Subject Access Request

Patient	Mr Mark Lawrie
Date of birth	07-Mar-1974 (age 52)
Gender	M
NHS number	680/74/171
Patient's address	18 Speedwell Square Ayr Ayrshire KA7 3YJ
Date range selected	07-Mar-1974 - 29-July-2026
Organisation	
Policy number	

Problems

Active

09-Jan-2025 Dr Junaid Ilyas (JBI)
[X]Depression NOS

08-Feb-2013 Dr Alisha Dosumu (AD)
Piles - haemorrhoids

08-Jun-2010 Dr David Stevenson (DS)
Scaly scalp

28-Jun-2000 UnknownUser (UnknownUse16990)
Total splenectomy

01-May-1994 UnknownUser (UnknownUse16990)
*****

Significant Past

This section is empty.

Minor Past

20-Feb-2026 Dr Dibaal Oghu (DO)
Skin tag NOS

06-Sept-2024 Dr Junaid Ilyas (JBI)
Wax in ear (Left)

06-Sept-2024 Dr Junaid Ilyas (JBI)
Hearing loss (Left)

16-Apr-2024 Dr Sharayu Sakpal (SS1)
Shoulder pain

28-Dec-2023 Ms Ashley O'neill (Anp) (AO2)
[D]Shortness of breath

15-Dec-2023 Dr David Stevenson (DS)
Administration

28-Nov-2023 Dr David Stevenson (DS)
Emergency appendicectomy

24-Nov-2023 Dr Zahra Khan (ZK)
Abdominal pain

07-Jun-2023 Dr Linda Evans (LE)
Sore throat symptom

13-Mar-2023 Dr Stewart McMinn (Locum) (SMCM)
[X]Depression NOS

13-Mar-2023 Dr Stewart McMinn (Locum) (SMCM)
Failed encounter - no answer when rang back

13-Mar-2023 Dr Stewart McMinn (Locum) (SMCM)
Failed encounter - message left on answer machine
tcb

19-Jan-2023 Dr Alisha Dosumu (AD)
Skin lesion
skin

22-Apr-2022 Dr Junaid Ilyas (JBI)
O/E - a lump

20-Jan-2022 Dr Sangeeta Govinden (SG1)
Abdominal pain

06-Oct-2021 Dr David Stevenson (DS)
Anal fissure

22-Sept-2021 Dr Sally Youssef (SY)
Medication review

31-Mar-2021 Dr Linda Evans (LE)
[D]Axillary lump

23-Mar-2021 Dr Alisha Dosumu (AD)
[X]Depression NOS

19-Jan-2021 Dr Alisha Dosumu (AD)
[X]Depression NOS

02-Nov-2020 Dr Tara Wilson (TW1)
[X]Depression NOS

17-Feb-2020 Dr Alisha Dosumu (AD)
[X]Depression NOS

14-Nov-2018 Dr Raja Haroon Ahmed (Locum Gp) (RA1)
Viral warts

12-Nov-2018 Dr Linda Evans (LE)
Influenza vaccination (GMS, Left arm)

30-May-2018 Dr Alisha Dosumu (AD)
Small bowel obstruction NOS

10-May-2018 Dr Stewart McMinn (Locum) (SMCM)
Abdominal pain

02-Oct-2017 Dr Junaid Ilyas (JBI)
Fungal infection of skin

07-Sept-2017 Dr Linda Evans (LE)
Ankle sprain (Left)

23-Feb-2017 Dr Linda Evans (LE)
Rectal bleeding

30-Jan-2017 Ms Jan McCulloch (JMCC)
Influenza vaccination (Left arm)

21-Nov-2016 Ms Jan McCulloch (JMCC)
Well man health check

12-Jan-2016 Dr David Stevenson (DS)
Vasectomy requested

14-Apr-2015 Dr Alisha Dosumu (AD)
Dermatitis NOS

11-July-2013 Ms Lorna Stewart (LS)
[V]Removal of sutures

16-Apr-2013 Dr Linda Evans (LE)
Mole of skin

07-Nov-2012 Ms Lesley Wilson (LW1)
Influenza vaccination (GMS, Left arm)

29-Oct-2012 Dr Alisha Dosumu (AD)
Rectal bleeding

26-Jun-2012 Dr David Stevenson (DS)
Athlete's foot

20-Jan-2012 Ms Lorna Stewart (LS)
Removal of suture of skin

19-Dec-2011 Dr Rabee Harb (RH2)
Patient informed - test result

13-Dec-2011 Ms Lorna Stewart (LS)
Tiredness symptom

23-Nov-2011 Dr Alisha Dosumu (AD)
Shoulder tendonitis (Right)

11-Oct-2011 Ms Hazel Stevenson (HS)
Influenza vaccination (Left arm)
Enzira lot ***** Exp 06/2012

23-Aug-2010 Dr Alisha Dosumu (AD)
Athlete's foot

08-Jun-2010 Dr David Stevenson (DS)
Athlete's foot

Consultations

19-Mar-2026 Dr Linda Evans (LE) Bankfield Medical PracticeBranch Surgery

Problem	[X]Depression NOS
History	History stable. Keen to continue. Some bad days but coping well on medication.
Comment	Comment script done, review annually

20-Feb-2026 Dr Dibaal Oghu (DO) Bankfield Medical PracticeBranch Surgery

Problem	Skin tag NOS
History	History itchy umcomfortable skin tag on the neck for weeks, patuent tells me he picks on it often and it ''catches on clothes'', looking for cryotherapy Risk of blister to ulceartion of are explained and patient accepts risks
Examination	Examination Pedunculated firm nodule about 2mm in diameter and 1cm long on the anterior traingle of the right side of neck, tatoos noted
Comment	Comment LN applied in short intermittent blsasts total of 30s Patient to F/U in 2-3 weeks if needed

27-Jan-2026 Mr Anonymous User (ANON)

24-Jan-2026	Vaccination	Pneumococcal vaccination *3047629/ PNEUMOCOC/IM/Left Arm//PNEU - Pneumococcal Vaccine (UHA - Outpatients Department Suite F/G)*

09-Jan-2025 Dr Junaid Ilyas (JBI) Telephone Consultation

Problem	[X]Depression NOS
History	History on mirtazapine- taking 45mg nocte- doing well-
Comment	Comment sam eissued for annual rv

30-Sept-2024 Ms Kirsty Barrie (Nahc) (KB) Bankfield Medical PracticeBranch Surgery

Problem	Wax in ear (Left)
Comment	Comment Pt attended apt for ear syringing to left ear. reports to be using olive oil for 2 weeks. declines symptoms of infection. consent obtained to observe ear canals using otoscope. right ear clear of wax able to see TM. ? white substacne/scarring to TM. no symptoms of infection therefore advised pt to monitor and if occur to d.c with gp. left ear fully impacted with soft wax. informed consent obtained to carry out ear syringing. no contraindications for procedure. large amount of wax successfully removed and able to see Tm after procedure. aftercare advice given to pt. pt happy with this

06-Sept-2024 Dr Junaid Ilyas (JBI) Bankfield Medical PracticeBranch Surgery

Problem	Wax in ear (Left)
History	History hx as per tc
Examination	Examination right ear- clear- TM intact- left ear- WAX+++ unable to visualize TM
Comment	Comment olive oil drops given- if not better- despite using this for 2 weeks pls get in touch- would need to book him in for syringing
Medication	Medication Olive Oil Ear drops 10 ml ONE DROP IN LEFT EAR TWICE A DAY FOR 14 DAYS

06-Sept-2024 Dr Junaid Ilyas (JBI) Telephone Consultation

Problem	Hearing loss (Left)
History	History cant hear from his left ear- even when he wears his airpods- cannot hear the sound- nil pain - nil tinnitus- symptoms started a few daysa go
Comment	Comment appnt given

16-Apr-2024 Dr Sharayu Sakpal (SS1) Bankfield Medical PracticeBranch Surgery

Problem	Shoulder pain
History	History constant pain in left arm for at least a couple of months. this can happen more than once or twice a day. describes this as a sharp pain. this pain can last for a couple of minutes to couple of sec. does not have any central crushing chest pain or heaving in the chest or arm. not accompanied by chest pain or sob or feeling sweaty or clammy. pain radiates from wrist to shoulder and armpit. nil hx of injury or *****. does not take any medication for this. note prev consultation. patient states he had a stay in hospital last year - does not like hospitals as ***** died there 3 years ago - fears if he goes there he might not return. advised his sats were low then - and hospital is the best place for hm in that scenario. says he came in today as he has left shoulder pain and worried about heart as he is a certain age.
Examination	Examination sats 96%. HR 78/min regular. Chest clear. HS pure. clubbing of fingers noted. right shoulder nad. FROM. Left shoulder tenderness on palpation of medial aspect of shoulder joint. pain on adduction and extension. inverted can test positive . power and tone intact. meurovasc intact upper limbs
Social	Social smokes 10/day.
Comment	Comment adv likely due to nerve impingement. however given tenderness on palpation of the joint - for xray. rx issued for topical nsaids. worsening advice given. review a s needed
Medication	Medication Ibuprofen Gel 5 % 50 gram APPLY UP TO THREE TIMES DAILY

28-Dec-2023 Ms Ashley O'neill (Anp) (AO2) Bankfield Medical PracticeBranch Surgery

Problem	[D]Shortness of breath
History	History Attended today for review after telephone consultation for SOB
Examination	Examination Temp 36.6 SPO2 85-87% HR 94 regular Chest - NAD.
Comment	Comment Note recent appendectomy. Also in HDU with Methaemoglobinaemia. HB 104 ferritin normal MCV 107. Long discussion today re diagnosis and blood results. SMoker - tobacco and cannabis. Tells me that he took cocaine which was found to be laced with Fentanyl prior to admission to HDU. D/W DS. Needs admitted through CAU. Explained this to Mark howewver he will not vonsent to admission for further ix. Tried to explore his concerns however he was adamant he would not go. *****. I have strongly advised to attend Hospital or cal 999 if becomes confused or more symptomatic

28-Dec-2023 Dr Linda Evans (LE) Telephone Consultation

Problem	Emergency appendicectomy
History	History informed blood test result. Hb low. Ferritin normal. For the past 2 weeks, has been feeling breathless and wheezing on exertion. Denied any cough. Given appt for exam

21-Dec-2023 Ms Jennifer Purdie (JP2) Bankfield Medical PracticeBranch Surgery

Problem	Emergency appendicectomy
Comment	Nursing care blood sample taken from (L) arm, consent given.

21-Dec-2023 Dr Linda Evans (LE) General Practice Surgery

Result	**Blood film microscopy**:		
	Film comment		(No range available)
Result	**Full blood count - FBC**:		
	Basophils	0.1 10*9/L	(No range available)
	Eosinophils	**0.8 10*9/L**	**(Range: 0.1 - 0.7)**
	Monocytes	**1.3 10*9/L**	**(Range: 0.2 - 0.9)**
	Lymphocytes	**5.2 10*9/L**	**(Range: 1.1 - 5)**
	Neutrophils	4.9 10*9/L	(Range: 1.5 - 6.5)
	Platelets	**545 10*9/L**	**(Range: 150 - 400)**
	MCHC	316 g/L	(Range: 316 - 349)
	MCH	**33.7 pg**	**(Range: 27.3 - 32.6)**
	MCV	**107 fL**	**(Range: 82 - 98)**
	Haematocrit	**0.33 %**	**(Range: 0.39 - 0.5)**
	RBC	**3.09 10*12/L**	**(Range: 4.32 - 5.66)**
	White Cell Count	**12.4 10*9/L**	**(Range: 3.7 - 9.5)**
	Haemoglobin	**104 g/L**	**(Range: 133 - 176)**
Result	**Serum ferritin**:		
	Ferritin	141 ug/L	(Range: 30 - 400)
Result	**Serum iron tests**:		
	Iron	31.7 µmol/L	(Range: 9 - 34.5)
	TIBC	63.9 µmol/L	(Range: 45 - 80)
	% Saturation	49.6 %	(Range: 20 - 50)
Result	**Plasma C reactive protein**:		
	CRP <5		(No range available)
Result	**Liver function test**:		
	Globulin	31 g/L	(Range: 21 - 35)
	Albumin	42 g/L	(Range: 35 - 50)
	Total Protein	73 g/L	(Range: 60 - 80)
	ALT	15 U/L	(Range: 5 - 55)
	AST	22 U/L	(Range: 10 - 45)
	ALP	64 U/L	(Range: 30 - 130)
	Bilirubin	**27 µmol/L**	**(No range available)**
Result	**Urea and electrolytes**:		
	eGFR result/1.73m2 >60		(No range available)
	Chloride	101 mmol/L	(Range: 95 - 108)
	Potassium	4.7 mmol/L	(Range: 3.5 - 5.3)
	Sodium	139 mmol/L	(Range: 133 - 146)
	Creatinine	79 µmol/L	(Range: 50 - 120)
	Urea	3.8 mmol/L	(Range: 2.5 - 7.8)

15-Dec-2023 Dr David Stevenson (DS) Telephone Consultation

Problem	Administration
History	History recently discharge from HDU in hospital. He wishe to ask if there are any ongoing health impications based on his recent diagnosis. This is a very worthwhile question to ask, unforutantely I have no details rregarding his diagnosis at all. I know that he had methaemogobinaemia, but I have no idea why. The patient feels it may have been due to some substances he had ingested. This may very well be the case, but there are other causes, and it would be irresponsible of me to guess.
Comment	Comment I suggest that he call back in a few weeks. The IDL which wea have from 13 Dcebember - which has no informaiton on diagnsois - will hopefully bre followed by a more informative letter, and I would be delighted to either discuss that letter with him (if we have it), or to contact his medical team to ask for details (if we don't)

14-Dec-2023 Ms Sharlene Faulds (Pharmacy Technician) (SF) Data Entry

	Problem	Problem SOB
	Comment	Comment Admitted with increasing SOB and Cynosis. See IDl for full clinical details. Bilirubin 41 to be repeated in community
	History	Post hospital dischrge med reconciliation with medical notes
	Comment	Medication unchanged
	Result	Follow-up arranged by practice by practice bilirubin 1 week
13-Dec-2023	History	Discharged from hospital
09-Dec-2023	History	Admission to hospital

08-Dec-2023 Dr Linda Evans (LE) Telephone Consultation

Problem	Emergency appendicectomy
History	History had above few weeks ago. Feeling tired and ***** commented he was pale looking. Denied any pain, bowel opening, a bit of constipation. Appetite gradually coming back. Given appt for blood test.

06-Dec-2023 Ms Nicola Wilson (Nahc) (NW) Bankfield Medical PracticeBranch Surgery

	Problem	Emergency appendicectomy
	Comment	Comment Attended for review following appendicectomy 25/11/23. O/E wound healed well and completely closed over. No obvious signs of infection. x 9 clips removed. Wound clean, dry and left to air. Managing with simple analgesia. Had been constipated now resolved pt states had been taking lactulose. Passing urine, managing diet and fluids. Independantly mobile. No further appts required. Worsening advicce given.

30-Nov-2023 Ms Sharlene Faulds (Pharmacy Technician) (SF) Data Entry

	Problem	Problem Appendicitis
	History	Medication reconciliation
	Comment	Medication unchanged
27-Nov-2023	History	Discharged from hospital
24-Nov-2023	History	Admission to hospital

28-Nov-2023 Dr David Stevenson (DS) Data Entry

	Problem	Emergency appendicectomy

24-Nov-2023 Dr Zahra Khan (ZK) Home visit

	Problem	Abdominal pain
	History	History History as previous - abdo pain since last night - patient unable to come in due to pain - pain ++, no improvement with paracetamol and ibuprofen. patient crying in pain. has been passing wind, nasuea but no vomiting
	Examination	O/E - BP reading Midline scar - temp 36.5, HR 75,
	Comment	Comment due to prev history of bowel obstruction and adhesions and guarding abdomen on exam - for hosp admission - 2 hr wait ambulance.
	Examination	Systolic blood pressure Abdo - tender, guarding, BS +++ 125 mm Hg
	Examination	Diastolic blood pressure 80 mm Hg

24-Nov-2023 Dr Zahra Khan (ZK) Telephone Consultation

	Problem	Problem Abdominal pain
	History	History Abdo pain since last night, feeling nausea, tightness in abdomal with sharp abdo pain centrally. has been passing very small stools yesterday but nothing today - passing lots of wind. Has had a splenectomy and bowel obstruction before and feels it is the same.
	Comment	Comment I will visit

14-Jun-2023 Dr Linda Evans (LE) Bankfield Medical PracticeBranch Surgery

	Problem	Sore throat symptom
	History	History worsening sore throat. No fever. No rash. Able to swallow but painful. For antibiotic.
	Medication	Medication Phenoxymethylpenicillin Tablets 250 mg 40 TABLET TWO TO BE TAKEN FOUR TIMES A DAY

07-Jun-2023 Dr Linda Evans (LE) Telephone Consultation

	Problem	Sore throat symptom
	History	History sore throat for 2 days, no fever, not unwell. No other symptoms. Given difflam mounth wash
	Medication	Medication Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 % 300 ML RINSE OR GARGLE WITH 15MLS EVERY 1.5 TO 3 HOURS WHEN REQUIRED

13-Mar-2023 Dr Stewart McMinn (Locum) (SMCM) Bankfield Medical PracticeBranch Surgery

	Problem	[X]Depression NOS
	History	History has been on mirtazapine for 4 years now after death of *****. feels his mood is ok most days. not keen on any talking therapy. discussed advised can c/w weeds rv again in 6-12 months and not to stop meds abruptly. rv prn

13-Mar-2023 Dr Stewart McMinn (Locum) (SMCM) Telephone Consultation

	Problem	Failed encounter - no answer when rang back

13-Mar-2023 Dr Stewart McMinn (Locum) (SMCM) Telephone Consultation

	Problem	Failed encounter - message left on answer machine tcb

19-Jan-2023 Dr Alisha Dosumu (AD) Telephone Consultation

Problem	Skin lesion skin
History	History Hx of above for at least 2 months - he feels one at the back of his leg is darker - no other alarm symptoms
Examination	Examination Re: photos - the one on his left knee looks like a callous and the on behind his right thigh looks like a seb wart
Comment	Comment look ebntirely benig bu I still need to examine it - appt given

18-Nov-2022 Mr Anonymous User (ANON)

17-Nov-2022 Vaccination Administration of first inactivated seasonal influenza vacc *440171A/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK (Prestwick Airport Vaccination Centre)*

18-Nov-2022 Mr Anonymous User (ANON)

17-Nov-2022 Vaccination Administration of first dose of SARS-CoV-2 vaccine *GE3043/ COVPFIZER/IM/Left Arm//C-19 Comirnaty (Prestwick Airport Vaccination Centre)*

25-Apr-2022 Dr Junaid Ilyas (JBI) Bankfield Medical PracticeBranch Surgery

Problem	O/E - a lump
History	History as per prev consult-
Examination	Examination pea sized lump in the left groin- this is mobile non tender- in keping with a Lymph node
Comment	Comment reassured- red flag symptms to look out for explained

22-Apr-2022 Dr Junaid Ilyas (JBI) Telephone Consultation

Problem	O/E - a lump
History	History 2 lumps in groin area- left groin - 4-5 day hx- says size of a peanut- noticed it whlst taking a shower- hard- - worried bout cancer- ***** passed away last year bc of cervical cancer-
Comment	Comment worried- I can understand- f2f next week mnday for me to examine these lumps

20-Jan-2022 Dr Shvetha Vengatesan (SV) Bankfield Medical PracticeBranch Surgery

Problem	Abdominal pain
History	History Central abdominal pain over past two days, opened bowels last night, normal consistency.Passing wind normally. Says it feels like a severe cramp.
Examination	Examination Pain on palpation in umbilical region. Bowel sounds presents. Normal percussion.
Comment	Comment Advised patient that whilst I can appreciate there is pain, it doesn't seem like a bowel obstruction at the moment. Advised regular paracetamol and prescirbed script below. I have told patient if there is any worsening of pain to call 111.
Medication	Medication Hyoscine Butylbromide Tablets 10 mg 56 TABLET TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

20-Jan-2022 Dr Sangeeta Govinden (SG1) Telephone Consultation

Problem	Abdominal pain
History	History Gradually worsening central abdominal pain over the past 2 days now. He denied any nausea or vomiting. No fever. Passing urine fine. Last bowel output was yesterday. no blood and wasn't loose. Passing wind. He rates the pain as 8/10. He called us today as the pain / cramps were starting to be the same as what he had a few years ago which turned out to be 'twisted bowel'.
Examination	Examination Sounds to be in pain.
Social	Social 2018 - small bowel obstruction secondary to adhesions
Comment	Comment Given background history of adhesion, appointment given for examination this afternoon.

29-Dec-2021 Dr David Stevenson (DS) Telephone Consultation

Problem	Piles - haemorrhoids
History	History very constipated currently. Sitting on the pan "in agony" and some blood on wiping and sometimes some blood released when he's actually passing stool
Comment	Comment He's asking if t his is anything to about and if he needs to take this further? I think that this will depend on what happeneds in the near future. Currently he's having to force very hard stools out though his back passage, and it's very painful and he has some bleeding. If we achieve a nice sft stool, and if he has soft bowel motions for a week or two and he has no further bleedding at all after this point then I think we can be reassured. If this does not happen - e.g. he has normal or soft bowel motions ans still has bleeding, then I would be very keen thasat he conctact us to take this further.
Medication	Medication Lactulose Solution 3.1-3.7 g/5 ml 300 ML THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY
Medication	Medication Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet 30 SACHET THE CONTENTS OF ONE SACHET IN WATER TO BE TAKEN TWICE A DAY

30-Nov-2021 Mr Anonymous User (ANON)

26-Nov-2021	Vaccination	Administration of first inactivated seasonal influenza vacc *P100368151/ FLUQIVC/IM/Right Arm//FLU - Flucelvax Tetra (QIVc) (Ayr Racecourse)*

30-Nov-2021 Mr Anonymous User (ANON)

26-Nov-2021	Vaccination	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Pfizer (Ayr Racecourse) *FM3802/ PF/IM/Left Arm//C-19 Booster Pfizer (Ayr Racecourse)*

30-Nov-2021 Mr Anonymous User (ANON)

26-Nov-2021	Vaccination	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Pfizer (C Dallas) *FM3802/ PF/IM/Left Arm//C-19 Booster Pfizer (C Dallas)*

06-Oct-2021 Dr David Stevenson (DS) Telephone Consultation

Problem	Anal fissure
History	History problem again for the last three weeks. fresh blood on wiping and also mixed in with stool. Health is otherwise good. No alteration in bowel habit, neither coinstipated nor going more frequently. He had this in 2015 and requried botox injection. He wonders about re-referral?
Comment	Comment I would be happy to refer himl but since we are in the middoe of the VCovid pandemic it could be many months until he is een. I have suggested, if he is happy with this, that we try the topical rx foirst. and if it settles then he will not need referral. If not settlingt in a coupel of weeks, then call us back. Ther eare other things we can try - e.g. GTN 0 and if not settling then I would be happy to refer. he's happy withthis plan.
Medication	Medication Lidocaine Gel 2 % 15 ml TO BE USED AS DIRECTED

22-Sept-2021 Dr Sally Youssef (SY) Bankfield Medical PracticeBranch Surgery

Problem	Medication review
History	History mirtazapine, has been on them for a year, on 40 mg since july, finding it ok, sleep not great and having nightmares. keen to continue.
Comment	Comment continue current management

14-May-2021 Mr Anonymous User (ANON)

10-May-2021	Vaccination	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By A Reid) *PW40040/ AZ/IM/LUA//C-19 (By A Reid)*

31-Mar-2021 Dr Linda Evans (LE) Telephone Consultation

Problem	[D]Axillary lump
History	History found a lump, left armpit, noticed it yesterday. GIven appt for examination of the lump next week. Patient happy with this

23-Mar-2021 Dr Alisha Dosumu (AD) Video Consultation

Problem	[X]Depression NOS
History	History Stable on current dose of treatment and would like to continue on this dose - medication is really helping him
Examination	Examination Looks well - good eye contact - fluent speech - well dressed
Comment	Comment Prescription issued - Review in 6 months or sooner if any problems - provided with EMIS access details for repeat rx

26-Feb-2021 Mr Anonymous User (ANON)

21-Feb-2021	Vaccination	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By N Murphy) *PV46664/ AZ/IM/LUA//C-19 (By N Murphy)*

19-Jan-2021 Dr Alisha Dosumu (AD) Telephone Consultation

Problem	[X]Depression NOS
History	History Stable on current dose of treatment and would like to continue on this dose - advsoed of Video Consultation consultation as has not been seen since last year - offered appt today but he tells me it is not a good time as ***** who is terminally unwell
Examination	Examination Sounds well - fluent speech
Comment	Comment taking current situation inot consideration I have issued him with a 2 months supply of 45mg [removed lower dose from repeats] and encouraged him to try Video Consultation at next review - Prescription issued - Review in 2 months or sooner if any problems

12-Nov-2020 Dr David Stevenson (DS) Telephone Consultation

Problem	[X]Depression NOS
History	History has spoken to CPN and would like to increase to 45mg.
Comment	Comment routine review.
Medication	Medication Mirtazapine Tablets 45 mg 28 TABLET ONE TO BE TAKEN AT NIGHT

02-Nov-2020 Dr Tara Wilson (TW1) Telephone Consultation

Problem	[X]Depression NOS
History	History medication review- currently on mirtazepine 30mg nocte- helping with his sleep. Mood has been a bit up and down during the day recently- ***** has been diagnosised with cancer and going through chemotherphy and he is finding this all very emotionally- finds himself crying at times. Eating and drinking okay. No thoughts of ***** or sucidial ideation. He is due for a follow up telephone call with CPN on 12/11/20
Comment	Comment Discussion regarding his medication and options 1. Leave dose as it is and see how things go- he is aware that current sitution with ***** is excerbating how he is feeling 2. Increase medication 3. Do we need to look into swicthing medication if during the day symtpoms arent well controlled He would like to wait until his review appointment with CPN and have a think/discussioin with them Happy to do this- will issue a months supply and can review after this re going forward.

24-Oct-2020 Dr Linda Evans (LE) Bankfield Medical PracticeBranch Surgery

Vaccination	Seasonal influenza vaccination (Left arm) *Batch No P100243203 Exp 05/2021*
Vaccination	Influenza vacc consent given

04-May-2020 Dr Junaid Ilyas (JBI) Data Entry

Problem	[X]Depression NOS
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: [X]Depression NOS; Duration: 04/05/2020 - 29/05/2020)*

13-Apr-2020 Dr Junaid Ilyas (JBI) Bankfield Medical PracticeBranch Surgery

Problem	[X]Depression NOS
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: [X]Depression NOS; Duration: 13/04/2020 - 04/05/2020)*

30-Mar-2020 Dr Alisha Dosumu (AD) Telephone Consultation

Problem	[X]Depression NOS
History	History Called for line - no suicidal or self harm thoughts - has been ion mirtazipine for just under 2 weeks - no side effects but feels no better
Examination	Examination sounds well - fluent speech
Comment	Comment advised too early to tell if there will be benefits - increase to 30mg [2x15mg] - rx issued for further supply - line issued for 2 weeks - telephone review in 2 weeks to keep linein psync with review - once stable dose to get longer lines
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: [X]Depression NOS; Duration: 30/03/2020 - 13/04/2020)*

16-Mar-2020 Dr David Stevenson (DS) Telephone Consultation

Problem	[X]Depression NOS
History	History Chat re medical line, and the fact that the letter hasn't come in yet from psychiatary - I'm sorry

16-Mar-2020 Dr Junaid Ilyas (JBI) Data Entry

Problem	[X]Depression NOS
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: [X]Depression NOS; Duration: 16/03/2020 - 30/03/2020)*

09-Mar-2020 Dr Alisha Dosumu (AD) Bankfield Medical PracticeBranch Surgery

Problem	[X]Depression NOS
History	History seen by psych last week and we are to expect a lette rregarding medication - stopped rx as told by hospital
Examination	Examination Looks well - good eye contact - fluent speech - well dressed
Comment	Comment to call end of week to se eif we have a letter - if we do then to ask for telephone review - his line will be out of sync with medication to be started - so we agree for him to call end of the week and if not line to request same to be done - when he strats rx then we can issued a longer line
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: [X]Depression NOS; Duration: 09/03/2020 - 16/03/2020)*

24-Feb-2020 Dr Junaid Ilyas (JBI) Bankfield Medical PracticeBranch Surgery

Problem	[X]Depression NOS
History	History in for review- has cmht appnt - on 3/3/20- nil ***** thoughts today- in for med 3 . ***** and ***** ,13, 19 years- has ***** 23/24 years- they live elsewhere- not sleeping at night- mind racing- sleeping on couvch for the past week- *****.
Examination	Examination well dressed- good eye ocntact , nil ***** thoughts
Comment	Comment med 3 issued, has rv appnt in 2/52 .,earlier rv if any concerns
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: [X]Depression NOS; Duration: 24/02/2020 - 09/03/2020)*

17-Feb-2020 Dr Alisha Dosumu (AD) Bankfield Medical PracticeBranch Surgery

Problem	[X]Depression NOS
Examination	Examination tearful but Looks well - good eye contact - fluent speech - well dressed
Comment	Comment he request a line at end of consultation as is on universal credit - 1 week issued and Review in one week or soone rif any problem - main Prescription issued - Review in 4 week or sooner if any problems - DETAILS GIVEN TO CPN ***** - She will contact him today
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: [X]Depression NOS; Duration: 17/02/2020 - 24/02/2020)*
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 30 CAPSULE ONE TO BE TAKEN EACH DAY

31-Oct-2019 Ms Jan McCulloch (JMCC) Bankfield Medical PracticeBranch Surgery

Comment	Comment well today, no c/i
Vaccination	Seasonal influenza vaccination (Left arm) *Batch No P100120851Exp 06/2020 given im*
Vaccination	Influenza vacc consent given

14-Nov-2018 Dr Raja Haroon Ahmed (Locum Gp) (RA1) Bankfield Medical Practice

Problem	Viral warts
History	History Attends with a lump on his left shoulder. Noted it about 3 months ago, growing over the time since. Occasionally itchy but no other problems with it.
Examination	Examination Flesh coloured, cauliflower appearance growth approx 8mm across on left shoulder overlying part of the tattoo there.
Comment	Comment Appearance typical of a viral wart. Discussed treatment options - he will try gel, not keen on cryo today. Advised to seek review if further changes/wishes cryo

12-Nov-2018 Dr Linda Evans (LE) Bankfield Medical Practice

Problem	Influenza vaccination (GMS, Left arm)
Vaccination	Seasonal influenza vaccination (Left arm) *- QIV B/N R33X Exp 06/19 (Mylan)*
Vaccination	Influenza vacc consent given

22-Jun-2018 Dr Junaid Ilyas (JBI) Bankfield Medical Practice

Problem	Abdominal pain
History	History recent laprotormy for adhenolysis- noticed a lump midline below belly button. occasionally sore. bowel opening regulalry. just wats to get it checked
Examination	Examination abd0 midline scar- well healed. small 1x1cm non tender mobile lump 4 cm infraumblical just below scar- rest of abd-snt
Comment	Comment nil concerning findings- healing tissue most likely cause of lump- observe

30-May-2018 Dr Alisha Dosumu (AD) Data Entry

Problem	Abdominal pain
Problem	Small bowel obstruction NOS
History	History as per discgare letter
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Small bowel obstruction NOS; Duration: 30/05/2018 - 06/06/2018)*

21-May-2018 Dr Alisha Dosumu (AD) Telephone Consultation

Problem	Abdominal pain
History	History some abdominal discomfort and no solid bowel movement but belching more - also he is eating ut not back to moroal
Comment	Comment trial of fybogel, peptac and co-codamol - reviw as needed - I suggets that his bowesl and weight will return to normal as his appetitie improves - there is no neeed for buscopan or nutritional supplements
Medication	Medication Peptac Liquid (aniseed) 500 ML 10-20MLS AFTER MEALS AND AT BEDTIME
Medication	Medication Ispaghula Husk And Mebeverine Effervescent Granules, Sugar Free 3.5 gram + 135 mg/sachet 10 sachet TO BE USED AS DIRECTED
Medication	Medication Co-Codamol 8/500 Tablets 60 tablet TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

21-May-2018 Ms Jan McCulloch (JMCC) Bankfield Medical Practice

Problem	Abdominal pain
Examination	Removal of repair material from skin clips
Comment	Comment had bowel op 10/7 ago, in to get clips removed, wound looks clean and dry , healing well, all clips removed without any probs and dry dressing applied, will remove dressings in 2/7, advice given re care of wound. absolutely no lifting etc. any probs to return

10-May-2018 Dr Stewart McMinn (Locum) (SMCM) Bankfield Medical Practice

Problem	Abdominal pain
History	History vomited for 4 days not kept anything down ? black vomitus now. no diarrhoea no fever. abdominal pain++
Examination	Examination drowsy temp 36.9 hr 100 bp 100/60 chest clear abdo large midline scar no hernia . no rebound but guarding l and right iliac fossa bs active no obvious pulsatile mass
Comment	Comment ? GI bled ? adhesion. no hx of alcohol ***** and no obvious infectious contact. ***** says "had a twist in his bowel" a few years back and was admitted for 1 week? is this a volvulus admit cau ayr under care of surgeons 2 hour ambulance

09-Jan-2018 Ms Jan McCulloch (JMCC) Bankfield Medical Practice

Comment	Comment well today, no c/i, should have an update of pneumo vacc but none in stock today	
Vaccination	Seasonal influenza vaccination *influvac sub unit 2017/2018 b/n n22n exp 6/18 (mylan) given im left deltoid*	
Vaccination	Influenza vacc consent given	

02-Oct-2017 Dr Junaid Ilyas (JBI) Bankfield Medical Practice

Problem	Fungal infection of skin	
History	History both feet dry itchy and skin broken- feet burning., delivery man and feet always in sock shoes- even goes to bed in socks.	
Examination	Examination dry soles and evidence of superficial fungal infection. nil infection in between toes.	
Comment	Comment adviced - needs to try to keep feet aereated. try sleeping wihyt out socks on, reg emmolients.- topical antifungal +HC for a week	
Medication	Medication Hydrocortisone And Miconazole Cream 1 % + 2 % 2*30 gram APPLY THINLY ONCE A DAY AS DIRECTED	
Medication	Medication Zerobase Cream 11 % 500 GRAM APPLY WHEN REQUIRED FOR DRY SKIN	

07-Sept-2017 Dr Linda Evans (LE) Bankfield Medical Practice

Problem	Ankle sprain (Left)	
History	History involved in a RTA few weeks ago. Sitting at front passenger seat, car was stationary at traffic light, a truck drove up behing and their car at the back. Attended A&E, had x-ray, fractures excluded. Still having pain in the left ankle, wearing support. Weight bearing, gait appeared normal. Mildy tender along the lat malleolus, no swelling or bruising noted. Came to request further pain killer. Script isuued. Given general advice	
Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	
Medication	Medication Ibuprofen Tablets 400 mg 84 TABLET ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD	

23-Feb-2017 Dr Linda Evans (LE) Telephone Consultation

Problem	Rectal bleeding	
History	History went to the toilet and passed a big blob of fresh blood. Not in pain. Suggest review. Given appt	

30-Jan-2017 Ms Jan McCulloch (JMCC) Bankfield Medical Practice

Comment	Comment inj given 21/11/16, missed from consultation, had prev spleenectomy	
Problem	Influenza vaccination (Left arm)	
Vaccination	Seasonal influenza vaccination *influenza 2016/17 (Seqirus) Batch -34849421A Exp - 06/17 given im*	
Vaccination	Influenza vacc consent given	

25-Nov-2016 Dr Alisha Dosumu (AD) Telephone Consultation

Problem	Well man health check	
History	History called fro reuslts	
Comment	Comment advised of normal results - happy with same	

21-Nov-2016 Ms Jan McCulloch (JMCC) Bankfield Medical Practice

Problem	Well man health check	
Examination	Blood sample taken	
Comment	Comment had splenectomy in teens, advice re smoking and diet as bit underweight for height, no other new probs	
Examination	O/E - height	176 cm
Examination	O/E - weight	62.1 Kg
Examination	Body Mass Index	20.05
Social	Current smoker	
Social	Alcohol consumption	4 units/week
Social	FITT activity level 2; 5-11 occas of mod/vig activt in 4 wks	
Read Code	Smoking cessation advice	
Read Code	Smoking cessation drug therapy declined	
Read Code	Health ed. - alcohol	
Read Code	Health ed. - diet	
Read Code	Health ed. - exercise	

12-Jan-2016 Dr David Stevenson (DS) Bankfield Medical Practice

Problem	Vasectomy requested
History	History History, examination, and referral as below.
History	History he "doesn't believe" in contraception". This turns out not to be a matter of conscience, but means that he is not impressed by the reliability and failure rate fo the various forms of contraception. I have made it very clear that there is a failure rate associated with vasectomy, and that sperm production will cotninue for some time after the operation and he needs to take his usual precautions during this time.
Comment	Comment This man is sure ***** is complete and requests vasectomy. He is aware of the failure rate, and the need for further precaustions immediately after the operation. He is aware the operation will not be reversed. Many thanks for seeing him.
New Referral	New Referral 8HTf.: Referral to vasectomy clinic (SCI Gateway Referral)

14-Dec-2015 Dr Omowunmi Bada (OB) Bankfield Medical Practice

Vaccination	Influenza vaccination (Left arm)
Vaccination	Seasonal influenza vaccination *AGrippal exp 04/2016, lot 151902*
Vaccination	Influenza vacc consent given

14-Apr-2015 Dr Alisha Dosumu (AD) Bankfield Medical Practice

Problem	Athlete's foot
History	History return of symptoms of above - very itchy and flaky over last few months
Problem	Dermatitis NOS
Examination	Examination dry. cracked and fissured dry skin on both feet - no evidecne of fungal infection
Medication	Medication Urea And Lactic Acid Cream 10 % + 5 % 500 gram APPLY TWICE A DAY
Medication	Medication Clobetasol Propionate Ointment 0.05 % 100 gram APPLY TWICE A DAY
Comment	Comment rx for two weeks with emollient and steroid - then stop steroid and conitnue with emollient

05-Dec-2014 Dr Alisha Dosumu (AD) Data Entry

Problem	Piles - haemorrhoids
History	History Re task and letter from surgeons
Medication	Medication Lactulose Solution 3.1-3.7 g/5 ml 300 ML THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY
Medication	Medication Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet 60 sachet TO BE USED AS DIRECTED

18-Mar-2014 Dr Alisha Dosumu (AD) Bankfield Medical Practice

Problem	Piles - haemorrhoids
History	History missed appointment for above - still in pain with same - a little bit of bleeding - requests rereferral
Comment	Comment Rerefer

18-Mar-2014 Dr Alisha Dosumu (AD16990) Bankfield Medical PracticeGeneral Practice Surgery

Problem	Smoking cessation advice
Problem	Current smoker

21-Nov-2013 Ms Lorna Stewart (LS) Bankfield Medical Practice

Comment	Comment flu vacc given lt arm
Vaccination	Influenza vacc consent given
Vaccination	Seasonal influenza vaccination *Imuvac 2013/2014 Batch E14 Exp 0/2014*

11-July-2013 Ms Lorna Stewart (LS) Bankfield Medical Practice

Problem	[V]Removal of sutures
Comment	Comment sutures x4 removed from lt side of neck. did not knit properly together healed from below slight lip of skin clean dry healed no signs of inflammation or infection. inadine and tegaderm dressing for support only. patient informed.

