg , Measure: 74.52 , Measure Units: Kg | |
| Symptom | Moderate smoker - 10-19 cigs/d | 0 / / cigarettes / cigars / tobacco |
| Symptom | Teetotaller | 0 units per week |
| Administration | British or mixed British - ethnic category 2001 census | |
| Examination | O/E - weight, 69 Kg , Measure: 69 , Measure Units: Kg | 69 Kg |
| Examination | Body Mass Index , Measure: 69 , Measure Units: Kg | 21.3 |
| Examination | O/E - height, 180 cm , Measure: 180 , Measure Units: cm | 1.8 m |

**10-Oct-2018 Mrs Janet Neilson Other**

| | |
|---|---|
| Diagnosis (P1) | Closed fracture of carpal bone (Left) exl scaphoid |

**21-Nov-2017 Mrs Elaine Paul Other**

| | |
|---|---|
| Diagnosis (P1) | Cellulitis NOS |

**18-Dec-2016 Mrs Elaine Paul Other**

| | |
|---|---|
| Diagnosis (P1) | Fracture of thumb |

**20-Dec-2013 Mrs Elaine Paul Other**

| | |
|---|---|
| Diagnosis (P1) | Cellulitis NOS leg |

**12-Aug-2012 Mrs Elaine Paul Other**

| | | |
|---|---|---|
| Examination | ECG normal | |
| Symptom (P1) | Chest pain | |
| Examination | **ECG normal**: ECG normal | (No range available) |

**22-Jan-2012 Mrs Elaine Paul Other**

| | |
|---|---|
| Symptom (P1) | Chest pain |

**30-Sept-2011 Mrs Elaine Paul Other**

| | |
|---|---|
| Symptom (P1) | Memory loss symptom |

**22-Sept-2011 Mrs Janet Neilson Other**

| | |
|---|---|
| Intervention (P1) | Implantation of insertable loop recorder |

**06-Apr-2010 Mrs Janet Neilson Other**

| | | |
|---|---|---|
| Examination | Hepatitis C PCR positive | |
| Examination | **Hepatitis C PCR positive**: Hepatitis C PCR positive | (No range available) |

**25-Feb-2010 Mrs Elaine Paul Other**

| | | |
|---|---|---|
| Examination | Computerised tomograph scan no change from previous scan 04/06/2009 | |
| Examination | **Computerised tomograph scan**no change from previous scan 04/06/2009: Computerised tomograph scan no change from previous scan 04/06/2009 | (No range available) |

**01-Jan-2009 Mrs Elaine Paul Other**

| | | |
|---|---|---|
| Diagnosis (P1) | [D]Blackout frequent | |
| Intervention (P1) | [SO]Ventricle of brain ventricular colloid cyst excised | |

**28-Nov-2008 Mrs Janet Neilson Other**

| | | |
|---|---|---|
| Intervention (P1) | Craniotomy excised benign infratenorial tumour | |

**01-Sept-2008 Mrs Elaine Paul Other**

| | | |
|---|---|---|
| Diagnosis (P1) | [X]Assault | |

**26-July-2008 Mrs Elaine Paul Other**

| | | |
|---|---|---|
| Diagnosis (P1) | Cellulitis NOS | |

**03-Apr-2008 Mrs Janet Neilson Other**

| | | |
|---|---|---|
| Examination (P1) | Asthma resolved | |
| Diagnosis (P1) | Drug dependence Opiate and Benzodiazepine | |

**16-Aug-1999 Mrs Elaine Paul Other**

| | | |
|---|---|---|
| Intervention | Booster tetanus vaccination | |

**09-Apr-1997 Mrs Janet Neilson Other**

**14-Aug-1996 Mrs Elaine Paul Other**

# Medications (inc. issues)

## Acute

**07-May-2026 Amitriptyline 10mg tablets**
56 tablet - TWO TO BE TAKEN IN THE EVENING

## Repeat

## Past

**07-May-2026 Venlafaxine 75mg modified-release capsules Acute Medication (Past)**
28 capsule - 1 TABLET DAILY

**18-Feb-2026 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)**
56 tablet - TWO TO BE TAKEN IN THE EVENING

**17-Feb-2026 Venlafaxine M/R capsules 75 mg Acute Medication (Past)**
28 capsule - 1 TABLET DAILY

**23-Jan-2026 Venlafaxine M/R capsules 75 mg Acute Medication (Past)**
28 capsule - 1 TABLET DAILY

**19-Jan-2026 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)**
56 tablet - TWO TO BE TAKEN IN THE EVENING

**15-Dec-2025 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)**
56 tablet - TWO TO BE TAKEN IN THE EVENING

**15-Dec-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)**
28 tablet - ONE TO BE TAKEN AT NIGHT

**04-Dec-2025 Buvidal Prolonged Release Solution For Injection 16 mg/0.3 Acute Medication (Past)**
0.001 pre-filled disposable injection - AS PER RDS Notes for dispenser: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

**07-Aug-2024 Naproxen Tablets 500 mg Acute Medication (Past)**
56 tablet - ONE TO BE TAKEN TWICE A DAY FOR FRACTURE PAIN

**07-Aug-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)**
28 capsule - ONE TO BE TAKEN EACH DAY TO PROTECT STOMACH WHILE TAKING NAPROXEN

**13-May-2024 Buvidal 16mg/0.32ml prolonged-release solution for inject... Repeat Medication (Past)**
0.001 pre-filled disposable injection - AS PER RDS Notes for dispenser: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

**09-Apr-2024 Espranor Oral Lyophilisate 8 mg Acute Medication (Past)**
0.001 tablet - ONE TO BE TAKEN DAILY AS PER RDS Notes for dispenser: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

**09-Apr-2024 Espranor 8mg oral lyophilisates (Martindale Pharmaceutica... Repeat Medication (Past)**
0.001 tablet - ONE TO BE TAKEN DAILY AS PER RDS Notes for dispenser: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

**06-Mar-2024 Co-Amoxiclav 500/125 Tablets Acute Medication (Past)**
30 tablet - ONE TO BE TAKEN THREE TIMES DAILY FOR 10 DAYS

**04-Mar-2024 Naproxen Tablets 500 mg Acute Medication (Past)**
28 tablet - ONE TO BE TAKEN TWICE A DAY

**04-Mar-2024 Paracetamol Tablets 500 mg Acute Medication (Past)**
56 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

**07-July-2022 Folic Acid Tablets 5 mg Acute Medication (Past)**
56 tablet - ONE TO BE TAKEN EACH DAY

**22-Jun-2022 Folic Acid Tablets 5 mg Acute Medication (Past)**
56 tablet - ONE TO BE TAKEN EACH DAY

**02-Dec-2021 Amoxicillin Capsules 500 mg Acute Medication (Past)**
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

**28-May-2021 Co-Amoxiclav 500/125 Tablets Acute Medication (Past)**
9 tablet - ONE TO BE TAKEN THREE TIMES A DAY FOR 3 DAYS

**15-Dec-2020 Diazepam Tablets 5 mg Acute Medication (Past)**
0.1 tablet - AS PER RDS Notes for dispenser: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

**15-Dec-2020 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)**
0.1 tablet - AS PER RDS- DO NOT ISSUE Notes for dispenser: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

**15-Dec-2020 Diazepam 5mg tablets Repeat Medication (Past)**
0.1 tablet - AS PER RDS Notes for dispenser: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

**15-Dec-2020 Quetiapine 25mg tablets Repeat Medication (Past)**
0.1 tablet - AS PER RDS- DO NOT ISSUE Notes for dispenser: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

**25-Sept-2020 Maviret Tablets 100 mg + 40 mg Acute Medication (Past)**
0.01 tablet - FOR INFO ONLY. 8 WEEKS FROM 11/9/20 Notes for dispenser: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

**25-Sept-2020 Maviret 100mg/40mg tablets (AbbVie Ltd) Repeat Medication (Past)**
0.01 tablet - FOR INFO ONLY. 8 WEEKS FROM 11/9/20 Notes for dispenser: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

**28-Feb-2020 Methadone 1mg/ml oral solution Acute Medication (Past)**
0.001 ml - FOR INFO ONLY Notes for dispenser: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

**28-Feb-2020 Methadone 1mg/ml oral solution Repeat Medication (Past)**
0.001 ml - FOR INFO ONLY Notes for dispenser: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY



# Allergies

This section is empty.

# Vaccinations

**16-Aug-1999 Mrs Elaine Paul**
Booster tetanus vaccination
Intervention
TETANUS

# Referrals

**04-Mar-2024 Dr George Gibson**
8HHL.: Referral to community drug dependency team (SCI Gateway Referral)
*Out Patient. Sender: Dr George Gibson; Reason: 8HHL.: Referral to community drug dependency team (SCI Gateway Referral)*

**04-Mar-2024 Dr George Gibson**
8H...: Referral for further care (SCI Gateway Referral)
*Out Patient. Sender: Dr George Gibson; Reason: 8H....: Referral for further care (SCI Gateway Referral)*

**11-Feb-2021 Dr George Gibson**
8H44.: Cardiological referral (SCI Gateway Referral)
*Out Patient. Sender: Dr George Gibson; Reason: 8H44.: Cardiological referral (SCI Gateway Referral)*

**26-Nov-2020 Dr Donna Boyd**
8H46.: Neurological referral (SCI Gateway Referral)
*Out Patient. Sender: Dr Donna Boyd; Reason: 8H46.: Neurological referral (SCI Gateway Referral)*

**13-Nov-2020 Dr Donna Boyd**
8H46.: Neurological referral (SCI Gateway Referral)
*Out Patient. Sender: Dr Donna Boyd; Reason: 8H46.: Neurological referral (SCI Gateway Referral)*

**06-Dec-2019 Dr Lynne Galloway**
8H46.: Neurological referral (SCI Gateway Referral)
*Out Patient. Sender: Dr Lynne Galloway; Reason: 8H46.: Neurological referral (SCI Gateway Referral)*

