Legal Aspects Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

NHS
Greater Glasgow and Clyde

MMA Legal Limited
Stok
43-59 Princes Street
Stockport
SK1 1RY

Date: 25th May 2026
Your Ref:
Our Ref: LAT/ACCESS/SB
Enquiries to: Samantha Barka
Direct Line: 0141 211 0151
Email: samantha.barka2@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: WILLIAM ARGUE D.O.B: 15.04.1960

Thank you for your request received 29th April 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:

QUEEN ELIZABETH UNIVERSITY HOSPITAL
GARTNAVEL GENERAL HOSPITAL
WEST AMBULATORY CARE HOSPITAL

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

Legal Aspects 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	☐
AREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☑
WEST MARC	☐
LABS	☐

Previous Patient Notes for Ophthalmology (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		**Outpatient Note**
Date/Time: 19-Jan-2022 08:38	**Created By:** Karen Gordon staff nurse - Karen Gordon	**Role:** Nurse - GGC
Specialty: Ophthalmology	**Organisation:**	Sensitive
Note: COVID NOT DETECTED		

Patient Note		**Outpatient Note**
Date/Time: 18-Jan-2022 09:07	**Created By:** Ophthalmology Nurse - Nancy Menzies	**Role:** Nurse - GGC
Specialty: Ophthalmology	**Organisation:**	Sensitive
Note: Covid swab obtained		

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑ NURSING ☐

Please tick ✔ appropriate directorate

1504606671
ARGUE M
William 15/04/1960
74 CUMLODDEN DRIVE
Glasgow, Lanarkshire
G20 0JU

Date & Time		Signature, Print Name & Designation
30/11/19	Enlarging / Painful / Crusting / Raised lesion	(L) Forearm [illegible]
	6/12 Pain	?BCC/KA
	Lower cover TCP Painful	[illegible] [illegible]
		5mm peripheral
		[illegible]
	LA 2 [illegible]	
	Supplies	[illegible]
		[illegible]
	[illegible]	
	[illegible]	D/T
		[illegible]
		[illegible]

Date & Time		Signature, Print Name & Designation

HOSPITAL INFORMATION MISSING

Dr ALASDAIR WEBB
MARYHILL HEALTH CENTRE
41 SHAWPARK STREET GLASGOW

G20 9DR

Date : 04 Apr 2011

Dear Dr ALASDAIR WEBB,

Re: WILLIAM ARGUE, 74 CUMLODDEN DRIVE, GLASGOW, G20 0JU
Date of Birth: 15/04/1960 CHI number: 1504606671

HOSPITAL INFORMATION MISSING Patient attended on the 04 Apr 2011.

The presenting complaint was: **NAIL THROUGH HAND**

Triage information:	**PATIENT HAS APPROX 90ML NAIL THROUGH PALM OF HAND. FINGERS CRAMPING BUT WARM TO TOUCH AND HAVE SENSATION. TEMP 36.2**
The following investigations were carried out:	**HAND-LEFT-SOFT TISSUE X RAY**
The A&E diagnosis was:	**** INJURY- NOT ASSAULT** - PENETRATING - HAND - LEFT**
The following treatment was given:	**REVAXIS** **INADINE DRESSING** **FOREIGN BODY REMOVAL**

At the conclusion of treatment the patient was: **DISCHARGED**

Follow-up: **DISCHARGED**

Additional information: **None**

Yours sincerely,

PHIL ANDERSON

CONSULTANT IN EMERG. MEDICINE

Clinical letter - GP: Discharge Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Dr. SA Russell
Maryhill Red Practice
Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Main Switchboard:	0141 211 3000
Department:	MSK Physiotherapy Department Woodside Health Centre
Contact Tel:	0141 531 9243
Enquiries to:	Jenifer Dallas
Letter Date:	02/05/2018
Reference:	
Dictated Date:	02/05/2018
Transcribed Date:	02/05/2018

Dear Dr Russell,

William Argue; D.O.B: 15/04/1960; CHI: 1504606671
74 Cumlodden Drive, Glasgow, Lanarkshire, G20 0JU

GP Action Required: Nil

Presenting Condition: Left Shoulder Pain

Physiotherapy Comments:

Onset of symptoms - 2 years ago

Mechanism of onset - gradual onset, no history of trauma

Diagnosis - sub-acromial pain syndrome with associated reduced rotator cuff strength an x-ray had also shown minor degenerative changes at the a/c joint

Treatment - advice and education on condition and its management as well as an exercise programme

Further Info - the patient reported a 40 percent improvement in symptoms at his last review on 26/03/18. He then failed to attend an appointment on 16/04/18 and has made no further contact since.

Discharge Outcome:

The patient failed to attend a review appointment with no further contact.

This patient has now been discharged from our care.

Yours sincerely

Physiotherapist Jenifer Dallas

Physiotherapist Band 6

Electronically Signed: ,

cc.

Clinical letter - GP: Discharge

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. SA Russell
Maryhill Red Practice
Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Main Switchboard:	
Department:	Possilpark HCC
Contact Tel:	0141 800 0648
Enquiries to:	0141 800 0648
Letter Date:	04/12/2017
Reference:	
Dictated Date:	04/12/2017
Transcribed Date:	

Dear Doctor,

William Argue; D.O.B: 15/04/1960; CHI: 1504606671
74 Cumlodden Drive, Glasgow, Lanarkshire, G20 0JU

This patient did not keep their first appointment with us on 04/12/17 at 1515, and did not notify us that they would not be attending.

No further appointment will be offered and they will be removed from our waiting list, unless they contact us within 24 hours.

Yours sincerely

Andrew McLafferty

Physiotherapist

Electronically Signed:

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. L Kelly
Maryhill Red Practice
Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Main Switchboard:
Department: Ophthalmology
Contact Tel: 0141 211 1643
Enquiries to: Kirsty.Hunter@ggc.scot.nhs.uk
Letter Date: 25/02/2022
Reference: APMK
Dictated Date: 25/02/2022
Transcribed Date: 15/03/2022

Dear Dr. L Kelly,

William Argue; D.O.B: 15 Apr 1960; CHI: 1504606671
74 CUMLODDEN DRIVE, Glasgow, Lanarkshire, G20 0JU

Attendance: Specialty - Ophthalmology; Clinic - GGDLEY0-EYE DR LOCKINGTON FRI PM
Date and Time of Appointment - 25/02/2022 15:30

Clinical Comments:
VISUAL ACUITY:

Right eye 61 letters, improved to 78 letters with pinhole.

Left eye 68 letters.

DIAGNOSIS:

Previous left retinal detachment surgery as a teenager.

Recent left phaco and sulcus IOL for brunescent cataract on 19/01/2022.

COMMENTS:

I reviewed William in clinic today. He is very satisfied with his current level of vision. He reports some mild distortions in the left eye. He is now off drops.

On examination he has got unremarkable anterior segments and normal pressures. Dilated fundoscopy looked unremarkable as well. OCT macula did not show any evidence of CMO. Patient was refracted in clinic today and with refraction his vision corrected to 6/9 on the left.

Patient was also reviewed by Dr Lockington. He was advised to attend his optician for prescription check as he will need new glasses. He was discharged from clinic today.

Yours sincerely,

Dr A. Pekacka

Ophthalmology ST2

Electronically Signed: Dr Aleksandra Pekacka, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ

Dr. SA Russell
Maryhill Red Practice
Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Main Switchboard:	0141 211 2000
Department:	Dermatology
Contact Tel:	0141 201 6908/6910/6911
Enquiries to:	
Letter Date:	30/11/2019
Reference:	GD/MB
Dictated Date:	30/11/2019
Transcribed Date:	11/01/2020

Dear Dr. SA Russell,

William Argue; D.O.B: 15 Apr 1960; CHI: 1504606671
74 CUMLODDEN DRIVE, Glasgow, Lanarkshire, G20 0JU

Attendance: Specialty - Dermatology; Clinic - WIGDDEI-DR DAWN DERM EXTRA CLINIC
Date and Time of Appointment - 30/11/2019 10:45

Follow Up: Discharged

Clinical Comments:
Diagnosis Residual seborrheic keratosis, extensor forearm

Management

Cryotherapy

In 3 weeks' time, when cryotherapy settles, start gentle massage with Cetraben cream a couple of times a day

Many thanks for referring this gentleman with a six month history of a crusted, enlarging raised lesion on the extensor left forearm. He mentioned that around four weeks ago the top part fell off and today there was a 5mm residual seborrheic keratosis. I have reassured him about the benign nature of this condition. He mentioned the lesion tends to grow back. He had a similar problem in the past in that area.

Today I have treated the residual seborrheic keratosis with cryotherapy and warned him of the potential side effects such as blood blistering, scarring and changes in pigmentation. I have also

given a sample of Cetraben cream to massage locally as above. He has been discharged back to your care.

Kind regards

Yours sincerely

Dr Goutam Dawn

Locum Consultant Dermatologist

Electronically Signed: Dr Goutam Dawn, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
Main Switchboard: 0141 211 2000
Department: Orthopaedics
Contact Tel: 0141 201 0748
Enquiries to:

Dr. SA Russell
Maryhill Red Practice
Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Letter Date: 09/11/2018
Reference: NM/KL
Dictated Date: 09/11/2018
Transcribed Date: 22/11/2018

Dear Dr. SA Russell,

William Argue; D.O.B: 15 Apr 1960; CHI: 1504606671
74 Cumlodden Drive, Glasgow, Lanarkshire, G20 0JU

Attendance: Specialty - Orthopaedics ; Clinic - WINMOR9-MR MILLAR ORTHO FRIDAY AM
Date and Time of Appointment - 09/11/2018 09:15

Clinical Comments:
Diagnosis - Right shoulder rotator cuff disease

Plan - Review in nine months

William continues to pretty static.

On examination today he forward elevates to 160°, externally rotates to 80° and internally rotates to his left thoracic spine. He remains with positive impingement signs and is starting to get some pain with above shoulder activities. He works as a Joiner and Plasterer.

He feels as if it is not deteriorating and as such I do not think any surgical intervention would benefit him at present. As such, I will see him back in nine months. If things deteriorate I would be more than happy to see him.

Yours sincerely

Neal L Millar PhD FRCSEd(Tr&Ortho)

Consultant Orthopaedic Surgeon

Electronically Signed: Mr Neal Millar, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ

Dr. SA Russell
Maryhill Red Practice
Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Main Switchboard: 0141 211 2000
Department: Orthopaedics
Contact Tel: 0141 201 0748
Enquiries to: Carol.Gyte@ggc.scot.nhs.uk
Letter Date: 08/05/2018
Reference: NM/EY
Dictated Date: 08/05/2018
Transcribed Date: 18/05/2018

Dear Dr. SA Russell,

William Argue; D.O.B: 15 Apr 1960; CHI: 1504606671
74 Cumlodden Drive, Glasgow, Lanarkshire, G20 0JU

Attendance: Specialty - Orthopaedics ; Clinic - WINMORI-MR MILLAR ORTHO EXTRA CLINIC
Date and Time of Appointment - 08/05/2018 14:45

Clinical Comments:
Diagnosis: Left shoulder impingement/rotator cuff disease

Plan: Review in 6 months

This very pleasant 57 year old builder to trade presents with pain and discomfort in his left non-dominant shoulder. This has been going on for a period of 2 years and has recently finished his physiotherapy regime and had a steroid injection which seems to have improved his shoulder approximately 60-70%. He still gets occasional pain at night and pain with over shoulder activities. He has just returned to work as of this morning. He is otherwise fit and healthy for his age.

