

Subject Access Request



Patient	Mr Lee Johnstone
Date of birth	09-Feb-1976 (age 50)
Gender	M
NHS number	741/76/281
Patient's address	12 Woodside Avenue Kirkmichael MAYBOLE KA19 7PP
Date range selected	Full record
Organisation	MMA Legal
Reference	100032

Problems

Active

18-Apr-2024 Miss Megan Kirk (MK)
Electronic general practitioner medical record received
Coding prior to this date done by previous practice

18-Apr-2024 Miss Megan Kirk (MK)
Total notes on computer

14-Mar-2024 Mrs Gillian Naismith (NG)
Anxiety states

16-Feb-2002 Mrs Gillian Naismith (NG)
Asthma

12-Mar-1998 Mr Unknown UnknownUser (UNKNOWNUSE16879)
GP/HPC-health promotion clinic

Significant Past

19-Nov-2019 Mrs Gillian Naismith (NG)
Drug addiction therapy
methadone

11-Dec-2017 Mrs Gillian Naismith (NG)
Heroin dependence

22-Dec-2007 Mrs Gillian Naismith (NG)
Right bundle branch block

28-Apr-1990 Mrs Gillian Naismith (NG)
Alcohol dependence syndrome

09-Aug-1983 Mrs Gillian Naismith (NG)
Closed fracture of neck of femur NOS (Right)

Minor Past

12-Sept-2024 Mrs Gillian Naismith (NG)
Varicocele
bilateral

09-Sept-2019 Mrs Gillian Naismith (NG)
Dyspepsia

07-Jan-2015 Mrs Gillian Naismith (NG)
Epididymo-orchitis

30-Apr-2014 Mrs Gillian Naismith (NG)
[D]Seizure NOS

06-Dec-2012 Mrs Gillian Naismith (NG)
Motor vehicle traffic accident NOS

31-July-2003 Mr Unknown UnknownUser (UNKNOWNUSE16879)
GP22-removed at Dr's request
priority=1

15-July-2003 Dr Charles Lau (CL)
Status epilepticus, unspecified
priority=1

15-July-2003 Dr Charles Lau (CL)
Nondependent alcohol abuse, unspecified
priority=1

15-July-2003 Dr Charles Lau (CL)Alcohol detoxification
priority=1**03-Jan-2000 Mrs Gillian Naismith (NG)**

Appendicectomy NEC

27-Feb-1998 Mrs Gillian Naismith (NG)

Excision of thyroglossal cyst

06-July-1979 Mrs Gillian Naismith (NG)

Measles

Consultations

07-Apr-2026 Mrs Sally Watson (SW) General Practice Surgery

Result	Bowel Cancer Screening Result: BCSP faecal occult blood test normal Negative	(No range available)
--------	--	----------------------

30-Mar-2026 Dr Lucy Adams (LA) Maybole Medical PracticeMain Surgery

History	History Has had left upper chest pain for past week. When moves left arm and on deep inspiration. Not related to exertion. Pain is over left shoulder and left side chest. Not SOB. Pain is sharp in nature and made worse on moving left arm around. No nausea/heaviness. Smoker. Obese.
Examination	Examination P80reg. SpO2 99%. BP 161/80. HS 1+2+0 nil added. Chest - good AE throughout with slight rub audible LUZ but no creps or wheeze. Slightly tender on palpation and with passive movement left arm.
Comment	Comment Imp - MSK pain. Rx ABx for chest as prev chest infection and Rx topical NSAID for pain relief - not been taking any oral analgesics due to prev issues with addiction. Pain does not sound cardiac in nature at this point but given strong worsening advice and signs and symptoms of cardiac pain for him to watch for as he has several risk factors. He is happy with this plan.
Medication	Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Ibuprofen Gel 5 % 50 GRAM APPLY UP TO THREE TIMES DAILY

30-Mar-2026 Mrs Sally Watson (SW) Maybole Medical PracticeMain Surgery

Comment	Comment pain in chest for past week and some arm pain, spoke to him about contacting ambulance/hospital care however declined this and said feels its more of a respiratory nature - *****
---------	---

15-Aug-2025 Dr Mairi Barr (MB) Maybole Medical PracticeMain Surgery

History	History SR - recommenced last month by psych - appropriate prescribing intervals.
Medication	Medication Mirtazapine Tablets 15 mg 28 TABLET ONE TO BE TAKEN AT NIGHT

18-July-2025 Miss Laura Hughes (HL) Data Entry

Comment	Comment Letter from MHS. To commence mirtazapine 15mg at night.
History	History Outpatient clinic letter received
Medication	Medication Mirtazapine Tablets 15 mg 28 TABLET ONE TO BE TAKEN AT NIGHT

27-Dec-2024 Dr Mairi Barr (MB) Maybole Medical PracticeMain Surgery

History	History Discussed email from Dr ***** re sleep - see docman. He is keen for trial of mirtazapine.
History	History Urinary frequency and foul smelling urine. For the past week. No dysuria. No abdo pain, no vomiting. No inc thirst. Admits doesn't drink a lot in a day - going to make effort to improve this. Not currently in relationship and denies any recent sexual *****. Unable to send urine sample now as so late on a Friday so treat according to sx but if not settling must get sample of urine to us.
Medication	Medication Mirtazapine Tablets 15 mg 28 TABLET ONE TO BE TAKEN AT NIGHT
Medication	Medication Nitrofurantoin Tablets 50 mg 28 tablet ONE TO BE TAKEN FOUR TIMES A DAY

13-Dec-2024 Dr Mairi Barr (MB) Telephone Consultation

History History Has been on Bivadol injections for drug dependence for many months now, been off drugs since March and doing very well. However side effect of Bivadol has been significant effect on sleep, is up for hours every night and feels this is having more of an impact on mental health than anything else now. I will email consultant to ask advice - apparently common SEs of this med.

13-Dec-2024 Dr Mairi Barr (MB) Maybole Medical PracticeMain Surgery

History History Straight to voicemail - will try again later

09-Dec-2024 Miss Megan Kirk (MK) Data Entry

Comment Comment Ongoing situation- *****

11-Oct-2024 Miss Laura Hughes (HL) Data Entry

Comment Rx request from Respiratory clinic.
Medication Medication Fexofenadine Hydrochloride Tablets 180 mg
30 tablet ONE TO BE TAKEN DAILY

10-Oct-2024 History Outpatient clinic letter received

16-Sept-2024 Dr Lucy Adams (LA) Data Entry

Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: suspected pulmonary TB - under investigation; Duration: 13/09/2024 - 08/11/2024)

28-Aug-2024 Dr Mairi Barr (MB) Telephone Consultation

History History Called patient as report received through for universal credit but very little information in file re recent health. Was admitted in June due to sweats, cough and weight loss. Had cavitating lesion on CXR so was suspected TB and was due to return to Dr Guhan's clinic July but no letters ever received since d/c in June. Called secretary - nil else to add from his end but he will contact Dr Guhan and ask him to send us further information. Explained that we still have suspected TB on sick lines, etc and of course as repercussions for us in practice re seeing him F2F so need some clarity. Lee says himself main issue is struggling with mental health. Still under psych for opiate dependence but has been off all drugs now since March - feels doing very well with this. However struggling with anxiety/low mood relating to car accident in Jan which has left his ***** paralysed - also note he has been going through legal proceedings relating to childhood trauma. Awaiting appt with psychology - asked if he is ok for me to document mental health issues on form - yes.

16-Aug-2024 Dr Mairi Barr (MB) Maybole Medical PracticeMain Surgery

Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Suspected pulmonary TB, under investigation; Duration: 16/08/2024 - 13/09/2024)

14-Aug-2024 Mrs Gillian Naismith (NG) Data Entry

Comment Comment med 3 continuation please from 16/8 - GN

19-July-2024 Dr Mairi Barr (MB) Maybole Medical PracticeMain Surgery**01-July-2024 Dr Gayle Vernon (GV) Data Entry****01-July-2024 Miss Abbie Alexander (AA) Data Entry**

Comment Comment Pt requesting sick line for job centre. Pt was in hospital for suspected TB, states they have been advised not to mingle with anyone at all while this is ongoing. Pt back in hospital tomorrow for follow up. Pt states their ***** will collect sick line. - *****

28-Jun-2024 Miss Laura Hughes (HL) Data Entry

Problem	Problem	Suspected pulmonary TB
Comment	Comment	Awaiting cytology and AAFB smear and culture. Discharged with fexofenadine, paracetamol + zerobase.
History		Post hospital dischrge med reconciliation with medical notes
Result		Follow up in outpatient clinic Returning to see Dr Guhan at clinic on Tues 2/7
27-Jun-2024	History	Discharged from hospital
20-Jun-2024	History	Admission to hospital

18-Jun-2024 Ms Jennifer Hogg (HJ) Telephone

Examination	Examination	further call and again reverts voice mail further wasted call
-------------	-------------	---

18-Jun-2024 Ms Jennifer Hogg (HJ) Telephone

Examination	Examination	tried again reverts voice mail further wasted call another message left
-------------	-------------	---

18-Jun-2024 Ms Jennifer Hogg (HJ) Telephone

Examination	Examination	called reverts voice mail message left wasted call
-------------	-------------	--

18-Jun-2024 Mrs Ashli Little (AL) Data Entry

Comment	Comment	bad cough; sweating a lot; has not ate in about a week; but has been drinking- ashli
---------	---------	--

31-July-2003 Mr Unknown UnknownUser (UNKNOWNUSE16879) Maybole Medical Practice

History	Data Entry	[ETK1]: Automatically generated by transaction priority=2
Problem		GP22-removed at Dr's request priority=1

15-July-2003 Dr Charles Lau (CL) Maybole Medical Practice

History	Data Entry	[ETK1]: priority=2
Problem		Status epilepticus, unspecified priority=1
Problem		Nondependent alcohol abuse, unspecified priority=1
Problem		Alcohol detoxification priority=1

08-July-2003 Dr Eileen Wilson (ECW) Maybole Medical Practice

History	Data Entry	[ETK1]: priority=2
---------	------------	--------------------

07-July-2003 Dr Eileen Wilson (ECW) Maybole Medical Practice

History	Encounter	[ETK0]: priority=2
---------	-----------	--------------------

04-July-2003 Dr Eileen Wilson (ECW) Maybole Medical Practice

History	Encounter	[ETK0]: priority=2
---------	-----------	--------------------

27-Jun-2003 Dr Eileen Wilson (ECW) Maybole Medical Practice

History	Encounter	[ETK0]: priority=2
---------	-----------	--------------------

24-Apr-2002 Dr Charles Lau (CL) Maybole Medical Practice

History	Encounter	[ETK0]: priority=2
---------	-----------	--------------------

06-Nov-2001 Dr Charles Lau (CL) Maybole Medical Practice

History	Encounter	[ETK0]: priority=2
---------	-----------	--------------------

02-Oct-2001 Dr Charles Lau (CL) Maybole Medical Practice

History	Encounter	[ETK0]: priority=2
---------	-----------	--------------------

27-Sept-2001 Dr Charles Lau (CL) Maybole Medical Practice

History	Encounter [ETK0]: priority=2	
History	Health promotion Disease: Data Entry, priority=2	
History	Current smoker Disease: Data Entry, priority=2	
History	Health ed. - smoking Disease: Data Entry, priority=2	
History	O/E - BP reading normal Characteristic Disease: Data Entry, priority=2	
History	No signif. H/O CVS disease Disease: Data Entry, priority=2	
History	Body mass index index 25-29 - overweight Disease: Data Entry, priority=2	
History	Pt advised re wt reducing diet Disease: Data Entry, priority=2	
History	Avoids even trivial exercise Disease: Data Entry, priority=2	
History	Health ed. - exercise Disease: Data Entry, priority=2	
History	Alcohol intake above recommended sensible limits Disease: Data Entry, priority=2	
History	Health ed. - alcohol Disease: Data Entry, priority=2	
History	No FH: Ischaemic heart disease Disease: Data Entry, priority=2	
History	No FH: Stroke/TIA Disease: Data Entry, priority=2	
History	Asthma screening Disease: Data Entry, priority=2	
History	O/E - weight	72
History	O/E - weight Disease: Data Entry	72
History	Systolic blood pressure Disease: Data Entry	140
History	Diastolic blood pressure Disease: Data Entry	80
History	Systolic blood pressure	140
History	Diastolic blood pressure	80
History	Systolic blood pressure	140
History	Diastolic blood pressure	80
History	O/E - weight	72
History	Body Mass Index	25.8
History	O/E - weight	72
History	Body Mass Index	25.8

14-Sept-2001 Dr Charles Lau (CL) Maybole Medical Practice

History	Encounter [ETK0]: priority=2
---------	------------------------------

21-Aug-2001 Dr Charles Lau (CL) Maybole Medical Practice

History	Encounter [ETK0]: priority=2
---------	------------------------------

26-July-2001 Dr Jonathan Sheward (JCS) Maybole Medical Practice

History	Encounter [ETK0]: priority=2
---------	------------------------------

03-July-2001 Dr Charles Lau (CL) Maybole Medical Practice

History	Encounter [ETK0]: priority=2
---------	------------------------------

29-Jun-2001 Mr Unknown UnknownUser (UNKNOWNUSE16879) Maybole Medical Practice

History	Data Entry [ETK1]: priority=2
27-Jun-2001 History	Booster tetanus vaccination <i>Tetanus Immunis.\$\$.clm</i>

09-Mar-2001 Mr Unknown UnknownUser (UNKNOWNUSE16879) Maybole Medical Practice

History	Data Entry [ETK1]: priority=2
History	Notes summary on computer priority=2
03-Jan-2000 History	Emergency excision of appendix priority=2
22-Nov-1999 History	Operations, procedures, sites priority=2
27-Feb-1998 History	Operations, procedures, sites priority=2
10-Feb-1995 History	Guillain-Barre syndrome priority=2
29-May-1994 History	Causes of injury and poisoning priority=2
23-Aug-1993 History	[D]Abdominal pain priority=2
07-Feb-1993 History	Motor vehicle traffic accidents (MVTA) priority=2
12-Dec-1992 History	Nondependent alcohol abuse, unspecified priority=2
12-Dec-1992 History	Haemorrhoids priority=2
18-Feb-1991 History	Sprain of ankle and foot priority=2
27-Jan-1991 History	[D]Abdominal pain priority=2
28-Apr-1990 History	Nondependent alcohol abuse, unspecified priority=2
14-Apr-1987 History	Motor vehicle traffic accidents (MVTA) priority=2
14-Apr-1987 History	Sprains and strains of joints and adjacent muscles priority=2
11-Feb-1985 History	H/O: behaviour problem priority=2
01-Nov-1984 History	[D]Encopresis NOS priority=2
04-July-1983 History	Fracture of neck of femur priority=2
28-July-1982 History	Enuresis priority=2
31-Mar-1982 History	Operations, procedures, sites priority=2
01-Jan-1977 History	Injury and poisoning priority=2

09-Mar-2001 Mr Unknown UnknownUser (UNKNOWNUSE16879) Maybole Medical Practice

History	Data Entry [ETK1]: priority=2
---------	-------------------------------

07-Dec-2000 Dr Jonathan Sheward (JCS) Maybole Medical Practice

History Encounter [ETK0]: priority=2

01-Sept-2000 Dr Jonathan Sheward (JCS) Maybole Medical Practice

History Encounter [ETK0]: priority=2

07-Feb-2000 Dr Charles Lau (CL) Maybole Medical Practice

History Encounter [ETK0]: priority=2

10-Jan-2000 Dr Charles Lau (CL) Maybole Medical Practice

History Encounter [ETK0]: priority=2

13-Dec-1999 Mr Unknown UnknownUser (UNKNOWNUSE16879) Maybole Medical Practice

History	Data Entry [ETK1]: Migrated Data priority=2	
12-Mar-1998	Problem GP/HPC-health promotion clinic	
12-Mar-1998	History Light smoker - 1-9 cigs/day Smoker\$\$ Status.clm	
12-Mar-1998	History Systolic blood pressure	110
12-Mar-1998	History Diastolic blood pressure	70
12-Mar-1998	History O/E - BP reading normal B P Screening\$\$.clm	
12-Mar-1998	History O/E - weight Weight\$\$.clm	67.132
12-Mar-1998	History O/E - height Height\$\$.clm	167
12-Mar-1998	History Light drinker - 1-2u/day Alcohol Intake\$\$.clm	
25-Nov-1996	History Patient MRE received from HB priority=2	
19-Nov-1996	History Pat. GP7B/GP8B card from HB priority=2	
30-Oct-1996	History Patient signed reg. form priority=2	

29-Apr-1999 Dr Charles Lau (CL) Maybole Medical Practice

History Encounter [ETK0]: Acute Consultation priority=2

29-Apr-1999 Dr Charles Lau (CL) Maybole Medical Practice

History Encounter [ETK0]: priority=2

05-Feb-1999 Dr Charles Lau (CL) Maybole Medical Practice

History Encounter [ETK0]: priority=2

12-May-1998 Dr Charles Lau (CL) Maybole Medical Practice

History Encounter [ETK0]: priority=2

06-May-1998 Dr Charles Lau (CL) Maybole Medical Practice

History Encounter [ETK0]: priority=2

28-Apr-1998 Dr Eileen Wilson (ECW) Maybole Medical Practice

History Encounter [ETK0]: priority=2

17-Apr-1998 Dr Eileen Wilson (ECW) Maybole Medical Practice

History Encounter [ETK0]: priority=2

12-Sept-1997 Dr Eileen Wilson (ECW) Maybole Medical Practice

History Encounter [ETK0]: priority=2

21-July-1997 Dr Jonathan Sheward (JCS) Maybole Medical Practice

History Encounter [ETK0]: priority=2

Medications (inc. issues)

Acute

30-Mar-2026 Ibuprofen Gel 5 %
50 GRAM - APPLY UP TO THREE TIMES DAILY

30-Mar-2026 Ibuprofen Gel 5 %
50 GRAM - APPLY UP TO THREE TIMES DAILY

Repeat

Past

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

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

15-Aug-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
 28 TABLET - ONE TO BE TAKEN AT NIGHT

15-Aug-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
 28 TABLET - ONE TO BE TAKEN AT NIGHT

18-July-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
 28 TABLET - ONE TO BE TAKEN AT NIGHT

18-July-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
 28 TABLET - ONE TO BE TAKEN AT NIGHT

07-May-2025 Buvidal Prolonged Release Solution For Injection 96 mg/0.27 ml pre-filled syringe Acute Medication (Past)
 0.1 pre-filled disposable injection - HOSPITAL ISSUE ONLY

07-May-2025 Buvidal Prolonged Release Solution For Injection 96 mg/0.27 ml pre-filled syringe Acute Medication (Past)
 0.1 pre-filled disposable injection - HOSPITAL ISSUE ONLY

27-Dec-2024 Mirtazapine Tablets 15 mg Acute Medication (Past)
 28 TABLET - ONE TO BE TAKEN AT NIGHT

27-Dec-2024 Nitrofurantoin Tablets 50 mg Acute Medication (Past)
 28 tablet - ONE TO BE TAKEN FOUR TIMES A DAY

27-Dec-2024 Nitrofurantoin Tablets 50 mg Acute Medication (Past)
 28 tablet - ONE TO BE TAKEN FOUR TIMES A DAY

27-Dec-2024 Mirtazapine Tablets 15 mg Acute Medication (Past)
 28 TABLET - ONE TO BE TAKEN AT NIGHT

11-Oct-2024 Fexofenadine Hydrochloride Tablets 180 mg Acute Medication (Past)
 30 tablet - ONE TO BE TAKEN DAILY

11-Oct-2024 Fexofenadine Hydrochloride Tablets 180 mg Acute Medication (Past)
 30 tablet - ONE TO BE TAKEN DAILY

02-July-2024 Buvidal Prolonged Release Solution For Injection 128 mg/0.36 ml pre-filled syringe Acute Medication (Past)
 0.1 pre-filled disposable injection - 0 - HOSPITAL ISSUE

02-July-2024 Buvidal Prolonged Release Solution For Injection 128 mg/0.36 ml pre-filled syringe Acute Medication (Past)
 0.1 pre-filled disposable injection - 0 - HOSPITAL ISSUE

08-July-2003 Chlordiazepoxide Hydrochloride Tablets 10 mg Acute Medication (Past)
 38 TABS - 1 Tab As directed

08-July-2003 CHLORDIAZEPOXIDE TABLETS 10MG Acute Medication (Past)
 38 TABS - 1 Tab As directed

27-Jun-2003 CIMETIDINE TABLETS 400MG Acute Medication (Past)
 60 TABS - 1 Tab Twice daily

27-Jun-2003 Anusol-Hc Ointment Acute Medication (Past)
 30 OINT - Apply as directed

27-Jun-2003 Cimetidine Tablets 400 mg Acute Medication (Past)
 60 TABS - 1 Tab Twice daily

27-Jun-2003 ANUSOL HC OINT Acute Medication (Past)
 30 OINT - Apply as directed

06-Nov-2001 EFEXOR XL CAPSULES 150MG Acute Medication (Past)
 28 CAPS - 1 Cap Daily with food

06-Nov-2001 Efexor XI M/R capsules 150 mg Acute Medication (Past)
 28 CAPS - 1 Cap Daily with food

02-Oct-2001 EFEXOR XL CAPSULES 75MG Acute Medication (Past)
 28 CAPS - 1 Cap Daily with food

02-Oct-2001 Efexor XI M/R capsules 75 mg Acute Medication (Past)
 28 CAPS - 1 Cap Daily with food

27-Sept-2001 PROCHLORPERAZINE MALEATE TABLETS 5MG Acute Medication (Past)
 21 TABS - 1 TAB THREE TIMES DAILY

27-Sept-2001 Prochlorperazine Maleate Tablets 5 mg Acute Medication (Past)
 21 TABS - 1 TAB THREE TIMES DAILY

14-Sept-2001 PAROXETINE TABLETS 20MG Acute Medication (Past)
 30 TABS - 1 Tab with meal In the morning

14-Sept-2001 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
 30 TABS - 1 Tab with meal In the morning

21-Aug-2001 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
 28 TABS - 1 Tab Daily

21-Aug-2001 CITALOPRAM TABLETS 20MG Acute Medication (Past)
 28 TABS - 1 Tab Daily

26-July-2001 AQUEOUS CREAM Acute Medication (Past)
 200G CREAM - Apply Twice daily

26-July-2001 Aqueous Cream Acute Medication (Past)
 200G CREAM - Apply Twice daily

07-Dec-2000 Flucloxacillin Capsules 250 mg Acute Medication (Past)
28 CAPS - 1 TAB FOUR TIMES DAILY

07-Dec-2000 FLUCLOXACILLIN CAPSULES 250MG Acute Medication (Past)
28 CAPS - 1 TAB FOUR TIMES DAILY

01-Sept-2000 Daktacort Cream 2 % + 1 % Acute Medication (Past)
30 CREAM - Apply Twice daily

01-Sept-2000 DAKTACORT CREAM Acute Medication (Past)
30 CREAM - Apply Twice daily

01-Sept-2000 Dexta-Rhinaspray Duo Pump Nasal Spray 110 dose Acute Medication (Past)
1 SPRAY - 2 Puffs Twice daily

01-Sept-2000 DEXARHINASPRAY DUO 110 DOSE CFC FREE PUMP ACTION NASAL 10ML SPRAY Acute Medication (Past)
1 SPRAY - 2 Puffs Twice daily

10-Jan-2000 GAVISCON ADVANCE SF ANISEED LIQ Acute Medication (Past)
500 LIQ - 10 MLS AFTER MEALS AND AT BEDTIME

10-Jan-2000 Gaviscon Advance Oral Suspension (Aniseed) Acute Medication (Past)
500 LIQ - 10 MLS AFTER MEALS AND AT BEDTIME

29-Apr-1999 Co-Codamol 8/500 Tablets Acute Medication (Past)
100 tabs - 2 TABS FOUR TIMES DAILY

29-Apr-1999 DICLOFENAC SODIUM EC TABLETS 50MG Acute Medication (Past)
60 tabs - 1 TAB THREE TIMES DAILY

29-Apr-1999 CO-CODAMOL 8MG/500MG TABLETS Acute Medication (Past)
100 tabs - 2 TABS FOUR TIMES DAILY

29-Apr-1999 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
60 tabs - 1 TAB THREE TIMES DAILY

05-Feb-1999 Co-Amoxiclav 250/125 Tablets Acute Medication (Past)
21 tabs - 1 TAB THREE TIMES DAILY

05-Feb-1999 CO-AMOXICLAV 250MG/125MG TABLETS Acute Medication (Past)
21 tabs - 1 TAB THREE TIMES DAILY

06-May-1998 Co-Amoxiclav 250/125 Tablets Acute Medication (Past)
21 tabs - 1 TAB THREE TIMES DAILY

06-May-1998 Fucidin H Cream Acute Medication (Past)
30g CREAM - APPLY FOUR TIMES DAILY

06-May-1998 FUCIDIN H CREAM Acute Medication (Past)
30g CREAM - APPLY FOUR TIMES DAILY

06-May-1998 CO-AMOXICLAV 250MG/125MG TABLETS Acute Medication (Past)
21 tabs - 1 TAB THREE TIMES DAILY

28-Apr-1998 FLUCLOXACILLIN CAPSULES 500MG Acute Medication (Past)
28 CAPS - 1 CAP FOUR TIMES DAILY

28-Apr-1998 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPS - 1 CAP FOUR TIMES DAILY

17-Apr-1998 PROCHLORPERAZINE MALEATE BUCCAL TABLETS 3MG Acute Medication (Past)
15 TABS - 1 TAB THREE TIMES DAILY

17-Apr-1998 Prochlorperazine Maleate Buccal tablets 3 mg Acute Medication (Past)
15 TABS - 1 TAB THREE TIMES DAILY

12-Sept-1997 Co-Amoxiclav 250/125 Tablets Acute Medication (Past)
21 tabs - 1 TAB THREE TIMES DAILY

12-Sept-1997 CO-AMOXICLAV 250MG/125MG TABLETS Acute Medication (Past)
21 tabs - 1 TAB THREE TIMES DAILY

21-July-1997 Flucloxacillin Capsules 250 mg Acute Medication (Past)
28 CAPS - 1 TAB FOUR TIMES DAILY

21-July-1997 Fluocinolone Acetonide Cream 0.025 % Acute Medication (Past)
30 application CREAM - APPLY TWICE DAILY

21-July-1997 Daktacort Cream 2 % + 1 % Acute Medication (Past)
30 application CREAM - APPLY THREE TIMES DAILY

21-July-1997 FLUOCINOLONE ACETONIDE CREAM 0.025% Acute Medication (Past)
30 application CREAM - APPLY TWICE DAILY

21-July-1997 FLUCLOXACILLIN CAPSULES 250MG Acute Medication (Past)
28 CAPS - 1 TAB FOUR TIMES DAILY

21-July-1997 DAKTACORT CREAM Acute Medication (Past)
30 application CREAM - APPLY THREE TIMES DAILY

Allergies

This section is empty.

Vaccinations

27-Jun-2001 Dr Eileen Wilson (ECW)

Booster tetanus vaccination

Tetanus Immunis.\$\$.clm

History

Referrals

This section is empty.

Test Requests

This section is empty.

Test Results

07-Apr-2026 Mrs Sally Watson (SW)

Result: Bowel Cancer Screening Result

BCSP faecal occult blood test normal Negative

(No range available)

Other Items

08-Feb-2041	Recall	Influenza vaccination
22-Sept-2025	Recall	Multi-Disease Clinic
07-Jan-2025	Read Code	SMS text message sent to patient 0786****180: Maybole Medical Practice has partnered with **** Health to offer patients free habit coaching (to help sleep, exercise, eating and mental health wellbeing). The app may serve as an extra tool to help patients feel physically and mentally better. You can sign up here: http://hly.app/maybole-gp Or you can download the app **** Health from your app store Thank You
12-Sept-2024	Read Code	Varicocele bilateral
12-Sept-2024	Read Code	Notes summary on computer
18-Apr-2024	Read Code	Electronic general practitioner medical record received Coding prior to this date done by previous practice
18-Apr-2024	Read Code	Total notes on computer
11-Apr-2024	Read Code	Current smoker
11-Apr-2024	Read Code	White British
14-Mar-2024	Read Code	Anxiety states
19-Nov-2019	Read Code	Drug addiction therapy methadone
09-Sept-2019	Read Code	Dyspepsia
11-Dec-2017	Read Code	Heroin dependence
07-Jan-2015	Read Code	Epididymo-orchitis
30-Apr-2014	Read Code	[D]Seizure NOS
06-Dec-2012	Read Code	Motor vehicle traffic accident NOS
22-Dec-2007	Read Code	Right bundle branch block
16-Feb-2002	Read Code	Asthma
03-Jan-2000	Read Code	Appendicectomy NEC

27-Feb-1998	Read Code	Excision of thyroglossal cyst
28-Apr-1990	Read Code	Alcohol dependence syndrome
09-Aug-1983	Read Code	Closed fracture of neck of femur NOS (Right)
06-July-1979	Read Code	Measles

Attachments

Scanned Document
12-May-2026 TM
Additional:Scanned Document

Filename: 09021976.pdf
Extension:.tif
Pages:

THIRD PARTY COPY

Mental Health Services

South Ayrshire Treatment And Recovery Team
Ailsa Hospital
Dalmellington Road
Ayr
KA6 6AB
www.nhsaaa.net

**CLINICAL IN CONFIDENCE**

Dr M Barr
 Maybole Medical Practice
 The Surgery, The Health Centre
 6 High Street
 Maybole
 KA19 7BY

Clinic Date: 27/11/2025
 Date Dictated: 28/11/2025
 Date Typed: 02/12/2025
 Our Ref: BW/AS
 Enquiries to Angela [REDACTED]
 Tel No: 01292 559803
 Fax No:

Dear Dr Barr

LEE JOHNSTONE
 CHI No: 0902763334

12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE,
 AYRSHIRE, KA19 7PP

Diagnosis:

ICD11 6c43.2 Opioid Dependence

Psychiatric Medication:

Buvidal 96mg monthly through START
 No regular GP medications ongoing (ECS checked today, though appeared to have been last updated in August and Lee reports no ongoing medications)

Recommendations/Plan:

Repeat OPC 4-6 months
 START CPN, [REDACTED] Rennie

Community Addictions [REDACTED] Keri McNeil and I reviewed Lee at the Maybole Health Centre Addictions Out-patient Clinic on 27th November 2025. He presented as well kempt with no suggestion of intoxication or withdrawal from any substance. He looked physically well and appeared relaxed and low but reactive in mood. There was no suggestion of active symptomatology of major affective or psychotic disorder and he did not report recent thoughts of self-harm/suicide or of harming others.

Addictions Stability and Addictions Medications

Lee reports continued stability from the addictions viewpoint, denying recent illicit drug or alcohol use. He describes feeling stable from the Opioid perspective on his current Buvidal dose with no recent withdrawal symptoms. He was keen to continue on this dose currently, and spoke about a goal to consider reducing and ultimately detoxifying from same in the New Year. We have discussed that this can be considered with his CPN between appointments here and we would be happy to support this when he feels ready.

Mental Health

Lee reported a clear improvement in his mental health since my last review in July. He feels he is coming to terms with the death of his [REDACTED] in April as well as earlier bereavements.

www.nhsaaa.net



2/ LEE JOHNSTONE

12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE,
AYRSHIRE, KA19 7PP

CHI No: 0902763334

He feels his mood has gradually improved in recent months, though notes some continued day-to-day fluctuation consistent with the longer-term pattern (his description being suggestive of a degree of emotional dysregulation rather than major mood disorder). He notes a marked improvement in his previously described generalised and social anxiety (which is said to have included 2 episodes of more intense feelings of panic in public places at that time), and states he is now getting out on a regular basis without difficulty and is enjoying this. He seemed to have a good understanding that his anxiety over the summer was likely worsened by his behaviour at that time in that through isolating himself at home this had been further undermining his confidence.

He describes his sleep as having improved significantly since my last appointment and reported no difficulties with his appetite. He stated to have tried the Mirtazapine after I suggested this at the last appointment, but disliked this and was clear he would prefer to remain off antidepressants currently (there seemed no immediate indication for these today).

We gave general advice that he continue to engage with positive activities and psychosocial supports. He is aware of the availability of low intensity structured psychological supports around anxiety and confidence building through START and that he can engage with this through his CPN if he wishes. He did not indicate a wish for this today. He was clear he also did not wish particular bereavement supports.

Physical Health and Social Circumstances

He describes generally stable physical health and his previous skin complaints are said to have resolved. He continues to [REDACTED] his [REDACTED] and describes an ongoing supportive relationship. She has apparently undergone a knee replacement and is said to be doing well. He is hopeful of returning to work sometime in the coming months and states he has a job offer available through [REDACTED]. He continues to have no contact with his [REDACTED] (this continuing to be blocked by [REDACTED]) and continues to consider a legal challenge around this, but states he prefers to focus on optimising his mental health currently to build his confidence to consider such a process. He states he continues to hold a driving licence but is not driving and was able to recount the DVLA legal requirements with his dependence diagnosis that he requires to follow before returning to driving as was detailed previously to him at the clinic.

Yours sincerely

Authorised on 05/12/2025 13:53:58 by Beinn Wilson (South).

Dr Beinn [REDACTED]
Consultant Psychiatrist
South Locality

NHS Confidential: [REDACTED] data about a patient

Mental Health Services

South Ayrshire Treatment And Recovery
Team
Ailsa Hospital
Dalmellington Road
Ayr
KA6 6AB
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr M Barr
Maybole Medical Practice
The Surgery, The Health Centre
6 High Street
Maybole
KA19 7BY

Clinic Date: 18/07/2025
Date Dictated: 18/07/2025
Date Typed: 29/07/2025
Our Ref: BW/FA
Enquiries to: Angela [REDACTED]
Tel No: 01292 559800
Fax No:

Dear Dr Barr

LEE JOHNSTONE

12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE,
AYRSHIRE, KA19 7PP

CHI No: 0902763334

Diagnosis:

ICD-11 6C43.2 Opioid Dependence
Possible Depressive Episode

Current Medication:

Buvidal 96mg monthly through START
No regular GP medications ongoing (ECS checked today)
As per handwritten note issued to Lee today, many thanks for commencing Mirtazapine 15mg nocte through the practice for treatment of low mood/anxiety/sleep disturbance.

Follow-Up:

1. Repeat OPC 3-4 months (Maybole Health Centre).
2. START CPN, [REDACTED] Rennie (including low intensity structured psychological support / Decider Skills).

CPN Rennie and I reviewed Lee at the Maybole Health Centre Addictions Outpatient Clinic on 18th July 2025. Lee presented as well kempt with no suggestion of intoxication or withdrawal from any substance. His overall skin condition remained visibly better than had been the case last Autumn, but he did show us some erythematous areas which he plans to discuss at the community pharmacy/practice and states have worsened in recent weeks. He appeared low but reactive in mood and more anxious than I have seen him previously. There was no suggestion of active symptomatology of major psychotic disorder and he did not report recent thoughts of self-harm/suicide or of harming others.

NHS Confidential; [REDACTED] date about a patient

LEE JOHNSTONE

12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE,
AYRSHIRE, KA19 7PP

CHI No: 0902763334

Additions Stability and Addictions Medications

Lee reports continuing to feel stable from the addiction view point and denied recent illicit drug or alcohol use. He reports no recent opioid withdrawal symptoms. The reduction in his Buprenorphine appears to have made little difference to his complaints around sleep (as detailed below) and I think this is likely better explained by his current wider mental state than any particular side effect of this medication. He wishes to continue on the current Buprenorphine dose.

Mental Health

After having noted an improvement in his mental health at the last appointment in March, he today described a view that his mood has worsened and his anxiety levels increased since then. The death of his [REDACTED] in April (leaving him ruminating on their limited contact and with some sense of regret at not having connected more with his [REDACTED] prior to his death) and the ongoing lack of contact with his [REDACTED] (as below) sound to have been possible precipitants for this deterioration.

He describes general low mood in recent months, with ongoing initial insomnia and problematic anxiety. He describes a level of both generalised and social anxiety, and states he is spending much of his time indoors due to this. He recognises this is unhelpful and spoke of a goal to build his routine back up.

He had previously stated he did not wish to consider structured psychological support and previously opted against continuing Mirtazapine after a month's trial of this. Today he was keen to look at both antidepressant medication and talking therapies. We discussed first line antidepressant options, including Mirtazapine and Sertraline. We noted potential risks and benefits, in particular the possibility of metabolic changes with Mirtazapine. This is a concern for Lee as he states he has gained weight over the last one to two years, but on balance he was clear he preferred a sedating antidepressant and has had contact with individuals who have found Mirtazapine beneficial. Ultimately therefore he opted for Mirtazapine but Sertraline would be an option should he look to reconsider this.

We discussed that the beneficial effect of antidepressants are likely to be partial at best and that engagement with structured psychological work would be expected to be of more benefit. Lee seemed much more open to this today and CPN Rennie will introduce same as above.

Physical Health and Social Circumstances

He describes generally stable physical health, though problematic widespread itch with areas of erythema is re-emerging in recent weeks. He states he plans to discuss this as above.

He continues to [REDACTED] his [REDACTED] home and described a close relationship with no immediate plan to seek his own tenancy. He is in receipt of state benefits and is hopeful of returning to work when he feels physically well (not currently in employment but states his qualifications make him desirable for employers). He remains single. He describes an unstructured and purposeless routine. We have encouraged him to take steps to address this. He reports he is not driving following our previous discussions around the DVLA and recalled the information around this. He reported no outstanding forensic issues.

He describes wider supportive family nearby. His [REDACTED] is awaiting a knee replacement. [REDACTED] reportedly continues to deny him access to his young [REDACTED]. He spoke with some upset about this and the fact that he has not seen his [REDACTED] for four years (now aged eight). He is considering seeking legal advice on this.

www.nhs.uk



NHS Confidential; [redacted] data about a patient

LEE JOHNSTONE

12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE,
AYRSHIRE, KA19 7PP

CHI No: 0902763334

Yours sincerely

Authorised on 02/08/2025 09:39:05 by Beinn [redacted] (South).

Dr Beinn [redacted]
Consultant Psychiatrist
South Locality

THIRD PARTY COPY

www.nhsaaa.net



NHS Confidential: Personal data about a patient

Mental Health Services
South Treatment and Recovery Team
Ailsa Campus
Dalmellington Road
AYR
KA6 6AB
Tel: 01292 559800



Bottom
T for today

CLINICAL IN CONFIDENCE

Date: 18/07/2025
Enquiries to: Angela [redacted]
Tel. No. 01292 559803

Dear Doctor/Community Pharmacist,

NAME: LEE JOHNSTONE
D.O.B: 9/2/76

CHI NO: 0902763334

The abovenamed patient was seen in the out-patient clinic on 18/07/2025

I would be grateful if you could make the following changes to his/her medication:

1. PLEASE COMMENCE MIRTAZAPINE 15mg
AT NIGHT
2. [Signature]
3. [Signature]

FULL CLINIC LETTER TO FOLLOW.

Yours sincerely,

[Signature]

Dr B [redacted]
Consultant Psychiatrist
South Treatment and Recovery Team

www.nhsaaa.net

NHS Confidential: [redacted] date about a patient

Mental Health Services

South Ayrshire Treatment And Recovery
Team
Ailsa Hospital
Dalmellington Road
Ayr
KA6 6AB
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr M Barr
Maybole Medical Practice
The Surgery, The Health Centre
6 High Street
Maybole
KA19 7BY

Clinic Date: 20/03/2025
Date Dictated: 21/03/2025
Date Typed: 03/04/2025
Our Ref: BW/AS
Enquiries to: Angela [redacted]
Tel No: 01292 559800

Dear Dr Barr

LEE JOHNSTONE

12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE,
AYRSHIRE, KA19 7PP

CHI No: 0902763334

Diagnosis: ICD11 6c43.2 Opioid Dependence

Psychiatric Medication: Buvidal 128mg monthly prescribed / administered through
START (voluntary reduction now planned to 96mg monthly)
No regular GP medications reported (Lee reports preferring
to stay off antidepressants today)

Recommendations/Plan: Repeat OPC 3-4 months (Maybole Health Centre)
START Community Addictions [redacted] Keri McNeil

Keri McNeil and I reviewed Lee at the Maybole Health Centre Addictions Out-patient Clinic on 20th March 2025. Lee presented as well kempt with no suggestion of intoxication or withdrawal from any substance. His skin condition appeared markedly improved since my last appointment. He appeared relaxed and bright in mood. There was no suggestion of active symptomatology of major affective or psychotic disorder and he did not report recent thoughts of self-harm/suicide or of harming others.

Addictions Stability and Addictions Medications

Lee reports feeling stable from the addictions viewpoint and denied recent illicit drug or alcohol use. He reports no ongoing opiate withdrawal symptoms with his current Buvidal prescription. He continues to describe difficulty sleeping (initial insomnia), the onset of which coincided with commencement of Buprenorphine, but also appeared to follow on from his various changes in routine (loss of employment which included nightshift, breakdown of relationship) in the months preceding the commencement of Buprenorphine.

We discussed today that this sleep issue may be related to the adjustment to Buprenorphine and the heightened emotional clarity with this compared to Methadone or other Opioids and ultimately we agreed to reduce Lee's Buvidal dose to 96mg from his next prescription.

www.nhsaaa.net



NHS Confidential: [redacted] data about a patient

2/ LEE JOHNSTONE

12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE,
AYRSHIRE, KA19 7PP

CHI No: 0902763334

We would expect no particular adverse effects from this reduction and are obviously hopeful that a lower dose may reduce any adverse effects from the Buprenorphine. We will keep this under review.

Mental Health

Lee describes his overall mental health as much improved in recent months. He described better coming to terms with his new social situation / routine in this time and also noted that his more recent physical health improvement following pneumonia last year is likely to have contributed to this mental health improvement. He continues to report some variation in mood and some days where he feels more low than others, but describes these as becoming less frequent and overall was very positive today. He reported good appetite.

He describes a trial of Mirtazapine 15mg through the Practice for a month from December. He states this benefitted his sleep on the first night, but not thereafter and he felt no change with sleep or mood after the first month and had not collected this again thereafter. He was clear he did not wish to return to antidepressants and there seemed no obvious indication for these today. He was not seeking additional support around his mental health currently and spoke positively about taking steps to introduce more structure and purpose to his routine in the coming months which he felt would be the most useful adaptations he can make.

Physical Health and Social Circumstances

Lee reports his breathing and overall physical health has much improved since my last clinic review. The allergic dermatitis he was diagnosed with following his pneumonia is also said to be markedly improved and was visibly better today. He describes a goal to lose weight in the coming months and spoke about a plan to begin attending the gym.

He continues to [redacted] his [redacted] home and described a close relationship with no immediate plan to seek his own tenancy today. He reports having separated from a short-term [redacted] in the last year and was positive about this. He continues to have no contact with his longer-term [redacted] in Cumnock and as a result no current contact with his young [redacted]. He described considering taking legal action to [redacted] to enable contact. He is not currently working and states a plan to continue his physical and mental health recuperation over the coming months while aiming to return to work towards the end of this year. He states he has various standing job offers. He reports he is considering returning to driving (I understand from his account that his driving license was suspended by the DVLA following his previously disclosing substance dependence). I have advised him today of the legal requirement to disclose this dependence and his current treatment at this time to the DVLA and awaiting their response prior to returning to drive. I have since followed this up with a letter to him and have sent him the DVLA driver notification forms with this. He was expecting same following the appointment and has stated he will follow this guidance. He reports no outstanding forensic issues.

Yours sincerely

Authorised on 11/04/2025 10:45:55 by Beinn [redacted] (South).

Dr Beinn [redacted]
Consultant Psychiatrist
South Locality

www.nhs.uk



NHS Confidential; [redacted] data about a patient

THIRD PARTY COPY

www.nhs.uk



NHS Confidential; [redacted] (date about a patient)

Mental Health Services

**South Ayrshire Treatment And Recovery
Team
Ailsa Hospital
Dalmellington Road
Ayr
KA6 6AB
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Lee Johnstone
12 Woodside Avenue
Kirkmichael
Maybole
Ayrshire
KA19 7PP

Clinic Date: 20/03/2025
Date Dictated: 21/03/2025
Date Typed: 02/04/2025
Our Ref: BW/AS/0902763334
Enquiries to: START
Tel No: 01292 559800

Dear Lee,

Thank you for attending your 20th March 2025 Maybole Health Centre Addictions Out-patient Clinic appointment.

We agreed at the appointment that I would write to you to provide you with the DVLA forms so that you can notify the DVLA, as a driver, of your dependence diagnosis and treatment through the START team.

We discussed that you are considering returning to driving and we discussed that in order to legally do this you require to first notify the DVLA of your addictions diagnosis and then await their confirmation of your medical fitness to drive before resuming driving. Please find attached the DVLA DG1 form to allow you to make this disclosure.

We discussed that you cannot legally return to driving until you have made this disclosure and receive the DVLA response, and that if healthcare professionals become aware that you have returned to driving without following this guidance we may have a responsibility at that time to notify the DVLA direct of your treatment through our service (as discussed, there is no indication for healthcare staff to do this currently in your case).

Yours sincerely

Authorised on 04/04/2025 16:58:36 by Beinn [redacted] (South).

**Dr Beinn [redacted]
Consultant Psychiatrist
South Locality**

Dr M Barr
Maybole Medical Practice
The Surgery, The Health Centre
6 High Street
Maybole
KA19 7BY

www.nhsaaa.net



NHS Confidential: Personal data about a patient

Gillian Naismith (AA Maybole Medical Practice)

From: Mairi Barr (AA Maybole Medical Practice/AA AUCS)
Sent: 27 December 2024 16:42
To: aa.Clinical_Practice_Maybolemedicalpractice_80491
Subject: Fw: patient advice

Dr Mairi Barr

GP [REDACTED]
 Maybole Medical Practice
 Tel 01655 882708

From: Beinn [REDACTED] (AA Addictions) <Beinn.[REDACTED].scot.nhs.uk>
Sent: 17 December 2024 14:48
To: Mairi Barr (AA Maybole Medical Practice/AA AUCS) <Mairi.Barr@aapct.scot.nhs.uk>
Cc: Angela Glass (AA START) <Angela.Glass@aapct.scot.nhs.uk>; Angela [REDACTED] (AA Business Support)
 [REDACTED] (NHS Ayrshire & [REDACTED])
Subject: RE: patient advice

Hi Mairi

Thanks for your email, and sorry for delay in my response.

With Lee, we are uncertain that the sleep disturbance he reports is a direct side effect of Buvidal. Our sense previously is that this has been more multifactorial, though the gradual adjustment to now taking less sedating medications / substances is likely relevant (along with social stress, a level of background generalised anxiety, and adjustment to now not working his previous shift pattern).

Either way, I think psychosocial approaches are likely to be more beneficial than medication in the longer term. Zopiclone was said by Lee to be ineffective, and I don't think there is a clear role for alternative hypnotics.

In addition to sleepio, I have cc'd his CPN team here so they can explore this further with him. He stated at his last CPN Buvidal administration appointment (2nd December) that his sleep was gradually improving at that time.

We considered antidepressants for anxiety and sleep at Lee's last (August) appointment but he was clear he did not wish these as an immediate option.

Mirtazapine, starting at 15mg, might offer some benefit if the Practice and Lee wish to consider this before his next appointment with me.

Alternatively, SSRIs (we usually opt for Sertraline first line alongside opiate replacement therapy) could be considered.

I've cc'd Angela my secretary here, as Lee will be due an appointment with me in the coming weeks – so that Angela can confirm date of apt (if already booked) for information.
 Angela – can you also upload to CP?

NHS Confidential: Personal data about a patient

Sorry this isn't a clearcut response – please come back to me if helpful to discuss further

BW

Beinn

Dr Beinn [REDACTED]

Consultant Addictions Psychiatrist / Clinical Director – NHS Alcohol and Drug Recovery Service

From: Mairi Barr (AA Maybole Medical Practice/AA AUCS)

Sent: 13 December 2024 15:43

To: Beinn [REDACTED] (AA Addictions) <Beinn.[REDACTED]>

Subject: patient advice

Hi Dr [REDACTED]

I wondered if I could just ask some advice re Lee Johnstone CHI 0902763334. He has been on Bivadol now for several months but since commencing this in March he has struggled hugely with sleep disturbance and can be up for hours during the night. Apparently he was told this is a common side effect so has tried to persevere but really feels the effect of poor sleep now. Is there anything we can do? Have obviously encouraged him to look at Sleepio but if it is truly meds related then I am not sure how effective that will be.