**03-Dec-2019 Dr Donna Boyd**
8HHe.: Referral to community drug and alcohol team (SCI Gateway Referral)
*Out Patient. Sender: Dr Donna Boyd; Reason: 8HHe.: Referral to community drug and alcohol team (SCI Gateway Referral)*

# Test Requests

**31-Dec-9999 Dr George Gibson**
HbA1c
**Status**
**Innoculation Risk** False
**Priority**
**Has Fasted?** False
**Is Pregnant?** False

**31-Dec-9999 Dr George Gibson**
Gamma GT
**Status**
**Innoculation Risk** False
**Priority**
**Has Fasted?** False
**Is Pregnant?** False

**31-Dec-9999 Dr George Gibson**
Liver Function Tests
**Status**
**Innoculation Risk** False
**Priority**
**Has Fasted?** False
**Is Pregnant?** False

**31-Dec-9999 Dr George Gibson**
Coagulation screen
**Status**
**Innoculation Risk** False
**Priority**
**Has Fasted?** False
**Is Pregnant?** False

# Test Results

**22-Jun-2022 Ms Chloe Brines**
**Result:** Folate blood level<c>- *2.0. Spoke with David advised folate levels are low and will require replacement usually for around 4 months. States buys frozen veg and boils it and serves with potatoes. I have attached some written advice to his prescription today of foods containing folate.*

| | | |
|---|---|---|
| Folate blood level <c>- 2.0. Spoke with David advised folate levels are low and will require replacement usually for around 4 months. States buys frozen veg and boils it and serves with potatoes. I have attached some written advice to his prescription today of foods containing folate. | 0 | (No range available) |

**21-Jun-2022**
**Result:** Serum albumin *SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood*

| | | |
|---|---|---|
| Serum albumin SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 41 g/L | (Range: 35 - 50) |

**21-Jun-2022**
**Result:** Serum alkaline phosphatase *SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood*

| | | |
|---|---|---|
| Serum alkaline phosphatase SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 72 U/L | (Range: 30 - 130) |

**21-Jun-2022**
**Result:** ALT/SGPT serum level *SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood*
Abnormal

| | | |
|---|---|---|
| ALT/SGPT serum level SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 116 U/L | (No range available) |

| | | | |
|---|---|---|---|
| **21-Jun-2022** | | | |
| **Result:** AST serum level *SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood* Abnormal | | | |
| AST serum level SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 142 U/L | (No range available) | |
| **21-Jun-2022** | | | |
| **Result:** Serum Vitamin B12 *SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood* | | | |
| Serum Vitamin B12 SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 462 ng/L | (Range: 200 - 883) | |
| **21-Jun-2022** | | | |
| **Result:** Serum total bilirubin level *SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood* | | | |
| Serum total bilirubin level SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 8 umol/L | (No range available) | |
| **21-Jun-2022** | | | |
| **Result:** Serum chloride *SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood* | | | |
| Serum chloride SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 103 mmol/L | (Range: 95 - 108) | |
| **21-Jun-2022** | | | |
| **Result:** Serum creatinine *SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood* | | | |
| Serum creatinine SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 97 umol/L | (Range: 40 - 130) | |
| **21-Jun-2022** | | | |
| **Result:** Eosinophil count *SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood* | | | |
| Eosinophil count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 0.07 | (Range: 0.02 - 0.5) | |
| **21-Jun-2022** | | | |
| **Result:** Serum Ferritin *SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood* | | | |
| Serum Ferritin SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 107 ug/L | (Range: 15 - 300) | |
| **21-Jun-2022** | | | |
| **Result:** Serum Folate *SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood* Abnormal | | | |
| Serum Folate SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | **2 ug/L** | **(Range: 3.1 - 20)** | |
| **21-Jun-2022** | | | |
| **Result:** Serum gamma-glutamyl transferase level *SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood* | | | |
| Serum gamma-glutamyl transferase level SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 13 U/L | (No range available) | |
| **21-Jun-2022** | | | |
| **Result:** Haemoglobin estimation *SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood* | | | |
| Haemoglobin estimation SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 131 g/L | (Range: 130 - 180) | |
| **21-Jun-2022** | | | |
| **Result:** Mean corpusc. haemoglobin(MCH) *SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood* | | | |
| Mean corpusc. haemoglobin(MCH) SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 31.2 pg | (Range: 27 - 32) | |
| **21-Jun-2022** | | | |
| **Result:** Mean corpuscular volume (MCV) *SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood* | | | |
| Mean corpuscular volume (MCV) SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 90.2 fL | (Range: 83 - 101) | |
| **21-Jun-2022** | | | |
| **Result:** Monocyte count *SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood* | | | |
| Monocyte count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 0.4 | (Range: 0.2 - 1) | |
| **21-Jun-2022** | | | |
| **Result:** Neutrophil count *SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood* | | | |
| Neutrophil count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 5.3 | (Range: 2 - 7) | |
| **21-Jun-2022** | | | |
| **Result:** Platelet Count *SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood* | | | |
| Platelet Count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 198 | (Range: 150 - 410) | |
| **21-Jun-2022** | | | |
| **Result:** Serum potassium *SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood* | | | |
| Serum potassium SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 4.1 mmol/L | (Range: 3.5 - 5.3) | |
| **21-Jun-2022** | | | |
| **Result:** Nucleated red blood cell count *SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood* | | | |
| Nucleated red blood cell count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 0 | (No range available) | |
| **21-Jun-2022** | | | |
| **Result:** Red blood cell (RBC) count *SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood* Abnormal | | | |
| Red blood cell (RBC) count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | **4.2** | **(Range: 4.5 - 6.5)** | |
| **21-Jun-2022** | | | |
| **Result:** Serum sodium *SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood* | | | |
| Serum sodium SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 137 mmol/L | (Range: 133 - 146) | |

**21-Jun-2022**
**Result:** Serum urea level *SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood*

| | | |
|---|---|---|
| Serum urea level SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood | 5.4 mmol/L | (Range: 2.5 - 7.8) |

**21-Jun-2022**
**Result:** Total white cell count *SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood*

| | | |
|---|---|---|
| Total white cell count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 8.4 | (Range: 4 - 10) |

**21-Jun-2022**
**Result:** Lymphocyte count *SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood*

| | | |
|---|---|---|
| Lymphocyte count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 2.5 | (Range: 1.1 - 5) |

**21-Jun-2022**
**Result:** Plasma glucose level *SPECIMEN ID: B,22.7508786.Y SPECIMEN TYPE: Blood*
Abnormal

| | | |
|---|---|---|
| Plasma glucose level SPECIMEN ID: B,22.7508786.Y SPECIMEN TYPE: Blood | **7 mmol/L** | **(Range: 3.5 - 6)** |

**21-Jun-2022**
**Result:** APTT *SPECIMEN ID: B,22.7508788.F SPECIMEN TYPE: Blood NA*

| | | |
|---|---|---|
| APTT SPECIMEN ID: B,22.7508788.F SPECIMEN TYPE: Blood NA | | (No range available) |

**21-Jun-2022**
**Result:** Haematocrit *SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood*
Abnormal

| | | |
|---|---|---|
| Haematocrit SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | **0.379 L/L** | **(Range: 0.4 - 0.54)** |

**21-Jun-2022**
**Result:** Basophil count *SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood*

| | | |
|---|---|---|
| Basophil count SPECIMEN ID: B,22.7508787.P SPECIMEN TYPE: Blood | 0 | (No range available) |

**21-Jun-2022**
**Result:** Prothrombin Time *SPECIMEN ID: B,22.7508788.F SPECIMEN TYPE: Blood NA*

| | | |
|---|---|---|
| Prothrombin Time SPECIMEN ID: B,22.7508788.F SPECIMEN TYPE: Blood NA | | (No range available) |

**21-Jun-2022**
**Result:** Activated partial thromboplastin time ratio *SPECIMEN ID: B,22.7508788.F SPECIMEN TYPE: Blood NA*

| | | |
|---|---|---|
| Activated partial thromboplastin time ratio SPECIMEN ID: B,22.7508788.F SPECIMEN TYPE: Blood NA | | (No range available) |

**21-Jun-2022**
**Result:** Laboratory procedures -general *(Non Coded Event - TCT ratio ) NA*

| | | |
|---|---|---|
| Laboratory procedures -general (Non Coded Event - TCT ratio ) NA | | (No range available) |

**21-Jun-2022**
**Result:** Laboratory procedures -general *(Non Coded Event - Thrombin time ) NA*

| | | |
|---|---|---|
| Laboratory procedures -general (Non Coded Event - Thrombin time ) NA | | (No range available) |

**21-Jun-2022**
**Result:** Laboratory procedures -general *(Non Coded Event - PT Ratio ) NA*

| | | |
|---|---|---|
| Laboratory procedures -general (Non Coded Event - PT Ratio ) NA | | (No range available) |

**21-Jun-2022**
**Result:** (Non Coded Event - Coagulation Screen ) *Specimen Id: B,22.7508788.F Specimen Type: Blood Number of Test(s): 6 Lab comment: Insufficient sample for analysis, please repeat.| Reviewer comment: Abnormal/Normal Flag:*

| | | |
|---|---|---|
| (Non Coded Event - Coagulation Screen ) Specimen Id: B,22.7508788.F Specimen Type: Blood Number of Test(s): 6 Lab comment: Insufficient sample for analysis, please repeat.| Reviewer comment: Abnormal/Normal Flag: | | (No range available) |

**21-Jun-2022**
**Result:** (Non Coded Event - Glucose ) *Specimen Id: B,22.7508786.Y Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*

| | | |
|---|---|---|
| (Non Coded Event - Glucose ) Specimen Id: B,22.7508786.Y Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal | | (No range available) |

**21-Jun-2022**
**Result:** (Non Coded Event - Liver Function Tests ) *Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 5 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*

| | | |
|---|---|---|
| (Non Coded Event - Liver Function Tests ) Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 5 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal | | (No range available) |