On clinical examination his left shoulder forward elevates to 160°, externally rotates to 80° and internally rotates to his mid thoracic spine. He has got positive impingement signs on internal and external rotation and a positive jobes sign on stressing supraspinatus. He has got a negative cross arm sign and no distal neurovascular deficit.

X-rays confirm degenerative change of the ACJ and increased sclerosis in keeping with chronic rotator cuff disease.

Given his improvement with physiotherapy and injection I think he can return to work. I did explain to him that he may well require surgical intervention in the future in the form of arthroscopic subacromial

decompression but at present I would not recommend surgical intervention. As such I will see him back in 6 months for clinical review and see how he is getting on.

Yours sincerely

Mr Neal L Millar PhD, FRCS Ed (TR & Ortho)

Consultant Orthopaedic Surgeon

Electronically Signed: Mr Neal Millar, Consultant

cc.

Acute Services Division

Emergency Care and Medicine Services Directorate

Department of Respiratory Medicine

DR JOHNSON'S RESPIRATORY CLINIC

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Switchboard: 0141 211 3000
Direct Line: 0141 211 3243
Fax No: 0141 211 3464

NHS Greater Glasgow and Clyde

Clinic 10/01/2012
Typed 04/02/2012
Our Ref MJ/SK

Dr Susanne Russell
The Maryhill Red Practice
Maryhill Health Centre, 41 Shawpark Street, Glasgow
G20 9DR

Dear Dr Russell

William Argue ~ 15/04/1960 ~ CHI: 1504606671 ~ CRN: 10037301M
74 Cumlodden Drive, Glasgow, G20 0JU

Problems: Previous pneumonia

I reviewed this 51 year old man in the respiratory clinic on 10th January. He has had no recurrence of his earlier symptoms. His interval CT scan is reported as showing a significant reduction in the size of the left upper lobe opacity which is now an irregular linear shape consistent with post inflammatory scarring and a previous focal area of consolidation.

No further follow up is required from this and I discharged him from my clinic.

Yours sincerely

MARTIN JOHNSON
CONSULTANT PHYSICIAN

Acute Services Division

Emergency Care and Medicine Services Directorate

Department of Respiratory Medicine

DR JOHNSON'S RESPIRATORY CLINIC

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Switchboard: 0141 211 3000
Direct Line: 0141 211 3243
Fax No: 0141 211 3464

NHS Greater Glasgow and Clyde

Clinic 27/09/2011
Typed 25/10/2011
Our Ref NP/ML

Dr Susanne Russell
The Maryhill Red Practice
Maryhill Health Centre
41 Shawpark Street
Glasgow G20 9DR

Dear Dr Russell

William Argue ~ 15/04/1960 ~ CHI: 1504606671 ~ CRN: 10037301M
74 Cumlodden Drive, Glasgow, G20 0JU

DIAGNOSIS: ABNORMAL CHEST X-RAY - ? INFECTIVE

I reviewed William Argue at the Respiratory Clinic today. He tells me he is keeping generally well with a chronic cough which has been unchanged for many years and no further haemoptysis. He thinks that his weight has probably increased a bit of late. His bronchoscopy was normal and washings from the right upper lobe have identified no abnormal cells and no organisms. His CT scan showed an isolated area of pulmonary shadowing at the right apex and while malignancy could not be excluded I understand that at MDT discussion the feeling was that the shadowing was less marked than on his previous chest x-ray. This would obviously favour infection and consequently the suggestion was for repeat chest x-ray imaging in the first instance and with a 3 month CT scan.

His chest x-ray today shows significant improvement although not complete resolution in the right apical changes. Consequently I explained to Mr Argue and his family that things looked reassuring at present and I have made a request for his 3 month scan to be performed in early December with a Clinic appointment thereafter.

Yours sincerely

DR N PITMAN
SPECIALIST REGISTRAR

Acute Services Division

Emergency Care and Medicine Services Directorate

Department of Respiratory Medicine

DR JOHNSON'S RESPIRATORY CLINIC

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Switchboard: 0141 211 3000
Direct Line: 0141 211 3243
Fax No: 0141 211 3464

NHS Greater Glasgow and Clyde

Clinic 06/09/2011
Typed 06/09/2011
Our Ref MJ/ML

Dr Susanne Russell
The Maryhill Red Practice
Maryhill Health Centre
41 Shawpark Street
Glasgow G20 9DR

cc Allison Smith
Respiratory Liaison Sister
7c, GGH

Dear Dr Russell

William Argue ~ 15/04/1960 ~ CHI: 1504606671 ~ CRN: 10037301M
74 Cumlodden Drive, Glasgow, G20 0JU

PROBLEMS: ABNORMAL CHEST X-RAY ? CAUSE

I saw this 51 year old man in the Respiratory Clinic on the 6th September. He gives a 3-4 week history of right sided chest pain which is pleuritic in nature. At other times it is associated with flu-like symptoms and a productive cough. He was given an antibiotic and his symptoms have improved. He also had haemoptysis. He suffers from wheeziness at times but can manage hills without any problems. There is generally no sputum production. He has lost about a stone in weight in the over the past year and puts this down to reduced alcohol intake. There is no other relevant medical history. He has no drug allergies and takes analgesics as required. He is a smoker who drinks whisky at the week-ends. There was no relevant family history. He works as a builder and has no significant asbestos exposure. He lives with his partner and a pet dog. He has kept pigeons for 30 years.

On examination he looked well with no clubbing or lymphadenopathy. Chest was a little hyper-resonant but air entry was reasonable. Cardiovascular and abdominal examinations were unremarkable. Spirometry is normal. Chest x-ray from early August shows a right apical mass abutting the mediastinal border. He is awaiting a CT scan which is happening this afternoon.

It is certainly possible that this gentleman has a bronchial neoplasm and the result from his CT scan will be crucial. I note that he is going on holiday on Saturday for a week. I have, therefore, arranged to discuss his CT scan with our radiologists on Friday at the lung cancer MDT and have provisionally set up a bronchoscopy for Monday the 19th September with an out-patient appointment the week following.

Yours sincerely

MARTIN JOHNSON
CONSULTANT PHYSICIAN

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

LUKE KELLYMaryhill Red Practice,Maryhill Health & Care Centre,51 Gairbraid Avenue, Glasgow, G20 8FB

Main Switchboard:
Date of Completion: 19-Jan-2022

Dear LUKE KELLY,

Name	CHI	DoB	Address
William Argue	**1504606671**	**15-Apr-1960**	**74 Cumlodden Drive, Glasgow, Lanarkshire, G20 0JU**

Admitted	Type	Discharged	Destination
19-Jan-2022 08:30	DC	19-Jan-2022	

Specialty	Consultant	Ward	Telephone
Ophthalmology	Lockington	GGH Ward 1Cl - Eye In Patients	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
Left eye cataract surgery

Last Discharge Review: Eilidh MacKay3 (Eilidh MacKay3 - FY1) on 19 Jan 2022 13:04

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Chloramphenicol 0.5% eye drops	ophthalmic	1 eye drop four times daily , To left eye , Fixed Period 4 Week(s) from 19 Jan 2022	Yes				Added
Dexamethasone 0.1% eye drops	ophthalmic	1 eye drop four times daily , To left eye , Fixed Period 4 Week(s) from 19 Jan 2022	Yes				Added

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
Checked by SN Branngan

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	
	Dear Doctor, William Argue was admitted to hospital under the care of the ophthalmologists. Procedure: Left eye cataract surgery - brunescent cataract, lens in sulcus Medication Changes (no change to regular meds): 1. Maxidex to left eye QID 4/52 2. Chloramphenicol to left eye QID 4/52

	Follow-up: DL clinic 6/52 Kind regards, Ward 1C Team GGH
Discharge Comments:	
Follow Up:	Yes DL clinic 6/52
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Eilidh MACKAY3

Prescription Review
Checked by: Claire THOMSON (Staff Nurse)
Discharged by: Agnes MACLEOD (Senior Staff Nurse)

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Dermatology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
West Glasgow 1053 Great Western Road Glasgow G12 0YN	——	**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral Routine
Date of referral 23-Sep-2021 **Date sent** 23-Sep-2021

PATIENT DETAILS

Surname	Argue
Forename(s)	William
Title	Mr
Sex	Male
Date of birth	15-Apr-1960
CHI no.	1504606671
Area of Residence	-

Patient's address

74 Cumlodden Drive
GLASGOW
G20 0JU

Contact number(s)

Voice: 01419467566
Voice: 07932308810

101024430949A Unique Care Pathway Number: 101024430949A

REGISTERED GP DETAILS

Name	Dr Luke Kelly		
GMC code	7036808	GP code	01716
Practice name	Maryhill Health Centre (18866)		
Practice code	43311		

Practice address

Maryhill Health and Care Centre
51 Garbarid Avenue
Maryhill
G20 8FB

Contact number(s)

Voice: 0141 451 2830
Facsimile: 0141 945 3749

REFERRING GP DETAILS

Name	Dr. Jessica Lynas		
GMC code	7036828	GP code	03221
Practice name	Maryhill Red Practice (43311)		
Practice code	43311		

Practice address

Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Contact number(s)

Voice: 0141 451 2830

Facsimile: 0141 945 3749

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: acne rosacea

Comment: This 61 year old man has been troubled by persistent painful acne rosacea for the past few years. He has had prolonged courses of antibiotics , washes and continues on invermectin with little effect He gets large painful boils. He is embarrassed and it puts him off going out. I would be grateful for your review ? consider isotretinoin therapy.

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
Acne rosacea	-	29-Apr-2021	29-Apr-2021
Acute arthritis	Shoulder	02-May-2018	02-May-2018
Chronic obstructive pulmonary disease	-	30-Nov-2016	30-Nov-2016
Appendicitis and other disorders of the appendix	appendectomy	17-Jan-2003	17-Jan-2003
Haematuria	Start Date: 20/12/1999	26-Jan-2000	26-Jan-2000
Haematuria	-	20-Dec-1999	20-Dec-1999
Closed fracture thumb proximal phalanx	-	06-Oct-1989	06-Oct-1989
Assault by cutting and stabbing instruments	-	10-Aug-1986	10-Aug-1986
Retinal detachments and defects	Left eye successful corrective surgery	01-May-1985	01-May-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Post bronchodilator spirometry	-	06-Dec-2016	06-Dec-2016
Percent predicted FEV1, 110 %	-	30-Nov-2016	30-Nov-2016
Spirometry	-	30-Nov-2016	30-Nov-2016
Post bronchodilator spirometry	-	30-Nov-2016	30-Nov-2016
Referral for spirometry	-	10-Oct-2016	10-Oct-2016
Emergency excision of appendix	-	15-Jan-2003	15-Jan-2003
Dilatation of urethral meatus	Start Date: 20/01/2000	26-Jan-2000	26-Jan-2000
Intravenous pyelography	Renal tract ultrasoundStart Date: 20/12/1999	26-Jan-2000	26-Jan-2000
Dilatation of urethral meatus	-	20-Jan-2000	20-Jan-2000

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Mirtazapine Tablets 45 mg	56	56 tablet	ONE TABLET AT NIGHT	-	01-Jun-2021	02-Sep-2021
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose	120	120 DOSE	TWO PUFFS TO BE USED TWICE DAILY	-	26-Sep-2019	02-Sep-2021
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	30-Nov-2017	14-Jan-2021

