Subject Access Request

Patient	Mr David Beavers
Date of birth	20-Dec-1957 (age 68)
Gender	M
NHS number	2012576494
Patient's address	28 Elizabethan Way Renfrew PA4 0LY
Date range selected	20-Dec-1957 - 29-Apr-2026
Organisation	
Policy number	

Problems

Active

10-Dec-2018 Miss Jan Tweedie
Primary repair of inguinal hernia (Left)

22-Sept-2017 Miss Jan Tweedie
Peyronie's disease

Significant Past

This section is empty.

Minor Past

10-Jan-2025 Dr Elizabeth Marshallsay
Medication review

30-Dec-2024 Dr Emma Boom
Acute lower respiratory tract infection

14-Mar-2024 Dr Robert Anderson
Cough

16-Sept-2022 Mrs Dipti Mahapatra
Low back pain

29-Sept-2021 Mrs Linda Craig
Diverticulosis

03-Jan-2020 Dr Elizabeth Marshallsay
Knee joint pain

03-Jan-2020 Dr Elizabeth Marshallsay
Wax in ear (Bilateral)

03-Aug-2017 Dr Catherine Macmillan
C/O - cough (Mild, Moderate)

03-Dec-2015 Dr Catherine Macmillan
Erectile dysfunction

16-Jan-2015 Dr Robert Anderson
Inguinal hernia

10-Sept-2014 Dr Robert Anderson
Mole of skin

13-Aug-2014 Dr Robert Anderson
Migraine

13-Aug-2014 Dr Robert Anderson
Mole of skin

13-Aug-2014 Dr Robert Anderson
Inguinal hernia

23-Jan-2010 Mrs Etta Taylor
Head injury

20-Feb-2009 Dr Lorraine Murphy
Body mass index index 25-29 - overweight

01-Jan-1978 Mrs Sandra Bryce
Motor vehicle traffic accidents (MVTA)

01-Jan-1978 Mrs Sandra Bryce
Neck sprain

10-Mar-1969 Mrs Sandra Bryce
Molluscum contagiosum

01-Jan-1961 Mrs Sandra Bryce
Impetigo

01-Jan-1960 Mrs Sandra Bryce
Acute tonsillitis

Consultations

29-Apr-2026 Mrs Tracey Corrigan Administration

Administration (P3)	Administration NOS	letter from mma request for records passed to *****

13-Apr-2026 Ms Lynn Graham Administration

Administration (P3)	SMS text message sent to patient	Due to a high demand for appointments we are now at full capacity for today. You can attend your local pharmacy for advice and also *****. Thank you for your understanding. Braehead Medical Practice {Patient Group !Total Practice Population 18.03.26}

24-Mar-2026 Ms Lynn Graham Administration

Administration (P3)	SMS text message sent to patient	The practice will be closed on Thursday 26th March between 12.30pm and 1.30pm for staff training. We will re-open at 1.30pm. Thank you for your understanding. Braehead Medical Practice {Patient Group !Total Practice Population 18.03.26}

20-Mar-2026 Ms Lynn Graham Administration

Administration (P3)	SMS text message sent to patient	We are having significant issues with our new computer system. As a result calls are taking longer to be answered and queries to be dealt with. We apologise for the inconvenience and appreciate your patience and understanding. Braehead Medical Practice {Patient Group !Total Practice Population 18.03.26}

16-Mar-2026 Ms Lynn Graham Administration

13-Mar-2026	Administration (P3)	SMS text message sent to patient	Due to our recent computer system upgrade unforunately some of the preferred pharmacy information for prescriptions has not transferred over. We would be grateful if you could please fill out the below short online form to update us with your preferred pharmacy, and we will update the system accordingly. We apologise for any inconvenience. https://forms.office.com/Pages/ResponsePage.aspx?id=veDvEDCgykuAnLXmdF5JmtLOfgGuLndEuDUyKTfbCtJUQTVaRVZSMlJITTlWRTczQk84M1oyWUkxMy4u Braehead Medical Practice {Patient Group !Total Practice Population}

16-Mar-2026 Ms Lynn Graham Administration

13-Mar-2026	Administration (P3)	SMS text message sent to patient	Due to our recent computer system upgrade unforunately some of the preferred pharmacy information for prescriptions has not transferred over. We would be grateful if you could please fill out the below short online form to update us with your preferred pharmacy, and we will update the system accordingly. We apologise for any inconvenience. https://forms.office.com/Pages/ResponsePage.aspx?id=veDvEDCgykuAnLXmdF5JmtLOfgGuLndEuDUyKTfbCtJUQTVaRVZSMlJITTlWRTczQk84M1oyWUkxMy4u Braehead Medical Practice {Patient Group !Total Practice Population}

23-Jan-2026 Mrs Rebecca Harrison Other

01-Dec-2025 Ms Tamara Cairney Administration

Free Text	*Location Type: Telephone*	
Diagnosis (P3)	GGC Cost-Efficiency Review - Thiamine - note recent discussions - continue	
Intervention (P3)	Other medication management	THI2

21-Oct-2025 Ms Louise Murphy Other

12-Oct-2025 Mrs Tracey Corrigan Other

Administration (P3)	No response to bowel cancer screening programme invitation	Non-Responder

10-Oct-2025 Dr James Bogie Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	cough/need to clear throat - has been happening for ~ 6 months, needs to clear throat from time to time. Gets reflux but this is manageable with PPI PRN. No change to voice, no difficulty swallowing, no throat swelling, no weight loss/loss of appetite. Non-smoker. Drinks 4 cans beer every night. retired electrician. not worse any time of day, no clear trigger
Diagnosis (P3)	throat - nil to see although malampati 3
Diagnosis (P3)	Advised most likely silent reflux related to ETOH - he will cut down and take PPI every day for a month, if not settling will return. Emphasised red flag signs to watch for.
Diagnosis (P3)	Discussed ETOH intake, advised updated bloods but he is not keen.

23-July-2025 Ms Shauna Gemmill Other

11-Mar-2025 Ms Charlotte McKim Other

18-Feb-2025 Ms Louise Murphy Other

10-Jan-2025 Dr Elizabeth Marshallsay Telephone Consultation

Free Text	*Location Type: Telephone Consultation*
Diagnosis (P3)	Takes PPI daily for reflux. No dysphagia or weight loss. Normal bowels. Well in self oteriwse. Does dring 2-3 cans of beer daily - will be contributing to reflux. Sympts fine when takes omepraole. Added to rpt. Review yearly.
Intervention	Medication review
Intervention	Medication review

08-Jan-2025 Dr Lucy Wallace Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	sr - omeprazole - last review nov 23 - suggest TC for review for red flag symptoms

30-Dec-2024 Dr Emma Boom Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Acute lower respiratory tract infection
Diagnosis (P3)	flu like illness since 20th decem,ber, whole family had it. coughing up phlegm, feels its in his chest, feels wheezey. non smoker, no hx of asthma or LRTIs. also has sore blocked right ear
Diagnosis (P3)	temp 37.2, sats 97%, HR 82 , chest - wheeze throughtout, bilateral creps, right ear - blocked with dark wax
Diagnosis (P3)	cover with abx and discussed salbutamol with spacer. strogn worsening advice given

13-Nov-2024 Ms Agnieszka Grabowska Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	As per PIIGlet cost savers, Davids last Thiamine presciption issued in 7/2023. Sates taking 50mg OD. Drink every night 4 can of beer.Not interested in stopping as not drinking anything else, does not smoke or taking drugs. Not interested in any services. Does not excersise much but has a dog and does walk everyday. To enhance compliance change thiamine to 100mg OD.
Administration (P3)	Telephone encounter
Intervention	Medication review done by pharmacist

26-Sept-2024 Dr Cat Kargar Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	SR omeprazole

08-July-2024 Dr Lorraine Murphy Administration

Free Text	*Location Type: Telephone*
Diagnosis (P3)	SR - omeprazole

02-May-2024 Dr Peter Shepherd Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	sr issued.

29-Apr-2024 Other

Administration (P3)	SMS text sent to patient

03-Apr-2024 Other

Administration (P3)	SMS text sent to patient

15-Mar-2024 Other

Administration (P3)	SMS text sent to patient

14-Mar-2024 Dr Robert Anderson Surgery consultation

Free Text	*Location Type: Main Surgery*
Symptom (P3)	Cough
Diagnosis (P3)	has had this for years but worse in th elast two weeks and last few days ocughing up sputum, chesty sounding cough, OE sats 99 and chest is completely clear, I have reasured that findign are normal likely to be a virall urti no signs of lower RTI needing treatment, reasured but review if not improving over coming weeks. I note in past Px d in halers but he insists he never took these.

01-Feb-2024 Dr Emma Boom Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	sr omeprazole

17-Nov-2023 Dr Emma Boom Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	TC omeprazole
Diagnosis (P3)	used to take most days - when didn't have any for a couple of months there had a bit of throat irritation feeling like always needing to clear his throat. Feeling goes away when he takes omeprazole. Otherwise well, no weight loss, no dysphagia, no pain. Would alert us if he developed any of these sx. Have issued further supply.

13-Nov-2023 Mrs Linda Craig Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	SR omeprazole, overdue a review. can this be booked, issued shorter supply

27-Oct-2023 Dr Elizabeth Marshallsay Administration

Free Text	*Location Type: Telephone*
Diagnosis (P3)	No asnwer for tc. Tried a few times throughout the day. Message left at 1613.

12-Oct-2023 Mrs Brenda Caldwell Other

Administration (P3)	No response to bowel cancer screening programme invitation Non-Responder

05-Oct-2023 Mrs Linda Craig Administration

Free Text	*Location Type: Telephone*
Diagnosis (P3)	SR - omeprazole - issued - please arrange med review

08-Aug-2023 Dr Pankaj Nanda Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	sr - omeprazole issued. if continues to have symptoms, should get checked.

26-July-2023 Dr Cat Kargar Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	alcohol misuse sore foot. drinking 4 cans of beer evert day afetr work, nod at time drinking, never stopped to see if any SE, no had inflam markers or gout marker checke in last bloods, will add on, deos feel like plantar fasciitis from hsootir byt started with pind and neles senation, will trial ibu gel, vbloodas and review with results, I have also started hom on thiamine

07-July-2023 Mrs Dipti Mahapatra Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Bilateral feet pain
Diagnosis (P3)	6/52 hx; says been analysing his sx more, nil tingling/numbness in eet; feels ok in morning before getting out of bed, uncomfortable when puts weight on feet; pain around medial arch; gets better slightly but then comes back again; right more noticeable than left; no other sx elsewhere; Systemically well, no unexplained weight loss, night sweats/fevers or lumps/ bumps
Diagnosis (P3)	Mild limp when started to walk but then ok after few few steps; FROM in both nakle; ressited NAD; nil tender points in sole of foot; nil pain around medial arch, medial ankle or lateral ankle area; nil flattening of arch, L=R;
Diagnosis (P3)	electrician
Diagnosis (P3)	Likely to be inflmmatory as worse first thing when puts feet down first; cant take anti-inflammatories; adv to try ice 2-3/day for 2 weeks and see if it changes anything; Hopefully bloods might show soemthing; GP will get back after blood results;

07-July-2023 Ms Helen Turkington Surgery consultation

Free Text	*Location Type: Main Surgery*	
Examination	Serum albumin SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	38 g/L
Examination	Serum alkaline phosphatase SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	74 U/L
Examination	ALT/SGPT serum level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	22 U/L
Examination	AST serum level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	21 U/L
Examination	Serum Vitamin B12 SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	400 ng/L
Examination	Serum vitamin B12 Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Serum total bilirubin level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	15 umol/L
Examination	Serum chloride SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	104 mmol/L
Examination	Serum cholesterol SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	5.4 mmol/L
Examination	Serum creatinine SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	86 umol/L
Examination	Eosinophil count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	0.13
Examination	Serum Folate SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	5.9 ug/L
Examination	Serum folate Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Serum gamma-glutamyl transferase level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	36 U/L
Examination	Haemoglobin estimation SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	148 g/L
Examination	Serum HDL cholesterol level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	2.1 mmol/L
Examination	Calculated LDL cholesterol level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	3 mmol/L
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	**34.3 pg**
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	99.1 fL
Examination	Monocyte count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	0.6
Examination	Neutrophil count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	4.5
Examination	Platelet Count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	238
Examination	Serum potassium SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	4.1 mmol/L
Examination	Nucleated red blood cell count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	0

Examination	Red blood cell (RBC) count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	**4.32**	
Examination	Serum sodium SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	139 mmol/L	
Examination	Serum triglycerides SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	0.6 mmol/L	
Examination	Serum urea level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	5.8 mmol/L	
Examination	Total white cell count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	7.7	
Examination	Lymphocyte count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	2.4	
Examination	Full blood count - FBC Specimen Id: B,23.7629931.K Specimen Type: Blood Number of Test(s): 13 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		
Examination	Liver function test Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 5 Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Urea and electrolytes Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Haematocrit SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	0.428 L/L	
Examination	Basophil count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	0.1	
Examination	Serum cholesterol/HDL ratio SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	2.6	
Intervention (P3)	Nursing care blood sample taken		
Diagnosis	Laboratory procedures -general (Non Coded Event - VLDL-Chol (calc'd)), Measure: 0.3 , Measure Units: mmol/L		
Diagnosis	(Non Coded Event - GGT) Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Lipid profile) Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood > 60		
Examination	**Serum albumin** SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood: Serum albumin SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	38 g/L	(Range: 35 - 50)
Examination	**Serum alkaline phosphatase** SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood: Serum alkaline phosphatase SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	74 U/L	(Range: 30 - 130)
Examination	**ALT/SGPT serum level** SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood: ALT/SGPT serum level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	22 U/L	(No range available)
Examination	**AST serum level** SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood: AST serum level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	21 U/L	(No range available)
Examination	**Serum Vitamin B12** SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood: Serum Vitamin B12 SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	400 ng/L	(Range: 200 - 883)
Examination	**Serum vitamin B12** Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:: Serum vitamin B12 Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Serum total bilirubin level** SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood: Serum total bilirubin level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	15 umol/L	(No range available)
Examination	**Serum chloride** SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood: Serum chloride SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	104 mmol/L	(Range: 95 - 108)
Examination	**Serum cholesterol** SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood: Serum cholesterol SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	5.4 mmol/L	(No range available)
Examination	**Serum creatinine** SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood: Serum creatinine SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	86 umol/L	(Range: 40 - 130)
Examination	**Eosinophil count** SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood: Eosinophil count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	0.13	(Range: 0.02 - 0.5)
Examination	**Serum Folate** SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood: Serum Folate SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	5.9 ug/L	(Range: 3.1 - 20)
Examination	**Serum folate** Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:: Serum folate Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Serum gamma-glutamyl transferase level** SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood: Serum gamma-glutamyl transferase level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	36 U/L	(No range available)

Examination	**Haemoglobin estimation**SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood: Haemoglobin estimation SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	148 g/L	(Range: 130 - 180)
Examination	**Serum HDL cholesterol level**SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood: Serum HDL cholesterol level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	2.1 mmol/L	(No range available)
Examination	**Calculated LDL cholesterol level**SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood: Calculated LDL cholesterol level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	3 mmol/L	(No range available)
Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood: **Abnormal** Mean corpusc. haemoglobin(MCH) SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	**34.3 pg**	**(Range: 27 - 32)**
Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood: Mean corpuscular volume (MCV) SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	99.1 fL	(Range: 83 - 101)
Examination	**Monocyte count**SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood: Monocyte count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	0.6	(Range: 0.2 - 1)
Examination	**Neutrophil count**SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood: Neutrophil count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	4.5	(Range: 2 - 7)
Examination	**Platelet Count**SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood: Platelet Count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	238	(Range: 150 - 410)
Examination	**Serum potassium**SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood: Serum potassium SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	4.1 mmol/L	(Range: 3.5 - 5.3)
Examination	**Nucleated red blood cell count**SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood: Nucleated red blood cell count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	0	(No range available)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood: **Abnormal** Red blood cell (RBC) count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	**4.32**	**(Range: 4.5 - 6.5)**
Examination	**Serum sodium**SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood: Serum sodium SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	139 mmol/L	(Range: 133 - 146)
Examination	**Serum triglycerides**SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood: Serum triglycerides SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	0.6 mmol/L	(Range: 0.2 - 2.3)
Examination	**Serum urea level**SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood: Serum urea level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	5.8 mmol/L	(Range: 2.5 - 7.8)
Examination	**Total white cell count**SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood: Total white cell count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	7.7	(Range: 4 - 10)
Examination	**Lymphocyte count**SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood: Lymphocyte count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	2.4	(Range: 1.1 - 5)
Examination	**Full blood count - FBC**Specimen Id: B,23.7629931.K Specimen Type: Blood Number of Test(s): 13 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal** Full blood count - FBC Specimen Id: B,23.7629931.K Specimen Type: Blood Number of Test(s): 13 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)
Examination	**Liver function test**Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 5 Lab comment: Reviewer comment: Abnormal/Normal Flag:: Liver function test Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 5 Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Urea and electrolytes**Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:: Urea and electrolytes Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Haematocrit**SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood: Haematocrit SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	0.428 L/L	(Range: 0.4 - 0.54)
Examination	**Basophil count**SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood: Basophil count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	0.1	(No range available)
Examination	**Serum cholesterol/HDL ratio**SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood: Serum cholesterol/HDL ratio SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	2.6	(No range available)
Diagnosis	**Laboratory procedures -general**(Non Coded Event - VLDL-Chol (calc'd)), Measure: 0.3 , Measure Units: mmol/L: Laboratory procedures -general (Non Coded Event - VLDL-Chol (calc'd)), Measure: 0.3 , Measure Units: mmol/L		(No range available)
Diagnosis	**(Non Coded Event - GGT)**Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - GGT) Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

Diagnosis	**(Non Coded Event - Lipid profile)**Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Lipid profile) Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood > 60: GFR calculated abbreviated MDRD SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood > 60	(No range available)

27-Jun-2023 Dr Pankaj Nanda Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis (P3)	Tingling/pins & needles sensation in sole of right foot for couple of months, sometimes similar symptoms in left sole. No back pain, no leg pain/paraesthesia. No red flags CES. denies any urinary or bowel symptoms, no saddle anaesthesia. Works as electrician, drinks 4-5 cans of beer every night (for the last 2-3 years). No trauma. Tingling sensation comes and goes. Improves with mobility, worse when he is standing for sometime. No other joint problems, no joint stiffness.	
Diagnosis (P3)	No back pain/tenderness, SLR slightly restricted on right side due to stretch at back of leg (but no pain), tone, power, sensation normal in both legs, no pain/tenderness along soles/forefoot/heel.	
Diagnosis (P3)	?? degenerative process, ?B12. Unlikely plantar fascitis. Plan - bloods, self referral to physio	

16-Mar-2023 Ms Catherine Evans Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis (P3)	Looks well, voice a bit croaky, compelting sentences, no accessory muslce use. T 36.8, RR 20, SaO2 96%, HR 78reg, CRT <2sec. Chest - good Ae throughtou with no added sounds	
Diagnosis (P3)	not been working for months - can't be bothered - feels lost get up and go - discussed previously. does get out for walk at times. Declined d/w GP or link worker - knows can make appt for this anytime if wishing.	
Diagnosis (P3)	Likely viral URTI on top of cough caused by reflux - restart PPI (explained needs review now and then to ensure no change in sx - contact if ever worsening, swallow difficulty, weight loss). likely URTI 7-10 days - SINS, worsening advice - esp dirty sputum, fever, SOB, CP, haemoptysis - happy with plan.	
Symptom	Never smoked tobacco cough/clearing throat regularly over past 2 years and reflux sx. has had PPI in past for this which settles it - hasn't been using recently as needed review. Over past week felt cold/flu sx and cough much worse - past couple days grey sputum, no blood. Not SOB, no CP. No fever/shivery. Cough causing headache past couple days. Croaky voice in mornings - eases as day goes on, no sore throat. No swallow difficulty, no wieght loss, fevers, sweats. CXR NAD Dec 2021, Bloods NAD Oct 22. No hx asthma/COPD, .	0 / / cigarettes / cigars / tobacco

18-Jan-2023 Dr Lorraine Murphy Telephone Consultation

Free Text	*Location Type: Telephone Consultation*	
Diagnosis (P3)	Seemed to connect , but no answer , redial , no answer - VM message left @ 16:57 - " omeprazole review "	

05-Jan-2023 Dr Catherine Macmillan Administration

Free Text	*Location Type: Telephone*	
Diagnosis (P3)	sr omeprazole not issued needs a review see below	

05-Jan-2023 Mrs Isobel Pollock Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis (P3)	left msg mobile 5/1 2.39pm *****	

21-Nov-2022 Dr Catherine Macmillan Administration

Free Text	*Location Type: Telephone*	
Diagnosis (P3)	sr omeprazole issue x28 needs TC	

31-Oct-2022 Ms Helen Turkington Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis (P3)	checked both ears, left ear tm seen did not need to syringe, right ear wax covering the tm, syringed now clear of wax tm see clearly	

28-Oct-2022 Dr Elizabeth Marshallsay Telephone Consultation

Free Text	*Location Type: Telephone Consultation*	
Diagnosis (P3)	Cons from 24th noted. HAs been feeling "not himself" in past 4-5 months. Feeling a bit down. Not going out to work, not doing hobbies. Walks dogs, watches tv/ipad. Not really seeing friends. No obv trigger, gradual issue. Drinking 4-5 cans lager per night. Non smoker. Managing financially. Chatted through things. Not really wanting to discuss any intervention. keen to leave things as they are for now. Advised if any worsneing, get back in touch. No suicidal thoughts.	

24-Oct-2022 Ms Helen Turkington Surgery consultation

Free Text	*Location Type: Main Surgery*	
Intervention (P3)	Nursing care blood sample taken ppe worn	

24-Oct-2022 Ms Catherine Evans Surgery consultation

Free Text	*Location Type: Main Surgery*	
Examination	Serum albumin SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	37 g/L
Examination	Serum alkaline phosphatase SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	65 U/L
Examination	ALT/SGPT serum level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	25 U/L
Examination	AST serum level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	26 U/L
Examination	Serum total bilirubin level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	19 umol/L
Examination	Serum chloride SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	106 mmol/L
Examination	Serum creatinine SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	90 umol/L
Examination	Eosinophil count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	0.11
Examination	Serum Ferritin SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	164 ug/L
Examination	Serum ferritin Specimen Id: B,22.7839207.Z Specimen Type: Blood Number of Test(s): 1 Lab comment: Males 15-300 (<15 iron deficiency)|Females 15-200 (<15 iron deficiency)|15-50 intermediate result. Consider iron deficiency|in anaemic patients, older patients and those|with inflammatory disease.| Reviewer comment: Abnormal/Normal Flag:	
Examination	Haemoglobin estimation SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	158 g/L
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	**34.1 pg**
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	95 fL
Examination	Monocyte count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	0.7
Examination	Neutrophil count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	4.4
Examination	Platelet Count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	227
Examination	Serum potassium SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	4.4 mmol/L
Examination	Nucleated red blood cell count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	0
Examination	Red blood cell (RBC) count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	4.64
Examination	Serum sodium SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	138 mmol/L
Examination	Serum total T3 level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	
Examination	Serum TSH level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	0.94 mU/L
Examination	Serum urea level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	6.7 mmol/L
Examination	Total white cell count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	7.5
Examination	Lymphocyte count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	2.2
Examination	Plasma glucose level SPECIMEN ID: B,22.7839220.C SPECIMEN TYPE: Blood	5.2 mmol/L
Examination	Full blood count - FBC Specimen Id: B,22.7839206.S Specimen Type: Blood Number of Test(s): 13 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	
Examination	Liver function test Specimen Id: B,22.7839207.Z Specimen Type: Blood Number of Test(s): 5 Lab comment: Reviewer comment: Abnormal/Normal Flag:	

Examination	Thyroid function tests Specimen Id: B,22.7839207.Z Specimen Type: Blood Number of Test(s): 3 Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Urea and electrolytes Specimen Id: B,22.7839207.Z Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Haematocrit SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	0.441 L/L	
Examination	Basophil count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	0.1	
Examination	Serum free T4 level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	16.2 pmol/L	
Diagnosis (P3)	went for hearing tests in boots 2m ago - told right ear full of wax - was advised use almond oil - hasn't really done this - still feels blocked.		
Diagnosis (P3)	left ear - some wax in canal but TM visible. right ear - wax blocking canal - can't see TM - for oil 2-3x/day for a week - app made for syringing right ear in a week if not cleared - can cancel if cleared		
Diagnosis (P3)	over past 4-5 months feels no energy, has 'lost mojo', feels can;t be bothered with work or socialising - works as electrician - enjoys it but recently has been not quoting for jobs so workload reduced. has friends - used to see friday night but now can't be bothered - sits on ipad all evening - drikning more - 4 cans beer a night over past 6-7months. Non smoker. o fever/sweats/weight loss, no swallow difficulty, no change to bladder/bowel. Has been on PPI for constant throat clearing. Occasional SOBOE when climbing into attics for work, not as easy as it was. ***** denies any thoughts of self-harm or suicide.		
Diagnosis (P3)	looks well, good eye contact		
Diagnosis (P3)	in today for bloods per 11th Feb - looks like similar issue then - put in for TC with GP later in week to discuss mood - happy with plan		
Diagnosis	(Non Coded Event - Glucose) Specimen Id: B,22.7839220.C Specimen Type: Blood Number of Test(s): 1 Lab comment: Non-fasting sample| Reviewer comment: Abnormal/Normal Flag:		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood > 60		
Examination	**Serum albumin** SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood: Serum albumin SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	37 g/L	(Range: 35 - 50)
Examination	**Serum alkaline phosphatase** SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood: Serum alkaline phosphatase SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	65 U/L	(Range: 30 - 130)
Examination	**ALT/SGPT serum level** SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood: ALT/SGPT serum level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	25 U/L	(No range available)
Examination	**AST serum level** SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood: AST serum level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	26 U/L	(No range available)
Examination	**Serum total bilirubin level** SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood: Serum total bilirubin level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	19 umol/L	(No range available)
Examination	**Serum chloride** SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood: Serum chloride SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	106 mmol/L	(Range: 95 - 108)
Examination	**Serum creatinine** SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood: Serum creatinine SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	90 umol/L	(Range: 40 - 130)
Examination	**Eosinophil count** SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood: Eosinophil count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	0.11	(Range: 0.02 - 0.5)
Examination	**Serum Ferritin** SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood: Serum Ferritin SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	164 ug/L	(Range: 15 - 300)
Examination	**Serum ferritin** Specimen Id: B,22.7839207.Z Specimen Type: Blood Number of Test(s): 1 Lab comment: Males 15-300 (<15 iron deficiency)|Females 15-200 (<15 iron deficiency)|15-50 intermediate result. Consider iron deficiency|in anaemic patients, older patients and those|with inflammatory disease.| Reviewer comment: Abnormal/Normal Flag:: Serum ferritin Specimen Id: B,22.7839207.Z Specimen Type: Blood Number of Test(s): 1 Lab comment: Males 15-300 (<15 iron deficiency)|Females 15-200 (<15 iron deficiency)|15-50 intermediate result. Consider iron deficiency|in anaemic patients, older patients and those|with inflammatory disease.| Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Haemoglobin estimation** SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood: Haemoglobin estimation SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	158 g/L	(Range: 130 - 180)
Examination	**Mean corpusc. haemoglobin(MCH)** SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood: **Abnormal** Mean corpusc. haemoglobin(MCH) SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	**34.1 pg**	**(Range: 27 - 32)**
Examination	**Mean corpuscular volume (MCV)** SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood: Mean corpuscular volume (MCV) SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	95 fL	(Range: 83 - 101)

Examination	**Monocyte count**SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood: Monocyte count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	0.7	(Range: 0.2 - 1)
Examination	**Neutrophil count**SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood: Neutrophil count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	4.4	(Range: 2 - 7)
Examination	**Platelet Count**SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood: Platelet Count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	227	(Range: 150 - 410)
Examination	**Serum potassium**SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood: Serum potassium SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	4.4 mmol/L	(Range: 3.5 - 5.3)
Examination	**Nucleated red blood cell count**SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood: Nucleated red blood cell count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	0	(No range available)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood: Red blood cell (RBC) count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	4.64	(Range: 4.5 - 6.5)
Examination	**Serum sodium**SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood: Serum sodium SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	138 mmol/L	(Range: 133 - 146)
Examination	**Serum total T3 level**SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood: Serum total T3 level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood		(No range available)
Examination	**Serum TSH level**SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood: Serum TSH level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	0.94 mU/L	(Range: 0.35 - 5)
Examination	**Serum urea level**SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood: Serum urea level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	6.7 mmol/L	(Range: 2.5 - 7.8)
Examination	**Total white cell count**SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood: Total white cell count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	7.5	(Range: 4 - 10)
Examination	**Lymphocyte count**SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood: Lymphocyte count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	2.2	(Range: 1.1 - 5)
Examination	**Plasma glucose level**SPECIMEN ID: B,22.7839220.C SPECIMEN TYPE: Blood: Plasma glucose level SPECIMEN ID: B,22.7839220.C SPECIMEN TYPE: Blood	5.2 mmol/L	(Range: 3.5 - 6)
Examination	**Full blood count - FBC**Specimen Id: B,22.7839206.S Specimen Type: Blood Number of Test(s): 13 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal** Full blood count - FBC Specimen Id: B,22.7839206.S Specimen Type: Blood Number of Test(s): 13 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)
Examination	**Liver function test**Specimen Id: B,22.7839207.Z Specimen Type: Blood Number of Test(s): 5 Lab comment: Reviewer comment: Abnormal/Normal Flag:: Liver function test Specimen Id: B,22.7839207.Z Specimen Type: Blood Number of Test(s): 5 Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Thyroid function tests**Specimen Id: B,22.7839207.Z Specimen Type: Blood Number of Test(s): 3 Lab comment: Reviewer comment: Abnormal/Normal Flag:: Thyroid function tests Specimen Id: B,22.7839207.Z Specimen Type: Blood Number of Test(s): 3 Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Urea and electrolytes**Specimen Id: B,22.7839207.Z Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:: Urea and electrolytes Specimen Id: B,22.7839207.Z Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Haematocrit**SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood: Haematocrit SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	0.441 L/L	(Range: 0.4 - 0.54)
Examination	**Basophil count**SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood: Basophil count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	0.1	(No range available)
Examination	**Serum free T4 level**SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood: Serum free T4 level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	16.2 pmol/L	(Range: 9 - 21)
Diagnosis	**(Non Coded Event - Glucose)**Specimen Id: B,22.7839220.C Specimen Type: Blood Number of Test(s): 1 Lab comment: Non-fasting sample| Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Glucose) Specimen Id: B,22.7839220.C Specimen Type: Blood Number of Test(s): 1 Lab comment: Non-fasting sample| Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood > 60: GFR calculated abbreviated MDRD SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood > 60		(No range available)

28-Sept-2022 Mrs Tracey Corrigan Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis	left message 28/9 14.40 - due bloods per consultation
(P3)	11/23 - in diary

16-Sept-2022 Mrs Dipti Mahapatra Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Low back pain
Diagnosis (P3)	consent gained ; 4/7 hx of left sided localised lower back pain; nil leg pain; bent down to pick something up; had it in past, gets 1-2x/year; pain: I/M; Aggs: movement; Eases:sitting;sleep ok; nil 24hr pattern; jil neural sx; nil CES sx; Systemically well, no unexplained weight loss, night sweats/fevers or lumps/ bumps
Diagnosis (P3)	stopped forward psoture; limited movementt in all direction; Left sided lumbosacral complex stiffness;
Diagnosis (P3)	S/E; electrician; off work as cant bend or lift; active and does lots of steps;
Diagnosis (P3)	LBP < 2/52; given advice leaflet; ex given; rtime frames discussed; Adv on importance of doing specific back exercises to prevent recurrence;

01-Sept-2022 Mrs Tracey Corrigan Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	left message 1/9 11.11 - due bloods from 11/2 consultation - in diary

17-Aug-2022 Ms Catherine Evans Other

Diagnosis (P3)	SR omeprazole - last issue Apr - issued but note was for bloods - admin to contact and make appt

17-Aug-2022 Miss Nicole Treacy Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	VM message left with pt to relay below message CE. Also added to diary to ensure bloods are booked

21-Apr-2022 Dr Brian Maybin Other

11-Feb-2022 Dr Brian Maybin Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Failed encoutner *2 to mobile and *1 to house phone.

11-Feb-2022 Dr Brian Maybin Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Cough for 1 year, having to clear a throat, sensation of something of throat, not breathless, not on any NSAID, no blood, no difficulty swallowing, no weightloss, feeling more tired, no neck lumps,
Diagnosis (P3)	12 half stone,
Diagnosis (P3)	Never smoked, self employed- feels lost his drive
Diagnosis (P3)	Seems more globus- most leikly secodnary to reflux, update hb given tiredness, PPI, WSG

16-Dec-2021 Dr Caroline Bisset Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Inf ro call, flare lower back pain, bent at work and felt pain around coccyx, had similar coupel years ago, pain only lower back, no radiation, no change to bowels/bladder, no saddle anaestheisa, had naproxen before which helped, agreed can try again, on omeprazole all ready, any concerns, can cotnact us, patietn happy with plan.

15-Dec-2021 Miss Rebecca Burns Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	SR - Naproxen - last issued 2020 - for GP review before issue
Intervention (P3)	Drugs not issued
Administration (P3)	Site of encounter NOS Actioned in Pharmacotherapy Hub

23-Nov-2021 Dr Elizabeth Marshallsay Administration

Free Text	*Location Type: Telephone*

15-Nov-2021 Ms Catherine Evans Other

Diagnosis (P3)	seen Feb and May this year with irritable cough settled with PPI, this has persisted to an extens but over past 3/52 has developed infection sx - runny nose, intermittent headache, productive cough with offensive green mucus, no haemoptysis, no CP?SOB, feeling tired/run-down/no energy - has left work a couple of times over past week as felt shivery/dizzy - self-employed so doesn;t leave work lightly.
Diagnosis (P3)	no hoarse or muffled voice, completing sentences without difficulty
Diagnosis (P3)	Telephone discussion in context of extraordinary circumstances of COVID19 outbreak in UK - in order to reduce the spread of the outbreak
Diagnosis (P3)	likely viral infection or LRTI - will attend this am for exam - may need CXR in view of persistent cough prior to this

15-Nov-2021 Ms Catherine Evans Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	as per TC below - irritant cough has persisted since stopping PPI, also some heartburn - helicobacter was negative and bloods NAD, no swallow difficulty, weight loss or sweats - can continue with PPI and will arrange CXR. Non-smoker.
Diagnosis (P3)	Looks generally well - completing setnences without dificulty, non accessory muscle use - T 36.9, RR 22, HR 94reg, SaO2 94%, CRT <2sec - chest - AE throughout with no added sounds.
Diagnosis (P3)	irritant cough caused by reflux - for PPI and CXR, on top of this RTI - likely viral but given duration and offensive sputum for abx - worsening advice given - esp if CP/haemoptysis/SOB - happy with plan.