**21-Jun-2022**
**Result:** (Non Coded Event - GGT ) *Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:*

| | | |
|---|---|---|
| (Non Coded Event - GGT ) Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: | | (No range available) |

**21-Jun-2022**
**Result:** (Non Coded Event - Urea & Electrolytes ) *Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:*

| | | |
|---|---|---|
| (Non Coded Event - Urea & Electrolytes ) Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag: | | (No range available) |

**21-Jun-2022**
**Result:** (Non Coded Event - Full Blood Count )*Specimen Id: B,22.7508787.P Specimen Type: Blood Number of Test(s): 13 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Full Blood Count ) Specimen Id: B,22.7508787.P Specimen Type: Blood Number of Test(s): 13 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

**21-Jun-2022**
**Result:** (Non Coded Event - Serum Folate )*Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
(Non Coded Event - Serum Folate ) Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

**21-Jun-2022**
**Result:** (Non Coded Event - Serum Ferritin )*Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 1 Lab comment: Males 15-300 (<15 iron deficiency )|Females 15-200 (<15 iron deficiency )|15-50 intermediate result. Consider iron deficiency|in anaemic patients, older patients and those|with inflammatory disease.| Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Serum Ferritin ) Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 1 Lab comment: Males 15-300 (<15 iron deficiency )|Females 15-200 (<15 iron deficiency )|15-50 intermediate result. Consider iron deficiency|in anaemic patients, older patients and those|with inflammatory disease.| Reviewer comment: Abnormal/Normal Flag: (No range available)

**21-Jun-2022**
**Result:** (Non Coded Event - Serum Vitamin B12 )*Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Serum Vitamin B12 ) Specimen Id: B,22.7508785.E Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

**21-Jun-2022**
**Result:** GFR calculated abbreviated MDRD*SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood > 60*
GFR calculated abbreviated MDRD SPECIMEN ID: B,22.7508785.E SPECIMEN TYPE: Blood > 60 (No range available)

**30-Nov-2021**
**Result:** 2019-nCoV (novel coronavirus) RNA not detected*Specimen Id: AAF88199962 Specimen Type: Throat and Nose Swab N Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:*
2019-nCoV (novel coronavirus) RNA not detected Specimen Id: AAF88199962 Specimen Type: Throat and Nose Swab N Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

**30-Nov-2021**
**Result:** 2019-nCoV (novel coronavirus) RNA not detected*SPECIMEN ID: AAF88199962 SPECIMEN TYPE: Throat and Nose Swab N*
2019-nCoV (novel coronavirus) RNA not detected SPECIMEN ID: AAF88199962 SPECIMEN TYPE: Throat and Nose Swab N (No range available)

**31-Mar-2021 Mrs Elaine Paul**
**Result:** Hepatitis C PCR negative*HIV WAS ALSO NOT DETECTED EP*
Hepatitis C PCR negative HIV WAS ALSO NOT DETECTED EP (No range available)

**08-Mar-2021 Mrs Elaine Paul**
**Result:** Computerised tomograph scan*did not show any interval changes*
Computerised tomograph scan did not show any interval changes (No range available)

**08-Mar-2021 Mrs Elaine Paul**
**Result:** Computerised tomograph scan*head/ didnot show any interval changes*
Computerised tomograph scan head/ didnot show any interval changes (No range available)

**12-Aug-2012 Mrs Elaine Paul**
**Result:** ECG normal
ECG normal (No range available)

**06-Apr-2010 Mrs Janet Neilson**
**Result:** Hepatitis C PCR positive
Hepatitis C PCR positive (No range available)

**25-Feb-2010 Mrs Elaine Paul**
**Result:** Computerised tomograph scan*no change from previous scan 04/06/2009*
Computerised tomograph scan no change from previous scan 04/06/2009 (No range available)

# Other Items

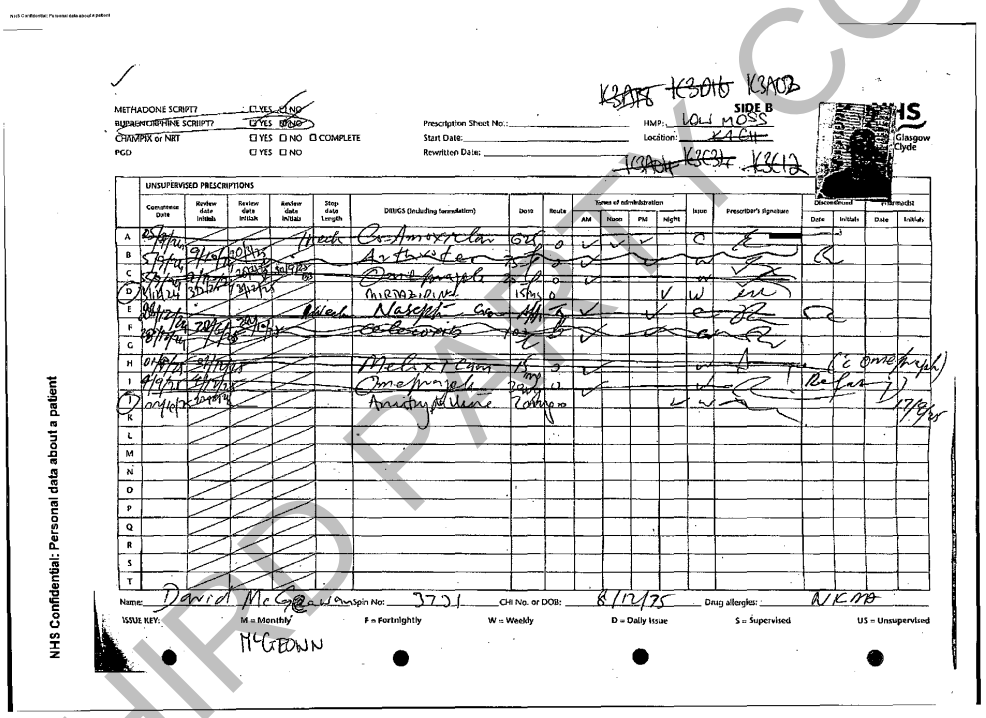
This section is empty.

# Attachments

**Additional document**
**04-July-2026**

**Additional:**Additional document

**Filename:**
**Extension:**
**Pages:**



SIDE B

METHADONE SCRIPT? ☐ YES ☐ NO
BUPRENORPHINE SCRIPT? ☐ YES ☐ NO
CHAMPIX or NRT ☐ YES ☐ NO ☐ COMPLETE
PGD ☐ YES ☐ NO

Prescription Sheet No.: HMP: LOW MOSS
Start Date: Location:
Rewritten Date:

NHS Glasgow Clyde

UNSUPERVISED PRESCRIPTIONS

| | Commence Date | Review date Initials | Review date Initials | Review date Initials | Stop date Length | DRUGS (including formulation) | Dose | Route | Times of administration AM | Noon | PM | Night | Issue | Prescriber's Signature | Discontinued Date | Discontinued Initials | Pharmacist Date | Pharmacist Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | | | | | 1week | Co-Amoxiclav | 625 | O | ✓ | ✓ | ✓ | - | C | | | | | |
| B | | | | | | Arthrotec | 75 | O | ✓ | - | ✓ | - | W | | | | | |
| C | | | | | | Omeprazole | 20 | O | ✓ | - | - | ✓ | W | | | | | |
| D | | | | | | NITRAZEPAM | 15mg | O | - | - | ✓ | W | | | | | | |
| E | | | | | | Naseph | Cr | Aff | ✓ | - | ✓ | - | | | | | | |
| F | | | | | | Celecoxib | 100 | O | ✓ | - | - | - | | | | | | |
| G | | | | | | | | | | | | | | | | | | |
| H | | | | | | Meloxicam | 15mg | O | ✓ | - | - | - | | | | | | |
| I | | | | | | Omeprazole | 20mg | O | ✓ | - | - | - | | | | | | |
| J | | | | | | Amitriptyline | 10mg | O | - | - | - | ✓ | | | | | | |
| K | | | | | | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | | | | | | |
| M | | | | | | | | | | | | | | | | | | |
| N | | | | | | | | | | | | | | | | | | |
| O | | | | | | | | | | | | | | | | | | |
| P | | | | | | | | | | | | | | | | | | |
| Q | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | | | | | |
| T | | | | | | | | | | | | | | | | | | |

Name: David McGeown CHI No. or DOB: 8/12/75 Drug allergies: NKMA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

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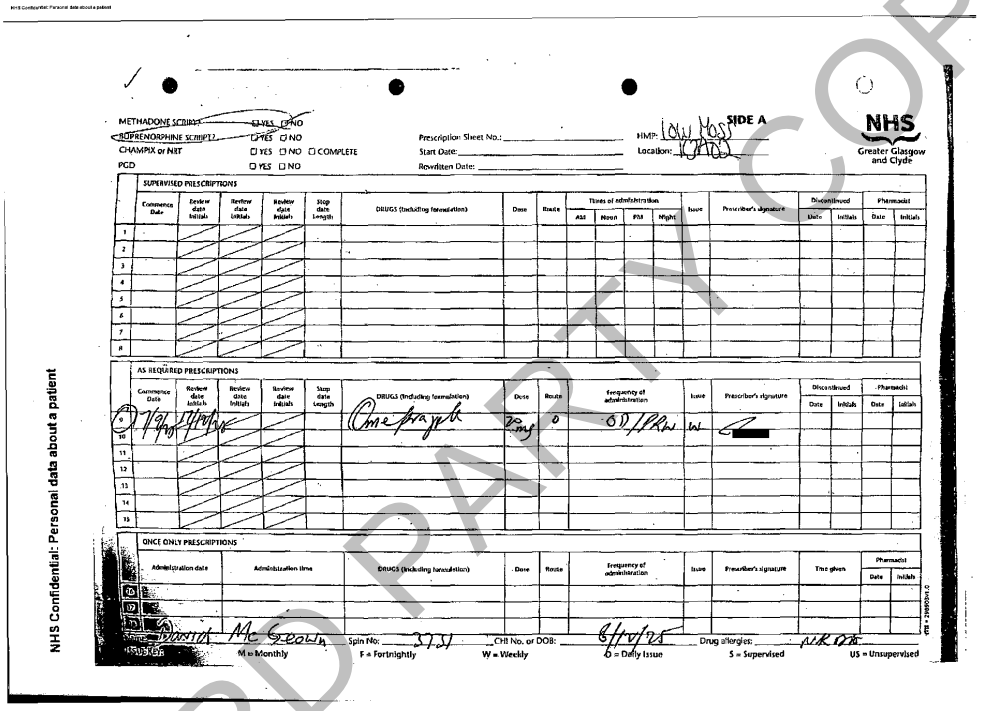