16-Apr-2013 Dr Linda Evans (LE) Bankfield Medical Practice

Problem	Mole of skin
History	History Noted a small lesion appearing on the right side of his neck. Growing slowy. Slight itch. Not present before. Size about 5 x 5mm, dome shaped, dark purple colour.
Comment	Comment Not sure of cause ?hamangiona ?type of mole. Refer to dermatologist.

07-Nov-2012 Ms Lesley Wilson (LW1) Bankfield Medical Practice

Problem	Influenza vaccination (GMS, Left arm)
Vaccination	Seasonal influenza vaccination *enzira 23049411A 06/2013*
Vaccination	Influenza vacc consent given

29-Oct-2012 Dr Alisha Dosumu (AD) Bankfield Medical Practice

Problem	Rectal bleeding
History	History This 38 year old had an episode of rectal bleeding this afternoon- He felt the urge to open his bowels and then had an explosive passage of wind and quite alot of blood iin the toilet bow. there was not stoll. over the last month he has noticed and increase in the frequency of bowel motions. He has more softer stool. Abdominal examination was normal. Rectal examination showed fresh bleeding with some enal skin tags. I think he merits further investigation. Many thanks for seeign him.
Examination	Examination as above
Comment	Comment Refer for scope

26-Jun-2012 Dr David Stevenson (DS) Bankfield Medical Practice

Problem	Athlete's foot
History	History currently using clotreimazole, but not fully settled.
Examination	Examination athlete's foot.
Medication	Medication Hydrocortisone And Miconazole Ointment 1 % + 2 % 30 GRAM APPLY THINLY TWICE A DAY AS DIRECTED

20-Jan-2012 Ms Lorna Stewart (LS) Bankfield Medical Practice

Problem	Removal of suture of skin
Comment	Comment fell against a trampoline and burst lis lower lip attended A+E sutures x2. only one suture in place says other fell out wound clean dry scabbed over no signs of infection or inflammation.

19-Dec-2011 Dr Rabee Harb (RH2) Telephone Consultation

Problem	Patient informed - test result
History	History called regrding his boood test for well man check, slighly elevated WCC , biluribin noted. denies any symptoms.
Comment	Comment adv abt blood tests, also asked abt alcohol intake, says not in excess, but also told me that he drinks 15 glasses of vodke every 2 wekks on a one go. explained he needs to reduce the amount of binge drinking as 15 glasses of vodka on one go is harmful. also asked to rept the bloods in a month time. will make appt for that.

13-Dec-2011 Ms Lorna Stewart (LS) Bankfield Medical Practice

Problem	Tiredness symptom	
Examination	O/E - Systolic BP reading	119 mm Hg
Examination	O/E - Diastolic BP reading	65 mm Hg
Examination	O/E - height	176 cm
Examination	O/E - weight	58.4 Kg
Examination	Body Mass Index	18.85
Social	Aerobic exercise 3+ times/week	
Social	Alcohol consumption	10 units/week
Comment	Comment eats well and regularly, never puts on wt, sleeps well but feels tatt. alchol fortnightly vodka 10-14 units, walks everywhere. nonfasting bloods sent for u+es lfts tfts lipids fbc and gluc.	
Read Code	Health ed. - alcohol	
Read Code	Health ed. - diet	
Read Code	Health ed. - exercise	
Read Code	Health ed. - smoking	

23-Nov-2011 Dr Alisha Dosumu (AD) Bankfield Medical Practice

Problem	Shoulder tendonitis (Right)
History	History intermittent right shoulder pain for about 3-4 months radiating down right arm - nor aggravting or rlieving factors - lasts for betweek 1-2 hours - cocodamol helps a little - no preceding injury - not ***** the moment
Examination	Examination pain on reaching backwards and upwards - nomral neck movement
Comment	Comment suggets NSAIDS FOR NEXT COUPLE of weeks - review if ot settling and refer physiotherapy

23-Nov-2011 Dr Alisha Dosumu (AD16990) Bankfield Medical PracticeGeneral Practice Surgery

Read Code	Smoking cessation advice
Read Code	Current smoker

11-Oct-2011 Ms Hazel Stevenson (HS) Bankfield Medical Practice

Problem Influenza vaccination (Left arm) *Enzira lot ***** Exp 06/2012*
Vaccination Influenza vacc consent given

26-Nov-2010 Ms Lorna Stewart (LS) Bankfield Medical Practice

Examination Influenza vaccination (Right arm) *Enzira Lot 0986 - 18201, Exp 06/2011*
Vaccination Influenza vacc consent given

23-Aug-2010 Dr Alisha Dosumu (AD) Bankfield Medical Practice

Problem Athlete's foot
History History last entry noted
Comment Comment treat but will need review if not settling

08-Jun-2010 Dr David Stevenson (DS) Bankfield Medical Practice

Problem Scaly scalp
History History polytar now becoming ineffective - try betacap and review.
Problem Athlete's foot
History History uses clotrimazole from time to time on his feet - we have prescribed this to good effect in the past - Rx.

25-Mar-2010 Ms Joyce McPhee (JM) Bankfield Medical Practice

History Data Entry [ETK1]: priority=2
History White Scottish priority=2

06-Jan-2010 Ms Lorna Stewart (LS) Bankfield Medical Practice

History Encounter [ETK0]: 2nd pandermix lt arm priority=2
History PANDEMRIX - second influenza A (H1N1v) 2009 vaccination give A81CA137A 3/11 priority=2

02-Dec-2009 Dr David Stevenson (DS) Bankfield Medical Practice

History Encounter [ETK0]: H1N1 vaccination left arm - lot A81CA084A - advised needs second dose in 3 weeks. priority=2
History PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given priority=2

22-Oct-2009 GP_Trainee (GP_Trainee16990) Bankfield Medical Practice

History Encounter [ETK0]: priority=2
History Influenza vaccination Site: Left Arm - Batch Number: S14A Expiry Date: 6/2010 priority=2
Problem Pneumococcal vaccination given Site: Right Arm - Batch Number: nj04470 0687x Expiry Date: 3/2010 priority=1

16-Sept-2009 GP_Trainee (GP_Trainee16990) Bankfield Medical Practice

History Encounter [ETK0]: rx as requested by pt. priority=2

23-Jun-2009 Ms Joyce McPhee (JM) Bankfield Medical Practice

History Data Entry [ETK1]: priority=2
History Medication review

23-Jun-2009 Dr Alisha Dosumu (AD) Bankfield Medical Practice

History Data Entry [ETK1]: rx for clotrimazole cream - APPT priority=2

30-Apr-2009 Ms Carol Eyley (CE) Bankfield Medical Practice

History Data Entry [ETK1]: priority=2
History Notes summary on computer priority=2

25-Mar-2009 gaildunlop (gaildunlop16990) Bankfield Medical Practice

History Data Entry [ETK1]: priority=2
History Medication review

10-Dec-2008 Ms Lorna Stewart (LS) Bankfield Medical Practice

History Encounter [ETK0]: flu vacc rt arm priority=2
Problem Influenza vaccination Site: Right Arm - Batch Number: begrivac188011A Expiry Date: 7/2009 priority=1
History Influenza vacc consent given Recorded through Combined Vaccination priority=2

03-Dec-2008 Dr Alisha Dosumu (AD) Bankfield Medical Practice

History Encounter [ETK0]: 1. Long ctanding dry ; scaly scalp which has only responded to polytar - No Hx of psoriasis priority=2

10-Nov-2008 Dr Alisha Dosumu (AD) Bankfield Medical Practice

History Encounter [ETK0]: 1. 2 red spots on cheeks last few day; o/e 2 discrete patches on both cheeks - Rx and review if not settling priority=2

15-July-2008 Mr M Locum GP (Locum_16990) Bankfield Medical Practice

History Encounter [ETK0]: chat re HBV immunisation status - explained that he has no protection. says he is not a drug addcit and that he has never injected, he had asked the prison service to immunise him for his own peace of mind. explained that immunsation hasnt worked. howeverunemployed. is working in kitchen cleaning dishes for a friend priority=2

14-July-2008 Dr Alisha Dosumu (AD) Bankfield Medical Practice

History Data Entry [ETK1]: 1. note non responder to Hep B - will need revaccination by OWN occupational Health department - appt priority=2

10-July-2008 Ms Tracey Dunlop (TD) Bankfield Medical Practice

History Data Entry [ETK1]: priority=2
History Referral for further care *Refered To: Ayr Hospital, NHS. Referral Type: Out Patient. Speciality Type: Lab - Haematology. Referral Nature: Investigate.. Referral Type: Unknown (0)*

10-July-2008 Ms Lorna Stewart (LS) Bankfield Medical Practice

History Encounter [ETK0]: hepB titres sent as per dr. priority=2

17-Jun-2008 Dr David Stevenson (DS) Bankfield Medical Practice

History Encounter [ETK0]: patch of impitigo on scalp - rxalso - slihtly dull hearing right ear - o/e - soem middle ear congestion - suggest he stops smoking. priority=2
History Current smoker Disease: SPICE Basic Health Values, priority=2
History Smoking cessation advice Disease: SPICE Basic Health Values, priority=2

02-Jun-2008 Ms Fiona Haggo (FH) Bankfield Medical Practice

History Data Entry [ETK1]: priority=2

02-Jun-2008 Ms Fiona Haggo (FH) Bankfield Medical Practice

History Data Entry [ETK1]: Contacted Prison service as per Dr Dunstans instructions - has had 3 hep B vaccines , 15/6/07, 22/6/2007,3/7/2007 - just needs titres done - will inform patient - FH priority=2

02-Jun-2008 Ms Fiona Haggo (FH) Bankfield Medical Practice

History Data Entry [ETK1]: Tried to contact patient to arrange titres but phone number not recognised. -FH priority=2

02-Jun-2008 Ms Fiona Haggo (FH) Bankfield Medical Practice

History Data Entry [ETK1]: priority=2
History History of three hepatitis B vaccinations 15/6/2007, 22/6/2007, 3/7/2007 in prison priority=2

30-May-2008 Mr M Locum GP (Locum_16990) Bankfield Medical Practice

History Encounter [ETK0]: bilateral athletes feet which he says he got from prisone showers. had canesten cream in past that helped within minutes! burning and itchy feet. note that still wearing a tag today right ankleSays was in Castle Huntly Dundee 14/7/7 till 5/5/8 for drugoffences and had 2x HBV vaccs but is due a 3rd vacc at some point. will contact prison health service and find out when 3rd vacc is due priority=2

14-Nov-2007 Ms Lorna Stewart (LS) Bankfield Medical Practice

History Encounter [ETK0]: flu vacc rt arm priority=2
History Influenza vaccination priority=2

24-May-2007 gpass (gpass_16990)

History Data Entry [ETK1]: priority=2

08-Mar-2007 reception1 (reception116990) Bankfield Medical Practice

History Data Entry [ETK1]: priority=2
History Current smoker Disease: SPICE Smoking, priority=2

02-Nov-2006 Old_Do_Not_Use_Nurse (Old_Do_Not16990) Bankfield Medical Practice

History Encounter [ETK0]: flu vacc given l/arm exp 6/2007 bn04102 priority=2
History Influenza vaccination priority=2

30-Aug-2006 Dr F F Locum Gp (F LOCUM GP16990) Bankfield Medical Practice

History Encounter [ETK0]: ***** Painful inspiration but no SOB/haemoptysis etc. No nasal obsruction but epistaxis at time. O/E Tender anterior R12 and 11 with some swelling anty. equal expansion, resonance and A/E, swelling to bridgeof nose, no septal deviation, no septal haematoma. Plan-advised analgesia, Rx ibuprofen 400mg T tds (100) and cocodamol 30/500 T-TT qds (100), r/v if Sx worse, advised to observe nose-r/v if not happy with appearance once swelling subsides priority=2

20-Jun-2006 Dr David Stevenson (DS) Bankfield Medical Practice

History Encounter [ETK0]: rash on feet persists - ? fungal - Rx, reveiw. priority=2

10-May-2006 Dr Alisha Dosumu (AD) Bankfield Medical Practice

History Encounter [ETK0]: 1. Foot improved with betnovate Re itch; o/e poss secondary infectionr/v if no bette priority=2

25-Apr-2006 Old_Do_Not_Use_Nurse (Old_Do_Not16990) Bankfield Medical Practice

History Encounter [ETK0]: dog bite yesterday on finger Tet/dip/polio vacc given l/arm exp10-2007 bn Y1128-2 priority=2

15-Feb-2006 Dr Alisha Dosumu (AD) Bankfield Medical Practice

History Encounter [ETK0]: 1. Sorethroat and cough x 2/7; No analgesia;NKA o/e well; Red throat/ No Cx LN+-> Viral infection-> Routine advice priority=2

06-Feb-2006 Dr Alisha Dosumu (AD) Bankfield Medical Practice

History Encounter [ETK0]: 1. Itchy sole R foot; o/e dermatitis R foot priority=2

20-Oct-2005 Dr F F Locum Gp (F LOCUM GP16990) Bankfield Medical Practice

History Encounter [ETK0]: flue inj given rt arm lot no 3000853 exp 06/2006 priority=2

27-July-2005 Dr David Stevenson (DS) Bankfield Medical Practice

History Encounter [ETK0]: priority=2

07-Mar-2005 Mr M Locum GP (Locum_16990) Bankfield Medical Practice

History Encounter [ETK0]: pain lower cervical spine radiating to L scapular area- no recalll of injury. rom reduced a bit , chest clear- minor injury- advice re ice priority=2

17-Feb-2005 admin (admin_16990) Bankfield Medical Practice

History Data Entry [ETK1]: priority=2

21-Jan-2005 admin (admin_16990) Bankfield Medical Practice

History Data Entry [ETK1]: priority=2

06-Dec-2004 Old_Do_Not_Use_Nurse (Old_Do_Not16990) Bankfield Medical Practice

History Encounter [ETK0]: flu vacc given l/arm exp 6-2005 bn F1102 priority=2
History Influenza vaccination priority=2

23-Feb-2004 Dr David Stevenson (DS) Bankfield Medical Practice

History Encounter [ETK0]: rash not settlingnow more typical of guttate psoriasisasked to return for review 1 week. priority=2

17-Feb-2004 Dr David Stevenson (DS) Bankfield Medical Practice

History Encounter [ETK0]: fungal type rash over trunk. Started with a lesion on left hand - looks typical ringwormTreat and reivew. priority=2

19-Jan-2004 Dr David Stevenson (DS) Bankfield Medical Practice

History Encounter [ETK0]: is buying a house - needs a referenceI will provide what I can.Asked to hand in written consent for me to release information.[has contacted ******'s secretary - they will send out appointment.] priority=2

05-Jan-2004 Dr David Stevenson (DS) Bankfield Medical Practice

History Encounter [ETK0]: did not attend ENT review appointment post op.Now has s discharging ear once moreo/e - debris +++, no good view of drumTo contact ******'s secretary for appt - given number. priority=2

17-Dec-2003 Old_Do_Not_Use_Nurse (Old_Do_Not16990) Bankfield Medical Practice

History Encounter [ETK0]: 4sutures removed from r/ear wound clean and dry priority=2

15-Dec-2003 Dr David Stevenson (DS) Bankfield Medical Practice

History Data Entry [ETK1]: priority=2
07-Dec-2003 Problem Myringoplasty right priority=1

24-Nov-2003 Dr David Stevenson (DS) Bankfield Medical Practice

History Data Entry [ETK1]: Rx as per letter prior to ENT surgery priority=2

14-Nov-2003 Dr David Stevenson (DS) Bankfield Medical Practice

History Encounter [ETK0]: further discharge from right ear.Awaiting repair of TMo/e - discharge and debris, ++to come back next week if does not settle priority=2

03-Nov-2003 Old_Do_Not_Use_Nurse (Old_Do_Not16990) Bankfield Medical Practice

History Encounter [ETK0]: flu vacc given l/arm exp 6-2004 bn B-0702 priority=2
History Influenza vaccination priority=2

05-Aug-2003 reception (reception_16990) Bankfield Medical Practice

History Data Entry [ETK1]: priority=2
History Referral for further care *Refered To: Strathdoon House, 50 Racecourse Road, NHS. Referral Type: Speciality Type: Psychotherapy. Referral Nature:. Referral Type: Unknown (0)*

25-July-2003 Dr David Stevenson (DS) Bankfield Medical Practice

History Encounter [ETK0]: No psychiatric historyIncreasing problems controlling his anger towards ***** and *****. They now find situation intolerable. No history of ***** behaviour. No thoughs *****, etc.MSE - normal today.REfer CMHT for anger managemetn. priority=2

25-July-2003 reception (reception_16990) Bankfield Medical Practice

History Data Entry [ETK1]: priority=2
History Referral for further care *Refered To: Seafield Base, NHS. Referral Type: Speciality Type: Ccommunity Mental Health Team. Referral Nature:. Referral Type: Unknown (0)*

01-May-2003 UnknownUser (UnknownUse16990) Bankfield Medical Practice

History Data Entry [ETK1]: priority=2

15-Apr-2003 Dr David Stevenson (DS) Bankfield Medical Practice

History Encounter [ETK0]: Right otitis media once more priority=2
History Suppurative and unspecified otitis media priority=2

28-Feb-2003 Dr David Stevenson (DS) Bankfield Medical Practice

	History	Encounter [ETK0]: "emergency" - suppurative otitis media that he has had since this morning - Rx and recommend he comes back for review. Did not attend his ENT appointment - has another. priority=2
	History	Acute suppurative otitis media tympanic membrane ruptured priority=2

18-Nov-2002 UnknownUser (UnknownUse16990) Bankfield Medical Practice

	History	Data Entry [ETK1]: priority=2

18-Nov-2002 UnknownUser (UnknownUse16990) Bankfield Medical Practice

	History	Data Entry [ETK1]: priority=2
28-Jun-2000	Problem	Total splenectomy

18-Nov-2002 UnknownUser (UnknownUse16990) Bankfield Medical Practice

	History	Data Entry [ETK1]: priority=2

12-Nov-2002 UnknownUser (UnknownUse16990) Bankfield Medical Practice

	History	Data Entry [ETK1]: priority=2
01-Aug-2000	Problem	Ear drum perforation Right priority=1
01-May-2000	Problem	Tonsillectomy priority=1
01-Oct-1998	Problem	Fracture of metacarpal bone Left thumb priority=1
01-Jan-1998	Problem	Minor head injury priority=1
22-Feb-1997	History	Booster tetanus vaccination *Tetanus Immunis.$$.clm*
22-Feb-1997	History	Booster polio vaccination *Polio Immunis.$$.clm*
01-May-1995	Problem	Minor head injury priority=1
01-May-1994	Problem	*****
01-Oct-1977	Problem	Myectomy Left priority=1

15-Oct-2002 Old_Do_Not_Use_Nurse (Old_Do_Not16990) Bankfield Medical Practice

	History	Encounter [ETK0]: left arm swollen and inflamed where pneu vacc was given advised to take analgesic and apply an ice pack priority=2

14-Oct-2002 Old_Do_Not_Use_Nurse (Old_Do_Not16990) Bankfield Medical Practice

	History	Encounter [ETK0]: flu vacc right arm exp 6-2003 bn Z-0804pnue vacc left arm exp4-2003 bn HN50010 priority=2
	History	Influenza vaccination priority=2
	History	Pneumococcal vaccination priority=2

30-Sept-2002 Dr F F Locum Gp (F LOCUM GP16990) Bankfield Medical Practice

	History	Encounter [ETK0]: rECURRENT OTITIS MEDIA R EAR, AMOXYCILLIN priority=2

30-Sept-2002 UnknownUser (UnknownUse16990) Bankfield Medical Practice

	History	Data Entry [ETK1]: priority=2

11-Sept-2002 Dr David Stevenson (DS) Bankfield Medical Practice

	History	Encounter [ETK0]: foul stench from earo/e - much the sameawaits ENT apptRxwarn re alcohol priority=2

19-Aug-2002 Dr David Stevenson (DS) Bankfield Medical Practice

	History	Encounter [ETK0]: ear discharge has settledexamined - no infection, but left with a large defectrefer ENT priority=2

19-Aug-2002 UnknownUser (UnknownUse16990) Bankfield Medical Practice

	History	Data Entry [ETK1]: priority=2
	History	Referral for further care *Refered To: Ayr Hospital, NHS. Referral Type: Speciality Type: Ear, Nose & Throat (ENT). Referral Nature:. Referral Type: Unknown (0)*

22-July-2002 Old_Do_Not_Use_Nurse (Old_Do_Not16990) Bankfield Medical Practice

	History	Encounter [ETK0]: c/o painfulright ear ? reforated ear drum to see Dr priority=2

22-July-2002 Dr David Stevenson (DS) Bankfield Medical Practice

	History	Encounter [ETK0]: Has had ear discharge for more than one week.o/e - oedematous EAM, TM red, perforatedtreatadvise to come back in one week. priority=2

18-Mar-2002 Dr David Stevenson (DS) Bankfield Medical Practice

History Encounter [ETK0]: TM healed, but still a bit red and some debris. Consistent with healing infection/perforation.Asked to return if not 100% betterin 2-3 weeks. priority=2

12-Mar-2002 Dr F F Locum Gp (F LOCUM GP16990) Bankfield Medical Practice

History Encounter [ETK0]: otitits externa and small perf of TMadvice re keeping ear dryreview in 1 week priority=2

24-Jan-2002 Dr David Stevenson (DS) Bankfield Medical Practice

History Encounter [ETK0]: Still some hearing loss and a dischargeO/e otitis externagood view of TM - healing small perforation., TM looks intact - Rx otomize priority=2

11-Jan-2002 Dr David Stevenson (DS) Bankfield Medical Practice

History Encounter [ETK0]: Suffered a blow to the right ear last night - has lost partial hearing in this earO/e - cannot see lower TM due to soft waxThe upper TM looks slightly redEither a percussive TM perforation, or cochlear shockEither way, should resolve in a week or-so - if not, to return for assessment. priority=2

15-Nov-2001 Dr David Stevenson (DS) Bankfield Medical Practice

History Encounter [ETK0]: Popped in accompianing *****.Says lump has now receeded +++ priority=2

02-Nov-2001 Dr David Stevenson (DS) Bankfield Medical Practice

History Encounter [ETK0]: NOdule slightly more tender - slightly red. Superficial to muscle.? abscessRx and review if not settling. priority=2

30-Oct-2001 Dr David Stevenson (DS) Bankfield Medical Practice

History Encounter [ETK0]: Found a small lump on right armO/e pea sized nodule 5cm superior to right med epicondyle. Subcutaneous, mobile. Slightly tender.Probably reactive LNFingernails very badly bitten - many small wounds on fingertips.Observe, if not settling by 7-10/7-then review. priority=2

29-Oct-2001 Old_Do_Not_Use_Nurse (Old_Do_Not16990) Bankfield Medical Practice

History Encounter [ETK0]: priority=2
History [V]Flu - influenza vaccination priority=2

14-May-2001 UnknownUser (UnknownUse16990) Bankfield Medical Practice

History Data Entry [ETK1]: priority=2
History Letter invite to screening Smoker$$ Status.clm

18-Sept-2000 Old_Do_Not_Use_Nurse (Old_Do_Not16990) Bankfield Medical Practice

History Encounter [ETK0]: flu vac priority=2
History Influenza vaccination *Flu vac.clm*
09-Feb-1996 History Pneumococcal vaccination *Pneumovax.clm*

28-Jun-2000 UnknownUser (UnknownUse16990) Bankfield Medical Practice

History Data Entry [ETK1]: priority=2

14-Feb-2000 UnknownUser (UnknownUse16990) Bankfield Medical Practice

History Data Entry [ETK1]: Migrated Data priority=2
20-May-1997 History Pat. GP7B/GP8B card from HB priority=2

Medications (inc. issues)

Acute

Repeat

17-Jun-2026 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

19-Mar-2026 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

21-Jan-2026 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

18-Nov-2025 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

17-Sept-2025 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

10-Jun-2025 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

08-Apr-2025 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

09-Jan-2025 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

08-Nov-2024 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

11-Sept-2024 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

08-July-2024 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

03-May-2024 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

22-Feb-2024 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

15-Dec-2023 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

28-Sept-2023 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

31-July-2023 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

25-May-2023 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

13-Mar-2023 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

06-Jan-2023 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

26-Oct-2022 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

22-Aug-2022 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

17-May-2022 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

28-Feb-2022 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

14-Dec-2021 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

22-Sept-2021 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

19-July-2021 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

11-May-2021 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

23-Mar-2021 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

23-Mar-2021 Mirtazapine Tablets 45 mg
56 TABLET - ONE TO BE TAKEN AT NIGHT

Past

06-Sept-2024 Olive Oil Ear drops Acute Medication (Past)
10 ml - ONE DROP IN LEFT EAR TWICE A DAY FOR 14 DAYS

06-Sept-2024 Olive Oil Ear drops Acute Medication (Past)
10 ml - ONE DROP IN LEFT EAR TWICE A DAY FOR 14 DAYS

16-Apr-2024 Ibuprofen Gel 5 % Acute Medication (Past)
50 gram - APPLY UP TO THREE TIMES DAILY

16-Apr-2024 Ibuprofen Gel 5 % Acute Medication (Past)
50 gram - APPLY UP TO THREE TIMES DAILY

14-Jun-2023 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
40 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY

14-Jun-2023 Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 % Acute Medication (Past)
300 ML - RINSE OR GARGLE WITH 15MLS EVERY 1.5 TO 3 HOURS WHEN REQUIRED

14-Jun-2023 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
40 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY

07-Jun-2023 Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 % Acute Medication (Past)
300 ML - RINSE OR GARGLE WITH 15MLS EVERY 1.5 TO 3 HOURS WHEN REQUIRED

07-Jun-2023 Benzydamine Hydrochloride Oral Rinse Sugar Free 0.15 % Acute Medication (Past)
300 ML - RINSE OR GARGLE WITH 15MLS EVERY 1.5 TO 3 HOURS WHEN REQUIRED

20-Jan-2022 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
56 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

20-Jan-2022 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
56 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

29-Dec-2021 Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet Acute Medication (Past)
30 SACHET - THE CONTENTS OF ONE SACHET IN WATER TO BE TAKEN TWICE A DAY

29-Dec-2021 Lactulose Solution 3.1-3.7 g/5 ml Acute Medication (Past)
300 ML - THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY

29-Dec-2021 Lactulose Solution 3.1-3.7 g/5 ml Acute Medication (Past)
300 ML - THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY

29-Dec-2021 Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet Acute Medication (Past)
30 SACHET - THE CONTENTS OF ONE SACHET IN WATER TO BE TAKEN TWICE A DAY

06-Oct-2021 Lidocaine Gel 2 % Acute Medication (Past)
15 ml - TO BE USED AS DIRECTED

06-Oct-2021 Lidocaine Gel 2 % Acute Medication (Past)
15 ml - TO BE USED AS DIRECTED

19-Jan-2021 Mirtazapine Tablets 45 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

16-Dec-2020 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

16-Dec-2020 Mirtazapine Tablets 45 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

12-Nov-2020 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

12-Nov-2020 Mirtazapine Tablets 45 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

02-Nov-2020 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 TABLET - TWO TO BE TAKEN AT NIGHT

07-Sept-2020 Mirtazapine Tablets 15 mg Repeat Medication (Past)
112 TABLET - TWO TO BE TAKEN AT NIGHT

07-Sept-2020 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 TABLET - TWO TO BE TAKEN AT NIGHT

17-July-2020 Mirtazapine Tablets 15 mg Acute Medication (Past)
56 TABLET - TWO TO BE TAKEN AT NIGHT

17-July-2020 Mirtazapine Tablets 15 mg Acute Medication (Past)
56 TABLET - TWO TO BE TAKEN AT NIGHT

29-May-2020 Mirtazapine Tablets 15 mg Acute Medication (Past)
56 TABLET - TWO TO BE TAKEN AT NIGHT

29-May-2020 Mirtazapine Tablets 15 mg Acute Medication (Past)
56 TABLET - TWO TO BE TAKEN AT NIGHT

20-Apr-2020 Mirtazapine Tablets 15 mg Acute Medication (Past)
56 TABLET - TWO TO BE TAKEN AT NIGHT

30-Mar-2020 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - TWO TO BE TAKEN AT NIGHT

17-Mar-2020 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

17-Mar-2020 Mirtazapine Tablets 15 mg Acute Medication (Past)
56 TABLET - TWO TO BE TAKEN AT NIGHT

17-Feb-2020 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 CAPSULE - ONE TO BE TAKEN EACH DAY

17-Feb-2020 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 CAPSULE - ONE TO BE TAKEN EACH DAY

21-May-2018 Co-Codamol 8/500 Tablets Acute Medication (Past)
60 tablet - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

21-May-2018 Peptac Liquid (aniseed) Acute Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

21-May-2018 Peptac Liquid (aniseed) Acute Medication (Past)
500 ML - 10-20MLS AFTER MEALS AND AT BEDTIME

21-May-2018 Co-Codamol 8/500 Tablets Acute Medication (Past)
60 tablet - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

21-May-2018 Ispaghula Husk And Mebeverine Effervescent Granules, Sugar Free 3.5 gram + 135 mg/sachet Acute Medication (Past)
10 sachet - TO BE USED AS DIRECTED

21-May-2018 Ispaghula Husk And Mebeverine Effervescent Granules, Sugar Free 3.5 gram + 135 mg/sachet Acute Medication (Past)
10 sachet - TO BE USED AS DIRECTED

02-Oct-2017 Hydrocortisone And Miconazole Cream 1 %+ 2 % Acute Medication (Past)
2*30 gram - APPLY THINLY ONCE A DAY AS DIRECTED

02-Oct-2017 Zerobase Cream 11 % Acute Medication (Past)
500 GRAM - APPLY WHEN REQUIRED FOR DRY SKIN

02-Oct-2017 Zerobase Cream 11 % Acute Medication (Past)
500 GRAM - APPLY WHEN REQUIRED FOR DRY SKIN

02-Oct-2017 Hydrocortisone And Miconazole Cream 1 %+ 2 % Acute Medication (Past)
2*30 gram - APPLY THINLY ONCE A DAY AS DIRECTED

07-Sept-2017 Ibuprofen Tablets 400 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

07-Sept-2017 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

07-Sept-2017 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

07-Sept-2017 Ibuprofen Tablets 400 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

14-Apr-2015 Urea And Lactic Acid Cream 10 %+ 5 % Acute Medication (Past)
500 gram - APPLY TWICE A DAY

14-Apr-2015 Urea And Lactic Acid Cream 10 %+ 5 % Acute Medication (Past)
500 gram - APPLY TWICE A DAY

14-Apr-2015 Clobetasol Propionate Ointment 0.05 % Acute Medication (Past)
100 gram - APPLY TWICE A DAY

