Subject Access Request

Patient	Mr Richard Garrie
Date of birth	18-Mar-1968 (age 58)
Gender	M
NHS number	
Patient's address	44 Kingfisher Grove GALASHIELS TD1 2QH
Date range selected	Full record
Organisation	MMA Legal
Reference	DSAR-20260714-75EA22

Problems

Active

03-July-2026 Dr Vikas Das Mahesh (VM)
Labyrinthitis

22-Aug-2024 Ms Gillian Orchison (GILLIAN_18678)
[D]Non cardiac chest pain

26-Mar-2024 Mrs Sandra Davidson (SD3897)
[SO]Distal phalanx of great toe
(Right)

10-May-2023 Mrs Mary Cockburn (MC200)
Hearing difficulty
(Bilateral) For trial bilateral digital hearing aids

17-Aug-2022 Dr Katie Nicolson (KN2682)
Hypothyroidism

19-Oct-2021 Mrs Mary Cockburn (MC200)
Disease caused by 2019-nCoV (novel coronavirus)
Positive

10-Feb-2020 Mrs Mary Cockburn (MC200)
Hypothyroidism monitoring third letter

01-Jan-1992 Mrs Louise Martin (LOUISE_18678)
Irritable colon - Irritable bowel syndrome

Significant Past

13-Jun-2023 Mrs Mary Cockburn (MC200)
Registered for access to Patient Facing Service

06-Oct-2021 Mrs Mary Cockburn (MC200)
Disease caused by 2019-nCoV (novel coronavirus)
Positive

31-May-1996 Mrs Louise Martin (LOUISE_18678)
Urethral stricture
dilatation

20-Oct-1988 Mrs Louise Martin (LOUISE_18678)
[D]Retention of urine

07-July-1988 Mrs Louise Martin (LOUISE_18678)
Penile warts
with urinary retention

07-Jan-1980 Mrs Louise Martin (LOUISE_18678)
Migraine

01-Jan-1970 Mrs Louise Martin (LOUISE_18678)
Asthma
mild

Minor Past

02-Jun-2026 Mrs Francesca Tarelli (FRR)
Weight symptom

12-Feb-2026 Mrs Francesca Tarelli (FRR)
Palpitations

06-Oct-2025 Dr G Montgomerie (GSYME_18678)
[D]Tingling of skin

11-Feb-2025 Mrs Francesca Tarelli (FRR)
Insomnia NOS

18-Sept-2024 Miss Anastasiya Khymnyuk (AK)
C/O - post nasal drip

09-July-2024 Mrs Angela Swinton (AS)
New patient screen

10-Feb-2023 Dr Ruaraidh Mackessack-Leitch (RM2100)
Shoulder pain

02-Feb-2023 Mrs Mary Cockburn (MC200)
Hypothyroidism monitoring first letter

28-Nov-2022 Dr Ruaraidh Mackessack-Leitch (RM2100)
Hearing loss

17-Aug-2022 Mrs Francesca Rychel (FR5510)
Seborrhoeic wart

12-Aug-2022 Dr Scott Ferguson (SF2592)
Medication requested

03-May-2022 Mrs Mary Cockburn (MC200)
Hypothyroidism monitoring second letter

17-Mar-2022 Mrs Mary Cockburn (MC200)
Hypothyroidism monitoring first letter
90J

06-Jan-2022 Dr Helen Treliving (HT4283)
[V]Problem with smell or taste

16-July-2021 Dr Toby Waterhouse (TW2684)
Upper respiratory tract infection NOS

10-Mar-2021 Ms Gillian White (GW361)
Nursing care blood sample taken

05-Mar-2021 Dr Helen Treliving (HT4283)
Weight increasing

25-Jan-2021 Mrs Mary Cockburn (MC200)
Hypothyroidism monitoring first letter

09-Apr-2020 Dr Helen Treliving (HT4283)
Other foot injury (Right)

08-Jan-2020 Mrs Mary Cockburn (MC200)
Hypothyroidism monitoring second letter

05-Dec-2019 Mrs Mary Cockburn (MC200)
Hypothyroidism monitoring first letter

20-Aug-2019 Mrs Mary Cockburn (MC200)
Hypothyroidism monitoring first letter

22-Apr-2019 Mrs Mary Cockburn (MC200)
Hypothyroidism monitoring first letter

20-Feb-2019 Any Treatment Room Nurse (TR357)
Urinalysis - general

30-Jan-2019 Any Treatment Room Nurse (TR357)
Nursing care blood sample taken

17-Dec-2018 Any Treatment Room Nurse (TR357)
Nursing care blood sample taken

19-Nov-2018 Mrs Mary Cockburn (MC200)
Hypothyroidism monitoring third letter

16-Oct-2018 Mrs Mary Cockburn (MC200)
Hypothyroidism monitoring second letter

22-Aug-2018 Mrs Mary Cockburn (MC200)
Hypothyroidism monitoring first letter

21-May-2018 Dr Joanne Topalian (JT363)
Weight increasing

Consultations

14-July-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Dear Richard Garrie, We have had request for a copy of your full medical records from MMA Medical. I would be grateful if you could email waverley.reception nhs.scot to confirm that you are happy for us to provide them with your full records. Waverley Medical Practice

10-July-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient TSH 2nd Reminder

03-July-2026 Dr Vikas Das Mahesh (VM) Duty Doctor Consultation

Problem	Labyrinthitis
History	Telephone encounter "Very dizzy and vomitting has had inner ear infection call mob" Mr Garrie says he had slight pain in his ear this morning, then felt head spinning sensation. Has been sick once. Still feels vertigo symptoms on head movements. No fever. Had some otomise ear spray from last time - tired - not helping. Denies any headache/ facial or limb weakness.
Examination	Examination Speech clear on the phone.
Social	Social Works as funeral director.
Comment	Comment Prescribed buccastem for nausea and vertigo symptoms, amoxicillin for ear infection. Prescription to pharmacy. Advised against driving till symptoms settle. Says his colleague at work can drive. Once ear infection and nausea settles, if he still has vertigo symptoms, consider review. Worsening advice given.

11-Jun-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient TSH 1st Reminder

02-Jun-2026 Mrs Francesca Tarelli (FRR) Waverley Medical PracticeMain Surgery

Problem	Weight symptom	
History	History Attends as he wishes to discuss losing weight. Was on Orlistat several years ago and lost quite a bit of weight at that point and found it really helpful. Over the last few year feels the weight has crept back on again and feels he is cerrying more weight now than he should. Busy job but quite sedentary and only manages about 6k steps a day. Has recently started using gusto food boxes to manage his meals and intake better and is avoiding snacking. Was wanting to know if he could try orlistat again.	
Examination	O/E - weight Height - 6ft.	93 Kg
Examination	Body Mass Index	**27.8 kg/m2**
Comment	Comment Plan: Unfortunately cut off for Orlistat Prescribing is BMI 30, or BMI 28 with diabeties, CVD or HTN, none of which he suffers with. Discussed other options -could refer to wellbeing services for diet and lifestyle advice - he would be keen to try this.	

17-Apr-2026 Dr Nicholas Fletcher (NF) Waverley Medical PracticeMain Surgery

History	History DD tel TCI

17-Apr-2026 Dr Nicholas Fletcher (NF) Waverley Medical PracticeMain Surgery

History	History went to get ears microsuctioned and told there was white debris in canal. feels much better himself, amitriptyline agrees with him
Examination	Examination right ear tiny amount of wax drum looks normal, left ear white debris in attic
Comment	Comment otomize, wsg
Medication	Medication Dexamethasone/Neomycin/Acetic Acid (glacial) Ear Spray 0.1 % + 0.5 % + 2 % 5 ml APPLY TWICE A DAY

15-Apr-2026 Dr Nicholas Fletcher (NF) Waverley Medical PracticeMain Surgery

History	History sleep a problem, works shifts and struggles to reset. also nagging pain on the left side of his face. no exac/alleviating factors can ignore it dueing the day but worse at night time. has seen optician and told all fine, hearing ok, no jaw claudication/pain on eating.
Examination	Examination ears nad other than soft wax, nil to feel over tmj, normal neck movements
Comment	Comment try amitrip for both sleep and pain, if side effects/ineffective ? trial melatonin as works shifts. happy with this
Medication	Medication Amitriptyline Hydrochloride Tablets 10 mg 28 tablet ONE TABLET AT NIGHT

08-Apr-2026 Dr Vikas Das Mahesh (VM) Data Entry

History	History SR - naproxen - ISSUED, zopiclone- SPEAK TO GP

12-Feb-2026 Mrs Francesca Tarelli (FRR) Waverley Medical PracticeMain Surgery

Problem	Palpitations
History	History This week - has noticed his heart giving an extra beat now and again - sometimes notices palpitations, fluttering feeling too. can last 10-15 mins and then settles he feels. doesn't have to do anythying to resolve. Pulse has been a bit low at home - in the 50s - has a watch that monitors it. Says it feels similar to when he was Dx hypothyroid. not had any other hypothyroid Sx. No recent illnesses. No neck swelling. Last TSH was last summer and normal. Hasnt missed tablets. Checked BP this week and found it was over 160 at home. Denies any pain in chest. Still out and active. Not SOB. No ankle swelling.
Examination	Examination Looks well, talking in full sentances comfortably. No visible or palpable goitre. Sats 99%, pulse 74bpm, reg. BP - 150/84 HS- N.
Comment	Comment Plan: ECG/bloods. HBPM. Review with results. Discussed worsneing advice.

18-Dec-2025 Dr Vikas Das Mahesh (VM) Data Entry

History	History SR naproxen- presume for arm pain as below. Added omeprazole for GI protection.
Medication	Medication Naproxen Tablets 500 mg 28 TABLET ONE TO BE TAKEN TWICE A DAY AFTER FOOD
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN ONCE A DAY WHEN TAKING NAPROXEN FOR GASTRIC PROTECTION
Read Code	Medication review done

01-Dec-2025 Mrs Francesca Tarelli (FRR) Waverley Medical PracticeMain Surgery

History	History R arm pain for the last 4-5 weeks at elbow. worse when bending elbow a lot. ***** office but also at funeral parlour - lots of lifting involved. Finding this more difficult at present. Has tried pcm but hasn't really helped. Brufen helps but doesn't fully resolve. No redness / swelling to area.
Examination	Examination tender over medial epicon of elbow. No visible swelling. Still has FROM, more tender at full flexion.
Comment	Comment imp: golfers elbow Plan: PHIO app, try naproxen and pcm, could try support brace. Discussed litkely duration and worsneing advice if not settling with phio.
Comment	Consultation
Comment	Seen by urgent care team
Comment	New appointment
Medication	Medication Naproxen Tablets 500 mg 28 TABLET ONE TO BE TAKEN TWICE A DAY AFTER FOOD
Read Code	Prescription by nurse practitioner
Read Code	Reviewed by advanced primary nurse
Read Code	Patient given advice

29-Oct-2025 Mrs Cathy MacKenzie (CMAC) Waverley Medical PracticeMain Surgery

Comment	Comment Seen out of hours

22-Oct-2025 Mr Anonymous User (ANON)

21-Oct-2025	Vaccination	Administration of first inactivated seasonal influenza vacc *3051222/ FLUAQIV/IM/Left Arm//FLU - Seqirus UK (Borders 25-26 Mass Selkirk ***** ***** - 4999)*

06-Oct-2025 Dr G Montgomerie (GSYME_18678) Waverley Medical PracticeMain Surgery

Problem	[D]Tingling of skin
History	History sore feeling around left mastoid now away, it did come on within a day or so of him lifint a heavy person - workls in undertakers,
Examination	Examination bp 145/91, pulse 65 , points to left side of head as tingling but its intermittnet, and in front of left ear as tingling , temp N,
Comment	Comment no sinister signs headach or red flags, told pt what to watch for and see if any changes,

06-Oct-2025 Dr G Montgomerie (GSYME_18678) Telephone Consultation

History	History had a sore feelign on back of head for week, feels a bit numb , some discomfort in eye also, eating fine, not like a headache, not like a pain, vomited last week - thought he ahd a dodgy burger, no nuasea, vision ok, takign sopadeine max, got migraleve - not sure that really did any good, tingling intermittent, bit of discomfort round ear, no worse at any tiem of day, no worse on waking,

17-Jun-2025 Mrs Francesca Tarelli (FRR) Waverley Medical PracticeMain Surgery

History	History Few days of increased urinary frequency and feels his urine is more smelly than normal. Has also had a couple of weeks of feeling thirsty all of the time. Can wake overnight to drink. No weight loss. No sweats. No headaches. No abdominal pain. No urinary hesistation, flow issues, terminal dribbling. Had similar last year and self resolved over a few days.
Examination	Examination RSOU - NAD.
Family History	Family History ***** IDDM
Comment	Comment Plan: Check bloods as excessive thirst. Push fluids. Phone for MSU result. Worsening adivce.

09-Apr-2025 Mrs Jennifer Clemenston (JCL) Waverley Medical PracticeMain Surgery

History	Medication review of medical notes on thyriod recall
Comment	Telephone encounter explained CMS to patient happy to go onto this
Comment	Serial prescription issued levothyroxine
Medication	Medication Levothyroxine Sodium Tablets 100 micrograms 392 tablet ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)
Medication	Medication Levothyroxine Sodium Tablets 75 micrograms 392 tablet TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)
Read Code	Medication monitoring TSH jul24 stable

11-Feb-2025 Mrs Francesca Tarelli (FRR) Waverley Medical PracticeMain Surgery

Problem	Insomnia NOS
History	History Several weeks of struggling to stay asleep. watching films on his ipad and falling asleep but then waking a couple of hours later and unable to get back to sleep - answering emails and looking at his phone instead. some nights only getting a couple of hours sleep total. Feels exhausted. doesn't feel overly anxious about anything - but is getting anxious around bedtime in anticipation of not sleeping through. No recent stressors.
Comment	Comment Plan: Supportive chat - discussed the importance of good sleep hygeine - melatonin production inhibited by white light so looking at screens will likely exaccerbate issues. He is going to keep devices away from bed and try to minimise their use before bed. Trial of short term Z-drug to try and re-engage normal sleep pattern , but explained limited benefit and only for very short term use.
Medication	Medication Zopiclone Tablets 3.75 mg 7 TABLET TAKE ONE AT NIGHT IF REQUIRED

24-Oct-2024 Mr Anonymous User (ANON)

18-Oct-2024	Vaccination	Administration of first inactivated seasonal influenza vacc *3040806/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK (Borders 24-25 Mass Earlston Health Centre - 4999)*

24-Oct-2024 Mr Anonymous User (ANON)

18-Oct-2024	Vaccination	Administration of first dose of SARS-CoV-2 vaccine *812002A/ COVMODERNA/IM/Right Arm//C-19 Moderna (Borders 24-25 Mass Earlston Health Centre - 4999)*

24-Sept-2024 Mrs Francesca Tarelli (FRR) Waverley Medical PracticeMain Surgery

History	History Ongoing nasal congstion and post nasal drip. Bit of a cough. No fever. Worse first thing. No SOB/DIB/CP. Hadnt phoned for CARI results - Rhinovirus - should settle over next week or so.
Comment	Comment Plan: Step up to mometasone. Could add in antihistamine and OTC brufen if he wishes. Discussed worsneing advice.
Medication	Medication Mometasone Furoate Nasal spray 50 micrograms/dose 1 SPRAY TWO SPRAYS TO BE USED IN EACH NOSTRIL EACH DAY

18-Sept-2024 Miss Anastasiya Khymnyuk (AK) Medical Student Consult

Problem	C/O - post nasal drip
History	History 4/12 keeps getting "head colds" - bunged up in morning but improves by lunchtime ater taking Sudafed capsules, feels mucous in nose (green in colour), managing to sleep well
Examination	Examination CARY swab taken
Social	Social ***** funeral industry - self conscious of snot ruuning down nose
Comment	Comment R/V by KC - works for ***** purves, but also works part time for funeral director - has done since covid, wonders if this job has contributed - ??environmental trigger - see if not settling with beclo - would do bloods work up and consider an anti-H1
Result	Result given beclometasone nasal spray to be used as per instructions
Medication	Medication Beclometasone Aqueous nasal spray 50 micrograms/actuation 200 dose TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY

13-Aug-2024 Mrs Francesca Tarelli (FRR) Waverley Medical PracticeMain Surgery

History	History Worried about having a urine infection - few days of slightly stronger smelling urine, some slightly crampy abdominal pain at times, and some back discomfort. No urinary hesitation / flow issues. Says he does dripple at the end of urination at times, but has done for decades, no change. No fevers. No pain when urinating, other than his abdominal crampy pain. No recent change in bowels - says has had IBS for a long time and stopped fybrogel recently, but bowels moving regulaly with no blood or mucous. Back pain has been on and off for a few months - dull, worse when he has been busy at work - does quite a lot of lifting and bending - eases with rest of if he takes painkillers.
Examination	Examination Looks well, chatty. Says no pain today. Temp 36.6, Sats 96%, pulse 64, abdomen soft and non tender throughout. FROM in spine, no renal angle tenderness. Locates discomfort to paraspinal region when he does have it.
Comment	Comment Plan: Await MSU results. I think back pain sounds more MSK - advised avoid heavy lifting - try gentle stretches and should settle over a few weeks. ? slight flare of IBS causing abdo cramps - recently stopped fibrogel - try restarting and push fluids and see if Sx improve. If worsening / new Sx then to recontact.

13-Aug-2024 Mrs Angela Swinton (AS) Waverley Medical PracticeMain Surgery

History	History Urinary issues, sample received with a note to say strong smelling urine, pain on passing urine and abdoninal pain
Examination	Urinalysis = no abnormality
Comment	Comment Nil of note on dip test, urine pale yellow and clear no odour, sent for C&S due to symptoms.
Result	Urine glucose test negative
Result	Urine protein test negative
Result	Urine blood test = negative
Result	Urine nitrite negative
Result	MSU sent for C/S

23-July-2024 Mrs Angela Swinton (AS) Waverley Medical PracticeMain Surgery

Examination	Nursing care blood sample taken from Left ACF with consent for TFT monitoring

09-July-2024 Mrs Angela Swinton (AS) Waverley Medical PracticeMain Surgery

Problem	New patient screen	
History	History Under active thyroid on thyroxine, hearing difficulties wears hearing aids.	
Examination	Systolic blood pressure	132 mm Hg
Examination	Diastolic blood pressure	80 mm Hg
Examination	O/E - height	180 cm
Examination	O/E - weight	90 Kg
Examination	Body Mass Index	27.78
Examination	No known allergies	
Family History	Family History Unnown as *****	
Social	Never smoked tobacco	
Social	Alcohol consumption	0 units/week
Social	Aerobic exercise 2 times/week	
Comment	Comment Attends for new patient appointment. Under active thyroid, on medication, booked in for TFT's in 2 weeks time, prescription on repeats. Bp within range. Keeps active walking twice a week, also a physical job ***** the undertakers so manual handling of equipment in day to day work. Feels his urine has been a bit nippy so will hand in a urine sample to dip, has had previous prostate checks and no symptoms form this. 	

08-July-2024 Dr Lynn Buchan (LB4305) Medication Course Ended

Medication	Drug therapy discontinued Levothyroxine Sodium Tablets 100 micrograms 112 tablet In error

08-July-2024 Dr Lynn Buchan (LB4305) Medication Course Ended

Medication	Drug therapy discontinued Levothyroxine Sodium Tablets 50 micrograms 56 tablet In error

08-July-2024 Dr Lynn Buchan (LB4305) Medication Course Ended

Medication	Drug therapy discontinued Mebeverine Hydrochloride Tablets 135 mg 100 tablet Change of pharmacy

08-July-2024 Dr Lynn Buchan (LB4305) Medication Course Ended

Medication	Drug therapy discontinued Doublebase Dayleve Gel 500 gram Changing Pharmacy

08-July-2024 Dr Lynn Buchan (LB4305) Medication Course Ended

Medication	Drug therapy discontinued Doxycycline Hyclate Capsules 100 mg 6 capsule Medication no longer required change of pharm

22-Apr-2024 Mr Stuart Todd (ST5509) Mairches Medical PracticeMain Surgery

08-July-2024	Medication	Medication Mometasone Furoate Nasal spray 50 micrograms/dose 1 spray TWO SPRAYS TO BE USED IN EACH NOSTRIL EACH DAY
08-July-2024	Medication	Medication Doxycycline Hyclate Capsules 100 mg 6 capsule TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN DAILY THEREAFTER
	Problem	Problem mole check
	Examination	Examination recent holiday, had turkish bath, severe exfoliation, feels more now sore, had for years. o/e looks like seb ker, measures 8mm x 6mm, small area of bleeding likely from trauma. if not healing to return. also has had sinusitis for several weeks, trying otc products bit not working, nasal d/c, pressure, lungs clear, obs normal. treat as below.

15-Jan-2024 Mrs Lisa Hume (LH3805) Mairches Medical PracticeMain Surgery

08-July-2024	Medication	Medication Nystatin Oral suspension 100,000 units/ml 30 ml 1ML TO BE TAKEN FOUR TIMES A DAY
	History	History Had viral illness over xmas - sounds like covid with loss of taste /smell, feels much better but now has white coated tongue and blocked l ear. Went to pharmacist and told ? thrush and to see GP, Is using corsydyl mouthwash with some effect, tongue white in am and sore when eating, has brushed white coating off with toothbrush, systemically well. Also wanted l ear checked - feels blocked since had virus, no fever, No DC, no pain, but dullness to hearing. Systemically well.
	Examination	Examination Sats 100%, RR 18, HR 63, t36. L ear - impacted with wax, unable to visualise TM. r ear - NAD. tongue - mildly coated with whie DC, good dentition.
	Comment	Comment ? thrush, using good mouthwash, nystatin and WSG. L ear impacted with wax - olive oil and will arrange TR for microsuctioning. WSG

20-Nov-2023 Mr Anonymous User (AU177) Unknown

16-Nov-2023 Vaccination Administration of first inactivated seasonal influenza vacc *(Scheduled) 3029508/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK (Borders 23-24 Mass Galashiels Volunteer ***** - 4999)*

20-Nov-2023 Mr Anonymous User (AU177) Unknown

16-Nov-2023 Vaccination Administration of first dose of SARS-CoV-2 vaccine *(Scheduled) HH1298/ COVPFIZER/IM/Right Arm//C-19 Comirnaty (Borders 23-24 Mass Galashiels Volunteer ***** - 4999)*

03-Aug-2023 Mrs Lisa Hume (LH3805) Mairches Medical PracticeMain Surgery

08-July-2024 Medication Medication Amoxicillin Capsules 500 mg 15 capsule ONE TO BE TAKEN THREE TIMES A DAY
Problem Problem LRTI
History History PMH: non-smoker, nil respiratory. normally fit & well. returned from holiday in Turkey 2 weeks ago, initially had sore throat, fever, dry cough - all have settled but cough on-going and now expectorating green sputum, some SOBOE, nil at rest, no Cp, Pl CP, no haemoptysis, no calf pain/swelling. managing to work, painfree.
Examination Examination NEWS 0 ; sat 100%, RR 18, HR 80 reg, t 36, BP 120/70 chest - clear, nil added
Comment Comment VTS obtained. Discussion around viral v bacterial. productive sputum and SOBOE , keen for Abx, states NKDA and ok with penicillin. CURB65=0, amox and WSG

27-Jun-2023 Dr Rodger Glenfield (RG331) Mairches Medical PracticeMain Surgery

08-July-2024 Medication Medication Doublebase Dayleve Gel 500 gram AS REQUIRED
History History c/o itchy skin lower back o/e area of seborrhoeic warts Plan take photo Rxd rv 2 mths if there is change

31-May-2023 Mrs Mary Cockburn (MC200) Data Entry

Comment Comment FCP consultation notes filed in Docman

04-Apr-2023 * Docman Do Not Delete Or Change *** (DD1393) Docman**

04-Apr-2023 Mrs Mary Cockburn (MC200) Data Entry

Comment Comment FCP consultation notes filed in Docman

20-Mar-2023 Mrs Mary Cockburn (MC200) Data Entry

Comment Comment FCP consultation notes filed in Docman

06-Mar-2023 User Previous Practice (PP180) Original Pathology Report

Result **Serum TSH level**:
Serum TSH level 0.45 mU/L (Range: 0.3 - 4.9)

06-Mar-2023 Mrs Mary Cockburn (MC200) Data Entry

Comment Comment FCP consultation notes filed in Docman

27-Feb-2023 Mrs Francesca Rychel (FR5510) Mairches Medical PracticeMain Surgery

08-July-2024 Medication Medication Naproxen Tablets 500 mg 28 tablet TAKE ONE TABLET TWICE DAILY WITH FOOD
Problem Shoulder pain
History History Ongoing shoulder pain. No swelling or deformity noted. Tenderness located mostly over ACJ and rotator cuff, and over scapular area. Ongoing ROM reduction. Can only lift to 90 degrees in any ***** before pain, but can actively flex, extend abduct and rotate. Passive movement slightly better, but not much. Tried DHC but didnt help a huge amount and caused constipation. Has been using deep heat which he thinks does help, and trying to move gently.
Comment Comment Imp: Soft tissue injury - Possibly rotator cuff
Plan: Try naproxen instead of DHC, and reg pcm. Cont deep heat. Will ask reception to find out if FCP could arrange for a urgent review +/- scan as im unable to order MRIs. If not, will refer to ortho.

10-Feb-2023 Dr Ruaraidh Mackessack-Leitch (RM2100) Telephone Consultation

08-July-2024	Medication	Medication Dihydrocodeine Tablets 30 mg 30 tablet ONE OR TWO TO BE TAKEN AT NIGHT
	Problem	Shoulder pain
	History	History Today at work a parked car on slope slid back as no hand brake applied. This collided with his L shoulder on the side and has been sore since. Can move but is painful.
	Examination	Examination No bruising, swelling or deformity. Tender all over shoulder from scapular region over to pectoral area. Tender over ACj. RoM reduced due to pain but able to flex, abduct, adduct, extend and rotate actively.
	Comment	Comment Imp: Soft tissue injury, no evidence of dislocation. Possible rotator cuff injury, but cannot really tell. Plan: Simple analgesia and exercises to start off with. If RoM not improving by end of next week to call back for assessment and may require urgent physio or Ortho. Can use DHC at night to help with sleep.

06-Feb-2023 Dr Terni Jhooti (TJ4304) Mairches Medical PracticeMain Surgery

08-July-2024	Medication	Medication Levothyroxine Sodium Tablets 75 micrograms 56 tablet TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)
	History	History due blds

02-Feb-2023 Mrs Mary Cockburn (MC200) Data Entry

	Problem	Hypothyroidism monitoring first letter
	Comment	Comment TR Nurse. Text sent & delivered
	Test request	Test request TFTs

28-Nov-2022 Dr Ruaraidh Mackessack-Leitch (RM2100) Mairches Medical PracticeMain Surgery

	Problem	Hearing loss
	History	History Few months if noticing that is needing higher volume on TV and missing what people are saying in conversation. No loud noise exposure.
	Examination	Examination Wax in canals, but can visualise TM which look normal bilaterally.
	Comment	Comment Imp: Presbycusis? Plan: Refer Audiology for assessment.
	New Referral	New Referral 8HT3.: Referral to audiology clinic (SCI Gateway Referral)

02-Nov-2022 Mrs Susan Chapman (SC3058) Mairches Medical PracticeMain Surgery

	History	Medication review done by pharmacy technician
	History	Medication review of medical notes : Review for Serial Rx
	Comment	Comment Unsuitable at the moment until stable. Review in future.

13-Oct-2022 Mr Anonymous User (AU177) Unknown

04-Oct-2022	Vaccination	Administration of first inactivated seasonal influenza vacc *(Scheduled) 440031A/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK (Borders 22-23 Mass Selkirk ***** ***** - 4999)*

13-Oct-2022 Mr Anonymous User (AU177) Unknown

04-Oct-2022	Vaccination	Administration of first dose of SARS-CoV-2 vaccine *(Scheduled) GE3043/ COVPFIZER/IM/Left Arm//C-19 Comirnaty (Borders 22-23 Mass Selkirk ***** ***** - 4999)*

17-Aug-2022 Dr Katie Nicolson (KN2682) Data Entry

08-July-2024	Medication	Medication Levothyroxine Sodium Tablets 100 micrograms 56 tablet ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)
08-July-2024	Medication	Medication Levothyroxine Sodium Tablets 75 micrograms 56 tablet TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)
	Problem	Hypothyroidism
	History	History TSH better at 0.71. Continue 175mcg of thyroxine. Repeat TFTs 6/12.

17-Aug-2022 Mrs Francesca Rychel (FR5510) Mairches Medical PracticeMain Surgery

	Problem	Seborrhoeic wart
	History	History Has had a number of seborrhoetic warts across his back and abdomen for a number of years. All very similar in appearance. He was unconcerned by them but his ***** wanted them checked. Not itchy, not painful. Developed very slowly over a number of years. Distinct margins. Uniform in colour. Varying in size. Cauliflour texture to the surface.
	Comment	Comment Imp: No concerning features. Reassured. Advised what to look for in concerning moles.

17-Aug-2022 Dr Terni Jhooti (TJ4304) Medication Course Commence

08-July-2024 Medication Medication Mebeverine Hydrochloride Tablets 135 mg
100 tablet ONE TO BE TAKEN THREE TIMES A DAY 20 MINUTES BEFORE FOOD (never issued).

12-Aug-2022 Dr Scott Ferguson (SF2592) Mairches Medical PracticeMain Surgery

08-July-2024 Medication Medication Levothyroxine Sodium Tablets 75 micrograms
28 tablet TAKE ONE TABLET DAILY BEFORE BREAKFAST
Problem Medication requested

06-July-2022 Ms Elaine Hancock (EH1038) Mairches Medical PracticeMain Surgery

History Medication requested
History Prescription by supplementary prescriber
Comment Comment sr thyroxine 75mcg - note attached to have bloods checked end August then we can amend repeats accordingly

20-Jun-2022 Dr Terni Jhooti (TJ4304) Mairches Medical PracticeMain Surgery

History History TSH 0,06. reduce thyrxine to 175mcg, rpt bld 2/12

20-Jun-2022 Mrs Leigh Pearson (LP688) Mairches Medical PracticeMain Surgery

Comment Comment Left voicemail on answermachine. Patient to reduce thyroxine, script been done and sent to pharamcy. To repeat bloods in 2 months.

17-Jun-2022 User Previous Practice (PP180) Original Pathology Report

	Result	**Serum free T4 level**:		
		Serum free T4 level	19 pmol/L	(Range: 9 - 19)
	Result	**Serum TSH level**:		
		Serum TSH level	**0.06 mU/L**	**(Range: 0.3 - 4.9)**

06-Jun-2022 User Previous Practice (PP180) Original Pathology Report

31-May-2022	Result	**Enteric microscopy, culture and sensitivities**:	
		Enteric microscopy, culture and sensitivities	(No range available)
31-May-2022	Result	**(Non Coded Event - Concentrate microscopy)**:	
		Microscopic examination for parasites	(No range available)
31-May-2022	Result	**Direct microscopy**:	
		Cryptosporidium microscopy Not seen.	(No range available)
		Direct microscopy Not seen.	(No range available)
		Direct microscopy SOFT	(No range available)

01-Jun-2022 Mrs Mary Cockburn (MC200) Data Entry

Problem Hypothyroidism monitoring third letter
Comment Comment TR Nurse BT, text sent & delivered
Test request Test request TFTs

31-May-2022 Dr Terni Jhooti (TJ4304) Mairches Medical PracticeMain Surgery

08-July-2024 Medication Medication Mebeverine Hydrochloride Tablets 135 mg
100 tablet ONE TO BE TAKEN THREE TIMES A DAY 20 MINUTES BEFORE FOOD
History History diarrhoea. returned mexico 3 weeks. sore stomach on day returned. diarrhoea.2-3x day. varies between watery and loose. can be more norm later in day. no blood. cramps precede loose stools.
Comment Comment ?exac IBS/prolonged diarrhoeal illness. stool MC&S. try mebeverine nad rv inb

03-May-2022 Mrs Mary Cockburn (MC200) Data Entry

Problem Hypothyroidism monitoring second letter
Comment Comment TR Nurse, text sent
Test request Test request TSH

07-Apr-2022 Ms Jemima Wharton (JW4935) Mairches Medical PracticeMain Surgery

Comment Comment No action required.
History Other medication review NCMR completed by PSW

17-Mar-2022 Mrs Mary Cockburn (MC200) Data Entry

Problem Hypothyroidism monitoring first letter 90J
Comment Comment (TR)Text sent & delivered
Test request Test request TFTs

06-Jan-2022 Dr Helen Treliving (HT4283) Telephone Consultation

Problem	[V]Problem with smell or taste	
History	History appt by telephone during covid 19. Covid in October '21. Few symptoms at the time but left with reduced smell and taste. Now ~3/12 on and no real change. Wondering if this is normal. No assoc symptoms e.g. nasal congestion, signs of raised ICP.	
Comment	Comment Discussed in some cases taking up to a yr for senses to come back but they should return. Discussed red flags - to get in touch should these develop	

22-Nov-2021 Mr Anonymous User (AU177) Unknown

19-Nov-2021	Vaccination	Administration of first inactivated seasonal influenza vacc *(Scheduled) 3079181A/ FLUQIVC/IM/Right Arm//FLU - Flucelvax Tetra (QIVc) (Borders 21-22 Mass Galashiels Volunteer *****)*

22-Nov-2021 Mr Anonymous User (AU177) Unknown

19-Nov-2021	Vaccination	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Pfizer (Borders 21-22 Mass Galashiels Volunteer *****) *(Left arm) FH4751/ PF/IM/Left Arm//C-19 Booster Pfizer (Borders 21-22 Mass Galashiels Volunteer *****)*

22-Nov-2021 Mr Anonymous User (AU177) Unknown

19-Nov-2021	Vaccination	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Pfizer (M Gentleman) *(Left arm) FH4751/ PF/IM/Left Arm//C-19 Booster Pfizer (M Gentleman)*

19-Oct-2021 * Docman Do Not Delete Or Change *** (DD1393) Docman**

09-Oct-2021 * Docman Do Not Delete Or Change *** (DD1393) Docman**

16-July-2021 Dr Toby Waterhouse (TW2684) Telephone Consultation

Problem	Upper respiratory tract infection NOS	
History	History Telephone triage due to Covid. Had 'headcold' 10 days ago - runny *****, temp, sore neck - 2x covid tests (negative). Sx settled but developed bit of cough esp in mornings with greensih phlegm. Well in self. No SOB. No haemoptysis. Non smoker. Wonders if needs Abx.	
Comment	Comment Imp - post viral cough. No need Abx. Expect to resolved over next few days. If ongoing in another 2 weeks TCB - examine ?CXR	

24-Jun-2021 Mrs Henriette Olesen (HO1398) Mairches Medical PracticeMain Surgery

Comment	Medication review done for serial prescription. Suitable? Will forward to ***** for review	

17-May-2021 Mr Anonymous User (AU177) Unknown

14-May-2021	Vaccination	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By S *****) *(Left arm) PV46678/ AZ/IM/LUA//C-19 (By S *****)*

11-Mar-2021 Dr Helen Treliving (HT4283) Data Entry

Problem	Weight increasing		
History	Body Mass Index	27.8 kg/m2	
Comment	Comment TFT were fine. Discussed - not eligible for orlistat. Accepting at this will look at lifestyle measures		

10-Mar-2021 User Previous Practice (PP180) Original Pathology Report

Result	**Serum free T4 level**:		
	Serum free T4 level	17 pmol/L	(Range: 9 - 19)
Result	**Serum TSH level**:		
	Serum TSH level	**0.11 mU/L**	**(Range: 0.3 - 4.9)**

10-Mar-2021 Ms Gillian White (GW361) Mairches Medical PracticeMain Surgery

Problem	Nursing care blood sample taken	
Comment	Comment Seen in full PPE. TFTs obtained with consent,	
Examination	O/E - weight	90.1 Kg

05-Mar-2021 * Docman Do Not Delete Or Change *** (DD1393) Docman**

05-Mar-2021 Dr Helen Treliving (HT4283) Telephone Consultation

Problem	Weight increasing
History	History appt by telephone during covid 19. Issues with weight again. Out of control in the last yr. Nearly 15st. Keen to loose it again and orlistat really helped last time. Not hypothyroid and not had bloods for &gtyr
Comment	Comment Appt for bloods and weight. If BMI &gt30 can start orlistat. Discussed criteria for starting and continuing treatment. Also directed to wellbeing to support weight loss
Test request	Test request TFTs

03-Mar-2021 Mr Anonymous User (AU177) Unknown

02-Mar-2021	Vaccination	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By M Hadshar) *(Left arm) PV46669/ AZ/IM/LUA//C-19 (By M Hadshar)*

25-Jan-2021 Mrs Mary Cockburn (MC200) Data Entry

Problem	Hypothyroidism monitoring first letter
Comment	Telephone invite to screening text sent & delivered
Test request	Test request TFTs

04-Oct-2020 Dr Terni Jhooti (TJ4304) Mairches Medical PracticeMain Surgery

Social	Alcohol units per week	0 U/week
Social	Never smoked tobacco	
Vaccination	Seasonal influenza vaccination *Seqirus Flucelvax P100251946. Exp: 06/21*	

09-Apr-2020 Dr Helen Treliving (HT4283) Phone Encounter

Problem	Other foot injury (Right)
History	History triaged by telephone during covid 19. Stepped on a nail wiht R foot this morning. Old and rusty. Removed fully and wound looks clean. Not sure when last had tetanus or how often he has had it in his lifetime.
Comment	Comment Check of records - I cannot see tetanus recorded. Low risk but should cover. D/w CS - do have tetanus injections. Will kindly see this PM to administer. Thank you

09-Apr-2020 Ms Carol Smith (CS351) Mairches Medical PracticeMain Surgery

Examination	Nursing care - injections
Comment	Wound care as per below, unable to see when last had tetanus, therefore given today, is clean and no issues.
Vaccination	Low dose diphtheria, tetanus and inactivated polio vaccinati *Revaxis, P3J401V, exp 07/20,Sanofi (GMS)*

27-Feb-2020 User Previous Practice (PP180) Original Pathology Report

Result	**Serum free T4 level**:		
	Serum free T4 level	18 pmol/L	(Range: 9 - 19)
Result	**Serum TSH level**:		
	Serum TSH level	**0.25 mU/L**	**(Range: 0.3 - 4.9)**
Result	**Serum cholesterol**:		
	Serum cholesterol/HDL ratio	3.4	(Range: 2 - 5)
	Serum LDL cholesterol level	**1.7 mmol/L**	**(Range: 2 - 3.5)**
	Serum HDL cholesterol level	**0.9 mmol/L**	**(Range: 1 - 1.5)**
	Serum triglycerides	1.1 mmol/L	(Range: 0.6 - 1.7)
	Serum cholesterol	**3.1 mmol/L**	**(Range: 3.5 - 5.18)**

27-Feb-2020 Ms Carol Smith (CS351) Mairches Medical PracticeMain Surgery

Problem	Hypothyroidism monitoring third letter	
Examination	Nursing care blood sample taken	
Examination	Thyroid function tests	
Examination	Fasting blood lipids	
Examination	Serum fasting HDL cholesterol level	
Examination	Serum fasting LDL cholesterol level	
Examination	Serum fasting triglyceride level	
Examination	Systolic blood pressure	112 mm Hg
Examination	Diastolic blood pressure	70 mm Hg
Examination	O/E - height	180 cm
Examination	O/E - weight	83.5 Kg
Examination	Body Mass Index	25.77
Social	Alcohol units per week	2 U/week
Social	Enjoys moderate exercise	
Social	Never smoked tobacco	
Read Code	Health ed. - alcohol	

10-Feb-2020 Mrs Mary Cockburn (MC200) Data Entry

Problem	Hypothyroidism monitoring third letter
Comment	Comment Letter sent
Test request	Test request TFTs

08-Jan-2020 Mrs Mary Cockburn (MC200) Data Entry

Problem Hypothyroidism monitoring second letter
Comment Comment Text sent & delivered
Test request Test request TSH

05-Dec-2019 Mrs Mary Cockburn (MC200) Data Entry

Problem Hypothyroidism monitoring first letter
Comment Comment Text message sent & delivered
Test request Test request TSH

21-Oct-2019 Mrs Mary Cockburn (MC200) Data Entry

Comment Comment Levothyroxine changed to 2 months supply as requested by patient

09-Oct-2019 Mrs Mary Cockburn (MC200) Medication Course Ended

Medication Drug therapy discontinued Levothyroxine Sodium Tablets 50 micrograms 28 tablet Last issued over 6 months ago

04-Sept-2019 User Previous Practice (PP180) Original Pathology Report

Result	**Serum free T4 level**:			
	Serum free T4 level	19 pmol/L	(Range: 9 - 19)
Result	**Serum TSH level**:			
	Serum TSH level	**0.03 mU/L**	**(Range: 0.3 - 4.9)**

20-Aug-2019 Mrs Mary Cockburn (MC200) Data Entry

Problem Hypothyroidism monitoring first letter
Comment Comment Letter attached to prescription
Test request Test request TFTs

14-May-2019 User Previous Practice (PP180) Original Pathology Report

Result	**Serum free T4 level**:			
	Serum free T4 level	**20 pmol/L**	**(Range: 9 - 19)**
Result	**Serum TSH level**:			
	Serum TSH level	**0.13 mU/L**	**(Range: 0.3 - 4.9)**

22-Apr-2019 Mrs Mary Cockburn (MC200) Data Entry

Problem Hypothyroidism monitoring first letter
Comment Comment Text sent
Test request Test request TFTs

22-Feb-2019 User Previous Practice (PP180) Original Pathology Report

20-Feb-2019	Result	**MSU sent for C/S**:		
		MSU sent for C/S		(No range available)
20-Feb-2019	Result	**MSU sent for C/S**:		
		Urine microscopy: red cells None		(No range available)
		MSU sent for C/S < 30		(No range available)
		MSU - general :		(No range available)

20-Feb-2019 Any Treatment Room Nurse (TR357) Mairches Medical PracticeMain Surgery

Problem Urinalysis - general
Comment Comment Blood Trace ,Protien Trace sent to lab for msu.

