Clyde SAR Team
Level E
Inverclyde Royal Hospital
Larkfield Road
Greenock
PA16 0XN

NHS
Greater Glasgow and Clyde

PRIVATE

MMA LEGAL LTD
23 GOODLASS ROAD
BUILDING B
SPEKE LIVERPOOL
L24 9HJ

Date: 17.06.2026
Your Ref: 100401
Our Ref: SART / JM / LM / 1202543472
Enquiries to: Lynne McEldowney
Direct Line: 01475 504786

E-mail: lynne.mceldowney@nhs.scot

Dear Sir/Madam

Subject Access Request under the General Data Protection Regulation

Patient: DANIEL EGAN **DOB: 12/02/1954**

Thank you for your request for records received 28th May 2026 in which you seek a copy of your client's personal information.

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

COPY INVERCLYDE ROYAL HOSPITAL MEDICAL RECORDS
COPY ROYAL ALEXANDRA HOSPITAL MEDICAL 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 organizations 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 the 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 me.

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

Lynne McEldowney
SAR Team

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	☐

1202543472
EGAN M
Daniel 12/02/1954
Flat3/1 98 Montague Street
ROTHESAY
Isle of Bute
PA20 0HJ

PATIENT ALERTS

DO NOT FILE DOCUMENTS ON TOP OF THIS DIVIDER. DO NOT REMOVE FROM CASE RECORD

Any patient alerts (eg drug/anaesthetic reaction, infection risk, disability awareness etc) must be recorded on this sheet with the date and name of person filling in the sheet. Full details should still be recorded in the patient's notes. A yellow "alert" sticker should be affixed to the front cover of the case sheet at the same time. If the alert no longer applies the entry on this sheet should be crossed-through and the sticker removed.

Drug Reactions / Anaesthetic Reactions / Allergies	*Date*	*Name*

Blood Transfusion Information *Detail special requirements eg irradiated products, pre-medication etc*		

Infection Control *Record infection risk - Blood-Borne Viruses, MSRA, VRE, CJD etc*		

Mental Health - *See reverse of divider for Mental Health Information*		

Other *Record any other relevent information including behavioural issues eg aggression etc*		

Disability Awareness *Please circle any that apply and give details where appropriate*

Blind or partially sighted	*Hard of hearing*	*Other - please give details*
Wheel-chair user	*Communication/learning difficulties*	

Clinical Trial Participation / Cancer Registry *Tick box and give details overleaf*	
Living Will *Tick box if in use*	

MENTAL HEALTH INFORMATION:

NAMED PERSON: .....

ADDRESS OF NAMED PERSON: .....

.....

WELFARE GUARDIAN: .....

ADDRESS OF WELFARE GUARDIAN: .....

.....

ADVANCE STATEMENT	DATE STARTED	DATE REVOKED
1.		
2.		
3.		

Referral letter:

NHS Greater Glasgow and Clyde

Dr Venkatesh
Consultant Ophthalmologist
Level E
IRH

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777

Department: Stroke
Tel: 01475 505005
Enquiries to:

Letter Date: 11/10/2013
Reference: 410034
Dictated Date: 08/10/2013
Transcribed Date: 08/10/2013

Dear Dr Venkatesh,

Name:	**Egan Daniel**
CHI:	**1202543472**
DOB:	**12/02/1954**
Address:	**Flat3/1 98 Montague Street**
	ROTHESAY
	Isle of Bute
	PA20 0HJ

I would be grateful if you could review this 59 year old gentleman in your out patient clinic who has come to the TIA clinic today when he had visual field impairment on the left side about 8 weeks ago. It resolved in the same day but he is having intermittent visual field impairment especially affecting the left eye temporal field.

Electronically Signed: Dr Javed Akhter, Consultant

cc.

INVERCLYDE ROYAL HOSPITAL

OPHTHALMOLOGY

OUT-PATIENT HISTORY

CONSULTANT ~~Dr [illegible]~~ DR VENKATESH 21/3/14.	UNIT No. 1202543472 SURNAME EGAN FORENAME Daniel M 12/02/1954 Flat3/1 98 Montague Street ROTHESAY Isle of Bute PA20 0HJ WRITE OR ATTACH LABEL
DATE	

HISTORY: TIA last year (1 yr ago) lost left arm [illegible] 2/52 after TIA → had a [illegible] pain [illegible] [illegible] [illegible] his shoulder blade

PAST EYE HISTORY: [illegible] else

MEDICAL HISTORY: TIA

FAMILY HISTORY: nil

DRUGS: Was on Methadone
Amlodipine Lansoprazole
Perindopril [illegible]
Indapamide Clopidogrel

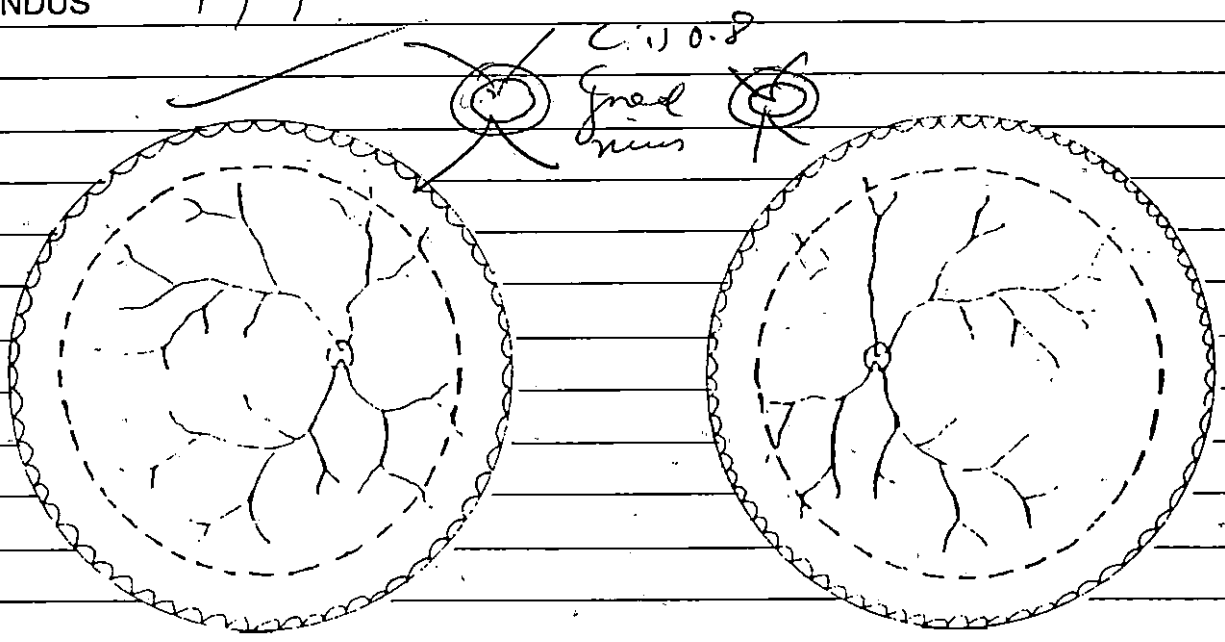
VISION	RIGHT EYE		LEFT EYE	
WITHOUT GLASSES	DISTANCE	NEAR	DISTANCE	NEAR
WITH GLASSES	DISTANCE 6/5-2	NEAR	DISTANCE 6/9	NEAR
PRESENT GLASSES				

REFRACTION: fields 24.2 SITA fast R+L fields enclosed
G Jackson Good fix

STY1912N

	RIGHT EYE	LEFT EYE
EXTERNAL EXAMINATION	17/17 c/w VA	17/17
CONJUNCTIVA		
CORNEA		
A.C. AND ANGLE		
I.O.P.	14	14
IRIS AND PUPIL		
LENS	No c/Ass.	

FUNDUS



OTHER REMARKS

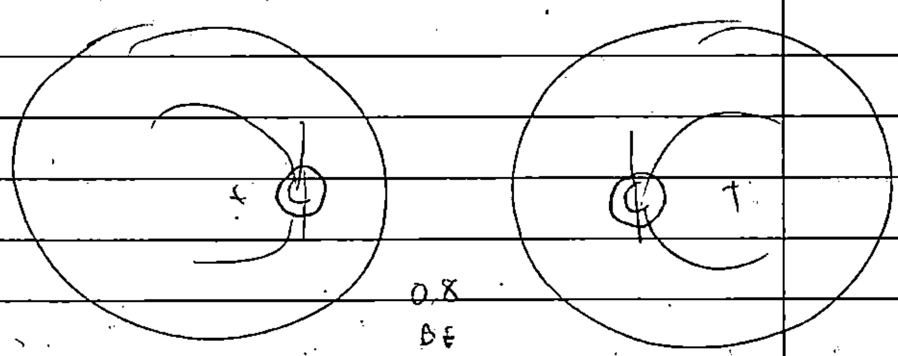
DIAGNOSIS (L) VFD not apparent to the neurosurgeon but LVA room after TIA