14-Apr-2015 Clobetasol Propionate Ointment 0.05 % Acute Medication (Past)
100 gram - APPLY TWICE A DAY

05-Dec-2014 Lactulose Solution 3.1-3.7 g/5 ml Acute Medication (Past)
300 ML - THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY

05-Dec-2014 Lactulose Solution 3.1-3.7 g/5 ml Acute Medication (Past)
300 ML - THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY

05-Dec-2014 Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet Acute Medication (Past)
60 sachet - TO BE USED AS DIRECTED

05-Dec-2014 Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet Acute Medication (Past)
60 sachet - TO BE USED AS DIRECTED

26-Jun-2012 Hydrocortisone And Miconazole Ointment 1 %+ 2 % Acute Medication (Past)
30 GRAM - APPLY THINLY TWICE A DAY AS DIRECTED

26-Jun-2012 Hydrocortisone And Miconazole Ointment 1 %+ 2 % Acute Medication (Past)
30 GRAM - APPLY THINLY TWICE A DAY AS DIRECTED

23-Nov-2011 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY WITH OR AFTER FOOD

23-Nov-2011 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY WITH OR AFTER FOOD

24-Aug-2011 Clotrimazole Cream 1 % Acute Medication (Past)
20 g - Apply Twice daily

24-Aug-2011 Clotrimazole Cream 1 % Acute Medication (Past)
20 g - Apply Twice daily

23-Aug-2010 Clotrimazole Cream 1 % Acute Medication (Past)
20 g - Apply Twice daily

23-Aug-2010 Clotrimazole Cream 1 % Acute Medication (Past)
20 g - Apply Twice daily

08-Jun-2010 Betamethasone Valerate Scalp application 0.1 % Acute Medication (Past)
100 ml - APPLY TWICE A DAY AS DIRECTED

08-Jun-2010 Clotrimazole Cream 1 % Acute Medication (Past)
20 g - Apply Twice daily

08-Jun-2010 Betamethasone Valerate Scalp application 0.1 % Acute Medication (Past)
100 ml - APPLY TWICE A DAY AS DIRECTED

08-Jun-2010 Clotrimazole Cream 1 % Acute Medication (Past)
20 g - Apply Twice daily

17-Feb-2010 POLYTAR LIQ Repeat Medication (Past)
500 LIQ - Apply As directed

17-Feb-2010 Polytar Liquid Repeat Medication (Past)
500 LIQ - Apply As directed

05-Nov-2009 POLYTAR LIQ Repeat Medication (Past)
500 LIQ - Apply As directed

16-Sept-2009 CLOTRIMAZOLE CREAM 1% Acute Medication (Past)
20 g - Apply Twice daily

16-Sept-2009 Clotrimazole Cream 1 % Acute Medication (Past)
20 g - Apply Twice daily

26-Aug-2009 POLYTAR LIQ Repeat Medication (Past)
500 LIQ - Apply As directed

23-Jun-2009 Clotrimazole Cream 1 % Repeat Medication (Past)
-1 INVALID - DELETED for reason of: Patient needs reviewed – Apply Twice daily (STATUS=P)

23-Jun-2009 CLOTRIMAZOLE CREAM 1% Repeat Medication (Past)
-1 INVALID - DELETED: Patient needs reviewed – Apply Twice daily

23-Jun-2009 POLYTAR LIQ Repeat Medication (Past)
500 LIQ - Apply As directed

18-Feb-2009 POLYTAR LIQ Repeat Medication (Past)
500 LIQ - Apply As directed

03-Dec-2008 POLYTAR LIQ Repeat Medication (Past)
500 LIQ - Apply As directed

10-Nov-2008 FLUCLOXACILLIN CAPSULES 500MG Acute Medication (Past)
28 CAPS - 1 Cap 4 times daily

10-Nov-2008 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPS - 1 Cap 4 times daily

17-Jun-2008 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPS - 1 Cap 4 times daily

17-Jun-2008 FLUCLOXACILLIN CAPSULES 500MG Acute Medication (Past)
28 CAPS - 1 Cap 4 times daily

30-May-2008 Clotrimazole Cream 1 % Acute Medication (Past)
20 g - Apply Twice daily

30-May-2008 CLOTRIMAZOLE CREAM 1% Acute Medication (Past)
20 g - Apply Twice daily

30-Aug-2006 CO-CODAMOL 30MG/500MG TABLETS Acute Medication (Past)
100 TABS - 1 or 2 Tabs 4 times daily

30-Aug-2006 Ibuprofen Tablets 400 mg Acute Medication (Past)
100 TABS - 1 Tab 3 times daily

30-Aug-2006 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABS - 1 or 2 Tabs 4 times daily

30-Aug-2006 IBUPROFEN TABLETS 400MG Acute Medication (Past)
100 TABS - 1 Tab 3 times daily

20-Jun-2006 TRIMOVATE CREAM Acute Medication (Past)
30 CREAM - Apply sparingly Twice daily

20-Jun-2006 Terbinafine Hydrochloride Tablets 250 mg Acute Medication (Past)
28 TABS - 1 Tab Daily

20-Jun-2006 TERBINAFINE HYDROCHLORIDE TABLETS 250MG Acute Medication (Past)
28 TABS - 1 Tab Daily

20-Jun-2006 Trimovate Cream Acute Medication (Past)
30 CREAM - Apply sparingly Twice daily

10-May-2006 Trimovate Cream Acute Medication (Past)
30 CREAM - Apply sparingly Twice daily

10-May-2006 TRIMOVATE CREAM Acute Medication (Past)
30 CREAM - Apply sparingly Twice daily

15-Feb-2006 Ibuprofen Tablets 400 mg Acute Medication (Past)
48 TABS - 1 Tab 3 times daily

15-Feb-2006 IBUPROFEN TABLETS 400MG Acute Medication (Past)
48 TABS - 1 Tab 3 times daily

06-Feb-2006 CLOBETASOL PROPIONATE CREAM 0.05% Acute Medication (Past)
100 CREAM - Apply sparingly Twice daily

06-Feb-2006 DIPROBASE CREAM Acute Medication (Past)
50 CREAM - Apply as required

06-Feb-2006 Diprobase Cream Acute Medication (Past)
50 CREAM - Apply as required

06-Feb-2006 Clobetasol Propionate Cream 0.05 % Acute Medication (Past)
100 CREAM - Apply sparingly Twice daily

27-July-2005 FLUCLOXACILLIN CAPSULES 500MG Acute Medication (Past)
28 CAPS - 1 Cap 4 times daily

27-July-2005 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPS - 1 Cap 4 times daily

07-Mar-2005 DICLOFENAC SODIUM EC TABLETS 25MG Acute Medication (Past)
30 TABS - 1 Tab 3 times daily

07-Mar-2005 Diclofenac Sodium E/c tablets 25 mg Acute Medication (Past)
30 TABS - 1 Tab 3 times daily

23-Feb-2004 ALPHOSYL HC CREAM Acute Medication (Past)
100 CREAM - Apply sparingly 1 to 2 times daily

23-Feb-2004 Alphosyl Hc Cream Acute Medication (Past)
100 CREAM - Apply sparingly 1 to 2 times daily

17-Feb-2004 Terbinafine Hydrochloride Tablets 250 mg Acute Medication (Past)
14 TABS - 1 Tab Daily

17-Feb-2004 TERBINAFINE HYDROCHLORIDE TABLETS 250MG Acute Medication (Past)
14 TABS - 1 Tab Daily

05-Jan-2004 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

05-Jan-2004 AMOXICILLIN CAPSULES 500MG Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

05-Jan-2004 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABS - 2 Tabs 4 times daily

05-Jan-2004 CO-CODAMOL 30MG/500MG TABLETS Acute Medication (Past)
100 TABS - 2 Tabs 4 times daily

24-Nov-2003 Gentisone Hc Ear-drops Acute Medication (Past)
10 DROPS - 2 Drops Twice daily

24-Nov-2003 GENTISONE HC EAR DROPS Acute Medication (Past)
10 DROPS - 2 Drops Twice daily

14-Nov-2003 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

14-Nov-2003 AMOXICILLIN CAPSULES 500MG Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

15-Apr-2003 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

15-Apr-2003 AMOXICILLIN CAPSULES 500MG Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

28-Feb-2003 AMOXICILLIN CAPSULES 500MG Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

28-Feb-2003 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

30-Sept-2002 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

30-Sept-2002 AMOXICILLIN CAPSULES 500MG Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

11-Sept-2002 Metronidazole Tablets 400 mg Acute Medication (Past)
21 TABS - 1 Tab 3 times daily

11-Sept-2002 METRONIDAZOLE TABLETS 400MG Acute Medication (Past)
21 TABS - 1 Tab 3 times daily

22-July-2002 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

22-July-2002 AMOXICILLIN CAPSULES 500MG Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

12-Mar-2002 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

12-Mar-2002 AMOXICILLIN CAPSULES 500MG Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

24-Jan-2002 OTOMIZE EAR 5ML SPRAY Acute Medication (Past)
1 SPRAY -

24-Jan-2002 Otomize Spray Acute Medication (Past)
1 SPRAY -

02-Nov-2001 FLUCLOXACILLIN CAPSULES 500MG Acute Medication (Past)
28 CAPS - 1 Cap 4 times daily

02-Nov-2001 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPS - 1 Cap 4 times daily

Allergies

This section is empty.

Vaccinations

24-Jan-2026 Mr Anonymous User (ANON)
Pneumococcal vaccination
3047629/ PNEUMOCOC/IM/Left Arm//PNEU - Pneumococcal Vaccine (UHA - Outpatients Department Suite F/G)

17-Nov-2022 Mr Anonymous User (ANON)
Administration of first inactivated seasonal influenza vacc
440171A/ FLUQIVC/IM/Left Arm//FLU - Seqirus UK (Prestwick Airport Vaccination Centre)

17-Nov-2022 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 vaccine
GE3043/ COVPFIZER/IM/Left Arm//C-19 Comirnaty (Prestwick Airport Vaccination Centre)

26-Nov-2021 Mr Anonymous User (ANON)
Administration of first inactivated seasonal influenza vacc
P100368151/ FLUQIVC/IM/Right Arm//FLU - Flucelvax Tetra (QIVc) (Ayr Racecourse)

26-Nov-2021 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Pfizer (Ayr Racecourse)
FM3802/ PF/IM/Left Arm//C-19 Booster Pfizer (Ayr Racecourse)

26-Nov-2021 Mr Anonymous User (ANON)
Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Pfizer (C Dallas)
FM3802/ PF/IM/Left Arm//C-19 Booster Pfizer (C Dallas)

10-May-2021 Mr Anonymous User (ANON)
Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By A Reid)
PW40040/ AZ/IM/LUA//C-19 (By A Reid)

21-Feb-2021 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By N Murphy)
PV46664/ AZ/IM/LUA//C-19 (By N Murphy)

24-Oct-2020 Dr Linda Evans (LE)
Seasonal influenza vaccination (Left arm)
Batch No P100243203 Exp 05/2021

24-Oct-2020 Dr Linda Evans (LE)
Influenza vacc consent given

31-Oct-2019 Ms Jan McCulloch (JMCC)
Seasonal influenza vaccination (Left arm)
Batch No P100120851Exp 06/2020 given im

31-Oct-2019 Ms Jan McCulloch (JMCC)
Influenza vacc consent given

12-Nov-2018 Dr Linda Evans (LE)
Influenza vaccination (GMS, Left arm)
Problem

12-Nov-2018 Dr Linda Evans (LE)
Seasonal influenza vaccination (Left arm)
- QIV B/N R33X Exp 06/19 (Mylan)

12-Nov-2018 Dr Linda Evans (LE)
Influenza vacc consent given

09-Jan-2018 Ms Jan McCulloch (JMCC)
Seasonal influenza vaccination
influvac sub unit 2017/2018 b/n n22n exp 6/18 (mylan) given im left deltoid

09-Jan-2018 Ms Jan McCulloch (JMCC)
Influenza vacc consent given

30-Jan-2017 Ms Jan McCulloch (JMCC)
Influenza vaccination (Left arm)
Problem

30-Jan-2017 Ms Jan McCulloch (JMCC)
Seasonal influenza vaccination
influenza 2016/17 (Seqirus) Batch -34849421A Exp - 06/17 given im

30-Jan-2017 Ms Jan McCulloch (JMCC)
Influenza vacc consent given

14-Dec-2015 Dr Omowunmi Bada (OB)
Influenza vaccination (Left arm)

14-Dec-2015 Dr Omowunmi Bada (OB)
Seasonal influenza vaccination
AGrippal exp 04/2016, lot 151902

14-Dec-2015 Dr Omowunmi Bada (OB)
Influenza vacc consent given

21-Nov-2013 Ms Lorna Stewart (LS)
Influenza vacc consent given

21-Nov-2013 Ms Lorna Stewart (LS)
Seasonal influenza vaccination
Imuvac 2013/2014 Batch E14 Exp 0/2014

07-Nov-2012 Ms Lesley Wilson (LW1)
Influenza vaccination (GMS, Left arm)
Problem

07-Nov-2012 Ms Lesley Wilson (LW1)
Seasonal influenza vaccination
enzira 23049411A 06/2013

07-Nov-2012 Ms Lesley Wilson (LW1)
Influenza vacc consent given

11-Oct-2011 Ms Hazel Stevenson (HS)
Influenza vaccination (Left arm)
*Enzira lot ***** Exp 06/2012*
Problem

11-Oct-2011 Ms Hazel Stevenson (HS)
Influenza vacc consent given

26-Nov-2010 Ms Lorna Stewart (LS)
Influenza vaccination (Right arm)
Enzira Lot 0986 - 18201, Exp 06/2011
Examination

26-Nov-2010 Ms Lorna Stewart (LS)
Influenza vacc consent given

18-Sept-2000 UnknownUser (UnknownUse16990)
Influenza vaccination
Flu vac.clm
History

22-Feb-1997 UnknownUser (UnknownUse16990)
Booster tetanus vaccination
Tetanus Immunis.$$.clm
History

22-Feb-1997 UnknownUser (UnknownUse16990)
Booster polio vaccination
Polio Immunis.$$.clm
History

09-Feb-1996 UnknownUser (UnknownUse16990)
Pneumococcal vaccination
Pneumovax.clm
History

Referrals

17-Feb-2020 Dr Alisha Dosumu (AD)
JHCRE4: Referral to mental health service (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

12-Jan-2016 Dr David Stevenson (DS)
8HTf.: Referral to vasectomy clinic (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

18-Mar-2014 Dr Alisha Dosumu (AD)
8HS..: Referral for endoscopy (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

16-Apr-2013 Dr Linda Evans (LE)
EMISSPR1: Speciality referrals (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

29-Oct-2012 Dr Alisha Dosumu (AD)
8HS..: Referral for endoscopy (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

10-July-2008 Ms Lorna Stewart (LS)
Referral for further care
Refered To: Ayr Hospital, NHS. Referral Type: Out Patient. Speciality Type: Lab - Haematology. Referral Nature: Investigate.. Referral Type: Unknown (0)

05-Aug-2003 Dr David Stevenson (DS)
Referral for further care
Refered To: Strathdoon House, 50 Racecourse Road, NHS. Referral Type: Speciality Type: Psychotherapy. Referral Nature:. Referral Type: Unknown (0)

25-July-2003 Dr David Stevenson (DS)
Referral for further care
Refered To: Seafield Base, NHS. Referral Type: Speciality Type: Ccommunity Mental Health Team. Referral Nature:. Referral Type: Unknown (0)

19-Aug-2002 Dr David Stevenson (DS)
Referral for further care
Refered To: Ayr Hospital, NHS. Referral Type: Speciality Type: Ear, Nose & Throat (ENT). Referral Nature:. Referral Type: Unknown (0)

Test Requests

30-Dec-1899 Ms Jennifer Purdie (JP2)

Status	Sampled
Innoculation Risk	True
Priority	Normal
Has Fasted?	True
Is Pregnant?	True

30-Dec-1899 Dr Linda Evans (LE)

Status	Requested
Innoculation Risk	True
Priority	Normal
Has Fasted?	True
Is Pregnant?	True

30-Dec-1899 Ms Jan McCulloch (JMCC)

Status	Sampled
Innoculation Risk	True
Priority	Normal
Has Fasted?	True
Is Pregnant?	True

Test Results

21-Dec-2023 Mr Anonymous User (ANON)

Result:	Blood film microscopy		
	Film comment		(No range available)

21-Dec-2023 Mr Anonymous User (ANON)

Result:	Full blood count - FBC		
	Basophils	0.1 10*9/L	(No range available)
	Eosinophils	**0.8 10*9/L**	**(Range: 0.1 - 0.7)**
	Monocytes	**1.3 10*9/L**	**(Range: 0.2 - 0.9)**
	Lymphocytes	**5.2 10*9/L**	**(Range: 1.1 - 5)**
	Neutrophils	4.9 10*9/L	(Range: 1.5 - 6.5)
	Platelets	**545 10*9/L**	**(Range: 150 - 400)**
	MCHC	316 g/L	(Range: 316 - 349)
	MCH	**33.7 pg**	**(Range: 27.3 - 32.6)**
	MCV	**107 fL**	**(Range: 82 - 98)**
	Haematocrit	**0.33 %**	**(Range: 0.39 - 0.5)**
	RBC	**3.09 10*12/L**	**(Range: 4.32 - 5.66)**
	White Cell Count	**12.4 10*9/L**	**(Range: 3.7 - 9.5)**
	Haemoglobin	**104 g/L**	**(Range: 133 - 176)**

21-Dec-2023 Mr Anonymous User (ANON)

Result:	Serum ferritin		
	Ferritin	141 ug/L	(Range: 30 - 400)

21-Dec-2023 Mr Anonymous User (ANON)

Result:	Serum iron tests		
	Iron	31.7 µmol/L	(Range: 9 - 34.5)
	TIBC	63.9 µmol/L	(Range: 45 - 80)
	% Saturation	49.6 %	(Range: 20 - 50)

21-Dec-2023 Mr Anonymous User (ANON)

Result:	Plasma C reactive protein		
	CRP <5		(No range available)

21-Dec-2023 Mr Anonymous User (ANON)

Result:	Liver function test		
	Globulin	31 g/L	(Range: 21 - 35)
	Albumin	42 g/L	(Range: 35 - 50)
	Total Protein	73 g/L	(Range: 60 - 80)
	ALT	15 U/L	(Range: 5 - 55)
	AST	22 U/L	(Range: 10 - 45)
	ALP	64 U/L	(Range: 30 - 130)
	Bilirubin	**27 µmol/L**	**(No range available)**

21-Dec-2023 Mr Anonymous User (ANON)

Result:	Urea and electrolytes		
	eGFR result/1.73m2 >60		(No range available)
	Chloride	101 mmol/L	(Range: 95 - 108)
	Potassium	4.7 mmol/L	(Range: 3.5 - 5.3)
	Sodium	139 mmol/L	(Range: 133 - 146)
	Creatinine	79 µmol/L	(Range: 50 - 120)
	Urea	3.8 mmol/L	(Range: 2.5 - 7.8)

17-Mar-2026 Dr Junaid Ilyas (JBI)

Result:	Bowel Cancer Screening Result		
	BCSP faecal occult blood test normal Negative		(No range available)

21-Nov-2016 Mr Anonymous User (ANON)
Result: Urea and electrolytes

eGFR result/1.73m2 >60		(No range available)
Chloride	98 mmol/L	(Range: 95 - 108)
Potassium	4 mmol/L	(Range: 3.5 - 5.3)
Sodium	139 mmol/L	(Range: 133 - 146)
Creatinine	79 µmol/L	(Range: 50 - 120)
Urea	4.2 mmol/L	(Range: 2.5 - 7.8)

21-Nov-2016 Mr Anonymous User (ANON)
Result: Liver function test

ALT	9 U/L	(Range: 5 - 55)
AST	18 U/L	(Range: 10 - 45)
Total Bilirubin	16 µmol/L	(Range: 3 - 21)

21-Nov-2016 Mr Anonymous User (ANON)
Result: Bone profile

Total Protein	77 g/L	(Range: 60 - 80)
Phosphate	0.97 mmol/L	(Range: 0.8 - 1.5)
Globulin	30 g/L	(Range: 21 - 35)
Adjusted Calcium	**2.1 mmol/L**	**(Range: 2.2 - 2.6)**
Calcium	2.24 mmol/L	(Range: 2.2 - 2.6)
ALP	56 U/L	(Range: 46 - 157)
Albumin	47 g/L	(Range: 35 - 50)

21-Nov-2016 Mr Anonymous User (ANON)
Result: Plasma lipids

LDL Cholesterol	2.37 mmol/L	(No range available)
Triglyceride	1.59 mmol/L	(Range: 0.84 - 1.94)
Cholesterol:HDL Ratio	3.36	(No range available)
HDL Cholesterol	1.31 mmol/L	(Range: 1 - 1.5)
Cholesterol	4.4 mmol/L	(Range: 3.1 - 6.5)

21-Nov-2016 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Basophils	0.1 10*9/L	(No range available)
Eosinophils	0.2 10*9/L	(Range: 0.1 - 0.7)
Monocytes	**1 10*9/L**	**(Range: 0.2 - 0.9)**
Lymphocytes	4.1 10*9/L	(Range: 1.1 - 5)
Neutrophils	5.5 10*9/L	(Range: 1.5 - 6.5)
Platelets	279 10*9/L	(Range: 150 - 400)
MCHC	337 g/L	(Range: 316 - 349)
MCH	30.3 pg	(Range: 27.3 - 32.6)
MCV	90 fl	(Range: 82 - 98)
Haematocrit	0.42 %	(Range: 0.39 - 0.5)
RBC	4.65 10*12/L	(Range: 4.32 - 5.66)
White Cell Count	**10.9 10*9/L**	**(Range: 3.7 - 9.5)**
Haemoglobin	141 g/L	(Range: 133 - 176)

Other Items

24-July-2026	Read Code	Total notes on computer on site scanning
18-Mar-2026	Read Code	SMS text message sent to patient *****: Appointment Reminder: At Bankfield Medical Practice On: 19/03/2026 09:15 With: Dr Dibaal Oghu Text CANCEL to ***** or contact the surgery to cancel.
17-Mar-2026	Read Code	SMS text message sent to patient *****: Appointment Confirmations: At Bankfield Medical Practice On: 19/03/2026 09:15 With: Dr Dibaal Oghu Text CANCEL to ***** or contact the surgery to cancel
19-Feb-2026	Read Code	SMS text message sent to patient *****: Appointment Confirmations: At Bankfield Medical Practice On: 20/02/2026 10:45 With: Dr Dibaal Oghu Text CANCEL to ***** or contact the surgery to cancel
09-Jan-2026	Recall	Medication review
29-Dec-2025	Read Code	SMS text message sent to patient *****: Bankfield Medical Practice will be closed on Thursday 1st January 2026 and Friday 2nd January 2026 for the festive holidays. Please contact NHS24 on 111 for medical attention which cannot wait until we open again on Monday 5th January 2026. We wish all of our patients a very happy New Year.
09-Jan-2025	Read Code	Medication review done
19-Mar-2024	Read Code	Ex Patients of Dr Dosumu
24-Nov-2023	Read Code	Ambulance request for patient Reference number 10388841

24-Nov-2023	Read Code	Ambulance request for patient Abdominal Pain
24-Nov-2023	Read Code	Ambulance request for patient 2 Hour ambulance ordered - Ayr Hospital
17-Apr-2021	Recall	Key information summary review date
07-Sept-2020	Read Code	Medication review done
16-Apr-2020	Read Code	Send key information summary (KIS) upload
16-Apr-2020	Read Code	Consent for key information summary upload created as per covid-19 protocol
12-Nov-2019	Recall	Influenza vaccination
10-May-2018	Read Code	Ambulance request for patient 4628559
10-May-2018	Read Code	Ambulance request for patient Vomiting blood and also has abdominal pain
10-May-2018	Read Code	Ambulance request for patient 2 hours ambulance going to Ayr AandE
10-May-2018	Read Code	Ambulance request for patient 2 Hour ambulance ordered - Ayr Hospital
08-Feb-2013	Read Code	Piles - haemorrhoids
13-Dec-2011	Read Code	Plasma free T4 level 11.4 pmol/L
13-Dec-2011	Read Code	Plasma TSH level 1.32 mu/L
13-Dec-2011	Read Code	Haemoglobin estimation 14 g/dL
13-Dec-2011	Read Code	Serum HDL cholesterol level 1.15 mmol/l
13-Dec-2011	Read Code	Serum cholesterol 3.7 mmol/l
13-Dec-2011	Read Code	Serum albumin 46 g/l
13-Dec-2011	Read Code	Serum total protein 75 g/L
13-Dec-2011	Read Code	Serum alkaline phosphatase 53 U/l
13-Dec-2011	Read Code	ALT/SGPT serum level 10 U/l
13-Dec-2011	Read Code	Serum bilirubin level 16 umol/L
13-Dec-2011	Read Code	Blood glucose result 4.7 mmol/L
13-Dec-2011	Read Code	Serum creatinine 96 umol/L
13-Dec-2011	Read Code	Serum urea level 5.4 mmol/l
13-Dec-2011	Read Code	Serum potassium 4.1 mmol/l
13-Dec-2011	Read Code	Serum sodium 147 mmol/l
16-Dec-2010	Read Code	Scottish - ethnic category 2001 census

Attachments

Additional document
17-Aug-2026
Additional: Additional document

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General Surgical Department
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
[redacted]
www.nhsaaa.net

NHS Ayrshire & Arran

Confidential - Clinical Information

MR R MUIR

Dr A Dosumu
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref: RM/AC
Hospital No:
Clinic Date: 01/08/2014
Date Dictated: 01/08/2014
Date Typed: 04/08/2014
Enquiries to Miss [redacted]
Direct Line:
Ext. Number: 14047
Email: [redacted]

Dear Dr Dosumu,

MARK LAWRIE DOB: 07/03/1974 CHI No: 0703743333
54 SORREL DRIVE, AYR, AYRSHIRE, KA7 3XR

This gentleman has now failed to attend another new patient appointment. I note your previous letter suggesting that he would attend. Unfortunately due to pressure on new patient slots I have not sent a further one.

Yours sincerely

Authorised on 04/08/2014 12:34:28 by Robbie Muir.

Mr Robbie Muir
Consultant in Colorectal & General Surgery
GMC: 4037655

www.nhsayrshireandarran.com

INVESTING IN VOLUNTEERS

Additional document
17-Aug-2026
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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010207002184

REFERRAL LETTER

[redacted]

MEDICAL IN CONFIDENCE

REFERRAL TO

Community Mental Health Services - South G1AE
AA Adult Mental Health

Community Mental Health Services - Adult
NHS Ayrshire & Arran

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	**Urgent**	Suicided attempt
Date of referral	17-Feb-2020	
Date submitted	17-Feb-2020	

PATIENT DETAILS

Surname	Lawrie
Forename(s)	Mark
Title	-
Sex	Male
Date of birth	07-Mar-1974
CHI no.	[redacted]

Patient's address

18 Speedwell Square
Ayr
KA7 3YJ

Contact number(s)

Voice: [redacted]

REGISTERED GP DETAILS

Name	Dr David Stevenson		
GMC code	4147796	GP code	24937
Practice name	Bankfield Medical Practice		
Practice code	80842		

Practice address

148 Dalmellington Road
Bankfield Medical Practice
Ayr
Ayr

Contact number(s)

Voice: [redacted]
Facsimile: [redacted]

REFERRING PRACTITIONER DETAILS

Name	Dr. Alisha Dosumu		
GMC code	5200942	GP code	20567
Practice name	Bankfield Medical Practice (80842)		
Practice code	80842		

Practice address

148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Contact number(s)

Voice: [redacted]
Facsimile: [redacted]

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Piles - haemorrhoids	-	-	-	08-Feb-2013	08-Feb-2013
Scaly scalp	-	-	-	08-Jun-2010	08-Jun-2010
[redacted]	-	-	-	01-May-1994	01-May-1994
[redacted]	-	-	-	01-Oct-1979	01-Oct-1979

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Total splenectomy	-	-	-	28-Jun-2000	28-Jun-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	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Fluoxetine Hydrochloride Capsules 20 mg	0403030E0AAAAAA	30 CAPSULE	ONE TO BE TAKEN EACH DAY	-	17-Feb-2020	30 Days	17-Feb-2020

Clinical warnings

Lifestyle risks
Exercise status: Not Known

Smoking status: Number per day ? (not known)
Alcohol consumption: Units per day ? (not known)

Additional relevant information
Administrative information
Referred By:Registered GP

Social circumstances

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

Additional document
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Dr AT Hand Dr E Ofei Dr A Stevenson Dr A Krichell Dr S Learmonth Dr F Gibson

Dr. DAVID DJ STEVENSON
BANKFIELD MEDICAL PRACTICE
148 DALMELLINGTON ROAD
AYR
AYRSHIRE
KA7 3PR

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX
Phone: [redacted]
Fax:

Duty Consultant Dr TERESA HAND

Mark Lawrie
54 SORREL DRIVE
KINCAIDSTON
AYR, KA7 3XR

DOB: 07/03/1974
A/E No: AYR-12-001573
CHI No: 0703743333

Date and Time of Attendance: 14 Jan 2012 20:06
Total A&E Attendances = 14 , attendances in last year = 1

Diagnosis Bites , Lower lip , *

Treatment Stitches, Wound toilet, Local anaesthesia, Analgesia

Drugs:

18 JAN 2012

Investigations

- [ ] STEVENSON
- [ ] STEPHEN
- [ ] KIRK
- [x] [illegible]
- [ ] GPSTO
- [ ] GPFL
- [ ] SCRIPT
- [ ] PHONE
- [ ] VISIT
- [ ] LETTER
- [ ] NURSE APPT
- [ ] HV APPT
- [ ] OTHER

Follow up: Discharge, Primary Care follow up

Usual place of residence

Additional Information: Pt kicked in head by friend while carrying on, biting through lower lip. 2cm full thickness incised wound, 3cm internally. x2 5.0 sutures to external wound applied advised use mouthwash, analgesia PRN and attend GP 7-10/7 for suture removal

Jonathan Kirk

If you have any queries about this patient, please contact one of the staff at the above number.

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Ayrshire and Arran
Primary Care NHS Trust

REFERRAL FORM
COMMUNITY MENTAL HEALTH TEAM

CHI No. 0 7 0 3 7 4 3 3 3 3

1. Name(Miss/Mr/Mrs) Mark Lawrie
   Address 137 KINCAIDSTON AVE
   KA7 3YP
   DoB
   Male/Female Male
   Telephone [redacted]

   Occupation Not working
   Is person aware of referral Yes

2. [redacted]
   Address
   Telephone

3. GP's Name Dr D Stevenson
   Address Cornhill Surgery
   Kincaidston
   Ayr, KA7 3YF
   Practice No. 80043
   Has GP been notified of re referral YES

4. Referrer's Name Dr D Stevenson
   Address As Above
   Telephone (01292) 264080

   Occupation GP

5. Reason for referral *(giving perception of diagnosis if appropriate)*
   [redacted]

PTO

Need Confidential Personal data about a patient

6. Team referral (X) Named Worker ( ) Specified discipline ( )

Tick as appropriate

7. Purpose of referral a) Assessment Only

b) Assessment and Treatment X

8. Any other information which would help Team eg 1. Relevant Medicaton History

2. Previous Psychiatric History

3. Relevant Domestic Situation

No psychiatric history

[redacted]

No history of [redacted] behaviour. No thoughts [redacted] etc.

MSE - normal today.

Would you be able to help him?

Many thanks

9. Referrer's Signature Date 25 07 2003

FOR OFFICE USE ONLY PREVIOUSLY KNOWN

10. Hospital No. CPN Notes YES / NO

[redacted] Notes YES / NO Psychology Notes YES / NO

OT Notes YES / NO

11. Received by Date

12. Allocated Worker Date

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Confidential - Clinical Information

General Surgical Department
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
[redacted]
www.nhsayrshireandarran.com

NHS Ayrshire & Arran

Dr DJ Stevenson
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref: RM/CH/
Hospital No:
Ref Date: 20/11/2013
Date Dictated: 29/11/2013
Date Typed: 04/12/2013
Enquiries to Anne Carswell
Direct Line:
Ext. Number: 14047
Email: [redacted]

Dear Dr Stevenson ,

MARK LAWRIE **DOB: 07/03/1974** **CHI No:** [redacted]
[redacted] SORREL DRIVE, AYR, AYRSHIRE, KA7 3XR

This gentleman failed to attend the clinic today. I presume this means everything is settled. I have not sent him a further appointment.

Yours sincerely

Authorised on 05/12/2013 12:58:31 by Robbie Muir.

Mr Robbie Muir
Consultant in Colorectal & General Surgery
GMC: 4037655

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NHS Confidential: Personal data about a patient

University Hospital Ayr **Dalmellington Road** **Ayr** **KA6 6DX** **Phone:** [redacted]	**Immediate Discharge Letter** **&** **Prescription**

To: Bankfield Medical Practice 148 Dalmellington Road Ayr Ayrshire KA7 3PR	**Re:** MARK IAN LAWRIE 18 SPEEDWELL SQUARE , , AYR , , KA7 3YJ DOB: 07/03/1974 Hosp. No.: 0703743333 CHI No.: [redacted]

Date of Admission: 09/12/2023
Mode of Admission: Emergency
Admission Reason:
Discharge Date: 13/12/2023

Ward: HIGH DEPEN-AYR
Consultant: DR KRISHNA PRASAD (General Medicine)
Follow Up:

Clinical Progress

Dear Doctor,
Mr Lawrie was admitted to Ayr Hospital on 09/12/23 with increasing SOB and cyanosis.
On admission, Mr Lawrie's MetHb was 46.3. He was commenced on treatment with methylene blue x 2. Repeat MetHb readings were 0.
Mr Lawrie was transferred to medical HDU for HFNO. Mr Lawrie was tapered off oxygen and his oxygen saturations were maintained at 89% and Mr Lawrie was felt to be fit for discharge.
Mr Lawrie was offered to smoking cessation on discharge, however declined this at this time.

DR NICOLA TROTTER (2023-12-12 13:26:36)

GP follow-up

Bilirubin 41, please can this be repeated in the community in 1/52 to ensure not rising.

DR NICOLA TROTTER (2023-12-12 13:24:11)

Allergy/intolerance	Reaction
***No Known Drug Allergies	

Allergy records are as recorded at time and date of printing.