31-Jan-2019 User Previous Practice (PP180) Original Pathology Report

30-Jan-2019	Result	**Serum free T4 level**:		
		Serum free T4 level	15 pmol/L	(Range: 9 - 19)
30-Jan-2019	Result	**Serum TSH level**:		
		Serum TSH level	**0.27 mU/L**	**(Range: 0.3 - 4.9)**

30-Jan-2019 Any Treatment Room Nurse (TR357) Mairches Medical PracticeMain Surgery

Problem Nursing care blood sample taken
Comment Comment TSH Free T4

17-Dec-2018 User Previous Practice (PP180) Original Pathology Report

Result	**Serum free T4 level**:			
	Serum free T4 level	**21 pmol/L**	**(Range: 9 - 19)**
Result	**Serum TSH level**:			
	Serum TSH level	**0.01 mU/L**	**(Range: 0.3 - 4.9)**

17-Dec-2018 Dr Stroma Beattie (SB368) Mairches Medical PracticeMain Surgery

History	History	pt last had TSH checked in 2015 - script number of tablets reduced and pt advised to have bloods done soon

17-Dec-2018 Any Treatment Room Nurse (TR357) Mairches Medical PracticeMain Surgery

Problem		Nursing care blood sample taken
Comment	Comment	TSH

17-Dec-2018 Dr Stroma Beattie (SB368) Telephone Consultation

History	History	pt advised re blood results - TSH low, T4 high; pt feels well, no bloods checked for &gt3yrs - to reduce to 200mcg thyroxine daily and recheck bloods in 6-8/52
Test request	Test request	Free T4, TSH

19-Nov-2018 Mrs Mary Cockburn (MC200) Data Entry

Problem		Hypothyroidism monitoring third letter
Comment	Comment	Letter sent
Test request	Test request	TSH

16-Oct-2018 Mrs Mary Cockburn (MC200) Data Entry

Problem		Hypothyroidism monitoring second letter
Comment	Comment	Letter attached to presc
Test request	Test request	TSH

22-Aug-2018 Mrs Mary Cockburn (MC200) Data Entry

Problem		Hypothyroidism monitoring first letter
Comment		Telephone invite to screening test sent
Test request	Test request	TFTs

30-July-2018 Mrs Mary Cockburn (MC200) Data Entry

Comment	Comment	Msg on presc to make appt for BT
Test request	Test request	TFTs

13-Jun-2018 Dr Rebecca Williams (RW173) Mairches Medical PracticeMain Surgery

08-July-2024	Medication	Medication Orlistat Capsules 120 mg 84 capsule 1 THREE TIMES DAILY	
	History	History being on orlistat has really helped him kick start his weight loss and healthier life style. has joined the couch potato to 5km app and has signed up for a 10km run.	
	Examination	O/E - weight	88.1 Kg
	Comment	Comment has lost 4kg in 3 weeks. script issued for orlistat but advised that he should try to make this the last script as he has clearly made significant changes already. house is challenging as teenagers so a lot of unhealthy snacks in the house. he asked re ideal body weight. advised to focus more on body than numbers. has a bit of a belly and as that goes down he will know he is approaching a healthy weight. he seemed happy with this.	

21-May-2018 Dr Joanne Topalian (JT363) Mairches Medical PracticeMain Surgery

08-July-2024	Medication	Medication Orlistat Capsules 120 mg 84 capsule 1 THREE TIMES DAILY	
	Problem	Weight increasing	
	History	History previously lost lots of weight (was 18 stone), was caring for eldelry *****, now has regained some weight and wishes to lose, last time orlistat helped big time. says he knows what he should be doing but finds the orlistat useful as kick start, guilty habit is take ways	
	Examination	O/E - weight	92 Kg
	Comment	Comment HAPPY PRESCRIBE, NEEDS A WEIGHT before tney run out, if going in rright directon can issue aother month	

23-Mar-2018 Ms Carol Smith (CS351) Mairches Medical PracticeMain Surgery

Examination	Examination	Unable to obtain HepA alone therefore given booster HepA and Typhoid together
Comment	Comment	Has been to ***** many times, happy is up to date with all other vaccines.
Vaccination		Second hepatitis A and typhoid vaccination *Viatim, P3D341V, exp 03/20, Protection for 25yr HepA, booster required for typhoid in 3 yrs if needed. (GMS)*

15-Mar-2018 Ms Carol Smith (CS351) Phone Encounter

Examination	Examination telephone re vaccines for ***** in 3 weeks time, has had vaccines Sept 2017, only given ***** dose HepA therefore will provide booster HepA for long term immunity.	

30-Jan-2018 Mrs Mary Cockburn (MC200) Data Entry

Comment	Electronic general practitioner medical record received (20)	

10-Jan-2018 Mrs Karin Quinn (KQ199) Mairches Medical Practice

Read Code	Fast alcohol screening test 0	
Read Code	Alcohol units per week	10
Read Code	Alcohol consumption screen	

Medications (inc. issues)

Acute

Repeat

03-Mar-2026 Levothyroxine Sodium Tablets 100 micrograms
392 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

03-Mar-2026 Levothyroxine Sodium Tablets 75 micrograms
392 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

09-Apr-2025 Levothyroxine Sodium Tablets 75 micrograms
392 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

09-Apr-2025 Levothyroxine Sodium Tablets 100 micrograms
392 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

Past

03-July-2026 Prochlorperazine Maleate Buccal tablets 3 mg Acute Medication (Past)
8 tablet - ONE TO BE DISSOLVED BETWEEN UPPER LIP AND GUM TWICE A DAY

03-July-2026 Prochlorperazine Maleate Buccal tablets 3 mg Acute Medication (Past)
8 tablet - ONE TO BE DISSOLVED BETWEEN UPPER LIP AND GUM TWICE A DAY

03-July-2026 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

03-July-2026 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

17-Apr-2026 Dexamethasone/Neomycin/Acetic Acid (glacial) Ear Spray 0.1 %+ 0.5 %+ 2 % Acute Medication (Past)
5 ml - APPLY TWICE A DAY

17-Apr-2026 Dexamethasone/Neomycin/Acetic Acid (glacial) Ear Spray 0.1 %+ 0.5 %+ 2 % Acute Medication (Past)
5 ml - APPLY TWICE A DAY

15-Apr-2026 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 tablet - ONE TABLET AT NIGHT

15-Apr-2026 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 tablet - ONE TABLET AT NIGHT

14-Apr-2026 Naproxen Tablets 500 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

14-Apr-2026 Naproxen Tablets 500 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

06-Feb-2026 Naproxen Tablets 500 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

06-Feb-2026 Naproxen Tablets 500 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

18-Dec-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN ONCE A DAY WHEN TAKING NAPROXEN FOR GASTRIC PROTECTION

18-Dec-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN ONCE A DAY WHEN TAKING NAPROXEN FOR GASTRIC PROTECTION

18-Dec-2025 Naproxen Tablets 500 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

18-Dec-2025 Naproxen Tablets 500 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

01-Dec-2025 Naproxen Tablets 500 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

01-Dec-2025 Naproxen Tablets 500 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN TWICE A DAY AFTER FOOD

12-May-2025 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
392 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

12-May-2025 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
392 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

09-Apr-2025 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
392 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

09-Apr-2025 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
392 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

09-Apr-2025 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
392 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

09-Apr-2025 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
392 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

09-Apr-2025 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
392 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

09-Apr-2025 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
392 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

12-Mar-2025 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

12-Mar-2025 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
56 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

11-Feb-2025 Zopiclone Tablets 3.75 mg Acute Medication (Past)
7 TABLET - TAKE ONE AT NIGHT IF REQUIRED

11-Feb-2025 Zopiclone Tablets 3.75 mg Acute Medication (Past)
7 TABLET - TAKE ONE AT NIGHT IF REQUIRED

16-Jan-2025 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
56 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

16-Jan-2025 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

29-Oct-2024 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

29-Oct-2024 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
56 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

03-Oct-2024 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
56 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

03-Oct-2024 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

24-Sept-2024 Mometasone Furoate Nasal spray 50 micrograms/dose Acute Medication (Past)
1 SPRAY - TWO SPRAYS TO BE USED IN EACH NOSTRIL EACH DAY

24-Sept-2024 Mometasone Furoate Nasal spray 50 micrograms/dose Acute Medication (Past)
1 SPRAY - TWO SPRAYS TO BE USED IN EACH NOSTRIL EACH DAY

18-Sept-2024 Beclometasone Aqueous nasal spray 50 micrograms/actuation Acute Medication (Past)
200 dose - TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY

18-Sept-2024 Beclometasone Aqueous nasal spray 50 micrograms/actuation Acute Medication (Past)
200 dose - TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY

05-Aug-2024 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
56 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

05-Aug-2024 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

08-July-2024 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

08-July-2024 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
56 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

07-May-2024 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
56 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

07-May-2024 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

22-Apr-2024 Mometasone Furoate Nasal spray 50 micrograms/dose Acute Medication (Past)
1 spray - TWO SPRAYS TO BE USED IN EACH NOSTRIL EACH DAY

22-Apr-2024 Mometasone Furoate Nasal spray 50 micrograms/dose Acute Medication (Past)
1 spray - TWO SPRAYS TO BE USED IN EACH NOSTRIL EACH DAY

22-Apr-2024 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
6 capsule - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN DAILY THEREAFTER

22-Apr-2024 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
6 capsule - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN DAILY THEREAFTER

29-Mar-2024 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

29-Mar-2024 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
56 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

01-Feb-2024 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

01-Feb-2024 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
56 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

15-Jan-2024 Nystatin Oral suspension 100,000 units/ml Acute Medication (Past)
30 ml - 1ML TO BE TAKEN FOUR TIMES A DAY

15-Jan-2024 Nystatin Oral suspension 100,000 units/ml Acute Medication (Past)
30 ml - 1ML TO BE TAKEN FOUR TIMES A DAY

07-Dec-2023 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
56 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

07-Dec-2023 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

18-Oct-2023 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

18-Oct-2023 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
56 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

04-Aug-2023 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

04-Aug-2023 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
56 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

03-Aug-2023 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY

03-Aug-2023 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY

27-Jun-2023 Doublebase Dayleve Gel Acute Medication (Past)
500 gram - AS REQUIRED

27-Jun-2023 Doublebase Dayleve Gel Acute Medication (Past)
500 gram - AS REQUIRED

24-May-2023 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

24-May-2023 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
56 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

28-Mar-2023 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
56 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

28-Mar-2023 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

27-Feb-2023 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - TAKE ONE TABLET TWICE DAILY WITH FOOD

27-Feb-2023 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - TAKE ONE TABLET TWICE DAILY WITH FOOD

10-Feb-2023 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
30 tablet - ONE OR TWO TO BE TAKEN AT NIGHT

10-Feb-2023 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
30 tablet - ONE OR TWO TO BE TAKEN AT NIGHT

06-Feb-2023 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
56 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

06-Feb-2023 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

22-Dec-2022 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
56 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

12-Dec-2022 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
56 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

21-Oct-2022 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

21-Oct-2022 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
56 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

17-Aug-2022 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
56 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

17-Aug-2022 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

12-Aug-2022 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
28 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST

06-July-2022 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
28 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST

20-Jun-2022 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
56 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)

20-Jun-2022 Levothyroxine Sodium Tablets 75 micrograms Repeat Medication (Past)
28 tablet - TAKE ONE TABLET DAILY BEFORE BREAKFAST

17-Jun-2022 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

31-May-2022 Mebeverine Hydrochloride Tablets 135 mg Acute Medication (Past)
100 tablet - ONE TO BE TAKEN THREE TIMES A DAY 20 MINUTES BEFORE FOOD

31-May-2022 Mebeverine Hydrochloride Tablets 135 mg Acute Medication (Past)
100 tablet - ONE TO BE TAKEN THREE TIMES A DAY 20 MINUTES BEFORE FOOD

31-Mar-2022 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

07-Feb-2022 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

20-Dec-2021 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

28-Oct-2021 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

09-Aug-2021 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

17-Jun-2021 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

05-May-2021 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

24-Mar-2021 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

28-Jan-2021 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

30-Nov-2020 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

23-Sept-2020 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

23-July-2020 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

11-May-2020 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

19-Mar-2020 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

03-Feb-2020 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

04-Dec-2019 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

21-Oct-2019 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - TWO TABLETS DAILY

09-Oct-2019 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - TWO TABLETS DAILY

16-Sept-2019 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - TWO TABLETS DAILY

20-Aug-2019 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - TWO TABLETS DAILY

29-July-2019 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - TWO TABLETS DAILY

22-July-2019 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - TWO TABLETS DAILY

06-Jun-2019 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - TWO TABLETS DAILY

30-Apr-2019 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - TWO TABLETS DAILY

27-Mar-2019 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - TWO TABLETS DAILY

19-Feb-2019 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - TWO TABLETS DAILY

18-Dec-2018 Levothyroxine Sodium Tablets 50 micrograms Repeat Medication (Past)
28 tablet - ONE TAB DAILY

18-Dec-2018 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - TWO TABLETS DAILY

16-Oct-2018 Levothyroxine Sodium Tablets 50 micrograms Repeat Medication (Past)
56 tablet - ONE TAB DAILY

16-Oct-2018 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

30-July-2018 Levothyroxine Sodium Tablets 50 micrograms Repeat Medication (Past)
56 tablet - ONE TAB DAILY

30-July-2018 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

15-Jun-2018 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

15-Jun-2018 Levothyroxine Sodium Tablets 50 micrograms Repeat Medication (Past)
56 tablet - ONE TAB DAILY

13-Jun-2018 Orlistat Capsules 120 mg Acute Medication (Past)
84 capsule - 1 THREE TIMES DAILY

21-May-2018 Orlistat Capsules 120 mg Acute Medication (Past)
84 capsule - 1 THREE TIMES DAILY

21-May-2018 Orlistat Capsules 120 mg Acute Medication (Past)
84 capsule - 1 THREE TIMES DAILY

29-Mar-2018 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
112 tablet - TWO TABLETS DAILY

29-Mar-2018 Levothyroxine Sodium Tablets 50 micrograms Repeat Medication (Past)
56 tablet - ONE TAB DAILY

23-Mar-2018 Levothyroxine Sodium Tablets 50 micrograms Repeat Medication (Past)
28 tablet - ONE TAB DAILY

23-Mar-2018 Levothyroxine Sodium Tablets 100 micrograms Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)

19-Jan-2018 Levothyroxine Sodium Tablets 50 micrograms Acute Medication (Past)
56 tablet - 1 DAILY AS DIRECTED

19-Jan-2018 Levothyroxine Sodium Tablets 100 micrograms Acute Medication (Past)
112 tablet - TWO TABLETS DAILY

19-Jan-2018 Levothyroxine Sodium Tablets 50 micrograms Acute Medication (Past)
56 tablet - 1 DAILY AS DIRECTED

19-Jan-2018 Levothyroxine Sodium Tablets 100 micrograms Acute Medication (Past)
112 tablet - TWO TABLETS DAILY

Allergies

09-July-2024 Mrs Angela Swinton (AS)
No known allergies
Unknown
Episodicity - None

Vaccinations

21-Oct-2025 Mr Anonymous User (ANON)
Administration of first inactivated seasonal influenza vacc
*3051222/ FLUAQIV/IM/Left Arm//FLU - Seqirus UK (Borders 25-26 Mass Selkirk ***** ***** - 4999)*

18-Oct-2024 Mr Anonymous User (ANON)
Administration of first inactivated seasonal influenza vacc
3040806/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK (Borders 24-25 Mass Earlston Health Centre - 4999)

18-Oct-2024 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 vaccine
812002A/ COVMODERNA/IM/Right Arm//C-19 Moderna (Borders 24-25 Mass Earlston Health Centre - 4999)

16-Nov-2023 Mr Anonymous User (AU177)
Administration of first inactivated seasonal influenza vacc
*(Scheduled) 3029508/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK (Borders 23-24 Mass Galashiels Volunteer ***** - 4999)*

16-Nov-2023 Mr Anonymous User (AU177)
Administration of first dose of SARS-CoV-2 vaccine
*(Scheduled) HH1298/ COVPFIZER/IM/Right Arm//C-19 Comirnaty (Borders 23-24 Mass Galashiels Volunteer ***** - 4999)*

04-Oct-2022 Mr Anonymous User (AU177)
Administration of first inactivated seasonal influenza vacc
*(Scheduled) 440031A/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK (Borders 22-23 Mass Selkirk ***** ***** - 4999)*

04-Oct-2022 Mr Anonymous User (AU177)
Administration of first dose of SARS-CoV-2 vaccine
*(Scheduled) GE3043/ COVPFIZER/IM/Left Arm//C-19 Comirnaty (Borders 22-23 Mass Selkirk ***** ***** - 4999)*

19-Nov-2021 Mr Anonymous User (AU177)
Administration of first inactivated seasonal influenza vacc
*(Scheduled) 3079181A/ FLUQIVC/IM/Right Arm//FLU - Flucelvax Tetra (QIVc) (Borders 21-22 Mass Galashiels Volunteer *****)*

19-Nov-2021 Mr Anonymous User (AU177)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Pfizer (Borders 21-22 Mass Galashiels Volunteer *****)
*(Left arm) FH4751/ PF/IM/Left Arm//C-19 Booster Pfizer (Borders 21-22 Mass Galashiels Volunteer *****)*

19-Nov-2021 Mr Anonymous User (AU177)
Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Pfizer (M Gentleman)
(Left arm) FH4751/ PF/IM/Left Arm//C-19 Booster Pfizer (M Gentleman)

14-May-2021 Mr Anonymous User (AU177)
Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By S *****)
*(Left arm) PV46678/ AZ/IM/LUA//C-19 (By S *****)*

02-Mar-2021 Mr Anonymous User (AU177)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By M Hadshar)
(Left arm) PV46669/ AZ/IM/LUA//C-19 (By M Hadshar)

04-Oct-2020 Dr Terni Jhooti (TJ4304)
Seasonal influenza vaccination
Seqirus Flucelvax P100251946. Exp: 06/21

09-Apr-2020 Ms Carol Smith (CS351)
Low dose diphtheria, tetanus and inactivated polio vaccinati
Revaxis, P3J401V, exp 07/20,Sanofi (GMS)

23-Mar-2018 Ms Carol Smith (CS351)
Second hepatitis A and typhoid vaccination
Viatim, P3D341V, exp 03/20, Protection for 25yr HepA, booster required for typhoid in 3 yrs if needed. (GMS)

Referrals

04-Jun-2026 Mrs Francesca Tarelli (FRR)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

28-Nov-2022 Dr Ruaraidh Mackessack-Leitch (RM2100)
8HT3.: Referral to audiology clinic (SCI Gateway Referral)
SelfReferral, Out Patient. Referral Type: Self Referral

Test Requests

This section is empty.

Test Results

06-Mar-2023 User Previous Practice (PP180)		
Result: Serum TSH level		
Serum TSH level	0.45 mU/L	(Range: 0.3 - 4.9)
17-Jun-2022 User Previous Practice (PP180)		
Result: Serum free T4 level		
Serum free T4 level	19 pmol/L	(Range: 9 - 19)
17-Jun-2022 User Previous Practice (PP180)		
Result: Serum TSH level		
Serum TSH level	**0.06 mU/L**	**(Range: 0.3 - 4.9)**
31-May-2022 User Previous Practice (PP180)		
Result: Enteric microscopy, culture and sensitivities		
Enteric microscopy, culture and sensitivities		(No range available)
31-May-2022 User Previous Practice (PP180)		
Result: (Non Coded Event - Concentrate microscopy)		
Microscopic examination for parasites		(No range available)
31-May-2022 User Previous Practice (PP180)		
Result: Direct microscopy		
Cryptosporidium microscopy Not seen.		(No range available)
Direct microscopy Not seen.		(No range available)
Direct microscopy SOFT		(No range available)
10-Mar-2021 User Previous Practice (PP180)		
Result: Serum free T4 level		
Serum free T4 level	17 pmol/L	(Range: 9 - 19)
10-Mar-2021 User Previous Practice (PP180)		
Result: Serum TSH level		
Serum TSH level	**0.11 mU/L**	**(Range: 0.3 - 4.9)**
27-Feb-2020 User Previous Practice (PP180)		
Result: Serum free T4 level		
Serum free T4 level	18 pmol/L	(Range: 9 - 19)

27-Feb-2020 User Previous Practice (PP180)
Result: Serum TSH level

Serum TSH level	**0.25 mU/L**	**(Range: 0.3 - 4.9)**

27-Feb-2020 User Previous Practice (PP180)
Result: Serum cholesterol

Serum cholesterol/HDL ratio	3.4	(Range: 2 - 5)
Serum LDL cholesterol level	**1.7 mmol/L**	**(Range: 2 - 3.5)**
Serum HDL cholesterol level	**0.9 mmol/L**	**(Range: 1 - 1.5)**
Serum triglycerides	1.1 mmol/L	(Range: 0.6 - 1.7)
Serum cholesterol	**3.1 mmol/L**	**(Range: 3.5 - 5.18)**

04-Sept-2019 User Previous Practice (PP180)
Result: Serum free T4 level

Serum free T4 level	19 pmol/L	(Range: 9 - 19)

04-Sept-2019 User Previous Practice (PP180)
Result: Serum TSH level

Serum TSH level	**0.03 mU/L**	**(Range: 0.3 - 4.9)**

14-May-2019 User Previous Practice (PP180)
Result: Serum free T4 level

Serum free T4 level	**20 pmol/L**	**(Range: 9 - 19)**

14-May-2019 User Previous Practice (PP180)
Result: Serum TSH level

Serum TSH level	**0.13 mU/L**	**(Range: 0.3 - 4.9)**

20-Feb-2019 User Previous Practice (PP180)
Result: MSU sent for C/S

MSU sent for C/S		(No range available)

20-Feb-2019 User Previous Practice (PP180)
Result: MSU sent for C/S

Urine microscopy: red cells None		(No range available)
MSU sent for C/S < 30		(No range available)
MSU - general :		(No range available)

30-Jan-2019 User Previous Practice (PP180)
Result: Serum free T4 level

Serum free T4 level	15 pmol/L	(Range: 9 - 19)

30-Jan-2019 User Previous Practice (PP180)
Result: Serum TSH level

Serum TSH level	**0.27 mU/L**	**(Range: 0.3 - 4.9)**

17-Dec-2018 User Previous Practice (PP180)
Result: Serum free T4 level

Serum free T4 level	**21 pmol/L**	**(Range: 9 - 19)**

17-Dec-2018 User Previous Practice (PP180)
Result: Serum TSH level

Serum TSH level	**0.01 mU/L**	**(Range: 0.3 - 4.9)**

25-Feb-2026 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Percentage basophils	0.13 10*9/L	(No range available)
Eosinophil count	0.11 10*9/L	(No range available)
ReadCodeId	0.72 10*9/L	(Range: 0.2 - 0.8)
ReadCodeId	2.42 10*9/L	(Range: 1 - 4.5)
Neutrophil count	3.93 10*9/L	(Range: 2 - 7.5)
Mean corpusc. Hb. conc. (MCHC)	342 g/L	(Range: 320 - 360)
Mean corpusc. haemoglobin(MCH)	31.3 pg	(Range: 27 - 32)
Haematocrit	0.43 L/L	(Range: 0.4 - 0.52)
Red blood cell (RBC) count	4.7 10*12/L	(Range: 4.5 - 6.5)
Mean corpuscular volume (MCV)	91.3 fL	(Range: 83 - 101)
Platelet count	**401 10*9/L**	**(Range: 150 - 400)**
ReadCodeId	7.3 10*9/L	(Range: 4 - 11)
Haemoglobin estimation	147 g/L	(Range: 130 - 180)

25-Feb-2026 Mr Anonymous User (ANON)
Result: Plasma random glucose level

Plasma random glucose level	4.5 mmol/L	(Range: 3.9 - 7.8)

25-Feb-2026 Mr Anonymous User (ANON)
Result: (Non Coded Event -)

Glomerular filtration rate >60		(No range available)
Serum creatinine	106 umol/L	(Range: 64 - 110)
Serum potassium	4.7 mmol/L	(Range: 3.5 - 5)
Serum sodium	140 mmol/L	(Range: 137 - 144)

25-Feb-2026 Mr Anonymous User (ANON)
Result: Serum free T4 level

Serum free T4 level	14 pmol/L	(Range: 9 - 19)

25-Feb-2026 Mr Anonymous User (ANON)			
Result: Serum TSH level			
	Serum TSH level	**5.58 mU/L**	**(Range: 0.3 - 4.9)**
	ReadCodeId		(No range available)
25-Feb-2026 Mr Anonymous User (ANON)			
Result: (Non Coded Event -)			
	Glomerular filtration rate >60		(No range available)
	Serum creatinine	106 umol/L	(Range: 64 - 110)
	Serum potassium	4.7 mmol/L	(Range: 3.5 - 5)
	Serum sodium	140 mmol/L	(Range: 137 - 144)
21-July-2025 Mr Anonymous User (ANON)			
Result: Serum TSH level			
	Serum TSH level	2.66 mU/L	(Range: 0.3 - 4.9)
	ReadCodeId		(No range available)
17-Jun-2025 Mr Anonymous User (ANON)			
Result: MSU sent for C/S			
	MSU sent for C/S		(No range available)
17-Jun-2025 Mr Anonymous User (ANON)			
Result: Urine sent for microscopy			
	Urine microscopy: pus cells None		(No range available)
	MSU - general :		(No range available)
13-Aug-2024 Mr Anonymous User (ANON)			
Result: MSU sent for C/S			
	MSU sent for C/S		(No range available)
13-Aug-2024 Mr Anonymous User (ANON)			
Result: Urine sent for microscopy			
	Urine microscopy: pus cells < 30		(No range available)
	MSU - general :		(No range available)
23-July-2024 Mr Anonymous User (ANON)			
Result: Serum TSH level			
	Serum TSH level	2.92 mU/L	(Range: 0.3 - 4.9)

Other Items

18-Mar-2033	Recall	Influenza vaccination
18-Dec-2026	Recall	Medication review
06-Aug-2026	Recall	Hypothyroidism monitoring third letter
09-July-2026	Read Code	Hypothyroidism monitoring second letter
10-Jun-2026	Read Code	Hypothyroidism monitoring first letter
09-Jan-2025	Read Code	No response to bowel cancer screening programme invitation Non-Responder
22-Aug-2024	Read Code	[D]Non cardiac chest pain
05-Aug-2024	Read Code	Computer summary updated
05-Aug-2024	Read Code	Patient has no paper record
26-Mar-2024	Read Code	[SO]Distal phalanx of great toe (Right)
13-Jun-2023	Read Code	Registered for access to Patient Facing Service
10-May-2023	Read Code	Hearing difficulty (Bilateral) For trial bilateral digital hearing aids
06-Mar-2023	Read Code	Thyroid disease monitoring
09-Jan-2023	Read Code	No response to bowel cancer screening programme invitation Non-Responder
17-Jun-2022	Read Code	Thyroid disease monitoring
19-Oct-2021	Read Code	Disease caused by 2019-nCoV (novel coronavirus) Positive
06-Oct-2021	Read Code	Disease caused by 2019-nCoV (novel coronavirus) Positive

06-Sept-2021	Read Code	Tested for 2019-nCoV (novel coronavirus) infection Negative
20-Aug-2021	Read Code	Tested for 2019-nCoV (novel coronavirus) infection Negative
08-July-2021	Read Code	Tested for 2019-nCoV (novel coronavirus) infection Negative
11-Mar-2021	Read Code	Thyroid disease monitoring
09-Jan-2021	Read Code	No response to bowel cancer screening programme invitation Non-Responder
30-Dec-2020	Read Code	Tested for 2019-nCoV (novel coronavirus) infection negative
28-Feb-2020	Read Code	Thyroid disease monitoring
24-Sept-2019	Read Code	Thyroid disease monitoring
14-May-2019	Read Code	Thyroid disease monitoring
15-Apr-2019	Read Code	[DEGRADE Ex Patient of Dr Topalian]
30-Jan-2019	Read Code	Thyroid disease monitoring
17-Dec-2018	Read Code	Thyroid disease monitoring
16-Jun-2018	Read Code	No response to bowel cancer screening programme invitation Non-Responder
02-Mar-2018	Read Code	Notes summary on computer paper records
02-Mar-2018	Read Code	Computer summary updated
10-Jan-2018	Read Code	Scottish - ethnic category 2001 census
10-Jan-2018	Read Code	Never smoked tobacco
10-Jan-2018	Read Code	Enjoys moderate exercise
10-Jan-2018	Read Code	No FH: Stroke/TIA
10-Jan-2018	Read Code	No FH: Ischaemic heart disease
10-Jan-2018	Read Code	FH: Diabetes mellitus
10-Jan-2018	Read Code	Alcohol units per week 10 U/week
27-Oct-2009	Read Code	Is a ***** ***** Mellisa
23-Jan-2003	Read Code	Neurotic depression reactive type
31-May-1996	Read Code	Non-endoscopic dilation of urethra using rigid dilators
31-May-1996	Read Code	Urethral stricture dilatation
28-Jun-1995	Read Code	Acquired hypothyroidism
01-Jan-1995	Read Code	Tonsillectomy
07-Dec-1993	Read Code	Ex-heavy smoker (20-39/day)
07-Dec-1993	Read Code	Teetotaller
14-Oct-1993	Read Code	Removal of tattoo of skin
01-Jan-1992	Read Code	Irritable colon - Irritable bowel syndrome
20-Oct-1988	Read Code	[D]Retention of urine
07-July-1988	Read Code	Penile warts with urinary retention

07-Jan-1980	Read Code	Migraine
01-Jan-1970	Read Code	Asthma mild
01-Sept-1968	Read Code	*****

Attachments

Scanned Document
15-July-2026 LOUISE_18678
Additional: Scanned Document

Filename: garrie.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

MALE

SURNAME	CHRISTIAN NAMES
GARRIE	RICHARD M.

ADDRESS 32 WHITEFIELD CRES NEWTOWN ST. BOSWELLS.

Date of Birth 18 03 68

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
18/3/92		Chest infection Amoxil 250mg TDS x 21	
26/3/92		Still feels chesty - Chest clear FEV$_1$ 4.06. FVC 4.08 (normal) Re Bronchial symptoms · Carafate 1gm	
9.4.92		Still coughy - happy to stop RS - clear L. Cod.	

Dr G.D. WILSON

This person has been placed on your list in accordance with your acceptance and this card should be used until his medical record envelope is sent to you. It should then be placed in the envelope.

Date 12 FEB 1992

* 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 G.P. 7a (Scotland)

L.L. Ltd. 8359057 7/81

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SCR 293 685

MALE SURNAME GARRIE . CHRISTIAN NAMES RICHARD

ADDRESS 32 Whitefield Av, J. St. B Date of Birth 18 3 68

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
		New Patient	
10/2/92		Itchy skin arbah head itchy	
		Fay Eumovate cream 30g	

* 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 G.P. 7 (Scotland)

HMSO Dd8218325MD C1520 7/90 53791

NHS Confidential: Personal data about a patient

MALE

SURNAME	CHRISTIAN NAMES
GARRY	Richard

ADDRESS 32 Whitefield Crescent
Newtown St Boswells

Date of Birth

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
21.4.98		Headache + dizziness [illegible]	
		o/e [illegible]. good [illegible]	
		No [illegible]	
		Nods [illegible]	
		BS active	
		Rx: Sol. Paracetamol	
		500mg [illegible]	

* 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 G.P. 7 (Scotland)

Dd8178352MD 180M 8/89 R.P.(53791)

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C

MALE SUMMARY OF TREATMENT CARD

Surname	Forename(s)
[redacted] CARRIE	Richard Mark

Address [redacted] CROWN POINT INN
SEVEN C[illegible]

N.H.S. Number	Date of Birth
	18·03·68

DATE	CLINICAL NOTES 810669
	Dr Reilly 21/9/90
21/9/90	AGE 22 WT 90 kg HT 1.90 C C
	ALB SUG BP
	F.H TET Yes SMOKE Yes C
	LIPIDS AL
	[redacted]
	aged 6 - Ix of 'headaches' BP 110/70 C
	? migraine.
	smokes 20 day⁻¹ C
	alcohol rarely C
	occ - general assistant
	no medication no allergies.

Dd 8194385 2000M 9/89 Ed(271582) FP9A

NHS Confidential: Personal data about a patient

MALE Surname	Forenames
Garrie	Richard Mark

Address: Crown Point Inn, Seal Chart.

National Health Service Number	Date of Birth
	18.03.68.

Date	★	CLINICAL NOTES
21.09.90		5 day history of intermittent headache and nausea · vomited daily assoc with visual disturbance - intermittent diplopia. No fortification spect. · photophobia apyrex. full range of movement of neck. PEARLA - fundi well seen - normal no cranial nerve abn. Rx Migraleve [illegible]
17/10/90	A	~~[illegible]~~ Diarrhoea 3/7. ↑ V. had Indian on Sat. Rx ~~[illegible]~~ loperamide (30) ↑ fluids [illegible]
27.11.90		- 4/52 itchy scaly [illegible] Rx Locoid [illegible] (30g) - 3/52 cough ↑ green phlegm ++. On 3 cigs/day [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] (28) [illegible] [illegible] [illegible] [illegible]

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

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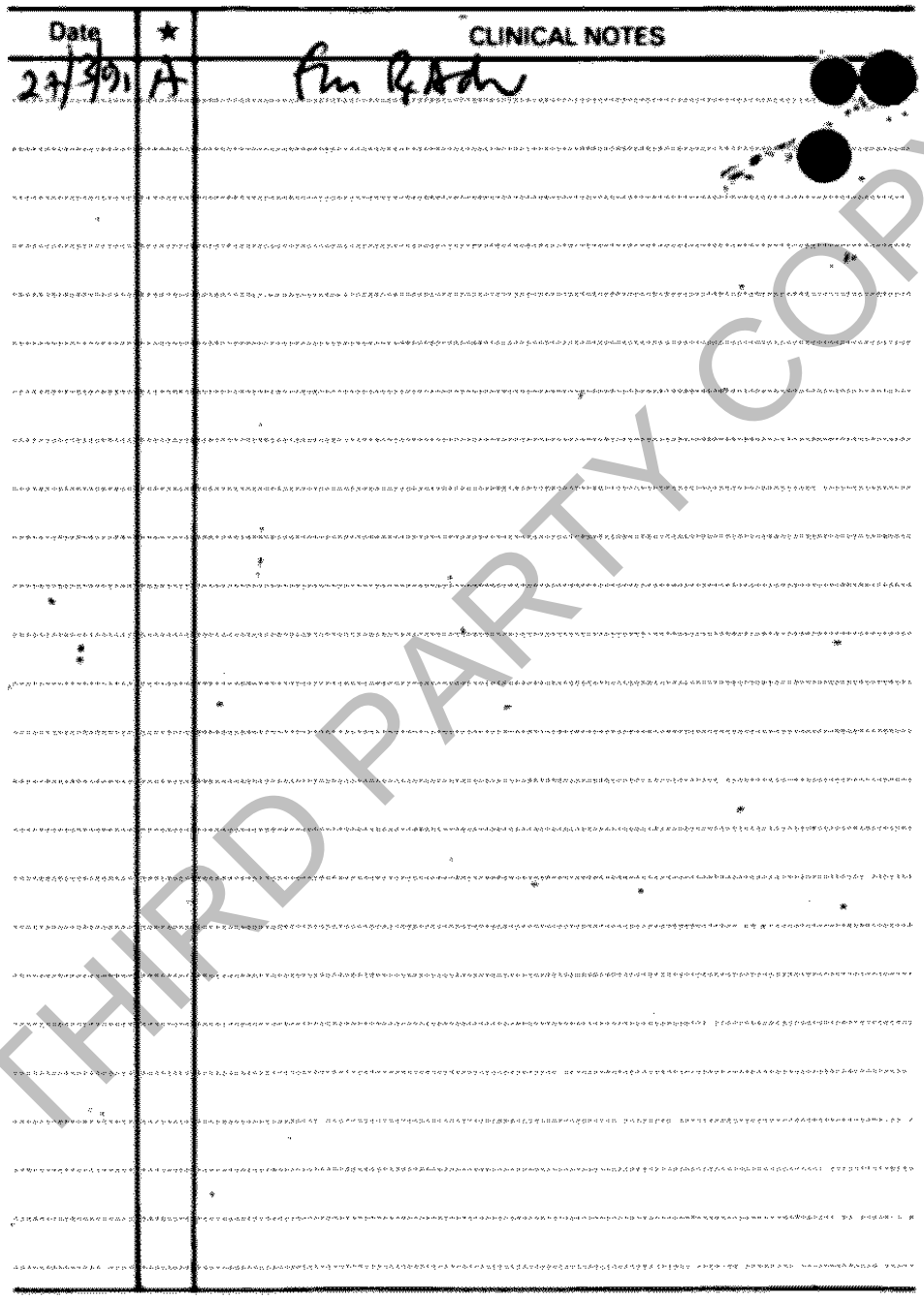

Date	★	CLINICAL NOTES
27/3/91	A	Fm R Ash

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

THIS RECORD IS THE PROPERTY OF THE SECRETARY OF STATE FOR SOCIAL SERVICES

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16th May

MALE ● | Surname: GARRIE | Forenames: RICHARD

Address: Ro[redacted] & Crown. Hawridge Common. Nr Chesham

National Health Service Number: |||| | Date of Birth: 18.3.68.

Date	★	CLINICAL NOTES
16 MAY 1990	A	PMH [redacted]
		F } adoptive. M
		Natural sister ? well.
		Assistant manager. Smoke 10/day.
		Drinks 60/wk.
		BP 120/80 Chest clear.
		Δ Bronchitis. Rx Oxytet 250 (30)
		Chat re lifestyle.
29 MAY 1990	A	Still has cough + green sputum + SOB. Chest wheezy.
		Δ Bronchitis Rx Cotrim (28)
7 JUN 1990		Still coughing up phlegm green
		Smokes 20/day

STOP SMOKING

Rx Oxytet 250 (30)

-CXR

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

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5.9.88

MALE	SURNAME	CHRISTIAN NAMES
	GARRIE	Richard

ADDRESS		Date of Birth
	15 Bellevue Street	18 03 68

DAT	*C *F	CLINICAL NOTES	DIAGNOSIS
14/9/88		Losing weight.	
		Treated for warts – [illegible]	
		~ July 88. [illegible]	
		[illegible]	
		MSU [illegible] – reg.	
		[illegible] – [illegible]	
		→ Chest x-ray – normal	
22/9/88		65 kg.	5' 10½"
		Still worried about losing wt	
		– just at lower end of	
		wed range scale	
		Going back to Deaconess in	
		Nov for another course of [illegible]	
		for penile warts.	
2.10.88		[illegible] haem[illegible]	
		[illegible] + [illegible]	
		[illegible] proctoscopy [illegible]	
		review [illegible]	
		also [illegible]	
		[illegible]	
5/10/88		BP 100/70	
		[illegible] over L eye	

* 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 G.P. 7 (Scotland)

Dd8102269 175M 10/87 R.P.(53791)

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DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
5/10/88		BP normal	
		Has always had	
		migraine	
		M~~[illegible]~~ Alert.	
		Paraesthesia	
		[illegible] [illegible]	
		no [illegible] [illegible] [illegible]	
		[illegible] [illegible]	
		no neck rigidity	

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

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MALE SUMMARY OF TREATMENT CARD

Surname GARRIC

Forename(s) [redacted]

Address

N.H.S. Number

Date of Birth 18/3/28

DATE	CLINICAL NOTES
1988	[redacted]

Dd 8131292 3298M 7/88 Ed(257767) FP9A

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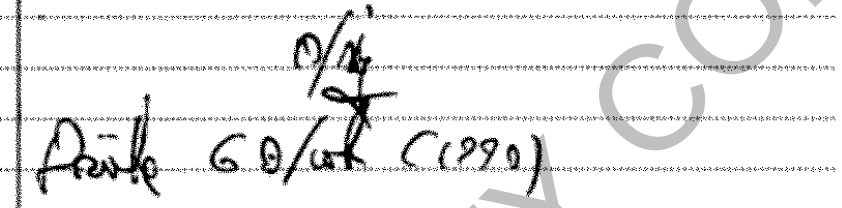
DATE	CLINICAL NOTES



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G.P.1. 15.6.87. ASR.

MALE

SURNAME: GARRIE

CHRISTIAN NAMES: RICHARD MACK.

ADDRESS: 32 WEST GLANTON VIEW.

Date of Birth: 18 | 3 | 68.

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
23/6/87		[illegible]	
		[illegible]	[illegible]
		[illegible]	
		(69)	
29.6.87		DNA	
10.7.87		7. OXYTETRACYCLINE	250mg
			(60) i bd
	*	WATCH DATES PRESCRIPTION	
		ASKED FOR.	
29.7.87		D.N.A.	
		PLEASE REMIND PT.	
		ABOUT HIS HOSPITAL	
		APPT. EYE PAVILION.	
10.8.87		D.N.A.	
13/10/87		[illegible]	[illegible]
		(35)	
		[illegible]	
			[illegible]
		[illegible]	[illegible]
		R.I.C.	[illegible]

* 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 G.P. 7 (Scotland)

Dd8928266 180M 7/86 R.P.(53791)

NHS Confidential: Personal data about a patient

JH 16 · 12 · 86

MALE	SURNAME	CHRISTIAN NAMES
	GARRIE	RICHARD

ADDRESS 7 HILLSIDE STREET

Date of Birth 18 | 3 | 68

DAT	*C *F	CLINICAL NOTES	DIAGNOSIS
		TELE -	
		Unemployed	
		PH Nil of note	
		No known allergies	
		Smokes 15/day : social [illegible]	
18/12/86	A	[illegible] 2-3/12 [illegible]	[illegible]
		& [illegible] wheezy [illegible]	
		[illegible] green phlegm : [illegible] (30)	
		& to STOP SMOKING	
7/4/87	–	DNA	

* 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 G.P. 7 (Scotland)

Dd8928266 180M 7/86 R.P.(53791)

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N.P. Reg Dr Paterson 10/10/86.

MALE	SURNAME	CHRISTIAN NAMES
Mr	BARRIE	RICHARD

ADDRESS 15 BERNARD TERRACE

Date of Birth 18 3 68

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
10.10.86		New patient.	
		Acne vulgaris for 5yrs.	
		Fed up taking Oxytet.	
		Retin A helped before	℞ Retin-A gel 60g
		Wart (L) thumb ℞ Salactol [illegible]	
16.10.86		[illegible] (20) [illegible]	[illegible].
20.10.86.		[illegible] after food.	10 [illegible]
		[illegible]	
		[illegible].	
		? intolerance to [illegible].	
		Stop this now.	

* 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 G.P. 7 (Scotland)

8926039 11/85 R.P. (53791)

NHS Confidential: Personal data about a patient

20 2.86

MALE SURNAME GARRIE | CHRISTIAN NAMES Richard

ADDRESS 8 Broughton Road | Date of Birth 18 03 68

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
20/2/86.		Toxoplasmic Active	
		Rofs Tetrex	
		150 3	
		Infirmary want pat	
25/3/86		Awaiting word from RIE	
		re acne.	
		R Minocin 50 mg/day	
		50	
13/5/86		Oxytet 500 mg b.d.	
		[illegible] 6/6	
		R 250 mg × (200)	

* 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

P.H.P., 53-2785, 6/81

Form G.P. 7 (Scotland)

NHS Confidential: Personal data about a patient

MALE

SURNAME: GARRIE

CHRISTIAN NAMES: RICHARD

ADDRESS: 7. HILLSIDE ST.

Date of Birth: 18 3 68

AED 11/7/85 PIT 31/3/86

DATE	*C.F.	CLINICAL NOTES	DIAGNOSIS
12/7/85	A	Wart on thumb Rt hand not sure at all had 1½ year Write to wart clinic ✓	
31/7/85		DNA	
2/10/85	A	③Acne ℞ Oxytet 250, (100) ② Wart ⓡ thumb Cuplex Syn	
5/12/85	A	Vomiting Some yest. yellow vomit no diarrhoea O/E afebrile abdo soft Stomatitis Sings like ↓ Zn.	
9/10/85	A.	Has Acne: unable to get jobs because of this Consequently upset. Ex: Has cysticles, papules, pustules, cysts scarring. ℞ Oxytet 250 qds (200) Benoxyl 5gel 1d. 1x AM TCO 1m time Oxytet 3/12 if no better → Skin OPD.	

* 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 G.P. 7 (Scotland)

8806192 400M 12/83 F. & S. Ltd.