TREATMENT

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL

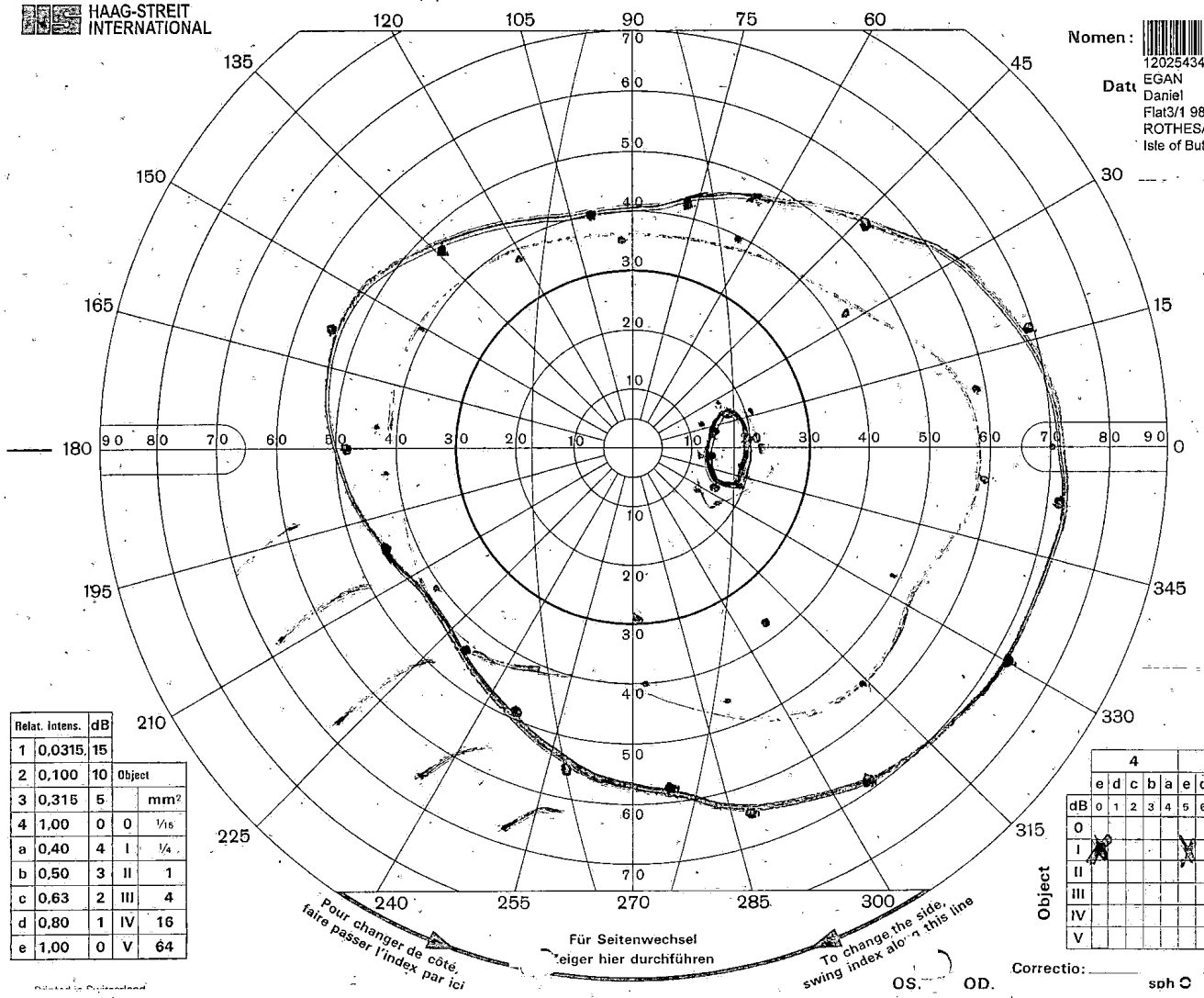
1202543472
EGAN
Daniel M
12/02/1954
Flat3/1 98 Montague Street
ROTHESAY
Isle of Bute
PA20 0HJ

Date & Time		Signature, Print Name & Designation
24/4/14	VAR 6/6t3 ɛf VAL 6/9-2 cgs 6/9 cph	GJackson
	Goldman RtL fields enclosed GJackson	
	Previous TIA with intermittent (L) VF disturbance	
	Over last 12/12	
	Feels VA LE steadily worse, difficulty focusing	
	part of vision LF missing but not sure if getting worse since TIA	
	No headaches, no numbness or weakness	
	✓ lids ✓	GVF - gross restriction LF esp. nasally
	✓ conj ✓	
	✓ corn ✓	
	deep ✓ AC deep ✓	Previous CT - bilateral lacunar infarcts
	NSI lens NSI	
	15 / 14	
	trop BE	
		
	0.8 BE	
	VF defect likely related to previous TIA / CVA	
	patient unsure if VF defect stable or progressing	
	D/W Dr Venkatesh → MRI	
	3/12	[signature] Dinwoodie

83949

Date & Time		Signature, Print Name & Designation
27/2/15	VAR 6/5 c̄ gls — VAL 6/6 c̄ gls	N Bode
	MRI – Head July 2014	
	Possible Scattered Ischaemia	
	Nil else	
	No Large Infarct Seen	
	Doesn't Want to Wear Glasses	
	– Advised Re. Contacts	12/12
	No Eye Drops	
	No VF Since April 2014 – unable to do today	
	O/E	
	✓ Ant. Seg ✓	
	II VH II	
	GAT 12 / 12	
	✓ Iris ✓	1.8 ↕ ↕ 1.7
	Dilate ↓ ??	
	✓ Lens ✓	
	Discs	
	1.8mm c̄ 90D ↕ ◎ Deep Central Cups ◎ ↕ 1.7mm c̄ 90D	
	∅ Haem ∅	
	Imp: (L) Peripheral Field defect.	
	– Monitor	
	Plan: R/V 6/12 (R) VF	
		J. Connolly ST4
28.8.15	DNA → please re-book in 1/12	S. Delfin

HAAG-STREIT INTERNATIONAL



Nomen: 1202543472
EGAN M
Daniel 12/02/1954
Flat3/1 98 Montague Street
ROTHESAY
Isle of Bute
PA20 0HJ

Datu

D. Russell

(R) eye
No Rx

mm Diameter pupillae

Relat. Intens.		dB		
1	0,0315	15		
2	0,100	10	Object	
3	0,315	5		mm²
4	1,00	0	0	1/16
a	0,40	4	I	1/4
b	0,50	3	II	1
c	0,63	2	III	4
d	0,80	1	IV	16
e	1,00	0	V	64

Relat. Intens.

	4					3					2					1				
	e	d	c	b	a	e	d	c	b	a	e	d	c	b	a	e	d	c	b	a
dB	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
0																				
I																				
II																				
III																				
IV																				
V																				

Object

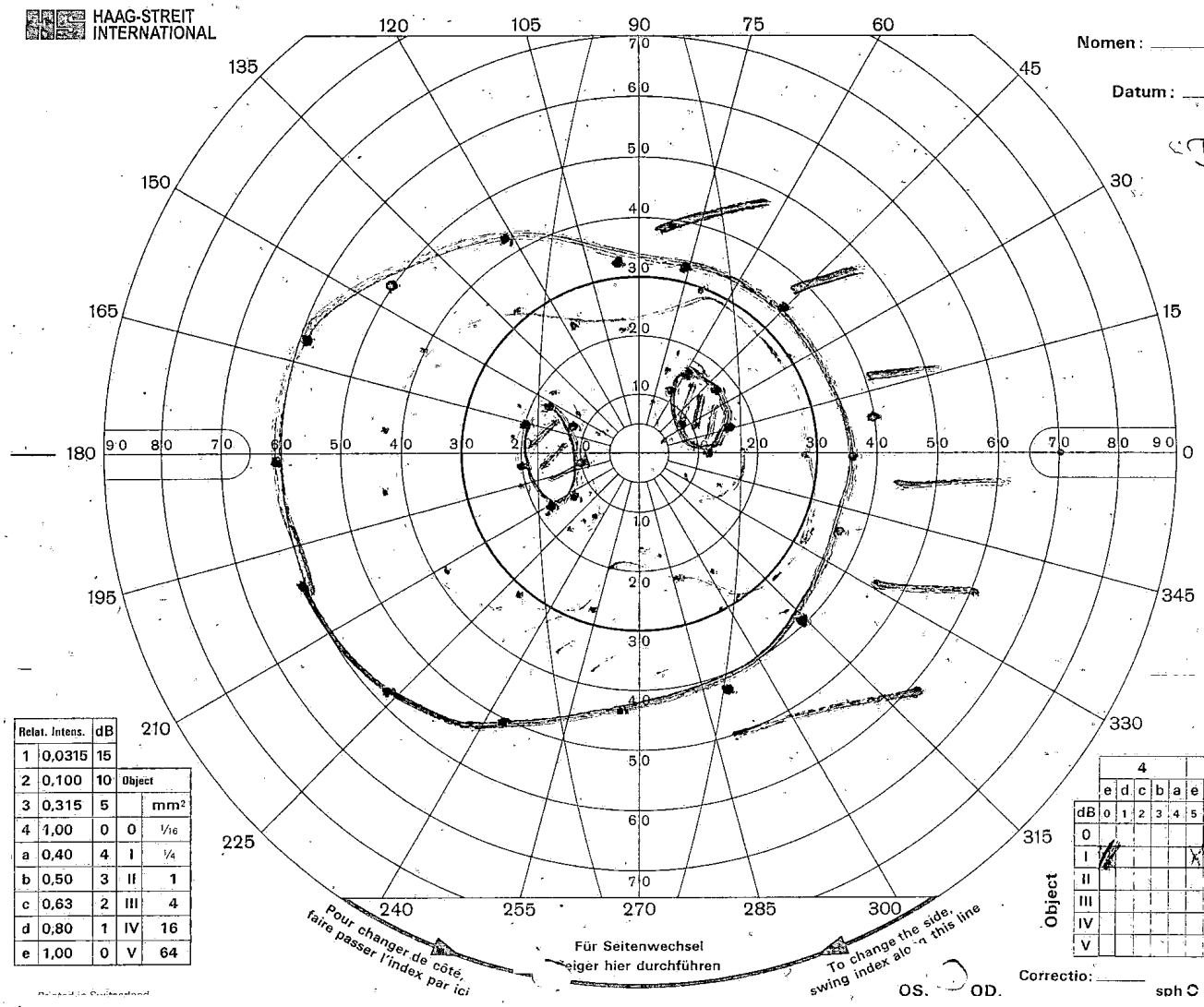
Correctio: ° Visus:-
sph ○ cyl °

OS. OD.

HAAG-STREIT INTERNATIONAL

Nomen : 1202543472
EGAN
Daniel
Datum : 12/02/195
Flat3/1 98 Montague Street
ROTHESAY
Isle of Bute
PA20 0H.

D. Russell.



Weg
ne Rx.

mm Diameter pupillae

Relat. Intens.		dB
1	0,0315	15
2	0,100	10
3	0,315	5
4	1,00	0
a	0,40	4
b	0,50	3
c	0,63	2
d	0,80	1
e	1,00	0

Object		mm²
	0	1/16
I		1/4
II		1
III		4
IV		16
V		64

Relat. Intens.

	4					3					2					1				
	e	d	c	b	a	e	d	c	b	a	e	d	c	b	a	e	d	c	b	a
dB	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
0																				
I						X														
II																				
III																				
IV																				
V																				

Object

Correctio: ____ sph ____ cyl ____ ° Visus:

OS. OD.

