Subject Access Request

Patient	Mr Stewart Mcfarlane
Date of birth	09-Jun-1971 (age 54)
Gender	M
NHS number	
Patient's address	32 Dalry Street GLASGOW G32 9BL
Date range selected	09-Jun-1971 - 13-Mar-2026
Organisation	MMA Legal
Reference	100295

Problems

Active

01-Aug-2022 Mrs Lisa McDaid (LISA_18885)
Rheumatoid arthritis

26-Feb-2021 Ms Marie O'Neil (MARIE_18885)
Chronic kidney disease stage 1
CKD stage 1/2

18-Feb-2021 Ms Val Johnston (ADM1)
Renal agenesis, unspecified
solitary left kidney

Significant Past

05-Aug-2009 Dr Gail Addis (GAIL_18885)
Iritis - acute

21-Nov-2008 Ms Marie O'Neil (MARIE_18885)
Bite of nonvenomous snakes and lizards
Left upper limb

21-Jan-2005 Dr Gail Addis (GAIL_18885)
[X]Mild depression

17-Dec-2004 Dr Gail Addis (GAIL_18885)
Generalised anxiety disorder
with panic symptoms due to social/ financial problems+++

Minor Past

28-Apr-2022 Dr Poppy Morgan (LO54)
Helicobacter serology positive

03-Jan-2010 Ms Barbara Cox (BARBARA_18885)
Fracture of radius and ulna
Fracture left radial head

30-Oct-2003 Dr Haj Bhachu (HAJ_18885)
Closed reduction of fracture of toe
right 4th

24-Sept-2003 Ms Marie O'Neil (MARIE_18885)
Dislocations and subluxations
(R) 3rd toe

10-Dec-1993 Ms Marie O'Neil (MARIE_18885)
[X]RTA - Road traffic and other transport accidents
seen by neuro

17-Oct-1977 Ms Marie O'Neil (MARIE_18885)
Operations on hydrocele
right

Consultations

03-Mar-2026 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment Comment Patient called back, appointment booked.

03-Mar-2026 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment	Comment NPT Note - Failed encounter - Message left on mobile to call me back, when rings please book for first of 2wkly bloods on 16.03.26.

02-Mar-2026 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment TC re SFZ - queried gap with stewart. 7W no SFZ - can see pt did req in jan however error from me - I only issued MTX. pt never queried missing SFZ though. - adv will issue Rx today, to get repeat NPT fortnightly for 6W and if all ok then can revert to 12 weekly. - Rx issued for 84 today to run in sync with MTX
Medication	Medication Sulfasalazine E/c tablets 500 mg 84 TABLET TAKE FOUR TABLETS DAILY AFTER FOOD
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Telephone encounter
Read Code	Drug compliance checked

27-Feb-2026 Ms Roz (Ann) Hutton (PH4) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem Pharmacist - acute Rx request - sulfasalazine
Comment	Comment Moved to *****'s column on Mon as she seems to know what issues are here.

27-Feb-2026 Miss Megan Carlisle (RE9) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment pt reckons he had a box left over from when he had a rash last year and stopped taking them as instructed - can't see on notes but maybe someone else can see?

27-Feb-2026 Mrs Kathleen Gallagher (REC2) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment pt called back re missed calls - pt stated received medication Sulfasalazine from TOLLCROSS PHARMACY said continuously (said confused did have a break a while ago because had rash but cant remember) can medication be issued and as per 23.02.26 redo bloods every 2wks for 6wks?

25-Feb-2026 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment tried to TC re SFZ - no answer, VM left
Read Code	Unsuccessful attempt to contact patient by telephone

23-Feb-2026 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment issued MTX but not SFZ will FU on weds
Examination	Patient immunosuppressed
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 16 APRIL 2026
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Drugs not issued SFZ

23-Feb-2026 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment NPT - MTX and SFZ bloods from 22/01/2026 satisfactory. happy to issue however hasn't had SFZ in 2M? if missed for 1M then suggest redo blood 2W for 6W and if all ok then can revert back to 12W as usual tried to phone pt to check compliance / order dates no answer - VM left
Read Code	Telephone encounter
Read Code	Drug compliance checked
Read Code	Drugs not issued

23-Feb-2026 Miss Megan Carlisle (RE9) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment pt requesting metoject and sulfisalizine pls

22-Jan-2026 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - MTX & Sulfa.
Comment	Comment Patient has given consent to blood test today.
Comment	Comment Last ordered Folic Acid 19.01.26 said still taking everyday except MTX day.
History	No mouth problem
History	Does not bruise easily
Examination	O/E - Rash absent
Read Code	Near-patient testing - enhanced services administration

20-Jan-2026 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment	Comment Called patient and booked for NPT blood test 22.01.26.

19-Jan-2026 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment tasked ***** re below too incase pt doesn't phone back

19-Jan-2026 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment NPT - MTX, SFZ bloods from 14/10/2025 satisfactory tried to phone pt - NPT bloods overdue. no answer - asked to phone surgery back. ADMIN - when pt phones back pls book in for NPT bloods asap. thanks have issued Rx in meantime as nil issues with these.
Examination	Patient immunosuppressed
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 6 JAN 2026
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Unsuccessful attempt to contact patient by telephone

19-Jan-2026 Miss Megan Carlisle (RE9) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment pt requesting MTX and Sulfazalisine pls

17-Dec-2025 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment assuming from below looking for both MTX and SFZ ? bloods from 14/10/2025 satisfactory.
Examination	Patient immunosuppressed
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 6 JAN 2026
Medication	Medication Sulfasalazine E/c tablets 500 mg 112 TABLET TAKE FOUR TABLETS DAILY AFTER FOOD
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued

17-Dec-2025 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment	Comment Patient said had ordered MTX & Sulfa. on Monday on script line but nil been requested due to take MTX tomorrow so I have added to Katies list for this afternoon. If script can be sent to Tollx.

04-Dec-2025 Ms Louise Cochrane Pharm Tech (PH16) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment as requested - mjog sent
Medication	Medication Ibuprofen Gel 5 % 50 GRAM(S) APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY
Read Code	Medication requested Acute Rx Issued
Read Code	Outpatient clinic letter received GRI - Rheum 3/12/25
Read Code	New medication commenced ibuprofen gel 5%
Read Code	Site of encounter NOS Actioned in Pharmacotherapy Hub

04-Dec-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Dear Stewart Mcfarlane, A prescription will be ready to collect from your regular pharmacy in 2 working days - thank you Crail Medical Practice

14-Nov-2025 Dr Emma Douglas (GP1) CRAIL MEDICAL PRACTICEMain Surgery

Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 6 JAN 2026	
Medication	Medication Sulfasalazine E/c tablets 500 mg 112 TABLET TAKE FOUR TABLETS DAILY AFTER FOOD	

14-Nov-2025 Miss Megan Carlisle (RE9) Telephone

Comment	Comment pt requesting sulfazalisine and metoject pls	

24-Oct-2025 Ms Roz (Ann) Hutton (PH4) Medicine Management

Problem	Problem Pharmacist - acute Rx request - methotrexate	
Comment	Other medication management	
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 6 JAN 2026	
Read Code	Near-patient testing - enhanced services administration	
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx	
Read Code	Medication requested Acute Rx Issued	

23-Oct-2025 Ms Janet Black (RE5) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Medication Requested by patient : Metoject	

15-Oct-2025 Mrs Lisa McDaid (LISA_18885) Data Entry

Comment	Comment Only urine for ACR sent to lab today.	

15-Oct-2025 Dr Carys Morrison (LO34) Administration

Comment	Comment yes ok to still send	

15-Oct-2025 Mrs Lisa McDaid (LISA_18885) Data Entry

Problem	Problem White top urine sample handed in as per consultation note 14.10.25.	
Examination	Examination Urinalysis= +Blood.	
Comment	Comment Message sent to GP to ask if still okay to be sent for ACR?	

14-Oct-2025 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem Annual CKD Review + NPT - Metoject & Sulfa.	
Examination	Examination BP taken from right arm.	
Examination	Examination Pulse taken manually from right wrist.	
Examination	Examination White top bottle given for Dip and ACR.	
Examination	O/E - pulse rate	72 beats/minute
Examination	O/E - pulse rhythm regular	
Comment	Comment Patient has given consent to blood test today.	
Comment	Comment Last ordered Folic Acid 10.10.25 said still taking one everyday except MTX day.	
Comment	Comment Eating well variety in diet. Has about three teas per day. Doesn't tend to add salt to foods. No formal exercise feels tired a lot of the time does try and get out walking when he can.	
History	No mouth problem	
History	Does not bruise easily	
Examination	O/E - weight	75 Kg
Examination	Body Mass Index	27.22
Examination	O/E - Rash absent	
Examination	Systolic blood pressure	130 mm Hg
Examination	Diastolic blood pressure	88 mm Hg
Examination	Systolic blood pressure	120 mm Hg
Examination	Diastolic blood pressure	90 mm Hg
Examination	Systolic blood pressure	120 mm Hg
Examination	Diastolic blood pressure	86 mm Hg
Social	Ex smoker	
Social	Alcohol consumption	0 units/week
Read Code	Patient advised re diet	
Read Code	Patient advised about alcohol	
Read Code	Lifestyle counselling	
Read Code	Exercise status screening	
Read Code	Near-patient testing - enhanced services administration	
Read Code	Renal function monitoring	
Read Code	Patient "recall" admin. NOS	
Read Code	Chronic disease management annual review completed	

13-Oct-2025 Miss Megan Carlisle (RE9) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment pt called back - booked for tomorrow morning with LM

13-Oct-2025 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment	Comment Failed encounter - Message left on mobile to call us back when rings please book for 20 min appointment with HCA for Annual CKD Review + NPT Bloods. There are appoinments still available for tomorrow morning if can manage.

10-Oct-2025 Ms Roz (Ann) Hutton (PH4) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem Pharmacist - acute Rx request - methotrexate
Comment	Comment Due bloods have tasked HCW
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 1 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 6 OCT 2025
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued

10-Oct-2025 Miss Megan Carlisle (RE9) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment pt requesting MTX pls

10-Sept-2025 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment NPT - MTX bloods from 14/07/25 satisfactory.
Examination	Patient immunosuppressed
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 6 OCT 2025
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued

09-Sept-2025 Miss Megan Carlisle (RE9) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment pt requestng MTX pls

08-Aug-2025 Ms Roz (Ann) Hutton (PH4) Telephone encounter

History	History Called pt: rash has cleared up. Rheum had advised him to withhold methotrexate until rash cleared up.
Comment	Comment Pharmacist - Rx done. Bloods satisfactory for continuing methotrexate. Advised patient if rash recurs to stop methotrexate and contact Rheum nurses.
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 6 OCT 2025
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued

08-Aug-2025 Ms Roz (Ann) Hutton (PH4) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Pharmacist - Called pt mob x 2, no answer, left VM to return call.
Read Code	Unsuccessful attempt to contact patient by telephone

06-Aug-2025 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Read Code	Unsuccessful attempt to contact patient by telephone

06-Aug-2025 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment NPT - MTX tried to call pt - aware had withheld some MTX due to rash previously so unsure if rheum have adv same to pt here, however can see hasn't had an Rx since 30/06/2025. Was only for 2 weeks supply. Takes ona tuesday. Pt is currently on 12 weekly bloods.
Read Code	Unsuccessful attempt to contact patient by telephone
Read Code	Drugs not issued

05-Aug-2025 Miss Megan Carlisle (RE9) Acute Presciptions

Comment	Comment Medication requested - Metoject - Tollcross

14-July-2025 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - Metoject.
Comment	Comment Patient has given consent to blood test today.
Comment	Comment Last ordered Folic Acid 30.06.25 still taking everyday except MTX day. New rash appeared on chest, back, hand and nose started on Friday night, going down south tomorrow advised to speak to hospital today for further advice. Phone number given today for Rhuematology.
History	No mouth problem
History	Does not bruise easily
Read Code	Near-patient testing - enhanced services administration

11-July-2025 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment	Comment Failed encounter - NPT Note - Message left for patient to call me back when rings please ask if can come to see me at 11.34am on Monday 14th July as NPT bloods overdue. Text sent also due to short time scale to appointment.

11-July-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Dear Stewart McFarlane, I would be grateful if you could book a blood test appointment for your routine bloods in the practice. There is an appointment available on Monday if you can call in to confirm your would make this we can let you know the time. Kind Regards. Crail Medical Practice

30-Jun-2025 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment tried to phone again - no answer short upply issued noted TMA for bloods asap.
Examination	Patient immunosuppressed
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 2 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 21ST JUNE 2025
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Unsuccessful attempt to contact patient by telephone

30-Jun-2025 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment NPT - MTX Bloods from 29th March 2025 - satisfactory. NPT bloods were due last week. Tried to phoned pt to adv req bloods ASAP - no answer, VM Left to contact surgery. NB also 5 weeks since 4 week supply issued. Will FU later today.
Read Code	Unsuccessful attempt to contact patient by telephone
Read Code	Drugs not issued

30-Jun-2025 Ms Janet Black (RE5) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Medication Requested by patient : Metoject

27-May-2025 Dr Emma Douglas (GP1) Medicine Management

History	History as below terbinafine course fnished adv take upto 1 yr for nail to look normal after infection cleared. pls remind him also bloods for MTX before next prescriptionas per pharm text

27-May-2025 Mrs Kathleen Diamond (KATHLEEN_18885) Medication Request

Comment	Comment Medication requested Metoject and terbrinafine. Phone call to patient advised no further prescription for terbinafine as below

15-May-2025 Miss Suann Lennox (RE1) Telephone Consultation

Comment	Comment Failed encoutner - called to advise no further script to be issued for Terbinafine

22-Apr-2025 Miss Suann Lennox (RE1) Telephone Consultation

Comment	Comment failed encounter - Called to advise final script of Terbinafine

22-Apr-2025 Dr Emma Douglas (GP1) Medicine Management

History	History another 4 weeks completes the course pls advcie patient final prescription
Medication	Medication Terbinafine Hydrochloride Tablets 250 mg 28 tablet ONE TO BE TAKEN DAILY

22-Apr-2025 Miss Nicola Campbell (RE8) Telephone Call

Comment	Comment Medication request Terbinafine

11-Apr-2025 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment TC with stewart re MTX. says rash has almost fully cleared since withholding MTX. ulcers als cleared - cleared with chlorhexidine mouthwash and anbesol. has been taking terbinafine again since we last spoke with no issues. curious to know cause of this rash as has beebn on MTX many years with no Hx of this. d/w patient high risk med, not uncommon for this to occur. Pt reported no change in diet / washng powders / etc anythign else that could have triggered rash. has one small part of rash near top of body that hasn't cleared, feels is scabby. nromally takes MTX on a tues - suggest see how remaining lesion is on tues - if gone come tues then ok to restart if not then withhold one more week and restart next week. adv there is potential for this to happen again, if so then contact us ASAP and we can liaise with rheum. pt understanding of this, WAG.
Read Code	Medication requested Acute Rx Issued
Read Code	Telephone encounter
Read Code	Medication review done by pharmacist

11-Apr-2025 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment tried to TC to FU. no answer. VM left.
Read Code	Unsuccessful attempt to contact patient by telephone

01-Apr-2025 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment	Comment NPT Note - Patient called back said ***** called him back yesterday and as got bloods done in hospital recently no need to see me this morning and now due back in June for next NPT bloods. Recall updated.

01-Apr-2025 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment	Comment Failed encounter - Tried calling patient as ***** spoke to him yesterday afternoon and was booked for NPT bloods this morning but this appointment seems to have been cancelled but can't see anything in notes that patient called back I was calling him to ask if was still coming?

31-Mar-2025 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment rheum have adv pyt ok to go back to 3 monthly montiroting thereafter. have phoned pt - says also noticed an ulcer today. have adv of advice from rheum. adv if Sx clear after withholding MTX could identify this as likely cause. in which case ok to restart terbinafine. LFTs in hosp fine so ok to continue this. WSG re all of above.
Read Code	Telephone encounter
Read Code	Discussed with healthcare professional Spoke to Secondary Care

31-Mar-2025 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment rheum emailed back 'Can you please ask the patient to withhold his MTX until his rash has cleared. Once it has then he is ok to restart. His bloods were ok from Saturday so he wouldn't require further monitoring'. Phoned pt to adv him of this.

31-Mar-2025 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment booked in for bloods tomo w *****.
Read Code	Telephone encounter

31-Mar-2025 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment NPT - MTX Bloods from 29/03/2025 satisfactory, however these were done at GRI so no note on rash / ulcers etc. phoned NHS24 on sat - eyes drying up, blotchy rash on chest, hands, lip, legs. felt like inflamed / swollen. they thought it could have been terbinafine so adv to stop this. rash hasn't disappeared since doing so and hhas been on terbinafine for almost 6 weeks. normally takes MTX on tuesdays - adv will issue Rx but not to take until have response from rheum. emailed rheum and copied in practice email. pt thought has bloods with ***** tomorrow but cant see anything / hasn't had any texts. Adv will ask ***** and will phone back pt later.
Examination	Patient immunosuppressed
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 21ST JUNE 2025
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Telephone encounter

31-Mar-2025 Ms Janet Black (RE5) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Medication Requested : Metoject

21-Mar-2025 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment TC with pt - adv has been taking terbinafine everyday. had abscess in mouth when first prescribed so didn't start until 2 weeks after - adv ok if hasn't but to be honest as bloods will be pointkless otherwise. assures me definitely has - took loast one two days ago. agree with issue Rx but pt to have LFTs in 2/52 time as that's 6/52 on terbinafine in total. has NPT bloods w ***** start of April so happy for these to double as LFTs for terbinafine.
Medication	Medication Terbinafine Hydrochloride Tablets 250 mg 28 tablet ONE TO BE TAKEN DAILY
Read Code	Medication requested Acute Rx Issued
Read Code	Telephone encounter

17-Mar-2025 Dr Emma Douglas (GP1) Medicine Management

History	History late ordering and LFT due at 6 weeks which is now adv to book in with pracy pharm to diuscuss as liekly will need to restart

17-Mar-2025 Ms Janet Black (RE5) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Medication Requested : Terbinafine

03-Mar-2025 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment NPT - MTX Bloods from 07/01/2025 satisfactory.
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 1ST APRIL 2025
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued

07-Feb-2025 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment NPT - MTX already issued both on 03/02/2025.
Read Code	Drugs not issued MTX

07-Feb-2025 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment positive dermatophyte result - fungal nail infection. affecting all nails and pt keen to get cleared up. went to a podiatrist in shettleston who did clippings and referred onwards. TC with stewart - discussed duration of tx with terbinafine, importance of compliance. baseline bloods satisfactory, adv will need TMA for LFTs 6 weeks after commencing Tx. no interactions with current meds - checked BNF and stockleys. doesn't buy any OTC meds. d/w pt SEs of terbinafine - GI upset, loss of appetite (improves with time), SCARs - wsg, risk of lupus like effects with terbinafine + autoimmune disorders, nil Hx of psoriasis or skin conditions.
Medication	Medication Terbinafine Hydrochloride Tablets 250 mg 28 tablet ONE TO BE TAKEN DAILY
Read Code	Medication requested Acute Rx Issued
Read Code	Medication commenced Medication Started Pharmacy Team terbinafine
Read Code	Telephone encounter

05-Feb-2025 Ms Janet Black (RE5) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Patient contacted and advised as per GP note 5 /2/25

05-Feb-2025 Dr Emma Douglas (GP1) Triage

History	History advcie to see pharm first for antihistamine

05-Feb-2025 Ms Janet Black (RE5) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Patient called has come out in a red rash over his face and eyes and chest arms and legs a bit itchy and has a burning sensation asking to be seen ccannot think of anything he had done to cause this

04-Feb-2025 Miss Nicola Campbell (RE8) Telephone Call

Comment	Comment Msg left on script line- MTX - added to pharmacist Katies NPT list

03-Feb-2025 Miss Nicola Campbell (RE8) Telephone Call

Comment	Comment vm left - please advise appt with ***** pharmacist on Friday 7th February - Telephone consultation

03-Feb-2025 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment NPT - MTX + SFZ bloods from 07/01/2025 for both meds satisfactory.
Examination	Patient immunosuppressed
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 1ST APRIL 2025
Medication	Medication Sulfasalazine E/c tablets 500 mg 112 TABLET TAKE FOUR TABLETS DAILY AFTER FOOD
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued

03-Feb-2025 Ms Val Johnston (ADM1) Telephone encounter

Comment	Comment Patient returned call - gave him number to self-refer to podiatry

31-Jan-2025 Miss Nicola Campbell (RE8) Telephone Call

Comment	Comment Left vm - please pass Podiatry self referral on if patient calls back

31-Jan-2025 Miss Nicola Campbell (RE8) Telephone Call

Comment	Comment Medication request: Metoject pen + Sulfasalazine added to pharmacist Katies list for Monday 32

30-Jan-2025 Mrs Christine Stuart (PN) Data Entry

History	History has seen podiatry (presumably privately) who have requestd he hand in toe nail clippings to be sent for mycology - says affecting all toe nails. will send clippings.

08-Jan-2025 Dr Carys Morrison (LO34) Medicine Management

Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 1ST APRIL 2025
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx

07-Jan-2025 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - MTX.
Comment	Comment Patient has given consent to blood test today.
Comment	Comment Last ordered Folic Acid 31.12.24 said still taking one everyday except MTX day.
History	No mouth problem
History	Does not bruise easily
Examination	O/E - Rash absent
Read Code	Near-patient testing - enhanced services administration

31-Dec-2024 Miss Suann Lennox (RE1) Telephone Consultation

Comment	Comment Called patient to advise overdue bloods he is booked for HCA 07.01.25

31-Dec-2024 Dr Carys Morrison (LO34) Medicine Management

Comment	Comment bloods were due 16/12/24. please book appt ASAP as cannot issue methotrexate without these results

31-Dec-2024 Mrs Kathleen Gallagher (REC2) Telephone Consultaion

Comment	Comment Medication requested via script line - Methotrexate (Metoject) TOLLCROSS PHARMACY

09-Dec-2024 Ms Janet Black (RE5) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Failed Encounter : Called script line unsure which medication patient requesting

28-Nov-2024 Ms Roz (Ann) Hutton (PH4) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem Pharmacist - acute Rx request - methotrexate, sulfasalazine
Examination	Patient immunosuppressed
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 16 DEC 2024
Medication	Medication Sulfasalazine E/c tablets 500 mg 112 TABLET TAKE FOUR TABLETS DAILY AFTER FOOD
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Disease modifying antirheumatic drug monitoring

28-Nov-2024 Miss Suann Lennox (RE1) Telephone Consultation

Comment	Comment medication requested - Metoject pen, sulfasalizine Tollx

31-Oct-2024 Ms Roz (Ann) Hutton (PH4) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem Pharmacist - acute Rx request - methotrexate, sulfasalazine
Examination	Patient immunosuppressed
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 16 DEC 2024
Medication	Medication Sulfasalazine E/c tablets 500 mg 112 TABLET TAKE FOUR TABLETS DAILY AFTER FOOD
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Disease modifying antirheumatic drug monitoring

30-Oct-2024 Miss Suann Lennox (RE1) Telephone Consultation

Comment	Comment medication requested - Methotrexate, Sulfasalizine Tollx

27-Sept-2024 Ms Katie MacDonald (PH23) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Pharmacist - acute request - MTX + SFZ - NPT. Bloods from 23/09/24. Satisfactory. Updated date of next NPT bloods - 16/12/2024	
Examination	Patient immunosuppressed	
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 16 SEP 2024	
Medication	Medication Sulfasalazine E/c tablets 500 mg 112 TABLET TAKE FOUR TABLETS DAILY AFTER FOOD	
Read Code	Near-patient testing - enhanced services administration	
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx	
Read Code	Medication requested Acute Rx Issued	

26-Sept-2024 Mrs Kathleen Gallagher (REC2) Telephone Consultaion

Comment	Comment Medication requested via script line - Metoject pen , Sulfasalazine (TOLLCROSS PHARMACY)	

24-Sept-2024 Mrs Christine Stuart (PN) CRAIL MEDICAL PRACTICEMain Surgery

History	History acr updated	

23-Sept-2024 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - MTX & Sulfa. + CKD Review.	
Examination	Examination BP taken from right arm.	
Examination	Examination Pulse taken manually from right wrist.	
Examination	Examination White top bottle given for ACR & Dip.	
Examination	O/E - pulse rate	66 beats/minute
Examination	O/E - pulse rhythm regular	
Comment	Comment Patient has given consent to blood test today.	
Comment	Comment Folic Acid last ordered 27.08.24 said still taking once a day except on MTX day. Said going to order this week with other medications.	
Comment	Comment No formal exercise feels too tired to do anything.	
History	No mouth problem	
History	Does not bruise easily	
Examination	O/E - Rash absent	
Examination	O/E - weight	70 Kg
Examination	Body Mass Index	25.4
Examination	Systolic blood pressure	110 mm Hg
Examination	Diastolic blood pressure	80 mm Hg
Examination	Systolic blood pressure	100 mm Hg
Examination	Diastolic blood pressure	80 mm Hg
Social	Ex smoker	
Social	Alcohol consumption	0 units/week
Read Code	Renal function monitoring	
Read Code	Patient "recall" admin. NOS	
Read Code	Chronic disease management annual review completed	
Read Code	Near-patient testing - enhanced services administration	
Read Code	Patient advised re diet	
Read Code	Patient advised about alcohol	
Read Code	Lifestyle counselling	
Read Code	Exercise status screening	

18-Sept-2024 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment	Comment Failed encounter - Message left on mobile to call me back when calls please booked for NPT bloods + Annual CKD Review. Recall letter sent in meantime.	
Comment	EMIS attachment reference code *NPT Recall Letter..doc NPT Recall Letter.*	

29-Aug-2024 Ms Roz (Ann) Hutton (PH4) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem Pharmacist - acute Rx request - methotrexate, sulfasalazine	
Examination	Patient immunosuppressed	
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 16 SEP 2024	
Medication	Medication Sulfasalazine E/c tablets 500 mg 112 TABLET TAKE FOUR TABLETS DAILY AFTER FOOD	
Read Code	Near-patient testing - enhanced services administration	
Read Code	Medication requested Acute Rx Issued	
Read Code	Disease modifying antirheumatic drug monitoring	

27-Aug-2024 Miss Suann Lennox (RE1) Telephone Consultation

Comment	Comment medication requested - Metoject pen, Sulfasalazine Tollx	

30-July-2024 Ms Roz (Ann) Hutton (PH4) Medicine Management

Problem	Problem Pharmacist - acute Rx request - methotrexate, sulfasalazine
Examination	Patient immunosuppressed
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 16 SEP 2024
Medication	Medication Sulfasalazine E/c tablets 500 mg 112 TABLET TAKE FOUR TABLETS DAILY AFTER FOOD
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Disease modifying antirheumatic drug monitoring

29-July-2024 Ms Janet Black (RE5) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Medication Requested : Methotrexate Sulfasalazine

27-Jun-2024 Ms Roz (Ann) Hutton (PH4) Medicine Management

Problem	Problem Pharmacist - acute Rx request - methotrexate, sulfasalazine
Examination	Patient immunosuppressed
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 16 SEP 2024
Medication	Medication Sulfasalazine E/c tablets 500 mg 112 TABLET TAKE FOUR TABLETS DAILY AFTER FOOD
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Disease modifying antirheumatic drug monitoring

25-Jun-2024 Miss Morgan Dunachie (RE7) Telephone Consultaion

Comment	Comment medication requested - metoject pen and sulfa.

24-Jun-2024 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - Metoject & Sulfa.
Comment	Comment Patient has given consent to blood test today.
Comment	Comment Last ordered Folic Acid 23.05.24 said still taking one tablet everday except MTX day.
History	No mouth problem
History	Does not bruise easily
Examination	O/E - Rash absent
Read Code	Near-patient testing - enhanced services administration

23-May-2024 Ms Roz (Ann) Hutton (PH4) Telephone encounter

Problem	Problem Review cyclizine
History	History Pt takes 1 tab every second day for nausea. Doesn't seem to have nausea every day, can be quite nauseous after Metoject but gets better as day goes on. Been ordering 30 tabs every month. No drowsiness with cyclizine.
Comment	Comment Pharmacist - advised to only take when needed. Generally doesn't have long term side effects but can cause dry mouth, constipation. Agreed to add to repeats 15 tabs per month. Noticed not been ordering hydroxychloroquine and atorvastatin. Pt says gets confused with pills.Going to get himself a plastic pill box to help. Last Rheum letter confirms pt should be on HCQ as well as sulfasalazine and Metoject. Advised changing all his medicines to monthly dispense and align them with his analgesics and Metoject so when he orders these he should order all his pills - pt OK with this plan - should let Rheumatologist know has missed HCQ for a few months.
Medication	Medication Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg 112 tablet ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)
Medication	Medication Hydroxychloroquine Sulfate Tablets 200 mg 42 TABLET TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS
Medication	Medication Atorvastatin Tablets 20 mg 28 TABLET ONE TO BE TAKEN EACH DAY
Medication	Medication Folic Acid Tablets 5 mg 24 TABLET ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

23-May-2024 Ms Roz (Ann) Hutton (PH4) Medicine Management

Problem	Problem Pharmacist - acute Rx request - methotrexate and sulfasalazine
Examination	Patient immunosuppressed
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 3 JUNE 2024.
Medication	Medication Sulfasalazine E/c tablets 500 mg 112 TABLET TAKE FOUR TABLETS DAILY.
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Disease modifying antirheumatic drug monitoring

20-May-2024 Miss Morgan Dunachie (RE7) Telephone Consultaion

Comment	Comment medication requested - cyclizine

22-Apr-2024 Dr Wendy Killin (LO4) Acute Scripts

History	History last bloods satisfactory
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG.
Medication	Medication Sulfasalazine E/c tablets 500 mg 112 TABLET TAKE FOUR TABLETS DAILY.
Medication	Medication Cyclizine Tablets 50 mg 30 tablet TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx

19-Apr-2024 Miss Suann Lennox (RE1) Telephone Consultation

Comment	Comment medciation requested - Metoject pen, Sulfasalazine, Cyclizine Tollx

19-Mar-2024 Ms Roz (Ann) Hutton (PH4) Medicine Management

Comment	Comment Pharmacist - apologies: missed doing cyclizine Rx 15/3/24
Medication	Medication Cyclizine Tablets 50 mg 30 tablet TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA
Read Code	Medication requested Acute Rx Issued

15-Mar-2024 Ms Roz (Ann) Hutton (PH4) Telephone encounter

Problem	Problem Non-adherence with methotrexate
History	History Thinks missed 2 doses (but from record more like 4). Metoject is making him feel nauseous for a few days afterwards so has stopped using to hep him feel better. Had dose on 5/3/24 so blood tests OK. Never tried antiemetic. Only issued 8 injections since Xmas
Comment	Comment Pharmacist - advised to try anti-emetic cyclizine - may cause drowsiness and we will email Rheumatology for advice as missing too many doses.

12-Mar-2024 Ms Roz (Ann) Hutton (PH4) Medicine Management

Problem	Problem Pharmacist - acute Rx request - methotrexate, sulfasalazine
Comment	Comment Non-adherent with sulfasalazine and methotrexate. Added to pharm list to call as may need repeat blood tests.
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG.
Medication	Medication Sulfasalazine E/c tablets 500 mg 112 TABLET TAKE FOUR TABLETS DAILY.
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Disease modifying antirheumatic drug monitoring

11-Mar-2024 Miss Morgan Dunachie (RE7) Telephone Consultaion

Comment	Comment medication requested - sulfazaline, metoject pen

11-Mar-2024 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - MTX & Sulfa.
Comment	Comment Patient has given consent to blood test today.
Comment	Comment Last ordered Folic Acid 09.01.24 said still taking one a day except on MTX day.
Comment	Comment Last of monthly bloods today can now change to twelve weekly monitoring as per NPT guidelines.
Comment	Comment Not ordered MTX since 11.01.24 checked with patient missed two weeks MTX due to feeling unwell. Will order more today.
Comment	Comment Patient noticed itchy rash on right arm last friday not sure if due to dust in house as having work done advised to let hospital know just in case.
History	No mouth problem
History	Does not bruise easily
Read Code	Near-patient testing - enhanced services administration

13-Feb-2024 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - MTX & Sulfa.
History	No mouth problem
History	Does not bruise easily
Examination	O/E - Rash absent
Comment	Comment Patient has given consent to blood test today.
Comment	Comment Last ordered Folic Acid 09.01.24 said still taking one a day except on MTX day.
Comment	Comment Second on monthly bloods today for one more of these then can change to twelve weekly as per NPT guidelines.
Read Code	Near-patient testing - enhanced services administration

15-Jan-2024 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - MTX & Sulfa.
History	No mouth problem
History	Does not bruise easily
Examination	O/E - Rash absent
Comment	Comment Patient has given consent to blood test today.
Comment	Comment First of monthly bloods today for two more of these then can change to 12w as per NPT gudielines.
Comment	Comment Last ordered Folic Acid 09.01.24 said still taking every day except MTX day.
Read Code	Near-patient testing - enhanced services administration

11-Jan-2024 Ms Roz (Ann) Hutton (PH4) Medicine Management

Problem	Problem Pharmacist - acute Rx request - sulfasalazine and methotrexate
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. BLOODS DUE 27 FEB 2024
Medication	Medication Sulfasalazine E/c tablets 500 mg 56 TABLET TAKE FOUR TABLETS DAILY. BLOODS BOOKED FOR 15 JAN 2024
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Disease modifying antirheumatic drug monitoring

09-Jan-2024 Miss Morgan Dunachie (RE7) Telephone Consultaion

Comment	Comment ,edocatopm requested - sulfasaline and metoject pen added to RH for thursday

04-Jan-2024 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment	Comment NPT Note - Called patient as overdue NPT bloods had cancelled first of two weekly bloods on 19.12.23 still on 4 Sulfa. per day started this 22.11.23 so now over 2weekly monitoring for 6w time scale. Once bloods done on 15.01.24 (app. booked) recall to change to monthly blood monitoring for three months.

18-Dec-2023 Mrs Kathleen Diamond (KATHLEEN_18885) Data Entry

Comment	Subject access request completed Email received no further copies of medical records required

05-Dec-2023 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - Metoject and Sulfa.
History	No mouth problem
History	Does not bruise easily
Examination	O/E - Rash absent
Comment	Comment Patient has given consent to blood test today.
Comment	Comment Folic Acid last ordered 27.10.23 said still taking one a day except MTX day.
Comment	Comment Started 4 Sulfa. daily on the 22.11.23 (final dose). So back to first of 2 weekly bloods today for 6weeks as per NPT guidelines.
Read Code	Near-patient testing - enhanced services administration

05-Dec-2023 Mrs Kathleen Diamond (KATHLEEN_18885) Data Entry

Comment	Comment Email sent to Digby Brown, already had copies of full medical records, fee for duplicate or can have copies from 25/02/23 - 07/11/23 free of charge, await notification

23-Nov-2023 Ms Roz (Ann) Hutton (PH4) Medicine Management

Problem	Problem Pharmacist - acute Rx request - methotrexate, sulfasalazine
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG.
Medication	Medication Sulfasalazine E/c tablets 500 mg 49 TABLET TAKE THREE TABLETS DAILY FOR A WEEK THEN INCREASED TO 4 TABLETS DAILY. BLOODS BOOKED FOR 5 DEC 2023.
Read Code	High risk treatment started
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Disease modifying antirheumatic drug monitoring

22-Nov-2023 Miss Suann Lennox (RE1) Telephone Consultation

Comment	Subject access request status - Patient gave verbal consent for all records to be given to Digby Brown from birth up to date of incident 14.02.21.