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started

						Date last issued
Doxycycline Hyclate Capsules 100 mg	84	84 capsule	1 CAPSULE DAILY	-	23-Sep-2021	23-Sep-2021
Dermol 500 Lotion	500	500 ML	TO BE USED AS A SOAP SUBSTITUTE AND AS MOISTURISER AT NIGHT	-	23-Sep-2021	23-Sep-2021
Ivermectin Cream 10 mg/gram	30	30 gram	APPLY ONCE DAILY TO AFFECTED AREAS SHORT TERM USE ONLY STOP ONCE RESOLVED	-	03-Sep-2021	03-Sep-2021
Ivermectin Cream 10 mg/gram	30	30 gram	APPLY ONCE DAILY TO AFFECTED AREAS SHORT TERM USE ONLY STOP ONCE RESOLVED	-	22-Jul-2021	22-Jul-2021
Ivermectin Cream 10 mg/gram	30	30 gram	APPLY ONCE DAILY TO AFFECTED AREAS SHORT TERM USE ONLY STOP ONCE RESOLVED	-	01-Jun-2021	01-Jun-2021
Lymecycline Capsules 408 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	29-Apr-2021	29-Apr-2021
Dermol 500 Lotion	500	500 ML	TO BE USED AS A SOAP SUBSTITUTE	-	29-Apr-2021	29-Apr-2021
Ivermectin Cream 10 mg/gram	30	30 gram	APPLY ONCE A DAY TO AFFECTED AREAS SHORT TERM USE ONLY STOP ONCE RESOLVED	-	28-Oct-2020	16-Apr-2021

Blood Pressure

Date Recorded	Systolic	Diastolic
10-Sep-2019	145	83
18-Dec-2018	138	98
19-Apr-2018	139	78
25-Aug-2017	141	84
11-Apr-2016	132	80

Body Measurements

Date Recorded	Height	Weight	BMI
20-Feb-2020	168	74.7	26.5
19-Feb-2020	-	74	-
20-Dec-2019	-	70	-
18-Oct-2019	168	71.5	25.33
10-Sep-2019	-	69.95	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		20-Feb-2020
Current smoker:		18-Oct-2019
Stopped smoking :	attending physio for shoulder and has felt a difference in shoulder work now moving t o lochgilphead feels has lost weight has given up smoking feels less hungryy tha- TRUNCATED	19-Apr-2018
Current smoker:		30-Nov-2016
Moderate smoker - 10-19 cigs/d :		11-Apr-2016
Current non drinker:		20-Feb-2020
Alcohol units per week 0 :		20-Feb-2020

Drinks occasionally :	19-Apr-2018
GPPAQ physical act ind: active:	20-Feb-2020

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
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) Scottish

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

Dermatology GGC General Referral	—	**Consultant / receiving practitioner** and/or **specialty clinic**
West Glasgow 1053 Great Western Road Glasgow G12 0YN	—	**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral Routine
Date of referral 04-Oct-2019 **Date sent** 04-Oct-2019

PATIENT DETAILS

Surname	Argue
Forename(s)	William
Title	Mr
Sex	Male
Date of birth	15-Apr-1960
CHI no.	1504606671
Area of Residence	-

Patient's address

74 Cumlodden Drive
GLASGOW
G20 0JU

Contact number(s)

Voice: 01419467566
Voice: 07932308810

1010197425369

Unique Care Pathway Number: 1010197425369

REGISTERED GP DETAILS

Name	Dr S Russell		
GMC code	3098451	GP code	08672
Practice name	Maryhill Health Centre (18866)		
Practice code	43311		

Practice address

Maryhill Health and Care Centre
51 Garbarid Avenue
Maryhill
G20 8FB

Contact number(s)

Voice: 0141 451 2830
Facsimile: 0141 945 3749

REFERRING GP DETAILS

Name	Dr. Jessica Lynas		
GMC code	7036828	GP code	03221
Practice name	Maryhill Red Practice (43311)		
Practice code	43311		

Practice address

Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Contact number(s)

Voice: 0141 451 2830

Facsimile: 0141 945 3749

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: ? BCC or keratoacanthoma left forearm

Comment: Please see this arm who presents with an enlarging, painful, crusted, raised lesion on left forearm. Sore to put pressure on it which tends to frequently do due to the position of the lesion. About 1 cm diameter. ? BCC or keratoacanthoma.

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
Acute arthritis	Shoulder	02-May-2018	02-May-2018
Chronic obstructive pulmonary disease	-	30-Nov-2017	30-Nov-2017
Appendicitis and other disorders of the appendix	appendectomy	17-Jan-2003	17-Jan-2003
Haematuria	Start Date: 20/12/1999	26-Jan-2000	26-Jan-2000
Haematuria	-	20-Dec-1999	20-Dec-1999
Closed fracture thumb proximal phalanx	-	06-Oct-1989	06-Oct-1989
Assault by cutting and stabbing instruments	-	10-Aug-1986	10-Aug-1986
Retinal detachments and defects	Left eye successful corrective surgery	01-May-1985	01-May-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Percent predicted FEV1, 110 %	-	30-Nov-2016	30-Nov-2016
Spirometry	-	30-Nov-2016	30-Nov-2016
Emergency excision of appendix	-	15-Jan-2003	15-Jan-2003
Dilatation of urethral meatus	Start Date: 20/01/2000	26-Jan-2000	26-Jan-2000
Intravenous pyelography	Renal tract ultrasoundStart Date: 20/12/1999	26-Jan-2000	26-Jan-2000
Dilatation of urethral meatus	-	20-Jan-2000	20-Jan-2000

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Braltus Inhalation Powder Capsules With Inhaler 10 micrograms	60	60 CAPSULE	ONE DOSE TO BE INHALED EACH DAY	-	30-Nov-2017	09-Aug-2019
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	30-Nov-2017	10-Sep-2019

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Mirtazapine Tablets 30 mg	14	14 tablet	ONE TO BE TAKEN AT NIGHT	-	04-Oct-2019	04-Oct-2019
Clarithromycin Tablets 500 mg	10	10 TABLET	ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS	-	26-Sep-2019	26-Sep-2019
	120	120 DOSE		-	26-Sep-2019	26-Sep-2019

Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose			TWO PUFFS TO BE USED TWICE DAILY			
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	2	2 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	10-Sep-2019	10-Sep-2019
Mirtazapine Tablets 15 mg	14	14 tablet	ONE TO BE TAKEN AT NIGHT	-	10-Sep-2019	20-Sep-2019
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	10-Sep-2019	10-Sep-2019

Blood Pressure

Date Recorded	Systolic	Diastolic
10-Sep-2019	145	83
18-Dec-2018	138	98
19-Apr-2018	139	78
25-Aug-2017	141	84
11-Apr-2016	132	80

Body Measurements

Date Recorded	Height	Weight	BMI
10-Sep-2019	-	69.95	-
18-Dec-2018	167	72.05	25.83
19-Apr-2018	-	71.85	25.76
30-Nov-2016	167	75.5	27.07
05-Aug-2011	167	77	27.61

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Stopped smoking :	attending physio for shoulder and has felt a difference in shoulder work now moving t o lochgilphead feels has lost weight has given up smoking feels less hungryy tha- TRUNCATED	19-Apr-2018
Current smoker:		30-Nov-2016
Moderate smoker - 10-19 cigs/d :		11-Apr-2016
Light smoker - 1-9 cigs/day :	NO progress with police scaffolding up for 8 weeks cant get car in daughter has got a holiday in tenerife leaving next week cant sleep at night hoping to get back towork in ma- TRUNCATED	13-Jan-2015
Light smoker - 1-9 cigs/day :	quite hoarse chest clear good rom in left arm tender in left side of neck but pain radiating up into neck likely spondylosis but x ray neck and chest as hoarse	07-Aug-2014
Drinks occasionally :		19-Apr-2018

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Dermatology GGC General Referral		**Consultant / receiving practitioner** and/or **specialty clinic**
West Glasgow 1053 Great Western Road Glasgow G12 0YN		**Hospital** and **hospital address** Hospital location code. G516H Email address

Urgency of referral Routine
Date of referral 13-Sep-2019 **Date sent** 13-Sep-2019

PATIENT DETAILS

Surname	Argue
Forename(s)	William
Title	Mr
Sex	Male
Date of birth	15-Apr-1960
CHI no.	1504606671
Area of Residence	

Patient's address

74 Cumlodden Drive
GLASGOW
G20 0JU

Contact number(s)

Voice: 01419467566
Voice: 07932308810

1010195859320 Unique Care Pathway Number: 1010195859320

REGISTERED GP DETAILS

Name	Dr S Russell		
GMC code	3098451	GP code	08672
Practice name	Maryhill Health Centre (18866)		
Practice code	43311		

Practice address

Maryhill Health and Care Centre
51 Garbarid Avenue
Maryhill
G20 8FB

Contact number(s)

Voice: 0141 451 2830
Facsimile: 0141 945 3749

REFERRING GP DETAILS

Name	Dr. Susanne Russell		
GMC code	3098451	GP code	08672
Practice name	Maryhill Red Practice (43311)		
Practice code	43311		

Practice address

Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Contact number(s)

Voice: 0141 451 2830

Facsimile: 0141 945 3749

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: hard crusted lesion on left fore arm

Comment: This gentleman gives a h/o developing a rapidly growing hard crusted lump on his left fore arm it doesnt bleed is hyperkeratotic and about 1 cm in diameter and firm to touch but mobile it catches when he puts his arm on a hard surface .In view of its h/o rapid progression and pain associated with it I would apprecaite your review .
Many thanks

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
Acute arthritis	Shoulder	02-May-2018	02-May-2018
Chronic obstructive pulmonary disease	-	30-Nov-2017	30-Nov-2017
Appendicitis and other disorders of the appendix	appendectomy	17-Jan-2003	17-Jan-2003
Haematuria	Start Date: 20/12/1999	26-Jan-2000	26-Jan-2000
Haematuria	-	20-Dec-1999	20-Dec-1999
Closed fracture thumb proximal phalanx	-	06-Oct-1989	06-Oct-1989
Assault by cutting and stabbing instruments	-	10-Aug-1986	10-Aug-1986
Retinal detachments and defects	Left eye successful corrective surgery	01-May-1985	01-May-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Percent predicted FEV1, 110 %	-	30-Nov-2016	30-Nov-2016
Spirometry	-	30-Nov-2016	30-Nov-2016
Emergency excision of appendix	-	15-Jan-2003	15-Jan-2003
Dilatation of urethral meatus	Start Date: 20/01/2000	26-Jan-2000	26-Jan-2000
Intravenous pyelography	Renal tract ultrasoundStart Date: 20/12/1999	26-Jan-2000	26-Jan-2000
Dilatation of urethral meatus	-	20-Jan-2000	20-Jan-2000

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Braltus Inhalation Powder Capsules With Inhaler 10 micrograms	60	60 CAPSULE	ONE DOSE TO BE INHALED EACH DAY	-	30-Nov-2017	09-Aug-2019
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	30-Nov-2017	10-Sep-2019

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	2	2 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	10-Sep-2019	10-Sep-2019
Mirtazapine Tablets 15 mg	14	14 tablet	ONE TO BE TAKEN AT NIGHT	-	10-Sep-2019	10-Sep-2019
Amoxicillin Capsules 500 mg	15			-	10-Sep-2019	