12-Oct-2021 Mrs Brenda Caldwell Other

Administration (P3)	No response to bowel cancer screening programme invitation Non-Responder

29-Sept-2021 Mrs Linda Craig Other

Diagnosis (P3)	Diverticulosis

13-Aug-2021 Dr Lorraine Murphy Other

Intervention	8H5J.: Referral to colorectal surgeon (SCI Gateway Referral) *Out Patient. Sender: Dr Lorraine Murphy; Reason: 8H5J.: Referral to colorectal surgeon (SCI Gateway Referral)*

11-Aug-2021 Dr Lorraine Murphy Telephone Consultation

Free Text	*Location Type: Telephone Consultation*
Diagnosis (P3)	Positive qFit - bowel pattern changed 2 months - looser - refer colorectal RAH
Diagnosis (P3)	Telephone discussion in context of extraordinary circumstances of COVID19 outbreak in UK - in order to reduce the spread of the outbreak

29-July-2021 Dr Lorraine Murphy Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Inflammed area of skin lower abd
Diagnosis (P3)	1 - 2 cm diam superficial inflammation - in skin , nil deeper.
Diagnosis (P3)	Never handed in stool for HP or qFit as per previous consults in May - requests reissued
Diagnosis	Laboratory procedures -general (Non Coded Event - qFIT), Measure: 30 , Measure Units: ug Hb/g faeces , Abnormality: 1
Diagnosis	(Non Coded Event - QFIT) Specimen Id: B,21.4831159.T Specimen Type: Faeces Number of Test(s): 1 Lab comment: Positive qFIT result.|Urgent referral to Colorectal services highlighting qFIT result.|Patient will be triaged direct to colonoscopy at urgent or|USC priority depending on level of faecal haemoglobin (qFIT).| Reviewer comment: Abnormal/Normal Flag: Abnormal
Diagnosis	**Laboratory procedures -general**(Non Coded Event - qFIT), Measure: 30 , Measure Units: ug Hb/g faeces , Abnormality: 1: Laboratory procedures -general (Non Coded Event - qFIT), Measure: 30 , Measure Units: ug Hb/g faeces , Abnormality: 1 (No range available)
Diagnosis	**(Non Coded Event - QFIT)**Specimen Id: B,21.4831159.T Specimen Type: Faeces Number of Test(s): 1 Lab comment: Positive qFIT result.|Urgent referral to Colorectal services highlighting qFIT result.|Patient will be triaged direct to colonoscopy at urgent or|USC priority depending on level of faecal haemoglobin (qFIT).| Reviewer comment: Abnormal/Normal Flag: Abnormal: (Non Coded Event - QFIT) Specimen Id: B,21.4831159.T Specimen Type: Faeces Number of Test(s): 1 Lab comment: Positive qFIT result.|Urgent referral to Colorectal services highlighting qFIT result.|Patient will be triaged direct to colonoscopy at urgent or|USC priority depending on level of faecal haemoglobin (qFIT).| Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

14-Jun-2021 Dr Staff Unknown Member of Staff Other

13-Jun-2021	Intervention	Administration of second dose of SARS-CoV-2 vacc *PW40010/ AZ/IM/LUA//C-19 (By *****)*

26-May-2021 Ms Catherine Evans Other

Examination	Serum chloride SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood	106 mmol/L
Examination	Serum creatinine SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood	91 umol/L
Examination	Eosinophil count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	0.09
Examination	Haemoglobin estimation SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	155 g/L
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	**33.3 pg**
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	94.2 fL
Examination	Monocyte count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	0.6
Examination	Neutrophil count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	4.6
Examination	Platelet Count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	224
Examination	Serum potassium SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood	4.2 mmol/L
Examination	Nucleated red blood cell count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	0
Examination	Red blood cell (RBC) count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	4.65
Examination	Serum sodium SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood	140 mmol/L
Examination	Serum urea level SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood	5.4 mmol/L
Examination	Total white cell count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	7.2
Examination	Lymphocyte count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	1.9
Examination	Full blood count - FBC Specimen Id: B,21.7421438.C Specimen Type: Blood Number of Test(s): 13 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	
Examination	Urea and electrolytes Specimen Id: B,21.7421437.A Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Haematocrit SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	0.438 L/L
Examination	Basophil count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	0

Diagnosis (P3)	seen in Feb with feeling need to clear throat all the time - settled with 8/52 PPI - since stopping this the feeling has come back and is getting heartburn again = feels needs to clear throat all the time - not cough as such, not brining up any mucus. Not SOB. No swallow difficulty, weight loss, fever or night sweats. Will attenf today for review.		
Diagnosis (P3)	Telephone discussion in context of extraordinary circumstances of COVID19 outbreak in UK - in order to reduce the spread of the outbreak		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood > 60		
Examination	**Serum chloride** SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood: Serum chloride SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood	106 mmol/L	(Range: 95 - 108)
Examination	**Serum creatinine** SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood: Serum creatinine SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood	91 umol/L	(Range: 40 - 130)
Examination	**Eosinophil count** SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood: Eosinophil count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	0.09	(Range: 0.02 - 0.5)
Examination	**Haemoglobin estimation** SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood: Haemoglobin estimation SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	155 g/L	(Range: 130 - 180)
Examination	**Mean corpusc. haemoglobin(MCH)** SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood: **Abnormal** Mean corpusc. haemoglobin(MCH) SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	**33.3 pg**	**(Range: 27 - 32)**
Examination	**Mean corpuscular volume (MCV)** SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood: Mean corpuscular volume (MCV) SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	94.2 fL	(Range: 83 - 101)
Examination	**Monocyte count** SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood: Monocyte count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	0.6	(Range: 0.2 - 1)
Examination	**Neutrophil count** SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood: Neutrophil count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	4.6	(Range: 2 - 7)
Examination	**Platelet Count** SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood: Platelet Count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	224	(Range: 150 - 410)
Examination	**Serum potassium** SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood: Serum potassium SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood	4.2 mmol/L	(Range: 3.5 - 5.3)
Examination	**Nucleated red blood cell count** SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood: Nucleated red blood cell count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	0	(No range available)
Examination	**Red blood cell (RBC) count** SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood: Red blood cell (RBC) count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	4.65	(Range: 4.5 - 6.5)
Examination	**Serum sodium** SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood: Serum sodium SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood	140 mmol/L	(Range: 133 - 146)
Examination	**Serum urea level** SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood: Serum urea level SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood	5.4 mmol/L	(Range: 2.5 - 7.8)
Examination	**Total white cell count** SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood: Total white cell count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	7.2	(Range: 4 - 10)
Examination	**Lymphocyte count** SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood: Lymphocyte count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	1.9	(Range: 1.1 - 5)
Examination	**Full blood count - FBC** Specimen Id: B,21.7421438.C Specimen Type: Blood Number of Test(s): 13 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal** Full blood count - FBC Specimen Id: B,21.7421438.C Specimen Type: Blood Number of Test(s): 13 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)
Examination	**Urea and electrolytes** Specimen Id: B,21.7421437.A Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:: Urea and electrolytes Specimen Id: B,21.7421437.A Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Haematocrit** SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood: Haematocrit SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	0.438 L/L	(Range: 0.4 - 0.54)
Examination	**Basophil count** SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood: Basophil count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	0	(No range available)
Examination	**GFR calculated abbreviated MDRD** SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood > 60: GFR calculated abbreviated MDRD SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood > 60		(No range available)

26-May-2021 Ms Catherine Evans Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	as per TC below - not clearing throat at night, no heartburn at night - sleep not disturbed. Avoids food that tends to trigger heartburn, not getting it as much. Drinks a few cans most nights - doesn't feel leads to heartburn. No bloating, early satiety. No change bowel habit, no dark or tarry stool - has never done bowel screening as doesn't like the idea.
Diagnosis (P3)	looks very well, clearing throat at times during consult, not cough. Not SOB, completing long sentences without difficulty.
Diagnosis (P3)	for further 4/52 PPI after taken sample for helicobacter faecal antigen (no PPI or abx last 4/52). Bloods checked. Given Qfit to take at same time as sample for helicobacter as never done bowel screening. Will review with results. Worsening advice meanwhile

26-Mar-2021 Dr Staff Unknown Member of Staff Other

25-Mar-2021 Intervention Administration of first dose of SARS-CoV-2 vaccine *4120Z002/ AZ/IM/LUA//C-19 (By *****)*

05-Mar-2021 Ms Catherine Evans Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	planned review as below. Felt PPI has helped - not clearing throat nearly as much, no other symptoms, otherwise feels well.
Diagnosis (P3)	for a further 4/52 PPI then stop - if any ongoing or further sx after this to contact for exam/review. Happy with plan.

05-Feb-2021 Ms Catherine Evans Other

Diagnosis (P3)	FEb 2020 - felt unwell, was off work for 3-4/52 - ??covid - headache, nausea, reduced appetite, never had fever or loss smell. Ever since feels persistent need to clear throat regularly - feels as if something in throat to clear - says not a cough, feels more at top of wind pipe, not bringing up any sputum or phlegm. Does get heartburn fairly regularly - usually after eating certain foods (crisps, bridies) - at least once every couple of weeks, lasts an hour or two. No swallowing difficulty, no weight loss, no night sweats or fever, no change in bowel habit. FEels well otherwise. Drinks 3-4 cans each night, never smoked, not eating late at night.
Diagnosis (P3)	Telephone discussion in context of extraordinary circumstances of COVID19 outbreak in UK - in order to reduce the spread of the outbreak
Diagnosis (P3)	Likely irritation back of throat causing need to clear throat - for 4/52 trial PPI and will review with TC. Any worsening, swallow difficulty, productive cough, blood in stool, feeling unwell to contact sooner. Happy with plan.

13-Oct-2020 Mrs Dipti Mahapatra Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Left knee pain
Diagnosis (P3)	Telephone consultation due to COVID-19. 3/52 history, pain in anterior aspect of knee. No radiating pain. Aggs: sit to stand, going up stairs; Eases: rest; sleep: ok; 24hr: ok now in morning. Systemically well, no unexplained weight loss, night sweats/fevers or lumps/ bumps. no locking or giving way. No other joint aches and pain. Knee movt: FROM
Diagnosis (P3)	S/E elctrician
Diagnosis (P3)	Patellofemoral flareup; Adv on cont with meds, exercises, heat or ice. time frames for improvement discussed. Self refer to physio if does not improve in 4/52. SR Form sent by psot.

12-Oct-2020 Dr Cat Kargar Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	2 weeks, self employed electrician, left knee pain, taking ibuprofen, 8 tabs a day for 2 weeks, voltrol as well, not really helping, has not been to work. no trauma, also feels clicking in knee which is new. no giving way, but sore on weight bearing, no restriction in movement. no swelling, no redness. wants to see someojne as it is affecting his work. will come down for review.

12-Oct-2020 Dr Cat Kargar Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Knee examinain NAD, no effusion, full ROM, anterior posterior drawer test negative.
Diagnosis (P3)	reassured likely wear and tear, analgesia and knee exercise pamphlets, worsening advice, follow up in 3 weeks

31-Jan-2020 Cheryl Crawford Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Left ear syringed with good effect TM seen. Right ear - some wax remains but TM visable so advised to continue with drops for now (it is contraindicated to syringe when TM is visable)

09-Jan-2020 Dr Aleks Telinga Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Works as electrician doing some work in a tight space before christmas felt back was sore. pain went away had not been working over holidays, but now returned, pain in lower back, pain with movement for past few days. off/on. Taking ***** anadin extra feels helps to take some pain away. No bowel or bladder broblems, no altered sensation. Keen to get back to wrok as self employed
Diagnosis (P3)	Tender over lower lumbar spine, pain with movement, guarding himself when walking, no radiation of pain
Diagnosis (P3)	Muscle skeletal back pain, analgesia, advised physio review either self referral upstairs or with out own therapist if no imporvement

03-Jan-2020 Dr Elizabeth Marshallsay Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Knee joint pain
Diagnosis (P3)	LEft. Past 8 weeks or so. NO hx of trauma. Gets pain in small joints in hand.
Diagnosis (P3)	Crepitus in left knee. No swelling or tenderness.
Diagnosis (P3)	?oa. For xr. Using ibuprifen - suggest PPI and check bloods. If looks like oa, can book apmtt with pt.
Diagnosis (P3)	Wax in ear (Bilateral)
Diagnosis (P3)	For oil then syringe. If hearing still poor, refer audiology.

05-Apr-2019 Dr Sara Williams Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	xantheslama on left eye, ***** wanted it checked. no note of prev bloods.
Diagnosis (P3)	small calcified white deposit underneath left eye. xanthelasma.
Diagnosis (P3)	check cholesterol first, can ref to minor ops opthalmology if chol normal.
Diagnosis (P3)	pain in right handover base of thumb, electrician and struggling to cut wires and use screwdriver.
Diagnosis (P3)	tender over base of thumb, no wasting.
Diagnosis (P3)	likely early OA in thumb, try nsaid gel and pcm and rv as needed. wsg

19-Mar-2019 Mrs Linda Craig Other

Administration (P3)	No response to bowel cancer screening programme invitation Non-Responder

07-Jan-2019 Dr Katie Colburn Surgery consultation

Free Text	*Location Type: Main Surgery*
Administration	Scanned Document *Other Attachment : FitNote.pdf FitNote.pdf, (Diagnosis: hernia repair; Duration: 07/01/2019 - 21/01/2019)*
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 07-Jan-2019 - 07-Jan-2019)

24-Dec-2018 Marie-Anne Muir Other

18-Dec-2018 Dr Katie Colburn Surgery consultation

Free Text	*Location Type: Main Surgery*
Administration	Scanned Document *Other Attachment : FitNote.pdf FitNote.pdf, (Diagnosis: hernia repair; Duration: 10/12/2018 - 07/01/2019)*
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 18-Dec-2018 - 18-Dec-2018)

14-Dec-2018 Ms Laurena Pencovich Administration

Free Text	*Location Type: Telephone*
Diagnosis (P3)	IDL - Gen Surg, QEUH
Diagnosis (P3)	Hernia repair. Discharged home with simple analgesia.
Diagnosis (P3)	IDL re-routed to *****.

10-Dec-2018 Miss Jan Tweedie Other

Intervention (P3)	Primary repair of inguinal hernia (Left)

28-Nov-2018 Mrs Linda Craig Other

Examination	O/E - blood pressure reading	170 / 96 mm Hg

25-Jun-2018 Other

Administration (P3)	SMS text sent to patient	SMS Consent text sent

18-Jun-2018 Other

Administration (P3)	SMS text sent to patient	SMS Consent text sent

11-Jun-2018 Other

Administration (P3)	SMS text sent to patient	SMS Consent text sent

04-Jun-2018 Other

Administration (P3)	SMS text sent to patient	SMS Consent text sent

28-May-2018 Other

Administration (P3)	SMS text sent to patient	SMS Consent text sent

22-May-2018 Other

Administration (P3)	SMS text sent to patient	SMS Consent text sent

22-Sept-2017 Miss Jan Tweedie Other

Diagnosis (P1)	Peyronie's disease

03-Aug-2017 Dr Catherine Macmillan Surgery consultation

Free Text	*Location Type: Main Surgery*
Intervention	8H5B.: Referred to urologist (SCI Gateway Referral) *Out Patient. Sender: Dr Catherine Macmillan; Reason: 8H5B.: Referred to urologist (SCI Gateway Referral)*
Symptom (P3)	C/O - cough (Mild, Moderate)
Diagnosis (P3)	slight wheeze went away for 4 1/2 months -
Diagnosis (P3)	oxygne sats 97% not associated with exertion or eating - not talking either -- Oxygen sats 97% and chest clear -? allergic component trial of nasal spray -and anti histamines
Administration (P3)	DNA hospital appointment re refer Urology
Administration (P3)	DNA hospital appointment Resp either but they are sending him a further appt

19-Mar-2017 Mrs Tracey Corrigan Other

Administration (P3)	No response to bowel cancer screening programme invitation Non-Responder

13-Jan-2017 Dr Lorraine Murphy Other

Intervention	8H4g.: Referral to respiratory physician (SCI Gateway Referral) *Out Patient. Sender: Dr Lorraine Murphy; Reason: 8H4g.: Referral to respiratory physician (SCI Gateway Referral)*

11-Jan-2017 Dr Lorraine Murphy Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	ICS helped slightly , but not significantly - still coughing , more so at night
Diagnosis (P3)	Chest clear
Diagnosis (P3)	Refer chest clinic
Diagnosis (P3)	Insomnia
Diagnosis (P3)	Discussed , advised

05-Jan-2017 Other

Administration (P3)	SMS text sent to patient MJOG message sent regarding on line services registration

12-Dec-2016 Dr Lorraine Murphy Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Recurrence of cough - intermittent
Diagnosis (P3)	Chest clear
Diagnosis (P3)	Trial ICS and review

15-Nov-2016 Dr Lorraine Murphy Surgery consultation

Free Text	*Location Type: Main Surgery*
Intervention	8H51.: General surgical referral (SCI Gateway Referral) *Out Patient. Sender: Dr Lorraine Murphy; Reason: 8H51.: General surgical referral (SCI Gateway Referral)*
Intervention	8H5B.: Referred to urologist (SCI Gateway Referral) *Out Patient. Sender: Dr Lorraine Murphy; Reason: 8H5B.: Referred to urologist (SCI Gateway Referral)*
Diagnosis (P3)	Chest much better. Chest clear. LIH and Peyronnies - refer SOPD & urology QEUH

08-Nov-2016 Dr Lorraine Murphy Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Ongoing cough > 6 weeks , dry , small amount yellow phlegm , feels wheezy , worse at night
Diagnosis (P3)	SpO2 96% , chest AE all areas , scattered rhonchi
Diagnosis (P3)	Review 1 week . ? viral / infection induced ? adult onset asthma

05-Oct-2016 Dr Robert Anderson Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	discussion re possible reflux, normal CXR, not much difference with cough ? less frequent, should continue with the PPI for further 4 weeks can review then, consder Hpylori testing after this.

05-Sept-2016 Dr Elizabeth Marshallsay Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Cough, intermittent for the past 2 months. No obvious cause. Not there all the time. Can come on and last half the day. Dry. However sometimes coughs so much that he vomits. No weight loss. Non smoker. Electrician. Ok at night. No wheeze/SOB. Feels clammy at times, but no night sweats. Does get heart burn - quite severe at times. Depends on what he is eating.
Diagnosis (P3)	Chest clear.
Diagnosis (P3)	For CXR and trial of PPI. Reivew in 2 weeks.
Diagnosis (P3)	Not sleeping well at night. Feels mood is ok, but still bothered by SEs from hernia op. Disucssed. Discuss again in 2 weeks - ?urology referral for peyronies.

14-Mar-2016 Dr Robert Anderson Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Patient still has problems mainly ED peyronies and now CO stress not sleeping angry all the time short tempered. Has been drinking every night 3-4 cans lager, advsied to stop. also have discussed restarting the SSRI, happy to do this see if bhelps symptoms. had stopped in December, no SEs just didn't want to take it. reviwe agin in a few weeks. aware needs to be on th is for 3-6 months.

03-Dec-2015 Dr Catherine Macmillan Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Erectile dysfunction
Diagnosis (P3)	on fluoxetine Peyronie 's disease --feels a bi tcalmer on these has not used viagra yet --changed over fluoxetine at night instead to continue on current dose

13-Nov-2015 Dr Elizabeth Marshallsay Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Underwent hernia repair last year. Unfortunately it appears that he has developed ED as a complication. Seen by urology and they advise viagra only. Seems quite upset about it. Not sleeping well, irritable and lost joy for life. Small things upsetting him. ***** has commented that he is not himself. Discussed.
Diagnosis (P3)	Low mood secondary to ED. Has been seen by urology. Try viagra but also suggest antidepressant. As causing severe mental distress, can have it on the NHS. Review in 3 weeks.

27-Mar-2015 Mrs Sandra Bryce Surgery consultation

Free Text	*Location Type: Main Surgery*
Administration (P3)	No response to bowel cancer screening programme invitation
Administration (P3)	Bowel cancer screening programme invitation letter sent

16-Jan-2015 Dr Robert Anderson Surgery consultation

Free Text	*Location Type: Main Surgery*
Administration	Scanned Document *Other Attachment : FitNote.pdf FitNote.pdf, (Diagnosis: Inguinal hernia; Duration: 15/12/2014 - 26/01/2015)*
Diagnosis (P3)	Inguinal hernia
Diagnosis (P3)	has had repair have done med 3 as is self employed. also analgeisa.
Diagnosis (P3)	itching over the left elbow and upper arm, no rash states has been seen before about this last record is 2010. today nothing to see and symptosm ae intermettent. discussed leave alone but review if becoming more frequent.
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 16-Jan-2015 - 16-Jan-2015)

19-Dec-2014 Mrs Linda Craig Other

Intervention (P3)	Post hospital discharge medication reconciliation with pt co codamol acute
Intervention (P3)	Medication reconciliation Meds Rec

17-Dec-2014 Mrs Janet Campbell Administration

Free Text	*Location Type: Telephone*
Diagnosis (P3)	IDL dated 16.12.14 from RAH put into *****

10-Nov-2014 Dr Lorraine Murphy Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Has had previous problem with pain / stiffness L shoulder - worse in winter.

10-Sept-2014 Dr Robert Anderson Surgery consultation

Free Text	*Location Type: Main Surgery*
Diagnosis (P3)	Mole of skin
Diagnosis (P3)	no change looks inocnet slight pigment encouraged to monitor but no worrying features.

14-Aug-2014 Dr Robert Anderson Other

Intervention	8H51.: General surgical referral (SCI Gateway Referral) *Out Patient. Sender: *****; Reason: 8H51.: General surgical referral (SCI Gateway Referral)*	

13-Aug-2014 Dr Robert Anderson Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis (P3)	Migraine	
Diagnosis (P3)	Mole of skin	
Diagnosis (P3)	on forehead new,<4weeks, smaller than pin head will review in 4 weeks.	
Diagnosis (P3)	Inguinal hernia	
Diagnosis (P3)	R side refered.	

28-May-2014 Marie-Anne Muir Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis	Health ed. - alcohol	
Diagnosis	Health ed. - diet	
Diagnosis	Health ed. - exercise	
Symptom	Aerobic exercise 0 times/week	
Examination	O/E - blood pressure reading	126 / 86 mm Hg
Diagnosis (P3)	Inadine and tegaderm applied. Healing well, not infected, advised to remove on Friday, offered appt but wont take anymore time off work. Advised if needs seen will have to make appt.	
Examination (P3)	Body Mass Index, 28.1 , Measure: 28.1	
Diagnosis (P3)	Ideal Weight, 66.47 Kg , Measure: 66.47 , Measure Units: Kg	
Symptom	Never smoked tobacco	0 / / cigarettes / cigars / tobacco
Symptom	Alcohol consumption, 2017 units/week , Measure: 2017 , Measure Units: units/week	2017 units per week
Examination	O/E - weight, 81.2 Kg , Measure: 81.2 , Measure Units: Kg	81.2 Kg
Examination	Body Mass Index , Measure: 81.2 , Measure Units: Kg	28.1
Examination	O/E - height, 170 cm , Measure: 170 , Measure Units: cm	1.7 m

28-May-2014 Dr Lorraine Murphy Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis (P3)	Scalp laceration at weekend - 4 days ago - fell and hit head on pavement , no LOC , no vomiting , no red flags since. ***** will review need for ongoing dressing.	

09-Sept-2013 Dr Lorraine Murphy Administration

Free Text	*Location Type: Telephone*	
Diagnosis (P3)	SR - naproxen 500mg	

01-July-2013 Dr Robert Anderson Other

02-May-2013 Dr Robert Anderson Other

25-Feb-2013 Dr Lorraine Murphy Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis (P3)	Still has pain around L shoulder. Works as electrician. R handed. O/E FROM . Continue with analgesia. Given contact number for Working Health Services.	

07-Jan-2013 Dr Female Locum Surgery consultation

Free Text	*Location Type: Main Surgery*	
Diagnosis (P3)	painful left shoulder, worse on movement and lifting above his head. all movements feel stiff and range is reduced. try NSAID/analgesia.	

18-Dec-2012 Mrs Sandra Bryce Surgery consultation

Free Text	*Location Type: General Practice Surgery*	
Intervention	Medication review	

31-Mar-2012 Miss Jan Tweedie Other

Intervention (P3)	Equivalent quantities for all medication checked	

16-Sept-2011 Mrs Sandra Bryce Administration

	Free Text	*Location Type: Telephone*
	Intervention	Medication review

08-Sept-2011 Dr Robert Anderson Other

	Free Text	*Location Type: Hospital Inpatient*
	Diagnosis (P3)	Patietn has itching rash with slight tracking on the Left fore arm comes and goes. possibel scabies, treat and review if not settling. priority=2

01-Feb-2011 Dr Alexander Anderson Other

	Free Text	*Location Type: Hospital Inpatient*
	Diagnosis (P3)	lump peri anally for 2 mnths now resolved??***** concerned o/e nil of note at all adr priority=2

05-Oct-2010 Dr Robert Anderson Other

	Free Text	*Location Type: Hospital Inpatient*
	Diagnosis (P3)	Itching rash for 4-5 weeks over the Left forearm, has scratched away hair in the region, confined to there not spread, length of forearm, no obvious track marks. Treat initially with steroids and see if settles. Not sure what could be causing this. priority=2

05-Feb-2010 Dr Lorraine Murphy Other

	Free Text	*Location Type: Hospital Inpatient*
	Diagnosis (P3)	Assaulted 2/52 ago - since then both sides ribs sore and nose ? deviated . Chest clear mildly tender on springing chest - diclofenac and co-codamol priority=2

25-Jan-2010 Mrs Etta Taylor Administration

	Free Text	*Location Type: Telephone*
23-Jan-2010	Diagnosis (P3)	Head injury

23-Jan-2010 Miss Catherine Sweeney Other

	Free Text	*Location Type: Health Authority (trading)*
	Diagnosis (P3)	OOH priority=2

12-Nov-2009 Dr Robert Anderson Other

	Free Text	*Location Type: Hospital Inpatient*
	Diagnosis (P3)	Paraesthesia on the left side only in the little and ring finger palmar aspect, states feels numb, has had for two weeks and worse today. No obivous swelling or weakness, likely coming from neck or elbow, works as electrician, treat with NSAIDs and review if not settling. priority=2

24-Feb-2009 Dr Lorraine Murphy Other

	Free Text	*Location Type: Hospital Inpatient*
	Intervention	Referral for further care *(Referred To: Southern General Hospital, NHS. Referral Type: Out Patient. Speciality Type: SCI Specialty. Referral Nature: Not Specified. , Referral Reason: Problems with left shoulder). Sender: Dr Lorraine Murphy; Reason: Referral for further care*
	Diagnosis (P3)	SCI Electronic Referral priority=2

20-Feb-2009 Dr Lorraine Murphy Other

	Free Text	*Location Type: Hospital Inpatient*
	Examination	O/E - blood pressure reading 138 / 80 mm Hg
	Examination	O/E - blood pressure reading 138 / 80 mm Hg
	Examination	Body mass index index 25-29 - overweight Disease:
	(P3)	SPICE Basic Health Values,
	Diagnosis (P3)	Ongoing problems with L shoulder. FROM but feels something resticting - refer physio SGH priority=2
	Symptom	Never smoked tobacco Disease: SPICE Basic Health Values, priority=1 0 / / cigarettes / cigars / tobacco
	Examination	O/E - weight , Measure: 80 80 Kg
	Examination	Body Mass Index , Measure: 80
	Examination	O/E - weight , Measure: 80 80 Kg
	Examination	Body Mass Index , Measure: 80
	Examination	O/E - height , Measure: 170 1.7 m
	Examination	O/E - height , Measure: 170 1.7 m
	Examination	O/E - height , Measure: 170 1.7 m

09-Jan-2009 Locum 3 Other

Free Text	*Location Type: Hospital Inpatient*	
Diagnosis (P3)	R handed electrician. L shoulder discomfort for 6/52.Non tender. Full ROM. Advice/NSAID/wait & watch priority=2	

18-July-2008 Ms xxxxxxxxxxSister Helen Shaw Other

Free Text	*Location Type: Hospital Inpatient*	
Diagnosis (P3)	patient had got dust or dirt into his eye when he was drilling he has tried salt water but makes no diff have difficulty open his eye ***** referred to a/e with letter ***** priority=2	

11-Sept-2007 Ms xxLocum Dr MacMillan 3 session Other

29-May-2007 Dr Alexander Anderson Other

Free Text	*Location Type: Hospital Inpatient*	
Diagnosis (P3)	bp normal 136/88..flushed in face headaches.adr bloods ..recheck bp over next weeks adr see 6 weeks for review.. priority=2	

24-May-2007 Ms Helen Turkington Other

Free Text	*Location Type: Hospital Inpatient*	
Examination	O/E - blood pressure reading	122 / 80 mm Hg
Examination	O/E - blood pressure reading	122 / 80 mm Hg
Diagnosis (P3)	routine bp 122/80 headaches round about after 4.00 pm heavy feeling in top of head advised to see gp priority=2	

29-Mar-2007 Ms xxxxxxxxxxLocum 1 Other

Free Text	*Location Type: Hospital Inpatient*	
Diagnosis (P3)	episodes of facial flushing at work, no headche/dizzyness. O/e. well BP 156/92, 154/92. discussed. P/ lifestyle/diet/salr/execrise advice, rpot 4weeks priority=2	

21-Dec-2006 Dr Alexander Anderson Other

19-Dec-2006 Dr Alexander Anderson Other

15-Dec-2006 Dr Lorraine Murphy Other

12-Oct-2006 Ms Helen Turkington Other

Free Text	*Location Type: Hospital Inpatient*	
Symptom	No FH: Ischaemic heart disease Disease: SPICE DES CVD, priority=2	
Symptom	No family history diabetes Disease: SPICE DES CVD, priority=2	
Examination	O/E - blood pressure reading	148 / 82 mm Hg
Examination	O/E - blood pressure reading	148 / 82 mm Hg
Symptom (P3)	No signif. H/O CHD Disease: SPICE DES CVD, priority=2	
Diagnosis (P3)	No signif. H/O Hypertension Disease: SPICE DES CVD, priority=2	
Symptom (P3)	No signif. H/O Stroke Disease: SPICE DES CVD, priority=2	
Symptom (P3)	No signif. H/O TIA Disease: SPICE DES CVD, priority=2	
Symptom	Never smoked tobacco Disease: SPICE DES CVD, priority=2	0 / / cigarettes / cigars / tobacco
Examination	O/E - weight , Measure: 80	80 Kg
Examination	Body Mass Index , Measure: 80	
Examination	O/E - weight , Measure: 80	80 Kg
Examination	Body Mass Index , Measure: 80	
Examination	O/E - height , Measure: 170	1.7 m
Examination	O/E - height , Measure: 170	1.7 m

18-July-2006 Dr xxxxxxxxxxDr W. Khan Other

06-Feb-2006 Dr Lorraine Murphy Other

06-Jun-2003 Dr Alexander Anderson Other

29-May-2003 gpadmin Administration

Free Text *Location Type: Telephone*
Administration Notes summary on computer priority=2
(P3)

18-July-2001 UnknownUser Administration

Free Text *Location Type: Telephone*
06-Mar-2001 Intervention Referral for further care *(Referred To: Royal Alexandra Hospital, NHS. Referral Type: Speciality Type: ENT. Referral Nature: , Referral Reason: Ref. Audiometry). Sender: Dr Lorraine Murphy; Reason: Referral for further care*

14-May-2001 UnknownUser Administration

Free Text *Location Type: Telephone*
Administration Notes summary on computer priority=2
(P3)

31-Oct-2000 UnknownUser Administration

Free Text *Location Type: Telephone*
Diagnosis Migrated Data priority=2
(P3)
06-Apr-1999 Administration Patient MRE received from HB priority=2
(P3)
05-Mar-1999 Administration Pat. GP7B/GP8B card from HB priority=2
(P3)
02-Feb-1999 Administration Patient signed reg. form priority=2
(P3)

01-Jan-1978 Mrs Sandra Bryce Other

Diagnosis Motor vehicle traffic accidents (MVTA)
(P3)
Diagnosis Neck sprain
(P3)

10-Mar-1969 Mrs Sandra Bryce Other

Diagnosis Molluscum contagiosum
(P3)

01-Jan-1961 Mrs Sandra Bryce Other

Diagnosis Impetigo
(P3)

01-Jan-1960 Mrs Sandra Bryce Other

Diagnosis Acute tonsillitis
(P3)

Medications (inc. issues)

Acute

23-Jan-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 capsule - ONE TO BE TAKEN EACH DAY

Repeat

08-Jan-2025 Omeprazole 20mg gastro-resistant capsules
56 capsule - ONE TO BE TAKEN EACH DAY

13-Nov-2024 Thiamine 100mg tablets
56 tablet - ONE TO BE TAKEN EACH DAY

Past

21-Oct-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

23-July-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

11-Mar-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

18-Feb-2025 Thiamine Hydrochloride Tablets 100 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY

08-Jan-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

30-Dec-2024 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
6 capsule - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS

30-Dec-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
200 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

30-Dec-2024 Space Chamber Plus Spacer device Acute Medication (Past)
1 device - TO BE USED WITH MDI

13-Nov-2024 Thiamine Hydrochloride Tablets 100 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY

26-Sept-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

08-July-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

02-May-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

01-Feb-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

17-Nov-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

13-Nov-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
14 capsule - ONE TO BE TAKEN EACH DAY

05-Oct-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

08-Aug-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

26-July-2023 Thiamine 50mg tablets Repeat Medication (Past)
224 tablet - ONE TO BE TAKEN FOUR TIMES DAILY

26-July-2023 Ibuprofen Gel 5 % Acute Medication (Past)
50 Gram(s) - APPLY TO THE AFFECTED AREA UP TO THREE TIMES A DAY

26-July-2023 Thiamine Tablets 50 mg Acute Medication (Past)
224 tablet - ONE TO BE TAKEN FOUR TIMES DAILY

16-Mar-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

21-Nov-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

24-Oct-2022 Olive oil ear drops Acute Medication (Past)
10 ml - PUT THREE TO FOUR DROPS INTO THE AFFECTED EAR(S) TWO TO THREE TIMES A DAY FOR UP TO TWO WEEKS

17-Aug-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

21-Apr-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

11-Feb-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

16-Dec-2021 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY

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

15-Nov-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

29-July-2021 Fucibet Cream Acute Medication (Past)
30 gram - APPLY TWICE DAILY

26-May-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

05-Mar-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

05-Feb-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

12-Oct-2020 Co-Codamol 8/500 Tablets Acute Medication (Past)
50 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

12-Oct-2020 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY

09-Jan-2020 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 tablet - 2 TABLETS UP TO 4 X DAILY-- CONTAINS PARACETAMOL

09-Jan-2020 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY

03-Jan-2020 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

24-Dec-2018 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 tablet - 2 TABLETS UP TO 4 X DAILY-- CONTAINS PARACETAMOL

18-Dec-2018 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 tablet - 2 TABLETS UP TO 4 X DAILY-- CONTAINS PARACETAMOL

03-Aug-2017 Loratadine Tablets 10 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN EACH DAY

03-Aug-2017 Sodium Cromoglicate Eye drops 2 % Acute Medication (Past)
13.5 ml - APPLY ONE DROP TO THE AFFECTED EYE(S) FOUR TIMES DAILY

03-Aug-2017 Beclometasone Aqueous nasal spray 50 micrograms/actuation Acute Medication (Past)
200 dose - TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY

11-Jan-2017 Montelukast Sodium Tablets 10 mg Acute Medication (Past)
28 tablet - 1 Tab At night

11-Jan-2017 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONCE DAILY

12-Dec-2016 Clenil Modulite Cfc-free inhaler 200 micrograms/actuation Acute Medication (Past)
1 inhaler - 2 PUFFS TO BE INHALED TWICE A DAY

12-Dec-2016 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

08-Nov-2016 Aerochamber Plus Spacer device standard (blue) Acute Medication (Past)
1 device - TO BE USED WITH MDI

08-Nov-2016 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 capsule - ONE TO BE TAKEN THREE TIMES A DAY

08-Nov-2016 Prednisolone Tablets 5 mg Acute Medication (Past)
40 tablet - EIGHT TO BE TAKEN IN THE MORNING

08-Nov-2016 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

05-Sept-2016 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

14-Mar-2016 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

03-Dec-2015 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

13-Nov-2015 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

13-Nov-2015 Sildenafil Citrate Tablets 50 mg Acute Medication (Past)
8 tablet - ONE TO BE TAKEN AS DIRECTED. SLS

16-Jan-2015 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

19-Dec-2014 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

10-Nov-2014 Naproxen Tablets 250 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

13-Aug-2014 Sumatriptan Succinate Tablets 50 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS

09-Sept-2013 Naproxen Tablets 500 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

01-July-2013 Naproxen Tablets 500 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

02-May-2013 Naproxen Tablets 500 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

25-Feb-2013 Co-Codamol 8/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

25-Feb-2013 Naproxen Tablets 500 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

07-Jan-2013 Co-Codamol 8/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

07-Jan-2013 Naproxen Tablets 500 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

08-Sept-2011 Permethrin 5%cream Repeat Medication (Past)
30 CREAM - Apply weekly

08-Sept-2011 Permethrin Dermal CREAM 5% Acute Medication (Past)
30 CREAM - Apply weekly

05-Oct-2010 Clobetasone Butyrate CREAM 0.05% Acute Medication (Past)
30 g - Apply sparingly Once or Twice daily

05-Feb-2010 Co-Codamol 8mg/500mg TABS Acute Medication (Past)
100 TABS - 1-2 tabs up to max four times daily

05-Feb-2010 Diclofenac Sodium Ec TABS 50MG Acute Medication (Past)
84 TABS - 1 Tab 3 times daily

11-Sept-2007 Diclofenac Sodium Ec TABS 50MG Acute Medication (Past)
84 TABS - 1 Tab 3 times daily

21-Dec-2006 Flucloxacillin CAPS 250MG Acute Medication (Past)
28 CAPS - 1 Cap 4 times daily

19-Dec-2006 Diclofenac Sodium Ec TABS 50MG Acute Medication (Past)
84 TABS - 1 Tab 3 times daily

15-Dec-2006 Balmosa CREAM Acute Medication (Past)
40 g - Apply Twice daily

18-July-2006 Flucloxacillin CAPS 250MG Acute Medication (Past)
28 CAPS - 1 Cap 4 times daily

06-Feb-2006 Diclofenac Sodium Ec TABS 50MG Acute Medication (Past)
84 TABS - 1 Tab 3 times daily

06-Jun-2003 Terbinafine Hydrochloride CREAM 1% Acute Medication (Past)
30 CREAM - Apply Twice daily

Allergies

This section is empty.