NHS Confidential: Personal data about a patient

MALE SURNAME GARRIE CHRISTIAN NAMES RICHARD

ADDRESS 7 Hillside St.

Date of Birth 18 | 6 | 68

DATE	C *F	CLINICAL NOTES	DIAGNOSIS
20-4-84	Cont.	Has been asked to	stop eating
		pigs meat, fat, chocolate	: cheese.
		C. Amoxil 250mg	(20)
30/4/84	R	~~C. Amoxil 250mg (20)~~	
		NOT GIVEN: SEE!	
19/7/84	A	C. Floxapen + foments.	Boil behind R ear
11/4/84	A	Acne – Tet (various) 1 – (100)	
		Veracur – warts.	
7/1/85		Wart on Rt thumb	
		Rx salactol paint x 10ml	
22/1/85		DNA	
31/1/85	A	Itchy rash in groin +	
		dysuria. C. Amoxil	250mg tid (15)
		+ Canesten Cr.	
25/2/85	A	(1) Fell downstairs sat on	
		can't hear in Lt ear	
		O/E wax Lt ear syringed	
		good result	EARWAX.
		(2) Cough – green phlegm	BRONCHITIS
		O/E PND chest clear. ampicillin	
		250 tds x21	
11/3/85	A.	Still cough – green sputum	Nose blocked
		O/E: p 66/min BP 130/70. Chest clear.	Antrl.:

* 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 G.P. 7 (Scotland)

P.P.L., 53-ST-4268, 12/82

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DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
		enjoyment of swimming.	
		? Allergic cause. Cataract	
		Rx Otrivine Ld. x 5/7 then stop	
		Stay in Hawick!	
18/4/85		DNA	

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

MALE

SURNAME: GARRIE

CHRISTIAN NAMES: RICHARD.

ADDRESS: 4. HILLSIDE STREET.

Date of Birth: 18 | 3 | 68

DATE	C *F	CLINICAL NOTES	DIAGNOSIS
		At Boarding School Kinross	
3/11/81	Rx	MIGRALEVE (PINK) (30) i-ii PRN	
3/12/81	A	Advice re small crack	
		in lower lip; to use vaseline	
21/12/81	A	Infected ear lobe.	
		Heel ear pierced.	
		Batter to creatin cr.	
14/1/82	A	Tabs DQV-K + (20)	Sore mouth &
		Chedriel gonl mouthwash.	Throat.
27/5/82	A	Spots on face	Acne
		Rx Panoxyl 5 (40g)	mild -> mod.
2/8/82	A	Rep Migraleve Pink 30	
		Also had small buccal	
		ulcer - mouth wash	
22/7/82	Rx	PANOXYL 5 40G. WASH, THEN	
		APPLY i daily	
2/8/82	Rx	MIGRALEVE (PINK) 30 i - ii PRN.	
19/10/82	A	Phonecall for cpm ?cold	
		Chest ✓ Rep Panoxyl 5 Gel (40g)	
28.12.82	A	Wakes up with hacking cough	
		To come off pigs meat	
		O/E mild pharyngitis	
		V Cil K 250 (20) Actifed Col Loud	
31.12.82	A	Father down. Son came on own	

he asked to Kinross School... have been watery ... Has only taken V Cil K ... V. little Lincture left ... had signed out.

*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 G.P. 7 (Scotland)

L.L.Ltd. Dd 8350064, 6/80

NHS Confidential: Personal data about a patient

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
3/.12.82	✓	In corrective school. Has been in	
		trouble with police.	
		Inform^n volunteered by	fath[redacted]
		Not very happy that son	comes here
		without his knowledge	
28/1/83	Rx	Panoxyl 5 Gel 40G	
		Actifed Co Linctus	100ml
1.2.83	A	Sensitivity tests →	NAD
		Cough at night still	
		? Blood in urine	
		Urine :–	
14/2/83	A.	Ichyosis [illegible] 3rd + 4th (L)	
		4th + 5th (R). hyperkeratotic skin	
		fissures ? fungal Rx [illegible] 30g	
		Rx Actifed [illegible] (100)	
25/10/83	A	Tabs [illegible] (100) [illegible] Severe Acne	
		r advice.	
9/12/83	A.	Moderately severe Acne c scarring	
		papules + pustules of [illegible] area	
		Rx [illegible] 250 ac. bd. (120)	ACNE VULGARIS
		Rx [illegible] pk [illegible] (30)	
24/1/84		T Oxytetracycline 250mg (100) i bd	
		SHOULD BE SEEN NEXT TIME	
27/1/84	A	Removed	Wart (L) [illegible]
14/3/84	Rx	[illegible] 250mg (100) i bd	
20.4.84	A	Choked with the cold	as usual
		Bringing up green phlegm.	

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

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SURNAME	CHRISTIAN NAMES
CARRIE	Richard

D of B 18-3-68

ADDRESS 111 [illegible]

DATE	C F	CLINICAL NOTES	DIAGNOSIS
17/10/68		Overweight at 26/6	
		[illegible] chesty	Cold
		[illegible]	
22/10/68		Given 2nd Triple Inoc	
		Hydrocortisone [illegible]	Eczema
31/10/68		2nd Polio vacc.	
12/12/68		[illegible] chesty	Cold
6/2/69		Appears to have a [illegible]	[illegible] throat
		[illegible]	
8.4.69	A	Pen V 62.5 [illegible]	Coryza.
10/6/69		[illegible]	[illegible]
20/6/69		v chesty [illegible]	Chest cold.
		[illegible]	
23.9.69	A.	[illegible] Pen V 125 [illegible]	Bronchitis
		[illegible]	
10/7/70		[illegible]	Sore throat.
7/9/70		[illegible]	Knock knee
		Also has a [illegible] about	
		[illegible]	
22.X.70	✓	Pen V 125 [illegible]	[illegible]
		[illegible] N Saline	
		nose drops	
13.XI	✓	[illegible]	ditto
20/11/70		[illegible]	[illegible]
2/[illegible]		Pen V [illegible]	Cold

*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)

(31.10.67) (F1551) Dd. 229635—552 200,000 12/67 J.&G.L.,Ltd. Gp 259

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1972

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
4 Feb	✓	Pen V 125 [illegible] qds	Ref [illegible] feb
		[illegible] Cor. [illegible] 1ml +	[illegible]
		[illegible] [illegible] [illegible]	
21/6/72.		Dr. DQV-K [illegible]	Tonsillitis
6/10/72		DQVK [illegible]	Tonsillitis
8/11/72		DQVK [illegible]	R.T.I
12/12/72.		To keep on Calamine cream	Chickenpox
11/5/73		Rec. Sore throats	Deaf
		c̄ earache. PTA.	
		30 loss (R) 40 loss	
		(L) Rx Ref Dr. [illegible],	
		RHSC ✓	
17/8/73.		Sore throat + dental abscess.	
		Syr. Erythromycin + aspirin;	
15/3/76		DQVK [illegible]	[illegible]
26/6/78.		[illegible]	
		[illegible]	
8.5.79	A.	Pain + tenderness RIF.	
		Letter to	A+E.
25.10.79	A.	Feels dizzy; aches + pains	
		[illegible] pharyngitis.	Vomited x1
		O/E Pharyngitis	[illegible]
			Codis (20)
30/10/79		Still has central Abdo pain	
		[illegible] [illegible] dark	
		[illegible] [illegible]	
		[illegible] apart from central Abdo	

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

[illegible] [illegible] [illegible] [illegible]
Sample [illegible] Urine shows [illegible] albumin

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MALE

SURNAME: CARRIE

CHRISTIAN NAMES: Richard

ADDRESS: 111 Brunswick St

Date of Birth: 18 | 3 | 68

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
1/11/79		A little better but still some [illegible] early am urine negative but midday specimen shows ++ albumin. Heart – BP 110/70 TCB 2 days	
3/11/79		Urine early am Neg during day traces of albumin	
8/11/79		Blood negative.	
12/11/79		Trace albumin: TCB [illegible] See me	
15/11/79		Blood specimens negative Feels fine TCB 1/52	
22/11/79		Another specimen shows + albumin: Note to RHSC	
11/1/80		See report – has been in hosp. in [illegible] taking MIGRALEVE.	
21/2/80		Migraleve Pink 30 i – ii prn	
9/7/80	A 3	Sutures removed from laceration L buttock.	
4/8/80	A	2nd Antitetanus ½ ml L. U. Arm	

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MEDICAL RECORD CARD

FORM G.P. 7 (Scotland)

53-2126 9/78 612915 F. & S. Ltd.

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Continued. hay black went with R axilla.

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
		Letter to Skin Dept RIE	
2/8/80	A	Stitches removed (4)	
29.8.80		School phoned re [illegible] excoriae	
16/2/81	A	Neomedrone Acne lotion	Acne.
3.3.81.	A	Acne Panoxyl Gel 5 40Gm.	
		Cough: Phensedyl L 100ml	
10.3.81		Migraleve Pink 30 [illegible] / " Yellow 30 [illegible]	
22.5.81	A	Coming out in acne on face, behind ears, over neck. Mother requested Migraleve, but we did not supply them	
3/52		Oxytetracycline 250 (50) Note to mother. Please take off [illegible]	
15/6/81	A	No improvement so far. But to keep on for another 3 weeks then TCI. Also [illegible] on (R) [illegible] but [illegible]	
7/7/81	A	[illegible] re regards to Acne. Rep oxytet (60) [illegible]. Try 1% hydrocortisone (15G) cream for itchy rash on chin	
11/8/81	A	Appears [illegible] Still [illegible] itching rash. Oxytet (50) [illegible] daily [illegible]	

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NHS Confidential: Personal data about a patient

MALE

SURNAME T/R Gorrie

CHRISTIAN NAMES Richard

ADDRESS C/O. Kilkrone Caravan Park

Date of Birth

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
15/2/95	Ca	? UTI frequency & here nocturia 3-4 year history relapsing Cystoscopy 3-4yrs dysuria OR Burns	
	AK	CIPROFLOW 250mg MSSU x2	10 am

SLM

LOCUM

- 7 FEB 2011

NOTES

* 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 G.P. 7 (Scotland)

CODE 356-2044

Dd 8435644 120 M 7/93 25364

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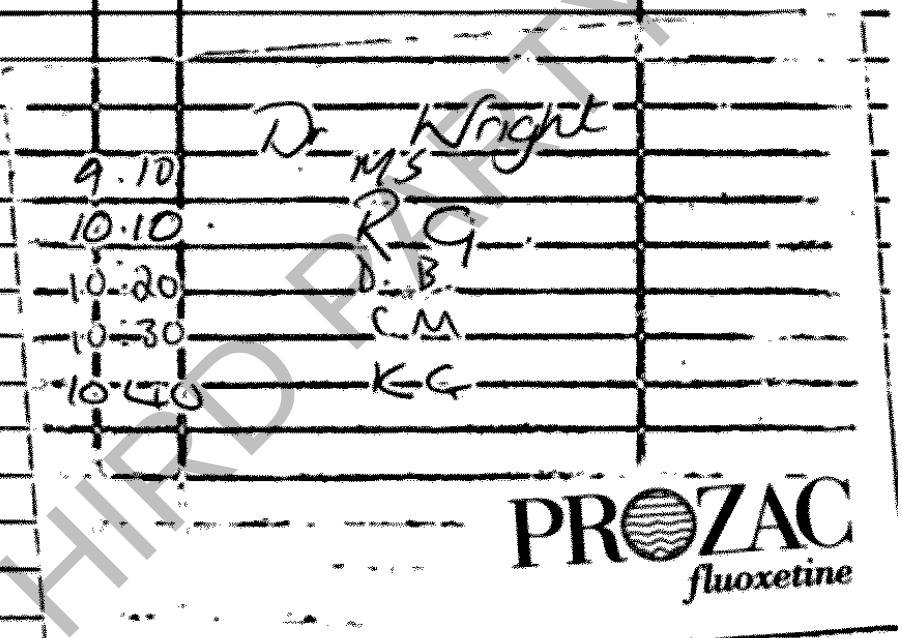
DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
9.10		Dr Knight MS	
10.10		RG	
10-20		DB	
10-30		CM	
10-40		KG	



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

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National Health Service Number	1656.

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	
Address		Date of Birth

Date	*	
22/2/95	a	N.P
		Prev Dr Burns
	-	Warts in urethra burnt at Doncaster
	-	Fit adopted -
	-	tel renew
		Working Builders Mall
	So	BP120/80
		13½ stone 6ft.

Never registered
Never filled in T/R Form

DUTONIN™

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

FORM GP111F
355 2095

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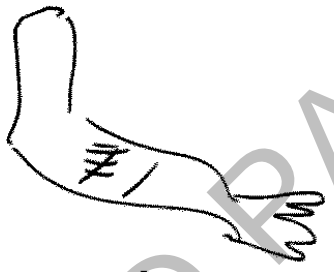
RICHARD CARRY

16.10.93 Painful right arm - had 2 sutures removed yesterday.
Now forearm site painful.
Examination shows erythema and tenderness around suture line.
Prescribed MAGNAPEN one q.d.s. Review 24/48 hours if not settling. (DNM/LEC)



18/10/93 Scan still v. painful
Hand swollen & forearm.
Good circulation - bruising & muscle of forearm
Ok to elevate & mobilise
c 2/52 see if not settling GP

NHS Confidential: Personal data about a patient

IN CONFIDENCE

Lothian Health Board

IMMEDIATE DISCHARGE LETTER

LHB 675

NAME & ADDRESS OF GENERAL PRACTITIONER:

DR ARBUCKLE
THE HEALTH CENTRE
CORRIE ROAD
GALASHIELS

Please use BLOCK LETTERS

SURNAME: SJ P324730E M 18/03/68
GARRY
FIRST NAM RICHARD
ADDRESS: C/O 32 WHITEFIELD CRES
NEWTON ST. BOSWE TD6 OPX

HOSPITAL: ST. JOHN'S | WARD/DEPT.: 19 | CONSULTANT: ACHW

DISCHARGE:

Your Patient { Attended / Was admitted } on 14/10/03 and was discharged { Home / To } On 15/10/03

PRINCIPAL DIAGNOSIS/OPERATION:

3 Tattoos removed from (R) Arm
Very tight closure.

TREATMENT/COMMENTS:

Please remove sutures 2 weeks (Prolene)
If any problems please contact the ward.

DIAGNOSIS DISCUSSED

G.P.	
Patient	✓
Next of Kin	

FOLLOW-UP

HOSPITAL

Further Review { Place CONSULTANT CLINIC / Date TWO MONTHS / Time }

Further Investigations Pending:

G.P.
Further Treatment Advised:
R.O.S. 2/52

To attend G.P. Surgery	✓
Unable to attend Surgery	
Follow-up not required	

DOMICILIARY SUPPORT

Arranged by Hospital:

Recommended:

MEDICATION ON DISCHARGE

DRUGS	Form of Preparation e.g. Tabs.	Strength	Dose	TIMES OF ADMINISTRATION					Anticipated Length of Course	Quantity of Drugs Requested from Pharmacy

DRUG SENSITIVITY:

CHILD-PROOF CONTAINER YES/NO

A DISCHARGE LETTER WILL/~~WILL NOT~~ FOLLOW

pp Dr Fazil
Medical Officer.

PHARMACY: A _____ (number) day course has been dispensed. Special Formulation of Medicine { Yes – see att. details / No }

Date Dispensed _____ Authorised Signature _____

NOTE. If drugs are required, all three copies should be sent to Pharmacy for completion.

WHITE COPY – Given to Patient for Delivery to G.P. PINK COPY – TO BE RETAINED IN CASE NOTES. BLUE COPY – TO BE RETAINED BY PHARMACY.

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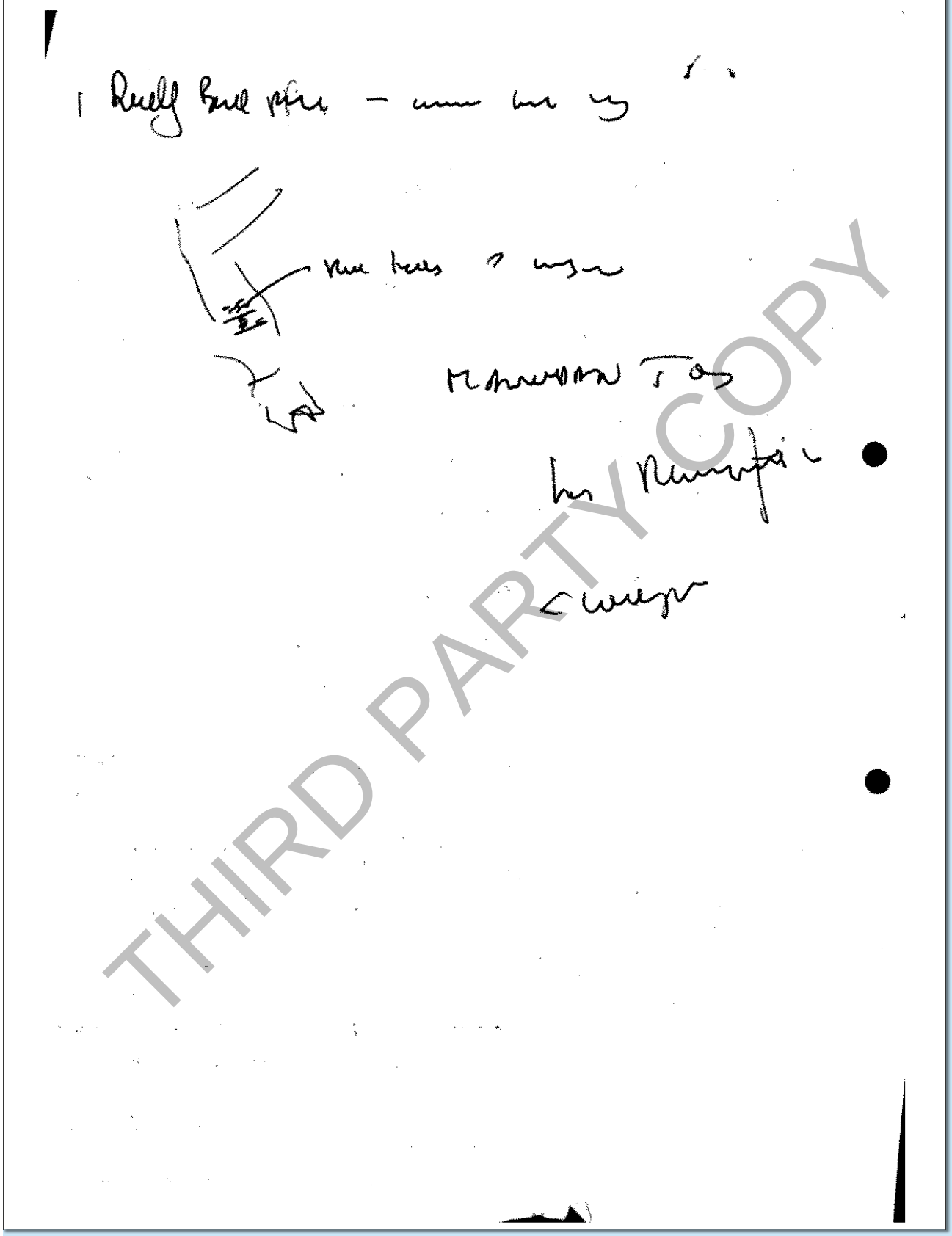

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NEW PATIENT QUESTIONNAIRE

It would be helpful if you could complete the following questions about yourself and your medical history.

FULL NAME – RICHARD GARRIE
(maiden name if appropriate)
DATE OF BIRTH – 18/MARCH/1968
OCCUPATION – UNEMPLOYED
ADDRESS – 16 LINKNOWE CARAVAN PK SANA
& (CONTACT) 32 WHITEFIELD CRESCENT NEWTOWN ST BOSWELLS TD6-0PY (PLEASE USE ON ALL CORRESPONDENCE)

PAST MEDICAL HISTORY

Have you ever had an operation – please give details
WARTS REMOVED.

Have you ever been in hospital – please give details
URINARY Retention

Do you take regular medication – please give details
NO

Do you have any allergies – NO
Medication – NO
Other – NO

FAMILY HISTORY	AGE OR AGE AT DEATH	ANY ILLNESSES OR CAUSE OF DEATH
Mother		
Father		
Brothers		
Sisters		
Children		

When did you last have a tetanus injection ? 3 years ago

ADULTS

Do you smoke YES/NO – how many per day?
Do you take alcohol YES/NO – how much per day?

LADIES

When did you last have a cervical smear test done?

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EARLSTON HEALTH CENTRE
BASIC HEALTH DATA

DATE 4.8.98
NAME Richard Carrie dob 18-3-68

LAST DOCTOR Burns HEALTH BOARD AREA BHB

EMPLOYMENT unemployed. Security office

HOUSING Council NO. IN HOUSEHOLD

AGES OF CHILDREN-BOYS 2 GIRLS

SMOKER-YES/NO NO DAILY YEAR STOPPED NO DAILY PRIOR TO STOPPING

ALCOHOL(UNITS PER DAY) Yes 6 units

EXERCISE None

DIET Poor - advised

FAMILY HISTORY ISCHAEMIC HEART DISEASE < 60 >60
CEREBROVASCULAR ACCIDENT
DIABETES
THYROID DISEASE
CANCER -BREAST
-GASTROINTESTINAL
-FEMALE GENITAL
unknown - adopted.

NO RELEVANT FAMILY HISTORY O

PREVIOUS ILLNESSES Hypothyroidism

OPERATIONS Urethrotomy

ALLERGIES

MEDICATION Thyroxine

IMMUNISATION TETANUS POLIO RUBELLA

DATE OF LAST SMEAR

HEIGHT 6'0" WEIGHT 14st 0lb BP 120/86 URINALYSIS will hand in

✓ Claimed 4/8/98.

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National Health Service Number: SPE 995685

Surname (Block Letters): GARRIE

Forenames (Block Letters): RICHARD M-

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address: D/O THISTLEMORE CARAVAN PK

Date of Birth: 18.05.68

Date	
	Adopted
1970→	Migraine
1988	[redacted]
1989	R leg pain after trauma - INJ N
1992	ABD PAIN ⇒ C.E REFERRAL ∆ IBS
3/93	[redacted]
10/93	Tattoo removed R arm

Form GP111G

Od 880617 400M 1/84 PEC Barr Printers, Edinburgh

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IMMUNISATIONS AND SCREENING INVESTIGATIONS

National Health Service Number	
Surname (Block letters): GANNIE	Forename (Block letters): RICHARD
Address	Date of Birth: 18/3/[illegible]

IMMUNISATIONS (insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Measles	Rubella	MMR	BCG
Date		1980						
Manufacturer & Batch No.		X3						
Date		REVAXIS Batch X1278-2 Expiry 09-2006		NEVAXIS 6/3/0				
Manufacturer & Batch No.	6/3/[illegible]							
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

ALLERGIES & HYPERSENSITIVITIES

	Influenza	Hep.B.	Typhoid	Cholera				
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

IMMUNOLOGICAL STATUS

	Tuberculin Test	Rubella Antibodies	HIV	Hep.B.
Date				
Result				
Date				
Result				
Date				
Result				

Form GP 111H 355—2097

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SCREENING INVESTIGATIONS

Date	Blood Pressure	Weight	Height	Tobacco Per Day	Alcohol Units/Week	Cholesterol	Trigylerides	URINE	
								Glucose	Albumin

CERVICAL CYTOLOGY		MAMMO-GRAPHY		CHEST X-RAY		OTHERS	
Date	Result	Date	Result	Date	Result	Date	Result

Od 8435615 C2500 12/92 Ed(2065291

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Borders General Hospital NHS Trust
Melrose
Roxburghshire

[redacted]

RADIOLOGY REPORT

Surname	**GARRIE**	Hospital No.	**211765K**	Attd No. **389161**
First Name	**RICHARD**	Consultant	**Dr I D Bond**	
Address	**63 GLENBURN AVE**	Specialty	**GP**	
	NEWTOWN ST BOSWELLS	Ward / Dept.	**Leader Med. Practice Earlston**	
		G.P.	**Dr I D Bond**	
			1 Kidgate	
			Earlston	
Post Code	**TD60OL**			
D.O.B.	**18/03/1968**	Sex **Male**		

Copy Report To:

Indications. Crush injury three months previously. Query evidence of fracture.

Left hand for left ring finger. No evidence of previous bony injury.

389,161

Reported by: Dr Hamish McRitchie Authorised by: Dr Hamish McRitchie Typist: HMCR

SLM	IDB	ES ✓	REG
LOCUM ✓			RDR

4 MAY 2004

NOTES	COMP	OK

7/5/04 AD

Keywords:	Code:	Teaching:
Examination: **Hand left, [redacted] finger left**		Reported Date: **03/05/2004**

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Borders General Hospital NHS Trust Melrose Roxburghshire				**RADIOLOGY REPORT**
Surname	**GARRIE**	Hospital No.	**211765K**	Attd No. **85568**
First Name	**RICHARD**	Consultant	**Dr S L MacDonald**	
Address	**32 WHITEFIELD CRES**	Specialty	**GP**	
		Ward / Dept.	**Leader Med. Practice Earlston**	
	NEWTOWN ST BOSWELLS	G.P.	**Dr I D Bond** **1 Kidgate** **Earlston**	
Post Code	**TD60PX**			
D.O.B.	**18/03/1968** Sex **Male**			

Copy Report To: Page 1 of 1

Clinical Indication: Swelling below right testes.

US TESTES RAD - Both testes are structurally normal. No evidence of any epididymal cyst.

I have reassured the patient that there is no cause for concern.
85568

Reported by: Dr Andrew Pearson Authorised by: Dr Andrew Pearson Typist: AB

SLM | IDR | LMA | REG
16 MAY 2000
NOTES | COPY | ACTION
OK Normal

Keywords:	Code:	Teaching:
Examination: **US testes rad**		Reported Date: **12/05/2000** Examination Date: **11/05/2000**

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	Date of Birth
GARRIE	RICHARD.	18.03.66

Address: 3 BRIDGE ST.

Date	*	
		PREVIOUS ADDRESS: 7 HILLSIDE STREET, EDINBURGH.
		PREVIOUS DOCTOR: DR J DREVER, 9 BRUNTON PLACE, EDINBURGH
24-1-86		New from Edinburgh. PMH Migraines Allergies - none known Drugs - Dryptol for acne - not helping. R - Minocin 50mg BD & + Retin A gel. Venturen - Salmeterol.

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

FORM GP111F

	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters) GARRIS	Forenames (Block Letters) RICHARD
	Address 44 Plaza Terrace.	Date of Birth 18-3-68

Date	*	
17/5/91		chest 'tight' for 2-3/7 had in past
		c̄ -ve XR's
		no emph.
		PEFR 550L/m good A/E all areas
		no wheeze / creps
		no clinical pneumothorax.
		Rx amoxil. 250mg tid (15)
5/6/91.		[redacted] spraying ? recurrence
		Mr. Fowler for urethral warts
		(Deaconess)
		(Prev adr. 33 [redacted] St).
26/6/91		(L) frontal [redacted] aches similar to migraine
		nauseated no vomits.
		pulse 70 BP 130/80. (T) 37. no nystagmus
		PERL fundi normal [redacted] sinus OK. -nt.
		Δ migraine paramax
		r/v 1/52

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

FORM GP111F

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	National Health Service Number	S/R 293085	
CLINICAL NOTES	Surname (Block Letters) GARRIE	Forenames (Block Letters) RICHARD M.	
	Address 26 Kirkwood Parkway Pk.		Date of Birth 18.03.68

Date	*	
12.7.91		Registered with Dr R.R. Smith
		Previous Dr was Dr R.I. Soutter
		Previous Address 44 Plodys Terr. [illegible]
15.7.91		C/O painful shoulder for 1-2 weeks; also c/o [illegible]
		back [illegible] neck. No H/O injury to shoulder. SL local
		tenderness only. Posture [illegible]
		BP 120/75. 11½ stone Urinalysis -
		Stopped smoking 4/12 ago.
5.8.91		FAILED TO ATTEND
8.8.91	E	(L) side headache over last 2-3/12.
		Migraine sufferer.
		BP 110/70 Trial of Sanomigran
		See 1/12
19.9.91		(1) ? Mild asthma trial of Ventolin inhaler
		(2) Urethral warts in past nil on exam
		check Urinalysis.
8.10.91		Cough + green sputum. Ex-smoker.
		½ Chest clear R Amoxil 250mg tds (21)
15.10.91	E	Thrush after Amoxil. Canesten [illegible]
30.10.91		Green sputum again. ½ Chest clear R Distaclor 250mg tds (21)
8.11.91	E	Still producing morning sputum
		Chest clear Check sputum specimen
		then review.
13.11.91		Awaiting sputum culture. Chest clear. ? asthma
		aggravated by damp conditions in caravan. Letter
		for housing.
2.12.91		Sore throat. Pharyngitis. Difflam spray.

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

FORM GP111F

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Will return to my GP

CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)	National Health Service Number
	Garry	Richard	
	Address: Kil [illegible]		Date of Birth: 18 03 68

Date	*		
5/5/92 Tue. 15.50	a	[illegible] diarrhoea [illegible] following flu - [illegible] - no blood or mucus - [illegible] no vomiting. [illegible] fit - [illegible] abdo [illegible] today - [illegible] not affected [illegible] [illegible] tonsils [illegible] start [illegible] Diarrhoea [illegible] SOS	[illegible] diarrhoea & vomit.
29/5/92		[illegible] (separated) [illegible] Recurrent [redacted] [illegible] - [illegible] 2 yrs ago	[redacted]
Medical Card		[illegible] freq, dysuria, low back [illegible] [illegible] (tho' [illegible] [illegible] v. small) Urine N [illegible] two [illegible] only Trimethoprim 200 bd (10)	? UTI MSU [illegible]
		(2) Ref for tattoo removal	Tattoo removal referral

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

FORM GP111F

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Date	*		
10.6.92		Persistent intermittent diarrhoea. Loose stools x 2-3/7 for 2-3 days, then ⊙ for a few days. Assoc'd flatulence.	Diarrhoea
		O/E Abdo nad. Stool → C+S.	
		Re Asilone 500mg for flatulence. AF	
18/6/92		Still having intermittent attacks of loose bowel movements associated with flatulence and fleeting abdominal pains. ~~Inbetween attacks bowel habit seems to be normal.~~ No weight loss (11 st. 12¾ lbs.) No blood or mucous in stools. ~~I think this could be irritable bowel syndrome.~~ Try Colpermin 1 - 2 capsules t.i.d. before meals x 100/7 (A.F.)	ALTERED BOWEL HABIT ? I.B.S.
29.6.92		Headaches (1) retro-orbital area - daily for 10/7 - relieved by paracet. Also feeling lightheaded. BP 120/70. Perh Fundoscopy ⊙. ?stress - has started new job. ? cause. Persist : paracet. See GP.	Headaches
6/7/92		Amoxil 250mgs tid for five days. (A.F.)	LARYNGITIS
(extra) 20/7/92		Still having problems with loose stools. Found Colpermin very beneficial. Weight maintained at 11st 12lb. Submit further stool specimen. Colpermin x 100. Will check ESR and LFT's if symptoms persist after this prescription for Colpermin is finished. (A.F.)	?I.B.S.
31.7.92		Loose stools continuing despite Colpermin. Now noticed some bright red blood mixed in wtih stools. ~~Abdominal examination nad.~~ Rectal examination negative. Proctoscopy has 2 engorged internal haemorrhoids which are probably the source of bleeding. Blood taken for haematology, U&E and LFT's. Refer for sigmoidoscopy. (A.F.)	LOOSE STOOLS (?I.B.S.)
		DNA	

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

Dd 8277708 1500M 11/91 Ed(295386)

NHS Confidential: Personal data about a patient

National Health Service Number		
CLINICAL NOTES	Surname (Block Letters): GARLICK	Forenames (Block Letters): RICHARD
	Address	Date of Birth: 18-3-68

Date	*		
26/5/92			
10/9/92	LM	Rebereme 1 hd (90) (BG.H repeat)	
8.10.92		Colofac not helping his abdominal discomfort. Suggests he takes them a full 60 minutes before meals x 90. Also add Fybogel sachets - one twice daily with liquid as his diet seems deficient in fibre. Further review in one month. (A.P.)	IRRITABLE BOWEL SYNDROME
13/10/92		4/7 - headaches : several x / day ; hour or so each time : variable position. 2/7 - discomfort flying : nil else	
		9/E PERL fields ⊕ fundi ⊕ FROM	HEADACHES
		no sinus tenderness no dental lesion no neck stiffness.	
		Reassured re. lack of evidence of serious pathology Rx PARACETAMOL MSU Review 1/52	
22/10/92		MC CASE TRAINED	
28/10/92		Continuing hesitancy and dysuria (E. coli on UTI but no cells) Also continuing headaches : daily ; (L) side (esp behind eye). Had migraine as child : very similar this time	

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

FORM GP111F

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Date	*		
		Try – (1) CEPHALEXIN 250 qds for ? UTI	
		– (2) PIZOTIFEN 500 µg nocte	
		Review 3/52 (repeat MSSU)	
		[signature]	
		McCABE TRAINEE	
10.11.92.		(1) Fybogel helping bowel symptoms etc. Rx SACHETS x 60.	I.B.S.
		(2) Still has dysuria – now 3/52	
		Also long h/o (since 1988) of urine spraying ++ (has to sit down on toilet)	Dysuria.
	.	Note Prvs of meatal stenosis following Rx of warts	— ?urethritis.
		OE scarred, double-orifice meatus.	+ meatal stenosis
		Chlamydia smear taken ✓ —ve	
		(P) – See S.M'C for review.	
		– ?urological/surgical referral	
		note urological referral in 1991, but he forgot to attend	
19.10.92		DNA	
13.11.92	Short Report	for Equity + Law.	
24/11/92		(1) headaches resolved completely	
		(2) still spraying on micturition but freq.	URINARY
		dysuria, urgency, etc. resolved	PROBLEMS.
		In view of past Hx of ? UTIs + urethral	
		warts will re-refer to Mr. Gallock.	
		[signature]	
		McCABE TRAINEE.	
31.12.92	Rx	Fybogel orange sachets x 60 reg ✓	

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

Dd 8277708 1500M 11/91 Ed(295286)

NHS Confidential: Personal data about a patient

National Health Service Number

Surname (Block Letters): GARRIE

Forenames (Block Letters): RICHARD

CLINICAL NOTES

Address

Date of Birth

Date	*		
8/1/93	(VE)	Acute vomiting + diarrhoea 4/7 ago Now fit light headed O/E NAD good colour BP normal Apyrexial Light diet ↔ water / no specific therapy needed	S.I. left
12.1.93		D & V settled - still nausea : epigastric discomfort O/E well : apyrexial P 66 BP 110/70 abdo. - vague epigastric tenderness - otherwise NAD Imp - resolving gastroenteritis. Fluids advised - review 1/52 if no better Dr. C	RESOLVING GASTROENTERITIS
8/3/93		Recurrence of migraine and deterioration of IBS following death of daughter 2 weeks 2/52 ago Nausea + pain behind ⓛ eye. No visual disturbance Already under stress : try PARAMAX (have found helpful) : review 1/52 PARAMAX 1 tablet pm (42) FYBOGEL 60 sachets Dr. C	BEREAVEMENT MIGRAINE IBS
22/3/93		Continuing anger and bitterness around daughters death : not sleeping Encouraged to continue TRIALEVEN 10 mg pm (10) : review 1/52 C	BEREAVEMENT
2.4.93		Continuing to "work through" bereavement process Some improvement : review 2-3/52 COLOFAC 1 tds (60) ✓ C	BEREAVEMENT - REVIEW

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

FORM GP111F

Date	*		
7.6.93		Overnight discomfort (L) lat. chest wall : no rad?	
Extra		worse on movement or deep breathing : no cough no SOB	
10.15		Also neck pain	
		O/E P 66 reg chest - clear tender (L) upper ribs	MUSCULO
		just below axilla HS (N) : neck - some discomfort	SKELETAL
		on (L) lat. flex.. nil else	PAIN
		Impression - musculoskeletal pain : reassured : simple	
		analgesia. Review next week if not resolved.	
		Dr. Cr	
2515193	Rx	COLOFAC - ONE T.D.S - x60	
27/5/93			
		Flare up of bowels : motions 3-4 x/day. loose	
		colicky abdo pain : appetite OK : no blood / mucus	IBS
		O/E abdo - NAD BS✓	
		Probable IBS : reassured	
		Mr. Crane request, no further communication with	
		insurance Co	
		Dr Cr	
7/6/93		(1) woke c sore (R) shoulder : no prev. problem	
Extra		O/E ↓ abduction & rotation. tender generally : no focal	
10.15		pain : Impression - painful arc Try IBUPROFEN 400 tds (30)	
		(2) itchy legs - 2/52	
		O/E no evidence of UTI ; allergic-looking reaction	
		on both legs ? to what Try CHLORPHENIRAMINE 4mg	
		6hly as reqd	
		Dr Cr	
30/6/93			
		Still painful (R) deltoid (now down to insertion of del-	
		toid) : IBUPROFEN of some value. O/E tender (R) deltoid	
		Plan - physio referral.	
		Dr C	
2/8/93	R	Colofac	
		Fybogel sachets Orange.	

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

Dd 8277708 1500M 11/91 Ed(295286)

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	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters) GARRIE	Forenames (Block Letters) RICHARD
	Address	Date of Birth 13.3.68

Date	*		
13.9.93		Three day history of urinary frequency, dysuria. No urethral discharge. ~~Nitrite negative.~~ Almost certainly has some form of urethritis probably secondary to his meatal problems for which he is awaiting meatatotomy. ~~Start on Trimethoprim 200mgs b.d. for 5 days.~~ See again next week if not better. (A.F.)	URETHRITIS
8.9.93		DNA	
1.10.93		[illegible] Kd	
18/10/93 Sat	.	Painful right arm - had 2 sutures removed yesterday. Now forearm ~~site painful. Examination shows erythema and tenderness aroudn the~~ suture line. Prescribed MAGNAPEN one q.d.s. ~~REview 24/48 hours if not settling.~~ (DNM/LEC)	
22.10.93		D/D to both wounds Rt arm. Tubigrip support. Sutures due out 1/52	
16.45		Rt arm swollen + [illegible] [illegible] OK. No [illegible] Afebrile R [illegible] in [illegible]	2° [illegible] of Arm.
8/11/93		Frontal headache worse in [illegible] BP 132/88 [illegible] R [illegible] Compound [illegible] [illegible]	? [illegible]

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

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Date	*		
		? New registers in Exeter - call	
		when seen	

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

Dd 8435606 1980M 12/92 Ed(206505)

	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters): GARRIE	Forenames (Block Letters): RICHARD
	Address: 32 WHITEFIELD CRES NEWTOWN ST BOSWELLS	Date of Birth: 18/3/68.

Date	*	
		REGISTERED.
29 NOV 1993		From Leith. Labourer Scottish Wildlife Trust
		No previous problems except tattoo removal ®
		(Livingstone)
		[redacted]
14 DEC 1993		Colofac tabs. + Fybogel orange for IBS.
		Erematous area over tattoo removal
		scar ® forearm – hydrocortisone 1%.
23 DEC 1993		Itchy lesion – groin 2 small patches ? Candida
		BP 120/84 Rx Canesten oint 15g
6 JAN 1994		Pain in rectum ē stools loose : IBS
		Try Colpermin (100)
13 JAN 1994		Pain in lower back : labourer : Xmas evening ; fall # coccyx
		Tender over lower spine.
	Rx	Voltarol 50 p x 50 1 b d
21 JAN 1994		Dysuria. Strangury. Frequency smelly
		urine – put in MSSU yesterday
		shows E Coli – sens to Ceftin
		Also tattoo removal ® arm – ?
		stitch still in situ vil to feel.
31 JAN 1994		Still has frequency ē slight dysuria
		– send another MSSU.
17 FEB 1994		Frequency/dysuria/strangury smell.
		Ceftin
11 APR 1994		phlegm: pain ē chest: Clasto Tracheitis.
		Re-assured. Also infected spot on ®
		cheek. Rx Bactroban oint

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

FORM GP111F

Date	*		
24 MAY 1994		Diarhoea for 4 days: generalised. Dizzy. O/E- Abd. soft	Viral colitis
02 AUG 1994		R Codein phosphate 30 p bd x 20 Pain ? needles (R) hip 1/52. Reassured	
26.8.94		C So Rq. CARBAMAZ TABS x 100	
27 SEP 1994		9-11-94 e	
17 NOV 1994		C/o gen. aches & pains, headache, pins & needles in arms. Stressed ? driving heavy vehicle. Stress at home. O/E Well. Sl. te-de over muscles neck. BP - 140/92. Δ - Stress headaches Muscle pain 2° to driving Advised off- driving Sod phracet ii prn Q10 x (60)	Stress Headache Muscle aches.
23 JAN 1995		Splinter of wood in (L) palm - not easily felt Wt for closing. (worked staff out)	
27 MAR 1995		Sore (L) testicle for 3/52. "Catches breath" OE not tender, not swollen no hernia. Reassured that will pass Δ "groin strain"	
25 MAY 1995		Sore muscles in upper arms. Timber yard work "muscles sticking" FBC. ESR	? Statins
30 MAY 1995		Found to be very hypothyroid! O/E puffy face. ? enlarged thyroid gland. Not obviously present! P 80/m. reg. FBC - sl. anaemia. R Thyroxine 50mg/d x 28 tabs. Rec 2/52 to increase dose. + Fe. Sulph ; bd x (60) Not keen to go to BCH for further Ixs. JS.	Hypo-thyroidism

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

Dd 8435606 1980M 12/92 Ed(206505)

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	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters) GARRIE	Forenames (Block Letters) RICHARD
	Address 32 WHITEFIELD CRES NEWTOWN ST. BOSWELLS	Date of Birth 18.03.68

Date	*	
09 JUN 1995		Lots of assorted aches & pains.
		Thyroxine 100 µg 60 1 daily
		[illegible] 3/52 Advised referral [illegible]
26 JUN 1995		Thyroxine 100µg
18 JUL 1995		Feels better in himself + more
12 st 2lb.		energy though sweating [illegible].
		Diarrhoea 2/7 [illegible] well BP - 120/75
		- blood done
		Rx Thyroxine 100mg x (60) JS
31 JUL 1995		[illegible] Tests ? [illegible] [illegible] [illegible] 1995)
		not confirmed [illegible] spit-
		Amoxil 250.
8 AUG 1995		Bruised ribs (L) 11th when
		pallet slipped at work. Paraton
29.9.95		C
19 OCT 1995		Dysuria & loin pain. MSSU ✓
		Rx Trimethoprim 200mg ī bd (14)
		? refer. - note prev. referral
		2 x prev. proven UTI
		E.coli UTI ∴ refer.
24 NOV 1995		[illegible] Thyroxine
18.1.96		Diarrhoea - family have
		[illegible]
22 JAN 1996		Needs repeat TFT's ✓
		Also c/o (L) lower rib pain some weeks
		Has had URTI, some clear sputum
		Not pleuritic, no relieving / pptg
		factor
		O/E Tender (L) intercostals

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lung fields clear
? Bornholm wait to see.