NHS Confidential: Personal data about a patient

METHADONE SCRIPT? ☐ YES ☐ NO
BUPRENORPHINE SCRIPT? ☐ YES ☐ NO
CHAMPIX or NRT ☐ YES ☐ NO ☐ COMPLETE
PGD ☐ YES ☐ NO

Prescription Sheet No.:
Start Date:
Rewritten Date:

HMP: LOW MOSS
Location: WARD

SIDE A

NHS Greater Glasgow and Clyde

SUPERVISED PRESCRIPTIONS

| | Commence Date | Review date Initials | Review date Initials | Review date Initials | Stop date Length | DRUGS (including formulation) | Dose | Route | Times of administration: AM | Noon | PM | Night | Issue | Prescriber's signature | Discontinued: Date | Initials | Pharmacist: Date | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | |

AS REQUIRED PRESCRIPTIONS

| | Commence Date | Review date Initials | Review date Initials | Review date Initials | Stop date Length | DRUGS (including formulation) | Dose | Route | Frequency of administration | Issue | Prescriber's signature | Discontinued: Date | Initials | Pharmacist: Date | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9 | 7/10/25 | | | | | Omeprazole | 20mg | O | OD/PRN | W | [redacted] | | | | |
| 10 | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | |

ONCE ONLY PRESCRIPTIONS

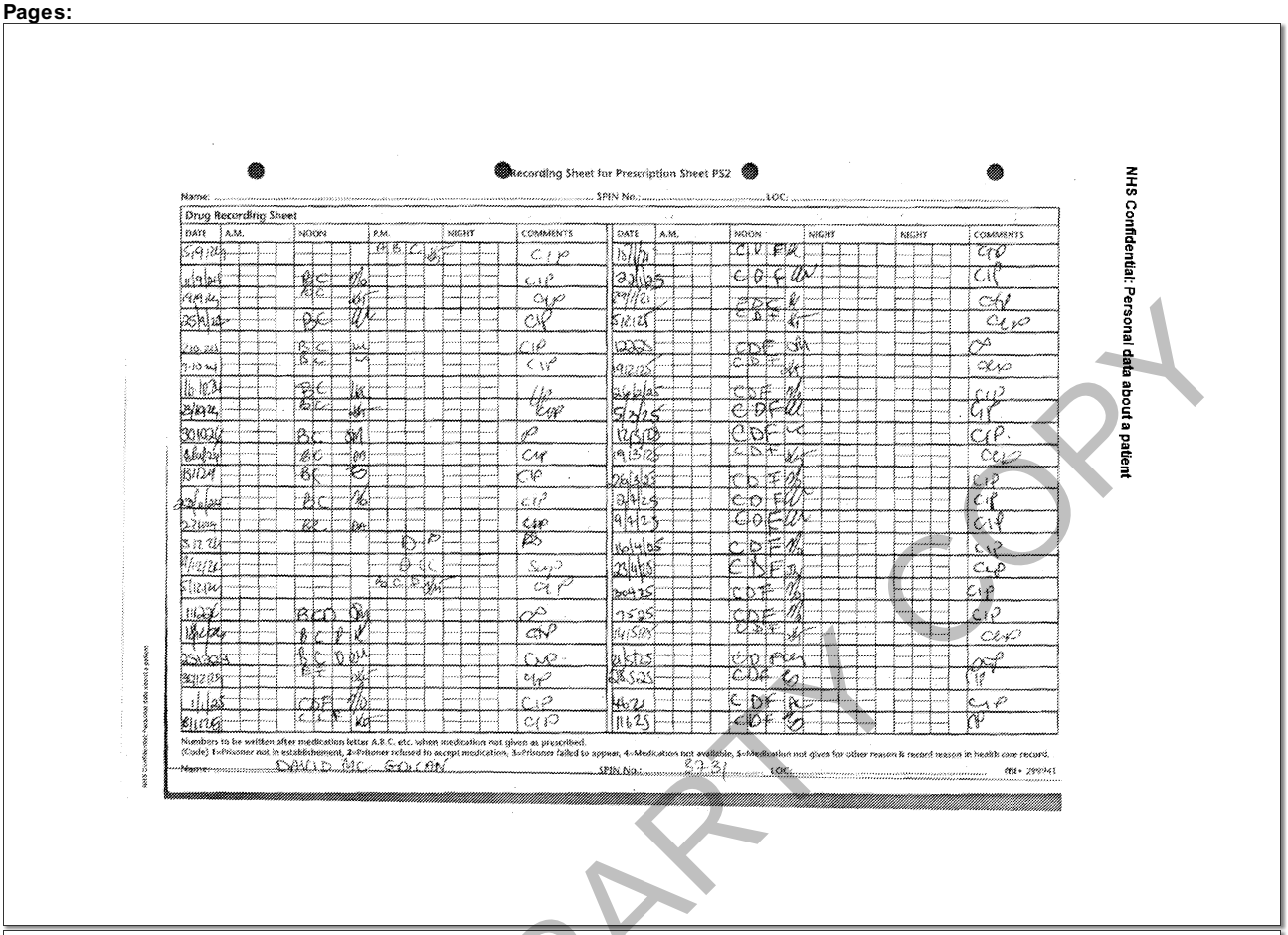
| | Administration date | Administration time | DRUGS (including formulation) | Dose | Route | Frequency of administration | Issue | Prescriber's signature | Time given | Pharmacist: Date | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |
| 18 | | | | | | | | | | | |

PATIENT: [redacted] MC GROWN Spin No: 3751 CHI No. or DOB: 8/10/25 Drug allergies: NKDA

M = Monthly F = Fortnightly W = Weekly O = Daily Issue S = Supervised US = Unsupervised

**Additional document**
**04-July-2026**
**Additional:**Additional document

**Filename:**
**Extension:**
**Pages:**



Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No: ..... LOC: .....

Drug Recording Sheet

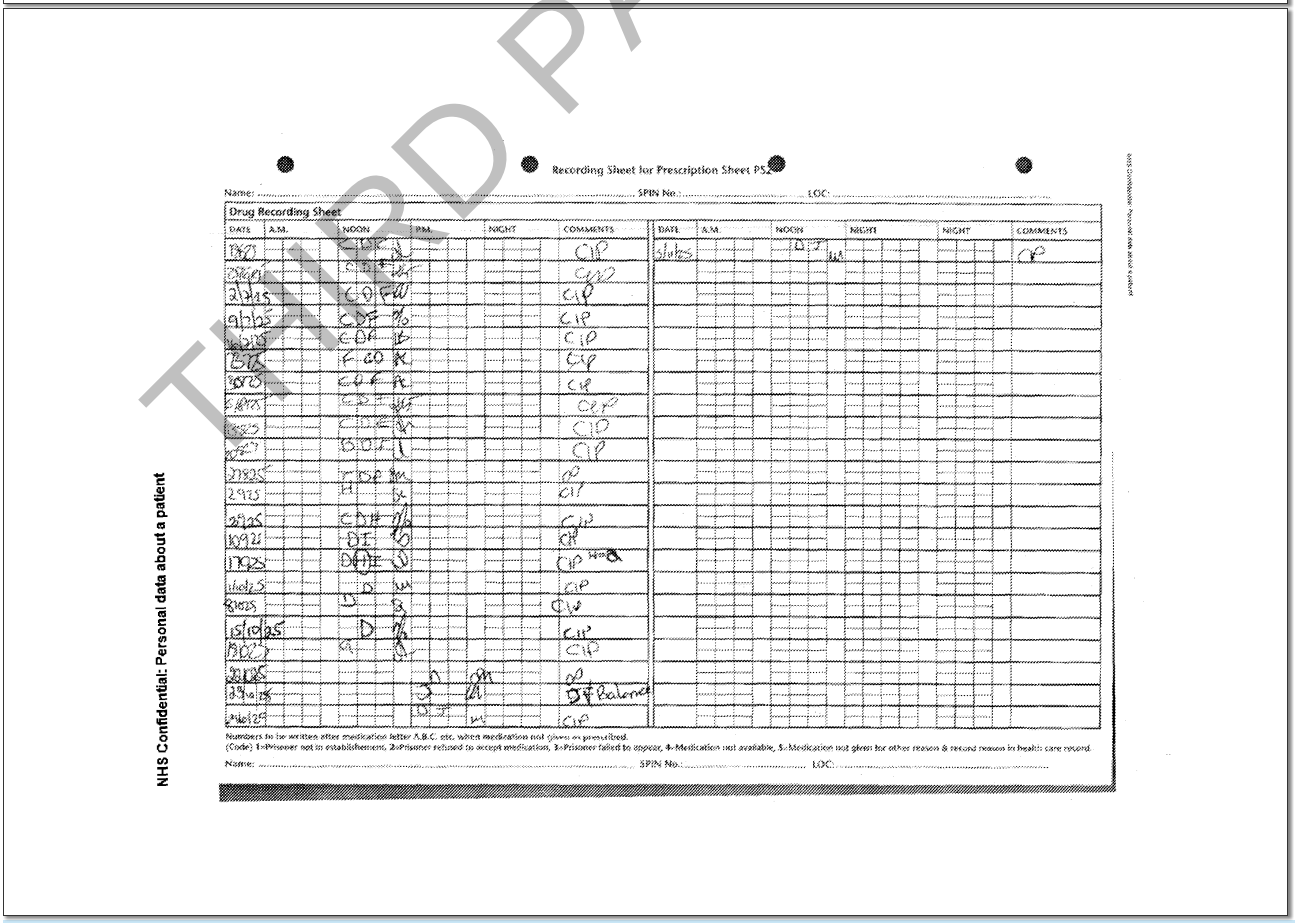
| DATE | A.M. | NOON | P.M. | NIGHT | COMMENTS | DATE | A.M. | NOON | NIGHT | NIGHT | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5/9/25 | | | BC | BF | CLP | 10/9/25 | | CDF FW | | | CLP |
| 11/9/25 | | BC | | | CLP | 22/9/25 | | CDF FW | | | CLP |
| 19/9/25 | | BC | | BF | CLP | 29/9/25 | | CDF W | | | CLP |
| 26/9/25 | | BC | | W | CLP | 5/10/25 | | CDF W | | | CLP |
| 3/10/25 | | BC | | W | CLP | 12/10/25 | | CDF W | | | CLP |
| 10/10/25 | | BC | | W | CLP | 19/10/25 | | CDF W | | | CLP |
| 17/10/25 | | BC | | W | CLP | 26/10/25 | | CDF W | | | CLP |
| 24/10/25 | | BC | | W | CLP | 2/11/25 | | CDF W | | | CLP |
| 31/10/25 | | BC | | W | CLP | 9/11/25 | | CDF W | | | CLP |
| 7/11/25 | | BC | | W | CLP | 16/11/25 | | CDF W | | | CLP |
| 14/11/25 | | BC | | W | CLP | 23/11/25 | | CDF W | | | CLP |
| 21/11/25 | | BC | | W | CLP | 30/11/25 | | CDF W | | | CLP |
| 28/11/25 | | BC | | W | CLP | 7/12/25 | | CDF W | | | CLP |
| 5/12/25 | | BC | | W | CLP | 14/12/25 | | CDF W | | | CLP |
| 12/12/25 | | BC | | W | CLP | 21/12/25 | | CDF W | | | CLP |
| 19/12/25 | | BC | | W | CLP | 28/12/25 | | CDF W | | | CLP |
| 26/12/25 | | BC | | W | CLP | 4/1/26 | | CDF W | | | CLP |

