Subject Access Request Team
Health Records Department
Glasgow Royal Infirmary
8 – 16 Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

MMA Legal Ltd
23 Goodlass road
Building B
Speke Liverpool
L24 9HJ

Date: 29/06/2026
Your Ref: 100927
Our Ref: SAR/ACCESS/ CD
Enquiries to: Chrissy
Direct Line: 0141 201 3379
Email: chrissy.davie@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: STEVEN MCCULLOCH **D.O.B: 28/02/1992**

Thank you for your request received 02ND June 2026 in which you seek a copy of your client's personal information.

Your request has been dealt with in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:

GLASGOW ROYAL INFIRMARY & STOBHILL HOSPITAL RECORDS

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports
- Complaints files
- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25th birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection Officer. Their contact details are noted below:

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email: data.protection@ggc.scot.nhs.uk

Yours sincerely

Subject Access Request Team

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☑		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☑
WEST MARC	☐
LABS	☐

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 07/09/2023

Consultant: Dr Fiona Ritchie

AM Douglas
Allander Surgery
191 Denmark Street
Glasgow
Glasgow
G22 5SS

Dear AM Douglas

Re: **McCulloch Steven** DOB: **28/02/1992** CHI: **2802926411**
FLAT 1-1
Glasgow G21 3SX

Attended on: **06/09/2023 at 15:33 hrs.** Departed on: **06/09/2023 at 16:24 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
fall from motorbike

Nursing Assessment:

Investigations in ED:
1. XR Ankle Rt **2. XR Foot Rt**

Diagnosis:

Diagnosis	Side	Site
Sprain and Strain of Other and Unspecified Parts of Foot	**Right**	**Foot**

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

***No GP action required* States fell from motorbike at ~20-30mph and injured ankle. Denies HI/LOC or any other injury. On examination there was tenderness of the anterior ankle and dorsal mid-foot. Ankle stable. XR showed NBI. Imp: Sprain. Discharged with management advice, crutches and exercises. Worsening advice given.**

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Elaine Urquhart
Physiotherapist

Copies to:

1. AM Douglas (GP)

School Address:

NHS
Greater Glasgow and Clyde

Acute Services Division

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Typed: 04/05/2023
Reference: HC\CW

Mr Steven McCulloch
Flat 1-1
46 Galloway St
Glasgow
Lanarkshire
G21 3SX

Dear Mr McCulloch

Patent Details:	Mr Steven McCulloch, 28/02/1992, CHI: 2802926411
Date at A&E:	03/05/2023
Diagnosis:	Finger phalanx. Dislocation
Management Plan:	Letter and discharge

Your attendance at Accident and Emergency has been reviewed. You had an injury to your hand which does not require further treatment other than gradual mobilisation.

You can remove the splint or bandages applied on your hand to exercise the hand, wrist, elbow, and shoulder as pain allows. After final removal of the splint or bandages, you may use your hand as comfort allows and gradually return to normal activities.

We would expect your pain levels to be reducing at around three weeks after injury.

Should you have any concerns or problems, please contact the Fracture Clinic Help Line on **0141 201 6416** for advice. For urgent problems or concerns out with working hours please contact or attend the local A&E department.

If you would like to give feedback, you can email OrthopaedicClinicFeedback@ggc.scot.nhs.uk

Your GP has electronic access to the information contained in this letter.

Yours sincerely

The Orthopaedic Department
Glasgow Royal Infirmary

www.nhsggc.scot/orthopaedicsgri

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 23/07/2015

Consultant: Mr Alastair Ireland

AM Douglas
Drs Craig douglas cherry & mckean
191 Denmark Street
Glasgow
Glasgow
G22 5SS

Dear AM Douglas

Re: **McCulloch Steven** DOB: **28/02/1992** CHI: **2802926411**
87H LENZIE TERRACE
Glasgow G21 3TN

Attended on: **23/07/2015 at 16:37 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
left thumb laceration / injury

Nursing Assessment:

Investigations in ED:
1. XR Thumb Lt

Diagnosis:

Diagnosis	Side	Site
Sprain and Strain of finger(s) and thumb		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Patient slammed left thumb in door. Pain and small laceration. NV intact. No fracture on xray of the thumb. Discharged with analgesia and worsening advice.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Grant David Blair Burns
Doctor

Copies to:

1. AM Douglas (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 23/07/2015

Consultant: Mr Alastair Ireland

AM Douglas
Drs Craig douglas cherry & mckean
191 Denmark Street
Glasgow
Glasgow
G22 5SS

Dear AM Douglas

Re: **McCulloch Steven** DOB: **28/02/1992** CHI: **2802926411**
87H LENZIE TERRACE
Glasgow G21 3TN

Attended on: **23/07/2015 at 16:37 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
left thumb laceration / injury

Nursing Assessment:

Investigations in ED:
1. XR Thumb Lt

Diagnosis:

Diagnosis	Side	Site
Sprain and Strain of finger(s) and thumb		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Patient slammed left thumb in door. Pain and small laceration. NV intact. No fracture on xray of the thumb. Discharged with analgesia and worsening advice.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Grant David Blair Burns
Doctor

Copies to:
1. AM Douglas (GP)

School Address:

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

NHS
Greater Glasgow and Clyde

Virtual Clinic Tel: 0141 201 6416
Virtual Clinic Fax: 0141 211 4060

Clinic Date: 03/05/2023
Typed: 03/05/2023

VIRTUAL TRIAGE ASSESSMENT

Dear Dr Douglas,

Re: Mr Steven McCulloch 28/02/1992; CHI: 2802926411; CRN:2802926411; Flat 1-1 46 Galloway St Glasgow Lanarkshire G21 3SX

Your patient was recently followed up at the Virtual Fracture Clinic at Glasgow Royal Infirmary and the following details were recorded:

Patient Assessment I

Bodily site:	Finger phalanx
Laterality:	Left
Injury Type:	Dislocation
Management plan:	Letter and discharge

Patient Assessment II

Patient contacted:	Voice mail
Site:	GRI
Outcome:	Review and discharge NFA required
Consultant:	Andrew Stark

Patient Assessment III

Patient Called Helpline:	No
Outcome of Helpline:	
Nurses notes:	: 03/05/2023 11:04 Hannah Cassells Voicemail left on patient's telephone, to be informed of consultants x-ray review. Patient sustained (L) ring finger dislocation. X-ray shows now in joint, no # evident. Buddy strapping can be worn for 10-14 days then remove and gently mobilise finger. Continue regular analgesia. No further follow up required. Can Hand Mobilise letter be sent out please?