Printed in Switzerland

SINGLE FIELD ANALYSIS

EYE: LEFT

NAME: EGAN DANIEL

DOB: 12-02-1954

ID: 410034

CENTRAL 24-2 THRESHOLD TEST

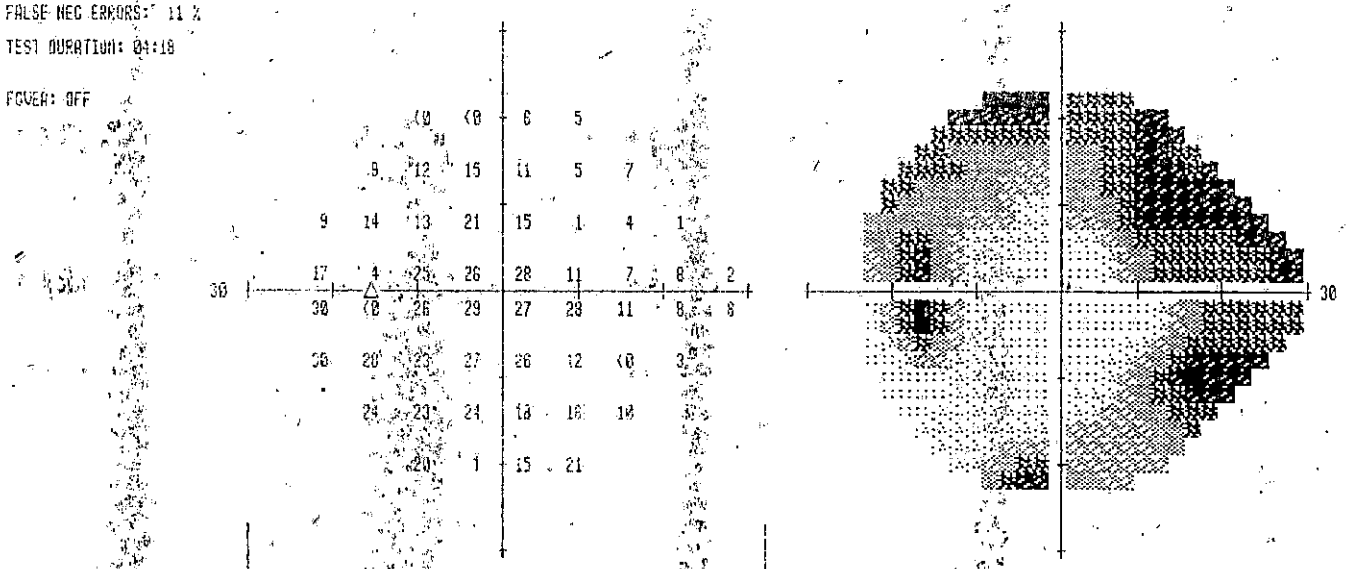
FIXATION MONITOR: GAZE/BLIND SPOT
FIXATION TARGET: CENTRAL
FIXATION LOSSES: 0/13
FALSE POS ERRORS: 0 %
FALSE NEG ERRORS: 11 %
TEST DURATION: 04:18

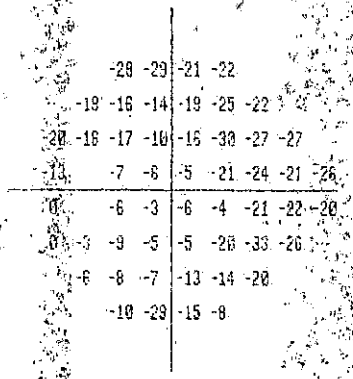
STIMULUS: III, WHITE
BACKGROUND: 31.5 ASB
STRATEGY: SITA-FAST

PUPIL DIAMETER:
VISUAL ACUITY:
RX: +5.00 DS DC X

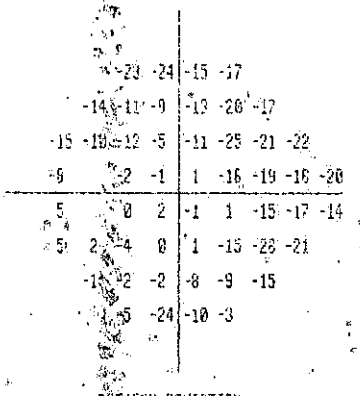
DATE: 21-03-2014
TIME: 13:56
AGE: 60

FOVEA: OFF

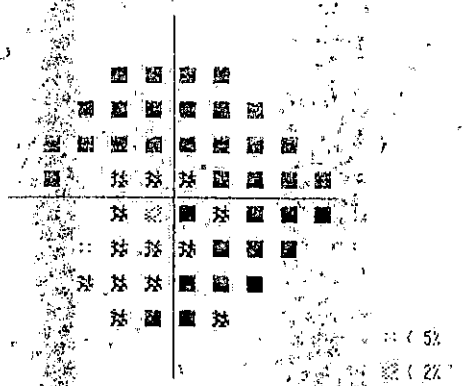




TOTAL DEVIATION



PATTERN DEVIATION



: < 5%
: < 2%
: < 1%
: < 0.5%

GHT
OUTSIDE NORMAL LIMITS

VFI 65%

MD -15.63 DB P < 0.5%
PSD 9.22 DB P < 0.5%

INVERCLYDE ROYAL HOSPITAL
LARKFIELD ROAD
GREENOCK
PA16 0XN

SINGLE FIELD ANALYSIS

EYE: RIGHT

NAME: EGAN DANIEL

DOB: 12-02-1954

ID: 410034

CENTRAL 24-2 THRESHOLD TEST

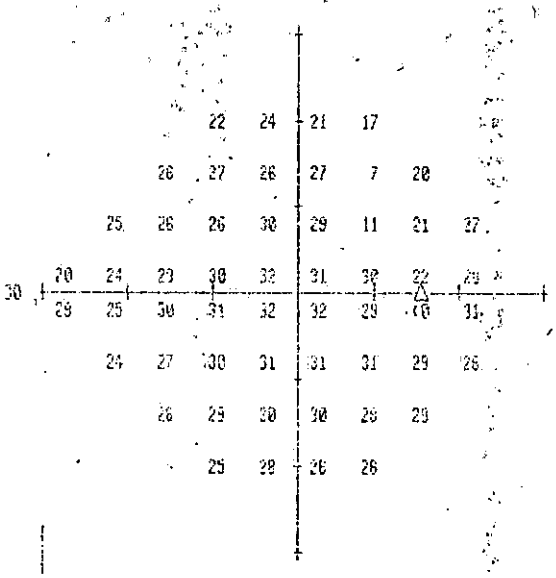
FIXATION MONITOR: GAZE/BLIND SPOT
FIXATION TARGET: CENTRAL
FIXATION LOSSES: 0/12
FALSE POS ERRORS: 0 %
FALSE NEG ERRORS: 2 %
TEST DURATION: 03:22

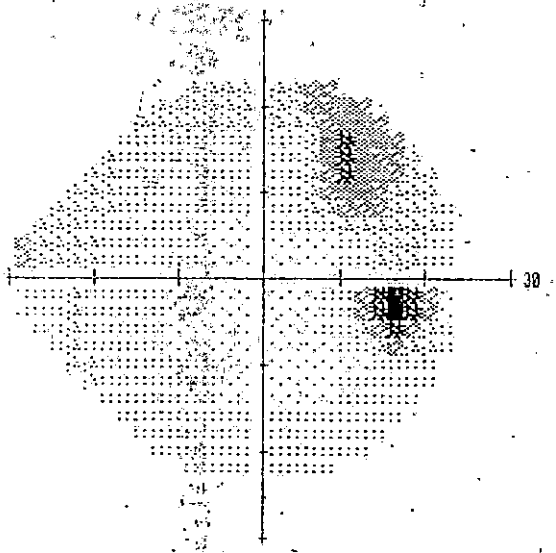
STIMULUS: III, WHITE
BACKGROUND: 31.5 ASB
STRATEGY: SITA-FAST

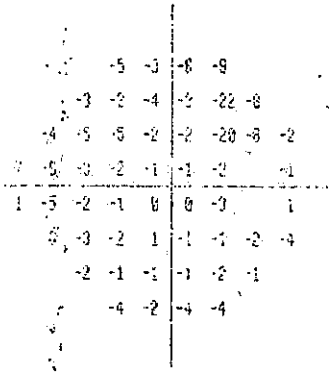
PUPIL DIAMETER:
VISUAL ACUITY:
RX: +5.00 DS DC

DATE: 21-03-2014
TIME: 13:52
AGE: 60

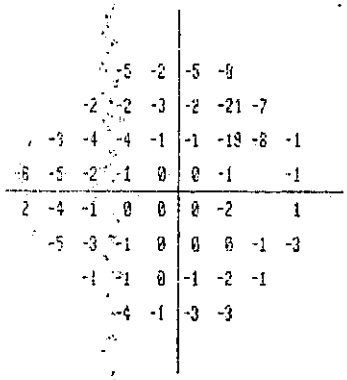
FOVEA: OFF







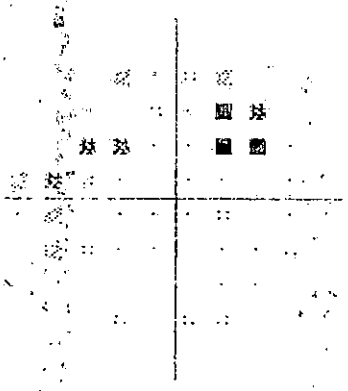
TOTAL DEVIATION



PATTERN DEVIATION

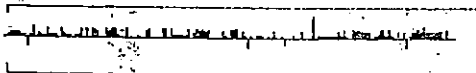
GHT
OUTSIDE NORMAL LIMITS

VFI 95%
MD -3.34 DB P < 1%
PSD 4.03 DB P < 0.5%



< 5%
< 2%
< 1%
< 0.5%

INVERCLYDE ROYAL HOSPITAL
LARKFIELD ROAD
GREENOCK
PA16 0XN



Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Dr. KE Canavan
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777

Department: Stroke
Tel: 01475 505005
Enquiries to: julie.jackson3@ggc.scot.nhs.uk

Letter Date: 14/11/2013
Reference: 410034
Dictated Date: 11/11/2013
Transcribed Date: 11/11/2013

Dear Dr Canavan,

Name:	**Egan Daniel**
CHI:	**1202543472**
DOB:	**12/02/1954**
Address:	**Flat3/1 98 Montague Street**
	ROTHESAY
	Isle of Bute
	PA20 0HJ

Mr Egan had CT scan of the head done on 24.10.13 which showed small low attenuation lesion within the right lentiform nucleus which likely reflects a small established lacunar infarct. There are further tiny areas within the left lentiform nucleus in keeping with a further established lacunar infarct. No evidence of acute territorial infarct.

Electronically Signed: Dr Javed Akhter, Consultant

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Daniel Egan
Flat3/1 98 Montague Street
ROTHESAY
Isle of Bute
PA20 0HJ

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777

Department: Stroke
Tel: 01475 505005
Enquiries to: julie.jackson3@ggc.scot.nhs.uk

Letter Date: 14/11/2013
Reference: 410034
Dictated Date: 11/11/2013
Transcribed Date: 11/11/2013

Dear Mr Egan,

This is just to let you know that your recent scan of the brain has shown some evidence of narrowing of the small arteries of the brain. These are incidental findings and they may not be directly related to your symptoms of transient visual impairment.

Electronically Signed: Dr Javed Akhter, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Dr. KE Canavan
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777

Department: Stroke
Tel: 01475 505005
Enquiries to: julie.jackson3@ggc.scot.nhs.uk

Letter Date: 29/10/2013
Reference: 410034
Dictated Date: 28/10/2013
Transcribed Date: 28/10/2013

Dear Dr Mather,

Name:	**Egan Daniel**
CHI:	**1202543472**
DOB:	**12/02/1954**
Address:	**Flat3/1 98 Montague Street**
	ROTHESAY
	Isle of Bute
	PA20 0HJ

Mr Egan had echocardiogram done on 18.10.13 which showed good LV systolic function, valves appear normal, both atria were of normal dimensions, no ASD or PFO was detected. Blood tests showed ESR 12, haemoglobin 155, platelets 235, MCV 99.4, random blood glucose 5.0, total cholesterol 5.2, triglycerides 2.0, eGFR more than 60.