21-Nov-2023 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - MTX & Sulfa.
History	No mouth problem
History	Does not bruise easily
Examination	O/E - Rash absent
Comment	Comment Patient has given consent to blood test today.
Comment	Comment Last ordered Folic Acid 27.10.23 still taking everday except MTX day. Has been feeling unwell for 2 days each time takes Metoject, has already discussed this with Hospital.
Comment	Comment Going to start taking the 3 Sulfa. per day as per tomorrow and after 7days will increase this to 4 Sulfa. per day. Booked for bloods for two weeks time and by this point should be on 4 sulfa. per day and we can do the first of 2 weekly bloods that day. Roz kindly spoke to patient today just to explain when should have been increasing.
Read Code	Near-patient testing - enhanced services administration

06-Nov-2023 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - Metoject & Sulfa.
History	No mouth problem
History	Does not bruise easily
Examination	O/E - Rash absent
Comment	Comment Patient has given consent to blood test today.
Comment	Comment Last ordered Folic Acid 27.10.23 said still taking one a day except on MTX day.
Comment	Comment Just collected script for Sulfa. will take 2 tablets today. To remain on 2w blood monitoring until reaches final dose of 4 tablets daily dived dose.
Read Code	Near-patient testing - enhanced services administration

27-Oct-2023 Ms Sheila McKay (PH7) Medicine Management

Comment	Comment Pharmacy Technician: Rx request - Sulfa and MTX. Bloods done 24/10 (first of fortnightly monitoring) are all ok for NPT purposes. I shall do next two weeks Rxs and send to Tollx. Bloods due 07/11/23.
Medication	Medication Sulfasalazine E/c tablets 500 mg 49 TABLET TAKE ONE TABLET DAILY FOR 7 DAYS. THEN INCREASE DOSE BY ONE TABLET DAILY EVERY 7 DAYS UNTIL ON FINAL DOSE OF FOUR TABLETS DAILY IN DIVIDED DOSES
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 2 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. NPT BLOODS DUE 07/11/23
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued

27-Oct-2023 Miss Morgan Dunachie (RE7) Telephone Consultaion

Comment	Comment medication request - metoject and sulfa

24-Oct-2023 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - Metoject & Sulfa.
History	Does not bruise easily
Examination	O/E - Rash absent
Comment	Comment Patient has given consent to blood test today.
Comment	Comment Last ordered Folic Acid 21.08.23 said still taking one every day except on MTX day. Will order more Folic Acid today along with MTX & Sulfa.
Comment	Comment Started Sulfa. 03.10.2023 first of 2 weekly bloods today to remain on 2 weekly monitoring until reaches final dose of 4 tablets daily as per NPT guidelines.
Comment	Comment Patient noticed been getting more mouth ulcers than normal advsied to let Rheumatology know.
Read Code	Near-patient testing - enhanced services administration

02-Oct-2023 Ms Sheila McKay (PH7) Medicine Management

Comment	Comment Pharmacy Technician: OPL - Rheum. To reduce MTX to 7.5mg, and to start sulfasalazine (titrating dose until on final dose of 2g daily).
Comment	Telephone encounter with Stewart and went through dosing regime. He is due his next dose of MTX tomorrow, so is happy to wait until next week to start his reduced dose and to start his sulfa. He is aware he will require fortnightly bloods tests until his sulfasalazine dose is stable for 6 weeks, then monthly for 3 months, then 3-monthly for a year. I will ask ***** to get him booked in for tests w/c 23rd Oct. Rx done for first two weeks of both only, to help keep in alignment.
Medication	Medication Sulfasalazine E/c tablets 500 mg 21 tablet TAKE ONE TABLET DAILY FOR 7 DAYS. THEN INCREASE DOSE BY ONE TABLET DAILY EVERY 7 DAYS UNTIL ON FINAL DOSE OF FOUR TABLETS DAILY.
Medication	Medication Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen 2 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 7.5MG. NPT BLOODS DUE 30 OCT 2023
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Outpatient clinic letter received Rheum GRI dated 27/09/23 received 02/10/23
Read Code	Medication changed
Read Code	New medication commenced
Read Code	Site of encounter NOS Actioned in Pharmacotherapy Hub

02-Oct-2023 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment	Comment NPT Note - I called patient as per task from Sheila from earlier today. Patient booked for 24.10.23 for first of 2 weekly bloods since starting Sulfa. He couldn't manage the 19.10.23 and I didn't have any appointments on for the 23.10.23.

22-Aug-2023 Ms Roz (Ann) Hutton (PH4) Medicine Management

Problem	Problem Pharmacist - acute Rx request - methotrexate	
Comment	Comment Last issued 6/6/23 but appears to have received 2 sets of Rx in June. Bloods OK to continue methotrexate	
Examination	Patient immunosuppressed	
Medication	Medication Metoject Pen Injection 10 mg/0.2 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 10MG. NPT BLOODS DUE 30 OCT 2023	
Read Code	High risk treatment changed	
Read Code	Near-patient testing - enhanced services administration	
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx	
Read Code	Medication requested Acute Rx Issued	
Read Code	Disease modifying antirheumatic drug monitoring	

21-Aug-2023 Miss Morgan Dunachie (RE7) Telephone Consultation

Comment	Medication requested - metoject pen	

08-Aug-2023 Mrs Christine Stuart (PN) CRAIL MEDICAL PRACTICEMain Surgery

History	History acr updated	
Examination	Examination urinalysis trace blood only. d/w dr ***** - advsied no action. sent for acr only.	

07-Aug-2023 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem CKD Review + NPT - Metoject.	
History	No mouth problem	
History	Does not bruise easily	
Examination	Examination white top bottle given for ACR & Dipstick	
Examination	O/E - Rash absent	
Examination	Examination BP taken from right arm	
Examination	O/E - Systolic BP reading	100 mm Hg
Examination	O/E - Diastolic BP reading	80 mm Hg
Examination	O/E - weight	66.5 Kg
Examination	Body Mass Index	24.13
Examination	Examination Pulse taken manually from right wrist.	
Examination	O/E - pulse rate	76 beats/minute
Examination	O/E - pulse rhythm regular	
Comment	Comment Patient has given consent to blood test today.	
Comment	Comment Last ordered Folic Acid 19.06.23 said still taking one a day except MTX day.	
Read Code	Renal function monitoring	
Read Code	Patient "recall" admin. NOS	
Read Code	Chronic disease management annual review completed	
Read Code	Near-patient testing - enhanced services administration	

21-July-2023 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment	Comment NPT Note - Failed encounter - Left message on mobile to call me back when calls please book for NPT Bloods and CKD Review. Recall letter sent in meantime.
Comment	EMIS attachment reference code *NPT Recall Letter.doc NPT Recall Letter*

06-Jun-2023 Miss Morgan Dunachie (RE7) Telephone Consultation

Comment	Medication requested - Metoject Pen (Tollx)

06-Jun-2023 Dr Emma Douglas (GP1) CRAIL MEDICAL PRACTICEMain Surgery

Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx

06-Jun-2023 Dr Emma Douglas (GP1) CRAIL MEDICAL PRACTICEMain Surgery

Medication	Medication Metoject Pen Injection 10 mg/0.2 ml (50 mg/ml), pre-filled pen 4 pre-filled disposable injection WEEKLY DOSE: 10MG
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx

05-May-2023 Ms Sheila McKay (PH7) Medicine Management

Comment	Comment Pharmacy Technician: NPT bloods checked from yesterday's appt with *****. All OK for NPT purposes. 12 weekly monitoring.

04-May-2023 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - Metoject
History	No mouth problem
History	Does not bruise easily
Examination	O/E - Rash absent
Comment	Comment Patient has given consent to blood test today.
Comment	Comment Last ordered Folic Acid today said still taking everyday except MTX day.
Comment	Comment MTX dose reduced so can still remain on 12 weekly bloods.
Medication	Medication Folic Acid Tablets 5 mg 48 tablet ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE
Read Code	Near-patient testing - enhanced services administration

28-Apr-2023 Ms Sheila McKay (PH7) Medicine ManagementMedicine Management

Comment	Comment Pharmacy Technician: OPL - Rheumatology - Due to side-effects from methotrexate, to decrease dose to 10mg weekly (sub-cut). Also, to restart his hydroxychloroquine at 200mg/400mg alternate days.
Comment	Telephone encounter with Stewart. He takes his MTX on Tuesdays so will aim to start his lower dose next week. He has his 12 weekly bloods booked in for Thurs next week- I will put on for me to check results on Friday. Bloods last done in Feb and were fine.
Medication	Medication Metoject Pen Injection 10 mg/0.2 ml (50 mg/ml), pre-filled pen 4 pre-filled disposable injection WEEKLY DOSE: 10MG
Medication	Medication Hydroxychloroquine Sulfate Tablets 200 mg 84 TABLET TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Outpatient clinic letter received Rheumatology GRI dated 21/04/23 received 27/04/23
Read Code	Medication changed

24-Apr-2023 Mrs Kathleen Diamond (KATHLEEN_18885) iGPR

History	Medical report sent Subject Access Request sent to third party (Digby Brown LLP, Ref: LB MCFA3007/00001)

24-Apr-2023 Mrs Kathleen Diamond (KATHLEEN_18885) iGPR

History	Medical report requested Subject Access Request requested by third party (Digby Brown LLP, Ref: LB MCFA3007/00001)

12-Apr-2023 Mrs Kathleen Diamond (KATHLEEN_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Wishes to see money advisor Appt booked and GEMAP referral emailed

12-Apr-2023 Ms Michelle Coulter (CLW1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment CLW Patient been text details of Appt with GEMAP.

11-Apr-2023 Ms Michelle Coulter (CLW1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment CLW Had ftf appointment, with patient today. I have made a referral to life- link and have sent him referral form to look at for pain clinic. The patient has asked about speaking to someone about his benefits, as he is not sure if he is getting what he is entitled to, so i will put in a request for appointment with for Money Matters.

06-Apr-2023 Ms Michelle Coulter (CLW1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment CLW Have made referral to lifelink.

05-Apr-2023 Dr Katherine Usher (L057) Data Entry

History	History last bloods 9th feb will need for next script
Medication	Medication Metoject Pen Injection 15 mg/0.3 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 15 MG. BLOODS DUE 4 MAY 2023
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx

05-Apr-2023 Ms Janet Black (RE5) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Medication requested : Metoject Pen

04-Apr-2023 Ms Michelle Coulter (CLW1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Had a ftf appointment today with the patient, he is looking for support with linking in with services within the community, for something to fill his time and feels he needs some counselling as he has low mood and feels mental health is not good. I will do some research and find out what i can link the patient in with, and have arranged to see him again next week.
Read Code	Seen by health support worker

24-Mar-2023 Miss Morgan Dunachie (RE7) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Pt hasn't been feeling well for over a week, hasn't been eating, feeling generally unwell, constipated since last thurs.

24-Mar-2023 Dr Carys Morrison (LO34) CRAIL MEDICAL PRACTICEMain Surgery

History	History feels run down, constipated 1w, reduced appetite, no N+V, ache in abdo R side thinks since RTA. feels pretty flat bout having to give up work 2y ago due to back pain, wife now works 7 days a week, feels bad for moping around house, doesn't share his feelings with anyone
Examination	Examination t36.1 hr 71 sats 99% abdo soft, tender all regions, active bowel sounds. moves comfortably
Comment	Comment normal OGD in november, awaiting colonoscopy, trial laxative + PPI, if no better rediscuss, on reg moniotring for MTx ?fatigue from RA. booked with CLW for support.
Medication	Medication Macrogol Compound Oral Powder (sachets) NPF Sugar Free 30 sachet 1-3 SACHETS DAILY
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 capsule ONE TO BE TAKEN EACH DAY
Read Code	Refer to other health worker Referral to Community link worker
Read Code	Consent given for electronic record sharing

23-Mar-2023 Miss Suann Lennox (RE1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Subject access request status - Called Digby Brown left vmail for Linzi as we need up to date mandate also we have already supplied to them the patient's full records up to 04.03.21. Anything further to be issued would be from this date.

23-Mar-2023 Miss Suann Lennox (RE1) iGPR

History	Medical report requested Subject Access Request requested by third party (Digby Brown, Ref: LB MCFA3007/00001)

23-Mar-2023 Miss Suann Lennox (RE1) iGPR

History	Medical report sent Subject Access Request sent to third party (Digby Brown, Ref: LB MCFA3007/00001)

22-Mar-2023 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Subject access request status - request fromDigby Brown for copy of records relating to injuries since accident 14.2.21. Phoned patient who gave verbal consent for notes to go.

07-Mar-2023 Ms Roz (Ann) Hutton (PH4) Data Entry

Comment	Comment Pharmacist - acute Rx request - Metoject. Last issued 6 weeks ago but pt started 4 weeks ago (switched from tablets)
Medication	Medication Metoject Pen Injection 15 mg/0.3 ml (50 mg/ml), pre-filled pen 4 PRE-FILLED DISPOSABLE INJECTION WEEKLY DOSE: 15 MG. BLOODS DUE 4 MAY 2023
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Disease modifying antirheumatic drug monitoring

06-Mar-2023 Ms Janet Black (RE5) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Medication requested : Metoject

09-Feb-2023 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - Metoject
History	No mouth problem
History	Does not bruise easily
Examination	O/E - Rash absent
Comment	Comment Patient has given consent to blood test today.
Comment	Comment Folic Acid last ordered 17.11.22 said still taking one everday except MTX day.
Comment	Comment Now onto Metoject same dose as tablets 15mg so no need to chanage recall date, took first injection yesterday got on fine.
Comment	Comment Last of monthly bloods today can now change to 12 weekly as per NPT guidelines.
Read Code	Near-patient testing - enhanced services administration

09-Feb-2023 Mr Docman Docman (DOC1) Docman

24-Jan-2023 Ms Roz (Ann) Hutton (PH4) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Pharmacist - routine Rx request from Rheumatology recd 20/1/23. Please change from oral to sub-cut methotrexate.
Medication	Medication Metoject Pen Injection 15 mg/0.3 ml (50 mg/ml), pre-filled pen 4 pre-filled disposable injection WEEKLY DOSE: 15 MG. NEXT BLOODS DUE 14 FEB 2023
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Disease modifying antirheumatic drug monitoring

17-Jan-2023 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - MTX
History	No mouth problem
History	Does not bruise easily
Examination	O/E - Rash absent
Comment	Comment Patient has given consent to blood test today.
Comment	Comment Second of monthly bloods today for one more of these then can change to 12 weekly as per NPT guidelines. Next months appointment booked. Has this weeks and next weeks MTX at home will order when needed (takes every Tuesday).
Comment	Comment Last ordered Folic Acid 17.11.22 said still taking one a day except MTX day. (not ordered since 17.11.22)
Read Code	Near-patient testing - enhanced services administration

28-Dec-2022 Dr Carys Morrison (LO34) Data Entry

Medication	Medication Methotrexate Tablets 2.5 mg 24 TABLET 15 mg (six tablets) to be taken weekly.
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx

22-Dec-2022 Mrs Christine Stuart (PN) CRAIL MEDICAL PRACTICEMain Surgery

History	History NPT - mtx. Now onto monthly bloods as per below. appt booked for 4 weeks time. takes mtx on a tuesday, has enough for next week so request in for next week so will have it for the taking the following week.
Comment	Comment rx to tollcross.
Read Code	Near-patient testing - enhanced services administration

02-Dec-2022 Ms Sheila McKay (PH7) Data Entry

Comment	Comment Pharmacy Technician: Rx request acute - NPT - Methotrexate. Last of 2 weekly bloods done yesterday (all ok for NPT purposes). Now moves to monthly for 3 months. Has been booked in already for 22nd Dec. Ordering interval ok.
Medication	Medication Methotrexate Tablets 2.5 mg 24 TABLET 15 mg (six tablets) to be taken weekly.
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued

01-Dec-2022 Ms Roz (Ann) Hutton (PH4) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Pharmacist - acute Rx request - methotrexate - moved to Sheila's list for Friday.

01-Dec-2022 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - MTX
History	No mouth problem
History	Does not bruise easily
Examination	O/E - Rash absent
Comment	Comment Patient has given consent to blood test today.
Comment	Comment Last ordered Folic Acid 17.11.22 still taking one everyday except MTX day.
Comment	Comment Last of 2 weekly bloods today can now change to monthly for 3 months. Booked next appointment slightly early due to x-mas holidays.
Read Code	Near-patient testing - enhanced services administration

28-Nov-2022 Ms Janet Black (RE5) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Patient not feeling well has lower back pain and pain in mostly his right side Patients pain medication not helping pain

28-Nov-2022 Dr Emma Douglas (GP1) Telephone Consultation

History	History no new symtp calready been refered for endoscopy ad was ok, awaiting CT nil to add for back pain can self refer to PT

23-Nov-2022 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment	Comment Failed encounter - Message left on mobile to call us back when calls please ask if can change afternoon appointment on the 01.12.22 to the morning of the same day.

22-Nov-2022 Ms Roz (Ann) Hutton (PH4) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Pharmacist - acute Rx request for NPT medicine - methotrexate. Needs one more fortnightly blood then can go to monthly if dose doesn't change.Dose needs to be stable for 6 weeks and dose only lowered 4/11/22. Will let ***** know.
Medication	Medication Methotrexate Tablets 2.5 mg 12 TABLET 15 mg (six tablets) to be taken weekly
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Disease modifying antirheumatic drug monitoring

22-Nov-2022 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment	Comment NPT Note - As per task from Roz patient due one more 2 weekly blood before changing to monthly I have therefore called patient today and changed appointmet to 01.12.22 and then to be booked for a month after that.

18-Nov-2022 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem Completed QFIT test handed in as per CM consultaiton note 09.11.22
Comment	Comment Labelled and sent to lab today.

17-Nov-2022 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - MTX
History	Does not bruise easily
Examination	O/E - Rash absent
Comment	Comment MTX Reduced to 6 weekly therefore last of 2 weekly bloods today and can then change to monthly for three months as per NPT guidelines.
Comment	Comment Last ordered Folic Acid 10.10.22 takes one tablet daily except on MTX day. Will order MTX & Folic Acid today.
Comment	Comment Noticed some more mouth sores - ulcers just in past week advised to call and let Rheumatology know.
Read Code	Near-patient testing - enhanced services administration

17-Nov-2022 Ms Janet Black (RE5) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Medication requested : Methotrexate

10-Nov-2022 Ms Sheila McKay (PH7) Data Entry

Comment	Telephone encounter Pharmacy Technician: OPL - Rheumatology. Worse side effects on his higher dose of methotrexate so is to reduce back down to 15mg once weekly. Rx already been sorted today by Roz. with pt to make sure he was aware of change. He has his next bloods booked in with ***** next week.
Comment	Comment Also, suffering from weight loss, anaemia and nausea- for qfit test.
Read Code	Outpatient clinic letter received Rheumatology dated 04/11/22 received 09/11/22

10-Nov-2022 Miss Suann Lennox (RE1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Called patient and advised as per docman he will collect q-fit from reception

10-Nov-2022 Ms Roz (Ann) Hutton (PH4) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Pharmacist - Rx request from Rheumatology GRI recd 8/11/22.
Medication	Medication Methotrexate Tablets 2.5 mg 12 TABLET 15 mg (six tablets) to be taken weekly
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Medication changed methotrexate dose reduced to 15 mg/wk
Read Code	Disease modifying antirheumatic drug monitoring

09-Nov-2022 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Medication requested - Methotrexate (Tollx)

03-Nov-2022 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - MTX - Medical students present throughout consultaiton.
History	No mouth problem
History	Does not bruise easily
Examination	O/E - Rash absent
Comment	Comment Patient has given consent to blood test today. Bled today by medical student from right acf with blue butterfly needle.
Comment	Comment Last ordered Folic Acid 10.10.22 still taking one everyday except MTX day.
Comment	Comment 2nd of two weekly bloods today for another one of these then can change to monthly for three months as per NPT guidelines. Due to see Rheumologist tomorrow.
Read Code	Near-patient testing - enhanced services administration

21-Oct-2022 Dr Poppy Morgan (LO54) CRAIL MEDICAL PRACTICEMain Surgery

History	History Bloods on portal, satisfactory FBC, U+Es and LFTs normal.
Medication	Medication Methotrexate Tablets 2.5 mg 16 TABLET 20 mg (eight tablets) to be taken weekly

20-Oct-2022 Mrs Christine Stuart (PN) CRAIL MEDICAL PRACTICEMain Surgery

History	History NPT - MTX. 2 weekly bloods as per below. booked for 2 weeks again. request for mtx added to acute list tomorrow, needed for taking on tuesday.
History	No mouth problem
History	Does not bruise easily
Examination	O/E - Rash absent
Read Code	Near-patient testing - enhanced services administration

11-Oct-2022 Ms Roz (Ann) Hutton (PH4) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Pharmacist - acute Rx request - methotrexate. Fortnightly bloods.
Medication	Medication Methotrexate Tablets 2.5 mg 16 TABLET 20 mg (eight tablets) to be taken weekly
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Disease modifying antirheumatic drug monitoring

10-Oct-2022 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - MTX
History	No mouth problem
History	Does not bruise easily
Examination	O/E - Rash absent
Comment	Comment Patient has given consent to blood test today.
Comment	Comment Last ordered Folic Acid 11.08.22 said still taking one a day except MTX day ? would have ran out by now. New script done today.
Comment	Comment Started increase of dose of MTX on 27.09.22 so 2 weeks ago. Therefore first of 2 weekly bloods today for another two of these then can change to monthly for three months as per NPT guidelines. Added to Roz's list for tomorrow as will be due to take MTX tomorrow if can collect script in the afternoon from Tollx. Booked next bloods slightly early to allow plenty time for script.
Medication	Medication Folic Acid Tablets 5 mg 48 tablet ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE
Read Code	Near-patient testing - enhanced services administration

30-Sept-2022 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Asking for call back for review of sickline previous one runs out today.

30-Sept-2022 Dr Emma Douglas (GP1) Telephone Consultation

History	History RA feet pain awaitng podiaatry and recent increase in mTX&lt back painalso ongoing line issued rv in 2/12
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: rheumatoid arthritis, back pain; Duration: 30/09/2022 - 25/11/2022)*

30-Sept-2022 Miss Suann Lennox (RE1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Sicknote emailed

22-Sept-2022 Ms Roz (Ann) Hutton (PH4) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Pharmacist - acute Rx request NPT medicine - methotrexate. Dose to increase to 20 mg weekly and continue fortnightly bloods. Also issued HCQ as due too.
Medication	Medication Methotrexate Tablets 2.5 mg 16 TABLET 20 mg (eight tablets) to be taken weekly
Medication	Medication Hydroxychloroquine Sulfate Tablets 200 mg 112 tablet TAKE ONE TABLET TWICE A DAY
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Outpatient clinic letter received Rheumatolgoy 16/9/22
Read Code	Medication changed MTX dose increased
Read Code	Disease modifying antirheumatic drug monitoring

20-Sept-2022 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Sick line request - patient phoned for review appt 9.05am, requesting further line from 15.9.22, advised due to GP shortage will get short-term line and needs to phone for appt before next

20-Sept-2022 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - MTX
History	No mouth problem
History	Does not bruise easily
Examination	O/E - Rash absent
Comment	Comment Last ordered Folic Acid 11.08.22 still taking one everyday except MTX day.
Comment	Comment Patient has given consent to blood test today.
Comment	Comment Patient attended Rheumatology 16.09.22 to increase MTX will take usual 6 tablets of MTX tonight then start increased dose next tuesday and for 2 weekly from then for 6 weeks as per NPT guidelines. Hospital script passed to Roz to arrange increase patient will collect from Tollx
Read Code	Near-patient testing - enhanced services administration

20-Sept-2022 Dr Emma Douglas (GP1) Data Entry

History	History rv before next line
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: back/chest pain; Duration: 15/09/2022 - 29/09/2022)*

20-Sept-2022 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Sick line emailed with note to book appt for review before further

13-Sept-2022 Ms Roz (Ann) Hutton (PH4) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Pharmacist - acute Rx request - methotrexate. Last of fortnightly bloods due 20 Sep 2022.
Medication	Medication Methotrexate Tablets 2.5 mg 12 tablet 15 mg (six tablets) to be taken weekly
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Disease modifying antirheumatic drug monitoring

13-Sept-2022 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment	Comment Patient called to ask if script for MTX done advised done now said was to have taken MTX yesterday but happy to change to taking a Tuesday now and from now on so doesn't miss this weeks dose. Roz confirmed ok to do this.

12-Sept-2022 Miss Suann Lennox (RE1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Medication requested - Methotrexate 2.5mg Patient wasn't sure why medication wasnt ordered but he takes it every Monday and needs this for today, Roz on AL so request sent to GP. Tollx

07-Sept-2022 Dr Wendy Killin (LO4) Docman

History	History Hb stable - slightly lower than normal but fits with starting MTX and dx of RA. haematinics normal. will be reviewed as per NPT guidelines so nil further at present

06-Sept-2022 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - MTX + Bloods as per WK consultaiton note 24.08.22
History	No mouth problem
History	Does not bruise easily
Examination	O/E - Rash absent
Comment	Comment Patient has given consent to blood test today.
Comment	Comment Last ordered Folic Acid 11.08.22 said still taking one a day except MTX day.
Comment	Comment Second of two weekly bloods today for another one of these then can change to monthly for three months as per NPT guidelines.
Read Code	Near-patient testing - enhanced services administration

25-Aug-2022 Ms Roz (Ann) Hutton (PH4) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Pharmacist - acute Rx request - methotrexate. Fortnightly bloods.
Medication	Medication Methotrexate Tablets 2.5 mg 12 tablet 15 mg (six tablets) to be taken weekly
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Disease modifying antirheumatic drug monitoring

24-Aug-2022 Dr Wendy Killin (LO4) Docman

History	History Hb dropped slightly, for rpt with haematinics

23-Aug-2022 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem NPT - MTX
History	No mouth problem
History	Does not bruise easily
Examination	O/E - Rash absent
Comment	Comment Patient has given consent to blood test today.
Comment	Comment First of two weekly bloods today for another two of these then can change to monthly for three months as per NPT guidelines. Said due back at Rheumatology in a few weeks to see how is getting on with MTX patient said working for a couple of days then feels pain coming back, advised to let Rheumatology know this. Aware if MTX does gets increased will have to go back on/remain on 2 weekly monitoring until dose stable.
Comment	Comment Last ordered Folic Acid 11.08.22 still taking one a day except MTX day.
Read Code	Near-patient testing - enhanced services administration

18-Aug-2022 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Sick line emailed with note to book appt for review before next

17-Aug-2022 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Sick line request - Asking for further sick line from today please (email: smcfarlane71 outlook.com)

17-Aug-2022 Dr Wendy Killin (LO4) Data Entry

History	History for review before next pls
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: back and chest pain; Duration: 17/08/2022 - 14/09/2022)*

12-Aug-2022 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment	Comment NPT Note - I called patient today will take MTX on Mondays will take his first lot this Monday 15.08.22 and second on 22.08.22 then booked for bloods on the 23.08.22 so time for results to come back for script to be done 25.08.22 collect 26.08.22 and take again on Monday 29.08.22.
Read Code	Near-patient testing - enhanced services administration

11-Aug-2022 Ms Roz (Ann) Hutton (PH4) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Pharmacist - patient to start methotrexate as per Rheumatology OPL 1/8/22. Have tasked ***** to add to recall
Medication	Medication Methotrexate Tablets 2.5 mg 12 tablet 15 mg (six tablets) to be taken weekly
Medication	Medication Folic Acid Tablets 5 mg 48 tablet ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE
Read Code	Near-patient testing - enhanced services administration
Read Code	Disease modifying antirheumatic drug monitoring Monitoring bloods reviewed prior to Rx
Read Code	Medication requested Acute Rx Issued
Read Code	Disease modifying antirheumatic drug monitoring

10-Aug-2022 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem White top urine sample handed in as per consultation note 08.08.22
Examination	Urinalysis = no abnormality
Comment	Comment Of note no blood tests were done today.

08-Aug-2022 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem CKD Review + NPT Baseline bloods	
Examination	Examination Given white top urine bottle to hand in for Dipstick and ACR.	
Examination	Examination bp taken from right arm.	
Examination	O/E - pulse rate	70 beats/minute
Examination	Systolic blood pressure	128 mm Hg
Examination	Diastolic blood pressure	87 mm Hg
Examination	O/E - height	166 cm
Examination	O/E - weight	67 Kg
Social	Ex smoker	
Social	Alcohol consumption	0 units/week
Comment	Comment Patient has given consent to blood test today.	
Comment	Comment Added to Roz's list for this Thursday once blood results are back and if satisfactory to commence MTX and to be added to recall.	
Read Code	Renal function monitoring	
Read Code	Patient "recall" admin. NOS	
Read Code	Chronic disease management annual review completed	

02-Aug-2022 Ms Roz (Ann) Hutton (PH4) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Pharmacist - Rx request from Rheumatology GRI 1/8/22 for pt to start methotrexate and folic acid. Called pt, last blood test 16/6/22. Needs baseline U&Es, LFTs and FBC. Rheumatology should organise chest X-ray if needed. Pt aware of dosing regimen for MTX and folic acid and need for blood tests. Will ask ***** to call to make appt for baseline NPT.
Read Code	Drugs not issued

02-Aug-2022 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment	Comment As per task from Roz I have called patient and arranged baseline NPT bloods.

06-July-2022 Mr Anonymous User (ANON) MJog

Read Code	Appt cancelled by patient Type: Appointment Reminder Status: Reply Received Message: Cancel.

01-July-2022 Ms Janet Black (RE5) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Failed encountor to advise patient cancelling appoitment for 11am 6/7/22 with Gmap as Gmap will contact patient directly to issue appointment Please remove from Gmap diary when patient contacts surgery

28-Jun-2022 Ms Roz (Ann) Hutton (PH4) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Pharmacist - OPC - start hydroxychloroquine for new diagnosis of RA
Medication	Medication Hydroxychloroquine Sulfate Tablets 200 mg 112 tablet TAKE ONE TABLET TWICE A DAY
Read Code	Repeated prescription Repeat Rx Issued
Read Code	Outpatient clinic letter received Rheumatology GRI 23/6/22
Read Code	New medication commenced hydroxychloroquine

22-Jun-2022 Ms Janet Black (RE5) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Failed encounter : to agree a date for Gmap referral

22-Jun-2022 Ms Janet Black (RE5) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Patient conatcted and agreed date 13/7/22 11am for gmap appointment

20-Jun-2022 Ms Janet Black (RE5) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Patient received vacine for his athiritis and has felt unwell since feeling hot and nauseated

20-Jun-2022 Dr Emma Douglas (GP1) CRAIL MEDICAL PRACTICEMain Surgery

History	History had injection not sure what it was adv if issue with inj by rheumatology needs to speak to them,. looking for sickline adv of ESA is aware but thought could still get sicklines. adv can refer to GEMAP for advice

20-Jun-2022 Ms Janet Black (RE5) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Failed encounter : to agree a date for Gmap referral

10-Jun-2022 Dr Poppy Morgan (LO54) CRAIL MEDICAL PRACTICEMain Surgery

History	History Issued with PPI cover
Medication	Medication Naproxen Tablets 500 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

10-Jun-2022 Ms Nicola Williams (RE4) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Medication requested naproxen - tollcross

26-May-2022 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Sick line emailed to "smcfarlane71 outlook.com"

25-May-2022 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Looking for call back on mobile to discuss arathritis and also if can get another sickline. Mobile.

25-May-2022 Dr Barbara Kay (LO23) CRAIL MEDICAL PRACTICEMain Surgery

History	History telephone - sick line completed. a/w rheum review in june. sore feet the past few days. just start naproxen and finding these are helping a bit. discussed lots of ongoing issues but patient prefers to speak to ED about his for continuity. wsg advice given.
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: back and chest pain; Duration: 25/05/2022 - 17/08/2022)*

24-May-2022 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Patient telephoned for appointment, no same day appointments available. Patient advised not urgent and can wait until tomorrow. Will call back tomorrow at 8.30am
Comment	Comment Patient called in at 08.36am for review of sickloine but as only one GP in today advised to call tomorrow.
Comment	PLFA

23-May-2022 Dr Poppy Morgan (LO54) CRAIL MEDICAL PRACTICEMain Surgery

History	History Please make appt for review.

23-May-2022 Ms Janet Black (RE5) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Medication requested : Naproxen

23-May-2022 Ms Nicola Williams (RE4) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment t/c to patient made aware needs rv for naproxen

29-Apr-2022 Dr Poppy Morgan (LO54) CRAIL MEDICAL PRACTICEMain Surgery

History	History Noticed lump at side of hand. Nuimbness in little finger. Also feeling hot to touch. Right hand worse than left. pain in fingers. Taking co-dydramol but not helping with hand/arm pain. Worsening over last week. Discussed use of NSAIDs - has congenital solitary kidney but renal team review suggested nil of concern so I think on balance a short course of NSAIDs (with PPI cover) would be reasonable.
Comment	Comment ?active synovitis in context of possible new RA. Treat with short course NSAIDs with PPI cover. review if no improvement.
Comment	Comment Note H pylori - told patient and explained ttreatment whils ton the phone.
Medication	Medication Naproxen Tablets 500 mg 28 TABLET ONE TO BE TAKEN TWICE A DAY
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 14 capsule ONE TO BE TAKEN EACH DAY

29-Apr-2022 Mrs Kathleen Gallagher (REC2) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Arthritis in hand noticed lump next to knuckle inflamed and arm warm on right hand and painful numb at pinky finger pain relief taken not helping. can be contacted on mobile (TOLLCROSS PHARMACY) (can provide pic if required)

28-Apr-2022 Dr Poppy Morgan (LO54) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Helicobacter serology positive
Medication	Medication Amoxicillin Capsules 500 mg 28 CAPSULE TWO TO BE TAKEN TWICE A DAY FOR 7 DAYS
Medication	Medication Clarithromycin Tablets 500 mg 14 TABLET ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 14 CAPSULE ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS

25-Apr-2022 Dr Poppy Morgan (LO54) CRAIL MEDICAL PRACTICEMain Surgery

History	History Results - raised ESR, raised RhF (note also raised ***** by resp earlier in the year). Is awaiting hand xrays. Will refer to rheum for their advice.

12-Apr-2022 Dr Poppy Morgan (LO54) CRAIL MEDICAL PRACTICEMain Surgery

History	History See recent resp letter - ?ILD. Awaiting further tests but appt has now been put back to Sept. Ongoing SOBOE. No cough. Increasing fatigue. Some chest pain - worse on lying flat, feels like indigestion. Had peptac previously.No pain on exertion. no pain on breathing. no ankle swelling. Also mentioned increasing pain and sitffness n small joints of ahnds. Both hands. Across kncukles is worst. denies redness or swelling. stiffness in the mornings. takig c-dydramol for back pain and hands.
Examination	Examination temp 34.7, hr 72, sats 99%. chest - possibly reduced AE both bases but nil to siuggest superimposed infection. HS pure
Comment	Comment Likely breathing and fatigue related to possible fibrotic lung disease. Update bloods - ?inflammatory process affecting joints and lungs. Will also arrange for hand XRays - ?erosive changes. try PPI for heartburn (after H pyolori testing). Given phleb and CHI number to book in for bloods. review with results. Try icnreased strength painkillers.
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 capsule ONE TO BE TAKEN EACH DAY
Medication	Medication Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg 112 tablet ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

12-Apr-2022 Miss Suann Lennox (RE1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Patient has noticed his breathing is getting worse he is awaiting further consultation from hospital but says breathlessness is getting worse day by day please call mobile

31-Mar-2022 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Sick line emailed to "smcfarlane71 outlook.com"

29-Mar-2022 Ms Nicola Williams (RE4) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment sick line from today

29-Mar-2022 Dr Emma Douglas (GP1) CRAIL MEDICAL PRACTICEMain Surgery

Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: back and chest pain; Duration: 29/03/2022 - 24/05/2022)*

01-Feb-2022 Mrs Kathleen Gallagher (REC2) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Pt collected sickline today problems with email.

21-Jan-2022 Ms Nicola Williams (RE4) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment rv for sick line - call mobile

21-Jan-2022 Dr Emma Douglas (GP1) Telephone Consultation

History	History is under lx with resp awaiting a prone CT scan and is seeing private PT for back pain, works removes asbestos from confined spaces, as been off about 1 yr not getting paid. sickline issued adv if no letter in form resp will just issue next line as well
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: back and chest pain; Duration: 12/01/2022 - 29/03/2022)*

21-Jan-2022 Miss Suann Lennox (RE1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment sick note emailed

22-Dec-2021 Mr Anonymous User (ANON)

21-Dec-2021	Vaccination	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Moderna (Glasgow Club Easterhouse - Public Vaccination Clinic) *000040A/ MOD/IM/Left Arm//C-19 Booster Moderna (Glasgow Club Easterhouse - Public Vaccination Clinic)*

22-Dec-2021 Mr Anonymous User (ANON)

21-Dec-2021	Vaccination	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Moderna (P Dickson) *000040A/ MOD/IM/Left Arm//C-19 Booster Moderna (P Dickson)*

20-Dec-2021 Dr Emma Douglas (GP1) Data Entry

History History issued but review before further line
Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: back and chest pain; Duration: 15/12/2021 - 12/01/2022)

20-Dec-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Sick line emailed with note to book appt for review before further

17-Dec-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Sick line request - Asking if could please have further line from 15.12.21 please (email: smcfarlane71 outlook.com)

06-Dec-2021 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Wife called said needs to speak to WK only as only GP patient will open up to said urgent for today, wife said had a terrible weekend with pain in lungs has appointment on 11.01.22 with Resp. but feels needs something to help with pain in meantime wife concerned has never saw a gp F2F. Mobile please. 11.01.21

06-Dec-2021 Dr Wendy Killin (LO4) Telephone Consultation

History History as above, not sleeping at night due to pain in lungs, and as a result feeling fatigued. asking for tablet for energy. seems to be wife who is more concerned than him as he says he is trying to go with the flow and await resp apt. constipation sec to co-dydramol despite 1 sach bd laxido. adv can inc to 2bd and try antihistamine for night.
Medication Medication Promethazine Hydrochloride Tablets 25 mg 28 tablet ONE AT NIGHT
Medication Medication Co-Dydramol 10/500 Tablets 100 tablet ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)
Medication Medication Macrogol Compound Oral Powder (sachets) NPF Sugar Free 30 sachet ONE TWICE DAILY

03-Dec-2021 Dr Poppy Morgan (LO54) CRAIL MEDICAL PRACTICEMain Surgery

History History Discussed CT results - no signs of malignancy. Possible ILD - has been rferred to resp on urgent basis (from Portal has appt on 11th Jan). Note also ESR raised - he asked about blood test that was high. Explained non specific finding and may or may not be related. Will know more once reviewed by resp. Any further concerns, can get back in touch. Seemed reassured by explanation given.