NB Discharged patients will receive a separate letter with advice on how to manage their injury.

Yours sincerely

The Orthopaedic Department
Glasgow Royal Infirmary
www.nhsggc.org.uk/orthopaedics

Glasgow Royal Infirmary

CHI: 2802926411

Total Att: 3

12 Mth Att: 2

Title: **MR**

MCCULLOCH **Steven**

DOB **28/02/1992** Age: **31y** Sex: **Male**

FLAT 1-1
46 GALLOWAY ST
Glasgow
Lanarkshire
G21 3SX
07799365524

Next of kin: **SEMPLE, Sarah**
Relationship: **Partner**

GP: **AM Douglas**
0141 336 8038

Attendance Date: **06/09/2023** Arrival Time: **15:33**

Registration Time: **15:33** Date of Incident: **06/09/2023**

Major Incident Desc:

Reason for Attendance: **fall from motorbike**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **0** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **06/09/2023 15:35** Nurse name: **Nurse Emma Cameron2**

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes:

2802926411 28/02/1992 MCCULLOCH Steven

2802926411 28/02/1992 MCCULLOCH Steven
2802926411 28/02/1992 MCCULLOCH Steven
2802926411 28/02/1992 MCCULLOCH Steven
2802926411 28/02/1992 MCCULLOCH Steven

To be Completed by Clinician		
Child Assessment Questionnaire	Yes	No
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

Date	Clinical Notes
6/9/23	Seen By E-Urquhart PT Time Seen 15:40 P.C 31 yr old M c R foot/ankle injuries 1/7 ago H.P.C States fell from Motorbike @ approx ~ 20-30mph -) injured ankle but unable to recall exact MOI -) Denies Hit/loc or any other injury PMH Nil DH Nil NKDA SH Unemployed O/E Obs: Swelling dorsal Mid-foot Palp: BT anterior ankle + TN Mid-foot NBT lat Mal, Medial Mal or Forefoot Ankle AROM PF 3/4 DF 3/4 INV 1/2 EV 1/2 Syndes Squeeze -ve Syndes ER test -ve APLPA -ve PF/INV +ve Pain VAS 10x2° P Talar tilt -ve Gait Struggling to WB XR NBI seen IMP: Sprain Rx/ Mx advice + Ex's + Crutches to aid gait PI D/c'd c worsening advice PMH/NUMB NM

Once Only Prescriptions (Including Tetanus Prophylaxis) E Urquhart PT

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

CHI: 2802926411

Glasgow Royal Infirmary

TS

Total Att: **2**

12 Mth Att: **1**

Title: **MR**

MCCULLOCH **Steven**

DOB **28/02/1992** Age: **31y** Sex: **Male**

FLAT 1-1
46 GALLOWAY ST
Glasgow
Lanarkshire
G21 3SX
07799365524

Next of kin: **SEMPLE, Sarah**
Relationship: **Partner**

GP: **AM Douglas**
0141 336 8038

Attendance Date: **06/09/2023** Arrival Time: **10:20**

Registration Time: **10:20** Date of Incident: **06/09/2023**

Major Incident Desc:

Reason for Attendance: **fall from motorbike**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **06/09/2023 10:48** Nurse name: **Nurse Sophie Lowe**

Temp	**37.0**	C
HR	**94**	bpm
BP	**148/109**	mmHg
MAP	**122.00**	mmHg
RR	**18**	bpm
SpO2	**97**	%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	4
Motor	6
Verbal	5
Total	**15**

Pupils Right		Pupils Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: **"ANKLE INJ. came off motorbike @ 30mph yesterday. Wearing helmet. Swelling and pain to R ankle. Unable to weightbear. Denies C spine tenderness. Denies any other injuries. "**

2802926411 28/02/1992 MCCULLOCH Steven

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2802926411 28/02/1992 MCCULLOCH Steven

To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

Date	**Clinical Notes**	
	Seen By	Time Seen

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

Glasgow Royal Infirmary

CHI: 2802926411

Total Att: 1
12 Mth Att: 0

Title: **MR**

MCCULLOCH **Steven**

DOB **28/02/1992** Age: **31y** Sex: **Male**

FLAT 1-1
46 GALLOWAY ST
Glasgow
Lanarkshire
G21 3SX
07799365524

Next of kin: **SEMPLE, Sarah**
Relationship: **Partner**

GP: **AM Douglas**
0141 336 8038

Attendance Date: **02/05/2023** Arrival Time: **15:43**
Registration Time: **15:43** Date of Incident: **02/05/2023**
Major Incident Desc:

Reason for Attendance: **fall snapped finger? feeling faint**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:
Triage Category: **2** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **02/05/2023 16:00** Nurse name: **Nurse Caitlyn Gallagher**

Temp	35.1	C
HR	59	bpm
BP	122/80	mmHg
MAP	94.00	mmHg
RR	20	bpm
SpO2	96	%
Oxygen		%

BM	6.8	mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	4
Motor	6
Verbal	5
Total	15

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: **"?DISLOCATED FINGER. news =1. fell off bike today, unsure speed, wearing helmet. no LOC. ?dislocation to left ring finger. small lac to right elbow, good ROM. grazing to right knee. denies head injury. 1g paracetamol and 400mg ibuprofen given in triage. cat 2 for xr please. "**

2802926411 28/02/1992 MCCULLOCH Steven
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2802926411 28/02/1992 MCCULLOCH Steven

To be Completed by Clinician

Child Assessment Questionnaire	Yes	No
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

Date	Clinical Notes
	Seen By
	Time Seen

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By
2/5/22	Diamorphine	30mg	IV	1700		

Apt Made
3-5-23

CLINIC REQUEST SLIP PLEASE PLACE IN ALLOCATED TRAY & RECEPTION WILL COLLECT

PATIENT ID

2802926411
MCCULLOCH
Steven
FLAT 1-1
46 GALLOWAY ST
Glasgow, Lanarkshire
G21 3SX
M
28/02/1992

MOBILE NUMBER 07799365524

PLEASE TICK APPROPRIATE SECTION BELOW

FRACTURE / VIRTUAL TRAUMA CLINIC AND KNEE	✓	
STC CLINIC PLEASE CIRCLE DAY REQUESTED	TUE 7 DAYS , 10 DAYS; 14 DAYS	THUR 7 DAYS , 10 DAYS , 14 DAYS
ENT	MONDAY -THURSDAY	
ENT PAEDIATRIC	PER EMAIL TO GENERIC EMAIL ADDRESS	
BURNS	PER PHONE ARRANGEMENT WIH WARD 45	
MAXILLOFACIAL	PER EMAIL TO TARAN SINGH	
PLASTICS REVIEW CLINIC	7 DAYS A WEEK ARRANGED BY DOCTOR	