Electronically Signed: Dr Javed Akhter, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Dr. KE Mather
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Inverclyde Royal Hospital
Larkfield Rd
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PA16 0XN
Main Switchboard: 01475 633777

Department: Stroke
Tel: 01475 505005
Enquiries to:

Letter Date: 11/10/2013
Reference: 410034
Dictated Date: 08/10/2013
Transcribed Date: 08/10/2013

Dear Dr Mather,

Name:	**Egan Daniel**
CHI:	**1202543472**
DOB:	**12/02/1954**
Address:	**Flat3/1 98 Montague Street**
	ROTHESAY
	Isle of Bute
	PA20 0HJ

Thank you for referring this 59 year old patient who has impairment of his visual field about 8 weeks ago which has affected the temporal side of the left eye. These episodes occurred about 5 or 6 times that day and they have now completely resolved. However, he is still occasionally complaining of visual field impairment. There is no associated speech disturbance or motor weakness.

Past medical history: depression, previous drug dependence on Methadone therapy now.

On examination today his pulse was 93 per minute regular, blood pressure was 162/100 sitting, 168/98 standing, weight 76.4 kg, height 176, BMI 24.2. 12 lead ECG was in sinus rhythm. His heart sounds were normal, chest was clear, abdominal examination was normal. His visual field examination was normal. Cranial nerves were intact.

Possibility of TIA or stroke was there and there may be involvement with the eyes. I will organise for him to have a CT scan of the brain, carotid doppler, routine bloods have been done today and I have suggested that he should be started on Clopidogrel 75 mg and Simvastatin 40 mg. I would be grateful if his blood pressure could be monitored at your surgery by the practice nurse. I will refer him to the ophthalmologist also for opinion.

I will review him again in 2 months' time.

Electronically Signed: Dr Javed Akhter, Consultant

cc. Dr Venkatesh

Referral letter:

NHS
Greater Glasgow and Clyde

Dr Venkatesh
Consultant Ophthalmologist
Level E
IRH

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777

Department: Stroke
Tel: 01475 505005
Enquiries to:

Letter Date: 11/10/2013
Reference: 410034
Dictated Date: 08/10/2013
Transcribed Date: 08/10/2013

Dear Dr Venkatesh,

Name:	**Egan Daniel**
CHI:	**1202543472**
DOB:	**12/02/1954**
Address:	**Flat3/1 98 Montague Street** **ROTHESAY** **Isle of Bute** **PA20 0HJ**

I would be grateful if you could review this 59 year old gentleman in your out patient clinic who has come to the TIA clinic today when he had visual field impairment on the left side about 8 weeks ago. It resolved in the same day but he is having intermittent visual field impairment especially affecting the left eye temporal field.

Electronically Signed: Dr Javed Akhter, Consultant

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

Stroke Non Fast Track
GGC General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Inverclyde Royal Hospital
Larkfield Road
Greenock
PA16 0XN

— **Hospital** and **hospital address**

Hospital location code.
C313H

Email address
-

Urgency of referral ROUTINE
Date of referral 05-Sep-2013 **Date sent** 05-Sep-2013

PATIENT DETAILS

Surname	EGAN
Forename(s)	DANIEL
Title	MR
Sex	Male
Date of birth	12-Feb-1954
CHI no.	1202543472
Area of Residence	-

Patient's address

FLAT 3/1 98 MONTAGUE STREET
ROTHESAY
ISLE OF BUTE
PA20 0HJ

Contact number(s)
-

101005920010A Unique Care Pathway Number: 101005920010A

REGISTERED GP DETAILS

Name	Dr K Mather		
GMC code	6103000	GP code	69426
Practice name	The Bute Practice		
Practice code	84646		

Practice address

THE HEALTH CENTRE
HIGH STREET
ROTHESAY
BUTE
PA20 9JL

Contact number(s)
Voice: 01700501527

REFERRING GP DETAILS

Name	Dr. Roger Clark		
GMC code	3479618	GP code	34592
Practice name	The Bute Practice (84646)		
Practice code	84646		

Practice address

The Health Centre
High Street
Rothesay
PA20 9JL

Contact number(s)
Voice: 01700 502290

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Sudden onset visual change.

Comment: This 59 year old man had sudden onset loss of lateral vision in his left eye five weeks ago. There were no other other associated neurological features such as unilateral weakness. His vision in his lateral field field remains affected. He tells me that he has been to see his optician who can find no ophthalmological cause.Approximately two years ago he had some unilateral neurological symptoms affecting his left side, principally paraesthesia and pain in his left arm. I would appreciate your help with further management.Letter dictated in front of patient.

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
Fracture of clavicle	fracture of mid shaft of calvicle.	22-Jul-2013	22-Jul-2013
[X]Depressive episode	-	16-Sep-2008	16-Sep-2008
[X]Depressive episode	-	10-Apr-2008	10-Apr-2008
[X]Specific (isolated) phobia	Needle phobia	01-Sep-2005	01-Sep-2005
Drug dependence	Heroin	01-Nov-2002	01-Nov-2002
Neurotic (reactive) depression	-	01-Mar-2001	01-Mar-2001
Cls # ankle, medial malleolus	left	01-Sep-2000	01-Sep-2000
[V]Drug abuse counsel surveiln	-	01-Jan-1998	01-Jan-1998
Wrist fracture - closed	left	01-Jan-1997	01-Jan-1997
Clsd # scaphoid	Left	01-Jan-1992	01-Jan-1992
Poisoning	Aspirin	01-Jan-1975	01-Jan-1975

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Drug addictn therap-methadone	04-Nov-2003	04-Nov-2003

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole 20mg gastro-resistant capsules	28	capsule	1 CAP DAILY	-	17-Jan-2012	03-Sep-2013

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Methadone 1mg/ml oral solution	450	ml	15ML FIFTEEN DAILY	-	03-Sep-2013	03-Sep-2013
Naproxen 500mg tablets	28	tablet	1 TABLET TWICE DAILY	-	16-Aug-2013	16-Aug-2013
Methadone 1mg/ml oral solution	420	ml	15ML FIFTEEN DAILY	-	06-Aug-2013	06-Aug-2013
Naproxen 500mg gastro-resistant tablets	28	tablet	1 TABLET TWICE DAILY	-	01-Aug-2013	01-Aug-2013
Paracetamol 500mg tablets	100	tablet	TAKE TWO FOUR TIMES DAILY	-	22-Jul-2013	22-Jul-2013
Methadone 1mg/ml oral solution	560	ml	20ML TWENTY DAILY	-	09-Jul-2013	09-Jul-2013
Methadone 1mg/ml oral solution	540	ml	20ML TWENTY DAILY	-	11-Jun-2013	11-Jun-2013
Methadone 1mg/ml oral	540	ml	20ML TWENTY DAILY	-	14-May-	14-May-

solution					2013	2013
Methadone 1mg/ml oral solution	300	ml	20ML TWENTY DAILY	-	30-Apr-2013	30-Apr-2013
Methadone 1mg/ml oral solution	520	ml	20ML TWENTY DAILY	-	04-Apr-2013	04-Apr-2013

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	Smoking status on date of event: Smoker.	07-Feb-2013
Cigarette smoker:	Smoking status on date of event: Smoker.	21-Dec-2011
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	26-Jun-2009
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	09-Jan-2007
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	12-Apr-2005

Clinical warnings

Allergies

Description	Comment	Date recorded
AR - amitriptyline	Drug code for allergy: Amitriptyline 25mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: Tachycardia and excessive sweating.	02-Aug-2006

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**

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL

1202543472
EGAN M
Daniel 12/02/1954
Flat3/1 98 Montague Street
ROTHESAY
Isle of Bute
PA20 0HJ

Date & Time		Signature, Print Name & Designation
13/9/13	o[illegible]	[illegible]
	G[illegible] ~~[illegible]~~ (59M)	[illegible]
		Depression
	loss of lateral vision left eye	5/52 ago [illegible]
	[illegible]	
		[illegible] 15 mg [illegible]
	DNA	
	[illegible]	
		BP 162/100
	on bike 8 wk ago	168/98
	fell off, broke shoulder blade	
	in waiting room	
	noticed can't see anything on left eye	left [illegible] [illegible]
	happened [illegible] = [illegible]	wt 76.4kg
	[illegible]	Ht 176
	[illegible] 50_60M [illegible]	BMI 24.7
	Complete	
	Could see [illegible]	
	no [illegible]	
	but [illegible]	
	=> [illegible] 40-50 [illegible]	
	=> [illegible] [illegible]	[illegible]

83949

Date & Time		Signature, Print Namé & Designation
	O/E CNS	
	Motor	→ 162/110
	Sa (N)	↑ 168/98
	V, spld (N)	93
	Crv (N)	
	Imp. ? CVA / TIA	76.4
	? CRV/CRA occl	17.6
✓	CT Brn	24.7
✓	CD . ✓ Echo	
✓	Blood	Elys on ...
✓	Spirts (N)	
✓	Clopids	GP Nurse to
		monit BP
✓	Sims	
	?	
	2/12 (2/12) [signature]	

CLINIC ..... DR AKHTER .....

PATIENT'S NAME ..... DANIEL EGAN .....

BP ~~LYING~~ ..... 162/100 .....

BP STANDING ..... 168/98 .....

PULSE ..... 93 .....

WEIGHT ..... 76.4 kgs .....

HEIGHT ..... 176 .....

BMI ..... 24.7 .....

410034

Inverclyde Royal Hospital
Cardiology Department

NHS Greater Glasgow and Clyde

Echocardiography Report

Patient Name: **Egan, Daniel**	Date of Study: **18/10/2013**
Patient Id: **1202543472**	Referring Consultant:
Sex: **Male**	Sonographer: **Angela Scott**
Date of Birth: **12/02/1954**	Reported by: **AS**
Ward/Dept. **OP** AKITTER/STROKE	Referral Reasons: **TIA**

2D		M-Mode	Doppler Outlet / Misc.		Doppler Inlet	
IVSd	1.1 cm		AV Vmax	1.23 m/s	MV E Vel	0.57 m/s
LVIDd	3.9 cm		AV maxPG	6.1 mmHg	MV DecT	160 ms
EDV(Teich)	66.8 ml		LVOT Vmax	1.13 m/s	MV A Vel	0.60 m/s
LVPWd	1.1 cm		LVOT maxPG	5.1 mmHg	MV E/A Ratio	0.95
LVIDs	2.6 cm				MV PHT	46 ms
ESV(Teich)	24.7 ml				MVA By PHT	4.75 cm²
EF(Teich)	63.1 %				E/E' lat	4.3
%FS	33.6 %				E/E' sep	7.1
LA Area	20.0 cm²				TR Vmax	1.88 m/s
					TR maxPG	14.2 mmHg

Echo Report

Poor echo subject - limited parasternal window

SR

LV not dilated. No LVH. No RWMA visualised. Good LV systolic function.