Discharged by: DR NICOLA TROTTER

Page: 1 of 2
Report generated on: 13/12/2023 08:52

NHS Confidential: Personal data about a patient

University Hospital Ayr **Dalmellington Road** **Ayr** **KA6 6DX** **Phone:** [redacted]	**Immediate Discharge Letter** **&** **Prescription**

To:	**Re:**
Bankfield Medical Practice 148 Dalmellington Road Ayr Ayrshire KA7 3PR	MARK IAN LAWRIE 18 SPEEDWELL SQUARE , , AYR , , KA7 3YJ DOB: 07/03/1974 Hosp. No.: [redacted] CHI No.: [redacted]

Drug	Dose	Route	Frequency	Note	GP to contin	PRN	POD	Days Supply
MIRTAZAPINE 45 mg Tablets	**45 mg**	Oral	ONCE daily at 10pm		Yes		Y	

Additional Medicines Information:

Medicines discontinued or modified during admission
(Medicines that patient was recorded as admitted on only)

Drug	Discontinued / Modified reason
**** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.**** *****Information here may be incomplete and is for guidance only.*****	

Discharged by: DR NICOLA TROTTER

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Dr AT Hand Dr E Ofei Dr A Stevenson Dr A Krichell

Dr. D Stevenson
148 DALMELLINGTON ROAD
AYR
AYRSHIRE
KA7 3PR

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX
Phone: [redacted]
Fax:

Duty Consultant Dr TERESA HAND

Mark Lawrie
54 SORREL DRIVE
KINCAIDSTON
AYR, KA7 3XR

DOB: [redacted]
A/E No: AYR-09-033152
CHI No: 0703743333

Date and Time of Attendance: 17 Jul 2009 19:52

Diagnosis Sprain , Ankle , Right

Treatment Advice, Tubigrip

Drugs:

- ☐ STEVENSON
- ☒ DONUMU
- ☐ LOCUM
- ☒ FILE
- ☐ NOTES TO.....
- ☐ APPT
- ☐ SCRIPT.....
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER.....
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER

Investigations

22 JUL 2009

Follow up: Discharge, no follow up

Usual place of residence

Additional Information: advice re rest,ice,elevation,analgesia

Dr Rabee Harb
Staff Grade doctor

If you have any queries about this patient, please contact one of the staff at the above number.

Additional document
17-Aug-2026
Additional: Additional document

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NHS Confidential: Personal data about a patient

General Surgical Department
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
[redacted]
Fax [redacted]
www.nhsaaa.net

NHS Ayrshire & Arran

Confidential - Clinical Information

Mr Nur

Dr DJ Stevenson
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref: [redacted]
Hospital No:
Clinic Date: 15/06/2015
Date Dictated: 15/06/2015
Date Typed: 16/06/2015
Enquiries to [redacted]
Direct Line: [redacted]
Ext. Number: 14561
Email: [redacted]

Dear Dr Stevenson

MARK LAWRIE **DOB: 07/03/1974** **CHI No: 0703743333**
54 SORREL DRIVE, AYR, AYRSHIRE, KA7 3XR

Your patient has undergone examination under anaesthetic and Botox injection for chronic fissure in ano on 23rd January 2015. I organised for him to return for clinic review. He has failed to do so on three occasions.

I hope he is now symptom free. I have not organised further follow up at my clinic.

Yours sincerely

Authorised on 17/06/2015 13:49:44 by Nasser Ali Nur.

Mr Nasser Ali Nur
Associate Specialist in General Surgery
GMC: 3538894

Additional document
17-Aug-2026
Additional: Additional document

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NHS Confidential: Personal data about a patient

11 MAY 2011

12 MAY 2011

Ayrshire Doctors On Call

adastra

1 Patient Contacts for Bankfield Medical Practice

STEVENSON
DOSUMU
LOCUM
FILE
NOTES TO
APPT
SCRIPT
PHONE
VISIT
LETTER
NURSE APPT
HV APPT
OTHER

Patient : Mark Lawrie
(Gender: Male) (DOB: 07/03/1974) (Age: 37 years) (CHI: 0703743333)

Case No 71209 **Case Date** 11/05/2011 22:16
Own Dr Stevenson, David
Emergency Care Summary viewed on case

Current Address
54 Sorrel Drive

Ayr
KA7 3XR
Current Phone [redacted]

Home Address (If Different)

Home Phone (If Different)

Case Type PCTC (Doctor)
Priority On Reception Within 2 Hours

NHS 24 Advice by (Nurse Advisor) (Tayside) **Triage Start** 22:17
Triage End 22:23
Clinical summary created by: (Nurse Advisor) (Tayside) [11/05/2011 22:25:27]
URQ PAIN FOR 40 MIN AND PAIN SHARP.. UP UNDER RIB CAGE.. SPASMODIC.. HAS BEEN WORSENING IN LAST HOUR.. NAUSEATED.. NO FEVER.. OUTCOME: PCEC 2HRS - HUB TO CALL

Case Questions

Adastra Consult by Ghosh, K **Consult Start** 23:02
Start Type PCTC (Doctor) **End Type** PCTC (Doctor) **Consult End** 23:13

History
History as per triage, states that he has pain over right chest wall and right upper quadrant intermittently for a week, lasts for few minutes then improves, not breathless, no cough, no sputum, not constipated, denies heart burn, states it is like spasm. Denies central chest pain, no cardiac history, - smokes 10 cigs/ day

Examination
o/e a slim built man, looks well, not distressed with pain, states that pain has disappeared, pulse 70/min, bp 110/80, SAO2 98% in air, temp 36.5, chest good air entry good chest wall expansion, normal breath sound, no wheeze or crepitation, HS pure, abdomen soft, no tenderness, no rigidity, no mass, bowel sound active.

Diagnosis
non- specific abdominal pain

Treatment
reassured, given dicycloverine 10 mg one or two tablet three times a day x one pack, advised to add paracetamol for pain relief tonight if required, advised to keep bowel soft and moving, if pain recurs and no improvement with above medication then contact doctor for reivew.

Clinical Code(s)
R090. [D]Abdominal pain

Prescriptions

Report Statistics: Report produced by Adastra Version 3 - 12/05/2011 04:01:03

Additional document
17-Aug-2026
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NHS Ayrshire & Arran — Area Laboratory — Haematology

LAWRIE,MARK
18 SPEEDWELL SQUARE

AYR
KA7 3YJ

CHI No. [redacted]
Unit No.
DOB 07/03/1974
Sex M

Clinician: [redacted]
Request Location: GP, Ayr: Bankfield Medical Practice

This report to : [redacted], GP, Ayr: Bankfield Medical Practice

		Result	Units	Normal Range
Haemoglobin		141	g/L	133 - 176
White Cell Count	High	10.9	10*9/L	3.7 - 9.5
Platelets		279	10*9/L	150 - 400
RBC		4.65	10*12/L	4.32 - 5.66
Haematocrit		0.42	%	0.39 - 0.50
MCV		90	fl	82 - 98
MCH		30.3	pg	27.3 - 32.6
MCHC		337	g/L	316 - 349
Neutrophils		5.5	10*9/L	1.5 - 6.5
Lymphocytes		4.1	10*9/L	1.1 - 5.0
Monocytes	High	1.0	10*9/L	0.2 - 0.9
Eosinophils		0.2	10*9/L	0.1 - 0.7
Basophils		0.1	10*9/L	0.0 - 0.1

J8-53005

Lab No 168526311 — Date Collected 21/11/16 14:50 — Authorised By 8HI W7AUOPRO Service Account
Printed 22/11/16 07:32 — Sample Type Blood — Page 1 of 1

If you have received this report in error, please return to the Haematology Laboratory

Additional document
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Acute Hospitals NHS Trust

The Ayr Hospital
Dalmellington Road
Ayr KA6 6DX
Telephone: [redacted]
Fax:
www.show.scot.nhs.uk/aaaht

NHS
Ayrshire & Arran

AM/CH/AG 513220 EXT 4072

- [x] STEVENSON
- [ ] LOCUM

DEPARTMENT OF OTOLARYNGOLOGY

MR A MURRAY

- [x] FILE
- [ ] NOTES TO.....
- [ ] APPT
- [ ] SCRIPT.....
- [ ] PHONE
- [ ] VISIT
- [ ] LETTER.....
- [ ] NURSE APPT
- [ ] HV APPT
- [ ] OTHER

Date of clinic : 27th May 2003
Date dictated : 27th May 2003
Date typed : 28th May 2003

05 JUN 2003

[redacted]
Cornhill Medical Practice
Kincaidston
AYR

Dear Dr Stevenson

MARK LAWRIE, 137 KINCAIDSTON AVENUE, AYR KA7 3YP 7/3/74

Thank you for referring this gentleman to the ENT clinic. For the last 2 years he has been aware of discharge from his ear which followed an injury. He has never had any surgery to his ears. He feels his hearing has been affected.

On examination he had a central moist perforation. A swab was taken of this today. An audio confirmed this appears to be a problem with the drum only.

I have explained to this gentleman that I would give him a possible 4 out of 5 chance of having his eardrum healed with surgery. The alternative is to continue as he is doing. He is keen to be considered for surgery. I have also warned him that any operation to his ear can leave his hearing worse and he is aware of this risk. I have also pointed out to him that because his ear is infected, theoretically the success rate may be less.

I have therefore asked that when he does get a date for his surgery if he could contact yourself to be provided with some Gentisone HC for the week or so before his surgery, this might help to optimise his intra-operative and post operative healing.

Yours sincerely,

MR A. MURRAY,
CONSULTANT E.N.T. SURGEON

Awarded for excellence

Chairman Professor Gordon M Wilson
Chief Executive Jim Currie

STA 2035

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NHS Confidential: Personal data about a patient

NHS AYRSHIRE & ARRAN
Checklist for the PGD for the Influenza Vaccine

1. Patient's Details

Patient's Name:	LAURIE, MARK I 0703743333	D.O.B.	27/03/74
Address:	54 Sorrel Drive Ayr KA7 3XR		
Name of GP	Dr A Dosumu Bankfield Med. Practice, Ayr		

2. Health Assessment

	YES	NO
• Does the patient have an acute illness?	☐	☑
• Does the patient have a known hypersensitivity to any of the vaccine components?	☐	☑
• Has the patient ever had a reaction to a vaccine?	☐	☑
• Is the patient pregnant? (or pregnancy suspected)	☐	☑
• Is the patient under five years old?	☐	☑
• Is the patient between 5 and 16 years old and not been previously immunised against flu?	☐	☑

If the answer to any of the above questions is YES, the patient should be referred to the medical practitioner or immunisation deferred until acute illness has passed.

3. Patient Information

	YES	NO
• Has the patient been offered a copy of the Patient Information Leaflet to read?	☑	☐
• Does the patient give verbal consent to vaccination?	☑	☐

4. Details of Vaccine Given

Brand/Manufacturer	enzira Intanza
Batch Number	Lot: 0986- 20608
Expiry Date	Exp 06/12
Dose Given	

5. Record of Vaccination

Dose given by: H. STEVENSON
(PRINT NAME)

Date and time given: 1/10/11 13⁰⁰ am/pm

Injection Site: Deltoid muscle ☑ (L) arm
Other, please specify

Signature: H Stevenson

Additional document
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NHS Confidential: Personal data about a patient

NHS Ayrshire & Arran General Hospital Division **Area Laboratory** **Clinical Biochemistry**

LAWRIE,MARK
54 Sorrel Drive
Ayr
Ayrshire
KA7 3XR

CHI No. 0703743333
Unit No.
DOB 07/03/1974
Sex M

Clinician: Dr Alisha Dosumu
Request Location: GP, Ayr: Bankfield Medical Practice

This report to : Dr Alisha Dosumu , GP, Ayr: Bankfield Medical Practice

	Result	Units	Normal Range
Free T4	11.4	pmol/L	9.0 - 24
TSH	1.32	mU/L	0.3 - 6.0

14 DEC 2011

☑ SIGNED
☐ DOSUMU
☐ DOCTOR
☐ PT
☐ GOES TO
☐ APPT
☐ SCRIPT
☐ PHONE
☐ VISIT
☐ LETTER
☐ NURSE APPT
☐ HV APPT
☐ OTHER

Lab No 11B945127
Printed 14/12/11 07:26

Date Collected 13/12/11 14:45
Sample Type Blood

Authorised By SYSTEM
Page 1 of 1

If you have received this report in error, please return to the Clinical Biochemistry Laboratory

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General Surgical Department
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
[redacted]
Fax [redacted]
www.nhsaaa.net

NHS Ayrshire & Arran

Confidential - Clinical Information

Mr Nur

Dr A Dosumu
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref: NAN/CG
Hospital No:
Clinic Date: 24/11/2014
Date Dictated: 24/11/2014
Date Typed: 25/11/2014
Enquiries to [redacted]
Direct Line: [redacted]
Ext. Number: 14561
Email: [redacted]

Dear Dr Dosumu

MARK LAWRIE **DOB: 07/03/1974** **CHI No: 0703743333**
54 SORREL DRIVE, AYR, AYRSHIRE, KA7 3XR

Your patient attended my surgical clinic today, 24th November 2014. He presents with a one year history of straining at stool with painful defecation. He also says that he occasionally passes small amounts of fresh blood per rectum. Regarding his bowel habits he says that he is usually constipated.

Abdominal examination showed him to have a well healed scar from his splenectomy. He had a palpable sigmoid loop probably due to fecal loading. Rectal examination and proctoscopy showed him to have a chronic fissure in ano at the right posterior position. This was associated with a small perianal skin tag. There was no evidence of bleeding at today's examination.

I explained to him that it would be appropriate to manage him with an examination under anaesthetic. The fissure may be treated with Botox injection if indicated.

Whilst he is waiting to attend the Day Surgery Unit I have asked him to regulate his bowels with a high residue diet, as well as a combination of Lactulose and Fybogel so that he is able to pass a soft bulky motion without having to strain. This should improve his symptoms pre operatively and make his post operative course more comfortable.

Yours sincerely

Authorised on 25/11/2014 12:36:38 by Nasser Ali Nur.

Mr Nasser Ali Nur
Associate Specialist in General Surgery
GMC: 3538894

Waiting list EUA +/- Botox

www.nhsaaa.net

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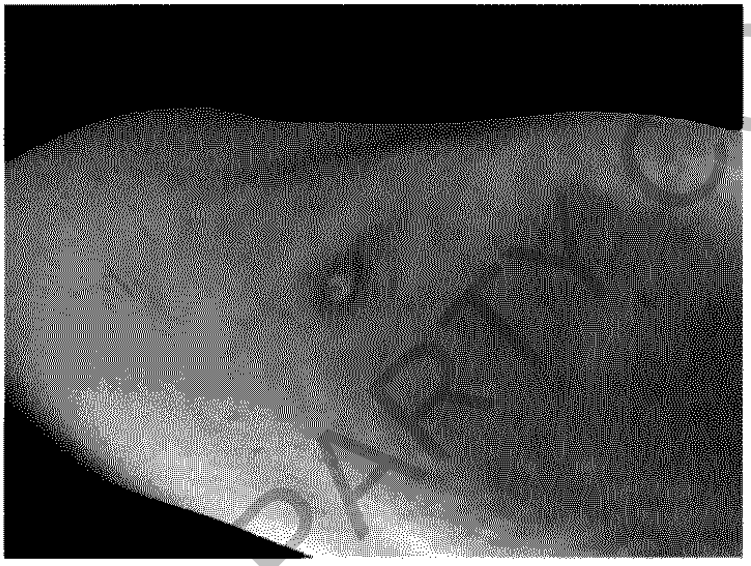
Mark lawrie 07/03/1974 ive got two moles with have changed colour now and I've got a phone call appointment tomorrow thanks



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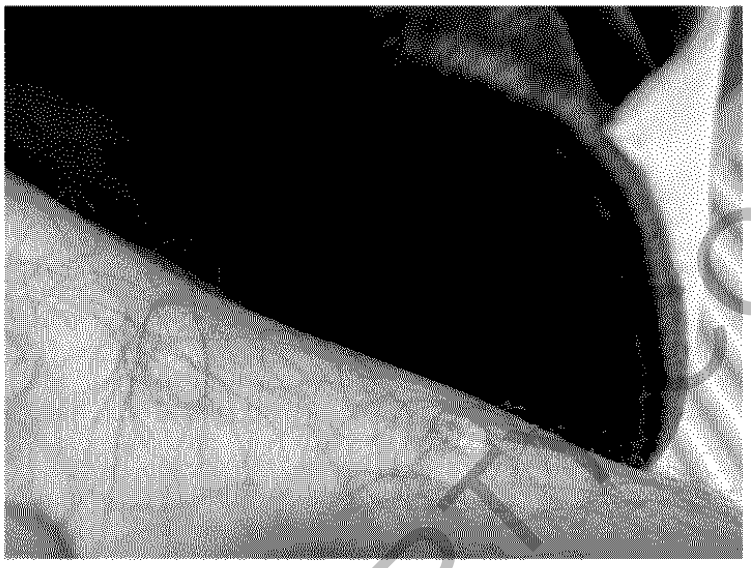

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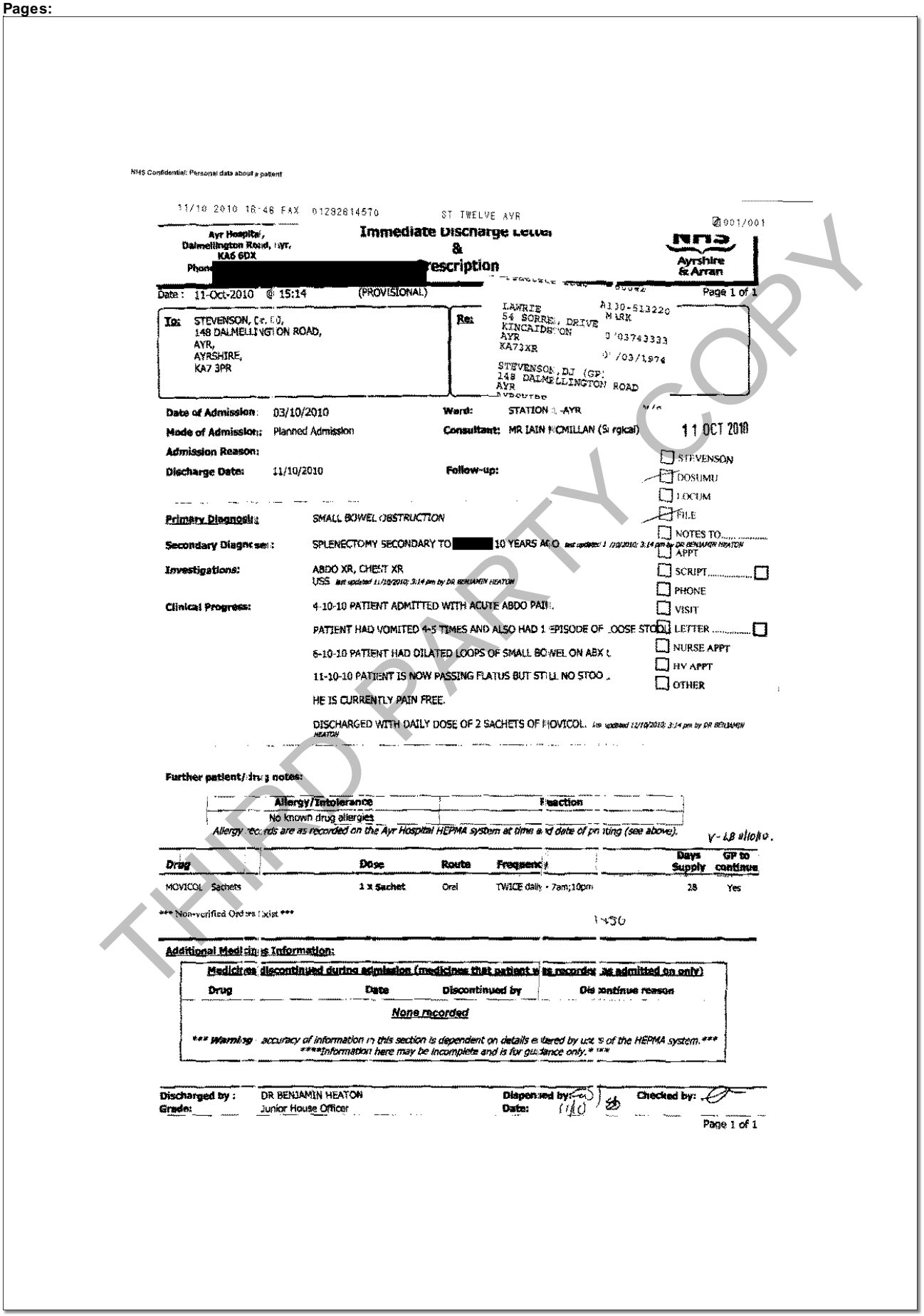

NHS Confidential: Personal data about a patient

11/10 2010 16:48 FAX 01292614570 ST TWELVE AYR 001/001

Ayr Hospital,
Dalmellington Road, Ayr,
KA6 6DX
Phone [redacted]

Immediate Discharge Letter & Prescription

NHS Ayrshire & Arran

Date: 11-Oct-2010 @ 15:14 (PROVISIONAL) Page 1 of 1

To: STEVENSON, Dr. DJ,
148 DALMELLINGTON ROAD,
AYR,
AYRSHIRE,
KA7 3PR

Re: LAWRIE A130-513220
54 SORREL DRIVE MRK
KINCAIDSTON 03743333
AYR /03/1974
KA73XR
STEVENSON, DJ (GP)
148 DALMELLINGTON ROAD
AYR

Date of Admission: 03/10/2010 **Ward:** STATION 1 -AYR
Mode of Admission: Planned Admission **Consultant:** MR IAIN MCMILLAN (Surgical)
Admission Reason:
Discharge Date: 11/10/2010 **Follow-up:**

11 OCT 2010

- ☐ STEVENSON
- ☐ DOSUMU
- ☐ LOCUM
- ☐ FILE
- ☐ NOTES TO.....
- ☐ APPT
- ☐ SCRIPT.....
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER.....
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER

Primary Diagnosis: SMALL BOWEL OBSTRUCTION

Secondary Diagnoses: SPLENECTOMY SECONDARY TO [redacted] 10 YEARS AGO *last updated 11/10/2010 3:14 pm by DR BENJAMIN HEATON*

Investigations: ABDO XR, CHEST XR
USS *last updated 11/10/2010 3:14 pm by DR BENJAMIN HEATON*

Clinical Progress:
4-10-10 PATIENT ADMITTED WITH ACUTE ABDO PAIN.
PATIENT HAD VOMITED 4-5 TIMES AND ALSO HAD 1 EPISODE OF LOOSE STOOL
6-10-10 PATIENT HAD DILATED LOOPS OF SMALL BOWEL ON ABX.
11-10-10 PATIENT IS NOW PASSING FLATUS BUT STILL NO STOOL.
HE IS CURRENTLY PAIN FREE.
DISCHARGED WITH DAILY DOSE OF 2 SACHETS OF MOVICOL. *last updated 11/10/2010 3:14 pm by DR BENJAMIN HEATON*

Further patient/drug notes:

Allergy/Intolerance	Reaction
No known drug allergies	

Allergy records are as recorded on the Ayr Hospital HEPMA system at time and date of printing (see above).

V- LB allergy.

Drug	Dose	Route	Frequency	Days Supply	GP to continue
MOVICOL Sachets	1 x Sachet	Oral	TWICE daily - 7am;10pm	28	Yes

*** Non-verified Orders Exist ***

1x30

Additional Medicines Information:

Medicines discontinued during admission (medicines that patient was receiving on admission only)

Drug	Date	Discontinued by	Discontinue reason
None recorded			

*** Warning: accuracy of information in this section is dependent on details entered by users of the HEPMA system.***
*****Information here may be incomplete and is for guidance only.*****

Discharged by: DR BENJAMIN HEATON **Dispensed by:** **Checked by:**
Grade: Junior House Officer **Date:** 11/10

Page 1 of 1

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17-Aug-2026
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NHS Confidential: Personal data about a patient

Mental Health Services

Main Building
Ailsa Hospital
Dalmellington Road
Ayr
KA6 6AB

NHS Ayrshire & Arran

Tel: [redacted]

Clinical in Confidence

Mark Lawrie
18 Speedwell Square
Ayr
KA7 3YJ

Date 4th June 2020
Your Ref:
Our Ref: NA/NMcn
CHI: 0703743333
Enquiries to: [redacted]

Dear Mr Lawrie,

I hope this letter finds you well.

I have made several attempts to contact you, by telephone, over the past couple of months to offer input following a referral from Dr Douglas.

It would be helpful, if you would like input from our team, if you could telephone 01292 559777 to make us aware and update your contact details, if necessary.

If we do not hear from you by Friday 19th June you will be discharged from the Community Mental Health Team back to your GP.

We look forward to hearing from you.

Yours sincerely

N. Annan.

[redacted]
Community Mental Health Nurse

Cc Bankfield Medical Practice

INVESTING IN VOLUNTEERS

www.nhsayrshireandarran.com

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Acute Hospitals NHS Trust

Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE
Telephone: [redacted]
Fax:
www.show.scot.nhs.uk/aaaht

NHS
Ayrshire & Arran

AM/KS/C513220

Department of Otolaryngology, Head & Neck Surgery

[redacted]

Clinic 18.12.2003
Typed 23.12.2003

Dr R G Alexander
Cornhill Surgery
Kincaidston
AYR

Dear Dr Alexander

MARK LAWRIE 137 KINCAIDSTON DRIVE, AYR. DOB 07.03.1974.

This patient failed to attend for their outpatient appointment today. He had a myringoplasty 10 days ago and I would hope will attend for follow-up at some stage. He probably has another appointment somewhere in the system.

He has not been in touch to say that he wishes a further appointment so no further appointment will be sent.

Yours sincerely,

Andrew Murray
Consultant ENT Surgeon

31 DEC 2003

☑ STEVENSON
☐ LOCUM

☑ FILE
☐ NOTES TO_____
☐ APPT
☐ SCRIPT_____ ☐
☐ PHONE
☐ VISIT
☐ LETTER_____ ☐
☐ NURSE APPT
☐ HV APPT
☐ OTHER

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Chairman Professor Gordon M Wilson
Chief Executive Jim Currie

STA 0349

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NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Ophthalmology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
[redacted]

NHS Ayrshire & Arran

www.nhsaaa.net

Dr DJ Stevenson
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref: GK/MT
Hospital No:
Clinic Date: 11/10/2018
Date Dictated: 11/10/2018
Date Typed: 25/10/2018
Enquiries to Eye Secretary
Direct Line:
Ext. Number: 25111/27040/27499
Email:

Dear Dr Stevenson ,

MARK LAWRIE **DOB: 07/03/1974** **CHI No: 0703743333**
18 SPEEDWELL SQUARE, AYR, KA7 3YJ

DIAGNOSIS: Previous right hepatic keratitis

Frontal disc examination visual acuity -0.1 right, 0 left. His keratitis is completely healed. The patient was discharged.

Yours sincerely

Authorised on 07/11/2018 10:12:30 by Panos Masaoutis.

Dr George Kampougeris MD, MRCSEd (Ophth), PhD,
Locum Consultant Ophthalmic Surgeon
GMC NUMBER 4357531

Additional document
17-Aug-2026
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Filename:
Extension:
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NHS Confidential: Personal data about a patient

University Hospital Ayr,
Dalmellington Road,
Ayr,
KA6 6DX
Phone : [redacted]

Immediate Discharge Letter & Prescription

Miss. Gillian Love (16/05/18 11:31)

NHS Ayrshire & Arran

Date :16/05/2018 @ 11:32:11 Page 1 of 1

To: Stevenson, Dr. DJ,
148 DALMELLINGTON ROAD,
AYR,
AYRSHIRE,
KA7 3PR

Re: MARK IAN LAWRIE
18 SPEEDWELL SQUARE,AYR,KA7 3YJ

DOB: [redacted]
Hosp. No.: [redacted]
CHI No.: [redacted]

Date of Admission: 10/05/2018 **Ward:** STATION 3-AYR
Mode of Admission: *Emergency Admission* **Consultant:** MR MICHAL CHUDY (Surgical)
Admission Reason:
Discharge Date: 15/05/2018 **Follow-up:**

Primary Diagnosis: *Small bowel obstruction secondary to adhesions*

Clinical Progress:
Admitted with L.F pain and multiple vomiting episodes.
AXR - dilated small bowel loops
CT AP - small bowel obstruction, transitional segment being a diffusely thickened mid ileal loop due to adhesions
Pt. had adhesionolysis, pt. was informed about operational details including injury and reparation to the large bowel during the operation.
Antibiotics stopped. Maintaining oral diet, otherwise fit & well. *last updated 16/05/2018 10:23 am by DR HITARTH BHATT*

Further patient/drug notes:

Allergy/Intolerance	Reaction
No Known Drug Allergies	

Allergy records are as recorded at time and date of printing

Drug	Dose	Route	Frequency	Days Supply	GP to continue
CYCLIZINE 50 mg Tablets	**50 mg**	Oral	THREE times daily - 7am;1pm;10pm	28	No
LACTULOSE Oral Solution	**10 ml**	Oral	TWICE daily at 7am and 10pm	28	No

Additional Medicines Information:

Medicines discontinued or modified during admission
(medicines that patient was recorded as admitted on only)

Drug	Discontinue/Modification reason

*** **Warning** - accuracy of information in this section is dependent on details entered by users of the HEPMA system.***
*****Information here may be incomplete and is for guidance only.*****

Discharged by : DR HITARTH BHATT **Dispensed by:** **Checked by:**
Grade: Foundation Year 1 **Date:**

Originally Printed: 16/05/2018 @ 11:32 Revised: @ DLP v. 18122017.2 Page 1 of 1

Additional document
17-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

BOX 2697

808420703743333

703743333

Mark

Lawrie

07/03/1974

July

Clinical

NO PAPERWORK ☐

Bankfield Medical Practice SCANNED BY OSS

NHS Confidential: Personal data about a patient

FOOD HANDLERS - FITNESS TO WORK CERTIFICATION

Employee Name Mark Lane **Date of Birth** 01.03.64

Employee Address 13 Kingsdown Drive KA7

TO BE COMPLETED BY EMPLOYEE

1. Have you now, or have you over the last seven days, suffered from diarrhoea and/ or vomiting? YES/NO

2. At present, are you suffering from:
   a) skin trouble affecting hands, arms or face? YES/NO
   b) boils, styes or septic fingers? YES/NO
   c) discharge from eye, ear or gums/mouth? YES/NO

3. Do you suffer from:
   a) recurring skin or ear trouble? YES/NO
   b) a recurring bowel disorder? YES/NO

4. Have you ever had, or are you now known to be a carrier of, typhoid or paratyphoid? YES/NO

5. In the last 21 days have you been in contact with anyone, at home or abroad, who may have been suffering from typhoid or paratyphoid? YES/NO

I declare that the above answers are correct. I give permission for contact to my doctor for certification of the answers above.

Signed M L Lane Date 05.02.01

TO BE COMPLETED BY DOCTOR

I declare that the information supplied by our employee named above is an accurate reflection of their medical records and that to the best of my knowledge is suitable to operate as a food handler under the attached guidelines.

Doctors Name K Dhasson

Signed [redacted] Date 5/2/01

NHS Confidential: Personal data about a patient

AYRSHIRE & ARRAN ACUTE NHS TRUST
THE AYR HOSPITAL
Dalmellington Road
Ayr
KA6 6DX
Tel: [redacted]
Date 07/12/00

RG (GP) ALEXANDER
CORNHILL SURGERY
KINCAIDSTON
AYR
KA7 3YF

Dear Doctor

RE : MARY LAWRIE
137 KINCAIDSTON DRIVE

AYR
KA73Y-P D O B 07/03/74

Hospital reference number 100-5113220

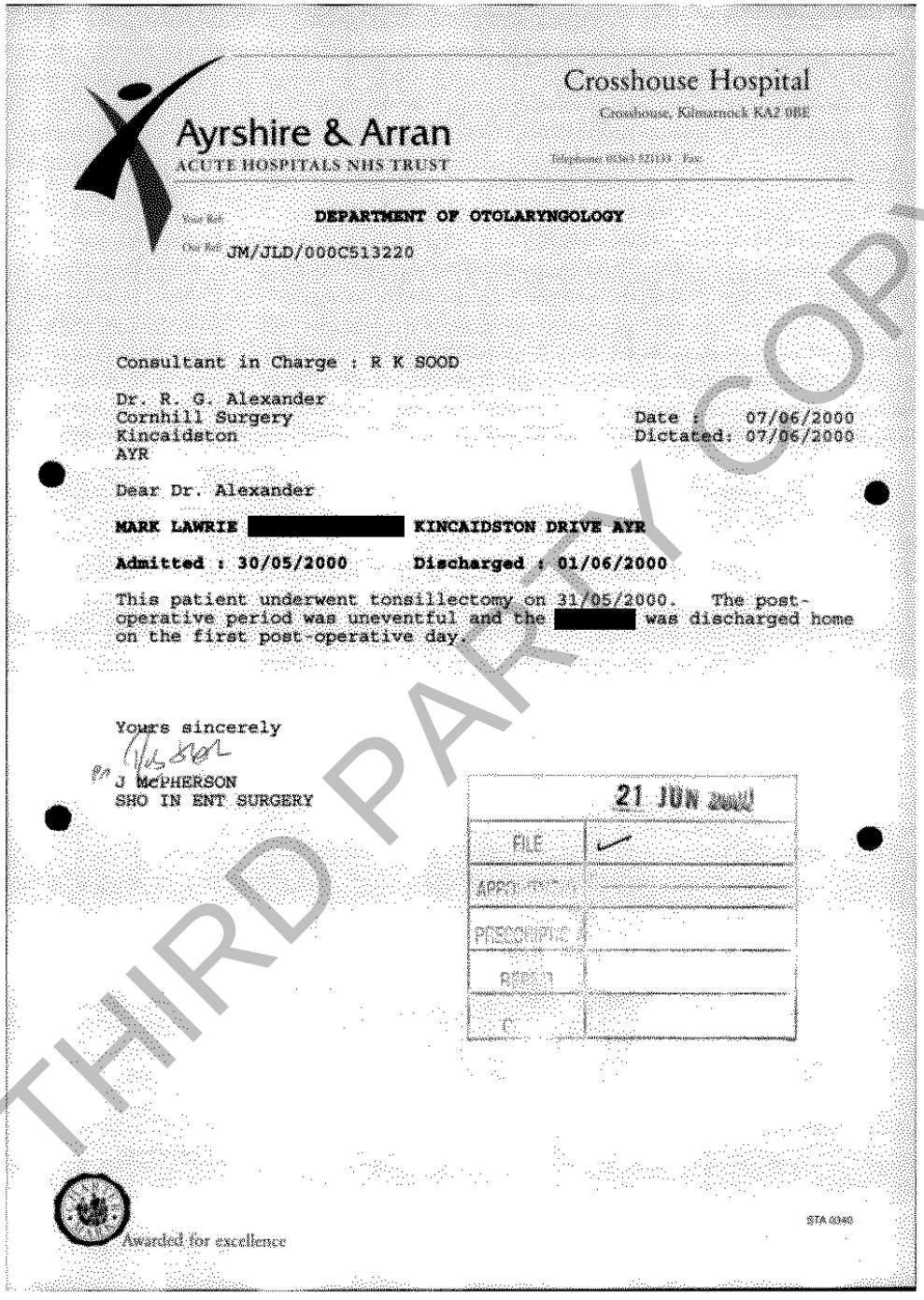
The above named patient failed to attend for an appointment at the OUT-PATIENT CLINIC of Mr.P. WARDROP on Friday 01/12/00

No further appointment has been issued to the patient. Mr.P. WARDROP however would be happy to accept a re-referral should you consider this necessary.