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.
(Code) 1=Prisoner not in establishment, 2=Prisoner refused to accept medication, 3=Prisoner failed to appear, 4=Medication not available, 5=Medication not given for other reason & record reason in health care record.

Name: ..... SPIN No: ..... LOC: .....

NHS Confidential: Personal data about a patient





Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No: ..... LOC: .....

Drug Recording Sheet

| DATE | A.M. | NOON | P.M. | NIGHT | COMMENTS | DATE | A.M. | NOON | NIGHT | NIGHT | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 15/10/25 | | D | | | CLP | 15/10/25 | | D | W | | CLP |
| 22/10/25 | | D | | | CLP | | | | | | |
| 29/10/25 | | D | | | CLP | | | | | | |
| 5/11/25 | | D | | | CLP | | | | | | |
| 12/11/25 | | D | | | CLP | | | | | | |
| 19/11/25 | | D | | | CLP | | | | | | |
| 26/11/25 | | D | | | CLP | | | | | | |
| 3/12/25 | | D | | | CLP | | | | | | |
| 10/12/25 | | D | | | CLP | | | | | | |
| 17/12/25 | | D | | | CLP | | | | | | |
| 24/12/25 | | D | | | CLP | | | | | | |
| 31/12/25 | | D | | | CLP | | | | | | |
| 7/1/26 | | D | | | CLP | | | | | | |
| 14/1/26 | | D | | | CLP | | | | | | |
| 21/1/26 | | D | | | CLP | | | | | | |
| 28/1/26 | | D | | | CLP | | | | | | |
| 4/2/26 | | D | | | CLP | | | | | | |

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.
(Code) 1=Prisoner not in establishment, 2=Prisoner refused to accept medication, 3=Prisoner failed to appear, 4=Medication not available, 5=Medication not given for other reason & record reason in health care record.

Name: ..... SPIN No: ..... LOC: .....

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**Additional document**
**04-July-2026**
**Additional:**Additional document

**Filename:**
**Extension:**
**Pages:**

NHS Confidential: Personal data about a patient

Renfrewshire Health & Social Care Partnership

[redacted] McClean
Chief Officer

Our Ref: DS
Job ID: 100944285
Date: 15/04/2026

**PRIVATE & CONFIDENTIAL**

Dr DJ Boyd
The Kelburn Practice
Northcroft Medical Centre
Northcroft Street
[redacted]
PA3 4AD

**Alcohol & Drug Recovery Service**
20 Back Sneddon Street
[redacted]
Renfrewshire
PA3 2DJ
[redacted] (option 2)
www.nhsggc.org.uk

Dear Dr Boyd,

**Re: David McGeown DOB: 08/12/1975 CHI: 0812753232**

**Address: 9B Stevenson Street, Paisley, PA2 6BW**

| | |
|---|---|
| **Date of Assessment/Appointment:** | **15/04/2026 (DNA)** |
| **Type of Assessment:** | **Routine Medical Review** |
| **Diagnosis:** | |
| **Current Medication:** | **Buvidal 128mg monthly** |
| **Follow-up:** | **In due course, if needed** |

David did not attend a medical review appointment with me at the ADRS Back Sneddon Street Clinic. This is his first missed appointment with me. No contact was made to cancel this appointment ahead of time.

He continues on Buvidal at 128mg monthly. He seems stable in terms of opiate use currently.

/RenfrewshireHSCP @RenHSCP www.Renfrewshire.HSCP.scot

NHS Greater Glas and Clyd

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Renfrewshire Health & Social Care Partnership

[redacted] McClean
Chief Officer

At the time of writing there is nil of concern noted on clinical portal.

His Care Manager is aware and a further review appointment will be offered, if needed.

Yours sincerely,

**Dr Roddy McDermid**
**ADRS**
Authorised on 13/05/2026 14:29:00 by Roderick McDermid.



/RenfrewshireHSCP @RenHSCP www.Renfrewshire.HSCP.scot

NHS Greater Glasgow and Clyde

**Additional document**
**04-July-2026**
**Additional:**Additional document

**Filename:**
**Extension:**
**Pages:**

Outlook

**Data Subject Access Request - 100169 [Ref: DSAR-20260626-52323C]**

**From** MMA Legal [redacted]
**Date** Fri 26/06/2026 14:30
**To** [redacted] (The Kelburn Practice) [redacted]

3 attachments (3 MB)
DSAR-52323CFD.pdf; LOA DAvid Mgeowen.pdf; 680.jpg;

[redacted]

Subject: Data Subject Access Request - Full GP Medical Records - Our Reference:100169

Client Name: Mr David Mcgeown
Client Reference: 100169
Client Address: 275D Gallowhill Road , Paisley, PA3 4UG
Date of Birth: 08/12/1975
Name in Care:
Previous Address:
NHS Number:

Dear Sir/Madam,

We act on behalf of the above-named individual and submit this request under Article 15 of the UK General Data Protection Regulation and the Data Protection Act 2018.

We expect a response within the statutory one calendar month period. If you require an extension, please confirm this in writing with full justification.

Please find the enclosed request.

We thank you for your assistance in this matter.

Yours faithfully,

Investigations Team
MMA Legal
E: [redacted]
T: [redacted]

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MMA
LEGAL

**Kilburn Medical Practice**
Northcroft Medical Centre
Northcroft Street
Paisley
PA34AD

Date 26/06/2026

Our Ref: DSAR-20260626-52323C
Client Ref: 100169

Subject: Data Subject Access Request - Full GP Medical Records - Our Reference:100169

Client Name: Mr David Mcgeown
Client Reference: 100169
Client Address: 275D Gallowhill Road , Paisley, PA3 4UG
Date of Birth: 08/12/1975
Name in Care:
Previous Address:
NHS Number:

Dear Sir/Madam,

We act on behalf of the above-named individual and submit this request under Article 15 of the UK General Data Protection Regulation and the Data Protection Act 2018.
Scope of Request

We request a complete copy of the patient's full medical records, including all data held in electronic, paper, and archived formats.

**This specifically includes:**
Full GP records (not a summary printout)
Consultation notes and free-text entries
Historical paper records (including Lloyd George records where applicable)
Coded clinical data
Correspondence to and from hospitals, specialists, and external providers
Mental health records held within the GP file



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Registered Office: MMA Legal Limited, Stok, 43-59 Princes Street,, Stockport, SK11RY

Safeguarding concerns or alerts
Referral records and outcomes
Medication and prescription history
Any scanned documents or attachments

**Format Requirement**
We require a full record extract, not a patient summary or abbreviated report.

Where possible, please provide a complete system export including consultation notes and attachments.

**Historical Records**
Please ensure searches include:
Archived and legacy systems
Paper and scanned records
Records transferred from previous GP practices

**Enclosures**
We enclose:
Signed authority
Proof of identity

Should you require any further information to process this request, please advise promptly.

**Statutory Timeframe**
We expect a response within one calendar month. If an extension is required, please confirm with reasons in writing.

**Non-Holding of Data**
If you do not hold a complete record, please confirm:
The dates of records held
Details of any previous GP practices

**Service of Documents**
We only accept service of documents via email at [redacted] Should you for any reason be unable to send documents to the above email, please notify us via the same email imminently.