Aortic valve has some minor calcification. No stenosis. No AI.
Other valves open well. Trace TR.

LA and RA not dilated.
No ASD/PFO detected.
RV not dilated and contracts well.
est PASP 14mmHg + RAP

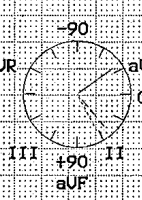
GE MAC1200 ST

4/10/13. DANIEL EGAN

HR 82bpm

Measurement Results:

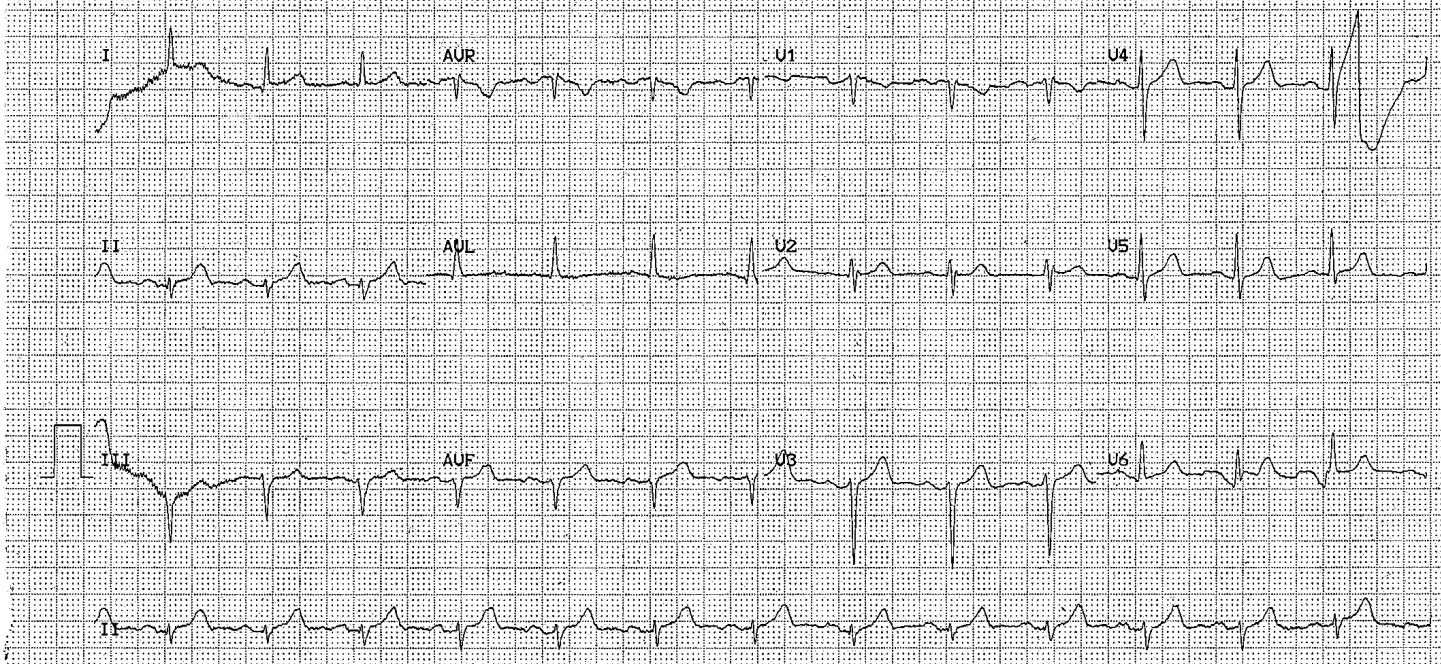
QRS	:	80 ms
QT/QTcB	: 338 /	394 ms
PR	:	184 ms
P	:	142 ms
RR/PP	: 728 /	730 ms
P/QRS/T	: 62/ -37/	50 degrees



< P
< T
< QRS

Interpretation:
12SL - Interpretation:
Sinus rhythm with Fusion complexes
Left axis deviation
Inferior infarct , age undetermined
Anterior infarct , age undetermined
Abnormal ECG

Unconfirmed report.



01 Jan 2000 00:02:09 25mm/s 10mm/mV ADS 50Hz 0.08 - 40Hz 3 F1_R Automatic V6.11 12i (3) 12SL0v231

Patient: **EGAN, Daniel** DOB: **12/02/1954**

Referrer: Dr Ram Prem Venkatesh HospNo: CHI No: 1202543472
Ref Loc: IRH Outpatients Dept CRIS No: 5478551
Ref Src: Inverclyde Royal Hospital, Larkfield Road, Greenock, PA16 0XN,

Clinical History :

SAFETY QUESTIONS ALL NO

MRI Head :

Routine sequences obtained including diffusion weighted imaging.
The ventricular system and CSF spaces are patent.
No hydrocephalus or midline shift.
Prominent perivascular spaces are noted bilaterally.
There are numerous scattered, sub cm foci of T2 and FLAIR high signal within the deep white matter bilaterally. These are nonspecific in nature and the usual aetiologies should be

VERIFIED Reported By: **Dr Trudy Coyle**
2nd Reporter:
Verified By: **Dr Trudy Coyle**

E-28435748 Exam Date: 23/07/14
Exams: **MRI Head**

29/7/14

Patient: **EGAN, Daniel** DOB: **12/02/1954**

Referrer: Dr Ram Prem Venkatesh HospNo: CHI No: 1202543472
Ref Loc: IRH Outpatients Dept CRIS No: 5478551
Ref Src: Inverclyde Royal Hospital, Larkfield Road, Greenock, PA16 0XN,

considered including ischaemia, vasculitis and granulomatous disease. Given the patient's age perhaps ischaemia is most likely.

No large territorial infarct demonstrated.
Normal flow voids are present within the major intracranial vessels.

The cranial cervical junction lies at a normal level and the posterior cranial fossa structures appear grossly unremarkable.

VERIFIED

Reported By: **Dr Trudy Coyle**
2nd Reporter:
Verified By: **Dr Trudy Coyle**

E-28435748 Exam Date: 23/07/14
Exams: **MRI Head**

Inverclyde Royal Hospital: Clinical Report

Patient: **EGAN, Daniel** DOB: **12/02/1954**

Referrer: Dr Javed Akhtar
Ref Loc: IRH Outpatients Dept
Ref Src: Inverclyde Royal Hospital, Larkfield Road, Greenock, PA16 0XN,

HospNo: 410034

CHI No: 1202543472
CRIS No: 5478551

Clinical History :
Blurred vision. Visual field defect. Left homonymous hemianopia?

CT Head :
Unenhanced study performed.

There is a small, low attenuation lesion within the right lentiform nucleus which likely reflects a small established lacunar infarct. There are further tiny areas within the left lentiform nucleus in keeping with further established lacunar infarcts. No other significant abnormality is demonstrated. In particular, no evidence of acute territorial infarct.

VERIFIED

Reported By: **Dr Caroline Cameron**
2nd Reporter:
Verified By: **Dr Caroline Cameron**

E-27895516
Exams: **CT Head**

Exam Date: 24/10/13

STY6

Inverclyde Royal Hospital: Clinical Report

Patient: **EGAN, Daniel** DOB: **12/02/1954**

Referrer: Dr Javed Akhtar HospNo: 410034 CHI No: 1202543472
Ref Loc: IRH Outpatients Dept CRIS No: 5478551
Ref Src: Inverclyde Royal Hospital, Larkfield Road, Greenock, PA16 0XN,

Clinical History :
Blurred vision, visual field defect.

US Doppler carotid artery Both :
The intima media was thickened within both common carotid arteries.
Within both carotid bulbs there was a moderate amount of type 2 /4 plaque present.
There is however no haemodynamically significant stenosis demonstrated on either side.
Normal vertebral flows are seen bilaterally.

VERIFIED Reported By: **Elaine Watt (Sonographer)**
2nd Reporter:
Verified By: **Elaine Watt (Sonographer)**

E-27894588 Exam Date: 12/11/13
Exams: **US Doppler carotid artery Both**

STV5

[redacted]

NHS Greater Glasgow & Clyde

NHS
Greater Glasgow and Clyde

Inverclyde Royal Hospital
Larkfield Road
GREENOCK
PA16 0XN

Tel: 01475 633777

Date 4/10/13

Clinic T/A

Dear Doctor Roger Clark

INITIATION OR CHANGE OF TREATMENT/MEDICATION FOLLOWING OUT-PATIENT ATTENDANCE

Name .....

Address .....

1202543472
EGAN
Daniel M
12/02/1954
Flat3/1 98 Montague Street
ROTHESAY
Isle of Bute
PA20 0HJ

Date of Birth .....

Hospital Number .....

I would be grateful if you could kindly prescribe the following treatment for the above named patient. A full report will be forwarded as soon as possible.

Clopidogrel 75 mg/d

Simvastatin 40 mg/d

Yours sincerely

Signed ..... Title Consultant

TRANSMISSION VERIFICATION REPORT

TIME : 04/10/2013 16:46
NAME :
FAX :
TEL :

DATE,TIME	04/10 16:45
FAX NO./NAME	901700501530
DURATION	00:00:13
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

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	☐
HYDROTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐
OPEN EYES	☐
PODIATRY	☐

Clinic Letter

NHS Greater Glasgow and Clyde

Dr. KE Canavan
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN

Main Switchboard: 01475 633777
Email Inquiries to: jane.donachie@ggc.scot.nhs.uk
Contact Tel Details: 01475 64327

Dictated Date: 24/04/2014
By: DR M EDINGTON
Transcribed Date: 06/05/2014
By: Heather Russell1

Dear Dr. KE Canavan,

Patient

Name:	Egan Daniel
CHI:	1202543472
DOB:	12 Feb 1954
Address:	Flat3/1 98 Montague Street Isle of Bute PA20 0HJ

Attendance

Attended:	24/04/2014 13:30
New/Return:	RETURN
Referral Source:	Consultant at this Health Board/ Health Care Provider
Consultant:	Mr Prem Venkatesh
Specialty:	Ophthalmology
Clinic:	IRRVEY8-DR VENKATESH IRH THUR PM

Clinical Comments:

Diagnosis	Left visual field defect likely related to previous TIA
Visual Acuity	6/6 right eye and 6/9 left eye
Intraocular pressures	15 mmHg right eye and 14 mmHg left eye

This gentleman suffered a TIA approximately 1 year ago and reports that since then he has had intermittent left visual field disturbance. He now feels the vision in his left eye has become suddenly worse and he is having difficulty focusing. He can definitely feel that that part of his vision in the left

eye is missing but he is not sure whether this has been getting worse since the TIA or whether it has always been there. He denies any headaches, numbness or weakness.
On examination, he had very early cataract in both eyes but, otherwise, the anterior segment was normal. Dilated fundus examination revealed healthy macula and a cup disc ratio of 0.8 in both eyes. His retina were flat. Goldman's visual field reveals gross restriction in the left eye, especially nasally. I note on previous CT he had bilateral lacunar infarcts but no acute changes. The visual field defect is likely related to his previous TIA, but as the patient is unsure whether is vision in actually deteriorating and we don't have any previous visual fields for comparison, I feel we should investigate this further with an MRI scan. I will book this routinely and see him back in clinic in approximately 3 months.