Thanks,

Mairi

Dr Mairi Barr

GP [REDACTED]

Maybole Medical Practice

Tel 01655 882708

NHS Confidential: [REDACTED] data about a patient

**Confidential - Clinical
Information**

Department of Respiratory Medicine
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX



www.nhsaaa.net

Dr M Barr
Maybole Medical Practice
The Surgery, The Health Centre
6 High Street
Maybole
KA19 7BY

Our Ref: MP/AM
Hospital No:
Clinic Date: 10/10/2024
Date Dictated: 10/10/2024
Date Typed: 11/10/2024
Enquiries to [REDACTED] McMath
Direct Line: 01292 617164
Ext. Number: 17164
Email:

Dear Dr Barr,

LEE JOHNSTONE **DOB: 09/02/1976** **CHI No: 0902763334**
12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE, AYRSHIRE, KA19 7PP

It was a pleasure to see Lee today in Dr Guhan's respiratory clinic.

He had been a patient on Station 8 in July due to a right upper lobe pneumonia. He still describes shortness of breath on exertion however does not report any cough, haemoptysis or night sweats. He does describe some worsening facial skin changes which are increasingly dry particularly along his nasal bridge, folds and back of his neck not relieved by any emollients or antihistamines.

On examination his saturations were 97% on room air and his chest was clear to auscultation. He is still vaping and smoking cigarettes however is actively trying to quit this.

His chest x-ray today in clinic showed that his right upper lobe consolidation had completely resolved. His bronchoscopy samples for AFB came back negative. I have commenced him on Fexofenadine to hopefully help with his allergic dermatitis and we have discharged him from clinic today.

Yours sincerely

Authorised on 14/10/2024 12:59:18 by Mithra Punniamoorthy.

Mithra Punniamoorthy
IMT2 in General Medicine
GMC No 7731132

www.nhsaaa.net



NHS Confidential; [redacted] data about a patient

THIRD PARTY COPY

www.nhsaaa.net



NHS Confidential: Personal data about a patient

NHS AYRSHIRE & 

THE AYR HOSPITAL
DALMELLINGTON ROAD
AYR KA6 6DX
Tel: (01292) 610555

Ref. DR. A GUHAN
RESPIRATORY Clinic

Dear Dr. M. BARR

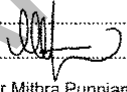
Re: 
CHI: 0902763334
Johnstone, Lee
12 WOODSIDE AVENUE
Maybole
KA19 7PP
09/02/1976
Dr. M. Barr
MRN: A100544212

The above patient was seen on 10/10/24 (Date)He/She is suffering from Dermatitis (Allergic)

I have recommended the following treatment and will review
progress in FEXOFENADINE 180 MG OD

Fuller report will ~~not~~ follow

With kind regards,
Yours sincerely,


Dr Mithra Punniamoorthy
MB BCH BAO
7731132

STAS111PN

NHS Confidential: [REDACTED] (date about a patient)

**Confidential - Clinical
Information**

Department of Respiratory Medicine
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX



www.nhsaaa.net

Dr M Barr
Maybole Medical Practice
The Surgery, The Health Centre
6 High Street
Maybole
KA19 7BY

Our Ref: AG/GM
Hospital No:
Clinic Date: 03/08/2024
Date Dictated: 05/08/2024
Date Typed: 05/08/2024
Enquiries to [REDACTED] McMath
Direct Line: 01292 617164
Ext. Number: 17164
Email: @aapct.scot.nhs.uk

Dear Dr Barr,

LEE JOHNSTONE **DOB: 09/02/1976** **CHI No: 0902763334**
12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE, AYRSHIRE, KA19 7PP

Mr Johnstone returned for review a week after he was discharged. He is feeling a lot better in himself and the chest x-ray certainly looked improved. Though initially we thought he could have TB we are starting to think he might just have had a rumbling community acquired pneumonia. He has a further review in place in about 6 week's time.

Yours sincerely

Authorised on 07/10/2024 16:29:22 by Anur Guhan.

Dr Anur Guhan
Consultant in Respiratory Medicine, GMC: 5161615

www.nhsaaa.net



NHS Confidential: [redacted] data about a patient

Mental Health Services

South Ayrshire Treatment And Recovery
Team
Ailsa Hospital
Dalmellington Road
Ayr
KA6 6AB
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr M Barr
Maybole Medical Practice
The Surgery, The Health Centre
6 High Street
Maybole
KA19 7BY

Clinic Date: 27/08/2024
Date Dictated: 27/08/2024
Date Typed: 09/09/2024
Our Ref: BW/AS
Enquiries to: Angela [redacted]
Tel No: 01292 559600
Fax No:

Dear Dr Barr

LEE JOHNSTONE

12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE,
AYRSHIRE, KA19 7PP

CHI No: 0902763334

Diagnosis: F11.2 Opioid Dependence Syndrome

Psychiatric Medication: Bupival 128mg monthly prescribed and administered through START
No regular GP medications reported (unable to access ECS today to confirm)

Recommendations/Plan: Repeat OPC 3-4 months (Maybole Health Centre)
START CPN, Angela Glass

CPN Glass and I reviewed Lee at the Girvan Hospital Addictions Out-patient Clinic on 27th August 2024. Lee presented as well kempt with no suggestion of intoxication or withdrawal from any substance. Skin irritation was visible on his head and face. He appeared relaxed and low, but reactive in mood, appearing less bright overall than at his previous clinic appointment. There was no suggestion of active symptomatology of major affective or psychotic disorder and he did not report recent thoughts of self-harm/suicide or of harming others.

Addictions Stability and Addictions Medications

Lee completed transfer from Methadone to Espranor, and thereafter Bupival, in April of this year. He reports no Opiate withdrawal symptoms subsequently and describes abstinence from all un-prescribed substances and alcohol since this transfer. He seemed pleased with the effect of Bupival on his addictions stability and stated he wished to continue with this.

He seemed to be describing heightened emotional clarity since this transfer. We discussed that this may be related to the direct effect of Buprenorphine, and may also be related to the fact he is no longer using sedating illicit substances alongside his prescribed Opiate replacement therapy. We highlighted that this is common during the initial stages of Buprenorphine treatment and discussed mental health supports (as below) which may assist.

www.nhsaaa.net



NHS Confidential; [redacted] date about a patient

2/ LEE JOHNSTONE

12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE,
AYRSHIRE, KA19 7PP

CHI No: 0902763334

Mental Health

Lee reports a general sense that he is struggling with his mental health currently. He seemed to be describing an understandably difficult adjustment to changes in his life circumstances over the last year (specifically, the breakdown of his long-term relationship and subsequent [redacted] of contact with his young [redacted] and [redacted] his lapse to unprescribed substance use and now re-establishment of abstinence, the recent deterioration in his physical health, the loss of his employment, the adjustment to his new living circumstances with his [redacted] concern around his [redacted] physical health). He described a deterioration in his sleep in recent months (broken sleep). He reported good appetite. He described a general lowering of mood, though did report being able to concentrate on and enjoy activities of interest.

Our overall impression was that Lee was not presenting as significantly depressed. We discussed options for treatment and support for his understandable difficult emotions. We discussed that antidepressants may offer some benefit, but would be unlikely to cure his difficulties and he was clear he did not wish to consider antidepressants currently. He seemed more keen for psychological approaches and CPN Glass will link him with our T2 low intensity psychological interventions clinic as a starting point. He is aware to contact us on an early basis in the event of any deterioration in his mental health meantime.

Physical Health and Social Circumstances

Lee reports a deterioration in his physical health in spring of this year. In June he underwent a several day acute medical admission in Ayr Hospital with a pneumonia and ?suspected TB. He reports improved respiratory functioning subsequently with no ongoing treatment and states to have a respiratory out-patient clinic follow up appointment in September. He noted while in hospital developing a widespread skin irritation which was relieved with antihistamines at that time. He states he discontinued antihistamines several weeks ago and the skin condition is now returning. We suggested he discuss this at the community pharmacy in the first instance and consider attending his GP, both of which he said he would do. I note that his hospital discharge correspondence listed both Guillain Barre Syndrome and possible substance overdose as secondary diagnoses (Lee has repeatedly denied drug use at that time). He reports gaining weight in recent months and seemed pleased by this.

Lee continues to [redacted] his [redacted] home and seemed to have no immediate plan to seek his own tenancy today. His [redacted] is said to have recently undergone an operation so Lee's [redacted] is also temporarily staying for support and his [redacted] is now said to be making a good recovery. Lee reports being off sick from work for several months and states he does not feel physically ready to return and therefore has now handed in his notice and is in the process of obtaining state benefits. Clearly this is a difficult adjustment for him.

He reports [redacted] in Cumnock has cut off all contact with him and he therefore no longer has current contact with his young [redacted] [redacted] who has entered primary 3. He discussed a plan to challenge this once he feels more physically fit. He did not report immediate forensic issues and continues to report that his driving licence is suspended by the DVLA following his previously disclosing substance dependence.

Yours sincerely

Authorised on 10/09/2024 13:05:13 by Beinn Wilson.

www.nhs.uk



NHS Confidential; [redacted] data about a patient

Beinn [redacted]
Consultant Psychiatrist
South Locality

THIRD PARTY COPY

www.nhsaaa.net



NHS Confidential: Personal data about a patient

University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription	
To: Drs Sheward [REDACTED] The Surgery, The Health Centre 6 High Street Maybole KA19 7BY		Re: LEE [REDACTED] JOHNSTONE 12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE, Ayrshire, [REDACTED] 7PP DOB: 09/02/1976 Hosp. No.: 0902763334 CHI No.: 0902763334	

Date of Admission: 20/06/2024	Ward: STATION 8-AYR
Mode of Admission: Emergency	Consultant: DR ANUR GUHAN (Respiratory)
Admission Reason:	Follow Up:
Discharge Date: 27/06/2024	

Diagnoses suspected pulmonary TB (cavitating consolidating RUL)
()

Secondary Diagnoses RBBB
Asthma
guillian barre syndrome
bahvioral problems
accidental drug overdose
DR MABLE CAESAR DE TORRES (2024-06-27 13:03:32)

Investigations
DR MABLE CAESAR DE TORRES (2024-06-27 13:09:41)

Clinical Progress 2 week history of cough with drenching night sweat, loss of appetite and weight loss associate with a wide spread rash on upper and lower extremities, nil recent travel, nil fever or joint pain Xray showed right upper lobe cavitating consolidation, managed for penumonia with levofloxacin. After respiratory review TB was suspected, therefore levofloxacin was discontinued. (Levofloxacin has Mycobacterium cover)
Sputum AAFB was sent and he also Had a bronchoscopy which was normal, awaiting cytology and AAFB smear and culture.
Many thanks
DR MABLE CAESAR DE TORRES (2024-06-27 13:09:41)

Hospital follow up returning to see Dr guhan at clinic on Tuesday 02/07/2024 at 1pm station 12
DR MABLE CAESAR DE TORRES (2024-06-27 13:04:49)

Discharged by: DR MABLE CAESAR DE TORRES**Page:** 1 of 3**Report generated on:** 27/06/2024 20:00

NHS Confidential: Personal data about a patient

University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription	
To: Drs Sheward [REDACTED] The Surgery, The Health Centre 6 High Street Maybole KA19 7BY		Re: LEE [REDACTED] JOHNSTONE 12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE, Ayrshire, [REDACTED] 7PP DOB: 09/02/1976 Hosp. No.: 0902763334 CHI No.: 0902763334	

Pharmacy nil changes
DR MABLE CAESAR DE TORRES (2024-06-27 13:04:49)

Allergy/intolerance	Reaction
citalopram	Unknown
Allergy records are as recorded at time and [REDACTED] of printing.	

Drug	Dose	Route	Frequency	Note	GP to contin	Days POD	Supply
FEXOFENADINE 180 mg Tablets	180 mg	Oral	ONCE daily at 7am	7 x 180mg tablets supplied	No	N	7
PARACETAMOL 500 mg Tablets	1000 mg	Oral	FOUR times daily - 7am; 1pm; 6pm; 10pm	32 x 500mg tablets supplied	No	N	7
ZEROBASE Cream	1 Application	Topical	PRN DRY SKIN		Yes	Y	

Discharged by: DR MABLE CAESAR DE TORRES

Page: 2 of 3

Report generated on: 27.06/2024 20:00

NHS Confidential: Personal data about a patient

University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription	
To:	Drs Sheward [REDACTED] The Surgery, The Health Centre 6 High Street Maybole KA19 7BY	Re:	LEE [REDACTED] JOHNSTONE 12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE, Ayrshire, [REDACTED] 7PP DOB: 09/02/1976 Hosp. No.: 0902763334 CHI No.: 0902763334

Additional Medicines Information:

Medicines discontinued or modified during admission (Medicines that patient was recorded as admitted on only)	
Drug	Discontinued / Modified reason
*** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.*** ****Information here may be incomplete and is for guidance only.****	

Discharged by: DR MABLE CAESAR DE TORRES

Page: 3 of 3

Report generated on:

27.06/2024 20:00

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient



Microbiology Report

Lab Report ID: 0024M506338

Patient Name: Lee Johnstone

DOB: 09/02/1976

CHI Number: 0902763334

Sex: M

Practice Details: Maybole Medical Practice (80491)

Specimen: Nasal swab

Investigation:	Test:	Result:
COVID-19	Covid-19	NOT Detected by PCR

Sample Collected: 22/06/2024 12:15

Received by Lab: 24/06/2024 12:52

Requestor: Sword, Dr [REDACTED]

Requestor Organisation: (AYCAU) CAU Ayr Hospital

Report Run Time: 25/6/2024 06:01:17

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient



Microbiology Report

Lab Report ID: 0024M506319

Patient Name: Lee Johnstone

DOB: 09/02/1976

CHI Number: 0902763334

Sex: M

Practice Details: Maybole Medical Practice (80491)

Specimen: Throat and Nose Swab

Investigation:	Test:	Result:
COVID-19	Covid-19	NOT Detected by PCR

Sample Collected: 23/06/2024 13:50

Received by Lab: 23/06/2024 16:32

Requestor: Sword, Dr David

Requestor Organisation: (AYCAU) CAU Ayr Hospital

Report Run Time: 24/6/2024 06:01:34

NHS Confidential: [redacted] (date about a patient)

Mental Health Services

South Ayrshire Treatment And Recovery
Team
Ailsa Hospital
Dalmellington Road
Ayr
KA6 6AB
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr M Barr
Maybole Medical Practice
The Surgery, The Health Centre
6 High Street
Maybole
KA19 7BY

Clinic Date: 10/04/2024
Date Dictated: 10/04/2024
Date Typed: 18/04/2024
Our Ref: BW/AS
Enquiries to: Angela [redacted]
Tel No: 01292 559600

Dear Dr Barr

LEE JOHNSTONE

12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE,
AYRSHIRE, KA19 7PP

CHI No: 0902763334

Following my recent clinic letter, Lee is now established on prescription Espranor through the START team.

At Lee's request, following keyworker update review on 10th April, he is undergoing a planned to transfer to Buvidal which will be prescribed and administered through our service.

(Since this letter was dictated, he commenced Buvidal 32mg weekly on 22nd April, and if his first 2 doses are received and tolerated this will move to 128mg monthly from early May. His Espranor has therefore now been discontinued. We will let you know if this plan changes).

This is at the upper end of recommended Buvidal initiation doses on transfer from Espranor 16mg daily at Lee's request, with this starting dose being consistent with SIGN recommendations around Buvidal. His treatment plan remains otherwise as detailed in my last clinic letter.

Yours sincerely

Authorised on 23/04/2024 16:21:07 by Beinn [redacted]

Beinn [redacted]
Consultant Psychiatrist
South Locality

www.nhsaaa.net



NHS Confidential: [redacted] (date about a patient)

Mental Health Services

South Ayrshire Treatment And Recovery
Team
Ailsa Hospital
Dalmellington Road
Ayr
KA6 6AB
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr KJ Watt
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 08/03/2024
Date Dictated: 08/03/2024
Date Typed: 26/03/2024
Our Ref: BW/AS
Enquiries to: Angela [redacted]
Tel No: 01292 559800
Fax No:

Dear Dr Watt

LEE JOHNSTONE

12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE,
AYRSHIRE, KA19 7PP

CHI No: 0902763334

Diagnosis:

F11.2 Opioid Dependence Syndrome

Psychiatric Medication:

Methadone 40mg by daily supervised dispense (*update 4/4/24: Methadone now discontinued at patient request in the weeks since this appointment*).
Buprenorphine Microdosing induction commenced through START from 12th March (*and as at 4/4/24 Lee is now established on Espranor 16mg daily by twice weekly dispense through START, with plan to transfer to Buvidal depot Buprenorphine injection in next 1-2 weeks*).
No regular GP medications reported (unable to access ECS today to confirm).

Recommendations/Plan:

Repeat OPC 3-4 months (Maybole Health Centre, Friday appointment around work commitment)
START keyworker, Keri McNeil

Apologies for the delay in this letter.

Community Addictions [redacted] Keri McNeil and I met with Lee at Ailsa Hospital Addictions Psychiatry Out-patient Clinic on the morning of 8th March 2024. The appointment was arranged earlier than planned at Lee's request as he wished to discuss options for transfer from Methadone to Buprenorphine.

Lee's presentation today was entirely unchanged from that described in my January 2024 assessment letter. His mental state was again unchanged, and he reported no immediate changes in his mental health, physical health, or social circumstances.

www.nhsaaa.net



NHS Confidential: [REDACTED] data about a patient

2/ LEE JOHNSTONE

12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE,
AYRSHIRE, KA19 7PP

CHI No: 0902763334

He reports that his Methadone prescription has supported him to manage Opiate withdrawals to the extent that he has now halved his inhaled Heroin use (now smoking small quantities once rather than twice daily). But he feels the Methadone effect is wearing off around 12 hours post-dose, leading to withdrawal symptoms which are making it difficult for him to discontinue Heroin at the current Methadone dose. He continues to report struggling to attend the pharmacy daily around his work commitments and does not feel this is sustainable in the long-term. Therefore he had reached the conclusion that he wished to work towards transfer to the Buprenorphine depot Buprenorphine injection rather than seeking further Methadone dose increases.

Urine drug screen today was positive for Methadone and Opiates as expected, and also for Cannabis (occasional use reported) and Benzodiazepines (one off use of 4 unprescribed tablets to help with sleep on one occasion after finishing nightshift one week ago, no other unprescribed substance or alcohol use reported). Harm reduction advice was given and Lee reports a plan to maintain abstinence from unprescribed Benzodiazepines from now.

We discussed options for transfer to Buprenorphine. We discussed our more general (and licensed) recommendation for reduction to 30mg of Methadone then no Opiate replacement dose for one day followed by initiation of Buprenorphine when in Opiate withdrawal. We also discussed our new Microdosing transfer option which, while unlicensed, offers a more gradual transition to Buprenorphine alongside Methadone which can then be discontinued. We discussed the pros and cons of both approaches, and the logistics of taking both generic Buprenorphine and Espranor for the Microdosing transfer.

Lee understands the risks of heightened emotional clarity, the partial agonist blocking effect of Buprenorphine for Opioid analgesics and the risk of precipitated withdrawal, and the logistics and potential risks and benefits thereafter of transfer to Buprenorphine.

There seemed to be no contraindication to Buprenorphine Microdosing initiation which was Lee's preferred option. Similarly, there seems no contraindication to Buprenorphine if treatment dose Espranor is then tolerated for a few days so our team will look at supporting him through the process and transfer provided he tolerates this. We will keep you updated on this as above.

Lee seemed pleased with this outcome, whilst also leaving with our local Buprenorphine Microdosing initiation patient information sheet and dose chart, plus our wider Opiate Replacement Therapy leaflet which contains information on Espranor and Buprenorphine more generally.

Yours sincerely

Authorised on 04/04/2024 12:42:47 by Beinn Wilson.

Beinn [REDACTED]
Consultant Psychiatrist
South Locality

www.nhs.uk



NHS Confidential; [redacted] date about a patient

Mental Health Services

South Ayrshire Treatment And Recovery
Team
Ailsa Hospital
Dalmellington Road
Ayr
KA6 6AB
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr KJ Watt
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 24/01/2024
Date Dictated: 24/01/2024
Date Typed: 30/01/2024
Our Ref: BW/AS
Enquiries to Angela [redacted]
Tel No: 01292 559600
Fax No:

Dear Dr Watt

LEE JOHNSTONE

12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE,
AYRSHIRE, KA19 7PP

CHI No: 0902763334

Diagnosis:

F11.2 Opioid Dependence Syndrome

Psychiatric Medication:

Methadone 30mg by daily supervised dispense
recommencing through START from 24th January,
increasing to 40mg daily from 27th January with further dose
titrations as indicated thereafter.
No regular GP medications reported (unable to access ECS
today to confirm).

Recommendations/Plan:

Repeat OPC 3-4 months (Maybole Health Centre, Friday
appointment around work commitment)
START keyworker, Tamie [redacted] (will be transferred area
keyworker in the coming days)

Community Addictions [redacted] Tamie [redacted] Psychiatry ST4 Dr Scullin, and I met with Lee at
the Boswell House Addictions Medication Access Clinic on the morning of 24th January 2024.
Lee had contacted our service in the preceding days requesting recommencement of Opiate
therapy and this appointment was arranged to assess suitability for same.

Lee today presented as well kempt and wearing clothing branded with his employer's logo.
There was no suggestion of intoxication or withdrawal from any substance. He appeared
relaxed and bright in mood and there was no suggestion of active symptomatology of major
affective or psychotic disorder. He did not report recent thoughts of self-harm/suicide or of
harming others and appeared future focused.

Addictions Stability and Addictions Medications

Lee has been well known to the East Ayrshire Community Addictions Team previously,
having been prescribed Methadone through that service on an ongoing basis from 2018 up to
around 2 weeks ago.

www.nhsaaa.net



NHS Confidential; [redacted] data about a patient

2/ LEE JOHNSTONE

12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE,
AYRSHIRE, KA19 7PP

CHI No: 0902763334

The records suggest he recently disengaged from contact with that service and today he reports having missed Methadone dose collection relatively frequently due to work commitments in recent years and finding it difficult to maintain this prescription as a result. As he is now [redacted] South Ayrshire, this is the first START contact with him.

Lee reports feeling stable and abstinent from unprescribed Opiates for a long period when prescribed 50mg Methadone. Because of missed doses his Methadone dose has been frequently reduced in recent months and he describes struggling with Opiate withdrawals at the standard safe recommencement dose of 30mg. He reports smoking small quantities of Heroin twice daily at the current time to manage Opiate withdrawals and denies other recent illicit drug or alcohol use. He denies IV drug use at any time, and his earlier substance background is as detailed in Dr Kessavalou's January 2018 East CAT initial addictions assessment clinic letter. Urine drug screen today was positive for Opiates but negative for other tested substances.

We outlined prescribing options for Lee today and emphasised the potential benefits of Buprenorphine for him (in terms of more rapid titration to therapeutic dosing, reduced sedative effects, option of transfer to depot injection). Ultimately, he preferred the familiarity of recommencing Methadone, but is aware that Buprenorphine is an option and also that transfer from Methadone to Buprenorphine can now potentially be simplified through our Buprenorphine micro-dosing induction. He understands the risks and benefits of Methadone and is in possession of a Naloxone [redacted]. We agreed that we would look to reduce his dispensing once he has stabilised at dose on an early basis and it is likely that I would move him straight to twice weekly supervised dispense following a clear drug screen once stable as an initial step given his work commitments.

Mental Health

Lee reports variable mood presently, attributing this to his current illicit Opiate use and social stressors, and was not describing features suggestive of active mental illness. He reports no previous specialist Mental Health Service input outwith addictions and the available records seem to support this. There has been a past account of self-laceration and an attempted hanging some 16 years ago following the death of his [redacted] and he is aware of how to seek help in the event of a crisis. There seemed no indication to consider psychotropic medication today.

Physical Health and Social Circumstances

Lee reports generally stable physical health. He reports chronic lower back pain following previous injury (describes his first Opiate / Opioid as prescribed Co-codamol linked to this some years ago before moving onto Heroin) but states he generally now manages with this. There are no recent liver function tests available on the clinical portal system. He reports no known drug allergies.

Lee reports he is currently employed as a supervisor working for a company fitting and maintaining air conditioning systems. He reports this does not involve heavy machinery operation or [redacted] dangerous environments. He describes enjoying this work, though notes that he can be required to travel across the country for this at short notice. He states his employer is not aware of his addictions background and he would not voluntarily disclose this. There seemed no indication from his account to breach his confidentiality around this today.

www.nhs.uk



NHS Confidential; [redacted] data about a patient

3/ LEE JOHNSTONE

12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE,
AYRSHIRE, KA19 7PP

CHI No: 0902763334

He reports his driving licence was revoked after previous disclosure of substance dependence and he hopes to reapply for this after a year abstinent from illicit substances (we discussed the legal requirements in detail today and he insists he is following these).

Lee has recently moved into his [redacted] home in Kirkmichael, after separating from his [redacted] with whom he had been [redacted] Cumnock. He states his lapse to Heroin use was the trigger for the relationship breakdown though he remains on good terms with [redacted]. His 4 [redacted] and his [redacted] continue to [redacted] this [redacted] and though he has no contact with the family currently he plans to resume this once stable from an addictions perspective (children's age range 2-18). There is no current Childcare Social Work input reported. Forensic history is said to include previous conviction for serious [redacted] and previous prison sentences (last 2014) with no recent or outstanding criminal charges reported.

Yours sincerely

Authorised on 01/02/2024 14:00:14 by Beinn [redacted]

Beinn [redacted]
Consultant Psychiatrist
South Locality

www.nhsaaa.net



NHS Confidential: Personal data about a patient

Service User Copy Printed 25/01/24 by [REDACTED] McSkimming

Johnstone, Lee (Mr)

Date of Birth 09-Feb-1976 (47y)

CHI Number 0902763334

Gender Male

Ayrshire Mental Health Risk Assessment Framework v3

Centre of Care NHS Addictions East

Status Closed

Date of Activity 23 January 2024 08:15 by [REDACTED] McSkimming

Form Items

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Individual clinician

Note: CN K McSkimming.

Mental state

Mental state

Not known

Note: Unable to assess due to disengagement. Received an email advising that Lee has returned to South Ayrshire and seeking support from START. He has informed them that he does not plan on returning to East Ayrshire or make contact. He agreed for them to make contact with East.

Engagement

Engagement with services

Not known

Note: Unable to assess due to disengagement.

Medication management

Not known

Note: Unable to assess due to disengagement.

Risk of absconding

Not known

Note: Unable to assess due to disengagement.

Risk of suicide/self-harm

Risk of self-harm

Not known

Note: Unable to assess due to disengagement.

Risk of suicide

Not known

Note: Unable to assess due to disengagement.

NHS Confidential: Personal data about a patient

Johnstone, Lee (Mr)

Date of Birth 09-Feb-1976 (47y)

CHI Number 0902783334

Risk of harm to or from others**Risk of harm to others**

Not known

Note: Unable to assess due to disengagement.**Abuse issues**

Not known

Note: Unable to assess due to disengagement.**Neglect/Vulnerability issues (consider ASP/AWIA)**

Not known

Note: Unable to assess due to disengagement.**Child protection concerns**

Not known

Note: Unable to assess due to disengagement.**Child well-being concerns**

Not known

Note: Unable to assess due to disengagement.**Risk from substance misuse****Substance misuse**

Not known

Note: Unable to assess due to disengagement.**Social and personal risks****Support network**

Not known

Note: Unable to assess due to disengagement.**Physical health**

Not known

Note: Unable to assess due to disengagement.**Occupation of time**

Not known

Note: Unable to assess due to disengagement.**Housing and finances**

Not known

Note: Unable to assess due to disengagement.**Any other issues****Any other issues**

Not known

Note: Unable to assess due to disengagement.**Overall Impression of Risk****Overall Impression of Risk**

Not known

Note: Unable to assess due to disengagement.**Immediate Risk Management Plan****Immediate Risk Management Plan**

Received an email advising that Lee has returned to South Ayrshire and seeking support from START. He has informed them that he does not plan on returning to East Ayrshire or make contact. He agreed for them to make contact with East. Lee will now be discharged from East Addictions.

NHS Confidential: [redacted] data about a patient

Mental Health Services

Addictions
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr F [redacted]
 Tanyard Medical Practice
 The Health Centre
 2 Tanyard
 Cumnock
 KA18 1BF

Clinic Date: 11/08/2022
 Date Dictated: 15/08/2022
 Date Typed: 15/08/2022
 Our Ref: JG/SC
 Enquiries to: Sylvia Corbett
 Tel No: 01563 574237
 Fax No:

Dear Dr [redacted]

LEE JOHNSTONE

**3 HOLMBURN AVENUE, CUMNOCK, AYRSHIRE,
 KA18 3DF**

CHI No: 0902763334

Diagnosis: F11.2 Opioid Dependence Syndrome, currently on substitute treatment

Psychiatric Medication:

Prescribed by Addictions Services: Methadone 30 mls daily (on a weekly pick up)
 Prescribed by General Practitioner: None

I had a prearranged appointment with Mr Johnstone on the 11th August 2022.

SUBSTANCE MISUSE: Lee has been stable on his ORT for quite sometime. Lee has not used any illicit substances for over a year. Lee is looking to switch from Methadone to Espranor and then onto Buprenorphine long acting injection. I have discussed this with his Key Worker [redacted] who is in the process of transferring Lee to the South Addictions Team as he is now [redacted] this area and this plan for treatment will be passed to them.

MENTAL HEALTH: Lee presented as well he voiced no suicidal nor homicidal ideation and no evidence of psychosis was detected today. Lee currently works and is hoping to go to the oil rigs for a promotion. If Lee is not transferred as requested I will re appoint Mr Johnstone in 2 months' time, but if you have any questions in relation to this patient please do contact me.

Yours sincerely

Authorised on 15/08/2022 12:31:38 by Typist Sylvia Corbett, not verified by Consultant.

[redacted] Goldie
Advanced Nurse Practitioner

www.nhsaaa.net



NHS Confidential: [redacted] date about a patient

Mental Health Services

NHS Addiction Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr F [redacted]
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 10/08/2021
Date Dictated: 31/08/2021
Date Typed: 31/08/2021
Our Ref: KK/SC
Enquiries to: Sylvia Corbett
Tel No: 01563 574237
Fax No:

Dear Dr [redacted]

LEE JOHNSTONE

**3 HOLMBURN AVENUE, CUMNOCK, AYRSHIRE,
KA18 3DF**

CHI No: 0902763334

Lee was appointed for a telephone consultation with me on 10th August 2021 but was not contactable.

He continues to remain on Methadone 50mls daily.

I will re-appoint him in due course.

Yours sincerely

Authorised on 13/09/2021 09:47:45 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

www.nhsaaa.net



NHS Confidential: [redacted] data about a patient

Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr F [redacted]
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 19/02/2021
Date Dictated: 23/02/2021
Date Typed: 25/02/2021
Our Ref: KK/SC
Enquiries to: Sylvia Corbett
Tel No: 01563 574237
Fax No:

Dear Dr [redacted]

LEE JOHNSTONE

**3 HOLMBURN AVENUE, CUMNOCK, AYRSHIRE,
KA18 3DF**

CHI No: 0902763334

Diagnosis: F11.2 Opioid Dependence Syndrome, currently on substitute treatment

Psychiatric Medication:

Prescribed by Addictions Services: Methadone 50mls daily (on a weekly pick up)
Prescribed by General Practitioner: None

Recommendations/Plan:

- 1 No changes to medication
- 2 Out-patient / Telephone consultation in 6 months' time
- 3 Key [redacted] contact in the interim

I spoke to Lee on 19th February 2021 for a telephone consultation. He remains stable on the current dose of Methadone and he denied taking any illicit drugs. His mental health remains stable. He did not report any suicidal or homicidal ideations. He has been decorating his house and laying new carpets. He is taking the necessary Covid19 safety precautions.

Follow up arrangements are as above.

Yours sincerely

Authorised on 23/03/2021 14:35:03 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

www.nhsaaa.net



NHS Confidential: [redacted] (date about a patient)

Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr F [redacted]
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 14/12/2020
Date Dictated: 17/12/2020
Date Typed: 18/12/2020
Our Ref: KK/SC
Enquiries to: Sylvia Corbett
Tel No: 01563 574237
Fax No:

Dear Dr [redacted]

LEE JOHNSTONE

**3 HOLMBURN AVENUE, CUMNOCK, AYRSHIRE,
KA18 3DF**

CHI No: 0902763334

Lee was appointed for telephone consultation with me on 14th December 2020. However, I have only managed to leave a voice mail.

He remains on Methadone 50mls daily (on a weekly pick up).

I will re-appoint him in due course.

Yours sincerely

Authorised on 08/01/2021 09:29:07 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

www.nhsaaa.net



NHS Confidential: [redacted] data about a patient

Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr F [redacted]
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 20/10/2020
Date Dictated: 03/11/2020
Date Typed: 03/11/2020
Our Ref: KK/SC
Enquiries to: Sylvia Corbett
Tel No: 01563 574237
Fax No:

Dear Dr [redacted]

LEE JOHNSTONE

**3 HOLMBURN AVENUE, CUMNOCK, AYRSHIRE,
KA18 3DF**

CHI No: 0902763334

I contacted Lee by telephone on 20th October 2020 on the two numbers we have for him but unfortunately it was not possible to connect the call. He is currently on Methadone 30mls daily. I will re-appoint him in 2 months' time.

Yours sincerely

Authorised on 11/11/2020 12:09:17 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

www.nhsaaa.net



NHS Confidential: [redacted] date about a patient

Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr F [redacted]
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 03/03/2020
Date Dictated: 06/03/2020
Date Typed: 02/04/2020
Our Ref: KK/JRB
Enquiries to [redacted]
Tel No: 01563 546632
Fax No:

Dear Dr [redacted]

LEE JOHNSTONE
CHI No: 0902763334

**3 HOLMBURN AVENUE, CUMNOCK, AYRSHIRE,
KA18 3DF**

Diagnosis: F11.2 – Opioid Dependence Syndrome, currently on substitute treatment

Psychiatric Medication: Prescribed by Addiction Services
Methadone 65mls daily

Prescribed by General Practitioner
Omeprazole 20mg

Recommendations/Plan:

- 1) At his request, we will start reducing his Methadone by 5mls every four weeks.
- 2) Out-patient review in three to four months time.

I reviewed Lee in my out-patient clinic at Cumnock Health Centre on 3 March 2020. This was a joint appointment along with his Key [redacted] Goldie, Addictions CPN. Lee remains stable on the current dose of Methadone and denied any recent illicit drug intake. He was requesting regular reductions in Methadone at the rate above. He continues to look for jobs. We have discussed the availability of Buprenorphine Oral Lyophilisate (Espranor) tablets for potential transfer from Methadone to Espranor and gradual reductions.

On mental state examination, he was casually dressed and well kempt. He maintained good eye contact. His affect was reactive. He was euthymic. He denied any suicidal or homicidal ideas. There was no evidence of psychosis.

www.nhsaaa.net



NHS Confidential; [redacted] data about a patient

2

02 April 2020

Dr F [redacted] Re: LEE JOHNSTONE

Follow-up arrangements are as above.

Yours sincerely

Authorised on 07/04/2020 14:19:50 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

[redacted] Goldie
East Community Addiction Team
Rothesay House
1 Greenholm Road
Cumnock
KA18 1LH

www.nhs.uk



NHS Confidential: [redacted] date about a patient

Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr F [redacted]
 Tanyard Medical Practice
 The Health Centre
 2 Tanyard
 Cumnock
 KA18 1BF

Clinic Date: 08/10/2019
 Date Dictated: 15/10/2019
 Date Typed: 31/10/2019
 Our Ref: KK/JRB
 Enquiries to [redacted]
 Tel No: 01563 546632
 Fax No: [redacted]

Dear Dr [redacted]

LEE JOHNSTONE

**3 HOLMBURN AVENUE, CUMNOCK, AYRSHIRE,
 KA18 3DF**

CHI No: 0902763334

Diagnosis: F11.2 – Opioid Dependence Syndrome, currently on substitute treatment

Psychiatric Medication: Prescribed by Addiction Services
 Methadone 70mls daily on a weekly pick up

Prescribed by General Practitioner
 None

Recommendations/Plan:

- 1) At his request, I will reduce his Methadone to 65mls daily.
- 2) Out-patient review in four months time.
- 3) Key [redacted] review in the interim.

I reviewed Lee in my out-patient clinic at Cumnock Health Centre on 8 October 2019. He remains stable on the current dose of Methadone and was requesting reductions in his Methadone. He is hoping to come off Methadone sometime next year. He is stable mentally and did not report any recent change to his physical health either.

On mental state examination, he was casually dressed and well kempt. He maintained good eye contact. His affect was reactive. He was euthymic. He denied any suicidal or homicidal ideas. There was no evidence of psychosis.

Follow-up arrangements are as above.

Yours sincerely

Authorised on 11/11/2019 12:21:13 by Karthik Kessavalou.

Dr K Kessavalou

Consultant Psychiatrist in Addictions

Cc: [redacted] Goldie, East Community Addiction Team, Rothesay House,
 1 Greenholm Road, Cumnock, KA18 1LH

www.nhsaaa.net



NHS Confidential: Personal data about a patient



Torbet Laboratories Ltd.
1-2 Chestnut Drive,
Wymondham, NR18 9SB
Tel. 01953 607856 Fax 01953 713649

HpA_Patient_result_letter v.1

Diabact H. pylori Test Report No. 7661033-1-1

Tanyard Medical Practice
2 Tanyard
CUMNOCK
■ 8 1BF

Test reference: 7661033
Client ID: 1902
Your reference: 0902763334
Date: 11 September 2019

H pylori ¹³C-Urea breath test for JOHNSTONE, L D
The indicated H. pylori status for this test is NEGATIVE.

Patient: JOHNSTONE Lee D
Patient ref: 0902763334
Test date: 10 September 2019

Date of Birth: not given
Referring Dr: ANP L. Kimmett

■ No. and samples	7661033 (1, 2)	First pair	Pre-Urea value	-24.67
Analysed:	11 Sep 2019	Analytical run: F19SEP14	Post-Urea value	-24.64
			Excess:	0.0
			Indicated status	NEGATIVE.

Issued by: Graeme Leggett, Technical Manager Date: 11/09/2019

Note: Test performance is dependent on adherence to the test protocol

- 1) Failure to follow the test protocol sequence and/or timing may lead to a false positive or false negative result.
- 2) Taking any of the following types of medication may lead to a false negative result:
 - a). Antibiotics taken within the four week period prior to the test.
 - b). H. pylori eradication therapy taken within the four week period prior to the test
 - c). Proton Pump inhibitors taken within the two week period prior to the test.

Test method

Analysis is on samples as received. Measurements are of the ¹³C/¹²C ratio in parts per thousand (‰) with respect to an accepted international standard. Excess values (difference between post- and pre-urea samples) of 1.5 and above are considered to indicate the presence of H. pylori according to the protocol used. Analysis measurements are subject to uncertainty of +/- 0.1 and so excess values from 1.4 to 1.6 are considered "Borderline". Un-analysed samples will be retained for a minimum of one month.

For any enquiries about tests or test reports please quote the test barcode number or test report number.

NHS Confidential: [redacted] (date about a patient)

Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr [redacted]
 Tanyard Medical Practice
 The Health Centre
 2 Tanyard
 Cumnock
 KA18 1BF

Clinic Date: 04/06/2019
 Date Dictated: 04/06/2019
 Date Typed: 05/06/2019
 Our Ref: KK/JRB
 Enquiries to [redacted]
 Tel No: 01563 546632
 Fax No:

Dear Dr [redacted]

LEE JOHNSTONE

**3 HOLMBURN AVENUE, CUMNOCK, AYRSHIRE,
 KA18 3DF**

CHI No: 0902763334

**Diagnosis: F11.2 – Opioid Dependence Syndrome, currently on
 substitute treatment**

Psychiatric Medication: Prescribed by Addiction Services
Methadone 70mls daily (on a three times weekly pick up)

Prescribed by General Practitioner
None

Recommendations/Plan:

- 1) I have agreed to reduce his Methadone to 65mls daily from the next prescription run.
- 2) Out-patient review in four months time.
- 3) Key [redacted] review in the interim.

I reviewed Lee in my out-patient clinic at Cumnock Health Centre on 4 June 2019. Since the increase in his Methadone in January, he has not required to take any unprescribed Opioids. He was asking for reductions in his Methadone and has agreed to make a one-off reduction of 5mls prior to looking at regular reductions. I have discussed with him about the use of Suboxone over longer than the standard detox, in particular if he gets into employment. He is a ground [redacted] and tends to work on the roads a lot. I also discussed with him about Naltrexone for relapse prevention. Mentally he feels stable and did not report of any problems.

On mental state examination, he was casually dressed and well kempt. He maintained good eye contact. His affect was reactive. He was euthymic. He denied any suicidal or homicidal ideas. There was no evidence of psychosis.

www.nhsaaa.net



NHS Confidential; [redacted] data about a patient

2

05 June 2019

Dr [redacted] Re: LEE JOHNSTONE

Follow-up arrangements are as above.

Yours sincerely

Authorised on 17/06/2019 14:22:19 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

Cc: [redacted] Goldie
East Community Addiction Team
Rothesay House
1 Greenholm Road
CUMNOCK
KA18 1LH

www.nhsaaa.net



NHS Confidential: [redacted] data about a patient

Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr F [redacted]
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 08/01/2019
Date Dictated: 08/01/2019
Date Typed: 17/01/2019
Our Ref: KK/KMcA
Enquiries to [redacted] McAllister
Tel No: 01563 574237
Fax No: 01563 574238

Dear Dr [redacted]

LEE JOHNSTONE

**3 HOLMBURN AVENUE, CUMNOCK, AYRSHIRE,
KA18 3DF**

CHI No: 0902763334

Diagnosis:

1. F11.2 Opioid Dependence Syndrome, currently on substitute treatment

Psychiatric Medication:

Prescribed by Addiction Services
Methadone 60mls daily

Prescribed by General Practitioner (as per patient)
Solpadol 30/500mgs as required, up to eight tablets a day – GP TO KINDLY STOP THIS

Recommendations/Plan:

1. I have agreed to increase his Methadone to 70mls daily.
2. GP to kindly stop Solpadol prescription.
3. Outpatient review in three months times.
4. Keyworker review in the interim.

I reviewed Lee in my outpatient clinic at Cumnock Health Centre on 8th January 2019.

Since the last outpatient review he admitted to nocturnal withdrawal symptoms and has intermittently used Solpadol. He has not used any Solpadol for over four weeks now and he continues to describe nocturnal and early morning withdrawals. It was agreed to increase his Methadone to 70mls daily and request his GP to stop the as required Solpadol prescription.

His mental health remains stable.

Continued...

www.nhsaaa.net



NHS Confidential; [redacted] date about a patient

Page 2

17th January 2019

Dr [redacted] Re: Lee Johnstone

On examination, he was casually dressed and well kempt. He maintained good eye contact. His affect was reactive. He appeared to be in mild withdrawals. He was euthymic. He denied any suicidal or homicidal ideas. There was no evidence of psychosis.

Follow up arrangements are as above.

Yours sincerely

Authorised on 11/02/2019 10:41:08 by Karthik Kessavalou.

Dr K Kessavalou

Consultant Psychiatrist in Addictions

[redacted] Goldie
Rothesay House
1 Greenholm Road
CUMNOCK
KA18 1LH

www.nhs.uk



NHS Confidential: [redacted] data about a patient

Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr F [redacted]
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 21/08/2018
Date Dictated: 28/08/2018
Date Typed: 28/09/2018
Our Ref: KK/JRB
Enquiries to [redacted]
Tel No: 01563 546632
Fax No:

Dear Dr [redacted]

LEE JOHNSTONE

**3 HOLMBURN AVENUE, CUMNOCK, AYRSHIRE,
KA18 3DF**

CHI No: 0902763334

Diagnosis: F11.2 – Opioid Dependence Syndrome, currently on substitute treatment

Psychiatric Medication: Prescribed by Addiction Services
Methadone 60mls daily (on a three time weekly pick up)

Prescribed by General Practitioner (as per patient)
None

Recommendations/Plan:

- 1) No changes to medication
- 2) Out-patient review in four months time
- 3) Key [redacted] review in the interim

I reviewed Lee in my out-patient clinic at Cumnock Health Centre on 21 August 2018.

He continues to remain stable on the current dose of Methadone and has not taken any unprescribed medication/drugs for approximately seven months now. His mood remains stable and he denied any depressive or anxiety symptoms. I was pleased to hear that he is starting his new job a week after the appointment.

On examination, he was casually dressed and well kempt. He maintained good eye contact. His affect was reactive. He was euthymic. He denied any suicidal or homicidal ideas. There was no evidence of psychosis.

www.nhsaaa.net



NHS Confidential; [redacted] data about a patient

2

28 September 2018

Dr F [redacted] Re: LEE JOHNSTONE

I briefly discussed the DVLA regulations on the diagnosis of Opioid Dependence and his current treatment on Methadone substitute treatment. I have strongly encouraged him to notify the DVLA about this. Other follow-up arrangements are as above.

Yours sincerely

Authorised on 28/09/2018 13:40:05 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

Cc: [redacted] Goldie
East Addiction Services
Rothesay House
1 Greenholm Road
CUMNOCK
KA18 1LH

www.nhs.uk



NHS Confidential: [redacted] data about a patient

Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr F [redacted]
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 17/04/2018
Date Dictated: 19/04/2018
Date Typed: 10/05/2018
Our Ref: KK/KMcA
Enquiries to [redacted] McAllister
Tel No: 01563 574237
Fax No: 01563 574238

Dear Dr [redacted]

LEE JOHNSTONE

**3 HOLMBURN AVENUE, CUMNOCK, AYRSHIRE,
KA18 3DF**

CHI No: 0902763334

Diagnosis:

1. F11.2 Opioid Dependence Syndrome, currently on substitute treatment

Psychiatric Medication:

Prescribed by Addiction Services
Methadone 60mls daily supervised

Prescribed by General Practitioner (as per patient)
None

Recommendations/Plan:

1. No changes to medication.
2. Outpatient review in four months time.
3. Keyworker review in the interim.

I reviewed Lee in my outpatient clinic at Cumnock Health Centre on 17th April 2018.

I was pleased to hear that he is completely stable on the current dose of Methadone and has not taken any unprescribed medications/drugs for approximately nine weeks now. He reports good sleep and massive improvements in mood symptoms. He is positive about his future and is back in the family home looking after his [redacted] [redacted]. He reflected on positive changes in his life since he was initiated on Methadone. We have agreed not to make any changes at this stage.

Continued...

www.nhsaaa.net



NHS Confidential; [redacted] data about a patient

Page 2

10th May 2018

Dr [redacted] Re: Lee Johnstone

On examination, he was casually dressed and well kempt. He maintained good eye contact. His affect was reactive. He was euthymic. He denied any suicidal or homicidal ideas. There was no evidence of psychosis.

Follow up arrangements are as above.

Yours sincerely

Authorised on 18/05/2018 10:29:30 by Karthik Kessavalou.

Dr K Kessavalou

Consultant Psychiatrist in Addictions

[redacted]
East Community Addiction Team
Rothesay House
1 Greenholm Road
Cumnock
KA18 1LH

www.nhs.uk



NHS Confidential; [redacted] data about a patient

Mental Health Services

NHS Addiction Services
Bentinck Centre
East Netherton Street
Kilmarnock
KA1 4AX
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr F [redacted]
Tanyard Medical Practice
The Health Centre
2 Tanyard
Cumnock
KA18 1BF

Clinic Date: 10/01/2018
Date Dictated: 22/01/2018
Date Typed: 15/02/2018
Our Ref: KK/AE
Enquiries to [redacted]
Tel No: 01563 826369
Fax No:

Dear Dr [redacted]

LEE JOHNSTONE

**3 HOLMBURN AVENUE, CUMNOCK, AYRSHIRE,
KA18 3DF**

CHI No: 0902763334

Diagnosis: F11.2, Opioid Dependence Syndrome, initiated on substitute treatment

**Psychiatric Medication: Addiction Services; initiated on methadone 30mls
daily supervised from 11th January 2018.**

**GP Services; (as per patient) soipodol 30/500mg tablets
up to 8 tablets daily
Amitriptyline 10mg nocte (he says he has not been taking
this regularly)**

**Recommendations/Plan: Methadone initiation as above
Weekly appointments with key [redacted] for titration purposes
Outpatient review in three months time**

I saw Mr Johnstone at my outpatient clinic at Bentick Centre on 10th January 2018. This appointment was arranged for suitability of opioid substitute treatment.

