Holburn Medical Groups

7 Albyn Pl

Aberdeen

AB101YE

Date 29/05/2026

Ref: 100398

Subject: Data Subject Access Request under Article 15 UK GDPR and Section 45 DPA 2018

Client Name: Mr Ceith Roy Craig Crockett

Client Reference: 100398

Client Address: 59 Stevenson Court Stevenson Street, Aberdeen, AB251GU

Date of Birth: 04/06/1962

Also Known As: Keith Roy Craig Crockett Mellis

Name in Care: Keith Roy Craig Crockett Mellis

Dear Sir/Madam,

We act on behalf of the above-named client, who was placed in residential care at the institution(s) referenced below during the approximate period stated.

Approximate Dates of Placement:

Aberdeen City Council: 1969 - 1970

Faulds Gate, Aberdeen: 1970- 1971

Aberdeen City Council: 1971-1973

Craig Ali, aberdeen: 1973 - 1976

This request is made under Article 15 of the UK General Data Protection Regulation and Section 45 of the Data Protection Act 2018.

Scope of Request

We request disclosure of all personal data held in relation to our client, across all systems and formats, including but not limited to:

Admission and discharge records

Full placement history, including transfers between care settings

Social work records, case files, and assessments

Daily logs, key worker notes, and case notes

Incident reports, safeguarding records, and protection referrals
Case conference notes, reviews, and internal assessments
Complaints, investigations, and outcomes
Correspondence between staff, local authorities, and external agencies
Records shared with or held by third-party care providers acting on your behalf
Medical, psychological, or educational records held within the care file
Photographs or other documentation relating to our client's time in care
Records identifying staff members and roles involved in their care

Historical and Archived Records

Given the historical nature of this request, we require that all reasonable and proportionate searches are undertaken, including:

Archived and off-site storage
Legacy systems, including paper, microfiche, and scanned records
Records held under previous authority names, reorganisations, or successor bodies
Records held by contracted, private, or voluntary sector care providers commissioned by your authority

Placement and Authority Clarification

Where records indicate placement in additional care settings, we request:

Details of those institutions
Dates of placement
The commissioning or responsible authority

This information is required to ensure a complete and accurate record of our client's time in care.

Format of Disclosure

Please provide the information in electronic format where possible. Where records exist only in non-digital formats, scanned copies will be acceptable.

Enclosures

We enclose:

Signed authority from our client
Proof of identity

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

Statutory Timeframe

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

Non-Holding of Data

If your organisation does not hold the requested data, we require:

Formal written confirmation of this position

Details of any organisation believed to hold the data, including successor or archive bodies where applicable

Service of Documents

We **only** accept service of documents via email at evidence@mmalegal.co.uk. 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
MMA Legal
E: evidence@mmalegal.co.uk
T: 0161 563 0816

DEED OF AUTHORITY & CONSENT

THIS DEED is made on the date of signature below by (the "Client")	
Full Name:	Ceith Roy Craig Crockett
Date of Birth:	04/06/1962
Previous Names (if any):	
Current Address:	59 Stevenson Court Stevenson Street Aberdeen AB251GU
Previous Addresses (relevant to care placements):	
CHI / NHS Number (if known):	

IN FAVOUR OF (the "Representative")	
Firm Name:	MMA Legal
Address	SToK, 43-59 Princes Street, Stockport
Postcode	SK1 1RY
Email	evidence@mmalegal.co.uk
Telephone Number	0161 563 0816

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.** Child protection 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

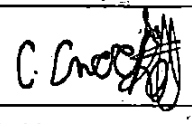
In the event of non-compliance, refusal, or unreasonable delay in responding to a lawful request made under this Deed, the Client and/or the Representative reserve the right to pursue any statutory or regulatory remedies available under applicable law.

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

Signed and delivered as a Deed by the Client:	
Signature	
Print Name	Ceith Roy Craig Crockett
Date	28/03/2026

Witness	
Name	Elliott Logan
Address	STOK, 43-59 Princes Street, Stockport, SK1 1RY
Occupation	Case Handler
Signature	Elliott Logan
Date	28/03/2026

Completion Certificate

Reference ID: 712c479a-9758-4400-b9c7-8099203e4a61

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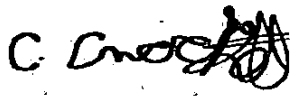
Signer Information

Name:	Mr Ceith Roy Craig Crockett
Email:	ceithc777@gmail.com
Telephone:	07933514399
IP Address:	149.241.249.18



Verified Electronic Signature

Audit Trail

Action	Timestamp	IP Address
Created	2026-03-28 14:13:16	System
Document link sent to client by email	2026-03-28 14:13:16	System
Document link sent to client by sms	2026-03-28 14:13:17	System
Document link opened by client	2026-03-28 14:13:23	74.125.208.98
Document electronically signed	2026-03-28 14:15:08	149.241.249.18

Security Verification

SHA-256 Checksum: 62a9604c46c3779bac2b3e4017745e83567d7d2353c610cd5c11a65b99ad2bf6

Revenues and Benefits, Business Hub 16, Marischal College, Broad Street, Aberdeen, AB10 1AB.
Telephone: 03000 200 292 (visit the contact us page on our website for opening hours)
or email: benefits@aberdeencity.gov.uk

Council Tax Reference: 24229259
Case Reference: 200740869

9933/59767/1/3/4349601 310A
MR CEITH CROCKETT
59, STEVENSON COURT
ABERDEEN
AB25 1GU

ABERDEEN CITY COUNCIL

Date: 7 March 2026

Claimant Details:
MR CEITH CROCKETT
59, STEVENSON COURT
ABERDEEN
AB25 1GU

THIS IS NOT A BILL

Your award for Council Tax Reduction has been reviewed and a revised award has been made. Details of your awards are as follows.

Weekly Council Tax Reduction:

01 Apr 2026 £19.55

Further information of how your entitlement is calculated and advice on your rights and duties is given on the last page of this letter.

Should you require any further information, please do not hesitate to contact us.

National Fraud Initiative - We have a duty to protect the public funds we administer. We will use the information you provide on our forms to help prevent and detect fraud. We will also share this information for these purposes, with other organisations responsible for auditing or administering public funds.

For more information visit: www.aberdeencity.gov.uk/counciltax or contact us using the details in the "Notes to explain the notification of award " which accompany this document.

0

9933 (10)
3556676/1

UK

DRIVING LICENCE

1. CROCKETT
2. CEITH ROY C

3. 04.06.1962 UNITED KINGDOM
4a. 17.05.2017 4c DVLA
4b. 16.05.2027
5. CROCK606042CR9TU 63
7. C R C Crockett
8. 59 STEVENSON COURT, STEVENSON STREET, ABERDEEN, AB25 1GU
9. AM/A/B1/B/f/k/l/n/p/q

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

Full Report

Mr Ceith Crockett 04/06/1962 Male S/168/2/1962/ Permanent

Address

59 Stevenson Court Aberdeen AB25 1GU Address Type: Main address

Communication numbers

Mobile phone	07933514399
Telephone - home	620514

Problems

Depressed mood	Started: 08/10/2015	Ended:
Pain	Started: 13/01/2015	Ended:
Eczema NOS	Started: 22/05/2008	Ended:
Currently Relevant	Started: 24/11/2006	Ended:
Standard chest X-ray normal	Started: 25/06/2004	Ended:
Standard chest X-ray	Started: 20/04/2004	Ended:
[SO]Base of fifth metatarsal	Started: 07/06/2001	Ended:
Bronchitis NOS	Started: 01/01/1995	Ended:
No FH: NOS	Started: 28/10/1993	Ended:
Teetotaller	Started: 28/10/1993	Ended:
Moderate smoker - 10-19 cigs/d	Started: 28/10/1993	Ended:
Drainage of lesion of skin NEC	Started: 01/01/1993	Ended:
Excision of haemorrhoid NOS	Started: 01/01/1990	Ended:
Anxiety states	Started: 01/01/1989	Ended:

Medical History

01/06/2026 Administration NOS MMA legal requesting a copy of all MR rb Dr Lorraine Mcguigan

22/05/2026 Cannabis therapy Private from Alternaleaf Mrs Olivia Collie

22/05/2026 Outpatient clinic letter received See alternaleaf letter 15.05.26Prescribed cannabis therapy Mrs Olivia Collie

19/05/2026 Letter encounter from patient Discharge letter NHS Grampian Physiotherapy Unknown Miss Nicole Mcwilliam

19/05/2026 Letter encounter from patient Clinical Letter Alternaleaf Prescription Miss Becca Simpson

05/05/2026 Administration NOS Record opened to prepare scripts Mrs Carol Stephen

17/02/2026 Administration NOS copy of letter from hosp still in concertina dated 15.1.26 tried to call patient vm left to see if still needed tm 17.02.26 Dr Lorraine Mcguigan

09/02/2026 Patient informed - test result 14.01.26 x3 blood Dr Lorraine Mcguigan

16/01/2026 Letter encounter from patient Clinical Letter Community pharmacy Prescription Mrs Shona Cumming

09/01/2026 Letter encounter from patient Clinical letter NHS Grampian Clinical Genetics Unknown Mrs Shona Cumming

05/01/2026 Referral for further care to Clinical Genetics. ET. Sent Dr Leanne Duff

23/12/2025 Consultation Seen f2f discussed worried about aneursym given family history, strained dynamics so doesn't know whole picture. Will write to genetics, best thing he can do to reduce risk is stop smoking, trying currently, bp ok, will check cholesterol. Also discussed respiratory think nodules getting smaller which is good Dr Leanne Duff

22/12/2025 SMS text message sent to patient This is to remind you of your face to face appointment with Dr Duff tomorrow at 9.45 at Holburn Medical Group, 7 Albyn Place. If you cannot manage, then please call the surgery on 01224 846514 to cancel this appointment. Mr Ryan Shaw

22/12/2025 SMS text message sent to patient I am sorry to share that your GP is off unwell today. We hope that she will be back tomorrow. She will see you TOMORROW at 9.45am. Thanks Ms Donna Dickson

19/12/2025 SMS text message sent to patient This is a reminder of your face to face appointment with Dr Duff on Monday at 3pm at Holburn Medical Group, 7 Albyn Place. If you need to cancel this appointment please contact the surgery on 01224 846514. Miss Becca Simpson

17/12/2025 Administration NOS Tried to call VM left 10:53 - message left to advise that Alterleaf patient summary is ready to collect from surgery - pt will need to collect and post or email himself, in concertina at desk. bs Dr Lorraine Mcguigan

17/12/2025 Administration NOS Alterleaf request completed and at reception for patient to collect and post to alternaleaf rb Dr Lorraine Mcguigan

11/12/2025 Administration NOS Request from alternaleaf for patient summary, printed and passed to MM for checking rb Dr Lorraine Mcguigan

14/11/2025 Administration NOS Passed on comments from reception - f2f with LD booked. bs Dr Samantha Fenwick

14/11/2025 Administration NOS duty hello sDr on call Dr fenwick advises sorry to hear about your sister, Dr duff isnt avaible today so can book a routine appt wth Dr Duff or back to duty for call from different GP but may still nee routine appt to discuss some of oenerns thansk 07933514399 ideally like to speak with Dr Duff, wanting to speak about issues the nodules and recent scans that he has had, also sister passed away last week of a stroke and brother just found out has anaerysm at the base of his brain and now very concerned about this happening to himself and just wanting to see what happens next. bs Dr Samantha Fenwick

25/09/2025 Letter encounter from patient Letter to patient NHS Grampian Respiratory Medicine Unknown Miss Laura Inglis

19/09/2025 Consultation Bright red PR bleeding yesterdya, not overly constipated but was uncomfortable when passing. Nil today, hx of haemoorhoid surgery in 20s, episodes since, has been reluctant for re-referral due to childhood trauma but agreeable now. chaperone offered and declined - abdo soft non tender, no skin changes does however have a haemorrhoid visible just behind anal margin 5 o'clock and 7 o'clock positions, has evidence that has been bleeding, no internal masses seenPlan continue to keep bowels soft using docusate, good fluid intake, scheiproct supps refer gen surgery - increased bleeding or change in bowels to be reproted in interim. Also asking re: tadalafil, has been buying over the counter but feels 10mg no longer working. Has partner in england, sees infrequently but when visits struggles with erection, does not masterbate due to hx of sexual abuse. awaiting couselling - discussed options, daily tadalafil vs increased dose prn would like to try daily low dose. Dr M Macfarlane

19/09/2025 Telephone encounter fresh rectal bleeding yesterday, bright red blood on outside of stool, nil in pan. No blood on underwear. Does not think has any change in bowel habit. No recent constipation, bottom did feel uncomfortable after the motion. Occasionally light headed on standing up quickly but not new. Will see at surgery today for obs and PR Dr M Macfarlane

09/09/2025 Administration NOS SSD forms in sci gateway to be completed passed to VB rb Dr Lorraine Meguigan

24/07/2025 Consultation discussed trauma, has appt with psychologist in August to decide if suitable for group therapy or not. Given all previous abuse I suspect that one to one will be needed. Discussed CT scan, has repeat in 3 months. Taking docusate overcounter, discussed trying to avoid straining, pelvic floor exercises and using step whilst on toilet for better positioning. Review Sept/October unless acute issues Dr Leanne Duff

23/07/2025 SMS text message sent to patient This is to remind you of your face to face appointment with Dr Duff tomorrow at 0845 Holburn Medical Group, 7 Albyn Place. If you cannot manage, then please call the surgery on 01224 846514 to cancel this appointment. Miss Morgan Leys

10/07/2025 Letter encounter from patient Patient Treatment Plan Summary ARI Respiratory Medicine Ms Donna Dickson

10/07/2025 Letter encounter from patient Clinical letter NHS Grampian Respiratory Medicine Unknown Mrs Shona Cumming

10/07/2025 Letter encounter from patient Letter to patient NHS Grampian Respiratory Medicine Unknown Mrs Shona Cumming

04/07/2025 Administration NOS See Script Queries - passed on message regarding fluoxetine request , 2 month supply got issued on 02/06. bs Dr M Macfarlane

26/06/2025 Consultation F2FFeeling of back passage opening when bendig down , worried if has anything serious/ cutting down food & worried might have an accidentpassing poo, pellet likeusing lactulose from pharmacyTalked about anxiey &,was tearful- has emotional freedom technique as private & takes extra supplements like PPC 157, methylfolate, methylB12 & smokes jointsNil DSH thoughts, awaiting psychologyO/e: Alert& comforatble, BP 132/95, Spo2:97%, T 36.9, HR 99, PR exam after verbal consent & Dr,MM there- 6'C internal prolapsing hemmorhoidIMP: Internal prolapse & hemmorhoidPLAN: Explained re diet &* keep constipation away , has own laxative & schiropract left, given oint. if worsening wants then Revisit surgical referral, knows waiting times, sp Dr Snegha Pramila

26/06/2025 Telephone encounter when he is walking or bending down feels his back passage is "opening" states not painful states still has sensation states not eating as a result and has lost weight only eatign every few days, soubds very anxious wondered if it was his piles but he states different sensation and new in last few weeks will brign down for f2f Dr Vaila Boswell

29/05/2025 Administration NOS Has cancelled todays appointment with LD as has migraine LN Dr Vaila Boswell

27/05/2025 Telephone encounter Spoke to Ceeth, still ongoing feeling of fullness in rectum, feels the suppositories are helping though. Feels would manage examination, will book for when I am on duty and can get a chaperone. He is happy with that Dr Leanne Duff

08/05/2025 Consultation supportive chat, has been struggling with mental health, lots of trauma in past, sexual abuse, been in paratroopers. keen to attend psychology, see has been referred already, worried about his haemorrhoids as doesn't like anyone touching him there, had surgery when 27 to the same area and doesn't want that to happen again, discussed wants me to review notes and see how many times he presented with his lung problems before and after covid vaccine. Have given copy of letter from respiratory, trial scheriproct, I will phone review in 2 weeks, call back if worse Dr Leanne Duff

07/05/2025 SMS text message sent to patient This is to remind you of your face to face appointment with Dr Duff tomorrow at 09.15 at Holburn Medical Group, 7 Albyn Place. If you cannot manage, then please call the surgery on 01224 846514 to cancel this appointment. Mr Ryan Shaw

01/05/2025 Administration NOS 07933514399 ongoing problem saw gp 27/3 prolonged staining in the toilet given anusol cream which does help but concerned something else going on as has heamorrhoids keep coming back has appt with me next week, I can examine for haemorrhoids then Dr Leanne Duff

24/04/2025 Computer summary updated Dr Vaila Boswell

23/04/2025 Referral for further care Psychology. NH Dr Snegha Pramila

18/04/2025 Computed tomography NEC Bilateral extensive emphysematous changes with previous surgical scar. Multiple pulmonary nodules of varying size, likely to be inflammatory in nature.

18/04/2025 Body Mass Index 16.8

18/04/2025 [D]Pulmonary nodule Multiple of varying size, likely inflammatory.

18/04/2025 Letter encounter from patient Clinical letter NHS Grampian Respiratory Medicine Unknown Miss Morgan Leys

17/04/2025 Letter encounter from patient Admin Letter Miscellaneous Mrs Shona Cumming

16/04/2025 Chronic obstructive pulmonary disease annual review F2F review - remembers to take Trelegy x1puff each morning and feels it works well for him, also requires salbutamol when out and about doing things, likes to take a slow steady inhalation from each device or will otherwise start coughing he says. Has Hosp app on Friday, had CT of chest and CXR and will discuss results, is aware that he has nodules. Maintains that his breathing has never been the same since getting the Covid vaccine. Management plan discussed/provided. Does smoke weed which helps his stress levels. Recall due: 16/04/2026 Mrs Karen Yeats

16/04/2025 MRC Breathlessness Scale: grade 2 Mrs Karen Yeats

16/04/2025 COPD self-management plan given Mrs Karen Yeats

27/03/2025 Administration NOS CITY VISIT 26/3 - constipation - obs all stable. Given supp and declined oral laxitive. Self care advice. Miss Fiona Smith

27/03/2025 Consultation F2FYesterday was seen by City visits with prolonged straining in toilet nearly 2 hours & feeling might pass outThis morning had PR bleed with little stool and on wiping fresh blood, prev hemmorhoid +Has 30 cups of tea and smokes weed Prev bullectomy & tearful when talking about smoking cessation says calms his anxity down & anti-depressants dont help, has had abuse as a child and cannot bond with anyone because of this, denies any DSH thoughtshealth anxieties re cancer, no prev constipationNo nausea/ vomiting/ fever or SOB, no B symptoms or weight loss, denies alcohol/ urinary symptomsO/e: Alert& comfortable at rest BP 128/79, standing 140/100, HR 62, Spo2:98%, T 36.8 RR 18, Abd thin built: soft, mild lower abdo tenderness, no organomegalyPR exam after verbal consent- denied chaperone, internal hemmorhoids at 11'c position, no melena or fresh bloodIMP: Internal hemmorhoids with PR bleedMH issues ongoing with health anxietiesPLAN: will refer to Psychology, try anusol, WSG if worsening to get in touch, sp Dr Snegha Pramila

27/03/2025 Telephone encounter see yesterdays consultation Scared to go to toilet - when went this morning passed stool but also blood - the water in the toilet was red and he had blood in the toilet tissue. doesn't think still bleeding now Feeling quite anxious about it. City visit were in yesterday but no letter form them yet - advised for Buscopan, gave him suppository but Ceith states BP and all obs were fine yesterday. abdo feels tender in the lower area advised likely need to be seen - feels able to come to the surgery this morning so have booked in. Advised if worsencing and heavy bleeding then to get back in touch as if heavy bleeding may just need ambulance. Dr Sarah Mathieson

26/03/2025 Letter encounter from patient Outpatient medical note NHS Grampian Community nursing (district nursing) Unknown Miss Morgan Leys

26/03/2025 Telephone encounter Spoke to pt - on the toilet for about two hours now. Was fine until this am when needed the toilet. Had loose stool and started getting bad abdo pains a few hours ago. Gone to the toilet and passing small amounts of loose stool at a time. Says feels like "back passage is open". Feels dizzy and getting hot flushes. Feels like going to pass out. D/W city visits will kindly see. Phoned Ceith back to let him know city visits will come see him. He says to come in from Leadside rd entrance - I will let city visits know. To get back in touch in meantime if worsening. Dr Anne Warnakulasuriyadona

21/03/2025 Letter encounter from patient Letter to patient NHS Grampian Respiratory Medicine Unknown Miss Becca Simpson

18/03/2025 SMS text message sent to patient Your Respiratory/COPD review is now due, please call Holburn Medical Group on 01224 400800 to book your appointment at the Respiratory clinic. Mrs Shona Cumming

18/03/2025 Telephone encounter Called to review as planned, had scan today but not heard from clinic yet. Will review in May or sooner if needed Dr Leanne Duff

14/03/2025 Referral for further care to Sus Ca Lung. URGENT. ET. Sent Dr Leanne Duff

13/03/2025 Computer summary updated Dr Lorraine Mcguigan

13/03/2025 Telephone encounter called re chest x-ray, explained it looks like could be early lung cancer or fibrosis, will need urgent lung cancer referral which I will do Dr Leanne Duff

05/03/2025 Referral for further care to CXR. URGENT. ET. Sent Dr Leanne Duff

04/03/2025 Consultation Seen f2f discussed ongoing pain right side of chest, been there for years, associates it with covid vaccines, exercise tolerance reducing too, no weight loss, eating well at moment but when ill stops eating as well. No change in bowel habit, chest reduced air entry at various points but has had surgery. Sats 98%, temp 36.2, HR 90, B 100/70, HS I+II+0, suggest repeat bloods, FIT test, urgent CXR< if CXR normal consider resp and CT scan. Review with results. Discussed struggling with sexual side effects of fluoxetine, has been managing mood ok, reduce to 20mg, Feels chest is better since antibiotics Dr Leanne Duff

03/03/2025 Telephone encounter 07933514399 right lung is causing a lot of pain and difficulties, discomfort been there a while but getting progressively worse, had nurses in not long ago and advised hospital may be needed if the breathing was getting more difficult, would like to speak to GP and going for a detox regarding his weight and wanting to discuss this also. bs Discussed concerned that his lungs have got worse since covid jab, wanting to go on detox for covid jab, still smoking but doesnt think this is related to his worsening breathlessness and pain on right side, pain is better since seen but city visits but still ongoing. will see in the surgery tomorrow and have also referred for urgent CXR. note also missed appts re iron deficiency, low folate etc Dr Leanne Duff

18/02/2025 SMS text message sent to patient Hello, Its holburn medical group. We have tried to contact you today. Please call the surgery back on 01224 400800 thank you. Miss Morgan Leys

18/02/2025 Administration NOS tried to call left v/m to call back - DOCMAN CLEARED city visit, let pt know if ABX doesn't clear symptoms to get back in touch ml Dr Lorraine Mcguigan

18/02/2025 Acute exacerbation of chronic obstructive airways disease seen by City visits. Given AMox TDS for 5 days. NG Dr Nicky Grant

18/02/2025 Administration NOS see clinical notes from city visits - sent to NG docman bsHR 100, T36.4 BP 118/72 Sats 98% Chest dull L base, reduced AE L base, Imp LRTI. Given Rx for Amox 500mg TDS, paracetamol, WSG. NG Dr Nicky Grant

18/02/2025 Letter encounter from patient Outpatient medical note NHS Grampian Community nursing (district nursing) Unknown Miss Becca Simpson

18/02/2025 Telephone encounter 07933514399 seen by city visits 12/2/25 coughing up dark green phelm ? not sure blood through advised to call back if not any betterTel- note recent city visits 12/2- chest was clear, Sats 97%.today feels chest is worse, feels he is hoarse, dark brown/green phelgm, ? some haemoptysis- darker. no fever. chest is sore when coughing and when breathing, has taken DHC for Rt sided chest pain. No exertional chest pain. drinking lucozade sports.passing urine ok. can hear him coughing- sounds quite a wet cough on the phone. using SABA 1-2x daily. Imp likely recent Flu, now ? bacterial secondaryP- City Visits will assess, summary sheet emailed. Pt asking to use Leadside Road entrance as buzzer on other side broken. Thanks WSG NG Dr Nicky Grant

12/02/2025 Administration NOS city visit - ?viral flu and vasovagal from wretching. Self care advice, fluids and WSG Miss Fiona Smith

12/02/2025 Letter encounter from patient Outpatient medical note NHS Grampian Community nursing (district nursing) Unknown Miss Becca Simpson

Mr Ceith Crockett **04/06/1962** **Male** **S/168/2/1962/** **Permanent**

12/02/2025 Telephone encounter Spoke to pt, unwell since SaturdayHas been feeling hot cold shivery. Feeling tired and run down. Headache Lt sided pounding. Has hx of migraines. Has passed out 3x since Saturday, last time was yesterday. Thinks only out for a couple of minutes. No tongue biting or incontinence. Feels shivery when comes round. Coughing and feels coming from chest. No bowel or LUTs. Lives alone. Will need hv. D/W City visits will kindly seeWSG to contact us sooner if unwell before someone out to see him Dr Anne Warnakulasuriyadona
14/01/2025 SMS text message sent to patient We have tried to contact you today, please call Holburn Medical Group on 01224 400800. Mrs Shona Cumming
14/01/2025 Administration NOS tried to call but phone rings 3 times then dead line, script done please arrange appt for blood test and then routine f2f appt with GP. sc Dr Lorraine Mcguigan
14/01/2025 Administration NOS needs routine f2f review also please repeat bloods before that appt Dr Lorraine Mcguigan
14/01/2025 Administration NOS in notes for prescription, noted has not been reviewed sine iron deficiency bloods last year, for routine appt to discuss Dr Leanne Duff
29/07/2024 Administration NOS tried to call unable top leave v/m to call back - results cleared book appt with TA to discuss bloods ml Dr Lorraine Mcguigan
29/07/2024 SMS text message sent to patient Hello, Its Holburn medical group. The GP would like you to book an appointment to discuss your results. Please can you call the surgery on 01224 400800 thank you Miss Morgan Leys
25/07/2024 Nursing care blood sample taken as per ICE request @ CTAC Clinic Miss Paula Milne
12/06/2024 Administration NOS tried to call phone rang 3 times then dead line, need to pass on result, result still to be cleared. sc Dr Lorraine Mcguigan
11/06/2024 Nursing care blood sample taken at CTAC hub Mr Glenn Patindol
30/05/2024 Referral for further care General surgery. NH Dr Tahmina Arifa
21/05/2024 Consultation f2f seen : recurrent peri anal boil it started not long ago. Not feeling unwell apart from bleeding from the side of boil. O/E : temp: 36.7local area: there is a sinus on the bottom . a swab is taken . mild tenderness. IMP: pilonidal sinus ?Plan : bloods refer to GS as recurrent . antibiotics. WSG Dr Tahmina Arifa
20/05/2024 SMS text message sent to patient his is to remind you of your face to face appointment with Dr Arifa tomorrow at 14.45 at Holburn Medical Group, 7 Albyn Place. If you cannot manage, then please call the surgery on 01224 400800. Mr Ryan Shaw
20/05/2024 Telephone encounter Duty message "01224 620514(please only use house phopne today) - recurring boil on bottom, this one is right next anus, has started to come up, painful. has them on/off. getting concerned as has alot, has had abx two months ago for same. sd"Patient has further lump at anus, Painful ,worsening. Hasnt noticed any redness around the area. No fevers, not feeling unwell. No discharge from lumpHas hx of this and regularly req ABX.Thinks might need referred for recurrent issues.Advised would be best to examine. Offered appt today. Patient says cannot come as waiting on joiner arriving.Said can come tomorrow and offered appt with TA afternoonAware to call back if sx worsening, develops fevers. becomes unwell before then. Dr Kimberley Moak
28/02/2024 Letter encounter from patient Admin Letter Miscellaneous Mrs Shona Cumming
27/02/2024 COPD self-management plan given Mrs Karen Yeats
27/02/2024 Chronic obstructive pulmonary disease annual review F2F review - CAT 11/40 today, keen to keep Trelegy inhaler x1puff daily as Anoro was issued recently, requires salbutamol a few times a week for exertion. No phlegm or frequent chest infections since last Hosp admission when steroid tablets were issued. Doesn't wish to stop smoking canabis as it helps with his stress levels. Recall due: 27/02/2025 Mrs Karen Yeats
27/02/2024 MRC Breathlessness Scale: grade 2 Mrs Karen Yeats
30/01/2024 Administration NOS see entry, was given trelegy in hospital but stopped, started anoro by Karen in Nov with plan to review 3m Dr M Macfarlane
30/01/2024 Consultation f2f seen : recurrent boil in the peri anal area . this is the fourth time happened . last time it was brusted before seen . today : O/E : there looked red but no particulr swelling , mild tenderness . IMP ; recurrent boil ?plan ; a course of metronidazole given , advised not to take alcohol while on antibiotics . WSG v Dr Tahmina Arifa
30/01/2024 Telephone encounter Called as he feels he has a re-occurance of the peri-anal swelling. Asked to attend for assessment. Mrs Carol Stephen
30/01/2024 Administration NOS 07933514399 boil on bum coming up again Mrs Carol Stephen
17/01/2024 Consultation Over the last few months has had 3 occasions where he has developed a painful swelling on his perineum close to anus.Bursts which relives pain then disappears.Lsst episode last week.Burst 5 days ag and now asymptomatic.o/e No redeness or swelling of perineum seen or felt.Ext pile seen onlyAdvised Ceith nil to see today.Advised to get back in touch if reoccurs so we can see on the day. Dr Dawn Kelsey
16/01/2024 SMS text message sent to patient This is to remind you of your face to face appointment with Dr Kelsey tomorrow at 1030, at Holburn Medical Group, 7 Albyn Place. If you cannot manage, then please call the surgery on 01224 400800. Miss Morgan Leys
15/01/2024 Administration NOS Patient called back, made him aware that an app has been made for 17/01 at 10:30 with Dr Kelsey, pt is happy and can attend. bs Dr Lorraine Mcguigan
15/01/2024 Unsuccessful attempt to contact patient by telephone No reply again at 11.43. Will send SMS with appointment . Mrs Carol Stephen
15/01/2024 SMS text message sent to patient An appointment has been made for you to attend the surgery at 7 Albyn Place on 17/01/24 at 10.30. If unable to come please contact surgery to re-arrange. Mrs Carol Stephen
15/01/2024 Unsuccessful attempt to contact patient by telephone no reply at 11.28- message left to say will try again. Mrs Carol Stephen
15/01/2024 Administration NOS. 07399514399 reoccuring boil on the bottom area, bursting then it goes for a bit but comes back, new one came back but was bigger and a bit more angry looking, 2 heads on it, burst again but pt just a bit concerned about it recurring and changing size. bs- number unavailable , number in record also not available.Correct number is 07933514933 Mrs Carol Stephen
15/01/2024 Unsuccessful attempt to contact patient by telephone message left states you have dialled an incorrect number , other number in record not available.Will put back to admin. Mrs Carol Stephen

15/01/2024 Administration NOS 07399514399 reoccuring boil on the bottom area, bursting then it goes for a bit but comes back, new one came back but was bigger and a bit more angry looking. 2 heads on it, burst again but pt just a bit concerned about it recurring and changing size. bs Mrs Carol Stephen

29/12/2023 Telephone encounter Mesage had said to discuss stress.Note appt made few weeks ago.Ceith says his stress no worse than others and fels things under control.Says doing well from egest point of view since changed to AnoroAdvised on 3/12 recall for COPD Rrv Dr Dawn Kelsey

29/11/2023 Letter encounter from patient Admin Letter Miscellaneous Mrs Shona Cumming

27/11/2023 Chronic obstructive pulmonary disease annual review F2F review - recent exacerbation of Copd and discharged with steroids, Trelegy inhaler and given antibiotics post discharge. Feels a lot better. is smoking cannabis x6 times daily to deal with stress. Has had no frequent chest infections - last one 2yrs ago. CAT score 18/40. Only took Trelegy for 5 days then threw inhaler out, think he got this confused with the prednisolone, could taste powder but advised to rinse mouth out after taking dose. Should Anoro x1puff daily be commenced here first of all then can step up to Trelegy if needed? Will ask GP. Advised to Rv again in 3/12. Recall due: 27/02/2024 Mrs Karen Yeats

27/11/2023 MRC Breathlessness Scale: grade 2 Mrs Karen Yeats

01/11/2023 Computer summary updated Dr Vaila Boswell

27/10/2023 Administration NOS Rx e mailed to Dickies Rosemount/RWP Rosemount LN Dr Vaila Boswell

27/10/2023 Telephone encounter 07933514399 discharged from hospital yesterday, sent home with new inhaler and steroid emergerency card, just a bit concerned why he got it and wanting to get a bit more information and just to chat about how he is. bs - moved from triage, thanks Spoke to Mr Crockett, explained steroid is for long term steroid users, can't suddenly stop steroids but only on for 5 days. Wondering about antibiotics, CXR was clear but CRP and WCC up, offered to review today but was happy to just try antibiotics, will get review with Karen booked. Aware to call us back if things not improving. Dr Leanne Duff

26/10/2023 Post hospital dischrge med reconciliation with medical notes See IDL from Respiratory medicine dated 25.10.23Admitted with SOB Nebulised with salbutamol + ipratropium Dx NIECOPDMED CHANGES:1, Omeprazole 20mg od for 5 days2. Prednisolone 40mg od for 5 days 3. Trelegy one puff once daily^ would suggest review with airways nurse in a few months to review Mrs Olivia Collie

25/10/2023 Letter encounter from patient Discharge letter NHS Grampian Respiratory Medicine Unknown Miss Nicole Mcwilliam

25/10/2023 Letter encounter from patient Discharge letter NHS Grampian Respiratory Medicine Unknown Ms Donna Dickson

25/10/2023 Computer summary updated Dr Vaila Boswell

25/10/2023 Letter encounter from patient Clinical Letter ARI Accident & Emergency Miss Becca Simpson

24/10/2023 Chronic obstructive pulmonary disease NIECOPD

24/10/2023 Telephone encounter spoke to friend wendy , concerned about seeths breathing, breathing very fast, struggling ++, wors wendy as seen, spoke to seeth initially struggling to speak in sntneces but as assessment went on able to speak i ssentences, was in A+E last night from 2pm -730pm excerbation of COPD given pred nebuilsers, felt better went hom today feels breathing as bad as before, struggling most of day, unable to come ot practice, had pred 40mg today, discussed im able to come see at home after 6pm but already had pred today, friend wendy can take to a+E, spoke to A+E and feels more suitable for AMIA, spoke to AMIA who advised A+E, pt advised to attend A+E SF Dr Samantha Fenwick

24/10/2023 Telephone encounter worsening of asthma ,attended hospital yesterday and was treated with nebuliser and given prednisolone, coughing and chest still tight -asking to be seen ,see pm Dr A Hay

23/10/2023 Acute lower respiratory tract infection with COPD

05/07/2023 Letter encounter from patient Discharge CITY Aberdeen City Psychological Therapies Service Ms Donna Dickson

26/05/2023 Cognitive-behaviour therapy Reported he had thought about not coming back to see me but wanted the paperwork. Thanked him for attending, given unwell. Said spent all last week thinking about our session and how he made me feel re: him being aggressive. Did not want me to feel this way but didn't think he was due to how he can be.. Reiterated this was what I felt but this was in the past and was happy to continue to work with him. Reviewed treatment and Ceith felt ready to end, I also felt we had achieved what we could regarding sleep hygiene as he was doing all the recommendations except for his smoking of cannabis which he does not plan to change. Plans to return his outcome measures. Miss Kerrie Mcdonald

26/05/2023 Telephone encounter See Ambulance sheet he says he told them to phone us. He is not too bad again today. Dizzy when lying donw and on the left turn. Agreed wateful witing and review next week if not settling. Dr Lorraine Mcguigan

26/05/2023 SMS text message sent to patient Hello, its holburn medical group we have tried to contact you but been unsuccessful, please call the practie if you are still looking for medical advice thanks Dr Samantha Fenwick

26/05/2023 Telephone encounter failed saying mobile out of service, rang through to home number and message saying struggling to connect, will send SMS, note paramedics assessment ? BPPV SF Dr Samantha Fenwick

26/05/2023 Letter encounter from patient Ambulance Patient Report Form NHS Grampian Accident & Emergency Unknown Mrs Shona Cumming

26/05/2023 Letter encounter from patient Unscheduled Care Report Grampian Medical Emergency Department (GMED) Out of Hours Ms Rebecca Blackie

25/05/2023 Letter encounter from patient Unscheduled Care Report Grampian Medical Emergency Department (GMED) Out of Hours Ms Donna Dickson

12/05/2023 Cognitive-behaviour therapy Working on an evening sleep routine, no Xbox or late TV. Medication working, getting better sleep and reducing pain, still up till 3am and oversleeping till afternoon. Tried taking meds earlier, but still the same. Pt asked advice on this, advised cannabis use will be a maintaining factor. Pt very reactionary to this, raised voice, referring to 'all of you', meaning the practice. Descalated situation and spoke to him re: presenation, felt aggressive and how to move forward. Pt. appologised. Miss Kerrie Mcdonald

04/05/2023 Telephone encounter Reports further improvementwith increased dose Amitriptline.No SEs reportedHappy staying at this dose.Agreed add to repeats and rv 6/12Advised teb sooner if any worsening sx or if develops any SEs. Dr Dawn Kelsey

Mr Ceith Crockett **04/06/1962** **Male** **S/168/2/1962/ Permanent**

28/04/2023 Cognitive-behaviour therapy Sleep improving with medication but is sleeping until mid day. Not going to be till 4am. Encouraged to have a nightly sleep routine and start going to bed 1 hour early to start. Been using soothing activities. Wants to explore getting an electric bike to get out during they day. Was unable to access sleepio, but able to sort this today. Miss Kerrie Mcdonald
05/04/2023 Telephone encounter Reports throbbing pain on R side has lessened.Sleep improved.No other SESAgreed increase dose to 20mg.Tel rv 4/52. Dr Dawn Kelsey
31/03/2023 Cognitive-behaviour therapy Reported having more thoughts about his dad's death and feeling angry about the family dynamics surrounding this. Sleep improved slightly, experienced vivid dreams. Psychoeducation was provided regarding trauma, the brain, and the window of tolerance to start reducing his hyperarousal. Further reading with grounding and soothing techniques was provided. Miss Kerrie Mcdonald
17/03/2023 Cognitive-behaviour therapy Pt now on mediation for his pain, but does not want to be reliant on this. Full formulation completed re: sleep. Several associated factors affecting this; pain, poor sleep hygiene, noise outside, smoking. and trauma history. Mood also appears low as not able to do what he used to enjoy due to breathing issues, copd. Miss Kerrie Mcdonald
15/03/2023 Consultation See phone consult below;Seen FTF re pain.Chronic issues with burning type pains R post chest.More recently since covid booster getting burning pains R ant chest.No obvious triggers.Not affected by deep inspiration.No cough/sputum/haemoptysis.o/e HS1+2+0.Reduced AE upper zones but otherwise clear.Localised tenderness R lower ant chest and L post lower ribs.Imp neuropathic sounding pain.Agreed trial low dose Amitriptiline.Tel rv arranged for 3/52. Dr Dawn Kelsey
03/03/2023 Cognitive-behaviour therapy Brief appointment - Pt arrived 30 mins late due to the wrong time. Completed sleep diary: go over this next time. Not reporting any trauma memories or flashbacks, but I feel the patient is still in survival fight mode. Ceith agrees with this, which will affect his ability to fall asleep and his pain. Discussed grass smoking and sleep. Encouraged the patient to return to practising meditation, which he used to enjoy. Will provide trauma-focused psycho-education and work on reducing his adrenaline system. Miss Kerrie Mcdonald
01/03/2023 Telephone encounter Message had been to call to rv antidepressant Rx but Ceith wanted to talk about pain symotoms and he is generally doing fine on Fluoxetine.Says he is getting 3 types of stabbing pain in back."It's like being stabbed in the back with a sharp knife"Says has been present 15y.Has been to pain clinic prev but says meds he was prescribed were too strong and caused sexual dysfunction.Has also tried TENS but little help.PMHx thoracic surgery notedSays he's not as fit as he used to be but no SOB/Cough/sputum.Agreed as hasn't been seen for a while for GP FTF appt to examine. Dr Dawn Kelsey
17/02/2023 Cognitive-behaviour therapy Pt angry and frustrated at GP practice re: not being prescribed medication to help him sleep. Assessment and formulation continued. Pt been in Grimsby to visit his sister and which has reduced his worry about her healht. Having acupuncture and eft to help him sleep. CBT-I discussed and sleep questionnaires and diary given to patient to complete. Miss Kerrie Mcdonald
16/01/2023 Cognitive-behaviour therapy T/C to patient to arrange an appointment for assessment. Caller screening and no answer. Will try again. Miss Kerrie Mcdonald
10/01/2023 [D]Chest discomfort ongoing issues with ? pleuruitic pain in chest initilaly had to bring him up 2 flights of stairs as in wrongw/r long story of sig pain starting after covid imms initilaly breathless but settled PO2 93% temp 36.8 chest clear with good mvt although reluctant to take deep breath discussed prev exr would like to come to discuss longer term management ,nil acute found todaty trial celecoxib for pain Dr Shirley Gibson
10/01/2023 Telephone encounter duty lung pain right aide for 3 weeks, worried, not getting better, no cough, no psutum, no harmtopysis, no SOB, had surgery to bullae in lung 20+ years ago, no swelling of leg, speaking full sentneces on phone, able to come to surgery for assessment this AM, given f2f appt sF Dr Samantha Fenwick
24/11/2022 Telephone encounter 01224 620514, ongoing issue with insomnia, feeling very low and feeling he doesnt know how much longer he can go on like this, having thoughts of self harm. tried acupuncture, having bad has been dealing with DC. sdTriage- struggling to get a sleep, says he has spent £ 200 on natural remedies, he is aware it is about 8 weeks till seen by Psychology. He is needing to go visit his sister in England who has dementia- he has put it off because he is struggling with his MH. lives alone, now working due to lung problem. Denies any suicidal ideation. Passive thoughts of DSH- says in past he has DSH- denies any active DSH thoughts. chronic sleep problems- over 29 days of broken sleep, awake for 2 hrs at a time, wakens every 3 hours. He is worrying about his sister and her possible dementia. Currently on fluoxetine 20mg OD but has not increased to 40mg OD because worries that it will upset his stomach-gives him nausea, drinks a lot of tea- about 20cups a day with sugar, says he is not feeling hungry. He said he didnt care his stomach was sore and did not want any help or medication for it.His dad passed away in 2018 and Cruse helped at the time.Imp chronic insomnia, low mood, ? element of personality disorder trait, from notes also some substance misuse.P- I suggested referral to DBI team and explained what they do but he was a bit vague about accepting it. I also suggested that we add Omeprazole 20mg and see if that helps his nausea to then allow him to increase fluoxetine to 40mg OD. He then quite abruptly said "No, i dont know why I phoned, you're not giving me what I want, you're not giving me a sleeping tablet , you gave me antihistamine." I explained that I can see he has tried various sleeping tablets but they did not help and I think if we could improve his mood he might sleep better and with DBI he would get more support and counselling whilst waiting for Psychology. He then abruptly said "No, I don't know why I called and said he did not want to talk anymore" and he hung up on me.P- I did not call him back, I had established earlier in call that he did not have any active suicidal /DSH ideation. I had offered DBI but he failed to give consent so not actioned. NG Dr Nicky Grant
15/11/2022 SMS text message sent to patient Hi Ceith. Just an update following our last appointment. I was able to find out that it may be about 8 weeks still until you are seen by the psychology team. I know that still seems a way off. I hope that you are feeling a bit better than when we spoke. Please don't hesitate to be in touch if needed. Thanks. Dr Cunningham Dr Debbie Cunningham
15/11/2022 Administration NOS email back from Kerrie, she has looked at current wait times and may be about 8 wks til Ceith at top of list. has kindly had a look at notes, some suggestions made to possibly help sleep such as cutting down recreational drugs (been discussed) and sleepio app, also info sheeet on sleep. not sure this would help patient at this time but I will let him know re wait times. my feeling is that it's more the other things that Ceith keen to explore once he gets the appts. Dr Debbie Cunningham
07/11/2022 Administration NOS email to psychology"Hi KerrieJust checking with you where this man might be on the waiting list. He was placed on the waiting list in august. He's been feeling a lot worse with his mood and I said I'd get in touch with you to see where he might be on the list.Thanks" Dr Debbie Cunningham

Mr Ceith Crockett **04/06/1962** **Male** **S/168/2/1962/** **Permanent**

04/11/2022 Consultation seen f2fcame in very tremulous, this did settle. Ceith expressed upset at having issues trying to make this appt, we talked about this and encouraged him in future that if feeling worse and being told we are on emergencies only, to tell the admin team that he feels its more urgent and needs to go to duty teamnot sleeping well at all, zolpidem no use, promethazine made him sick. wants to go back on fluox. also needing fucibet for small red rash on back on R lower legseemed just to want this then to go, i tried to get a bit more out of him. says not sure can trust me, spoke of a number of tramatic experiences in his past. admits taking cannabis and also aims to get some valium on the street to help sleep, tells me takes 2x5mg and this helps. worried i will think he's a drug user and hence worried I would look down on him. reassurd him i'm not judgemental, i have been a GP for 11yrs here at Holburn, i have treated many many patients with MH problems and also people who have drug problems and i am not judgemental toward them. i tried to explore whether he was safe to himself, says yes, no plans to harm self as thinks of family. tells me older sister aged 65 may be starting with dementia, very upset re this, plans to go and stay with her for a couple of wks in England. also friend was murdered in Dyce, this was on the news. I said to him how sorry i am to hear all this, he admitted these things are making things worse for him at the moment which is understandable. to restart fluox at 20mg for 1 wk then can inc to 40mg. i will try to expedite psychology if possible Dr Debbie Cunningham

06/10/2022 Administration NOS PAtient will call to rbook appt with DC when they are added to system. sd Dr Lorraine Mcguigan

05/10/2022 Administration NOS routine telephone appt with DC if possible 01224 620514 would like to speak to DC about his medications, got taking off anti depressants 3 weeks ago due to really bad side effects, was also on sleeping tablets but made him very nauseous, looking to start back up something else to try and help. bm - has dental appt now and osteopath after. wont be home till approx 4-4.30 --- Dr Samantha Fenwick

30/08/2022 Telephone encounter still unable to sleep despite zolipdem, zopiclone and mirtazepine, chronic issue years of poor sleep but recently gone off. 1-2 hours last night, none the previous night, smoking 5 joints of cannabis a day denies other substances, getting out for fresh air during the day, cant dientity trigger for poor sleep, glad that is on waitiling list for psychology , speaking full sentences on phone doesnt sound under the influence IMP multifactoral chroinc issues with isomina PLANe xplained not able to address these fully today and exepectation that this will take some time to resolve, stop zoilpdem try promethazine but stressed importance of time and to continue routine getting fresh air etc as this will help also, psychological support for longer term management,if not easing for review DC as seieng her regularly SF Dr Samantha Fenwick

25/08/2022 Letter encounter from patient Admin Letter Letter to Doctor Mrs Sarah Darroch

24/08/2022 Administration NOS see handwritten letter from pt and returned the zopiclone. had awful taste with it, taste kept him awake all night. only thing i can think to try is zolpidem, pharmacist Yousef looked it up and apparently doesn't have the same after taste as zopiclone. will email script to his pharmacy, msg to admin to let him knowwe can dispose of the zopiclone he handed in, but also asked admin to make him aware that in future tabs should be handed back to pharmacy Dr Debbie Cunningham

22/08/2022 Consultation f2f apptdidn't get on very well with mirtaz, hasnt' helped sleep. has had 3 nights with no sleep he says. hasn't had much impact on mood either sadly, and feeling a bit dopey in the day time. discussed now on w/l for psychology assessment so pleased about thisspent some time talking about the traumatic things which he's lived through in her childhood mainly but also more recently. has done a lot of reading about ayurvedic medicine, how the mind/body interact. admits smokes cannabis but doesn't take anything else discussed sleeping tabs and their role, ware not a long term option but we agreed for short course, he's also keen to give the mirtaz a bit longer of a shotdiscussed legs, seems to be managing the annoying sx at night with electric stimulator and warm baths. no typical sx of claudication. aware we could try med for restless legs (I'd go with ropinirole) but not keen for now Dr Debbie Cunningham

19/08/2022 Cognitive-behaviour therapy Pt triaged and placed on the waiting list for an assessement to see a psychological therapist. Miss Kerrie Mcdonald

02/08/2022 Letter encounter from patient Admin Letter Miscellaneous Psychological Therapist Referral Form Mrs Shona Cumming

29/07/2022 Administration NOS rx emailed to whitelaws rosemount, sd Dr Lorraine Mcguigan

29/07/2022 Telephone encounter tel appt with pt, appt said for med reviewcouple of things he wanted to speak about - has had a think and would like to trial mirtaz. off fluoxetine in anticipation of change. admits a bit on edge,would also like to speak about something else - not been able to sleep for quite a while. his friend suggested he has insomnia. has been reading about it. says pretty tortuous now. keen to consider CBT to help manage this. probably started in 2017. was taken in for PIP medical in 2020 and at that time and thinks was sleeping 3 h every 2 d and 4h every 3rd day. this wk been partic bad. calves have been sore and keeping him awake. only way to help it is to stand up. bought an electric stimulator to try to help. no calf pain when walking. thinks legs irritable. has to have a warm bath to stop it. also finds his mind really active - was in child care from age 7 to 14, says dealt with all of the abuses. when came home, by that point mum had met his step dad and this was the first stable rock in his life. had no help from extended family with stepdad in his final yrs which was very hard and still grieving. has had 6 sessions with bereavement counsellor which was useful.Discussed we don't have dedicated sleep service in this area but it sounds as tho he would benfit from psychol input, happy for ref to prim care psychology. script done for mirtaz, aim to f/u 4 wks, can't make appt on system yet, to make f2f, would allow me to examine legs etc if needed next time. option to consider med as well for restless legs if needed. WSG Dr Debbie Cunningham

28/07/2022 SMS text message sent to patient. This is a reminder of your telephone appt on Friday 29/07/22 at around 08.45am with Dr Cunningham. If you no longer need this appt please call us to cancel. Mrs Diane Robertson

24/06/2022 Telephone encounter tel appt for r/v tells me still sore on R side, longstanding. CXR was no change compared to before and was aware of this. i think he was slightly anxious re fact had a letter to discuss it, when actually i just wanted to discuss how he was generaly. obv sore in the scar areas. feeling more SOB at timesfeels sleep not great and feels this has an effect on mood. can go 3-4 nights with next to no sleep. this all got worse when was stressed looking after his dad. doesn't nap in the day time. is sending awaydiscussed options to perhaps switch fluox to either dulox or mirtaz but not keen, will have a thinks, tells me is dyslexic so can't read about the tabs so we discussed them in general terms and he will get back to me if wishes to try something different Dr Debbie Cunningham

18/05/2022 Letter encounter from patient Result Aberdeen Royal Infirmary Radiology Miss Laura Inglis

08/03/2022 Referral for further care to cxr. URGENT. ET. Sent Dr Debbie Cunningham

Mr Ceith Crockett 04/06/1962 Male S/168/2/1962/ Permanent

07/03/2022 Consultation seen f2f, full PPE worn inc visor, pt wore maskdiscussed sx again - see had surgery to bullae both sides of lungs but more extensive about 20 yrs back, been left with chronic pain R chest around scars. this pain is newer on the R side but similar, feels as tho there is a stabby pain then a sensation of air moving up. DHC helps, just takes one or 2 prn. further discussed mood - issues with family but some friend support. seems a troubled childhoo[redacted] family didn't help, and after he passed away they got involved again and Ceith now has no contact with them. Tearful talking about this. denies any thoughts harm/suicide. does have some friend he can talk to. no longer working due to health. was a chef offshore before.admits cannabis use, no tobacco, no other illicit drugs and denies alcohol use o/e - apyrexial, sats 98%, hr104, chest clear, HS pureplan - for CXR and bloodsr/v therafter, ? change to duloxetine to help with painWSG in interim Dr Debbie Cunningham