Yours sincerely,

DR M EDINGTON

ST1 Registrar of Ophthalmology

Electronically Signed: Dr Magdalena Edington, Doctor

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Dr. KE Canavan
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777

Department: Stroke
Tel: 01475 505005
Enquiries to: julie.jackson3@ggc.scot.nhs.uk

Letter Date: 24/03/2014
Reference:
Dictated Date: 23/03/2014
Transcribed Date: 24/03/2014

Dear Dr Canavan,

Name:	**Egan Daniel**
CHI:	**1202543472**
DOB:	**12/02/1954**
Address:	**Flat3/1 98 Montague Street**
	ROTHESAY
	Isle of Bute
	PA20 0HJ

Mr Egan has been reviewed in the out patient clinic today. He had an ophthalmology appointment earlier and they put some drops in his eyes so his vision was slightly blurred. His eye symptoms still persist intermittently. He had carotid doppler done in November which was normal and his CT scan of the brain was also reported normal apart from lacunar infarcts which were established.

Today his blood pressure was 139/83 sitting and 139/80 standing and he told me that you have added another medication to his blood pressure control which seems to be working.

His current medications are Clopidogrel, Zopiclone, Amlodipine, Perindopril, Indapamide and Simvastatin.

I am not planning any further tests at the moment. The outcome of today's ophthalmology appointment is awaited. I have discharged him from the clinic.
Yours sincerely

J Akhter

Consultant Physician in Stroke/Geriatric Medicine

Electronically Signed: Dr Kadamanpathalil Mathew, Doctor

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Dr. KE Canavan
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777

Department: Stroke
Tel: 01475 505005
Enquiries to: julie.jackson3@ggc.scot.nhs.uk

Letter Date: 11/12/2013
Reference: 410034
Dictated Date: 03/12/2013
Transcribed Date: 03/12/2013

Dear Dr Canavan,

Name:	**Egan Daniel**
CHI:	**1202543472**
DOB:	**12/02/1954**
Address:	**Flat3/1 98 Montague Street**
	ROTHESAY
	Isle of Bute
	PA20 0HJ

Mr Egan had carotid doppler done on 12.11.13 which showed thickening of the intimal media within both common carotid arteries within both carotid bulbs were was a moderate amount of type 2/4 plaque. There is, however, no haemodynamically significant stenosis demonstrated on either side and normal vertebral flow was seen bilaterally.

Electronically Signed: Dr Javed Akhter, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Dr. KE Canavan
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777

Department: Stroke
Tel: 01475 505005
Enquiries to: julie.jackson3@ggc.scot.nhs.uk

Letter Date: 14/11/2013
Reference: 410034
Dictated Date: 11/11/2013
Transcribed Date: 11/11/2013

Dear Dr Canavan,

Name:	**Egan Daniel**
CHI:	**1202543472**
DOB:	**12/02/1954**
Address:	**Flat3/1 98 Montague Street**
	ROTHESAY
	Isle of Bute
	PA20 0HJ

Mr Egan had CT scan of the head done on 24.10.13 which showed small low attenuation lesion within the right lentiform nucleus which likely reflects a small established lacunar infarct. There are further tiny areas within the left lentiform nucleus in keeping with a further established lacunar infarct. No evidence of acute territorial infarct.

Electronically Signed: Dr Javed Akhter, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Dr. KE Canavan
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777

Department: Stroke
Tel: 01475 505005
Enquiries to: julie.jackson3@ggc.scot.nhs.uk

Letter Date: 29/10/2013
Reference: 410034
Dictated Date: 28/10/2013
Transcribed Date: 28/10/2013

Dear Dr Mather,

Name:	**Egan Daniel**
CHI:	**1202543472**
DOB:	**12/02/1954**
Address:	**Flat3/1 98 Montague Street**
	ROTHESAY
	Isle of Bute
	PA20 0HJ

Mr Egan had echocardiogram done on 18.10.13 which showed good LV systolic function, valves appear normal, both atria were of normal dimensions, no ASD or PFO was detected. Blood tests showed ESR 12, haemoglobin 155, platelets 235, MCV 99.4, random blood glucose 5.0, total cholesterol 5.2, triglycerides 2.0, eGFR more than 60.

Electronically Signed: Dr Javed Akhter, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Dr. KE Mather
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777

Department: Stroke
Tel: 01475 505005
Enquiries to:

Letter Date: 11/10/2013
Reference: 410034
Dictated Date: 08/10/2013
Transcribed Date: 08/10/2013

Dear Dr Mather,

Name:	**Egan Daniel**
CHI:	**1202543472**
DOB:	**12/02/1954**
Address:	**Flat3/1 98 Montague Street**
	ROTHESAY
	Isle of Bute
	PA20 0HJ

Thank you for referring this 59 year old patient who has impairment of his visual field about 8 weeks ago which has affected the temporal side of the left eye. These episodes occurred about 5 or 6 times that day and they have now completely resolved. However, he is still occasionally complaining of visual field impairment. There is no associated speech disturbance or motor weakness.

Past medical history: depression, previous drug dependence on Methadone therapy now.

On examination today his pulse was 93 per minute regular, blood pressure was 162/100 sitting, 168/98 standing, weight 76.4 kg, height 176, BMI 24.2. 12 lead ECG was in sinus rhythm. His heart sounds were normal, chest was clear, abdominal examination was normal. His visual field examination was normal. Cranial nerves were intact.

Possibility of TIA or stroke was there and there may be involvement with the eyes. I will organise for him to have a CT scan of the brain, carotid doppler, routine bloods have been done today and I have suggested that he should be started on Clopidogrel 75 mg and Simvastatin 40 mg. I would be grateful if his blood pressure could be monitored at your surgery by the practice nurse. I will refer him to the ophthalmologist also for opinion.

I will review him again in 2 months' time.

Electronically Signed: Dr Javed Akhter, Consultant

cc. Dr Venkatesh

Clinic Letter

NHS
Greater Glasgow and Clyde

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777
Department:
Contact Tel: 01475 64327
Enquiries to: jane.donachie@ggc.scot.nhs.uk

Dr. KE Canavan
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Letter Date: 27/02/2015
Reference: JC/HR
Dictated Date: 03/03/2015
Transcribed Date: 11/03/2015

Dear Dr. KE Canavan,

Daniel Egan; D.O.B: 12 Feb 1954; CHI: 1202543472
Flat3/1 98 Montague Street, ROTHESAY, Isle of Bute, PA20 0HJ

Attendance: Specialty - Ophthalmology; Clinic - IRRVEY0-OPHTHALMOLOGY CLINIC FRI PM
Date and Time of Appointment - 27/02/2015 14:10

Clinical Comments:
Diagnosis:
Previously detected left eye peripheral visual field defect
Right eye small superior temporal field defect
MRI brain done 23/07/14 - normal

Visual Acuity:
6/5 right with glasses and 6/6 left with glasses

Ocular Medication:
Nil

Follow up:
6 months with repeat visual field

This is the first time we have seen Mr Egan back in the eye clinic since Apr 2014. Since his last visit he had a routine MRI scan of the head done in July 2014 which I am pleased to say has come back showing no evidence of an infarct though there are some signs of possible scattered ischemia. There was no evidence of a space occupying lesion. We planned to do visual field testing with Mr Egan in clinic today but unfortunately due to other commitments he was unable to stay for this test. On examination however his eye exam remains unchanged from previous with healthy anterior segments and fundus examination. Intraocular pressures of both eyes are within normal limits. We will keep Mr Egan under observation at present and will see him back for a visual field test in 6 months.

Yours sincerely,

DR J CONNOLLY

ST4 in Ophthalmology

Electronically Signed: Dr Julie Connolly, Doctor

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Daniel Egan
Flat3/1 98 Montague Street
ROTHESAY
Isle of Bute
PA20 0HJ

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777

Department: Stroke
Tel: 01475 505005
Enquiries to: julie.jackson3@ggc.scot.nhs.uk

Letter Date: 11/12/2013
Reference: 410034
Dictated Date: 03/12/2013
Transcribed Date: 03/12/2013

Dear Mr Egan,

This is just to let you know that your recent scan of the arteries of the neck has shown some roughening but there was no significant narrowing.

Electronically Signed: Dr Javed Akhter, Consultant

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Daniel Egan
Flat3/1 98 Montague Street
ROTHESAY
Isle of Bute
PA20 0HJ

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777

Department: Stroke
Tel: 01475 505005
Enquiries to: julie.jackson3@ggc.scot.nhs.uk

Letter Date: 14/11/2013
Reference: 410034
Dictated Date: 11/11/2013
Transcribed Date: 11/11/2013

Dear Mr Egan,

This is just to let you know that your recent scan of the brain has shown some evidence of narrowing of the small arteries of the brain. These are incidental findings and they may not be directly related to your symptoms of transient visual impairment.

Electronically Signed: Dr Javed Akhter, Consultant

cc.

Orthopaedics
Corsebar Road
Paisley
PA2 9PN

30/11/2023

Dr KE Canavan
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Dear Dr KE Canavan

Patient Name: Daniel Egan
CHI Number: 1202543472
Referral Date: 29/11/2023

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

( ) Please refer to the referral guidance directory for referral criteria for this service.

https://www.nhsggc.scot/hospitals-services/services-a-to-z/referral-guidelines/

( ) Insufficient clinical information to allow specialty to triage this referral.

Enter free text here

(x) Other

The heel spur is tiny and unlikely to be the source of the pain, please exhaust local podiatry and orthotic input in the first instance. if this fails to improve, please re-refer. Many thanks.

Yours sincerely

Podiatrist Kirsten Baird1

User ID Kirsten Baird1

SCGC Opwl Rem Ref Hosp Req V1

Trauma & Orthopaedic - Knee
Larkfield Rd
Greenock
PA16 0XN

28/11/2023

Dr KE Canavan
The Bute Practice
The Health Centre
High Street
Rothesay
PA20 9JL

Dear Dr KE Canavan

Patient Name: Daniel Egan
CHI Number: 1202543472
Referral Date: 22/11/2023

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

( ) Please refer to the referral guidance directory for referral criteria for this service.

https://www.nhsggc.scot/hospitals-services/services-a-to-z/referral-guidelines/

( ) Insufficient clinical information to allow specialty to triage this referral.