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RICHARD GARRIE 18.03.68

Date	*		
01 FEB 1996		Discussed TFT's – repeat 6/12 as well.	
		?UTI again – feels unwell "flu" like symptoms.	Δ UTI
		→ sent off Rx TRIM 200 b.i.d	
15 FEB 1996		UTI symptoms + recurred	
		– frequency c dysuria MSSU	
		→ NORFLOXACIN 400 (20) bd	
		MSSU sterile few WBCs	
29 FEB 1996		(1) see thyroid results ↑ to	
		150 mcg. (2) has felt tired c	
		refused to drive forklift	
		c too tired to shift things manually	
		(timber) Wants line for DHSS saying	
		"forced to terminate for medical reasons"	
7.3.96		Still has (1) dirty spit (2)	
		chest discomfort ?? Bronchitis	
		Fybogel c Cotrimox	
18.3.96		Cough persists. Ribs still sore.	
		not tender	
03 APR 1996		(1) dirty spit AMOXIL (2) DAKTACORT	
		cream for thrush	
11 APR 1996		Still has green sputum v. dry throat	
		o/e chest clear, thyroid ↑ in size still	hypothyroid
		check sputum + TFT's	
16/4/96		absolutely exhausted TFT's still ? not	
		enough ↑ to 200 & see 3/52.	
29 APR 1996		constant discomfort on swallowing	
		& still has sputum ? post-nasal	
		Try Flixonase & simple linctus & review	
		2-4/52	
2/5/96		Pain on swallowing ?throat o/e nad	
		(few weeks) → Rx penicillin	
07 MAY 1996		V. painful on swallowing – persists.	Δ sore throat
		no better c penicillin V.K.	→ referral
		Try regular paracetamol.	
10 MAY 1996		Sore throat persists	
		Try DIFFLAM chase up Mr Metcalf	

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): GARRIE
Forenames (Block Letters): RICHARD
Address: 32 WHITEFIELD CR. NEWTOWN ST BOSWELLS
Date of Birth: 18.03.68

Date	*	
4.7.96		Dr Mitchells letter discussed "not his responsibility to find a chemist." "Joe can't go to BGH if Dr Mitchell is covering for us" "if you can't accept all of us then I'm afraid you'll have to think about finding a new GP" "I'll do that".
26 JUL 1996		(1) Duty of [illegible] sore [illegible] ribs.. chest clear Amoxil (2) hungry ½ hour after meals - not epigastric pain.
1.8.96		Life insurance short report
24.9.96		Thyroxine 100mcg x120 2 mane ?? high dose DL
		Colpermin x100 1 tid
1 OCT 1996		increasing lower abdo pain + mild [illegible] 4/52 ↑ bowel movt 2-3 hrs/d. no blood, no diarrhoea. O/E well. abdo soft [illegible] BS (N). (1) Advise Check TSH.
26 NOV 1996		(1) cold → duty of [illegible] (2) stools dark & abd discomfort (sticky) OE abd not tender apart from slight tenderness in (R) inguinal region Had diarrhoea x 2 last weeks stools small & hard. Let us know if stools blacker. 3 FOBS.

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RICHARD GARRIE 18/3/68

Date	*		
20 MAY 1996		Given spray by Mr Metcalf - much better repeat THYROXINE feels better	
13 JUN 1996		Much better on ↑ dose repeat TSH	
15/6/96 1:30 pm	(V)	Headache and pain in (R) shoulder and (R) leg for 24 hours. No preceding URTI or any other symptoms. [illegible] by [illegible] recently. Photophobia Slight nausea. O/E [illegible] head and c/o thumping headache. P: 72 reg. BP 170/80. [illegible] No neck stiffness. Temp. 37.8°. Throat injected but not purulent. Lymphadenopathy. Small scratches (R) forearm - clean. Ax ? Viral URTI / [illegible] not evident. Rx 1) [illegible] 15mg [illegible] 6 hourly (60) Has already had paracetamol. 2) [illegible] 6 hrly [illegible] (20) 3) [illegible] repeat if new developments. (Couldn't get BP [illegible] but no 'problem at all' about getting [illegible]!)	(?? C-[illegible] Fever.)
04 JUL 1996		(R) Discomfort (C) at chest on deep breathing & also sweaty Wondered if thyroid overtreated - (1) Bloods OK TSH less ↑ on increased dose (2) no tremor or lid lag (3) piles Itch but not 3° Xyloproct PTO	

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	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters): GARRIE	Forenames (Block Letters): RICHARD
	Address: 32 Whitefield Cres. Newtown St. Boswells.	Date of Birth: 18.03.68.

Date	*		
30 JAN 1997		On THYROXINE 200mcg	
		Feels TATT Sweating	
		? Dose of [illegible]	
		Med 3 [illegible] 32	
		req THYROXINE [illegible]	
13 FEB 1997		c/o ↑ tiredness, palpitations intermittently nil SOB°	
		currently on Thyroxine 200 mcg daily	
		recent TSH 0.72 mu/L (N) ✓ (30/1/97)	
		pt admits to drinking excess cups of coffee ~	>7/8/day
		advised re; same	
		CVS — HSI ✓ II ✓ nil added nil Bruit	
		Resp - chest clear to P/A Ears ✓ Neck -	nil lumps palpable.
	Recent wgt gain ⊕	(Plan) advised ↓ coffeine intake	
		· review 2/52	[initials]
18 FEB 1997		3-4/7 Pain, — testes. no swelling.	
		no penile d/c.	
		O/E Testes x 2 normal no swelling	
		no cysts.	
		Penis — normal no d/c.	
		no inguinal LN.	
		(A) ? UTI	
		(P) MSU sent see again	
		Analgesia.	
28 FEB 1997		c/o ↑ tiredness still ↓ Energy (reduction in palpitations	
		since reducing coffee intake.)	[initials]
		noticed Episode of Bleeding on wiping Bottom today (brd/around)	
		O/Exam abdomen soft, non tender guard° rigidity° rebound°	
		nil Epigastric tenderness° PR - nil masses° piles°	

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(no bleeding from score)°

(Plan) ① FBC, U+E on 3/3/97 (form filled) (appt c̄ practice nurse)
② Rpt script Thyroxine 200 mcg ↑ daily (1/12)
③ (for +3)
④ (review c̄ results)

[initials]

FORM GP111F
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RICHARD GARRIE 18.03.68.

Date	*	
3 MAR 1997		U+E, LFT + FBC done.
13 MAR 1997		Blood results discussed (N)
		c/o still tired ++ Energy levels ↓↓
		palpitations (↓ frequency of same) (NKA) meds Thyroxine 200mcg daily
		pt c/o recent ↑ swelling in neck - reports discomfort
		swallowing (nil pain per se) → refer med opd (BGH) ✓
		(? need for thyroid scan)
25 MAR 1997		Still tired To be seen BGH as above
		[illegible] cert 2/52 [illegible]
8 APR 1997		Still tired long discussion
		① Keen to work, but wife working and she won't
		let anyone else mind children
		② Child died of meningitis 3 yrs ago - wife OK
		initially [illegible] from [illegible] but when
		contact stopped felt wife slipped back
		③ Sleep disruption by children at night
		PL Discuss above with wife - ? re contact CPN
		↑ Exercise
		? To look for work that interests him
		(was working as [illegible] found it boring) [illegible]
9 APR 1997		
21 APR 1997		at BGH last week for 24 hour tape
		- still v. tired awaiting further
		investigations cert 3/52
6 MAY 1997		SYNACTHEN Test
3 JUN 1997		Needs Thyroxine 100 (120) TT [illegible]
		Still tired due 2nd 24 hour tape
		Med 3 until 18-6-97 Palpitations under [illegible]
9 JUN 1997		N_2 to [illegible] Ⓛ low back
20 JUN 1997		TFTS rechecked
10 7 97		13113 Con
5 AUG 1997		Dysuria / frequency & R flank pain 1/7
		OE mild lumbar tenderness (R)
		Check MSU commence cephalexin 250 qds (28)

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[illegible]

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RICHARD GARRIE

Date	*		
22 SEP 1997		Has had black stool on + off over last few days history of epigastric discomfort for years esp before mealtimes. check FOB x3 Rx cimetidine 400 bd ? DU review 1/52 check FBC/H pylori	
29 SEP 1997		3d of nausea, watery stools, dyspeptic, [illegible] a few [illegible] (after driving lorry). No blood. O/E Pale abdo NAD. Rx [illegible]. May off work but fit to drive.	GASTRO-ENTERITIS. [illegible]
28 NOV 1997			
15 DEC 1997		Cough + coloured phlegm O/E chest clear Rx amoxycillin 250 tds (21) thyroxine 100mcg ii (120)	
26 JAN 1998		Odd feeling behind (L) eye, lazy eye ? vision poor feels nauseated, flashes in (L) dim, no facial pain BP 150/88 ; shivering & flu-like symptoms PERLA fundi nad reflexes / power sensation OK ? migrainous variant [illegible] clement review 2/7 or sooner if worse.	
3 4 98		DNA - cancelled	
4/4/98		BOROOC.	
29 APR 1998		Sinus congestion + catarrh c green sputum Rx Amoxycillin 250 tds (42) Recheck TFT Invited for well person check	
4 JUN 1998		Ear wax ++ L ear oil + syringe c PN - DNA 2/7/98 for syringing	
23/7/98		O.N.A	[illegible]
04 AUG 1998		Rash on chest ? fungal Rx Daktarin itching piles Rx proctosedyl supps	

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National Health Service Number

CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)	
	Garrie	Richard	
	Address 32 Whitefield Cres Newtown St Boswells		Date of Birth 18/3/68

Date	*	
13 AUG 1997		Finished antibiotics MSSU → scanty
		WBC & no growth.
		Still sore (R) loin. Still a little stinging
		° dysuria ° freq.
		PMH of urethral stricture & UTI
		P 80 → T. 37.1°C
		Still sl (R) loin tenderness → sl
		Abdo: no bladder or kidney
		palp. Tender around (R) kidney.
		Imp: ?ob residual uti - ? resistant
		Rx Norfloxacin 400 bd
		MSSU → bact
		See if not settling
22 AUG 1997		Persistent loin pain (R) > (L)
		PMH urethral dilatation / penile warts / UTI's
		No dysuria / frequency
		IBS troublesome at present - loose stools
		No blood / mucus
		- Stool culture
		MSSU req 15.8.97
		For FBC, U&E, Creatinine
03 SEP 1997		7 days diarrhoea - 4-5 times
		daily. No bld / mucous ° vom.
		✓ colicky abdo pains.
		✓ pyrexia
		O/E Not ill. Apyrex. Ale well hydrated
		P 70. Abdo: mild generalised tenderness
		° reb ° guarding LKKS not palp ° mass
		BS active

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

Imp: Enteritis

Rx: Stool → bact.
Could use loperamide if
diarrhoea severe

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CLINICAL NOTES	National Health Service Number	
	Surname (Block Letters) Carrie	Forenames (Block Letters) Richard
	Address	Date of Birth 18/3/68.

Date	*		
8 SEP 1998		Perianal itching again ? still has haemorrhoids – ? try proctosedyl again TCA if not settling for exam (No bleeding)	haemorrhoids
25 SEP 1998		over last 2/7 low abdo cramping pains no diarrhoea but stools softer has IBS & colofac been helpful in past ∴ repeat	
16 OCT 1998		Watery stool : no blood or slime : x2 day no abd. pain. Investigated 1992 for irritable bowel. O/E. Wt gain ↑ : Abd o — Stool cult. + FOB to lab ℞ Codeine phosphate x60 : 1 daily	Intermittent diarrhoea
22-10-98.		Continuing loose motions, small pellets Occ blood. Watery when wet toilet paper. (N) BO x1 day, now up to x3/day recently Stomach cramps (central area), bloatedness, relieved by defaecation. Feeling well, N but oV. o wt loss. o effect codeine ℞. Stool culture – o giardia] on ways. o cryptosporidia; o salmonella, o shigella, o campylobacter, or E. Coli. Result 19/20-10-98. ℞ Loperamide (40) & review if not settling	[illegible] SHO GP.

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Date	*		
4/2/99		Blood taken for TSH (OK) Well repeat 1yr	PR
10 FEB 1999	A	Pain in back 1/52. Cough c clear white sputum. no SOB no fever. Lifts at work but no recollection of any injury. No worse on inspiration	
		O: discomfort in mid thoracic area	pulled
		PN - resonant BS - clear	muscle
		A: ?muscular pain ? pleurisy	
		P: Ibuprofen 400mg tds (30) + heat Rx	
		RV 1/52 if no better.	
05 MAR 1999		IBS amitriptyline 10 od (28) cetirizine 10 od (28) 6 months	(NB)
8 4 99	(1)	piles - perianal itch - anusol	
	(2)	vasectomy referral	
	(3)	amitriptyline 10mg	
	(4)	moles - seborrheic warts - OK	
	(5)	thyroxine (NB) 250mcg as TSH recheck 1/12 NB	
18 MAY 1999		trauma to tongue - mouth wash of ulcer	(NB)
16-6-99		TSH done	GM
21 JUN 1999		Feels tired ++, bowels still altered - still alters between hard & soft - no blood no mucus/slime, stools had been yellow ? infection - 4-5 days feels better today O/E pulse 72 still perianal itch try 1% hydrocortisone. also fybogel for bowels but feed off specimen PHN Dr Leslie - result 100mcg x 14. to exclude malabsorption	
02.07.99		SR. LEMON FYBOGEL x 60.	
5-7-99		TSH repeated,	GM
30/8/99		LEMON FYBOGEL x 60	

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3/9/99 Fybogel helping bowels ++
repeat TSH 2/52 after 200mcg

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National Health Service Number	

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	
GARRIE	RICHARD	
Address		Date of Birth 18/03/68

Date	*		
21/9/99		(L) ear syringed with good result, wax ++ obtained.	
		On 200mcg Thyroxine Blood taken for T.S.H.	RCI.
6 DEC 1999		10/7 H/o generally feeling lethargic, c/o palpitations started c severe headaches, now tender around (L) ear.	
		O/E Ear wax occluded wax.	
		BP 120/80 sitting 130/80.	
		P=80 reg.	
		°tenderness over sinuses, trigeminal n, or temporal arteries.	
		? viral illness.	S pulse [illegible]
		Currently on 250µg Thyroxine, due blood 3/12.	
		[illegible] for Rx → Thyroxine 100µg [illegible] and [illegible] Fybogel x60.	
		(P) → make appt syringe ear.	
		→ recently had [illegible] [illegible] [illegible], check up soon c dentist	
		→ if [illegible] settle R/V.	
14/12/99		DNA.	[illegible]
09 FEB 2000		[illegible] at [illegible]	RCI.
		[illegible] → ineffective	
		[illegible] [illegible]	
		Ty neomercazole 100 T3tab. [illegible] (2)	
		r/p thyroxine 100 TTom (120)	

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RICHARD GARRIE 18.03.68

Date	*	
16 MAR 2000		DNA
20 MAR 2000		Patient Cancelled
11 APR 2000		Mother in hospice with lung cancer expected to die any time
		Cough discoloured sputum in morning x 10/7 no dyspnoea. Pain thoracic spine → neck.
		o/e Chest clear AE good = no added sounds.
		Δ Viral infn. no treatment advised
		Difficulty coping with mother's illness advised to seek help through hospice.
1/5/00		Mum died 2/52 ago - lung ca age 67
		? lump (R) testicle, tenderness over last week. No urinary symptoms.
		o/e ? swelling (R) epididymis
		refer U/S/S - sl. tender testicle
		Rx Amoxycillin 250 tds
		Well TSH today → 200 mcg.
06 SEP 2000		Phoned to cancel.
07 SEP 2000		Intermittent ache biceps area (R) arm. Comes + goes without pattern, not related to any activity. No associated symptoms. °radiation °pain elsewhere.
		o/e no muscular / bony tenderness
		no neck pain / lesions
		brachial pulses ✓ bilat + equal °venous congestion
		Impr, ? postural - works as courier, heavy lifting but also spends hours on computer in evening
		TFT / ESR checked
		Also asking about bereavement counselling - given CRUSE leaflet. RAB
17 OCT 2000		(1) Attended with wife to discuss her depression
		(2) Seborrhoeic keratosis on trunk - discussed ES
07.12.00		Asked Tel to renew repeats. RAB

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CLINICAL NOTES

National Health Service Number

Surname (Block Letters): Garrie

Forenames (Block Letters): Richard

Address: 63 Glenburn Newtown

Date of Birth: 18/3/68

Date	*	
- 5 JAN 2001	S	Rpts received. Compliance with thyroxine now much better. Difficult year – loss of mother + wife had depression. Now feeling much better. Rpt thyroxine 100mcg 2 tabs mane. TSH ✓
	②	Burning sensation + lump on anterior tongue for 1/52. Pain settled but small residual lump. No alcohol. Ex smoker. O/E Slight thickening anterior third of tongue, ? ulcer, ? lump ? minor trauma / spontaneously resolving cyst. Review 2/52 if not resolved completely. ES
- 5 FEB 2001	①	Still lump on tongue non-painful. O/E Nil obvious but adamant difference between two sides. Ex smoker. cough
	②	Persistent cough ± green sputum. O/E chest clear. Rx amoxycillin 250mg tds.
- 8 FEB 2001		Patient Discharged.
23/2/01		GORDOC
07 MAR 2001		CxL.
07/05/01		Spoke to in phone: re headache. Richard was fine after daughter Melissa came home from school. Advice given. Rx of headache + prescription for Imatheron aqueous 2x50mls given.
22/05/01		Ear Wax ++ → for syringe using softening drops. Tuesday
23 MAY 2001		Ears – syringed. CT oil every week

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Ears – TCI next week after oil

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Richard Game 18/3/68

Date	*		
25 JUL 2001		93.5kg 6' BMI 29	
		needs to be <84kg	overweight
		exercise } room for improvement	
		diet advice	
		L. sweresdi home management	Bronchitis
		works for self long hours	
		bronchitis green spit	
		- amoxy 200 (15)	Brg
		exercise	
16 AUG 2001		Patient cancelled	
21 AUG 2001		Cough productive of green sputum for 4/52 + malaise + lightheadedness + polyuria + polydipsia	
		O/E Bp 120/72 Chest clear Throat NAD	
		→ sputum culture } review c results	
		urine dipstick for glucose	
		ES	
27/8/01		R/V (1) sputum WC +++ / orgs - nil. ? Rx nasal spray	
		pk flow >600, says sys similar to prev lingual ...	
		(2) also c/o wt ↑ ~1 stone in 1-2/12.	
		Note ↓ thyroid. as above	
		(3) as above 1 st - dizzy / polyuria / polydipsia.	
		also c/o itch (R) groin - aqueous cream	
		BS TFT/UEE/Glucose for ? of (2)	
		To return if sys not better / prescribed nasal spray fluticasone 50mcg	
31/8/01		(1) d/w pt - says taking 200mcg Thyroxine however TSH still ↑, ? why	
		6/12 since last script pick-up -> ?% of levothyroxine script. -> check TFTs 3/12	
		Fluticasone inhaler issued in error instead of nasal spray -> script changed -> nasal spray	
		se 1-2/52 if not better sys	
27 SEP 2001		(1) small skin tag behind (R) ear no suspicious features -> for cryotherapy	
		(2) Rev thyroxine (TFT check due 2/12)	

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): GARRIE

Forenames (Block Letters): RICHARD

Address

Date of Birth

Date	*	Clinical Notes	Diagnosis
		(S) Nose ?? better. pt doesn't pay for scripts (A) Req. solpadeine soluble for occasional headache as v. effective for headache < 1/m 2-3/, no change to long standing headache - disappears ?? from taking alone - ?? for → Solpadeine soluble (100) TABS Review if ↑ frequent or severe.	
17 OCT	2001	? dodgy chinese last night. Now N.V. abdo cramps. watery diarrhoea. ° infection current ° pr bleed O/E Pale P=60reg BP 120/80. (P) advice - gradual fluids - simple analgesia - rest - RV if not settling or worse.	
18.10.01		due ??	
19/11/01		SpR? Fluticasone aqua nasal spray x1 OD	
29.11.01		due ??	
13 DEC	2001	Pain (L) ear → 3-4 days, wakened at night c pain + dizzy O/E blocked ?? c wax again RA for syringe.	

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Richard Crane (8/3/68)

Date	*	Clinical Notes	Diagnosis
20.12.01		Ear syringed with good result B	
8/1/02		ELIXONASE.	
08 FEB 2002		off balance on standing up - not with turning head or on lying down Only on thyroxine: BP 130/85	
	*	TFT for lying + standing BP. ✗ (ears completely clear) Check TSH as well please	
11 FEB 2002			
12 FEB 2002			
13 MAR 2002		CXL.	
02 APR 2002		Advise re nA less Wt T₄ 15 stone check TSH lump on tongue on + side small pea sized lump ant tongue ? Worked aground - disappears intermittently been there for months referr ENT oral surgery Also cough + sputum sept '01 52 Rx Amoxycillin 250 3 tds (21)	
25/9/2	(3)	cough TSH ↑ again. - says missed thyroxine for 1/52 ~ 3/52 ago - went to Blackpool + forgot them - advised to take daily + recheck 8/52	
29 APR 2002		Been using Otex in (L) ear + now clear.	
12 SEP 2002		URTI for 1/52 ∃ green nasal discharge + cough productive green sputum ° SOB ° fever ° chest pain Throat painful but able to swallow. Feels much better today O/E Looks well Throat mildly inflamed ° LRD Chest clear Imp uppr resp viral URTI Prescription exemption certificate completed	viral URTI

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Compliance with thyroxine was much better ✓

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	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters): GARDIE	Forenames (Block Letters): RICHARD
	Address: 63 GLENBURN AVE, NEWTOWN ST. BOSWELLS, TD6 0QL	Date of Birth: 18/03/68

Date	*	Clinical Notes	Diagnosis
28/9/2	N/S	d/w GP at 6/12 for thyroxine – ES says taking now. Message left for TSH in 6/52 for N rev	
14.10.02		wife has angina – having anxiety + difficulty coping c kids discussed potential probs of drowsiness – driving c analgesics + not felt appropriate as wishes to continue business. Has numbers from HV re childcare.	Stress wifes illness
6 NOV 2002		Nasal congestion + catarrh stunned mornings worse coughs sputum no sore throat or facial pains Rx Amoxycillin 250 tds (21) Beclometh aq nasal spray (1) review if not settling	Sinus probs
23 JAN 2003		Not working at present low motivation stressed not coping c kids sleeping during day + night watching TV anergia thoughts of death anxiety lot of bereavement No thoughts of self harm or harming other Rx Fluox 20mg i od (30) r/v 3/52.	Reactive Depression

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

FORM GP111F
355 2095

Richard Garvie 18/03/68

Date	*	Clinical Notes	Diagnosis
12 FEB 2003		Has picked up a wee bit	
		not yet 'bubbly self' has been	
		off work	Depression
		Still having thoughts about	review
		death but not as many	
		No thoughts of self harm or	
		harming others.	
		Continue Fluoxetine 20mg (30)	
		+ r/v 5/52 or sooner if	
		probs. VB	
05/03/03		Please check TFT [illegible] seen ? ES	
7/5/3		Seen at daughters appt - nasal crusting	Nasal
		+ daughter has impetigo (+2 sons)	crusting
		O/E as above + sl. inflamed	
		septum ✓ MCS	NJR.
19 MAY 2003		cancelled re-appointed 20th	
21 MAY 2003		DNA. - letter sent	GM
06 JUN 2003		Sore testis - 10/7 - mild ache	Epididymitis
(GP)		- both sides 1/7 - uncomfortable	
		° lumps ↑ prev. when sitting	
		- sl. offensive pink smell	
		- but ° discharge not acute pain	
		- O/E testis - NAD	
		tender (R) epididymis	
		° masses ° evidence	
		° LN of torsion / malignancy	
		Z: Epididymitis	
		↳ Ciprofloxacin 500mg bd	
		+ r/v SOS / if ° settling (20) SOS	
27/06/03		Letter sent TCI for TFTs ES	
14/7/3		TSH	
1 OCT 2003		(R) Ear sore, "flushed" (L) face, sweats, coughing	
		green phlegm.	
		O/E T=37.6 ° ↑LN. Sinuses non-tender	
		Ears NAD. Throat NAD. Teeth OK	
		(1) Viral illness Given advice, r/v if ° settling	
		(2) TSH checked. Takes tablets!	
		Re Thyroxine as pts. Cocodamol 8/500 ii x (100)	SKE

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

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): GARRIE
Forenames (Block Letters): RICHARD
Address: 63 GLENBURN AVE NEWTOWN ST. BOSWELLS
Date of Birth: 18/03/68

Date	*	Clinical Notes	Diagnosis
15 JAN 2004		DNA Bloods TSH	
22 JAN 2004		TSH	
11/2/04	(T)	Watery eye a few days, sticky this a.m. No redness. Took Brolene oint. from chemist + now lid swollen. Advice - bathe, stop oint. R/v tomorrow if no better as off on hol. at w/e.	
23 FEB 2004		Cx PN appt.	
1 MAR 2004		DNA PN for ear syringe	
16 MAR 2004		Saw chiropodist yesterday advised referral to orthoptists BGH for formation of special insoles. Says "arthritis" in toes. Constant pain in toes, esp great toe. Describes problems c̄ feet as a child – not sure what. Always wears shoes unevenly – out edge of heel. O/E limited toe flexion + pain → D/w chiropodist & then refer. Rpt cocodamol 8/500 (100) for feet add ibuprofen 400mg (48) ES	
16/03/04	T	D/w Chiropodist (01835 869999) suggests biomechanical assessment + inserts to prevent problem getting worse	
31 MAR 2004		Painful toe for at least 1/52 (also visiting chiropodist) O/E Infected nail bed + surrounding erythema. Rx: Flucloxacillin 250mg qds x (28) Advised ibuprofen/co-codamol for analgesia	

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

Elevate foot.
R/v if worse / not settling.

FORM GP111F

PRINTED FOR ASTRON, B30160 3/03 (017302)

355 2095

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Date	*	Clinical Notes	Diagnosis
17-5-04	ph	Fingers still swollen + sore discussed physio - does not wish or want + see if improves further using dihydrocodeine for ear pain - review if not settling	
1/6/4		See letter from podiatry please review analgesia before issuing drug more	
10/6/4	NS	Prescription exemption done [illegible]	
10/6/4		Please make an appointment with Doctor/Nurse For a Medication Review - will get recalled	
5 JUL 2004		(L) ear syringed - not clear. Cont'd - meds drops oil + syringe again on Wed	GM
7 JUL 2004		(L) Ear syringed with success! TSH done	GM
8 JUL 2004		DNA TSH Our was done yesterday	[illegible]
19 AUG 2004		DNA TSH already done	[illegible]
30 SEP 2004		DNA Bloods	[illegible]
3 NOV 2004		Cancelled - OK to file [illegible]	
27 JAN 2005		DNA Bloods [illegible]	
27/01/05	N/S	Message from patient - says TSH not due until June 2005 → letter ✓ [illegible]	
9 FEB 2005			
24 FEB 2005		Stiff neck 1/12. On codydramol [illegible] (R) side of neck → [illegible] → tender. (?) muscle strain (?) Diclofenac [illegible] (28) [illegible] SEs. TRO [illegible] for TFTs.	[illegible]

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

5/2000 204722

NHS Confidential: Personal data about a patient

EARLSTON PATIENT

SLM | INR ✓ | LO | LOC | DR

National Health Service Number

- 5 APR 2004

CLINICAL NOTES

NOTES | COMP | OK

Surname (Block Letters)	Forenames (Block Letters)
GARRIE	RICHARD.

Address: 63 Glenburn Ave Earlston.

Date of Birth: 18/3/68.

Date	*	Clinical Notes	Diagnosis
03/04/04		Started antibiotics for infected toe 31/03/04 Toe doesn't feel any better – throbbing pain. Feeling nauseous + hot + cold O/E Temp 36.2°c Infected toe but cold + no tracking. Slight discharge → double flucloxacillin Rx flucloxacillin 250mg 2 caps qds (28) advice re ibuprofen / paracetamol / elevate foot Review pm ES	
06/04/04	T	Toe much better + feels better in himself. 4/7 antibiotics left → finish course + phone if recurs or other problems CS	
29 APR 2004	1)	Caught ring-finger (L) hand in car door 3/52 ago. Swelled up** + v. painful at time sore bruising. Now still swollen + v. painful. O/E Swollen around MTP (L) ring finger. Crepitus** from ?# → X-ray + elu ē result → Rx Diclofenac DF 118 50mg T tds x 42 (has tried co-codamol + ibuprofen)	
	2)	[redacted] licked down his + cut his down + was with him until paramedics arrived. No daytime flashbacks, but disturbed sleep** with intrusive images of his hanging. No symptoms depression. Discussed options → would like to try Terazepam 10mg T nocte x (3) to try + break cycle. Must come in for rev if still struggles. → patient happy to do this. SRE	

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

FORM GP111F

355 2095

PRINTED FOR ASTRON, B32004 8/03 (017302)

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
GARRIG	RICHARD

Address	Date of Birth
63 GLENBURN AVE NEWTOWN ST BOSWELLS	18/3/68.

Date	*	Clinical Notes	Diagnosis
28 FEB 2005		DNA for TFT. — telephoned + re booked for 1-3-5	GM UH
01 MAR 2005		TFTs obtained	
14 SEP 2005		(R) Gt toenail slightly thickened distally & in the corners. (L) little nail normal Rx to collect cuttings & send to lab. If fungal will decide if want Rx. Aware of need to check LFTs / [redacted]	
16 NOV 2005			
25 JAN 2006		Testicular discomfort on and off for 10/7. (R) worse than (L). No H/O trauma. No lumps. No dysuria. End of penis has seemed "wet" O/E No mass. No hernia. No cough impulse. Tender (R) epididymis + sl tenderness (R) testicle. No erythema / swelling Imp epididymo-orchitis, no evidence torsion [redacted] Then ciprofloxacin 500mg bd (14) Review if not settling ES	
21 FEB 2006		TSH Admits to have missed several DL. doses meds in last 2 weeks. Feels well.	

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

FORM GP111F

PRINTED FOR ASTRON, BB37339 8/04 (017302)

355 2095

NHS Confidential: Personal data about a patient

Date	*	Clinical Notes	Diagnosis
- 6 MAR 2006	(P)	Bitten by a dog on Saturday skin broken - cold, sour needs NEXAXIS (Dyp. tet + polio)	
	DNS	Duoderm dressing to very superficial broken area on knuckle EC.	
- 8 MAR 2006		cancelled	
16 MAR 2006		DNA Bloods, due on 01/2 for 6/52 repeat ∴ due 1st week in April.	
18 APR 2006		Cancelled appt	
21 APR 2006		Thyroid Bloods	
29/4/6	(T)	TSH are 50 only taking 50 micrograms thyroxine ? on 250 micrograms normally unsure ∴ try ↑ 150 micrograms + recheck TFTs in 6/52 to ↑	
27/6/06	*	Needs TFTs repeating - note on prescription *	
28 JUN 2006		cancelled 1625, 27/6/06	
29 JUN 2006		Driver.	
5	(T)	Stationary in car, wearing seatbelt. Van reversed into drivers side rear of his car. Now sore (R) shoulder pain. ↓/↓ painful abduction to 90° no obvious trigger pts, gen tender delto/supra/infraspinatus. Try NSAID + heat	
	(T)	Has been on 25 mcg thyroxine since April (forgotten missed a couple of days recently) TFTs taken.	
4/7/06	Tel	Admits to having missed several days TH! Now has a reminder box to help. Repeat 1/12	
6/7/6		DNA Thyroid bloods.	
20/7/06		letter sent TCI for thyroid bloods Appt 27/7/06.	
27 JUL 2006		TSH Reading well taking medication regularly now.	

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

5/2000 204722

NHS Confidential: Personal data about a patient

CLINICAL NOTES

National Health Service Number

Surname (Block Letters): CARRIE

Forenames (Block Letters): RICHARD

Address: 65 Glenburn Ave Newtown St Boswells

Date of Birth: 18/3/68

Date	*	Clinical Notes	Diagnosis
9 NOV 2006		2 x sebaorheic warts on trunk.	
		Reassured. Not wishing Rx.	SKC
19 [illegible]07		DNA. Bloods	
26/7/07		Letter for thyroid f/u	
23 AUG 2007		Patient cancelled re-appointed 28:08:07	
28 AUG 2007		[illegible]	
[illegible]		Batch: 3001264.01 Berna 08 — Well no cx (B) detailed	AT
		3001264.01 06.2008 Berna 08 (C)	
8 MAY 2008		Sebaorheic warts on trunk → Reassure	
14 JUL 2008	(T)	Today opened bowels + some fresh red blood on stool. Bit sore at anus. Few piles. Motions soft. Has appt Thursday to see. Then review if bleeding increases (see earlier).	JR MWC
23/9/08	MS	Has appt for 12/8/08 for thyroid bloods	Rev
20 AUG 2008		DNA	AT
12 SEP 2008		(Cancelled)	AT
16 SEP 2008		TSH	AT
15 OCT 2008		Well no [illegible] given (A) [illegible] 180031A 05.2009 Begin [illegible] FW sent.	Gen. 15/10/08
22 JUN 2009		Going on hols tomorrow to Lanzarote anxiety stomach in knots Rx Diazepam 2mg up to 4 times per night (4) given LB	

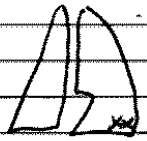
* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

PRINTED FOR ASTRON, B41219 4/05 (017302)

355 2095

NHS Confidential: Personal data about a patient

Date	*	Clinical Notes	Diagnosis
9/7/09		Unwell for ~5 days. Became unwell on holiday in America. Vomiting + diarrhoea initially (now settled). Mild fever, night sweats, cough ± thick green sputum. Coughing/vomiting worsening. Mild feels A SOBOE. No chest pain. Appetite ↓. Fatigued ++. Since the family member had diarrhoea → but no-one else ± chest symptoms. O/E Alert (had paracetamol 2hrs ago) Looks pale/tired P = 78/min, reg RR = 17/min, reg Chest:  Good AE throughout Coarse crep at (I) base.	
		(I) LRTI, probably secondary to flu-like illness. Rx Amoxicillin 500 mg tid x (21) ↑ oral fluids Rest. Advised stay off work until at least Mon. Rev if worse/persisting	sick.
27 AUG 2009		Unable to get bloods - re appt	AT
03 SEP 2009		DNA recall please	AT
- SEP 2009		CCG	
26 OCT 2009		DNA bloods - TSH	JL
18 NOV 2009			
26/11/09		TSH ✓	ES
21 OCT 2010		2450218 04.2011 given to left arm BECRIVAC declined thyroid bloods will make appointment for a month's time	Anthracyte

* This column has been provided for do tion

Earlston Medical Practice began scanning all correspondence on 01/09/2008 and entering all consultations electronically on 01/11/2010

5/2000 204722

NHS Confidential: Personal data about a patient

Garrie, Richard M — Earlston Medical Practice
DoB: 18/03/1968 — **Report Valid On 05/07/06 11:43** — Page number 1

Registration

Mr Richard M Garrie
63 Glenburn Ave
NEWTOWN ST BOSWELLS
MELROSE
ROXBURGHSHIRE
TD6 0QL
Telephone: 01835 82308105
Contact: ? ContactRelship: ?
Email: ?
CHI Number: 1803689773 NHS Number: SCR293685
Occupation:
Registered GP: Dr I Bond

Service Code: Permanent
DoB: 18/03/1968
Age: 38
Marital Status: Unknown

BMI: 26.8 Height: 1.82 m Weight: 88.905 kg BP: 120/86

Priority Clinical / User Marker

23/01/2003	High	Neurotic depression reactive type
31/05/1996	High	Non-endoscopic dilation of urethra using rigid dilators
28/06/1995	High	Acquired hypothyroidism
07/12/1993	High	Ex-heavy smoker (20-39/day)
07/12/1993	High	Teetotaller
01/01/1992	High	Irritable colon - Irritable bowel syndrome

28:08:06.
Thyroid (N) recall
1 year.

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Review
Levothyroxine Sodium TABS 50MICROGRAMS	28 1 Tab In the morning	06/10/2003	27/06/2006	28	52
Levothyroxine Sodium TABS 100MICROGRAMS	56 2 Tabs Daily	07/09/2000	27/06/2006	28	52

Adverse Reactions

Read Code **Description**

Clinical / User Marker

23/01/2003	High	Neurotic depression reactive type
31/05/1996	High	Non-endoscopic dilation of urethra using rigid dilators
28/06/1995	High	Acquired hypothyroidism
07/12/1993	High	Ex-heavy smoker (20-39/day)
07/12/1993	High	Teetotaller
01/01/1992	High	Irritable colon - Irritable bowel syndrome
05/08/1998	Medium	Health ed. - alcohol
05/08/1998	Medium	Health ed. - smoking
03/03/1997	Medium	SEEN BY PRACTICE NURSE
24/02/1994	Medium	Patient MRE received from HB

Summary Sheet: L&S Summary Sheet — Printed at 05/07/2006 11:43:44

NHS Confidential: Personal data about a patient

07/12/1993	Medium	Body Mass Index normal K/M2
06/12/1993	Medium	Pat. GP7B/GP8B card from HB
06/12/1993	Medium	Patient signed reg. form
01/01/1988	Medium	Booster tetanus vaccination

Screening

29/06/2006	**EarlstonThyroid Review$$**	Thyroid hormone tests abnormal	
Repeat after an Interval - 1 Months		Send recall when due	Do not send result letter
14/07/1999	**Smoker$$ Status**	Letter invite to screening	
Call for screening		First recall letter on queue	Send recall when due
05/08/1998	**Alcohol Intake$$**	Trivial drinker - <1u/day	
No Action Required		Send recall when due	Do not send result letter
05/08/1998	**B P Screening$$**	O/E - BP reading normal	
Repeat after an Interval - 60 Months		Send recall when due	Do not send result letter
05/08/1998	**Height$$**	O/E - height	
Repeat after an Interval - 36 Months		Send recall when due	Do not send result letter
05/08/1998	**Weight$$**	O/E - weight	
Repeat after an Interval - 36 Months		Send recall when due	Do not send result letter

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Acknowledge an NHS24 call

PCC:	Bordoc			FOR PRACTICE		NHS 24
NHS No:	949110	Call Received:	02/07/2004 18:57	Received by:	Ian, Mil	
Outcome:	Pt advised to contact practice within 36 Hrs - Coop to forward to Practice			Outcome Code:	NOA8	
		Consultation Start:	02/07/2004 19:00	Consultation Finish:	02/07/2004 19:04	

Patients Present Location		Patient Home Details	
Address:	63 Glenburn Ave, Newtown St Boswells, TD6 0OL	Name:	RICHARD GARRIE
Phone:	01835 823081	Address:	63 Glenburn Ave, Newtown St Boswells, TD6 0OL
		Phone:	01835 823081
		Sex:	M
Registered GP Details (at time of call)		DOB:	18/03/1968
Dr Name:	Ian Bond (Lfp)	Age:	36 years
Practice:	Leader Health	Contact:	
		Contact Phone Number:	01835 823081

Clinical Summary:	Date:	02/07/2004
	Description:	CALLER HAS AN APPOINTMENT WITH HIS GP TO HAVE HIS EAR SYRINGED ON WEDNESDAY BUT HE IS SUFFERING FROM INCREASED EARACHE TONIGHT. ADVISED TO TRY SOME IBUPROFEN AND A HEAT PAD. HOMECARE MEANTIME.
Condition:	SORE EAR	
Call Number:	0000005106	Received by TayCare: 02/07/2004 19:11

SLM	IDB	ES	REG
LOCUM			RDR
	- 6 JUL 2004		
NOTES	COMP	OK	

JML	P&C	CMC
DR 1		DR 2
	05 JUL 2004	
OK	NOTES	COMP
REPEAT	APPT	PHONE

FAX NOT WORKING

05/07/2004 TayCar

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NHS
Borders

Please reply to:
Biomechanics Clinic
Orthopaedic Workshop
Borders General Hospital
MELROSE
TD6 9BS
Tel: 01896 826794

Date: 03.06.04

Dear Dr Seabrook

Re: **Patient's Name:** Richard Gamble
Patient's Address: 63 Glenlyon Ave. Newtown St Boswells

Patient's D.O.B.: 18.03.1968 **Patient's ID:** 211765

Please note the above patient was treated on 01.06.04

Diagnosis: No limitation in range of motion of any lower limb + foot joints.

Treatment Given: None — reassurance

Comments: Thank you for ~~letter~~ referring this patient who had been told by his private chiropodist that he had severe arthritis. However, he appears to have no problems & no pain

If you require any further information, please do not hesitate to contact the Podiatrist at the above clinic.

Yours sincerely

Jane Lofthouse

Jane Lofthouse
Biomechanics Podiatrist

SLM ✓	IDB	ES	REG
LOCUM	IH	SHO	RDR
14 JUN 2004			
			✓
NOTES	COMP	OK	

NHS Confidential: Personal data about a patient

NHS
Borders

Please reply to:
Biomechanics Clinic
Orthopaedic Workshop
Borders General Hospital
MELROSE
TD6 9BS
Tel: 01896 826794

Date: 01·06·04

Dear Dr Seabrook .

Re: **Patient's Name:** RICHARD GARRIE
Patient's Address: 63 GLENRUAN AVE
NEWTON ST BOSWELLS
TD6 0QL
Patient's D.O.B.: 18.03.1968 **Patient's ID:** 16009

Please note the above patient was treated on 01/06/04

Diagnosis: NO PROBLEMS.

Treatment Given: GENERAL FOOTCARE ADVICE
NO FURTHER TREATMENT REQUIRED

Comments: On assessment no pain or limitation of movement in any lower limb / foot joint.
Patient not experiencing any foot pain but private chiropodist had said he must seek advice as he had a lot of arthritis in his feet
If you require any further information, please do not hesitate to contact the Podiatrist at the above clinic. (No O/A present)

Yours sincerely

Jane Lofthouse

Jane Lofthouse
Biomechanics Podiatrist

Patient currently taking Co-codamol + Ibuprofen as prescribed for feet.
If this is only for foot problems I would suggest this is discontinued.

SLM	IDB	ES	REG
LOCUM			RDR
0 1 JUN 2004			
NOTES	COMP	OK ✓	

File now

PODIATRY SERVICES
Orthopaedic Workshop, Borders General Hospital, Melrose, TD6 9BS
Telephone: 01896 826794

NHS Confidential: Personal data about a patient

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP113B

Ambulance Transport Required : Yes/No Sitting/Stretcher

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☒ Soon ☐ Urgent ☐

Hospital: Borders General Hospital Date: 18 March 2004 CHI No

Please arrange for this patient to attend the PODIATRY clinic of Dr/Mr

Patient's Surname : GARRIE
Maiden Surname : Single/Married/Widowed/Other
First Names : RICHARD
Address : 63 GLENBURN AVENUE
NEWTOWN ST BOSWELLS
Date of Birth :
Patient's Occupation :
Post Code : TD6 0QL Contact Telephone no. : 01835 823081

Has the patient attended hospital before? If "YES" please state:-
Name of Hospital :
Year of Attendance : Hospital No. : 211765

If the patient's name and/or address have changed since then please give details :

Can patient attend at short notice?
If YES, minimum notice required days

Borders Health Board

Name, Address and Telephone number of MEDICAL PRACTITIONER

Drs MacDonald, Bond.
Seabrook & Dunbar-Rees
The Health Centre
EARLSTON
TD4 6DW
Tel: 01896 848333 **Fax**: 01896 848349

16009

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:-

Dear Team ES/FO/Q

I would be grateful if you could see this 37 year old man for biomechanical assessment and consideration for inserts. He was seen yesterday by a Chiropodist in Jedburgh who found he had very limited movement of his metatarsal phalangeal and PIP joints of both big toes and feels that this is really quite severe for somebody of such a young age. She has suggested referral to yourselves for more detailed assessment and also felt that special inserts may help prevent the problem getting worse. Mr Garrie is currently taking a mixture of Co-codamol and Ibuprofen for the pain in his toes. I enclose a summary sheet detailing the rest of his past medical history and current medication.