07/03/2022 Telephone encounter tel appt with pt re fluoxetine - tells me mood pretty low, not sleeping well. is stressed out about pains in R lung. says ever since he had his vaccines. before these he had L sided pain with stabbing and sensiticity. now R side sore quite a lot of the time. taking more DHC than he was before so ordering more. describes the pain in the centre, feels as thó an air pocket travelling up chest slowly. had steroid back in dec. some cough, this agitates the chest, some clear coloured phlegm, occ darker. gets SOB more easily. does smoke, only hash. at times won't eat as well, when ill, then wt comes back on. this will last a few days at a time. constantly trying to keep up weight.Re the fluox, unsure if helping. the pain is affecting sleep, this affects mood. i think best to see him f2f to examine chest, bloods etc, able to come later this am for appt with me then nurse Dr Debbie Cunningham

04/03/2022 SMS text message sent to patient this is a reminder of your telephone appointment on 7/3/22 at around 9.00am with Dr Cunningham. If you no longer need this appointment please call to cancel. Mrs Diane Robertson

02/12/2021 Administration NOS RX emailed to pharmacy. li Dr Lorraine Mcguigan

02/12/2021 Telephone encounter got Covid booster- moderna on 21/11 says felt sick and passed out on the day. since then has found his breathing bad. feels chest wheezy, cough++ has COPD, using his inhaler more often. completing sentences., ? exacerbation of COPD try prednisolone. advised to book Covid test. worsening statement. Dr Shanti West

21/11/2021 Immunisation course maintain protection against SARS-CoV-2 MAINT C-19 Booster Moderna (A Sajad)

13/10/2021 Computer summary updated Dr Lorraine Mcguigan

13/10/2021 Letter encounter from patient Clinical Letter Holburn Medical Group Electrocardiography Miss Toni Marwick

12/10/2021 Consultation f2f during covid 19 PPE worn pt wearing mask see telephone encounter last chest pain left sided 4 days ago severe 10/10 stopped walking as sore, no SOB, sore when something up against left side, had similar on right, thinks related to vaccine, no anterior chest pains, np plapitations, when has pain eased by lying down smokes cannabis daily no tobacco o/e looks well TEmp 36 HR 100 sats 97% air chest- clear HS I+II+O uncofmortable left side of chest on palpation ECG SR nil acute no calf leg swelling IMP MSK pain PLAN trial of ibuprofen gel if worsening and or not easing to get back in touchSF Dr Samantha Fenwick

12/10/2021 Telephone encounter duty wrosening right sided chset pains, since covid vaccine in may, note similar consults during visit march 21, no SOB, no fever, no loss taste/smell, DHC not helping the pain, no trauma, spekaing full sentneeens on phone PLAN for f2f appt today given worsening pain, no covid symptoms SF Dr Samantha Fenwick

21/04/2021 Computer summary updated Dr Lorraine Mcguigan

18/03/2021 Home visit late visit yesterday evening as patient was not answering his phone after contacting practice saying lung pain post covid jab. also h/o COPD. He was in his flat watching TV. said would hear the phone ring but when picked up, it would get disconnected. sounds like issue wtih his phone line. got covid jab wednesday last week. past 3-4 days R post lower chest pains, has had before along chest wall but this time feels its a deeper pain. no cough. not SOB. no fever/loss of taste or smell. smoky flat. O/e completing sentences and walking about fine. trachea central. tender along the chest wall R side, this is not new. chest good AE bilat, no creps/wheeze heard. sats 95% on air. PR 96/min. BP 138/91. T 36. appears well in himself. advised nil significant to find today, suspect muscular. suggest continue with the DHC as required. worsening statement. Dr Shanti West

17/03/2021 Administration NOS still no answer @ 5.30pm. so will visit. tried to call police scotland but they are busy and apparently long wait. Dr Shanti West

17/03/2021 Failed encounter tried to phone him several times- rings a few times after the Bt call guardian but not for long and unable to leave a vm. Dr Shanti West

17/03/2021 Failed encounter tried 2x. rang, no answer. tried mobile- disconnected line. Dr Shanti West

20/02/2021 [M]Tubular adenoma NOS

20/02/2021 Letter encounter from patient Misc ARI (ARI) Gastroenterology Ms Donna Dickson

20/02/2021 Letter encounter from patient Patient ARI (ARI) Gastroenterology Ms Donna Dickson

12/02/2021 Computer summary updated Dr Lorraine Mcguigan

11/02/2021 Telephone encounter ear blocked for a fortnight, used olive oil for a week reduced hearing on this side, right side feeling uncomfy no dizziness or fever hearing ringing noise and feels the ear is full and blocked, olive oil drops said to just use for a week really strugglign now with how uncomfy it is feeling and the painsound smore inkeeping with an otitis externa or impacted wax will add in otomize incase of any inflammation/infection, advised no harm using olive oil drops for longer but use at different tims to otomize, advised boots are doing ear syringing so could look at this as an option and advised to call back if pain more severe or not gettign better Dr Vaila Boswell

10/02/2021 Colonoscopic polypectomy

10/02/2021 Letter encounter from patient Colonoscopy Report Aberdeen Royal Infirmary Gastroenterology MCKINLAY, Alastair Mrs Linda Noble

31/01/2021 Letter encounter from patient Unscheduled Care Report Grampian Medical Emergency Department (GMED) Out of Hours Ms Donna Dickson

31/01/2021 Letter encounter from patient Ambulance Patient Report Form NHS Grampian Accident & Emergency Unknown Ms Donna Dickson

Mr Ceith Crockett 04/06/1962 Male S/168/2/1962/ Permanent

15/01/2021 Telephone encounter telephone call, has watched a youtube video about a de worming treatment being an aid for covid treatment. Advised I would not recommend this as no guidlines or trials on its use. Also asked about vaccine as feels it has been rushed and not keen to have. Explained has been approved by MHRA but ultimately it is a personal decision if he wants to have it. He is also high risk of covid due to his lung issues. Asking which vaccine would be given. Advised pfizer or astrazeneca most likely but we do not know yet Dr Leanne Duff
30/10/2020 Computer summary updated Dr Lorraine Mcguigan
28/10/2020 Telephone encounter dw Radiology SpR Dr Watts- I note comment on recent CXR re "some suture material is noted in Rt upper lobe from prev bullectomy". Dr Watts confirms this is to be expected and it also on prev CXR. Reassuring thanks, NG Dr Nicky Grant
22/10/2020 Letter encounter from patient Result Aberdeen Royal Infirmary Radiology Miss Linsey Barnes
22/10/2020 Letter encounter from patient Result Aberdeen Royal Infirmary Radiology Miss Linsey Barnes
08/10/2020 Emphysema
29/09/2020 Referral for further care to CXR. ET Dr Nicky Grant
22/09/2020 Consultation F2F re upper Left posterior chest pain - longstanding for 8 years since prev Lt lung surgery-bullectomy No wt loss- alway thin, no change in breathing, no haemoptysis.OE looks well but thin man, apyrexial, Sats 97% HR 88 Wt 57kg Chest good AE bilat no added sounds resonant bilat, Left posterior lung scar- very sensitive over scar on light touch. no deep pain on palpation.Imp sounds more like hypersensitivity.? old scarringP- for CXR, bloods taken today, pt to phone for resutls, pain well controlled with DHC- only takes 1-2x daily max WSG Dr Nicky Grant
17/09/2020 Telephone encounter 1. mood rv- he has contacted Cruse counselling - helpful and local person going to phone him back. No chagne in mood- stable. No suicidal ideation. Does not wish any contact with his younger sister but gets on ok with other sister and brother who live in England. no suicidal ideation. He is writing a book about meditation/higher body places. Manages out for own shopping /walks but states walking limited by pain in upper Rt back- says had it for 8 years- intermittent-worse after lying on that side/certain movements, not pleuritic. COPD stable at present. No covid Sx. no haemoptysisImp 1. grief reaction 2. Upper back painP- ct fluoxetine, support from Cruse counselling, rv mood prn, supportive chat.2. F2F for upper back/ chest Ex. takes DHC prn for pain. WSG Dr Nicky Grant
01/09/2020 Telephone encounter Feels he has a lump /swelling to his neck just under the jaw at the left side for the last few days.Denies any fever , no swallowing difficulties , no breathing difficulties , feels otherwise well.Swelling is uncomfortable on touching.Imp- enlarged lymph node.Plan - advised to observe , self managment advice & WSG: Mrs Carol Stephen
20/08/2020 Telephone encounter Tel rv of mood- Father died 2 years ago, he says his family left him to look after- says he has 'lot of hatred towards his sister and now no longer speaks to her'. Lives alone, on income support due to COPD, bullae. Manages out for food shop/ friends help out. manages out for walks- feels due to lung disease doesnt walk as much. Bullectomy 1999, 2001. No new cough/haemoptysis/wt loss. Smokes hash denies any other ilicit drugs. ETOH- nil. Good compliance on fluoxetine with 40mg OD. Mood 4/10- says this is usual level for him due to issues with family/father's death. Occas passive suicidal ideation- no active suicidal ideation- good friend supportive. No family. His Mum died years ago. [redacted]. Occas speaks to his brother.Imp abN grief reaction/ depression- lot of family related issues, a little socially isolated.P-supportive chat. adv Cruse counselling- given the number- he's keen to call them, moodjuice, MIND. Also given numbers for Breathing space + samaritans. Rv in 4 wks, supportive chat WSG Dr Nicky Grant
04/03/2020 Telephone encounter last night after taking amoxicilling felt unwell - states he passed out and vommited, states he has had epsidoes of passing out since he was younger, felt hot ans sweaty, knew he was goign to pass oput, went the toilet as felt sick and LOC for few seconds, happened agao a few hours later last niught, didnt seek help as was late at night, have advised him of the OOH service that he can contact, this morning feeling well, feels it is all the ABx, doesnt feel he needs to be seen, sound svery well on the phone, keen to just change Abx, advised can do but if any further epsiodes would want him to call back and if happnes again OOH advised hwo to get in otuch with OOH Dr Vaila Boswell
03/03/2020 Consultation seen with Dr Dona, coughing since Saturday, no recent travel, went to the bakery on saturday and the worker has been in Venice but asymptomatic, has had chest pain, often gets this with infections, feeling tired, no leg swelling, tep 36, HR 120 regular, sats 97%, BP 122/85, not much air movement in lungs. Discussed admission versus treatment, keen to try antibiotics and steroids first. Review if worse or not settling Dr Leanne Duff
26/11/2019 Consultation was constipated and passed large stool-painful and there was a small amount of fresh blood on stool-not happened before or since-not suspiciouis wi return if it returns Dr A Hay
23/09/2019 Consultation. just in to request a rpt of inhaler, see got at last COPD r/v. is helping. using about 4-5 x daily. still smoking weed. also eats cannabis in cakes or makes into yogurt drinks. have added inhaler to rpt. given other rpts as well. knows to report if chest getting worse Dr Debbie Cunningham
07/08/2019 Administration NOS ESA113 forms completed, copied and posted rb Dr Lorraine Mcguigan
01/08/2019 Administration NOS ESA113 forms to be completed passed to MM rb Dr Lorraine Mcguigan
18/06/2019 Letter encounter from patient Clinical Letter ARI Radiology Mrs Linda Noble
07/06/2019 Letter encounter from patient Clinical Letter Holburn Medical Group Respiratory Miss Nicole Mcwilliam
06/06/2019 Chronic obstructive pulmonary disease Mrs Karen Yeats
06/06/2019 Post bronchodilator spirometry FEV1- 72% FEV1/FVC- 57% after x3 puffs salbutamol. Mrs Karen Yeats
06/06/2019 Chronic obstructive pulmonary disease annual review New diagnosis of Copd today and info booklet provided. Discussed and will request a salbutamol MDI inhaler today, will Rv again in 1/12. Noted that he has had previous surgery to lungs for bullae. Re call due: 04/07/2019 Mrs Karen Yeats
06/06/2019 MRC Breathlessness Scale: grade 2 Mrs Karen Yeats
06/06/2019 Referral for further care urgent chest xray Dr Vaila Boswell

Mr Ceith Crockett **04/06/1962** **Male** **S/168/2/1962/ Permanent**

05/06/2019 Consultation Review of meds - on fluoxetine long term - tearful as spoke about tep dad who passed away in dec, looked after him and tell sme the rest of his family did not support him, still adjusting to this loss, does have freinds who he speaks to and prcticses medication - states he is trying to write a book at the moment and practices "magic", tell sme has had a few out of body experiences - no obvious delusions or hallucinations, does smoke weed 5x daily, no thougths of slef harm nil drinker, sleep has been a probelm for many years but keen to stay on current meds, takes duhydrocodeine for long term chest pain - had suregry for bullae formation in 1999 - states has been getting more SOB and wheezy when walking, no exersional chest pain, o/e TEMP 36.4, HR 81, sats 97%, chest - clear Plan - CXR and LFTs ? element of COPD given smoking Dr Vaila Boswell

24/05/2018 Consultation 1/52 discomfort over his back-post lower thoracic chest wall, says has a lung condition- note bronchitis in the past and note entry 4/10/17 and CXR in march- pleurodesis and bulla, usually gets pain ant chest but this is different. no urinary or bowel symptoms. O/e covered in tatoos. sats 99% chest clear, mild tenderness over lower post chest wall bilat. good AE bilat. no creps. abd SNT no LKS. unable to given me urine for SOu. Imp muscular. has DHC at home but has not tried this yet for pain. advised trial of the analgesia. if symptoms not improving/worse TCb Dr Shanti West

01/05/2018 Administration NOS script dated 05.04.18 for fluoxetine has been destroyed, patient has collected script dated 30.04.18 for same item sp Dr M Macfarlane

05/04/2018 Computer summary updated — Dr M Macfarlane

03/04/2018 Letter encounter from patient Result Health Village Frederick Street Radiology — Miss Laura Inglis

15/03/2018 Referral for further care to x-ray. cp — Dr A Hay

09/03/2018 Consultation in for medication -concerned re chest pains which are R sided -im sure they are muscular .is a smoker -check x ray Dr A Hay

07/11/2017 Consultation tight calves at night ,also twich a lot oe nad -? muscle spasm -try quinincunder a lot of stress just now Dr A Hay

04/10/2017 Consultation came in for review of medication very stressed . Looking after father who has dementia. Feels not being supported by sister and niece. has POA but concerned father keeping a lot of mney in house Going to get SW involved. On long term Fluoxetine. Does not smoke or drink but does smoke cannabis. Takes at the most 3 dihydrocodeine per day because of long standing problems with lungs. Had bilateral bullectomy by mini thoracotomy in 1999 Dr D J Lynch

02/05/2017 Administration NOS script for fluoxetine of 4/4 destroyed. re-ordered on 2/5 LN — Dr M Macfarlane

02/09/2016 No response to bowel cancer screening programme invitation — Dr M Macfarlane

24/08/2016 Consultation just in for repeats of medication — Dr A Hay

11/08/2016 Consultation in for his fluoxetine but really wanted to chat about his POA rights for his dad who has dementia. says he thinks the dad's GPs are looking down on him and his right to question medication changes etc and also dad was recently in hosp and discharged w/o him being informed. when he contacted the ward they said they were not aware his dad has dementia. advised dad may still have capacity in which case the POA would not have kicked in. ADvised he speak to his dad's GP- make them aware he has POA and ask if dad has capacity or not. Ceith does not think dad has capacity and may be lying to the GP. advised in that case he could ask for a capacity assessment by the GP and take things forwards from there. Dr Shanti West

05/07/2016 Consultation difficulty maintaining errection due to severe sexual abuse as child-use sildenafilneeds repeatscontinues with councelling -has done so for past 3 years Dr A Hay

05/02/2016 Consultation just need scripts — Dr A Hay

20/11/2015 Consultation just needs fluoxetine — Dr A Hay

27/08/2015 Consultation has need for long term fluoxetine-finds it very beneficial — Dr A Hay

24/03/2015 Consultation dermatitis on legs — Dr A Hay

01/08/2014 Telephone encounter pain on hip, across hip and lower back. Started yesterday out walking dog, twisted hip, since then pain, occasional shooting pain down Lt leg, no weakness or numbness, no bowel or bladder involvement, looking for analgesia, cannot come to appt but feels doesn't need visit. Agreed to siniple analgesia, recommended keeping mobile, self refer to physio and see if not settling, discussed worsening sx over the weekend to contact g med Dr M Macfarlane

03/07/2014 Consultation Came for repeat prescriptions. Mood stable on fluoxetine. Eating well. Sleep up and down. No thoughts self harm/suicide. Has found benefit from the sumatriptan for his migraines. Uses DHC for his nerve pain post thoracotomy. O/E chest clear, good a/e throughout. Not taking DHC every day. Feels the pain is under control. Does not think he needs referral to pain clinic at present. Dr Jane Latham

26/06/2014 Computer summary updated — Dr M Macfarlane

25/06/2014 Letter encounter from patient Bowel Screening Letter Bowel Screening General Surgery Unknown — Miss Laura Inglis

04/02/2014 Consultation seems to have come in for more DHC, also wants migraine med, but no idea what and nothing recent. Could try reducing fluoxetine and rev Dr A D Glenesk

13/08/2013 Consultation doing well at councelling stable on fluoxetine — Dr A Hay

02/07/2013 Consultation mood stable and generally good — Dr A Hay

29/04/2013 Consultation in for review of fluoxetine, mood fairly stable, feels fluoxetine helps and also completed a course of counselling with cairns. Very spiritual, enjoys meditation, keen to return to cooking but aiming for private chef role. Happy on current dose and keen to continue Dr M Macfarlane

22/03/2013 Letter encounter from patient Clinical Letter Cairns Counselling Centre Counselling — Mrs Shona Cumming

22/11/2012 Consultation in for repeat-had chest infection last week oe chest sounds normal — Dr A Hay

12/10/2012 Consultation Review fluoxetine- mood stable. No thoughts of self harm. Happy to continue on this. — Dr Aurooj Khan

05/09/2012 Consultation here basically r for reperat DHC seems to use for chest pain -chest clear no pleutitic pain — Dr C Munro

05/09/2012 Consultation — Dr C Munro

22/06/2012 Consultation feeling reasonably god asking again for councelling re ref cairns — Dr A Hay

27/04/2012 Consultation no problem with fluoxetine .got goog nights sleep 2 days ago — Dr A Hay

06/04/2012 Administration NOS Atos req medical report — Dr M Macfarlane

05/04/2012 Consultation mood slipping again ,poor sleep crying-restart fluoxetine see 3 weeks — Dr A Hay

24/08/2011 Consultation just in for repeats — Dr A Hay

23/08/2011 Failed encounter — Dr A Hay

Mr Ceith Crockett **04/06/1962** **Male** **S/168/2/1962/ Permanent**

15/08/2011 Letter from consultant Clinical Letter Cairns Counselling Centre Counselling Mrs Arlene Anderson
14/07/2011 Consultation depression and anxiety much improved -on fluoxetine and is having counselling see before he goes onbroad Dr A Hay
30/06/2011 Letter encounter from patient Admin Letter Travel Vaccine Assessment Form Mrs Sandra Meglynn
29/06/2011 Had a chat to patient Revaxis not given as he has found a vaccine record that shows he had boosters of Dip/Tet/polio given in 2006. Discussed other vaccines and he has decided to have rabies, but will attend another travel clinic (probably Michies) sa he can pay for each dose separately there. Also now knows he will be spending about 2/12 in Thailand about 70 miles north of Chang Mai so will require malaria prophylaxis. Due to medical history he cannot take Mefloquine, and the cost of malarone is prohibitive for a prolonged stay, so has decided to take Doxycycline which he will also get from the private clinic closer to his departure date (probably around Oct) Mrs Ann Ferenth
22/06/2011 Foreign travel advice Travelling through Thailand, Vietnam, Phillipines, Australia and New Zealand for 6/12. Relevant travel info given and discussed. Pxs arranged for Revaxis x1, Havrix monodose x1 and Typhim-Vi x1. He will think about the Hep B, rabies and Jap Encephalitis and let us know if he wishes to go ahead with any of these Mrs Ann Ferenth
20/05/2011 Failed encounter for appt to discuss travel vaccs and advice Mrs Ann Ferenth
09/05/2011 Consultation tramadol a big sucess-put on repeats Dr A Hay
12/04/2011 Consultation wishes dhc again for chronic pain in L ribs when working-try tramadol first if no t working use dhc Dr A Hay
07/04/2011 Consultation Mood better on 40mg Nil SIASking for DHC again as feels sick with remedien suggest just take 1 qds butwishe s to see AH as he knowns him better agreed happy for him to do this Dr Gavin Stephen
07/04/2011 Letter encounter from patient Clinical Letter Cairns Counselling Centre Counselling Mrs Sandra Meglynn
29/03/2011 Letter encounter from patient Admin Letter Benefits Agency Mrs Sandra Meglynn
10/03/2011 Referral for further care to urology. cp Dr Andrew Webster
07/03/2011 Had a chat to patient has uti needs TMP. refer Urology. mood improved with increase in ssri- asking about travel vaccs.chest wall pain use remedine Dr Andrew Webster
01/03/2011 Consultation ran out of medicationsfew days ago Plan; icnrease to 40mg as although some affect would liek to see more, waiting for counselling. Also his family have chipped in and paying for a world trip, he's into western meditation and magic and self awareness. Plan; reveiw in 4 weeks. Dr Claire Crothers
26/01/2011 Consultation a lot of anxiety and depressive symptoms due to childhood abuse -having nightmares and flashbacks feels guilty and ashamed-ref to councelling Dr A Hay
12/01/2011 MED3 issued to patient 2 weeks anxiety and panic disorder Dr D J Lynch
12/01/2011 Consultation Ongoing difficulties Very anxious tremulous. very difficult past life Not suicidal No excess alcohol. No current drug use. .To make review appt Dr hay. Does not wish further referral at present Dr D J Lynch
10/12/2010 Patient reviewed has used diazepam on occasion mood much the same but early daysmigranes not great--classical migraines worse at present, prob stress induced.- use triptan and paramax.see 2/52 Dr Andrew Webster
30/11/2010 Letter encounter from patient Admin Letter Miscellaneous PHQ-9 Mrs Arlene Anderson
30/11/2010 [X]Depressive episode Dr Andrew Webster
30/11/2010 C/O - panic attack still having panic attacks , unable to tolerate citalopram. wants to try fluoxetine again. bp and pulse. denies SI or DSH fior fluoxetine and short course diazepam, review 2/52 Dr Andrew Webster
05/11/2010 Consultation has been found unfit to go offshore-due to stress Dr A Hay
22/10/2010 MED3 issued to patient Anxiety from 18/10/10 to 1/11/10 Dr Aurooj Khan
22/10/2010 Consultation Anxiety about going offshore, seen by OHS yesterday and told not fit for going offshore. Is to be assessed in 2/52, needs sick note. Dr Aurooj Khan
11/10/2010 Consultation panic attacks and general anxiety about job and flight out to rig-only one more trip to go -use short term ssri and diazepam for flight Dr A Hay
17/09/2010 Consultation needs repeat of analgesia for chest pains Dr A Hay
30/04/2010 Letter encounter from patient Admin Letter PHQ-9 Mrs Sandra Meglynn
30/04/2010 Had a chat to patient not on SSRI for 8 days now, mood ok at present wishes to stay off them at present.problems with company,ESS , has grievance against them and wants paid off,change dhc to co-dydramol previous bullae. Dr Andrew Webster
22/03/2010 Patient reviewed TOLD WHEN HE WAS SIGNED OFF Dr C Munro
22/03/2010 C/O: a rash WANTS FUCIBET re eczeama on legs Dr C Munro
11/03/2010 Patient reviewed Loss best friend 1 yr agoFeels supressed at work--always wanted to be a chef: change of boss has led to bullying. has fallen out with 2 head chefs due to difference of opinion.has been seeing therapist chakra, found some good from this.mood slightly better , not tearful , sleep 5-6 hrs , no SI or DSH.continue on fluoxetine and review 1/12. med3 runs out in under 2 weeks. back to work monday Dr Andrew Webster
23/02/2010 Letter encounter from patient Admin Letter Miscellaneous PHQ-9 Mrs Arlene Anderson
23/02/2010 [X]Depressive episode Dr Andrew Webster
23/02/2010 Had a chat to patient keeps crying all the time, stressed about going back to work. mood low not sleeping at night, depressed in the past work related, no SI or DSH. poor appetite conen. work keep messing him about.PHQ 22 for ssri review 2/52 and med 3 for 1/12 Dr Andrew Webster
27/01/2010 Consultation heavy smoker has chest infection -treat with antibiotics percussion hyperesonant -advised re smoking Dr A Hay
31/03/2009 Consultation migraine- used to get, but having weekly since snowboarding when had concussion. neurologically ok, nil else, try imigran, not keen on prophylaxis Dr A D Glenesk

Mr Ceith Crockett 04/06/1962 Male S/168/2/1962/ Permanent

12/11/2008 Administration NOS Paper notes checked no immunisations to be added Dr M Macfarlane
29/10/2008 Had a chat to patient explained that having taken advice from dept anaesthetics that I would not be prepared to issue a private script for the volume of teracaine involved Dr C Munro
27/10/2008 Had a chat to patient has already paid for ametop 36 tubes has 18 tubes the last time-had 2 sittings of 12 last time-will have to discuss with anaesthetics-looking for private prescriptio Dr C Munro
22/08/2008 Computer summary updated Dr M Macfarlane
22/08/2008 Letter encounter from patient Result ARI Pathology Mrs Sandra Mcglynn
25/06/2008 Letter encounter from patient Clinical Letter ARI Pathology Mrs Sandra Mcglynn
17/06/2008 Had a chat to patient wanting sperm count--no obvious indication clinically, will contact lab and then lab should contact pt. smoker previous ecstacy and marijuana. just wants to know. girlfriend not on COCP advised to use this.mobile no 07971267196 Dr Andrew Webster
22/05/2008 C/O: a rash looks patch of eczema Dr C Munro
08/02/2008 Letter encounter from patient Clinical Letter ARI Cardiothoracic Surgery Mrs Sandra Mcglynn
20/12/2007 Referral for further care to Cardiothoracic - NIKKI Dr M Macfarlane
06/12/2007 Chest pain usual pain more app\arent-no signs on auscultation-ref cardiothoracic Dr C Munro
17/09/2007 Letter from specialist Clinical Letter Woolmanhill Physiotherapy Ms Donna Dickson
20/05/2004 Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Diagnostic radiographers : REFERRAL_TO=NHS : REFERRAL_NATURE=Treat : PROVIDER=ARI : REFERRED_BY=Dr S T Scott : ATTENDANCE_TYPE=1st Visit Dr S T Scott
31/03/2004 Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Diagnostic radiographers : REFERRAL_TO=NHS : REFERRAL_NATURE=Treat : PROVIDER=ARI : REFERRED_BY=Dr S T Scott : ATTENDANCE_TYPE=1st Visit Dr S T Scott
22/11/2001 Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=General Surgery : REFERRAL_TO=NHS : REFERRAL_NATURE=Treat : PROVIDER=ARI : REFERRED_BY=Dr A Hay : ATTENDANCE_TYPE=1st Visit Dr A Hay
07/06/2001 [SO]Base of fifth metatarsal Fracture Dr . Staff
06/07/2000 Referral for further care SPECIALITY=Cardiology : REFERRAL_TO=NHS : PROVIDER=ARI : REFERRED_BY=Dr C Munro Dr C Munro
17/02/2000 Did not attend - no reason Dr . Staff
16/09/1999 HOUSECALL TRAINEE Dr . Staff
18/02/1999 Seen in GP's surgery Acute Consultation Dr C J Milburn
28/08/1998 Referral for further care SPECIALITY=General Medicine : REFERRAL_TO=NHS : PROVIDER=ARI Dr . Staff
31/07/1998 Referral for further care SPECIALITY=X-Ray Noncontrast : REFERRAL_TO=NHS : PROVIDER=ARI Dr . Staff
06/03/1996 RECORDS HAVE BEEN SUMMERISED Dr . Staff
01/01/1995 Bronchitis NOS Dr . Staff
10/11/1994 Patient encounter data NOS Repeats Reviewed Dr . Staff
07/12/1993 MINOR SURGERY Dr . Staff
28/10/1993 Body Mass Index normal K/M2 Dr . Staff
28/10/1993 GP/HPC-health promotion clinic Dr . Staff
12/03/1993 Pat. GP7B/GP8B card from HB Dr . Staff
01/01/1993 Drainage of lesion of skin NEC Dr . Staff
01/01/1990 Excision of haemorrhoid NOS Dr . Staff
01/01/1989 Anxiety states Dr . Staff

Repeat Masters

Dronabinol 2.7mg/dose / Cannabidiol 2.5mg/dose oromucosal spray Until: Last issued: Number of issues: maximum 1 allowed PRIVATE ALTERNALEAF. SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

Dihydrocodeine 30mg tablets Until: Last issued: 05/05/2026 Number of issues: 1 maximum 3 allowed TAKE ONE EVERY FOUR TO SIX HOURS

Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Until: Last issued: 04/05/2026 Number of issues: 1 maximum 3 allowed 1 INHALATION ONCE DAILY

Amitriptyline 10mg tablets Until: Last issued: 04/05/2026 Number of issues: 1 maximum 6 allowed TWO TABLETS AT NIGHT

Fluoxetine 20mg capsules Until: Last issued: 04/05/2026 Number of issues: 2 maximum 3 allowed ONE DAILY

Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Until: Last issued: 10/11/2025 Number of issues: 2 maximum 6 allowed 1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED

Acute and Repeat Issue Therapy

05/05/2026 1 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS

04/05/2026 1 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY

Mr Ceith Crockett **04/06/1962** **Male** **/ S/168/2/1962/ Permanent**

04/05/2026 2 issued Fluoxetine 20mg capsules Supply: (56) capsule ONE DAILY
04/05/2026 1 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
03/04/2026 3 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
03/04/2026 3 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
03/04/2026 6 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
05/03/2026 1 issued Fluoxetine 20mg capsules Supply: (56) capsule ONE DAILY
04/03/2026 5 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
04/03/2026 2 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
04/03/2026 2 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
03/02/2026 4 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
03/02/2026 1 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
03/02/2026 1 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
16/01/2026 issued Varenicline 1mg tablets and Varenicline 500microgram tablets Supply: (25) tablet AS DIRECTED. SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY
07/01/2026 3 issued Fluoxetine 20mg capsules Supply: (56) capsule ONE DAILY
07/01/2026 3 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
07/01/2026 3 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
07/01/2026 3 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
05/12/2025 2 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
05/12/2025 2 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
05/12/2025 2 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
10/11/2025 2 issued Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Supply: (200) dose 1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED
10/11/2025 1 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
10/11/2025 1 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
10/11/2025 2 issued Fluoxetine 20mg capsules Supply: (56) capsule ONE DAILY
10/11/2025 1 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
08/10/2025 6 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
08/10/2025 3 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
08/10/2025 3 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
19/09/2025 issued Scheriproct suppositories (Karo Healthcare UK Ltd) Supply: (12) suppository ONE AT NIGHT FOR 5 NIGHTS
19/09/2025 issued Tadalafil 5mg tablets Supply: (28) tablet ONE DAILY
03/09/2025 5 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
03/09/2025 2 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS

Mr Ceith Crockett **04/06/1962** **Male** **S/168/2/1962/** **Permanent**

03/09/2025 2 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
03/09/2025 1 issued Fluoxetine 20mg capsules Supply: (56) capsule ONE DAILY
24/07/2025 issued Docusate 100mg capsules Supply: (56) capsule ONE OR TWO DAILY AS NEEDED FOR BOWELS
11/07/2025 1 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
11/07/2025 1 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
11/07/2025 1 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
03/07/2025 3 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
03/07/2025 3 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
03/07/2025 3 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
26/06/2025 issued Proctosedyl ointment (Phoenix Labs Ltd) Supply: (30) gram APPLY TWICE DAILY
02/06/2025 2 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
02/06/2025 3 issued Fluoxetine 20mg capsules Supply: (56) capsule ONE DAILY
02/06/2025 2 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
02/06/2025 2 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
08/05/2025 issued Scheriproct suppositories (Karo Healthcare UK Ltd) Supply: (12) suppository ONE AT NIGHT FOR 5 NIGHTS
30/04/2025 2 issued Fluoxetine 20mg capsules Supply: (56) capsule ONE DAILY
30/04/2025 1 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
30/04/2025 1 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
30/04/2025 1 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
01/04/2025 6 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
01/04/2025 3 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
01/04/2025 3 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
01/04/2025 1 issued Fluoxetine 20mg capsules Supply: (56) capsule ONE DAILY
27/03/2025 issued Anusol cream (Church & Dwight UK Ltd) Supply: (23) gram USE TWICE A DAY AND BEFORE BOWEL MOVEMENTS
27/03/2025 issued Hyoscine butylbromide 10mg tablets Supply: (28) tablet TAKE 1 TABLET 3 TIMES
04/03/2025 issued Fluoxetine 20mg capsules Supply: (30) capsule ONE DAILY
04/03/2025 5 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
04/03/2025 1 issued Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Supply: (200) dose 1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED
04/03/2025 2 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
04/03/2025 2 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
03/02/2025 6 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
03/02/2025 4 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
03/02/2025 1 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY

Mr Ceith Crockett **04/06/1962** **Male** **S/168/2/1962/** **Permanent**

14/01/2025 1 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
30/12/2024 5 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
30/12/2024 3 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
30/12/2024 3 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
02/12/2024 3 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
02/12/2024 4 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
02/12/2024 2 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
02/12/2024 2 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
05/11/2024 6 issued Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Supply: (200) dose 1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED
05/11/2024 3 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
05/11/2024 1 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
15/10/2024 2 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
07/10/2024 6 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
07/10/2024 2 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
07/10/2024 1 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
10/09/2024 1 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
10/09/2024 1 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
10/09/2024 5 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
10/09/2024 3 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
09/08/2024 3 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
31/07/2024 2 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
31/07/2024 6 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
31/07/2024 4 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
10/07/2024 2 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
01/07/2024 5 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
01/07/2024 3 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
01/07/2024 1 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
30/05/2024 1 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
30/05/2024 5 issued Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Supply: (200) dose 1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED
30/05/2024 3 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
30/05/2024 4 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
30/05/2024 2 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
21/05/2024 issued Metronidazole 400mg tablets Supply: (21) tablet 1 TABLET THREE TIMES DAILY
06/05/2024 1 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
03/05/2024 3 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY

Mr Ceith Crockett **04/06/1962** **Male** **S/168/2/1962/** **Permanent**

02/04/2024 6 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
02/04/2024 3 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
02/04/2024 2 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
06/03/2024 1 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
06/03/2024 2 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
06/03/2024 5 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
29/02/2024 1 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY.
22/02/2024 2 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
09/02/2024 6 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
09/02/2024 4 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
30/01/2024 issued Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
30/01/2024 issued Metronidazole 400mg tablets Supply: (21) tablet 1 TABLET THREE TIMES DAILY
10/01/2024 1 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
03/01/2024 1 issued Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (60) dose 1 INHALATION ONCE DAILY
29/12/2023 4 issued Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Supply: (200) dose 1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED
29/12/2023 5 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
29/12/2023 3 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
01/12/2023 4 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
01/12/2023 3 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
01/12/2023 2 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
27/11/2023 issued Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Supply: (30) dose 1 INHALATION ONCE DAILY
02/11/2023 3 issued Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Supply: (200) dose 1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED
02/11/2023 3 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
02/11/2023 1 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
27/10/2023 issued Doxycycline 100mg capsules Supply: (8) capsule TWICE ON FIRST DAY THEN ONE DAILY FOR THE WEEK
16/10/2023 2 issued Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Supply: (200) dose 1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED
16/10/2023 2 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
03/10/2023 2 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
03/10/2023 6 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
06/09/2023 1 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
06/09/2023 1 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
05/09/2023 5 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
02/08/2023 6 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
02/08/2023 4 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
24/07/2023 3 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
05/07/2023 1 issued Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Supply: (200) dose 1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED
04/07/2023 5 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
04/07/2023 3 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT

Mr Ceith Crockett **04/06/1962** **Male** **S/168/2/1962/** **Permanent**

02/06/2023 4 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
02/06/2023 2 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
02/06/2023 2 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
04/05/2023 3 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
04/05/2023 1 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
05/04/2023 issued Amitriptyline 10mg tablets Supply: (56) tablet TWO TABLETS AT NIGHT
04/04/2023 2 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
04/04/2023 1 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
15/03/2023 issued Amitriptyline 10mg tablets Supply: (28) tablet ONE TABLET DAILY
16/02/2023 1 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
15/02/2023 3 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
10/01/2023 2 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
10/01/2023 issued Celecoxib 100mg capsules Supply: (60) capsule 1 CAPSULE TWICE DAILY
05/01/2023 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
15/12/2022 1 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
14/12/2022 6 issued Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Supply: (200) dose 1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED
09/12/2022 issued Fluoxetine 20mg capsules Supply: (56) capsule TWO DAILY
04/11/2022 3 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
04/11/2022 issued Fucibet cream (LEO Pharma) Supply: (30) gram APPLY SPARINGLY TWICE A DAY TO INFECTED AREAS OF SKIN FOR UP TO 2 WEEKS
04/11/2022 issued Fluoxetine 20mg capsules Supply: (56) capsule ONE DAILY, CAN INCREASE UP TO 2 DAILY AFTER 1 WEEK
20/09/2022 5 issued Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Supply: (200) dose 1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED
20/09/2022 2 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
30/08/2022 issued Promethazine hydrochloride 25mg tablets Supply: (14) tablet TAKE ONE AT NIGHT AS REQUIRED
24/08/2022 issued Zolpidem 5mg tablets Supply: (14) tablet 1-2 AT NIGHT Notes for patient: Zolpidem should only be used for a short time as they can be addicting, and their effectiveness wears off - if you wish to discuss coming off these tablets please make an appointment.
22/08/2022 issued Zopiclone 3.75mg tablets Supply: (14) tablet 1-2 AT NIGHT Notes for patient: Zopiclone should only be used for a short time as they can be addicting, and their effectiveness wears off - if you wish to discuss coming off these tablets please make an appointment.
22/08/2022 issued Mirtazapine 15mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY AT NIGHT
29/07/2022 issued Mirtazapine 15mg tablets Supply: (28) tablet 1 TABLET ONCE A DAY AT NIGHT
26/07/2022 1 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
25/07/2022 4 issued Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Supply: (200) dose 1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED
01/07/2022 2 issued Fluoxetine 20mg capsules Supply: (60) capsule TAKE TWO DAILY
14/06/2022 3 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
02/06/2022 1 issued Fluoxetine 20mg capsules Supply: (60) capsule TAKE TWO DAILY
27/04/2022 2 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
27/04/2022 2 issued Fluoxetine 20mg capsules Supply: (60) capsule TAKE TWO DAILY
01/04/2022 1 issued Fluoxetine 20mg capsules Supply: (60) capsule TAKE TWO DAILY
07/03/2022 1 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
02/03/2022 2 issued Fluoxetine 20mg capsules Supply: (60) capsule TAKE TWO DAILY
02/02/2022 1 issued Fluoxetine 20mg capsules Supply: (60) capsule TAKE TWO DAILY
20/01/2022 3 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS

Mr Ceith Crockett 04/06/1962 Male S/168/2/1962/ Permanent

30/12/2021	2 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
PLEASE MAKE ROUTINE TELEPHONE APPT TO REVIEW MEDICATION THANKS				
02/12/2021	issued	Prednisolone 5mg tablets	Supply: (40) tablet	8 TABS DAILY FOR
5 DAYS				
29/11/2021	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
PLEASE MAKE ROUTINE TELEPHONE APPT TO REVIEW MEDICATION THANKS				
19/11/2021	3 issued	Salamol 100micrograms/dose inhaler CFC free (Teva		
UK Ltd)	Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED		
19/11/2021	2 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY
FOUR TO SIX HOURS				
29/10/2021	2 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
PLEASE MAKE ROUTINE TELEPHONE APPT TO REVIEW MEDICATION THANKS				
12/10/2021	issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE
TIMES DAILY TO THE AFFECTED AREA(S)				
28/09/2021	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
PLEASE MAKE ROUTINE TELEPHONE APPT TO REVIEW MEDICATION THANKS				
28/09/2021	1 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY
FOUR TO SIX HOURS				
01/09/2021	3 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
29/07/2021	2 issued	Salamol 100micrograms/dose inhaler CFC free (Teva		
UK Ltd)	Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED		
29/07/2021	2 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
29/07/2021	3 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY
FOUR TO SIX HOURS				
01/07/2021	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
31/05/2021	3 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
31/05/2021	2 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY
FOUR TO SIX HOURS				
30/04/2021	2 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
13/04/2021	issued	Hydromol ointment (Alliance Pharmaceuticals Ltd)	Supply: (500) gram	APPLY TWICE
DAILY				
13/04/2021	issued	Eumovate 0.05% ointment (GlaxoSmithKline UK Ltd)	Supply: (30) gram	APPLY TO
LESIONS TWICE DAILY				
13/04/2021	issued	Dermol 200 shower emollient (Dermal Laboratories Ltd)	Supply: (200) ml	AS A SOAP
SUBSTITUTE				
30/03/2021	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
30/03/2021	1 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY
FOUR TO SIX HOURS				
26/02/2021	3 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
11/02/2021	issued	Otomize ear spray (Ennogen Healthcare International		
Ltd)	Supply: (5) ml	1 SPRAY THREE TIMES DAILY		
01/02/2021	3 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY
FOUR TO SIX HOURS				
01/02/2021	1 issued	Salamol 100micrograms/dose inhaler CFC free (Teva		
UK Ltd)	Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED		
01/02/2021	2 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
29/12/2020	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
30/11/2020	6 issued	Salamol 100micrograms/dose inhaler CFC free (Teva		
UK Ltd)	Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED		
30/11/2020	3 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
30/11/2020	2 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY
FOUR TO SIX HOURS				
22/09/2020	2 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
22/09/2020	1 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY
FOUR TO SIX HOURS				
03/09/2020	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
20/08/2020	5 issued	Salamol 100micrograms/dose inhaler CFC free (Teva		
UK Ltd)	Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED		
30/07/2020	3 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY
FOUR TO SIX HOURS				
30/07/2020	3 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
01/07/2020	2 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
01/06/2020	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
01/06/2020	4 issued	Salamol 100micrograms/dose inhaler CFC free (Teva		
UK Ltd)	Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED		
01/06/2020	2 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY
FOUR TO SIX HOURS				
04/05/2020	3 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY

Mr Ceith Crockett **04/06/1962** **Male** **S/168/2/1962/** **Permanent**

25/03/2020	1 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
25/03/2020	2 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
04/03/2020	issued	Doxycycline 100mg capsules	Supply: (8) capsule	TAKE TWO CAPSULES AS A SINGLE DOSE ON THE FIRST DAY THEN TAKE ONE CAPSULE ONCE A DAY FOR THE NEXT FOUR DAYS
03/03/2020	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
03/03/2020	3 issued	Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd)	Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED
03/03/2020	issued	Amoxicillin 500mg capsules	Supply: (21) capsule	1 THREE TIMES A DAY
03/03/2020	issued	Prednisolone 5mg tablets	Supply: (30) tablet	6 TABLETS IN THE MORNING
03/02/2020	issued	Fucibet cream (LEO Pharma)	Supply: (30) gram	APPLY SPARINGLY TWICE A DAY TO INFECTED AREAS OF SKIN FOR UP TO 2 WEEKS
03/02/2020	3 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
03/02/2020	3 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
03/01/2020	2 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
17/12/2019	2 issued	Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd)	Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED
26/11/2019	2 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
26/11/2019	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
04/11/2019	3 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
23/09/2019	2 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
23/09/2019	1 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
23/09/2019	1 issued	Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd)	Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED
02/09/2019	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
02/08/2019	3 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
02/08/2019	3 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
03/07/2019	2 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
07/06/2019	issued	Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd)	Supply: (200) dose	1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED
05/06/2019	2 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
05/06/2019	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
06/05/2019	issued	Fluoxetine 20mg capsules	Supply: (60) capsule	2 DAILY-Notes for patient: please make a routine appt with GP for review of this medication as we haven't reviewed it in some time, thanks
02/04/2019	3 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
02/04/2019	1 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
04/03/2019	2 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
11/02/2019	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
04/01/2019	3 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
04/01/2019	3 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
05/12/2018	issued	Fucibet cream (LEO Pharma)	Supply: (30) gram	APPLY SPARINGLY TWICE A DAY TO INFECTED AREAS OF SKIN FOR UP TO 2 WEEKS
05/12/2018	2 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
02/11/2018	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
02/11/2018	2 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
03/10/2018	3 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
31/08/2018	2 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
31/08/2018	1 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
07/08/2018	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
04/07/2018	3 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
04/07/2018	3 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
05/06/2018	2 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
30/04/2018	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
30/04/2018	2 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
05/04/2018	3 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
09/03/2018	2 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY

Mr Ceith Crockett 04/06/1962 Male S/168/2/1962/ Permanent

09/03/2018	1 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
05/02/2018	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
05/02/2018	3 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
10/01/2018	3 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
27/12/2017	2 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
11/12/2017	2 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
07/11/2017	issued	Quinine sulfate 200mg tablets	Supply: (56) tablet	ONE AT NIGHT WHEN REQUIRED
06/11/2017	1 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
06/11/2017	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
04/10/2017	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
04/10/2017	issued	Fucibet cream (LEO Pharma)	Supply: (30) gram	APPLY SPARINGLY TWICE A DAY TO INFECTED AREAS OF SKIN
04/09/2017	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY Notes for patient: please make an appointment for review
04/09/2017	3 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
03/08/2017	6 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
05/07/2017	5 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
29/05/2017	4 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
29/05/2017	2 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
02/05/2017	3 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
04/04/2017	2 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
27/03/2017	1 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
08/03/2017	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
31/01/2017	6 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
31/01/2017	3 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
05/01/2017	5 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
16/11/2016	4 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
16/11/2016	2 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
13/10/2016	3 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
24/08/2016	1 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
24/08/2016	2 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
11/08/2016	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
05/07/2016	issued	Sildenafil 50mg tablets	Supply: (4) tablet	*SLS* TAKE ONE TABLET ONE HOUR BEFORE SEXUAL ACTIVITY
05/07/2016	6 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
05/07/2016	3 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
25/05/2016	5 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
25/05/2016	2 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
07/03/2016	4 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
05/02/2016	3 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
05/02/2016	1 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
21/12/2015	2 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
20/11/2015	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY
13/10/2015	3 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
13/10/2015	1 issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY Notes for patient: please make an appointment for review of this medication
27/08/2015	issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY Notes for patient: please make an appointment for review of this medication
29/07/2015	2 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS
22/06/2015	issued	Fluoxetine 20mg capsules	Supply: (60) capsule	TAKE TWO DAILY Notes for patient: please make an appointment for review of this medication
22/04/2015	issued	Fluoxetine 20mg capsules	Supply: (60) capsule	1 CAPSULE DAILY
24/03/2015	1 issued	Dihydrocodeine 30mg tablets	Supply: (60) tablet	TAKE ONE EVERY FOUR TO SIX HOURS

Mr Ceith Crockett 04/06/1962 Male S/168/2/1962/ Permanent

24/03/2015 issued Doublebase gel (Dermal Laboratories Ltd) Supply: (100) gram APPLY SA REQUIRED
24/03/2015 issued Fucibet cream (LEO Pharma) Supply: (30) gram APPLY SPARINGLY TWICE A DAY TO INFECTED AREAS OF SKIN FOR UP TO 2 WEEKS
03/02/2015 issued Fluoxetine 20mg capsules Supply: (60) capsule 1 CAPSULE DAILY
25/11/2014 issued Fluoxetine 20mg capsules Supply: (60) capsule 1 CAPSULE DAILY
25/11/2014 3 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
16/09/2014 issued Fluoxetine 20mg capsules Supply: (60) capsule 1 CAPSULE DAILY
01/08/2014 issued Paracetamol 500mg caplets (A A H Pharmaceuticals Ltd) Supply: (100) tablet TWO CAPLETS EVERY 4 TO 6 HOURS WHEN REQUIRED FOR FOR FOR PAIN
01/08/2014 issued Ibuprofen 400mg tablets Supply: (84) tablet 1 TABLET THREE TIMES DAILY
01/08/2014 2 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
03/07/2014 issued Sumatriptan 50mg tablets Supply: (6) tablet 1 TABLET AT THE ONSET OF MIGRAINE ATTACK. CAN REPEAT DOSE AFTER 2 HOURS IF MIGRAINE RECURS.
03/07/2014 issued Fluoxetine 20mg capsules Supply: (60) capsule 1 CAPSULE DAILY
24/04/2014 1 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
24/04/2014 issued Fluoxetine 20mg capsules Supply: (60) capsule 1 CAPSULE DAILY
04/02/2014 issued Sumatriptan 50mg tablets Supply: (6) tablet 1 TABLET AT THE ONSET OF MIGRAINE ATTACK. CAN REPEAT DOSE AFTER 2 HOURS IF MIGRAINE RECURS.
04/02/2014 issued Fluoxetine 20mg capsules Supply: (60) capsule 1 CAPSULE DAILY
04/02/2014 3 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
16/12/2013 issued Fluoxetine 20mg capsules Supply: (120) capsule TAKE TWO DAILY Notes for patient: please make an appointment for review of this medication
23/10/2013 issued Fluoxetine 20mg capsules Supply: (120) capsule TAKE TWO DAILY
23/10/2013 2 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
13/08/2013 issued Fluoxetine 20mg capsules Supply: (120) capsule TAKE TWO DAILY
02/07/2013 1 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
02/07/2013 issued Fluoxetine 20mg capsules Supply: (120) capsule TAKE TWO DAILY Notes for patient: please make an appointment for review of this medication
22/04/2013 issued Fluoxetine 20mg capsules Supply: (120) capsule TAKE TWO DAILY Notes for patient: please make an appointment for review of this medication
12/02/2013 issued Fluoxetine 20mg capsules Supply: (120) capsule TAKE TWO DAILY
12/02/2013 issued Pizotifen 1.5mg tablets Supply: (28) tablet 1 AT NIGHT
18/01/2013 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
22/11/2012 issued Pizotifen 1.5mg tablets Supply: (28) tablet 1 AT NIGHT
22/11/2012 issued Fluoxetine 20mg capsules Supply: (120) capsule TAKE TWO DAILY
12/10/2012 issued Fluoxetine 20mg capsules Supply: (120) capsule TAKE TWO DAILY
05/09/2012 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
22/06/2012 issued Fluoxetine 20mg capsules Supply: (120) capsule TAKE TWO DAILY
27/04/2012 issued Fluoxetine 20mg capsules Supply: (120) capsule TAKE TWO DAILY
18/04/2012 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
05/04/2012 issued Fluoxetine 20mg capsules Supply: (120) capsule TAKE TWO DAILY
13/01/2012 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
24/08/2011 issued Dihydrocodeine 30mg tablets Supply: (60) tablet TAKE ONE EVERY FOUR TO SIX HOURS
24/08/2011 issued Fluoxetine 20mg capsules Supply: (120) capsule TAKE TWO DAILY
14/07/2011 issued Fluoxetine 20mg capsules Supply: (120) capsule(s) TAKE TWO DAILY
28/06/2011 1 issued Tramadol 50mg capsules Supply: (60) capsule(s) TAKE 1x 3 per day
23/06/2011 issued Typhim Vi 25micrograms/0.5ml vaccine solution for injection pre-filled syringes (Sanofi) Supply: (1) 0.5ml pre-filled syringe AS DIR
23/06/2011 issued Havrix Monodose vaccine suspension for injection 1ml pre-filled syringes (GlaxoSmithKline UK Ltd) Supply: (1) 1ml syringe(non-fixed needle) AS DIR
23/06/2011 issued Revaxis vaccine suspension for injection 0.5ml pre-filled syringes (Sanofi) Supply: (1) pre-filled syringe AS DIR
09/05/2011 issued Fluoxetine 20mg capsules Supply: (120) capsule(s) TAKE TWO DAILY
12/04/2011 issued Tramadol 50mg capsules Supply: (60) capsule(s) TAKE 1 OR AS DIRECTED
07/04/2011 issued Fluoxetine 20mg capsules Supply: (60) capsule(s) TAKE TWO DAILY