Substance and misuse history

Mr Johnstone advised me that he has experimented with hash and benzodiazepines when he was around 22yrs old. This happened after his [redacted] died suddenly and he was struggling to cope with this and at the same time his relationship broke down and he ended up taking heroin. His heroin use gradually escalated and within months he started to use daily, an average use of around of four to five bags of heroin every day. He also lost his job as a hygiene operator approximately four weeks back. He has always smoked heroin and denied any intravenous use. He denied significant use of any other illicit drugs or alcohol. He wants to stop taking heroin because of its impact on finances and his relationship.

www.nhsaaa.net



NHS Confidential: [redacted] date about a patient

Background history

He denied any childhood trauma and admitted that he was in a care home for a few years. He is currently in a relationship over the last three years and has one [redacted] age 10months and four [redacted] aged 12yrs, 11yrs, 6yrs and 3yrs. He is keen to stop taking illicit drugs as he is keen to remain in the family home.

He denied any chronic medical problems other than the chronic pain related to a few injuries he sustained when someone tried to stab him. He doesn't take amitriptyline every night but admits getting pain relief from solpodol. He denied any non drug allergies.

He denied any significant past psychiatric history. He has never been prescribed anti depressants. He denied a history of self harm or any suicidal attempts.

On mental state examination

On mental state examination, he was casually dressed and well kempt. He maintained good eye contact. His affect was reactive. He appeared to be in mild withdrawal. He denied any suicidal or homicidal ideas. There was no evidence of psychosis.

Discussion and plan

We discussed the treatment options available in Ayrshire for opioid dependence both in terms of detox and maintenance treatment. It was agreed he would benefit from methadone substitute treatment at this stage. I discussed the DVLA regulations around his diagnosis and proposed methadone treatment. He is currently not driving and does not have a driving license.

Follow up arrangements are as above.

Yours sincerely

Authorised on 21/02/2018 14:26:00 by Karthik Kessavalou.

Dr K Kessavalou
Consultant Psychiatrist in Addictions

www.nhs.uk



NHS Confidential: [redacted] (date about a patient)

Activity | Care [redacted]

Page 1 of 1

Staff Copy Printed 13/02/2018 by [redacted] (Community Psychiatric Nurse)

 carepartner

Johnstone, Lee (Mr)

Date of Birth 09-Feb-1976 (42y)

Gender Male

CHI Number 0902763334

Activity Record - ADDICTIONS V3

Status Closed

Centre of Care NHS Addictions East

Location Other

Date of Activity 21st Dec 2017 at 16:20 by [redacted] (Community Psychiatric Nurse)

Contact details

Contact type

Joint working with client

Summary of contact/details

Summary of contact/details

Health Visitor [redacted] MacIntosh kindly returns the writer's call 4.20pm - the writer explains his assessment appointment with Lee this morning, in relation to his (and his [redacted] children.

[redacted] sees from recent records that her [redacted] (and named nurse) [redacted] MacLead, has visited the family home, and no concerns have been raised.

The writer states his intention to visit the family home (decision after further reflection following this morning's appointment) - ongoing liaison with Health Visitor [redacted] planned also

<http://face-op-live.chd.nhs.uk/internal/serviceusers/138443/activities/8579752/print>

13/02/2018

NHS Confidential; [REDACTED] data about a patient

Activity | Care [REDACTED]

Page 1 of 7

Site: [REDACTED] Printed: 13/02/2018 by James King (community psychiatric nurse)

Johnstone, Lee (Mr)

Date of birth: 02-Feb-1976 (42y)

Generic ICP Assessment V4

Status: Closed

Centre of Care: NHS Addictive East

Date of Activity: 21st Dec 2017 at 10:43 by [REDACTED] (community psychiatric nurse)

Presentation

Source of current referral:

Self

Reason for referral:

Chronic heroin misuse

Assessment type:

New

Target date for completion:

23/12/2017

Was target date for completion met?

Yes

Current contact with other services:

No

Previous contact with other services:

Yes

Patient's perspective of current problems and interventions:

Lee is desperate to be in his home - his partner has stated an ultimatum that he either addresses his issues or needs to leave the family home - Lee only last week resigned from his job, simply unable to cope any longer

Carer's perspective of current problems and interventions:

N/A

Patient's perspective of previous problems and interventions:

N/A

Summary of strengths, goals and aspirations:

Lee is motivated to starting medical treatment and engaging in therapeutic work to resolve issues

Were alternative care options considered?

No

Summary of Assessment:

Lee attends new assessment appointment - Gwent health centre 10.40am.

[REDACTED] the writer meet for the first time.

CHILDREN AND SITUATION

Lee lives with his partner of three years, Charlene.

They live with Charlene's four children and their own child:

Tim Allen (28/03/05)

Raf Allen (24/11/06)

Devon Allen (20th unknown at this time)

Cai Allen (18/01/14)

And their daughter Harriet Lee (22/12/15)

It is clear that Lee is [REDACTED] in crisis - he resigned from his job last week, simply unable to cope with caring for his partner has issued Lee with an ultimatum - he either addresses his issues or needs to leave the family home.

The writer plans the next appointment as a home visit and will discuss the home situation, with a referral to Children's Family Social Work colleagues.

The writer plans to discuss the family with School Nurse Nicola Corbridge and Martin Victor Moore Macintosh - and has emailed both of them requesting contact.

Lee shares that he had a good upbringing, but being a "bully" at school led to him being taken into the care of children's homes aged 12 - 16 years.

Lee reports no childhood or adult traumas.

Lee shares that he receives much support from his mother who lives fairly nearby.

SUBSTANCE MISUSE

Lee reports that he started to misuse substances aged 12 years old - during the next few years he would experiment and regularly misuse alcohol, fat, mushrooms, cocaine and amphetamine.

In May 2015 Lee would progress over regular misuse of both benzodiazepines - he reports most recent misuse of 2 months ago.

[REDACTED] lines that he had occasionally smoked heroin prior to six years ago - six years ago his brother sadly passed, and Lee started to smoke the drug regularly as a way of coping.

[REDACTED] reports current smoking of four to six bags of heroin per day.

Since he has stopped smoking the usual recovery effects it to be more difficult to be able to afford

to sustain this level of habit.

Lee shares that in the near future he may revert to intravenous injecting to cope with having reduced amounts of heroin - he states he has never injected previously.

Lee smokes marijuana 1-2 times regularly each day.

Lee reports that he sustained a back injury 8 months ago, and has received GP repeat prescriptions of coxibac 30mg/30mg and amitriptyline 60mg for relief of pain.

Lee admits to consuming more than the prescribed 2 tablets - four times daily in the event he is unable to access heroin - up to 20 tablets at a time.

The writer advises Lee, after discussion, that it is likely he would be asked to stop having the subcutaneous (he is commenced on methadone prescription).

[REDACTED] kindly provides a sample of urine which shows positive results and the only.

Lee kindly accepts offer of basic life support and resuscitation training, and being provided with a resuscitation kit.

Treatment options are explored in discussion - Lee feels he would benefit best from random term methadone - granting him space for therapeutic treatment.

MEDICAL HEALTH / RISK

<http://face-cp-live.chd.nhs.uk/internal/serviceusers/138443/activities/8574693/print>

13/02/2018

NHS Confidential; [REDACTED] (date about a patient)

Activity | Care [REDACTED]

Page 2 of 7

Stem Copy Printed: 13/02/2018 by James King (community psychiatric nurse)

Johnstone, Lee (Mr)

Date of birth: 03-Feb-1976 (Age)

As previously mentioned, Lee's brother passed away 5 years ago, and he started to misuse heroin in order to cope - it would be expected that this unresolved issue would become very apparent in Lee's early recovery - this point

Lee reports no history of, or risk of, deliberate self-harm or suicide.

Nor any history of antidepressant or other psychiatric treatment.

FORENSIC / RISK

Lee reports that he has served a number of prison sentences - the longest sentence being 2 years 10 months for various assault, his most recent being served in 2014 - Lee states that he has not been committing crime since he has finished.

PHYSICAL HEALTH

[REDACTED] (date) showed negative results.

PLAN

- Request medical appointment for consideration of continued oral prescription methadone
- Therapeutic work focusing on issues associated with chronic substance misuse
- Including bereavement issues
- The writer is to liaise with School Nurse and Health Visitor colleagues with regard to attending the child on Lee's visits. The writer is to visit the family home, and assess the home situation, with the option of referral to CYP.

Agreement post appointment, home visit 31/1/18 or 3pm

Action points

PLAN

- Review medical appointment for consideration of continued oral prescription methadone
- Therapeutic work focusing on issues associated with chronic substance misuse
- Including bereavement issues
- The writer is to liaise with School Nurse and Health Visitor colleagues with regard to attending the child on Lee's visits. The writer is to visit the family home, and assess the home situation, with the option of referral to Children & Families Social Work.

Whilst receipt of substitute medication, Lee, with the assistance of his other named carers, will actively engage in their recovery journey to achieve their goals and objectives. Their accepted responsibilities are to stop using heroin and stabilise his life. Lee has agreed that:

1. He will agree with his carers to fully commit to NHS recovery and health recovery agreement.
2. Lee will engage fully with the recovery to achieve a therapeutic relationship where he will have the opportunity to maintain any therapeutic knowledge and enhance his recovery agreement.
3. Participate in therapeutic and recovery work as agreed with Lee to have regular review sessions and health assessments including (as appropriate) physical assessments.
4. It has been agreed that Lee will agree to the doctor's and when required with the support of his recovery team. Or his ongoing recovery as standard practice - maximum 1 year.
5. Lee will identify specific problems relating to his recovery and substance misuse.
6. Lee will identify specific problems relating to his recovery and substance misuse.
7. Lee will discuss with the recovery team and consider alternative coping strategies and changes to his recovery plan to support his recovery and recovery factors.
8. Throughout Lee's recovery journey any information relevant to his care and any identified risks will be communicated to other professionals involved in his care.
9. Lee will be encouraged to participate in recovery recovery recovery and agreed with stage of recovery recovery and recovery recovery.
10. Individual
11. Individual

Ayscote Mental Health Risk Assessment Framework

Assessment completed by

Background section

Mental state

Anxiety

None. MENTAL HEALTH/RISK

As previously mentioned, Lee's brother passed away 5 years ago, and he started to misuse heroin in order to cope - it would be expected that this unresolved issue would become very apparent in Lee's early recovery - this

Lee reports no history of, or risk of, deliberate self-harm or suicide.

Nor any history of antidepressant or other psychiatric treatment.

It is clear that Lee [REDACTED] has resigned from his job last week, simply unable to cope with carrying on. His partner has found Lee with an ultimatum - he either addresses his issues or needs to leave the family.

Engagement

Medication management

Anxiety

- None. Lee reports that he sustained a back injury 8 months ago, and has received GP repeat prescriptions of regular 30mg/500mg and paracetamol 12x1500mg for relief of pain.
- Lee is unable to carry out more than the prescribed 2 tablets, four times daily in the event he is unable to source heroin - up to 20 tablets at a time.
- The writer advises Lee further in discussion that it is likely he would be asked to stop taking the aspirin if he is commenced on methadone prescriptions.

Risk of suicidal thoughts

Risk of self-harm

Green

None. Lee reports no history of, or risk of, deliberate self-harm or suicide.

Risk of suicide

Green

None. Lee reports no history of, or risk of, deliberate self-harm or suicide.

<http://face-cp-live.chd.nhs.uk/internal/serviceusers/138443/activities/8574693/print>

13/02/2018

NHS Confidential; [REDACTED] (date about a patient)

Activity | Care [REDACTED]

Page 4 of 7

Site: [REDACTED] Printed: 13/02/2018 by: James King (community psychiatric nurse)

Johnstone, Lee (Mr)

Date of birth: 00-Jan-1976 (62y)

Patient

- Request verbal agreement for consideration of consented on previously mentioned
- Therapeutic work focusing on stress associated with chronic substance misuse
- Involving bereavement care
- The writer is to liaise with School Nurse and Health Visitor colleagues with regard to assessing the children Lee lives with. The writer is to visit the family home, and assess the home situation, with the option of referral to Children & Families for

Personal and social history

Is there a [REDACTED] child?

Yes

- Note: Lee lives with his partner of seven years, Christine.
- They live with Christine's four children and their own child:

- Tre Allen (25/09/03)
- Kai Allen (24/7/04)
- Deiya Allen (born unknown at this time)
- Cal Allen (04/02/14)
- And their daughter Harper Lee (21/11/17)

- It is clear that Lee is currently in crisis. Lee resigned from his job last week, finding it hard to cope with caring on. His partner has issued Lee with an ultimatum - he either addresses his issues or needs to leave the family home.
- The writer views the next consultation as a home visit and will assess the home situation, with potentially a referral to Children & Families Social Work colleagues.
- The writer plans to discuss the family with School Nurse Nicola Carrigan, and Health Visitor Helen Macintosh - and has emailed both of them requesting contact.

Barker's risk rubric

Was gender based violence routine enquiry carried out?

Yes

Did disclosure take place?

No

Forensic/Criminal

Has the patient been convicted of a criminal offence?

Yes - drug related

Rate: FORENSIC / REEK

- Lee states that he has served a number of prison sentences - the longest sentence being 2 years 10 months for serious assault. His most recent being served in 2014 - Lee states that he has not been committing crime since?
- Not pending.

Forensic contact

Previous Criminal Justice Service involvement

Yes

Current Criminal Justice Service involvement

Yes

Charges pending

No

Psychological well-being

Behaviour

Aggressive behaviour

No problems

Suspicious or accusatory behaviour

No problems

Eating problems

No problems

Wandering

No problems

Overactivity

No problems

Ditto, inappropriate or unacceptable behaviour

No problems

Cognition

Memory

No problems

Attention and concentration

No problems

Understanding

No problems

Expression

No problems

Mental health

Thought disorganisation

No problems

Delusions

No problems

Hallucinations and other perceptual abnormalities

No problems

Suicidal or expansive

No problems

<http://face-cp-live.chd.nhs.uk/internal/serviceusers/138443/activities/8574693/print>

13/02/2018

NHS Confidential; [REDACTED] data about a patient

Activity | Care [REDACTED]

Page 5 of 7

Site: CP Live Printed: 13/02/2018 by [REDACTED] King Community Psychiatric Nurse

Johnstone, Lee (Mr)

Date of Birth: 02-Feb-1976 (42y)

No problem

Depressed mood and ideation

No problem

Obsessional ideas and compulsive behaviour

No problem

Intrusive ideation

No problem

Anxiety, phobias and panic

No problem

Somatic pre-occupations

No problem

Lowering of energy, drive or interest

No problem

Sleep disturbance

No problem

Alcohol or substance misuse

Alcohol misuse

Alcohol

Misuse of prescribed drugs

Prescribed

Misuse of non-prescribed drugs

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

Note:

SUBSTANCE MISUSE

Prescribed

<http://face-cp-live.chd.nhs.uk/internal/serviceusers/138443/activities/8574693/print>

13/02/2018

NHS Confidential; [redacted] (date about a patient)

Activity | Care [redacted]

Page 6 of 7

Site: Cambridgeshire Printed: 13/02/2018 by: James King (cambridgeshire) Royal

Johnstone, Lee (Mr)

Date of Birth: 02-09-1976 (62y)

Lee reports current smoking of 10 to 15 cigarettes per day.
 Since he has stopped smoking Lee understandably expects it to be more difficult to be able to afford to sustain this level of intake.
 Lee fears that in the near future he may revert to intravenous injecting to cope with having reduced amounts of heroin - he states he has never injected previously.

Lee smokes marijuana ("weed") regularly each day.

Lee reports that he sustained a back injury 6 months ago, and has received GP repeat prescriptions of valproate (Stung/Valium) and amitriptyline (Zillofing) for relief of pain.
 Lee admits to consuming more than the prescribed 2 tablets - two hours daily in the event he is unable to source heroin - up to 20 tablets at a time.
 The writer advises Lee - later in discussion, that it is likely he would be asked to stop taking the valproate if he is commenced on antidepressant prescriptions.

Lee kindly provides a sample of urine which screens positive opiates and the only.

Lee kindly accepts offer of basic life support and naloxone training, and being provided with a naloxone kit.

Treatment options are explored in discussion - Lee feels he would benefit from medium term methadone, granting him space for therapeutic treatment.

20% SUBSTANCE MISUSE

Lee reports that he started to consume substances aged 12 years old - during the next few years he would experiment and regularly consume alcohol, but, cannabis, cocaine and amphetamine.

In his 20's Lee would progress and regularly consume illicit heroin substances - he reports most recent intake of 2 months ago.

Lee does not that he had occasionally injected heroin prior to six years ago - six years ago his brother sadly passed, and Lee started to smoke the drug regularly as a way of coping.

Lee reports current smoking of 10 to 15 cigarettes per day.

Since he has stopped smoking Lee understandably expects it to be more difficult to be able to afford to sustain this level of intake.

Lee fears that in the near future he may revert to intravenous injecting to cope with having reduced amounts of heroin - he states he has never injected previously.

Lee smokes marijuana ("weed") regularly each day.

Lee reports that he sustained a back injury 6 months ago, and has received GP repeat prescriptions of valproate (Stung/Valium) and amitriptyline (Zillofing) for relief of pain.

Lee admits to consuming more than the prescribed 2 tablets - two hours daily in the event he is unable to source heroin - up to 20 tablets at a time.

The writer advises Lee - later in discussion, that it is likely he would be asked to stop taking the valproate if he is commenced on antidepressant prescriptions.

Lee kindly provides a sample of urine which screens positive opiates and the only.

Lee kindly accepts offer of basic life support and naloxone training, and being provided with a naloxone kit.

Treatment options are explored in discussion - Lee feels he would benefit from medium term methadone, granting him space for therapeutic treatment.

30% SUBSTANCE MISUSE

Lee reports that he started to consume substances aged 12 years old - during the next few years he would experiment and regularly consume alcohol, but, cannabis, cocaine and amphetamine.

In his 20's Lee would progress and regularly consume illicit heroin substances - he reports most recent intake of 2 months ago.

Lee does not that he had occasionally injected heroin prior to six years ago - six years ago his brother sadly passed, and Lee started to smoke the drug regularly as a way of coping.

Lee reports current smoking of 10 to 15 cigarettes per day.

Since he has stopped smoking Lee understandably expects it to be more difficult to be able to afford to sustain this level of intake.

Lee fears that in the near future he may revert to intravenous injecting to cope with having reduced amounts of heroin - he states he has never injected previously.

Lee smokes marijuana ("weed") regularly each day.

Lee reports that he sustained a back injury 6 months ago, and has received GP repeat prescriptions of valproate (Stung/Valium) and amitriptyline (Zillofing) for relief of pain.

Lee admits to consuming more than the prescribed 2 tablets - two hours daily in the event he is unable to source heroin - up to 20 tablets at a time.

The writer advises Lee - later in discussion, that it is likely he would be asked to stop taking the valproate if he is commenced on antidepressant prescriptions.

Lee kindly provides a sample of urine which screens positive opiates and the only.

Lee kindly accepts offer of basic life support and naloxone training, and being provided with a naloxone kit.

Treatment options are explored in discussion - Lee feels he would benefit from medium term methadone, granting him space for therapeutic treatment.

40% SUBSTANCE MISUSE

Lee reports that he started to consume substances aged 12 years old - during the next few years he would experiment and regularly consume alcohol, but, cannabis, cocaine and amphetamine.

In his 20's Lee would progress and regularly consume illicit heroin substances - he reports most recent intake of 2 months ago.

Lee does not that he had occasionally injected heroin prior to six years ago - six years ago his brother sadly passed, and Lee started to smoke the drug regularly as a way of coping.

Lee reports current smoking of 10 to 15 cigarettes per day.

Since he has stopped smoking Lee understandably expects it to be more difficult to be able to afford to sustain this level of intake.

Lee fears that in the near future he may revert to intravenous injecting to cope with having reduced amounts of heroin - he states he has never injected previously.

Lee smokes marijuana ("weed") regularly each day.

Lee reports that he sustained a back injury 6 months ago, and has received GP repeat prescriptions of valproate (Stung/Valium) and amitriptyline (Zillofing) for relief of pain.

Lee admits to consuming more than the prescribed 2 tablets - two hours daily in the event he is unable to source heroin - up to 20 tablets at a time.

The writer advises Lee - later in discussion, that it is likely he would be asked to stop taking the valproate if he is commenced on antidepressant prescriptions.

Lee kindly provides a sample of urine which screens positive opiates and the only.

<http://face-cp-live.chd.nhs.uk/internal/serviceusers/138443/activities/8574693/print>

13/02/2018

NHS Confidential; [REDACTED] (date about a patient)

Activity | Care [REDACTED]

Page 7 of 7

Site: Copy Printed: 13/02/2018 by: James King (community psychiatric nurse)

Johnstone, Lee (Mr)

Date of birth: 02-09-1976 (62y)

Lee readily accepts a lot of basic life support and maximum housing, and being provided with a telephone list

Treatment options are explored in discussion - Lee feels he would benefit from some down medication, giving him space for therapeutic treatment

Physical

Sexual health
PHYSICAL HEALTH

Lee reports that a blood test result 2014 showed negative result

Activities of daily living and life skills and Social circumstances

Personal care

No problem

Activities of daily living in the home

No problem

Activities of daily living outside the home

No problem

Family, friends and [REDACTED]

[REDACTED]

Note: It is clear that Lee is currently in crisis - he resigned from his job last week, simply unable to cope with carrying on. His partner has issued Lee with an ultimatum - he either addresses his issues or needs to leave the home

Relationship with partner

Mostly no problem

Note: It is clear that Lee is currently in crisis - he resigned from his job last week, simply unable to cope with carrying on. His partner has issued Lee with an ultimatum - he either addresses his issues or needs to leave the home

Involvement in recovery

Communication about emotional difficulties

No problem

Medication

Current medication

Lee reports that he sustained a back injury 8 months ago, and has been on 127 mg of paracetamol 4x daily, 10mg of Diazepam and 10mg of Zolpidem for sleep at night

Lee reports no previous history of alcohol or drug use. He reports that he is unable to sleep at night - he is 10-12 hours a day

The notes suggest Lee is a person who is unable to stop taking the subject of his concerns' on a regular basis

Capacity to consent to care and treatment

Does the person have capacity?

Understand the information given to them that is relevant to the decision

Yes

Retain that information long enough to be able to make the decision

Yes

Use or weigh up the [REDACTED] part of the decision-making process

Yes

Communicate their decision

Yes

Is consent valid?

Yes

Is the consent given voluntarily?

Yes

<http://face-cp-live.chd.nhs.uk/internal/serviceusers/138443/activities/8574693/print>

13/02/2018

FORM GP111E

NHS Confidential: Personal data about a patient

CLINICAL NOTES		National Health Service Number	741. 76. 881
		Surname (Block Letters)	JOHNSON
		Forenames (Block Letters)	LEE D.
		Address	16 LITTLEWOOD CR., WATFORD
		Date of Birth	9. 2. 76
Date	- 4 Oct 1990		
	Sore throat, diarrhoea and vomiting Abdo soft to soft.		
	Attends paediatric school at Malvern Hills Smokes 10 cigs/day		
	A. Dantrolene pho 10 cils kds Caprox 500mg kds.		
21/5/91	Pain last night @ hypochondrium This AM sore throat - @ cervical LN enlarged ① tach A. Meningitis Adenitis → Paracetamol Phell		

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

FORM GP111F

NHS Confidential: Personal data about a patient

5-30pm
N/P

CLINICAL NOTES	National Health Service Number	
	Surname (Block Letters)	Forenames (Block Letters)
	Address	Date of Birth
	JOHNSTONE	LEE
		9. 2. 76

Date	
23/04/92	Aggravated (w) middle & index finger playing football claim by Dr. Wilson. Release, dress & tape to joint. N-MKs. Review Monday. FOR. NPR
27/04/92	WOUND DRESSING APPLIED. DR. WILSON PRESCRIBED ANTIBIOTIC COVER.
28.5.92 Leg	Rx PAINKILLERS PAIN 300mg 5mg 105 12. 5. 92
1/9/92 10:30 am	Pain in (C) lumbar region since 6pm - colicky bowels regular. No urinary symptoms. Similar episode 1 year ago. Mild hypotension. Abdo soft. Bx normal. Ape beat (C) 54/105. chest clear a viral illness & abdominal colic Rx Tylenol 2 caps stat. 1 cap bdo (C) Q 4 hr SW
1.4 DEC 1992	Haematuria & dysuria - seen in A&E Hx of this at [redacted] To hand in MSU. Rx trimethoprim 200
18/12/92	Urinalysis NAD. MSSU ✓
13/1/93	com yesterday RIA injury to (C) leg. Venter tender on (C) anterior-blast. Had similar venter while in hospital awaiting endoscopy 25.6.92 Ppo P60/min. Slight tenderness No rebound. No guarding. Not shocked Preoperative 2 lab tests & Tagamet 4000 P 6000 bdo
14/1/93	vomited x3 this am - yellow After food and fluids - fresh blood at first 2 occasions. go 100/60 Rx famprisan 150mg po qid and at bedtime (2 caps) 2 antacids 300mg bdo (2 caps) slight tenderness in epigastrium. No bowel movement for 4 days Rx Cidan 100mg
18.12.92	URINALYSIS NAD MSSU ✓

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

FORM GP111F

NHS Confidential: Personal data about a patient

Date		
21 MAR 1993	DNA	
22/4/93	Mr J. Appente - nurse	
	Now Abd pain for 4 hrs.	
	ok touch and range	
	measured R.R. 16/min	
	Admit Ayr. Surgical	SW

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

Dd 42770N 1500M 11/91 Ed(25286)

NHS Confidential: Personal data about a patient

		National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)		Forenames (Block Letters)
	JOHNSTONE		LEE
	Address		Date of Birth
		10 MINNOCU CRES MURRAY	9/2/76

Date	
20 SEP 1995	Shee tried
Med 3 4/5	Has stopped physio - no specific
Gillian B...	reason has promised to go back
	to ref Dr Matthew ✓
07 OCT 1995	Attending physiotherapy
	for further investigations
	Med 3 - 4/5 Gillian Borne Syndrome
	some throat, cough, No taste
	still smoking Check ches
	to Ann x gullen 250m 1 Lap lats - (20)
02 NOV 1995	DNA
3.11.95	to simple linder 200m 100m qds

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

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient

		National Health Service Number	
CLINICAL NOTES		Surname (Block Letters)	Forenames (Block Letters)
		JOHNSTONE LEE	
		Address	Date of Birth
		162/Innoch Cea rpybole	9/2/76

Date	
29 JUN 1995	Attending Dr. Mattison ^{Mattison} unit Med 5 - 3/7/95 - for 4 wks ^{Guillain Barre} Discharged from Physics Central - 20/6/95 10 th 4 - for before falling ill 8 th 14 th - 4 weeks ago complaining of Headaches BP 110/70 Cocodamine 2 tabs 4x4, Max 8 per day (102) Clinks - Guillain Barre syndrome. Doing quite well
21 AUG 1995	Not seen Dr. Mattison. Attending Physiotherapy twice weekly - weekends and 4x4 days Still tired and headaches. Ht 5ft 6 Wt 10st 2 12 cap 1 day Med 3 4 weeks - Guillain Barre Syndrome K-Oxaphos 1000 1 pill in each mouth 12h cephalexin 250mg qds (20) (11) Rash on upper lip - Chlorine 22/8/95 9am - Message left with secretary at Rehab unit - for Dr. Mattison to review Lee when he is at Physiotherapy

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

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient

		National Health Service Number		N/P	
Barns Street CLINICAL NOTES 6, Britannia Place Ayr		Surname (Block Letters) JOHNSTONE		Forenames (Block Letters) Lyle Lee	
		Address 16 Minnoch Cres Maybole KA 19 8DW		Date of Birth 9/2/76	
Date	01655-889536				
4/4/95	when sitting. Feet go numb when coughing pain in back. No hx of injury to back RTA - injury to head & 2 1/2 - 3 yrs ago. PMH - nil of note PH - nil. Allergic to N/A known Complains of numbness in toes. Reflexes in back SLR 90° (R) & (L) Tender over iliac joints (R) & (L) - another 100mg Idas R Thompson 400mg tabs (60) → FBC, ESR, Rh factor, Glucose, U&E, LFTs, lipids. → send new patient registration.				
04 APR 1995	FLU - nil of note PLU - Abscess under chin abscess # Joints (L) 8 yrs old RTA injured head & neck white knut. SH - Single lives with fiancee no family Unemployed - tobacco Smokes - 10/day alcohol - 15 pints beer/weekends HT. 5' 6" WT. 105 41bs BP. 100/60 Urea - 3.0 Up to date with tetanus Bloods taken as above MSSU sent 6/4/95				
12 APR 1995	Cancelled appt in hospital				
28 JUN 1995	Cancer				

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

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient

		National Health Service Number	
CLINICAL NOTES		Surname (Block Letters)	Forenames (Block Letters)
		JOHNSTONE	LEE
		Address	Date of Birth
		16 Minnochrescent Maybole KA19 8DW	9 2. 76
Date		Pay Unit 01655-88953	
30 OCT 1996	was at Falkirk Infirmary - needs general anaesthetic for excision of abscess. - letter sent back to Health Board. left bronchial apt. - refer surgeon.		
31/10/96	FH - NIL OF NOTE PH - Cushing's Syndrome. 1995. SH - SM MARRIED (SEPARATED). NO FAMILY. UNEMPLOYED AT PRESENT SM - 5/6 days AL - 10 units per week. HT - 5' 6" WT - 100 or 81 lbs BP - 110/70 MEDICATION - NIL AT PRESENT ALLERGIES - NO KNOWN ALLERGIES.		

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

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient

CLINICAL NOTES		National Health Service Number	
		Surname (Block Letters)	Forenames (Block Letters)
		Johnstone	Lee
		Address	Date of Birth
		16 Minnoch Cres MAYBOLE	9/2/76
Date			
4/11/96	white eating apt on @ side of neck link and drained clear fluid. draining every day. occasional blood		
	4 flucloxacillin 250mg qds (28)		
18 NOV 1996	Back pain, mechanical low back pain from, to attend physio.		
12 DEC 1996	ener		
10/10/96	Reg		
01 JUL 1997	abscess on neck		
21 JUL 1997	- ? bacterial cyst - referred back to surgeon		
	① Infected fork. Fungal & Bacterial		
	②. trachea (wounds)		
	Ac Daktacort . 30		
	Fluoximil 250 28		
	spavulox 30		
28 JUL 1997	DNA		
02 SEP 1997	DNA		
04 SEP 1997	2 abscesses removed from (4) abscesses.		
12 SEP 1997	Had abscess on neck ? Myxofibrosarcoma as per 2 days has 7 pm & discharges ? every 4 days		

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

16 Carcinoma T M (2)

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient

		National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)		Forenames (Block Letters)
	JOHNSTONE		LEE
	Address		Date of Birth
		10 MINNICH CRESS, MAYBOLE	
Date			
24 OCT 1997		cancelled.	
08 DEC 1997		DNA	
		Appt for - review, not had yet	
		Phone up	
		Phoned up Mr. The author's sec	
		Thank would be called in Feb	
21/3/98		OOR - left pharyngolossal cyst excision	
		change of address 4c Whitehead Ave	
3/3/98		Joyce Beale - District nurse phoned,	
		been to visit 4 times & never got	
		patient in - arranged specific times -	
		no reply	

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

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient

		National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)		Forenames (Block Letters)
	Johnstone		Lee
	Address		Date of Birth
		4c Whitefords Ave Maybole	9/2/76

Date		
17 APR 1998		DTU 3 days but wanted the an Dantrolene all day yellow no blood No mucus Feet hot o/e Not dehydrated BP 120/80 pulse 36 Ab nro Dyspnoea gurgles Fm stool 0/5
28 APR 1998	(2)	Had Thyroglossal cyst removed Feet, now has 7 pm + yellow wound o/e Wound infected Q Flucloxacillin 250mg 4x daily (28)
29/4/98	V	Gustly glands fused, spotty red on face infected thyroglossal wound, a is as above, canine furox + penicillin. was at surgical clinic 4/5/98 - - recurrence of apt - for further surgery - 2 warm + boils on neck and chin Coamoxolon 1 tab tds (21) Fucidin H cream apply qds (20g) twice daily Scabprine sea beads Apr. all work since 30/4/98 Med 3 - 1 wk - infected at thyroglossal apt

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

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient

		National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)		Forenames (Block Letters)
	JOHNSTONE		LEE
	Address		Date of Birth
		4C WHITEFAULDS AVE MANCHESTER	9/2/76

Date	Notes
12 MAY 1998	Wound healed. Lump on (L) leg - small sebaceous cyst Stopped smoking 4 [redacted] - 70 stop exercises Med 3 - back to work 13/5/98 - independent thyroglossal cyst - DNT
21 JAN 1999	21/1/98 H/A flu like illness, Agoraphobia, hallucinations vomiting Agoraphobia not exp where Coamoxolan 1 tab tds (21) Prednisolone 5mg 2 tab qds (60) Salicylate 500 5-10 mg qds (60) Coamoxolan 1 tab qds (60) advised to drink small amounts of fluid for review it unable to tolerate Paracetamol 24 hours
05 FEB 1999	cyst in neck getting bigger again claim not to have received appointment ultrasound - Coamoxolan 1 tab tds (21) sebaceous cyst over (L) thigh ->
29/4/99	To see Mr Stewart 10/5/99 pulled muscle on back [redacted] sprained neck [redacted] As Pictolene 600 5mg 1 tab tds (60) Coamoxolan 2 tab qds (60)

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

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient

CLINICAL NOTES	National Health Service Number	
	Surname (Block Letters)	Forenames (Block Letters)
	JOHNSTONE LEE	
	Address	Date of Birth
4C WHITE RAUNDS AVE		9/2/76
MAYBOLZ		

Date

27 MAY 1999 CXLD

31/5/99 PU More call notter. rd call 3/7

HT Epigastric and xiphoid pain
 drinking plenty fluids di
 right wrist
 No to self BS ✓
 Had a minor Haematuria [redacted] until 4.
 No also
 1st Antt gills prob viral
 2nd making worse - was settled

6/11/00 Fills any 4/5/99 then food
 DNA

2/11/99 DNA

02 NOV 1999 Discharge at weekend. Stuman bite
 to (2) under finger. 9/5 Swollen &
 very tender Injury caused without
 punching someone's face. ?# 00
 advised to attend A&E

6/11/00 Call from Station 2, Ayr Hospital. Had appendicectomy
 3/11/00, chips due out 11/11/00 - message passed to S. Nurse

10 JAN 2003 On Community service
 Appendicectomy 31.11.00 - discharged 6/1/0
 pld 3 & 4 weeks appendicectomy
 burning sensation on swallowing - elsewhere 04

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

over
 festivity
 person

Gavis on advance 10 mins after meals and
 ab bedtime (505)

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient

		National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)		Forenames (Block Letters)
	JOHNSTONE		LEE
	Address		Date of Birth
		4C WHITRAVENS AVE	9/2/76
		MAYBAG	

Date	
03 FEB 2000	2 sutures removed from RT hand wound surgically open. Still a bit and machine dressing applied. Remains in surgery '152.
2/2/2000	nightly pain in (B) abdomen helped by paracetamol worse at bedtime Med 2 - 4 weeks appendicitis + laceration on right pelvis
01 SEP 2000	Things on feet. ? Athlete's foot. Px. Daktarson. (11) Flu system at night. - shift (102) 2-4 Dextro 100mg (13) Mares Behinder from ?? studies rains 802. -
05 SEP 2000	DNA
29 SEP 2000	DNA
30 NOV 2000	
07 DEC 2000	Days very busy in neck → Px Alexander's 2000 CDD - advice April surgery at present. - also cold, for adv- - covered with anti-biotics

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

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient

National Health Service Number		CHI 3334	
Surname (Block Letters)		Forenames (Block Letters)	
Johnstone		Lee	
Address		Date of Birth	
46 Whitefields Ave Maybole		9/2/76	
CLINICAL NOTES 104 MINNOCH CRES MAYBOLE			
Date	*	Clinical Notes	Diagnosis
03 JUL 2001		Med 2 - 4 weeks - burns to trunk, genitals, arms and hands. discharge from scar. - Thymoglobulin aph. Refer back to Mr Stewart.	
26 JUL 2001		Drugs to Harnum, Darn., Rx. Risperidone. Advise to normalise activities. Med (S) 3/52	
15 AUG 2001		I think first baby has and mood alterations - Post Menstrual.	
21 AUG 2001		Not helping in kitchen. Playing night moves - sing the fire - sit in bedroom most of the day. Med 2 - Refer CMHT - for counselling. drinking excessive alcohol + smoking + 20. Citalopram 20mg 1 tab. New app Oct 2001. lost 1 stone in weight - 74 kg (11st 2lb) sweaters ++. Med 3 - 4 weeks - Anxiety depression	
04 SEP 2001		DNA	
06 SEP 2001		DNA	

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

FORM GP111F
355 2095

Printed by Tactica Solutions, 11/00, B16745, E9331, R.P. (53791)

NHS Confidential: Personal data about a patient

CLINICAL NOTES		National Health Service Number	
		Surname (Block Letters)	Forenames (Block Letters)
		Johnstone	Lee
		Address	
		104 Waverley Cres Weymouth	
		Date of Birth	
		9/2/76	

Date	*	Clinical Notes	Diagnosis
13 SEP 2001		DNA app made 12/9/01	10 ⁴²
		previous DNA - 6/9/01	Attended on 21/8/01
		4/9/01	26/7/01
		16/8/01	31/7/01
		30/11/00	7/12/00
		29/9/00	
		5/9/00	
		letter for 3 consecutive DNA's	
14 SEP 2001		still having blackouts and nightmares	
		over past 2 weeks - 4-5 cans daily	
		change Citalopram to Paroxetine 20mg more	
		with food (30)	
		Advised No alcohol	
		Med 3 - 3 weeks Anxiety Depression	
27 SEP 2001		Paroxetine causes nausea	
		No change	
		Surgeon's clinic 22/10/01	
		No appt with Psychologist	
		11/17 P103	
		at 140/80	
		Prochlorperazine 5mg 1 tab (21)	
		Advised 1 tab	
		Med 3 - 4 weeks - Anxiety Depression	
02 OCT 2001		Still vomiting despite Prochlorperazine	
		Change Prochlorperazine to 10mg 1 tab daily with food (21)	

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

FORM GP111F
355 2095

Printed by Tactics Solutions, 11/00, B16745, E9331, R.P. (53791)

NHS Confidential: Personal data about a patient

CLINICAL NOTES		National Health Service Number		CHI 3334
		Surname (Block Letters)		Johnstone
		Forenames (Block Letters)		Lee.
		Address		Date of Birth
		104 Minnoch Cres Maybole		09/2/76

Date	*	Clinical Notes	Diagnosis
29 OCT 2001		Cancelled	
1 NOV 2001		DNA ① apt made 29/10/01 - 90%	
05 NOV 2001		fighting at weekends aggression to (1) hand 9 screws 12 screws wound - FOS. 12/10/01	
06 NOV 2001		no word from Psychiatrist - at 7.5 hrs vomiting in the morning at 11 hrs at night. Alcohol 4-6 cans / apt u hirs awake = 48 units Med 3 Spence, Etern K to 650m Lep daily with hapt - (28) to reduce alcohol intake.	
18 DEC 2001		Cancelled	
24 APR 2002		Fit for work again Post traumatic stress syndrome settled = Hypertension apt going to burst smelling of alcohol Med 3 - fit for work Anxiety Depression	
04 DEC 2002		DNA ②	
10 MAR 2003		DNA ③ letter	
21 APR 03		On drugs binge, heartless - pancy blood PR. dronlan breath No ear swell No cough No haemoptysis Swallow 1/2 star on toilet paper med 3 10/03	

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

FORM GP111F
355 2095

Revised 9/01
4/03 (2003)
Annual HC appraiser

looks well Als tends to PR small team
Dronlan ? ulits
Psychiatrist
PR Revised team
TCS FOS SNACE 8/01
8/01

NHS Confidential: Personal data about a patient

CLINICAL NOTES		National Health Service Number	CHI: 3334
		Surname (Block Letters)	Forenames (Block Letters)
		JOHNSTONE	LEE
Address		15A DRUMELLAN ST. 106 HINNOCK CREES. MAYBOLE	Date of Birth
			9.2.76
Date		Clinical Notes	Diagnosis
30 JUN 2003			
04 JUL 2003		Bloods show evidence alcohol abuse. Patient injured, wounds referred to detox to [redacted] to have settled. → Detox ✓	
C.O.A. 07 JUL 2003		15A DRUMELLAN ST MAYBOLE Med 3 2/22 alcohol detox	
8.7.03		Richardiazepoxide tabs 10mg 38, 1 tab as directed	
15 JUL 2003		D.A. made 10/7/03	
22 JUL 2003		DNA 8.50 - appl made 21/07/03 (10.41)	

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

FORM GP111F

PRINTED FOR ASTRON, B28754 12/02 (017302)

355 2095

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

PRINTED FOR ASTRON, B30160 3/03 (017302)

355 2095

NHS Confidential: Personal data about a patient

Date	*	Clinical Notes	Diagnosis
27/8/05		Examination Bowel No Bleeds Spinal Hemorrhoids ? 1cm Hemorrhoids 1cm (60) Painful ☒ on touch	
3/9/05		Spinal Signs Normal No Cauda Hemorrhoids	
24/9/05	C6	Handy now ant last week. Cauda NO. Cauda Hemorrhoids.	
29/10/05	C6	Normal Heart. No heart in place No wound to Spinal Hemorrhoids. Spinal Hemorrhoids Zoned 3cm (60) 3cm (60) 3cm (60) Kondur (60) (60) 3cm (60)	
18/1/06		S/Tx @ 0000 → anoxia 60/100/65.	
21/4/06		Phlegm - Anoxia 60/100/65	
3/11/05		Wound (L) Phlegm 0/10. 1/10 1/10 1/10	
1/11/05	L7/8		

* 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

IMMUNISATIONS AND SCREENING INVESTIGATIONS	National Health Service Number	
	Surname (Block letters)	Forename (Block letters)
	JOHNSTONE LEE	
	Address	Date of Birth
		09/02/76

IMMUNISATIONS (Insert Date and Batch Number where appropriate)								
	Diphtheria	Tetanus	Pertussis	Polio	Meas-	Rubella	MMR	BCG
Date		27/6/01						21/06/91
Manufacturer & Batch No.		180806						
Date		15/09/89						
Manufacturer & Batch No.								
Date		24/01/90						
Manufacturer & Batch No.								
Date		20/06/90						
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

	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.				

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

Form GP 111H 355—2097

NHS Confidential: Personal data about a patient

NEW PATIENT HEALTH CHECK

NAME LEE JOHNSTONE MARITAL STATUS SINGLE
 ADDRESS 16 MINNOCH CRES OCCUPATION UNEMPLOYED
NIA-150LE LIFE SAVED
 TELEPHONE 01655 889514
 DOB 9.2.76 ALLERGIES NIL

DATE	28/1/04
SMOKING STATUS	10 CIGS / DAY - ADVICE + LEAFLET GIVEN
PEAK FLOW	500 L/min Exp 450 L
STATED DRINKING WHEN HE BECAME UNEMPLOYED	Home DETOX 3 1/2 AGO - LASTED 2 DAYS.
ALCOHOL 18 MONTHS AGO	15 UNITS / NIGHT
MEDICATION	NONE.
DIET	GOOD VARIATION DIET.
EXERCISE	LIGHT.
HEIGHT	1.65m
WEIGHT	77.5kg 12/01 13/16.
BP & PULSE	154/81 P88. 2nd BP 140/80.
URINALYSIS	URINE - CTC + MICROSCOPY. + PROTEIN. NOW HAEM BUNDS. DISCUSSED.
MALES - TSE LEAFLET GIVEN FEMALE - SMEAR LEAFLET GIVEN	
FAMILY HISTORY	NIL OF NOTE
PAST MEDICAL HISTORY	CHILLAIN / BARRIE SYNDROME - 1995 NOT VENTILATED. NOT FOLLOWED UP NOW HEAVY DRINKER - 18/12. EX + DRAINAGE THREAT ABSCESS X2 2001.
COMMENTS	

F. McLaughlin

NHS Confidential: Personal data about a patient

MALE *J. M. M. M. M.*

SURNAME <i>JOHNSTON</i>		CHRISTIAN NAMES <i>LEE DAVID</i>	
ADDRESS <i>25 REDHALL DRIVE</i>		Date of Birth <i>9 2 76</i>	

DATE	*C*	CLINICAL NOTES	DIAGNOSIS
<i>16.8.76</i>		<i>Crying, slow feeding, cough + running nose. for 3 days. St. chert. O/E. M.A.D. O.R.V.I.R.O. P.A.S.O. drops. Coloured mucus. P.A.S.O. drops. Coloured See 803</i>	
<i>13.4.76</i>	<i>VISIT</i>	<i>Cough and cold ① Bacterial conjunctivitis Rx: 1st Cold as</i>	
<i>22/6/76</i>		<i>Cold as Rx: 1st 1st 1st 1st 1st 1st 1st 1st 1st 1st + erythromycin P.E.</i>	

Dr.

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:

* 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. 7a
(Scotland)

* 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)

399675 400M 2/76 J&GI 259

Page 96 of 290

NHS Confidential: Personal data about a patient

MALE

SURNAME Johnstone NAMES Lee

ADDRESS _____ Date of Birth _____

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
08/10/8		Left little eyes banded to left	
02/12/8		Rt. eye. pharynx	
16/02/8		Left hand. Hyaline's dark	
06/04/8		Right hand yellow	
12/04/8		Left eye. Left eye	
09/10/8		Right eye. Left eye	
28/10/8		Right eye. Left eye	
28/11-81		Thyroid gland cyst	
		Repetitive laryngeal spasm	

* 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

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

FORM G.P. 7
(Scotland)

NHS Confidential: Personal data about a patient

MALE		SURNAME	NAMES	
		Johnson	Lee David	
ADDRESS		39 Havelock St. Huddersfield	Date of Birth	
			9 2 76	
DATE	°C °F	CLINICAL NOTES	DIAGNOSIS	
9/3/84		Enuresis since starting school. Has been treated by previous doctor & attended psychiatrist. Wait until records come.		
24 DEC. 1985		Ampicillin 250 tabs.		
14 APR 1986		Dental Abscess. By Ampicillin 250 (100 tabs) Ear Infection.		
23/8/86		Cent. B extra laundry.		
18 SEP 1986		10 tabs. Stripting pen (str) ① Tricloral suspension ② B-cortan na 400mg ③ ...		
25 SEP 1986		improving in ...		
27 OCT 1986		Ref. Amox ... B-cortan 400mg IP		
12 FEB 1987		... 200 & 100 100 & 100 ...		

* 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)

53ST4330 7/85 [REDACTED] PRINT

NHS Confidential: Personal data about a patient

MALE		SURNAME	NAMES
		JOHNSON	LEE
ADDRESS		16 MINNOCHE CRESCENT	Date of Birth
			9 2 76
DATE	C F	CLINICAL NOTES	DIAGNOSIS
30 MAR 1989		Thrush	Thrush
14 SEP 1989		Ear ache. Secondary otitis media. Pain at root.	
		Rt Caprox 250mg tds.	
		Dimolane Plus 1000mg tds.	
		Wax in ear. 2 drops oil in ear.	
15/9/89		Butter by drug - Telam 2701700 - 6 SRS	
23 SEP 1989		DID NOT ATTEND	
24 JAN 1990		Tender lump on root of mouth. Medulane	
		2nd telam 2701700 0.5ms	
-1 FEB 1990		Sore throat. Rt Caprox 250mg tds	
		Dimolane Plus 1000mg tds	
-9 FEB 1990		Nausea vomited + yellow	
		Diarrhoea ++ brown.	
		Attends bed brace	
		Rt Glenetol 500mg tds	
		Imodium 2caps 4hr	
		1cap after each diarrhoea	
		Stool Max 8 caps per 24 hrs	

* 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)

NHS Confidential: Personal data about a patient

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
20 APR 1990		3rd Tetanus CI Blocked sinuses - 2 puffs bd in both nostrils for 1 week Pyrexia severe throat. Chest clear H. bad bad Dimotone Plus constels Amox V 250mg bds Pneidin H oint apophy ids.	20 A 05m
20 JUN 1990		Hurt (E) Foot Sole. °C tender No bruising Double inguinal Arswail 1 cap daily (E)	
13 AUG 1990			

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

NHS Confidential: Personal data about a patient

MALE		Surname		Forenames	
		JOHNSTONE		LEE. (H.V.)	
		Address		111 New Road, Close, F. Town	
		National Health Service Number		Date of Birth	
		P176774		090276	
Date	*	CLINICAL NOTES			
4/12/95	A	Excludes 2/52 + VRT1 R. Malathion 0.5% lotion ken. + Chlorpheniramine 4mg (40) Paracet (40) P.W.			