Enter free text here

(x) Other

Foot and Ankle is accessed via GGC pathway and nor Clyde .

Yours sincerely

Mr Andrew Martin Chappell

User ID Andrew Chappell

SCGC Opwl Rem Ref Hosp Req V1

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma & Orthopaedic - Knee GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Inverclyde Royal Hospital Larkfield Road Greenock PA16 0XN	——	**Hospital** and **hospital address** Hospital location code. C313H Email address -

Urgency of referral Routine
Date of referral 22-Nov-2023 **Date sent** 22-Nov-2023

PATIENT DETAILS

Surname	EGAN
Forename(s)	DANIEL
Title	MR
Sex	Male
Date of birth	12-Feb-1954
CHI no.	1202543472
Area of Residence	-

Patient's address

FLAT 3.1 98 MONTAGUE STREET
ROTHESAY
ISLE OF BUTE
PA20 0HJ

Contact number(s)

Voice: 07927 740 272
Voice: 07927740272

101031425166W Unique Care Pathway Number: 101031425166W

REGISTERED GP DETAILS

Name	Dr Kate Canavan		
GMC code	6103000	GP code	69426
Practice name	The Bute Practice		
Practice code	84646		

Practice address

THE HEALTH CENTRE
HIGH STREET
ROTHESAY
BUTE
PA20 9JL

Contact number(s)

Voice: 01700501527

REFERRING GP DETAILS

Name	Dr. Katie Canavan		
GMC code	6103000	GP code	69507
Practice name	The Bute Practice (84646)		
Practice code	84646		

Practice address

The Health Centre
High Street
Rothesay
PA20 9JL

Contact number(s)

Voice: 01700 502290

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Heelp pain, calcaneal spur

Comment: I am looking for advice about a patient who has been struggling with right heel pain for the last 10 months and who has a small calcaneal spur on xray. I suspect this is not what is causing the pain as he is very tender on minimal pressure when palpating his heel. He has hyperkeratosis on this heel and a possible corn. He has been advised to seek advice from a podiatrist about this and I have referred him to the orthotist for a padded heel insole.
Many thanks for your advice as this is affecting his QOL. Kind regards.
Dr Kate Canavan

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Comment	Modifier	Date of onset	Date recorded
Calcaneal spur	very small	-	02-Nov-2023	02-Nov-2023
Chronic obstructive airways disease NOS	Mild obstruction on Spirometry FEV1/FVC 59%	-	25-Aug-2023	25-Aug-2023
Vitamin deficiencies	D	-	05-Jun-2023	05-Jun-2023
Suspected chronic obstructive pulmonary disease	CT diagnosis	-	20-Oct-2020	20-Oct-2020
Peripheral vascular disease NOS	with intermittent claudication	-	20-May-2020	20-May-2020
Essential hypertension	-	-	28-Oct-2013	28-Oct-2013
Transient cerebral ischaemia	-	First ever	11-Oct-2013	11-Oct-2013
Fracture of clavicle	fracture of mid shaft of calvicle.	-	22-Jul-2013	22-Jul-2013
[X]Depressive episode	-	First ever	16-Sep-2008	16-Sep-2008
[X]Depressive episode	-	-	10-Apr-2008	10-Apr-2008
No signif. H/O TIA	-	-	09-Jan-2007	09-Jan-2007
No signif. H/O Stroke	-	-	09-Jan-2007	09-Jan-2007
No signif. H/O Hypertension	-	-	09-Jan-2007	09-Jan-2007
No signif. H/O Diabetes	-	-	09-Jan-2007	09-Jan-2007
No signif. H/O CHD	-	-	09-Jan-2007	09-Jan-2007
[X]Specific (isolated) phobia	Needle phobia	-	01-Sep-2005	01-Sep-2005
Drug dependence	Heroin	-	01-Nov-2002	01-Nov-2002
Neurotic (reactive) depression	-	-	01-Mar-2001	01-Mar-2001
Cls # ankle, medial malleolus	left	-	01-Sep-2000	01-Sep-2000
[V]Drug abuse counsel+surveiln	-	-	01-Jan-1998	01-Jan-1998
Wrist fracture - closed	left	-	01-Jan-1997	01-Jan-1997
Clsd # scaphoid	Left	-	01-Jan-1992	01-Jan-1992
Poisoning	Aspirin	-	01-Jan-1975	01-Jan-1975

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Drug addictn therap-methadone	04-Nov-2003	04-Nov-2003

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amlodipine 5mg tablets	28	tablet	TAKE ONE IN THE MORNING	-	18-Mar-2014	06-Nov-2023
Spiolto Respimat 2.5micrograms/dose / 2.5micrograms/dose inhalation solution cartridge with device (Boehringer Ingelheim Ltd)	60	dose	INHALE 2 PUFFS ONCE DAILY	-	28-Jan-2021	06-Nov-2023
Clopidogrel 75mg tablets	28	tablet	TAKE ONE DAILY	-	07-Oct-2013	06-Nov-2023
Indapamide 2.5mg tablets	28	tablet	TAKE ONE IN THE MORNING	-	31-Oct-2013	06-Nov-2023
Perindopril erbumine 8mg tablets	30	tablet	1 TABLET ONCE A DAY	-	05-Feb-2014	06-Nov-2023
Lansoprazole 15mg gastro-resistant capsules	28	capsule	TAKE ONE IN THE MORNING	-	07-Oct-2013	06-Nov-2023
Naftidrofuryl 100mg capsules	112	capsule	TAKE TWO IN THE MORNING AND [more]	-	30-Dec-2020	06-Nov-2023
Atorvastatin 10mg tablets	28	tablet	TAKE ONE DAILY	-	29-Jul-2014	06-Nov-2023
Ventolin 200micrograms/dose Accuhaler (GlaxoSmithKline UK Ltd)	60	dose	INHALE ONE DOSE WHEN REQUIRED	-	28-Jan-2021	06-Nov-2023

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Methadone 1mg/ml oral solution	2520	ml	90ML NINETY ML DAILY	-	16-Nov-2023	16-Nov-2023
Flexitol 25% Urea Heel Balm (Thornton & Ross Ltd)	200	gram	APPLY MORNING AND NIGHT	-	06-Nov-2023	06-Nov-2023
Methadone 1mg/ml oral solution	2520	ml	90ML NINETY ML DAILY	-	19-Oct-2023	19-Oct-2023
Salicylic acid 12% / Lactic acid 4% gel	8	gram	APPLY DAILY	-	11-Oct-2023	11-Oct-2023
Methadone 1mg/ml oral solution	2520	ml	90ML NINETY ML DAILY	-	14-Sep-2023	14-Sep-2023
Methadone 1mg/ml oral solution	2520	ml	90ML NINETY ML DAILY	-	28-Aug-2023	28-Aug-2023
Spiolto Respimat 2.5micrograms/dose / 2.5micrograms/dose inhalation solution cartridge with device (Boehringer Ingelheim Ltd)	60	dose	INHALE 2 PUFFS ONCE DAILY	-	28-Jan-2021	25-Aug-2023
Methadone 1mg/ml oral solution	2520	ml	90ML NINETY ML DAILY	-	27-Jul-2023	27-Jul-2023
Methadone 1mg/ml oral solution	2520	ml	90ML NINETY ML DAILY	-	04-Jul-2023	04-Jul-2023

Amlodipine 5mg tablets	28	tablet	TAKE ONE IN THE MORNING	18-Mar-2014	05-Oct-2023

Blood Pressure

Date Recorded	Systolic	Diastolic
15-Aug-2023	132	78
31-May-2023	132	72
02-Aug-2022	151	72

Body Measurements

Date Recorded	Height	Weight	BMI
16-Sep-2021	1.76	84.2	27.1
28-Jan-2021	1.76	82.5	26.6
21-Jul-2015	1.76	70.5	22.7

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	Smoking status on date of event: Smoker.	15-Aug-2023
Current smoker:	Smoking status on date of event: Smoker.	16-Sep-2021
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 3. NOTES: Cut down significantly.	20-Oct-2020
Trying to give up smoking:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	05-Aug-2020
Minutes from waking to first tobacco consumption:	30 mins	05-Aug-2020
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 20.	21-Jul-2015
Less than 30 mins/day of at least mod int. physc act >=5 week:		29-Jul-2014

Clinical warnings

Allergies

Description	Comment	Date recorded
AR - amitriptyline	Drug code for allergy: Amitriptyline 25mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: Tachycardia and excessive sweating.	02-Aug-2006

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

Referred By:Referring GP

Electronic Attachment Present:No

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

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 GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Inverclyde Royal Hospital Larkfield Road Greenock PA16 0XN	——	**Hospital** and **hospital address** Hospital location code. C313H Email address -

Urgency of referral ROUTINE
Date of referral 26-Mar-2014 **Date sent** 27-Mar-2014

PATIENT DETAILS

Surname	EGAN
Forename(s)	DANIEL
Title	MR
Sex	Male
Date of birth	12-Feb-1954
CHI no.	1202543472
Area of Residence	

Patient's address

FLAT 3/1 98 MONTAGUE STREET
ROTHESAY
ISLE OF BUTE
PA20 0HJ

Contact number(s)

Voice: 07747893124

101006958030S Unique Care Pathway Number: 101006958030S

REGISTERED GP DETAILS

Name	Dr Kate Canavan		
GMC code	6103000	GP code	69426
Practice name	The Bute Practice		
Practice code	84646		

Practice address

THE HEALTH CENTRE
HIGH STREET
ROTHESAY
BUTE
PA20 9JL

Contact number(s)

Voice: 01700501527
Facsimile: 01700 501530

REFERRING GP DETAILS

Name	Dr. Roger Clark		
GMC code	3479618	GP code	34592
Practice name	The Bute Practice (84646)		
Practice code	84646		

Practice address

The Health Centre
High Street
Rothesay
PA20 9JL

Contact number(s)

Voice: 01700 502290
Facsimile: 01700 501530

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Change of bowel habit

Comment: This 60-year old man has a 7 week history of diarrhoea. He is going between 2 and 3 times a day and denies the passage of any blood or slime. There is no associated abdominal pain. His health is otherwise unchanged and there has been no unexplained weight loss.

Rectal examination was unremarkable. I am requesting a stool specimen for culture and also a full blood count.

Many thanks for seeing him.