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07/03/2011	issued	Co-dydramol 20mg/500mg tablets	Supply: (112) tablet(s)	ONE OR TWO TABLETS EVERY FOUR TO SIX HOURS IF NEEDED FOR FOR FOR FOR PAIN UP TO MAX OF 8 PER DAY
07/03/2011	issued	Trimethoprim 200mg tablets	Supply: (14) tablet(s)	TAKE ONE TWICE DAILY
01/03/2011	issued	Fluoxetine 20mg capsules	Supply: (60) capsule(s)	TAKE TWO DAILY
26/01/2011	issued	Fluoxetine 20mg capsules	Supply: (30) capsule(s)	TAKE ONE DAILY
29/12/2010	issued	Fluoxetine 20mg capsules	Supply: (30) capsule(s)	TAKE ONE DAILY
10/12/2010	issued	Paracetamol 500mg / Metoclopramide 5mg effervescent powder sachets sugar free Supply: (42) sachet(s) TAKE ONE EVERY 4 HRS		
10/12/2010	issued	Rizatriptan 5mg tablets	Supply: (6) tablet(s)	TAKE ONE AS DIRECTED
30/11/2010	issued	Diazepam 2mg tablets	Supply: (21) tablet(s)	TAKE AS DIRECTED
30/11/2010	issued	Fluoxetine 20mg capsules	Supply: (30) capsule(s)	TAKE ONE DAILY
11/10/2010	issued	Diazepam 2mg tablets	Supply: (6) tablet(s)	TAKE AS DIRECTED
11/10/2010	issued	Citalopram 20mg tablets	Supply: (28) tablet(s)	1 IN THE MORNING
17/09/2010	issued	Co-dydramol 10mg/500mg tablets	Supply: (100) tablet(s)	TAKE 1 OR 2 4 TIMES/DAY
30/04/2010	issued	Co-dydramol 10mg/500mg tablets	Supply: (100) tablet(s)	TAKE 1 OR 2 4 TIMES/DAY
22/03/2010	3 issued	Fusidic acid with betamethasone valerate 2%with1% cream Supply: (30) gram(s) APPLY TWICE DAILY		
11/03/2010	issued	Fluoxetine 20mg capsules	Supply: (30) capsule(s)	TAKE ONE DAILY
23/02/2010	issued	Fluoxetine 20mg capsules	Supply: (30) capsule(s)	TAKE ONE DAILY
08/02/2010	4 issued	Dihydrocodeine 30mg tablets	Supply: (56) tablet(s)	1 Tab every 4 to 6 hours
27/01/2010	issued	Amoxicillin 500mg capsules	Supply: (30) capsule(s)	1 THREE TIMES A DAY
26/11/2009	3 issued	Dihydrocodeine 30mg tablets	Supply: (56) tablet(s)	1 Tab every 4 to 6 hours
30/09/2009	2 issued	Dihydrocodeine 30mg tablets	Supply: (56) tablet(s)	1 Tab every 4 to 6 hours
15/07/2009	1 issued	Dihydrocodeine 30mg tablets	Supply: (56) tablet(s)	1 Tab every 4 to 6 hours
31/03/2009	issued	Sumatriptan 50mg tablets	Supply: (6) tablet(s)	TAKE ONE AS DIRECTED
27/03/2009	6 issued	Dihydrocodeine 30mg tablets	Supply: (56) tablet(s)	1 Tab every 4 to 6 hours
20/01/2009	5 issued	Dihydrocodeine 30mg tablets	Supply: (56) tablet(s)	1 Tab every 4 to 6 hours
20/01/2009	2 issued	Fusidic acid with betamethasone valerate 2%with1% cream Supply: (30) gram(s) APPLY TWICE DAILY		
10/10/2008	4 issued	Dihydrocodeine 30mg tablets	Supply: (56) tablet(s)	1 Tab every 4 to 6 hours
12/08/2008	3 issued	Dihydrocodeine 30mg tablets	Supply: (56) tablet(s)	1 Tab every 4 to 6 hours
13/06/2008	2 issued	Dihydrocodeine 30mg tablets	Supply: (56) tablet(s)	1 Tab every 4 to 6 hours
22/05/2008	1 issued	Fusidic acid with betamethasone valerate 2%with1% cream Supply: (30) gram(s) APPLY TWICE DAILY		
07/04/2008	1 issued	Dihydrocodeine 30mg tablets	Supply: (56) tablet(s)	1 Tab every 4 to 6 hours
25/01/2008	6 issued	Dihydrocodeine 30mg tablets	Supply: (56) tablet(s)	1 Tab every 4 to 6 hours
06/12/2007	5 issued	Dihydrocodeine 30mg tablets	Supply: (56) tablet(s)	1 Tab every 4 to 6 hours
10/10/2007	4 issued	Dihydrocodeine 30mg tablets	Supply: (56) tablet(s)	1 Tab every 4 to 6 hours
02/08/2007	3 issued	Dihydrocodeine 30mg tablets	Supply: (56) tablet(s)	1 Tab every 4 to 6 hours
15/05/2007	2 issued	Dihydrocodeine 30mg tablets	Supply: (56) tablet(s)	1 Tab every 4 to 6 hours
10/04/2007	issued	Diclofenac sodium 50mg gastro-resistant tablets	Supply: (100) tablet(s)	TAKE ONE 3 TIMES/DAY
05/03/2007	issued	Diclofenac sodium 50mg gastro-resistant tablets	Supply: (84) tablet(s)	TAKE ONE 3 TIMES/DAY
01/03/2007	1 issued	Dihydrocodeine 30mg tablets	Supply: (56) tablet(s)	1 Tab every 4 to 6 hours

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11/08/2006	8 issued	Dihydrocodeine 30mg tablets	Supply: (56)	1 Tab every 4 to 6 hours
07/03/2006	7 issued	Dihydrocodeine 30mg tablets	Supply: (56)	1 Tab every 4 to 6 hours
02/02/2006	0 issued	Fucibet cream (LEO Pharma)	Supply: (60)	Apply Twice daily
04/11/2005	6 issued	Dihydrocodeine 30mg tablets	Supply: (56)	1 Tab every 4 to 6 hours
02/11/2005	0 issued	Amorolfine 0.25% cream	Supply: (20)	Apply morning and night
01/11/2005	5 issued	Dihydrocodeine 30mg tablets	Supply: (56)	1 Tab every 4 to 6 hours
19/07/2005	4 issued	Dihydrocodeine 30mg tablets	Supply: (56)	1 Tab every 4 to 6 hours
19/07/2005	0 issued	Zyban 150mg modified-release tablets (GlaxoSmithKline UK Ltd)	Supply: (60)	1 Tab Twice daily
06/06/2005	0 issued	Trimovate cream (Ennogen Healthcare International Ltd)	Supply: (30)	Apply sparingly 3 times daily
10/05/2005	0 issued	Clotrimazole 1% cream	Supply: (20)	Apply 3 times daily
14/04/2005	3 issued	Dihydrocodeine 30mg tablets	Supply: (56)	1 Tab every 4 to 6 hours
02/02/2005	2 issued	Dihydrocodeine 30mg tablets	Supply: (56)	1 Tab every 4 to 6 hours
01/12/2004	1 issued	Dihydrocodeine 30mg tablets	Supply: (56)	1 Tab every 4 to 6 hours
17/05/2004	0 issued	Dihydrocodeine 30mg tablets	Supply: (56)	1 or 2 Tabs up to qid
30/03/2004	0 issued	Dihydrocodeine 30mg tablets	Supply: (56)	1 or 2 Tabs up to qid
30/03/2004	0 issued	Co-amoxiclav 500mg/125mg tablets	Supply: (21)	1 Tab 3 times daily
30/10/2003	0 issued	Sildenafil 50mg tablets	Supply: (4)	1 Tab As directed
25/09/2003	0 issued	Gabapentin 300mg capsules	Supply: (336)	1 Cap increase to 2 tabs tds
17/09/2002	0 issued	Co-amoxiclav 500mg/125mg tablets	Supply: (21)	1 Tab 3 times daily
05/07/1999	1 issued	Salamol 100micrograms/dose Easi-Breathe inhaler (Teva UK Ltd)	Supply: (1) OP	2 PUFFS FOUR TIMES DAILY
05/07/1999	5 issued	Salamol 100micrograms/dose Easi-Breathe inhaler (Teva UK Ltd)	Supply: (1) OP	2 PUFFS FOUR TIMES DAILY
15/06/1999	4 issued	Salamol 100micrograms/dose Easi-Breathe inhaler (Teva UK Ltd)	Supply: (1) OP	2 PUFFS FOUR TIMES DAILY
08/04/1999	3 issued	Salamol 100micrograms/dose Easi-Breathe inhaler (Teva UK Ltd)	Supply: (1) OP	2 PUFFS FOUR TIMES DAILY
04/02/1999	2 issued	Salamol 100micrograms/dose Easi-Breathe inhaler (Teva UK Ltd)	Supply: (1) OP	2 PUFFS FOUR TIMES DAILY
29/12/1998	1 issued	Salamol 100micrograms/dose Easi-Breathe inhaler (Teva UK Ltd)	Supply: (1) OP	2 PUFFS FOUR TIMES DAILY
29/03/1994	1 issued	Ibuprofen 400mg tablets	Supply: (90)	1 TAB THREE TIMES DAILY
30/11/1993	1 issued	Zinnat 250mg tablets (Sandoz Ltd)	Supply: (20)	1 TAB TWICE DAILY
19/11/1993	0 issued	Flucloxacillin 250mg capsules	Supply: (28)	1 CAP FOUR TIMES DAILY
20/10/1993	0 issued	Flucloxacillin 250mg capsules	Supply: (28)	1 CAP FOUR TIMES DAILY

Recall

16/04/2025	Recall on 16/04/2026 for Chronic obstructive pulmonary disease annual review with Mrs Karen Yeats	Status:Outstanding
27/02/2024	Recall on 27/02/2025 for Chronic obstructive pulmonary disease annual review with Mrs Karen Yeats	Status:Complete
27/11/2023	Recall on 27/02/2024 for Chronic obstructive pulmonary disease annual review with Mrs Karen Yeats	Status:Complete
06/06/2019	Recall on 04/07/2019 for Chronic obstructive pulmonary disease annual review with Mrs Karen Yeats	Status:Complete
04/06/2016	Recall on 04/06/2016 for No response to bowel cancer screening programme invitation with Dr M Macfarlane	Status:Outstanding
30/10/2003	Recall on 30/10/2006 for O/E - BP reading normal with Dr A D Glenesk	Status:Outstanding
ACTION=Repeat after an Interval : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS=Do not send result letter		
28/10/1993	Recall on 28/10/1996 for O/E - weight with Dr . Staff	Status:Outstanding
ACTION=Repeat after an Interval : RECALL_LETTER_STATUS=Send recall when due		
28/10/1993	Recall on 28/10/1996 for O/E - height with Dr . Staff	Status:Outstanding
ACTION=Repeat after an Interval : RECALL_LETTER_STATUS=Send recall when due		

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28/10/1993 Recall on 28/10/1998 for O/E - BP reading normal with Dr . Staff Status:Outstanding
ACTION: Repeat after an Interval.: RECALL_LETTER_STATUS=Send recall when due

Consultation

01/06/2026	Other	Ms Rebecca Blackie
01/06/2026	Other	Ms Rebecca Blackie
22/05/2026	Third Party Consultation	Miss Nicole Mcwilliam
22/05/2026	Medicine Management	Mrs Olivia Collie
19/05/2026	Third Party Consultation	Miss Becca Simpson
19/05/2026	Surgery consultation	Miss Becca Simpson
05/05/2026	Surgery consultation	Mrs Carol Stephen
04/05/2026	Other	Ms Rebecca Blackie
03/04/2026	Administration	Mr Ryan Shaw
30/03/2026	Other	Miss Nicole Mcwilliam
05/03/2026	Surgery consultation	Dr Vaila Boswell
04/03/2026	Administration	Mr Ryan Shaw
17/02/2026	Surgery consultation	Miss Toni Marwick
09/02/2026	Administration	Mr Ryan Shaw
03/02/2026	Other	Miss Laura Inglis
27/01/2026	Other	Miss Nicole Mcwilliam
27/01/2026	Third Party Consultation	Mrs Shona Cumming
22/01/2026	Surgery consultation	Miss Becca Simpson
15/01/2026	Administration	Mr Ryan Shaw
15/01/2026	Third Party Consultation	Mrs Shona Cumming
15/01/2026	Repeat Issue	Mrs Shona Cumming
15/01/2026	Other	Dr Leanne Duff
14/01/2026	Results recording	Dr Leanne Duff
14/01/2026	Results recording	Dr Leanne Duff
14/01/2026	Results recording	Dr Leanne Duff
13/01/2026	Surgery consultation	Miss Chrisanne Mendes
07/01/2026	Administration	Mr Ryan Shaw
05/01/2026	Other	Mrs Elspet Trives
23/12/2025	Surgery consultation	Dr Leanne Duff
22/12/2025	Administration	Mr Ryan Shaw
22/12/2025	Administration	Ms Donna Dickson
19/12/2025	Surgery consultation	Miss Becca Simpson
17/12/2025	Surgery consultation	Miss Becca Simpson
17/12/2025	Other	Ms Rebecca Blackie
11/12/2025	Other	Ms Rebecca Blackie
08/12/2025	Other	Ms Rebecca Blackie
05/12/2025	Other	Ms Rebecca Blackie
14/11/2025	Administration	Dr Samantha Fenwick
14/11/2025	Surgery consultation	Miss Becca Simpson
10/11/2025	Administration	Dr Leanne Duff
10/11/2025	Surgery consultation	Ms Michelle Robertson
09/10/2025	Third Party Consultation	Miss Laura Inglis
08/10/2025	Repeat Issue	Mrs Shona Cumming
24/09/2025	Surgery consultation	Dr Vaila Boswell
23/09/2025	Other	Miss Laura Inglis
19/09/2025	Surgery consultation	Dr M Macfarlane
19/09/2025	Administration	Mr Ryan Shaw
11/09/2025	Surgery consultation	Dr Vaila Boswell
09/09/2025	Other	Ms Rebecca Blackie
03/09/2025	Repeat Issue	Mrs Shona Cumming
12/08/2025	Surgery consultation	Miss Becca Simpson
24/07/2025	Surgery consultation	Dr Leanne Duff
23/07/2025	Administration	Miss Morgan Leys
14/07/2025	Third Party Consultation	Ms Donna Dickson
11/07/2025	Administration	Miss Morgan Leys
11/07/2025	Third Party Consultation	Mrs Shona Cumming
11/07/2025	Third Party Consultation	Mrs Shona Cumming
04/07/2025	Medicine Management	Dr M Macfarlane
03/07/2025	Administration	Mr Ryan Shaw
26/06/2025	Surgery consultation	Dr Snegha Pramila
26/06/2025	Surgery consultation	Dr Vaila Boswell
02/06/2025	Other	Ms Rebecca Blackie
29/05/2025	Other	Mrs Linda Noble
27/05/2025	Telephone call to a patient	Dr Leanne Duff
08/05/2025	Other	Dr Leanne Duff
07/05/2025	Administration	Mr Ryan Shaw
01/05/2025	Telephone call to a patient	Dr Leanne Duff
30/04/2025	Administration	Mr Ryan Shaw
24/04/2025	Other	Mrs Linda Noble
24/04/2025	Third Party Consultation	Miss Morgan Leys

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23/04/2025	Other	Miss Nicole Mcwilliam
17/04/2025	Third Party Consultation	Mrs Shona Cumming
16/04/2025	Other	Mrs Karen Yeats
01/04/2025	Surgery consultation	Miss Becca Simpson
27/03/2025	Other	Miss Fiona Smith
27/03/2025	Third Party Consultation	Miss Morgan Leys
27/03/2025	Surgery consultation	Dr Snegha Pramila
27/03/2025	Telephone call to a patient	Dr Sarah Mathieson
26/03/2025	Surgery consultation	Dr Anne Warnakulasuriyadona
26/03/2025	Third Party Consultation	Miss Becca Simpson
18/03/2025	Repeat Issue	Mrs Shona Cumming
18/03/2025	Other	Dr Leanne Duff
18/03/2025	Other	Dr Leanne Duff
14/03/2025	Other	Mrs Elspet Trives
13/03/2025	Other	Miss Nicole Mcwilliam
13/03/2025	Telephone call to a patient	Dr Leanne Duff
13/03/2025	Results recording	Dr Leanne Duff
12/03/2025	Results recording	Dr Leanne Duff
12/03/2025	Results recording	Dr Leanne Duff
12/03/2025	Results recording	Dr Leanne Duff
12/03/2025	Results recording	Dr Lorraine Mcguigan
11/03/2025	Surgery consultation	Mrs Vicki Mcbain
05/03/2025	Other	Mrs Elspet Trives
04/03/2025	Other	Dr Leanne Duff
03/03/2025	Administration	Mr Ryan Shaw
03/03/2025	Other	Dr Leanne Duff
28/02/2025	Results recording	Dr Lorraine Mcguigan
18/02/2025	Administration	Miss Morgan Leys
18/02/2025	Surgery consultation	Dr Nicky Grant
18/02/2025	Third Party Consultation	Miss Becca Simpson
18/02/2025	Surgery consultation	Dr Nicky Grant
18/02/2025	Repeat Issue	Mrs Shona Cumming
12/02/2025	Other	Miss Fiona Smith
12/02/2025	Third Party Consultation	Miss Becca Simpson
12/02/2025	Surgery consultation	Dr Anne Warnakulasuriyadona
03/02/2025	Repeat Issue	Mrs Shona Cumming
14/01/2025	Repeat Issue	Mrs Shona Cumming
14/01/2025	Administration	Dr Leanne Duff
13/01/2025	Administration	Miss Morgan Leys
30/12/2024	Repeat Issue	Mrs Shona Cumming
02/12/2024	Administration	Miss Morgan Leys
05/11/2024	Surgery consultation	Miss Becca Simpson
15/10/2024	Other	Miss Laura Inglis
15/10/2024	Administration	Mr Ryan Shaw
07/10/2024	Repeat Issue	Mrs Shona Cumming
10/09/2024	Medicine Management	Dr Tahmina Arifa
10/09/2024	Surgery consultation	Miss Becca Simpson
09/08/2024	Administration	Mr Ryan Shaw
31/07/2024	Other	Mrs Linda Noble
29/07/2024	Administration	Miss Morgan Leys
29/07/2024	Results recording	Dr Tahmina Arifa
25/07/2024	Surgery consultation	Miss Paula Milne
10/07/2024	Other	Miss Laura Inglis
01/07/2024	Repeat Issue	Mrs Shona Cumming
13/06/2024	Results recording	Dr Tahmina Arifa
12/06/2024	Repeat Issue	Mrs Shona Cumming
12/06/2024	Results recording	Dr Tahmina Arifa
12/06/2024	Results recording	Dr Tahmina Arifa
11/06/2024	Other	Mr Glenn Patindol
30/05/2024	Other	Miss Nicole Mcwilliam
30/05/2024	Surgery consultation	Dr Vaila Boswell
30/05/2024	Administration	Miss Morgan Leys
27/05/2024	Results recording	Dr Tahmina Arifa
21/05/2024	Surgery consultation	Dr Tahmina Arifa
20/05/2024	Administration	Mr Ryan Shaw
20/05/2024	Telephone call to a patient	Dr Kimberley Moak
06/05/2024	Mail to patient	Dr Aisling Halliday
03/05/2024	Other	Miss Nicole Mcwilliam
02/04/2024	Repeat Issue	Mrs Shona Cumming
06/03/2024	Medicine Management	Dr Jennifer Trodden
06/03/2024	Other	Mrs Linda Noble
29/02/2024	Surgery consultation	Dr Nicky Grant
28/02/2024	Administration	Mr Ryan Shaw

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28/02/2024	Third Party Consultation	Mrs Shona Cumming
27/02/2024	Other	Mrs Karen Yeats
22/02/2024	Other	Mrs Linda Noble
12/02/2024	Administration	Dr Dawn Kelsey
12/02/2024	Third Party Consultation	Miss Nicole Mcwilliam
12/02/2024	Other	Miss Nicole Mcwilliam
09/02/2024	Other	Mrs Linda Noble
30/01/2024	Medicine Management	Dr M Macfarlane
30/01/2024	Surgery consultation	Dr Tahmina Arifa
30/01/2024	Surgery consultation	Mrs Carol Stephen
30/01/2024	Other	Mrs Linda Noble
17/01/2024	Surgery consultation	Dr Dawn Kelsey
16/01/2024	Administration	Miss Morgan Leys
15/01/2024	Surgery consultation	Miss Becca Simpson
15/01/2024	Surgery consultation	Mrs Carol Stephen
15/01/2024	Surgery consultation	Mrs Carol Stephen
15/01/2024	Surgery consultation	Mrs Carol Stephen
10/01/2024	Administration	Dr Samantha Fenwick
10/01/2024	Other	Miss Laura Inglis
09/01/2024	Surgery consultation	Miss Becca Simpson
03/01/2024	Medicine Management	Dr Aisling Halliday
29/12/2023	Other	Ms Rebecca Blackie
29/12/2023	Telephone call to a patient	Dr Dawn Kelsey
01/12/2023	Other	Mrs Linda Noble
29/11/2023	Third Party Consultation	Mrs Shona Cumming
27/11/2023	Surgery consultation	Dr Vaila Boswell
27/11/2023	Other	Mrs Karen Yeats
02/11/2023	Other	Mrs Sarah Darroch
01/11/2023	Other	Mrs Linda Noble
27/10/2023	Other	Mrs Linda Noble
27/10/2023	Telephone call to a patient	Dr Leanne Duff
26/10/2023	Medicine Management	Mrs Olivia Collie
26/10/2023	Third Party Consultation	Ms Donna Dickson
25/10/2023	Other	Mrs Linda Noble
25/10/2023	Third Party Consultation	Miss Becca Simpson
24/10/2023	Administration	Dr Samantha Fenwick
24/10/2023	Other	Miss Nicole Mcwilliam
24/10/2023	Telephone call to a patient	Dr A Hay
16/10/2023	Other	Miss Laura Inglis
11/10/2023	Other	Miss Laura Inglis
03/10/2023	Surgery consultation	Miss Toni Marwick
06/09/2023	Medicine Management	Dr Dawn Kelsey
05/09/2023	Other	Mrs Sarah Darroch
02/08/2023	Other	Mrs Linda Noble
24/07/2023	Surgery consultation	Miss Becca Simpson
06/07/2023	Third Party Consultation	Ms Donna Dickson
05/07/2023	Administration	Dr Kimberley Moak
04/07/2023	Other	Mrs Tara Wood
02/06/2023	Other	Miss Laura Inglis
29/05/2023	Third Party Consultation	Ms Donna Dickson
26/05/2023	Other	Miss Kerrie Mcdonald
26/05/2023	Surgery consultation	Dr Lorraine Mcguigan
26/05/2023	Other	Mrs Tara Wood
26/05/2023	Telephone call to a patient	Dr Samantha Fenwick
26/05/2023	Third Party Consultation	Mrs Shona Cumming
26/05/2023	Repeat Issue	Mrs Shona Cumming
26/05/2023	Third Party Consultation	Ms Rebecca Blackie
12/05/2023	Other	Miss Kerrie Mcdonald
04/05/2023	Telephone call to a patient	Dr Dawn Kelsey
28/04/2023	Other	Miss Kerrie Mcdonald
11/04/2023	Other	Miss Kerrie Mcdonald
05/04/2023	Telephone call to a patient	Dr Dawn Kelsey
04/04/2023	Other	Miss Laura Inglis
31/03/2023	Other	Miss Kerrie Mcdonald
17/03/2023	Other	Miss Kerrie Mcdonald
15/03/2023	Surgery consultation	Dr Dawn Kelsey
03/03/2023	Other	Miss Kerrie Mcdonald
01/03/2023	Telephone call to a patient	Dr Dawn Kelsey
17/02/2023	Other	Miss Kerrie Mcdonald
16/02/2023	Medicine Management	Dr Elizabeth Lyon
15/02/2023	Surgery consultation	Miss Toni Marwick
09/02/2023	Results recording	Dr Lorraine Mcguigan
16/01/2023	Other	Miss Kerrie Mcdonald

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10/01/2023	Surgery consultation	Dr Shirley Gibson
10/01/2023	Telephone call to a patient	Dr Samantha Fenwick
05/01/2023	Repeat Issue	Dr A Hay
04/01/2023	Administration	Ms Donna Dickson
15/12/2022	Surgery consultation	Dr M Macfarlane
14/12/2022	Other	Miss Laura Inglis
09/12/2022	Surgery consultation	Dr Lorraine Mcguigan
08/12/2022	Surgery consultation	Miss Toni Marwick
24/11/2022	Surgery consultation	Dr Nicky Grant
15/11/2022	Surgery consultation	Dr Debbie Cunningham
08/11/2022	Other	Miss Kerrie Mcdonald
07/11/2022	Surgery consultation	Dr Debbie Cunningham
04/11/2022	Surgery consultation	Dr Debbie Cunningham
04/11/2022	Surgery consultation	Dr Debbie Cunningham
03/11/2022	Other.	Mrs Tara Wood
07/10/2022	Other	Mrs Sarah Darroch
06/10/2022	Other	Mrs Sarah Darroch
05/10/2022	Telephone call to a patient	Dr Samantha Fenwick
20/09/2022	Repeat Issue	Mrs Shona Cumming
30/08/2022	Telephone call to a patient	Dr Samantha Fenwick
25/08/2022	Third Party Consultation	Mrs Sarah Darroch
24/08/2022	Surgery consultation	Miss Toni Marwick
24/08/2022	Surgery consultation	Dr Debbie Cunningham
22/08/2022	Surgery consultation	Dr Debbie Cunningham
22/08/2022	Surgery consultation	Dr Debbie Cunningham
19/08/2022	Surgery consultation	Miss Toni Marwick
19/08/2022	Other	Miss Kerrie Mcdonald
02/08/2022	Third Party Consultation	Mrs Shona Cumming
29/07/2022	Other	Mrs Sarah Darroch
29/07/2022	Surgery consultation	Dr Debbie Cunningham
28/07/2022	Repeat Issue	Mrs Diane Robertson
26/07/2022	Other	Dr Amaka Uzu
25/07/2022	Administration	Ms Donna Dickson
05/07/2022	Other	Mrs Sarah Darroch
01/07/2022	Other	Miss Nicole Mcwilliam
24/06/2022	Surgery consultation	Dr Debbie Cunningham
14/06/2022	Administration	Ms Donna Dickson
02/06/2022	Surgery consultation	Dr Vaila Boswell
01/06/2022	Surgery consultation	Miss Toni Marwick
24/05/2022	Other	Miss Laura Inglis
20/05/2022	Surgery consultation	Dr Lorraine Mcguigan
18/05/2022	Third Party Consultation	Miss Laura Inglis
06/05/2022	Surgery consultation	Miss Toni Marwick
27/04/2022	Surgery consultation	Miss Becca Simpson
01/04/2022	Other	Miss Laura Inglis
08/03/2022	Other	Mrs Elspet Trives
07/03/2022	Results recording	Dr Debbie Cunningham
07/03/2022	Results recording	Dr Debbie Cunningham
07/03/2022	Results recording	Dr Debbie Cunningham
07/03/2022	Other	Mrs Fiona Fyvie
07/03/2022	Surgery consultation	Dr Debbie Cunningham
07/03/2022	Surgery consultation	Dr Debbie Cunningham
07/03/2022	Surgery consultation	Dr Debbie Cunningham
04/03/2022	Repeat Issue	Mrs Diane Robertson
02/03/2022	Other	Miss Nicole Mcwilliam
02/02/2022	Repeat Issue	Mrs Shona Cumming
02/02/2022	Administration	Dr Samantha Fenwick
01/02/2022	Other	Mrs Linda Noble
20/01/2022	Other	Miss Laura Inglis
30/12/2021	Administration	Ms Donna Dickson
04/12/2021	Results recording	Dr Lorraine Mcguigan
02/12/2021	Other	Miss Laura Inglis
02/12/2021	Surgery consultation	Dr Shanti West
29/11/2021	Repeat Issue	Dr Shanti West
29/11/2021	Other	Mrs Linda Noble
21/11/2021	Data Transferred from other system	
21/11/2021	Data Transferred from other system	
19/11/2021	Other	Mrs Linda Noble
29/10/2021	Other	Ms Rebecca Blackie
13/10/2021	Other	Miss Nicole Mcwilliam
13/10/2021	Third Party Consultation	Miss Toni Marwick
12/10/2021	Surgery consultation	Dr Samantha Fenwick
12/10/2021	Telephone call to a patient	Dr Samantha Fenwick

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12/10/2021	Other	Mrs Linda Noble
28/09/2021	Administration	Dr Samantha Fenwick
28/09/2021	Administration	Ms Donna Dickson
01/09/2021	Repeat Issue	Mrs Shona Cumming
29/07/2021	Other	Mrs Linda Noble
01/07/2021	Repeat Issue	Dr Shanti West
01/07/2021	Other	Miss Laura Inglis
31/05/2021	Repeat Issue	Mrs Shona Cumming
19/05/2021	Data Transferred from other system	Dr Vaila Boswell
30/04/2021	Other	Miss Nicole Mcwilliam
21/04/2021	Other	Miss Nicole Mcwilliam
13/04/2021	Surgery consultation	Dr Lorraine Mcguigan
12/04/2021	Third Party Consultation	Ms Donna Dickson
12/04/2021	Third Party Consultation	Ms Donna Dickson
30/03/2021	Administration	Dr Leanne Duff
30/03/2021	Administration	Mrs Aileen Cooper
18/03/2021	Other	Miss Laura Inglis
18/03/2021	Surgery consultation	Dr Shanti West
17/03/2021	Surgery consultation	Dr Shanti West
12/03/2021	Data Transferred from other system	Dr Vaila Boswell
26/02/2021	Other	Miss Laura Inglis
12/02/2021	Other	Miss Nicole Mcwilliam
11/02/2021	Surgery consultation	Dr Vaila Boswell
11/02/2021	Third Party Consultation	Mrs Linda Noble
02/02/2021	Third Party Consultation	Ms Donna Dickson
01/02/2021	Other	Mrs Linda Noble
01/02/2021	Third Party Consultation	Ms Donna Dickson
20/01/2021	Results recording	Dr Lorraine Mcguigan
15/01/2021	Telephone call to a patient	Dr Leanne Duff
29/12/2020	Administration	Ms Donna Dickson
30/11/2020	Other	Mrs Linda Noble
30/10/2020	Other	Miss Nicole Mcwilliam
28/10/2020	Other	Mrs Tara Wood
28/10/2020	Surgery consultation	Dr Nicky Grant
22/10/2020	Third Party Consultation	Miss Linsey Barnes
22/10/2020	Third Party Consultation	Miss Linsey Barnes
30/09/2020	Other	Mrs Elspet Trives
29/09/2020	Other	Mrs Elspet Trives
28/09/2020	Results recording	Dr Nicky Grant
28/09/2020	Other	Mrs Keira Kirton
23/09/2020	Results recording	Dr Nicky Grant
23/09/2020	Surgery consultation	Dr Nicky Grant
22/09/2020	Results recording	Dr Nicky Grant
22/09/2020	Results recording	Dr Nicky Grant
22/09/2020	Surgery consultation	Dr Nicky Grant
17/09/2020	Surgery consultation	Dr Nicky Grant
03/09/2020	Other	Mrs Linda Noble
01/09/2020	Other	Mrs Tara Wood
01/09/2020	Surgery consultation	Mrs Carol Stephen
20/08/2020	Surgery consultation	Dr Nicky Grant
30/07/2020	Other	Miss Laura Inglis
01/07/2020	Repeat Issue	Mrs Shona Cumming
01/06/2020	Surgery consultation	Dr M Macfarlane
01/06/2020	Repeat Issue	Mrs Shona Cumming
04/05/2020	Repeat Issue	Mrs Shona Cumming
08/04/2020	Other	Mrs Fiona Fyvie
03/04/2020	Other	Mrs Tara Wood
25/03/2020	Surgery consultation	Dr M Macfarlane
25/03/2020	Other	Mrs Sherryl Polson
23/03/2020	Repeat Issue	Mrs Shona Cumming
04/03/2020	Surgery consultation	Dr Vaila Boswell
03/03/2020	Surgery consultation	Dr Leanne Duff
03/03/2020	Other	Dr Leanne Duff
03/02/2020	Surgery consultation	Dr Vaila Boswell
03/02/2020	Repeat Issue	Mrs Shona Cumming
03/01/2020	Administration	Ms Donna Dickson
17/12/2019	Repeat Issue	Mrs Shona Cumming
26/11/2019	Surgery consultation	Dr A Hay
04/11/2019	Repeat Issue	Mrs Shona Cumming
23/09/2019	Surgery consultation	Dr Debbie Cunningham
02/09/2019	Surgery consultation	Dr M Macfarlane
02/09/2019	Administration	Mrs Aileen Cooper
07/08/2019	Other	Ms Rebecca Blackie

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02/08/2019	Repeat Issue	Mrs Shona Cumming
01/08/2019	Other	Ms Rebecca Blackie
29/07/2019	Surgery consultation	Dr Vaila Boswell
19/07/2019	Surgery consultation	Dr Lorraine Mcguigan
18/07/2019	Third Party Consultation	Mrs Linda Noble
03/07/2019	Other	Mrs Linda Noble
07/06/2019	Administration	Dr Leanne Duff
07/06/2019	Third Party Consultation	Miss Nicole Mcwilliam
07/06/2019	Other	Mrs Linda Noble
07/06/2019	Administration	Ms Donna Dickson
06/06/2019	Other	Mrs Karen Yeats
06/06/2019	Administration	Ms Donna Dickson
05/06/2019	Surgery consultation	Dr Vaila Boswell
06/05/2019	Mail to patient	Dr Debbie Cunningham
06/05/2019	Repeat Issue	Mrs Shona Cumming
02/04/2019	Administration	Mrs Aileen Cooper
04/03/2019	Other	Mrs Linda Noble
11/02/2019	Surgery consultation	Dr Lorraine Mcguigan
11/02/2019	Other	Mrs Linda Noble
04/01/2019	Administration	Ms Donna Dickson
05/12/2018	Surgery consultation	Dr Joanna Phillips
05/12/2018	Administration	Mrs Aileen Cooper
02/11/2018	Surgery consultation	Dr M Macfarlane
02/11/2018	Repeat Issue	Mrs Shona Cumming
03/10/2018	Repeat Issue	Mrs Shona Cumming
31/08/2018	Repeat Issue	Mrs Shona Cumming
07/08/2018	Surgery consultation	Dr M Macfarlane
07/08/2018	Other	Mrs Linda Noble
26/07/2018	Results recording	Dr M Macfarlane
04/07/2018	Repeat Issue	Mrs Shona Cumming
05/06/2018	Administration	Mrs Aileen Cooper
24/05/2018	Surgery consultation	Dr Shanti West
01/05/2018	Other	Mrs Sherryl Polson
30/04/2018	Other	Dr M Macfarlane
30/04/2018	Other	Mrs Linda Noble
05/04/2018	Other	Mrs Linda Noble
05/04/2018	Repeat Issue	Mrs Sandra Mcglynn
03/04/2018	Third Party Consultation	Miss Laura Inglis
15/03/2018	Other	Mrs Carol Porter
09/03/2018	Surgery consultation	Dr A Hay
05/02/2018	Other	Dr M Macfarlane
05/02/2018	Other	Miss Laura Inglis
10/01/2018	Repeat Issue	Mrs Iris Geddes
27/12/2017	Other	Mrs Linda Noble
11/12/2017	Repeat Issue	Mrs Shona Cumming
07/11/2017	Surgery consultation	Dr A Hay
06/11/2017	Other	Mrs Linda Noble
04/10/2017	Surgery consultation	Dr D J Lynch
04/09/2017	Other	Dr M Macfarlane
04/09/2017	Administration	Mrs Aileen Cooper
03/08/2017	Other	Mrs Linda Noble
05/07/2017	Repeat Issue	Mrs Shona Cumming
29/05/2017	Repeat Issue	Mrs Shona Cumming
02/05/2017	Repeat Issue	Mrs Iris Geddes
02/05/2017	Other	Mrs Linda Noble
04/04/2017	Other	Mrs Linda Noble
27/03/2017	Administration	Dr Vaila Boswell
27/03/2017	Repeat Issue	Mrs Aileen Cooper
08/03/2017	Medicine Management	Dr Debbie Cunningham
08/03/2017	Repeat Issue	Mrs Shona Cumming
31/01/2017	Repeat Issue	Mrs Iris Geddes
05/01/2017	Repeat Issue	Mrs Aileen Cooper
16/11/2016	Other	Miss Laura Inglis
13/10/2016	Repeat Issue	Mrs Iris Geddes
03/09/2016	Results recording	Dr M Macfarlane
24/08/2016	Surgery consultation	Dr A Hay
11/08/2016	Surgery consultation	Dr Shanti West
05/07/2016	Surgery consultation	Dr A Hay
25/05/2016	Repeat Issue	Mrs Aileen Cooper
15/03/2016	Surgery consultation	Dr Michelle Harper
07/03/2016	Repeat Issue	Mrs Shona Cumming
05/02/2016	Surgery consultation	Dr A Hay
21/12/2015	Repeat Issue	Mrs Iris Geddes

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20/11/2015	Surgery consultation	Dr A Hay
13/10/2015	Other	Miss Laura Inglis
08/10/2015	Administration	Ms Donna Dickson
27/08/2015	Surgery consultation	Dr A Hay
29/07/2015	Repeat Issue	Mrs Iris Geddes
22/06/2015	Repeat Issue	Dr M Macfarlane
22/06/2015	Administration	Mrs Aileen Cooper
22/04/2015	Repeat Issue	Dr A Hay
21/04/2015	Repeat Issue	Mrs Iris Geddes
17/04/2015	Repeat Issue	Mrs Iris Geddes
24/03/2015	Surgery consultation	Dr A Hay
03/02/2015	Other	Mrs Linda Noble
13/01/2015	Administration	Ms Donna Dickson
25/11/2014	Repeat Issue	Dr M Macfarlane
25/11/2014	Repeat Issue	Mrs Iris Geddes
17/09/2014	Administration	Mrs Ann Mair
16/09/2014	Repeat Issue	Dr M Macfarlane
16/09/2014	Repeat Issue	Mrs Iris Geddes
01/08/2014	Telephone call to a patient	Dr M Macfarlane
03/07/2014	Surgery consultation	Dr Jane Latham
26/06/2014	Repeat Issue	Mrs Sandra Mcglynn
26/06/2014	Third Party Consultation	Miss Laura Inglis
29/04/2014	Medicine Management	Dr A Hay
24/04/2014	Medicine Management	Dr M Macfarlane
23/04/2014	Repeat Issue	Mrs Iris Geddes
04/02/2014	Surgery consultation	Dr A D Glenesk
16/12/2013	Repeat Issue	Dr M Macfarlane
16/12/2013	Repeat Issue	Mrs Shona Cumming
23/10/2013	Administration	Dr D J Lynch
23/10/2013	Other	Miss Laura Inglis
13/08/2013	Surgery consultation	Dr A Hay
02/07/2013	Surgery consultation	Dr A Hay
29/04/2013	Surgery consultation	Dr M Macfarlane
22/04/2013	Repeat Issue	Dr M Macfarlane
22/04/2013	Other	Mrs Linda Noble
22/03/2013	Third Party Consultation	Mrs Shona Cumming
26/02/2013	Medicine Management	Dr A D Glenesk
12/02/2013	Repeat Issue	Dr A Hay
12/02/2013	Repeat Issue	Mrs Aileen Cooper
18/01/2013	Administration	Dr Kyriakos Theodossiou
18/01/2013	Repeat Issue	Mrs Iris Geddes
22/11/2012	Surgery consultation	Dr A Hay
12/10/2012	Surgery consultation	Dr Aurooj Khan
05/09/2012	Surgery consultation	Dr C Munro
05/09/2012	Surgery consultation	Dr C Munro
28/06/2012	Other	Mrs Carol Porter
22/06/2012	Surgery consultation	Dr A Hay
27/04/2012	Surgery consultation	Dr A Hay
26/04/2012	Other	Dr A Hay
18/04/2012	Medicine Management	Dr A D Glenesk
17/04/2012	Repeat Issue	Mrs Shona Cumming
06/04/2012	Administration	Mrs Audrey Hunter
05/04/2012	Surgery consultation	Dr A Hay
13/01/2012	Repeat Issue	Dr M Macfarlane
13/01/2012	Repeat Issue	Mrs Iris Geddes
09/09/2011	Medicine Management	Dr C Munro
24/08/2011	Surgery consultation	Dr A Hay
23/08/2011	Administration	Mrs Ann Mair
15/08/2011	Third Party Consultation	Mrs Arlene Anderson
14/07/2011	Surgery consultation	Dr A Hay
30/06/2011	Third Party Consultation	Mrs Sandra Mcglynn
29/06/2011	Clinic	Mrs Ann Ferenth
28/06/2011	Repeat Issue	Mrs Shona Cumming
28/06/2011	Repeat Issue	Mrs Aileen Cooper
23/06/2011	Medicine Management	Dr A D Glenesk
22/06/2011	Clinic	Mrs Ann Ferenth
20/05/2011	Administration	Mrs Ann Ferenth
09/05/2011	Surgery consultation	Dr A Hay
05/05/2011	Administration	Mrs Ann Ferenth
12/04/2011	Surgery consultation	Dr A Hay
07/04/2011	Surgery consultation	Dr Gavin Stephen
07/04/2011	Third Party Consultation	Mrs Sandra Mcglynn
29/03/2011	Third Party Consultation	Mrs Sandra Mcglynn

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11/03/2011	Other	Mrs Carol Porter
10/03/2011	Other	Mrs Carol Porter
07/03/2011	Results recording	Dr Claire Crothers
07/03/2011	Surgery consultation	Dr Andrew Webster
07/03/2011	Results recording	Dr Claire Crothers
02/03/2011	Other	Mrs Fiona Fyvie
01/03/2011	Surgery consultation	Dr Claire Crothers
01/02/2011	Other	Mrs Carol Porter
30/01/2011	Other	Dr A Hay
26/01/2011	Surgery consultation	Dr A Hay
12/01/2011	Surgery consultation	Dr D J Lynch
29/12/2010	Surgery consultation	Dr A Hay
10/12/2010	Surgery consultation	Dr Andrew Webster
30/11/2010	Third Party Consultation	Mrs Arlene Anderson
30/11/2010	Surgery consultation	Dr Andrew Webster
05/11/2010	Surgery consultation	Dr A Hay
22/10/2010	Surgery consultation	Dr Aurooj Khan
11/10/2010	Surgery consultation	Dr A Hay
17/09/2010	Administration	Dr Andrew Webster
17/09/2010	Surgery consultation	Dr A Hay
27/08/2010	Medicine Management	Dr M Macfarlane
04/05/2010	Medicine Management	Dr C Munro
30/04/2010	Third Party Consultation	Mrs Sandra Mcglynn
30/04/2010	Surgery consultation	Dr Andrew Webster
22/03/2010	Surgery consultation	Dr C Munro
11/03/2010	Surgery consultation	Dr Andrew Webster
23/02/2010	Third Party Consultation	Mrs Arlene Anderson
23/02/2010	Surgery consultation	Dr Andrew Webster
10/02/2010	Surgery consultation	Dr A Hay
08/02/2010	Administration	Mrs Aileen Cooper
27/01/2010	Surgery consultation	Dr A Hay
26/11/2009	Repeat Issue	Mrs Aileen Cooper
30/09/2009	Repeat Issue	Mrs Arlene Anderson
15/07/2009	Medicine Management	Dr Claire Crothers
14/07/2009	Repeat Issue	Mrs Arlene Anderson
31/03/2009	Surgery consultation	Dr A D Glenesk
27/03/2009	Repeat Issue	Mrs Iris Geddes
20/01/2009	Other	Ms Susan Pirie
06/01/2009	Medicine Management	Dr C Munro
12/11/2008	Repeat Issue	Mrs Iris Geddes
29/10/2008	Surgery consultation	Dr C Munro
28/10/2008	Surgery consultation	Dr C Munro
27/10/2008	Surgery consultation	Dr C Munro
10/10/2008	Repeat Issue	Mrs Iris Geddes
22/08/2008	Third Party Consultation	Mrs Sandra Mcglynn
14/08/2008	Administration	Mrs Valerie Sheikh
12/08/2008	Repeat Issue	Mrs Iris Geddes
02/07/2008	Repeat Issue	Miss Michele Jewitt
25/06/2008	Third Party Consultation	Mrs Sandra Mcglynn
20/06/2008	Repeat Issue	Miss Michele Jewitt
17/06/2008	Other	Dr Andrew Webster
13/06/2008	Repeat Issue	Mrs Iris Geddes
22/05/2008	Surgery consultation	Dr C Munro
07/04/2008	Repeat Issue	Dr M Macfarlane
07/04/2008	Other	Miss Sally Thompson
08/02/2008	Repeat Issue	Mrs Sandra Mcglynn
08/02/2008	Third Party Consultation	Mrs Sandra Mcglynn
25/01/2008	Other	Miss Sally Thompson
18/01/2008	Repeat Issue	Miss Michele Jewitt
21/12/2007	Administration	Mrs Nicola Smith
20/12/2007	Administration	Mrs Nicola Smith
06/12/2007	Surgery consultation	Dr C Munro
10/10/2007	Repeat Issue	Mrs Aileen Cooper
17/09/2007	Third Party Consultation	Ms Donna Dickson
05/09/2007	Medicine Management	Dr C Munro
31/08/2007	Repeat Issue	Mrs Aileen Cooper
02/08/2007	Repeat Issue	Mrs Iris Geddes
15/05/2007	Administration	Ms Donna Dickson
10/04/2007	Surgery consultation	Dr S T Scott
12/03/2007	Administration	Mrs Nicola Smith
05/03/2007	Surgery consultation	Dr C Munro
01/03/2007	Repeat Issue	Dr E Hoque
28/02/2007	Administration	Ms Donna Dickson

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11/08/2006	Surgery consultation	Dr M Macfarlane
26/05/2006	Surgery consultation	Dr C Munro
07/03/2006	Surgery consultation	Dr M Macfarlane
17/02/2006	Surgery consultation	Dr C Munro
02/02/2006	Surgery consultation	Dr A D Glenesk
04/11/2005	Surgery consultation	Dr M Macfarlane
02/11/2005	Surgery consultation	Dr A Hay
01/11/2005	Surgery consultation	Dr M Macfarlane
19/07/2005	Surgery consultation	Dr A Hay
06/06/2005	Surgery consultation	Dr S T Scott
10/05/2005	Surgery consultation	Dr A D Glenesk
14/04/2005	Surgery consultation	Dr M Macfarlane
02/02/2005	Surgery consultation	Dr M Macfarlane
01/12/2004	Surgery consultation	Dr M Macfarlane
25/06/2004	Surgery consultation	Dr . Staff
20/05/2004	Surgery consultation	Dr S T Scott
17/05/2004	Surgery consultation	Dr S T Scott
20/04/2004	Surgery consultation	Dr . Staff
31/03/2004	Surgery consultation	Dr S T Scott
30/03/2004	Surgery consultation	Dr S T Scott
30/10/2003	Surgery consultation	Dr A D Glenesk
25/09/2003	Surgery consultation	Dr S T Scott
17/09/2002	Surgery consultation	Dr S T Scott
30/05/2002	Surgery consultation	Dr . Staff
22/11/2001	Surgery consultation	Dr A Hay
07/06/2001	Surgery consultation	Dr . Staff
06/07/2000	Surgery consultation	Dr C Munro
27/03/2000	Surgery consultation	Dr . Staff
16/03/2000	Surgery consultation	Dr C J Milburn
17/02/2000	Surgery consultation	Dr . Staff
16/09/1999	Surgery consultation	Dr . Staff
05/07/1999	Surgery consultation	Dr M Macfarlane
15/06/1999	Surgery consultation	Dr M Macfarlane
08/04/1999	Surgery consultation	Dr M Macfarlane
18/02/1999	Surgery consultation	Dr C J Milburn
04/02/1999	Surgery consultation	Dr M Macfarlane
29/12/1998	Surgery consultation	Dr M Macfarlane
08/12/1998	Surgery consultation	Dr . Staff
22/09/1998	Surgery consultation	Dr . Staff
28/08/1998	Surgery consultation	Dr . Staff
31/07/1998	Surgery consultation	Dr . Staff
06/03/1996	Surgery consultation	Dr . Staff
01/01/1995	Surgery consultation	Dr . Staff
10/11/1994	Surgery consultation	Dr . Staff
29/03/1994	Surgery consultation	Dr M Macfarlane
07/12/1993	Surgery consultation	Dr . Staff
30/11/1993	Surgery consultation	Dr M Macfarlane
19/11/1993	Surgery consultation	Dr S T Scott
28/10/1993	Surgery consultation	Dr . Staff
20/10/1993	Surgery consultation	Dr S T Scott
12/03/1993	Surgery consultation	Dr . Staff
01/01/1993	Surgery consultation	Dr . Staff
01/01/1990	Surgery consultation	Dr . Staff
01/01/1989	Surgery consultation	Dr . Staff

Blood pressure

23/12/2025 10:06.00	BP 110/60 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading	
19/09/2025 11:44.00	BP 142/82 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading	
12/02/2025 11:28.00	BP 113/77 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading	
05/06/2019 15:37.00	BP 114/60 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading	
04/10/2017 15:32.00	BP 106/80 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading	
03/07/2014 10:01.00	BP 120/75 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading	
30/11/2010 08:52.00	BP 125/85 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading	
22/05/2008 10:12:00	BP 110/70 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading	

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30/10/2003 BP 0/0 recall due: 30/10/2006 O/E - BP reading normal ACTION=Repeat after an Interval : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS=Do not send result letter
28/10/1993 BP 120/85 recall due: 28/10/1998 O/E - BP reading normal ACTION=Repeat after an Interval : RECALL_LETTER_STATUS=Send recall when due

Referrals

28/06/2012 Refer for Referral for further care at department of with by: Dr A Hay
12/03/2007 Refer for Sciatica at Woolmanhill department of Physiotherapy with by: Dr C Munro
20/05/2004 Refer for Referral for further care at department of with by: Dr S T Scott
31/03/2004 Refer for Referral for further care at department of with by: Dr S T Scott
22/11/2001 Refer for Referral for further care at department of with by: Dr A Hay
06/07/2000 Refer for Referral for further care at department of with by: Dr C Munro
28/08/1998 Refer for Referral for further care at department of with by: Dr . Staff
31/07/1998 Refer for Referral for further care at department of with by: Dr . Staff

Smoking

27/02/2024 Smoker cigarettes per day Cigarette smoker x8 times daily cannabis to help cope with stress & doesn't wish to stop. Mrs Karen Yeats
27/11/2023 Smoker cigarettes per day Cigarette smoker smoking cannabis x6 times daily. Needs this for stress. Can calm down and be less frustrated. Mrs Karen Yeats
06/06/2019 Smoker 5 cigarettes per day Cigarette smoker - smokes joints and not tobacco. Mrs Karen Yeats
20/11/2015 Smoker 5 cigarettes per day Cigarette smoker Dr A Hay
22/11/2012 Smoker 20 cigarettes per day Cigarette smoker Dr A Hay
17/09/2010 Smoker 20 cigarettes per day Cigarette smoker Dr A Hay
17/09/2010 Smoker 20 cigarettes per day Cigarette smoker Dr A Hay
22/05/2008 Smoker cigarettes per day Cigarette smoker Dr C Munro
17/02/2006 Ex-smoker 0 cigarettes per day Ex smoker Dr C Munro
28/10/1993 Smoker 0 cigarettes per day Moderate smoker - 10-19 cigs/d Dr . Staff

Alcohol

17/02/2006 Current drinker 0 units per week Alcohol intake within rec limt Dr C Munro
27/03/2000 Life tectotaler 0 units per week Teetotaller ACTION=No Action Required : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS=Do not send result letter Dr . Staff
28/10/1993 Life teetotaler 0 units per week Teetotaller Dr . Staff

Health Promotion - Smoking

27/02/2024 Smoking cessation advice for Smoking
27/11/2023 Smoking cessation advice for Smoking
17/09/2010 Health ed. - smoking for Smoking
27/01/2010 Health ed. - smoking for Smoking
22/05/2008 Health ed. - smoking for Smoking
06/12/2007 Health ed. - smoking for Smoking
27/03/2000 Health ed. - smoking for Smoking ACTION=No Action Required : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS=Do not send result letter
28/10/1993 Health ed. - smoking for Smoking