Vaccinations

13-Jun-2021
Administration of second dose of SARS-CoV-2 vacc
*PW40010/ AZ/IM/LUA//C-19 (By *****)*
Intervention
COVOTHER

25-Mar-2021
Administration of first dose of SARS-CoV-2 vaccine
*4120Z002/ AZ/IM/LUA//C-19 (By *****)*
Intervention
COVOTHER

Referrals

13-Aug-2021 Dr Lorraine Murphy
8H5J.: Referral to colorectal surgeon (SCI Gateway Referral)
Out Patient. Sender: Dr Lorraine Murphy; Reason: 8H5J.: Referral to colorectal surgeon (SCI Gateway Referral)

03-Aug-2017 Dr Catherine Macmillan
8H5B.: Referred to urologist (SCI Gateway Referral)
Out Patient. Sender: Dr Catherine Macmillan; Reason: 8H5B.: Referred to urologist (SCI Gateway Referral)

13-Jan-2017 Dr Lorraine Murphy
8H4g.: Referral to respiratory physician (SCI Gateway Referral)
Out Patient. Sender: Dr Lorraine Murphy; Reason: 8H4g.: Referral to respiratory physician (SCI Gateway Referral)

15-Nov-2016 Dr Lorraine Murphy
8H51.: General surgical referral (SCI Gateway Referral)
Out Patient. Sender: Dr Lorraine Murphy; Reason: 8H51.: General surgical referral (SCI Gateway Referral)

15-Nov-2016 Dr Lorraine Murphy
8H5B.: Referred to urologist (SCI Gateway Referral)
Out Patient. Sender: Dr Lorraine Murphy; Reason: 8H5B.: Referred to urologist (SCI Gateway Referral)

14-Aug-2014 Dr Robert Anderson
8H51.: General surgical referral (SCI Gateway Referral)
*Out Patient. Sender: *****; Reason: 8H51.: General surgical referral (SCI Gateway Referral)*

24-Feb-2009 Dr Lorraine Murphy
Referral for further care
(Referred To: Southern General Hospital, NHS. Referral Type: Out Patient. Speciality Type: SCI Specialty. Referral Nature: Not Specified. , Referral Reason: Problems with left shoulder). Sender: Dr Lorraine Murphy; Reason: Referral for further care

06-Mar-2001 Dr Lorraine Murphy
Referral for further care
(Referred To: Royal Alexandra Hospital, NHS. Referral Type: Speciality Type: ENT. Referral Nature: , Referral Reason: Ref. Audiometry). Sender: Dr Lorraine Murphy; Reason: Referral for further care

Test Requests

31-Dec-9999 Dr Cat Kargar
HbA1c
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Cat Kargar
Glucose
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Cat Kargar
ESR
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Cat Kargar
Full Blood Count
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Cat Kargar
Gamma GT
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Cat Kargar
Liver Function Tests
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Cat Kargar
Urate
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Cat Kargar
Rheumatoid Factor
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Pankaj Nanda
Vitamin B12
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Pankaj Nanda
Urea and Electrolytes
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Pankaj Nanda
Gamma GT
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Pankaj Nanda
Liver Function Tests
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Pankaj Nanda
Lipid profile (inc. HDL)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Pankaj Nanda
Folate
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Pankaj Nanda
Full Blood Count
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Brian Maybin
Urea and Electrolytes
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Brian Maybin
Ferritin
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Brian Maybin
Liver Function Tests
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Brian Maybin
Thyroid function tests
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Brian Maybin
Glucose
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Brian Maybin
Full Blood Count
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Elizabeth Marshallsay
XR Chest
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Lorraine Murphy
qFIT
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Lorraine Murphy
Helicobacter Faecal Antigen
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Catherine Evans
Urea and Electrolytes
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Catherine Evans
Full Blood Count
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Catherine Evans
Helicobacter Faecal Antigen
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Catherine Evans
qFIT
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Elizabeth Marshallsay
XR Knee Lt
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Elizabeth Marshallsay
CRP
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Elizabeth Marshallsay
Urea and Electrolytes
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Elizabeth Marshallsay
Full Blood Count
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Sara Williams
Liver Function Tests
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Sara Williams
Lipid profile (inc. HDL)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

Test Results

07-July-2023
Result: Serum albumin *SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood*
Serum albumin SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood 38 g/L (Range: 35 - 50)

07-July-2023
Result: Serum alkaline phosphatase *SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood*
Serum alkaline phosphatase SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood 74 U/L (Range: 30 - 130)

07-July-2023
Result: ALT/SGPT serum level *SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood*
ALT/SGPT serum level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood 22 U/L (No range available)

07-July-2023
Result: AST serum level *SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood*
AST serum level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood 21 U/L (No range available)

07-July-2023
Result: Serum Vitamin B12 *SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood*
Serum Vitamin B12 SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood 400 ng/L (Range: 200 - 883)

07-July-2023
Result: Serum vitamin B12 *Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Serum vitamin B12 Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

07-July-2023
Result: Serum total bilirubin level *SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood*
Serum total bilirubin level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood 15 umol/L (No range available)

07-July-2023
Result: Serum chloride *SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood*
Serum chloride SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood 104 mmol/L (Range: 95 - 108)

07-July-2023
Result: Serum cholesterol *SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood*
Serum cholesterol SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood 5.4 mmol/L (No range available)

07-July-2023
Result: Serum creatinine *SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood*
Serum creatinine SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood 86 umol/L (Range: 40 - 130)

07-July-2023
Result: Eosinophil count *SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood*
Eosinophil count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood 0.13 (Range: 0.02 - 0.5)

07-July-2023
Result: Serum Folate *SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood*
Serum Folate SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood 5.9 ug/L (Range: 3.1 - 20)

07-July-2023
Result: Serum folate *Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Serum folate Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

07-July-2023
Result: Serum gamma-glutamyl transferase level *SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood*
Serum gamma-glutamyl transferase level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood 36 U/L (No range available)

07-July-2023
Result: Haemoglobin estimation *SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood*
Haemoglobin estimation SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood 148 g/L (Range: 130 - 180)

07-July-2023
Result: Serum HDL cholesterol level *SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood*
Serum HDL cholesterol level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood 2.1 mmol/L (No range available)

07-July-2023
Result: Calculated LDL cholesterol level *SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood*
Calculated LDL cholesterol level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood 3 mmol/L (No range available)

07-July-2023
Result: Mean corpusc. haemoglobin(MCH) *SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood*
Abnormal
Mean corpusc. haemoglobin(MCH) SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood **34.3 pg** **(Range: 27 - 32)**

07-July-2023
Result: Mean corpuscular volume (MCV) *SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood*

Mean corpuscular volume (MCV) SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	99.1 fL	(Range: 83 - 101)

07-July-2023
Result: Monocyte count *SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood*

Monocyte count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	0.6	(Range: 0.2 - 1)

07-July-2023
Result: Neutrophil count *SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood*

Neutrophil count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	4.5	(Range: 2 - 7)

07-July-2023
Result: Platelet Count *SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood*

Platelet Count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	238	(Range: 150 - 410)

07-July-2023
Result: Serum potassium *SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood*

Serum potassium SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	4.1 mmol/L	(Range: 3.5 - 5.3)

07-July-2023
Result: Nucleated red blood cell count *SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood*

Nucleated red blood cell count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	0	(No range available)

07-July-2023
Result: Red blood cell (RBC) count *SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood*
Abnormal

Red blood cell (RBC) count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	**4.32**	**(Range: 4.5 - 6.5)**

07-July-2023
Result: Serum sodium *SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood*

Serum sodium SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	139 mmol/L	(Range: 133 - 146)

07-July-2023
Result: Serum triglycerides *SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood*

Serum triglycerides SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	0.6 mmol/L	(Range: 0.2 - 2.3)

07-July-2023
Result: Serum urea level *SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood*

Serum urea level SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	5.8 mmol/L	(Range: 2.5 - 7.8)

07-July-2023
Result: Total white cell count *SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood*

Total white cell count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	7.7	(Range: 4 - 10)

07-July-2023
Result: Lymphocyte count *SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood*

Lymphocyte count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	2.4	(Range: 1.1 - 5)

07-July-2023
Result: Full blood count - FBC *Specimen Id: B,23.7629931.K Specimen Type: Blood Number of Test(s): 13 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal

Full blood count - FBC Specimen Id: B,23.7629931.K Specimen Type: Blood Number of Test(s): 13 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)

07-July-2023
Result: Liver function test *Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 5 Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Liver function test Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 5 Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

07-July-2023
Result: Urea and electrolytes *Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Urea and electrolytes Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

07-July-2023
Result: Haematocrit *SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood*

Haematocrit SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	0.428 L/L	(Range: 0.4 - 0.54)

07-July-2023
Result: Basophil count *SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood*

Basophil count SPECIMEN ID: B,23.7629931.K SPECIMEN TYPE: Blood	0.1	(No range available)

07-July-2023
Result: Serum cholesterol/HDL ratio *SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood*

Serum cholesterol/HDL ratio SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood	2.6	(No range available)

07-July-2023
Result: Laboratory procedures -general*(Non Coded Event - VLDL-Chol (calc'd)), Measure: 0.3 , Measure Units: mmol/L*
Laboratory procedures -general (Non Coded Event - VLDL-Chol (calc'd)), Measure: 0.3 , Measure Units: mmol/L — (No range available)

07-July-2023
Result: (Non Coded Event - GGT)*Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - GGT) Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: — (No range available)

07-July-2023
Result: (Non Coded Event - Lipid profile)*Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Lipid profile) Specimen Id: B,23.7629925.A Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag: — (No range available)

07-July-2023
Result: GFR calculated abbreviated MDRD*SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood > 60*
GFR calculated abbreviated MDRD SPECIMEN ID: B,23.7629925.A SPECIMEN TYPE: Blood > 60 — (No range available)

24-Oct-2022
Result: Serum albumin*SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood*
Serum albumin SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood — 37 g/L — (Range: 35 - 50)

24-Oct-2022
Result: Serum alkaline phosphatase*SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood*
Serum alkaline phosphatase SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood — 65 U/L — (Range: 30 - 130)

24-Oct-2022
Result: ALT/SGPT serum level*SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood*
ALT/SGPT serum level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood — 25 U/L — (No range available)

24-Oct-2022
Result: AST serum level*SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood*
AST serum level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood — 26 U/L — (No range available)

24-Oct-2022
Result: Serum total bilirubin level*SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood*
Serum total bilirubin level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood — 19 umol/L — (No range available)

24-Oct-2022
Result: Serum chloride*SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood*
Serum chloride SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood — 106 mmol/L — (Range: 95 - 108)

24-Oct-2022
Result: Serum creatinine*SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood*
Serum creatinine SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood — 90 umol/L — (Range: 40 - 130)

24-Oct-2022
Result: Eosinophil count*SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood*
Eosinophil count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood — 0.11 — (Range: 0.02 - 0.5)

24-Oct-2022
Result: Serum Ferritin*SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood*
Serum Ferritin SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood — 164 ug/L — (Range: 15 - 300)

24-Oct-2022
Result: Serum ferritin*Specimen Id: B,22.7839207.Z Specimen Type: Blood Number of Test(s): 1 Lab comment: Males 15-300 (<15 iron deficiency)|Females 15-200 (<15 iron deficiency)|15-50 intermediate result. Consider iron deficiency|in anaemic patients, older patients and those|with inflammatory disease.| Reviewer comment: Abnormal/Normal Flag:*
Serum ferritin Specimen Id: B,22.7839207.Z Specimen Type: Blood Number of Test(s): 1 Lab comment: Males 15-300 (<15 iron deficiency)|Females 15-200 (<15 iron deficiency)|15-50 intermediate result. Consider iron deficiency|in anaemic patients, older patients and those|with inflammatory disease.| Reviewer comment: Abnormal/Normal Flag: — (No range available)

24-Oct-2022
Result: Haemoglobin estimation*SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood*
Haemoglobin estimation SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood — 158 g/L — (Range: 130 - 180)

24-Oct-2022
Result: Mean corpusc. haemoglobin(MCH)*SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood*
Abnormal
Mean corpusc. haemoglobin(MCH) SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood — **34.1 pg** — **(Range: 27 - 32)**

24-Oct-2022
Result: Mean corpuscular volume (MCV) *SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood*

Mean corpuscular volume (MCV) SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	95 fL	(Range: 83 - 101)

24-Oct-2022
Result: Monocyte count *SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood*

Monocyte count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	0.7	(Range: 0.2 - 1)

24-Oct-2022
Result: Neutrophil count *SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood*

Neutrophil count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	4.4	(Range: 2 - 7)

24-Oct-2022
Result: Platelet Count *SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood*

Platelet Count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	227	(Range: 150 - 410)

24-Oct-2022
Result: Serum potassium *SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood*

Serum potassium SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	4.4 mmol/L	(Range: 3.5 - 5.3)

24-Oct-2022
Result: Nucleated red blood cell count *SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood*

Nucleated red blood cell count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	0	(No range available)

24-Oct-2022
Result: Red blood cell (RBC) count *SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood*

Red blood cell (RBC) count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	4.64	(Range: 4.5 - 6.5)

24-Oct-2022
Result: Serum sodium *SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood*

Serum sodium SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	138 mmol/L	(Range: 133 - 146)

24-Oct-2022
Result: Serum total T3 level *SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood*

Serum total T3 level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood		(No range available)

24-Oct-2022
Result: Serum TSH level *SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood*

Serum TSH level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	0.94 mU/L	(Range: 0.35 - 5)

24-Oct-2022
Result: Serum urea level *SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood*

Serum urea level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	6.7 mmol/L	(Range: 2.5 - 7.8)

24-Oct-2022
Result: Total white cell count *SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood*

Total white cell count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	7.5	(Range: 4 - 10)

24-Oct-2022
Result: Lymphocyte count *SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood*

Lymphocyte count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	2.2	(Range: 1.1 - 5)

24-Oct-2022
Result: Plasma glucose level *SPECIMEN ID: B,22.7839220.C SPECIMEN TYPE: Blood*

Plasma glucose level SPECIMEN ID: B,22.7839220.C SPECIMEN TYPE: Blood	5.2 mmol/L	(Range: 3.5 - 6)

24-Oct-2022
Result: Full blood count - FBC *Specimen Id: B,22.7839206.S Specimen Type: Blood Number of Test(s): 13 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal

Full blood count - FBC Specimen Id: B,22.7839206.S Specimen Type: Blood Number of Test(s): 13 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)

24-Oct-2022
Result: Liver function test *Specimen Id: B,22.7839207.Z Specimen Type: Blood Number of Test(s): 5 Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Liver function test Specimen Id: B,22.7839207.Z Specimen Type: Blood Number of Test(s): 5 Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

24-Oct-2022
Result: Thyroid function tests *Specimen Id: B,22.7839207.Z Specimen Type: Blood Number of Test(s): 3 Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Thyroid function tests Specimen Id: B,22.7839207.Z Specimen Type: Blood Number of Test(s): 3 Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

24-Oct-2022
Result: Urea and electrolytes *Specimen Id: B,22.7839207.Z Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Urea and electrolytes Specimen Id: B,22.7839207.Z Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

24-Oct-2022
Result: Haematocrit *SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood*

Haematocrit SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	0.441 L/L	(Range: 0.4 - 0.54)

24-Oct-2022
Result: Basophil count *SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood*

Basophil count SPECIMEN ID: B,22.7839206.S SPECIMEN TYPE: Blood	0.1	(No range available)

24-Oct-2022
Result: Serum free T4 level *SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood*

Serum free T4 level SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood	16.2 pmol/L	(Range: 9 - 21)

24-Oct-2022
Result: (Non Coded Event - Glucose) *Specimen Id: B,22.7839220.C Specimen Type: Blood Number of Test(s): 1 Lab comment: Non-fasting sample| Reviewer comment: Abnormal/Normal Flag:*

(Non Coded Event - Glucose) Specimen Id: B,22.7839220.C Specimen Type: Blood Number of Test(s): 1 Lab comment: Non-fasting sample| Reviewer comment: Abnormal/Normal Flag:		(No range available)

24-Oct-2022
Result: GFR calculated abbreviated MDRD *SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood > 60*

GFR calculated abbreviated MDRD SPECIMEN ID: B,22.7839207.Z SPECIMEN TYPE: Blood > 60		(No range available)

29-July-2021
Result: Laboratory procedures -general *(Non Coded Event - qFIT), Measure: 30 , Measure Units: ug Hb/g faeces , Abnormality: 1*

Laboratory procedures -general (Non Coded Event - qFIT), Measure: 30 , Measure Units: ug Hb/g faeces , Abnormality: 1		(No range available)

29-July-2021
Result: (Non Coded Event - QFIT) *Specimen Id: B,21.4831159.T Specimen Type: Faeces Number of Test(s): 1 Lab comment: Positive qFIT result.|Urgent referral to Colorectal services highlighting qFIT result.|Patient will be triaged direct to colonoscopy at urgent or|USC priority depending on level of faecal haemoglobin (qFIT).| Reviewer comment: Abnormal/Normal Flag: Abnormal*

(Non Coded Event - QFIT) Specimen Id: B,21.4831159.T Specimen Type: Faeces Number of Test(s): 1 Lab comment: Positive qFIT result.|Urgent referral to Colorectal services highlighting qFIT result.|Patient will be triaged direct to colonoscopy at urgent or|USC priority depending on level of faecal haemoglobin (qFIT).| Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)

26-May-2021
Result: Serum chloride *SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood*

Serum chloride SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood	106 mmol/L	(Range: 95 - 108)

26-May-2021
Result: Serum creatinine *SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood*

Serum creatinine SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood	91 umol/L	(Range: 40 - 130)

26-May-2021
Result: Eosinophil count *SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood*

Eosinophil count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	0.09	(Range: 0.02 - 0.5)

26-May-2021
Result: Haemoglobin estimation *SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood*

Haemoglobin estimation SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	155 g/L	(Range: 130 - 180)

26-May-2021
Result: Mean corpusc. haemoglobin(MCH) *SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood*
Abnormal

Mean corpusc. haemoglobin(MCH) SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	**33.3 pg**	**(Range: 27 - 32)**

26-May-2021
Result: Mean corpuscular volume (MCV) *SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood*

Mean corpuscular volume (MCV) SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	94.2 fL	(Range: 83 - 101)

26-May-2021
Result: Monocyte count *SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood*

Monocyte count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	0.6	(Range: 0.2 - 1)

26-May-2021
Result: Neutrophil count *SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood*

Neutrophil count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	4.6	(Range: 2 - 7)

26-May-2021
Result: Platelet Count *SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood*

Platelet Count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	224	(Range: 150 - 410)

26-May-2021
Result: Serum potassium *SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood*

Serum potassium SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood	4.2 mmol/L	(Range: 3.5 - 5.3)

26-May-2021
Result: Nucleated red blood cell count *SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood*

Nucleated red blood cell count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	0	(No range available)

26-May-2021
Result: Red blood cell (RBC) count *SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood*

Red blood cell (RBC) count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	4.65	(Range: 4.5 - 6.5)

26-May-2021
Result: Serum sodium *SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood*

Serum sodium SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood	140 mmol/L	(Range: 133 - 146)

26-May-2021
Result: Serum urea level *SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood*

Serum urea level SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood	5.4 mmol/L	(Range: 2.5 - 7.8)

26-May-2021
Result: Total white cell count *SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood*

Total white cell count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	7.2	(Range: 4 - 10)

26-May-2021
Result: Lymphocyte count *SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood*

Lymphocyte count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	1.9	(Range: 1.1 - 5)

26-May-2021
Result: Full blood count - FBC *Specimen Id: B,21.7421438.C Specimen Type: Blood Number of Test(s): 13 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal

Full blood count - FBC Specimen Id: B,21.7421438.C Specimen Type: Blood Number of Test(s): 13 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	(No range available)

26-May-2021
Result: Urea and electrolytes *Specimen Id: B,21.7421437.A Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Urea and electrolytes Specimen Id: B,21.7421437.A Specimen Type: Blood Number of Test(s): 6 Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)

26-May-2021
Result: Haematocrit *SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood*

Haematocrit SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	0.438 L/L	(Range: 0.4 - 0.54)

26-May-2021
Result: Basophil count *SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood*

Basophil count SPECIMEN ID: B,21.7421438.C SPECIMEN TYPE: Blood	0	(No range available)

26-May-2021
Result: GFR calculated abbreviated MDRD *SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood > 60*

GFR calculated abbreviated MDRD SPECIMEN ID: B,21.7421437.A SPECIMEN TYPE: Blood > 60	(No range available)

Other Items

This section is empty.

Attachments

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GOVAN
GLASGOW G51 4TF
Accident & Emergency Dept
Phone [redacted]
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DR LORRAINE L MURPHY
THE HEALTH CENTRE
RENFREW
PA4 8LH
Tel : [redacted]

Dear Dr LORRAINE L MURPHY

Your Patient
Name : **DAVID BEAVERS**
DOB : **20/12/57**
Address : **28 ELIZABETHAN WAY**
RENFREW
PA4 0LY

Consultant : DR **MALCOLM W G** [redacted]

Account # : **AE0063182/08** Unit # : **SG03240332** CHI # : **2012576494**

Attended at : **0904** on **18/07/08**
Left A&E at : **0950** on **18/07/08**

Reason for Visit : **R EYE PROBLEM**

Diagnosis : **Foreign Body Corneal** : **RIGHT** : **Eye**

Investigations :

Treatment :

Prescribed Drugs :

DRUG	DIRECTIONS	
Chloramphenicol	**1%**	**(4Hrly) 7 Days**

Tetanus Given:

Additional Notes:
EYE IRRITATION - DUST IN RIGHT EYE, UNCOMFORTABLE AND SORE SINCE. EXAMINATION REVEALED SMALL RIGHT INFEROMEDIAL FOREIGN BODY. PARTIALLY REMOVED UNDER DIRECT VISION. CHLORAMPHENICOL AND ED CLINIC FOLLOW UP.
Follow Up :

Yours Sincerely,
DAVID PATRICK
If you require any futher information please quote this attendance number: **AE0063182/08**

23 JUL 2008

2B Seen routine	
URGENT	
	✓

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Covid19 Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 ELIZABETHAN WAY RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	V;21.4474204.D
Specimen Type	THROAT AND NOSE SWAB
Date/Time Collected	26.09.21 / 14:50
Date/Time Received	26.09.21 / 18:31
Requested By	Generic Clin Consult
GP Practice	87697
Date/Time Reported	27.09.21 / 12:57
Details	Pre-op

Results

2019 NCoV - Authorised on 27.09.21 at 12:32

2019 NCoV Not detected

Comments:
The laboratory will discard negative SARS-CoV-2 PCR
specimens after 48 hours.
Tests NOT included in UKAS Accreditation (9319) Scope.
This is a THROAT and NOSE SWAB sample.

End of Report

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06-May-2026
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NHS Confidential: Personal data about a patient

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GOVAN
GLASGOW G51 4TF
Accident & Emergency Dept
Phone [redacted]
Fax [redacted]

DR LORRAINE L MURPHY
THE HEALTH CENTRE
RENFREW
PA4 8LH
Tel : [redacted]

Dear [redacted]

Your Patient
Name : DAVID BEAVERS
DOB : 20/12/57
Address : 28 ELIZABETHAN WAY
RENFREW
PA4 0LY

Consultant : DR MALCOLM W G GORDON

Account # : AE0043846/10 Unit # : SG03240332 CHI # : 2012576494

Attended at : 1110 on 28/05/10
Left A&E at : 1215 on 28/05/10

Reason for Visit : RIGHT EYE IRRITATION

Diagnosis : Foreign Body Corneal : RIGHT : Eye

Investigations :

Treatment :

Prescribed Drugs : DRUG DIRECTIONS

Tetanus Given: N

Additional Notes:
FB REMOVED AND CHLORAMPHENICOL OINTMENT 7 DAYS. NO V/A LOSS
Follow Up :

Yours Sincerely,
CATHERINE MANGHAM
If you require any futher information please quote this attendance number: AE0043846/10

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
Pages:

GP Links Microbiology Report	
Patient Details	
Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Address	28 Elizabethan Way RENFREW PA4 0LY
Specimen Details	
Specimen Number	M,21.5456098.X
Specimen Type	Faeces
Date/Time Collected	29.07.21 / 10:08
Date/Time Received	05.08.21 / 08:57
Requested By	Dr Lorraine Murphy
GP Practice	87697
Date/Time Reported	05.08.21 / 11:47

Results

```
Report issued by Microbiology,Glasgow South Sector
Final report

Faeces

Helicobacter faecal Antigen:-Negative

Antigen test should not be requested until at least
2 weeks after Proton Pump Inhibitor therapy and 4 weeks
post antibiotic therapy
```

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 Elizabethan Way RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	B;21.4831159.T
Specimen Type	Faeces
Date/Time Collected	29.07.21 / 10:08
Date/Time Received	06.08.21 / 09:33
Requested By	Dr Lorraine Murphy
GP Practice	87697
Date/Time Reported	09.08.21 / 14:42
Details	Dyspepsia & altered bowel...

Results

QFIT - Authorised on 09.08.21 at 14:37

qFIT	+	30	ug Hb/g faec	(<9)

Comments:
Positive qFIT result.
Urgent referral to Colorectal services highlighting qFIT result.
Patient will be triaged direct to colonoscopy at urgent or
USC priority depending on level of faecal haemoglobin (qFIT).

End of Report

Additional document
06-May-2026
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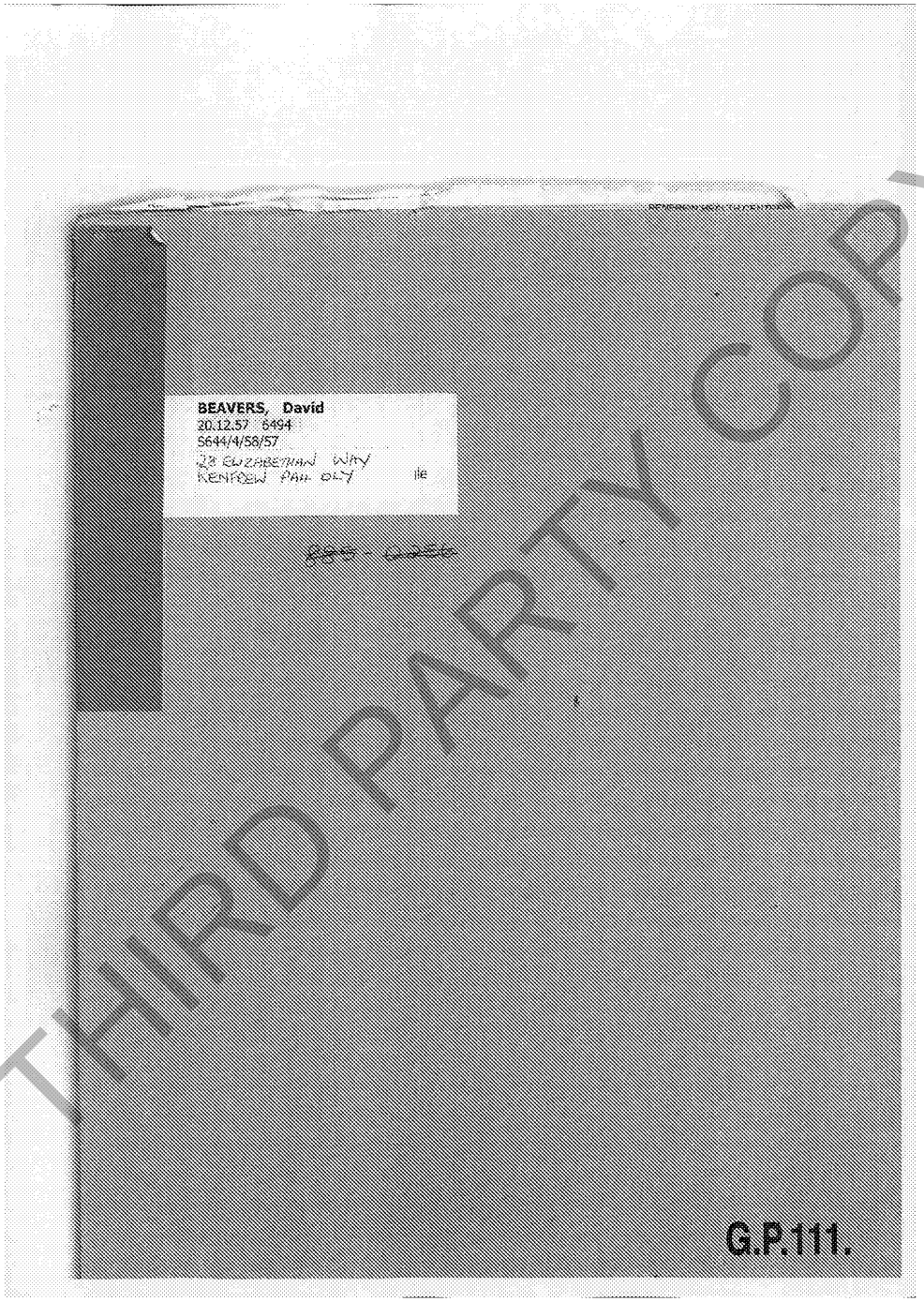

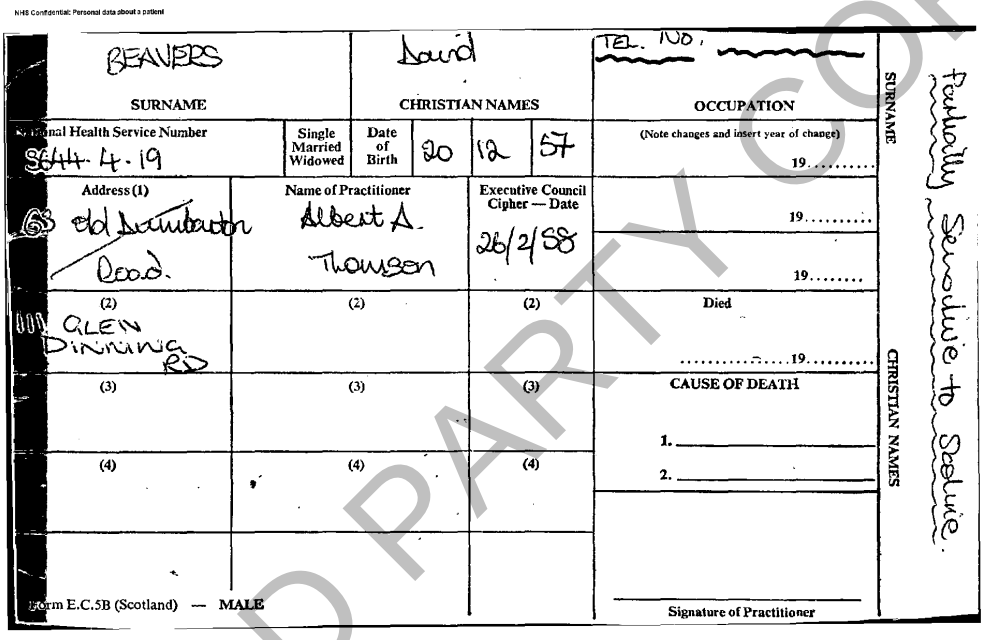

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BEAVERS	David	TEL. NO.
SURNAME	CHRISTIAN NAMES	OCCUPATION

National Health Service Number	Single Married Widowed	Date of Birth				(Note changes and insert year of change)
S644 4.19			20	12	57	19.....