03-Dec-2021 Miss Suann Lennox (RE1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Patient is looking to discuss ct scan results he is aware as per comments regarding respiritory but sound like he is concerned please call mobile

24-Nov-2021 Ms Nicola Williams (RE4) CRAIL MEDICAL PRACTICEMain Surgery

Comment Medication requested co-dryamol tollx

17-Nov-2021 Dr Barbara Kay (LO23) CRAIL MEDICAL PRACTICEMain Surgery

17-Nov-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Sick line emailed

16-Nov-2021 Miss Suann Lennox (RE1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Medication requested - Sicknote extention please

08-Nov-2021 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem Problem Patient seen in surgery today wearing full PPE due to current covid-19 pandemic - Bloods as per WK consultation note 03.11.21
Comment Comment Patient has given consent to blood test today.
Comment Comment Given QFIT to complete today. Shown how to use. Done bowel screening once before so has good idea how to do.

03-Nov-2021 Dr Wendy Killin (LO4) Telephone Consultation

History History note above and PM entry 21/10/21 (didn't receive msg re this). ongoing sx of SOB, particularly on exertion. no haemoptysis. no appetite, says when eats feels full. constipated as a result. only eating one meal per day. no abdo pain specifically but pain all over along with fatigue. notice weight loss arms/legs/abdomen. no PR bleeding. for CT chest, QFIT and bloods. trial inhaler for presumed COPD

Medication Medication Macrogol Compound Oral Powder (sachets) NPF Sugar Free 30 sachet ONE TWICE DAILY

Medication Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 INHALER ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

02-Nov-2021 *** **********

Free Text *****

02-Nov-2021 *** **********

Free Text *****

02-Nov-2021 Mrs Kathleen Diamond (KATHLEEN_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Medication requested codydramol

02-Nov-2021 Dr Emma Douglas (GP1) CRAIL MEDICAL PRACTICEMain Surgery

Medication Medication Co-Dydramol 10/500 Tablets 100 tablet ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

01-Nov-2021 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Patient struggling to forward sickline from 21.10.21 onto DWP asking if we can e-mail it directly to-us dwp.gsi.gov.uk

21-Oct-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Sick line emailed "smcfarlane71 outlook.com"

21-Oct-2021 Dr Poppy Morgan (LO54) CRAIL MEDICAL PRACTICEMain Surgery

History History Had CXR - NAD. Still getting a lot of pain in chest - sore when breathing from front to back, worse on left side, intermittent. Aching pain. Lower back pain - not shifting at all. Seeing physio for same. Doing exercises. Since February, no change. Co-dydramol helps but tries not to take too many. Can feel breathless when taking son to school. Trying to get out more walking. No cough. Ex smoker. Can feel SOB when resting. Says all symptosm since had accident in February but also could be due to possible Covid in 2020.

Comment Comment Given smoking history (and CT from Feb suggests emphysematous change) will refer for spirometry. Not sure if Dr Killin was planning any other Ix (?CT) will send her message to see if wants any further action. sickline backdated.

21-Oct-2021 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Looking for callback for review of sickline - Mobile please.

20-Oct-2021 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment Comment Patient advised.

18-Oct-2021 Mrs Kathleen Gallagher (REC2) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment pt requesting further sickline from 15.10.21 (email to :smcfarlane71 outlook.com)

18-Oct-2021 Dr Emma Douglas (GP1) Data Entry

History History as per 17th sept entry to make appt first

07-Oct-2021 Mrs Kathleen Gallagher (REC2) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Medication review - Co-Drydramol can be contacted on mobile (TOLLCROSS PHARMACY)

07-Oct-2021 Dr Wendy Killin (LO4) Telephone Consultation

History	History reviewed as above. had virtual physio but has 10 sessions with one to one physio starting tomorrow. lower back pain same as previous. chest pain on inspiration. particularly on lying down. no cardiac sounding chest pain. note prev entries re fatigue. says no appetitie and some weight loss. ex smoker of 2y but smoked since age 15. off work since feb - now ESA - keen to get back asap but back not improving and wouldn't manage just now. taking 6 co-dydramol daily. knows re sfx and addictive nature. ok to continue at present
Comment	Comment CXR and review with results. bloods satisfactory in aug
Medication	Medication Co-Dydramol 10/500 Tablets 100 tablet ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)
Medication	Medication Peptac Liquid (peppermint) 500 ML 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

06-Oct-2021 Ms Janet Black (RE5) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Patient telephoned for appointment, no same day appointments available. Patient advised not urgent and can wait until tomorrow. Will call back tomorrow at 8.30am

05-Oct-2021 Ms Nicola Williams (RE4) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Medication requested co-dydramol tollx

05-Oct-2021 Dr Emma Douglas (GP1) Data Entry

History	History due rv before next prescription (when rv also rv sickline to save appts)

17-Sept-2021 Dr Poppy Morgan (LO54) CRAIL MEDICAL PRACTICEMain Surgery

History	History To make appt for review before any further lines issued.

16-Sept-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Sick line request - Asking if could please have further line from 17.9.21 please (email: smcfarlane71 outlook.com)

02-Sept-2021 Ms Ashley Williamson (PH9) Acute Scripts

Comment	Comment SR - review due for routine tele review befor enext rx where possible
Medication	Medication Co-Dydramol 10/500 Tablets 100 tablet ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

02-Sept-2021 Mrs Kathleen Diamond (KATHLEEN_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Medication requested co-dydramol Tollx

23-Aug-2021 Mr Marcus Marsigliese (CLW) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Attempts to contact txt sent

10-Aug-2021 Dr Poppy Morgan (LO54) CRAIL MEDICAL PRACTICEMain Surgery

Medication	Medication Co-Dydramol 10/500 Tablets 100 tablet ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

10-Aug-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Asking for call back to mobile please - not feeling well a couple of months, feels exhausted even after a short walk, no energy at all

10-Aug-2021 Dr Emma Douglas (GP1) Telephone Consultation

History	History ongoing fatigue as below for rpt bloods nad will refer to CLW for help with goal setting and building stamina. gets anxious now gong out.
Read Code	Refer to other health worker Referral to Community link worker
Read Code	Consent given for electronic record sharing

10-Aug-2021 Ms Marie O'Neil (MARIE_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment medication requested: Co-dydramol 10/500 (send to Tollx)

06-Aug-2021 Dr Emma Douglas (GP1) CRAIL MEDICAL PRACTICEMain Surgery

Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: back/chest pain; Duration: 06/08/2021 - 17/09/2021)

06-Aug-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Sick line emailed to employer: info ards.co.uk

02-Aug-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Requesting further sick line from 6.8.21 please

16-July-2021 Dr Poppy Morgan (LO54) CRAIL MEDICAL PRACTICEMain Surgery

History Sore back since RTA. Getting worse. Constant pain in lower back. Sore to sit down. Right side. No radiation to leg. No leg symptoms. Gets constipated. No incontinence. No saddle anaesthesia. Been taking co-codamol 30/500 - 6/day. Used to be helpful but not really helping. Getting physio (over the phone). Hard to get out of bed. Used to work 12 hour days 7 days a week but now fatigue +++. Wonders if had covid at start of pandemic - discussed "long covid syndrome" briefly and currently no treatment for fatigue assocaited with it. Also discussed fatigue linked ot chronic pain and also opiate analgesia will be contributing to fatigue.

Comment Continue to engage with physio. Increase analgesia. advised to take no more than 8 in 24 hours and not to be taken with paracetamol. Warned re: drowsiness and not to drive if feels drowsy. Can't take oral NSAIDs due to renal agenesis. For topical ibuprofen. Explained once pain starts to improve would start to wean down off painkillers and hpoefully would notice impovement in fatigue as a result. If ongoing issues with fatigue and reduce exercise capacity, ?could refer to Marcus for support around increasing exercise tolerance, goal setting etc.

Medication Co-Dydramol 10/500 Tablets 100 tablet ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

Medication Ibuprofen Gel 5 % 50 GRAM(S) APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY

16-July-2021 Ms Marie O'Neil (MARIE_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment requesting callback, back pain much worse, Co-codamol doesn't seem to be helping now. No leg pain. Passing urine normally. Mobile number above.

02-July-2021 Dr Emma Douglas (GP1) CRAIL MEDICAL PRACTICEMain Surgery

History ongoing back pain PT over the phone, struggles getting in and out bath so wouldn't manage work as asbestos remover working in confined spaces. Rx to Boots shettleston

Medication Co-Codamol 30/500 Tablets 50 TABLET TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

Medication Atorvastatin Tablets 20 mg 56 tablet ONE TO BE TAKEN EACH DAY

Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: back/chest pain; Duration: 01/07/2021 - 05/08/2021)

02-July-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Sick line emailed

01-July-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Sick line request - Asking if could please have further line from today please

01-July-2021 Dr Emma Douglas (GP1) CRAIL MEDICAL PRACTICEMain Surgery

History History advice review first

01-July-2021 Miss Suann Lennox (RE1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Called patient advised due review of sick note will call tomorrow 8.30am

29-Jun-2021 Mr Anonymous User (ANON)

28-Jun-2021 Vaccination Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pifzer (By R Aitchison) *FD5613/ PF/IM/LUA//C-19 Pifzer (By R Aitchison)*

14-Jun-2021 Miss Suann Lennox (RE1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Medication requested - co-codamol 30/500 Tollx

11-Jun-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Sick line emailed

10-Jun-2021 Dr Wendy Killin (LO4) Data Entry

Attachment eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: chest/back pain; Duration: 10/06/2021 - 01/07/2021)*

09-Jun-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Sick line request - asking for further line from 10.6.21 please (email to employer as below)

27-May-2021 Dr Lucy Ryan (L08) Data Entry

History History SR
Medication Medication Co-Codamol 30/500 Tablets 50 TABLET TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

27-May-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Sick line emailed to employer: info ardsltd.co.uk

26-May-2021 Miss Suann Lennox (RE1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Medication requested - co0codamol 30/500 also requesting sick note extention but his work are unable to open email so asking if can collect. Patient is starting Physio on Friday and camera appointment is on Monday. Tollx

21-May-2021 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment Comment As per CS consultation note 16.03.21 I called patient and gave phlebtomoy number he will call and arrange blood test appointment. I confirmed with CS that blods were still required as patient did get LFT's checked 07.04.21 and normal in docman but CS advised had to be done 2 months after starting Atorva.

20-May-2021 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Asking for back to discuss recurrent blood on dipstick - mobile please.

20-May-2021 Dr Wendy Killin (LO4) Telephone Consultation

History History telephone consultation due to coronavirus COVID-19 outbreak in UK, in order to reduce potential spread of infection.
called re haematuria as above, he is v worried as ongoing. feeling exhausted, continued back pain and has physio next week. used to work 7 days a week and been off for 14w. frustrated at this. given ongoing haematuria decided to refer for Ix as nice suggests if unexplained and over 45 to refer USOC. ex smoker

19-May-2021 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem Problem White top urine sample handed in as per ED consultation note 16.04.21
Examination Examination urinalysis = +blood
Comment Comment Message sent to ED to advise.

19-May-2021 Dr Emma Douglas (GP1) Data Entry

History History MArch neg April trace/+, plan repeat in 6 weeks

19-May-2021 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment Comment I called and advised patient to hand in a further white top urine sample in 6 weeks time as per ED advice from earlier today.

10-May-2021 Mr Anonymous User (ANON)

01-May-2021 Vaccination Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pifzer (By D Simons) *EW2245/ PF/IM/LUA//C-19 Pifzer (By D Simons)*

29-Apr-2021 Dr Carys Morrison (LO34) Telephone Consultation

History History telephone consultation due to coronavirus COVID-19 outbreak in UK. ongoing back pain following RTA. no back pain prior to this. sometimes radiates down leg. affects sleep - tossing and turning at night. tries to target pain relief before bed, isn't using continuously through day. is awaiting physio. works in asbestos removal and would not manage current job, no less physical alternatives available to him. feels too sore to do stretches. no change in nature or severity of pain since onset

Comment Comment extend med3, await physio, meantime encouraged very gentle regular movement to prevent/ reduce stiffness. will collect med3 as employers not accepting emails

Medication Medication Co-Codamol 30/500 Tablets 56 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

28-Apr-2021 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment Comment Looking for sickline advised to call for same day telephone appointment tomorrow morning is will need review with GP first.

21-Apr-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Asking for call back to mobile please - trouble sleeping with back pain, taking painkillers but not helping at night, thinks ongoing from RTA

21-Apr-2021 Dr Emma Douglas (GP1) Telephone Consultation

History History taking cocodamol for back pain following RTA had CT scan in feb, is out walking, pain wakening him at night diss space out medciation more so can take dose overnight if needed. adv insteead of 4 hrs during day do 6 hourly, Rx to tollx

Medication Medication Co-Codamol 30/500 Tablets 56 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

16-Apr-2021 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Problem Problem White top urine sample handed in as per CM consultation note 30.03.21 I called and confirmed with patient that was the reason sample was handed in today? patient confirmed.

Examination Examination urinalysis = between trace & +blood

Comment Comment Message sent to advise GP.

16-Apr-2021 Dr Emma Douglas (GP1) Data Entry

History History had dip in march was neg, as trace/+ only of blood rpt in 4 weeks.

16-Apr-2021 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment Comment Failed encounter - message left on mobile to ask to call me back when rings to be advised of ED message from earlier today.

16-Apr-2021 Ms Elaine Campbell (RE3) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment patient called back advised as below

14-Apr-2021 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Looking for another sickline please last one runs out today.

14-Apr-2021 Dr Emma Douglas (GP1) Data Entry

History History advice review before next line - can then see if longer line needed

Attachment eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: chest/back pain; Duration: 14/04/2021 - 28/04/2021)*

14-Apr-2021 Ms Marie O'Neil (MARIE_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment sickline emailed with advice as per ED to smcfarlane71 outlook.com

09-Apr-2021 Ms Marie O'Neil (MARIE_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment requesting callback, up all night with back and knee pain, taking painkillers but no longer helping. Ongoing for six weeks. Keen to get back to work. Works in asbestos removal. History of RTA and CKD. Awaiting blood tests. Mobile number above.

09-Apr-2021 Dr Emma Douglas (GP1) Telephone Consultation

History History ongoing pain keen to get back to work but physical job adv PT, number given. also diss CKD1/2

06-Apr-2021 Ms Marie O'Neil (MARIE_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment medication requested: Co-codamol for back pain (send to Tollx)

01-Apr-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Sick line emailed

31-Mar-2021 Dr Carys Morrison (LO34) Data Entry

30-Mar-2021 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Pain at bottom of back attended ooh last night and advised blood and protein present in urine would like to discuss further with GP. Mobile please.

30-Mar-2021 Dr Carys Morrison (LO34) Telephone Consultation

History History telephone consultation due to coronavirus COVID-19 outbreak in UK. see OOH letter
1) back pain since car accident 6 weeks ago. manageable with co-codamol BD. does not feel able to return to work yet - med 3 due tomo
2) calf pain since starting statin. wife + pt worried about skin discolouration. ? yellowness. stopped statin yesterday.
3) TATT for about a year. worried is impact of 'chronic kidney problem'. reassured bloods 3w ago showed perfect kidney function - would not expect that to be the cause at this stage.
4) blood + protein on dip last night - note urine clear 8d ago here

Comment Comment will check LFTs given symptomatic of statin, will add U+Es given concern. repeat dip 2w here, if ongoing abno I will write back to renal. hub no given. reassured re CKD1/2 as moitoring requirement, not current sign of disease to single kidney

30-Mar-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Subject access request status - request from Digby Brown Solicitors for copy of full medical records. Phoned patient who gave verbal consent for all notes to go

23-Mar-2021 Miss Suann Lennox (RE1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Called patient as per task from ***** advised as per notes

22-Mar-2021 Miss Suann Lennox (RE1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Patient looking to discuss kidney issues please clal mobile

22-Mar-2021 Dr Charlotte Nicholl (L04) CRAIL MEDICAL PRACTICEMain Surgery

History History enquiring re reason for taking statin. Note hx. Stage 1/2 CKD - as despite normal ACR/BP/renal function his structual abnormality on imaging is classed as kidney damage. explained all px with CKD offered a statin to reduce CV risk over time. and he IS at increased risk of hypertension/proteinuria as per renal letter. So seems prudent to lower cholesterol now but appreciate px concerns re starting lifelong medication when bloods/ACR/bp ok at present. Handing in repeat urine later today so f/u CM as planned following this. seek further renal opinion re statin if required.

22-Mar-2021 Mrs Christine Stuart (PN) Data Entry

History History urine dip as per CM 9.3.21.
Examination Urinalysis = no abnormality no haematuria.

17-Mar-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Sick line emailed to: smcfarlane71 outlook.com with note to book tel appt for review if requesting any further

17-Mar-2021 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Patient called to chase up sickline advised done and will be e-mailed today, I advised patient if requires another sickline to have review with GP first.

16-Mar-2021 Mrs Christine Stuart (PN) Telephone Consultation

History History call to discuss below re statin. happy to try. discussed potentail s/e and will call if any issues. otherwise LFTs 2 months - ill arrange diary date to be added for this.
Comment Comment tollx
Medication Medication Atorvastatin Tablets 20 mg 56 tablet ONE TO BE TAKEN EACH DAY

16-Mar-2021 Ms Elaine Campbell (RE3) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment script 40099381482 to tolls as per nurse

16-Mar-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Asking for further sickline from today please

16-Mar-2021 Dr Emma Douglas (GP1) Data Entry

History History issued adv review if needs further
Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: chest/back pain post RTA; Duration: 16/03/2021 - 31/03/2021)

15-Mar-2021 Ms Laura Hannigan (PHA5) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Advise Atorvastatin 20mg daily as per NICE CG 181 as suggested by CS - large meta analysis resulted in reduction of all cause mortality by 21% and cardiovascular mortality by 23%. No defined treatment targets so no routine lipid monitring required.

11-Mar-2021 Mrs Christine Stuart (PN) CRAIL MEDICAL PRACTICE

Read Code ASSIGN Score 7.03

11-Mar-2021 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Medication Request - Co-codamol 30/500 (Tollx)

11-Mar-2021 Mrs Christine Stuart (PN) Data Entry

History History new CKD due to solitary left kidney. egfr &gt 60. no mention in renal letter if they would advise statin as per normal guidelines for CKD. d/w WK- unsure. will ask *****, pharamcist to clarify.

09-Mar-2021 Dr Carys Morrison (LO34) Data Entry

Comment Comment yes please send for ACR. will need repeat dip in 2w please - if no improvement in non-visible haematuria I will discuss again with renal + pt

09-Mar-2021 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem Problem White top urine sample handed in as per consultation note 08.03.21
Examination Examination urinalysis - +++blood
Comment Comment Message sent to GP to advise and check if still want sample sent for ACR also.

09-Mar-2021 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment Comment Called and advised patient to hand in a further white top urine sample in 2 weeks time to ensure dipstick haeminturia has settled and today's white top bottle sent for ACR as planned.
Comment Comment Of note only a urine sample sent today all blood tests done 08.03.21.

08-Mar-2021 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Problem	Problem Patient seen in surgery today wearing full PPE due to current covid-19 pandemic - Bloods, BP & Urinalysis as per docman 26.02.21 now added to CKD Recall full review done today.	
Examination	Examination BP taken from right arm	
Examination	Examination white top bottle given today for dipstick and urinalysis	
Examination	O/E - pulse rate	80 beats/minute
Examination	O/E - pulse rhythm regular	
Examination	Examination pulse taken from right wrist.	
Examination	Systolic blood pressure	110 mm Hg
Examination	Diastolic blood pressure	82 mm Hg
Examination	O/E - weight	71.5 Kg
Social	Ex smoker	
Social	Alcohol consumption	0 units/week
Comment	Comment Patient has given consent to blood test today.	
Read Code	Renal function monitoring	
Read Code	Patient "recall" admin. NOS	

03-Mar-2021 Mrs Kathleen Diamond (KATHLEEN_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Patient called has not received sick certificate yet - to be sent to email smcfarlane71 outlook.com

03-Mar-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Sick line emailed

02-Mar-2021 Dr Carys Morrison (LO34) Data Entry

02-Mar-2021 Ms Elaine Campbell (RE3) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment patient looking for extention of sickline due today

23-Feb-2021 Dr Carys Morrison (LO34) Telephone Consultation

History	History telephone consultation due to coronavirus COVID-19 outbreak in UK. see A+E letter - high impact RTC, ongoing back/ chest pain despite reg pcml + ibu. incidental solitary kidney - feels anxious re this - reassured re normal U+Es in A+E, likely will just require monitoring but will confirm with renal ref. feels too sore to return to work currently - for med3 to smcfarlane71 outlook.com. will inc to co-codamol to avoid further nsaids given kidney, script to boots shettleston
Comment	Comment supportive discussion re anxiety following RTC - understandable given events, encouraged communication with friends family. sleep has been affected.
Medication	Medication Co-Codamol 30/500 Tablets 56 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

23-Feb-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Sick line emailed

22-Feb-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Phoned and left msg mobile - to book tel appt with GP as per A&E letter 18.2.21

22-Jan-2021 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Asking for call back to mobile please - feeling unwell for about 6 weeks, headaches

22-Jan-2021 Dr Emma Douglas (GP1) CRAIL MEDICAL PRACTICEMain Surgery

History	History last 6 weeks felt TATT and headache, no severe, all over mild photophobia but manages ok at work, feels generally run down, decreased appetite but no weight loss, thinks saw optican about a yr ago, note march entry - cant recall if saw optican then but thinks did, wears glasses. no dizziness, no neuro sympt, no eye sympt. main sympt is fatigue. adv bloods intially. out just now will phoen back for treatment room phone number and CHI

31-July-2020 Ms Marie O'Neil (MARIE_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment fell last week and now sore area on leg, looking for advice on what cream he could use. Signposted to pharmacy.
Read Code Referral to pharmacist Reception signposting

30-Mar-2020 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

History Influenza-like symptoms
Comment Comment seen and advised by OOH
Read Code Suspected 2019-nCoV (Wuhan) infection

13-Mar-2020 Mrs Lisa McDaid (LISA_18885) Telephone Consultation

Comment Comment Looking to be seen for new onset of he thinks migraines struggling with these - mobile.

13-Mar-2020 Dr Emma Douglas (GP1) CRAIL MEDICAL PRACTICEMain Surgery

History Failed encounter - no answer when rang back

13-Mar-2020 Dr Emma Douglas (GP1) Telephone Consultation

History History last couple of weeks bilateral temporal headache every morning, not severe. no assoc nausa, vomiting, fever, temporal tenderness, visual disturbance, phot/phono - phobia. drinks plenty of fluids but does drink red bull daily at lest 2 cans, weras glasses last checked 6/12 go maybe longer. adv on caffeine try to reduced/come foof them as likely cause, adv optician

13-Jun-2019 Dr Ian Aitken (IAN_18885) CRAIL MEDICAL PRACTICEMain Surgery

History History advised re scan results

05-Jun-2019 Dr Ian Aitken (IAN_18885) Telephone Consultation

History History no reply x2. message left

26-Apr-2019 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Due scan but going to go private looking for letter to give to Nuffield no appointment yet.

26-Apr-2019 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Called patient to advise IA will do letter for Nuffield no answer if calls back please advise we will let him know when letter ready for collection.

26-Apr-2019 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Patient advised as below

23-Apr-2019 Ms Gail Christie (NUR2) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Random bloods taken.

17-Apr-2019 Dr Ian Aitken (IAN_18885) CRAIL MEDICAL PRACTICEMain Surgery

History History worried about left testicular lump he has felt. o/e smooth cyst like lump ? separate from testicle. for uss. feels tired lethargic poor appte

17-Aug-2018 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Phoned, wife answered mobile - on nightshift but will get him to call us back. To get consent for all medical records to go to Unionline.

17-Aug-2018 Ms Val Johnston (ADM1) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Patient phoned back to give consent for all his notes to go to Unionline

31-July-2018 Miss Gillian Grant (ADM3) CRAIL MEDICAL PRACTICEMain Surgery

Comment Comment Phoned and left message reg inhaler and asked him to call back - Pt wife phoned on behalf of Pt who said she spoke to him, but Pt said hes been on nightshift for the last few days and been in bed daytime, said it wasn't him who came to desk?

30-July-2018 Miss Gillian Grant (ADM3) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Pt presented at desk with a grey inhaler asking if it was possible to get emergency rx as he was breathless and red in the face, I spoke to CS who directed him to pharmacy for this, but pt asking if I can put through Rx for this anyway - after he had left CS looked on his file and couldn't see him ever being on an inhaler? - to be phoned to ask when he got this, and the name of this inhaler

14-May-2018 Dr Carolyn Buchanan (LO9) CRAIL MEDICAL PRACTICEMain Surgery

History	History spoke to Dr D on Friday, vomiting, 6 days of symptoms, works in QEUH - works as a porter, took a patient to the ward last week, he was coughing and nurse said he had D&V, stopped diarrhoea on friday, vomit, as soon as starts to eat something, tried sachets, no use,
Examination	Examination T36 HR80 BP 120/60 abdo - tender upper abdomen - likely MSK from vomiting/epigastric
Comment	Comment says been taking NSAIDs for abdo pain - advised stop, try below, PPI not a great idea as recent likely infective D&V, should settle, needs to be 48h clear before going back, discussed
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: infective gastroenteritis; Duration: 14/05/2018 - 21/05/2018)*
Medication	Medication Hyoscine Butylbromide Tablets 10 mg 56 tablet ONE OR TWO TO BE TAKEN FOUR TIMES A DAY AS REQD
Medication	Medication Cyclizine Tablets 50 mg 30 tablet ONE THREE TIMES DAILY PRN

11-May-2018 Ms Marie O'Neil (MARIE_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment looking for emergency appt for today: has been ill for a week, in agony with stomach, vomiting and diarrhoea. works in hospital, wonders if has picked something up. Says has felt unwell overall for a month but this week has been terrible. Please phone on 07504 247668

11-May-2018 Dr Emma Douglas (GP1) Telephone Consultation

History	History diarrhoe since mon/tue vomiting sometimes been off work since tue, works in hosp, no fever, no PR blood, abdo cramp before BO. adv self cert firt 7 days and if not settled by next wekek rv, adv on fluids

25-July-2017 Dr Wendy Killin (LO4) CRAIL MEDICAL PRACTICEMain Surgery

History	History see A&E letter, needs med 3 for work as works as a porter and cant lift heavy items. is getting married at the weekend then honeymoon and still has some swelling and pain ++. taking pcm, adv re iburofen with food and adv can go back to work earlier if feels better
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: wrist injury; Duration: 25/07/2017 - 21/08/2017)*

04-Jan-2017 Ms Hayleigh Cameron (ADM2) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Comment Appt cancelled by patient.

20-Jun-2016 Dr Haj Bhachu (HAJ_18885) CRAIL MEDICAL PRACTICEMain Surgery

History	History rash 2 weeks , itch
Examination	Examination erythematous macular papular eruption under arms
Comment	Comment rev as nec
Medication	Medication Betamethasone Valerate Cream 0.1 % 30 GRAM APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY

08-Feb-2016 Dr Emma Douglas (GP1) CRAIL MEDICAL PRACTICEMain Surgery

History	History 6 nweeks of daily frontal headache, takes aspirin, no other sympt likley tension headache but stop propranolol and try topiramate rv in 1/12, works as porter self cert last week adv can give 1/52 but not for long term lines, optician said no issue with eyes no neuro symptoms
Medication	Medication Topiramate Tablets 25 mg 56 TABLET ONE TAB AT NIGHT FOR 1 WEEK THEN INCREASE TO 2 AT NIGHT
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: headache; Duration: 08/02/2016 - 15/02/2016)*

01-Feb-2016 Dr Emma Douglas (GP1) CRAIL MEDICAL PRACTICEMain Surgery

History	Cigarette smoker pain left ear for 3 days has had URTI 6 Cigarettes/day left ear nad, imp eust tibe dysfxn adv given
History	Smoking cessation advice

27-Nov-2015 Dr Haj Bhachu (HAJ_18885) CRAIL MEDICAL PRACTICEMain Surgery

History	History c/o headaches past 2 weeks , gen tired . headaches am / at night - starts c twinge above left eye then more severe , lasts till takes ibuprofen but will recur. no visual upset , occas nausea . not normally prone to headaches . no other upsets . no urti sympts . had chest pain mid week -past week - left central pain , comes and goes , not related to food / exertion / posture . .
Examination	O/E - BP reading p 84 reg
Examination	Systolic blood pressure , neck ok . no sinus tenddrness , 126 mm Hg tm's ok . mm's well perfused . PERLA , discs normal . no facial weakness , normal power limbs , sensation ok , reflexes ok , chest clear , no local tenderness , imp : ? tension / migraine headache , advise optician rev , trial propranolol and rev if not settling
Examination	Diastolic blood pressure 88 mm Hg
Medication	Medication Propranolol Hydrochloride Tablets 40 mg 60 tablet 1 Tab Twice daily

25-Mar-2015 Mrs Lisa McDaid (LISA_18885) CRAIL MEDICAL PRACTICEMain Surgery

Comment	Failed encounter Phoned to check smoking status - number wrong - please get new number when in again.

06-Mar-2013 Dr Gail Addis (GAIL_18885) CRAIL MEDICAL PRACTICEMain Surgery

History	Vomiting fluish 10 days ago; off food ;
History	Diarrhoea x 3 No-one else affected; ? norovirus
History	Temperature symptoms Lost weight
Comment	MED3 issued to patient 4 weeks
Medication	Medication Electrolade Oral powder (blackcurrant) 6 SACHETS DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED
Medication	Medication Prochlorperazine Maleate Buccal tablets 3 mg 10 TABLET ONE OR TWO TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO TWICE DAILY
Social	Cigarette smoker

11-Dec-2012 Dr Haj Bhachu (HAJ_18885) CRAIL MEDICAL PRACTICEMain Surgery

History	History 10/7 diarrhoea , nausea , vomiting , tight pains abd , sl cough .
Examination	Examination chest clear , p 72 reg , 36.3 , tongue clear . abd --x soft , gen tender epig and right lower abd , no gur=arding . / rebound , bs normal .
Comment	Comment imp viral g/e - advised clear fluids , dry foord stool for c & s if nec
Medication	Medication Prochlorperazine Maleate Buccal tablets 3 mg 10 TABLET ONE TO BE DISSOLVED BETWEEN UPPER LIP AND GUM THREE TIMES A DAY PRN

16-Aug-2011 Dr Ian Aitken (IAN_18885) CRAIL MEDICAL PRACTICEMain Surgery

History	History right upper arm small cystic laesion. obseve

21-Jan-2010 Ms Barbara Cox (BARBARA_18885) CRAIL MEDICAL PRACTICEData Entry

03-Jan-2010	Problem	Fracture of radius and ulna Fracture left radial head

18-Jan-2010 Dr Ian Aitken (IAN_18885) CRAIL MEDICAL PRACTICE

History	History med 5 2/52 priority=2

11-Jan-2010 Dr Ian Aitken (IAN_18885) CRAIL MEDICAL PRACTICE

History	History c1/52 left elbow injury priority=2

09-Sept-2009 Dr Ian Aitken (IAN_18885) CRAIL MEDICAL PRACTICE

History	History cf 12/09 priority=2

05-Aug-2009 Dr Gail Addis (GAIL_18885) CRAIL MEDICAL PRACTICEData Entry

Problem	Iritis - acute

26-Nov-2008 UnknownUser (UnknownUse18885) CRAIL MEDICAL PRACTICEData Entry

21-Nov-2008	Problem	Bite of nonvenomous snakes and lizards Left upper limb

03-Mar-2008 Dr Ian Aitken (IAN_18885) CRAIL MEDICAL PRACTICE

	History	History h/f lip lesion. attending infertility clinic with partner. told he has low sperm count. priority=2

31-Oct-2007 UnknownUser (UnknownUse18885) CRAIL MEDICAL PRACTICEData Entry

25-Oct-2007	History	Disorders of conjunctiva Conjuctivitis priority=2

05-Sept-2007 Dr Ian Aitken (IAN_18885) CRAIL MEDICAL PRACTICE

	History	History h/f wart lower lip priority=2

21-Sept-2005 Dr Gail Addis (GAIL_18885) CRAIL MEDICAL PRACTICE

	History	History SCI Electronic Referral priority=2
	History	Referral for further care *Refered To: Glasgow Royal Infirmary, NHS. Referral Type: Out Patient. Speciality Type: Dermatology. Referral Nature: , Referral Reason: Wart like lesion. Referral Type: Unknown (0)*

21-Jan-2005 Dr Gail Addis (GAIL_18885) CRAIL MEDICAL PRACTICE

	History	[X]Mild depression

17-Dec-2004 Dr Gail Addis (GAIL_18885) CRAIL MEDICAL PRACTICE

	History	Generalised anxiety disorder with panic symptoms due to social/ financial problems+++

01-Nov-2004 Dr Haj Bhachu (HAJ_18885) CRAIL MEDICAL PRACTICE

	History	Smoking cessation advice priority=2	
	History	Systolic blood pressure	134
	History	Diastolic blood pressure	90
	History	O/E - BP reading normal B P Screening$$.clm - Repeat after an Interval	
	History	Current smoker Smoker$$ Status.clm - Repeat after an Interval	
	History	Light drinker - 1-2u/day Alcohol Intake$$.clm - Repeat after an Interval	

30-Oct-2003 Dr Haj Bhachu (HAJ_18885) CRAIL MEDICAL PRACTICEData Entry

	History	Closed reduction of fracture of toe right 4th

23-Oct-2003 UnknownUser (UnknownUse18885) CRAIL MEDICAL PRACTICEData Entry

24-Sept-2003	History	Dislocations and subluxations # (R) 3rd toe

21-Jun-2001 UnknownUser (UnknownUse18885) CRAIL MEDICAL PRACTICEData Entry

	History	Notes summary on computer by ***** ***** priority=2
21-July-1997	Problem	[X]Assault scalp/chin lac priority=1
10-Dec-1993	Problem	[X]RTA - Road traffic and other transport accidents seen by neuro
17-Oct-1977	Problem	Operations on hydrocele right

02-Jun-1999 UnknownUser (UnknownUse18885) CRAIL MEDICAL PRACTICEData Entry

	History	History Migrated Data priority=2
27-Oct-1998	History	Patient MRE received from HB priority=2
01-Sept-1998	History	Patient signed reg. form priority=2
01-Sept-1998	History	Pat. GP7B/GP8B card from HB priority=2

Medications (inc. issues)

Acute

02-Mar-2026 Sulfasalazine E/c tablets 500 mg
84 TABLET - TAKE FOUR TABLETS DAILY AFTER FOOD

23-Feb-2026 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 16 APRIL 2026

19-Jan-2026 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 6 JAN 2026

17-Dec-2025 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 6 JAN 2026

14-Nov-2025 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 6 JAN 2026

24-Oct-2025 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 6 JAN 2026

10-Oct-2025 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen
1 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 6 OCT 2025

10-Sept-2025 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 6 OCT 2025

08-Aug-2025 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 6 OCT 2025

30-Jun-2025 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen
2 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 21ST JUNE 2025

27-May-2025 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE JULY 6TH 2026.

27-May-2025 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 21ST JUNE 2025

31-Oct-2024 Sulfasalazine E/c tablets 500 mg
112 TABLET - TAKE FOUR TABLETS DAILY AFTER FOOD

27-Sept-2024 Sulfasalazine E/c tablets 500 mg
112 TABLET - TAKE FOUR TABLETS DAILY AFTER FOOD

29-Aug-2024 Sulfasalazine E/c tablets 500 mg
112 TABLET - TAKE FOUR TABLETS DAILY AFTER FOOD

30-July-2024 Sulfasalazine E/c tablets 500 mg
112 TABLET - TAKE FOUR TABLETS DAILY AFTER FOOD

27-Jun-2024 Sulfasalazine E/c tablets 500 mg
112 TABLET - TAKE FOUR TABLETS DAILY AFTER FOOD

23-May-2024 Sulfasalazine E/c tablets 500 mg
112 TABLET - TAKE FOUR TABLETS DAILY.

20-May-2024 Cyclizine Tablets 50 mg
30 tablet - TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA

22-Apr-2024 Cyclizine Tablets 50 mg
30 tablet - TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA

22-Apr-2024 Sulfasalazine E/c tablets 500 mg
112 TABLET - TAKE FOUR TABLETS DAILY.

19-Mar-2024 Cyclizine Tablets 50 mg
30 tablet - TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA

12-Mar-2024 Sulfasalazine E/c tablets 500 mg
112 TABLET - TAKE FOUR TABLETS DAILY AFTER FOOD

12-Mar-2024 Sulfasalazine E/c tablets 500 mg
112 TABLET - TAKE FOUR TABLETS DAILY.