Weight

07/03/2022 Weight: 56 kgs BMI: 17 O/E - weight
22/09/2020 Weight: 57 kgs BMI: 17.3 O/E - weight
06/06/2019 Weight: 58.6 kgs BMI: 17.8 O/E - weight
27/03/2000 Weight: 59.87 kgs BMI: 18 O/E - weight ACTION=No Action Required : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS=Do not send result letter

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28/10/1993 Weight: 63.5 kgs BMI: 19.1 O/E - weight ACTION=Repeat after an Interval :
RECALL_LETTER_STATUS=Send recall when due
28/10/1993 Weight: 0 kgs BMI: O/E - weight

Height

06/06/2019 Height: 1.81 metres O/E - height Mrs Karen Yeats
27/03/2000 Height: 1.82 metres O/E - height ACTION=No Action Required :
RECALL_LETTER_STATUS=Do not send recall letter; RESULT_LETTER_STATUS=Do not send result letter Dr . Staff
28/10/1993 Height: 1.82 metres O/E - height ACTION=Repeat after an Interval :
RECALL_LETTER_STATUS=Send recall when due Dr . Staff
28/10/1993 Height: 0 metres O/E - height Dr . Staff

Immunisations

21/11/2021	COVMODERNA	Stage: 1	Given		Due 21/11/2021	Batch: 3004675 C-19 Booster
Moderna (City: Aberdeen Vaccination Centre)						
19/05/2021	COVOXFORD	Stage: 2	Given	Routine Measure	Due 19/06/2021	Batch: PV46685 C-19 AstraZeneca
(By E Allan) Dr Vaila Boswell						
12/03/2021	COVOXFORD	Stage: 1	Given	Routine Measure	Due 12/04/2021	Batch: 4120Z002 C-19
AstraZeneca (By N Mellor). Dr Vaila Boswell						
29/06/2011	TYPTYPHIM	Stage: 1	Given	Traveller	Due	Batch: G0327-3, exp 6/13
Mrs Ann Ferenth						
29/06/2011	HEPAMONO	Stage: 1	Given	Traveller	Due 29/12/2011	Batch: AHAVB490AG, exp 7/13
Given in deltoid Mrs Ann Ferenth						

Albumin

11/03/2025	Serum albumin	= 34 g/L	Abnormal	
07/03/2022	Serum albumin	= 39 g/L		
28/09/2020	Serum albumin	= 36 g/L		
22/09/2020	Serum albumin	= 40 g/L		

Alkaline Phosphatase

11/03/2025	Serum alkaline phosphatase	= 79 U/L	U/L
07/03/2022	Serum alkaline phosphatase	= 83 U/L	U/L
28/09/2020	Serum alkaline phosphatase	= 79 U/L	U/L
22/09/2020	Serum alkaline phosphatase	= 89 U/L	U/L

Alanine Aminotransferase

11/03/2025	Serum alanine aminotransferase level	= 10 U/L	Serum ALT level - U/L
07/03/2022	Serum alanine aminotransferase level	= 9 U/L	Serum ALT level - U/L
28/09/2020	Serum alanine aminotransferase level	= 7 U/L	Serum ALT level - U/L
22/09/2020	Serum alanine aminotransferase level	= 9 U/L	Serum ALT level - U/L

B12 Levels

11/03/2025	Serum vitamin B12	= 468 ng/L	ng/l
25/07/2024	Serum vitamin B12	= 259 ng/L	ng/l

Bilirubin

11/03/2025	Serum total bilirubin level	= 7 umol/L
07/03/2022	Serum total bilirubin level	= 6 umol/L
28/09/2020	Serum total bilirubin level	= 5 umol/L
22/09/2020	Serum total bilirubin level	= 8 umol/L

Calcium

11/03/2025	Serum calcium	= 2.32 mmol/L

Calcium adjusted

11/03/2025	Corrected serum calcium level	= 2.44 mmol/L

Serum chloride

11/03/2025	Serum chloride	= 107 mmol/L
11/06/2024	Serum chloride	= 103 mmol/L
07/03/2022	Serum chloride	= 101 mmol/L
28/09/2020	Serum chloride	= 101 mmol/L
22/09/2020	Serum chloride	= 99 mmol/L

Serum cholesterol

13/01/2026	Serum total cholesterol level	= 5.4 mmol/L

Serum creatinine

11/03/2025	Serum creatinine	= 91 umol/L
11/06/2024	Serum creatinine	= 98 umol/L
07/03/2022	Serum creatinine	= 99 umol/L
28/09/2020	Serum creatinine	= 98 umol/L
22/09/2020	Serum creatinine	= 88 umol/L

Eosinophil count

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13/01/2026	Eosinophil count	= 0.16 10*9/L		x10^9/l
11/03/2025	Eosinophil count	= 0.16 10*9/L		x10^9/l
11/06/2024	Eosinophil count	= 0.11 10*9/L		x10^9/l
07/03/2022	Eosinophil count	= 0.2 10*9/L		x10^9/l
22/09/2020	Eosinophil count	= 0.14 10*9/L		x10^9/l
Serum ferritin				
11/03/2025	Serum ferritin	= 56.5 ug/L		ug/l
25/07/2024	Serum ferritin	= 19.1 ug/L	Abnormal	ug/l
Folate level				
11/03/2025	Serum folate	= 16.5 ug/L		ug/l
25/07/2024	Serum folate	= 2.6 ug/L	Abnormal	ug/l
Gamma Glutamyl Transpeptidase				
11/03/2025	Serum gamma-glutamyl transferase level	= 21 U/L		Serum gamma GT level - U/L
07/03/2022	Serum gamma-glutamyl transferase level	= 20 U/L		Serum gamma GT level - U/L
28/09/2020	Serum gamma-glutamyl transferase level	= 19 U/L		Serum gamma GT level - U/L
22/09/2020	Serum gamma-glutamyl transferase level	= 27 U/L		Serum gamma GT level - U/L
Haemoglobin				
13/01/2026	Haemoglobin estimation	= 136 g/L	Abnormal	g/l
11/03/2025	Haemoglobin estimation	= 135 g/L	Abnormal	g/l
11/06/2024	Haemoglobin estimation	= 133 g/L	Abnormal	g/l
07/03/2022	Haemoglobin estimation	= 145 g/L		g/l
22/09/2020	Haemoglobin estimation	= 151 g/L		g/l
High Density Lipoprotein				
13/01/2026	Serum HDL cholesterol level	= 1 mmol/L		
Low Density Lipoprotein				
13/01/2026	Serum non high density lipoprotein cholesterol level = 4.4 mmol/L Se non HDL cholesterol level -			
13/01/2026	Serum LDL cholesterol level	= 3.9 mmol/L		
Mean corpuscular haemoglobin				
13/01/2026	Mean corpusc. haemoglobin(MCH)	= 30.1 pg		
11/03/2025	Mean corpusc. haemoglobin(MCH)	= 31.8 pg		
11/06/2024	Mean corpusc. haemoglobin(MCH)	= 32.4 pg	Abnormal	
07/03/2022	Mean corpusc. haemoglobin(MCH)	= 31 pg		
22/09/2020	Mean corpusc. haemoglobin(MCH)	= 30 pg		
Mean corpuscular volume				
13/01/2026	Mean corpuscular volume (MCV)	= 92 fL		fl
11/03/2025	Mean corpuscular volume (MCV)	= 95 fL		fl
11/06/2024	Mean corpuscular volume (MCV)	= 97 fL		fl
07/03/2022	Mean corpuscular volume (MCV)	= 92 fL		fl
22/09/2020	Mean corpuscular volume (MCV)	= 94 fL		fl
Monocyte count				
13/01/2026	Monocyte count	= 0.7 10*9/L		x10^9/l
11/03/2025	Monocyte count	= 0.8 10*9/L		x10^9/l
11/06/2024	Monocyte count	= 1 10*9/L	Abnormal	x10^9/l
07/03/2022	Monocyte count	= 0.9 10*9/L	Abnormal	x10^9/l
22/09/2020	Monocyte count	= 0.7 10*9/L		x10^9/l
Neutrophil count				
13/01/2026	Neutrophil count	= 3.9 10*9/L		x10^9/l
11/03/2025	Neutrophil count	= 4.7 10*9/L		x10^9/l
11/06/2024	Neutrophil count	= 6.4 10*9/L		x10^9/l
07/03/2022	Neutrophil count	= 6 10*9/L		x10^9/l
22/09/2020	Neutrophil count	= 4.7 10*9/L		x10^9/l
Serum Inorganic Phosphate				
11/03/2025	Serum inorganic phosphate	= 1.02 mmol/L		
Platelets				
13/01/2026	Platelet count	= 286 10*9/L		x10^9/l
11/03/2025	Platelet count	= 307 10*9/L		x10^9/l
11/06/2024	Platelet count	= 305 10*9/L		x10^9/l
07/03/2022	Platelet count	= 314 10*9/L		x10^9/l
22/09/2020	Platelet count	= 281 10*9/L		x10^9/l
Potassium				
11/03/2025	Serum potassium	= 4.4 mmol/L		
11/06/2024	Serum potassium	= 4.3 mmol/L		
07/03/2022	Serum potassium	= 4.7 mmol/L		Slightly Haemolysed
28/09/2020	Serum potassium	= 4.3 mmol/L		

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22/09/2020	Serum potassium	= 4.9 mmol/L		
Red blood cell count				
13/01/2026	Red blood cell (RBC) count	= 4.5 10*12/L	Abnormal	x10^12/l
11/03/2025	Red blood cell (RBC) count	= 4.3 10*12/L	Abnormal	x10^12/l
11/06/2024	Red blood cell (RBC) count	= 4.1 10*12/L	Abnormal	x10^12/l
07/03/2022	Red blood cell (RBC) count	= 4.7 10*12/L	Abnormal	x10^12/l
22/09/2020	Red blood cell (RBC) count	= 5 10*12/L		x10^12/l
Sodium				
11/03/2025	Serum sodium	= 141 mmol/L		
11/06/2024	Serum sodium	= 137 mmol/L		
07/03/2022	Serum sodium	= 138 mmol/L		
28/09/2020	Serum sodium	= 137 mmol/L		
22/09/2020	Serum sodium	= 136 mmol/L		
Total protein				
11/03/2025	Serum total protein	= 63 g/L		
Triglycerides				
13/01/2026	Serum triglycerides	= 1.03 mmol/L		
Thyroid Stimulating Hormone				
11/03/2025	Serum TSH level	= 1.65 mU/L		mU/L
07/03/2022	Serum TSH level	= 2.08 mU/L		mU/L
Urea - blood				
11/03/2025	Serum urea level	= 4.6 mmol/L		
11/06/2024	Serum urea level	= 3.1 mmol/L		
07/03/2022	Serum urea level	= 3.3 mmol/L		
28/09/2020	Serum urea level	= 2.7 mmol/L		
22/09/2020	Serum urea level	= 2.7 mmol/L		
White blood count				
13/01/2026	Total white cell count	= 7.6 10*9/L		x10^9/l
11/03/2025	Total white cell count	= 8.6 10*9/L		x10^9/l
11/06/2024	Total white cell count	= 9.8 10*9/L		x10^9/l
07/03/2022	Total white cell count	= 10.5 10*9/L	Abnormal	x10^9/l
22/09/2020	Total white cell count	= 9.1 10*9/L		x10^9/l
Lymphocyte count				
13/01/2026	Lymphocyte count	= 2.8 10*9/L		x10^9/l
11/03/2025	Lymphocyte count	= 2.9 10*9/L		x10^9/l
11/06/2024	Lymphocyte count	= 2.2 10*9/L		x10^9/l
07/03/2022	Lymphocyte count	= 3.4 10*9/L		x10^9/l
22/09/2020	Lymphocyte count	= 3.5 10*9/L		x10^9/l
Blood glucose				
13/01/2026	Plasma glucose level	= mmol/L		<none>
11/03/2025	Plasma glucose level	= 5.1 mmol/L		
11/06/2024	Plasma glucose level	= 5.9 mmol/L		
07/03/2022	Plasma glucose level	= 4.4 mmol/L		
Blood lipids				
13/01/2026	Serum lipids	=		See national guidance (SIGN, NICE) for lipid treatment targets.
Bone studies				
11/03/2025	Bone profile	=		<none>
Electrocardiogram				
12/10/2021	ECG			
Faecal Occult Blood				
27/02/2025	BCSP faecal occult blood test normal	=	Negative	No action required
08/02/2023	BCSP faecal occult blood test normal	=	Negative	No action required
19/01/2021	BCSP faecal occult blood test abnormal	=	Positive	Has been referred for colonoscopy
25/07/2018	BCSP faecal occult blood test normal		Negative	No action required
25/06/2014	BCSP faecal occult blood test normal			
Full blood count				
13/01/2026	Full blood count - FBC	=		<none>
11/03/2025	Full blood count - FBC	=		<none>
11/06/2024	Full blood count - FBC	=		<none>
07/03/2022	Full blood count - FBC	=		<none>
22/09/2020	Full blood count - FBC	=		<none>
Liver Function tests				

Mr Ceith Crockett 04/06/1962 Male S/168/2/1962/ Permanent

11/03/2025	Liver function test	=	<none>
07/03/2022	Liver function test	=	<none>
28/09/2020	Liver function test	=	<none>
22/09/2020	Liver function test	=	<none>

Mid-stream specimen of urine

02/03/2011 MSU - general Original result: "Mid-stream urine"Results Contained In Attached CommentsWCELL 43 0-39RCELL 8 0-29BACT 8Urine Culture >10^5 cfu/ml of Escherichia coli isolated Sensitive :Amoxicillin,Co-amoxiclav,Ciprofloxacin,Cotrimoxazole,Gentamicin,Nitrofurantoin,Tetracycline,Trimethoprim.Tetracycline is contraindicated in pregnancy,while breast feeding, and in children under 12.

Seminal analysis

14/08/2008 Semen analysis Normal

Thyroid function

11/03/2025	Thyroid function test	=	<none>
07/03/2022	Thyroid function test	=	<none>

Urea and Electrolytes

11/03/2025	Urea and electrolytes	=	<none>
11/06/2024	Urea and electrolytes	=	<none>
07/03/2022	Urea and electrolytes	=	<none>
28/09/2020	Urea and electrolytes	=	<none>
22/09/2020	Urea and electrolytes	=	<none>

Urine test

02/03/2011 Urine dipstick test strong positive for Nitrites, strong smelling cloudy urine. MSSU to be sent, unsure if anything else to be requested, will ask Dr Crothers.

Other Diagnostic Imaging

07/03/2025 Plain radiography = Exam Date: 07/03/2025

Exam: XR ChestReported by Dr Jeff Hussey(gram.radiologyreports@nhs.scot). Consultant Radiologist(Locum). Aberdeen Royal Infirmary. GMC 1346949.Chest:Heart and mediastinal outlines are normal. Evidence ofprevious lung surgery, with staple lines in the parenchymaof the right upper lobe medially, with extensive focalemphysema of what remains of the right upper lobe. Therethere is minor crowding of the lung markings in the rightlower lobe. On the left there are fibrotic changesadjacent to the upper pole of the left hilum. However inthe left lower lobe, adjacent to the lower left heartborder , and above the cardiac apex there is a discreteopacity, possibly a combination artefact or possibly focalfibrosis, but I am highly suspicious of possible earlybronchogenic carcinoma. I cannot identify any pleuralpathology. Costophrenic angles are clear. No fluid.Fast-track.Reported By: Dr Jeff Hussey (Consultant Radiologist)Reported Date: 11/03/2025Verified By: Dr Jeff Hussey, Consultant RadiologistVerified Date: 11/03/2025

Chest X-ray

18/04/2025	Standard chest X-ray
07/03/2025	Standard chest X-ray
24/10/2023	Standard chest X-ray Hyperinflation with evidence of consolidation.
08/10/2020	Standard chest X-ray
22/03/2018	Standard chest X-ray satisfactory - bulla formation
06/02/2008	Chest X-ray - routine normal
25/06/2004	Standard chest X-ray normal
20/04/2004	Standard chest X-ray

Fasting glucose

13/01/2026 Fasting Plasma fasting glucose level = 5 mmol/L

Advice Given

04/05/2026	Advice to patient - subject	Advice	1. DihydrocodieneALSO HAS REPEATS
04/03/2026	Advice to patient - subject	Advice	1. FluoxetineALSO HAS REPEATS
10/11/2025	Advice to patient - subject	Advice	1 dihydrocodeine1 salbutamol inhaler ALSO HAS REPEATS
03/07/2025	Advice to patient - subject	Advice	1. Fluoxetine ALSO HAS REPEATS
13/01/2025	Advice to patient - subject	Advice	1 DHC
10/09/2024	Advice to patient - subject	Advice	1. Dihydrocodeine - needs reauthorised2. Fluoxetine - needs reauthorisedALSO HAS REPEATS
30/05/2024	Advice to patient - subject	Advice	1 DHC ALSO HAS RPT
03/05/2024	Advice to patient - subject	Advice	1 amirtiptylineALSO HAS REPEATS
06/03/2024	Advice to patient - subject	Advice	1. fluoxetineALSO HAS REPEATS
28/02/2024	Advice to patient - subject	Advice	1. Trelegy inhaler(please add to repeats as per karen req)

Mr Ceitli Crockett **04/06/1962** **Male** **S/168/2/1962/** **Permanent**

30/01/2024	Advice to patient - subject	Advice	1. anoro elippta. - Got Trelegy inhaler on 03/01 and doesnt know why. COPD review booked for 27/02
09/01/2024	Advice to patient - subject	Advice	1. Dihydrocodeine - needs reauthorised
29/12/2023	Advice to patient - subject	Advice	1. Anoro inhalerALSO AHS REPATS
05/09/2023	Advice to patient - subject	Advice	1.Fluoxetine2.DihydrocodineALSO HAS REPEATS
04/07/2023	Advice to patient - subject	Advice	1.Salamol inhaler - not had since 14/12/2022ALSO HAS REPEATS
15/02/2023	Advice to patient - subject	Advice	1 FluoxetineALSO HAS ERPEATS
04/01/2023	Advice to patient - subject	Advice	1 fluoxetine
14/12/2022	Advice to patient - subject	Advice	1.DihydrocodeineALSO HAS REPEAT
08/12/2022	Advice to patient - subject	Advice	1 Fluoxetine 20mg capsules
25/07/2022	Advice to patient - subject	Advice	1 dihydrocodeineALSO HAS REPEATS
01/06/2022	Advice to patient - subject	Advice	1 Fluoxetine 20mg capsules
01/02/2022	Advice to patient - subject	Advice	1. fluoxetine
29/11/2021	Advice to patient - subject	Advice	1. fluoxetine
28/09/2021	Advice to patient - subject	Advice	1 fluoxetineALSO HAS REPEATS
01/07/2021	Advice to patient - subject	Advice	1.Fluoxetine 20mg
30/03/2021	Advice to patient - subject	Advice	1. Fluoxetine needs reauthorised2. Dihydrocodeine needs reauthorised
01/06/2020	Advice to patient - subject	Advice	1 fluoxetineALSO HAS REPEATS
25/03/2020	Advice to patient - subject	Advice	1. dihydrocodeineALSO HAS REPEATSphone to Whitelaws Rosemount URGENT
23/03/2020	Advice to patient - subject	Advice	1 dihydrocodeine
03/02/2020	Advice to patient - subject	Advice	1 fucibet creamALSO HAS REPEATS
02/09/2019	Advice to patient - subject	Advice	1. Fluoxetine needs reauthorised
07/06/2019	Advice to patient - subject	Advice	1. salbutamol MDI inhaler - new COPD. Will review 1/12. as per K Yeats
06/06/2019	Smoking cessation advice	Advice	
06/05/2019	Advice to patient - subject	Advice	1 fluoxetine
11/02/2019	Advice to patient - subject	Advice	1. fluoxetine
05/12/2018	Advice to patient - subject	Advice	1. fucibet creamALSO HAS REPEATS
02/11/2018	Advice to patient - subject	Advice	1 fluoxetineALSO HAS REPEATS
07/08/2018	Advice to patient - subject	Advice	1. fluoxetine
30/04/2018	Advice to patient - subject	Advice	fluoxetineALSO HAS REPEATS
05/02/2018	Advice to patient - subject	Advice	1Fluoxetine 20mgALSO HAS REPEAT
04/09/2017	Advice to patient - subject	Advice	Fluoxetine needs reauthorisedALSO HAS REPEATS
27/03/2017	Advice to patient - subject	Advice	Dihydrocodeine needs reauthorised
08/03/2017	Advice to patient - subject	Advice	fluoxetine
20/11/2015	Smoking cessation advice	Advice	
22/06/2015	Advice to patient - subject	Advice	Fluoxetine
17/04/2015	Advice to patient - subject	Advice	Fluoxetine
03/02/2015	Advice to patient - subject	Therapy	fluoxetine
25/11/2014	Advice to patient - subject	Therapy	Fluoxetine
16/09/2014	Advice to patient - subject	Therapy	Fluoxetine
23/04/2014	Advice to patient - subject	Therapy	Dihydrocodiene 30mgFluoxetine
16/12/2013	Advice to patient - subject	Therapy	fluoxetine
23/10/2013	Advice to patient - subject	Therapy	Fluoxetine 20mg
22/04/2013	Advice to patient - subject	Therapy	fluoxetine
12/02/2013	Advice to patient - subject	Therapy	PizotifenFluoxetine
18/01/2013	Advice to patient - subject	Therapy	Dihydrocodiene
22/11/2012	Smoking cessation advice	Advice	
17/04/2012	Advice to patient - subject	Therapy	dihydrocodeine
13/01/2012	Advice to patient - subject	Therapy	Dihydrocodiene

Mr Ceith Crockett 04/06/1962 Male S/168/2/1962/ Permanent

14/07/2009	Advice to patient - subject	Therapy			Dihydrocodeine tabs 30mg
07/04/2008	Advice to patient - subject	Therapy			Dihydrocodeine reauthorised
28/02/2007	Advice to patient - subject	Therapy			Dihydrocodeine needs reauthorising
17/02/2006	Smoking cessation advice				

C Reactive protein

11/03/2025	Serum C reactive protein level	= 1 mg/L		
11/06/2024	Serum C reactive protein level	= 5 mg/L	Abnormal	
07/03/2022	Serum C reactive protein level	= 2 mg/L		

Viral studies

02/12/2021	2019-nCoV (novel coronavirus) RNA not detected	=		SARS-CoV-2 - SARS-CoV-2

Negative by PCR - Sample taken at RHH and analysed in the National Lighthouse Laboratory

02/12/2021	2019-nCoV (novel coronavirus) serology	=		SARS-CoV-2

Family History

28/10/1993	No FH: NOS	of		

Dr . Staff

Other Laboratory tests

13/01/2026	Biochemical test	=		-
13/01/2026	Biochemical test	=		<none>
11/03/2025	Blood haematinic levels	=		Vitamin B12 deficiency highly unlikely.Haematinic Results
11/03/2025	Biochemical test	=		-
11/03/2025	Biochemical test	=		<none>
25/07/2024	Blood haematinic levels	=		Low serum Ferritin consistent with iron deficiency,Vitamin B12 deficiency possible,correlate with clinicalfeatures.Replace B12 if clinically indicated orconsider repeat after 3 months.Consistent with Folate deficiency.Haematinic Results
11/06/2024	Biochemical test	=		-
11/06/2024	Biochemical test	=		<none>
07/03/2022	Biochemical test	=		-
07/03/2022	Biochemical test	=		<none>
28/09/2020	Biochemical test	=		-
28/09/2020	Biochemical test	=		<none>
22/09/2020	Biochemical test	=		-
22/09/2020	Biochemical test	=		<none>
22/09/2020	Biochemical test	=		See Comments
22/09/2020	Biochemical test	=		Non-centrifuged Gold top SST sample received: results for unstableanalytes (potassium, phosphate, creatinine (and eGFR), bicarbonate,bilirubin, iron and LDH) should be interpreted with extreme caution.

Pulse (CVS/BP)

19/09/2025	O/E - pulse rate 80 beats/min sinus rhythm			Dr M Macfarlane

Colonoscopy

10/02/2021	Diagnostic colonoscopy			

PF current

08/12/1998	Peak exp. flow rate: PEFR/PFR:	= 0		

Dr . Staff

22/09/1998	Peak exp. flow rate: PEFR/PFR:	= 0		

Dr . Staff

Packed Cell Volume

13/01/2026	Haematocrit - PCV	= 0.42 L/L		l/l
11/03/2025	Haematocrit - PCV	= 0.4 L/L	Abnormal	l/l
11/06/2024	Haematocrit - PCV	= 0.4 L/L	Abnormal	l/l
07/03/2022	Haematocrit - PCV	= 0.44 L/L		l/l
22/09/2020	Haematocrit - PCV	= 0.47 L/L		l/l

Basophil count

13/01/2026	Basophil count	= 0.1 10*9/L		x10^9/l
11/03/2025	Basophil count	= 0.03 10*9/L		x10^9/l
11/06/2024	Basophil count	= 0.03 10*9/L		x10^9/l
07/03/2022	Basophil count	= 0.02 10*9/L		x10^9/l
22/09/2020	Basophil count	= 0.01 10*9/L		x10^9/l

Forced Expiratory Volume in 1 sec

06/06/2019	Forced expired volume in 1 second	= 72 %		

FEV1/FVC

06/06/2019	FEV1/FVC ratio	= 57 %		

Mr Ceith Crockett 04/06/1962 Male S/168/2/1962/ Permanent

Free Thyroxine

11/03/2025	Serum free T4 level	= 11.5 pmol/L	
07/03/2022	Serum free T4 level	= 11.4 pmol/L	

Scoring Test Result

15/01/2026	Score: 15.86	Method: ASSIGN for: Dr Leanne Duff	
30/11/2010	Score: 20	Method: for: Depressed Dr Andrew Webster	
30/04/2010	Score: 0	Method: for: Depressed Dr Andrew Webster	
23/02/2010	Score: 22	Method: for: Stress at work Dr Andrew Webster	

Other Bacteriology Tests

21/05/2024	Microbiology test	=	Microbiological

ExaminationCulture Profuse growth of Mixed Faecal Organisms of doubtful significance

Other Biochemistry tests

13/01/2026	Lipid level	= mmol/L	-
11/03/2025	Lipid level	= mmol/L	-
11/06/2024	Lipid level	= mmol/L	-
07/03/2022	Lipid level	= mmol/L	-
28/09/2020	Lipid level	= mmol/L	-
22/09/2020	Lipid level	= mmol/L	-

Haematology Screening Tests

13/01/2026	Haemolysis screening test	=	-
11/03/2025	Haemolysis screening test	=	-
11/06/2024	Haemolysis screening test	=	-
07/03/2022	Haemolysis screening test	=	-
28/09/2020	Haemolysis screening test		-
22/09/2020	Haemolysis screening test		-

Repeat Medication Review

30/04/2018 Medication review on long term antidepressants, has a reveiw every 3 months Due: 30/04/2019 by: Dr M Macfarlane
Dr M Macfarlane

15/03/2016 Medication review on long term antidepressants, has a reveiw every 3 months Due: 15/03/2017 Complete: 30/04/2018 by: Dr M Macfarlane Next review: 30/04/2019 Dr M Macfarlane

29/04/2014 Medication review Due: 29/04/2015 Complete: 15/03/2016 by: Dr Michelle Harper Next review: 15/03/2017
Dr A Hay

26/02/2013 Medication review Due: 26/02/2014 Complete: 29/04/2014 by: Dr A D Glenesk Next review: 29/04/2015
Dr A Hay

09/09/2011 Medication review Due: 09/09/2012 Complete: 26/02/2013 by: Dr A D Glenesk Next review: 26/02/2014
Dr C Munro

04/05/2010 Medication review Due: 04/05/2011 Complete: 09/09/2011 by: Dr C Munro Next review: 09/09/2012
Dr C Munro

06/01/2009 Medication review Due: 06/01/2010 Complete: 04/05/2010 by: Dr C Munro Next review: 04/05/2011
Dr C Munro

05/09/2007 Medication review Due: 05/09/2008 Complete: 06/01/2009 by: Dr C Munro Next review: 06/01/2010
Dr C Munro

26/05/2006 Medication review Due: 26/05/2007 Complete: 05/09/2007 by: Dr C Munro Next review: 05/09/2008
Dr C Munro

26/05/2006 Medication review Due: 26/05/2007 Complete: 26/05/2006 by: Dr C Munro Next review: 26/05/2007
Dr C Munro

30/05/2002 Medication review Due: 30/05/2003 Complete: 30/05/2002 by: Dr . Staff Next review: 30/05/2003
Dr . Staff

16/03/2000 Medication review Due: 16/03/2001 Complete: 16/03/2000 by: Dr C J Milburn Next review: 16/03/2001
Dr C J Milburn

10/11/1994 Medication review Due: 10/11/1995 Complete: 10/11/1994 by: Dr . Staff Next review: 10/11/1995
Dr . Staff

Glomerular Filtration Rate

11/03/2025	GFR calculated abbreviated MDRD	> 60 mL/min	GFR calculated abbreviatd

MDRD - ml/min/1.73m2

11/06/2024	GFR calculated abbreviated MDRD	> 60 mL/min	GFR calculated abbreviatd

MDRD - ml/min/1.73m2

07/03/2022	GFR calculated abbreviated MDRD	> 60 mL/min	GFR calculated abbreviatd

MDRD - ml/min/1.73m2

28/09/2020	GFR calculated abbreviated MDRD	> 60 mL/min	GFR calculated abbreviatd

MDRD - ml/min/1.73m2

22/09/2020	GFR calculated abbreviated MDRD	> 60 mL/min	GFR calculated abbreviatd

MDRD - ml/min/1.73m2

Pulse oximetry

Mr Ceith Crockett **04/06/1962** **Male** **S/168/2/1962/** **Permanent**

16/04/2025 Peripheral blood oxygen saturation on room air at rest 99 %
12/02/2025 Baseline SpO2 (oxygen saturation at periphery) 97 %

Total patients for report 1

NHS Confidential: Personal data about a patient

NHS Grampian

Pulmonary Rehabilitation Service
Community Adult Assessment and Rehabilitation Service
Links Resource Centre
Park Road
Aberdeen
AB24 5AU

NHS Grampian

Enquiries to :
Direct Line : 01224 558399

AJ/

CHI: 0406622051

Dr Vaila Boswell
Holburn Medical Group
7 Albyn Place
Aberdeen
AB10 1YE

Date Dictated: 19/05/2026
Date Typed:

Dear Dr Boswell

Mr Ceith R Crockett (04/06/1962) 59 Stevenson Court Stevenson Street, Aberdeen, AB25 1GU

The above patient was referred to attend Pulmonary Rehabilitation and attended between 01/04/2026 and 22/05/2026.

They have now completed their course and their results are seen below:

Exercise Tests:	6 minute 10 meter walk test pre exercise class 270meters. Post exercise 290 meters class: CAT score pre exercise class: 20/40 Post exercise class: 2.5/40 MRC pre exercise class 2 Post exercise class: 2
Goals:	- I would like to have a better control of my breathing: Achieved - I would like to get back riding my bike: Achieved
Referred to:	Patient declined referral to maintenance class and happy to self manage moving forwards with meditation and archery

NHS Confidential: Personal data about a patient

Other info:	Patient is a very good attendee with a higher level of exercises.

If you require any further information, please do not hesitate to contact us.

Yours sincerely

Signed by Alfreda Jaka
Physiotherapist at 2:47 PM on 22/05/2026

Alternaleaf

Alternaleaf
140 Wharfedale Road
Winnersh Triangle
Reading
RG41 5RB

15/05/2026

To whom it may concern,

Please see attached a copy of Ceith Crockett's (04/06/1962) consultation notes.

The above mentioned mutual patient was recently reviewed in our clinic. Please note for inclusion in your records that they have been prescribed medical cannabis. The associated code for your records for this prescription is: Cannabis therapy (procedure) SCTID: 723949005 723949005

Kind regards,

Alternaleaf

Consultation dated: 10/05/2026
Clinician Name: Harveen Chodha (Pharmacist)

Problems:
1st rpt

Has the patient had a review within the last 3 months? If No - patient is not eligible for a repeat, please advise them to book an appointment.
Yes

Has the patient had more than 2 repeat prescriptions since their last review? If Yes - patient is not eligible for a repeat, please advise them

to book an appointment.
No

Has it been 3 weeks since their last prescription was issued? If No - patient is not due for a prescription, please advise patient to order at the correct interval.
Yes

What is the patient's monthly allowance as an equivalence in grams?
60g

What is their new prescription?

Upstate T28 PO Purple Octane x 10g - Free Boveda*3

Upstate T30 FTC Fight Club x 10g - Free Boveda*2

If the prescription is not the same as the last, please explain why?
Trial of new strain

Does the patient have a THC cap?
None

Is the patient restricted to irradiated cannabis flower only?
No

What is the patient's preferred pharmacy?
Montu

Consultation dated: 16/04/2026
Clinician Name: Victoria Ogunbamowo (Pharmacist)

Problems:
QR

ID Checked?
Yes

Does the patient consent to the appointment? If "No" please discontinue the appointment.
Yes

Does the patient have capacity?
Yes

Has the patient confirmed they are not pregnant, lactating or planning a pregnancy?
N/A

Please ask patient: Since starting treatment at Montu, how would you describe the overall change in symptoms, emotions and overall quality of life in relation to your condition?
2 = Much improved—notably better with significant reduction of symptoms; increase in the level of functioning but some symptoms remain

Patient's elaboration on the score and how they are progressing against goals/aims

paing relief

reduced dihydocodeine

CGI-I Scale: Rate total improvement whether or not, in your judgment, it is due entirely to drug treatment. Compared to their condition at start of medical cannabis treatment.
2 = Much improved—notably better with significant reduction of symptoms; increase in the level of functioning but some symptoms remain

CGI-S Scale: Considering your total clinical experience with this particular population, how ill is the patient at this time?
2 = Borderline ill

Has the patient experienced any thoughts of suicide or self-harm since their last review? Has there been any suicide attempts? Has this changed since taking medical cannabis?
none reported

Current prescription, dosage and frequency
Upstate T28 PO Purple Octane x 10g - Free Boveda*5

Have you experienced any side effects or symptoms such as nausea, vomiting, or abdominal pain that could be related to your cannabis use?
none reported

Update on medical condition (change in medication, updated scans, updated reports from GP or specialist)
none reported

Do you anticipate any changes to your medical condition or medications over the next 6 months?

none reported

Changes to prescription agreed
Yes - please detail changes below

If prescription is not the same as the last, please explain why
Trial of new strain

Changes to prescription, dosage and frequency

Upstate T28 PO Purple Octane x 10g - Free Boveda*3

Upstate T29 GRG Gorilla Glue x 10g - Free Boveda*1

Upstate T30 FTC Fight Club x 10g - Free Boveda*1

Upstate T28 MGT Mochi Gelato x 10g - Free Boveda*1

Have you requested an urgent/same day prescription request for the patient?
No

What is the agreed monthly allowance equivalence in grams?
60g

Please document any other relevant information discussed e.g. allowance changes, ordering frequency, concerns
3 w/days clinic to pharmacy , 3 w/days pharmacy to patient

Is there a maximum THC level and/or other considerations in regards to prescribing?
None

Is this patient restricted to irradiated cannabis flower only?
No

Summary of discussion advice and plan
The patient can request up to their monthly allowance, but requests are limited to one per month. I have discussed the benefits and risks of irradiated vs. non-irradiated cannabis flowers, including that: Irradiated cannabis is recommended for immunocompromised patients, as pathogens in non-irradiated products may cause life-threatening infections. The patient is aware that the medication prescribed is unlicensed. I have advised the patient not to drink alcohol or use illegal cannabis/substances whilst using medicinal cannabis. Discussed with the patient that medication requests must be on the

approved formulary, within consultant-prescribed parameters, and clinically appropriate. Requests outside these criteria require an appointment for review.

Next Follow Up due in
6 months

The patient has been advised that they can contact us or schedule an appointment earlier if they experience any new or worsening symptoms, a significant change in their general health, or any concerns regarding their current medications or treatment.
Yes

If they feel acutely unwell or require urgent advice outside of our operating hours, they have been directed to call 111 or attend A&E as appropriate.
Yes

The patient confirmed understanding of this advice.
Yes

Consultation dated: 09/03/2026
Clinician Name: Roa Al Tarehi(Pharmacist)

Problems:
2nd repeat

Has the patient had a review within the last 3 months? If No - patient is not eligible for a repeat, please advise them to book an appointment.
Yes

Has the patient had more than 2 repeat prescriptions since their last review? If Yes - patient is not eligible for a repeat, please advise them to book an appointment.
No

Has it been 3 weeks since their last prescription was issued? If No - patient is not due for a prescription, please advise patient to order at the correct interval.
Yes

What is the patient's monthly allowance as an equivalence in grams?
60g

What is their new prescription?
Upstate T28 PO Purple Octane x 10g - Free Boveda*5

If the prescription is not the same as the last, please explain why?
Previous medication was ineffective, trial of new strain

Does the patient have a THC cap?
None

What is the patient's preferred pharmacy?
Montu

Consultation dated: 18/02/2026
Clinician Name: Veibhav Chokshi (Pharmacist)

Problems:
1st repeat

Has the patient had a review within the last 3 months? If No - patient is not eligible for a repeat, please advise them to book an appointment.
Yes

Has the patient had more than 2 repeat prescriptions since their last review? If Yes - patient is not eligible for a repeat, please advise them to book an appointment.
No

Has it been 3 weeks since their last prescription was issued? If No - patient is not due for a prescription, please advise patient to order at the correct interval.
Yes

What is the patient's monthly allowance as an equivalence in grams?
60g

What was their last prescription?

Curaleaf T10:C10 Mixed Berries Pastilles x 14*1

Curaleaf T10 Orange Pastilles x 14*1

Upstate T26 PGD Pineapple God x 10g - Free Boveda*1

Upstate BK T800 Blueberry Kush Distillate Vape Cartridge x 1g*1

Upstate PE T800 Pineapple Express Distillate Vape Cartridge X 1g*1

Upstate T28 GB Grape Burger x 10g - Free Boveda - NEAR EXPIRY OF 10/03/2026*1

Upstate T22 GTZ Ghost Train Haze x 10g - Free Boveda*1

What is their new prescription?

Sundaze T24 CS Candy Store x 10g - Free Boveda*1

Upstate T28 PO Purple Octane x 10g - Free Boveda*1

Upstate T26 KSC Kush Cookies x 10g - Free Boveda*1

Upstate T22 GTZ Ghost Train Haze x 10g - Free Boveda*1

If the prescription is not the same as the last, please explain why?
Trial of new strain

Does the patient have a THC cap?
None

What is the patient's preferred pharmacy?
Montu

Consultation dated: 29/01/2026
Clinician Name: Sharika Solanki (Pharmacist)

Problems:
FU

ID Checked?
Yes

Does the patient consent to the appointment? If "No" please discontinue the appointment.
Yes

Does the patient have capacity?
Yes

Has the patient confirmed they are not pregnant, lactating or planning a pregnancy?
N/A

Please ask patient: Since starting treatment at Montu, how would you describe the overall change in symptoms, emotions and overall quality

of life in relation to your condition?
2 = Much improved—notably better with significant reduction of symptoms; Increase in the level of functioning but some symptoms remain

Patient's elaboration on the score and how they are progressing against goals/aims

hyper sensitivity is less

less anxiety

CGI-I Scale: Rate total improvement whether or not, in your judgment, it is due entirely to drug treatment. Compared to their condition at start of medical cannabis treatment.
2 = Much improved—notably better with significant reduction of symptoms; Increase in the level of functioning but some symptoms remain

CGI-S Scale: Considering your total clinical experience with this particular population, how ill is the patient at this time?
3 = Mildly ill

Current prescription, dosage and frequency

1) AAAA ACC T11 C16 Flower

THC: 11%, CBD: 16%, Cultivar: Apricot Cream & Cheese

Use 0.2g dried flower to vape when required as directed by Prescriber, max 0.5g daily Supply: 1 x 10g = 10g, ten grams

2) Upstate T23 GB Grape Burger x 10g, Flower

THC: 23%, CBD: <1%, Cultivar: Grape Burger Use 0.2g dried flower to vape when required as directed by Prescriber, max 0.5g daily Supply: 1 x 10g = 10g, ten grams

3) Sundaze T25 PP Purple Punch x 10g, Flower

THC: 25%, CBD: <1%, Cultivar: Purple Punch Use 0.2g dried flower to vape when required as directed by Prescriber, max 0.5g daily Supply: 1 x 10g = 10g, ten grams

4) Upstate T22 GTZ Flower

THC: 22%, CBD: <1% , Cultivar: Ghost Train Haze

Use 0.2g dried flower to vape when required as directed by Prescriber, max 0.5g daily Supply: 1 x 10g = 10g, ten grams

How is the patient managing dosing and titration?
2g a day

Have you experienced any side effects or symptoms such as nausea, vomiting, or abdominal pain that could be related to your cannabis use?
nil

Update on medical condition(change in medication, updated scans, updated reports from GP or specialist)
nil

Changes to prescription agreed
Yes - please detail changes below

Changes to prescription, dosage and frequency

Curaleaf T10:C10 Mixed Berries Pastilles x 14*1

Curaleaf T10 Orange Pastilles x 14*1

Upstate T26 PGD Pineapple God x 10g - Free Boveda*1

Upstate BK T800 Blueberry Kush Distillate Vape Cartridge x 1g*1

Upstate PE T800 Pineapple Express Distillate Vape Cartridge x 1g*1

Upstate T23 GB Grape Burger x 10g - Free Boveda - NEAR EXPIRY OF 10/03/2026*1

Upstate T22 GTZ Ghost Train Haze x 10g - Free Boveda*1

What is the agreed monthly allowance
60g

Is there a maximum THC level and/or other considerations in regards to prescribing?
nil

Summary of discussion, advice and plan
Discussed with the patient that they can request anything on the formulary when making future repeat prescription requests, provided their request is within the parameters set by the consultant. Patient has been notified that any requests outside of these parameters must be reviewed in an appointment. Can request up to the previously agreed amount, but explained requests are limited to once per month.

Next Follow Up due in
3 months

I have discussed the potential benefits and side effects of both irradiated and non-irradiated flowers and specifically: For immunocompromised medical cannabis patients, pathogens could potential cause life threatening infections. Irradiated medical cannabis is therefore the safer and preferred treatment option for more vulnerable patients.
Yes

Consultation dated: 03/01/2026
Clinician Name: Anup Mathew (Psychiatrist)

Problems:
MDT Phase 2

History of Cannabis Use
Used in the past

Is the formulation appropriate for the patient?
Yes

Is the THC:CBD ratio appropriate for this patient?
Yes

Is the daily dose and monthly allowance appropriate?
Yes

Is a THC cap applied where appropriate?
Yes

Is it suitable for the patient to be prescribed non-irradiated flower?
Yes

Are there any concerns regarding co-morbidities and adverse effects? (If so, please elaborate)
no

Final Decision
Approve

Consultation dated: 03/01/2026
Clinician Name: Shiyun Wa (Pharmacist)

Problems:
MDT phase 1

ID Confirmed and Checked - please ensure full name + dob matches ID
Yes

Patient lives in a UK address (England, Scotland, Wales and Northern Ireland only)
Yes

Are there any contraindications/exclusions?
No

What is the diagnosis?
chronic pain

Are there any other diagnoses?

depression and anxiety

COPD

ezcema

migraine

Which specialty does this fall under?
Pain

Does this satisfy the needs of the inclusion criteria?
Yes

Is there an unmet clinical need? What previous treatments have been tried?
tried dihydrocodeine, gabapentin

Are there concerns regarding possible drug interactions?
No

Are there any safeguarding concerns?
No

Has the consultant prescribed treatment and issued a prescription?
Yes

Is the patient suitable to be reviewed in phase 2?
Yes

Phase 1 MDT marked as completed on spreadsheet
Yes

Consultation dated: 02/01/2026
Clinician Name: Maissara Al-Rikabi (Pain Consultant)

Problems:
1st doctor consultation -

A 63 y gentleman suffering from Neuropathic pain

Following surgery

Pain throughout the day and night

Insomnia due to pain

Impacting MH and QOL

Anxiety due to the pain

Tingling sensation

Current Medication and Dosage

DI-hydrocodiene

Amtriptyline

Fluoxetine

Inhalers

Previous medication/Treatment

Tens machine

Other Diagnosed Condition (including Respiratory/Heart Condition)

COPD

Anxiety

Lung condition: Blisters: lung Stapled

using cannabis without issues

not keen on oil

ID Checked and Confirmed
Yes

Does the patient consent to the appointment? If "No" discontinue the appointment.
Yes

Is the patient at home or in a secure setting?
Yes

Additional notes

for MDT

Contraindication Screening - I have confirmed the patient:
Does not have a history of psychosis or schizophrenia,Does not have a recent history of respiratory or heart failure,Is not receiving immunotherapy as part of oncological treatment,Is not living in a hotel/hostel

Brief overview of symptoms and history
chronic pain

Reason for Unmet Clinical Need:
Tried two or more recognised treatments which have failed

CGI-S Scale: Considering your total clinical experience with this particular population, how ill is the patient at this time?
4 = Moderately ill

Recommended Prescription, Formulation, Titration and Dose, Frequency

1) AAAA ACC T11:C16, Flower

THC: 11%, CBD: 16%, Cultivar: Apricot Cream & Cheese
Use 0.2g dried flower to vape when required as directed by Prescriber, max 0.5g daily **Supply: 1 x 10g = 10g, ten grams**

2) Upstate T23 GB Grape Burger x 10g, Flower
THC: 23%, CBD: <1%, Cultivar: Grape Burger Use 0.2g dried flower to vape when required as directed by Prescriber, max 0.5g daily **Supply: 1 x 10g = 10g, ten grams**

3) Sundaze T25 PP Purple Punch x 10g, Flower
THC: 25%, CBD: <1%, Cultivar: Purple Punch Use 0.2g dried flower to vape when required as directed by Prescriber, max 0.5g daily **Supply: 1 x 10g = 10g, ten grams**

4) Upstate T22 GTZ, Flower

THC: 22%, CBD: <1%, Cultivar: Ghost Train Haze
Use 0.2g dried flower to vape when required as directed by Prescriber, max 0.5g daily **Supply: 1 x 10g = 10g, ten grams**

What is the agreed monthly allowance?
30g

Do you want to impose a max THC level?
No

Discuss and establish at least one goal the patient wishes to achieve with CBPM therapy. This goal will be monitored.
pain relief and relaxation

Approval to increase dose to 90g for subsequent prescriptions
Yes

Does the patient have capacity
Yes - has mental capacity, can retain information regarding medical cannabis and communicate the decision, can weigh up the information needed to make a decision

I have explained that prescribing off-license medical cannabis:
is used as a last resort to try and improve symptoms and quality of life but may NOT be effective and/or cause physical/mental/cognitive side effects;patients need to check when travelling and bring prescriptions and proof of patient has agreed NOT to take other/recreational cannabis products and will avoid becoming pregnant while of medical cannabis,I have discussed the potential benefits and side effects of both irradiated and non-irradiated flowers and specifically: for immunocompromised patients, pathogens could potentially cause life threatening infections. Irradiated medical cannabis is therefore the safer and preferred option.

I have explained that medical cannabis may cause these side effects:
Disorientation / Drowsiness / Dizziness / Confusion / Imbalance, Euphoria / Hallucinations / Anxiety or Paranoia / Depression / Nausea & Vomiting / Diarrhoea / Dry mouth, SPECIAL PRECAUTIONS: Tachycardia = notify GP + us / call 999 if very fast or unwell. High BP = regular check up by GP + notify us, Lower threshold for angina = notify GP + us / call 999, Any symptoms of stroke = call 999 / vomiting/cannabis hyperemesis - if vomiting persistently seek urgent medical assistance. Call 111 in the event of uncertainty, or 999 in the event of any emergency.

I have informed the patient:
of the MDT process and px subject to approval - won't hear from Pharmacy for at least 3 working days,of the frequency of the follow ups and repeat prescriptions required,that they will be asked to sign a medical cannabis consent form if their prescription is approved by the MDT

We have discussed and agreed the treatment plan as described above
Yes

Consultation dated: 24/12/2025
Clinician Name: Sophie Golland (Nurse)

Problems:
Document review

Title(s) of documents received

SCR

Depression

Pain

Eczema

Anxiety

COPD

Dihydrocodeine

Amtriptyline

Fluoxetine

Promethazine

Mirtazapine

Zopiclone

Zolpidem

Gabapentin

Tramadol

Paracetamol

Diazepam

Sumatriptan

Rizatriptan

Citalopram

Co-dydramol

CBT

All pages of submitted documents have been reviewed
Yes

Is the following information available?
ID,Diagnosis,Past treatments

Consultation dated: 03/12/2025
Clinician Name: Sophie Golland (Nurse)

Problems:
IA: Chronic Pain, Neuropathic pain

Photo ID checked (please ensure full name and DOB correspond to the ID)
Yes

Additional notes

No issues or concerns identified or raised at time of assessment

Details checked and correct
DL seen

Does the patient have a permanent UK address and not living in a hotel /hostel/ Isle of Man/Jersey/Guernsey/Republic of Ireland?
Yes

Is there a chaperone present?
No

Details of chaperone (name/relation to the patient) - (if applicable, add as a note on the patient record)
N/A

Does the patient consent to the appointment?
Yes

Does the patient consent for the clinic to share information with their GP?
Yes

Does the patient have capacity?
Yes

I have confirmed that patient does not have history of:
psychosis/schizophrenia,Delusional disorder,Self harm/suicide attempt in the past 3 months,Respiratory /heart failure (past 3 months),First degree family history of psychosis /schizophrenia,any form of hallucination (including visual and auditory)

I have confirm that patient is not :
pregnant/breastfeeding,Currently receiving/planning to receive immunotherapy treatment for cancer

Additional information :
No issues or concerns identified or raised at time of assessment

Primary Diagnosis and symptoms

Neuropathic pain

Following surgery

- Pain throughout the day and night
- Insomnia due to pain
- Impacting MH and QOL
- Anxiety due to the pain
- Tingling sensation

Current Medication and Dosage

Di-hydrocodiene
Amtriptyline

Fluoxetine

Inhalers

Previous medication/Treatment
Tens machine

Other Diagnosed Condition (including Respiratory/Heart Condition)

COPD

Anxiety

Lung condition: Blisters: lung Stapled

Any relevant Psychiatric History
No

Additional info
No issues or concerns identified or raised at time of assessment

Allergies:
None known

Additional Information
No issues or concerns identified or raised at time of assessment
No issues or concerns identified or raised at time of assessment

Self-medicating at present

Smoking BMC at present

Edibles also at time

Using around 6 -8 joints a day

Nil issues or adverse side effects

Advised regarding options - oral/buccal/inhaled

Advised smoking cannabis is illegal, will need dry herb vape if prescribed flower. You'd need to purchase a dry herb vaporiser for flower, as it's still illegal to smoke cannabis in UK. You would also need a grinder. There's stock available from our online shop, or you can do your own research

Discussed:

Irradiated and non-irradiated cannabis

Indica- more sedating and recommended mostly for night time use

Sativa- more energising and recommended mostly for day time use

No issues or concerns identified or raised at time of assessment

No children

Lives alone

Work: Not at present

Member

Mental State Exam

Voice and speech : Normal in rate, tone, rhythm and volume,Affect : Appeared euthymic and reactive,Cognition : Grossly intact, oriented to time place and person,Perception : Nil abnormalities elicited,Thought : Normal in stream form and possession, Nil delusional content,Insight : Has good insight into current condition and symptoms,Risk : denies having any thought of DSH/suicidal,Appearance and behavior : well -kept and casually dressed, good eye contact, nil psychomotor

Does the patient drive?

Yes

Counselling provided on impairment risk

Yes

Is the patient:

Self medicating

Is this a vulnerable patient?