Thank you for seeing him.

Yours sincerely,

Elizabeth Seabrook.

NHS Confidential: Personal data about a patient

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112B

Ambulance Transport Required : Yes/No Sitting/Stretcher

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☒ Soon ☐ Urgent ☐

Hospital Borders General Hospital Date 24 April 2002

Please arrange for this patient to attend the ORAL SURGERY clinic of Dr/Mr

Patient's Surname : GARRIE

Maiden Surname :

First Names : RICHARD

Single/Married/Widowed/Other

Address : 63 GLENBURN AVENUE
NEWTOWN ST BOSWELLS

Date of Birth : 18.03.68

Patient's Occupation :

Post Code :TD6 0QL Contact Telephone no. :01835 823081

CHI No

Has the patient attended hospital before? If "YES" please state:-

Name of Hospital : BGH

Year of Attendance : 2001 Hospital No. : 211765

If the patient's name and/or address have changed since then please give details :

Can patient attend at short notice?

If YES, minimum notice required days

Borders Health Board

Name, Address and Telephone number of MEDICAL PRACTITIONER

Drs MacDonald & Bond
The Health Centre
Kidgate,
EARLSTON
TD4 6DW
Tel: 01896 849273 **Fax**: 01896 848192

16009

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below: -

Dear Colleague IDB/FO/Q

I would be grateful if you could arrange to see Mr Garrie who was in seeing me on 22.04.02. He had previously been referred for assessment of a lump on the tip of his tongue. Unfortunately he did not attend at that time. He mentioned this to myself again today and on examination there was a pea sized hard smooth lump in the anterior tongue. He describes this coming and going over the course of time and to be honest I am at a loss as to what might be causing this. My assumption would be that a blocked gland of some sort is responsible, however I would value a more expert opinion than my own.

In addition I would value advice as to whether there is any treatment necessary for this. He remains well otherwise and is currently on 200mcgs of Thyroxin daily for an under active thyroid gland.

Many thanks for your help.

Yours sincerely,

Ian Bond.

NHS Confidential: Personal data about a patient

BORDERS GENERAL HOSPITAL
NHS TRUST

ORAL SURGERY DEPARTMENT

Staff Grade:-
Mr M B Ross

Telephone
Out Patients Reception –01896 826522
Oral Surgery(Mr Ross) - 01896 826083
Secretary - 01896 826086

MBR/sgb/211765

11th April, 2001

Dr S L MacDonald
The Health Centre
Kidgate
EARLSTON

Dear Sheena

RE: Richard Garrie, 63 Glenburn Avenue, Newtown St Boswells. DOB: 18.03.68

Thank you for your letter regarding the above patient who was appointed for examination and possible biopsy at the Oral Surgery Out Patient Clinic at the Borders General Hospital. He cancelled the initial appointment and failed to attend on a re-arranged appointment. In view of this, and also your lack of findings when you examined his tongue, I do not intend to issue a further appointment.

With kind regards

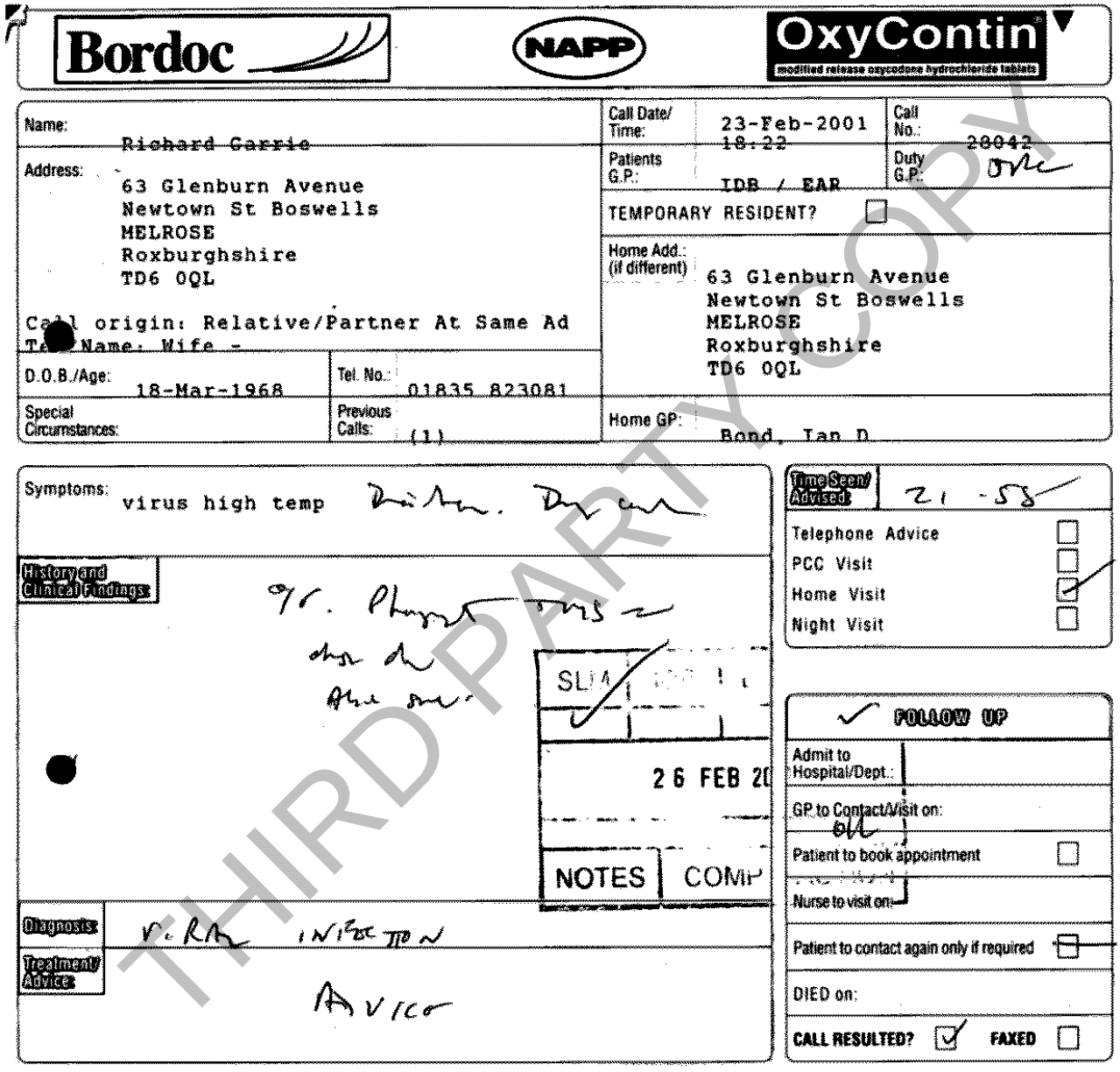
Yours sincerely,

Malcolm B Ross, BDS
Staff Grade Oral Surgeon

SLM ✓	IDB ✓	LMA	REG ✓
12 APR 2001			
NOTES	COMP	ax ACTION	

BORDERS GENERAL HOSPITAL, MELROSE, ROXBURGHSHIRE, TD6 9BS
TELEPHONE : 01896 754 333 FAX : 01896 823 476

NHS Confidential: Personal data about a patient



Bordoc

NAPP

OxyContin
modified release oxycodone hydrochloride tablets

Name: Richard Garrie

Address: 63 Glenburn Avenue
Newtown St Boswells
MELROSE
Roxburghshire
TD6 0QL

Call origin: Relative/Partner At Same Ad
Name: Wife -

D.O.B./Age: 18-Mar-1968

Tel. No.: 01835 823081

Special Circumstances:

Previous Calls: (1)

Call Date/ Time: 23-Feb-2001 18:22

Call No.: 20042

Patients G.P.: IDB / EAR

Duty G.P.: OMc

TEMPORARY RESIDENT?

Home Add.: (if different) 63 Glenburn Avenue
Newtown St Boswells
MELROSE
Roxburghshire
TD6 0QL

Home GP: Bond, Ian D

Symptoms: virus high temp

History and Clinical Findings:

Gr. Physt

SLI

26 FEB 20

NOTES COMP

Diagnosis: V. RTI INFECTION

Treatment/ Advice: ADVICE

Time Seen/ Advised: 21-55

Telephone Advice ☐
PCC Visit ☐
Home Visit ☑
Night Visit ☐

☑ FOLLOW UP

Admit to Hospital/Dept.:

GP to Contact/Visit on: OM

Patient to book appointment ☐

Nurse to visit on:

Patient to contact again only if required ☐

DIED on:

CALL RESULTED? ☑ FAXED ☐

NHS Confidential: Personal data about a patient

Only | Date | Time | No | GP112B

Ambulance Transport Required : Yes/No Sitting/Stretcher

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☒ Soon ☐ Urgent ☐

CHI No

Hospital: Borders General Hospital Date: 5 February 2001

Please arrange for this patient to attend the: ORAL SURGERY clinic of Dr/Mr

Patient's Surname : GARRIE

First Names : RICHARD

Address : 63 GLENBURN AVENUE
NEWTOWN ST BOSWELLS

Post Code : TD6 0QL Contact Telephone no. : 01835823081

Has the patient attended hospital before? If "YES" please state:-

Name of Hospital : B.G.H.

Year of Attendance : 2000 Hospital No. : 211765

If the patient's name and/or address have changed since then please give details :

Can patient attend at short notice?

If YES, minimum notice required days

Maiden Surname :

Single/Married/Widowed/Other

Date of Birth : 18/3/68

Patient's Occupation :

Borders Health Board

Name, Address and Telephone number of MEDICAL PRACTITIONER

Drs MacDonald & Bond
The Health Centre
Kidgate,
EARLSTON
TD4 6DW
Tel: 01896 849273 Fax: 01896 848192

16009

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:-

Dear Colleague, SLM/RG/A

I would be most grateful for your help in the further assessment of Richard who first presented three weeks ago saying that he had noticed a lump on the tip of his tongue. There was nothing to find on examination at that time but he was asked to re-attend today. He has re-presented still complaining of a feeling of thickness in the left anterior tip of his tongue and though I was unable to definitely discern any difference between the two sides he is adamant that there is a thickness there that was not present before.

He has no other symptoms and is otherwise quite fit and well although hypothyroid on Thyroxin. I am not sure whether there is anything underlying this sensation and I would be most grateful for your help in his further assessment.

With many thanks.

Yours sincerely,

Sheena L. MacDonald.

NHS Confidential: Personal data about a patient

BORDERS GENERAL HOSPITAL
NHS TRUST

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS

DR. ID BOND
EARLSTON HEALTH CENTRE
KIDGATE

TD4 6EW

PATIENT DATA

Ref. - 012696/1
D.O.B. 10 Mar 1968 Unit No. 211765K
Surname GARRIE
Forename(s) RICHARD M
Address 53 GLENBURN AVE

NEWTOWN ST BOSWELLS
TD6 0DL
Occupation LABOURER
Phone No. 01835 823081
Consultant
Next of Kin [redacted]

Home Phone
Work Phone

Date and Time of Attendance	Date and Time of Accident
14/12/00 16:32	14/12/00

PLACE OF ACCIDENT
R.T.A. : Work : Home : Sport : Other (Specify)
Not an Accident

R.T.A. LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

T.	P.	R.	B.P.	TRIAGE TIME	INITIAL DIAGNOSIS
URINE	B.M.	O_2 SAT	WEIGHT	TRIAGE CATEGORY	DENTAL TROUBLE

HISTORY

EXAMINATION

INVESTIGATIONS AND RESULTS

NOTES	COMP	ACTION

Investigations	N
Resuscitation	N
Speciality	
Diagnosis	
Procedures	
Time Seen	
Alcohol	
Drugs	
Disposal	
Time Treatment Completed	

PROVISIONAL DIAGNOSIS

MANAGEMENT

	DRUGS	DOSE	REGIME	DR. SIG.	NURSE SIG.
TAKE HOME					
DRUGS					

Continue on a separate sheet if required

Home
Follow-up (where) ?
Admit (ward) ?

SIGNED

NAME IN BLOCK CAPITALS

Status
Department

PLEASE USE BALL POINT PEN

NHS Confidential: Personal data about a patient

BORDERS GENERAL HOSPITAL
NHS TRUST

MEDICAL SERVICES DIRECTORATE
Fax No. 01896 662273

Consulting Physicians: **Dr. J. Gaddie**
Dr. O.E.Eade
Dr. P.J. Leslie
Dr.P .Broadhurst

Business Manager: **Mr R. Roberts**
Clinical Nurse Manager: **Mrs S. Rumming**

PJL/RB/211765

Date Dictated: 26.07.99
Date Typed: 28.07.99

Dr Sheena L MacDonald
Leader Medical Group
The Health Centre
Kidgate
EARLSTON
TD4 6DW

Dear Dr MacDonald Sheena

MR RICHARD GARRIE 32 WHITEFIELD CRESCENT NEWTOWN ST BOSWELLS
DOB: 18.03.68

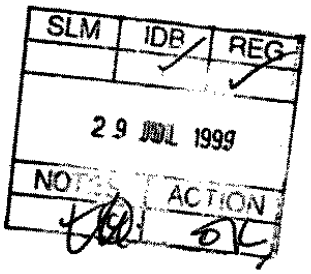
Thank you for updating me with Mr Garrie's progress. I don't think our experiment was such a waste of time as you thought in that his TSH having taken the equivalent of 200mcgs daily, has fallen significantly from 35 to 21 and Free T4 has now risen almost to the normal range at 9pmol/L.

I think I would issue him with a new prescription using the excuse that the other tablets may not have been quite right and if he takes 200mcgs daily things should return to normal. For the first prescription (as they are free anyway) I would only give him two weeks supply so that he has to return within that time to get his next prescription when you can recheck a TSH. I would try a couple of fortnightly prescriptions to see if this improves things. If this does not improve things I am not sure where to go next.

I will consult + must be compliance.

Best wishes,
Yours sincerely,

Peter J. Leslie
Consultant Physician



BORDERS GENERAL HOSPITAL, MELROSE, ROXBURGHSHIRE, TD6 9BS
TELEPHONE : 01896 754 333 FAX : 01896 823 476

NHS Confidential: Personal data about a patient

LEADER MEDICAL GROUP
Dr Sheena L. MacDonald Dr Ian D. Bond

THE HEALTH CENTRE
KIDGATE
EARLSTON
TD4 6DW
Tel. 01896 849273 Fax. 01896 848192

SLM/PC/A

Dr Peter Leslie
Medical Department
Borders General Hospital
Melrose

09 July 1999

Dear Peter

Re: Richard Garrie 32 Whitefield Crescent Newtown St Boswells TD6 0PX
DOB 18.03.68 - Unit No 211765

I hope you enjoyed your holiday and you will be delighted to receive this letter on your return.

Just to recap regarding this story. In February 1999 Richard had a normal TSH of 6.23 and a Free T4 of 16. He had his Thyroxine increased to 150 at that time and in June his TSH was 45.27 with a Free T4 of 7. This was repeated a week later giving a result of 35.5 and a Free T4 of 7. He subsequently took his 1,400mcgs of Thyroxine and a week later his TSH was 21.06 and his Free T4 was 9. In your absence I decided that masterly inactivity was the most appropriate response to this and I have therefore just arranged for him to come back for a repeat TSH in a months time.

If you have any other thoughts about anything else we should be doing, please do not hesitate to let me know and I will let you know once again in a month the latest results.

With kind regards.

Yours sincerely

Sheena L MacDonald

NHS Confidential: Personal data about a patient

BORDERS GENERAL HOSPITAL
NHS TRUST

JON/ASB

20/04/99

DR R BRYAN
REGISTRAR
THE HEALTH CENTRE
EARLSTON

Dear Dr Bryan

MR RICHARD GARRIE 18/03/68 Unit No. 211765
32 WHITEFIELD CRESCENT NEWTOWN ST BOSWELLS TD6 0PX

As requested Mr Garrie was put on my waiting list for vasectomy. He has however telephoned to say he does not wish to have the operation and his name has therefore been removed.

Yours sincerely

Mr J S O'Neill
Consultant Surgeon

SLM	IDB	REG
✓	✓	
23 APR 1999		
NOTES	ACTION	
	OK	

BORDERS GENERAL HOSPITAL, MELROSE, ROXBURGHSHIRE, TD6 9BS
TELEPHONE : 01896 754 333 FAX : 01896 823 476

NHS Confidential: Personal data about a patient

Only | Date | Time | No. | GP112B

Ambulance Transport Required : Yes/No Sitting/Stretcher

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☒ Soon ☐ Urgent ☐

CHI No

Hospital Borders General Hospital Date 9 April 1999

Please arrange for this patient to attend the SURGICAL clinic of Dr/Mr

Patient's Surname : GARRIE

Maiden Surname :

First Names : RICHARD

Single/Married/Widowed/Other

Address : 32 WHITEFIELD CRESCENT
NEWTOWN ST BOSWELLS

Date of Birth : 18.03.68

Patient's Occupation :

Post Code :TD6 0PX Contact Telephone no :01835 824053

Has the patient attended hospital before? If "YES" please state:-

Name of Hospital : BGH

Year of Attendance : 1997 Hospital No. : 211765

If the patient's name and/or address have changed since then please give details :

Can patient attend at short notice?

If YES, minimum notice required days

Borders Health Board

Name, Address and Telephone number of MEDICAL PRACTITIONER

Drs MacDonald & Bond
The Health Centre
Kidgate,
EARLSTON
TD4 6DW
Tel: 01896 849273 **Fax**: 01896 848192

16009

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below: -

RB/PC/D

Dear Doctor

This 31 year old man would like a vasectomy under local anaesthetic. He has fathered seven children and has three of them with his [redacted] They have for two years now decided their family is complete.

Many thanks.

Yours sincerely

Dr Rose Bryan
Registrar

NHS Confidential: Personal data about a patient

[redacted]

Sponsored by **SEARLE** WORKING IN PARTNERSHIP FOR BETTER HEALTH

Name:	RICHARD GARRIE	Call Date/Time:	04/04/98 23:30
No.:	7953		
Address:	32 WHITEFIELD CRESCE [redacted] ST BOSWELL	Patients G.P.:	EAR SLM
Duty G.P.:			
Symptoms:	VIOLENT SICK SINCE THURSDAY , EAR ACHE , HEADACHE.		
D.O.B./Age:	18/03/68 30 Years	Tel. No.:	01835-824035
Previous Calls:		Special?:	0

History and Clinical Findings: Sick + of clear 3/7. Tonight small (very) amount blood in vomit. No ache. o/e well ENT NAD O/S ... P 70 BP 130/80 Abd NAD.

Dia[redacted]sis: Gastric flu.

Treatment/ Advice: Prochlorperazine 5g x 3 given. IB

Generic Batch No.:

Exp.:

Time Seen/ Advised: 000

- Telephone Advice ☐
- Night Surgery
- Night Visit
- Base Visit ☐
- Other:
- Home Visit ☑
- TR ☐
- ET ☐
- INT ☐
- To Register ☐

Admit to Hospital:

Dept.:

Sent to A&E at:

- See at Patient's Req. ☑
- Other:
- Phone GP ☐
- Visit on:
- Book Appointment ☐
- DIFC
- CALL RESULTED? ☑
- CALL FAXED ☐

Re-Order Code OWL-002 © Systemform Services Ltd 01536 - 460960

NHS Confidential: Personal data about a patient

BORDERS GENERAL HOSPITAL
NHS TRUST

MEDICAL SERVICES DIRECTORATE
Fax No. 01896 662273

Consulting Physicians: **Dr. J. Gaddie**
Dr. O.E.Eade
Dr. P.J. Leslie

Business Manager: **Mr R. Roberts**
Clinical Nurse Manager: **Mrs S. Rumming**

IO/MC
No 211765

Dictated 30th June 1997
Typed 1st July 1997

Dr. Sheena MacDonald
Health Centre,
Earlston

Dear Dr. MacDonald,

Mr Richard Garrie 32 Whitefield Crescent, Newtown St. Boswells (dob 18.3.68)

Diagnosis Tiredness ? atrial fibrillation

We have now the 24 hour ECG tape on this gentleman which showed sinus rhythm throughout, sinus tachycardia one time at 151 beats per minute. Very occasional SVEs and VEs. Sinus rhythm during all symptoms. There was no evidence of atrial fibrillation

Yours sincerely,

Isameldin Osman
Staff Grade Physician

Peter J. Leslie
Consultant Physician

BORDERS GENERAL HOSPITAL, MELROSE, ROXBURGHSHIRE, TD6 9BS
TELEPHONE : 01896 754 333 FAX : 01896 823 476

NHS Confidential: Personal data about a patient

MEDICAL SERVICES DIRECTORATE
Fax No: 1896 662273

Consulting Physicians: Dr. J. Gaddie
Dr. O.E.Fadi
Dr. P.J. Leslie

Business Manager: Mr R. Roberts
Clinical Nurse Manager: Mrs S. Rumming

BORDERS GENERAL HOSPITAL
NHS TRUST

PJL/MC
No 211765

Dictated 12th May 1997
Typed 20th May 1997

Dr. A. Gannon
Locum toDr. Sheena MacDonald
Health Centre,
Earlston

Dear Dr. MacDonald,

Mr Richard Garrie, 32 Whitefield Crescent, Newtown St. Boswells (dob 18.3.68)

Mr Garrie's 24 hour tape showed sinus tachycardia co-inciding with his symptoms apart from one episode at 0045 when this was normal sinus rhythm but interestingly seven minutes earlier there had been a very short run of five beats of possible atrial fibrillation. I await result of short synachthen test but on the basis of this result I think it worth while repeating his 24 hour tape and I have arranged this

Best wishes,
Yours sincerely,

Peter J. Leslie
Consultant Physician

Cortisol 0 mins 304
cortisol 30 mins 674
cortisol 60mins 862
Normal synacthen test excludes Addisons

BORDERS GENERAL HOSPITAL, MELROSE, ROXBURGHSHIRE, TD6 9BS
TELEPHONE : 01896 754 333 FAX : 01896 823 476

NHS Confidential: Personal data about a patient

BORDERS GENERAL HOSPITAL
NHS TRUST

MEDICAL SERVICES DIRECTORATE
Fax No. 01896 662273

Consultant Physicians: Dr J Gaddie, Dr O E Eade, Dr P J Leslie
Business Manager: Mr R Roberts
Clinical Nurse Manager: Mrs S Rumming

ES/AR/211765

Dictated 10 04 97
Typed 28 04 97

Dr A Gannon
GP Locum to Dr S L MacDonald
The Health Centre
1 Kidgate
EARLSTON
TD4 6DW

Dear Dr Gannon

MR RICHARD GARRIE 32 WHITEFIELD CRESCENT NEWTOWN ST BOSWELLS TD6 0PX
DOB 18 03 68

Diagnosis: 1 Tiredness

I saw Mr Garrie along with Dr Leslie in his Borders General Hospital Clinic on 10 April 1997.

He says that he has been tired all the time for the last year. However, he has no cold or heat intolerance. His appetite is normal but he has put on about one stone in weight in the last year. He has an irritable bowel and t his has become more loose if anything over the last few months with bowel opening one to two times per day. He has also had episodes of palpitations every two months when he has a sensation of his heart beating fast and regularly associated with sweating. These last about half an hour and then resolve spontaneously. They have slightly reduced in frequency since decreasing his caffeine level. He feels that his neck has gradually become more swollen over the last 1½ years. He initially felt markedly better when starting THYROXINE but the tiredness gradually returned.

Past Medical History Hypothyroidism 1996. Irritable bowel syndrome. Recurrent UTI's. Migraines.

Current Medication
THYROXINE 200 micrograms mane.

No known allergies.

Social History Married with two children. Security guard. Unable to work at present because of tiredness. Ex-smoker, gave up eight years ago. Previously 20 a day. Very little alcohol.

Family History Not known as he is adopted.

On Examination he looked well. No pallor or tremor. Thyroid not palpable. No lymphadenopathy. Pulse rate 70, regular. BP 140/90. Heart sounds I + II. Chest clear. Abdomen soft and non tender. Smooth, non tender liver edge. No masses.

Mr Garrie was seen also by Dr Leslie. I sent off bloods from the Clinic today for full blood count, ESR, urea, electrolytes and LFTs and I have repeated his TSH and T3 once more. I have also sent off a random Cortisol level. ECG in the Clinic today was normal but I have also arranged a 24 hour tape and chest X-ray.

BORDERS GENERAL HOSPITAL, MELROSE, ROXBURGHSHIRE, TD6 9BS
TELEPHONE : 01896 754 333 FAX : 01896 823 476

NHS Confidential: Personal data about a patient

He was advised to gradually increase his exercise level.

No Clinic follow-up has been arranged.

Yours sincerely

ELIZABETH SEABROOK
Senior House Officer

PETER J LESLIE
Consultant Physician

PS TSH 0.33, T4 126. Cortisol 82 (L) (T3 requested but assumed not now required)
Low serum Cortisol.

Na 140, K 4.1, CO_2 29, Urea 5.2, Creat 88, Alb 44. Bili 10. AIT 24, Alk P 64.
Glucose 6.0

HGB 14.4, MCV 89.2, HCT 0.420, RBC 4.71, MCH 30.6, MCHC 34.3, PLT 250, WBC 5.7,
ESR 5

Chest X-ray - Heart size and mediastinal contours normal. The lungs are clear.

Can you do Short Synacthen Test to
Rehab Norwich
250mcg synacthen i/m
Cortisol at 0'
30'
60' ?

No need to fast
If you have difficulty - let me know & I can arrange.

NHS Confidential: Personal data about a patient

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112B

Ambulance Transport Required : Yes/No Sitting/Stretcher

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

CHI No

Hospital: Borders General Hospital Date: 13 March 1997

Please arrange for this patient to attend the: MEDICAL clinic of Dr/Mr

Patient's Surname : GARRIE

Maiden Surname :

First Names : RICHARD

Single/Married/Widowed/Other: MARRIED

Address : 32 WHITEFIELD CRESCENT
NEWTOWN ST BOSWELLS

Date of Birth : 18.03.68

Patient's Occupation :

Post Code : TD6 0PX Contact Telephone no. : 01835 824053

Has the patient attended hospital before? YES If "YES" please state:-

Name of Hospital : BGH

Year of Attendance : 1996 Hospital No. : 211765

If the patient's name and/or address have changed since then please give details :

Can patient attend at short notice?

If YES, minimum notice required days

Borders Health Board

Name, Address and Telephone number of MEDICAL PRACTITIONER

Dr J Burns (5057 1)/Dr S MacDonald (5137 3)
The Health Centre
Kidgate,
EARLSTON
TD4 6DW
Tel: 01896 849273 **Fax**: 01896 848192

16066

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below: -

AG/PC/C Dear Doctor

I would be grateful if you could see the above-named patient. He complains of marked tiredness over the last couple of weeks and reports decreased energy. He initially came to my surgery complaining of this tiredness with associated palpitation. On further questioning, he was having excessive cups of coffee per day and I advised him accordingly, to cut down on his caffeine intake. This seems to have improved his palpitations.

He has hypothyroidism and is currently on Thyroxine 200mcgs daily. His most recent TFT's were 31 January. TSH 0.72mu/L within the normal range. He tells me he has recently noticed an increase in swelling in his neck and he reports intermittent discomfort on swallowing. He denies any pain per se. I sent off routine bloods on 3 March. U & E's normal. FBC normal.

In view of the fact he is still complaining of very marked tiredness, I would be grateful if you could see him from a medical viewpoint. ? need for further Thyroid investigation, scan etc.

Past medical history 1996. He had dilatation of urethra. History of hypothyroidism. Irritable colon in the past. Current medication 200mcgs daily.

Thanking you in anticipation of your help.

Yours sincerely

Dr A Gannon
GP Locum to Dr S L MacDonald

p.s. Referred to E.N.T complaining of sore throat May 1996. Lingual tonsil hyperplasia on examination.

NHS Confidential: Personal data about a patient

BORDERS GENERAL HOSPITAL
NHS TRUST

Dear Doctor, BURNS

Your patient MR RICHARD M GARRIE
32 WHITEFIIELD CRES

NEWTOWN ST BOSWELLS

211765K

has failed to attend the Surgical Out-Patient Clinic to be seen by MR JMGOLLOCKas requested and has therefore been removed from the out-patient clinic list.

Yours sincerely,

APPOINTMENTS OFFICER
(Extension No. 2407)

BORDERS GENERAL HOSPITAL, MELROSE, ROXBURGHSHIRE, TD6 9BS
TELEPHONE : 01896 754 333 FAX : 01896 823 476

NHS Confidential: Personal data about a patient

BORDERS GENERAL HOSPITAL
NHS TRUST

JMG/SEB/BGH CLINIC

07/10/96

DR J M BURNS
THE HEALTH CENTRE
EARLSTON

Dear ~~Dr Burns~~ .

MR RICHARD GARRIE 18/03/68 Unit No. 211765
32 WHITEFIELD CRESCENT NEWTOWN ST BOSWELLS TD6 0PX

Diagnosis: Post meatal stricture
Operation: Dilatation
Code: 21-01-58

I reviewed this patient in outpatients today four months following his dilatation of post meatal stricture. He had an initial satisfactory result but unfortunately has begun to spray again and therefore repeat dilatation was performed. I am arranging to review him in eight weeks time for repeat dilatation if appropriate.

With kindest regards.

Yours sincerely

Mr J M Gollock
Consultant Surgeon

BORDERS GENERAL HOSPITAL, MELROSE, ROXBURGHSHIRE, TD6 9BS
TELEPHONE : 01896 754 333 FAX : 01896 823 476

NHS Confidential: Personal data about a patient

BORDERS GENERAL HOSPITAL NHS TRUST, MELROSE, ROXBURGHSHIRE

To: DR J M BURNS
THE HEALTH CENTRE
EARLSTON

Admission date: 31/05/96
Discharge date: 31/05/96
Consultant: Mr J M Gollock
Ward: 9

Our reference: JMG/SEB

Surname: GARRIE Forenames: RICHARD Number: 211765
D.O.B.: 18/03/68

Address: 32 WHITEFIELD CRESCENT
NEWTOWN ST BOSWELLS
TD6 0PX

URETHRA
Urethral stricture - submeatal
LSA 2101580000 READ Operation 7B433
OPCS M764

Bouginage
Date of operation 31/05/96

No Complications

4 June 1996

Diagnosis: Post meatal stricture
Operation: Dilatation

This patient was admitted as an elective Day Case for urethroscopy to see the degree of post meatal scarring following extensive treatment for warts in the past. He was extremely concerned about the prospect of a general anaesthetic and therefore we agreed to perform simple sounding and dilatation of his urethra under penile block and Lignocaine gell installation. There was a minimal post meatal stricture which was easily dilated.

He was discharged home and will be reviewed in outpatients in four months time to assess the result.

With kindest regards.

Follow up: 4 months at BGH Outpatients
Discharged to Home.

Mr J M Gollock
Consultant Surgeon

NHS Confidential: Personal data about a patient

BORDERS GENERAL HOSPITAL
NHS TRUST

DEPARTMENT OF OTOLARYNGOLOGY
Mr Stephen F Metcalfe, F.R.C.S.

SFM/SJC/211765

16 May 1996

Borders General Hospital ENT Clinic: 16-05-96

Dr Sheena L MacDonald
Health Centre
Kidgate
EARLSTON

Dear Dr MacDonald

Richard Garrie 32 Whitefield Crescent ST BOSWELLS DOB 18-03-68

Thank you for referring Richard to me with ongoing soreness of his throat, particularly at the right tongue base area. This seems to have been initiated by a general upper respiratory irritation some months ago. He has many of the symptoms of awareness of tongue base irritation with a throat clearing cough, shelf-like swallow, fluctuating hoarseness etc. All of these features are simply responses to vallecular obliteration because of lingual tonsil hyperplasia. I note that he is hypothyroid but I think this is a completely separate issue.

Endoscopically he does, indeed, have lingual tonsil hyperplasia but his nose is currently trouble-free. I have given him a full explanation with strong reassurance and, as symptomatic treatment, a Chloramphenicol nasal spray to last the next few weeks.

Kind regards.

Yours sincerely

STEPHEN F METCALFE, F.R.C.S.
Consultant Otolaryngologist

BORDERS GENERAL HOSPITAL, MELROSE, ROXBURGHSHIRE, TD6 9BS
TELEPHONE : 01896 754 333 FAX : 01896 823 476

NHS Confidential: Personal data about a patient

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112

Ambulance Transport Required: Yes/No Sitting/Stretcher

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category URGE
Routine ☐ Soon ☐ Urgent ☑

CHI No.

Hospital B.G.H. Date

Please arrange for this patient to attend the E.N.T. clinic of Dr/Mr METCALFE

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname GARRIE Maiden Surname

First Names RICHARD Single/Married/Widowed/Other

Address 32 WHITEFIELD CRES Date of Birth 18 3 68

EARLSTON Patient's Occupation

Postal Code TD6 0PX Contact telephone number 0421661194

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital B.G.H.

Year of Attendance 1996 Hospital No. 211765

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO

If YES, minimum notice required ..... days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

DR. J. M. BURNS
DR. S. L. MACDONALD
THE HEALTH CENTRE
EAS[illegible] TD1 6DW
TEL [illegible]
FAX [illegible]

Please use rubber stamp

Dear Mr Metcalfe, 7 May 1996 16066

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

SLM/RG/C

I would be most grateful for your help in the further assessment of this man who presented with acute hypothyroidism last year and for which he is receiving Thyroxine replacement therapy. Over the last two months he has been attending the surgery on a very regular basis with symptoms of a sore throat, with very marked pain on swallowing. He has had two courses of antibiotics which have resulted in no improvement in his symptoms. He continues to complain of very marked pain in his throat especially on swallowing.

Examination reveals his thyroid glands still to be enlarged and I have increased his Thyroxine in response to his recent TFT's which showed inadequate replacement. I would value your help in the further assessment of his painful throat. He- is an ex-smoker who drinks no alcohol and who is married with two children. With many thanks for your help in his further assessment.

Yours sincerely,

Sheena L MacDonald.

Diagnosis/provisional diagnosis: .....

Present drug treatment and potential special hazards: .....

X-ray (women of childbearing age). Date of first day of L.M.P. .....

Relevant X-rays available from: ..... No. (if known) .....

..... Signature .....

355-2105

NHS Confidential: Personal data about a patient

BORDERS GENERAL HOSPITAL
NHS TRUST

JMG/WCH/BGH

05/02/96

DR J M BURNS
THE HEALTH CENTRE
EARLSTON

Dear ~~Dr Burns~~ Jock,

MR RICHARD GARRIE 18/03/68 Unit No. 211765
32 WHITEFIELD CRESCENT NEWTOWN ST BOSWELLS TD6 0PX

I reviewed Mr Garry in Out-patients today and was sorry to hear he has had a further infection. His plain abdominal film and renal tract ultrasound are entirely normal as is his flow study.

His name is therefore on the Waiting List for cystoscopy to be done as a day case under general anaesthetic.

Yours sincerely

Jock.

Mr J M Gollock
Consultant Surgeon

yours sincerely

BORDERS GENERAL HOSPITAL, MELROSE, ROXBURGHSHIRE, TD6 9BS
TELEPHONE : 01896 754 333 FAX : 01896 823 476

NHS Confidential: Personal data about a patient

BORDERS GENERAL HOSPITAL
NHS TRUST

JMG/WCH/BGH

04/12/95

DR L BEWSHER
GP TRAINEE TO DR J M BURNS
THE HEALTH CENTRE
EARLSTON

Dear Dr Bewsher

MR RICHARD GARRIE 18/03/68 Unit No. 211765
32 WHITEFIELD CRESCENT NEWTOWN ST BOSWELLS TD6 0PX

I saw this patient again in Out-patients with further urinary problems manifest by recurrent urinary tract infections. He also continues to have a stream that sprays which is why I was asked to see him in 1993.

Re-examination reveals no new abnormality and I have explained to him that we should investigate his urinary tract and I have arranged for a flow study and renal tract ultrasound.

I will review him in eight weeks time when the results are available.

Yours sincerely

John Gollock

Mr J M Gollock
Consultant Surgeon

BORDERS GENERAL HOSPITAL, MELROSE, ROXBURGHSHIRE, TD6 9BS
TELEPHONE : 01896 754 333 FAX : 01896 823 476

NHS Confidential: Personal data about a patient

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112B

Ambulance Transport Required: Yes/No Sitting/Stretcher

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

CHI No.

Hospital B.G.H. Date

Please arrange for this patient to attend the SURGICAL clinic of Dr/Mr GOLLOCK

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname GARRIE Maiden Surname

First Names RICHARD Single/Married/Widowed/Other MARRIED

Address 32 WHITEFIELD CRES Date of Birth 18 3 68

NEWTOWN ST BOSWELLS Patient's Occupation

Postal Code TD6 0PX Contact telephone number 0421661194

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital B.G.H.

Year of Attendance 1994 Hospital No. 211765

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO

If YES, minimum notice required ..... days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

DR. J. M. BURNS
DR. S. L. MACDONALD
THE HEALTH CENTRE
EARLSTON TD4 6DW
TEL. 01896 849273
FAX. 01896 849192

Please use rubber stamp

Dear Mr Gollock, 27 October 1995 16066

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

LB/RG/B

I wonder if Richard could again be seen in your clinic. You last saw him in May 1993 and put him on the waiting list for urethroscopy and meatatotomy but he unfortunately failed to attend. He has a history of urinary problems since 1988 when he was found to have a distal meatal stricture which was dilated and urethral warts which were surgically removed. Unfortunately Mr Garrie is not the best person for keeping appointments and subsequent referrals were D.N.A.'d.

Richard presented a week ago with dysuria and loin pain and an MSU has shown a heavy growth of E.coli which I have treated with Trimethoprim. He continues to have dysuria and I am awaiting the result of a post treatment MSSU. This is his second proven UTI this year and I would be grateful for your opinion and help with further management. I have again tried to stress to Richard the importance of keeping any hospital appointment.

Past medical history includes Hypothyroidism (on replacement Thyroxine) and irritable bowel syndrome. Many thanks for seeing him.

Yours sincerely,

Dr Lianne Beagher.
Locum G.P. To Dr Burns.

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

355-2105

NHS Confidential: Personal data about a patient

Borders Health

SURGICAL DEPT.
BORDERS GENERAL HOSPITAL
MELROSE
ROXBURGHSHIRE
TD6 9BS
Telephone: (0896) 4333
Fax: (0896 82) 3476

Consultant Surgeons:
Mr D. N. BREMNER
Mr J. M. GOLLOCK
Mr J. S. O'NEILL

Staff Grade Surgeon:
Mr A. I. AMIN

RECEIVED
21 JUN 1994
NOTES
AF
GNM
MKL
GMA
T
REC

JMG/SEB/211765

17/06/1994

Dr G M Arbuckle
The Health Centre
Currie Road
GALASHIELS

Dear ~~Dr Arbuckle~~ Gillian

Mr Richard Garrie, 32 Whitefield Crescent Newtown St Boswells (DOB 18/03/1968)

This patient was referred by Mr McCabe in May of last year and we have sent for him on three occasions and he has not attended. I would see him again in outpatients.

With kindest regards.

Yours sincerely

J M GOLLOCK

NHS Confidential: Personal data about a patient

WEST LOTHIAN NHS TRUST
ST JOHN'S HOSPITAL AT HOWDEN
Howden Road West, Livingston EH54 6PP.
Telephone: 0506 419666

Dr. Burns
Health Centre
EARLSTON
Berwickshire

AOHW.FM.324730
13.12.93
PLASTIC UNIT
ext. 4312

Dear Dr. Burns

RICHARD GARRIE, 32 WHITEFIELD CRESCENT, NEWTON ST. BOSWELLS (18.3.68)

I saw this young man at the clinic today. He recently had tattoos excised from his right arm and the wounds have settled well. He has two smaller tattoos on his left forearm and I have put his name back on the day patient waiting list to have these excised under local anaesthesia.

Yours sincerely

A.C.H. Watson, F.R.C.S.E.,
Consultant Plastic Surgeon

NHS Confidential: Personal data about a patient

WEST LOTHIAN NHS TRUST
ST JOHN'S HOSPITAL AT HOWDEN
Howden Road West, Livingston EH54 6PP.
Telephone: 0506 419666

AF		
GNM		
MKL		
GMA		
T		
REC		

Dr. Arbuckle
Health Centre
Currie Road
GALASHIELS

TB.FM.324730
25.10.93
PLASTIC UNIT
EXT. 4312

Dear Dr. Arbuckle

RICHARD GARRY, 32 WHITEFIELD CRESENT, NEWTON ST. BOSWELLS (18.3.68)

This gentleman was an elective admission on the 14th October 1993. He was complaining of the tattoos on both arms.

The following day under local anaesthetic the tattoos were excised from his right arm. Primary closure was just possible although very tight.

He was discharged home on the 15th October. Sutures are due for removal at two weeks post-op. We will see him back in the Consultant Clinic in three months.

Yours sincerely

T. Burge, F.R.C.S.
Registrar to Mr. A.C.H. Watson

NHS Confidential: Personal data about a patient

Borders Health

SURGICAL DEPT.
BORDERS GENERAL HOSPITAL
MELROSE
ROXBURGHSHIRE
TD6 9BS
Telephone: (0896) 4333
Fax: (0896 82) 3476

Consulting Surgeons:
Mr D. N. BREMNER
Mr J. M. GOLLOCK
Mr J. S. O'NEILL

Staff Grade Surgeon:
Mr A. I. AMIN

RECEIVED
06 MAY 1993
NOTES | FILE
AF
GYM
MSL

jmg/wch/211765

03/05/1993 B.G.H.

Dr S McCabe
Health Centre
GALASHIELS

FILE

Dear ~~Dr McCabe~~ Steve

Mr Richard Garrie, 32 Whitefield Crescent Newtown St Boswells (DOB 18/03/1968)

Thank you for your letter about this patient whom I saw in the clinic today. There is nothing to add to your history and I note his admissions in 1988 when he was being treated for meatal and urethral warts.

On examination I confirm that he has a rather small urethral meatus and above this is either a congenital pit or a double meatus from a bridging type scar. He may also have a post-meatal stricture and I think that urethroscopy with meatatotomy as required would be the next step. He is agreeable to this and I have put his name on the Waiting List to have this done as a day case under general anaesthetic.