Repeat

04-Mar-2026 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

23-Feb-2026 Cyclizine Tablets 50 mg
15 TABLET - TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA

23-Feb-2026 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

23-Feb-2026 Folic Acid Tablets 5 mg
24 TABLET - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

23-Feb-2026 Hydroxychloroquine Sulfate Tablets 200 mg
42 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

10-Feb-2026 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

19-Jan-2026 Hydroxychloroquine Sulfate Tablets 200 mg
42 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

19-Jan-2026 Folic Acid Tablets 5 mg
24 TABLET - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

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112 TABLET - TAKE FOUR TABLETS DAILY AFTER FOOD

08-Dec-2025 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

17-Nov-2025 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
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10-Oct-2025 Sulfasalazine E/c tablets 500 mg
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10-Oct-2025 Hydroxychloroquine Sulfate Tablets 200 mg
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15 TABLET - TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA

10-Oct-2025 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

02-Oct-2025 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

09-Sept-2025 Hydroxychloroquine Sulfate Tablets 200 mg
42 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

09-Sept-2025 Cyclizine Tablets 50 mg
15 TABLET - TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA

09-Sept-2025 Folic Acid Tablets 5 mg
24 TABLET - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

09-Sept-2025 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

09-Sept-2025 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

09-Sept-2025 Sulfasalazine E/c tablets 500 mg
112 TABLET - TAKE FOUR TABLETS DAILY AFTER FOOD

18-Aug-2025 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

05-Aug-2025 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

05-Aug-2025 Cyclizine Tablets 50 mg
15 TABLET - TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA

05-Aug-2025 Sulfasalazine E/c tablets 500 mg
112 TABLET - TAKE FOUR TABLETS DAILY AFTER FOOD

05-Aug-2025 Folic Acid Tablets 5 mg
24 TABLET - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

05-Aug-2025 Hydroxychloroquine Sulfate Tablets 200 mg
42 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

24-July-2025 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

30-Jun-2025 Sulfasalazine E/c tablets 500 mg
112 TABLET - TAKE FOUR TABLETS DAILY AFTER FOOD

30-Jun-2025 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

30-Jun-2025 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

30-Jun-2025 Cyclizine Tablets 50 mg
15 TABLET - TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA

30-Jun-2025 Hydroxychloroquine Sulfate Tablets 200 mg
42 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

30-Jun-2025 Folic Acid Tablets 5 mg
24 TABLET - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

06-Jun-2025 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

27-May-2025 Hydroxychloroquine Sulfate Tablets 200 mg
42 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

27-May-2025 Sulfasalazine E/c tablets 500 mg
112 TABLET - TAKE FOUR TABLETS DAILY AFTER FOOD

27-May-2025 Cyclizine Tablets 50 mg
15 TABLET - TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA

27-May-2025 Folic Acid Tablets 5 mg
24 TABLET - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

27-May-2025 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

15-May-2025 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

22-Apr-2025 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

31-Mar-2025 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

31-Mar-2025 Folic Acid Tablets 5 mg
24 TABLET - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

31-Mar-2025 Sulfasalazine E/c tablets 500 mg
112 TABLET - TAKE FOUR TABLETS DAILY AFTER FOOD

31-Mar-2025 Hydroxychloroquine Sulfate Tablets 200 mg
42 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

31-Mar-2025 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

31-Mar-2025 Cyclizine Tablets 50 mg
15 TABLET - TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA

10-Mar-2025 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

03-Mar-2025 Hydroxychloroquine Sulfate Tablets 200 mg
42 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

03-Mar-2025 Sulfasalazine E/c tablets 500 mg
112 TABLET - TAKE FOUR TABLETS DAILY AFTER FOOD

03-Mar-2025 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

03-Mar-2025 Folic Acid Tablets 5 mg
24 TABLET - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

03-Mar-2025 Cyclizine Tablets 50 mg
15 TABLET - TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA

14-Feb-2025 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

03-Feb-2025 Sulfasalazine E/c tablets 500 mg
112 TABLET - TAKE FOUR TABLETS DAILY AFTER FOOD

31-Jan-2025 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

31-Jan-2025 Hydroxychloroquine Sulfate Tablets 200 mg
42 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

31-Jan-2025 Folic Acid Tablets 5 mg
24 TABLET - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

31-Jan-2025 Cyclizine Tablets 50 mg
15 TABLET - TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA

23-Jan-2025 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

08-Jan-2025 Sulfasalazine E/c tablets 500 mg
112 TABLET - TAKE FOUR TABLETS DAILY AFTER FOOD

31-Dec-2024 Cyclizine Tablets 50 mg
15 TABLET - TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA

31-Dec-2024 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

31-Dec-2024 Hydroxychloroquine Sulfate Tablets 200 mg
42 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

31-Dec-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

31-Dec-2024 Folic Acid Tablets 5 mg
24 TABLET - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

09-Dec-2024 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

28-Nov-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

28-Nov-2024 Sulfasalazine E/c tablets 500 mg
112 TABLET - TAKE FOUR TABLETS DAILY AFTER FOOD

28-Nov-2024 Folic Acid Tablets 5 mg
24 TABLET - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

28-Nov-2024 Hydroxychloroquine Sulfate Tablets 200 mg
42 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

28-Nov-2024 Cyclizine Tablets 50 mg
15 TABLET - TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA

15-Nov-2024 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

30-Oct-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

30-Oct-2024 Hydroxychloroquine Sulfate Tablets 200 mg
42 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

30-Oct-2024 Folic Acid Tablets 5 mg
24 TABLET - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

30-Oct-2024 Cyclizine Tablets 50 mg
15 TABLET - TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA

24-Oct-2024 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

03-Oct-2024 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

26-Sept-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

26-Sept-2024 Hydroxychloroquine Sulfate Tablets 200 mg
42 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

26-Sept-2024 Cyclizine Tablets 50 mg
15 TABLET - TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA

26-Sept-2024 Folic Acid Tablets 5 mg
24 TABLET - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

12-Sept-2024 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

27-Aug-2024 Hydroxychloroquine Sulfate Tablets 200 mg
42 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

27-Aug-2024 Folic Acid Tablets 5 mg
24 TABLET - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

27-Aug-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

27-Aug-2024 Cyclizine Tablets 50 mg
15 TABLET - TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA

22-Aug-2024 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

01-Aug-2024 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

29-July-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

29-July-2024 Cyclizine Tablets 50 mg
15 TABLET - TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA

29-July-2024 Folic Acid Tablets 5 mg
24 TABLET - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

29-July-2024 Hydroxychloroquine Sulfate Tablets 200 mg
42 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

09-July-2024 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

25-Jun-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

25-Jun-2024 Folic Acid Tablets 5 mg
24 TABLET - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

25-Jun-2024 Hydroxychloroquine Sulfate Tablets 200 mg
42 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

14-Jun-2024 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

23-May-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

23-May-2024 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

23-May-2024 Folic Acid Tablets 5 mg
24 TABLET - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

23-May-2024 Hydroxychloroquine Sulfate Tablets 200 mg
42 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

30-Apr-2024 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

09-Apr-2024 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

19-Mar-2024 Cyclizine Tablets 50 mg
15 TABLET - TAKE ONE TABLET UP TO THREE TIMES A DAY IF NEEDED FOR NAUSEA

18-Mar-2024 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

11-Mar-2024 Folic Acid Tablets 5 mg
48 tablet - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

21-Feb-2024 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

30-Jan-2024 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

09-Jan-2024 Folic Acid Tablets 5 mg
48 tablet - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

09-Jan-2024 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

20-Dec-2023 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

29-Nov-2023 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

08-Nov-2023 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

27-Oct-2023 Folic Acid Tablets 5 mg
48 tablet - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

27-Oct-2023 Hydroxychloroquine Sulfate Tablets 200 mg
84 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

19-Oct-2023 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

29-Sept-2023 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

08-Sept-2023 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

21-Aug-2023 Folic Acid Tablets 5 mg
48 tablet - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

21-Aug-2023 Hydroxychloroquine Sulfate Tablets 200 mg
84 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

18-Aug-2023 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

31-July-2023 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

10-July-2023 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

19-Jun-2023 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

19-Jun-2023 Folic Acid Tablets 5 mg
48 tablet - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

19-Jun-2023 Hydroxychloroquine Sulfate Tablets 200 mg
84 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

30-May-2023 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

09-May-2023 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

04-May-2023 Folic Acid Tablets 5 mg
48 tablet - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

28-Apr-2023 Hydroxychloroquine Sulfate Tablets 200 mg
84 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

18-Apr-2023 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

30-Mar-2023 Folic Acid Tablets 5 mg
48 tablet - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

30-Mar-2023 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

10-Mar-2023 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

20-Feb-2023 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

31-Jan-2023 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

09-Jan-2023 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

21-Dec-2022 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

28-Nov-2022 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

17-Nov-2022 Folic Acid Tablets 5 mg
48 tablet - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

08-Nov-2022 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

17-Oct-2022 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

10-Oct-2022 Folic Acid Tablets 5 mg
48 tablet - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

28-Sept-2022 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

22-Sept-2022 Hydroxychloroquine Sulfate Tablets 200 mg
112 tablet - TAKE ONE TABLET TWICE A DAY

08-Sept-2022 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

18-Aug-2022 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

11-Aug-2022 Folic Acid Tablets 5 mg
48 tablet - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

11-Aug-2022 Folic Acid Tablets 5 mg
24 TABLET - ONE TO BE TAKEN EACH DAY EXCEPT ON DAY TAKE METHOTREXATE

27-July-2022 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

04-July-2022 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

28-Jun-2022 Hydroxychloroquine Sulfate Tablets 200 mg
112 tablet - TAKE ONE TABLET TWICE A DAY

28-Jun-2022 Hydroxychloroquine Sulfate Tablets 200 mg
42 TABLET - TAKE ONE TABLET DAILY AND TWO TABLETS DAILY ON ALTERNATE DAYS

10-Jun-2022 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

12-May-2022 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

12-Apr-2022 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

12-Apr-2022 Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg
112 tablet - ONE OR TWO TO BE TAKEN EVERY 4-6 HOURS WHEN REQUIRED (NO MORE THAN 8 IN 24 HOURS)

02-July-2021 Atorvastatin Tablets 20 mg
56 tablet - ONE TO BE TAKEN EACH DAY

16-Mar-2021 Atorvastatin Tablets 20 mg
56 tablet - ONE TO BE TAKEN EACH DAY

15-Mar-2021 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

Past

08-Dec-2025 Ibuprofen Gel 5 % Acute Medication (Past)
50 GRAM(S) - APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY

04-Dec-2025 Ibuprofen Gel 5 % Acute Medication (Past)
50 GRAM(S) - APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY

22-Apr-2025 Terbinafine Hydrochloride Tablets 250 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY

22-Apr-2025 Terbinafine Hydrochloride Tablets 250 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY

31-Mar-2025 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 21ST JUNE 2025

21-Mar-2025 Terbinafine Hydrochloride Tablets 250 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY

21-Mar-2025 Terbinafine Hydrochloride Tablets 250 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY

03-Mar-2025 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 1ST APRIL 2025

07-Feb-2025 Terbinafine Hydrochloride Tablets 250 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY

07-Feb-2025 Terbinafine Hydrochloride Tablets 250 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY

03-Feb-2025 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 1ST APRIL 2025

08-Jan-2025 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 1ST APRIL 2025

28-Nov-2024 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 16 DEC 2024

31-Oct-2024 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 16 DEC 2024

27-Sept-2024 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 16 SEP 2024

29-Aug-2024 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 16 SEP 2024

30-July-2024 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 16 SEP 2024

27-Jun-2024 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 16 SEP 2024

23-May-2024 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 3 JUNE 2024.

22-Apr-2024 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG.

12-Mar-2024 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG.

12-Mar-2024 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 21ST JUNE 2025

11-Jan-2024 Sulfasalazine E/c tablets 500 mg Acute Medication (Past)
56 TABLET - TAKE FOUR TABLETS DAILY. BLOODS BOOKED FOR 15 JAN 2024

11-Jan-2024 Sulfasalazine E/c tablets 500 mg Acute Medication (Past)
56 TABLET - TAKE FOUR TABLETS DAILY. BLOODS BOOKED FOR 15 JAN 2024

11-Jan-2024 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 27 FEB 2024

11-Jan-2024 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. BLOODS DUE 27 FEB 2024

23-Nov-2023 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG.

23-Nov-2023 Sulfasalazine E/c tablets 500 mg Acute Medication (Past)
49 TABLET - TAKE THREE TABLETS DAILY FOR A WEEK THEN INCREASED TO 4 TABLETS DAILY. BLOODS BOOKED FOR 5 DEC 2023.

27-Oct-2023 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG.

27-Oct-2023 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
2 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. NPT BLOODS DUE 07/11/23

27-Oct-2023 Sulfasalazine E/c tablets 500 mg Acute Medication (Past)
49 TABLET - TAKE ONE TABLET DAILY FOR 7 DAYS. THEN INCREASE DOSE BY ONE TABLET DAILY EVERY 7 DAYS UNTIL ON FINAL DOSE OF FOUR TABLETS DAILY IN DIVIDED DOSES

27-Oct-2023 Sulfasalazine E/c tablets 500 mg Acute Medication (Past)
49 TABLET - TAKE THREE TABLETS DAILY FOR A WEEK THEN INCREASED TO 4 TABLETS DAILY. BLOODS BOOKED FOR 5 DEC 2023.

02-Oct-2023 Sulfasalazine E/c tablets 500 mg Acute Medication (Past)
21 TABLET - TAKE ONE TABLET DAILY FOR 7 DAYS. THEN INCREASE DOSE BY ONE TABLET DAILY EVERY 7 DAYS UNTIL ON FINAL DOSE OF FOUR TABLETS DAILY IN DIVIDED DOSES

02-Oct-2023 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
2 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. NPT BLOODS DUE 30 OCT 2023

02-Oct-2023 Sulfasalazine E/c tablets 500 mg Acute Medication (Past)
21 TABLET - TAKE ONE TABLET DAILY FOR 7 DAYS. THEN INCREASE DOSE BY ONE TABLET DAILY EVERY 7 DAYS UNTIL ON FINAL DOSE OF FOUR TABLETS DAILY IN DIVIDED DOSES

02-Oct-2023 Metoject Pen Injection 7.5 mg/0.15 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
2 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 7.5MG. NPT BLOODS DUE 30 OCT 2023

22-Aug-2023 Metoject Pen Injection 10 mg/0.2 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 10MG. NPT BLOODS DUE 30 OCT 2023

22-Aug-2023 Metoject Pen Injection 10 mg/0.2 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 10MG. NPT BLOODS DUE 30 OCT 2023

06-Jun-2023 Metoject Pen Injection 10 mg/0.2 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 pre-filled disposable injection - WEEKLY DOSE: 10MG

06-Jun-2023 Metoject Pen Injection 10 mg/0.2 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 pre-filled disposable injection - WEEKLY DOSE: 10MG

28-Apr-2023 Metoject Pen Injection 10 mg/0.2 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 pre-filled disposable injection - WEEKLY DOSE: 10MG

28-Apr-2023 Metoject Pen Injection 10 mg/0.2 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 pre-filled disposable injection - WEEKLY DOSE: 10MG

05-Apr-2023 Metoject Pen Injection 15 mg/0.3 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 15 MG. BLOODS DUE 4 MAY 2023

24-Mar-2023 Macrogol Compound Oral Powder (sachets) NPF Sugar Free Acute Medication (Past)
30 sachet - 1-3 SACHETS DAILY

24-Mar-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

24-Mar-2023 Macrogol Compound Oral Powder (sachets) NPF Sugar Free Acute Medication (Past)
30 sachet - 1-3 SACHETS DAILY

24-Mar-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

07-Mar-2023 Metoject Pen Injection 15 mg/0.3 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 15 MG. BLOODS DUE 4 MAY 2023

07-Mar-2023 Metoject Pen Injection 15 mg/0.3 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 PRE-FILLED DISPOSABLE INJECTION - WEEKLY DOSE: 15 MG. BLOODS DUE 4 MAY 2023

24-Jan-2023 Metoject Pen Injection 15 mg/0.3 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 pre-filled disposable injection - WEEKLY DOSE: 15 MG. NEXT BLOODS DUE 14 FEB 2023

24-Jan-2023 Metoject Pen Injection 15 mg/0.3 ml (50 mg/ml), pre-filled pen Acute Medication (Past)
4 pre-filled disposable injection - WEEKLY DOSE: 15 MG. NEXT BLOODS DUE 14 FEB 2023

28-Dec-2022 Methotrexate Tablets 2.5 mg Acute Medication (Past)
24 TABLET - 15 mg (six tablets) to be taken weekly.

02-Dec-2022 Methotrexate Tablets 2.5 mg Acute Medication (Past)
24 TABLET - 15 mg (six tablets) to be taken weekly.

22-Nov-2022 Methotrexate Tablets 2.5 mg Acute Medication (Past)
12 TABLET - 15 mg (six tablets) to be taken weekly

10-Nov-2022 Methotrexate Tablets 2.5 mg Acute Medication (Past)
12 TABLET - 15 mg (six tablets) to be taken weekly

21-Oct-2022 Methotrexate Tablets 2.5 mg Acute Medication (Past)
16 TABLET - 20 mg (eight tablets) to be taken weekly

11-Oct-2022 Methotrexate Tablets 2.5 mg Acute Medication (Past)
16 TABLET - 20 mg (eight tablets) to be taken weekly

22-Sept-2022 Methotrexate Tablets 2.5 mg Acute Medication (Past)
16 TABLET - 20 mg (eight tablets) to be taken weekly

13-Sept-2022 Methotrexate Tablets 2.5 mg Acute Medication (Past)
12 tablet - 15 mg (six tablets) to be taken weekly

25-Aug-2022 Methotrexate Tablets 2.5 mg Acute Medication (Past)
12 tablet - 15 mg (six tablets) to be taken weekly

11-Aug-2022 Methotrexate Tablets 2.5 mg Acute Medication (Past)
12 tablet - 15 mg (six tablets) to be taken weekly

11-Aug-2022 Methotrexate Tablets 2.5 mg Acute Medication (Past)
24 TABLET - 15 mg (six tablets) to be taken weekly.

10-Jun-2022 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

10-Jun-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

23-May-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

23-May-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
14 capsule - ONE TO BE TAKEN EACH DAY

23-May-2022 Naproxen Tablets 500 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN TWICE A DAY

23-May-2022 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

29-Apr-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
14 capsule - ONE TO BE TAKEN EACH DAY

29-Apr-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
14 capsule - ONE TO BE TAKEN EACH DAY

29-Apr-2022 Naproxen Tablets 500 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN TWICE A DAY

29-Apr-2022 Naproxen Tablets 500 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN TWICE A DAY

28-Apr-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
14 CAPSULE - ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS

28-Apr-2022 Amoxicillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - TWO TO BE TAKEN TWICE A DAY FOR 7 DAYS

28-Apr-2022 Amoxicillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - TWO TO BE TAKEN TWICE A DAY FOR 7 DAYS

28-Apr-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
14 CAPSULE - ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS

28-Apr-2022 Clarithromycin Tablets 500 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS

28-Apr-2022 Clarithromycin Tablets 500 mg Acute Medication (Past)
14 TABLET - ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS

12-Apr-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

12-Apr-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

23-Mar-2022 Co-Dydramol 10/500 Tablets Repeat Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

04-Mar-2022 Co-Dydramol 10/500 Tablets Repeat Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

11-Feb-2022 Co-Dydramol 10/500 Tablets Repeat Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

19-Jan-2022 Co-Dydramol 10/500 Tablets Repeat Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

29-Dec-2021 Co-Dydramol 10/500 Tablets Repeat Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

06-Dec-2021 Macrogol Compound Oral Powder (sachets) NPF Sugar Free Acute Medication (Past)
30 sachet - ONE TWICE DAILY

06-Dec-2021 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE AT NIGHT

06-Dec-2021 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE AT NIGHT

06-Dec-2021 Co-Dydramol 10/500 Tablets Repeat Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

25-Nov-2021 Co-Dydramol 10/500 Tablets Repeat Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

03-Nov-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

03-Nov-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

03-Nov-2021 Macrogol Compound Oral Powder (sachets) NPF Sugar Free Acute Medication (Past)
30 sachet - ONE TWICE DAILY

03-Nov-2021 Macrogol Compound Oral Powder (sachets) NPF Sugar Free Acute Medication (Past)
30 sachet - ONE TWICE DAILY

02-Nov-2021 Co-Dydramol 10/500 Tablets Acute Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

07-Oct-2021 Co-Dydramol 10/500 Tablets Acute Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

07-Oct-2021 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

07-Oct-2021 Peptac Liquid (peppermint) Acute Medication (Past)
500 ML - 10-20ML TO BE TAKEN AFTER MEALS AND AT BEDTIME

02-Sept-2021 Co-Dydramol 10/500 Tablets Acute Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

10-Aug-2021 Co-Dydramol 10/500 Tablets Acute Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

16-July-2021 Ibuprofen Gel 5 % Acute Medication (Past)
50 GRAM(S) - APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY

16-July-2021 Ibuprofen Gel 5 % Acute Medication (Past)
50 GRAM(S) - APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY

16-July-2021 Co-Dydramol 10/500 Tablets Acute Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

16-July-2021 Co-Dydramol 10/500 Tablets Repeat Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

02-July-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

14-Jun-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

14-Jun-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

27-May-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

27-May-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

29-Apr-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

21-Apr-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

06-Apr-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

11-Mar-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

11-Mar-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

23-Feb-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

23-Feb-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

14-May-2018 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE THREE TIMES DAILY PRN

14-May-2018 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
56 tablet - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY AS REQD

14-May-2018 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE THREE TIMES DAILY PRN

14-May-2018 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
56 tablet - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY AS REQD

20-Jun-2016 Betamethasone Valerate Cream 0.1 % Acute Medication (Past)
30 GRAM - APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY

20-Jun-2016 Betamethasone Valerate Cream 0.1 % Acute Medication (Past)
30 GRAM - APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY

08-Feb-2016 Topiramate Tablets 25 mg Acute Medication (Past)
56 TABLET - ONE TAB AT NIGHT FOR 1 WEEK THEN INCREASE TO 2 AT NIGHT

08-Feb-2016 Topiramate Tablets 25 mg Acute Medication (Past)
56 TABLET - ONE TAB AT NIGHT FOR 1 WEEK THEN INCREASE TO 2 AT NIGHT

01-Feb-2016 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - 1 Tab Twice daily

01-Feb-2016 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - 1 Tab Twice daily

27-Nov-2015 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - 1 Tab Twice daily

27-Nov-2015 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
60 tablet - 1 Tab Twice daily

06-Mar-2013 Prochlorperazine Maleate Buccal tablets 3 mg Acute Medication (Past)
10 TABLET - ONE OR TWO TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO TWICE DAILY

06-Mar-2013 Electrolade Oral powder (blackcurrant) Acute Medication (Past)
6 SACHETS - DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED

06-Mar-2013 Prochlorperazine Maleate Buccal tablets 3 mg Acute Medication (Past)
10 TABLET - ONE OR TWO TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO TWICE DAILY

06-Mar-2013 Electrolade Oral powder (blackcurrant) Acute Medication (Past)
6 SACHETS - DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED

11-Dec-2012 Prochlorperazine Maleate Buccal tablets 3 mg Acute Medication (Past)
10 TABLET - ONE TO BE DISSOLVED BETWEEN UPPER LIP AND GUM THREE TIMES A DAY PRN

11-Dec-2012 Prochlorperazine Maleate Buccal tablets 3 mg Acute Medication (Past)
10 TABLET - ONE TO BE DISSOLVED BETWEEN UPPER LIP AND GUM THREE TIMES A DAY PRN

05-Aug-2009 Chloramphenicol Eye drops 0.5 % Acute Medication (Past)
10 ml - 1 Drop 4 times daily

05-Aug-2009 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
28 TABS - 1 Tab 3 times daily

05-Aug-2009 DICLOFENAC SODIUM EC TABLETS 50MG Acute Medication (Past)
28 TABS - 1 Tab 3 times daily

05-Aug-2009 CHLORAMPHENICOL EYE DROPS 0.5% Acute Medication (Past)
10 ml - 1 Drop 4 times daily

19-Sept-2005 Xylometazoline Hydrochloride Nose drops 0.1 % Acute Medication (Past)
10 DROPS - 1 Drop 4 times daily 4 days

19-Sept-2005 XYLOMETAZOLINE ADULT NASAL DROPS 0.1% Acute Medication (Past)
10 DROPS - 1 Drop 4 times daily 4 days

18-Apr-2005 FLUOXETINE CAPSULES 20MG Acute Medication (Past)
30 CAPS - 1 Cap Daily

18-Apr-2005 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 CAPS - 1 Cap Daily

22-Feb-2005 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 CAPS - 1 Cap Daily

22-Feb-2005 FLUOXETINE CAPSULES 20MG Acute Medication (Past)
30 CAPS - 1 Cap Daily

21-Jan-2005 Dosulepin Tablets 75 mg Acute Medication (Past)
28 TABS - 1 Tab Daily at 6 pm

21-Jan-2005 DOSULEPIN HYDROCHLORIDE TABLETS 75MG Acute Medication (Past)
28 TABS - 1 Tab Daily at 6 pm

01-Nov-2004 PROPRANOLOL HYDROCHLORIDE TABLETS 10MG Acute Medication (Past)
60 TABS - 1 Tab 4 times daily prn

01-Nov-2004 RANITIDINE TABLETS 150MG Acute Medication (Past)
56 TABS - 1 Tab Twice daily

01-Nov-2004 Propranolol Hydrochloride Tablets 10 mg Acute Medication (Past)
60 TABS - 1 Tab 4 times daily prn

01-Nov-2004 Ranitidine Tablets 150 mg Acute Medication (Past)
56 TABS - 1 Tab Twice daily

15-Apr-2003 Co-Amoxiclav 250/125 Tablets Acute Medication (Past)
15 TABS - 1 Tab 3 times daily

15-Apr-2003 CO-AMOXICLAV 250MG/125MG TABLETS Acute Medication (Past)
15 TABS - 1 Tab 3 times daily

Allergies

This section is empty.

Vaccinations

21-Dec-2021 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Moderna (Glasgow Club Easterhouse - Public Vaccination Clinic)
000040A/ MOD/IM/Left Arm//C-19 Booster Moderna (Glasgow Club Easterhouse - Public Vaccination Clinic)

21-Dec-2021 Mr Anonymous User (ANON)
Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Moderna (P Dickson)
000040A/ MOD/IM/Left Arm//C-19 Booster Moderna (P Dickson)

28-Jun-2021 Mr Anonymous User (ANON)
Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pifzer (By R Aitchison)
FD5613/ PF/IM/LUA//C-19 Pifzer (By R Aitchison)

01-May-2021 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pifzer (By D Simons)
EW2245/ PF/IM/LUA//C-19 Pifzer (By D Simons)

Referrals

26-Apr-2022 Dr Emma Douglas (GP1)
EMISSPR410: Rheumatology referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

01-Dec-2021 Dr Wendy Killin (LO4)
^ESCTRE595169: Referral to respiratory medicine service (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

25-Oct-2021 Dr Emma Douglas (GP1)
8HRC.: Referral for spirometry (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

20-May-2021 Dr Wendy Killin (LO4)
EMISSPR101: Urology referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

24-Feb-2021 Dr Carys Morrison (LO34)
8H4a.: Referral to renal physician (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

21-Sept-2005 Dr Gail Addis (GAIL_18885)
Referral for further care
Refered To: Glasgow Royal Infirmary, NHS. Referral Type: Out Patient. Speciality Type: Dermatology. Referral Nature: , Referral Reason: Wart like lesion. Referral Type: Unknown (0)

Test Requests

This section is empty.

Test Results

22-Jan-2026 Mr Anonymous User (ANON)			
Result:	Full blood count - FBC		
	Nucleated RBC, 0	0 x10^9/l	(No range available)
	Basophils	0.1 x10^9/l	(No range available)
	Eosinophils	0.37 x10^9/l	(Range: 0.02 - 0.5)
	Monocytes	0.5 x10^9/l	(Range: 0.2 - 1)
	Lymphocytes	1.7 x10^9/l	(Range: 1.1 - 5)
	Neutrophils	4.3 x10^9/l	(Range: 2 - 7)
	Platelet Count	**521 x10^9/l**	**(Range: 150 - 410)**
	MCH	29.5 pg	(Range: 27 - 32)
	Mean Cell Volume	91.9 fl	(Range: 83 - 101)
	Haematocrit	0.408 l/l	(Range: 0.4 - 0.54)
	Haemoglobin	131 g/l	(Range: 130 - 180)
	Red Cell Count	**4.44 x10^12/l**	**(Range: 4.5 - 6.5)**
	White Blood Count	6.9 x10^9/l	(Range: 4 - 10)
22-Jan-2026 Mr Anonymous User (ANON)			
Result:	Liver function test		
	Albumin	43 g/L	(Range: 35 - 50)
	Alkaline Phosphatase	87 U/L	(Range: 30 - 130)
	AST	19 U/L	(No range available)
	ALT	13 U/L	(No range available)
	Total Bilirubin	7 umol/L	(No range available)
22-Jan-2026 Mr Anonymous User (ANON)			
Result:	Urea and electrolytes		
	Estimated GFR > 60		(No range available)
	Creatinine	66 umol/L	(Range: 40 - 130)
	Urea	4.9 mmol/L	(Range: 2.5 - 7.8)
	Chloride	100 mmol/L	(Range: 95 - 108)
	Potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
	Sodium	135 mmol/L	(Range: 133 - 146)
15-Oct-2025 Mr Anonymous User (ANON)			
Result:	(Non Coded Event - Urine Protein)		
	U Protein:Creatinine NA		(No range available)
	Urine Protein/volume (Non Coded Event - Urine Protein/volume)		(No range available)
	Urine Protein < 0.068		(No range available)
	Urine Creatinine	4.2 mmol/L	(No range available)
	Urine volume (ml) NA		(No range available)
15-Oct-2025 Mr Anonymous User (ANON)			
Result:	(Non Coded Event - Urine Albumin)		
	U Alb/Creat Ratio NA		(No range available)
	Urine Albumin < 5		(No range available)
14-Oct-2025 Mr Anonymous User (ANON)			
Result:	Full blood count - FBC		
	Nucleated RBC, 0	0 x10^9/l	(No range available)
	Basophils	0.1 x10^9/l	(No range available)
	Eosinophils	0.36 x10^9/l	(Range: 0.02 - 0.5)
	Monocytes	0.6 x10^9/l	(Range: 0.2 - 1)
	Lymphocytes	1.6 x10^9/l	(Range: 1.1 - 5)
	Neutrophils	2.9 x10^9/l	(Range: 2 - 7)
	Platelet Count	**478 x10^9/l**	**(Range: 150 - 410)**
	MCH	29.7 pg	(Range: 27 - 32)
	Mean Cell Volume	90.9 fl	(Range: 83 - 101)
	Haematocrit	0.401 l/l	(Range: 0.4 - 0.54)
	Haemoglobin	131 g/l	(Range: 130 - 180)
	Red Cell Count	**4.41 x10^12/l**	**(Range: 4.5 - 6.5)**
	White Blood Count	5.5 x10^9/l	(Range: 4 - 10)

14-Oct-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Lipid profile)

Chol/HDL ratio	4.7	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd))	0.6 mmol/L	(No range available)
LDL-Cholest (calc'd)	3.8 mmol/L	(No range available)
HDL Cholesterol	1.2 mmol/L	(No range available)
Triglycerides	1.4 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	5.6 mmol/L	(No range available)

14-Oct-2025 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	44 g/L	(Range: 35 - 50)
Alkaline Phosphatase	76 U/L	(Range: 30 - 130)
AST	21 U/L	(No range available)
ALT	15 U/L	(No range available)
Total Bilirubin	6 umol/L	(No range available)

14-Oct-2025 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	63 umol/L	(Range: 40 - 130)
Urea	4.2 mmol/L	(Range: 2.5 - 7.8)
Chloride	102 mmol/L	(Range: 95 - 108)
Potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
Sodium	136 mmol/L	(Range: 133 - 146)

14-Oct-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Bone Profile)

Alkaline Phosphatase	76 U/L	(Range: 30 - 130)
Albumin	44 g/L	(Range: 35 - 50)
Phosphate	1.09 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.55 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.47 mmol/L	(Range: 2.2 - 2.6)

14-Oct-2025 Mr Anonymous User (ANON)
Result: Plasma glucose level

Glucose	4.7 mmol/L	(Range: 3.5 - 6)

01-Aug-2025 Mrs Lisa McDaid (LISA_18885)
Result: Bowel Cancer Screening Result

BCSP faecal occult blood test normal Negative		(No range available)

14-July-2025 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.27 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.6 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.8 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4 x10^9/l	(Range: 2 - 7)
Platelet Count	402 x10^9/l	(Range: 150 - 410)
MCH	30 pg	(Range: 27 - 32)
Mean Cell Volume	89.8 fl	(Range: 83 - 101)
Haematocrit	**0.353 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**118 g/l**	**(Range: 130 - 180)**
Red Cell Count	**3.93 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	6.7 x10^9/l	(Range: 4 - 10)

14-July-2025 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	42 g/L	(Range: 35 - 50)
Alkaline Phosphatase	69 U/L	(Range: 30 - 130)
AST	21 U/L	(No range available)
ALT	15 U/L	(No range available)
Total Bilirubin	5 umol/L	(No range available)

14-July-2025 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	63 umol/L	(Range: 40 - 130)
Urea	6 mmol/L	(Range: 2.5 - 7.8)
Chloride	106 mmol/L	(Range: 95 - 108)
Potassium	4.1 mmol/L	(Range: 3.5 - 5.3)
Sodium	138 mmol/L	(Range: 133 - 146)

07-Jan-2025 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.11 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.8 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.6 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4 x10^9/l	(Range: 2 - 7)
Platelet Count	409 x10^9/l	(Range: 150 - 410)
MCH	29.7 pg	(Range: 27 - 32)
Mean Cell Volume	93.9 fl	(Range: 83 - 101)
Haematocrit	**0.386 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**122 g/l**	**(Range: 130 - 180)**
Red Cell Count	**4.11 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	6.6 x10^9/l	(Range: 4 - 10)

07-Jan-2025 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	42 g/L	(Range: 35 - 50)
Alkaline Phosphatase	100 U/L	(Range: 30 - 130)
AST	25 U/L	(No range available)
ALT	19 U/L	(No range available)
Total Bilirubin	7 umol/L	(No range available)

07-Jan-2025 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	69 umol/L	(Range: 40 - 130)
Urea	4.4 mmol/L	(Range: 2.5 - 7.8)
Chloride	104 mmol/L	(Range: 95 - 108)
Potassium	4.8 mmol/L	(Range: 3.5 - 5.3)
Sodium	139 mmol/L	(Range: 133 - 146)

24-Sept-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Protein)

U Protein:Creatinine NA		(No range available)
Urine Protein/volume (Non Coded Event - Urine Protein/volume)		(No range available)
Urine Protein < 0.068		(No range available)
Urine Creatinine	4.9 mmol/L	(No range available)
Urine volume (ml) NA		(No range available)

24-Sept-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Albumin)

U Alb/Creat Ratio NA		(No range available)
Urine Albumin < 5		(No range available)

23-Sept-2024 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.3 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.7 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.7 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4.1 x10^9/l	(Range: 2 - 7)
Platelet Count	**468 x10^9/l**	**(Range: 150 - 410)**
MCH	29.9 pg	(Range: 27 - 32)
Mean Cell Volume	93 fl	(Range: 83 - 101)
Haematocrit	**0.374 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**120 g/l**	**(Range: 130 - 180)**
Red Cell Count	**4.02 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	6.9 x10^9/l	(Range: 4 - 10)

23-Sept-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Lipid profile)

Chol/HDL ratio	4.1	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd))	0.5 mmol/L	(No range available)
LDL-Cholest (calc'd)	2.9 mmol/L	(No range available)
HDL Cholesterol	1.1 mmol/L	(No range available)
Triglycerides	1.1 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	4.5 mmol/L	(No range available)

23-Sept-2024 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	41 g/L	(Range: 35 - 50)
Alkaline Phosphatase	86 U/L	(Range: 30 - 130)
AST	21 U/L	(No range available)
ALT	17 U/L	(No range available)
Total Bilirubin	5 umol/L	(No range available)

23-Sept-2024 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	68 umol/L	(Range: 40 - 130)
Urea	4.8 mmol/L	(Range: 2.5 - 7.8)
Chloride	105 mmol/L	(Range: 95 - 108)
Potassium	4.9 mmol/L	(Range: 3.5 - 5.3)
Sodium	137 mmol/L	(Range: 133 - 146)

23-Sept-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Bone Profile)

Alkaline Phosphatase	86 U/L	(Range: 30 - 130)
Albumin	41 g/L	(Range: 35 - 50)
Phosphate	1.06 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.45 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.42 mmol/L	(Range: 2.2 - 2.6)