T3

Glasgow Royal Infirmary

CHI: 2802926411

Total Att: 0

12 Mth Att: 0

Title: **MR**

MCCULLOCH **Steven**

DOB: **28/02/1992** Age: **23y** Sex: **Male**

87H LENZIE TERRACE

Glasgow
Lanarkshire
G21 3TN

Next of kin:
Relationship: **Partner**

GP: **AM Douglas**
0141 336 8038

Attendance Date: **23/07/2015** Arrival Time: **16:37**

Registration Time: **16:37** Date of Incident: **23/07/2015**

Major Incident Desc:

Reason for Attendance: **left thumb laceration / injury**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **5** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **23/07/2015 17:01** Nurse name: **Nurse Denise Foley**

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes:

2802926411 28/02/1992 MCCULLOCH Steven
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2802926411 28/02/1992 MCCULLOCH Steven

To be Completed by Clinician

Child Assessment Questionnaire	Yes	No
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

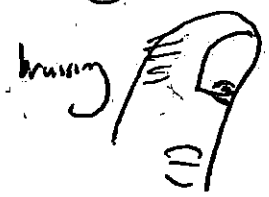
Discuss with Senior Medical Staff / Nurse on duty any factors identified

Date	Clinical Notes
25/7/15	Seen By BURNS Time Seen 1820

23 ♂ RH / (L) thumb injury.

HPC / (L) thumb got slammed in car door
Pain ++
Bleeding from base of nail.
Able to actively move IPJ but some pain on flexion
Initially felt nausea but now just a throbbing sensation at the tip of his thumb.

OE / (L) thumb. NV int-act.



laceration. very superficial that has bled.
small haematoma under nail non tender over this
offered to clean laceration but patient refused

Slightly limited flexion

Xray (L) thumb - no evidence of any #

Plan / DIC
worsening advised
analgesia.

Burns 40572.

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

2802926411

NHS 24 FAX REPORT

NHS 24 ID:	Call ID: 16449916	Site:	Edinburgh
CHI #:	2802926411	Caller Name:	
Surname:	MCCULLOCH	Date/Time Call Received:	23/07/2015 15:00
Forename:	STEVEN		
DOB:	28/02/1992	Date Call Completed:	
Gender:	Male	Time Call Completed:	
Address:	Flat H	Call Priority:	0
	87 Lenzie Terrace	Call Reason:	SWOLLEN BLUE THUMB - 1 HR SEE A/V
	Glasgow	Current Location:	Flat H
			87 Lenzie Terrace
	G21 3TN		Glasgow
PH NO:	07454219091 (Return)		G21 3TN
		Special Directions:	
		Current PH NO:	07454219091 (Return)
Care Provider:	DOUGLAS, ALASTAIR	Care Provider Details:	191 DENMARK STREET
			GLASGOW
			G22 5SS
			Scotland
Temporary Resident:	No		

Referred To: Recommended Action:

CLINICAL SUMMARY

SWOLLEN/BLUE THUMB FOR 1 HR AND PT HAS JAMMED FINGER IN CAR DOOR - CUT TO FINGER BLEEDING STOPPED AT PRESENT - CLINICIAN ADVISED A&E ASAP - THANK YOU

PAST MEDICAL HISTORY

MEDICAL PROBLEMS

BELLS PALSY

MEDICATIONS

NIL

ALLERGIES

NIL

Referred Clinical Notes:

T:

P:

R:

BP: /

Print Name: Signature:

XR Foot Rt

Performed	06-Sep-2023 15:46	Received	12-Sep-2023 14:21
Reported	12-Sep-2023 14:19	Order Number	G107H40064061
Status	Final	Source System	MiSys

XR Foot Rt Final
Steven McCulloch
Clinical History :

Fall from bike and twisted foot 1/7 ago. BT anterior ankle and t/o dorsal mid-foot ?#

XR Foot Rt :
No acute bony injury identified.

XR Ankle Rt :
No acute bony injury identified.

Code A: Agreement: DO NOT USE for linked CRIS reports. This result will be autosigned in TrakCare as there is no major discrepancy between the radiology report and the referrer's 'sticky note' interpretation.

Report by Lianne Boyce - Reporting Radiographer.

Reported by: Lianne Boyce
Verified by: Lianne Boyce

XR Ankle Rt

Performed	06-Sep-2023 15:46	Received	12-Sep-2023 14:21
Reported	12-Sep-2023 14:19	Order Number	G107H40064062
Status	Final	Source System	MiSys

XR Foot Rt Final
Steven McCulloch
Clinical History :

Fall from bike and twisted foot 1/7 ago. BT anterior ankle and t/o dorsal mid-foot ?#

XR Foot Rt :
No acute bony injury identified.

XR Ankle Rt :
No acute bony injury identified.

Code A: Agreement: DO NOT USE for linked CRIS reports. This result will be autosigned in TrakCare as there is no major discrepancy between the radiology report and the referrer's 'sticky note' interpretation.

Report by Lianne Boyce - Reporting Radiographer.

Reported by: Lianne Boyce
Verified by: Lianne Boyce

XR Finger middle Lt

Performed	02-May-2023 19:48	Received	04-May-2023 10:35
Reported	04-May-2023 10:33	Order Number	G107H39624126
Status	Final	Source System	MiSys

XR Finger middle Lt Final
Steven McCulloch
Clinical History :

middle finger on left dislocated and manipulated ? fracture

XR Finger middle Lt :
The dislocation has been reduced. No fracture.