With kindest regards,

Yours sincerely

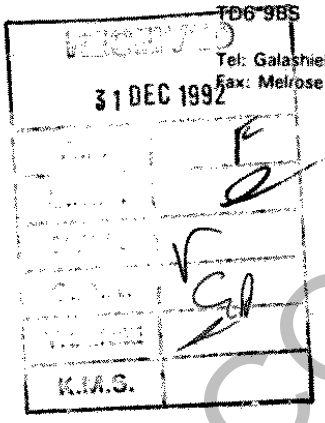
J M GOLLOCK

NHS Confidential: Personal data about a patient

Borders Health

MEDICAL DEPT.
BORDERS GENERAL HOSPITAL
MELROSE
ROXBURGHSHIRE
TD6 9BS

Tel: Galashiels (0896) 4333
Fax: Melrose (089 682) 3476



Consulting Physicians:
Dr J. GADDIE
Dr O. E. EADE
Dr P. J. LESLIE

AJS/MMcK/211765

Dictated 09/12/92
Typed on 24/12/92

Dr A Frame
The Health Centre
Currie Road
GALASHIELS

Dear Dr Frame

Mr Richard Garrie Kilnknowe Caravan Park GALASHIELS DOB 18/03/68
C/o 13 Whitefield Crescent NEWTOWN ST BOSWELLS

Diagnosis *1 Irritable bowel syndrome*

Since starting FYBOGEL Mr Garrie has been very well. He has had a regular bowel habit of once a day with a normal stool and has no abdominal pain, nausea or vomiting. He also takes COLOFAC one tablet TDS.

On examination Pulse 80, regular. BP 110/70. Abdomen soft and non-tender, normal bowel sounds.

I note all his blood tests and a rectal biopsy showed no abnormality and I have explained to him the diagnosis of irritable bowel and advised him to continue his present medications. I have not arranged to see him routinely again but should be happy to do so should problems arise.

Yours sincerely

A J STANLEY
Medical Registrar to Dr Eade

NHS Confidential: Personal data about a patient

Dr Gillian M Arbuckle
[redacted]

SM/LEC 1st December 1992

Mr John Gollock
Consultant Surgeon
Borders General Hospital
MELROSE

Dear Mr Gollock

Richard Garrie, 32 Whitefield Crescent, Newtown St Boswells (DOB 18.03.1968)

I would be grateful for your opinion on this young man whom I initially saw one month ago when he complained of hesitancy and dysuria. I commenced him on a course of Cephalexin for this and subsequent MSU revealed the present of E coli but no cells. He returned to see Dr Lindsay on 10.11.92 and complained that his dysuria was persisting and that he also had a four year history of urine spray which required him to sit down when going to the toilet. When Dr Lindsay examined him he found a scarred double orifice meatus.

I saw Richard again on 24.11.92 when his frequency, dysuria, etc had resolved but he still complained of his spraying.

Richard was initially seen as an emergency in 1988 at the Royal Infirmary in Edinburgh when he presented in urinary retention. He was found to have a distal meatal stricture which was dilated up and he has also had urethral warts surgically removed. His warts did recur the following year but he failed to attend an out patient appointment. He was subsequently re-referred in June 1991 but failed to keep his appointment at that time.

Mr Garrie suffers from migraine and also has a history of irritable bowel syndrome. He is on no medication at present. A recent urethral swab was negative.

Reason for Referral - In view of Mr Garrie's recurrent and ongoing urinary tract symptoms I wondered if you would, perhaps, re-consider him for -

1. Stretching of his apparent meatal stricture, and
2. Further cystoscopy.

Many thanks for your help.

Yours sincerely

STEVE McGHEE

NHS Confidential: Personal data about a patient

Borders Health

MEDICAL DEPT.
BORDERS GENERAL HOSPITAL
MELROSE
ROXBURGHSHIRE
TD6 9BS

Tel: Galashiels (0896) 4333
Fax: Melrose (089 682) 3476

Consulting Physicians:
Dr J. GADDIE
Dr O. E. EADE
Dr P. J. LESLIE

RECEIVED
05 OCT 1992

A.F.	
G.N.M.	
M.K.L.	
G.M.A.	
TRAINEE	

NOTES Please

SRT/LDG/211765

Dictated: 10 September 1992
Typed: 1 October 1992

Dr A Frame
The Health Centre
GALASHIELS

Dear Dr Frame

MR RICHARD GARRIE KILKNOWE CARAVAN PARK GALASHIELS (DOB 18.03.68)
C/O 13 WHITEFIELD CRESCENT NEWTOWN ST BOSWELLS

DIAGNOSIS: 1. Irritable bowel syndrome

Thank you for referring Richard Garrie whom I saw in Dr Eade's clinic at the Borders General Hospital on 10.09.92.

He gives a history of many years when he has noticed his stools resembling rabbit droppings. He also has watery diarrhoea every 4-5 months. For the past 4 months he has been experiencing central and lower abodminal pain which is colicky in nature. Despite these symptoms his appetite has been good and weight steady. One of his recent concerns is that he has noticed blood which at times is mixed in with motions but generally speaking he has noticed this on the paper only. There has recently been considerable social pressure as he has separated from his [redacted] and was unemployed. However, his [redacted] has now returned, he is employed and feeling generally better.

PAST MEDICAL HISTORY: Mild asthma since the age 2, needs to use Salbutamol inhaler. Migraine many years ago. Genital strabismus.

DRUG HISTORY: Has tried Colpermin which seemed to help but resulted in heartburn.

SOCIAL AND FAMILY HISTORY: Drinks little alcohol, non-smoker, [redacted] [redacted]

EXAMINATION: Looked well, weight 78.1 kg, pulse rate 80 regular, blood pressure 130/70, JVP not raised, heart sounds normal, trachea central, percussion note resonant, breath sounds normal, no added sounds. Examination of the central nervous system revealed no abnormality. Sigmoidoscopy to 17 cm revealed normal mucosa and small internal haemorrhoids were present. Urinalysis negative.

In view of your normal haematology and biochemistry, these have not been repeated.

ASSESSMENT:/.....

NHS Confidential: Personal data about a patient

ASSESSMENT: This gentleman's symptoms can be attributed to irritable bowel syndrome and I briefly explained the nature of this condition. I think it would be worth commencing him on Mebeverine one tablet three times daily. I also performed a rectal biopsy to exclude the possibility of inflammatory bowel disease.

RECOMMENDED TREATMENT: Mebeverine one tablet three times daily

FOLLOW-UP: Three months.

Yours sincerely

S R Thomas

STEPHEN R THOMAS
Medical Registrar to Dr Eade

PS RECTAL BIOPSY - Micro: This shows focal lymphcytic aggregate with no evidence of active or chronic inflammatory bowel disease.

NHS Confidential: Personal data about a patient

LOTHIAN HEALTH BOARD WEST LOTHIAN UNIT

St. John's Hospital at Howden

Howden Road West, Livingston, West Lothian EH54 6PP
Telephone: (0506) 419666

Plastic & Reconstructive Surgery

Consultations by Appointment

Plastic Surgeons
Mr A.C.H. Watson
Mr J.C. McGregor
Mr A Quaba
Mr J.D. Watson

Dr. G.M. Arbuckle
Galashiels Health Centre
Currie Road
GALASHIELS

Your Ref
Our Ref EB/FM/324730
Date 31.8.92
Enquiries to
Ext. No. 4312

Dear Dr. Arbuckle

RICHARD GARRY, C/O 32 WHITEFIELD CRESCENT, NEWTON ST. BOSWELLS (18.3.68)

Many thanks for referring this man to the clinic whom I saw on Mr. Watson's behalf today. He has several tattoos on his arms which would be suitable for primary excision and closure. The tattoo on his right upper arm will probably need a serial excision.

I have put his name on our very long waiting list today.

Yours sincerely

E. Ballantyne

E. Ballantyne, F.R.C.S.
Registrar to Mr. A.C.H. Watson

RECEIVED
05 SEP 1992
GA

PN 538

NHS Confidential: Personal data about a patient

Dr Gillian M Arbuckle
xxxxxxxxxxxxxxxxx

AF/LEC 31st July 1992

Dr O E Eade
Consultant Physician
Borders Genera Hospital
MELROSE

Dear Dr Eade

Richard Garrie, Killiecrae Caravan Park, Galashiels (DOB 18.03.1968)
c/o 13 Whitefield Crescent, Newtown St Boswells - unit number 211765

I would be grateful if you could see the above 24 year old man who presents with a 2 month history of diarrhoea associated with flatulence.

Over this period there has been no weight loss but recently he has began to complain of the appearance of some bright red blood on the surface of the stools. He is under considerable stress at present having separated from his [redacted] (hopefully temporarily) and is living on his own and trying to hold down 2 jobs. However he hopes to be reconciled with his [redacted] in the near future. His symptoms have not improved with Colpermin 1-2 capsules tid.

On examination he weighs 160lbs. Abdominal examination is negative as is rectal examination but on proctoscopy he has 2 moderated sized engorged looking internal haemorrhoids which hopefully will prove to be the source of bleeding he describes.

One specimen has been obtained for culture which showed no abnormality and another one has been submitted in the last few days. I have also taken Blood for full blood count, U&E and EFT's and will append the results to the bottom of this letter.

I would be grateful for your advice as to whether this man now should have further investigations such as sigmoidoscopy and barium enema.

Yours sincerely

A FRAME

[redacted]

NHS Confidential: Personal data about a patient

Dr Gillian M Arbuckle
xxxxxxxxxxxxxxxxx

GMA/LEC 29th August 1992

Mr Watson
Consultant Plastic Surgeon
Bangour General Hospital
WEST LOTHIAN

Dear Mr Watson

Richard Garry, Killarnee Caravan Park, Galashiels (DOB 18.03.1968)
c/o 32 Whitefield Crescent, Newtown St Boswells

I would be grateful for your opinion as to whether this young man tattoos are suitable for removal. He has several tattoos mainly on his arms which he now regrets and finds unsightly. I have explained to him that there is a very long waiting list for this procedure.

He is atapresent well, though in the past he has had genital warts which required hospital treatment. He is currently on no medication.

Yours sincerely

GILLIAN M ARBUCKLE

NHS Confidential: Personal data about a patient

LOTHIAN HEALTH BOARD NORTHERN GENERAL ROYAL VICTORIA AND WESTERN GENERAL UNIT

Western General Hospital

Crewe Road, Edinburgh EH4 2XU Telephone 031-332 2525

Department of Urological Surgery Edinburgh
Prof. G D Chisholm
Mr J W Fowler
Mr T B Hargreave
Mr D A Tolley
Mr G Smith
Dr A D G Brown

Dr. Souter,
St. Ronan's Health Centre,
INNERLEITHEN,
Peebleshire.

Your Ref
Our Ref SH/LC/492648
Date 1st May, 1992
Enquiries to
Ext No.

	N	F
RLC		✓
RIS	X	
DMP		✓
T		✓

Keep ⇒

Dear Dr. Souter,

RICHARD GARRIE, 44 FLORA TERRACE, INNERLEITHEN: 10.3.68

Since Mr. Fowler saw this patient in the clinic on 17th June, he has failed to turn up on 2 occasions for appointments for his cystoscopy. I wonder if you could look into things to see if there is any remedial cause for his failure to attend and let us know.

with kind regards.

Yours sincerely,

SIMON HAWKYARD,
REGISTRAR TO MR. FOWLER.

LEFT ARSA ? GAHA.

Dr Wilson
Newton St Boswells

PN487

NHS Confidential: Personal data about a patient

BORDERS HEALTH BOARD
Huntlyburn, MELROSE, Roxburghshire TD6 9BP
TEL.: Melrose 2662

To: Information From: Dr.

	TICK
FILE	
NOTES PLEASE	
PRESCRIPTION	
MAKE APPT.	
VISIT	
Other:	

Dr R.R. SMITH
THE HEALTH CENTRE
CURRIE ROAD
GALASHIELS
SELKIRKSHIRE

17/01/1992

Dear Colleague,

APPLICATION FOR PRIORITY REHOUSING ON MEDICAL GROUNDS

Re:-MR RICHARD GARRIE
KILNKNOWE CARAVAN PK NHS No.: YCR293685
WOOD STREET d.o.b.: 18/03/1960
GALASHIELS
TD1 1QS

Receipt of your recommendation for priority for rehousing on medical grounds on behalf of the above named is acknowledged. The recommendation has been assessed today, and the resultant priority grading details of special requirements have been sent to the appropriate District Housing Department. Should any queries arise out of this assessment, or should you feel that reassessment is indicated at a future date, please do not hesitate to contact me at the above address.

Yours sincerely,

DR JOHN E. BRISSET
CONSULTANT IN PUBLIC HEALTH MEDICINE

NHS Confidential: Personal data about a patient

BORDERS HEALTH BOARD
Huntlyburn, MELROSE, Roxburghshire TD6 9BP
TEL.: Melrose 2662

Dr R.R. SMITH
THE HEALTH CENTRE
CURRIE ROAD
GALASHIELS
SELKIRKSHIRE

19/11/1991

Dear Colleague,

APPLICATION FOR PRIORITY REHOUSING ON MEDICAL GROUNDS

Re:-MR RICHARD GARRIE
KILNKNOWE CARAVAN PK NHS No.: SCR293685
WOOD STREET d.o.b.: 10/03/1968
GALASHIELS
TD1 1QS

Receipt of your recommendation for priority for rehousing on medical grounds on behalf of the above named is acknowledged. The recommendation has been assessed today, and the resultant priority grading details of special requirements have been sent to the appropriate District Housing Department. Should any queries arise out of this assessment, or should you feel that reassessment is indicated at a future date, please do not hesitate to contact me at the above address.

Yours sincerely,

Consultant in Public Health Medicine

DR JOHN G. BISSET
CONSULTANT IN PUBLIC HEALTH MEDICINE

To: Reception
From: Dr.

	TICK
FILE	
NOTES PLEASE	
PRESCRIPTION	
MAKE APPT.	
VISIT	
Other:	

NHS Confidential: Personal data about a patient

LOTHIAN HEALTH BOARD NORTHERN GENERAL ROYAL VICTORIA AND WESTERN GENERAL UNIT

Western General Hospital

Crewe Road, Edinburgh EH4 2XU Telephone 031-332 2525

Department of Urological Surgery Edinburgh
Prof. G D Chisholm
Mr J W Fowler
Mr T B Hargreave
Mr D A Tolley
Mr G Smith
Dr A D G Brown

Dr. R.I. Soutter,
St. Ronan's Health Centre,
Innerleithen,
Peeblesshire.

Your Ref
Our Ref JWF/JP/100368
Date 17th June, 1991
Enquiries to
Ext No.

	N	F
RLC		
RIS		✓
T		✓

Dear Dr. Soutter,

Mr. Richard Garrie, 44 Flora Terrace, Innerleithen.

Thank you for your letter regarding Mr. Garrie. I think the best thing to do would be to get him straight into our Day Bed Unit for a cystoscopy to see what is going on.

Yours sincerely,

J.W. FOWLER
Consultant Urologist

PN487

NHS Confidential: Personal data about a patient

WESTERN GENERAL HOSPITAL EDINBURGH DISCHARGE SUMMARY: COPY FOR G.P.

To:-

Dr. Mitchell,
Health Centre,
PEEBLES.

Date of admission: 1.2.89
Date of discharge: 2.2.89
Consultant: PROFESSOR G. D. CHISHOLM
Ward: D3

Surname: GARRIE
Forenames: RICHARD
Number:
Date of Birth: 18.3.63

Address: 33 CONNER STREET, PEEBLES.

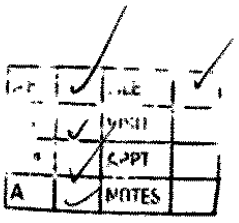
Principal Diagnosis: RIGHT LOIN PAIN AFTER TRAUMA
Principal Operation:
Other Conditions:
Date of Operation:
Other Operations:
External cause of injury:
PM/no PM
Tumour type
Histological verification of tumour
Verified / Not verified

This man was an emergency admission with right loin pain and urinary retention. He gave a history of being struck in the right loin playing rugby a week previously and he thought he had noticed some blood in his urine following this. He was also in some distress and unable to pass urine. He was catheterised relieving only 300 mls. An IVU undertaken was completely normal and there was no evidence of blood in his urine on this admission. He has previously been under the care of the Deaconess for [redacted] and has been re-referred back there and no review has been arranged by this department.

Yours sincerely,

STUART DENHOLM,
UROLOGICAL REGISTRAR.

SD/LC
6.2.89



NHS Confidential: Personal data about a patient

Royal Infirmary of Edinburgh

Lauriston Place
Edinbu[redacted] EH3 9YW
Telephone 031-229 2477

Consultations by Appointment Ext. 2399

DEPARTMENT OF UROLOGY
WARDS 15 & 16

Surgeons
Mr J.W. Fowler
Mr D.A. Tolley

Dr Ramsay
Hay Lodge Health Centre
PEEBLES

DIAGNOSTIC THEATRE
Your Ref
Our Ref DAT/KM/DT/180368
Date 20 December 1988

Dear Dr Ramsay

Re: Richard Garrie, 33 Conner Street, Peebles

Date of Birth: 18.03.68

We had arranged for Mr Garrie to come up for cautery of his [redacted] in responce to your phone calls and as you know, his admission to the ward had been arranged a couple of months back but he failed to turn up for no good reason. I am afraid that it was the same story again today and his repeated failure to turn up simply means that we are unable to make full use of our already over stretched resources. I am sure you will appreciate therefore, why this patient will not be offered another appointment.

Yours sincerely

Mr D A T Olley
Consultant Urologist

NHS Confidential: Personal data about a patient

THE ROYAL INFIRMARY OF EDINBURGH DISCHARGE SUMMARY: COPY FOR GENERAL PRACTITIONER

To:-

Dr Alastair Paton ?
Hay Lodge Health centre
Neidpath Road
Peebles EH45 8JG

Date of admission: 15.10.88 19.10.88
Date of discharge: 16.10.88 20.10.88
Ward: 15/16 DEACONESS
Consultant: MR FOWELR

Surname: GARRIE Forenames: RICHARD Number: 180368 1516

Address: 33 Conner Street, Peebles

Principal Diagnosis: RETENTION OF URINE

Principal Operation: CYSTOSCOPY

Other Conditions

Date of Operation: 20.10.88

Other Operations

External cause of injury

PM/no PM | Tumour Type | Histological Verification of tumour Verified/Not Verified

Dear Dr Paton ?

Your may remember I spoke to you on the phone regarding Mr Garrie when he was admitted in urinary retention. He was catheterised for this and arrangements were made for him to attend on 19.10.88 for a cystoscopy. He was admitted on 19.10.88 and at cystoscopy [redacted] and a catheter left in situ.

We had planned to get Richard home the following day but he refused to stay with us, saying he wished to go home on the bus. Despite medical advice that he should not do so following a general anaesthetic, he signed his own discharge witnessed by myself and Mr Ian Shand, Charge Nurse on duty that night, and since his discharge I understand he is doing quite well.

We have made no formal arrangements to follow Richard up although should he have any further problems, we would, of course, be grateful if you would refer him to SCD again.

Yours sincerely

ANDREW MACDONALD
House Officer

AP	✓	FILE	✓
AR	✓	VISIT	
	✓		

AM/MO

NHS Confidential: Personal data about a patient

THE ROYAL INFIRMARY OF EDINBURGH DISCHARGE SUMMARY: COPY FOR GENERAL PRACTITIONER

To:–

Dr Ramsay
Hay Lodge Health Centre
PEEBLES

Date of admission: 09.09.88.
Date of discharge: 09.09.88. (Self Discharge)
Ward: 7
Consultant: MR RAINEY

Surname	Forenames:	Number:
GARRIE	RICHARD	180368

Address: 33 Connor Street, Peebles

Principal Diagnosis	Principal Operation
Other Conditions	Date of Operation
	Other Operations

External cause of injury

PM/no PM	Tumour Type	Histological Verification of tumour Verified/Not Verified

HISTORY: 20 year old man who presented to Accident & Emergency complaining of inability to pass urine and low abdominal pain.

PAST MEDICAL HISTORY: Apparently treated at the Borders General Hospital and the Deaconess with Bouginage and catheterisation following surgical treatment of [redacted] Catheter removed four days before admission to the Royal.

DRUGS: Antibiotic - name not known.

ON EXAMINATION: Undistressed. Apyrexial. Not palpable bladder but dull to percussion to 2 cms below umbilicus. This patient was catheterised in the Accident and Emergency Department by the Casualty Officer on duty and this was said to be an atraumatic catheterisation. Only 50 mls of clear urine was obtained. Patient was admitted to the ward for overnight observation. He already had an out-patient appointment with the Urology team at the Deaconess for 10 a.m. the next morning. He was felt fit to travel and transport was arranged for him to be taken to the Deaconess but he left the ward of his own accord before this. No follow-up has been arranged.

Jane Oliver

JANE OLIVER
SURGICAL S.H.O.

19.09.88.

AP	✓	FILE	✓
AR	✓	VISIT	
DM	✓	APPT	
A	✓	NOTES	

NHS Confidential: Personal data about a patient

THE ROYAL INFIRMARY OF EDINBURGH **DISCHARGE SUMMARY: COPY FOR GENERAL PRACTITIONER**

To:-

Dr. Ramsay,
Hay Lodge Health Centre,
Peebles.

Date of admission: 1.9.88.
Date of discharge: 2.9.88.
Ward: 15/16 DEACONESS
Consultant: MR. TOLLEY

Surname: GARRIE Forenames: RICHARD Number: 180368 1044

Address: 33 Connor Street, Peebles EH45 8HF

Principal Diagnosis	Principal Operation
Other Conditions	Date of Operation
	Other Operations
External cause of injury	
PM/no PM / Tumour Type	Histological Verification of tumour Verified/Not Verified

Dear Dr. Ramsay,

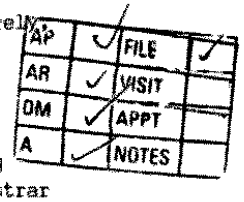
This gentleman was transferred up from the Borders General Hospital where he had been admitted in urinary retention and failed one or two trials without catheter. His catheter had been removed prior to travelling up to Edinburgh and in fact once again he was in retention when he arrived at the Deaconess Hosptial. He was found to have an E. coli infection which was treated.

We tried to encourage him to keep his catheter in for one week but in fact he came back to the Ward and had it removed some 4 days after we started treating his infection. He was able to void.

Once again he disappeared from the Ward without telling anyone of his whereabouts. This had also happened when he was an in-patient in Ward 7 in the Royal Infirmary.

I do not think he has a major problem but he does have one or two warts still needing treating in his urethra and his name has been added to our waiting list for this to be done but I think he should be left for at least 2 months in case he goes back into retention.

Yours sincerely,



Gordon Smith

GORDON SMITH
Senior Registrar

c.c. Dr. R. Morrison, Ward 9, Borders General Hosp.

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MR9

BORDERS HEALTH BOARD
DISCHARGE SUMMARY

NAME AND ADDRESS OF PATIENT
Mr Richard Garrie
33 Connor Street
Peebles

UNIT NO. 211765
AGE 18.3.68
WARD 9

CONSULTANT Mr Brown

PRINCIPAL DIAGNOSIS
Urinary retention

DATE OF ADMISSION 27.8.88
DATE OF DISCHARGE 1.9.88
PRINCIPAL OPERATION DATE

OTHER CONDITIONS

OTHER OPERATIONS

RSK/asb 8th September 1988

This patient was admitted as a case of urinary retention. He gives a history of [redacted] treated by surgery at the Deaconess Hospital six weeks ago. Following this his urinary stream had gradually worsened and there was a lot of spraying involved. It reached a head on the day of admission when he went into complete urinary retention.

On admission he had a gross meatal stricture but no strictures deeper down. This was dilated under local anaesthesia. An attempt was made to get him to pass urine spontaneously but he could not do so, because of this he was catheterised. A further attempt at catheter removal was made 48 hours later, which was successful.

He was then transferred to Deaconess Hospital for further management.

No follow up has been arranged from our side.

R.S. KRISHNAN
Registrar

Dr. A. Ramsay,
Health Centre,
PEEBLES

AP		FILE	✓
AR	✓	VISIT	
DM	✓	APPT	
A	✓	NOTES	

305

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THE ROYAL INFIRMARY OF EDINBURGH **DISCHARGE SUMMARY: COPY FOR GENERAL PRACTITIONER**

To:–

Dr Ramsay,
Hay lodge,
PEEBLES.

Date of admission: 7/7/88
Date of discharge: 8/7/88
Ward: 7
Consultant: Mr Chetty.

Surname: GARRIE Forenames: RICHARD Number: 180368

Address: 33 Connor Street, PEEBLES.

Principal Diagnosis [redacted]

Principal Operation

Other Conditions

Date of Operation

Other Operations

External cause of injury

PM/no PM | Tumour Type | Histological Verification of tumour Verified/Not Verified

HISTORY: Emergency admission from A&E having difficulty in passing urine. Has had a [redacted] penis for 6 months and is on the waiting list to be seen at the Deaconess (19/7/88).

PAST MEDICAL HISTORY: Tonsillectomy, head injury 1985.

DRUGS ON ADMISSION: Oxytetracycline, 1 tablet tid.

EXAMINATION: Large cauliflower-like wart on the end of his penis which bled on contact.

MAANGEMENT: Analgesia and observation overnight. He was referred back to the Deaconess and discharged on antibiotics (Oxytetracycline).

FOLLOW UP: No follow up required by us.

JANE OLIVER,
SHO.

c.c. Resident, Wards 15/16, DEACONESS HOSPITAL, EDINBURGH.

AP	✓	FILE	✓
AR	✓	VISIT	
DM	✓	APPT	
A		NOTES	

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Royal Infirmary of Edinburgh

[redacted] Place
Edinburgh EH3 9YW
Telephone 031-229 2477
Ext. 2247

DEPARTMENT OF GENITO-URINARY MEDICINE

Physicians
Dr D H H Robertson
Dr Sheila S R Bain
Dr A McMillan
Dr G A Kohlyar
Genito-Urinary Medicine Level 4, Phase 1.

CONFIDENTIAL

Dr. C.J. Cooper,
Sighthill Health Centre,
Calder Road,
Edinburgh.

Your Ref
Our Ref AM/EJW/S6253.
Date 11th March, 1988.

Dear Dr. Cooper,

Re: Richard Garrie, 50/58 Wester Hailes Park, Edinburgh. d.o.b. 18.3.68.

Thank you for referring this patient whom I saw on 25th February. As you know, he had had [redacted] There were extensive [redacted] the approximate limit of which could not be visualised. No other clinical abnormalities could be detected.

Urethral cultures for N. gonorrhoeae and Chlamydia trachomatis were negative as were serological tests for syphilis.

Given the extensive nature of these [redacted] I felt it more appropriate that the urologist deal with these and I have therefore asked Mr. Fowler for his opinion. I have no doubt he will be getting in touch with you.

Yours sincerely,

A. McMillan
Consultant Physician.

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ROYAL HOSPITAL FOR SICK CHILDREN
EDINBURGH

DISCHARGE SUMMARY

UNIT No. 175961 49

NAME Richard Garrie,
111 Brunswick Street,
Edinburgh.

AGE	PHYSICIAN/SURGEON	WARD	ADMITTED	DISCHARGED
18.3.66	W.S. Uttley	5	7.1.80	10.1.80

CASE SUMMARY

DIAGNOSIS 1	TREATMENT 1
Migraine	
DIAGNOSIS 2	TREATMENT 2

Past History: This 11¾ year old boy was adopted at the age of 6 months and apart from his birth weight of 10½ lbs., no details are available.
He has had mumps, measles, chickenpox, and rubella. He wears glasses and also has a mild hearing impairment.

Presenting History: Richard has had headaches and sickness for two years. The headache is located directly behind the left eye and the last occurrence was three weeks prior to admission. They mostly occur in the evening and disappear when lying down in bed after a few hours. There are no visual symptoms but he feels nauseated. He frequently gets simultaneous abdominal pain which may last several hours. The attacks occur about once a month and cause him to spend two to three dayw in bed.

Family History: He lives at home with an elder [redacted] and younger [redacted] is a [redacted] There is no significant family history.
Drugs: Codis p.r.n.
Allergies: Nil.
Systematic enquiry: unrevealing.

Examination: He was a nervous, rather withdrawn boy. There was no cervical lymphadenopathy. Apyrexial. Pulse 110/min. regular in time and force. B.P. 125/75. Heart sounds 1/2 present with no added sounds, no murmurs. Lung fields clear. Examination of the abdomen normal. Normal male genitalia, both testes descended. CNS intact.
Urea, electrolytes, calcium and phosphate, alkaline phosphatase, protein, albumin, and creatinine normal.
Protein electrophoresis showed slight elevation of gammaglobulin.
Hb. 11, full blood count normal, ESR 4.
Urine sterile.
Growth chart within normal limits.
24 hr. urine collection for hydroxymethylmandelic acid - result awaited.

Treatment & Progress: Richard was observed in the Ward. Four-hourly blood pressures revealed no episode of hypertension. On 10.1.80 he was started on Migraleve as required for headache and has an appointment to see Dr. Uttley in one month's time.

HMMA Normal

Ian Laing

Ian Laing.
Registrar.

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1 Patient Contacts for Earlston Medical Practice

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Patient : Richard Garrie **Case No 95344**

(Gender: Female) (DOB: 18/03/1968) (Age: 47 years) (CHI:)

Case No 95344 **Case Date** 13/09/2015 11:23 **Own Dr** Bond, I

Current Address
Tesco Pharmacy

Home Address (If Different)
8 THE BEECHES Gordon

TD3 6JQ

Current Phone 01835 823081 **Home Phone (If Different)**

NHS 24 Advice by

Triage Start
Triage End

NHS24 Recorded Allergies **NHS24 Recorded Conditions** **NHS24 Recorded Medications**

Reported Condition
Symptoms: call from pharmacy that has presented with L ear pain but has become very dizzy and in alot of discomfort

Patient Allergies **Patient Condition** **Patient Medication**

Adastra Consult by Jordan, P **Consult Start** 11:47

Start Type Attend **End Type** Attend **Consult End** 12:05

History
1/52 h/o worsening left otalgia, no otorrhoea, now positional vertigo
No photophobia, no neck stiffness, no rashes

Examination
Normal skin turgor, moist mucus membranes, alert - no clin dehyd
Right ear red indrawn membranes; left ear pale TM otherwise normal
?right side nystagmus
No sternal tug no nasal flaring no intercostal indrawing no audible wheeze
No focal neurology

ASSESSMENT
Oxygen saturation % 100.0
Systolic BP mmHg 160
Pulse bpm 120
Temperature C 36.5
Diastolic BP mmHg 80

LUNGS
Rate of respiration 16

Diagnosis
URTI
Vertigo

Report Statistics: Report produced by Adastra Version 3 - 13/09/2015 12:38:44

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NHS Confidential: Personal data about a patient

Patient : Richard Garrie	Case No 95344
(Gender: Female) (DOB: 18/03/1968) (Age: 47 years) (CHI:)	

Treatment

[redacted] will collect as feels can't drive - advice and worsneing statement issued. No allergies - rx issued

Clinical Code(s)

H05z. Upper respiratory infect.NOS
F5611 Benign paroxysm.posit.vertigo

Prescriptions

prochlorperazine maleate tablets 5mg one three times a day as required 28.00
amoxicillin capsules 500mg one three times a day 21.00

Informational Outcome(s)

Patient Advised To Contact Own GP -

Report Statistics:

Report produced by Adastra Version 3 - 13/09/2015 12:38:44

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Registration Details - Patient No: 4472

Personal details...		Address details...	
Sex	M	**House Name Flat No**	
Surname	Garrie	**No and Street**	8 The Beeches
Previous Surname		**Village**	
Forenames	Richard M	**Town**	Gordon
Calling Name	Richard	**County**	Berwickshire
Date of birth	18/03/1958	**Post Code**	TD3 6JQ
Title	Mr		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin	(White) British		
Dr Bond			

HA/HB Details...		Contact details...	
Trading partner	Borders	**Home Tel No**	01573410266
Registered GP	Dr I Bond	**Work Tel No**	
Usual GP	Dr I Bond	**Mobile Tel No**	07904 149 213
Residential Inst		**E Mail Address**	richardgarrie@hotmail.com
Branch Surgery		**Additional info**	
CHI Number	1803689773	**Next Of Kin**	
NHS Number	SCR293685	**Key Safe Number**	

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

Further Information		Upload Consent	
Long/Short stay or Dead		**SCI-DC Consent**	Implied Consent (default)
Date of registration	26/10/2017		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	**Patient Consent**	Implied Consent (default)
Pharmacy Details	5336 Galashiels Extra-Tweedside Road,Newtown St. Boswells,Scottish Borders,(TD6 0PB)(Org Id - 8005) Paton Street,Galashiels,Selkirkshire,Scotland,(TD1 3AT) - 01896 475847(Org Id - 8050)		
Item Collected Check	Yes		
CMS Suitability Status	-1		
CMS Registration Status	2		

Medical Record

Problems

Active Problems		Authorised By	Code
27/10/2009	[redacted]	Mrs Orr	918G
19/11/2007		Mrs Archibald	918G
23/01/2003	Neurotic depression reactive type	Dr Bond	E204
31/05/1996	Non-endoscopic dilation of urethra using rigid dilators	UnknownUser	7B451
28/06/1995	Acquired hypothyroidism	Dr Seabrook	C04
07/12/1993	Ex-heavy smoker (20-39/day)	UnknownUser	137A

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07/12/1993	Teetotaller	UnknownUser	1361
01/01/1992	Irritable colon - irritable bowel syndrome	UnknownUser	J521

Past Problems		Authorised By	Code
20/02/2014	**Sinusitis**	Dr Beveridge	H01-1
14/01/2013	**Weight monitoring**	Dr Beveridge	66C-1

Health Admin Problems		Authorised By	Code

Investigations		Authorised By	Code
25/09/2015	**Serum TSH level** (Source: LAB) .		442W.
17/04/2015	**Serum TSH level** (Source: LAB) .		442W.
17/04/2015	**Plasma free T4 level** (Source: LAB) .		442c.
17/06/2014	**Fungal microscopy** (Source: LAB) .		4JS3.
17/06/2014	**Sample culture** (Source: LAB) .		4J17.
17/06/2014	**Fungal microscopy** (Source: LAB) .		4JS3.
19/03/2014	**Serum TSH level** (Source: LAB) .		442W.

Values			
Date	Last Entry	Normal Range Indicator	Normal Range
24/02/2016	**Body Mass Index 28.05**	..... |	20-25
24/02/2016	**O/E - weight 85.9 Kg**		
21/01/2016	**O/E - height 175 cm**	..... |...	10-250
25/09/2015	**Serum TSH level 2.24 mU/L**	..... |.....	0.3-5
17/04/2015	**Serum free T4 level 18 pmol/L**	..... |..	8-21
17/06/2014	**Fungal microscopy SEEN**		
17/06/2014	**Sample culture**		
19/12/2011	**Free T4 level 14**	|.....	13-30
28/10/2011	**Blood pressure reading 132/76 mm Hg**		
28/10/2011	**Fast alcohol screening test**		
26/01/2011	**Thyroid hormone tests abnormal EarlstonThyroid Review$$.clm - Repeat after an interval In GP care**		
24/11/2009	**Thyroid hormone tests normal EarlstonThyroid Review$$.clm - Repeat after an interval In GP care**		
24/11/2009	**Thyroid function test priority=2**		
05/08/1998	**O/E - BP reading normal B P Screening$$.clm - Repeat after an interval In GP care**		
07/12/1993	**Body Mass Index normal K/M2 priority=1**		

Attachments			Authorised By	Code
25/09/2015	**Result** Result - Biochemistry Borders General Hospital Labs Borders General Hospital	D7_00184973.XXX	*** Do Not Delete Or Change ***	EMISATTACHMENT
13/09/2015	**Out of hours, practice note** Out of Hours Borders General Hospital Out of Hours Service	D7_00183765.XXX	*** Do Not Delete Or Change ***	EMISATTACHMENT
17/04/2015	**Result** Result Borders General Hospital Biochemistry Borders General Hospital	D7_00172592.XXX	*** Do Not Delete Or Change ***	EMISATTACHMENT
15/04/2015	**Letter encounter** Admin Letter Application for on-line access	D7_00172364.XXX	*** Do Not Delete Or Change ***	EMISATTACHMENT
02/09/2014	**Letter encounter** Admin Letter Letter to Patient	D7_00154093.XXX	*** Do Not Delete Or Change ***	EMISATTACHMENT
17/07/2014	**Result** Result BGH Labs - Microbiology	D7_00151170.XXX	*** Do Not Delete Or Change ***	EMISATTACHMENT
23/06/2014	**Result** Result BGH Labs - Microbiology	D7_00148765.XXX	*** Do Not Delete Or Change ***	EMISATTACHMENT
19/03/2014	**Result** Result BGH Labs - Biochemistry	D7_00141306.XXX	*** Do Not Delete Or Change ***	EMISATTACHMENT
20/03/2013	**Result** Clinical Chemistry Borders General Hospital BGH Area Labs	D7_00111788.XXX	*** Do Not Delete Or Change ***	EMISATTACHMENT
19/12/2011	**Result, lab.- general** Clinical Chemistry Borders General Hospital BGH Area Labs	D7_00078828.XXX	*** Do Not Delete Or Change ***	EMISATTACHMENT
22/08/2011	**Letter encounter** Referral Letter Earlston Medical Practice Earlston Medical Practice	D7_00071071.XXX	*** Do Not Delete Or Change ***	EMISATTACHMENT

Due Diary Entries		Authorised By	Code
25/09/2018	**Thyroid function tests**	*** 3	442..

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Overdue Diary Entries		Authorised By	Code
21/01/2017	**Medication review OVERDUE** 30/11/2017	Dr Williams	6B314
31/10/2012	**Influenza vaccination OVERDUE**	*** 3	65E..

Alerts		Authorised By	Code
	None		

Drug Allergies		Authorised By	Code
	None		

Non Drug Allergies		Authorised By	Code
	None		

Family History		Authorised By	Code
	None		

Referrals		Authorised By	Code
	None		

Immunisations		Authorised By	Code
20/09/2017	**1st hepatitis A junior vaccination** Havrix junior AHAVB889Ae exp 05/19 x two vials left arm **(GMS)**	Mrs Pike	65FF
20/09/2017	**First typhoid vaccination** N1F394V o5/19 right arm **(GMS)**	Mrs Pike	6521
02/06/2014	**1st hepatitis A vaccination** AHAVB751AK exp 03/16 **(GMS)**	Mrs Hopkirk	65FA
01/11/2011	**Influenza vaccination (Left arm)** batch No. 112302A Exp. 06/12	*** 3	65E
21/10/2010	**Influenza vacc consent given** Recorded through Combined Vaccination priority=2	*** 3	68NV
21/10/2010	**Influenza vaccination** Injection Site: Left Arm priority=2 Batch Number: 245021A Expiry date: 01/06/2011 Manufacturer: Novartis Vaccines Product Name: Begrivac	*** 3	65E
16/12/2009	**Consent given for pandemic influenza vaccination** Recorded through Combined Vaccination priority=2	Mrs Archibald	68Nr
16/12/2009	**PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given** Injection Site: Left Arm priority=2 Batch Number: A81CA126A Expiry date: 30/06/2010 Manufacturer: GlaxoSmithKline Product Name: Pandemrix	Mrs Archibald	65E9
24/10/2009	**Influenza vaccination** Batch Number: 213041A Expiry Date: 6/2010 priority=2 Batch Number: 213041A Expiry date: 30/06/2010 Manufacturer: Unknown Manufacturer Product Name: Unknown Influenza Vaccination	*** 3	65E
15/10/2008	**Influenza vacc consent given** Recorded through Combined Vaccination priority=2	Mrs Archibald	68NV
15/10/2008	**Influenza vaccination** Batch Number: 180031A Expiry Date: 5/2009 priority=2 Batch Number: 180031A Expiry date: 31/05/2009 Manufacturer: Unknown Manufacturer Product Name: Unknown Influenza Vaccination	Mrs Archibald	65E
19/11/2007	**Influenza vaccination** Batch Number: 300126401 Expiry Date: 6/2008 priority=1 Batch Number: 300126401 Expiry date: 30/06/2008 Manufacturer: Unknown Manufacturer Product Name: Unknown Influenza Vaccination	*** 1	65E
01/01/1988	**Booster tetanus vaccination** priority=1	UnknownUser	6564

Health Status	
21/01/2016	**Height 175 cm**
24/02/2016	**Weight 85.5 Kg**
24/02/2016	**Body Mass Index 28.05 kg/m2** **Blood pressure**
28/10/2011	**reading 132/76 mm Hg**

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05/08/1998		**Blood pressure reading O/E - BP reading normal**	
02/06/2014		**Smoking Status Never smoked tobacco**	

Other Observations		Authorised By	Code
08/12/2017	**SMS text received from patient** Type: Appointment Reminder Status: Reply Received Message: Cancel.		9N3H
08/12/2017	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Your appt is at 08:30 on Mon 11 December at Earlston Medical Practice. If you can't attend text CANCEL to 07800000199 or call 018...		9N3G
04/12/2017	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Appt reminder 08:30 on Mon, 11 Dec at Earlston Medical Practice. If unable to attend please text CANCEL to 07800000199 or call 01896 8...		9N3G
19/09/2017	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Your appt is at 12:40 on Wed 20 September at Earlston Medical Practice. If you can't attend text CANCEL to 07800000199 or call 01...		9N3G
13/09/2017	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Appt reminder 12:40 on Wed, 20 Sep at Earlston Medical Practice. If unable to attend please text CANCEL to 07800000199 or call 01896 8...		9N3G
07/09/2017	**SMS text received from patient** Type: Appointment Reminder Status: Reply Received Message: Cancel.		9N3H
07/09/2017	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Your appt is at 08:35 on Fri 08 September at Earlston Medical Practice. If you can't attend text CANCEL to 07800000199 or call 01...		9N3G
01/09/2017	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Appt reminder 08:35 on Fri, 08 Sep at Earlston Medical Practice. If unable to attend please text CANCEL to 07800000199 or call 01896 8...		9N3G
13/07/2017	**SMS text received from patient** Type: Appointment Reminder Status: Reply Received Message: CANCEL.		9N3H
13/07/2017	**SMS text received from patient** Type: Appointment Reminder Status: Reply Received Message: Cancel.		9N3H
13/07/2017	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Your appt is at 10:00 on Fri 14 July at Earlston Medical Practice. If you can't attend text CANCEL to 07800000199 or call 01896 8...		9N3G
11/07/2017	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Appt reminder 10:00 on Fri, 14 Jul at Earlston Medical Practice. If unable to attend please text CANCEL to 07800000199 or call 01896 8...		9N3G
21/01/2016	**Medication review done**	Dr Williams	8B3V
02/06/2014	**Never smoked tobacco**	Mrs Hopkirk	1371
12/06/2012	**Medication review done**	Dr Williams	8B3V
01/11/2011	**Ex smoker**	Mrs Lathangie	137S
28/10/2011	**Teetotaller**	Mrs Farquharson	1361
26/01/2011	**Medication review**	UnknownUser	8B314
17/01/2011	**White British** priority=2	Mrs Archibald	9S1G
02/12/2009	**Letter sent to patient** Pandemic Influenza - First Dose Pandemic Influenza - First Dose vaccination invitation letter sent priority=2	Mrs Archibald	9NC3
24/11/2009	**Medication review**	UnknownUser	8B314
26/10/2009	**Ex smoker** Recorded through Combined Vaccination priority=2	*** 3	137S
30/09/2009	**Letter sent to patient** Influenza Influenza Vaccination invitation letter sent priority=2	Mrs Archibald	9NC3
16/09/2008	**Medication review**	UnknownUser	8B314
19/08/2008	**Notes summary on computer** priority=1	Mrs Robson	9344
28/08/2007	**Medication review**	UnknownUser	8B314
27/07/2006	**Medication review**	UnknownUser	8B314
05/07/2004	**Medication review**	UnknownUser	8B314
23/01/2003	**Medication review**	UnknownUser	8B314
27/09/2001	**Medication review**	UnknownUser	8B314
14/07/1999	**Letter invite to screening** Smoker$$ Status.clm - Call for screening	UnknownUser	9Q21
04/02/1999	**Medication review**	UnknownUser	8B314
05/08/1998	**Trivial drinker - <1u/day** Alcohol Intake$$.clm - No Action Required In GP care	UnknownUser	1362
05/08/1998	**Health ed. - alcohol** priority=1	UnknownUser	6792
05/08/1998	**Health ed. - smoking** priority=1	UnknownUser	6791
03/03/1997	**SEEN BY PRACTICE NURSE** priority=1	UnknownUser	9N22
24/02/1994	**Patient MRE received from HB** priority=1	UnknownUser	9125
06/12/1993	**Pat. GP7B/GP8B card from HB** priority=1	UnknownUser	9124
06/12/1993	**Patient signed reg. form** priority=1	UnknownUser	9122
Not Known	**Marital Status: Marital state unknown**	UnknownUser	133F

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Consultations	
01/11/2017	Mrs Fiona Orr at Earlston Medical Practice
Comment	2nd Letter sent to patient asking to make appt for TSH on 05/10. No appt made 01/11/2017. Recall been deferred for 1 year.LL
20/09/2017 12:42	Mrs Susan Pike at Earlston Medical Practice
Comment	Attended for travel vaccines as prescribed. Well today consent given/ will check Tetanus on sheet.
Additional	First typhoid vaccination N1F394V o5/19 right arm **(GMS)**
	1st hepatitis A junior vaccination Havrix junior AHAVB889Ae exp 05/19 x two vials left arm **(GMS)**
06/09/2017	Dr I Bond at Earlston Medical Practice
Medication	Hepatitis A Vaccine Inactivated, Adsorbed Suspension For Injection 0.5 ml vial *2 vial TO BE INJECTED AS DIRECTED*
02/08/2017 09:31	Mrs Susan Pike at Earlston Medical Practice
Comment	Search made re travel vaccine and Immunisation history. Form to be returned to patients to complete requirements and then to GP.
23/11/2016	Mrs Yvonne Archibald at Earlston Medical Practice
Comment	Patient cancelled appt. Sent letter to re-appt 30/09/16. no reply. Deferred TSH recall for 1 year.LL
22/11/2016	Dr I Bond at Phone Encounter
History	Weight has increased again to 14 stone- keen to reconsider orlistat. Advised would need to see for weight check to see if BMI 30 or greater and that usually we would only prescribe one course in any year.