No

Is the patient currently responsible for caring for a child (under 18 years old)

No

I have informed patient:

The consultation notes will be shared with their GP if they are approved.The next consultation will be with a specialist consultant and will discuss about the treatment but that does not mean that they are approved for treatment as will have to go through MDT process -explain MDT process.Subject to MDT approval -will not hear from pharmacy at least 3-4 working days.Appointment frequency after 1st dr appointment- 1st review in 4 weeks and every 3 months after.How often they can order their repeat prescription.For female only - Stop using and inform the clinic in case of any plans to conceive/pregnant.counselling /explanation provided on irradiated and non-irradiated strain.18-24 years olds ONLY - Patient confirmed they understands the potential risk that medical cannabis can affect brain development in young adults and would like to continue with the process

Potential risk of interaction and advice given:

Advice: As we've discussed, you have tried at least 2 other treatments for your condition. Medical cannabis is a very effective treatment for many people, however it's not suitable for everyone. It can take some time to establish which strain or form of medical cannabis works best for you as in individual, but we can support you with this along the way. As we mentioned driving, but it is also important to carry your prescription and keep medication in original packaging when travelling.

So that we can effectively assess the effectiveness of your treatment and manage your prescriptions, it's important that you don't take any additional cannabis from other sources alongside it. It is also important to avoid pregnancy while on this treatment.

Advised side effects are usually mild and self limiting - dizziness, drowsiness, nausea, dry mouth, euphoria. CAN exacerbate anxiety.

REVIEW if chest pain, increased heart rate, palpitations- seek medical advice.

Advised not to consume alcohol while taking medical cannabis.

Advised re safe storage in locked cabinet

Initial thoughts of eligibility for medical cannabis therapy based on provided information

Suitable

Reason for rejection (if applicable)
N/A

Do we have all the required information?
ID

If not - what is required and why?
ID and SCR needed

Have you alerted the patient engagement team to any outstanding information?
Yes

Have you send the patient an invoice?
No

Do we need a discharge letter from other clinic ?
no

Areas to be highlighted for consultant:

Chronic Neuropathic pain

PMH:

COPD

Anxiety

Lung condition: Blisters: lung Stapled

Self-medicating at present

Smoking BMC at present

Edibles also at time

Using around 6 -8 joints a day

Nil issues or adverse side effects

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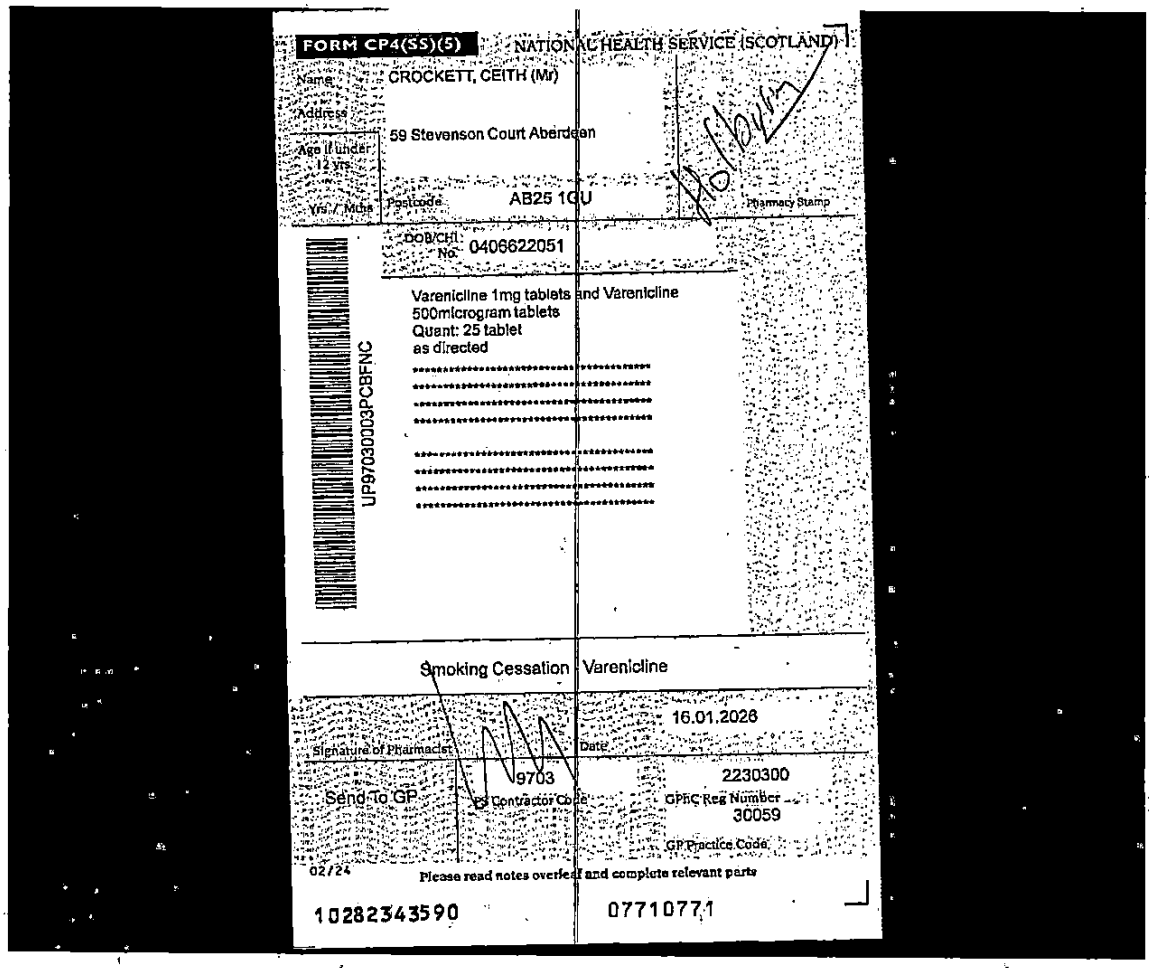

FORM CP4(SS)(5) NATIONAL HEALTH SERVICE (SCOTLAND)

Name: CROCKETT, CEITH (Mr)

Address: 59 Stevenson Court Aberdeen

Age if under 12 yrs: Yrs Mths

Postcode: AB25 1QU

Pharmacy Stamp

DOB/CHI No: 0406622051

UP9703003PCBFNC

Varenicline 1mg tablets and Varenicline 500microgram tablets
Quant: 25 tablet
as directed

Smoking Cessation Varenicline

Signature of Pharmacist

Date: 16.01.2026

Send To GP

9703
Contractor Code

2230300
GPHC Reg Number

30059
GP Practice Code

02/24

Please read notes overleaf and complete relevant parts

10282343590

07710771

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Consultant – Dr Alison Ross
North of Scotland Regional Genetics Service
Clinical Genetics Centre, Ground Floor
Ashgrove House, Foresterhill
Aberdeen
AB25 2ZA

NHS Grampian

gram.clinicalgenetics@nhs.scot
Secretary Direct Line: 01224 552120
Inverness 01463 705823

Ref: 52729

AR/SM

CHI: 0406622051

Dr Leanne Duff
Holburn Medical Group
7 Albyn Place
Aberdeen
AB10 1YE

Date Dictated: 09/01/2026
Date Typed: 13/01/2026

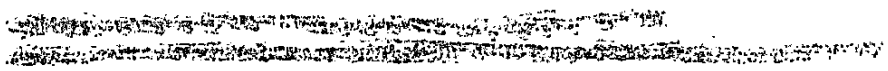
Dear Dr Duff

Mr Ceith R Crockett (04/06/1962) 59 Stevenson Court Stevenson Street, Aberdeen, AB25 1GU

Thank you for your letter about this gentleman, who is concerned about the family history of seizures and cerebral aneurysm. You mention that seizures have [redacted]

From your letter I am inferring that Mr Crockett has not had any problems himself with seizures and there is no other known family history of cerebral aneurysm although appreciate that he is not in regular contact with his family.

Cerebral aneurysms are relatively common in the general population and around 3% of the population will develop an aneurysm in their lifetime. Only a small proportion of these rupture and cause bleeding. The risk factors are predominantly lifestyle related and therefore ensuring that his blood pressure is controlled and that he takes only moderate alcohol, avoids smoking and exercises regularly are the most important factors in determining his own risk of developing an aneurysm. Where there is a family history of 3 or more close relatives with an aneurysm, current advice is that screening may be considered in these circumstances. From the information you have provided I do not think this applies to Mr Crockett's family and therefore we would not offer screening for cerebral aneurysm in his case.



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I enclose a leaflet that explains a bit more about this.

It is reassuring that Mr Crockett himself has not had any symptoms of epilepsy. The causes of epilepsy are multi-factorial. For most individuals who develop epilepsy it is often due to a combination of factors and the causes are incompletely understood. Seizures can also develop as a secondary event following other conditions such as brain injury. It is relatively unusual to have a single gene cause in a family. Generally, genetic forms of epilepsy would usually have presented prior to the age of 63 and therefore it is reassuring that Mr Crockett himself has not had seizures. It is very unlikely that genetic testing is going to be helpful in clarifying the risk for Mr Crockett himself and I would not be able to offer genetic testing for epilepsy if he is currently unaffected.

Following lifestyle advice is likely to be the most important factor in reducing his long term risk of these conditions.

As genetic testing is unlikely to be helpful, I have not arranged an appointment in the Genetics Clinic meantime.

Best wishes.

Yours sincerely

Signed by Dr Alison Ross
Consultant at 12:42 PM on 14/01/2026

Mr Ceith Crockett
59 Stevenson Court
Stevenson Street
Aberdeen
Aberdeenshire
AB25 1GU

Enc. Thinking about screening for brain aneurysm 7

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MALE ● Surname: Crockett Forenames: Keith

Address: 18 Westhill Rd. G

National Health Service Number:

Date of Birth: 4/6/62

Date	★	CLINICAL NOTES
28/2/91		2nd cholera inj, 2nd typhoid 0.5
		2nd T.T given today
2/9/91		All well. Going Spain 2nd 17
27.4.92		A+E on 9.4.92. Aberdeen.

* This column has been provided for doctors to enter A, V or C at their discretion.

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Form FP7

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[redacted] 7698

MALE	Surname	Forenames
	CROCKETT	KEITH ROY CRAIG

Address: 19 Chatham Avenue

National Health Service Number	Date of Birth
	4-6-62.

Date	★	CLINICAL NOTES
20-9-84 8/11/89		Seemed of dullness, especially on one who has four, two problems at home. Stays the appetite good. – Dyspepsia – Letter given.
16/11/89		read amitriptyline, diazepam, fluoxetine
10.11.89		Med 3 – 3/52 – Dothiepin 75mg
17.11.89		Secretary of Psychology dept rang through appointment for 20.11.89 at 3.30 p.m.
20.11.89	L	20.11.89 at 3.30 pm
23.11.89	L	Individual psychotherapy Better – some days worse than others Med 3 3/52
7.12.89	L	continuing with individual psychotherapy. Med 3 – 4/52
21/12/89		
19/1/90		feels better – wants to move forward

* This column has been provided for doctors to enter A, V or C at their discretion.

D8335088 7,873m 12/82 JH&S A5270 Form FP7

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Date	★	CLINICAL NOTES
3/9/90		Letter to Dr Lucas
22/6/90	C	Haemorrhoidectomy done in Aberdeen. on 14/6/90
22/6/90		C/O pain in anus - Lactulose 15 ml bd. Paracetamol 1g QTD (Med - 18 — 2nd day)
29/7/90		RI oxycillo abscess - Flucloxacillin 500 mg QID
14/9/90		Abscess (L) axilla - Flucloxacillin 250 mg QID
13/11/90		Urine - NAD no sugar. All well.
16.11.90	L	Psychotherapy for the last 12 months
10/1/91		Travelling to India / Thailand.
		1/7/87 Tetanus - Explained - Needed
		+ Polio - Penicillin.
6/2/91		Wt - 184 lbs wt 81.6 kg
		Smokes ½ oz/wk. Alcohol 40/wk
		Infected abscess (R) axilla - Flucloxacillin 500 mg
5/4/91		I/D chest 0.5 ml, 1st Tetanol 0.5 ml

★ This column has been provided for doctors to enter A, V or C at their discretion

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NHS Confidential: Personal data about a patient

MALE

SURNAME	CHRISTIAN NAMES
Woodcock	Kevin

ADDRESS 8 Ferry Row — as 3/52

DATE	C.F.*	CLINICAL NOTES	DIAGNOSIS
24/11/62		Vomiting after feeds ?	Pyloric Stenosis
		Visible stomach contraction from left to right ?	
		? under feeding. Do X-ray	
		Stomach.	
		Admitted for IV fluids	
		& Ni. Ward for Investigation + Treatment	
		Operation.	
25/6/62		Ward: Tom	
		C.T.	
		No more vomiting.	
27/6/62		Stools ++ Milk on	
		Reg. on Screw after	
		on treatment. Taken only	
		4 oz - 1 Milk mixture	
		Always vomits last feed	
		at night.	
		Cot blanket to B/P tie	
		(Says he sees 5 stars)	
22/10/63		? headache R.S.	
		SSH 3 ÷ tie	
24/6/63		No rash, now settled	
		T.N. Chest	
15.4.64		Sick once. Diarrhoea once	
		Ass MO today	
		Risen 6 lb.	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD Form E.C.7. (Scotland)

(1598) Wt. P2414—8050 100,000 5/61 W.K.&S.,Ltd. G.79/18

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DATE	C.F.*	CLINICAL NOTES	DIAGNOSIS
5-5-65		Hearing HSB	
		Remains	
18-5-65		Chest clear	
31.5.65		Neutrals of nose..	
		Nasal cotton.	
		All clear	
		R & L Myringotomy.	
		Ox. Amoxycyn.	
28/9/65		Peripheral Tracheitis	
		Ox. Syr. Linctus.	
9/3/66		Signs subsiding &	Bronchitis
		Effects of Sounds	Asthma
		Chest R. Clear	
		Rx Ampicillin Syr 125mg/5ml	
13.12.66		Bronchial adenitis ; ? TB?	Pharynx
		Capsules	
9.12.70		Betnesol Cream	? Eczema
30.1.73			O.S.C.
4.6.73		Examined.	Tonsillitis
5.7.73		Told Dr. she would	
		rec. tonsillectomy. Tonsils large	
		but no local infection. Ref ENT.	
2/6/75		Mycota Skin	
16.6.76		Nasal pack of bottom —	Due to soap powder?
		Con. Local 1% hd	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

24.VIII.76 Dermovate Cream

NHS Confidential: Personal data about a patient

MALE

SURNAME	CHRISTIAN NAMES
Crockett.	Keith

ADDRESS 8 ~~10~~ Ferry Road. Born 4/6/62

DATE	C.F.	CLINICAL NOTES	DIAGNOSIS
6.7.62		Vomiting feeds.	
		o/e Mouth sore throat.	
		Abdo N.D.	
		Chest ✓	
		R. Throat ++	
		SDM 3i 8hly.	
7.7.62		Settled now.	
		CT.	
9.7.62		Well.	
		CT ~ SDM for 2 more days.	
30/7/62		Phar Bronchi	
		L. Ca. 1/52 Pen	
		Better in 1/52	
31/7/62		SDM 3i 8/52	
		Clear	
7/8/62		Taking orals 1/2 feeds + a bit	
		Sleepless. Bor in 5 wd	
		orals + chest clear	
		CT.	
4.8.62		Still fatty. Chest ✓	
		Taking feeds fairly well.	
		CT.	
6/8/62		Well	
28.11.62		Mild Diarrhoea. Bolus	
		R/ Mist. Strong 8 — Thrice.	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, ~~and~~ C for continuation certificate.

MEDICAL RECORD CARD FORM E.C.7. (Scotland)

(1508) Wt. P2404—A050 100,000 5/61 W.K.&S.,Ltd. G.79/18

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DATE	C.F.*	CLINICAL NOTES	DIAGNOSIS
1.11.62		Stool diarrhoea.	
		T.W. Abdo ✓	
		Legs O.K.	
		Rx Kaomycin 1½ q.d.	
		Propulsid ora pro rata	
2/4/62		Clear	
		Stop Kaomycin after today	
4.11.62		Acute severe recurrence of diarrhoea, stools loose, yellow, not watery. Vomited 2x, diarrhoea 6x in 24 hours. Chest clear, URT, fontanelle & eyelids tense, no meningism. Rx Kaomycin 1.5 qid, Eglodine ½ oz. drops. Stop solid. 2g boiled water + ½ teasp salt/pint every hourly for 24 hours.	Gastro enteritis
5/11/62		Feeding.	
6		C.T. & Kaomycin when Improved.	
7/11/62		Stop FT.	
		Stop Kaomycin after today	
		Comfa	
4/2/63		Chest ✓	
		URTI 3/7 tds for 4 days	
5-3-63		Good to have mentioned previously, the lesion on your chest.	Tu ms

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

Rx Bolus mist alg
Sinus - Sulpha thiazole 8 q.d.

NHS Confidential: Personal data about a patient

MALE

SURNAME	CHRISTIAN NAMES
Crockett	Keith

ADDRESS

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
16/3/63		Dyp. a with Salmonella	
		add meth (Ophthalmic hosp	
		Swim from 8a/15) + C.F. E	
		Hands + Nitha.	
18/3/63		Improved, normal	
		one yesterday, C.F.	
		add Boiled milk + Apples	
28-3-63		Tonsils. MO	
		Son 3 yrs	
		Sick taken Guardian Son	
		Cigarette + Beans last night	
		Two Sick	
29.4.63		Cough.	
		Chest	
		Vesic.	
28/5/63		URI. TM. Chest + Throat	
		R.S.M. Ottid	
1/6/63		Out	
4-8-67		Left Finger.	
		Sickness. Headache	
		MO Abscess	
		R. Vesic	
		Fomenta.	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD Form E.C.1. (Scotland)

(1508) Wt. P2494—6950 100,000 5/61 W.H.&S.Ltd. G.19/78

NHS Confidential: Personal data about a patient

REPEAT PRESCRIPTION CARD

Surname	Forenames	D.O.B
CROCKETT	KEITH	4-6-62

Address: 59 STEVENSON COURT

Comments:

DRUG	Strgth	Dose	Qty	Date Started	
SALBUTAMOL EVB	/	11 PUFFS 11 QID	1	29/12/98	✓
					✓
					✓
					✓
				Review	
				Continue Overleaf	

Crockett, Keith R C HOLBURN MEDICAL GROUI
DoB: 04/06/1962 **Report Valid On 24/05/06 17:19** Page number

Registration

Keith Crockett

Mr Keith R C Crockett
59 STEVENSON COURT
ABERDEEN
AB25 1GU
Telephone: 620514
Contact: ? ContactRelship: ?
Email: ?
CHI Number: 0406822051
Occupation:

Service Code: Permanent
DoB: 04/06/1962
Age: 43
Marital Status: Unknown
BMI: 0.0 Height: 162.9 m Weight: 59.874 kg BP: 0/0

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Interval Review
Dihydrocodeine Tartrate TABS 30MG	56 1 Tab every 4 to 6 hours	01/12/2004	07/03/2006	28	26

Adverse Reactions

Read Code Description

male spk ✓

Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
25/08/2004	None	High	Standard chest X-ray normal	
20/04/2004	None	High	Standard chest X-ray	
07/06/2001	None	High	[SO]Base of fifth metatarsal	
Freetext: Fracture				
01/01/1995	None	High	Bronchitis NOS	
28/10/1993	None	High	Moderate smoker - 10-19 cigs/d	
28/10/1993	None	High	No FH: NOS	
28/10/1993	None	High	Teetotaller	
01/01/1993	None	High	Drainage of lesion of skin NEC	
01/01/1990	None	High	Excision of haemorrhoid NOS	
01/01/1989	None	High	Anxiety states	

Last 4 Clinical Notes

Date	Clinical Notes
07/09/1999	Migrated Data
18/02/1999	Acute Consultation
10/11/1994	Repeats Reviewed

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CLINICAL NOTES

National Health Service Number		
Surname (Block Letters)	Forenames (Block Letters)	
CROCKETT	KEITH	
Address		Date of Birth
59 Stevenson Court		4-6-[illegible]

Date	*	Clinical Notes	Diagnosis
22/11/06		Flare of ulnar nerve leap. Fucibet cr - 30 Gr	
0			
5/3/07		(R) Sciatic pa	
		Rx Diclofenac EC 50 mg (84)	
12/3/07		Referral to Physio 100.	
10/4/7		Repeat NSAID.	Diclofenac 75

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CLINICAL NOTES

National Health Service Number

Surname (Block Letters)	Forenames (Block Letters)
Crockett	~~Keith~~ KEITH

Address: 59 Stevenson Court.

Date of Birth: 4-6-62

Date	•	Clinical Notes	Diagnosis
14.7.05		(1) wishes to give up smoking again found zyban effective 2 yrs ago	Zyban 150 1 tab 1 week 1 x 2 daily 56.
		(2) Given report by DHC	
2.11.05		? ringworm R leg calf →	Locoid cream bd
15/12/05	Rash	should relevant to go to Sporanox Pulse (200) 1 tab.	
19/1/06.		now has weeping circular patch (R) lower calf. Fluclox 500 bd. 42	
		also cont to do parachute jump Recent CXR OK	
2.2.6		Still busy treating ringworm but improving neg fungal culture. Poss eczema	
7/2/6 Mod 3 10/7 Industrial exam		Seen by Mohamed. Requires to be signed off for 10/7 as works as a Virgin Med. off-shore	
17.2.06		= 20 2 06 SK	

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Date	*	Clinical Notes	Diagnosis
26 5 06		request Re Mantoux today 5ml IV re DNC → opt	
7 6 06		Got "cleared from medical problems" Doc says wants xray of lungs says I am otherwise completely - wants xray & fibrosis reported	
	L 4/52		
9/6/06	S	Came to enquire about his medical since operation has swelling his fitness for off shore work. (P) - To see Dr. Scott. Already letter from Abermed to Dr. Scott	
13/6/06		Letter discussed - assured no restriction on his fly.	
14/6/06		Letter to Abermed SM	
26/6/06	S	Requesting to know med 3 for Julian to work. (P) - med 3 Julian to work Dr Dr. Munro who has agreed med 3. for 4 wks Cat dis beginning of the month -	

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	Date of Birth
MCROCKETT	KEITH	04:06:

Address: 59 STEVENSON COURT

Date	•	Clinical Notes	Diagnosis
9/10/03	hp		Hyster 150g
30/10/03		Incontinence with gabapentin Trig migrain SD, v L BP 110/70	
21/11/03		At above hx gabapentin 100g - patient to attend clinic Rtned in question re frequency bowel	
18/11/03		hyst: DMC 30g	(56)
9/12/03	hx	gabapentin 100g	(100)
19.12.03		Says he took his chest heaving legging about in a station in London Says will ↓ to 2 nocte	
	C	Rib 1 4/52 chest pain	
14.1.04		Feels 'down age' ... been in Cajanus 10g Feels ego in front. Rib hx - re chest pain	
	C	4/52 chest pain	
2/3/04		hx DMC 38g	(56)

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Date	•	Clinical Notes	Diagnosis
3/3/4		"H. coughs" in chest 3/52	
		ago, ↓ sensation	Commenced (21)
		dyt, ? pleural rub.	DHL (56)
		for CxR	3/13/class
18/5/4		CxR discussed - repeat	DHC (56)
		in 2/12	
		20/5/04 my	
4-7-04		G. Ooch	DHC 30mg (56)
6/7/4		Repeat xry discussed.	
		Still ant. Chest discomfort.	
		- xry TEVS ? ↑ bupivicaine	
		block if not sorty.	
10/9/04		Pain L side of chest - ↓ on ↓ breath	
		no cough or sputum	
		chest XR3 recd	
		↓ no organ of chest infection	
		Δ- almost certainly chronic chest pain 2°	
		↓ previous. thoracic surgery	
28/9/4	(Rx)	DHC 30 mg (X56)	
29/9/4	(Rx)	DHC 30mg (X56)	
4/10/4		~~Added~~ Dothiepin procodazone 30mg ½ - ½/day HL	
12 x 4		? fungal infection leg	
		clotrimazole cr	
16/6/4		Still ringworm (R) leg	Trimovate.
		Rating if would pass Ophthm	
		Medical - checked UKOOA	
		regulations - should be okay.	

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	Date of Birth
Crockett	Keith	4.6.6[illegible]

Address: 59 Stevenson Court

Date	•	Clinical Notes	Diagnosis
14/8/02		'An = Snubbler' (C) chest: clr. O/E Nil to find. No Dupuytren's. Eyelashes AE (R) = (L) = N - Muscle Rel added - removed	
17/9/02		(D) Dat. filling cavities see GDH if not seen.	Coamoxiclav 5 TID
15/11/02		R/O Rectal Procedure Sig - (J0)	
27/1/03		Woke up from injection 2/52 ago. C (D) found chest pain - been here being the same. O/E Tender (D) AE - No pleural rub pain noted. Tube leaves (L) ear ext. canal clear. NAD. Tested to full 'Whisper' - fine. Cigarettes (Z0) log (Z0). Fit 3/52	
7/2/03		"DHSS doc has just called me for work." Advised to appeal.	
17/2/03		Follow up - chest pain ↑ to exposure Zog (Z8) Cyclizine	15/2/03 JA

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Date	•	Clinical Notes	Diagnosis
27/3/03		Got Cipramil instead of Cipralex? why?	
		Rx Cipralex 10mg (28)	
28/3/03		Letter to Benefit (Jobs Centre)	
1.6.[illegible]/03		1/7 Rpt Rx Dihydrocodeine 30 T (56)	
6.6.03		Re Work	
		Rx Gabapentin 100mg (100) where 1 x 1/7	
		" 2 x 2/7	
		" 3 x 3/7	
		⇒ review	
10-6-03		Incapacity for work from completed (CON)	
9/7/03		Rpt Cipralex 10mg T. (28)	
11.7.3		4 yr.	
		① Smoking again. patches not working ⇒	Reboxetine SAS
		② Signed up for parachute jump. advised NOT to do it 2' lung bullae	
		③ Chest wall pain again, despite gabapentin of Lungs for entry R/C good Lignocaine	
29/8/03		Rpt Oxycontin (Change) (56)	
3/9/03		SAS ⇒ to start Zyban (60)	
		needs BP check.	
25/9/3		To restart gabapentin as pain Clinic 4 to ↑ tds	Gabapentin 300mg (336) ↑ tds
30/9/03		DNA – T/R KE	
11-11-03		Letter to Miss Wilkinson. SS	

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
CROCKETT	KEITH

Address	Date of Birth
54 STEVENSON COURT	4-6-62

Date	*	Clinical Notes	Diagnosis
26901		Still some discharge from abscess under left axilla Says he feels as if there is something at back of ear Army. Seems GP Spoke Flucox	
26/9/01		sneezed last week, and the sharp pain chest 3 days. also some cracking sound under (R) nipple now nurse letter O/E Gen resp (R) mid zone rub breathsounds rub pleurisy - no cough no surgical emphysema. May check Chest radio next Oh seems,	over bullo
	SR	Had shaping of bulla 7/52 ago. Mr Cochran	
28901		When L axilla drained in Glasgow, has stopped draining 2% Lignocaine as local anaesthetic original incision ~~op~~ enlarged - dressed JC	Flucox 500 1x4 7D
2/10/01		abscess appears to be improving, small amount of thick substance expressed redressed with magnesium sulphate and mepore R/V 5/10/01	
5 10 01		D/W Dr Thom	
23 1001		removed (L) axillary sut Blood sugar — 3·3 mm taken Ax Flucloxacillin 500mg (BD)	

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NORTH-EASTERN HOSPITAL REGION, SCOTLAND.

BOARD OF MANAGEMENT FOR THE ABERDEEN SPECIAL HOSPITALS.

TELEPHONE 20361.

Royal Aberdeen Hospital for Sick Children,
Westburn Drive,
Aberdeen.

WM/LC.

18th December, 1962.

Dr. O. A. Thores,
18 Queen's Road,
Aberdeen.

Dear Dr. Thores,

Keith Crockett, 8 Ferry Road, Torry, Aberdeen.

This child's ammoniacal dermatitis is still a little troublesome. The impression is that the mother's napkin care is still inadequate.

We have given her further instructions and will see him again in two months.

Yours sincerely,

p.p. W. Michie.

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NORTH-EASTERN HOSPITAL REGION, SCOTLAND.

BOARD OF MANAGEMENT FOR THE ABERDEEN
SPECIAL HOSPITALS.

TELEPHONE 20381.

Royal Aberdeen Hospital for Sick Children.
Westburn Drive,
Aberdeen.

SM/LC.

8th March, 1963.

Dr. O. A. Thores,
18 Queen's Road,
Aberdeen.

Dear Dr. Thores,

Keith Crockett, 8 Ferry Road, Torry, Aberdeen.

This child attended for review to-day. He has had no further preputial swelling and the skin appears clear.

We will see him again in six months.

Yours sincerely,

S Meban

(S. Meban).
Surgical Registrar.

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National Health Service Number	
Surname (Block Letters)	Forenames (Block Letters)
Address	Date of Birt

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Date	
J/67	green nail bt rams
11/67.	T. N.
8/80	impetigo L hip

NHS Confidential: Personal data about a patient

National Health Service Number

Surname (Block Letters)	Forenames (Block Letters)
CROCKETT	KEITH

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address	Date of Birth
95, Provost Road Drumchapel	4-6-[illegible]

Date	
1989	Anxiety state & darkness - Clinical psychology.
1990	Haemorrhoidectomy
1993	(L) Axillary abscess
1995	Bronchitis.
9.99	Bullectomy both lungs.
6/01	# Left 5th metatarsal
27.8.01	VATS WITH DIVISION OF ADHESIONS, STAPLING OF BULLA
26/2/03	Pain Management Clinic 26/2/03
20/4/04	Chest X Ray
25-6-04	" " — NORMAL

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): MELLIS

Forenames (Block Letters): KEITH.

Address: ~~33 Bywater~~ 33 Byron Te

Date of Birth: 4. 6. 4

Date		
19.9.77		Xylocaine x 2 ml into 3rd-4th ; always a gap up in the morning. Syn
		Phone for HB + FBC
22.9.77		HB 13.8. No further follow-up
21.11.77.		Cough. Chest ✓ (Symptoms: symptoms :: 80 : 20!!)
18.1.78		Noted spur R. calcaneus
2-5-78		6 Sutures removed — see letter.
24.8.78	C	Fa. T. Bucklips. Keighley & Cottle. Surgery.
1.9.78	C	F for 4/9/78
15.6.79.		Mycota spray. (R) foot — Fungal infn
4.8.80	C3	(R) Ring finger. injured at fish work. Septic focus distal phalanx. Redness. Cortuma Pen V (2D)
7-8-80	F.	8. Healed.
17.10.80		As 15.6.79. Cont tradam 30G bd.
9/3/81		On T.R. course at WSE. CXR Chest — NAD & Norgesic BD Hit sternum on metal bar on ascramble course. (40) stat
16/3/81		Wants to continue ✗ 2, 3, 4 ribs : Zactipar (50)
4-11-81		Dihydrocodeine 15g Tuss c purple.
30.11.81	C	F (Today) When fitted on 23.11.81. Lacerated L. ring finger
20.8.82		DNA
17-9-82		Pen offshore Pen V (24) + throat infection
17.3.83		Noted tiny cyst of scrotum — No action.
15.9.83	C4/52	HO wife 2/52 ago - Arr E in 4/52
		Paracetamol (50) Sens. finger ✓
13.10.83	C	F for 17.10.83
23-6-84		Prednisone cream shampoo 4.0g Pubic lice.
17-8-84		DNA
25 10 84		DNA.
3.6.91		3yr letter

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Date				
24.3.94		Good hearing (R) costo-chondritis. Chest clear. Advice.	Brufen (400)	
22/6/94		Smoker. Bronchitis. Has used dumbbells with 9lb 9lbs. Uses Wash	Amoxycillin (250)	
10.11.94.		2 verrucae on L 2nd toe Rx	Salicylic Ac. ointment	
7/3/95		Cap Amox 125mg x21	Bronchitis.	
9.4.96		Infected cyst L axilla to see Dr Scott ? excision Ms	Flucloxacillin 125 250	
30.4.96		Completing Settled :. leave meantime. Under a lot of stress 2° to accomodation at present.		
10.5.96	DNT	Lice treated since washed dry Hair wet comb thro (R) & (L) ear with optrex eye	Steroid Cream missing Sickness Clearance	Invoice rec'd
28/5/98		Bruised ribs ½. Discussed analgesia Ibuprofen no help. Wants to stay without best can have dihydrocodeine if required		PAID BY OPTED PATH
27/7/98		chest pain ? on deep breathing (L) base crackles. Smoker X 15	RON Co Roy	30/7
26/8/98	A	ran less. Smoking		

This column has been provided for doctors to enter A, V or C at their discretion

Practice Nurse Clinic 28/8

NHS Confidential: Personal data about a patient

CN/P. | National Health Service Number

CLINICAL NOTES

59, Stevenson Court

Surname (Block Letters): CROCKETT

Forenames (Block Letters): KEITH

Address: ~~14 COWLEY AVE~~ ~~PRS~~ ~~GS~~ ~~PROVOST ROAD~~

Date of Birth: 4-6-6

Date	*		
26/2/93		6' 0" 10st 0lbs BP 140/85 Wt 9st ACS (L) axillary abscess c/o swelling	
30/10/93		Small (L) axillary abscess	Flucloxacillin (28)
28.10.93		Large tender swelling in (L) axilla. Pus evident on incision. Packed & dressed. Given Flucloxacillin (28) & Diclofenac (R) 50mg suppository	Flucloxacillin (28) & Diclofenac (R) 50mg suppository
19/11/93		Further (L) axillary abscess. To return for excision	Flucloxacillin (28)
30/11/93		To return next week - infected at present.	Zinnat (20)
2.12.93		Infected Sebaceous cyst excised (L) axilla - 1° closure. 3x 3/0 ethilon sutures - Remove 9/52.	
17/2/94		Rash - ? Antihistamine when req. Bruising.	Piriton 3a
23.2.94		Cont. Very inflamed lower (L) axilla -	Cephalexin 250mg x 21

*This column has been provided for doctors to enter A, V or C at their discretion

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Date	*			
3/9/99		Assessed by district nurse Dressings – changed wound grade one to lung infection instructed Dr Adam Nicholson ID. Ward		
7/9/99	Tel	Ex hosp. All well. Not in too much pain Does not require visit Dr		
10.9.99		Staples removed from wound left side of thorax and 2 sutures also removed SIC S/B Dr Hay for change of analgesia		
16.9.99	V 11.30	C/o continuous pain, Voltarol not helping, difficulty sleeping C/o vomiting ++. Slight tenderness rip pain. adjust analgesia Voltarol 75mg i.m. stat then Tramadol 50mg SD. to call back if no improvement.		
26.10.99		Wound 'painful' → Tramacet 37.5/325 (100) 3 – mal. fine of. nail		
29.10.99		C/o pain post bilateral → Tramacet		
11/11/99		purple rash upper back Looks consistent with bruise resolving	Oral Betamethasone 2000 mg/ml (100)	
19/2/00		DNA		

*This column has been provided for doctors to enter A, V or C at their discretion

NHS Confidential: Personal data about a patient

CLINICAL NOTES

National Health Service Number

Surname (Block Letters): CROCKETT

Forenames (Block Letters): KEITH

Address: 59 STENSON COURT

Date of Birth: 4.6.62

Date	*		
17 9 98		Appt ENT appt 22/9/98 2-3 wks Rx (2) Ampl- pen o/e + RE (2) by bacs + cassette	Needs Specialist
		C4/52 1 Appt per — Annually /x'	
17/9/98		CT Rec the Friday	
		C4/52	
12/11/98		Rec appt- 24/11/98	Rheumatol clinic
26/11/98		Med + b/52	
29/12/98		Rpt Salivary Stone (RS)	
29/12/98		Appt Salivary E.B. to complete	CJM
19.1.99		Med. Long chat re bottle stones.	
18/2/99		Chat re bottle stones - See letter. Smoking and Cannabis Rx discussed.	
10-9-99		DHC ring Consultant → Sep.	dict/lens 75 122 28

*This column has been provided for doctors to enter A, V or C at their discretion

NHS Confidential: Personal data about a patient

Date	*	
25/1/01		Asks if ① Safe to go paragliding — No, will recommend. ② Will bring up forward TG
26/1/01		me Cockburn let us. left to patient's
22.02.01.		felt snowboarding last week and hurt anal. chestwall, pain, no breathlessness % like touch ⓛ and chestwall food like AIE, Imp. musculoskeletal pain advice.
7/8/01		DNA
14/4/01		Attended T/R for advice on removing a stitch in his side early as he is going to Glasgow. Advised that the stitch should stay until its date for removal but to attend a Surgery as a T.R. KDJ
20/9/01		Had suture removed in Glasgow - now has abscess under left anterior - which has been Incised + drained - May Sulph dressing applied. Continue for now chlorhexidine as well now - post op Thoracotomy Chest
20/10/01		Malignancy ✗ SU

*This column has been provided for doctors to enter A, V or C at their discretion

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CLINICAL NOTES

National Health Service Number

Surname (Block Letters): CROCKETT

Forenames (Block Letters): KEITH

Address: 59 STEVENSON COURT

Date of Birth: 4-6-62

Date	*		
			(R) apical bulla awaiting surgery
15:3:00		Question re necessity of having bullae removed not seen, advised re advantages & disadvantages could t him if able to dive - told D don't know	
4/4/00		18 113 - Dys	
25/4/00.		Discussion re apical bulla spontaneous - 20 minutes Since stopped smoking. has not needed inhaler	
3/7/00		Knocked over by dog 10/7 eye: 0/E Tenderness Rt (3) = (2) = 2 eyelids periorbital area - ok. 6/7/00 Ty	
24/7/00		(R) superficial corneal laceration - Rt eye - healing - to have drops 3/7	
23/8/00		After about 3 yrs admitted with bullae Rt Zyban (SR) smokes x 15	discussed
		72 father epileptic Rt on Symbyax cessation clinic 22/8/00	
		he no history. Worked	
19/9/00		Success so far - no cap C 11 days Tyle (56)	
17/10/00		Doing very well - has stopped smoking Email Rt Zyban Tab (56)	

*This column has been provided for doctors to enter A, V or C at their discretion

NHS Confidential: Personal data about a patient

Date	*	Clinical Notes	Diagnosis
12.11.01.		Still [illegible] lesion being dressed need removed	Flucloxacillin 500 12/24 56
12/11/01		SOPD. Ref By:	
30/11/01		Small lesion (R) [illegible] (R) [illegible] (R) check mole pen	
29.1.02		Wants to give up smoking again	Zyban 150mg 1/2 od 7/52 122 Heather 52
5/2/02		Stitches removed from (L) axilla.	
1.3.02		Re Zyban 150mg (56) 1/52	
5.3.02		Well person clinic Still stopped smoking-taking Zyban.	
8.3.02		Still chest pain going on holiday smoke on Zyban dispensed addictive potential	DHC 30/52
1.6/6/04		Rpt Zyban (TT)	
30.5.02		Deleted Salbutamol at script review CJm	
14-6-02		Pain under R left hypochondrium felt 'bulge' few nights ago OE - NAD Chest NAD reassured	
26/6/02			BBC 30

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NORTH-EASTERN HOSPITAL REGION, SCOTLAND

BOARD OF MANAGEMENT FOR THE FORESTERHILL AND ASSOCIATED HOSPITALS

Royal Aberdeen Children's Hospital,
Cornhill Road,
Aberdeen,
AB9 2ZG.

Telephone 23423

EAR NOSE AND THROAT DEPARTMENT

Dear Dr. Smith

Your patient Reid Crockett

3 Yellowhill Cres Mach

was discharged on 9 / 10 / 73.

Treatment given — Tonsil Dissection ✓
Adenoid Dissection ✓

Antral Lavage Rt. ..... Lt. .....

To return for review : / / .

Special Notes IM Trilogen 1vial given in theatre 8/10/73.

Yours faithfully,

I-Ian Gillies

RACH 124

NHS Confidential: Personal data about a patient

NORTH-EASTERN HOSPITAL REGION, SCOTLAND

BOARD OF MANAGEMENT FOR THE ABERDEEN SPECIAL HOSPITALS

Telephone 23423
Ext.

SSM/MS.
279223

Royal Aberdeen Hospital for Sick Children,
Westburn Drive,
Aberdeen.
AB9 2ZG.

24th July, 1967.

Dr. R. W. Macandrew,
9 Queen's Gardens,
Aberdeen.

Dear Dr. Macandrew,

Keith Crockett, 67 Frederick Street, Aberdeen.

Your patient attended for review at Mr. MacKenzie's Fracture Clinic to-day.

His fracture has now soundly healed and I have discharged him from the Clinic.

Yours sincerely,

S. S. Miller

(S. S. Miller)
Orthopaedic Registrar.

NHS Confidential: Personal data about a patient

NORTH-EASTERN HOSPITAL REGION, SCOTLAND

BOARD OF MANAGEMENT FOR THE ABERDEEN SPECIAL HOSPITALS

Telephone 23423
Ext.

Royal Aberdeen Hospital for Sick Children,
Westburn Drive,
Aberdeen.

WH/SA.

29th May, 1967.

Dr. R. W. Macandrew,
9 Queen's Gardens,
Aberdeen.

Dear Dr. Macandrew,

Keith Crockett, 67 Frederick Street, Aberdeen.

This lad was seen in the Fracture Clinic today having been referred from Casualty with a greenstick fracture of the distal radius and ulna.

X-ray today showed that this was in a just acceptable position for a six year old, but he will be closely followed in case this angulates further.

Yours sincerely,

W Holms

(W. Holms)
Orthopaedic Registrar.

NHS Confidential: Personal data about a patient

NORTH-EASTERN HOSPITAL REGION, SCOTLAND.

BOARD OF MANAGEMENT FOR THE ABERDEEN SPECIAL HOSPITALS.

TELEPHONE 20361.

Royal Aberdeen Hospital for Sick Children,
Westburn Drive,
Aberdeen.

JNC/LC.

13th November, 1963.

Dr. R. G. Fullerton,
18 Queen's Road,
Aberdeen.

Dear Dr. Fullerton,

Keith Crockett, 8 Ferry Road, Torry, Aberdeen.

This infant was admitted to Ward 1 on the 5th of November with a diagnosis of phimosis.

On admission he was found to have an ammoniacal dermatitis and we kept him in the ward until this had cleared.

As circumcision where there is a tendency to ammoniacal dermatitis invokes a risk of meatal ulceration and stenosis, Keith was allowed home and will be reviewed at the Out-patient Clinic in one year's time with a view to considering circumcision thereafter.

Yours sincerely,

(J. N. Cross).
Surgical Registrar.

NHS Confidential: Personal data about a patient

NORTH-EASTERN HOSPITAL REGION, SCOTLAND.

BOARD OF MANAGEMENT FOR THE ABERDEEN SPECIAL HOSPITALS.

TELEPHONE 20381.

Royal Aberdeen Hospital for Sick Children,
Westburn Drive,
Aberdeen.

GF/LC.

20th September, 1963.

Dr. R. G. Fullerton,
18 Queen's Road,
Aberdeen.

Dear Dr. Fullerton,

Keith Crockett, 8 Ferry Road, Torry, Aberdeen.

This infant was reviewed at Surgical Out-patients to-day and will require circumcision for his phimosis. Keith's name goes on the Waiting List.

Yours sincerely,

(Graham Fraser).

Senior Surgical Registrar.

NHS Confidential: Personal data about a patient

NORTH-EASTERN HOSPITAL REGION, SCOTLAND.

BOARD OF MANAGEMENT FOR THE ABERDEEN SPECIAL HOSPITALS.

TELEPHONE 20381.

Royal Aberdeen Hospital for Sick Children,
Westburn Drive,
Aberdeen.

WM/LC.

9th October, 1962.

Dr. O. A. Thores,
18 Queen's Road,
Aberdeen.

Dear Dr. Thores,

Keith Crockett, 8 Ferry Road, Torry, Aberdeen.

Thank you for your note. This child who has been referred by reason of his irritable foreskin has an ammoniacal dermatitis.

It would be wrong to carry out circumcision at the present time because of the possible risk of meatal ulcer and it is much better to get his dermatitis under control and to reassess him at the end of that time.

[redacted] is reporting in review in two months' time.

Yours sincerely,

Dictated, but not signed, by W. Michie.

NHS Confidential: Personal data about a patient

NORTH-EASTERN HOSPITAL REGION, SCOTLAND

BOARD OF MANAGEMENT FOR THE ABERDEEN SPECIAL HOSPITALS

Telephone 23423

Royal Aberdeen Hospital for Sick Children,
Westburn Drive,
Aberdeen.

EAR NOSE AND THROAT DEPARTMENT

Dear Dr. Watterson

Your patient Keith Lorockett

64 Frederick St., Aberdeen

was discharged on 1/1.

Treatment given Tonsil Dissection

Adenoid Dissection ✓

Antral Lavage Rt. ✓ Lt. ✓

To return for review 18/11/67.

Special Notes.....

.....

Yours faithfully,

S. MacDonald

NHS Confidential: Personal data about a patient

ABERDEEN ROYAL INFIRMARY

Our reference: Telephone No. 681818

Your reference:

Accident and Emergency Dept.,
Forresterhill,
ABERDEEN AB9 2ZB.

DR KYNOCH
DENBURN HEALTH CENTRE

Date: 2/8/80

Dear Dr. KYNOCH

Your patient: Name: KEITH NELLIS Age: 18

Address: 33 BYRON TCE
ABERDEEN

was seen here today suffering from: probable erysipeloid involving ⓛ middle finger

X-rays of:

Demonstrated:

Treatment: PENICILLIN 500mg qid started

Human Tetanus Immunoglobulin	Tetanus Toxoid (Initial)	Tetanus Toxoid (Booster)	Triplopen
			✓

Disposal: Referred to You ✓
To Return to A and E Dept. in days.
Other

First N.H. Certificate issued for – days.

Recommendations:

Yours sincerely,

D Matheson
SHO

S 412

NHS Confidential: Personal data about a patient

GRIMSBY HEALTH AUTHORITY
DISTRICT GENERAL HOSPITAL
Scartho Road, GRIMSBY, South Humberside DN33 2BA

CLINICAL PSYCHOLOGY
DEPARTMENT
Telephone: GRIMSBY (0472) 74111

NOTE: The information contained in this letter is strictly private and confidential to the person to whom it is addressed and must not be divulged without the consent of the writer.

Your Ref: .....

Our Ref: JMW/BG

21 November, 1989

RESTRICTED

Dr. N.P.S. Bedi,
162A Park Street,
GRIMSBY,
South Humberside.

Dear Dr. Bedi,

re: Mr. Keith R.C. Crockett, born on 4.6.62,
18 Welbeck Road, Grimsby.

First I would like to thank you for referring the above patient who I saw for his first appointment on November, 20th 1989.

I believe that Mr. Crockett would benefit from individual psychotherapy and I will be glad to let you know of his progress in time.

Yours sincerely,

Justine McCarthy Woods.

DR. JUSTINE McCARTHY WOODS,
Senior Clinical Psychologist.

NHS Confidential: Personal data about a patient

GRIMSBY HEALTH AUTHORITY
DISTRICT GENERAL HOSPITAL
Scartho Road, GRIMSBY, South Humberside DN33 2BA

CLINICAL PSYCHOLOGY
DEPARTMENT
Telephone: GRIMSBY (0472) 74111. Ext 7944

NOTE: The information contained in this letter is strictly private and confidential to the person to whom it is addressed and must not be divulged without the consent of the writer.

Your Ref: .....

Our Ref: .....

JMW/BG

17 November, 1989

Mr. Keith R.C. Crockett,
18 Welbeck Road,
GRIMSBY.

Dear Mr. Crockett,

Dr. Bedi telephoned us yesterday requesting that you be given an urgent appointment to be seen by Dr. J. McCarthy Woods, Senior Clinical Psychologist. She has therefore arranged an appointment for you on Monday, 20th November, 1989, at 3.30 p.m.

Should this prove too short notice for you or inconvenient for any other reason please contact me on the above telephone number to enable me to find an alternative appointment.

Yours sincerely,

Brenda Grainger

BRENDA GRAINGER (Mrs.)
Secretary.

c.c. Dr. Bedi, 162a Park Street, Grimsby.

NHS Confidential: Personal data about a patient

Aberdeen Royal Hospitals

The Chest Clinic, Clinic C,
Aberdeen Royal Infirmary, Aberdeen, AB25 2ZN
Tel: 01224 681818 - Fax: 01224 840766
Appointments: 50664/52242 - Secretary: 51208

Dr Watt's Clinic

WPY/DLT/0279223

Clinic/Dictated: 22 September 1998
Typed: 25 September 1998

Dr C J Milburn
Holburn Medical Group
7 Albyn Place
Aberdeen
AB10 1YE

FURBRIDGE 1996 HOLBURN

Dear Dr Milburn,

KEITH CROCKETT, DOB: 4/6/62
59 STEVENSON COURT, ABERDEEN

I reviewed this gentleman on Dr Watt's Clinic today. He presented with 3-4 months' history of left sided chest pain after he banged his chest wall against a door. The pain is worse when he sneezes and on movement and there is also tenderness on palpation suggesting it is skeleto-muscular in nature. He however, complains of shortness of breath on exertion which has been going on for the past year or two and is associated with chest tightness. There is also wheeze, usually in the early morning and at night but he denied any orthopnoea, paroxysmal nocturnal dyspnoea, ankle swelling, cough or haemoptysis. There is occasional night sweats. However, he denied any weight loss. He had a trial of Ventolin last year which seemed to help him but he stopped using it when he finished his Ventolin. He usually smokes 15 cigarettes a day but has been cutting it down to 4 cigarettes lately and has felt symptomatic improvement. He is unemployed and spends some of his free time making wooden chess boards. His shortness of breath has been on occasion, exacerbated by the fumes of resin which he uses. Past medical history and drug history were unremarkable. [redacted]ic. Chest x-ray done today showed marked bullous disease in the upper lobe more marked on the left than the right. There is also possible evidence of fracture of the posterior 10th rib.

On examination his trachea is slightly deviated to the right. Chest clear. Hyperinflated. Breath sounds vesicular. His peak flow was 370, FEV1 2.05, FVC 3.43 with DLCO 8.53, 71% of predicted value.

2/.

G	ACTION TAKEN
H	
I	
TELL PATIENT	Notified
	Make Appointment
	Collect Prescription

06 OCT 1998

NHS Confidential: Personal data about a patient

On the whole he gives a picture of moderate obstructive lung disease with mild restrictive picture and mild reduction of pulmonary diffusing capacity. Upper lobe bullous disease usually suggests smoking as an exacerbating factor or a slower lung disease tends to suggest alpha I antitrypsinase deficiency. I took this opportunity to check his liver function, alpha I antitrypsinase, IgE, RAST test for resin and wood materials. We will arrange a CT scan to assess the severity of his bullous disease and I have also started him on Ventolin inhaler as there is a 10% increase post-bronchodilator, in peak expiratory flow rate. I have also encouraged him to stop smoking. We will review him in a month's time.

Yours sincerely,

P.D. Thwaites.

W P Yong
SHO

NHS Confidential: Personal data about a patient

Aberdeen Royal Hospitals

CHEST CLINIC, CLINIC C
ABERDEEN ROYAL INFIRMARY, ABERDEEN, AB25 2ZN
Tel: 01224 681818 Fax: 01224 840766
Appointments: 50664/52242 Secretary: 51208

SJW/AM/0279223

Dr. C.J. Millburn,
Holburn Medical Group,
7 Albyn Place,
ABERDEEN.
AB10 1YE

Date of Clinic: 8.12.98
Date Dictated: 8.12.98
Date Typed: 9.12.98

Dear Dr. Millburn,

KEITH CROCKETT, (04.06.62)
59 STEVENSON COURT, ABERDEEN

I reviewed this gentleman in the Chest Clinic and had quite a low discussion with him. He continues to have symptoms of breathlessness and chest discomfort largely associated with exercise. I am fairly confident that this is simply limitation of the excursion of his chest when he tries to take larger tidal volumes.

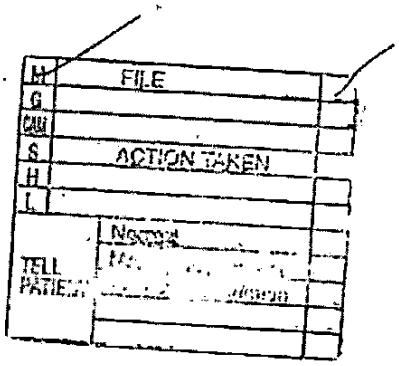
His lung function is not terrible with an FEV1 of just over 2 litres and he his gas transfer is only a little reduced. CT scan confirms very severe bullous disease in the upper lobes with compression of more normal adjacent lung in the left lower lobe particularly.