Reported by: Dr Leighton Walker
Verified by: Dr Leighton Walker

XR Finger ring Lt

Performed	02-May-2023 19:21	Received	19-May-2023 09:05
Reported	19-May-2023 09:03	Order Number	G107H39624090
Status	Final	Source System	MiSys

XR Finger ring Lt Final
Steven McCulloch
Incorrect finger requested. Should be middle finger.SW
(Entered By RA085354 (Ronan Coyle) on 02-May-2023 at 19:26)

Reported by: Auto Reporting
Verified by: Auto Reporting

XR Finger ring Lt

Performed	02-May-2023 17:12	Received	04-May-2023 10:35
Reported	04-May-2023 10:33	Order Number	G107H39623907
Status	Final	Source System	MiSys

XR Finger ring Lt Final
Steven McCulloch
Clinical History :

left ring finger dislocation ? fracture

XR Finger ring Lt :
Dislocation at the 3rd proximal interphalangeal joint. No definite fracture.

Reported by: Dr Leighton Walker
Verified by: Dr Leighton Walker

XR Thumb Lt

Performed	23-Jul-2015 18:15	Received	24-Jul-2015 08:50
Reported	24-Jul-2015 08:48	Order Number	G107H30474672
Status	Final	Source System	MiSys

XR Thumb Lt Final
Steven McCulloch
Clinical History :

? fracture thumb from crush injury

XR Thumb Lt :
No acute bone or joint abnormality identified.
Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by: Dr Leighton Walker
Verified by: Dr Leighton Walker

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☑		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☑		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐

Clinical letter - GP: GP LETTER

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: GYNAECOLOGY
Contact Tel: 0141 355 1504
Enquiries to: Kelly Lynch
Letter Date: 16/03/2015
Reference: TF/AMMCS
Dictated Date: 09/03/2015
Transcribed Date: 09/03/2015

Dr. AM Douglas
Drs Craig douglas cherry & mckean
191 Denmark Street
Glasgow
G22 5SS

Dear Dr. Douglas,,

Steven McCulloch; D.O.B: 28/02/1992; CHI: 2802926411
87H LENZIE TERRACE, Glasgow, Lanarkshire, G21 3TN

This gentleman has attended the minor ops clinic at Stobhill Hospital to get a small sebaceous cyst removed from his left elbow. The procedure has been carried out uneventfully under local anaesthetic. There are stitches in place which will need to be removed in one week's time.

Yours sincerely

Electronically Signed: Dr Teresa Fernandez, Consultant

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Minor Surgery GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral ROUTINE
Date of referral 13-Jan-2015 **Date sent** 13-Jan-2015

PATIENT DETAILS

Surname	McCulloch
Forename(s)	Steven
Title	Mr
Sex	Male
Date of birth	28-Feb-1992
CHI no.	2802926411
Area of Residence	-

Patient's address

87h Lenzie Terrace
Glasgow
G21 3TN

Contact number(s)

Voice: 07544972710

101008519999T | Unique Care Pathway Number: 101008519999T

REGISTERED GP DETAILS

Name	Dr Alastair Douglas		
GMC code	3358517	GP code	02488
Practice name	Allander Surgery		
Practice code	43294		

Practice address

Allander Surgery
Springburn Health Centre
200 Springburn Way
Glasgow
G21 1TR

Contact number(s)

Voice: 0141 531 9650
Facsimile: 0141 558 0417

REFERRING GP DETAILS

Name	Dr SJ McKean

Practice address

Springburn Health Centre
200 Springburn Way

GMC code	2929947	GP code	00884
Practice name	Allander Surgery Springburn		
Practice code	43294		

Glasgow
G21 1TR
G21 1TR

Contact number(s)

-

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Cystic lesion on left elbow

Comment: This 22 year old man has a lesion on his left elbow which has been increasing steadily in size for about a year. He first noticed it as a small dark pink spot. This has not given him any pain or particular discomfort so far, but it is becoming quite prominent and easily traumatised now. He notices that it is sometimes pink and at other times looks a bit blue.

He has a prominent raised cystic feeling lesion about 6-7mm in diameter just distal to the point of his left elbow. This is non pigmented, but pinker than the normal surrounding skin.

I would be grateful if you will see him with a view to removal.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Depressive disorder NEC	-	01-Aug-2013	01-Aug-2013
Bell's (facial) palsy	-	03-Mar-2012	03-Mar-2012
Greenstick fracture	Right distal radius	16-Sep-2005	16-Sep-2005
Divergent squint	-	02-Aug-2004	02-Aug-2004
[V]Behavioural problems	-	27-Aug-1999	27-Aug-1999
Child in foster care	and 1999	01-Jan-1996	01-Jan-1996
Enuresis	-	30-Apr-1995	30-Apr-1995
Burns	R hand	30-Apr-1994	30-Apr-1994
Chickenpox - varicella	-	10-Dec-1993	10-Dec-1993

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

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		23-Jan-2014
Teetotaller:		23-Jan-2014
Takes inadequate exercise:		23-Jan-2014

Clinical warnings

Additional Support Needs

No known ASN requirements

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

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) **Date**

STOBHILL HOSPITAL — THEATRE / RECOVERY CARE PLAN

UNIT NO. [redacted]

NAME : 2802926411
MCCULLOCH M
Steven 28/02/1992

ADDRESS 87H LENZIE TERRACE
Glasgow, Lanarkshire
G21 3T

CONSULTANT MS T FERNANDEZ

WARD

THEATRE MINOR OPS

DATE OF OPERATION 09/03/15

A. WARD - PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECK

		tick
1.	LAST TIME PATIENT ATE OR DRANK	N/A
2.	CONSENT SIGNED	✓
3.	IDENTITY BAND	✓
4.	CASE NOTES, X-RAYS, DRUG KARDEX	✓
5.	OPERATION SITE PREPARED AND MARKED	–
6.	TEETH - DENTURES REMOVED, CROWNS/CAPS/BRIDGE	–
7.	PROSTHESIS REMOVED - CONTACT LENS, GLASSES	–
8.	REMOVED - MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)	–
9.	ALLERGIES NONE KNOWN	✓
10.	VOIDED URINE	
11.	BASELINE OBSERVATIONS P: BP:	

PROBLEMS/NEEDS **INTERVENTION** **OUTCOME**

Signature -

B. THEATRE

OPERATION PERFORMED Excision lesion left elbow

DIATHERMY BIPOLAR/MONOPOLOR	☐		
HEEL RESTS	☐		
FLOWTRON BOOTS	☐		
SHEEPSKIN HEEL PADS/MAT	☐		
HEATED WATER BED	☐		
ARM BOARDS	☐		