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

Printed in the UK for HMSO 04/95 (3) B434669 C180900 36625

Form FP7

NHS Confidential: Personal data about a patient

[illegible]

NHS Confidential: Personal data about a patient

MALE		SURNAME	CHRISTIAN NAMES
		Johnstone	Lee.
ADDRESS		16 Munnoch Cr.	Date of Birth 02/76
DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
21/1/91	*	Kentia Med	
		Normal	
		HIV +ve	
		GST	
		Cerebral	
		CPE	
		Mt - 18%	
		29/1/91	
		Urine - clear	
25/1/91			

* 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)

Dd8176472MD 162M 4/89 R.P.(53791)

NHS Confidential: Personal data about a patient

REGISTRATION/NEW PATIENT CARD

Surname: **JOHNSTONE** Forenames: **LEE DAVID** Date of Birth: **9-3-76**

Address: **16 WILLOW TREE CLOSE** Allergies: **None known**

GARRABLOI Phone No. **1045 650000**

F. TOWN

Occupation: **Therapist GP 12-85**

Smoking/day: **9**

Alcohol/week: **6**

Exercise type: **None**

Diet: - varied

- fast food ☒

- vegetarian

- sugar free

- low fat

- high fibre

- weight reducing

Blood pressure: **120/80**

Height: **168**

Weight: **69kg**

BMI/Tgt Weight: **24.5/75**

Cholesterol

Urinanalysis: **NAG**

Fold status: **198**

Glucose status: **198**

Proteinuria

Arterial blood pressure

Other

Action Plan advice

- stop smoking ☒

- reduce alcohol ☒

- reduce weight

- sugar free diet

- low fat diet

- high fibre diet

- vegetarian diet

- exercise

Other

NHS Confidential: Personal data about a patient

Past Medical History

Moses on throat 1992 -
Guinea Syndrome 1995 -

Medical History:	Read Code	Personal	Read Code	Family
Heart disease	G3			
High Blood				
Cholesterol	G224		1262	
Stroke	G86			
Diabetes mellitus	C10			
Hypertension	G2			
Respiratory Disease:				
Asthma	H33			
Chronic Bronchitis	H31			
Emphysema	H32			
CA Lung	B222			
Esophageal Cancer	H45			
Cancer Breast	B34			
Cancer Cervix	B41			
Cancer Thyroid	B53			
Cancer Other				
Thyroid Disorder	143			
Thyroid Disorder	1431			
Thyroid Disorder	1432			

NHS Confidential: Personal data about a patient

SURNAME: JOHNSTONE Sex ☒ M

FORENAME: LEE DAVID D.O.B. 9.2.76 Place in fam. ☐ 1

ADDRESS: 25 REDHALL DRIVE Born Home ☐

PRE-NATAL HISTORY
 RH ☐ Hosp. ☒ SMHD
 Infections ☐ Birthweight 7165g
 X-Rays Pelvis ☒ NAD Prem/Mat/Post Mat/ 2/7
 Toxaemia ☐ Spont/Forceps/Breech/
 A.P.H. ☐ Section
 Other ☐

CONDITION AT BIRTH: Apgar 10

Congenital Conditions	Test	Result	Date
HB			
HB			
PKU			
Other			

First Exam	Doctor	Date	Weight
<u>8/52</u>		<u>22.3.76</u>	kg.

Head Circf 15" - 39 cm Length 20 1/2 - 52 cm.

Skull font - sub Feet ☒ V

Hands ☒ V Hips Orthopaedic - ve

Spine ☒ V Face ☒ V

Palate intact Tongue ☒ V

Ears ☒ V Eyes PERLA ☒ V

Abdo no masses Anus ☒ V

Umbilicus no hernia CNS intact

Heart sounds normal Chest clear

Skin ☒ V Testes ☒ V

Femoral Pulses CV Vulva ☒ V

Date	Weight	kg	kg	kg	kg	kg
<u>20.3.76</u>	<u>1016g</u>					

NHS Confidential: Personal data about a patient

More diminishing

	DATE OF VISIT	22/9/16	6/12	10/12	12/12	18/12
Grasp Reflex		-	-			
Muscle Tone		✓				
Smiles		✓				
Vocalises		✓				
Head Control		+				
Reaches						
Sits Supported						
No hand regard						
Squint						
Responds sound						
Transfer object						
Sits alone						
Rolls over						
Locates sound						
Pulls to stand						
Pincer grip						
Babbles						
Waves hand						
Uses 2-3 words						
Walks with aid						
Throws objects						
Walks alone						
Dry by day						
Seats self						
Feeds self						
Joins words						
Helps dressing						

RE 14320 TBL

NHS Confidential: Personal data about a patient

DATE OF VISIT

2 2½ 3 4 5

Runs					
Turns Knobs					
Joins words					
Up & down steps					
Turns pages					
Knows name					
Knows colour					
Puts things away					
Rides tricycle					
Unbuttons					
Counts to ten					
Says phrases					
Alt. feet up steps					
Walks down steps					
Uses 2-3 colours					
Dresses self					
Names 4 colours					
Gives age					
Laces shoes					
Completes Rhyme					

NHS Confidential: Personal data about a patient

IMMUNISATION

Date	Reaction	Date	Reaction
Triple antigen		Smallpox	
1 _____	_____	BCG	_____
2 _____	_____		_____
3 _____	_____		_____
Boosters	_____		
Polio		Measles	
1 _____	_____		_____
2 _____	_____	Rubella	_____
3 _____	_____		_____
Boosters	_____	Others	_____

Remarks

Assessment at Date

Head Circf cm Length Overall cm.

Eyes Heart

Ears Lungs

Skin Hernia

Abdomen Genitalia

Limbs

MSU

RE 14320 500 9/72 TBL

NHS Confidential: Personal data about a patient

Bottom

NHS AYBESHIRE & [REDACTED]

07 OCT 2015

Ref.

THE AYR HOSPITAL
DALMELLINGTON ROAD
AYR KA6 6DX
Tel: (01292) 610555

Dear Dr.

CHI: 0902763334
Johnstone, Lee
12 Woodside Avenue
Maybole
KA19 7PP
09/02/1976
Dr G Paton

Re:

The above patient was seen on 2/10/15 (Date)

He/She is suffering from Chronic maxillary sinusitis

I have recommended the following treatment and will review progress in Ofloxacin 400mg BD for 2 weeks

I am sorry

[REDACTED] report will/will not follow.

With kind regards,

Yours sincerely, [Signature]

STA5111PN

NHS Confidential; [redacted] date about a patient

Confidential - Clinical Information**Consultant – Mr G W Hollins**

Department of Urology
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
01292 610555

www.nhsaaa.net

Dr C Mudunuri
Dr Paton, Muduniri & Venkatachalapa
The Surgery, The Health Centre
6 High Street
Maybole
KA19 7BY

Our Ref: GWH/LAP
Hospital No: A100544212
Clinic Date: 02/10/2015
Date Dictated: 02/10/2015
Date Typed: 06/10/2015
Enquiries to Mrs [redacted] Ponsford
Direct Line: 01292 614761
Ext. Number: 14761
Email: [redacted]

Dear Dr Mudunuri,

LEE JOHNSTONE **DOB: 09/02/1976** **CHI No: 0902763334**
12 WOODSIDE AVENUE, KIRKMICHAEL, MAYBOLE, AYRSHIRE, KA19 7PP

Thank you for referring this 39 year old man who was seen in the Urology Clinic this morning. For 2 to 3 years he has noticed lumps on both sides of his scrotum which have more recently been causing significant discomfort. He denies any lower urinary tract symptoms and has no previous history of scrotal problems. He has had no scrotal operations or [redacted] and denies any history of STDs.

His previous medical history includes Guillain-Barre Syndrome some 20 years although he has been left with no residual sequelae. He is on no regular medication, has no known allergies, smokes 3 cigarettes a day and rarely drinks alcohol.

Abdominal examination was unremarkable. Examination of his genitalia revealed tender epididymides with probable very small cysts which have been confirmed on ultrasound. Rectal examination revealed a small benign prostate with no sinister features.

I note the ultrasound findings although it would be more appropriate to consider clinical management of his symptoms. He is most likely to have chronic epididymal orchitis and I would be grateful if you would treat him with ofloxacin 400mg twice daily as per my handwritten note. His bloods to include tumour markers have been checked today and I will see him for further review in 3 months unless these indicate a reason to see him sooner. A follow up ultrasound will be organised at that time.

Kind regards,

Yours sincerely

Authorised on 09/10/2015 16:50:09 by JAIMIN [redacted]

G W HOLLINS
CONSULTANT UROLOGICAL SURGEON
GMC: 3242504

www.nhsaaa.net

NHS Confidential; [redacted] data about a patient

Follow Up: Bloods
3 Month OP Review

THIRD PARTY COPY

www.nhsaaa.net



NHS Confidential: Personal data about a patient

NHS Ayrshire & [REDACTED]**Microbiology**JOHNSTONE, LEE
12 WOODSIDE AVENUE
KIRKMICHAEL
MAYBOLE
KA19 7PPCHI No. 0902763334
Unit No.
DOB 09/02/1976
Sex MClinician: Dr Chaitanya Mudunuri
Request Location: GP, Maybole: Dr Paton et al

11 AUG 2015

This report to: Dr Chaitanya Mudunuri - GP, Maybole: Dr Paton et al

Culture

No significant growth

LabNo 15M029137

Date coll 05/08/15 10:00

Authorised by MIC W7AUGPRO Service Account

Printed 07/08/15 16:07

Sample: Penile swab

Page 1 of 1
Telephone 01563 827420
Internal Extension 27420

If you have received this report in error, please return to the Microbiology Laboratory

NHS Confidential: Personal data [REDACTED] a patient

Department of Radiology

UNIVERSITY HOSPITAL AYR
Medical Imaging Department
Dalmellington Road
AYR
KA6 6DX



09 JUL 2015

RADIOLOGY REPORT

CHI NUMBER: 0902763334 Examination Number: 33407132 Examination Date: 06/07/2015

Name: **Johnstone, Lee** DOB: **09/02/1976**

Address: 12 Woodside Avenue, KIRKMICHAEL, MAYBOLE, KA19 7PP -- CC: -

Referring Department / Location: PATON GERALD

MAYBOLE HEALTH CENTRE

6 HIGH STREET

MAYBOLE

AYRSHIRE

KA19 7BY

Referring Consultant: GP Requestor

Date Dictated: 06/07/2015

Typed by: None

Examination: US Testes

Clinical Indication*Follow up***Report:**

Comparison is made with the previous ultrasound scan of 18/02/2015.

There remains a 5mm simple cyst within the left epididymus.

The right epididymus appears normal.

The hypoechoic area was not identified within the right testis however there is the impression of a subtle hyperechoic lesion measuring up to 5mm. Colour flow was not identified within. Appearances are uncertain. A urology opinion is advised to check suitable interval for review scan.

The left testis appears normal.

Dictating Radiologist / Clinical Specialist **Connelly, [REDACTED]** (Sonographer)Verified by: **Connelly, [REDACTED]** (Sonographer)

Page 1 of 1



Examination Number: 33407132 Examination Date: 06/07/2015
Name: **Johnstone, Lee** DOB: **09/02/1976**
Dose :-

NHS Confidential: Personal data about a patient

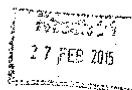
For office use only	Please circle As appropriate	ARR XH	ACH GIR	AYS EA	BIG HF	RADIOLOGY REQUEST
Ref. con	Ward/ Dept	Sumr JOHNSTONE, Lee				
Referring G.P. (Name, Address, Tel.)	Previous x-ray/US	D of B	0902763334			
	Yes No Year	Address	MAYBOLE KR19 7PP Dr G Paton 6 High Street Maybole			
		Occupation	Tel No.			
IRMER - REQUESTS WILL BE RETURNED TO REFERRER IF CLINICAL INFORMATION IS INSUFFICIENT TO ALLOW JUSTIFICATION Relevant History and Findings ? Focus Testicular Atrophy @ Testis - US 9/2/16 - Normal US RT 2 Months later w/s Serum Normal GA						For Contrast Exams Any history of Yes No Diabetes ☐ ☐ On Metformin ☐ ☐ Asthma ☐ ☐ Allergy (specify) ☐ ☐ Previous Contrast Reaction ☐ ☐
Requirements	Page No	Ambulance required Yes / No	Pregnancy			
Name	Grade	Walking Chair	Not Pregnant ☐			
Signature	Date	Trolley Portable	Pregnant ☐			

DRS 5991

NHS Confidential: Personal data about a patient

Department of Radiology

AYRSHIRE CENTRAL HOSPITAL (IRVINE)
 Medical Imaging Department
 Kilwinning Road
 IRVINE
 KA12 8SS

**RADIOLOGY REPORT**

CHI NUMBER: 0902763334 Examination Number: 32995458 Examination Date: 18/02/2015

Name: **Johnstone, Lee** DOB: **09/02/1976**

Address: 12 Woodside Avenue, KIRKMICHAEL, MAYBOLE, KA19 7PP -- CC: -

Referring Department / Location: Mudunuri.Chaitanya
Maybole Health Centre
6 High Street

Maybole

KA19 7BY

Referring Consultant: GP Requestor

Date Dictated: 23/02/2015 Typed by: None

Examination: US Testes

Clinical Indication*Increased size of right scrotal lump. 1cm hard lump on examination.***Report:**

There are several simple cysts within the right epididymis the largest of which measures 5mm and lies within the tail.

The right testis appears normal in size and shape. There is a hypoechoic area within the parenchyma which radiates towards the mediastinum. The appearances may be suggestive of focal testicular atrophy however a review scan in 2 months may be of value.

The left testis and epididymis appear normal.

There are bilateral varicoceles.

The right kidney measures 10.1cm in bipolar length. The left kidney measures 11.7cm in bipolar length. Both kidneys appear normal.

Dictating Radiologist / Clinical Specialist: **Elsbeth Barr (u/Sonographer)****Verified by: Elsbeth Barr (u/Sonographer)**

Page 1 of 1



Examination Number: 32995458 Examination Date: 18/02/2015

Name: Johnstone, Lee DOB: 09/02/1976

Dose :-

NHS Confidential: Personal data about a patient

For office use only		Please circle As appropriate		ARR XH	ACH GIR	AYR EA	BIG HF	RADIOLOGY REQUEST	
Ref. con		Ward/ Dept		Surname JOHNSTONE, Lee David					
Referring G.P. (Name, Address, Tel.)		[Redacted]		D of B 0902763334					
		Yes	No	Year	Address 12 Woodside Avenue MAYBOLE KA19 7PP Dr Mudunuri 6 High Street Maybole				
					DATE				
					Occupation Tel. No.				
RMER - REQUESTS WILL BE RETURNED TO REFERRER IF CLINICAL INFORMATION IS INSUFFICIENT TO ALLOW JUSTIFICATION Relevant History and Findings cb ↑ size of right sided lump ab 1cm hard lump. Previous U/S 2-3y ago showed [Redacted] cysts									For Contrast Exams Any history of Yes No Diabetes ☐ ☐ On Metformin ☐ ☐ Asthma ☐ ☐ Allergy (specify) ☐ ☐ Previous Contrast Reaction ☐ ☐
Requirements U/S scan		Page No.		Ambulance required Yes / No		Pregnancy			
Name [Redacted] [Redacted]		Grade GP		Walking Chair Trolley Portable		Not Pregnant ☐		Radiologist Use	
Signature [Redacted]		Date 11/12/14				Pregnant ☐			

DRS 5991

NHS Confidential: [redacted] data about a patient



MSK DISCHARGE REPORT



Patient Name:	Lee Johnstone
Address:	12 Woodside Avenue, Maybole, Ayrshire, KA19 7PP
CHI:	0902763334
GP:	Dr G Paton
Consultant:	Mr J. Dearing
Referrer Source:	Mr J. Dearing
Referral Date:	25/11/2014
Start Date:	11/12/2014
Discharge Date:	31/12/2014
No. of treatments:	0
Discharge Reason:	Discharged patient DNA
Treatment Outcome:	
Therapist:	[redacted] Maxton
Location:	MAYBOLE PHYSIOTHERAPY

Dear Dr G Paton

Diagnosis: Right Knee injury MRI NAD.

Actions for GP/Follow up recommendations: N/A.

Referred on to N/A.

Yours sincerely,

Authorised on 31/12/2014 12:12:22 by [redacted] Maxton.

[redacted] Maxton

31/12/2014

Mr [redacted] Dearing
Consultant Orthopaedic Surgeon
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX

NHS Confidential: [redacted] (date about a patient)

Confidential - Clinical Information

Dr G Paton
Dr Paton, Muduniri & Venkatachalapa
The Surgery, The Health Centre
6 High Street
Maybole
KA19 7BY

Department of Trauma and Orthopaedics
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
01292 610555
01292 614646
www.nhsaaa.net



Our Ref: GH/CC
Hospital No:
Clinic Date: 25/11/2014
Date Dictated: 25/11/2014
Date Typed: 26/11/2014
Enquiries to: Miss C [redacted]
Direct Line:
Ext. Number: 14068
Email: [redacted]@scot.nhs.uk

Dear Dr Paton,

LEE JOHNSTONE **DOB: 09/02/1976** **CHI No: 0902763334**
12 WOODSIDE AVENUE, MAYBOLE, AYRSHIRE, KA19 7PP

DIAGNOSIS: RIGHT KNEE INJURY
OUTCOME: DISCHARGED TO PHYSIOTHERAPY

I reviewed this 38 year old gentleman in the fracture clinic today. He had injured his knee in the summer and attended our knee clinic back in August. An MRI scan was organised which he has only had recently. This showed his ACL and MCL to be intact which were possibly differentials at the time of his last clinic. They show what appears to be an old injury of his medial meniscus as well. Mr Johnstone feels as though his symptoms have settled since his last clinic review and he no longer has any pain swelling or giving way in his leg.

On examination there was a mild effusion still present. He has a full ROM at his knee and he has a normal straight leg raise. His ACL, PCL and collateral ligaments all appear intact clinically and his meniscal tests are negative.

Given that Mr Johnstone symptoms have now improved and I have referred him for some formal physiotherapy to help with the strengthening of the muscles around his knee and I have not arranged any further formal follow-up but should he have any problems in the future we would be happy to see him.

Yours sincerely

Authorised on 27/11/2014 09:03:46 by Graeme Hopper.

Graeme Hopper
ST3 Trauma & Orthopaedics GMC: 7036915

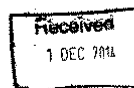
www.nhsayrshireandarran.com



NHS Confidential: Personal data about a patient

Department of Radiology

UNIVERSITY HOSPITAL AYR
Medical Imaging Department
Dalmellington Road
AYR
KA6 6DX

**RADIOLOGY REPORT**

CHI NUMBER: 0902763334 Examination Number: 32960834 Examination Date: 25/11/2014

Name: **JOHNSTONE, LEE** DOB: 09/02/1976

Address: 12 WOODSIDE AVENUE, MAYBOLE, KIRKMICHAEL, KA19 7PP -- CC: -

Referring Department / Location: Mudunuri.Chaitanya
Maybole Health Centre
6 High StreetMaybole
KA19 7BY

Referring Consultant: GP Requestor

Date Dictated: 25/11/2014

Typed by: None

Examination: XR Chest

Clinical Indication

Pain in left anterior chest. History of trauma few weeks ago. Abnormal bony swelling in the left lower ribs. ? rib fracture, ? abnormal healing.

Report:

The film has been extended to include the lower ribs. The heart is not enlarged and cardiac and mediastinal contours are within normal limits. Minor elevation of the right hemidiaphragm was not seen on the previous film of October, although that film was somewhat under-inspired. Allowing for this, the lungs are clear of active disease.

No focal abnormality is identified in relation to the ribs, in particular the left lower ribs appear unremarkable. Please note anterior rib pathology is often not well demonstrated on plain film. No callus or healing rib fractures are identified.

In the first instance, if there is ongoing concern ultrasound could be considered to assess the nature of the palpable swelling.

Dictating Radiologist / Clinical Specialist [REDACTED] (Cons Radiologists)

Verified by: [REDACTED] (Cons Radiologists)

Page 1 of 1



Examination Number: 32960834 Examination Date: 25/11/2014
Name: **JOHNSTONE, LEE** DOB: 09/02/1976
Dose :- 6.9 cGy cm2

NHS Confidential: Personal data about a patient

For office use only		Please circle as appropriate		ARR XH	ACH GIR	AYR EA	BIG HF	RADIOLOGY REQUEST
Ref. con	Ward/ Dept	Surname		JOHNSTONE, Lee				
Referring G.P. (Name, Address, Tel.)	Previous x-ray/U/S	D of B		12 Woodside Avenue MAYBOLE KA19 7PP Dr Rudunuri 6 High Street Maybole				
	Yes No Year	Add		DATE				
IRMER - REQUESTS WILL BE RETURNED TO REFERRER IF CLINICAL INFORMATION IS INSUFFICIENT TO ALLOW JUSTIFICATION Relevant History and Findings PAIN OF LT ANTERIOR CHEST, H/O TRAUMA FEW WRS PND; O/E ABNORMAL SONT SWELLING LT LOWER RIB - ?? RIB FRACTURE ? ABNORMAL HEALING								
Requirements	CHEST X-RAY	Page No.		Ambulance Required		Pregnancy		
Name	Dr. C. Rudunuri	Grade		Yes / No		Not Pregnant		
Signature	C. Rudunuri	Date		Walking Chair		Pregnant		
				Trolley Portable		Radiologist Use		

NHS Confidential: Personal data about a patient

Dr AT Hand Dr E Ofei Dr A Stevenson Dr A Krichell Dr S Learmonth Dr F [REDACTED]

Dr. G PATON
THE SURGERY
THE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA19 7BY

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX

Phone: 01292 614615
Fax: 01292 288105

Duty Consultant Dr Sarah Learmonth

Lee Johnstone

12 WOODSIDE AVENUE
KIRKMICHAEL
MAYBOLE, KA19 7PP

DOB: 09/02/1976
A/E No: AYR-14-035387
CHI No: 0902763334

Date and Time of Attendance: 08 Oct 2014 00:06
Total A&E Attendances = 25, attendances in last year = 3

Diagnosis Contusion, Chest wall, Left



Treatment Advice

Drugs:

Investigations X-Ray, Chest

Follow up: Discharge, no follow up

Usual place of residence

Additional Information: kicked in left chest wall, whilst breaking up fight between freinds. complained of left chest wall pain and SOB. CXR shows no pneumothorax or rib fracture. advised regular analgesia.

[REDACTED]
A&E SHO

If you have any queries about this patient, please contact one of the staff at the above number.

NHS Confidential: [redacted] (date about a patient)

Confidential - Clinical Information

Dr G Paton
Dr Paton, Muduniri & Venkatachalapa
The Surgery, The Health Centre
6 High Street
Maybole
KA19 7BY

Department of Trauma and Orthopaedics
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
01292 610555
01292 614646
www.nhsaaa.net



Our Ref: TW/CC
Hospital No:
Clinic Date: 05/08/2014
Date Dictated: 05/08/2014
Date Typed: 06/08/2014
Enquiries to: Miss C [redacted]
Direct Line:
Ext. Number: 14068
Email: [redacted]@scot.nhs.uk

Dear Dr Paton,

LEE JOHNSTONE **DOB: 09/02/1976** **CHI No: 0902763334**
12 WOODSIDE AVENUE, MAYBOLE, AYRSHIRE, KA19 7PP

DIAGNOSIS: RIGHT KNEE ? GRADE II ACL INJURY WITH MEDIAL COLLATERAL LIGAMENT INJURY (27/07/14)

I reviewed this 38 year old gentleman in Mr Dearing's fracture clinic today who was playing five-a-side football on Astroturf when he twisted his knee on a stationary foot and heard a pop with immediate swelling. He discontinued with the game. He also speaks of a previous history of a femoral fracture.

On examination I note that there is no effusion of the knee and the extensor mechanism is intact. There is mid-substance tenderness of the MCL with grade II opening up of the medial aspect. The ACL has a grade II laxity with a definite endpoint. The PCL seems to be intact with no sag noted. There is no jointline tenderness. Extension is full and there is no restriction of extension to suggest a meniscal injury. McMurray's test is negative.

The splint which he had been wearing for two weeks had been taken off today and i have advised the patient to carry on with his normal activities as pain permits and he has been provided with Co-Codamol for pain relief.

An MRI scan has been arranged of his right knee and we will see him with the results of this.

Yours sincerely

Authorised on 08/08/2014 07:57:23 by Thisara Weerasuriya.

Thisara Weerasuriya, GMC No: 6072786
Speciality Doctor in Trauma & Orthopaedics

www.nhsayrshireandarran.com



NHS Confidential: Personal data about a patient

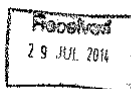
Dr AT Hand Dr E Ofel Dr A [REDACTED] Dr A Krichell Dr S Learmonth Dr F [REDACTED]

Dr. G PATON
THE SURGERY
THE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA19 7BY

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX

Phone: 01292 614615
Fax: 01292 288105

Duty Consultant Dr [REDACTED]



Lee Johnstone

12 WOODSIDE AVENUE
KIRKMICHAEL
MAYBOLE, KA19 7PP

DOB: 09/02/1976
A/E No: AYR-14-026067
CHI No: 0902763334

Date and Time of Attendance: 27 Jul 2014 05:16
Total A&E Attendances = 24 , attendances in last year = 4

Diagnosis Sprain , Lateral ligament of knee , Right

Treatment Advice, Crutches, Tubigrip

Drugs:

Investigations X-Ray , KNEE Right

Follow up: Discharge, follow up arranged
Other Clinic
Usual place of residence

Additional Information: No # seen

Dr [REDACTED] Sandford
Staff Grade doctor

If you have any queries about this patient, please contact one of the staff at the above number.

NHS Confidential: Personal data about a patient

University Hospital Ayr, Dalmellington Road, Ayr, KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription		Received - 6 MAY 2014	
Date: 03/05/2014 @ 12:14:08 (PROVISIONAL)		*** Non-verified Orders Exist ***		Page 1 of 2	
To: RAICH, DR G MAYBOLE HEALTH CENTRE 9 HIGH STREET MAYBOLE KA19 7BY		Re: LEE DAVID JOHNSTONE 12 WOODSIDE AVENUE, MAYBOLE, Ayrshire, KA19 7PP			
		DOB: 09/02/1976 Hosp. No: 0902763334 CHI No: 0902763334			
Date of Admission: 30/04/2014		Ward: STATION 9-AYR			
Mode of Admission: Emergency Admission		Consultant: DR KOPI OFUAFOR (Gastroenterology)			
Admission Reason:		Follow-up:			
Discharge Date: 02/05/2014					
Primary Diagnosis:		alcohol excess seizure ? drug/alcohol induced			
Investigations:		CXR: no lung pathology last updated 02/05/2014; 4:01 pm by DR JOHN LEE			
Clinical Progress:		was agitated and intoxicated on presentation short stay in ICU clinical condition gradually improved alcohol level was elevated on presentation rest of bloods normal GCS 15, no focal neuro signs no changes to medications if recurrent seizure, then advised to seek medical advice obs stable, able for discharge last updated 02/05/2014; 4:05 pm by DR JOHN LEE			
Results Awaited:		awaiting magnesium and calcium results before discharge last updated 02/05/2014; 4:06 pm by DR JOHN LEE			
Further patient/drug notes:					
Allergy/Intolerance		Reaction			
No Known Drug Allergies					
Allergy records are as recorded at time and date of printing					
Drug	Dose	Route	Frequency	Days Supply	GP to continue
CYCLOZINE 50 mg Tablets	50 mg	Oral	THREE times daily - 7am;1pm;10pm	1	No
OMEPRAZOLE 20 mg Capsules	20 mg	Oral	ONCE daily at 7am	28	Yes
PARACETAMOL 500 mg Tablets	1000 mg	Oral	FOUR times daily - 7am;1pm;6pm;10pm	7	Yes
		PRN	FOR PAIN		
*** Non-verified Orders Exist ***					
Additional Medicines Information:					
Discharged by: DR JOHN LEE		Dispensed by:		Checked by:	
Grade: [REDACTED] House Officer		Date:			
Originally Printed: @		Revised: @		Page 1 of 2	
01/02 PAGE		615		04/05/2014 08:55 01292617575	

NHS Confidential: Personal data about a patient

University Hospital Ayr, Dalmeilington Road, Ayr, KA6 6DX Phone: 01292 610 555		Immediate Discharge Letter & Prescription			
Date: 03/05/2014 @ 12:14:08 (PROVISIONAL)		*** Non-verified Orders Exist ***		Page 2 of 2	
To: Paton, Dr G. MAYBOLE HEALTH CENTRE 6 HIGH STREET MAYBOLE KA19 7BY		Re: LEE DAVID JOHNSTONE 12 WOODSIDE AVENUE, MAYBOLE, Ayrshire, KA19 7BP DOB: 09/02/1976 HOSP. No.: 0902763334 CHI No.: 0902763334			
Medicines discontinued during admission (medicines that patient was recorded as admitted on only)					
Drug	Date	Discontinued by	Discontinue reason		
*** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system. *** *** Information here may be incomplete and is for guidance only. ***					

Discharged by:	DR [REDACTED] LEE	Dispensed by:	Checked by:
Grade:	Junior House Officer	Date:	
Originally Printed: @	Revised: @	Page 2 of 2	
20/02 PAGE	619	01292617575	08:56

NHS Confidential: Personal data about a patient

DISCHARGE CHECKLIST DATE RECEIVED 6.5.14PATIENT NAME LEE JOHNSTONE DOB 9.2.76

		YES	NO
1	Has Immediate Discharge (IDD) been workflowed on day of receipt?	☒	☐
2	Has medicines reconciliation occurred within 2 working days of IDD being workflowed to GP or Pharmacist?	☐	☐
3	Is it documented that any changes to the medication have been acted upon	☐	☐
4	Is it documented that any changes to the medication have been discussed with the patient or their representative within 7 days of receipt?	☐	☐
5	Have all the above measures been met?	☐	☐

CODES REQUIRED

8B316 – MEDICATION CHANGED 8B3A1 – MEDICATION INCREASED
 8B3A2 – MEDICATION DECREASED 8B313 – MEDICATION COMMENCED
 8B3A3 – NEW MEDICINE STARTED 8B3R – DRUG THERAPY STOPPED
 8B396 – TREATMENT STOPPED – ALTERNATIVE UNDERTAKEN
 671M. – ADVICE TO GP TO CHANGE PATIENT MEDICATION

8BSS0 – DISCHARGE MEDICATION DISCUSSED WITH PATIENT

NHS Confidential: Personal data about a patient

Dr AT Hand Dr E Ofei Dr A [REDACTED] Dr A Krichell Dr S Learmonth Dr F [REDACTED]

Dr. G PATON
THE SURGERY
THE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA19 7BY

Accident and Emergency

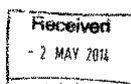
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX

Phone: 01292 614615
Fax: 01292 288105

Duty Consultant Dr [REDACTED] [REDACTED]

Lee Johnstone

12 WOODSIDE AVENUE
KIRKMICHAEL
MAYBOLE, KA19 7PP



DOB: 09/02/1976
A/E No: AYR-14-014500
CHI No: 0902763334

Date and Time of Attendance: 30 Apr 2014 19:49
Total A&E Attendances = 22 , attendances in last year = 2

Diagnosis Alcohol intoxication , None , .

Treatment RSI, Sedation, Intubation, Urinary catheterisation

Drugs:

Investigations X-Ray , Chest

Follow up: Admitted

ITU

Additional Information: alcohol excess. agitated/ aggressive with SAS. required to be restrained by [REDACTED] sedated but still unmanageable- required to be anaesthetised, intubated, ventilated. admitted to ITU

Dr [REDACTED]
A&E Consultant

If you have any queries about this patient, please contact one of the staff at the above number.

NOTE: Confidential: Personal data about a patient



Health Care Records Discharge Summary

Dear Dr. _____

(Insert G.P. Name)

Establishment: Beaumont
Address: 121 Ave
Glasgow
Telephone Number: _____
Health Centre Fax Number: _____

Patient Name: Lee J Dunlop
Date of Birth: 08.02.1976
Home Address: _____

Healthcare Professional (Block Caps)

K. B. V. K. G. H.

Signature: [Signature]

Date: 20.1.14

The above patient has been in our care. During his/her stay, he/she suffered from the following medical condition(s):

1 _____ Date of onset / / Active / No
2 _____ Date of onset / / Active / No
3 _____ Date of onset / / Active / No
4 _____ Date of onset / / Active / No
5 _____ Date of onset / / Active / No

Hepatitis B Immunisation
Programme: Accepted YES / NO
Dates Given 1. / / 2. / /
3. / / 4. / /
Next Dose Due: _____

Outstanding OPD Appointment
YES / NO
Copy of Card Enclosed
YES / NO

The following Medicine(s) is/are currently being taken:

MEDICINE (BLOCK CAPS)	Dosage Form e.g. Tablets	Dose	Frequency of Administration	Number of Days supply to be Dispensed	Additional Information	Quantity, Name and Strength supplied by Pharmacy
<u>IBUPROFEN</u>	<u>7</u>	<u>400g</u>	<u>TD</u>			

Dispensed by _____ Checked by _____ Date Dispensed _____

Additional Comments:

TOP - Pharmacy PINK - GP WHITE - Medical Records BLUE - Patient

SSS00135

NHS Confidential: Personal data about a patient

Discharge Summary Report

Lee Johnstone

09/02/1976

Male

0902763334

Address

12 Woodside Avenue Kirkmichael Maybole Ayrshire KA19 7PP
The Health Centre P.O. Box 2309 Glasgow G33 9BS

Address Type: Home address
Address Type: Main address

Communication numbers

Telephone - home 889536

Problems

Currently Relevant
Alcohol abuse - unspecified

Started: 25/04/2012 Ended:
Started: 01/01/2006 Ended:

Medical History

03/01/2014 Consultation Self referral requesting brufen for severe toothaches and will appreciate it very much liaise Doctor for that.
31/12/2013 Consultation Dental referral received and forwarded.
26/11/2013 Follow up substance misuse assessment. Did not attend Remand. Pre Release Harm Reduction Session as he was at court.
28/10/2013 Follow up substance misuse assessment. National Harm Reduction Session Offered. Client disclaimed.
Thorley-Ryder
26/10/2013 Consultation new admission/fit and well, good eye contact, no suicidal ideations, obs-ok, no drugs or alcohol issues plan act book signed.
25/10/2013 Admission profile form completed.
25/10/2013 No apparent risk of suicide.
25/10/2013 No thoughts of deliberate self harm.
25/10/2013 Drugs of abuse urine screening positive for amphetamine.
25/10/2013 Misuses drugs amphetamine last had 2 days ago.
25/10/2013 Seen by dentist feb 2013.
11/06/2013 Consultation DNA from screening clinic.

Ms K

Ms

Ms Cosgrove

Ms Cosgrove

Ms Janet Cosgrove

Ms Cosgrove

Ms Cosgrove

Ms Marjory

Cameron

21/05/2013 Administration Refer to addictions. Heavy use of stimulant drugs. Keen for help with abstinence.

Dr

21/05/2013 Consultation Cocaine and speed use. Keen for help. Otherwise no physical health problems.

Dr Bruce

20/05/2013 Admission profile form completed.

Mrs Janice Rennie

20/05/2013 Transfer of care. Currently seeing addictions nurse looking to stop taking street drugs. Reports feeling anxious.

unsure if he will be able to cope no street drugs while in prison. Seen by out of hours doctor on 18/05/13 being very physically sick having pain in legs and stomach given medication to settle sickness unable to remember what and co-codamol for the pain. No further concerns raised during interview.

20/05/2013 Mrs Janice Rennie

Mrs Janice Rennie

20/05/2013 No apparent risk of suicide.

Mrs Janice Rennie

20/05/2013 Drugs of abuse urine screening tested positive for amphetamine, the and cocaine.

Mrs Janice Rennie

20/05/2013 Misuses drugs misuses amphetamine, cocaine and cannabis.

Mrs Janice Rennie

25/10/2006 Notes summary on computer.

Dr S McGregor Left

(Pn)

01/01/2006 Alcohol abuse - unspecified DATE RECORDED=25/10/2006

Dr S McGregor Left

(Pn)

Repeat Masters

Acute and Repeat Issue Therapy

Recall

Consultation

03/01/2014 Clinic

Ms M Quarshie

31/12/2013 Clinic

Ms K

26/11/2013 Triage

Mr

28/10/2013 Triage

Ms Wendy Thorley-Ryder

26/10/2013 Triage

Dr Raheel

25/10/2013 Clinic

Ms Cosgrove

11/06/2013 Surgery consultation

Ms Marjory

29/05/2013 Triage

Mrs Charlotte Laird

21/05/2013 Surgery consultation

Dr

20/05/2013 Triage

Mrs Janice Rennie

25/10/2006 Other

Dr S McGregor Left (Pn)

01/01/2006 Other

Dr S McGregor Left (Pn)

Blood pressure

25/10/2013 19:02:00 BP 117/77 taken Sitting

Cuff: Standard

recall due:

O/E - blood

pressure reading

20/05/2013 19:19:00 BP 118/88 taken Sitting

Cuff: Standard

recall due:

O/E - blood

pressure reading

Referrals

Smoking

The Health Centre, P.O. Box 2309, Glasgow, G33 9BS

Page 1/2

Printed by 33522.AQUEE on 13/01/14 11:43:40

NHS Confidential: Personal data about a patient

Discharge Summary Report

Lee Johnstone 09/02/1976 Male 0902763334

25/10/2013 Smoker cigarettes per day Moderate smoker - 10-19 cigs/d
 Ms [redacted] Cosgrove
 20/05/2013 Smoker 20 cigarettes per day Heavy smoker - 20-39 cigs/day
 Mrs Janice Rennie

Alcohol
 25/10/2013 Current drinker units per week Alcohol intake within recommended sensible
 limits Ms Janet Cosgrove
 20/05/2013 Current drinker units per week Alcohol intake within recommended sensible
 limits Mrs Janice Rennie

Weight
 20/05/2013 Weight: 78.8 kgs BMI: 27.9 O/E - weight

Height
 20/05/2013 Height: 1.68 metres O/E - height
 Rennie

Immunisations

Absence of condition
 20/05/2013 No known allergies of

Pulse (CVS/BP)
 25/10/2013 O/E - pulse rate 77 beats/min
 20/05/2013 O/E - pulse rate 76 beats/min

Total patients for report 1

The Health Centre, P.O. Box 2309, Glasgow, G33 9BS

Page 2/2

Printed by 33522.AQUEE on 13/01/14 11:43:40

NHS Confidential: Personal data [REDACTED] is a patient

Dr AT Hand Dr E Ofel Dr A [REDACTED] Dr A Krichell Dr S Learmonth Dr F [REDACTED]

Dr. GERALD G PATON
THE SURGERY
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA19 7BY

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX

Phone: 01292 614615
Fax: 01292 288105

Duty Consultant Dr [REDACTED] HAND

Lee Johnstone
12 WOODSIDE AVENUE
KIRKMICHAEL
MAYBOLE, [REDACTED] 7PP

DOB: 09/02/1976
A/E No: AYR-13-036780
CHI No: 0902763334

Date and Time of Attendance: 24 Oct 2013 07:27
Total A&E Attendances = 21, attendances in last year = 3

Diagnosis Laceration, Fore Head, Left

Treatment Steristrips, Advice
Drugs:

Investigations

Follow up: Discharge, no follow up
Legal establishment /prison

Additional Information: In [REDACTED] custody, hit head against van whilst resisting arrest.
Superficial forehead laceration sustained



Dr [REDACTED] Sandford
Staff Grade doctor

If you have any queries about this patient, please contact one of the staff at the above number.

NHS Confidential: Personal data about a patient

NHS Ayrshire & General Hospital Division Area Laboratory Clinical BiochemistryJOHNSTONE, LEE
12 WOODSIDE AVENUECHI No. 0902763334
Unit No.
DOB 09/02/1976
Sex MClinician: Unknown Clinician
Request Location: GP, Maybole: Dr Paton et alMAYBOLE
KA19 7RP**This report to : Unknown Clinician , GP, Maybole: Dr Paton et al**

	Result	Units	Normal Range
Urea	4.0	mmol/L	2.5 - 7.8
Creatinine	70	µmol/L	50 - 120
Sodium	139	mmol/L	133 - 146
Potassium	3.7	mmol/L	3.5 - 5.3
Chloride	95	mmol/L	95 - 108
Total Bilirubin	4	µmol/L	3.0 - 21
ALP	70	U/L	46 - 157
AST	14	U/L	10.0 - 45
ALT	18	U/L	5.0 - 55
Total Protein	69	g/L	60 - 80
Albumin	43	g/L	35 - 50
Globulin	26	g/L	21 - 35
Glucose	3.5	mmol/L	3.3-6.0

Received

14 OCT 2013

Lab No 13B470270

Date Collected 10/10/13

Authorised By BHI W7AUQPRO Service
Account

Printed 11/10/13 07:19

Sample Type Blood

Page 1 of 1

If you have received this report in error, please return to the Clinical Biochemistry Laboratory

NHS Confidential: Personal data about a patient

NHS Ayrshire & [REDACTED]**Area Laboratory****Haematology**

JOHNSTONE, LEE
12 WOODSIDE AVENUE

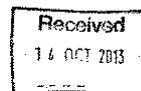
MAYBOLE
KA19 7PP

CHI No. 0902763334
Unit No.
DOB 09/02/1976
Sex M

Clinician: Unknown Clinician
Request Location: GP, Maybole: Dr Paton et al

This report to : Unknown Clinician , GP, Maybole: Dr Paton et al

Result	Units	Normal Range
IMPORTANT From 4th November 2013 the units for HAEMOGLOBIN and MCHC will change from g/dl to g/L.		
Haemoglobin	14.2 g/dL	13.3 - 17.6
White Cell Count	6.9 10 ⁹ /L	3.7 - 9.5
Platelets	209 10 ⁹ /L	150 - 400
RBC	4.63 10 ¹² /L	4.32 - 5.66
Haematocrit	0.43 %	0.39 - 0.50
MCV	93 fL	82 - 98
MCH	30.7 pg	27.3 - 32.6
MCHC	33.1 g/dL	31.6 - 34.9
Neutrophils	3.0 10 ⁹ /L	1.5 - 6.5
Lymphocytes	2.9 10 ⁹ /L	1.1 - 5.0
Monocytes	0.7 10 ⁹ /L	0.2 - 0.9
Eosinophils	0.3 10 ⁹ /L	0.1 - 0.7
Basophils	0.0 10 ⁹ /L	0.0 - 0.1



01/10/13

Lab No 13B470270

Date Collected 10/10/13

Authorised By BHI W7AUQPRO Service Account

Printed 11/10/13 07:19

Sample Type Blood

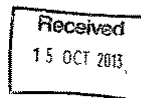
Page 1 of 1

If you have received this report in error, please return to the Haematology Laboratory

NHS Confidential: Personal data about a patient

NHS Ayrshire & General Hospital Division Area Laboratory Clinical BiochemistryJOHNSTONE, LEE
12 WOODSIDE AVENUECHI No. 0902763334
Unit No.
DOB 09/02/1976
Sex MClinician: Unknown Clinician
Request Location: GP, Maybole: Dr Paton et alMAYBOLE
KA19.7PPThis report to : Unknown Clinician , GP, Maybole: Dr Paton et al

	Result	Units	Normal Range
Free T4	14.3	pmol/L	9.0 - 24
TSH	2.53	mU/L	0.3 - 6.0



Lab No 13B470270

Date Collected 10/10/13

Authorised By BHI W7AUQPRO Service
Account

Printed 11/10/13 13:27

Sample Type Blood

Page 1 of 1

If you have received this report in error, please return to the Clinical Biochemistry Laboratory

NHS Confidential: Personal data about a patient

Ayrshire Doctors On Call



1 Patient Contacts for Maybole H/C (Drs Paton & Partners)

Page 1 of 2

Patient : Lee Johnstone

(Gender: Male) (DOB: 09/02/1976) (Age: 37 years) (CHI: 0902763334)

Case No 20910

Case Date 13/08/2013 20:23

Own Dr Paton, Gerald

Current Address

12 Woodside Avenue Kirkmichael

Home Address (If Different)

Maybole

KA19 7PP

Current Phone 01655 750064

Home Phone (If Different) 01655 750139

Case Type NHS24 Advice

Priority On Reception NHS24 Advised

NHS 24 Advice by (Nurse Advisor) (Glasgow)

Clinical summary created by: (Nurse Advisor) (Glasgow) [13/08/2013 22:30:47]

NUMB RT HAND FOR 2 DAYS AND NUMBNESS SPREADING ACROSS RT HAND 2 DAYS. TOTAL LOSS OF FEELING IN SOME AREAS. HX GUILLAUME BARRE. A AND E ASAP AYR HOSP. WORSENING STATEMENT.

Triage Start 20:25

Triage End 22:31

Case Questions

Pocked Are remote Consult by:

Start Type

End Type

Consult Start

Consult End

Adastra Consult by

Start Type

End Type

Consult Start

Consult End

History

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Informational Outcome(s)

Report Statistics:

Report produced by Adastra Version 3 - 13/08/2013 23:35:12

NHS Confidential: Personal data about a patient

Page 2 of 2

THIRD PARTY COPY

Report Statistics:

Report produced by Adatastra Version 3 - 13/06/2013 23:35:12

NHS Confidential: Personal data about a patient

Dr AT Hand Dr E Ofei Dr A Stevenson Dr A Krichell Dr S Learmonth Dr F [REDACTED]

Dr. GERALD G PATON
THE SURGERY
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA19 7BY

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX

Phone: 01292 614615
Fax: 01292 288105

Duty Consultant Dr [REDACTED] Learmonth

Lee Johnstone
12 WOODSIDE AVENUE
KIRKMICHAEL
MAYBOLE, KA19 7PP

DOB: 09/02/1976
A/E No: AYR-13-027949
CHI No: 0902763334

Date and Time of Attendance: 13 Aug 2013 22:57
Total A&E Attendances = 20 , attendances in last year = 2

Diagnosis Other Diagnosis - see text

Treatment Advice
Drugs:

Investigations

Follow up: Discharge, Primary Care follow up
Usual place of residence

Additional Information: Pt C/O numbness in right hand. Reduced sensation over median/radial nerve distribution. Ulnar distributin intact. No focal neurological deficit. Likely radial/median nerve palsy. Home tonight and advised to see GP if does not settle. Advised to return to A+E if spreads up arm or to other limbs.

With [REDACTED]
A&E SHO

If you have any queries about this patient, please contact one of the staff at the above number.

NHS Confidential: [REDACTED] (date about a patient)

**Confidential - Clinical
Information**

Accident & Emergency Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
01563 521133
01563 827731
www.nhsayrshireandarran.com



Dr G Paton
The Surgery
Maybole Health Centre
6 High Street
Maybole
KA19 7BY

Our Ref: CMG/sab
Hospital No:
Clinic Date: 12/02/2013
Date Dictated: 12/02/2013
Date Typed: 14/02/2013
Enquiries to [REDACTED]
Direct Line: 01563 827762
Ext. Number: 27762
Email: [REDACTED]@scot.nhs.uk

Dear Dr Paton,

LEE JOHNSTONE DOB: 09/02/1976 CHI No: 0902763334
12 WOODSIDE AVENUE, MAYBOLE, AYRSHIRE, KA19 7PP

Diagnosis: [REDACTED] to right thumb

This 36 year old gentleman failed to report for the Trauma Clinic today. No further review is proposed.