I have discussed him briefly with Mr. Cockburn who has agreed to see him with a view to bullectomy or a similar procedure.

In view of his work with woods and resins I checked his RAST tests for isocyanates and was please to find these are all negative. I also thought it might be useful to obtain previous x-rays since his disease does appear to have progressed fairly rapidly. He does have previous x-rays taken for occupational purposes and I will try and obtain these for comparison. In the meantime I have written to Mr. Cockburn asking if he would see him.

Yours sincerely,

S.J. WATT
University Consultant



F/U
11/12/98

11 DEC 1998

NHS Confidential: Personal data about a patient

benefits agency

An Executive Agency of the Department of Social Security.

Your reference is WM384452D
Please tell us this number if you get in touch with us

DR CAMERON MUNRO
7 ALBYN PLACE
ABERDEEN

Aberdeen
Greyfriars House
Gallowgate
Aberdeen
AB10 1ZU

Phone 01224 618000

Date 19/01/1999
FOR MR KEITH ROY CROCKETT

INFORMATION ABOUT A PATIENT

About the patient

Name	MR KEITH ROY CROCKETT
Address	59 STEVENSON COURT STEVENSON ST. ABERDEEN AB25 1GU
National Insurance Number	WM384452D
Date of Birth	04/06/1962

Payment of benefit and the award of National Insurance credits due to incapacity for work are subject to an incapacity test. If a customer satisfies the test or is incapable of work, they no longer need to send us medical certificates.

6870/0645

Now go to the next page

NHS Confidential: Personal data about a patient

Grampian University Hospitals

DEPARTMENT OF CARDIOTHORACIC SURGERY
Ward 32
Aberdeen Royal Infirmary Foresterhill Aberdeen AB25 2ZN
Direct Line Secretaries ☎ (01224) 552298
Direct Line Ward ☎ (01224) 552294
Direct Line Fax (01224) 553506

Mr Cockburn's Cardiothoracic Clinic

KB/AAM/0279223

Dr T Hall
Holburn Medical Group
7 Albyn Place
Aberdeen
AB10 1YE

Date dictated: 08.03001
Date typed: 14.03.01

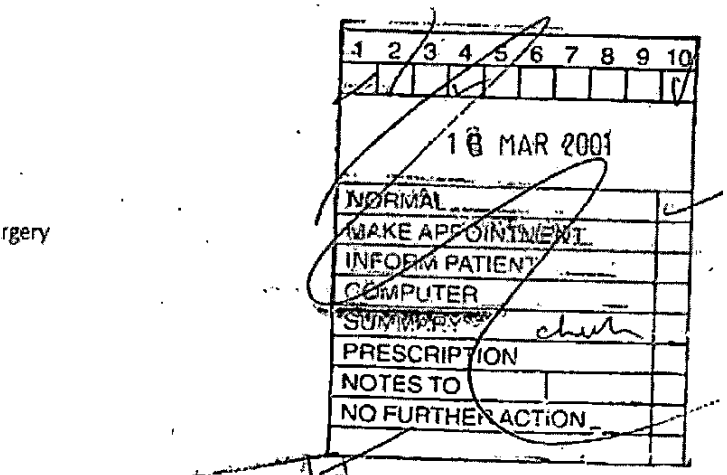
Dear Dr Hall

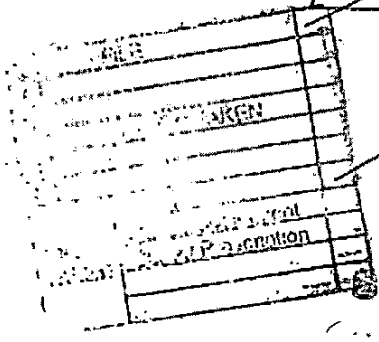
KEITH CROCKETT (04.06.62) 59 Stevenson Court Aberdeen

I was pleased to review this gentleman in Mr Cockburn's clinic today. He underwent stapling of bulla on the left side of his chest last year. He has bullous disease on the right side. I have put him on the waiting list for a left thoracotomy and stapling of bulla. I will keep you informed of his progress in due course.

Yours sincerely

KAUSIK BHATTACHARYA FRCS
Specialist Registrar in Cardiothoracic Surgery





SUMMARY YES/NO

NHS Confidential: Personal data about a patient

AR

Aberdeen Royal Hospitals

DEPARTMENT OF CARDIOTHORACIC SURGERY

Ward 32
Foresterhill
ABERDEEN
AB25 2ZN

Mr J S Cockburn
Mr R R Jeffrey
Mr H Remmen

Tel: 01224 681818 Ext: 52298
Fax: 01224 681818 Ext: 53506
Direct Tel Line: 01224 404400
Direct Fax Line: 01224 404943

JSC/PW/0279223

Dr S J Watt
University Consultant
Chest Clinic
Clinic C
Aberdeen Royal Infirmary

Clinic/Dictated: 4.2.99
Typed: 8.2.99

Dear Dr Watt

KEITH CROCKETT, (4.6.62), 59 STEVENSON COURT, ABERDEEN

Thank you for referring this 36 year old man to my clinic for assessment with a view to possible bullectomy. At the present time he does not have marked symptoms of breathlessness but as you also have noted, it is mainly chest pain but this seems to be worse with exercise. His chest x-ray confirms a very large bulla with compression of the lower part of the lung and compression of both diaphragms. There is also emphysematous change in the right upper lobe.

Although there is no great urgency, I think he would benefit from bullectomy preferably carried out thoracoscopically and I have put this to him. He has agreed to go ahead preferably in the Summer months to reduce the risk of subsequent pulmonary infection.

His name has therefore been added to the waiting list.

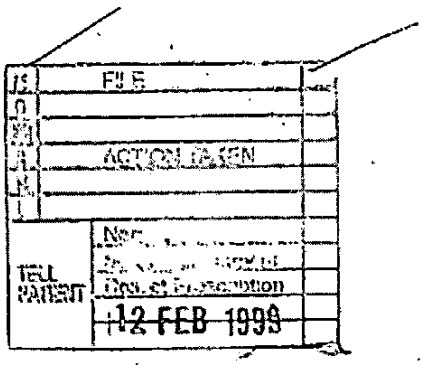
Kind regards.

Yours sincerely

JOHN S COCKBURN
Consultant Cardiothoracic Surgeon

cc Dr C J Millburn
Holburn Medical Group
7 Albyn Place
ABERDEEN
AB10 1YE

FH
12/2/99



TH/PS

26 January 2001

Mr Cockburn
Consultant Cardiothoracic Surgeon
Ward 32
Grampian University Hospital NHS Trust
Aberdeen Royal Infirmary
Foresterhill Road
Aberdeen

Dear Mr Cockburn

Re: Keith Crockett (04.06.62) 59 Stevenson Court Aberdeen
Telephone: 620514
Unit No: 0279223

This young man who I am sure you will remember well with lung bullae (of uncertain cause) saw me today regarding ongoing discomfort in his chest and wonders if it is possible to bring forward his surgery.

You may remember that you performed a left bullectomy in 1999 and a further decision was made to operate on the right lung in August 2000. He asks me today what the cause and likely affects of his bullous lung disease are and I am afraid I find this question rather difficult to answer. Should you have any information regarding the cause of his lung problems and possible long-term prognosis I would be very grateful. Would he be considered for lung transplantation? I have not met him before but as I understand it he does not have alpha 1 antitrypsin deficiency and I do not think any clear underlying cause was found by the Respiratory Physicians.

He also asks if I could give the medical all-clear for him to go parachuting which he used to do in the Territorial Army. I said that I really could not recommend this. If there is any possibility of giving him a formal date for his surgery then it would be appreciated. However I have told him that I have reservations that surgery will improve his chest discomfort which is rather non-specific and indeed some of it seems to relate to his previous surgery and wound. Certainly he is not short of breath.

Many thanks

Kind regards.

Yours sincerely

TM

DR T HALL

TH/PS

26 January 2001

Mr Keith Crockett
59 Stevenson Court
Aberdeen
AB25 1GU

Dear Mr Crockett

I have written to Mr Cockburn asking if he could bring your operation forward and hopefully we will hear in the near future. I have also asked him if he could give me any further information about the likely cause of your lung problems. I am afraid that with your lung problems as they currently stand I could not recommend that you go parachuting. I am not sure whether this recommendation could be changed after surgery.

Many thanks

Kind regards.

Yours sincerely

DR T HALL

NHS Confidential: Personal data about a patient

Important: please insert carbon paper between pink and green copies and plain paper between green and yellow copies—Green copy retained by G.P.

IS AN URGENT APPOINTMENT REQUIRED?	YES			NO		

Provisional Diagnosis.....

Reason for Referral including investigations carried out (with dates):

Dear Dr

I would be grateful for chest x-ray of this man who has had recurrent chest pains over the past few months that have been thought to be musculoskeletal. They are mainly located at his left base and worse on deep breathing. He has no phlegm but smokes 15 cigarettes a day. There were no other localising signs.

Thank you for seeing him.

Yours sincerely

Please list below all medicines used by the patient in the past two weeks even if medicines have no apparent connection with the patient's present complaint.

Approx. Date of Prescription	Medicine	Dose & Frequency	Duration of Prescription

All Medicines Known to Disagree with Patient:

AVOIDANCE OF IRRADIATION IN PREGNANCY X-RAY INCLUDING THE LOWER ABDOMEN/PELVIS

Date of L.M.P.	Give Reason if Period Overdue	Should the Examination proceed if the Patient is pregnant?	Doctor's Initials

Signature of Doctor Date

NHS Confidential: Personal data about a patient

REQUEST FOR HOSPITAL CARE

HOSPITAL	CLINIC/DEPT	CONSULTANT	← G.P. To Complete
ARI	CHEST X-RAY		

PATIENT DETAILS

Referring G.P. to complete this section

Hospital Unit Number 0

Surname CROCKETT Mr./Mrs./Miss

First Name(s) KEITH

Date of Birth – Date of Birth – I — CHI —
C.H.I. No. 04 06 62 2051

Marital State Maiden Name

Address 59 STEVENSON COURT
ABERDEEN

Post Code Tel. No.

Please tick appropriate box

Patient is being sent by Ambulance ☐

Has Pt. been resident in U.K. for past 12 months? ☐ YES ☐ NO

G.P. REQUESTS

Please tick **ALL** appropriate boxes

1. CONSULTATION and Investigation/Tests . . . . . ☑
   O.P. Treatments/Appointments to a maximum of ____ visits . . . . . ☐
   AS PER SERVICE AGREEMENT
   In Patient/Day Case Care . . . . . ☐
2. DOMICILIARY CONSULTATION . . . . ☐
3. OTHER (Specify) ☐

30.07.98

Signed DR C J MILBURN Date

G.P. Name

CONTRACT NO. O.P./D.A.

I.P.

Practice No. 30059

G.M.C. No. 1330778

Name, Address and Telephone Number of Medical Practitioner:
DRS MILBURN, GLENESK, MUNRO
SCOTT, LYNCH & HAY
7 ALBYN PLACE, ABERDEEN
TEL: 01224 400800/400900
FAX: 01224 407777

1377-98

ACCOMMODATION/SERVICES PROVIDED

For hospital use only

O.P. Attendances

Day Case (Date)

I.P. Date of Admission

I.P. Date of Discharge

I.P. No. of Nights

O.P.C.S.4 Code

Laboratory Investigations

Lab	Date	Detail

Indicate dates below, together with units of measurement consumed if appropriate.

Radiology

Physiotherapy

Speech Therapy

Occupational Therapy

Chemotherapy

Radiotherapy

Appliances

Clinical Psychology

Major Drug Therapy

Use of Op. Theatre

Other (specify)

Clinical Attendances at

Clinic Cons

	Date	Time	Outcome
1.			
2.			
3.			
4.			

FUNDHOLUING 31 JUL 1998 HOLBURN

Signature

Designation

NHS Confidential: Personal data about a patient

NHS GENERAL OPHTHALMIC SERVICES — GOS(S)(M)

PLEASE USE BLOCK CAPITALS EXCEPT FOR SIGNATURE

Referral/Notification of Patient to GMP

SECTION ONE: To Be Sent To GMP — To: Dr. Yule.

PATIENT'S DETAILS

SURNAME (Mr, Mrs, Miss, Ms) CROCKETT — OTHER NAME(S) KEITH

ADDRESS 21 Seafarm Road
Aberdeen

POSTCODE — TEL No.

PRESCRIPTION DETAILS FROM CURRENT SIGHT TEST-DATE:

	Uncorrected V	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA
R	6/9	+1.25	-0.75	65			6/5		N5
L	6/9	+1.50	-0.75	85			6/5		N6

Previous corrected V.A. Date:

Date of Birth

Specify Cycloplegic/Mydriatic if used.

POINTS REQUIRING ATTENTION - FOR INFORMATION (AND POSSIBLE REFERRAL):

This pleasant gentleman attended for a routine sight test today the only problem mentioned is of long standing off qus photopsia they are intermittent and not associated with floaters. I cannot detect any retinal defect or peripheral visual defect. The patient has a past history of migraine - but these latest episodes are not associated with

I agree / do not agree that any Ophthalmologist to whom I am referred for medical consultation and / or treatment may make information relevant to my eye condition and its treatment available to my Optometrist / Ophthalmic Medical Practitioner.

Signed ..... Date .....

Optic discs

IOP R 12 mmHg L 13 mmHg — Tonometer used: Applanation/Tonom

Visual Fields R L

Plot attached . . . Y/N

Name and Address of Optometrist/OMP

C J BLACK
510 Union St
Aberdeen

Signed (Optometrist/OMP) Date 3/11/96

SECTION TWO: To Be Completed By General Medical Practitioner (If not accompanied by formal referral letter)

To: Dr. / Mr. / Mrs. / Miss / Ms

RELEVANT CLINICAL HISTORY - INCLUDE MEDICAL/FAMILY/OPHTHALMIC AND DETAILS OF MEDICATION:

with any headaches. As the patient had noticed these symptoms for some nine months do you feel an ophthalmologists opinion is warranted?

ND.

Urgency Rating: Urgent/Soon/In turn

Blood Pressure: mmHg

Urinalysis:

Provisional Diagnosis:

Name and Address of GMP

Signed (GMP) Date

Part One - This part must accompany any referral and be retained by the Ophthalmologist

355-2023

NHS Confidential: Personal data about a patient

Ophthalmic Opinion/Notification

This form may be used if a formal report is not being prepared

It should be copied to - Optometrist/OMP

- GMP

Name and Address of Optometrist/OMP

Name and Address of referring GMP

Patient's Name _____

Address _____

_____

_____

Comments

Signature _____ Date _____

GOS(S)(M) Part Four - To Be Retained By Ophthalmologist And Copied To Optometrist/OMP and GMP

3. Women patients are asked to answer the following questions.

a. Date of last cervical smear .....

b. Have you ever had mammography (breast screening by X-ray) .....

4. Have you had any operations or been admitted to hospital with a serious illness ? If so, please give dates, and type of operation or illness. .....
psy delayed - depressed. 9/12
.....
.....

~~Do~~ any of your relatives suffer from a serious illness ?
(eg. Diabetes or Asthma)
.....

6. Are you allergic to any drugs ? .....NO.....

7. Do you have any other allergies (eg. Food-stuffs) .....NO.....

8. Are you taking any tablets or medicines regularly ?
If so what is the recommended dose ? .....NO.....

9. Do you smoke ? If so how many cigarettes or tobacco/day ? .....20.....

10. How much alcohol do you drink in a week ? (approx. No. of drinks)
.....NONE.....

11. Have you been abroad recently ? If so where have you been ?
.....NO.....

NHS Confidential: Personal data about a patient

Denburn Health Centre North Wing

Patient Questionnaire

Please answer the following questions as accurately as possible. If you have any problems with this please ask the receptionist for help.

PERSONAL DETAILS (Block letters please)

Surname: CROCKETT ..... First Names: KENNETH CRAIG...

Address: 95 PROUEST RUST DRIVE .....

Telephone Number: 681202.. Date of Birth: 04.06.62.....

N.H.S. Number: NN38 44 82 D. Occupation: ...CHEF.....

Married/Single: SINGLE.....

Previous G.P. (Name and Address) DR BEDI 26A PARK ROAD .....

MEDICAL HISTORY

1. Have you ever suffered from any of the following conditions ?

(Answer YES/NO)

a. Heart disease ? _NO_ b. High blood pressure ? _NO_

c. Chest disease ? _NO_ d. Kidney or bladder disease ? _NO_

e. Arthritis or joint disease ? _NO_ f. Mental illness ? _NO_

. Disease of the nervous system ? _NO_

h. Any other serious illness ? _NO_

2. Childhood and other immunisations. (Please give dates if known)

a. Diphteria, Tetanus, Whooping Cough (Triple Vaccine) .....

b. Polio .....

c. M.M.R. or Measles .....

d. Rubella (German Measles) .....

e. B.C.G. (T.B.) .....

f. Tetanus booster .....

g. Other immunisations .....

NHS Confidential: Personal data about a patient

As a consequence of the progress that Mr. Crockett has made over the past year I believe that he is in a position to be discharged at this time. However, should his situation change and you seek a re-referral I will be glad to see him at a later date.

Yours sincerely,

Justine McCarthy Woods.

DR. JUSTINE McCARTHY WOODS.

NHS Confidential: Personal data about a patient

Grampian Health Board

RECOMMENDATIONS ON DISCHARGE

IPAE
12.6.90

THIS FORM IS PRINTED ON N.C.R. PAPER. PLEASE USE A BALL POINT PEN ON HARD SURFACE. PLEASE ENSURE THAT ALL COPIES ARE LEGIBLE.

SURNAME CROCKETT
FIRST NAMES MR KEITH
ADDRESS 18 WELLBECK ROAD
GRIMSBY
POST CODE DN34 5NJ
BAR CODE

2792233 UNIT No.
M SEX
S MARITAL STATUS
04-06-1962 DATE OF BIRTH

G.P.'s NAME BEDI
G.P.'s ADDRESS GRIMSBY

Dear Dr. Bedi

Your patient, who was under the care of Mr. G. Page was discharged from ward A+E hospital ARI. on 15/6/90.

COMMENTS:— from offshore

- Admitted Lon 12/6/90 for haemorrhoidectomy
- Large thrombosed pile mass @ 3 o'clock post excised / ligated. Sigmoidoscopy & PR exam negative to 15cm.
- Bowel movement on 15/6/90. Home today. Please review.

It is recommended that the following therapy be prescribed as detailed below. A 'C' in the Duration of Treatment column denotes continuing treatment unless otherwise specified in days. N.B. A three days supply will be dispensed unless specifically requested in this space:—

PROBLEM NUMBER	MEDICINE (BLOCK LETTERS)	TYPE OF PREPARATION	DOSE	METHOD OF ADMINISTRATION	TIMES OF ADMINISTRATION 8	12	2	6	10	OTHER TIMES	DURATION OF TREATMENT	For Completion By Pharmacy QUANTITY SUPPLIED
	LACTULOSE	LIQUID	15ml	ORAL		✓		✓			5 days	
	PARACETAMOL	TAB	1g.	ORAL	4-6	hrly				PRN for pain	5 days	

DRUG SENSITIVITY

Pharmacist's Initials

Doctor's Signature ** D. Hume

Date dispensed

Date signed 15/6/90

** MEDICINES WILL NOT BE DISPENSED WITHOUT A DOCTOR'S SIGNATURE IN THIS SPACE.

A discharge letter / summary will follow. This copy to be sent to G.P.

FORM S81 (Sept. '87)

NHS Confidential: Personal data about a patient

DR. WILLIAM R. FRASER B.Sc. M.B. Ch.B. M.R.C.G.P.

23 Albyn Place,
Aberdeen.
AB1 1YJ
Tel. 587946

Dr N.P.S. Bedi
162 a Park Street
Grimsby
South Humberside
DN32 7NS.

24 January 1990

Dear Dr. Bedi

Re: Keith Crockett (4.6.62)
18 Welbeck Road, Grimsby.

I enclose Mr Crockett's signed permission for you to provide a report only on his present medical condition and specifically not his previous health.

I understand that when he is at work his employers are most satisfied with the standards he achieves. However in the recent past he had to be taken off his oil platform in a distressed state on 2 occasions. On the second occasion 10 November 1989 he told me that he felt upset that concern had been raised regarding drugs. He was tearful and agitated and I suggested that to settle things once and for all a random urine test from him there and then, checked for drugs at our local laboratory would settle things once and for all. He left immediately without providing this sample.

He seems a highly intelligent man and is obviously keen to continue working offshore. I enclose his signed permission for you to provide the report on his present medical condition as well as your opinion as to his fitness to work in the hazardous and isolated environment of a North Sea oil installation.

With kind regards
Yours sincerely

Dr W. R. Fraser.

P.S. Please enclose a note of your fee.

ARA services

MR. KEITH CROCKETT

I hereby give permission for the Company / Doctor (KRL) to approach my own G.P. and to discuss any aspect of my [redacted] present medical condition deemed relevant to my working offshore.

Mr Doctor's name is ..DR. N.P.S. BEDI.....

His Address is .....162a..PARK.STREET.....
.....GRIMSBY.....
.....SOUTH..HUMBERSIDE.DN32.7NS

His Telephone Number is (.0472.)...241614.....

Signed: K.R.G. Crockett Date..21.12.89...

KEITH CROCKETT

NHS Confidential: Personal data about a patient

GRIMSBY HEALTH AUTHORITY
District General Hospital, Scartho Road, GRIMSBY, South Humberside DN33 2BA

CLINICAL PSYCHOLOGY DEPARTMENT
Tel: GRIMSBY (0472) 74111 Ext. 7944 45

NOTE: The information contained in this letter is strictly private and confidential to the person to whom it is addressed and must not be divulged without the consent of the writer.

Your ref: JMW/BG

Our ref:

4 December, 1989

Dr. N.P.S. Bedi,
162a Park Street,
GRIMSBY,
South Humberside.

Dear Dr. Bedi,

re: Mr. Keith R.C. Crockett, born on 4.6.62,
18 Welbeck Road, Grimsby.

Since November 20th I have met with Mr. Crockett on three occasions.

Mr. Crockett has assured me because he will be returning to a different rig he is unlikely to find himself having to cope with the darkness, a situation which only arose as a consequence of his company testing the rigs lighting for insurance purposes. From my meeting with Mr. Crockett today, I believe that he is fit at this time to return to work with the proviso that he continues his treatment at the Department of Clinical Psychology during the 2 weeks when he is on shore in Grimsby. For his part he has expressed an interest in continuing with individual psychotherapy which I expect will resume after the Christmas holiday.

I will be glad to keep you updated on his progress.

Yours sincerely,

DR. JUSTINE McCARTHY-WOODS,
Senior Clinical Psychologist.

Dr N. P. S. BEDI
162A PARK STREET
GRIMSBY

NHS Confidential: Personal data about a patient

0315

Dr DAVID MAXWELL (M.O.)

Offshore Medical Support
12 Sunnybank Road
Aberdeen AB2 3NG
Tel: (0224) 492684
Telex: 73677 CASVAC G
Fax: (0224) 487812 22/5/89

Medical Officer,
ARA Services.
5 Nth Esplanade West
Aberdeen

Dear Sir/Madam

This gentleman unfortunately has no local G.P. to whom I can write. He was seen following a medevac from the Trevose pipeline. The reason for this appears to have been due to a longstanding fear of small installations & against this background he was left on the Arbroath installation overnight. In the past (in ~1983) he has expressed this fear when asked to stay on the Eider installation but has had no problems with the larger rigs. He described multiple symptoms of pain & anxiety when forced to remain on the smaller type installation and on examination was quite agitated. I think it would be unreasonable for him to complete his trip after 24 hrs rest and relaxation but would recommend a fuller assessment by a

Support Ltd.
ad
NG
Registered in Scotland
No. 63268
Support is a trading name of OMS Limited

NHS Confidential: Personal data about a patient

0316

Offshore Medical Support
12 Sunnybank Road
Aberdeen AB2 3NG
Tel: (0224) 492884
Telex: 73677 CASVAC G
Fax: (0224) 487812

22/10/84

clinical psychologist on the strike, after he has completed this trip.

Yours faithfully

Registered Office:
Offshore Medical Support Ltd.
12 Sunnybank Road
Aberdeen AB2 3NG

Registered in Scotland
No. 63288

Offshore Medical Support is a trading name of OMS Limited

NHS Confidential: Personal data about a patient

Accident and Emergency Dept.
Aberdeen Royal Infirmary
Woolmanhill,
Aberdeen.
AB9 1GS.
Tel. No. 23423

Date 26/4/78

Dear Doctor Hobbs

Your patient Keith Mellis Name Age 16
33 Byron Tce Address
Aberdeen

was seen here to-day suffering from Yesterday, he was struck ler his left eye by a rubber brick. Today he complained of frontal headache & passed out at a bus stop. He had a 3cm ragged laceration on his chin

X-Rays of

demonstrated

on the wet plates.

Treatment:

Human A.T. Globulin | Tex. toxoid (Initial) | Tet. toxoid (Booster) | Triplopen

Disposal:

Referred to you
to return to Casualty Department in days.
Other.

First N.H. Certificate issued for days. Erythromycin 250mg qid for 4days.

Recommendations: 6 4° BJS inserted.

I phoned Dr Kynoch (who was on holiday) & spoke to his secretary who told me about his previous syncopal episodes.

Please remove sutures in 5 days.

Yours sincerely,

Yours sincerely,

Consultant,
Senior Registrar.
Medical Assistant.
S.H.O.
G.P.Assistant.

Ian McRobbie
S.H.O.

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IMPORTANT: See the Rules and Notes overleaf

Date	Signature and professional status of vaccinator *Signature et titre du vaccinateur*	Approved stamp *Cachet autorisé*	
1	1	1 GOVERNMENT OF UNITED KINGDOM	2 GOVERNMENT OF UNITED KINGDOM
2	2		
3	3	3 GOVERNMENT OF UNITED KINGDOM	4 GOVERNMENT OF UNITED KINGDOM
4	4		
5	5	5 GOVERNMENT OF UNITED KINGDOM	6 GOVERNMENT OF UNITED KINGDOM
6	6		
7	7	7 GOVERNMENT OF UNITED KINGDOM	8 GOVERNMENT OF UNITED KINGDOM
8	8		

Dd 8942157 650M 2/88 Ed(231147)

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RULES

The vaccine used shall meet the requirements laid down by the World Health Organisation.

The validity of this certificate shall extend for a period of six months, beginning six days after one injection of the vaccine or, in the event of a revaccination within such period of six months, on the date of that revaccination (see Note 1 below).

The approved stamp mentioned overleaf must be in a form prescribed by the health administration of the territory in which the vaccination is performed (see Note 2 below).

This certificate must be signed in his own hand by a medical practitioner or other person authorized by the national health administration; his official stamp is not an accepted substitute for his signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

Le vaccin utilisé doit satisfaire aux normes formulées par l'Organisation Mondiale de la Santé.

La validité de ce certificat couvre une période de six mois commençant six jours après une injection de vaccin ou, dans le cas d'une revaccination au cours de cette période de six mois, le jour de cette revaccination.

Le cachet autorisé doit être conforme au modèle prescrit par l'administration sanitaire du territoire où la vaccination est effectuée.

Ce certificat doit être signé de la propre main par un médecin ou une autre personne habilitée par l'administration sanitaire nationale, un cachet officiel ne pouvant être considéré comme tenant lieu de signature.

Tout correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte affecter sa validité.

NOTES

1. **Method of dating.**

Misunderstandings have arisen as to the date of issue, and therefore the period of validity, of International Certificates of Vaccination, due to difference in national or other practice of recording dates: for example, the 10th August, 1980, may be written as 10 Aug., 1980, or Aug. 10, 1980, or 10.8.80, or 8.10.1980.

These misunderstandings can be avoided if dates on International Certificates are always written thus:—

the day should be placed first in Arabic numerals;
the month should appear second in letters;
the year should come last in Arabic numerals.

The above example would then appear as "10 August, 1980".

2. **Approved Stamp.**

The name and address of the vaccinator, or of the health institution concerned, must be stamped in this space if it has not already been done by the appropriate Health Service authority. In Scotland the stamping of the certificate should be done by the vaccinator.

FOLD HERE

Form of certificate prescribed by the International Health Regulations and supplied, for completion in the United Kingdom only, by the

DEPARTMENT OF HEALTH AND SOCIAL SECURITY
Scottish Home and Health Department, Edinburgh
Department of Health and Social Services, Belfast
Welsh Office, Cardiff

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LE CHOLERA

This is to certify that
Je soussigné(e) certifie que

.....

date of birth..... sex.....
né(e) le *sexe*

whose signature follows
dont la signature suit

.....

has on the date indicated overleaf been vaccinated or revaccinated against cholera.
a été vacciné(e) ou revacciné(e) contre le choléra à la date indiquée au verso.

IMPORTANT: See the Rules and Notes on the back.

This certificate, if folded along the central vertical line, can be kept in a passport (with a rubber band).

Form Port 34

NHS Confidential: Personal data about a patie

DR. FRASER

0224 - 587946.

Re: KEITH CROCKETT

NHS Confidential: Personal data about a patient

ABERDEEN CITY COUNCIL

SOCIAL WORK DEPARTMENT

WELFARE RIGHTS TEAM

STATEMENT ON CONFIDENTIALITY

Any information you provide will be kept in a case file for the client concerned, and may be used at a tribunal on their behalf. It could, therefore, form part of tribunal papers, to which the client has free access.

Thank you.

KEITH CROCKETT
59 STEVENSON COORT
STEVENSON ST
AB25 1QU
ABERDEEN

Dear Dr Munro

I have expressed myself wrongly while with you on Wed 14th Aug at 9.30.

The air bubbles I felt going up my back was right. "gas" it's inside my rib cage. not between my skin and rib so you felt for.

when this happens. I'm left with discomfort where I pointed to. the size is about the span of my hand. also constricted when breathing. so it was when I first began to feel discomfort.

I felt okay when you told me my lungs sound fine. good air movements. so.

I'll leave any further contact with you as not to take up a unnessary appointment

yours Sincerely

K Crockett

R	FILE
G	
SN	
S	ACTION TAKEN
H	
L	
TELL PATIENT	Normal Make Appointment Collect Prescription

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voucher no 4166

Date 7/10/03

Patient Name Keith Crockett

Patient Address 59 Stevenson Court

Stevenson Street Aberdeen

This voucher confirms that this patient is not smoking, is attending sessions to help them stop smoking and therefore would benefit from a repeat prescription for Zyban®/[redacted]

Advisors signature Wilma M Donald.

GP name Dr Munro or Scott.

Smoking Advice Service

Practice Stamp

This voucher is non-transferable.

NB: This voucher should be incorporated into existing Practice repeat prescription procedures

NHS Confidential: Personal data about a patient

Aberdeen Royal Hospitals NHS TRUST
ABERDEEN ROYAL INFIRMARY

Telephone No. 681818

Our reference:

Your reference:

Accident and Emergency Dept.,
Foresterhill,
ABERDEEN AB9 2ZB

Date: 5/3/93

Dear Dr Doctor

Your Patient: Name: Keith Crockett Age: 30

Address: —

was seen here today suffering from:

cavity assess - dressed on
26/2/93. new clean ad healing.

X-rays of:

Demonstrated:

Treatment:

Human Tetanus Immunoglobulin	Tetanus Toxoid (Initial)	Tetanus Toxoid (Booster)	Triplopen
	✓		

Disposal: Referred to you ✓
To return to A and E Dept. in days
Other

First N.H. Certificate issued for days.

Recommendations:

Yours sincerely,

S 412

NHS Confidential: Personal data about a patient

19/01/1999 PAGE 02 OF 02

MR KEITH ROY CROCKETT REF: WM384452D

The patient shown above has satisfied the incapacity test or is treated as incapable of work so we do not require further NHS medical certificates for this person's present claim for benefit. However, we may need to contact you for further information about your patient in the future.

Proof of incapacity or illness may still be required for other interested groups or organisations such as employers and insurance companies. The provision of this information is not usually an NHS requirement.

If your patient makes another claim for benefit in the future, we will require medical certificates from the date of incapacity.

The booklet 'A guide for registered medical practitioners' gives you more information. If you do not already have this booklet, you can get it from your local Family Health Authority or Health Board.

If you want to ask us anything about this letter, please get in touch with us. Our phone number and address are at the top of this letter.

Yours sincerely,

IB74

6870/0645

NHS Confidential: Personal data about a patient

GRIMSBY HEALTH AUTHORITY
District General Hospital, Scartho Road, GRIMSBY, South Humberside DN33 2BA

CLINICAL PSYCHOLOGY DEPARTMENT
Tel. GRIMSBY (0472) 74111 Ext. 7944 4

NOTE: The information contained in this letter is strictly private and confidential to the patient to whom it is addressed and must not be divulged without the consent of the writer.

MRW/BG
Your ref.

16 November, 1989

Dr. N.P.S. Bedi,
162a Park Street,
GRIMSBY,

Dear Dr. Bedi,

re: Mr. Keith R.C. Crockett, born on 4.6.62,
18 Welbeck Road, Grimsby.

Since the appointment of Dr. Justine McCarthy Woods, we have been able to take up the majority of patients on our waiting list but have now reached a point where the list will have to grow again. We hope this will not be for as long as in the past, however, and will send your patient an appointment as soon as possisble.

In the meantime you may wish to seek alternative help. We will, however, continue to keep his/her name on our list and contact them to check their needs when an appointment becomes available.

At present we anticipate a wait of approximately 4 months though this could be shorter when we overcome the effects of the Christmas break.

Yours sincerely,

B Grainger

MICHAEL R. WILDE,
Chief Clinical Psychologist.

NHS Confidential: Personal data about a patient

HPSB/SDG

30 January 1990

Dr W R Fraser
23 Albyn Place
Abedeen
AB1 1YJ

Re: Mr Keith Crockott D.O.B. 04-06-62
:3 Welbeck Road, Grimsby, South Humberside.

To supplying a medical report on the above named, as requested.

£ 25.00

HPSB/SDG

30 January 1990

Dr W R Fraser
23 Albyn Place
Aberdeen
AB1 1YJ

Dear Dr Fraser

Re: Keith Crocket d.o.b. 04-06-62
18 Welbeck Road, Grimsby.

Thank you for your letter and the telephone conversation regarding this patient.

I can confirm that he joined my practice on 17th June, 1988. Since then until 6th November, 1989 he was keeping fit and healthy and was on no treatment from myself. It was in November he reported of having phobias especially being scared of darkness and being lonely. At this stage he was referred to a local psychologist and is undergoing individual psychotherapy.

I did cover him with Dothiepen instead of MAOI because of not being sure of his diet or dietary habits. He seems to be progressing well.

Yours sincerely

N P S Bedi

NHS Confidential: Personal data should be protected

NHS Grampian

Dr M Chetty
Chest Clinic
Clinic C
East End – Orange Zone
Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB25 2ZN

Appointments: (01224) 552242
Secretary: (01224) 551219
Email: scott.tulloch3@nhs.scot

MC/ST

CHI: 0406622051

Mr Ceith Crockett
59 Stevenson Court
Stevenson Street
Aberdeen
Aberdeenshire
AB25 1GU

Date Dictated: 25/09/2025
Date Typed: 09/10/2025

Dear Mr Crockett

I now have the results of your repeat CT scan which shows improving appearances of your lung shadow. This is really reassuring. This indicates that the abnormality in the lung is likely due to an infection.

I will arrange to see you back in my clinic in 3 months with a repeat chest x-ray.

Yours sincerely

Signed by Dr Mahendran Chetty
Consultant in Respiratory Medicine at 9:41 AM on 09/10/2025

CC

Dr Vaila Boswell
Holburn Medical Group
7 Albyn Place
Aberdeen
AB10 1YE

Respiratory OP Co-ordinator

Ceith R Crockett; (0406622051)

NHS Confidential: Personal data about a patient

Clinic C
ARI

Dear Team,
3 month MC return with chest x-ray please.

Ceith R Crockett, (0406622051)

NHS Confidential: Personal data about a patient

Lung
Multidisciplinary Meeting
Patient Treatment Plan Summary

NHS

CHI	0406622051	**Consultant**	Mahendran Chetty
Forename	Ceith	**Referral Category**	11
Surname	Crockett	**Lead at MDT**	Ratna Alluri
DOB	04 Jun 1962	**Current Meeting Date**	10/07/2025
Sex	M	**Previous Meeting Date**	
Address	59 Stevenson Court, Stevenson Street, Aberdeen, AB25 1GU		
G.P.	Holburn Medical Group, Aberdeen, 7 Albyn Place, Aberdeen, AB10 1YE		
Specialist Nurse	NO NURSE ALLOCATED		
31 Day Target	10 Aug 2025	**62 Day Target**	

WHO Performance Status	
Pertinent Clinical History or Operation Findings and Reason for Discussion	1. Chronic obstructive pulmonary disease. 2. Smokes joints. 3. BMI 16.8. 4. FEV1/FVC 2.6/4.42 (predicted 3.62/4.73), FEV1 72% predicted, resting oxygen saturation 99% on room air. 5. Previous history of bilateral bullectomy. 6. Multiple pulmonary nodules of varying size likely inflammatory. 7. History of depression MDT: Review Imaging

NHS Confidential: Personal data about a patient

Clinical, Radiological and Pathology Findings	Diagnosis Procedure: CT Chest, Site: Lung, Diagnosis/Action: Inflammation Exam Date: 18/03/2025 Exam: CT Thorax and abdomen with contrast Conclusion: No clear lesion to correlate with the radiographic abnormality however there are multiple ill-defined nodules in both lungs measuring up to 11 mm which are indeterminate. Follow-up in 3 months advised if this patient is likely to be a candidate for treatment of any lung malignancy. Noting severe emphysema this patient is likely to be a recurrent nodule former. Reported by Dr Jonathan Brodie (gram.radiologyreports@nhs.scot). Consultant Radiologist. GMC 7013397 Exam Date: 10/06/2025 Exam: CT Thorax Findings: Comparison is made with the CT scan of 18 March 2025. Significant partial resolution of the subpleural posterior segment left upper lobe nodular focus is evident (image 108/494), indicating a benign presumed inflammatory aetiology. There is a new subpleural 10 mm oval anterior segment left upper lobe nodule (image 120/494). The appearance and time course suggest that this is also benign, presumably a small infected subpleural bulla. The anterior segment peripheral left upper lobe nodule (image 146/494) has reduced slightly in size, currently measuring 9 mm in greatest diameter (previously 9.7 mm). A peripheral anterior segment right upper lobe nodule (image 244/494) has increased in size to 17 mm but has a smooth contour and is also overwhelmingly likely to represent an infected bulla. No other new or progressive focal findings in either lung. Unchanged status of severe underlying bullous disease. No pleural or pericardial fluid. No new or progressive adenopathy. Small foci of pleural calcification noted on the left side, suggesting significant exposure to asbestos or prior left pleural pathology. Conclusion: New, enlarging and partially resolving lung nodules as detailed above. Appearances suggest intercurrent infection of bullous disease. Further interval imaging may be appropriate, but is left to the discretion of the clinical team. Reported by Dr David Walter. Consultant Radiologist. Medica. GMC 4130905.
TNM Staging	
Management Plan/ Comments	Likely inflammatory. CT Chest in three months.
Patient Understanding	
Other Information	

Generated at: 11/07/2025 10:59 AM **DocumentID:** 8609014

Hospital use only	Clinic	Day Date	Time	Hospital No.

SCI Gateway Electronic Referral

MEDICAL IN CONFIDENCE

Patient Consent has been given for information sharing

Date Referral Created
05-Jan-2026
Date Referral Submitted
05-Jan-2026 @ 14:20:45

Unique Care Pathway Number: **1010386554870** CHI No: **0406622051**

REFERRAL TO

Clinical GeneticsA3
Grampian General Protocol

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

Aberdeen Royal Infirmary
Foresterhill Road
Aberdeen
AB25 2ZN

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

Hospital unit no. N101H

Email address -

Urgency of Referral Routine
Sensitivity of Referral Sensitive

PATIENT DETAILS

Surname	CROCKETT
Forename(s)	CEITH
Title	MR **Sex** Male
Marital Status	Not Known
Date of birth	04-Jun-1962
CHI No.	0406622051

Patients address

59 STEVENSON COURT
ABERDEEN
AB25 1GU

Contact details

Home:620514
Mobile:07933514399

REFERRING PRACTITIONER DETAILS

Name	Dr. Leanne Duff
GP Code	66478 **GMC Code** 7266236
Practice name	Holburn Medical Group (30059)
Practice code	30059

Practice address

7 Albyn Place
Aberdeen
AB10 1YE

Contact details

Voice:01224 400800

ADMINISTRATIVE INFORMATION

This referral letter is complete, has been checked by the referring GP and authorised for transmission.
Referred By:Registered GP

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Reason For Referral As below

Referral Reason / Background I would be grateful if you could review this 63 year old man. He has a complex family dynamic and does not have much contact with his family but he has come to the Practice concerned about the fact that there is a common history of seizures in his family and a history of young deaths and he has also recently found out that his brother has a brain aneurysm and Ceith is starting to worry that there is a potential genetic link with this.

He has a [redacted] as him and she has a history of seizures but he is not sure of what happened with this and what caused them. He denies any obvious alcohol or drug history in his [redacted]. This [redacted]. He also had a [redacted].

[redacted] and died during a fit. He does not know much more than that and as far as I am aware, [redacted]

Ceith has never had a seizure, he has no headaches or anything like that at the moment. I am arranging for him to have some CV screening including lipids and his blood pressure is okay and I have strongly encouraged him to stop smoking if he can to reduce his risks.

Given the family history, I would be grateful for your input. I apologise that this is a bit vague due to the difficulties that he has with contact with his family. Many thanks.

Examinations and Investigations

Examinations

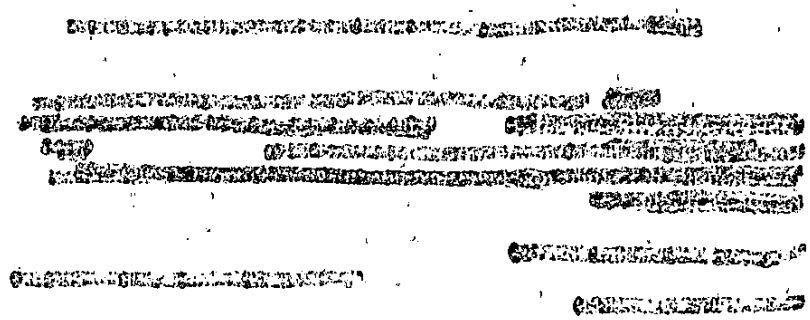
Cigarette smoker	Smoking status on date of event: Smoker. NOTES: x8 times daily cannabis to help cope with stress & doesn't wish to stop..	27-Feb-2024
Cigarette smoker	Smoking status on date of event: Smoker. NOTES: smoking cannabis x6 times daily. Needs this for stress. Can calm down and be less frustrated..	27-Nov-2023
Cigarette smoker	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5. NOTES: - smokes joints and not tobacco..	06-Jun-2019
Alcohol intake within rec limt	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	17-Feb-2006
Teetotaller	[TRUNCATED]Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0. NOTES: ACTION=No Action Required : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS	27-Mar-2000
Teetotaller	Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0.	28-Oct-1993

Investigations

NB:	THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD
NB:	IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED

Patient Measurements

Date Recorded	Diastolic	Systolic	Height (m)	Weight (kg)	BMI
23-Dec-2025	110	60			
19-Sep-2025	142	82			
12-Feb-2025	113	77			
07-Mar-2022			1.81	56	17
22-Sep-2020			1.81	57	17.3



06-Jun-2019	1.81	58.6	17.8	

Reason for Referral

Care type requested Out Patient
Expected outcome Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extention	Date of onset
[D]Pulmonary nodule	-	-	Multiple of varying size, likely inflammatory.	18-Apr-2025
Chronic obstructive pulmonary disease	-	-	NIECOPD	24-Oct-2023
Acute lower respiratory tract infection	-	-	with COPD	23-Oct-2023
[M]Tubular adenoma NOS	-	-	-	20-Feb-2021
Emphysema	-	-	-	08-Oct-2020
Chronic obstructive pulmonary disease	-	-	-	06-Jun-2019
[X]Depressive episode	-	-	-	30-Nov-2010
[X]Depressive episode	-	First ever	-	23-Feb-2010
Bronchitis NOS	-	-	-	01-Jan-1995
Anxiety states	-	-	-	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
Colonoscopic polypectomy	-	-	10-Feb-2021
[SO]Base of fifth metatarsal	-	-	07-Jun-2001
Drainage of lesion of skin NEC	-	-	01-Jan-1993
Excision of haemorrhoid NOS	-	-	01-Jan-1990

Medication Details

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Dihydrocodeine 30mg tablets	62538020	tablet	TAKE ONE EVERY FOUR TO SIX HOURS	-	18-Jan-2013	-
Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd)	79136021	dose	1 INHALATION ONCE DAILY	-	29-Feb-2024	-
Amitriptyline 10mg tablets	58949020	tablet	TWO TABLETS AT NIGHT	-	04-May-2023	-
Fluoxetine 20mg capsules	69654020	capsule	ONE DAILY	-	16-Feb-2023	-
Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd)	81157020	dose	1 TO 2 PUFFS UP TO FOUR TIMES [more]	-	23-Sep-2019	-

Past Medication Section

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Dihydrocodeine 30mg tablets	-	tablet	TAKE ONE EVERY FOUR TO SIX HOURS	-	18-Jan-2013	-
Trelegy Ellipta	-	dose	1 INHALATION	-	29-Feb-2024	-

92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd)	-	ONCE DAILY	-	-
Amitriptyline 10mg tablets	-	tablet	TWO TABLETS AT NIGHT	-	04-May-2023	-

Application Version No.**2.1.1c**	Stylesheet Version No.**7.17 R21 V6.1**

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

NHS Confidential: Personal data about a patient

NHS Grampian

Dr M Chetty
Chest Clinic
Clinic C
Level 1, Orange Zone
Aberdeen Royal Infirmary
Foresterhill
Aberdeen
AB25 2ZN

Appointments 01224 552242
Secretary 01224 551214
Email diane.mitchell2@nhs.scot

NHS Grampian

MC/DM

CHI: 0406622051

Dr Vaila Boswell
Holburn Medical Group
7 Albyn Place
Aberdeen
AB10 1YE

Date Dictated: 10/07/2025
Date Typed: 10/07/2025

Dear Dr Boswell

Mr Ceith R Crockett (04/06/1962) 59 Stevenson Court Stevenson Street, Aberdeen, AB25 1GU

Mr Crockett underwent a 3 month nodule follow-up scan and this was discussed in the Lung MDT. The CT review showed severe bullous lung disease and some of the nodules are improving and there are new nodules appearing indicating waxing and waning nature of these nodules. The likely explanation is inflammatory pathology however as a precaution a CT follow-up is recommended in 3 months. I will request a CT follow-up and contact Mr Crockett.

Yours sincerely

Signed by Dr Mahendran Chetty
Consultant in Respiratory Medicine at 11:29 AM on 10/07/2025

AR - Nodule follow-up CT scan (TL)

NHS Confidential: Personal data about a patient

NHS Grampian

Dr M Chetty
Chest Clinic
Clinic C
Level 1, Orange Zone
Aberdeen Royal Infirmary
Foresterhill
Aberdeen
AB25 2ZN

Appointments 01224 552242
Secretary 01224 551214
Email diane.mitchell2@nhs.scot

MC/DM

CHI: 0406622051

Mr Ceith Crockett
59 Stevenson Court
Stevenson Street
Aberdeen
Aberdeenshire
AB25 1GU

Date Dictated: 10/07/2025
Date Typed: 10/07/2025

Dear Mr Crockett

Your CT is available for review and this was discussed in a meeting today. Some of the changes on your lung are improving but there are some new nodules appearing in your lung. As a precaution we have decided to repeat your CT scan in 3 months and I will be in touch once this is carried out.

Yours sincerely

Signed by Dr Mahendran Chetty
Consultant in Respiratory Medicine at 11:29 AM on 10/07/2025

Copy to:

Dr Vaila Boswell
Holburn Medical Group
7 Albyn Place
Aberdeen

Ceith R Crockett, (0406622051)

AB10 1YE

NHS Confidential: Personal data about a patient

NHS
Grampian

Dr M Chetty
Chest Clinic
Clinic C
Level 1, Orange Zone
Aberdeen Royal Infirmary
Foresterhill
Aberdeen
AB25 2ZN

Appointments 01224 552242
Secretary 01224 551214
Email diane.mitchell2@nhs.scot

Clinic - 18.04.25

MC/DM

CHI: 0406622051

Dr Leanne Duff
Holburn Medical Group
7 Albyn Place
Aberdeen
AB10 1YE

Date Dictated: 18/04/2025
Date Typed: 23/04/2025

Dear Dr Duff

Mr Ceith R Crockett (04/06/1962) 59 Stevenson Court Stevenson Street, Aberdeen, AB25 1GU

Problems:
1. Chronic obstructive pulmonary disease.
2. Smokes joints.
3. BMI 16.8.
4. FEV_1/FVC 2.6/4.42 (predicted 3.62/4.73), FEV_1 72% predicted resting oxygen saturation 99% on room air.
5. Previous history of bilateral bullectomy.
6. Multiple pulmonary nodules of varying size likely inflammatory.
7. History of depression.

Current Medications:
Fluoxetine 20mg OD
Trelegy Ellipta 92µg OD
Salbutamol 100µg 2 puffs PRN

Recommendations for GP:
1. Referral to Pulmonary Rehabilitation.
2. Continue inhaler therapy.

Follow-Up: Three month nodule follow-up scan

NHS Confidential: Personal data about a patient

Many thanks for referring this man to my clinic. Mr Crockett is a 62 year old man who reports breathlessness since he had COVID vaccine. He thinks his lungs were on fire for 3 weeks after he had first dose of COVID vaccine and since then he reports significant breathlessness especially walking uphill or a flight of stairs. He informs me that he had another episode of lungs going on fire after the second COVID vaccination.

Mr Crockett is currently unemployed and continues to smoke joints. He lives alone. There are no other medical co-morbidities apart from depression.

On examination his BMI is 16.8 and he tells me that he is gaining weight now. He is quite thin build and chest examination showed poor air entry bilaterally.

His spirometry showed airflow obstruction but saturations 99% on room air. CT scan shows bilateral extensive emphysematous changes with previous surgical scar. There are also multiple pulmonary nodules of varying size and this is likely to be inflammatory in nature.

I explained to Mr Crockett that his lung damage is likely due to smoking and also the reason for his breathlessness. I have advised him to continue his inhaler and cut down and stop his joint smoking. I will refer him to pulmonary Rehabilitation. I will arrange a 3 month nodule follow-up scan as per radiology recommendation and will let Mr Crockett know.

Yours sincerely

Signed by Dr Mahendran Chetty
Consultant in Respiratory Medicine at 10:18 AM on 24/04/2025

AR - Nodule follow-up CT scan (TL)

Copy to:

Pulmonary Rehab Aberdeen
Via Internal Correspondence
City Hospital
Aberdeen

The results below are accurate as at 23/04/2025 12:08:43

NHS Confidential: Personal data about a patient

21/04/2025 11:37:33 Radiology

General X-ray

Exam Date: 18/04/2025 Exam: XR Chest
Reported by Dr Natasha Rose
(gram.radiologyreports@nhs.scot), Consultant Radiologist.
Aberdeen Royal Infirmary. GMC 6049048

PA Chest: Hyperinflation of the lungs unchanged from the previous examination. Suture material in the right upper zone. No acute pulmonary pathology.
Reported By: Dr Natasha Rose (Consultant Radiologist)
Reported Date: 21/04/2025
Verified By: Dr Natasha Rose, Consultant Radiologist
Verified Date: 21/04/2025

Hospital use only	Clinic	Day Date	Time	Hospital No.