PATIENT POSITION

LATERAL RIGHT	☐	TRENDELENBURG	☐
LATERAL LEFT	☐	REVERSE	☐
SUPINE	☑	LITHOTOMY	☐
PRONE	☐	LLOYD DAVIS	☐

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS

SPECIMENS:	PATH	BACT	OTHER
DRAINS			
CATHETER			

COUNTS	CORRECT
SWABS - FIRST	✓
- FINAL	✓
INSTRUMENTS	✓
SHARPS - NEEDLES	✓
- BLADES	✓
THROAT PACK OUT	☐
PACK IN SITU	☐

INSTRUCTION FOR REMOVAL

Name of Scrub Nurse:

Signature of Circulating Nurse: Seonaid McDonald

C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

ROUTINE -	PULSE & B.P.	CONTINUE IV FLUIDS	RATE
-	OXYGEN / RECOVERY		
-	OXYGEN / WARD		
-	CANNULA / REMOVAL - RECOVERY [ ] WARD [ ]		
SPECIAL			

INFORMATION / INSTRUCTIONS

Signature:

D. POST OPERATIVE OBSERVATIONS

TIME																
PULSE																
BLOOD PRESSURE	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
SATURATION (SaO^2)																
RESPIRATORY RATE																
AIRWAY																
OXYGEN																
PAIN SCORE																
SEDATION SCORE																
PONV SCORE																
TEMPERATURE																
WOUND																

PAIN SCORE

0 = NO PAIN
1 = DISCOMFORT / ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE

0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

MULTIDISCIPLINARY NOTES

DATE / TIME

DISCHARGE	YES	NO
1. STABLE VITAL SIGNS	☐	☐
2. CANNULAE REMOVED	☐	☐
3. ABLE TO DRESS, SIT AND WALK UNAIDED	☐	☐
4. TOLERATING FOOD AND FLUIDS	☐	☐
5. INSTRUCTIONS GIVEN SEDATION	☐	☐
6. GP LETTER GIVEN BEFORE DISCHARGE	☐	☐
7. FOLLOW UP APPOINTMENT	☐	☐

DISCHARGE AT _____ TO _____ CARE

NURSE'S SIGNATURE _____

CONSENT FORM

2802926411
MCCULLOCH M
Steven 28/02/1992
87H LENZIE TERRACE
Glasgow, Lanarkshire G21 3TN

Special requirements (e.g. other language / Communication method) .....

Proposed operation, investigation or other treatment. **(BLOCK CAPITALS)**

Excision cyst (L) elbow.

I have explained the procedure named on this form to the patient in the terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any sign if cant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedure above).

An information ~~leaflet/tape~~ has been provided .....

Fernandez ..... (Title)

Signature of Practitioner .....

Name / Designation (Print) .....

Date 9 / 8 / 15

STATEMENT TO BE COMPLETED BY PATIENT/PARENT*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- the procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- that a practitioner other than the practitioner who has been providing treatment so far might carry out the procedure.
- that any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.

I have been told about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

I agree -

- to the administration of an anaesthetic or to sedation if required.
- to the procedure named on this form
- that the examination for the purposes of teaching will not be undertaken without my consent
- to the emergency administration of blood or blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products.

Signature ..... Date ...../...../.....

Additionally you have to agree or disagree the following:-	Agree	Disagree
that information and/or images kept in records may be used anonymously for education, audit, and research with appropriate ethical approval, to improve the quality of patient care.	☑	☐
that surplus tissue not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

PATIENT AGREEMENT FOR TREATMENT

Signature: S.McCulloch ..... Date ...../...../.....

Name (Print): .....

CONFIRMATION OF CONSENT
(to be completed when patient is admitted for procedure if form signed in advance)

I confirm that I have no further questions and wish the procedure to go ahead.

Signature: ..... Print name.....

Date ...../...../.....

NHS Greater Glasgow and Clyde — Intraoperative Accountable Items Count Record

Date 09/03/15

ADDRESSOGRAPH

NA 2802926411
MCCULLOCH M
DC Steven 28/02/1992
87H LENZIE TERRACE
Glasgow, Lanarkshire
HC G21 3TN

WARD

HOSP- STOBHILL

THEATRE- MINOR OPS

COUNTS	Scrub Nurse(s) Print Name	Circulating Nurse(s) - Signature & Print name
PRE - OP SWAB COUNT CORRECT		IAIN CAMPBELL Iain Campbell
PRE - OP INSTRUMENT COUNT CORRECT	N/A	IAIN CAMPBELL Iain Campbell
FINAL SWAB COUNT CORRECT		IAIN CAMPBELL Iain Campbell
FINAL INSTRUMENT COUNT CORRECT		IAIN CAMPBELL Iain Campbell
FINAL SWAB DISPATCH COUNT CORRECT		IAIN CAMPBELL Iain Campbell

SCRUB NURSE VERIFICATION - PLEASE SIGN ON PAGE UNDERNEATH.

I have reviewed this count sheet and can verify my count(s) correct
SCRUB NURSE 1- SIGNATURE - N/A
SCRUB NURSE 2 SIGNATURE -
To be signed by replacement scrub nurse if applicable

HANDOVER COUNT IN EVENT OF REPLACEMENT OF SCRUB NURSE DURING PROCEDURE

	Outgoing Scrub Nurse - Print Name	Incoming Scrub Nurse - Print Name	Circulating Nurse(s) - Signature & Print name
OUTGOING COUNT - *To be completed for permanent and temporary replacement*	N/A		
INCOMING COUNT *To be completed for temporary replacement*			

OPERATION: Excision of Lesion from Left Elbow

TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

Swabs (2x2)	0	Tapes				ITEMS REMAINING IN SITU (Type & Number)
Swabs (10x10)	5	Sloops/Slings				
Abdominal packs	0	Bulldogs				
Sutures	1	Shods				
Blades	1	Tibbs Cannula				
IV needles	2	Ports		N/A		
Syringes	1	Staple Gun Inserts				
Discard-a-pad	0	Spears				
Diathermy pencil	0	Throat packs - Anae				
Diathermy tips	0	Throat packs - Scrub				
Scratch pad	0	Retrieval Bag (Bert)				
Reels	0	Digital Tourniquets				
Pattles	0					
Pledgelets	0					

N/A

DISCREPANCY IN COUNT - ACTIONS AND OUTCOME

COUNT IN WHICH DISCREPANCY OCCURRED

DETAILS

ACTIONS TAKEN AND OUTCOME (I.E. SWABS ISOLATED, SEARCH UNDERTAKEN, WOUND EXPLORED, X - RAY TAKEN) -

SCRUB NURSES SIGNATURE IF COUNT STILL INCORRECT FOLLOWING ALL POSSIBLE ACTIONS N/A

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

PLEASE INSERT TRACEABILITY STICKERS ON BACK OF COPY- TO STAY IN THEATRE.