Yours sincerely

Authorised on 21/02/2013 22:13:59 by A C McGuffie.

Mr A C McGuffie MBChB, MRCP, FCEM
Consultant in Emergency Medicine
GMC: 3325960

www.nhsayrshireandarran.com



NHS Confidential: Personal data about a patient

Dr AT Hand Dr E Ofei Dr A Stevenson Dr A Krichell Dr S Learmonth Dr F [REDACTED]

Dr. GERALD G PATON
THE SURGERY
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA19 7BY

Accident and Emergency

Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX

Phone: 01292 614615
Fax: 01292 288105

Duty Consultant Dr [REDACTED] Krichell

Lee Johnstone

12 WOODSIDE AVENUE
KIRKMICHAEL
MAYBOLE, KA19 7PP

DOB: 09/02/1976
A/E No: AYR-12-042569
CHI No: 0902763334

Date and Time of Attendance: 06 Dec 2012 11:45
Total A&E Attendances = 18 , attendances in last year = 0

Diagnosis See diagnosis below
Back pain

Treatment Drug given in A+E
Drugs:

Investigations X-Ray , Sacrum, Lumbar spine

Follow up: Discharge, no follow up
Usual place of residence

Additional Information: Presnts with hx of low back pain following an RTA. Xray nil acute.
Still awaiting radiological report. pain settled with medications in the
dept. He was disch home with advice.

Dr Chidi Akanibu
A&E SHO

If you have any queries about this patient, please contact one of the staff at the above number.

NHS Confidential: Personal data [REDACTED] patient

Department of Radiology

The Ayr Hospital
Medical Imaging Department
Dalmellington Road
Ayr
KA6 6DX

**RADIOLOGY REPORT**

CHI NUMBER: 0902763334	Examination Number: 31164659	Examination Date: 19/04/2011
Name: Johnstone, Lee DOB: 09/02/1976		
Address: 12 WOODSIDE AVENUE, KIRKMICHAEL, [REDACTED] 7PP - CC: -		
Referring Department / Location: PATON GERALD MAYBOLE HEALTH CENTRE 6 HIGH STREET MAYBOLE AYRSHIRE KA19 7BY		
Referring Consultant: GP Requestor		
Date Dictated: 19/04/2011	Typed by: None	
Examination: US Testes		

Clinical Indication:

Report:

Both testis are of equal size, shape and echotexture.

Within the left epididymis is a 3.4mm simple cyst.

Within the right epididymis are several simple cysts measuring up to 5mm. There is a small right sided hydrocele.

Bilateral prominent vessels noted, most likely to represent varicoceles.

The kidneys appear normal.

Dictating Radiologist / Clinical Specialist [REDACTED] (Trainee Sonographer)

Signed by: [REDACTED] (Sonographer)

Verified by: [REDACTED] Raeside (Sonographer)

Page 1 of 1

CHI NUMBER: 0902763334 Examination Number: 31164659 Examination Date: 19/04/2011
Name: Lee [REDACTED] Johnstone DOB: 09/02/1976
0902763334 Dose :-

NHS
Ayrshire
& 

JOHNSTONE LEE A100-544212
12 WOODSIDE AVE
KIRKMICHAEL 0902763334
KA197PF 09/02/1976
PATON, G (GP)
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE M/S
Date of Birth

Dear [REDACTED]

The above patient attended The [REDACTED] Day Surgery Suite on 17th March 2011.

The procedure carried out was Incisional Hernia Repair
under local / general anaesthetic.

The patient was discharged home following this.

We would be grateful if you [REDACTED]

- a) Remove sutures in days time. 2-3 weeks
- b) Remove the theatre dressing in days and dress thereafter as required. 1
- c) Reduce the theatre dressing in 24 hours / 48 hours / 72 hours. 48 hours
- d) Dressing to remain intact until clinic appointment. 1 week

Comments: Distinct noise to room & address noted 8/31/11
please report to father if required. Discharges have
no parent signed & leave from 5:00 pm

District Nurse visit requested by ansaphone / telephone on 01665-883970

~~Patient will contact surgery to make an appointment with Practice Nurse.~~

The patient has/ has not a review appointment.

A more detailed letter will follow.

Should you require further information please contact us on the above extension.

Yours sincerely, *Lincoln*

DRS 036

NHS Confidential: Personal data [REDACTED] a patient

General Surgery
 Consultant - Mr Michal Chudy
 The Ayr Hospital
 Dalmellington Road
 AYR KA6 6DX



Dr G Paton
 The Health Centre
 6 High Street
 MAYBOLE

Admission 17.03.11
 Discharge 17.03.11
 Dictated 18.03.11
 Typed 18.03.11
 Our Ref: MC/FS/100-544212
 CHI No: 0902703334
 Enquiries [REDACTED]
 Direct Line 01292 614864
 Fax: 01292 614537
 e-mail: [REDACTED]@scot.nhs.uk

Dear Dr Paton

LEE JOHNSTONE, 12 WOODSIDE AVENUE, KIRKMICHAEL : DOB 09.02.70

Diagnosis : Incisional hernia post sutured epigastric hernia repair
Procedure : Laparoscopic intraperitoneal onlay mesh repair of incisional hernia
Follow up : None planned

Lee Johnstone was admitted to the Day Surgery Unit at Ayr Hospital and underwent laparoscopic mesh repair of his incisional hernia. His procedure was carried out uneventfully; he made a quick recovery and was discharged home later the same day.

His port wounds were closed with absorbable sutures and they should not require any further attention. Arrangements were made for the District Nurse to review his wounds the following day.

Probable recovery time after this procedure is 10 days.

There are no plans for routine follow up but, if there are any problems, I would appreciate urgent referral back to us for early review.

Kind regards

Yours sincerely

MR MICHAL CHUDY
 Consultant General & Laparoscopic Surgeon

www.nhsayrshireandarran.com



NHS Confidential: Personal data [REDACTED] patient



General Surgery
Consultant - Mr Michal Chudy
The Ayr Hospital
Dalmellington Road
AYR KA6 6DX

Dr G Paton
The Health Centre
6 High Street
MAYBOLE

Date dictated 11.03.11
Date typed 11.03.11
Our Ref: MC/FS/100-542212
CHI No: 0902763334

Enquiries [REDACTED]
Extension: 14864
Direct Line: 01292 614864
Fax: 01292 614537
e-mail: [REDACTED]

Dear Dr Paton

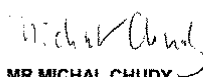
LEE JOHNSTONE, 12 WOODSIDE AVENUE, KIRKMICHAEL : DOB 09.02.76

Lee Johnstone attended the Day Surgery Unit as planned, on 10th March 2011, for the elective laparoscopic mesh repair of his incisional hernia. Unfortunately, due to the overrunning of an earlier case on the theatre list, his procedure was cancelled due to lack of time.

His admission has been rescheduled for 17th March 2011.

Kind regards

Yours sincerely


MR MICHAL CHUDY
Consultant General & Laparoscopic Surgeon

www.nhsayrshireandarran.com



10/1/11

NHS Confidential: Personal data [REDACTED] patient

Department of Vascular & General Surgery
The Ayr Hospital
Dalmellington Road
AYR.
KA6 6DX

☎ : 01292 610555



MR I McMILLAN
VASCULAR UNIT

Dr G Paton
Maybole Health Centre
6 High Street
Maybole

Date Dictated: 02/02/2011
Date Typed: 03/02/2011
Our Ref: IMCM/LM/100544212
CHI No.0902763334

Enquires to Mrs L McPike
Extension 01292 614855
Fax 01292 614609
E-mail [REDACTED]mcpike@aaaht.scot.nhs.uk

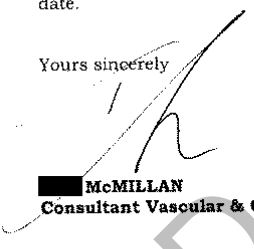
Dear Dr Paton

LEE JOHNSTONE, 12 WOODSIDE AVENUE, KIRKMICHAEL (DOB: 09/02/1976)

XIPMOID
This man attended with a view to repair of a recurrent epigastric hernia. The tissue was rather weak towards the repair process and I gained the benefit of the opinion of Mr Chudy who has a specialist interest in this area.

At the end of the day it was felt that the best option for this gentleman was a laparoscopic repair of his hernia using mesh. The offer was made for him to wait until later in the day and perhaps gain a place on Mr Chudy's list of that day but he preferred to return home with a view to an arrangement being made at a later date.

Yours sincerely


McMILLAN
Consultant Vascular & General Surgeon

cc. Mr R Muir, Consultant Colorectal Surgeon, TAH

cc. Mr M Chudy, Consultant Surgeon, TAH

NHS Confidential: Personal data ■■■ patient

Ayrshire Doctors On Call

adastra

5 Patient Contacts for Maybole H/C (Drs Paton & Mudunuri)

Page 1 of 5

Patient : Lee Johnstone

(Gender: Male) (DOB: 09/02/1976) (Age: 34 years) (CHI: 0902763334)

Case No 41017

Case Date 16/01/2011 08:54

Own Dr Paton, Gerald

Current Address

Guiltriehill Bungalow

Home Address (If Different)

12 Woodside Avenue Kirkmichael

Maybole

KA19 7JU

KA19 7PP

Current Phone 01655 750139

Home Phone (If Different)

Case Type NHS24 Advice

Priority On Reception Within 4 Hours

NHS 24 Advice by (Non-Clinical User) (Glasgow)

Clinical summary created by: (Non-Clinical User) (Glasgow) [16/01/2011 09:13:23]

LEAR PAIN FOR 9 HRS AND PAIN WORSE, HEADACHE, NIL DISCHARGE OR SWELLING - BLOCKED EARS FOR 1 WK. CO-CODAMOL WITH NIL EFFECT. SELF CARE ADVICE GIVEN.

Triage Start 08:56

Triage End 09:13

Case Questions

Adastra Consult by

Start Type

End Type

Consult Start

Consult End

History

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Informational Outcome(s)

Report Statistics:

Report produced by Adastra Version 3 - 17/01/2011 04:04:27

NHS Confidential: Personal data [REDACTED] patient

Page 3 of 5

Patient : Lee Johnstone

(Gender: Male) (DOB: 09/02/1976) (Age: 34 years) (CHI: 0902763334)

Case No 24581

Case Date 27/11/2010 16:42

Own Dr Paton, Gerald

Emergency Care Summary viewed on case

Current Address

Guiltreehill Bungalow

Home Address (If Different)

12 Woodside Avenue Kirkmichael

Maybole

KA19 7JU

Current Phone 01655 750139

KA19 7PP

Home Phone (If Different)

Case Type PCTC (Nurse Pract)

Priority On Reception Within 2 Hours

NHS 24 Advice by

(Nurse Advisor) (Ayrshire (& [REDACTED]

Triage Start 16:46

Clinical summary created by: (Nurse Advisor) (Ayrshire (& [REDACTED] [27/11/2010 17:07:35])
 ABDOMINAL PAIN FOR 1 DAY, WORSENING AND H/O ABDOMINAL HERNIA REPAIR 14 MONTHS AGO. SINCE
 YESTERDAY HERNIA HAS DOUBLED IN SIZE, UNABLE TO REDUCE. FEELS NAUSEATED, PAIN WORSE ON
 INSPIRATION, HERNIA IN SAME PLACE AS LAST TIME, SIMILAR PRESENTATION, WAS ADMITTED AS
 EMERGENCY LAST TIME. ADVISE GP 2HRS - AYR PCEC AT 6PM WITH NP

Triage End 17:07

Case Questions**Adastra Consult by**

[REDACTED] W

Consult Start 20:27

Start Type PCTC (Nurse Pract)

End Type PCTC (Nurse Pract)

Consult End 20:28

History

as per triage

Examination

T 37; tender epigastrium but no obvious hernia /mass, normal bowel sounds

Diagnosis**Treatment**

referred to on call surgeons Ayr hospita

Clinical Code(s)

R090. [D]Abdominal pain

Prescriptions**Informational Outcome(s)**

No Follow-Up Required -

Report Statistics:

Report produced by Adastra Version 3 - 28/11/2010 04:03:30

NHS Confidential: Personal data [REDACTED] patient

Dr AT Hand Dr E Ofei Dr A Stevenson Dr A Krichell Dr S Learmonth Dr F [REDACTED]

Dr. G PATON
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
AYRSHIRE
KA197BY

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX
Phone: 01292 614615
Fax: 01292 288105

Duty Consultant Dr E Ofei

Lee Johnstone

12 WOODSIDE AVENUE
KIRKMICHAEL
MAYBOLE, KA19 7PP

DOB: 09/02/1976
A/E No: AYR-10-040838
CHI No: 0902763334

Date and Time of Attendance: 27 Nov 2010 18:35

Diagnosis Acute abdomen

Treatment Assessed and referred

Drugs:

Investigations

Follow up: Admitted

Station 3

Additional Information: ADOC referral to surgical team with epigastric pain, pt stable admitted to surgical ward for further management

Dr Asgarali Patanker
A&E SHO

If you have any queries about this patient, please contact one of the staff at the above number.

NHS Confidential: Personal data about a patient

Ayr Hospital, Dalmellington Road, Ayr, KA6 6DX Phone: 01292 610 555	Immediate Discharge Letter & Prescription	NHS Ayrshire & Arran
---	--	-----------------------------------

Date : 29-Nov-2010 @ 10:16

*** Non-verified Orders Exist ***

Page 1 of 1

To: PATON, Dr. G, MAYBOLE HEALTH CENTRE, 6 HIGH STREET, MAYBOLE, KA197BY	Re: LEE JOHNSTONE 12 WOODSIDE AVE, KIRKMICHAEL, KA19 7PP DOB: 09/02/1976 Hosp. No.: 100544212 CHI No.:
---	---

Date of Admission: 27/11/2010**Ward:** STATION 3-AYR**Mode of Admission:** Planned Admission**Consultant:** MR [REDACTED] MUIR (Surgical)**Admission Reason:** ABDOMINAL PAIN**Discharge Date:** 28/11/2010**Follow-up:****Primary Diagnosis:****Clinical Progress:**

4 WEEK HISTORY OF EPIGASTRIC PAIN WORSENING TODAY WITH ASSOCIATED NAUSEA. PREVIOUS HERNIA REPAIR 4 MONTHS AGO. TENDER IN EPIGASTRIUM AND PERITONITIC. O/E SMALL RECCURANCE OF REDUCIBLE HERNIA WITH NO BOWEL INVOLEMENT.

PATIENT BLOODS NORMAL. IS STABLE FOR DISCAHRGE, DISCHARGED WITH SIMPLE ANALGESIA.

TO RETURN FOR ELECTIVE REPAIR, WILL BE ASSESSED AT OUTPATIENT CLINIC.

KIND REGARDS last updated 28/11/2010, 12:05 pm by DR CRAIG [REDACTED]

Further patient/drug notes:

Allergy/Intolerance	Reaction
No known drug allergies	

Allergy records are as recorded on the Ayr Hospital HEPMA system at time and date of printing (see above).

Drug	Dose	Route	Frequency	Days Supply	GP to continue
CO-CODAMOL 30/500 Tablets	2 Tablet	Oral	FOUR times daily - 7am;1pm;6pm;10pm	14	Yes
	PRN	For pain			
OMEPRAZOLE 20 mg Capsules	20 mg	Oral	ONCE daily at 7am	Patients Own Supply	Yes

*** Non-verified Orders Exist ***

Additional Medicines Information:

Medicines discontinued during admission (medicines that patient was recorded as admitted on only)			
Drug	Date	Discontinued by	Discontinue reason
None recorded			

*** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.***
 ****Information here may be incomplete and is for guidance only.****

Discharged by : DR [REDACTED]**Dispensed by:****Checked by:****Grade:** Junior House Officer**Date:**

Originally Printed: 29/11/2010 @ 10:16

Page 1 of 1

NHS Confidential: Personal data about a patient

28/11/2010 13:11 01292 614570 STATION 1 AYR HOSPITAL #1778 P.001/001
 Dalmeilington Road, Ayr, KA6 6DX
 Phone: 01292 610 555

Prescription

REPRINT *** Non-verified Orders Exist *** Page 1 of 1

To: JOHNSTONE A100-544212
 12 WOODSIDE AVE LEE
 KIRKMICHAEL 0902763334
 KA19 7PP 09/02/1976
 PATON, G (GP)
 MAYBOLE HEALTH CENTRE
 6 HIGH STREET
 MAYBOLE M/G

Re: LEE JOHNSTONE
 12 WOODSIDE AVE, KIRKMICHAEL, KA19 7PP
 DOB: 09/02/1976
 Hosp. No.: 100544212
 CHI No.:

Date of Admission: 27/11/2010 **Ward:** STATION 3-AYR
Mode of Admission: Planned Admission **Consultant:** MR [REDACTED] MUIR (Surgical)
Admission Reason: ABDOMINAL PAIN
Discharge Date: 28/11/2010 **Follow-up:**

Primary Diagnosis:**Clinical Progress:**

4 WEEK HISTORY OF EPIGASTRIC PAIN WORSENING TODAY WITH ASSOCIATED NAUSEA. PREVIOUS HERNIA REPAIR 4 MONTHS AGO. TENDER IN EPIGASTRIUM AND PERITONITIC. O/E SMALL RECURRENCE OF REDUCIBLE HERNIA WITH NO BOWEL INVOLEMENT.

PATIENT BLOODS NORMAL. IS STABLE FOR DISCHARGE, DISCHARGED WITH SIMPLE ANALGESIA.

TO RETURN FOR ELECTIVE REPAIR, WILL BE ASSESSED AT OUTPATIENT CLINIC.

KIND REGARDS last updated 28/11/2010 12:05 pm by DR CRAIG MITCHELL

Further patient/drug notes:

Allergy/Intolerance	Reaction
No known drug allergies	

Allergy records are as recorded on the Ayr Hospital HEPMA system at time and date of printing (see above).

Drug	Dose	Route	Frequency	Days Supply	GP to continue
CO-CODAMOL 30/500 Tablets	2 Tablet	Oral	FOUR times daily - 7am;1pm;6pm;10pm	14	Yes
	PRN For pain			30/500	
LACTULOSE Oral Solution	10 mL	Oral	TWICE [REDACTED] - 7am;10pm	28	Yes
OMEPRAZOLE 20 mg Capsules	20 mg	Oral	ONCE daily at 7am	Patients Own Supply	Yes

*** Non-verified Orders Exist ***

Additional Medicines Information:

Medicines discontinued during admission (medicines that patient was recorded as admitted on only)			
Drug	Date	Discontinued by	Discontinue reason
None recorded			

*** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.***
 *** Information here may be incomplete and is for guidance only.***

Discharged by: DR [REDACTED]
 Grade: Junior House Officer
 Originally Printed: 29/11/2010 @ 10:16

Dispensed by: BCL
 Date: [REDACTED]
 Checked by: WDR

Page 1 of 1

NHS Confidential: Personal data about a patient

Department of General Surgery
The Ayr Hospital
Dalmellington Road
AYR.
KA6 6DX



Tel: 01292 610555

Mr R Muir
Colorectal & General Surgery

Date Dictated: 30/11/2010
Date Typed: 02/12/2010
Date Admitted: 27/11/2010
Date Discharged: 29/11/2010

Dr Paton
Maybole Health Centre
6 High Street
MAYBOLE

Our Ref RM/AC/100-544212
CHI number 0902763334

Enquiries to Miss [redacted] Carswell
Extension 14047
Fax 01292 614609
E-mail [redacted].uk

Dear Dr Paton

RE: LEE JOHNSTONE, 12 WOODSIDE AVENUE, KIRKMICHAEL
DOB - 09/02/1976

Diagnosis: Recurrent Epigastric Hernia
Procedure: Nil
Management: Conservative
Follow-up: Day Case Epigastric Hernia Repair

This gentleman was admitted complaining of severe epigastric pain. He describes this as similar to the pain he had previously with his strangulated epigastric hernia. By the time I had seen him in the morning, things had settled and the pain largely resolved. He does have a recurrence of his epigastric hernia. This was fully reducible when reviewed by myself. We kept him for a further 24hrs and the pain did not return. I have discussed the options with him and think he would be best served by a further open repair with an insertion of a mesh. I have added his name to my waiting list to have this done.

Yours sincerely


Mr R Muir
Consultant in Colorectal & General Surgery

w/ - recurrent epigastric hernia repair

STA 9400

NHS Confidential: Personal data [REDACTED] patient

AYR HOSPITAL
DALMELLINGTON ROAD
AYR, KA6 6DX
TEL: 01292 610 555 FAX: 01292614557



AB/GB/100-544212 CHI-0902763334

GENERAL MEDICINE – DR A [REDACTED] CONSULTANT PHYSICIAN
STATION 7 DISCHARGE LETTER

DICTATED: 21/10/10 ADMITTED: 15/10/10
TYPED: 04/11/10 DISCHARGED: 15/10/10

Dr G Paton
Maybole Health Centre
6 High Street
Maybole

Dear Dr Paton,

Re: Lee Johnstone, 12 Woodside Avenue, Kirkmichael (09/02/1976)

Diagnosis: Musculoskeletal chest pain

Follow up: None

This 34 year old gentleman woke up with left sided chest pain, worse on movement of his left arm. I understand that he had been in Turkey 4 weeks prior with a description of some left leg swelling, but fortunately there was no evidence of DVT clinically and his D-dimers were negative. The description of his pain was musculoskeletal in nature and with a normal chest x-ray and ECG he was discharged without any plans for routine follow up.

Please note that I did not see this patient myself and it has been dictated entirely from the case notes. If you have any concerns please do not hesitate to contact us.

Many thanks,

Yours sincerely,

A handwritten signature in black ink, appearing to be 'A Breckenridge'.

A BRECKENRIDGE
ST3 – GENERAL MEDICINE

A handwritten signature in black ink, appearing to be 'A [REDACTED]'.

A [REDACTED]
CONSULTANT PHYSICIAN

NHS Confidential: Personal data [REDACTED] patient

Dr AT Hand Dr E Ofel Dr A Stevenson Dr A Krichell Dr S Learmonth Dr F [REDACTED]

Dr. G PATON
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
AYRSHIRE
KA197BY

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX

Phone: 01292 614615
Fax: 01292 288105

Duty Consultant Dr [REDACTED] Learmonth

Lee Johnstone

12 WOODSIDE AVENUE
KIRKMICHAEL
[REDACTED] 7PP

DOB: 09/02/1976
A/E No: AYR-10-035949
CHI No: 0902763334

Date and Time of Attendance: 15 Oct 2010 10:13

Diagnosis Pulmonary embolism ?

Treatment Assessed and referred

Drugs:

Investigations X-Ray , Chest

Follow up: Admitted

Station 7 MAU

Additional Information: Sudden onset L.sided pleuritic chest pain - woke from sleep. Recent travel. Cough with black sputum. ?PE - referred to Medics for further Ix

A Locum36
A&E SHO

If you have any queries about this patient, please contact one of the staff at the above number.

19/10 2010 10:26 FAX

001/001



THE AYR HOSPITAL

DALMELLINGTON ROAD
AYR KA5 8DX

Telephone:
441-

(01252) 8100
(01252) 255255

Immediate Discharge Summary

142
A. 142-143

Patient Address

JOHNSTONE
12 WOODSTONE
A100-544212
LEE

KIRKMICHAEL 0902763334

D.O.B

09/02
PATON, G (GP)
MAYBOLE HEALTH CENTRE
5 HIGH STREET
MAYBOLE

09/02/1976

Admission Date 15/10/10

Discharge Date 15/10/10

M/S

Admission Type Emergency

Consultant Dr Collier

Diagnosis: Musculoskeletal chest pain

Summary
Admitted with left-sided chest pain, worse on deep inspiration
* on moving left arm. D-dimer was negative. Troponin
also negative. Patient given analgesia and discharged home.

Medication on Discharge

Medication on Discharge					PHARMACY USE ONLY		
Medicine / Dressing BLOCK CAPITALS	Dose	Route	Time of Admin	Continue or Stop	Quantity & Strength	Pharmacy Notes	
NIBADEN							
NUMBER OF THAN 7	SUPPLY IF MORE				DATE	Dispensed by	Checked by

Further comments: (e.g. Histology, information given to patient regarding diagnosis, etc)

1. [REDACTED] episode letter with / with me follow

Outpatient Appointment YES/NO

Distribution GP ☒ Pharmacy ☐ Casenotes ☐ District Nurse ☐ Patient Yes/No

Dr's Signature [Signature] Print Name LAURA MACKIE Date 18/10/10

NHS Confidential: Personal data ■■■ ■ patient

Heathfield Clinic
 Heathfield Road
 AYR KA8 9DZ
 Tel: 01292 610557 EXT.3504
 Fax: 01292 288021



DEPARTMENT OF DERMATOLOGY

RAH/LH/544212/CHI-0902763334

Direct Line: 01292 666504

Clinic date: 02/07/2010	Date dictated: 02/07/10	Date typed: 09/07/10
-------------------------	-------------------------	----------------------

Dr C. Mudunuri
 The Health Centre
 MAYBOLE

Dear Dr Mudunuri

LEE JOHNSTONE 12 WOODSIDE AVENUE KIRKMICHAEL (09/02/1976)

Diagnosis Inflamed mole right lower chest.

I saw this 34 year old patient at the clinic today. A longstanding mole on the right lower chest had recently become crusty; the crust has now fallen off; there are no symptoms.

Examination showed a 7 x 5 mm raised rough mid-brown hair bearing mole. Dermatoscopy was benign.

Overall this sounds like an inflammatory episode in a benign mole.

No action is required at present. The patient knows that if the symptoms recur then she should let you know and excision would be indicated at that point.

Kind regards,
 Yours sincerely

R.A. Hardie
 Consultant Dermatologist

NHS Confidential: Personal data ■■■ patient

Ayr Hospital, Dalmellington Road, Ayr, KA6 6DX Phone: 01292 610 555	Immediate Discharge Letter & Prescription	
Date: 18-Aug-2009 @ 11:27 REPRINT *** Non-verified Orders Exist *** Page 1 of 1		

To: PATON, Dr. G, MAYBOLE HEALTH CENTRE, 6 HIGH STREET, MAYBOLE, KA197BY	Re: LEE JOHNSTONE 12 WOODSIDE AVE, KIRKMICHAEL, KA19 7PP DOB: 09/02/1976 Hosp. No.: 100544212 CHI No.:
---	---

Date of Admission: 16/08/2009 **Ward:** STATION 2-AYR
Mode of Admission: Emergency Admission **Consultant:** MR ■■■■■ (Surgical)
Admission Reason: EPIGASTRIC HERNIA. MR ■■■■■ (Surgical)
Discharge Date: 18/08/2009 **Follow-up:**

Primary Diagnosis:**Investigations:**

MR. JOHNSTONE WAS ADMITTED TO STATION 2 OF AYR HOSPITAL ON THE 16TH OF AUGUST WITH AN EPIGASTRIC SWELLING OF 1/52 DURATION. THE MASS HAD BECOME ACUTELY PAINFUL 2/7 BEFORE ADMISSION. THE MASS WAS IRREDUCIBLE (HAD BEEN SO SINCE ONSET). THE IMPRESSION WAS THAT OF AN EPIGASTRIC HERNIA, EXACERBATED BY WEIGHTLIFTING. THE HERNIA WAS REDUCED SURGICALLY ON THE 17TH OF AUGUST. THE PATIENT IS NOW FIT FOR DISCHARGE.

FORMAL DISCHARGE LETTER TO FOLLOW.

THANK YOU last updated 18/08/2009 11:20 am by DR VIVIENNE BLACKHALL

Further patient/drug notes:

Allergy/Intolerance	Reaction
No known drug allergies	

Allergy records are as recorded on the Ayr Hospital HEPMA system at time and date of printing (see above).

Drug	Dose	Route	Frequency	Days Supply	GP to continue
PARACETAMOL 500 mg Tablets	1000 mg	Oral	FOUR times daily - 7am; 1pm; 6pm; 10pm	7	No
	PRN	For pain/pyrexia		500mg x 32	
TRAMADOL 50 mg Capsules	50 mg	Oral	FOUR times daily - 7am; 1pm; 6pm; 10pm	7	No
	PRN	For pain		50mg x 30	

*** Non-verified Orders Exist ***

Additional Medicines Information:

Medicines discontinued during admission (medicines that patient was recorded as admitted on only)			
Drug	Date	Discontinued by	Discontinue reason
None recorded			

*** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system. ***
 ****Information here may be incomplete and is for guidance only.****

Discharged by: DR VIVIENNE BLACKHALL **Dispensed by:** SM/KS **Checked by:** 
Grade: ■■■■■ House Officer **Date:** 18/8/09
 Originally Printed: 18/08/2009 @ 11:20

Page 1 of 1

NHS Confidential: Personal data ■■■ ■ patient

NHS Ayrshire & Arran

THE AYR HOSPITAL
DISTRICT NURSE REFERRAL FORM

Address JOHNSTONE A100-544212 12 WOODSIDE AVE LEE KIRKMICHAEL 0902763334 KA197PP 09/02/1976 Paton, G (GP) Maybole Health Centre 6 High Street Maybole M/S		D of A: D of D: ■■■ ■■■ Address: Tel No: Diagnosis:
Consultant: Ward:		
Treatment in Hospital:		
Suggested Treatment on Discharge:		
Patient/Family Awareness:		
Drug Therapy:		Services Required:
Ability Assessment:		Additional Information:

Follow-up Appointment:

Ward Staff:

NHS Confidential: Personal data ■■■ is patient

Fax sent by :

18-08-09 15:01

Pg: 1/2

Ayr Hospital Dalmeilington Ayr, KA6 6GL Phone: 01292 610 555	Immediate Discharge Letter & Prescription	
REPRINT *** Non-verified Orders Exist ***		

JOHNSTONE A100-544212
 12 WOODSIDE AVE LEE
 KIRKMICHAEL 0902763334
 KA197PP 09/02/1976

Paton, G (GP)
 Maybole Health Centre
 6 High Street
 Maybole

Date of Admission: 16/08/2009 M/c

Mode of Admission: Emergency Admission

Admission Reason: EPIGASTRIC HERNIA.

Discharge Date: 18/08/2009

Ref: LEF JOHNSTONE
 12 WOODSIDE AVE KIRKMICHAEL KA19 7PP
 DOB: 09/02/1976
 Hosp No: A100-544212
 Clin No:

Ward: STATION 2-AYR

Consultant: MR (Surgical)
 MR (Surgical)

Follow-up:

Primary Diagnosis:

Investigations:

MR. JOHNSTONE WAS ADMITTED TO STATION 2 OF AYR HOSPITAL ON THE 16TH OF AUGUST WITH AN EPIGASTRIC SWELLING OF 1/52 DURATION. THE MASS HAD BECOME ACUTLEY PAINFUL 2/7 BEFORE ADMISSION. THE MASS WAS IRREDUCIBLE (HAD BEEN SO SINCE ONSET). THE IMPRESSION WAS THAT OF AN EPIGASTRIC HERNIA, EXACERBATED BY WEIGHTLIFTING. THE HERNIA WAS REDUCED SURGICALLY ON THE 17TH OF AUGUST. THE PATIENT IS NOW FIT FOR DISCHARGE.

FORMAL DISCHARGE LETTER TO FOLLOW.

THANK YOU last updated 18/08/2009 15:20 min by DR VIVIANNE BLACKHALL

Further patient/drug notes:

Allergy/Intolerance	Reaction
No known drug allergies	

Allergy records are as recorded on the Ayr Hospital HEPMA system at time and date of printing (see above).

Drug	Dose	Route	Frequency	Days Supply	Chm
PARACETAMOL 500 mg Tablets	1000 mg	Oral	FOUR times daily - 7am;1pm;6pm;10pm	7	No
	PRN For pain/pyrexia		50mg x 32		
TRAMADOL 50 mg Capsules	50 mg	Oral	FOUR times daily - 7am;1pm;6pm;10pm	7	No
	PRN For pain		50mg x 32		

*** Non-verified Orders Exist: ***

Additional Medicines Information:

Medicines discontinued during admission (medicines that patient was recorded as admitted on only)			
Drug	Date	Discontinued by	Discontinued reason
None recorded			

*** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.***
 ****Information here may be incomplete and is for guidance only.***

Discharged by: DR VIVIANNE BLACKHALL

Grade: House Officer

Originally Printed: 18/08/2009 @ 11:20

Dispensed by: DR / NS Checked by:

Date: 18/8/09

Page 1 of 1

NHS Confidential: Personal data ■■■ patient

Fax sent by :

18-08-09 15:02 Pg: 2/2

THE AYR HOSPITAL
NHS Ayrshire & Arran DISTRICT NURSE REFERRAL FORM

Address: JOHNSTONE A100-544212 12 WOODSIDE AVE LER KIRKMICHAEL 0902763334 KA197PP 09/02/1976 Paton, G ■■■th Centre Maybole 6 High Street Maybole M/c		D of A: 16/8/09 D of D: 18/8/09 Next of Kin: GEORGINA JOHNSTONE Address: S/A Tel No: 01655 750064 Diagnosis: EPIGASTRIC HERNIA
Consultant: MR WALLACE Ward: ST2		
Treatment in Hospital: REPAIR OF EPIGASTRIC HERNIA 17/8/09		
Suggested Treatment on Discharge: WOUND CHECK AS REQUIRED.		
Patient/Family Awareness: FULLY AWARE		
Drug Therapy: ANALGESIA	Services Required: PRACTICE NURSE.	
Ability Assessment: INDEPENDENT	Additional Information:	

Follow-up Appointment: NO FOLLOW UP

Ward Staff: Kim

NHS Confidential: Personal data [REDACTED] patient

ate: 16/08/2009 Time: 20:12:37

Page 4 of 4

Call #: 86354 Received NHS24: 16-Aug-2009 12:50
 Full cover

Patient's Name:	Lee Johnstone	Received ADOC:	13:19
Date of birth:	09-Feb-1976 (Age: 33 years) Sex: Male	Passed	13:35
	77 Minnoch Crescent	Advised	
	Maybole KA19 6DR (NS:295 102)	Arrived	14:51
Tel No:	01655 882550 Origin: NHS24	Departed	15:02
Urgency:	Within 2 Hours Type: PCTC (Doctor)		
Consulted by:	[REDACTED] Lee (Agency) Own Doctor: Paton, Gerald		

Triage - Diagnosis

PT HAS BEEN HAVING PAIN FOR A WHILE AND IS WAITING ON AN OP TO TREAT IT.
 DIFFICULTY SLEEPY AND IN A LOT OF PAIN. ((Non-Clinical User) (Glasgow))

PCEC within 2 Hrs

Clinical summary created: 16-Aug-2009

Advisor: (Ayrshire (& [REDACTED]) [16/08/2009 13:24:05]

ENLARGED HERNIA WITH INCREASED PAIN FOR 24 HOURS AND PT HAS AN EPIGASTRIC
 HERNIA WHICH HE DEVELOPED 12 MONTHS AGO FOLLOWING LIFTING WEIGHTS. HERNIA HAS
 BEEN WORSENING IN SIZE AND PAIN SINCE THEN AND PT IS CURRENTLY AWAITING
 REFERRAL. OVER THE PAST 24 HOURS PT STATES THAT HERNIA HAS INCREASED FROM
 THE SIZE OF A GOLF [REDACTED] TO A TENNIS [REDACTED] AND IS VERY SORE TO TOUCH. PT IS
 HAVING SHOOTING PAINS AROUND HERNIA AND HAS A HEAVY PRESSURE FEELING AROUND
 HIS STOMACH

Clinical summary created: 16-Aug-2009

H. NO VOMITING THOUGH FEELS NAUSEATED AND NO TEMP. NO KNOWN PROBLEMS WITH
 BOWELS. UNABLE TO

Clinical summary created by: (Nurse Advisor) (Ayrshire (& Arran))
 [16/08/2009 13:24:52]

CLINICAL SUMMARY # 2 FOR . AND MANUALLY REDUCE SIZE OF HERNIA BY LYING DOWN
 OR MANIPULATING DUE TO PAIN. APPT MADE FOR AYR PCEC FOR 2.50PM. POSSIBLE NON
 CORE ADMISSION.

Time of Visit/Base 14:51 Consulting Doctor : [REDACTED] Lee (Agency)

Final Outcome - Diagnosis
 hernia ?? strangulated

Final Outcome - Treatment
 surgical review.

Final Outcome - History
 has an upper abdominal hernia , midway between umbilicus and epigastrium.
 yesterday hernia doubled in size and became painful. hernia is tender to the
 touch and feels a little firm. apyrexial. referred to surgeons at ayr for
 further assessment. says it is painful however dont seem overly distressed.

Final Outcome - Examination
 as above

Followups:
 Refer To Hospital:

TRANSMISSION COMPLETE

NHS Confidential: Personal data [REDACTED] patient

Dr. G Paton
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
AYRSHIRE
KA197BY

Dr AT Hand Dr E Ofel Dr A [REDACTED] Dr A Krichell

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX

Phone: 01292 614615
Fax: 01292 288105

Duty Consultant Dr [REDACTED] HAND

Lee Johnstone

12 [REDACTED] DE AVENUE
KIRKMICHAEL
MAYBOLE, KA19 7PP

DOB: 09/02/1976
A/E No: AYR-09-036605
CHI No: 0902763334

Date and Time of Attendance: 16 Aug 2009 15:02

Diagnosis Abdominal pain

Treatment Assessed and referred
Drugs:

Investigations

Follow up: Admitted

Station 2

Additional Information: irreducible epigastric hernia-referred to surgeons

Dr Locum 1
A&E SHO

If you have any queries about this patient, please contact one of the staff at the above number.

NHS Confidential: Personal data about a patient

Department of General/Vascular Surgery,
The Ayr Hospital,
Dalmellington ■■■■■
AYR.
KA6 6DX

☎ : 01292 610555



MR D ■■■■■

Date Dictated: 28/08/2009
Date Typed: 31/08/2009
Date Admitted: 16/08/2009
Date Discharged: 18/08/2009

Dr G Paton
The Health Centre
6 High Street
Maybole

Our Ref DW/AB/100-544212
CHI number 0902763334
Enquiries to Miss A Bryden
Extension 14306
Fax 01292 616451
E-mail anne.bryden@aaaht.scot.nhs.uk

Dear Dr Paton

LEE JOHNSTONE 12 WOODSIDE AVENUE K IRKMICHAEL (DOB 09/02/1976)

DIAGNOSIS: Tender epigastric hernia

PROCEDURE: Repair

FOLLOW-UP: If required

COMPLICATIONS:

COMMENTS:

This young man was admitted with a tender epigastric hernia which was confirmed in theatre. However it was possible to reduce this back and primarily repair the defect with prolene sutures.

I have not organized out patient review but clearly if there were any concerns I would happily see him again. Mr. Johnstone has been warned not to stress his repair for the next six to eight weeks.

Yours sincerely

■■■■■
Consultant Vascular & General Surgeon

S1A 2000

NHS Confidential: Personal data ■■■ ■ patient

A&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on 01292-614522, quoting account number 07356-00076

To Dr.: G (GP) PATON
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA197BY

LEE JOHNSTONE DOB 09/02/76
16 MINNOCH CRESCENT

MAYBOLE; KA198DW
CHI 0902763334

Your patient attended the Ayr Hospital on 22/12/07 at 11:32.

Triage nurse described problem as:
epigastric pain, vomiting with specs of blood

Investigations ordered:

RADIOLOGY: Chest (by MP)

Procedures

VASCULAR ACCESS

Diagnosis

GASTROINTESTINAL^EPIGASTRIC PAIN AND VO

Outcome of attendance was:

ADMITTED

Nursing remarks were:

admit obs

Additional remarks were:

iv access/blds/ecg/cxr - admit obs awaiting bld results

Follow up plans were:

(None recorded)

Yours Sincerely,

A&E Department.

Received
27 DEC 2007

File	Dr. Scobie
Script	Dr. Paton
Speak	Dr. [REDACTED]
Attend	DAWN
Visit	

NHS Confidential: Personal data [REDACTED] patient

Accident and Emergency Department
Ayr Hospital
Dalmellington Road
Ayr, KA6 6DX

Tel: 01292 610555

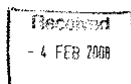


Ref: MP/LB/100-544212
CHI number: 0902763334

Date Admitted: 22.12.07
Date Discharged: 22.12.07
Date Dictated: 10.01.08
Date Typed: 16.01.08

Enquiries to: [REDACTED] Blades, A & E Secretary
Extension: 14578
Direct Dial: 01292 614578
Fax: 01292 288105
E-mail: [REDACTED]blades@aaaht.scot.nhs.uk

Dr C Lau
6 High Street
Maybole



Dear Dr Lau

LEE JOHNSTONE, 16 MINNOCH CRESCENT, MAYBOLE
D.O.B: 09.02.1976

I reviewed Mr Johnstone in Accident and Emergency on the 22nd December 2007. He had a twelve hour history of severe epigastric pain and vomiting which contained specs of blood. Three days prior to this he had been having diarrhoea.

On examination he was apyrexial, bloods pressure was 162/96mmHg. Sats were 97% on air and pulse was 85 beats per minute which was regular. His chest was clear and his heart sounds were pure. There was some epigastric tenderness on abdominal examination, however his abdomen was soft and bowel sounds were present and normal.

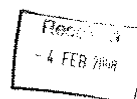
Chest x-ray was clear, however ECG showed right bundle branch block.

In view of his epigastric tenderness, we checked his CK which was slightly elevated and his Troponins which came back as negative.

We treated him with IV Cyclizine and Buscopan and with fluid resuscitation. We were able to send him home after four hours' observation in our Observation Ward.

Yours sincerely

DR MOIRA [REDACTED]
FY2 IN ACCIDENT & EMERGENCY CARE



Seen	Dr. Scobie
Diagn	Dr. Paton
Pres	Dr. Steele
Visit	DAWN

NHS Confidential: Personal data [REDACTED] patient

The Ayr Hospital
Dalmellington Road
Ayr KA6 6DX
Telephone: 01292 610555 ext 14072



BF/CH/100-544212
Chi no.090276 3334

DEPARTMENT OF OTOLARYNGOLOGY

MISS E. M. SHANKS

Date of clinic : 26th November 2007
Date dictated : 26th November 2007
Date typed : 30th November 2007

Dr E Steele
Health Centre
6 High Street
Maybole

Dear Dr [REDACTED]

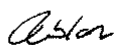
LEE JOHNSTONE 16 MINNOCH CRESCENT MAYBOLE 9/2/76

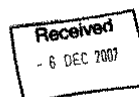
I reviewed this patient in the out patient clinic. He was referred because of possible recurrence of thyroglossal cyst. The patient had an ultrasound scan which did not show any cyst, or any other abnormality. The patient has not noted any further swelling.

Today on examination I was not able to palpate any swelling.

I have discharged the patient from the out patient clinic, but would be glad to see him again at your request.

Yours sincerely


MS B. FRUHSTORFER
FTSTA 3 in ENT SURGERY



File	Dr. Scoble
Script	Dr. Paton
Speak	Dr. Steele
Attend	DAWN
Visit	

NHS Confidential: Personal data about a patient

Ayrshire & Acute Hospitals NHS Trust

JOHNSTONE

Patient No. 0902763334

Area Laboratory
Clinician Dr B Scobie

Microbiology

LEE

Unit No. AY100544212

Request Location The Health Centre

16 MINNOCH CRESCENT

DOB 09/02/1976

6 High Street

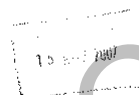
MAYBOLE KA19 8DW

Sex M

Maybole

This Report To Dr B Scobie GP, Maybole: Dr Scobie et al

		1	2
1 Staphylococcus aureus	(Heavy growth)	Augmentin	S
2 Haemolytic Strep Group B	(Moderate growth)	Erythromycin	S S - 151107.
		Flucloxacillin	S
		Fusidic acid	S
		Penicillin	R S
		Tetracycline	S R



Dr Scobie
Dr Paton
Dr Scobie
Dr Scobie

Lab No M.07.089351.X Date/Time Coll 12/11/2007 10:15 Authorised By Dr G Downie
 Printed 14/11/2007 10:52 Sample Type Thigh Swab Page 1 OF 1 Date 14/11/2007

If you have received this report in error, please return to the Microbiology Laboratory

NHS Confidential: Personal data ■■■ patient

Acute Hospitals NHS Trust

The Ayr Hospital
 Dalmeilington Road
 Ayr KA6 6DX
 Telephone: 01292 610555
 Ext: 4468
 www.show.scot.nhs.uk/aaht



THE ■■■ DAY SURGERY SUITE

V	JOHNSTONE 16 MINNOCH CRESCENT	A100-544212 LEE	L
Sumar	MAYBOLE KA198DW	0902763334	
Foren	LAU, C (GP)	09/02/1976	
Addre	MAYBOLE HEALTH CENTRE 6 HIGH STREET MAYROTH		
Ward or Dept.		M/S	

Dear ■■■

The above patient attended The ■■■ Day Surgery Suite on

The procedure carried out was Excision of lesion of (L) Thigh.
 under local / general anaesthetic.

The patient was discharged home following this.

We would be grateful if you could:-

- a) remove sutures in 11 days time. 12/11/07.
- b) ~~remove the theatre dressing in~~ days ■■■ thereafter as required.
- c) ~~reduce the theatre dressing in 24 hours / 48 hours / 72 hours.~~
- d) ~~dressing to remain intact until clinic appointment.~~

Received
 - 2 Nov 2007

Comments

File	Dr. Scobie
Script	Dr. Paton
Speak	Dr. Steele
Attend	Dr. Steele
Visit	DAWN

District Nurse visit requested by ansaphone / telephone on

✓ Patient will contact surgery to make an appointment with Practice Nurse. Removal of Sutures 12/11/07.

The patient ~~has~~ has not a review appointment.

A more detailed letter will follow.

Should you require further information please contact us on the above extension.

Yours sincerely,



Laura Adams

Awarded for excellence

DPS 006

NHS Confidential: Personal data [REDACTED] patient

Day Surgery Unit
General Surgery
The Ayr Hospital
Dalmellington Road
AYR KA6 6DX



MR N A NUR

Date Attended: 01/11/2007
Date Typed: 15/11/2007

Our Ref: AP/CIK/100-544212
CHI No: 0902763334

Enquiries to: Helen Graham
Direct Line: 01292 614561
Fax: 01292 614641
e.mail: Helen.graham@nhs.uk

Dr Lau
The Surgery
The Health Centre
6 High Street
MAYBOLE

Dear Dr Lau

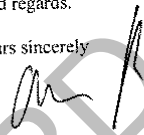
LEE JOHNSTONE 16 MINNOCH CRESCENT MAYBOLE (DOB 09.02.76)

Further to my letter of 01.11.07 this patient's histology is now to hand and I enclose a copy of the report for your information.

I have not arranged any further follow up for this patient but of course we would be quite glad to see him again if you thought it necessary.

Kind regards.

Yours sincerely


DR A PODDAR
SHO IN GENERAL SURGERY

enc

File	Dr. Scobie
Script	Dr. Paton
Speak	Dr. Steele
Attend	DAWN
Visit	

NHS Confidential: Personal data [REDACTED] patient

AYRSHIRE and [REDACTED] ACUTE HOSPITALS NHS TRUST
PATHOLOGY DEPARTMENT - CROSSHOUSE HOSPITAL

HISTOPATHOLOGY REPORT

Laboratory No.: P.07.017354

Name:	LEE JOHNSTONE	Hospital No:	AY100644212	Date Taken:	01/11/2007
D.O.B.:	09/02/1976	Sender:	Mr I McMillan	Date Recvd:	02/11/2007
Patient ID:	0902763334	Source:	Ayr Hospital Day Surgery Unit		

CLINICAL HISTORY

Clinically sebaceous cyst from left thigh.

EXCISION LESION LEFT THIGH

A 25 x 8mm skin ellipse with underlying tissue up to 25mm, including a ruptured cyst with soft pale contents. The surface bears an eccentric depression, 2 x 2mm. On sectioning, there [REDACTED] thin-walled cyst measuring 14mm maximum diameter.

MICROSCOPY REPORT:

Sections show skin with an underlying ruptured cyst. This contains keratin and is lined by keratinising squamous epithelium. The appearances are of an epidermoid cyst.