SCI Gateway Electronic Referral

MEDICAL IN CONFIDENCE

Patient Consent has been given for information sharing

Date Referral Created
19-Sep-2025
Date Referral Submitted
19-Sep-2025 @ 14:33:52

Unique Care Pathway Number: **1010377098465** CHI No: **0406622051**

REFERRAL TO

General SurgeryC1
Grampian General Protocol

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

Aberdeen Royal Infirmary
Foresterhill Road
Aberdeen
AB25 2ZN

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

Hospital unit no.: N101H

Email address:

Urgency of Referral Routine
Sensitivity of Referral Sensitive

PATIENT DETAILS

Surname	CROCKETT
Forename(s)	CEITH
Title	MR **Sex** Male
Marital Status	Not Known
Date of birth	04-Jun-1962
CHI No.	0406622051

Patients address
59 STEVENSON COURT
ABERDEEN
AB25 1GU

Contact details
Home:620514
Mobile:07933514399

REFERRING PRACTITIONER DETAILS

Name	Dr. Mhairi MacFarlane
GP Code	68721 **GMC Code** 6024428
Practice name	Holburn Medical Group (30059)
Practice code	30059

Practice address
7 Albyn Place
Aberdeen
AB10 1YE

Contact details
Voice:01224 400800

ADMINISTRATIVE INFORMATION

This referral letter is complete, has been checked by the referring GP and authorised for transmission.
Referred By:Registered GP

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Reason For Referral	Haemorrhoids
Referral Reason / Background	I would be grateful if you could arrange to see Ceith. He is a 63 year old man who is troubled with bleeding haemorrhoids. He has previously had surgery in 1990. Recently he has had episodes of fresh red bleeding, sometimes with a pain and a feeling that his anus is opening. On examination today he has 2 haemorrhoids visible just inside the anus at the 5 and 7 o'clock positions which appear to have been bleeding. He has previously put of consideration of further surgery due to a childhood abuse history however is now willing to consider further input if offered. Thanks

Examinations and Investigations

Examinations

Cigarette smoker	Smoking status on date of event: Smoker. NOTES: x8 times daily cannabis to help cope with stress & doesn't wish to stop..	27-Feb-2024
Cigarette smoker	Smoking status on date of event: Smoker. NOTES: smoking cannabis x6 times daily. Needs this for stress. Can calm down and be less frustrated..	27-Nov-2023
Cigarette smoker	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5. NOTES: - smokes joints and not tobacco..	06-Jun-2019
Alcohol intake within rec limt	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	17-Feb-2006
Teetotaller	[TRUNCATED]Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0. NOTES: ACTION=No Action Required : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS	27-Mar-2000
Teetotaller	Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0.	28-Oct-1993

Investigations

NB:	THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD	-
NB:	IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED	-

Patient Measurements

Date Recorded	Diastolic	Systolic	Height (m)	Weight (kg)	BMI
19-Sep-2025	142	82			
12-Feb-2025	113	77			
05-Jun-2019	114	60			
07-Mar-2022			1.81	56	17
22-Sep-2020			1.81	57	17.3
06-Jun-2019			1.81	58.6	17.8

Reason for Referral

Care type requested	Out Patient
Expected outcome	Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extention	Date of onset
[D]Pulmonary nodule	-	-	Multiple of varying size, likely inflammatory.	18-Apr-2025
Chronic obstructive pulmonary disease	-	-	NIECOPD	24-Oct-2023
Acute lower respiratory tract infection	-	-	with COPD	23-Oct-2023
[M]Tubular adenoma NOS	-	-	-	20-Feb-2021

Emphysema	-	-	-	08-Oct-2020
Chronic obstructive pulmonary disease	-	-	-	06-Jun-2019
[X]Depressive episode	-	-	-	30-Nov-2010
[X]Depressive episode	-	First ever	-	23-Feb-2010
Bronchitis NOS	-	-	-	01-Jan-1995
Anxiety states	-	-	-	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
Colonoscopic polypectomy	-	-	10-Feb-2021
[SO]Base of fifth metatarsal	-	-	07-Jun-2001
Drainage of lesion of skin NEC	-	-	01-Jan-1993
Excision of haemorrhoid NOS	-	-	01-Jan-1990

Medication Details

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Fluoxetine 20mg capsules	69654020	capsule	ONE DAILY	-	16-Feb-2023	-
Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd)	79136021	dose	1 INHALATION ONCE DAILY	-	29-Feb-2024	-
Dihydrocodeine 30mg tablets	62538020	tablet	TAKE ONE EVERY FOUR TO SIX HOURS	-	18-Jan-2013	-
Amitriptyline 10mg tablets	58949020	tablet	TWO TABLETS AT NIGHT	-	04-May-2023	-
Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd)	81157020	dose	1 TO 2 PUFFS UP TO FOUR TIMES [more]	-	23-Sep-2019	-

Past Medication Section

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Tadalafil 5mg tablets	-	tablet	ONE DAILY	-	19-Sep-2025	-
Scheriproct suppositories (Karo Healthcare UK Ltd)	-	suppository	ONE AT NIGHT FOR 5 NIGHTS	-	19-Sep-2025	-
Docusate 100mg capsules	-	capsule	ONE OR TWO DAILY AS NEEDED FO[more]	-	24-Jul-2025	-
Proctosedyl ointment (Phoenix Labs Ltd)	-	gram	APPLY TWICE DAILY	-	26-Jun-2025	-
Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd)	-	dose	1 INHALATION ONCE DAILY	-	29-Feb-2024	-
Dihydrocodeine 30mg tablets	-	tablet	TAKE ONE EVERY FOUR TO SIX HOURS	-	18-Jan-2013	-

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

NHS Confidential: Personal data about a patient

NHS Grampian

Clinical Note

NHS Grampian

Name:	Mr Celth Crockett	**CHI:**	0406622051	**DOB:**	04/06/1962	**Gender:**	Male
Address:	59 Stevenson Court, Stevenson Street, Aberdeen, Aberdeenshire AB25 1GU						

URGENT

Clinical Contact Details

Specialty: Community Nursing (District Nursing) **Date:** 26/03/2025 15:28:40 **Location:** Domiciliary Location

Notes

CITY VISITS - SEEN BY ANP/ACP FROM CITY VISITS ON BEHALF OF PATIENT'S GP PRACTICE.

Mr Crockett was reviewed this afternoon following abdominal pain, appeared to be in a cramping sensation, due to pain was sweating, was unable to get up off the toilet due to abdominal pain, due to straining was feeling as if was going to pass out. Prior was passing water type stool. Called GP following call back managed a large bowel motion which has resolved abdominal pain.
States drinks 30 cups of tea daily (decaf) .
No note of chest pain/ unusual shortness of breath/ nausea/ vomiting.
BP 123/78 Left 128/75 Right, Pulse 81, SP02 98% on air, RR 20, Temp 35.9oc, BGL 4.9mmls
On arrival:
Alert and Orientated
Pain free
Moist mucus membranes
Talking in sentences.
Abdominal Exam: no evidence of acute abdomen, abdomen SNT, no evidence of guarding, BS present, Normally regular with bowels. No reports of urinary symptoms.
PR Exam: Consent obtained- Hard stool noted in upper rectum, No evidence of blood/mucus
Impression
Resolved Constipation
Management
I have administered a glycerol suppository, declined an additional suppository .
Declined a prescription for laxatives
Encourage oral diet and fluids .
Very strong worsening statement given.

	Name	Date/Time:	Contact No:	Role:
Authorised By:	Katie Donald	26/03/2025 15:28:40	56393	Advanced Nurse Practitioner

A copy of this document has been sent to the NHS Grampian SCI Store.
A copy of this document has been sent to the patients registered GP.

NHS Confidential: Personal data about a patient

NHS Grampian

Dr P Srivastava
Chest Clinic
Clinic C
Level 1, Orange Zone
Aberdeen Royal Infirmary
Aberdeen
AB25 2ZN

Appointments 01224 552242
Secretary 01224 551214
E-mail diane.mitchell2@nhs.scot

PS/DM

CHI: 0406622051

Mr Ceith Crockett
59 Stevenson Court
Stevenson Street
Aberdeen
Aberdeenshire
AB25 1GU

Date Dictated: 21/03/2025
Date Typed: 21/03/2025

Dear Mr Crockett

Your GP had referred you to the Chest Clinic with some chest discomfort and breathlessness. You have now had a CT scan yesterday.

This shows severe COPD (also known as emphysema) which will be due to smoking. I gather you had a "bullectomy" around 20 years ago which is where part of your lung was removed for COPD.

There are some tiny shadows (nodules) in your lungs. We do not know what these are but the radiologist has recommended a further CT in 3 months.

I have requested an urgent new appointment in around 6 weeks at the Chest Clinic and at that stage, your follow-up CT can be requested.

Thank you.

Yours sincerely

Signed by Dr Prasima Srivastava

Ceith R Crockett, (0406622051)

NHS Confidential: Personal data about a patient

Consultant Respiratory Physician at 1:05 PM on 25/03/2025

Copy to:

Dr Vaila Boswell
Holburn Medical Group
7 Albyn Place
Aberdeen
AB10 1YE

Ceith R Crockett, (0406622051)

Hospital use only	Clinic	Day Date	Time	Hospital No.

SCI Gateway Electronic Referral

MEDICAL IN CONFIDENCE

Patient Consent has been given for information sharing

Date Referral Created
23-Apr-2025
Date Referral Submitted
23-Apr-2025 @ 14:29:12

Unique Care Pathway Number: **101036260435K** CHI No: **0406622051**

REFERRAL TO

Psychological Therapy ServicesR2V2
PC Psychological Therapies

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

Aberdeen City Primary Care
Aberdeen City Primary Care
SCI Gateway Virtual Location
NHS Grampian

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

Hospital unit no.: N037G

Email address:

Urgency of Referral Routine
Sensitivity of Referral Sensitive

PATIENT DETAILS

Surname	CROCKETT
Forename(s)	CEITH
Title	MR **Sex** Male
Marital Status	Not Known
Date of birth	04-Jun-1962
CHI No.	0406622051

Patients address

59 STEVENSON COURT
ABERDEEN
AB25 1GU

Contact details

Home:620514
Mobile:07933514399

REFERRING PRACTITIONER DETAILS

Name	Dr S Pramila
GP Code	- **GMC Code** 7632065
Practice name	Holburn Medical Group (30059)
Practice code	30059

Practice address

7 Albyn Place
Aberdeen
AB10 1YE

Contact details

Voice:01224 400800

ADMINISTRATIVE INFORMATION

This referral letter is complete, has been checked by the referring GP and authorised for transmission.

Referred By:Locum

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Reason For Referral As below

Examinations and Investigations

Examinations

Cigarette smoker	Smoking status on date of event: Smoker. NOTES: x8 times daily cannabis to help cope with stress & doesn't wish to stop..	27-Feb-2024
Cigarette smoker	Smoking status on date of event: Smoker. NOTES: smoking cannabis x6 times daily. Needs this for stress. Can calm down and be less frustrated..	27-Nov-2023
Cigarette smoker	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5. NOTES: - smokes joints and not tobacco..	06-Jun-2019
Alcohol intake within rec limt	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	17-Feb-2006
Teetotaller	[TRUNCATED]Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0. NOTES: ACTION=No Action Required : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS	27-Mar-2000
Teetotaller	Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0.	28-Oct-1993

Investigations

Please provide any evidence that suggests the patient may be at risk of harm to themselves or others.	I'd be grateful if you could kindly review this 62-year-old gentleman who has been suffering from ongoing low mood for the last 10 years, worse over last few months. He is anxious to go outside and meet people and has disclosed he has had childhood sexual abuse which is making him wary of being intimate to anyone. He lives alone with few friends and does not report any suicidal thoughts. He is on Fluoxetine 20mg once a day and is undergoing investigation for possible further lung disease which is making things worse for him. Many thanks.	-
NB:	THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD	-
NB:	IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED	-

Patient Measurements

Date Recorded	Diastolic	Systolic	Height (m)	Weight (kg)	BMI
12-Feb-2025	113	77			
05-Jun-2019	114	60			
04-Oct-2017	106	80			
07-Mar-2022			1.81	56	17
22-Sep-2020			1.81	57	17.3
06-Jun-2019			1.81	58.6	17.8

Reason for Referral

Care type requested Out Patient

Expected outcome Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extention	Date of onset
Chronic obstructive pulmonary disease	-	-	NIECOPD	24-Oct-2023
Acute lower respiratory tract infection	-	-	with COPD	23-Oct-2023
[M]Tubular adenoma NOS	-	-	-	20-Feb-2021
Emphysema	-	-	-	08-Oct-2020
Chronic obstructive pulmonary disease	-	-	-	06-Jun-2019

[X]Depressive episode	-	-	30-Nov-2010
[X]Depressive episode	-	First ever	23-Feb-2010
Bronchitis NOS	-	-	01-Jan-1995
Anxiety states	-	-	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
Colonoscopic polypectomy	-	-	10-Feb-2021
[SO]Base of fifth metatarsal	-	-	07-Jun-2001
Drainage of lesion of skin NEC	-	-	01-Jan-1993
Excision of haemorrhoid NOS	-	-	01-Jan-1990

Medication Details

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Fluoxetine 20mg capsules	69654020	capsule	ONE DAILY	-	16-Feb-2023	-
Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd)	79136021	dose	1 INHALATION ONCE DAILY	-	29-Feb-2024	-
Dihydrocodeine 30mg tablets	62538020	tablet	TAKE ONE EVERY FOUR TO SIX HOURS	-	18-Jan-2013	-
Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd)	81157020	dose	1 TO 2 PUFFS UP TO FOUR TIMES [more]	-	23-Sep-2019	-
Amitriptyline 10mg tablets	58949020	tablet	TWO TABLETS AT NIGHT	-	04-May-2023	-

Past Medication Section

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Hyoscine butylbromide 10mg tablets	-	tablet	TAKE 1 TABLET 3 TIMES	-	27-Mar-2025	-
Anusol cream (Church & Dwight UK Ltd)	-	gram	USE TWICE A DAY AND BEFORE BO [more]	-	27-Mar-2025	-
Fluoxetine 20mg capsules	-	capsule	ONE DAILY	-	04-Mar-2025	-
Fluoxetine 20mg capsules	-	capsule	TWO DAILY	-	16-Feb-2023	-
Fluoxetine 20mg capsules	-	capsule	TWO DAILY	-	16-Feb-2023	-

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

NHS Confidential: Personal data about a patient

NHS Grampian

Clinical Note

NHS Grampian

Name:	Mr Ceith Crockett	CHI:	0406622051	DOB:	04/06/1962	Gender:	Male
Address:	59 Stevenson Court, Stevenson Street, Aberdeen, Aberdeenshire AB25 1GU						

Routine

Clinical Contact Details

Specialty: Community Nursing (District Nursing) **Date:** 18/02/2025 11:06:30 **Location:** Domiciliary Location

Notes

CITY VISITS - SEEN BY ANP/ACP FROM CITY VISITS ON BEHALF OF PATIENT'S GP PRACTICE.

62M, hx COPD. Ceith has been unwell for over a week, initially seen by CV last week and diagnosed ?flu. Still coughing, sputum now brown/yellow in colour, sometimes has a slight pinkish tinge to it. Coryzal symptoms. SOB, no increased use of SABA inhaler. Pain lower R side ribs, particularly when coughing but on further questioning, this has been ongoing for the past 2 years. Reduced appetite, drinking isotonic fluids. Taking regular paracetamol. Lives alone, mobile.

O/a pt answered door, good colour, alert and orientated. Not SOB, normal skin turgor, moist MM, peripheral cap refill <2secs, pink conjunctivae.

Obs – P100reg, Rr18, sats 98%, temp 36.4, BP 118/72.

Chest – equal chest expansion, dull left base on percussion, reduced a/e left base, no added sounds. HS I+II+0.

No sacral and no peripheral oedema, calves SNT.

Imp: LRTI

Treatment/outcome: prescription given for amoxicillin 500mg capsules, take one TDS for 5 days; and paracetamol 500mg tablets, take 2 QDS, supply 100. Advised to use inhaler before any exertion, breathing exercises. Continue with 1g paracetamol QDS and isotonic fluids. WSG.

	Name	Date/Time:	Contact No:	Role:
Authorised By:	Debra Mclauchlan	18/02/2025 11:06:30	01224556393	Advanced Paramedic Practitioner

A copy of this document has been sent to the NHS Grampian SCI Store.
A copy of this document has been sent to the patients registered GP.

Hospital use only	Clinic	Day Date	Time	Hospital No.

SCI Gateway Electronic Referral

MEDICAL IN CONFIDENCE

Patient Consent has been given for information sharing

Date Referral Created
14-Mar-2025
Date Referral Submitted
14-Mar-2025 @ 10:14:05

Unique Care Pathway Number: **101035888783X** CHI No: **0406622051**

REFERRAL TO

Cancer Urgent LungAQN1
Cancer Urgent Lung

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

Aberdeen Royal Infirmary
Foresterhill Road
Aberdeen
AB25 2ZN

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

Hospital unit no.: N101H

Email address:

Urgency of Referral: **Urgent: Suspected Lung Cancer**

Sensitivity of Referral: Sensitive

PATIENT DETAILS

Surname	CROCKETT
Forename(s)	CEITH
Title	MR **Sex** Male
Marital Status	Not Known
Date of birth	04-Jun-1962
CHI No.	0406622051

Patients address

59 STEVENSON COURT
ABERDEEN
AB25 1GU

Contact details

Home:620514
Mobile:07933514399

REFERRING PRACTITIONER DETAILS

Name	Dr. Leanne Duff
GP Code	66478 **GMC Code** 7266236
Practice name	Holburn Medical Group (30059)
Practice code	30059

Practice address

7 Albyn Place
Aberdeen
AB10 1YE

Contact details

Voice:01224 400800

ADMINISTRATIVE INFORMATION

This referral letter is complete, has been checked by the referring GP and authorised for transmission.

Referred By:Registered GP

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Reason For Referral Urgent: Suspected Lung Cancer

Examinations and Investigations

Examinations

Chest x-ray requested	Yes	-
Chest x-ray result attached	Yes	-
Smoker?	Yes	-
Ex Smoker?	No	-
Other relevant information	I would be grateful for your urgent review of this 62 year old man. He presented with right sided chest discomfort and breathlessness which has been getting progressively worse. He has an extensive history of COPD with previous surgeries on his lungs due to this. He felt that a lot of his symptoms occurred after having the Covid Vaccine, but he is still smoking. I arranged for him to chest x-ray which has shown a discreet opacity in the left lower lobe which could be suspicious of early bronchogenic carcinoma so I would be grateful for your urgent review. Thank you.	-
Sample sent for eGFR	-	-
LEVEL OF FITNESS	ASA II	-
Cigarette smoker	Smoking status on date of event: Smoker. NOTES: x8 times daily cannabis to help cope with stress & doesn't wish to stop..	27-Feb-2024
Cigarette smoker	Smoking status on date of event: Smoker. NOTES: smoking cannabis x6 times daily. Needs this for stress. Can calm down and be less frustrated..	27-Nov-2023
Cigarette smoker	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5. NOTES: - smokes joints and not tobacco..	06-Jun-2019
Alcohol intake within rec limt	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	17-Feb-2006
Teetotaller	[TRUNCATED]Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0. NOTES: ACTION=No Action Required : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS	27-Mar-2000
Teetotaller	Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0.	28-Oct-1993

Investigations

eGFR Result	-	
NB:	THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD	-
NB:	IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED	-

Patient Measurements

Date Recorded	Diastolic	Systolic	Height (m)	Weight (kg)	BMI
12-Feb-2025	113	77			
05-Jun-2019	114	60			
04-Oct-2017	106	80			
07-Mar-2022			1.81	56	17
22-Sep-2020			1.81	57	17.3
06-Jun-2019			1.81	58.6	17.8

Reason for Referral

Care type requested Out Patient

Expected outcome Investigate

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extention	Date of onset
Chronic obstructive pulmonary disease	-	-	NIECOPD	24-Oct-2023
Acute lower respiratory tract infection	-	-	with COPD	23-Oct-2023
[M]Tubular adenoma NOS	-	-	-	20-Feb-2021
Emphysema	-	-	-	08-Oct-2020
Chronic obstructive pulmonary disease	-	-	-	06-Jun-2019
[X]Depressive episode	-	-	-	30-Nov-2010
[X]Depressive episode	-	First ever	-	23-Feb-2010
Bronchitis NOS	-	-	-	01-Jan-1995
Anxiety states	-	-	-	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
Colonoscopic polypectomy	-	-	10-Feb-2021
[SO]Base of fifth metatarsal	-	-	07-Jun-2001
Drainage of lesion of skin NEC	-	-	01-Jan-1993
Excision of haemorrhoid NOS	-	-	01-Jan-1990

Medication Details

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Fluoxetine 20mg capsules	69654020	capsule	ONE DAILY	-	16-Feb-2023	-
Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd)	79136021	dose	1 INHALATION ONCE DAILY	-	29-Feb-2024	-
Dihydrocodeine 30mg tablets	62538020	tablet	TAKE ONE EVERY FOUR TO SIX HOURS	-	18-Jan-2013	-
Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd)	81157020	dose	1 TO 2 PUFFS UP TO FOUR TIMES [more]	-	23-Sep-2019	-
Amitriptyline 10mg tablets	58949020	tablet	TWO TABLETS AT NIGHT	-	04-May-2023	-

Past Medication Section

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Fluoxetine 20mg capsules	-	capsule	ONE DAILY	-	04-Mar-2025	-
Fluoxetine 20mg capsules	-	capsule	TWO DAILY	-	16-Feb-2023	-
Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd)	-	dose	1 INHALATION ONCE DAILY	-	29-Feb-2024	-
Fluoxetine 20mg capsules	-	capsule	TWO DAILY	-	16-Feb-2023	-

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

NHS Confidential: Personal data about a patient

NHS Grampian

Clinical Note

NHS Grampian

Name:	Mr Ceith Crockett	CHI:	0406622051	DOB:	04/06/1962	Gender:	Male
Address:	59 Stevenson Court, Stevenson Street, Aberdeen, Aberdeenshire AB25 1GU						

Routine

Clinical Contact Details

Specialty: Community Nursing (District Nursing) **Date:** 12/02/2025 10:38:37 **Location:** Domiciliary Location

Notes

CITY VISITS - SEEN BY ANP/ACP FROM CITY VISITS ON BEHALF OF PATIENTS GP PRACTICE.
HPC - Unwell since the weekend with fever, rigoring, aching joints, dry cough, and headaches. Reports that he passed out yesterday after he was vomiting in the toilet and he reports that he had some diarrhoea but nil since. Prodrome symptoms before he collapsed felt dizzy and lightheaded.
On exam - due to buzzer being broken he managed to come down 6 flights of stairs to let me in and back up then with only mild SOB noted. Looks like he hasn't washed in a few days, strong smell of canabis in flat.
Obs T 38 HR 124 but this was settling with rest down to 110 RR 20 BP 113/77 SPo2 97%
HS 1+2+0
Chest is clear.
Abdomen soft. Reports passing good volumes of urine and no UTI symptoms.
Impression - Likely Flu. Sounds like a vasovagal syncopy from his wretching.
Advised to take some regular paracetamol, has none at home just now so will ask friend to get him some. Has Ibuprofen to take for fever meantime. Push isotonic fluids.
WSG.

	Name	Date/Time:	Contact No:	Role:
Authorised By:	Pauline Steele	12/02/2025 10:38:37	556393	Advanced Nurse Practitioner

A copy of this document has been sent to the NHS Grampian SCI Store.
A copy of this document has been sent to the patients registered GP.

Hospital use only	Clinic	Day Date	Time	Hospital No.

SCI Gateway Radiology Request

MEDICAL IN CONFIDENCE

Patient Consent has been given for information sharing

Date Radiology Request Created: **05-Mar-2025**

Date Radiology Request Submitted: **05-Mar-2025 @ 09:50:30**

Unique Care Pathway Number: **101035786579T** CHI No: **0406622051**

RADIOLOGY REQUEST TO

Clinical Radiology-Plain FilmH1N4
Grampian Radiology-Plain Film

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

Aberdeen Community Health and Care Village
50 Frederick Street
Aberdeen
AB24 5HY

Hospital and **hospital address**

Hospital unit no.: N500H

Email address:

Urgency of Radiology Request: **Urgent**

Sensitivity of Radiology Request: Sensitive

PATIENT DETAILS

Surname	CROCKETT
Forename(s)	CEITH
Title	MR
Sex	Male
Marital Status	Not Known
Date of birth	04-Jun-1962
CHI No.	0406622051

Patients address

59 STEVENSON COURT
ABERDEEN
AB25 1GU

Contact details

Home:620514
Mobile:07933514399

REFERRING PRACTITIONER DETAILS

Name	Dr. Leanne Duff
GP Code	66478
GMC Code	7266236
Practice name	Holburn Medical Group (30059)
Practice code	30059

Practice address

7 Albyn Place
Aberdeen
AB10 1YE

Contact details

Voice:01224 400800

ADMINISTRATIVE INFORMATION

This referral letter is complete, has been checked by the referring GP and authorised for transmission.

The patient records has been checked for any previous X-rays that may be suitable

Referred By:Registered GP

CLINICAL INFORMATION

Presenting complaint

Reason For Radiology Request	As below
Relevant Clinical Details	I would be grateful if you could arrange an urgent chest x-ray for this 62 year old man who has had recurrent right sided chest pain that he thinks has become worse since he had his Covid jab few years ago. He has a history of COPD and is a smoker still. He has also had surgery on the left side of his lungs. He is struggling with worsening breathlessness. On examination he has reduced air entry on the left side so I would be grateful if you could arrange an urgent chest x-ray as I am concerned about underlying malignancy. Thank you.
Could this patient be pregnant?	Not Selected
Is a hoist likely to be needed?	Not Selected

Examinations and Investigations

Examinations

Cigarette smoker	Smoking status on date of event: Smoker. NOTES: x8 times daily cannabis to help cope with stress & doesn't wish to stop..	27-Feb-2024
Cigarette smoker	Smoking status on date of event: Smoker. NOTES: smoking cannabis x6 times daily. Needs this for stress. Can calm down and be less frustrated..	27-Nov-2023
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Teetotaller	Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0.	28-Oct-1993

Investigations

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06-Jun-2019			1.81	58.6	17.8

Reason for Radiology Request

Care type requested	Out Patient
Expected outcome	Investigate

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extention	Date of onset
Chronic obstructive pulmonary disease	-	-	NIECOPD	24-Oct-2023
Acute lower respiratory tract infection	-	-	with COPD	23-Oct-2023
[M]Tubular adenoma NOS	-	-	-	20-Feb-2021

Emphysema	-	-	-	08-Oct-2020
Chronic obstructive pulmonary disease	-	-	-	06-Jun-2019
[X]Depressive episode	-	-	-	30-Nov-2010
[X]Depressive episode	-	First ever	-	23-Feb-2010
Bronchitis NOS	-	-	-	01-Jan-1995
Anxiety states	-	-	-	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
Colonoscopic polypectomy	-	-	10-Feb-2021
[SO]Base of fifth metatarsal	-	-	07-Jun-2001
Drainage of lesion of skin NEC	-	-	01-Jan-1993
Excision of haemorrhoid NOS	-	-	01-Jan-1990

Application Version No.**2.1.1c**

Stylesheet Version No.**7.17 R21 V6.1**

Signature of referring doctor (or other professional)

Date

NHS Confidential: Personal data about a patient

NHS Grampian

Patient Discharge Information

NHS Grampian

Name:	Ceith Crockett	**CHI:**	0406622051	**DOB:**	04/06/1962	**Gender:**	Male
Address:	59 Stevenson Court, Stevenson Street, Aberdeen, Aberdeenshire AB25 1GU					**Weight (kg):**	Not recorded

Admission Details

Admission Date: 24/10/2023 21:16 **From:** Private Residence (living alone)

Type: Other Emergency Admission (including emergency transfers)

Discharge Details

Specialty: Respiratory Medicine

Discharge Date: **25/10/2023 18:00** **Hospital:** Aberdeen Royal Infirmary **Ward:** **Ward 107, ARI**

Consultant: Ratna Alluri **Ward Contact:** 01224 559076

Discharge To: Home **Status:** Fit for discharge home

Senior Sign Off

As part of senior review it was noted that additional comments were required as detailed here: PA Chest radiograph findings: Previous right upper zone evidence of previous intervention noted. No focal air space opacification or large pleural effusions. Chronic background lung changes are present. Normal cardiomediastinal silhouette and bones. KR Ratna Alluri .

Actions Requested of GP

-

Clinicial Information

Presenting Complaint: SOB - Shortness of breath

Dear Doctor,

Thank you for your continued care of Ceith Crockett.

He presented to the emergency department with increased shortness of breath. He was treated with nebulised salbutamol and ipratropium.
His chest x-ray showed hyperinflation with no evidence of consolidation.
We've started him on a course of prednisolone and commenced a trelegy inhaler.

Ceith has now improved and is medically fit for discharge. If you have any further questions please don't hesitate to get in touch.

Kind regards,
Respiratory Team
Ward 107
ARI

Diagnosis (SNOMED CT)

NIECOPD

Procedures and Operations (SNOMED CT)

CXR - Chest X-ray 23/10/2023

Post-Discharge Actions by Hospital Team

Follow Up Arrangements: -

NHS Confidential: Personal data about a patient

NHS Grampian

Patient Discharge Information

NHS Grampian

Name:	Ceith Crockett	CHI:	0406622051	DOB:	04/06/1962	Gender:	Male
Address:	59 Stevenson Court, Stevenson Street, Aberdeen, Aberdeenshire AB25 1GU					Weight (kg):	Not recorded

Results Awaited: Formal Chest X-Ray Report

Pending Investigations: -

Additional Comments

Current Medicines

Medicine Strength & Form	Dose	Route (How To Take)	Frequency	How Long To Take	Dispensed By	Supply Information
AMITRIPTYLINE 10 mg Tablets	20mg	Oral	ONCE daily at 10pm	Long Term	Patient's Own	
What It Is For:	long term				**Status:**	Continue
DIHYDROCODEINE 30 mg Tablets	30mg	Oral	Every FOUR TO SIX hours As Required	Long Term	Patient's Own	
What It Is For:	For pain				**Status:**	Continue
FLUOXETINE 20 mg Capsules	40mg	Oral	ONCE daily at 8am	Long Term	Patient's Own	
What It Is For:	long term				**Status:**	Continue
OMEPRAZOLE 20 mg Gastro-Resistant Capsules	20mg	Oral	ONCE daily at 8am	5 days	Dispensed	
What It Is For:	GI protection				**Status:**	New
PREDNISOLONE 5 mg Tablets	40mg	Oral	ONCE daily at 8am	5 days	Dispensed	
What It Is For:	NIECOPD				**Status:**	New
SALBUTAMOL 100 micrograms per metered dose Inhaler CFC Free	two puffs	Inhaled	As Required For Wheeze	Long term	Patient's Own	
What It Is For:					**Status:**	Continue
TRELEGY ELLIPTA (FLUTICASONE / UMECLIDINIUM / VILANTEROL) 92 / 55 / 22 micrograms Dry Powder Inhaler	1 puffs	Inhaled	Once Daily	long term	Dispensed	
What It Is For:	COPD maintenance				**Status:**	New

Allergies

***No Known Drug Allergies:

NHS Confidential: Personal data about a patient

NHS Grampian

Patient Discharge Information

NHS Grampian

Name:	Ceith Crockett	**CHI:**	0406622051	**DOB:**	04/06/1962	**Gender:**	Male
Address:	59 Stevenson Court, Stevenson Street, Aberdeen, Aberdeenshire AB25 1GU					**Weight (kg):**	Not recorded

	Name	Date/Time:	Contact No:	Role:
Pharmacy Professional Check:	Karen Mckessack	25/10/2023 14:16:41	Bleep 2938	Pharmacist
Finalised By:	Joshua McGrath	25/10/2023 18:01:46	51860	FY1 2023
Senior Sign Off:	Ratna Alluri	09/02/2024 16:54:13	51212	Consultant Respiratory Medicine

NHS Confidential: Personal data about a patient

NHS Grampian

Patient Discharge Information

NHS Grampian

Name:	Ceith Crockett	**CHI:**	0406622051	**DOB:**	04/06/1962	**Gender:**	Male
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Consultant: Ratna Alluri **Ward Contact:** 01224 559076

Discharge To: Home **Status:** Fit for discharge home

Senior Sign Off

This letter will be reviewed by a senior clinician and if changes are required an updated version will be sent to the registered GP practice.

Actions Requested of GP

-

Clinicial Information

Presenting Complaint: SOB - Shortness of breath

Dear Doctor,

Thank you for your continued care of Ceith Crockett.

He presented to the emergency department with increased shortness of breath. He was treated with nebulised salbutamol and ipratropium.
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Kind regards,
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Ward 107
ARI

Diagnosis (SNOMED CT)

NIECOPD

Procedures and Operations (SNOMED CT)

CXR - Chest X-ray 23/10/2023

Post-Discharge Actions by Hospital Team

Follow Up Arrangements: -

Results Awaited: Formal Chest X-Ray Report

NHS Confidential: Personal data should be protected

NHS Grampian

Patient Discharge Information

NHS Grampian

Name:	Ceith Crockett	**CHI:**	0406622051	**DOB:**	04/06/1962	**Gender:**	Male
Address:	59 Stevenson Court, Stevenson Street, Aberdeen, Aberdeenshire AB25 1GU					**Weight (kg):**	Not recorded

Pending Investigations:

Additional Comments

Current Medicines

Medicine Strength & Form	Dose	Route (How To Take)	Frequency	How Long To Take	Dispensed By	Supply Information
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What It Is For:	long term				**Status:**	Continue
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PREDNISOLONE 5 mg Tablets	40mg	Oral	ONCE daily at 8am	5 days	Dispensed	
What It Is For:	NIECOPD				**Status:**	New
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What It Is For:	COPD maintenance				**Status:**	New

Allergies

***No Known Drug Allergies:

	Name	Date/Time:	Contact No:	Role:
Pharmacy Professional Check:	Karen Mckessack	25/10/2023 14:16:41	Bleep 2938	Pharmacist
Finalised By:	Joshua McGrath	25/10/2023 18:01:46	51860	FY1 2023

Ceith R Crockett CHI: 0406622051

Emergency Department
Aberdeen Royal Infirmary
Foresterhill
Aberdeen
Aberdeenshire, AB25 2ZN

Dept. Contact Details:
Tel:

Dr V BOSWELL
HOLBURN MEDICAL GROUP
7 ALBYN PLACE
ABERDEEN
AB10 1YE

October 23, 2023

Source of Referral: 999 Emergency Services

Dear Dr V Boswell

Re: Ceith R Crockett, 59 Stevenson Court, Aberdeen, AB25 1GU
DOB: 04/06/1962 **CHI: 0406622051**

Your patient attended Aberdeen Royal Infirmary on: 23 OCT 2023 at 16:12 hrs.

The A&E diagnosis was: **Chronic obstructive pulmonary disease with acute lower respiratory infection**

The following treatment was given:

At the conclusion of treatment the patient was: **Discharged**
23 OCT 2023 at 21:42 hrs.

Follow up: **No Follow Up**

Additional Information: **Mr Crockett was admitted to ED in ARI complaining of since thursday has had increasing SOB, this morning was worsening. Normally not breathless but now is SOB at rest, worse when moving around. c/o pain along top of chest, at clavicles Minimal effect from inhaler use, normally hardly uses his inhaler. Cough at times, no sputum, no hemoptosis, no wheeze, no chest pain, no calf pain.**

CXR was normal.
Bloods revealed mildly elevated CRP with WCC of 11.

He felt better with a couple of Salbutamol and Ipatroplum nebulisers.He also received a course of steroids.

We felt his presentation was in keep with a viral LRTI on a background of COPD.

We have discharged him with a course of steroids and worsening statement namely he is aware to represent if worsening chest tightness, chest pain, haemoptysis, dyspnoea.

Yours sincerely,
ANDREEA-CATALINA CLIPA
EM DP, ARI

ANIL VERMA

Primary Care Psychological Therapies Service

Aberdeen City Health & Social Care Partnership
A caring partnership

Psychological Therapist (South)
Links Urquhart Building
City Hospital
Park Road
AB24 5AU

NHS Grampian

In Confidence

Enquiries to: Kerrie McDonald
Direct Line: 01224 558302
Extension: 58302
Email: gram.pcptaberdeencity@nhs.scot

KM/KM

C/O Referring GP
Holburn Medical Group
7 Albyn Place
Aberdeen
AB10 1YE

CHI: 0406622051

NO Paper Copy Required For GP

Date Dictated: 05/07/2023
Date Typed: 05/07/2023

Dear C/O Referring GP

Mr Ceith Crockett (4 June 1962) 59 Stevenson Court, Aberdeen, Aberdeenshire, AB25 1GU

Thank you for referring Ceith to the service. Please find attached a summary of his treatment for your records.

Discharge Summary Completed Treatment

Patient Details

Patient Name: CC **Practice:** Holburn **CHI:** 0406622051

Contact

Date Assessed: 17/02/23 **Date of Discharge:** 26/05/23

Recommendation / Action Required

No action required by GP.

Ceith has been encouraged to continue to use the tools and techniques provided throughout our sessions for a minimum of six months. Should he require further psychological therapy in the future, his suitability would need to be discussed given his cannabis use would likely need to be addressed due to this being a maintaining factor to his difficulties.

Mood and Disorder Specific Questionnaire Scores

Pre-Treatment Scores:	**Post-Treatment Scores:**
PHQ-9 – Depression: 20 (severe)	Not returned.
GAD-7 – Anxiety: 7 (mild)	
WSAS – 20	

Risk

No risk was identified during the course of his assessment or treatment.

Treatment Summary

Appointments Attended: 8 **Cancelled / Missed Appointments: 0**

Treatment Problem

Ceith has now completed a course of 8 sessions of psychological therapy treatment for sleep issues. He reported his poor sleep was causing low energy, which was impacting his mood and daily functioning. He felt the onset of his sleep difficulties started 5 years ago when he began caring for his stepfather, who had [redacted]. Sadly his stepfather died 2 years ago, but his sleep issues remained. Ceith had received counselling to support him with his loss.

His sleep assessment indicated that Ceith had no sleep routine. He would often go to bed around 4.30 am and then wake early; on some occasions, he would remain awake for 36 hours. He also reported smoking approx. six cannabis joints a day, which he felt helped him sleep and persistent leg and rib pain.

Ceith also reported a complex trauma history, with previous PTSD treatment from the CMHT. However, He felt that his current sleep concerns were not trauma-related due to his symptoms no longer being an issue after he had an 'out of body' experience.

In my assessment of Ceith, whilst he stated he had addressed the past trauma, we identified that he was still presenting with hyperarousal and was in fight and flight mode. I discussed this with him and I wondered if his cannabis

use was a way of numbing his feelings and keeps him hyper aroused. Ceith identified with this, so we did some safety and stabilisation work, building on the meditation practice he was already doing. Before moving on to treatment for his sleep, which was based on implementing good sleep hygiene.

Ceith attended all sessions and implemented the homework. However, whilst his sleep and energy slightly improve, it was felt his progress was limited due to his cannabis use which he did not want to address. Unfortunately, whenever I tried to raise this as a maintaining factor in his difficulties, Ceith got angry and would start shouting and referring to 'yous' the NHS and GP practice in a negative manner. I tried to accommodate this, but I had to speak with him about his aggressive behaviour not being acceptable.

Ceith did apologise and we agreed to continue with our sessions. However, at his next appointment, he disagreed that he had been aggressive, and stated that this is nothing like he can be. As a result, of disagreeing with him, he decided that he did not want to continue with the service. At this session, we did complete a treatment review, and we had reached the stage where we had covered what we needed to and it was felt there was nothing more I could offer him.

Please do not hesitate to contact me if you require any further information.

Yours sincerely

Ms Kerrie McDonald
Psychological Therapist

NHS Confidential: Personal data about a patient

NHS

SCOTLAND

PRIVATE AND CONFIDENTIAL
Scottish Ambulance Service
National Headquarters
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel - 0131 314 0000

Date : 26 May 2023
CHI Number : 0406622051

Dear Doctor, (Practice Code - 30059)

CEITH CROCKETT, 04/06/62 , 59 STEVENSON COURT STEVENSON STREET ABERDEEN

CEITH CROCKETT, was attended by ambulance crew on 26 May 2023 but was not conveyed to hospital.

The full electronic patient record is also attached for your information. If you require further information please contact sas.gpepr2@nhs.scot , stating the Incident number CR009858739.

Yours sincerely,

Scottish Ambulance Service

NHS Confidential: Personal data about a patient

TerraPACE REPORT

Time	01:03	Date	26/05/2023

PATIENT AND INCIDENT DETAILS

Incident number	CR009858739
Name	CEITH CROCKETT
CHI Number	0406622051
Date of Birth	1962-06-04
Additional Comments and Observations	999 call to 60 yom with 4 day hx of nausea and dizziness. oa - pt answered door and showed crew to living room. Pt alert, conscious, appeared well perfused. Engaging well in conversation, no increased work of breathing. hx - pt has 4 day hx of nausea and dizziness. Monday was at its worst. Thought it to be getting better Tuesday and Wednesday but has returned this evening. Has called 111 for advice who sent ambulance. oe - all of pts observations are within normal ranges, pt describing potential labyrinthitis or BPPV. Stated he was happy to remain at home and would contact gp in morning if required. Pt referred to gmeds for consultation. worsening advice given.
Additional Comments: Presenting Complaint	?LABYRINTHITIS/?BPPV

PATIENT ASSESSMENT

AVPU	Alert

Circulation

Pulse Rate	85	BP	147/97
Cap Refill	<=2 Secs	ECG Rhythm	Sinus Rhythm
Rhythm	Reg	Arm	Right
Central/Peripheral	Peripheral	ECG	12 Lead
IV(L)		IV(R)	
IO(L)		IO(R)	

Observations

Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF
00:23	85	18	147/97	100	<=2 Secs	15	Alert		36.4	6.2	Sinus Rhythm			
00:34	79	18	154/105	100	<=2s	15	Alert							

HISTORY

AMPLE

Allergies	None
Medication	Amitriptyline, Dihydrocodeine, Fluoxetine
Past Medical History	MIGRAINES, LUNG CONDITION.
Last Eaten	>4 Hours Ago

1043 Confidential: Personal data about a patient

Events Prior	4 DAY HX OF DIZZINESS, NAUSEA.
Social History	
Lives alone	
MEDICAL	
TRAUMA	
OBSTETRICS/GYNAE	
OTHER	

NHS Confidential: Personal data should be protected

Grampian Medical Emergency Department (GMED) OOH Call Incident Report

Call number:	21202	Receive Date:	26-May-2023 00:45
Patient's Name:	Ceith Crockett		
Date of birth:	4-Jun-1962 (60 years)	Gender:	M
Address:	59 STEVENSON COURT ABERDEEN AB25 1GU	Current Address:	59 STEVENSON COURT ABERDEEN AB25 1GU
Return Contact No:			
Tel No:	07935 514399		07935 514399
Mobile No:			
Priority:	1 hour	Call Origin:	SAS
Received:	26-May-2023 00:45	Calltype:	Advice
Advised:	01:17	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	Ifeoluwa Ogunrinde	Own doctor:	Lorraine Mcguigan

NHS Number:
0406622051

Reported Condition:
Symptoms: ambulance in attendance - called for by patient via nhs24 - x3 day history dizziness, vertigo, nausea, worst Monday, going away tue & wed, back tonight, possible labyrinthitis - pulse 85, rr 18, bp 147/97, sats 100, gcs 15, temp 36.4, bm 6.2, 12 lead nsr - SAS happy to leave patient Comments: These cases for this patient open at time of receive:Direct Referral ED #21173 at 25-May-23 23:09:22

Triage details:
History**nhs24 entry: ambulance in attendance - called for by patient via nhs24 - x3 day history dizziness, vertigo, nausea, worst Monday, going away tue & wed, back tonight, possible labyrinthitis - pulse 85, rr 18, bp 147/97, sats 100, gcs 15, temp 36.4, bm 6.2, 12 lead nsr - SAS happy to leave patient Comments: These cases for this patient open at time of receive:Direct Referral ED #21173 at 25-May-23 23:09:22**

Called the number multipe times error message
-Called SAS - checked number - 07933514399
- Hx from pt as above
-4 days of dizziness/ vertigo/nausea and feeling unsteady on feet
-Denied Neuro symptoms, nil assoc ENT symptoms
-Nil recent infection
-obs as above

-Talking in full sentences , did not sound distressed on the phone
-Stated he feels steadier now

Imp: likely Labyrinthitis

Plan: book an appointment with GP in the morning , knows to call if symptoms worse/ concerned

---

Followups:
Worsening Statement
Patient Advised To Contact GP
Retrospective Advice

Clinical Codes:
F56.. Vestibular syndromes/disorders

Hospital use only	Clinic	Day Date	Time	Hospital No.

SCI Gateway Electronic Referral

MEDICAL IN CONFIDENCE

Patient Consent has been given for information sharing

Date Referral Created
30-May-2024
Date Referral Submitted
30-May-2024 @ 14:06:53

Unique Care Pathway Number: **101033200369T** CHI No: **0406622051**

REFERRAL TO

General SurgeryC1
Grampian General Protocol

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

Aberdeen Royal Infirmary
Foresterhill Road
Aberdeen
AB25 2ZN

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

Hospital unit no.: N101H

Email address: -

Urgency of Referral Routine
Sensitivity of Referral Sensitive

PATIENT DETAILS

Surname	CROCKETT
Forename(s)	CEITH
Title	MR **Sex** Male
Marital Status	Not Known
Date of birth	04-Jun-1962
CHI No.	0406622051

Patients address

59 STEVENSON COURT
ABERDEEN
AB25 1GU

Contact details

Home:620514
Mobile:07971267196

REFERRING PRACTITIONER DETAILS

Name	Dr T Arifa
GP Code	- **GMC Code** 7504349
Practice name	Holburn Medical Group (30059)
Practice code	30059

Practice address

7 Albyn Place
Aberdeen
AB10 1YE

Contact details

Voice:01224 400800

ADMINISTRATIVE INFORMATION

This referral letter is complete, has been checked by the referring GP and authorised for transmission.

Referred By:Locum

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Reason For Referral	As below
Referral Reason / Background	I would be grateful if you could review this man who presented with a recurrent boil in the perianal area. Last I seen him was a couple of months ago when he was treated with antibiotics. Today he presented with similar symptoms with discharge coming from his back passage and feeling unwell with it. On examination I can see there is a sinus on the back passage. My impression is a pilonidal sinus. I have taken a swab and I am arranging a routine blood test to check his infection markers. I would be grateful if you can see him in clinic as this has happened several times and is affecting his day to day activities. Many thanks.

Examinations and Investigations

Examinations

Cigarette smoker	Smoking status on date of event: Smoker. NOTES: x8 times daily cannabis to help cope with stress & doesn't wish to stop..	27-Feb-2024
Cigarette smoker	Smoking status on date of event: Smoker. NOTES: smoking cannabis x6 times daily. Needs this for stress. Can calm down and be less frustrated..	27-Nov-2023
Cigarette smoker	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5. NOTES: - smokes joints and not tobacco..	06-Jun-2019
Alcohol intake within rec limt	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	17-Feb-2006
Teetotaller	[TRUNCATED]Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0. NOTES: ACTION=No Action Required : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS	27-Mar-2000
Teetotaller	Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0.	28-Oct-1993

Investigations

NB:	THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD	-
NB:	IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED	-

Patient Measurements

Date Recorded	Diastolic	Systolic	Height (m)	Weight (kg)	BMI
05-Jun-2019	114	60			
04-Oct-2017	106	80			
03-Jul-2014	120	75			
07-Mar-2022			1.81	56	17
22-Sep-2020			1.81	57	17.3
06-Jun-2019			1.81	58.6	17.8

Reason for Referral

Care type requested	Out Patient
Expected outcome	Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extention	Date of onset
Chronic obstructive pulmonary disease	-	-	NIECOPD	24-Oct-2023

Acute lower respiratory tract infection	-	-	with COPD	23-Oct-2023
[M]Tubular adenoma NOS	-	-	-	20-Feb-2021
Emphysema	-	-	-	08-Oct-2020
Chronic obstructive pulmonary disease	-	-	-	06-Jun-2019
[X]Depressive episode	-	-	-	30-Nov-2010
[X]Depressive episode	-	First ever	-	23-Feb-2010
Bronchitis NOS	-	-	-	01-Jan-1995
Anxiety states	-	-	-	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
Colonoscopic polypectomy	-	-	10-Feb-2021
[SO]Base of fifth metatarsal	-	-	07-Jun-2001
Drainage of lesion of skin NEC	-	-	01-Jan-1993
Excision of haemorrhoid NOS	-	-	01-Jan-1990

Medication Details

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Dihydrocodeine 30mg tablets	62538020	tablet	TAKE ONE EVERY FOUR TO SIX HOURS	-	18-Jan-2013	-
Amitriptyline 10mg tablets	58949020	tablet	TWO TABLETS AT NIGHT	-	04-May-2023	-
Fluoxetine 20mg capsules	69654020	capsule	TWO DAILY	-	16-Feb-2023	-
Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd)	79136021	dose	1 INHALATION ONCE DAILY	-	29-Feb-2024	-
Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd)	81157020	dose	1 TO 2 PUFFS UP TO FOUR TIMES [more]	-	23-Sep-2019	-

Past Medication Section

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Metronidazole 400mg tablets	-	tablet	1 TABLET THREE TIMES DAILY	-	21-May-2024	-
Dihydrocodeine 30mg tablets	-	tablet	TAKE ONE EVERY FOUR TO SIX HOURS	-	18-Jan-2013	-
Amitriptyline 10mg tablets	-	tablet	TWO TABLETS AT NIGHT	-	04-May-2023	-

Application Version No.**2.1.1c**

Stylesheet Version No.**7.17 R21 V6.1**

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

NHS Confidential: Personal data about a patient

Grampian Medical Emergency Department (GMED) OOH Call Incident Report

Call number:	21173	Receive Date:	25-May-2023 23:09
Patient's Name:	Ceith Crockett		
Date of birth:	4-Jun-1962 (60 years)	Gender:	M
Address:	59 STEVENSON COURT ABERDEEN AB25 1GU	Current Address:	59 Stevenson Court Stevenson Street Aberdeen AB25 1GU
Return Contact No:			
Tel No:	07935 514399		07935 514399
Mobile No:			
Priority:	1 hour	Call Origin:	
Received:	25-May-2023 23:09	Calltype:	Direct Referral ED
Advised:	23:29	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Lorraine Mcguigan

NHS Number:
0406622051

Reported Condition:
SAS Ref: 9858739 DIZZINESS, 1 WEEK

Followups:
None

NHSD details:
Questions -

Algorithm: DECISION SUPPORT

Keyword 1
[X] Dizziness

Keyword selected
[X] DIZZINESS

Have you been outside Europe in the last 21 days?
--NO

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Is this call from a Nursing or Care Home?
--NO

Do you have fever?
--NO

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

Algorithm:

Select the descriptor of the keyword that defines the callers complaint: (Select one)
[X] Spinning sensation

Algorithm: DECISION SUPPORT

Recommended Interim Endpoint
[X] KW Priority 3

Clinical supervision
--YES

Clinical supervisor name
[X] LAURA KENNY

Endpoint Management Selected
--YES

Disposition 999 - Ambulance (ASAP)

Disposition
-
999 - Ambulance (ASAP)

Omeuden 1/8/22

Psychological Therapist Referral Form

Please note: Can you confirm whether the patient being referred is currently being seen/waiting to be seen by ANY of the following: CMHT, Psychology, Psychotherapy, Community Counselling Services, University Counselling Services, Occupational Health Counselling, Private Therapy.

If the answer is YES to any of the above then they would not be accepted by the Primary Care Psychological Service at this time. If unsure re appropriateness please discuss this with your Psychological Therapist.