Yours faithfully,

Investigations Team
[redacted]



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Registered Office: MMA Legal Limited, Stok, 43-59 Princes Street,, Stockport, SK11RY

E: [redacted]
T: [redacted]



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Registered Office: MMA Legal Limited, Stok, 43-59 Princes Street,, Stockport, SK11RY

## DEED OF AUTHORITY & CONSENT

| [redacted] | |
|---|---|
| Full Name: | David Mcgeown |
| Date of Birth: | 08/12/1975 |
| Previous Names (if any): | |
| Current Address: | 275D Gallowhill Road<br>Paisley<br>PA3 4UG |
| Previous Addresses (relevant to care placements): | |
| CHI / NHS Number (if known): | |

| [redacted] | |
|---|---|
| Firm Name: | MMA Legal |
| Address | STOK, 43-59 Princes Street, Stockport |
| Postcode | SK1 1RY |
| Email | [redacted] |
| Telephone Number | [redacted] |

### 1. STATUS AND CONSTRUCTION

**1.1.** This Deed is executed as a deed and constitutes valid written authority for the purposes of:

**1.1.1.** UK GDPR

**1.1.2.** Data Protection Act 2018

**1.1.3.** Common law confidentiality

**1.1.4.** Any related statutory, regulatory or supervisory framework

**1.2.** This Deed shall be interpreted purposively and broadly to give full effect to the Client's intention that all personal data and Records relating to them be disclosed to the Representative, subject only to lawful statutory restriction.

**1.3.** This Deed is intended to provide clear and comprehensive authority for disclosure of the Client's personal data.

### 2. APPOINTMENT

**2.1.** The Client appoints the Representative to act fully on their behalf in connection with:
- **2.1.1.** An application to Redress Scotland;
- **2.1.2.** Any review, reconsideration or appeal;
- **2.1.3.** Evidence gathering and submission;
- **2.1.4.** Any associated advisory, compensatory or restorative process.

**2.2.** Requests made by the Representative shall be treated as made personally by the Client.

## 3. SCOPE OF AUTHORITY

**3.1.** This Authority applies to all public and private bodies including (without limitation):
- **3.1.1.** Local Authorities and Councils
- **3.1.2.** NHS Boards and GP Practices
- **3.1.3.** Health & Social Care Partnerships
- **3.1.4.** Integration Joint Boards
- **3.1.5.** Religious bodies and orders
- **3.1.6.** Residential and foster care providers
- **3.1.7.** Education authorities and schools
- **3.1.8.** Government departments
- **3.1.9.** Archive services
- **3.1.10.** Insurers holding historical liability files
- **3.1.11.** Successor, merged or restructured public bodies

**3.2.** The Authority applies whether Records are:
- **3.2.1.** Archived, microfiche, digitised or handwritten;
- **3.2.2.** Stored off-site by contractors;
- **3.2.3.** Held by dissolved or reconstituted institutions;
- **3.2.4.** Transferred following statutory reorganisation.

**3.3.** The Client requests that records not be withheld solely on administrative grounds such as archival storage or institutional restructuring including, for example:
- **3.3.1.** The institution has closed or restructured;
- **3.3.2.** Records are archived or require manual retrieval;
- **3.3.3.** Records are held by insurers or successor bodies;
- **3.3.4.** Retrieval involves time or administrative burden.

## 4. SPECIAL CATEGORY DATA – EXPLICIT CONSENT

**4.1.** For the purposes of Article 9 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of all special category data including:
- **4.1.1.** Physical and mental health records
- **4.1.2.** Psychiatric and psychological reports
- **4.1.3.** Therapy and counselling notes
- **4.1.4.** CAMHS records
- **4.1.5.** Social work and safeguarding files
- **4.1.6.** Ethnicity or religious data where recorded

This includes all NHS and private medical providers.

This explicit consent may be withdrawn at any time by written notice.

**5. CRIMINAL OFFENCE DATA – EXPLICIT CONSENT**

**5.1.** For the purposes of Article 10 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of:

**5.1.1.** Criminal offence data
**5.1.2.** Police investigation material
**5.1.3.** [redacted] investigations
**5.1.4.** Statements and intelligence logs
**5.1.5.** Outcome decisions

including records held by:

**5.1.6.** Police Scotland
**5.1.7.** Any predecessor Scottish police force
**5.1.8.** Prosecuting authorities.

**6. THIRD-PARTY DATA AND REDACTION**

**6.1.** The existence of third-party data shall not justify refusal to disclose the Client's personal data.
**6.2.** Where necessary, redaction shall be limited strictly to third-party information.
**6.3.** Mixed data shall be disclosed in redacted form rather than withheld in entirety.

**7. PROPORTIONALITY AND REASONED DECISION-MAKING**

**7.1.** Any refusal, limitation or redaction must:
**7.1.1.** Identify the specific statutory exemption relied upon;
**7.1.2.** Explain how that exemption applies to the particular Record;
**7.1.3.** Confirm why partial disclosure is not possible;
**7.1.4.** Be communicated in writing.
**7.2.** Blanket refusal without statutory justification may not satisfy statutory obligations under applicable data protection legislation.
**7.3.** Any reliance upon "disproportionate effort" must provide written reasoning demonstrating why staged disclosure or redaction is not feasible.

**8. VALIDITY AND FORMAL REQUIREMENTS**

**8.1.** This Deed remains valid for 24 months from execution unless withdrawn in writing.
**8.2.** Disclosure shall not be refused because:
**8.2.1.** An internal template form has not been used;
**8.2.2.** The Authority is considered "out of date" within internal policy;
**8.2.3.** Additional consent is sought beyond reasonable identity verification.
**8.3.** Any organisation acting in good faith reliance upon this Deed shall be fully discharged in making disclosure.

**9. REGULATORY AND STATUTORY RIGHTS**

In the event of non-compliance, refusal, or unreasonable delay in responding to a lawful request made under this Deed, the Client and/or the Representative reserve the right to pursue any statutory or regulatory remedies available under applicable law.

This may include raising concerns with the relevant supervisory authority or regulator where appropriate.

Nothing in this Deed limits the Client's rights under the UK GDPR, the Data Protection Act 2018, or any other applicable statutory framework.

Withdrawal shall not invalidate disclosures already made in reliance upon this Deed.

**EXECUTION AS A DEED**

| [redacted] | |
|---|---|
| Signature | DNG |
| Print Name | David Mcgeown |
| Date | 16/03/2026 |

| [redacted] | |
|---|---|
| Name | [redacted] |
| Address | STOK, 43-59 Princes Street, Stockport, SK1 1RY |
| Occupation | Case Handler |
| Signature | [redacted] |
| Date | 16/03/2026 |

# Completion Certificate

Reference ID: d558a6da-a5c3-46a3-8049-54db4fd10ab3

## Document Details

**Document Name(s):** part-1, part-3, cfa, loa, fee-clarity

**Total Pages:** 4

**Sent By:** [redacted] (195.21.72.3)

**Completed Date:** Mar 23, 2026 10:46:47 UTC

## Signer Information

**Name:** Mr David Mcgeown

**Email:** [redacted]

**Telephone:** [redacted]

**IP Address:** 82.132.229.245

DMG

*Verified Electronic Signature*

## Audit Trail

| Action | Timestamp | IP Address |
|---|---|---|
| Created | 2026-03-16 17:11:31 | System |
| Document link sent to client by email | 2026-03-16 17:11:31 | System |
| Document link sent to client by sms | 2026-03-16 17:11:32 | System |
| Document link opened by client | 2026-03-16 17:11:46 | 74.125.208.43 |
| Document electronically signed | 2026-03-23 10:46:47 | 82.132.229.245 |



## Security Verification

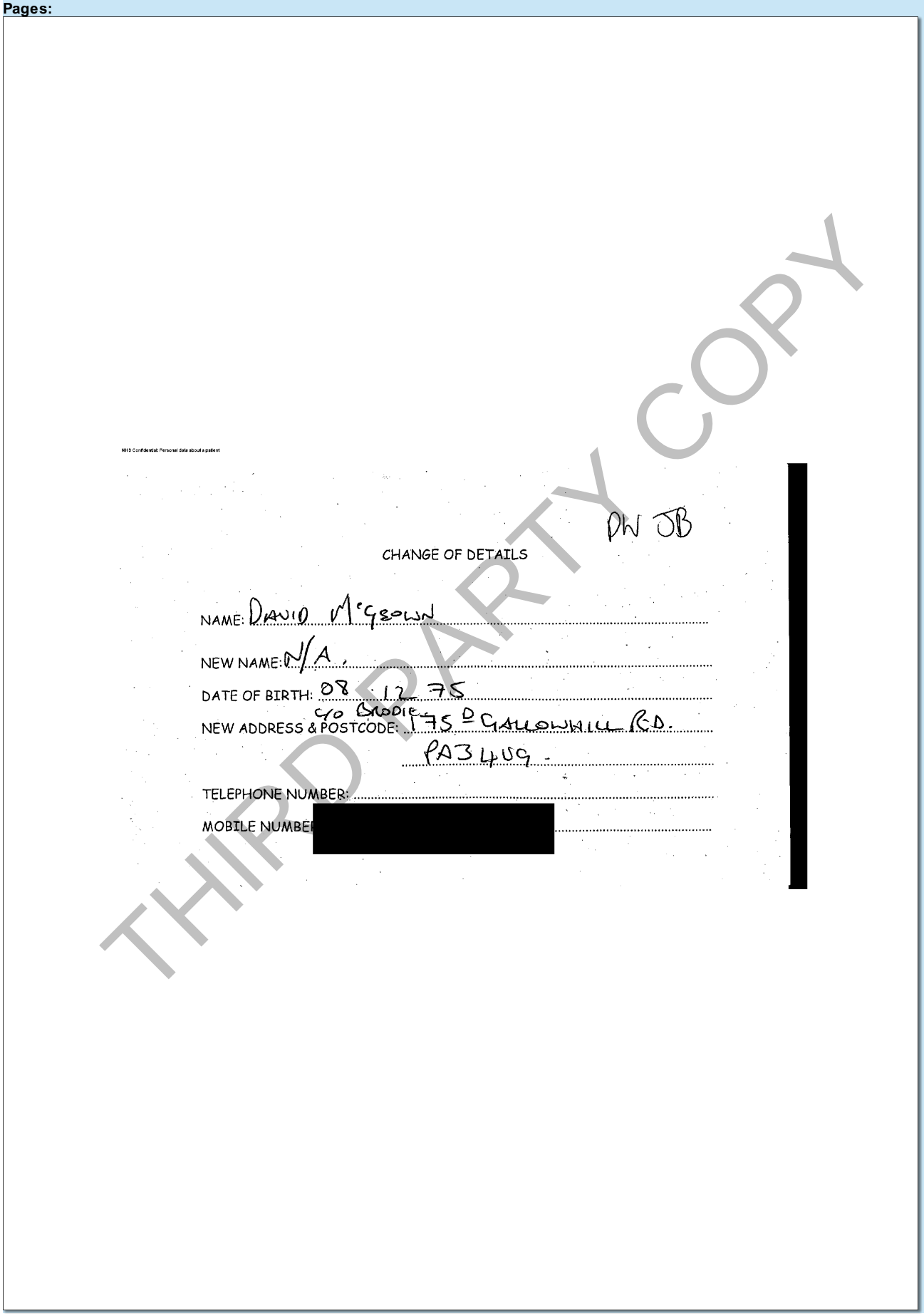
SHA-256 Checksum: f25868cccec8d65d4337114c9a862931f403dcc8a9aba98e2b84b4c5060998b8