	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	10-Sep-2019

Blood Pressure

Date Recorded	Systolic	Diastolic
10-Sep-2019	145	83
18-Dec-2018	138	98
19-Apr-2018	139	78
25-Aug-2017	141	84
11-Apr-2016	132	80

Body Measurements

Date Recorded	Height	Weight	BMI
10-Sep-2019	-	69.95	-
18-Dec-2018	167	72.05	25.83
19-Apr-2018	-	71.85	25.76
30-Nov-2016	167	75.5	27.07
05-Aug-2011	167	77	27.61

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Stopped smoking :	attending physio for shoulder and has felt a difference in shoulder work now moving t o lochgilphead feels has lost weight has given up smoking feels less hungryy tha- TRUNCATED	19-Apr-2018
Current smoker:		30-Nov-2016
Moderate smoker - 10-19 cigs/d :		11-Apr-2016
Light smoker - 1-9 cigs/day :	NO progress with police scaffolding up for 8 weeks cant get car in daughter has got a holiday in tenerife leaving next week cant sleep at night hoping to get back towork in ma- TRUNCATED	13-Jan-2015
Light smoker - 1-9 cigs/day :	quite hoarse chest clear good rom in left arm tender in left side of neck but pain radiating up into neck likely spondylosis but x ray neck and chest as hoarse	07-Aug-2014
Drinks occasionally :		19-Apr-2018

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

Referred By:Referring GP

Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: (White) Scottish

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

Respiratory Medicine GGC General Referral		**Consultant / receiving practitioner** and/or **specialty clinic**
Western Infirmary/Gartnavel General Dumbarton Road Glasgow G11 6NT		**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral URGENT
Date of referral 24-Aug-2011 **Date sent** 24-Aug-2011

PATIENT DETAILS

Surname	Argue
Forename(s)	William
Title	Mr
Sex	Male
Date of birth	15-Apr-1960
CHI no.	1504606671
Area of Residence	

Patient's address

74 Cumlodden Drive
Glasgow
GLASGOW
G20 0JU

Contact number(s)

Voice: 0141 946 2656

101002438247Q

Unique Care Pathway Number: 101002438247Q

REGISTERED GP DETAILS

Name	Dr S Russell		
GMC code	3098451	GP code	08672
Practice name	Maryhill Health Centre (18866)		
Practice code	43311		

Practice address

41 Shawpark Street
Maryhill

Contact number(s)

Voice: 0141 531 8830 / 8831
Facsimile: 0141 531 8863

REFERRING GP DETAILS

Name	Dr. Gordon Martin		
GMC code	2545598	GP code	08940
Practice name	The Maryhill Red Practice (43311)		
Practice code	43311		

Practice address

Maryhill Health Centre
41 Shawpark Street
Glasgow

Contact number(s)

Voice: 01415318830

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: assessment and advice re further management

Comment: Many thanks for seeing this 51 year old man who presented earlier this month with a history of chest pain and coughing, dirty spit and weight loss of around 20 lbs in 8 months. It is noted in his casenotes that he had stopped his alcohol intake of around 30 pints per week so this will no doubt have contributed to some of his weight loss but a chest x-ray was arranged and this has showed a right apical mass which x-ray felt needed further investigation to rule out a carcinoma.

I believe that they are sending you a chest x-ray report copy although obviously it can be accessed in SCI stores.

Your assessment would be appreciated.

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
Appendicitis and other disorders of the appendix	appendectomy	17-Jan-2003	17-Jan-2003
Haematuria	Start Date: 20/12/1999	26-Jan-2000	26-Jan-2000
Haematuria	-	20-Dec-1999	20-Dec-1999
Closed fracture thumb proximal phalanx	-	06-Oct-1989	06-Oct-1989
Assault by cutting and stabbing instruments	-	10-Aug-1986	10-Aug-1986
Retinal detachments and defects	Left eye successful corrective surgery	01-May-1985	01-May-1985

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Emergency excision of appendix	15-Jan-2003	15-Jan-2003
Dilatation of urethral meatus	26-Jan-2000	26-Jan-2000
Intravenous pyelography	26-Jan-2000	26-Jan-2000
Dilatation of urethral meatus	20-Jan-2000	20-Jan-2000

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	05-Aug-2011	05-Aug-2011
Co-Codamol 8/500 Tablets	50	50 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	05-Aug-2011	05-Aug-2011

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 10 Cigarettes/day:		05-Aug-2011
Moderate smoker - 10-19 cigs/d:	Smoker$$ Status.clm - Repeat after an Interval	22-May-2009
Current smoker:	: priority=2	03-Apr-2009
Current smoker:	: priority=2	13-Jun-2008
Ex smoker:	Disease: SPICE DES CVD, priority=2	12-Feb-2007

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

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

Direct Access Spirometry Report

OUTREACH SPIROMETRY SERVICE

Pre vs. Post Report

Patient Information

Name: Argue, William	**ID: 1504606671**	Birthdate: 15/04/1960
Height at test (cm): 168.0	Sex: Male	Smoking history (pk-yrs):
Weight at test (kg): 71.5	Age at test: 59	Predicted set: ECCS 1983/93, Polgar(Peds)197

Comments: Smoker-Y GP-43311 PC-G20 0JU MRC-3 Inhlaer-Y (T)

Diagnosis:

Interpreted by:

Interpretation

Reduced FEV1/FVC ratio indicates airflow obstruction (NICE 2010) however due to limitations of NICE guidelines this result could be considered normal for this patient's age. Bronchodilator taken prior to test. C McGregor

Site: KoKo327345

Physician: Dr Tsim

Technician: S. Aitken

Effort protocol: ATS/ERS 2005

Bronchodilator:

Test date/time: 18/10/19 09:50:05

Pre-BD Number of efforts performed: 4

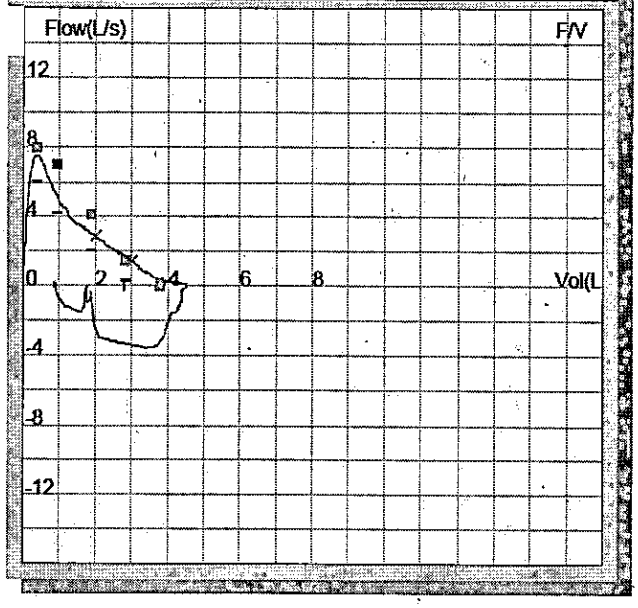
Post-BD Number of efforts performed:

Results

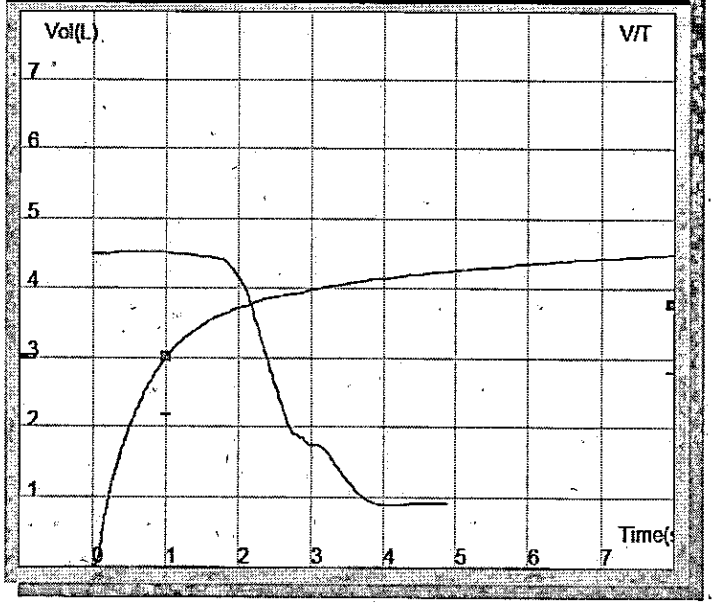
Result	Pred	Pre	%Prd	Post	%Prd	%Chg
FVC (L)	3.79	4.51	119%	—	—	—
FEV1 (L)	3.02	3.09	102%	—	—	—
FEV1/FVC	0.77	0.68		—		—
FEF25-75% (L/s)	3.43	1.99	58%	—	—	—
PEFR (L/s)	7.94	7.39	93%	—	—	—
Vext %	—	1.45	—	—	—	—

Comments: Smoker-Y GP-43311 PC-G20 0JU MRC-3 Inhlaer-Y (T)

FVC Flow vs. Volume



FVC Volume vs. Time



Direct Access Spirometry Report

OUTREACH SPIROMETRY SERVICE

Pre vs. Post Report

Patient Information

Name: Argue, William	**ID: 1504606671**	Birthdate: 15/04/1960
Height at test (cm): 167.0	Sex: Male	Smoking history (pk-yrs): 45
Weight at test (kg): 75.5	Age at test: 56	Predicted set: ECCS 1983/93, Polgar(Peds)197

Comments: SPO2= 95%, MRC= 1, 43311, G20 0JU

Diagnosis:

Interpreted by:

Interpretation

MILD OBSTRUCTIVE PULMONARY IMPAIRMENT. Bronchodilator produces no significant response. Post bronchodilator reveals airflow obstruction consistent with COPD (Stage 1 NICE). R Vaughn