GP Name and Practice: Dr D Cunningham, Holburn Medical Group

Patient Name: Ceith Crockett

DoB: 4/6/62 **CHI:** 0406622051

Address: 59 Stevenson Court, Aberdeen

AB25 1GU

Email Address: **Tel No:** 07971267196

Preferred contact (please circle): Post Email Telephone

***Is this patient a Veteran (please circle):** Yes No

***Is this patient perinatal (either pregnant or recent parenthood):** Yes No

***Has the patient provided informed consent to this referral:** Yes No

Presenting Problem (Symptoms, impact on functioning, onset)

Low mood and sleep problems. Particularly bad since 2017 and his friend has suggested he has insomnia. Has been reading about it. Says pretty tortuous now. Keen to consider CBT to help manage this. States sleeping 3 h every 2 d and 4h every 3rd day. This wk been particularly bad. Element of restless legs but also finds his mind really active when trying to sleep. Told me was in care from age 7 to 14, says dealt with all of the abuses. When came home age 14, by that point his mum had met his step dad and this was the first stable rock in his life. Stepdad passed away in recent years. Had no help from extended family with stepdad when he was ill which was very hard and still grieving. Has had 6 sessions with bereavement counsellor which was useful.

Sounds as though he would benefit from psychology input. In meantime have moved him from fluoxetine to mirtazapine.

Relevant history (life events or other details which may be relevant to current presentation)

As above

Current Medication

Just started Mirtazapine 15mg

Risk

Is this patient suicidal, or had recent suicidal behaviours/active thoughts of suicide: Yes No

Risk of harm to Self: yes No Others: Yes No

If Yes to any of the above please provide details: As above, no active thoughts at present

Referrer's questions to consider

Please answer 'yes' to the following questions before referring:

Is there a diagnosable & treatable mental health problem which is mild-moderate?

Are situational and social factors sufficiently stable currently for the patient to engage in therapy (housing, personal support, not involved in a court case etc)?

Is the patient *reasonably* psychologically minded? (that is, shows some understanding of the connections between events, their thoughts, their feelings and their actions?)

Do they recognise that there is a mental health problem and a need for them to change?

Is the patient sufficiently motivated to attend regularly and to actively engage in therapy?

Is the patient able to form a *reasonably* good relationship with others (that is, will he be able to form a therapeutic alliance with the therapist)?

Is the current level of risk appropriate for them to engage in psychological therapy within a primary care setting?

NHS Grampian SCI Store [LIVE] - Patient Result Report

Report ID: NB03950099301 **Sample Collected:** 16/03/2022 14:11:00

This report has history

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Celth R Crockett Name Changed	0406622051	04/06/1962	59	BOSWELL, VAILA	Holburn Medical Group	

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
N/A	(G6115375) CUNNINGHAM DEBORAH	NB03950099301	Radiology	N/A

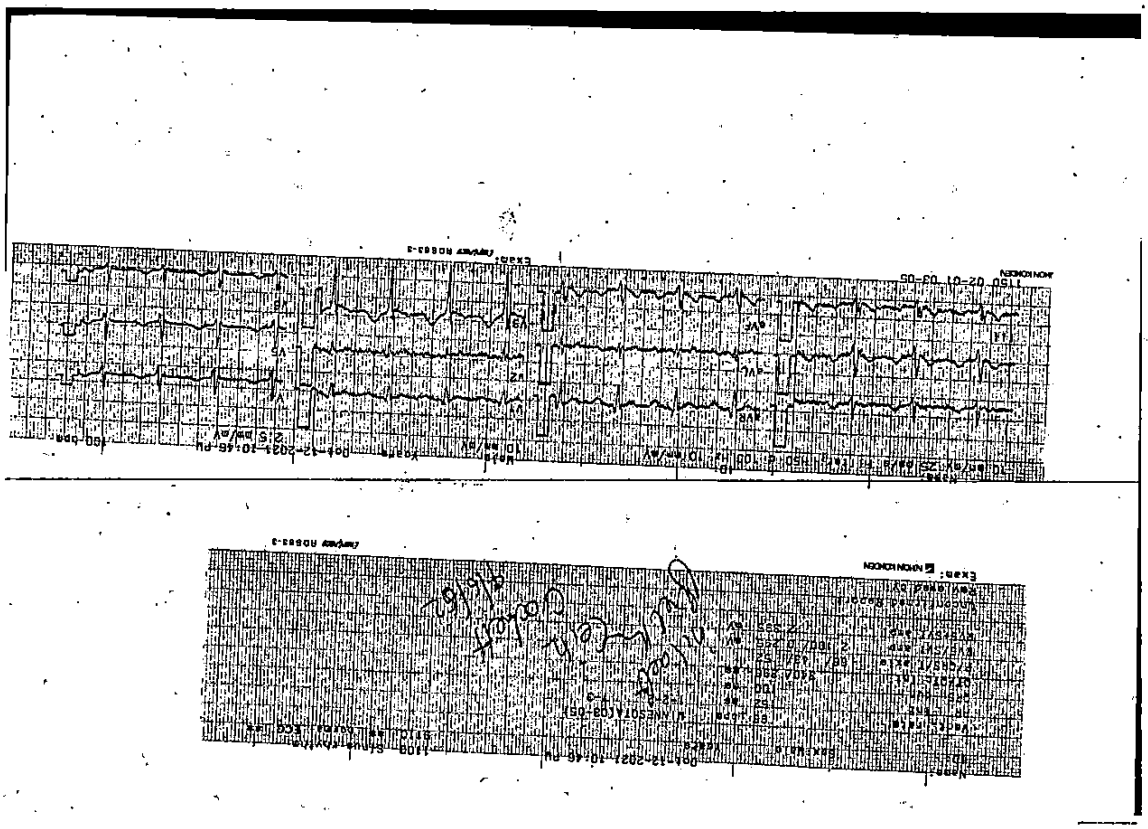
Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
General	16/03/2022 14:11:00	16/03/2022 14:11:00	17/03/2022 15:21:48	Active

Report

General

Exam Date: 16/03/2022 Exam: XR Chest
Reported by Dr Jeff Hussey, Consultant Radiologist (Locum). Aberdeen Royal Infirmary. GMC 1346949
Chest:
Heart and mediastinal outlines are normal. Evidence of resection of right-sided lung bullae, but overall appearances in the lungs remain stable, without significant alteration since 08/10/2020, and I cannot identify any new pathology. No rib or pleural changes. Costophrenic angles are clear. No fluid.
Reported By: Dr Jeff Hussey
Reported Date: 17/03/2022
Verified By: Dr Jeff Hussey,
Verified Date: 17/03/2022

Printed By: Carol Stephen on 16/05/2022 15:06:57



NHS Confidential: Personal data about a patient

NHS Grampian **Bowel Screening Programme**
Department of Digestive Disorders
Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB25 2ZN
Voicemail Line: 01224 553752 (Sec)
Direct Line: 01224 559492 (Nurse)
Email: gram.aribowelscreening@nhs.scot

AWM/EM

Dr Boswell
Holburn Medical Group
7 Albyn Place
Aberdeen
AB10 1YE

CHI: 0406622051

NO Paper Copy Required For GP

Date Dictated: 20/02/2021
Date Typed: 29/03/2021

Dear Dr Boswell

Mr Ceith Crockett (4 June 1962) 59 Stevenson Court, Aberdeen, Aberdeenshire, AB25 1GU

I enclose Mr Crockett's biopsies carried out at colonoscopy. Both polyp's are low-grade tubular adenomas with no worrying features.

One polyp was over 1cm in size, therefore he will require a surveillance colonoscopy in 3 years.

Yours sincerely

Dr Alastair McKinlay
Consultant

The test results below are accurate as at 29/03/2021 11:46:32

2021-02-10 15:10:00 Pathology

Report

Report Sequence 1

Date dictated: 16/2/21 using voice recognition software.

1. TRANSVERSE COLON POLYP x2 - HOT SNARED
2. DESCENDING COLON POLYP - HOT SNARED

CLINICAL ABSTRACT
Bowel screening programme.

GROSS DESCRIPTION
1. 2 polypoid fragments, 2mm and 3mm.
2. Polyp 8 x 11 x 6mm with a 4mm base, bisected.
(JWx)

MICROSCOPIC REPORT
1. Histological sections show low grade tubular adenomas.
2. Histological sections show a low grade tubular adenoma. Normal colonic mucosa
is represented at the base of polyp indicating complete excision.

Pathologists :
Prof. G I Murray

Sample Comments
Suffix 1 - Colonic Polyp
Suffix 2 - Colonic Polyp
Requestor Comments
as per EMS

NHS Confidential: Personal data about a patient

NHS Grampian **Bowel Screening Programme**
Department of Digestive Disorders
Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB25 2ZN
Voicemail Line: 01224 553752 (Sec)
Direct Line: 01224 559492 (Nurse)
Email: gram.aribowelscreening@nhs.scot

AWM/EM

Mr Ceith Crockett
59 Stevenson Court
Aberdeen
Aberdeenshire
AB25 1GU

CHI: 0406622051

Date Dictated: 20/02/2021
Date Typed: 29/03/2021

Dear Mr Crockett

I'm delighted to say that the polyp's were all benign, without any worrying features. We usually repeat a colonoscopy in about 3 years time to make sure nothing has reoccurred.

With Kind Regards,

Yours sincerely

Dr Alastair McKinlay
Consultant

This letter has been chosen to be electronically CC'd to the GP Practice.

NHS Confidential: Personal data about a patient

NHS Grampian

Aberdeen Royal Infirmary

Colonoscopy Report

Name	**CROCKETT, Celth R (Mr)** **04-Jun-1962 (58y) (Male)**	Address	**59 STEVENSON COURT, Aberdeen, Aberdeenshire, AB25 1GU**	Hospital No. CHI No. Procedure Date EMS Report Id	**0406622051** **0406622051** **10-Feb-2021 14:17** **113222**

GP Unknown
Holburn Medical Group
7 Albyn Place
Aberdeen
AB10 1YE

Referral Details

Patient Category	**NHS/Day Case/BSP**
Referral Date	**26-Jan-2021**
Referral Source	**BSP**
Registered GP	**GP Unknown**
Referring Consultant	**Dr Alastair McKinlay**

Referral Reasons

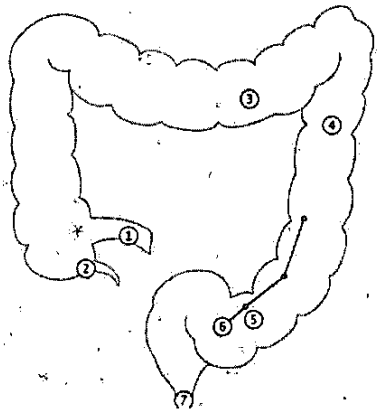
Reasons	**Bowel Screening Programme (Index) BCS**
Co-morbidities	**None**
Current Medication	**None**
Preparation	**2 x Picolax**
Bowel Prep Quality	**Good**
ASA Status	**I**

Procedure Summary

Endoscopist(s)	**Dr Alastair McKinlay**
Medication	**3 mg Midazolam** **50 mcg Fentanyl** **20 mg Buscopan**
Extent of Exam	**Terminal Ileum**

Abnormalities & Procedures

1 - Terminal Ileum: (1 image)
2 - Caecum: (1 image)
3 - Distal transverse colon: (3 images)
1 x 2mm sessile adenomatous Polyp with no bleeding
Complete polypectomy performed : 2 x Polyps removed, 2 x Polyps retrieved by Hot Snare with 4 ml of Saline
4 - Proximal descending colon: (1 image)
1 x 10mm pedunculated adenomatous Polyp with no bleeding
Complete polypectomy performed : 1 x Polyp removed, 1 x Polyp retrieved by Hot Snare
5 - Proximal sigmoid colon:
1 x 2mm sessile adenomatous Polyp with no bleeding
Complete polypectomy performed : 1 x Polyp removed, 0 x Polyps retrieved by Hot Snare with 3 ml of Saline
6 - Distal sigmoid colon extending to Distal descending colon:
Multiple small wide Diverticulum
7 - Anal margin: (1 image)



Post Pathology Diagnosis

Awaiting Results

Procedure Comments

4 polyps removed await histology

Patient Management & Follow Up

Continue BCS

Follow up to be decided: await histology
Patient discharged (no further action required)

NHS Confidential: Personal data about a patient

NHS Grampian
Aberdeen Royal Infirmary

NHS SCOTLAND

Colonoscopy Report

Name	**CROCKETT, Celth R (Mr)** **04-Jun-1962 (58y) (Male)**	Address	**59 STEVENSON COURT, Aberdeen, Aberdeenshire, AB25 1GU**	Hospital No. CHI No. Procedure Date EMS Report Id	**0406622051** **0406622051** **10-Feb-2021 14:17** **113222**

Dr Alastair McKinlay
Consultant Gastroenterologist

Recipients: **Patient**
Re-issued: **10-Feb-2021 Registered GP**

NHS Confidential: Personal data about a patient

Grampian Medical Emergency Department (GMED) OOH Call Incident Report

Call number:	29801	Receive Date:	31-Jan-2021 22:47
Patient's Name:	Ceith Crockett		
Date of birth:	4-Jun-1962 (58 years)	Gender:	M
Address:	59 Stevenson Court Stevenson Street Aberdeen AB25 1GU	Current Address:	59 Stevenson Court Stevenson Street Aberdeen AB25 1GU
Return Contact No:			
Tel No:	07902 178886		07902 178886
Mobile No:			
Priority:	1 Hour	Call Origin:	
Received:	31-Jan-2021 22:47	Calltype:	Direct Referral ED
Advised:	23:06	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	

NHS Number:
0406622051

Reported Condition:
FEELING LIKE MIGHT PASS OUT - 1HR

Followups:
GP Practice - ED one hour

NHSD details:
Questions -

Algorithm: DECISION SUPPORT

Keyword 2
[X] Fainting

Keyword 1
[X] Chest Pain

Keyword selected
[X] CHEST PAIN

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Do you have fever?
--NO

Is this call from a Nursing or Care Home?
--NO

Algorithm:

Does the patient have pain in their chest, either front or back?
--YES

Does the patient describe their pain like one or more of the following symptoms:
[X] Pain between shoulder blades

Does the patient have one or more of the following symptoms?
[X] Changes in normal breathing pattern
[X] Feeling nauseated or vomiting

Duration of pain
[X] Neither

Seek Clinical Supervision
[X] Continue to Endpoint management

Algorithm: DECISION SUPPORT

Reason for not selecting the recommended final endpoint:
[X] Clinical issue

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

Disposition 999 - Ambulance (ASAP)

Disposition - **999 - Ambulance (ASAP)**

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NHS

SCOTLAND

PRIVATE AND CONFIDENTIAL
Scottish Ambulance Service
National Headquarters
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel - 0131 314 0000

Date : 01 Feb 2021
CHI Number : 0406622051

Dear Doctor, (Practice Code - 30059)

CEITH CROCKETT, 04/06/62 , 59 STEVENSON COURT ABERDEEN

CEITH CROCKETT, was attended by ambulance crew on 01 Feb 2021 but was not conveyed to hospital.

The full electronic patient record is also attached for your information. If you require further information please contact scotamb.GPePR@nhs.net , stating the Incident number CR007154219.

Yours sincerely,

Scottish Ambulance Service

NHS Confidential Personal data about a patient

TerraPACE REPORT

Time	00:09	Date	01/02/2021

PATIENT AND INCIDENT DETAILS

Incident number	CR007154219
Name	CEITH CROCKETT
CHI Number	0406622051
Date of Birth	1962-06-04
Additional Comments and Observations	O/a met by nephew; pt curled on bathroom floor, alert/ orientated to crew arrival, gcs15 throughout, c/o feeling shaky/nauseous, no vomiting, felt light headed. Denies any pain. States he had felt panicked as concerned it would affect breathing, which made sx worse. o/e obs as recorded; satisfactory. Pt denies any pain; usual 'nipping' discomfort around apex of R lung secondary to underlying condition; not new and not causing pt concern. otherwise no priority sx now reported. imp; panic attack, sx now resolved and pt feeling back to normal. Hospital conveyance not required; pt not wishing further gmed follow up,nephew to remain w/ pt to observe. Advice form declined. wsg, pt left settled in c/o nephew.
Additional Comments: Presenting Complaint	PANIC ATTACK

PATIENT ASSESSMENT

AVPU	Alert

Circulation

Pulse Rate	100	BP	164/112
Cap Refill	<=2 Secs	ECG Rhythm	Sinus Rhythm
Rhythm	Reg	Arm	Right
Central/Peripheral	Peripheral	ECG	12 Lead
IV(L)		IV(R)	
IO(L)		IO(R)	

Observations

Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF
23:18	100	18	164/112	97	<=2 Secs	15	Alert		36.9	6.1	Sinus Rhythm			
23:34	97	16	154/111	98	<=2s	15	Alert							

HISTORY

AMPLE

Allergies	None
Medication	FLUOXETINE, INHALERS
Past Medical History	BULLOUS LUNG

NHS Confidential: Personal data about a patient

Last Eaten	Unknown
Events Prior	PT FELT NAUSEOUS AND SHAKY FOLLOWING VISIT FRIEND W/ BO. FELT AS THOUGH HE MIGHT PASS OUT. BEGAN FEELING PANICKED AS SX WORSENED. NEPHEW CALLED NHS24, WHO DISPATCHED 999 AMBULANCE.
Social History	
Lives alone	
MEDICAL	
TRAUMA	
OBSTETRICS/GYNAE	
OTHER	

Hospital use only	Clinic	Day Date	Time	Hospital No.

SCI Gateway Radiology Request

MEDICAL IN CONFIDENCE

Patient Consent has been given for information sharing

Date Radiology Request Created
08-Mar-2022
Date Radiology Request Submitted
08-Mar-2022 @ 10:44:03

Unique Care Pathway Number: **101025753410T** CHI No: **0406622051**

RADIOLOGY REQUEST TO

Clinical Radiology-Plain FilmH1N4
Grampian Radiology-Plain Film

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

Woodend General Hospital
Aberdeen
AB15 6XS

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

Hospital unit no.: N102H

Email address:

Urgency of Radiology Request	**Urgent**
Sensitivity of Radiology Request	Sensitive

PATIENT DETAILS

Surname	CROCKETT
Forename(s)	CEITH
Title	MR **Sex** Male
Marital Status	Not Known
Date of birth	04-Jun-1962
CHI No.	0406622051

Patients address

59 STEVENSON COURT
ABERDEEN
AB25 1GU

Contact details

Home:620514
Mobile:07971267196

REFERRING PRACTITIONER DETAILS

Name	Dr. Deborah Cunningham
GP Code	65871 **GMC Code** 6115375
Practice name	Holburn Medical Group (30059)
Practice code	30059

Practice address

7 Albyn Place
Aberdeen
AB10 1YE

Contact details

Voice:01224 400800

ADMINISTRATIVE INFORMATION

This referral letter is complete, has been checked by the referring GP and authorised for transmission.

Has the patient record been checked for any previous Xrays?:I have checked the patient records for any previous X-rays that may be suitable

Referred By:Registered GP

CLINICAL INFORMATION

Presenting complaint

Reason For Radiology Request	As below
Relevant Clinical Details	I would be very grateful if this gentleman could have an urgent chest x-ray carried out. He has a history of COPD and he tells me that he had some bullae removed from both lungs about 20 years ago. Thankfully he has remained pretty well ever since. He does have chronic pain around the scar on his left side. He reports that since the vaccines last year he has had pain on the right side that has been concerning him. He continues to smoke, but only cannabis. His chest is clear on auscultation. He is tender around his scarring. We are doing bloods, the results of which are awaited but he tells me he has lost some weight. I am therefore grateful for an x-ray to further assess this. Many thanks.
Could this patient be pregnant?	Not Selected
Is a hoist likely to be needed?	Not Selected

Examinations and Investigations

Examinations

Cigarette smoker	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5. NOTES: - smokes joints and not tobacco..	06-Jun-2019
Cigarette smoker	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5.	20-Nov-2015
Cigarette smoker	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	22-Nov-2012
Alcohol intake within rec limt	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	17-Feb-2006
Teetotaller	[TRUNCATED]Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0. NOTES: ACTION=No Action Required : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS	27-Mar-2000
Teetotaller	Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0.	28-Oct-1993

Investigations

NB:	THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD	-
NB:	IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED	-
Patient Weight in Kilograms	56	-
Patient Height in Metres	1.81	-
Patient BMI	17	-

Reason for Radiology Request

Care type requested	Out Patient
Expected outcome	Investigate

Application Version No.**2.1.1c** Stylesheet Version No.**7.17**

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

NOT OUR PATIENT

ARI Royal Infirmary

RADIOLOGY REPORT
Page 1 of 1

Name:	**Ceith Crockett**	Referrer:	**GRANT NICOLA**	CHI No:	**0406622051**
Address:	**59 STEVENSON COURT** **Aberdeen** **Aberdeenshire**	Address:	**GREAT WESTERN MEDICAL PRACTICE** **GREAT WESTERN MEDICAL PRACTICE** **SEAFIELD ROAD** **ABERDEEN**		
Postcode:	**AB25 1GU**		**AB15 7YT**	Book No:	**37732052**
D.O.B.	**04/06/1962**				

Exam Date: 08/10/2020 **Exam:** XR Chest

Reported by Dr Lesley Gomersall, Consultant Radiologist. Aberdeen Royal Infirmary. GMC 3115967.
Chest. Comparison made with 22/03/2018. The lungs are overexpanded with known background emphysema and some suture material is noted in the right upper lobe from previous known bullectomy. No change in the pulmonary appearance. The heart is not enlarged.

Reported By: Dr Lesley Gomersall (Consultant Radiologist)
Reported Date: 12/10/2020
Verified By: Dr Lesley Gomersall, Consultant Radiologist
Verified Date: 12/10/2020

NOT CONSULTANT

ARI Royal Infirmary — **RADIOLOGY REPORT**

Name:	Celth Crockett	Referrer:	GRANT NICOLA	CHI No:	0406622051
Address:	59 STEVENSON COURT Aberdeen Aberdeenshire	Address:	GREAT WESTERN MEDICAL PRACTICE GREAT WESTERN MEDICAL PRACTICE SEAFIELD ROAD ABERDEEN		
Postcode:	AB25 1GU		AB15 7YT	Book No:	37732052
D.O.B.	04/06/1962				

Exam Date: 08/10/2020 **Exam:** XR Chest

Reported by Dr Lesley Gomersall, Consultant Radiologist. Aberdeen Royal Infirmary. GMC 3115967
Chest. Comparison made with 22/03/2018. The lungs are overexpanded with known background emphysema and some suture material is noted in the right upper lobe from previous known bullectomy. No change in the pulmonary appearance. The heart is not enlarged.

Reported By: Dr Lesley Gomersall (Consultant Radiologist)
Reported Date: 12/10/2020
Verified By: Dr Lesley Gomersall, Consultant Radiologist
Verified Date: 12/10/2020

NEVER BEEN A PT @ ALBYN MED PRACTICE

NHS Grampian, Aberdeen Royal Infirmary			RADIOLOGY REPORT		
					Page 1 of 2
Name:	Ceith Crockett	Referrer:	GP	CHI No:	0406622051
Address:	59 STEVENSON COURT Aberdeen Aberdeenshire	Address:	HARRISON WILLIAM THE ALBYN MEDICAL PRACTICE 30 ALBYN PLACE ABERDEEN AB10 1NW	Sec.ID:	0279223J
Postcode:	AB25 1GU			Book No:	36218221
D.O.B.	04.06.1962				

@ Holburn Medical Group
Dr M E MACFARLANE
NS005 (9)

Exam Date: 17.06.2019 **Exam: XR Chest**

History.
Increasing shortness of breath. Smoker. Previous surgery emphysematous bullae.

No interval change in appearance of the chest film compared with a previous examination of March 2018.
Widespread, background emphysematous changes but no new consolidation, mass lesion or pleural effusion.
The heart size and mediastinal contours are unchanged.

Reported by Dr Sandy Forbat, Consultant Radiologist. Dr Gray's Hospital. GMC 3067985

Reported By: Dr Sandy Forbat, Consultant Radiologist

Reported Date: 18/06/2019
Reported By: Dr Sandy Forbat, Consultant Radiologist

NHS Grampian, Aberdeen Royal Infirmary				RADIOLOGY REPORT Page 2 of 2	
Name:	Ceith Crockett	Referrer:	GP	CHI No:	0406622051
Address:	59 STEVENSON COURT Aberdeen Aberdeenshire	Address:	HARRISON WILLIAM THE ALBYN MEDICAL PRACTICE 30 ALBYN PLACE ABERDEEN AB10 1NW	Sec.ID:	0279223J
Postcode:	AB25 1GU			Book No:	36218221
D.O.B.	04.06.1962				

Reported Date: 18/06/2019
Verified by: Dr Sandy Forbat, Consultant Radiologist on 18/06/2019

Reported Date: 18/06/2019
Reported By: Dr Sandy Forbat, Consultant Radiologist

Spirometry v1.32

06/06/19 13:34

Keith .

[redacted] Crockett ID: 0406622051
Sex: Male Age: 57
Factor: 100(Caucasian)
Height: 181cm Weight: 58kg BMI: 17.7
Dyspnoea score: 2
Smoking: 1-10 per day

Turbine Transducer

(* is for auto best; ^ for manual best)

	VC	Var	Warning	Time:	Date:
Base	3.92	*	(Good blow)	13:32	06/06/19
Base	3.84	-2%	(Good blow)	13:31	06/06/19
Base	3.52	-10%	(Good blow)	13:31	06/06/19

BTS Quality Criteria (Relaxed):
Base: Met.

	FEV1	FVC	FEV1/FVC	PEF	Var	Warning	Time:
Base Date: 06/06/19							
Base	2.34	3.67	63.8	380	-17%	(Good blow)	13:33
Base	2.63	4.63	56.8	377	*	(Good blow)	13:33
Base	2.58	4.50	57.3	326	-2%	(Good blow)	13:34

Variation is based on FEV1 + FVC.

BTS Quality Criteria (Forced):
Base: Met

Any forced data and graphs following are either best individual values or composite curve.

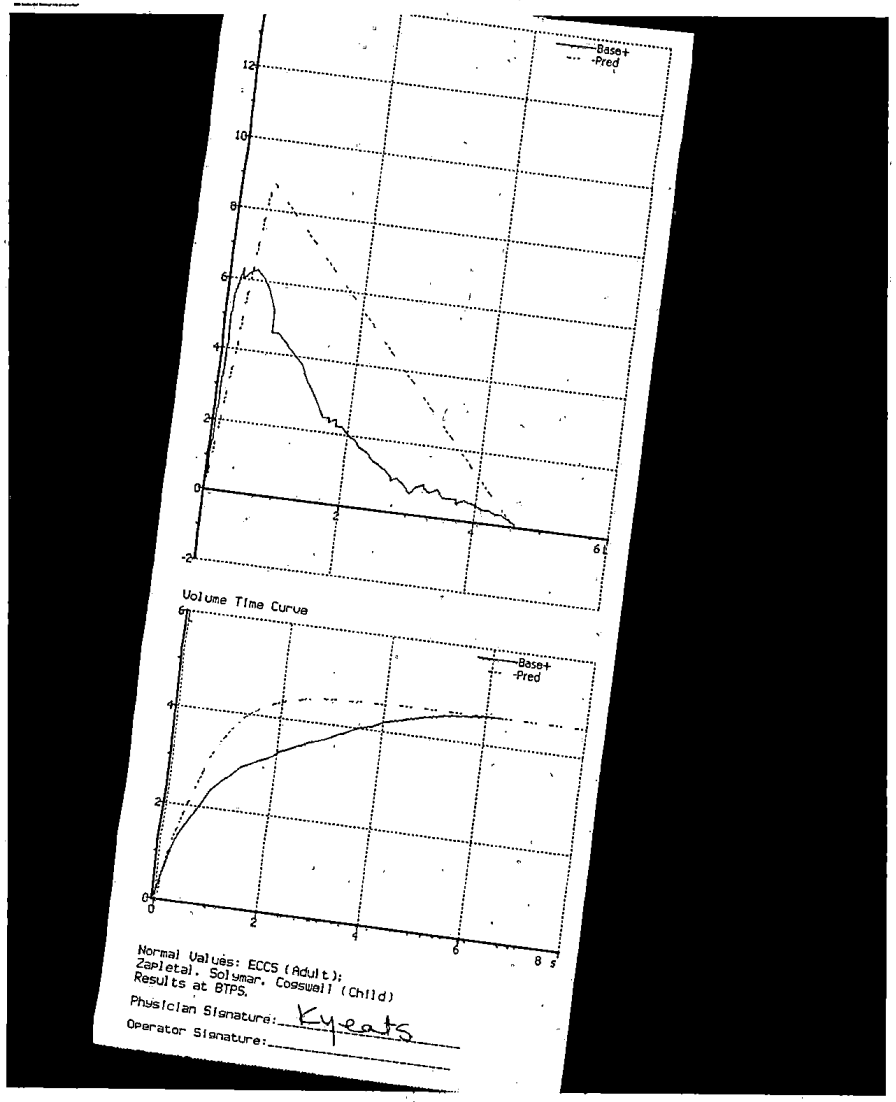
Best Spirometry Result:

			Normal			Post		
	Base	%Pr	Min	Pred	Max	Post	%Pr	%Chg
FEV1	2.63	72	2.80	3.64	4.48			
FVC	4.63	101	3.60	4.60	5.60			
FEV1/FVC	57	74	65	77	89			
FEF25	3.18	41	4.95	7.76	10.6			
FEF50	1.55	33	2.57	4.74	6.91			
FEF75	0.50	26	0.62	1.90	3.18			
FEF25-75	1.05	28	2.05	3.76	5.47			
FET	6.4							

Lung Age 87yrs

Interpretation (Nice (2010)):
Base: Obstruction.

Flow Volume Loop


Base+
Pred
12
10
8
6
4
2
0
-2
6 L
Volume Time Curve
6
4
2
0
0
2
4
6
8 s
Base+
Pred
Normal Values: ECCS (Adult);
Zapletal, Solymar, Cogswell (Child)
Results at BTPS.
Physician Signature: Kyeats
Operator Signature:

NHS Confidential: Personal data about a patient

NHS GRAMPIAN, Frederick Street			RADIOLOGY REPORT		
					Page 1 of 1
Name:	Ceith Crockett	Referrer:	GP	CHI No:	0406622051
Address:	59 STEVENSON COURT Aberdeen Aberdeenshire	Address:	HAY ANDREW HOLBURN MEDICAL GROUP 7 ALBYN PLACE ABERDEEN AB10 1YE	Sec.ID:	0279223J
Postcode:	AB25 1GU			Book No:	34912685
D.O.B.	04.06.1962				

Exam Date: 22.03.2018 Exam: XR Chest

PA chest: There is evidence of right-sided pleurodesis and bulla formation. Otherwise the lungs are clear but with some elevation of the left hemidiaphragm. Normal heart and mediastinal appearances.

Reported by Dr Angus Thompson, Consultant Radiologist. Aberdeen Royal Infirmary. GMC 2546489

Reported By: Dr Angus Thompson, Consultant Radiologist
Reported Date: 22/03/2018
Verified by: Dr Angus Thompson, Consultant Radiologist on 22/03/2018

Reported Date: 22/03/2018
Reported By: Dr Angus Thompson, Consultant Radiologist

Hospital use only	Clinic	Day Date	Time	Hospital No.

SCI Gateway Radiology Request

MEDICAL IN CONFIDENCE

Patient Consent has been given for information sharing

Date Radiology Request Created
29-Sep-2020
Date Radiology Request Submitted
30-Sep-2020 @ 11:08:56

Unique Care Pathway Number: **101021760761P** CHI No: **0406622051**

RADIOLOGY REQUEST TO

Clinical Radiology-Plain FilmH1N4
Grampian Radiology-Plain Film

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

Woodend General Hospital
Aberdeen
AB15 6XS

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

Hospital unit no.: N102H

Email address:

Urgency of Radiology Request	Routine
Sensitivity of Radiology Request	Sensitive

PATIENT DETAILS

Surname	CROCKETT
Forename(s)	CEITH
Title	MR **Sex** Male
Marital Status	Not Known
Date of birth	04-Jun-1962
CHI No.	0406622051

Patients address

59 STEVENSON COURT
ABERDEEN
AB25 1GU

Contact details

Home:620514
Mobile:07971267196

REFERRING PRACTITIONER DETAILS

Name	Dr. Nicola Grant
GP Code	62782 **GMC Code** 6143371
Practice name	Holburn Medical Group (30059)
Practice code	30059

Practice address

7 Albyn Place
Aberdeen
AB10 1YE

Contact details

Voice:01224 400800

ADMINISTRATIVE INFORMATION

This referral letter is complete, has been checked by the referring GP and authorised for transmission.

Has the patient record been checked for any previous Xrays?:I have checked the patient records for any previous X-rays that may be suitable

Referred By:Registered GP

CLINICAL INFORMATION

Presenting complaint

Reason For Radiology Request	As below
Relevant Clinical Details	I would be grateful for a chest x-ray for this 58 year old gentleman with known COPD and previous bullectomy in 1999 and also in 2001. He has been having longstanding pain over the left posterior chest wall region. I think it is most likely that this is related to previous surgery and perhaps old scaring but he is very sensitive on light touch. He is a thin gentleman but denies any weight loss. No haemoptysis. On examination he is a thin man. There was good air entry bilaterally with no added sounds. The chest was resonant bilaterally. He is sensitive over the left posterior scar. There is no deep pain on palpation. Sats 97, heart rate 88. Impression - ? underlying new lung pathology, ? old scarring. Many thanks.
Could this patient be pregnant?	Not Selected
Is a hoist likely to be needed?	Not Selected

Examinations and Investigations

Examinations

Cigarette smoker	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5. NOTES: - smokes joints and not tobacco..	06-Jun-2019
Cigarette smoker	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 5.	20-Nov-2015
Cigarette smoker	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	22-Nov-2012
Alcohol intake within rec limt	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	17-Feb-2006
Teetotaller	[TRUNCATED]Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0. NOTES: ACTION=No Action Required : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS	27-Mar-2000
Teetotaller	Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0.	28-Oct-1993

Investigations

NB:	THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD	-
NB:	IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED	-
Patient Weight in Kilograms	57	-
Patient Height in Metres	1.81	-
Patient BMI	17.3	-

Reason for Radiology Request

Care type requested	Out Patient
Expected outcome	Investigate

Application Version No.**2.1.1c** Stylesheet Version No.**7.17**

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

NHS Confidential: Personal data about a patient

Bowel Screening:
Scottish Bowel Screening Programme

Bowel Screening Centre
Kings Cross
Clepington Road
Dundee
DD3 8EA

NHS SCOTLAND

PRIVATE AND CONFIDENTIAL

Dr MHAIRI MACFARLANE
HOLBURN MEDICAL GROUP
7 ALBYN PLACE
ABERDEEN
AB10 1YE

Date: 25 Jun 2014
CHI Number 0406622051

Bowel Screening
Helpline Number: 0800 0121 833

Dear Doctor,

This patient **0406622051 , CEITH CROCKETT , 59 STEVENSON COURT , ABERDEEN , , , , AB25 1GU** returned a bowel screening test kit. **The test was negative.**

This means that no faecal occult blood was detected and therefore no further investigations are required. Your patient will be called for screening every two years until they reach the age of 74.

Please note that the bowel screening test will not detect all colorectal cancers. This is because not all cancers or polyps bleed all of the time and the screening test is looking for blood. The screening test picks up two out of every three existing bowel cancers. Cancer can also develop between one screening test and the next, so it is important that your patient repeats the screening test every two years and never ignores symptoms.

Symptoms and signs of colorectal cancer:

- Persistent rectal bleeding without an obvious anal cause.
- Persistent change in bowel habit (> 6 weeks), especially to looser stools.
- Right sided abdominal mass.
- Palpable rectal mass.
- Unexplained iron deficiency anaemia.

These symptoms can be caused by a number of conditions including bowel cancer.If your patient makes you aware of these symptoms please note that it may be bowel cancer despite the negative screening test and consider making an urgent suspected cancer referral through SCI Gateway.

Cancer may occur as a result of a genetic predisposition particularly if the affected individual is young or there are several cases in the family. Referral guidelines have been developed for breast, ovarian and colorectal cancer. Where there is concern in asymptomatic patients, a detailed family history should be taken and patients should be referred to the Regional Cancer Genetics Unit for a comprehensive risk assessment and surveillance as appropriate.

Bowel Cancer referral guidelines can be accessed at:-

http://www.scotland.gov.uk/quickreferenceguide/suspectedcancer

Yours sincerely

M.C. Steele

Professor Steele
Clinical Director

NHS Confidential: Personal data about a patient

Cairns Counselling Centre
27 Huntly Street (2nd Floor)
Aberdeen AB10 1TJ
Tel: (01224) 633131
Email: info@cairnscounselling.org.uk
www.cairnscounselling.org.uk

Dr A Hay
Holburn Medical Group
7 Albyn Place
Aberdeen
AB10 1YE

19th March 2013

Dear Dr Hay

Re: Ceith Crockett (4/06/62) 59 Stevenson Court Aberdeen AB25 1GU

Following your referral of 3rd July, Ceith has had nineteen counselling sessions and been able to work through some of her difficulties and come to a fuller understanding of her situation.

We have agreed not to arrange further meetings and have closed her file in the meantime.

Yours sincerely

SBoyd

Claire Moggach
Service Manager

NHS Confidential: Personal data about a patient

Cairns Counselling Centre
27 Huntly Street (2nd Floor)
Aberdeen AB10 1TJ
Tel: (01224) 633131
Email: cairnscentre@btconnect.com
www.cairnscounselling.org.uk

Dr Hay
Holburn Medical Group
7 Albyn Place
Aberdeen
AB10 1YE

12th August 2011

Dear Dr Hay

Re: Ceith Crockett (4/06/62) 59 Stevenson Court Aberdeen AB25 1GU

Ceith has had fifteen counselling sessions and been able to work through some of his difficulties and come to a fuller understanding of his situation.

We have agreed not to arrange further meetings and have closed his file in the meantime.

Yours sincerely

SBoyd

Claire Moggach
Manager

NHS Confidential: Personal data about a patient

Cairns Counselling Centre
27 Huntly Street (2nd Floor)
Aberdeen AB10 1TJ
Tel: (01224) 633131
Email: cairnscentre@btconnect.com
www.cairnscounselling.org.uk

Dr Hay
Holburn Medical Group
7 Albyn Place
Aberdeen
AB10 1YE

5th April 2011

Dear Dr Hay

Re: Ceith Crockett (4/06/62) 59 Stevenson Court Aberdeen AB25 1GU

Thank you for your referral of 4th February.

An appointment was made for your patient on 31st March when he was seen for assessment for counselling. A few counselling sessions have now been arranged.

We hope this will be helpful in his present situation.

Yours sincerely

SBoyd

Margaret Mitchell
Manager

Hospital use only	Clinic	Day Date	Time	Hospital No.

SCI Gateway Radiology Request

MEDICAL IN CONFIDENCE

Patient Consent has been given for information sharing

Date Radiology Request Created
15-Mar-2018
Date Radiology Request Submitted
15-Mar-2018 @ 13:25:33

Unique Care Pathway Number:**101015679677X** CHI No:**0406622051**

RADIOLOGY REQUEST TO

Clinical Radiology-Plain FilmH1N4
Grampian Radiology-Plain Film

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

Woodend General Hospital
Aberdeen
AB15 6XS

Hospital and **hospital address**

Hospital unit no.: N102H

Email address:

Urgency of Radiology Request	Routine
Sensitivity of Radiology Request	Sensitive

PATIENT DETAILS

Surname	CROCKETT
Forename(s)	CEITH
Title	MR **Sex** Male
Marital Status	Not Known
Date of birth	04-Jun-1962
CHI No.	0406622051

Patients address

59 STEVENSON COURT
ABERDEEN
AB25 1GU

Contact details

Home:620514
Mobile:07971267196

REFERRING PRACTITIONER DETAILS

Name	Dr. Andrew Hay
GP Code	67334 **GMC Code** 2861937
Practice name	Holburn Medical Group (30059)
Practice code	30059

Practice address

7 Albyn Place
Aberdeen
AB10 1YE

Contact details

Voice:01224 400800

ADMINISTRATIVE INFORMATION

This referral letter is complete, has been checked by the referring GP and authorised for transmission.

Has the patient record been checked for any previous Xrays?:I have checked the patient records for any previous X-rays that may be suitable

Referred By:Registered GP

CLINICAL INFORMATION

Presenting complaint

Reason For Radiology Request	Breathlessness
Relevant Clinical Details	This 55 year old smoker has a persistent cough and vague right sided chest pain. He also suffers from breathlessness on exertion. I would be grateful for a chest x-ray to begin his investigations and to exclude any sinister pathology.
Could this patient be pregnant?	Not Selected
Is a hoist likely to be needed?	Not Selected

Investigations

Patient Weight in Kilograms	59.87	-
Patient Height in Metres	1.82	-
Patient BMI	18	-

Reason for Radiology Request

Care type requested	Out Patient
Expected outcome	Investigate

Application Version No.**2.1.1c** Stylesheet Version No.**7.17**

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

NHS Confidential: Personal data about a patient

CYTOPATHOLOGY LABORATORY
PATHOLOGY DEPARTMENT , ABERDEEN ROYAL HOSPITALS
MEDICAL SCHOOL BUILDINGS , FORESTERHILL , ABERDEEN AB25 2ZD

TELEPHONE ENQUIRIES 01224 553794 (DIRECT LINE)

DIAGNOSTIC CYTOPATHOLOGY **PD003356R/08**

CEITH CROCKETT D.O.B.:04/06/1962

Unit No.:0406622051 CHI No.:0406622051

Sender : Dr S T Scott Holburn Medical Group

Date Received : 14/08/2008 Date Issued :20/08/2008

Consultant Cytopathologist: Dr Mary E McKean

PRIVATE REQUEST

Seminal Analysis

Reversal of Vasectomy	:NO
Date/Time of Collection	:14/8/08 @ 9:10AM
Time of Examination	:10:40AM
Consistency	:NORMAL
Volume	:5.0MLS
Sperm concentration	:54.2 million/ml
Motility	:72 % at 1 hours
	67 % Good
	5 % Weak
Abnormal Forms	: None

REF. RANGE:-

>20 m/ml	:	Expected to be fertile.
10-20 m/ml	:	Below normal but possibly fertile.
2-9 m/ml	:	Unlikely to be fertile.
<2 m/ml	:	Probably infertile.

Dr Mary E McKean

Johann

END OF REPORT

NHS Confidential: Personal data about a patient

Dr Mary E McKean
Department of Pathology
Aberdeen Royal Infirmary
Link Building
Foresterhill
Aberdeen
AB25 2ZN

NHS Grampian

☎ Tel: External (01224) 553002
☎ Ext Internal Ext 53002
Fax: 01224 663002
E-mail mary.mckean@arh.grampian.scot.nhs.uk

Dr A Webster
Holburn Medical Group
7 Albyn Place
ABERDEEN
AB10 1YE

Your Ref:
Our Ref: MEM/shc

25 June 2008

Dear Dr Webster

Re: Ceith Crockett (dob 04.06.62) 59 Stevenson Court Aberdeen

Thank you for your letter enquiring about a seminal analysis for this patient. We can perform this. The only parameters we examine are sperm count and motility. The cost for this would be £50 and the patient would be billed directly for this. If he wishes to proceed, please let me know and we shall send a kit to him.

Yours sincerely

Dr M E McKean
Consultant Cytopathologist

NHS Confidential: Personal data about a patient

North of Scotland Cardio-Thoracic Surgery Unit (NOS-CTS)

Aberdeen Royal Infirmary
Foresterhill, ABERDEEN, AB25 2ZN
Tel: 01224-553531/559864/552298
Fax: 01224-553506
Email: grampian.noscts@nhs.net
MR REMMEN

NHS Grampian

Tayside Cardio-Thoracic Outpatient Clinic *Tel: 01382-632263*
Highland Cardio-Thoracic Outpatient Clinic *Tel: 01463-704362*

HR/YR/0279223

Dr C J Milburn
Holburn Medical Group
7 Albyn Place
Aberdeen
AB10 1YE

CRN: 0279223J

CHI: 0406622051

Date Dictated: 6 February 2008 Date Typed: 6 February 2008

Dear Dr Milburn

Mr Ceith Roy Craig Crockett (04/06/1982) 59 Stevenson Court, Stevenson Street, Aberdeen, AB25 1GU

Thank you for referring this gentleman to my clinic where I saw him on 6th February 2008 in view of his chest pains. I note he had bilateral bullectomy by mini thoracotomy back in 1999 and 2001 under the care of Mr Cockburn. I note there has been an issue regarding chest pains in 2003 when he underwent TENS therapy through the pain clinic.

Mr Crockett tells me that now since four months he has some shooting pains through his right and left chest, which as he indicates are diffuse by nature. It is not just one localisation. It sometimes does wake him up, however it does not keep him from doing his job as a chef. There is no trauma in recent history.

On clinical examination, I see a slightly skinny chap with extensive tattoos on his upper body. Apart from that there are no clinical issues. His chest x-ray looked normal. I have no explanation for these pains and I have advised him not to take any painkillers for any length of time. He would probably be better off trying a course of acupuncture, which he may be reimbursed through the NHS if you would support that. For that matter I gave him the address of Mrs Zhou, acupuncturist in Aberdeen with whom I have good experience in view of treatment of post thoracotomy pain.

I mentioned to Ceith that these pains may well be awkward but are unlikely to be of any serious underlying nature. I have not made any further appointment.

Yours sincerely

Mr H Remmen
Consultant Cardiothoracic Surgeon

MR R R JEFFREY MR G H J REMMEN MR H EL-SHAFEI (LEAD CONSULTANT) MR K G BUCHAN MR G A GIBSON

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Consent to share

REFERRAL TO

Cardiothoracic Surgery
Gramp GP General (V)

— Consultant / receiving practitioner and/or specialty clinic

Aberdeen Royal Infirmary
Cornhill Road
Aberdeen
AB25 2ZN

— Hospital and hospital address

Hospital unit no.: N101H

Email address:

Urgency of referral: Routine

Sensitivity of referral: Sensitive

PATIENT DETAILS

Surname	Crockett
Forename(s)	Ceith
Title	Mr
Sex	Male
Date of birth	04-Jun-1962
CHI no.	0406622051

Patient's address
59 Stevenson Court
Aberdeen
AB25 1GU

Contact number(s):

REGISTERED GP DETAILS

Practice address

REFERRING PRACTITIONER DETAILS

Name	Dr. Cameron Munro		
GMC code	2847582	GP code	67245
Practice name	HOLBURN MEDICAL GROUP (30059)		
Practice code	30059		

Practice address
7 ALBYN PLACE
ABERDEEN

Contact number(s):
Voice: 01224 400800

NHS Confidential: Personal data about a patient

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Left sided chest discomfort

Comment: This man has a complex history for one so young. He has had bilateral stapling of emphysematous bullae and was last seen in early 2002. Unfortunately he continues to smoke and presents with a worsening of his left sided chest discomfort. There is no obvious signs in auscultation but given his past history I think it would be reasonable for him to be review by yourselves.

Examinations and Investigations

NB:: THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD

NB:: IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Current and recent medication

No medications recorded

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ? (not known)	Units per day ? (not known)

Additional relevant information

Administrative information

Referred By:Full-time Resident GP

21/12/07

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

NHS Confidential: Personal data about a patient

PHYSIOTHERAPY SERVICE - DISCHARGE SUMMARY

WOOLMANHILL PHYSIOTHERAPY DEPT Tel: 01224 555467

NHS Grampian

Dear **Dr M Macfarlane**
Holburn Medical Group

Re: Mr / Mrs / Miss Ceith Crockett
DOB/CHI: 0406622051
Address: 59 Stevenson Court

DIAGNOSIS Spinal - Lumbar nerve root

TREATMENT

Advice/Ergnomics/Posture	☑
Exercises	☑
Manual Therapy	☐
Electrotherapy	☐
Acupuncture	☐
Equipment/Walking aid provided (specify: .....)	☐

OUTCOMES:

Patient reported improvement: 95%

Functional status:

Unrestricted function	☑
Able to work / still has some limitations	☐
Significant limitations	☐

DISCHARGE SUMMARY:

Completely resolved. Continue to self-manage.	☐
Continue to self-manage. Further improvement expected.	☑
Continue to self-manage. No further improvement expected.	☐
Little/no improvement from physiotherapy	☐

Comments / Recommendation

Date 1st appt: 18/06/07 Discharge date: 13/09/07 Total no. of attendances 2

Yours sincerely,

pp. EmmaElawson

Signature
Physiotherapist

Print Name: Bryan Lenehan (Student) CD/AM Date of letter: 17/09/07

EMMA LAWSON

Hospital use only	Clinic	Day Date	Time	Hospital No.

SCI GATEWAY ELECTRONIC REFERRAL LETTER

MEDICAL IN CONFIDENCE

Patient Consent has been given for infomation sharing

Date Referral Created
09-Mar-2011
Date Referral Submitted
11-Mar-2011 @ 11:12:30

Unique Care Pathway Number: **101001703646U** CHI No: **0406622051**

REFERRAL TO

UrologyCB
Grampian General Protocol

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

Aberdeen Royal Infirmary
Foresterhill Road
Aberdeen
AB25 2ZN

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

Hospital unit no.: N101H

Email address:

Urgency of referral: **Routine**

Sensitivity of referral: Sensitive

PATIENT DETAILS

Surname	CROCKETT
Forename(s)	CEITH
Title	MR
Sex	Male
Date of birth	04-Jun-1962
CHI No.	0406622051

Patient's address

59 STEVENSON COURT
ABERDEEN
AB25 1GU

Contact number(s)

Voice:620514

REFERRING PRACTITIONER DETAILS

Name	Dr. Andrew Webster		
GP Code	65625	**GMC Code**	6025442
Practice name	HOLBURN MEDICAL GROUP (30059)		
Practice code	30059		

Practice address

7 ALBYN PLACE
ABERDEEN
AB10 1YE

Contact number(s)

Voice:01224 400800

ADMINISTRATIVE INFORMATION

This referral letter is complete, has been checked by the referring GP and authorised for transmission.
Referred By:Locum

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Confirmed UTI in a male

Comment: I would be grateful if you could see this pleasant gentleman who had a confirmed UTI on microbiology testing. He denies any other symptoms of prostatic hypertrophy but I would be grateful if you could review him with regards to this.

Examinations and Investigations

Cigarette smoker	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	17-Sep-2010
Cigarette smoker	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	17-Sep-2010
Cigarette smoker	Smoking status on date of event: Smoker.	22-May-2008
Alcohol intake within rec limt	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	17-Feb-2006
Teetotaller	[TRUNCATED]Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0. NOTES: ACTION=No Action Required : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS	27-Mar-2000
Teetotaller	Drinking status on eventdate: Life teetotaler, Units of alcohol drank per week: 0.	28-Oct-1993

Investigations

NB:	THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD	-
NB:	IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED	-
Patient Weight in Kilograms	59.87	-
Patient Height in Metres	1.82	-
Patient BMI	18	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
[X]Depressive episode	-	-	-	30-Nov-2010
[X]Depressive episode	-	First ever	-	23-Feb-2010
Bronchitis NOS	-	-	-	01-Jan-1995
Anxiety states	-	-	-	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
[SO]Base of fifth metatarsal	-	-	07-Jun-2001
Drainage of lesion of skin NEC	-	-	01-Jan-1993
Excision of haemorrhoid NOS	-	-	01-Jan-1990

Medication Details

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
FUSIDIC ACID BETAMETHASONE	03534001	gram(s)	APPLY TWICE DAILY	-	22-May-2008	-

VALERATE crm 2% 0.1%

Past Medication Section

Drug name	Formulation	Dosage	Frequency	Course started	Duration
PARACETAMOL DIHYDROCODEINE tabs 500mg 20mg	tablet(s)	ONE OR TWO TABLETS EVERY FOUR[more]	-	07-Mar-2011	-
TRIMETHOPRIM tabs 200mg	tablet(s)	TAKE ONE TWICE DAILY	-	07-Mar-2011	-
FLUOXETINE caps 20mg	capsule(s)	TAKE TWO DAILY	-	01-Mar-2011	-
FLUOXETINE caps 20mg	capsule(s)	TAKE ONE DAILY	-	26-Jan-2011	-
FLUOXETINE caps 20mg	capsule(s)	TAKE ONE DAILY	-	29-Dec-2010	-
PARACETAMOL METOCLOPRAMIDE sach 500mg 5mg	sachet(s)	TAKE ONE EVERY 4 HRS	-	10-Dec-2010	-
RIZATRIPTAN tabs 5mg	tablet(s)	TAKE ONE AS DIRECTED	-	10-Dec-2010	-

Clinical warnings

No clinical alert data available

Additional relevant information

No family history information available

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