[redacted]

*This document is a legally binding record of the e-signature process.*

**Additional document**
**04-July-2026**
**Additional:**Additional document

**Filename:**
**Extension:**
**Pages:**



NHS Confidential: Personal data about a patient

PW JB

CHANGE OF DETAILS

NAME: DAVID M'GOWN

NEW NAME: N/A.

DATE OF BIRTH: 08.12.75

NEW ADDRESS & POSTCODE: c/o BRODIE 175 D GALLOWHILL RD. PA3 4UQ.

TELEPHONE NUMBER:

MOBILE NUMBER: [redacted]

[redacted]



**Additional document**
**04-July-2026**
**Additional:**Additional document

**Filename:**
**Extension:**
**Pages:**

NHS Confidential: Personal data about a patient

8944 file. ✱ Re register

## APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE

### 1. PERSONAL DETAILS

Is this your first registration with a GP Practice in the UK? Yes ○ No ✓

Will you be in the area for more than 3 months? Yes ☑ No ☐
*(If 'No', please complete a temporary resident form)*

Male * ☑ Female * ☐

Date of birth * 8-12-75

Title * MR

Surname * McGeown

Forenames * David

Previous surname *

Address *

Postcode *

Telephone #

Email address # [redacted]

*# the data supplied in*

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

Community Health Index (CHI) number *

NHS number *

The following information can be found on your **birth certificate**:

Town of birth * Paisley

Country of birth * Scotland

Registered district of birth *(Scotland only)* Renfrewshire

[redacted] maiden name BAIN

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

Address in UK when you were last registered with a GP * 9B Stevenson ST

Postcode * PA2. 9BW

Name and address of previous GP Practice in UK * Kelburn medical Practice.

Postcode *

**If you are from abroad:**

Date you first came to live in the UK *

If previously resident in the UK, date of leaving *

Your most recent country of residence

**If you have served in the British Armed Forces:**

Service Number

Enlistment date *

Are you a Reservist? Yes ☐ No ☐

Leaving date *

If yes provide your address before enlisting *

Postcode *

Is this your first registration with a GP since leaving the armed forces? Yes ☐ No ☐



GMSGPR001 V27 1 2021

NHS Confidential: Personal data about a patient

### 3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

You have a choice about organ or tissue donation after your death. To find out more about why it is important that you take the time to make your donation decision and record it, go to www.organdonationscotland.org

### 4. HOW WE USE INFORMATION *

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

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

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform website under the "How the NHS handles your personal health information" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

### 5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature

Date * 21: 11 :25

Representative's name (if applicable)

Relationship to patient (if applicable)

### 6. FOR PRACTICE USE

GP reference number

GP name

Practice code

**Identification seen – do not take or retain photocopies**

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert ☐ Student ID card ☐ Driving licence ☐ Passport or HC2 cert ☐ Home Office app reg card ☐ Other / None

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

Authorised Practice signature

Date *

### 7. FOR OFFICIAL USE ONLY

Input by

Checked by

Date

Practice stamp

2

GMSGPR001 V27 1 2021



**Additional document**
**04-July-2026**
**Additional:**Additional document

**Filename:**
**Extension:**
**Pages:**

NHS Confidential: Personal data about a patient

23/2 ac

UC113

Universal Credit

HEALTH ASSESSMENT ADVISORY SERVICE

14671 002446 0007 E 06900 H2

Dr George Gibson
Kilburn practice
North Croft St
Paisley
PA3 4AD

06900/7 40540

Our phone number is: [redacted]

If you have a textphone, you can call on: 18001 [redacted]

If you get in touch with us, tell us this reference number: JE195265B

Date: 19th February 2026

**About your patient**

Full Name Mr David Mcgeown

NINo JE195265B

Date of birth 8th December 1975

Address C/O Miss Joan Brodie, 275d, Gallowhill Road, Paisley, PA3 4UG

Dear Doctor,

**If you or someone in your directly employed team has issued a fit note for the above patient, please arrange for that person to complete this form.**

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

Please note

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

**COMPUTER PRINTOUTS**

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

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

P3062424/0024467/1/2

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

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

[redacted]

Health Assessment Advisory Service provided by [redacted] on behalf of the Department for Work and Pensions
Universal Credit is operated by the Department for Work and Pensions

Version 02/24

**RESTRICTED - MEDICAL**

NHS Confidential: Personal data about a patient

UC113

**Patient Name:**
Mr David Mcgeown

**Patient NINo:** JE195265B

**Patient Date of Birth:** 08.12.1975

Freepost RUGX-LXHK-UKEG
Glasgow BSC UC
Mail Handling Site A
Wolverhampton
WV98 2HG

***Your reply***

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

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

**1 When did your patient last see a GP?**

17 / 2 / 26

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

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

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

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

| Condition and date of diagnosis | Symptoms and signs | Investigations, management & medication |
|---|---|---|
| See scanned sheet | | |

P1062424271002446/2/2

Health Assessment Advisory Service provided by [redacted] on behalf of the Department for Work and Pensions
Universal Credit is operated by the Department for Work and Pensions

Version 02/24

RESTRICTED - MEDICAL

NHS Confidential: Personal data about a patient

UC113

## About your patient - continued

NINo: JE195265B

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

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

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

5 **Does the patient have a history of threatening or violent behaviour?** No ☐ Yes ☐
Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

6 **Could your patient travel to an examination centre by public transport or taxi?** No ☐ Yes ☐
Please tell us why at **Part 7**

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

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

**Your Signature**

UC113

**Signature** [signature]

**Name** IN CAPITALS GEORGE GIBSON

**Profession** IN CAPITALS GP

**Date** 24 / 2 / 26

**Practice stamp**
DR GEORGE GIB[redacted] MBChB MRCGP DTM&H
THE KELBURN PRACTICE
NORTHCROFT MEDICAL CENTRE
NORTH CROFT STREET
PAISLEY PA3 4AD
TEL:0141 889 3356

Health Assessment Advisory Service provided by [redacted] on behalf of the Department for Work and Pensions
Universal Credit is operated by the Department for Work and Pensions
Version 02/24

RESTRICTED - MEDICAL



**Additional document**
**04-July-2026**
**Additional:**Additional document

**Filename:**
**Extension:**
**Pages:**

**NHS Confidential: Personal data about a patient**

Outlook

**Re: DM 0812753232**

[redacted]

Hi Abigail,

Thank you for this.

Kelburn - can this be uploaded to patient's Docman please?

Kind regards,

George

**George Burt**
**Senior Pharmacist (Primary Care)**
**Renfrewshire HSCP**

**My hours of work are:** Mon -Thurs 8.30am - 4.30pm
Fri 8.30am - 4pm

[redacted]

[redacted]

**Subject:** DM 0812753232

Good Afternoon,

As per telephone discussion and email, please see attached Kardex for D.McGeown 08/12/75 (3232). Line D Mirtazapine 15mg 1 tablet at night and Line J Amitriptyline 20mg 1 tablet at night.

Thanks

Abigail Javed
Primary Care Staff Nurse
Prison Healthcare
Glasgow City Health and Social Care Partnership

**NHS Confidential: Personal data about a patient**

HMP Low Moss
190 Crosshill Road
Bishopbriggs
Glasgow
G64 2QB

[redacted]



**Additional document**
**04-July-2026**
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NHS Confidential: Personal data about a patient

## Kelburn New Patient Registration/Health Questionnaire

To register with the practice, please complete this questionnaire as fully as possible. The information will help the doctor make an initial assessment of your health which will help in your future treatment. Patients will be asked to attend the practice for an initial consultation and some basic checks.

Have you been registered with Kelburn Practice before: (Y)/N

Surname: McEwan Forename(s): David Date of Birth: 08-12-75

Marital status: Single Previous Surname: N/A

Dependents: 0

Address:

.....

.....

Postcode: .....

[redacted]

Next ■■ / Emergency Contact Details (name & Telephone number).....
If coming from abroad how long do you plan to stay in the country.....

Do you have a work/study permit.....

## Past Medical History

Please give details of any hospital treatment as an in-patient:

Brain Op .....

Please give details of any treatment for any chronic medical conditions.....

Please give dates of any X-ray/MRI or CT scans/mammogram/ultrasound.....

### If Applicable

Date of most recent cervical smear: .....

Result of most recent smear: .....

Please give details of any complications in pregnancy: .....

Contraception: .....

NHS Confidential: Personal data about a patient

## Medication

Please give details of any medication which you take (prescribed or otherwise):

Name of drug: MIRTAZAPINE / ~~AMITRIPTYLINE~~

Dosage: 15mg / 30mg

Name of drug: AMITRIPTYLINE

Dosage: 20mg

Name of drug: Omeprazole

Dosage: 20mg

## Immunisations

Dates of triple/polio/HIB: .....