Reported By: Dr E R Nairn

Trimmed by:

B.M.S. - [REDACTED]

PAGE 1 OF 1

Date Printed: 12/11/2007

MEN

This Report to: Mr I McMillan Ayr Hospital Day Surgery Unit

NHS Confidential: Personal data [REDACTED] patient

J

DAY SURGERY UNIT
 (General Surgery - Mr N A Nura)
 The Ayr Hospital
 Dalmeilington Road
 AYR KA6 6DX



Dr Lau
 Maybole Health Centre
 6 High Street
 MAYBOLE

Date Attended 01.11.07
 Date Dictated 01.11.07
 Date Typed 02.11.07

Our Ref AP/CIK/100-544212
 CHI No 0902763334

Enquiries to: [REDACTED]
 Direct Line: 01292 614561
 Fax: 01292 614641
 e.mail: [REDACTED]@aaaht.scot.nhs.uk

Dear Dr Lau

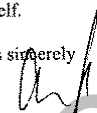
LEE JOHNSTONE 16 MINNOCH CRESCENT MAYBOLE (DOB 09.02.76)

This patient attended for removal of lesion on the upper outer aspect of the left thigh. This has been present for some years. Clinically it looked like a sebaceous cyst with a punctum.

This was excised under local anaesthetic today. The specimen was sent for Pathology, however, microscopically, it was a sebaceous cyst.

We have not arranged any routine follow-up, but the results will be forwarded to yourself.

Yours sincerely


DR A PODDAR
 SHO IN GENERAL SURGERY

File	Dr. Scobie
Script	Dr. Paton
Speak	Dr. Steele
Attend	
Visit	

Received
 31 MAR 2008

NHS Confidential: Personal data ■■■ patient

Acute Hospitals NHS Trust

The Ayr Hospital
Dalmellington Road
Ayr KA6 6DX
Telephone: 01292 610555
Ext: 4468
www.show.scot.nhs.uk/aaah

NHS
Ayrshire

THE ■■■ DAY SURGERY SUITE

V	JOHNSTONE 16 MINNOCH CRESCENT MAYBOLE KA198DW	A100-544212 LEE 0902763334 09/02/1976	L
Address	LAU, C (GP) MAYBOLE HEALTH CENTRE 8 HIGH STREET MAYBOLE		
Ward or Dept.	M/S		

Dear ■■■

The above patient attended The ■■■ Day Surgery Suite on

The procedure carried out was Excision of lesion of (L) thigh.
under local / general anaesthetic.

The patient was discharged home following this.

We would be grateful if you could:-

- a) remove sutures in 12 days time. 12/11/07
- b) ~~remove the theatre dressing in~~ days and dress thereafter as required.
- c) ~~reduce the theatre dressing in 24 hours / 48 hours / 72 hours.~~
- d) ~~dressing to remain intact until clinic appointment.~~

Comments

31 MAR 2008

File	Dr. Scobie
Script	Dr. Paton
Check	Dr. Steele
Attend	DAWN
Visit	

District Nurse visit requested by ansaphone / telephone on

✓ Patient will contact surgery to make an appointment with Practice Nurse. Removal of Sutures 12/11/07.

The patient has / has not a review appointment.

A more detailed letter will follow.

Should you require further information please contact us on the above extension.

Yours sincerely,



Awarded for excellence

Laura Adams

DMS 006

NHS Confidential: Personal data [REDACTED] > patient

Johnstone, Lee [REDACTED] CHI: 0902763334, 19-Sep-2007, General Surgery

Page 1 of 2

Hospital use only	Clinic	Day Date	Time	Hospital No.
-------------------------	--------	-------------	------	-----------------

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery
AA Gen Ref - PMH Med & High
Ayr Hospital

Consultant / receiving practitioner
and/or specialty clinic

Hospital and hospital address

Hospital unit no.

Email address

Urgency of referral

Routine

PATIENT DETAILS

Surname Johnstone
Forename(s) Lee [REDACTED]
Title
Sex Male
Date of birth 09-Feb-1976
CHI no. 0902763334

Patient's address

16 Minnoch Crescent
MAYBOLE
AYRSHIRE
KA19 8DW

Contact number(s)

Voice: 01655 884283

REGISTERED GP DETAILS

Name Dr Gerald Paton
GMC code 2597021 GP code A23612
Practice name Maybole Health Centre
Practice code 80467

Practice address

High Street Maybole

Contact number(s)

Voice: 01655 882278

REFERRING PRACTITIONER DETAILS

Name Dr Gerald Paton
GMC code 2597021 GP code A23612
Practice name Maybole Health Centre
Practice code 80467

Practice address

6 High Street Maybole

Contact number(s)

Voice: 01655 882278

<https://www.scigw.scot.nhs.uk/web/message/previewletter.asp>

19/09/2007

NHS Confidential: Personal data [REDACTED] patient

Johnstone, Lee [REDACTED] CHI: 0902763334, 19-Sep-2007, General Surgery

Page 2 of 2

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: see letter

Comment: Dear [REDACTED]

Many thanks for seeing the above patient. He is a 31 year old man who presents with a small cystic lesion on the outer aspect of his (L) thigh. This is causing him some discomfort and he is keen for it to be removed.

I would be grateful if you could see him with a view to arranging this for him.

Kind regards

Examinations and Investigations

Current smoker: 22-Feb-2005 00:00

Alcohol intake above recommended sensible limits: 28-Jan-2004 00:00

Enjoys light exercise: 28-Jan-2004 00:00

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Current and recent medication**

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Lansoprazole	01.03.05.0	Gastro Resistant CAPS 15MG	1 Cap	[REDACTED]	11-Apr-2007	-
Lansoprazole	01.03.05.0	CAPS 30MG	1 Cap	In the morning	19-Sep-2007	-

Clinical warnings

Smoking status

Alcohol consumption

Additional relevant information

Signature of referring doctor (or other professional) Date

<https://www.scigw.scot.nhs.uk/web/message/previewletter.asp>

19/09/2007

NHS Confidential: Personal data [REDACTED] patient

The Ayr Hospital
Dalmellington Road
Ayr KA6 6DX
Telephone: 01292 610555 ext 14072



BF/CH/100-544212
Chi no.0902763334

DEPARTMENT OF OTOLARYNGOLOGY

MISS E. M. SHANKS

Date of clinic : 03rd September 2007
Date dictated : 03rd September 2007
Date typed : 10th September 2007

Dr E [REDACTED]
Health Centre
6 High Street
Maybole

Dear Dr [REDACTED]

LEE JOHNSTONE 16 MINNOCH CRESCENT MAYBOLE 9/2/76

Thank you for referring this patient to our out patient clinic on . He had an excision of a thyroglossal cyst on 3 occasions most recently done by the general surgery in 1998 and 1999. In the past 12 months he has noticed some recurrence of the cyst, which is fluctuating in size. He has no symptoms and he is fit and healthy otherwise.

On examination there was a scar over the laryngular prominence and also some hardening, probably because of scar tissue. I could not find any distinct swelling.

I have arranged for an ultrasound scan of the neck. We will review the patient again after we have the result

Yours sincerely


MS B. FRUHSTORFER
FTSTA 3 in ENT SURGERY

File	Dr. Scobie
Script	Dr. Paton
Speak	Dr. [REDACTED]
Attend	DAWN
Visit	



NHS Confidential: Personal data ■■■ ■ patient

Johnstone, Lee ■■■ CHI: 0902763334, 26-Jun-2007, Ear, Nose & Throat (ENT)

Page 1 of 2

Hospital use only	Clinic	Day Date	Time	Hospital No.
-------------------------	--------	-------------	------	-----------------

Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE**REFERRAL TO**Ear, Nose & Throat (ENT)
AA Gen Ref - PMH Med & High
Ayr HospitalConsultant / receiving practitioner
and/or specialty clinic

Hospital and hospital address

Hospital unit no.

Email address

Urgency of referral

Routine

PATIENT DETAILSSurname Johnstone
Forename(s) Lee ■■■
Title
Sex
Date of birth 09-Feb-1976
CHI no. 0902763334**Patient's address**16 Minnoch Crescent
MAYBOLE
AYRSHIRE
KA19 8DW

Contact number(s)

Voice: 01655 884283

REGISTERED GP DETAILSName Dr Gerald Paton
GMC code 2597021 GP code A23612
Practice name Maybole Health Centre
Practice code 80467**Practice address**

6 High Street Maybole

Contact number(s)

Voice: 01655 882278

REFERRING PRACTITIONER DETAILSName Dr. ■■■
GMC code 1628757 GP code 23639
Practice name MAYBOLE HEALTH CENTRE (80467)
Practice code 80467**Practice address**6 HIGH STREET
MAYBOLE
AYRSHIRE

Contact number(s)

Voice: 01655882278

<https://www.scigw.scot.nhs.uk/web/message/previewletter.asp>

26/06/2007

NHS Confidential: Personal data ■■■ a patient

Johnstone, Lee ■■■ CHI: 0902763334, 26-Jun-2007, Ear, Nose & Throat (ENT)

Page 2 of 2

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Return of thyroglossal cyst.

Comment: This man has noticed a small pea sized cyst in the midline of his neck. He says it was much larger than this yesterday and on examination it is very mobile. He has had the removal of a thyroglossal cyst in 1982 and again in 1998 and 1999, the last 2 have been done by the General Surgeons. I would be grateful if you could see him on this occasion and see if you can help with the removal of this current one.

Examinations and Investigations

Current smoker: 22-Feb-2005 00:00

Alcohol intake above recommended sensible limits: 28-Jan-2004 00:00

Enjoys light exercise: 28-Jan-2004 00:00

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

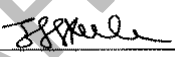
Past medical history**Current and recent medication**

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Lansoprazole	01.03.05.0	Gastro Resistant CAPS 15MG	1 Cap	Daily	11-Apr-2007	-

Clinical warnings

Smoking status

Alcohol consumption

Additional relevant information
Signature of referring doctor (or other professional) Date<https://www.scigw.scot.nhs.uk/web/message/previewletter.asp>

26/06/2007

NHS Confidential: Personal data should be protected

PATIENT SERVICES

Department of Neurology

Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE
Telephone: 01563 521133
Fax: 01563 577976
www.show.scot.nhs.uk/aaht



Our Ref: HR/BF/A100-544212
CHI: 0902763334
Direct Dial: 01563 577696 - Ext: 2696
Fax: 01563 577493

Date Dictated: 23.09.06 0 Neurology Clinic - WLI
Date Typed: 21.10.06

Dr Lau
The Health Centre
6 High Street
Maybole

Dear Dr Lau

Lee Johnstone, 09.02.1976, 16 Minnoch Crescent, Maybole, KA19 8DW

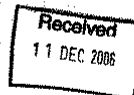
Your patient did not attend the extra WLI Neurology Clinic on 23.09.06. No further appointment will be sent unless we hear from yourself.

Yours sincerely

Dr H [redacted] MBBS, MRCPI, MMSc
Consultant Neurologist

cc: Dr M [redacted] Locum Consultant in A&E Care, The Ayr Hospital, Dalmellington Road, Ayr

File	Dr. Scobie
Script	Dr. Paton
Speak	Dr. Steele
Attend	DAWN
Visit	



NHS Confidential: Personal data should be protected

2

Accident and Emergency Department
General Hospitals Division
Ayr Hospital
Dalmellington Road
Ayr, KA6 6DX



Tel: 01292 610555

REF: MB/LB/100-544212
CHI number: 0902763334

Date Admitted: 30.04.06
Date Discharged: 01.05.06
Date Dictated: 01.05.06
Date Typed: 09.05.06

Enquiries to: Mrs [REDACTED] Blades, A & E Secretary
Extension: 4578
Direct Dial: 01292 614578
Fax: 01292 288105
E-mail: [REDACTED]@aaaht.scot.nhs.uk

Dr C Lau
6 High Street
Maybole

RECEIVED
15 MAY 2006

FILE	Dr. SCOBIE
SCRIPT	Dr. PATON
BPEAK	Dr. STEELE
ATTEND	
VISIT	

Dear Dr Lau

LEE JOHNSTONE, 16 MINNOCH CRESCENT, MAYBOLE
D.O.B: 09.02.1976

- DIAGNOSES:
1. Soft tissue injuries from motor vehicle collision.
 2. Acute and chronic alcohol excess.
 3. Alcohol related seizures.

This 30 year old man was admitted for observation after being involved in a high velocity motor vehicle collision with a tree. He was the driver of the vehicle, and restrained, but has no recollection of events. An alcohol level on admission was 319mgs/dl. He was extricated from the vehicle by Paramedics who record two self limiting seizures at the scene.

A trauma series of x-rays was limited by Patient co-operation on admission, but did not show any acute abnormality.

A CT brain scan was also performed which was documented as normal.

Overnight observations were normal. A systematic review of injuries showed these to be essentially soft tissue in nature. There was a pronounced seat belt restraint [REDACTED]. There was bruising and tenderness in the left flank. There were superficial scrapes and cuts to the limbs.

In view of the flank tenderness and some microscopic haematuria, an abdominal ultrasound scan was performed which was normal.

From previous Medical notes, I see that there was an admission in July 2003 with what seems to have been alcohol related seizures. A CT brain at that time was normal. The notes state that Mr [REDACTED] is known to have had previous seizures, but absconded before his anti-epileptic Medication could be changed. Mr [REDACTED] states he has never been on anti-Epileptic medication, and has had no previous seizures other than those in 2003. He has been driving ever since. There was [REDACTED] Surgeon involvement in this case.

Continued/.....

STA 5010

NHS Confidential: Personal data about a patient

/2

RE: LEE JOHNSTONE

The Psychiatric Liaison Nurse reviewed Mr Johnstone with respect to his alcohol consumption, which appears to be of a binge pattern. He refused alcohol counselling at this time. Mr Johnstone has been advised not to drive and to inform the DVLA of these seizures. With respect to the seizures, I will ask Dr O'Leary to follow up on discharge.

Yours sincerely

DR [REDACTED]
LOCUM CONSULTANT IN ACCIDENT AND EMERGENCY CARE

Cc Dr O'Leary, Consultant Neurologist, The Ayr Hospital

NHS Confidential: Personal data should be protected

Psychiatric Liaison Service
Accident & Emergency Department
The Ayr Hospital
Dalmellington Road
Ayr, KA6 6DX
01292 610555



LB/MQ/100-549212 CHI: 0902763334

Date Assessed: 01.05.06
Date Dictated: 02.05.06
Date Typed: 08.05.06

Dr Lau
Health Centre
Maybole

Enquiries: Maureen Quinnell,
A&E/PLS Secretary
Extension: 4615
Direct Dial: 01292 614615
Fax: 01292 288105
E-mail: maureen.quinnell@aaaht.scot.nhs.uk

RECEIVED
15 MAY 2006

FILE	
SCRIPT	Dr. SCOBIE
SPEAK	Dr. PATON
ATTEND	Dr. STEELE
VISIT	

Dear Dr Lau

LEE JOHNSTONE, 16 MINNOCH CRESCENT, MAYBOLE
D.O.B: 09.02.76

This man was referred to the Psychiatric Liaison Service. I assessed him on 01.05.06 in the Observation Ward. I was asked to see him regarding his alcohol consumption post-admission as a driver of a car having hit a tree at speed. He was alcohol intoxicated, his alcohol level being 319 on admission. He states that he had been drinking all day on the Sunday and has no recollection of events leading to this crash. He believed he had two seizures, stating he has had previous alcohol related seizures.

He describes a history of consuming alcohol Fridays/Saturdays, approximately one litre of vodka per day. He states this is a reduction from him previously drinking every day approximately three days ago. He had attended Home Detox at that time via [redacted] Surgenor but had an unsuccessful detox and continued to drink although has reduced it to weekend bingeing only. He feels that his alcohol is not a problem and refused any further help with this at this time. His appetite and sleep pattern are okay and describes no cravings. He was advised that the amount of units he is consuming is obviously well above the legal amount. He was also advised that if charged by the [redacted] today counselling may enforced as part of probation. He denied any forensic history and is currently unemployed.

In summary, this man appears to have a binge alcohol problem and I have advised him to attend Ayrshire Council on Alcohol but he refused this advice. He states that he plans to abstain as he is currently shocked by recent events. There is no evidence of acute mental illness today and he was discharged. If you require any further information please do not hesitate to contact me.

Yours sincerely


MRS LORNA BRUCE
PSYCHIATRIC LIAISON NURSE

91A 9001

NHS Confidential: Personal data about a patient

Primary Care NHS Trust

Home Detox Team
Whitletts Clinic
Glenmuir Place
AYR
Ayrshire
KA8 9RW
Tel: 01292 886980
Fax: 01292 886988



www.nhs-ayrshire.org

PRIVATE & CONFIDENTIAL

Dr Paton
Maybole Health Centre
6 High Street
MAYBOLE
KA19 7BY

Date 24th May 2004
Dictated 20th May 2004
Our Ref 25227-2 LS/IMG

RECEIVED
27 MAY 2004

Dear Dr Paton,

RE: Lee [REDACTED] 16 Minnoch Crescent, Maybole, KA19 8DW
DOB: 09/02/76

I write to inform you that I spoke with Lee today following your referral. At that time I agreed to visit him for assessment on 12th May 2004.

I visited as arranged and Lee was not at home. I left a letter requesting that he make contact with myself within the following 7 days to arrange assessment. This time has now passed and Lee has failed to initiate contact.

In view of present circumstances he has been discharged from the Home Detox Service. In the meantime of you require any further information please do not hesitate to contact me.

Yours sincerely

Ninda Surgenor

Surgenor
Charge Nurse
Home Detox Team

Dr. SCOBIE	✓
Dr. PATON	✓
Dr. STEE	✓



Approved for confidentiality
Ayrshire Health
Community Paediatric Services
Mental Health Services

Head Office
Eglinton House, Ailsa Hospital
Dalmellington Road, Ayr KA6 6AB

Chairman [REDACTED] R. Hood, O.B.E.
Chief Executive Allan Gunning

PCT 0301

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. 01292 610555

Sunday 1st February 2004

Dr. C. LAU,
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
■■■■■

LEE JOHNSTONE
16 MINNICH CRESC
MAYBOLE
DoB: 09/02/76
CTH: 0902763334

Dear Dr. Lau,

The above patient attended the Accident & Emergency Department of The Ayr Hospital at 18:39 on 01/02/04. The following information was noted:

Triage Nurse notes	PUNCH INJ RT HAND - INFECTED ?#
Diagnosis	LACERATION RT HAND KNUCKLES
Attendance group	(NONE RECORDED)
Investigations performed	(NONE RECORDED)
Procedures performed	(NONE RECORDED)
Attendance outcome	HOME
Nursing remarks	PUNCHED MIRROR 2/7, RT HAND LACERATION
Additional remarks	INADINE DRESSING HAS, ANTIBIOTICS, ADVICE
Follow up plans	GP/GP NURSE

If you require any further information, please phone the A&E Clinical Area direct on 01292 614522 quoting Account Number 04032-00091.

Yours Sincerely,

A&E Department.

RECEIVED

- 3 FEB 2004

FILE	Dr. SCOBIE
SCRIPT	Dr. PATON
SPEAK	Dr. STEELE
ATTEND	
VISIT	

L	W	S	PM	PN	Rec	Filed
2	0	0				
ACTION:						COMP: ☐
FILE: 03 FEB 2004						

NHS Confidential: Personal data about a patient

Area Laboratory		Microbiology
JOHNSTONE	Patient No. Z.04.171134	Clinician Dr G Paton
LEE	Unit No.	Request Location The Health Centre
16 MINNOCH CRES	DOB 09/02/1976	6 High Street
	Sex M	Maybole
This Report To Dr G Paton GP, Maybole: Dr Scobie et al		
Result		
White blood cells	0 / cubic mm.	
Culture yields :	No growth	
FILE SCRIPT SPEAK ATTEND VISIT Dr. SCOBIE Dr. PATON Dr. STEELE RECEIVED - 2 FEB 2004		
Lab No M.04.207131.2	Date/Time Coll 28/01/2004 09:34	Authorised By C
Printed 30/01/2004 09:09	Sample Mid stream urine	Page 1 OF 1 Date 30/01/2004
If you have received this report in error, please return to the Microbiology Laboratory		

NHS Confidential: Personal data about a patient

Primary Care NHS Trust

Home Detox Team
Whitlatts Clinic
Glenmuir Place
AYR
Ayrshire KA8 9RW
Tel: 01292 886980
Fax: 01292 886988
www.nhs-ayrshire.org

**PRIVATE & CONFIDENTIAL**

Dr [REDACTED]
The Health Centre
6 High Street
MAYBOLE
KA19 7BY

Date 17 July 2003
Dictated 14 July 2003
Our Ref 25227-1/LS/TS

Dear Dr [REDACTED]

Re: Lee [REDACTED] 15 A Drumellan Street, Maybole KA19 7BJ
DOB: 09/02/1976

I write to inform you of the outcome of Lee's contact with the Home Detox Service.

Further to our telephone conversation Lee was accepted for ongoing support from the Home Detox Service on 8 July 2003 and did manage to remain abstinent for the first couple of days complying with the reduction course of Chlordiazepoxide. However he did state that his craving for alcohol remained fairly strong. He then phoned to cancel his appointment for 11 July 2003 and it transpired that he had drank on the evening of 10 July 2003 and this resulted in him having numerous seizures and he was admitted to Station 7, Ayr Hospital. It appears that he had consumed 5 litres of strong cider that night and this culminated in the instability of his condition. He was in Ayr Hospital for a couple of days but took irregular discharge on 13 July 2003.

I spoke with him today, 14 July 2003, and Lee informed me that he was again admitted to Ayr Hospital last night, having drank and taken another seizure. I put to him that he is obviously not motivated to stop drinking at this point and he would therefore be discharged from our service. I discussed the possibility of re-referral in the future however he needs to be clear about maintaining a period of abstinence and I also informed him that in future we would be considering hospital detox.

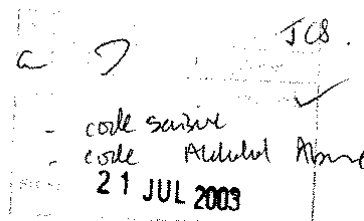
In the meantime if you require any further information, please do not hesitate to contact me.

Yours sincerely

[REDACTED] Surgenor
Charge Nurse
Home Detox Team



Approved for circulation
Roxburgh House
Community Paediatric Services
Mental Health Services



Head Office
Eglinton House, Ailsa Hospital
Dalmelington Road, Ayr KA6 6AB

Chairman Sandra R. Hood, O.B.E.
Chief Executive [REDACTED] Gunning

PCT 0001

NHS Confidential: Personal data about a patient

Primary Care NHS Trust

Home Detox Team
Whitlets Clinic
Glenmuir Place
AYR
Ayrshire KA8 9RW
Tel: 01292 886980
Fax: 01292 886988
www.nhs-ayrshire.org

**PRIVATE & CONFIDENTIAL**

Dr [REDACTED]
The Health Centre
6 High Street
MAYBOLE
KA19 7BY

Date 14 July 2003
Dictated 10 July 2003
Our Ref 25227-1/LS/TS

Dear Dr [REDACTED]

Re: Lee [REDACTED] 15 A Drumellan Street, Maybole KA19 7BJ
DOB: 09/02/1976

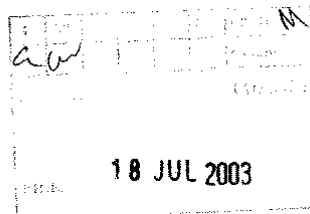
Thank you for referring Mr [REDACTED] to the Home Detox Service. I contacted him and an appointment was arranged for him to be seen on 8 July 2003.

At that time Lee informed me that he has had a problem with alcohol since being released from prison last September. He states that he has been consuming alcohol on a daily basis, up to 5 litres of strong cider per day. This has caused him various problems, in particular he has been aggressive and destructive around his home. He also informed me that he has had an episode of haematemesis and PR bleeding. Due to the level of aggression he is fearful of being violent towards his [REDACTED]. This is not something that has occurred up until now, however he is keen to stop drinking to prevent this ever happening. In addition he related that he is going through access proceedings to gain access to his [REDACTED] from a previous relationship. Given the fact that he has no history of seizures, hallucinations or thoughts or intent of self harm, I have accepted him for support from the Home Detox Service.

I contacted your practice and you kindly supplied Chlordiazepoxide 10mgs as a reducing course. As you will be aware he will be visited daily for the first week or so and then this will extent to weekly visits for up to 6 weeks. In the meantime if you require any further information, please do not hesitate to contact me.

Yours sincerely

[REDACTED] Surgenor
Charge Nurse
Home Detox Team



Awarded for excellence
Ayrshire Health
Community Paediatric Services
Mental Health Services

Head Office
Eglinton House, Ailsa Hospital
Dalmellington Road, Ayr KA6 6AB

Chairman [REDACTED] R. Hood, O.B.E.
Chief Executive Allan Gunning

PCT 0001



(01 292) 610555
(01 292) 385265

Immediate Discharge Summary

GP
Address

PA JOHNSTONE A100-544212
Ad 15A DRUMELLAN STREET LEE
MAYBOLE 0902763334
09/02/1976

D LAU, C (GP)
MAYBOLE HEALTH
6 HIGH STREET
MAYBOLE

M/S

Admission Date 10/7/03

Discharge Date 13/7/03

Station 7

Admission Type Emergency - Adt Referral

Consultant DR GHOSH

Diagnosis Admitted to prison.

Summary History of alcohol abuse. Had stopped drinking recently but then drank SI cider which resulted in status epilepticus.

Operation: Had Diazepam but seizures continued, so IV phenytoin started.

Self-discharged; opt up, pulled version out & walked out. ^{discharge form} completed

Medication on Discharge

PHARMACY USE ONLY

[illegible]

Further comments (e.g. Histology, information given to patient regarding diagnosis, etc)

A consultant episode letter will / will not follow

Outpatient Appointment

Distribution GP ☒ Pharmacy ☐ Casenotes ☐ District Nurse ☐ Patient Yes / No

Dr's Signature V. Winchester Print Name V. WINCHESTER Date 15, 07, 03

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. 01292 610555

Sunday 13th July 2003

Dr. C LAU,
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
[REDACTED]

LEE JOHNSTONE
15A DRUMELLAN STREET
MAYBOLE
DoB: 09/02/76
CHI: 0902763334

Dear Dr. Lau,

The above patient attended the Accident & Emergency Department of The Ayr Hospital at 22:55 on 13/07/03. The following information was noted:

Triage Nurse notes	SEIZURES
Diagnosis	INTOXICATED
Attendance group	(NONE RECORDED)
Investigations performed	(NONE RECORDED)
Procedures performed	(NONE RECORDED)
Attendance outcome	IRREGULAR DISCHARGE
Nursing remarks	(NONE RECORDED)
Additional remarks	UNCOOPERATIVE, DECLINED EXAMINATION, REFUSED TO SIGN IRR DISCHARGE
Follow up plans	(NONE RECORDED)

If you require any further information, please phone the A&E Clinical Area direct on 01292 614522 quoting Account Number **03194-00145**.

Yours Sincerely,

A&E Department.

NHS Confidential: Personal data about a patient

Ayrshire & Acute Hospitals NHS Trust **Area Laboratory** **Clinical Biochemistry**

JOHNSTONE **Patient No.** 0902763334 **Clinician** Dr E C **Request Location** The Health Centre
LEE **Unit No.** AY100544212 **DOB** 09/02/1976 **6 High Street**
104 MINNOCH CRESC **Sex** M **MAYBOLE**

This Report To Dr E C **GP, Maybole: Dr Lau et al**

Blood Specimen			Creatinine	96	μmol/l
Urea	4.3	mmol/l	Potassium	3.0	Lo mmol/l
Sodium	139	mmol/l	Bicarbonate	24	mmol/l
Chloride	100	mmol/l	Total Bilirubin	14	μmol/l
Glucose	5.1	mmol/l	AST	113	Hi U/l
Alkaline Phos.	99	U/l	Calcium	2.46	mmol/l
ALT	138	Hi U/l	Phosphate	0.77	Lo mmol/l
Corr. Calcium	2.33	mmol/l	Albumin	43	g/l
Total Protein	76	g/l	Gamma GT	61	Hi IU/l
Globulin	33	g/l			
CRP	9	mg/l			

Lab No B.03.876768 Date/Time Coll 30/06/2003 Page 1 OF 1

Printed 30/06/2003 14:06

02 JUL 2003

Received this report in error, please return to the Clinical Biochemistry Laboratory

NHS Confidential: Personal data about a patient

JOHNSTONE
LEE
104 MINNOCH CRESC
MAYBOLE

Patient No.: 0902763334
Unit No.: AY100644212
DOB: 09/02/1976
Sex: M

Clinician: Dr E C [REDACTED]
Location: The Health Centre
6 High Street
Maybole

This Report To: Dr E C Wilson GP, Maybole; Dr Lau et al

ESR	2	mm/hr		
	Result	Units	Normal Range	
Hb	16.4	g/dl	13.5-18.0	
WBC	5.1	$\times 10^9/l$	4.0-11.5	
Plts	204	$\times 10^9/l$	100-500	
RBC	4.90	$\times 10^{12/l}$	4.20-6.50	
Hct	0.470		0.400-0.550	
MCV	96	fl	79-100	
MCH	33.5	pg	25.0-32.0	
MCHC	34.7	g/dl	30.0-36.0	
Neutrophils	2.8	$\times 10^9/l$	1.5-7.5	
Lymphocytes	1.3	$\times 10^9/l$	1.5-3.5	
Monocytes	0.9	$\times 10^9/l$	0.2-1.0	
Eosinophils	0.2	$\times 10^9/l$	0.0-0.5	
Basophils	0.0	$\times 10^9/l$	0.0-0.1	

Date Collected: 30/06/2003 Sample Type: Blood
Time Collected: Lab No.: B.03.578788 Printed: 30/06/2003 16:26

If you have received this report in error, please return to the Haematology Laboratory

DISCHARGE PLAN AND SUMMARY

PREMIER
FARMER SERVICE LTD.

LIB [REDACTED] 11/9/72

THE ABOVE PATIENT HAS RECENTLY BEEN RELEASED FROM OUR CARE. DURING HIS STAY HE WAS

(A) PRESCRIBED THE FOLLOWING MEDICATION

Medication	Start	Stop Date	Dose	Route	AM	NOON	PM	NIGHT	PRESCRIBER	DISCHARGE PRESCRIPTION SUPP	COMMENTS
nicotine inhalator	11/1/20		PRN								
ventolin inhalator	11/1/20		PRN								

(B) SUFFERED FROM	DATE	(C) REFERRED TO	DATE	(E) RECEIVED FOLLOWING IMMUNISATION
				1 st . _____ 2 nd . _____ 3 ^d . _____

Boosteréne:

Signed: G. D. Delaney Date: 10/9/2000

Designation: STAFF NURSE...

Additional Comments:

330

Top-Pharmacy, Pink-GP, White-Medical Records,
Green-Drug Protect Blue-Patient via Reception/Pra-ll clinic

NHS Confidential: Personal data about a patient

AYRSHIRE & [REDACTED] ACUTE NHS TRUST
THE AYR HOSPITAL
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 610555
Date 22/04/02

C (GP) LAU
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA197BY

Dear Doctor

RE : LEE JOHNSTONE
104 MINNOCH CRESCENT

MAYBOLE
KA198-DS D.O.B. 09/02/76

Hospital Reference number 100-544212

The above named patient failed to attend for an appointment at the
OUT-PATIENT CLINIC of Mr.G. [REDACTED] on
Monday 22/04/02

No further appointment has been issued to the patient.
Mr.G. [REDACTED] however would be happy to accept a
re-referral should you consider this necessary.

Yours sincerely
Mr R H Bryden
Patient/Information Services Manager

1	2	3	4	5	6	7	8	9	10	11	12
1	2	3	4	5	6	7	8	9	10	11	12
ACQUIN:						COMPL:					
FILE:											

24 APR 2002

NHS Confidential: Personal data about a patient



e-mail: enquiries@aapet.scot.nhs.uk
 website: www.aapet.org.uk
 Strathdoon House,
 50 Racecourse Road,
 AYR,
 KA7 2UZ

Tel: 01292 285607
 Fax: 01292 266940
Anthea.Moorhouse@aapet.scot.nhs.uk

Our Ref: AJL/AJM/020417

If phoning ask for: Anthea Moorhouse -- Direct Dial 01292 290464

8th January 2002

Private and Confidential

Mr. Lee Johnstone,
 104 Minnoch Crescent,
 MAYBOLE,
 KA19 8DS.

Dear Mr. Johnstone,

Further to my letter of 12th December, 2001, offering you an initial assessment appointment on Friday 18th January 2002, I am now writing to **cancel** your appointment, as I have not received a reply from you. I have, therefore, offered the appointment to the next person on the Waiting List.

I can only assume that you do not wish to pursue psychological help at this time, but if you wish to be re-referred to this service at some point in the future, please do not hesitate to contact your GP.

I am therefore now discharging you from my care.

Yours sincerely,

J. LANGTON (Mrs.),
Clinical Nurse Specialist,
Cognitive Behaviour Psychotherapist.

L	W	S	PM	PN	Rec	Filed: ☒
☒	☒	☒	☒	☒	☒	Comp: ☒
ACTION:						COMP: ☐
FILE:						

11 2002

Copy to: Dr. D. Gillanders, Clinical Psychologist, CMHT, Seafield, Doonfoot Road, Ayr
 Dr. C. Lau, The Health Centre, 6 High Street, Maybole, KA19 7BY.



PCT 0001

NHS Confidential: Personal data about a patient

DATE 27/01 SURNAME JOHNS FORENAME LEE DOB 9/2/78

HEALTH PROMOTION ☒ GERIATRIC SCREEN ☐
 SMOKING STATUS ☐ NEVER SMOKED ☐ HEALTH EDUCATION SMOKING ☐
☒ CURRENT NON SMOKER *30 cig day*
☒ CURRENT SMOKER
 SYSTOLIC 140 NO H/O HYPERTENSION → BP 140/90
 DIASTOLIC 90 *p 98* BP RAISED
 KNOWN HYPERTENSIVE → GOOD HYPERTENSION CONTROL
 POOR HYPERTENSION CONTROL
 PERSONAL HISTORY NO H/O CVA / IHD ☒ MI < 60
 MI > 60
 IHD NOS (CABG OR ANGINA)
 HEIGHT (METRES) 1.67 BMI NORMAL BMI 20 - 24
 WEIGHT (KG) 72 *114* OVERWEIGHT BMI 25-29
 BMI 25.8 → OBESE BMI > 30
 UNDERWEIGHT BMI < 20
 put height into main screen ONLY
 put weight into main screen FIRST
 BMI calculated from main screen
 EXERCISE
 PHYSICALLY IMPOSSIBLE
 AVOIDS TRIVIAL EXERCISE
 ENJOYS LIGHT EXERCISE
 ENJOYS MODERATE EXERCISE
 HEAVY EXERCISE
 ATHLETE
 HEALTH EDUCATION DIET ☐
 HEALTH EDUCATION EXERCISE ☒
 CONSUMPTION
 TEE TOLLER
 CURRENT NONE DRINKER
 [MALE < 21 FEMALE < 14] WITHIN RECOMMENDED
 ABOVE RECOMMENDED
 STOPPED DRINKING ALCOHOL
 FAMILY HISTORY
 NO family history IHD
 FAMILY HISTORY IHD < 60
 FAMILY HISTORY IHD > 60
 FAMILY HISTORY IHD NOS
 NO family history STROKE / TIA
 FAMILY HISTORY CVA/TIA
Grandfather had stroke
 ASTHMA SCREEN ☐
 H/O RESP ILLNESS: INHALERS ☐ YES → ASTHMA (H33...)
 H/O ASTHMA (14B4...)
 COPD (H3...)
 (IF ONE OF THE ABOVE IS CIRCLED, SEND TO NURSE)
 PFR = _____
 ON PROPHYLAXIS _____
 HOSPITAL ADMISSION THIS YEAR _____
 URINE
 PROTEIN
 NEGATIVE TRACE
 GLUCOSE
 NEGATIVE TRACE
 DIABETIC SCREEN
 BLOOD / URINE -VE LAST 3YRS
 KNOWN DIABETES MELLITUS
 FAMILY HISTORY DM
 FASTING < 7
 RANDOM < 11

*72 kg (158 lbs)
4 cans weekdays 8 cans weekends*

comp 27/01/01

NHS Confidential: Personal data about a patient

e-mail: enquiries@aapct.scot.nhs.uk
website: www.aapct.org.uk

Community Mental Health Team
South & Carrick
'Seafield' Base
Doonfoot Road
AYR
KA7 4DW

Tel: 01292 619699
Gen Enquiries: 01292 614980
Fax No: 01292 619711

Ref: DG/MD/49887

11 September 2001
(Dictated 10 September 2001)

Ms. K. [REDACTED]
Consultant Clinical Psychologist,
CCPS,
Strathdoon House,
Racecourse Road,
Ayr

Dear [REDACTED]

LEE JOHNSTONE, 104 MINNOCH CRECENT, MAYBOLE KA19 8DS
D.O.B. 09.02.76

The above named young gentleman has been referred to the Community Mental Health Team by Dr. Lau (see attached letter). I think that you will agree that his case does not fit the profile of severe enduring mental illness that is appropriate for my role in the team and my [REDACTED] have asked that I direct him towards the direct access service. I would be most grateful if he could be given an appointment for an assessment.

Should there be any difficulties or if you feel that this has been inappropriately directed your way please feel free to telephone me to discuss these issues.

Yours sincerely,

Dr. [REDACTED] Gillanders
Clinical Psychologist
Community Mental Health Team

c.c. Dr. C. Lau, Health Centre, 6 High Street, Maybole

L	W	S	PM	PN	Rec	File	K
ACTION:						COMP.	
FILE:						14 Sep 2001	

Encl.



PCT 0001



MR I TAGGART/MRS [REDACTED]
Burns & Plastic Trauma Unit
Wards 23/24

Switchboard: 0141 211 4000
Direct Dial: 0141 211 5006
Fax Number: 0141 211 4639

Dr Lau
Maybole Health Centre
6 High St
MAYBOLE
KA19 7BY

IT/LB 3054305A

Dict: 10 July 2001
Typed: 10 July 2001

Dear Dr Lau

LEE JOHNSTONE (9.2.76)
16 MINOCH CRES, MAYBOLE KA19 8DW

Admitted: 27 June 2001
Discharged: 2 July 2001
Follow-up: Mr [REDACTED] clinic 4 July 2001.

Your patient was transferred from Ayr Hospital after spilling hot fat on his chest, abdomen and upper arms. He was admitted on 27 June when his burns were estimated at 15% superficial in depth. He was treated with conservative treatment and allowed home once his dressings had reached a manageable stage. He will be reviewed in the out-patient clinic.

Yours sincerely

MR I TAGGART
Consultant Plastic Surgeon

FILE	13 JUL 2001
------	-------------



accredited by the
Health Quality Service

NHS Confidential: Personal data about a patient

Dr C Lau
Dr E C [REDACTED]
Dr J Sheward

Appointments: 01655 882708
Prescriptions: 01655 883922
Fax: 01655 882977
Ref: 80491

Maybole Health Centre
6 High Street
MAYBOLE
KA19 7BY

Our ref: CL/ZG
Your ref: A100-544212

4th July 2001

Mr G [REDACTED]
Consultant Surgeon
Ayr Hospital
Dalmellington Road
AYR
KA6 6DX

Dear Mr [REDACTED]

**Lee Johnstone, 4c Whitefaulds Avenue, Maybole, KA19 8AS
DOB 09.02.1976 CHI 3334 No phone**

This man has a recurrent thyroglossal cyst, which was excised in March 1982, February 1998 and November 1999. He failed to attend a follow up appointment to your clinic on the 24th January 2000. Unfortunately he still has a variable amount of discharge from the scar most days.

PMH – excision of thyroglossal cyst March 1982, February 1998 and November 1999, fracture of right femur 1983, Guillain-Barre syndrome May 1995, appendicectomy January 2000, burns to trunk genitals, arms and hands in chip pan fire June 2001.

DH – Nil

Allergies – Nil known

I would be most grateful if you would reassess him and your help in his future management.

Yours sincerely

Dr C Lau

NHS Confidential: Personal data about a patient

IMMEDIATE DISCHARGE LETTER

134966

 GLASGOW ROYAL INFIRMARY GLASGOW G3 7ER Tel: 0141-211 4000	Mr Lee Johnnie 16 M. ANCH CRESCENT MAYBOLE KA 19 80W. FIX ID LABEL TO ALL 4 COPIES		ADMISSION... 27/6/01 DISCHARGE... 2/7/01 TRANSFER TO... RE-ADMISSION... DEATH...		
	OTHER DISTRIBUTION (DNR)		WARD... 24 CONSULTANT Dr. [Signature] CONTACT Dr. [Signature]		
NT(S)		ADMISSION DAY CASE ☐ ARRANGED ☐ EMERGENCY ☒ TRANSFER ☐			
ACTIVE DIAGNOSIS/PROBLEMS/OPERATIONS 1. Suppurative b... 2. V.O. 2... 3. Disposed acute 4. 5. 6.		INACTIVE DIAGNOSIS/PROBLEMS 1. 2. 3.			
INFORMATION GIVEN TO PATIENT (SPECIFY)					
THIS PATIENT WAS DISCHARGED ON THE MEDICATION TREATMENT DETAILED BELOW. PHARMACY TO COMPLETE QUANTITY, STRENGTH, BRAND.					
MEDICINE	FORM	DOSE	TIMES OF ADMINISTRATION	DURATION	PHARMACY TO COMPLETE QUANTITY, STRENGTH, BRAND
PARACETAMOL	O	2 TABS	PRN 4-6p	7 days	30x Sterwin LIB23
VENTOLIN	INH	2 RUFFS	PRN	1 inch	1x A&H Y73
DILYDROGEN	O	30g	PRN 4-6p	7 days	23x Norton C869A
FOLLOW-UP REVIEW HOSPITAL OP YES/NO SPECIFY... GP SURGERY YES/NO SPECIFY... CARE ARRANGEMENTS NONE ☐ SWD ☐ DISTRICT NURSE ☐ OTHER... COMMENTS:					
DRESSING/SUNDRIES SUPPLIED TO PATIENT PRODUCT SIZE NUMBER ISSUED					
Signature: [Signature] Page N180 (Prescriber) SHO : SpR : CONS (please tick)					

White Copy - GP Pink Copy - Case Notes Yellow Copy - Retain in Ward Blue Copy - Pharmacy (0159369)

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. 01292 610555

Wednesday 27th June 2001

Dr. C LAU,
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA197BY

Dear Dr. Lau,

LEE JOHNSTONE
4C WHITEPAULDS AVENUE
MAYBOLE
DoB: 09/02/76
CHI: 0902763334

The above patient attended the Accident & Emergency Department of The Ayr Hospital at 03:02 on 27/06/01. The following information was noted:

Triage Nurse notes	BURNS TO TRUNK, GENITALS, ARMS/HANDS
Diagnosis	20% BURNS TO BODY FROM CHIP PAN
Attendance group	(NONE RECORDED)
Investigations performed	(NONE RECORDED)
Procedures performed	(NONE RECORDED)
Attendance outcome	HOME
Nursing remarks	TULE DRESSING APPLIED, ATT GIVEN, 30MG MORPHINE, 10MG MAX. 14G CATHET
Additional remarks	ADMITTED TO ST 2, ATT GIVEN
Follow up plans	(NONE RECORDED)

Code A77

If you require any further information, please phone the A&E Clinical Area direct on 01292 614522 quoting Account Number 01178-00011.

Yours Sincerely,

A&E Department.

L	W	S	173	174	Rec	Filed	
AC IN 176							Comp
code A77.							COMP: ☐
FILE: 29 JUN 2001							

NHS Confidential: Personal data about a patient

ANALYSIS & PATH		CLINICAL HISTORY		TESTS	
JOHNSTONE	Patient No.	0902763334	Clinician	Dr E C Wilson	
LEE	Unit No.	AY100544212	Request Location	The Health Centre	
104 MINNOCH CRESC	DOB	09/02/1976		6 High Street	
MAYBOLE	Sex	M		Maybole	
This Report To Dr E C GP, Maybole: Dr Lau et al					
Oocysts of Cryptosporidium : Not seen					
No Salmonella, Shigella, Campylobacter or E.coli O157 isolated					
03 JUL 2003					
Lab No	M.03.190532.5	Date/Time Coll	30/06/200	Authorised	Dr G Downie
Printed	02/07/2003 10:28	Sample Type	Faeces	Page	1 OF 1
Date 02/07/2003					
If you have received this report in error, please return to the Microbiology Laboratory					

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. 01292 610555
A&E Fax: 01292 288105

Thursday 23rd March 2000

Dr. C. LAU,
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE

LEE JOHNSTONE
4C WHITEHAULDS AVENUE
MAYBOLE
KA19 8AS
DoB: 09/02/76

Dear Dr. Lau,

This is a note of a review in the A&E Department; if you require further information, please phone A&E directly on 01292 614522 and quote account number 00077-00010. The above patient was first seen with this complaint on 17/03/00. This visit was 22/03/00.

Checked by:

Bell	☐	Madden	☐	Pieper	☒	Ofei	☐	Schulz	☐	Sword	☐
------	--------------------------	--------	--------------------------	--------	-------------------------------------	------	--------------------------	--------	--------------------------	-------	--------------------------

Copied for filing ☐

This gentleman injured his right hand last week after he was involved in a fight. Today the swelling has settled. He has full range of movement. He is still complaining of some numbness over his fourth MCP joint but the sensation of the ring finger is in tact. I have reassured him and told him that it will probably settle down and he has been discharged.

Dr Madden - Dictated 22/03/00

h w
27 MAR 2000

3
w

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. 01292 610555

18th March 2000

Dr. C LAU,
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA197BY

LEE JOHNSTONE
4C WHITEFAULDS AVENUE
MAYBOLE
DoB: 09/02/76

Dear Dr. Lau,

The above patient attended the Accident & Emergency Department of The Ayr Hospital at 02:54 on 17/03/00. The following information was noted:

Triage Nurse notes	INJ. R. HAND, ?#MC
Diagnosis	BRUISED R HAND
Attendance group	ACCIDENT
Investigations performed	RADIOLOGY: HAND (BY DB)
Procedures performed	(NONE RECORDED)
Attendance outcome	HOME
Nursing remarks	DTG, COPROXAMOL PRE PACK
Additional remarks	(NONE RECORDED)
Follow up plans	A&E REVIEW CLINIC

If you require any further information, please phone the A&E Clinical Area direct on 01292 614522 quoting Account Number 00077-00010.

Yours Sincerely,

A&E Department.

7 w
20 MAR 2000

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. 01292 610555
A&E Fax: 01292 288105

Thursday 3rd February 2000

Dr C LAU,
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE

LEE JOHNSTONE
4C WHITEFAULDS AVENUE
MAYBOLE
KA19 8AS
DoB: 09/02/76

Dear Dr. Lau,

This [redacted] note of a review in the A&E Department; if you require further information, please phone A&E directly on 01292 614522 and quote account number 00031-00485. The above patient was first seen with this complaint on 31/01/00. This visit was 02/02/00.

Checked by:

Bell ☐ Gibson ☒ Madden ☐ Pieper ☐ [redacted] ☐ Ofei ☐ Schulz ☐ Sword ☐

Copied for filing ☒

This gentleman attended the department 2 days ago when he sustained a nasty laceration to his hand. Today it is looking clean and dry but the skin is slightly macerated. It has been redressed and we have given him some supplies. He will be attending surgery next week for removal of sutures.

DR [redacted] MADDEN - DICTATED 02/02/2000

a > w
7 FEB 2000

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. 01292 610555

Monday 31st January 2000

Dr. C LAU,
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA197BY

LEE JOHNSTONE
4C WHITEFAULDS AVENUE
MAYBOLE
DoB: 09/02/76

Dear Dr. Lau,

The above patient attended the Accident & Emergency Department of The Ayr Hospital at 15:51 on 31/01/00. The following information was noted:

Triage Nurse notes	LAC PALM RT HAND
Diagnosis	LAC RT PALM
Attendance group	ACCIDENT
Investigations performed	(NONE RECORDED)
Procedures performed	SUTURING: 2 X 4/0 ETHILON. ROS 1/52
Attendance outcome	HOME
Nursing remarks	WOUND CLEANED, PADDED DRESSING, ADVISED RE DRESSING CARE
Additional remarks	(NONE RECORDED)
Follow up plans	A&E REVIEW CLINIC

If you require any further information, please phone the A&E Clinical Area direct on 01292 614522 quoting Account Number 00031-00485.