Medication

Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
17/08/2017	**Havrix Monodose Vaccine, Suspension For Injection 1 ml vial** TO BE INJECTED 1 vial	Not Issued	Dr I Bond	ACUTE
27/05/2011	**Levothyroxine Sodium Tablets 100 micrograms** 2 Tabs Daily 112 TABS	30/11/2017P	Dr I Bond	REPEAT
27/05/2011	**Levothyroxine Sodium Tablets 50 micrograms** 1 Tab In the morning 56 TABS	30/11/2017P	Dr I Bond	REPEAT

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
06/09/2017	**Hepatitis A Vaccine Inactivated, Adsorbed Suspension For Injection 0.5 ml vial** TO BE INJECTED AS DIRECTED 2 vial	06/09/2017P	Dr I Bond	ACUTE
17/08/2017	**Typhim Vi Vaccine 25 micrograms/0.5 ml pre-filled syringe** TO BE USED AS DIRECTED 1 pre-filled disposable injection	17/08/2017P	Dr I Bond	ACUTE
06/04/2016	**Terbinafine Hydrochloride Tablets 250 mg** ONE TO BE TAKEN EACH DAY 56 tablet	06/04/2016P	Dr E Seabrook	ACUTE
26/01/2016	**Terbinafine Hydrochloride Tablets 250 mg** ONE TO BE TAKEN EACH DAY 56 tablet	26/01/2016P	Dr E Seabrook	ACUTE
21/01/2016	**Orlistat Capsules 120 mg** 1 CAP TDS 84 capsule	21/01/2016P	Dr I Bond	ACUTE
30/06/2015	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 CAPSULE	30/06/2015P	Dr I Bond	ACUTE
12/09/2014	**Terbinafine Hydrochloride Tablets 250 mg** ONE TO BE TAKEN EACH DAY 56 tablet	26/09/2014P	Dr E Seabrook	ACUTE
25/06/2014	**Terbinafine Hydrochloride Tablets 250 mg** ONE TO BE TAKEN EACH DAY 56 tablet	25/06/2014P	Dr E Seabrook	ACUTE
27/05/2014	**Havrix Monodose Vaccine, Suspension For Injection 1 ml pre-filled syringe** TO BE USED AS DIRECTED 1 pre-filled disposable injection	27/05/2014P	Dr I Bond	ACUTE
20/02/2014	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 CAPSULE	20/02/2014P	Dr Shona Beveridge	ACUTE
14/01/2014	**Temazepam Tablets 10 mg** ONE TO BE TAKEN AT NIGHT 7 tablet	14/01/2014P	Dr E Seabrook	ACUTE

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12/12/2013	**Diclofenac Sodium M/R tablets 75 mg** ONE TO BE TAKEN TWICE A DAY 56 TABLET	12/12/2013P	Dr I Bond	ACUTE
12/12/2013	**Co-Codamol 15/500 Tablets** 1 OR 2 TABS EVERY 4 TO 6 HOURS 100 tablet	12/12/2013P	Dr I Bond	ACUTE
30/05/2012	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 CAPSULE	30/05/2012P	Dr I Bond	ACUTE
07/10/2011	**Orlistat Capsules 120 mg** 1 CAP TDS 84 capsule	07/10/2011P	Dr E Seabrook	ACUTE
19/08/2011	**Propranolol Hydrochloride M/R capsules 80 mg** ONE TO BE TAKEN EACH DAY 28 CAPSULE	19/08/2011P	Dr E Seabrook	ACUTE
19/08/2011	**Orlistat Capsules 120 mg** 1 CAP TDS 84 capsule	09/09/2011P	Dr E Seabrook	ACUTE
13/06/2011	**Amoxicillin Capsules 500 mg** 1 Cap 3 times daily 21 CAPS	13/06/2011P	Dr I Bond	ACUTE
20/05/2011	**Diazepam Tablets 2 mg** 1 or 2 Tabs 3 times daily prn 42 TABS	20/05/2011P	phantomdoc1	ACUTE
09/07/2009	**Amoxicillin Capsules 500 mg** 1 Cap 3 times daily 21 CAPS	09/07/2009P	Ms Dr. Sarah Kurt-Elli	ACUTE
22/06/2009	**Diazepam Tablets 2 mg** 1 Tab 3 times daily 4 TABS	22/06/2009P	Dr I Bond	ACUTE
25/04/2006	**Levothyroxine Sodium Tablets 100 micrograms** 1 Tab Daily 56 TABS	25/04/2006P	Ms xxxxx	ACUTE
25/01/2006	**Ciprofloxacin Tablets 500 mg** 1 Tab Twice daily 14 TABS	25/01/2006P	Dr E Seabrook	ACUTE
24/02/2005	**Diclofenac Sodium E/c tablets 50 mg** 1 Tab Twice daily 28 TABS	24/02/2005P	Mr xxx	ACUTE
17/05/2004	**Dihydrocodeine Tartrate Tablets 30 mg** 1 Tab Take as required 42 TABS	17/05/2004P	Ms xxxxx	ACUTE
29/04/2004	**Temazepam Tablets 10 mg** 1 Tab At night 3 TABS	29/04/2004P	Ms xxxxx	ACUTE
29/04/2004	**Dihydrocodeine Tartrate Tablets 30 mg** 1 Tab 3 times daily 42 TABS	29/04/2004P	Ms xxxxx	ACUTE
03/04/2004	**Flucloxacillin Capsules 250 mg** 2 Caps 4 times daily 28 CAPS	03/04/2004P	Ms xxxxx	ACUTE
31/03/2004	**Flucloxacillin Capsules 250 mg** 1 Cap 4 times daily 28 CAPS	31/03/2004P	Ms xxxxx	ACUTE
16/03/2004	**Ibuprofen Tablets 400 mg** 1 Tab 3 times daily 48 TABS	16/03/2004P	Ms xxxxx	ACUTE
16/03/2004	**Co-Codamol 8/500 Tablets** 2 Tabs 4 times daily 100 TABS	16/03/2004P	Ms xxxxx	ACUTE
01/10/2003	**Co-Codamol 8/500 Tablets** 2 Tabs every 4 to 6 hours 100 TABS	01/10/2003P	Ms xxxxx	ACUTE
06/06/2003	**Ciprofloxacin Tablets 500 mg** 1 Tab Twice daily 20 TABS	06/06/2003P	Ms xxxxx	ACUTE
13/05/2003	**Naseptin Cream** Apply Twice daily 15 CREAM	13/05/2003P	Ms xxxxx	ACUTE
12/02/2003	**Fluoxetine Hydrochloride Capsules 20 mg** 1 Cap Daily 30 CAPS	12/02/2003P	Ms xxxxx	ACUTE
23/01/2003	**Fluoxetine Hydrochloride Capsules 20 mg** 1 Cap Daily 30 CAPS	23/01/2003P	Ms xxxxx	ACUTE
06/11/2002	**Amoxicillin Capsules 250 mg** 1 Cap 3 times daily 21 CAPS	06/11/2002P	Ms xxxxx	ACUTE
06/11/2002	**Beclometasone Aqueous nasal spray 50 micrograms/actuation** 2 sprays each nostril bd 1 SPRAY	06/11/2002P	Ms xxxxx	ACUTE
22/04/2002	**Amoxicillin Capsules 250 mg** 1 Cap 3 times daily 21 CAPS	22/04/2002P	Ms xxxxx	ACUTE
31/08/2001	**Fluticasone Propionate Aqueous nasal spray 0.05 % (150 dose spray)** 2 Puffs In the morning 1 SPRAY	31/08/2001P	Ms xxxxx	ACUTE
27/08/2001	**Fluticasone Propionate Cfc-free inhaler 50 micrograms/puff** DELETED for reason of: No reason specified -- 2 Puffs Twice daily ~1 INVALID	27/08/2001P	Ms xxxxx	ACUTE
25/07/2001	**Amoxicillin Capsules 250 mg** 1 Cap 3 times daily 15 CAPS	25/07/2001P	Ms xxxxx	ACUTE
05/02/2001	**Amoxicillin Capsules 250 mg** 1 TAB THREE TIMES DAILY 15 CAPS	05/02/2001P	Ms xxxxx	ACUTE
01/05/2000	**Amoxicillin Capsules 250 mg** 1 TAB THREE TIMES DAILY 15 CAPS	01/05/2000P	Ms xxxxx	ACUTE
21/06/1999	**Hydrocortisone Ointment 0.5 %** Apply Twice daily 30 OINT	21/06/1999P	Ms xxxxx	ACUTE
21/06/1999	**Ispaghula Husk Sachets (orange) 3.4 grams/sachet** Apply At night 30 SACH	21/06/1999P	Ms xxxxx	ACUTE
25/09/1998	**Mebeverine Hydrochloride Tablets 135 mg** 1 TAB THREE TIMES DAILY 100 tabs	25/09/1998P	Ms xxxxx	ACUTE
08/09/1998	**Proctosedyl Ointment** APPLY TWICE DAILY 30 g	08/09/1998P	Ms xxxxx	ACUTE
04/08/1998	**Proctosedyl Suppositories** 1 TAB TWICE DAILY 12 tabs	04/08/1998P	Ms xxxxx	ACUTE
04/08/1998	**Miconazole Nitrate Cream 2 %** APPLY THREE TIMES DAILY 15 g	04/08/1998P	Ms xxxxx	ACUTE
26/01/1998	**Prochlorperazine Mesilate Effervescent Granules, Sugar Free 5 mg/sachet** APPLY AS DIRECTED 21 application	26/01/1998P	Ms xxxxx	ACUTE
15/12/1997	**Amoxicillin Capsules 250 mg** 1 TAB THREE TIMES DAILY 21 CAPS	15/12/1997P	Ms xxxxx	ACUTE
22/09/1997	**Cimetidine Tablets 400 mg** 1 TAB TWICE DAILY 60	22/09/1997P	Ms xxxxx	ACUTE

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	tabs			
05/08/1997	**Cefalexin Capsules 250 mg** 1 TAB FOUR TIMES DAILY 28 tabs	05/08/1997P	Ms xxxxx	ACUTE
24/09/2002	**Fluticasone Propionate Aqueous nasal spray 0.05 % (150 dose spray)** 2 Puffs Daily 2 op	24/09/2002P	Dr I Bond	REPEAT
07/12/2000	**Migraleve Tablets** APPLY AS DIRECTED 1 op	07/12/2000P	Dr E Seabrook	REPEAT
03/09/1999	**Ispaghula Husk Sachets (lemon) 3.5 grams/sachet** Apply As directed 60 SACH	07/12/2000P	Dr E Seabrook	REPEAT

GARRIE, Richard (Mr) NHS Borders Community Services

GARRIE, Richard (Mr) Date of Birth: **18-Mar-1968 (54y)**

44 Kingfisher Grove, Galashiels, Scottish Borders, TD1 2QH

CHI Number: 180 368 9773 Usual GP: TOPALIAN, Joanne (Dr)

Consultations

Date	Consultation Text
06-Mar-2023 12:58	Face to face consultation (Galashiels Health Centre (Currie Road)) MCGUIGAN, Lianne (Physiotherapist)
History	F2F consult Hit by a car on a slope without handbrake on, hit pt from the front and pushed pt to the right side. No right sided pain. That afternoon, started to notice pain in the left shoulder at the front and the back of the shoulder. No sensation of anything dislocating. No bruising after the injury but was a little swollen. Came to see GP later that day and felt it was a soft tissue injury. Was given painkillers but couldn't take due to nature of work. Came back to see ANP due to ongoing pain levels, no worsening. Really noticing it when lifting something heavy. The shoulder does click, and the movement is restricted slightly due to pain. No pins and needles or numbness is aware of. Pain is there most of the time, easily irritated. Is a dull pain. Aggs - nil specific apart form lifting is aware of. Eases - deep heat extra strength, ibuprofen, solpidine. No 5Ds. No red flags. Has underactive thyroid and taking levothyroxine. SH - works as a retail manager for Shell, and part time at undertakers (mainly on call rota). Goes to the gym x3 weekly. Sticking to cardio at the moment - no issues on the treadmill.
Examination	Obs - protracted shoulders, increased thoracic kyphosis, nil evident deformity or swelling. Red mark anterior left shoudler. Palpation - tender into infrapsinatus and supraspinatus tendons post and anterior shoulder. Nil bony tenderness. Cxspine - full, painfree ROM Shoulder AROM - Flex =90. Abd = 90. LR =3/4. MR = lower lumbar. Pain limiting all movements PROM - Flexion = 150. Abd = 120. LR full. // pain all planes MP - Flex 4/5. Abd 4/5. LR 4/5. MR 5/5 ?pain inhibition ?true weakness Apprehension test - negative, though anterior pressure does help pain
Comment	Explained to pt likely RC tear and I would like to send for USS but pt not keen due to previous experience at the hospital which holds bad memories, which is completely understandable. Pt would like to try a couple of weeks of excs in the first instance to see if things improve before makes this decision. Issued with excs and pacing advice and a follow up call has been booked for 2 weeks time.

Printed 1:35pm 06-Mar-2023 Page 1 of 1

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GARRIE, Richard (Mr) NHS Borders Community Services

GARRIE, Richard (Mr) Date of Birth: **18-Mar-1968 (55y)**

44 Kingfisher Grove, Galashiels, Scottish Borders, TD1 2QH

CHI Number: 180 368 9773 Usual GP: TOPALIAN, Joanne (Dr)

Consultations

Date	Consultation Text
20-Mar-2023 12:11	Telephone consultation (Galashiels Health Centre (Currie Road)) MCGUIGAN, Lianne (Physiotherapist)
Comment	TC to pt to check how is getting on. pt states went for a massage and feels a lot less tense around the neck and shoulders. Is getting on well with excs - a bit painful initially but now feels is getting on well with them. pain is less intense and feels is getting a lot more movement in the shoulder. Noticing a change every day. is very pleased with progress so far. Agreed review in a couple of weeks and progress from there.

Printed 12:20pm 20-Mar-2023 Page 1 of 1

GARRIE, Richard (Mr) NHS Borders Community Services

GARRIE, Richard (Mr) Date of Birth: **18-Mar-1968 (55y)**

44 Kingfisher Grove, Galashiels, Scottish Borders, TD1 2QH

CHI Number: 180 368 9773 Usual GP: TOPALIAN, Joanne (Dr)

Consultations

Date	Consultation Text
04-Apr-2023 14:04	Face to face consultation (Galashiels Health Centre (Currie Road)) MCGUIGAN, Lianne (Physiotherapist)
Comment	F2F review Pt feels the shoulder is much much better. Very occassionally will notice some pain if lifting anything of any weight. Feels movement is a lot better. Feeling a lot less tense - having weekly massages which is really beneficial. Really pleased with progress so far. Obs - relaxed posture, very protracted bilat shoulders and cxspine. Cxspine - full, painfree ROM. Shoulder - Flexion =180, painfree. Abd = 180, painfree. LR = full, slight discomfort. MR = full, painfree. MP - 5/5 throughut, mild discomfort on LR only. Impression - ongoing cuff strain but overall much improved ROM, power and pain. Rx - issued with red theraband, safety advice and cuff strengtheing work. Agreed review in 1/12. Aim self manage

Printed 2:55pm 04-Apr-2023 Page 1 of 1

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NHS Borders
Audiology
Department

Borders General Hospital
Melrose
Roxburghshire
TD6 9BS

Telephone: 01896 826531
Email: bord-uhb.audiology@borders.scot.nhs.uk

NHS Borders

AUDIOLOGY INDIVIDUAL MANAGEMENT PLAN

RICHARD GARRIE
44 KINGFISHER GROVE
GALASHIELS
SELKIRKSHIRE

Current Date: 2023-05-10

CHI: 1803689773

TD1 2QH

Appointment type: The patient attended the Direct Referral Clinic

General:
Patient Attended: Alone
Consent Obtained: Yes
Referred by: GP
Reason for Referral: Mr Garrie has become aware that he is not hearing everything as well as he feels he should. As such he sought a referral to the department for hearing testing

Effects of hearing loss on lifestyle: When in any situation with background noise Mr Garrie struggles to make out conversation. This is particularly bothersome in the workplace. Additionally he finds that he needs to TV to be louder than his family would prefer it.

Medical History: Mr Garrie had an inner ear infection last year which caused him some dizziness. This passed with treatment and has not reoccurred.
No history of ear infection, noise exposure, tinnitus, head trauma or ototoxic medication.

Otoscopy Right: No Abnormalities Detected Left: Wax present

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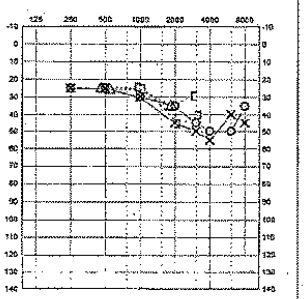
Pure tone audiogram: Shows a bilateral moderate sensorineural hearing loss

Date of Audiogram: 2023-05-10



Audiogram key:
X – Left Air conduction
O – Right Air conduction
Δ – Unmasked Bone conduction
[- Masked Right Bone conduction
] - Masked Left Bone conduction
■ – Sound Field

Description of hearing loss
Mild: (20-40dB) you may have difficulty following speech especially in noisy situations
Moderate: (41-70dB) you may have difficulty following speech and hearing quiet noises. Amplification can be very successful for this loss
Severe: (71-95) You are often unable to hear speech even in quiet surroundings and may not hear every day noises such as traffic. Amplification can be very useful as can good hearing tactics
Profound: (more than 95dB) (more than 95dB) You are unable to hear most sounds without amplification. Although amplification can be useful you will also require to use good hearing tactics, lip reading and subtitles on TV for example.

Tympanometry: Type A bilaterally suggesting normal middle ear function.

Management Plan: Today Mr Garrie and I have discussed the results of his hearing testing. It has been agreed that we will trial him with bilateral open fit style hearing aids.

Agreed needs: Improve ability to hear friends, family and colleagues. Be able to watch the TV at a lower level to enjoy it more while watching with family.

Planned actions: Trial bilateral digital hearing aids using slim tube type fittings.

Completed Actions: Arranged hearing aid fitting appointment.

The patient has been advised they need to contact the department directly within three years to have their hearing re-tested, it is advisable you please have your ears checked by your nurse practitioner prior to your audiology appointment to ensure they are free from wax.

Assessor: [redacted] Tanner
Senior Audiologist

COPY TO:

DR. [redacted] TRELIVING
THE ELLWYN PRACTICE
THE HEALTH CENTRE
CURRIE ROAD
GALASHIELS
TD1 2UA

GARRIE, Richard (Mr) NHS Borders Community Services

GARRIE, Richard (Mr) Date of Birth: **18-Mar-1968 (55y)**

44 Kingfisher Grove, Galashiels, Scottish Borders, TD1 2QH

CHI Number: 180 368 9773 Usual GP: TOPALIAN, Joanne (Dr)

Consultations

Date	Consultation Text
31-May-2023 08:56	Face to face consultation (Galashiels Health Centre (Currie Road)) MCGUIGAN, Lianne (Physiotherapist)
Comment	F2F review Pt reports shoulder is a lot better overal. Reports the only thing that aggravates shoulder is awkward lifting. No issues day to day, back to all normal activities. No issues with the last lot of exercises. Has stopped now. Obs - nil of note ROM - full, painfree shoulder mobility MP - 5/5 without pain throughout Rx - encouraged continuing the excs for the next month or so to reduce the risk of any recurrence and ensure the shoulder is as strong as it can be. DC from FCP

NHS Borders

Emergency Department

Melrose

TD6 9BS
Consultant:

Dr. L Buchan
Mairches Medical Practice Galashiel
The Health Centre
Currie Road
Galashiels
TD1 2UA

25/03/2024 15:37

Dear Doctor L Buchan

Re: GARRIE, Richard M, 44 KINGFISHER GROVE,GALALSHIELS Galashiels TD1 2QH
Date of Birth:18/03/1968 CHI Number: 1803689773

Your patient attended Borders General Hospital on 25/03/2024 13:44

Presenting Complaint:	R big toe injury
Triage Information:	
Allergies:	No Known Allergies
Investigations Carried Out:	
PrimaryDiagnosis:	Fracture of great toe, open
Treatments:	
Discharge Medications:	
Clinical Notes:	
Discharged To:	
Summary Details inc Follow Up:	History by Self: c/o pain and swelling with bruises right great toe as got crushed at work from heavy object today morning. c/o difficulty in walking on right foot. No other c/o. PMH: Hypothyroidism Allergy: Nil

Local Examination:
Right Great toe: mild swelling with brusiing +++, tender around great toe, mild graze at nail bed, no n-v deficit, CRT < 2sec, ROM normal at 1st MTP joint but painful. No sign of subungual haematoma. rest of the limb examination is normal.

x-rays right great toe: # distal 1/3rd distal phalanx

Plan:
Reassure
analgesics
Neighbour strapping
VFC referral done
If any problem than seek medical advise.
Home

Yours Sincerely

ED Locum 62 (Puneet Singh)
Emergency Medicine

GP Letter

NHS Borders

Main switchboard

Dr L Buchan
16297/1,Mairches Medical Practice Galashiel
The Health Centre
Currie Road
Galashiels,Galashiels,TD1 2UA

Dear Dr L Buchan,

Name	CHI	DoB	Address
Richard M Garrie	1803689773	18/03/1968	44 KINGFISHER GROVE,GALALSHIELS, SELKIRKSHIRE, Galashiels, Selkirkshire, TD1 2QH

CC: Patient

The patient notes and investigations were reviewed in the Orthopaedic Virtual Fracture Clinic today date (26/03/2024).

Working diagnosis: Crush injury to great toe. Distal phalanx tuft #
Laterality: Right
Onset of injury: 25/03/2024
Outcome of VFC: Conservative management. Full WB. No follow up
Remarks/Reasoning

Yours sincerely,
Name of VFC on-call consultant: Abouazza
Name of Middle grades: Thomson

NHS Borders

Emergency Department

Melrose

TD6 9BS
Consultant:

Dr. L Buchan
Mairches Medical Practice Galashiel
The Health Centre
Currie Road
Galashiels
TD1 2UA

28/03/2024 16:35

Dear Doctor L Buchan

Re: GARRIE, Richard M, 44 KINGFISHER GROVE,GALALSHIELS Galashiels TD1 2QH
Date of Birth:18/03/1968 CHI Number: 1803689773

Your patient attended Borders General Hospital on 28/03/2024 15:26

Presenting Complaint:	r toe inj - MIU
Triage Information:	
Allergies:	No Known Allergies
Investigations Carried Out:	
PrimaryDiagnosis:	
Treatments:	
Discharge Medications:	
Clinical Notes:	
Discharged To:	
Summary Details inc Follow Up:	BUC REF - pts 2nd attendence. He fractured his right great toe on 4/7. He was seen by ED doctor and discharged. Pain is ++. he went pharmasist and was given co-dydramol 10/500mg but pain is +++ still PMH-under active thyroid. MEDS- thyroxine NKDA Works in a wear house. A jones O/E toe swollen and fracture blister evident. No sign of infection. t 36.9 p- 66 bp 127/87 rr 18 98%. Bruising ++. Able to wb but limping.Warm/hot to touch cap refill under 2's. No movement in toe.

Treated pt in an off loading shoe and he declined crutches. I gave him TTO ibuprofen 400mg and prescription was given for 30 x 30mg of dhydrocodiene. Toe was dressed and buddy strapped. Pt will require a dressing review in 4/7 at treatment room nurse. Worsening advice given.

Yours Sincerely

Angela Jones
Emergency Medicine

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1 Patient Contacts for Mairches Medical Practice Galashiels

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Patient : Richard Garrie **Case No 51105**

(Gender: Male) (DOB: 18/03/1968) (Age: 56 years) (CHI: 1803689773)

Case No 51105 **Case Date** 28/03/2024 12:57 **Own Dr** Buchan, L

Emergency Care Summary viewed on case

Current Address
Wilderhaugh Service Station 3A Wilderhaugh
Galashiels

TD1 1PW

Current Phone 07904 149213

Home Address (If Different)
44 Kingfisher Grove Galashiels

TD1 2QH

Home Phone (If Different)

NHS 24 Advice by Lauren Donald (Call Taker Si) ()
BROKEN TOE - 4 DAYS AGO

Triage Start 13:01
Triage End 13:25

MIU4 Patient suitable for MIU 4Hr - Flow Hub to arrange

Clinical summary created by: Lauren Donald (Call Taker Si) () (28/03/2024 13:25:53]
Reason for call: BROKEN TOE - 4 DAYS AGO
28:03:2024 13:01:42 DONALDL.. ATTENDED A&E ON MONDAY FOR FOOT INJURY, ADVISED TOE IS BROKEN. SYMPTOMS WORSENING, TOE IS BLACK/BLUE WITH DISCHARGE & PAINFUL. RETURN CALLER - CALLED GP CANNOT BE SEEN, ADVISED ATTEND A&E..
28:03:2024 13:22:52 WATTS.. R BIG TOE PAIN AND DISCHARGE WORSE TODAY. PT DROPPED WHEELED PALLETT OF RECYCLED CARDBOARD ONTO TOE, WEARING SHOES. S/B BGH A +E 25/3/24 HAD X RAY #TOE. PARACETAMOL/NUROFEN NO EFFECT. TODAY.. GREEN DISCHARGE, INCREASINGLY PAINFUL, REDUCED ROM, COLOUR/SENSATION INTACT, NO CALF PAIN, NO FEVER. A +E FNC/MIU 4HRS...
Outcome: Patient suitable for MIU 4Hr - Flow Hub to arrange

NHS24 Recorded Allergies **NHS24 Recorded Conditions** **NHS24 Recorded Medications**

Reported Condition

Patient Allergies **Patient Condition** **Patient Medication**

Adastra Consult by
Start Type **End Type**
History
Examination
Diagnosis
Treatment
Clinical Code(s)
Prescriptions

Consult Start
Consult End

Informational Outcome(s)
Referred to Minor Injuries Unit - booked 15.45

Report Statistics:

Report produced by Adastra Version 3 - 28/03/2024 14:15:23

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NHS Confidential: Personal data about a patient

Report Statistics:

Report produced by Adastra Version 3 - 28/03/2024 14:15:23

Registration Details

Personal details...		Address details...	
Date of birth	18/03/1968	House Name Flat No	
Sex	M	No and Street	44 Kingfisher Grove
Surname	Gamie	Village	
Previous Surname		Town	Galashiels
Forenames	Richard	County	
Calling Name	Richard	Post Code	TD1 2QH
Title	Mr		
Birth Surname			
Marital Status	Married		
Ethnic Origin	(White) Scottish		
Emergency contact	[redacted]		
Key Safe Number			

HA/HB Details...		Contact details...	
Trading partner	Borders	Home Tel No	
Registered GP	Dr Lynn Buchan	Work Tel No	
Usual GP	Dr Lynn Buchan	Mobile Tel No	07904 149 213
Residential Inst		E Mail Address	richard@adampurves.com
Branch Surgery	Ettrwyn Medical Practice		
CHI Number	1803689773		
NHS Number	494 912 7810		

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

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	20/06/2022		

AMS\MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details	5336 Galashiels Extra-Paton Street,Galashiels,Selkirkshire,Scotland, (TD1 3AT)(Org Id - 8050)		
Item Collected Check	Yes		
SMS Text Msg			
MCR Suitability Status	-1		
MCR Registration Status	2		

Problems

Active Problems		Authorised By	Code
26/03/2024	[SO]Distal phalanx of great toe (Right)	Mrs Davidson	7NACW
10/05/2023	Hearing difficulty (Bilateral) For trial bilateral digital hearing aids	Mrs Cockburn	1C12
17/08/2022	Hypothyroidism	Dr Nicolson	C04-3
19/10/2021	Confirmed 2019-nCoV (novel coronavirus) infection Positive	Mrs Cockburn	EMISNQCO303
10/02/2020	Hypothyroidism monitoring third letter	Mrs Cockburn	9Oj2

Past Problems		Authorised By	Code
13/06/2023	**Registered for access to Patient Facing Service**	Mrs Cockburn	9IW
10/02/2023	**Shoulder pain**	Dr Mackessack-Leitch	N245-7
02/02/2023	**Hypothyroidism monitoring first letter**	Mrs Cockburn	9Oj0
28/11/2022	**Hearing loss**	Dr Mackessack-Leitch	F59
17/08/2022	**Seborrhoeic wart**	Mrs Rychel	M22z-2
12/08/2022	**Medication requested**	Dr Ferguson	8B3H
03/05/2022	**Hypothyroidism monitoring second letter**	Mrs Cockburn	9Oj1
17/03/2022	**Hypothyroidism monitoring first letter 90J**	Mrs Cockburn	9Oj0
06/01/2022	**[V]Problem with smell or taste**	Dr Treliving	ZV415
06/10/2021	**Confirmed 2019-nCoV (novel coronavirus) infection Positive**	Mrs Cockburn	EMISNQCO303
16/07/2021	**Upper respiratory tract infection NOS**	Dr Waterhouse	H05z-1
10/03/2021	**Nursing care blood sample taken**	Ms White	8C1B
05/03/2021	**Weight increasing**	Dr Treliving	1622
25/01/2021	**Hypothyroidism monitoring first letter**	Mrs Cockburn	9Oj0
09/04/2020	**Other foot injury (Right)**	Dr Treliving	SK173
06/01/2020	**Hypothyroidism monitoring second letter**	Mrs Cockburn	9Oj1
05/12/2019	**Hypothyroidism monitoring first letter**	Mrs Cockburn	9Oj0
20/08/2019	**Hypothyroidism monitoring first letter**	Mrs Cockburn	9Oj0
22/04/2019	**Hypothyroidism monitoring first letter**	Mrs Cockburn	9Oj0
20/02/2019	**Urinalysis - general**	Any Room Nurse	461-2
30/01/2019	**Nursing care blood sample taken**	Any Room Nurse	8C1B
17/12/2018	**Nursing care blood sample taken**	Any Room Nurse	8C1B
19/11/2018	**Hypothyroidism monitoring third letter**	Mrs Cockburn	9Oj2
16/10/2018	**Hypothyroidism monitoring second letter**	Mrs Cockburn	9Oj1
22/08/2018	**Hypothyroidism monitoring first letter**	Mrs Cockburn	9Oj0
21/05/2018	**Weight increasing**	Dr Topalian	1622

Health Admin Problems		Authorised By	Code

Investigations

Investigations		Authorised By	Code
08/03/2023	**Serum TSH level** (Source: LAB).		442W.
17/06/2022	**Serum TSH level** (Source: LAB).		442W.
17/06/2022	**Serum free T4 level** (Source: LAB).		442V.
31/05/2022	**Direct microscopy** (Source: LAB).		31B1.
31/05/2022	**(Non Coded Event -)** (Source: LAB).		
31/05/2022	**Enteric microscopy, culture and sensitivities** (Source: LAB).		411A.
10/03/2021	**Serum TSH level** (Source: LAB).		442W.
10/03/2021	**Serum free T4 level** (Source: LAB).		442V.
27/02/2020	**Serum cholesterol** (Source: LAB).		44P..
27/02/2020	**Serum TSH level** (Source: LAB).		442W.
27/02/2020	**Serum free T4 level** (Source: LAB).		442V.
04/09/2019	**Serum TSH level** (Source: LAB).		442W.
04/09/2019	**Serum free T4 level** (Source: LAB).		442V.
14/05/2019	**Serum TSH level** (Source: LAB).		442W.
14/05/2019	**Serum free T4 level** (Source: LAB).		442V.
20/02/2019	**MSU sent for C/S** (Source: LAB).		4JJ1.
20/02/2019	**MSU sent for C/S** (Source: LAB).		4JJ1.
30/01/2019	**Serum TSH level** (Source: LAB).		442W.
30/01/2019	**Serum free T4 level** (Source: LAB).		442V.
17/12/2018	**Serum TSH level** (Source: LAB).		442W.
17/12/2018	**Serum free T4 level** (Source: LAB).		442V.

Values

Values			
Date	Last Entry	Normal Range Indicator	Normal Range
08/03/2023	Serum TSH level 0.45 mU/L	|.....	0.3-4.9
17/06/2022	Serum free T4 level 19 pmol/L	. . . . .|	9-19
31/05/2022	Direct microscopy SOFT		
31/05/2022	Cryptosporidium microscopy Not seen.		
31/05/2022	Microscopic examination for parasites		
31/05/2022	Enteric microscopy, culture and sensitivities		
06/09/2021	Tested for 2019-nCoV (novel coronavirus) infection Negative		
11/03/2021	Body Mass Index 27.8 kg/m2	....|	20-25
10/03/2021	O/E - weight 98.1 Kg		
04/10/2020	Alcohol units per week 0 U/week		
27/02/2020	Serum cholesterol 3.1 mmol/L	|	3.5-5.18
27/02/2020	Serum triglycerides 1.1 mmol/L	. ..|....	0.6-1.7
27/02/2020	Serum HDL cholesterol level 0.9 mmol/L	|	1-1.5
27/02/2020	Serum LDL cholesterol level 1.7 mmol/L	|	2-3.5
27/02/2020	Serum cholesterol/HDL ratio 3.4	. . .|.....	2-5
27/02/2020	O/E - height 180 cm	. ....|...	10-250
27/02/2020	Blood pressure reading 112/70 mm Hg		
27/02/2020	Serum fasting triglyceride level	|	0.4-1.7
27/02/2020	Serum fasting LDL cholesterol level		
27/02/2020	Serum fasting HDL cholesterol level		
27/02/2020	Fasting blood lipids		
27/02/2020	Thyroid function tests		
20/02/2019	MSU - general :		
20/02/2019	MSU sent for C/S < 30		
20/02/2019	Urine microscopy: red cells None		
10/01/2018	Fast alcohol screening test		

Attachments

Attachments			Authorised By	Code
31/01/2024	**Letter encounter** To whom it may concern	letter.doc	Mrs Davidson	9N33-18677g183
04/04/2023	**Administration** Administration SAR Request/Received	D7_00381169.XXX	*** Do Not Delete Or Change ***	EMISATTACHMENT
19/10/2021	**Result** UK Covid-19 Results UK Covid Results Virology Unknown	D7_00336221.XXX	*** Do Not Delete Or Change ***	EMISATTACHMENT
09/10/2021	**Result** UK Covid-19 Results UK Covid Results Virology Unknown	D7_00335439.XXX	*** Do Not Delete Or Change ***	EMISATTACHMENT
05/03/2021	**Administration** Administration Email from patient	D7_00319953.XXX	*** Do Not Delete Or Change ***	EMISATTACHMENT
10/02/2020	**Attachment** Thyroid blood test invite (3rd)	Thyroid blood test invite (3rd).doc	Mrs Cockburn	EMISATTACHMENT
20/08/2019	**Attachment** Thyroid invite (1st).doc Thyroid invite (1st)	Thyroid invite (1st).doc	Mrs Cockburn	EMISATTACHMENT
20/08/2019	**Attachment** Thyroid invite (1st)	Thyroid invite (1st).doc	Mrs Cockburn	EMISATTACHMENT
24/06/2019	**Attachment** Change of Address	Change of Address.doc	Mrs Johnstone	EMISATTACHMENT
19/11/2018	**Attachment** 3rd Thyroid invite.doc 3rd Thyroid invite	3rd Thyroid invite.doc	Mrs Cockburn	EMISATTACHMENT
19/11/2018	**Attachment** 3rd Thyroid invite	3rd Thyroid invite.doc	Mrs Cockburn	EMISATTACHMENT
16/10/2018	**Attachment** 2nd Thyroid invite	2nd Thyroid invite.doc	Mrs Cockburn	EMISATTACHMENT

Due Diary Entries

Due Diary Entries		Authorised By	Code
08/03/2025	Thyroid disease monitoring	Mrs Cockburn	66B

Overdue Diary Entires

Overdue Diary Entries		Authorised By	Code
11/10/2022	**No response to bowel cancer screening programme invitation OVERDUE** Bowel Cancer Screening Exclusion	Mrs Cockburn	9Ow2.
04/10/2021	**Seasonal influenza vaccination OVERDUE**	Dr Jhooti	65ED.
23/09/2018	**Medication review OVERDUE** 17/08/2022	Mrs Quinn	8B314

Alerts

Alerts	Authorised By	Code
None		

Drug Allergies

Drug Allergies	Authorised By	Code
None		

Non-Drug Allergies

Non Drug Allergies	Authorised By	Code
None		

Family History

Family History		Authorised By	Code
10/01/2018	FH: Diabetes mellitus	Mrs Quinn	1252
10/01/2018	No FH: Ischaemic heart disease	Mrs Quinn	1226
10/01/2018	No FH: Stroke/TIA	Mrs Quinn	1225

Referrals

Referrals		Authorised By	Code
28/11/2022	8HT3.: Referral to audiology clinic (SCI Gateway Referral)	Dr Mackessack-Leitch	8HT3

Immunisations

Immunisations		Authorised By	Code
16/11/2023	**Administration of first dose of SARS-CoV-2 vaccine** HH1298/ COVPFIZER/IM/Right Arm//C-19 Comirnaty (Borders 23-24 Mass Galashiels Volunteer Hall - 4999)		^ESCT1348323
16/11/2023	**Administration of first inactivated seasonal influenza vacc** 3029508/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK (Borders 23-24 Mass Galashiels Volunteer Hall - 4999)		65ED4
04/10/2022	**Administration of first dose of SARS-CoV-2 vaccine** GE3043/ COVPFIZER/IM/Left Arm//C-19 Comirnaty (Borders 22-23 Mass Selkirk Victoria Hall - 4999)		^ESCT1348323
04/10/2022	**Administration of first inactivated seasonal influenza vacc** 440031A/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK (Borders 22-23 Mass Selkirk Victoria Hall - 4999)		65ED4
19/11/2021	**Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Pfizer (M Gentleman)** FH4751/ PF/IM/Left Arm//C-19 Booster Pfizer (M Gentleman)		^ESCT1423363
19/11/2021	**Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Pfizer (Borders 21-22 Mass Galashiels Volunteer Hall)** FH4751/ PF/IM/Left Arm//C-19 Booster Pfizer (Borders 21-22 Mass Galashiels Volunteer Hall)		^ESCT1348323
19/11/2021	**Administration of first inactivated seasonal influenza vacc** 3079161A/ FLUQIVC/IM/Right Arm//FLU - Fluceivax Tetra (QIVc) (Borders 21-22 Mass Galashiels Volunteer Hall)		65ED4
14/05/2021	**Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By S Watson)** PV46678/ AZ/IM/LUA//C-19 (By S Watson)		^ESCT1348325
02/03/2021	**Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By M Hadshar)** PV46669/ AZ/IM/LUA//C-19 (By M Hadshar)		^ESCT1348323
04/10/2020	**Seasonal influenza vaccination** Seqirus Fluceivax P100251946. Exp: 06/21	Dr Jhoodi	65ED
09/04/2020	**Low dose diphtheria, tetanus and inactivated polio vaccinati** Revaxis. P3J401V. exp 07/20.Sanofi **(GMS)**	Ms Smith	65K5
23/03/2018	**Second hepatitis A and typhoid vaccination** Viatim. P3D341V. exp 03/20. Protection for 25yr HepA. booster required for typhoid in 3 yrs if needed. **(GMS)**	Ms Smith	65MM

Health Status

Health Status	
27/02/2020	Height 188 cm
10/03/2021	Weight 90.1 Kg
11/03/2021	Body Mass Index 27.8 kg/m2
27/02/2020	Blood pressure reading 112/70 mm Hg
04/10/2020	Smoking Status Never smoked tobacco
27/02/2020	Exercise grading Enjoys moderate exercise