Site: KoKo664839

Physician: Dr

Technician: T.Tariq

Effort protocol: ATS/ERS 2005

Bronchodilator: 2.5mls Nebulised Salbutamol Pre-BD

Test date/time: 30/11/16 14:41:23

Number of efforts performed: 4

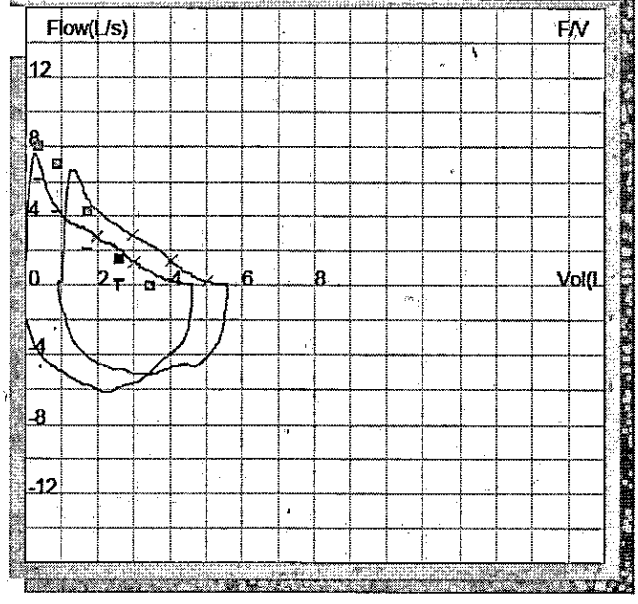
Post-BD Number of efforts performed: 3

Results

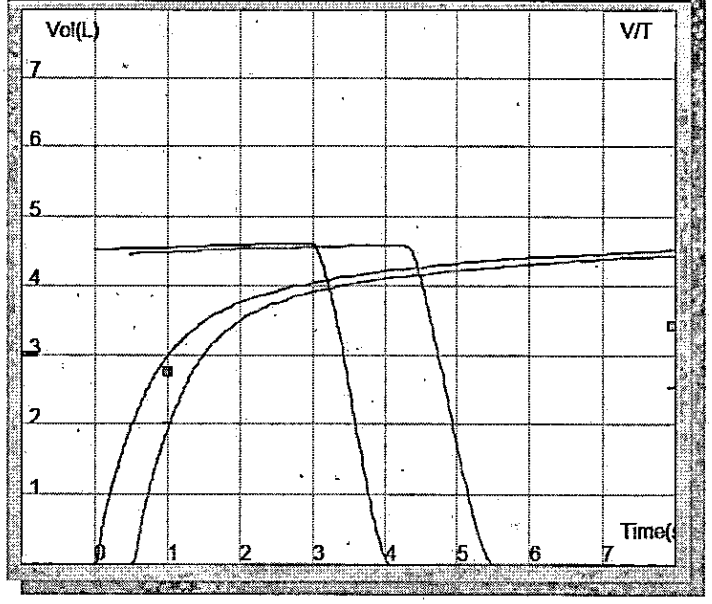
Result	Pred	Pre	%Prd	Post	%Prd	%Chg
FVC (L)	*3.43	4.61	134%	4.58	133%	-1%
FEV1 (L)	*2.76	3.03	110%	3.08	112%	2%
FEV1/FVC	0.80	¤0.66		¤0.67		2%
FEF25-75% (L/s)	3.54	1.89	53%	2.00	56%	6%
PEFR (L/s)	8.01	7.23	90%	6.60	82%	-9%
Vext %	—	0.59	—	1.04	—	77%

Comments: SPO2= 95%, MRC= 1, 43311, G20 0JU

FVC Flow vs. Volume



FVC Volume vs. Time



XR Chest

Performed	04-Jan-2019 14:44	Received	18-Jan-2019 07:52
Reported	18-Jan-2019 07:50	Order Number	G504H34631898
Status	Final	Source System	MiSys

XR Chest Final
William Argue
Clinical History :
Recurrent cough. Known COPD. Ex-smoker.

XR Chest :
No concerning finding. No focal active lung or pleural disease.

Reported by: Dr Andrew Christie
Verified by: Dr Andrew Christie

US Anterior Abdominal Wall

Performed	30-Oct-2017 14:04	Received	30-Oct-2017 14:21
Reported	30-Oct-2017 14:19	Order Number	G504H32995970
Status	Final	Source System	MiSys

US Anterior Abdominal Wall Final

William Argue

Clinical History: Recurrent pain in lower left abdomen, lifting heavy loads at work. Hernia? As very tender lower left iliac fossa.

US Anterior Abdominal Wall :

Normal appearance of the left iliac fossa anterior abdominal wall and inguinal canal with no evidence of hernia. Normal pubic symphysis complex with no tear or other evidence of pubalgia. No other significant abnormality.

Reported by: Dr Mark McCleery
Verified by: Dr Mark McCleery

XR Shoulder Lt

Performed	13-Sep-2017 15:15	Received	20-Sep-2017 08:25
Reported	20-Sep-2017 08:23	Order Number	G504H33049107
Status	Final	Source System	MiSys

XR Shoulder Lt Final
William Argue
Clinical History :
Smoker with left shoulder pain.

XR Shoulder Lt :
Normal glenohumeral and AC joint alignment. There are minor degenerative changes at the AC joint. No bony abnormality.

XR Chest :
Normal cardiomediastinal contours. The lungs are clear.

Reported by: Dr Sue Lassman
Verified by: Dr Sue Lassman

XR Chest

Performed	13-Sep-2017 15:15	Received	20-Sep-2017 08:25
Reported	20-Sep-2017 08:23	Order Number	G504H33049108
Status	Final	Source System	MiSys

XR Shoulder Lt Final
William Argue
Clinical History :
Smoker with left shoulder pain.

XR Shoulder Lt :
Normal glenohumeral and AC joint alignment. There are minor degenerative changes at the AC joint. No bony abnormality.

XR Chest :
Normal cardiomediastinal contours. The lungs are clear.

Reported by: Dr Sue Lassman
Verified by: Dr Sue Lassman

XR Chest

Performed	08-Aug-2014 15:30	Received	10-Aug-2014 11:25
Reported	10-Aug-2014 11:23	Order Number	G516H29349928
Status	Final	Source System	MiSys

XR Chest Final
William Argue
Clinical History :

XR Chest :
Normal.

XR Cervical spine :
Mild degenerate spurring anteriorly at C4 - 5 with very slight loss of disc height.
Overall alignment is normal, with loss of cervical lordosis. No cervical ribs.

Reported by: Dr Ian Haynes (locum)
Verified by: Dr Ian Haynes (locum)

XR Cervical spine

Performed	08-Aug-2014 15:30	Received	10-Aug-2014 11:25
Reported	10-Aug-2014 11:23	Order Number	G516H29349929
Status	Final	Source System	MiSys

XR Chest Final
William Argue
Clinical History :

XR Chest :
Normal.

XR Cervical spine :
Mild degenerate spurring anteriorly at C4 - 5 with very slight loss of disc height.
Overall alignment is normal, with loss of cervical lordosis. No cervical ribs.

Reported by: Dr Ian Haynes (locum)
Verified by: Dr Ian Haynes (locum)

CT Thorax and abdomen with contrast

Performed	20-Dec-2011 14:23	Received	20-Dec-2011 16:26
Reported	20-Dec-2011 16:04	Order Number	G504H26250955
Status	Final	Source System	MiSys

CT Thorax and abdomen with contrast Final
William Argue
Clinical History :
Right upper lobe opacity.? Progression.

CT Thorax and abdomen with contrast :
And IV contrast enhanced acquisition was obtained of the thorax or upper abdomen stop comparison is made with the last examination of 06/09/2011.

At the right apex, there is an irregular, somewhat linear opacity. However, comparison with the last examination of 06/09/2011 shows a significant reduction in the size of this opacity. The appearance is therefore consistent with postinflammatory scarring in a previous focal area of consolidation. No new abnormalities are demonstrated.

Reported by: Dr Michael Sproule
Verified by: Dr Michael Sproule

XR Chest

Performed	27-Sep-2011 09:23	Received	03-Oct-2011 11:06
Reported	03-Oct-2011 10:44	Order Number	G504H26239816
Status	Final	Source System	MiSys

XR Chest Final
William Argue
Clinical History : Right upper zone shadowing ? progression.

XR Chest :

Comparison with the last examination of 8/8/11 shows virtual complete resolution of the right upper paramediastinal opacity.

Reported by: Dr Michael Sproule
Verified by: Dr Michael Sproule

CT Thorax and abdomen with contrast

Performed	06-Sep-2011 14:15	Received	06-Sep-2011 17:29
Reported	06-Sep-2011 17:07	Order Number	G504H26166054
Status	Final	Source System	MiSys

CT Thorax and abdomen with contrast Final
William Argue
Clinical History : Possible bronchial carcinoma.

CT Thorax and abdomen with contrast :

Only a chest xray is available for comparison post contrast acquisition through chest and upper abdomen. This confirms a stellate area of intrapulmonary shadowing medially at the right apex abutting the paravertebral pleural surface. The lesion contains some central lucency and a little adjacent pleural based calcification is noted. The pleural surface is tented towards this lesion. The remainder of the lung fields are clear and there is no evidence of significant hilar or mediastinal lymphadenopathy. The liver and adrenal glands appear normal. No destructive bony pathology is present.
Clearly the abnormality may represent either inflammatory or neoplastic process and given its position I wonder in the first instance interval scanning might be appropriate for assessment. No other diagnostic features.

Reported by: Dr Desmond Alcorn
Verified by: Dr Desmond Alcorn

XR Chest

Performed	08-Aug-2011 10:07	Received	18-Aug-2011 14:36
Reported	18-Aug-2011 14:14	Order Number	G516H26104069
Status	Final	Source System	MiSys

XR Chest Final
William Argue
Clinical History : Cough, chest pain, smoker, weight loss.

XR Chest :

The heart is not enlarged. The left lung is clear. There is opacification at the right apex. Whilst this may represent overlapping bony structures, given the history, apical carcinoma needs to be excluded by way of Respiratory referral and CT.

Reported by: Dr Nigel Raby
Verified by: Dr Nigel Raby

XR Hand Lt

Performed	04-Apr-2011 10:43	Received	04-Apr-2011 12:08
Reported	04-Apr-2011 11:46	Order Number	G516H25768589
Status	Final	Source System	MiSys

XR Hand Lt Final
William Argue
Clinical History : Nail in right palm. ? Bony injury.

XR Hand Lt :

Metallic nail noted in left palm. No bony injury demonstrated.

Reported by: Dr Jamshaid Anwar (SpR) and Dr Nigel Raby
Verified by: Dr Jamshaid Anwar (SpR)

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	

WEST GENERAL
MEDICAL RECORD

Acute Services Division

Emergency Care and Medicine Services Directorate

Department of Respiratory Medicine

DR JOHNSON'S RESPIRATORY CLINIC

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Switchboard: 0141 211 3000
Direct Line: 0141 211 3243
Fax No: 0141 211 3464

NHS
Greater Glasgow and Clyde

Clinic 10/01/2012
Typed 04/02/2012
Our Ref MJ/SK

Dr Susanne Russell
The Maryhill Red Practice
Maryhill Health Centre, 41 Shawpark Street, Glasgow
G20 9DR

Dear Dr Russell

William Argue ~ 15/04/1960 ~ CHI: 1504606671 ~ CRN: 10037301M
74 Cumlodden Drive, Glasgow, G20 0JU

Problems: Previous pneumonia

I reviewed this 51 year old man in the respiratory clinic on 10th January. He has had no recurrence of his earlier symptoms. His interval CT scan is reported as showing a significant reduction in the size of the left upper lobe opacity which is now an irregular linear shape consistent with post inflammatory scarring and a previous focal area of consolidation.

No further follow up is required from this and I discharged him from my clinic.

Yours sincerely

MARTIN JOHNSON
CONSULTANT PHYSICIAN

Acute Services Division

Emergency Care and Medicine Services Directorate

Department of Respiratory Medicine

DR JOHNSON'S RESPIRATORY CLINIC

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Switchboard: 0141 211 3000
Direct Line: 0141 211 3243
Fax No: 0141 211 3464

NHS
Greater Glasgow and Clyde

Clinic 27/09/2011
Typed 25/10/2011
Our Ref NP/ML

Dr Susanne Russell
The Maryhill Red Practice
Maryhill Health Centre
41 Shawpark Street
Glasgow G20 9DR

Dear Dr Russell

William Argue ~ 15/04/1960 ~ CHI: 1504606671 ~ CRN: 10037301M
74 Cumlodden Drive, Glasgow, G20 0JU

DIAGNOSIS: ABNORMAL CHEST X-RAY - ? INFECTIVE

I reviewed William Argue at the Respiratory Clinic today. He tells me he is keeping generally well with a chronic cough which has been unchanged for many years and no further haemoptysis. He thinks that his weight has probably increased a bit of late. His bronchoscopy was normal and washings from the right upper lobe have identified no abnormal cells and no organisms. His CT scan showed an isolated area of pulmonary shadowing at the right apex and while malignancy could not be excluded I understand that at MDT discussion the feeling was that the shadowing was less marked than on his previous chest x-ray. This would obviously favour infection and consequently the suggestion was for repeat chest x-ray imaging in the first instance and with a 3 month CT scan.