Address (1)	Name of Practitioner	Executive Council Cipher — Date	19.....
63 old Dumbarton Road.	Albert A. Thomson	26/2/58	19.....
(2) 001 GLEN DINNING RD	(2)	(2)	Died ..... 19.....
(3)	(3)	(3)	CAUSE OF DEATH 1. 2.
(4)	(4)	(4)	

Signature of Practitioner

Form E.C.5B (Scotland) — MALE

SURNAME

CHRISTIAN NAMES

Formally Sensitive to Seclusion.

NHS Confidential: Personal data about a patient

Surname	Christian Name			
[illegible]	David			

National Health Service Number	Date of Birth			
644. 4. 1958. 57		20	12	57

Address (1)	Name of Practitioner	Executive Council Cipher — Date
~~[illegible]~~ 33 [illegible] Ave W3	[illegible]	GLW 26 FEB 1958
(2)	**(2)**	**(2)**
~~1159 Dumbarton Rd~~ 63 OLD DUMBARTON Rd		

Additional document
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Filename:
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Pages:

NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard:	[redacted]
Department:	Respiratory
Contact Tel:	[redacted]
Enquiries to:	[redacted]
Letter Date:	04/07/2017
Reference:	AMcK:cb
Dictated Date:	04/07/2017
Transcribed Date:	06/07/2017

Dear Dr. L Murphy,

David Beavers; D.O.B: 20 Dec 1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Attendance: Specialty - Respiratory Medicine; Clinic - SGAKRE4-DR MCKAY CHEST TUESDAY PM
Date and Time of Appointment - 04/07/2017 13:40

Clinical Comments:
This gentleman did not attend a respiratory clinic appointment on 4th July 2017. I will send him one further appointment.

Yours sincerely,

Anne McKay,
Consultant Respiratory Physician.

Electronically Signed: Dr Anne McKay, Consultant

cc.

Printed on 07/07/2017 09:17 by [redacted] Page 1 of 1

Additional document
06-May-2026
Additional: Additional document

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

MARC BRANSBY-ZACHARY (Consultant)
Trauma and Orthopaedic Surgery C8
G General Referral

— Consultant / receiving practitioner and/or specialty clinic

Southern General Hospital

— Hospital and hospital address

Hospital location code. G405H

Email address -

Urgency of referral ROUTINE
Date of referral 24-Feb-2009 **Date sent** 24-Feb-2009

PATIENT DETAILS

Surname	BEAVERS
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	20-Dec-1957
CHI no.	2012576494

Patient's address:
28 Elizabethan Way
RENFREW
PA4 0LY

Contact number(s)
Voice: [redacted]

REGISTERED GP DETAILS

Name	Dr L Murphy		
GMC code	3442500	GP code	C38334
Practice name	RENFREW HEALTH CENTRE		
Practice code	87697		

Practice address:
103 Paisley Road
RENFREW
PA4 8LH

Contact number(s)
Voice: [redacted]
Facsimile: [redacted]

REFERRING GP DETAILS

Name	Dr. Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	The Health Centre (87697)		
Practice code	87697		

Practice address:
103 Paisley Road
Renfrew

Contact number(s)
Voice: [redacted]

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Problems with left shoulder

Comment: Dear Mr Bransby-Zachary

Thank you for seeing this gentleman who has problems with his left shoulder. He has a full range of movement but he does get discomfort and the feels that "something is restricting" movement. I wonder if he has an impingement symptom and I would appreciate your further assessment.

Thank you

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		20-Feb-2009
Never smoked tobacco:		12-Oct-2006

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Modifier	Extension	Date of onset
Body mass index index 25-29 - overweight	-	-	20-Feb-2009
Neck sprain	-	-	01-Jan-1978
Motor vehicle traffic accidents (MVTA)	-	-	01-Jan-1978
Molluscum contagiosum	-	-	10-Mar-1969
Impetigo	-	-	01-Jan-1961
Acute tonsillitis	-	-	01-Jan-1960

Family conditions (All priorities)

Description	Modifier	Extension	Date Recorded
No FH: Ischaemic heart disease	-	-	12-Oct-2006
No family history diabetes	-	-	12-Oct-2006

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

No recent medications recorded

Clinical warnings

Allergies

Adverse reaction to drug NOS

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-21 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

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Beavers David CHI: 2012576494

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard: [redacted]
Department: General Surgery
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 09/06/2017
Reference: MCDON
Dictated Date: 09/06/2017
Transcribed Date: 14/06/2017

Dear Dr. L Murphy,

David Beavers; D.O.B: 20 Dec 1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Attendance: Specialty - General Surgery; Clinic - SUDMGS0-MR MCARTHUR GEN SURG FRI PM
Date and Time of Appointment - 09/06/2017 14:00

Follow Up: Deferred Waiting List for repair of hernia in December

Clinical Comments:
I met Mr Beavers at the clinic today. Previously he has had a right inguinal hernia repair with an open tension free mesh at the RAH. He tells me that he had some difficulties post operatively and he currently has ongoing issues with erectile dysfunction. I note he is awaiting Urology review.

I have explained to Mr Beavers that in terms of complications of open inguinal hernia surgery it is very difficult to explain his current urological symptoms. It is not outwith the realms of possibility that there has been a concurrent issue resulting in his present symptoms but nonetheless I await with interest the opinion of the Urologist.

Mr Beavers also has a left inguinal hernia. It is soft and reducible and he is keen for repair of this. Once again we discussed the risks of recurrence, haematoma, infection and chronic pain as well as the potential of paraesthesia following division of cutaneous nerves. I have placed Mr Beavers on the deferred Waiting List for surgery in December as per his request and would be interested in the opinion of the Urologists.

Kind regards
Yours sincerely

Mr Donald Alexander McArthur
Consultant Surgeon

Electronically Signed: Mr Donald Alexander McArthur, Consultant

cc.

Additional document
06-May-2026
Additional: Additional document

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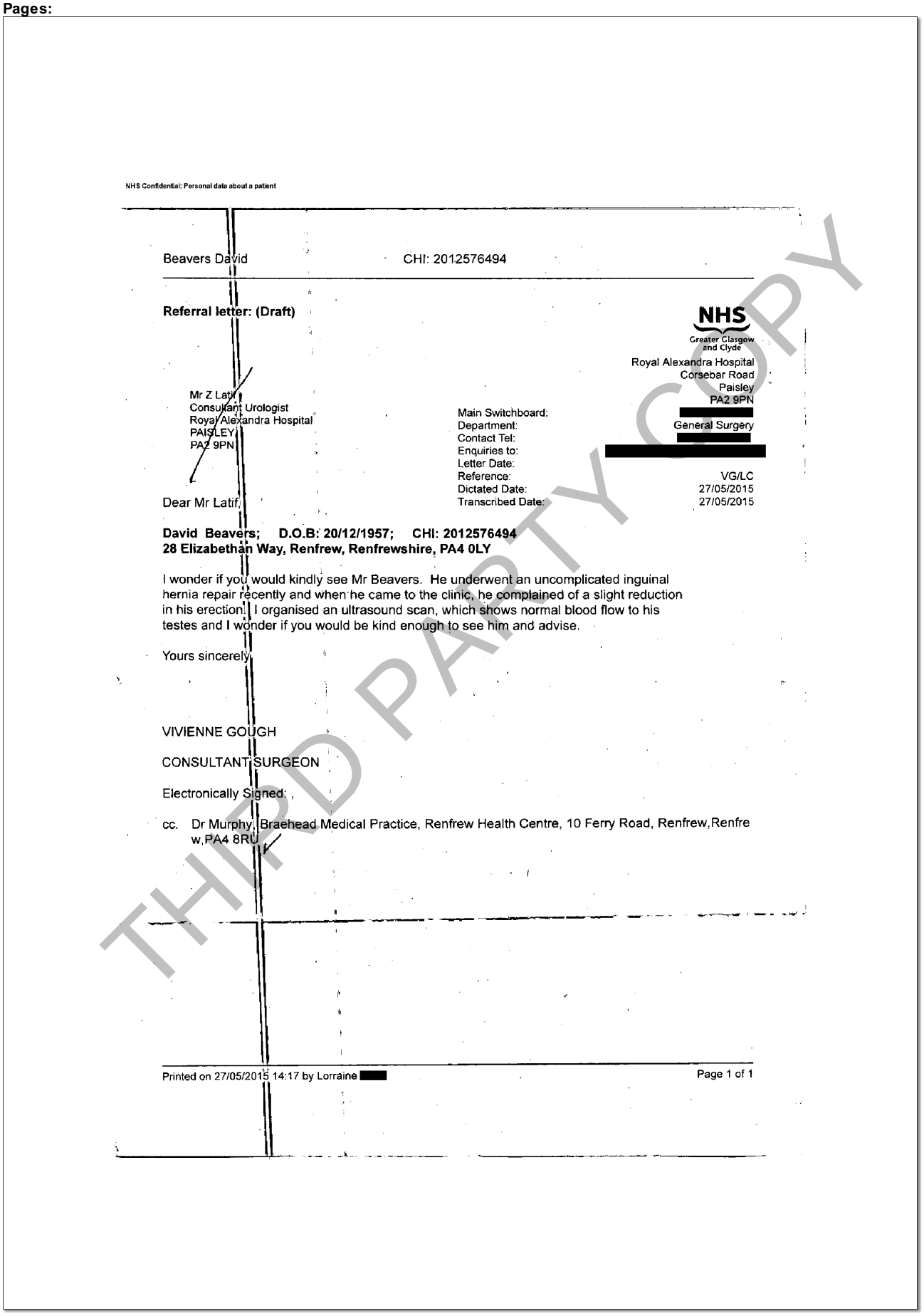

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Beavers David CHI: 2012576494

Referral letter: (Draft)

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
[redacted]
General Surgery
[redacted]

Mr Z Latif
Consultant Urologist
Royal Alexandra Hospital
PAISLEY
PA2 9PN

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference: VG/LC
Dictated Date: 27/05/2015
Transcribed Date: 27/05/2015

Dear Mr Latif,

David Beavers; D.O.B: 20/12/1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

I wonder if you would kindly see Mr Beavers. He underwent an uncomplicated inguinal hernia repair recently and when he came to the clinic, he complained of a slight reduction in his erection. I organised an ultrasound scan, which shows normal blood flow to his testes and I wonder if you would be kind enough to see him and advise.

Yours sincerely,

VIVIENNE GOUGH

CONSULTANT SURGEON

Electronically Signed:

cc. Dr Murphy, Braehead Medical Practice, Renfrew Health Centre, 10 Ferry Road, Renfrew,Renfrew,PA4 8RU

Printed on 27/05/2015 14:17 by Lorraine [redacted] Page 1 of 1

Additional document
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Additional: Additional document

Filename:
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NHS Confidential: Personal data about a patient

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GOVAN
GLASGOW G51 4TF
Accident & Emergency Dept
Phone [redacted]
Fax [redacted]

DR LORRAINE L MURPHY
THE HEALTH CENTRE
RENFREW
PA4 8LH
Tel : [redacted]

Dear Dr LORRAINE L MURPHY

Your Patient
Name : **DAVID BEAVERS**
DOB : **20/12/57**
Address : **28 ELIZABETHAN WAY**
RENFREW
PA4 0LY

Consultant : DR **MALCOLM W G GORDON**

Account # : **AE0043846/10** Unit # : **SG03240332** CHI # : **2012576494**

Attended at : 1110 on **28/05/10**
Left A&E at : 1215 on **28/05/10**

Reason for Visit : **RIGHT EYE IRRITATION**

Diagnosis : **Foreign Body Corneal** : **RIGHT** : **Eye**

Investigations :

Treatment :

Prescribed Drugs : DRUG DIRECTIONS

Tetanus Given: **N**

Additional Notes:
FB REMOVED AND CHLORAMPHENICOL OINTMENT 7 DAYS. NO V/A LOSS
Follow Up :

Yours Sincerely,
CATHERINE MANGHAM
If you require any futher information please quote this attendance number: **AE0043846/10**

Additional document
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NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard: [redacted]
Department: UROLOGY
Contact Tel: [redacted]
Enquiries to: Maureen [redacted]
Letter Date: 31/07/2015
Reference: ZL/SJ
Dictated Date: 24/07/2015
Transcribed Date: 31/07/2015

Dear Dr Murphy,

David Beavers; D.O.B: 20/12/1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

This patient attended the Urology clinic. He has Peyronie's disease. He also has erectile dysfunction.

On examination he has an obvious Peyronie's plaque located dorsally.

If the erectile dysfunction continues and he has no contra-indications he could have a PDE5 inhibitor to help with this.

If the deviation with Peyronie's is troublesome and extensive then the only option would be a penile prosthesis. He is not keen on surgical intervention and I have therefore discharged him.

Yours sincerely

Mr Zak Latif

Consultant Urologist

Electronically Signed: Mr Zak Latif, Consultant

cc.

Printed on 31/07/2015 11:02 by [redacted] McCondichie Page 1 of 1

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NHS Confidential: Personal data about a patient

MALE SURNAME Beavers | CHRISTIAN NAMES David

ADDRESS | Date of Birth 20 12 57

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
21/9/88		General malaise, lethargy, cough. Viral illness 1/12 go (L) basal creps Rx amoxil 250mg tds 7/7 Advice on general rest	

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

MEDICAL RECORD CARD

8926039 11/85 R.P. (53791)

Form G.P. 7 (Scotland)

NHS Confidential: Personal data about a patient

MALE

SURNAME: Beavers.

CHRISTIAN NAMES: David

ADDRESS: ~~111 [illegible] Rd~~ 165 [illegible] Rd

Date of Birth: 20.12.67

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
2.12.74	C	[illegible]	
	F.	O [illegible]	
6.12.74		[illegible]	
		[illegible]	
11.6.76			
3-10-77	C	Pain [illegible]	
10-10-77	F	[illegible]	
		[illegible]	
16.10.78	.	RTA yesterday. Seen at VI yesterday. Neck painful.	
		Paracetamol 2 tds [illegible] x 40.	
	CF	27/10/78 Neck injury	
4/12/78	C	Cough - hoarseness	Bronchitis
+7	F	[illegible]	
10/7/79	NS	Med 5. Sprained ligament (L) foot + ankle. See IDL.	
		Paracetamol x30.	

Dr...

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

Date...

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

MEDICAL RECORD CARD

FORM E.C.7a (Scotland)

(14.3.72 (E12082) Dd. No. 259685 250,000 5/72 J.&G.I.,Ltd. Gp. 259

NHS Confidential: Personal data about a patient

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
1.C.82.		Acne - boils on thighs/buttocks.	
		Oxytet 250 i QID for 2/52	
		then i BD (100) - not tolerated XL	
13/1/83		Oxytet.	Acne
9/11/83		"	"
20/3/84	3	" (60) bd - 2	
2/10/86		Cough & yellow sputum "Hoarse chest" + Wheeze. R amoxil.	
29/6/87		Stood on rusty nail yesterday - pierced ball (L) foot. Bled. Looks quite clean. Last ATT >5 yrs ago - bite by dog. - Has not ever had a course. → Fludox + ATT 1 SV dose * Tervac Ads. A0719A O.Sml IM.	
10/8/87		2nd Ter-Vac Ads	A0723A
24/6/88		Hay fever - eyes now affected. R A stemmed 10/7	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate. (30)

MALE

SURNAME	CHRISTIAN NAMES
BEAVON	DAVID

ADDRESS

DATE	*C / *F	CLINICAL NOTES	DIAGNOSIS
4/12/63		[illegible] Coughs	
3.4.64		CO2 [illegible]	
		O.E. T ✓ [illegible]	TRACHEITIS
		[illegible]	
3/2/65		[illegible]	U.R.T.I.
		[illegible]	
27/5/65		Benylin + Syr.	Pharyngitis
2/7/65	N2	Coughs	
13/9/65		Hard Cough. Rales in chest.	Terramycin Syrup (Pfizer) 60 mls. 3i q.d. [illegible] Infant N.F. 310
8/11/65		Irritating Cough. Few Rales in chest. Wets the bed.	Syrup Terramycin (Pfizer) 60 mls [illegible] Opiate N.F. 310 TAB. METHEPH (Moore Medicinal) x25. ½ tab at bedtime.
27/1/66		Cough 3 days – [illegible] – Headache 1 day. [illegible] T.99. [illegible]	

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

MEDICAL RECORD CARD

FORM E.C.7. (Scotland)

(14.12.59) (1283) Wt. P1951—8464 200,000 1/60 W K.&S.,Ltd. G.79/18

NHS Confidential: Personal data about a patient

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
28/3/66		Injured nail right ring finger c̄ a rake	Dressed c̄
		nail loose & likely to come off.	Pen. Gauze.
~~[illegible]~~		~~[illegible]~~	
		~~[illegible]~~	
9/1/67		Dry irritating cough	
		Chest: clear	
		Linctus Sc. Op.	
		Friars Balsam	
26/2/67		[illegible] - lip [illegible]	
		[illegible]	
19.10.70		B C G.	
24.3.72.		Cut thumb 3/52 ago. infected wound	
		Ⓡ thumb	
		local dressing	
		℞ local dressing	
		Magnapen 1 capsule x4 daily	
27.3.72.		much improved	
		finish course of tablets.	

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

MALE

SURNAME	CHRISTIAN NAMES
BEAVERS	20.12.57. DAVID.

ADDRESS 95 Langholm Dr.

DATE	* C F	CLINICAL NOTES	DIAGNOSIS
2/5/60.		Inj Vivand(?). [illegible]	
		[illegible]	
		[illegible]	
7/5/60.		[illegible] Bruise clearing	
		[illegible]	
1/9/60.		[illegible] 2-3 days — [illegible]	
		[illegible]	
		[illegible]	
14/11/60.		[illegible]	
		[illegible]	
		[illegible]	
21/11/60		Chest clear	
18/1/61.		Cough 3/52, [illegible]	
		[illegible] ? ENT	
		[illegible]	
25/1/61		Cough [illegible]. Eating better	
30/3/61.		[illegible]	Tonsillitis
11/4/61		[illegible] 10 days ago	? [illegible]
		[illegible] 99.4.	
		[illegible]	
		[illegible]	
14/4/61		[illegible] Chest clear.	Measles.
		[illegible]	
17.4.61		Cough ++ Chest clear.	
29.8.61.		Cough for 2 wks. & off food.	
		[illegible]	

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

MEDICAL RECORD CARD

FORM E.C.7. (Scotland)

Wt P804-7456 200m 9/57 W K & S Ltd G79

DATE	*C *F	3yrs CLINICAL NOTES	DIAGNOSIS
13/4/61		[illegible] cough	
		Pigeon chested.	
		SCH.	
		Must bad [illegible]	
16.10.61.		Impetigo face.	Impetigo.
		Aureomycin 3% cream.	
		[illegible] Elec.	[illegible]
22/12/61		[illegible]	
		DAV-K 125 [illegible]	AOM (R)
		[illegible]	
6/4/62		[illegible] cough	O.M. (L)
		[illegible] 125 mgm.	
12.XI.62		Scabies - Amp. Benz.	
		Benzoate.	
22/[illegible]/62		Croupy cough 1/52	[illegible]
		lungs ✓. [illegible]	
		[illegible] 4x [illegible]	
17/1/63		Croupy cough 5 days	Tracheitis
		lungs ✓ [illegible]	
		[illegible] 4x [illegible]	
22/3/63.		[illegible]	
9/[illegible]/63.			[illegible]
2[illegible]/6/63		DAV-K 125 [illegible]	AOM (R)
		- [illegible]	
3. VII.63		Not taking Penicillin [illegible]	
		Still cough [illegible]	
15/10/63.		Injury to right eyebrow.	
		2 stitches inserted at RHS.	

* In C.F. Column, [illegible] cases of certi[illegible] [illegible]titioners should enter C for first certificate, and F for final certificate.

0.5 ml half-volume Tetanus Toxoid.

MALE

SURNAME	CHRISTIAN NAMES
	20 . 12 . 57
BEAVERS.	DAVID

ADDRESS 45 LANGHOLM ST.

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
12/5/58.		Cough, [illegible]	
		[illegible]	
		[illegible]	
19/5/58		Mist [illegible] pi.	
		[illegible]	
29/5/58.		[illegible]	
27/11/58		7.30 am. From last night. Some laryngeal spasm. Resp. [illegible]. Cryst Pen. 250000 [illegible] → Proc Pen [illegible]. [illegible] [illegible] [illegible] 1/8 3x	Laryngitis
30/11/58		[illegible]	
2/12/58		[illegible] cough. [illegible] Hoarse [illegible] ½ Vasylox	
5/12/58		[illegible]	
22/12/58		[illegible]	Laryngitis
23/1/59		[illegible] ([illegible])	Laryngitis
		[illegible] Tonsils ↑ [illegible]	
20/1/59.		Cough [illegible] Chest clear. [illegible]	
		[illegible]	
		[illegible]	
13/2/59.		[illegible] ([illegible])	

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

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

Wt F 1434-6792 200m 1/56 W K & S Ltd G 66

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
19.2.59		[illegible]	
26.5.59		[illegible]	
15.4.59		Falling + (R) foot always giving way. HAD / To [illegible]	
28.10.59		Cough. Scattered creps. Linct. Sc. Op. Elix. Penicillin	? whooping cough
4.11.59		coarse creps. mainly at bases. c.T.	
10.11.59		Coarse creps. at bases. Tedral.	
17.11.5		Coarse creps at bases. Is vomiting c the tedral. Linctus Scill. ipecac.	
1.12.59		Cough improved - [illegible]	
16.12.59.		Boil (R) knee poultice. penicillin V/25.	
15/1/60		Cough & diarrhoea [illegible]	Diarrhoea
18/1/60		Penicillin [illegible]	Ulcerated mouth
12/4/60		~~Crystap~~ Tonsillitis & Bronchitis Crystapen V Benylin	
15/4/60		Nasal drops Ephedrine ½% in saline. Throat clear. Occasional chest rhonchi.	
20/4/60		Improved but still rhonchi. Tabs V[illegible] ~~[illegible]~~ multivite.	

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

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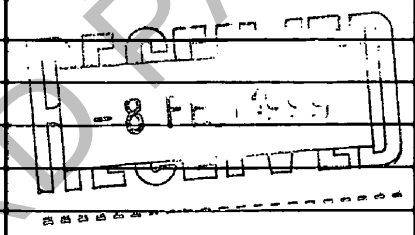
MALE SURNAME BEAUERS CHRISTIAN NAMES DAVID [redacted]

ADDRESS 3 VIEW PARK GARDENS Date of Birth 20 12 57

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS



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

MEDICAL RECORD CARD Form G.P. 7 (Scotland)

Printed for HMSO Scotland, CODE 355-2044

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BEAVERS, David — RENFREW HEALTH CENTRE

DoB: 20/12/1957 — Report Valid On 14/05/01 09:48 — Page number 1

Registration

Mr David BEAVERS
3 Viewpark Gardens
RENFREW

PA4 8HA

Service Code: Permanent
DoB: 20/12/1957
Age: 43
Telephone: [redacted]
Contact: ?

CHI Number: 2012576494 — NHS Number: S644/4/58/57
Dispensing: No

Patient ID: 6494
Road: 0 Water: 0 FootPath: 0

Occupation:
Marital Status: Unknown

Registered GP: Dr L Murphy
Seen By GP: Dr L Murphy

Repeat Consultation: ?
Acute Consultation: ?

Registered: 02/02/1999 — Confirmed: 05/03/1999
Records Received: 06/04/1999

BMI: 0.0 — Height: 0 m — Weight: 0 kg
BP: 0/0

Priority Clinical / User Marker

01/01/1978	High	Motor vehicle traffic accidents (MVTA)
01/01/1978	High	Neck sprain
10/03/1969	High	Molluscum contagiosum
01/01/1961	High	Impetigo
01/01/1960	High	Acute tonsillitis

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Interval Cons.

Adverse Reactions

Read Code	Description

Clinical / User Marker

14/05/2001	Low	Notes summary on computer
06/04/1999	Low	Patient MRE received from HB
05/03/1999	Low	Pat. GP7B/GP8B card from HB
02/02/1999	Low	Patient signed reg. form

Screening

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		Reason For Referral	Referred By	Attendance Type	

Acute Prescriptions

Drug/Preparation	Quantity/Dose/Frequency	Date

Summary Sheet: All Sections — Printed at 14/05/01 09:48:04

Inactive Repeat Drugs

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Intervals Pres.	Cons.

Last Encounter

Active Care Management

Type	Name	Last Review	Recall	Next Review	Num Sessions

Acute/Inactive Care Management

Type	Name	Last Review	Recall	Next Review	Num Sessions

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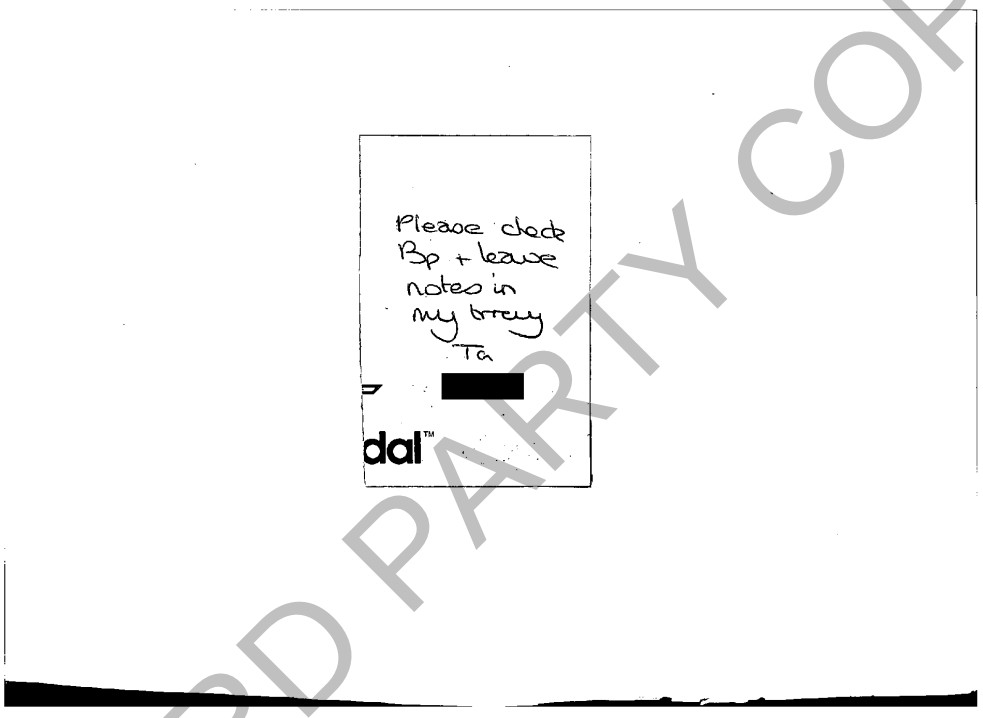

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National Health Service Number: 364 4/4/19

CLINICAL NOTES

Surname (Block Letters): BEAVERS

Forenames (Block Letters): DAVID

Address: ~~111 GLEN DINNING RD~~

Date of Birth: 20/10/51

Date	*	
21 FEB 1992		120/85 ~~Arthritis~~ Painful (L) shoulder for 4 weeks. ? Strain at work - exacerbated/prolonged by working. Good movement, only extremes sl. painful. No local tenderness. ↓ Strength in shoulder. Normal in hands. Sensation normal. ℞ Ibuprofen 400mg tid (60) Neck - NAD. REST.
16 MAR 1992		little improvement. pain - over shoulder and down upper arm. keep off it if bad. self-employed electrician. full ROM. no tenderness. advise physio -agree.
29/4/93		Shoulder never got better. ? Slightly worse esp. in last 2 mths. "E All movements full range but ↓ strength. Not very painful when resisting forces. no problem in hands or sensation.
		℞ Xray (L) shoulder → then physio. (? never arranged by Dr. Heavy last year) - pt. never got appt.
19/5/93		Advised re Xray + physio referral. Worse, esp. in mornings. Try Bonjela Retard 2 in evening (56).
14/10/93 23 NOV 1993		~~Cancelled~~ Shoulder much worse. Painful at night. Wakens him. Lot of crepitus + weakness. Seems arthritic. Xray in May reported as normal.

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

℞ Bonjela Retard 2 in evening (56)

D.I.Y. physios.

2-3/52

(GGH was "rubbish" before)

Date	*	
14/12/93		DNA.
24/1/94		DNA
19/7/94		[illegible] Trimdan (60) one bd D. Hay fever
~~29 SEP 1994~~		URTI → chest. Over 1 week. Also, hayfever again
26/6/95		Wheezy. Green spit. Nil localised.
		R
		Distaclor MR 1 bd (14)
		Trimdan 60 1 bd (60)
-1 JUL 1995		Not really improving.
		Change to Tetracycline 250
		x2 bd ac x28.
		+ 0.5% Eph n-d
22 AUG 1995		Tinea cruris. Daktacort.
20 MAY 1996		DNA.
9/8/96.		Was ill last wk - viral inf. Better now.
		[illegible]
~~14 MAY 1997~~		
21 5 99		DNA

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

8128665 750M 9/88 27219

National Health Service Number	

CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)	Date of Birth
	Mr David BEAVERS ~~3 Viewpark Gardens~~ RENFREW 28 ELIZABETHAN WAY PA4 ~~8HA~~ 0LY		20-12-57

Date	*	
1/12/99		Site (R) knee o/v for months
		0 effusion good ROM joint stable o/E
		ligaments
		Rx Ibuprofen 400mg x 60
		[illegible]
		See if no help
4/12/01		↓ Hearing for [illegible] 6/12 - better.
		Exam: Minimal wax. Ref Audiology.
6/6/03		Toe infected
		athletes foot
		Lamisil cream BD - APP
20/12/04		DNA
6/2/06		Electrician
		3/52 ago - in shower, sudden pain
		back of neck & radiated up over head -
		felt dizzy. Every 2nd day since feels
		twinges
		o/E BP 130/70
		Fundi R=L NAD
		good ROM at neck
		Rx diclofenac 50mg
		review 2/52 if no better
18/7/06		
		Lump testicle. — small scrotal furuncle
12.10.06		CVD check B/P 148/82
15/12/06		(L) tennis elbow Rx Balmosa

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

21/12/06 Bunions 2 infected - Flucloxacillin

FORM GP111F
355 2095

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National Health Service Number: S644/4/19

Surname (Block Letters): BEAVERS

Forenames (Block Letters): DAVID

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address: ~~111 GLENDINNING RD~~

Date of Birth: 20/12/51

Date	
1960	Tonsillitis
1962	Croup
1961	Impetigo
1988	RTA → neck injury
	Non-Smoker (1992) (Never smoked)

Form GP111G

Dd 8128546 500M 6/88 Ed(257987)

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National Health Service Number	
Surname (Block letters)	Forename (Block letters)
Mr David BEAVERS 3 Viewpark Gardens RENFREW 28 ELIZABETHAN WAY PA4 ~~8RU~~ 0LY	Date of Birth 20·12·57

IMMUNISATIONS AND SCREENING INVESTIGATIONS

IMMUNISATIONS (insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Measles	Rubella	MMR	BCG
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

ALLERGIES & HYPERSENSITIVITIES

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

IMMUNOLOGICAL STATUS

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

Form GP 111H 355—2097

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SCREENING INVESTIGATIONS

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

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

Printed for the Stationery Office. Dd 8457214 9/97 (71412)

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Beavers David CHI: 2012576494

Referral letter: (Draft)

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
[redacted]
General Surgery
[redacted]

Mr Z Latif
Consultant Urologist
Royal Alexandra Hospital
PAISLEY
PA2 9PN

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference: VG/LC
Dictated Date: 27/05/2015
Transcribed Date: 27/05/2015

Dear Mr Latif,

David Beavers; D.O.B: 20/12/1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

I wonder if you would kindly see Mr Beavers. He underwent an uncomplicated inguinal hernia repair recently and when he came to the clinic, he complained of a slight reduction in his erection. I organised an ultrasound scan, which shows normal blood flow to his testes and I wonder if you would be kind enough to see him and advise.

Yours sincerely,

VIVIENNE GOUGH

CONSULTANT SURGEON

Electronically Signed:

cc. Dr Murphy, Braehead Medical Practice, Renfrew Health Centre, 10 Ferry Road, Renfrew,Renfrew,PA4 8RU

Printed on 27/05/2015 14:17 by Lorraine [redacted] Page 1 of 1

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NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 Elizabethan Way RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	B,22.7839220.C
Specimen Type	Blood
Date/Time Collected	24.10.22 / 12:34
Date/Time Received	24.10.22 / 16:40
Requested By	Dr Brian Maybin
GP Practice	87697
Date/Time Reported	24.10.22 / 17:22
Details	tiredness

Results

Glucose - Authorised on 24.10.22 at 17:18

Glucose	5.2	mmol/L	(3.5-6.0)

Comments:
Non-fasting sample

End of Report

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NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
[redacted]
PA2 9PN

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard: [redacted]
Department: Surgery
Contact Tel: [redacted]
Enquiries to: lorraine[redacted]
Letter Date: 06/01/2015
Reference: RM/HMcM
Dictated Date: 18/12/2014
Transcribed Date: 19/12/2014

Dear Dr. L Murphy,

David Beavers; D.O.B: 20/12/1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Admission: Specialty - General Surgery; Ward - RAH 29 - General Surgery
Consultant - Miss Vivienne Gough; Date of Admission - 16/12/2014
Date of Discharge - 16/12/2014; Discharged to - Private Residence - living with relatives or friends

Clinical Comments:
This gentleman attended for elective repair of a right inguinal hernia. This was completed, and intra operatively a sliding hernia was found. The hernia was repaired with an open mesh technique, and he was discharged when he was well.

No further surgical follow-up has been planned.

Yours sincerely

Rudra Maitra

Surgical CT4

Electronically Signed: Doctor Rudra Maitra, Doctor

cc.

Printed on 06/01/2015 10:58 by [redacted] McMillan Page 1 of 1

Additional document
06-May-2026
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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Colorectal Protocol (Glasgow, v15.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Colorectal
GGC Colorectal

Consultant / receiving practitioner and/or specialty clinic

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Hospital and hospital address

Hospital location code.
C418H

Email address
-

Urgency of referral Urgent
Date of referral 13-Aug-2021 **Date sent** 13-Aug-2021

PATIENT DETAILS

Surname	BEAVERS
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	20-Dec-1957
CHI no.	2012576494
Area of Residence	-

Patient's address

28 Elizabethan Way
RENFREW
PA4 0LY

Contact number(s)

[redacted]

101024096507C Unique Care Pathway Number: 101024096507C

REGISTERED GP DETAILS

Name	Dr Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	Braehead Medical Practice (19015)		
Practice code	87697		

Practice address

Renfrew Health and Social Work
10 Ferry Road
RENFREW
PA4 8RU

Contact number(s)

[redacted]

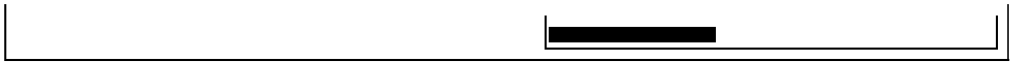
REFERRING GP DETAILS

Name	Dr. Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	Braehead Medical Practice (87697)		
Practice code	87697		

Practice address

Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Contact number(s)



CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Altered bowel pattern and elevated qFIT

Comment: Dear Doctor

Thank you for seeing this 63 year old gentleman. He has had an altered bowel pattern for two months with his bowels being looser. There has been no blood visible.