Operation note: OPERATION NOTE

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: GENERAL SURGERY
Contact Tel:
Enquiries to:
Letter Date: 16/03/2015
Reference: TF/AMMCS
Dictated Date: 09/03/2015
Transcribed Date: 09/03/2015

9th March, 2015.
Ms. T. Fernandez

Stobhill Hospital
Department: GENERAL SURGERY

Diagnosis:
Sebaceous cyst on left elbow.

Treatment:
Excision of sebaceous cyst from left elbow.

Procedure:
5 ml Xylocaine 1% injected on top of cyst. Cyst excised in a shell. 4/0 Dermalon stitches to close up. Dressing.

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☑		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	

DEPARTMENT OF OPHTHALMOLOGY

Dr T Barrie
Dr B H Browne
Dr M Gavin
Dr D M I Montgomery
Mr J R Murdoch
Dr S N Saba (ASSP)

Surgical Services
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

Direct Line 0141 201 3479
Fax Number 0141 201 4153

HM/AK/10664506W

RECEIVED 02 08 2004
TYPED 03 08 2004

PRIVATE & CONFIDENTIAL
DR P GEDDES
MILTON MEDICAL CENTRE
109 EGILSAY STREET
MILTON
G22 7JL

Dear Dr Geddes

STEVEN McCULLOCH 28 02 1992 361 ASHGILL ROAD GLASGOW G22 7HN

Further to referral from the Visual Screening Clinic, Steven was today seen at the Shared Care Paediatric Orthoptic/Optometry Clinic.

Orthoptic examination revealed a large latent divergent squint becoming manifest easily.

VAR 6/6 part
VAL 6/6 part

Dilated refraction was therefore performed and the following prescription was issued for constant wear:

RE: +5.50/+2.00 x 90
LE: + 5.00/+1.75 x 95

Ocular fundi, media and macula are healthy.

Exercises have been commenced which will hopefully help Steven to control his squint more of the time. The above prescription is slightly reduced from his normal prescription again to aid control.

Steven will be reviewed at the Orthoptic Clinic in three weeks.

Many thanks for your attention

Yours sincerely

HAZEL McSHANE
SENIOR ORTHOPTIST

Hospital use only	Clinic	Day Date 21.5.04	Time 9.30	Hospital No. 1066406.	GP112

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

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital STOBHILL HOSPITAL Date 09 03 04

CHI No. 2 8 0 2 9 2 6 4 1 1

Please arrange for the patient to attend the OPHTHALMOLOGY CLINIC clinic of Dr / Mr

Patients Surname McCULLOCH Maiden Surname

First Names STEVEN Single / Married / Widowed / Other

Address 361 ASHGILL ROAD Date of Birth 28 02 92

GLASGOW Patients Occupation

Postal Code G22 7HN Contact telephone number 564 8497

Has the patient attended hospital before ? NO If "YES" please state:

Name of Hospital

Year of attendance Hospital No.

If the patients name and/or address has/have changed since then please give details:

Can the patient attend at short notice?

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTIONER

DR P GEDDES
109 EGILSAY STREET
GLASGOW G22 7JL
TEL: 0141 772 1183 FAX: 0141 772 2331
G01732 43307
Please use rubber stamp

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

I would be very grateful if you could see this boy who was seen at his opticians as you will see from his enclosed Optician's report and they have requested that he be referred to an Orthoptist.

Thank you for seeing him and advising further.

Steven is otherwise well and not on any regular medication.

RECEIVED
11 MAR 2004
RECORDS OFFICE

DATE RECEIVED	11 MAR 2004
URGENT	
SOON	
ROUTINE	
REMARKS	
SIGNATURE DATE	

Diagnosis / provisional diagnosis: See optician's report

Present drug treatment and potential special hazards: None regular

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature P Leave

Add orthoptist ✓ Jim 23/3/04

routine paed stand one clinic Jim 29/3/04

NHS GENERAL OPHTHALMIC SERVICES

PLEASE USE BLOCK CAPITALS EXCEPT FOR SIGNATURE

GOS(S)(M)

Referral/Notification of Patient to GMP

SECTION ONE: To Be Sent To GMP

To: Dr. Trolland

PATIENT'S DETAILS

SURNAME (Mr, Mrs, Miss, Ms) MCCULLOCH, OTHER NAME(S) Stephen

ADDRESS 361 Ashgill Rd

Milton,

POSTCODE G22 7HN TEL No.

PRESCRIPTION DETAILS FROM CURRENT SIGHT TEST-DATE: 1/3/04

	Uncorrected V	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA
R		+6.50	+2.00	90			6/9		
L		+6.25	+1.75	95			6/3		

Previous corrected V.A. Date

Date of Birth 28.2.92

Specify Cyclopegic/Mydriatic if used.

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

Stephen attended today, 1.3.04, for an eye test.

Refraction found the above glasses which were prescribed for constant wear.

Stephen does have an alternating divergent squint — could you please refer Stephen to an orthoptist for binocularity exercises.

Optic discs

IOP R mmHg Tonometer used: Applanation/Tonometer

L mmHg

Visual Fields

R L

Plot attached . . . Y/N

Name and Address of Optometrist/OMP

Framesavers

190 Saracens St.

Possil.

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

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

Signed (Optometrist/OMP) Date 1/3/04

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

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

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

Urgency Rating: Urgent/Soon/In turn

Blood Pressure: mmHg

Urinalysis:

Provisional Diagnosis:

MILTON MEDICAL CENTRE

- 3 MAR 2004

Dr Trollen
Dr Geddes
Dr

☐ ☑ Pass to HV ☐ PN ☐ Records

Name and Address of GMP

Signed (GMP) Date

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

Printed for Astron B30396 4/03 (71412)

STOBHILL HOSPITAL

OUTPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATUS
				M S W

DATE OF BIRTH	AGE	RELIGION	MAIDEN

ADDRESS

10664506W
MCCULLOCH M
STEVEN 28/02/1992
361 Ashgill Road

GLASGOW G22 7HN

G.P.'s NAME & ADDRESS

Dr. P GEDDES
MILTON MEDICAL CENTRE
109 EGILSAY STREET
MILTON
GLASGOW
G22 7JL

SPECIALTY - OPHTHALMOLOGY

CONSULTANT'S NAME

DATE	DIAGNOSIS	DIAGNOSTIC INDEX NUMBER
21/5/04	Dmt 1la (N) Does Age 12yrs.	