His chest x-ray today shows significant improvement although not complete resolution in the right apical changes. Consequently I explained to Mr Argue and his family that things looked reassuring at present and I have made a request for his 3 month scan to be performed in early December with a Clinic appointment thereafter.

Yours sincerely

DR N PITMAN
SPECIALIST REGISTRAR

Gartnavel General Hospital - Multidisciplinary Lung Cancer Meeting

William Argue	DR SUSANNE SA RUSSELL	**MDT Date:**	23/09/2011
74 CUMLODDEN DRIVE	MARYHILL HEALTH CENTRE	**Meeting number:**	2nd
GLASGOW	41 SHAWPARK STREET	**Breach Date:**	
G20 0JU	GLASGOW		
DoB 15/04/1960	G20 9DR	**Consultant:**	Johnson
CRN 10037301M	**Patient te** 0141 946 2656	**Presenter:**	
CHI 1504606671	**GP tel.** 0141 531 8830	**Location:**	Out-patient

Clinical Details

Symptoms/Issues/Comorbidities **Investigations so far:**

focal bronchiectasis on CT. repeat chest Xray. Bronchoscopy.

FEV1 (actual) (predicted) (% predicted)
Performance Status
Histology
Histology source
Staging

Questions for MDT

?Results of BAL 19th September

Decision from MDT

Cytology negative. Await micro. Follow CXR and consider rpt CT later.

Further Investigations *(date)* **Treatment** *(date)*

Referral *(status)* **Follow-up**
Location:
Date:

Additional Notes

Acute Services Division

Emergency Care and Medicine Services Directorate

Department of Respiratory Medicine

DR JOHNSON'S RESPIRATORY CLINIC

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Switchboard: 0141 211 3000
Direct Line: 0141 211 3243
Fax No: 0141 211 3464

NHS
Greater Glasgow and Clyde

Clinic 06/09/2011
Typed 06/09/2011
Our Ref MJ/ML

Dr Susanne Russell
The Maryhill Red Practice
Maryhill Health Centre
41 Shawpark Street
Glasgow G20 9DR

cc Allison Smith
Respiratory Liaison Sister
7c, GGH

Dear Dr Russell

William Argue ~ 15/04/1960 ~ CHI: 1504606671 ~ CRN: 10037301M
74 Cumlodden Drive, Glasgow, G20 0JU

PROBLEMS: ABNORMAL CHEST X-RAY ? CAUSE

I saw this 51 year old man in the Respiratory Clinic on the 6th September. He gives a 3-4 week history of right sided chest pain which is pleuritic in nature. At other times it is associated with flu-like symptoms and a productive cough. He was given an antibiotic and his symptoms have improved. He also had haemoptysis. He suffers from wheeziness at times but can manage hills without any problems. There is generally no sputum production. He has lost about a stone in weight in the over the past year and puts this down to reduced alcohol intake. There is no other relevant medical history. He has no drug allergies and takes analgesics as required. He is a smoker who drinks whisky at the week-ends. There was no relevant family history. He works as a builder and has no significant asbestos exposure. He lives with his partner and a pet dog. He has kept pigeons for 30 years.

On examination he looked well with no clubbing or lymphadenopathy. Chest was a little hyper-resonant but air entry was reasonable. Cardiovascular and abdominal examinations were unremarkable. Spirometry is normal. Chest x-ray from early August shows a right apical mass abutting the mediastinal border. He is awaiting a CT scan which is happening this afternoon.

It is certainly possible that this gentleman has a bronchial neoplasm and the result from his CT scan will be crucial. I note that he is going on holiday on Saturday for a week. I have, therefore, arranged to discuss his CT scan with our radiologists on Friday at the lung cancer MDT and have provisionally set up a bronchoscopy for Monday the 19th September with an out-patient appointment the week following.

Yours sincerely

MARTIN JOHNSON
CONSULTANT PHYSICIAN

MDT 23/9
Bronch/wash negative
CXR → CT - improving RUL
Shadowing ? all in keeping
Repeat CXR / Bronchoscopy
3/12 interval CT.

Dr Johnson 6/9/11 9.00am

pt tel – wrong number
CT req 29/8/11

Patient Details

Surname	ARGUE
Forename	WILLIAM
CHI	1504606671
GP Details	RUSSELL, SUSANNE MARYHILL HEALTH CENTRE, 41 SHAWPARK STREET, GLASGOW
Age	64
Hospital CRNs	10037301M

Referral Details

Date Received	24/08/2011 09:16:37
ReferralID	7154432
Priority	URGENT
New Priority	URGENT - SUSPECTED CANCER

Priority History

URGENT	25/08/2011 08:59:17
URGENT - SUSPECTED CA	25/08/2011 13:29:23

Redirection Information

Specialty	Hospital	Reason	Redirected Date	Redirected By
Respiratory Medicine	Western Infirmary/Gartnavel General	Record Creation	25/08/2011 8:59	Lisa Anne Kee

Tracking/Vetting Details

Cancer Code	
Date Vetted	25/08/2011 13:29:23
Vetting Status	Vetted
Outcome	Direct OP Appointment
Vetted By	Steve Bicknell

Tests

Clinics

General

Consultant **Site** Western Infirmary/gartnavel General

Instructions	CT thorax required
HRCompleted	False

10037301M

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Single Stylesheet - [standard|dental|diagnostic imaging]

GGC General Referral Protocol (Glasgow, vR13.0)

REFERRAL TO

Respiratory Medicine
GGC General Referral

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

Western Infirmary/Gartnavel General
Dumbarton Road
Glasgow
G11 6NT

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

Hospital location code.
G516H

Email address
-

Urgency of referral URGENT
Date of referral 24-Aug-2011 **Date sent** 24-Aug-2011

PATIENT DETAILS

Surname	Argue
Forename(s)	William
Title	Mr
Sex	Male
Date of birth	15-Apr-1960
CHI no.	1504606671
Area of Residence	-

Patient's address

74 Cumlodden Drive
Glasgow
GLASGOW
G20 0JU

Contact number(s)
Voice: 0141 946 2656

101002438247Q Unique Care Pathway Number: 101002438247Q

REGISTERED GP DETAILS

Name	Dr S Russell		
GMC code	3098451	GP code	08672
Practice name	Maryhill Health Centre (18866)		
Practice code	43311		

Practice address

41 Shawpark Street
Maryhill

Contact number(s)
Voice: 0141 531 8830 / 8831
Facsimile: 0141 531 8863

REFERRING GP DETAILS

Name	Dr. Gordon Martin		
GMC code	2545598	GP code	08940
Practice name	The Maryhill Red Practice (43311)		
Practice code	43311		

Practice address

Maryhill Health Centre
41 Shawpark Street
Glasgow

Contact number(s)
Voice: 01415318830

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: assessment and advice re further management

Comment: Many thanks for seeing this 51 year old man who presented earlier this month with a history of chest pain and coughing, dirty spit and weight loss of around 20 lbs in 8 months. It is noted in his casenotes that he had stopped his alcohol intake of around 30 pints per week so this will no doubt have contributed to some of his weight loss but a chest x-ray was arranged and this has showed a right apical mass which x-ray felt needed further investigation to rule out a carcinoma.

I believe that they are sending you a chest x-ray report copy although obviously it can be accessed in SCI stores.

Your assessment would be appreciated.

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
Appendicitis and other disorders of the appendix	appendectomy	17-Jan-2003	17-Jan-2003
Haematuria	Start Date: 20/12/1999	26-Jan-2000	26-Jan-2000
Haematuria	-	20-Dec-1999	20-Dec-1999
Closed fracture thumb proximal phalanx	-	06-Oct-1989	06-Oct-1989
Assault by cutting and stabbing instruments	-	10-Aug-1986	10-Aug-1986
Retinal detachments and defects	Left eye successful corrective surgery	01-May-1985	01-May-1985

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Emergency excision of appendix	15-Jan-2003	15-Jan-2003
Dilatation of urethral meatus	26-Jan-2000	26-Jan-2000
Intravenous pyelography	26-Jan-2000	26-Jan-2000
Dilatation of urethral meatus	20-Jan-2000	20-Jan-2000

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	05-Aug-2011	05-Aug-2011
Co-Codamol 8/500 Tablets	50	50 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	05-Aug-2011	05-Aug-2011

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 10 Cigarettes/day:		05-Aug-2011
Moderate smoker - 10-19 cigs/d:	Smoker$$ Status.clm - Repeat after an Interval	22-May-2009
Current smoker:	: priority=2	03-Apr-2009
Current smoker:	: priority=2	13-Jun-2008
Ex smoker:	Disease: SPICE DES CVD, priority=2	12-Feb-2007

Clinical warnings

Additional relevant information
Administrative information

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

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

DEPT OF CYTOLOGY-GLASGOW ROYAL INFIRMARY

Lab No.:N,11.0002684

CHI No. 1504606671

Name:ARGUE WILLIAM

DOB/Age:15.04.60
Post code:G20 0BT

Hosp.No(orPath.Comp.Ref.ZP): 10037301M

Consultant:Dr Martin Johnson

Location:GGH RESPIRATORY

CLINICAL HISTORY:
Right apical lesion.

Bronchial Aspirate - Right Upper Lobe

Macro: 10ml of fluid.

Micro: Microscopy shows benign respiratory epithelial cells. No malignant cells are identified.

SMCC

Dr L Whyte
Dr J Tolhurst

No report destination provided, please complete all sections on all request forms. **Recipient, Dept. & Hospital** are **ALL** required details for accurate distribution of reports. **"OUTPATIENT" is not sufficient as Department details.**

Date collected 19.09.11
Date received 19.09.11
Date reported 20.09.11

North Glasgow Pathology Department ** LIVE **
Report type (ENQ) ENQUIRY REPORT Page 1 frame A1

THIS IS AN ENQUIRY REPORT ONLY Lab No: N,11.0002684

Hosp No : 10037301M Source:GGH RESPIRATORY D/Coll: 19.09.11
Surname : ARGUE Consul:Dr Martin Johnson D/Recd: 19.09.11
Forename: WILLIAM RepPath:LDW Take in:
DOB/Age : 15.04.60 ConPath: *STATUS*:Rep'd.Final
Specimen: BRONCHIAL ASPIRATE GP: D/Rept: 20.09.11

CLINICAL HISTORY:
Right apical lesion.

Bronchial Aspirate - Right Upper Lobe

Macro: 10ml of fluid.

Micro: Microscopy shows benign respiratory epithelial cells. No malignant cells are identified.

ED \ Earlier \ Later specimen - append S for constant specimen type
Qu \ PHoned comment \ frame: + down, \ <+> ..

CLINICAL HISTORY:
Right apical lesion.

Bronchial Aspirate - Right Upper Lobe

Macro: 10ml of fluid.

Micro: Microscopy shows benign respiratory epithelial cells. No malignant cells are identified.