23-Sept-2024 Mr Anonymous User (ANON)
Result: Plasma glucose level

Glucose	4.7 mmol/L	(Range: 3.5 - 6)

24-Jun-2024 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.23 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.6 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.6 x10^9/l	(Range: 1.1 - 5)
Neutrophils	3.4 x10^9/l	(Range: 2 - 7)
Platelet Count	**438 x10^9/l**	**(Range: 150 - 410)**
MCH	29.7 pg	(Range: 27 - 32)
Mean Cell Volume	90.6 fl	(Range: 83 - 101)
Haematocrit	**0.375 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**123 g/l**	**(Range: 130 - 180)**
Red Cell Count	**4.14 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	5.8 x10^9/l	(Range: 4 - 10)

24-Jun-2024 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	42 g/L	(Range: 35 - 50)
Alkaline Phosphatase	82 U/L	(Range: 30 - 130)
AST	19 U/L	(No range available)
ALT	15 U/L	(No range available)
Total Bilirubin	8 umol/L	(No range available)

24-Jun-2024 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	67 umol/L	(Range: 40 - 130)
Urea	6 mmol/L	(Range: 2.5 - 7.8)
Chloride	104 mmol/L	(Range: 95 - 108)
Potassium	4.8 mmol/L	(Range: 3.5 - 5.3)
Sodium	139 mmol/L	(Range: 133 - 146)

11-Mar-2024 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.2 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.6 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.7 x10^9/l	(Range: 1.1 - 5)
Neutrophils	5.2 x10^9/l	(Range: 2 - 7)
Platelet Count	**497 x10^9/l**	**(Range: 150 - 410)**
MCH	30.1 pg	(Range: 27 - 32)
Mean Cell Volume	90.5 fl	(Range: 83 - 101)
Haematocrit	**0.364 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**121 g/l**	**(Range: 130 - 180)**
Red Cell Count	**4.02 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	7.8 x10^9/l	(Range: 4 - 10)

11-Mar-2024 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	39 g/L	(Range: 35 - 50)
Alkaline Phosphatase	74 U/L	(Range: 30 - 130)
AST	16 U/L	(No range available)
ALT	13 U/L	(No range available)
Total Bilirubin	6 umol/L	(No range available)

11-Mar-2024 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	61 umol/L	(Range: 40 - 130)
Urea	4.9 mmol/L	(Range: 2.5 - 7.8)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium	5.1 mmol/L	(Range: 3.5 - 5.3)
Sodium	137 mmol/L	(Range: 133 - 146)

13-Feb-2024 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.36 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.8 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.9 x10^9/l	(Range: 1.1 - 5)
Neutrophils	5.7 x10^9/l	(Range: 2 - 7)
Platelet Count	**420 x10^9/l**	**(Range: 150 - 410)**
MCH	30.2 pg	(Range: 27 - 32)
Mean Cell Volume	87.7 fl	(Range: 83 - 101)
Haematocrit	**0.348 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**120 g/l**	**(Range: 130 - 180)**
Red Cell Count	**3.97 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	8.8 x10^9/l	(Range: 4 - 10)

13-Feb-2024 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	40 g/L	(Range: 35 - 50)
Alkaline Phosphatase	73 U/L	(Range: 30 - 130)
AST	17 U/L	(No range available)
ALT	14 U/L	(No range available)
Total Bilirubin	6 umol/L	(No range available)

13-Feb-2024 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	65 umol/L	(Range: 40 - 130)
Urea	6.3 mmol/L	(Range: 2.5 - 7.8)
Chloride	101 mmol/L	(Range: 95 - 108)
Potassium	5.1 mmol/L	(Range: 3.5 - 5.3)
Sodium	137 mmol/L	(Range: 133 - 146)

15-Jan-2024 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.23 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.7 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.7 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4.5 x10^9/l	(Range: 2 - 7)
Platelet Count	**456 x10^9/l**	**(Range: 150 - 410)**
MCH	30.8 pg	(Range: 27 - 32)
Mean Cell Volume	91.8 fl	(Range: 83 - 101)
Haematocrit	**0.369 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**124 g/l**	**(Range: 130 - 180)**
Red Cell Count	**4.02 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	7.1 x10^9/l	(Range: 4 - 10)

15-Jan-2024 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	40 g/L	(Range: 35 - 50)
Alkaline Phosphatase	73 U/L	(Range: 30 - 130)
AST	18 U/L	(No range available)
ALT	15 U/L	(No range available)
Total Bilirubin	7 umol/L	(No range available)

15-Jan-2024 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	69 umol/L	(Range: 40 - 130)
Urea	6.4 mmol/L	(Range: 2.5 - 7.8)
Chloride	102 mmol/L	(Range: 95 - 108)
Potassium	4.9 mmol/L	(Range: 3.5 - 5.3)
Sodium	136 mmol/L	(Range: 133 - 146)

05-Dec-2023 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.16 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.7 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.7 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4.7 x10^9/l	(Range: 2 - 7)
Platelet Count	399 x10^9/l	(Range: 150 - 410)
MCH	30.3 pg	(Range: 27 - 32)
Mean Cell Volume	89.1 fl	(Range: 83 - 101)
Haematocrit	**0.368 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**125 g/l**	**(Range: 130 - 180)**
Red Cell Count	**4.13 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	7.3 x10^9/l	(Range: 4 - 10)

05-Dec-2023 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	42 g/L	(Range: 35 - 50)
Alkaline Phosphatase	63 U/L	(Range: 30 - 130)
AST	18 U/L	(No range available)
ALT	15 U/L	(No range available)
Total Bilirubin	4 umol/L	(No range available)

05-Dec-2023 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	64 umol/L	(Range: 40 - 130)
Urea	4.1 mmol/L	(Range: 2.5 - 7.8)
Chloride	105 mmol/L	(Range: 95 - 108)
Potassium	5 mmol/L	(Range: 3.5 - 5.3)
Sodium	140 mmol/L	(Range: 133 - 146)

21-Nov-2023 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.34 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.5 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	2 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4.4 x10^9/l	(Range: 2 - 7)
Platelet Count	**447 x10^9/l**	**(Range: 150 - 410)**
MCH	29.9 pg	(Range: 27 - 32)
Mean Cell Volume	91.4 fl	(Range: 83 - 101)
Haematocrit	**0.37 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**121 g/l**	**(Range: 130 - 180)**
Red Cell Count	**4.05 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	7.3 x10^9/l	(Range: 4 - 10)

21-Nov-2023 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	41 g/L	(Range: 35 - 50)
Alkaline Phosphatase	65 U/L	(Range: 30 - 130)
AST	18 U/L	(No range available)
ALT	14 U/L	(No range available)
Total Bilirubin	7 umol/L	(No range available)

21-Nov-2023 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	62 umol/L	(Range: 40 - 130)
Urea	3.3 mmol/L	(Range: 2.5 - 7.8)
Chloride	101 mmol/L	(Range: 95 - 108)
Potassium	5 mmol/L	(Range: 3.5 - 5.3)
Sodium	137 mmol/L	(Range: 133 - 146)

06-Nov-2023 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.27 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.5 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	2 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4.6 x10^9/l	(Range: 2 - 7)
Platelet Count	**446 x10^9/l**	**(Range: 150 - 410)**
MCH	30.2 pg	(Range: 27 - 32)
Mean Cell Volume	91 fl	(Range: 83 - 101)
Haematocrit	**0.382 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**127 g/l**	**(Range: 130 - 180)**
Red Cell Count	**4.2 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	7.5 x10^9/l	(Range: 4 - 10)

06-Nov-2023 Mr Anonymous User (ANON)

Result: Liver function test

Albumin	41 g/L	(Range: 35 - 50)
Alkaline Phosphatase	75 U/L	(Range: 30 - 130)
AST	18 U/L	(No range available)
ALT	17 U/L	(No range available)
Total Bilirubin	5 umol/L	(No range available)

06-Nov-2023 Mr Anonymous User (ANON)

Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	70 umol/L	(Range: 40 - 130)
Urea	5 mmol/L	(Range: 2.5 - 7.8)
Chloride	104 mmol/L	(Range: 95 - 108)
Potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
Sodium	139 mmol/L	(Range: 133 - 146)

24-Oct-2023 Mr Anonymous User (ANON)

Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.37 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.6 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	2 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4.7 x10^9/l	(Range: 2 - 7)
Platelet Count	**455 x10^9/l**	**(Range: 150 - 410)**
MCH	29.8 pg	(Range: 27 - 32)
Mean Cell Volume	90.9 fl	(Range: 83 - 101)
Haematocrit	**0.369 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**121 g/l**	**(Range: 130 - 180)**
Red Cell Count	**4.06 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	7.8 x10^9/l	(Range: 4 - 10)

24-Oct-2023 Mr Anonymous User (ANON)

Result: Liver function test

Albumin	40 g/L	(Range: 35 - 50)
Alkaline Phosphatase	77 U/L	(Range: 30 - 130)
AST	19 U/L	(No range available)
ALT	13 U/L	(No range available)
Total Bilirubin	5 umol/L	(No range available)

24-Oct-2023 Mr Anonymous User (ANON)

Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	69 umol/L	(Range: 40 - 130)
Urea	4.1 mmol/L	(Range: 2.5 - 7.8)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium	5 mmol/L	(Range: 3.5 - 5.3)
Sodium	136 mmol/L	(Range: 133 - 146)

08-Aug-2023 Mr Anonymous User (ANON)

Result: (Non Coded Event - Urine Protein)

U Protein:Creatinine NA		(No range available)
Urine Protein/volume (Non Coded Event - Urine Protein/volume)		(No range available)
Urine Protein < 0.100		(No range available)
Urine Creatinine	5.2 mmol/L	(No range available)
Urine volume (ml) NA		(No range available)

08-Aug-2023 Mr Anonymous User (ANON)

Result: (Non Coded Event - Urine Albumin)

U Alb/Creat Ratio NA		(No range available)
Urine Albumin < 5		(No range available)

07-Aug-2023 Mr Anonymous User (ANON)

Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.07 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.7 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.9 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4.7 x10^9/l	(Range: 2 - 7)
Platelet Count	**436 x10^9/l**	**(Range: 150 - 410)**
MCH	30.2 pg	(Range: 27 - 32)
Mean Cell Volume	88.7 fl	(Range: 83 - 101)
Haematocrit	**0.352 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**120 g/l**	**(Range: 130 - 180)**
Red Cell Count	**3.97 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	7.4 x10^9/l	(Range: 4 - 10)

07-Aug-2023 Mr Anonymous User (ANON)
Result: Plasma glucose level

Glucose	4.7 mmol/L	(Range: 3.5 - 6)

07-Aug-2023 Mr Anonymous User (ANON)
Result: (Non Coded Event - Lipid profile)

Chol/HDL ratio	4.3	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd))	0.6 mmol/L	(No range available)
LDL-Cholest (calc'd)	3 mmol/L	(No range available)
HDL Cholesterol	1.1 mmol/L	(No range available)
Triglycerides	1.3 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	4.7 mmol/L	(No range available)

07-Aug-2023 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	40 g/L	(Range: 35 - 50)
Alkaline Phosphatase	73 U/L	(Range: 30 - 130)
AST	19 U/L	(No range available)
ALT	15 U/L	(No range available)
Total Bilirubin	5 umol/L	(No range available)

07-Aug-2023 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	63 umol/L	(Range: 40 - 130)
Urea	4.2 mmol/L	(Range: 2.5 - 7.8)
Chloride	104 mmol/L	(Range: 95 - 108)
Potassium	4.9 mmol/L	(Range: 3.5 - 5.3)
Sodium	139 mmol/L	(Range: 133 - 146)

07-Aug-2023 Mr Anonymous User (ANON)
Result: (Non Coded Event - Bone Profile)

Alkaline Phosphatase	73 U/L	(Range: 30 - 130)
Albumin	40 g/L	(Range: 35 - 50)
Phosphate	0.94 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.52 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.44 mmol/L	(Range: 2.2 - 2.6)

04-May-2023 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.09 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.7 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	2.1 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4.7 x10^9/l	(Range: 2 - 7)
Platelet Count	**420 x10^9/l**	**(Range: 150 - 410)**
MCH	30.7 pg	(Range: 27 - 32)
Mean Cell Volume	90.6 fl	(Range: 83 - 101)
Haematocrit	**0.348 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**118 g/l**	**(Range: 130 - 180)**
Red Cell Count	**3.84 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	7.6 x10^9/l	(Range: 4 - 10)

04-May-2023 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	40 g/L	(Range: 35 - 50)
Alkaline Phosphatase	70 U/L	(Range: 30 - 130)
AST	16 U/L	(No range available)
ALT	12 U/L	(No range available)
Total Bilirubin	7 umol/L	(No range available)

04-May-2023 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	69 umol/L	(Range: 40 - 130)
Urea	4 mmol/L	(Range: 2.5 - 7.8)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium	4.1 mmol/L	(Range: 3.5 - 5.3)
Sodium	138 mmol/L	(Range: 133 - 146)

09-Feb-2023 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.07 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.6 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.8 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4.6 x10^9/l	(Range: 2 - 7)
Platelet Count	394 x10^9/l	(Range: 150 - 410)
MCH	**32.2 pg**	**(Range: 27 - 32)**
Mean Cell Volume	93.3 fl	(Range: 83 - 101)
Haematocrit	**0.362 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**125 g/l**	**(Range: 130 - 180)**
Red Cell Count	**3.88 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	7.1 x10^9/l	(Range: 4 - 10)

09-Feb-2023 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	43 g/L	(Range: 35 - 50)
Alkaline Phosphatase	70 U/L	(Range: 30 - 130)
AST	24 U/L	(No range available)
ALT	18 U/L	(No range available)
Total Bilirubin	7 umol/L	(No range available)

09-Feb-2023 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	67 umol/L	(Range: 40 - 130)
Urea	4.7 mmol/L	(Range: 2.5 - 7.8)
Chloride	100 mmol/L	(Range: 95 - 108)
Potassium	4.5 mmol/L	(Range: 3.5 - 5.3)
Sodium	136 mmol/L	(Range: 133 - 146)

17-Jan-2023 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.09 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.7 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.9 x10^9/l	(Range: 1.1 - 5)
Neutrophils	2.6 x10^9/l	(Range: 2 - 7)
Platelet Count	**437 x10^9/l**	**(Range: 150 - 410)**
MCH	30.6 pg	(Range: 27 - 32)
Mean Cell Volume	92.9 fl	(Range: 83 - 101)
Haematocrit	**0.355 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**117 g/l**	**(Range: 130 - 180)**
Red Cell Count	**3.82 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	5.2 x10^9/l	(Range: 4 - 10)

17-Jan-2023 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	40 g/L	(Range: 35 - 50)
Alkaline Phosphatase	66 U/L	(Range: 30 - 130)
AST	17 U/L	(No range available)
ALT	12 U/L	(No range available)
Total Bilirubin	6 umol/L	(No range available)

17-Jan-2023 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	70 umol/L	(Range: 40 - 130)
Urea	4.2 mmol/L	(Range: 2.5 - 7.8)
Chloride	104 mmol/L	(Range: 95 - 108)
Potassium	4.7 mmol/L	(Range: 3.5 - 5.3)
Sodium	140 mmol/L	(Range: 133 - 146)

22-Dec-2022 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.11 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.8 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.7 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4.9 x10^9/l	(Range: 2 - 7)
Platelet Count	**504 x10^9/l**	**(Range: 150 - 410)**
MCH	30.2 pg	(Range: 27 - 32)
Mean Cell Volume	92.6 fl	(Range: 83 - 101)
Haematocrit	**0.374 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**122 g/l**	**(Range: 130 - 180)**
Red Cell Count	**4.04 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	7.6 x10^9/l	(Range: 4 - 10)

22-Dec-2022 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	43 g/L	(Range: 35 - 50)
Alkaline Phosphatase	94 U/L	(Range: 30 - 130)
AST	27 U/L	(No range available)
ALT	26 U/L	(No range available)
Total Bilirubin	7 umol/L	(No range available)

22-Dec-2022 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	70 umol/L	(Range: 40 - 130)
Urea	4.2 mmol/L	(Range: 2.5 - 7.8)
Chloride	105 mmol/L	(Range: 95 - 108)
Potassium	5 mmol/L	(Range: 3.5 - 5.3)
Sodium	140 mmol/L	(Range: 133 - 146)

01-Dec-2022 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.12 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.6 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.4 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4.2 x10^9/l	(Range: 2 - 7)
Platelet Count	397 x10^9/l	(Range: 150 - 410)
MCH	31.1 pg	(Range: 27 - 32)
Mean Cell Volume	91.9 fl	(Range: 83 - 101)
Haematocrit	**0.34 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**115 g/l**	**(Range: 130 - 180)**
Red Cell Count	**3.7 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	6.3 x10^9/l	(Range: 4 - 10)

01-Dec-2022 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	40 g/L	(Range: 35 - 50)
Alkaline Phosphatase	70 U/L	(Range: 30 - 130)
AST	18 U/L	(No range available)
ALT	15 U/L	(No range available)
Total Bilirubin	6 umol/L	(No range available)

01-Dec-2022 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	66 umol/L	(Range: 40 - 130)
Urea	4.6 mmol/L	(Range: 2.5 - 7.8)
Chloride	104 mmol/L	(Range: 95 - 108)
Potassium	4.5 mmol/L	(Range: 3.5 - 5.3)
Sodium	137 mmol/L	(Range: 133 - 146)

18-Nov-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - QFIT)

qFIT (Non Coded Event - qFIT) < 9		(No range available)

17-Nov-2022 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.06 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.6 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.5 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4.1 x10^9/l	(Range: 2 - 7)
Platelet Count	405 x10^9/l	(Range: 150 - 410)
MCH	31.3 pg	(Range: 27 - 32)
Mean Cell Volume	94 fl	(Range: 83 - 101)
Haematocrit	**0.345 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**115 g/l**	**(Range: 130 - 180)**
Red Cell Count	**3.67 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	6.3 x10^9/l	(Range: 4 - 10)

17-Nov-2022 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	42 g/L	(Range: 35 - 50)
Alkaline Phosphatase	70 U/L	(Range: 30 - 130)
AST	20 U/L	(No range available)
ALT	15 U/L	(No range available)
Total Bilirubin	7 umol/L	(No range available)

17-Nov-2022 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	72 umol/L	(Range: 40 - 130)
Urea	3.7 mmol/L	(Range: 2.5 - 7.8)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
Sodium	137 mmol/L	(Range: 133 - 146)

03-Nov-2022 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.08 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.5 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.5 x10^9/l	(Range: 1.1 - 5)
Neutrophils	2.6 x10^9/l	(Range: 2 - 7)
Platelet Count	**443 x10^9/l**	**(Range: 150 - 410)**
MCH	30.8 pg	(Range: 27 - 32)
Mean Cell Volume	92.1 fl	(Range: 83 - 101)
Haematocrit	**0.359 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**120 g/l**	**(Range: 130 - 180)**
Red Cell Count	**3.9 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	4.7 x10^9/l	(Range: 4 - 10)

03-Nov-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Transferrin / Iron)

T'ferrin Saturation	30 %	(Range: 25 - 55)
Iron	17 umol/L	(Range: 10 - 30)
Transferrin	2.27 g/L	(Range: 2 - 4)

03-Nov-2022 Mr Anonymous User (ANON)
Result: Serum C reactive protein level

C Reactive Protein	**13 mg/L**	**(No range available)**

03-Nov-2022 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	42 g/L	(Range: 35 - 50)
Alkaline Phosphatase	67 U/L	(Range: 30 - 130)
AST	27 U/L	(No range available)
ALT	26 U/L	(No range available)
Total Bilirubin	5 umol/L	(No range available)

03-Nov-2022 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	66 umol/L	(Range: 40 - 130)
Urea	4.7 mmol/L	(Range: 2.5 - 7.8)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium	4.4 mmol/L	(Range: 3.5 - 5.3)
Sodium	138 mmol/L	(Range: 133 - 146)

20-Oct-2022 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.08 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.7 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.5 x10^9/l	(Range: 1.1 - 5)
Neutrophils	3.7 x10^9/l	(Range: 2 - 7)
Platelet Count	**422 x10^9/l**	**(Range: 150 - 410)**
MCH	31.5 pg	(Range: 27 - 32)
Mean Cell Volume	93.5 fl	(Range: 83 - 101)
Haematocrit	**0.374 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**126 g/l**	**(Range: 130 - 180)**
Red Cell Count	**4 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	6 x10^9/l	(Range: 4 - 10)

20-Oct-2022 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	41 g/L	(Range: 35 - 50)
Alkaline Phosphatase	66 U/L	(Range: 30 - 130)
AST	23 U/L	(No range available)
ALT	20 U/L	(No range available)
Total Bilirubin	6 umol/L	(No range available)

20-Oct-2022 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	66 umol/L	(Range: 40 - 130)
Urea	4.3 mmol/L	(Range: 2.5 - 7.8)
Chloride	101 mmol/L	(Range: 95 - 108)
Potassium	4.4 mmol/L	(Range: 3.5 - 5.3)
Sodium	138 mmol/L	(Range: 133 - 146)

10-Oct-2022 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.08 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.7 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.2 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4 x10^9/l	(Range: 2 - 7)
Platelet Count	**444 x10^9/l**	**(Range: 150 - 410)**
MCH	31.3 pg	(Range: 27 - 32)
Mean Cell Volume	93.3 fl	(Range: 83 - 101)
Haematocrit	**0.346 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**116 g/l**	**(Range: 130 - 180)**
Red Cell Count	**3.71 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	5.9 x10^9/l	(Range: 4 - 10)

10-Oct-2022 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	41 g/L	(Range: 35 - 50)
Alkaline Phosphatase	62 U/L	(Range: 30 - 130)
AST	19 U/L	(No range available)
ALT	19 U/L	(No range available)
Total Bilirubin	6 umol/L	(No range available)

10-Oct-2022 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	67 umol/L	(Range: 40 - 130)
Urea	3.5 mmol/L	(Range: 2.5 - 7.8)
Chloride	102 mmol/L	(Range: 95 - 108)
Potassium	4.8 mmol/L	(Range: 3.5 - 5.3)
Sodium	139 mmol/L	(Range: 133 - 146)

20-Sept-2022 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.02 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.6 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.3 x10^9/l	(Range: 1.1 - 5)
Neutrophils	3.4 x10^9/l	(Range: 2 - 7)
Platelet Count	**510 x10^9/l**	**(Range: 150 - 410)**
MCH	30.1 pg	(Range: 27 - 32)
Mean Cell Volume	91.3 fl	(Range: 83 - 101)
Haematocrit	**0.358 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**118 g/l**	**(Range: 130 - 180)**
Red Cell Count	**3.92 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	5.3 x10^9/l	(Range: 4 - 10)

20-Sept-2022 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	41 g/L	(Range: 35 - 50)
Alkaline Phosphatase	56 U/L	(Range: 30 - 130)
AST	17 U/L	(No range available)
ALT	16 U/L	(No range available)
Total Bilirubin	5 umol/L	(No range available)

20-Sept-2022 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	59 umol/L	(Range: 40 - 130)
Urea	4.5 mmol/L	(Range: 2.5 - 7.8)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium	4.7 mmol/L	(Range: 3.5 - 5.3)
Sodium	140 mmol/L	(Range: 133 - 146)

06-Sept-2022 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	40 g/L	(Range: 35 - 50)
Alkaline Phosphatase	57 U/L	(Range: 30 - 130)
AST	14 U/L	(No range available)
ALT	14 U/L	(No range available)
Total Bilirubin	6 umol/L	(No range available)

06-Sept-2022 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	64 umol/L	(Range: 40 - 130)
Urea	3.2 mmol/L	(Range: 2.5 - 7.8)
Chloride	102 mmol/L	(Range: 95 - 108)
Potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
Sodium	138 mmol/L	(Range: 133 - 146)

06-Sept-2022 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.07 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.7 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.7 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4.3 x10^9/l	(Range: 2 - 7)
Platelet Count	**473 x10^9/l**	**(Range: 150 - 410)**
MCH	30.9 pg	(Range: 27 - 32)
Mean Cell Volume	93.1 fl	(Range: 83 - 101)
Haematocrit	**0.365 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**121 g/l**	**(Range: 130 - 180)**
Red Cell Count	**3.92 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	6.7 x10^9/l	(Range: 4 - 10)

06-Sept-2022 Mr Anonymous User (ANON)
Result: Serum vitamin B12

Serum Vitamin B12	271 ng/l	(Range: 200 - 883)

06-Sept-2022 Mr Anonymous User (ANON)
Result: Serum folate

Serum Folate	5.1 ug/l	(Range: 3.1 - 20)

06-Sept-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Serum Ferritin)

Serum Ferritin	211 ug/l	(Range: 15 - 300)

23-Aug-2022 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.04 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.6 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.9 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4.4 x10^9/l	(Range: 2 - 7)
Platelet Count	354 x10^9/l	(Range: 150 - 410)
MCH	30.9 pg	(Range: 27 - 32)
Mean Cell Volume	90.5 fl	(Range: 83 - 101)
Haematocrit	**0.363 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**124 g/l**	**(Range: 130 - 180)**
Red Cell Count	**4.01 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	6.9 x10^9/l	(Range: 4 - 10)

23-Aug-2022 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	42 g/L	(Range: 35 - 50)
Alkaline Phosphatase	49 U/L	(Range: 30 - 130)
AST	15 U/L	(No range available)
ALT	16 U/L	(No range available)
Total Bilirubin	8 umol/L	(No range available)

23-Aug-2022 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	68 umol/L	(Range: 40 - 130)
Urea	3.8 mmol/L	(Range: 2.5 - 7.8)
Chloride	102 mmol/L	(Range: 95 - 108)
Potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
Sodium	139 mmol/L	(Range: 133 - 146)

10-Aug-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Protein)

U Protein:Creatinine NA		(No range available)
Urine Protein/volume (Non Coded Event - Urine Protein/volume)		(No range available)
Urine Protein < 0.100		(No range available)
Urine Creatinine	5.2 mmol/L	(No range available)
Urine volume (ml) NA		(No range available)

10-Aug-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Albumin)

U Alb/Creat Ratio	1.3 mg/mmol creatinine	(No range available)
Urine Albumin	7 mg/L	(No range available)

08-Aug-2022 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	**0.01 x10^9/l**	**(Range: 0.02 - 0.5)**
Monocytes	0.8 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	2.2 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4.5 x10^9/l	(Range: 2 - 7)
Platelet Count	**525 x10^9/l**	**(Range: 150 - 410)**
MCH	30.2 pg	(Range: 27 - 32)
Mean Cell Volume	87.6 fl	(Range: 83 - 101)
Haematocrit	**0.36 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**124 g/l**	**(Range: 130 - 180)**
Red Cell Count	**4.11 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	7.5 x10^9/l	(Range: 4 - 10)

08-Aug-2022 Mr Anonymous User (ANON)
Result: Plasma glucose level

Glucose	5.5 mmol/L	(Range: 3.5 - 6)

08-Aug-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Lipid profile)

Chol/HDL ratio	3	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd))	0.4 mmol/L	(No range available)
LDL-Cholest (calc'd)	2.6 mmol/L	(No range available)
HDL Cholesterol	1.5 mmol/L	(No range available)
Triglycerides	0.8 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	4.5 mmol/L	(No range available)

08-Aug-2022 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	40 g/L	(Range: 35 - 50)
Alkaline Phosphatase	50 U/L	(Range: 30 - 130)
AST	12 U/L	(No range available)
ALT	16 U/L	(No range available)
Total Bilirubin	5 umol/L	(No range available)

08-Aug-2022 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	61 umol/L	(Range: 40 - 130)
Urea	5.5 mmol/L	(Range: 2.5 - 7.8)
Chloride	102 mmol/L	(Range: 95 - 108)
Potassium	4 mmol/L	(Range: 3.5 - 5.3)
Sodium	137 mmol/L	(Range: 133 - 146)

08-Aug-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Bone Profile)

Alkaline Phosphatase	50 U/L	(Range: 30 - 130)
Albumin	40 g/L	(Range: 35 - 50)
Phosphate	1.13 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.44 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.45 mmol/L	(Range: 2.2 - 2.6)

20-Apr-2022 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.21 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.5 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.7 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4 x10^9/l	(Range: 2 - 7)
Platelet Count	**424 x10^9/l**	**(Range: 150 - 410)**
MCH	30.4 pg	(Range: 27 - 32)
Mean Cell Volume	88.1 fl	(Range: 83 - 101)
Haematocrit	**0.386 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	133 g/l	(Range: 130 - 180)
Red Cell Count	**4.38 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	6.5 x10^9/l	(Range: 4 - 10)

20-Apr-2022 Mr Anonymous User (ANON)
Result: Erythrocyte sedimentation rate

ESR	**35 mm/hr**	**(No range available)**

20-Apr-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - I Rheumatoid Factor)

Rheumatoid Factor	**39 IU/mL**	**(Range: 1 - 29)**

20-Apr-2022 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	43 g/L	(Range: 35 - 50)
Alkaline Phosphatase	69 U/L	(Range: 30 - 130)
AST	18 U/L	(No range available)
ALT	18 U/L	(No range available)
Total Bilirubin	9 umol/L	(No range available)

20-Apr-2022 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	65 umol/L	(Range: 40 - 130)
Urea	4.7 mmol/L	(Range: 2.5 - 7.8)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
Sodium	138 mmol/L	(Range: 133 - 146)

20-Apr-2022 Mr Anonymous User (ANON)
Result: Serum C reactive protein level

C Reactive Protein	10 mg/L	(No range available)

20-Apr-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - H.pylori serology)

H.pylori antibody DETECTED		(No range available)

08-Nov-2021 Mr Anonymous User (ANON)
Result: Erythrocyte sedimentation rate

ESR	**45 mm/hr**	**(No range available)**

08-Nov-2021 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.19 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.6 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.9 x10^9/l	(Range: 1.1 - 5)
Neutrophils	3.7 x10^9/l	(Range: 2 - 7)
Platelet Count	**448 x10^9/l**	**(Range: 150 - 410)**
MCH	29.7 pg	(Range: 27 - 32)
Mean Cell Volume	92.1 fl	(Range: 83 - 101)
Haematocrit	0.418 l/l	(Range: 0.4 - 0.54)
Haemoglobin	135 g/l	(Range: 130 - 180)
Red Cell Count	4.54 x10^12/l	(Range: 4.5 - 6.5)
White Blood Count	6.4 x10^9/l	(Range: 4 - 10)

08-Nov-2021 Mr Anonymous User (ANON)
Result: (Non Coded Event - Thyroid funct test)

Total T3		(No range available)
Free T4	13.3 pmol/L	(Range: 9 - 21)
TSH	1.21 mU/L	(Range: 0.35 - 5)

08-Nov-2021 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	72 umol/L	(Range: 40 - 130)
Urea	3.7 mmol/L	(Range: 2.5 - 7.8)
Chloride	101 mmol/L	(Range: 95 - 108)
Potassium	4.9 mmol/L	(Range: 3.5 - 5.3)
Sodium	138 mmol/L	(Range: 133 - 146)

08-Nov-2021 Mr Anonymous User (ANON)
Result: Plasma glucose level

Glucose	4.6 mmol/L	(Range: 3.5 - 6)

08-Nov-2021 Mr Anonymous User (ANON)
Result: (Non Coded Event - QFIT)

qFIT (Non Coded Event - qFIT) < 9		(No range available)

05-Sept-2021 Mr Anonymous User (ANON)
Result: (Non Coded Event - SARS-CoV-2)

SARS-CoV-2 (Non Coded Event - SARS-CoV-2)		(No range available)

12-Aug-2021 Mr Anonymous User (ANON)
Result: Erythrocyte sedimentation rate

ESR	**37 mm/hr**	**(No range available)**

12-Aug-2021 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.14 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.8 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	2.3 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4 x10^9/l	(Range: 2 - 7)
Platelet Count	**485 x10^9/l**	**(Range: 150 - 410)**
MCH	30.6 pg	(Range: 27 - 32)
Mean Cell Volume	89.5 fl	(Range: 83 - 101)
Haematocrit	0.418 l/l	(Range: 0.4 - 0.54)
Haemoglobin	143 g/l	(Range: 130 - 180)
Red Cell Count	4.67 x10^12/l	(Range: 4.5 - 6.5)
White Blood Count	7.3 x10^9/l	(Range: 4 - 10)

12-Aug-2021 Mr Anonymous User (ANON)
Result: Plasma glucose level

Glucose	5.1 mmol/L	(Range: 3.5 - 6)

12-Aug-2021 Mr Anonymous User (ANON)
Result: (Non Coded Event - Thyroid funct test)

Total T3		(No range available)
Free T4	13.1 pmol/L	(Range: 9 - 21)
TSH	2.21 mU/L	(Range: 0.35 - 5)

12-Aug-2021 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	66 umol/L	(Range: 40 - 130)
Urea	5.2 mmol/L	(Range: 2.5 - 7.8)
Chloride	105 mmol/L	(Range: 95 - 108)
Potassium	4.5 mmol/L	(Range: 3.5 - 5.3)
Sodium	139 mmol/L	(Range: 133 - 146)

12-Aug-2021 Mr Anonymous User (ANON)
Result: Serum C reactive protein level

C Reactive Protein	6 mg/L	(No range available)

12-Aug-2021 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	43 g/L	(Range: 35 - 50)
Alkaline Phosphatase	78 U/L	(Range: 30 - 130)
AST	17 U/L	(No range available)
ALT	19 U/L	(No range available)
Total Bilirubin	6 umol/L	(No range available)

27-May-2021 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	39 g/L	(Range: 35 - 50)
Alkaline Phosphatase	72 U/L	(Range: 30 - 130)
AST	16 U/L	(No range available)
ALT	16 U/L	(No range available)
Total Bilirubin	8 umol/L	(No range available)

07-Apr-2021 Mr Anonymous User (ANON)

Result: Full blood count - FBC		
Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.1 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.8 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	2.4 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4.9 x10^9/l	(Range: 2 - 7)
Platelet Count	**419 x10^9/l**	**(Range: 150 - 410)**
MCH	30.5 pg	(Range: 27 - 32)
Mean Cell Volume	87.7 fl	(Range: 83 - 101)
Haematocrit	0.405 l/l	(Range: 0.4 - 0.54)
Haemoglobin	141 g/l	(Range: 130 - 180)
Red Cell Count	4.62 x10^12/l	(Range: 4.5 - 6.5)
White Blood Count	8.1 x10^9/l	(Range: 4 - 10)

07-Apr-2021 Mr Anonymous User (ANON)

Result: Plasma glucose level		
Glucose	3.8 mmol/L	(Range: 3.5 - 6)

07-Apr-2021 Mr Anonymous User (ANON)

Result: (Non Coded Event - Thyroid funct test)		
Total T3		(No range available)
Free T4	12.2 pmol/L	(Range: 9 - 21)
TSH	2.47 mU/L	(Range: 0.35 - 5)

07-Apr-2021 Mr Anonymous User (ANON)

Result: Liver function test		
Albumin	43 g/L	(Range: 35 - 50)
Alkaline Phosphatase	79 U/L	(Range: 30 - 130)
AST	17 U/L	(No range available)
ALT	16 U/L	(No range available)
Total Bilirubin	6 umol/L	(No range available)

07-Apr-2021 Mr Anonymous User (ANON)

Result: Urea and electrolytes		
Estimated GFR > 60		(No range available)
Creatinine	69 umol/L	(Range: 40 - 130)
Urea	3.7 mmol/L	(Range: 2.5 - 7.8)
Chloride	102 mmol/L	(Range: 95 - 108)
Potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
Sodium	138 mmol/L	(Range: 133 - 146)

07-Apr-2021 Mr Anonymous User (ANON)

Result: (Non Coded Event - Serum Ferritin)		
Serum Ferritin	285 ug/l	(Range: 15 - 300)

09-Mar-2021 Mr Anonymous User (ANON)

Result: (Non Coded Event - Urine Protein)		
U Protein:Creatinine	9 mg/mmol creatinine	(No range available)
Urine Protein/volume (Non Coded Event - Urine Protein/volume)		(No range available)
Urine Protein	0.106 g/L	(No range available)
Urine Creatinine	12 mmol/L	(No range available)
Urine volume (ml) NA		(No range available)

09-Mar-2021 Mr Anonymous User (ANON)

Result: (Non Coded Event - Urine Albumin)		
U Alb/Creat Ratio	0.8 mg/mmol creatinine	(No range available)
Urine Albumin	9 mg/L	(No range available)

08-Mar-2021 Mr Anonymous User (ANON)

Result: Full blood count - FBC		
Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.14 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.7 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	2.1 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4.3 x10^9/l	(Range: 2 - 7)
Platelet Count	**432 x10^9/l**	**(Range: 150 - 410)**
MCH	30.8 pg	(Range: 27 - 32)
Mean Cell Volume	90.8 fl	(Range: 83 - 101)
Haematocrit	0.413 l/l	(Range: 0.4 - 0.54)
Haemoglobin	140 g/l	(Range: 130 - 180)
Red Cell Count	4.55 x10^12/l	(Range: 4.5 - 6.5)
White Blood Count	7.3 x10^9/l	(Range: 4 - 10)