Yours Sincerely,

A&E Department.

2 FEB 2000

NHS Confidential: Personal data about a patient

Ayrshire and Acute Hospitals NHS Trust

GP -
Dr LauTHE AYR HOSPITAL
DISTRICT NURSE REFERRAL FORM

Addressograph LEE JOHNSTONE 4c Whitefawlds Ave Maybole DOB - 9/2/76 Consultant: Mr Mcmulla Ward: 52		D of A: 2/1/00  Mrs Johnstone Address: 16 Mimmoth Cres Tel No: Maybole Diagnosis: O655 889669 D of D: 6/1/00	
Treatment in Hospital: Appendicectomy carried out on 3/1/00			
Suggested Treatment on Discharge: Wound check please and removal of clps - 11/1/00			
Patient/Family Awareness: above district nurse will visit			
Drug Therapy: Voltrol		Services Required: District nurse	
Ability Assessment: fully mobile Wound Sound		Additional Information:	

 Follow-up Appointment: No follow up
 Ward Staff: J. Kava

 J. Kava
 28/1/00

NHS Confidential: Personal data about a patient



Ayrshire & [REDACTED]
ACUTE HOSPITALS NHS TRUST

The Ayr Hospital

Dalmellington Road, Ayr KA6 6DX

Telephone: 01292 610555 Fax:

Your Ref:

Our Ref: ST/AB/100-544212

SURGICAL UNIT
MR I MCMILLAN

DATE ADMITTED: 02/01/2000 **DATE DICTATED:** 11/01/2000
DATE DISCHARGED: 06/01/2000 **DATE TYPED:** 12/01/2000

Dr C Lau
The Health Centre
6 High Street
Maybole

Dear Dr Lau

MR LEE JOHNSTONE 4C WHITEFAULDS AVENUE MAYBOLE (DOB
09/02/1976)

DIAGNOSIS: Appendicitis

PROCEDURE: Appendicectomy

COMPLICATIONS: Nil

COMMENTS

Follow-up - nil.

This 20 year old gentleman was admitted initially under the care of the Accident & Emergency physicians with abdominal pain of one days duration following some alcohol excess on hogmany. He was initially managed in the area observation ward, however when his pain did not settle he was transferred to the surgical team and over the next twelve hours his pain localised to the right iliac fossa. At operation a necrotic appendix wrapped in omentum was discovered and he underwent routine appendicectomy. He made a quick and uncomplicated recovery following this and was discharged once he had made a full recovery.

Yours sincerely

MR S [REDACTED] FRCS
Senior House Officer III



Awarded for excellence

20 JAN 2000

KMCP

STA 2035

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. 01292 610555

Sunday 2nd January 2000

Dr. C LAU,
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA197BY

LEE JOHNSTONE
4C WHITEFAULDS AVENUE
MAYBOLE
DoB: 09/02/76

Dear Dr. Lau,

The above patient attended the Accident & Emergency Department of The Ayr Hospital at 00:40 on 02/01/00. The following information was noted:

Triage Nurse notes	VOMITING.
Diagnosis	ALCOHOL INDUCED HAEMATEMESIS
Attendance group	MEDICAL (INC PAED)
Investigations performed	(NONE RECORDED)
Procedures performed	(NONE RECORDED)
Attendance outcome	ADMIT
Nursing remarks	OBS, IV RANITIDINE 50MG
Additional remarks	ADMIT OBS
Follow up plans	(NONE RECORDED)

If you require any further information, please phone the A&E Clinical Area direct on 01292 614522 quoting Account Number 00002-00004.

Yours Sincerely,

A&E Department.

aw
06 JAN 2000



Immediate Discharge Summary

Telephone:
Fax:

DALMELLINGTON RD
AYR KA6 6DX
(01292) 810555
(01292) 265265

GP
Address

LAU, C (GP)
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA19 7BY

LEE JOHNSTONE
4C WHITEFAULDS AVENUE

MAYBOLE
KA198AS

D.O.B

09/02/1976
A100-544212

Actual Issue Date 22/11/99
Admission Type WAITING LIST

25/11/99
STEWART, G

Diagnosis

Summary

EXCISION THYROGLOSSAL CYST

ADMITTED FOR EXPLORATION WITH EXCISION OF THYROGLOSSAL CYST. UNCOMPLICATED
PROCEDURE AND RECOVERY. PATIENT LEFT WARD BEFORE HE HAD RECEIVED FINAL
DOSE OF AUGMENTIN. KIND REGARDS.

Medication on Discharge

[illegible]

Further comments: (e.g. Histology, information given to patient regarding diagnosis... etc.)

A consultant episode letter will/will not follow

Outpatient Appointment Yes/No

Distribution GP ☐ Pharmacy ☐ Casenotes ☐ District Nurse ☐ Outpatient Appointment ☐
Dr's Signature *[Signature]* Patient Yes/No

Dr's Signature [Signature] Print Name GRACIE HARR Date 25/11/95

25 NOV 1999

NHS Confidential: Personal data about a patient

Ayrshire & [REDACTED] Acute Hospitals NHS Trust

Ayr Hospital, Crosshouse Hospital, Ayrshire Central Hospital, Biggart Hospital and Ballochmyle Hospital

Telephone: 01292 610555
Fax: 01292 288952

The Ayr Hospital
Dalmellington Road
Ayr KA6 6DX

Our Ref: **GS/JMM/AG544214** Our Ref:

If 'phoning
Please ask for

SURGICAL UNIT - MR [REDACTED]

Dictated: 18/08/99
Typed: 19/08/99

Mr Iain McMillan
Consultant Surgeon
The Ayr Hospital
AYR

Dear [REDACTED]

**RE: LEE JOHNSTONE, 4C WHITEFAULDS AVENUE, MAYBOLE.
DOB 09/02/1976**

Your patient's neck ultrasound did not show any obvious tract. I would therefore hope that he would not require a particularly major exploration on the next occasion and I will admit him in due course for his surgery.

Best wishes.

Yours sincerely


[REDACTED] MD FRCS
Consultant Surgeon

Copy: Dr C Lau, The Health Centre, 6 High Street, Maybole. ✓


24 AUG 1999

NHS Confidential: Personal data about a patient

Ayrshire & [REDACTED] Acute Hospitals NHS Trust

Ayr Hospital, Crosshouse Hospital, Ayrshire Central Hospital, Biggart Hospital and Ballochmyle Hospital

Telephone: 01292 610555
Fax: 01292 288952

The Ayr Hospital
Dalmellington Road
Ayr KA6 6DX

Our Ref:
100544212

Your Ref:

If phoning
Please ask for

VASCULAR UNIT
MR G [REDACTED]

30th July 1999

Dr C Lau
The Health Centre
6 High St
Maybole

Dear Dr Lau

LEE JOHNSTONE 4C WHITEFAULDS AVE MAYBOLE D.O.B. 09/02/76

Please find enclosed a copy of the above patient's investigation results in Mr [REDACTED] absence on leave. Mr [REDACTED] will review these results on his return from leave. He is expected to return from leave on Monday 16th August, 1999.

Yours sincerely

Ann Anderson
P.P. **J MCLEOD**
Secretary to Mr [REDACTED]

enc

02 AUG 1999

NHS Confidential: Personal data about a patient

Name: JOHNSTONE, LEE
40 WHITEFAULDS AVENUE,
MAYBOLE
Sex: M DOB: 09/02/76
Location: OP6
Unit #: A100544212

Chk-in #	Order	Code	Exam
294572	0001	2690	US Neck

CK
RADIOLOGY REPORT
Ayr Hospital
Current Cons: [REDACTED]
Requesting Dr: [REDACTED] S.
Exam Date/Time: 27/07/99 1103

There is some soft tissue thickening at the site of previous surgery but no cystic structure was identified within the neck to indicate the position of a recurrent thyroglossal cyst. Deep cervical lymph nodes measuring < 1cm were noted bilaterally.

Reported By: Mark Ablett

Typed By: EM 27/07/99 1413

Verified

a
02 AUG 1999

NHS Confidential: Personal data about a patient

Ayrshire Doctors on Call

✓
Call #: 13349 Received: 29-May-1999 19:22
Patient's Name: Lee Johnstone
Date of birth: Unknown (Age: 23 years)
5 Whitefaulds Avenue Maybole
()
Tel No: 01655 884316 Origin: [redacted] At Differre
Triage Time: Routine
Time taken from reception to final consultation..... 40 mins
Consulted by: Holmes, J [redacted] M Own Doctor: [redacted] C

Message received:

19:35 29-May-1999 Triage by McClements, [REDACTED] [REDACTED] : changed to PCTC Visit
HAS BRONCHITIS, ?ON ANTIBIOTICS. HAS BEEN VOMITING FOR A FEW DAYS UNABLE TO
KEEP FLUIDS DOWN. UNWELL. HISTORY FROM [REDACTED]

20:02 29-May-1999 Doctor Holms, J [REDACTED] M consultation begin

00:20 29-May-1999 diagnosis entered
HYPERICIDITY: MILD HAEMATEMESIS.
ADMINISTERED FROM STOCK: METOCLOPRAMIDE 10mg x (3).
ADMINISTERED FROM STOCK: CIMETIDINE 400mg x (4).
RX ISSUED: CIMETIDINE 400mg x (56).

20:21 29-May-1999 follow up message (Patient Told To Contact GP)
PT TOLD TO CONTACT GP IN FEW DAYS

31 MAY 1999

NHS Confidential: Personal data about a patient

✓ Ayrshire Doctors on Call Ayr Sister Advice

Call #: 13354 Received: 29-May-1999 19:32 Type: Advice

Patient's Name: Lee Johnstone
Date of birth: 09-Feb-1976 (Age: 23 years) Sex: Male
 37 Kincaig Avenue MAYBOLE Ayrshire
 KA19 8AR (NS:294 100)
Tel No: 01655 884316 Origin: [REDACTED] At Differ Received: 19:32
 Passed : 19:33
 Triaged : [REDACTED]
 Arrived : [REDACTED]
 Departed : [REDACTED]

Triage Time:
Time taken from reception to final consultation..... 0 mins
Consulted by: McClements, [REDACTED] Own Doctor: [REDACTED] C

Message received:

19:32 29-May-1999 diagnosis entered
SEE PREVIOUS NOTES, CALL NUMBER: 13349

aw
31 MAY 1999

NHS Confidential: Personal data about a patient



THE AYR HOSPITAL

DALMELLINGTON ROAD AYR KA6 6DX
TELEPHONE: 01292 610555 FAX: 01292 288952

Our Ref: **GS/JMM/AG544212** Your Ref: If phoning
please ask for:

SURGICAL CLINIC MR G [REDACTED]

DATE OF CLINIC: 10/05/99
DATE DICTATED: 10/05/99
DATE TYPED: 11/05/99

Mr Iain McMillan
Consultant Surgeon
The Ayr Hospital
AYR

Dear Iain

RE: LEE JOHNSTONE, 4C WHITEFAULDS AVENUE, MAYBOLE.
DOB 09/02/1976

Thank you for referring this young man who as you say has a recurrent thyroglossal cyst. There seems little doubt that he will require this explored again. As part of this *assessment* I have arranged for him to have some imaging including an ultrasound to see how well we can image the tract and once I have seen that will arrange for his further surgery.

Best wishes.

Yours sincerely

[Handwritten signature]

[REDACTED] MD FRCS
Consultant Surgeon

Copy: Dr C Lau, The Health Centre, 6 High Street, Maybole. ✓



Changing ... for the better

THE SOUTH AYRSHIRE HOSPITALS NHS TRUST

STA 2036

[Handwritten initials]
17 MAY 1999

[Handwritten initials]

NHS Confidential: Personal data about a patient



THE AYR HOSPITAL

DALMELLINGTON ROAD AYR KA6 6DX
 TELEPHONE: 01292 610555 FAX: 01292 288952

Our Ref: **IMCM/AB/100-65521** Your Ref:

If phoning
 please ask for:

SURGICAL CLINIC MR I MCMILLAN

DATE OF CLINIC: 15/03/1999
DATE DICTATED: 15/03/1999
DATE TYPED: 16/03/1999

Dr C Lau
 The Health Centre
 6 High Street
 Maybole

Dear Dr Lau

**MR LEE JOHNSTONE 4C WHITEFAULDS AVENUE MAYBOLE (DOB
 09/02/1976)**

This young man appears to have recurrence of his thyroglossal cyst. I think he will require surgery and I have referred him to my [REDACTED] Mr. [REDACTED] who has a special interest in thyroid disorders.

Yours sincerely


I MCMILLAN MD FRCS
 Consultant Surgeon



Changing ... for the better

THE SOUTH AYRSHIRE HOSPITALS NHS TRUST

STA 2036

NHS Confidential: Personal data about a patient

Dr C Lau
Dr E [REDACTED]
Dr J Sheward

Tel: 01655 882708
01655 883922(prescription only)
Fax: 01655 882977

MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE

Our Ref CL/JT
Your Ref : The Ayr Hospital 100544212

09 February 1999

Mr I. McMillan
Consultant Surgeon
The Ayr Hospital
Dalmellington Road
AYR
KA6 6DX

Dear Mr McMillan

Re Lee Johnstone, 4C Whitefaulds Avenue, Maybole. KA19 8AS
Date of Birth 09.02.76 Chi No 3334

This man had exploration and excision of thyroglossal tract in February 1998. Unfortunately he has a residual cyst at the site of the scar. An ultrasound of scan of the neck was arranged. Mr Johnstone tells me that he never received the appointment for the ultrasound. Unfortunately the cyst is now getting bigger and has been tender on occasions. I have given him a seven day course of Coamoxiclav 1 tab tds.

PHH - Excision of thyroglossal cyst March 1982, Fracture of right femur 1983, Guillain Barre syndrome May 1995, excision of thyroglossal cyst February 1998.

Allergies - Nil known

DH - Coamoxiclav 1 tab tds.

I would be most grateful if you would see this man and for your help in his future management.

Yours sincerely

Dr C. Lau

Consultation and Management

NHS Confidential: Personal data about a patient



THE AYR HOSPITAL

DALMELLINGTON ROAD AYR KA6 6DX
TELEPHONE: 01292 610555 FAX: 01292 288952



Our Ref:

IMCM/AB/100-544212

Your Ref:

If phoning
please ask for:

**SURGICAL UNIT
MR I MCMILLAN**

DATE DICTATED: 14/08/1998
DATE TYPED: 14/08/1998

Dr C Lau
The Health Centre
6 High Street
Maybole

Dear Dr Lau

**MR LEE JOHNSTONE 16 MINNOCH CRESCENT MAYBOLE (DOB
09/02/1976)**

This man recently failed to attend for the ultrasound examination that was scheduled to assess his neck further.

In the meantime no further appointment has been arranged but if he returns complaining of a problem we could always make the necessary arrangements.

Yours sincerely

ane byden
(Seey)

I MCMILLAN MD FRCS
Consultant Surgeon



Changing ... for the better

THE SOUTH AYRSHIRE HOSPITALS NHS TRUST

STA 2028

ane byden
18 AUG 1998

NHS Confidential: Personal data about a patient

MICROBIOLOGY

AREA LABORATORY REPORT

North Ayrshire and NHS

INIT NO. 100544212

JOHNSTONE

LEE SEX M

DOB. 09-02-76 CHI 0902763334 LAB NO.

16 MINNOCH CRESCENT

MAYBOLE

MB038293L / 98
(First)

CONSULTANT / GP

Mr. I McMillan

HOSPITAL / GP SURGERY

AYR HOSPITAL

WARD / LOCATION

SURGICAL

Culture yields : No growth

Swab

Site not stated

DATE COLLECTED 04-05-98

DATE RECEIVED 05-05-98

TIME COLLECTED

TIME RECEIVED

10:42

AUTHORISED BY

Dr. G Downie

DATE AUTHORISED

Page 1 of 1

07-

15 MAY 1998
KMP

NHS Confidential: Personal data about a patient



THE AYR HOSPITAL

DALMELLINGTON ROAD AYR KA6 6DX
TELEPHONE: 01292 610555 FAX: 01292 288952



Our Ref: SB/AB/100-544212

Your Ref:

If phoning
please ask for:

SURGICAL CLINIC MR I MCMILLAN

DATE OF CLINIC: 04/05/1998

DATE DICTATED: 04/05/1998

DATE TYPED: 06/05/1998

Dr C Lau
The Health Centre
6 High Street
Maybole

Dear Dr Lau

**MR LEE JOHNSTONE 16 MINNOCH CRESCENT MAYBOLE (DOB
09/02/1976)**

I reviewed your patient who had a thyroglossal cyst excised from his neck.
Unfortunately for the past ten days he has had a discharge from the middle of the scar.

On examination he has a small area of infection in the scar which is discharging serous
fluid. He says the discharge is more during the morning.

I have arranged for him to have an ultrasound scan of the neck and also advised him to
contact you regarding a course of Augmentin. We will review him with the results of
the scan.

Yours sincerely

S BALAJI
Senior House Officer III



Changing ... for the better

THE SOUTH AYRSHIRE HOSPITALS NHS TRUST

STA 2035

12 MAY 1998

NHS Confidential: Personal data about a patient



THE AYR HOSPITAL

DALMELLINGTON ROAD AYR KA6 6DX
TELEPHONE: 01292 610555 FAX: 01292 288952



Our Ref: IMM/LW/100544212 Our Ref:

If phoning
please ask for:

GENERAL SURGERY
MR I McMILLAN

DATE OF ADMISSION: 26/02/98 DATE DICTATED: 26/03/98
DATE OF DISCHARGE: 28/02/98 DATE TYPED: 30/03/98

Dr Lau,
Health Centre
6 High Street,
MAYBOLE

Dear Dr Lau

LEE JOHNSTONE, 16 MINNOCH CRESCENT, MAYBOLE (DOB 9/2/76)

DIAGNOSIS: Thyroglossal cyst

PROCEDURE: Exploration of thyroglossal tract

As arranged this young man was admitted from our waiting list. We explored the area of his neck which proved to be a thyroglossal tract. He had, of course, undergone surgery for this many years ago when he was 3-4 years old.

On lithigation we followed the tract to the upper reaches of the neck as it disappeared into the floor of the mouth.

The histology shows and inflamed sinus tract with no specific features.

I will see him again for review in the out-patient clinic in a few weeks time.

Yours sincerely

I McMILLAN MD FRCS
CONSULTANT SURGEON



Changing ... for the better

THE SOUTH AYRSHIRE HOSPITALS NHS TRUST

STA 2035



Immediate Discharge Summary

THE AYR HOSPITAL DALMELLINGTON RD
AYR KA6 6DX
Telephone: (01292) 610556
Fax: (01292) 285265

GP Address	LAU, C (GP) MAYBOLE HEALTH CENTRE 6 HIGH STREET MAYBOLE KA19 7BY	Patient Address	LEE 16 MINNOCH CRESCENT 4C MAYBOLE KA198DW	JOHNSTONE 3-20
Admission Date	26/02/98	Discharge Date	27/02/98	Station
Admission Type	WAITING LIST	Couglitans	MCMILAN, I	52

Diagnosis	EXPLORATION LESION
Summary	Excision of thyroglossal cyst performed. No post op complications.

Operation 83-39-EXC LES SOFT TISSUE NEC

[illegible]

Further comments: (e.g. Histology, information given to patient regarding diagnosis...etc.)

A consultant episode letter will/will not follow.

Outpatient Appointment yes/no

Distribution: GP ☐ Pharmacy ☐ Casenotes ☐ District Nurse ☐ Patient Yes/No

Dr's Signature emcagall Print Name mcagall Date 2/7/2019

NHS Confidential: Personal data about a patient

South Ayrshire Hospitals National Health Service Trust

THE AYR HOSPITAL

DISTRICT NURSE REFERRAL FORM

Address: JOHNSTONE LEE 16 MINNOCH CRESCENT MAYBOLK LAU, C (GP) MAYBOLK HEALTH CENTRE 6 HIGH STREET MAYBOLK N/S		D of A: 26/2/98 D of D: Next of Kin: MR A JOHNSTONE Address: 16 MINNOCH CRESCENT Tel No: MAYBOLK 01655 889531 Diagnosis:	
Consultant: T.M.C.			
Treatment in Hospital: EXCISION OF THYROID GLAND CYST 27/2/98 CLIPS TO WOUND			
Suggested Treatment on Discharge: WOUND ASSESSMENT REMOVAL OF CLIPS APPROX. 6/3/98			
Patient/Family Awareness: AWARE			
Drug Therapy: PARACETAMOL		Services Required: DISTRICT NURSE	
Ability Assessment:		Additional Information:	

Follow-up Appointment: 4/52 O/P/A MR McMILLANS CLINIC

Ward Staff:

02 MAR 1998

NHS Confidential: Personal data about a patient

A&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on
01292-614522, quoting account number 97363-00404

To Dr.: C (GP) LAU
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA197BY

LEE JOHNSTONE DOB 09/02/76
16 MINNOCH CRESCENT

MAYBOLE

Seen 18:38 on 29/12/97, ? UNKNOWN

Triage nurse described problem as:

3/7AGO

Investigations ordered:

RADIOLOGY: Chest (by SL); RADIOLOGY: Hand (by SL); DIPSTIX: trace

Procedures

(None Recorded)

Diagnosis

bruised and scratched

Attendance group
Outcome of attendance was:

HOME

Nursing remarks were:

(None recorded)

Additional remarks were:

alleged violence

Follow up plans were:

GP/GP NURSE

05 JAN 1998

NHS Confidential: Personal data about a patient

A&E Department, Ayr Hospital, Dalmellington [REDACTED] Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on
01292-614522, quoting account number 97357-00006

To Dr.: C (GP) LAU
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA197BY

LEE JOHNSTONE DOB 09/02/76
16 MINNOCK CRESC

MAYBOLE

Seen 01:12 on 23/12/97, ? ACCIDENT

Triage nurse described problem as:

HEAD INJ, NO LOC, L HAND/WRIST INJ

Investigations ordered:

RADIOLOGY: Hand (by ID); RADIOLOGY: Wrist (by ID)

Procedures

(None Recorded)

Diagnosis

BRUISED LT HAND

Attendance group ACCIDENT

Outcome of attendance was:

HOME

Nursing remarks were:

D.T.G. L ARM B.A.S. BRUFEN ADVISED

Additional remarks were:

XRAYS - NBI

Follow up plans were:

A&E REVIEW CLINIC

29 DEC 1997

NHS Confidential: Personal data about a patient

A&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on
01292-614522, quoting account number 97241-00006

To Dr.: C (GP) LAU
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA197BY

LEE JOHNSTONE DOB 09/02/76
16 MINNOCK CRESC

MAYBOLE

Seen 02:17 on 29/08/97, ? UNKNOWN

Triage nurse described problem as:

██████████ R EYEBROW

Investigations ordered:

RADIOLOGY: Facial Bones (by JC)

Procedures

SUTURING: 3X5/0 ETHILON ROS 5 DAYS

Diagnosis

lac near r eye

Attendance group ██████████

Outcome of attendance was:

HOME

Nursing remarks were:

HEAD INJ ADVICE. SUTURE ADVICE

Additional remarks were:

(None recorded)

Follow up plans were:

GP/GP NURSE

J
a sw
02 SEP 1997

NHS Confidential: Personal data about a patient



THE AYR HOSPITAL

DALMELLINGTON ROAD
AYR KA6 6DX

TELEPHONE: 01292 610555
FAX: 01292 288952

Our Ref: **IMCM/AB/100-544212**

Your Ref:

If phoning
please ask for:

**SURGICAL CLINIC
MR I MCMILLAN**

DATE OF CLINIC: 18/08/1997

DATE DICTATED: 18/08/1997

DATE TYPED: 19/08/1997

Dr [redacted] Sheward
Maybole Health Centre
6 High Street
Maybole

Dear Dr Sheward

**MR LEE JOHNSTONE 16 MINNOCH CRESCENT MAYBOLE (DOB
09/02/1976)**

I saw Lee today at the surgical clinic. I think the next stage is to arrange for an ultrasound examination of his neck and I have now placed his name on the waiting list for exploration of the lesion which lies on the left side of the midline.

Yours sincerely

I McMILLAN MD FRCS
Consultant Surgeon



Changing ... for the better

22 AUG 1997

THE SOUTH AYRSHIRE HOSPITALS NHS TRUST

STA 2005

NHS Confidential: Personal data about a patient

Dr C Lau **Appointments: 01655 882708**
Dr E C [REDACTED] **Prescriptions: 01655 883922**
Dr J Sheward **Fax: 01655 882977**
 Ref: 80941

Maybole Health Centre
6 High Street
Maybole KA19 7BY

Our ref: JS/KMcP
Your ref: IMCM/AB/100-544212

01 July 1997

Mr McMillan
Consultant Surgeon
The Ayr Hospital
Dalmellington Road
AYR
KA6 6DX

Dear Mr McMillan

Re: Lee Johnstone, 16 Minnoch Crescent, Maybole KA19 8DW
D.O.B. 09/02/76 Chi No: 3334

You have seen this young man before with a infected branchil/ thyroglossal cyst on his neck and you were going to arrange to have this moved under general anaesthetic. Lee was in a [REDACTED] and the surgery has not been done despite your referral to Falkirk.

I would be most grateful if you could put him back on your surgical list for removal or see him at out-patients with a view to the same.

Yours sincerely

Dr J Sheward

NHS Confidential: Personal data about a patient

**THE AYR HOSPITAL**DALMELLINGTON ROAD
AYR KA6 6DXTELEPHONE: 01292 610555
FAX: 01292 288952Our Ref: **IMCM/AB/100-544212** Your Ref:If phoning
please ask for:**SURGICAL UNIT
MR I MCMILLAN****DATE DICTATED:** 30/12/1996
DATE TYPED: 30/12/1996Dr C Lau
The Health Centre
6 High Street
Maybole

Dear Dr Lau

**MR LEE JOHNSTONE 16 MINNOCH CRESCENT MAYBOLE (DOB
09/02/1976)**This young man is now an in-patient at a [REDACTED] near Falkirk. I
have therefore referred him back to one of the surgeons at Falkirk Royal Infirmary.

Yours sincerely

I McMILLAN MD FRCS
Consultant Surgeon*Changing ... for the better*

THE SOUTH AYRSHIRE HOSPITALS NHS TRUST

SYA 2035

G. W.
-3 JAN 1997

NHS Confidential: Personal data about a patient



THE AYR HOSPITAL

DALMELLINGTON ROAD
AYR KA6 6DX

TELEPHONE: 01292 610555
FAX: 01292 288952

Our Ref: IMCM/AB/100-544212 Your Ref:

If phoning
please ask for:

SURGICAL CLINIC MR I MCMILLAN

DATE OF CLINIC: 02/12/1996

DATE DICTATED: 02/12/1996

DATE TYPED: 03/12/1996

Dr C Lau
The Health Centre
6 High Street
Maybole

Dear Dr Lau

**MR LEE JOHNSTONE 16 MINNOCH CRESCENT MAYBOLE (DOB
09/02/1976)**

Many thanks for asking me to see this young man at the surgical clinic. He has a infected indurated mass on his neck. At present it is difficult to assess it clinically but I gather it has been labelled as a thyroglossal cyst in the past. This may well be the case as it does move when he protrudes his tongue, however the subcutaneous tissues are so indurated at present that this clinical sign is difficult to interpret.

He requires removal of the lesion and I will arrange for this to be done under general anaesthesia in the near future.

Yours sincerely


I MCMILLAN MD FRCS
Consultant Surgeon



Changing ... for the better


-5 DEC 1996

THE SOUTH AYRSHIRE HOSPITALS NHS TRUST

STA 2095

NHS Confidential: Personal data about a patient



Ayrshire Central Hospital
 NORTH AYRSHIRE & [REDACTED] NHS TRUST
THE [REDACTED] REHABILITATION CENTRE

Our Ref PGM/HF/RC001042GP

Your Ref

Telephone contact 01294 323032/1

Ayrshire Central Hospital
 Irvine
 Ayrshire
 KA12 8SS
 Telephone 01294 274191
 Facsimile

13 November 1996

Dr Lau
 The Health Centre
 High Street
 MAYBOLE KA19 7BY

Dear Dr Lau

LEE [REDACTED] 16 MONNOCK CRESCENT, MAYBOLE KA19 8DW (09.02.76)

I saw Lee in the clinic. He has very little in the way of neurological signs now, the sensation in his feet seems to have returned. He is due for nerve conduction studies to be done towards the end of this month and I would of course be interested to see that they confirm nerve recovery. He has some mechanical back pain which I think would respond to some straightforward physio and I will see if this can be arranged for him closer to his home.

With best wishes.

Yours sincerely

DR [REDACTED] G MATTISON
 Consultant Physician in Rehabilitation Medicine

Crosshouse Hospital Ayrshire Central Hospital Arran War Memorial Hospital

g3w
 18 NOV 1996

STA 038

NHS Confidential: Personal data about a patient

Name Lee [REDACTED] Johnstone
 NI number JE 11 42 93 B
 Date of birth 9 February 1976

Your reply

I have not received his records from the
 Questions health board and his previous GP yet

What is the full diagnosis?

Gravillain Bence syndrome
 - Thyroglossal cyst -

What are the main symptoms?

I have only seen him regarding
 his thyroglossal cyst - small lump on (L) side of neck
 with which discharge clear fluid intermittently

What are the main physical signs?

small cyst on left side of neck which discharges
 clear fluid intermittently

In what way is your patient disabled?

Not examined for [REDACTED]
 2/2

What treatment has been given?

was [REDACTED] on ibuprofen 200mg qds on 4/1/96.

Letter DL/S 575

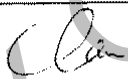
NHS Confidential: Personal data about a patient

What is the outlook for this patient's condition?

Has been referred to surgical clinic, Ayr Hospital for excision of Thyroglossal cyst
 still attending hospital for review of both Grilloan
 Bruce Syndrome - > Ayrshire Central

I understand that in certain circumstances, this report will be released to my patient, his legal representative and any authority deciding an appeal in relation to his entitlement to benefit. I further understand that certain information may be withheld if it appears to the adjudicating authority that its disclosure would be harmful to the patient.

Signature



Name

Dr C. Lau

Date

4/11/96

GP or practice stamp

DR. C. LAU MBChB A2263
 MAYBOLE HEALTH CENTRE
 6 HIGH STREET MAYBOLE
 AYRSHIRE KA19 7BY
 TEL: 01655 882708
 FAX: 01655 882977

For Official use

CP	1611
----	------

Letter DL/S 575

NHS Confidential: Personal data about a patient

CLINICAL NOTES		Service Number	
		Surname (Block Letters)	
		Forenames (Block Letters)	
		Address	
		Date	
		9/6/11	
Date	HEALTH PROMOTION		
31/10/96	SMOKING 56 day DATE STOPPED		
	HP OFFERED yes		
	BP 110/70		
	HYPERTENSION no		
	HEART DISEASE no		
	STROKE no		
	WEIGHT 105.8 lbs		
	HEIGHT 5' 6" BMI 23.89		
	HP on EXERCISE yes		
	DIET yes		
	ALCOHOL INTAKE 10 units / wk		
	EX DRINKER no		
	FH - HD no		
	FH - CVD / STROKE no		
	ASTHMA no		
	CD PROPHYLAXIS /		
	PEAK FLOW / M		
	DIABETES yes		
	DIABETES CASE /		

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

FORM GP111F
355 2005

NHS Confidential: Personal data about a patient

Dr C Lau
Dr E C
Dr J Sheward

Tel 0655-882708
0655-883922 (prescriptions only)
0655-882977 (fax only)
Ref No 80491

Maybole Health Centre
6 High Street
MAYBOLE
KA19 7BY

Our ref: CL/MM
 Your ref:

30 October 1996

Surgical Clinic
The Ayr Hospital
Dalmellington Road
AYR
KA6 6DX

Dear Doctor,

re: Lee Johnstone 16 Minnoch Crescent Maybole KA19 8DW
Date of Birth 09.02.76 Telephone 01655 889536

This man recently joined my medical practice. He attended Falkirk Infirmary for excision of a lump in the neck as a day case. However, the operation was cancelled because that the lump was a left branchial cyst.

Past medical history - ~~nil~~ note. *Gillman Barre Syndrome*

Drug history - nil.

I would be most grateful for your assessment and your help in his future management.

Yours sincerely,



C Lau

Consultation & Management

NHS Confidential: Personal data about a patient



Falkirk & District Royal Infirmary NHS Trust

Major's Loan
Falkirk FK1 5QE
Telephone 01324 624000
Fax 01324 612340

SURGICAL DEPARTMENT

FE/AM

15 October 1996.

Doctor in Charge,
HM Institution,
POLMONT.

Dear Doctor,

LEE JOHNSTONE (9.2.76) c/o H.M. YOI, Polmont.

Unit No: 300708.
Day Case: 14.10.96.
Diagnosis: Thyroglossal cyst.
Operation: None.

This young lad attended for excision of what was listed as a sebaceous cyst on the anterior aspect of his neck. However, on examination the lesion appeared more consistent with a thyroglossal cyst as it moved upwards both on swallowing and protruding the tongue. I have therefore not attempted to excise it and have suggested that he contact his own G.P. when he returns to Ayrshire in a couple of weeks' time with regard to re-referral to the surgeons in Ayr for excision of the thyroglossal cyst under general anaesthetic.

Yours sincerely,

Handwritten signature
[Redacted] EATOCK
SHO3

COPY: The Health Centre, Maybole, Ayrshire.

Handwritten initials
21 OCT 1996

NHS Confidential: Personal data about a patient



Ayrshire Central Hospital
NORTH AYRSHIRE & [REDACTED] NHS TRUST

Our Ref **LM/CC/Johnstone.doc**

Your Ref

Telephone contact **3030**

Ayrshire Central Hospital
Irvine
Ayrshire
KA12 8SS
Telephone 01294 274191
Facsimile

14 November 1995

Dr Law
6 High Street
MAYBOLE

Dear Dr Law

re: LEE JOHNSTONE, 16 MINNOCK CRESCENT, MAYBOLE, DOB - 9/2/76

Lee attended for physiotherapy on 27 October 1995 following your letter referring him for further physiotherapy. His main complaint was one of lower limb pain. After examining him the most likely explanation for this seemed to be tight musculature following Guillane [REDACTED] Syndrome. I advised him on a home stretching regime and also to increase the frequency of his regular exercise regime. Unfortunately he has failed to attend 2 further appointments, therefore I have had to discharge him from treatment.

Yours sincerely

Linda [Signature]
LINDA [REDACTED]
SENIOR II PHYSIOTHERAPIST

johnstone.doc
14/11/95/cc

2 sw
- 1 DEC 1995

Crosshouse Hospital Ayrshire Central Hospital [REDACTED] War Memorial Hospital

STA 0280

NHS Confidential: Personal data about a patient

**Ayrshire Central Hospital**

NORTH AYRSHIRE & [REDACTED] NHS TRUST

THE [REDACTED] REHABILITATION CENTRE

Our Ref PGM/MC/RC001042GP

Your Ref 01294 323032/1

Telephone contact

Ayrshire Central Hospital
Irvine
Ayrshire
KA12 8SS
Telephone 01294 274191
Facsimile

12th October 1995

Dr Lau
The Health Centre
6 High Street
MAYBOLE

Dear Dr Lau

LEE [REDACTED] 16 MONNOCK CRESCENT, MAYBOLE. DOB 09.02.1976

I saw Lee for review in the clinic.

He is doing fairly well. He still has some sensory loss in his legs and some weakness on dorsiflexion and also weakness of hip flexes.

Lee is agreeable to come into the Physiotherapy Department and I will arrange for him to attend to be shown appropriate exercises to get appropriate supervision.

I will keep him under review in the clinic.

With Best Wishes.

Yours sincerely

DR [REDACTED] G MATTISON
Consultant Physician in Rehabilitation Medicine

cc: PT

16 OCT 1995
G 12

1

Crosshouse Hospital Ayrshire Central Hospital Arran War Memorial Hospital

STA 0296

NHS Confidential: Personal data about a patient

Dr C Lau
Dr E C Renwick
Dr E C [REDACTED]

Tel 0655-882708
0655-883922 (prescriptions only)
0655-882977 (fax only)

Maybole Health Centre
6 High Street
MAYBOLE
[REDACTED] 7BY

Ref No 80491

Our ref: EW/EMW
 Your ref: RC001042GP

22 September 1995

Dr Mattison
 Consultant in Rehabilitation Medicine
 [REDACTED] Rehabilitation Centre
 Ayrshire Central Hospital
 Kilwinning Road
 IRVINE

Dear Dr Mattison

Re: Lee Johnstone, 16 Minnoch Crescent, MAYBOLE. KA19 8DW.
DOB 9/2/76 Tel 01655 889536

I have spoken to Lee regarding his defaulting from physiotherapy. Lee has decided that his Guillain Barre has actually relapsed slightly since stopping physiotherapy and I have persuaded him to re-attend. I would be grateful if you would arrange to either see him at your clinic or simply re-organise his physiotherapy and transport.

Yours sincerely

Dr E [REDACTED]

NHS Confidential: Personal data about a patient

Dr C Lau
Dr E C Renwick
Dr E C [REDACTED]

Tel 0655-882708
0655-883922 (prescriptions only)
0655-882977 (fax only)

Maybole Health Centre
6 High Street
MAYBOLE

Our ref: CL/EW

15 September 1995

● Mr Lee [REDACTED]
● 16 Minnoch Crescent
MAYBOLE
KA19 8DW

Dear Mr [REDACTED]

I enclose a photocopy of the letter I received from Dr [REDACTED] Mattison dated the 5 September 1995. I would be most grateful if you would make an appointment to see me at the surgery to discuss this matter.

Yours sincerely

● Dr C Lau

● Enc

NHS Confidential: Personal data about a patient

Ayrshire Central Hospital
NORTH AYRSHIRE & [REDACTED] NHS TRUST

THE [REDACTED] REHABILITATION CENTRE

Our Ref PGM/MC/RC001042GP

Your Ref 01294 323032/1

Telephone contact

Ayrshire Central Hospital
Irvine

KA12 8SS

Telephone 01294 274191
Facsimile

Dr Lau
The Health Centre
6 High Street
MAYBOLE
KA19 YBY

5 September 1995

Dear Dr Lau

M. J. MATTISON

LEE [REDACTED] 16 MONNOCK CRESCENT, MAYBOLE. DOB 09.02.1976

I would be very grateful if you would kindly update my about Lee's progress.

He has failed to attend physiotherapy appointments offered to him at the Rehabilitation Unit and indeed did not attend my clinic today for a planned appointment.

I am clearly concerned about Lee in view of his underlying Guillain Barre Syndrome which does require follow up for a little while. I would therefore be most grateful if you would kindly tell me how Lee is doing presently and to see if you could persuade him to attend the clinic.

With best wishes.

Yours sincerely

[Signature]
DR [REDACTED] G MATTISON
Consultant in Rehabilitation Medicine

a q sw
73 SEP 1995

1

Crosshouse Hospital Ayrshire Central Hospital Arran War Memorial Hospital

STA 0398

NHS Confidential: Personal data about a patient



THE AYR HOSPITAL

DALMELLINGTON ROAD
AYR KA6 6DX

TELEPHONE: 01292 610555
FAX: 01292 288952

Our Ref: AM/SMcC/AG544212 Your Ref:

If phoning
please ask for:

ORTHOPAEDIC DEPARTMENT

MR A MUIRHEAD

Date Dictated : 4 August 1995
Date Typed : 7 August 1995

Mr Lee Johnstone
16 Minnoch Crescent
MAYBOLE

Dear Mr Johnstone

I understand that you have been unable to attend for an MRI test on 6.7.95 and 3.8.95. I presume your symptoms have improved and therefore no further appointment for an MRI scan has been requested.

Yours sincerely

A MUIRHEAD
CONSULTANT ORTHOPAEDIC SURGEON

Copy to Dr Lau, The Health Centre, 6 High Street, MAYBOLE



Changing ... for the better

THE SOUTH AYRSHIRE HOSPITALS NHS TRUST

QSW²
09 AUG 1995

STA 2035

NHS Confidential: Personal data about a patient

Ayrshire Central Hospital
NORTH AYRSHIRE & [REDACTED] NHS TRUST

THE [REDACTED] REHABILITATION CENTRE

Our Ref PGM/jkm/RC001042GP

Your Ref 01294 323032/1

Telephone contact

Ayrshire Central Hospital
Irvine
Ayrshire
KA12 8SS
Telephone 01294 274191
Facsimile

Dr Lau
The Health Centre
6 High Street
MAYBOLE
KA19 YBY

28 June 1995

Dear Dr Lau

LEE [REDACTED] 16 MINNOCK CRESCENT, MAYBOLE. DOB 09.02.1976
ADMITTED: 08.05.1995 DISCHARGED: 20.06.1995

Lee was transferred to the Rehabilitation Unit from the Ayr Hospital. He had been admitted initially to the Ayr Hospital in April and subsequently transferred to the Southern General with a diagnosis of Guillan Barre syndrome.

On arrival in the ward he had very little movement in his limbs and sensory deficit as well, although was beginning to get some recurrence of movement in his arms. He was given intensive physiotherapy and occupational therapy and made substantial progress. He was learning to mobilise with a frame and indeed his progress was very satisfactory.

On 20.06.1995, however, he absconded from the ward without informing staff and subsequently telephoned to say that he no longer wished to be in hospital, but was quite happy to attend for out patient physio and OT.

Clearly this is less than satisfactory, but none the less, it is important that he does continue therapy so arrangements have been made for him to attend on a regular basis here as an out-patient. I will of course keep you in formed of his progress.

With best wishes.

Yours sincerely

DR [REDACTED] G MATTISON
Consultant in Rehabilitation Medicine

1

Crosshouse Hospital Ayrshire Central Hospital [REDACTED] War Memorial Hospital

STA 0398

NHS Confidential: Personal data about a patient

Department of Neurology
Institute of Neurological Sciences



Southern General Hospital
NHS Trust

1345 Govan Road Glasgow G51 4TF
Tel 0141-201 1100 Fax 0141-201 2998

TM/mn/1820641

Dict.: 22.05.1995
Typed: 23.05.1995

DISCHARGE SUMMARY

Lee Johnstone
16 Minnock Crescent
Maybole
Ayrshire (d.o.b. 09.02.1976)

Admitted: 15.04.1995
Discharged: 02.05.1995

PROFESSOR BEHAN, CONSULTANT NEUROLOGIST, NEUROLOGY, INS.
G.P Lau, The Health Centre, 6 High Street, Maybole.

Diagnosis: Guillain Barre Syndrome.

This 19 year old, right handed, unemployed gentleman was transferred from Ayr Hospital where he presented with a three week history of numbness affecting his legs and then his arms followed by a progressive weakness. The weakness increased to the extent that at the time of admission he was unable to walk.

Past medical history; nil.
Family history; non contributory.
Drugs; nil.

Examination; blood pressure 150/100. Pulse 86 per minute regular. Higher mental functions normal. Cranial nerves - left sided facial weakness of lower motor neurone type. Other cranial nerves were normal. Upper limb examination revealed bilateral weakness grade 3/5 with generalised areflexia. Normal sensations and coordination. Lower limb examination revealed bilateral weakness grade 2/5 with generalised areflexia, sensations - normal, coordination difficult to assess because of this degree of weakness.

Clinical impression - Guillain Barre Syndrome.

Investigation - Lumbar puncture. CSF proteins 2 grams per decilitre. EMG studies - There is clear evidence here from the conduction studies of severe segmental peripheral nerve demyelination. In the clinical context the findings are highly suggestive of acute Guillain Barre Syndrome.

Management - During his stay in the ward he had full course of immunoglobulin for five days. He responded gradually to this treatment.

/cont....

SGH 376
0368405

Continuing the Tradition of Developing NHS Services for the Community

26 MAY 1995

NHS Confidential: Personal data about a patient

Department of Neurology
Institute of Neurological Sciences



Southern General Hospital
NHS Trust

1345 Govan Road Glasgow G51 4TF
Tel 0141-201 1100 Fax 0141-201 2998

/cont....(Lee Johnstone)

He also recieved intensive physiotherapy and was finally transferred
back to Ayr Hospital for further physiotherapy and rehabilitation.

Many thanks.

Yours sincerely


T Hajeed
CLINICAL LECTURER IN NEUROLOGY

SGH 376
0368405

Continuing the Tradition of Developing NHS Services for the Community

NHS Confidential: Personal data about a patient

Accident & Emergency Department
South Ayrshire Hospitals Trust
Dalmellington Road
Ayr KA6 6DX

This is a summary notification of an attendance at the A&E Department. If you require any further details, please phone the A&E Clinical Area, on 01292 614522.

To Dr.: C (GP) LAU
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA197BY

Your patient : Lee Johnstone
D.O.B. : 09 02 76
Address : 16 MINNOCK CRESC
MAYBOLE KA198DW

was seen at the A&E Department at 15:41 on 02/05/95.

Triage Nurse assessment of the initial problem was :

TRANSFER FROM SGH TO S8

During the visit, the following investigations were ordered :

(None Recorded)

The following significant procedures were undertaken :

(None Recorded)

The diagnosis at discharge was :

NOT KNOWN TO ME

The attendance outcome was ADMIT

Follow up arrangements recorded are :

(None recorded)

Nursing remarks at discharge were :

(None recorded)

Other remarks at discharge for your benefit were :

TRANSFERRED BACK FROM SCH.

h. 2 sw
09 MAY 1995

NHS Confidential: Personal data about a patient

PATIENT	JOHNSTONE LEE		19 09 02/1978	10/04/95	20.30.0091
	Address		Sex	Religion	Date of Inc
G P	16 MINNOCH CRES MAYBOLE		MALE	PROT	10.04.95
	PC KA19RDW Tel 0655889536		Marital Status	Occupation/School	Type of Inc
NEXT OF KIN	SINGLE		EEE	OTHER	AMBULANCE
	Name Address		Referred by: How: To		
NEXT OF KIN	Name Address		Complaint		
	Name Address		PAIN 9 W LEGS 20 APR 1995		
Relat.		Examining Doctor GIBSON			
Tel No.		Time 20.50.			
Diagnosis		? G/Bone Syndrome			
Remarks for GP		Admit St 8			
		3			
		4			
ACCIDENT & EMERGENCY DEPARTMENT THE AYR HOSPITAL, DALMELLINGTON ROAD, AYR KA6 6DX Tel: (0292) 610555 THIS CARD IS CONFIDENTIAL - IT MUST NOT BE HANDLED BY PATIENTS OR UNAUTHORISED PERSONS					Patient in 4

NHS Confidential: Personal data about a patient

P A T I E N T	Surname		Forename		C	O	R	Age	Date of Birth		Arr Date	Time	AE Number
	Johnstone		Lee					19	9.2.76		7.4.95	14.40	
	Address		Sex		Religion		Date of Inc		Time				
	16 Minnoch Cres Maybole.		Male		Pro		7.4.95						
			Marital Status		Occupation/School		Type of Inc		Mode of Arrival				
			Single		112		Other		Other				
	PC		Tel		C655		839536						
G P	Name		Address		Referred by:		How:		To				
	Dr Law.		The Health Centre Maybole.		Self								
NEXT OF KIN	Name		Address		Complaint								
	Mr & Mrs John				Legs pain								
	Relat. mum + dad		SIA.										
	Tel No.												
Diagnosis		complaints of numbness in r foot and difficulty walking; he has difficulty walking when observed; he has no ankle jerk; reduced knee jerk; and 01 sensory disturbance; he has pain at 1.45 on coughing and abdominal lumbar spine xray; to orthopaeds. lrm											
Remarks for GP		Circles / Analgesic rxn! Mr Wintle's clinic 26/7.											
		172 APR 1995											
		2											
		3											
		4											
ACCIDENT & EMERGENCY DEPARTMENT													
Patient in													

NHS Confidential: Personal data about a patient



THE AYR HOSPITAL

DALMELLINGTON ROAD
AYR KA6 6DX

TELEPHONE: 01292 610555
FAX: 01292 288952

Our Ref: DM/SMcC/AG544212

Your Ref:

If phoning
please ask for:

ORTHOPAEDIC DEPARTMENT

MR A MUIRHEAD

Date Attended : 10 April 1995
Date Dictated : 10 April 1995
Date Typed : 12 April 1995

Dr C Lau
The Health Centre
6 High Street
MAYBOLE

Dear Dr Lau

re : LEE JOHNSTONE, 16 MINNOCH CRESCENT, MAYBOLE DOB 9.2.76

Your patient was seen at the Orthopaedic Outpatient clinic today.