Yours sincerely
Mr R H Bryden
Patient/Information Services Manager

FILE	VAS
APPOINTMENT	
PRESCRIPTION	
REPEAT	

NHS Confidential: Personal data about a patient



Ayrshire & Arran
ACUTE HOSPITALS NHS TRUST

Crosshouse Hospital
Crosshouse, Kilmarnock KA2 0BE
Telephone 01563 521133 Fax

Your Ref:
DEPARTMENT OF OTOLARYNGOLOGY
Our Ref: JM/JLD/000C513220

Consultant in Charge : R K SOOD

Dr. R. G. Alexander
Cornhill Surgery
Kincaidston
AYR

Date : 07/06/2000
Dictated: 07/06/2000

Dear Dr. Alexander

MARK LAWRIE [redacted] KINCAIDSTON DRIVE AYR

Admitted : 30/05/2000 **Discharged : 01/06/2000**

This patient underwent tonsillectomy on 31/05/2000. The post-operative period was uneventful and the [redacted] was discharged home on the first post-operative day.

Yours sincerely

pp
J McPHERSON
SHO IN ENT SURGERY

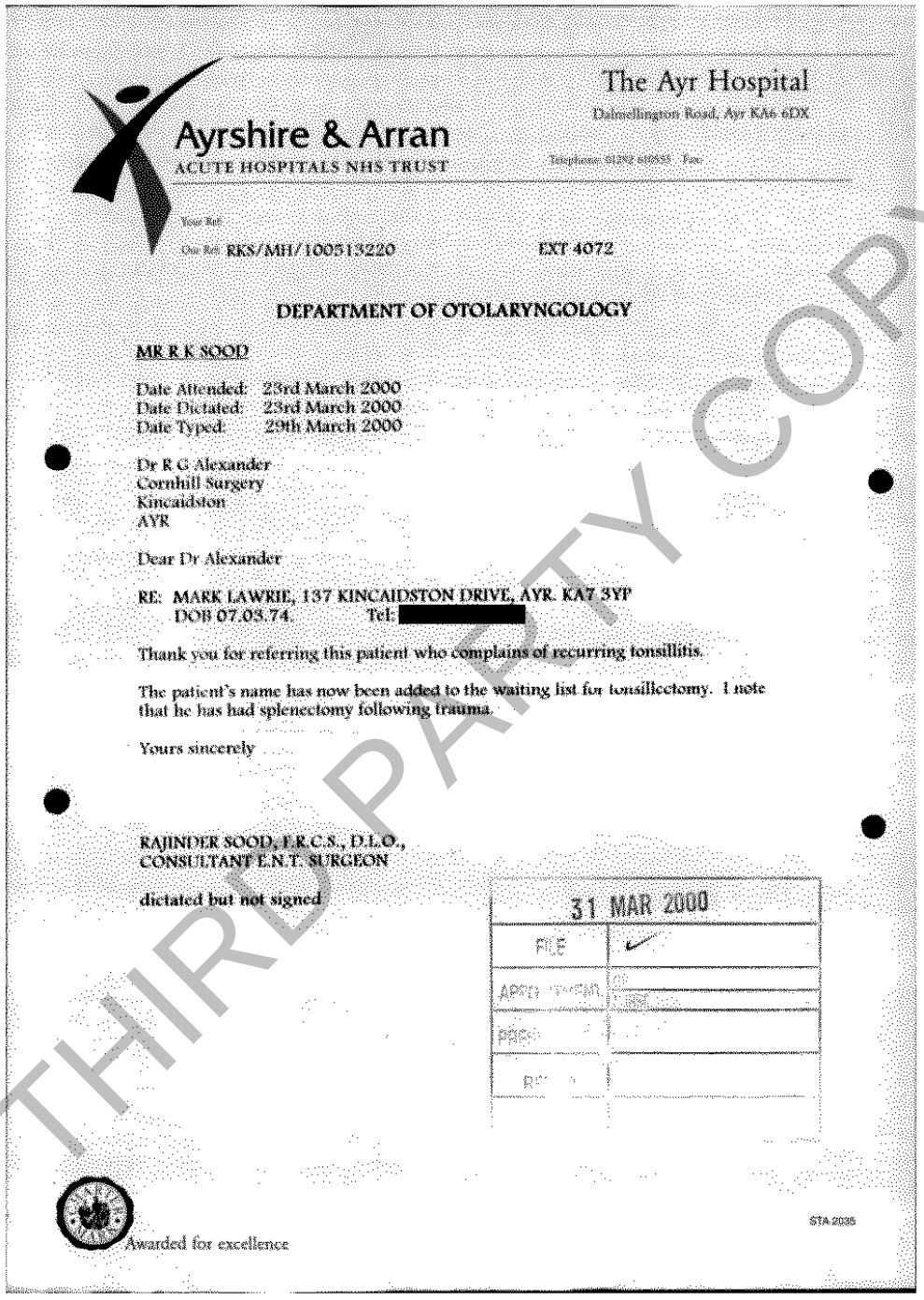
21 JUN 2000

FILE	✓
APPT	
PRESCRIPTION	
REPORT	
C	

Awarded for excellence

STA 0040

NHS Confidential: Personal data about a patient



Ayrshire & Arran
ACUTE HOSPITALS NHS TRUST

The Ayr Hospital
Dalmellington Road, Ayr KA6 6DX
Telephone: 01292 610555 Fax:

Your Ref:
Our Ref: RKS/MH/100513220 EXT 4072

DEPARTMENT OF OTOLARYNGOLOGY

MR R K SOOD

Date Attended: 23rd March 2000
Date Dictated: 23rd March 2000
Date Typed: 29th March 2000

Dr R G Alexander
Cornhill Surgery
Kincaidston
AYR

Dear Dr Alexander

RE: MARK LAWRIE, 137 KINCAIDSTON DRIVE, AYR. KA7 3YP
DOB 07.05.74. Tel: [redacted]

Thank you for referring this patient who complains of recurring tonsillitis.

The patient's name has now been added to the waiting list for tonsillectomy. I note that he has had splenectomy following trauma.

Yours sincerely

RAJINDER SOOD, F.R.C.S., D.L.O.,
CONSULTANT E.N.T. SURGEON

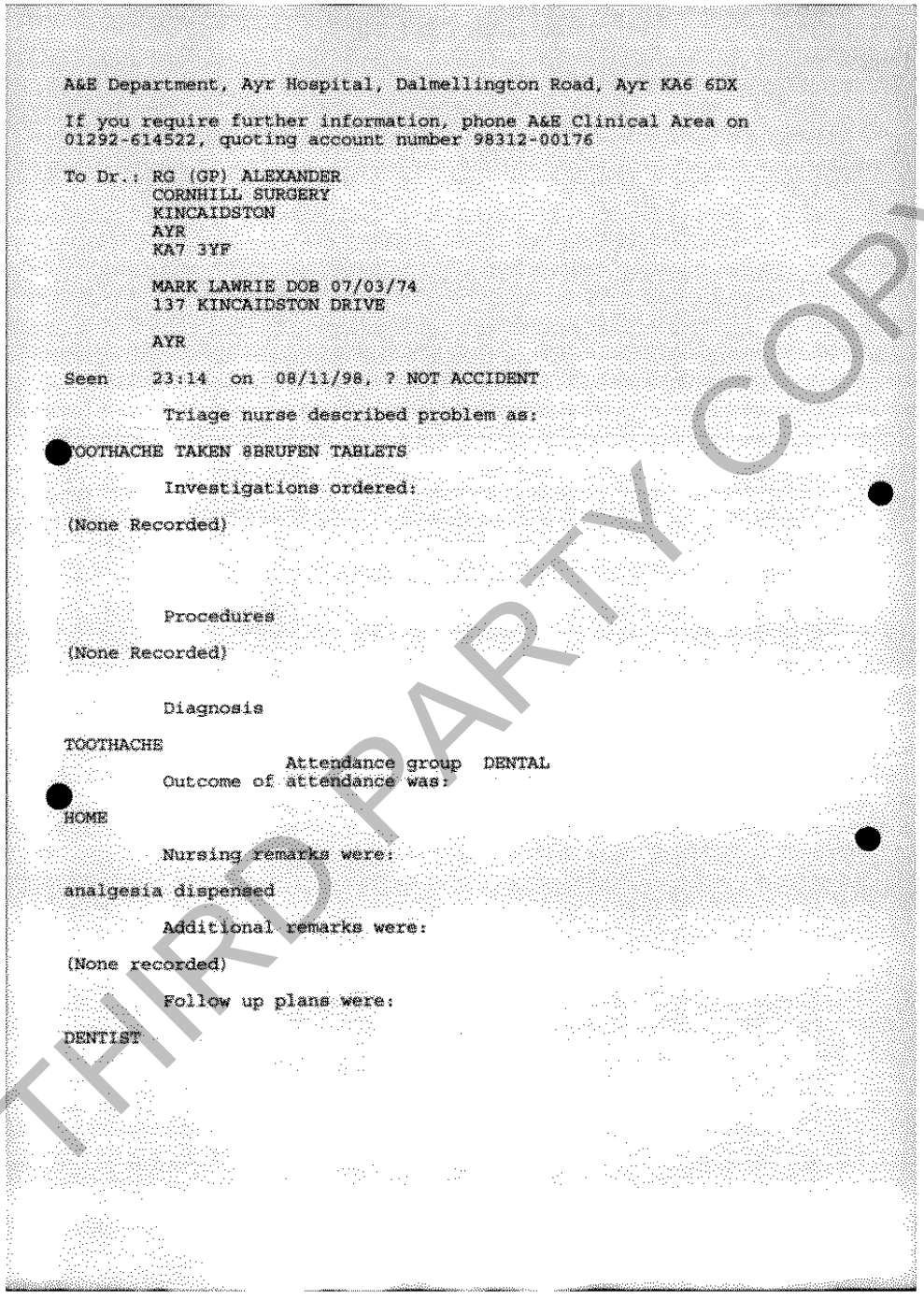
dictated but not signed

31 MAR 2000
FILE ✓

STA 2035

Awarded for excellence

NHS Confidential: Personal data about a patient



A&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on 01292-614522, quoting account number 98312-00176

To Dr.: RG (GP) ALEXANDER
CORNHILL SURGERY
KINCAIDSTON
AYR
KA7 3YF

MARK LAWRIE DOB 07/03/74
137 KINCAIDSTON DRIVE

AYR

Seen 23:14 on 08/11/98, ? NOT ACCIDENT

Triage nurse described problem as:

TOOTHACHE TAKEN 8BRUPEN TABLETS

Investigations ordered:

(None Recorded)

Procedures

(None Recorded)

Diagnosis

TOOTHACHE

Attendance group DENTAL

Outcome of attendance was:

HOME

Nursing remarks were:

analgesia dispensed

Additional remarks were:

(None recorded)

Follow up plans were:

DENTIST

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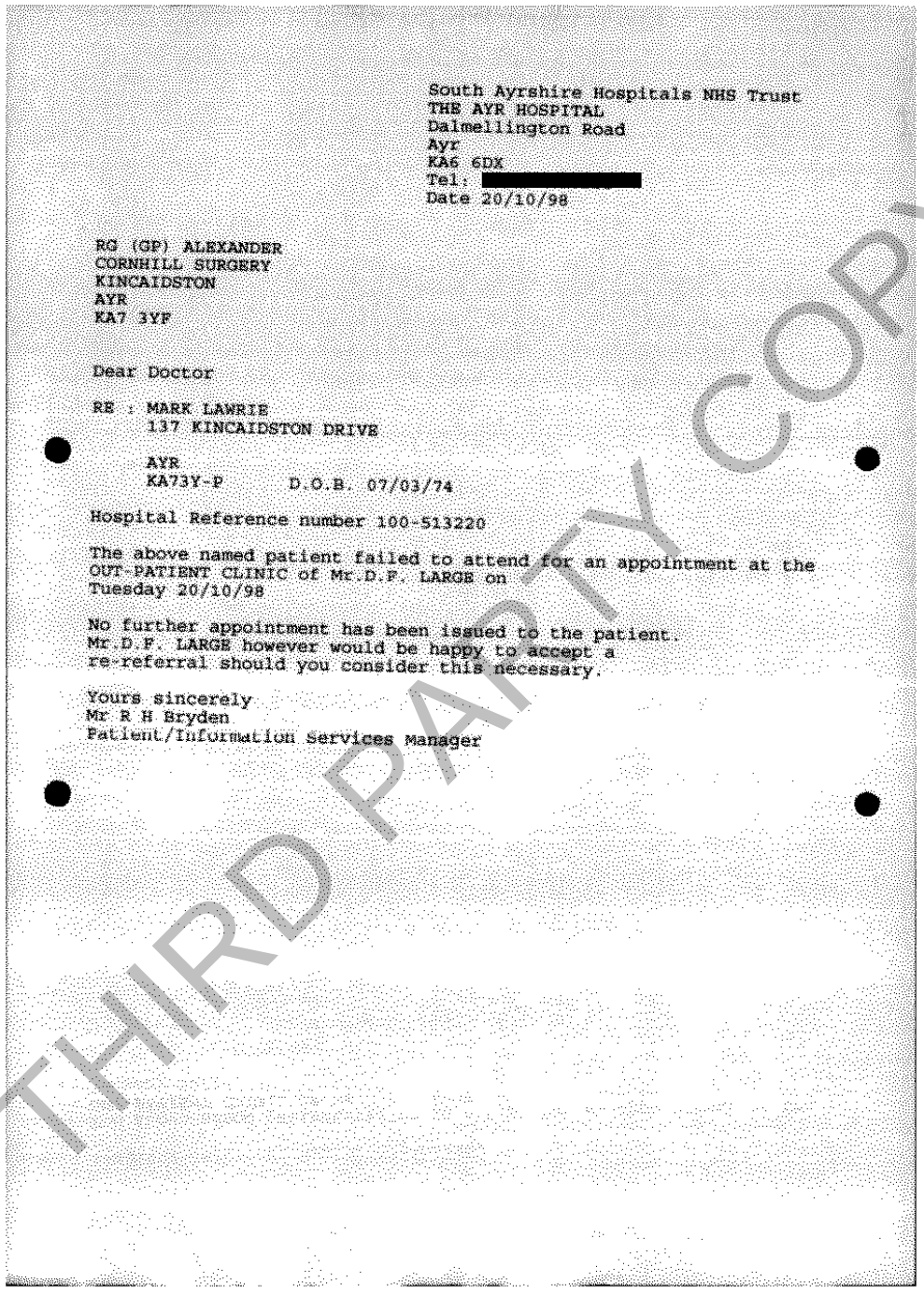

South Ayrshire Hospitals NHS Trust
THE AYR HOSPITAL
Dalmellington Road
Ayr
KA6 6DX
Tel: [redacted]
Date 20/10/98

RG (GP) ALEXANDER
CORNHILL SURGERY
KINCAIDSTON
AYR
KA7 3YF

Dear Doctor

RE : MARK LAWRIE
137 KINCAIDSTON DRIVE

AYR
KA73Y-P D.O.B. 07/03/74

Hospital Reference number 100-513220

The above named patient failed to attend for an appointment at the OUT-PATIENT CLINIC of Mr.D.F. LARGE on Tuesday 20/10/98

No further appointment has been issued to the patient. Mr.D.F. LARGE however would be happy to accept a re-referral should you consider this necessary.

Yours sincerely
Mr R H Bryden
Patient/Information Services Manager

NHS Confidential: Personal data about a patient

A&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on
01292-614522, quoting account number 98278-00442

To Dr.: RG (GP) ALEXANDER
CORNHILL SURGERY
KINCAIDSTON
AYR
KA7 3YF

MARK LAWRIE DOB 07/03/74
137 KINCAIDSTON DRIVE

AYR

Seen 20:21 on 05/10/98, ? ACCIDENT

Triage nurse described problem as:

INJ.LT.THUMB-PUNCHED SOMEONE

Investigations ordered:

Finger Thumb

Procedures

(None Recorded)

Diagnosis

IMPACTED # 1ST MC HEAD L.THUMB ?
Attendance group ACCIDENT

Outcome of attendance was:

OME

Nursing remarks were:

THUMB SPICA,BRUFEN PRE-PACK,ADVISED

Additional remarks were:

(None recorded)

Follow up plans were:

FRACTURE CLINIC

NHS Confidential: Personal data about a patient

A&E Department, Ayr Hospital, KA6 6DX
Direct line 01292 614522 - A&E Clinical Area; Hospital 01292 610555
Fax into A&E Clinical Area 01292 288105

To: Dr RG (GP) ALEXANDER
CORNHILL SURGERY
KINCAIDSTON
AYR

This is a note of a review in the A&E Department; if you require further information phone and quote account number:98188-00113

Name MARK LAWRIE
dob 07/03/74
address 137 KINCAIDSTON DRIVE
AYR
KA7 3YP

Checked by:
Murray Madden Pieper Gardner
[✓] [ ] [ ] [ ]

first seen 07/07/98
this visit 21/07/98

Copied for filing [ ]

21/07/98

This patient was reviewed today for the cut at the tip of his left ring finger. The area is not viable but not infected. No further action was required and the patient was advised that the non viable skin may separate once the underlying skin has formed completely. He was discharged.

Dr Pieper - Dictated 21/7/98

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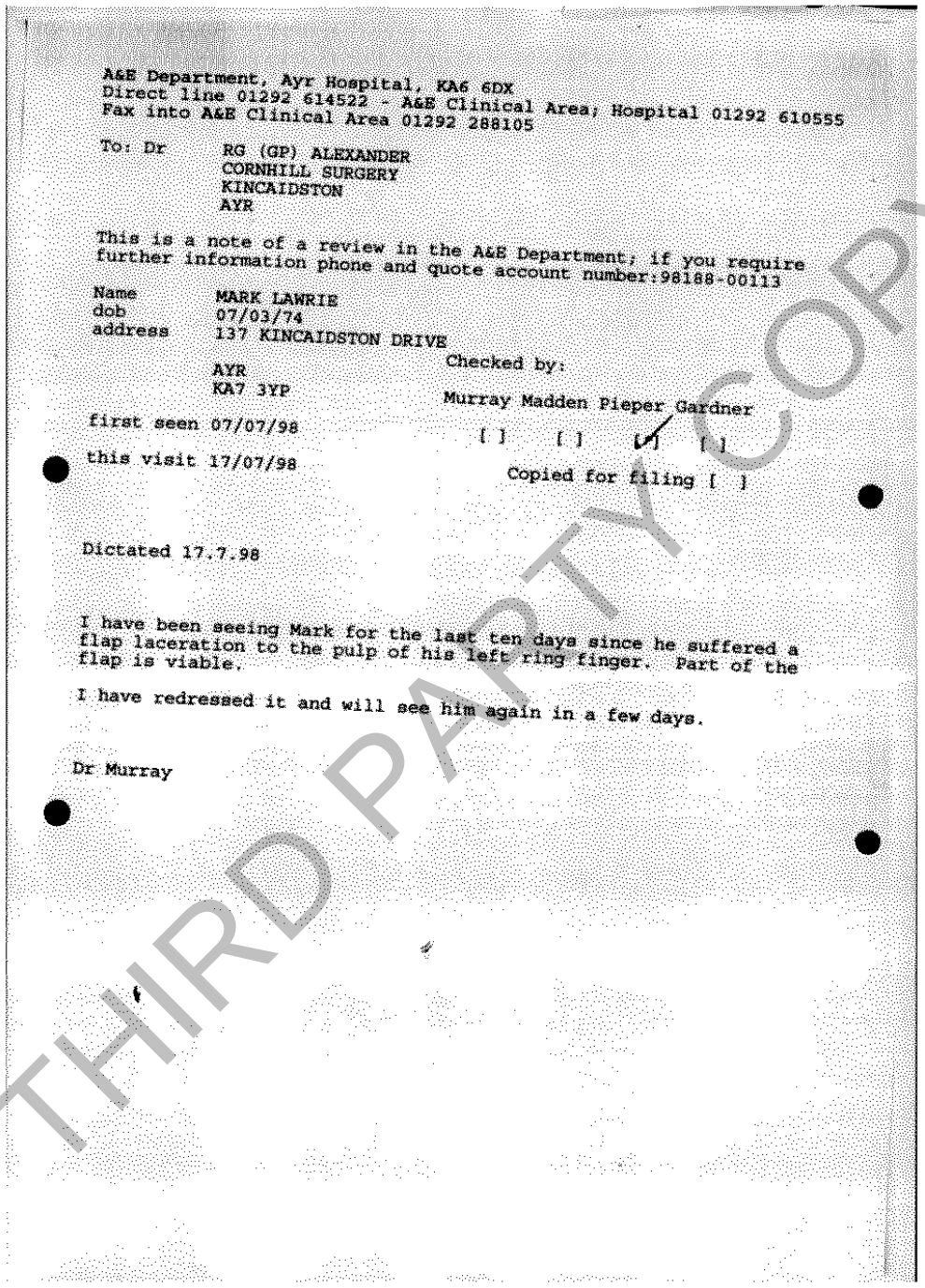

A&E Department, Ayr Hospital, KA6 6DX
Direct line 01292 614522 - A&E Clinical Area; Hospital 01292 610555
Fax into A&E Clinical Area 01292 288105

To: Dr RG (GP) ALEXANDER
CORNHILL SURGERY
KINCAIDSTON
AYR

This is a note of a review in the A&E Department; if you require further information phone and quote account number:98188-00113

Name MARK LAWRIE
dob 07/03/74
address 137 KINCAIDSTON DRIVE
AYR
KA7 3YP

Checked by:
Murray Madden Pieper Gardner
[ ] [ ] [✓] [ ]

first seen 07/07/98
this visit 17/07/98

Copied for filing [ ]

Dictated 17.7.98

I have been seeing Mark for the last ten days since he suffered a flap laceration to the pulp of his left ring finger. Part of the flap is viable.

I have redressed it and will see him again in a few days.

Dr Murray

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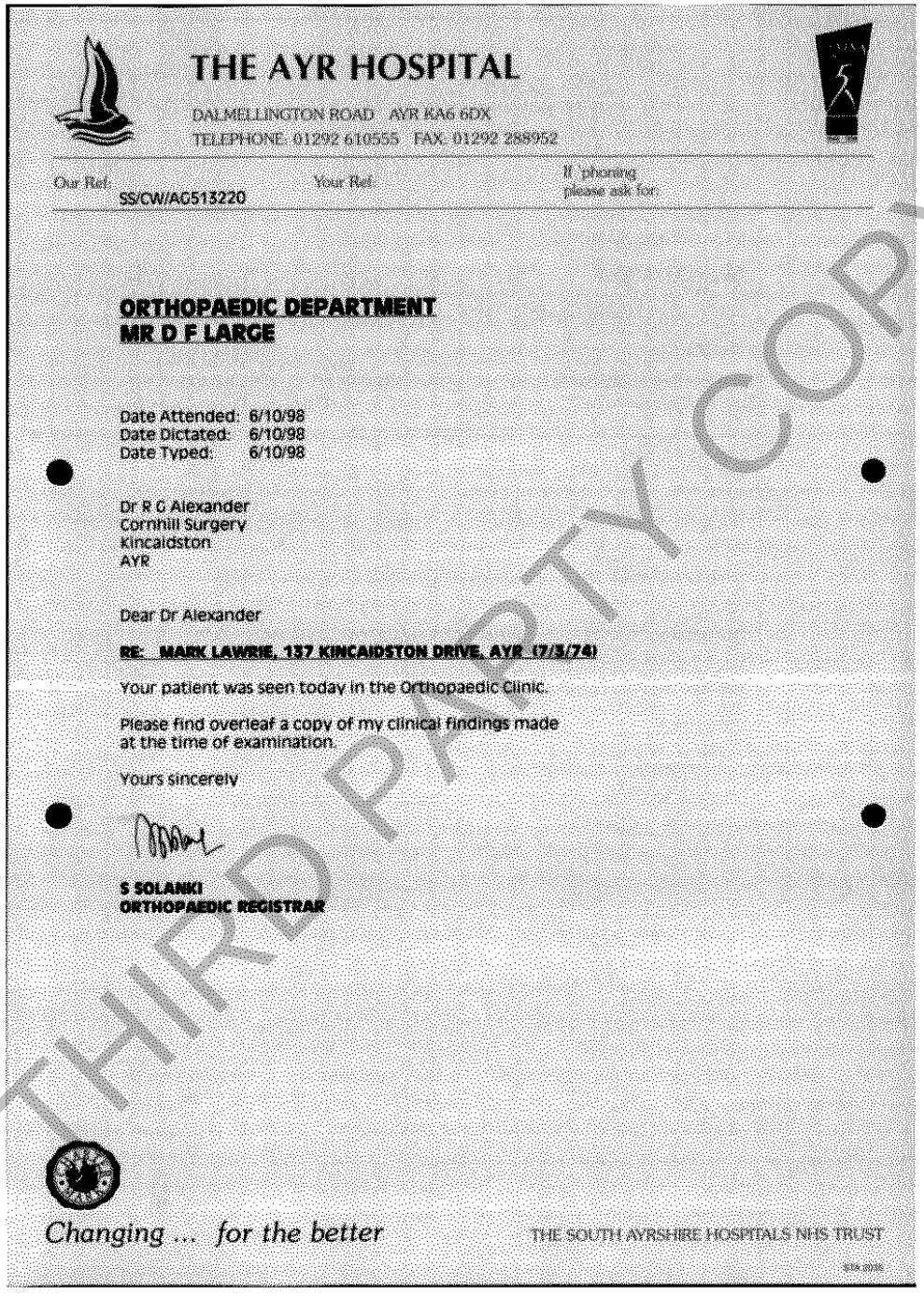


THE AYR HOSPITAL

DALMELLINGTON ROAD AYR KA6 6DX
TELEPHONE: 01292 610555 FAX: 01292 288952

Our Ref: SS/CW/AG513220 | Your Ref: | If phoning please ask for:

ORTHOPAEDIC DEPARTMENT
MR D F LARGE

Date Attended: 6/10/98
Date Dictated: 6/10/98
Date Typed: 6/10/98

Dr R G Alexander
Cornhill Surgery
Kincaidston
AYR

Dear Dr Alexander

RE: MARK LAWRIE, 137 KINCAIDSTON DRIVE, AYR (7/3/74)

Your patient was seen today in the Orthopaedic Clinic.

Please find overleaf a copy of my clinical findings made at the time of examination.

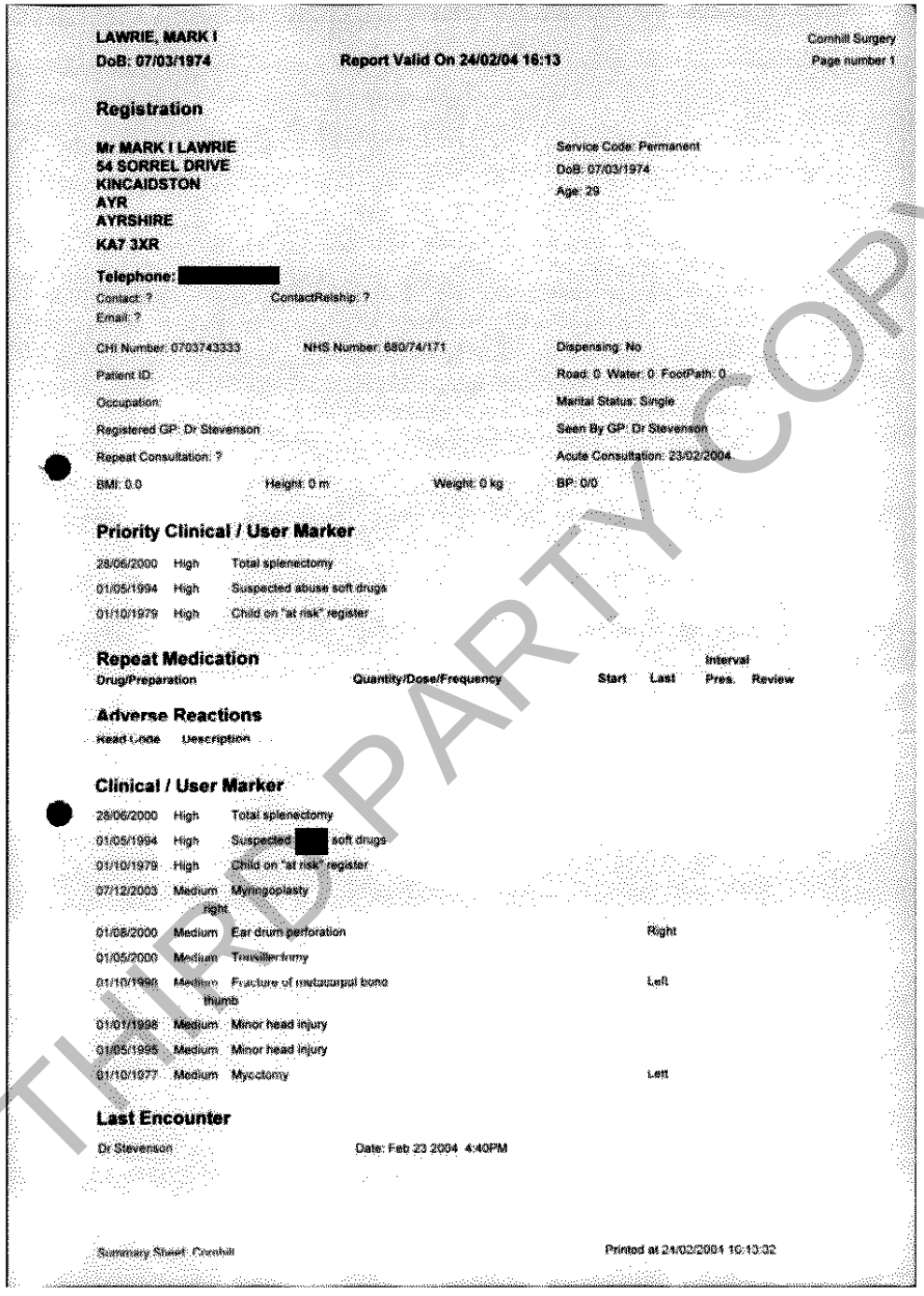
Yours sincerely

S SOLANKI
ORTHOPAEDIC REGISTRAR

Changing ... for the better

THE SOUTH AYRSHIRE HOSPITALS NHS TRUST

NHS Confidential: Personal data about a patient



LAWRIE, MARK I — Cornhill Surgery
DoB: 07/03/1974 — Report Valid On 24/02/04 16:13 — Page number 1

Registration

Mr MARK I LAWRIE
54 SORREL DRIVE
KINCAIDSTON
AYR
AYRSHIRE
KA7 3XR

Service Code: Permanent
DoB: 07/03/1974
Age: 29

Telephone: [redacted]
Contact: ? ContactRelship: ?
Email: ?

CHI Number: 0703743333 NHS Number: 880/74/171 Dispensing: No
Patient ID:
Occupation:
Registered GP: Dr Stevenson
Repeat Consultation: ?
BMI: 0.0 Height: 0 m Weight: 0 kg

Road: 0 Water: 0 FootPath: 0
Marital Status: Single
Seen By GP: Dr Stevenson
Acute Consultation: 23/02/2004
BP: 0/0

Priority Clinical / User Marker

28/06/2000	High	Total splenectomy
01/05/1994	High	Suspected abuse soft drugs
01/10/1979	High	Child on "at risk" register

Repeat Medication

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

Adverse Reactions

Read Code	Description

Clinical / User Marker

28/06/2000	High	Total splenectomy	
01/05/1994	High	Suspected [redacted] soft drugs	
01/10/1979	High	Child on "at risk" register	
07/12/2003	Medium	Myringoplasty right	
01/08/2000	Medium	Ear drum perforation	Right
01/05/2000	Medium	Tennis elbow	
01/10/1998	Medium	Fracture of metacarpal bone thumb	Left
01/01/1998	Medium	Minor head injury	
01/05/1995	Medium	Minor head injury	
01/10/1977	Medium	Myectomy	Left

Last Encounter

Dr Stevenson — Date: Feb 23 2004 4:40PM

Summary Sheet: Cornhill — Printed at 24/02/2004 16:13:32

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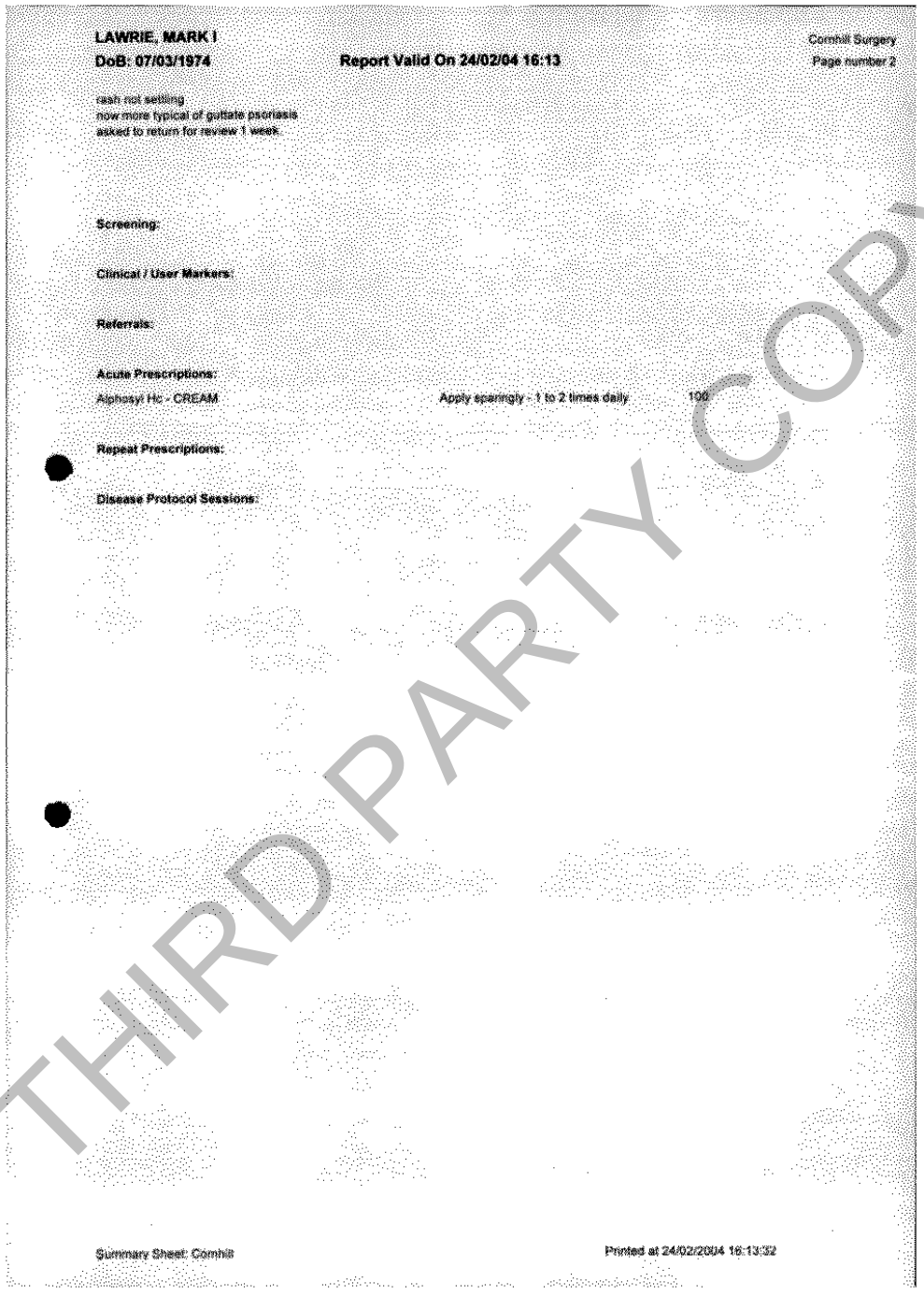

LAWRIE, MARK I Cornhill Surgery
DoB: 07/03/1974 **Report Valid On 24/02/04 16:13** Page number 2

rash not settling
now more typical of guttate psoriasis
asked to return for review 1 week

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Alphosyl Hc - CREAM Apply sparingly - 1 to 2 times daily 100

Repeat Prescriptions:

Disease Protocol Sessions:

Summary Sheet: Cornhill Printed at 24/02/2004 16:13:32

NHS Confidential: Personal data about a patient

Cornhill & Alloway Surgery

Dr David J Stevenson
Cornhill Surgery, Kincaidston, Ayr KA7 3YF
Tel: (01292) 264080
Fax: (01292) 269731
Alloway Village Hall, Alloway KA7 4PY
Tel: (01292) 445533

CCPS
Strathdoon House
50 Racecourse Road
AYR
KA7 2UZ

5 August, 2003

Dear Sir or Madam

Re: Mark Lawrie, 137 Kincaidston Drive, Ayr, KA7 3YP

I would be grateful if you would consider providing some input regarding [redacted] in this gentleman. He has a long history of same, and his wife and family are now finding the situation intolerable.
He has no history of mental illness, no thoughts of self harm, and no suggestion of violent behaviour.
Many thanks,

David Stevenson

Additional document
17-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

STA0849

AYRSHIRE AND ARRAN ACUTE HOSPITALS NHS TRUST

Crosshouse Hospital Discharge

108410

G.P.