Examination is unremarkable. qFIT was 30.

I would appreciate your further assessment.

Past history and medication are as enclosed.

Thank you,

Yours sincerely

Dr Lorraine Murphy

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
Peyronie's disease	22-Sep-2017	22-Sep-2017

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Primary repair of inguinal hernia (Left)	10-Dec-2018	10-Dec-2018

Family conditions (All priorities)

Description	Comment	Date of Onset
No FH: Ischaemic heart disease	Disease: SPICE DES CVD, priority=2	12-Oct-2006
No family history diabetes	Disease: SPICE DES CVD, priority=2	12-Oct-2006

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fucibet Cream	30	30 gram	APPLY TWICE DAILY	-	29-Jul-2021	29-Jul-2021
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	26-May-2021	26-May-2021
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	05-Mar-2021	05-Mar-2021

Blood Pressure

Date Recorded	Systolic	Diastolic
28-Nov-2018	170	96
28-May-2014	126	86
20-Feb-2009	138	80
20-Feb-2009	138	80

24-May-2007	122	80

Body Measurements

Date Recorded	Height	Weight	BMI
28-May-2014	170	81.2	28.1
20-Feb-2009	170	80	-
12-Oct-2006	170	80	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		28-May-2014
Never smoked tobacco:	Disease: SPICE Basic Health Values, priority=1	20-Feb-2009
Never smoked tobacco:	Disease: SPICE DES CVD, priority=2	12-Oct-2006
Alcohol consumption, 2017 units/week:		28-May-2014
Aerobic exercise 0 times/week:		28-May-2014

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Age > 40 and POSITIVE QFIT > 10:true
Abdominal examination performed:No
Rectal examination performed:No
QFIT requested?:Result available
QFIT concentration:30
QFIT additional comment:Positive
FBC requested?:Yes - result available
Haemoglobin result:155
MCV:94.2
Urea and Electrolytes requested?:Yes - result available
eGFR:> 60
I feel that this patient would tolerate colonoscopy::Yes
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

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Blood Sciences Biochemistry Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 Elizabethan Way RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	B,23.7629925.A
Specimen Type	Blood
Date/Time Collected	07.07.23 / 13:22
Date/Time Received	07.07.23 / 16:13
Requested By	Dr Pankaj Nanda
GP Practice	87697
Date/Time Reported	07.07.23 / 17:12
Details	tingling feet.

Results

Urea & Electrolytes - Authorised on 07.07.23 at 17:10

Sodium	139	mmol/L	(133-146)
Potassium	4.1	mmol/L	(3.5-5.3)
Chloride	104	mmol/L	(95-108)
Urea	5.8	mmol/L	(2.5-7.8)
Creatinine	86	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

GGT - Authorised on 07.07.23 at 17:10

Gamma-GT	36	U/L	(<70)

Liver Function Tests - Authorised on 07.07.23 at 17:10

Total Bilirubin	15	umol/L	(<20)
ALT	22	U/L	(<50)
AST	21	U/L	(<40)
Alkaline Phosphatase	74	U/L	(30-130)
Albumin	38	g/L	(35-50)

Lipid profile - Authorised on 07.07.23 at 17:10

Cholesterol	5.4	mmol/L	
Triglycerides	0.6	mmol/L	(0.2-2.3)
HDL Cholesterol	2.1	mmol/L	
LDL-Cholest (calc'd)	3.0	mmol/L	
VLDL-Chol (calc'd)	0.3	mmol/L	
Chol/HDL ratio	2.6		

End of Report

Additional document
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NHS Confidential: Personal data about a patient

Royal Alexandra Hospital: Clinical Report Page 1 of 1

Patient: **BEAVERS, David** DOB: **20/12/1957**

Referrer: Dr Elizabeth Marshallsay CHI No: 2012576494
Ref Loc: GP PRACTICE GP CRIS No: 5668364
Ref Src: Braehead Medical Practice, Renfrew Health & Social Work Centre, 10 Ferry Road, Renfrew, PA4 8RU,

HISTORY - Cough with spit for 2 months. Non-smoker.

X RAY CHEST (PA) -

Lungs are clear. Normal mediastinal, hilar and cardiac shadows.

VERIFIED Reported By: **Dr Peter Tsang**
2nd Reporter:
Verified By: **Dr Peter Tsang**

E-30860774 Exam Date: 05/09/16
Exams: **XR Chest**

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Royal Alexandra Hospital: Clinical Report Page 1 of 1

Patient: **BEAVERS, David** DOB: **20-Dec-1957**

Referrer: Dr Elizabeth Marshallsay CHI No: 2012576494
Ref Loc: GP PRACTICE CRIS No: 5668364
Ref Src: Braehead Medical Practice, Renfrew Health & Social Work Centre, 10 Ferry Road, Renfrew, PA4 8RU

THIS REPORT WAS COMPLETED AS PART OF THE SCOTTISH NATIONAL REPORTING SERVICE (SNRRS)

Clinical Indications
Peristant cough for several months.
~(Information via Order Comms)
–

XR Chest

Comparison made with previous. The heart and mediastinal contours are satisfactory. No focal active pulmonary disease is seen.

–

Reported by
Dr Ross MacDuff
GMC 6026466
Consultant Radiologist
NHS GGC
[redacted]

VERIFIED Reported By: **External Radiologist**
2nd Reporter: **External Radiologist**
Verified By: **External Radiologist**

E-36139127 Exam Date: 09-Dec-2021
Exams: **XR Chest**

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 Elizabethan Way RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	B,23.7629931.K
Specimen Type	Blood
Date/Time Collected	07.07.23 / 13:21
Date/Time Received	07.07.23 / 16:12
Requested By	Dr Pankaj Nanda
GP Practice	87697
Date/Time Reported	07.07.23 / 16:42
Details	tingling feet.

Results

Full Blood Count - Authorised on 07.07.23 at 16:40

White Blood Count		7.7	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.32	x10^12/l	(4.50-6.50)
Haemoglobin		148	g/l	(130-180)
Haematocrit		0.428	l/l	(0.400-0.540)
Mean Cell Volume		99.1	fl	(83.0-101.0)
MCH	+	34.3	pg	(27.0-32.0)
Platelet Count		238	x10^9/l	(150-410)
Neutrophils		4.5	x10^9/l	(2.0-7.0)
Lymphocytes		2.4	x10^9/l	(1.1-5.0)
Monocytes		0.6	x10^9/l	(0.2-1.0)
Eosinophils		0.13	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

Report comments:

Clyde Haematology Labs are a UKAS accredited medical lab (No 8046) for all tests except GFST

End of Report

Additional document
06-May-2026
Additional: Additional document

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Extension:
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Bowel Screening: Scottish Bowel Screening Programme

Bowel Screening Centre
Kings Cross
Clepington Road
Dundee
DD3 8EA

NHS SCOTLAND

PRIVATE AND CONFIDENTIAL

Dr LORRAINE MURPHY
BRAEHEAD MEDICAL PRACTICE
RENFREW HEALTH CENTRE
10 FERRY ROAD
RENFREW
PA4 8RU

Date: 19 Mar 2015
CHI Number 2012576494

Bowel Screening
Helpline Number: [redacted]

Dear Doctor,

Your patient **2012576494 , DAVID BEAVERS , 28 ELIZABETHAN WAY , RENFREW , , , PA4 0LY** was invited to participate in the Bowel Screening Programme on **19/12/2014**

It is 3 months since your patient was sent a bowel screening invitation and bowel screening test kit. As of today's date your patient has not participated. At 6 months your patient will return to re-call and be invited again in two years time.

Anything your GP Practice can offer to help your patient's awareness and understanding of the benefits and risks of the Bowel Screening Programme would be appreciated - this will help them to reach an informed decision regarding participation.

If your patient no longer has their screening kit, it is possible to request another by calling the Scottish Bowel Screening Helpline on [redacted]

Yours sincerely

Professor Steele
Clinical Director

Additional document
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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

Urology
GGC General Referral

— Consultant / receiving practitioner and/or specialty clinic

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

— Hospital and hospital address

Hospital location code.
G405H

Email address
-

Urgency of referral Routine
Date of referral 15-Nov-2016 **Date sent** 15-Nov-2016

PATIENT DETAILS

Surname	BEAVERS
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	20-Dec-1957
CHI no.	2012576494
Area of Residence	-

Patient's address
28 Elizabethan Way
RENFREW
PA4 0LY

Contact number(s)
[redacted]

101012515100F Unique Care Pathway Number: 101012515100F

REGISTERED GP DETAILS

Name	Dr Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	Braehead Medical Practice (19015)		
Practice code	87697		

Practice address
Renfrew Health and Social Work
10 Ferry Road
RENFREW
RENFREW
PA4 8RU

Contact number(s)
[redacted]

REFERRING GP DETAILS

Name	Dr. Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	Braehead Medical Practice (87697)		
Practice code	87697		

Practice address
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Contact number(s)
[redacted]

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Peyronie's Disease

Comment: Dear Doctor

Thank you for seeing this gentleman. He developed Peyronie's disease and erectile dysfunction which he dates to around about the time of his inguinal hernia repair at the beginning of last year. It is causing him ongoing concern and he would like to see to you discuss his options.

Past history and medication are as enclosed.

Thank you,

Yours sincerely

Dr Lorraine Murphy

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Family conditions (All priorities)

Description	Comment	Date of Onset
No FH: Ischaemic heart disease	Disease: SPICE DES CVD, priority=2	12-Oct-2006
No family history diabetes	Disease: SPICE DES CVD, priority=2	12-Oct-2006

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	08-Nov-2016	08-Nov-2016
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	08-Nov-2016	08-Nov-2016
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	08-Nov-2016	08-Nov-2016
Aerochamber Plus Spacer device standard (blue)	1	1 device	TO BE USED WITH MDI	-	08-Nov-2016	08-Nov-2016
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	05-Sep-2016	05-Sep-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
28-May-2014	126	86
20-Feb-2009	138	80
20-Feb-2009	138	80
24-May-2007	122	80
24-May-2007	122	80

Body Measurements

Date Recorded	Height	Weight	BMI
28-May-2014	170	81.2	28.1
20-Feb-2009	170	80	-
12-Oct-2006	170	80	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		28-May-2014
Never smoked tobacco:	Disease: SPICE Basic Health Values, priority=1	20-Feb-2009
Never smoked tobacco:	Disease: SPICE DES CVD, priority=2	12-Oct-2006
Alcohol consumption, 2017 units/week:		28-May-2014
Aerobic exercise 0 times/week:		28-May-2014

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

Additional document
06-May-2026
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NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494

Letter to Patient:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

David Beavers
28 Elizabethan Way
Renfrew
Renfrewshire
PA4 0LY

Main Switchboard: [redacted]
Department: Respiratory
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 26/09/2017
Reference:
Dictated Date: 21/09/2017
Transcribed Date: 21/09/2017

Dear Mr Beavers,

I am conscious your [redacted] you has been in touch with my secretary securing a further appointment. I appreciate you have been unable to attend your two initial appointments sent out. I have therefore added you back to the waiting list for an appointment for myself and an appointment will be sent out in due course. Unfortunately there is a waiting list for the clinic and if on receipt of the appointment you are unable to attend, please do not hesitate to contact us and we will rearrange your appointment.

Yours Sincerely

Dr Scott Davidson

Consultant Respiratory Physician

(GMC4086305)

Electronically Signed: Dr Scott Davidson, Consultant

cc. Dr Murphy, Braehead Medical Practice, Renfrew Health Centre, 10 Ferry Road, Renfrew, PA4 8 RU

Printed on 26/09/2017 11:27 by Carri Barr

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Additional document
06-May-2026
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NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 Elizabethan Way RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	B,23.7629925.A
Specimen Type	Blood
Date/Time Collected	07.07.23 / 13:22
Date/Time Received	07.07.23 / 16:13
Requested By	Dr Pankaj Nanda
GP Practice	87697
Date/Time Reported	07.07.23 / 17:12
Details	tingling feet.

Results

Urea & Electrolytes - Authorised on 07.07.23 at 17:10

Sodium	139	mmol/L	(133-146)
Potassium	4.1	mmol/L	(3.5-5.3)
Chloride	104	mmol/L	(95-108)
Urea	5.8	mmol/L	(2.5-7.8)
Creatinine	86	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

GGT - Authorised on 07.07.23 at 17:10

Gamma-GT	36	U/L	(<70)

Liver Function Tests - Authorised on 07.07.23 at 17:10

Total Bilirubin	15	umol/L	(<20)
ALT	22	U/L	(<50)
AST	21	U/L	(<40)
Alkaline Phosphatase	74	U/L	(30-130)
Albumin	38	g/L	(35-50)

Lipid profile - Authorised on 07.07.23 at 17:10

Cholesterol	5.4	mmol/L	
Triglycerides	0.6	mmol/L	(0.2-2.3)
HDL Cholesterol	2.1	mmol/L	
LDL-Cholest (calc'd)	3.0	mmol/L	
VLDL-Chol (calc'd)	0.3	mmol/L	
Chol/HDL ratio	2.6		

End of Report

Additional document
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NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard: [redacted]
Department:
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 08/05/2015
Reference: VG/LC
Dictated Date: 08/05/2015
Transcribed Date: 08/05/2015

Dear Dr. L Murphy,

David Beavers; D.O.B: 20 Dec 1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Attendance: Specialty - General Surgery; Clinic - RAVGGS9-MISS GOUGH GEN SURG FRI AM
Date and Time of Appointment - 08/05/2015 11:10

Clinical Comments:
I reviewed this man at the clinic today. As you know, he has an open right inguinal hernia repair in December. He tells me he is having problems with numbness in his groin. I did explain to him that the ileo-inguinal nerve was resected at the time of his surgery, which he had been warned about pre-operatively and that this was the cause of the numbness. I advised him that it might improve over the next six months but that he would undoubtedly be left with a small area of numbness.

He also has noted that his erection is not as good as it was prior to the surgery. It is difficult to see why this has occured, but I will arrange for an ultrasound scan of his groins to make sure that his testicular flow is ok. If this comes back as normal, I will refer him to the urologists for further advice.

Yours sincerely

VIVIENNE GOUGH

CONSULTANT SURGEON

Electronically Signed: Miss Vivienne Gough, Consultant

cc.

Printed on 11/05/2015 16:30 by [redacted] McMillan Page 1 of 1

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NHS Confidential: Personal data about a patient

Acute Services Division

NHS
Greater Glasgow and Clyde

Emergency Care and
Medical Services Directorate

Emergency Department

CONSULTANTS
Malcolm W G Gordon MB ChB FRCS FCEM
Philip T Munro MB ChB FRCP(Glasg) FCEM
Jason R Long MB ChB MRCP FCEM
Peter R Davis MRCS LRCP MRCGP FACEM Dip IMC
Cieran McKiernan MB ChB MRCS(A&E) FCEM

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

Direct [redacted]

PD/EH /AE0063182/08 CHI NO: 2012576494 21/07/08

DR LORRAINE L MURPHY
THE HEALTH CENTRE
RENFREW
PA4 8LH

Dear Dr Murphy

DAVID BEAVERS, 28 ELIZABETHAN WAY, RENFREW, PA4 0LY
DOB: 20/12/57 Unit No: SG03240332 DOA: 18/07/08

History This 50-year-old man attended the ED with a corneal abrasion and retained foreign body at approximately the 4 o'clock position in the right eye. This was managed with removal of the foreign body under slit lamp examination.

I reviewed David today and there is no evidence of any residual foreign body and the small corneal abrasion is healing satisfactorily. I have therefore discharged him from the clinic.

Investigations Nil

Diagnosis Foreign body, right eye

Current Treatment Chloramphenicol ointment as required

Follow up Nil

Yours sincerely

Dr Pete Davis
Consultant in Emergency Medicine

29 JUL 2008

2B Seen routine	
2F [illegible] URGENT	
F [illegible]	
File [illegible]	✓
Other	

Page 1 of 1

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Additional document
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Pages:

NHS Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 Elizabethan Way RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	B,22.7839207.Z
Specimen Type	Blood
Date/Time Collected	24.10.22 / 12:34
Date/Time Received	24.10.22 / 16:41
Requested By	Dr Brian Maybin
GP Practice	87697
Date/Time Reported	24.10.22 / 18:07
Details	tiredness

Results

Serum Ferritin - Authorised on 24.10.22 at 18:04

Serum Ferritin	164	ug/l	(15-300)

Comments:
Males 15-300 (<15 iron deficiency)
Females 15-200 (<15 iron deficiency)
15-50 intermediate result. Consider iron deficiency
in anaemic patients, older patients and those
with inflammatory disease.

End of Report

Additional document
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NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard: [redacted]
Department:
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 22/10/2014
Reference: VG/LC
Dictated Date: 22/10/2014
Transcribed Date: 22/10/2014

Dear Dr. L Murphy,

David Beavers; D.O.B: 20 Dec 1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Attendance: Specialty - General Surgery; Clinic - RAVGGS6-MISS GOUGH GEN SURG WED PM
Date and Time of Appointment - 22/10/2014 13:45

Clinical Comments:
Thank you for referring this man, who works as an electrician. He noted a few months ago an increasing lump in his right groin and he gets discomfort in this from time to time. He tells me that he does not do a lot of heavy lifting and is self employed. He is otherwise fit and well. He is a non-smoker and takes no regular medication.

On examination he has a small, fully reducible right inguinal hernia with no palpable left inguinal hernia.

I went through the surgery with him today and he is keen to get this done. He knows there is a risk of recurrence, infection and chronic groin pain (10%).

He is self employed and would prefer his surgery to be just before Christmas so that he loses the least income possible, preferably around 11.12.14. We will endeavour to try to fit him in at his conveninece.

Yours sincerely

VIVIENNE GOUGH

CONSULTANT SURGEON

Electronically Signed: Miss Vivienne Gough, Consultant

cc.

Printed on 24/10/2014 12:09 by [redacted] McMillan Page 1 of 1

Additional document
06-May-2026
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NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494

Letter to Patient: (~~Draft~~)

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

David Beavers
28 Elizabethan Way
Renfrew
Renfrewshire
PA4 0LY

Main Switchboard: [redacted]
Department: Respiratory
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date:
Reference:
Dictated Date: 21/08/2017
Transcribed Date: 28/08/2017

Dear Mr Beavers ,

I note you were unable to attend the clinic today. Unfortunately, this appears to be the second such occasion. In this situation, I have not sent you a further appointment to the clinic but would more than happily do so on receipt of a referral from you GP if a further appointment is still required.

Yours Sincerely

Dr Scott Davidson

Consultant Respiratory Physician

(GMC4086305)

Electronically Signed: Dr Scott Davidson, Consultant

cc. Dr Murphy, Braehead Medical Practice, Renfrew Health Centre, 10 Ferry Road, Renfrew, PA4 8 RU

Printed on 29/08/2017 09:05 by [redacted] McKeraghan Page 1 of 1

Additional document
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NHS Confidential: Personal data about a patient

Royal Alexandra Hospital: Clinical Report Page 1 of 1

Patient: **BEAVERS, David** DOB: **20-Dec-1957**

Referrer: Dr Elizabeth Marshallsay CHI No: 2012576494
Ref Loc: GP PRACTICE CRIS No: 5668364
Ref Src: Braehead Medical Practice, Renfrew Health & Social Work Centre, 10 Ferry Road, Renfrew, PA4 8RU

THIS REPORT WAS COMPLETED AS PART OF THE SCOTTISH NATIONAL REPORTING SERVICE (SNRRS)

Clinical Indications
Peristant cough for several months.
~(Information via Order Comms)
–

XR Chest

Comparison made with previous. The heart and mediastinal contours are satisfactory. No focal active pulmonary disease is seen.

–

Reported by
Dr Ross MacDuff
GMC 6026466
Consultant Radiologist
NHS GGC
[redacted]

VERIFIED Reported By: **External Radiologist**
2nd Reporter: **External Radiologist**
Verified By: **External Radiologist**

E-36139127 Exam Date: 09-Dec-2021
Exams: **XR Chest**

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494

Letter to Patient:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

David Beavers
28 Elizabethan Way
Renfrew
Renfrewshire
PA4 0LY

Main Switchboard: [redacted]
Department: Respiratory
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 26/09/2017
Reference:
Dictated Date: 21/09/2017
Transcribed Date: 21/09/2017

Dear Mr Beavers,

I am conscious [redacted] you has been in touch with my secretary securing a further appointment. I appreciate you have been unable to attend your two initial appointments sent out. I have therefore added you back to the waiting list for an appointment for myself and an appointment will be sent out in due course. Unfortunately there is a waiting list for the clinic and if on receipt of the appointment you are unable to attend, please do not hesitate to contact us and we will rearrange your appointment.

Yours Sincerely

Dr Scott Davidson

Consultant Respiratory Physician

(GMC4086305)

Electronically Signed: Dr Scott Davidson, Consultant

cc. Dr Murphy, Braehead Medical Practice, Renfrew Health Centre, 10 Ferry Road, Renfrew, PA4 8 RU

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Page 1 of 1

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
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NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 Elizabethan Way RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	B;21.7421437.A
Specimen Type	Blood
Date/Time Collected	26.05.21 / 12:42
Date/Time Received	26.05.21 / 15:41
Requested By	Catherine Evans
GP Practice	87697
Date/Time Reported	26.05.21 / 16:52
Details	persistent heartburn

Results

Urea & Electrolytes - Authorised on 26.05.21 at 16:46

Sodium	140	mmol/L	(133-146)
Potassium	4.2	mmol/L	(3.5-5.3)
Chloride	106	mmol/L	(95-108)
Urea	5.4	mmol/L	(2.5-7.8)
Creatinine	91	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

End of Report

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
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NHS Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 Elizabethan Way RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	B,22.7839206.S
Specimen Type	Blood
Date/Time Collected	24.10.22 / 12:34
Date/Time Received	24.10.22 / 16:38
Requested By	Dr Brian Maybin
GP Practice	87697
Date/Time Reported	24.10.22 / 17:27
Details	tiredness

Results

Full Blood Count - Authorised on 24.10.22 at 17:25

White Blood Count		7.5	x10^9/l	(4.0-10.0)
Red Cell Count		4.64	x10^12/l	(4.50-6.50)
Haemoglobin		158	g/l	(130-180)
Haematocrit		0.441	l/l	(0.400-0.540)
Mean Cell Volume		95.0	fl	(83.0-101.0)
MCH	+	34.1	pg	(27.0-32.0)
Platelet Count		227	x10^9/l	(150-410)
Neutrophils		4.4	x10^9/l	(2.0-7.0)
Lymphocytes		2.2	x10^9/l	(1.1-5.0)
Monocytes		0.7	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	

Report comments:

Clyde Haematology Labs are a UKAS accredited medical lab (No 8046) for all tests except GFST

End of Report

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Royal Alexandra Hospital, Corsebar Road,
A & E Department
Paisley PA2 9PN [redacted]

Dr MURPHY
The Health Centre
103 Paisley Road
Renfrew

PA4 8LH

January 23, 2010

Dear Dr Murphy,
Re. DAVID BEAVERS, 28 Elizabethan Way, RENFREW, PA4 0LY

Date of Birth 20.12.57 Hospital Number: 2012576494 CHI Number: 2012576494

Your patient attended Royal Alexandra Hospital, Corsebar Road, on the 23 JAN 2010 11:13.

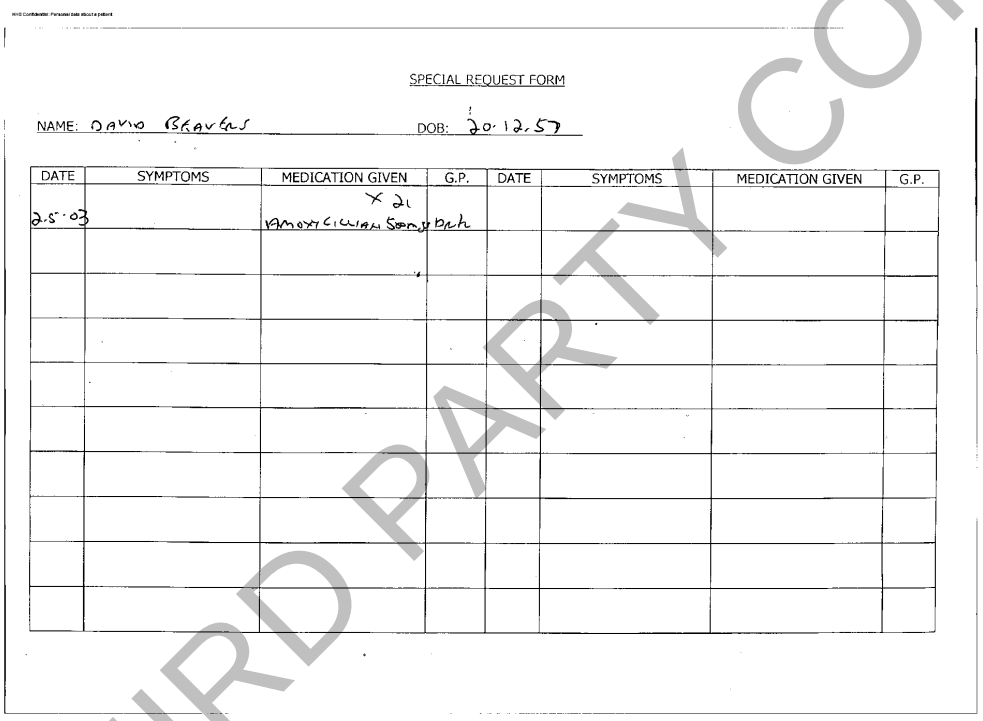
The presenting complaint was:	**HEAD INJURY**
Triage Information:	**ASSAULTED LAST NIGHT POST ALCOHOL. OCCIPTAL ABRASIONS NOTED, AND CO PCP, RIGHT SIDED. NON SMOKER**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	****INJURY** - FRACTURE-POSSIBLE - RIB/S-SPECIFY WHICH IN GP LETTER - CONTUSION - TRUNK - RIGHT**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	
Follow-up:	**Nil**
The patient's departure destination was:	**DISCHARGED**
Additional Information:	**Nil**

Yours sincerely,
JO TUCKER
DOCTOR

Consultants:

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
Pages:



SPECIAL REQUEST FORM

NAME: DAVID BRAVES DOB: 20.12.57

DATE	SYMPTOMS	MEDICATION GIVEN	G.P.	DATE	SYMPTOMS	MEDICATION GIVEN	G.P.
2.5.03		X 21 AMOXICILLIAN 500mg tds					

Hospital Use | Clinic | Day Date | Time | Appt. Cat. Routine / Soon / Urgent

REFERRAL LETTER

Practice Code: 87697

Drs A. Anderson, Dr L. Murphy
& Dr Malhotra
Renfrew Health Centre
103 [redacted] Road, RENFREW PA4 8LH
Tel: [redacted]

HOSPITAL: ROYAL ALEXANDRA HOSPITAL, PAISLEY
CONSULTANT: First Available Appointment
CLINIC: Audiometry
DATE: 6 March 2001

	DOB/CHI NO.	UNIT NO.	TEL NO.
David BEAVERS 3 Viewpark Gardens RENFREW PA4 8HA	20.12.57-6494	NA	[redacted]

I would be grateful if you could see this gentleman who complains of decreasing hearing in both his ears for the last six months.

On examination he had small amount of wax in his ears – certainly not enough to cause loss of hearing.

I value your opinion.

Thanking you,

Yours sincerely

Dr M Malhotra

NHS Confidential: Personal data about a patient

GREATER GLASGOW HEALTH BOARD
WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL UNIT

JM/PK

Our Ref .....
Your Ref .....
If phoning ask for Mr J Martin

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Tel. No: 041-334 8122
Fax. No: [redacted]

The Physiotherapy Department.

2 September 1993

Dr Laurie
1264 Dumbarton Road
Glasgow
G14

Dear Dr Laurie

RE: DAvid Beavers 111 Glendinning Road DOB 20.12.57

Unfortunately the above patient failed to attend for their physiotherapy appointment. We have therefore discharged this patient.

Yours sincerely,

Mr J Martin
Deputy Superintendent Chartered Physiotherapist.

Went twice

IMMEDIATE DISCHARGE LETTER

WESTERN INFIRMARY, GLASGOW G11 6NT

Telephone: [redacted]

Dear Mr. THOMSON

Name DAVID BEAVEN.

Address 165 7 DITTON Rd. Date 11/6/76.

The above-named attended/was discharged from { Casualty Dept. / ~~my Clinic~~ / Ward ~~—~~ } today Hospital No.

Diagnosis Strain L Calf muscle

X-Ray wet film shows N.A.D.

Treatment given:— A.T.S./T.T./Already immunised

EPS Plaster for 7 days.

is attending again on —— /was referred to —— Clinic

First Certificate:— Given dated —— /Not given.

Would you arrange /Further treatment/Dressings/Removal of stitches

Yours sincerely,

(NAME IN BLOCK CAPITAL LETTERS)

NHS Confidential: Personal data about a patient

GREATER GLASGOW HEALTH BOARD (WESTERN DISTRICT)

IMMEDIATE DISCHARGE LETTER

ACCIDENT & EMERGENCY DEPARTMENT,
WESTERN INFIRMARY, GLASGOW G11 6NT.

To: Doctor Thomson

Address

Telephone: 041-339 8822

Dear Doctor,

Date 8/7/79

Patient's Name David Beaver

Date of Birth 20/12/52

Address 63 Old Dumbarton Rd.

Accident & Emergency No. 171039

The above-named patient attended Accident & Emergency Department today

Diagnosis Sprained ligament (L) foot & ankle

X-Ray film shows

Treatment given:— A.T.S./T.T./Already immunised Panadol
Crepe bandage strapping

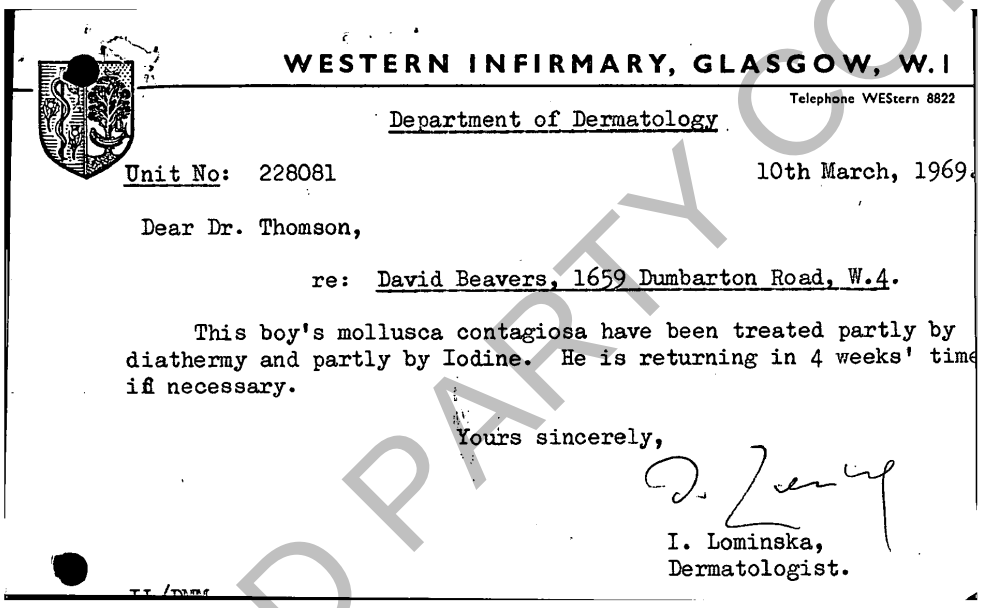
is attending again on /was reffered to Clinic

First Certificate:— Given: YES NO

Would you please arrange/Further Treatment/Dressings/Removal of Stitches analgesics

NAME IN BLOCK LETTERS FITZSIMONS

Yours sincerely, Thomson



WESTERN INFIRMARY, GLASGOW, W.1

Telephone WEStern 8822

Department of Dermatology

Unit No: 228081

10th March, 1969.

Dear Dr. Thomson,

re: David Beavers, 1659 Dumbarton Road, W.4.

This boy's mollusca contagiosa have been treated partly by diathermy and partly by Iodine. He is returning in 4 weeks' time if necessary.

Yours sincerely,

I. Lominska,
Dermatologist.

NHS Confidential: Personal data about a patient

EAR, NOSE AND THROAT DEPARTMENT.

Consultant in Charge - Dr. J. Fulton Chriatie.

WESTERN INFIRMARY,
GLASGOW W.1.

21.1.61

Dear Dr. Thomlow

David Beavers, 95 Langholm St. W.4.

The above patient has been examined in this department and his/her name has been added to the waiting list for the undernoted operation.

Proposed Operative Treatment:

Removal of Tonsils & Adenoids

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
Pages:

GP Links Microbiology Report	
Patient Details	
Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Address	28 Elizabethan Way RENFREW PA4 0LY
Specimen Details	
Specimen Number	M,21.5456098.X
Specimen Type	Faeces
Date/Time Collected	29.07.21 / 10:08
Date/Time Received	05.08.21 / 08:57
Requested By	Dr Lorraine Murphy
GP Practice	87697
Date/Time Reported	05.08.21 / 11:47

Results

```
Report issued by Microbiology,Glasgow South Sector
Final report

Faeces

Helicobacter faecal Antigen:-Negative

Antigen test should not be requested until at least
2 weeks after Proton Pump Inhibitor therapy and 4 weeks
post antibiotic therapy
```

Additional document
06-May-2026
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Extension:
Pages:

NHS Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 Elizabethan Way RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	B,22.7839206.S
Specimen Type	Blood
Date/Time Collected	24.10.22 / 12:34
Date/Time Received	24.10.22 / 16:38
Requested By	Dr Brian Maybin
GP Practice	87697
Date/Time Reported	24.10.22 / 17:27
Details	tiredness

Results

Full Blood Count - Authorised on 24.10.22 at 17:25

White Blood Count		7.5	x10^9/l	(4.0-10.0)
Red Cell Count		4.64	x10^12/l	(4.50-6.50)
Haemoglobin		158	g/l	(130-180)
Haematocrit		0.441	l/l	(0.400-0.540)
Mean Cell Volume		95.0	fl	(83.0-101.0)
MCH	+	34.1	pg	(27.0-32.0)
Platelet Count		227	x10^9/l	(150-410)
Neutrophils		4.4	x10^9/l	(2.0-7.0)
Lymphocytes		2.2	x10^9/l	(1.1-5.0)
Monocytes		0.7	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	

Report comments:

Clyde Haematology Labs are a UKAS accredited medical lab (No 8046) for all tests except GFST

End of Report

Additional document
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Pages:

NHS Confidential: Personal data about a patient

Royal Alexandra Hospital, Corsebar Road,
A & E Department
Paisley PA2 9PN [redacted]

Dr MURPHY
The Health Centre
103 Paisley Road
Renfrew

PA4 8LH

January 23, 2010

Dear Dr Murphy,
Re. DAVID BEAVERS, 28 Elizabethan Way, RENFREW, PA4 0LY

Date of Birth 20.12.57 Hospital Number: 2012576494 CHI Number: 2012576494

Your patient attended Royal Alexandra Hospital, Corsebar Road, on the 23 JAN 2010 11:13.