SMCC

Dr L Whyte
Dr J Tolhurst

Name : ARGUE William Sex: Male DOB:15.04.60 CHI: 1504606671
Addr : 1979 MARYHILL ROAD Hosp. No. 10037301M
Source: Resp Secretary, Fl 6 GGH Cons/GP:Dr.Johnston Coll: 19.09.11
Spec : Broncho-alveolar lavage (R) upper lobe Rec : 19.09.11
Lab No: M,I1.0171627.V Therapy:
Status: Authorised NB: Date if Reported: 21.09.11

CLINICAL:

FINAL REPORT

MICROSCOPY
Fluorescent: A.F.B. NOT seen
Gram: SCANTY WHITE CELLS
NO BACTERIA SEEN

CULTURE: NO GROWTH

Earlier \ Later specimen - append S for same type, D for same discipline
Qu) \ PHoned comment \ frame: + > ..

CULTURE: NO GROWTH

COMMENT: LEGIONELLA PNEUMOPHILA NOT ISOLATED
FUNGI NOT ISOLATED
Please note: Culture results for A.F.B. to follow
from Microbiology, Southern General Hospital
under a different Laboratory Number.

BRONCHOSCOPY
Day Care

North Glasgow Division

NHS Greater Glasgow and Clyde

Date: 19/9/11

10037301M
ARGUE M
WILLIAM 15/04/1960
74 CUMLODDEN DRIVE
GLASGOW G20 0JU
CHI-1504606671

Next of Kin: Patricia (Partner)

Phone number: 07912159679

Consultant: Dr Johnson

Named Nurse: S. Nixon

Bronchoscopist: Dr Colvin

PRE PROCEDURE CHECK:

1. **Fasting** (Yes) / No ..... am/pm
2. **Case notes** (Yes) / No
3. **X-rays** (Yes) / No
4. **Name Band** (Yes) / No
5. **Cannula** (Yes) / No
6. **Dentures** Yes / (No)
7. **Glasses** Yes / (No)
8. **Hearing Aid** Yes / (No)
9. **Consent** (Yes) / No by Dr Johnson

PAST MEDICAL HISTORY:

Heart Condition: Yes / (No) **Diabetes:** Yes / (No) **Epilepsy:** Yes / (No) **Allergies:** Yes / (No)

Asthma / COPD Yes / (No) **Medication:** .....

COMMENTS: .....

PRE	BP	PULSE	SP02%
9am	145/79	61	98%

POST	BP	PULSE	SP02%
11.45	134/81	58	97%

PROCEDURE INFORMATION:

Sedation: Alfentanyl .....1..... mg I.V Midazolam .....1..... mg I.V

Oxygen ..... litres/min. during procedure / post procedure SPO2 95%

Post Procedure Progress: .....

Diet and Fluids: 11:30 .....

DISCHARGE DETAILS:

TRANSPORT: **Ambulance:** Yes / No **Hospital Car:** Yes / No **Taxi:** Yes / No **Own Transport:** Yes / No

Cannula Removed (Yes) / No

Discharged at: 12 mel **Accompanied by:** Partner

Discharged Information Given: (Yes) / No **Out Patient Appointment:** (Yes) / No Next Tues

Signature of Discharge Nurse: J. Nixon

MIS 137575

BRONCHOSCOPY REPORT
NHS GREATER GLASGOW AND CLYDE

Record created: 19/09/2011 Last modified: 19/09/2011 Procedure date: 19/09/2011

Name:	William ARGUE	Address:	74 Cumlodden Drive
CHI No:	1504606671		Glasgow
District:			G200JU
Date of birth:	15/04/1960		
Case note no.:	10037301M		

GP:	Dr Susanne Russell	Status:	Outpatient/NHS
Address:	The Maryhill Red Practice	Hospital:	GGH
	Maryhill Health Centre	Ward:	
	41 Shawpark Street	Referring Cons:	Dr Martin Johnson
	Glasgow	Group:	Respiratory
	G209DR		

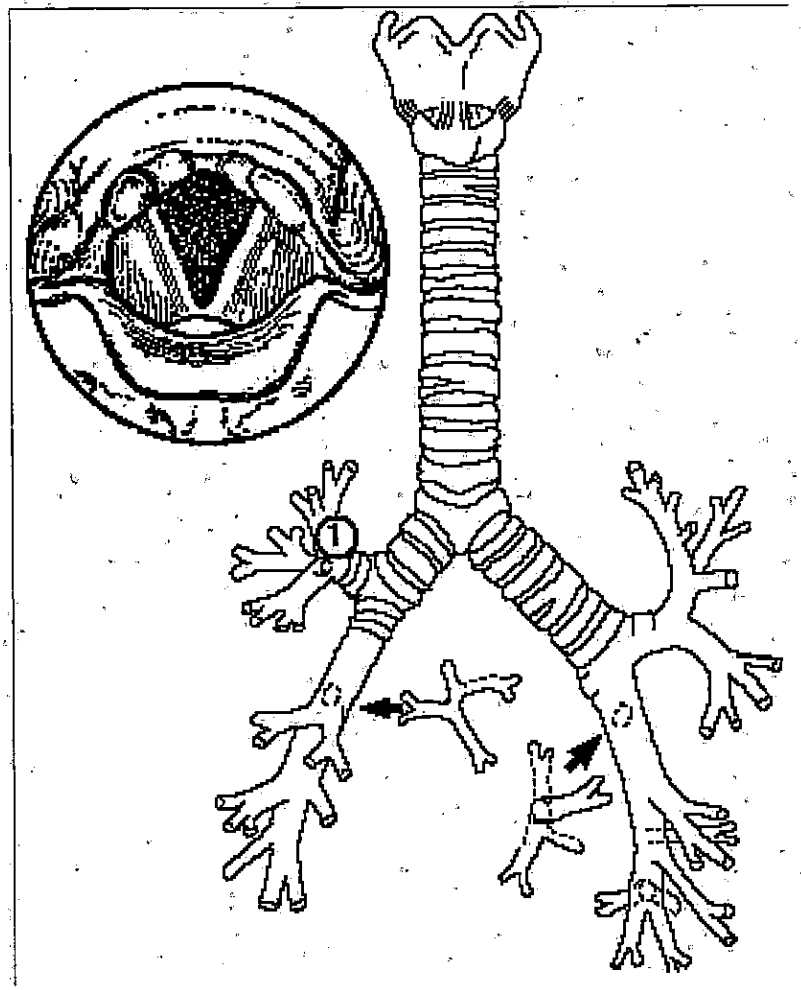
Clinical details: Right apical lesion.

Drugs:

Midazolam (IV)	2 mgs	Lido\Lignocaine 2% to larynx via scope	4 mls
AlFentanyl (IV)	1000 ugs	Lido\Lignocaine 2% to bronchial tree	4 mls

Instrument and method of access:
GGH BF9-BF260 2701702 via left nostril

Findings:



Results:
Normal Bronchoscopy - Specimens taken
Notes:
Normal appearances. Lavage from apical segment R upper lobe.

Site 1 Apical segment right upper lobe
Specimens:
Bronchoalveolar Lavage: TB bacteriology
Bronchoalveolar Lavage: cytology

Signature: _____

Operator: Dr Douglas Cowan
Consultant: Dr Steve Bicknell

Patient Agreement to Investigation or Treatment

NHS Greater Glasgow and Clyde

CONSENT FORM

PATIENT DETAILS (OR PRE-PRINTED LABEL)

Hospital/Clinic/GP Practice .....

Patient's surname/family name .....

Patient's first name(s): .....

Date of Birth___/____/_____ ☐ Female ☐

10037301M
ARGUE M
WILLIAM 15/04/1960
74 CUMLODDEN DRIVE
GLASGOW G20 0JU
CHI-1504606671

NHS/ CHI Number _____

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

.....

Responsible practitioner: .....

Job title: .....

STATEMENT FOR PRACTITIONER

(to be filled in by practitioner with appropriate knowledge of proposed procedure- see guidance notes)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side: (WRITTEN IN FULL)

Bronchoscopy

I have explained the procedure named on this form to the patient in 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 significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above).

Signature of practitioner: .....

Name/Designation (Print) .....

Date 6/9/11

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.
- That examination for the purpose of teaching will not be undertaken without my consent.

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
- to the emergency administration of blood or blood products

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 or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

PATIENT REFUSAL FOR BLOOD PRODUCTS

Please sign here if you refuse to consent to the emergency administration of blood or blood products. Even if this results in death.

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

Practitioner Signature: ..... Date ...../...../.....

PATIENT/PARENT* AGREEMENT FOR TREATMENT

Signature: X D. Argue ..... Date ...../...../.....

Name (Print): .....

Department of Respiratory Medicine

NHS Greater Glasgow and Clyde

Name
Address
Hospital N
DOB

10037301M
ARGUE
WILLIAM
CHI-1504606671

J

RESPIRATORY CLINIC MEASUREMENTS

Date	Height (m)	Weight (kg)	BP (mmHg)	FEV1 (L)	FVC (L)	FEVi/VC	ENO	SpO_2
Predicted value				3.38	4.17	78%		
6/9/14	1.71	78		3.07 (10)	4.37	70% (6)		99% ✓

Notes:
1. Patients taking long term oral steroids: measure weight and blood pressure every 6 months.
2. Children: measure weight and blood pressure every 12 months (use growth chart)

MIS 131656

Date	Height (m)	Weight (kg)	BP (mmHg)	FEV1 (L)	FVC (L)	FEVi/VC	ENO	SpO_2

SURNAME	ARGUE
FORENAME	WILLIAM
Hosp No	10037301M
CHI No	1504606671
D.O.B	15.04.60 SEX Male
ADDRESS	74 CUMLODDAN DRIVE
CONSULTANT/GP	JOHNSON
HOSP/PRACTICE	6C OP
WARD/TOWN	GGH

Collected	Received	Report Issued
06.09.11 @	06.09.11 @ 12:12	06.09.11 @ 15:05

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

139	Sodium	135–145	mmol/L
4.1	Potassium	3.5–5.0	mmol/L
106	Chloride	98–108	mmol/L
	Bicarbonate		mmol/L
3.1	Urea	2.5–7.5	mmol/L
62	Creatinine	40–130	§ µmol/L
>60	eGFR (estimated GFR)		mL/min
4.7	Plasma Glucose	3.5–5.5	mmol/L
	CRP		mg/L
	Amylase		U/L
	Urate		§ mmol/L
	Troponin I		µg/L
	CK		U/L
10	Bilirubin	<20	µmol/L
14	AST	<40	U/L
13	ALT	<50	U/L
70	Gamma–GT	<70	§ U/L
106	Alk.Phos.	40–150	§ U/L
73	Protein	60–80	g/L
39	Albumin	32–45	g/L
34	Globulins	23–38	g/L
2.39	Calcium		mmol/L
2.46	Adjusted Calcium	2.10–2.60	mmol/L
0.78	Phosphate	0.70–1.40	§ mmol/L
	Magnesium		mmol/L
	Cholesterol	target <5.0	mmol/L
	HDL Cholesterol	target >1.0	mmol/L
	Chol/HDL ratio		
	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
0.95	TSH	0.35–5.00	mU/L
14	Free T4	9–21	pmol/L
	T3		nmol/L
	IgA		§ g/L
	IgG		§ g/L
	IgM		§ g/L

NB Unless otherwise stated analyses carried out on serum

Lab No. N,11.7288325 Run No. 53

§Significant sex/age differences

Authorised by
Auto Check
Date Reported 06.09.11

[redacted]
Accredited Medical Laboratory
Reference No:2335

SGH 115A

BACTERIOLOGY DEPARTMENT
TEL: 0141 201 1703/4/5

20/12M1

SOUTHERN GENERAL HOSPITAL GLASGOW

Name: ARGUE WILLIAM
Address: 74 CUMLODDEN DRIVE
Consultant/GP: JOHNSON
Ward: Ward 6C Resp OPD, GGH
Specimen: WASHINGS bronchial right

Unit No.: 10037301M CHI No.: 1504606671
D.O.B. 15.04.60 Sex: M
Report to: Ward 6C Resp OPD, GGH
Date collected: 19.09.11 NK
Date received: 20.09.11 15:42

REPORT: FINAL REPORT

Microscopy:-
AURAMINE PERFORMED AT SENDING LABORATORY

1. 2.