Miscellaneous

Other Observations		Authorised By	Code
08/03/2023	**Thyroid disease monitoring**	Mrs Cockburn	66B
27/02/2023	**Shoulder pain (REVIEW)**	Mrs Rychet	N245-7
09/01/2023	**No response to bowel cancer screening programme invitation** Non-Responder	Mrs Cockburn	9Ow2
02/11/2022	**Medication review of medical notes** : Review for Serial Rx	Mrs Chapman	8B3y
02/11/2022	**Medication review done by pharmacy technician**	Mrs Chapman	8BMH
06/07/2022	**Prescription by supplementary prescriber**	Mrs Hancock	8B2J
06/07/2022	**Medication requested**	Mrs Hancock	8B3H
17/06/2022	**Thyroid disease monitoring**	Mrs Cockburn	66B
01/06/2022	**Hypothyroidism monitoring third letter (REVIEW)**	Mrs Cockburn	9Oj2
07/04/2022	**Other medication review** NCMR completed by PSW	Miss Wharton	8BI
24/06/2021	**Medication review done** for serial prescription. Suitable? Will forward to Grant for review	Ms Olesen	8B3V
11/03/2021	**Thyroid disease monitoring**	Mrs Pearson	66B
11/03/2021	**Weight increasing (REVIEW)**	Dr Treliving	1622
25/01/2021	**Telephone invite to screening** text sent & delivered	Mrs Cockburn	9O22
09/01/2021	**No response to bowel cancer screening programme invitation** Non-Responder	Mrs Cockburn	9Ow2
04/10/2020	**Never smoked tobacco**	Dr Jhoofi	1371
09/04/2020	**Wound care** as per below, unable to see when last had tetanus, therefore given today, is clean and no issues.	Ms Smith	8C1L
09/04/2020	**Nursing care - injections**	Ms Smith	8C17
28/02/2020	**Thyroid disease monitoring**	Mrs Pearson	66B
27/02/2020	**Health ed. - alcohol**	Ms Smith	6792
27/02/2020	**Never smoked tobacco**	Ms Smith	1371
27/02/2020	**Enjoys moderate exercise**	Ms Smith	1384
27/02/2020	**Nursing care blood sample taken**	Ms Smith	8C1B
27/02/2020	**Hypothyroidism monitoring third letter (REVIEW)**	Ms Smith	9Oj2
24/09/2019	**Thyroid disease monitoring**	Mrs Quinn	66B
14/05/2019	**Thyroid disease monitoring**	Mrs Cockburn	66B
15/04/2019	**Ex Patient of Dr Topalian**	Mrs Cockburn	PCS18875EX1
30/01/2019	**Thyroid disease monitoring**	Mrs Cockburn	66B
17/12/2018	**Thyroid disease monitoring**	Mrs Cockburn	66B
22/08/2018	**Telephone invite to screening** test sent	Mrs Cockburn	9O22
16/08/2018	**No response to bowel cancer screening programme invitation** Non-Responder	Mrs Quinn	9Ow2
02/03/2018	**Computer summary updated**	Mrs Johnstone	9348
02/03/2018	**Notes summary on computer** paper records	Mrs Johnstone	9344
30/01/2018	**Electronic general practitioner medical record received** (20)	Mrs Cockburn	9349
10/01/2018	**Alcohol consumption screen**	Mrs Quinn	68S
10/01/2018	**Enjoys moderate exercise**	Mrs Quinn	1384
10/01/2018	**Never smoked tobacco**	Mrs Quinn	1371
10/01/2018	**Scottish - ethnic category 2001 census**	Mrs Quinn	9i21
27/10/2009	[redacted]	Mrs Johnstone	918G
23/01/2003	[redacted]	Mrs Johnstone	E204
31/05/1996	**Non-endoscopic dilation of urethra using rigid dilators**	Mrs Johnstone	7B451
28/06/1995	**Acquired hypothyroidism**	Mrs Johnstone	C04
01/01/1995	**Tonsillectomy**	Mrs Johnstone	7530-1
07/12/1993	**Teetotaller**	Mrs Johnstone	1361
07/12/1993	**Ex-heavy smoker (20-39/day)**	Mrs Johnstone	137A
14/10/1993	**Removal of tattoo of skin**	Mrs Johnstone	7G2G3
01/01/1992	**Irritable colon - irritable bowel syndrome**	Mrs Johnstone	J521
01/01/1970	**Asthma mild**	Mrs Johnstone	H33
01/09/1968	**Adopted**	Mrs Johnstone	1337

Consultations

Consultations	
22/04/2024 13:53	Mr Stuart Todd at Mairches Medical Practice
Problem	mole check
Examination	recent holiday, had turkish bath, severe exfoliation, feels more now sore, had for years. o/e looks like seb ker, measures 8mm x 6mm, small area of bleeding likely from trauma. if not healing to return. also has had sinusitis for several weeks, trying otc products bit not working, nasal d/o, pressure, lungs clear, obs normal. treat as below.
Medication	Mometasone Furoate Nasal spray 50 micrograms/dose *1 SPRAY TWO SPRAYS TO BE USED IN EACH NOSTRIL EACH DAY* Doxycycline Hyclate Capsules 100 mg *6 CAPSULE TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN DAILY THEREAFTER*
15/01/2024	Ms Lisa Hume at Mairches Medical Practice
History	Had viral illness over xmas - sounds like covid with loss of taste /smell, feels much better but now has white coated tongue and blocked l ear. Went to pharmacist and told ? thrush and to see GP. Is using corsydyl mouthwash with some effect, tongue white in am and sore when eating, has brushed white coating off with toothbrush, systemically well. Also wanted l ear checked - feels blocked since had virus, no fever. No DC, no pain, but dullness to hearing. Systemically well.
Examination	Sats 100%, RR 18, HR 63, t36. L ear - impacted with wax, unable to visualise TM. r ear - NAD. tongue - mildly coated with whie DC, good dentition.
Comment	? thrush, using good mouthwash, nystatin and WSG. L ear impacted with wax - olive oil and will arrange TR for microsuctioning. WSG
Medication	Nystatin Oral suspension 100,000 units/ml *30 ML 1ML TO BE TAKEN FOUR TIMES A DAY*
20/11/2023	
Additional	Administration of first dose of SARS-CoV-2 vaccine HH1298/ COVPFIZER/IM/Right Arm//C-19 Comirnaty (Borders 23-24 Mass Galashiels Volunteer Hall - 4999)
20/11/2023	
Additional	Administration of first inactivated seasonal influenza vacc 3029508/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK (Borders 23-24 Mass Galashiels Volunteer Hall - 4999)
03/08/2023	Ms Lisa Hume at Mairches Medical Practice
Problem	LRTI
History	PMH: non-smoker, nil respiratory, normally fit & well, returned from holiday in Turkey 2 weeks ago, initially had sore throat, fever, dry cough - all have settled but cough on-going and now expectorating green sputum, some SOBOE, nil at rest, no Cp, Pl CP, no haemoptysis, no calf pain/swelling, managing to work, painfree.
Examination	NEWS 0 ; sat 100%, RR 18, HR 80 reg, t 36, BP 120/70 chest - clear, nil added
Comment	VTS obtained. Discussion around viral v bacterial, productive sputum and SOBOE , keen for Abx, states NKDA and ok with penicillin. CURB65=0, amox and WSG
Medication	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
27/06/2023	Dr Rodger Glenfield at Mairches Medical Practice
History	c/o itchy skin lower back o/e area of seborrhoeic warts Plan take photo Rxd rv 2 mths if there is change
Medication	Doublebase Dayleve Gel *500 gramAS REQUIRED*
31/05/2023	Mrs Mary Cockburn at Data Entry
Comment	FCP consultation notes filed in Docman
04/04/2023	Mrs Mary Cockburn at Data Entry
Comment	FCP consultation notes filed in Docman
04/04/2023	*** Docman Do Not Delete Or Change *** at Docman
Additional	Administration Administration SAR Request/Received
20/03/2023	Mrs Mary Cockburn at Data Entry
Comment	FCP consultation notes filed in Docman

06/03/2023	Mrs Mary Cockburn at Data Entry
Comment	FCP consultation notes filed in Docman
27/02/2023 16:05	Mrs Francesca Rychel at Mairches Medical Practice
Problem (REVIEW)	**Shoulder pain**
History	Ongoing shoulder pain. No swelling or deformity noted. Tenderness located mostly over ACJ and rotator cuff, and over scapular area. Ongoing ROM reduction. Can only lift to 90 degrees in any field before pain, but can actively flex, extend abduct and rotate. Passive movement slightly better, but not much. Tried DHC but didnt help a huge amount and caused constipation. Has been using deep heat which he thinks does help, and trying to move gently.
Comment	Imp: Soft tissue injury - Possibly rotator cuff Plan: Try naproxen instead of DHC, and reg pcm. Cont deep heat. Will ask reception to find out if FCP could arrange for a urgent review +/- scan as im unable to order MRIs. If not, will refer to ortho.
Medication	Naproxen Tablets 500 mg *28 tablet TAKE ONE TABLET TWICE DAILY WITH FOOD*
10/02/2023 15:57	Dr Ruaraidh Mackessack-Leitch at Telephone Consultation
Problem (FIRST)	**Shoulder pain**
History	Today at work a parked car on slope slid back as no hand brake applied. This collided with his L shoulder on the side and has been sore since. Can move but is painful.
Examination	No bruising, swelling or deformity. Tender all over shoulder from scapular region over to pectoral area. Tender over ACj. RoM reduced due to pain but able to flex, abduct, adduct, extend and rotate actively.
Comment	Imp: Soft tissue injury, no evidence of dislocation. Possible rotator cuff injury, but cannot really tell. Plan; Simple analgesia and exercises to start off with. If RoM not improving by end of next week to call back for assessment and may require urgent physio or Ortho. Can use DHC at night to help with sleep.
Medication	Dihydrocodeine Tablets 30 mg *30 TABLET ONE OR TWO TO BE TAKEN AT NIGHT*
06/02/2023	Dr Temi Jhooti at Mairches Medical Practice
History	due bids
Medication	Levothyroxine Sodium Tablets 75 micrograms 56 *TABLET TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)*
02/02/2023	Mrs Mary Cockburn at Data Entry
Problem (NEW)	**Hypothyroidism monitoring first letter**
Comment	TR Nurse, Text sent & delivered
Test Request	TFTs
28/11/2022 10:59	Dr Ruaraidh Mackessack-Leitch at Mairches Medical Practice
Problem (FIRST)	**Hearing loss**
History	Few months if noticing that is needing higher volume on TV and missing what people are saying in conversation. No loud noise exposure.
Examination	Wax in canals, but can visualise TM which look normal bilaterally.
Comment	Imp; Presbyousis? Plan; Refer Audiology for assessment.
New Referral	(NHS), , , , SHT3 : Referral to audiology clinic (SCI Gateway Referral)
02/11/2022	Mrs Susan Chapman at Mairches Medical Practice
History	Medication review done by pharmacy technician
Comment	Medication review of medical notes : Review for Serial Rx Unsuitable at the moment until stable. Review in future.
13/10/2022	
Additional	Administration of first dose of SARS-CoV-2 vaccine GE3043/ COVPFIZER/IM/Left Arm//C-19 Comirnaty (Borders 22-23 Mass Selkirk Victoria Hall - 4999)
13/10/2022	
Additional	Administration of first inactivated seasonal influenza vacc 440031A/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK (Borders 22-23 Mass Selkirk Victoria Hall - 4999)
17/08/2022 14:00	Dr Katie Nicolson at Data Entry
Problem (FIRST)	**Hypothyroidism**
History	TSH better at 0.71. Continue 175mcg of thyroxine. Repeat TFTs 6/12.
Medication	Levothyroxine Sodium Tablets 100 micrograms 56 *TABLET ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)*

	Levothyroxine Sodium Tablets 75 micrograms *56 TABLET TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)*
17/08/2022 09:51	Mrs Francesca Rychel at Mairches Medical Practice
Problem (FIRST)	**Seborrhoeic wart**
History	Has had a number of seborrhoeic warts across his back and abdomen for a number of years. All very similar in appearance. He was unconcerned by them but his [redacted] wanted them checked. Not itchy, not painful. Developed very slowly over a number of years. Distinct margins. Uniform in colour. Varying in size. Cauliflour texture to the surface.
Comment	Imp: No concerning features. Reassured. Advised what to look for in concerning moles.
12/08/2022	Dr Scott Ferguson at Mairches Medical Practice
Problem (FIRST)	**Medication requested**
Medication	Levothyroxine Sodium Tablets 75 micrograms *28 TABLET TAKE ONE TABLET DAILY BEFORE BREAKFAST*
06/07/2022	Mrs Elaine Hancock at Mairches Medical Practice
History	Medication requested
Comment	Prescription by supplementary prescriber s thyroxine 75mcg - note attached to have bloods checked end August then we can amend repeats accordingly
20/06/2022	Mrs Leigh Pearson at Mairches Medical Practice
Comment	Left voicemail on answermachine, Patient to reduce thyroxine, script been done and sent to pharamcy. To repeat bloods in 2 months.
20/06/2022	Dr Temi Jhooti at Mairches Medical Practice
History	TSH 0.06, reduce thyroxine to 175mcg, rpt bld 2/12
01/06/2022	Mrs Mary Cockburn at Data Entry
Problem (REVIEW)	**Hypothyroidism monitoring third letter**
Comment	TR Nurse BT, text sent & delivered
Test Request	TFTs
31/05/2022	Dr Temi Jhooti at Mairches Medical Practice
History	diarrhoea. returned mexico 3 weeks. sore stomach on day returned. diarrhoea 2-3x day. varies between watery and loose. can be more norm later in day. no blood. cramps precede loose stools.
Comment	?exac IBS/prolonged diarrhoeal illness. stool MC&S. try mebeverine nad rv inb
Medication	Mebeverine Hydrochloride Tablets 135 mg *100 TABLET ONE TO BE TAKEN THREE TIMES A DAY 20 MINUTES BEFORE FOOD*
03/05/2022	Mrs Mary Cockburn at Data Entry
Problem (NEW)	**Hypothyroidism monitoring second letter**
Comment	TR Nurse, text sent
Test Request	TSH
07/04/2022 10:06	Miss Jemima Wharton at Mairches Medical Practice
History	Other medication review NCMR completed by PSW
Comment	No action required.
17/03/2022	Mrs Mary Cockburn at Data Entry
Problem (NEW)	**Hypothyroidism monitoring first letter** 90J
Comment	(TR)Text sent & delivered
Test Request	TFTs
08/01/2022	Dr Helen Treliving at Telephone Consultation
Problem (FIRST)	**[V]Problem with smell or taste**
History	appt by telephone during covid 19. Covid in October '21. Few symptoms at the time but left with reduced smell and taste. Now ~3/12 on and no real change. Wondering if this is normal. No assoc symptoms e.g. nasal congestion, signs of raised ICP.
Comment	Discussed in some cases taking up to a yr for senses to come back but they should return. Discussed red flags - to get in touch should these develop
22/11/2021	
Additional	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Pfizer (M Gentleman) FH4751/ PF/M/Left Arm/C-19 Booster Pfizer (M Gentleman)

22/11/2021	
Additional	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Pfizer (Borders 21-22 Mass Galashiels Volunteer Hall) PH4751/ PF/IM/Left Arm//C-19 Booster Pfizer (Borders 21-22 Mass Galashiels Volunteer Hall)
22/11/2021	
Additional	Administration of first inactivated seasonal influenza vacc 3079181A/ FLUQIVC/IM/Right Arm//FLU - Fluceivax Tetra (QIVc) (Borders 21-22 Mass Galashiels Volunteer Hall)
19/10/2021	*** Docman Do Not Delete Or Change *** at Docman
Additional	Result UK Covid-19 Results UK Covid Results Virology Unknown
09/10/2021	*** Docman Do Not Delete Or Change *** at Docman
Additional	Result UK Covid-19 Results UK Covid Results Virology Unknown
16/07/2021 08:33	Dr Toby Waterhouse at Telephone Consultation
Problem (FIRST)	**Upper respiratory tract infection NOS**
History	Telephone triage due to Covid. Had 'headcold' 10 days ago - runny nose, temp, sore neck - 2x covid tests (negative). Sx settled but developed bit of cough esp in mornings with greenish phlegm. Well in self. No SOB. No haemoptysis. Non smoker. Wonders if needs Abx.
Comment	Imp - post viral cough. No need Abx. Expect to resolved over next few days. If ongoing in another 2 weeks TCB - examine ?CXR
24/06/2021 13:06	Ms Henriette Olesen at Mairches Medical Practice
Comment	Medication review done for serial prescription. Suitable? Will forward to Grant for review
17/05/2021	
Additional	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By S Watson) PV45678/ AZ/IM/LUA//C-19 (By S Watson)
11/03/2021	Dr Helen Trefiving at Data Entry
Problem (REVIEW)	**Weight increasing**
History	Body Mass Index 27.8 kg/m2
Comment	TFT were fine. Discussed - not eligible for orlistat. Accepting at this will look at lifestyle measures
10/03/2021	Ms Gillian White at Mairches Medical Practice
Problem (NEW)	**Nursing care blood sample taken**
Comment	Seen in full PPE. TFTs obtained with consent.
Examination	O/E - weight. 90.1 Kg
05/03/2021	Dr Helen Trefiving at Telephone Consultation
Problem (NEW)	**Weight increasing**
History	appt by telephone during covid 19. Issues with weight again. Out of control in the last yr. Nearly 15st. Keen to loose it again and orlistat really helped last time. Not hypothyroid and not had bloods for >yr
Comment	Appt for bloods and weight. If BMI >30 can start orlistat. Discussed criteria for starting and continuing treatment. Also directed to wellbeing to support weight loss
Test Request	TFTs
05/03/2021	*** Docman Do Not Delete Or Change *** at Docman
Additional	Administration Administration Email from patient
03/03/2021	
Additional	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By M Hadshar) PV46689/ AZ/IM/LUA//C-19 (By M Hadshar)
25/01/2021	Mrs Mary Cockburn at Data Entry
Problem (NEW)	**Hypothyroidism monitoring first letter**
Comment	Telephone invite to screening text sent & delivered
Test Request	TFTs

04/10/2020	Dr Temi Jhooti at Mairches Medical Practice
Social	Alcohol units per week, 0 U/week
	Never smoked tobacco
Additional	Seasonal influenza vaccination Seqirus Fluceltvax P100251946. Exp: 06/21
09/04/2020	Ms Carol Smith at Mairches Medical Practice
Examination	Nursing care - injections
Comment	Wound care as per below, unable to see when last had tetanus, therefore given today, is clean and no issues.
Additional	Low dose diphtheria, tetanus and inactivated polio vaccinati Revaxis, P3J401V, exp 07/20,Sanofi **(GMS)**
09/04/2020	Dr Helen Trelving at Phone Encounter
Problem (FIRST)	**Other foot injury (Right)**
History	triaged by telephone during covid 19. Stepped on a nail wht R foot this morning. Old and rusty. Removed fully and wound looks clean. Not sure when last had tetanus or how often he has had it in his lifetime.
Comment	Check of records - I cannot see tetanus recorded. Low risk but should cover, D/w CS - do have tetanus injections. Will kindly see this PM to administer. Thank you
27/02/2020	Ms Carol Smith at Mairches Medical Practice
Problem (REVIEW)	**Hypothyroidism monitoring third letter**
Examination	Nursing care blood sample taken
	Thyroid function tests
	Fasting blood lipids
	Serum fasting HDL cholesterol level
	Serum fasting LDL cholesterol level
	Serum fasting triglyceride level
	Blood pressure reading 112/70 mm Hg
	O/E - height, 180 cm
	O/E - weight, 83.5 Kg
	Body Mass Index, 25.77
Social	Alcohol units per week, 2 U/week
	Enjoys moderate exercise
	Never smoked tobacco
Additional	Health ed. - alcohol
10/02/2020	Mrs Mary Cockburn at Data Entry
Problem (NEW)	**Hypothyroidism monitoring third letter**
Comment	Letter sent
Test Request	TFTs
Additional	EMIS attachment reference code Thyroid blood test invite (3rd)
08/01/2020	Mrs Mary Cockburn at Data Entry
Problem (NEW)	**Hypothyroidism monitoring second letter**
Comment	Text sent & delivered
Test Request	TSH
05/12/2019	Mrs Mary Cockburn at Data Entry
Problem (NEW)	**Hypothyroidism monitoring first letter**
Comment	Text message sent & delivered
Test Request	TSH
21/10/2019	Mrs Mary Cockburn at Data Entry
Comment	Levothyroxine changed to 2 months supply as requested by patient
20/08/2019	Mrs Mary Cockburn at Data Entry
Problem (NEW)	**Hypothyroidism monitoring first letter**
Comment	Letter attached to prescription
	EMIS attachment reference code Thyroid invite (1st).doc Thyroid invite (1st)
Test Request	TFTs
22/04/2019	Mrs Mary Cockburn at Data Entry
Problem (NEW)	**Hypothyroidism monitoring first letter**
Comment	Text sent
Test Request	TFTs

20/02/2019 Any Treatment Room Nurse at Mairches Medical Practice
Problem (FIRST) **Urinalysis - general**
Comment Blood Trace ,Protien Trace sent to lab for msu.

30/01/2019 Any Treatment Room Nurse at Mairches Medical Practice
Problem (NEW) **Nursing care blood sample taken**
Comment TSH Free T4

17/12/2018 Dr Stroma Beattie at Telephone Consultation
History pt advised re blood results - TSH low, T4 high; pt feels well, no bloods checked for >3yrs - to reduce to 200mcg thyroxine daily and recheck bloods in 6-8/52
Test Request Free T4, TSH

17/12/2018 Any Treatment Room Nurse at Mairches Medical Practice
Problem (FIRST) **Nursing care blood sample taken**
Comment TSH

17/12/2018 Dr Stroma Beattie at Mairches Medical Practice
History pt last had TSH checked in 2015 - script number of tablets reduced and pt advised to have bloods done soon

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19/11/2018 Mrs Mary Cockburn at Data Entry
Problem (FIRST) **Hypothyroidism monitoring third letter**
Comment Letter sent
EMIS attachment reference code 3rd Thyroid invite.doc 3rd Thyroid invite
Test Request TSH

16/10/2018 Mrs Mary Cockburn at Data Entry
Problem (FIRST) **Hypothyroidism monitoring second letter**
Comment Letter attached to presc
Test Request TSH

Additional EMIS attachment reference code 2nd Thyroid invite

22/08/2018 Mrs Mary Cockburn at Data Entry
Problem (FIRST) **Hypothyroidism monitoring first letter**
Comment Telephone invite to screening test sent
Test Request TFTs

30/07/2018 Mrs Mary Cockburn at Data Entry
Comment Msg on presc to make appt for BT
Test Request TFTs

13/06/2018 09:37 Dr Rebecca Williams at Mairches Medical Practice
History being on orlistat has really helped him kick start his weight loss and healthier life style. has joined the couch potato to 5km app and has signed up for a 10km run.
Examination O/E - weight 88.1 Kg
Comment has lost 4kg in 3 weeks.
script issued for orlistat but advised that he should try to make this the last script as he has clearly made significant changes already. house is challenging as teenagers so a lot of unhealthy snacks in the house. he asked re ideal body weight. advised to focus more on body than numbers. has a bit of a belly and as that goes down he will know he is approaching a healthy weight. he seemed happy with this.
Medication Orlistat Capsules 120 mg *84 capsule 1 THREE TIMES DAILY*

21/05/2018 Dr Joanne Topalian at Mairches Medical Practice
Problem (FIRST) **Weight increasing**
History previously lost lots of weight (was 18 stone), was caring for elderly [redacted] now has regained some weight and wishes to lose, last time orlistat helped big time. says he knows what he should be doing but finds the orlistat useful as kick start. guilty habit is take ways
Examination O/E - weight 92 Kg
Comment HAPPY PRESCRIBE, NEEDS A WEIGHT before they run out. if going in right direction can issue aother month
Medication Orlistat Capsules 120 mg *84 capsule 1 THREE TIMES DAILY*

23/03/2018 Ms Carol Smith at Mairches Medical Practice

Examination	Unable to obtain HepA alone therefore given booster HepA and Typhoid together
Comment	Has been to India many times, happy is up to date with all other vaccines.
Additional	Second hepatitis A and typhoid vaccination Viatim, P3D341V, exp 03/20, Protection for 25yr HepA, booster required for typhoid in 3 yrs if needed. **{GMS}**

15/03/2018 Ms Carol Smith at Phone Encounter

Examination	telephone re vaccines for India in 3 weeks time, has had vaccines Sept 2017, only given junior dose HepA therefore will provide booster HepA for long term immunity.

30/01/2018 Mrs Mary Cockburn at Data Entry

Comment	Electronic general practitioner medical record received (20)

10/01/2018 Mrs Karin Quinn at Mairches Medical Practice

Additional	Fast alcohol screening test 0 Alcohol units per week 10 Alcohol consumption screen

Current Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
20/06/2022	**Levothyroxine Sodium Tablets 75 micrograms** TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG) 56 TABLET	07/05/2024P	Dr Helen Trelivng	REPEAT
23/03/2018	**Levothyroxine Sodium Tablets 100 micrograms** ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG) 56 TABLET	07/05/2024P	Dr Helen Trelivng	REPEAT

Past Medication

Past Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
22/04/2024	**Doxycycline Hyclate Capsules 100 mg** TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN DAILY THEREAFTER 6 CAPSULE	22/04/2024P	Dr Lynn Buchan	ACUTE
22/04/2024	**Mometasone Furoate Nasal spray 50 micrograms/dose** TWO SPRAYS TO BE USED IN EACH NOSTRIL EACH DAY 1 SPRAY	22/04/2024P	Mr Stuart Todd	ACUTE
15/01/2024	**Nystatin Oral suspension 100,000 units/ml** 1ML TO BE TAKEN FOUR TIMES A DAY 30 ML	15/01/2024P	Ms Lisa Hume	ACUTE
03/08/2023	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 CAPSULE	03/08/2023P	Ms Lisa Hume	ACUTE
27/06/2023	**Doublebase Dayleve Gel** AS REQUIRED 500 gram	27/06/2023P	Dr Rodger Glenfield	ACUTE
27/02/2023	**Naproxen Tablets 500 mg** TAKE ONE TABLET TWICE DAILY WITH FOOD 28 tablet	27/02/2023P	Mrs Francesca Rychel	ACUTE
10/02/2023	**Dihydrocodeine Tablets 30 mg** ONE OR TWO TO BE TAKEN AT NIGHT 30 TABLET	10/02/2023P	Dr Helen Treliving	ACUTE
17/08/2022	**Mebeverine Hydrochloride Tablets 135 mg** ONE TO BE TAKEN THREE TIMES A DAY 20 MINUTES BEFORE FOOD 100 TABLET	31/05/2022P	Dr Temi Jhooti	ACUTE
31/05/2022	**Mebeverine Hydrochloride Tablets 135 mg** ONE TO BE TAKEN THREE TIMES A DAY 20 MINUTES BEFORE FOOD 100 TABLET	31/05/2022P	Dr Temi Jhooti	ACUTE
21/05/2018	**Orlistat Capsules 120 mg** 1 THREE TIMES DAILY 84 capsule	13/06/2018P	Dr Joanne Topalian	ACUTE
19/01/2018	**Levothyroxine Sodium Tablets 100 micrograms** TWO TABLETS DAILY 112 tablet	19/01/2018P	Dr Gordon Sim	ACUTE
19/01/2018	**Levothyroxine Sodium Tablets 50 micrograms** 1 DAILY AS DIRECTED 56 TABLET	19/01/2018P	Dr Gordon Sim	ACUTE
23/03/2018	**Levothyroxine Sodium Tablets 50 micrograms** ONE TAB DAILY 28 TABLET	18/12/2018P	Dr Helen Treliving	REPEAT

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?
No

REFERRAL LETTER
MEDICAL IN CONFIDENCE

1010280889034
Unique Care Pathway Number:
1010280889034

CHI: 1803689773

REFERRAL TO

AudiologyCSA
Borders General Referral

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

Borders General Hospital
Melrose
TD6 9BS

Hospital and hospital address

Hospital unit no.
B120H

Email address
-

Urgency of referral	Routine
Date of referral	28-Nov-2022
Date submitted	28-Nov-2022

PATIENT DETAILS

Surname	Garrie
Forename(s)	Richard
Title	Mr
Sex	Male
Date of birth	18-Mar-1968
CHI no.	1803689773

Patient's address
44 Kingfisher Grove
Galashiels
TD1 2QH

Contact number(s)
Voice: 07904 149 213

REGISTERED GP DETAILS

Name	Dr Helen Trelivng		
GMC code	7073230	GP code	51659
Practice name	Ellwyn Medical Practice (18675)		
Practice code	16193		

Practice address
Galashiels Heath Centre
Currie Road
Galashiels
TD1 2UA

Contact number(s)
Voice: 01896 661355
Facsimile: 01896 661357

REFERRING PRACTITIONER DETAILS

Name	Dr. Ruaraidh MacKessack-Leitch		
GMC code	7134021	GP code	Locum
Practice name	The Ellwyn Practice (16193)		
Practice code	16193		

Practice address
The Health Centre
Currie Road
Galashiels
TD1 2UA

Contact number(s)
Voice: 01896 661355

ADDITIONAL SUPPORT NEEDS

No known ASN requirements

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Hearing loss

Comment: Please can you see this 54y man who has noticed a decline in his hearing. He is needing higher volume on TV and missing what people are saying in conversation. No loud noise exposure.
O/E: Wax in canals, but can visualise TM which look normal bilaterally.

Thank-you for your assessment.

Examinations and Investigations

Never smoked tobacco:		04-Oct-2020
Never smoked tobacco:		27-Feb-2020
Never smoked tobacco:		10-Jan-2018
Ex-heavy smoker (20-39/day):		07-Dec-1993
Alcohol units per week, 0 U/week:		04-Oct-2020
Alcohol units per week, 2 U/week:		27-Feb-2020
Alcohol units per week, 10 U/week:		10-Jan-2018
Alcohol units per week 10 :		10-Jan-2018
Teetotaller:		07-Dec-1993
Enjoys moderate exercise:		27-Feb-2020
Enjoys moderate exercise:		10-Jan-2018
Diastolic:	70	-
Systolic:	112	-
Body mass index:	27.8	-
Height:	180	-
Weight:	90.1	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Extension	Modifier	Date of onset	Date recorded
Seborrhoeic wart	-	-	17-Aug-2022	17-Aug-2022
Hypothyroidism	-	-	17-Aug-2022	17-Aug-2022
Upper respiratory tract infection NOS	-	-	16-Jul-2021	16-Jul-2021
Other foot injury (Right)	-	-	09-Apr-2020	09-Apr-2020

Past procedures

Description	Extension	Modifier	Date performed	Date recorded
Medication requested	-	-	12-Aug-2022	12-Aug-2022
Nursing care blood sample taken	-	-	17-Dec-2018	17-Dec-2018

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started
Levothyroxine Sodium Tablets 75 micrograms	-	56 TABLET	TAKE ONE TABLET DAILY BEFORE BREAKFAST (TOTAL DAILY DOSE 175MCG)	-	21-Oct-2022
Levothyroxine Sodium Tablets 100 micrograms	-	56 TABLET	ONE TO BE TAKEN EACH DAY (TOTAL DAILY DOSE 175MCG)	-	21-Oct-2022

Clinical warnings

Lifestyle risks

Exercise status: Enjoys moderate exercise

Smoking status	Alcohol consumption
Number per day 0 (never smoked tobacco)	Units per day ? (not known)

Additional relevant information
Administrative information
Are you aware of the patient having additional needs?:false

Family conditions

Description	Extension	Modifier	Date	Date recorded
No FH: Stroke/TIA	-	-	10-Jan-2018	10-Jan-2018
No FH: Ischaemic heart disease	-	-	10-Jan-2018	10-Jan-2018
FH: Diabetes mellitus	-	-	10-Jan-2018	10-Jan-2018

Social circumstances
Ethnic Origin: (White) Scottish

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

NHS Borders

Emergency Department

Melrose

TD6 9BS
Consultant:

Dr. J Clifford
Waverley Medical Practice
The Health Centre
Currie Road
Galashiels
TD1 2UA

22/08/2024 17:00

Dear Doctor J Clifford

Re: GARRIE, Richard M, 44 Kingfisher Grove Galashiels TD1 2QH
Date of Birth:18/03/1968 CHI Number: 1803689773

Your patient attended Borders General Hospital on 22/08/2024 11:55

Presenting Complaint: chest pain/dib
Triage Information:
Allergies: No Known Allergies
Investigations Carried Out:
PrimaryDiagnosis:
Treatments:
Discharge Medications:
Clinical Notes:
Discharged To:
Summary Details inc Follow Up: S Ross CDF

56y/o M Self Presents: Chest Pain

PMHx: Hypothyroidism
DHx: Levothyroxine, NKDA
SHx: Works as manager in fuel company, non-smoker, occasional ETOH

HPC
- sat at desk earlier today, aware of sudden onset left sided crushing chest pain
- lasted approx 10-20 seconds, then mild discomfort for following 1-2hrs

- radiating into left jaw and shoulder
- felt clammy and sweaty briefly during episode
- took aspirin after googling symptoms
- phoned 111 and advised to call 999 for ambulance
- drove himself to ED
- aware of palpitations on drive over, ongoing discomfort in chest
- discomfort settled whilst in department
- denies any prev episodes pain
- denies SOB, 1x episode SOB yesterday where he describes his breath catching, resolved very quickly
- otherwise has been well

o.e
alert and orientated, looks well
A: patent, MO
B: chest clear, nil iWOB, SpO2 99% OA
C: HS I+II+0, WWP, HR 84
D: abdo SNT
E: apyrexial, calved SNT

NEWS - 0

ECG: SR Nil ischameic changes
CXR: NAD
Bloods: NAD
Trop: <5
D-Dimer 190

imp: Non cardiac chest pain

Discharged with strong worsening advice.

Yours Sincerely

Shirley Ross
Emergency Medicine

NHS Borders

Emergency Department

Melrose

TD6 9BS
Consultant:

Dr. J Clifford
Waverley Medical Practice
The Health Centre
Currie Road
Galashiels
TD1 2UA

30/08/2024 09:49

Dear Doctor J Clifford

Re: GARRIE, Richard M, 44 Kingfisher Grove Galashiels TD1 2QH
Date of Birth:18/03/1968 CHI Number: 1803689773

Your patient attended Borders General Hospital on 22/08/2024 11:55

Presenting Complaint:	chest pain/dib
Triage Information:	
Allergies:	No Known Allergies
Investigations Carried Out:	
PrimaryDiagnosis:	
Treatments:	
Discharge Medications:	
Clinical Notes:	
Discharged To:	Home - Not Minor - Flow 2
Summary Details inc Follow Up:	S Watson 30/8/24 Checking results - CXR report suggests repeat 6-8 weeks to ensure resolution of left lower lobe opacity. Blood results and examination findings do not suggest ongoing infection and so no treatment indicated at present. I called the patient but no answer. I will sent a letter to him. Repeat CXR as OP requested. ---------- S Ross CDF 22/8/24

56y/o M Self Presents: Chest Pain

PMHx: Hypothyroidism
DHx: Levothyroxine, NKDA
SHx: Works as manager in fuel company, non-smoker, occasional ETOH

HPC
- sat at desk earlier today, aware of sudden onset left sided crushing chest pain
- lasted approx 10-20 seconds, then mild discomfort for following 1-2hrs
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- discomfort settled whilst in department
- denies any prev episodes pain
- denies SOB, 1x episode SOB yesterday where he describes his breath catching, resolved very quickly
- otherwise has been well

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C: HS I+II+0, WWP, HR 84
D: abdo SNT
E: apyrexial, calved SNT

NEWS - 0

ECG: SR Nil ischameic changes
CXR: NAD
Bloods: NAD
Trop: <5
D-Dimer 190

imp: Non cardiac chest pain

Discharged with strong worsening advice.

Yours Sincerely

Suzy Watson
Emergency Medicine

NHS Borders

Emergency Department

Melrose

TD6 9BS
Consultant:

Dr. J Clifford
Waverley Medical Practice
The Health Centre
Currie Road
Galashiels
TD1 2UA

22/10/2024 17:47

Dear Doctor J Clifford

Re: GARRIE, Richard M, 44 Kingfisher Grove Galashiels TD1 2QH
Date of Birth:18/03/1968 CHI Number: 1803689773

Your patient attended Borders General Hospital on 22/08/2024 11:55

Presenting Complaint:	chest pain/dib
Triage Information:	
Allergies:	No Known Allergies
Investigations Carried Out:	
PrimaryDiagnosis:	
Treatments:	
Discharge Medications:	
Clinical Notes:	
Discharged To:	Home - Not Minor - Flow 2
Summary Details inc Follow Up:	Dr S Watson 22/10/24 Repeat CXR performed on 7/10/24: "*The heart size and mediastinal contour are normal.* *Minor opacification of the left lung base is unchanged and may simply represent some atelectatic change associated with the left cardiophrenic fat pad.* *If the patient has any ongoing respiratory symptoms it may be sensible to refer for a CT to further clarify.* *If the patient has no ongoing symptoms then further imaging may be unnecessary depending on the level of clinical suspicion.*"

I phoned the patient today. He has no ongoing symptoms at all and feels completely well.
Therefore I have not arranged any further investigation. I have said if he did develop any symptoms to seek medical advice.

S Watson 30/8/24
Checking results - CXR report suggests repeat 6-8 weeks to ensure resolution of left lower lobe opacity.
Blood results and examination findings do not suggest ongoing infection and so no treatment indicated at present.
I called the patient but no answer.
I will sent a letter to him.
Repeat CXR as OP requested.

S Ross CDF 22/8/24

56y/o M Self Presents: Chest Pain

PMHx: Hypothyroidism
DHx: Levothyroxine, NKDA
SHx: Works as manager in fuel company, non-smoker, occasional ETOH

HPC
- sat at desk earlier today, aware of sudden onset left sided crushing chest pain
- lasted approx 10-20 seconds, then mild discomfort for following 1-2hrs
- radiating into left jaw and shoulder
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o.e
alert and orientated, looks well
A: patent, MO
B: chest clear, nil iWOB, SpO2 99% OA
C: HS I+II+0, WWP, HR 84
D: abdo SNT
E: apyrexial, calved SNT

NEWS - 0

ECG: SR Nil ischameic changes
CXR: NAD
Bloods: NAD
Trop: <5
D-Dimer 190

imp: Non cardiac chest pain

Discharged with strong worsening advice.

NHS Confidential: Personal data about a patient

Yours Sincerely

Suzy Watson
Emergency Medicine

NHS Confidential: Personal data about a patient

1 Patient Contacts for Waverley Medical Practice (Galashiels)

NHS Confidential: Personal data about a patient

Patient : Richard Garrie **Case No 92501**

(Gender: Male) (DOB: 18/03/1968) (Age: 57 years) (CHI: 1803689773)

Case No 92501 **Case Date** 28/10/2025 20:00 **Own Dr**

Emergency Care Summary viewed on case

Current Address
44 Kingfisher Grove Galashiels

TD1 2QH

Current Phone 07904 149213

Home Address (If Different)

Home Phone (If Different)

NHS 24 Advice by Michael Orourke (Nhs 24) (Calihandler) (Cardo **Triage Start** 19:16

FELL 2 WEEKS AGO & HURT RIGHT KNEE **Triage End** 19:21

PCC4 PCEC within 4 Hrs

Clinical summary created by: Michael Orourke (Nhs 24) (Calihandler) () [28/10/2025 19:13:59]
Reason for call: FELL 2 WEEKS AGO & HURT RIGHT KNEE
Confirmed symptom(s): Knee injury Knee is increasingly swollen or painful despite painkillers
Additional details of problem: Knee injury details: TRIPPED ON PAVEMENT Injury more than 7 days ago
Symptom(s) not found: No current fever Able to walk since injury Able to move knee Has not fallen due to knee giving way Knee cap not out of place or at an add angle Risk Factors Travel outside Europe in last 21 days or to an affected country Country visited: TURKEY
Risk factor(s) not found: Patient not resident in a Care Home
20251028T192227.793 GMT Michael ORourke (NHS 24):SPOKE TO PHARMACIST TONIGHT. KNEE IS HOT TO TOUCH & PAINFUL.. IS RED AROUND SCAB

KNEE INJURY 2 WEEKS AGO. WOUND HAS SCABBED OVER. HOWEVER AREA IS HOT RED & SWOLLEN. CAN MOBILISE. NO FEVER. DID ATTEND PHARMACY WHO ADVISED TO CALL 111. PCEC 4 HOURS
Outcome: PCEC within 4 Hrs

NHS24 Recorded Allergies **NHS24 Recorded Conditions** **NHS24 Recorded Medications**

Reported Condition

Patient Allergies **Patient Condition** **Patient Medication**

Adastra Consult by Dickson, Lorraine **Consult Start** 19:26

Start Type Attend OOH Appointment **End Type** Attend OOH Appointment **Consult End** 19:31

History
ANP telephone consultation
Pc Right knee injury ? Celulitis
Was on holiday and fell over onto the pavement
good ROM However Right knee hot to touch and swollen

PMH - Hypothyroidism
Medication levothyroxine
no allergies

Face to face at 20.00

Examination

Report Statistics: Report produced by Adastra Version 3 - 28/10/2025 20:55:54

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

Patient : Richard Garrie **Case No 92501**

(Gender: Male) (DOB: 18/03/1968) (Age: 57 years) (CHI: 1803689773)

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Adastra Consult by Dickson, Lorraine **Consult Start** 20:29

Start Type Attend OOH Appointment **End Type** Attend OOH Appointment **Consult End** 20:38

History

ANP telephone consultation
Pc Right knee injury ? Celulitis
Was on holiday and fell over onto the pavement
good ROM However Right knee hot to touch and swollen

PMH - Hypothyroidism
Medication levothyroxine
no allergies

Face to face at 20.00

Examination

Right knee infection
Area marked
hot and red
good ROM

able to weight bare
no suspected fracture

? Cellulitis

Diagnosis

Cellulitis of knee

Treatment

Flucloxicillin 500mg qds

Clinical Code(s)

M0... Skin/subcutaneous infections

Prescriptions

Flucloxacillin 500mg capsules 1 capsule - every 6 hours - an hour before food or on an empty stomach - oral 28.00

Informational Outcome(s)

Discharged with treatment and safety netting -

Report Statistics: Report produced by Adastra Version 3 - 28/10/2025 20:55:54

NHS Confidential: Personal data about a patient

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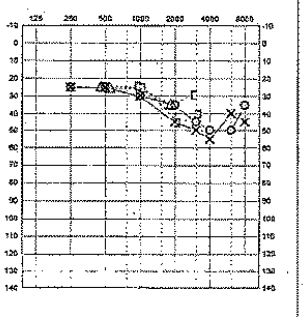
Pure tone audiogram: Shows a bilateral moderate sensorineural hearing loss

Date of Audiogram: 2023-05-10



Audiogram key:
X – Left Air conduction
O – Right Air conduction
Δ – Unmasked Bone conduction
[- Masked Right Bone conduction
] - Masked Left Bone conduction
■ – Sound [redacted]

Description of hearing loss
Mild: (20-40dB) you may have difficulty following speech especially in noisy situations
Moderate: (41-70dB) you may have difficulty following speech and hearing quiet noises. Amplification can be very successful for this loss
Severe: (71-95) You are often unable to hear speech even in quiet surroundings and may not hear every day noises such as traffic. Amplification can be very useful as can good hearing tactics
Profound: (more than 95dB) (more than 95dB) You are unable to hear most sounds without amplification. Although amplification can be useful you will also require to use good hearing tactics, lip reading and subtitles on TV for example.

Tympanometry: Type A bilaterally suggesting normal middle ear function.

Management Plan: Today Mr Garrie and I have discussed the results of his hearing testing. It has been agreed that we will trial him with bilateral open fit style hearing aids.

Agreed needs: Improve ability to hear friends, family and colleagues. Be able to watch the TV at a lower level to enjoy it more while watching with family.

Planned actions: Trial bilateral digital hearing aids using slim tube type fittings.

Completed Actions: Arranged hearing aid fitting appointment.

The patient has been advised they need to contact the department directly within three years to have their hearing re-tested, it is advisable you please have your ears checked by your nurse practitioner prior to your audiology appointment to ensure they are free from wax.

Assessor: [redacted] Tanner
Senior Audiologist

COPY TO:

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