The presenting complaint was:	**HEAD INJURY**
Triage Information:	**ASSAULTED LAST NIGHT POST ALCOHOL. OCCIPTAL ABRASIONS NOTED, AND CO PCP, RIGHT SIDED. NON SMOKER**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	****INJURY** - FRACTURE-POSSIBLE - RIB/S-SPECIFY WHICH IN GP LETTER - CONTUSION - TRUNK - RIGHT**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	
Follow-up:	**Nil**
The patient's departure destination was:	**DISCHARGED**
Additional Information:	**Nil**

Yours sincerely,
JO TUCKER
DOCTOR

Consultants:

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NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard: [redacted]
Department: UROLOGY
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 31/07/2015
Reference: ZL/SJ
Dictated Date: 24/07/2015
Transcribed Date: 31/07/2015

Dear Dr Murphy,

David Beavers; D.O.B: 20/12/1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

This patient attended the Urology clinic. He has Peyronie's disease. He also has erectile dysfunction.

On examination he has an obvious Peyronie's plaque located dorsally.

If the erectile dysfunction continues and he has no contra-indications he could have a PDE5 inhibitor to help with this.

If the deviation with Peyronie's is troublesome and extensive then the only option would be a penile prosthesis. He is not keen on surgical intervention and I have therefore discharged him.

Yours sincerely

Mr Zak Latif

Consultant Urologist

Electronically Signed: Mr Zak Latif, Consultant

cc.

Printed on 31/07/2015 11:02 by [redacted] Page 1 of 1

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NHS Confidential: Personal data about a patient

IMMEDIATE DISCHARGE REVIEW

Patient CHI: 2012576494 **PATIENT NAME:** David Beavers

IMMEDIATE DISCHARGE TO BE CODED VIA MEDS RECONCILIATION

Date passed to GP: 17/12/14 **AM or PM (circle as approp)**

Dr Murphy

GP comments

Any analgesia required?

Co-codamol.

Rx issued

GP signature: [signature] **Date passed to admin:** 17/12/14 **AM or PM:**

Admin comments / Action to take:

Co-codamol please - Rx
no answer phoned - 19.12.2014

Admin signature: [signature] **Admin date:** 19.12.2014 12:39 PM **AM / PM**

Patient informed: by 'phone by letter in person

Admin sign: [signature] **Date & Time:** 16.12.14 = 2.30

NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: [redacted]
Date of Completion: 16/12/2014

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Dear Dr L Murphy,

Name	CHI	DoB	Address
David Beavers	2012576494	20/12/1957	28 Elizabethan Way Renfrew PA4 0LY

Admitted	Type	Discharged	Destination
16/12/2014 08:00	In Patient	16/12/2014	

Specialty	Consultant	Ward	Telephone
General Surgery	Miss Vivienne Gough	RAH 29 - General Surgery	[redacted]

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Electve admission for elective right inguinal repair. Operation note; "Incision deepened down to eternal oblique.External oblique opened and cord identified. Ilio-inguinal nerve resected as in path of mesh. and ilio-hypogastricnerves seen and preservedModerate sized indirect sac separated from cord after opening cremaster ; opened and sliding hernia found. Sacclosed with 2/0 polysorb and returned to abdomen Ligated at base with 2/0 polysorb and excess excisedShaped Lichtenstein style optilene mesh placed with lateral fishtail and secured to inguinal ligament with 2/0proleneMesh secured medially 2/0- polysorb and deep ring restored 2/-0 proleneHaemostasis secured"Medically fit fr home with co-codamol prn for pain control. Regards

Treatments: None recorded.

Follow-up arranged: nil

Beavers David CHI: 2012576494 IDL 16/12/2014 v1

Planned Outpatient Investigations: nil

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Co-codamol 30/500 Tablets	Oral	2	tablet(s)	As Required	No duration defined	

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Struan Henry Gray
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Struan Henry Gray, Doctor

Additional document
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NHS Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 Elizabethan Way RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	B,23.7629925.A
Specimen Type	Blood
Date/Time Collected	07.07.23 / 13:22
Date/Time Received	07.07.23 / 16:13
Requested By	Dr Pankaj Nanda
GP Practice	87697
Date/Time Reported	07.07.23 / 17:42
Details	tingling feet.

Results

Serum Vitamin B12 - Authorised on 07.07.23 at 17:34

Serum Vitamin B12	400	ng/l	(200-883)

Serum Folate - Authorised on 07.07.23 at 17:38

Serum Folate	5.9	ug/l	(3.1-20.0)

End of Report

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Acute Services Division

Surgery and Anaesthetics Directorate

NHS Greater Glasgow and Clyde

DEPARTMENT OF ORTHOPAEDIC SURGERY

MR MARC BRANSBY-ZACHERY FRCS
Orthopaedic Hand & Upper Limb Service

Our Ref: MB-Z/MD
Enquiries To: Helen Carlisle

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
Direct Tel: [redacted] 201 1473

23/03/09

06 APR 2009

2B Seen routine	
2B Seen URGENT	
Px Left	
File - No action	✓
OTHER	

DR LORRAINE L MURPHY
THE HEALTH CENTRE
RENFREW
PA4 8LH

Dear Dr Murphy

DAVID BEAVERS DOB: 20/12/57 (SG03240332)
28 ELIZABETHAN WAY, RENFREW, PA4 0LY

Many thanks for asking us to see Mr Beavers who is a 51 year old right handed electrician who attends clinic today with pain in his left shoulder but he also on attendance complains of some pain around his left thumb. He has pain now over the last 3-4 months. He is currently buying some anti-inflammatories over the counter and taking them to control his pain. He stated today that if he did not take these tablets he would be either be unable to go to his work or indeed complete a days work. As he had taken his tablets today he did not really have much in the way of pain.

On examination he had a non-tender neck and a good range of cervical spine motion. He had no tenderness around his acromial area in his left shoulder and he demonstrated a full pain free range of motion. There was no obvious wasting or deformity around his left shoulder. He had a slight discomfort when performing the Hawkin's Kennedy test. With regards to his left thumb he had no obvious wasting or deformity. He had no tenderness at his IP, MCP or CMC and ballotting his thumb did not give him much pain. He appeared to have good intact collateral ligaments also at his thumb.

I took the liberty of x-raying both his thumb and his shoulder in clinic today. His shoulder does show some early sclerosis consistent with impingement and there was some evidence of early wear around his thumb.

This gentleman appears to be suffering from a left subacromial impingement and also some early wear changes to his thumb. Currently he can control his symptoms by taking shop bought anti-inflammatories but I have suggested to him it would be much better for him to attend yourself and get a regular prescribed dose. In the event that tablets would not control his pain then I suggested in the future we could offer him injections. He is not very fond of needles and was not very receptive to this. I have given him some general advice and also an open

Delivering better health

Acute Services Division

Surgery and Anaesthetics Directorate

NHS
Greater Glasgow and Clyde

DAVID BEAVERS
20/12/57

appointment should he feel his pain recurs and he is anable to control it with tablets I would be more than happy to see him again with a view to injection. Kind regards.

Yours sincerely

Karen Shields
Extended Scope Practitioner

Delivering better health

www.nhsggc.org.uk

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NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow G31 2ER

12/10/2017

Dr L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Dear Dr L Murphy

Re: **Mr David Beavers**
Address: **28 Elizabethan Way**
Renfrew
PA4 0LY

CHI Number: **2012576494**

Speciality: **Urology**

It would appear from our records that:

( ) Your patient has not responded to our recent letters inviting them to arrange an appointment.

( ) Your patient has indicated that they no longer require an appointment.

( ) Your patient has refused two reasonable offers of appointment.

We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with NHS Greater Glasgow and Clyde's Did Not Attend Policy.

If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

User ID [redacted] Mellon

SCGC Opwl Removal to GP V1

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NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard: [redacted]
Department: Respiratory
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 04/07/2017
Reference: AMcK:cb
Dictated Date: 04/07/2017
Transcribed Date: 06/07/2017

Dear Dr. L Murphy,

David Beavers; D.O.B: 20 Dec 1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Attendance: Specialty - Respiratory Medicine; Clinic - SGAKRE4-DR MCKAY CHEST TUESDAY PM
Date and Time of Appointment - 04/07/2017 13:40

Clinical Comments:
This gentleman did not attend a respiratory clinic appointment on 4th July 2017. I will send him one further appointment.

Yours sincerely,

Anne McKay,
Consultant Respiratory Physician.

Electronically Signed: Dr Anne McKay, Consultant

cc.

Printed on 07/07/2017 09:17 by [redacted] Page 1 of 1

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NHS Confidential: Personal data about a patient

Royal Alexandra Hospital: Clinical Report Page 1 of 1

Patient: **BEAVERS, David** DOB: **20/12/1957**

Referrer: Dr Elizabeth Marshallsay CHI No: 2012576494
Ref Loc: GP PRACTICE GP CRIS No: 5668364
Ref Src: Braehead Medical Practice, Renfrew Health & Social Work Centre, 10 Ferry Road, Renfrew, PA4 8RU,

HISTORY - Cough with spit for 2 months. Non-smoker.

X RAY CHEST (PA) -

Lungs are clear. Normal mediastinal, hilar and cardiac shadows.

VERIFIED Reported By: **Dr Peter Tsang**
2nd Reporter:
Verified By: **Dr Peter Tsang**

E-30860774 Exam Date: 05/09/16
Exams: **XR Chest**

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NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **2728312** Date: **23 Jan 2010** Time of Call: **09:36**
Patient's Name: **David Beavers** DOB: **20/12/1957** Age: **52** **Y**

Address Today: **28 Elizabethan Way** Home Address If different: **28 Elizabethan Way**

Renfrew
Main Door
Post Code: **PA4 0LY**

Renfrew
Main Door
Post Code: **PA4 0LY**

Phone Number Today: [redacted] - Home Phone If different: [redacted] -
NHS24 Call ID : 8350230

Callers Name: **Angela** Relationship to patient:

Name of GP: **Murphy Lorraine** Practice No:
Surgery: **A 71 The Health Centre (A Anderson)** Cipher No:
Address: **103 Paisley Road RENFREW PA4 8LH** Fax No:
Speed Dial:

Call Type: **No Action Required by Co- NOT GIVEN** Time Passed: **10:03**
Receptionist's Name:**IF** Time Arrived: Time Complete: **23/01/2010 10:03:25**

Patient's Complaint: **Patient's Complaint:**
NO CONSENTS TAKEN AS PT IN DIFFERENT ROOM - WAS ATTACKED FROM BEHIND - NOSE/RIBS SORE ((Non-Clinical User) (Glasgow))

CB LUMP BACK OF HEAD - 8.5HRS SEE AV

Clinical summary created by: (Nurse Advisor) (Glasgow) [23/01/2010 10:03:06]
HEAD INJURY FOR LAST NIGHT AND ASSAULTED LAST NIGHT, UNSURE IF HIT OVER HEAD WITH WEAPON OR BANGED HEAD ON GROUND. LARGE LUMP EVIDENT TO BACK OF HEAD, BLEEDING + + AT TIME. PAINFUL RIBS (L) AND (R) PAINFUL ON INSPIRATION. NO LOC, NO VOMITING. ADVISED A&E WITHIN 4 HOURS

This call should be directed via consult telephony route.
WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.
The individual concerned needs to be seen at the nearest A&E department as soon as reasonably possible, but at least within the next 4 hours.
WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery reopens.

Remarks: This call should be directed via consult telephony route.

BP: PR: per min Temp:

Clinical Notes:
Triage Doctor Follow Up:

Consultation(s):

By: **Start:** **Finish**

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NHS Confidential: Personal data about a patient

IMMEDIATE DISCHARGE REVIEW

Patient CHI: 2012576494 **PATIENT NAME:** David Beavers

IMMEDIATE DISCHARGE TO BE CODED VIA MEDS RECONCILIATION

Date passed to GP: 17/12/14 **AM or PM (circle as approp)**

Dr Murphy

GP comments

Any analgesia required?

Co-codamol.

Rx issued

GP signature: 17/12/14 **Date passed to admin:** **AM or PM:**

Admin comments / Action to take:

Co-codamol please - Rx
no answer phoned - 19.12.2014

Admin signature: 12:39 PM **Admin date:** 19.12.2014 **AM / PM**

Patient informed: by 'phone by letter in person

Admin sign: **Date & Time:** 16.12.14 = 2.30

NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: [redacted]
Date of Completion: 16/12/2014

Dear Dr L Murphy,

Name	CHI	DoB	Address
David Beavers	2012576494	20/12/1957	28 Elizabethan Way Renfrew PA4 0LY

Admitted	Type	Discharged	Destination
16/12/2014 08:00	In Patient	16/12/2014	

Specialty	Consultant	Ward	Telephone
General Surgery	Miss Vivienne Gough	RAH 29 - General Surgery	[redacted]

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Electve admission for elective right inguinal repair. Operation note; "Incision deepened down to eternal oblique.External oblique opened and cord identified. Ilio-inguinal nerve resected as in path of mesh. and ilio-hypogastricnerves seen and preservedModerate sized indirect sac separated from cord after opening cremaster ; opened and sliding hernia found. Sacclosed with 2/0 polysorb and returned to abdomen Ligated at base with 2/0 polysorb and excess excisedShaped Lichtenstein style optilene mesh placed with lateral fishtail and secured to inguinal ligament with 2/0proleneMesh secured medially 2/0- polysorb and deep ring restored 2/-0 proleneHaemostasis secured"Medically fit fr home with co-codamol prn for pain control. Regards

Treatments: None recorded.

Follow-up arranged: nil

Beavers David CHI: 2012576494 IDL 16/12/2014 v1

Planned Outpatient Investigations: nil

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Co-codamol 30/500 Tablets	Oral	2	tablet(s)	As Required	No duration defined	

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Struan Henry Gray
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Struan Henry Gray, Doctor

Additional document
06-May-2026
Additional: Additional document

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Extension:
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NHS Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 Elizabethan Way RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	B,21.7421438.C
Specimen Type	Blood
Date/Time Collected	26.05.21 / 12:42
Date/Time Received	26.05.21 / 15:42
Requested By	Catherine Evans
GP Practice	87697
Date/Time Reported	26.05.21 / 15:52
Details	persistent heartburn

Results

Full Blood Count - Authorised on 26.05.21 at 15:30

White Blood Count		7.2	x10^9/l	(4.0-10.0)
Red Cell Count		4.65	x10^12/l	(4.50-6.50)
Haemoglobin		155	g/l	(130-180)
Haematocrit		0.438	l/l	(0.400-0.540)
Mean Cell Volume		94.2	fl	(83.0-101.0)
MCH	+	33.3	pg	(27.0-32.0)
Platelet Count		224	x10^9/l	(150-410)
Neutrophils		4.6	x10^9/l	(2.0-7.0)
Lymphocytes		1.9	x10^9/l	(1.1-5.0)
Monocytes		0.6	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	

Report comments:

Clyde Haematology Labs are a UKAS accredited medical lab (No 8046) for all tests except GFST

End of Report

Additional document
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Golden Jubilee National Hospital

COLONOSCOPY REPORT

Name: **David BEAVERS (M)**
Date of birth: **20/12/1957**
CHI No: **2012576494**
Case note no.: **2012576494**

Address: **28 Elizabethan Way**
Renfrew
PA4 0LY

GP: **MURPHY, LORRAINE**
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Procedure date: **29th September 2021 (15:47)**
Priority: **Urgent**
Status: **Outpatient/NHS**
Hospital: **Royal Alexandra Hospital, Paisley**
Referring Cons: **Mr Andrew Renwick (Consultant surgeon)**

Indications
Altered bowel habit.
Clinically important comments: Qfit 30.

Consultant/Endoscopist
List consultant: [redacted]
Endoscopist No1: [redacted]
Endoscopist No2: [redacted]
Nurses: [redacted]

Report
Bowel preparation with Kleenprep 4L was good.
A digital rectal examination was performed.
The colonoscope was inserted via the anus to the terminal ileum. The caecum was identified positively by ileal intubation. The scope was retroflexed in the rectum.

Site b: An area extending from the distal sigmoid to the proximal ascending
Diverticula: multiple scattered.

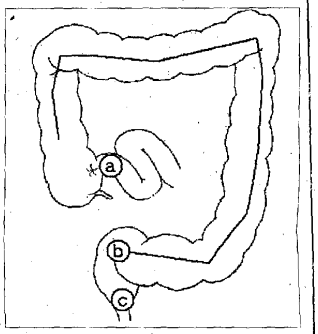
Instrument
CF-HQ290L 215 4633

Premedication
Entonox (Inhaled Gas)
No Sedation

Diagnosis
Diverticulosis.

Advice/comments
Normal colonoscopy bar the diverticular disease, reassurred and discharged from further follow up.

Follow up
No evidence of cancer was seen on this endoscopy - patient informed. Patient removed from fast track
No further follow up.



a: *Terminal ileum (photographed)*
b: *An area extending from the distal sigmoid to the proximal ascending*
c: *Rectum (photographed)*

Mr Andrew Renwick
Consultant Colorectal Surgeon
c.c. Mr Andrew Renwick (Consultant surgeon)
Beavers, David

Produced by Unisoft's GI Reporting Tool (v14.70.50) Page 1 of 1 Compiled on 29/09/2021 at 16:18

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

General Surgery
GGC General Referral

— Consultant / receiving practitioner and/or specialty clinic

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

— Hospital and hospital address

Hospital location code.
C418H

Email address
-

Urgency of referral ROUTINE
Date of referral 14-Aug-2014 **Date sent** 14-Aug-2014

PATIENT DETAILS

Surname	BEAVERS
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	20-Dec-1957
CHI no.	2012576494
Area of Residence	-

Patient's address
28 Elizabethan Way
RENFREW
PA4 0LY

Contact number(s)
[redacted]

101007718644F Unique Care Pathway Number: 101007718644F

REGISTERED GP DETAILS

Name	Dr Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	Braehead Medical Practice (19015)		
Practice code	87697		

Practice address
Renfrew Health and Social Work
10 Ferry Road
RENFREW
RENFREW
PA4 8RU

Contact number(s)
[redacted]

REFERRING GP DETAILS

Name	Dr. Robert Anderson		
GMC code	6063132	GP code	38661
Practice name	Braehead Medical Practice (87697)		
Practice code	87697		

Practice address
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Contact number(s)
[redacted]

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Inguinal Hernia (R)

Comment: Dear Doctor

I welcome your input and assessment with the above 56 year old man who has presented with a lump in his groin. On examination he has a right sided inguinal hernia with cough impulse. It has grown slowly over the last few months and is becoming more troublesome.

He has no other medical problems.

I would therefore be grateful of your input and assessment regarding its repair.

Thank you for your help.

Yours sincerely

Dr Robert Anderson

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
Migraine	13-Aug-2014	13-Aug-2014
Mole of skin	13-Aug-2014	13-Aug-2014
Inguinal hernia	13-Aug-2014	13-Aug-2014

Family conditions (All priorities)

Description	Comment	Date of Onset
No family history diabetes	Disease: SPICE DES CVD, priority=2	12-Oct-2006
No FH: Ischaemic heart disease	Disease: SPICE DES CVD, priority=2	12-Oct-2006

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Sumatriptan Succinate Tablets 50 mg	6	6 TABLET	ONE TO BE TAKEN AT ONSET OF MIGRAINE; DOSE MAY BE REPEATED AT LEAST TWO HOURS LATER IF ATTACK RECURS	-	13-Aug-2014	13-Aug-2014

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		28-May-2014
Never smoked tobacco:	Disease: SPICE Basic Health Values, priority=1	20-Feb-2009
Never smoked tobacco:	Disease: SPICE DES CVD, priority=2	12-Oct-2006
Alcohol consumption, 2017 units/week:		28-May-2014
Aerobic exercise 0 times/week:		28-May-2014

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

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Blood Sciences Biochemistry Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 Elizabethan Way RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	B;21.7421437.A
Specimen Type	Blood
Date/Time Collected	26.05.21 / 12:42
Date/Time Received	26.05.21 / 15:41
Requested By	Catherine Evans
GP Practice	87697
Date/Time Reported	26.05.21 / 16:52
Details	persistent heartburn

Results

Urea & Electrolytes - Authorised on 26.05.21 at 16:46

Sodium	140	mmol/L	(133-146)
Potassium	4.2	mmol/L	(3.5-5.3)
Chloride	106	mmol/L	(95-108)
Urea	5.4	mmol/L	(2.5-7.8)
Creatinine	91	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

End of Report

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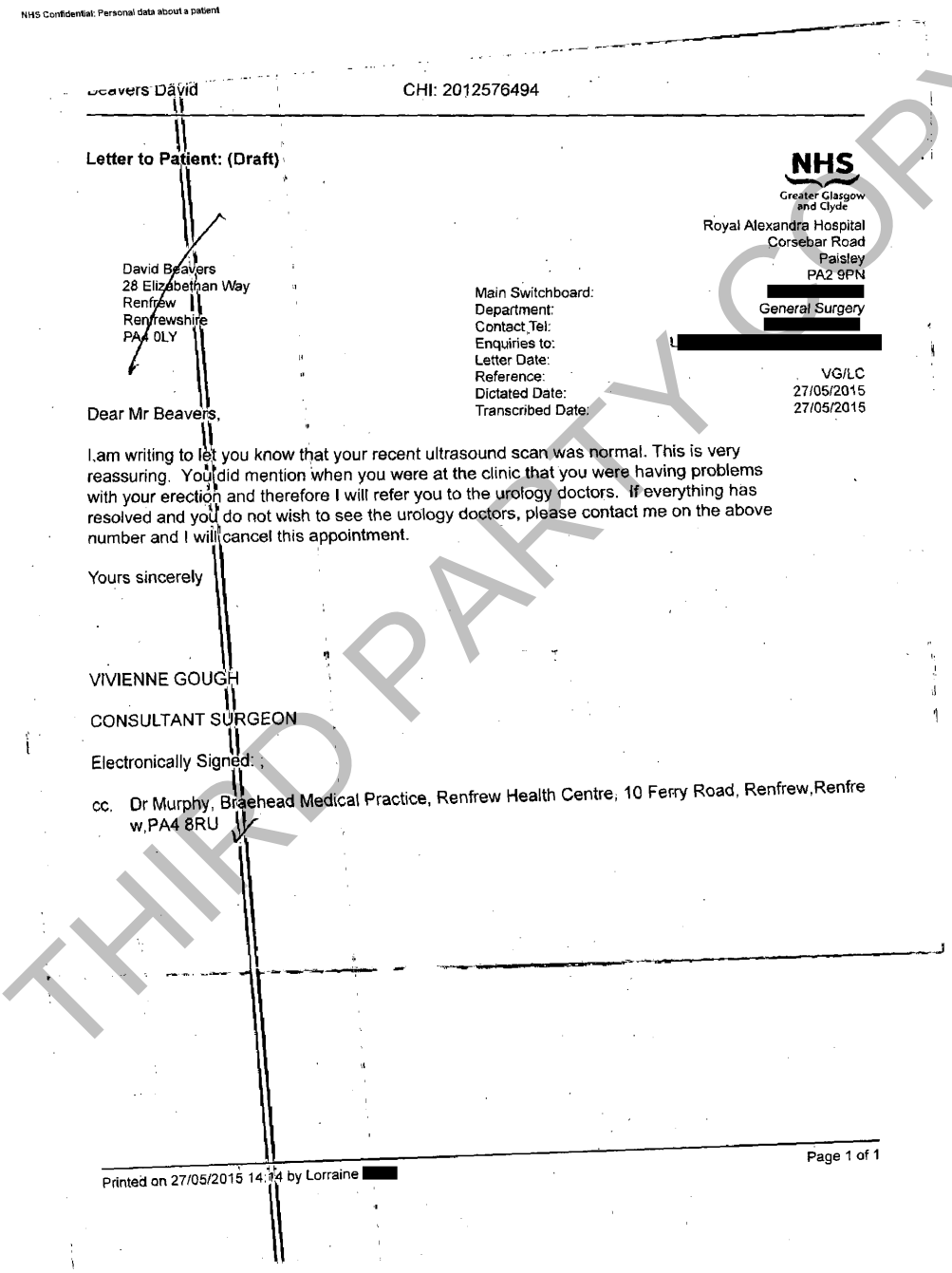

NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494

Letter to Patient: (Draft)

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

David Beavers
28 Elizabethan Way
Renfrew
Renfrewshire
PA4 0LY

Main Switchboard: [redacted]
Department: General Surgery
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date:
Reference: VG/LC
Dictated Date: 27/05/2015
Transcribed Date: 27/05/2015

Dear Mr Beavers,

I am writing to let you know that your recent ultrasound scan was normal. This is very reassuring. You did mention when you were at the clinic that you were having problems with your erection and therefore I will refer you to the urology doctors. If everything has resolved and you do not wish to see the urology doctors, please contact me on the above number and I will cancel this appointment.

Yours sincerely

VIVIENNE GOUGH

CONSULTANT SURGEON

Electronically Signed: ;

cc. Dr Murphy, Braehead Medical Practice, Renfrew Health Centre, 10 Ferry Road, Renfrew,Renfrew,PA4 8RU

Printed on 27/05/2015 14:14 by Lorraine [redacted]

Page 1 of 1

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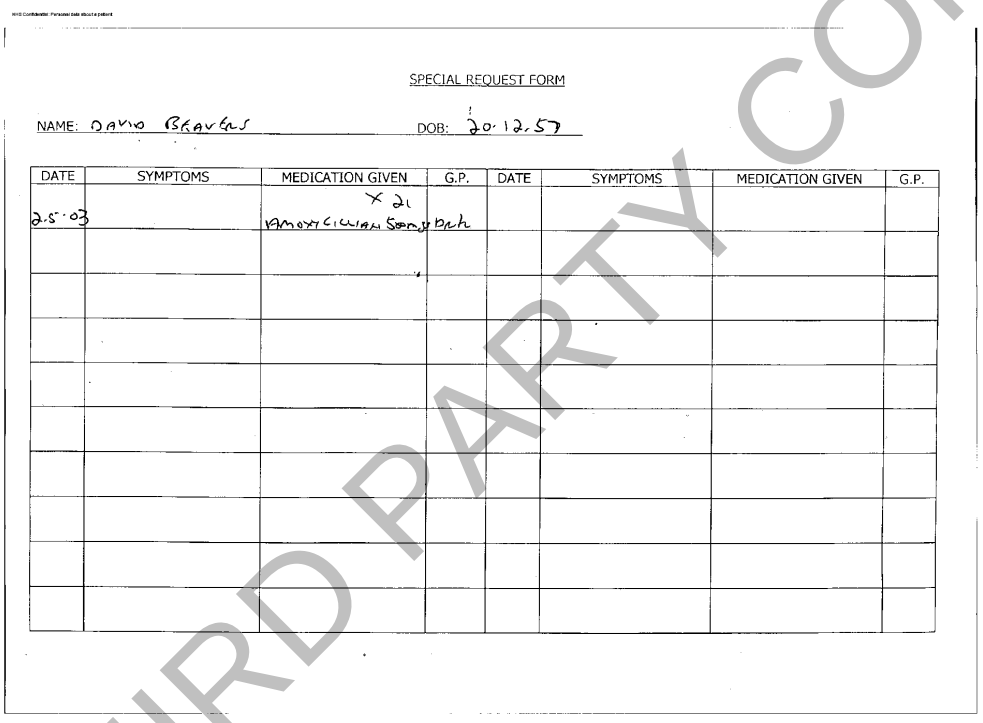

SPECIAL REQUEST FORM

NAME: DAVID BRAVES DOB: 20.12.57

DATE	SYMPTOMS	MEDICATION GIVEN	G.P.	DATE	SYMPTOMS	MEDICATION GIVEN	G.P.
2.5.03		X 21 AMOXICILLIAN 500mg tds					

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Hospital Use	Clinic	Day Date	Time	Appt. Cat. Routine Soon Urgent

REFERRAL LETTER

Practice Code: 87697

Drs A. Anderson, Dr L. Murphy
& Dr Malhotra
Renfrew Health Centre
103 Paisley Road, RENFREW PA4 8LH
Tel: [redacted]

HOSPITAL: ROYAL ALEXANDRA HOSPITAL, PAISLEY
CONSULTANT: First Available Appointment
CLINIC: Audiometry
DATE: 6 March 2001

[redacted]
David BEAVERS
3 Viewpark Gardens
RENFREW
PA4 8HA

DOB/CHI NO.	UNIT NO.	TEL NO.
20.12.57-6494	NA	[redacted]

I would be grateful if you could see this gentleman who complains of decreasing hearing in both his ears for the last six months.

On examination he had small amount of wax in his ears – certainly not enough to cause loss of hearing.

I value your opinion.

Th[redacted]king you,

Yours sincerely

Dr M Malhotra

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GREATER GLASGOW HEALTH BOARD
WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL UNIT

JM/PK

Our Ref .....
Your Ref .....
If phoning ask for Mr J Martin

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Tel. No: 041-334 8122
Fax. No: 041-357 4552

The Physiotherapy Department.

2 September 1993

Dr Laurie
1264 Dumbarton Road
Glasgow
G14

Dear Dr Laurie

RE: DAvid Beavers 111 Glendinning Road DOB 20.12.57

Unfortunately the above patient failed to attend for their physiotherapy appointment. We have therefore discharged this patient.

Went twice

Yours sincerely,

Mr J Martin
Deputy Superintendent Chartered Physiotherapist.

IMMEDIATE DISCHARGE LETTER

WESTERN INFIRMARY, GLASGOW G11 6NT

Telephone: 041-339 8822

Dear Dr. THOMSON

Name DAVID BEAVERS.

Address 165 7 ILTON TCE. Date 11/6/76.

The above-named attended/was discharged from { Casualty Dept. / ~~my Clinic~~ / Ward } today Hospital No.

Diagnosis Strain L Calf muscle

X-Ray wet film shows N.A.D.

Treatment given:— A.T.S./T.T./Already immunised

EPS Physio 7/52 7 days.

is attending again on —— /was referred to —— Clinic

First Certificate:— Given dated —— /Not given.

Would you arrange /Further treatment/Dressings/Removal of stitches

Yours sincerely,

(NAME IN BLOCK CAPITAL LETTERS)

NHS Confidential: Personal data about a patient

GREATER GLASGOW HEALTH BOARD (WESTERN DISTRICT)

IMMEDIATE DISCHARGE LETTER

To: Doctor Thomson

Address

ACCIDENT & EMERGENCY DEPARTMENT,
WESTERN INFIRMARY, GLASGOW G11 6NT.

Telephone: 041-339 8822

Dear Doctor,

Date 8/7/79

Patient's Name David Beavers

Date of Birth 20/12/52

Address 63 Old Dumbarton Rd.

Accident & Emergency No. 171039

The above-named patient attended Accident & Emergency Department today

Diagnosis Sprained ligament (L) foot & ankle.

X-Ray film shows

Treatment given:— A.T.S./T.T./Already immunised Panadol
Crashtaar strapping

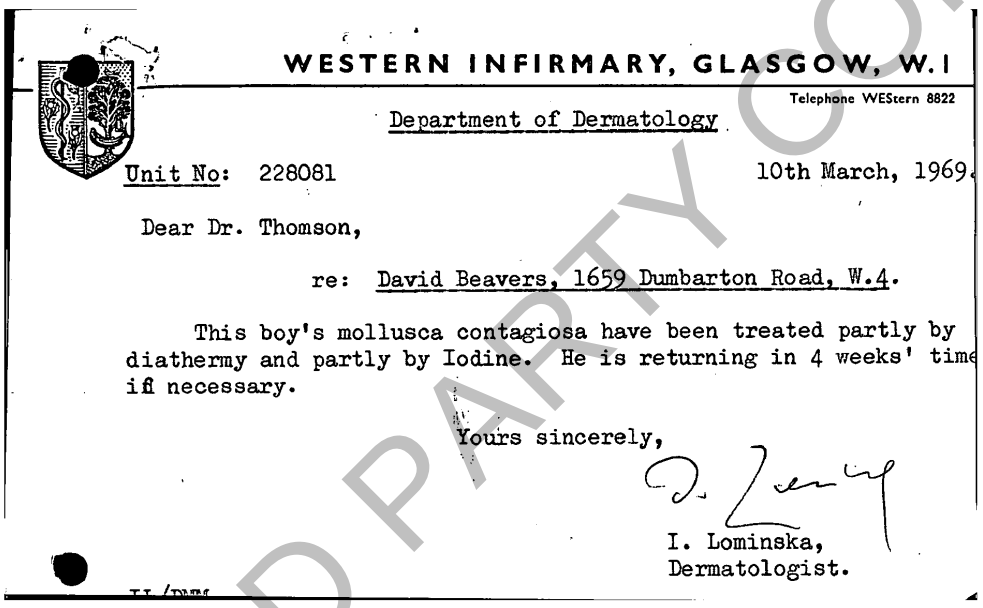
is attending again on /was reffered to Clinic

First Certificate:— Given: YES NO

Would you please arrange/Further Treatment/Dressings/Removal of Stitches analgesics.

NAME IN BLOCK LETTERS FITZSIMONS

Yours sincerely, C Thomson



WESTERN INFIRMARY, GLASGOW, W.1

Telephone WEStern 8822

Department of Dermatology

Unit No: 228081

10th March, 1969.

Dear Dr. Thomson,

re: David Beavers, 1659 Dumbarton Road, W.4.

This boy's mollusca contagiosa have been treated partly by diathermy and partly by Iodine. He is returning in 4 weeks' time if necessary.

Yours sincerely,

I. Lominska,
Dermatologist.

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EAR, NOSE AND THROAT DEPARTMENT.

Consultant in Charge - Dr. J. Fulton Chriatie.

WESTERN INFIRMARY,
GLASGOW W.1.

21.1.61

Dear Dr. Thomlow

David Beavers, 95 Langholm St. W.4.

The above patient has been examined in this department and his/her name has been added to the waiting list for the undernoted operation.

Proposed Operative Treatment:

Removal of Tonsils & Adenoids

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GARTNAVEL GENERAL HOSPITAL — **RADIOLOGICAL DEPT.**

JM/LC 13.5.93 93/228081

LEFT SHOULDER:

Normal.

J. MOSS

D.O.B. 20.12.57

UNIT No. X-RAY No.