Please find overleaf a copy of my clinical findings made at the time of the examination.

Yours sincerely

D MENON
ORTHOPAEDIC REGISTRAR



Changing ... for the better

13 APR 1995

THE SOUTH AYRSHIRE HOSPITALS NHS TRUST

STA 2035

NHS Confidential: Personal data about a patient

10.4.95

JOHNSTONE

Diagnosis - ? L5/S1 disc prolapse on the right side

HISTORY

This 19 year old boy presented on 7.4.95 to Casualty with low back pain radiating to his right knee with paraesthesia on the outer aspect of his right foot which he has had for about 2 weeks now. He also says that he finds that his leg is weak and he has to walk about with elbow crutches because of this. There is no bowel or bladder disturbance. There is no history of injury to the neck or back and no history of any fever.

EXAMINATION

On examination he walked with the aid of elbow crutches, his cranial nerves were normal on clinical examination. There was no weakness of the upper limbs. On examination of the right leg, straight leg raising was 70° and on the left it was 80°. There was weakness of dorsiflexion and plantar flexion of the right foot and sensory hypoaesthesia in the S1 dermatome on the right side. I was unable to elicit any of the deep tendon reflexes even on reinforcement. There was no neck tenderness, his lower back was tender in the L5/S1 area and above this as well.

X-rays of his back did not reveal anything abnormal.

TREATMENT

I think this young lad has prolapsed his right L5/S1 disc. I have referred him initially for an MRI scan and will review him again when this is available
BM/SMcC

NHS Confidential: Personal data about a patient

UNIT NO.
JOHNSTONE
LEE SEX M
D.O.B. 09-02-76 CHI 0902763334 LAB NO.
16 MINNDCH CRESCENT MB102614C/ /95
MAYBOLE (Final) MAYBOLE

CONSULTANT / GP
Dr C Lau-Ching-Hung
HOSPITAL / GP SURGERY
THE HEALTH CENTRE, MAYBOLE
WARD / LOCATION
MAYBOLE

White blood cells: 0 / cubic mm.

Culture yields: No growth

Mid stream urine

DATE COLLECTED	06-04-95	TIME COLLECTED		AUTHORISED BY	
DATE RECEIVED	06-04-95	TIME RECEIVED	14:15	DATE AUTHORISED	07-04-95

Page 1 of 1

NHS Confidential: Personal data about a patient

HAEMATOLOGY		SEE OVER FOR EXPLANATION OF CODED COMMENTS		AYRSHIRE AND LABORATORY SERVICE	
HOSPITAL	GP	NUMBER	SURNAME	FORENAMES	SEX
WARD	LN080117	JOHNSTONE	LEE	M	DATE OF BIRTH
CONSULTANT	DR LAU & C, MAYBOLE	G.P.	DRLAU		09/02/74
PATIENT'S ADDRESS			CLINICAL DATA		
16 MINNOCH CRESC MAYBOLE					
DATE OF COLLECTION	SPECIMEN	ISSUE	1	OF PAGE	1
				COMPILED	05/04/95
CWA 07 APR 1995					
NEUTRO- LYMPHO- MONO- EOSINO- BASO- PHILS CYTES CYTES PHILS PHILS 43 46 8 2 1 N/A					
05/04/95 0910HRS	BLOOD	PLAT x 10 ⁹ /l	WBC x 10 ⁹ /l	RBC x 10 ¹² /l	Hb g/dl
05/04/95 0910HRS	BLOOD	230	5.8	5.17	14.9
					Hct
					MCV fl
					MCH pg
					MCHC g/dl
					ESR mm in 1 hr.
					8

NHS Confidential: Personal data about a patient

[illegible]

NHS Confidential: Personal data about a patient

CLINICAL BIOCHEMISTRY

JOHNSTONE
LEE
10 MINNOCH CRESF
MAYBOLE

LN19399H
M 09/02/78

GP
DR LAJ & C, MAYBOLE
DR LAJ

AYRSHIRE AND
LABORATORY SERVICE

ISSUE 1 THIS IS A SINGLE REPORT
PLEASE RETAIN IN PATIENT'S FILES

PAGE 1

CLINICAL DATA	UREA	CREAT	SODIUM	POTASS	CHLOR	BICARB
	MMOL/L	UMOL/L	MMOL/L	MMOL/L	MMOL/L	MMOL/L
05/04/95 PLASMA	4.2	39	142	5.2	105	29
0910HRS 19699H						

CLINICAL DATA	AST	ALT	BILIRUB	ALK.P.	T.PROT	ALBUMIN	GLOB
	IU/L	IU/L	UMOL/L	IU/L	G/L	G/L	G/L
05/04/95 PLASMA	234	162	14	131	81	46	35
0910HRS 19699H	>>	>>					

CLINICAL DATA	GLUCOSE	CHOLEST	HDL-CHOL	TRIGLY
	MMOL/L	MMOL/L	MMOL/L	MMOL/L
05/04/95 PLASMA	5.0	4.4	NR	1.17
0910HRS 19699H				

07 APR 1995

05/04/95

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

P A T I E N T	JOHNSTONE		LEE	Age	19	Date of Birth	09/02/1976	Arr Date	26/02/95	Time	01:46	AE Number	004893
Address				Sex	MALE	Religion	PROT	Date of Inc	NOT KNOWN	Time			
5 BRITTANIA PL AYR				Marital Status	SINGLE	Occupation/School		Type of Inc	OTHER	Mode of Arrival	AMBULANCE		
PC		Tel											
G P	Name		Address		Referred by:		How:		To				
	LAU		THE HEALTH CENTRE 6 HIGH ST MAYBOLE		OTHER/NOT KNOWN		REF.						
NEXT OF	Name		Address		Complaint								
	Relat.		12 GEORGES AVE AYR		INJURY								
	Tel No.												
Remarks for GP				Assault - Facial Injuries + Injury to Hand X-rays. No + Onset - NBT - For Discharge, Abrasions Healed Hx of injury. As above - Has Signature at home				Examining Doctor		Time		28 FEB 1995	
								Signature		1:10 PM		1	
												4	
ACCIDENT & EMERGENCY DEPARTMENT THE AYR HOSPITAL, DALMELLINGTON ROAD, AYR KA6 6DX Tel: (0292) 610555 THIS CARD IS CONFIDENTIAL - IT MUST NOT BE HANDLED BY PATIENTS OR UNAUTHORISED PERSONS													
												Patient in	R

NHS Confidential: Personal data about a patient

THIRD PARTY

P A T I E N T	Surname	JOHNSTONG	Forename	C O	Age	18	Date of Birth	9.2.76.	Arr Date	27.5.94	Time	23.05	AE Number	13379
	Address	16, MINNOCK CRESCENT, MAYBOLE			Sex	M	Religion	PROT	Date of Inc		Time			
	PC 0655	Tel	889536			Marital Status	M.	Occupation/School	STUDENT.	Type of Inc		Mode of Arrival	AMB.	
G P	Name	DR. LAU			Address			MAYBOLE HEALTH CENTRE.			Referred by:	How:	To	
	Name	GEORGINA JOHNSTON			Address			S/A.			Complaint	INT (R) LEG & NECK.		
NEXT OF KIN	Relat.	MOTHER			Tel No.			889536.			Examination Date	31 MAY 1994		
	Diagnosis	Fall 23 feet							Time	23.35				
	Remarks for GP	No # sub, ca spine, ckr, tib & ch, Pel												
		See suph doc												
		Took IR results												
		DISCHARGE												
ACCIDENT & EMERGENCY DEPARTMENT														
MAYBOLE LINGTON ROAD, AYR KA6 6DX Tel: (0292) 610555														
	Patient In	R												

NHS Confidential: Personal data about a patient



SOUTH AYRSHIRE HOSPITALS
THE AYR HOSPITAL

DALMELLINGTON ROAD
AYR KA6 6DX
Telephone: (0292) 610555
Fax: (0292) 288952

Our ref. GHW/AB/694492A

Your ref.

If phoning
please ask for:

ext 4309

GENERAL SURGERY
MR G H [REDACTED]

DATE ADMITTED :23/08/1993 **DATE DICTATED**:01/09/1993
DATE DISCHARGED:23/08/1993 **DATE TYPED** :02/09/1993

Dr C Lau
The Health Centre
6 High Street
Maybole

Dear Dr Lau

MR LEE JOHNSTONE 16 MINNOCH CRESCENT MAYBOLE (DOB 09/02/1976)

DIAGNOSIS:
Abdominal pain

PROCEDURE:
Nil

COMPLICATIONS:
Irregular discharge

COMMENTS:

Your patient was admitted as an emergency on the above date with abdominal pain. Examination was uneventful. Shortly after admission he took his own irregular discharge. No follow-up has been arranged.

Kind regards

George H [Signature]
GEORGE H [REDACTED] MD FRCS
Consultant Surgeon

C. [Signature]
23/08/1993

THE SOUTH AYRSHIRE HOSPITALS NATIONAL HEALTH SERVICE TRUST

STA 2035

NHS Confidential: Personal data about a patient

Address		Age	Date of Birth	Arr Date	Time	AE Number
10 MINNICK CRES MAP300		17	9-2-76	23.8.93	00.20	20632
Sex	Religion	Date of Inc	Time			
M	Protestant					
Marital Status	Occupation/School	Type of Inc	Mode of Arr.			
S.		EMERGENCY	A			
Address		Referred by	Complaint			
S112		G.P. Surgeons	PAIN L.I.F.			
Address		Examining Doctor	Time			
S112		D. McKenna	2.4 AUG 1993			
ACUTE ABDOMINAL PAIN IN R.I.F. Acute appendicitis						

ACCIDENT & EMERGENCY DEPARTMENT
 AYR HOSPITAL, DALMELLINGTON ROAD, AYR KA6 6DX Tel: (0292) 610555
 THIS IS CONFIDENTIAL - IT MUST NOT BE HANDLED BY PATIENTS OR UNAUTHORISED PERSONS

NHS Confidential: Personal data about a patient



SOUTH AYRSHIRE HOSPITALS
THE AYR HOSPITAL

DALMELLINGTON ROAD
AYR KA6 6DX
Telephone: (0292) 610555
Fax: (0292) 288952

Our ref. GS/MW/694492A

Your ref.

If 'phoning
please ask for: ext 4047

GENERAL SURGERY
MR G

DATE DICTATED: 15/02/1993
DATE TYPED : 16/02/1993

Dr C Lau
The Health Centre
6 High Street
Maybole

Dear Dr Lau

MR LEE JOHNSTONE 16 MINNOCH CRESCENT MAYBOLE (DOB 09/02/1976)

DATE OF ADMISSION: 07/02/1993
DATE OF DISCHARGE: 12/02/1993

DIAGNOSIS:
RTA - Motor bike. Abdominal pain.
Bruising left leg.

PROCEDURE:
08/02/1993 Ultra-sound of abdomen - no abnormality detected.

COMPLICATIONS:

INVESTIGATIONS:

COMMENTS:

Pain settled. Orthopaedic review.

Best wishes
Yours sincerely

GORDON [REDACTED] MD FRCS
Consultant Surgeon

THE SOUTH AYRSHIRE HOSPITALS NATIONAL HEALTH SERVICE TRUST

STA 2035

NHS Confidential: Personal data about a patient

P A T I E N T	Surname		Forename		16 09/02/1976		07/02/93 16:01		002856		
	JOHNSTONE		LEE								
	Address		Sex		Religion		Date of Inc		Time		
	16 MINNOCH CRES MAYBOLE		MALE				07/02/93				
G P	PC		Tel. 89536		Marital Status		Occupation/School		Type of Inc		
					SINGLE				R.T.A.		
	Name		Address		Referred by						
	LAU		THE HEALTH CENTRE 6 HIGH STREET MAYBOLE								
NEXT OF KIN	Name		Address		Complaint						
			S/A		PAIN						
	Relat.										
	Tel No.										
Diagnose		MURDEROUS PILLON / PASSION				Examining Doctor		Munday			
Remarks for GP		RTA				Time		16:07			
								G.S.W.			
								09 FEB 1993			
ACCIDENT & EMERGENCY DEPARTMENT THE AYR HOSPITAL, DALMELLINGTON ROAD, AYR KA6 6DX Tel: (0292) 610555										Patient In 	

NHS Confidential: Personal data about a patient

TIME IN	NAME HYNSTONE		LEE DAVID		16	9.2.76	15.1.93	1085
	Address 16, MINNOCCH GARD MAYBOLE		Sex M	Religion PROT	Date of Inc 15.1.93		Time 23.30	
	PC		Marital Status S	U/E	Type of Inc	Mode of Arrival Car		
G P	Name DR LAM		Address MAYBOLE		Referred by Self			
	Name ALISTAIR JOHNSTON		Address 16, MINNOCCH GARD MAYBOLE		Complaint 214, (K) ARM.			
NEXT OF KIN	Name FATHER		Address 16, MINNOCCH GARD MAYBOLE		Examining Doctor			
	Tel No. 89534				Time			
Diagnosis Inj (R) forearm								
Remarks for GP - NBI on X-ray - DZ - BAS Wound								
ACCIDENT & EMERGENCY DEPARTMENT THE AYR HOSPITAL, DALMELLINGTON ROAD, AYR KA6 6DX Tel: (0292) 610555 THIS CARD IS CONFIDENTIAL - IT MUST NOT BE HANDLED BY PATIENTS OR UNAUTHORISED PERSONS								
								Patient in

NHS Confidential: Personal data about a patient



SOUTH AYRSHIRE HOSPITALS
THE AYR HOSPITAL

DALMELLINGTON ROAD
AYR KA6 6DX
Telephone: (0292) 610555
Fax: (0292) 288952

Our ref. JLM/CM

Your ref.

If 'phoning
please ask for:

ACCIDENT & EMERGENCY/SHORT STAY UNIT

Dictated 16.12.92

21st December 1992

Dr Lau
Health Centre
Maybole

Dear Dr Lau

LEE [REDACTED] 16 MINNOCH CRESCENT, MAYBOLE, DOB 9.2.76

EPISODE OF RECTAL BLEEDING

This young man attended A & E on 12.12.92 complaining that after passing a constipated stool he had had a small episode of rectal bleeding.

He was detained in the observation ward for surgical review. The Surgeons felt that this was a trivial episode and felt the patient could be safely discharged to your care.

Yours sincerely

[REDACTED] M
[REDACTED] FRCS MRCP MRCGP DA
CONSULTANT IN ACCIDENT & EMERGENCY CARE

W. J. Sw
23 Dec 1992

THE SOUTH AYRSHIRE HOSPITALS NATIONAL HEALTH SERVICE TRUST

STA 2035

NHS Confidential: Personal data about a patient

LABORATORY REQUEST: REPORT

PATIENT SURNAME: Johnstone Date of birth: 9/5/76 Sex: M Vaginal Discharge: NO

Forename(s): Lee Unit No./Postal Address: 116 Minnecroches Hospital/Postal: Moulton Rd

DOCTOR: Dr. John

URINE DIRECT FILM WBC Count 0 /Lmm RBC LAB/11

CULTURE YIELDS 1 NO-GROWTH

Organisms/ml

	1	2	3		1	2	3
Nitrofurantoin				Cefotaxime			
Amoxycillin				Gentamicin			
Ampicillin				Azlocillin			
Augmentin				Cephadrine			
Cephadrine				Mecillinam			
Trimethoprim				Ciprofloxacin			
Nalidixic Acid							

Please write clearly with a BI A/C Real Scan

Sensitive (S) or Resistant (R)

BACTERIOLOGY 13/12/92

21 DEC 1992

See

CES

NHS Confidential: Personal data about a patient

AYRSHIRE AND GARRICK HOSPITAL				LABORATORY REQUEST - REPORT		Physician / Surgeon	
PATIENT	SURNAME	Date of Birth	Sex	Ward / Dept.	DOCTOR	Hospital / Postal Address	
	JOHNSTONE	9/2/76	M		DR. HOLLIS	HOSPITAL - GARRICK	
	Forename(s)	Unit No. / Postal Address			Hospital / Postal Address		
	LIZ	16 MANSFIELD CLIFFS			HOSPITAL - GARRICK		
						LAB 19	
REPORT							
Several specimens received unlabelled in Laboratory. Please repeat.							
17 DEC 1992 G.P. SW 8							
BACTERIOLOGY 14/12/92 4 a.m. MSW (McSweeney)							

NHS Confidential: Personal data about a patient

Surname JOHNSTONE	Forename LEE	C O R	Age 4	Date of Birth 9/2/76	Arr Date 12/12/92	BSS B355	AE Number 26899
Address 10 MINNOCH CRES MAYBOE		Sex M	Religion PROT		Date of Inc		Time
PC		Marital Status S	Occupation Wife		Type of Inc		Mode of Arrival AMB
Tel 89536							
Name DR LAU		Address MAYBOE HEALTH CENTRE			Referred by SELF		
Name ALISTAIR		Address SIA			Complaint Rectal bleeding		
Relat. FATHER							
Tel No.							
Diagnosis Rectal bleeding ? haemorrhoids.					Examining Doctor Kennedy		
marks for GP → Str 14					Time 0009 h 20w 15 DEC 1992		
ACCIDENT & EMERGENCY DEPARTMENT THE AYR HOSPITAL, DALMELLINGTON ROAD, AYR KA6 6DX Tel: (0)292 610555							
Patient in						11	

NHS Confidential: Personal data about a patient

CONSENT FORM—Please detach and return **BOTH COPIES** to Head Teacher

CLASS

B.C.G. VACCINATION AGAINST TUBERCULOSIS

I wish my child to have B.C.G. vaccination if found suitable by skin testing. The necessary procedure has been fully explained to me.

Child's Name.....LEE JONASTONE..... Date of Birth.....9.12.76.....

Address.....14 MINNACH CRES. MANGLA.....

Signature.....G. JONASTONE..... School.....KERLAN SCHULTS.....

Date.....16.5.91.....

Is there a case of tuberculosis in the house or family?.....NO.....

* Has the child already had an injection against Tuberculosis?.....Don't think so.....

Does your child suffer from any chronic disease requiring medical treatment?.....NO.....

.....DR. HUE MAYBOLD HEALTH CENTRE, HISA ST......

* If your child was given B.C.G. in infancy, it is important that he/she have a further skin test to determine whether immunity still exists.

OFFICE USE ONLY

DATE(S)	+ OR -	B.C.G. DATE	BATCH NUMBER	SIGNATURE OF DOCTOR
1.6.91	<u>Neg</u>	<u>27300A</u>	<u>21.6.91</u>	<u>J. Trew</u>

NHS Confidential: Personal data about a patient

NHS GENERAL OPHTHALMIC SERVICES
PLEASE USE BLOCK CAPITALS EXCEPT FOR SIGNATURE

GOS(S)(M)
REFERRAL TO GENERAL MEDICAL PRACTITIONER

PART A — TO BE COMPLETED BY THE SIGHT TESTER AND SENT TO GENERAL MEDICAL PRACTITIONER

PATIENT'S DETAILS

SURNAME (Mr, Mrs, Miss, Ms) JOHNSTONE DATE OF BIRTH 9-2-76
(if under 19)
OTHER NAME(S) LEE DATE OF PREVIOUS SIGHT TEST 1st 5th
ADDRESS 1/5 KERRAN SCHOOL [REDACTED]

PRESCRIPTION DETAILS FROM PREVIOUS SIGHT TEST

Uncorrected Vision	RIGHT					V/A		Uncorrected Vision	LEFT					V/A
	Sph	Cyl	Axis	Prism	Base				Sph	Cyl	Axis	Prism	Base	
							Distance							
							Reading							

PRESCRIPTION DETAILS FROM CURRENT SIGHT TEST DATE

<u>6/12</u>	<u>plano</u>					<u>6/12</u>	Distance	<u>6/18</u>	<u>plano</u>					<u>6/18</u>
							Reading							

I am of the opinion he/she should be seen by yourself/Ophthalmologist based on the following clinical findings.

On retinoscopy he is very slightly hypermetropic and therefore his vision should not be as bad as it apparently is. His lens and fundus seems normal. Do you wish to refer him further?

Signature G N Lyle
Ophthalmic List No. 174/0/0 Date 15/3/91

Name and Address of Sight Tester

THIS FORM SHOULD ACCOMPANY ANY REQUEST FOR HOSPITAL CONSULTATION.

NAME AND ADDRESS OF PATIENT'S GMP

FOR USE BY GENERAL MEDICAL PRACTITIONER

Signature _____
Medical List Ref No. _____ Date _____

*TO see Mr
School
Contracted
27/3/91*

NHS Confidential: Personal data about a patient

ROYAL INFIRMARY
GLASGOW G4 0SF
TELEPHONE 041-552 3535 Ext. 4447

SURGEON IN CHARGE
Mr R. G. [REDACTED]
Mr J. J. Swann
Mr R. Crawford

Accident and Emergency Department
Wards 45 and 46

IJS/AH

25th February 1991

SOFT TISSUE CLINIC

Dr Kerlaw
The Surgery
STEVENSTON

Dear Dr Kerlaw

LEE JOHNSTONE 9 2 76 16 MINNOCH CRESCENT MAYBOLE

This 15 year old boy presented to the A & E Department on the 18th of February having twisted his left ankle whilst playing on stairs. There was slight tenderness over the distal tibia. X-rays of the left ankle revealed no bony injury, although a radiologist report suggested an abnormality of the fibular epiphysis. He was recalled to the clinic.

He has now made a good clinical recovery and there is no tenderness over the ankle. He has therefore been reassured and advised to return to normal activities.

Yours sincerely



L.J. SWANN
Consultant in Accident & emergency Medicine

NHS Confidential: Personal data about a patient



AYRSHIRE AND HEALTH BOARD

Crosshouse Hospital

STA0179

CROSSHOUSE
KILMARNOCK KA2 0BE
Telephone (0563) 21133

SURGICAL UNIT

Mr W. Miller
Mr B. A. Sugden
Mr C. G. Moran
Mr A. [REDACTED]

Our Ref.:

Your Ref.:

Date:

Dr A Das
Health Centre
STEVENSTON

8.2.1991

Dear Dr Das,

Re. Master Lee [REDACTED] 09/02/76 368401
Kerelaw [REDACTED]
Stevenston

Your patient was admitted under the care of Mr [REDACTED] on 27/01/91 and discharged home on 30/01/91.

The principal diagnosis was:
Symptom - Non specific abdominal pain

The patient received no operative treatment.

There were no drugs on discharge.

A full explanation of the diagnosis was given to the patient.

No outpatient follow-up has been arranged.

Pain settled spontaneously.

Yours sincerely,

WM/JMcI

Mr W [REDACTED]
Consultant Surgeon

NHS Confidential: Personal data about a patient

HEATHFIELD HOSPITAL, AYR

PHYSICIAN

DR J [REDACTED]

SUMMARY & DISCHARGE

NAME LEE [REDACTED] JOHNSTONE AGE 9.2.76 ADMITTED 28.4.90

ADDRESS 16 Minnoch Crescent, Maybole DISCHARGED 28.4.90

DIAGNOSIS

THERAPY ON DISCHARGE

JCF/SF/2195/90

1 May 1990

Dr Haggerty
76 High Street
MAYBOLE

4 MAY 1990

Dear Dr Haggerty

This young boy was brought to the Ward having been found by the [REDACTED] in a seriously inebriated state, and apparently he had consumed approximately one bottle of whisky.

In spite of his agitated state the ward staff managed to treat him with gastric lavage and he settled down sufficiently to be taken home by his [REDACTED] later that day.

Yours sincerely

J [REDACTED]
CONSULTANT PHYSICIAN

NHS Confidential: Personal data about a patient

AYRSHIRE AND [REDACTED] HEALTH BOARDTelephone:
Ayr 281991AYR COUNTY HOSPITAL
AYRCasualty DepartmentDate 20.3.90

Dear Doctor,

Re: Lee JohnstonAddress 16 Drummaich Gae, Maybole

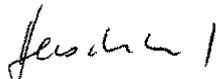
Your patient was seen in the Casualty Department here today.

The findings are:

g.a. hit into ribs above liver.No impaction par. abdomensoft bowel soundsx-rays of chest + @ ribs - N.B.Paracetamol at home

Yours sincerely,

No 111197


CASUALTY OFFICER

NHS Confidential: Personal data about a patient

Surname <u>JOHSTONE</u> 9/2/76 D. of B.		Next of Kin and Relationship <u>FATHER S/A</u>	
First Name <u>LEE DAVID</u> Age <u>11</u>		Tel. No. <u> </u>	
Address <u>39 HILLVIEW CRES</u> <u>CROSSGATES</u>		Date <u>14/4/87</u>	Time of Arrival (24hr clock) <u>18.00</u>
Religion <u>COS</u> M/F <u>M</u>		Referred by GP <u>YES</u>	Transport Ambulance <u>NO</u>
Occupation <u>CROSSGATES PRIMARY</u> M.S.W. <u>S</u>		Date and Time of Injury: <u>14/4/87</u>	Other <u> </u>
DIAGNOSIS: <u>INT (R) LEG</u>		Accident ☒ Emergency ☐ Casual ☐	Place of Injury: <u>Road Traffic</u>
		Other (specify): <u> </u>	Drugs: Penicillin Allergy <u> </u> Insulin <u> </u> Steroids <u> </u> A.T.S. <u> </u>
T. <u>P. 110/60</u> S.P. <u>86</u>		Head Injury Instructions: <u> </u>	
		P.O.P. Instructions: <u> </u>	

HISTORY/CLINICAL DETAILS:

This 11 year old boy was knocked off his bike by a car this evening. The car hit him on his right thigh. He was not hurt. He was brought to casualty complaining of pain around his right femur.

On examination, he was fully conscious and alert. No head injury. P.E.R.L.A.. No neck injury. Chest, abdomen, pelvis okay.

Left leg - N.A.D..

Right leg - tender over middle of right thigh, minimal swelling. Knee and lower leg N.A.D..

X-ray of right femur, no bony injury seen. Seen by Mr agreed.

We have simply given him crutches to use over the next 3 or 4 days and we will review him on Friday.

Dr F K Morrison/LG
15.04.87

X-RAYED:

X-RAY FINDINGS:

REMARKS:

Signature <u>R. Jones</u>		Name and Address of Family Doctor: <u>DR. CHODHURY</u>	
Status	1st	Covered 2nd	Booster
accination			
Dr. G.P.	Discharged		
OP Clinic			
Ward No.			
Other Hospital			
REMARKS (Rev.)			

NHS Confidential: Personal data about a patient



AYRSHIRE AND HEALTH BOARD

Department of Child Psychiatry

BURNSIDE HOUSE
24 KILWINNING ROAD
IRVINE
AYRSHIRE KA12 8RU
Telephone (0294) 72023

Dr. J. A. [REDACTED]
February 11, 1985

Dr. Brown,
The Health Centre,
GIRVAN

READ	
JWS	
AND	
ACTION	

Dear Dr. Brown,

LEE [REDACTED] JOHNSTONE, 22 [REDACTED] TERRACE, GIRVAN - D.O.B. 9.2.76

Many thanks for your letter of 22.11.84 concerning this 9 year old boy. I saw Lee and his [REDACTED] at Seaford Hospital, Out-Patient Department on 8.2.85.

I found the [REDACTED] quite co-operative and fairly sensible in her approach to the problem. Fortunately the incidents of defaecating and smearing in the house were relatively isolated but his behaviour at school and at home still leaves something to be desired.

Apparently he was kept back a year in the [REDACTED] (query P2) because of poor achievement. He used to wet the bed regularly but this has improved. His behaviour at school improved a lot just before Christmas and then deteriorated. I think there is a lot in what the [REDACTED] says about Lee's behaviour being influenced by other more aggressive boys, one or two whom are fairly well known in Girvan.

On examination Lee certainly does not have [REDACTED] serious psychiatric disorder. He communicated quite well with me on a one to one basis. He has no fears and no worries. He seldom complains of aches or pains. He was obviously restless and fidgety. He was quite distractable even in this setting. He was quite inclined to play with a dolls house. He is certainly not mentally retarded although he gives the impression of functioning at the low end of normal intelligence. Probably his basic intelligence is nearer average. He is not really encopretic but when he did have slight soiling of his pants he admitted to the habit of hiding them. His power of concentration is rather weak but this is part of this cluster of innate deficiencies which are part and parcel of Lee's make up. These youngsters as you know have less control over impulses and there is a negative effect of their short term memory and ability to learn from experience.

He was able to tell me about the other boys who sounded quite delinquent. When asked why he had played truant five times and also on occasion stealing, he explained that the other boy had told [REDACTED] to do it. I think this was quite genuine. Lee is very much an outdoor boy attracted to action and outside excitement as distinct from a youngster who is content to sit and enjoy playing or reading. The [REDACTED] have had a hard time separating him from the older lads.

He does not really have any emotional problem that would clear up with psychotherapy. However with these youngsters I usually provide a short course of psychotherapy, at least to try and give them insight. I have also taken the [REDACTED] for a short period of prescribing Haloperidol 1.5 mg. (half a tablet at bedtime). Sometimes this is effective in minimising these psychological deficiencies and it can be useful for the youngsters to have the experience that things can be different. I have arranged to see Lee and his [REDACTED] on a number of occasions.

With kind regards,
Yours sincerely,

J.A. [REDACTED] Consultant Child Psychiatrist

NHS Confidential: Personal data about a patient

NMB/A.

Seafield

22/11/84

Child Psychiatric

x Chapman

JOHNSTONE
Lee David,
22 [redacted] Terrace,
GIRVAN.

9/2/76

I am grateful to you for seeing this lad whose behaviour is causing [redacted] to family and school.

The sort of aberration the mother describes is that he will defecate at the top of the stair landing and then proceed to smear walls, carpet and furniture with his faeces. He has been known to empty bottles of talc and other cosmetics down the sink and blame his younger brother, and indeed thieving and lying, and deviousness has been a part of his character.

It is now involving [redacted] psychologists, etc. and I think the time is long past appropriate when he should be [redacted] by your goodness.

With thanks, and [redacted] regards.

NHS Confidential: Personal data about a patient



AYRSHIRE AND [REDACTED] HEALTH BOARD
SOUTH AYRSHIRE DISTRICT

OTOLARYNGOLOGY

AYR COUNTY HOSPITAL
HOLMSTON ROAD
AYR KA7 3AY
Telephone (0292) 81991

Our Ref. *RKS/MW*
J177/83

Your Ref.

If phoning
ask for: 23.11.83

Mr I. A. McCLURE
Mr R. S. [REDACTED]
Mr R. K. SOOD

YAN CLINIC

Dear Dr. Strachan,

Re: Lee [REDACTED] Johnstone, 4 Urnfield, Girvan

Thanks for referring this patient who is suspected of having some difficulty in hearing. This was remarked upon by his teacher.

His ears look satisfactory. His [REDACTED] and throat are satisfactory. His audiogram is normal.

I have reassured the mother. He obviously has lack of concentration.

He has been discharged.

Yours sincerely,

Rajinder K. Sood

(Rajinder K. Sood, F.R.C.S., D.L.O.)
Consultant E.N.T. Surgeon.

The Health Centre,
GIRVAN.

DICTATED BY MR. SOOD BUT SIGNED ON HIS BEHALF
IN HIS ABSENCE

NMB	<i>[Signature]</i>
JWS	<i>[Signature]</i>
ANO	<i>[Signature]</i>
ACTION	

NHS Confidential: Personal data about a patient

JWS/A.

████████ Cottage 11/10/83
E.N.T. x Sood

JOHNSTONE
Lee ████████
4 Urnfield,
GIRVAN.

XXXXXXXXXXXX
9/2/76

Scafield
1983

xx

44652

This child's hearing may be impaired, particularly in his right ear. He is not doing all that well at school. He also snores persistently at night.

I would be most grateful for your assessment.

Thank you for seeing him.

NHS Confidential: Personal data about a patient



AYRSHIRE AND [REDACTED] HEALTH BOARD
SOUTH AYRSHIRE DISTRICT

Seafield Children's Hospital

DOONFOOT ROAD
AYR KA7 4DW
Tel. 0292 265161

FRACTURE AND ORTHOPAEDIC DEPARTMENT

Consultant Orthopaedic Surgeons

Mr J. [REDACTED] BROWN

Mr P. McNALLY

All communications to be addressed to the Orthopaedic Surgeon

Our Ref. SH/LMcC/44652

Your Ref.

Date 15 August 1983

[REDACTED] Brown
Health Centre
GIRVAN

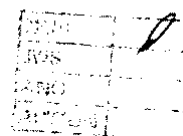
Dear Dr Brown

LEE JOHNSTONE, 4 URNFIELD, GIRVAN, 9.2.76

This young boy was admitted from the Casualty Department on 4 July after he had sustained a closed fracture of the shaft of his right femur. This fracture was manipulated under GA and was treated in a [REDACTED] splint. Post-manipulation X-rays were satisfactory. Lee's progress was satisfactory. He was out of the splint on 5 August, after he had considerable callus formation at the fracture site. He started mobilisation on 8 August and has made satisfactory progress. He was allowed home the next day and has an appointment to see us in 3 weeks. [REDACTED] has been walking independently.

Yours sincerely


S Hyder
Orthopaedic Registrar



NHS Confidential: Personal data about a patient

Ayrshire and [REDACTED] Health BoardTelephone
(0292) 265161SEAFIELD CHILDREN'S HOSPITAL
AYR KA7 4DWDate 9.8.83Dear Dr. StachanRe: Lee JohnstoneAddress: 11 unfield GirvanYour patient has been discharged today from ORTHOPAEDIC
Ward. 1He/~~She~~ was treated here for a fracture to mid shaft
of right humer.

The immediate treatment is

NMB	☒
JWS	☐
NO	☐
ACTION	☐

*A full report will follow in due course.

Yours sincerely,

* delete as necessary.

NHS Confidential: Personal data about a patient

AYRSHIRE AND  HEALTH BOARD
SOUTH AYRSHIRE DISTRICT**Seafield Children's Hospital**DOONFOOT ROAD
AYR KA7 4DW
Telephone Ayr (0292) 265161Consultant Paediatricians:
Dr. IAN S. RUTHVEN
Dr.  P. McCCLURE
Dr. 

Our Ref.: SU/WL/44652

Your Ref.:

Date: 2 May 1983

Dr Brown
Health Centre
GIRVAN

Dear Dr Brown

LEE JOHNSTONE, 4 URNFIELD, GIRVAN - DOB 9.2.76

Lee was reviewed at the follow-up clinic on 26 April 1983. I gather this child had been dry for 3 weeks following his last clinic visit, but as the family have moved house recently, he has started to wet the bed again. Clinical examination was unremarkable. I have asked him to continue using the bell and pad and thereafter he will be reviewed.

Yours sincerely


S Umesh
Paediatric Registrar

✓d

NHS Confidential: Personal data about a patient

AYRSHIRE AND [REDACTED] HEALTH BOARD
SOUTH AYRSHIRE DISTRICT

Seafield Children's Hospital

DOONFOOT ROAD
AYR KA7 4DW
Telephone Ayr (0282) 285181

Consultant Paediatricians:

Dr. [REDACTED] S. RUTHVEN
Dr. [REDACTED] P. McCLURE
Dr. [REDACTED]

Our Ref.: ISR/WK/44652

Your Ref.:

Date: 25 January 1983

Dr Haggarty
76 High Street
MAYBOLE

Dear Dr Haggarty

LEE JOHNSTONE, 136 MINNOCH CRESCENT, MAYBOLE - DOB 9.2.76

This youngster is now almost 7 years old. There are no problems with his general health though he still bed-wets most nights. His urine today was clear on routine testing. I think the time has come to supply a [REDACTED] and pad apparatus and this was given today. I hope it proves a success and will see him again in another 2 months.

Kind regards

Yours sincerely

*Aut*I S Ruthven
Consultant Paediatrician

P.S. MSSU shows no growth on culture.

NHS Confidential: Personal data about a patient



AYRSHIRE AND [REDACTED] HEALTH BOARD
SOUTH AYRSHIRE DISTRICT

Seafield Children's Hospital

DOONFOOT ROAD
AYR KA7 4DW
Telephone Ayr (0292) 265161

Consultant Paediatricians:
Dr. IAN S. RUTHVEN
Dr. [REDACTED] P. McCLURE
Dr. [REDACTED]

Our Ref: ISR/CA 44652

Your Ref:

Date: 28th July, 1982.

Dr. H. Kirkwood,
Clinical Medical Officer,
Dept. of Community Medicine,
Ayrshire Central Hospital,
Irvine.

✓c.c. Dr. Haggarty,
76 High Street,
Maybole.

Dear Dr. Kirkwood,

LEE JOHNSTONE, 136 MINNOCH CRESCENT, MAYBOLE - D.O.B. 9.2.76

I saw this six-and-a-half year old boy with his [REDACTED] Four months ago, after having bladder control for more than two years, this boy started bed wetting. It was about this time he was found to have a thyroglossal cyst and subsequently underwent surgery. Also, the family moved house, albeit a short distance but it involved a change in [REDACTED] Lee's general health has been satisfactory and though he goes to the toilet frequently during the day with occasional lapses, he never mentions abdominal pains or dysuria. His [REDACTED] commented that her [REDACTED] who is now seventeen years' old, has only now achieved bladder control.

I found Lee a slim, healthy, rather apprehensive little boy. Clinical examination was negative. He is normotensive and has normal genitalia. Routine urine testing was clear.

I think Lee is a little young yet to benefit from a [REDACTED] & Pad system. He has already been tried with drug therapy and my advice to the [REDACTED] was that matters should be left for the time being but that I would see Lee again in another six months. If there has been no spontaneous improvement, perhaps by then a [REDACTED] & Pad would be appropriate.

Kind regards,

Yours sincerely,

I.S. Ruthven
Consultant Paediatrician

NHS Confidential: Personal data about a patient



AYRSHIRE AND [REDACTED] HEALTH BOARD
SOUTH AYRSHIRE DISTRICT

Seafield Children's Hospital

DOONFOOT ROAD
AYR KA7 4DW
Tel. 0292 265161

Our Ref.: ALF/EJB

Your Ref.: 44652

Date: 16 July 1982

Dear Dr Haggarty

LEE JOHNSTONE, 136 MINNOCH CRESCENT, MAYBOLE 9.2.76

This boy's wound has healed nicely. He need not report back. Incidentally, the histology report showed a simple cyst lined by inflammatory granulation tissue.

Yours sincerely

A L [REDACTED]
Consultant Surgeon

Dr E G Haggarty
76 High Street
Maybole

NHS Confidential: Personal data about a patient



AYRSHIRE AND HEALTH BOARD
SOUTH AYRSHIRE DISTRICT

Seafeld Children's Hospital

DOONFOOT ROAD
AYR KA7 4DW
Tel. 0292 285161

Consultant Surgeons:
Mr A L

Our Ref.: OPS/EJB

Your Ref.: 44652

Date: 31 March 1982

Dear Dr Haggarty

LEE JOHNSTONE, 18 DRUMELLAN STREET, MAYBOLE 9.2.76

The above child had excision of his thyroglossal cyst carried out on 31 March 1982. Following this he made a satisfactory recovery. His skin was stitched with 6/0 nylon. If the histology of the tissue shows other than thyroglossal cyst then I shall write to you again. He will be reviewed in the Out-Patient Clinic in three months' time.

Yours sincerely

O P Sudrania
Surgical Registrar

Dr E G Haggarty
76 High Street
Maybole

NHS Confidential: Personal data about a patient

AYRSHIRE AND [REDACTED] HEALTH BOARD
SOUTH AYRSHIRE DISTRICT

Seafield Children's Hospital

DOONFOOT ROAD
AYR KA7 4DW
Tel. 0292 265161

Our Ref.: ALF/EJB

Your Ref.: 44652

Date: 5 March 1982

Dear Dr Haggarty

LEE JOHNSTONE, 18 DRUMELLAN STREET, MAYBOLE 9.2.76

This boy's submental swelling is still present and again I think clinically it is a thyroglossal cyst. His name is now on the waiting list for surgery.

Yours sincerely

A L [REDACTED]
Consultant Surgeon

Dr E G Haggarty
76 High Street
Maybole

NHS Confidential: Personal data about a patient



AYRSHIRE AND HEALTH BOARD
SOUTH AYRSHIRE DISTRICT

Seafield Children's Hospital

DOONFOOT ROAD
AYR KA7 4DW
Tel. 0292 265161

Our Ref.: ALF/EJB

Your Ref.: 44652

Date: 4 December 1991

Dear Dr Haggarty

LEE JOHNSTONE, 18 DRUMELLAN STREET, MAYBOLE 9.2.76

Thank you for referring this 5 1/2-year-old boy whose mother noticed a mid-line swelling in his neck about a week ago. According to the mother it appeared and became quite large over a period of two days and is now regressing.

Clinically I agree that this appears to be a thyroglossal cyst, although the history is rather misleading.

I think an operation will prove necessary but I propose to review the situation in three months' time before reaching a decision. As you know, the boy is subject to sore throats but I have told the mother that the swelling in his neck is not related.

Yours sincerely,

A. L. Forster
Consultant Surgeon

Dr E. C. Haggarty
76 High Street
Maybole

NHS Confidential: Personal data about a patient

AYRSHIRE and [REDACTED] HEALTH BOARD
SOUTH AYRSHIRE DISTRICT

Tel. 0292-65161

Your Ref:

Our Ref:

44652

SEAFIELD CHILDREN'S HOSPITAL

AYR

KA7 4DW

Please reply to: DR. I. S. MUTHVEN,
CONSULTANT PAEDIATRICIAN.

1st June, 1977

Dr. Niblock,
3 Barns St.
AYR.
Dear Dr. Niblock,

Lee Johnstone, 79 Church Court, Ayr.
9.2.76.

I saw this child for review as he was recently in the Ward after ingestion of Turps. substitute. His [REDACTED] said that since discharge from hospital he has had a cough and nasal discharge. His appetite has been poor and he has been vomiting. In fact you have had to attend him because of these complaints. On examination apart from his nasal discharge there was little to be made out. I repeated the chest X-ray and I thought the lung appearances were satisfactory. Full blood count, electrolyte and urea measurements were normal. I suspect that his complaints are due to a superadded respiratory infection rather than connected with the recent Turps. ingestion. I will arrange for one further review in a month.

Kind regards,

Yours sincerely,

I. S. Muthven

ISR/EM'S

NHS Confidential: Personal data about a patient

AYRSHIRE AND [REDACTED] HEALTH BOARD
SOUTH AYRSHIRE DISTRICT

Consultant Paediatricians:
Dr. IAN S. RUTHVEN *
Dr. JOHN P. McCLURE

SEAFIELD CHILDREN'S HOSPITAL

AYR

KA7 4DW

Telephone:
0292-65161

Unit No.: 44/52
ISD/ED

14th May, 1977.

Dr. Niblock,
Surgeon,
3 Burns Street,
AYR.

Dear Dr. Niblock,

Lee [REDACTED] Johnstone, 79 Church Court, Ayr. (9.2.76)

This child was admitted to the Medical Ward for observation. He had ingested Turps. substitute. His general condition was satisfactory. Oral fluids were encouraged but he was sick twice on the evening of admission. Thereafter there was no concern though he was noted to have a cough. On chest x-ray there was a suggestion of very mild inflammatory change in the right lower [REDACTED] but the lung fields were otherwise clear.

After a period of observation the child was allowed home but he will be reviewed at our out-patient clinic in a week.

Yours sincerely,

Ian S. Ruthven
Ian S. Ruthven
Consultant Paediatrician

NHS Confidential: Personal data about a patient

Dr C Lau
Dr E C [REDACTED]
Dr J Sheward

Appointments: 01655 882708
Prescriptions: 01655 883922
Fax: 01655 882977
Ref: 80491

Maybole Health Centre
6 High Street
MAYBOLE
KA19 7BY

Our ref: CL/KMcP
Your ref:

6 September 2001

Community Mental Health Team
Seafield Base
Doonfoot [REDACTED]
Ayr
KA6 6AB

Dear Sir/Madam

Re: Lee Johnstone, 104 Minnoch Crescent, Maybole KA19 8DS
D.O.B. 09/02/1976 CHI No: 3334

This man suffered burns on his trunk, genitals, arms and hands in a chip pan fire in June 2001. He complains of having nightmares and flashbacks. He is afraid of going into the kitchen. He is drinking and smoking excessively to calm his nerves. I have started him on Citalopram 20 mg mane.

PMH - excision of thyroglossal cyst March 1982, February 1998 and November 1999, fracture of right femur 1983, Guillain-Barre syndrome May 1995, appendicectomy January 2000, burns to trunk, genitals, arms and hands in chip pan fire June 2001.

DH- Citalopram 20 mg mane.

Allergies- Nil known.

I would be most grateful for your assessment and if you would offer him some supportive and cognitive psychotherapy for his post-traumatic stress disorder.

Yours sincerely

Dr C Lau

eMED3 (2010) new statement issued, not fit for work

16-Sept-2024 Dr Lucy Adams (LA)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: suspected pulmonary TB - under investigation; Duration: 13/09/2024 - 08/11/2024)

Filename: FitNote.pdf

Extension:.tif

Pages:

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

Patient's name Mr, Mrs, Miss, Ms Lee [REDACTED] Johnstone

I assessed your case on: 16 /09 / 2024

and, because of the following condition(s): suspected pulmonary TB - under investigation

I advise you that:
☒ you are not fit for work.
☐ you may be fit for work taking account of the following advice:-----

If available, and with your employer's agreement, you may benefit from:

☐ a phased return to work--- ☐ amended duties----
☐ altered hours---- ☐ [REDACTED] adaptations.

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

This will be the case for [REDACTED]
or from 13 /09 / 2024 to 08 /11 / 2024I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr [REDACTED]

Issuer's profession Doctor

Date of statement 16 /09 / 2024

Issuer's address
Maybole Medical Practice
6 High Street
Maybole, KA19 7BY
Telephone: 01655 882708

Unique ID: Med 3 04/22

A9B3B09A-322D-4221-A3C6-20E017F87A7C

What your advice means**'You are not fit for work'**

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

'You may be fit for work'

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

For more information please visit www.gov.uk and type 'fit note guidance for patients and employees' into the search [REDACTED] Fit note guidance for employers is also available.Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-dataFill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.**Your details** – Please use BLOCK CAPITALS

Surname Mr, Mrs, Miss, Ms JOHNSTONE

Other names LEE [REDACTED]

Address
12 WOODSIDE AVENUE
KIRKMICHAEL
MAYBOLE Postcode KA19 7PP

Date of birth 09 / 02 / 1976 Mobile [REDACTED]

NI number [REDACTED]

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

eMED3 (2010) new statement issued, not fit for work

16-Aug-2024 Dr Mairi Barr (MB)

Additional:eMED3 (2010) new statement issued, not fit for work

FitNote.pdf, (Diagnosis: Suspected pulmonary TB, under investigation; Duration: 16/08/2024 - 13/09/2024)

Filename: FitNote.pdf

Extension:.tif

Pages:

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

Patient's name Mr, Mrs, Miss, Ms Lee [REDACTED] Johnstone

I assessed your case on: 16 /08 / 2024

and, because of the following condition(s): Suspected pulmonary TB, under investigation

I advise you that:
☒ you are not fit for work.
☐ you may be fit for work taking account of the following advice:-----

If available, and with your employer's agreement, you may benefit from:

☐ a phased return to work--- ☐ amended duties----
☐ altered hours----- ☐ [REDACTED] adaptations.

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

This will be the case for [REDACTED]
or from 16 /08 / 2024 to 13 /09 / 2024I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Mairi Barr

Issuer's profession Doctor

Date of statement 16 /08 / 2024

Issuer's address

Maybole Medical Practice
6 High Street
Maybole, KA19 7BY
Telephone: 01655 882708

Unique ID: Med 3 04/22

837E2B64-B13A-4923-934F-547BF4938904

What your advice means**'You are not fit for work'**

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

'You may be fit for work'

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

For more information please visit www.gov.uk and type 'fit note guidance for patients and employees' into the search [REDACTED] Fit note guidance for employers is also available.Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-dataFill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.**Your details** – Please use BLOCK CAPITALS

Surname Mr, Mrs, Miss, Ms JOHNSTONE

Other names LEE [REDACTED]

Address 12 WOODSIDE AVENUE
KIRKMICHAEL
MAYBOLE Postcode KA19 7PP

Date of birth 09 / 02 / 1976 Mobile [REDACTED]

NI number [REDACTED]

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.