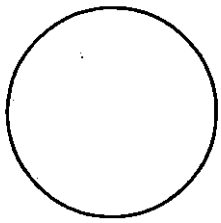
HISTORY 2/8/04 Pt has worn gls for approx 5/6 yrs. Current foster parents have has Stephen for 4yrs. Has had gls but ~~not~~ no other trmt. Wears gls well.

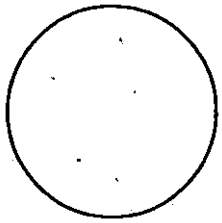
GH good.

FH sister gls for last 6yrs (now 14yrs).
M. gls

BH unknown

RIGHT EYE	VISION	LEFT EYE	VISION
UNAIDED :		UNAIDED :	
OWN DISTANCE GLASSES :		OWN DISTANCE GLASSES :	
OWN READING GLASSES :		OWN READING GLASSES :	





03-1063 F50

ame Steven McCollach Hospital Number 10664506 Date 31/5/05

Visual Acuity	R.E.	L.E.	Maddox Rod	c gls	s gls	Prism cover test	c gls	s gls
...ls	6/9 N5	6/9 N5	F.R.			Near	exo 20Δ	
...ls			F.L.			Dist	exo 20Δ	
...oc			Maddox Wing			F. Dist		

Major Amblyoscope	c gls	s gls
Angle of devn F.R.		
F.L.		
subj.		
fusion		
conv.		
div.		
S.V.		

...st-operative Diplopia test

...over test

c gls N - mod latent div c mod/slow rec
H/alt man div @ times
D - sl latent div c mod rec.

...ular Movements

inter man div on elev A dep.

...nvergence: reflex Binoc to bans

Stereoacuity 55"

Retinal correspondence

...commodation: Binoc to cm R.E. to cm L.E. to cm

...marks

See comments.

CM.

...TI... TIC REPORT

Diagnosis Decomp. Near Exophoria c mod hypermetropia 31/5/05

Diagnosis (DECOMP) NEAR EXOPHORIA 8/3/05

...RTHOPTIC REPORT

Diagnosis Exophoria assoc. c hypermetropia 31/12/04

... ... rails. Renew 1/12

Diagnosis Intermittent L/AOS assoc c hypermetropia AS 12.11.04

...RTHOPTIC REPORT

Diagnosis Decomp. Exophoria c mod hypermetropia 28/9/04

...RTHOPTIC REPORT

Diagnosis Decomp. Exophoria assoc. c mod. hypermetropia 24/8/04

Diagnosis Hypermetropia / Exophoria decompensating 2.8.04 HM

Name STEVEN MCCULLOCH Hospital Number 10664506 Date

Visual Acuity	R.E.	L.E.	Maddox Rod	c̄gls	s̄gls	Prism cover test	c̄gls	s̄gls	Major Amblyoscope	c̄gls	s̄gls
									Angle of dev^n F.R.		
c̄gls	6/9	6/9	F.R.			Near	Exo 25^Δ		F.L.		
s̄gls		(+2)	F.L.			Dist	Exo 10^Δ		subj.		
Binoc			Maddox Wing			F. Dist			fusion		
									conv.		
									div.		
									S.V.		

Post-operative Diplopia test

Cover test c̄ Rx near: Mod + exophoria c̄ slow rec / man. intermit. div.
Dist: Small exophoria c̄ mod. rec.
s̄ Rx ~~dev. decreases~~

Ocular Movements

Int. manifest divergence on elev. dept?

Convergence: reflex c̄ effort / 10cms

Stereoacuity	Retinal correspondence

Accommodation: Binoc to cm R.E. to cm L.E. to cm

Remarks

ORTHOPTIC REPORT

Diagnosis (Decomp) near exophoria 8/3/05

ORTHOPTIC REPORT

Diagnosis Exophoria assoc. c̄ hypermetropia 31/12/04

[illegible] renew 1/12

Diagnosis Intermittent L/ADS assoc c̄ hypermetropia AS 12.11.04

ORTHOPTIC REPORT

Diagnosis Decomp. Exophoria c̄ mod hypermetropia 28/9/04

[redacted]

Name Steven McCulloch Hospital Number 10664506W Date 31/12/04

Visual Acuity			Maddox Rod			Prism cover test			Major Amblyoscope	čgls	šgls
	R.E.	L.E.		čgls	šgls		čgls	šgls	Angle of dev^n F.R.		
ls	6/9	6/9 (R)	F.R.			Near	exo 14Δ		F.L.		
ls			F.L.			Dist	exo 8Δ		subj.		
noc			Maddox Wing			F. Dist			fusion		
									conv.		
									div.		
									S.V.		

Post-operative Diplopia test

Cover test
Eq'ls N. - sl/mod latent div c̄ mod rec.
D. - sl. latent div c̄ mod/good rec.

Ocular Movements
bil. S.R. weakness.
inter. man div on elev & dep

Convergence: reflex - Binoc to 6/8cms	Stereoacuity Frisby +ve 85"	Retinal correspondence

Accommodation: Binoc to cm R.E. to cm L.E. to cm

Remarks
See comments.
CM.

ORTHOPTIC REPORT

Diagnosis Exophoria assoc. c̄ hypermetropia 31/12/04

... fails. Renew 1/12

Diagnosis Intermittent L/AOS assoc c̄ hypermetropia AS 12.11.04

ORTHOPTIC REPORT

Diagnosis Decomp. Exophoria c̄ mod hypermetropia 25/9/04.