DAVID BEAVERS
DR LAURIE
GP.OP. 93/228081

REGION EXAMINED — INITIALLED AS SEEN

LEFT SHOULDER 12.5.93

0063883

Additional document
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MALE SURNAME Beavers | CHRISTIAN NAMES David

ADDRESS | Date of Birth 20 12 57

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
21/9/88		General malaise, lethargy, cough. Viral illness 1/12 ago	
		(L) basal creps	
		Rx amoxil 250mg tds 7/7	
		Advise on general rest	

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

MEDICAL RECORD CARD

8926039 11/85 R.P. (53791)

Form G.P. 7 (Scotland)

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MALE

SURNAME	CHRISTIAN NAMES
Beaver	David

ADDRESS 111 Reading Rd, 1659 Dumbarton Rd, G14 — Date of Birth 20 · 2 · 67

Electrician

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
2·12·74	C	Back Strained — Analgesics	
	F.	Ozone.	
6·12·74		Sprained (L) ankle — crepe	
11. 6. 76			
3·10·77	C	Pain Lumbar area.	
	F	Take due weight	
10·10·77		in near future	
16·10·78		RTA yesterday. Seen at A&E yesterday. C/O Neck pain. Paracetamol 2 tds 6 tds x 40.	
	C.F.	2/10/78 Neck injury	
4/12/78	C	Cough — hoarseness	Bronchitis
+7.	F	Cough Mixture	
10/7/79	WS	Med 5. Sprained ligament (L) foot + ankle. See DOL. Paracetamol x 30.	

Dr.....

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

Date.....

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

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

(14.3.72 (E12082) Dd. No. 259685 250,000 5/72 J.&G.I.,Ltd. Gp. 259

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DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
1.6.82.		Acne - boils on thighs/buttocks.	
		Oxytet 250 i QID for 2/52	
		then i BD - (100) - may repeat x I	
13/1/83		Oxytet.	Acne
9/4/83		"	"
20/3/84		" (60) bd	
2/10/86		Cough c yellow spit	
		"Hoarse chest" + Wheeze.	
		Rx amoxil.	
20/6/87		Stood on rusty nail	
		yesterday - pierced ball	
		(L) foot. Bled.	
		Looks quite clean.	
		Last ATT >5 yrs ago	
		- bitten by dog.	
		- Has never had	
		a course.	
		→ Fluclox	
		+ ATT 1st dose *	
		Tet vac Ads. A0719A	
		0.5ml IM.	
10/8/87		2nd Tet-Vac Ads	A0723A
24/6/88		Hay fever - eyes now	
		affected. Rx Astemizole 10mg	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate. (30)

MALE

SURNAME	CHRISTIAN NAMES
BEAVOR[illegible]	DAVID

ADDRESS

DATE	*C / *F	CLINICAL NOTES	DIAGNOSIS
4/12/63		[illegible] Coryphus [illegible]	
3.4.64		CO² [illegible]	
		O.E. T [illegible]	TRACHEITIS
		[illegible]	
3/2/65		[illegible]	URTI
		[illegible]	
27/5/65		Benzylin + Syr.	Pharyngitis
2/7/65	N1	Cophylus [illegible]	
13/7/65.		Hard Cough. Rales	Terramycin
		in chest.	Syrup (Pfizer)
			60 mls. 3 qid
			[illegible]
			[illegible]
			Infant N.F. 310
8/11/65.		Irritating Cough. Few	Syrup Terramycin
		Rales in chest. Wets	(Pfizer) 60 mls
		the bed.	[illegible]
			[illegible] N.F. 310
			TAB. METHEPH
			(Moore Medical)
			x25. ½ tab
			at bedtime.
27/1/66		Cough 3+ days – [illegible] –	
		Headache 1 day. [illegible]	
		T-99. [illegible]	

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

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

(14.12.59) (1283) Wt. P1951—8464 200,000 1/60 W K.&S.,Ltd. G.79/18

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
28/3/66		Injured nail right	Dressed c̄
		ring finger c̄ a rake	Pen. Gauze.
		nail loose & likely to	
		come off.	
~~[illegible]~~		~~[illegible]~~	
		[illegible]	
9/1/67		Dry irritating	
		cough	
		Chest clear	
		Linctus Sc. Op.	
		Friars Balsam	
26/2/69		[illegible] - lip [illegible]	
		[illegible]	
19.10.70		B C G.	
24.3.72.		Cut thumb 3/52 ago	
		infected wound	
		® them	
		local dressing	
		℞ local dressing	
		Magnapen 1 capsule	
		x4 daily	
27.3.72.		much improved	
		[illegible] course	
		of tablets	

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

MALE

SURNAME	CHRISTIAN NAMES
	20.12.57.
BEAVERS	DAVID.

ADDRESS 95 Langholm Dr.

DATE	*O *F	CLINICAL NOTES	DIAGNOSIS
2/5/60.		[illegible] Vivian .	
		Burn of nose + [illegible]	
		- fell off [illegible] .	
7/5/60.		[illegible] : Bruise clearing	
		- Looks better	
1/9/60.		[illegible] 2-3 days - [illegible] mouth	
		- [illegible]	
		[illegible]	
14/11/60		Cough [illegible] Chest [illegible]	
		T [illegible]	
		[illegible]	
21/11/60		Chest clear	
18/1/61.		Cough 3/52. [illegible] at night	
		[illegible] Tonsils ? ENT	
		[illegible]	
25/1/61		Cough [illegible]. Eating better	
30/3/61.		[illegible]	Tonsillitis
11/4/61		(T A's [illegible]) 10 days ago	? [illegible]
		[illegible] 99.4.	
		[illegible]	
		[illegible]	
14/4/61		[illegible] Chest clear.	Measles.
		[illegible]	
17.4.61		Cough [illegible] Chest clear.	
29.8.61.		Cough for 2 wks. + off food.	
		Throat [illegible] Chest clear.	
		[illegible]	

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

MEDICAL RECORD CARD

FORM E.C.7. (Scotland)

Wt P804-7456 200m 9/57 W K & S Ltd G79

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DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
13/9/61		3 yrs [illegible] cough Pigeon chested. SCH. Mist [illegible]	
16.10.61.		Impetigo face. Aureomycin 3% cream. [illegible] Elec[illegible]	Impetigo. Chronically
22/12/61		[illegible] DAV-K 125 mg [illegible]	AOM (R)
6/4/62		[illegible] cough [illegible] Pen V 125 mg	O.M. (L)
12. XI. 62		Scabies – App. Benz. Benzoate.	
22/11/62		Croupy cough 5/7 lungs ✓. Linct [illegible] [illegible] 4x [illegible]	Laryngitis.
17/1/63		Croupy cough 5 days lungs ✓ linct [illegible] [illegible] 4x [illegible].	Tracheitis.
22/3/63.		[illegible]	
9/5/63.			Mumps.
27/6/63		DAV-K 125 mg – [illegible]	AOM (R).
3. VII. 63		Not taking Penicillin [illegible] Still cough [illegible]	
15/10/63.		Injury to right eyebrow. 2 stitches inserted at RHSC. 0.5 ml half-volume Tetanus Toxoid	

* In C.F. Column, [illegible] cases of certi[illegible] practitioners should enter C for first certificate and F for final certificate.

MALE

20 . 12 . 57

SURNAME	CHRISTIAN NAMES
BEAVERS.	DAVID

ADDRESS 45 LANGHOLM ST.

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
12/5/58.		Cough, [illegible]	
		[illegible]	
		[illegible]	
19/5/58		Mist [illegible]	
		[illegible]	
29/5/58		Improved	
27/11/58		7.30 am. Found last	Laryngitis
		night. Some laryngeal	
		spasm. Resp. [illegible]	
		Cryst Pen. 250000 i.u. →	
		[illegible] Pen V. [illegible]	
		[illegible]	
3?/11/58		Improved	
2/12/58		More [illegible]	
		[illegible] Hoarse [illegible]	
		Vasylox	
5/12/58		[illegible] improved	
22/12/58		[illegible]	Laryngitis
?/1/59		[illegible]	Laryngitis
		[illegible] Townsend [illegible]	
20/1/59.		Cough [illegible] Chest clear	
		[illegible]	
		[illegible]	
13/2/59.		[illegible]	

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

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

Wt F 1434-6792 200m 1/56 W K & S Ltd G 66

NHS Confidential: Personal data about a patient

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
19.2.59		[illegible]	
26.3.59		W[illegible]	
15.4.59		Falling + (R) foot always giving way. HAD. To [illegible]	
28.10.59		Cough. Scattered creps. Linct. [illegible] Elix. Penicillin	? whooping cough
4.11.59		coarse creps. mainly at bases. c.T.	
10.11.59		Coarse creps at bases. Tedral.	
17.11.59		Coarse creps at bases. Is vomiting c the tedral. Linctus [illegible] ipecac.	
1.12.59		Cough [illegible] - [illegible]	
16.12.59		[illegible] (R) knee poultice. Penicillin 1/25.	
15/1/60		Cough & diarrhoea [illegible]	Diarrhoea
18/1/60		Penicillin [illegible]	Ulcerated mouth
12/4/60		[illegible] Tonsillitis & Bronchitis. Crystapen V Benylin	
15/4/60		Nasal drops Ephedrine ½% in saline. Throat clear. Occasional chest [illegible]	
20/4/60		Improved. [illegible] still [illegible]. [illegible] multivite	

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

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MALE SURNAME BEAUERS CHRISTIAN NAMES DAVID

ADDRESS 3 VIEW PARK GARDENS Date of Birth 20 12 57

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS

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

MEDICAL RECORD CARD Form G.P. 7 (Scotland)

Printed for HMSO Scotland, CODE 355-2044

Registration

Mr David BEAVERS
3 Viewpark Gardens
RENFREW

PA4 8HA

Service Code: Permanent
DoB: 20/12/1957
Age: 43
Telephone: [redacted]
Contact: ?

CHI Number: 2012576494 NHS Number: S644/4/58/57
Dispensing: No
Patient ID: 6494
Road: 0 Water: 0 FootPath: 0
Occupation:
Marital Status: Unknown
Registered GP: Dr L Murphy
Seen By GP: Dr L Murphy
Repeat Consultation: ?
Acute Consultation: ?
Registered: 02/02/1999 Confirmed: 05/03/1999
Records Received: 06/04/1999
BMI: 0.0 Height: 0 m Weight: 0 kg
BP: 0/0

Priority Clinical / User Marker

01/01/1978	High	Motor vehicle traffic accidents (MVTA)
01/01/1978	High	Neck sprain
10/03/1969	High	Molluscum contagiosum
01/01/1961	High	Impetigo
01/01/1960	High	Acute tonsillitis

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Interval Cons.

Adverse Reactions

Read Code	Description

Clinical / User Marker

14/05/2001	Low	Notes summary on computer
06/04/1999	Low	Patient MRE received from HB
05/03/1999	Low	Pat. GP7B/GP8B card from HB
02/02/1999	Low	Patient signed reg. form

Screening

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		Reason For Referral	Referred By	Attendance Type	

Acute Prescriptions

Drug/Preparation	Quantity/Dose/Frequency	Date

Summary Sheet: All Sections Printed at 14/05/01 09:48:04

SEAVERS, David
DoB: 20/12/1957

Report Valid On 14/05/01 09:48

RENFREW HEALTH CENTRE
Page number 2

Inactive Repeat Drugs

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Intervals Pres.	Intervals Cons.

Last Encounter

Active Care Management

Type	Name	Last Review	Recall	Next Review	Num Sessions

Acute/Inactive Care Management

Type	Name	Last Review	Recall	Next Review	Num Sessions

Summary Sheet: All Sections

Printed at 14/05/01 09:48:04

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National Health Service Number: 364 4/4/19

Surname (Block Letters): BEAVERS

Forenames (Block Letters): DAVID

CLINICAL NOTES

Address: ~~111 GLEN DINNING RD~~

Date of Birth: 20/10/51

Date	*	
21 FEB 1992		120/85 ~~Arthritis~~ Painful (L) shoulder for 4 weeks. ? Strain at work = exacerbated/prolonged by working Good movement, only extremes sl. painful. No local tenderness ↓ Strength in shoulder. Normal in hands. Sensation normal. ℞ Ibuprofen 400mg tid (60) REST. Neck - NAD.
16 MAR 1992		little improvement. pain - over shoulder and down upper arm. keep off it if bad. self-employed electrician. full ROM. no tenderness. advise physio -agree.
29/4/93		Shoulder never got better. ? Slightly worse esp. in last 2 mths. "E All movements full range but ↓ strength Not very painful when resisting forces. no problem in hands or sensation.
		℞ Xray (L) shoulder → then physio. (? never arranged by Dr. Heavy last year) - pt. never got appt.
19/5/93		Advised re Xray + physio referral. Worse, esp. in mornings. Try Bonjela Retard 2 in evening (56).
14/10/93 23 NOV 1993		~~Cancelled~~ Shoulder much worse. Painful at night. Wakens him. Lot of crepitus + weakness. Seems arthritic. Xray in May reported as normal.

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

℞ Bonjela Retard 2 in evening (56)

D.I.Y. physios.

2-3/52

(GGH was "rubbish" before)

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Date	*	
14/12/93		DNA.
24/1/94		DNA
19/7/94		Tab Trinordiol (60) one bd D. Hay fever
~~29 SEP 1994~~		URTI → chest. Over 1 week. Also, hayfever again
26/6/95 ↗		Wheezy. Green spit. Nil localised.
		R
		Distaclor MR 1 bd (14)
		Trinordiol 60 1 bd (60)
1 JUL 1995		Not really improving.
		Change (to) Tetracycline 250
		×2 bd ac ×28.
		+ 0.5% Eph n-d
22 AUG 1995		Tinea cruris. Daktacort.
20 MAY 1996		DNA.
9/8/96.		Was ill last wk - viral inf - better now.
		Also worried re self confidence to dress
~~14 MAY 1997~~		
21 5 99		DNA

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

8128665 750M 9/88 27219

CLINICAL NOTES

National Health Service Number	Surname (Block Letters)	Forenames (Block Letters)	Date of Birth
	Mr David BEAVERS ~~3 Viewpark Gardens~~ RENFREW 28 ELIZABETHAN WAY PA4 ~~9HA~~ 0LY		20-12-57

Date	*	
1/12/99		Sore (R) knee on/off for months 0 effusion good ROM joint stable o/E ligaments Rx Ibuprofen 400mg x 60 cold ice see if no help
4/12/01		↓ Hearing for long 6/12 - both. Exam: Minimal wax. Refer Audiology.
6/6/03		Toe infected athletes foot Lamisil cream BD - APP
20/12/04		DNA
6/2/06		Electrician 3/52 ago - in shower, sudden pain back of neck & radiated up over head - felt dizzy. Every 2nd day since feels twinges O/E BP 130/70 Fundi R=L NAD good ROM at neck Rx diclofenac 50mg review 2/52 if no better
28/7/06		
		Lumps testicle. - small scrotal furuncle
12.10.06		CVD check B/P 148/82
15/12/06		(L) tennis elbow Rx Balmosa

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

21/12/06 Bunions 2 infected - Flucloxacillin

FORM GP111F
355 2095

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National Health Service Number: S644 4/4/19

Surname (Block Letters): BEAVERS

Forenames (Block Letters): DAVID

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address: ~~111 GLENDINNING RD~~

Date of Birth: 20/12/51

Date	
1960	Tonsillitis
1962	Croup
1961	Impetigo
1988	RTA → neck injury
	Non-Smoker (1992) (Never smoked)

Form GP111G

Dd 8128546 500M 6/88 Ed(257987)

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IMMUNISATIONS AND SCREENING INVESTIGATIONS	National Health Service Number	
	Surname (Block letters)	Forename (Block letters)
	Mr David BEAVERS 3 Viewpark Gardens RENFREW 28 ELIZABETHAN WAY PA4 ~~8RU~~ 0LY	Date of Birth 20·12·57

IMMUNISATIONS (insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Measles	Rubella	MMR	BCG
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

ALLERGIES & HYPERSENSITIVITIES

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

IMMUNOLOGICAL STATUS

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

Form GP 111H 355—2097

Additional document
06-May-2026
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Blood Sciences Haematology Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 Elizabethan Way RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	B,21.7421438.C
Specimen Type	Blood
Date/Time Collected	26.05.21 / 12:42
Date/Time Received	26.05.21 / 15:42
Requested By	Catherine Evans
GP Practice	87697
Date/Time Reported	26.05.21 / 15:52
Details	persistent heartburn

Results

Full Blood Count - Authorised on 26.05.21 at 15:30

White Blood Count		7.2	x10^9/l	(4.0-10.0)
Red Cell Count		4.65	x10^12/l	(4.50-6.50)
Haemoglobin		155	g/l	(130-180)
Haematocrit		0.438	l/l	(0.400-0.540)
Mean Cell Volume		94.2	fl	(83.0-101.0)
MCH	+	33.3	pg	(27.0-32.0)
Platelet Count		224	x10^9/l	(150-410)
Neutrophils		4.6	x10^9/l	(2.0-7.0)
Lymphocytes		1.9	x10^9/l	(1.1-5.0)
Monocytes		0.6	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	

Report comments:

Clyde Haematology Labs are a UKAS accredited medical lab (No 8046) for all tests except GFST

End of Report

Additional document
06-May-2026
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Bowel Screening: Scottish Bowel Screening Programme

Bowel Screening Centre
Kings Cross
Clepington Road
Dundee
DD3 8EA

NHS SCOTLAND

PRIVATE AND CONFIDENTIAL

Dr LORRAINE MURPHY
BRAEHEAD MEDICAL PRACTICE
RENFREW HEALTH CENTRE
10 FERRY ROAD
RENFREW
PA4 8RU

Date: 19 Mar 2015
CHI Number 2012576494

Bowel Screening Helpline Number: [redacted]

Dear Doctor,

Your patient **2012576494 , DAVID BEAVERS , 28 ELIZABETHAN WAY , RENFREW , , , PA4 0LY** was invited to participate in the Bowel Screening Programme on **19/12/2014**

It is 3 months since your patient was sent a bowel screening invitation and bowel screening test kit. As of today's date your patient has not participated. At 6 months your patient will return to re-call and be invited again in two years time.

Anything your GP Practice can offer to help your patient's awareness and understanding of the benefits and risks of the Bowel Screening Programme would be appreciated - this will help them to reach an informed decision regarding participation.

If your patient no longer has their screening kit, it is possible to request another by calling the Scottish Bowel Screening Helpline on [redacted]

Yours sincerely

Professor Steele
Clinical Director

Additional document
06-May-2026
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NHS Confidential: Personal data about a patient

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GOVAN
GLASGOW G51 4TF
Accident & Emergency Dept
Phone [redacted]
Fax [redacted]

DR LORRAINE L MURPHY
THE HEALTH CENTRE
RENFREW
PA4 8LH
Tel : [redacted]

Dear Dr LORRAINE L MURPHY

Your Patient
Name : **DAVID BEAVERS**
DOB : **20/12/57**
Address : **28 ELIZABETHAN WAY**
RENFREW
PA4 0LY

Consultant : **DR MALCOLM W G GORDON**

Account # : **AE0063182/08** Unit # : **SG03240332** CHI # : **2012576494**

Attended at : **0904** on **18/07/08**
Left A&E at : **0950** on **18/07/08**

Reason for Visit : **R EYE PROBLEM**

Diagnosis : **Foreign Body Corneal** : **RIGHT** : **Eye**

Investigations :

Treatment :

Prescribed Drugs :

DRUG	DIRECTIONS	
Chloramphenicol	**1%**	**(4Hrly) 7 Days**

Tetanus Given:

Additional Notes:
EYE IRRITATION - DUST IN RIGHT EYE, UNCOMFORTABLE AND SORE SINCE.
EXAMINATION REVEALED SMALL RIGHT INFEROMEDIAL FOREIGN BODY. [redacted]IALLY
REMOVED UNDER DIRECT VISION. CHLORAMPHENICOL AND ED CLINIC FOLLOW UP.
Follow Up :

Yours Sincerely,
DAVID PATRICK
If you require any futher information please quote this attendance number: **AE0063182/08**

23 JUL 2008

2B Seen routine	
URGENT	
	✓

Additional document
06-May-2026
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Beavers David CHI: 2012576494

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard: [redacted]
Department:
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 22/10/2014
Reference: VG/LC
Dictated Date: 22/10/2014
Transcribed Date: 22/10/2014

Dear Dr. L Murphy,

David Beavers; D.O.B: 20 Dec 1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Attendance: Specialty - General Surgery; Clinic - RAVGGS6-MISS GOUGH GEN SURG WED PM
Date and Time of Appointment - 22/10/2014 13:45

Clinical Comments:
Thank you for referring this man, who works as an electrician. He noted a few months ago an increasing lump in his right groin and he gets discomfort in this from time to time. He tells me that he does not do a lot of heavy lifting and is self employed. He is otherwise fit and well. He is a non-smoker and takes no regular medication.

On examination he has a small, fully reducible right inguinal hernia with no palpable left inguinal hernia.

I went through the surgery with him today and he is keen to get this done. He knows there is a risk of recurrence, infection and chronic groin pain (10%).

He is self employed and would prefer his surgery to be just before Christmas so that he loses the least income possible, preferably around 11.12.14. We will endeavour to try to fit him in at his conveninece.

Yours sincerely

VIVIENNE GOUGH

CONSULTANT SURGEON

Electronically Signed: Miss Vivienne Gough, Consultant

cc.

Printed on 24/10/2014 12:09 by [redacted] McMillan Page 1 of 1

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Acute Services Division

NHS
Greater Glasgow and Clyde

Emergency Care and
Medical Services Directorate

Emergency Department

CONSULTANTS
Malcolm W G Gordon MB ChB FRCS FCEM
Philip T Munro MB ChB FRCP(Glasg) FCEM
Jason R Long MB ChB MRCP FCEM
Peter R Davis MRCS LRCP MRCGP FACEM Dip IMC
Cieran McKiernan MB ChB MRCS(A&E) FCEM

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

Direct [redacted]

PD/EH /AE0063182/08 CHI NO: 2012576494 21/07/08

DR LORRAINE L MURPHY
THE HEALTH CENTRE
RENFREW
PA4 8LH

Dear Dr Murphy

DAVID BEAVERS, 28 ELIZABETHAN WAY, RENFREW, PA4 0LY
DOB: 20/12/57 Unit No: SG03240332 DOA: 18/07/08

History This 50-year-old man attended the ED with a corneal abrasion and retained foreign body at approximately the 4 o'clock position in the right eye. This was managed with removal of the foreign body under slit lamp examination.

I reviewed David today and there is no evidence of any residual foreign body and the small corneal abrasion is healing satisfactorily. I have therefore discharged him from the clinic.

Investigations Nil

Diagnosis Foreign body, right eye

Current Treatment Chloramphenicol ointment as required

Follow up Nil

Yours sincerely

Dr Pete Davis
Consultant in Emergency Medicine

29 JUL 2008

2B Seen routine	
2F [illegible] URGENT	
F[illegible]	
File [illegible]	✓
Other	

Page 1 of 1

Delivering better health

www.nhsggc.org.uk 40372

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Beavers David CHI: 2012576494

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard:	[redacted]
Department:	Surgery
Contact Tel:	[redacted]
Enquiries to:	lorraine[redacted]
Letter Date:	06/01/2015
Reference:	RM/HMcM
Dictated Date:	18/12/2014
Transcribed Date:	19/12/2014

Dear Dr. L Murphy,

David Beavers; D.O.B: 20/12/1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Admission: Specialty - General Surgery; Ward - RAH 29 - General Surgery
Consultant - Miss Vivienne Gough; Date of Admission - 16/12/2014
Date of Discharge - 16/12/2014; Discharged to - Private Residence - [redacted] relatives or friends

Clinical Comments:
This gentleman attended for elective repair of a right inguinal hernia. This was completed, and intra operatively a sliding hernia was found. The hernia was repaired with an open mesh technique, and he was discharged when he was well.

No further surgical follow-up has been planned.

Yours sincerely

Rudra Maitra

Surgical CT4

Electronically Signed: Doctor Rudra Maitra, Doctor

cc.

Printed on 06/01/2015 10:58 by [redacted] McMillan Page 1 of 1

Additional document
06-May-2026
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NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494

Final Discharge Letter

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard: [redacted]
Department: General Surgery
Contact Tel: [redacted]
Enquiries to:
Letter Date: 19/12/2018
Reference: DMcA/CP
Dictated Date: 19/12/2018
Transcribed Date: 19/12/2018

Dear Dr. L Murphy,

David Beavers; D.O.B: 20/12/1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Admission: Specialty - General Surgery; Ward - QEUH Ward 9C General Surgery
Consultant - Mr Donald Alexander McArthur; Date of Admission - 10/12/2018
Date of Discharge - 10/12/2018; Discharged to - Private Residence - no additional detail added

Clinical Comments:

FDL REVIEW – NIL TO ADD

Donald McArthur

Consultant Surgeon

Electronically Signed: ,

cc.

Printed on 19/12/2018 16:25 by [redacted] Page 1 of 1

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NHS Confidential: Personal data about a patient

Covid19 Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 ELIZABETHAN WAY RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	V;21.4474204.D
Specimen Type	THROAT AND NOSE SWAB
Date/Time Collected	26.09.21 / 14:50
Date/Time Received	26.09.21 / 18:31
Requested By	Generic Clin Consult
GP Practice	87697
Date/Time Reported	27.09.21 / 12:57
Details	Pre-op

Results

2019 NCoV - Authorised on 27.09.21 at 12:32

2019 NCoV Not detected

Comments:
The laboratory will discard negative SARS-CoV-2 PCR
specimens after 48 hours.
Tests NOT included in UKAS Accreditation (9319) Scope.
This is a THROAT and NOSE SWAB sample.

End of Report

Additional document
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GARTNAVEL GENERAL HOSPITAL — **RADIOLOGICAL DEPT.**

JM/LC 13.5.93 93/228081

LEFT SHOULDER:

Normal.

J. MOSS

D.O.B. 20.12.57

UNIT No. X-RAY No.

DAVID BEAVERS
DR LAURIE
GP.OP. 93/228081

REGION EXAMINED — INITIALLED AS SEEN

LEFT SHOULDER 12.5.93

0063883

Additional document
06-May-2026
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NHS Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 Elizabethan Way RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	B;22.7839207.Z
Specimen Type	Blood
Date/Time Collected	24.10.22 / 12:34
Date/Time Received	24.10.22 / 16:41
Requested By	Dr Brian Maybin
GP Practice	87697
Date/Time Reported	24.10.22 / 18:07
Details	tiredness

Results

Serum Ferritin - Authorised on 24.10.22 at 18:04

Serum Ferritin	164	ug/l	(15-300)

Comments:
Males 15-300 (<15 iron deficiency)
Females 15-200 (<15 iron deficiency)
15-50 intermediate result. Consider iron deficiency
in anaemic patients, older patients and those
with inflammatory disease.

End of Report

Additional document
06-May-2026
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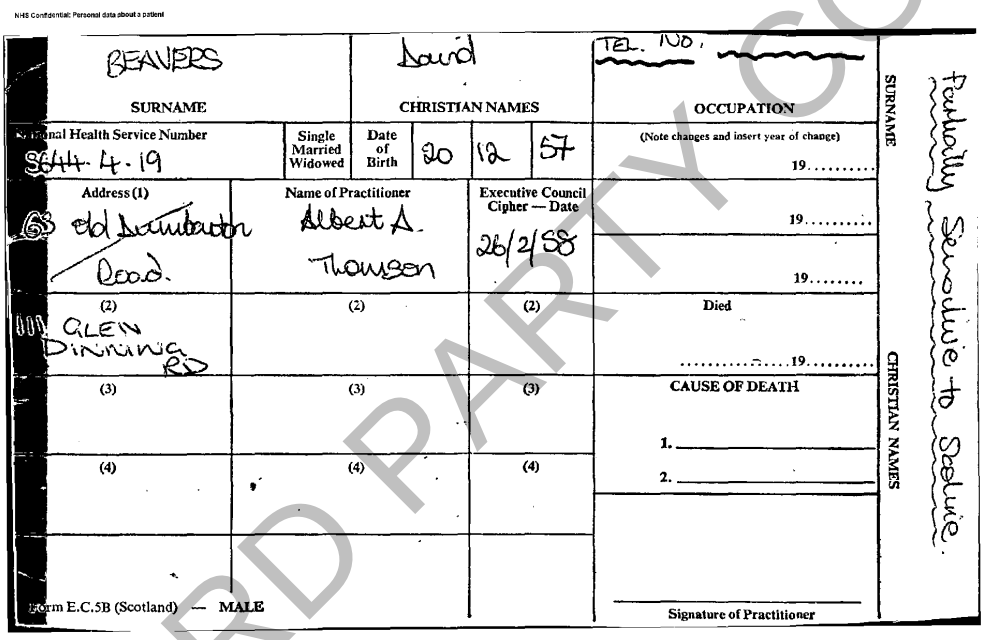

NHS Confidential: Personal data about a patient

BEAVERS	David	TEL. NO.	SURNAME
SURNAME	CHRISTIAN NAMES	OCCUPATION	
National Health Service Number S644 4. 19	Single Married Widowed	Date of Birth 20 12 57	(Note changes and insert year of change) 19.....
Address (1) 63 Old Dumbarton Road.	Name of Practitioner Albert A. Thomson	Executive Council Cipher — Date 26/2/58	19.....
(2) 001 GLEN DINNING RD	(2)	(2)	Died ..... 19.....
(3)	(3)	(3)	CAUSE OF DEATH 1. 2.
(4)	(4)	(4)	
Form E.C.5B (Scotland) — MALE			Signature of Practitioner

Formally Sinclair to Sclair.

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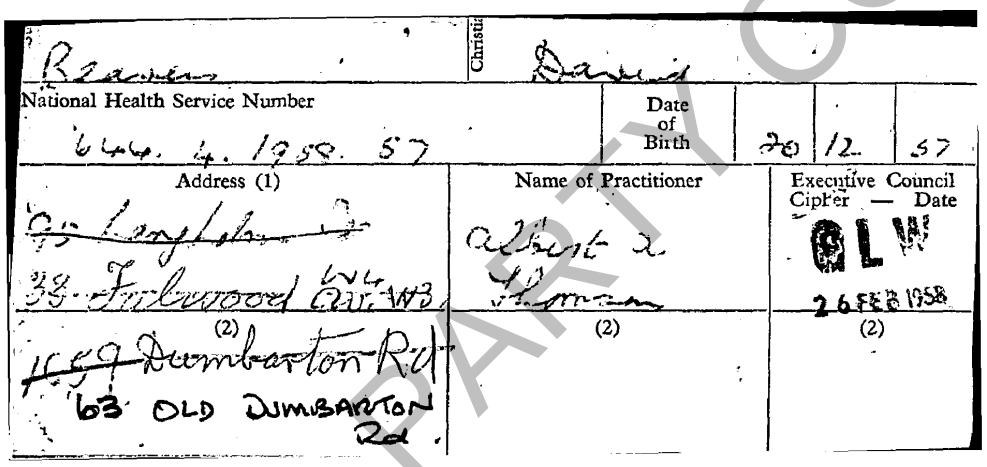

Rae	Christine	David
National Health Service Number: 644 4 1958 57	Date of Birth: 20 12 57	
Address (1): 39 Inchwood Gdns. W3	Name of Practitioner: Albert Rd	Executive Council Cipher — Date: GLW 26 FEB 1958
(2): ~~169 Dumbarton Rd~~ 63 OLD DUMBARTON Rd.	(2)	(2)

Additional document
06-May-2026
Additional: Additional document

Filename:
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Pages:

NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal [redacted] Hospital
Corsebar Road
Paisley
PA2 9PN

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard: [redacted]
Department:
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 08/05/2015
Reference: VG/LC
Dictated Date: 08/05/2015
Transcribed Date: 08/05/2015

Dear Dr. L Murphy,

David Beavers; D.O.B: 20 Dec 1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Attendance: Specialty - General Surgery; Clinic - RAVGGS9-MISS GOUGH GEN SURG FRI AM
Date and Time of Appointment - 08/05/2015 11:10

Clinical Comments:
I reviewed this man at the clinic today. As you know, he has an open right inguinal hernia repair in December. He tells me he is having problems with numbness in his groin. I did explain to him that the ileo-inguinal nerve was resected at the time of his surgery, which he had been warned about pre-operatively and that this was the cause of the numbness. I advised him that it might improve over the next six months but that he would undoubtedly be left with a small area of numbness.

He also has noted that his erection is not as good as it was prior to the surgery. It is difficult to see why this has occured, but I will arrange for an ultrasound scan of his groins to make sure that his testicular flow is ok. If this comes back as normal, I will refer him to the urologists for further advice.

Yours sincerely

VIVIENNE GOUGH

CONSULTANT SURGEON

Electronically Signed: Miss Vivienne Gough, Consultant

cc.

Printed on 11/05/2015 16:30 by [redacted] Page 1 of 1

Additional document
06-May-2026
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Acute Services Division

Surgery and Anaesthetics Directorate

NHS Greater Glasgow and Clyde

DEPARTMENT OF ORTHOPAEDIC SURGERY

MR MARC BRANSBY-ZACHERY FRCS
Orthopaedic Hand & Upper Limb Service

Our Ref: MB-Z/MD
Enquiries To: Helen Carlisle

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
Direct Tel: [redacted] 201 1473

23/03/09

06 APR 2009

DR LORRAINE L MURPHY
THE HEALTH CENTRE
RENFREW
PA4 8LH

2B Seen routine	
2B Seen URGENT	
Px Left	
File - No action	✓
OTHER	

Dear Dr Murphy

DAVID BEAVERS DOB: 20/12/57 (SG03240332)
28 ELIZABETHAN WAY, RENFREW, PA4 0LY

Many thanks for asking us to see Mr Beavers who is a 51 year old right handed electrician who attends clinic today with pain in his left shoulder but he also on attendance complains of some pain around his left thumb. He has pain now over the last 3-4 months. He is currently buying some anti-inflammatories over the counter and taking them to control his pain. He stated today that if he did not take these tablets he would be either be unable to go to his work or indeed complete a days work. As he had taken his tablets today he did not really have much in the way of pain.

On examination he had a non-tender neck and a good range of cervical spine motion. He had no tenderness around his acromial area in his left shoulder and he demonstrated a full pain free range of motion. There was no obvious wasting or deformity around his left shoulder. He had a slight discomfort when performing the Hawkin's Kennedy test. With regards to his left thumb he had no obvious wasting or deformity. He had no tenderness at his IP, MCP or CMC and ballotting his thumb did not give him much pain. He appeared to have good intact collateral ligaments also at his thumb.

I took the liberty of x-raying both his thumb and his shoulder in clinic today. His shoulder does show some early sclerosis consistent with impingement and there was some evidence of early wear around his thumb.

This gentleman appears to be suffering from a left subacromial impingement and also some early wear changes to his thumb. Currently he can control his symptoms by taking shop bought anti-inflammatories but I have suggested to him it would be much better for him to attend yourself and get a regular prescribed dose. In the event that tablets would not control his pain then I suggested in the future we could offer him injections. He is not very fond of needles and was not very receptive to this. I have given him some general advice and also an open

Delivering better health

NHS Confidential: Personal data about a patient

Acute Services Division

Surgery and Anaesthetics Directorate

NHS
Greater Glasgow and Clyde

DAVID BEAVERS
20/12/57

appointment should he feel his pain recurs and he is anable to control it with tablets I would be more than happy to see him again with a view to injection. Kind regards.