08-Mar-2021 Mr Anonymous User (ANON)

Result: Plasma glucose level		
Glucose	4.3 mmol/L	(Range: 3.5 - 6)

08-Mar-2021 Mr Anonymous User (ANON)
Result: (Non Coded Event - Lipid profile)

Chol/HDL ratio	5.2	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd))	0.9 mmol/L	(No range available)
LDL-Cholest (calc'd)	2.9 mmol/L	(No range available)
HDL Cholesterol	0.9 mmol/L	(No range available)
Triglycerides	2 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	4.7 mmol/L	(No range available)

08-Mar-2021 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	40 g/L	(Range: 35 - 50)
Alkaline Phosphatase	90 U/L	(Range: 30 - 130)
AST	27 U/L	(No range available)
ALT	37 U/L	(No range available)
Total Bilirubin	6 umol/L	(No range available)

08-Mar-2021 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	61 umol/L	(Range: 40 - 130)
Urea	5.6 mmol/L	(Range: 2.5 - 7.8)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
Sodium	137 mmol/L	(Range: 133 - 146)

08-Mar-2021 Mr Anonymous User (ANON)
Result: (Non Coded Event - Bone Profile)

Alkaline Phosphatase	90 U/L	(Range: 30 - 130)
Albumin	40 g/L	(Range: 35 - 50)
Phosphate	1.11 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.45 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.37 mmol/L	(Range: 2.2 - 2.6)

12-Feb-2021 Mr Anonymous User (ANON)
Result: Plasma glucose level

Glucose	4.6 mmol/L	(Range: 3.5 - 6)

12-Feb-2021 Mr Anonymous User (ANON)
Result: (Non Coded Event - Thyroid funct test)

Total T3		(No range available)
Free T4	12.8 pmol/L	(Range: 9 - 21)
TSH	2.07 mU/L	(Range: 0.35 - 5)

12-Feb-2021 Mr Anonymous User (ANON)
Result: (Non Coded Event - Chol/Triglyceride)

Triglycerides	2.1 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	5.5 mmol/L	(No range available)

12-Feb-2021 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	42 g/L	(Range: 35 - 50)
Alkaline Phosphatase	74 U/L	(Range: 30 - 130)
AST	17 U/L	(No range available)
ALT	16 U/L	(No range available)
Total Bilirubin	5 umol/L	(No range available)

12-Feb-2021 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	67 umol/L	(Range: 40 - 130)
Urea	6.4 mmol/L	(Range: 2.5 - 7.8)
Chloride	105 mmol/L	(Range: 95 - 108)
Potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
Sodium	139 mmol/L	(Range: 133 - 146)

12-Feb-2021 Mr Anonymous User (ANON)
Result: Serum C reactive protein level

C Reactive Protein	5 mg/L	(No range available)

12-Feb-2021 Mr Anonymous User (ANON)
Result: (Non Coded Event - Bone Profile)

Alkaline Phosphatase	74 U/L	(Range: 30 - 130)
Albumin	42 g/L	(Range: 35 - 50)
Phosphate	0.96 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.3 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.34 mmol/L	(Range: 2.2 - 2.6)

12-Feb-2021 Mr Anonymous User (ANON)
Result: Erythrocyte sedimentation rate

ESR	**21 mm/hr**	**(No range available)**

12-Feb-2021 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.21 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.8 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	2.3 x10^9/l	(Range: 1.1 - 5)
Neutrophils	3.7 x10^9/l	(Range: 2 - 7)
Platelet Count	**466 x10^9/l**	**(Range: 150 - 410)**
MCH	30.1 pg	(Range: 27 - 32)
Mean Cell Volume	87.3 fl	(Range: 83 - 101)
Haematocrit	0.4 l/l	(Range: 0.4 - 0.54)
Haemoglobin	138 g/l	(Range: 130 - 180)
Red Cell Count	4.58 x10^12/l	(Range: 4.5 - 6.5)
White Blood Count	7.1 x10^9/l	(Range: 4 - 10)

23-Apr-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Thyroid funct test)

Total T3		(No range available)
Free T4	12.8 pmol/L	(Range: 9 - 21)
TSH	1.53 mU/L	(Range: 0.35 - 5)

23-Apr-2019 Mr Anonymous User (ANON)
Result: Liver function test

Albumin	41 g/L	(Range: 35 - 50)
Alkaline Phosphatase	66 U/L	(Range: 30 - 130)
AST	15 U/L	(No range available)
ALT	14 U/L	(No range available)
Total Bilirubin	8 umol/L	(No range available)

23-Apr-2019 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	70 umol/L	(Range: 40 - 130)
Urea	4.2 mmol/L	(Range: 2.5 - 7.8)
Chloride	104 mmol/L	(Range: 95 - 108)
Potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
Sodium	140 mmol/L	(Range: 133 - 146)

23-Apr-2019 Mr Anonymous User (ANON)
Result: Serum C reactive protein level

C Reactive Protein	4 mg/L	(No range available)

23-Apr-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Bone Profile)

Alkaline Phosphatase	66 U/L	(Range: 30 - 130)
Albumin	41 g/L	(Range: 35 - 50)
Phosphate	0.99 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.44 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.47 mmol/L	(Range: 2.2 - 2.6)

23-Apr-2019 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.14 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.5 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.4 x10^9/l	(Range: 1.1 - 5)
Neutrophils	2.5 x10^9/l	(Range: 2 - 7)
Platelet Count	**442 x10^9/l**	**(Range: 150 - 410)**
MCH	30.8 pg	(Range: 27 - 32)
Mean Cell Volume	92.6 fl	(Range: 83 - 101)
Haematocrit	0.415 l/l	(Range: 0.4 - 0.54)
Haemoglobin	138 g/l	(Range: 130 - 180)
Red Cell Count	**4.48 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	4.6 x10^9/l	(Range: 4 - 10)

23-Apr-2019 Mr Anonymous User (ANON)
Result: Plasma glucose level

Glucose	4.9 mmol/L	(Range: 3.5 - 6)

Other Items

01-Aug-2025	Read Code	BCSP faecal occult blood test normal
01-Aug-2025	Read Code	Bowel cancer screening - negative FOBs

07-Sept-2023	Read Code	No response to bowel cancer screening programme invitation Non-Responder
01-Aug-2022	Read Code	Rheumatoid arthritis
15-Mar-2022	Recall	Medication review
07-Sept-2021	Read Code	No response to bowel cancer screening programme invitation Non-Responder
09-Apr-2021	Read Code	Subject access request completed to be sent to Digby Brown
16-Mar-2021	Read Code	Blood test recall
26-Feb-2021	Read Code	Chronic kidney disease stage 1 CKD stage 1/2
19-Feb-2021	Read Code	Excluded 2019-nCoV (novel coronavirus) infection
18-Feb-2021	Read Code	Tested for 2019-nCoV (novel coronavirus) infection
18-Feb-2021	Read Code	Renal agenesis, unspecified solitary left kidney
04-July-2014	Read Code	Ex Patients Dr Addis
18-Apr-2011	Read Code	Primary prevention of ischaemic heart disease
10-Mar-2011	Read Code	White British

Attachments

Scanned Document
27-May-2026 KATHLEEN_18885
Additional: Scanned Document

Filename: document.pdf
Extension:.tif
Pages:

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,26.5875795.H
Specimen Type	Blood
Date/Time Collected	22.01.26 / 14:11
Date/Time Received	22.01.26 / 18:08
Requested By	Dr Carys Morrison
GP Practice	46131
Date/Time Reported	22.01.26 / 18:17
Details	NPT - MTX & Sulfa.

Results

Full Blood Count - Authorised on 22.01.26 at 18:13

White Blood Count		6.9	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.44	x10^12/l	(4.50-6.50)
Haemoglobin		131	g/l	(130-180)
Haematocrit		0.408	l/l	(0.400-0.540)
Mean Cell Volume		91.9	fl	(83.0-101.0)
MCH		29.5	pg	(27.0-32.0)
Platelet Count	+	521	x10^9/l	(150-410)
Neutrophils		4.3	x10^9/l	(2.0-7.0)
Lymphocytes		1.7	x10^9/l	(1.1-5.0)
Monocytes		0.5	x10^9/l	(0.2-1.0)
Eosinophils		0.37	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

McFarlane Stewart CHI: 0906716470

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Dr. El Douglas
Crail Medical Practice
245 Tollcross Road
Glasgow
G31 4UW

Main Switchboard:	0141 211 4000
Department:	Rheumatology
Contact Tel:	Consultant-on-call Orthotics Department Glasgow Royal Infirmary
Enquiries to:	
Letter Date:	03/12/2025
Reference:	JB/LD
Dictated Date:	03/12/2025
Transcribed Date:	29/12/2025

Dear Dr. El Douglas,

Stewart McFarlane; D.O.B: 09 Jun 1971; CHI: 0906716470
32 DALRY STREET, Glasgow, Lanarkshire, G32 9BL

Attendance: Specialty - Rheumatology; Clinic - GRRMRH5-DR MADHOCK RHEUM WEDNESDAY AM FACE TO FACE TO BE BOOKED BY CONS ONLY
Date and Time of Appointment - 03/12/2025 10:00

Follow Up: 03/06/2026 10:30 Rheumatology Dr Rajan Madhok

Clinical Comments:
I saw this 54 year old gentleman at rheumatology clinic today problems are as follows:

Rheumatoid arthritis: First seen June 2022, strongly CCP positive, weak RF positive. Continues on Methotrexate 7.5mg subcutaneous once weekly (maximum dose tolerated), Sulfasalazine 2g once daily and Hydroxychloroquine 400/200mg alternate days. Overall things seem relatively well controlled. He does have increasing pain at his right elbow, right ankle and pain mainly of his right hand/can affect both hands. He states he has just noticed pain with no swelling and describes burning pain sensations.

On examination of the right elbow he is tender over the lateral epicondyle in keeping with lateral epicondylitis. He states that he has been struggling to open jars with his right hand properly and therefore he is probably putting strain through the left when he is trying to open things. There is no elbow synovitis. His right hand - there is no synovitis but does feel as though there is mechanical osteoarthritis there. The left hand appears relatively good. His right ankle as well does not show any evidence of synovitis. He describes pain more at the achilles tendon and around the sides of his feet but feels again like a tendinopathy type pain that he is experiencing. Again no swelling was evident there and I overall thought his rheumatoid disease was stable with no evidence of inflammatory disease present.

I have advised Ibuprofen gel and deep heat in the first instance and it would be worthwhile getting orthotics review for him with the right foot and ankle pain as he states at times he struggles to walk long distances. There may be an element of neuropathic pain here as he does have neck and backpain which was the consequence of a road traffic accident approximately five years ago.

Kidney: He only has one kidney and therefore we have to be cautious with NSAID therapy but Ibuprofen gel would be safe.

Blood pressure and weight: 118/83 and 74.4kg.

Bloods were relatively stable I have not made any changes to his medications today and in the first instance we will try conservative measures. If he is having ongoing issues with the right foot ankle then we can consider MRI to ensure there is no evidence of tenosynovitis but this certainly doesn't seem warranted at present.

Yours sincerely

Dr James Brock

ST7 Rheumatology

Electronically Signed: Dr James Brock, Doctor

cc. 0141 451 5384

MCFARLANE, Stewart (Mr)
BORN 09-Jun-1971 (54y) GENDER Male
CHI 0906716470

Request to GP to prescribe medication

Last updated by James BROCK (James Brock) on 03-Dec-2025 10:17 (v. 1)

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	03-Dec-2025		
Hospital	Glasgow Royal Infirmary	Other	—
Specialty / Service	Rheumatology		
Clinic	Yes	Please Specify	----

Dear Doctor

Your Patient Was Seen

Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: mechanical pain

Additions and Replacements

Product	Dose	Frequency	Current Regime Status	Comments
Ibuprofen gel 5%	1 APP	PRN	Addition	----

Replacements

This medication replaces which should now be stopped: —

Patient advised to collect prescription: Yes

Please Note: A Detailed Letter Will Follow.

Additional Notes / Summary

Additional Notes / Summary: —

MCFARLANE, Stewart (Mr) - 0906716470 (CHI) 9dbc1c6d-b2e3-4862-957a-8cc1439cfdd3

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

Clinician Details

Name	James Brock
ClinicianDetailsRole	Doctor
Professional Registration Number	7334349
Contact Details	james.brock2@nhs.scot

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,26.4490817.Q
Specimen Type	Blood
Date/Time Collected	22.01.26 / 14:11
Date/Time Received	22.01.26 / 18:11
Requested By	Dr Carys Morrison
GP Practice	46131
Date/Time Reported	23.01.26 / 07:07
Details	NPT - MTX & Sulfa.

Results

Urea & Electrolytes - Authorised on 23.01.26 at 07:01

Sodium	135	mmol/L	(133-146)
Potassium	4.3	mmol/L	(3.5-5.3)
Chloride	100	mmol/L	(95-108)
Urea	4.9	mmol/L	(2.5-7.8)
Creatinine	66	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 23.01.26 at 07:01

Total Bilirubin	7	umol/L	(<20)
ALT	13	U/L	(<50)
AST	19	U/L	(<40)
Alkaline Phosphatase	87	U/L	(30-130)
Albumin	43	g/L	(35-50)

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,25.5250601.L
Specimen Type	Urine
Date/Time Collected	15.10.25 / 15:37
Date/Time Received	16.10.25 / 10:39
Requested By	Dr Poppy Morgan
GP Practice	46131
Date/Time Reported	16.10.25 / 14:52
Details	NPT - MTX & Sulfa. + CKD ...

Results

Urine Albumin - Authorised on 16.10.25 at 14:47

Urine Albumin	<5	mg/L	(<20)
U Alb/Creat Ratio	NA	mg/mmol crea	

Comments:
Unable to calculate albumin:creatinine ratio as albumin <5 mg/L.

Urine Protein - Authorised on 16.10.25 at 14:47

Urine volume (ml)	NA	mL	
Urine Creatinine	4.2	mmol/L	
Urine Protein	<0.068	g/L	(<0.200)
Urine Protein/volume		g/volume	
U Protein:Creatinine	NA	mg/mmol crea	

End of Report

NHS Confidential: Personal data about a patient

File Status	Not Filed.	**Tasks**	No Tasks.
Assigned User	Unassigned.	**Filed By User**	Not Filed
Patient Matched	Yes.	**BoSS Message Type**	Result

electronic Notification of Bowel Screening Results Service

New BOSS Report

CHI Number	0906716470
Name	MCFARLANE, STEWART
Date Of Birth	09/ 06/ 1971
Registered GP	G0117
Practice Code	G46131

Report Date	**01Aug2025**
Letter ID	**41047506098241**
Kit ID	**9129415996**
Result	**BCSP faecal occult blood test normal(686A.)**
Report Comments	**Negative**
Recommended Management	**No action required**

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,25.5256073.P
Specimen Type	Blood
Date/Time Collected	14.10.25 / 10:39
Date/Time Received	14.10.25 / 14:13
Requested By	Dr Poppy Morgan
GP Practice	46131
Date/Time Reported	14.10.25 / 15:12
Details	NPT - MTX & Sulfa. + CKD ...

Results

Bone Profile - Authorised on 14.10.25 at 15:10

Calcium	2.47	mmol/L	(2.20-2.60)
Calcium (adjusted)	2.55	mmol/L	(2.20-2.60)
Phosphate	1.09	mmol/L	(0.80-1.50)
Albumin	44	g/L	(35-50)
Alkaline Phosphatase	76	U/L	(30-130)

Urea & Electrolytes - Authorised on 14.10.25 at 15:10

Sodium	136	mmol/L	(133-146)
Potassium	4.6	mmol/L	(3.5-5.3)
Chloride	102	mmol/L	(95-108)
Urea	4.2	mmol/L	(2.5-7.8)
Creatinine	63	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 14.10.25 at 15:10

Total Bilirubin	6	umol/L	(<20)
ALT	15	U/L	(<50)
AST	21	U/L	(<40)
Alkaline Phosphatase	76	U/L	(30-130)
Albumin	44	g/L	(35-50)

Lipid profile - Authorised on 14.10.25 at 15:10

Cholesterol	5.6	mmol/L	
Triglycerides	1.4	mmol/L	(0.2-2.3)
HDL Cholesterol	1.2	mmol/L	
LDL-Cholest (calc'd)	3.8	mmol/L	
VLDL-Chol (calc'd)	0.6	mmol/L	
Chol/HDL ratio	4.7		

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,25.6311138.P
Specimen Type	Blood
Date/Time Collected	14.10.25 / 10:39
Date/Time Received	14.10.25 / 14:07
Requested By	Dr Poppy Morgan
GP Practice	46131
Date/Time Reported	14.10.25 / 14:22
Details	NPT - MTX & Sulfa. + CKD ...

Results

Full Blood Count - Authorised on 14.10.25 at 14:17

White Blood Count		5.5	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.41	x10^12/l	(4.50-6.50)
Haemoglobin		131	g/l	(130-180)
Haematocrit		0.401	l/l	(0.400-0.540)
Mean Cell Volume		90.9	fl	(83.0-101.0)
MCH		29.7	pg	(27.0-32.0)
Platelet Count	+	478	x10^9/l	(150-410)
Neutrophils		2.9	x10^9/l	(2.0-7.0)
Lymphocytes		1.6	x10^9/l	(1.1-5.0)
Monocytes		0.6	x10^9/l	(0.2-1.0)
Eosinophils		0.36	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,25.5256074.F
Specimen Type	Blood
Date/Time Collected	14.10.25 / 10:39
Date/Time Received	14.10.25 / 14:15
Requested By	Dr Poppy Morgan
GP Practice	46131
Date/Time Reported	14.10.25 / 22:42
Details	NPT - MTX & Sulfa. + CKD ...

Results

Glucose - Authorised on 14.10.25 at 22:40

Glucose	4.7	mmol/L	(3.5-6.0)

Comments:
Non-fasting sample

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,25.6149041.A
Specimen Type	Blood
Date/Time Collected	14.07.25 / 11:46
Date/Time Received	14.07.25 / 13:56
Requested By	Katie MacDonald
GP Practice	46131
Date/Time Reported	14.07.25 / 14:12
Details	NPT - MTX.

Results

Full Blood Count - Authorised on 14.07.25 at 14:07

White Blood Count		6.7	x10^9/l	(4.0-10.0)
Red Cell Count	-	3.93	x10^12/l	(4.50-6.50)
Haemoglobin	-	118	g/l	(130-180)
Haematocrit	-	0.353	l/l	(0.400-0.540)
Mean Cell Volume		89.8	fl	(85.0-101.0)
MCH		30.0	pg	(27.0-32.0)
Platelet Count		402	x10^9/l	(150-410)
Neutrophils		4.0	x10^9/l	(2.0-7.0)
Lymphocytes		1.8	x10^9/l	(1.1-5.0)
Monocytes		0.6	x10^9/l	(0.2-1.0)
Eosinophils		0.27	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,25.4985646.G
Specimen Type	Blood
Date/Time Collected	14.07.25 / 11:46
Date/Time Received	14.07.25 / 14:16
Requested By	Katie MacDonald
GP Practice	46131
Date/Time Reported	15.07.25 / 06:02
Details	NPT - MTX.

Results

Urea & Electrolytes - Authorised on 15.07.25 at 05:56

Sodium	138	mmol/L	(133-146)
Potassium	4.1	mmol/L	(3.5-5.3)
Chloride	106	mmol/L	(95-108)
Urea	6.0	mmol/L	(2.5-7.8)
Creatinine	63	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 15.07.25 at 05:56

Total Bilirubin	5	umol/L	(<20)
ALT	15	U/L	(<50)
AST	21	U/L	(<40)
Alkaline Phosphatase	69	U/L	(30-130)
Albumin	42	g/L	(35-50)

End of Report

GP Links Microbiology Report	
Patient Details	
Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Address	32 Dalry Street GLASGOW G32 9BL
Specimen Details	
Specimen Number	M.25.1591450.H
Specimen Type	Toenail
Date/Time Collected	30.01.25 / 14:30
Date/Time Received	31.01.25 / 13:17
Requested By	Dr Emma Douglas
GP Practice	46131
Date/Time Reported	03.02.25 / 11:47

Results

Report issued by NHS GG&C Microbiology North Sector
Enquiries 0141 201 8551

** FINAL REPORT **

INVESTIGATION: Mycology Invest.
SPECIMEN TYPE: Toenail
Toe,great,right

CONS/GP: Dr Emma Douglas Order No:IS25467179
LOCATION: Crall MC Glasgow

Direct Examination:Positive

Microscopy indicates dermatophyte infection.
GG&C Mycology is a Non Reference Laboratory Service.
Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Kerry Gallagher (SBMS)
Date/Time authorised: 03.02.2025 11:46
** END OF REPORT **

GP Links Microbiology Report	
Patient Details	
Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Address	32 Dalry Street GLASGOW G32 9BL
Specimen Details	
Specimen Number	M.25.1591435.M
Specimen Type	Toenail
Date/Time Collected	30.01.25 / 14:30
Date/Time Received	31.01.25 / 13:11
Requested By	Dr Emma Douglas
GP Practice	46131
Date/Time Reported	03.02.25 / 11:52

Results

Report issued by NHS GG&C Microbiology North Sector
Enquiries 0141 201 8551

** FINAL REPORT **

INVESTIGATION: Mycology Invest.
SPECIMEN TYPE: Toenail
Toe,great,left

CONS/GP: Dr Emma Douglas Order No:IS25467178
LOCATION: Crall MC Glasgow

Direct Examination:Positive

Microscopy indicates dermatophyte infection.
GG&C Mycology is a Non Reference Laboratory Service.
Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Kerry Gallagher (SBMS)
Date/Time authorised: 03.02.2025 11:48
** END OF REPORT **

McFarlane Stewart CHI: 0906716470

Clinic Letter

NHS
Greater Glasgow and Clyde

Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Dr. El Douglas
Crail Medical Practice
245 Tollcross Road
Glasgow
G31 4UW

Main Switchboard:
Department: Podiatry
Contact Tel:
Enquiries to: lauren.fraser8@ggc.scot.nhs.uk
Letter Date: 27/03/2025
Reference:
Dictated Date: 27/03/2025
Transcribed Date: 27/03/2025

Dear Dr. El Douglas,

Stewart McFarlane; D.O.B: 09 Jun 1971; CHI: 0906716470
32 DALRY STREET, Glasgow, Lanarkshire, G32 9BL

Attendance: Specialty - Podiatry; Clinic - SHP1R178-GENERAL PODIATRY 1 THURSDAY
Date and Time of Appointment - 27/03/2025 09:15

Follow Up: nil by GP

Clinical Comments:
New telephone appointment. Patient's details confirmed over the phone.

S - Patient contacted podiatry regarding pain on soles of both feet. Patient has rheumatoid arthritis and his feet get sore when walking and sometimes when standing and he feels like it is getting sorer. Patient feels he has quite high arches. Patient wears light soft trainers daily. Patient goes to private podiatrist for nail cut and hard skin removal but recently he is finding the joints in his feet getting worse.

O – Visual assessment unable to be carried out due to telephone appointment. Patient states there are no breaks in the skin or signs of infection today.

A - Patient to be added to routine outpatient waiting list for face to face assessment. Patient to monitor for tissue breakdown and advised on clinical signs of infection and to contact Podiatry if any of these occur, contact GP if antibiotic intervention is required, or NHS 24 if out with hours of 08:30 and 16:30.

P - Patient to be added to routine outpatient waiting list. Patient to monitor for worsening signs and to contact podiatry with any concerns.

E - N/A

R - Routine outpatient waiting list.

Lauren Fraser Band 5 Podiatrist.

Electronically Signed: ,

cc.

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7588921**	Receive Date:	**29-Mar-2025 13:28**
Patient's Name:	**Stewart Mcfarlane**		
Date of birth:	**9-Jun-1971 (53 years)**	Gender:	**M**
Address:	**32 Dalry Street Glasgow**	Current Address:	**32 Dalry Street Glasgow**
	G32 9BL		**G32 9BL**
Return Contact No:			
Tel No:	**07504 247668**		**07504 247668**
Mobile No:			
Priority:	**Urgent**	Call Origin:	
Received:	**29-Mar-2025 13:28**	Calltype:	**Direct Referral ED**
Advised:	**14:00**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	

CHI Number:
0906716470

NHSD details:

Receptionist:
RASH- 1 HOUR
AEP Patient advised to go to A&E
Clinical summary created by: Katriona Bain (Call Taker Si) () [29/03/2025 14:03:40] Reason for call: RASH- 1 HOUR 29:03:2025 13:29:56 BAINK.. INFLAMED RASH ON EYES LIPS LEGS AND CHEST. WORST ON CHEST. EYES HAVE BEEN ITCHY FOR THE LAST FEW DAYS.-.. 29:03:2025 13:58:42 ERSKINEV.. WORSENING RED, RAISED, BUMPY, ITCHY RASH SPREADING TO MORE AREAS - RASH OVER CHEST, NECK, FACE, KNEES HANDS, TOP LIP SWOLLEN, BOTH EYES PUFFY RED AND WATERY. RASH HOT TO TOUCH . NO KNOWN ALLERGIES... HAS TAKEN ANTIHISTIMINE DURING CALL. BREATHING FEELS HEAVIER - NO AUDIBLE WHEEZE, SPEAKING IN FULL SENTENCES. NO CHANGE TO MEDICATION. HX OF ARTHRISTIS. OUTCOME : A&E ASAP.. Outcome: Patient advised to go to A&E

Followups:

None

NHS Confidential: Personal data about a patient

McFarlane Stewart CHI: 0906716470

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 31/03/2025

Consultant: Dr Alan Davidson

El Douglas
Crail Medical Practice
245 Tollcross Road
Glasgow
Glasgow
G31 4UW

Dear El Douglas

Re: **McFarlane Stewart** DOB: **09/06/1971** CHI: **0906716470**
32 DALRY STREET
Glasgow G32 9BL

Attended on: **29/03/2025 at 14:37 hrs.** Departed on: **29/03/2025 at 19:59 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
NHS24 REFERRAL ED DIRECT-RASH- 1 HOUR

Nursing Assessment:
NEWS 0. RASH. Pt had itchy eyes yesterday and then broke out in rash, blotches all over body. Taken own antihistamine to nil relief. Nil known allergies. Nil airway concerns. States feeling fine otherwise, slight headache.

Investigations in ED:
1. Full Blood Count **2. CRP** **3. Urea and Electrolytes**
4. LFT **5. Coagulation screen**

McFarlane Stewart CHI: 0906716470

Diagnosis:

Diagnosis	Side	Site
Rash and Other Nonspecific Skin Eruption		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
53 yo rash to chest back and legs. Systemically well. Multiple red raised rash to these areas. Bloods unremarkable discharged. Contacted later and advised to stop terbinafine that he was recently prescribed as this could be causing his symptoms

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Cara Chotai
Doctor

Copies to:
1. El Douglas (GP)
School Address:

Outlook

Re: Patient Query

From Rheumatology Advice, Gri <ggc.gri.rheumatologyadvice@nhs.scot>
Date Mon 31/03/2025 15:07
To Katie MacDonald <katie.macdonald5@nhs.scot>
Cc gp46131clinical (Crail Medical Practice) <ggc.gp46131clinical@nhs.scot>

Hi Katie

Can you please ask the patient to withhold his MTX until his rash has cleared. Once it has then he is ok to restart

His bloods were ok from Saturday so he wouldn't require further monitoring

kind regards
Karen Deans CNS/DCN

Rheumatology Clinical Nurse Specialists, Centre for Rheumatic Diseases, Glasgow Royal Infirmary. ***Please note the email service is for Primary care only. Patients should contact us on the advice line. Telephone number 0141 451 5384***

From: Katie MacDonald <katie.macdonald5@nhs.scot>
Sent: 31 March 2025 14:57
To: Rheumatology Advice, Gri <ggc.gri.rheumatologyadvice@nhs.scot>
Cc: gp46131clinical (Crail Medical Practice) <ggc.gp46131clinical@nhs.scot>
Subject: Patient Query

Good afternoon,

I am emailing you regarding the below patient.
SM 0906716470.

Stewart presented to GRI on Saturday past as per NHS24 guidance after he came out in a rash across his chest, then lips, hands, and legs. He said it was blotchy and felt swollen/inflamed. I have not seen the patient F2F so not sure what it actually looks like. They had advised he stop his terbinafine (started 6 weeks ago) as they felt this could be the cause. Since stopping his rash has not cleared up at all. He is due in for NPT bloods tomorrow although his bloods from Saturday were staisfactory. Would you consider an interruption to treatment? He usually takes his MTX dose on a Tuesday.

I have copied in the practice as I am on annual leave later this week. Any help is highly appreciated.

Kind Regards,

Katie

Foundation Pharmacist
North East Locality, Glasgow City HSCP
Pavillion 4
Glasgow Business Park

AA Podiatry

30/01/2025

Dear Doctor,

Re: Stuart McFarlane, DOB: 09/06/1971

Thank you for seeing this gentleman with severe onychomycosis affecting all toenails. He has a background of rheumatoid arthritis diagnosed in 2021, for which he takes methotrexate, sulfasalazine and folic acid.

On examination, there is evidence of fungal infection affecting the skin of both feet. All toenails show signs of severe onychomycosis. The right foot has retracted lesser toes. He reports generalised foot pain which we suspect is related to his rheumatoid arthritis.

I have taken nail clippings and enclose these for mycology. Given the severity, I would be grateful if you could consider oral terbinafine, if not contraindicated by his comorbidities. I have commenced topical treatment with Lamisil spray and cream.

Additionally, I would be grateful if you could refer him to NHS Podiatry for assessment and management of his rheumatoid foot pain.

I will review him in 4 weeks to monitor response to topical treatment. Please do not hesitate to contact me if you have any further questions.

Yours sincerely,

Michael Stephenson
Podiatrist

150 Busby Road, Clarkston G76 8BH 0141 644 2244

1306 Shettleston Road, Shettleston G32 7YS 0141 778 4400

Email: info@aapodiatry.co.uk

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,25.4412662.F
Specimen Type	Blood
Date/Time Collected	07.01.25 / 13:53
Date/Time Received	07.01.25 / 18:35
Requested By	Dr Poppy Morgan
GP Practice	46131
Date/Time Reported	08.01.25 / 09:07
Details	NPT - MTX.

Results

Urea & Electrolytes - Authorised on 08.01.25 at 09:04

Sodium	139	mmol/L	(133-146)
Potassium	4.8	mmol/L	(3.5-5.3)
Chloride	104	mmol/L	(95-108)
Urea	4.4	mmol/L	(2.5-7.8)
Creatinine	69	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 08.01.25 at 09:04

Total Bilirubin	7	umol/L	(<20)
ALT	19	U/L	(<50)
AST	25	U/L	(<40)
Alkaline Phosphatase	100	U/L	(30-130)
Albumin	42	g/L	(35-50)

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,25.5819327.A
Specimen Type	Blood
Date/Time Collected	07.01.25 / 13:53
Date/Time Received	07.01.25 / 18:30
Requested By	Dr Poppy Morgan
GP Practice	46131
Date/Time Reported	07.01.25 / 18:57
Details	NPT - MTX.

Results

Full Blood Count - Authorised on 07.01.25 at 18:52

White Blood Count		6.6	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.11	x10^12/l	(4.50-6.50)
Haemoglobin	-	122	g/l	(130-180)
Haematocrit	-	0.386	l/l	(0.400-0.540)
Mean Cell Volume		93.9	fl	(85.0-101.0)
MCH		29.7	pg	(27.0-32.0)
Platelet Count		409	x10^9/l	(150-410)
Neutrophils		4.0	x10^9/l	(2.0-7.0)
Lymphocytes		1.6	x10^9/l	(1.1-5.0)
Monocytes		0.8	x10^9/l	(0.2-1.0)
Eosinophils		0.11	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

McFarlane Stewart CHI: 0906716470

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Main Switchboard:
Department: Rheumatology
Contact Tel: 0141 451 5369/0141 451 5384
Enquiries to: Kim.Suares@nhs.scot
Letter Date: 27/11/2024
Reference: DMcC/KS
Dictated Date: 27/11/2024
Transcribed Date: 28/11/2024

Dr. El Douglas
Crail Medical Practice
245 Tollcross Road
Glasgow
G31 4UW

Dear Dr. El Douglas,

Stewart McFarlane; D.O.B: 09 Jun 1971; CHI: 0906716470
32 DALRY STREET, Glasgow, Lanarkshire, G32 9BL

Attendance: Specialty - Rheumatology; Clinic - GRRMRH5-DR MADHOCK RHEUM WEDNESDAY AM FACE TO FACE TO BE BOOKED BY CONS ONLY
Date and Time of Appointment - 27/11/2024 11:00

Requested Out-patient Investigations:
None.

Follow Up: 03/12/2025 10:00 Rheumatology Dr Rajan Madhok

Medication Note:
Methotrexate 7.5mg subcut weekly, folic acid 5mg daily except for day of methotrexate, sulfasalazine 2g per day, hydroxychloroquine 400/200mg on alternate days, paracetamol/dihydrocodeine, cyclizine, atorvastatin.

Clinical Comments:
I reviewed this 53 year old gentleman in the rheumatology clinic today. Problems are as follows;

1. Rheumatoid arthritis: First seen June 2022 with mild synovitis in the wrists, rheumatoid factor weakly positive, CCP strongly positive. Continues on methotrexate at low dose 7.5mg subcut weekly (which is his maximum tolerated dose) along with sulfasalazine 2g per day and hydroxychloroquine 400/200mg on alternate days. His inflammatory joint disease is now well controlled. He has pain around the base of the thumbs where he has known osteoarthritis and some intermittent discomfort in the right foot when he has been up on his feet all day. There is no active synovitis and I have suggested that he continue on current treatment. We will see him for review again in a year's time.

2. Previous weight loss: This has fully stabilised and his weight has increased over the last year from 67.6kgs to 70.9kgs.

3. Back pain: This is a consequence of a road traffic accident around four years ago.

4. Cardiovascular risk: I am unsure of his smoking status. Blood pressure was 114/81. He continues on atorvastatin.

Yours sincerely

Dr David McCarey

Consultant Rheumatologist

Electronically Signed: Dr David McCarey, Consultant

cc.

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,24.5332343.K
Specimen Type	Urine
Date/Time Collected	24.09.24 / 12:20
Date/Time Received	24.09.24 / 15:09
Requested By	Ann Roslyn Hutton
GP Practice	46131
Date/Time Reported	25.09.24 / 11:52
Details	NPT - MTX & Sulfa. + CKD ...

Results

Urine Albumin - Authorised on 25.09.24 at 11:50

Urine Albumin	<5	mg/L	(<20)
U Alb/Creat Ratio	NA	mg/mmol crea	

Comments:
Unable to calculate albumin:creatinine ratio as albumin <5 mg/L.

Urine Protein - Authorised on 25.09.24 at 11:50

Urine volume (ml)	NA	mL	
Urine Creatinine	4.9	mmol/L	
Urine Protein	<0.068	g/L	(<0.200)
Urine Protein/volume		g/volume	
U Protein:Creatinine	NA	mg/mmol crea	

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,24.6284054,J
Specimen Type	Blood
Date/Time Collected	23.09.24 / 09:21
Date/Time Received	23.09.24 / 14:03
Requested By	Ann Roslyn Hutton
GP Practice	46131
Date/Time Reported	23.09.24 / 14:17
Details	NPT - MTX & Sulfa. + CKD ...

Results

Full Blood Count - Authorised on 23.09.24 at 14:15

White Blood Count		6.9	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.02	x10^12/l	(4.50-6.50)
Haemoglobin	-	120	g/l	(130-180)
Haematocrit	-	0.374	l/l	(0.400-0.540)
Mean Cell Volume		93.0	fl	(85.0-101.0)
MCH		29.9	pg	(27.0-32.0)
Platelet Count	+	468	x10^9/l	(150-410)
Neutrophils		4.1	x10^9/l	(2.0-7.0)
Lymphocytes		1.7	x10^9/l	(1.1-5.0)
Monocytes		0.7	x10^9/l	(0.2-1.0)
Eosinophils		0.30	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,24.5331347.T
Specimen Type	Blood
Date/Time Collected	23.09.24 / 09:21
Date/Time Received	23.09.24 / 14:32
Requested By	Ann Roslyn Hutton
GP Practice	46131
Date/Time Reported	23.09.24 / 17:07
Details	NPT - MTX & Sulfa. + CKD ...

Results

Glucose - Authorised on 23.09.24 at 17:04

Glucose	4.7	mmol/L	(3.5-6.0)

Comments:
Non-fasting sample

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,24.5331335.X
Specimen Type	Blood
Date/Time Collected	23.09.24 / 09:21
Date/Time Received	23.09.24 / 14:30
Requested By	Ann Roslyn Hutton
GP Practice	46131
Date/Time Reported	23.09.24 / 16:57
Details	NPT - MTX & Sulfa. + CKD ...