LETTER DICTATED IN FRONT OF PATIENT

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

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

Description	Comment	Modifier	Date of onset	Date recorded
Essential hypertension	-	-	31-Oct-2013	31-Oct-2013
Transient cerebral ischaemia	-	First ever	31-Oct-2013	31-Oct-2013
Fracture of clavicle	fracture of mid shaft of calvicle.	-	22-Jul-2013	22-Jul-2013
[X]Depressive episode	-	-	16-Sep-2008	16-Sep-2008
[X]Depressive episode	-	-	10-Apr-2008	10-Apr-2008
[X]Specific (isolated) phobia	Needle phobia	-	01-Sep-2005	01-Sep-2005
Drug dependence	Heroin	-	01-Nov-2002	01-Nov-2002
Neurotic (reactive) depression	-	-	01-Mar-2001	01-Mar-2001
Cls # ankle, medial malleolus	left	-	01-Sep-2000	01-Sep-2000
[V]Drug abuse counsel surveiln	-	-	01-Jan-1998	01-Jan-1998
Wrist fracture - closed	left	-	01-Jan-1997	01-Jan-1997
Clsd # scaphoid	Left	-	01-Jan-1992	01-Jan-1992
Poisoning	Aspirin	-	01-Jan-1975	01-Jan-1975

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Drug addictn therap-methadone	04-Nov-2003	04-Nov-2003

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amlodipine 5mg tablets	28	tablet	TAKE ONE IN THE MORNING	-	18-Mar-2014	18-Mar-2014
Perindopril erbumine 8mg tablets	30	tablet	1 TABLET ONCE A DAY	-	05-Feb-2014	18-Mar-2014
Indapamide 2.5mg tablets	28	tablet	TAKE ONE IN THE MORNING	-	31-Oct-2013	18-Mar-2014
Clopidogrel 75mg tablets	28	tablet	TAKE ONE DAILY	-	07-Oct-2013	18-Mar-2014
Simvastatin 40mg tablets	28	tablet	TAKE ONE AT NIGHT	-	07-Oct-2013	18-Mar-2014
Lansoprazole 15mg gastro-resistant capsules	28	capsule	TAKE ONE IN THE MORNING	-	07-Oct-2013	18-Mar-2014

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
	7	tablet		-	18-Mar-2014	

Zopiclone 7.5mg tablets			TAKE ONE TABLET AT NIGHT			18-Mar-2014
Methadone 1mg/ml oral solution	110	ml	10ML TEN DAILY	-	07-Mar-2014	07-Mar-2014
Methadone 1mg/ml oral solution	250	ml	10ML TEN DAILY	-	20-Feb-2014	20-Feb-2014
Methadone 1mg/ml oral solution	170	ml	10ML TEN DAILY	-	05-Feb-2014	05-Feb-2014
Methadone 1mg/ml oral solution	280	ml	10ML TEN DAILY	-	22-Jan-2014	22-Jan-2014
Methadone 1mg/ml oral solution	340	ml	10ML TEN DAILY	-	18-Dec-2013	18-Dec-2013
Methadone 1mg/ml oral solution	220	ml	10ML TEN DAILY	-	28-Nov-2013	28-Nov-2013
Perindopril erbumine 4mg tablets	30	tablet	TAKE ONE IN THE MORNING	-	31-Oct-2013	22-Jan-2014
Methadone 1mg/ml oral solution	420	ml	15ML FIFTEEN DAILY	-	31-Oct-2013	31-Oct-2013

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:	Smoking status on date of event: Smoker, Ounces of tobacco smoked per day: 0.	05-Feb-2014
Current smoker:	Smoking status on date of event: Smoker.	31-Oct-2013
Current smoker:	Smoking status on date of event: Smoker.	28-Oct-2013
Current smoker:	Smoking status on date of event: Smoker.	07-Feb-2013
Cigarette smoker:	Smoking status on date of event: Smoker.	21-Dec-2011

Clinical warnings

Allergies

Description	Comment	Date recorded
AR - amitriptyline	Drug code for allergy: Amitriptyline 25mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: Tachycardia and excessive sweating.	02-Aug-2006

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

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

Referral letter:

NHS
Greater Glasgow and Clyde

Dr Venkatesh
Consultant Ophthalmologist
Level E
IRH

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 01475 633777

Department: Stroke
Tel: 01475 505005
Enquiries to:

Letter Date: 11/10/2013
Reference: 410034
Dictated Date: 08/10/2013
Transcribed Date: 08/10/2013

Dear Dr Venkatesh,

Name:	**Egan Daniel**
CHI:	**1202543472**
DOB:	**12/02/1954**
Address:	**Flat3/1 98 Montague Street**
	ROTHESAY
	Isle of Bute
	PA20 0HJ

I would be grateful if you could review this 59 year old gentleman in your out patient clinic who has come to the TIA clinic today when he had visual field impairment on the left side about 8 weeks ago. It resolved in the same day but he is having intermittent visual field impairment especially affecting the left eye temporal field.

Electronically Signed: Dr Javed Akhter, 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

Stroke Non Fast Track GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Inverclyde Royal Hospital Larkfield Road Greenock PA16 0XN	——	**Hospital** and **hospital address** Hospital location code. C313H Email address -

Urgency of referral ROUTINE
Date of referral 05-Sep-2013 **Date sent** 05-Sep-2013

PATIENT DETAILS

Surname	EGAN
Forename(s)	DANIEL
Title	MR
Sex	Male
Date of birth	12-Feb-1954
CHI no.	1202543472
Area of Residence	-

Patient's address

FLAT 3/1 98 MONTAGUE STREET
ROTHESAY
ISLE OF BUTE
PA20 0HJ

Contact number(s)
-

101005920010A Unique Care Pathway Number: 101005920010A

REGISTERED GP DETAILS

Name	Dr K Mather		
GMC code	6103000	GP code	69426
Practice name	The Bute Practice		
Practice code	84646		

Practice address

THE HEALTH CENTRE
HIGH STREET
ROTHESAY
BUTE
PA20 9JL

Contact number(s)
Voice: 01700501527

REFERRING GP DETAILS

Name	Dr. Roger Clark		
GMC code	3479618	GP code	34592
Practice name	The Bute Practice (84646)		
Practice code	84646		

Practice address

The Health Centre
High Street
Rothesay
PA20 9JL

Contact number(s)
Voice: 01700 502290

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Sudden onset visual change.

Comment: This 59 year old man had sudden onset loss of lateral vision in his left eye five weeks ago. There were no other other associated neurological features such as unilateral weakness. His vision in his lateral field field remains affected. He tells me that he has been to see his optician who can find no ophthalmological cause. Approximately two years ago he had some unilateral neurological symptoms affecting his left side, principally paraesthesia and pain in his left arm.
I would appreciate your help with further management.

Letter dictated in front of patient.

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
Fracture of clavicle	fracture of mid shaft of calvicle.	22-Jul-2013	22-Jul-2013
[X]Depressive episode	-	16-Sep-2008	16-Sep-2008
[X]Depressive episode	-	10-Apr-2008	10-Apr-2008
[X]Specific (isolated) phobia	Needle phobia	01-Sep-2005	01-Sep-2005
Drug dependence	Heroin	01-Nov-2002	01-Nov-2002
Neurotic (reactive) depression	-	01-Mar-2001	01-Mar-2001
Cls # ankle, medial malleolus	left	01-Sep-2000	01-Sep-2000
[V]Drug abuse counsel surveiln	-	01-Jan-1998	01-Jan-1998
Wrist fracture - closed	left	01-Jan-1997	01-Jan-1997
Clsd # scaphoid	Left	01-Jan-1992	01-Jan-1992
Poisoning	Aspirin	01-Jan-1975	01-Jan-1975

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Drug addictn therap-methadone	04-Nov-2003	04-Nov-2003

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole 20mg gastro-resistant capsules	28	capsule	1 CAP DAILY	-	17-Jan-2012	03-Sep-2013

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Methadone 1mg/ml oral solution	450	ml	15ML FIFTEEN DAILY	-	03-Sep-2013	03-Sep-2013
Naproxen 500mg tablets	28	tablet	1 TABLET TWICE DAILY	-	16-Aug-2013	16-Aug-2013
Methadone 1mg/ml oral solution	420	ml	15ML FIFTEEN DAILY	-	06-Aug-2013	06-Aug-2013
Naproxen 500mg gastro-resistant tablets	28	tablet	1 TABLET TWICE DAILY	-	01-Aug-2013	01-Aug-2013
Paracetamol 500mg tablets	100	tablet	TAKE TWO FOUR TIMES DAILY	-	22-Jul-2013	22-Jul-2013
Methadone 1mg/ml oral solution	560	ml	20ML TWENTY DAILY	-	09-Jul-2013	09-Jul-2013
Methadone 1mg/ml oral solution	540	ml	20ML TWENTY DAILY	-	11-Jun-2013	11-Jun-2013
	540	ml		-	14-May-2013	

Methadone 1mg/ml oral solution			20ML TWENTY DAILY			14-May-2013
Methadone 1mg/ml oral solution	300	ml	20ML TWENTY DAILY	-	30-Apr-2013	30-Apr-2013
Methadone 1mg/ml oral solution	520	ml	20ML TWENTY DAILY	-	04-Apr-2013	04-Apr-2013

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:	Smoking status on date of event: Smoker.	07-Feb-2013
Cigarette smoker:	Smoking status on date of event: Smoker.	21-Dec-2011
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	26-Jun-2009
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	09-Jan-2007
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0.	12-Apr-2005

Clinical warnings

Allergies

Description	Comment	Date recorded
AR - amitriptyline	Drug code for allergy: Amitriptyline 25mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: Tachycardia and excessive sweating.	02-Aug-2006

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

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

Inverclyde Royal Hospital
Cardiology Department

NHS Greater Glasgow and Clyde

Echocardiography Report

Patient Name: **Egan, Daniel**	Date of Study: **18/10/2013**
Patient Id: **1202543472**	Referring Consultant:
Sex: **Male**	Sonographer: **Angela Scott**
Date of Birth: **12/02/1954**	Reported by: **AS**
Ward/Dept. **OP**	Referral Reasons: **TIA**

2D		M-Mode	Doppler Outlet / Misc.		Doppler Inlet	
IVSd	1.1 cm		AV Vmax	1.23 m/s	MV E Vel	0.57 m/s
LVIDd	3.9 cm		AV maxPG	6.1 mmHg	MV DecT	160 m s
EDV(Teich)	66.8 ml		LVOT Vmax	1.13 m/s	MV A Vel	0.60 m/s
LVPWd	1.1 cm		LVOT maxPG	5.1 mmHg	MV E/A Ratio	0.95
LVIDs	2.6 cm				MV PHT	46 m s
ESV(Teich)	24.7 ml				MVA By PHT	4.75 cm²
EF(Teich)	63.1 %				E/E' lat	4.3
%FS	33.6 %				E/E' sep	7.1
LA Area	20.0 cm²				TR Vmax	1.88 m/s
					TR maxPG	14.2 mmHg

Echo Report

Poor echo subject - limited parasternal window

SR

LV not dilated. No LVH. No RWMA visualised. Good LV systolic function.

Aortic valve has some minor calcification. No stenosis. No AI.
Other valves open well. Trace TR.

LA and RA not dilated.
No ASD/PFO detected.
RV not dilated and contracts well.
est PASP 14mmHg + RAP