Dates of MMR: .....

Date of last Tetanus: .....

## Allergies

Are you allergic to any substances, including medication or foods? Yes / No

If yes, please give details: .....

## Family History

Is there any of the following in your family (father, mother, brother, sister) before the age of 65?

Heart Disease (e.g. heart attacks, angina) Yes / No which family memb[redacted]

Stroke Yes / No which family memb[redacted]

Cancer Yes / No which family memb[redacted]

Site of cancer? All his organs

## Exercise

Do you take regular exercise? Yes / No

If yes, what sort of exercise? Walking, Gym

How many minutes do you typically spend exercising per session? 60

How many times do you exercise per week? 2-3

## Smoking

Do you smoke? Yes / No

If Yes, how many 10 Cigarettes per day 10 Ounces ~~of tobacco~~ per day .....

How old were you when you started smoking? 12yr

## Ex-Smokers

How old were you when you stopped smoking? .....

How much did you smoke per day? .....

**Passive Smoking** Are you exposed to passive smoke at work? Yes / No At home? Yes / No

NHS Confidential: Personal data about a patient

## Alcohol

For the following questions please circle the answer that best applies:

**One drink = 1/2 pint of beer/one glass of wine/one single measure of spirits**

**Men**: How often do you have EIGHT or more drinks on one occasion?

**Women**: How often do you have SIX or more drinks on one occasion?

(Never) Less than monthly Monthly Weekly Daily/Almost Daily

How often during the last year have you failed to do what was normally expected of you because of drinking?

Never Less than monthly Monthly Weekly Daily/Almost Daily

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never Less than monthly Monthly Weekly Daily/Almost Daily

In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down? Yes (No)

## Carers

Do you look after someone else? Yes / (No)

**If yes, please ask the receptionist about Carers support**

Please tick the box on the right if you consent to being contacted from time to time via email and/or SMS text message with news about the practice Please tick the box on the right if you consent to being contacted from time to time via email
and/or SMS text message with advice about your health and/or appointment reminder ☑

### Your Rights & Responsibilities as a Patient of The Kelburn Practice

Patient confidentiality will be respected at all times by doctors, staff and other health professionals involved in your care.
The Kelburn Practice will not discriminate on the grounds of age, gender, disability, medical condition, sexuality, religion, race or other cultural preferences or beliefs.
We will endeavour to keep you informed of the aims of your treatment, likely outcomes and possible side effects.
Patients with urgent medical conditions will be given priority or be seen as soon as possible, even when this may cause delay to booked appointments.

### Your Responsibilities as a Patient

Patients should inform us of any changes in personal details as soon as possible.
We ask that only house visit requests are made for patients who cannot attend the surgery and that non-urgent telephone calls are not made during the peak busy times in the mornings.
Please cancel appointments you cannot attend or no longer need – somebody else is always waiting.
Please be prepared to give additional information to practice staff when requested. Additional information will only be requested when it is necessary for a doctor to make a proper decision on how to proceed.

Please treat our staff with respect. It is not acceptable to be rude or offensive to the staff even when you are under pressure. Examples of unacceptable behaviour are: threats or threatening behaviour, harassment, shouting, swearing or causing staff alarm or distress.

**Scanned Document**
**06-Mar-2026 Dr Lynne Galloway**
**Additional:**Scanned Document
*Other Attachment : FitNote.pdf FitNote.pdf, (Diagnosis: anxiety and depression; Duration: 06/03/2026 - 01/05/2026)*
**Filename:**
**Extension:**
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

**Patient's name** Mr, ~~Mrs, Miss, Ms~~ David McGeown

**I assessed your case on:** 06 /03 / 2026

**and, because of the following condition(s):** anxiety and depression

**I advise you that:**
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

**If available, and with your employer's agreement, you may benefit from:**
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

**Comments, including functional effects of your condition(s):**

**This will be the case for** 8 Week(s)

**or from** / / **to** / /

**I ~~will~~/will not need to assess your fitness for work again at the end of this period.**
*(Please delete as applicable)*

**Issuer's name** Dr Lynne Galloway

**Issuer's profession** Doctor

**Date of statement** 06 /03 / 2026

**Issuer's address**
Kelburn Practice
North Croft St
Paisley, PA3 4AD
Telephone: 0141 889 3356

Unique ID: Med 3 04/22

C115B86E-7D0E-45D5-BF35-BFE1EC6438A4

## What your advice means

**'You are not fit for work'**
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

**'You may be fit for work'**
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

**Your details** – Please use BLOCK CAPITALS

**Surname** Mr, ~~Mrs, Miss, Ms~~ MCGEOWN

**Other names** DAVID

**Address** 175 GALLOWHILL ROAD

PAISLEY **Postcode** PA3 4UG

**Date of birth** 08 / 12 / 1975 **Mobile**

**NI number**

### What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed**: You could claim benefits.
- **If you are already claiming benefits**: Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits**: Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

**Scanned Document**
**15-Jan-2026 Dr George Gibson**
**Additional:** Scanned Document
*Other Attachment : FitNote.pdf FitNote.pdf, (Diagnosis: anxiety and depression; Duration: 15/01/2026 - 06/03/2026)*
**Filename:**
**Extension:**
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

**Patient's name** Mr, ~~Mrs, Miss, Ms~~ David McGeown

**I assessed your case on:** 15 /01 / 2026

**and, because of the following condition(s):** anxiety and depression

**I advise you that:**
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

**If available, and with your employer's agreement, you may benefit from:**
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

**Comments, including functional effects of your condition(s):**

**This will be the case for**

**or from** 15 /01 / 2026 **to** 06 /03 / 2026

**I ~~will~~/will not need to assess your fitness for work again at the end of this period.**
*(Please delete as applicable)*

**Issuer's name** Dr George Gibson

**Issuer's profession** Doctor

**Date of statement** 15 /01 / 2026

**Issuer's address**
Kelburn Practice
North Croft St
Paisley, PA3 4AD
Telephone: 0141 889 3356

Unique ID: Med 3 04/22

4F6B939E-BC95-4F5F-B327-762100E27D6F

## What your advice means

**'You are not fit for work'**
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

**'You may be fit for work'**
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

**Your details** – Please use BLOCK CAPITALS

**Surname** Mr, ~~Mrs, Miss, Ms~~ MCGEOWN

**Other names** DAVID

**Address** 9B STEVENSON STREET

PAISLEY **Postcode** PA2 6BW

**Date of birth** 08 / 12 / 1975 **Mobile**

**NI number**

## What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

**Scanned Document**
**01-Dec-2025 Dr George Gibson**
**Additional:**Scanned Document
*Other Attachment : FitNote.pdf FitNote.pdf, (Diagnosis: anxiety and depression; Duration: 13/11/2025 - 16/01/2026)*
**Filename:**
**Extension:**
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

**Patient's name** Mr, ~~Mrs, Miss, Ms~~ David McGeown

**I assessed your case on:** 01 /12 / 2025

**and, because of the following condition(s):** anxiety and depression

**I advise you that:**
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

**If available, and with your employer's agreement, you may benefit from:**
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

**Comments, including functional effects of your condition(s):**

**This will be the case for**

**or from** 13 /11 / 2025 **to** 16 /01 / 2026

**I ~~will~~/will not need to assess your fitness for work again at the end of this period.**
*(Please delete as applicable)*

**Issuer's name** Dr George Gibson

**Issuer's profession** Doctor

**Date of statement** 01 /12 / 2025

**Issuer's address** Kelburn Practice
North Croft St
[redacted] PA3 4AD
Telephone: 0141 889 3356

Unique ID: Med 3 04/22

D65012A0-D919-4F7E-A9D6-6163698A28CF

## What your advice means

**'You are not fit for work'**
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

**'You may be fit for work'**
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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

**Your details** – Please use BLOCK CAPITALS

**Surname** Mr, ~~Mrs, Miss, Ms~~ MCGEOWN

**Other names** DAVID

**Address** 9B STEVENSON STREET
PAISLEY **Postcode** PA2 6BW

**Date of birth** 08 / 12 / 1975 **Mobile**

**NI number**

## What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

**Scanned Document**
**18-Jun-2020 Dr Lynne Galloway**
**Additional:** Scanned Document
*Other Attachment : FitNote.pdf FitNote.pdf, (Diagnosis: opiate misuseprevious brain surgery but has not engaged with neurology follow up; Duration: 01/06/2020 - 03/08/2020)*
**Filename:**
**Extension:**
**Pages:**

## Statement of Fitness for Work
## For social security or Statutory Sick Pay

**Patient's name** Mr, ~~Mrs, Miss, Ms~~ David McGeown

**I assessed your case on:** 18 /06 / 2020

**and, because of the following condition(s):** opiate misuse
previous brain surgery but has not engaged with neurology follow up

**I advise you that:**
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

**If available, and with your employer's agreement, you may benefit from:**
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

**Comments, including functional effects of your condition(s):**

**This will be the case for**
**or from** 01 /06 / 2020 **to** 03 /08 / 2020

**I ~~will~~/will not need to assess your fitness for work again at the end of this period.**
*(Please delete as applicable)*

**Doctor's signature**

**Date of statement** 18 /06 / 2020

**Doctor's address**
Kelburn Practice
North Croft St
[redacted] PA3 4AD
Telephone: [redacted]

**Unique ID: Med 3 01/17** 3C53D7C5-1142-4DF2-89B6-504B53C6021C

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

### Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone [redacted]
- in Scotland please visit **www.fitforworkscotland.scot** or phone [redacted]

### What your doctor's advice means
**'You are not fit for work':** Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
**'You may be fit for work':** You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

**Your details –** Please use BLOCK CAPITALS

**Surname** Mr, ~~Mrs, Miss, Ms~~ MCGEOWN
**Other names** DAVID
**Address** 33B MOSSVALE STREET
PAISLEY Postcode PA3 2LU
**Date of birth** 08 / 12 / 1975 **Mobile**
**NI number**

### What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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