* PLEASE PRINT HEAVILY USING BALL POINT PEN

Patient Details:

Surname: LAWKE
First Name: MARK
Address: 9 HONEYSUCKLE PK
KILMARNOCK
DOB: 7/3/74
Unit No: GS13220
(or date of birth if no Unit number)

Ward: SA
Consultant: MURRAY
Date of Admission: 9/12/03
Date of Discharge:
(or date of death)
Clinic Appointment:

Services Arranged: ☐ Home help ___ times week ☐ Meals on wheels ☐ District Nurse ☐ Other
Discharged to: ☑ Home ☐ Stay with relatives ☐ Other hospital ☐ Nursing home ☐ Other ☐ Died

Discharge Diagnosis (if admitted due to an injury, include place of accident & site of injury)

1
2
3
4
5

16 DEC 2003

Operations / Procedures

1 RT myringoplasty
2
3
4

If multiple Day Case admissions, list dates of admission

☐ STEVENSON
☐ LOCUM
☑ FILE
☐ NOTES TO ___
☐ APPT
☐ SCRIPT ___
☐ PHONE
☐ VISIT
☐ LETTER ___
☐ NURSE APPT
☐ HV APPT
☐ OTHER

Discharge Medication (7 days supply will be dispensed unless otherwise stated by doctor)

For Pharmacy use

Drug Name and formulation	Dose	Frequency	Route	Duration (cont/stop)	Quantity and strength	Notes
augmentin	375mg	tid	O	7 DAYS	21X250/125	CO-AMOXICLAV
cocodamol 30/500	II	qid	O	7 DAYS	56X30/500mg	

AH

Prescribed date: 9/12/03
dispensed by: dO
checked by: DM

Additional Information (e.g. awaiting histology or other results, patients progress)

A finished consultant episode letter will follow.

Signature _____

PRINT NAME S L MACDONALD Date 9 / 12 20 03

N.B. DISCHARGE MEDICATION IS FOR INFORMATION ONLY. FAXED COPY HAS NOT BEEN CHECKED BY DOCTOR. ON RECEIPT OF HARD COPY, FAXED COPY CAN BE DESTROYED.

Ward Clerkess : _____ / Dictated : _____ / Typed : _____ / Signed : _____ / Mailed : _____

Additional document
17-Aug-2026
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NHS Confidential; Personal data about a patient

Ophthalmology Department
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
[redacted]
[redacted]
www.nhsaaa.net

NHS Ayrshire & Arran

Confidential - Clinical Information

Out of Hours
Consultant on Call - Dr Inglis

Dr DJ Stevenson
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref: BS/ET
Hospital No: A100513220
Clinic Date: 18/08/2018
Date Dictated: 22/08/2018
Date Typed: 23/08/2018
Enquiries to [redacted]
Direct Line: [redacted]
Ext. Number: 14843
Email: [redacted]

Dear Dr Stevenson ,

MARK LAWRIE **DOB: 07/03/1974** **CHI No:** [redacted]
[redacted] **SPEEDWELL SQUARE, AYR, KA7 3YJ**

Diagnosis: Right branching epithelial defect

Follow up: Review in two weeks in Dr Inglis's clinic

This patient presented to us with a two day history of painful right eye. There was no associated photophobia or reduced vision. He has had some watery discharge from the right eye. Mr Lawrie had similar symptoms in the left eye about two weeks previously and he was started on Zovirax ointment by his optician and his symptoms recovered gradually within two weeks.

Examination showed no conjunctival injection in either eye. Patient was found to have a branching epithelial defect in the right cornea. The anterior chambers were deep and quiet.

I have discussed Mr Lawrie's presentation with Dr Inglis and our plan is to start him on preservative free Chloramphenicol drops four times a day for one week and Zovirax ointment five times a day for five days to the right eye and use Hylo Forte four times a day for two weeks to both eyes.

Yours sincerely

Authorised on 31/08/2018 17:06:53 by Blazej Staniszewski.

Dr Blazej Staniszewski
LAT2 in Ophthalmology
GMC: 7460917

Mr [redacted]
Specsavers Opticians
226-228 High Street
Ayr
KA7 1RQ

www.nhsaaa.net

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17-Aug-2026
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NHS Confidential: Personal data about a patient

Mental Health Services

Main Building
Ailsa Hospital
Dalmellington Road
Ayr
KA6 6AB

NHS Ayrshire & Arran

Tel: [redacted]

Clinical in Confidence

Mr Mark Lawrie
18 Speedwell Square
Ayr
KA7 3YJ

Date 8th April 2020
Your Ref:
Our Ref: NA/NMcN
CHI: 0703743333
Enquiries to: [redacted]

Dear Mark

Dr Douglas, Consultant Psychiatrist has requested that you receive nursing input from the community mental health team.

Please find below details of appointment offered. We are unable to carry out clinic based and home appointments in light of the current situation with Covid-19. We are carrying out telephone contacts and you will be contacted by telephone at time/date stated below.

Date: Wednesday 29th April 2020
Time: 11am

Please contact the above number if this is unsuitable and we can arrange an alternative appointment.

Yours sincerely

[redacted]
Community Mental Health Nurse

Cc Bankfield Medical Practice

INVESTING IN VOLUNTEERS

www.nhsayrshireandarran.com

Additional document
17-Aug-2026
Additional: Additional document

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Extension:
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010051964776

REFERRAL LETTER

[redacted]

MEDICAL IN CONFIDENCE

REFERRAL TO

DermatologyA7
AA Pigmented Lesion

Heathfield Clinic
Heathfield Road
Ayr
KA8 9DZ

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	16-Apr-2013
Date submitted	16-Apr-2013

PATIENT DETAILS

Surname	LAWRIE
Forename(s)	MARK
Title	-
Sex	Male
Date of birth	07-Mar-1974
CHI no.	[redacted]

Patient's address

54 Sorrel Drive
Ayr
KA7 3XR

Contact number(s)

Voice: [redacted]

REGISTERED GP DETAILS

Name	Dr David Stevenson		
GMC code	4147796	GP code	24937
Practice name	Bankfield Medical Practice		
Practice code	80842		

Practice address

148 Daimellington Road
Bankfield Medical Practice
Ayr
Ayr

Contact number(s)

Voice: [redacted]
Facsimile: [redacted]

REFERRING PRACTITIONER DETAILS

Name	Dr. Linda Evans		
GMC code	4540966	GP code	20184
Practice name	Bankfield Medical Practice (80842)		
Practice code	80842		

Practice address

148 Daimellington Road
Ayr
Ayrshire
KA7 3PR

Contact number(s)

Voice: [redacted]
Facsimile: [redacted]

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: New pigmented lesion

Comment: This 39 year old man presented with a new pigmented lesion on the right side of his neck. Patient claimed it was slightly itchy . He only noticed it about a week ago. Examination revealed a round, dome shaped dark purplish lesion on the right side of his neck, measuring about 5 x 5 mm.

I am not sure if this is an angioma or a mole. I would be grateful for your expert opinion on this.

Examinations and Investigations

Lesion site - Head:	None	-
Lesion site - Neck:	Front, Right side	-
Lesion site - Torso:	None	-
Lesion site - Upper Left Limb:	None	-
Lesion site - Upper Right Limb:	None	-
Lesion site - Lower Left Limb:	None	-
Lesion site - Lower Right Limb:	None	-
Lesion site - Left Foot:	None	-
Lesion site - Right Foot:	None	-
Change Observed:	No	-
New lesion observed:	Yes	-
Increase in size observed:	Not Known	-
Change in outline/appearence:	No	-
Change in Colour observed:	No	-
Other change observed (please state):	No	-
Size of lesion(cm):	0.5	-
Is this a change:	No	-
Lesion outline:	Regular	-
Is this a change:	No	-
What colour is it:	dark purple	-
Is this a change:	No	-
Colour of lesion:	Uniform	-
Is this a change:	No	-
Any other relevant information:	see notes above. New lesion	-
Height:	176	-
Weight(kg):	58.4	-
BMI:	18.85	-
Current smoker:		23-Nov-2011 00:00
Current smoker:	Disease: SPICE Basic Health Values, priority=2	17-Jun-2008 00:00
Current smoker:	Disease: SPICE Smoking, priority=2	08-Mar-2007 00:00
Alcohol consumption, 10 units/week:		13-Dec-2011 00:00
Aerobic exercise 3 times/week:		13-Dec-2011 00:00

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Mole of skin	-	-	-	16-Apr-2013	16-Apr-2013
Piles - haemorrhoids	-	-	-	08-Feb-2013	08-Feb-2013
Scaly scalp	-	-	-	08-Jun-2010	08-Jun-2010
[redacted]	-	-	-	01-May-1994	01-May-1994
[redacted]	-	-	-	01-Oct-1979	01-Oct-1979

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Total splenectomy	-	-	-	28-Jun-2000	28-Jun-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)

No recent medications recorded

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ? (not known)	Units per day ? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

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

Additional document
17-Aug-2026
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Pages:

NHS Confidential: Personal data about a patient

Crosshouse Hospital A & E
Tel: [redacted] / 577758
Fax: [redacted]

To: D.J.STEVENSON

A&E Discharge Letter

Re: **Mark Lawrie**
18 SPEEDWELL SQUARE,AYR,
KA7 3YJ
DOB: 07/03/1974
A & E No: XH-17-063569-1
CHI No.: [redacted]

Attendance Details
Date of Attendance: 01/12/2017 **Time of Attendance:** 16:28:00
Presenting Complaint: unwell adult **Duty Consultant:** C McGuffie
Additional Information: No Attendances in Last 12 months,2 Total Number of Attendances:17

Diagnosis Minor head injury,,
Laceration,Scalp,*

Treatment Wound glue

Investigations X-Ray,
X-Ray,

Discharge Information:

Additional Information RTA, laceration to occiput. CT HEAD normal and discharged with head injury advuice.
Wound glued.

Discharged by: [redacted],Spec Trainee Year 4

page1 of 1

If you have any queries about this patient, please contact one of the staff at the above number

Additional document
17-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

Acute Hospitals NHS Trust

The Ayr Hospital
Dalmellington Road
Ayr KA6 6DX
Telephone: [redacted]
Fax:
www.show.scot.nhs.uk/aaaht

NHS
Ayrshire
& Arran

AM/CH/AG513220 EXT 4072

DEPARTMENT OF OTOLARYNGOLOGY

MR A MURRAY

Date dictated : 03rd June 2003
Date typed : 04th June 2003

[redacted]
Cornhill Medical Practice
Kincaidston
AYR

Dear Dr Stevenson

MARK LAWRIE, 137 KINCAIDSTON AVENUE, AYR 7/3/74

I enclose a swab result for this gentleman who is on the waiting list for a myringoplasty. His ear has been discharging fairly continually over the last while and I would appreciate if we could have some treatment based on this swab, close to the time of his surgery, which would probably take the form of Gentisone HC ear drops.

Because of the fairly constant nature of his discharge, I am not sure it is worth treating him at the moment.

I hope this is OK.

Yours sincerely,

13 JUN 2003

MR A. MURRAY,
CONSULTANT E.N.T. SURGEON

encl

Re when contacts us

☑ STEVENSON
☐ LOCUM

☑ FILE
☐ NOTES TO.....
☐ APPT
☐ SCRIPT.....☐
☐ PHONE
☐ VISIT
☐ LETTER.....☐
☐ NURSE APPT
☐ HV APPT
☐ OTHER

Awarded for excellence

Chairman Professor Gordon M Wilson
Chief Executive Jim Currie

STA 2035

NHS Confidential: Personal data about a patient

Ayrshire & Arran Acute Hospitals NHS Trust — Area Laboratory — Microbiology

LAWRIE	*Patient No.*	*Clinician*	Mr A Murray
MARK	*Unit No.*	*Request Location*	ENT Clinic
137 KINCAIDSTON AVENUE	*DOB* 07/03/1974		The Ayr Hospital
AYR KA07 3YP	*Sex* M		

513229

This Report To **Mr A Murray Ayr Hospital ENT Clinic**

1 Coliform species (Light growth)

	1
Amoxycillin	R
Augmentin	S
Chloramphenicol	S
Ciprofloxacin	S
Cefotaxime	S
Framycetin	S
Gentamicin	S
Neomycin	S

Lab No M.03.181934.6 *Date/Time Coll* 27/05/2003 14:30 *Authorised By* Dr R Hardie

Printed 30/05/2003 10:29 *Sample Type* Right ear swab *Page* 1 OF 1 *Date* 30/05/2003

If you have received this report in error, please return to the Microbiology Laboratory

Additional document
17-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

General Surgical Department
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX

NHS Ayrshire & Arran

Confidential - Clinical Information

CONSULTANT – MR MICHAL CHUDY

Fax: [redacted]
www.nhsaaa.net

Dr DJ Stevenson
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref: AG/VW
Date Admitted: 10/05/2018
Date Discharged: 17/05/2018
Date Dictated: 11/06/2018
Date Typed: 18/06/2018
Enquiries to [redacted]
Direct Line
Ext. Number 14864
Email [redacted]

Dear Dr Stevenson,

MARK LAWRIE **DOB: 07/03/1974** **CHI No:** [redacted]
[redacted] SPEEDWELL SQUARE, AYR, KA7 3YJ

DIAGNOSIS: Small bowel obstruction secondary to adhesions
PROCEDURE: Adhesiolysis
FOLLOW-UP: Mr Chudy's clinic in 6 weeks time

Mr Lawrie was admitted to our Surgical Department on the 10th May 2018 complaining of peri-umbilical crampy pains, multiple vomiting episodes and weakness. The first suspicions were of a small bowel obstruction secondary to adhesions as the patient had a splenectomy a few years ago after a [redacted] accident.

Subjective and objective examination of the abdomen it was distended and painful in all quadrants especially peri-umbilical but without any acute peritoneal findings. An abdominal x-ray was performed at the A&E Department showing dilated small bowel loops and CT of the abdomen and pelvis was requested. CT scan showed small bowel obstruction and a transitional segment being diffusely thickened ileal loop probably due to adhesions. The patient was consented and warned of possible complications of surgery. He was taken to theatre and adhesiolysis was performed. His post operative recovery was positive without any major surgical or medical issues.

The patient was discharged home one week later on the 17th May 2018 with follow-up advice to see Mr Chudy in his clinic in 6 weeks time.

Yours sincerely

Authorised on 18/06/2018 13:45:45 by Michal Chudy.

Mr Anton Goga
Registrar in General Surgery
GMC No: 7573052

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Dermatology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

FAX: [redacted]
www.nhsayrshireandarran.com

NHS Ayrshire & Arran

Dr LM Evans
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref: AK/JH
Hospital No:
Clinic Date: 29/05/2013
Date Dictated: 29/05/2013
Date Typed: 06/06/2013
Enquiries to [redacted]
Direct Line: [redacted]
Ext. Number: 27928
Email: [redacted]

Dear Dr Evans,

MARK LAWRIE **DOB: 07/03/1974** **CHI No: 0703743333**
54 SORREL DRIVE, AYR, AYRSHIRE, KA7 3XR

DIAGNOSIS: Angioma
FOLLOW-UP: Awaits excision right anterior neck

Thank you for referring this 39-year-old gentleman who has had a lesion on his anterior right neck for two years but in the past six months he feels it has become more protuberant. He has no significant risk factors for skin neoplasia.

On examination of the anterior right neck, there was a 6 mm. pink/purple, soft papule with features of angioma.

I discussed with the patient regarding monitoring versus excision and he is keen for excision given that it could continue to enlarge and bleed. Photographs have been taken today and we shall keep you apprised of histology as it arises.

Yours sincerely

Authorised on 10/06/2013 14:35:41 by Alistair Kerr.

Dr Alistair Kerr
Consultant Dermatologist

(Exc. 3.7.13)

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NHS AYRSHIRE & ARRAN
Checklist for the PGD for the Influenza Vaccine

1. Patient's Details

Patient's Name:	LAWRIE, MARK I 0703743333	D.O.B.	
Address:	54 SORREL DRIVE AYR KA7 3XR Dr A Dosunmu Bankfield Med. Practice, Ayr DATE		
Name of GP			

2. Health Assessment

	YES	NO
• Does the patient have an acute illness?	☐	☑
• Does the patient have a known hypersensitivity to any of the vaccine components?	☐	☐
• Has the patient ever had a reaction to a vaccine?	☐	☐
• Is the patient pregnant? (or pregnancy suspected)	☐	☑
• Is the patient under five years old?	☐	☑
• Is the patient between 5 and 16 years old and not been previously immunised against flu?	☐	☑

If the answer to any of the above questions is YES, the patient should be referred to the medical practitioner or immunisation deferred until acute illness has passed.

3. Patient Information

	YES	NO
• Has the patient been offered a copy of the Patient Information Leaflet to read?	☑	☐
• Does the patient give verbal consent to vaccination?	☑	☐

4. Details of Vaccine Given

Brand/Manufacturer	
Batch Number	exp: 188011A lot: 07.2009
Expiry Date	
Dose Given	

5. Record of Vaccination

Dose given by: L. Stewart
(PRINT NAME)

Date and time given: 1/12/08 9.10 am/pm

Injection Site: Deltoid muscle ☑
Other, please specify .....

Signature: K Lawrie

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03 JAN 2018

03 JAN 2018

→ £0

£50

[redacted]

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- APPT
- SCRIPT.....
- PHONE
- VISIT
- LETTER .....
- NURSE APPT
- HV APPT
- OTHER

4 [redacted] Lawyers

Dr D Stevenston
Bankfield Medical Practice
Dalmellington Road
Ayr
KA17 0HD

Date: 22nd December 2017
Our ref: CAM/DASG27027/2
Your ref:
Direct tel: [redacted]
Direct fax: [redacted]
Email: [redacted]

Dear Sir/Madam

Accident Date : 14th August 2017
Our Client : Mr Mark Lawrie Date of Birth : 07/03/1974

We attach Mandate duly completed by your Patient who [redacted] 18 Speedwell Square, Ayr, Ayrshire KA7 3YJ.

Please note it is our intention to instruct a specialist to prepare a detailed report in connection with the injuries sustained by our client as a result of the above dated accident. This request **is not** in connection with a medical negligence claim.

Before we do so, we will require a copy of our client's full historical medical records and are happy to meet your copying fee, provided the same does not exceed £50 and attach the appropriate mandate. If possible can you please e-mail the complete Medical Records to us.

When replying can you please ensure that you quote our reference CAM/DASG27027/2, to enable us to trace our file of papers.

Yours faithfully

[redacted]
Assistant Team Manager

1st Floor
Centenary House
69 Wellington Street
Glasgow
G2 6HG

DX GW248

F : [redacted]

www.jacksonboyd.co.uk

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[redacted] Lawyers

MEDICAL MANDATE - OUR REFERENCE : CAM/DASG27027/2

TO WHOM IT MAY CONCERN :

I Mr Mark Lawrie 18 Speedwell Square, Ayr, Ayrshire, KA7 3YJ, hereby authorise and instruct you to provide Jackson Boyd LLP, Centenary House, 69 Wellington Street, Glasgow G2 6HG, with photocopies of my medical records both pre and post accident which took place on 14th August 2017.

My Daytime Telephone Number is : 07784165080

My E-Mail Address is : [redacted]

My Doctor's details are :	
Name	[redacted] DR D STEVENSTON
Address	[redacted] BANKFIELD MED PRACTICE. DALMELLINGTON RD AYR
Postcode	KA17 0HD
Telephone Number	[redacted]
My Hospital details are :	
Name	Ayr Hospital
Address	Dalmellington Road, Ayr, Ayrshire
Postcode	KA6 6DX
Department Attended	A+E
Date Attended	14-08-17
Hospital Reference	
X/Rays Taken?	(Yes/No)
At Request of GP?	(Yes/No)

My Date of Birth is 07/03/1974

S[redacted] Date 6.9.17.

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UC 113

Universal Credit

6 MAY 2020

☐ STEVENSON
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☐ FILE
☐ NOTES TO
☐ APPT
☐ SCRIPT
☐ PHONE
☐ VISIT
☐ LETTER
☐ NURSE APPT
☐ HV APPT
☐ OTHER

37333 000614 0002 E 06900 R2

Dr Unknown
BANKFIELD MEDICAL PRACTICE
148 DALMELLINGTON ROAD
AYR
KA7 3PR

06900/2

Our phone number is: [redacted]

If you have a textphone, you can call on: [redacted]

If you get in touch with us, tell us this reference number: JB885918C

Date: 30th April 2020

About your patient

Address
18, Speedwell Square, Ayr, KA7 3YJ

Full Name Mr Mark Lawrie

NINo JB885918C

Date of birth 7th March 1974

Dear Doctor,

Your patient is being assessed for Universal Credit and we need to find out whether they are able to *do* any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a face-to-face work capability assessment and if so support that assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at **https://www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners**
- **A fully completed form may help inform the face to face work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement.**

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our Healthcare Professional staff, please phone the number above and ask for a member of the Healthcare Professional staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that it can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely,

[redacted]

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS

RESTRICTED - MEDICAL

Version 10/17

E3809814/000614/1/2

NHS Confidential: Personal data about a patient

UC113

About your patient - continued

NiNo: JB885918C

3 **Current conditions not affecting ability to work**
Please list any other relevant conditions that do not affect the ability to work.

4 **If known from your knowledge of the patient,** please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	
Transferring between seats	
Reaching	
Picking up objects	
Manual dexterity	
Communicating with others	
Continence	
Learning simple tasks	
Awareness of hazards	
Initiating and completing personal actions	
Coping with changes or social engagement	
Appropriateness of behaviour	
Eating or drinking	

No

5 **Does the patient have a history of threatening or [redacted] behaviour?** — No ☐ Yes ☑

Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance [redacted] Behaviour) initiative. Use the space below at **Part 7**

6 ***Could your patient travel to an examination centre by public transport or taxi?*** — No ☐ Yes ☑

Please tell us why at **Part 7**

7 **Additional information**
Please continue on a separate sheet if necessary.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature

Name IN CAPITALS: Dr

Date: 7 15 20

Practice stamp

[redacted]actice
148 Dalmellington Road
Ayr KA7 3PR
GMC 4147796 A24937

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL

Version 10/17

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UC113

Client Name:
Mr Mark Lawrie

Client NINo: JB885918C

Client Date of Birth: 07.03.1974

[redacted]

Freepost RTZY-JCHS-LZET
Centre for Health and Disability Assessments
Glasgow BSC
Mail Handling Site A
Wolverhampton
WV98 2EQ

Your reply

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please continue at Part 7.

1 When did your patient last see a GP?
30/3/20

2 Current conditions affecting ability to work:
Please give us details of those conditions which may have significant effect on the person's capacity to work. Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, where relevant.

If you are sending a computerised printout of current medication you do not need to list this here.

Please complete ***both sides*** *of this form,*
and return the completed form in the supplied envelope - with the above address showing in the window

Condition and date of diagnosis	Symptoms and signs	Investigations & management, inc. medication
Depression Feb 2020	Low mood [redacted]	seeing psychiatrist R/ Mirtazipine

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
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NHS
Ayrshire & Arran

Department of General Surgery
Ayr Hospital
Dalmellington Road
Ayr KA6 6DX
Tel: [redacted]

MR R MUIR

Clinic date: 11 January 2013
Date dictated: 11 January 2013
Date typed: 16 January 2013
Our ref: SB/LS/ A100513220
Chi number: [redacted]

Dr D Stevenson
Bankfield Medical Practice
148 Dalmellington Road
AYR

Enquiries to: [redacted]
Extension: 14047
Fax: [redacted]
E-mail: [redacted]

Dear Dr Stevenson

MARK LAWRIE 54 SORREL DRIVE AYR KA7 3XR

PROBLEMS: fresh rectal bleeding – painless

PLAN: flexible sigmoidoscopy +/- banding of haemorrhoids

Thank you for referring Mr Lawrie to Mr Muir's Clinic today. Mr Lawrie is a 34 year old gentleman who has been having 3-4 month history of intermittent painless fresh rectal bleeding. He tells us of late he has been constipated and he needs to strain to open his bowels and that is when he notices fresh blood on the toilet paper as well as in the pan. He denies any pain or discomfort in the perianal region. He is otherwise well. From a past medical history point of view he had a laparotomy splenectomy for [redacted] about 18 years ago. He is a smoker and smokes about 10 cigarettes per day and occasionally has alcohol. He is not on any regular medication.

On examination today with a chaperone his abdomen is soft and non-tender without any evidence of masses of organomegaly or any hernia. DRE was normal and proctoscopy examination revealed second degree haemorrhoids. Mr Lawrie's symptoms are due to his haemorrhoids but we will get a flexible sigmoidoscopy to make sure that there is no colonic pathology on the left side of the colon and at the same time we can proceed with the banding of the haemorrhoids.

Yours sincerely

V MANDA
LAT 5 IN GENERAL SURGERY

www.nhsayrshireandarran.com

INVESTING IN VOLUNTEERS

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NHS Ayrshire & Arran — Area Laboratory — Haematology

LAWRIE,MARK
54 Sorrel Drive
Ayr
Ayrshire
KA7 3XR

CHI No. [redacted]
Unit No.
DOB 07/03/1974
Sex M

Clinician: Dr Alisha Dosumu
Request Location: GP, Ayr: Bankfield Medical Practice

This report to : Dr Alisha Dosumu , GP, Ayr: Bankfield Medical Practice

		Result	Units	Normal Range
Haemoglobin		14.0	g/dL	13.3 - 17.6
White Cell Count	High	11.6	10*9/L	3.7 - 9.5
Platelets		331	10*9/L	150 - 400
RBC		4.67	10*12/L	4.32 - 5.66
Haematocrit		0.42	%	0.39 - 0.50
MCV		90	fl	82 - 98
MCH		30.0	pg	27.3 - 32.6
MCHC		33.5	g/dL	31.6 - 34.9
Neutrophils	High	7.1	10*9/L	1.5 - 6.5
Lymphocytes		3.3	[redacted]	1.1 - 5.0
Monocytes		0.8	10*9/L	0.2 - 0.9
Eosinophils		0.3	10*9/L	0.1 - 0.7
Basophils		0.1	10*9/L	0.0 - 0.1

14 DEC 2011

- [x] STEVENSON
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- [ ] DOCTOR
- [x] FILE
- [ ] NOTES TO
- [ ] APPT
- [ ] SCRIPT
- [ ] PHONE
- [ ] VISIT
- [ ] LETTER
- [ ] NURSE APPT
- [ ] HV APPT
- [ ] OTHER

Lab No 11B945127
Printed 14/12/11 07:26

Date Collected 13/12/11 14:45
Sample Type Blood

Authorised By SYSTEM
Page 1 of 1

If you have received this report in error, please return to the Haematology Laboratory

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Q. What is your ethnic origin
Choose ONE section from A toE. then tick the appropriate box to indicate your cultural background.

LAURIE, MARK I
[redacted]
54 SORREL DRIVE
AYR
KA7 3XR
Dr A Dosumu
Bankfield Med. Practice, Ayr
DATE

A. White

Scottish ✓

Other British

Irish

Any other White background Please specify _____

B. Mixed

Any mixed background. Please specify _____

C. Asian. Asian Scottish or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian Background. Please specify_____

D. Black. Black Scottish or Black British

Caribbean

African

Any other Black background Please specify_____
Please write in

E. Other Ethnic background Please specify_____

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Ayr Hospital
Tel: [redacted]

A&E Discharge Letter

To: D.J.STEVENSON

Re: **Mark Lawrie**
18 SPEEDWELL SQUARE,AYR,
KA7 3YJ
DOB: 07/03/1974
A & E No: AYR-18-005726-1
CHI No.: [redacted]

Attendance Details
Date of Attendance: 13/03/2018 **Time of Attendance:** 19:51:00
Presenting Complaint: fb r eye **Duty Consultant:** A T Hand
Additional Information: No Attendances in Last 12 months;3 Total Number of Attendances:18

Diagnosis Corneal abrasion,,

Treatment Take home drugs
Advice

Investigations

Discharge Information: Discharge, Usual place of residence no follow up

Additional Information Piece of thick plastic coering a headboard "poked" him in Rt eye yesterday. Superficial corneal abrasion evident. Antibiotic oitment, rtn 48-72hrs if not improving or sooner if worsening symptoms.

Discharged by: [redacted],ENP

page1 of 1

If you have any queries about this patient, please contact one of the staff at the above number

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NHS Ayrshire and Arran

SIGMOIDOSCOPY REPORT

Name: **Mark LAWRIE, 07/03/1974 (M)**
CHI No: [redacted]
Case note no.: **100513220**

Address: 54 Sorrel Drive
Ayr
KA7 3XR

Procedure da
7th February 20

GP: Dr Stevenson
Bankfield Medical Practice
Dalmellington Road
Ayr

Priority: Routine
Status: Outpatient/NHS
Hospital: Ayr Hospital

Referring Cons: Mr.R.Muir
(General Surgery)

Indications
Constipation with fresh blood rectal bleeding.
No allergy.

Consultant/Endoscopi
List consultant: Mr Sia-mac Alisha
Endoscopist No1: Kevin Malyan
Nurses: Vicky McBride
Kerryanne Ferguson

Report
Bowel preparation with phosphate enema was satisfactory.
A digital rectal examination was performed.
The sigmoidoscope was inserted via the anus to 30 cm, insertion limited by pain. The scope was retroflexed in the rectum.

Instrumen
CF 260DL - 2911275

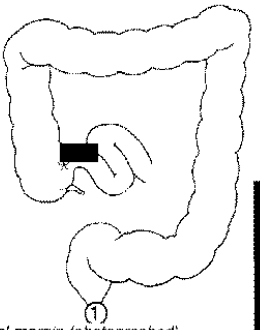
Premedication
No Sedation

Diagnosis
Haemorrhoids.

Medication
Continue medication.

Follow up
Return to the Referring Surgeon.

Advice/comments
The whole procedure, PR exam, scope insertion and the sigmoidoscopy were all extreamly badly tollerated. Proctoscopy was not attempted for this reason. Mr Muir to determine follow up and management.



1: *Anal margin (photographed)*

Kevin Malyan
Endoscopist

[redacted] ENDOSCOPY SUITE [redacted]

DRS 6005

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Primary Care NHS Trust

Consulting & Clinical Psychology Services

Pavilion 7
Ayrshire Central Hospital
Kilwinning Road
Irvine
KA12 8SS
Tel: 01294 323564
Fax: 01294 323575

NHS
Ayrshire & Arran
www.nhs-ayrshire.org

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- [ ] HV APPT
- [ ] OTHER

Your Ref:
Our Ref: JAS/AMM/003068
Enquiries to: **Ann-Marie Mitchell**
Direct Line:
E-mail: [redacted]

2nd March 2004

- 5 MAR 2004

Dr D Stevenston
Cornhill Surgery
KINCAIDSTON
AYR
KA7 3YF

Dear Dr Stevenston

Re: **MARK LAWRIE, 137, KINCAIDSTON DRIVE, AYR DOB: 07.03.74**

Further to your referral of the above-named, this patient has been offered the opportunity to contact us to make an appointment for an assessment.

Unfortunately, as the patient has failed to make contact with the Department, I can only assume that he does not wish to pursue psychological intervention at this time. I have, therefore, no option but to discharge him from our service.

Please do not hesitate to re-refer this patient should he show a commitment to attend.

Yours sincerely

pp JACQUELINE A SMALLWOOD
CO-ORDINATOR ADULT PSYCHOLOGICAL,
NORTH AND NORTH EAST AYRSHIRE

- 5 MAR 2004

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Awarded for excellence
Rainbow House
Community Paediatric Services
Mental Health Services

Head Office
Eglinton House, Ailsa Hospital
Dalmellington Road, Ayr KA6 6AB

Chairman Sandra R. Hood, O.B.E.
Chief Executive Allan Gunning

PCT 0001

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Dunlop, Tracey

From: Adastra system communications server account [redacted]
Sent: 04 October 2010 04:04
To: Clinical_Practice_BankfieldMedicalPractice_80842
Subject: Call #12546 03-Oct-2010

- 4 OCT 2010

- [x] STEVENSON
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- [ ] LETTER.....
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- [ ] HV APPT
- [ ] OTHER

Call #: 12546 Received NHS24: 03-Oct-2010 13:28
Full cover

Patient's Name:Mark Lawrie
Date of birth:07-Mar-1974 (Age: 36 yearsSex:Male | Received ADOC:13:28
54 Sorrel Drive | Passed :14:16
Ayr KA7 3XR (NS:350 191) | Advised :__:__
Tel No: [redacted] Origin: NHS24 | Arrived :16:00
Urgency: Within 4 Hours Type: Home Visit | Departed :16:23
Consulted by: Murphy, Anthony (Suppleme Own Doctor: Stevenson, David

---

NHS24 Triage Begin 03-Oct-2010 13:30 NHS24 Triage End 03-Oct-2010 13:38
NHS24 Triaged by : Sharma, S C

Triage - Diagnosis
VOMITING ((Non-Clinical User) (Edinburgh))

Triage - Treatment
spoke to mr Lawri . he dodes not want to go to hospital pete . says it is too sore to move . demands house visit. did not sound distressed on phone .