Results

Bone Profile - Authorised on 23.09.24 at 16:52

Calcium	2.42	mmol/L	(2.20-2.60)
Calcium (adjusted)	2.45	mmol/L	(2.20-2.60)
Phosphate	1.06	mmol/L	(0.80-1.50)
Albumin	41	g/L	(35-50)
Alkaline Phosphatase	86	U/L	(30-130)

Urea & Electrolytes - Authorised on 23.09.24 at 16:52

Sodium	137	mmol/L	(133-146)
Potassium	4.9	mmol/L	(3.5-5.3)
Chloride	103	mmol/L	(95-108)
Urea	4.8	mmol/L	(2.5-7.8)
Creatinine	68	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 23.09.24 at 16:52

Total Bilirubin	5	umol/L	(<20)
ALT	17	U/L	(<50)
AST	21	U/L	(<40)
Alkaline Phosphatase	86	U/L	(30-130)
Albumin	41	g/L	(35-50)

Lipid profile - Authorised on 23.09.24 at 16:52

Cholesterol	4.5	mmol/L	
Triglycerides	1.1	mmol/L	(0.2-2.3)
HDL Cholesterol	1.1	mmol/L	
LDL-Cholest (calc'd)	2.9	mmol/L	
VLDL-Chol (calc'd)	0.5	mmol/L	
Chol/HDL ratio	4.1		

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,24.6127524.X
Specimen Type	Blood
Date/Time Collected	24.06.24 / 09:10
Date/Time Received	24.06.24 / 13:51
Requested By	Dr Emma Douglas
GP Practice	46131
Date/Time Reported	24.06.24 / 14:07
Details	NPT - MTX & Sulfa.

Results

Full Blood Count - Authorised on 24.06.24 at 14:01

White Blood Count		5.8	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.14	x10^12/l	(4.50-6.50)
Haemoglobin	-	123	g/l	(130-180)
Haematocrit	-	0.375	l/l	(0.400-0.540)
Mean Cell Volume		90.6	fl	(83.0-101.0)
MCH		29.7	pg	(27.0-32.0)
Platelet Count	+	438	x10^9/l	(150-410)
Neutrophils		3.4	x10^9/l	(2.0-7.0)
Lymphocytes		1.6	x10^9/l	(1.1-5.0)
Monocytes		0.6	x10^9/l	(0.2-1.0)
Eosinophils		0.23	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,24,4929811,A
Specimen Type	Blood
Date/Time Collected	24.06.24 / 09:10
Date/Time Received	24.06.24 / 14:10
Requested By	Dr Emma Douglas
GP Practice	46131
Date/Time Reported	25.06.24 / 06:07
Details	NPT - MTX & Sulfa.

Results

Urea & Electrolytes - Authorised on 25.06.24 at 06:05

Sodium	139	mmol/L	(133-146)
Potassium	4.8	mmol/L	(3.5-5.3)
Chloride	104	mmol/L	(95-108)
Urea	6.0	mmol/L	(2.5-7.8)
Creatinine	67	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 25.06.24 at 06:05

Total Bilirubin	8	umol/L	(<20)
ALT	15	U/L	(<50)
AST	19	U/L	(<40)
Alkaline Phosphatase	82	U/L	(30-130)
Albumin	42	g/L	(35-50)

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	6.24.4428794.E
Specimen Type	Blood
Date/Time Collected	11.03.24 / 10:27
Date/Time Received	11.03.24 / 14:22
Requested By	Dr Poppy Morgan
GP Practice	46131
Date/Time Reported	12.03.24 / 07:27
Details	NPT - MTX & Sulfa.

Results

Urea & Electrolytes - Authorised on 12.03.24 at 07:20

Sodium	137	mmol/L	(133-146)
Potassium	5.1	mmol/L	(3.5-5.3)
Chloride	103	mmol/L	(95-108)
Urea	4.9	mmol/L	(2.5-7.8)
Creatinine	61	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 12.03.24 at 07:20

Total Bilirubin	6	umol/L	(<20)
ALT	13	U/L	(<50)
AST	16	U/L	(<40)
Alkaline Phosphatase	74	U/L	(30-130)
Albumin	39	g/L	(35-50)

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,24.5945169.R
Specimen Type	Blood
Date/Time Collected	11.03.24 / 10:27
Date/Time Received	11.03.24 / 14:30
Requested By	Dr Poppy Morgan
GP Practice	46131
Date/Time Reported	11.03.24 / 14:52
Details	NPT - MTX & Sulfa.

Results

Full Blood Count - Authorised on 11.03.24 at 14:46

White Blood Count		7.8	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.02	x10^12/l	(4.50-6.50)
Haemoglobin	-	121	g/l	(130-180)
Haematocrit	-	0.364	l/l	(0.400-0.540)
Mean Cell Volume		90.5	fl	(85.0-101.0)
MCH		30.1	pg	(27.0-32.0)
Platelet Count	+	497	x10^9/l	(150-410)
Neutrophils		5.2	x10^9/l	(2.0-7.0)
Lymphocytes		1.7	x10^9/l	(1.1-5.0)
Monocytes		0.6	x10^9/l	(0.2-1.0)
Eosinophils		0.20	x10^9/l	(0.02-0.50)
Basophils		0.0	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,24,4492716,M
Specimen Type	Blood
Date/Time Collected	13.02.24 / 10:18
Date/Time Received	13.02.24 / 14:21
Requested By	Dr Emma Douglas
GP Practice	46131
Date/Time Reported	13.02.24 / 15:57
Details	NPT - MTX & Sulfa.

Results

Urea & Electrolytes - Authorised on 13.02.24 at 15:53

Sodium	137	mmol/L	(133-146)
Potassium	5.1	mmol/L	(3.5-5.3)
Chloride	101	mmol/L	(95-108)
Urea	6.3	mmol/L	(2.5-7.8)
Creatinine	65	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 13.02.24 at 15:53

Total Bilirubin	6	umol/L	(<20)
ALT	14	U/L	(<50)
AST	17	U/L	(<40)
Alkaline Phosphatase	73	U/L	(30-130)
Albumin	40	g/L	(35-50)

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,23.6416436.G
Specimen Type	Blood
Date/Time Collected	05.12.23 / 11:04
Date/Time Received	05.12.23 / 13:48
Requested By	Dr Poppy Morgan
GP Practice	46131
Date/Time Reported	05.12.23 / 14:02
Details	NPT - MTX & Sulfa.

Results

Full Blood Count - Authorised on 05.12.23 at 13:57

White Blood Count		7.3	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.13	x10^12/l	(4.50-6.50)
Haemoglobin	-	125	g/l	(130-180)
Haematocrit	-	0.368	l/l	(0.400-0.540)
Mean Cell Volume		89.1	fl	(83.0-101.0)
MCH		30.3	pg	(27.0-32.0)
Platelet Count		399	x10^9/l	(150-410)
Neutrophils		4.7	x10^9/l	(2.0-7.0)
Lymphocytes		1.7	x10^9/l	(1.1-5.0)
Monocytes		0.7	x10^9/l	(0.2-1.0)
Eosinophils		0.16	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,23.5241802.H
Specimen Type	Blood
Date/Time Collected	05.12.23 / 11:04
Date/Time Received	05.12.23 / 14:53
Requested By	Dr Poppy Morgan
GP Practice	46131
Date/Time Reported	06.12.23 / 08:32
Details	NPT - MTX & Sulfa.

Results

Urea & Electrolytes - Authorised on 06.12.23 at 08:26

Sodium	140	mmol/L	(133-146)
Potassium	5.0	mmol/L	(3.5-5.3)
Chloride	105	mmol/L	(95-108)
Urea	4.1	mmol/L	(2.5-7.8)
Creatinine	64	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 06.12.23 at 08:26

Total Bilirubin	4	umol/L	(<20)
ALT	15	U/L	(<50)
AST	18	U/L	(<40)
Alkaline Phosphatase	63	U/L	(30-130)
Albumin	42	g/L	(35-50)

End of Report

Scan

RE: LB MCFA3007/00001

Linzi Boland <Linzi.Boland@digbybrown.co.uk>
Mon 18/12/2023 09:27
To:Kathleen Diamond <kathleen.diamond@nhs.scot>

You don't often get email from linzi.boland@digbybrown.co.uk. Learn why this is important

Good morning

Apologies, we have the records mentioned.

We do not require the updated records at this time and will send a new request if needed.

Kind regards

Linzi Boland

Linzi Boland
Solicitor

Digby Brown LLP
2 West Regent Street
Glasgow
G2 1RW

Direct: 0141 566 9536
Fax: 441452791239
Mobile: 07469379414
Email: Linzi.Boland@digbybrown.co.uk
Web: www.digbybrown.co.uk

From: Kathleen Diamond <kathleen.diamond@nhs.scot>
Sent: Tuesday, December 5, 2023 2:06 PM
To: Linzi Boland <Linzi.Boland@digbybrown.co.uk>
Subject: LB MCFA3007/00001

Dear Ms Boland

NHS Confidential: Personal data about a patient

LB MCFA3007/00001

Kathleen Diamond <kathleen.diamond@nhs.scot>
Tue 05/12/2023 14:05
To:Linzi Boland <Linzi.Boland@digbybrown.co.uk>

Dear Ms Boland

I acknowledge receipt of your letter dated 15th November 2023, requesting copy of clients whole medical records. This appears to be the third time you have written to us requesting a copy of this patients full medical notes.

I confirm copy medical notes have already been sent to you as follows;

Sent on 09/04/21 - full notes to 04/03/21 inc
Sent on 24/03/23 - copy of notes from 14/02/21 - 24/02/23 inc

Therefore we are unable to send a duplicate copy of notes to 24/02/23 free of charge. We can however send copies from 25/02/23 to 07/11/23 free of charge.

Please let me know how you wish to proceed.

Regards

Kathleen

Mrs Kathleen Diamond, Practice Manager
Crail Medical Practice, 46131, Tel 0141 554 3199
Normal working week Monday - Thursday inc

NHS Confidential: Personal data about a patient

FID:316891/32d765a9-e78c-4ef7-b2ca-b0b80b82c131/ 0-0-0-XXX
FA0XD9KOI2000000000411HAAGAAAAA

Our Ref: LB MCFA3007/00001
Direct: 01415669536
eMail: Linzi.Boland@digbybrown.co.uk
Direct Fax: 01414048151
Your Ref:

DIGBY BROWN
because it matters...

dx: GW17 Glasgow
w: digbybrown.co.uk

Coded ✓
Consent given 22.11.23

Crail Medical Practice
245 Tollcross Road
Glasgow
G31 4UW

15 November 2023

Dear Sirs

Our Client: Mr Stewart McFarlane
Address: 32 Dairy Street, Glasgow, G32 9BL
Date of Birth: 09/06/1971

We act on behalf of the above named in connection with a claim for damages.

We enclose a mandate signed by our client authorising the release to us of a copy of our client's whole medical records, x-rays and scans from prior to his accident.

We confirm that this letter is written under and in terms of the UK General Data Protection Regulation (UK GDPR).

If at all possible, we would prefer to receive the information requested in electronic format.

Yours faithfully

Linzi Boland
Digby Brown LLP

Enc:
Signed Mandate---Medical-Records-20231107100723 for Stewart McFarlane

Consent form (Releasing health records under the UK General Data Protection Regulation and the Data Protection Act 2018)

Your health records

Your health records typically contain information from almost all consultations and contacts you have had with health professionals in the practice and information sent to the practice about you from others, such as hospital letters.

The information they contain usually includes:
- why you saw a health professional;
- details of clinical findings and diagnoses, investigations, tests and scans;
- any options or recommendations for care and treatment the health professional discussed with you;
- the decisions made about your care and treatment, including evidence that you agreed; and
- details of actions health professionals have taken and the outcomes.

Why your records are needed and what may happen to them

If you are making, or considering making, a legal claim for compensation related to an injury to your health, your solicitor will likely need to see copies of all your GP records. They will also need any hospital records made in connection with the incident and others that may be relevant. This is to enable the solicitor to understand the incident and your injury and give you legal advice on the merits and value of your claim.

If you decide to go ahead with your claim, your solicitor may advise that it is sensible (or that it may be necessary) to give copies of your records to:
- the expert whom your solicitor or agent instructs to produce a medical report as evidence for the case;
- the insurance company for the person or body you are making a claim against;
- the person or the body you are making a claim against and/or their solicitors;
- any insurance company or other organisation paying or providing an indemnity for your legal costs; and
- any other person (such as a barrister) or body (such as the court) officially involved with the claim.

Once you start your claim, the court can order you to give copies of your health records to the solicitor of the person you are making a claim against so he or she can see if any of the information in your records can be used to defend his or her client. The solicitor of the person or body you are making the claim against will likely show your records to their client in the normal course of advising them and may show them to others too (such as a barrister or medical expert). If the person you are making the claim against does not have a legal representative the court can order you to give copies to them directly.

You do not have to give permission for your health records to be obtained and disclosed in your case but if you don't, it is unlikely that your claim will be able to proceed if the medical records are crucial evidence in your claim. The court may not let you go ahead with your claim and your solicitor may be unable to continue to represent you.

If there is very sensitive information in the records that is not connected to the claim you should tell your solicitor. They will then consider whether this information may be relevant and needs to be disclosed in the case. Your solicitor can advise you on this and if appropriate may advise you to discuss the matter with your medical practitioner.

Important

By signing this form, you are agreeing to the health professional, hospital and others named on this form releasing copies of your health records to your solicitor or agent. During the process your records may be seen by people who are not health professionals, but they will keep the information confidential.

Part a – your details and those of your health professionals and your solicitors or agents

Your full name (and any names by which you have been known):	Mr Stewart McFarlane
Your address:	32 Dalry Street, Glasgow, G32 9BL
Date of Birth:	09/06/1971
NHS Number (if known)	
Date of Incident:	14/02/2021
Solicitor's or agent's name and address:	Digby Brown LLP 7/1 2 West Regent Street, Glasgow, G2 1RW
Our Ref:	MCFA3007/00001
GP's name and address (and phone number if known):	Crail Medical Practice 245 Tollcross Road, Glasgow, G31 4UW
Ambulance Service used (if any):	
Name (and address if known) of the hospital(s) you attended in relation to this incident:	Glasgow Royal Infirmary — Legal Aspects Team, 2nd Floor, Walton Building Annexe, Glasgow, G31 2ER
If you have seen any other person or organisation about your injuries (for example, a physiotherapist) or have had any investigations (for example, X-rays) please provide details:	

Part b – your declaration and signature

I have read this form and fully understand the contents of it.

To health professionals
I understand that filling in and signing this form gives you permission to give copies of all my health records including complete GP records, and any hospital records relating to this incident, to my solicitor or agent whose details are given below.

Please give my solicitor or agent copies of my health records, in line with the Data Protection Act 2018, within 30 days.

Your signature: Stewart McFarlane

Date: 07 November 2023 | 19:26:49 GMT

Place of Signing: Stewart mcfarlane

Stewart McFarlane

After signing, please return ALL pages including parts, A, B and C to Linzi Boland, Digby Brown LLP, 7/1 2 West Regent Street, Glasgow, G2 1RW.

Part c – your solicitor's or agent's declaration and signature

Before you ask your client to fill in and sign this form you should ask your client to read the notes above. You should explain that signing this form will permit release of his or her complete health records and how the information in them may be used. You should explain that this form only applies to the release of the medical record to you and that separate consent will be obtained for any onward disclosures which are required.

If your client is not capable of giving his or her permission in this form, it may be possible for someone to give consent and sign it on their behalf, for example:
- your client's litigation friend;
- someone who has enduring/lasting power of attorney to act for your client; or
  your client's deputy appointed by the Court of Protection.

You must only use health records for specific purposes that your client has agreed to in advance.

Under the UK General Data Protection Regulation and Data Protection Act 2018 you have responsibilities relating to sensitive information. The entire health record should not be revealed without the client's permission and you should not keep health records for any longer than is necessary for agreed-to purposes. You should return copies of health records to the client at the end of the claim if they want them. If they do not want them, you will be responsible for confidentially destroying them.

To health professionals
I have told my client the implications of giving me access to his or her health records. I confirm that I need the full records in this case.

Solicitor's or agent's signature 

Date 07/11/2023

Notes for the medical records controller

This form shows your patient's permission for you to give copies of his or her complete record, and any hospital and other records relating to this incident, to his or her solicitor or agent.

You must give the solicitor or agent copies of these health records unless any of the exemptions set out in Schedules 3 and 4 of the Data Protection Act 2018 apply. The main exemptions are that you must not release information that:

- is likely to cause serious physical or mental harm to the patient or another person; or
- relates to someone who would normally need to give their permission (where that person is not a health professional who has cared for the patient).

This form does not contain a comprehensive statement of solicitors' or health professionals' obligations under the relevant data protection legislation. If you are in any doubt about your legal obligations, seek advice.

The BMA publishes detailed guidance for doctors on giving access to health records. You can view that guidance by visiting:
www.bma.org.uk/ethics

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,24.5844058.K
Specimen Type	Blood
Date/Time Collected	15.01.24 / 10:34
Date/Time Received	15.01.24 / 14:02
Requested By	Dr Poppy Morgan
GP Practice	46131
Date/Time Reported	15.01.24 / 14:17
Details	NPT - MTX & Sulfa.

Results

Full Blood Count - Authorised on 15.01.24 at 14:12

White Blood Count		7.1	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.02	x10^12/l	(4.50-6.50)
Haemoglobin	-	124	g/l	(130-180)
Haematocrit	-	0.369	l/l	(0.400-0.540)
Mean Cell Volume		91.8	fl	(83.0-101.0)
MCH		30.8	pg	(27.0-32.0)
Platelet Count	+	456	x10^9/l	(150-410)
Neutrophils		4.5	x10^9/l	(2.0-7.0)
Lymphocytes		1.7	x10^9/l	(1.1-5.0)
Monocytes		0.7	x10^9/l	(0.2-1.0)
Eosinophils		0.23	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,24.4319606.G
Specimen Type	Blood
Date/Time Collected	15.01.24 / 10:34
Date/Time Received	15.01.24 / 14:06
Requested By	Dr Poppy Morgan
GP Practice	46131
Date/Time Reported	15.01.24 / 15:27
Details	NPT - MTX & Sulfa.

Results

Urea & Electrolytes - Authorised on 15.01.24 at 15:23

Sodium	136	mmol/L	(133-146)
Potassium	4.9	mmol/L	(3.5-5.3)
Chloride	102	mmol/L	(95-108)
Urea	6.4	mmol/L	(2.5-7.8)
Creatinine	69	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 15.01.24 at 15:23

Total Bilirubin	7	umol/L	(<20)
ALT	15	U/L	(<50)
AST	18	U/L	(<40)
Alkaline Phosphatase	73	U/L	(30-130)
Albumin	40	g/L	(35-50)

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,24.5896819.Q
Specimen Type	Blood
Date/Time Collected	13.02.24 / 10:18
Date/Time Received	13.02.24 / 13:41
Requested By	Dr Emma Douglas
GP Practice	46131
Date/Time Reported	13.02.24 / 13:57
Details	NPT - MTX & Sulfa.

Results

Full Blood Count - Authorised on 13.02.24 at 13:52

White Blood Count		8.8	x10^9/l	(4.0-10.0)
Red Cell Count	-	3.97	x10^12/l	(4.50-6.50)
Haemoglobin	-	120	g/l	(130-180)
Haematocrit	-	0.348	l/l	(0.400-0.540)
Mean Cell Volume		87.7	fl	(83.0-101.0)
MCH		30.2	pg	(27.0-32.0)
Platelet Count	+	420	x10^9/l	(150-410)
Neutrophils		5.7	x10^9/l	(2.0-7.0)
Lymphocytes		1.9	x10^9/l	(1.1-5.0)
Monocytes		0.8	x10^9/l	(0.2-1.0)
Eosinophils		0.36	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,23.6343195.H
Specimen Type	Blood
Date/Time Collected	24.10.23 / 10:59
Date/Time Received	24.10.23 / 13:41
Requested By	Dr Poppy Morgan
GP Practice	46131
Date/Time Reported	24.10.23 / 14:02
Details	NPT - MTX & Sulfa.

Results

Full Blood Count - Authorised on 24.10.23 at 13:56

White Blood Count		7.8	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.06	x10^12/l	(4.50-6.50)
Haemoglobin	-	121	g/l	(130-180)
Haematocrit	-	0.369	l/l	(0.400-0.540)
Mean Cell Volume		90.9	fl	(83.0-101.0)
MCH		29.8	pg	(27.0-32.0)
Platelet Count	+	455	x10^9/l	(150-410)
Neutrophils		4.7	x10^9/l	(2.0-7.0)
Lymphocytes		2.0	x10^9/l	(1.1-5.0)
Monocytes		0.6	x10^9/l	(0.2-1.0)
Eosinophils		0.37	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,23.5440165.Z
Specimen Type	Blood
Date/Time Collected	24.10.23 / 10:59
Date/Time Received	24.10.23 / 13:58
Requested By	Dr Poppy Morgan
GP Practice	46131
Date/Time Reported	25.10.23 / 14:17
Details	NPT - MTX & Sulfa.

Results

Urea & Electrolytes - Authorised on 25.10.23 at 14:13

Sodium	136	mmol/L	(133-146)
Potassium	5.0	mmol/L	(3.5-5.3)
Chloride	103	mmol/L	(95-108)
Urea	4.1	mmol/L	(2.5-7.8)
Creatinine	69	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 25.10.23 at 14:13

Total Bilirubin	5	umol/L	(<20)
ALT	13	U/L	(<50)
AST	19	U/L	(<40)
Alkaline Phosphatase	77	U/L	(30-130)
Albumin	40	g/L	(35-50)

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,23.6365723.K
Specimen Type	Blood
Date/Time Collected	06.11.23 / 11:16
Date/Time Received	06.11.23 / 13:41
Requested By	Dr Carys Morrison
GP Practice	46131
Date/Time Reported	06.11.23 / 14:12
Details	NPT - MTX & Slufa.

Results

Full Blood Count - Authorised on 06.11.23 at 14:05

White Blood Count		7.5	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.20	x10^12/l	(4.50-6.50)
Haemoglobin	-	127	g/l	(130-180)
Haematocrit	-	0.382	l/l	(0.400-0.540)
Mean Cell Volume		91.0	fl	(83.0-101.0)
MCH		30.2	pg	(27.0-32.0)
Platelet Count	+	446	x10^9/l	(150-410)
Neutrophils		4.6	x10^9/l	(2.0-7.0)
Lymphocytes		2.0	x10^9/l	(1.1-5.0)
Monocytes		0.5	x10^9/l	(0.2-1.0)
Eosinophils		0.27	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,23.5429920.Z
Specimen Type	Blood
Date/Time Collected	06.11.23 / 11:16
Date/Time Received	06.11.23 / 14:27
Requested By	Dr Carys Morrison
GP Practice	46131
Date/Time Reported	07.11.23 / 08:07
Details	NPT - MTX & Slufa.

Results

Urea & Electrolytes - Authorised on 07.11.23 at 08:04

Sodium	139	mmol/L	(133-146)
Potassium	4.6	mmol/L	(3.5-5.3)
Chloride	104	mmol/L	(95-108)
Urea	5.0	mmol/L	(2.5-7.8)
Creatinine	70	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 07.11.23 at 08:04

Total Bilirubin	5	umol/L	(<20)
ALT	17	U/L	(<50)
AST	18	U/L	(<40)
Alkaline Phosphatase	75	U/L	(30-130)
Albumin	41	g/L	(35-50)

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,23.5401507.G
Specimen Type	Blood
Date/Time Collected	21.11.23 / 11:54
Date/Time Received	21.11.23 / 14:14
Requested By	Dr Carys Morrison
GP Practice	46131
Date/Time Reported	22.11.23 / 06:22
Details	NPT - MTX & Sulfa.

Results

Urea & Electrolytes - Authorised on 22.11.23 at 06:15

Sodium	137	mmol/L	(133-146)
Potassium	5.0	mmol/L	(3.5-5.3)
Chloride	101	mmol/L	(95-108)
Urea	3.3	mmol/L	(2.5-7.8)
Creatinine	62	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 22.11.23 at 06:15

Total Bilirubin	7	umol/L	(<20)
ALT	14	U/L	(<50)
AST	18	U/L	(<40)
Alkaline Phosphatase	65	U/L	(30-130)
Albumin	41	g/L	(35-50)

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,23.6392298.E
Specimen Type	Blood
Date/Time Collected	21.11.23 / 11:54
Date/Time Received	21.11.23 / 13:39
Requested By	Dr Carys Morrison
GP Practice	46131
Date/Time Reported	21.11.23 / 13:57
Details	NPT - MTX & Sulfa.

Results

Full Blood Count - Authorised on 21.11.23 at 13:53

White Blood Count		7.3	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.05	x10^12/l	(4.50-6.50)
Haemoglobin	-	121	g/l	(130-180)
Haematocrit	-	0.370	l/l	(0.400-0.540)
Mean Cell Volume		91.4	fl	(83.0-101.0)
MCH		29.9	pg	(27.0-32.0)
Platelet Count	+	447	x10^9/l	(150-410)
Neutrophils		4.4	x10^9/l	(2.0-7.0)
Lymphocytes		2.0	x10^9/l	(1.1-5.0)
Monocytes		0.5	x10^9/l	(0.2-1.0)
Eosinophils		0.34	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

McFarlane Stewart CHI: 0906716470

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Rheumatology
0141 451 5369/0141 451 5384

Dr. El Douglas
Crail Medical Practice
245 Tollcross Road
Glasgow
G31 4UW

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 27/09/2023
Reference: CG/JD
Dictated Date: 27/09/2023
Transcribed Date: 29/09/2023

Dear Dr. El Douglas,

Stewart McFarlane; D.O.B: 09 Jun 1971; CHI: 0906716470
32 DALRY STREET, Glasgow, Lanarkshire, G32 9BL

Attendance: Specialty - Rheumatology; Clinic - GRRMRH5-DR MADHOCK RHEUM WEDNESDAY AM FACE TO FACE TO BE BOOKED BY CONS ONLY
Date and Time of Appointment - 27/09/2023 10:15

Follow Up: 27/03/2024 09:45 Rheumatology face to face

Medication Note:
Methotrexate subcut to reduce to 7.5mg once a week, omeprazole 20mg, hydroxychloroquine 200/400mg on alternate days, folic acid 5mg 6 days a week, atorvastatin 20mg

Clinical Comments:

I reviewed this gentleman today at the rheumatology clinic. He has the following problems:

1. Rheumatoid arthritis: First seen June 2022 with mild synovitis in his wrists, CCP 286, rheumatoid factor 39. He was commenced on hydroxychloroquine at that point and had good improvement with IM Kenalog and I think had an ultrasound of his feet which did not show synovitis, but this was in September. However, he had ongoing pain and he was started on methotrexate in August of last year.

He struggled with oral methotrexate and switched to subcut. He felt better on subcut, but still felt really groggy for 2 days after taking it and so I reduced him to 10mg once a week. His grogginess has improved with the reduction of the dose to 10mg, however, he still feels quite groggy on a Wednesday having taken it on a Tuesday, so I have suggested we reduce to 7.5mg which is the smallest dose we can give subcut I think.

He remains on hydroxychloroquine and gets his eyes checked regularly.

He is feeling that his joints are not as good, particularly his right big toe, although he does not describe anything suggestive of gout, there is no particular swelling, but he does have metatarsalgia. There was nothing to suggest gout on examination. He also has pain in his wrists. It was difficult to know if there was definite synovitis and there is certainly nothing to suggest that we should be escalating to biologic, but I wonder whether he might benefit from adding a bit of sulfasalazine.

As we are reducing his methotrexate I think we should continue the hydroxychloroquine and add sulfasalazine EN 500mg a day, increasing by 500mg per day per week to a target dose of 2g. I would be grateful if you could check his bloods every 2 weeks until he is on a stable dose then at 2 weeks, 6 weeks, 3 months and then 3 monthly.

I have arranged to follow him up in 6 months' time.

2. Previous weight loss: His weight has now stabilised at 67.6kg which is what it was in April.

3. Back pain: This is following a road traffic accident about 3 years ago, he has not worked since. I have spoken to him today again about the benefits of back strengthening exercises and keeping active.

4. BP 121/76

Yours sincerely

Dr Catriona Grigor

Consultant Rheumatologist

Electronically Signed: Dr Catriona Grigor, Consultant

cc.

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

0906716470
MCFARLANE M
Stewart 09/06/1971
32 DALRY STREET
Glasgow, Lanarkshire
G32 9BL

The patient attended Rheum Clinic at GRI

Hospital on 27/9/2023 and I would advise a change to drug therapy from

to

or additional therapy of

as detailed below. Full letter to follow.

Additional Comments: please reduce Methotrexate to 7.5 mg once per week and add

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
Sulphasalazine GN	500mg	1/7	
increase by 500mg 1/7 / week to target dose 2gms			

Yours Sincerely

Signature:

Name (print) Grade: Ext. No:

bloods every 2 weeks until on stable dose then at 2 weeks / 6 weeks / 3 months

White copy to - G.P. Pink copy - *File this copy in Case Records*

00545 GGC0004

+ 3 monthly Thanks Catherine Gracie CNS

NHS Confidential: Personal data about a patient

File Status	Not Filed.	**Tasks**	No Tasks.
Assigned User	Unassigned.	**Filed By User**	Not Filed
Patient Matched	Yes.	**BoSS Message Type**	Exclusion

electronic Notification of Bowel Screening Results Service

New Exclusion

CHI Number	0906716470
Name	MCFARLANE, STEWART
Date Of Birth	09/ 06/ 1971
Registered GP	G0117
Practice Code	G46131

Report Date	**07 Sep 2023**
Letter ID	**710416076005**
Exclusion Reason	**Non-Responder**
Report Comments	**No response to bowel cancer screening programme invitation (9Ow2.)**
Invitation Date	**09 Jun 2023**

Emis PCS

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,23.4866834.F
Specimen Type	Urine
Date/Time Collected	08.08.23 / 14:50
Date/Time Received	08.08.23 / 19:44
Requested By	Dr Greta Millar
GP Practice	46131
Date/Time Reported	09.08.23 / 10:27
Details	NPT - MTX + CKD Rev.

Results

Urine Albumin - Authorised on 09.08.23 at 10:25

Urine Albumin	<5	mg/L	(<20)
U Alb/Creat Ratio	NA	mg/mmol crea	

Comments:
Unable to calculate albumin:creatinine ratio as albumin <5 mg/L.

Urine Protein - Authorised on 09.08.23 at 10:25

Urine volume (ml)	NA	mL	
Urine Creatinine	5.2	mmol/L	
Urine Protein	<0.100	g/L	(<0.200)
Urine Protein/volume		g/volume	
U Protein:Creatinine	NA	mg/mmol crea	

Comments:
Unable to calculate protein:creatinine ratio as protein <0.100 g/L

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,23.5216425.E
Specimen Type	Blood
Date/Time Collected	07.08.23 / 11:23
Date/Time Received	07.08.23 / 14:02
Requested By	Dr Greta Millar
GP Practice	46131
Date/Time Reported	07.08.23 / 15:02
Details	NPT - MTX + CKD Rev.

Results

Glucose - Authorised on 07.08.23 at 14:56

Glucose	4.7	mmol/L	(3.5-6.0)

Comments:
Non-fasting sample

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	6,23.5216426.Y
Specimen Type	Blood
Date/Time Collected	07.08.23 / 11:23
Date/Time Received	07.08.23 / 14:02
Requested By	Dr Greta Millar
GP Practice	46131
Date/Time Reported	07.08.23 / 15:47
Details	NPT - MTX + CKD Rev.

Results

Bone Profile - Authorised on 07.08.23 at 15:45

Calcium	2.44	mmol/L	(2.20-2.60)
Calcium (adjusted)	2.52	mmol/L	(2.20-2.60)
Phosphate	0.94	mmol/L	(0.80-1.50)
Albumin	40	g/L	(35-50)
Alkaline Phosphatase	73	U/L	(30-130)

Urea & Electrolytes - Authorised on 07.08.23 at 15:45

Sodium	139	mmol/L	(133-146)
Potassium	4.9	mmol/L	(3.5-5.3)
Chloride	104	mmol/L	(95-108)
Urea	4.2	mmol/L	(2.5-7.8)
Creatinine	63	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 07.08.23 at 15:45

Total Bilirubin	5	umol/L	(<20)
ALT	15	U/L	(<50)
AST	19	U/L	(<40)
Alkaline Phosphatase	73	U/L	(30-130)
Albumin	40	g/L	(35-50)

Lipid profile - Authorised on 07.08.23 at 15:45

Cholesterol	4.7	mmol/L	
Triglycerides	1.3	mmol/L	(0.2-2.3)
HDL Cholesterol	1.1	mmol/L	
LDL-Cholest (calc'd)	3.0	mmol/L	
VLDL-Chol (calc'd)	0.6	mmol/L	
Chol/HDL ratio	4.3		

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,23.6208899.J
Specimen Type	Blood
Date/Time Collected	07.08.23 / 11:23
Date/Time Received	07.08.23 / 13:47
Requested By	Dr Greta Millar
GP Practice	46131
Date/Time Reported	07.08.23 / 13:57
Details	NPT - MTX + CKD Rev.

Results

Full Blood Count - Authorised on 07.08.23 at 13:52

White Blood Count		7.4	x10^9/l	(4.0-10.0)
Red Cell Count	-	3.97	x10^12/l	(4.50-6.50)
Haemoglobin	-	120	g/l	(130-180)
Haematocrit	-	0.352	l/l	(0.400-0.540)
Mean Cell Volume		88.7	fl	(83.0-101.0)
MCH		30.2	pg	(27.0-32.0)
Platelet Count	+	436	x10^9/l	(150-410)
Neutrophils		4.7	x10^9/l	(2.0-7.0)
Lymphocytes		1.9	x10^9/l	(1.1-5.0)
Monocytes		0.7	x10^9/l	(0.2-1.0)
Eosinophils		0.07	x10^9/l	(0.02-0.50)
Basophils		0.0	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,23.4713244.J
Specimen Type	Blood
Date/Time Collected	04.05.23 / 13:30
Date/Time Received	04.05.23 / 18:57
Requested By	Dr Carys Morrison
GP Practice	46131
Date/Time Reported	05.05.23 / 10:32
Details	NPT - MTX

Results

Urea & Electrolytes - Authorised on 05.05.23 at 10:28

Sodium	138	mmol/L	(133-146)
Potassium	4.1	mmol/L	(3.5-5.3)
Chloride	103	mmol/L	(95-108)
Urea	4.0	mmol/L	(2.5-7.8)
Creatinine	69	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 05.05.23 at 10:28

Total Bilirubin	7	umol/L	(<20)
ALT	12	U/L	(<50)
AST	16	U/L	(<40)
Alkaline Phosphatase	70	U/L	(30-130)
Albumin	40	g/L	(35-50)

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,23.6045396.H
Specimen Type	Blood
Date/Time Collected	04.05.23 / 13:30
Date/Time Received	04.05.23 / 18:21
Requested By	Dr Carys Morrison
GP Practice	46131
Date/Time Reported	04.05.23 / 18:37
Details	NPT - MTX

Results

Full Blood Count - Authorised on 04.05.23 at 18:31

White Blood Count		7.6	x10^9/l	(4.0-10.0)
Red Cell Count	-	3.84	x10^12/l	(4.50-6.50)
Haemoglobin	-	118	g/l	(130-180)
Haematocrit	-	0.348	l/l	(0.400-0.540)
Mean Cell Volume		90.6	fl	(83.0-101.0)
MCH		30.7	pg	(27.0-32.0)
Platelet Count	+	420	x10^9/l	(150-410)
Neutrophils		4.7	x10^9/l	(2.0-7.0)
Lymphocytes		2.1	x10^9/l	(1.1-5.0)
Monocytes		0.7	x10^9/l	(0.2-1.0)
Eosinophils		0.09	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

0906716470
MCFARLANE T M
Stewart 09/06/1971
32 DALRY STREET
Glasgow, Lanarkshire
G32 9BL

The patient attended Pharm Clinic at GRI

Hospital on 21/4/2023 and I would advise a change to drug therapy from

to

or additional therapy of

as detailed below. Full letter to follow.

Additional Comments: please reduce Methotrexate to 10g/week and re-start Hydroxychloroquine 400g/200g on alt days

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE

Thanks

Yours Sincerely

Signature: A Thomson Grade on

Name (print) Grade: Ext. No:

White copy to - *G.P.* Pink copy - *File this copy in Case Records*

00545 GGC0004

NHS Confidential: Personal data about a patient

McFarlane Stewart CHI: 0906716470

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. El Douglas
Crail Medical Practice
245 Tollcross Road
Glasgow
G31 4UW

Main Switchboard:	
Department:	Rheumatology
Contact Tel:	0141 355 1514
Enquiries to:	
Letter Date:	21/04/2023
Reference:	CG/LS
Dictated Date:	21/04/2023
Transcribed Date:	24/04/2023

Dear Dr. El Douglas,

Stewart McFarlane; D.O.B: 09 Jun 1971; CHI: 0906716470
32 DALRY STREET, Glasgow, Lanarkshire, G32 9BL

Attendance: Specialty - Rheumatology; Clinic - GREACRH0-EARLY ARTHRITIS CLINIC FRIDAY PM
Date and Time of Appointment - 21/04/2023 14:15

Follow Up: 27/09/2023 10:15 Rheumatology Dr Rajan Madhok

Medication Note:
Methotrexate sub cut to reduce to 10mg once per week, Hydroxychloroquine 400/200mg on alternate days to restart, Omeprazole 20mg, Folic acid 5mg six days a week.