: STEVEN McCULLOCH Hospital Number 10664506 Date 12.11.04

Visual Acuity		Maddox Rod			Prism cover test			Major Amblyoscope	cgls	sgls
R.E.	L.E.		cgls	sgls		cgls	sgls			
6/9+2	6/9+2	F.R.			Near	18 exo		Angle of devn F.R.		
NS	NS	F.L.			Dist	12 exo		F.L.		
		Maddox Wing			F. Dist			subj.		
								fusion		
								conv.		
								div.		
								S.V.		

perative Diplopia test

test

S: mod exophoria c slow rec. / SLt/mod LAOS v easily
O: SLt/mod LAOS c diplopia.
S: Mod exophoria c good rec
Movements: Min exophoria c good rec
O: increases on crew²
+ bucreal S.R Wkness

ence: reflex: Binoc to 12cm | Stereoacuity: FRISBY: 340" | Retinal correspondence

nodation: Binoc to cm | R.E. to cm | L.E. to cm

been doing exercises v. much. decompensates
ily today. asked to persevere c exercises
) cenvate of doh card. Does not always
PTIC REPORT appreciate when binocularly fails. Renew 1/12

is Intermittent LAOS assoc c hypermetropia AS
12.11.04

OPTIC REPORT

osis Decomp. Exophoria c mod hypermetropia 28/9/04

OPTIC REPORT

Name Steven McCulloch Hospital Number 10664504 Date 28/9/04

Visual Acuity	R.E.	L.E.	Maddox Rod	cqls	sgls	Prism cover test	cgls	sgls	Major Amblyoscope	cqls	sgls
									Angle of devn F.R.		
cqls	6/6 N5	6/6 N5	F.R.			Near exo 14Δ			F.L.		
sgls			F.L.			Dist exo 6Δ			subj.		
noc			Maddox Wing			F. Dist			fusion		
									conv.		
									div.		
									S.V.		

'o: erative Diplopia test

Cover test

cqls N - mod latent dvn c mod rec.
D - sl latent dvn c mod/good rec.
sgls - tendancy to LDS.

Ocular Movements

sl bil S.R. weakness

Convergence: reflex	Stereoacuity	Retinal correspondence
Binoc to 9cms.	Frisby tve 110"	
Accommodation: Binoc to cm	R.E. to cm	L.E. to : cm

Remarks

CM

ORTHOPTIC REPORT

Diagnosis Decomp. Exophoria c mod hypermetropia 28/9/04

Name Steven McCulloch Hospital Number 10664504 Date 24/8/04

Visual Acuity	R.E.	L.E.	Maddox Rod	čgls	šgls	Prism cover test	čgls	šgls
čgls	6/6pt	6/6pt	F.R.			Near	exo 18Δ	
šgls			F.L.			Dist	exo 8Δ	
Binoc			Maddox Wing			F. Dist		

Major Amblyoscope	čgls	šgls
Angle of devⁿ F.R.		
F.L.		
subj.		
fusion		
conv.		
div.		
S.V.		

Post-operative Diplopia test

Cover test

čgls N - mod latent div c̄ mod/delayed rec
D mod man L/alt div
šgls - dev decreases.

Ocular Movements

Full.

Convergence: reflex
Binoc to 10cms

Stereoacuity
Frisby 170"

Retinal correspondence

Accommodation: Binoc to cm R.E. to cm L.E. to cm

Remarks

See comments.

ORTHOPTIC REPORT CM

Diagnosis Decomp. Exophoria assoc. c̄ mod. hypermetropia 24/8/04

[illegible]

Name Steven McCU[redacted] Hospital Number [redacted]4504 Date 2·8·04

Visual Acuity	R.E.	L.E.
c̄gls	6/6 pr	6/6 pr
s̄gls	6/18 pr	6/24
Binoc		

Maddox Rod	c̄gls	s̄gls
F.R.		
F.L.		
Maddox Wing		

Prism cover test	c̄gls	s̄gls
Near	20^ base out	2^ exo
Dist	12^ exo	
F. Dist		

Major Amblyoscope	c̄gls	s̄gls
Angle of devn F.R.		
F.L.		
subj.		
fusion		
conv.		
div.		
S.V.		

Post-operative Diplopia test

PPK c̄gls N 2^ eso → 16^ exo

Cover test N. mod+ exophoria becoming L/ADS v. easily
c̄gls D mod man. L/ADS
s̄gls N. ?rsl latent div c̄gd rec
D.S

Ocular Movements

Appear full.

Convergence: reflex binoc 15cm EE div sdip.

Stereoacuity frisby 170" arc

Retinal correspondence

Accommodation: Binoc to cm R.E. to cm L.E. to cm

Remarks Poor control c̄gls. For refraction today & commence exercises.

ORTHOPTIC REPORT

Diagnosis Hypermetropia / Exophoria decompensating 2·8·04 HM

STOBHILL HOSPITAL

CONTINUATION CHART

SURNAME	FORENAME	UNIT NUMBER

10664506W
MCCULLOCH
STEVEN

2.8.04	See oth report. VA sats c/gls but exophoric, decompensates easily c/gls. Needs conv exs but for refs first. Will need minimum + for good VA. C McShane UAR = 6/7.5 +8.50 +10.50 UAL = 6/7.5 +8.50 +10.25 UAR c +6.50/+2.00 x 90 6/7.5 UAL c +6.00/+1.75 x 95 6/7.5 Max UA = above however if reduce R by 1.00 binocularly, then steven doesn't appreciate ↓ UA ∴ Prescribe R +5.50/+2.00 x 90 L +6.00/+1.75 x 95 O/E - Nil abnormal RTT	MD
24/8/04	See orth report. Hasn't received new gls yet. Continue c exercises meantime - slight improvement Review 1/12. C. McHelle	

MAY2202

25/9/04	See orth report Better control c red Rx. Conv. improving. To continue c per conv & commence dot card Review 6/52 C. McHello
12.11.04	ORTHOPTIC REPORT
-	Lost conv dot card
-	Doing exercises occasionally
-	Good cgls
-	Decompensates easily today
-	Does not always appreciate diplopia when binocularity fails
-	Review 1/12
-	Persevere c dot card & monitor exotropia J Jerram
31/12/04	See orth report Exercises carried out much better since LV. = continue... esp. c dot card Review 2/12. C. McHello
8/3/05	Not practising. Convergence. Dad says 'going' a typical teenager. Granted for almost

S [illegible]OSPITAL

CONTINUATION CHART

10664506W
MCCULLOCH
STEVEN

RISTIAN / FORENAME	UNIT NUMBER

	everything!	
	Try T.C.T. & other side.	
	(aspirin) DOT Card -	
	Review 1/12.	
31/5/05	See orth report	
	Improved. Carried out	
	exercises well since H/V.	
	To continue to exercises &	
	review 3/12.	
	C. McLellan	
30/8/05	ANA - R/A.	CM

MAY2202