Dr to phone patient within 1 Hr (Disputed Outcome)
Clinical summary created: 03-Oct-2010
dvisor) (Tayside) [03/10/2010 13:38:43]
ABDOMINAL PAIN FOR 7 HRS AND SUDDEN ONSET OF ACHING PAIN, NO WORSE THAN AT ONSET. VOMITED 5 - 6 TIMES. DECLINED TO ATTEND PCEC DISPUTED OUTCOME
GP PHONE 1HR
Current Medication:
AS ECS
Allergies:
NONE
Previous Medical History:
NONE

Time Adoc Advised : 14:11 Advised by : Sharma, S C

Time of Visit/Base 16:00 Consulting Doctor : Murphy, Anthony (Suppl

---

Final Outcome - Diagnosis
Acute abdominal pain.
? bowel obstruction.
?? renal colic. ?? acute gastroenteritis.

Final Outcome - Treatment
1M Morphine Sulphate 10mg. 1M Metoclopramide 10mg.
Refer surgeons.

Final Outcome - History
as per triage.
acute lower abdominal pain last 12 hrs, several vomits, says had small amount diarrhoea early this am.

Final Outcome - Examination
distressed with pain, can't lie still.
P 86 reg. afebrile.
dry.
laparotomy scar(splenectomy 17 yrs ago)

04/10/2010

acutely tender across lower abdo worse LIF with guarding.

Prescribed Medications

Followups:
Refer To Hospital:

04/10/2010

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PERSONAL REFERENCE REQUEST

To: Dr. D Stevenson **From:** Sandra Stewart

Mark Hawkie has applied to work for Manpower and has given us permission to approach you for a reference. We would be grateful if you could complete this form and return it to us at your earliest convenience.
The details you give us are confidential and are not usually disclosed to the applicant. However, where references are transmitted by e-mail or comparable electronic means, the applicant may be entitled to ask to see the information we hold regarding their application under the terms of the Data Protection Act. We may also need to grant access to this information to a third party, which would normally be our client(s)under strictly controlled conditions, for example an audit.

Name of applicant (including previous name if relevant):

Mark Hawkie

How long have you known the applicant? (please tick)

Less than 2 years ☐ Between 2 - 9 years ☑ 10 years + ☐

Manpower staff are often placed in responsible positions, possibly handling cash or valuables. Their honesty and integrity is therefore vitally important. In your opinion, is this applicant suitable for a position of trust?

Yes ☑ No ☐

If no, please comment:

Is there any other information you feel would help us in our employment decision?

Because in mind I have only seen [redacted] in a doctor / ~~friend~~ known of him would give me any cause for concern.

Name:

Telephone number:

Date:

Thank you for the time you have taken to assist us

DR D. J. STEVENSON
CORNHILL MEDICAL PRACTICE
KINCAIDSTON
AYR KA7 3YF

MANPOWER

Additional document
17-Aug-2026
Additional: Additional document

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Pages:

NHS Confidential: Personal data about a patient

Acute Hospitals NHS Trust

The Ayr Hospital
Dalmellington Road
Ayr KA6 6DX
Telephone: [redacted]
Fax:
www.show.scot.nhs.uk/aaaht

NHS Ayrshire & Arran

AM/CH/100- 513220 Ext 4072

DEPARTMENT OF OTOLARYNGOLOGY

MR A MURRAY.

Date of clinic : 27th April 2004
Date dictated : 27th April 2004
Date typed : 29th April 2004

[redacted]
Cornhill Medical Practice
Kincaidston
AYR

Dear Dr Stevenson

MARK LAWRIE, 137 KINCAIDSTON DRIVE, AYR 7/3/74

This gentleman returned to the ENT clinic today. As you are aware he had myringoplasty in December, but failed to attend. He was worried that his eardrum may have re-perforated.

Examination today confirmed that this ear canal is satisfactory, as is his drum. A tympanogram shows a peak, confirming that his tympanic membrane is indeed intact and an audiogram shows improved hearing thresholds.

I said to Mr Lawrie I cannot explain why he got a bit of discharge from his ear, but the good news is that the operation has been successful and we do not need to keep him under review at the ENT clinic.

Yours sincerely

06 MAY 2004

MR A MURRAY
CONSULTANT ENT SURGEON

- [x] STEVENSON
- [ ] LOCUM

- [x] FILE
- [ ] NOTES TO.....
- [ ] APPT
- [ ] SCRIPT.....
- [ ] PHONE
- [ ] VISIT
- [ ] LETTER.....
- [ ] NURSE APPT
- [ ] HV APPT
- [ ] OTHER

Awarded for excellence

Chairman Professor Gordon M Wilson
Chief Executive Jim Currie

STA 2035

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NHS Confidential: Personal data about a patient

THE GAZEBO INTERNATIONAL A4 MEDICAL RECORDS SYSTEM

HEALTH DATA FORM

(Not to be used for temporary patients)

Please use a ballpoint pen and write in BLOCK CAPITALS

PRIVATE AND CONFIDENTIAL

You have just joined our list and it may be some months before your records reach us. This may of course be important and the absence of these records may impair the service we wish to give you. It is therefore in the interests of both yourself and your Doctor to fill in the questionnaire below FOR EACH MEMBER OF YOUR [redacted]

If you have any doubts about any question just leave it blank and the receptionist will help you to fill it in when you see her.

NOTE: The completion of this document does not mean that you have been registered with this practice as a patient. Such registration only occurs when your signed medical card is handed over.

(Delete this note where no such registration exists).

1a) Present Surname: LAWRIE

1b) Surname at Birth: LOGAN

2. Forenames *(underline name by which usually known)*: MARK IAN

3a) Address *(include Post Code)*: 14A AILSA ST PRESTWICK

3b) Telephone No.: [redacted]

4a) Date of Birth: Day 07 Month 03 Year 44

4b) Place of Birth: IRVINE

5. NHS No. *(as shown on medical card)*: JB 18 54 15C

6. Dates: Married | Widowed | Divorced | Separated | If single please tick here ✓

7. Occupations

	Present	Previous
a) Self	TRAINEE HAIRDRESSER	
[redacted] or Wife		
c) If a Child give Father's occupation		

8. Smoking Pattern

8a) Do you smoke? YES — 10

8b) How long have you been smoking? 13yrs old

8c) If you have stopped smoking, when did you stop? NO

8d) For how long did you smoke?

8e) What do/did you smoke and how much per day? 10

9. If you have had any previous illnesses, accidents or operations, not including trivial illnesses. (Do not include influenza, colds, sore throats etc., unless they keep recurring) please enter them below with the year in which they occurred.

Year	Condition	Year	Condition
	[redacted]		

10. If any of the illnesses necessitated hospital Admission, please state the name of the hospital, whether you had an operation, and what the operation was if you know.

Year	Condition	Hospital/Operation

Re-Order Ref: G014

NHS Confidential: Personal data about a patient

11. Treatment at present (*tablets, capsules, medicines, etc.,*) and dosage

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Please bring what you take for identification along with container(s) and treatment card if you have one

12. Give details of any major handicap or disability, e.g. blind, deaf, amputated limb, etc.

_____
_____
_____

13. Give details of any history of disease in the family such as diabetes, raised blood pressure, heart disease or mental disorder

_____
_____
_____

14. Give details of any major social problems, e.g. unsatisfactory housing, marital problems, disabled child, etc.

_____
_____
_____

15. Give details if you are allergic or sensitive to anything such as penicillin, aspirin or skin reaction

_____

16. If you are a woman:

(a) How many pregnancies have you had _____ (c) Have any of them ended in:

(b) Give Dates: 1st _____ (i) miscarriage? _____ Which No.? _____
2nd _____ (ii) stillbirth? _____ Which No.? _____
3rd _____ (iii) difficult delivery? _____ Which No.? _____
4th _____ (breech, forceps, caesarian section)
5th _____
6th _____

(d) Are you using any form of Oral Contraception? YES/NO For how long? _____

(e) Have you had a cervical (cancer) smear? YES/NO If Yes, when? _____ Where _____

If No, would you like one? _____

17a Current Weight _____ 17b. Height 5FT 6 APPROX

18. Blood Group (if known) Group _____ Rh _____

19. If you have been immunised against any of the following please give dates:

(a) Diphtheria Date _____
(b) Polio Date _____
(c) Tetanus Date _____
(d) Smallpox Date _____
(e) Measles Date _____
(f) Whooping Cough Date _____
(g) Others (please state) Date _____
_____ Date _____
_____ Date _____

Additional document
17-Aug-2026
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General Surgical Department
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX

NHS Ayrshire & Arran

Confidential - Clinical Information

CONSULTANT – MR MICHAL CHUDY

Fax: [redacted]
www.nhsaaa.net

Dr DJ Stevenson
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref: LJF/VW
Clinic Date: 21/08/2018
Date Dictated: 22/08/2018
Date Typed: 29/08/2018
Enquiries to [redacted]
Direct Line:
Ext. Number: 14864
Email: [redacted]

Dear Dr Stevenson,

MARK LAWRIE **DOB: 07/03/1974** **CHI No:** [redacted]
[redacted] **SPEEDWELL SQUARE, AYR, KA7 3YJ**

Mr Lawrie was reviewed in Mr Chudy's clinic today. It has been 6 weeks since he underwent adhesiolysis for small bowel obstruction. He is feeling well and has no issues at all. He has been trying to gain weight and he certainly looks much better when he was in the ward.

I have decided to discharge him from the clinic. His scar looks very well and there are no recurrent hernias identified.

Yours sincerely

Authorised on 03/09/2018 09:57:07 by Michal Chudy.

Mr L J Fon
MCh FRCSEd FRCS (GEN) Consultant UGI & Surgeon
GMC: 3542716

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NHS Confidential: Personal data about a patient

Acute Hospitals NHS Trust

Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE
Telephone: [redacted]
Fax:
www.show.scot.nhs.uk/aaaht

NHS
Ayrshire & Arran

DEPARTMENT OF OTOLARYNGOLOGY

LM/CR/000C513220

Consultant in Charge : MR ANDREW MURRAY

Dr. R. G. Alexander
Cornhill Surgery
Kincaidston
AYR

Date : 11/12/2003
Dictated: 11/12/2003

Dear Dr. Alexander

MARK LAWRIE 07/03/1974 137 KINCAIDSTON DRIVE AYR

ADMITTED:07/12/2003 DISCHARGED: 09/12/2003

DIAGNOSIS:RIGHT TYMPANIC MEMBRANE PERFORATION

OPERATION:RIGHT MYRINGOPLASTY

This patient underwent the above procedure on 8/12/03. He made a good post-op recovery and was discharged home on 9/12/03.

Followup in 1 week at Ayr Hospital

Yours sincerely

DR L MCDONALD
SHO

15 DEC 2003

- ☑ STEVENSON
- ☐ LOCUM
- ☑ FILE
- ☐ NOTES TO
- ☐ APPT
- ☐ SCRIPT
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER

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Chairman Professor Gordon M Wilson
Chief Executive Jim Currie

STA 0340

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NHS Confidential: Personal data about a patient

University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: [redacted]	Immediate Discharge Letter & Prescription	NHS Ayrshire & Arran

To:	Re:
Bankfield Medical Practice 148 Dalmellington Road Ayr Ayrshire KA7 3PR	MARK IAN LAWRIE 18 SPEEDWELL SQUARE , , AYR , , KA7 3YJ DOB: 07/03/1974 Hosp. No.: 0703743333 CHI No.: 0703743333

Date of Admission: 10/05/2018
Mode of Admission: Emergency
Admission Reason:
Discharge Date: 18/05/2018

Ward: STATION 3-AYR
Consultant: MR MICHAL CHUDY (Surgical)
Follow Up:

Diagnoses
Small bowel obstruction secondary to adhesions
( )

Clinical Progress
Admitted with LIF pain and multiple vomiting episodes.
AXR - dilated small bowel loops
CT AP - small bowel obstruction, transitional segment being a diffusely thickened mid ileal loop due to adhesions
Pt. had adhesionolysis, pt. was informed about operational details including injury and reparation to the large bowel during the operation.
Antibiotics stopped. Maintaining oral diet, otherwise fit & well.
DR HITARTH BHATT (16-MAY-2018 10:23)

Hospital follow up
Mr Chudy OPC in 6/52
DR HITARTH BHATT (17-MAY-2018 09:02)

Allergy/Intolerance	Reaction
No Known Drug Allergies	

Allergy records are as recorded at time and date of printing.

Discharged by: DR HITARTH BHATT

Page: 1 of 2
Report generated on: 18/05/2018 20:00

NHS Confidential: Personal data about a patient

University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: [redacted]	Immediate Discharge Letter & Prescription	NHS Ayrshire & Arran

To:	Re:
Bankfield Medical Practice 148 Dalmellington Road Ayr Ayrshire KA7 3PR	MARK IAN LAWRIE 18 SPEEDWELL SQUARE , , AYR , , KA7 3YJ DOB: 07/03/1974 Hosp. No.: 0703743333 CHI No.: 0703743333

Drug	Dose	Route	Frequency	Note	GP to contin.	POD	Days Supply
CYCLIZINE 50 mg Tablets	**50 mg**	Oral	THREE times daily - 7am; 1pm; 10pm		No	N	28
LACTULOSE Oral Solution	**10 mL**	Oral	TWICE daily at 7am and 10pm		No	N	28

Additional Medicines Information:

Medicines discontinued or modified during admission
(Medicines that patient was recorded as admitted on only)

Drug	Discontinued / Modified reason
**** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.**** *****Information here may be incomplete and is for guidance only.*****	

Discharged by: DR HITARTH BHATT

Page: 2 of 2
Report generated on: 18/05/2018 20:00

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Ayr Hospital
Tel: [redacted]

A&E Discharge Letter

To: D.J.STEVENSON

Re: **Mark Lawrie**
18 SPEEDWELL SQUARE,AYR,
KA7 3YJ
DOB: 07/03/1974
A & E No: AYR-17-027204-1
CHI No.: [redacted]

Attendance Details
Date of Attendance: 14/08/2017 **Time of Attendance:** 18:53:00
Presenting Complaint: neck pain **Duty Consultant:** S Learmonth
Additional Information: No Attendances in Last 12 months:1 Total Number of Attendances:16

Diagnosis Other Diagnosis - see text,,

Treatment Advice

Investigations X-Ray,
X-Ray,

Discharge Information: Discharge, Usual place of residence no follow up

Additional Information Attended with neck and back pain post RTA. CT C-Spine showed no acute injuries.
Home with analgesia and neck strain advice

Discharged by: Will Smith,Locum

page1 of 1

If you have any queries about this patient, please contact one of the staff at the above number

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BOX 2697

808420703743333

703743333

Mark

Lawrie

07/03/1974

July

Administration

NO PAPERWORK ☐

Bankfield Medical Practice SCANNED BY OSS

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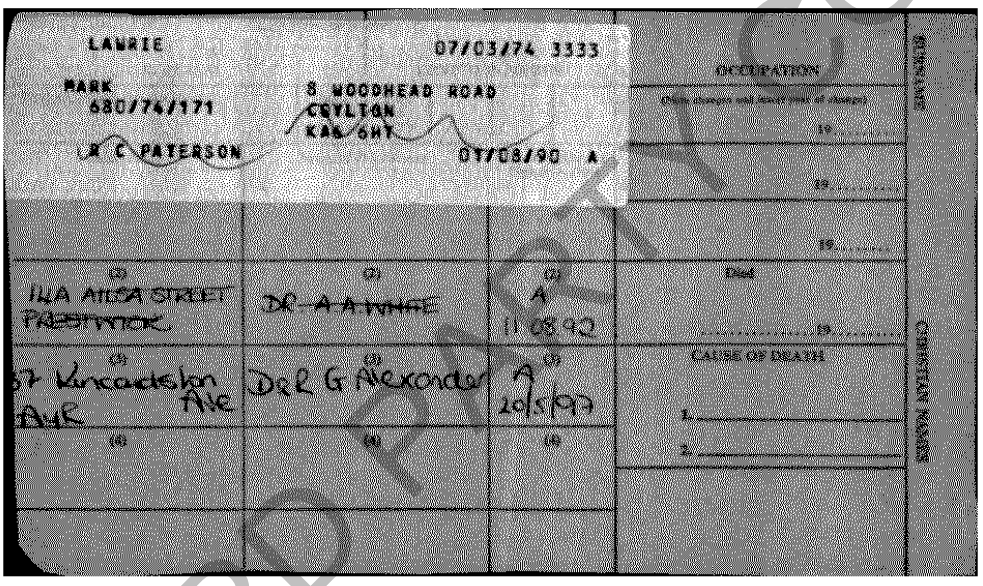

NHS Confidential: Personal data about a patient

Cornhill Medical Practice

NEW PATIENT – ADULT

First name MARK Title MR

Surname LAMBIE Date of Birth 7.3.74

Telephone Home ✓ Work ✓

Other [redacted] e-mail ✓

PAST MEDICAL HISTORY

Have you had any illnesses or operations? Please tell us about them, with the approximate date.

SIGMOIDOSCOPY

TONSILS

MEDICATIONS

Please let us know about all medications you may be taking, prescribed or bought over the counter. We need to know the **exact** name and dose etc.

Name	Dose	How often you take it
PHENOXYMETHYLPENICILLIN CAP	250 MG	1 x 3 A DAY

FAMILY

Some diseases can run in families. Please let us know if you are aware of any of the following diseases in your immediate [redacted]

Heart attack ☐ Angina ☐ Stroke ☐ Asthma ☐ Cancer ☐ Glaucoma ☐ Diabetes ☐

Other - Please specify .....

SOCIAL

Smoker? Yes ☑ No ☐ How many? 10-15 A DAY

Units of alcohol per week? 5-10 UNITS

One unit of alcohol = ½ pint beer, 1 glass wine or sherry, 1 measure spirits (pub measures – add 50% if at home)

VACCINATIONS

Approximate date of last tetanus vaccination .....

Approximate date of last polio vaccination .....

FOR WOMEN ONLY

Have you had a hysterectomy? Yes ☐ No ☐ Date .....

When was your last smear test? .....

Please let us know whether or not you wish to be recalled for smear tests:

I **do/do not** wish to be recalled for cervical smears *(delete as appropriate)*

Signed [signature] Date 13.3.02

IF THERE IS ANY FURTHER INFORMATION YOU THINK WE SHOULD KNOW, PLEASE CONTINUE OVERLEAF

Additional document
17-Aug-2026
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NHS Confidential: Personal data about a patient

Ayrshire & Arran Acute Hospitals NHS Trust — Area Laboratory — Microbiology

LAWRIE	Patient No. [redacted]	Clinician	Dr Ailsha Dosumu
MARK	Unit No.	Request Location	Cornhill Surgery
54 SORREL DRIVE	DOB 07/03/1974		Kincaidston
AYR KA7 3XR	Sex M		Ayr

This Report To **Dr Ailsha Dosumu GP, Ayr: Cornhill Surgery**

Anti HBs antibody 0 IU/l

Guidance notes for the use of additional doses following primary Hepatitis B vaccination (from Immunisation against Infectious Disease - "The Green Book")
Except in certain groups (see below), testing for anti-HBs is not recommended.

Those at risk of occupational exposure

An antibody level below 10 mIU/ml is classified as a non-response to vaccine, and testing for markers of current or past infection is good clinical practice. In non-responders to a primary course, a repeat course of vaccine is recommended, followed by retesting one to four months after the second course. Those who still have anti-HBs levels below 10 mIU/ml, and who have no markers of current or past infection, will require HBIG for protection if exposed to the virus.

☐ OTHER ☐ HV APPT ☐ NURSE APPT ☐ LETTER ☐ VISIT ☐ PHONE ☐ SCRIPT ☑ APPT ☐ NOTES TO ☑ FILE ☐ LOCUM ☑ LOOSEMU ☐ STEVENSON

14 JUL 2008

Lab No M.08.812729.8 *Date/Time Coll* 10/07/2008 11:00 *Authorised By* Dr Abhijit Bal
Printed 11/07/2008 15:08 *Sample* Venous blood Blood 1 OF 2 *Date* 11/07/2008

If you have received this report in error, please return to the Microbiology Laboratory

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17-Aug-2026
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Confidential - Clinical Information

Intensive Care Unit
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
[redacted]

www.nhsaaa.net

NHS Ayrshire & Arran

Dr DJ Stevenson
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref: DM/JJ
Date Dictated: 21/12/2023
Date Typed: 21/12/2023
Enquiries to Joanne Joyce
Direct Line [redacted]
Ext. Number 17025

Dear Dr Stevenson ,

MARK LAWRIE **DOB: 07/03/1974** **CHI No:** [redacted]
[redacted] SPEEDWELL SQUARE, AYR, AYRSHIRE, KA7 3YJ

Date of ICU Admission: 11/12/2023
Date of Discharge: 12/12/2023

Mr Lawrie was presented to the Emergency Department of University Hospital Ayr with respiratory distress secondary to cocaine use. On arrival he was tachypnoeic and had low oxygen saturations. Following further investigation it was identified he had methaemoglobinaemia.

He was transferred to ICU as a Level 2 patient for ongoing monitoring. Over the course of the evening his clinical situation improved and he was discharged to HDU and shortly after to home.

Yours sincerely

Authorised on 21/12/2023 10:23:41 by Typist Joanne Joyce, not verified by Consultant Derek McLaughlan.

Dr Derek McLaughlan
Consultant in Anaesthetics & Intensive Care
GMC No: 4531331

Additional document
17-Aug-2026
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NHS Confidential: Personal data about a patient

Dr AT Hand Dr E Ofei Dr A Stevenson Dr A Krichell Dr S Learmonth Dr F Gibson

Dr. DAVID DJ STEVENSON
148 DALMELLINGTON ROAD
AYR
AYRSHIRE
KA7 3PR

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX
Phone: [redacted]
Fax: [redacted]

Duty Consultant Dr Sarah Learmonth

Mark Lawrie
54 SORREL DRIVE
KINCAIDSTON
AYR, KA7 3XR

DOB: 07/03/1974
A/E No: AYR-11-029914
CHI No: [redacted]

Date and Time of Attendance: 22 Aug 2011 21:04

Diagnosis Constipation

Treatment Advice

Drugs:

Investigations

- [x] STEVENSON
- [ ] DOSUMU
- [ ] LOCUM
- [x] FILE
- [ ] NOTES TO.....
- [ ] APPT
- [ ] SCRIPT.....
- [ ] PHONE
- [ ] VISIT
- [ ] LETTER.....
- [ ] NURSE APPT
- [ ] HV APPT
- [ ] OTHER

Follow up: Discharge, Primary Care follow up

Usual place of residence

Additional Information: discharged with lactulose

Dr Jamie Adams
A&E SpR

If you have any queries about this patient, please contact one of the staff at the above number.

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17-Aug-2026
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NHS Confidential: Personal data about a patient

Confidential - Clinical Information

LOCUM CONSULTANT CLINIC

Ophthalmology Department
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
[redacted]
www.nhsaaa.net

NHS Ayrshire & Arran

Mark Lawrie
18 Speedwell Square
Ayr
KA7 3YJ

Our Ref: GK/FH
Hospital No:
Clinic Date: 29/08/2018
Date Dictated: 29/08/2018
Date Typed: 06/09/2018
Enquiries to [redacted]
Direct Line:
Ext. Number: 14850
Email: [redacted]

Dear Mark Lawrie ,

MARK LAWRIE **DOB: 07/03/1974** **CHI No: 0703743333**
18 SPEEDWELL SQUARE, AYR, KA7 3YJ

You have failed to keep your appointment at the Eye Clinic. No further appointment has been arranged. However, if you would like another appointment then please contact the department within 6 weeks. Out with this time you would need to be re-referred back to the clinic by your GP or optician.

Yours sincerely

Authorised on 17/09/2018 11:06:39 by Vagellis Drakos.

Dr George Kampougeris MD, MRCSEd (Ophth), PhD,
Locum Consultant Ophthalmic Surgeon
GMC NUMBER 4357531

Dr DJ Stevenson
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

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17-Aug-2026
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NHS Confidential: Personal data about a patient

University Hospital Ayr
Medical Imaging Department
Dalmellington Road
Ayr
KA6 6DX

NHS Ayrshire & Arran

Diagnostic Imaging Report

CHI No.	: [redacted]	Referrer Clinician	: **Sharayu Sakpal (Loc Bankfield)**
Patient Name	: **Lawrie, Mark**	Specialty	: **General Practice**
Patient Address	: **18 Speedwell Square Ayr KA7 3YJ**	Address	: **Bankfield Medical Practice 148 Dalmelligton Road, Ayr KA7 3PR**
DOB	: **07/03/1974**	Ward/Clinic	: **GP**
Gender	: **Male**	Attendance No.	: **50954086**

Examination(s) : **XR Shoulder Lt** Exam Date : **21 May 2024**
Accession(s) : **A105095408601** Report Date : **22 May 2024**

Authorised

Patient Name: Mark, Lawrie
Patient Address: 18 Speedwell Square, KA7 3YJ
DOB: 07/03/1974
Patient ID: [redacted]
Accession Number: A105095408601
Referring Cons: Sharayu Sakpal (Loc Bankfield)
Referring Dept: GP
Visit Type: GP
Site: University Hospital Ayr

50954086 21/05/2024 XR Shoulder Lt
–

Clinical Indications
Left arm pain for 2 months - intermittent. nil history of injury and [redacted]
O/e - tenderness on palpation of medial aspect of shoulder joint. pain on adduction.
XR left shoulder please - ? cause

Report

Left shoulder:

No significant bone or joint abnormality is seen.

Slater, K (Rep.Radiographer RA38007)

[END REPORT]

Reported by	Slater, K (Rep.Radiographer RA38007)
Authorised by	Slater, K (Rep.Radiographer RA38007)

Page 1 of 1

Additional document
17-Aug-2026
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Filename:
Extension:
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010044121436

REFERRAL LETTER

[redacted]

MEDICAL IN CONFIDENCE

REFERRAL TO

EndoscopyA1QA
AA Gen Ref - PMH Med & High

University Hospital Ayr
Daimellington Road
Ayr
KA6 6DX

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	29-Oct-2012
Date submitted	29-Oct-2012

PATIENT DETAILS

Surname	LAWRIE
Forename(s)	MARK
Title	-
Sex	Male
Date of birth	07-Mar-1974
CHI no.	0703743333

Patient's address

54 Sorrel Drive
Ayr
KA7 3XR

Contact number(s)

Voice: [redacted]

REGISTERED GP DETAILS

Name	Dr David Stevenson		
GMC code	4147796	GP code	24937
Practice name	Bankfield Medical Practice		
Practice code	80842		

Practice address

148 Daimellington Road
Bankfield Medical Practice
Ayr
Ayr

Contact number(s)

Voice: [redacted]
Facsimile: [redacted]

REFERRING PRACTITIONER DETAILS

Name	Dr. Alisha Dosumu		
GMC code	5200942	GP code	20567
Practice name	Bankfield Medical Practice (80842)		
Practice code	80842		

Practice address

148 Daimellington Road
Ayr
Ayrshire
KA7 3PR

Contact number(s)

Voice: [redacted]
Facsimile: [redacted]

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Altered bowel Habits/ rectal bleeding - possible piles

Comment: This 38 year old had an episode of rectal bleeding this afternoon- He felt the urge to open his bowels and then had an explosive passage of wind and quite alot of blood in the toilet bow. there was not stoll. over the last month he has noticed and increase in the frequency of bowel motions. He has much softer stool and no pain.

Abdominal examination was normal. Rectal examination showed fresh bleeding with some anal skin tags.

I think he merits further investigation. Many thanks for seign him.

Examinations and Investigations

Height:	176	-
Weight(kg):	58.4	-
BMI:	18.85	-
Current smoker:		23-Nov-2011 00:00
Current smoker:	Disease: SPICE Basic Health Values, priority=2	17-Jun-2008 00:00
Current smoker:	Disease: SPICE Smoking, priority=2	08-Mar-2007 00:00
Alcohol consumption, 10 units/week:		13-Dec-2011 00:00
Aerobic exercise 3 times/week:		13-Dec-2011 00:00

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Rectal bleeding	-	-	-	29-Oct-2012	29-Oct-2012
Scaly scalp	-	-	-	08-Jun-2010	08-Jun-2010
[redacted]	-	-	-	01-May-1994	01-May-1994
[redacted]	-	-	-	01-Oct-1979	01-Oct-1979

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Total splenectomy	-	-	-	28-Jun-2000	28-Jun-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)

No recent medications recorded

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ? (not known)	Units per day ? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

Additional document
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Additional: Additional document

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NHS Confidential: Personal data about a patient

NHS Ayrshire & Arran General Hospital Division — Area Laboratory — Clinical Biochemistry

LAWRIE,MARK
54 Sorrel Drive
Ayr
Ayrshire
KA7 3XR

CHI No. 0703743333
Unit No.
DOB 07/03/1974
Sex M

Clinician: Dr Alisha Dosumu
Request Location: GP, Ayr: Bankfield Medical Practice

This report to : Dr Alisha Dosumu , GP, Ayr: Bankfield Medical Practice

		Result	Units	Normal Range
Urea		5.4	mmol/L	2.5 - 7.5
Creatinine		96	µmol/L	50 - 125
Sodium	H	147	mmol/L	135 - 145
Potassium		4.1	mmol/L	3.5 - 5.0
Chloride	H	109	mmol/L	95 - 108
Bicarbonate		26	mmol/L	22 - 28
Total Bilirubin	H	16	µmol/L	3.0 - 15
ALP		53	U/L	46 - 157
AST		18	U/L	10.0 - 40
ALT		10	U/L	10.0 - 50
Total Protein		75	g/L	63 - 83
Albumin		46	g/L	39 - 51
Globulin		29	g/L	21 - 35
Glucose		4.7	mmol/L	3.3-6.0
Cholesterol		3.7	mmol/L	3.1 - 6.5
Triglyceride		1.70	mmol/L	0.84 - 1.94
LDL Cholesterol		1.8	mmol/L	
HDL Cholesterol		1.15	mmol/L	1.0 - 1.5
Cholesterol:HDL Ratio		3.2		

15 DEC 2011

STEVENSON
POSTIVE
FAXED
TEL
SORRY
APPT
SCRIPT
PHONE
VISIT
LETTER
NURSE APPT
HV APPT
OTHER

Lab No 11B945127
Printed 14/12/11 13:34

Date Collected 13/12/11 14:45
Sample Type Blood

Authorised By Fraser Davidson
Page 1 of 1

If you have received this report in error, please return to the Clinical Biochemistry Laboratory

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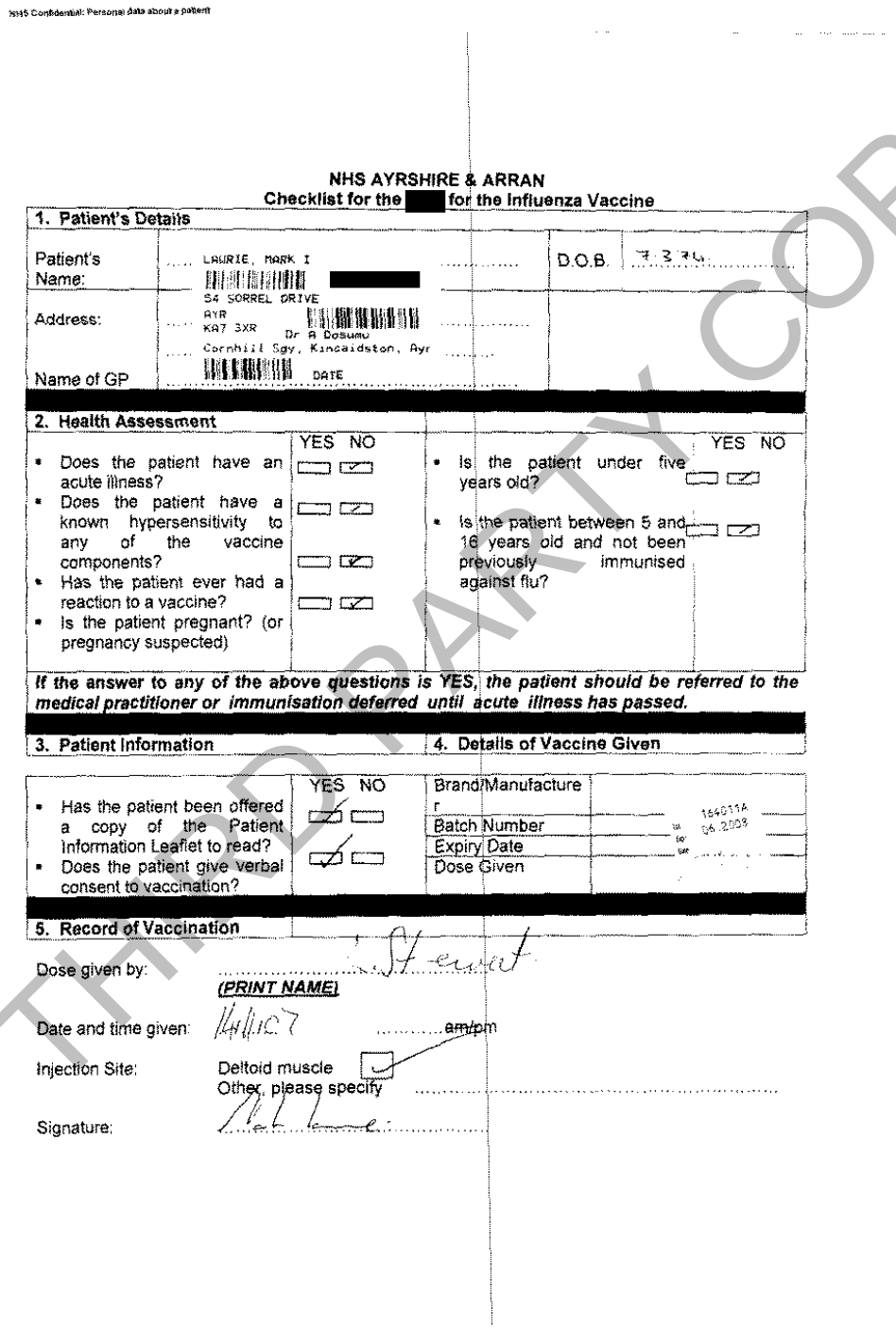

NHS Confidential: Personal data about a patient

NHS AYRSHIRE & ARRAN
Checklist for the [redacted] for the Influenza Vaccine

1. Patient's Details

Patient's Name:	LAURIE, MARK I [redacted]	D.O.B. 7.3.76
Address:	54 SORREL DRIVE AYR KA7 3XR	
Name of GP	Dr A Dosumu Cornhill Sgy, Kincaidston, Ayr [redacted] DATE	

2. Health Assessment

	YES	NO
• Does the patient have an acute illness?	☐	☑
• Does the patient have a known hypersensitivity to any of the vaccine components?	☐	☑
• Has the patient ever had a reaction to a vaccine?	☐	☑
• Is the patient pregnant? (or pregnancy suspected)	☐	☑
• Is the patient under five years old?	☐	☑
• Is the patient between 5 and 16 years old and not been previously immunised against flu?	☐	☑

If the answer to any of the above questions is YES, the patient should be referred to the medical practitioner or immunisation deferred until acute illness has passed.