Clinical Comments:
I reviewed this gentleman today at the rheumatology clinic, he has the following problems;

Rheumatoid arthritis: Symptom onset early 2022, first seen June 2022 with mild synovitis in his wrists, CCP 286, rheumatoid factor 39. He was commenced on Hydroxychloroquine at that point and had a good improvement with IM Kenalog and I think had an ultrasound of his feet which did not necessarily show synovitis in his feet in September, but he had ongoing pain and he was therefore started on Methotrexate in August of last year. He struggled with the oral Methotrexate and switched to sub cut. Side effects are much better on sub cut but he still feels really groggy and sick for a couple of days after taking it which is not really ideal so I have asked him to reduce the Methotrexate to 10mg once a week.

He had been on Hydroxychloroquine and he is unsure why this was stopped but he has not had a repeat prescription since September and I think we should restart this especially as we are reducing the Methotrexate. I would be grateful if you could commence him on Hydroxychloroquine 200/400mg

on alternate days and I have reinforced today that he needs to get his eyes checked at his optician every year or two.

He is still getting some pain in his hands and feet, although he does feel that the insoles that he now has are helpful. There was no evidence of synovitis today.

I have arranged follow up for him in around six months' time and he can now come to our routine follow up clinic.

Weight loss: His weight has now stabilised. When I last weighed him in November it was 67.5 and today he is 67.3kg. As you know he has had a normal endoscopy and negative Q-Fit and no evidence of malignancy on a CT chest abdo and pelvis.

Back Pain: This is following a road traffic accident a couple of years ago and he has not worked since. I have spoken today about the fact that I think it would be beneficial for him from a mental health and a physical health point of view to see if he can walk more and also see if he can get back to work. He has always done manual jobs, which would not be appropriate now but it might be possible for him to get some voluntary work or a non manual job and he is going to look into this.

Follow up: Six months face to face Wednesday morning.

Yours Sincerely,

Dr Catriona Grigor

Consultant Rheumatologist

Electronically Signed: Dr Catriona Grigor, Consultant

cc.

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B.23.4388271.J
Specimen Type	Blood
Date/Time Collected	09.02.23 / 13:32
Date/Time Received	09.02.23 / 18:49
Requested By	Dr Poppy Morgan
GP Practice	46131
Date/Time Reported	10.02.23 / 10:02
Details	NPT - MTX

Results

Urea & Electrolytes - Authorised on 10.02.23 at 09:58

Sodium	136	mmol/L	(133-146)
Potassium	4.5	mmol/L	(3.5-5.3)
Chloride	100	mmol/L	(95-108)
Urea	4.7	mmol/L	(2.5-7.8)
Creatinine	67	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 10.02.23 at 09:58

Total Bilirubin	7	umol/L	(<20)
ALT	18	U/L	(<50)
AST	24	U/L	(<40)
Alkaline Phosphatase	70	U/L	(30-130)
Albumin	43	g/L	(35-50)

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,23.5878134.Z
Specimen Type	Blood
Date/Time Collected	09.02.23 / 13:32
Date/Time Received	09.02.23 / 18:28
Requested By	Dr Poppy Morgan
GP Practice	46131
Date/Time Reported	09.02.23 / 18:42
Details	NPT - MTX

Results

Full Blood Count - Authorised on 09.02.23 at 18:37

White Blood Count		7.1	x10^9/l	(4.0-10.0)
Red Cell Count	-	3.88	x10^12/l	(4.50-6.50)
Haemoglobin	-	125	g/l	(130-180)
Haematocrit	-	0.362	l/l	(0.400-0.540)
Mean Cell Volume		93.3	fl	(85.0-101.0)
MCH	+	32.2	pg	(27.0-32.0)
Platelet Count		394	x10^9/l	(150-410)
Neutrophils		4.6	x10^9/l	(2.0-7.0)
Lymphocytes		1.8	x10^9/l	(1.1-5.0)
Monocytes		0.6	x10^9/l	(0.2-1.0)
Eosinophils		0.07	x10^9/l	(0.02-0.50)
Basophils		0.0	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

McFarlane Stewart CHI: 0906716470

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Rheumatology
0141 451 5370

Dr. El Douglas
Crail Medical Practice
245 Tollcross Road
Glasgow
G31 4UW

Main Switchboard:	0141 211 4000
Department:	Rheumatology
Contact Tel:	0141 451 5370
Enquiries to:	
Letter Date:	20/01/2023
Reference:	CW/LD
Dictated Date:	20/01/2023
Transcribed Date:	24/01/2023

Dear Dr. El Douglas,

Stewart McFarlane; D.O.B: 09 Jun 1971; CHI: 0906716470
32 DALRY STREET, Glasgow, Lanarkshire, G32 9BL

Attendance: Specialty - Rheumatology; Clinic - GRSSRH0-DR SAUNDERS AND DR GRIGOR COMBINED EARLY ARTHRITIS FRI PM
Date and Time of Appointment - 20/01/2023 14:15

Follow Up: 21/04/2023 14:15 Rheumatology Dr Sarah Saunders

Clinical Comments:
I reviewed this 51 year old gentleman in the clinic today. We discussed the following:

Rheumatoid arthritis: Symptom onset about 10 months ago. He was seen in June with inflammatory joint symptoms in his hands and feet, early morning stiffness and mild synovitis around his ulnar styloid at both wrists and likely synovitis in his right mid foot. He is seropositive for rheumatoid factor and anti-CCP antibodies. He made a good clinical improvement with intramuscular Kenalog. He responded well to Methotrexate but has been struggling with significant nauseous post dose. At his last appointment his dose was reduced to 15mg. This reduction in dose doesn't seem to have affected his joint symptoms but it's also not improved his nausea.

He describes some occasional discomfort in his right hand but there was no synovitis on exam today and he has a good range of movement. He's seen our physiotherapist for exercises for his hands and feet. He also continues on Hydroxychloroquine 400mg. I've suggested that we switch him to subcutaneous Methotrexate which can help with the GI side effects. He's happy to do this. **I'd suggest changing him to 15mg methotrexate subcut (Metoject) weekly**. He knows to get in contact with us via the helpline once he has his prescription and we'll arrange to bring him up for some teaching on how to administer it and provision of a sharps bin.

Weight loss, nauseous and anemia: This was a problem at his last appointment and symptoms have been present for a few months. He felt like he'd lost probably about a stone and a half, had gone off his food, had early satiety and some nausea. He's had a qFit which was negative, a normal endoscopy and no evidence of malignancy on a CT chest abdomen and pelvis. He still has ongoing symptoms of poor appetite and early satiety. Weight in clinic today was 66.8kgs which is just slightly less than when he was seen in November. He's an ex-smoker. It will be interesting to see if his symptoms improve with the change to subcutaneous Methotrexate. We'll keep an eye on his weight when he next comes back.

Back pain: He's waiting an MRI for this following a road traffic accident a couple of years ago. It wasn't discussed today.

Follow-up: 3 months.

Yours sincerely

Dr Claire Wood

ST7 Rheumatology

Electronically Signed: Dr Claire Wood, Doctor

cc.

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B.23.4531907.D
Specimen Type	Blood
Date/Time Collected	17.01.23 / 09:27
Date/Time Received	17.01.23 / 14:04
Requested By	Dr Carys Morrison
GP Practice	46131
Date/Time Reported	18.01.23 / 12:12
Details	NPT - MTX

Results

Urea & Electrolytes - Authorised on 18.01.23 at 12:10

Sodium	140	mmol/L	(133-146)
Potassium	4.7	mmol/L	(3.5-5.3)
Chloride	104	mmol/L	(95-108)
Urea	4.2	mmol/L	(2.5-7.8)
Creatinine	70	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 18.01.23 at 12:10

Total Bilirubin	6	umol/L	(<20)
ALT	12	U/L	(<50)
AST	17	U/L	(<40)
Alkaline Phosphatase	66	U/L	(30-130)
Albumin	40	g/L	(35-50)

End of Report

McFarlane Stewart CHI: 0906716470

Letter to Patient:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: General Surgery
Contact Tel: 0141 355 1368
Enquiries to: Fiona.beck@ggc.scot.nhs.uk

Letter Date: 17/01/2023
Reference: FB/MO
Dictated Date: 09/01/2023
Transcribed Date: 16/01/2023

Stewart McFarlane
32 DALRY STREET
Glasgow
Lanarkshire
G32 9BL

Dear Mr McFarlane,

I now have the results of the biopsies obtained at your endoscopy on 14th November. These show normal small bowel mucosa. Rheumatology follow up is already in place.

Yours sincerely

Fiona Beck

Nurse Endoscopist

Electronically Signed: Nurse Fiona Beck, Consultant

cc. Dr E Douglas
Crail Medical Practice
245 Tollcross Road
Glasgow
G31 4UW

MCFARLANE, Stewart (Mr)
BORN 09-Jun-1971 (51y) GENDER Unknown
CHI 0906716470

Request to GP to prescribe medication

Last updated by Claire WOOD (Claire Wood) on 20-Jan-2023 14:33 (v. 1)

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	20-Jan-2023		
Hospital	Glasgow Royal Infirmary	Other	—
Specialty / Service	Rheumatology		
Clinic	Yes	Please Specify	----

Clinician Details

Name	Claire Wood
ClinicianDetailsRole	Doctor
Professional Registration Number	7411267
Contact Details	Claire.Wood@ggc.scot.nhs.uk

Dear Doctor

Your Patient Was	Seen

MCFARLANE, Stewart (Mr) - 0906716470 (CHI) 4ab497b9-3f3a-4de7-b7c9-7f89a20230b0

Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: —

Additions and Replacements

Product	Dose	Frequency	Current Regime Status	Comments
Methotrexate subcutaneous (Metoject)	15mg	Weekly	Amendment	Please change from oral to subcutaneous MTX

Replacements

This medication replaces which should now be stopped: —

Patient advised to collect prescription: Yes

Please Note: A Detailed Letter Will Follow.

Additional Notes / Summary

Additional Notes / Summary: —

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,22.5277358.Y
Specimen Type	Blood
Date/Time Collected	22.12.22 / 10:25
Date/Time Received	22.12.22 / 14:10
Requested By	Dr Emma Douglas
GP Practice	46131
Date/Time Reported	22.12.22 / 15:42
Details	npt mtx

Results

Urea & Electrolytes - Authorised on 22.12.22 at 15:36

Sodium	140	mmol/L	(133-146)
Potassium	5.0	mmol/L	(3.5-5.3)
Chloride	105	mmol/L	(95-108)
Urea	4.2	mmol/L	(2.5-7.8)
Creatinine	70	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 22.12.22 at 15:36

Total Bilirubin	7	umol/L	(<20)
ALT	26	U/L	(<50)
AST	27	U/L	(<40)
Alkaline Phosphatase	94	U/L	(30-130)
Albumin	43	g/L	(35-50)

End of Report

NHS Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,22.6408077.E
Specimen Type	Blood
Date/Time Collected	22.12.22 / 10:25
Date/Time Received	22.12.22 / 14:03
Requested By	Dr Emma Douglas
GP Practice	46131
Date/Time Reported	22.12.22 / 14:17
Details	npt mtx

Results

Full Blood Count - Authorised on 22.12.22 at 14:10

White Blood Count		7.6	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.04	x10^12/l	(4.50-6.50)
Haemoglobin	-	122	g/l	(130-180)
Haematocrit	-	0.374	l/l	(0.400-0.540)
Mean Cell Volume		92.6	fl	(85.0-101.0)
MCH		30.2	pg	(27.0-32.0)
Platelet Count	+	504	x10^9/l	(150-410)
Neutrophils		4.9	x10^9/l	(2.0-7.0)
Lymphocytes		1.7	x10^9/l	(1.1-5.0)
Monocytes		0.8	x10^9/l	(0.2-1.0)
Eosinophils		0.11	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

McFarlane Stewart CHI: 0906716470

Clinic Letter

NHS
Greater Glasgow and Clyde

Kirkintilloch Health and Care Centre
10 Saramango Street
Glasgow
G66 3BF

Dr. El Douglas
Crail Medical Practice
245 Tollcross Road
Glasgow
G31 4UW

Main Switchboard:
Department: Podiatry
Contact Tel:
Enquiries to: Natalie.Mcleod@ggc.scot.nhs.uk
Letter Date: 17/01/2023
Reference:
Dictated Date: 17/01/2023
Transcribed Date: 17/01/2023

Dear Dr. El Douglas,

Stewart McFarlane; D.O.B: 09 Jun 1971; CHI: 0906716470
32 DALRY STREET, Glasgow, Lanarkshire, G32 9BL

Attendance: Specialty - Podiatry; Clinic - KHP1R134-GENERAL PODIATRY 1 TUESDAY
Date and Time of Appointment - 17/01/2023 14:15

Clinical Comments:
S- Phoned patient who ad been advised he had missed his clinical appointment and looking for a follow-up.

O- Patient had been triaged by Biomechanics Telephone team but had missed his clinical review. Patient Rheumatology team had requested a Biomechanics review and looking for a follow-up.

A- No action taken today; telephone triage.

P- New F2F clinical appointment given.

E- See previous biomechanics telephone notes and Rheumatology review for background.

R- Appointment verbally accepted.

Natalie McLeod [Podiatrist]

Electronically Signed: ,

cc.

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,23.5836257.H
Specimen Type	Blood
Date/Time Collected	17.01.23 / 09:27
Date/Time Received	17.01.23 / 13:44
Requested By	Dr Carys Morrison
GP Practice	46131
Date/Time Reported	17.01.23 / 13:57
Details	NPT - MTX

Results

Full Blood Count - Authorised on 17.01.23 at 13:53

White Blood Count		5.2	x10^9/l	(4.0-10.0)
Red Cell Count	-	3.82	x10^12/l	(4.50-6.50)
Haemoglobin	-	117	g/l	(130-180)
Haematocrit	-	0.355	l/l	(0.400-0.540)
Mean Cell Volume		92.9	fl	(85.0-101.0)
MCH		30.6	pg	(27.0-32.0)
Platelet Count	+	437	x10^9/l	(150-410)
Neutrophils		2.6	x10^9/l	(2.0-7.0)
Lymphocytes		1.9	x10^9/l	(1.1-5.0)
Monocytes		0.7	x10^9/l	(0.2-1.0)
Eosinophils		0.09	x10^9/l	(0.02-0.50)
Basophils		0.0	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,22.5302918.F
Specimen Type	Blood
Date/Time Collected	01.12.22 / 10:32
Date/Time Received	01.12.22 / 13:40
Requested By	Dr Carys Morrison
GP Practice	46131
Date/Time Reported	01.12.22 / 17:27
Details	NPT - MTX

Results

Urea & Electrolytes - Authorised on 01.12.22 at 17:25

Sodium	137	mmol/L	(133-146)
Potassium	4.5	mmol/L	(3.5-5.3)
Chloride	104	mmol/L	(95-108)
Urea	4.6	mmol/L	(2.5-7.8)
Creatinine	66	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 01.12.22 at 17:25

Total Bilirubin	6	umol/L	(<20)
ALT	15	U/L	(<50)
AST	18	U/L	(<40)
Alkaline Phosphatase	70	U/L	(30-130)
Albumin	40	g/L	(35-50)

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,22.6372590.K
Specimen Type	Blood
Date/Time Collected	01.12.22 / 10:32
Date/Time Received	01.12.22 / 13:42
Requested By	Dr Carys Morrison
GP Practice	46131
Date/Time Reported	01.12.22 / 13:52
Details	NPT - MTX

Results

Full Blood Count - Authorised on 01.12.22 at 13:47

White Blood Count		6.3	x10^9/l	(4.0-10.0)
Red Cell Count	-	3.70	x10^12/l	(4.50-6.50)
Haemoglobin	-	115	g/l	(130-180)
Haematocrit	-	0.340	l/l	(0.400-0.540)
Mean Cell Volume		91.9	fl	(85.0-101.0)
MCH		31.1	pg	(27.0-32.0)
Platelet Count		397	x10^9/l	(150-410)
Neutrophils		4.2	x10^9/l	(2.0-7.0)
Lymphocytes		1.4	x10^9/l	(1.1-5.0)
Monocytes		0.6	x10^9/l	(0.2-1.0)
Eosinophils		0.12	x10^9/l	(0.02-0.50)
Basophils		0.0	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

McFarlane Stewart CHI: 0906716470

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. El Douglas
Crail Medical Practice
245 Tollcross Road
Glasgow
G31 4UW

Main Switchboard:	
Department:	Rheumatology
Contact Tel:	0141 451 5369
Enquiries to:	
Letter Date:	21/12/2022
Reference:	CG/CB
Dictated Date:	21/12/2022
Transcribed Date:	29/12/2022

Dear Dr. El Douglas,

Stewart McFarlane; D.O.B: 09 Jun 1971; CHI: 0906716470
32 DALRY STREET, Glasgow, Lanarkshire, G32 9BL

Attendance: Specialty - Rheumatology; Clinic - GRGCRH6-GENERAL RHEUM CONS WEDNESDAY PM
Date and Time of Appointment - 21/12/2022 16:15

Follow Up: 20/01/2023 14:15 Rheumatology

Clinical Comments:
I had a brief telephone consultation with this gentleman today to let him know the result of his CT abdomen, thorax and pelvis. I have copied the result below but essentially this shows no radiological evidence of malignancy and he was relieved to hear this. Follow up is as previously arranged.

Yours sincerely

Dr Catriona Grigor

Consultant Rheumatologist

There is no size significant supraclavicular, axillary or mediastinal adenopathy. Pleural spaces are clear. Within limits of the study there is no major central PE. Thyroid gland and oesophagus are unremarkable.

Trachea and main-stem bronchi are within normal limits. Hypostatic density is seen posteriorly. Lungs are clear of any concerning nodule or consolidation.

No concerning parenchymal lesion liver. There is no dilatation of biliary radicles. Gallbladder is distended with clear bile. Solitary left kidney noted. Rest of the visualised solid upper abdominal organs are unremarkable.

Stomach is partially distended. There is no size significant upper abdominal, retroperitoneal or pelvic adenopathy.

Urinary bladder is distended. Unprepared bowel shows faecal residue. No obstructing lesion is seen in unprepared colon. There is no pericolic adenopathy or free fluid.

No destructive bony lesion is seen.

Conclusion: No radiological evidence of malignancy noted.

Report Date : 18/12/2022

Reporting Consultant: Dr Nirmali Dutta. Consultant Radiologist

Electronically Signed: Dr Catriona Grigor, Consultant

cc.

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,22.5048093.F
Specimen Type	Faeces
Date/Time Collected	18.11.22 / 11:33
Date/Time Received	21.11.22 / 09:08
Requested By	Dr Carys Morrison
GP Practice	46131
Date/Time Reported	22.11.22 / 13:27
Details	weight loss, anaemia, nau...

Results

```
QFIT - Authorised on 22.11.22 at 13:25

qFIT                          <9              ug Hb/g faec      ( <9 )

Comments:
Negative qFIT result.
Refer to NHS GG&C guidelines for symptom based triage.
```

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,22.5042242.W
Specimen Type	Blood
Date/Time Collected	17.11.22 / 14:08
Date/Time Received	17.11.22 / 18:33
Requested By	Dr Wendy Killin
GP Practice	46131
Date/Time Reported	18.11.22 / 08:32
Details	NPT - MTX

Results

Urea & Electrolytes - Authorised on 18.11.22 at 08:28

Sodium	137	mmol/L	(133-146)
Potassium	4.2	mmol/L	(3.5-5.3)
Chloride	103	mmol/L	(95-108)
Urea	3.7	mmol/L	(2.5-7.8)
Creatinine	72	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 18.11.22 at 08:28

Total Bilirubin	7	umol/L	(<20)
ALT	15	U/L	(<50)
AST	20	U/L	(<40)
Alkaline Phosphatase	70	U/L	(30-130)
Albumin	42	g/L	(35-50)

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,22.6349209.Z
Specimen Type	Blood
Date/Time Collected	17.11.22 / 14:08
Date/Time Received	17.11.22 / 17:54
Requested By	Dr Wendy Killin
GP Practice	46131
Date/Time Reported	17.11.22 / 18:02
Details	NPT - MTX

Results

Full Blood Count - Authorised on 17.11.22 at 17:59

White Blood Count		6.3	x10^9/l	(4.0-10.0)
Red Cell Count	-	3.67	x10^12/l	(4.50-6.50)
Haemoglobin	-	115	g/l	(130-180)
Haematocrit	-	0.345	l/l	(0.400-0.540)
Mean Cell Volume		94.0	fl	(85.0-101.0)
MCH		31.3	pg	(27.0-32.0)
Platelet Count		405	x10^9/l	(150-410)
Neutrophils		4.1	x10^9/l	(2.0-7.0)
Lymphocytes		1.5	x10^9/l	(1.1-5.0)
Monocytes		0.6	x10^9/l	(0.2-1.0)
Eosinophils		0.06	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

NHS Greater Glasgow and Clyde

GASTROSCOPY REPORT

Name:	**Stewart MCFARLANE (M)**	Address:	**32 Dalry Street**
Date of birth:	**09/06/1971**		**Glasgow**
CHI No:	**0906716470**		**Lanarkshire**
Case note no.:	**0906716470**		**G32 9BL**

GP: **DOUGLAS, EMMA**
Crail Medical Practice
245 Tollcross Road
Glasgow
G31 4UW

Procedure date: **14th November 2022 (14:23)**
Priority: **Elective**
Hospital: **GRI**
Ward: **(none)**
Referring Cons: **Dr C Grigor (Rheumatology)**

Indications
Anaemia, nausea and/or vomiting, weight loss and reduced appetite.
Clinically important comments: Awaiting CT CAP.

Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2.
Apparent mucosal junction at 39cm from the incisors.
The whole upper gastro-intestinal tract was normal.

Site a: Antrum
Specimens: Result of urease test proved negative for Helicobacter pylori.

Site b: Second part
Specimens: 4x biopsy.

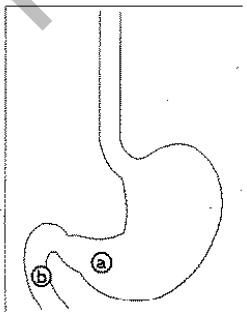
Advice/comments
CLO TEST NEGATIVE

Follow up
Awaiting pathology results. Follow up already arranged.

Consultant/Endoscopist
Fiona Beck

Instruments
SCANTRACK
Disposable forceps

Premedication
Xylocaine (Spray) 100 mg



a: *Antrum*
b: *Second part*

Fiona Beck
Nurse Endoscopist

McFarlane Stewart CHI: 0906716470

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Rheumatology
0141 451 5369/0141 451 5384

Dr. El Douglas
Crail Medical Practice
245 Tollcross Road
Glasgow
G31 4UW

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 04/11/2022
Reference: CG/JD
Dictated Date: 04/11/2022
Transcribed Date: 08/11/2022

Dear Dr. El Douglas,

Stewart McFarlane; D.O.B: 09 Jun 1971; CHI: 0906716470
32 DALRY STREET, Glasgow, Lanarkshire, G32 9BL

Attendance: Specialty - Rheumatology; Clinic - GRSSRH0-DR SAUNDERS AND DR GRIGOR COMBINED EARLY ARTHRITIS FRI PM
Date and Time of Appointment - 04/11/2022 15:05

Follow Up: 20/01/2023 14:15 Rheumatology

Medication Note:
Methotrexate to reduce to 15mg once per week, folic acid 5mg, paracetamol and dihydrocodeine, hydroxychloroquine 200mg bd, atorvastatin 20mg

Clinical Comments:
I reviewed this gentleman today at the rheumatology clinic. He has the following problems:

1. Rheumatoid arthritis: Symptom onset around eight months ago, he was seen in June with inflammatory joint symptoms in the small joints of his hands and feet and early morning stiffness lasting around an hour. When he was first seen he had mild synovitis around his ulnar styloid in both wrists with slightly reduced power grip and tender MTPs with likely synovitis in his right midfoot.

He is rheumatoid factor and CCP positive and had a good clinical improvement with IM Kenalog given in June from the point of view of his hands, but the pain in his feet persisted. He was commenced on methotrexate and subsequently had an ultrasound of his feet which did not show inflammation and he was referred to John Tougher Specialist Podiatrist. Unfortunately he got confused with his appointments and did not attend his face to face appointment with podiatry, but he has spoken to them and they are going to send out another appointment and he knows how important it is to go and see them.

His methotrexate had been increased to 20mg, but unfortunately he feels a bit rubbish after taking the methotrexate and this is worse on the higher dose.

There was no evidence of synovitis today. I have asked him to reduce the methotrexate back to 15mg to see how he feels and we will review him in a couple of months.

2. Weight loss, nausea, anaemia: Over the last few months he has had anaemia which yesterday was a haemoglobin of 120 with increased platelets of 443 in association with weight loss. He thinks he has lost about 1 ½ stone, he has gone off his food, his appetite is poor, he has nausea, possibly some shortness of breath.

I would be grateful if you could check a qFIT. I have referred him for endoscopy and a CT chest, abdomen and pelvis to exclude malignancy. I have also requested a CRP (13) and serum iron.(17).His weight today was 67.5kg.

3. Back pain: I believe he is awaiting an MRI for investigation of back pain following from a road traffic accident a couple of years ago. We did not discuss this today.

Yours sincerely

Dr Catriona Grigor

Consultant Rheumatologist

Electronically Signed: Dr Catriona Grigor, Consultant

cc.

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

0906716470
MCFARLANE M
Stewart 09/06/1971
32 DALRY STREET
Glasgow, Lanarkshire
G32 9BL

The patient attended Rheum Clinic at GRI

Hospital on 4/11/2022 and I would advise a change to drug therapy from

to

or additional therapy of

as detailed below. Full letter to follow.

Additional Comments: please reduce Methotrexate to 15g/week also has angry anaemia please check a q fit Thanks

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE

Yours Sincerely

Signature:

Name (print) Grade: Ext. No:

Catriona Cowan

White copy to - G.P. Pink copy - *File this copy in Case Records*

00545 GGC0004

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,22.5459069.J
Specimen Type	Blood
Date/Time Collected	03.11.22 / 13:55
Date/Time Received	03.11.22 / 18:13
Requested By	Dr Wendy Killin
GP Practice	46131
Date/Time Reported	04.11.22 / 16:27
Details	NPT - MTX

Results

Urea & Electrolytes - Authorised on 04.11.22 at 09:51

Sodium	138	mmol/L	(133-146)
Potassium	4.4	mmol/L	(3.5-5.3)
Chloride	103	mmol/L	(95-108)
Urea	4.7	mmol/L	(2.5-7.8)
Creatinine	66	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 04.11.22 at 09:51

Total Bilirubin	5	umol/L	(<20)
ALT	26	U/L	(<50)
AST	27	U/L	(<40)
Alkaline Phosphatase	67	U/L	(30-130)
Albumin	42	g/L	(35-50)

C-reactive Protein - Authorised on 04.11.22 at 16:24

C Reactive Protein +	13	mg/L	(0-10)

Transferrin / Iron - Authorised on 04.11.22 at 16:24

Transferrin	2.27	g/L	(2.00-4.00)
Iron	17	umol/L	(10-30)
T'ferrin Saturation	30	%	(25-55)

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,22.6324753.W
Specimen Type	Blood
Date/Time Collected	03.11.22 / 13:55
Date/Time Received	03.11.22 / 18:00
Requested By	Dr Wendy Killin
GP Practice	46131
Date/Time Reported	03.11.22 / 18:12
Details	NPT - MTX

Results

Full Blood Count - Authorised on 03.11.22 at 18:07

White Blood Count		4.7	x10^9/l	(4.0-10.0)
Red Cell Count	-	3.90	x10^12/l	(4.50-6.50)
Haemoglobin	-	120	g/l	(130-180)
Haematocrit	-	0.359	l/l	(0.400-0.540)
Mean Cell Volume		92.1	fl	(85.0-101.0)
MCH		30.8	pg	(27.0-32.0)
Platelet Count	+	443	x10^9/l	(150-410)
Neutrophils		2.6	x10^9/l	(2.0-7.0)
Lymphocytes		1.5	x10^9/l	(1.1-5.0)
Monocytes		0.5	x10^9/l	(0.2-1.0)
Eosinophils		0.08	x10^9/l	(0.02-0.50)
Basophils		0.0	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

McFarlane Stewart CHI: 0906716470

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. El Douglas
Crail Medical Practice
245 Tollcross Road
Glasgow
G31 4UW

Main Switchboard:	
Department:	podiatry
Contact Tel:	
Enquiries to:	lucy.forsyth@ggc.scot.nhs.uk
Letter Date:	03/10/2022
Reference:	
Dictated Date:	03/10/2022
Transcribed Date:	03/10/2022

Dear Dr. El Douglas,

Stewart McFarlane; D.O.B: 09 Jun 1971; CHI: 0906716470
32 DALRY STREET, Glasgow, Lanarkshire, G32 9BL

Attendance: Specialty - Podiatry; Clinic - SGLFOR112-L FORSYTH BIOMECHANICS MONDAY ALL DAY
Date and Time of Appointment - 03/10/2022 11:25

Clinical Comments:
(S) Telephone appointment with Stewart following referral from rheumatology regarding pain in both feet. Stewart was in a car accident around a year ago which caused injury to his back. 6 months ago he was diagnosed with rheumatoid arthritis. Medications has helped manage his symptoms in all other joints with the exception of his feet. Stewart reports a recent increase in his methotrexate which he has not yet noticed any symptom improvement from.

(O) On discussion, the pain in his feet is worse on initial steps following period of rest. He feels he has to walk on his toes to avoid any pressure through his heel. However, he is able to have his heel make ground contact and when asked to carry out a double limb support heel raise this was painful. He locates some swelling to the medial malleoli bilaterally. He is currently finding the left foot more painful than right. Stewart is fairly inactive, currently not working and tries to avoid going out due to the pain in his feet.

(A) Treatment and management discussed. Stewart describes symptoms relating to inflammatory arthropathy however the clinical picture is confusing with avoiding pressure on heels which could indicate posterior chain tightness and symptoms similar to plantar fasciopathy, increased pain when carrying out a heel raise doesn't correlate well to walking on toes to avoid pressure through heels, and is indicative of posterior tibial tendon dysfunction. There could be a combination of weakness and soft tissue adaptations given the sedentary lifestyle and rheumatoid diagnosis.

(P) Review clinically for assessment, discussed posterior chain stretching today and footwear. Scope for low heel raise to encourage heel contact at initial contact through gait. Rehab plan to be developed based on clinical findings

(E) bilateral foot pain and 6 month diagnosis of rheumatoid arthritis, pain in feet not reduced with medication and altered mechanics described

(R) Review clinically

L. Forsyth - Podiatrist

Electronically Signed: ,

cc.

NHS Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,22.6281543.A
Specimen Type	Blood
Date/Time Collected	10.10.22 / 09:46
Date/Time Received	10.10.22 / 13:36
Requested By	Dr Wendy Killin
GP Practice	46131
Date/Time Reported	10.10.22 / 13:47
Details	NPT - MTX

Results

Full Blood Count - Authorised on 10.10.22 at 13:44

White Blood Count		5.9	x10^9/l	(4.0-10.0)
Red Cell Count	-	3.71	x10^12/l	(4.50-6.50)
Haemoglobin	-	116	g/l	(130-180)
Haematocrit	-	0.346	l/l	(0.400-0.540)
Mean Cell Volume		93.3	fl	(85.0-101.0)
MCH		31.3	pg	(27.0-32.0)
Platelet Count	+	444	x10^9/l	(150-410)
Neutrophils		4.0	x10^9/l	(2.0-7.0)
Lymphocytes		1.2	x10^9/l	(1.1-5.0)
Monocytes		0.7	x10^9/l	(0.2-1.0)
Eosinophils		0.08	x10^9/l	(0.02-0.50)
Basophils		0.0	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,22.5418337.N
Specimen Type	Blood
Date/Time Collected	20.10.22 / 10:22
Date/Time Received	20.10.22 / 14:00
Requested By	Dr Emma Douglas
GP Practice	46131
Date/Time Reported	20.10.22 / 16:32
Details	npt mtx

Results

Urea & Electrolytes - Authorised on 20.10.22 at 16:29

Sodium	138	mmol/L	(133-146)
Potassium	4.4	mmol/L	(3.5-5.3)
Chloride	101	mmol/L	(95-108)
Urea	4.3	mmol/L	(2.5-7.8)
Creatinine	66	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 20.10.22 at 16:29

Total Bilirubin	6	umol/L	(<20)
ALT	20	U/L	(<50)
AST	23	U/L	(<40)
Alkaline Phosphatase	66	U/L	(30-130)
Albumin	41	g/L	(35-50)

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,22.5388654.Y
Specimen Type	Blood
Date/Time Collected	10.10.22 / 09:46
Date/Time Received	10.10.22 / 14:12
Requested By	Dr Wendy Killin
GP Practice	46131
Date/Time Reported	10.10.22 / 18:07
Details	NPT - MTX

Results

Urea & Electrolytes - Authorised on 10.10.22 at 18:02

Sodium	139	mmol/L	(133-146)
Potassium	4.8	mmol/L	(3.5-5.3)
Chloride	102	mmol/L	(95-108)
Urea	3.5	mmol/L	(2.5-7.8)
Creatinine	67	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 10.10.22 at 18:02

Total Bilirubin	6	umol/L	(<20)
ALT	19	U/L	(<50)
AST	19	U/L	(<40)
Alkaline Phosphatase	62	U/L	(30-130)
Albumin	41	g/L	(35-50)

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCFARLANE
Forename	STEWART
CHI	0906716470
Date of birth	09.06.1971
Sex	Male
Address	32 Dalry Street GLASGOW GLASGOW LANARKSH G32 9BL

Specimen Details

Specimen Number	B,22.6299658.Y
Specimen Type	Blood
Date/Time Collected	20.10.22 / 10:22
Date/Time Received	20.10.22 / 13:35
Requested By	Dr Emma Douglas
GP Practice	46131
Date/Time Reported	20.10.22 / 13:47
Details	npt mtx

Results

Full Blood Count - Authorised on 20.10.22 at 13:43

White Blood Count		6.0	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.00	x10^12/l	(4.50-6.50)
Haemoglobin	-	126	g/l	(130-180)
Haematocrit	-	0.374	l/l	(0.400-0.540)
Mean Cell Volume		93.5	fl	(85.0-101.0)
MCH		31.5	pg	(27.0-32.0)
Platelet Count	+	422	x10^9/l	(150-410)
Neutrophils		3.7	x10^9/l	(2.0-7.0)
Lymphocytes		1.5	x10^9/l	(1.1-5.0)
Monocytes		0.7	x10^9/l	(0.2-1.0)
Eosinophils		0.08	x10^9/l	(0.02-0.50)
Basophils		0.0	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

End of Report

NHS Confidential: Personal data about a patient

McFarlane Stewart CHI: 0906716470

Clinic Letter

NHS
Greater Glasgow and Clyde

Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Dr. El Douglas
Crail Medical Practice
245 Tollcross Road
Glasgow
G31 4UW

Main Switchboard:
Department: podiatry MSK
Contact Tel:
Enquiries to: shelley.fairley@ggc.scot.nhs.uk
Letter Date: 02/11/2022
Reference:
Dictated Date: 02/11/2022
Transcribed Date: 02/11/2022

Dear Dr. El Douglas,

Stewart McFarlane; D.O.B: 09 Jun 1971; CHI: 0906716470
32 DALRY STREET, Glasgow, Lanarkshire, G32 9BL

Attendance: Specialty - Podiatry; Clinic - SHJCR156-J CAMPBELL BIOMECHANICS WEDNESDAY
Date and Time of Appointment - 02/11/2022 14:20

Follow Up: None

Clinical Comments:
MSK Podiatry. Mr McFarlane failed to attend Podiatry MSK appointment today. No follow up appointment arranged, patient can self refer by contacting 0800592087 if further input required. Discharged.

Shelley Fairley, B6 podiatrist

Electronically Signed: ,

cc.

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

Patient's name ~~Mr, Mrs, Miss, Ms~~ Stewart Mcfarlane

I assessed your case on: 30 /09 / 2022

and, because of the following condition(s): rheumatoid arthritis, back pain

I advise you that:

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

If available, and with your employer's agreement, you may benefit from:

- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

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

This will be the case for

or from 30 /09 / 2022 **to** 25 /11 / 2022

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

Issuer's name Dr Emma Douglas

Issuer's profession Doctor

Date of statement 30 /09 / 2022

Issuer's address
CRAIL MEDICAL PRACTICE
245 Tollcross Road
Glasgow , G31 4UW
Telephone: 0141 554 3199

Unique ID: Med 3 04/22

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What your advice means

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

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

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

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

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

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ MCFARLANE

Other names STEWART

Address 32 DALRY STREET
GLASGOW **Postcode** G32 9BL

Date of birth 09 / 06 / 1971 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.