Yours sincerely

Karen Shields
Extended Scope Practitioner

Delivering better health

www.nhsggc.org.uk

40369

Additional document
06-May-2026
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Beavers David CHI: 2012576494

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard: [redacted]
Department: Urology
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 22/09/2017
Reference: LM/RH
Dictated Date: 26/09/2017
Transcribed Date: 03/10/2017

Dear Dr. L Murphy,

David Beavers; D.O.B: 20 Dec 1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Attendance: Specialty - Urology; Clinic - SGLMURI-MR MORRISON URO EXTRA CLINIC
Date and Time of Appointment - 22/09/2017 09:30

Clinical Comments:
This patient was seen at the clinic today. He was referred up with a history of difficulty in achieving erections and a bend in the penis when it is erect. It is difficult to ascertain how severe this is as he does not appear to have tried intercourse recently.

On examination he has a plaque consistent with a diagnosis of Peyronie's disease.

I have reassured him that this is not related to any hernia repairs which he has had in the past. We did discuss the possibility of surgery but he does not appear too keen on this at present. I have suggested to him that he could try PDE5 inhibitors to assess what he is capable of. I have asked him to attend your surgery so you may consider prescribing this for him. Should this fail he should be referred to the Royal Infirmary for assessment of his Peyronie's disease.

Yours sincerely

Mr Lindsay Morrison

Associate Specialist In Urology

Electronically Signed: Mr Lindsay Morrison, Consultant

Printed on 05/10/2017 07:49 by [redacted] Page 1 of 2

cc.

Additional document
06-May-2026
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NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard: [redacted]
Department: Urology
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 22/09/2017
Reference: LM/RH
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David Beavers; D.O.B: 20 Dec 1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Attendance: Specialty - Urology; Clinic - SGLMURI-MR MORRISON URO EXTRA CLINIC
Date and Time of Appointment - 22/09/2017 09:30

Clinical Comments:
This patient was seen at the clinic today. He was referred up with a history of difficulty in achieving erections and a bend in the penis when it is erect. It is difficult to ascertain how severe this is as he does not appear to have tried intercourse recently.

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I have reassured him that this is not related to any hernia repairs which he has had in the past. We did discuss the possibility of surgery but he does not appear too keen on this at present. I have suggested to him that he could try PDE5 inhibitors to assess what he is capable of. I have asked him to attend your surgery so you may consider prescribing this for him. Should this fail he should be referred to the Royal Infirmary for assessment of his Peyronie's disease.

Yours sincerely

Mr Lindsay Morrison

Associate Specialist In Urology

Electronically Signed: Mr Lindsay Morrison, Consultant

cc.

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06-May-2026
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NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **2728312** Date: **23 Jan 2010** Time of Call: **09:36**
Patient's Name: **David Beavers** DOB: **20/12/1957** Age: **52** **Y**

Address Today: **28 Elizabethan Way** Home Address If different: **28 Elizabethan Way**

Renfrew
Main Door
Post Code: **PA4 0LY**

Renfrew
Main Door
Post Code: **PA4 0LY**

Phone Number Today: [redacted] - Home Phone If different: [redacted] -
NHS24 Call ID : 8350230

Callers Name: **Angela** Relationship to patient:

Name of GP: **Murphy Lorraine** Practice No:
Surgery: **A 71 The Health Centre (A Anderson)** Cipher No:
Address: **103 Paisley Road RENFREW PA4 8LH** Fax No:
Speed Dial:

Call Type: **No Action Required by Co- NOT GIVEN** Time Passed: **10:03**
Receptionist's Name:**IF** Time Arrived: Time Complete: **23/01/2010 10:03:25**

Patient's Complaint: **Patient's Complaint:**
NO CONSENTS TAKEN AS PT IN DIFFERENT ROOM - WAS ATTACKED FROM BEHIND - NOSE/RIBS SORE ((Non-Clinical User) (Glasgow))

CB LUMP BACK OF HEAD - 8.5HRS SEE AV

Clinical summary created by: (Nurse Advisor) (Glasgow) [23/01/2010 10:03:06]
HEAD INJURY FOR LAST NIGHT AND ASSAULTED LAST NIGHT, UNSURE IF HIT OVER HEAD WITH WEAPON OR BANGED HEAD ON GROUND. LARGE LUMP EVIDENT TO BACK OF HEAD, BLEEDING + + AT TIME. PAINFUL RIBS (L) AND (R) PAINFUL ON INSPIRATION. NO LOC, NO VOMITING. ADVISED A&E WITHIN 4 HOURS

This call should be directed via consult telephony route.
WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.
The individual concerned needs to be seen at the nearest A&E department as soon as reasonably possible, but at least within the next 4 hours.
WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery reopens.

Remarks: This call should be directed via consult telephony route.

BP: PR: per min Temp:

Clinical Notes:
Triage Doctor Follow Up:

Consultation(s):

By: **Start:** **Finish**

Additional document
06-May-2026
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NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494

Letter to Patient: (Draft)

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

David Beavers
28 Elizabethan Way
Renfrew
Renfrewshire
PA4 0LY

Main Switchboard: [redacted]
Department: Respiratory
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date:
Reference:
Dictated Date: 21/08/2017
Transcribed Date: 28/08/2017

Dear Mr Beavers ,

I note you were unable to attend the clinic today. Unfortunately, this appears to be the second such occasion. In this situation, I have not sent you a further appointment to the clinic but would more than happily do so on receipt of a referral from you GP if a further appointment is still required.

Yours Sincerely

Dr Scott Davidson

Consultant Respiratory Physician

(GMC4086305)

Electronically Signed: Dr Scott Davidson, Consultant

cc. Dr Murphy, Braehead Medical Practice, Renfrew Health Centre, 10 Ferry Road, Renfrew, PA4 8 RU

Printed on 29/08/2017 09:05 by [redacted] Page 1 of 1

Additional document
06-May-2026
Additional: Additional document

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

General Surgery
GGC General Referral

— Consultant / receiving practitioner and/or specialty clinic

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

— Hospital and hospital address

Hospital location code.
G405H

Email address
-

Urgency of referral Routine
Date of referral 15-Nov-2016 **Date sent** 15-Nov-2016

PATIENT DETAILS

Surname	BEAVERS
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	20-Dec-1957
CHI no.	2012576494
Area of Residence	-

Patient's address

28 Elizabethan Way
RENFREW
PA4 0LY

Contact number(s)

[redacted]

101012514908K Unique Care Pathway Number: 101012514908K

REGISTERED GP DETAILS

Name	Dr Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	Braehead Medical Practice (19015)		
Practice code	87697		

Practice address

Renfrew Health and Social Work
10 Ferry Road
RENFREW
RENFREW
PA4 8RU

Contact number(s)

[redacted]

REFERRING GP DETAILS

Name	Dr. Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	Braehead Medical Practice (87697)		
Practice code	87697		

Practice address

Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Contact number(s)

[redacted]

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Left inguinal hernia

Comment: Dear Doctor

Thank you for seeing this gentleman. He became aware of a discomfort and swelling in the left side of his groin during a recent chest infection when he was coughing a lot. He has had a previous right inguinal hernia repaired.

On examination there is a left inguinal hernia and he would like to see you to discuss his options.

Past history and medication are as enclosed.

Thank you,

Yours sincerely

Dr Lorraine Murphy

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Family conditions (All priorities)

Description	Comment	Date of Onset
No FH: Ischaemic heart disease	Disease: SPICE DES CVD, priority=2	12-Oct-2006
No family history diabetes	Disease: SPICE DES CVD, priority=2	12-Oct-2006

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	08-Nov-2016	08-Nov-2016
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	08-Nov-2016	08-Nov-2016
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	08-Nov-2016	08-Nov-2016
Aerochamber Plus Spacer device standard (blue)	1	1 device	TO BE USED WITH MDI	-	08-Nov-2016	08-Nov-2016
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	05-Sep-2016	05-Sep-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
28-May-2014	126	86
20-Feb-2009	138	80
20-Feb-2009	138	80
24-May-2007	122	80

24-May-2007	122	80

Body Measurements

Date Recorded	Height	Weight	BMI
28-May-2014	170	81.2	28.1
20-Feb-2009	170	80	-
12-Oct-2006	170	80	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		28-May-2014
Never smoked tobacco:	Disease: SPICE Basic Health Values, priority=1	20-Feb-2009
Never smoked tobacco:	Disease: SPICE DES CVD, priority=2	12-Oct-2006
Alcohol consumption, 2017 units/week:		28-May-2014
Aerobic exercise 0 times/week:		28-May-2014

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

Additional document
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NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow G31 2ER

12/10/2017

Dr L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Dear Dr L Murphy

Re: **Mr David Beavers**
Address: **28 Elizabethan Way**
Renfrew
PA4 0LY

CHI Number: **2012576494**

Speciality: **Urology**

It would appear from our records that:

( ) Your patient has not responded to our recent letters inviting them to arrange an appointment.

( ) Your patient has indicated that they no longer require an appointment.

( ) Your patient has refused two reasonable offers of appointment.

We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with NHS Greater Glasgow and Clyde's Did Not Attend Policy.

If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

User ID [redacted] Mellon

SCGC Opwl Removal to GP V1

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NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494 DoB: 20-Dec-1957

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

LORRAINE MURPHYBraehead Medical Practice,Renfrew Health Centre,10 Ferry Road, Renfrew, PA4 8RU

Queen Elizabeth Hospital,1345 Govan Road,Glasgow G51 4TF
Main Switchboard: 0141 2011100
Date of Completion: 13-Dec-2018

Dear LORRAINE MURPHY

Name	CHI	DoB	Address
David Beavers	2012576494	20-Dec-1957	28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Admitted	Type	Discharged	Destination
10-Dec-2018 07:16	IP	11-Dec-2018	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Surgery	McArthur	QEUH Ward 9C General Surgery	0141 2011100

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Vivian Pringle (Vivian Pringle - FY1 Aug 18) on 13 Dec 2018 16:05

Discharge Medication:

Page 1 of 3

NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494 DoB: 20-Dec-1957

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
There is no data to display.							

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean the medicine was started by the hospital.

Dispensing Comments

There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:

Dear Doctor,

David Beavers, 60, was admitted to QEUH on 10th December for an elective left inguinal hernia repair with mesh. This procedure was performed successfully with no complications.

[redacted] recovered well upon transfer to the ward, and was able to mobilise and eat/drink small amounts of food and fluid. He was passing urine, and the wound site was healing satisfactorily. He was otherwise well, and fit for home with simple analgesia.

He was discharged home on 11th December.

Yours sincerely,
Vivian Pringle
FY1 QEUH Ward 9C

NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494 DoB: 20-Dec-1957

Follow Up:	No
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Vivian Pringle

Prescription Review
Nurse discharging patient: Catherine Auld (nurse)

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

Urology
GGC General Referral

Consultant / receiving practitioner and/or specialty clinic

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Hospital and hospital address

Hospital location code.
G405H

Email address
-

Urgency of referral Routine
Date of referral 03-Aug-2017 **Date sent** 03-Aug-2017

PATIENT DETAILS

Surname	BEAVERS
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	20-Dec-1957
CHI no.	2012576494
Area of Residence	-

Patient's address

28 Elizabethan Way
RENFREW
PA4 0LY

Contact number(s)

[redacted]

[redacted] Unique Care Pathway Number: [redacted]

REGISTERED GP DETAILS

Name	Dr Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	Braehead Medical Practice (19015)		
Practice code	87697		

Practice address

Renfrew Health and Social Work
10 Ferry Road
RENFREW
RENFREW
PA4 8RU

Contact number(s)

[redacted]

REFERRING GP DETAILS

Name	Dr. Catherine MacMillan		
GMC code	3488274	GP code	34657
Practice name	Braehead Medical Practice (87697)		
Practice code	87697		

Practice address

Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Contact number(s)

[redacted]

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Peyronie's disease and erectile dysfunction

Comment: Dear Doctor

Thank you for seeing this gentleman. He developed Peyronie's disease and erectile dysfunction which he dates to around about the time of his inguinal hernia repair at the beginning of last year. It is causing him ongoing concern and he would like to see to you discuss his options.

He unfortunately missed his clinic appointment due to work commitments. He failed to notify the hospital.

I enclose a copy of the Surgical opinion that he has recently had for your information.

I would be grateful if you could send him a further clinic appointment.

Thank you,

Yours sincerely

Dr Catherine MacMillan

Enc

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
C/O - cough (Mild, Moderate)	03-Aug-2017	03-Aug-2017

Family conditions (All priorities)

Description	Comment	Date of Onset
No FH: Ischaemic heart disease	Disease: SPICE DES CVD, priority=2	12-Oct-2006
No family history diabetes	Disease: SPICE DES CVD, priority=2	12-Oct-2006

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Sodium Cromoglicate Eye drops 2 %	13.5	13.5 ML	APPLY ONE DROP TO THE AFFECTED EYE(S) FOUR TIMES DAILY	-	03-Aug-2017	03-Aug-2017
Loratadine Tablets 10 mg	30	30 tablet	ONE TO BE TAKEN EACH DAY	-	03-Aug-2017	03-Aug-2017
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	03-Aug-2017	03-Aug-2017

Blood Pressure

Date Recorded	Systolic	Diastolic
28-May-2014	126	86

20-Feb-2009	138	80
20-Feb-2009	138	80
24-May-2007	122	80
24-May-2007	122	80

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Date Recorded	Height	Weight	BMI
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Description/Question	Result/Comment	Date
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Never smoked tobacco:	Disease: SPICE Basic Health Values, priority=1	20-Feb-2009
Never smoked tobacco:	Disease: SPICE DES CVD, priority=2	12-Oct-2006
Alcohol consumption, 2017 units/week:		28-May-2014
Aerobic exercise 0 times/week:		28-May-2014

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:Yes

Signature of referring doctor (or other professional) Date

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
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NHS Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 Elizabethan Way RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	B,23.7629931.K
Specimen Type	Blood
Date/Time Collected	07.07.23 / 13:21
Date/Time Received	07.07.23 / 16:12
Requested By	Dr Pankaj Nanda
GP Practice	87697
Date/Time Reported	07.07.23 / 16:42
Details	tingling feet.

Results

Full Blood Count - Authorised on 07.07.23 at 16:40

White Blood Count		7.7	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.32	x10^12/l	(4.50-6.50)
Haemoglobin		148	g/l	(130-180)
Haematocrit		0.428	l/l	(0.400-0.540)
Mean Cell Volume		99.1	fl	(83.0-101.0)
MCH	+	34.3	pg	(27.0-32.0)
Platelet Count		238	x10^9/l	(150-410)
Neutrophils		4.5	x10^9/l	(2.0-7.0)
Lymphocytes		2.4	x10^9/l	(1.1-5.0)
Monocytes		0.6	x10^9/l	(0.2-1.0)
Eosinophils		0.13	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

Report comments:

Clyde Haematology Labs are a UKAS accredited medical lab (No 8046) for all tests except GFST

End of Report

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 Elizabethan Way RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	B,22.7839207.Z
Specimen Type	Blood
Date/Time Collected	24.10.22 / 12:34
Date/Time Received	24.10.22 / 16:41
Requested By	Dr Brian Maybin
GP Practice	87697
Date/Time Reported	24.10.22 / 18:07
Details	tiredness

Results

Urea & Electrolytes - Authorised on 24.10.22 at 17:50

Sodium	138	mmol/L	(133-146)
Potassium	4.4	mmol/L	(3.5-5.3)
Chloride	106	mmol/L	(95-108)
Urea	6.7	mmol/L	(2.5-7.8)
Creatinine	90	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 24.10.22 at 17:50

Total Bilirubin	19	umol/L	(<20)
ALT	25	U/L	(<50)
AST	26	U/L	(<40)
Alkaline Phosphatase	65	U/L	(30-130)
Albumin	37	g/L	(35-50)

Thyroid funct test - Authorised on 24.10.22 at 18:04

TSH	0.94	mU/L	(0.35-5.00)
Free T4	16.2	pmol/L	(9.0-21.0)
Total T3		nmol/L	

End of Report

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 Elizabethan Way RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	B,21.4831159.T
Specimen Type	Faeces
Date/Time Collected	29.07.21 / 10:08
Date/Time Received	06.08.21 / 09:33
Requested By	Dr Lorraine Murphy
GP Practice	87697
Date/Time Reported	09.08.21 / 14:42
Details	Dyspepsia & altered bowel...

Results

QFIT - Authorised on 09.08.21 at 14:37

qFIT	+	30	ug Hb/g faec	(<9)

Comments:
Positive qFIT result.
Urgent referral to Colorectal services highlighting qFIT result.
Patient will be triaged direct to colonoscopy at urgent or
USC priority depending on level of faecal haemoglobin (qFIT).

End of Report

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 Elizabethan Way RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	B,23.7629925.A
Specimen Type	Blood
Date/Time Collected	07.07.23 / 13:22
Date/Time Received	07.07.23 / 16:13
Requested By	Dr Pankaj Nanda
GP Practice	87697
Date/Time Reported	07.07.23 / 17:42
Details	tingling feet.

Results

Serum Vitamin B12 - Authorised on 07.07.23 at 17:34

Serum Vitamin B12	400	ng/l	(200-883)

Serum Folate - Authorised on 07.07.23 at 17:38

Serum Folate	5.9	ug/l	(3.1-20.0)

End of Report

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard: [redacted]
Department: General Surgery
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 09/06/2017
Reference: MCDON
Dictated Date: 09/06/2017
Transcribed Date: 14/06/2017

Dear Dr. L Murphy,

David Beavers; D.O.B: 20 Dec 1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Attendance: Specialty - General Surgery; Clinic - SUDMGS0-MR MCARTHUR GEN SURG FRI PM
Date and Time of Appointment - 09/06/2017 14:00

Follow Up: Deferred Waiting List for repair of hernia in December

Clinical Comments:
I met Mr Beavers at the clinic today. Previously he has had a right inguinal hernia repair with an open tension free mesh at the RAH. He tells me that he had some difficulties post operatively and he currently has ongoing issues with erectile dysfunction. I note he is awaiting Urology review.

I have explained to Mr Beavers that in terms of complications of open inguinal hernia surgery it is very difficult to explain his current urological symptoms. It is not outwith the realms of possibility that there has been a concurrent issue resulting in his present symptoms but nonetheless I await with interest the opinion of the Urologist.

Mr Beavers also has a left inguinal hernia. It is soft and reducible and he is keen for repair of this. Once again we discussed the risks of recurrence, haematoma, infection and chronic pain as well as the potential of paraesthesia following division of cutaneous nerves. I have placed Mr Beavers on the deferred Waiting List for surgery in December as per his request and would be interested in the opinion of the Urologists.

Kind regards
Yours sincerely

Mr Donald Alexander McArthur
Consultant Surgeon

Printed on 15/06/2017 08:42 by [redacted] Page 1 of 2

Electronically Signed: Mr Donald Alexander McArthur, Consultant

cc.

Additional document
06-May-2026
Additional: Additional document

Filename:
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Pages:

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 Elizabethan Way RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	B,22.7839220.C
Specimen Type	Blood
Date/Time Collected	24.10.22 / 12:34
Date/Time Received	24.10.22 / 16:40
Requested By	Dr Brian Maybin
GP Practice	87697
Date/Time Reported	24.10.22 / 17:22
Details	tiredness

Results

Glucose - Authorised on 24.10.22 at 17:18

Glucose	5.2	mmol/L	(3.5-6.0)

Comments:
Non-fasting sample

End of Report

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Golden Jubilee National Hospital

COLONOSCOPY REPORT

Name: **David BEAVERS (M)**
Date of birth: **20/12/1957**
CHI No: **2012576494**
Case note no.: **2012576494**

Address: **28 Elizabethan Way**
Renfrew
PA4 0LY

GP: **MURPHY, LORRAINE**
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Procedure date: **29th September 2021 (15:47)**
Priority: **Urgent**
Status: **Outpatient/NHS**
Hospital: **Royal Alexandra Hospital, Paisley**
Referring Cons: **Mr Andrew Renwick (Consultant surgeon)**

Indications
Altered bowel habit.
Clinically important comments: Qfit 30.

Report
Bowel preparation with Kleenprep 4L was good.
A digital rectal examination was performed.
The colonoscope was inserted via the anus to the terminal ileum. The caecum was identified positively by ileal intubation. The scope was retroflexed in the rectum.

Site b: An area extending from the distal sigmoid to the proximal ascending
Diverticula: multiple scattered.

Diagnosis
Diverticulosis.

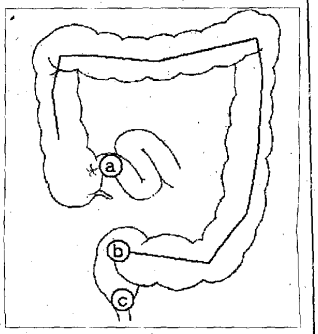
Advice/comments
Normal colonoscopy bar the diverticular disease, reassurred and discharged from further follow up.

Follow up
No evidence of cancer was seen on this endoscopy - patient informed. Patient removed from fast track
No further follow up.

Consultant/Endoscopist
List consultant: Mr Andrew Renwick
Endoscopist No1: Mr Andrew Renwick
Endoscopist No2: Miss Eleanor Massie
Nurses: Mr Henry Agoylo
Mrs Helen Moreno

Instrument
CF-HQ290L 215 4633

Premedication
Entonox (Inhaled Gas)
No Sedation



a: *Terminal ileum (photographed)*
b: *An area extending from the distal sigmoid to the proximal ascending*
c: *Rectum (photographed)*

Mr Andrew Renwick
Consultant Colorectal Surgeon
c.c. Mr Andrew Renwick (Consultant surgeon)
Beavers, David

Produced by Unisoft's GI Reporting Tool (v14.70.50) Page 1 of 1 Compiled on 29/09/2021 at 16:18

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

Respiratory Medicine
GGC General Referral

— Consultant / receiving practitioner and/or specialty clinic

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

— Hospital and hospital address

Hospital location code.
G405H

Email address
-

Urgency of referral Routine
Date of referral 13-Jan-2017 **Date sent** 13-Jan-2017

PATIENT DETAILS

Surname	BEAVERS
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	20-Dec-1957
CHI no.	2012576494
Area of Residence	-

Patient's address
28 Elizabethan Way
RENFREW
PA4 0LY

Contact number(s)
[redacted]

101012830046Z Unique Care Pathway Number: 101012830046Z

REGISTERED GP DETAILS

Name	Dr Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	Braehead Medical Practice (19015)		
Practice code	87697		

Practice address
Renfrew Health and Social Work
10 Ferry Road
RENFREW
RENFREW
PA4 8RU

Contact number(s)
[redacted]

REFERRING GP DETAILS

Name	Dr. Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	Braehead Medical Practice (87697)		
Practice code	87697		

Practice address
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Contact number(s)
[redacted]

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Cough

Comment: Dear Doctor

Thank you for seeing this 59 year old gentleman. He has had a cough for four months. It was thought to be viral/infection induced at the outset or possibly late adult onset asthma. He was treated symptomatically and he had Salbutamol and then followed by an inhaled Corticosteroid in the form of Clenil. It has helped slightly but not significantly. He is still coughing more so at night. At one point he had a course of oral antibiotics and oral steroids which did resolve his symptoms completely, however, they have recurred. He is currently using Salbutamol PRN, Clenil 200, two puffs twice a day and we have added in Montelukast at night.

He has never smoked and there is no past history of respiratory disease.

Past history and medication are as enclosed.

I would appreciate your further assessment.

Yours sincerely

Dr Lorraine Murphy

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Family conditions (All priorities)

Description	Comment	Date of Onset
No FH: Ischaemic heart disease	Disease: SPICE DES CVD, priority=2	12-Oct-2006
No family history diabetes	Disease: SPICE DES CVD, priority=2	12-Oct-2006

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Montelukast Sodium Tablets 10 mg	28	28 tablet	1 Tab At night	-	11-Jan-2017	11-Jan-2017
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONCE DAILY	-	11-Jan-2017	11-Jan-2017
Clenil Modulite Cfc-free inhaler 200 micrograms/actuation	1	1 INHALER	2 PUFFS TO BE INHALED TWICE A DAY	-	12-Dec-2016	12-Dec-2016
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	12-Dec-2016	12-Dec-2016
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	08-Nov-2016	08-Nov-2016
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	08-Nov-2016	08-Nov-2016
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR	-	08-Nov-2016	08-Nov-2016

			TIMES A DAY			
Aerochamber Plus Spacer device standard (blue)	1	1 device	TO BE USED WITH MDI	-	08-Nov-2016	08-Nov-2016
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	05-Sep-2016	05-Sep-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
28-May-2014	126	86
20-Feb-2009	138	80
20-Feb-2009	138	80
24-May-2007	122	80
24-May-2007	122	80

Body Measurements

Date Recorded	Height	Weight	BMI
28-May-2014	170	81.2	28.1
20-Feb-2009	170	80	-
12-Oct-2006	170	80	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		28-May-2014
Never smoked tobacco:	Disease: SPICE Basic Health Values, priority=1	20-Feb-2009
Never smoked tobacco:	Disease: SPICE DES CVD, priority=2	12-Oct-2006
Alcohol consumption, 2017 units/week:		28-May-2014
Aerobic exercise 0 times/week:		28-May-2014

Clinical warnings

Additional relevant information

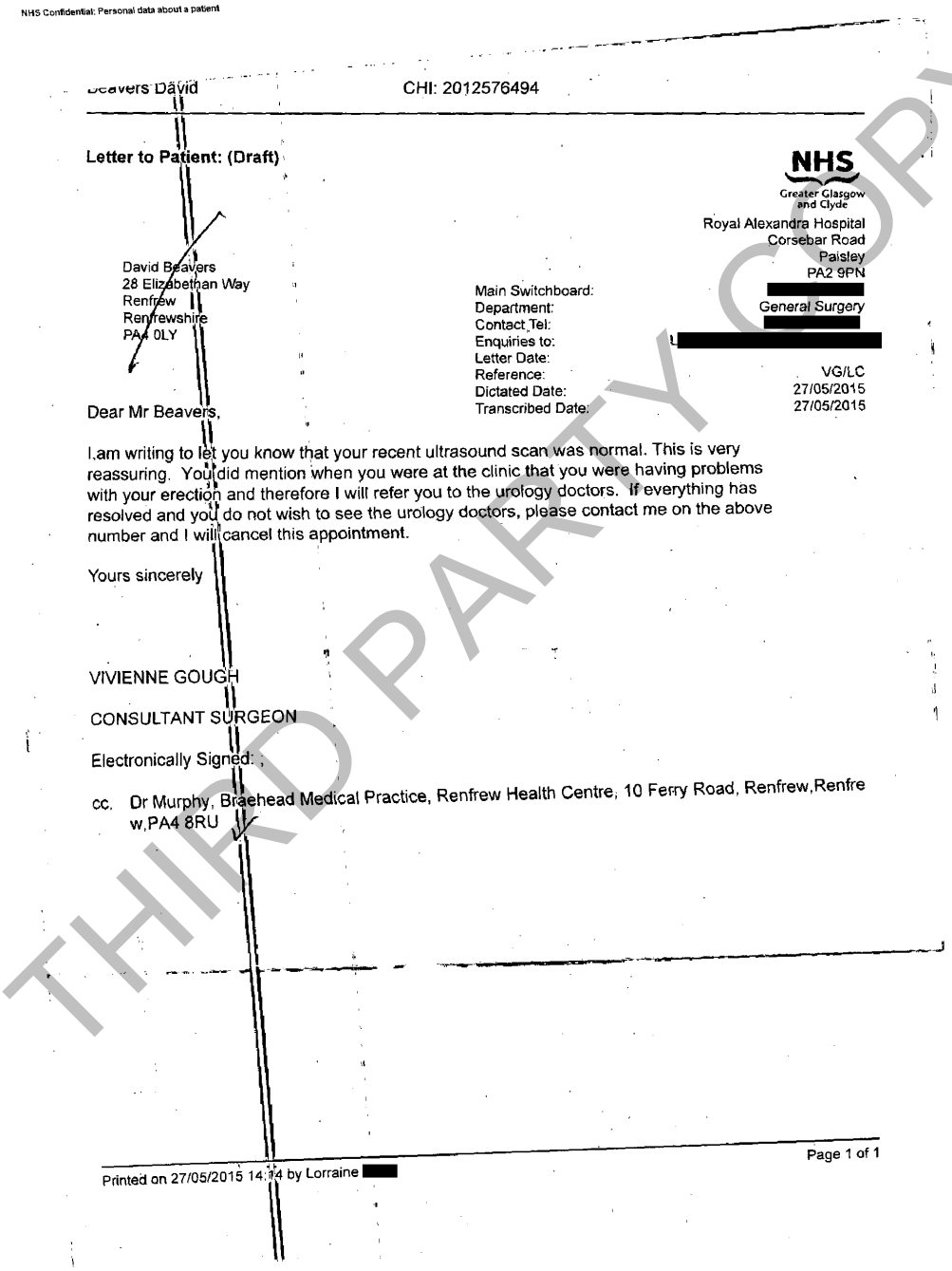
Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
Pages:



NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494

Letter to Patient: (Draft)

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

David Beavers
28 Elizabethan Way
Renfrew
Renfrewshire
PA4 0LY

Main Switchboard: [redacted]
Department: General Surgery
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date:
Reference: VG/LC
Dictated Date: 27/05/2015
Transcribed Date: 27/05/2015

Dear Mr Beavers,

I am writing to let you know that your recent ultrasound scan was normal. This is very reassuring. You did mention when you were at the clinic that you were having problems with your erection and therefore I will refer you to the urology doctors. If everything has resolved and you do not wish to see the urology doctors, please contact me on the above number and I will cancel this appointment.

Yours sincerely

VIVIENNE GOUGH

CONSULTANT SURGEON

Electronically Signed: ;

cc. Dr Murphy, Braehead Medical Practice, Renfrew Health Centre, 10 Ferry Road, Renfrew,Renfrew,PA4 8RU

Printed on 27/05/2015 14:14 by Lorraine [redacted]

Page 1 of 1

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Beavers David CHI: 2012576494

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard: [redacted]
Department: General Surgery
Contact Tel: [redacted]
Enquiries to:
Letter Date: 19/12/2018
Reference: DMcA/CP
Dictated Date: 19/12/2018
Transcribed Date: 19/12/2018

Dear Dr. L Murphy,

David Beavers; D.O.B: 20/12/1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Admission: Specialty - General Surgery; Ward - QEUH Ward 9C General Surgery
Consultant - Mr Donald Alexander McArthur; Date of Admission - 10/12/2018
Date of Discharge - 10/12/2018; Discharged to - Private Residence - no additional detail added

Clinical Comments:

FDL REVIEW – NIL TO ADD

Donald McArthur

Consultant Surgeon

Electronically Signed: ,

cc.

Printed on 19/12/2018 16:25 by [redacted] Page 1 of 1

Additional document
06-May-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	BEAVERS
Forename	DAVID
CHI	2012576494
Date of birth	20.12.1957
Sex	Male
Address	28 Elizabethan Way RENFREW RENFREW RENFREWS PA4 0LY

Specimen Details

Specimen Number	B,22.7839207.Z
Specimen Type	Blood
Date/Time Collected	24.10.22 / 12:34
Date/Time Received	24.10.22 / 16:41
Requested By	Dr Brian Maybin
GP Practice	87697
Date/Time Reported	24.10.22 / 18:07
Details	tiredness

Results

Urea & Electrolytes - Authorised on 24.10.22 at 17:50

Sodium	138	mmol/L	(133-146)
Potassium	4.4	mmol/L	(3.5-5.3)
Chloride	106	mmol/L	(95-108)
Urea	6.7	mmol/L	(2.5-7.8)
Creatinine	90	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 24.10.22 at 17:50

Total Bilirubin	19	umol/L	(<20)
ALT	25	U/L	(<50)
AST	26	U/L	(<40)
Alkaline Phosphatase	65	U/L	(30-130)
Albumin	37	g/L	(35-50)

Thyroid funct test - Authorised on 24.10.22 at 18:04

TSH	0.94	mU/L	(0.35-5.00)
Free T4	16.2	pmol/L	(9.0-21.0)
Total T3		nmol/L	

End of Report

Scanned Document
07-Jan-2019 Dr Katie Colburn
Additional: Scanned Document
Other Attachment : FitNote.pdf FitNote.pdf, (Diagnosis: hernia repair; Duration: 07/01/2019 - 21/01/2019)
Filename:
Extension:
Pages:

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

Patient's name Mr, ~~Mrs, Miss, Ms~~ David BEAVERS

I assessed your case on: 07 /01 / 2019

and, because of the following condition(s): hernia repair

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 07 /01 / 2019 **to** 21 /01 / 2019

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

Doctor's signature

Date of statement 07 /01 / 2019

Doctor's address
Braehead Medical Practice
10 Ferry Road
RENFREW. PA4 8RU
Telephone: [redacted] 207 7480

Unique ID: Med 3 01/17

FFCD46C6-5E85-4B72-A08D-1A27855CDD19

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

Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

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

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

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ BEAVERS

Other names DAVID

Address 28 ELIZABETHAN WAY
RENFREW Postcode PA4 0LY

Date of birth 20 / 12 / 1957 **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 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Scanned Document
18-Dec-2018 Dr Katie Colburn
Additional: Scanned Document
Other Attachment : FitNote.pdf FitNote.pdf, (Diagnosis: hernia repair; Duration: 10/12/2018 - 07/01/2019)
Filename:
Extension:
Pages:

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

Patient's name Mr, ~~Mrs, Miss, Ms~~ David BEAVERS

I assessed your case on: 18 /12 / 2018

and, because of the following condition(s): hernia repair

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 10 /12 / 2018 **to** 07 /01 / 2019

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

Doctor's signature

Date of statement 18 /12 / 2018

Doctor's address
Braehead Medical Practice
10 Ferry Road
RENFREW. PA4 8RU
Telephone: [redacted] 207 7480

Unique ID: Med 3 01/17 64B2D856-DA61-4E1A-92F2-6F9DE25665CD

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

Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

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

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

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ BEAVERS

Other names DAVID

Address 28 ELIZABETHAN WAY
RENFREW Postcode PA4 0LY

Date of birth 20 / 12 / 1957 **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 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Scanned Document
16-Jan-2015 Dr Robert Anderson
Additional: Scanned Document
Other Attachment : FitNote.pdf FitNote.pdf, (Diagnosis: Inguinal hernia; Duration: 15/12/2014 - 26/01/2015)
Filename:
Extension:
Pages:

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

Patient's name: Mr, ~~Mrs, Miss, Ms~~ David BEAVERS

I assessed your case on: 16 / 01 / 2015

and, because of the following condition(s): Inguinal hernia

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

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

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

This will be the case for
or from 15 / 12 / 2014 to 26 / 01 / 2015

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

Doctor's signature

Date of statement: 16 / 01 / 2015

Doctor's address:
Braehead Medical Practice
10 Ferry Road, Renfrew
RENFREW, PA4 8RU
Telephone: [redacted] 207 7480

Unique ID: Med 3 04/10- 63671E4D-D123-444E-A417-B04F780B3349

For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Your details – Please use BLOCK CAPITALS

Surname: Mr, ~~Mrs, Miss, Ms~~ BEAVERS
Other names: DAVID
Address: 28 ELIZABETHAN WAY
RENFREW Postcode PA4 0LY
Date of birth: 20 / 12 / 1957
National Insurance (NI) number:

Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]