3. Patient Information

	YES	NO
• Has the patient been offered a copy of the Patient Information Leaflet to read?	☑	☐
• Does the patient give verbal consent to vaccination?	☑	☐

4. Details of Vaccine Given

Brand/Manufacture r	
Batch Number	164011A
Expiry Date	04.2009
Dose Given	

5. Record of Vaccination

Dose given by: ..... Stewart
(PRINT NAME)

Date and time given: 14/10/07 ..... am/pm

Injection Site: Deltoid muscle ☑
Other, please specify .....

Signature: .....

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BOX 2697

808420703743333

703743333

Mark

Lawrie

07/03/1974

July

Labs

NO PAPERWORK ☐

Bankfield Medical Practice SCANNED BY OSS

Additional document
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NHS Confidential: Personal data about a patient

University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: [redacted]	Immediate Discharge Letter & Prescription

To:	Re:
Bankfield Medical Practice 148 Dalmellington Road Ayr Ayrshire KA7 3PR	MARK IAN LAWRIE 18 SPEEDWELL SQUARE , , AYR , , KA7 3YJ DOB: 07/03/1974 Hosp. No.: [redacted] CHI No.: [redacted]

Date of Admission: 24/11/2023
Mode of Admission: Emergency
Admission Reason: Appendicitis
Discharge Date: 27/11/2023

Ward: STATION 2-AYR
Consultant: DR SIAMAC ALISHAHI (Surgical)
Follow Up:

Clinical Progress

Dear doctor,
49M presented with severe RIF pain, low-grade fever and rosvings sign positive. This was confirmed as appendicitis and pt underwent open appendectomy, which was successful with no complications noted. Pt now fit for discharge with no follow up required.

DR OWEN CONLAN (2023-11-26 10:52:48)

Allergy/Intolerance	Reaction
***No Known Drug Allergies	

Allergy records are as recorded at time and date of printing.

Drug	Dose	Route	Frequency	Note	GP to continue	POD	Days Supply
MIRTAZAPINE 45 mg Tablets	**45 mg**	Oral	ONCE daily at 10pm		Yes	Y	

Discharged by: DR OWEN CONLAN

Page: 1 of 2
Report generated on: 27/11/2023 20:00

NHS Confidential: Personal data about a patient

University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: [redacted]	Immediate Discharge Letter & Prescription

To: Bankfield Medical Practice 148 Dalmellington Road Ayr Ayrshire KA7 3PR	**Re:** MARK IAN LAWRIE 18 SPEEDWELL SQUARE , , AYR , , KA7 3YJ DOB: 07/03/1974 Hosp. No.: [redacted] CHI No.: [redacted]

Additional Medicines Information:

Medicines discontinued or modified during admission (Medicines that patient was recorded as admitted on only)	
Drug	**Discontinued / Modified reason**
**** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.**** *****Information here may be incomplete and is for guidance only.*****	

Discharged by: DR OWEN CONLAN

Page: 2 of 2

Report generated on: 27/11/2023 20:00

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101006903773J

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI: [redacted]

REFERRAL TO

EndoscopyA1QA
AA Gen Ref - PMH Med & High

University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	18-Mar-2014
Date submitted	18-Mar-2014

PATIENT DETAILS

Surname	LAWRIE
Forename(s)	MARK
Title	-
Sex	Male
Date of birth	07-Mar-1974
CHI no.	0703743333

Patient's address

54 Sorrel Drive
Ayr
KA7 3XR

Contact number(s)

Voice: [redacted]

REGISTERED GP DETAILS

Name	Dr David Stevenson		
GMC code	4147796	GP code	24937
Practice name	Bankfield Medical Practice		
Practice code	80842		

Practice address

148 Dalmellington Road
Bankfield Medical Practice
Ayr
Ayr

Contact number(s)

Voice: [redacted]
Facsimile: [redacted]

REFERRING PRACTITIONER DETAILS

Name	Dr. Alisha Dosumu		
GMC code	5200942	GP code	20567
Practice name	Bankfield Medical Practice (80842)		
Practice code	80842		

Practice address

148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Contact number(s)

Voice: [redacted]
Facsimile: [redacted]

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Request for appointment

Comment: This gentleman missed his appointment. His symptoms continue. Please see attached initial referral.

Examinations and Investigations

Height:	176	-
Weight(kg):	58.4	-
BMI:	18.85	-
Current smoker:		23-Nov-2011 00:00
Current smoker:	Disease: SPICE Basic Health Values, priority=2	17-Jun-2008 00:00
Current smoker:	Disease: SPICE Smoking, priority=2	08-Mar-2007 00:00
Alcohol consumption, 10 units/week:		13-Dec-2011 00:00
Aerobic exercise 3 times/week:		13-Dec-2011 00:00

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Piles - haemorrhoids	-	-	-	08-Feb-2013	08-Feb-2013
Scaly scalp	-	-	-	08-Jun-2010	08-Jun-2010
[redacted]	-	-	-	01-May-1994	01-May-1994
[redacted]	-	-	-	01-Oct-1979	01-Oct-1979

Past procedures

Description	Laterality	Modifier	Comments	Date performed	Recorded Date
Total splenectomy	-	-	-	28-Jun-2000	28-Jun-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)

No recent medications recorded

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ? (not known)	Units per day ? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

Patient will accept any doctor:true

Patient will accept any site:true

Patient will accept cancellation or short notice appointment:true

Social circumstances

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

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Sexual HealthF1YC
AA Sexual Health

Consultant / receiving practitioner and/or specialty clinic

Ayrshire Central Hospital
Kilwinning Road
Irvine
KA12 8SS

Hospitaland hospital address

Hospital unit no.: A103H

Email address: -

Urgency of referral: Routine

PATIENT DETAILS

Surname	LAWRIE
Forename(s)	MARK
Title	-
Sex	Male
Date of birth	07-Mar-1974
CHI no.	0703743333

Patient's address

54 Sorrel Drive
Ayr
KA7 3XR

Contact number(s)

Voice: [redacted]

REGISTERED GP DETAILS

Name	Dr David Stevenson		
GMC code	4147796	GP code	24937
Practice name	Bankfield Medical Practice		
Practice code	80842		

Practice address

148 Daimellington Road
Bankfield Medical Practice
Ayr
Ayr

Contact number(s)

Voice: [redacted]
Facsimile: [redacted]

REFERRING PRACTITIONER DETAILS

Name	Dr. David Stevenson		
GMC code	4147796	GP code	24937
Practice name	Bankfield Medical Practice (80842)		
Practice code	80842		

Practice address

148 Daimellington Road
Ayr
Ayrshire
KA7 3PR

Contact number(s)

Voice: [redacted]
Facsimile: [redacted]

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Reqeusts vasectomy

Comment: This man is sure [redacted] is complete and requests vasectomy. He is aware of the failure rate, and the need for further precaustions immediately after the operation. He is aware the operation will not be reversed. Many thanks for seeing him.

Examinations and Investigations

Which service is the patient being referred for:	Vasectomy	-
Height:	176	-
Weight(kg):	58.4	-
BMI:	18.85	-
Current smoker:		18-Mar-2014 00:00
Current smoker:		23-Nov-2011 00:00
Current smoker:	Disease: SPICE Basic Health Values, priority=2	17-Jun-2008 00:00
Current smoker:	Disease: SPICE Smoking, priority=2	08-Mar-2007 00:00
Alcohol consumption, 10 units/week:		13-Dec-2011 00:00
Aerobic exercise 3+ times/week:		13-Dec-2011 00:00

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Piles - haemorrhoids	-	-	-	08-Feb-2013
Scaly scalp	-	-	-	08-Jun-2010
[redacted]	-	-	-	01-May-1994
[redacted]	-	-	-	01-Oct-1979

Past procedures

Description	Laterality	Modifier	Date performed
Total splenectomy	-	-	28-Jun-2000

Current and recent medication

No medications recorded

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ? (not known)	Units per day ? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

Ethnic Origin: (White) Scottish

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NHS Confidential: Personal data about a patient

Department of Vascular & General Surgery
The Ayr Hospital
Dalmellington Road
AYR.
KA6 6DX

☎ : [redacted]

NHS Ayrshire & Arran

MR I McMILLAN
VASCULAR UNIT

Dr D J Stevenson
Bankfield Medical Practice
148 Dalmellington Road
AYR
KA7 3PR

Date Admitted: 04/10/2010
Date Discharged: 11/10/2010
Date Dictated: 26/10/2010
Date Typed: 27/10/2010
Our Ref JT/LM/100513220
CHI [redacted]

Enquiries to Mrs L McPike
Extension [redacted]
Fax [redacted]
E-mail lynn[redacted]

Dear Dr Stevenson

MARK LAWRIE, 54 SORREL DRIVE, KINCAIDSTON, AYR
(DOB: 07/03/1974)

Mr Lawrie was admitted on 4th October initially under the care of the Physicians. This 36 year old gentleman underwent a splenectomy following an [redacted] around 10 years ago. He presented with central abdominal pain and was reviewed by the on call surgical team on 4th October. An abdominal x-ray at that time showed a few dilated small bowel loops and we transferred him to the Surgical Ward for observation. Our working diagnosis was small bowel obstruction.

Over the following few days Mr Lawrie's bowels started working. His abdomen remained soft and by 11th October he was well enough to be discharged. It is likely that he had a degree of obstruction secondary to adhesions. We have not arranged to see him back in the clinic routinely but would be more than happy to do so should he have further problems.

Yours sincerely

8 NOV 2010

JAMES THORPE
ST6 in Surgery

- ☑ STEVENSON
- ☐ DOSEMU
- ☐ LOCUM
- ☑ FILE
- ☐ NOTES TO.....
- ☐ APPT
- ☐ SCRIPT..... ☐
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER ..... ☐
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER

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Ayrshire & Arran Acute Hospitals NHS Trust Area Laboratory Microbiology

LAWRIE	*Patient No.*	[redacted]	*Clinician*	Dr Alisha Dosumu
MARK	*Unit No.*		*Request Location*	Cornhill Surgery
54 SORREL DRIVE	*DOB*	07/03/1974		Kincaidston
AYR KA7 3XR	*Sex*	M		Ayr

This Report To **Dr Alisha Dosumu GP, Ayr: Cornhill Surgery**

Patients with renal failure - see local protocol on NHS Ayrshire and Arran intranet
Post exposure management - see local protocol on NHS Ayrshire and Arran intranet

- ☐ STEVENSON
- ☑ DOSUMU
- ☐ LOCUM
- ☑ FILE
- ☐ NOTES TO.....
- ☐ APPT
- ☐ SCRIPT.....☐
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER.....☐
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER

14 JUL 2008

Lab No M.08.812729.8 *Date/Time Coll* 10/07/2008 11:00 *Authorised By* Dr Abhijit Bal
Printed 11/07/2008 15:08 *Sample* Venous blood Blood 2 OF 2 *Date* 11/07/2008

If you have received this report in error, please return to the Microbiology Laboratory

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Ayr Hospital
Tel: [redacted]

A&E Discharge Letter

To: D.J.STEVENSON

Re: **Mark Lawrie**
18 SPEEDWELL SQUARE,AYR,
KA7 3YJ
DOB: 07/03/1974
A & E No: AYR-18-017944-1
CHI No.: [redacted]

Attendance Details
Date of Attendance: 24/06/2018 **Time of Attendance:** 17:39:00
Presenting Complaint: r eye problem **Duty Consultant:** A Krichell
Additional Information: No Attendances in Last 12 months:4 Total Number of Attendances:19

Diagnosis Corneal abrasion,,

Treatment Take home drugs
Advice

Investigations

Discharge Information: Discharge, Usual place of residence no follow up

Additional Information red itchy rt eye for 2 days , no hx of injury , ? corneal abrasion ? conjunctivitis, advised to rtn if symptoms persist more than 48hrs

Discharged by: [redacted].ENP

page1 of 1

If you have any queries about this patient, please contact one of the staff at the above number

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NHS Confidential: Personal data about a patient

General Surgical Department
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
[redacted]
Fax [redacted]
www.nhsaaa.net

NHS Ayrshire & Arran

Confidential - Clinical Information

Mr Nur

Dr DJ Stevenson
Bankfield Medical Practice
146 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref: [redacted]
Hospital No:
Clinic Date: 14/09/2015
Date Dictated: 14/09/2015
Date Typed: 15/09/2015
Enquiries to [redacted]
Direct Line: [redacted]
Ext. Number: 14561
Email: [redacted]

Dear Dr Stevenson

MARK LAWRIE DOB: 07/03/1974 CHI No: 0703743333
C/O HMP KILMARNOCK, MAUCHLINE ROAD, KILMARNOCK, AYRSHIRE, KA1 5AA

Your patient returned for clinic review today, 14th September 2015. As you know he has undergone examination under anaesthetic and Botox injection for chronic fissure in ano. Mark says that he is now symptom free. He does not complain of any anal pain. He does however continue to use Fybogel to regulate his bowels. He says that he is occasionally constipated.

On examination today he has small perianal skin tag at the right posterior position. Digital rectal examination showed him to have induration posteriorly. There was no pain or bleeding evident at the examination.

I have advised him to continue to regulate his bowels to avoid constipation. I have discharged him back to your care.

Yours sincerely

Authorised on 16/09/2015 12:57:45 by Nasser Ali Nur.

Mr Nasser Ali Nur
Associate Specialist in General Surgery
GMC: 3538894

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General Surgical Department
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
[redacted]
Fax [redacted]
www.nhsaaa.net

NHS Ayrshire & Arran

Confidential - Clinical Information

Mr Nur

Dr DJ Stevenson
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref: [redacted]
Hospital No:
Ref Date: 23/01/2015
Date Dictated: 03/02/2015
Date Typed: 03/02/2015
Enquiries to [redacted]
Direct Line [redacted]
Ext. Number 14561
Email [redacted]

Dear Dr Stevenson

MARK LAWRIE **DOB: 07/03/1974** **CHI No:** [redacted]
[redacted] SORREL DRIVE, AYR, AYRSHIRE, KA7 3XR

Your patient attended the Day Surgery Unit at Ayr Hospital on the 23rd January 2015. He has undergone examination under anaesthetic for chronic fissure in ano. This has been managed by injection of Botox.

He was discharged home later in the day. I have again advised him to regulate his bowels with a high residue diet as well as a combination of Lactulose and Fybogel so that he is able to pass a soft, bulky motion without having to strain.

He will return for clinic review in about 4 weeks time.

Yours sincerely

Authorised on 05/02/2015 09:40:07 by Nasser Ali Nur.

Mr Nasser Ali Nur
Associate Specialist in General Surgery
GMC: 3538894

Additional document
17-Aug-2026
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Filename:
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NHS Confidential: Personal data about a patient

Ayrshire Doctors On Call

adastra

1 Patient Contacts for Bankfield Medical Practice

Patient : Mark Lawrie

(Gender: Male) (DOB: 07/03/1974) (Age: 44 years) (CHI: 0703743333)

Case No 33741 **Case Date** 11/06/2018 19:43
Own Dr Stevenson, David

Emergency Care Summary viewed on case

Current Address
18 Speedwell Square Ayr

KA7 3YJ
Current Phone [redacted]

Home Address (If Different)

Home Phone (If Different)

Case Type PCTC (Doctor)
Priority On Reception Within 4 Hours

NHS 24 Advice by [redacted] (Call Taker Si) ()
Clinical summary created by: [redacted] (Call Taker Si) () [11/06/2018 19:53:02]
Reason for call: RECTAL BLEEDING 4 DAYS . HAD AN OBSTRUCTION IN BOWELS 1 MONTH AGO AND HAD AN OPERATION FOR THAT
Confirmed Symptom(s):
Passing only blood; no constipation or abdominal pain
11:06:2018 19:54:06 FINDLAYC.. PASSING BLOOD AND BLOOD CLOTS WHEN TRYING TO MOVE BOWELS FOR THE PAST 3 DAYS , OP A MONTH AGO FOR A BOWEL OBSTRUCTION. PCEC WITHIN 4 HOURS HUB TO ARRANGE PLEASE.. DISCUSSED WITH NP ALSON DEMPSEY..
Outcome: PCEC within 4 Hrs

Triage Start 19:43
Triage End 19:53

Case Questions
NHS 24 FEEDBACK
Do you agree with the outcome determined by NHS 24? - Yes
CLINICAL PORTAL -
Did you perform a lookup on the A&A Clinical Portal? - No

Pocked Aremote Consult by:
Start Type **End Type**
Consult Start
Consult End

Adastra Consult by Youssef, Sally (Registrar)
Start Type PCTC (Doctor) **End Type** PCTC (Doctor)
Consult Start 21:26
Consult End 21:41

History
RECTAL BLEEDING 4 DAYS . HAD AN OBSTRUCTION IN BOWELS 1 MONTH AGO AND HAD AN OPERATION FOR THAT (? PARTS OF SMALL/LARGE BOWEL REMOVED).
PASSING FRESH BLOOD AND BLOOD CLOTS WHEN TRYING TO MOVE BOWELS FOR THE PAST 3 DAYS , FEELS CONSTIPATED AND STRAINS, MORE LIKE SPLASH IN THE PAN. PAST HIST OR ANAL FISSURES AND PILES. NOW OPENS BOWELS DAILY.

Examination
SYSTEMICALLY WELL. OBS NORMAL. DRE, INTERNAL HAEMORROIDS, WITH SKIN TAGS. NO BLOOD PER RECTUM.

Report Statistics: Report produced by Adastra Version 3 - 11/06/2018 22:44:30

NHS Confidential: Personal data about a patient

Patient : Mark Lawrie

(Gender: Male) (DOB: 07/03/1974) (Age: 44 years) (CHI: 0703743333)

Diagnosis
ANAL FISSURE
HAEMORRHOIDS

Treatment
REASSURED. GIVEN PRESCRIPTION FOR SHERIPROCT OINT TWICE DAILY. ADVISED TO SEE OWN GP IF NOT SETTLING

Clinical Code(s)
J574F Anorectal pain
G84.. Haemorrhoids

Prescriptions
Scheriproct ointment (Bayer Plc) APPLY TWICE DAILY 30.00
Scheriproct suppositories (Bayer Plc) APPLY ONCE DAILY 12.00

Informational Outcome(s)
No Follow-Up Required -

Report Statistics: Report produced by Adastra Version 3 - 11/06/2018 22:44:30

Additional document
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NHS Confidential: Personal data about a patient

Department of Sexual Health
The Gatehouse
Ayrshire Central Hospital
Kilwinning Road
IRVINE KA12 8SS
Tel: [redacted]

Date: 08/03/16

Dr. Stevenson
Bankfield Medical Practice
148 Dalmellington Road
Ayr
KA7 3PR

Dear Dr. Stevenson

Re: Mark Lawrie
Dob and CHI: 07/03/1974 0703743333
Address: 54 Sorrel Drive, Ayr

Mark attended here today for vasectomy counselling. After full discussion he has decided he does not want to proceed with vasectomy procedure for the following reason(s);

Change of mind.

Yours sincerely

Dr Catriona Melville MSc, FRCOG, MFRSH, DipGUM
Consultant in Sexual & Reproductive Health Care

Additional document
17-Aug-2026
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Filename:
Extension:
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NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. [redacted]

Wednesday 31st May 2006

Dr. DJ STEVENSON,
KINCAIDSTON
AYR
AYRSHIRE
KA7 3YF

MARK LAWRIE
54 SORREL DRIVE
KINCAIDSTON
AYR
DoB: 07/03/74
CHI: 0703745333

Dear Dr. Stevenson,

The above patient attended the Accident & Emergency Department of The Ayr Hospital at **20:06** on **31/05/06**. The following information was noted:

Triage Nurse notes	CRUSH INJ LT MID FINGER
Diagnosis	CRUSH INJ LT MID FINGER NO FRACTURE
Attendance group	(NONE RECORDED)
Investigations performed	(NONE RECORDED)
Procedures performed	(NONE RECORDED)
Attendance outcome	HOME
Nursing remarks	(NONE RECORDED)
Additional remarks	BUDDY STRAP,BRUFEN,PARACEAMOL
Follow up plans	(NONE RECORDED)

If you require any further information, please phone the A&E Clinical Area direct on [redacted] quoting Account Number **06151-00542**.

Yours Sincerely,

A&E Department.

02 JUN 2006

☑ STEVENSON
☐ LOCUM

☑ FILE
☐ NOTES TO.....
☐ APPT
☐ SCRIPT.....☐
☐ PHONE
☐ VISIT
☐ LETTER.....☐
☐ NURSE APPT
☐ HV APPT
☐ OTHER

Additional document
17-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT,
THE AYR HOSPITAL
Tel. [redacted]

Sunday 12th September 2004

Dr. DJ STEVENSON,
CORNHILL SURGERY
KINCAIDSTON
AYR
KA7 3YF

MARK LAWRIE
54 SORREL DRIVE
KINCAIDSTON
AYR
DoB: 07/03/74
CHI: 0703743113

Dear Dr. Stevenson,

The above patient attended the Accident & Emergency Department of The Ayr Hospital at **22:15** on **12/09/04**. The following information was noted:

Triage Nurse notes	? RT ANKLE #
Diagnosis	NO BONY INY RT ANKLE
Attendance group	(NONE RECORDED)
Investigations performed	(NONE RECORDED)
Procedures performed	(NONE RECORDED)
Attendance outcome	HOME
Nursing remarks	(NONE RECORDED)
Additional remarks	DTG BRUFEN
Follow up plans	(NONE RECORDED)

If you require any further information, please phone the A&E Clinical Area direct on [redacted] quoting Account Number **04256-00144**.

Yours Sincerely,

A&E Department.

14 SEP 2004

- [x] STEVENSON
- [ ] LOCUM

- [x] FILE
- [ ] NOTES TO.....
- [ ] APPT
- [ ] SCRIPT.....
- [ ] PHONE
- [ ] VISIT
- [ ] LETTER.....
- [ ] NURSE APPT
- [ ] HV APPT
- [ ] OTHER

Additional document
17-Aug-2026
Additional: Additional document

Filename:
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Pages:

NHS Confidential: Personal data about a patient

Bankfield Medical Practice

[redacted] Dr Alisha Dosumu

18 April 2011

MR MARK LAWRIE
54 SORREL DRIVE
AYR
KA7 3XR

Dear Mr Lawrie

Missed Appointments

You have recently missed a number of appointments with this surgery.

This wastes the time of the surgery staff and ultimately the people who suffer are other patients who cannot get an appointment with the doctor or nurse.

If you know in advance that you cannot make an appointment, please let us know and we can use it for someone else. Also, some people have either a medical problem or a disability which makes it difficult to keep appointments, please let us know if this is the case, we may be able to make arrangements to help.

We appreciate that unexpected events can happen and sometimes people miss appointments through no fault of their own. This is why we will only write to you once you have missed a number of appointments.

If you miss any further appointments, or otherwise compromise our relationship, we may be forced to take action, which may involve asking you to find another doctor.

Please do not hesitate to contact us if you wish to discuss this, or if you think we may have made a mistake.

Yours

David Stevenson

Bankfield Medical Practice,
148 Dalmellington Road,
Ayr, KA7 3PR
Tel: (01292) 264080
Fax: (01292) 269731

Alloway Village Hall,
Alloway KA7 4PY
Tel: [redacted]

Additional document
17-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

NHS Ayrshire & Arran General Hospital Division — Area Laboratory — Clinical Biochemistry

LAWRIE,MARK
18 SPEEDWELL SQUARE

AYR
KA7 3YJ

CHI No. 0703743333
Unit No.
DOB 07/03/1974
Sex M

Clinician: Dr David Stevenson
Request Location: GP, Ayr: Bankfield Medical Practice

This report to : [redacted], GP, Ayr: Bankfield Medical Practice

		Result	Units	Normal Range
Urea		4.2	mmol/L	2.5 - 7.8
Creatinine		79	µmol/L	50 - 120
Sodium		139	mmol/L	133 - 146
Potassium		4.0	mmol/L	3.5 - 5.3
Chloride		98	mmol/L	95 - 108
eGFR result/1.73m2		>60	mL/min	>60
Total Bilirubin		16	µmol/L	3.0 - 21
ALP		56	U/L	45 - 157
AST		18	U/L	10.0 - 45
ALT		9	U/L	5.0- 55
Calcium		2.24	mmol/L	2.2 - 2.6
Adjusted Calcium	L	2.10	mmol/L	2.2-2.6
Phosphate		0.97	mmol/L	0.8 - 1.5
Total Protein		77	g/L	60 - 80
Albumin		47	g/L	35- 50
Globulin		30	g/L	21 - 35
Cholesterol		4.4	mmol/L	3.1 - 6.5
Triglyceride		1.59	mmol/L	0.84 - 1.94
LDL Cholesterol		2.37	mmol/L	
HDL Cholesterol		1.31	mmol/L	1.0 - 1.5
Cholesterol:HDL Ratio		3.36		

Lab No 16B526311 — Date Collected 21/11/16 14:50 — Authorised By BHI W7AUQPRO Service Account
Printed 22/11/16 07:33 — Sample Type Blood — Page 1 of 1

If you have received this report in error, please return to the Clinical Biochemistry Laboratory

Additional document
17-Aug-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Dermatology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Phone [redacted]
Fax [redacted]
www.nhsayrshireandarran.com

NHS Ayrshire & Arran

Confidential - Clinical Information

Private & Confidential
Mr Mark Lawrie
54 Sorrel Drive
Ayr
Ayrshire
KA7 3XR

Our Ref: AK/TC/
Date Dictated: 19/07/2013
Date Typed: 25/07/2013
Enquiries to [redacted]
Direct Line: [redacted]
Ext. Number: 27928
Email: [redacted]

Dear [redacted]

CHI No: 0703743333

Following your attendance at the Dermatology Clinic, I now have the result of the skin lesion removed from the right side of your neck. When examined down the microscope, this was found to be a benign collection of blood vessels. There is no evidence of malignancy and this is reassuring. The area should not require further treatment and I hope it is healing up well. I have not arranged for a further dermatology appointment to be sent out but if your GP feels this would be helpful, we would be happy to see you again in future upon re-referral.

Yours sincerely

Authorised on 25/07/2013 17:41:06 by Alistair Kerr.

Dr Alistair Kerr
Consultant Dermatologist

Dr DJ Stevenson
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

eMED3 (2010) new statement issued, not fit for work
04-May-2020 Dr Junaid Ilyas (JBI)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: [X]Depression NOS; Duration: 04/05/2020 - 29/05/2020)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Mark I Lawrie

I assessed your case on: 04 /05 / 2020

and, because of the following condition(s): [X]Depression NOS

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [redacted] ~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for [ ]
or from 04 /05 / 2020 **to** 29 /05 / 2020

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 04 /05 / 2020

Doctor's address
Bankfield Medical Practice
Bankfield Medical Practice, Ayr
Ayr, KA7 3PR
Telephone: [redacted]

Unique ID: Med 3 01/17 E4716826-A38E-4454-B26C-623132FDF5BF

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone [redacted]
- in Scotland please visit **www.fitforworkscotland.scot** or phone [redacted]

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to [redacted] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss,~~ [redacted]
Other names MARK I
Address 18 SPEEDWELL SQUARE
AYR Postcode KA7 3YJ
Date of birth 07 / 03 / 1974 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (2010) new statement issued, not fit for work
13-Apr-2020 Dr Junaid Ilyas (JBI)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: [X]Depression NOS; Duration: 13/04/2020 - 04/05/2020)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Mark I Lawrie

I assessed your case on: 13 /04 / 2020

and, because of the following condition(s): [X]Depression NOS

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] [redacted] ~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for [ ]
or from 13 /04 / 2020 **to** 04 /05 / 2020

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 13 /04 / 2020

Doctor's address
Bankfield Medical Practice
Bankfield Medical Practice, Ayr
Ayr, KA7 3PR
Telephone: [redacted]

Unique ID: Med 3 01/17
F41CEF75-F193-448C-AB1A-B91991F00304

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone [redacted]
- in Scotland please visit **www.fitforworkscotland.scot** or phone [redacted]

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to [redacted] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss~~ [redacted]
Other names MARK I
Address 18 SPEEDWELL SQUARE
AYR Postcode KA7 3YJ
Date of birth 07 / 03 / 1974 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (2010) new statement issued, not fit for work
30-Mar-2020 Dr Alisha Dosumu (AD)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: [X]Depression NOS; Duration: 30/03/2020 - 13/04/2020)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Mark I Lawrie

I assessed your case on: 30 /03 / 2020

and, because of the following condition(s): [X]Depression NOS

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] [redacted] ~~adaptations~~

Comments, including functional effects of your condition(s):
Telephone review in 2 weeks

This will be the case for
or from 30 /03 / 2020 **to** 13 /04 / 2020

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 30 /03 / 2020

Doctor's address
Bankfield Medical Practice
Bankfield Medical Practice, Ayr
Ayr, KA7 3PR
Telephone: [redacted]

Unique ID: Med 3 01/17 CB21E8B8-8E6A-4F03-8E97-F9A20ABBBF94

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- in Scotland please visit **www.fitforworkscotland.scot** or phone [redacted]

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
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For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ LAWRIE
Other names MARK I
Address 18 SPEEDWELL SQUARE
AYR Postcode KA7 3YJ
Date of birth 07 / 03 / 1974 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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eMED3 (2010) new statement issued, not fit for work
16-Mar-2020 Dr Junaid Ilyas (JBI)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: [X]Depression NOS; Duration: 16/03/2020 - 30/03/2020)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Mark I Lawrie

I assessed your case on: 16 /03 / 2020

and, because of the following condition(s): [X]Depression NOS

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] [redacted] ~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 16 /03 / 2020 **to** 30 /03 / 2020

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 16 /03 / 2020

Doctor's address
Bankfield Medical Practice
Bankfield Medical Practice, Ayr
Ayr, KA7 3PR
Telephone: [redacted]

Unique ID: Med 3 01/17

C2F90761-D8FD-442D-8FD5-4C8FE46DEF16

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss~~ [redacted]

Other names MARK I

Address 18 SPEEDWELL SQUARE
AYR Postcode KA7 3YJ

Date of birth 07 / 03 / 1974 **Mobile**

NI number

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eMED3 (2010) new statement issued, not fit for work
09-Mar-2020 Dr Alisha Dosumu (AD)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: [X]Depression NOS; Duration: 09/03/2020 - 16/03/2020)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Mark I Lawrie

I assessed your case on: 09 /03 / 2020

and, because of the following condition(s): [X]Depression NOS

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~
[ ] ~~amended duties~~
[ ] ~~altered hours~~
[ ] [redacted] ~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 09 /03 / 2020 **to** 16 /03 / 2020

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 09 /03 / 2020

Doctor's address
Bankfield Medical Practice
Bankfield Medical Practice, Ayr
Ayr, KA7 3PR
Telephone: [redacted]

Unique ID: Med 3 01/17 4DDA353D-F747-4396-94A5-F3C83554669D

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- in Scotland please visit **www.fitforworkscotland.scot** or phone [redacted]

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss~~ [redacted]
Other names MARK I
Address 18 SPEEDWELL SQUARE
AYR Postcode KA7 3YJ
Date of birth 07 / 03 / 1974 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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eMED3 (2010) new statement issued, not fit for work
24-Feb-2020 Dr Junaid Ilyas (JBI)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: [X]Depression NOS; Duration: 24/02/2020 - 09/03/2020)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Mark I Lawrie

I assessed your case on: 24 /02 / 2020

and, because of the following condition(s): [X]Depression NOS

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] [redacted] ~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 24 /02 / 2020 **to** 09 /03 / 2020

I ~~will/will~~ not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 24 /02 / 2020

Doctor's address
Bankfield Medical Practice
Bankfield Medical Practice, Ayr
Ayr, KA7 3PR
Telephone: [redacted]

Unique ID: Med 3 01/17

F59F4438-C4B2-4D92-B39C-3E4F4C0F1F86

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

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- in Scotland please visit **www.fitforworkscotland.scot** or phone [redacted]

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'You may be fit for work': You could go back to [redacted] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss~~ [redacted]

Other names MARK I

Address 18 SPEEDWELL SQUARE
AYR Postcode KA7 3YJ

Date of birth 07 / 03 / 1974 **Mobile**

NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (2010) new statement issued, not fit for work
17-Feb-2020 Dr Alisha Dosumu (AD)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: [X]Depression NOS; Duration: 17/02/2020 - 24/02/2020)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Mark I Lawrie

I assessed your case on: 17 /02 / 2020

and, because of the following condition(s): [X]Depression NOS

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~
[ ] ~~amended duties~~
[ ] ~~altered hours~~
[ ] [redacted] ~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 17 /02 / 2020 **to** 24 /02 / 2020

I ~~will/will~~ not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 17 /02 / 2020

Doctor's address
Bankfield Medical Practice
Bankfield Medical Practice, Ayr
Ayr, KA7 3PR
Telephone: [redacted]

Unique ID: Med 3 01/17 AFE80910-486F-4090-AD25-307F48D37C3A

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone [redacted]
- in Scotland please visit **www.fitforworkscotland.scot** or phone [redacted]

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to [redacted] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss~~ [redacted]
Other names MARK I
Address 18 SPEEDWELL SQUARE
AYR Postcode KA7 3YJ
Date of birth 07 / 03 / 1974 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (2010) new statement issued, not fit for work
30-May-2018 Dr Alisha Dosumu (AD)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Small bowel obstruction NOS; Duration: 30/05/2018 - 06/06/2018)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ MARK I LAWRIE

I assessed your case on: 30 /05 / 2018

and, because of the following condition(s): Small bowel obstruction NOS

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] [redacted] ~~adaptations~~

Comments, including functional effects of your condition(s):
Post-Op.

This will be the case for
or from 30 /05 / 2018 **to** 06 /06 / 2018

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 30 /05 / 2018

Doctor's address
Bankfield Medical Practice
Bankfield Medical Practice, Ayr
Ayr, KA7 3PR
Telephone: [redacted]

Unique ID: Med 3 01/17 89AAA130-058D-4165-959B-5AB2AF05CDC3

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Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ LAWRIE
Other names MARK I
Address 18 SPEEDWELL SQUARE
AYR Postcode KA7 3YJ
Date of birth 07 / 03 / 1974 **Mobile**
NI number

What you need to do now
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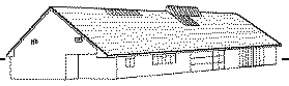
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

EMIS attachment reference code
09-Jan-2018 Ms Ruth Picken (RP)
Additional:EMIS attachment reference code
Invoice
Filename:
Extension:
Pages:

Bankfield Medical Practice

[redacted]  Dr Alisha Dosumu

17 August 2026

[redacted] Lawyers
1st floor
Centenary House
60 Wellington Street
Glasgow
G2 6HG

Re: Mr MARK I LAWRIE
Date of Birth: 07/03/1974 CHI number: 0703743333
18 Speedwell Square, Ayr, Ayrshire, KA7 3YJ

Invoice

Total	**£50**

********Payment due please********

Yours Sincerely

[signed]

[redacted]

On behalf of Bankfield Medical Practice

Bankfield Medical Practice,
148 Dalmellington Road,
Ayr, KA7 3PR
Tel: (01292) 264080
Fax: [redacted]

Alloway Village Hall,
Alloway KA7 4PY
Tel: [redacted]