CULTURE FOR MYCOBACTERIA NEGATIVE AFTER 42 DAYS INCUBATION.

Authorised by D. Sermanni 02.11.11 14:53

LAB.NO.T,11.0006666

YORKHILL HOSPITAL - NHS GREATER GLASGOW

Name ARGUE WILLIAM Sex M D.o.B. 15.04.60 Hosp. Ward Chest Clinic

Address NP77 8A Consultant Hosp. No. 10037301M

Investigation Mycology Culture HISS No: Taken 19.09.11

Specimen Bronchio Alveolar Lavage CHI No : 1504606671 Received 21.09.11

YOUR REF: Copy to :Chest Clinic G

Clinical Mycology, Yorkhill Hospital, Glasgow. G3 8SJ. 0141 201 0715

Direct Microscopy: Negative
Direct culture yields no fungi isolated

05 OCT

Report to:-
CHEST CLINIC
GARTNAVEL GENERAL HOSP.
1053 GREAT WESTERN RD
GLASGOW
G12 OYN

* FINAL REPORT *

Microbiologists

Authorised by Lynn Brown

Bronchio Alveolar Lavage Reported 28.09.11 Page 9 of Lab No. 51180

F

MICROBIOLOGY DEPARTMENT

GLASGOW ROYAL INFIRMARY
UNIVERSITY NHS TRUST

Name: MCCUE William | Sex: M | D.o.B: 13.04.60 | Resp Secretary, Fl 6 GGH

Address: 1979 MARYHILL ROAD, GLASGOW | Consultant: Dr.Johnston | CHI No. : 1504606671 | Hosp. No. 10037301M | Taken 19.09.11 NK | Received 19.09.11 16:00

Investigation: Culture (resp)

Specimen: Broncho-alveolar lavage (R) upper lobe

GRAM FILM:SCANTY WHITE CELLS
NO BACTERIA SEEN

FLUORESCENT MICROSCOPY: A.F.B. NOT seen

CULTURE:NO GROWTH

LEGIONELLA PNEUMOPHILA NOT ISOLATED
FUNGI NOT ISOLATED
Please note: Culture results for A.F.B. to follow from Microbiology, Southern General Hospital under a different Laboratory Number.

Final report

Entered by:Ian McCallum

Authorised on behalf of:

Copy for : Resp Secretary, Fl 6 GGH

Dr M Tobin/Dr S Tasker

26.09.11 0804 hrs
Reported

Lab No. 11.0171627.1

MICROBIOLOGY DEPARTMENT

GLASGOW ROYAL INFIRMARY
UNIVERSITY NHS TRUST

NAME McGUE William
Addr 1879 MARYHILL ROAD
GLASGOW
Investigation Culture (resp)
Specimen Broncho-alveolar lavage (R) upper lobe

Sex M
D.o.B. 15.04.60
Consultant Dr.Johnston
CHI No. : 1504606671

Resp Secretary, F1 6 GGH
Hosp. No. 0037301M
Taken 19.09.11 NK
Received 19.09.11 16:00

GRAM FILM:SCANTY WHITE CELLS
NO BACTERIA SEEN

FLUORESCENT MICROSCOPY: A.F.B. NOT seen

CULTURE:NO GROWTH

CULTURE FOR LEGIONELLA IN PROGRESS
CULTURE FOR FUNGI IN PROGRESS
Please note: Culture results for A.F.B. to follow from Microbiology, Southern General Hospital under a different Laboratory Number.

Interim report-Further report to follow

Entered by:Sharon Meechan

...orised on behalf of:
...sts
...akker

Copy for : Resp Secretary, F1 6 GGH

Reported 21.09.11 1243 hrs

Lab No. F1,11.0171627.V

SGH115A

DR: JOHNSON - 27/09/11

BACTERIOLOGY DEPARTMENT
TEL: 0141 201 1703/4/5

SOUTHERN GENERAL HOSPITAL GLASGOW

Name: ARGUE WILLIAM JOHNSTONE
Address: 74 CUMLODDEN DRIVE
Consultant/GP: NPJJ-G
Ward: Ward 6C Resp OPD, GGH
Specimen: WASHINGS bronchial right

Unit No.: 10037301M CHI No.: 1504606671
D.O.B.: 15.04.60 Sex: M
Report to: Ward 6C Resp OPD, GGH
Date collected: 19.09.11 NK
Date received: 20.09.11 15:42

REPORT: INTERIM REPORT - Further report to follow

Microscopy:-
AURAMINE PERFORMED AT SENDING LABORATORY

1. 2.

CULTURE FOR MYCOBACTERIA IN PROGRESS.

Name

Hospital No.
CHI Number
Age

Sex

PHYS/
SURG

Dept.
Ward

10037301
West General Medical Record
ARGUE
William
CHI: 1504606671

NHS
Greater Glasgow and Clyde

ajs

DATE	OUT-PATIENT HISTORY
25/2/22 15:20	VAR 61 78 (6/7.5) UIA PH VAR 68 60 (6/12) B. Robertson HCSW
	A. Pekalla (ST2)
	(61) → (L) RD surgery as teenager
	Recent (L) phaco + IOL for imminent cataract (sulcus IOL) - 19/01/22
	→ Maxidex LE QDS] Now off drops
	→ CPL LE QDS]
	Patient very satisfied with his current level of vision in LE. Reports some distortions in LE.
	✓ lids ✓
	✓ conj ✓
	clear cornea clear
	(GAT)
	12 | 12
	D+Q AL D+Q
	✓ lens sulcus IOL
	dilated fundoscopy

DATE	OUTPATIENT HISTORY *(Use other side first)*
	Refraction (L) −075/+075 x 85 6/9 just, c dishtr +300 add NS c dishtr
	IV. DMO 2.5 phys } R+L @ 345pm for mac OCT L cataract SPOA
	OCT macula - no CMO
	Pt rlv by Dr Lovington.
	(P) 1. discharge from clinic 2. advised to attend optician for prescription check and new glasses
A. Bhatia (ST2)	

NHS
Greater Glasgow and Clyde

Name	Hospital No.
	CHI Number
	Age
	Sex
PHYS/	Dept.
SURG	Ward

eyes

DATE	OUT-PATIENT HISTORY

DATE	OUTPATIENT HISTORY *(Use other side first)*

Name	Hospital No.
	CHI Number
	Age
	Sex
PHYS/	Dept.
SURG	Ward

NHS
Greater Glasgow and Clyde

eyes

DATE	OUT-PATIENT HISTORY

DATE	OUTPATIENT HISTORY *(Use other side first)*

Department of Respiratory Medicine
Western Infirmary
Gartnavel General Hospital

OUTPATIENT RECORDS

NHS
Greater Glasgow and Clyde

Name:
Add

10037301M
ARGUE M
WILLIAM 15/04/1960
74 CUMLODDEN DRIVE

GLASGOW G20 0JU
CHI-1504606671

Unit No: D.O.B.

Consultant:
GP Name:
Address:

History:
Respiratory / Other:

Past History:

Drug History:

Smoking, alcohol and Social History:

Family History:

Occupational History:

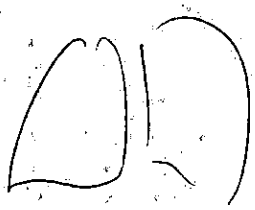
Allergies / pets / atopy:

BCG vaccination Yes / No

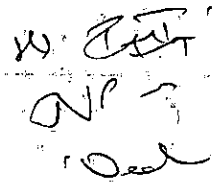
Examination

Clubing Yes / No
Lymphadenopathy Yes / No
Cyanosis Yes / No
ENT
Dyspnoea grade (NYHA)

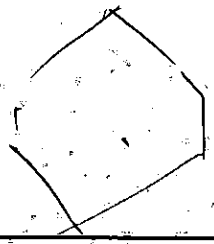
Respiratory:



Cardiovascular:



Other:



Investigations

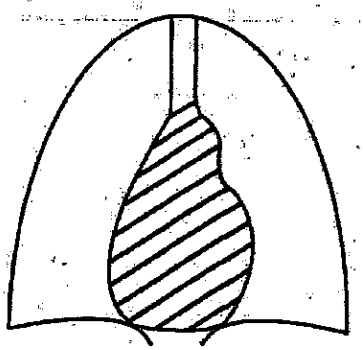
Height:

Weight:

Urine examination:

Pulmonary Function:

Radiology:



Other Investigations:

Diagnosis and Treatment:

Information given to patient:

Education: smoking
inhaler technique

Follow - up:

Signature: .....

MIS 147394

Respiratory medicine follow up

NHS Greater Glasgow and Clyde

Name:
Address:

10037301M
ARGUE M
WILLIAM 15/04/1960
74 CUMLODDEN DRIVE

GLASGOW C20 0JU
CHI-1504606671

Unit No.: D.O.B.:

Date:

Current problem(s):

Wt ? ↑ ... well
Chronic cough as before
No more haemoptysis

FEV1/FVC:

Current treatment(s):

Action:

CXR improved

BAL mid Dec
CT early Dec

follow-up: CT 3/12

Current problem(s):

No further blood
[illegible] sputum

Cxr done [illegible]

FEV1/FVC:

Current treatment(s):

Action:

follow-up:

MIS 110166

Respiratory medicine follow up

NHS
Greater Glasgow and Clyde

Name:
Address:

Unit No.: D.O.B.:

Date:

Current problem(s):

Current treatment(s):

Action:

FEV1/FVC:

follow-up:

Current problem(s):

Current treatment(s):

Action:

FEV1/FVC:

follow-up:

MIS 110166

North Glasgow University Hospitals Division

Respiratory medicine follow up

NHS Greater Glasgow

Name:

10037301M M
ARGUE
WILLIAM 15/04/1960
74 CUMLODDEN DRIVE
G20 0JU
GLASGOW
CHI 1504606671

U D.O.B.:

Date:

Current problem(s):

Current treatment(s):

Action:

FEV1/FVC:

follow-up:

Current problem(s):

Current treatment(s):

Action:

FEV1/FVC:

follow-up:

MIS 110166

North Glasgow University Hospitals Division

Respiratory medicine follow up

NHS Greater Glasgow

Name:
Address:

Unit No.: D.O.B.:

Date:

Current problem(s):

Current treatment(s):

Action:

FEV1/FVC:

follow-up:

Current problem(s):

Current treatment(s):

Action:

FEV1/FVC:

follow-up: